

Access to care for minority Medicare patients is worse than that of non-minority patients

August 17 2021



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Saint Louis University research has found that Medicare patients who belong to racial and ethnic minority groups (Black, Hispanic, Asian/Pacific Islander, or Native American) experience worse access to

and quality of ambulatory medical care than patients who are white or multiracial, regardless of whether they may be enrolled in Medicare Advantage or traditional Medicare.

The research also found that minority Medicare patients enrolled in the Medicare Advantage program experience better [ambulatory care](#) access and quality than minority patients enrolled in the traditional Medicare program.

Health inequities are disproportionately concentrated within racial and ethnic communities in the United States. One of the key signs of this is reduced access to ambulatory care. The individuals who lack access to such care are more likely to experience preventable complications of health conditions, leading to higher rates of hospitalization and death.

The study was led Kenton J. Johnston, Ph.D., an associate professor of health management and policy at SLU's College for Public Health and Social Justice, and published online Aug. 17 in the *Journal of the American Medical Association (JAMA)*.

In this exploratory study of Medicare beneficiaries from 2015-18, enrollment in Medicare Advantage compared with traditional Medicare was significantly associated with better outcomes on one of three access measures (primary care/usual source of care) and three of three quality measures (flu shots, pneumonia vaccinations, and colon cancer screening) for minority beneficiaries; however, minority beneficiaries were also significantly more likely to experience worse outcomes for two of three access metrics ([primary care](#)/usual source of care and specialist visits) and two of three quality metrics (flu shots and pneumonia vaccination) compared with other beneficiaries in both Medicare programs.

The research, "Association of Race and Ethnicity and Medicare Program

Type with Ambulatory Care Access and Quality Measures," was an observational cohort study of a nationally representative sample of 26,887 people in the Medicare Current Beneficiary Survey from 2015-18. The study looked at differences in program enrollment and measures of access and quality by race and ethnicity.

The research team compared Black, Hispanic, Native American and Asian/Pacific Islander to white or multi-racial patients enrolled in Medicare Advantage versus traditional Medicare.

The study focused on four questions:

- Does enrollment in Medicare Advantage vary by race and ethnicity?
- How do ambulatory care access and quality for racial and ethnic minority beneficiaries compare in both programs?
- How do differences in access and quality by race and ethnicity compare in Medicare Advantage versus traditional Medicare?
- Are ambulatory care access and quality better for racial and ethnic minorities enrolled in Medicare Advantage?

"Although prior studies have shown lower rates of access and quality for minority patients in both Medicare programs, it was unknown whether there were differences in care quality or access for racial and ethnic minority beneficiaries between the Medicare Advantage and traditional Medicare programs," Johnston said. "In addition, as more minority patients have enrolled in Medicare Advantage in recent years, it was unknown whether they experienced better access to and quality of ambulatory care in that program more recently."

More information: Kenton J. Johnston et al, Association of Race and Ethnicity and Medicare Program Type With Ambulatory Care Access and Quality Measures, *JAMA* (2021). [DOI: 10.1001/jama.2021.10413](https://doi.org/10.1001/jama.2021.10413)

Provided by Saint Louis University

Citation: Access to care for minority Medicare patients is worse than that of non-minority patients (2021, August 17) retrieved 23 April 2024 from <https://medicalxpress.com/news/2021-08-access-minority-medicare-patients-worse.html>

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