Racial, Ethnic, And Economic Disparities In California Medicare Fee-for-Service

Asians

Selected indicators from:

Medicare Fee-for-Service in California:
Disparities in Quality by Place, Race and Economic Status

California HealthCare Foundation and CMRI

Hospitalization, Readmission and 30-day Mortality Rates

Hospitalization per 1000 population	Asian	California	U.S.*
Acute myocardial Infarction	7.0	8.8	14.9
Atrial fibrillation	3.1	5.2	n/a
Congestive heart failure	12.1	16.1	22.1
Pneumonia	17.5	18.8	23.7
Stroke	15.5	17.6	20.6

* Source: 1999 National Hospital Discharge Survey, age 65 years and over

Percent with 30-Day Readmission, 2000	Asian	California
Acute myocardial infarction	2.3	2.5
Atrial fibrillation	7.3	8.6
Congestive heart failure	7.8	5.8
Pneumonia	3.1	2.8
Stroke	3.0	3.0

Percent with 30-Day Mortality, 2000	Asian	California
Acute myocardial infarction	1.1	3.4
Atrial fibrillation	0.2	0.3
Congestive heart failure	0.2	0.3
Pneumonia	1.0	1.4
Stroke	0.5	0.5

Asians *less* likely to be diagnosed with colorectal cancer or to have a late stage cancer diagnosis.

Cancer Outcomes	Asian	California	U.S.*
Colorectal Cancer Incidence†, 1998 (cases per 100,000 population; age 65+)	240	306	n/a
% Late stage diagnosis, 1998 (as % of all diagnoses; age 65+)	9.6%	11.1%	20%
Breast Cancer Incidence†, 1998 (cases per 100,000 population; age 65+)	122	259	n/a
% Late stage diagnosis‡, 1998 (as % of all diagnoses; age 65+)	0.8%	2.6%	6%

* Source: SEER Cancer Statistics Review 1973-1999
† Number of newly diagnosed cancer cases (average age-adjusted annual incidence over five years - 1994-1998). California Cancer Registry public use file *Cancer in California: 1988-1998*.
‡ Late stage cancer diagnosis is based on staging criteria published by the American Joint Committee on Cancer. A late stage diagnosis identifies advanced cancer, which has a higher risk of death than earlier stages. Data from the California Cancer Registry public use file *Cancer in California: 1988-1998*, and the State of California, Department of Health Services, Cancer Surveillance Section, December 2000.

Mortality rates of Asian beneficiaries are better than average for conditions studied.
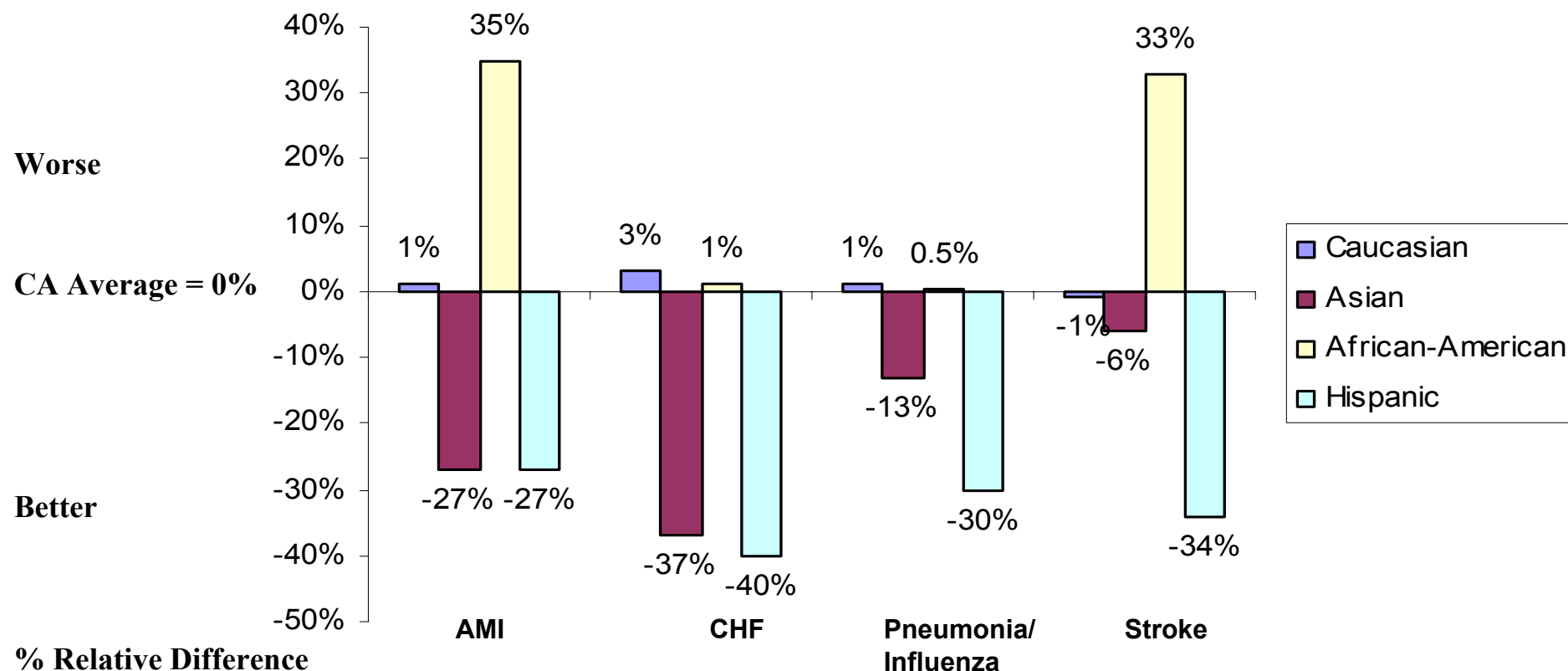

A negative percentage rate indicates a lower mortality rate than the California average.

Mortality rates of Asian beneficiaries are better than average for conditions studied (cont).

% Relative Difference
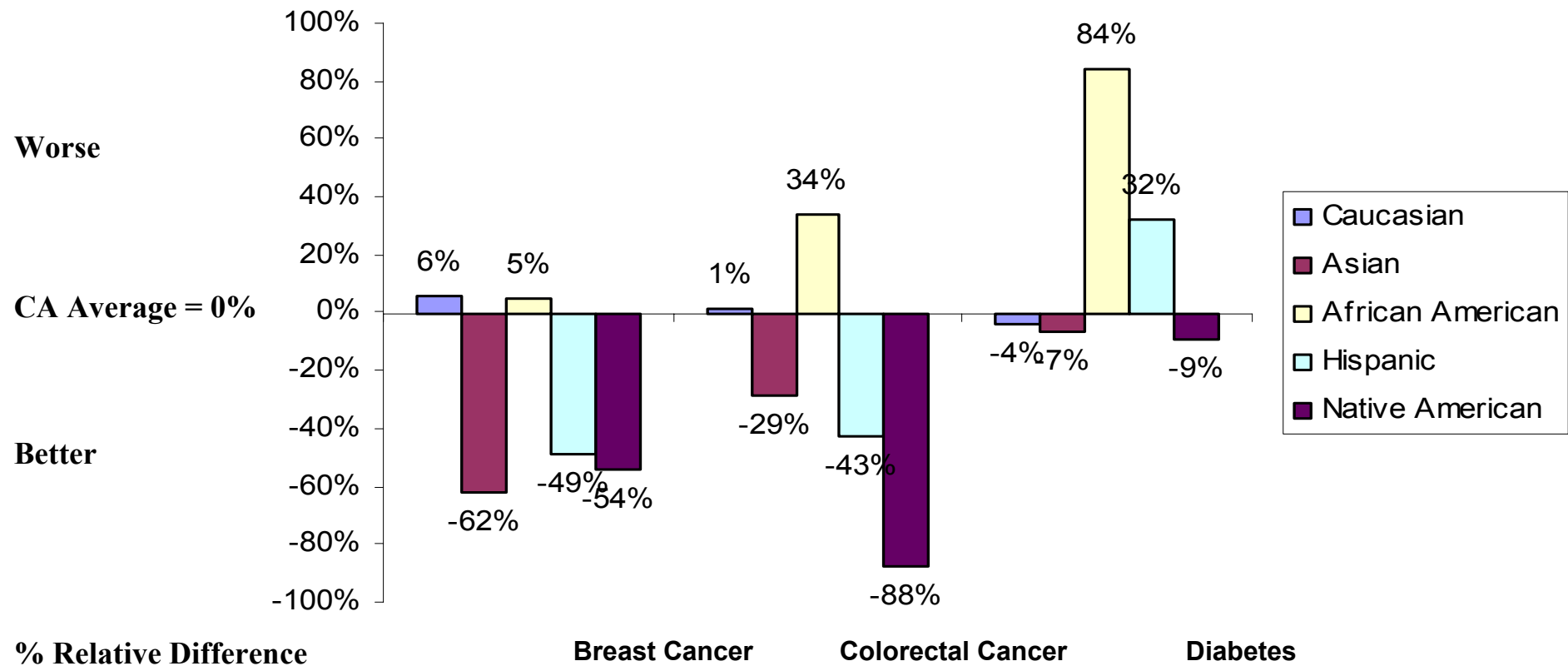
A negative percentage rate indicates a lower mortality rate than the California average.

Care for Asians is generally worse compared to the California average.
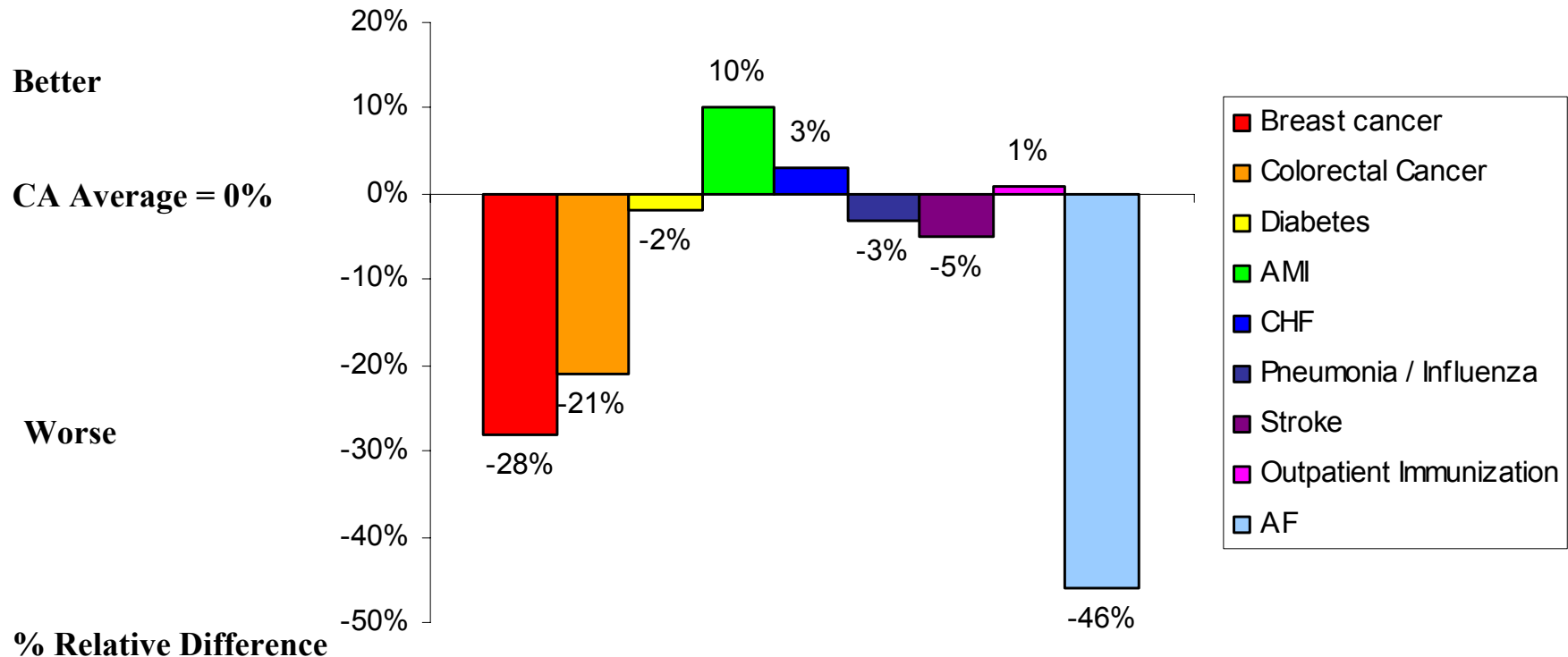
Effect of SES on Asian Beneficiaries' Likelihood of Receiving Preventive Services: Lower SES Beneficiaries Generally Less Likely

Percent of beneficiaries receiving the indicator service within race and SES status

SES Measure	SES Status	Breast Cancer Mammography	Colorectal Cancer Screening	Diabetes: Annual A1C test	Diabetes: Biennial eye exam	Diabetes: Biennial lipid	Outpatient Immunization: Influenza Vaccine	Outpatient Immunization: Pneumococcal Vaccine
Dual Eligible	DE	33	16	63	73	73	30	26
	Not	52	22	74	72	78	25	29
Educated Neighborhood	E	30	18	56	72	75	34	29
	Not	38	18	65	73	74	29	26
Impoverished Neighborhood	I	27	19	49	71	76	37	29
	Not	38	18	66	73	74	28	26
Hispanic Neighborhood	H	31	16	68	72	76	32	28
	Not	38	18	67	73	74	29	26
CA	all	52	21	70	72	73	26	28
US	all	56	44	71	69	57	66	46

Note: DE= Dual Eligible, E = undereducated neighborhood, I=impoverished area, H=Hispanic area, Not = Does not reside in lower SES area Values are percentages

Questions For Further Study

- What accounts for better than average health status among Asian beneficiaries, since they received worse than average care on most quality indicators studied?