

Racial, Ethnic, and Economic Disparities in California Medicare Fee-for-Service

Diabetes

Selected indicators from:

Medicare Fee-For-Service in California:

Disparities in Quality by Place, Race and Economic Status

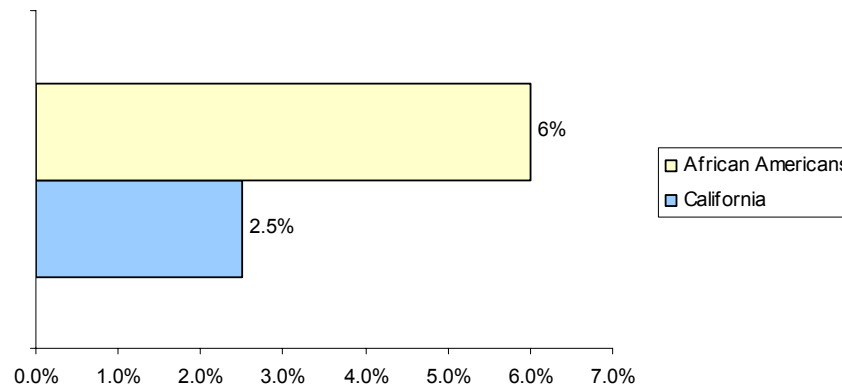
California HealthCare Foundation and CMRI

African Americans and Hispanics have higher incidence of complications and mortality from diabetes.

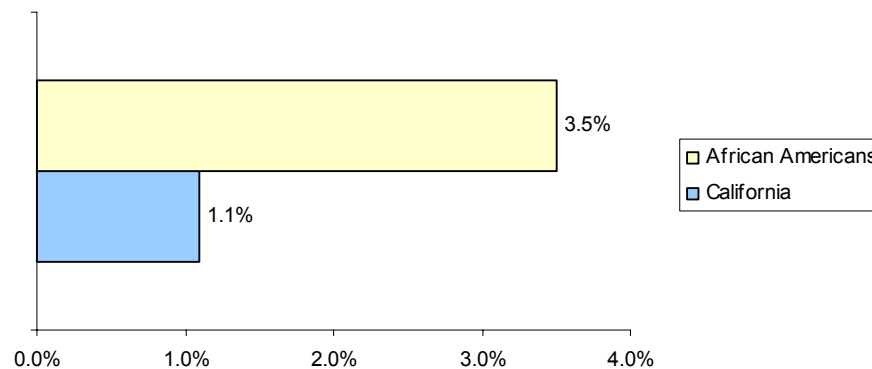
- African Americans have more complications of diabetes than the average Californian and are 84 percent more likely to die from them.
- Hispanics are 34 percent more likely than to die of diabetes complications than the average Californian.

Diabetes complications among African Americans are higher than the California average.

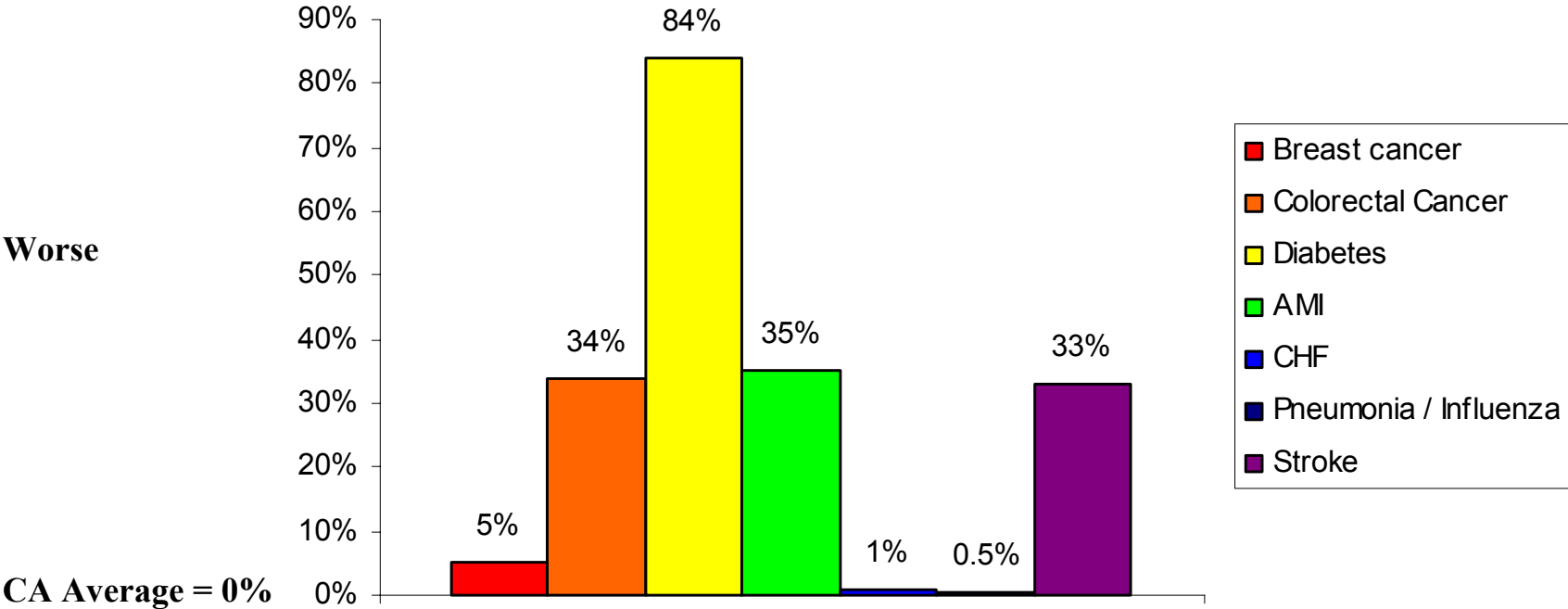
End Stage Renal Disease (ESDR) Prevalence, 1998-2000



Lower Extremity Amputation (LEA) Rates/1,000 Population, 2000



African American deaths from complications of diabetes are highest among major illnesses.

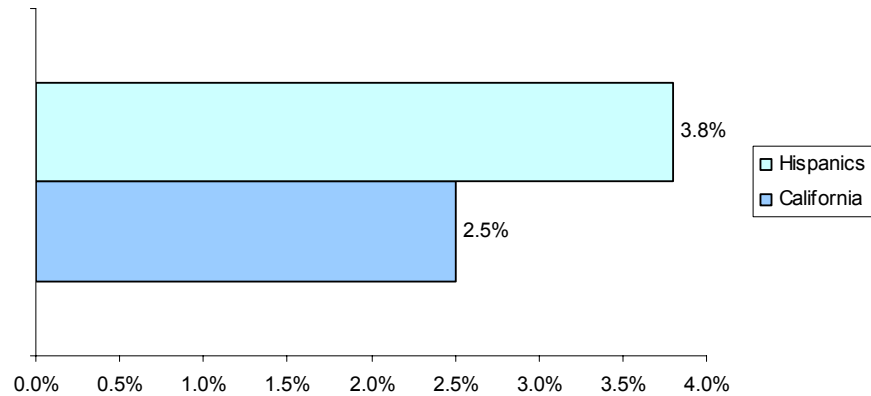


% Relative Difference

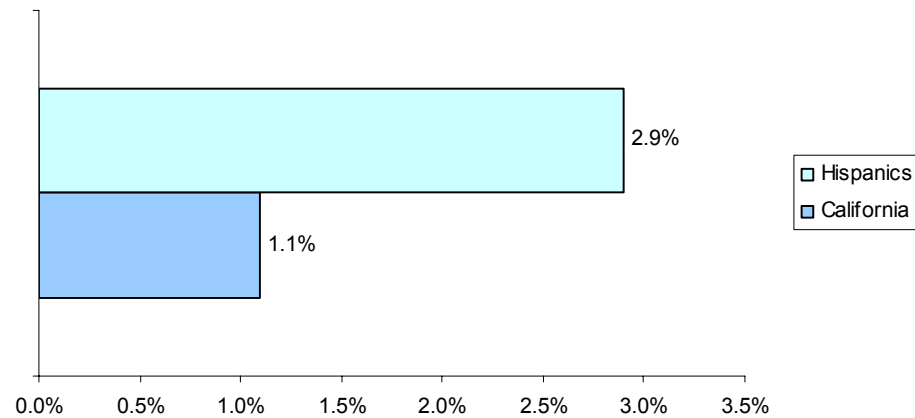
A negative percentage rate indicates a lower mortality rate than the California average.

Diabetes Complication Rates for Hispanics

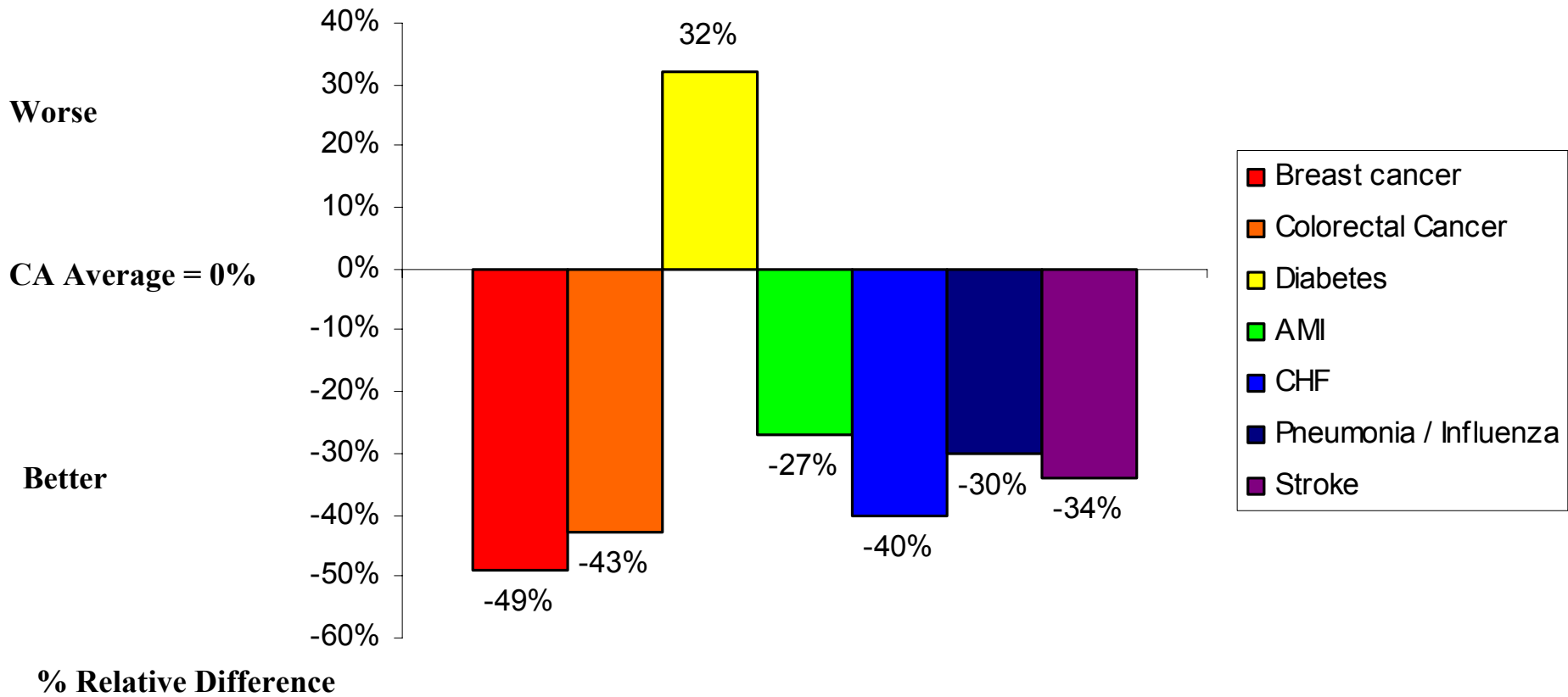
End Stage Renal Disease (ESRD) Prevalence, 1998-2000



Lower Extremity Amputation (LEA) Rates/1,000 Population, 2000



Hispanic deaths from complications of diabetes higher than average, lower than other illnesses.



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

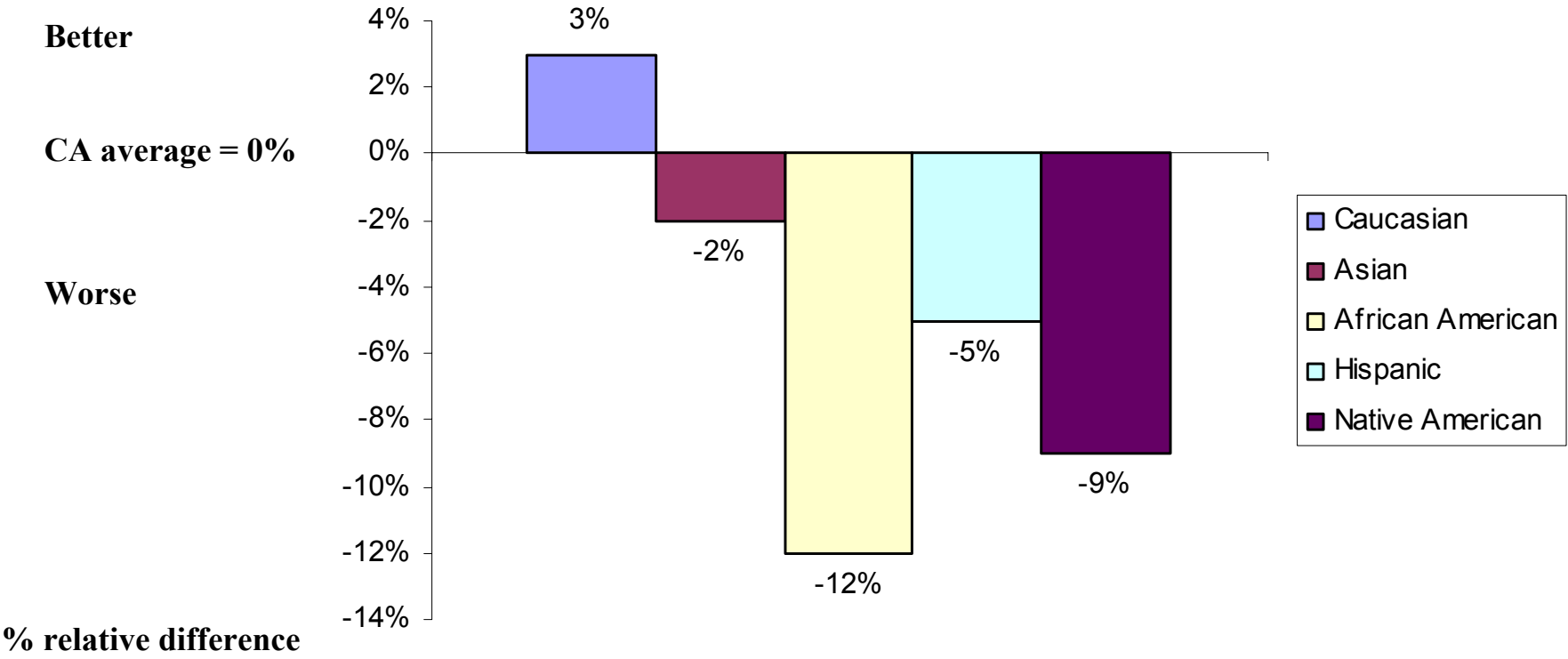
Quality Indicators for Diabetes Preventive Care

- In 1998, the Centers for Medicare and Medicaid Services (CMS) organized the Diabetes Quality Improvement Project (DQIP) which developed and implemented a set of standardized uniform performance measures for diabetes care. CMS selected 3 of the DQIP measures that could be collected from Medicare billing data to monitor diabetes care among fee-for-service Medicare beneficiaries in every state.
 1. A1C (a lab test that indicates the average blood sugar over the past 2-3 months) tested annually
 2. Eye examination performed biennially
 3. Lipid profile performed biennially

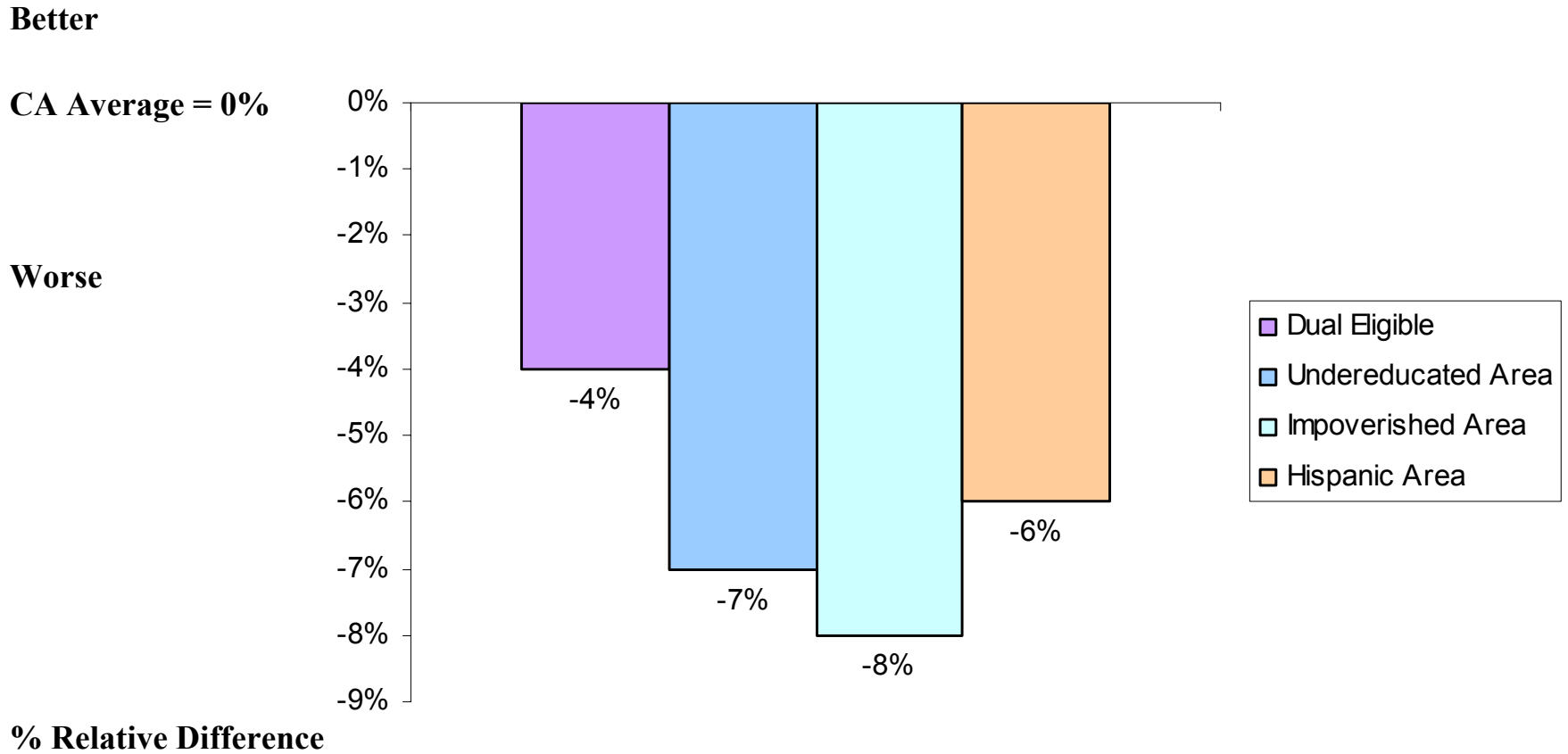
California performs relatively well delivering preventive diabetes care.

- Diabetes care, in at least one of the three quality indicators, was above the national average for all of California's race/ethnic group beneficiaries
- Rates of Diabetes care are only slightly lower for African Americans and Hispanics
- Rates of Diabetes care are also only slightly lower for Medicare recipients with low SES

Diabetes care is slightly worse for non-white beneficiaries.



Diabetes Care for Patients with Low Socio-economic Status

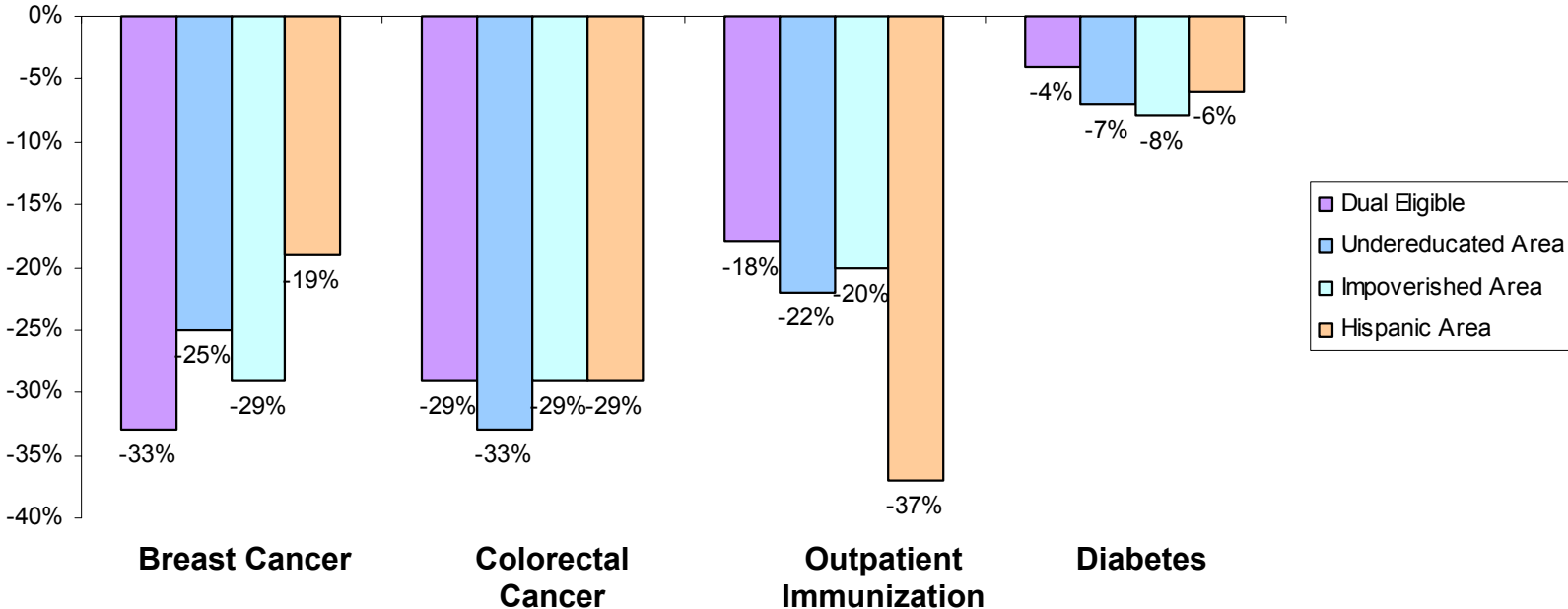


Diabetes care much better than other preventive services for recipients with low SES.

Better

CA Average = 0%

Worse



Questions for Further Study

- Why are complication and death rates higher for African Americans and Hispanics, despite comparable preventive care?
- What is the most effective strategy to reduce complication and death rates for African Americans and Hispanics from diabetes?
 - Would higher intensity diabetes prevention services targeted to at risk African Americans and Hispanic recipients reduce mortality and complication rates?
 - Would a diabetes awareness and early detection campaign be more effective than a prevention program aimed at those already diagnosed?