

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

## **Inpatient and Outpatient Pneumonia Indicators**

**Selected indicators from:**

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

California HealthCare Foundation and CMRI

# **Both inpatient and preventive quality indicators were examined for pneumonia.**

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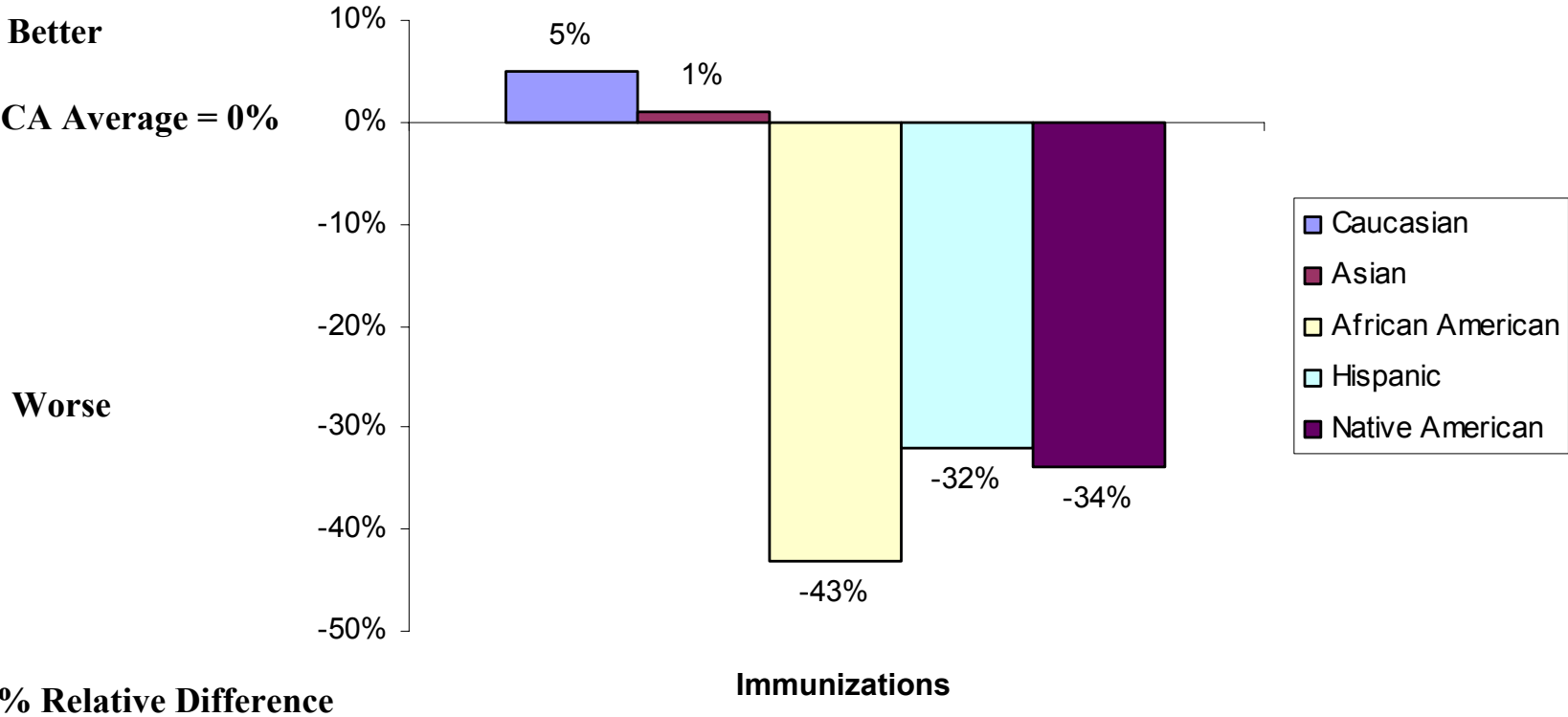
- Pneumonia and influenza are leading causes of death in the elderly and both incidence and mortality from pneumonia increase with age.
- Two vaccines, the pneumococcus vaccine and the annual flu shot, can reduce or eliminate occurrence of these diseases.
- Very few Medicare fee-for-service beneficiaries receive either vaccine.

# Quality Indicators for Pneumonia

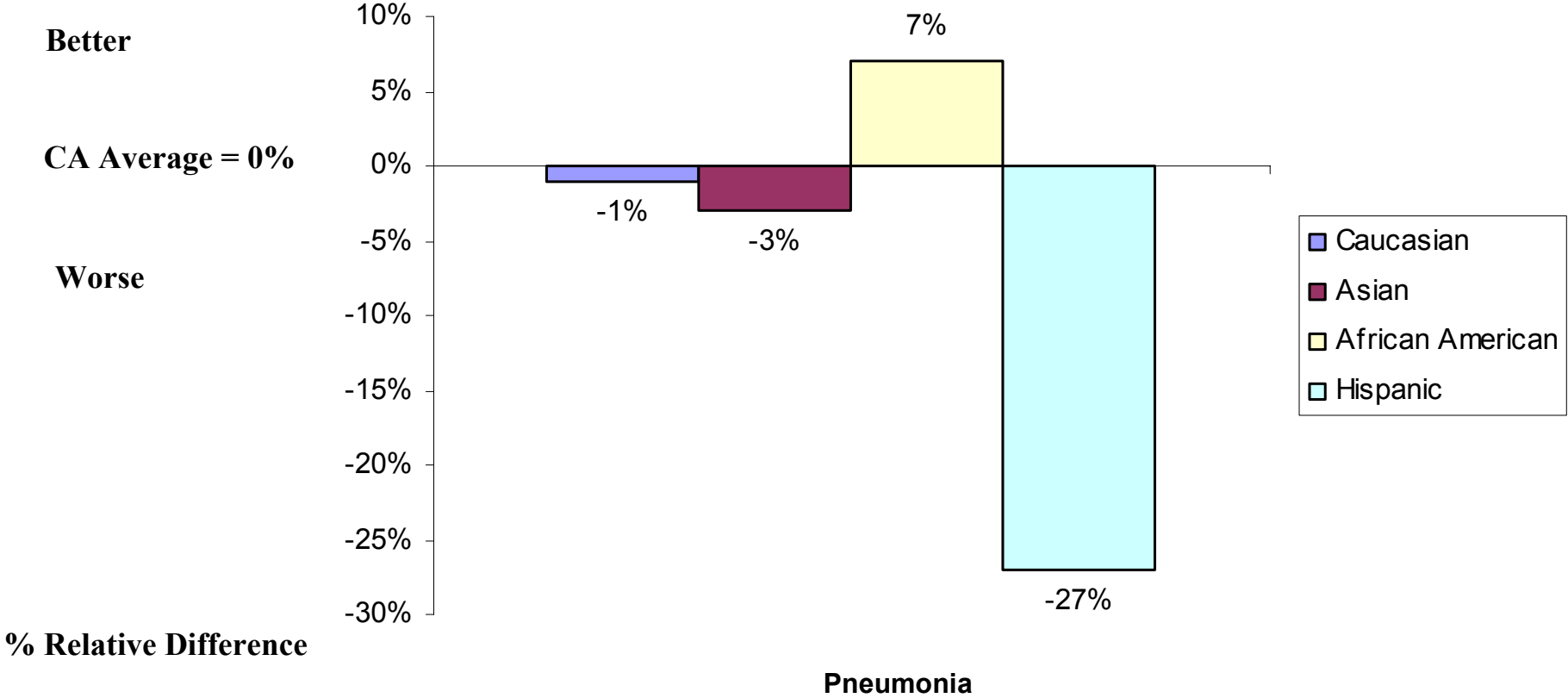
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- **Preventive**
  - Whether beneficiaries over age 65 received the influenza vaccine in most recent flu season or have ever received the pneumococcal vaccination.
- **Inpatient (do patients receive the following recommended care):**
  - Initial antibiotic dose within 8 hours of admission.
  - Initial antibiotic consistent with current recommendations.
  - Collection of blood cultures before antibiotic administration.
  - Screening for influenza vaccination among patients with Community Acquired Pneumonia (CAP).
  - Screening for pneumococcal vaccination among CAP patients.

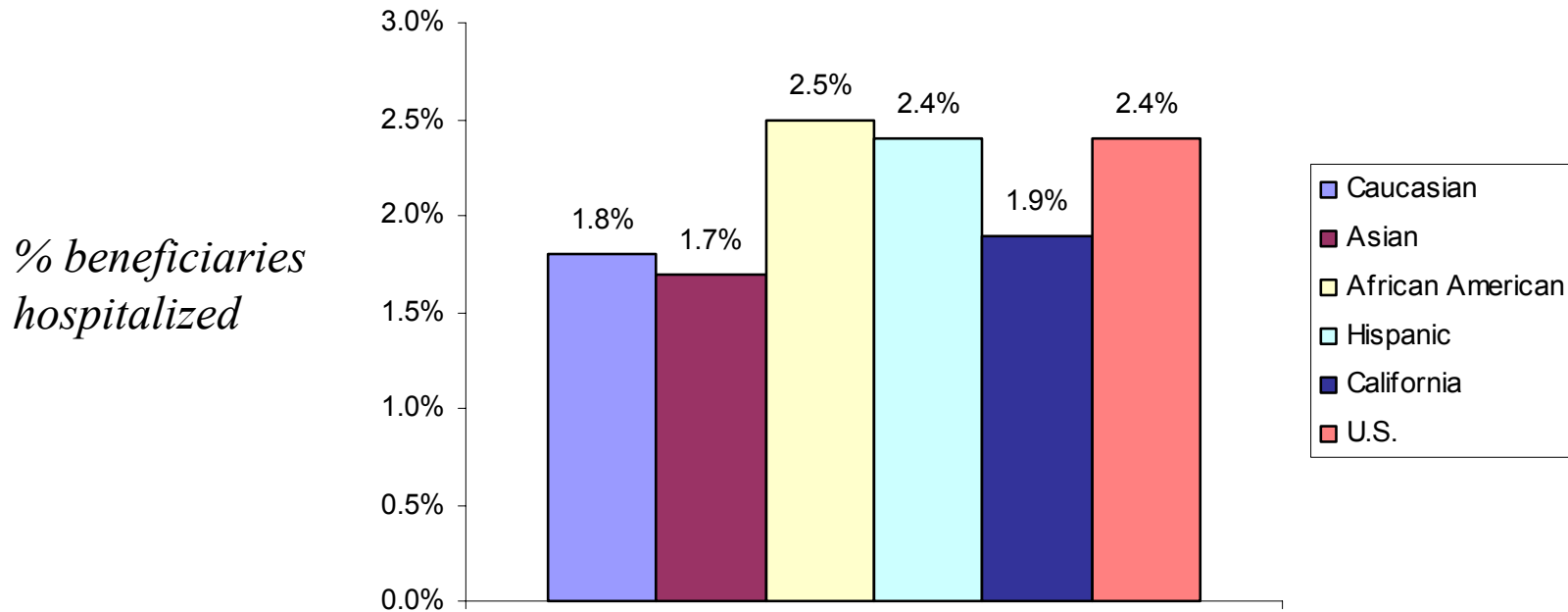
# Flu and Pneumonia Immunization Rates by Race



# Pneumonia Inpatient Quality Performance by Race



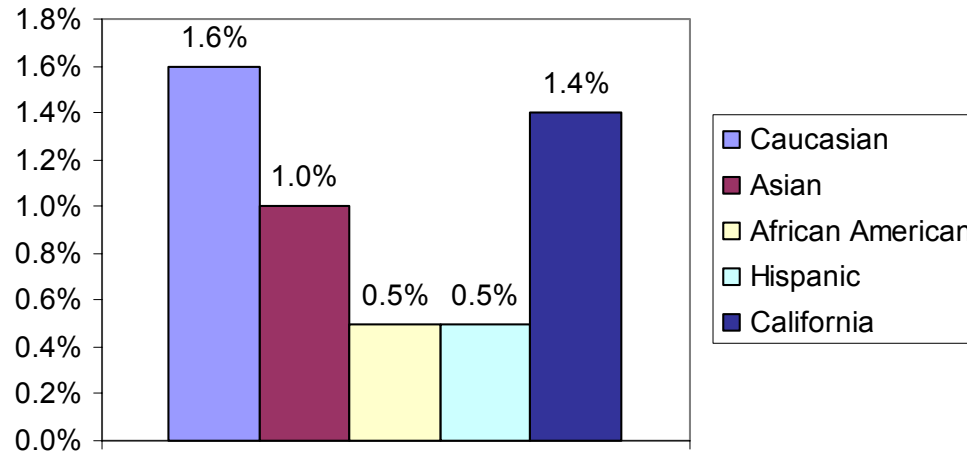
# Hospitalization Rates for Pneumonia by Race and Place



**African-American and Hispanic rates exceed national average**

# 30-day Pneumonia Mortality by Race

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- African Americans and Hispanics have less preventive care and more hospitalization, but a lower mortality rate than Caucasians or Asians.
- Hispanics receive poorer care for pneumonia, according to inpatient quality indicators, but mortality rates are much lower than state average.

**California has notably low rates of immunization for pneumonia and influenza, even in high SES populations, but has generally better than national average inpatient pneumonia care, even in low SES populations.**

Quality Indicator	SES Measure	Lower SES	Higher SES	California	U.S.		
<b>Inpatient</b> Pneumonia, 2000	Dual Eligible	92	90	92	85		
		80	86				
		85	84				
		5	12				
		5	12				
	Area Education	87	92				
		90	84				
		78	86				
		<10	11				
		<10	11				
	Area Poverty	93	92				
		85	85				
		91	84				
		<10	12				
		<10	11				
	Hispanic Area	91	92				
		89	85				
		85	85				
6		12					
8		11					
<b>Outpatient</b> Immunizations, 2000	Dual Eligible	22	28	26	66		
		22	31				
	Area Education	20	21				
		22	23				
	Area Poverty	21	27				
		22	29				
	Hispanic Area	21	27				
		23	30				
	Influenza vaccine					28	46
		Pneumococcal vaccine					



# Pneumonia Treatment and Prevention, by Socioeconomic Status

## What Can We Conclude?

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- California *outperforms* the national averages on inpatient indicators for pneumonia, even in low SES populations.
- California greatly *underperforms* national averages for pneumonia prevention, even among high SES populations.

# Questions for Further Study

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- Can we explain the lower mortality rates for African Americans and Hispanics?
- Can we reduce hospitalization rates for pneumonia, especially among African American and Hispanic populations, by bringing immunization rates up to national averages?