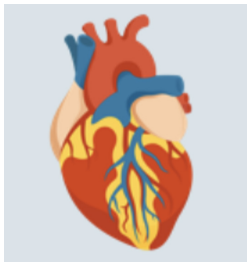


Ischemic Heart Disease Disparities in Medicare Fee-For-Service Beneficiaries



Ischemic heart disease (IHD), also known as coronary artery disease, is the most common type of heart disease in the United States. IHD affects the supply of blood to the heart when cholesterol deposits begin to narrow or block blood vessels, frequently leading to a heart attack. The Centers for Disease Control and Prevention (CDC) states that heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the US; about 655,000 people die of heart disease every year – that’s 1 in every 4 deaths. Every year,

about 805,000 Americans have a heart attack, and about 18.2 million adults age 20 and older have IHD.¹

The Centers for Medicare & Medicaid Services’ (CMS’s) Chronic Condition data indicates that 26.8% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of IHD in 2018. The male beneficiaries had a higher (32.3%) IHD prevalence than female beneficiaries (22.2%), and the prevalence was higher among beneficiaries aged 65 and older (28.6%) compare to the beneficiaries under 65 years old (16.8%).²

The [Mapping Medicare Disparities Tool](#) developed by CMS Office of Minority Health shows the prevalence of IHD among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2019.³ Figure 1 shows the age standardized prevalence of IHD among FFS beneficiaries by race and ethnicity. American Indians/Alaska Natives (28%) had the highest and Asian/Pacific Islanders (22%) had the lowest prevalence of IHD compared to White (27%), Black/African American (26%), and Hispanic (25%) beneficiaries. As shown in

Figure 1. Age Standardized Prevalence of IHD among Medicare FFS Beneficiaries by Race/Ethnicity, 2019

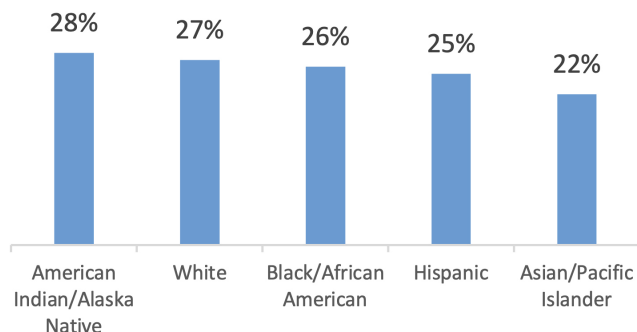


Figure 2. Prevalence of IHD among Medicare FFS Beneficiaries by State, 2019

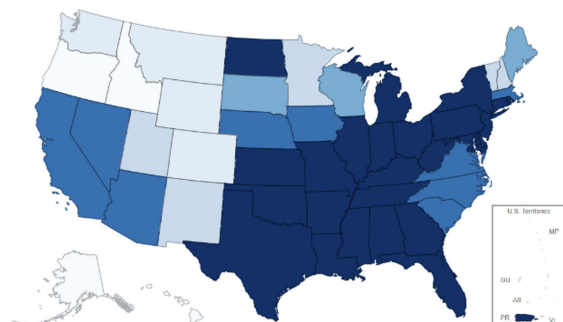
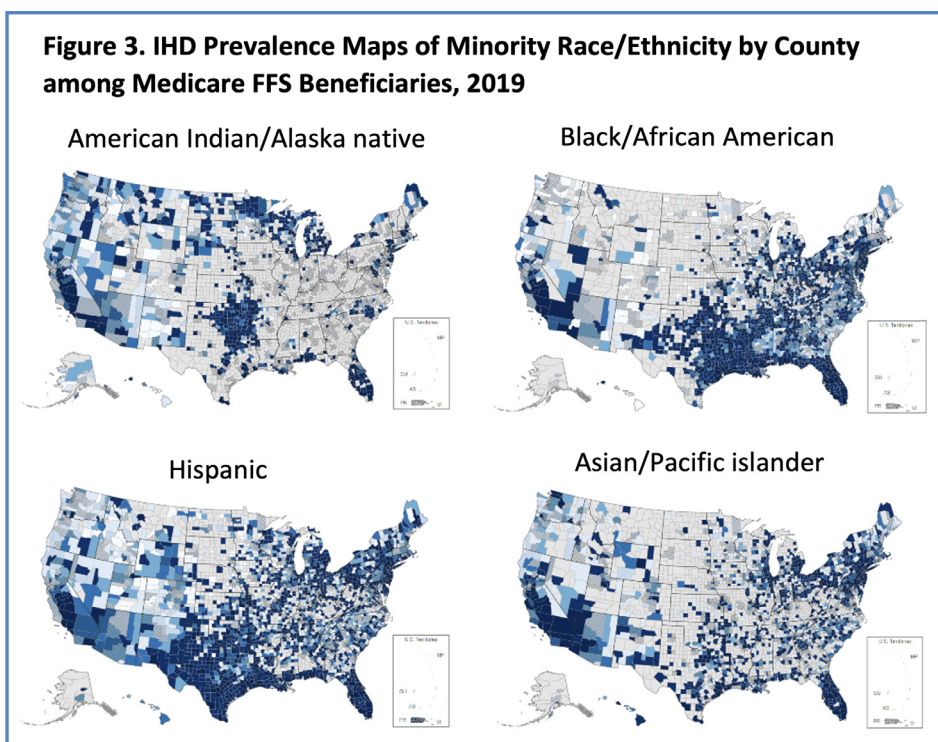


Figure 2 Alaska, Hawaii, Idaho and Oregon had the lowest prevalence rate (19%) and Florida had the highest prevalence rate (35%). Figure 3 shows geographic differences in IHD prevalence among minority racial and ethnic groups. American Indian/Alaska Native beneficiaries' IHD prevalence for 2019 was more concentrated in the west, with emphasis around the southwest area and in Oklahoma, while for Black/African Americans it was concentrated in the south and up the middle Atlantic. For Hispanics, the prevalence was more spread across the country from the west to the south and small groups around east north central and along the east coast. And lastly, for the Asian/Pacific Islander beneficiaries, the concentration was along the west coast with small groups throughout the south, northeast, and east north central.

Under the Medicare program, Medicare Part B covers cardiovascular disease screenings that help detect conditions may lead to a heart attack or stroke, and it covers other **Preventive & Screening Services** such as Cardiovascular Behavioral Therapy, Tobacco Use Cessation Counseling and more to help prevent or lower the risk for cardiovascular disease. Multiple national initiatives have been created to increase awareness of heart health, and February is American Heart Month. Million Hearts® 2022 is a national initiative to prevent 1 million heart attacks and strokes within 5 years.



Beneficiary Resources

- [What is coronary artery disease?](#)
- [Medicare and You Handbook](#)
- [Chronic Care Management Services](#)
- [Your Medicare Coverage: Cardiovascular disease screenings](#)
- [Million Hearts® 2022](#)
- [Medicare & You: Heart Disease \(video\)](#)
- [Medicare & You: Million Hearts Initiative \(video\)](#)

Provider Resources

- [CMS: Medicare Chronic Conditions](#)
- [CMS-Medicare Learning Network: Medicare Preventive Services](#)
- [CDC: Heart Disease Communications Kit](#)
- [Interactive Atlas of Heart Disease and Stroke](#)
- [African Americans who smoke seem at higher risk of coronary heart disease](#)
- [Mortality and Morbidity Weekly Reports \(MMWRs\)](#)

References/Sources

1. Centers for Disease Control and Prevention. Heart Disease Facts.
<http://www.cdc.gov/heartdisease/facts.htm>
2. Centers for Medicare & Medicaid Services. Chronic Conditions.
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/mapping-medicare-disparities>
 - Results from 2019 were considered preliminary at the time of this analysis, as the data were not fully complete due to a “claims lag” between when a service occurs and when the claim is collected by CMS and, ultimately, appears in the CCW database.

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If you have any questions or feedback, please contact
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