

# Arthritis Disparities in Medicare Fee-For-Service Beneficiaries



Arthritis is an umbrella term for any disorder that affects the body’s joints. Osteoarthritis (OA) is the most commonly diagnosed form of arthritis. Symptoms of OA include pain, redness, swelling, and stiffness of the joint.<sup>1</sup> Damage to a joint can contribute to the development of OA, for example, occupations that involve repetitive knee bending. OA is the most common cause of disability in the nation.<sup>2</sup> Another form of arthritis is rheumatoid arthritis (RA). RA is caused by an autoimmune disorder that can affect joints, bones, and internal organs. RA is characterized by inflammation and loss of function in a connecting or supporting structure of the body.<sup>3</sup> The Centers for Disease Control and Prevention (CDC) report that arthritis affects 54.4 million US adults, about 1 in 4. The number of men and women with arthritis is growing and expected to reach more than 78 million in 2040. The risk of arthritis increases with age and arthritis is more common among women than men.<sup>2</sup>

Data from the Centers for Medicare & Medicaid Services’ (CMS’s) Chronic Conditions Data Warehouse indicates that the prevalence rate of arthritis (OA or RA) among Medicare fee-for-service (FFS) beneficiaries has increased from 28.9% to 34.7% (2009 to 2018, respectively).<sup>4</sup> The [Mapping Medicare Disparities Tool](#) developed by CMS Office of Minority Health shows the prevalence of OA or RA among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2018.<sup>5</sup> Figure 1 shows the age standardized prevalence of OA or RA among FFS beneficiaries by race and ethnicity. Compared to Asian/Pacific Islander (25%) and Hispanic (30%), White, American Indian/Alaska Native, and Black/African American beneficiaries had a higher prevalence rate (34%) of arthritis. Medicare FFS enrollees with OA or RA varied by geographic areas as shown in Figure 2. Alabama and Mississippi had the highest rate (39%) and Hawaii had the lowest rate (21%) of beneficiaries with arthritis among states, and American Samoa and Guam had the lowest rate (14%) among territories.

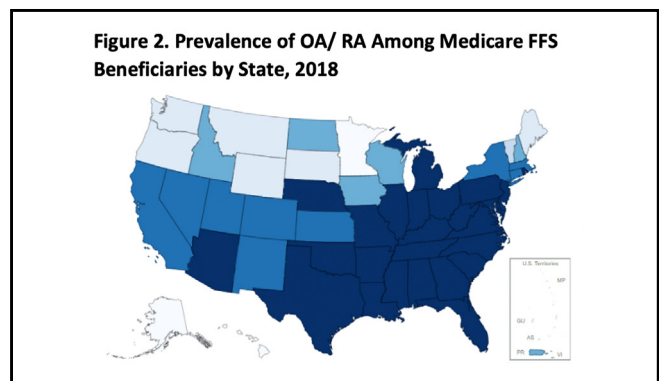
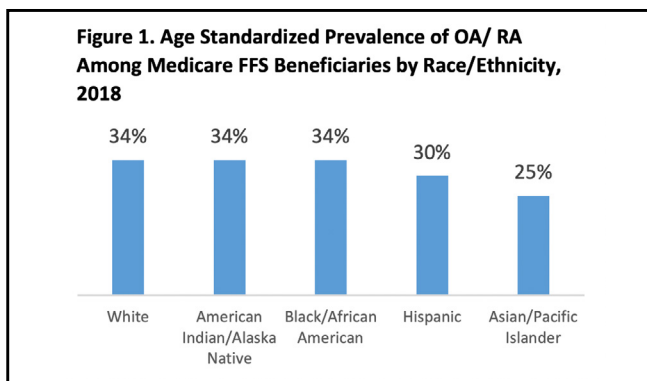
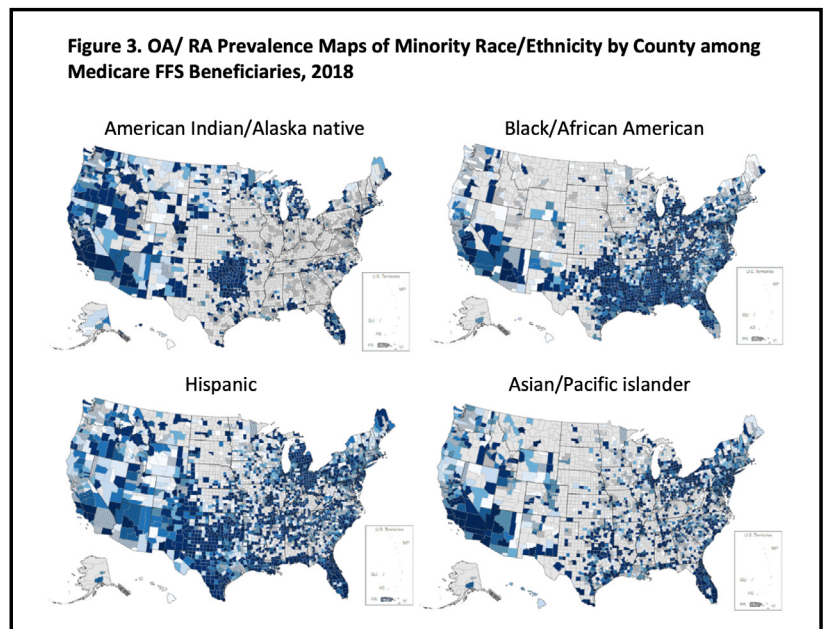


Figure 3 shows geographic differences in OA or RA prevalence among minority racial and ethnic groups. American Indian/Alaska Native beneficiaries with OA or RA claims in 2018 were more concentrated in the west, with emphasis around the southwest area and in Oklahoma, while for Black/African Americans it was concentrated in the south and up the middle Atlantic. Hispanic beneficiaries with the claims were more spread across the country from the west to the south and small groups around east north central and along the east coast. 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.



Medicare Part B covers an annual wellness visit which includes a review of functional ability and level of safety; however, only 30% of Medicare beneficiaries utilized this service in 2018.<sup>5</sup> OA or RA symptoms may be alleviated by the use of anti-inflammatory drugs or topical/oral analgesic medications, heat/cold therapies, splints/braces, assistive devices, or joint replacement surgery.<sup>3</sup> In addition, losing even a small amount of weight can reduce the risk of developing, or worsening, arthritis symptoms and improve the quality of life for those living with arthritis.<sup>2</sup> Frequent strength training to build and maintain muscle tissue around the joints combined with range-of-motion exercises provide support and protection of joints.<sup>3</sup> Medicare Part B coverage can also assist in obtaining braces, walkers, and other durable medical equipment.

## Beneficiary Resources

- [Medicare and You Handbook](#)
- [What is arthritis?](#)
- [Managing Arthritis: Strive for Five](#)
- [Is my test, item, or service covered? - Bone mass measurements](#)
- [Get Your Medicare Wellness Visit Every Year](#)
- [Painful Joints? Early Treatment for Rheumatoid Arthritis Is Key](#)

## Provider Resources

- [CDC: Information for Health Care Providers](#)
- [Major Joint Replacement \(Hip or Knee\)](#)
- [Arthritis in Rural America](#)
- [Recommendations for Treating Rheumatoid Arthritis](#)
- [Arthritis and Rheumatic Diseases](#)

## References/Sources

1. National Institute of Arthritis and Musculoskeletal and Skin Diseases. [http://www.niams.nih.gov/Health\\_Info/Arthritis/default.asp](http://www.niams.nih.gov/Health_Info/Arthritis/default.asp)
2. Centers for Disease Control and Prevention. <http://www.cdc.gov/arthritis/>
3. National Institute of Arthritis and Musculoskeletal and Skin Diseases. <https://www.niams.nih.gov/health-topics/rheumatoid-arthritis/advanced>
4. Centers for Medicare & Medicaid Services. Chronic Conditions Data Warehouse. <https://www2.ccwdata.org/web/guest/medicare-tables-reports>
5. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities>

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