

Arthritis Disparities in People Enrolled in Medicare Fee-For-Service

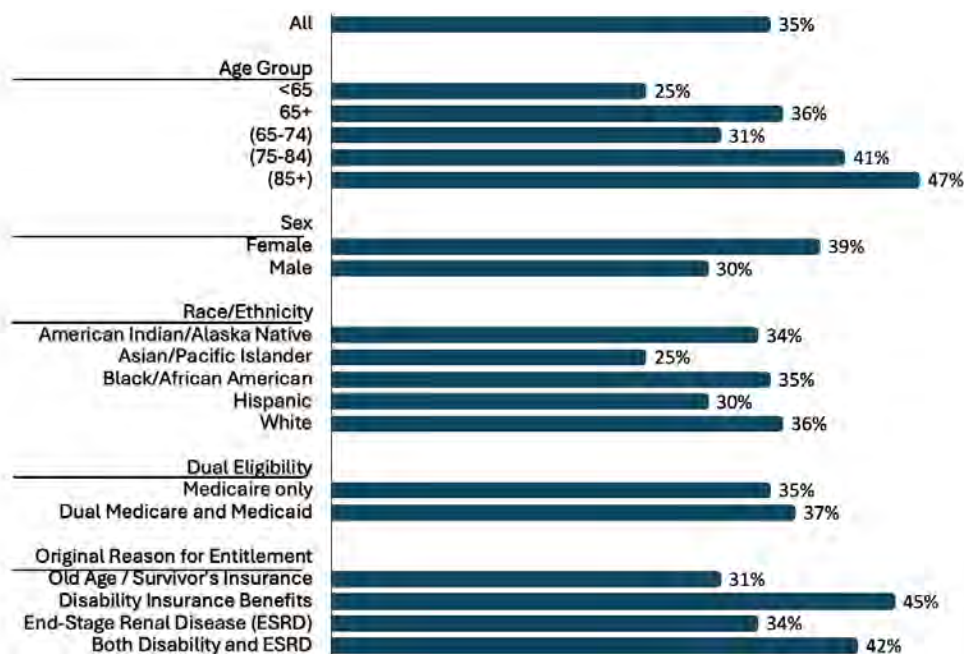


Arthritis is an umbrella term for any disorder that affects the body's joints. Osteoarthritis (OA) is the most commonly diagnosed form of arthritis. Symptoms of OA include pain, redness, swelling, and stiffness of the joint. Damage to a joint can contribute to the development of OA, for example, occupations that involve repetitive knee bending.¹ 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.² The Centers for Disease Control

and Prevention (CDC) report that arthritis affects 54 million US adults, about 1 in 5. The number of people with arthritis is expected to increase as the population grows and ages. Arthritis is a leading cause of work disability among adults.³

The [Mapping Medicare Disparities \(MMD\) Tool](#) developed by the Centers for Medicare & Medicaid Services (CMS) presents the prevalence rate of arthritis (OA/RA) among people enrolled in Medicare fee-for-service (FFS) varied by age group, race and ethnicity, Medicare and Medicaid dual eligibility, original reason for entitlement, and geographic areas (Figure 1-4).⁴ The MMD Tool shows that 35% of people enrolled in FFS had claims with a diagnosis of OA or RA in 2022.

Figure 1. Prevalence rate of OA/RA among People Enrolled in Medicare FFS by Enrollee Characteristics, 2022



Note: Prevalence rates for sex, race and ethnicity, dual Medicare and Medicaid eligibility, and original reason for entitlement were age standardized rate.

As shown in Figure 1, the prevalence rate of OA/RA was higher among older age groups; FFS enrollees aged 65+ had a higher prevalence rate (36%) than people aged <65 (25%), and enrollees aged 85+ had the highest prevalence rate at 47%. The age standardized prevalence rate was higher among females (39%) than male (30%) enrollees, and White (36%), Black/African American (35%) and American Indian/Alaska Native (34%) enrollees than Hispanic (30%) and Asian/Pacific Islander (25%) enrollees. It was higher among Medicare and Medicaid dual eligible enrollees (37%) compared to the Medicare only (35%) enrollees, and those whose original reason for entitlement was Disability Insurance Benefits (45%), ESRD (34%), or both (42%) compared to the Old Age / Survivor's Insurance (31%) in 2022.

Figure 2. OA/RA Prevalence among People Enrolled in Medicare FFS by State/Territory, 2022

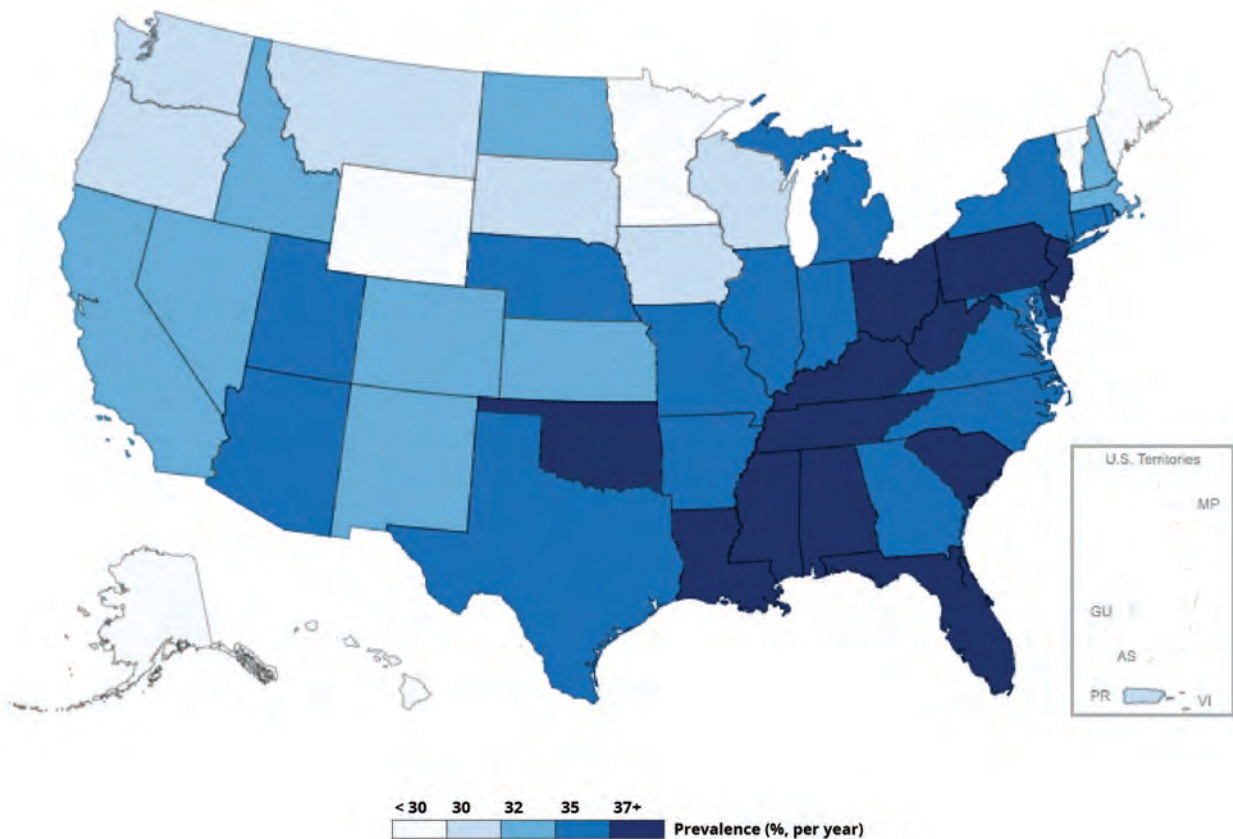
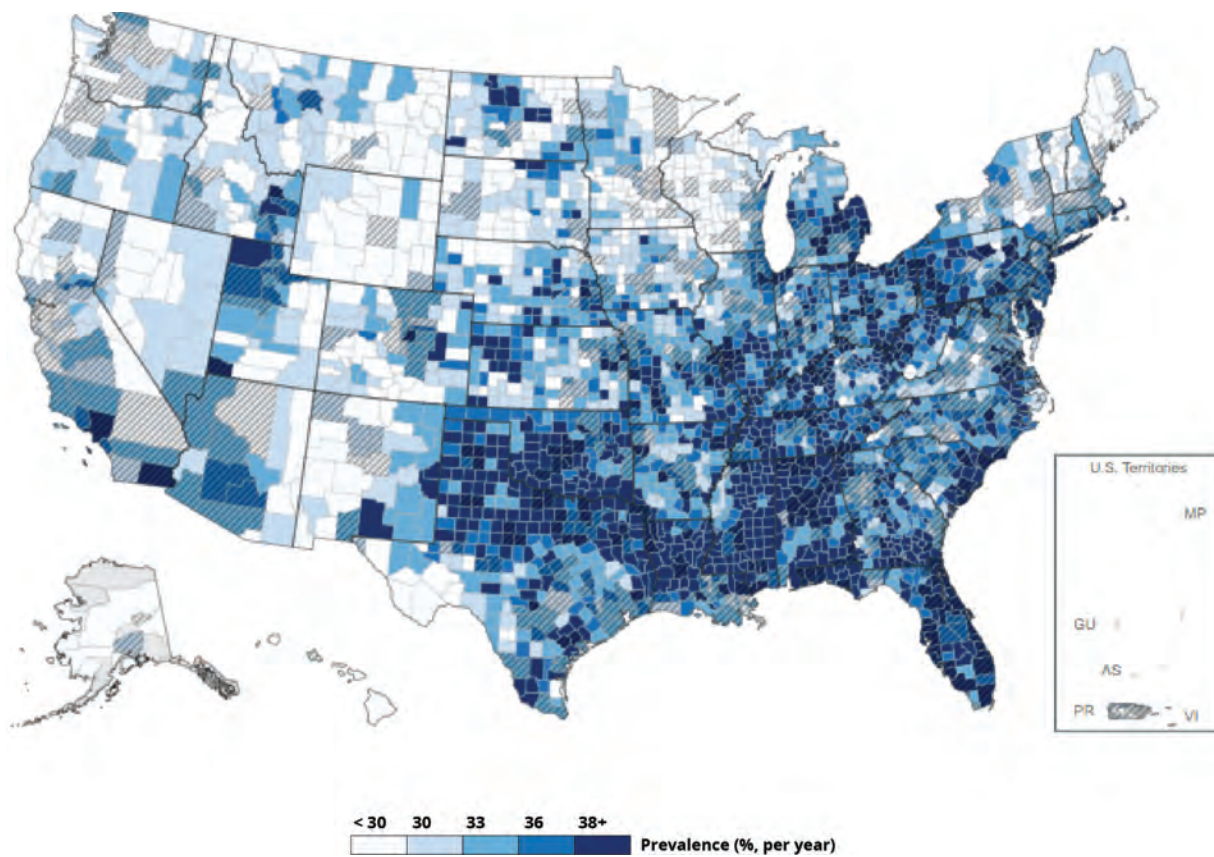
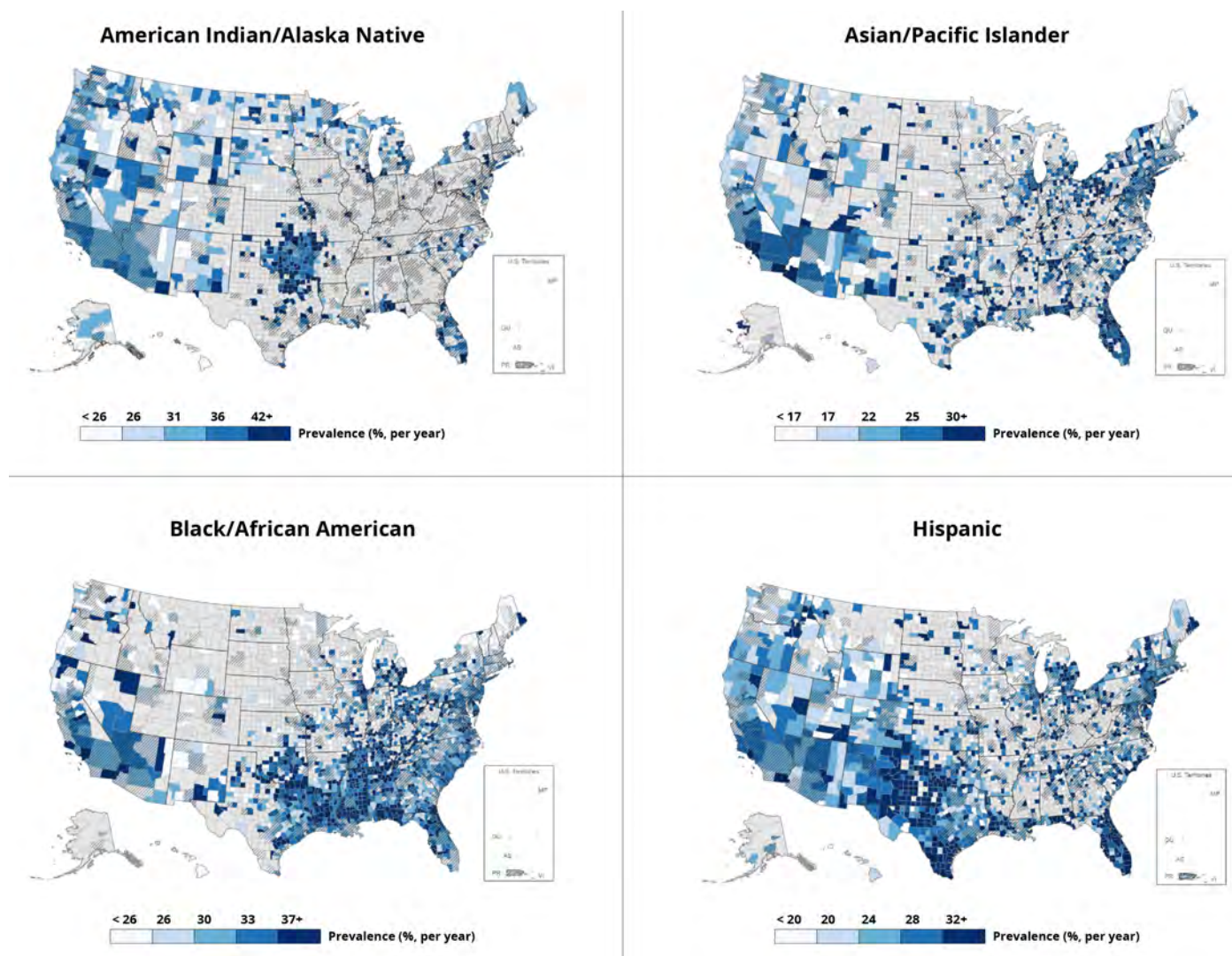


Figure 3. OA/RA Prevalence among People Enrolled in Medicare FFS by County, 2022



Medicare FFS enrollees with OA or RA varied by geographic areas as shown in Figure 2 and 3. Alabama (41%), Florida (40%) and Mississippi (40%) had the highest prevalence rate, and Northern Marianas (12%), American Samoa (13%), Guam (17%) and Virgin Islands (20%) had the lowest rate. The prevalence rate of OA/RA among each minority racial and ethnic group also differed by geographic areas as shown in Figure 4. See the [MMD Tool](#) for details.

Figure 4. Prevalence of OA/RA among Minority Race/Ethnicity Group Enrolled in Medicare FFS by County, 2022



Medicare Part B covers an annual wellness visit which includes a review of functional ability and level of safety; however, only 41% of Medicare beneficiaries utilized this service in 2022.⁴ 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.² 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.³ Frequent strength training to build and maintain muscle tissue around the joints combined with range-of-motion exercises provide support and protection of joints.² Medicare Part B coverage can also assist in obtaining braces, walkers, and other durable medical equipment.

Enrollee Resources

- [Medicare & You Handbook](#)
- [What is arthritis?](#)
- [Self-Care for Arthritis: Five Ways to Manage Your Symptoms](#)
- [Your Medicare Coverage - Chronic care management services](#)
- [Get Your Medicare Wellness Visit Every Year](#)
- [Painful Joints? Early Treatment for Rheumatoid Arthritis Is Key](#)
- [Arthritis and the Hispanic Community: Powerful Solutions for Better Care \(Video\)](#)

Provider Resources

- [Arthritis in Rural America](#)
- [Comprehensive Care for Joint Replacement Model](#)
- [Drug Therapy for Early Rheumatoid Arthritis in Adults – An Update](#)
- [Arthritis and Rheumatic Diseases](#)
- [Arthritis-Appropriate, Evidence-Based Interventions \(AAEBI\)](#)

References/Sources

1. National Institute of on Aging. Osteoarthritis. <https://www.nia.nih.gov/health/osteoarthritis/osteoarthritis>
2. National Institute of Arthritis and Musculoskeletal and Skin Diseases. <https://www.niams.nih.gov/health-topics/rheumatoid-arthritis/advanced>
3. Centers for Disease Control and Prevention. Arthritis Basics. <https://www.cdc.gov/arthritis/basics/index.html>
4. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities>



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