

Disparities in Health Status and Use of Services:
American Indians Enrolled in Medicare Managed Care Plans—
FINAL REPORT

Summary

Background and Purpose: The subject study was conducted using three years' combined data from the Medicare Managed Care (MCC) Consumer Assessment of Health Plans Study (CAHPS®) survey. MCC CAHPS surveys were created to obtain information from enrollees in Medicare managed care plans, and included questions concerning respondents' assessments of their plans and providers, their overall health status, health conditions, and health system utilization. This study examines the health and health care use of American Indians who are covered by Medicare and are enrolled in Medicare managed care plans and compares these indicators to those of the White non-Hispanic population enrolled in Medicare managed care plans. Specific research issues addressed include:

- 1) Are American Indians enrolled in Medicare health plans similar to or different from White non-Hispanics in self-reported health status, changes in health status from the previous period, and health conditions?
- 2) Are there differences between American Indians and White non-Hispanics in the pattern of health services use, overall and for specific health conditions?
- 3) Are there differences between the two groups in changes in health status from the previous year, for specific conditions?

To the extent that differences are found, they may reflect underlying differences in health status and propensity to use services between American Indians and the majority population. However, they may also reflect differences between these groups in the ability to effectively access health care services and cultural issues that may require specific efforts by managed care plans and providers to ensure that necessary and appropriate care is provided to this population, or disparities in treatment patterns that should be examined further.

Methodology and Results: As mentioned earlier, MMC CAHPS data pertaining to the American Indian Medicare population were compared to like data for the White non-Hispanic population. Also, in certain instances, data pertaining to the American Indian MMC population were analyzed in conjunction with health status and use of services data collected by the Indian Health Services (I.H.S.). However, the I.H.S. data are limited to users of I.H.S. services who live mostly on or near tribal reservations, a population that comprises less than one percent of the U.S. population. Thus, with the exception of the MMC CAHPS survey, there is little information available on the health status and health services use of

American Indians who are not in geographic areas served by the I.H.S. or who have employment-based or other health insurance that permits them to seek care outside of the I.H.S.

Note: Even with high response rates and large sample sizes, there were inadequate numbers of observations from only one MCC CAHPS survey to permit detailed examination of very small subgroups, including the American Indian population. To address this issue, we combined the 1997, 1998, and 1999 survey data sets.

Results from the subject study are as follows:

1. General Findings

- Interestingly, there are more males than females in the American Indian MCC health plan enrollment (53 percent male vs. 47 percent female).
 - Since the mortality rate for males among the I.H.S. population is considerably higher than for females, and the I.H.S. reports that 52.3 percent of its user population is female, it is not clear why the proportion of males in the Indian enrollee population of MMC health plans is so high.
 - It may be that economic or cultural factors make it more likely that American Indian males leave the reservations.
- More than twice as many Indian enrollees in Medicare health plans are under age 65 (i.e., eligible for Medicare due to disability) than White non-Hispanic enrollees (15 percent vs. 6 percent, respectively).
- 46 percent of American Indian Medicare health plan enrollees did not complete high school, compared with 25 of White non-Hispanic enrollees.
- American Indians are over five times as likely as Whites to receive assistance from the states and federal Government through Medicaid buy-in programs that cover some or all of Medicare-associated costs (11 percent vs. 2 percent, respectively).

2. Health Status and Health Conditions

- 32 percent of American Indians and 34 percent of non-Hispanic Whites reported that their health was “Excellent” or “Very Good.”

- However, American Indians were much more likely to rate their health as “Fair” or “Poor” than Whites (38 percent vs. 27 percent, respectively).
- Indian respondents were more likely to report that their health was “Much Better” or “Somewhat Better” than in the preceding year, compared to Whites (26 percent vs. 19 percent, respectively).
- However, Indians were also more likely than Whites to report that their health was “Somewhat Worse” or “Much Worse” (22 percent vs. 17 percent, respectively).
- American Indians were also more likely than Whites to report that a doctor told them they had specific health conditions, with one exception:
 - 12 percent of Indians and 16 percent of Whites said they were told they had cancer.
- There was only a small difference between Indians and Whites in the percent reporting heart disease—27 percent vs. 25 percent, respectively.
- The rate at which Indians report having had a stroke is 60 percent higher than Whites (13 percent vs. 8 percent, respectively).
- The rate at which Indians reported having chronic obstructive pulmonary disease (COPD) is 50 percent higher than Whites (9 percent vs. 6 percent, respectively).
- The rates at which Indians report having diabetes is nearly 80 percent higher than Whites (25 percent vs. 14 percent, respectively).
- 47 percent of Indians said they had a health condition that interfered with work, compared with 27 percent of Whites.
- 27 percent of Indians said they had a health condition that interfered with independence, compared with 17 percent of Whites.
- These data suggest that American Indians who are enrolled in Medicare health plans are comparable to American Indians who use I.H.S. facilities for their health care, in terms of health status and higher rates of serious health conditions.

- The frequency of reported cancers for the Indian population enrolled in health plans is lower than that reported by White non-Hispanic enrollees, which is also the case for Indians who use I.H.S. facilities.
- The rates for stroke, COPD, and diabetes are substantially higher for American Indian health plan enrollees than for White non-Hispanic enrollees, compared to I.H.S. reported mortality data which indicates that diabetes, respiratory, and circulatory diseases are more frequent causes of death than for the majority population.

3. Health Services Use—Overall and for Those with Specific Health Conditions (Heart Disease, COPD, and Diabetes)

Overall

- American Indian respondents were like likely to have seen their primary care doctor, less likely to have seen a specialist physician, and less likely to have used prescription drugs than White respondents.
- American Indian respondents were more likely to report inpatient hospitalization, using emergency room (ER) services, needing special medical equipment, needing special therapy, and needing home health care than Whites.
- American Indian males were least likely to report having a doctor's office visit (71 percent), followed by American Indian females (77 percent), White males (79 percent), and White females (80 percent).
- American Indian females were least likely to report any visit to a specialist physician (48 percent), followed by American Indian males (49 percent), White females (54 percent), and White males (59 percent).
- By contrast, American Indian males and females were more likely to report a hospital inpatient episode—27 percent of Indian females compared with 17 percent of White females, and 23 percent of Indian males compared with 19 percent of White males.
- 21 percent of American Indian females reported ER use, followed by 19 percent of American Indian males, 13 percent White males, and 13 percent White females.
- These findings raise the question of whether lower use of primary care and specialist physician services by American Indian enrollees is causally related to higher rates of hospital inpatient and ER use.

- Health plans generally coordinate and manage care for enrollees to avoid hospitalization and ER use, which are more costly than physician services.
- The fact that American Indians are less likely to see a primary or specialist physician, particularly given the greater prevalence of serious health conditions, suggests that there may be differences in the health plans' or providers' treatment approach or cultural differences that result in less care-seeking or compliance with provider recommendations.

Heart Disease

- When we examine service usage patterns for these groups, looking only at those who reported having a heart condition, similar patterns emerge.
- White non-Hispanic males and females were more likely to have visited their primary care doctor than White males and females—88 percent White females compared with 84 percent Indian females, and 87 percent White males compared with 83 percent Indian males.
- White males were most likely to report having visited a specialist physician—71 percent White males, followed by 68 percent Indian females, 66 percent White females, and 64 percent Indian males.
- Hospital inpatient rates for Indian males and females were much higher than for Whites—with 51 percent Indian females having been hospitalized in the preceding six months, followed by 34 percent Indian males, 31 percent White males, and 31 percent White females.
- ER use was also higher for Indian males and females, with 34 percent of Indian females vs. 21 percent of White females, and 24 percent Indian males vs. 20 percent White males, reporting an ER visit.
- American Indian enrollees with heart disease, both male and female, were more likely to report that their health had improved in the past year and more likely to report that their health had worsened.
 - 30 percent of Indian females vs. 23 percent of White females reported that their health had improved in the past year; and 27 percent of Indian males vs. 22 percent of White males.
 - However, the differences between Indians and Whites were greatest for worsened health—30 percent of Indian males vs. 21 percent of White males reported that their health was worse; and 35 percent

of Indian females vs. 27 percent of White females.

COPD

- Somewhat different patterns are observed when we examine health service usage and changes in health status for those with chronic obstructive pulmonary disease (COPD).
- There is less difference among the groups in the likelihood of seeing a primary care doctor, although Whites were slightly more likely to have seen their doctor—89 percent White males compared with 88 percent Indian males, and 91 percent White females compared with 86 percent Indian females.
- However, Indian males and females with COPD were more likely to report seeing a specialist than were White males and females—76 percent Indian males compared with 73 percent White males, and 70 percent Indian females compared with 69 percent White females.
 - Note: Females, both Indian and White, were less likely to have seen a specialist than their male counterparts.
- Indian females with COPD were substantially more likely to report hospital inpatient use (52 percent) than Indian males (40 percent), White males (37 percent) and White females (34 percent) with the condition.
- Indian females with COPD were most likely to report ER use (44 percent) than Indian males (28 percent), White males (24 percent) and White females (23 percent) with the condition.
- American Indian males with COPD were significantly less likely to report prescription drug use (82 percent) than American Indian females (90 percent), White males (93 percent), and White females (95 percent) with the condition.
- Indian males with COPD were much less likely to report improved health status (8 percent) than Indian females (20 percent), White males (20 percent), and White females (21 percent) with the condition.
- Indian males and females were much more likely to report that their health had worsened (46 and 40 percent, respectively), compared to White males (33 percent) and White females (34 percent) with the condition.

Diabetes

- There is less difference in the likelihood of having seen a primary care doctor among the four groups when respondents with diabetes are examined, although the pattern of somewhat less use persists for Indians compared with Whites—84 percent Indian males, 86 percent Indian females, 87 percent White males, and 89 percent White females.
- Indians males with diabetes are over 10 percent less likely to report seeing a specialist than White males with the condition (57 percent vs. 68 percent, respectively).
 - However, the difference is about 1 percent for females with the condition (64 percent Indian females vs. 63 percent White females).
- Indian males and females with diabetes are more likely to be hospitalized (30 and 34 percent, respectively) than Whites with the condition (27 percent White males and 25 percent White females).
- Indian males and females with diabetes are more likely to use the ER (21 and 28 percent, respectively) than Whites with the condition (18 percent White males and 18 percent White females).
- All four groups are more likely to report using any prescription medicines than are all enrollees.
 - This is understandable, since treatment for diabetes often requires insulin or insulin-enhancing medications.
 - However, 15 percent of Indian males, compared with only 8 percent of White males, reported no prescription drug use.
- American Indian enrollees with diabetes, both male and female, are significantly more likely to report that their health has improved than are Whites—35 percent Indian females compared with 23 percent White females, and 33 percent Indian males compared with 23 percent White males.
- All four groups are relatively similar in reporting that their health had worsened since the preceding period: 23 Indian males, 25 percent Indian females, 22 percent White males, and 24 percent White females.

- Note that females of both racial/ethnic groups were somewhat more likely to report worsened health than males of both groups.

Ratios of Changes in Health Status—Overall and Those with Specific Conditions (Heart Disease, COPD, and Diabetes)

- To examine the relative importance of health plans for American Indians compared with Whites, we constructed a ratio of reported changes in health status for all American Indians and Whites, and for males and females in each population group who reported heart conditions, COPD, and diabetes.
- Overall, American Indian enrollees in health plans are 40 percent more likely to report that their health has improved over the preceding year than are White enrollees.
 - However, American Indians are also 28 percent more likely to report that their health had worsened.
- When we examine these ratios by specific health conditions and gender, the results are mixed:
 - American Indians with heart conditions are more likely to report improved health than Whites with heart conditions, but they are even more likely to report that their health has worsened.
 - American Indian males with COPD are much less likely to report improved health and much more likely to report deteriorated health than are White males with COPD; a similar but smaller difference is observed between Indian and White females with COPD.
 - American Indian males and females with diabetes are about 50 percent more likely than non-Hispanic White males and females with diabetes to report that their health has improved, and only slightly more likely to report that their health has worsened.
 - For American Indians with diabetes, the improvement in reported health status, relative to the White population with diabetes, is even higher than the overall ratio for the entire Indian population in health plans, relative to Whites.
 - However, for American Indians with heart disease and COPD, the opposite is the case: Indians with these two conditions are less likely than all Indian enrollees to say their health has improved and more likely to say that it has deteriorated.