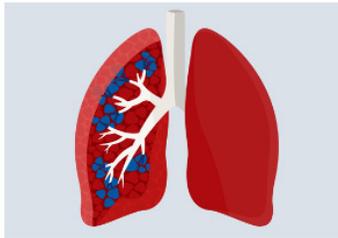


Chronic Obstructive Pulmonary Disease Disparities in Medicare Fee-For-Service Beneficiaries



Chronic Obstructive Pulmonary Disease (COPD), which includes chronic bronchitis and emphysema, is a progressive disease that cause airflow blockage and breathing-related problems. The main risk factor for COPD is smoking. COPD is a leading cause of disability and the fourth leading cause of death in the United States, with more than 150,000 deaths annually. COPD is more likely to be reported among women, older adults and American Indians/Alaska Natives, and more common in rural areas than urban.¹

The Centers for Medicare & Medicaid Services’ (CMS’s) chronic conditions data indicates that 11.7% of all Medicare fee-for-service (FFS) beneficiaries had claims with a diagnosis of COPD in 2019.²

The **Mapping Medicare Disparities Tool** developed by CMS Office of Minority Health shows the prevalence of COPD among Medicare FFS beneficiaries varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2020.³ Figure 1 shows the age standardized prevalence of COPD among FFS beneficiaries by race and ethnicity. American Indians/Alaska Natives had the highest prevalence rate (12%), followed by White (10%), Black/African American (10%), Hispanic (7%), and Asian/Pacific Islander (5%) beneficiaries. As shown in Figure 2, West Virginia (15%), Kentucky (14%), Oklahoma (13%) had a higher prevalence rate, and Hawaii (5%) and Utah (6%) had a lower rate. The prevalence rate was higher among beneficiaries eligible for both Medicare and Medicaid (16%) than those with Medicare only (9%).

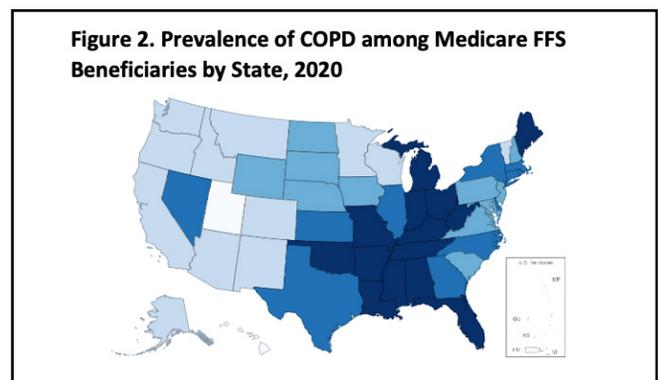
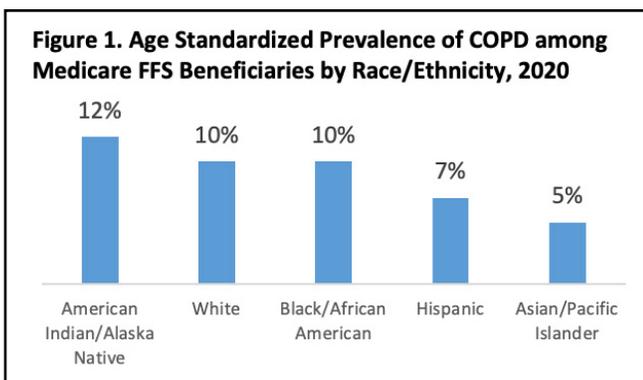
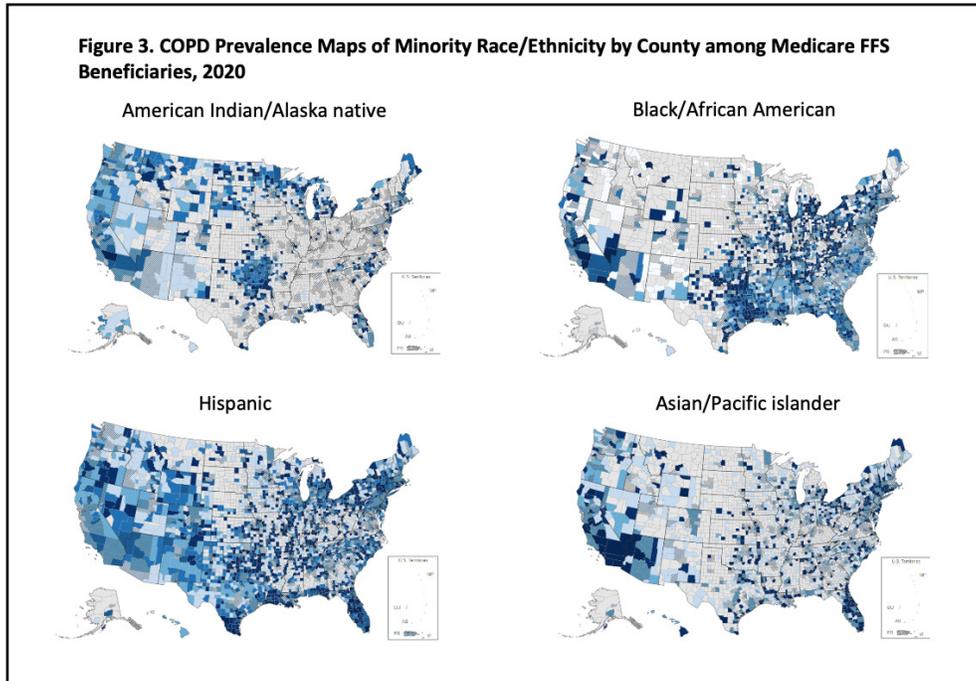


Figure 3 shows geographic differences in COPD prevalence among minority race and ethnic groups.



Medicare can help detect, prevent, and manage COPD. Medicare Part B (Medical Insurance) covers a comprehensive pulmonary rehabilitation program for beneficiaries with COPD, rental of oxygen equipment and accessories as durable medical equipment (DME) that the doctor prescribes for use in home, and annual “Wellness” visit, smoking/tobacco-use cessation counseling visits and other [Preventive & Screening Services](#). In 2020, 33% of Medicare FFS beneficiaries had annual “Wellness” visit.³

Beneficiary Resources

- [What is COPD?](#)
- [Medicare and You Handbook](#)
- [Chronic Care Management Services](#)
- [Your Medicare Coverage: Pulmonary rehabilitation programs](#)
- [Your Medicare Coverage: Counseling to prevent tobacco use & tobacco-caused disease](#)
- [Medicare & You: COPD Awareness Month \(video\)](#)
- [Living Better with COPD](#)

Provider Resources

- [CMS: Medicare Chronic Conditions](#)
- [CMS-Medicare Learning Network: Medicare Preventive Services](#)
- [US Preventive Services Task Force. Tobacco Smoking Cessation in Adults: Interventions](#)
- [COPD Foundation. Educational Materials](#)
- [CDC. Smoking & Tobacco Use. Education and Training](#)

References/Sources

1. Centers for Disease Control and Prevention. COPD. <https://www.cdc.gov/copd/basics-about.html>
2. Chronic Conditions Data Warehouse. <https://www2.ccwdata.org/web/guest/medicare-tables-reports>
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities>
- Results from 2020 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.

CMS Office of Minority Health
7500 Security Blvd.
MS S2-12-17
Baltimore, MD 21244
<http://go.cms.gov/cms-omh>

If you have any questions or feedback, please contact HealthEquityTA@cms.hhs.gov.