

Examining racial and ethnic differences in Medicare plan switching and impact on COVID-19 booster vaccination rates

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OBJECTIVE: To estimate the change in relative rates of COVID-19 booster vaccine uptake across race and ethnicity groups when censoring vs. not censoring on switching to Medicare Advantage (MA)



DESIGN, DATA SOURCE AND PARTICIPANTS:

- **Study Type:** Retrospective cohort study
- **Data:** COVVAXAGE (75% of Medicare beneficiaries ≥ 65 years of age)
- **Population:** (1) All Medicare fee-for-service, FFS (**N=16.9m**)
(2) Dual-Eligible FFS beneficiaries (**N=1.8m**)
- **Study Period:** 8/1/2021 (index date) to 12/31/2021 (study end date)
- **Follow-up:** From 8/1/2021 until booster vaccine receipt and censoring
- **Comparison :** Different racial and ethnic groups



MEASURES AND ANALYSIS:

- Kaplan-Meier (KM) and Cox Proportional Hazards model (unadjusted and adjusted for age and sex) for booster uptake over follow-up (outcome) across racial and ethnic groups
- **Analysis 1:** censor on only death
- **Analysis 2:** censor on both death and switching to MA

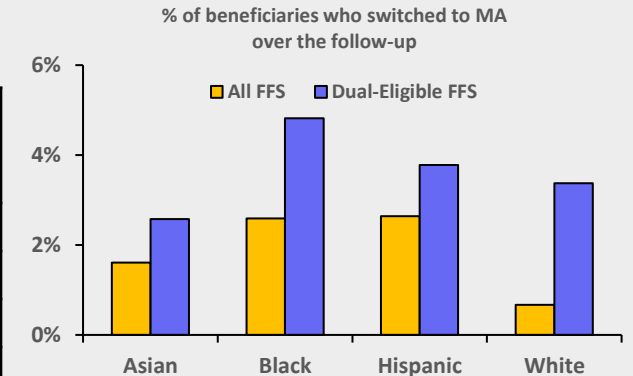


CONCLUSION: Among all FFS and dual-eligible FFS beneficiaries, Black and Hispanic beneficiaries were more likely to switch from FFS to MA and had lower booster uptake compared to White beneficiaries regardless of the censoring criteria.

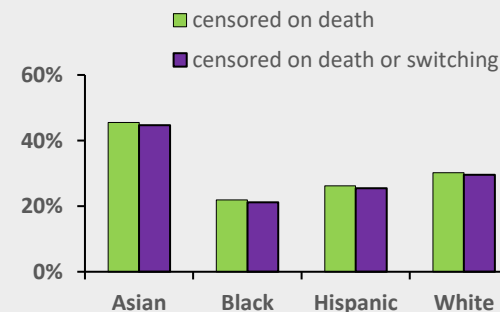


RESULTS:

Population Characteristics	All Fee-for-service	Dual-eligible FFS benes
Switched to MA	0.95%	3.6%
Mean age	74.0	68.8
Females	57.2%	62.3%
Black individuals	7.4%	17.1%
White individuals	80.9%	54.25%



KM estimates: Dual-eligible benes who received a booster



Overall proportion with booster receipt (dual-eligible benes):
29.63% (Analysis 1) & 28.99% (Analysis 2)

RR (95% CI) of booster uptake for dual eligible benes		
Ref: White	Analysis 1	Analysis 2
Black	0.71(0.70-0.71)	0.70(0.69-0.70)
Hispanic	0.78(0.77-0.79)	0.77(0.77-0.78)
Asian	1.42(1.41-1.43)	1.42(1.41-1.43)

Censoring on death alone or both death & switching did not substantially change the results