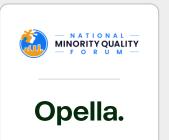


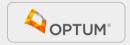
This fact sheet compares influenza-related healthcare use between Medicaid enrollees and individuals covered by private insurance.



The findings are based on a study conducted by the National Minority Quality Forum, in collaboration with Opella, using Medicaid claims data and Optum's de-identified Clinformatics® Data Mart Database (CDM).







This study revealed clear disparities in flu care patterns between the two insured populations.

The findings highlight disparities:



Influenza-related outpatient care



Emergency department (ED) visits



Receipt of antiviral prescriptions

Emphasizing the urgent need to address healthcare access barriers for Medicaid beneficiaries and improve flu care outcomes for underserved populations.

Influenza Care and Treatment Patterns: The Impact on Medicaid Patients

Influenza Outpatient Care Rates Reveal Gaps in Access to Timely and Routine Services

Influenza outpatient care rates among people with **Medicaid are three times lower than those with private insurance.** The rate of outpatient care use for influenza-related visits is substantially lower in populations:

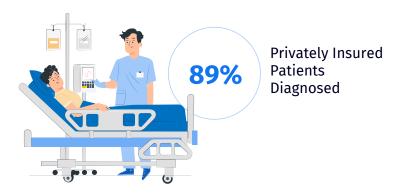
*visits per **100,000**

Medicaid

651.9

Private Insurance 1,839

Additionally, nearly 89% of privately insured patients are first diagnosed with flu in outpatient settings, compared to only 50% of Medicaid patients—highlighting disparities in where initial flu care is accessed.





Emergency Department Visits Highlight Continued Reliance on ED for Flu Diagnosis

This may suggest that Medicaid enrollees are more often turning to the ED for influenza care, reflecting ongoing barriers to accessing timely primary care.



Only 10.7% of privately insured patients are first diagnosed with flu in the ED, highlighting greater reliance on outpatient care as the initial point of care. In contrast, 48% of Medicaid patients are first diagnosed with the flu in ED settings.

Among Medicaid patients, Black (64.5%) and Hispanic (51.6%) patients were most often first diagnosed with the flu in ED settings. High ED usage in the Medicaid population highlights the need for better access to outpatient care and primary healthcare services, which would prevent unnecessary emergency visits and reduce healthcare costs.



Influenza Antiviral Prescription Rates

In both the Medicaid and privately insured populations, **Black patients** had the lowest share of flu antivirals received.



The gap in access to flu antivirals between Medicaid and privately insured populations underscores deep-rooted healthcare inequities. Expanding access to influenza antiviral treatments and increasing awareness of their availability may help reduce these disparities.

