

Disparities in Access to Care and Treatment for Influenza in the Medicaid Population

Medicaid patients face several challenges in accessing flu-related care. Compared to people with private insurance, they have fewer flu-related outpatient visits, depend more on emergency departments (EDs) for flu care, and receive fewer antiviral prescriptions after being diagnosed in healthcare.

Individuals with private insurance are 1.6 times more likely to secure a primary care appointment and 3.3 times more likely to see a specialist compared to Medicaid patients.¹

The study shows that Medicaid patients and commercially insured patients (those with private insurance) get flu care in very different ways:

Medicaid Patients

They visit outpatient clinics and emergency departments (ED) for flu care at nearly the same rates (652 outpatient visits vs. 637 ED visits per 100,000).



Commercially Insured Patients

Most flu care is received at outpatient clinics, with 1,839 visits compared to only 300 ED visits per 100,000.



Further disparities emerged when examining both insurance status and race/ethnicity in relation to the healthcare setting where patients were first diagnosed with the flu (i.e., index point-of-care). Across all racial and ethnic groups in the privately insured population, most patients received their initial flu diagnosis in outpatient settings. However, the share **of Black patients who were first diagnosed in outpatient settings (78.2%) was lower than other racial/ethnic groups in the CDM population.** Among Medicaid patients, **Black (64.5%) and Hispanic (51.6%) patients were most often first diagnosed with the flu in ED settings, potentially reflecting additional obstacles to timely outpatient care.**

Nearly half (49.8%) of Medicaid patients diagnosed with the flu did not receive an antiviral prescription. When looking at patterns by race and ethnicity, disparities persisted within each insurance group but were most pronounced among Black patients enrolled in Medicaid. Over half (54.3%) of Black Medicaid patients did not receive flu antiviral treatment following diagnosis — the highest rate observed across all racial and ethnic groups in either population.

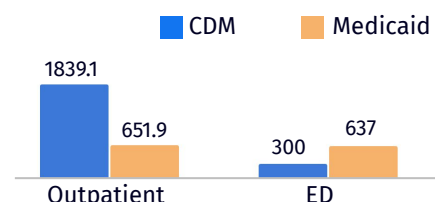
Delays in flu treatment can increase the risk of complications, particularly among high-risk and marginalized communities. **Prior studies have shown that Black and Hispanic populations experience higher rates of flu-related hospitalizations and worse outcomes compared to White populations.²**

Influenza Healthcare Utilization: Outpatient vs ED by Insurance Status, 2015-2019

Note: These rates reflect total influenza-related visit counts. A single patient may contribute multiple visits across settings during the flu season (e.g., outpatient and ED).

Healthcare Setting

*Rate per 100,000 Beneficiaries

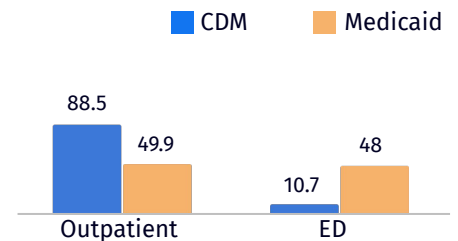


Index Point-of-Care Setting by Insurance Status, 2015-2019

Note: Index point-of-care refers to the first location where a patient was diagnosed with the flu during the season.

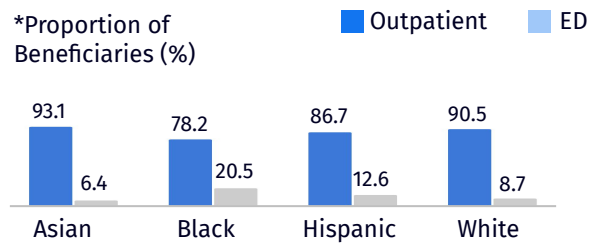
Index Point of Care Setting

*Proportion of Beneficiaries (%)



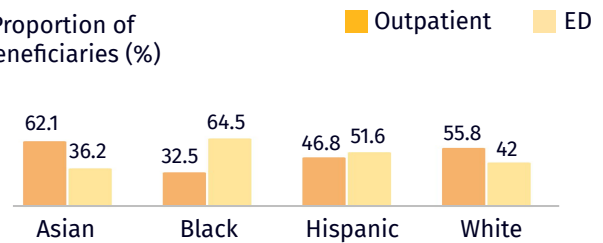
CDM: Influenza Index Point of Care by Race/Ethnicity

*Proportion of Beneficiaries (%)

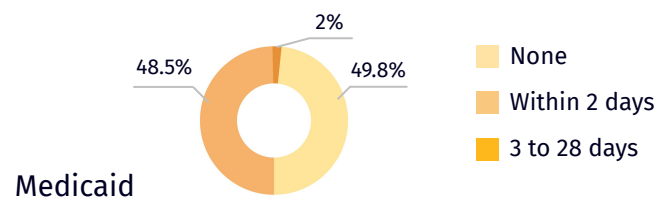
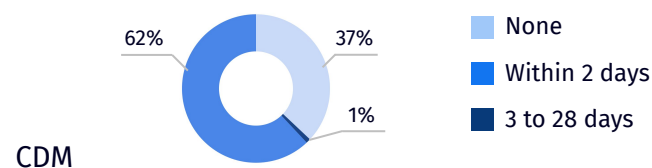


Medicaid: Influenza Index Point of Care by Race/Ethnicity

*Proportion of Beneficiaries (%)



Timing of Flu Antiviral Prescriptions by Insurance Type



Several barriers contribute to the differences in flu care seen between Medicaid patients and those with private insurance. Many providers do not accept Medicaid, limiting access to outpatient care. Previous negative experiences and perceived bias within the healthcare system can discourage Medicaid patients from seeking primary care. Transportation challenges also remain a significant barrier. While Medicaid covers non-emergency medical transportation (NEMT), many beneficiaries are unaware of the benefit or view it as unreliable.

To improve flu care for Medicaid patients, expanding access to primary care is critical. Encouraging more providers to accept Medicaid and integrating community health workers can help build trust and keep patients engaged. Strengthening access to outpatient services and over-the-counter antivirals can support timely flu treatment and reduce severe flu outcomes. Raising awareness of Medicaid's NEMT program and improving its reliability can help address transportation gaps. Partnerships with rideshare services may also provide Medicaid patients with easier access to care when they need it most.

Closing these gaps will advance health equity, improve outcomes, and reduce strain on overburdened EDs.

➔ Read the full study at

This project was conducted by the National Minority Quality Forum (NMQF) in collaboration with Opella (<https://www.opella.com/en>).

REFERENCES

- 1) Hsiang, W. R., Lukasiwicz, A., Gentry, M., et al. (2019). Medicaid patients have greater difficulty scheduling health care appointments compared with private insurance patients: A meta-analysis. *Inquiry*, 56, 46958019838118. [46958019838118](https://doi.org/10.1177/0046958019838118)
- 2) Soyemi, K., Medina-Marino, A., Sinkowitz-Cochran, R., et al. (2014). Disparities among 2009 pandemic influenza A (H1N1) hospital admissions: A mixed methods analysis—Illinois, April-December 2009. *PLOS ONE*, 9(4), e84380. <https://doi.org/10.1371/journal.pone.0084380>