

Odds of receiving tx for CAD up with medicare advantage

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patients enrolled in MA were more likely to receive all three medications (48.9 versus 40.4 percent). Compared with FFS Medicare beneficiaries, MA beneficiaries had increased odds of receiving guideline-recommended therapy for β -blockers, angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers, and all three medications (odds ratios, 1.10, 1.13, and 1.23, respectively). Intermediate outcomes did not differ for those enrolled in MA and FFS Medicare, including systolic and [diastolic blood pressure](#) and [low-density lipoprotein cholesterol](#).

"Policymakers might temper their expectations on using MA plans, especially as enrollment continues to grow, as a means for improving patient outcomes for Medicare-enrolled patients," the authors write.

One author disclosed financial ties to Devoted Health, a Medicare Advantage health plan.

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(HealthDay)—For patients with coronary artery disease (CAD), those enrolled in Medicare Advantage (MA) are more likely to receive secondary prevention treatments than those enrolled in traditional fee-for-service (FFS) Medicare, according to a study published online Feb. 20 in *JAMA Cardiology*.

Jose F. Figueroa, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues conducted an observational, retrospective cohort study to examine differences in evidence-based secondary prevention treatments and intermediate outcomes for 35,563 CAD patients enrolled in MA and 172,732 enrolled in FFS Medicare.

The researchers found that MA beneficiaries were more likely than FFS Medicare beneficiaries to receive secondary prevention treatments, including β -blockers (80.6 versus 78.8 percent), angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers (70.7 versus 65.1 percent), and statins (68.4 versus 64.5 percent). When eligible,

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