Co-Chair: Elham Mahmoudi, *University of Michigan, Department of Family Medicine, Ann Arbor, Michigan, United States*
Discussant: Maricruz Rivera-Hernandez, *Brown University, Providence, Rhode Island, United States*

The US health care system is at a critical moment of transformation. The implementation of value-based models has made significant progress towards improving care quality and coordination, continuity of care and reducing cost. However, concerns have been raised regarding "cherry-picking" healthier people that may negatively impact patients with more complex needs and minority populations. Given that the US is becoming more diverse, there is a need for understanding the impact of social risk factors including ethnicity, immigration status, income and geography on health outcomes and issues of health care disparities. This panel brings together four studies that examine these phenomena in minority populations. These studies will provide novel insight regarding 1) healthcare utilization in Mexican-American Medicare beneficiaries and showing that social determinants of health are associated with a higher risk of hospitalization, emergency room admissions, and outpatient visits. 2) Mortality rates and predialysis care among Hispanics in the US, Hispanics in Puerto Rico, and Whites in the US demonstrating substantial disparities in access to recommended nephrology care for Hispanics in Puerto Rico; 3) Trends in age-adjusted mortality rates and supply of physicians in states with different nurse-practitioners regulation. 4) The impact of social risk factors on disenrollment from Fee-For-Service and enrollment in a Medicare Advantage plan in older Mexican-Americans. 5) Racial disparities in access to physician visits, prescription drugs, and healthcare spending among older adults with cognitive limitation. Studies in this panel will also discuss the effects of changes in care delivery and payment innovations in improving health equity.

ROLE OF SOCIAL DETERMINANTS IN ENROLLMENT AND DISENROLLMENT IN MEDICARE INSURANCE PLANS IN OLDER MEXICAN AMERICANS

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Objective: The objective of this study is to examine the association between social-medical risk factor with disenrollment from Medicare Fee-for-Service (FFS) and enrollment in a Medicare Advantage (MA) plan in Older Mexican Americans. Methods: The sample included older adults participating in the Hispanic Established Populations for the Epidemiologic Study of the Elderly linked with Medicare data. We used logistic regression to estimate odds ratios (OR) for the association of each sociodemographic and clinical factor with insurance plan switching. Results: FFS enrollees were more likely to speak Spanish, less educated, lower income, disability, and be dual eligible compared to MA enrollees. At 2-year follow up, older adults with social support had higher odds of switching from FFS to MA after controlling for all covariates (OR; 1.73, 95% CI: 1.11-2.69). Conclusion: Having social support from family and the community was strongly associated with disenrollment from FFS and transition to an MA plan.

DIFFERENCES IN HOSPITALIZATIONS, ER ADMISSIONS, AND OUTPATIENT VISITS FOR MEXICAN-AMERICANS AGE 75 AND OLDER

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Few studies have investigated the healthcare utilization of Mexican-American Medicare beneficiaries. We used data from 1,196 Hispanic-EPESE participants aged >75 years that has been linked with Medicare claims to describe the healthcare utilization of older Mexican-Americans and determine common reasons for hospitalizations. Participants were followed for two-years (eight-quarters). We estimated the probability of >1 hospitalization, emergency room (ER) admissions, and outpatient visits per quarter. The percentage of participants who had >1 hospitalizations, ER admissions, and outpatient visits for each quarter ranged from 10.6%-13.2%, 14.6%-19.5%, and 77.2%-80.5%, respectively. Twenty-three percent of hospitalizations were for circulatory conditions and 17% were for respiratory conditions. Older age (OR=1.26) and Spanish language (OR=1.51) were associated with hospitalizations. Women had higher odds than men to have an outpatient visit (OR=1.61). Greater education was associated with ER admissions (OR=0.72). Continued research is needed to identify social determinants and health characteristics associated with healthcare utilization among older Mexican-Americans.

NEPHROLOGY CARE AND MORTALITY RATES AMONG PATIENTS WITH END-STAGE RENAL DISEASE IN PUERTO RICO AND THE UNITED STATES

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Hispanics with incidence of end-stage renal disease (ESRD) have shown lower mortality despites their high incidence rates; However, prior research has excluded Puerto Rico (PR). This study compared mortality rates and predialysis nephrology care among Hispanics in the US, Hispanics in PR, and Whites in the US with ESRD from 2006-2015. We identified 791,443 patients using the Renal Management Information System. The primary outcome was age-adjusted 1-year mortality beginning with the 91st day following dialysis initiation. Secondary outcomes were the presence of arteriovenous fistula or graft at dialysis initiation, and receipt of predialysis nephrology care. Despite higher rates of insurance coverage, we identified substantial disparities in access to recommended nephrology care between PR and the US. In addition, the adjusted absolute difference in mortality rates was higher for PR Hispanics. This finding indicates shortcomings in quality of care for Puerto Rico with serious chronic illness and complex care needs.