

Latino and Black Patients Benefit Less From Federal Health Program

A program created to improve health among Medicare patients has largely neglected Latino and Black Medicaid patients.

May 12, 2023 By Laura Schmidt

A new study from UC Berkeley School of Public Health and UCSF found that a federal program created to improve health among Medicare patients has largely neglected Black and Latino patients.

Run by the Centers for Medicare and Medicaid Services, the Comprehensive Primary Care Plus ([CPC+](#)) program was launched in 2017 to improve the quality of care and reduce medical costs for adults with chronic conditions—especially those who are [Medicare](#) beneficiaries—by providing financial resources to [primary care](#) physician groups to update their practices to provide better care, according to a [UC Berkeley School of Public Health news release](#).

Published in the [Journal of General Internal Medicine](#), the study found that CPC+'s selection criteria meant that many primary care practices with mainly Black and Latino patients were ineligible to participate in the program.

"We found that the practices that are participating in the CPC+ program are practices that have low shares of Black and Latino beneficiaries," said lead study author Karl Rubio, a senior data analyst with the UC Berkeley Center for Healthcare Organization and Innovation Research, in the [news release](#). "It's not intentional, but the program is missing the target."

Study authors noted that certain primary care practices may not meet the prerequisites for participation in the CPC+ program. This [study](#) adds to previous research suggesting that practices with higher rates of Black and Latino patients tend to be smaller and have limited electronic record capacities—prerequisites for participating in CPC+.

"If you are not invited to have a seat at the table because you don't have certain capabilities as a practice, then you and your patients are being left out," said study coauthor Taressa Frazee, PhD, assistant professor of medicine at UCSF, in the news release.

"CPC+ says, 'To do this, we want you to be a little bigger, because you'll have more resources, and we want you to be in this century in terms of technology.' That seems totally reasonable when

you put it like that. They want to set the practices up for success,” Frazee said. “But the result is that the very practices and patients who could benefit the most from a program like CPC+, because they provide [financial support](#), are left out.”

Practices that participated in the CPC+ program experienced improvements in primary care delivery and fewer emergency room visits. What’s more, Medicare patients who went to CPC+ practices had better primary care experiences compared with those who visited non-CPC+ practices, according to researchers.

The study’s authors concluded, “Special attention should be given to the racial and ethnic diversity of beneficiaries of enrolled practices to ensure that federally sponsored practice transformation resources can advance racial equity while improving overall quality and managing total spending.”

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