Bibliography

1998

Jan Blustein, Karla Hanson, and Steven Shea, "Preventable Hospitalizations and Socioeconomic Status," Health Affairs, Vol. 17, No. 2 (March/April 1998): 177-189.
Preventable hospitalizations are measured by frequency of ambulatory care sensitive conditions as reasons for admission. These are found more commonly among low-income elders. Patient and system factors are considered.

Jan Blustein, and Linda Weiss, "The Use of Mammography by Women Aged 75 and Older Factors Relating to Health, Functioning, and Age," Journal of the American Geriatric Society, Vol. 46, No. 8 (August 1998): 941-946.
Advanced age is associated with a decreasing likelihood of obtaining a mammogram. The study evaluated the contributions of age, health, functioning, and sociodemographic characteristics to this trend.

Jan Blustein, and Linda Weiss, "Visits to Specialists Under Medicare: Socioeconomic Advantage and Access to Care," Journal of Health Care for the Poor and Underserved, Vol. 9, No. 2 (1998): 153-169.
Being white, having more education, having a higher income, and having insurance to supplement basic Medicare coverage were each found to be independently associated with the likelihood of using specialty care.

Marshall H. Chin, James X. Zhang, and Katie Merrell, "Diabetes in the African-American Medicare Population," Diabetes Care, Vol. 21, No. 7 (July 1998): 1090-1095.
Elderly diabetes patients were rated for health status and quality of care. Compared with white patients, African Americans had poorer perceived health, lower quality of care, fewer physician visits, and more emergency room visits.

Steven D. Culler, Michael L. Parchman, and Michael Przybylski, "Factors Related to Potentially Preventable Hospitalizations Among the Elderly," Medical Care, Vol. 36, No. 6 (June 1998): 804-17.
MCBS data were combined with Medicare inpatient claims data to show that age, race, geography, and health status were predictors of the level of preventable hospitalizations; older, black, rural persons with poorer health had more preventable hospitalizations.

K. H. Dansky, D. Brannon, D. G. Shea, J. Vasey, and R. Dirani, "Profiles of Hospital, Physician, and Home Health Service Use by Older Persons in Rural Areas," Gerontologist, Vol. 38, No. 3 (June 1998): 320-330.
MCBS data were used to compare health care service use across five geographic area types; results show patterns of substitution and complimentarity among home health care, and physician office visits and hospital care.

Richard C. Hermann, Susan L. Ettner, and Robert A. Dorwart, "The Influence of Psychiatric Disorders on Patients' Ratings of Satisfaction with

Health Care," Medical Care, Vol. 36, No. 5 (May 1998): 720-7.
Aged and disabled beneficiaries with psychiatric disorders were significantly less likely than those without disorders to be satisfied with the overall quality of health care, follow-up care, and the physician's concern for their overall health. Disabled beneficiaries were also less likely to be satisfied with the health information provided. Further variation was found by type of psychiatric disorder.

Y. Lee, and Judith D. Kasper, "Assessment of Medical Care by Elderly People: General Satisfaction and Physician Quality," Health Services Research, Vol. 32, No. 6 (February 1998): 741-58.
While satisfaction is high, with over 90 percent surveyed expressing some satisfaction, there is substantial variation with less likelihood of high satisfaction among those 80 or older, with less education and income and in poorer health. Elderly people appear to place greater importance on physician technical skills, as opposed to interpersonal dimensions, in assessing global quality.

K. Liu, D. Wissoker, and C. Rimes, "Determinants and Costs of Medicare Post-Acute Care Provided by SNFs and HHAs," Inquiry, Vol. 35, No. 1 (Spring 1998): 49-61.
Study used data from MCBS and other sources to identify survey items to be monitored for determination of cost and use factors in post-acute care.

D. S. May and A. E. Trontell, "Mammography Use by Elderly Women: A Methodological Comparison of Two National Data Sources," Annals of Epidemiology, Vol. 8, No. 7 (October 1998): 439-444.
Estimates of mammography use among elderly women from the 1992 National Health Interview Survey were 50 percent higher than estimates from Medicare claim files. MCBS data were used to obtain individual-level comparison between self-reports and claims. Sample differences, erroneous self-reports, forward and reverse date telescoping, and missing Medicare claims explain the difference between the rate estimates.

Julie O'Connell, Annie Lo, David Ferraro, R. Clifton Bailey, "Sampling and Estimation Issues in the Medicare Current Beneficiary Survey," (Rockville, MD: Westat, Inc., November 1998).
(151KB)

Gary L. Olin, and Hongji Liu, Health & Health Care of the Medicare Population: Data From the 1994 Medicare Current Beneficiary Survey, (Rockville, MD: Westat, Inc., November 1998).
Presents findings from the 1994 Cost and Use file.

Cynthia G. Tudor, Gerald Riley, and Melvin Ingber, "Satisfaction With Care: Do Medicare HMOs Make A Difference?" Health Affairs, Vol. 17, No. 2 (March/April 1998): 165-176.
Compares levels of satisfaction for in HMOs and fee-for-service care. Finds high levels of satisfaction overall, more satisfaction with cost of care in HMOs, and more satisfaction with quality of interaction with physicians in fee-for-service.

Timothy Waidmann, "Potential Effects of Raising Medicare's Eligibility Age," Health Affairs, Vol. 17, No. 2 (March/April 1998): 156-164.
Examines the potential impact of a raising the age of eligibility for Medicare to

67 years. It is estimated that more than 500,000 people between the ages of 65 and 67 would be left without any insurance, without having a commensurate effect on expenditures, even in the long run.

John Wasson, Thomas Bubolz, Joanne Lynn, and Joan Teno,
"Can We Afford Comprehensive, Supportive Care for the Very Old?" Journal of the American Geriatric Society, Vol. 46 (1998): 829-832.
This simulation study estimates the costs that might be saved from hospitalization by the enhancement of home, and community-based services.