Bibliography

2000

Susan L. Arday, David R. Arday, Stephanie Monroe, and Jianyi Zhang, "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," Health Care Financing Review, Vol. 21, No. 4 (Summer 2000): 107-16.
Authors accessed the accuracy of racial/ethnic classifications in HCFA's enrollment data base (EDB) before and after the 1997 effort to update the EDB.

Jan Blustein, and Emma C. Hoy, "Who is Enrolled in For-Profit vs. Nonprofit Medicare HMOs?," Health Affairs (Project Hope), Vol. 19, No. 1 (Jan-Feb 2000): 210-20.
Older Americans enrolled in for-profit plans are substantially poorer and less educated than those enrolled in nonprofit plans, are more likely to have joined their plan recently, and are more likely to have joined a plan with the expectation of reducing their out-of-pocket health care costs.

Kathleen T. Call, Michelle M. Casey, and Tiffany Radcliff, "Rural Beneficiaries with Chronic Conditions: Does Prevalence Pose a Risk to Medicare Managed Care?," Managed Care Quarterly, Vol. 8, No. 3 (Summer 2000): 48-57.
Specific chronic conditions common among the elderly are not more prevalent among rural than urban beneficiaries.

Marshall H. Chin, James X. Zhang, and Katie Merrell, "Specialty Differences in the Care of Older Patients with Diabetes," Medical Care, Vol. 38, No. 2 (February 2000): 131-40.
Older diabetic patients of endocrinologists had higher utilization of diabetes-specific process of care measures and had similar functional status despite more diabetic complications. However, they received a more costly style of care than patients of family practitioners and general practitioners.

Stephen Crystal, Richard W. Johnson, Jeffrey Harman, Usha Sambamoorthi, and Rizie Kumar, "Out-of-Pocket Health Care Costs among Older Americans," The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, Vol. 55, No. 1 (January 2000): S51-62.
Out-of-pocket cost burdens fall most heavily on those with chronic health conditions and without employer-subsidized supplemental coverage or Medicaid. Impact of Medicare reform proposals on these subgroups needs to be carefully evaluated.

Jason N. Doctor, Leighton Chan, R. F. MacLehose, and Donald L. Patrick, "Weighted Health Status in the Medicare Population: Development of the Weighted Health Index for the Medicare Current Beneficiary Survey (WHIMCBS)," Journal of Outcome Measurement, Vol. 4, No. 4 (2000-2001): 721-39.
Presents an approach to constructing an aggregate index of health at the population level with data from Medicare beneficiaries. The weighted health index for Medicare current beneficiaries (WHIMCBS) is a stable overall index of health and may be a useful ongoing indicator of health within the Medicare

population.

Jack Hadley, David Rabin, Andrew Epstein, Susan Stein, and Carolyn Rimes, "Posthospitalization Home Health Care Use and Changes in Functional Status in a Medicare Population," Medical Care, Vol. 38, No. 5 (May 2000): 494-507.
HHC users experienced greater improvements in functional status than nonusers. Adjusting for potential observational data bias is critical to obtaining estimates of the relationship between the use of posthospitalization HHC and the change in health before and after hospitalization.

Robert L. Kane, and Adam Atherly, "Medicare Expenditures Associated with Alzheimer Disease," Alzheimer Disease and Associated Disorders, Vol. 14, No. 4 (Oct-Dec 2000): 187-95.
Although overall rates of Medicare spending are higher for demented persons, when other factors such as functional status are included in the predictive model, there is no consistent relation between the presence of dementia and higher Medicare spending.

Genevieve Kenney, and Shruti Rajan, "Understanding Dual Enrollees' Use of Medicare Home Health Services: The Effects of Differences in Medicaid Home Care Programs," Medical Care, Vol. 38, No. 1 (January 2000): 90-8.
This study examines the potential effects of the Medicaid home care program on Medicare home health utilization using multivariate models. It presents another step in exploring how the two programs interact and emphasizes the fact that costs can be shifted between the two programs as policy changes are made to control the rate of home care spending growth.

John A. Poisal, and George S. Chulis, "Medicare Beneficiaries and Drug Coverage," Health Affairs (Project Hope), Vol. 19, No. 2 (Mar-Apr 2000): 248-56.
Examines changes in drug insurance coverage levels from 1995 to 1996 and compares drug use and spending data for Medicare beneficiaries with and without drug coverage. The data show the enrollees without drug insurance consistently use fewer prescriptions, spend more out of pocket, and have less in total drug expenditures than their insured peers.

Gerald F. Riley, "Risk Adjustment for Health Plans Disproportionately Enrolling Frail Medicare Beneficiaries," Health Care Financing Review, Vol. 21, No. 3 (Spring 2000): 135-48.
The Medicare Current Beneficiary Survey (MCBS) was used to examine the ability of two risk-adjustment models to predict Medicare costs for groups defined by institutional status and difficulty with activities of daily living (ADLs). Further refinements are needed if diagnosis-based models are used to pay plans that disproportionately enroll frail beneficiaries.

Maribel Salas, Thomas Bubolz, and Jaime J. Caro, "Impact of Physical Functioning of Health Status on Hospitalizations, Physician Visits, and Costs in Diabetic Patients," Archives of Medical Research, Vol. 31, No. 2 (Mar-Apr 2000): 223-7.
The objective was to determine the impact of the physical functioning of diabetic patients on hospitalizations, physician visits, and costs using Medicare data. Self-perception is highly correlated with the care cost of patients with diabetes.

Debra Saliba, M. Orlando, Neil S. Wenger, Ronald D. Hays, and Laurence Z.

Rubenstein,

"Identifying a Short Functional Disability Screen for Older Persons," The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences, Vol. 55, No. 12 (December 2000): M750-6.

The relationship of IADL and ADL items to the underlying construct of disability was similar for men and women. The relationship was also similar for oldest-old and younger-old individuals. This study also identified abbreviated lists of disability items that can be used to efficiently screen community-dwelling elders for the presence of IADL/ADL disability.

Dennis G. Shea, Patricia A. Russo, and Michael A.Smyer, "Use of Mental Health Services

by Persons with a Mental Illness in Nursing Facilities: Initial Impacts of OBRA87," Journal of Aging and Health, Vol. 12, No. 4 (November 2000): 560-78.

Only 26% of nursing facility residents and 36% of residents with a mental illness had a mental health visit in 1992. Logistic regression confirms analyses prior to 1987 showing older residents and those in rural areas remain less likely to receive mental health visits.

Sally C. Stearns, Rebecca T. Slifkin, and Heather M. Edin,

"Access to Care for Rural Medicare Beneficiaries," Journal of Rural Health, Vol. 16, No. 1 (Winter 2000): 31-42.

This paper examines variations between urban and rural Medicare beneficiaries in three measures of access to care: self-reported access to care, satisfaction with care received and use of services. Medicare beneficiaries in rural counties that are adjacent to urban areas and that have their own city of at least 10,000 people report higher levels of satisfaction and fewer self-reported access problems than do residents of urban counties. The only services where utilization in rural areas was limited relative to urban areas were preventive cancer screening for women and dental care.

Timothy Waidmann, and Korbin Liu, "Disability Trends among Elderly Persons and Implications for the Future," The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, Vol. 55, No. 5 (September 2000): S298-307.

We found that disability among elderly persons is declining and that the trend toward a more educated elderly cohort explains some, but not all, of this decline. In the absence of downward disability trends, per capita Medicare expenditures would have grown even faster than they have.

David C. Wittenburg, David C. Stapleton, and Scott B. Scrivner, "How Raising the Age

of Eligibility for Social Security and Medicare Might Affect the Disability Insurance and Medicare Programs," Social Security Bulletin, Vol. 63, No. 4 (2000): 17-26.

This article examines how raising both the normal retirement age and the Medicare eligibility age would affect Social Security Disability Insurance (DI) eligibility, Medicare eligibility, and Medicare expenditures under two hypothetical policy scenarios.