Bann CM, Berkman N, Kuo TM, "Insurance knowledge and decision-making practices among Medicare

beneficiaries and their caregivers," <u>Medical Care</u>, Vol. 42, No. 11 (November 2004): 1091-9.

Compares the Medicare knowledge and information-gathering of beneficiaries who receive help with insurance decisions or their proxy respondents with beneficiaries who make their own decisions. Beneficiaries who receive help with their insurance decisions may be a particularly vulnerable population. They may have limited Medicare knowledge and not be aware of the resources that could help them.

Bhattacharya J, Cutler DM, Goldman DP, Hurd MD, Joyce GF, Lakdawalla DN, Panis CW, Shang B, "Disability forecasts

and future Medicare costs," <u>Frontiers in health policy research</u>, Vol. 7, (2004): 75-94.

Uses data from the Medicare Current Beneficiary Survey (MCBS) and the National Health Interview Study (NHIS), forecasting that per-capita Medicare costs will decline for the next fifteen to twenty years, in accordance with recent projections of declining disability among the elderly.

Centers for Disease Control and Prevention (CDC), "Influenza vaccination and self-reported

reasons for not receiving influenza vaccination among Medicare beneficiaries aged > or = 65 years -- United States, 1991-2002," <u>Morbidity and mortality weekly report</u>, Vol. 53, No. 43 (November 2004): 1012-5.

The Medicare Current Beneficiary Survey (MCBS) has measured annual influenza vaccination rates since 1991; the latest data available are for the 2001-02 influenza season. During 1991-2002, MCBS indicated a steady upward trend in vaccination coverage among Medicare beneficiaries, with the exception of the 2000-01 influenza season, when vaccine distribution was delayed.

Iezzoni LI, Davis RB, Soukup J, O'Day B, "Physical and sensory functioning over time and satisfaction with

care: the implications of getting better or getting worse," <u>The journal of behavioral health services & research</u>, Vol. 39, No. 6 Pt 1 (December 2004): 1635-51.

Persons whose functioning improved rarely reported better satisfaction than did those whose functioning did not improve, while those whose functioning worsened expressed more systematic reservations about their care.

Tai WT, Porell FW, Adams EK, "Hospital choice of rural Medicare beneficiaries: patient,

hospital attributes, and the patient-physician relationship," <u>Health services</u> research, Vol. 39, No. 6 Pt 1 (December 2004): 1903-22.

Examines how patient and hospital attributes and the patient-physician relationship influence hospital choice of rural Medicare beneficiaries. The

significant influences of patients' socioeconomic, health, and functional status, their satisfaction with and access to primary care, and their strong preferences for certain hospital attributes should inform federal program initiatives about the likely impacts of policy changes on hospital bypassing behavior.

Xakellis GC, "Who provides care to Medicare beneficiaries and what settings do they use?,"

<u>The Journal of the American Board of Family Practice</u>, Vol. 17, No. 5 (Sep-Oct 2004): 384-7.

Office-based care by general internists and family physicians constitute a major infrastructure element in the delivery of care to Medicare beneficiaries. The practices of geriatric medicine physicians are more heavily weighted toward the nursing home setting.