Bibliography

2001

Phillip W. Beatty, and Kelley R. Dhont, "Medicare Health Maintenance Organizations and Traditional Coverage: Perceptions of Health Care Among Beneficiaries with Disabilities," Archives of Physical Medicine and Rehabilitation, Vol. 82, No. 8 (August 2001): 1009-17.
Beneficiaries with disabilities in HMOs perceive better access to primary care services, and greater affordability of health services than those with traditional Medicare coverage. Beneficiaries in poor health or with the most severe disabilities were most likely to perceive access and cost difficulties, regardless of coverage type.

J. G. Chen, A. B. Fleischer Jr, E. D. Smith, C. Kancler, N. D. Goldman, P. M. Williford, and S. R Feldman, "Cost of Nonmelanoma Skin Cancer Treatment in the United States," Dermatologic Surgery, Vol. 27, No. 12 (December 2001): 1035-8.
Compared to other cancers, the relative magnitude of NMSC treatment costs is currently small because NMSC is managed efficiently and effectively, primarily in office-based settings. Legislative or regulatory measures that discourage office treatment of NMSC will lead to increased cost.

Alex D. Federman, Alyce S. Adams, Dennis Ross-Degnan, Stephen B. Soumerai, and John Z. Ayanian, "Supplemental Insurance and Use of Effective Cardiovascular Drugs Among Elderly Medicare Beneficiaries with Coronary Heart Disease," JAMA - The Journal of the American Medical Association, Vol. 286, No. 14 (October 2001): 1732-9.
Elderly Medicare beneficiaries with CHD who lack drug coverage have disproportionately large drug expenditures and lower use rates of statins, a class of relatively expensive drugs that improve survival.

Sandra M. Foote, and Christopher Hogan, "Disability Profile and Health Care Costs of Medicare Beneficiaries Under Age Sixty-Five," Health affairs (Project Hope), Vol. 20, No. 6 (Nov-Dec 2001): 242-53.
This paper presents a profile of nonelderly beneficiaries in fee-for-service Medicare by major disability category. We estimate Medicare costs by service type and health care costs by payer type, and we discuss implications for Medicare reform and related federal disability policy issues.

John A. Poisal, and Lauren Murray, "Growing Differences between Medicare Beneficiaries with and without Drug Coverage," Health Affairs (Project Hope), Vol. 20, No. 2 (Mar-Apr 2001): 74-85.
Examines changes in beneficiaries' prescription drug coverage from 1997 to 1998 and compares drug use and spending data for beneficiaries with and without drug coverage. Prescription drug use declined for beneficiaries without drug coverage and increased for those with drug coverage. The result was a widening of use and spending differences between beneficiaries with and without coverage.

Frank W. Porell, and Helen B. Miltiades, "Access to Care and Functional Status Change among Aged Medicare Beneficiaries," The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, Vol. 56, No. 2 (March 2001): S69-83.
Insurance coverage and better access to care increased survival chances and reduced the odds of transitions from independence to disability by roughly 30%. Access and supplementary insurance did not appear to affect transitions from less disabled to more disabled states or affect functional improvement.

Frank W. Porell, and Helen B. Miltiades, "Disability Outcomes of Older Medicare HMO Enrollees and Fee-for-Service Medicare Beneficiaries," Journal of the American Geriatrics Society, Vol. 49, No. 5 (May 2001): 615-31.
Medicare risk HMO enrollment and FFS private supplementary insurance convey similar benefits of slowing functional decline and extending life span for nonseverely disabled older people. That no association was found between adverse functional status outcomes and risk HMO enrollment has favorable implications regarding the quality of care of managed care plans.

Debra Saliba, Marc Elliott, Laurence Z. Rubenstein, David H. Solomon, Roy T. Young, Caren J. Kamberg, Carol Roth, Catherine H. MacLean, Paul G. Shekelle, Elizabeth M. Sloss, and Neil S. Wenger, "The Vulnerable Elders Survey: A Tool for Identifying Vulnerable Older People in the Community," Journal of the American Geriatrics Society, Vol. 49, No. 12 (December 2001): 1691-9.
These analyses provide the basis for a 13-item function-based scoring system that considers age, self-rated health, limitation in physical function, and functional disabilities. A score of >or=3 targeted 32% of this nationally representative sample as vulnerable. A function-based targeting system effectively and efficiently identifies older people at risk of functional decline and death.

Eric C. Schneider, Paul D. Cleary, Alan M. Zaslavsky, and Arnold M. Epstein, "Racial Disparity in Influenza Vaccination: Does Managed Care Narrow the Gap between African Americans and Whites?," JAMA - The Journal of the American Medical Association, Vol. 286, No. 12 (September 2001): 1455-60.
Managed care is associated with higher rates of influenza vaccination for both whites and African Americans, but racial disparity in vaccination is not reduced in managed care. Our results suggest that additional efforts are needed to adequately address this disparity.

M. N. Shah, Paul J. Rathouz, and Marshall H. Chin, "Emergency Department Utilization by Noninstitutionalized Elders," Academic Emergency Medicine, Vol. 8, No. 3 (March 2001): 267-73.
Eighteen percent of the sample used the ED at least once during 1993. Logistic regression identified older age, less education, living alone, higher comorbidity scores, worse reported health, and increased difficulties with activities of daily living as factors associated with ED use.

Philip T. Yanos, Stephen Crystal, Rizie Kumar, and James T. Walkup, "Characteristics and Service Use Patterns of Nonelderly Medicare Beneficiaries with Schizophrenia," Psychiatric Services (Washington, D.C.), Vol. 52, No. 12 (December 2001): 1644-50.
Dually enrolled beneficiaries were significantly more likely to be receiving

antipsychotic medication than Medicare-only beneficiaries, even when the analysis controlled for demographic characteristics, health status, and comorbidity. No significant differences were found in the use of psychosocial services.