

Elderly Medicare, Medicaid patients not receiving quality care

October 17 2007

If the care received by vulnerable older people concurrently enrolled in Medicare and Medicaid was evaluated on a grading scale, it would squeak by with a barely passing mark, a new UCLA study has found.

Using quality-of-care measurements developed by the Assessing Care of Vulnerable Elders (ACOVE) project, researchers found that vulnerable elderly patients received only 65 percent of the tests and other diagnostic evaluations and treatments recommended for a variety of illnesses and conditions, including diabetes and heart disease. The study findings appear in the October issue of the peer-reviewed journal *Medical Care*.

"Thirty-five percent of the medical care interventions that they should have received were not provided, indicating significant room for improvement," said lead author Dr. David S. Zingmond, assistant professor of general internal medicine and health services research at the David Geffen School of Medicine at UCLA. "We'd much rather have everything higher — say, at least 90 percent."

The researchers based their work on linked Medicare and Medicaid claims data — something that is not routinely done.

"Going forward, measures like these will be increasingly important because more detailed health care information, such as electronic health records, are difficult to obtain," Zingmond said.

The researchers gathered data from 100,258 community-dwelling

geriatric patients in 19 California counties between 1999 and 2000. All the patients were enrolled in both Medicare and Medicaid. The mean age of participants was 81, 70 percent were women, 45 percent were non-Hispanic whites, 26 percent were Asian, 9 percent were African American, 13 percent were Hispanic and 7 percent were of unknown race or ethnicity. "Vulnerable elders" are defined as geriatric patients who are at increased risk of death or functional decline.

Using linked Medicare and Medicaid data from the California Center for Long Term Care Integration — a collaborative effort between the UCLA Division of Geriatrics and the University of Southern California School of Gerontology — researchers examined quality for 43 specific types of care (for example, receiving a new medication or having a diagnostic test) for common conditions such as depression, diabetes, hypertension and heart failure.

They found that in too many instances, elderly patients were not given the full range of treatments and services for their conditions. For example, only 42 percent of patients with diabetes were tested to gauge their blood sugar control or received an eye examination during the one-year study period. Likewise, many patients who were newly diagnosed with heart failure did not receive recommended diagnostic evaluations or medications known to be effective.

In the absence of electronic medical records, the use of administrative data such as those on which the researchers based their work can be a gauge of the quality of some important aspects of care for elderly patients, Zingmond said.

"The Medicare and Medicaid administrative data contain information on many aspects of the care that these patients receive," he said. "This type of monitoring is both feasible and necessary."

Source: University of California - Los Angeles

Citation: Elderly Medicare, Medicaid patients not receiving quality care (2007, October 17)
retrieved 20 April 2024 from
<https://medicalxpress.com/news/2007-10-elderly-medicare-medicaid-patients-quality.html>

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