

Medicare spending higher among older adults with disabilities who lack adequate support

May 29 2019



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A new study from researchers at the Johns Hopkins Bloomberg School of Public Health found that more than one in five older adults who were

aging in place with a mobility or self-care disability reported experiencing negative consequences such as having to stay in bed or going without eating due to no one being available to help or the activity being too difficult to perform alone. The study also found that Medicare spending was higher for this group as compared with older adults with disabilities who did not experience negative consequences.

The findings, published online May 28 in the *Annals of Internal Medicine*, emphasize the importance of non-[medical care](#) and supports for [older adults](#) who continue to reside in the community.

"The data allow us to see on a granular level how many people are in situations where they don't receive the help they need to perform [daily activities](#)," says Jennifer Wolff, Ph.D., the study's lead author and director of the Roger C. Lipitz Center for Integrated Health in the Department of Health Policy and Management. "We are able to link that number to a public payer like Medicare and see how much extra the public is paying for services to older adults due to lack of adequate support with basic daily activities."

By the end of 2018, nearly 60 million people were enrolled in Medicare: expenditures are well over \$700 billion dollars. An estimated 15 million Medicare beneficiaries are living in the community with disabilities, and Medicare spending is much higher in this group.

For their analysis, the researchers used data from the 2015 National Health and Aging Trends Study, a nationally representative, in-person survey of adults aged 65 and older. The study excludes older adults who were living in nursing homes or residential care facilities as well as those who did not survive 12 months following the interview. The analysis focused on 1,961 participants linked with fee-for-service Medicare claims who reported having difficulty in performing daily household, mobility and self-care activities.

The researchers examined [study participants](#) who reported difficulty or received help in performing daily tasks, categorized into three main groups: household activities (laundry, shopping, preparing meals, paying bills and banking), mobility (indoor and [outdoor activities](#) and transferring from the bed) and self-care (eating, dressing, bathing and going to the bathroom).

For each of these activities, participants who received help or reported difficulty with activities were asked whether they experienced a negative consequence because performing the activity was too difficult or they did not have enough help. Negative consequences were defined as going without clean clothes, going without groceries, not having a hot meal, trouble handling banking tasks, mistakes taking medications, the inability to move from the bed, not being able to go places or leave their home, going without eating or bathing or accidentally soiling their clothes.

The study found that overall spending was higher for those who had difficulty with mobility and self-care activities and subsequently experienced a negative outcome than those who did not. The researchers accounted for differences in characteristics of older adults that could affect Medicare spending.

Among older adults with disability in household activities, Medicare spending did not vary appreciably by whether they experienced [negative consequences](#).

"To date, there has been little evidence of the potential magnitude of health care savings related to better meeting older [adults](#)' care needs," says Wolff. "This study suggests there may be value in terms of both quality of care and reduced costs associated with a broader orientation for paying for services."

More information: "Medicare Spending and the Adequacy of Support with Daily Activities in Community-Living Older Adults with Disability" *Annals of Internal Medicine* (2019).

Provided by Johns Hopkins University Bloomberg School of Public Health

Citation: Medicare spending higher among older adults with disabilities who lack adequate support (2019, May 29) retrieved 9 April 2024 from <https://medicalxpress.com/news/2019-05-medicare-higher-older-adults-disabilities.html>

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