Prevalence of homebound 22 percent in national Medicare Advantage plan

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In a national Medicare Advantage (MA) plan, the prevalence of homebound is 22 percent, and homebound status is independently associated with increased health service use and mortality, according to a
study published online Aug. 13 in the *Annals of Internal Medicine*.

Bruce Leff, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues examined the prevalence, characteristics, predictors, health service use, and mortality outcomes of homebound beneficiaries of a national MA plan (2,435,519 Humana MA beneficiaries) in 2022. Homebound status was assessed via in-home assessment and categorized as homebound, semi-homebound, and not homebound.

The researchers found that the overall prevalence of homebound beneficiaries was 22.0 percent in 2022 (8.4 percent homebound; 13.6 percent semi-homebound). Homebound status was predicted by female sex, low-income status or dual eligibility for Medicaid and Medicare, dementia, and moderate-to-severe frailty in adjusted models (odds ratios, 1.36, 1.56, 2.36, and 4.32, respectively).

Increased odds of any emergency department visit, any inpatient hospital admission, any skilled nursing-facility admission, and death were seen in association with homebound status in a multivariable logistic regression (odds ratios, 1.14, 1.44, 2.18, and 2.55, respectively).

"In the context of MA, homebound persons should be of special interest because frail older adults account for more than half of all preventable costs among Medicare beneficiaries," the authors write.


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