

### Did you know...

Community residents are nearly twice as likely to be high users of inpatient services compared to nursing home residents?

### About the data:

This analysis is based on the 2006 Medicare Current Beneficiary Survey (MCBS) Cost and Use file, an annual, longitudinal survey of a representative sample of all Medicare enrollees. The MCBS collects information on residence setting, level of disability, health services utilization, and health spending.

This analysis is limited to respondents in the community who indicated that they received help or standby assistance in 2 or more ADLs (eating, bathing, dressing, toileting, or transferring), and includes all nursing home residents. It excludes any respondents who indicated that they lived in residential care facilities. Residential care is defined as assisted living facilities, retirement communities, continuing care communities, and other types of residential care facilities.

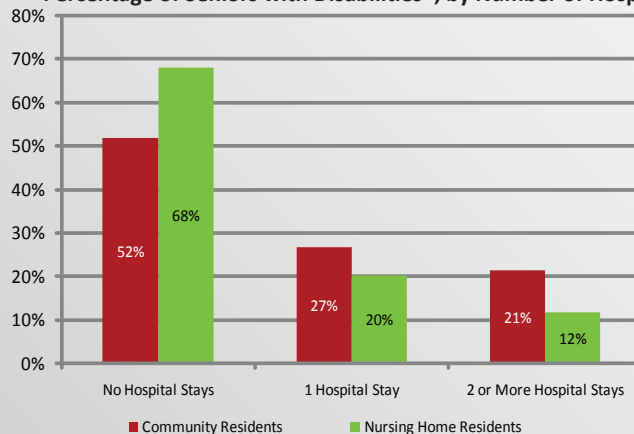
This analysis is also limited to individuals age 65 or older who are enrolled in the fee-for-service, or traditional, Medicare program. It excludes beneficiaries who had any Medicare Advantage spending in 2006. It also excludes beneficiaries who died in 2006.

Analytics powered by Avalere Health LLC

- The severity of disability is measured by the amount of assistance individuals need to perform Activities of Daily Living (ADLs) such as walking, bathing, and eating and the number of ADLs for which they need assistance.
- Individuals with moderate or severe disabilities need assistance with 2 or more ADLs. They often require significant amounts of long-term services and supports (LTSS) that can be received in a nursing home or in community settings.<sup>1</sup>
- Seniors with moderate or severe disabilities also tend to use more health services than seniors without disabilities.<sup>2</sup>
  - In 2006, 17% of seniors with moderate or severe disabilities had 2 or more hospitalizations as compared to 4% of seniors without disabilities.
- However, the rate of service utilization varies among seniors with moderate or severe disabilities by their place of residence.<sup>2</sup>
  - 21% of community residents with moderate or severe disabilities had 2 or more hospital stays compared to 12% of nursing home residents.
- Differences in the use of health services across settings can indicate gaps in care management and result in higher costs for these individuals.

### Community-Residing Seniors With Moderate or Severe Disabilities Have Higher Hospital Utilization Than Their Peers in Nursing Homes

Percentage of Seniors with Disabilities\*, by Number of Hospital Stays and Residence Setting



\*Includes community residents with 2 or more Activities of Daily Living (ADLs) and all nursing home residents.

Excludes beneficiaries who died in 2006.

### A Clear Policy Connection

Seniors with moderate or severe disabilities often use more Medicare-funded health services than those without disabilities. Among those with disabilities, service use may vary however by residence setting. Those who live in the community are more likely to have multiple hospitalizations compared to those who reside in a nursing home. This may be described in part by monitoring from nursing home staff to detect and manage conditions before they require acute intervention. Those in the community with similar levels of disability may not have access to the same level of care management, which may result in higher use of hospital services.

In the community, informal caregivers are the primary monitors of a loved one's health needs, but are not always provided support to identify changes in conditions before a hospitalization is required. Included in the Affordable Care Act is the Community-Based Care Transitions Program, which aims to reduce hospitalizations through the effective management of transitions from the hospital to other settings of care. The U.S. Department of Health and Human Services has committed \$500 million to fund partnerships between community-based organizations and hospitals to implement evidence-based care transition models. This program offers a critical opportunity to include caregivers as part of a team to effectively and safely transition individuals back into the community following a hospitalization. This five-year program began in April 2011.<sup>3</sup>

<sup>1</sup> The SCAN Foundation (2011). DataBrief No. 16: Residence Setting By Level of Disability." Accessed on August 19, 2011 at: <http://www.thescanfoundation.org/foundation-publications/databrief-no-16-residence-setting-level-disability>.

<sup>2</sup> Avalere Health, LLC analysis of the 2006 Medicare Current Beneficiary Survey, Cost and Use file. Excludes beneficiaries who died during 2006.

<sup>3</sup> Centers for Medicare and Medicaid Services. Solicitation for Applications Community-based Care Transitions Program. 2011. Accessed July 19, 2011. [http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP\\_Solicitation.pdf](http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP_Solicitation.pdf).