Evidence that Community-Based Long-Term Care is Preventive Care

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What is Community-Based Long-Term Care?
Community-based Long-Term Care reduces use of nursing homes by providing in-home to older adults with disability in daily activities, such as:
- Eating
- Bathing
- Dressing
- Toileting
- Getting around inside

Disability in daily activities affects
15% of adults age 65-74
40% of adults age 85+

Family and friends provide the vast majority of care; 40% give up or reduce employment to provide care

Medicaid provides the greatest amount of paid Community-Based Long-Term Care

Unmet Need for Disability Care affects 20% of disabled older adults living at home

Self-reported health consequences of unmet need:
- falling
- weight loss
- skin breakdown

Benefits of using CMS data:
- Covers all recipients
- Includes all CMS paid health care utilization: type (e.g. hospitalization, ER), volume, timing, diagnoses, expenditures

Modeling CMS Health Utilization:
Use practice and policy relevant outcomes: e.g. hospitalization, ER use, death
Risk adjust for factors that affect amount of disability care received such as disability level, illness severity, and insurance status

Limitations of using CMS data:
Protection of private health information requires significant planning and resources
Diagnoses are for billing purposes and do not necessarily describe primary reasons for care

Data Source
Centers for Medicare and Medicaid Services (CMS)
Evaluation data for new CMS programs
Medicare and Medicaid data including: enrollment date of death medical claims including diagnoses

Relevant Health Policy Questions
- Are reports of unmet need for disability care predictive of future health care utilization?
- Does provision of disability care reduce rates of hospitalization?

Using CMS Data to Inform Policy

Study 1: Unmet Need for Disability Care Increases Risk for Hospitalization

Population: Medicare enrollees aged 65+
Unmet Need for Disability Care: determined from 5,884 nationally representative respondents to the National Long-term Care Survey
Hospitalization in the year after the survey was determined from linked Medicare claims data and referred to both number of admissions and time to admission
Model included adjustment for demographics, illness and disability status and prior use

<table>
<thead>
<tr>
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<th>Annual ER Admission Rate</th>
<th>Adjusted Incidence Ratio (95% Confidence Interval)</th>
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JAGS, 2012; JAGS, 2013

Study 2: Reports Of Insufficient Disability Care Are Associated With ER Admissions

Population: Medicare enrollees aged 65+
Study Methodology: Similar to Study 1, ER diagnoses taken from claims data

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Weighted Annual ER Visits

Study 3: Providing Community-Based Long-Term Care Reduces Hospitalization

Population: 2,943 disabled Medicaid beneficiaries aged 65+ enrolled at demonstration sites for The Program of All Inclusive Care (PACE)
No Disability Care: refers to enrollees who had lived at home without someone to help with disability care
PACE is a capitated fee program for dual-eligible community-living older adults that provides all needed medical and disability care

Hospitalization Rates Pre and Post PACE Enrollment

JAGS, 2006