

## Bibliography

1999

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A. S. Bierman, T. A. Bubolz, E. S. Fisher, and J. H. Wasson, "How Well Does a Single Question About Health Predict the Financial Health of Medicare Managed Care Plans," Effective Clinical Practice, Vol. 2, No. 2 (March-April 1999): 56-62. Study matched responses to general health status question from the 1992 MCBS with cost and utilization responses to the 1993 Medicare Continuous History Survey. Results indicated self-reports of health were a good predictor of age- and sex-adjusted annual expenditures.

L. Chan, J. N. Doctor, R. F. MacLehose, H. Lawson, R. A. Rosenblatt, L. M. Baldwin, and A. Jha, "Do Medicare Patients With Disabilities Receive Preventative Services? A Population-Based Study," Archives of Physical Medicine and Rehabilitation, Vol. 80, No. 6 (June 1999): 642-646. Data from the 1995 MCBS indicates elderly patients with a higher level of disability receive fewer mammograms and pap smears than those not so functionally limited. There was no difference in receipt of vaccinations between the two groups.

Margaret Davis, John Poisal, George Chulis, Carlos Zarabozo, and Barbara Cooper, "Prescription Drug Coverage Utilization, and Spending Among Medicare Beneficiaries," Health Affairs, Vol. 18, No. 1 (January/February 1999): 231-243. Recurring proposals to expand Medicare benefits prominently include drug coverage. This report describes the sources and extent of drug coverage among Medicare beneficiaries. The data show that 65 percent of Medicare beneficiaries have some level of drug coverage - a figure much higher than previous estimates - and that 95 percent of Medicare HMO enrollees have drug coverage. The data provide a baseline to observe future changes in the level of coverage, particularly among Medicare managed care plans.

D. Drociuk, G. S. Adler, and V. Sneller, "Reasons Reported by Medicare Beneficiaries for Not Receiving Influenza and Pneumococcal Vaccinations ? United States, 1996," Morbidity and Mortality Weekly Report, Vol. 48, No. 39 (October 8, 1999): 886-890. 1996 MCBS self-reports of vaccination status show that most persons who had not received influenza vaccinations did not know of the need or had misconceptions about its safety and efficacy. Most of those who had never received pneumococcal vaccinations did not think they needed the shots.

S. L. Ettner, R. C. Hermann, and H. Tang, "Differences Between Generalists and Mental Health Specialists in the Psychiatric Treatment of Medicare Beneficiaries," Health Services Research, Vol. 34, No. 3 (August 1999): 737-760. 1991-1993 MCBS data were linked to beneficiaries' claims files and area-level provider supply information to compare episodes of care between beneficiaries who received mental health specialty services during the episode and those who did not. Results showed that those receiving specialty services had longer episodes of care and greater psychiatric and total expenditure. Mental health

care for Medicare beneficiaries in the general medical sector does not appear to substitute perfectly for that in the specialty sector.

Paul L. Hebert, Linda S. Geiss, Ed F. Tierney, Michael M. Engelgau, B. P. Yawn, and A. M. McBean,

"Identifying Persons with Diabetes Using Medicare Claims Data," American Journal of Medical Quality, Vol. 14, No. 6 (Nov-Dec 1999): 270-7.

We determined the sensitivity, specificity, and reliability of claims data in identifying beneficiaries with diabetes. We found that to construct a method that is adequately sensitive ( $>$  or  $=$  70%), highly specific ( $>$  or  $=$  97.5%), and reliable ( $\kappa >$  or  $=$  0.80), researchers must combine information from different types of Medicare claims files, use 2 years of data to identify cases, and require at least 2 diagnoses of diabetes among claims involving ambulatory care.

Gail R. Janes, Donald K. Blackman, Julie C. Bolen, Laurie A. Kamimoto, Luann Rhodes,

Lee S. Caplan, Marion R. Nadel, Scott L. Tomar, James F. Lando, Stacie M. Greby, James A. Singleton, Raymond A. Strikas, and Karen G. Wooten, "Surveillance for Use of Preventive Health-Care Services by Older Adults, 1995-1997," Mor Mortal Wkly Rep CDC Surveill Summ, Vol. 48, No. 8 (December 1999): 51-88.

Access to medical services among adults living in the United States is greater for persons aged  $>$  or  $=$  65 years, compared with those aged  $<$  65 years, presumably because of Medicare coverage. In contrast, use of dental services decreased, despite increased need for preventive and restorative dental care.

Y. Lee, and Judith D. Kasper, "Age Differences

in Ratings of Medical Care Among Older Adults Living in the Community," Aging (Milan, Italy), Vol. 11, No. 1 (February 1999): 12-20.

The old-old are less likely than the young-old to give very favorable opinions (e.g., very satisfied vs other) of the care they received. The relationship remains even after controlling for measures of health status and experience and use of health care. This study indicates there is heterogeneity in the older population regarding views of medical care.

Michael L. Parchman, and Steven D. Culler, "Preventable Hospitalizations in Primary Care Shortage Areas. An Analysis of Vulnerable Medicare Beneficiaries," Archives of Family Medicine, Vol. 8, No. 6 (Nov-Dec 1999): 487-91.

Medicare beneficiaries in fair or poor health are more likely to experience a potentially preventable hospitalization if they live in a county designated as a primary care shortage area. Provision of Medicare coverage alone may not be enough to prevent poor ambulatory health care outcomes.

J. A. Poisal, L.A. Murray, G. S. Chulis, and B. S. Cooper, "Prescription Drug Coverage and Spending for Medicare Beneficiaries," Health Care Financing Review, Vol. 20, No. 3 (Spring 1999): 15-27.

1995 MCBS data are used to profile drug coverage among Medicare beneficiaries. The data indicate higher-than average levels of coverage for minority persons, disability-eligible beneficiaries, and person with higher incomes.

D. Shea, B. Stuart, J. Vasey, and S. Nag, "Medicare Physician Referral Patterns,"

Health Services Research, Vol. 34, No. 1, Pt. 2 (April 1999): 331-348.  
Data from 1992 and 1993 MCBS and associated claims are linked to the Area Resource File and the Physician Identification Master Record to study referral patterns between primary and specialty care providers among Medicare beneficiaries and to identify correlates of the probability of referral. Strong predictors of referral include patient health, insurance coverage, and income.

- B. Stuart and C. Zacker, "Who Bears the Burden of Medicaid Drug Copayment Policies?" Health Affairs, Vol. 18, No. 2 (March ? April 1999): 201-212.  
1992 MCBS data are used to study affects of state Medicaid copayment policies. Elderly and disabled recipients in states with copay provisions have significantly lower rates of drug use than their counterparts in states without copayments.
- J. X. Zhang, T. J. Iwashyna, and N.A. Christakis, "The Performance of Different Lookback Periods and Sources of Information for Charlson Comorbidity Adjustment in Medicare Claims," Medical Care, Vol. 37, No. 11 (November 1999): 1128-1139.  
MCBS was used to choose a sample of elderly beneficiaries hospitalized during 1993. Three years of linked MCBS survey and Medicare claims data along with a 2-year mortality follow-up were used to predict mortality. Those predictions were compared with claims-based, co-morbidity adjusted methods of prediction. Results showed that predictions could be improved by taking fuller advantage of administrative data, but that survey-derived co-morbidity adjustments were not superior to those obtained using claims data.