

# How Do Quality and Access Compare in Medicare Advantage versus Traditional Medicare?

Presentation to the Alliance for Health Reform Session on  
Medicare Advantage

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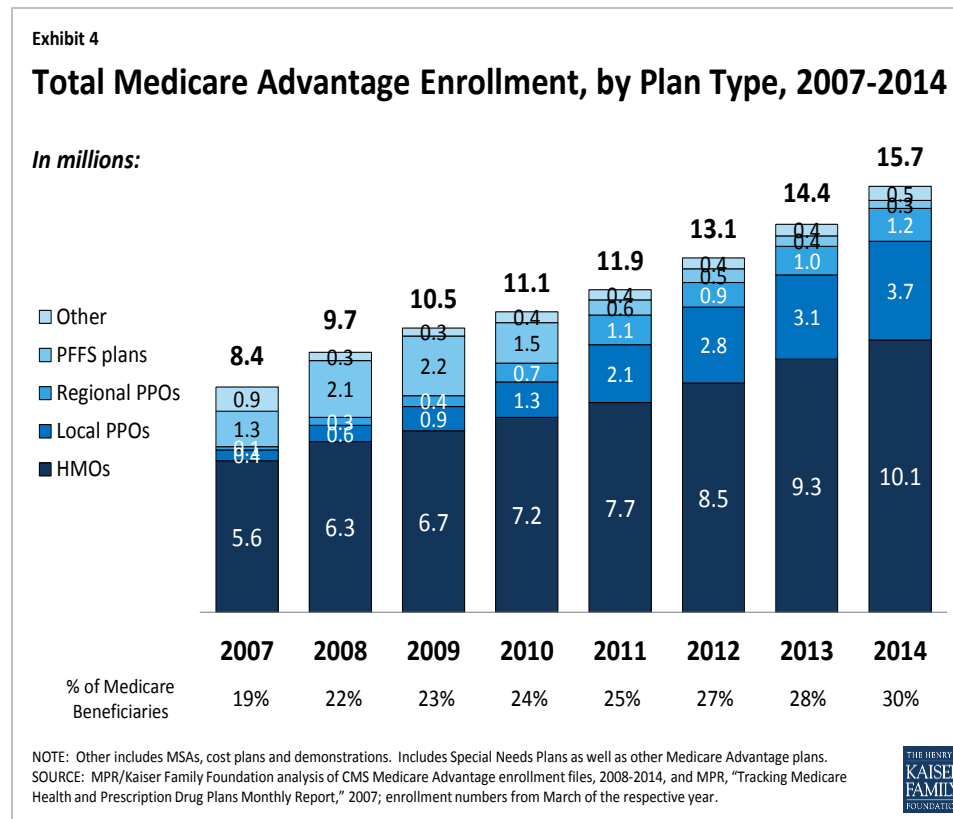
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# Study Rationale

- As the number of Medicare Advantage enrollees grows, policymakers and others want to understand how care provided to beneficiaries in Medicare Advantage differs from traditional Medicare.
- Prior reviews of studies comparing health care access and quality are more than 10 years old, focused on HMOs, and were not specific to Medicare (Miller and Luft 2002).
- The market has changed considerably since that time, making more current analysis, with a Medicare focus, important.
- This study was commissioned by Kaiser Family Foundation to address the gap.

# Growth in Medicare Advantage Enrollment by Plan Type 2007-2014



# Study Methods and Approach

- Review synthesizes findings of studies focused specifically on Medicare Advantage published between 2000 and early 2014.
- Includes 45 studies, including 40 with direct comparisons between Medicare health plans and traditional Medicare
- Identified through Google Scholar and Medline search, with additional sources added from MedPAC reports, industry briefs, citations in identified studies.
- Studies had to include: (1) written description of methods; (2) a formal comparison group; and (3) outcomes relevant to access and quality.
- Focused on plans available for general enrollment so study excluded specialized plans: Social HMOs, Special Needs Plans, PACE

# Relevant Metrics Used in Studies

- HEDIS effectiveness of care metrics (mainly preventive care)
- CAHPS and other beneficiary survey metrics (beneficiary reports)
- Quality metrics around hospitalizations (potentially avoidable hospitalizations, quality of hospitals/physician care, readmissions rates)
- Other utilization metrics from HEDIS or elsewhere (service use at end-of-life, procedure use, overall utilization)
- Health care outcomes and mortality: overall mortality, cancer detection, treatment and outcomes, functional status)

# FINDINGS

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# Available Evidence has Substantial Limitations

- Limited insight into post ACA (2010+ experience).
- Studies reflect mainly HMO experience, not newer plans
- Few studies target experience of beneficiaries who are disabled or have more complex needs.
- National studies with traditional Medicare comparison (17 of 40) limited by available data, with emphasis on CAHPS and other surveys (10 of the 17) and some HEDIS metrics.
- Study controls for effects of other differences in beneficiaries served—like geographical location, socio-demographics, and health status and risk—are uneven across studies and limited by available data.

# What the Evidence Shows - I

- **HEDIS Effectiveness Metrics.** Medicare Advantage HMOs generally scored better than traditional Medicare on a subset of measures, mainly dealing with preventive care.
  - Studies do not reflect recent reductions in Medicare's cost sharing for preventive care.
  - Medicare HMO performance varied with plan characteristics and may not carry over to newer plans, such as PPOs.
- **CAHPS and Other Beneficiary Reported Metrics.** Beneficiaries generally rated Medicare Advantage lower on questions dealing with health care access and quality, especially if they had a chronic illness or were sick.
  - Studies show considerable variability across plans and higher scores for larger, nonprofit and older HMOs than newer ones.



# What the Evidence Shows - II

- **Potentially Avoidable Hospital Admissions.** Studies using data from a limited number of states or health plans show Medicare HMO beneficiaries were less likely to be hospitalized for these conditions than beneficiaries in traditional Medicare.
- **Readmission Rates.** Evidence is inconclusive, with findings differing across studies and many lacking important adjustments for potentially confounding factors.
- **Other Utilization Metrics.** Medicare HMOs, especially older established ones, generally used fewer resources, especially hospital resources, in caring for Medicare beneficiaries than does traditional Medicare.
  - Implications for access and quality are unclear without benchmarks for appropriateness. Findings also may reflect patient preferences influencing plan choice.

# What the Evidence Shows - III

- **Health Outcome (Cancer care).** Good coverage, defined by relatively low cost sharing (whether in Medicare HMOs or traditional Medicare with a supplement), may result in earlier detection of cancer.
  - Some treatment patterns differ between Medicare HMOs and traditional Medicare but studies do not show effects on outcomes.
  - Studies generally are limited by the age of the data, gaps in controls for selection, and evolving nature of guidelines for appropriate cancer care.

# Conclusions and Implications

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# The Bottom Line

- Medicare Advantage enrollment is growing but existing studies that compare quality and access between Medicare Advantage and traditional Medicare tend to be based on relatively old data and a limited set of measures.
- Evidence suggests that Medicare HMOs, on average, perform better than traditional Medicare on providing preventive services and using resources more conservatively, at least through 2009. But Medicare beneficiaries continue to rate traditional Medicare higher, especially if they are sick.
- Studies show considerable variability across Medicare HMOs and geographic locales. There is very little evidence on newer models, like PPOs.

# Policy Implications

- At a time when Medicare Advantage enrollment is growing and traditional Medicare also is changing with efforts to reform payment and delivery, better information should be available to inform policymaking.
- Valuable improvements would include:
  - Establishing more consistency in available data and metrics between Medicare Advantage and traditional Medicare to support comparisons.
  - Generating more timely data and studies
  - Encouraging analyses that better differentiate results by beneficiary subgroup, by plan type and characteristics, and by geography.

# For More Information

- See Marsha Gold and Giselle Casillas, “What Do We Know about Health Care Access and Quality in Medicare Advantage versus the Traditional Medicare Program? Washington DC: The Henry J. Kaiser Family Foundation, November 2014.
- Available at: <http://files.kff.org/attachment/what-do-we-know-about-health-care-access-and-quality-in-medicare-advantage-versus-the-traditional-medicare-program-report>
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