

Potentially Inappropriate Medication Use among Dual-Eligible Beneficiaries with Dementia by Medicare Enrollment Type

HSD78

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BACKGROUND

- Dementia increases susceptibility to potentially inappropriate medications (i.e., risks > benefits)
- Medicare enrollment types
 - Traditional Medicare (TM) – fee-for-service
 - Medicare Advantage (MA) – capitated payments
 - Dual-eligible special needs plans (D-SNP) – coordinate Medicare and Medicaid benefits

OBJECTIVE

Examine associations between Medicare enrollment types and potentially inappropriate medication use among Medicare-Medicaid dual-eligible beneficiaries with dementia

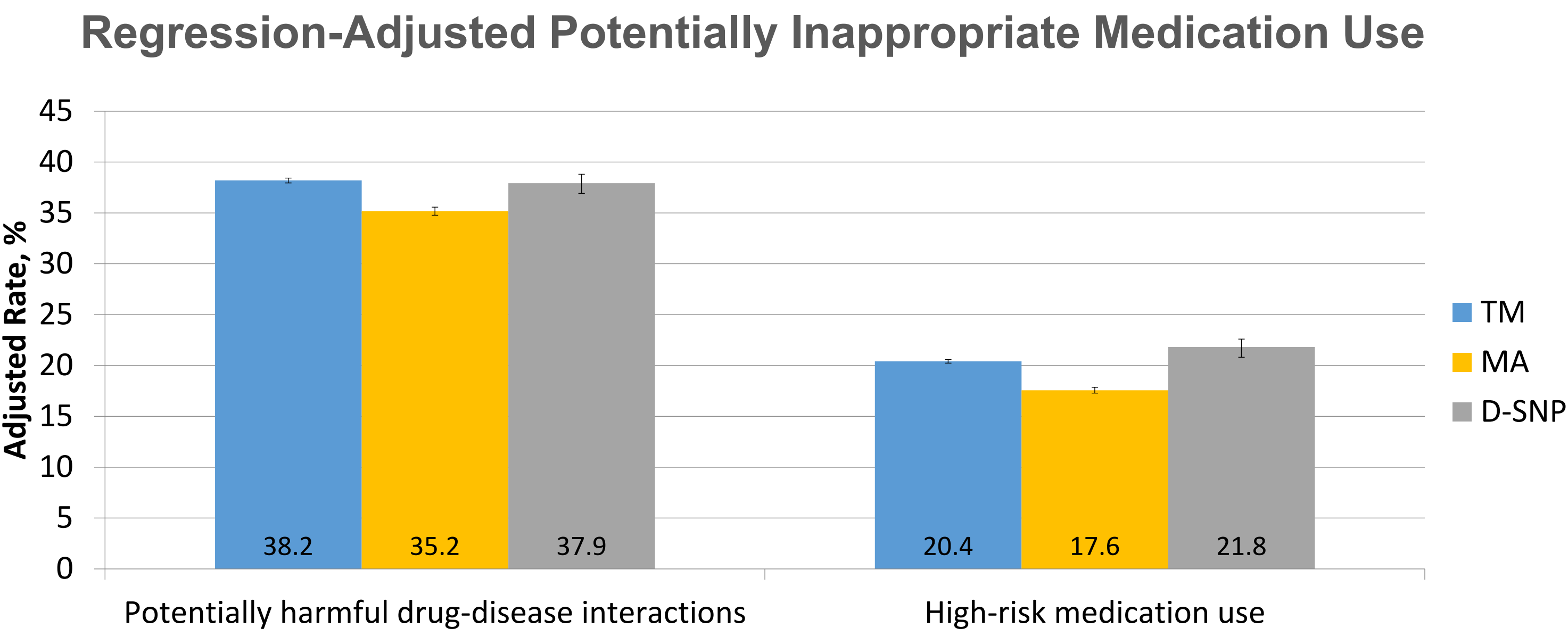
METHOD

- DATA & POPULATION**
- 2016-2019 Medicare claims and encounter data
 - 65+ years old
 - Alzheimer’s disease and related dementias
 - Medicare-Medicaid dual-eligible
 - Community dwelling
- OUTCOMES**
- Potentially harmful drug-disease interaction
 - High-risk medication use
- EXPOSURE**
- Medicare enrollment type – TM v. MA v. D-SNP
- ANALYSIS**
- Linear probability models
 - Groups balanced by inverse probability of treatment weighting
 - Controls – age, sex, race, rurality, other chronic conditions, frailty, local health care resources, county fixed effects, year fixed effects

RESULTS

Sample Characteristics

	TM	MA	D-SNP
Age, mean (SD)	81.8 (8.2)	81.8 (7.7)	80.2 (7.8)
Female, %	72.3	71.4	71.7
White, %	55.4	54.3	28.3
Black, %	17.4	19.8	26.8
Asian, %	9.0	3.6	8.8
Hispanic, %	18.3	22.4	36.1
Rural residence, %	22.3	14.3	12.0
HCC risk score, mean (SD)	2.29 (1.65)	2.06 (1.46)	2.20 (1.51)
Kim frailty score, mean (SD)	0.24 (0.09)	0.23 (0.08)	0.22 (0.08)
Observations, n	599,406	156,933	113,721



Differences in Potentially Inappropriate Medicare Use between Medicare Enrollment Types

Outcome	Average Marginal Effects, percentage points (95% CI)	
	MA vs. TM	D-SNP vs. TM
Potentially harmful drug-disease interaction	-3.0 (-3.5, -2.6)	-0.2 (-1.1, 0.6)
High-risk medication use	-2.8 (-3.1, -2.5)	1.4 (0.6, 2.2)

Differences between MA and D-SNP are statistically significant (p<0.001).

CONCLUSIONS

Special needs plans for Medicare-Medicaid dual-eligible beneficiaries did not perform better than Traditional Medicare or than other Medicare Advantage plans to reduce potentially inappropriate medication use among individuals with dementia.

REFERENCES

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