HSD74

Health Plan Retention Improvements Associated with Companion Care in Elderly Populations

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Introduction

- Older adults tend to experience higher rates of loneliness (a subjective feeling of being alone) and social isolation (actual physical separation from others) when compared to other segments of the population. 43% of older adults > 60 years old report that they feel lonely regularly and that 1 in 4 older adults also struggle with being socially isolated.[1]
- Older adults that regularly report being alone have a 45% increased risk of dying when compared to more socially connected peers.[2]
- Older adults that live alone are 50% more likely to access emergency care services and 40% more likely to have >14 primary care appointments in a single year.[3]
- Loneliness is more of a health risk when compared to other lifestyle and behavioral risk factors such as obesity, physical inactivity, excessive alcohol consumption and smoking > 15 cigarettes a day.[4]
- Loneliness and being socially isolated has been linked to higher risks for chronic medical conditions. Patients experiencing loneliness and social isolation have been shown to be diagnosed with cardiovascular disease or diabetes in as little as 5 years.[5]
- The economic costs associated with loneliness and social isolation among older adults is significant, with an estimated $6.7 billion in annual healthcare spending tied to social isolation.[6]
- It has been estimated that a socially isolated older adult costs the Medicare program $1,600 more a year than less socially isolated older adults[6].
- Medicare Advantage (MA) beneficiaries are expected to grow from 48% of the MA-eligible market today to 61% by 2032.[7]
- Members that stay with the same plan year-over-year experience better continuity of care. However, each year, 13% of MA enrolees voluntarily churn between MA plans or traditional Medicare.[8]
- Companion care (delivery of non-medical services to older adults or people with disabilities at home and community settings) is a program of social support that can impact healthcare utilization, long term health outcomes, and health care costs, notably among MA beneficiaries.
- However, assessments of the impact of companion care on MA health plan member retention have not been conducted.

Description of the Program

- Papa is a nationwide companion care platform that has been in service for over 5 years.
- Papa pairs older adults, families, and other underserved people with a vetted individual (“Papa Pal”) to provide companionship, social support, and assistance with instrumental activities of daily living.
- Participants have free access to use Papa for a certain number of hours each calendar year according to their plan’s package with Papa.
- Papa’s companion care program (CCP) has been shown to reduce the level of loneliness and reduce the number of mental and physical unhealthy days among program participants across a number of previous studies.

Objectives

- To estimate and characterize member retention and attrition characteristics of Medicare Advantage (MA) patients seen at three large, and regionally diverse client health plans in 2021 and 2022 and the sub-populations that were enrolled in Papa’s CCP and to compare with non-CCP enrolled participants in 2021.

Results

- A total of 182,531 distinct member lives were identified in the three plans in 2021 with 15,363 members (8.4%) participating in CCPs. The mean and median age for 2021 CCP enrollees was 71.6 (9.1) years and 71 years (IQR 67, 77); and were predominantly female (55%).
- The overall attrition rate from 2021–2022 was 16.2%. There were no significant differences in the attrition rate for men than women (16.4% versus 16.1%) or for those < 68 years old versus ≥ 68 years old (17.3% versus 16.2%) [Table 1].
- Of that total distinct population in 2021 (n=182,531), 8.4% (n=15,363) were Papa CCP participants while 91.6% (n=167,168) were non-Papa CCP participants [Table 2].
- The attrition rate for those who participated in the CCP was significantly lower than those who did not (14.8% versus 16.3%, p<0.001 Chi-square). The ARD was 1.5% and the RRD was 9.1% between the non-Papa CCP participants vs the Papa CCP participants [Table 3].
- A comparison of the ARD and the RRD among Papa CCP and non-Papa CCP participants suggests a lower risk of attrition among females when compared to males [Table 3].
- A comparison of the ARD and the RRD among Papa CCP and non-Papa CCP participants suggests a lower risk of attrition among participants aged < 68 years old vs. those ≥ 68 years old [Table 3].

Table 1. Overall Population Retention and Attrition: 2021 vs. 2022

	Distinct Enrollees (2021)	Matched* Distinct Enrollees (2022)	% Retained	% Attrition
Total Patients	182,531	152,984	83.8%	16.2%
By Business				
Health Plan 1	21,125	18,781	88.9%	11.1%
Health Plan 2	106,987	87,931	82.2%	17.8%
Health Plan 3	54,419	46,272	85.0%	15.0%
By Gender				
female	100,475	84,347	83.9%	16.1%
male	82,056	68,637	83.6%	16.4%
By Age group				
Age < 68	88,005	72,814	82.7%	17.3%
Age ≥ 68	94,526	80,170	84.8%	16.2%

*Matched 2022 patients are identified based on overlapping enrolled member IDs between 2021 and the latest enrollment data in 2022

Table 2. Retention comparison of Papa CCP vs Non-Papa CCP Participants in 2021

	2021 Distinct enrolled participants	2021 Non-Papa CCP participants	2021 Papa CCP participants	Absolute Difference (Papa CCP versus non-Papa CCP)	Relative Difference (Papa CCP versus non-Papa CCP)
Total Patients	182,531	167,168	15,363		
Overall retention rate	83.8%	83.7%	85.2%	1.5%	1.8%
By Business					
Health Plan 1	88.9%	88.8%	90.1%	1.3%	1.4%
Health Plan 2	82.2%	82.0%	84.8%	2.8%	3.5%
Health Plan 3	85.0%	85.2%	83.8%	−1.3%	−1.6%
By Gender					
Female	83.9%	83.7%	86.2%	2.5%	3.0%
Male	83.6%	83.7%	83.4%	−0.3%	−0.4%
By Age group					
Age < 68	82.7%	82.5%	85.0%	2.5%	3.0%
Age ≥ 68	84.8%	84.8%	85.3%	0.6%	0.7%

Table 3. Attrition (1-Retention Rate) Comparison of Papa CCP vs Non-Papa CCP Participants in 2021

	2021 Distinct enrolled participants	2021 Non-Papa CCP participants	2021 Papa CCP participants	Absolute Difference (Papa CCP versus non-Papa CCP)	Relative Difference (Papa CCP versus non-Papa CCP)
Total Patients	182,531	167,168	15,363		
Overall retention rate	16.2%	16.3%	14.8%	−1.5%	−9.1%
By Business					
Health Plan 1	11.1%	11.2%	9.9%	−1.3%	−11.4%
Health Plan 2	17.8%	18.0%	15.2%	−2.8%	−15.8%
Health Plan 3	15.0%	14.8%	16.2%	1.3%	9.0%
By Gender					
Female	16.1%	16.3%	13.8%	−2.5%	−15.5%
Male	16.4%	16.3%	16.6%	0.3%	1.9%
By Age group					
Age < 68	17.3%	17.5%	15.0%	−2.5%	−14.2%
Age ≥ 68	15.2%	15.2%	14.7%	−0.6%	−3.7%

Methods

- A retrospective observational study was conducted using health plan eligibility files and membership/enrollment data from Papa. Three large health plans (located in the Southeastern and Midwestern United States) that offered the CCP across their entire MA population were identified.
- The population of enrollees in 2021 was identified along with the subset of this population that was also enrolled in 2022. The ratio of these populations was defined as the retention rate and the attrition rate was defined as 1- retention rate.
- The entire enrolled population was disaggregated into two groups: those who had activated with Papa’s CCP and those who had not in 2021. For each of these two groups, the Papa-CCP and the non-Papa CCP, the retention rate and corresponding attrition rate was computed.
- Both absolute and relative rate differences were computed for both of these cohorts. Absolute rate difference (ARD) is the non-Papa CCP rate minus the Papa CCP rate and the relative rate difference (RRD) is the ratio of the absolute difference divided by the non-Papa CCP rate.
- Retention rates for the overall population between 2021 and 2022 (Table 1) and retention rates, attrition rates, ARD and RRD for Papa CCP vs non-Papa CCP participants in 2021 were presented for the overall population, as well as sub-populations stratified by health plan, gender, and age group (Table 2 and 3).
- All analyses were completed using SAS 9.4 (Cary, NC).

Limitations

- The data was limited by the available retention information which was health plan identifier, age group and gender in the data set. Additional stratification and analysis by patient severity, comorbidity burden, baseline reported loneliness, and other factors that may be impactful on patient retention or attrition was not possible.
- Since retention data was only available for three large client Medicare Advantage health plans, the generalizability of the findings from this analysis is limited to the experience of those three health plans.
- The time window associated with this analysis was 2021 to 2022 which also coincided with the Covid 19 pandemic. The impact on overall enrollment and retention due to the pandemic may have impacted the findings from this analysis.

Conclusions

- Of the total population of distinct enrolled patients for the three MA health plans (n=182,531) in 2021, 8.4% (n=15,363) were Papa CCP participants while 91.6% (n=167,168) were non-Papa CCP participants. Given the prevalence of unmet social needs and the potential high demand for companion care, this suggests there are opportunities to outreach and engage more members who could benefit from Papa's CCP.
- CCP utilization was associated with lower attrition rates which may have positively impacted care delivery and health outcomes.
- Additional research on the drivers associated with Papa CCP attrition among males and older participants is also warranted.
- Companion care can address unmet social needs including loneliness and social isolation as well as provide an important link to the broader health care system.

Disclosures

- HF and PN are employees of DataMed Solutions LLC, and were responsible for the design, analysis and reporting associated with this study. KM and ER are both employees of Papa Inc. and were responsible for study design and review/interpretation of study findings.
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