

The Value of Care Coordination for Medicare Advantage Enrollees

Care coordination is the integrated delivery of healthcare among a patient's primary care doctor, specialists and other healthcare services. This coordinated approach allows for the patient to have a streamlined experience, leading to better healthcare decisions and health outcomes. For example, through care coordination, the patient's primary care physician gets information on their specialist visits and talks through the results of these visits directly with the patient. Another example might involve non-medical services, such as a patient's need for

transportation to get to a medical appointment. While not all people have care coordination through their health plan or provider, there is a population of seniors who do and enjoy the benefits of this system ¹.



Senior Healthy Living Survey by SilverSneakers® – a partnership between Tivity Health® and Healthcare Leadership Council

To better understand care coordination, Morning Consult on behalf of Tivity Health and Healthcare Leadership Council (HLC), fielded the Senior Healthy Living Survey (SHLS) by SilverSneakers in March and April 2022 among a national sample of 601 adults age 65+ enrolled in a Medicare Advantage (MA) plan. The mission of the Senior Healthy Living Survey is to serve as a primary voice of seniors nationwide

in areas representing all aspects of their lives. Harnessing a consumer voice with a focus on current and future-state needs of seniors helps all of us be responsive to the needs of a growing population. HLC represents a coalition of chief executives from all disciplines in healthcare and has provided leadership by convening sessions on health equity, CMS policy and topics such as care coordination.

Care coordination means that there is communication between your primary care doctor and any specialists you see, as well as coordination with community services and supports. For example, through care coordination, your primary care physician gets information on your specialist visits and talks through the results of these visits with you. Another example might be that your health plan or doctor helps you find transportation to a medical appointment. Not all people have care coordination through their health plan or provider, but some do.

All of the interviews were conducted online, and the results from the full survey have a margin of error of plus or minus four percentage points. This margin of error varies by demographic segment. The data was weighted to approximate a target representative sample of older adults based on gender, educational attainment, age, and race/ethnicity.

Acknowledging that 33.7% of MA beneficiaries² and 16% of FFS Medicare beneficiaries³ identify as racial and ethnic minorities, additional research should be conducted to better evaluate how this universally underserved population perceives care coordination.

Medicare Advantage Growth

33.7%

Identify as racial and ethnic minorities

52.7%

Live below 200% of the federal poverty level

Over the past decade, there has been tremendous growth in MA enrollment with an estimated 28.4 million individuals enrolled, which represents 45% of the Medicare population.⁴ MA is estimated to reach 50% of Medicare enrollment by next year. The baby boom population will continue to enter retirement years with

approximately 78 million Americans being over the age of 65 in 2035.⁵ This population cohort will place increasingly greater demands on the healthcare system and will require delivery models that meet health challenges that grow more complex with age.

As the aging population continues to grow, the composition of the MA population has evolved to include more beneficiaries who are low-income, identify as a racial and ethnic minority, and have more chronic conditions.⁶ The current MA composition includes 33.7% who identify as racial and ethnic minorities and 52.7% who live below 200% of the federal poverty level.⁷ As this movement toward MA has persisted, we now see that 16% of FFS Medicare beneficiaries identify as racial and ethnic minorities and 38.3% of FFS Medicare beneficiaries live below 200% of the federal poverty level.⁸

78 MILLION
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In order to meet the healthcare needs of this traditionally underserved population, there must be a commitment to address the need for care coordination and access to quality healthcare.

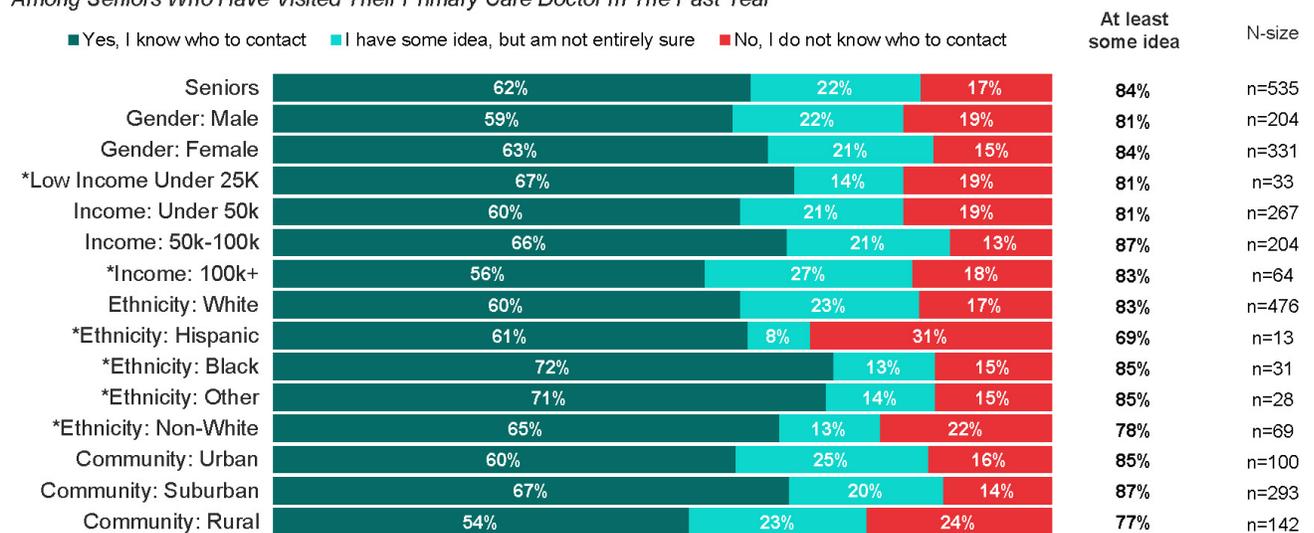
Access to Care Coordination: Low-Income & Minority Seniors

As the Medicare-age population grows, it is essential to seek additional knowledge regarding the relationship of low-income and minority seniors to care coordination in both the MA and FFS Medicare populations.

The SHLS results by demographic segment show that fewer seniors, 54% in rural communities know who to contact about care coordination than their 60% urban, or 67% suburban counterparts.⁹

Most Seniors have some idea of who to contact about care coordination, but those in rural communities are least sure.

Based on the description provided, do you know who to contact/where to look for information on your own care coordination process?
Among Seniors Who Have Visited Their Primary Care Doctor In The Past Year



This is likely in part because, even with the option for care coordination, rural seniors have disproportionately limited access to a doctor within 10 miles of their home or the ability to use telehealth as an alternative service.⁹

Despite a small sample size, there is an indication that minority seniors and those with an income under \$25,000.00 who have not experienced care coordination also experience the lowest levels of access to quality healthcare.⁹

When reporting on ethnicity, 81% minority, (non-white) seniors report less access to their preferred Doctor or Specialist compared to their 96% of their white counterparts.

Additionally, fewer minority seniors report that their PCP's office nurse or care manager helps them stay on track or comply with treatment instructions, compared to their white counterparts.⁹

81% MINORITY (NON-WHITE)
Seniors report less access to their preferred Doctor or Specialist compared to their 96% white counterparts

Seniors Experience with Care Coordination



The survey of SHLS respondents revealed that seniors are seeing their doctors with 87% saying that they visited their primary care physician (PCP) or specialist at least once in the last 12 months.⁹

Based on the description of care coordination, seniors were asked if they knew who to contact or where to look for information about their own care coordination process. Of the seniors who visited their PCP in the past year, 84% have at least some idea who to contact for care coordination.⁹

Among the seniors who have experienced care coordination, most trust their PCPs, health plans or pharmacists to provide information about care coordination.⁹ Seniors understand the value of care coordination and agree that it leads to better healthcare decisions and increases access to quality healthcare.

Ninety-three percent of seniors agree that care coordination allows for all of their healthcare

providers to have access to their same healthcare data, better enabling personalized decisions about their care.⁹ Additionally, half of seniors who have used care coordination are highly likely to recommend it to others.⁹ These findings indicate that seniors who have access to care coordination understand what it is and how best to benefit from its design.

However, despite the high awareness of care coordination, among the seniors who visited their PCP in the past year, 52% have not used care coordination.⁹

Ninety-five percent of seniors who have not experienced care coordination say they already have quality care⁹ and 92% believe that they have access to their preferred doctor/specialist.⁹ This data shows that, regardless of senior's knowledge and awareness of care coordination, there is more work to be done around both adoption and utilization of this resource.

Implications for Care Coordination Development

Low income, minority and rural populations of seniors are less likely to have experienced care coordination when compared with the average MA beneficiary. And when they do, satisfaction levels are lower. Recognizing that this Medicare population will experience significant growth within the next decade, it is recommended that key stakeholders

conduct further research to include a deeper examination of the differences in coordinated care experience among underserved populations, how more effective messaging can be implemented, and the health outcome implications of differing levels of coordinated care access.

1 Tivity Health, "Care Coordination Perceptions Among Medicare Fee For Service Enrollees" (June 2022)

2 <https://bettermedicarealliance.org/wp-content/uploads/2022/07/BMA-State-of-MA-2022-FIN.pdf>

3 Center for Innovation in Medicare Advantage, Positive Outcomes for High-Need, High-Cost Beneficiaries in Medicare Advantage Compared to Traditional FFS Medicare, December 2020. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2020/12/BMA-High-Need-Report.pdf>

4 <https://bettermedicarealliance.org/wp-content/uploads/2022/07/BMA-State-of-MA-2022-FIN.pdf>

5 <https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-orolder.htm>

6 <https://bettermedicarealliance.org/wp-content/uploads/2022/07/BMA-State-of-MA-2022-FIN.pdf>

7 <https://bettermedicarealliance.org/wp-content/uploads/2022/07/BMA-State-of-MA-2022-FIN.pdf>

8 <https://bettermedicarealliance.org/wp-content/uploads/2022/07/BMA-State-of-MA-2022-FIN.pdf>

9 Senior Healthy Living Survey – CMMI and Care Coordination FINAL 0421.pdf



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