



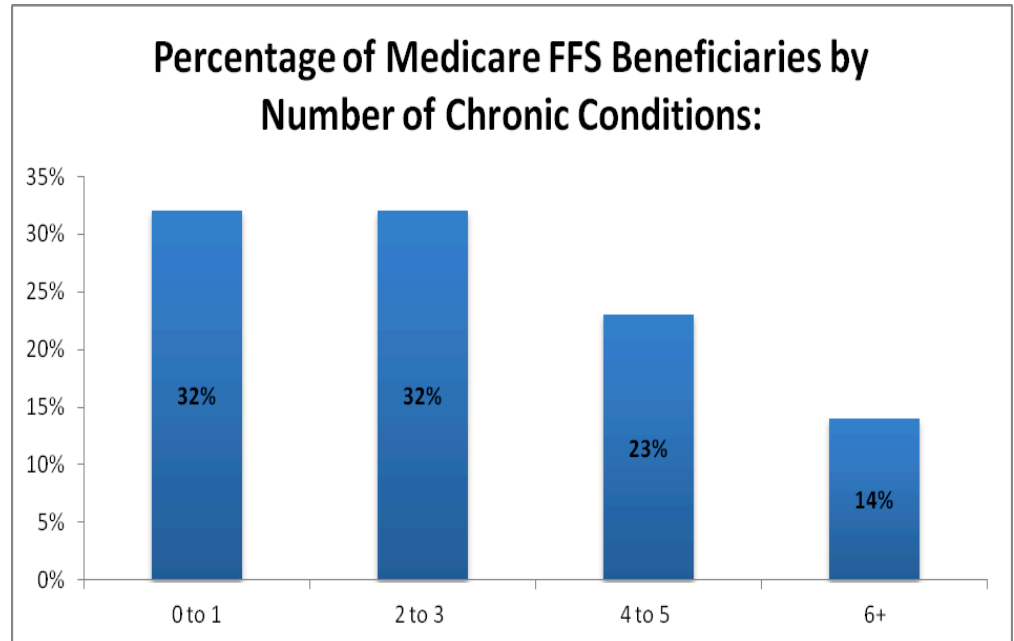
## Multiple Chronic Conditions Key Facts and Statistics

### Number of Chronic Conditions Increases with

**Age:** Over one-half of Medicare beneficiaries younger than 65 had two or more chronic conditions compared to 63% percent of those 65-74 years, 78% percent of those 75-84 years and, 83 percent of beneficiaries 85 years and older.<sup>i</sup>

### Dual-eligibles are Disproportionately Impacted by Multiple Chronic

**Conditions:** Seventy-two percent of dual-eligible beneficiaries had two or more chronic conditions compared to 67% of non-duals. Dual-eligible beneficiaries were 1.7 times as likely to have 6 or more chronic conditions.<sup>ii</sup>



**Chronic Conditions are a Driver of Costs:** For beneficiaries with 6 or more chronic conditions, average Medicare spending was more than three times higher than the average for all beneficiaries, and these beneficiaries were more likely to suffer from the following conditions: heart failure, chronic kidney disease, COPD, atrial fibrillation, and stroke.<sup>iii</sup>

### Medicare Advantage Plans and Multiple Chronic Conditions

Approximately two out of three Medicare beneficiaries have multiple chronic conditions. These individuals are at increased risk for mortality and poorer day-to-day functioning.<sup>iv</sup> Treatment of multiple chronic conditions requires daily care from multiple providers, complex medication regimens, and continual monitoring. Appropriate care is critical to minimizing disease progression, high cost, and complicated clinical events like hospitalizations. Medicare Advantage (MA) plans are well-equipped to provide the care patients need most – comprehensive, high-quality, affordable coverage with innovative and targeted services.

### MA Results and Healthcare Outcomes

MA plans have demonstrated value and success in treating Medicare beneficiaries through leadership in executing disease management, care coordination, and other practices that have demonstrated to achieve better healthcare outcomes and beneficiary care. Peer-reviewed research has found positive health outcomes for plan efforts to slow disease progression and ensure care is appropriately delivered.

- Peer-reviewed research states MA plan practices “spillover” to the rest of the health care system, and yield more effective hospital services including lower hospitalization costs and shorter lengths of stay. The analysis finds that a 10% increase in MA penetration is associated with a 2.4% - 4.7% reduction in hospital costs for other patients.<sup>v</sup>



- A study published in *Health Affairs* found that Medicare Advantage plans' performance on measures for breast cancer screening, diabetes care, and cholesterol testing for cardiovascular health were consistently better compared to FFS Medicare.<sup>vi</sup>
- Data published in the *American Journal of Managed Care* found the MA readmission rate was about 13% to 20% lower than that in the Medicare FFS program.<sup>vii</sup>

### **MA Plans and Care Coordination for Patients with Multiple Chronic Conditions**

The MA program offers many benefits which are not offered by the Medicare Fee-for-Service program to address the unique and complex needs of beneficiaries with multiple chronic conditions. These additional benefits include care coordination and disease management activities:

- Comprehensive case and disease management programs
- Wellness and prevention programs
- Coordinated care programs
- Prescription drug management tools integrated with medical benefits
- Tools and data collection to address disparities in care for minorities
- Nurse help hotlines
- Enhanced coverage of home infusion, personal care and durable medical equipment
- Vision, hearing, and dental benefits coordination

MA plans develop specific and targeted coordination and disease management strategies designed to address the unique needs of people with chronic disease. Examples of MA plan activities to provide high-quality and effective care include:

- Specialized health centers with health care providers that provide monitoring, nutrition guidance, and medication review
- Comprehensive education and patient engagement programs on chronic disease
- Telephonic nurse disease management (DM) program providing consistent clinical guidance on chronic conditions
- Medicare Therapy Management (MTM) programs to coordinate multiple medication and ensure consistent monitoring
- Health coaches and counselors to help patients set and achieve meaningful health goals
- Remote monitoring programs
- Specialized nutrition assessments and programs
- Online and telephonic tools to assist with high blood pressure care, such as automatic reminders and step-by-step instructions for healthy living

Care coordination is critical to ensure appropriate and high-quality care is being delivered to beneficiaries with multiple chronic conditions. These practices will ensure Medicare beneficiaries are managing their chronic conditions and minimizing disease progression and complications.

<sup>i</sup> CMS. Chronic Condition Data and Statistics. 2012. [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC\\_Main.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html)

<sup>ii</sup> CMS. Chronic Condition Data and Statistics. 2012. [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC\\_Main.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html)

<sup>iii</sup> CMS. Chronic Condition Data and Statistics. 2012. [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC\\_Main.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html)

<sup>iv</sup> Anderson G. Chronic Care: Making the Case for Ongoing Care. Princeton, NJ: Robert Wood Johnson Foundation, 2010.

<sup>v</sup> Baicker, Katherine. Cherner, Michael. Robbins, Jacob. *The Spillover Effects of Medicare Managed Care: Medicare Advantage and Hospital Utilization*. National Bureau of Economic Research. May 2013.



MACC  
TASK FORCE

---

<sup>vi</sup> Ayanian, John Z. Landon, Bruce E. Newhouse, Joseph P. et. all. *Medicare Beneficiaries More Likely To Receive Appropriate Ambulatory Services In HMOs Than In Traditional Medicare*. Health Affairs 32. no. 1228-1235. July 2013/

<sup>vii</sup> Lemieux, Jeff, MA; Cary Sennett, MD; Ray Wang, MS; Teresa Mulligan, MHSA; and Jon Bumbaugh, MA. "Hospital Readmission Rates in Medicare Advantage Plans." American Journal of Managed Care. February 2012. Vol. 18, no. 2, p. 96-104. This study was preceded by a series of working papers and reports published by AHIP's Center for Policy and Research. One earlier study based on an analysis of hospital discharge datasets in five states estimated that risk-adjusted 30-day readmissions per patient with an admission ranged from 12-27 percent lower in Medicare Advantage than in Medicare FFS among patients with at least one admission. See: <http://www.ahip.org/Hospital-Readmissions/>