Experiences of Care Among Dually Eligible Beneficiaries with Cancer: SEER-CAHPS, 2007-2013

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Introduction and Methods

- Dually eligible (Medicare/Medicaid) enrollees have risk factors for poor quality care, but dual coverage also removes most financial barriers to access.

Objectives

- To explore care experience ratings by dual/special needs plan (SNP) enrollees and non-dual/SNP enrollees with cancer.

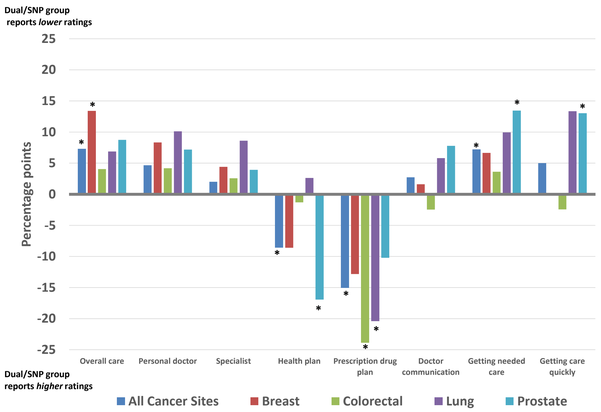
Methods

- We used the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) data linked with data from the Centers for Medicare & Medicaid Services–sponsored Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and Medicare eligibility data.
- The sample included those aged 65 or older, diagnosed with one primary, malignant cancer, who responded to a CAHPS survey within 2 years of diagnosis between 2007 and 2013; survived 6+ months post-diagnosis; and were continuously enrolled during the study period.
- "Top" ratings were defined as 9+ (out of 10) for global ratings (overall care, personal doctor, specialist, health plan, and prescription drug plan) and 90+ (out of 100) for composite scores (doctor communication, getting needed care, and getting care quickly).
- Differences between dual/SNP enrollees and non-dual/SNP enrollees were analyzed both descriptively (with proportions weighted to represent the Medicare population) and using multivariable logistic regression models to control for potential confounders.

Table 1. Sociodemographic characteristics of CAHPS respondents with cancer, by dual/SNP enrollment

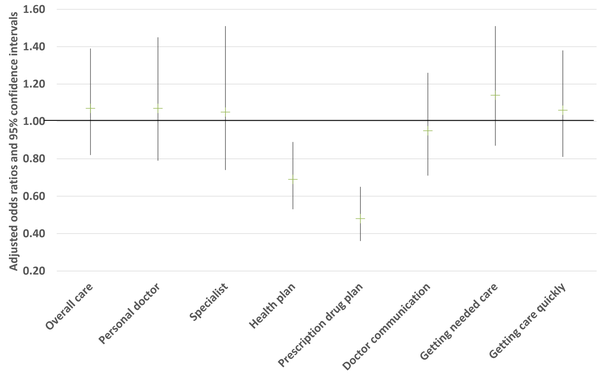
	Dual/SNP enrollees (unweighted n = 1,157)	Non-dual/SNP enrollees (unweighted n = 8,688)	*P*
	Weighted %	Weighted %	
Overall	7	93	
Enrolled in Medicare Advantage	20	19	.786
Age at diagnosis			
65-69	25	26	.808
70-74	29	28	
75-79	22	22	
80-84	15	15	
85+	9	10	
Female sex	58	44	**<.001**
Race/ethnicity			**<.001**
White	62	90	
Black	19	5	
Asian/Pacific Islander	8	1	
Hispanic	8	1	
Other/multiple	2	3	
Married	35	62	**<.001**
Missing/unknown marital status	9	9	
Neighborhood poverty level			**<.001**
<5%	9	28	
5 to <10%	22	29	
10 to <20%	30	27	
20%+	35	14	
Missing	4	2	
Rural residence	4	2	**.001**
Census region			**<.001**
Northeast	12	19	
South	5	12	
Midwest	29	21	
West	54	48	
Educational attainment			**<.001**
< 12 years	47	13	
12-15 years	34	52	
16+ years	9	27	
Missing/unknown	10	8	
Self-rated general health status			**<.001**
Excellent/very good	15	26	
Good/fair/poor	78	70	
Missing/unknown	6	4	
Self-rated mental health status			**<.001**
Excellent/very good	45	65	
Good/fair/poor	49	31	
Missing/unknown	6	4	
Proxy respondent or assistance	28	10	**<.001**
Missing/unknown proxy status	26	22	
Functional impairments			**<.001**
None	30	49	
1 or more	34	26	
Missing/unknown	35	24	

Figure 1. Differences between dual/SNP enrollees and non-dual/SNP enrollees with cancer in percent rating care below 9



Asterisks indicate estimates that differ significantly (P<.05) between dual/SNP and non-dual/SNP enrollees

Figure 2. Effect of dual/SNP enrollment on adjusted* odds of rating care below 9/below 90



*Adjusted for age, sex, race/ethnicity, education, Census region, rurality, self-rated general and mental health status, marital status, neighborhood poverty, stage at diagnosis, and type of cancer.

Discussion & conclusions

- Unadjusted, dual/SNP enrollees were significantly more likely than non-dual/SNP enrollees to rate overall care below 9 and getting needed care below 90 **(Figure 1)**.
  - Dual/SNP enrollees with breast cancer were also significantly more likely than non-dual/SNP enrollees to rate overall care below 9.
  - Dual/SNP enrollees with prostate cancer were significantly more likely than non-dual/SNP enrollees to rate getting needed care and getting care quickly below 90.
- However, dual/SNP enrollees were significantly more likely than non-dual/SNP enrollees to give top ratings on health plan and prescription drug plan, overall and within specific cancer types **(Figure 1)**.
- After adjusting for potential confounders, dual/SNP enrollees were still more likely to report top ratings for their health plan and drug plan than non-duals **(Figure 2)**.
- Our findings suggest overall care quality gaps for dual/SNP enrollees with cancer, but satisfaction with insurance coverage that may reflect lower cost-sharing burdens.

For more information

Researchers can apply for access to SEER-CAHPS beginning in December 2016 at http://healthcaredelivery.cancer.gov/seer-cahps/.

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