

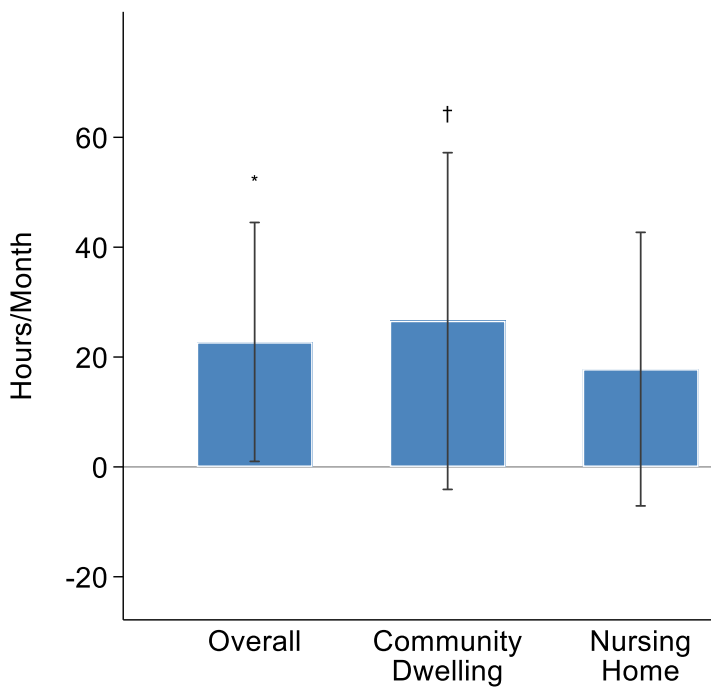
Reliance on Informal Caregiving Near the End-of-Life in Medicare Advantage vs. Traditional Medicare

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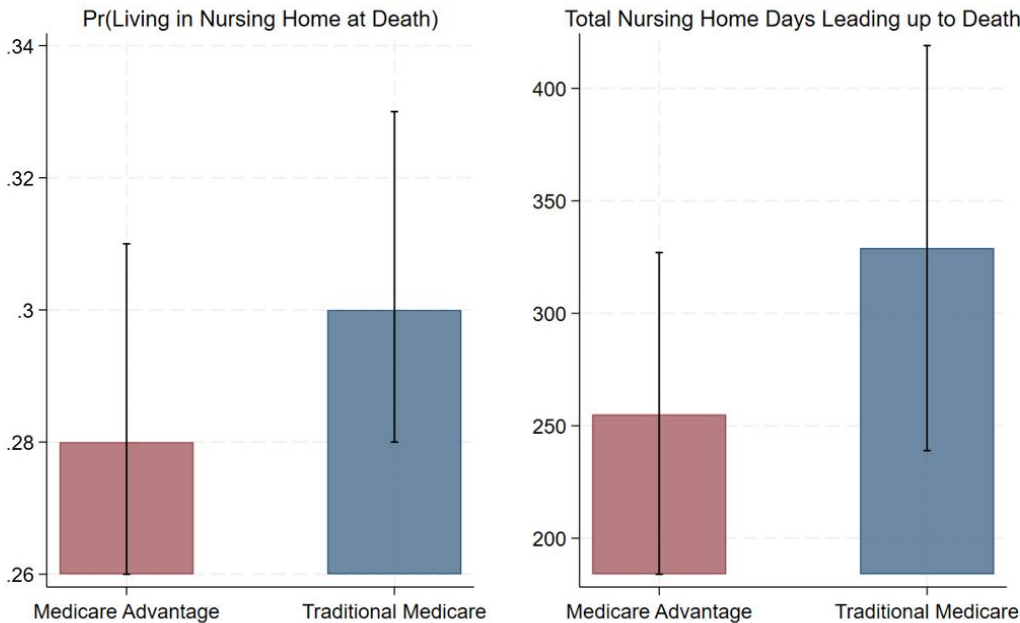
Motivation

- End-of-life care in faces quality and cost challenges
 - Aggressive and potentially unwanted care
 - Late transfers to hospice and poorly coordinated transfers
 - 25% of Medicare spending is beneficiaries in last year of life
- Medicare Advantage now dominant form of coverage
- Managed care incentives and strategies may be well-suited to improving quality of care near the EOL, or create more challenges for patients and families
- **Does EOL caregiving vary in Medicare Advantage vs. Traditional Medicare?**

More Unpaid Informal Care In MA



Less Nursing Home Care In MA



No Consistent Differences in OOP Spending (last 2 years of life)

	OOP Spending, No Premiums		OOP Spending, With Premiums	
	Mean	Diff (95%CI)	Mean	Diff (95%CI)
Full	\$4,920	\$688 (−\$109 to \$1,484)	\$7,163	−\$432 (−\$1,304 to \$441)
Community	\$3,194	\$803 (\$148 to \$1,458)	\$5,448	−\$419 (−\$1,206 to \$368)
Nursing Home	\$9,025	\$1,899 (−\$653 to \$4,451)	\$11,243	\$918 (−\$1,579 to \$3,414)

Methods

- Health and Retirement Study exit interviews linked to Medicare claims (administrative MA status), deaths 2016 – 2021
- Measures of all hours provided by all helpers assisting with ADLs or IADLs
- General Linear Models of unpaid informal care hours, insurance paid and out-of-pocket average monthly hours of care, last 3 months of life on MA status and health/demographic controls
- GLM regressions of OOP spending in the last 2 years of life
- 2,601 decedents total, 1,831 remain community-dwelling, 670 living in nursing home at time of death
- Back of the Envelope Result: **MA families provide an additional \$7.23 to \$8.26 billion in informal caregiving near the EOL vs TM**, payments to caregivers or other home care benefits may help