

# Medicare Advantage: Improving Health Care Quality

## Integrating and Revitalizing Primary Care to Achieve Better Health Outcomes

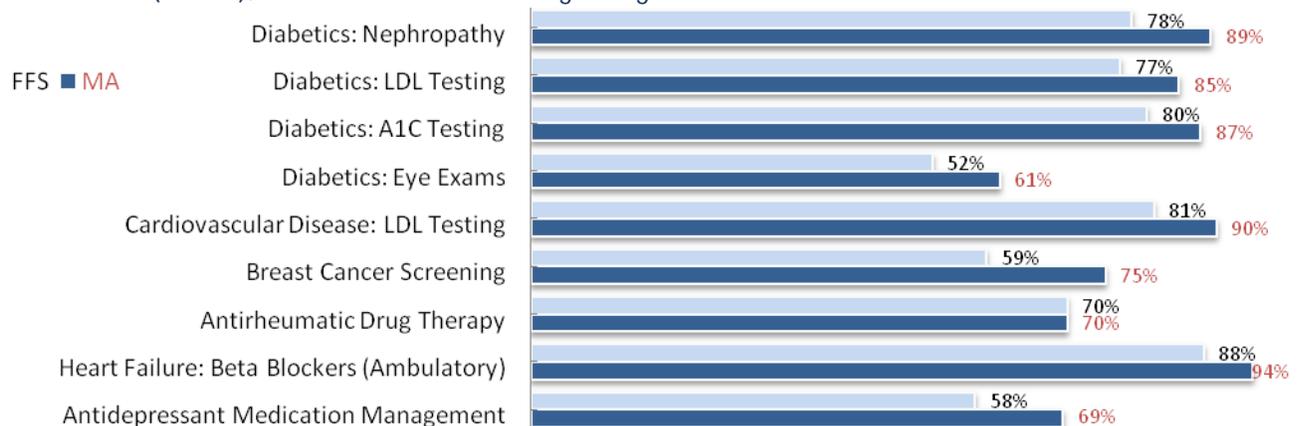
Medicare Advantage (MA) plans have been highly successful in integrating care across network providers and using information from health risk assessments to visibly improve patient care. MA plans are able to gather information about their enrollees' health care needs and match beneficiaries with programs that provide preventive services and manage chronic diseases. Additionally, MA plans are positioned to provide coordinated services to seniors. By emphasizing prevention and wellness through primary care, MA plans can help beneficiaries achieve better health outcomes. Medicare fee-for-service (FFS) lacks the infrastructure necessary to support the coordination across provider networks that MA plans use today to address the specific needs of each individual patient.

### Quality Measures, How Does MA Compare to FFS?

A recent *American Journal of Managed Care* (AJMC) study discovered that compared with Medicare FFS, MA plans outperformed the traditional Medicare program in 9 out of 11 clinical quality measures.<sup>3</sup> This means that MA beneficiaries received the level of effective care recommended by a doctor with greater frequency than patients in FFS, for 9 out of 11 of the procedures studied.

### Highlights

The Measures in which MA plans excelled, relative to Medicare FFS, were taken from the Healthcare Effectiveness Data and Information Set (HEDIS), and Included the Following Categories of Recommended Care:



The findings of the study reveal that breast cancer screening rates were approximately 15 percentage points higher in MA than in FFS. The quality of diabetes care received by beneficiaries was approximately 4-10 percentage points higher in MA across the four measures studied (rates of eye exams, A1C testing, LDL (cholesterol) testing, and nephropathy (kidney) screening or ongoing treatment). Antidepressant medication management rates were 13-14 percentage points higher in MA. Receipt of beta-blockers prescription after discharge for AMI (Heart Attack) was nearly 7 percentage points higher in MA and LDL (cholesterol) testing for patients with cardiovascular disease was 7-8 percentage points higher in MA as well.<sup>4</sup>

### What Does This Mean to a MA Enrollee?

This analysis confirms that MA plans deliver effective and consistent care for a number of important procedures at higher rates compared to the traditional FFS program. Seniors and Medicare beneficiaries with disabilities, especially those with high-risk conditions, such as diabetes, heart disease, breast cancer, and depression, can rest assured knowing that they can rely on their MA plan to successfully provide access to care and the services they need to live better lives.

<sup>3</sup>Brennan, Niall MPP & Shepard, Mark BA. *Comparing Quality of Care in the Medicare Program*. The American Journal of Managed Care, November 2010. Vol. 16 No. 11, p. 841-848. ([www.ajmc.com](http://www.ajmc.com))

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