

Health



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The Health Subcommittee selected data that could be useful in monitoring healthcare needs and for planning purposes. The variables are: (1) annual mammography for women, (2) hospitalization for cardiovascular care (specific DRGs, excluding stroke), (3) hospitalization for hip fractures (due to accidental injury, including falls), and (4) the number of people age 18+ (adults) per full-time equivalent (FTE) physician.

Keeping track of these health indicators can serve immediate and long-term needs. In the short term, counties with apparent elevated rates of hospitalization for cardiovascular disease and hip fractures can be targeted for follow up to determine validity and underlying causes. Given the impact of these medical conditions on quality of life for older adults, public health strategies to reduce the burden of illness and risks for premature mortality, morbidity, disability, and long-term care needs should be a high priority. The same strategy and rationale applies to those areas with low rates of mammography. Variation in FTE primary care physician rates might serve as an incentive to determine if access to care is a problem for older adults in some counties.

In the long term, these health data can serve as a baseline for tracking trends and the impact of health care initiatives. Tracking temporal change would then provide a basis for forecasting future needs. It is expected that disease incidence and prevalence, along with hospitalization and aftercare resource needs associated with these conditions, are likely to increase as the population ages.

The ElderCount chart book includes the following variables. Please refer to the “Data Definitions” section at the back of the book for more information.

- **Mammography—Annual Rates***

Breast cancer is the leading cause of cancer death for women Medicare beneficiaries. The risk increases with age. Women age 65+ have a sevenfold increase in risk relative to younger women. Early detection through regular mammograms and clinical breast exams, followed by early treatment is the most effective means for enhancing prognosis and reducing the number of deaths due to breast cancer.

Medicare now pays for annual mammogram screening for women.

Statewide in 2000, 44.5% of non-HMO Kansas women age 65-84 received mammography services paid by Medicare. County-specific rates varied threefold from 19.4% to 60.4%. Efforts to increase screening mammography rates among female Medicare beneficiaries are a national priority for the Centers for Medicare and Medicaid Services. Counties can partner with state and national initiatives to increase the number of women who receive mammograms. (See Map 6.)

- **Hospitalization for Cardiovascular Care***

Heart disease, the major component of cardiovascular illness, is the leading cause of hospitalization and indeed death among persons age 65+ in Kansas and the United States. Substantial disability, activity limitation, increased burden of care, reduced quality of life, and the need for nursing home care can accompany the disease. While county-specific prevalence rates for cardiovascular disease among older adults are not routinely monitored, aggregate hospital admission rates for cardiovascular conditions derived from Medicare databases were calculated and used as a proxy to determine geographic variation.

Statewide in the year 2000, 7.2% of male and 5.9% of female non-HMO Kansans age 65+ were hospitalized for cardiovascular care.

County-specific rates varied over fourfold, ranging from 3.1% to 12.7% for males and 3.1% to 12.5% for females. Higher rates might indicate one or more factors, including a higher prevalence of disease in the county, greater acuity, and less disease management. This interpretation can be confounded with access to care issues (higher rates could, in some instances, reflect better access to care).

- **Hospitalization for Hip Fracture***

Deaths, hospitalization, subsequent disability, and need for nursing home care are major issues associated with unintentional injury among the elderly. Advanced age is reported to substantially increase the likelihood of fall-related injuries, of which hip fracture is a major outcome. The literature states that half of those persons suffering hip fracture will not regain previous levels of function.

Statewide in 2000 among non-HMO covered older adults (age 75+) with Medicare, there were 8.8 cases per 1,000 males and 17.4 cases per 1,000 females hospitalized for hip fracture. County-specific rates varied from none to 40.4 per 1,000 for males and from none to 39.7 per 1,000 for females. Counties with higher rates of hip fractures need follow up to rule out statistical artifact and rule in definite causes. Where falls/accidents are the major cause, one might consider multifaceted public health efforts to reduce falls, consisting of education, exercise, medication review, risk factor reduction, and home safety modifications. (See Map 7.)

- **FTE PC Physician (Population 18+ per FTE Physician)**

This variable reports the number of people age 18 and older (the adult population) per primary care physician. (See data definitions for description of primary care physicians.) In Kansas the number varies from 499 in

McPherson to 9,877 in Cheyenne County. Rural areas in general, have fewer physicians per adult population. We decided to report this number, per 1,000 people age 18+ (rather than age 65+) because the vast majority of these physicians care for all adults, not just older adults. The likelihood of needing physician services varies by age. Younger adults (those in their 20s and 30s) as a group, use less physician services than older adults. (See Map 8.)

Note: Analytical Service and Data Source - Kansas Foundation for Medical Care, Inc. Data are aggregate rates derived from Medicare or Medicare Carrier Claims Data for Kansas.

*Medicare Data (Year 2000)

Health Subcommittee

Michael Bradshaw, K-State Research and Extension

Liane Connelly, Fort Hays State University

Karen Hostetler, Shepherd Center of Kansas City, Kansas

Kim Kimminau, Kansas Health Institute

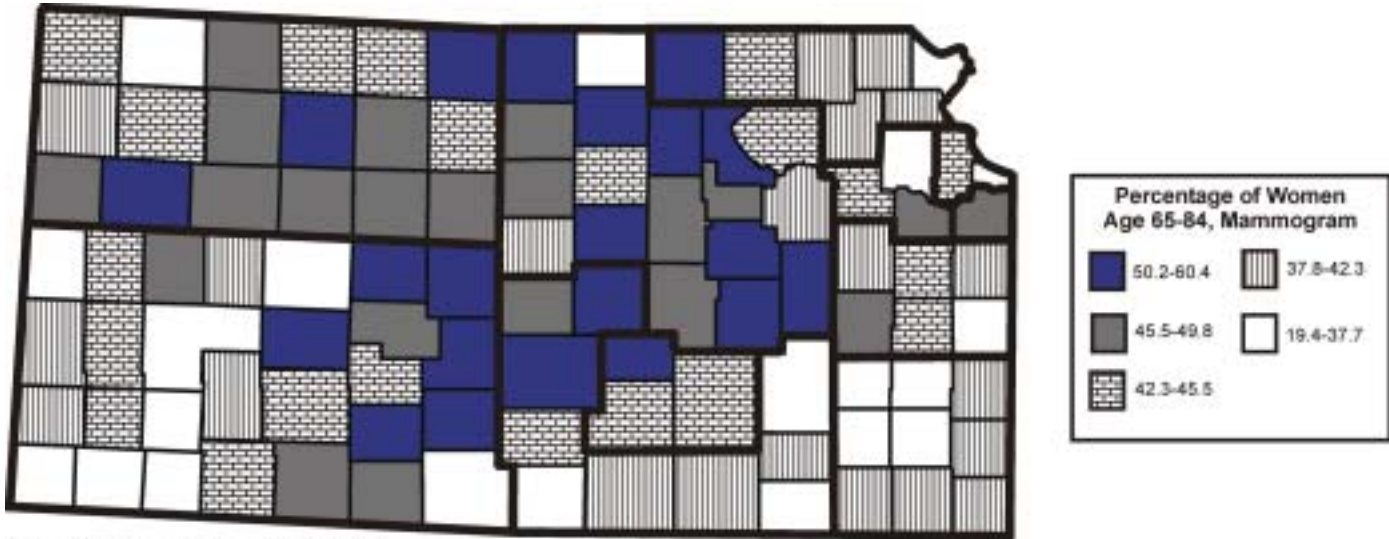
Barbara LaClair, Kansas Health Institute

Stephanie Lambert, Kansas Foundation for Medical Care

Elizabeth Saadi, Kansas Department of Health and Environment

Chair: Sam Markello, Senior Vice President, Quality Improvement, Kansas Foundation for Medical Care

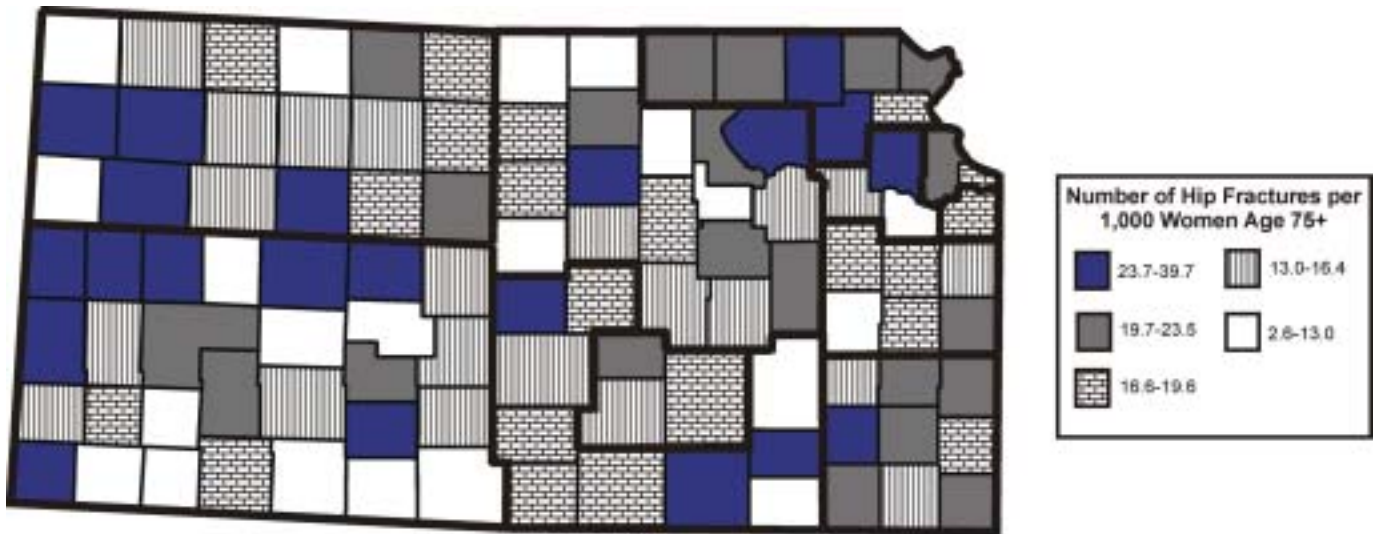
Map 6. Percentage of Women Age 65-84, Receiving a Mammogram: 2000



Source: Kansas Foundation for Medical Care

Note: In order to classify the 105 counties in 5 equal-sized groups, in some cases counties "on the cusp" of 2 quintiles may be assigned to different quintiles.

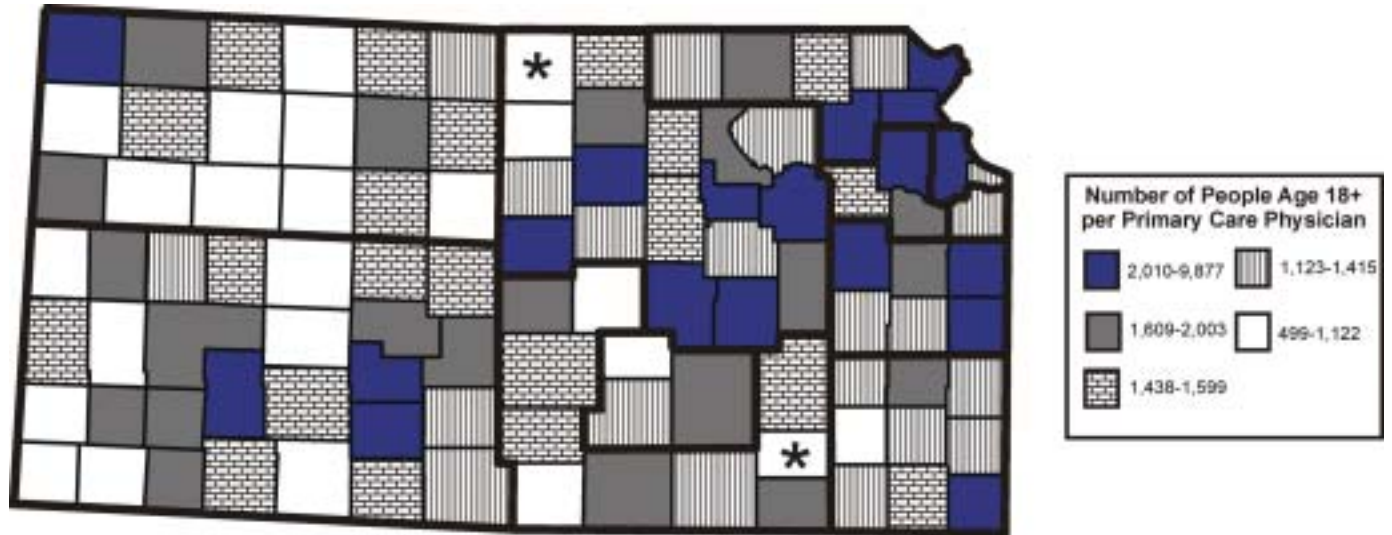
Map 7. Number of Hip Fractures per 1,000 Women Age 75+: 2000



Source: Kansas Foundation for Medical Care

Note: In order to classify the 105 counties in 5 equal-sized groups, in some cases counties "on the cusp" of 2 quintiles may be assigned to different quintiles.

Map 8. Number of People Age 18+ Per Primary Care Physician: 2000



Source: Social and Rehabilitative Services

Note: * = less than 1/2 FTE physician; these counties not ranked