MEDICARE CURRENT BENEFICIARY SURVEY
Articles published in 2020

Akincigil, A., & Greenfield, E. A. (2020). Housing Plus Services, IADL impairment, and healthcare expenditures: Evidence from the Medicare Current Beneficiaries Survey. *The Gerontologist, 60*(1), 22-31. https://doi.org/10.1093/geront/gny181

> In this journal article, the authors use data from the 2001-2013 Medicare Current Beneficiary Survey (MCBS) to examine health care cost and residential settings. Specifically, using a pooled cross-sectional analysis, the authors study associations between the level of support services, disabilities, and health care expenditures among Medicare beneficiaries aged 65 and older living in senior or retirement housing in the community. The authors find that beneficiaries with disabilities living in senior housing with enhanced services had lower expenditures than those living in senior housing with regular services and without services.

Aldridge, M. D., Ornstein, K. A., McKendrick, K., Moreno, J., Reckrey, J. M., & Li, L. (2020). Trends in residential setting and hospice use at the end of life for Medicare decedents. *Health Affairs, 39*(6), 1060-1064. https://doi.org/10.1377/hlthaff.2019.01549

> In this journal article, the authors use data from the 2002-2017 MCBS to examine health care utilization and residential settings. Specifically, using a pooled cross-sectional analysis, the authors study associations between beneficiary characteristics and hospice use across residential settings among Medicare decedents. In addition to identifying demographic and clinical differences in beneficiaries across residential settings, the authors find that use of hospice services is greater and increasing in community-based residences than private residences and nursing homes.

Alzheimer's Association. (2020). Alzheimer's disease facts and figures. (2020). *Alzheimer's & Dementia, 16*(3), 391-460. https://doi.org/10.1002/alz.12068

> In this report, the authors provide a compendium of statistics on Alzheimer's disease. The authors use cross-sectional data from the 2011 MCBS, among other sources, to present metrics related to Alzheimer's disease, including prevalence, mortality, utilization, and cost, among Medicare beneficiaries aged 65 and older living in both the community and in facilities. Among other results, the authors find that total health care costs, long-term care costs, Medicaid costs, and out-of-pocket (OOP) costs were greater for beneficiaries with Alzheimer's disease.

Ankuda, C. K., Moreno, J., McKendrick, K., & Aldridge, M. D. (2020). Trends in older adults' knowledge of Medicare Advantage benefits, 2010 to 2016. *Journal of the American Geriatrics Society, 68*(10), 2343-2347. https://doi.org/10.1111/jgs.16656

> In this journal article, the authors use data from the 2010-2016 MCBS to examine health insurance coverage and health disparities. Specifically, the authors study knowledge of coverage of dental, vision, and nursing home services under Medicare Advantage (MA) among Medicare beneficiaries aged 65 and older. In addition to identifying demographic and socioeconomic differences in knowledge, the authors find that knowledge of nursing home benefits increased between 2010 and 2016, while knowledge of dental benefits and vision benefits decreased over the time period.

Arnos, D., Garrett, B., Gangopadhyaya, A., & Shartzer, A. (2020). *Calibrating a microsimulation model of Medicare policy reform to match administrative benchmarks for enrollment and spending*. Urban Institute. https://www.urban.org/research/publication/calibrating-microsimulation-model-medicare-policy-reform-match-administrative-benchmarks-enrollment-and-spending

> In this methodological brief, the authors describe how they updated the MCARE-SIM simulation model, which primarily uses data from the 2015 MCBS Limited Data Sets (LDS). Through the updated model, the authors set a new baseline for forecasting health care costs of Medicare Fee-for-Service (FFS) beneficiaries to inform Medicare policy recommendations. In future enhancements, the authors plan on incorporating future years of MCBS data and MA spending into the model.

Ashford, N. C. (2020). *Clinical preventive service utilization among Medicare beneficiaries: An examination of the role of patient activation* (Publication No. 27740896) [Doctoral dissertation, George Washington University]. ProQuest Dissertations and Theses Global.

> In this dissertation, the author uses data from the 2011-2013 MCBS Access to Care (ATC) files to examine preventive care. Specifically, using a longitudinal analysis, the author studies associations between patient activation and preventive care utilization, including flu vaccine, mammography screening, annual wellness visit, and colorectal screening, among Medicare FFS beneficiaries living in the community. Across all three years, the author finds that flu vaccines were the most utilized preventive service, and patient activation only affected mammography screening.

Assi, L., Shakarchi, A. F., Sheehan, O. C., Deal, J. A., Swenor, B. K., & Reed, N. S. (2020). Assessment of sensory impairment and health care satisfaction among Medicare beneficiaries. *JAMA Network Open, 3*(11), Article e2025522. https://doi.org/10.1001/jamanetworkopen.2020.25522

> In this journal article, the authors use data from the 2017 MCBS Public Use File (PUF) to examine satisfaction with care. Specifically, using a cross-sectional analysis, the authors study vision, hearing, and dual (i.e., both vision and hearing) sensory impairment and health care satisfaction among Medicare beneficiaries living in the community without dementia. The authors find that beneficiaries with sensory impairments were more likely to report dissatisfaction with care than those without impairments, including with quality of care, provider communication, access to care, and available information.

Atherly, A., Feldman, R. D., Dowd, B., & van den Broek-Altenburg, E. (2020). Switching costs in Medicare Advantage. *Forum for Health Economics & Policy, 23*(1), 1-14. https://doi.org/10.1515/fhp-20e19-0023

> In this journal article, the authors use data from the MCBS, supplemented with data on MA benefits and premiums, to examine health insurance coverage and decision-making. Specifically, the authors study the rates and costs of switching insurance coverage within and between health plans. The authors find that switching between health plans is more common than switching between insurers, and prior year choices and premiums significantly affect coverage choices.

*Chavan, P. P., Kedia, S. K., Mzayek, F., Ahn, S., & Yu, X. (2020). Impact of self-assessed health status and physical and functional limitations on healthcare utilization and mortality among older cancer survivors in US. *Aging Clinical and Experimental Research*. Advance online publication. https://doi.org/10.1007/s40520-020-01654-5

> In this journal article, the authors use data from the 2008-2013 MCBS Cost and Use (CAU) files to examine health care utilization and disability. Specifically, using a longitudinal analysis, the authors study associations between physical and functional disabilities and health status on health care utilization and mortality among Medicare beneficiaries aged 65 and older who survived cancer. The authors find that beneficiaries with poor self-reported health had higher hospitalization rates and three-year mortality rates, and beneficiaries with disabilities or poor self-reported health had more hospital readmissions.

Cubanski, J., Neuman, T., & Damico, A. (2020). *Lower flu vaccination rates among Black, Hispanic, and low-income seniors suggest challenges for COVID-19 vaccination efforts* [Issue Brief]. Henry J. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/lower-flu-vaccination-rates-among-black-hispanic-and-low-income-seniors-suggest-challenges-for-covid-19-vaccination-efforts/

> In this issue brief, the authors examine preventive care and health disparities. The authors use cross-sectional data from the 2018 MCBS Survey File to show flu vaccination rates and reasons for not getting a flu vaccine among Medicare beneficiaries aged 65 and older. The authors find that vaccination rates vary across socioeconomic characteristics, including race/ethnicity, income, and education. In addition, concerns about side effects and vaccine effectiveness were the most common reasons beneficiaries reported for not getting a flu vaccine.

Cubanski, J., Neuman, T., & Damico, A. (2020). *Problems getting care due to cost or paying medical bills among Medicare beneficiaries* [Issue Brief]. Henry J. Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/issue-brief/problems-getting-care-due-to-cost-or-paying-medical-bills-among-medicare-beneficiaries/

> In this issue brief, the authors examine financial barriers to care. The authors use cross-sectional data from the 2017 MCBS Survey File to show financial challenges experienced by Medicare beneficiaries living in the community due to health care costs. The authors find that 17% of Medicare beneficiaries reported problems getting care due to cost, delaying care due to cost, or problems paying medical bills, with significant differences by health status, income, and insurance coverage.

Cutler, D. M., Ghosh, K., Messer, K., Raghunathan, T., Rosen, A. B., & Stewart, S. T. (2020). *A satellite account for health in the United States* (Working Paper Series No. 27848). National Bureau of Economic Research. https://doi.org/10.3386/w27848

> In this working paper, the authors use data from the 1992-2012 MCBS, supplemented with data from the National Health and Nutrition Examination Survey (NHANES) and Medical Expenditure Panel Survey (MEPS), to examine productivity. Specifically, the authors develop a "satellite account" to study cost and productivity of health care across different medical conditions among Medicare beneficiaries aged 65 and older. The

authors find that health care has positive and increasing productivity over the time period, but productivity varies by medical condition.

Davis, K., & Willink, A. (2020). *COVID-19 and affordability of coverage and care for Medicare beneficiaries* [Issue Brief]. Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2020/sep/covid-19-affordability-coverage-care-medicare-beneficiaries

> In this issue brief, the authors examine financial barriers to care and Medicare policy during the coronavirus disease 2019 (COVID-19) pandemic. In addition to examining federal policies, the authors use cross-sectional data from the 2017 MCBS Survey File and Cost Supplement File to identify financial challenges and recommend policy changes to ensure access to care for Medicare beneficiaries during the pandemic. The authors find that existing financial challenges faced by Medicare beneficiaries are aggravated by COVID-19, and additional policy changes are needed to support low-income Medicare beneficiaries without supplemental private insurance coverage.

Deardorff, W. J., Sloane, R. J., Pavon, J. M., Hastings, S. N., & Whitson, H. E. (2020). Hospitalization risk among older adults with sensory impairments: Development of a prognostic model. *Journal of the American Geriatrics Society, 68*(11), 2650-2655. https://doi.org/10.1111/jgs.16800

> In this journal article, the authors use data from the 1999-2006 MCBS to develop a predictive model to examine health care utilization and health risk. Specifically, the authors study hospital admissions among Medicare beneficiaries aged 65 and older living in the community with sensory impairment. The authors test and confirm that their proposed model helps predict beneficiaries at risk for hospitalization.

*Eisenberg, Y., Powell, L. M., Zenk, S. N., & Tarlov, E. (2020). Development of a predictive algorithm to identify adults with mobility limitations using VA health care administrative data. *Medical Care Research and Review*. Advance online publication. https://doi.org/10.1177/1077558720950880

> In this journal article, the authors use data from the 2010-2013 MCBS CAU files and 2009-2014 Veterans Affairs Corporate Data Warehouse to develop a predictive model to examine functional disability. Specifically, the authors study self-reported mobility limitations among Medicare veterans who also participated in the Weight and Veteran's Environment Study (WAVES). The authors test and confirm that their proposed model helps predict binary mobility limitations.

*Fahim, S. M., Huo, N., Li, C., & Qian, J. (2020). Screening mammography utilization among female Medicare beneficiaries and breast cancer survivors in 2002-2016. *Journal of Women's Health*. Advance online publication. https://doi.org/10.1089/jwh.2020.8571

> In this journal article, the authors use data from the 2002-2016 MCBS to examine preventive care. Specifically, using a serial cross-sectional analysis, the authors study mammography utilization among female Medicare FFS beneficiaries living in the community. The authors find that utilization decreased over the time period for female beneficiaries overall and those who are breast cancer survivors, with differences across demographic, socioeconomic, and health factors among female beneficiaries.

Favreault, M. M. (2020). *Incorporating long-term services and supports in health care proposals: Cost and distributional considerations* [Report]. Urban Institute. https://www.urban.org/research/publication/incorporating-long-term-services-and-supports-health-care-proposals/view/full_report

> In this report, the author uses a variety of data sources, including the Dynamic Simulation of Income Model (DYNASIM), which includes 2007-2009 MCBS data, as well as supplemental MCBS data on disabilities and long-term care, to examine federal health policy. Specifically, using DYNASIM and other analyses, the author evaluates three proposals for providing long-term services and supports (LTSS) through a single-payer program with different eligibility criteria. The author finds that the reforms would increase the availability of LTSS, use of LTSS, and total and federal costs, while reducing caregiver burdens, OOP costs, unmet needs, and differences across states.

Federal Interagency Forum on Aging-Related Statistics (U.S.). (2020). Older Americans 2020: Key indicators of well-being. https://agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf

> In this report, the authors provide a compendium of statistics on the health of older Americans. The authors use cross-sectional data from the 1992-2017 MCBS, among other sources, to present metrics on topics such as health care cost, health care utilization, health insurance coverage, health status, and demographics of Americans aged 65 and older. The authors specifically use the MCBS to examine functional limitations, health care expenditures, prescription drug costs, supplemental private insurance coverage, sources of payment, residential services, use of personal assistance and equipment, and transportation changes.

Fouayzi, H., Ash, A. S., & Rosen, A. K. (2020). A cardiovascular disease risk prediction algorithm for use with the Medicare Current Beneficiary Survey. *Health Services Research, 55*(4), 568-577. https://doi.org/10.1111/1475-6773.13290

> In this journal article, the authors use data from the 1999-2013 MCBS CAU files to develop a predictive model to examine health risk. Specifically, the authors study risk of cardiovascular disease among Medicare beneficiaries aged 65 and older living in the community. The authors test and confirm that their proposed model helps predict risk.

*Frean, M., Covington, C., Tietschert, M., Bahadurzada, H., So, J., & Singer, S. J. (2020). Patient experiences of integrated care in Medicare accountable care organizations and Medicare Advantage versus traditional Fee-for-Service. *Medical Care*. Advance online publication. https://doi.org/10.1097/mlr.0000000000001463

> In this journal article, the authors use data from the 2015 MCBS to examine care delivery models. Specifically, using a cross-sectional analysis, the authors study the relationship between integrated patient care and participation in managed care or an alternative payment model among Medicare beneficiaries living in the community. The authors do not find evidence of differences in integration between beneficiaries in accountable care organizations (ACOs) or MA compared to FFS beneficiaries.

Freed, M., Cubanski, J., & Neuman, T. (2020). *Medicare beneficiaries without supplemental coverage are at risk for out-of-pocket costs relating to COVID-19 treatment* [Policy Watch]. Henry J. Kaiser Family Foundation. https://www.kff.org/policy-watch/medicare-beneficiaries-

without-supplemental-coverage-are-at-risk-for-out-of-pocket-costs-relating-to-covid-19-treatment/

> In this policy watch, the authors examine health insurance coverage. The authors use cross-sectional data from the 2017 MCBS to show the potential burden of COVID-19 treatment costs on Medicare beneficiaries without supplemental private insurance coverage. The authors find that nearly six million beneficiaries do not have supplemental coverage, of which 39% have low incomes (below $20,000), 29% are in fair or poor health, and 15% are 85 and older.

Freed, M., Koma, W., Cubanski, J., Biniek, J. F., & Neuman, T. (2020). *More than half of all people on Medicare do not compare their coverage options annually* [Issue Brief]. Henry J. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/more-than-half-of-all-people-on-medicare-do-not-com/

> In this issue brief, the authors examine health insurance coverage. The authors use cross-sectional data from the 2018 MCBS Survey File to show whether beneficiaries review and compare health insurance coverage options as well as understanding and knowledge of the Medicare program among Medicare beneficiaries living in the community. The authors find that a majority of beneficiaries do not compare coverage options, with differences across age, income, education, and health status. They also find that one third of beneficiaries report difficulties understanding the Medicare program and a majority of beneficiaries do not use Medicare's official sources of information.

García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2020). Quantifying the life-cycle benefits of an influential early-childhood program. *Journal of Political Economy, 128*(7), 2502-2541. https://doi.org/10.1086/705718

> In this journal article, the authors modify the Future Adult Model (FAM) simulation, which includes 2007-2010 MCBS data on health care costs, to examine social efficiency. Specifically, using the simulation model, the authors study the long-term costs and benefits of an early childhood program based off the Carolina Abecedarian Project (ABC) and the Carolina Approach to Responsive Education (CARE) using simulated cohorts. The authors find that the program is profitable, with an estimated internal rate of return of 13.7%.

Ghosh, K., Bondarenko, I., Messer, K. L., Stewart, S. T., Raghunathan, T., Rosen, A. B., & Cutler, D. M. (2020). Attributing medical spending to conditions: A comparison of methods. *PLOS ONE, 15*(8), Article e0237082. https://doi.org/10.1371/journal.pone.0237082

> In this journal article, the authors use data from the 2009 MCBS CAU file, supplemented with NHANES, to compare predictive models that examine health care cost. Specifically, using a cross-sectional analysis, the authors compare methods for analyzing condition-specific health care expenditures among Medicare beneficiaries aged 65 and older. Compared to the claims and regression approaches, the authors test and confirm that their proposed propensity score model offers a good approach for predicting expenditures, accounting for comorbidities better than the claims approach and avoiding empirical limitations of the regression approach.

Goto, T., Yoshida, K., Faridi, M. K., Camargo, C. A., Jr., & Hasegawa, K. (2020). Contribution of social factors to readmissions within 30 days after hospitalization for COPD exacerbation. *BMC Pulmonary Medicine, 20*, Article 107. https://doi.org/10.1186/s12890-020-1136-8

> In this journal article, the authors use data from the 2006-2012 MCBS ATC files, supplemented with Medicare administrative files, to compare predictive models that examine health care utilization and health risk. Specifically, the authors compare methods for analyzing hospital readmission risk among Medicare beneficiaries aged 40 and older hospitalized for chronic obstructive pulmonary disease (COPD). The authors test and confirm that adding social factors, such as education, marital status, income, and rurality, to models improves predictions for early and late readmissions.

Gu, D., Morgan, R. O., Li, R., Weber, E. S., & Shen, C. (2020). Association between depression and healthcare expenditures among elderly cancer patients. *BMC Psychiatry, 20*, Article 131. https://doi.org/10.1186/s12888-020-02527-x

> In this journal article, the authors use data from the 2007-2013 MCBS CAU files to examine health care cost and utilization. Specifically, the authors study associations between depression, health care expenditures, and health care utilization, including across service types, among Medicare beneficiaries newly-diagnosed with breast, lung, or prostate cancer. The authors find that beneficiaries with depression had higher total expenditures, medical provider expenditures, and other expenditures, were more likely to use inpatient services, and had higher expenditures for both the patient and payer.

*Haddad, Y. K., Luo, F., Bergen, G., Legha, J. K., & Atherly, A. (2020). Special report from the CDC antidepressant subclass use and fall risk in community-dwelling older Americans. *Journal of Safety Research*. Advance online publication. https://doi.org/10.1016/j.jsr.2020.11.008

> In this journal article, the authors use data from the 2009-2013 MCBS CAU files to examine health risk. Specifically, using a longitudinal analysis, the authors study antidepressant medication use and falls among Medicare beneficiaries aged 65 and older living in the community. The authors find that use of selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors are risk factors for falling.

Hammond, G., Johnston, K., Huang, K., & Joynt Maddox, K. E. (2020). Social determinants of health improve predictive accuracy of clinical risk models for cardiovascular hospitalization, annual cost, and death. *Circulation: Cardiovascular Quality and Outcomes, 13*(6), Article e006752. https://doi.org/10.1161/circoutcomes.120.006752

> In this journal article, the authors use data from the 2016-2017 MCBS LDS to compare predictive models that examine health care cost and health risk. Specifically, the authors compare methods for estimating hospitalization risk, mortality risk, and health care expenditures, and compare expenditures to clinical outcomes among Medicare FFS beneficiaries. While all of the models predicted risk well for white non-Hispanic beneficiaries, the authors test and confirm that adding social determinants of health (e.g., rurality, alcohol use, access to care, and education) improved the models for racial and ethnic minorities. In addition, while Black/Hispanic beneficiaries have higher rates of cardiovascular hospitalization, they have similar expenditures, suggesting that cost may be an imperfect predictor of risk.

Henning-Smith, C., Hernandez, A., Lahr, M., & Kozhimannil, K. (2020). *Rural-urban differences in access to, attitudes toward, and satisfaction with care among Medicare beneficiaries* [Abstract]. AcademyHealth Annual Research Meeting, Washington, DC. https://academyhealth.confex.com/academyhealth/2020arm/meetingapp.cgi/Paper/39076

> In this AcademyHealth abstract, the authors use data from the 2016 MCBS to examine access to care and satisfaction with care. Specifically, using a cross-sectional analysis, the authors study differences in access to care, attitudes towards care, and satisfaction with care by rurality among ever enrolled Medicare beneficiaries aged 65 and older. The authors find that rural beneficiaries had lower satisfaction with care, experienced longer travel times to access care, and were less likely to seek care when sick.

*Henning-Smith, C., Lahr, M., & Hernandez, A. (2020). Contact by collection agencies for medical debt: Rural-urban differences among older and younger Medicare beneficiaries. *Journal of Applied Gerontology*. Advance online publication. https://doi.org/10.1177/0733464820975902

> In this journal article, the authors use data from the 2016 MCBS to examine financial barriers to care. Specifically, using a cross-sectional analysis, the authors study associations between risk of medical debt and rurality among Medicare beneficiaries living in the community. The authors find that approximately 10% of beneficiaries were contacted by a collection agency for medical debt in the past year. In addition, the authors find higher rates of contact among rural beneficiaries, which are mitigated when accounting for socioeconomic factors.

Innes, K. E., & Sambamoorthi, U. (2020). The association of osteoarthritis and related pain burden to incident Alzheimer's disease and related dementias: A retrospective cohort study of U.S. Medicare beneficiaries. *Journal of Alzheimer's Disease, 75*(3), 789-805. https://doi.org/10.3233/jad-191311

> In this journal article, the authors use data from the 2001-2013 MCBS to examine health risk. Specifically, using a longitudinal analysis, the authors study osteoarthritis, related pain, and risk for Alzheimer's disease and related dementias (ADRD) among Medicare FFS beneficiaries living in the community. The authors find that osteoarthritis, and particularly osteoarthritis with related pain, increases risk for ADRD, although risk is modestly mitigated by depression or anxiety.

Izurieta, H. S., Chillarige, Y., Kelman, J., Wei, Y., Lu, Y., Xu, W., Lu, M., Pratt, D., Wernecke, M., MaCurdy, T., & Forshee, R. (2020). Relative effectiveness of influenza vaccines among the United States elderly, 2018-2019. *The Journal of Infectious Diseases, 222*(2), 278-287. https://doi.org/10.1093/infdis/jiaa080

> In this journal article, the authors use Medicare administrative files to examine preventive care, supplemented with the MCBS to test confounders. Specifically, the authors study effectiveness of flu vaccines during the 2018–2019 flu season among Medicare beneficiaries aged 65 and older. While the authors did not find evidence of substantial differences in effectiveness, they did find that egg-based adjuvanted and high-dose vaccines were marginally more effective than egg-based quadrivalent vaccines.

Johnston, K. J., Mittler, J., & Hockenberry, J. M. (2020). Patient social risk factors and continuity of care for Medicare beneficiaries. *Health Services Research, 55*(3), 445-456. https://doi.org/10.1111/1475-6773.13272

> In this journal article, the authors use data from the 2006-2013 MCBS, supplemented with data from the Dartmouth Institute and Area Resource File, to examine access to care, health care utilization, and health disparities. Specifically, using a cross-sectional analysis, the authors study associations between individual- and area-level social risk factors (e.g., education, income, rurality, and physician supply), continuity of care, and use of evaluation and management visits among continuously enrolled Medicare beneficiaries living in the community. The authors find that beneficiaries with greater social risk factors have better continuity of care, access fewer physicians overall for visits, and access fewer visits with specialists.

Johnston, K. J., Wen, H., & Joynt Maddox, K. E. (2020). *Adding a claims-based frailty index to Medicare's risk adjustment model can improve prediction of annual Medicare costs and enable more equitable reimbursement* [Abstract]. Academy Health Annual Research Meeting, Washington, DC. https://academyhealth.confex.com/academyhealth/2020arm/meetingapp.cgi/Paper/40156

> In this AcademyHealth abstract, the authors use data from the 2006-2013 MCBS to compare predictive models that examine health care cost. Specifically, the authors compare methods for predicting health care expenditures among frail Medicare beneficiaries. The authors find that adding a claims-based frailty index to the existing CMS-HCC model improves predictions.

Johnston, K. J., Wen, H., & Joynt Maddox, K. E. (2020). Inadequate risk adjustment impacts geriatricians' performance on Medicare cost and quality measures. *Journal of the American Geriatrics Society, 68*(2), 297-304. https://doi.org/10.1111/jgs.16297

> In this journal article, the authors use data from the 2006-2013 MCBS to examine health risk. Specifically, the authors study how frailty, long-term institutionalization, depression, and dementia influence health care expenditures and hospitalization among Medicare FFS beneficiaries aged 65 and older, and compare risk adjustment models that examine different risk factors. The authors find that geriatricians were more likely to care for beneficiaries with frailty, long-term institutionalization, dementia, and depression than other primary care providers (PCPs). In addition, geriatricians performed worse than other PCPs under standard risk adjustment models and improved in models that capture those risk factors.

Johnston, K. J., Wen, H., & Joynt Maddox, K. E. (2020). Relationship of a claims-based frailty index to annualized Medicare costs: A cohort study. *Annals of Internal Medicine, 172*(8), 533-540. https://doi.org/10.7326/m19-3261

> In this journal article, the authors use data from the 2006-2013 MCBS, supplemented with Medicare administrative data, to compare predictive models that examine health care cost. Specifically, the authors compare methods for predicting health care expenditures among Medicare FFS beneficiaries living in the community. The authors test and confirm that adding a claims-based frailty index to the existing Centers for

Medicare & Medicaid Services Hierarchical Condition Category (CMS-HCC) model improves predictions.

Jones, J. B., & Yue, L. (2020). *Social Security reform with heterogeneous mortality* (Working Papers Series No. 20-09). Federal Reserve Bank of Richmond. https://www.richmondfed.org/publications/research/working_papers/2020/wp_20-09

> In this working paper, the authors use MEPS and the Health and Retirement Study (HRS) to examine federal retirement policy, supplemented with MCBS data on total health care spending. Specifically, the authors study the costs and benefits of Social Security reform. The authors find that "welfare is maximized when baseline benefits are independent of lifetime earnings, the payroll tax cap is kept roughly unchanged, and claiming adjustments are reduced." In addition, the authors find that the system that would maximize welfare today is similar to the one that would prospectively maximize welfare in 2050.

Kabiri, M., Sexton Ward, A., Ramasamy, A., van Eijndhoven, E., Ganguly, R., Smolarz, B. G., Zvenyach, T., Goldman, D. P., & Baumgardner, J. R. (2020). The societal value of broader access to antiobesity medications. *Obesity, 28*(2), 429-436. https://doi.org/10.1002/oby.22696

> In this journal article, the authors use The Health Economics Medical Innovation Simulation (THEMIS) model, which includes 2007-2010 MCBS data on health care costs, to examine health care utilization and access to care. Specifically, using THEMIS, the authors study the benefits of different scenarios of increased access to and uptake of antiobesity medications among Americans aged 25 and older. The authors find evidence of long-term, social benefits in increasing antiobesity medication use.

Karon, S., Knowles, M., Kordomenos, C., & Segelman, M. (2020). *Expanding the PACE model of care to high-need, high-cost populations* [Issue Brief]. The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2020/oct/expanding-pace-model-high-need-high-cost

> In this issue brief, the authors examine federal health policy. In addition to reviewing the literature and gathering expert advice, the authors use the 2012 Medicare–Medicaid Linked Enrollee Analytic Data Source (MMLEADS), supplemented with data from the MCBS on functional limitations, to show benefits of expanding the Program of All-Inclusive Care for the Elderly (PACE) model for high-need and high-need/high-cost individuals, considering scale, spread, and scope. The authors find that the greatest opportunity to expand the program is through scale.

Ketcham, J. D., Kuminoff, N. V., & Saha, N. (2020). *Valuing statistical life using seniors' medical spending*. Department of Economics, Arizona State University, Tempe. http://www.public.asu.edu/~nkuminof/KKS20.pdf

> In this working paper, the authors use data from the 2005-2011 MCBS Cost and Use files and Medicare administrative files to examine health care value and cost. Specifically, using a panel analysis, the authors study value of life and mortality among Medicare beneficiaries aged 67-97. The authors find that the value of statistical life is below $1 million and the value per statistical life year is below $100,000, both lower

than conventional estimates, with differences across demographic, socioeconomic, and health factors.

Khalid, S. (2020). *Association of common chronic pain conditions to incident Alzheimer's disease and related dementias in two cohorts of older Medicare beneficiaries* [Doctoral dissertation, West Virginia University]. West Virginia University Research Repository; available for download on December 4, 2021. https://researchrepository.wvu.edu/etd/7813/

> In this dissertation, the author uses data from the MCBS and West Virginia Medicare insurance database to examine health risk. Specifically, the author studies non-cancer chronic pain conditions and risk for ADRD among non-institutionalized Medicare FFS beneficiaries aged 65 and older. The author finds that the chronic pain conditions increase risk for ADRD, and risk increases with number of conditions, but modestly decreases with depression, anxiety, or sleep disorders.

Khalid, S., Sambamoorthi, U., & Innes, K. E. (2020). Non-cancer chronic pain conditions and risk for incident Alzheimer's disease and related dementias in community-dwelling older adults: A population-based retrospective cohort study of United States Medicare beneficiaries, 2001-2013. *International Journal of Environmental Research and Public Health, 17*(15), Article 5454. https://doi.org/10.3390/ijerph17155454

> In this journal article, the authors use data from the 2001-2013 MCBS CAU files to examine health risk. Specifically, using a longitudinal analysis, the authors study non-cancer chronic pain conditions and risk for ADRD among Medicare beneficiaries aged 65 and older living in the community. The author finds that the chronic pain conditions increase risk for ADRD, and risk increases with number of conditions, but modestly decreases with depression, anxiety, or sleep disorders.

Koma, W., True, S., Biniek, J. F., Cubanski, J., Orgera, K., & Garfield, R. (2020). *One in four older adults report anxiety or depression amid the COVID-19 pandemic* [Issue Brief]. Henry J. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/one-in-four-older-adults-report-anxiety-or-depression-amid-the-covid-19-pandemic/

> In this issue brief, the authors examine behavioral health. The authors use cross-sectional data from the 2018 MCBS Survey File and Census Bureau's Household Pulse Survey to show mental health among U.S. adults prior to and during the COVID-19 pandemic. The authors find that approximately one-fourth of adults reported anxiety or depression in August 2020, compared to one-tenth of older adults in 2018, with differences by age in August 2020.

*Lenhard, N. K., Sullivan, J. K., Ross, E. L., Song, S., Edwards, R. R., Hunter, D. J., Neogi, T., Katz, J. N., & Losina, E. (2020). Does screening for depressive symptoms help optimize duloxetine use in knee OA patients with moderate pain? A cost-effectiveness analysis. *Arthritis Care & Research*. Advance online publication. https://doi.org/10.1002/acr.24519

> In this journal article, the authors use the Osteoarthritis Policy Model (OAPol) simulation to examine cost effectiveness, supplemented with data from the 2015-2016 MCBS on health care costs, depression, and opioid use. Specifically, using the simulation model, the authors study the use of duloxetine and depression screening among a simulated

cohort of osteoarthritis patients. Regardless of depression screening, the authors find that it is cost effective to add duloxetine to osteoarthritic treatment.

Li, M., & Bounthavong, M. (2020). Medicare beneficiaries, especially unsubsidized minorities, struggle to pay for prescription drugs: Results from the Medicare Current Beneficiary Survey. *Journal of General Internal Medicine, 35*(4), 1334-1336. https://doi.org/10.1007/s11606-019-05204-2

In this journal article, the authors use data from the 2016 MCBS to examine financial barriers to care and health disparities. Specifically, using a cross-sectional analysis, the authors study differences in prescription drug cost-coping behaviors (categorized as decreased adherence, price comparison, and financial distress) by race/ethnicity among Medicare beneficiaries. The authors find that a majority of beneficiaries reported a cost-coping behavior, with differences by race/ethnicity and whether they receive the Low Income Subsidy.

Madden, J. M., Bayapureddy, S., Briesacher, B., Zhang, F., Ross-Degnan, D., Soumerai, S., Gurwitz, J., & Galbraith, A. (2020). *National prevalence of problems paying medical bills and cost-related delays in care among Medicare enrollees* [Abstract]. AcademyHealth Annual Research Meeting, Washington, DC. https://academyhealth.confex.com/academyhealth/2020arm/meetingapp.cgi/Paper/39784

In this AcademyHealth abstract, the authors use data from the 2017 MCBS to examine financial barriers to care. Specifically, using a cross-sectional analysis, the authors study problems paying medical bills and delaying care due to cost among Medicare beneficiaries living in the community. The authors find a modest association between payment problems and delayed care, with differences by health status and income.

Madden, J. M., Shetty, P. S., Zhang, F., Briesacher, B. A., Ross-Degnan, D., Soumerai, S. B., & Galbraith, A. A. (2020). Risk factors associated with food insecurity in the Medicare population. *JAMA Internal Medicine, 180*(1), 144-147. https://doi.org/10.1001/jamainternmed.2019.3900

In this journal article, the authors use data from the 2016 MCBS to examine health risk and health disparities. Specifically, using a cross-sectional analysis, the authors study prevalence and risk factors of food insecurity among continuously enrolled Medicare beneficiaries living in the community. The authors find that 38.3% of beneficiaries under 65 reported food insecurity, compared to 9.1% of beneficiaries aged 65 and older. In addition to age, the authors find that income, chronic conditions, depression, and anxiety are risk factors.

Mathes, S. (2020). *Essays on the dynamics of residential sorting, health, and environmental quality* (Publication No. 27956262) [Doctoral dissertation, Arizona State University]. ProQuest Dissertations & Theses Global.

In the second essay of this dissertation, the author uses 2000-2013 Medicare administrative files to examine residential setting, the environment, and health disparities, supplemented with data from the 2005-2013 MCBS on income. Specifically, the author studies how health shocks influence residential decision-making among Medicare beneficiaries aged 65 and older. The author finds that negative health shocks

increase OOP expenditures and may cause beneficiaries to relocate to less expensive, but more polluted areas.

Medicare Payment Advisory Commission (U.S.). (2020). *Health care spending and the Medicare program: A data book*. http://www.medpac.gov/docs/default-source/data-book/july2020_databook_entirereport_sec.pdf?sfvrsn=0

> In this report, the authors present a compendium of statistics on Medicare beneficiaries. The authors use cross-sectional data from the 2017 MCBS Survey File and Cost Supplement File to present metrics on topics such as health care utilization, health care expenditures, health insurance coverage, demographics, quality of care, and access to care for Medicare beneficiaries aged 65 and older. Among other results, the authors find that beneficiaries under 65, beneficiaries in poor health, and dual-eligible beneficiaries account for disproportionate shares of Medicare spending; most beneficiaries have supplemental private insurance coverage, most commonly a managed care plan; and total health care spending averaged approximately $15,800 among Medicare FFS beneficiaries living in the community, but varied significantly.

Medicare Payment Advisory Commission (U.S.). (2020). *Medicare payment policy: Report to the Congress*. http://www.medpac.gov/docs/default-source/reports/mar20_entirereport_sec.pdf?sfvrsn=0

> In this report, the authors review the FFS, MA, and Part D components of the Medicare program, considering payment policy, payment systems, and payment adequacy across service types. Within the report, the authors use cross-sectional data from the 2017 MCBS to present metrics on access to care and satisfaction with care for physician/health professional services among Medicare beneficiaries. Among other results, the authors find that a majority of beneficiaries were satisfied with the quality of care, got their last appointment in less than 10 days, and had a usual source of care, and beneficiaries waited longer for specialist visits than PCP visits. In addition, while a majority of beneficiaries did not report issues with access to care, cost of care was the most frequently reported issue and there were differences in access to care across race/ethnicity.

Miller, N. L. (2020). *Expanded methods to model last year of life expenditures in the Medicare Current Beneficiary Survey with sensitivity analyses and new findings* [Doctoral dissertation, Rutgers University]. Rutgers University Community Repository. https://rucore.libraries.rutgers.edu/rutgers-lib/64981/

> In this dissertation, the author uses data from the 2006-2013 MCBS CAU files to compare methodologies to examine health care costs, as well as the 1992-1994 MCBS data for sensitivity analysis. Specifically, using a pooled analysis, the author compares methods for estimating end-of-life expenditures of decedent Medicare beneficiaries. The author employs a new method that examines various covariate effects, and finds that race and geographical region are significantly associated with end-of-life expenditures across all sources of payment in univariate analyses, while age and race are significant across all sources of payment in multivariate analyses.

Ng, B. P., LaManna, J. B., Towne, S. D., Jr., Peach, B. C., He, Q., & Park, C. (2020). Factors associated with avoiding health care among community-dwelling Medicare beneficiaries with

type 2 diabetes. *Preventing Chronic Disease, 17*, Article e128.
https://doi.org/10.5888/pcd17.200148

> In this journal article, the authors use data from the 2016 MCBS PUF to examine health care decision-making. Specifically, using a cross-sectional analysis, the authors study decisions to avoid health care among Medicare beneficiaries aged 65 and older living in the community with type 2 diabetes. The authors find that approximately one-fourth of beneficiaries reported avoiding care, with differences by race/ethnicity, education, delaying care because of cost, not discussing health problems with providers, and worrying more about their health.

*Ng, B. P., Thiamwong, L., He, Q., Towne, S. D., Jr., & Li, Y. (2020). Discrepancies between perceived and physiological fall risks and repeated falls among community-dwelling Medicare beneficiaries aged 65 years and older. *Clinical Gerontologist*. Advance online publication.
https://doi.org/10.1080/07317115.2020.1833267

> In this journal article, the authors use data from the 2016 MCBS to examine health risk. Specifically, using a cross-sectional analysis, the authors study associations between fear of falling and physiological risk of falling among Medicare beneficiaries aged 65 and older. The authors find that 42.0% of beneficiaries had a high fear of falling and a high physiological risk, a combination which was associated with repeated falls.

Nili, M. (2020). *Asthma-COPD overlap: Economic burden and medication adherence* [Doctoral dissertation, West Virginia University]. West Virginia University Research Repository; available for download on July 31, 2021. https://researchrepository.wvu.edu/etd/7680/

> In this dissertation, the author uses data from the MCBS and Optum's Deidentifed Clinformatics to examine health care cost and medication adherence. Specifically, using a cross-sectional analysis of the MCBS, the author studies health care expenditures, cost-related nonadherence, and different therapies among older Medicare beneficiaries with asthma-COPD overlap. The author finds evidence of higher health care expenditures and cost-related nonadherence, with less nonadherence using inhaled corticosteroids and long-acting beta agonist therapies.

Park, J., & Look, K. A. (2020). Part D coverage gap reform: Trends in drug use and expenditures. *The American Journal of Managed Care, 26*(8), 349-356.
https://doi.org/10.37765/ajmc.2020.44071

> In this journal article, the authors use data from the 2008-2015 MCBS CAU files, Survey File, and Cost Supplement File to examine health care cost, utilization, and insurance coverage. Specifically, using a repeated cross-sectional analysis, the authors study expenditures and utilization of prescription drugs across Part D coverage phases among Medicare beneficiaries aged 65 and older. Over the time period, the authors find that 30-day drug fills increased, total drug spending increased, especially for beneficiaries reaching catastrophic coverage, and OOP spending decreased.

Park, S., Fishman, P., White, L., Larson, E. B., & Coe, N. B. (2020). Disease-specific plan switching between traditional Medicare and Medicare Advantage. *Permanente Journal, 24*.
https://doi.org/10.7812/tpp/19.059

In this journal article, the authors use data from the 2006-2012 MCBS to examine health insurance coverage and decision-making. Specifically, using a rolling panel analysis, the authors study decisions to switch Medicare coverage between FFS and MA among continuously enrolled Medicare beneficiaries. The authors find differences in switching patterns across diseases and beneficiaries; specifically, beneficiaries with ADRD, hypertension, and psychiatric disorders had higher rates of switching into MA plans; more costly beneficiaries with psychiatric disorders and diabetes also had higher rates of switching into MA plans; and more costly cancer beneficiaries had higher rates of remaining in MA plans.

Park, S., Larson, E. B., Fishman, P., White, L., & Coe, N. B. (2020). Differences in health care utilization, process of diabetes care, care satisfaction, and health status in patients with diabetes in Medicare Advantage versus traditional Medicare. *Medical Care, 58*(11), 1004-1012. https://doi.org/10.1097/mlr.0000000000001390

In this journal article, the authors use data from the 2010-2016 MCBS, supplemented with the Geographic Variation Public Use File, to examine health care utilization and satisfaction with care. Specifically, using a cross-sectional analysis, the authors study associations between health care utilization, satisfaction with care, and health status, type of Medicare coverage, and diabetes among continuously enrolled Medicare beneficiaries aged 65 or older. The authors find that beneficiaries with MA had lower health care utilization but similar satisfaction and status compared to FFS beneficiaries, particularly for beneficiaries with diabetes.

Park, S., White, L., Fishman, P., Larson, E. B., & Coe, N. B. (2020). Health care utilization, care satisfaction, and health status for Medicare Advantage and traditional Medicare beneficiaries with and without Alzheimer disease and related dementias. *JAMA Network Open, 3*(3), Article e201809. https://doi.org/10.1001/jamanetworkopen.2020.1809

In this journal article, the authors use data from the 2010-2016 MCBS, supplemented with the Geographic Variation Public Use File, to examine health care utilization and satisfaction with care. Specifically, using a cross-sectional analysis, the authors study associations between health care utilization, satisfaction with care, and health status, type of Medicare coverage, and ADRD among continuously enrolled Medicare beneficiaries aged 65 or older. The authors find that beneficiaries with MA had lower health care utilization but similar satisfaction and status compared to FFS beneficiaries, particularly for beneficiaries with ADRD.

*Raghunathan, T., Ghosh, K., Rosen, A., Imbriano, P., Stewart, S., Bondarenko, I., Messer, K., Berglund, P., Shaffer, J., & Cutler, D. (2020). Combining information from multiple data sources to assess population health. *Journal of Survey Statistics and Methodology*. Advance online publication. https://doi.org/10.1093/jssam/smz047

In this journal article, the authors use data from the 1999-2012 MCBS and NHANES to develop a comprehensive set of variables for future analysis. Specifically, the authors combine the data to create 107 corrected dummy variables for health conditions, preventive care measures, and screenings to use to study population health among individuals aged 65 and older. The authors also use the dummy variables to estimate prevalence and trends.

Reed, N. S., Assi, L., Pedersen, E., Alshabasy, Y., Deemer, A., Deal, J. A., Willink, A., & Swenor, B. K. (2020). Accompaniment to healthcare visits: The impact of sensory impairment. *BMC Health Services Research, 20*, Article 990. https://doi.org/10.1186/s12913-020-05829-8

> In this journal article, the authors use data from the 2015 MCBS PUF to examine experiences with care. Specifically, using a cross-sectional analysis, the authors study associations between appointment accompaniment and sensory impairment among Medicare beneficiaries living in the community. The authors find that appointment accompaniment is positively associated with sensory impairment, with communication the main reason for beneficiaries with hearing impairment and transportation for those with vision impairment.

Romley, J. A., Dunn, A., Goldman, D., & Sood, N. (2020; March 15-16, 2019). *Quantifying productivity growth in the delivery of important episodes of care within the Medicare program using insurance claims and administrative data* [Paper presentation]. CRIW Conference: Big Data for 21st Century Economic Statistics, Washington, DC, United States. https://www.nber.org/chapters/c14275

> In this conference paper, the authors use Medicare administrative files to examine productivity, supplemented with data from the 1999-2013 MCBS on self-reported health status and residential setting. Specifically, the authors study acute care productivity among Medicare FFS beneficiaries aged 65 and older. The authors find that productivity increased and health outcomes improved over the time period for most episodes of care, with some decreases in heart failure care productivity.

Sanguinetti, T. P. (2020). *Decision-making in health insurance markets* (Publication No. 27955145) [Doctoral dissertation, Arizona State University]. ProQuest Dissertations & Theses Global.

> In this dissertation, the author uses Medicare Part D administrative files to examine health insurance coverage and decision-making, supplemented with data from the 2005-2011 MCBS to compare matches. Specifically, the author studies pooling incentives and how married couples make decisions about their health insurance among Part D beneficiaries aged 65 and older. The author finds that couples' choices are correlated, with 78% of couples purchasing the same health plan and willing to pay more than the average premium to avoid separate plans.

Silva, G. S., Sullivan, J. K., Katz, J. N., Messier, S. P., Hunter, D. J., & Losina, E. (2020). Long-term clinical and economic outcomes of a short-term physical activity program in knee osteoarthritis patients. *Osteoarthritis and Cartilage, 28*(6), 735-743. https://doi.org/10.1016/j.joca.2020.01.017

> In this journal article, the authors use the OAPol simulation to examine cost effectiveness, supplemented with data from the 2009 MCBS on health care cost and oxycodone use. Specifically, using the simulation model, the authors study the cost effectiveness of a physical activity program based on the Studying Physical Activity Rewards after Knee Surgery (SPARKS) Trial among a simulated cohort of osteoarthritis patients. The authors find that the program is associated with positive clinical and economic outcomes.

*Sullivan, J., Shih, T. M., van Eijndhoven, E., Jalundhwala, Y. J., Lakdawalla, D. N., Zadikoff, C., Benner, J., Marshall, T. S., & Sail, K. R. (2020). The social value of improvement in activities of daily living among the advanced Parkinson's disease population. *Forum for Health Economics & Policy*. Advance online publication. https://doi.org/10.1515/fhep-2019-0021

> In this journal article, the authors use a refined THEMIS simulation model, which includes data from the 1992-2010 MCBS CAU files, to examine value of care and disability. Specifically, using the simulation model, the authors study the burden of functional status disabilities and benefits of improvements due to levodopa-carbidopa intestinal gel treatment among U.S. residents aged 65 and older with advanced Parkinson's disease. The authors find that functional improvements are associated with increases in value and lower costs.

Wadhera, R. K., Wang, Y., Figueroa, J. F., Dominici, F., Yeh, R. W., & Joynt Maddox, K. E. (2020). Mortality and hospitalizations for dually enrolled and nondually enrolled Medicare beneficiaries aged 65 years or older, 2004 to 2017. *JAMA, 323*(10), 961-969. https://doi.org/10.1001/jama.2020.1021

> In this journal article, the authors use 2004-2017 Medicare administrative files to examine health care utilization and health disparities, supplemented with data from the 2004-2013 MCBS on health status and functional status. Specifically, using a serial cross-sectional analysis, the authors study changes in hospitalization and mortality rates among Medicare FFS beneficiaries aged 65 and older. The authors find that dual-eligible beneficiaries had higher mortality, hospitalization, and hospitalization-related mortality rates throughout the time period.

Wehner, M. R., Kwong, P. L., Kurichi, J. E., Xie, D., Hennessy, S., & Margolis, D. J. (2020). Patient-reported health not associated with keratinocyte carcinoma treatment choice in a Medicare cohort of older adults. *British Journal of Dermatology, 182*(4), 1059-1061. https://doi.org/10.1111/bjd.18543

> In this research letter, the authors use data from the 2001-2009 MCBS LDS to examine health care decision-making. Specifically, the authors study associations between perceived health and kidney cancer treatment decision-making among Medicare beneficiaries aged 65 and older. The authors find that beneficiary characteristics, such as age, sex, and health status, were not associated with treatment choice.

Willink, A., & Reed, N. S. (2020). Understanding Medicare: Hearing loss and health literacy. *Journal of the American Geriatrics Society, 68*(10), 2336-2342. https://doi.org/10.1111/jgs.16705

> In this journal article, the authors use data from the 2017 MCBS to examine experiences with care. Specifically, using a cross-sectional analysis, the authors study associations between hearing loss, understanding the Medicare program and insurance options, and satisfaction with information among continuously enrolled Medicare beneficiaries living in the community. The authors find that hearing loss is associated with difficulty understanding Medicare, and approximately one-fifth of beneficiaries with hearing loss reported finding it difficult to find information because of their hearing.

Willink, A., Reed, N. S., Swenor, B., Leinbach, L., DuGoff, E. H., & Davis, K. (2020). Dental, vision, and hearing services: Access, spending, and coverage for Medicare beneficiaries. *Health Affairs, 39*(2), 297-304. https://doi.org/10.1377/hlthaff.2019.00451

> In this journal article, the authors use data from the 2016 MCBS Cost Supplement File to examine health care cost, health insurance coverage, and access to care. Specifically, using a cross-sectional analysis, the authors study health care expenditures, coverage, and access to dental, vision, and hearing care among Medicare beneficiaries. The authors find that MA fills a gap in coverage for low- and middle-income beneficiaries, and OOP expenditures account for a majority of dental, vision, and hearing expenditures.

Yang, W., Hamilton, J. L., Kopil, C., Beck, J. C., Tanner, C. M., Albin, R. L., Ray Dorsey, E., Dahodwala, N., Cintina, I., Hogan, P., & Thompson, T. (2020). Current and projected future economic burden of Parkinson's disease in the U.S. *NPJ Parkinson's Disease, 6*, Article 15. https://doi.org/10.1038/s41531-020-0117-1

> In this journal article, the authors use data from the 2015 MCBS, among others, to examine health care cost. Specifically, using a cross-sectional analysis, the authors study the current and projected financial burden of Parkinson's disease. Including direct medical costs, indirect medical costs, and non-medical costs, the authors estimate the total cost of Parkinson's disease was $51.9 billion in 2017 spread across one million individuals, and project that this will exceed $79 billion in 2037 spread across 1.6 million individuals.

Ziller, E. C., Burgess, A., & Thayer, D. (2020). *Health care use and access among rural and urban nonelderly adult Medicare beneficiaries* (Research & Policy Brief No. PB-74). Maine Rural Health Research Center, Muskie School of Public Service, University of Southern Maine. https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1074&context=insurance

> In this policy brief, the authors examine access to care and health disparities. The authors use pooled cross-sectional data from the 2009-2013 MCBS ATC files to study associations between access to care and health care utilization by rurality among MCBS beneficiaries aged 18-64 living in the community. The authors find that rural beneficiaries reported worse health and are more likely to qualify for Medicare due to a chronic condition or musculoskeletal disorder. In addition, overall fewer rural beneficiaries reported trouble getting needed care, although some rural subgroups did.

*Article has an Epub and publication date (in bibliographic database) of 2020 but has not yet appeared in its intended journal.