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# Overview

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*This overview discusses articles published in this issue of the Health Care Financing Review, entitled "Measuring and Improving the Health Status of the Elderly, Poor, and Disabled." These articles focus on the following topics: Medicare beneficiaries with end stage renal disease (ESRD), children with disabilities, and persons with acquired immunodeficiency syndrome (AIDS).*

The Medicare and Medicaid programs serve a significant number of what may be termed "vulnerable" persons; in particular, those made vulnerable by their age or extreme poor health. To some extent, all Medicare beneficiaries are vulnerable, that being a reason for the initiation of the Medicare program in July 1965. Some beneficiaries, however, are more vulnerable than others; the Medicare and Medicaid programs provide for large numbers of such persons, including, those with low income, persons with disabilities, persons disabled because of AIDS, and those with ESRD. An objective of this issue of the *Review* is to focus on studies that contribute to our knowledge concerning the provision of health services to these vulnerable populations. It attempts to answer the question "How well are these special groups faring under the Medicare and Medicaid programs?"

This issue contains three pieces on Medicare's ESRD program. Although comprising a relatively small number of beneficiaries, 257,266 at the end of 1995, the pro-

gram spent \$9.7 billion on this group of beneficiaries in 1995, or in excess of \$37,000 per ESRD beneficiary; more than 12 times the average beneficiary (U.S. Renal Data System, 1997). The first article by Kendix examines the factors associated with individual beneficiaries' choice of dialysis modality. Since many ESRD patients have alternative means of dialysis, this study investigates whether there are systematic relationships between patient, provider and geographical characteristics, and choosing a specific dialysis modality. A number of significant statistical relationships are established by this analysis, specifically, that factors such as race, sex, financial status of the dialysis provider, location and dialysis facility size, are associated with a patient choosing a specific modality.

The second ESRD article by Parkerson and Gutman examines factors associated with measures of functional health status. The authors consider several measures of functional status, for example, physical health and self-esteem, and assess the degree of collinearity between these measures and a number of demographic, social, severity of illness, and laboratory test results covariates. They find several associative linkages, which, they propose, can be used to improve the medical care offered to persons with ESRD.

The third ESRD article by Rettig and Sadler is linked to the Parkerson and Gutman article, in that it describes events that have been designed to encourage researchers to use health status measurements for ESRD patients. The authors present a brief description of the evolution

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of functional and health status measurement tools in assessing ESRD patients, which, they claim to be as essential in this activity as using laboratory data and physical findings. The authors review the success of different patient assessment tools and reject the use of a "one size fits all" assessment tool, preferring to recommend the use of a particular tool depending on the specific situation. They recommend further study to assess the efficacy of these tools in improving care and measuring the quality of care.

The article by Fox, McManus, Almeida, and Lesser focuses on States' Medicaid programs designed to assist children with disabilities. In an era when greater than one-fifth of children in the United States are living below the Federal poverty level, it is important that researchers continually assess this group's access to health care. The authors present findings related to States' experiences with enrolling children into Medicaid managed care plans.

Buchanan and Chakravorty present a study assessing the effectiveness of Medic-

aid home and community-based care waiver programs, in providing services to persons with AIDS. This study surveyed State agencies in order to ascertain those covered services that were most useful to persons with AIDS. The study found that the services provided through the waiver were appropriate. Furthermore, these services were provided at a lower cost compared with similar services provided to Medicaid recipients who were not covered under the waiver.

In general, it is important that researchers address not only those issues surrounding matters of importance for the majority of Medicare and Medicaid beneficiaries, but also factors that affect smaller, more vulnerable groups, such as those discussed in this issue.

## REFERENCES

U.S. Renal Data System, *USRDS 1997 Annual Data Report*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD. April 1997.