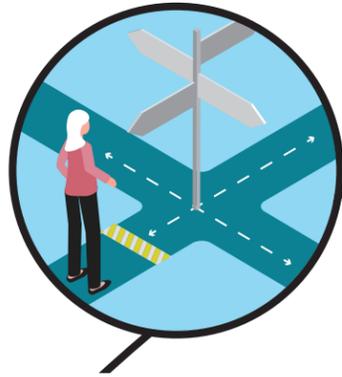


BENEFICIARY CARE ACTIVITIES & TRANSITIONS

Between March-May of 2018, 46 people with Medicare and their caregivers shared stories of care transitions. This graphic illustrates the activities and types of transitions that are the most challenging in the eyes of people with Medicare.

BURDENSOME ACTIVITIES

Five activities were reported as being particularly challenging to people with Medicare and their caregivers, and occur during all types of care transitions.



CHOOSING CARE

To help choose providers or care settings, people look at quality, convenience, location, coverage, recommendations, and physician specialty and training, to name a few. To make the best decisions, people with Medicare need access to consolidated, usable information.



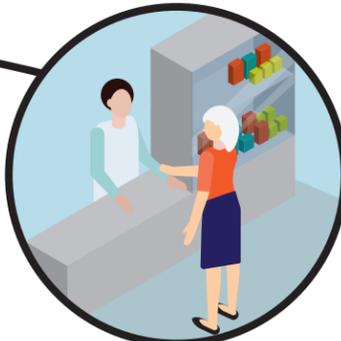
PAYING BILLS

Getting high cost medical care is even more stressful when people do not know how much a procedure will cost beforehand. People with Medicare want to know how much they will have to pay for a treatment or procedure before receiving the bill.



KEEPING HEALTH RECORDS

People use spreadsheets, notebooks, and memory to track their medical records completely and accurately in hopes of more thorough care. People want to be able to place more trust in providers to record, store, and read their medical history so as to provide the best care possible.



MANAGING MEDICATION

Prior authorizations, changing costs, and the danger of drug interactions add difficulty to people's lives. People want prescriptions to be managed more completely, a Medicare Part D that is easier to understand, fewer sudden changes in coverage, and more affordable prescription drug prices.



IMPLEMENTING CARE PLAN

The best care plan is worthless if someone does not have the ability to put it into action. Issues such as a lack of in-home support, no access to transportation, and low health literacy are obstacles to following a care plan. People need more help planning and preparing for daily life beyond the appointment.

BURDENSOME TRANSITIONS

The care transitions listed here were revealed as being exceptionally burdensome for people with Medicare.



1 Ambulance Transport

When faced with health emergencies, many people look to ambulances for access to care, not understanding that most ambulance trips are not covered. Consequently, many people end up paying large ambulance bills. To curb ambulance costs, some people now use ride-sharing services or taxis.

2 Hospital ↔ Home

Returning home is challenging when discharge plans do not account for details of life beyond the hospital. Transitions can be particularly difficult when a person misunderstands his or her care plan, does not have at-home support, or lacks proper medical equipment, all of which are crucial to implementing care plans.

3 Hospital ↔ Nursing Home

Oftentimes moving between a hospital and a nursing home is cyclical and stressful in itself even without the added stresses of Medicare rules. People report confusion about the 3-day rule, feeling rushed to make decisions, and lacking usable, consolidated information to help them choose a nursing home.

4 Home Health

Although many people want to receive care in their own homes, finding reliable home health agencies, who are also covered by Medicare, is not an easy task. Caregivers are often either stuck with sub-par care, or are forced to pay out-of-pocket for better care.

5 Provider ↔ Provider

For many people, going to a new provider feels like a long game of telephone. Incomplete medical records, disconnected electronic health record (EHR) systems, privacy rules, and a lack of collaboration across providers make the continuous, comprehensive care that people with Medicare desire nearly impossible to achieve.

"I remember fighting with the insurance company. I used to take her to church but it got to be so hard to get her in and out of the car that I had to quit taking her to church. She went to the hospital after a fall and the insurance company didn't want to pay for the return ambulance trip." - Person with Medicare also acting as Caregiver

"Be sure the social worker sees the patient to plan for release back home or to a facility. [Ask] what is needed? Is there support at home? If not, does the patient need inpatient nursing care or will home nursing care be sufficient? Does the patient need to be trained to care for things like a feeding tube? Who provides that training, support, and follow-up?" - Person with Medicare

"It's difficult to be hospitalized, we all know that. But then you're thinking about going to a nursing home, and then we add upon that the difficulty of understanding payment, dealing with a difficult situation mentally, and then there's paperwork and you might not understand all of that, so it kind of compounds that burden." - Subject Matter Expert

"I pay privately for aides. We tried 3 different home health agencies covered through CMS and it was awful, actually it scared me, so I said, 'I'm paying.' I went down to see who was coming to his apartment and they were someone new every day ...so that's a big part of burden is trying to set up home health care and then getting that right care." - Caregiver of a Person with Medicare

"I don't find that doctors transfer data anyways. I mean you even have a hard time getting information from your pulmonologist to your general practitioner and back. I mean with the general practitioner you're working with your blood pressure medicine, and then that's it. But the blood pressure medicine affects your breathing." - Person with Medicare