Health Inequities of Access and Satisfaction with Quality of Care among Older Adults with Alzheimer's Disease and Related Dementias

Abstract

Objective: Alzheimer's Disease (AD) is a processive degenerative disease, a leading cause of dementia in the aging population. AD affects over 5 million people in U.S., particularly the elderly. Compared to those with other chronic diseases, individuals with dementia had a greater need for care. In addition, AD individuals need increasing levels and around-the-clock care from caregivers with the disease progressing. Therefore, the healthcare system may not be well suited to meeting the complex needs of older adults with Alzheimer's disease and related dementias (ADRD). This study aimed to examine health inequities of access and satisfaction with quality of care based on ADRD status among older adults in the U.S.

Method: A cross-sectional study was designed using older adults in the Medicare Current Beneficiary Survey (MCBS) data. MCBS is a nationally representative survey data linked to the Medicare claims data. Satisfaction with quality of care was measured by questions on overall quality of care, information given, follow-up care, concern for overall health, and needs met at same location. Access to care was measured by questions on availability a night/weekend, ease/convenience, and out-of-pocket costs. ADRD was measured based on relevant diagnosis codes using claims data. Multivariable regressions controlling for age, gender, race, educational attainment, marital status, metropolitan residing status, census regions and Charlson Comorbifity Index(CCI) were implemented to examine possible health inequities of access to care and satisfaction with quality of care.

Results: The study sample included 5,867 aging population. Individuals with AD were 76% more likely to be dissatisfied with the quality of care compared to their counterparts.

Compared to those without ADRD, individuals with ADRD were 1.38 times more likely to be dissatisfied with the quality of care. Compared to the individuals with spouses, ADRD individuals without companion were 19% less likely to be dissatisfied with the quality of care. ADRD individuals with a high school degree or above were 27% more likely to be dissatisfied with the quality of care; ADRD individuals living in the metropolitan were 31% less likely to be dissatisfied with the quality of care. And this result paralleled the result in AD group (30%) or RD group(33%).

Individuals with AD were 39% more likely to have health access barriers. Individuals with RD were 1% less likely to have health access barriers although it is not statistically significant. Compared to male counterparts, AD females were 1.32 times more likely to have health access barriers. Compared to those living in the Northwest, individuals with AD living in the Midwest, South, West were significantly 44%, 30%, 30% less likely to have difficulty in accessing care accordingly. Compared to those without ADRD, individuals with ADRD had 1.10 times more likely to have health access barriers.

Conclusions: Significant health inequities exist in satisfaction with the quality of care and access to quality care in older adults with ADRD. Healthcare providers should take measures to address these health inequities interacting with gender, living region, and other socioeconomic status of access and suboptimal quality of care for social justice.