Do Migratory Patients, Snowbirds, Use Healthcare Differently?

By Chuck Dinerstein — August 1, 2018

As the light of the day grows shorter, and a bit more yellow, one can sense both the coming of fall and winter and the migrations that these changes invoke. Not the vast herds of the Serengeti, but the movement of many humans from what will become the increasingly cold North to the welcoming arms of southern climes – Snowbirds. With increasing stress by CMS for physicians and health systems to coordinate and be accountable for a patient’s care, migratory patients are out of their control so understanding how they use health services in their winter homes is an increasing concern. A study published in Population Health Management begins to uncover what health resources they use.

The researchers used Medicare payment data for 2011-2012 separating payments by season. By noting the location of the medical services, they identified the Snowbirds – which represents about 4.1% of the beneficiaries. They used the extent of emergency department visits, physician visits (both primary care and specialists) and days of hospitalization as their outcomes of interest. Before revealing their findings, it is essential to know just how shaky the definitional ground might be. Categorizing people by where service is provided also include vacationers and more importantly, if there were no health claims, because they were healthy and had no need or payment was provided through the VA, Medicare Advantage or private insurance, they left no trace. So the researcher’s findings are more suggestive than statistical significant.

The snowbirds were more frequently Caucasian and used more healthcare resources in general than the stay-at-homes. Concerning healthcare, the snowbirds had a larger percentage of primary care physicians than other groups, in fact, 48.7% had a primary caregiver in both the frigid north and temperate south. The migrating patients also had fewer individuals receiving Medicare and
Medicaid (dual beneficiaries is CMS’s term). So to generalize, snowbirds had more economic resources, (how else to afford two homes), and made greater use of healthcare services. But in between eating, playing golf, going to the beach, playing cards or Mahjong [1], what were these migrants up to?

- Snowbirds continued to have more visits to the emergency department (ED) and specialists. They continued to care for themselves pretty much the same North or South.

- These migratory patients were less likely to be hospitalized in their winter homes. Perhaps Florida was OK when you needed a doctor, but when you were really ill, the comfort and support of “home” was a greater factor and they returned to the more familiar North.

- Having a primary care physician did reduce the number of visits to the emergency department that were characterized as “primary care treatable” by about 58%. So once again, primary care saves healthcare dollars by preventing unnecessary and more expensive visits to the ED.

I am not sure that we can ultimately conclude about these gentle creatures, the snowbirds. They seem to use healthcare resources irrespective of where they may be located. And having a primary care physician to coordinate care continues to be crucial. How the government assigns accountability should take patient movement into account, whether it is seasonal or not. As physicians, we need to begin to fashion ways to hand-off care not to just our local covering physician, but to those who “cover” our patients many miles away. We know that electronic health records are not the answer, after all, no system speaks to another.

[1] Mahjong is a tile-based game, like dominos, that while initially, Chinese, has found a loyal following in some ethnically non-Asian enclaves in Florida.

Source: Health Care Service Use Among Elderly Seasonal Migrators Population Health Management DOI: 10.1089/pop.2017.0155