



MEDICARE HEALTH OUTCOMES SURVEY

REPORT ON ENROLLMENT DURATION

Cohort I Baseline

FINAL REPORT

PREPARED BY HEALTH SERVICES ADVISORY GROUP
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HSAG
HEALTH SERVICES
ADVISORY GROUP

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Health Services Advisory Group examined potential differences in health status between Medicare Health Outcomes Survey (HOS) *Cohort I Baseline* beneficiaries with fewer than six months tenure in their health plans and those with more than six months tenure.

The report presents demographic information, self-reported health status, mean scores for physical and mental health status as measured by the SF-36 health survey, prevalence of chronic conditions, and activities of daily living (ADLs). Selected demographics, and chronic conditions and impaired ADLs at baseline, are presented in Figures 1 and 2.

Descriptive analyses indicate that while there are some significant differences between Medicare beneficiaries enrolled in a plan for fewer than 6 months and those enrolled for a longer period of time, those differences are small. Beneficiaries enrolled fewer than 6 months, as well as those enrolled for 6 to 12 months, are slightly, yet significantly, younger and healthier than are beneficiaries who have been enrolled in their plans for longer than 12 months.

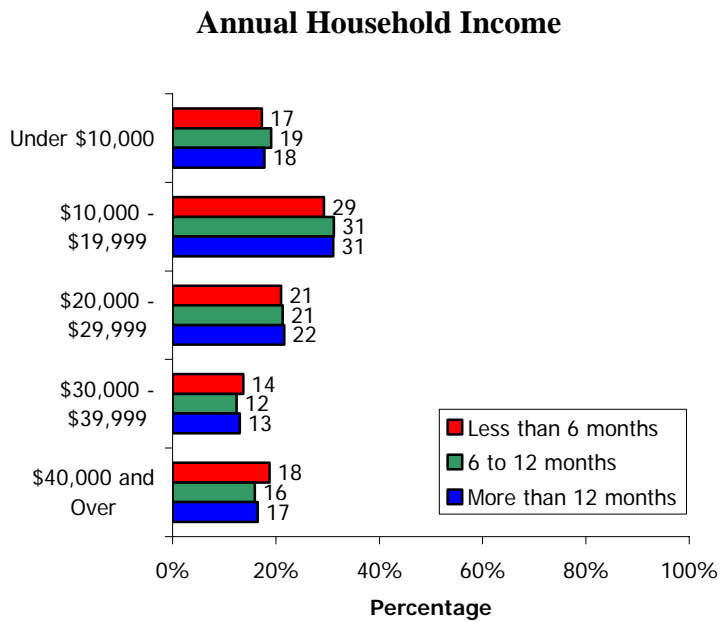
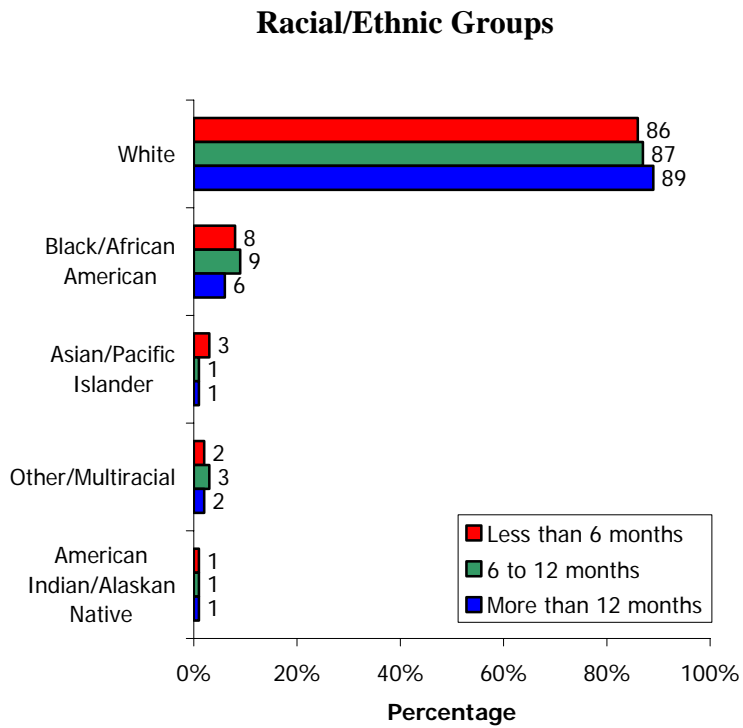
Beneficiaries with tenures longer than 12 months reported significantly more problems with several ADLs than those in the other groups, specifically, walking, getting in and out of chairs, bathing, and using the toilet. These beneficiaries also reported significantly more arthritis of the hand, arthritis of the hip, and cancer.

The Physical Component Score (PCS) mean is significantly lower for beneficiaries enrolled more than 12 months compared to those enrolled 6 to 12 months, and both groups scored lower than those enrolled fewer than 6 months. However, after the variance due to age had been accounted for, PCS scores are not significantly different between groups.

The Mental Component Score (MCS) mean is significantly higher for beneficiaries enrolled fewer than 6 months than for those enrolled 6 to 12 months, but not different from MCS scores for beneficiaries enrolled more than 12 months. However, after the variance due to income had been accounted for, MCS scores are not significantly different between groups.

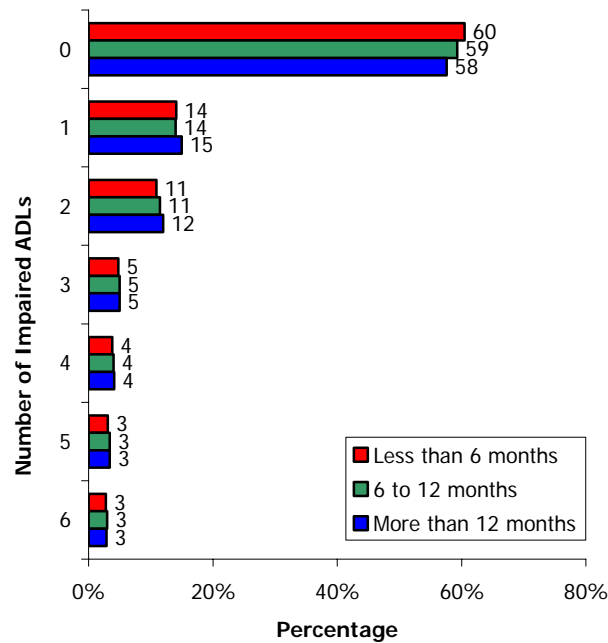
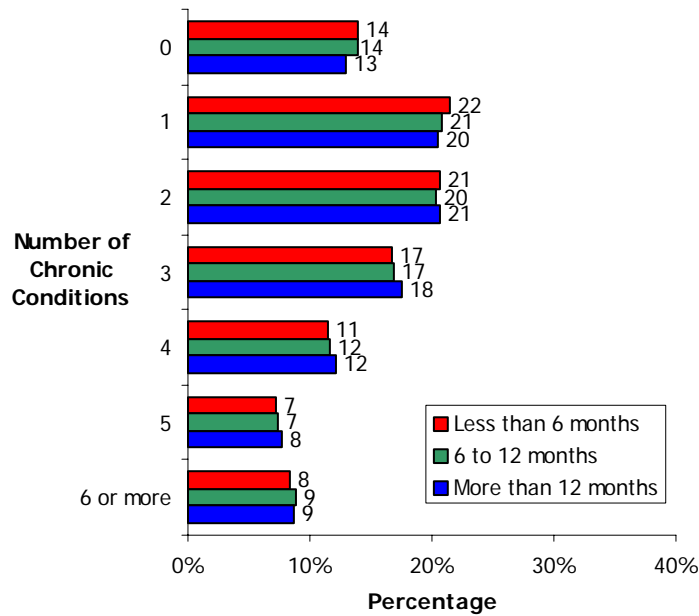
Mean PCS and MCS scores at baseline are presented in Figure 3.

**FIGURE 1
 SELECTED DEMOGRAPHICS AT BASELINE**



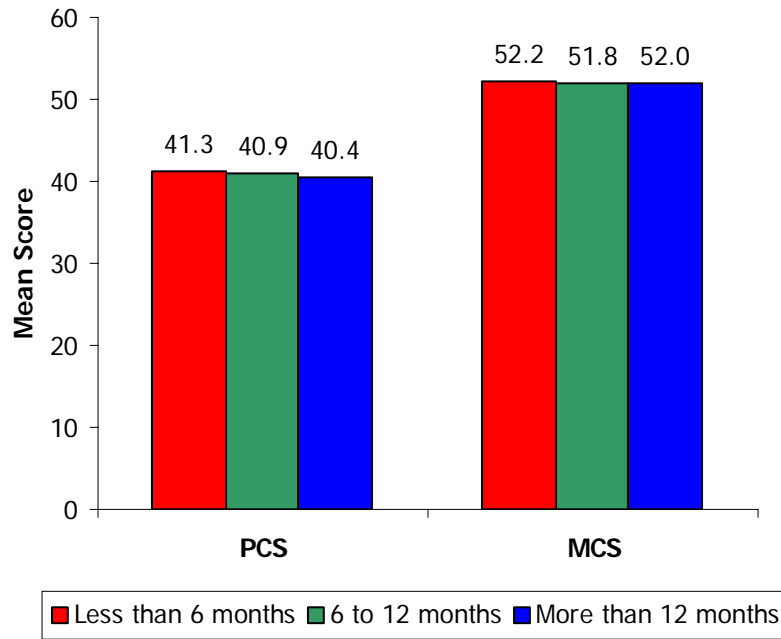
Source: Cohort I Baseline from the Medicare Health Outcomes Survey Database

FIGURE 2
CHRONIC CONDITIONS AND IMPAIRED ACTIVITIES OF DAILY LIVING (ADLs) AT BASELINE



Source: Cohort I Baseline from the Medicare Health Outcomes Survey Database

FIGURE 3
MEAN PHYSICAL COMPONENT SUMMARY SCORES
AND MENTAL COMPONENT SUMMARY SCORES
AT BASELINE



Source: Cohort I Baseline from the Medicare Health Outcomes Survey Database

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PURPOSE

In order to be eligible for inclusion in the Medicare HOS sample, beneficiaries must have met certain criteria. One of the criteria was that beneficiaries be continuously enrolled in their health plan for at least six months at the time the sample was drawn by the Centers for Medicare & Medicaid Services (CMS).

However, during the data cleaning and editing process for *Cohort I Baseline* data, a check of previous enrollment time indicated that beneficiaries with less than six months enrollment were, in fact, included.

The purpose of this analysis was to determine whether there was a systematic difference in health status between those beneficiaries with fewer than six months tenure in their health plans and those with more than six months tenure.

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METHODOLOGY

BACKGROUND

The Medicare HOS assesses the physical and mental health status of Medicare beneficiaries enrolled in managed care in the United States. Beginning in 1998 and continuing annually, a new baseline cohort is created from a randomly selected sample of 1,000 Medicare managed care enrollees from each applicable Medicare contract market area. In plans with fewer than 1,000 Medicare beneficiaries, the sample includes the entire enrolled Medicare population that meets the inclusion criteria. Medicare beneficiaries who are continuously enrolled in the health plans for at least six months are eligible for sampling.

The data collection protocol includes a combination of mail and telephone surveys. Multiple mailings, standardized telephone interviews, interviewer training, and methods for maximizing response rates are well established in the HEDIS^{®1} specifications (National Committee for Quality Assurance [NCQA], 1998).

MEDICARE HOS INSTRUMENT

The Medicare HOS instrument includes the SF-36 health survey, which is a widely used multi-purpose, short-form health survey. Reliability and validity of the SF-36 have been well established (McHorney, Ware, Lu, & Sherbourne, 1994). The SF-36 yields an eight-scale profile of scores and is a generic measure as opposed to one that targets a specific age, disease, or treatment group. The eight scales form two distinct higher-ordered clusters that are the basis for scoring the PCS measure and MCS measure. For this analysis, the SF-36 individual scale scores, as well as the PCS and MCS scores, have been normed to the values for the 1998 general U.S. population, so that a score of 50 represents the national average for a given scale or summary score, with a standard deviation of 10. Higher scores on the SF-36 measures represent better physical and/or mental health status. In addition to the SF-36, demographic data; ADLs; 13 chronic conditions; 3 depression-screening questions; current smoking history; 12 clinical symptoms relating to chest pain, shortness of breath (SOB), and peripheral neuropathy; and 6 medical problems can be examined.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

SAMPLE AND ANALYTIC APPROACH

The *Cohort I Baseline* sample included a total of 279,135 beneficiaries. Of that number, 167,069 beneficiaries completed surveys. A total of 26,540 of those beneficiaries who completed a survey had fewer than 6 months enrollment in their health plans. There were 31,233 beneficiaries enrolled in their plans for 6 to 12 months. The remaining 109,296 had been enrolled for more than 12 months.

Differences in demographics, chronic illnesses, limitations in ADLs, and SF-36 scores between these three groups (fewer than 6 months, 6 to 12 months, and more than 12 months) were analyzed using a combination of Chi Square, Analysis of Variance (ANOVA), and post hoc comparison procedures. In order to compensate for alpha inflation, all significance tests were performed using an alpha level of 0.001.

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RESULTS

DEMOGRAPHICS

As illustrated in Table 1, beneficiaries enrolled more than 12 months are older (mean = 73.3 years) than those enrolled less than 6 months (mean = 71.4 years) or 6 to 12 months (mean = 71.3 years). ANOVA revealed that age was significantly different between groups. Post hoc comparisons (Bonferroni's correction) showed that beneficiaries enrolled more than 12 months were significantly older than beneficiaries enrolled either fewer than 6 months or 6 to 12 months. (Data not shown.)

There were significantly more females than males in all three groups, and the proportion of females increased slightly with enrollment duration (Table 1). Table 1 reveals that there was a higher percentage of married beneficiaries in the enrollment category of less than 6 months. The percentage of widowed beneficiaries increased with enrollment duration.

Beneficiaries in all three categories were predominantly White; however, Table 1 and the top panel of Figure 1 show a somewhat larger percentage of Asians/Pacific Islanders in the enrollment category of less than 6 months, and a somewhat larger percentage of Blacks/African Americans in the 6-to-12-months category. Level of education attained was not significantly different between groups (Table 1).

Beneficiaries enrolled less than 6 months had higher household incomes. This group had the lowest percentage of beneficiaries with incomes of less than \$20,000 a year, and the highest percentage of beneficiaries with incomes of \$30,000 or more (see Table 1 and bottom panel of Figure 1). Conversely, the 6-to-12-month group had the highest percentage of beneficiaries with incomes of less than \$20,000 a year, and the lowest percentage of beneficiaries with incomes of \$30,000 or more.

ACTIVITIES OF DAILY LIVING

ANOVA tests showed that the number of impairments in ADLs (defined as unable to do, or having difficulty with, an activity) was also significantly different between groups (see Table 2 and Figure 2, bottom panel). Post hoc comparisons (Bonferroni's correction) showed that beneficiaries enrolled more than 12 months reported a greater number of impairments than did beneficiaries enrolled fewer than 6 months, or those enrolled 6 to 12 months.

The types of impairments in ADLs that were significantly different across groups were walking, getting in and out of chairs, bathing, and using the toilet (see Table 3). For each of these activities, the percentage of beneficiaries having difficulty increased with enrollment duration.

More beneficiaries than expected, who were enrolled more than 12 months, reported impairments in walking, getting in and out of chairs, and using the toilet, according to Haberman's *d* post hoc analysis. However, the number of beneficiaries enrolled fewer than 6 months, who reported the same impairments, fell below expectations. Reports of difficulty bathing also fell below expectations for the group. For beneficiaries enrolled 6 to 12 months, reports of difficulty getting in and out of chairs were less than expected.

CHRONIC MEDICAL CONDITIONS

ANOVA tests revealed that the number of chronic conditions reported was significantly different between groups (see Table 4 and Figure 2, top panel). Post hoc comparisons (Bonferroni's correction) showed that while there was no difference between the number of chronic conditions reported by beneficiaries enrolled fewer than 6 months and those reported by 6 to 12-month enrollees, both groups reported significantly fewer conditions than did beneficiaries enrolled more than 12 months.

The only three chronic conditions that were significantly different between groups were arthritis of the hand, arthritis of the hip, and cancer (see Table 5). Haberman's *d* post hoc analysis established that more than the expected number of beneficiaries enrolled more than 12 months, and less than the expected number of beneficiaries enrolled fewer than 6 months, reported these conditions. Less than the expected number of beneficiaries enrolled 6 to 12 months reported having cancer.

SF-36 SCORES

SF-36 results are shown in Table 6 and Figure 3. A significant effect of enrollment duration on both PCS and MCS scores was found using ANOVA tests. Post hoc comparisons (Bonferroni's correction) showed that PCS scores were significantly different for all possible comparisons. Beneficiaries enrolled more than 12 months scored lower than those enrolled 6 to 12 months, and both groups scored lower than those enrolled fewer than 6 months. On the other hand, MCS scores for beneficiaries enrolled fewer than 6 months were significantly higher than for those enrolled 6 to 12 months, but not different from MCS scores for beneficiaries enrolled more than 12 months.

ANOVA tests were also performed to examine the effect of enrollment duration on each of the eight SF-36 scales, and all scales except Mental Health (MH) are significantly different between groups (see Table 6). Post hoc comparison procedures (Bonferroni's correction) were performed on the seven remaining scales.

Beneficiaries enrolled fewer than 6 months scored significantly higher than those enrolled 6 to 12 months and those enrolled more than 12 months on six of the eight SF-36 scales: Physical Functioning (PF), Role-Physical (RP), Bodily Pain (BP), Vitality (VT), Social Functioning (SF) and Role-Emotional (RE). In addition, beneficiaries enrolled 6 to 12 months scored significantly higher than those enrolled more than 12 months on PF and RP only. Beneficiaries enrolled fewer

than 6 months scored higher than those enrolled more than 12 months, but not significantly different from those enrolled 6 to 12 months on the General Health (GH) scale.

The differences in PCS scores may be due to the disparity in age between groups. Because the beneficiaries enrolled more than 12 months are older, an ANOVA was performed to determine the effect of enrollment duration on PCS scores after the age variance was accounted for. As expected, after accounting for age differences, PCS scores were not significantly different between groups.

On the other hand, the differences in MCS scores may be due to the disparity in income between groups. Because the highest percentage of beneficiaries with incomes of less than \$20,000 was in the 6-to-12-months group, an ANOVA was performed to determine the effect of enrollment duration on MCS scores after the income variance was accounted for. As expected, after accounting for income differences, MCS scores were not significantly different between groups.

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CONCLUSIONS

Descriptive analyses indicate that while there are some significant differences between Medicare beneficiaries enrolled in a plan for fewer than 6 months and those enrolled for a longer period of time, those differences are small. Beneficiaries enrolled fewer than 6 months, as well as those enrolled for 6 to 12 months, are slightly, yet significantly, younger and healthier than are beneficiaries who have been enrolled in their plans for longer than 12 months.

Beneficiaries with tenures longer than 12 months reported significantly more problems with several ADLs than those in the other groups, specifically, walking, getting in and out of chairs, bathing, and using the toilet. These beneficiaries also reported significantly more arthritis of the hand, arthritis of the hip, and cancer.

The PCS mean is significantly lower for beneficiaries enrolled more than 12 months compared to those enrolled 6 to 12 months, and both groups scored lower than those enrolled fewer than 6 months. However, after the variance due to age had been accounted for, PCS scores are not significantly different between groups.

The MCS mean is significantly higher for beneficiaries enrolled fewer than 6 months than for those enrolled 6 to 12 months, but not different from MCS scores for beneficiaries enrolled more than 12 months. However, after the variance due to income had been accounted for, MCS scores are not significantly different between groups.

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REFERENCES

National Committee for Quality Assurance. (1998). *HEDIS[®] 2000 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: National Committee for Quality Assurance.

McHorney, C. A., Ware, J. E., Lu, J. F. R. & Sherbourne, C. D. (1994). The MOS 36-Item Short Form Health Survey (SF-36): III Test of data quality, scaling assumptions and reliability across diverse patient groups. *Medical Care*, 32, 40-66.

APPENDIX

TABLE 1 Cohort I Basic Demographics at Baseline						
Variable	Category	Less than 6 Months N = 26,540	6 to 12 Months N = 31,233	More than 12 Months N = 109,296	<i>P</i> / <i>F</i> Value	<i>P</i> Value
Age		Mean = 71.4 sd = 8.2	Mean = 71.3 sd = 8.3	Mean = 73.3 sd = 7.9	F=1,171	<.0001
Gender	Male	11,731 (44.2%)	13,552 (43.4%)	46,823 (42.8%)	16.95	0.0002
	Female	14,809 (55.8%)	17,681 (56.6%)	62,473 (57.2%)		
	Missing/Total	0/ 26,540	0/ 31,233	0/ 109,296		
Race	American Indian/Alaskan Native	220 (0.8%)	271 (0.9%)	842 (0.8%)	649.54	<.0001
	Asian/Pacific Islander	813 (3.1%)	399 (1.3%)	1,552 (1.4%)		
	Black/African American	1,971 (7.5%)	2,684 (8.7%)	6,755 (6.3%)		
	White	22,504 (86.1%)	26,619 (86.6%)	96,018 (89.2%)		
	Other/Multiracial	633 (2.4%)	780 (2.5%)	2,474 (2.3%)		
	Missing/Total	399/ 26,141	480/ 30,753	1,655/ 107,641		
Marital Status	Married	16,025 (60.6%)	18,011 (57.9%)	62,939 (57.9%)	203.19	<.0001
	Divorced	2,412 (9.1%)	3,167 (10.2%)	9,475 (8.7%)		
	Separated	279 (1.1%)	358 (1.2%)	990 (0.9%)		
	Widowed	6,895 (26.1%)	8,473 (27.3%)	31,857 (29.3%)		
	Never Married	826 (3.1%)	1,074 (3.5%)	3,520 (3.2%)		
	Missing/Total	103/ 26,437	150/ 31,083	515 108,781		
Educational Level Attained	8th Grade or Less	3,478 (13.4%)	4,141 (13.5%)	13,542 (12.6%)	2.18	0.1400
	Some High School	4,460 (17.1%)	5,660 (18.5%)	19,464 (18.2%)		
	High School/GED	9,136 (35.1%)	10,474 (34.2%)	37,168 (34.7%)		
	Some College	5,305 (20.4%)	6,255 (20.4%)	22,413 (20.9%)		
	College Graduate	1,808 (7.0%)	2,032 (6.6%)	7,013 (6.5%)		
	More than 4 Year Degree	1,844 (7.1%)	2,077 (6.8%)	7,621 (7.1%)		
	Missing/Total	509/ 26,031	594/ 30,639	2,075/ 107,221		
Household Income	Under \$10,000	3,651 (17.3%)	4,783 (19.1%)	15,454 (17.8%)	29.72	<.0001
	\$10,000 - \$19,999	6,200 (29.3%)	7,820 (31.2%)	27,025 (31.1%)		
	\$20,000 - \$29,999	4,433 (21.0%)	5,344 (21.3%)	18,782 (21.6%)		
	\$30,000 - \$39,999	2,889 (13.7%)	3,111 (12.4%)	11,267 (13.0%)		
	\$40,000 and Over	3,963 (18.8%)	3,987 (15.9%)	14,314 (16.5%)		
	Missing/Total	5,404/ 21,136	6,188/ 25,045	22,454/ 86,842		

TABLE 2					
Cohort I					
Number of Activities of Daily Living Impaired at Baseline					
Number of ADLs Impaired	Less than 6 Months	6 to 12 Months	More than 12 Months	F Value*	P Value
0	16,050 (60.5%)	18,515 (59.3%)	62,902 (57.6%)	32.43	<.0001
1	3,746 (14.1%)	4,357 (14.0%)	16,414 (15.0%)		
2	2,888 (10.9%)	3,580 (11.5%)	13,083 (12.0%)		
3	1,269 (4.8%)	1,546 (5.0%)	5,473 (5.0%)		
4	1,002 (3.8%)	1,237 (4.0%)	4,430 (4.1%)		
5	820 (3.1%)	1,045 (3.4%)	3,689 (3.4%)		
6	746 (2.8%)	932 (3.0%)	3,212 (2.9%)		

*Statistical tests were performed on the natural log of the number of ADLs impaired.
 Percent response is based on those individuals answering at least one ADL question.

TABLE 3						
Cohort I						
Activities of Daily Living Impairments at Baseline						
ADLs	Response Category	Less than 6 Months	6 to12 Months	More than 12 Months	P Value	P Value
Using Toilet	Unable To Do	334 (1.3%)	362 (1.2%)	1,373 (1.3%)	26.35	<.0001
	Have Difficulty	1,748 (6.6%)	2,287 (7.5%)	8,153 (7.5%)		
	Do Not Have Difficulty	24,356 (92.1%)	28,462 (91.5%)	99,288 (91.3%)		
	Missing/Total	102/ 26,438	122/ 31,111	482/ 108,814		
Eating	Unable To Do	274 (1.0%)	321 (1.0%)	1,060 (1.0%)	6.24	0.1816
	Have Difficulty	1,252 (4.7%)	1,596 (5.1%)	5,435 (5.0%)		
	Do Not Have Difficulty	24,884 (94.2%)	29,151 (93.8%)	102,141 (94.0%)		
	Missing/Total	130/ 26,410	165/ 31,068	660/ 108,636		
Bathing	Unable To Do	616 (2.3%)	744 (2.4%)	2,827 (2.6%)	19.37	0.0007
	Have Difficulty	3,060 (11.6%)	3,803 (12.2%)	13,349 (12.3%)		
	Do Not Have Difficulty	22,770 (86.1%)	26,566 (85.4%)	92,670 (85.1%)		
	Missing/Total	94/ 26,446	120/ 31,113	450/ 108,846		
Getting In/Out of Chair	Unable To Do	366 (1.4%)	405 (1.3%)	1,562 (1.4%)	63.47	<.0001
	Have Difficulty	6,362 (24.1%)	7,765 (25.0%)	28,482 (26.2%)		
	Do Not Have Difficulty	19,680 (74.5%)	22,901 (73.7%)	78,622 (72.4%)		
	Missing/Total	132/ 26,408	162/ 31,071	630/ 108,666		
Dressing	Unable To Do	458 (1.7%)	538 (1.7%)	1,960 (1.8%)	7.27	0.1223
	Have Difficulty	2,655 (10.0%)	3,318 (10.7%)	11,364 (10.4%)		
	Do Not Have Difficulty	23,335 (88.2%)	27,262 (87.6%)	95,510 (87.8%)		
	Missing/Total	92/ 26,448	115/ 31,118	462/ 108,834		
Walking	Unable To Do	686 (2.6%)	770 (2.5%)	2,929 (2.7%)	65.78	<.0001
	Have Difficulty	8,102 (30.7%)	10,011 (32.2%)	35,942 (33.1%)		
	Do Not Have Difficulty	17,628 (66.7%)	20,289 (65.3%)	69,770 (64.2%)		
	Missing/Total	124/ 26,416	163/ 31,070	655/ 108,641		

TABLE 4
Cohort I
Number of Chronic Conditions at Baseline

Number of Conditions	Less than 6 Months	6 to 12 Months	More than 12 Months	F Value*	P Value
0	3,704 (14.0%)	4,365 (14.0%)	14,141 (13.0%)	24.60	<.0001
1	5,687 (21.5%)	6,516 (20.9%)	22,325 (20.5%)		
2	5,462 (20.6%)	6,336 (20.4%)	22,590 (20.7%)		
3	4,433 (16.8%)	5,271 (16.9%)	19,014 (17.5%)		
4	3,054 (11.5%)	3,613 (11.6%)	13,132 (12.1%)		
5	1,909 (7.2%)	2,298 (7.4%)	8,343 (7.7%)		
6	1,091 (4.1%)	1,307 (4.2%)	4,714 (4.3%)		
7	583 (2.2%)	737 (2.4%)	2,561 (2.4%)		
8	331 (1.3%)	392 (1.3%)	1,258 (1.2%)		
9	132 (0.5%)	180 (0.6%)	584 (0.5%)		
10	47 (0.1%)	85 (0.3%)	213 (0.2%)		
11	22 (0.1%)	23 (0.1%)	64 (0.1%)		
12	2 (0.0%)	8 (0.0%)	23 (0.0%)		
13	6 (0.0%)	4 (0.0%)	22 (0.0%)		

*Statistical tests were performed on the natural log of the number of conditions.
 Percent response is based on those individuals answering at least one chronic condition question.

TABLE 5
Cohort I
Chronic Conditions at Baseline

	Less than 6 Months	6 to 12 Months	More than 12 Months	P Value	P Value
Angina Pectoris	4,219 (16.2%)	4,905 (16.0%)	17,587 (16.4%)	3.03	0.2202
Arthritis (Hand)	8,706 (33.2%)	10,573 (34.3%)	37,613 (34.9%)	27.65	<.0001
Arthritis (Hip)	9,632 (36.7%)	11,680 (37.9%)	41,946 (38.9%)	44.94	<.0001
Cancer	3,156 (12.0%)	3,674 (11.9%)	14,660 (13.5%)	86.01	<.0001
Congestive Heart Failure	1,803 (6.9%)	2,130 (7.0%)	7,840 (7.3%)	8.24	0.0163
Crohn's Disease	1,432 (5.5%)	1,710 (5.6%)	6,081 (5.7%)	1.37	0.5035
Diabetes	4,427 (16.9%)	5,343 (17.3%)	18,034 (16.7%)	6.41	0.0405
Emphysema/Asthma/COPD	3,427 (13.1%)	4,112 (13.4%)	14,097 (13.1%)	1.58	0.4533
Hypertension	13,930 (53.0%)	16,259 (52.6%)	57,251 (53.0%)	1.32	0.5175
Myocardial Infarction	2,746 (10.6%)	3,332 (10.9%)	11,580 (10.9%)	2.10	0.3508
Other Heart Conditions	5,500 (21.1%)	6,551 (21.4%)	23,206 (21.6%)	3.83	0.1475
Sciatica	5,918 (22.7%)	7,218 (23.5%)	24,844 (23.2%)	5.18	0.0749
Stroke	2,052 (7.9%)	2,464 (8.0%)	8,978 (8.4%)	8.56	0.0138

Percent response is based on those individuals answering the question.

TABLE 6
Cohort I
SF-36 Normed Mean Scores at Baseline

SF-36 COMPONENT	Less than 6 Months MEAN (SD)	6 to 12 Months MEAN (SD)	More than 12 Months MEAN (SD)	F Value	P Value
Physical Component Summary (PCS) Score	41.31 (12.10)	40.93 (12.24)	40.38 (12.11)	76.53	<.0001
Mental Component Summary (MCS) Score	52.18 (10.40)	51.84 (10.60)	51.98 (10.50)	7.26	0.0007
Physical Functioning (PF) Scale	40.93 (13.06)	40.44 (13.14)	39.91 (13.08)	71.92	<.0001
Role-Physical (RP) Scale	43.46 (12.83)	43.03 (12.87)	42.40 (12.89)	83.37	<.0001
Bodily Pain (BP) Scale	44.89 (11.36)	44.54 (11.56)	44.32 (11.38)	27.65	<.0001
General Health (GH) Scale	45.42 (11.38)	45.10 (11.66)	45.10 (11.34)	8.23	0.0003
Vitality (VT) Scale	47.85 (11.12)	47.41 (11.26)	47.17 (11.10)	40.78	<.0001
Social Functioning (SF) Scale	47.81 (12.00)	47.30 (12.27)	47.17 (12.19)	29.64	<.0001
Role-Emotional (RE) Scale	48.46 (11.52)	48.08 (11.70)	47.94 (11.75)	20.90	<.0001
Mental Health (MH) Scale	50.80 (10.64)	50.50 (10.81)	50.66 (10.58)	5.71	0.0033