



Understanding Obstacles of Dual-Eligible Beneficiaries for Better Care Management

- + Fact Sheet: Challenges to Care
- + Innovative Models of Care
- + Telehealth Solutions

certintell[®]
— TELEHEALTH
White Paper

This white paper highlights some of the social, economical and health conditions many dual-eligible beneficiaries tend to face in the midst of seeking health care. Understanding their challenges is the first step to adapting care plans that improve health outcomes for these complex patients.



Understanding Dual-Eligible Beneficiaries

What makes a patient dually-eligible? Dual eligible patients (sometimes referred to as Medicare dual eligibles or "duals") qualify for both Medicare and Medicaid. They can be enrolled in either part A or part B, or both. They can also opt into part C, called Medicare Advantage. Part C plans are managed by Medicare approved private insurance companies and include parts A and B. Along with Medicare, these patients are also enrolled in Medicaid, either with full coverage or with a Medicare Savings Program (MSP).

Medicare Requirements

- U.S. citizen or legal resident living in the country for at least 5 years before applying for Medicare
- 65 years or older OR disabled OR diagnosed with end-stage renal disease (ESRD) or Lou Gehrig's disease

Medicaid Requirements

- Varies by state since it is a federal and state program
- Certain income and asset limits
- If over the limits, there are Medicaid-compliant planning strategies to help lower a prospective patient's income or assets

To see your state's Medicaid eligibility requirements, go here:

<https://www.medicaidplanningassistance.org/state-specific-medicaid-eligibility/>

Source: ¹

In 2018, 12.2 million people were enrolled in both Medicare and Medicaid programs, making them dually eligible. But these dually eligible patients are typically much more vulnerable compared to their non-dual counterparts. Many social and environmental barriers to care prevent patients from seeing better health outcomes. This is no secret to patients, with 18 percent of duals reporting that they have a “poor” health status, compared to only six percent of other Medicare beneficiaries.²



Here's a glance at the health disparities and obstacles many duals are trying to overcome.

CHALLENGES TO CARE: FACT SHEET

In the Minority

The dual eligible population is more racially and ethnically diverse, contains a larger population of females, and are more likely to have one of the CMS-listed disabilities compared to Medicare-only beneficiaries duals. The numbers only continue to increase. In 2018...

- 47.5% of dually eligible beneficiaries belonged to a racial or ethnic minority group, compared to 21.1% of Medicare-only beneficiaries.
- 59.6% of the duals were female despite having a longer longevity rate.
- 39% of duals were under the age of 65, meaning they have a qualifying disability.³

Poor Health Means More Spending

With the high prevalence of chronic conditions, it's no surprise that higher costs trail duals. In 2016...

- Duals made up 19% of Medicare's beneficiaries but accounted for 33% of its spending.
- Average total spending for duals was \$28,970 compared to \$15,079 for non-duals.⁸



Other Roadblocks to Good Health

Better health outcomes don't come easy when barriers outside the doctor's office are in the way. There are significant gaps in income and education, as well as a lack of other social resources which could prevent duals from receiving the care they need.

- More than half of dual eligible beneficiaries live in a neighborhood where the median annual income is less than \$30,000, compared to only 16% of non-duals.
- In 2015, 55.4% of full duals lived in a neighborhood where 20% or more of the households lived below the poverty line.
- In 2015, 63.8% of full duals lived in a neighborhood where less than 20% of the population held a bachelor's degree or higher.

What are the Outcomes?

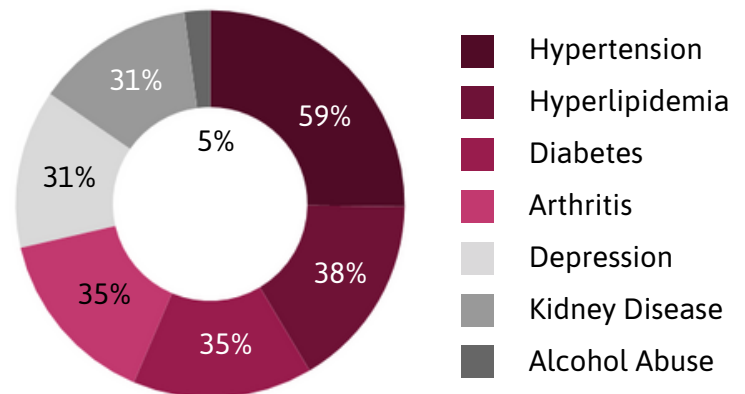
When barriers to health are created, it can have negative effects on the health outcomes of the patient. Chronic conditions overtake the health of many dual-eligible beneficiaries.

Overall, women have a higher proportion of all major physical and mental health conditions, apart from tobacco use, bipolar disorder and schizophrenia.⁴

In 2018, 41% of duals had at least one mental health diagnosis²

In 2018, 60% of duals had multiple chronic conditions²

Most Common Chronic Conditions



Obesity continues to be a growing concern in the dual population. 13.5% of full duals and 9.96% of partial duals were obese in 2012.⁷

Two most common mental health conditions seen in the dual population:⁵

- 1) Depression
- 2) Anxiety

In 2015, CMS found beneficiaries with chronic conditions to be significantly more at risk for opioid use.

- Patients with two or more chronic conditions were four times more likely to use high dose chronic (HDC) opioids than those with one condition or less.
- 43.5% of dually eligible beneficiaries received at least one opioid prescription.
- 10.4% of dually eligible beneficiaries received an opioid at the HDC level.⁶

EXPLORE MORE:

This interactive tool from CMS highlights how higher costs may differ across race, ethnicity sex, condition, age and location. For example, using the tool, you can see that in 2017, the average principal cost for dual eligible beneficiaries with 3+ chronic conditions was significantly higher for black patients, than for white patients.

<https://data.cms.gov/mapping-medicare-disparities>

SO...WHAT'S NEXT? LET'S INNOVATE.

Develop New Models for Care: A Case Study

Given the many conditions dual-eligible patients face, as listed above, they tend to need more support. FQHCs, or Federally Qualified Health Centers, have long championed accepting all patients regardless of their insurance status or ability to pay. Now, these health centers are incentivized to provide value-based care by CMS.

A study conducted in West Virginia implemented a unique care model in three FQHCs for dually-eligible beneficiaries. As a result of this model, these patients saw reductions in readmissions and emergency room visits. The care model focused on:

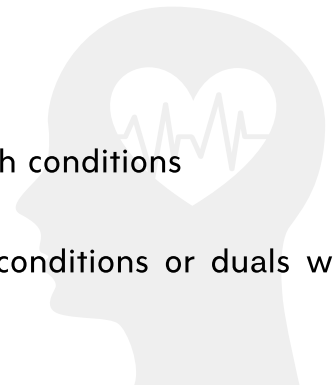
- 1 Building strong patient-provider **relationships** with care coordinators who contacted high-risk patients by telephone on a routine, as-needed basis
- 2 Ensuring continuity of care through **transitions** with coordinators who checked daily for notifications of readmission and then proceeded to contact patients to answer questions, address medications and to make follow-up appointments
- 3 Assessing **medications** with pharmacists who reviewed drug use with patients and helped determined if any changes need to be made to their medications

RESULTS

For patients adopted under this care model, there was a 34% reduction in total hospital readmissions and 25% decrease in total ER visits⁹

Where Could This Apply?

- Dually-eligible patients facing chronic conditions or mental health conditions
- Dually eligible patients facing chronic opioid use due to their conditions or duals with substance abuse behavior that need behavioral therapy



HOW TELEHEALTH PROVIDES A SIMILAR MODEL

Clinicians can provide a similar model through the use of telehealth, while lessening disparities. Here's how:

Relationships

Certintell's health coaches can help target behaviors in more depth than many providers have time for. They give patients the skills they need to champion their own care. These skills could target substance use, mental and behavioral health, or healthy eating and maintaining a healthy weight.

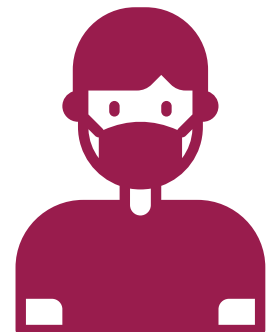


Providers can see their patients on a more routine basis, as many barriers are removed, such as lack of reliable patient transportation or long appointment waiting times.

Using a HIPAA-compliant platform, such as JoinCareTeam, powered by Certintell, providers can stay connected with their patients via store-and-forward, in-app messaging or video conference.

Transitions

Telehealth is used frequently for Transitional Care Management (TCM) services. Patients can stay in the loop with health coaches and providers to obtain more education on their conditions, but also providers can check-in routinely on patients through the use of Remote Patient Monitoring (RPM). The same goes for patients undergoing Chronic Care Management (CCM).



Medications

As of 2020, CMS has embraced telehealth for the treatment of opioid use disorders.

Health coaches can help patients assess and work on substance-abuse issues.

Telehealth allows all members of a care team to work together to provide the best care plan for a patient. Primary care providers, therapists, psychiatrists and health coaches can all put in insights that will lead to the best choices in medications and treatment plans for each individual patient.



Dually-eligible beneficiaries face many challenges in the health care realm, but they are not without hope. By recognizing their struggles and adopting technological innovation, clinicians can better the health outcomes of their patients and close the care gap to decrease disparities.



Certintell is a care management company that enables safety-net providers to make a lasting impact on the health of underserved patients through telehealth. We do this by using our in-depth expertise in health care and health information technology to anticipate — and meet — the needs of health care payers, providers and patients.

Closing the Care Gap™

SOURCES

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