Kansas
Department on Aging

Inclusion of DD in KanCare

Committee on Children and Families

Shawn Sullivan, Secretary

February 7, 2012

Current DD Population Care

- Adults with I/DD in Kansas who are Medicaid beneficiaries make up less than 15% of the aged and disabled Medicaid group, but account for almost 40% of spending
- Almost 64% of the adult I/DD Medicaid population have a major psychiatric condition (i.e. depression, bi-polar disorder, schizophrenia).

Current DD Population Care

- People with I/DD often have multiple chronic conditions. A Medicaid Transformation Grant (MTG) project demonstrated that this population's health care was fragmented, poorly coordinated, and they did not consistently receive recommended health screenings for breast, cervical or colorectal cancer (Kansas Medicaid Transformation Grant Final Report, June 2010).

Current DD Population Care

- Analysis of data during the MTG period (November 2007 through October 2008) indicated only 55% of adults with I/DD had an HbA1C test in a one-year period. National HbA1C testing rates in a similar period for Medicaid beneficiaries were 72% (NCQA, 2008).

Value of Managed Care for DD

- Although persons with I/DD have had access to targeted case management from the early 1990's, through Medicaid, these case managers are neither trained nor required to coordinate physical health care for their clients. Coordination and integration of physical and behavioral health care with community supports and services is vital to improving preventive care and management of chronic conditions.

Value of Managed Care for DD

- Research has shown that a major barrier to providing integrated medical homes for people with DD is a lack of start up capital. Medicaid HMOs have the ability to invest resources to transform care provision to this type of model.

Kastner, T.A., & Walsh, K.K. (2006). Medicaid managed care model of primary care and health care management for individuals with developmental disabilities. *Mental Retardation*, 44 (1) 41-55

Life Expectancy for Persons with IDD & Persons with PD Enrolled in Kansas Medicaid
Brief Report

Data Extracted through DAI
Report date: February 1, 2012
Analyst: Theresa I. Shireman, PhD, Assoc Prof, KUMC Dept of Preventive Medicine & Public Health

Background & Study Question

Kansas Medicaid provides health care benefits for a variety of persons with disabilities. Dr. Shireman and her team have previously demonstrated marked differences in underlying comorbidities, demographic characteristics, and health care expenditures for subsets of the Aged, Blind & Disabled (ABD) program [see *Learning Your ABDs* presentation]. In that set of analyses, the mean age of persons with intellectual and developmental disabilities (IDD) was ~43 years, and for persons with physical disabilities (PD), it was ~52 years. In this study, Dr. Shireman set out to determine the average age at death for enrollees in these two programs.

Methods

First, Dr. Shireman used identifiers from the Learning Your ABDs project to select data on members of the IDD and PD cohorts. Briefly, cohort membership was based upon diagnosis codes (using the Chronic Illness and Disability Payment Scale or CDPS) from fee-for-service claims and eligibility data indicating enrollment in the MRDD or PD waiver. In addition, SRS had provided BASIS data (an annual assessment of persons with IDD requesting state services) in July 2008: this was treated as a registry of persons with IDD, and Medicaid identification numbers included in this data file were assigned to the IDD cohort. Persons with co-occurring PD and IDD status were sorted into the IDD group.

Dr. Shireman imported the Medicaid identifiers for the IDD and PD cohort members for fiscal years 2006-2010 into the Data Analytic Interface (DAI), creating two separate study groups. In the report designer, she selected date of birth, gender, race, and data of death for fiscal years 2006-2012 to find the most current death data. [Report for IDD was executed in November 2011 and for PD in January 2012.] She then restricted the cohorts to persons 18 years and older (as of 7/1/2011) and excluded persons who died prior to their 18th birthday. As such, this should be noted as the average age of death for adults enrolled in the Kansas Medicaid ABD program. Age at death was computed using SPSS .

Results

There were 14,885 persons with IDD included in the analysis. On average they were 45.4 years of age on July 1, 2011, 51.2% were males, and 86.8% were Caucasians. Their mean age at death was 60.6 years (standard deviation, 17.6; range 18-100 years).

There were 10,752 persons with PD included in the analysis. On average they were 55.3 years of age on July 1, 2011, 35.8% were males, and 78.5% were Caucasians. Their mean age at death was 57.6 years (standard deviation, 11.4; range 21-103 years).

Conclusion

Given the high burden of serious medical conditions in these populations, their shortened life expectancies are not surprising.

Health Promotion for Kansans with Disabilities
Medicaid Transformation Grant Project Summary
January 31, 2012

Overview

In January 2008, the Kansas Health Policy Authority (KHPA) was awarded over $900,000 to pilot a project designed to improve preventive health care for Kansans with developmental or physical disabilities (DD or PD). The grant award, distributed over fiscal years 2007 and 2008, was part of the $150 million Congress approved for Medicaid Transformation Grants in the Deficit Reduction Act of 2005. Kansas was one of 27 states to receive funding to examine new ways of improving Medicaid efficiency, economy and quality of care.

The Kansas project provided an electronic tool, along with Medicaid claims data, to targeted case managers (TCM) and independent living counselors (ILC) that allowed them to review the history of, and need for, preventive health care services for the consumers they served. Specifically, the tool used the claims data to flag instances when consumers needed preventive age and gender appropriate screenings (e.g., mammograms, colonoscopies) or other monitoring procedures for chronic conditions. Using the preventive health care opportunities identified, TCMs and ILCs could have discussions with their clients about the importance and necessity of the screenings and monitoring. The overall goal of the project was to improve the provisions of quality preventive health care services and the quality of monitoring for chronic conditions.

Four Community Developmental Disability Organizations (CDDOs) and three Centers for Independent Living (CILs) served as the project pilot sites. Approximately 1,700 adult consumers were served by about 90 TCMs and ILCs. TCMs and ILCs were surveyed pre- and post-intervention about their understanding and need to learn more about health care prevention and management of chronic conditions. Training was provided on both the tool and on basic preventive care. Monthly newsletters were also developed and distributed to the pilot sites that discussed a particular health topic each month.

The University of Kansas Medical Center Schools of Medicine and Pharmacy provided principle research, data analysis, training of TCMs and ILCs and production of the newsletters. Ingenix Public Sector Solutions, Inc. provided the ImpactPro tool and managed the claims data behind the tool.

Findings

The results from examining claims data pre-, during- and post-intervention demonstrate that the quality of chronic disease management and preventive health care services for persons with developmental and physical disabilities fails to meet national standards for cancer screening, cholesterol monitoring, osteoporosis screening, influenza vaccination, and diabetes care. Disappointingly, there were very few gains in these benchmarks during the course of the project.

Key findings are summarized below:

- Diabetes care
    - 55% of adults with developmental disabilities and 59% of adults with physical disabilities had their HbA1C measured in any 12-month period
    - Annual eye exams were only conducted in <33% of either disability group
    - Cholesterol levels were checked in only one-half of those with either disability in any given year
    - These rates were discouragingly low even in the face of broad access to primary care: 93% of persons with developmental disabilities and ~90% of persons with physical

disabilities had at least one visit with a primary care provider during each one year period.

These findings are particularly troubling as national HbA1c rates in 2006 for Medicaid, Medicare, and commercial plans were 72%, 86%, and 81%, respectively (NCQA, 2008; Shireman, Reichard, Nazir, Backes, & Greiner, 2010). Cholesterol screening rates for persons with developmental disabilities and diabetes also fell far below national standards: 67% (Medicaid), 86% (Medicare) and 81% (commercial plans)(NCQA, 2008; Shireman, et al., 2010).

- Cancer screening
  - Women with developmental disabilities actually had higher rates of breast cancer screening than women with physical disabilities (roughly 40% versus 25%) during the one year periods
  - Rates varied slightly from year to year suggesting little effect from the project

- Lipid Management
  - There were vast improvements in general lipid monitoring for adults with development disabilities across the state, increasing from 29.5% to 42.7%. These increases were seen across both subgroups, however, and therefore cannot be attributed to the intervention.
  - There was a smaller rate increase in lipid monitoring for adults with physical disabilities, again seen across the MTG and non-MTG cohorts and apparently not driven by the intervention project.
  - Among both disability groups, there were statewide increases in lipid monitoring for those who were taking second generation antipsychotics, though the increases could not be attributed to the intervention.

These apparent secular trends are promising for the overall health of persons with disabilities as the management of cardiovascular risk factors is extremely important. The overall rates, however, are still only ~50% suggesting significant opportunity for improvement.

- Osteoporosis screening
  - Osteoporosis screening was generally low and stayed low across time, ~10% of either disability group screening statewide. The rates were highest for the MTG cohort with developmental disabilities (10.7-14.6%, over time) and may have been a result of the project.

- Flu vaccination
  - Influenza vaccination rates were highest in the baseline year for both groups and declined substantially over time.

References

NCQA (2008). The State of Health Care Quality 2008. Retrieved from http://www.ncqa.org/tabid/836/Default.aspx

Shireman, T. I., Reichard, A., Nazir, N., Backes, J. M., & Greiner, K. A. (2010). Quality of diabetes care for adults with developmental disabilities. *Disabil Health J, 3 (2010) 179-185.*