Preventive care can boost results, shrink price tag of Kansas Medicaid

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Better access to preventive screenings and care for people with physical disabilities and cognitive limitations could help avert and prevent worsening of many chronic diseases that result in higher costs to the state's Medicaid program, according to a University of Kansas researcher.

Like several other cash-strapped states around the country, Kansas soon may trim its contribution to Medicaid, the federal-state program that provides health insurance to low-income groups, including people with cognitive and physical disabilities. In 2010, Kansas spent $747 million on Medicaid.

A series of public forums on Kansas' approach to Medicaid is slated for this month as part of a review that aims to reduce costs and enhance care provided to the 300,000 Kansans who depend on Medicaid benefits.

But Amanda Reichard, assistant research professor at the University of Kansas, already has spent years mining the state's Medicaid claims data in her role at KU's Research and Training Center on Measurement and Interdependence in Community Living.

"If there's one glaring need, it's preventive care," said Reichard. "Not just preventive screenings, but preventive care. It's not patients' primary disabilities that are most expensive to the Medicaid program. It's treatment of the associated chronic diseases that cost much more."

For instance, the KU researcher found that more than 70 percent of Medicaid recipients with physical disabilities also are overweight and at a high risk for diabetes.

“We believe that if we can help people to lose weight, it will improve their success with managing their diabetes,” Reichard said. “Medicaid could cover diabetes education, which it doesn’t currently. It could help them understand what they should be eating, and the relationship between managing their blood sugar and losing weight. That would help people to have better quality of life and result in cost savings.”

Reichard also found that adult Kansans on Medicaid with physical and cognitive disabilities are in more danger of developing other chronic conditions such as arthritis, asthma, cardiovascular disease, high cholesterol and stroke.

Yet, this same population is much less likely to receive preventive services than people with no disabilities, and thus prone to costlier hospitalizations.

“Current Medicaid reimbursement rates for health care providers discourage them from providing care to people with disabilities who have Medicaid as their primary insurance,” Reichard said. “Physicians don’t feel that Medicaid reimburses them at an adequate rate — and rightly so. In addition, many people supported by Medicaid lack reliable transportation and, as a result, are more likely to miss an appointment or be late. Plus, people with intellectual and developmental disabilities frequently require extra time at an appointment.”

Reichard added that many health care facilities still have physical barriers such as exam tables that do not lower so that wheelchair users can transfer to them easily. All of these factors and others create barriers to adequate care for people with disabilities.

To expand access to care for people with disabilities and shrink the state's Medicaid outlay, Reichard's research suggests giving health care providers training on disability etiquette; reforming laws to enhance physical accessibility of medical facilities; and improving ease of access to exercise facilities to promote weight loss, physical activity and disease management.

Such programs could require up-front costs but would save Kansas' Medicaid much more money in the long term, according to Reichard.

"We really don't want this research to rest in the ivory tower," she said. "We always seek to work with our partners at the Kansas Department of Health and Environment to make sure we translate our research into something that makes a real difference in the lives of people with disabilities."

Provided by University of Kansas

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