

New Medicaid health care program for disabled adults improves aspects of patients' care

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UF Health researchers have found that care linked to heart attacks and chronic obstructive pulmonary disease, or COPD, among disabled adults covered by Medicaid has improved with the expansion of a new health care program in Texas over the last decade.

This approach to health care delivery is growing in popularity across the country, with the number of states implementing similar programs increasing from eight in 2004 to 18 in 2014. These programs have two components: managed care and home- and community-based health services. Managed care is reputed to be more cost effective and patient oriented than traditional models because it allows enrollees to receive coordinated services across a provider network. Home- and community-based health services offer disabled adults assistance with a variety of issues, such as bathing, food preparation and medication management.

"As more and more states look to adopt this model, it is crucial that we examine whether vulnerable populations, like disabled adults, are receiving the type of high-quality care that will promote their health and well-being," said Elizabeth A. Shenkman, Ph.D., chair of the department of health outcomes and policy in the UF College of Medicine and co-author of the study.

The research team examined aspects of enrollees' care under a program called STAR+PLUS that combines managed care and home- and

community-based services in 28 Texas counties. The new program stems from a Medicaid policy change that allows for alternatives to traditional care, called managed care waivers. Specifically, the team examined care for certain [chronic conditions](#) among disabled enrollees ages 21 to 64 enrolled in the STAR+PLUS program.

Many aspects of routine care for chronic conditions like diabetes, asthma and high cholesterol remained the same between the traditional health care delivery model and the new approach to health care delivery, according to findings published in the journal *Medical Care* in July. However, care associated with acute events, such as heart attacks and worsening of COPD, adhered more closely to recommended standards of care for people with chronic conditions under the new approach to health care delivery compared with the traditional model.

"Receiving quality care not only helps patients with chronic conditions manage their diseases more effectively, it also enhances their ability to remain in their homes," said Martin Wegman, an M.D.-Ph.D. student in the UF College of Medicine and lead author of the article. "More than one-third of adults with disabilities covered by Medicaid have three or more chronic conditions, and they are more likely to have psychiatric illness and substance abuse issues than other Medicaid enrollees, making this population particularly vulnerable and in need of purposeful and competent care to support their health management."

In particular, 32 percent more patients who had heart attacks received a standard medication for controlling heart rhythms and reducing high blood pressure after being discharged. In addition, 28.5 percent more enrollees received the appropriate medication after their COPD worsened, compared to those in counties that remained under the traditional model.

To ensure these results stemmed only from implementing the new

program, the research team studied the implementation of STAR+PLUS, using data from 2006 to 2010, and compared those findings to baseline measurements before the program took effect and to counties that had not yet implemented the program.

The researchers believe there are a few reasons why some aspects of care improved under the new program while others did not. The positive findings could stem from the fact that care is generally more coordinated within [managed care](#), with follow-up care integrated after acute events in almost real time. Improvements were not observed in care for patients with diabetes or in managing high cholesterol, but it may take longer to observe improvements in these areas because they are not always associated with acute [health care](#) events.

"This study shows that disabled adults covered by Medicaid are more likely to receive improved care for serious health events with this new model, but more research is needed to identify the mechanisms by which these improvements occur," said Wegman. "More importantly, we need to know whether that improved care actually translates into improved health and quality of life for this vulnerable population."

Provided by University of Florida

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