Integrated Care for Individuals with Dual Eligibility

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Kaiser Center for Total Health

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What is Integrated Care and Why Does it Matter?

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LTQA Symposium
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What is Integrated Care?
What Does “True North” Look Like?

- Physical, behavioral, functional and social determinants of health
- Seamless experience for beneficiaries: Cohesive and accessible administration of benefits, care coordination
- Medicare and Medicaid financing: Assign total cost of care accountability and allow the flexibility to do what is needed to optimize care and cost outcomes
- Provider and plan relationships: aligned incentives, collaborative approach
- Interdisciplinary Teamwork
Why Does Integrated Care Matter?

- Consumers and their families:
  - Beneficiary Confusion
    - How many insurance/benefit cards do I really need to carry?
    - Am I covered for what I need?
    - Who do I call for what?
    - Does anyone really understand me? Who can I trust?
  - Gaps in Care – opportunity to address

- Government payers:
  - Combined Medicare and Medicaid Spend (2016) $428B on dual eligibles
  - Current administrative inefficiencies and complexities
  - Cost and savings fairness
  - Opportunity to achieve better outcomes for beneficiaries and bend the cost curve

- Plans and Providers:
  - Duplication and conflicts in current policies and program administration
  - Total Cost of Care Accountability – flexibility to innovate, transform and deliver excellence in care for individuals with very complex needs; opportunity to align incentives and reduce administrative burdens
What is the Opportunity?

- **12 M Duals**
  - 60% with multiple chronic conditions
  - 41% with mental health diagnosis
  - 49% receiving LTSS services
  - 17% reporting poor health status

- **15-20%** of the Medicaid and Medicare covered lives (duals): account for 35% of the spend

*Only 9% of full benefit duals are in integrated care programs today!*