

Case Study
Caring for
Dual-eligible
Beneficiaries



Health system transforms care delivery and employs new tools to care for patients that are both Medicare and Medicaid beneficiaries.

Americans who qualify for both Medicare and Medicaid benefits rely almost entirely on government healthcare programs. They are characterized by low incomes and suffering disproportionately from multiple chronic conditions, cognitive impairments, low literacy and housing isolation.¹ As a result, dual-eligible Medicare/Medicaid beneficiaries cost the U.S. healthcare system more than \$306 billion annually. Between 2006 and 2015, dual-eligible beneficiaries increased by 35 percent, from 8.5 to 11.4 million.² CMS reports that at least 60 percent of this population is diagnosed with three or more chronic conditions and requires relatively complex care.³

Health systems must transform traditional care delivery methods and employ new tools to care for this comorbid patient population successfully. Innovative health systems have employed numerous strategies to control costs while maintaining high-quality care, including the implementation of population health management tools, new payment models, care management, and the introduction of telehealth resources.

Population health insights, patient data and performance reporting, are leveraged at the point-of-care for:



Decision support to drive quality improvement and care delivery



Custom, data-driven clinical program development



Work performance improvement and management using analytics



About the Health System

A globally capitated organization managing 24,000 dual-eligible patients.

Central to its approach is a dedication to deploying clinical resources that extend the reach of primary care providers.

With a care model designed to address patient vulnerabilities, the system expanded access to personalized primary care, including:

- Chronic condition management
- Care transition coordination



The Challenge

The health system faced challenges in providing dual-eligible patients with access to timely specialty care visits. Ensuring this access was essential to preventing unnecessary hospital admissions, reducing emergency department (ED) visits and lowering patient and caregiver anxiety.

Access issues for low-income, elderly patients, such as specialists not accepting their insurance, exacerbate existing logistics challenges. As a result, these patients face long wait times for appointments and deteriorating health waiting for specialist advice and treatment.

Timely intervention is essential to avoid costly ED usage, especially for 65% of the system's dual-eligible patients diagnosed with behavioral health conditions. This complex-needs population also exhibits low healthcare literacy and compliance, jeopardizing referral-based specialty care outcomes.

Patient Population Breakdown by Condition



Many patients with comorbidities require primary care providers (PCPs) to leverage specialist support. Yet the need for specialist care is growing at a time when the nation is confronting a specialist shortage, which The Association of American Medical Colleges predicts to exceed 28,000 by 2025.⁴

The factors limiting access negatively affected patient outcomes. The health system tested opportunities for improvement and determined that the most viable solution was to empower PCPs to expand their scope of care by creating access to specialist advice without the need to transition care or for patient travel.

“ We are committed to providing comprehensive care to the communities we serve by surrounding providers and their patients with the individualized support they need to improve health outcomes.

A Broken Process

Before launching the AristaMD platform, identifying an in-network specialist was a manual process. In addition, follow-up after a specialist's visit was the PCP's responsibility. PCPs were asked to review the specialist's advice and reinforce the treatment plan.

This process was imperfect for several reasons:

- Specialist's visits were scheduled too far into the future.
- Patients failed to attend the appointment.
- Follow-up PCP appointments often occurred before the consult with the specialist.
- After the specialist visit, patients:
 - Did not recall or understand the specialist's recommendations.
 - Lost or forgot specialty care paperwork.

The Solution

After thoroughly evaluating available technologies, the system partnered with AristaMD, whose care transition platform facilitates communication between PCPs and specialists via eConsults.

An eConsult is a digital consult between a PCP and a specialist that provides clinical guidance using a web-based, HIPAA-compliant platform. A board-certified specialist representing more than 70 specialties and sub-specialty areas returns the eConsult to the PCP within hours.

AristaMD also provides clinical work-up checklists to help the PCP or supporting staff, including all the necessary details to receive a high-quality response. The condition-specific guidelines include recommendations for clinical assessments, labs and diagnostics.

A pilot was launched at three clinics with six PCPs to answer two critical questions:

1. Is the AristaMD platform capable of equipping a PCP to deliver more comprehensive care?
2. Are turnaround time and clinical workflow sufficient for PCPs to incorporate specialist guidance into treatment plans?

“ Even when the team approached the specialist office directly, typically, the patient would have missed the appointment with the specialist, or the specialist office failed to return the diagnosis and treatment plan for the patient to the PCP.



The Results

The health system was thoroughly satisfied with the achievement of the program's goals and decided to expand launch eConsults into the entire metropolitan market for further evaluation. After more positive results, the system made the platform accessible to PCPs in all locations.

AristaMD eConsults provided timely and actionable feedback for the health system's providers. Rather than struggle to get patients with behavioral health conditions to attend specialist consultations, PCPs engage a specialist through eConsults, receive advice and treat the patient.

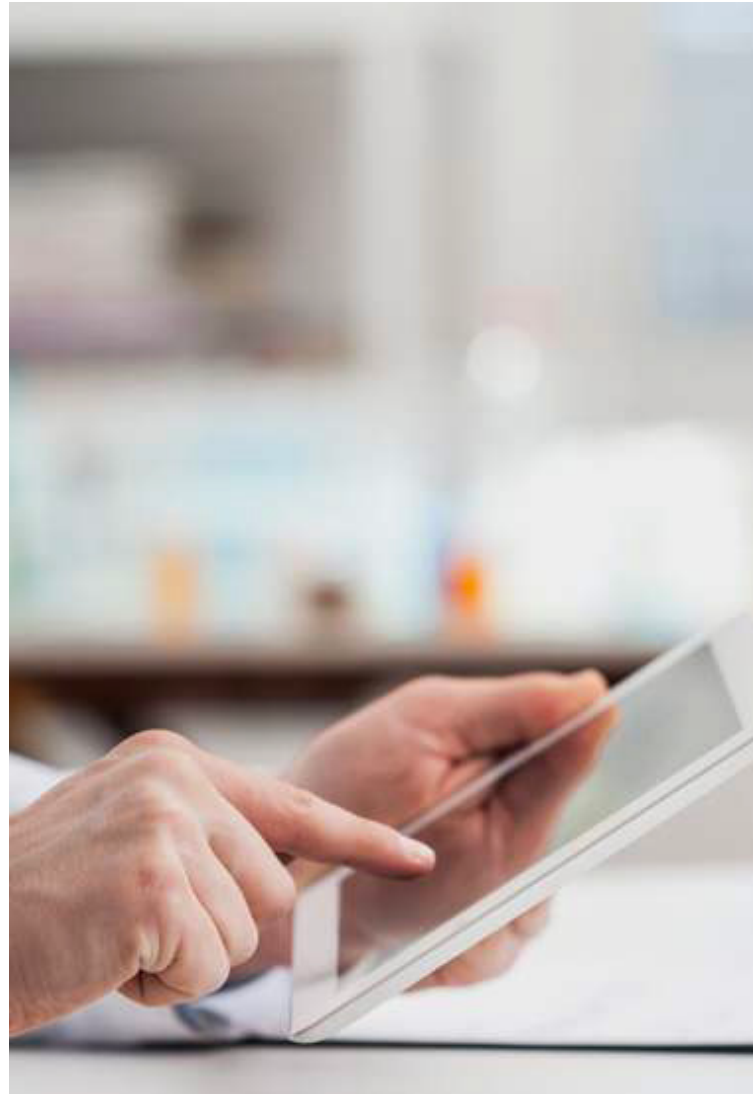
The immediate and tangible impact of the eConsult program is the ability to avoid unnecessary referrals, where long-term benefits include avoiding unnecessary ED visits and hospital admission or readmission. AristaMD supported the organization's goal of increasing the quality of care at a lower cost.

“ **The immediate and tangible impact of eConsults is avoiding unnecessary referrals, while the long-term benefits include preventing unnecessary admissions and readmissions.**

eConsults were also shown to deliver value across a broad spectrum of conditions. For example:

Endocrine specialists consult on insulin-dosing regimens as part of diabetic medical management.

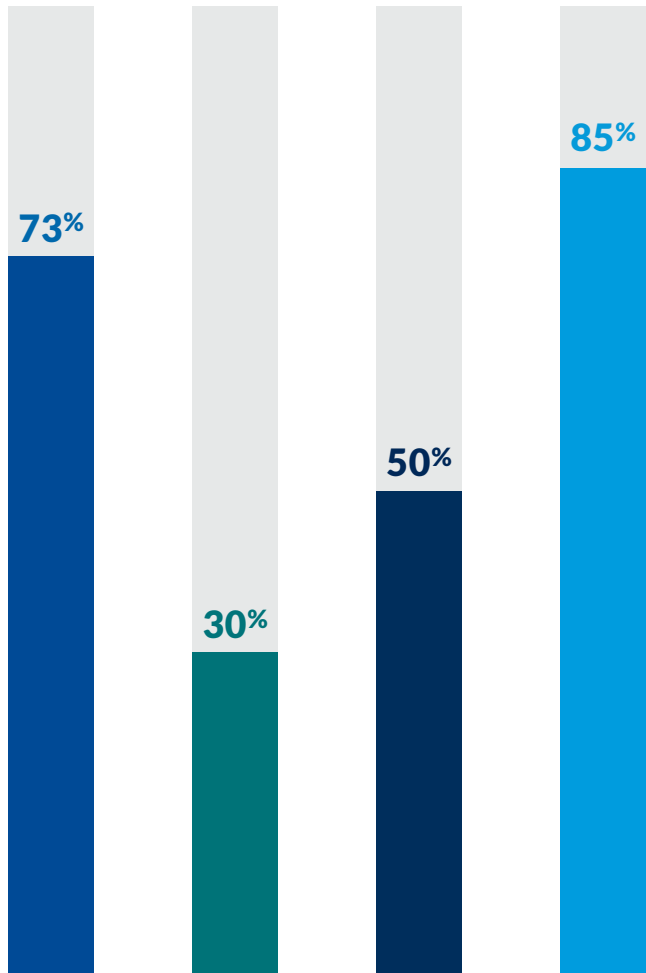
Orthopedic specialists consult on patients' reports of pain. Instead of going to the ED for imaging, patients visit PCPs first, who are then equipped to address these situations by using eConsults and often avoid unnecessary imaging.



“ **Today, providers actively notify the patient when they use eConsults. This is a selling point. PCPs are not afraid to indicate when they don't have an immediate answer but are confident in declaring that they have a specialist on-hand through eConsults and are equipped to provide an answer in a timely fashion.**



The organization saw a **17.1% drop in readmissions** year-over-year* thanks to the AristaMD platform and other implemented resources. Further, the AristaMD eConsult platform resulted in:



73 percent replaced a specialist visit



>50 percent received a response in under 6 hours



30 percent reduction in hospital admissions



85 percent significantly influenced the care plan





Delivering success for patients, providers and the health system



Increased Patient Satisfaction

As patients experienced greater access to specialty care without leaving the comfort and familiarity of their PCP's office, patient satisfaction rose as patient time and expense associated with specialist visits declined.



Better Provider Satisfaction

With providers able to evolve relationships with specialists and work in a "virtual multispecialty group," PCPs reported greater satisfaction related to expanded practice scope and enhanced learning.



Decreased In-patient Medical Costs

From pre-pilot to the current state, costs associated with inpatient treatment declined while professional expenses remained stable.

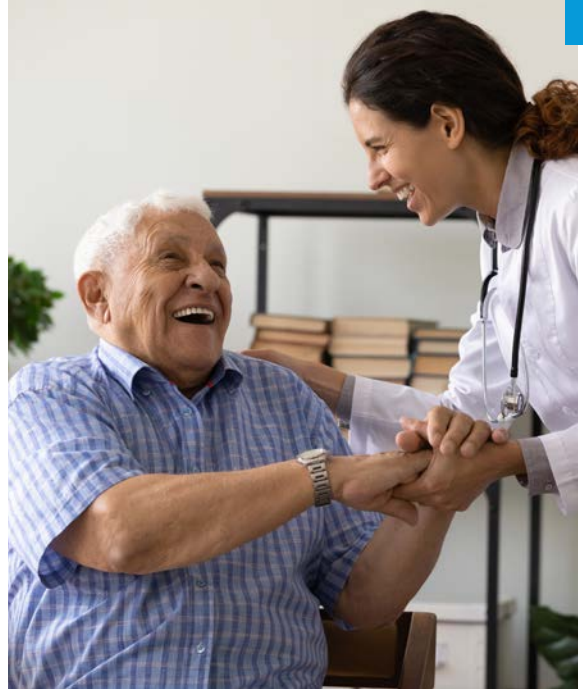
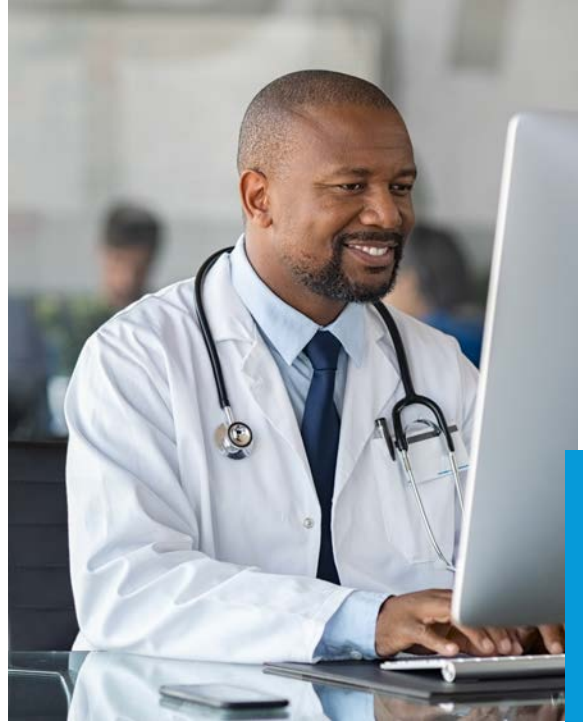
¹ Prindiville K and Burke G. MEDICARE AND MEDICAID ALIGNMENT Challenges and Opportunities for Serving Dual Eligibles. Aug 2011. http://www.justiceinaging.org/wp-content/uploads/2015/05/RE_DualsAlignmentBrief-NSCLC.pdf

² CMS Medicare-Medicaid Coordination Office. Data Analysis Brief: Medicare-Medicaid Dual Enrollment from 2006 through 2015. Dec 2016.

³ Centers for Medicare & Medicaid Services. Physical and Mental Health Condition Prevalence and Comorbidity among Fee-for-Service Medicare-Medicaid Enrollees. Sept 2016.

⁴ American Association of Medical Colleges. New Research Confirms Looming Physician Shortage. May 2016.

Arista|MD



For more information or to request a demo, contact us at info@aristamd.com or visit www.aristamd.com.

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