

2013 Healthcare Benchmarks: Dual Eligibles Care Coordination

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Abstracts

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Education and engagement are the keys to managing the health of dual eligibles but also the greatest challenges, say a third of respondents to a new survey on Care Management of Dually Eligible by the Healthcare Intelligence Network.

Care coordination of the 9 million Americans eligible for both Medicare and Medicaid is a growing priority for the nation's payors who wish to address this group's unique medical, social and functional needs in a coordinated and cost-efficient manner.

2013 Healthcare Benchmarks: Dual Eligibles Care Coordination examines emerging trends in duals care management, from the prevalence of existing programs to gains achieved in key quality metrics like patient satisfaction.

This 40-page report analyzes the responses of 72 healthcare organizations to HIN's industry survey on care coordination of dual eligibles conducted in July 2013. It is designed to meet business and planning needs of health plans, employers, managed care organizations, physician organizations, health systems and others by providing critical benchmarks in duals care management.

Since the passage of the Affordable Care Act, the industry has grown increasingly concerned about the need to coordinate benefits between Medicaid and Medicare and deliver the care more efficiently.

This all-new research report is supported with dozens of graphs and tables and describes the most effective care coordination strategies for duals as well as successes

respondents achieved from population health management of Medicare-Medicaid beneficiaries — all in respondents' own words.

This report provides a high-level look at overall responses and also drills down to sector-specific views from hospital/health systems and physician practices in the following areas:

Availability of current and planned duals care coordination programs;

Primary responsibility for duals care coordination;

Risk stratification tools used in duals care coordination;

Essential program components — metrics on case management, education, telemonitoring, transitional care, etc.;

Key characteristics of duals populations served;

Successful population health management strategies for Medicare-Medicaid beneficiaries;

Challenges of duals care coordination, including administrative hurdles;

Most effective tools, workflows or processes for improvement of duals' care;

Impact of formal duals care coordination on reimbursement, utilization, patient compliance, medication adherence, patient satisfaction, pharma costs, and other key metrics;

ROI from duals care management;

Greatest care coordination successes achieved;

and much more.

2013 Healthcare Benchmarks: Dual Eligibles Care Coordination also delivers advice from Dr. Timothy Schwab, the former chief medical officer of SCAN Health Plan on improving the health of dual eligibles. SCAN health Plan has a multi-pronged, strategic

approach to reaching dual eligibles based on the specific needs of the member.

This report is part of the HIN Healthcare Benchmarking series, which provides continuous qualitative data on industry trends to empower healthcare companies to assess strengths, weaknesses and opportunities to improve by comparing organizational performance to reported metrics.

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