

Special Needs Plan Program offers coordinated care solution for seniors with chronic illnesses

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The staggering rise in Medicare spending over the past two decades has been caused by treating seniors with chronic conditions, says a recent study appearing in the leading health policy journal *Health Affairs*. Millions of Medicare beneficiaries with chronic illness could benefit from customized care coordination offered through Medicare Special Needs Plans (SNPs), and absent from fee-for-service Medicare.

The study, presented at a National Press Club briefing, suggested that care coordination, evidence-based community prevention and support for patient self-management are the cornerstones for successful treatment of seniors with chronic illnesses.

Care Improvement Plus, South Carolina's largest SNP, encouraged state Medicare beneficiaries with chronic illnesses to find out if they're eligible for assistance under these coordinated care plans. They also called on Congress to consider the issues of coordinated care and chronic disease management for those on Medicare with chronic illnesses as they debate health reform.

"This study raises a red flag on an issue that will not go away unless addressed head-on and brought to the attention of the millions of seniors who are not aware of the care they should be receiving," said Paul Serini, executive vice president, XLHealth Corporation, which owns and operates Care Improvement Plus. "This conversation on the effective management of chronically ill seniors is a critical component to improving the nation's health care system."

Care Improvement Plus' Special Needs Plans provide preventive care, identifying problems before they become acute, and bridges gaps by coordinating care—ensuring physicians, caregivers and pharmacists are kept informed of member's health status, and assisting those who are medically homeless to access necessary care. Care Improvement Plus currently serves over 18,090 members in South Carolina.

The study, titled "Chronic Conditions Account for Rise in Medicare Spending from 1987-2006," was published in the February online edition of *Health Affairs*.