

# Meeting the Health Needs of People with Intellectual Disabilities Would Lower Health Care Costs in the United States



**Researchers estimate that eliminating health disparities among disadvantaged groups in the United States would save the health system \$230 billion over four years.<sup>1</sup>** Both as a matter of social justice and cost containment, health disparities are the target of state and federal public health interventions.

**Addressing the health needs of people with intellectual disabilities (ID), an under-served minority population, is crucial to the success of efforts to reduce disparities and costs.** Although people with ID are only 1%-3% of the overall population, their unmet health needs significantly escalate health care costs. Within Medicaid, for example, people with ID represent a small percentage of the overall recipient population but account for a disproportionate share of spending.

People with ID represent **4.9%** of the Medicaid recipient population but account for **15.7%** of expenditures.<sup>2</sup>

4.9%

15.7%



## Defining Health Disparities

- Health disparities are avoidable differences in health status and access to care that result from environmental (e.g., transportation access), social and/or economic conditions.<sup>3</sup>
- In part due to a lack of access to appropriate health care, individuals with ID and other disabilities experience a cascade of health disparities compared to the general population,<sup>4</sup> including earlier onset of chronic diseases,<sup>5</sup> poorer quality health services,<sup>6</sup> and significant barriers in using preventive health care services.<sup>7</sup>

## Cost Drivers

### Preventable Secondary Conditions

- People with disabilities are more likely to experience delayed access to health care and/or treatment, misdiagnosis,<sup>8</sup> and polypharmacy (i.e., the use of more drugs than necessary to treat a condition).<sup>9</sup>
- Delayed access to health care leads to costly secondary conditions (e.g., hypertension, obesity, and chronic pain) that exacerbate primary conditions and are often preventable with access to health promotion programs.<sup>10</sup>

### Higher Rates of Chronic Conditions

- People with ID are more likely than the general population to experience chronic conditions such as asthma, diabetes, and cardiovascular disease; they are also more likely to experience multiple chronic conditions.<sup>11</sup>



### Escalated Rates of Hospitalizations

- A study of Medicaid spending in South Carolina showed that people with intellectual and developmental disabilities (IDD) are more likely to experience hospitalization for conditions that can be managed on an outpatient basis with appropriate primary and specialty care (e.g., diabetes).<sup>13</sup>
- The hospitalization rate for such conditions among all Medicaid recipients was 16.2%, compared with 24.4% for Medicaid recipients with IDD.<sup>14</sup>

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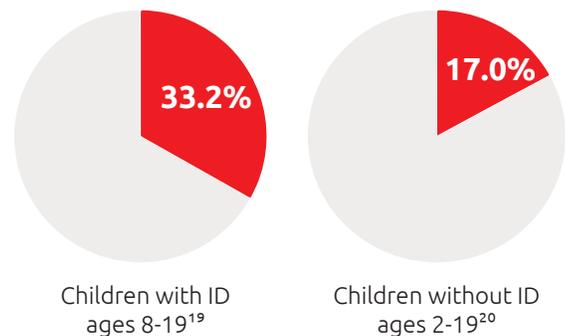
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## Obesity-related Costs

Obesity is a costly health condition that disproportionately affects people with ID and other disabilities.<sup>15</sup> Addressing obesity and related health conditions among people with ID could reduce health care spending overall in the United States.

Among adults, data from Special Olympics health screenings identified 44.2% with ID who were obese<sup>16</sup> in 2014 compared to 36.5% of adults who are obese in the general U.S. population.<sup>17</sup> This disparity also exists between children with and without ID (see charts). Medical costs linked to obesity were estimated to be \$147 billion in 2008 for all people in the United States. Annual medical costs for people who are obese were \$1,429 higher than those for people of normal weight in 2006.<sup>18</sup>

### Childhood Obesity in the United States



## Promising Practice

Service coordination is one intervention that shows promise in reducing both health disparities and costs. For example, a pilot study in Rochester, New York involved 103 Medicaid beneficiaries who received advocacy support during medical appointments and assistance with transportation, linking to community-based services, and communicating results of medical appointments to family members.<sup>21</sup> The intervention led to reduced hospitalizations and Emergency Department use among participants. The estimated annual cost savings totaled \$1,227,246 in reduced hospitalizations and \$233,037 in reduced Emergency Department usage.

## Actions to Reduce Disparities and Costs

Reducing chronic disease, secondary conditions, and hospitalizations among people with ID is one strategy to maximize health resources in the United States. The following strategies will also reduce costs through reducing disparities:

1. Ensure health and wellness resources for the general population are accessible and affordable for everyone, including people with ID.
2. Modify existing funding systems so providers are adequately reimbursed for the extra time their patients with ID may require.
3. Include content on ID in all training for health and wellness professionals and students.
4. Help families and caregivers coordinate health services in order to improve outcomes for patients with ID, their providers, and payers of their health services.
5. Incorporate the needs and perspectives of people with ID into all existing public and private initiatives aimed at ending health disparities.

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