

# The Unseen Challenges of Type 2 Diabetes:

Insights from  
1,000+ Medicaid/  
Dual Beneficiaries

Podimetrics surveyed 1,001 Medicaid beneficiaries to delve into the complexities of type 2 diabetes management. The results shed light on patients' experiences, challenges, their social needs influencing preventive care and technology use, and their perceptions of the care they receive. Gain essential insights for crafting patient-centered strategies to enhance care quality, bridge disparities, and manage resources efficiently.



## **BACKGROUND:**

Founded in 2011, Podimetrics is the creator of the SmartMat™ and a provider of integrated clinical care services. The company is dedicated to its mission of saving the limbs and lives of patients living with complex diabetes, particularly those supported by Medicaid.

To help it achieve that mission, the company wanted to gain insights directly from over 1,000 Medicaid beneficiaries living with type 2 diabetes, studying how their condition is affecting their lives, the barriers they encounter, and the perceptions they have of their care.

### **What we set out to learn:**

1. Insights into patients' struggles, obstacles, and perspectives on their care.
2. Challenges to help healthcare providers, policymakers, and researchers develop effective, patient-centered strategies using RPM for enhancing care quality and reducing disparities.
3. Data on critical social needs that impact patients' health and their use of preventive measures and technology.

# EXPLORING THE DIABETES EXPERIENCES: WHY IT MATTERS

## **Diabetes is prevalent.**

Living with diabetes demands constant vigilance in managing blood sugar levels, dietary restrictions, medication regimens, and lifestyle changes, alongside dealing with physical symptoms, potential complications, and the emotional burden of this chronic condition. The CDC reports that **38 million Americans have diabetes**, with type 2 diabetes accounting for 90-95% of cases<sup>1</sup>, making it **one of the most prevalent chronic conditions**.

## **Medicaid and diabetes are a costly connection.**

Medicaid beneficiaries often have [higher rates](#) of diabetes compared to other cohorts, resulting in this group making up a disproportionate amount of the total costs. Diabetes is the most expensive chronic condition in the U.S.,<sup>2</sup> with 61% of its costs for adults aged 65 or older, primarily paid by Medicare.<sup>2</sup> The health and financial consequences of diabetes are significant, as complications from the disease are debilitating and contribute to rising costs. Data<sup>3</sup> indicates that Medicaid beneficiaries with diabetes face higher mortality rates due to complications than those with private insurance.

## **Despite some awareness, there's still a need for comprehensive support.**

While providers and Medicaid health plans understand that this population has complex health needs, there still is a lack of comprehensive care for many. Those with Medicaid require more ongoing clinical care in between doctor visits, need more nonclinical support for social needs that affect their health, and must have greater access to digital tools and services that can improve health outcomes.

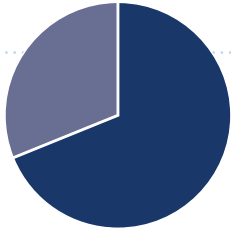
## **How can we tackle the challenge?**

Advancements in technology and improved clinical coordination services position us better than ever to address the challenges faced by this vital segment of Americans. However, further investments in innovation and clinical touchpoints are necessary, as these expenditures will yield greater returns than their costs. By developing smarter strategies and deploying appropriate resources, providers and health plans can reduce the total cost of care for Medicaid beneficiaries with type 2 diabetes while enhancing their quality of life.

**Let's unveil the complexities of type 2 diabetes management amongst Medicaid beneficiaries.**

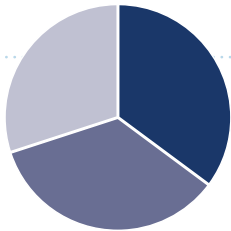
# WHO RESPONDED?

## A SNAPSHOT OF OUR SURVEY PARTICIPANTS



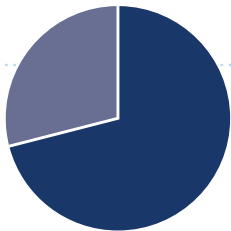
### Medicaid Coverage

- Medicaid Only: **69%**
- Dual Medicaid/Medicare: **31%**



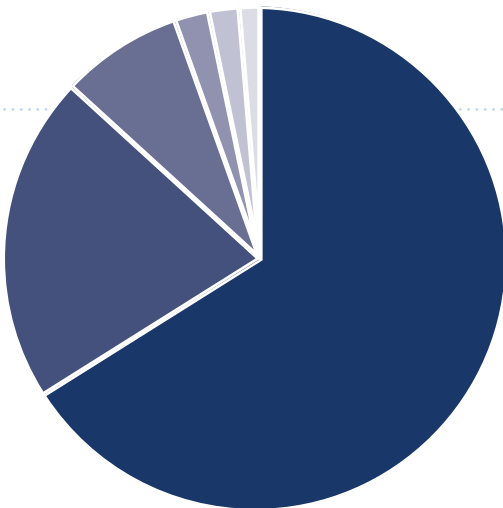
### Where Do They Live?

- Rural Area: **35%**
- Suburban Area: **30%**
- Urban Area: **35%**



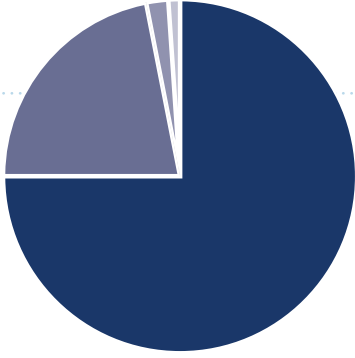
### Caring for Dependents

- No Dependents Under 18: **71%**
- Have Dependents Under 18: **29%**



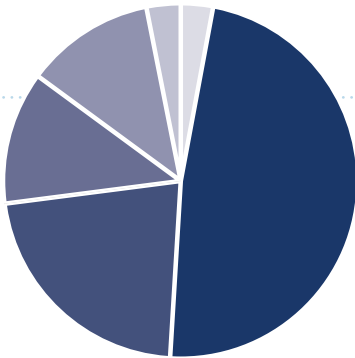
## RACE & ETHNICITY

- Non-Hispanic White: **66%**
- Black: **21%**
- Hispanic/Latino: **8%**
- Asian or Pacific Islander: **2%**
- American Indian or Alaskan Native: **2%**
- Biracial/Multiethnicity: **1%**



### Who's Managing Their Diabetes Care? (For Participants Regularly Seeing a Doctor)

- Primary Care Physician (PCP): 75%
- Endocrinologist/Diabetes Specialist: 22%
- Emergency Room: 2%
- Other: 1%



### How Frequently Do They Visit the Doctor?

- Weekly: 3%
- Quarterly: 48%
- Monthly: 22%
- Bimonthly: 12%
- Semi-Annually: 12%
- Annually: 3%

## WHAT CHRONIC CONDITIONS ARE THEY FACING?

Multiple Physical Conditions: **82%**

Chronic Behavioral Health Conditions: **65%**



Depression



Anxiety Disorder



Bipolar Disorder



Loneliness



Hopelessness/Self-Harm/Suicidality



Substance-Use Disorder



Schizophrenia



Other

# BRIDGING THE GAP: BOOSTING SUPPORT FOR MEDICAID BENEFICIARIES BEYOND DOCTOR VISITS

**A majority of Medicaid beneficiaries demand more support in between doctor’s visits and demand Medicaid plans to provide more support.**

Medicaid beneficiaries with diabetes often have difficult personal situations that can make it hard to access care. They understand their healthcare needs are complex, making them more likely to need to engage with a collaborative care team.

The study found that **68% of participants feel their complex medical needs require more continuous care from healthcare providers**, while only 12% think in-office visits are enough. Additionally, 69% believe that increased communication between clinic visits could help manage conditions beyond diabetes.

## What Medicaid Beneficiaries Are Seeking:

**86%**

want their health plans to cover more tools/approaches to keep them connected to their care team.

**78%**

believe their plans should offer more digital resources to manage their condition, and 66% are eager to try new clinical programs and tools.

Many clinical programs enable doctors to monitor patients’ health remotely; this Podimetrics study found that **84%** of Medicaid beneficiaries recognize personal benefits from remote patient monitoring.

## REMOTE PATIENT MONITORING (RPM)

RPM is a healthcare approach that uses digital devices to track a patient’s health from home and share the data with healthcare providers. This allows for ongoing monitoring and timely clinical intervention.

## HOW MEDICAID BENEFICIARIES BELIEVE RPM CAN BOOST CONFIDENCE, KNOWLEDGE, AND HEALTH OUTCOMES

**57%** would feel more confident about their health

**43%** would feel inspired to take more proactive steps to live healthier

**25%** of people think remote patient monitoring would lead to less disruption in their lives

**37%** see provider-enabled remote health monitoring as a way to help them learn more about their condition

**21%** think providers remotely monitoring their health would lead to a decrease in emergency care

**Medicaid beneficiaries demand RPM device access – yet clinical support services are a ‘must’ to maximize benefits.**

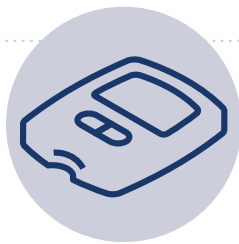


# RPM DEVICE USE AND ACCESS: HOW MEDICAID BENEFICIARIES ARE GETTING CONNECTED

## WHAT ARE THEY USING?

Although Medicaid beneficiaries are enthusiastic about remote patient monitoring programs, **79% report they currently don't use any RPM devices.**

Among the 21% who use RPM devices, the most common are:



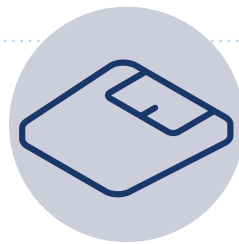
**53%**

smart glucose monitors



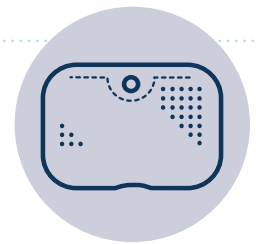
**42%**

smart watches or bracelets



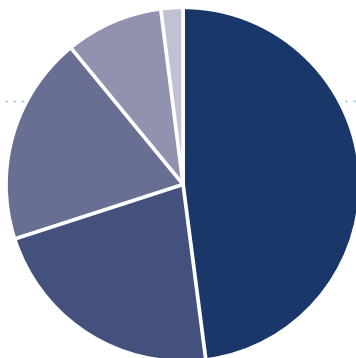
**13%**

smart scales



**3%**

smart mats



### How do they receive their RPM devices?

- Medicaid Plan: **49%**
- Providers: **22%**
- Self-pay: **19%**
- Government agency (other than Medicaid): **9%**
- Charity or community organization: **2%**



## MEDICAID BENEFICIARIES' VIEWS ON RPM

While only a small number of patients with type 2 diabetes currently use RPM devices, **81% of Medicaid beneficiaries believe RPM should be part of their care.**

Barriers to adoption may include access issues, and RPM alone may not be a complete solution. The most effective RPM systems combine additional care and support with patient-centric designs for better engagement.

### AMONG CURRENT RPM USERS:

**36%**

struggle to understand their device's data.

**42%**

have forgotten to share important information with their providers.

This highlights the importance of clinical support services in enhancing RPM effectiveness. However, **only 52% of Medicaid beneficiaries with type 2 diabetes using RPM devices report having access to such support.**

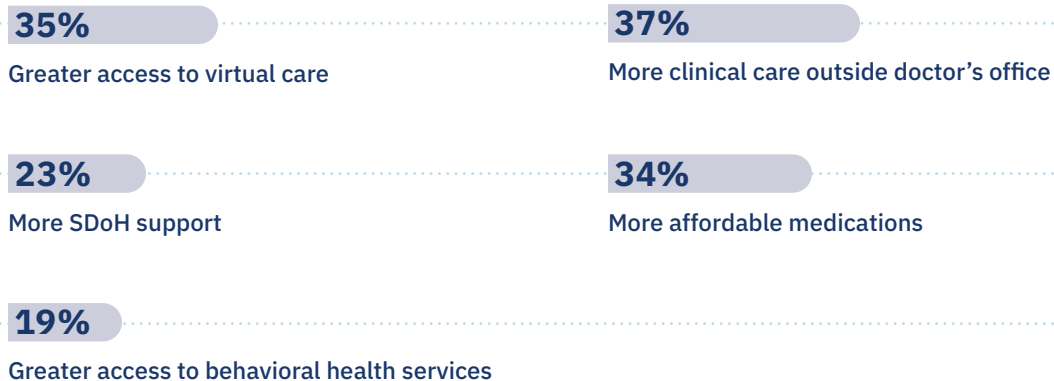


# CLINICAL SUPPORT: THE MISSING LINK FOR MAXIMIZING RPM BENEFITS

Nearly all Medicaid beneficiaries surveyed (86%) believe that **consistent clinical support services should be included** with RPM devices. Study participants identified several ways these services would benefit them:

- 65%** say it would help them take medications and tests as prescribed
- 57%** believe it would keep them informed about health risks
- 57%** say it would support healthier lifestyle choices
- 56%** think it would improve their mental health
- 51%** believe it would remind them to see their doctor more regularly
- 52%** say it would ensure they use their RPM device consistently
- 38%** say it would help them address social determinants of health (SDoH) needs

**RPM devices supported by clinical services were the most commonly chosen strategy (53%) to help Medicaid beneficiaries manage their conditions. This far outpaced other strategies, such as:**



# SYSTEMIC DISPARITIES: ONE IN THREE MEDICAID PATIENTS FEEL UNFAIRLY TREATED

About one in three Medicaid beneficiaries with type 2 diabetes feel discriminated against by the U.S. healthcare system. This survey found that 34% believe they are not treated fairly, underscoring the difficulties these individuals face in accessing equitable care.

## THIS “ONE-IN-THREE” TREND RECURS THROUGHOUT THE STUDY:

**36%**

feel they're treated differently by providers simply because they have Medicaid.

### Among those reporting discrimination:

**53%** experience it in emergency care

**25%** during in-patient hospital stays

**43%** in specialists' offices

**14%** with imaging or testing providers

**38%** with primary care providers

### Access barriers fuel perceptions of lower care quality

In addition to perceived discrimination, 29% of Medicaid beneficiaries struggle to find a preferred doctor who accepts Medicaid. However, only 15% report being turned away from non-emergency care due to their coverage.

### These negative experiences likely shape broader perceptions about care quality:

**44%** believe their healthcare is of **equal quality** to others

**33%** believe their care is of **lower quality**

**23%** believe their care is of **higher quality**

# BEHAVIORAL HEALTH CRISIS: A MAJOR THREAT TO MEDICAID PATIENTS WITH DIABETES

Behavioral health challenges are a significant threat for Medicaid beneficiaries with type 2 diabetes, **with 65% also living with behavioral health conditions**, the most common being depression and anxiety.

## This study reveals that:

- **86%** of those with behavioral health issues battle depression, far above national averages, and **66%** of the overall group also deal with anxiety disorder
- **28%** live with bipolar disorder, and **28%** experience loneliness
- **Alarmingly, 14%** report thoughts of self-harm or suicidality
- **11%** have substance-use disorders

## These mental health struggles can often disrupt diabetes care, with **40%** of respondents reporting interference:

- **78%** say it affects medication adherence
- **61%** struggle to regularly monitor vitals
- **59%** report difficulty maintaining a healthy diet
- **57%** find it hard to stay active
- **35%** say it prevents them from seeing a doctor

**Most rely on PCPs (55%) for mental health medications, followed by mental health providers (37%), with 8% turning to emergency or urgent care.**

**“Behavioral health challenges rarely live in isolation. We find our patients living with diabetes—a high percentage of whom are covered by Medicaid—are managing their diabetes and a behavioral health issue in tandem, which only exacerbates the complexity of one’s chronic disease,”** says **Dr. Denise Levy, DPM, with Montefiore Medical Center.** “Diabetes distress is real, and it impacts far too many of our most at-risk patients. Putting mental health investments on par with physical health for patients with diabetes is the one-two punch needed to make whole person care more accessible.”



Based on more than 20 years in practice as a podiatrist serving diverse and at-risk patient populations in Bronx, N.Y., Dr. Levy sees a major opportunity to integrate behavioral health with traditional physical care for Medicaid beneficiaries living with type 2 diabetes. Podimetrics is currently collaborating with Montefiore Medical Center on a pilot program focused on preventing diabetic amputations in its diverse Medicaid population living with complex diabetes.

# COVERAGE FEARS AND SOCIAL BARRIERS CHALLENGE MEDICAID PATIENTS WITH DIABETES

Medicaid beneficiaries with type 2 diabetes face growing concerns about losing coverage and enduring social challenges. 64% worry that Medicaid policy changes could make them ineligible, intensifying their struggles amid economic hardships.

## RISING COSTS AND INFLATION ARE TAKING A TOLL:

**42%**

have skipped care or medication due to affordability.

**35%**

say inflation has affected their ability to access prescriptions.

## Beyond financial stress, many encounter social barriers to managing their health:

**43%** feel that societal factors beyond their control contribute to their diabetes complications.

**54%** can't afford healthy food options.

**33%** lack reliable transportation to access care.

Despite these challenges, **58%** report receiving no nonclinical support for these barriers.

Among the **42%** who do receive help, common forms of assistance include:

- **29%** receive virtual health access or housing assistance
- **59%** get transportation support
- **35%** access free durable medical equipment
- **66%** receive nutrition assistance
- **27%** benefit from in-home health assessments/diagnostics

Of those receiving social support, Medicaid health plans are the most common provider (68%), followed by healthcare providers (34%), government programs (34%), and community organizations or charities (9%).

## AMPUTATION AWARENESS VS. ACTION: PATIENTS SKIP PODIATRY CARE

Medicaid beneficiaries with type 2 diabetes recognize the severe risk of amputations, yet many fail to seek preventive care. While amputations are debilitating and costly, they are largely preventable<sup>4</sup>, especially within the Medicaid population.

### THIS STUDY SHOWS THAT:

**87%**

of Medicaid beneficiaries understand the threat of limb loss due to diabetes.

**87%**

also know that proper management can prevent amputations.

Despite this awareness, nearly **1 in 10 (9%)** have already experienced an amputation. Alarming, less than **half (42%)** express concern about needing an amputation in the future, and only **34%** report seeing a podiatrist to check for complications.



## **COSTLY CONSEQUENCES: MEDICAID PATIENTS FACE DEBT FROM EMERGENCY CARE**

Emergency and urgent care services are driving up costs for the healthcare system and leaving many Medicaid beneficiaries with type 2 diabetes in serious medical debt.

While nearly all beneficiaries see a doctor in non-emergency settings, **9%** rely on emergency departments (ED) or urgent care as their primary source of treatment.

However, ED visits remain high among this population, with **46%** having visited the ED at least once in the past five years and **17%** going three or more times. Notably, **54%** discovered another chronic condition during these visits.

Although the system often absorbs the costs, these ED visits contribute to significant financial burdens for patients, with **40%** reporting medical debt they feel unable to escape due to past emergency care.

Interestingly, **81%** of Medicaid beneficiaries with type 2 diabetes believe that connecting with providers between clinic visits could have helped them avoid unnecessary ED visits.

## **OPTIMISM AMID DECLINE: MEDICAID PATIENTS HOPE FOR BETTER HEALTH**

Despite 79% of Medicaid beneficiaries with type 2 diabetes reporting no improvement in their health over the past year, **more than half (55%) remain optimistic their health will improve in the year ahead.**

**40%** say their health has worsened in the past 12 months.

**39%** report no change.

**21%** have seen improvements.

# GENDER DIFFERENCES IN DIABETES CARE: BEHAVIORAL HEALTH, ACCESS, AND SUPPORT

A comparison of male (29%) and female (71%) Medicaid beneficiaries with type 2 diabetes reveals notable differences in health experiences and care access:



## WOMEN

**69%**

69% of women report behavioral health challenges, compared to 55% of men.

**7%**

7% of women use the ED or urgent care as their primary source of diabetes care compared to 13% of men.

**50%**

50% of women report lacking access to healthy food, versus 37% of men.

**29%**

29% of women see a podiatrist compared to 45% of men.

**39%**

39% of women worry about needing an amputation versus 52% of men.

**43%**

43% of women using RPM devices report receiving clinical support services, compared to 69% of men.



## MEN

**55%**

**13%**

**37%**

**45%**

**52%**

**69%**



# DEPENDENTS VS. NO DEPENDENTS: HOW IT IMPACTS DIABETES CARE

A comparison of Medicaid beneficiaries with dependents under 18 (29%) to those without dependents (71%) reveals distinct challenges and experiences. Medicaid beneficiaries with type 2 diabetes who have dependents under 18 often find it harder to manage their condition than those without dependents. However, they are open to trying new programs.

## DEPENDENTS

## NO DEPENDENTS

13%

13% of respondents with dependents use the ED or urgent care as their primary care source, versus 8% without.

8%

59%

59% with dependents discovered another chronic condition in the ER, compared to 52% without dependents.

52%

53%

53% with dependents report behavioral health disrupting diabetes management, compared to 34% without.

34%

38%

38% with dependents struggle to find a preferred doctor, versus 25% without.

25%

43%

43% with dependents feel treated differently by providers due to Medicaid, versus 33% without.

33%

20%

20% with dependents were turned away from non-emergency care due to Medicaid, compared to 12% without.

12%

41%

41% with dependents believe their healthcare is of lower quality, versus 29% without.

29%

42%

42% with dependents say inflation has impacted prescription access, versus 32% without.

32%

## DEPENDENTS

## NO DEPENDENTS

75%

75% with dependents feel they need more touchpoints between clinic visits, versus 66% without.

66%

50%

50% with dependents feel societal factors contribute to their diabetes, versus 40% without.

40%

54%

54% with dependents skipped doctor visits or medication due to affordability, versus 38% without.

38%

58%

58% with dependents believe the U.S. healthcare system is unfair, compared to 69% without.

69%

73%

73% with dependents are eager to try new clinical programs, versus 63% without.

63%

67%

67% with dependents believe their health will improve in the next 12 months, compared to 55% without.

55%

13%

13% with dependents have experienced an amputation, compared to 7% without.

7%

44%

44% with dependents report medical debt due to emergency care, versus 38% without.

38%

84%

84% with dependents believe seeing providers between visits could have reduced ED visits, versus 79% without.

79%

53%

53% with dependents struggle to interpret RPM data, compared to 27% without.

27%

55%

55% with dependents forget to share important health data from RPM devices with providers, versus 35% without.

35%

# EMPOWERING CHANGE: KEY INSIGHTS FOR BETTER DIABETES CARE

Why does this research matter? This survey provides a vital glimpse into the lives of 1,001 Medicaid beneficiaries with type 2 diabetes, revealing their challenges, healthcare access issues, and satisfaction levels. By understanding their experiences, we can craft patient-centered strategies that enhance care quality, bridge disparities, and optimize resource allocation.

The findings illuminate pressing social needs—such as financial constraints and food insecurity—that significantly impact health and the use of preventive measures like RPM. This data is invaluable for healthcare providers, policymakers, and researchers aiming to implement effective interventions.

Together, we are on the cusp of transforming healthcare delivery. By addressing the unique needs of this demographic, we can improve health outcomes and enhance the quality of life for those living with type 2 diabetes while simultaneously reducing overall care costs. The journey toward equitable, effective healthcare starts here. That's why we choose hope.

## REFERENCES:

1. Centers for Disease Control and Prevention. [Diabetes Interventions](#). 2. Centers for Disease Control and Prevention. [Cost of Diabetes](#). 3. National Library of Medicine. [Prevalence of Morbidity](#). 4. American Diabetes Association. [Amputation Prevention Alliance](#).

## METHODOLOGY:

In partnership with independent market research firm PureSpectrum, Podimetrics surveyed 1,001 Medicaid beneficiaries living with type 2 diabetes nationally, uncovering significant insights about this population. The survey was conducted in August and September 2024. For more information on PureSpectrum's methodology, visit [purespectrum.com](https://purespectrum.com).



Contact us to  
learn more about  
Podimetrics:

[podimetrics.com](https://podimetrics.com)

[learnmore@podimetrics.com](mailto:learnmore@podimetrics.com)

Copyright © 2024 Podimetrics.  
All Rights Reserved.

