

NH Medicaid  
Care Management Program  
*Public Forum*

Somersworth, NH  
September 22, 2011

# Disclaimer

Please note that the comments and priorities that follow reflect the opinions of participating workgroups and not necessarily those of the Department of Health and Human Services.

Photos of charts reflect workgroup work process and product. Items crossed out typically reflect brainstormed suggestions that were combined with others.

*Note: In this Forum the first exercise was skipped and the definition of Quality of Life was used from the first two forums. We have documented them as Exercises 1 and 2, while the flip charts may be labeled Exercises 2 and 3.*

# *Program User Perspective - Exercise 1*

## **What's needed to increase # with high quality of life/health?**

- Long-term supports and services as related to each individual person
- Personal care providers get the support they need – wages/benefits/training
- Equal policies for everyone – everyone gets the same choices, access to the same providers – continuity of care
- Logistics – combined care coordination – someone who understands the needs of the person, but knows what is feasible and possible in the new model – ability to reach a person – to know who to call
- person centered care – influences and informs what comes underneath it
- access to services, proper meds, equipment for recreation, easier recertification
- Meeting family needs/respite/our own choice of providers – want them to be educated and understand what is here
- Readily available – not long waits
- Ability to choose/keep current providers
- Access to the information that supports this
- In home care vs. institutionalization
- Ability to access brand name vs. generic

# *Provider Perspective – Exercise 1*

## **What's needed to increase # with high quality of life/health**

- Quality – adequate training, adequate access
- Funding – without funding to cover the costs of services there will be no services
- Collaborative care
- Choice – appropriate for the patient – well informed
- Structure of the system, local control
- Improved payment system
- Integration – mental health and dental care, work between providers, comprehensive array of services, prevention
- Accessibility – transport, access, affordable, medication, live people to talk to, auxiliary services
- Medical Home model – integrated access to all services
- Adequate and fair
- Easy to navigate

## *Program User Perspective – Exercise 2*

In a care management program, what must happen in order to create **knowledgeable and informed** recipients?

- Care coordination – make sure that they know the person – and that the caseload is not so large
- Knowledge – that everyone has the same awareness of what is out there – providers/care givers/recipients
- Access to information – multiple ways to get the word out –multiple formats for people to access and understand
- Ongoing forum – website, ways to speak to other parents/care givers. Want to keep everyone on the same page (including providers and recipients)
- Well trained – when contacted – health advocacy – consistent information access – need to be experts on the health areas that they represent
- Recipients and caregivers must be part of the process
- Access to info in a database. Ability to talk to a live person to answer my questions

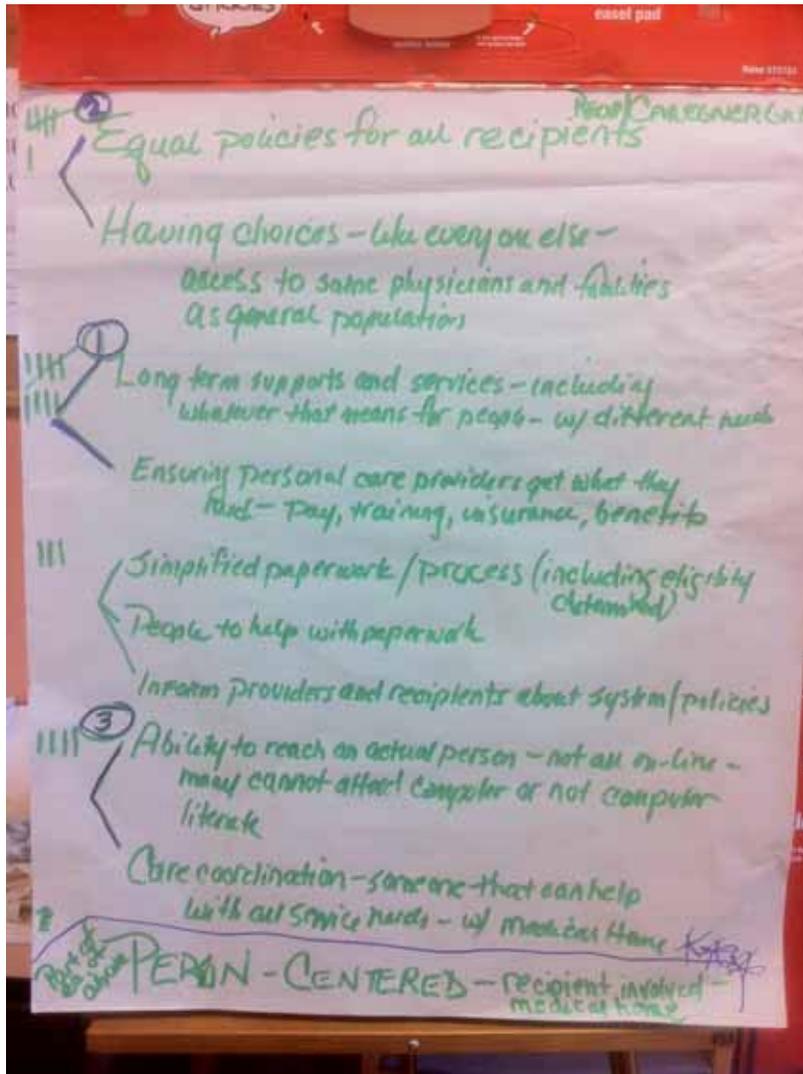
## *Provider Perspective – Exercise 2*

In a care management program, what must happen in order to **create satisfied providers** instead of dissatisfied (or **Resistant**) providers?

- Adequate and timely reimbursement for quality services – more prevention, more education, more case management
- Eliminating barriers to services, location, transport, prior authorization
- Patient based care, choice
- Elimination of bureaucracy
- Less litigation
- Fair pay for employees/ fair and adequate reimbursement for provider
- Transparency
- Local Control
- Whole economic system – pay to providers/stability for staff/support for clients
- Communication – whole system – listening and informing
- Medicaid has a responsibility for informing the providers/medical home about services that they are receiving.

# Program User Perspective - Exercise 1

What's needed to increase # with high quality of life/health?



8 Group B (Caregiver) IIII  
 #1 Meeting Family needs / support IIII  
 maintain Family services  
 respite  
 more opp for social activity  
 Choice of providers

10 Access to services IIII IIII  
 #2  
 - treatment at reasonable distance  
 - proper meds  
 - respite  
 - equipment for better use activities  
 - qualified med. decision makers  
 - accessing quickly  
 - evidence based

8 Surviving to thriving IIII IIII  
 #3  
 - ability to make more \$  
 - social activities  
 - funding  
 - keep services the same & more

~~- meeting the family unit needs~~     ~~- Maintain Family Support~~  
 - Funding  
 - Keep services the same  
 - ~~access to services more easily~~  
    Grandchildren ability to work for \$  
 - ability to thrive  
 - ~~qualified medical decision makers~~  
 - Seamless stream to services  
 - decrease recipient anxiety  
 - ~~Good opportunity for caregiver respite~~ (respite)  
 - ~~choice of providers~~  
 - ~~treatment at reasonable distance~~  
    ~~- Service workers working together~~  
 - ~~more opportunities for social interactions~~  
 - Better ~~access to ancillary services in give for amount of~~ visits  
 - Knowledge of different services  
    state base evidence based information by state  
 - ~~ability of proper medication~~  
 - ~~Equipment for better recreational activities~~

## QUESTION 2

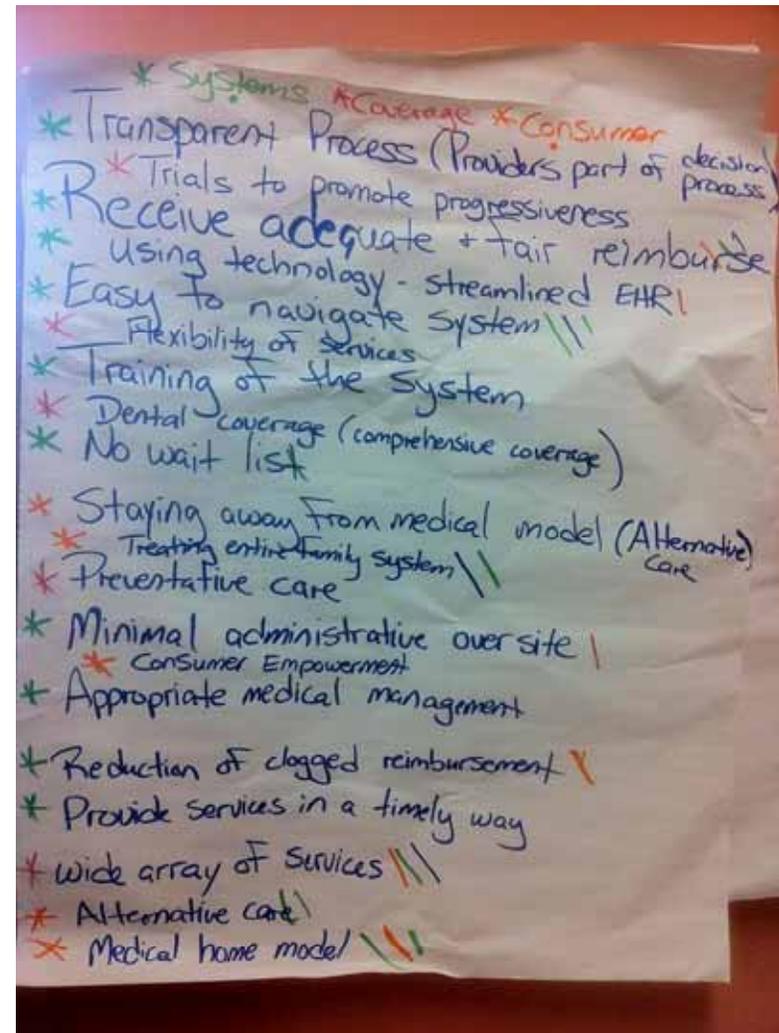
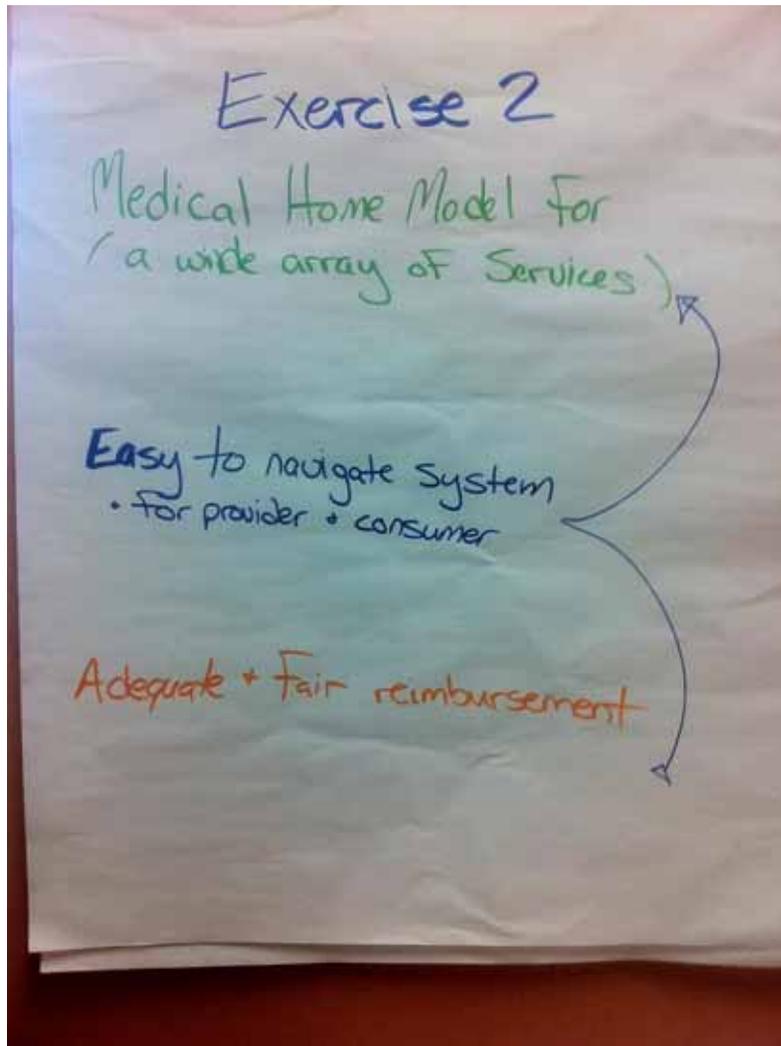
- COVERAGE - HEALTH INSURANCE
- 8 ① • SERVICES READILY AVAILABLE - ACCESS TO
  - AFFORDABLE SERVICES
  - WIDE RANGE OF SERVICES
- ① • NO WAITING FOR ACCESS OR OBTAINING OR APPOINTMENTS
- 2 ② • ABILITY OF DOCTOR'S / PROVIDERS TO ACCURATELY DIAGNOSE & TREAT CONDITION(S)
- 2 • PROVIDE INCREASED VISITS FOR MENTAL HEALTH TREATMENTS AND MORE USER FRIENDLY
- 2 ① • ACCESSABILITY TO INFORMATION OF SERVICES AVAILABLE <sup>PROVIDERS</sup> <sub>IN HOME</sub>
- 5 • ABILITY TO CARE VS INSTITUTIONALIZED
  - ① • ABILITY TO CHOOSE CURRENT PROVIDERS VS BEING FORCED TO USE NEW/UNKNOWN PROVIDERS
- 1 • NOT ALLOWING DOCTOR DECISIONS TO BE QUESTIONED / UNDERMINED / REVERSED
- 3 • GENERIC VS BRAND PRESCRIPTIONS - NEED VS COST VS ISSUES WITH GENERIC QUALITY
- ② • SPECIFIC TRAINING FOR MEDICAL HOME CARE IN MENTAL HEALTH (PRESCRIPTIONS, ETC)

## CARE GIVER GROUP C

- SERVICES READILY AVAILABLE; NO WAITING FOR ACCESS OR OBTAINING APPTS; ABILITY TO CHOOSE CURRENT PROVIDERS VS UNKNOWN/NEW PROVIDERS; ACCESS TO INFO
- ABILITY TO PROVIDE IN HOME CARE VS INSTITUTIONALIZED
- GENERIC <sup>VS</sup> BRAND PRESCRIPTIONS

# Provider Perspective – Exercise 1

What's needed to increase # with high quality of life/health



#2

QuickNotes  
providers

- INTEGRATION - whole person health
- COLLABORATION AMONG PROVIDERS
- ★ • TRANSPORTATION
  - Respite
- ★ • Accessibility of IT help for CONSUMERS
- MONITORING of PROVIDERS' QUALIFICATIONS / best practice
- ★ • AFFORDABILITY
- EASIER, FASTER ACCESS to OMBUDSMEN
- ★ • EASIER ACCESS to HUMAN being
- ★ • Single point of entry

#2

QuickNotes

#2

QuickNotes  
providers

- COORDINATION of services
- STABILITY of services
- STREAMLINING of PROCEDURES / PROCESSES
- SIMPLIFICATION of SERVICES / PAPERWORK
- ★ • ACCESSIBILITY
- ★ • QUICK ACCESS to needed MEDICATIONS
- FLEXIBILITY / THINKING outside box
- ★ • ACCESS to PREVENTIVE CARE  
EARLY INTERVENTION
- COMPREHENSIVE ARRAY of services  
including MENTAL health and  
SUBSTANCE ABUSE ~~TREATMENT~~ TREATMENT
- CHOICE of services
- HAVING education AVAILABLE to  
CONSUMERS
- ORAL Health

\* Educate Urgent vs Not

Pg 2

- \* Integrate Oral/Mental/Physical
- \* Ease of Access into System
- \* Adequate Training to be 'Medical Home'
- \* Benchmark PT outcomes w/ like entities
- \* Better Understanding of Community Resources
- \* Partnering w/ others
  - economics
  - educational
- \* Communication between providers
- \* Developing Self Mgmt Goals
- \* Adequate Coverage Currently Receiving (HKS buyin)

Quality - 9  
 Access - 8  
 Cost - 2  
 Safety - 3  
 Partnership - 2

PROVIDER Pg 1

## QUESTION 2

- \* Adequate Reimbursement - to cover costs
- \* Prevention
- Location /
- \* Community Integration
- \* Appropriate Care Coordination
- \* Supporting Independent Living ↓ restriction
  - ie: limited services - bundle
- \* Collaborative Services
- \* Family Centered Services & Life Span
- \* Ease of Access to Care location, transportation, capacity, Specialty Care, HKS
- \* Dignity
- \* Quality & Best Practices
- \* Provider Incentives to increase #5
- \* Educate Urgent vs Not

Pg 2

## Q2 - Provider group A

- 1. Choice
  - 3. lack of bureaucracy
  - 3. more client time
  - 3. less paperwork
  - 1. appropriate care for patient
  - 1. patient input
  - 3. non-medical model
  - 2. more access
  - 1. Patient based care
  - 1. well informed recipients
  - 3. one on one
  - 3. local control
  - 4. ↑ respect for recipient
  - 2. easy access to info. (policy & health care)
  - 2. " to services
  - 4. Quality services
  - 3. improvement of payment systems
  - 2. access to services needed (timely)
  - 4. patient advocacy
1. 9 Choice  
2. 5 Access  
3. 7 Structure  
4. 3 Control

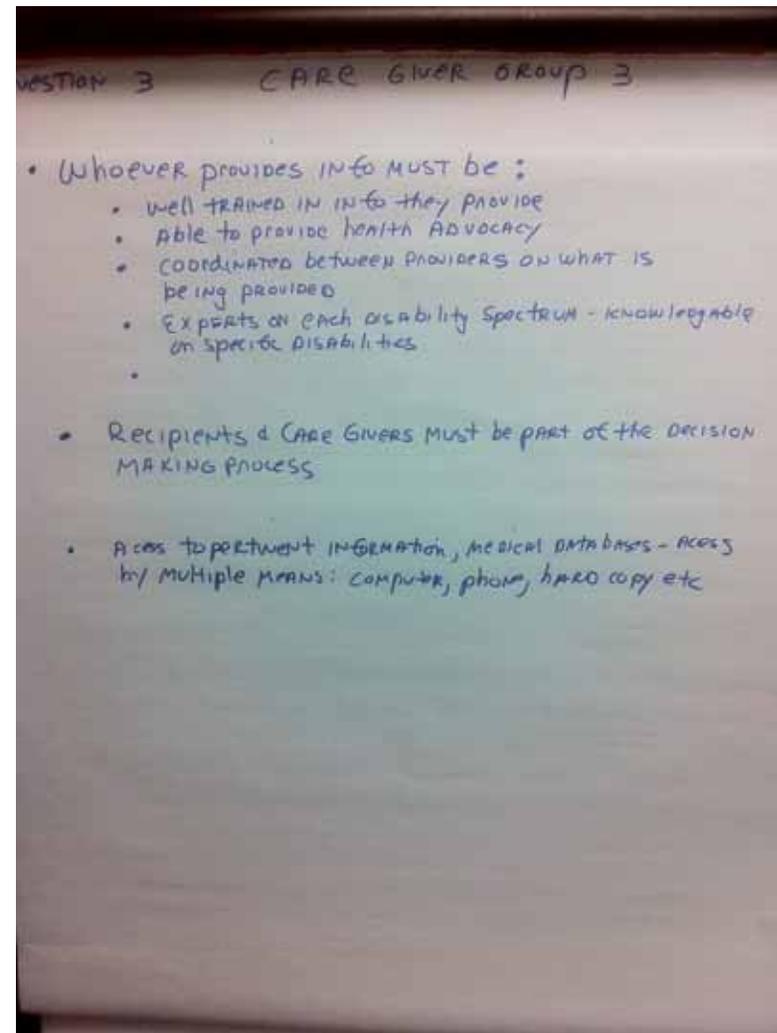
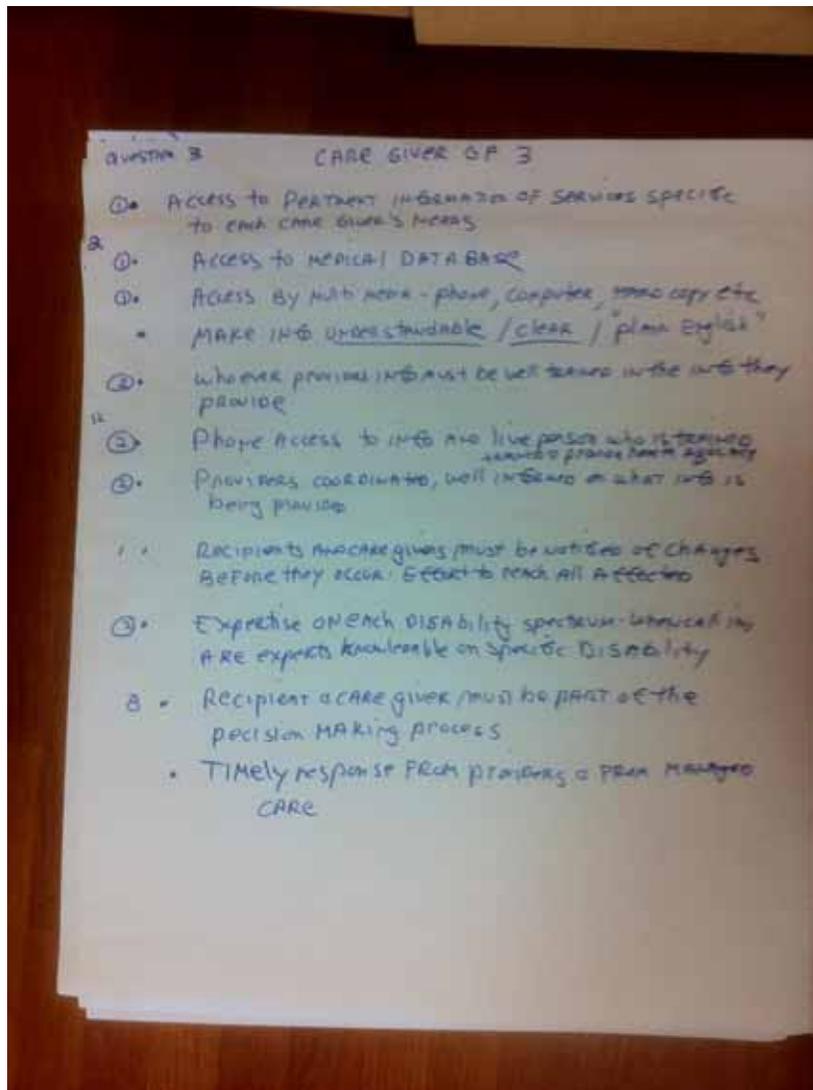
## \* Respect for Provider Decision Making

- \* Continued Input to Mg Care
- \* Communication to PCP from other providers
- \* Medicaid responsible to inform Providers of other services received by Pt (esp. duplicative)
- \* Disincentive for unnecessary ER visits (financial penalty)

Reimbursement - 9  
Barriers/Access - 4  
Timing/Disincentive - 1  
Pt Care - 3  
Communication - 1  
Total

# Program User Perspective – Exercise 2

In a care management program, what must happen in order to create **knowledgeable and informed** recipients?



\* CARE COORDINATION

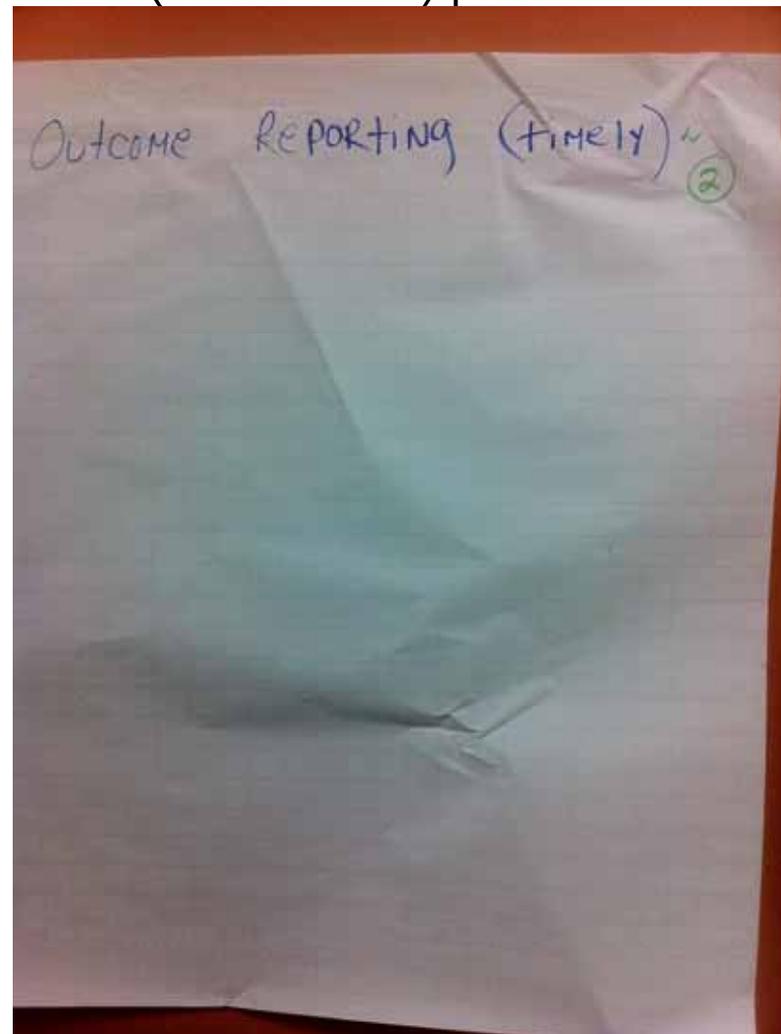
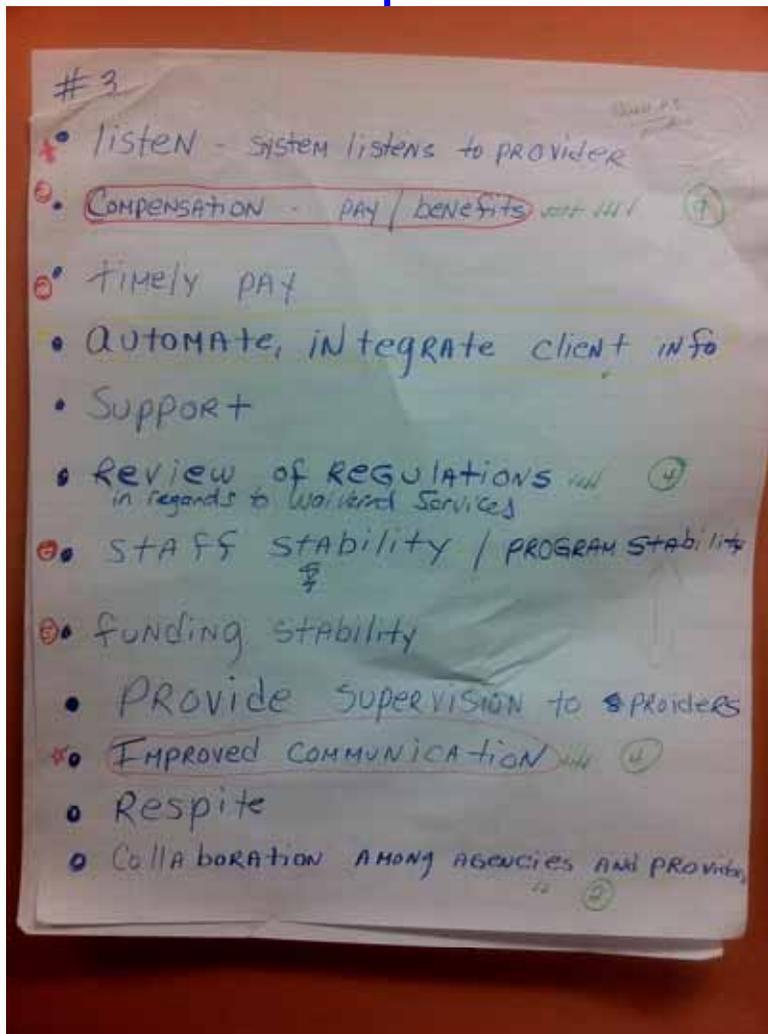
- \* IN LAYMEN'S TERMS - WHAT ARE ALL THE BENEFITS
- \* MORE FOCUS GROUPS TO MAKE TRANSITION SMOOTHER/QUICKER
- ! ENSURE PROVIDERS KNOW SAME AS RECIPIENTS
- \* MULTI-FORMATS OF INFO PRESENTATION - ie. PEOPLE LEARN DIFFERENTLY + UNDERSTAND
- \* CARE COORDINATOR TO HELP NAVIGATE SYSTEM AND TRANSITION
  - PERSONAL - WHO KNOWS PERSON - ASSIGNED TO PERSON
  - CARE LOADS NOT TOO LARGE
  - FOR RECIPIENT + FAMILY
- ! ENSURE ALL PROVIDERS KNOW ROLES THEY ARE PLAYING UNDER
  - \* IIIII
  - ! III
  - \* IIII

Question 3

- ① Website / Forum / <sup>on going</sup> phone IIII, IIII
- ② Email Updates II
- Surveys
- ① Mail I
- pharmacy / doctors office
- ③ local face to face meeting III
- more follow up
- localized management
- ⑤ parental input IIII
- family (caregiver)
- ⑥ have everyone on the same page IIII
- Honest responsibility to give service info
- Personal phone conversation

## Provider Perspective – Exercise 2

In a care management program, what must happen in order to **create satisfied providers** instead of dissatisfied (or **Resistant**) providers?



## Q3-Provider Grp. A

- 2. reasonable reimbursement
  - 1. easy access
  - 2. Uniformity/less beaurocracy
  - 2. spend time w/ client
  - 2. less paperwork
  - 2. easily / less policies to follow
  - 1. understanding process
  - 3. patient control
  - 1. accessibility
  - 1. education/knowledge
  - 1. access to policies/payment info
  - 3. valid voice
  - 3. trustworthy providers
  - 1. timely response f/ system
  - 1. better website
  - 2. ~~transparency~~
1. 10-ACCESS
2. 11 Streamlined System  
Money vs. Time
3. 3 Patient Control
- Streamlined System w/ reasonable rates reimbursement rates

## Q3 Pt. 2 Provider Grp. A

- 1. Cost of care / services
  - 1. better / clear website
  - 1. ~~no change to services~~
  - 2. local patient control
  - 2. local care
  - 2. continuous respect
  - 1. ability to contact case worker
  - 2. equality / comparable care w/ private insurance
  - 1. case worker via email
  - 2. accurate unbiased advice
  - 2. family centered planning
  - 2. choice (providers, Dr's, medications)
  - 2. Voice
  - 1. less paperwork
  - 2. timely access to services
  - 1. ability to understand services
  - 1. communication re. changes
  - 1. understanding coverage access
1. 8 Availability of Info
2. 15 Quality of Services & Info.

G3

- \* Adequate reimbursement to cover costs (for quality services)
- \* Limit barriers (Prior auth, requirements, etc)
- \* Training PT + Providers
  - x Meeting people's needs
  - x Freedom to focus on PT care
    - Knowing other care coordination in close w/ communication + collaboration
  - Don't advice on cost but on appropriate PT care
  - x Global communication between all parties involved w/ PT
- \* Ease of Access to Specialty Care
- \* Broad def. of 'medical necessity'
- \* Rehab vs Habilitative Care

### Exercise 3

- // ~~Less bureaucracy~~ Less bureaucracy/red tape
- Fair + adequate reimbursement
- Less litigation
- Fair pay for employees
- Fewer mandates w/ transitional change
- Local control
- Transparency = less resistance
- ↑ access to care
- Knowledge of populations being served
- // Consolidated networks