

NH Medicaid  
Care Management Program  
*Public Forum*

North Country, NH  
September 21, 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?**

- Access to care: right care at the right time including transportation with follow up
- Consumers need to feel empowerment and have choice, Care needs to be individualized.
- Integration of services is very important
  - Noticing that people are people not patients or numbers
  - Coordination of providers
  - Talking to people at the right level
  - Community based services
- Consistency
  - A lot of time spent manipulating the system to get what their children need.
  - Big fear that all of the providers will vanish and they will have to start over
- Money
  - The system is already constrained by money. Adding another layer is sucking more money out of the system and giving it to other people
  - Want to make sure decisions are made by PROFESSIONALS NOT BEAN COUNTERS

# *Provider Perspective – Exercise 1*

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

- Fair pay
- For chronic people, want to get payment even if there is no progression.
- Access to services and transportation especially in the North Country (limited reimbursement)
- Must be able to refer services that are needed, and know if they are covered
- System of comprehensive and integrated services for home based and community based care. Individuals get what they need for special needs
- Access to local community based services at point of need in timely manner, ESPECIALLY IN NORTH COUNTRY
- Access to transportation – too many people can't get to hospital or appointment
- Access to care is an issue especially with geographic distances in North Country with limited transportation and expense of providing services
- An advocate for patients to navigate the managed care system and their options. Must be communicated in a very simplistic way so they can understand
- Providing very comprehensive services geared to prevention. Medical home with care for the whole body (physical, social, emotional, economic factors)

## *Program User Perspective – Exercise 2*

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

- Good communication with education giving clear guidelines so clients and caregivers (and their families) can understand
- Fear that providers will go out of business or lose jobs and affect continuity of care
- Fair reimbursement
- Overwhelmingly concerned with INCLUSION and LISTENING
  - Clients involvement in all decision making at the appropriate level
  - Never saying we've decided what is best for you and this is what it is
  - Listen to individual with respect
- Important aspects of support that agencies use to ensure the clients have a better life
  - Peer group
  - Child care
  - Safe housing

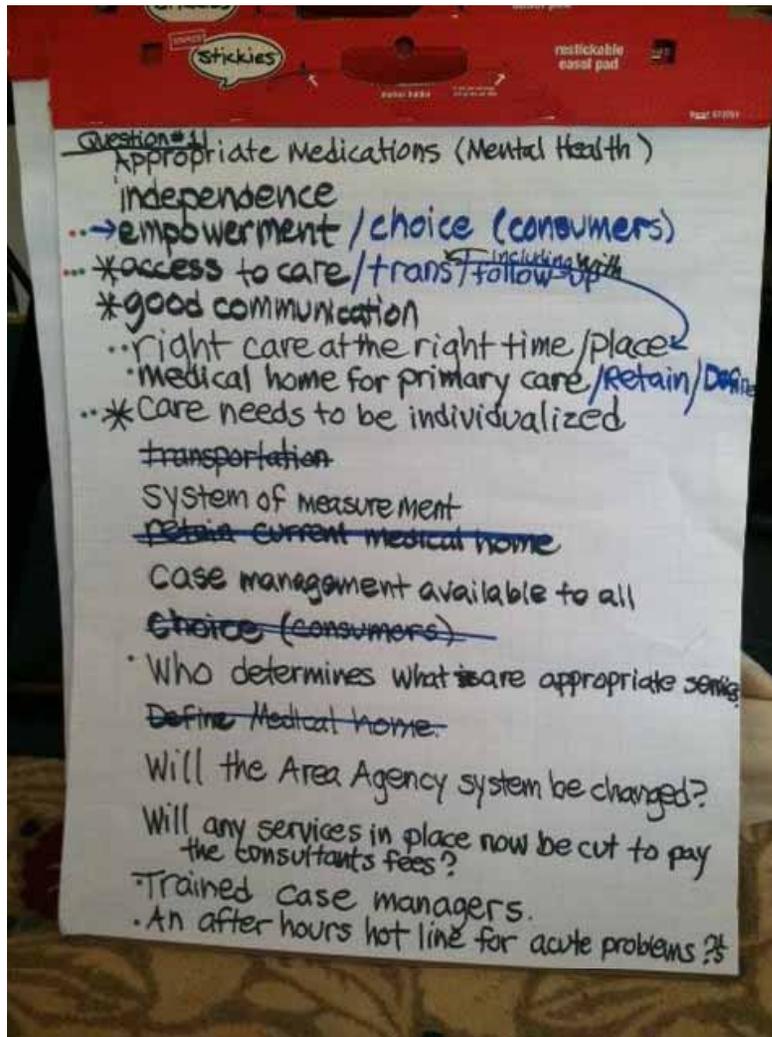
## *Provider Perspective – Exercise 2*

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

- Trust that doctors know what care is needed.
- Similar guidelines for what outcomes are.
- We need to have information on the Affordable Care Act before implemented so that we can tell clients what we can do
- Coordinating training for the service agencies so that we can tell people what services they can get, how to access, and how much they can get.
- Expectation for providers should be consistent but allow flexibility without penalties
- Reimbursement adequate, reasonable, timely, and predictable
- Streamlined reporting documentation requirements so everyone is on same page
- A very fair reasonable system where reimbursement is perceived as adequate and is adjusted because very few providers in the North Country will accept it which means those who do are VERY OVERLOADED.
- Fairness and equality helping people navigate through with a seamless coordinated approach that is electronic/internet based. Coordination between physicians for an individual.
- Medical home approach: offering a very holistic care plan to the individual and protecting their rights and providing access to coordinated services

# Program User Perspective - Exercise 1

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



Use of "Patient" is ~~incorrect~~ <sup>inappropriate</sup> term.

- D They are people!
- B Fear is # goes to Managed Care Co and not People
- 1) Integration of indiv in system  
All providers integrated
- A Maintain connections with providers we use now.
- E Engage people in good care
- C Groups or methods to determine best quality of care.
- C Assessment + monitoring involves families and caregivers.

A::  
B::

# 1 (# 2)

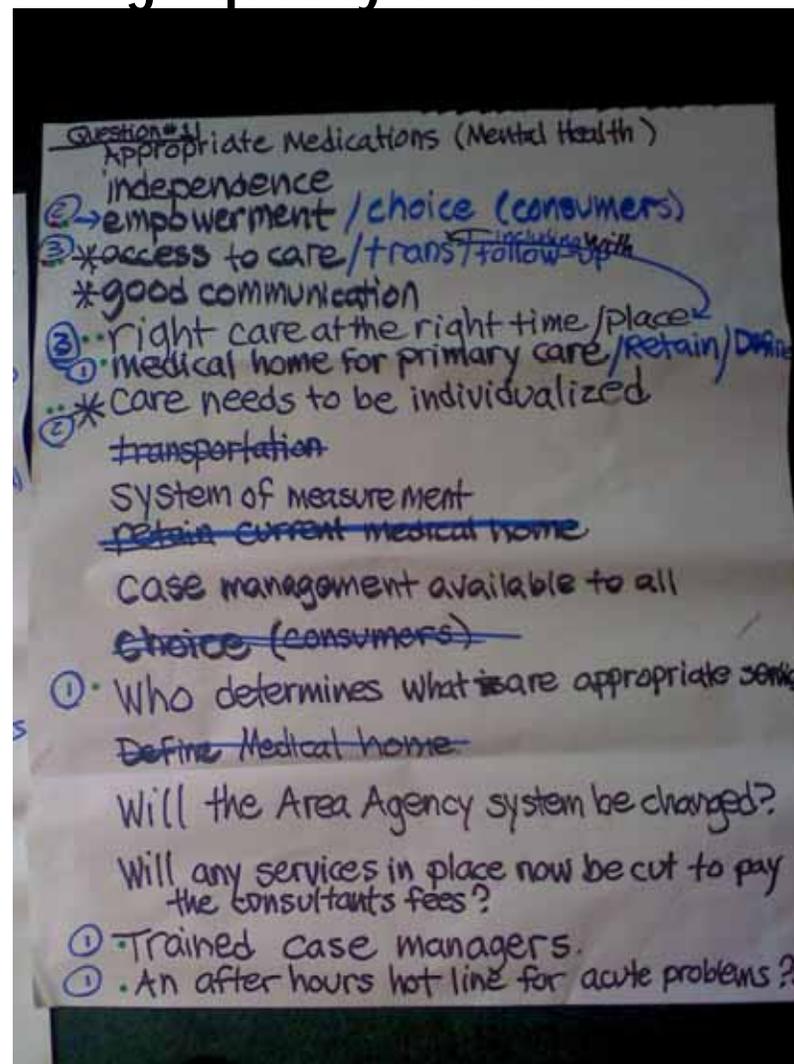
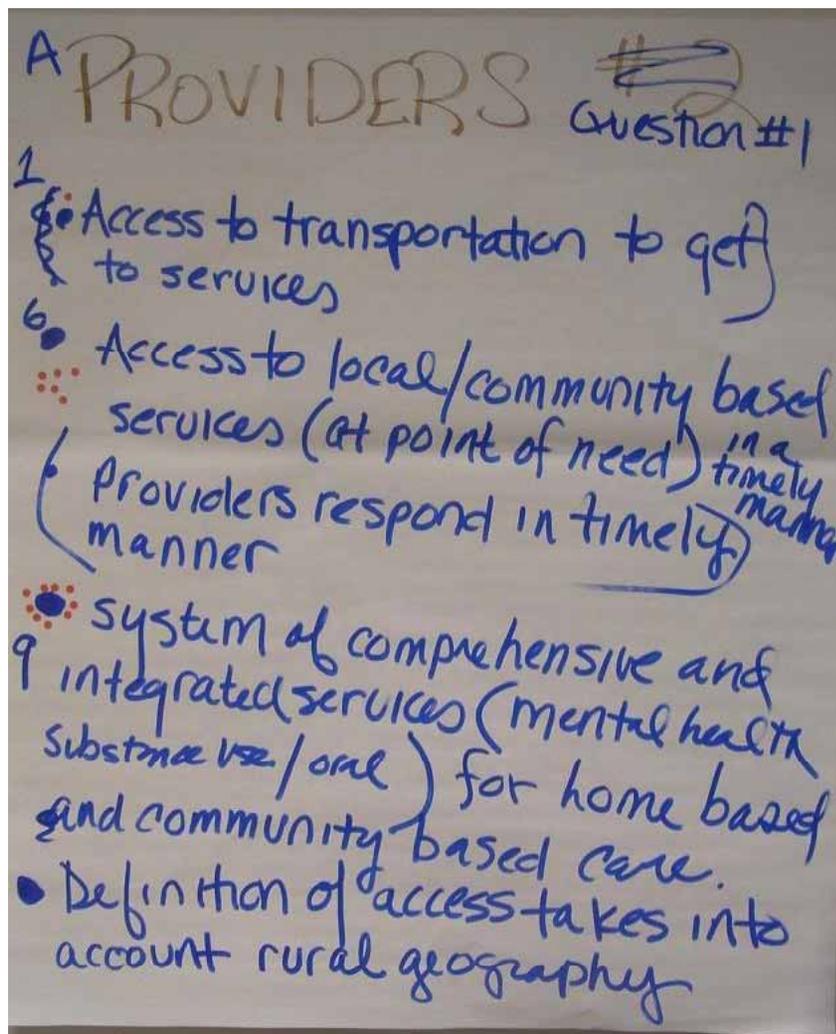
## RECIPIENTS #2 AND CAREGIVERS

*Spokes person  
Doing  
Aim to  
Measure  
Resource*

- Program ~~does not~~ <sup>needs to</sup> change in ways appropriate to person. Great now why Reinvent the wheel.
- A Continuity + opportunity
- B Where does # come in? Give max. possible
- E Education needed to make informed choice
- Continue with programs already developed  
Area Agency + Family developed programs work
- # Make sure services remain in place.
- B Make sure decisions are made by appropriate professionals, not by bottom line.
- D Cultural Competency ie. Rural, geographic, etc
- E Quality + Skill of providers. If funding not there may have less skilled providers. Need Specialized.
- D Center in local area - Location is important

# Provider Perspective - Exercise 1

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



8x3 Provider "B" Summary

#1 Fair, Reasonable, Adequate  
Reimbursement + processing  
Systems

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#2 Medical Home Focus

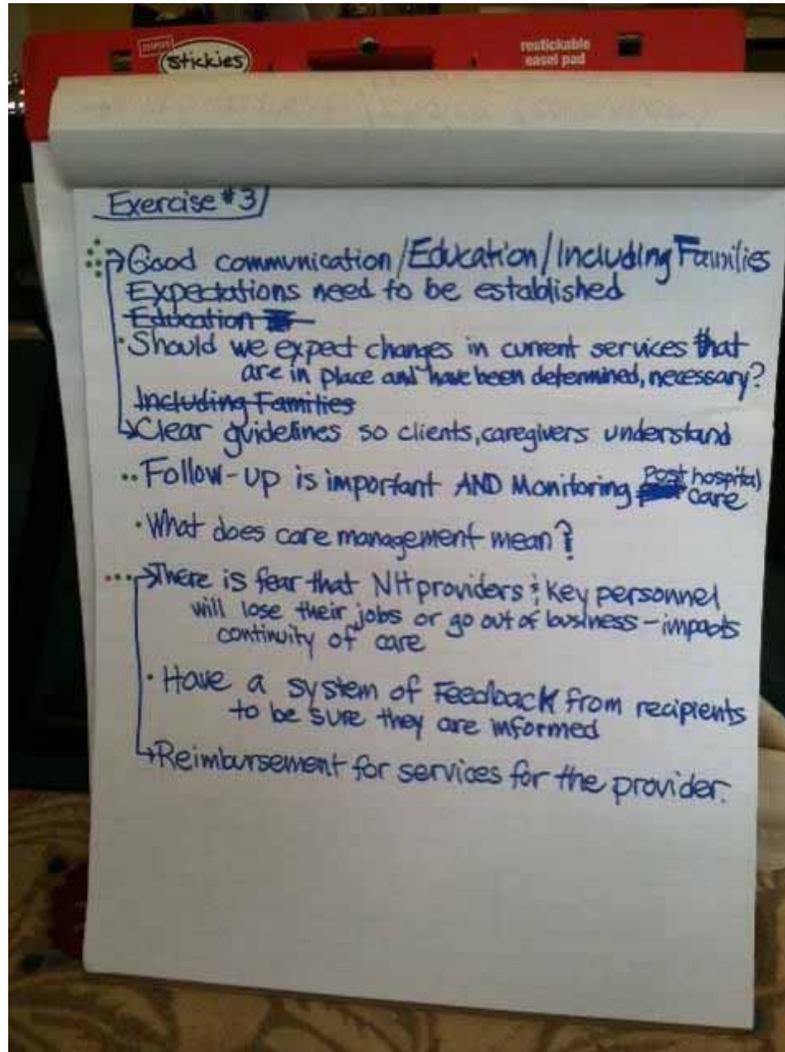
- Holistic approach to include Behavioral, Emotional + Physical + Economic Health
- protection of clients rights + access to services (coordination of state resources)

#1 Definition of highest quality life/health

- Independence
- \* Access - to care (transportation, providers)
- understanding of system in language that they understand
- user friendly
- don't become Internet dependent
- availability of technology (high speed internet)
- transportation availability
- Expense of accessing resources for care - geographic challenges

# Program User Perspective – Exercise 2

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



B Avenues to affect change  
 So people feel ~~their~~  
~~input~~ included is given  
 merit.

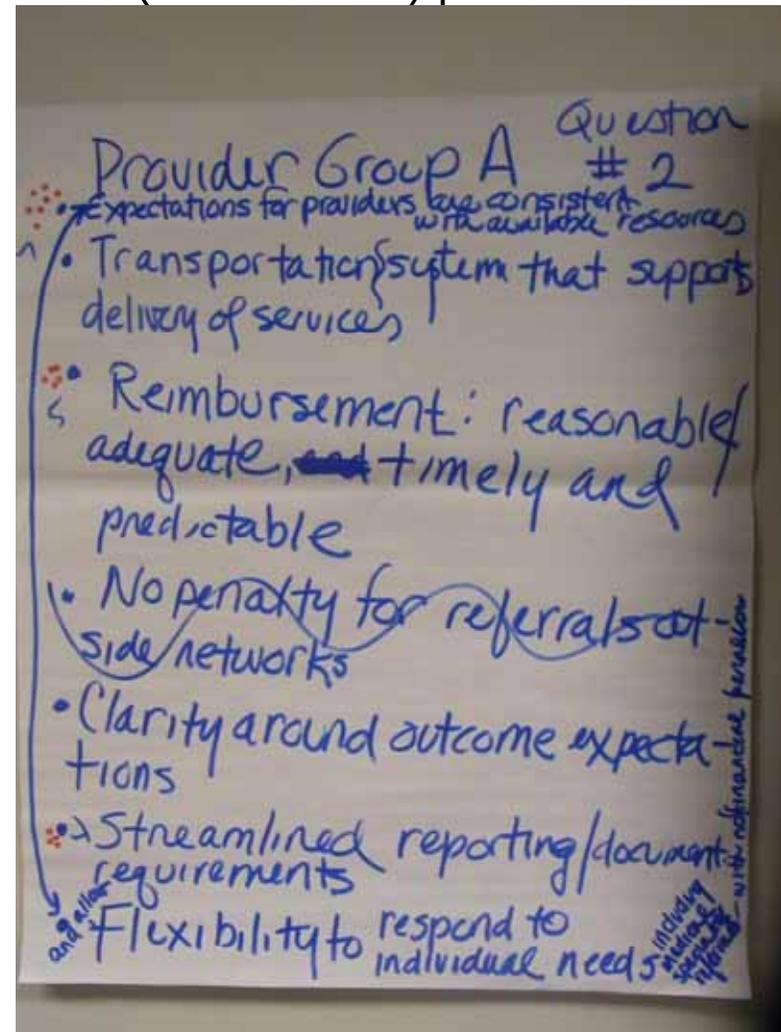
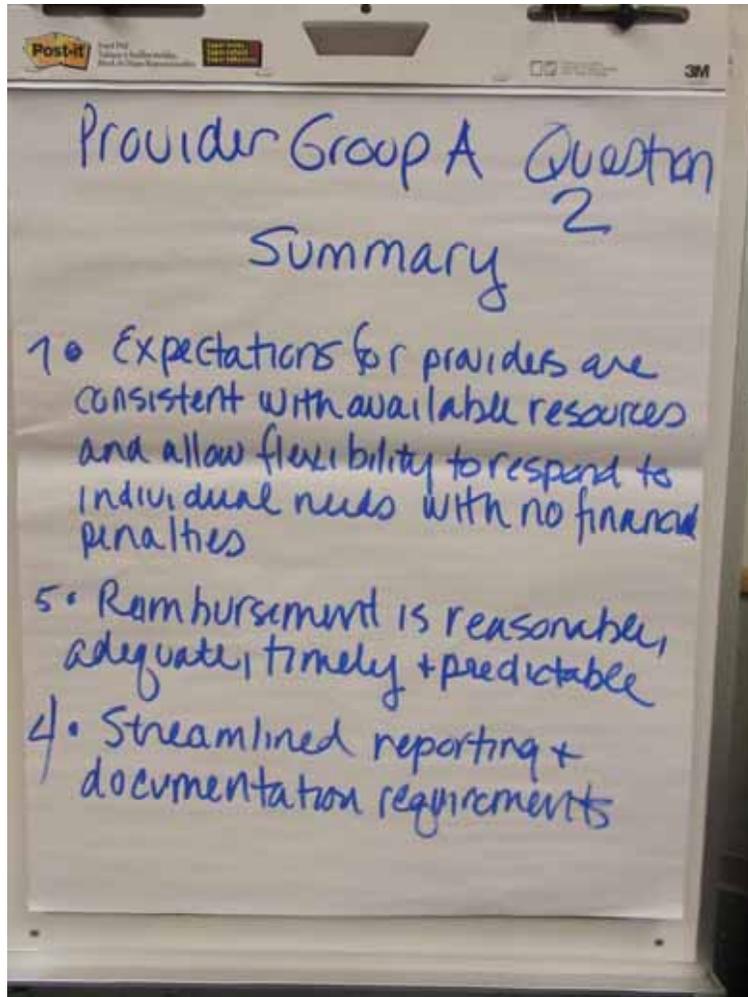
A: Education  
 B: Inclusion :::  
 C: Cultural  
     Comp  
 D: Delivery :::  
     Techniques

#2 (#3)  
 Meaningful  
 Useful  
Educ. Opps for Recipients  
Inclusion in Decision Making +  
 how things work. Individual involved.

A Knowledgeable + informed defined by Recipient  
 C On their level  
 C Appropriate language  
 B People involved in the Process. Meet them  
 where they are  
 Provide useful tools (to ~~the~~ the individual)  
 Concrete way.  
 ✓ Need enough lead time.  
 ✓ Not work time - Sats, evening  
 D Have someone available for a Drop-In  
 to explain the changes on an ongoing  
 basis. (can be Volunteers)  
 Cultural appropriate language  
 Techniques  
 D Peer mentoring - People who can Relate  
 Family Support  
 Childcare

# Provider Perspective – Exercise 2

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



Ex 2  
#1 Provider "B" Summary

— Access to care

No. Ctry - transportation  
- geographic challenges

- Expenses

- Advocate to navigate system for patients

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#2 Comprehensive Services

- wellness focus
- preventive dental
- medical home model

— Choice - providers - freedom of care providers to make health care decisions w/ patient

— Medical expenses - coverage  
\* Comprehensive services

— Medical home model - <sup>ensure global</sup> specialties considered

— Advocate to assist patient to navigate system

— Dental care - access + coverage  
preventive focus not just emergent care

— wellness focus -

### #3 Satisfied Providers

- reimbursement rates (reasonable + adequate)
- part of system - have a voice in decision-making process
- Medical Home focus
- fair + equitable (+ timely + accurate) systems (payment, utilization management, disease mgmt)
- streamline technology process
- coordination of care
- EMR supported

— better coordination of all state resources/agencies to better serve clients + protect their access to services (keeping benefits open that will be made)

— holistic approach to treating entire spectrum of needs (ie. BH, Emotional, economic, physical)

Exercise #3/

- ① Good communication/Education/Including Families  
Expectations need to be established  
~~Education~~
- ① Should we expect changes in current services that are in place and have been determined, necessary?  
Including Families  
→ Clear guidelines so clients, caregivers understand
- ② Follow-up is important AND Monitoring <sup>post hospital</sup> care
  - ① What does care management mean?
- ③ → There is fear that NIT providers; key personnel will lose their jobs or go out of business - impacts continuity of care
  - Have a system of feedback from recipients to be sure they are informed
  - Reimbursement for services for the provider.