

NH Medicaid
Care Management Program
Public Forum

Concord, NH
September 29, 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.

Program Users Perspective - Exercise 1

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

- Integrated system in which all parts communicate
- Services must be client informed and emphasize educated clients
- System must be set up so reimbursement rates are fair
- System must be simple and easy to navigate

Provider Perspective – Exercise 1

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

- Simplification of implementation and administration of services
- Access to preventative care
- Adequate reimbursement to providers of services
- Adequate provider reimbursement in amount and timing
- Inclusion of substance abuse disorders
- Integrated care
- Removing obstacles so the system functions more like a single payer plan without having to go to hoops to get service
- Full range of services so people can get everything they need including behavioral and drug abuse treatment
- Access – being able to bring services to the client and to a wide range of services with no silos

Program User Perspective – Exercise 2

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

- Materials and resources should be easy for consumers and caregivers to understand
- Multiple modes to get info to caregivers and user (NOT JUST ELECTRONIC)
- Family involvement should be encouraged

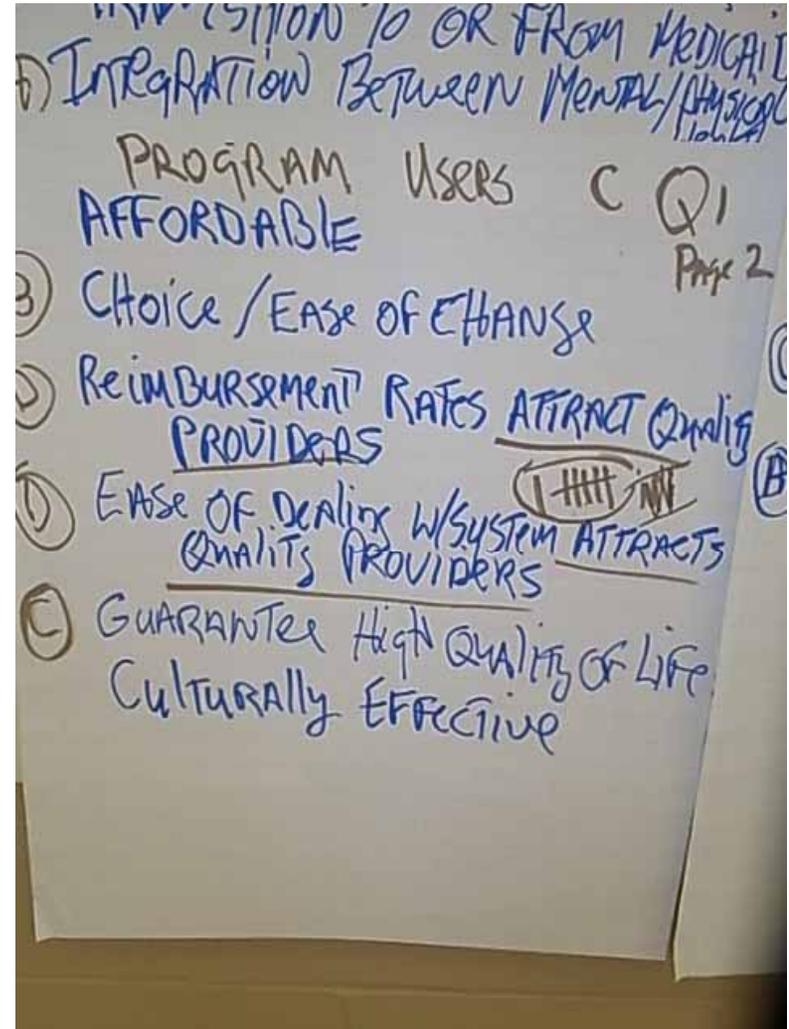
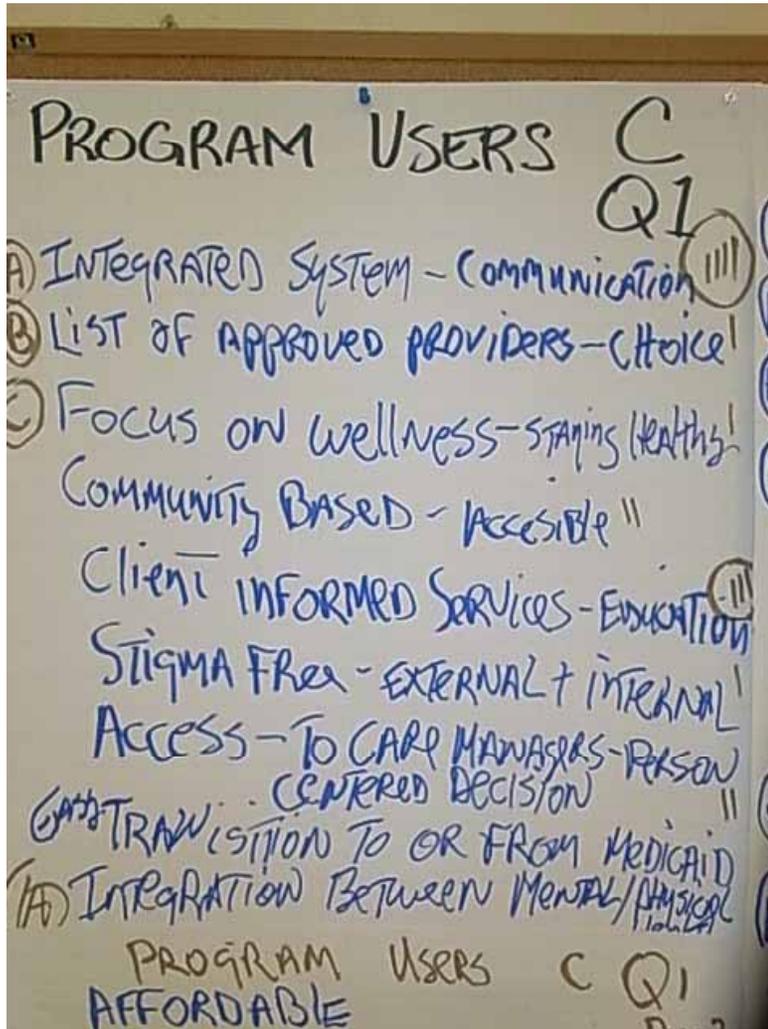
Provider Perspective – Exercise 2

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

- Providers need to be adequately reimbursed
- Services need to be available locally
- Ongoing input and evaluation with provider partners to explore system design oversight and resistance
- Need happy, satisfied customers.
- Adequate reimbursement – for ALL SERVICES from behavioral health, to hospice, to substance abuse, etc
- Provider incentives to provide comprehensive care – with time and flexibility to provide care.
- Need to treat whole person in an integrated way
- Uncomplicated system with reduced administrative burden – fewer hoops and less time required away from clients.
- Adequate reimbursement.
- Acknowledgement of coordination and case management as being a service
- Individual care that people need
- A system that assumes positive intent of providers and values and respects them.

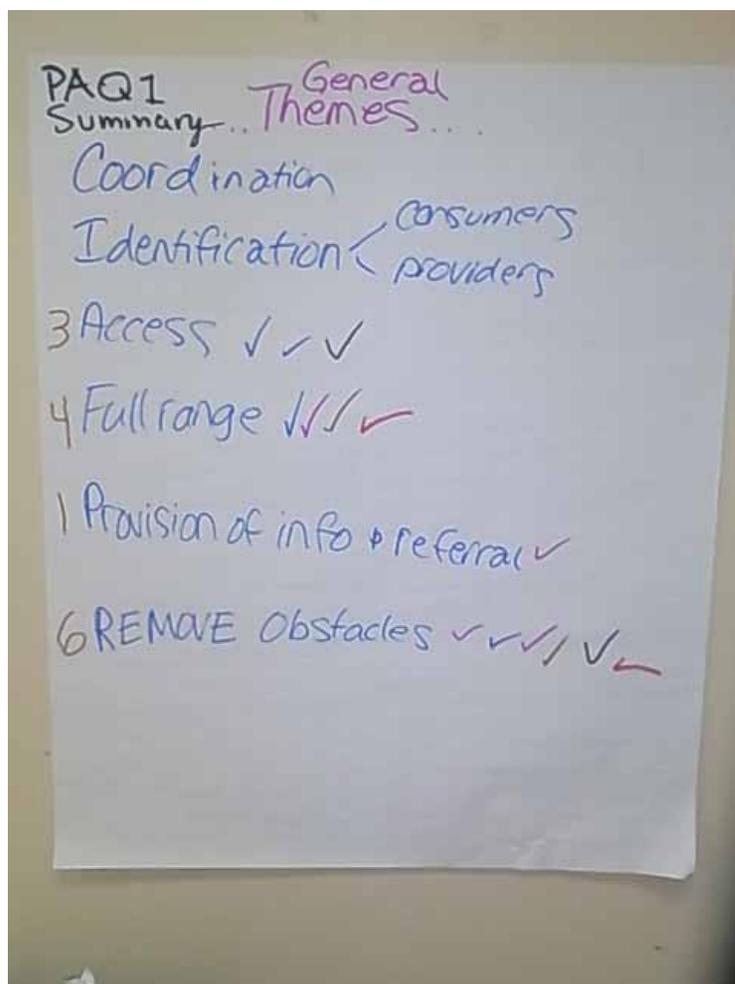
Program User Perspective - Exercise 1

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



Provider Perspective – Exercise 1

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



PROVIDERS A Q1 ①

What would it take to get
all up to a "high quality" of life

WHAT SHOULD PROVIDERS BE ABLE TO DO?

— Provide info & resources needed
to meet BASIC needs
ie: Clean air, water
Food, etc
Care

— Follow thru to ensure svcs. ^{delivered} ~~attain~~ to
needs attained

① * To coordinate svcs. among providers ①

① * Access to specialists ①

Ability to identify WHO needs?
Racial, ethnic, minority data to identify
& know who are in need of our service

PAQ1 ②

- ② Able to provide w/o interruption
- ② All Svcs needed will be available
- ② → full range of svc needed to meet personal definition of quality ✓ ① ✓ ①
- ④ Ensure full coverage to meet all needs "Full coverage plan"
- Wide range of options
- Same scope of svc options that are available to those NOT on M. aid
- level playing field
- Need to be able to get TO those who need the service → portable/mobile
- Need to know WHO those providers are
- ① Need to have adequate #'s of direct providers "on the ground" / ready ①
- ⑤ to provide, available "single payor plan" → ~~remove the obstacles~~

PROVIDERS B

Q1

- * Inclusion of tx for substance abuse (5)
- * ↑ # Medicaid Providers
- * Fair Provider Reimbursement - Amount, Timing (6)
- * Awareness of recipients - finding providers, access to info.
- * Integrated Care (System and Blm Providers) (2) (education) (early engagement)
- * Accessible → knowledge how to become a provider
- * Providers → sufficient time w/ recipients - Quality
- * Flexibility in services - design + structure to grow in the future (1)
- * How providers share info - esp. technologically
- * Practical system/ease of transition along continuum of care
- * Individual Choice respected (1)
- * Method to receive feedback
- * Choice of Providers
- * Include specific definition, supports for end-of-life Care
- * Balance btwn admin + service provision responsibilities
- * Focus on outcomes - not specific steps to reach the outcome (1)
- * Clear metrics
- * less Burocracy - streamline org chart (flat) (y bear counting)

PROVIDERS CQ1

- 1 Receiving information or understanding it about their health situation.
- 2 Access to preventative care
- 3 Knowing what treatment works best
- 4 Adequate reimbursement to provide services (4+)
- 5 Services have to be available
- 6 Enable people to live independently with service support
- 7 Having access to providers who have capacity to take on patients

PCQIP 2

- 8. Providers need to be ~~adequately~~ provided for their services
- 9. Providers have access to training (outcome based) and share information with clients
- 10. Providers should be able to use their best judgment
- 11. Providers (inclusive definition of all services eg. food, transportation, Drug/Alcohol prevention services) need to have access to information
- 12. Providers need to share some understanding of service expectations of Medical Home & other parts of system deliverables

PCQIP 3

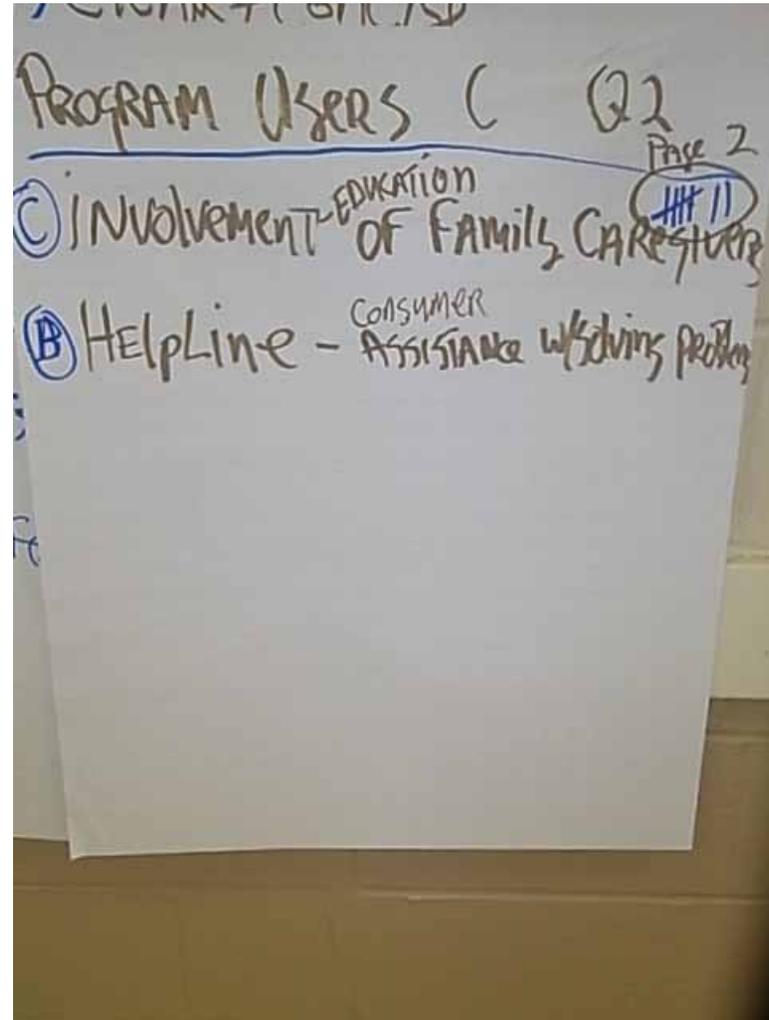
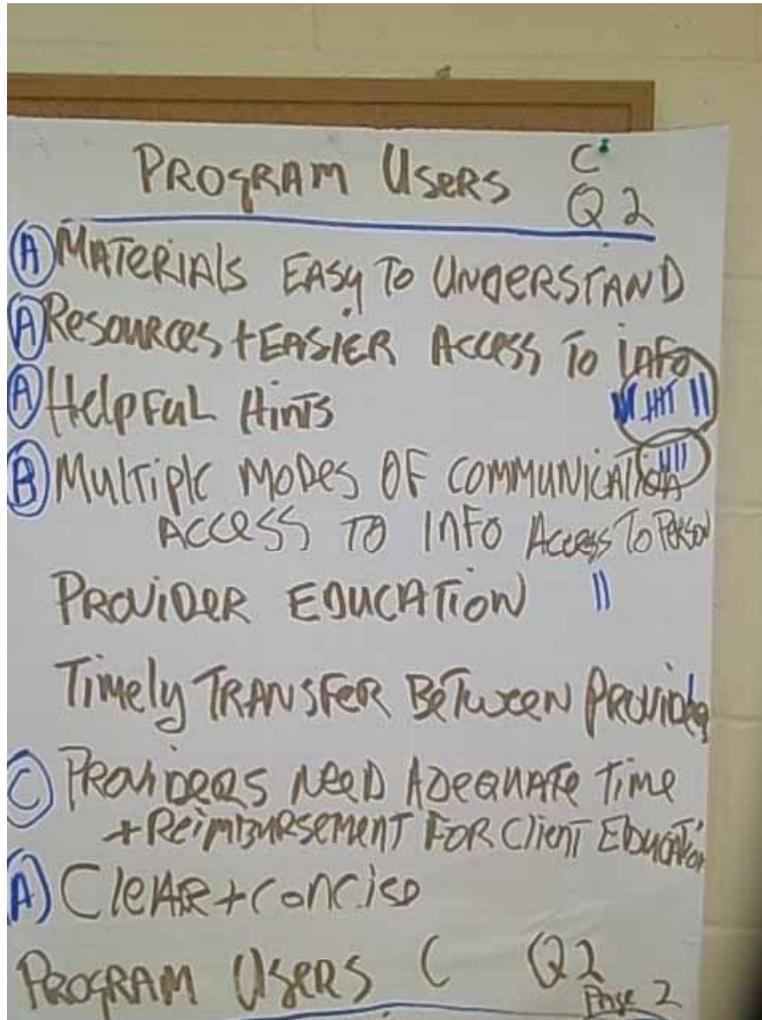
- 13. Clientide needs support from system to follow through with the treatment plan as needed

PROCESSES SIMPLIFICATION

- 14. Simplify the administration of services
- 15. Payment and process of getting access & services thru' the system (ie. digital / electronic access to records)
- 16. Similar procedures for ~~services~~ same type of vendor
- 17. Case manager to be "Quarterback" & have understanding of integrated, coordinated processes

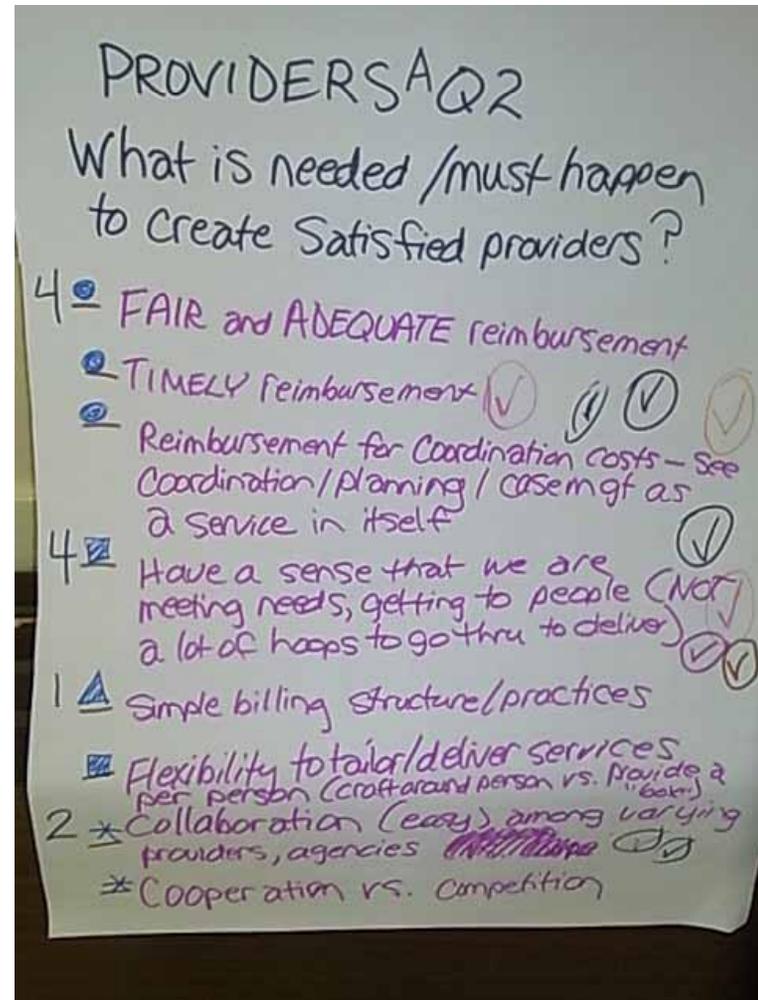
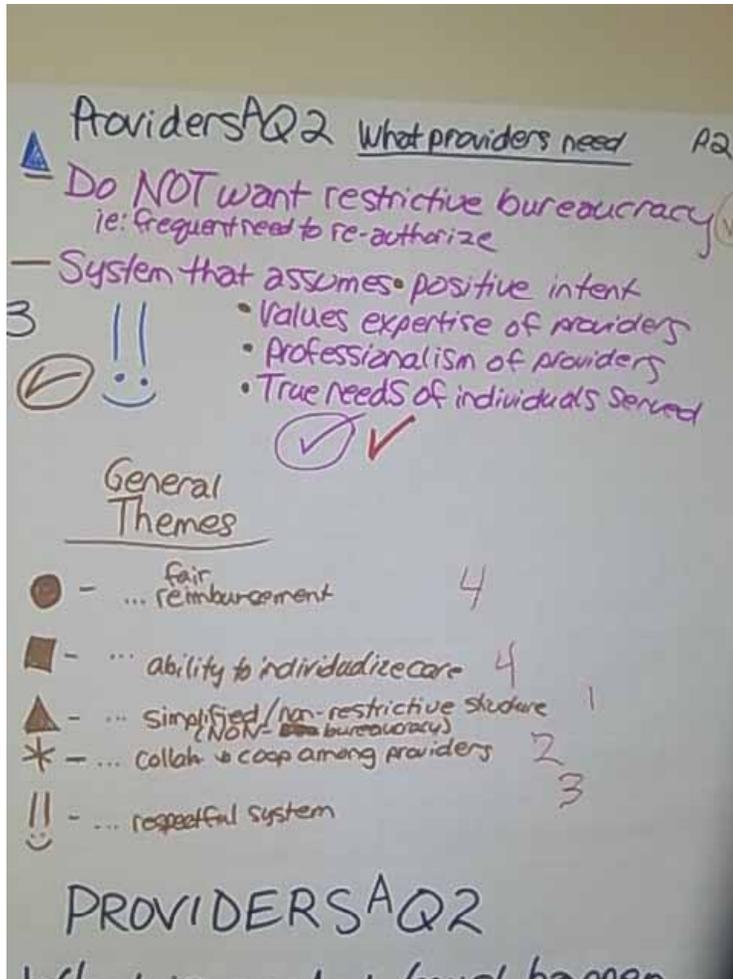
Program User Perspective – Exercise 2

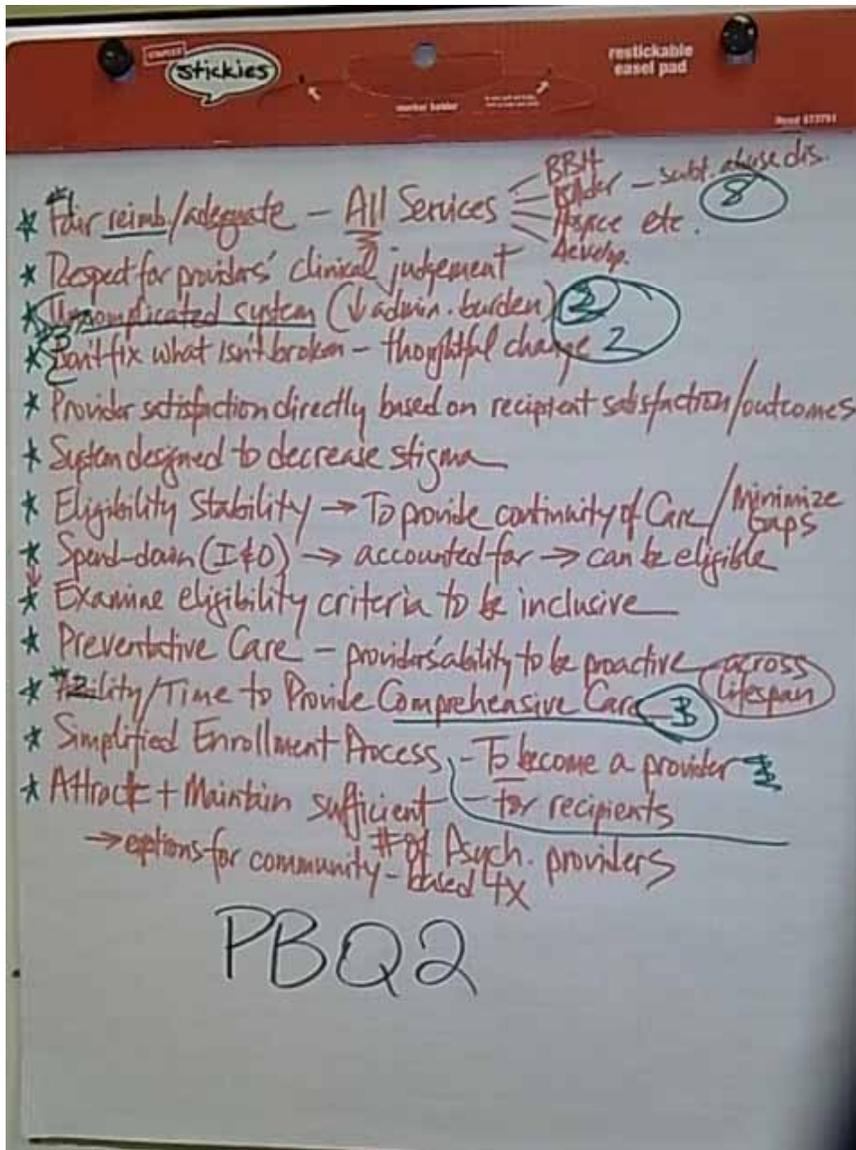
In a care management program, what must happen in order to create **knowledgeable and informed** recipients?



Provider Perspective – Exercise 2

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





① • Have varying skilled staff to provide service at varying levels & complexity
 Q2: ✓ ② • Satisfied clients/customers/consumers of services
 PROVIDERS
 ANSWERS:

- ③ Need Providers to be reimbursed
- ④ Need to have services
 - Locally accessible (<20 miles)
- ⑤ ✓ Less paperwork!
- ⑥ Ongoing input & evaluation as a partner of Providers in the system design and oversight & collectively accountable for outcomes
 - ✓ explore why some resist
- ⑦ Well trained, "enough" Case Managers and better compensated
- ⑧ System adaptability to changing circumstances
- ⑨ Transparency and sharing a "Social contract"

Q2: PROVIDERS

- ⑩ Case Manager vs Care Manager
- ⑪ ~~Q~~ Flawless execution of plan will remove skepticism & resistance
- ⑫ Look at what other states have done re outcomes to reduce "fear"/resistance