

MCAC FULL COMMITTEE MEETING – SEPTEMBER 26, 2008
GROUP DISCUSSION REGARDING MANAGED CARE LISTENING SESSIONS

- 1) MCAC participants' reaction to the summer's Managed Care Listening Sessions:
 - Large audience – small number of speakers
 - Impressed with consumer input
 - Impressive presentations
 - Home care agencies, credentialing APNs/Pas, Problems w/access to specialty services, rural settings, transportation provider issues
 - Legal Aid expressed concerns re: the transition of consumers moving from FFS to MC
 - Lack of access to dental care
 - Providers stated that Medicaid payments don't cover costs
 - Poor Coordination
 - Lock in program for patients who use multiple doctors and pharmacies

- 2) Problems caused because of multiple MCPs and inconsistent practices and standards among them. Good that some patients identify w/MCPs (vs. Medicaid)
 - Negotiation problems between hospital/MCPs
 - Consumer praise – balanced perspective
 - Managed care is complicated – many don't understand
 - Importance of education and communication (share information that's useful)
 - Benefits of managed care – sharing dollar risk w/MCPs; can cancel contracts w/MCPs if non-compliant; able to implement quickly; press down on MCP payments to use dollars for other purposes.
 - Positive – input of consumers

- 3) Focus on primary care physician/provider to prevent other conditions/events
 - May not be the best way to get input-use with other means
 - Not much provider input in Toledo
 - Access concerns, especially re: pediatric specialists, orthopedists, OB/GYN
 - Lack of access to primary care providers even though listed as being on the network
 - Overall low reimbursement rate
 - Frustration – lack of understanding – among consumers, providers and “type” of Medicaid
 - Providers not engaged due to low payment/lack of appreciation
 - Meet quota by end of the year. Need process measures to know how we are doing

So what do we do about these ideas?

- 1) MCAC members should participate in Governor's Quality Summit in November

- Focus on the ideal first – then on the cost & “reality” of implementation
 - Focus on prevention – measure and document cost reduction
 - Newsletter articles for respective constituencies
- 2) Continue and improve collaboration among state agencies. Webinars for public health nurses (work between ODH and ODJFS) shows that state agencies can work very well together.
 - 3) Reduce Fragmentation within the health care system– work to coordinate efforts and energies.
 - 4) Focus on patients having Medical Homes - Consumers shouldn't have to leave/switch medical homes when they change MCPs
 - 5) Make the connection across all parts of Medicaid
 - Access to care
 - Evening & weekend hours
 - Reduce ER utilization (evidence based medicine)
 - 6) Outcomes in high cost populations
 - 7) Role of Medical Director
 - 8) Talk to people simply in plain language
 - 9) Focus on access and accommodation – barrier free, focused on personal needs can prevent
 - 10) Durable Medical Equipment – customized equipment providers
 - 11) Requests from EMMA – assistance with the following tasks
 - Care coordinator/medical homes – position paper or statement to state to be used across state agencies
 - Health information technology – strategy and priority
 - Strategy & Policy – “ideal state” for EPSDT; measure accomplishments
 - Deliverables from MCAC about desired outcomes and process measures.
 - Give MCAC data to inform input.
 - Clarify language
 - Dollars in institutions – where dollar is
 - Coordinate, coordinate, coordinate