

Best Practices

“Supporting the Transition of Medicaid Beneficiaries with Disabilities into Managed Care in Michigan”

September 2002



Introduction

This project provided a collaborative opportunity for state government and private and community-based organizations to enhance the health and well-being of individuals with disabilities in three communities in Michigan. Overall the project had two major goals: *Goal 1: Building Capacity*- To positively impact the quality of life for individuals with disabilities on Medicaid in Michigan by enhancing collaboration among advocates, qualified health plans (QHPs)¹, and Medicaid. *Goal 2: Specialists Serving as Primary Care Providers*- To demonstrate how QHPs can use specialists as primary care providers for individuals with disabilities, yielding enhanced care and decreased costs.

The project was funded by the Center for Health Care Strategies, Inc. (CHCS) and supported by the Michigan Department of Community Health (MDCH).

Funding for the project spanned March 1, 2000 to February 28, 2002. For more information regarding the project, contact Lynn Breer, Ph.D., at (517)324-8397.

The collaboration of project partners allowed for a strengthened network of advocates, Medicaid staff, and health plans to support the transition of Medicaid beneficiaries into managed care.

Project Description

Goal 1: Building Capacity

In order to achieve Goal 1: Building Capacity, the project partners employed a three-pronged strategy. In Strategy 1, partners worked to improve the quality of life and reduce secondary disabilities for Medicaid beneficiaries with disabilities through curricula for health promotion, *Living Well With A Disability*² (LW) and *Managed Care 101 (MC 101)*. Local Centers for Independent Living (CILs) facilitated the classes and during one class session qualified health plans (QHPs) were invited to answer questions and share information regarding health insurance coverage.

¹QHPs are health plans that have successfully bid to serve Michigan's Medicaid population.

²*Living Well With A Disability* is copyrighted by the University of Montana Rural Institute on Disabilities.



The Center for Collaborative Research in Health Outcomes & Policy (CRHOP) at the Michigan Public Health Institute provided project oversight, acted as fiduciary, prepared project deliverables and disseminated products.

LW is an interactive curriculum designed to increase self-knowledge and self-confidence, prevent secondary conditions, and foster self-advocacy for individuals with disabilities. Participants in the *LW* classes met two hours weekly for eight weeks. Medicaid managed care enrollees that faced functional mobility limitations as a result of physical, medical or mental health related conditions were recruited into the *LW* curriculum via several methods, including mailings, distributing information at health fairs, emergency departments and physicians' offices; public service announcements on local cable channels; CIL and QHP newsletters; going door-to-door; and local support groups. These methods of recruitment resulted in 26 project participants.

Strategy 2 involved developing and sustaining a partnership between CILs and QHPs serving in the same local area. The QHPs assisted the CILs with recruitment by distributing flyers that described the *LW* program to their local clinics and emergency departments. In addition, the QHPs published an article about the program and how to participate in their quarterly newsletters distributed to their enrollees. Monthly Steering Committee meetings were held and attended by representatives from the CILs and QHPs. During these meetings representatives had an opportunity to share information about their agencies and how they assist individuals with disabilities.

Strategy 3 worked to increase CIL capacity for health care advocacy using the Internet to collect data from consumers regarding their experiences with the health care system. The Michigan Disability Rights Coalition (MDRC) developed a website that provided useful links to resources and educational materials. The secure website also allowed visitors to access a health anecdote form to report their experiences and the forms were available to CILs.

Goal 2: Specialists Serving as Primary Care

Great Lakes Health Plan (GLHP) joined this project to determine if the provision of primary care services by a specialty physician was an effective and efficient model of care. GLHP is a private, for-profit HMO that operates in 30 of Michigan's 83 counties serving over 85,000 Medicaid members.

The target population was identified as persons with HIV/AIDS. GLHP used claims and pharmacy utilization reports to identify members with HIV/AIDS who were enrolled in the health plan. Interested members were offered case management services and the option of switching to their specialist as their PCP. Twelve health plan members participated in the program.

Best Practices

CRHOP conducted focus groups with the project partners to identify best practices from the project.

Goal 1: Building Capacity

Relationships

Project partners identified using current relationships to promote and build the program as a best practice. This would involve leveraging relationships with consumers to draw them into the project as well as relationships with other community agencies to assist with recruitment and delivery. Developing partnerships with additional stakeholders increases the scope of project's dissemination.

Initial recruitment efforts included a letter explaining the project on Medical Services Administration letterhead, the agency that manages the Medicaid program. The project underestimated the perception of state government by consumers. Many potential participants were suspicious of the letter and worried about losing their benefits. Consequently, the project worked through the CILs to recruit participants. CILs were able to inform potential participants about the project through their existing relationship with consumers, and assuage their fears of losing coverage.

“I think our success (resulted from) personal relationship(s) with participants. That seems to play a role in terms of getting them enrolled in a class.”

Understanding the Consumer

“Some folks might want to go through the whole curriculum and some might be only interested in aspects of it, and it would be nice to use it flexibly.”

Gaining a comprehensive understanding of the target population is important to the success of these types of projects. Understanding the target population allows the service providers to market the program effectively and to recruit participants in a manner that does not threaten the participants’ existing resources.

In addition, this understanding of the target population would supply the service providers with the knowledge necessary to modify and develop materials that accommodate the target population’s reading levels, time commitment, support services, and health needs.

A survey of potential participants that expressed interest, but did not attend class found that the lack of childcare and transportation prevented them from attending. As the target population was Medicaid recipients, many do not have the resources available to them to attend health promotion classes. Including support services in the project proposal will ensure that interested participants can commit to all class sessions.

Community Buy-In

Existing support groups already have an established structure that could be utilized for a similar curriculum. As recruitment and retention were two significant barriers to the success of this project, using a group that already has a coherent membership could alleviate the problem of motivating participants to attend. In addition, identifying and developing partnerships with other agencies or populations that could benefit from the program could enhance recruitment and outcomes. For example, marketing the project to primary care providers, urgent care and emergency physicians within the community could provide additional avenues for referral sources. CILs are currently exploring the possibility of partnering with Michigan Rehabilitation Services and other community organizations to offer the *LW* curriculum.

Emphasis of Program

Another best practice identified by project partners focused on the how the message regarding the program is presented. Spinning this type of presentation to meet multiple needs of the target population may be a method for enhancing recruitment strategies. For example, recognizing the support aspect of a program like *LW* could be used as an added marketing technique. Service providers could encourage consumers to bring a friend or family member with them to class to reduce anxiety about meetings with others in a group setting. In addition, broadening the scope of the project to address additional concerns of the target population besides health, such as quality of life could be another approach used to market these types of programs.

Goal 2: Specialists Serving as Primary Care Providers

Physician and Provider Buy-In

For the project to be successful, specialty physicians need to buy-in to the concept of serving as the specialist and primary care provider. Regardless of the number of interested participants there needs to be physicians committed to providing these services as well as specialists who feel they have the skill set needed to provide primary care in addition to specialty care.

Participant Buy-In

Interested participants can be scared away from participation by the “temporary” nature of the project. Health plan members are not interested in becoming comfortable with their specialist as their primary care provider only to find that the relationship will cease along with the funding. GLHP was prepared to continue the specialist serving as primary care provider relationship as long as the physician and patient were satisfied. It is important that this message be consistent and evident in order to encourage participation.

“Instead of making it a special project, or presenting it as such, we integrate it into the existing benefits and programs already in place. That way it does not seem so unique or odd or different or might ignite that suspicion.”

Limited Geographic Area

GLHP made some observations from the organization’s perspective. The geographic area should be smaller to better serve the population. Serving a population in a large area proved difficult for several reasons. First, gaining participation from multiple health systems and providers that served the population was difficult and time consuming. Second, the successful recruitment strategies employed for this population (home visits) would have been more conducive to a smaller geographic area.

Overall Best Practices

Marketing

Project partners indicated that both goals of the project need strong marketing plans that could potentially be developed by a social marketing consultant. In addition, needs assessments should be conducted with the target population before implementing programs. This would ensure that the program meets the specific needs of the population and that the messages promoting the program are appropriate and effective.

“It would have been nice to have some type of social marketing consultant to work with us at the front end to develop a marketing strategy.”