

Lessons Learned

“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 health promotion curricula, *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 QHPs were invited to answer questions and share information regarding health insurance coverage with participants.

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.

Goal 2: Specialists Serving as Primary Care Providers

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 primary care provider (PCP). Twelve health plan members opted to participate.

Lessons Learned

To identify lessons learned from the project, focus groups were held with each project partner group (CILs, QHPs, etc.), as well as the project partners collectively.

Goal 1: Building Capacity

Awareness of Other Organizations

This project sought to develop and sustain a partnership between CILs and QHPs serving the same geographic area. This strategy led to a successful collaboration between these project participants, which was very beneficial to the project and its partners. The QHPs assisted the CILs with recruitment by distributing flyers that described the *LW* program to some of their local clinics and emergency departments. In addition, the QHPs published an article about the program and how to participate in their quarterly newsletters for their enrollees. Monthly 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. The project also provided these partners with the opportunity to increase their awareness and understanding of each other's services and resources.

Community Buy-In

Another issue raised during the project was buy-in from various groups within the community. Project partners indicated that obtaining buy-in from various organizations and populations within the community could have made the project more successful. Support group leaders are often gatekeepers in the community. As a result, their buy-in is important for attracting clients to the program, and gatekeepers should be educated about the program during implementation. Another key group identified for buy-in was primary care providers and urgent care or emergency physicians. If this group had been aware of the program, they could have provided referrals to eligible patients.

Recruitment

Members of the target population are often transient. They tend to change addresses and phone numbers frequently, making them difficult to contact. This decreased the available number of potential participants even further, since the project depended heavily on the mail and telephone for recruitment.

“The commercial population there is a real value on preventative services and people in the commercial population seek preventative services more than the Medicaid population. Medicaid population has been historically in the acute sickness mode versus the disease prevention mode.”

-QHP staff member

Another characteristic of this population is that they tend to be reactive, rather than proactive. Many of the project partners commented that this population does not seek preventative medicine. Instead, they react to acute sickness. Thus, there was more work convincing this population the importance of preventative care than anticipated.

The project underestimated the consumers' perception of state government. Project participants were initially recruited via a letter from the Medical Services Administration (MSA) of the MDCH, which houses the Medicaid program. Many potential participants were suspicious of the letter and worried about losing their benefits. When working with this population, it is important for staff members at the CIL to reassure their client that they will not lose their health care coverage. An additional negative ramification of this recruitment method was the fallout of consumer confidence in the CILs. In other words, the lack of trust many of these consumers have in the MSA was transferred to the CILs as a result of this collaboration.

“They come to expect different things from you (the CILs)... a more personal relationship, whereas it is impossible with an agency as big as MDCH. No matter what we've done to be warmer and fuzzier and all those things; we are still a bureaucracy. I wish that could have come up in the earlier planning stages. Little did we know how important this relationship would be.” - MSA staff member

Retention

Several of the project partners commented that the number of sessions (eight weekly meetings) seemed to be fairly cumbersome for the target population. Consistent attendance was a chronic problem for all three CILs, even with reminder phone calls. In addition, many of the participants seemed overwhelmed with the length and reading level of the materials. In fact, one CIL purchased a problem-solving workbook at a sixth grade level from a teacher supply store to modify the curriculum to a more appropriate reading level.

Many individuals, who were interested but unable to attend, lacked transportation and/or childcare. The project partners did not take these factors into consideration when planning the project. MSA worked with local and state agencies to try and provide these services for participants. However, these efforts were not successful.

In order to ensure continuous project participation, incentives should be available. One CIL offered paper products, such as toilet paper and Kleenex, which were well-received.

Goal 2: Specialists Serving as Primary Care Providers (SSPCP)

GLHP reported a number of lessons learned with the SSPCP program. Some members expressed that they were wary of changing their health care provider, and were concerned about changing health care benefits. Other members were concerned that the project was short-term, and they did not want to change providers multiple times.

Some interested participants were 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.

Many health plan members had a relationship with their primary care physician that they wanted to maintain. They did not want to receive all of their care from the specialist, instead they wanted to continue to see their primary care provider and visit their specialist as needed. Some members viewed their HIV/AIDS status as only one component of their health and did not see the need for a specialist as a primary care provider.

Confidentiality was also an issue that discouraged some interested members in participating. Eligible plan members who were living with friends or family that were unaware of the member’s HIV status may have been concerned that participation in the program would threaten their confidentiality.

Physicians were also discouraged from participating in the project for several reasons. First, this population has unique health needs and not all specialists felt comfortable or had the resources available to treat all aspects of their patients’ health. In addition, as a result of their disease they have unique health needs that might not be able to be treated by a specialist. Second, because GLHP is involved with several different health systems, there were legal and administrative barriers to obtaining contracts with specialists across different health systems.

Recommendations

GLHP noted some observations from their 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 in a smaller geographic area.

Project partners reported learning a great deal from this project. They identified a number of things that they would change for implementing similar efforts in the future. These included implementing different recruitment strategies, opening the program to a wider range of participants, providing incentives, increasing resources for marketing and recruitment, establishing more relationships with a wider range of community organizations, ensuring the selected curriculum accommodates the target population, including of support services, and offering curriculum through existing services in the community. Considering all of these factors will help the project partners in the development and implementation of future projects.