Evaluation of Florida’s MediPass Program: Preliminary Findings

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Previous Work

- MediPass consumes fewer resources than would be statistically expected
- Excess capacity exists within the primary care network
- Implement enhanced utilization review procedures to hold providers responsible for practice patterns
- Generally high rates of satisfaction within the program
New Project

• To gain a better understanding of the PCP over capacity issue
• To understand the impact a provider profiling program can have on PCP behavior
• To learn about key changes to the program and challenges associated with program operation
• To continue to assess beneficiary satisfaction
Project Activities (I)

• Calls to MediPass PCP offices to determine:
  • If they are accepting new patients
  • The ‘hassle’ factor associated with making an appointment

• Use mapping techniques to determine if PCPs live within 30 minutes drive time of communities of beneficiaries.
Project Activities (II)

• In-depth interviews with providers and agency staff
• Survey/focus group of providers to determine attitudes towards provider profiling.
• Patient satisfaction and other surveys
Providers Accepting New Patients: By County
(Preliminary Findings)

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Providers Accepting New Patients: By Specialty (Preliminary Findings)

- **Total**: 5 Yes, 30 Yes with conditions, 5 No, 2 Not in practice/not contacted
- **Pediatricians**: 5 Yes, 26 Yes with conditions, 4 No, 1 Not in practice/not contacted
- **GPs**: 4 Yes, 20 Yes with conditions, 1 No, 5 Not in practice/not contacted
- **FPs**: 2 Yes, 36 Yes with conditions, 2 No, 5 Not in practice/not contacted
- **Internists**: 11 Yes, 38 Yes with conditions, 6 No, 6 Not in practice/not contacted

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What providers are saying (I)

- Provider offices have a favorable relationship with AHCA
- MediPass is meeting provider and office staff expectations
- Majority of providers assign a specific physician to each patient
- Innovative techniques for dealing with MediPass population: outreach team, prescribing “simpler medication”
What providers are saying (II)

- Specialty care network (problem regardless of type of office)
- $3 PMPM case management fee is not sufficient
- Disease Management: mixed feelings; some positive feedback but some feel it is a duplicated effort
- Issue with churning – on and off insurance
- Verification of enrollment is difficult
- Authorization process - issues
What providers are saying (III)

Suggestions for improvement

• Focus on informing patients of PCP assignment structure
• Education about the misuse of ER
• Create a central pharmacy (or pharmacy information technology system) to prevent abuse
• Develop incentives for specialists to be in the network
• Develop system for on-line verification of enrollment
Provider Profiling (I)

Literature review and interviews with key informants

• Initial emphasis should be on quality improvement
• Performance measures should be clinically relevant
• Accountability for performance should be limited to patients and services for which the physician is directly responsible
Provider Profiling (II)

• Physicians should be involved early on in the design and implementation in order to generate ‘buy-in’

• Performance reports should be clear and easy to understand

• Provider feedback should be coupled with educational activities

• Only a handful of states incorporate provider profiling into their PCCM programs: Massachusetts, North Carolina, Indiana and Arkansas
MediPass Enrollees’ Ratings of their Health Care
Remain High Over 3 Years


Do not cite without permission of the author
Most MediPass Enrollees Report Having a Usual Source of Care


Do not cite without permission of the author
Increasingly, MediPass Enrollees Report Experiencing Delays in Getting Care, Tests, or Treatments While Awaiting Approval from Program


Do not cite without permission of the author
Increasingly, MediPass Enrollees Report Having Difficulties Getting a Referral to a Specialist

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Reasons for Switching Managed Care Plans

Source: FCMU Switcher Survey, 2003
Which Plan is Better? The Old Plan or the New Plan

Source: FCMU Switcher Survey, 2003
Next Steps

• In-depth interviews: Visits to area offices and the head office

• Mapping: continue data collection throughout the state. Map drive times relative to bundles of Medicaid beneficiaries. Analyze ‘hassle factor’ data

• Provider profiling: Focus groups/surveys with physicians on attitudes towards provider profiling

• Complete data collection for CAHPS and 2004 switcher survey.