Medicaid Reform: Recipient and Community Input

J. Kate Burkhart, Executive Director

February 12, 2016

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

Role of AMHB and ABADA in Redesign and Reform

Role in Redesign, Reform

The Alaska Mental Health Board (AMHB) is the state planning council for mental health. The Advisory Board on Alcoholism and Drug Abuse (ABADA) is the state planning council for substance abuse prevention and treatment.

AMHB and ABADA each have a statutory responsibility to support the planning and coordination of public behavioral health services, and evaluation of the effectiveness of the behavioral health system. The Boards are responsible for advising the executive and legislative branches on issues related to mental health and substance abuse, and supporting advocacy by and with people experiencing behavioral health disorders.

Role in Redesign, Reform

AMHB and ABADA have engaged in system reform and transformation efforts since they were created by the Legislature:

- refinancing of mental health services from General Fund to Medicaid in the 1990s
- integration of state mental health and substance use treatment systems in the 2000s
- streamlining procedures and requirements of behavioral health providers (2014)

The Boards are actively participating in the 1915(i) and 1915(k) state plan option project with the Division of Senior and Disability Services, the Certified Community Behavioral Health Clinic planning project, as well as the larger Medicaid Redesign effort.

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

Role in Redesign, Reform

AMHB and ABADA have ongoing dialogue with individuals, communities, and organizations about how the behavioral health system is, or is not, addressing their needs:

What’s working in your community?

What’s working for you?

How could services be more helpful?

How could the system be more user-friendly?

Role in Redesign, Reform

AMHB and ABADA brought staff and board member subject matter expertise to the steering and stakeholder committees.

More importantly, the Boards helped Medicaid recipients, family members, and interested community members contribute their input to the process.

Conversations convened in Cordova (1), Fairbanks (1), Anchorage (3), Palmer (1), Wasilla (1), and Juneau (1) in Fall, 2015.

Review of community town hall, streamlining, and other public input since 2013.

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

What People Said

Areas for Improvement

Access to Care

The primary topic of public input to the Boards is always access to care. Not just access to any care, but access to **high quality services at the appropriate levels of care**.

Demand for existing services exceeds supply in many communities, and specialty services (residential substance abuse treatment, etc.) are available in limited communities.

Quality of Care

A common theme among participants in Anchorage was the impact that **stigma and discrimination** has upon the availability of care available to people with serious behavioral health disorders:

~ impedes access to primary care, chronic disease care

~ can reduce effectiveness of treatment due to lack of integration, understanding of behavioral health disorders

~ families often have to advocate aggressively to get, maintain access to services

~ supportive services are limited (housing, employment, etc.)

> *"Providers shouldn't be able to 'fire' patients" because they are difficult or want to make their own choices about their services.*
>
> ~ Alaska Youth and Family Network Client

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

Coordination of Care

Services are patient-centric (because of how Medicaid pays for services), which makes it difficult to provide health care services and supports to the family/caregiving network.

> *"I don't have time to get to the doctor because I'm getting my kids to all their appointments. I wish I could just ask the pediatrician to look at my elbow when I'm there with my kids."*
>
> ~ Alaska Youth and Family Network Client

For families with members with complex health needs, receiving services from multiple providers, the caregivers often go without addressing their own (sometimes serious) health conditions.

Transition between care settings were also identified as an area where people fall through the cracks. Discharge from hospitals, residential psychiatric treatment, and other residential programs all present risks that the person will not connect – or not be connected – with community health care providers.

Coordination of Care

Many people reported that, when you experience mental illness or other disabilities, having to go to multiple providers (community behavioral health organization, community health center, eye doctor, dentist, etc.) can be very difficult – especially in communities without public transportation.

Lack of coordination between health care providers can reduce the effectiveness of the services, create risks for interactions between medications, and reduce patient engagement and compliance. This can ultimately lead to emergency department visits and/or hospitalizations that could have been avoided with more coordinated and integrated care.

> *“People are not getting care for their bodies as well as their minds.”*
>
> ~ Eric, Palmer stakeholder

Paperwork Drives Care

While behavioral health providers have long sought relief from the heavy administrative burden related to Medicaid and grants, we heard how this burden affects clients. The extensive intake requirements dissuade people from enrolling in services.

The required tools and assessments do not always get to the crux of the person's problems. Clients reported feeling that the type and means of care provided is driven by paperwork requirements (and what was paid for particular services) rather than their personal treatment needs.

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board

What People Said

Solutions

Maintain, Increase Access to Services

People experiencing serious behavioral health disorders often depend upon medication to reach a level of functioning that allows them to live and participate in the community. Consistent access to prescribers (psychiatrists, etc.) and prescriptions is essential to achieving and maintaining their recovery.

Enhanced access to psychiatry through telemedicine at community behavioral health centers, and the Primary Care Improvement and Behavioral Health Access initiatives, respond to this.

Increasing access to private mental health professionals (therapists outside of the community behavioral health center) is proposed in the Behavioral Health Initiative.

Patient Navigation, Advocacy

Participants in Fairbanks, Anchorage, Palmer, and Wasilla all provided input that

> ***having someone to help navigate the health care system, to assist people with disabilities and their families/caregivers to access necessary services, and to support people with disabilities in keeping up with their health care needs and services would be of great benefit.***

An essential component to this service is **PATIENT ADVOCACY**. Having an advocate to help them ask for and receive necessary services in a timely manner is a major gap in the Medicaid system, especially for individuals and families seeking services for chronic health conditions.

The Primary Care Improvement and Super-Utilizer Care Management reforms incorporate this solution.

Coordination of Care, Care Management

> *"My brother needs a big guy to follow him around and help him do all the things he needs to do to get better."*
>
> ~ Alaska Youth and Family Network Client

All of the community conversations identified a need for coordination of care, and in some cases, care management. They suggested solutions that align with elements in the Primary Care Improvement Initiative.

Participants felt that these services would be particularly valuable to:

- young adults transitioning from the youth behavioral health system to the adult system;
- people with both physical and cognitive impairments; and
- people returning to the community from acute care stays (at API, a residential psychiatric treatment center, medically monitored detoxification, or a residential substance abuse treatment program).

ABADA Advisory Board on Alcoholism and Drug Abuse
AMHB Alaska Mental Health Board

Patient Education

> *"My clients need health education but they are not big readers."*
>
> ~ Palmer stakeholder

Many of the reforms proposed depend on Medicaid recipients making better choices about when and how they access care, how they manage their symptoms and treatments, and their day-to-day choices that affect their health.

The way in which Medicaid recipients receive information about their benefits, where they can get care, what their treatment options are, etc. must be accessible, relevant, and ongoing to achieve the goals of reform. Tailoring materials and modalities to the client population(s) and building in redundancies so that health education "sinks in" is necessary.

ABADA Advisory Board on Alcoholism and Drug Abuse
AMHB Alaska Mental Health Board

Supportive Services

> “Family is everything.” It’s critical to provide “structure, housing, emotional supports, food, love, and connection” to others. But when family have grown too old to care for someone (or they had no family), that person needs the same structure and support in the community.
>
> ~ Maria & Don, aging parents of an adult with serious mental illness in Fairbanks

The Boards’ constituents at all events, and in public comment over time, have emphasized the importance of supportive housing and employment, peer support and community inclusion opportunities to preventing institutionalization, homelessness, and relapse. The home and community based services contemplated for inclusion in the 1915(i) state plan option and 1115 waiver address these service areas.

ABADA Advisory Board on Alcoholism and Drug Abuse

AMHB Alaska Mental Health Board

Family Focused Services

Participants suggested making it easier for health care providers to serve families together through coordination of appointments and integration of care. The Primary Care Improvement and Behavioral Health Access Initiative can both address this.

Participants also suggested incentivizing offering regular health care appointments (not urgent or emergency care) evening and weekend hours. This is required of Certified Community Behavioral Health Clinics (planning phase now).

Enhanced Prevention and Early Intervention

Participants spoke about the need to educate individuals and family members/caregivers to identify early warning signs of health crisis so that people get care before their conditions become acute.

Early identification and intervention by health care providers can be increased by promoting use of existing health screenings in primary care settings (EPSDT, SBIRT, etc.). The health risk assessment proposed in the Primary Care Improvement Initiative is another solution aligned with participants' input.

Less Paperwork, More Focus on People

Participants in Palmer and Fairbanks spoke about the value of universal health care intake process (rather than filling out extensive intakes at every health care provider). This eases the burden on clients and supports more seamless referrals between providers.

The 2014 Streamlining Initiative, the Medicaid Business Process Improvements (recommended workgroup), and increased utilization of the health information exchange, secure patient portals, and patient assessments and tools that translate across health domains would all result in the parity of paperwork requested by clients and providers.

> “Pay for time with people, not with paperwork.”
>
> ~ Fairbanks stakeholder

ABADA Advisory Board on Alcoholism and Drug Abuse AMHB Alaska Mental Health Board

Questions? Comments?

Thank You

ABADA
Advisory Board on
Alcoholism and Drug Abuse

AMHB
Alaska Mental Health Board