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The U.S. Department of Health and Human Services February 1996 PDF Version (21 PDF pages) This document was prepared by the U.S. Department of Health and Human Services (HHS), the Office of Disability, Aging and Long-Term Care Policy (DALTCP). For more information on this, you can visit the DALTCP homepage at or contact the office at HHS/ASPE/DALTCP, number 424E, H.H. Humphrey Construction, 200 Independence Avenue, S.W., Washington, D.C. 20201. Email address: webmaster. DALTCP@hhs.gov. Andreas Frank was an employee of the project. TABLE CONTENT REVIEW DOCUMENT AND EXPERT MEETING ON MANAGED DISABILITY CARE NATIONAL CONFERENCE ON MANAGED CARE OF PEOPLE WITH DISABILITIES RESEARCH INVENTORY ON MANAGED CARE AND PEOPLE WITH DISABILITIES INNOVATIVE MANAGED CARE PLANS, SERVING PEOPLE WITH DISABILITIES IMPACT MANAGED CARE ON CHILDREN WITH SPECIAL HEALTH NEEDS IMPACT OF MANAGED CARE ON CHILDREN WITH DISABILITIES IN FLORIDA IMPACT OF MANAGED CARE ON MEDICARE DISABLED BENEFICIARIES UNDER 65 YEARS OF DISABILITY SUPPLEMENT TO EXISTING HCFA EVALUATION OF THE OREGON 1115 DEMONSTRATION TRAINING FOR PROFESSIONALS CARING FOR PEOPLE WITH DISABILITIES DISABILITY SUPPLEMENT TO THE NHIS SURVEY HEALTH AND LONG-TERM CARE EXPENDITURE PATTERNS OF CHILDREN WITH DISABILITIES COMPARATIVE AND PROCESSES OF PREPAID MANAGED CARE FOR HIGH-RISK POPULATIONS PRIVATE PAYORS SERVING DISABLED INDIVIDUALS AND RESEARCH SYNTHESIS ON MANAGED CARE ALTHOUGH MANAGED CARE CREATES GREATER OPPORTUNITIES FOR PEOPLE WITH DISABILITIES IN THE WAY OF PAYING MORE ATTENTION TO PREVENTIVE SERVICES, continuity of care and reduction of out-of-pocket payments as a result of the elimination of co-payments and deductibles, it also creates risks. Economic incentives associated with managed care may also lead to more limited access to basic services, in particular specialized care required by persons with special health needs, and this may lead to inaccessible premiums as insurers try to offset the expected higher costs of enrolling people with disabilities. In addition, few managed health professionals have the experience needed to treat people with significant disabilities. In an era marked by rapidly rising health expenditures, the public and private sectors are increasingly turning to managed health systems to monitor health expenditures and improve access to coordinated continuous services. The reason for this interest is clear, people with disabilities make up a disproportionate share of total health care costs, and as long as payers don't laugh at costs and more effectively manage the care of people with saving overall health costs would be difficult to achieve. However, the development of managed care systems for persons with disabilities has proved extremely difficult to achieve, mainly because there is a big difference between the needs of people with disabilities and the unclear standards of clinical care practices. Developing cost-effective, results-based and consumer-sensitive systems for managed care for people with disabilities remains an extremely difficult task for both the private and public health sectors. Unfortunately, currently the U.S. Department of Health and Human Services and the private sector have little information about the experiences of people with disabilities in the traditional health care system and little information about what happens to these populations when they are enrolled in managed care plans. The lack of accurate and reliable data in this area makes it increasingly difficult to determine whether managed care has significant potential to improve the quality of health services while containing costs, or whether managed health care will limit access to specialized and essential services for people with disabilities. In order to better understand the impact of managed care on people with disabilities, staff from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the Office of Disability, Aging and Long-Term Care (DALTCP) and the Office of Health Policy (HP) have developed a range of studies and assessments aimed at managed care and people with disabilities. The research plan includes a range of projects to promote knowledge about the experiences of disabled people in managed care in public health systems such as Medicaid and Medicare, as well as plans based on employers and self-insurers. Research projects include: Holding state Medicaid-managed medical demonstration assessments in conjunction with HCFA's office of public health demonstrations so that they include an analysis of the impact on disabled people who receive additional benefit benefits (SSI) benefits. Documenting the experience and consequences of managed care for disabled people who are insured privately under insurance plans for large employers. Funding grants that use disability data to study the impact of enrolling people with disabilities in managed care systems. Identification of public and private managed health facilities that serve children with disabilities, and descriptive analysis and site visits to identify obstacles to the integration of acute and long-term care services disabled children. Study the cost structure of health care and long-term care for disabled children using Medicaid data in four states, as well as data from private employers. Revealing innovative public and private managed care plans working adults with disabilities (ages 18-65) and conducting site visits to develop guidance to help States develop more accountable and effective managed care systems for people with disabilities. The project focuses on both public (Medicare, Medicaid) and private managed care systems. Convening a national conference on managed disability care to synthesize and share research results, disseminate information on best practices and stimulate reflection on the future potential of managed care plans that serve disabled people. The conference will include research on both public and private health systems that serve people with disabilities. Identify public and private managed health sites that have developed interdisciplinary educational and training programs for caregivers. Identify and describe the specific conditions in which health and human care professionals and students receive interdisciplinary training and practical experience in providing care to people with disabilities in continuous care, a three-year disability supplement to the health survey to provide detailed information on the prevalence and characteristics of children, working-age adults and older Americans with disabilities; what health plans they relate to, what health status they are concerned with, how they use non-health services, including frequency of use, who pays for these services, and out-of-pocket expenses. These proposed research projects will provide information on access, quality, cost and outcomes for people with disabilities through managed care systems to assist policy makers, administrators and service providers in developing sound and appropriate policies. In addition, improving our knowledge base on the experience of disabled people learning in managed care can help to make smarter and more informed decisions on the part of consumers. In addition, by providing reliable data on the use of specific conditions and costs for people with disabilities, more effective strategies for setting rates, reinsurance and risk adjustment for different groups of people with disabilities could be promoted. The following materials provide a more detailed description of the current project. ISSUE PAPER AND EXPERT MEETING ON MANAGED CARE FOR PERSONS WITH DISABILITIES PRINCIPAL INVESTIGATOR: Andreas Frank PURPOSE: This issue highlights the appropriate policy of researching managed care plans serving people with disabilities in an attempt to map out areas DALTCP 1995 on managed care. The document was intended to stimulate discussion and feedback from experts attending the DALTCP meeting on managed care and people with disabilities. In the document document a brief overview of existing studies, summarizes policy issues of importance to the Department, and proposes research priorities for the future. Such issues addressed in the document include the functional and demographic characteristics of persons with disabilities in managed care systems; Impact issues, including consumer satisfaction, quality of care, accessibility, range of services, address issues; funding and reimbursement issues, as well as quality assurance and monitoring. RESULTS: This document was presented at the second meeting on the research agenda in December 1995. Experts in this area discussed the studies presented in the paper and recommended areas of potential research and data collection. A summary of the meeting and expert recommendations are available. CONTACT PERSON: Andreas Frank, ASPE (202-690-6443) FINAL DATE: January, 1995 LINK: NATIONAL CONFERENCE ON MANAGED CARE FOR PEOPLE WITH DISABILITIES PRINCIPAL: Mimi Bernardin, MedStat Group PURPOSE: The purpose of the national conference is to bring together researchers, policymakers, health care providers, and consumers to examine available empirical evidence on the impact on people with disabilities in managed Medicare and Medicaid care plans, as well as managed care in the private sector. The conference will be organized on four broad topics: the needs of disabled people for services and how well these needs are met in the current health system. How people with significant disadvantages actually fare relative to cost, quality and access in different types of managed care (e.g., HMO, PPO, point of service plans, plans that integrate acute and long-term care services) and how their experience in managed care compares to what would otherwise happen in the pay-for-services system. The strengths and weaknesses of the methods available to service providers to include people with disabilities in managed care plans. Methodology for evaluating the results of managed care for people with disabilities. PROGRESS TO DATE: In February 1996, a steering committee composed of key government officials will meet to formalize the agenda, invited guest speakers, commissioned documents and conference dates. A report on their meeting will be published at the end of February 1996; the conference report will be published in the autumn of 1996. CONTACT PERSON: Andreas Frank, (202-690-6443) FINAL DATE: Autumn, 1996 LINK: RESEARCH INVENTORY ON MANAGED CARE AND PEOPLE WITH DISABILITIES PRINCIPAL INVESTIGATOR: Mimi Bernardin, MedStat Group PURPOSE: The purpose of research inventory is to combine all activities related to managed care and people with disabilities. This inventory looks at research projects focused on: the use and results data, quality assurance activities, implementation analyses, risk/risk adjustment, case management practices and others. The methodology of each research project is explained, the date of the expected completion is specified, the sponsor organization is specified, the main researcher is specified. CONTACT: Andreas Frank, ASPE (202-690-6443) DATE OF COMPLETION: A preliminary inventory project will be available in February 1996. Periodically, revisions and updates of the inventory will be carried out. LINK: INNOVATIVE MANAGED CARE PLANS SERVING PEOPLE WITH DISABILITIES PRINCIPAL INVESTIGATOR: Sally Bachman, MedStat PURPOSE: Despite the growing level of interest from public and private payers to expand the ability to register managed care to include people with disabilities, there is little systematic data on plans that successfully serve people with complex health care needs. The aim of this project is to collect quality data on public and private health care plans that provide effective but clinically appropriate care for adults of working age with disabilities. The data will be collected by visiting the sites of approximately six plans and telephone interviews with ten more plans. Research will focus on consumer participation, training and provider recruitment, quality of care, risk adjustment and risk-sharing mechanisms, service delivery models, disease practices and measurement of outcomes. PROGRESS TO DATE: All visits to the sites will be completed by February 1996. To date, more than 15 contacts have been established under the plans. Sites to be visited include: Health Alliance, Intermountain Health, Puget Sound Health Group, Community Medical Alliance, Arizona Physician IPA, and others. Sites where information was collected include: Fallon Community Health Plan, FHP, Harvard Community Health Plan, Kaiser Permanente - Colorado, MCARE, Pacificare, United HealthCare Corporation and others. The written report will be submitted in April 1996 and will be presented at the National Conference scheduled for September 1996. CONTACT: Andreas Frank, ASPE (202-690-6443) REPORT AVAILABLE: April 1996 IMPACT OF MANAGED CARE ON CHILDREN WITH SPECIAL HEALTH CARE NEEDS PRINCIPAL INVESTIGATOR: Sally Bachman, MedStat PURPOSE: The purpose of the proposed study is to assess how the various organizational and financial characteristics of managed care affect the use of health care services, package services, management of referrals and costs of treatment for children. The study provides for the removal of the impact organizational characteristics, financial incentives and payment methods under managed health care arrangements. In addition, the study intends to examine the impact of managed care organization and financial characteristics of household out-of-pocket and per capita expenditures. PROGRESS TO DATE: All visits to the sites will be completed by February 1996. The written report will be submitted in April 1996 and will be presented at the National Conference scheduled for September 1996. CONTACT: Gavin Kennedy, Ruth Katz, ASPE (202-690-6443) REPORT AVAILABLE: Autumn, 1996 SOURCE: OF THE RIGHT ON CHILDREN WITH CHILDREN WITH THE OTHER IN THE FLORIDA MAIN EXPLORER: Elizabeth Schenkman, Ph.D., University of Florida -- PURPOSE: Institute for Child Health Policy: The purpose of this grant is to assess how the different organizational and financial characteristics of managed care organizations (measured by a physician and other provider payment methods, financial incentives, risk sharing, benefit package design and management directions) affect the use of health care, the functional state of the child, the family's out-of-pocket costs, and the per capita costs of children with special health needs. A sample of 750 children will be included. PROGRESS TO DATE: Data is currently being analyzed. The project began in September 1995. CONTACT: Andreas Frank (202-690-6443) REPORT AVAILABLE: The final report will be available in the fall of 1996. LINK: IMPACT OF MANAGED CARE ON MEDICARE DISABLED BENEFICIARIES UNDER THE AGE OF 65 PRINCIPAL: Leonard Gruenberg, Ph.D., DataChron, Inc. PURPOSE: The overall goal of this project is to learn more about models of use, health status, access to care, and satisfaction for patients with disabilities who are under 65 years of age. The project is the result of a joint effort by DataChron Health Systems, Inc., the Kaiser Permanente Center for Health Research and the Fallon Clinic. Data on the use patterns of 2,300 disabled Medicare members of two TEFRA (risk) HMOs will be analyzed and compared with similar data for 2,000 disabled medicare paid service recipients who participated in the Medicare Current Beneficiary Survey (MCBS). This project will provide descriptive and colloed information on the use, costs, characteristics of patients, satisfaction and access in both TEFRA plans and service payment mechanisms for this group. In addition, the project will include consideration of HMO cases and the cost of GMOs for these populations. PROGRESS TO DATE: Data is currently in the process of being analyzed. The project began in September 1995. CONTACT: Andreas Frank, ASPE (202-690-6443) REPORT AVAILABLE: The final report will be available in FALL, 1996. DISABILITY SUPPLEMENT TO EXISTING HCFA SCORE 1115 SOURCE: Margot Rosenbach, Ph.D., Health Care Economics Inc. PURPOSE: The HCFA Assessment examines changes in impact in funding and delivery of health services in Oregon, through 1,115 waivers of demonstration powers. Disability addition to the existing HCFA assessment of Oregon attempts to add disability attention to the state's assessment. This supplement will focus on the experiences of disabled children and adults with disabilities (physically disabled, mentally retarded, developmental disabilities) enrolled in Oregon health demonstrations. In addition to disability, cost and use data will be studied, as well as linking this data to functional data collected by government agencies. In addition, the supplement will conduct a survey of consumers and suppliers to examine issues of satisfaction, access, quality, health and functioning. CONTACT: Andreas Frank, John Drabek (202-690-6443) FINAL DATA: Autumn, 2000 REPORTS AVAILABLE: Annual progress reports are available. TRAINING FOR PROFESSIONALS CARING FOR PEOPLE WITH DISABILITIES PRINCIPAL INVESTIGATOR: Christopher DeGraw, Center for Health Policy Research, Purpose Georgetown University: Effective health care for people with disabilities often requires the services of both health professionals and human service professionals. The aim of this project is to identify and describe the specific conditions where health and human service professionals and students receive interdisciplinary training and practical experience in providing care to people with disabilities in continuous care. The project will include a literature review, reports on site visits and a final report on interdisciplinary training on care for people with disabilities. The project is led by the Technical Advisory Group of the Center for Health Policy at George Washington University. CONTACT PERSON: Kathleen Bond, ASPE (202-690-6443) LINK: DISABILITY SUPPLEMENT TO THE NHIS SURVEY PURPOSE: DALTCP has a long-standing commitment to improving basic data on disability, aging and long-term care. ASPE typically cooperates with other DHHS agencies in addition to planned or existing surveys; in particular, ASPE's staffing and funding are used to (a) fill gaps in planned data collection activities, (b) to ensure that surveys contain relevant policy issues (c) that samples are sufficient to represent small but policy-important populations (e.g. mentally retarded and developmentally disabled) and (d) help to prioritize data analysis. One of the most important activities currently being undertaken is the disability survey, 1994-1996. Among several agencies, DALTCP staff worked to coordinate the plan, develop, coordinate and identify sources of support for the disability survey. For the first time in history The analysis will provide detailed information on the prevalence and characteristics of children, working-age adults and older Americans with disabilities; how they live, work and go to school; use of health care, income, assets, participation in federal programs, health insurance, and non-medical services, including frequency of use, who pays for these services, and out-of-pocket expenses. CONTACT: Michelle Adler, ASPE (202-690-6443) HEALTH AND LONG-TERM CARE EXPENDITURE PATTERNS OF CHILDREN WITH DISABILITIES PRINCIPAL INVESTIGATOR: Bill Crown, SysteMetrics PURPOSE: Because childhood disability is relatively rare, most surveys and data sets have relatively little information about the number of children with disabilities, their use and costs. The project addresses two very large sets of claims data sets that are likely to contain a significant number of children with disabilities. The first one comes from the Medicaid Tape to the draft tape, and contains claims and enrollment data for every child covered by Medicaid in 1992 in individual states. The second comes from data from medstat Market Scan, and contains information on claims from numerous employers based on private health insurance plans throughout the U.S. Using diagnostic codes and other criteria, will attempt to identify all children in the data set with severe disabilities. The volume and types of services they use will be provided. Every child who receives Medicaid services will be included in the study, not just those who receive Medicaid coverage through SSI. This project is based on a previous ASPE study that focused on children who were either of high cost or who received Medicaid through SSI. CONTACT: John Drabek, ASPE (202-690-6443) LINK: COMPARATIVE OUTCOMES AND PROCESSES OF PREPAID MANAGED CARE FOR HIGH-RISK POPULATIONS PRINCIPAL INVESTIGATOR: Richard Kronick, University of California, San Diego PURPOSE: The purpose of this study is to learn more about the impact of managed care on people with disabilities. In particular, the study will add new information in five areas: 1) How, if any, do providers reorganize the provision of managed care assistance to disabled people? 2) When choosing between HMO and service providers paid as part of reimbursement for services, which subgroups of disabled people are involved in GMOs? 3) What are the impacts of managed health care on the use of health care and the costs of health care for the disabled? 4) What are the impacts of managed care on patient health outcomes and satisfaction? 5) What are the conditions, patterns of medical consumption or are other indicators particularly good markers of disability in adults and children of working age? How this information can be used to create reimbursement systems that encourage health health to seriously harm subsebmns with disabilities? The study will conduct this study in four broadly different settings: 1) Community Medical Alliance, a health plan in Massachusetts that was created to develop specialized delivery systems for a small number of Medicaid eligible with end-stage AIDS and with severe physical disabilities, 2) Detroit and surrounding areas in Michigan, where more than 30,000 SSI recipients receive full-time HMOs in danger and another 90,000 SSI recipients receive assistance in primary care model management, 3) Health Plans in Columbus and Cleveland that are centered around academic health centers, and 4) a health plan in central Missouri that is trying to develop delivery systems that serve the needs of people with rural disabilities. CONTACT PERSON: Andreas Frank, ASPE (202-690-6443) FINAL DATE: Autumn, 1996. Progress reports will be available earlier. LINK: PRIVATE PAYORS SERVING DISABLED INDIVIDUALS AND RESEARCH SYNTHESIS ON MANAGED CARE FOR PERSONS WITH DISABILITIES PRINCIPAL INVESTIGATOR: Brian Burwell, MedStat Group PURPOSE: Despite the growing level of public and private payers' interest in expanding managed care to include people with disabilities, there is little evidence of the experiences of people with disabilities in public or private care plans. The proposed research project will focus on two areas: 1) an assessment of employer-based managed care plans for the disabled and 2) the synthesis of relevant policy results of studies prepared by other investigators on the impact of managed care on people with disabilities. The employer-based study will address policy issues in five key areas. The first issue to be addressed is how to develop a methodology for identifying persons with disabilities in databases based on private insurance claims. Secondly, cost and use analysis will be carried out to identify models for the use of health care and to coordinate care for people with disabilities in private health plans. Third, expenditure data will be analysed to examine the impact of managed care on overall health expenditures and the various components of these costs for people with disabilities. Fourth, methods for adjusting the risks of private payers will be reviewed in an attempt to learn more about how employers set rates through managed care plans and how plans respond to different risk adjustment methodology. Finally, in a study based on all the issues of disability functional status policies that are used in managed care plans be addressed (i.e., what functional data do employers collect? how do employers use this data to set rates? Research, this project will try to synthesize ASPE-wide research related to managed care and people with disabilities with other private and publicly sponsored studies related to managed care and people with disabilities. This synthesis will address some of the following questions: How does participation in managed care plans for the disabled depend on the source of payment, disability group, or geographic area? Are the health-disabled needs met through managed care mechanisms? What are the financing mechanisms that are likely to lead to both consumer satisfaction and proper care management in managed care plans? CONTACT PERSON: Andreas Frank, John Drabek (202-690-6443) LINK: a descriptive research design might be concerned with which of the following, a descriptive research design pdf. In a descriptive research design a researcher will, how to write a descriptive research design. advantages of a descriptive research design. in a descriptive research design a psychologist will. in a descriptive research design the first question is typically about what. parts of a descriptive research design

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