



U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy



GOVERNMENT RESEARCH LOOKS AT EFFECTS OF MANAGED CARE

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Office of the Assistant Secretary for Planning and Evaluation

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development issues, and is responsible for major activities in the areas of legislative and budget development, strategic planning, policy research and evaluation, and economic analysis.

ASPE develops or reviews issues from the viewpoint of the Secretary, providing a perspective that is broader in scope than the specific focus of the various operating agencies. ASPE also works closely with the HHS operating divisions. It assists these agencies in developing policies, and planning policy research, evaluation and data collection within broad HHS and administration initiatives. ASPE often serves a coordinating role for crosscutting policy and administrative activities.

ASPE plans and conducts evaluations and research--both in-house and through support of projects by external researchers--of current and proposed programs and topics of particular interest to the Secretary, the Administration and the Congress.

Office of Disability, Aging and Long-Term Care Policy

The Office of Disability, Aging and Long-Term Care Policy (DALTCP), within ASPE, is responsible for the development, coordination, analysis, research and evaluation of HHS policies and programs which support the independence, health and long-term care of persons with disabilities--children, working aging adults, and older persons. DALTCP is also responsible for policy coordination and research to promote the economic and social well-being of the elderly.

In particular, DALTCP addresses policies concerning: nursing home and community-based services, informal caregiving, the integration of acute and long-term care, Medicare post-acute services and home care, managed care for people with disabilities, long-term rehabilitation services, children's disability, and linkages between employment and health policies. These activities are carried out through policy planning, policy and program analysis, regulatory reviews, formulation of legislative proposals, policy research, evaluation and data planning.

This article appeared in the ***Window on Wellness*** (Spring 1997, Premiere Issue, pages 8-9). For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The Project Officer was Andreas Frank.

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Andreas Frank, M.S.W.
Angel Ferrell

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In an era marked by rapidly growing health care expenditures, public and private sectors increasingly look toward managed health care systems to control costs and improve access to a coordinated continuum of services.

Unfortunately, at present, the U.S. Department of Health and Human Services and the private sector have little information on the experience of populations with disabilities in the traditional health care system and virtually none on what happens to these populations when they are enrolled in managed care plans.

Absence of accurate and reliable data make it increasingly difficult to determine if managed care has a significant potential to improve quality health care services while containing costs, or if managed care will limit access to specialty providers and services important for people with disabilities.

RESEARCH AND EVALUATION PLANNED

To better understand the effect of managed care on people with disabilities, staff from the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services, in collaboration with the Health Care Financing Administration, have developed research and evaluation efforts focused on managed care and people with disabilities. The research covers public- and employer-based plans as well as self-insured plans.

Current projects include:

- Examining roles of home and community based services in meeting health care needs of people with AIDS. Women with HIV/AIDS will be examined because the cost and service use patterns of women differ significantly from other populations living with HIV/AIDS.
- Analyzing impact on SSI recipients with disabilities while looking at statewide Medicaid managed care demonstration evaluations in Oregon and Tennessee.
- Documenting experiences and examining effects of managed care for people with disabilities who are privately insured through large employer insurance plans.
- Visiting public and private managed care sites that serve children with disabilities.
- Visiting innovative public and private managed care plans serving working-aged adults with disabilities (18-65), in an effort to develop a guidebook to aid states in developing managed care systems for people with disabilities.

- Studying the experience of elderly Medicare beneficiaries with chronic illnesses and disabilities in selected managed delivery systems.
- Hosting a national conference on managed care and people with disabilities in fall 1996 in order to synthesize and share research results, disseminate best practices information, and stimulate thinking on the future potential for managed care plans that serve people with disabilities.

Our findings, to date, show first that most of the commercial and many of the public health care plans we studied have not developed specific programs to meet the unique needs of people with disabilities. Instead, we found that people with disabilities receive services through a patchwork of systems and providers that primarily serve people who do not have disabilities.

Second, many plans claim that specialized case managers and care coordinators employed by the plan can better meet the specialized needs of people with disabilities. In some plans, these case managers can develop care plans, coordinate out-of-plan services, and have the authority to substitute benefits. However, in other plans case managers merely focus on utilization control activities. Understanding how case management works in different types of managed care plans for people with disabilities is critical.

Third, we found that in many instances, plans refer members to community-based systems for services not covered under the plans' benefit packages. Sometimes a plan merely refers the enrollee, whereas in other case, the plan works with the community services system to coordinate care.

Last, we found several exemplary programs that may serve as models of managed care service delivery systems for adults with disabilities; however, it is too soon to understand the impact of these models on health outcomes, satisfaction of enrollees, or health status. These programs are scattered throughout the country in states such as Oregon, Massachusetts, Tennessee, and Arizona.

It is too soon to predict what system-wide changes, if any, may occur because of research findings. From the national conference, Health Affairs plans to publish a special journal exclusively about people with disabilities and managed care.

Subjects in the journal will include

- Impact of managed care on children and adults with disabilities (physical disabilities, severe mental illness, and mental retardation/developmental disabilities).
- Impact of managed care on elders with disabilities.

- The state of research related to consumer satisfaction, quality measures and quality outcome studies.
- Plan and system design approaches to serving people with disabilities. For additional reports and information, please call our office at the U.S. Department of Health and Human Services, voice (202)690-6443.

Andreas Frank, M.S.W., is a policy analyst specializing in disability and long-term care issues in the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services. Angel Ferrell is a policy analyst intern specializing in disability and long-term care issues in the same office as Mr. Frank.