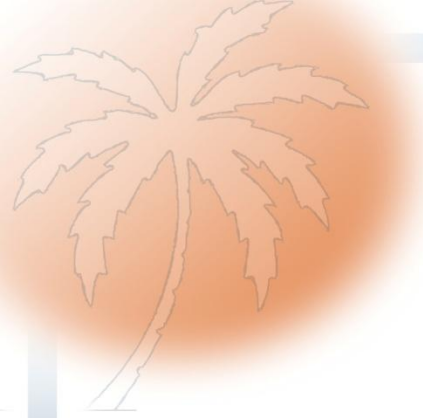


Moving Towards Consumer-Driven Health Care: Medicaid Enrollee Satisfaction in Florida's Reform Initiative

R. Paul Duncan, PhD
University of Florida

Medicaid Innovations Forum
Washington, DC
April 27, 2010





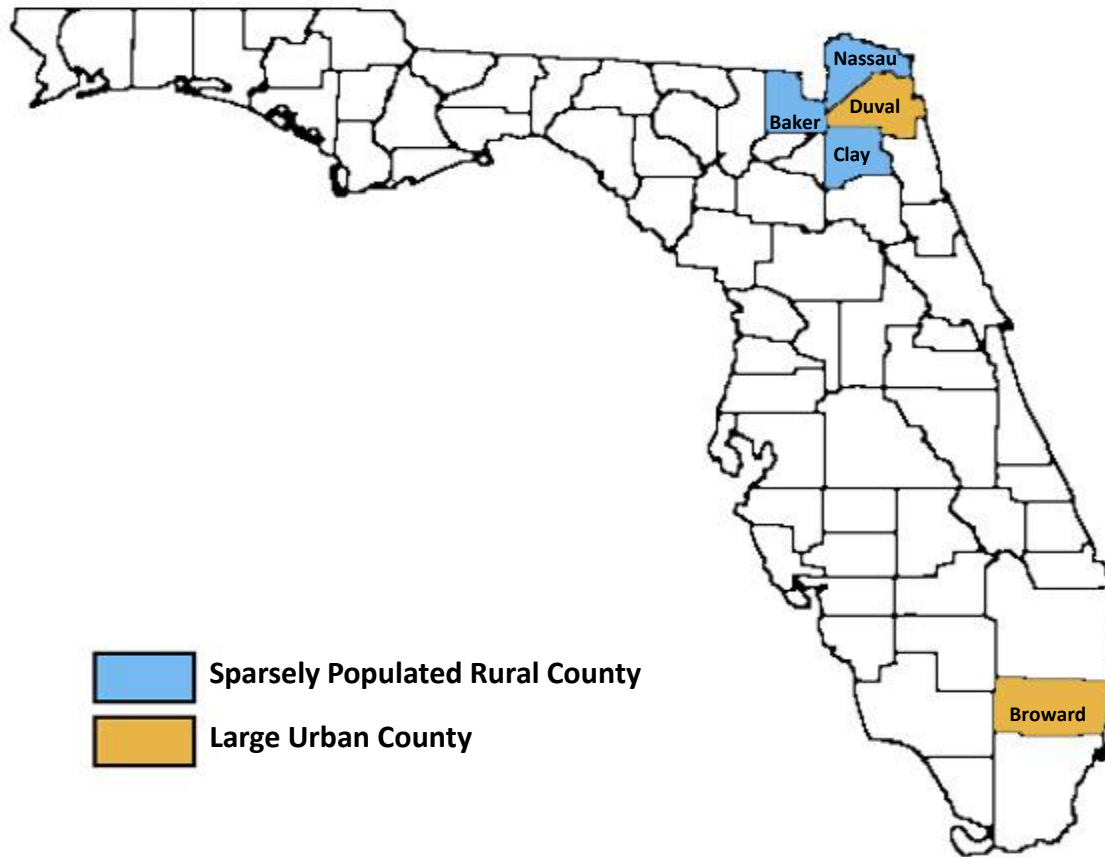
MEDICAID REFORM OVERVIEW



Florida's Medicaid Reform Pilot Program

- Florida began enrolling Medicaid enrollees in a Section 1115 Waiver demonstration in September 2006
 - Broward and Duval Counties (urban areas) were first demonstration counties
 - Baker, Clay, and Nassau Counties (rural areas) added in July 2007
 - Enrollees required to enroll in a managed care organization (HMO or PSN)
 - HMOs are paid a risk adjusted monthly premium
 - PSNs are paid on a FFS basis with an additional administrative fee to manage care
 - PSNs are primarily comprised of safety-net hospitals or minority physician networks

Reform Counties



-  Sparsely Populated Rural County
-  Large Urban County



Principles of Medicaid Reform

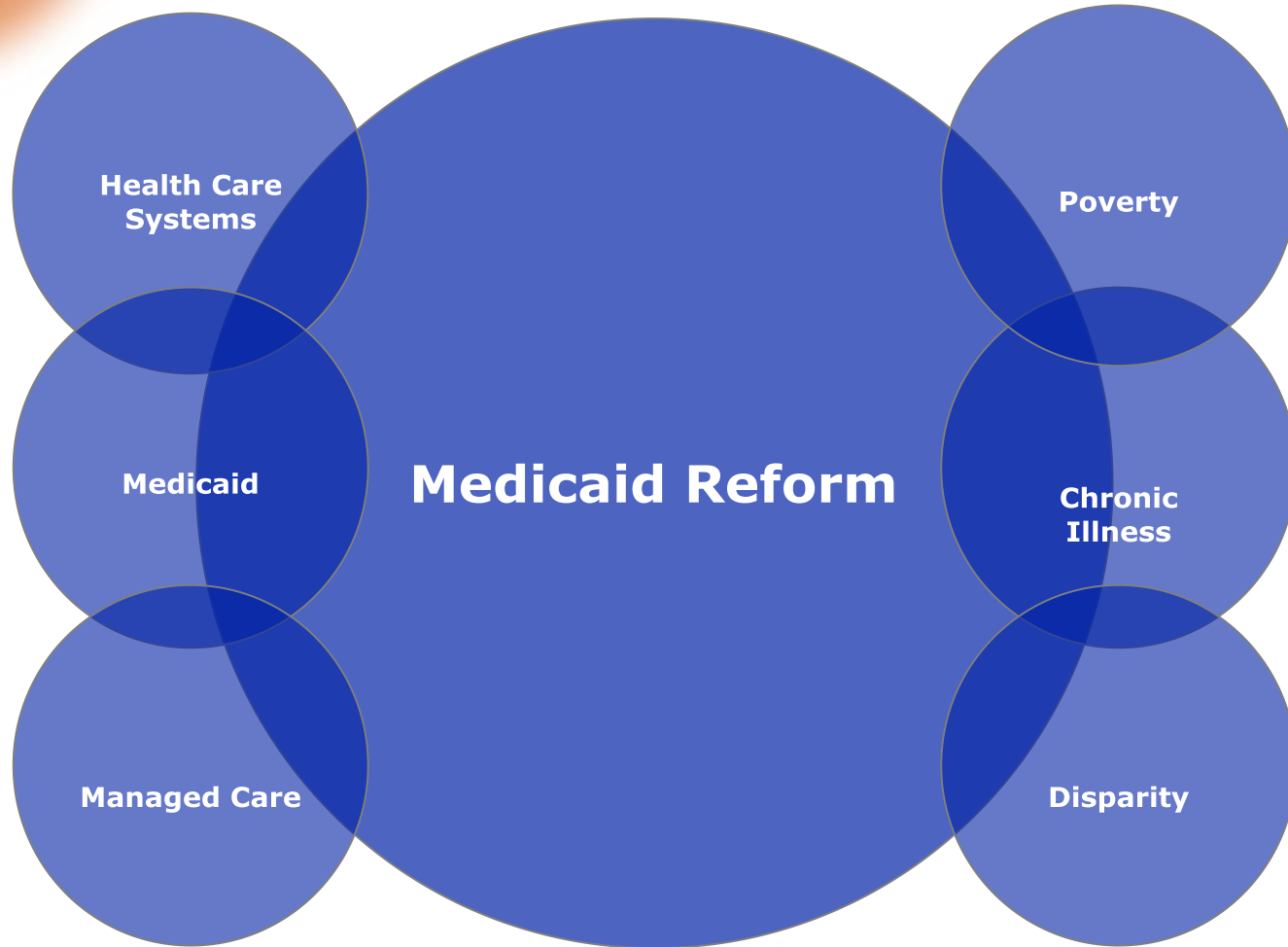
- Patient responsibility and empowerment
- Marketplace decisions
- Bridging public and private coverage
- Sustainable growth rate

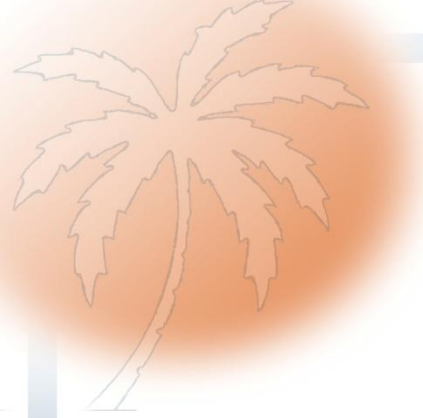


Elements of Medicaid Reform

- Customized and variable benefit packages
- Opt-Out option
- Enhanced Benefit Reward\$ program
- Choice Counseling
- Risk adjusted payments
- Carve-in for management of mental health care

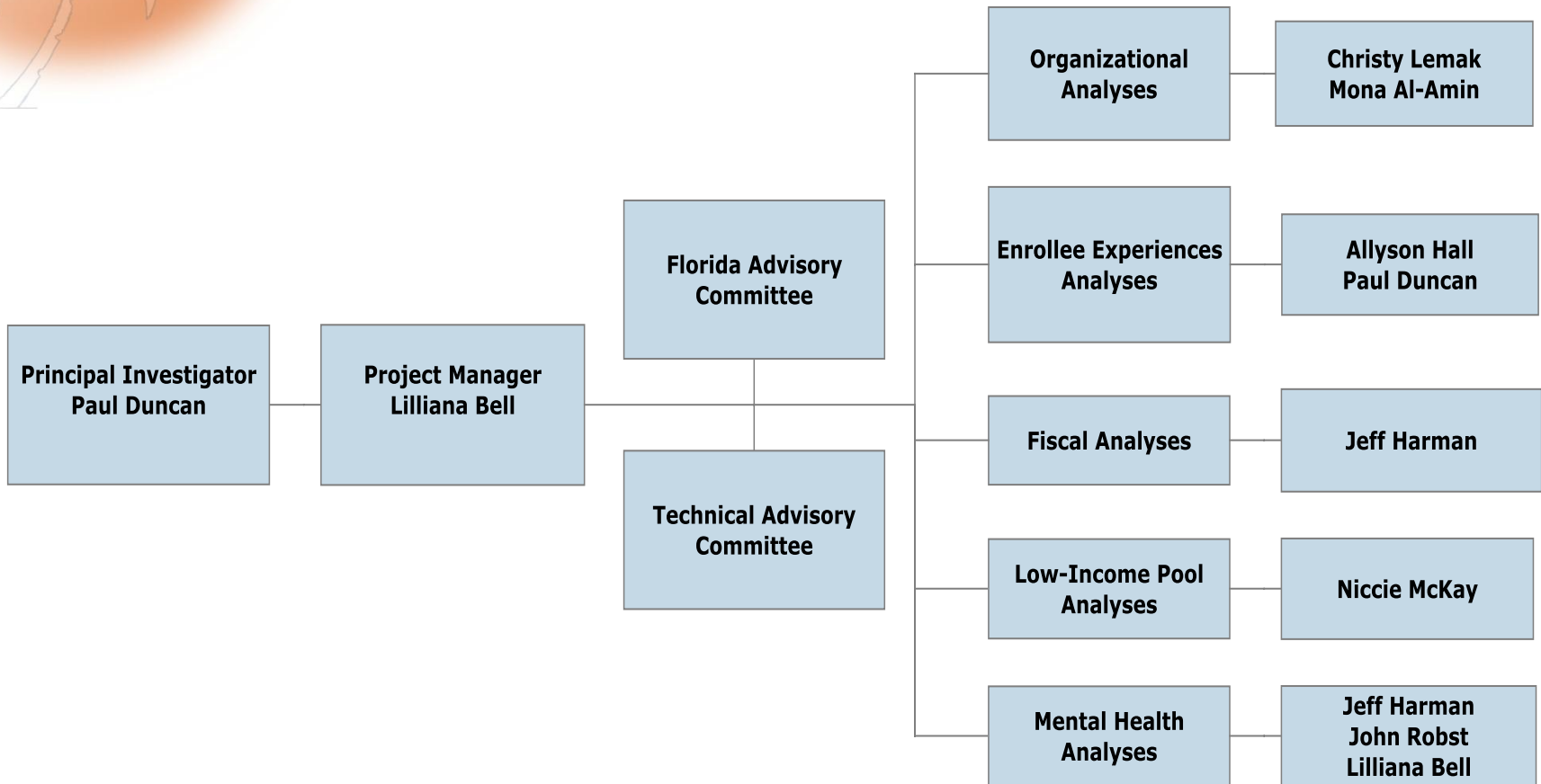
Context of Medicaid Reform



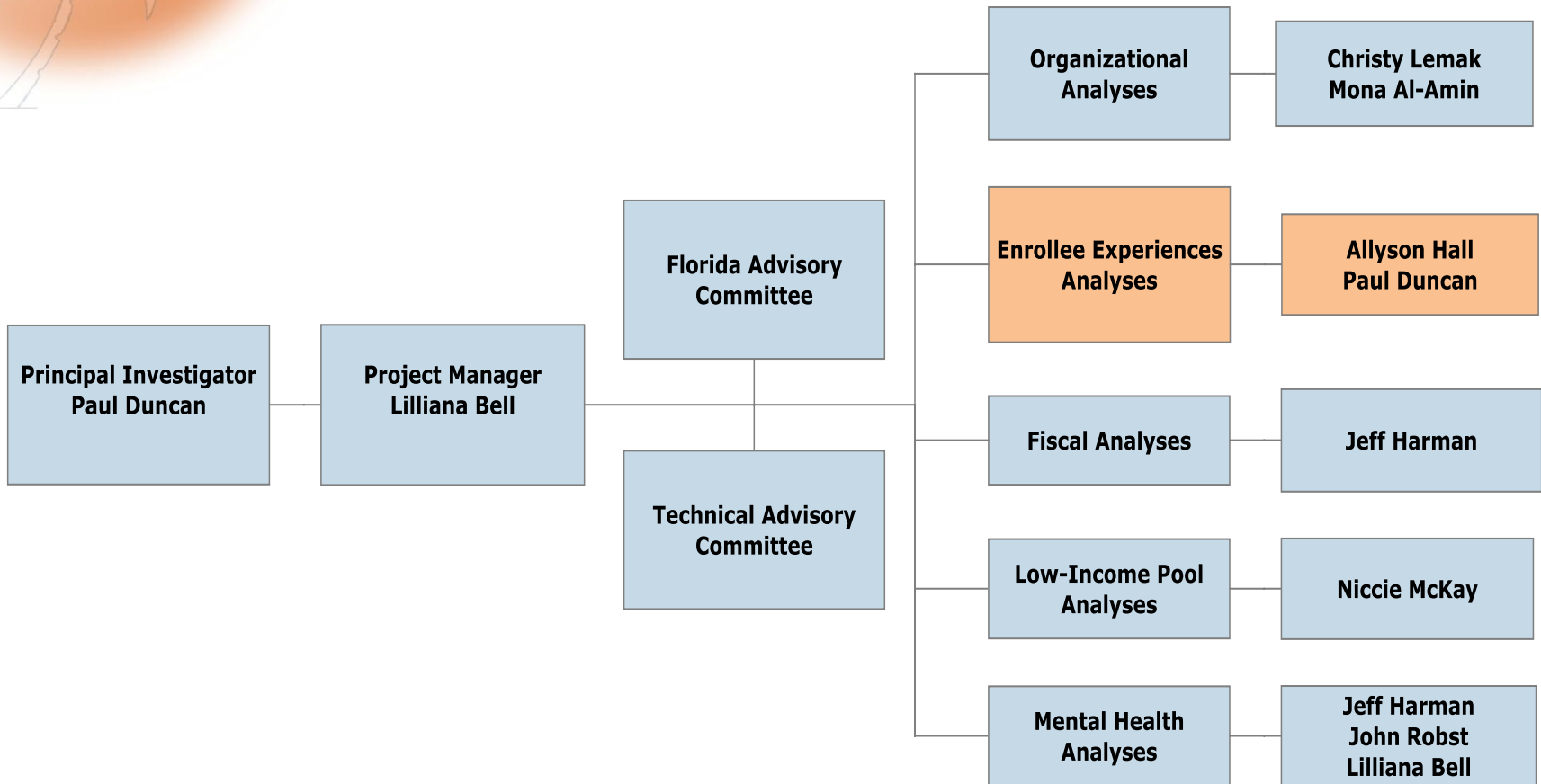


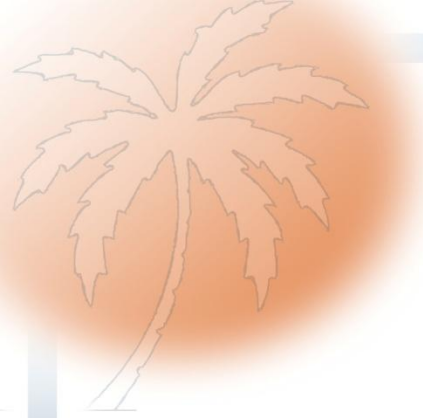
REFORM EVALUATION

Evaluation Team



Evaluation Team





CONSUMER EMPOWERMENT AND SATISFACTION IN MEDICAID



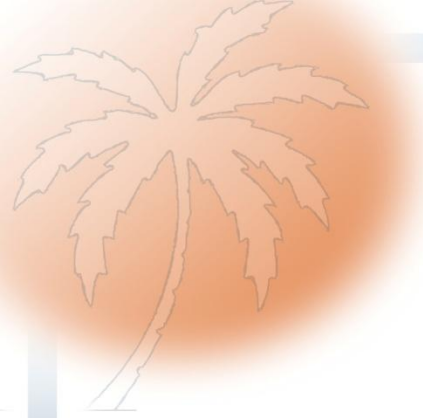
Why Satisfaction Matters

- Satisfaction is an indicator of quality
- Quality is an indicator of effectiveness and a component of value



But The Real Reason Why Satisfaction Matters...

- The enrollees do the choosing



MEASURING ENROLLEE SATISFACTION WITH HEALTH PLANS AND HEALTH CARE



CAHPS Survey Methods

- Consumer Assessment of Health Care Providers and Systems (CAHPS)
- “CAHPS-like” telephone surveys
- Broward and Duval (urban areas)
 - Benchmark, Year 1, Year 2
- Baker, Clay, and Nassau (rural areas)
 - Benchmark, Year 1



Survey Objectives

- Measure enrollee experiences
- Overall satisfaction
- Ability to access care
- Ability to communicate with providers and staff
- Health plan experiences

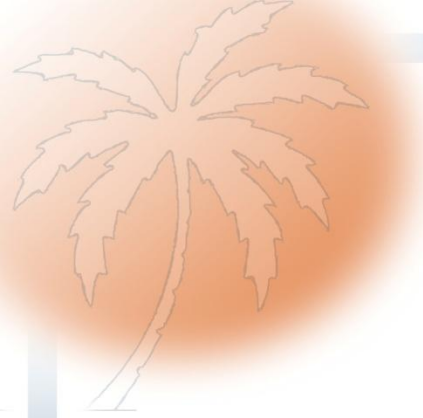
Survey Sample Size (Unweighted)

	Broward	Duval
Benchmark	4,197	1,570
Year 1	4,345	1,864
Year 2	3,917	2,235



Demonstration Level Findings (Urban Areas)

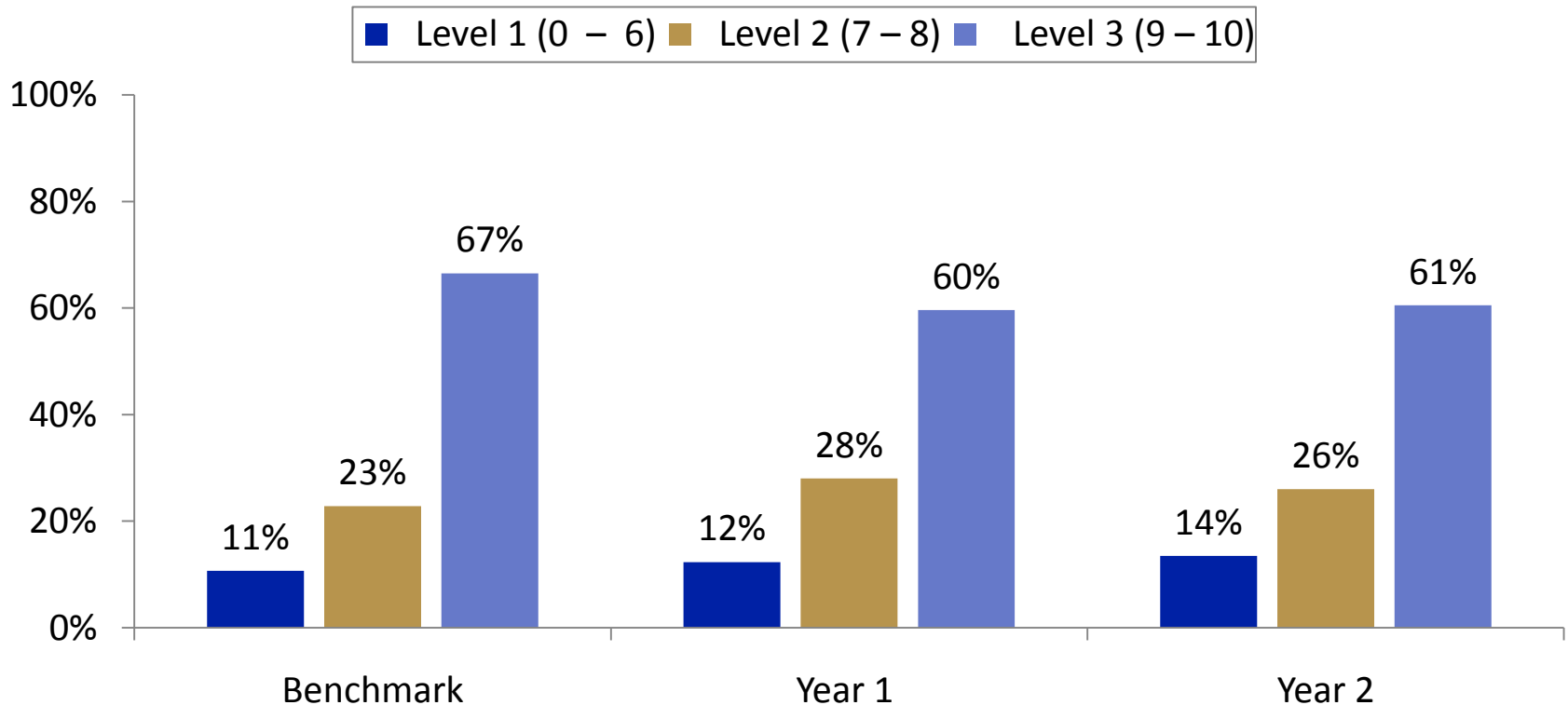
- No change for most indicators
 - Specialty care ratings, ER visits, communication, courtesy and respect of staff
- Downward change in some ratings
 - Health care satisfaction
 - Health plan satisfaction
- Upward change in personal doctor satisfaction
 - Experiences with personal doctor and getting care



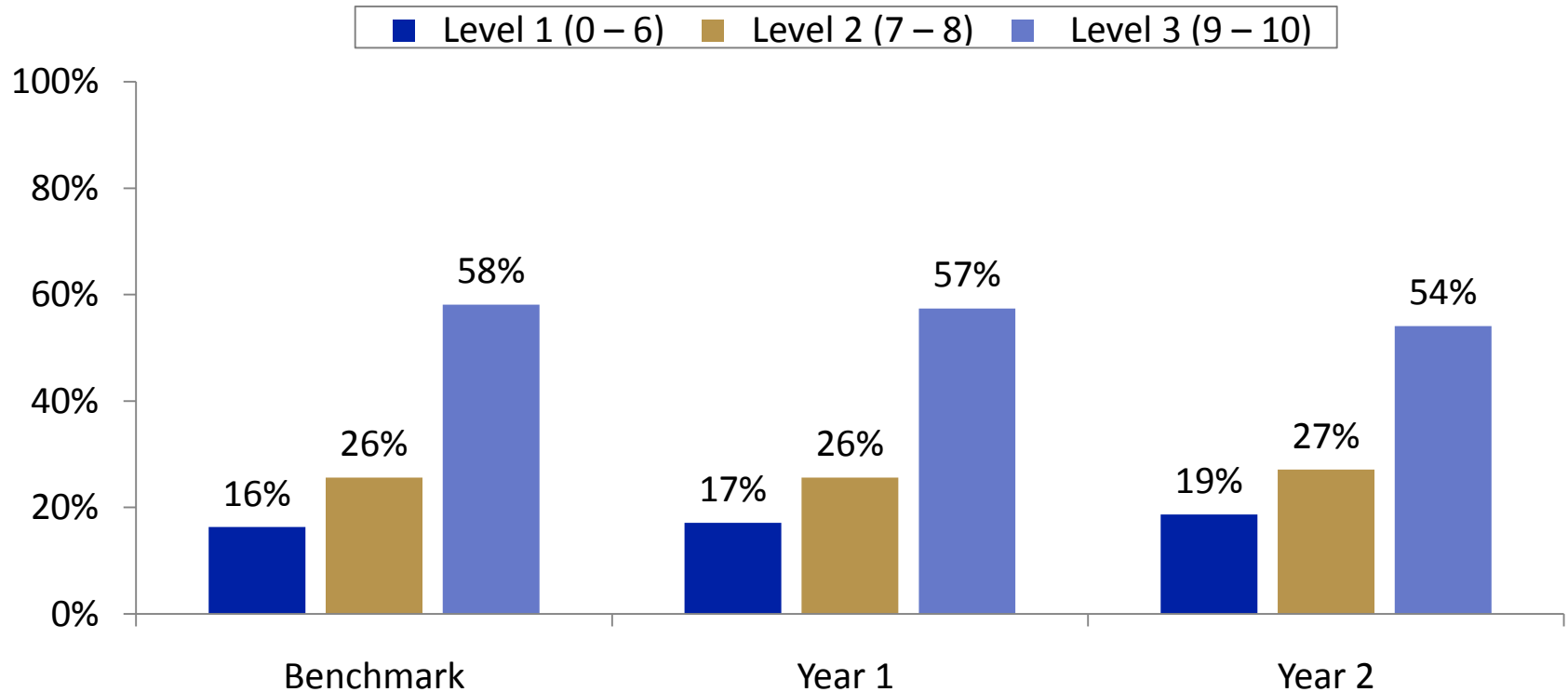
Broward and Duval Counties (Urban Areas)

SATISFACTION RATINGS BY PLACE AND TIME

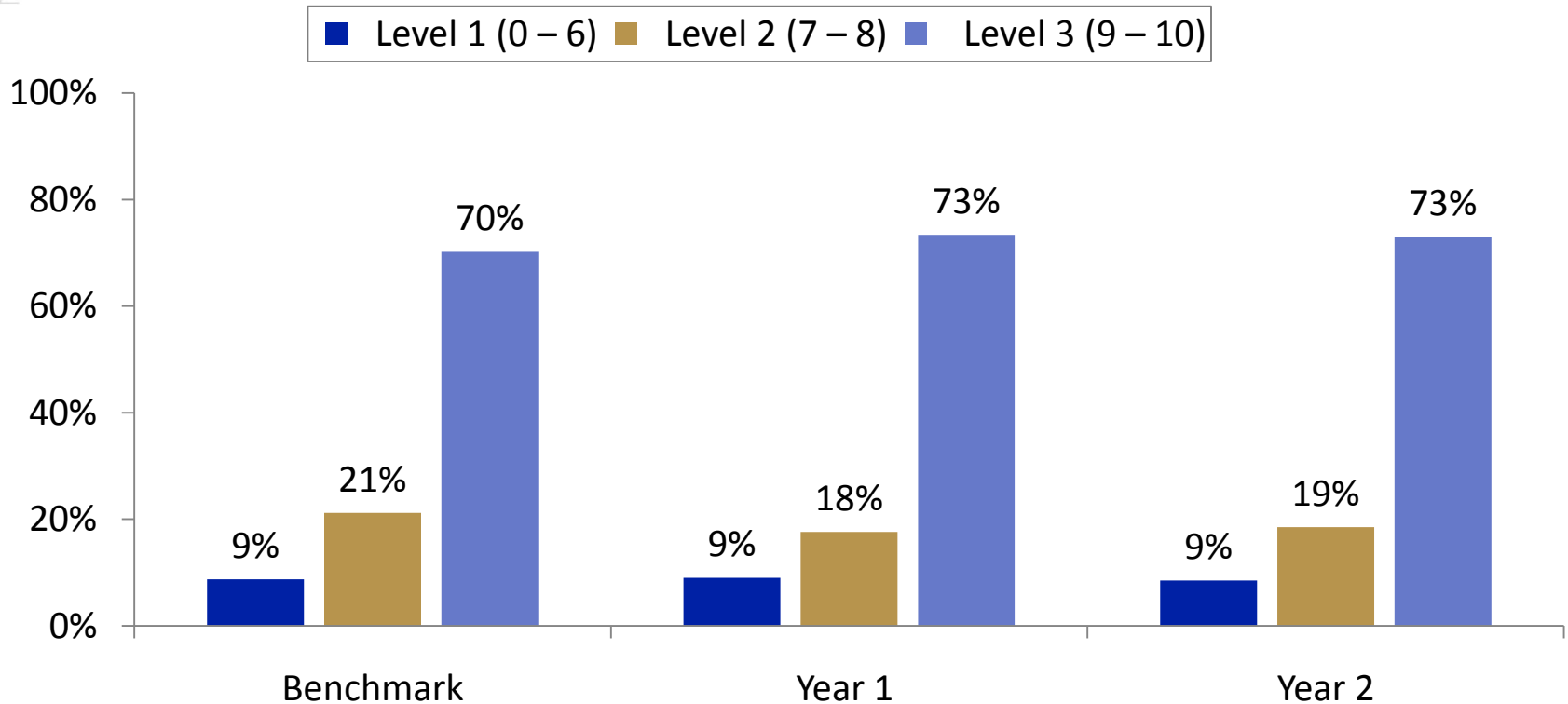
Health Care Satisfaction Rating, Urban Areas, All Years



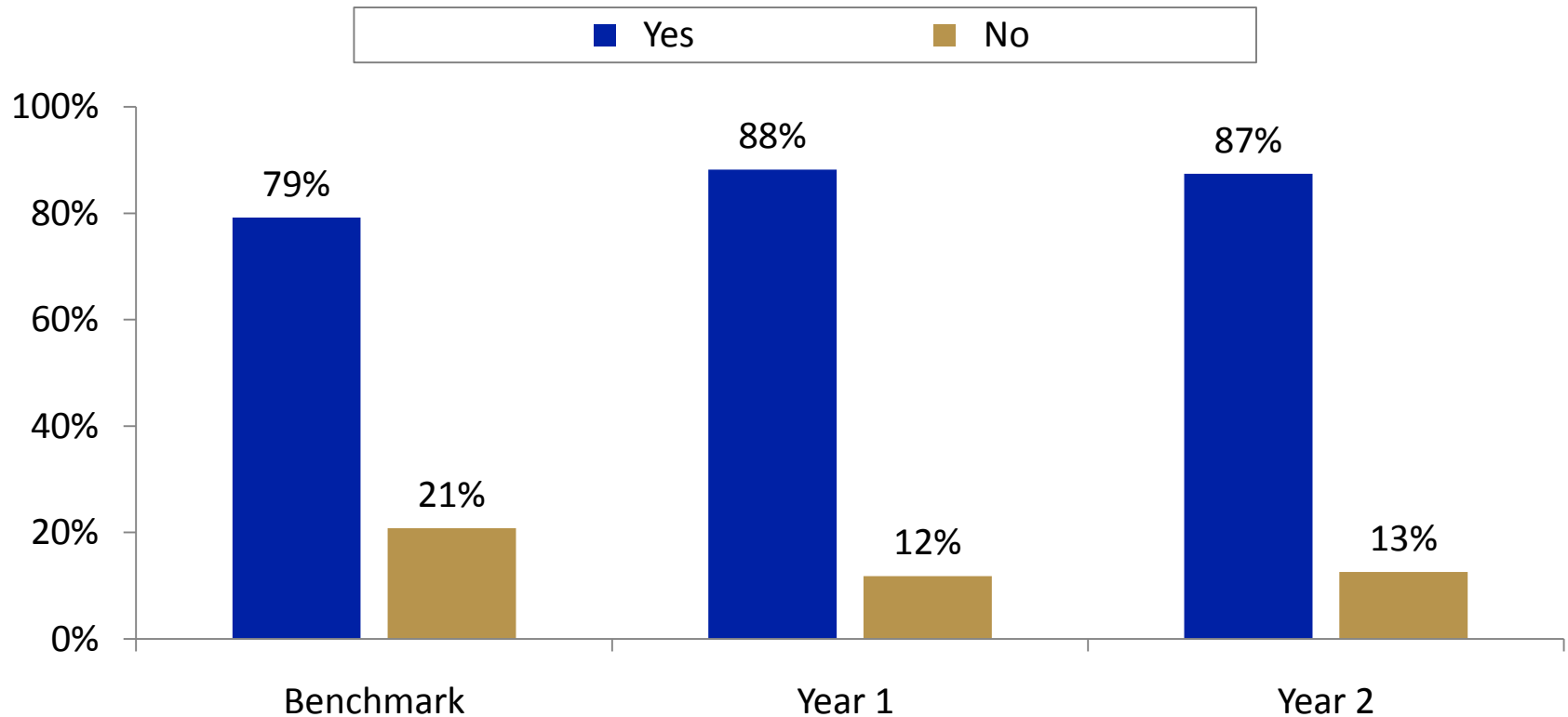
Health Plan Satisfaction Rating, Urban Areas, All Years



Personal Doctor Satisfaction Rating, Urban Areas, All Years



Have a Personal Doctor, Urban Areas, All Years





Provider Communication by Place and Time

- Same positive pattern was observed for how often personal doctor
 - Provided needed advice or help
 - Listened carefully
 - Explained things in an easy to understand way
 - Spent enough time



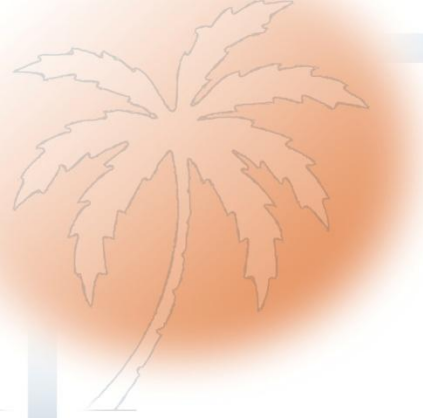
Summary by Place and Time

- No dramatic changes over time
- Improvement in having a personal Doctor
- No big differences in health care experiences between enrollees in Broward and Duval Counties
- Preliminary indications of modest differences in health care experiences between enrollees in urban and rural areas



Bottom Line by Place and Time

- Place and time don't matter much



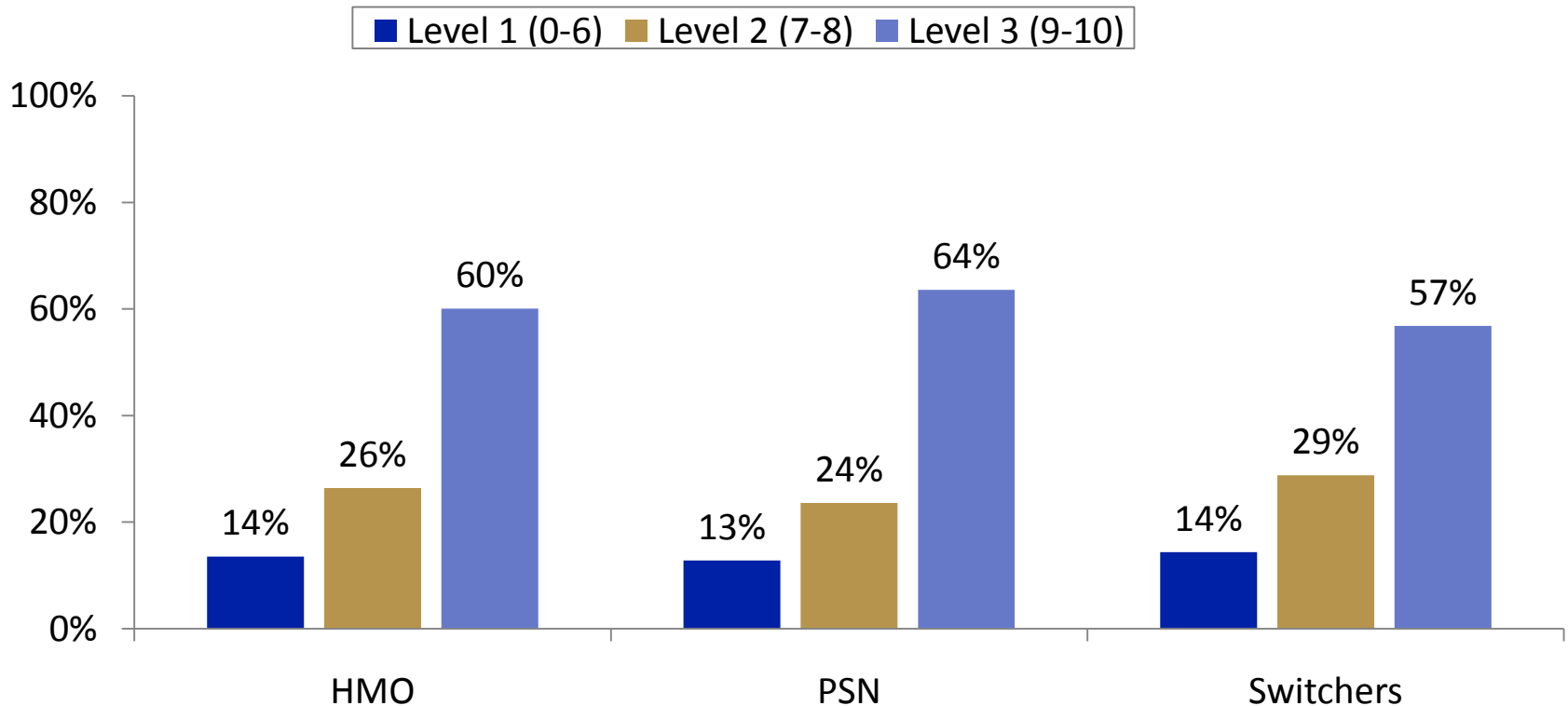
Health Maintenance Organizations (HMOs)

Provider Service Networks (PSNs)

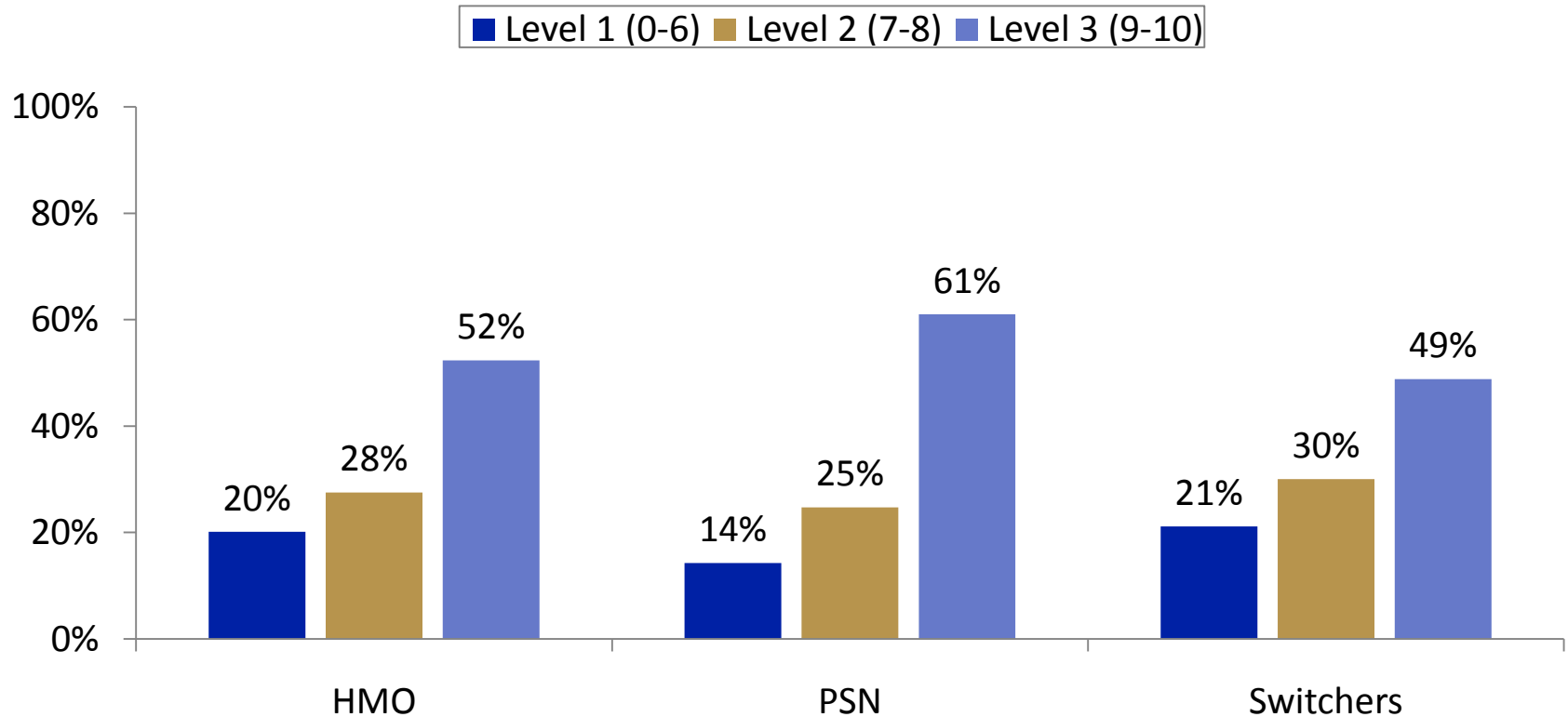
Switchers (Individuals Forced to Switch Plans Due to Provider Withdrawal)

SATISFACTION RATINGS BY PLAN

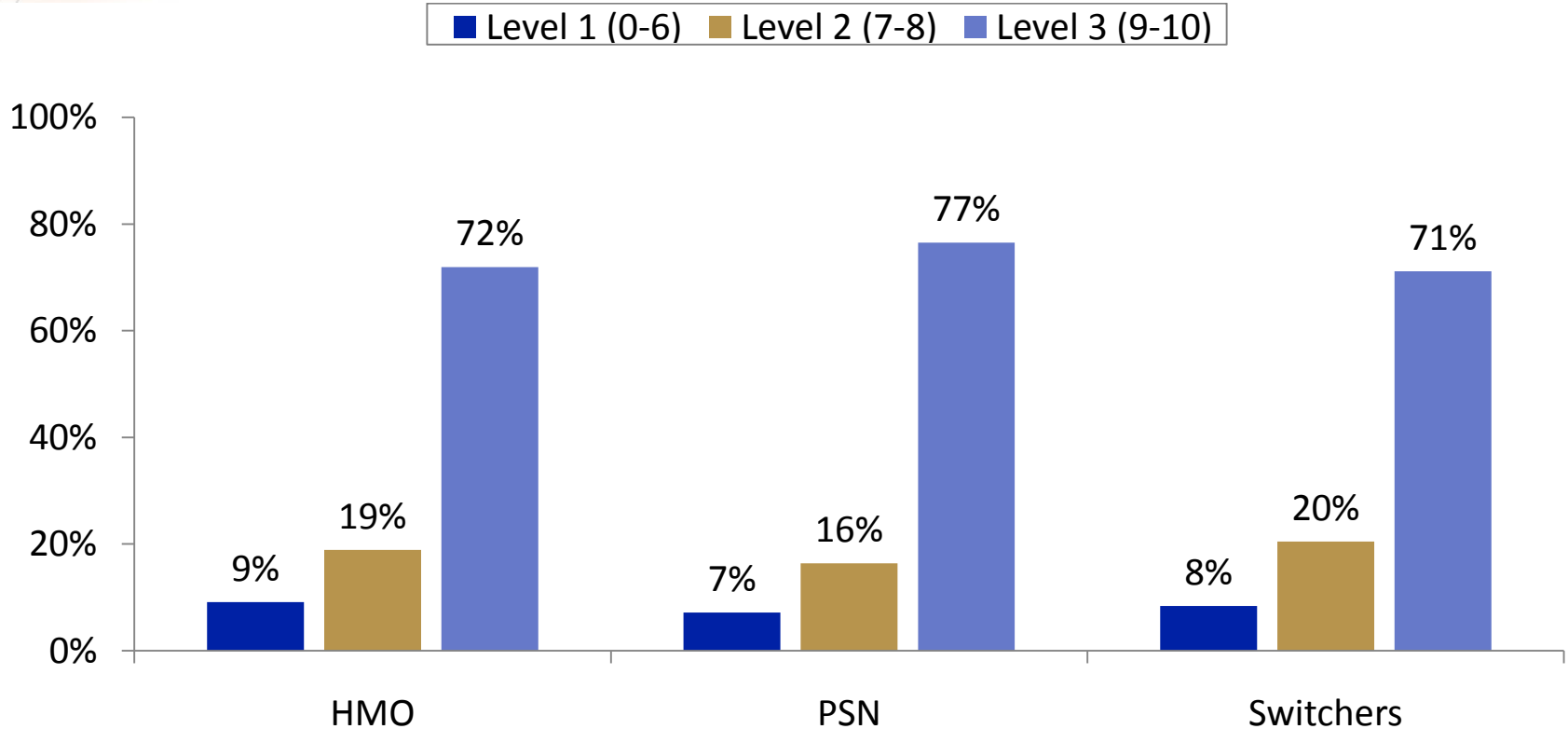
Health Care Satisfaction Rating, Urban Areas by Plan Type, Year 2



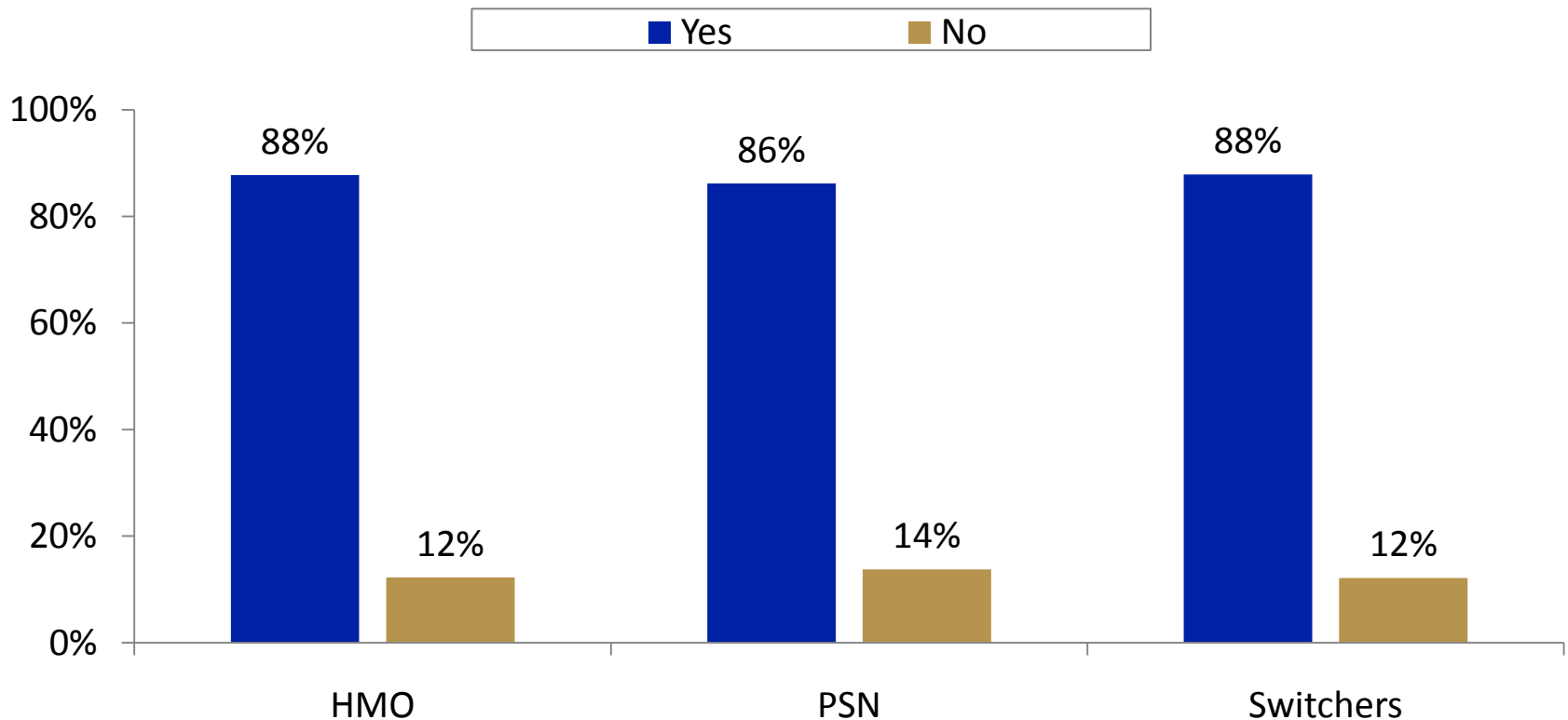
Health Plan Satisfaction Rating, Urban Areas by Plan Type, Year 2



Personal Doctor Satisfaction Rating, Urban Areas by Plan Type, Year 2



Have a Personal Doctor, Urban Areas by Plan Type, Year 2





Provider Communication by Plan Type

- Same positive pattern was observed for how often personal doctor
 - Provided needed advice or help
 - Listened carefully
 - Explained things in an easy to understand way
 - Spent enough time



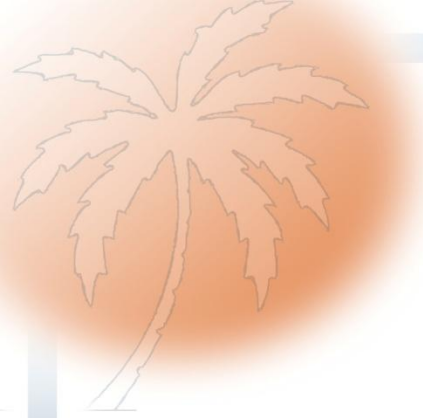
Summary by Plan Type

- Summed across the years, enrollees liked PSNs better than HMOs
- Switchers liked their plans the least
- Everyone (nearly 90%) liked their doctor



Bottom Line by Plan Type

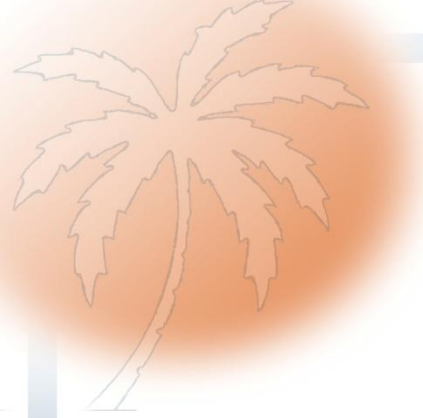
- Plan matters, but only at the margin



Race

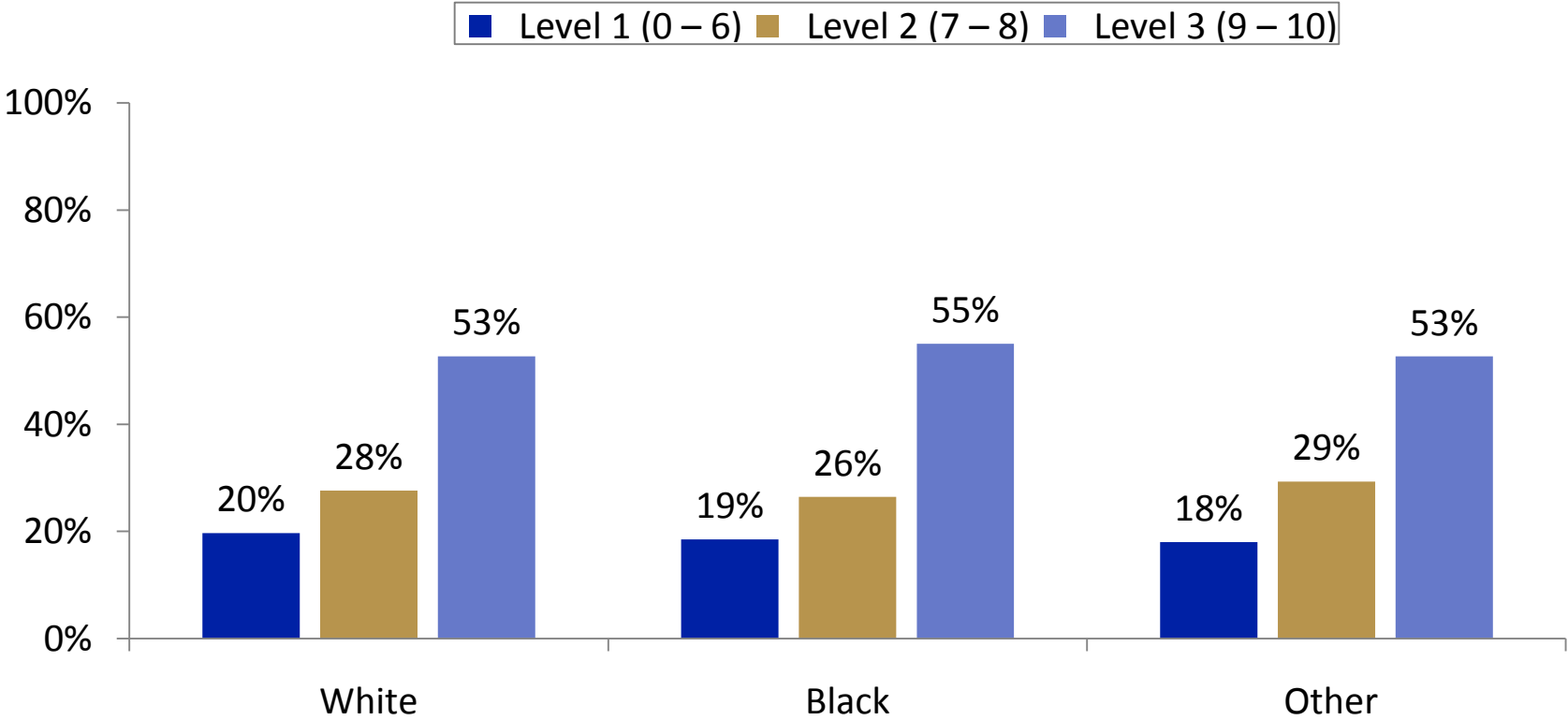
Ethnicity

SATISFACTION RATINGS BY PEOPLE

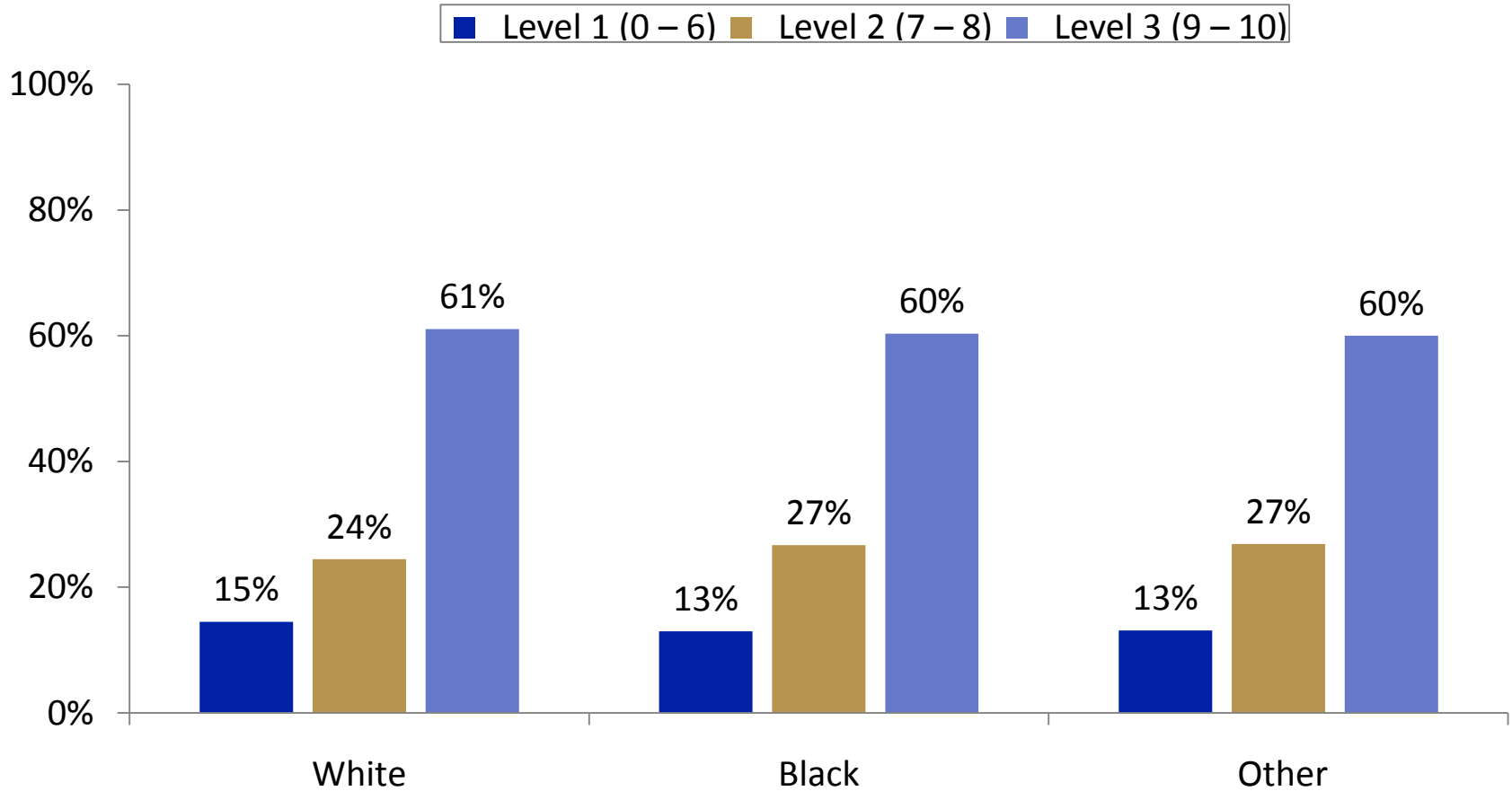


RACE

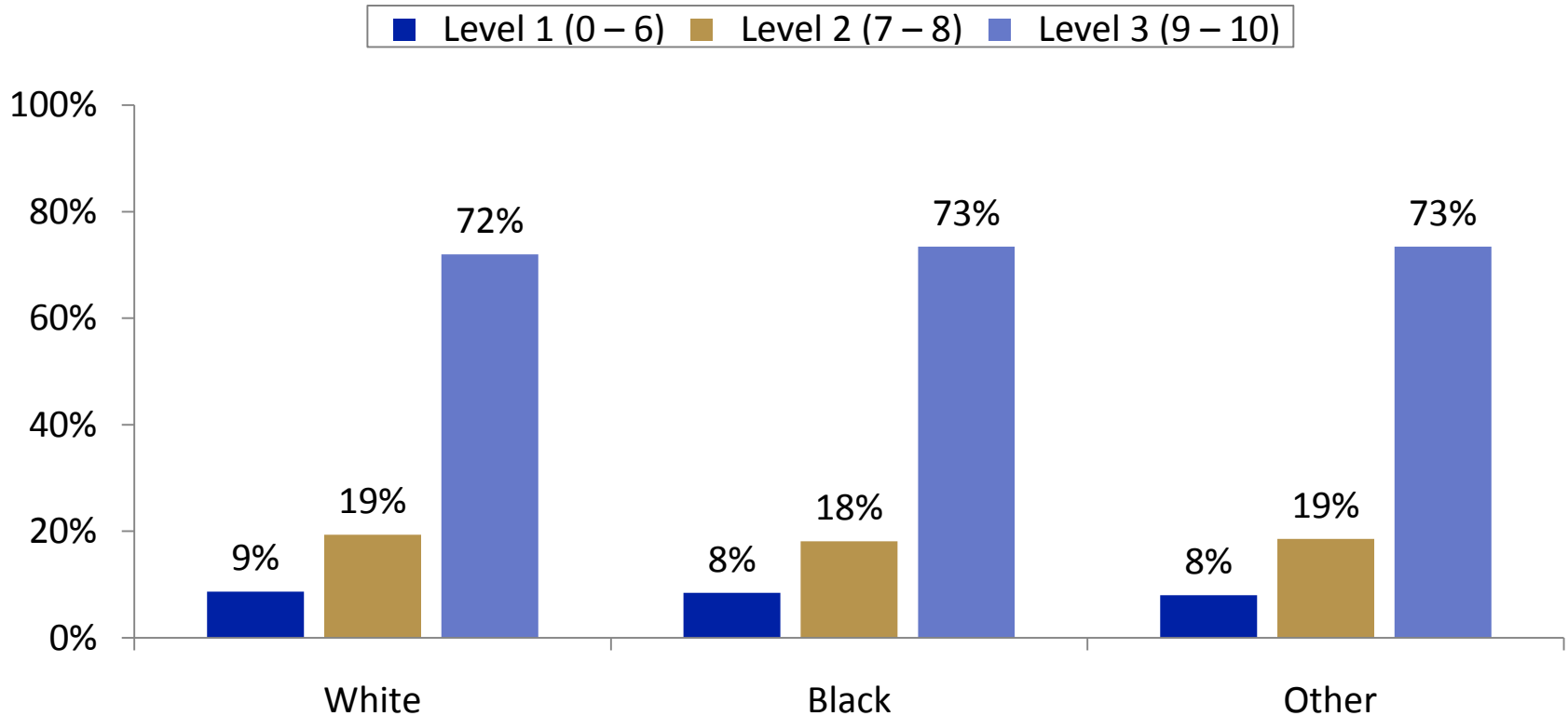
Health Care Satisfaction Rating, Urban Areas by Race, Year 2



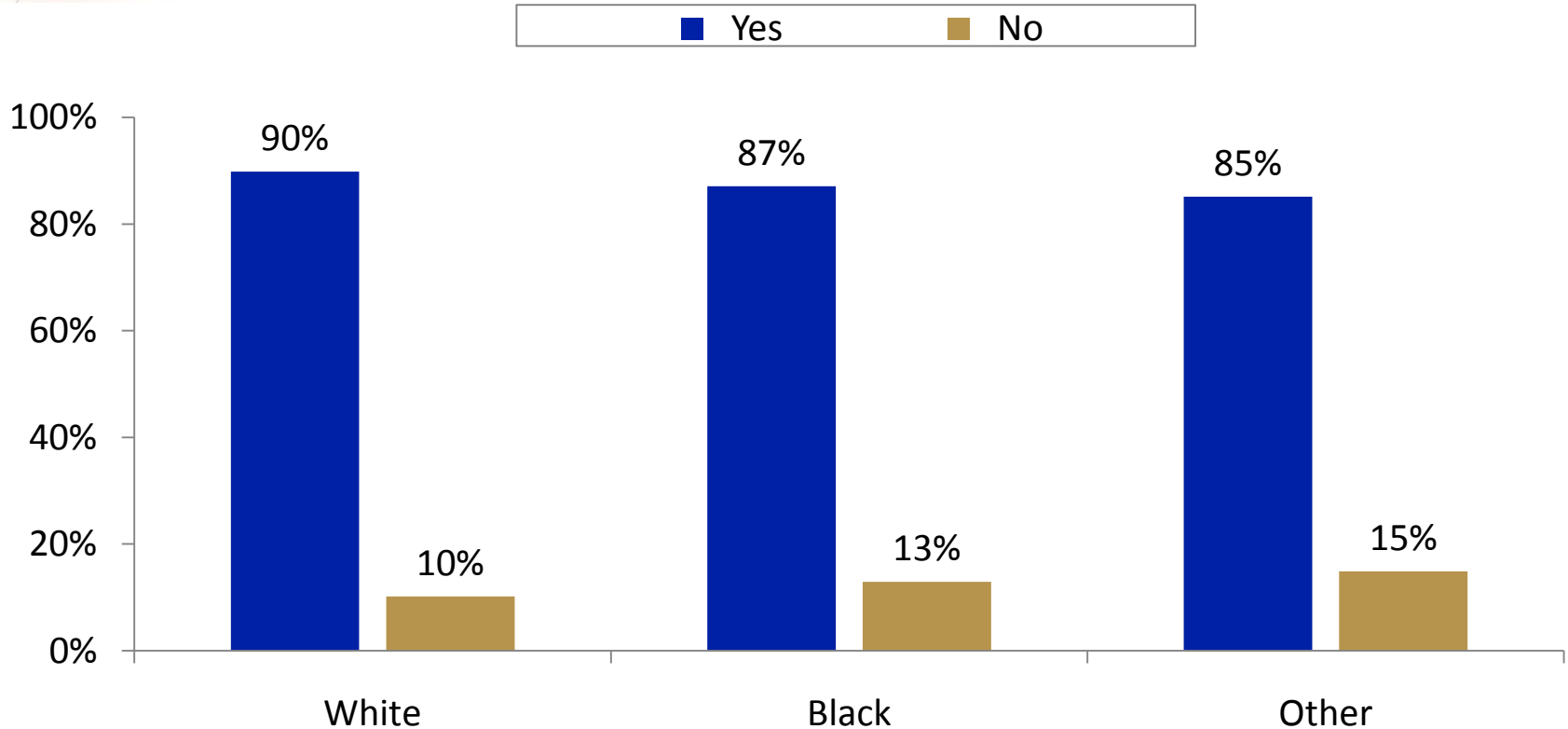
Health Plan Satisfaction Rating, Urban Areas by Race, Year 2

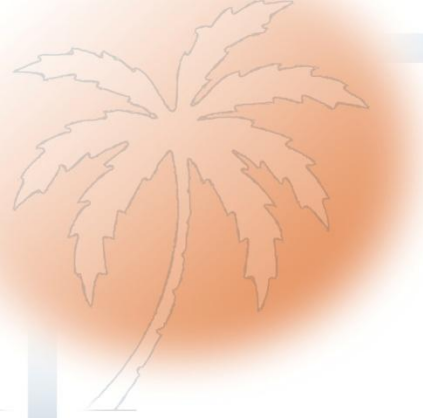


Personal Doctor Satisfaction Rating, Urban Areas by Race, Year 2



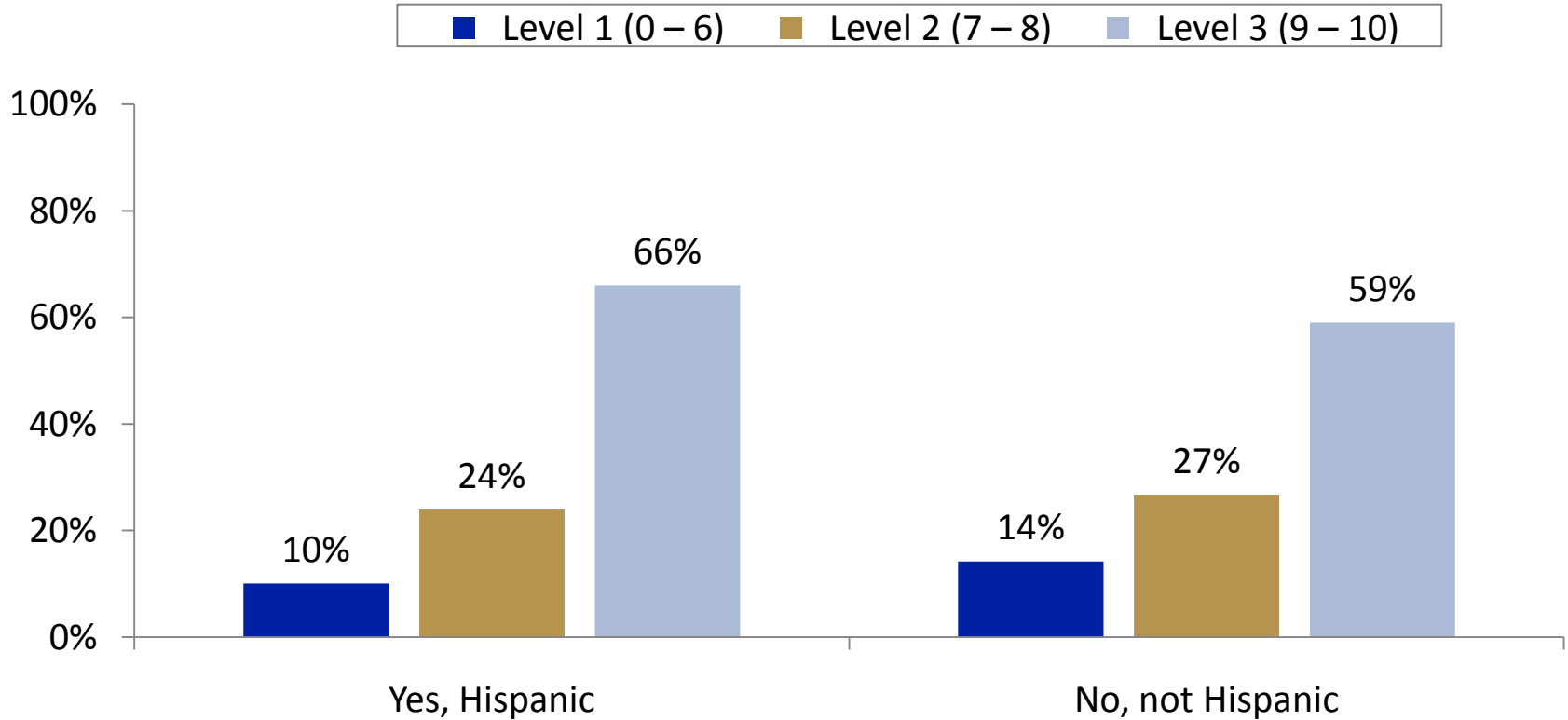
Have a Personal Doctor, Urban Areas by Race, Year 2



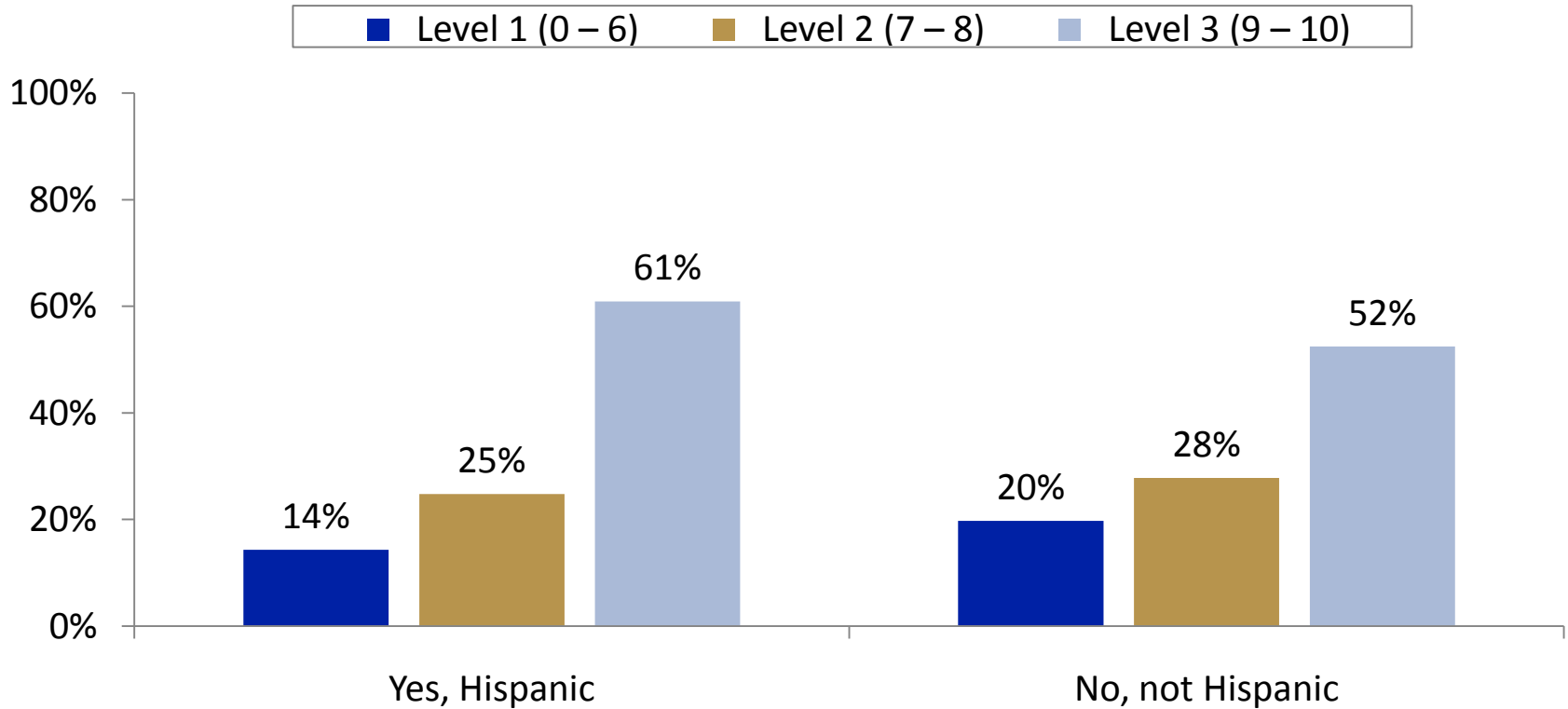


ETHNICITY

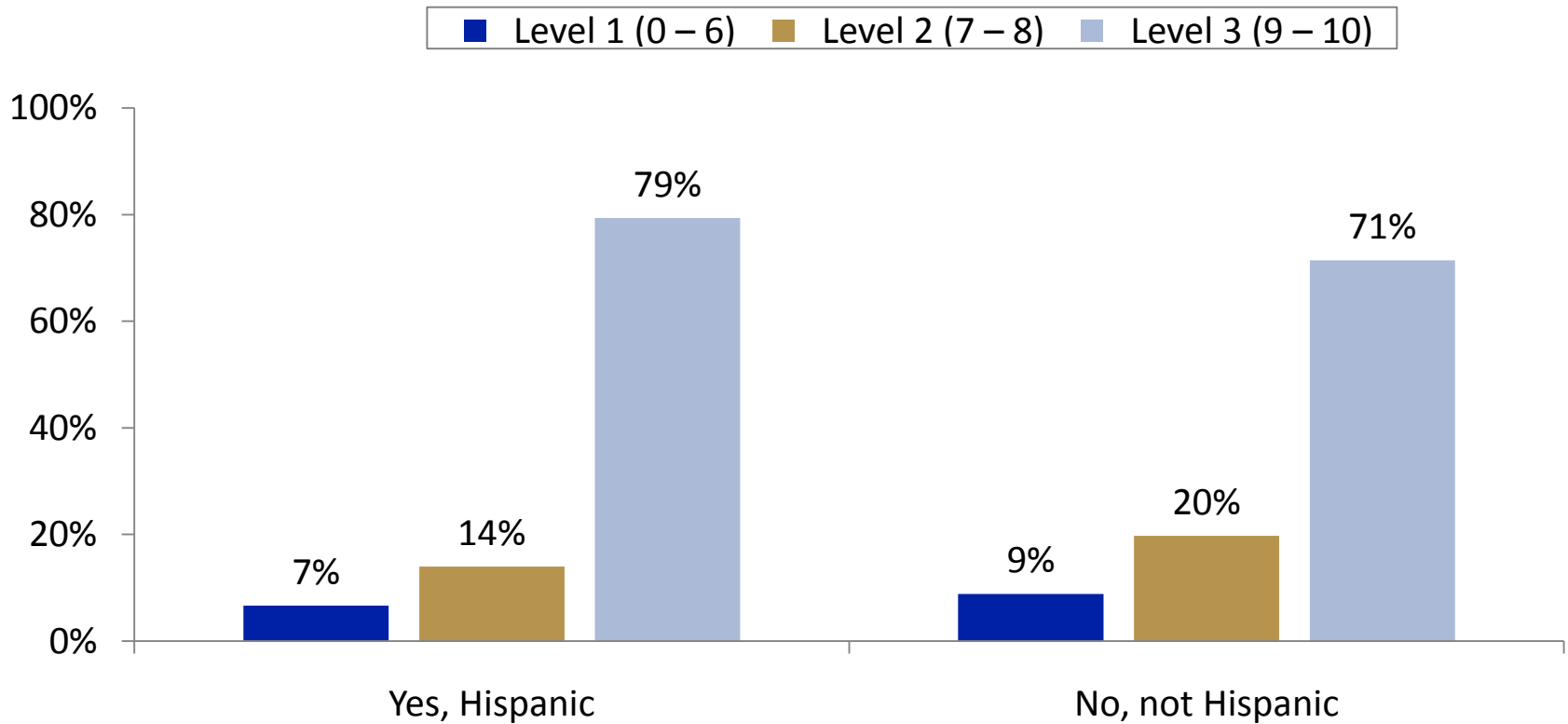
Health Care Satisfaction Rating, Urban Areas by Ethnicity, Year 2



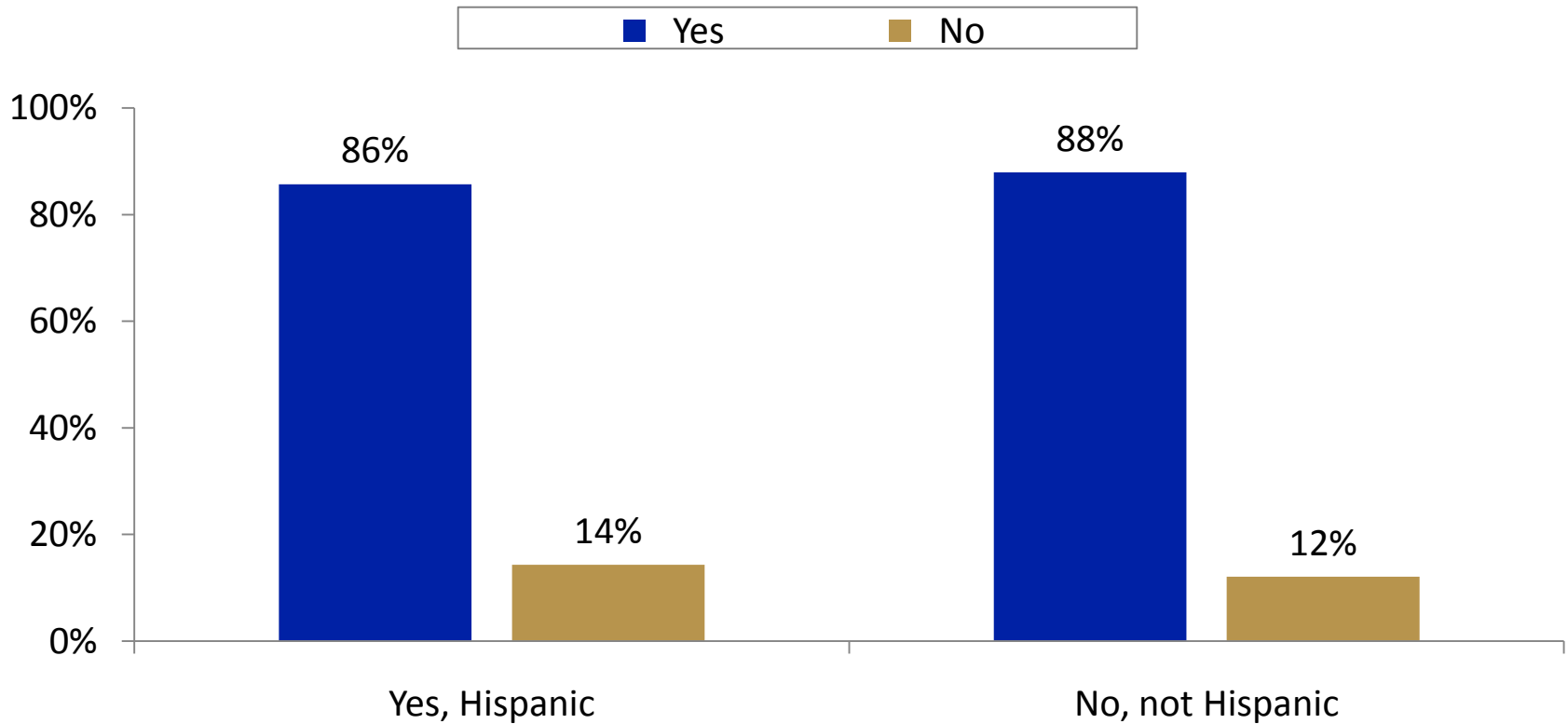
Health Plan Satisfaction Rating, Urban Areas by Ethnicity, Year 2



Personal Doctor Satisfaction Rating, Urban Areas by Ethnicity, Year 2



Have a Personal Doctor, Urban Areas by Ethnicity, Year 2





Provider Communication by People

- Same positive pattern was observed for how often personal doctor
 - Provided needed advice or help
 - Listened carefully
 - Explained things in an easy to understand way
 - Spent enough time



Summary by People

- Hispanic enrollees more likely to rate their health care at the highest level
- Black enrollees more likely to rate their health care at the highest level compared to Whites and Others



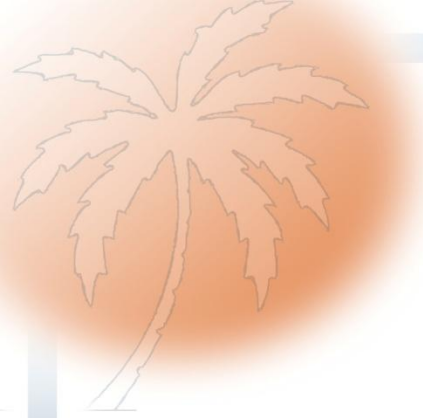
Bottom Line by People

- People do matter
- Race and ethnicity differences by satisfaction rating are clearly observable
- Cultural competence in a health plan is likely to be salient for enrollee satisfaction



Implications for Plan Design/Modification

- If health plans are competing on the basis of benefit design, then need to know what makes enrollees happy
- Unhappy enrollees will leave
- Enrollees like the doctors and other providers more than the plans



WHAT ABOUT THE NEW (PPACA) ENROLLEES?



Further Information

R. Paul Duncan, Ph.D., Principal Investigator
Department of Health Services Research, Management and Policy
College of Public Health & Health Professions
University of Florida
PO Box 100195
Gainesville, FL 32610-0195

Telephone: (352) 273-6073
Website: <http://mre.php.ufl.edu/>
Email: mre@php.ufl.edu

AHCA Florida Medicaid Reform Website
http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml