Effects of Managed Care Arrangements on Access, Service Utilization, and Caregiver Satisfaction

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Study Goal

- Examine effects of the managed care arrangements on access to mental health care and service utilization among children identified with and at-risk of severe emotional disturbance (SED) and caregiver satisfaction.

Primary Study Questions

- What are the penetration rates and service utilization patterns for children identified with severe emotional disturbance (SED) and caregiver satisfaction?
- Do these differ across the two managed care conditions (PMHP and HMO)?
- What access issues are identified in caregivers’ responses to the mail survey? Does access differ by self-reported mental health status or by identified versus possible need, and/or across financing conditions?
- Does caregiver satisfaction with services differ by financing condition or identification status?
- What is the mental health status and effectiveness of treatment planning for the 20 youth involved in case studies in previous year’s child focus study?

Financial Risk Under Managed Care

<table>
<thead>
<tr>
<th>Financing Condition</th>
<th>Health</th>
<th>Mental Health</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 1 MediPass/PMHP</td>
<td>No Risk</td>
<td>At Risk</td>
<td>No Risk</td>
</tr>
<tr>
<td>Area 1 HMO</td>
<td>At Risk</td>
<td>At Risk</td>
<td>At Risk</td>
</tr>
</tbody>
</table>

Evaluation Activities

- Compared pre- and post-managed care service penetration rates and utilization patterns for children identified with and at-risk of SED
- Compared penetration rates and utilization patterns for children identified with and at-risk of SED in two financing conditions
- Analyzed the 2003 Florida Health Services Caregiver Survey data
- Conducted follow-up case studies with 20 youth from fiscal year 2002-2003

Sample (N=291)

- Children living in Escambia and Santa Rosa counties
- Children with an identified mental health problem (N=99)
  - Recipients of targeted case management
  - Recipients of SSI for an emotional or behavioral problem
  - Participants in FY 2002-2003 case studies
- Children with at-risk for mental health problem (N=193)
  - Had a Pediatric Symptom Checklist (Jellinek, Murphy, Burns, 1986) score above the threshold
Study Location

Escambia and Santa Rosa Counties

Child Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>At-risk (n = 193)</th>
<th>Identified (n = 98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38%</td>
<td>24%</td>
</tr>
<tr>
<td>Female</td>
<td>62%</td>
<td>76%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>12.66</td>
<td>13.38</td>
</tr>
<tr>
<td>SD</td>
<td>2.08</td>
<td>2.64</td>
</tr>
<tr>
<td>Range</td>
<td>6-18</td>
<td>7-18</td>
</tr>
<tr>
<td>Race/Ethnicity*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>45%</td>
<td>41%</td>
</tr>
<tr>
<td>Other (mostly Hispanic)</td>
<td>22%</td>
<td>28%</td>
</tr>
</tbody>
</table>

* p < .05

Timeframe for Administrative Data Analyses

Pre-Implementation
November 2000 – October 2001

Post-Implementation/
Pre-Survey
Spring 2002 – Spring 2003

Includes two financing conditions

Findings: MH Service Use Penetration Rate Pre and Post Managed Care

• Non significant differences in mental health service penetration rates were found pre- and post-implementation of managed care for both children identified with and at-risk of SED.

Findings: Service Use Penetration Rates by Financing Condition

• Children in the PMHP condition had significantly higher penetration rates for both mental health services only and mental health/physical health services compared to children in the HMO condition.

Findings: Service Utilization Patterns Pre and Post Managed Care

• An overall decrease in mix of services for at-risk children post-implementation.
  - Most pronounced for children’s behavioral health (ITOS and Children’s Behavioral Health services with increases in Psychiatric Inpatient, Emergency services, and Targeted Case Management).

• For children identified with SED post-implementation produced declines in Treatment Planning and Review Services, Evaluation and Testing services, Counseling, Therapy, Treatment and Rehabilitation services, Day Treatment, and Children’s Behavioral Health services with increases in Psychiatric Inpatient, Emergency services, and Targeted Case Management.
Findings: Service Utilization Patterns by Financing Condition

- Children enrolled in the HMO condition received less Psychiatric Inpatient and Emergency services compared to children in the PMHP.
- Children enrolled in the PMHP condition received more Targeted Case Management (TCM) compared to children in the HMO condition.
- Outpatient services were fairly evenly distributed across the two financing conditions.

Findings: Caregiver Mail Survey Analysis

- Caregivers of children identified with SED were significantly more likely to report that their children needed mental health services in the past six months (74%) compared to caregivers of at-risk children (49%).
- No significant differences were found in caregivers' perceptions of their children's need for mental health services between financing conditions (HMO=59%, PMHP=54%).

Findings: Caregiver Mail Survey Analysis

- When receiving medication, caregivers of children identified with SED were significantly more likely to report that their children were prescribed medications they did not want (21%) compared to caregivers of children at-risk (7%).
- Caregivers of children identified with SED reported significantly lower levels of trust in their children's health care providers compared to caregivers of children at-risk.

Findings: Follow-up Case Studies

- Case managers of 7 of the 20 children were interviewed (all case managers were with the PMHP).
- Case managers perceived medication management, school overlay services, and in-home therapy as most useful.
- Four of the 7 case managers believed caregivers were more capable of navigating the system as a result of services.

Conclusions/Implications

- Need to better understand the significantly lower access to both mental health and physical health services for children enrolled in the HMO condition, and to develop recommendations for increasing access.
- Need for continued exploration regarding the medication concerns expressed by caregivers of children identified with SED.
- Need for increased screening and identification of potential mental health needs of children at-risk for SED.

For Further Information Contact

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