Medi-Cal Managed Care Plan Medical Director Survey

UCLA Integrated Substance Abuse Programs

Introduction

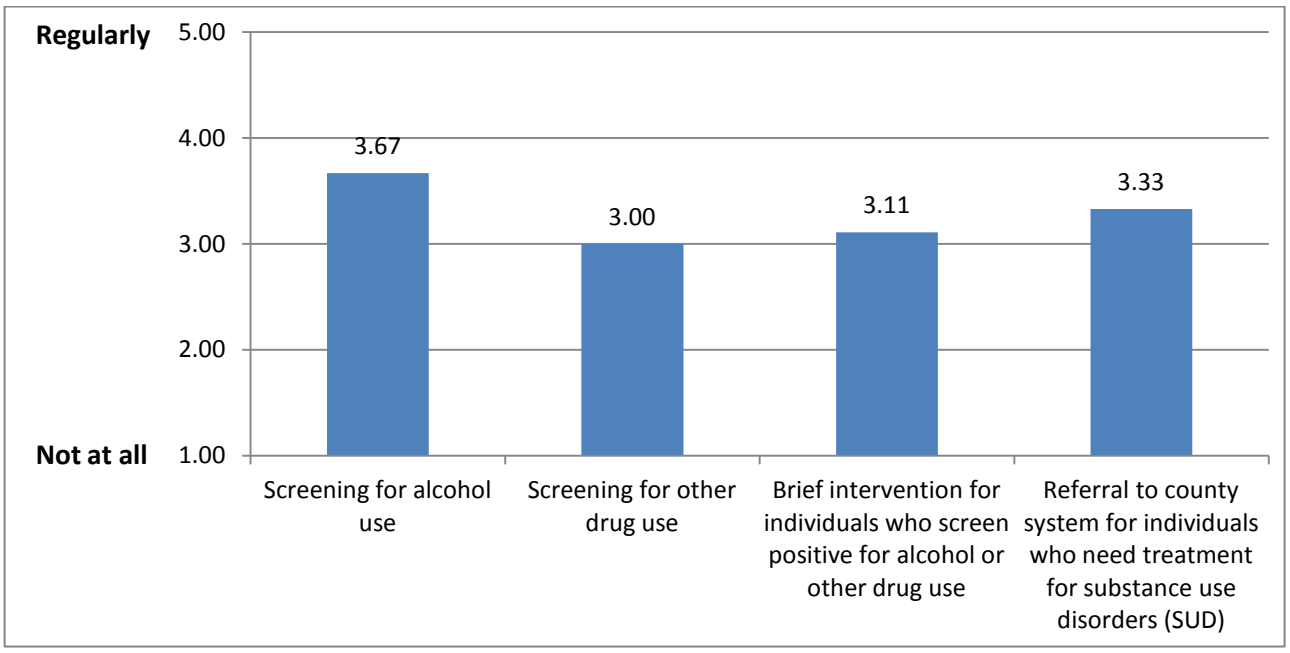
The Medi-Cal Managed Care Plan Medical Director Survey was conducted online December 29, 2015 - January 15, 2016 as part of a broader evaluation of California's Drug Medi-Cal Organized Delivery System Demonstration, which is part of the state's recently approved Medi-Cal 2020 Demonstration Waiver. The survey was conducted by a team from UCLA under contract with the Department of Health Care Services.[1] The purpose of the survey was to measure baseline perceptions of medical directors of Medi-Cal managed care plans (MCPs) regarding coordination of their MCPs with county SUD treatment systems prior to implementation of waiver.

Results

Thirteen of the 22 California Medi-Cal MCPs submitted complete responses (59% response rate).

In-network practices

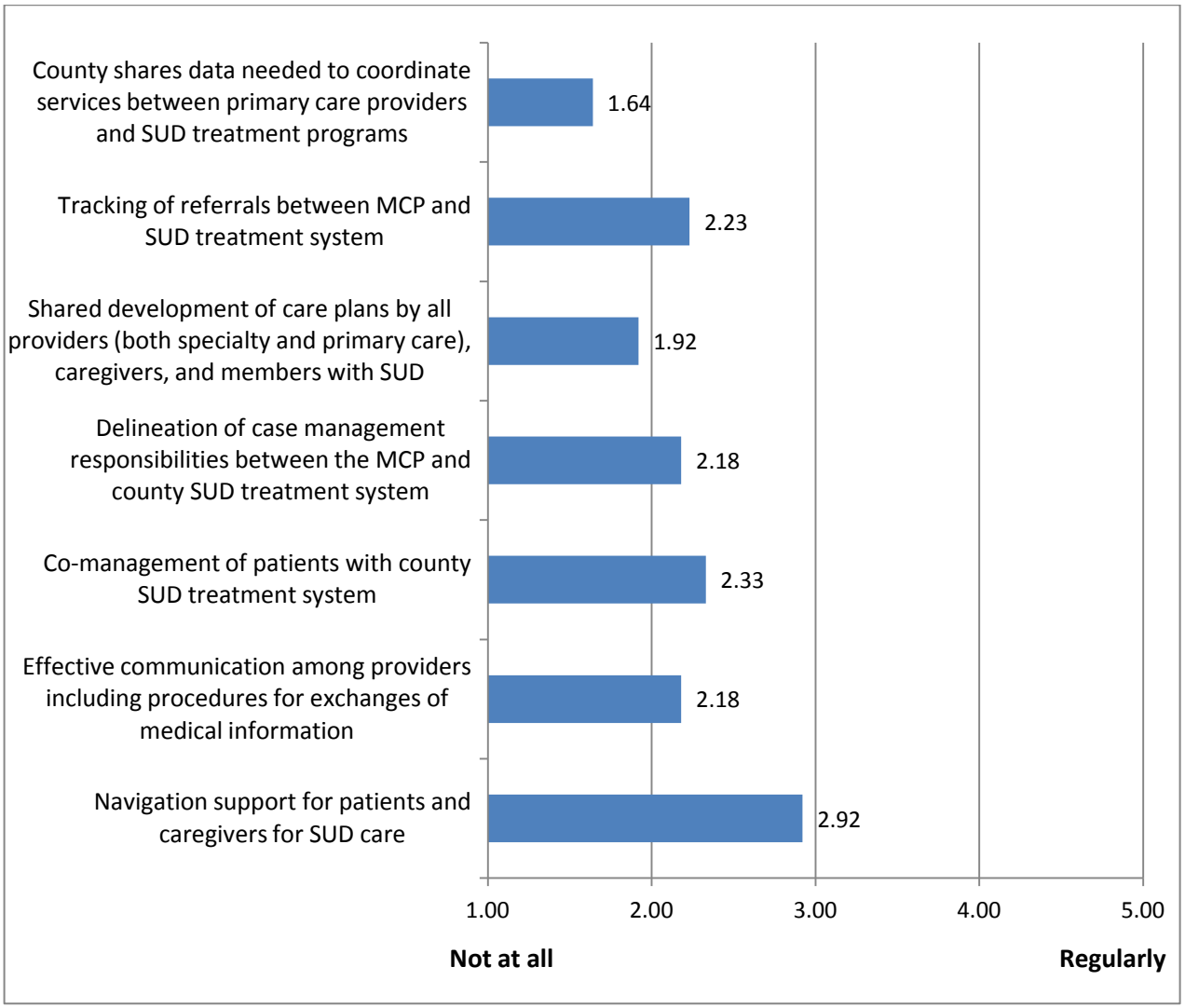
Medical directors provided moderate ratings regarding how often SUD screening, brief intervention and referral practices were occurring within MCPs' provider networks, which suggests there is room for future expansion of these services. Average ratings for these activities ranged from 3.00 to 3.67 on a scale from 1 (*not at all*) to 5 (*regularly*), as indicated in the figure below. One comment from a respondent indicated that it is "unclear" whether providers' screening practices are "consistent with previous training and established standards."



[1] UCLA is thankful to all of the MCP respondents, and for the assistance of DHCS's Anna Lee Amarnath, Nathan Nau, and Marlies Perez.

Coordination of care out-of-network

Respondents generally gave low ratings to how regularly counties share information and coordinate treatment with them when their MCPs' members are referred to county SUD treatment systems. On a scale on a scale from 1 (*not at all*) to 5 (*regularly*), the average rating for counties sharing data needed to coordinate services between primary care providers and SUD treatment programs was 1.64. Other care coordination activities, such as shared development of care plans by providers and communication between providers, were also given low ratings, indicated in the figure below.



Respondents expressed a desire to achieve greater coordination of care for patients with SUD, but cited barriers such as "[p]rivacy protection regulations [which] present a challenge for data exchange and care coordination" and "counties[']reluctan[ce] to share information." Furthermore, another respondent indicated that "[w]ithout a clear system of care, systematic monitoring is difficult."

SUD and medical costs

Among respondents, there is strong agreement that SUD conditions among MCP members contribute substantially to the costs of medical care, with an average rating of 4.77 on a scale from 1 (*strongly disagree*) and 5 (*strongly agree*). Thirty-nine percent of respondents indicate that their MCPs use data to track the medical costs of members with substance use diagnoses, while another 39% indicated that their MCPs will implement this practice in the next year. In addition, 23% of respondents currently track the impact of SUD treatment on medical costs and 62% are planning to do so in the next year.

Feedback on coordination

Medical directors were also asked what types of feedback they received regarding how well client transfers and information exchange was occurring between the MCP's primary care providers and SUD treatment providers. About one quarter (23%) indicated receiving no feedback, about half (54%) indicated that they receive anecdotal information, and 15% indicated receiving regular monitoring reports. One MCP specifically conducts an annual provider survey "to assess the ease of linkage and referral between PCPs and Behavioral Health providers."

Discussion

The results are generally consistent with the current structure of California's system of care, wherein specialty SUD treatment is largely separated from the rest of the health care system, with relatively little coordination or information exchange occurring between these systems. The perceptions of the medical directors are also consistent with surveys of other stakeholder groups. For example, UCLA surveyed county alcohol and drug program administrators in 2015, and while 35 of the 55 participating counties reported engaging managed care plans in the process of policy formulation and implementation, very few administrators (5%) indicated current full coordination of services with MCPs.

There is, however, hope that this will change over the next few years. One purpose of the Drug Medi-Cal Organized Delivery System demonstration is to promote "increased coordination with other systems of care." Participating counties will be required, for example, to establish Memorandums of Understanding with MCPs that outline in detail how this coordination will occur. Accordingly, 44% of county administrators reported in September 2015 that they expected partial or full coordination with MCPs in the next 12 months. This, together with the medical directors' agreement in the current survey that SUDs contribute substantially to medical costs, and their willingness to track the impact of SUDs in the future, paints a hopeful picture in which key stakeholders on both sides appear to be motivated and ready to improve coordination.

UCLA plans to conduct additional surveys in the coming years in order to track changes in perceptions among both county administrators and MCPs, collect information on what is and isn't working well, and gather stakeholder suggestions on next steps to facilitate better coordination.