



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

# **MANAGED CARE AND PEOPLE WITH DISABILITIES RESEARCH INVENTORY**

February 1996

## **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 report was prepared under contract between HHS's DALTCP and the MEDSTAT Group. For additional information about this subject, you can visit the DALTCP home page at [http://aspe.hhs.gov/\\_/office\\_specific/daltcp.cfm](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](mailto:webmaster.DALTCP@hhs.gov). The Project Officer was Andreas Frank.

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MEDSTAT Group

February 1996

Prepared for  
Office of the Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services

The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of the Department of Health and Human Services, the contractor or any other funding organization.

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# I. RESEARCH ON MANAGED CARE FOR PEOPLE WITH AIDS

**CONTACT PERSON NAME:** Iris Posner  
**ORGANIZATION:** HRSA  
**TELEPHONE:** (301) 443-6861  
**NAME OF STUDY:** Medicaid AIDS Capitated Care Program  
**PROJECT DIRECTOR/PI:** John Bartlett, Johns Hopkins University School of Medicine  
**FUNDING SOURCE:** HRSA--Special Projects Of National Significance (SPNS) Managed Care Models  
**PROJECT DATES:** 1993 - 1998

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## **RESEARCH QUESTIONS/GOALS:**

This project will establish and evaluate a capitated care program for Medicaid recipients utilizing the Johns Hopkins AIDS Care Service.

## **PROGRAM DESCRIPTION:**

The care program includes primary care, subspecialty care, substance abuse care, mental health, social services, specialized procedures, laboratory support, and all medical care related to HIV.

## **BRIEF DESCRIPTION OF METHODS AND DATA:**

Data on cost effectiveness, clinical outcomes evaluated by events (AIDS-defining diagnoses), survival, and quality of life will be used to analyze the program. Survival analyses will be used, and demographic data will be correlated with Medicaid payment data.

## **AVAILABILITY OF RESULTS:**

The program has not yet started; it should begin in March 1996.

**CONTACT PERSON NAME:** Sam Bizetti  
**ORGANIZATION:** RAND  
**TELEPHONE:** (619) 552-4325  
**NAME OF STUDY:** HIV Cost and Service Utilization  
**PROJECT DIRECTOR/PI:** Sam Bizetti and Martin Shapiro (UCLA)  
**FUNDING SOURCE:** 33 States and AHCPR, RAND, RWJ, NIDA, NIMH, NOA, HRSA  
**PROJECT DATES:** September 1994 - September 1999

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**RESEARCH QUESTIONS/GOALS:**

This extensive study will examine managed care environments with Medicaid and private payers, comparing service delivery for patients with HIV. Across different models other outcomes of interest include: access, women's issues, and costs.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Patients are randomly selected (a national probability sample) and have four rounds of interviews. Clinicians and care sites -- primary or specialty providers -- are also interviewed.

**AVAILABILITY OF RESULTS:**

They are currently analyzing data and will have data available for presentation at the conference.



**CONTACT PERSON NAME:** Iris Posner  
**ORGANIZATION:** HRSA  
**TELEPHONE:** (301) 443-6861  
**NAME OF STUDY:** New York State Managed Care Demonstration Project  
**PROJECT DIRECTOR/PI:** Humberto Cruz, New York State Department of Health AIDS Institute  
**FUNDING SOURCE:** HRSA--Special Projects Of National Significance (SPNS) Managed Care Models  
**PROJECT DATES:** 1993 - 1997

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**RESEARCH QUESTIONS/GOALS:**

How does the transition from a fee-for-service to a managed care system affect cost, quality, and access to care for persons with HIV/AIDS in NY State? The information will be used to establish HIV adjusted actuarial rates, evaluate utilization thresholds, monitor quality of care and access to care, and monitor changes in service delivery systems.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

There are three design components to the project:

- a demonstration of HIV/AIDS managed care within 24 existing managed care plans
- broad data collection on cost and patterns of service from a variety of fee-for-service providers from across New York State
- a cohort study of 2,000 to 2,500 HIV/AIDS clients as they transition from fee-for-service to managed care, to be followed for the duration of the project.

**AVAILABILITY OF RESULTS:**

They will have preliminary data in March 1996 and will have data available to present at the conference.

**CONTACT PERSON NAME:** David Cherin  
**ORGANIZATION:** Visiting Nurse Association-Los Angeles  
**TELEPHONE:** (213) 386-7200  
**NAME OF STUDY:** Capitated Baseline Demonstration Project for  
Individuals with End-stage AIDS  
**PROJECT DIRECTOR/PI:** W. June Simmons  
**FUNDING SOURCE:** HRSA-Special Projects Of National Significance  
(SPNS)  
**PROJECT DATES:** October 1994 - September 1997

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**RESEARCH QUESTIONS/GOALS:**

**Objective:**

To build a capitated model of home care services for those with end-stage HIV/AIDS.

**Question:**

Does the continuity of care model produce lower costs, higher quality of life (as rated by patients) and more appropriate use of hospice services than the fee-for-service models?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

The continuity of care model, which includes a hospice trained team of nurses and social workers, will be compared to a more traditional home care model through a randomized experimental/control group study. Researchers will collect data on demographic characteristics, cost and use of services, and quality of life.

Data sources: MMIS, monthly phone interviews, and weekly RN visits.

**AVAILABILITY OF RESULTS:**

Preliminary results in September in 1996.

**CONTACT PERSON NAME:** Terry Field  
**ORGANIZATION:** East Boston Neighborhood Health Center  
**TELEPHONE:** (617) 568-4871  
**NAME OF STUDY:** Development of an HIV/AIDS Service Delivery Model  
**PROJECT DIRECTOR/PI:** Judith Steinberg/Jim Taylor, M.D.  
**FUNDING SOURCE:** HRSA-Special Projects Of National Significance (SPNS) Managed Care Models  
**PROJECT DATES:** October 1994 - September 1999

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**RESEARCH QUESTIONS/GOALS:**

To develop a community-based, coordinated comprehensive care plan for patients with HIV.

To develop appropriate capitated rates and explore risk sharing arrangements with providers and payers.

**PROJECT DESCRIPTION:**

A multidisciplinary provider team will coordinate care for high-risk, underserved individuals; services will include primary and specialty care, inpatient and home care, case management, client support services and HIV counseling and testing.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Patient care costs will be evaluated at three stages of infection (asymptomatic, symptomatic, and full-blown AIDS), and costs under managed, capitated care will be compared to fee-for-service costs.

Cost comparison and the development of capitated rates will be based in the following sources of data: an extensive information system containing data on all clients; encounter and billing data; and the review of externally used services. These data services will provide the basis for cost comparisons and the development of capitated rates.

**AVAILABILITY OF RESULTS:**

Not yet determined.

## II. RESEARCH ON MANAGED CARE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

**CONTACT PERSON NAME:** Debbie Allen  
**ORGANIZATION:** Massachusetts Department of Public Health, Family and Community Health Division  
**TELEPHONE:** (617) 727-6941  
**NAME OF STUDY:** The Managed Care Enhancement Project for Children with Special Health Care Needs  
**PROJECT DIRECTOR/PI:** Debbie Allen  
**FUNDING SOURCE:** Maternal and Child Health Bureau -- SPRANS Grant  
**PROJECT DATES:** October 1993 - September 1997

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### **RESEARCH QUESTIONS/GOALS:**

What are the characteristics of children with disabilities on Medicaid?

What are the health care utilization patterns in both fee-for-service Medicaid and Medicaid managed care plans?

How do parents of children with special health care needs perceived managed care?

How do primary care physicians perceive managed care?

### **BRIEF DESCRIPTION OF METHODS AND DATA:**

Medicaid claims data analysis.

Survey of parents and providers.

### **AVAILABILITY OF RESULTS:**

Data analysis and survey findings will be available in February 1996.

**CONTACT PERSON NAME:** Sally Bachman  
**ORGANIZATION:** The MEDSTAT Group  
**TELEPHONE:** (617) 492-9318  
**NAME OF STUDY:** Integrated Service Systems for Children with Disabilities  
**PROJECT DIRECTOR/PI:** Sally Bachman  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** Spring 1995

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**RESEARCH QUESTIONS/GOALS:**

Are children with disabilities more likely to disenroll from managed care plans than able-bodied children?

Do children with disabilities enrolled in HMOs use out-of-plan services differently than able-bodied children?

What are current and future policies for serving children with disabilities through managed care among four states?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Descriptive analysis of 1992 Medicaid claims and enrollment dates from the tape-to-tape files.

Site visits to California, Florida, Massachusetts and Michigan to interview state officials, HMO administrators and advocacy groups.

**AVAILABILITY OF RESULTS:**

Study completed in summer of 1995.

**CONTACT PERSON NAME:** Don Blanchon  
**ORGANIZATION:** Health Services for Children with Special Needs, Inc.  
**TELEPHONE:** (202) 466-2145  
**NAME OF STUDY:** Health Services for Children with Special Needs, Inc.,  
Washington D.C.  
**PROJECT DIRECTOR/PI:** Don Blanchon  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** December 1, 1995 - November 30, 1998

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**RESEARCH QUESTIONS/GOALS:**

What impact does a specialized managed care plan have on Medicaid-eligible children with complex medical needs?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

The program is now collecting baseline data through in-person surveys of families on: family structure, past health care utilization, use of other public assistance programs, general access to health care, and the home environment. These survey findings, together with the care plan, which is developed by the primary care physician, child, and family; data on the child's prior year utilization in the Medicaid FFS system; and other information pertaining to care coordination, follow-up or visits, will form a child's service delivery record. In addition, they will have consent forms for the release of medical record information. These data sources will form a child's profile for research and evaluation purposes.

**AVAILABILITY OF RESULTS:**

By September or October of 1996, they will have a snapshot of the first 6 months of program experience. They will be able to look at the use of specific services (e.g. E.R. and community-based); and will have general cost and utilization data which they will analyze by diagnosis. Project analysts also will have tracked enrollment and disenrollment rates.

**CONTACT PERSON NAME:** Gary Edwards  
**ORGANIZATION:** UCP of Greater Birmingham  
**TELEPHONE:** (205) 251-0165  
**NAME OF STUDY:** Secondary and Associated Conditions of Children with Cerebral Palsy (CP) or Spina Bifida (SP)  
**PROJECT DIRECTOR/PI:** Gary Edwards  
**FUNDING SOURCE:** CDC-Funded Alabama Disabilities Prevention State Capacity Building Grant  
**PROJECT DATES:** October 1994 - September 1996

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**RESEARCH QUESTIONS/GOALS:**

To identify secondary and associated conditions in children with CP or SB. In addition to secondary and associated conditions, analyses will focus on caregiver stress and socialization, social integration of the child, services and resources, health care utilization, and cost. Additional analyses will assess differences in the health care utilization between children in HMOs and children in non-HMO health plans.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Personal interviews were conducted with 126 parent/guardian caregivers. The personal interview instrument contained items on the child, the caregiver, the family unit, and resource utilization. Focus groups with caregivers were also conducted, addressing the effects of secondary conditions on children's daily lives. Preliminary analysis of the above issues focused on three age cohorts: birth to 5 years, 6 to 10 years, and 11 to 15 years.

**AVAILABILITY OF RESULTS:**

A draft report will be sent to COC in the Spring of 1996.

**CONTACT PERSON NAME:** Susan Epstein  
**ORGANIZATION:** New England SERVE  
**TELEPHONE:** (617) 574-9493  
**NAME OF STUDY:** Insuring Quality: Monitoring the Impact of Managed Care and Health Care Reform on Children with Special Health Care Needs and Their Families  
**PROJECT DIRECTOR/PI:** Susan Epstein  
**FUNDING SOURCE:** MCH Bureau -- SPRANS Grant  
**PROJECT DATES:** October 1994 to September 1998

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**RESEARCH QUESTIONS/GOALS:**

What indicators are necessary for monitoring the quality of family-centered care provided to children with special health care needs (SHCNs) in managed care plans?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Survey of parents, primary care providers, and managed care organizations throughout four of six New England states. Descriptive data analysis of survey results. Task Force of state Title V agency representatives, families of children with SHCNs, health care providers, state Medicaid program representatives, insurance regulators and managed care plans are advising project methods and the development of quality indicators.

**AVAILABILITY OF RESULTS:**

Preliminary findings from family and provider survey -- March of 1996.

Initial priorities for quality indicators to be used by families, providers, and managed care plans in fall of 1996.



**CONTACT PERSON NAME:** Dr. Lynn Haynie  
**ORGANIZATION:** Children's Hospital  
**TELEPHONE:** (617) 355-6394  
**NAME OF STUDY:** The Pediatric Alliance for Coordinated Care at Children's Hospital  
**PROJECT DIRECTOR/PI:** Dr. Lynn Haynie  
**FUNDING SOURCE:** RWJ  
**PROJECT DATES:** January 1995 - December 31, 1995

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**RESEARCH QUESTIONS/GOALS:**

To develop a community-based clinic model of care delivery for children with special health care needs.

To develop a risk-adjusted pediatric capitation rate.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Focus groups of parents, physicians, and nurses.

1994 Medicaid claims data analyses of children on SSI.

**AVAILABILITY OF RESULTS:**

The pediatric nurse practitioner clinical model will be used by primary care pediatricians in the community.

As a second phase to this project, researchers hope to evaluate changes in utilization, cost and satisfaction associated with the use of the community-based clinical mode.

**CONTACT PERSON NAME:** Cille Kennedy  
**ORGANIZATION:** NIMH  
**TELEPHONE:** (310) 443-3648  
**NAME OF STUDY:** Management of Child Psychosocial Problems in Primary Care  
**PROJECT DIRECTOR/PI:** Kelly Kelleher (Child Services Research and Development), (612) 692-7840  
**FUNDING SOURCE:** NIMH  
**PROJECT DATES:** June 1994 - April 1997

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**RESEARCH QUESTIONS/GOALS:**

To identify and examine the types of management strategies used by pediatricians and other office-based primary care physicians who provide care to children with emotional disorders and other psychosocial problems.

To assess patient outcomes associated with the different management strategies. Outcomes of interest are family functioning and the global health scale behavioral symptoms.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Using a sample of 400 office-based primary care physicians, researchers will collect information from clinicians and parents on treatment provided to children with emotional disorders in three different systems of care: managed care, fee for service, and the Canadian national health insurance. Parents, clinicians, and office staff will fill out surveys, and 1,500 children will be followed for up to six months to determine if they used the services recommended by their physicians.

**AVAILABILITY OF RESULTS:**

Researchers have submitted an abstract to NIMH and will present results on variation in treatment rates at the NIMH fall conference. They will also be presenting results at the Society for Pediatric Research Conference in May.

**CONTACT PERSON NAME:** Rick Kronick  
**ORGANIZATION:** UCSD  
**TELEPHONE:** (619) 534-4273  
**NAME OF STUDY:** Selection Analysis: Children with Special Care Needs in Michigan  
**PROJECT DIRECTOR/PI:** Rick Kronick  
**FUNDING SOURCE:** ASPE/NIDDR  
**PROJECT DATES:**

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**RESEARCH QUESTIONS/GOALS:**

To detect whether selection occurred in the types of managed care plans (HMO vs. Primary Care Case Management) that the population enrolled in.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

1993 Tape-to-Tape data from Michigan -- will probably be based on diagnosis and prior utilization.

Population is Title V/Medicaid children with special care needs from Wayne County.

**AVAILABILITY OF RESULTS:**

Next fall: research just beginning.

**CONTACT PERSON NAME:** Paul Newacheck  
**ORGANIZATION:** Institute for Health Policy Studies  
**TELEPHONE:** (415) 476-3896  
**NAME OF STUDY:** Monitoring and Evaluating Managed Care for Children with Chronic Illness and Disability  
**PROJECT DIRECTOR/PI:** Paul Newacheck  
**ORGANIZATION (if different than above):** Research Consortium for Children with Chronic Illness  
**FUNDING SOURCE:** Material and Child Health Bureau  
**PROJECT DATES:** October '94 to September '96

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**RESEARCH QUESTIONS/GOALS:**

This is not an empirical study, but a description of indicators to monitor kids with disabilities in managed care.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

They outline 7 domains (including access to care, quality and health outcomes), used to identify a set of indicators (such as waiting time).

Evaluation methods to measure care plans are described.

**AVAILABILITY OF RESULTS:**

To be published in Pediatrics in 1996 (in about 8 months), and a less applied paper on the same topic will be finished in another couple of months.

**CONTACT PERSON NAME:** James Perrin  
**ORGANIZATION:** Massachusetts General Hospital  
**TELEPHONE:** (617) 726-1885  
**NAME OF STUDY:** Health Care Program and Children with Special Health Care Needs: Quality, Access, and Satisfaction  
**PROJECT DIRECTOR/PI:** James Perrin  
**FUNDING SOURCE:** MCHB -- SPRANS Grant  
**PROJECT DATES:** September 1, 1994 - September 1996

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**RESEARCH QUESTIONS/GOALS:**

What are the issues involved in monitoring the quality of care provided to children with special health care needs in managed care settings?

How can and should Medicaid HEDIS measures be adapted for this population?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Conceptual papers

**AVAILABILITY OF RESULTS:**

First paper template and accepted for publication.

2<sup>nd</sup> paper will be completed by summer.

**CONTACT PERSON NAME:** Betsy Shenkman  
**ORGANIZATION:** Institute for Child Health Policy  
**TELEPHONE:** (904) 392-5904  
**NAME OF STUDY:** The Impact of Managed Care Arrangements on Caregiver Out-of-Pocket Expenses When Caring for Children With Special Health Care Needs  
**PROJECT DIRECTOR/PI:** Betsy Shenkman  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** October 1995 - September 30, 1997

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**RESEARCH QUESTIONS/GOALS:**

The study will measure the influence of the organizational features of managed care firms, provider characteristics, and characteristics of child and family on out-of-pocket expenditures.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

A telephone survey of families with children with special health care needs linking these data to health care use data obtained from the managed care plans.

Regression techniques to measure the effects.

**AVAILABILITY OF RESULTS:**

Preliminary findings will be available in January of 1997.

**CONTACT PERSON NAME:** Betsy Shenkman  
**ORGANIZATION:** Institute for Child Health Policy  
**TELEPHONE:** (904) 392-5904  
**NAME OF STUDY:** A Comparative Analysis of Children with Special Health Care Needs in Managed Care: The Development of Empirically-based Models  
**PROJECT DIRECTOR/PI:** John Reiss and Betsy Shenkman  
**FUNDING SOURCE:** Maternal and Child Health Bureau  
**PROJECT DATES:** September 1994 - September 1998

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**RESEARCH QUESTIONS/GOALS:**

Do the organizational features of a health care plan, provider characteristics, or family and child characteristics affect health care use?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Primary data collection through 45 minute telephone interviews with families. They are obtaining person-level health care use data from the managed care companies participating in the project. They will use various modeling and regression techniques to predict use.

**AVAILABILITY OF RESULTS:**

Preliminary study findings will be available in mid-fall of 1996.

**CONTACT PERSON NAME:** Barbara Staub  
**ORGANIZATION:** Group Health Foundation  
**TELEPHONE:** (612) 653-2145  
**NAME OF STUDY:** Integrated Services in an HMO for Children with Chronic Disease and Disabilities  
**PROJECT DIRECTOR/PI:** Barbara Staub and Dr. Brooks Donald  
**FUNDING SOURCE:** RWJ Planning Grant  
**PROJECT DATES:** April 1, 1995 - December 31, 1995

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**RESEARCH QUESTIONS/GOALS:**

To improve services for children with disabilities (Diabetes, muscular dystrophy, autism, cerebral palsy, and cystic fibrosis) who are members of Health Partners, a mixed-model HOM.

Research Questions: How often do children with disabilities use primary care clinicians, the ER, and home health service, and how often are they hospitalized?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

In-person in-home interviews with 35 children with disabilities (who have one or two diagnoses) enrolled in Health Partners. Interviews with 15 parents of children with disabilities and with a community group. Researchers will obtain basic demographic and financial information, and will track the service utilization and health outcomes of this population.

**AVAILABILITY OF RESULTS:**

A report will be issued to RWJ in February or March 1996.



**CONTACT PERSON NAME:** Ruth Stein  
**ORGANIZATION:** Albert Einstein University Medical Center  
**TELEPHONE:** (718) 918-5304  
**NAME OF STUDY:** Functional Consequences  
**PROJECT DIRECTOR/PI:** Ruth Stein  
**ORGANIZATION (if different than above):** Study data part of the National Child Health Assessment Project.  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** September '94 - May '96

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**RESEARCH QUESTIONS/GOALS:**

Determining definitions of chronic illness and disability (including factors such as functional limitations, compensatory mechanisms, and increased use of health care services) as a way to identify children with disabilities, and implications of these compared to ADA standards.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Random-digit dialing surveys of both local and national populations (N = 1300), as well as populations in Arizona (N = about 1300, and samples are community and deliberate). In Arizona, looking at Title V children.

**AVAILABILITY OF RESULTS:**

Published in Pediatrics in 1993, Further results to be submitted to Pediatrics this spring. Children who meet ADA criteria have both single and multiple components of the above definitions.

**CONTACT PERSON NAME:** Ruth Stein  
**ORGANIZATION:** Albert Einstein University Medical Center  
**TELEPHONE:** (718) 918-5304  
**NAME OF STUDY:** 1-day Childhood and Managed Care Conference with United Hospital Fund March '96 (N.Y.C.)  
**PROJECT DIRECTOR/PI:** Ruth Stein  
**ORGANIZATION (if different than above):** Study data part of the National Child Health Assessment Project  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** September '94 - May '96

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**RESEARCH QUESTIONS/GOALS:**

The conference is not exclusively about children with disabilities, although there will be a session on how vulnerable populations (excluding children with mental impairments) fare under managed care.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

A 1-day conference about balancing personal and community health issues in managed care. (The United Hospital Fund is an advocacy and philanthropy group.)

**AVAILABILITY OF RESULTS:**

Results to be submitted following conference.

**CONTACT PERSON NAME:** Carol Keefe  
**ORGANIZATION:** Michigan Public Health Institute  
**TELEPHONE:** (517) 347-3145  
**NAME OF STUDY:** Michigan Evaluation of Children with Special Health Care Needs (CSHCN) Managed Care Arrangements  
**PROJECT DIRECTOR/PI:** Ronald Uken, Michigan Department of Public Health  
**FUNDING SOURCE:** Maternal and Child Health Bureau - SPRANS Grant  
**PROJECT DATES:** October 1994 - September 1998

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**RESEARCH QUESTIONS/GOALS:**

To develop a model for the systematic evaluation of services delivery and outcomes for children with special health care needs (CSHCNs) under three managed care arrangements: primary care case management, a partial-risk plan, and a full-risk capitated plan.

Research Questions for baseline information:

- Are families of children with special health care needs in Michigan satisfied with their current health care arrangements?
- What are the structural characteristics of the health care system that these families currently use?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Phase 1: Mail survey of stratified sample of families of children with special health care needs.

Phase 2: Development of evaluation tools, e.g., patient satisfaction measures, and licensing and contract standards.

Phase 3: Field test, evaluate, and disseminate the evaluation model.

**AVAILABILITY OF RESULTS:**

Results from baseline survey will be available in early 1996. Evaluation model is being developed. It will be field-tested in the PCCM program adapted for CSHCNs once the adapted PCCM program is implemented (sometime in 1996).

### **III. RESEARCH ON MANAGED CARE FOR PEOPLE WITH MENTAL ILLNESS**

**CONTACT PERSON NAME:** Len Bickman  
**ORGANIZATION:** Vanderbilt Institute of Public Policy Studies  
**TELEPHONE:** (615) 322-8694  
**NAME OF STUDY:** Evaluating Managed Mental Health Services: The Fort Bragg Experiment  
**PROJECT DIRECTOR/PI:** Len Bickman  
**FUNDING SOURCE:** NIMH and Department of Defense  
**PROJECT DATES:** 1989 - ongoing

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**RESEARCH QUESTIONS/GOALS:**

Did a managed continuum of care decrease costs and improve clinical outcomes for children and adolescents with mental illness?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Quasi-experimental design to compare individuals receiving traditional CHAMPUS services to those receiving a full range of non-institutional services.

Conducted 6 wave in-person, phone, and mail surveys of 1,000 families on clinical status, functional status and health service use. Also conducted analyses of claims and MIS data.

**AVAILABILITY OF RESULTS:**

Results currently available.

**CONTACT PERSON NAME:** Joan Bloom  
**ORGANIZATION:** University of California, Berkeley  
**TELEPHONE:** (510) 642-4458  
**NAME OF STUDY:** Capitating Medicaid Mental Health Services for  
Individuals with Severe and Persistent Mental Illness  
**PROJECT DIRECTOR/PI:** Joan Bloom  
**FUNDING SOURCE:** NIMH  
**PROJECT DATES:** August 1994 - July 1998

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**RESEARCH QUESTIONS/GOALS:**

What impact does providing mental health services in capitated managed care settings have on costs, cost-effectiveness and access to services?

What impact does capitation have on the innovation of services delivered to the severely mentally ill?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Four data sources:

- Phone survey of people requesting services at community mental health centers (CMHCs).
- Four in-person interviews of 800 consumers; the first at baseline and three following implementation of the capitated programs.
- Interviews with clinicians and administrators in each CMHC throughout the state.
- Claims records

The 800 consumers in the study with either randomly selected from a capitated for-profit partnership or a CMHC, or were identified as a matched control in the fee-for-service sector. Researchers are using qualitative methods to assess innovation and are developing econometric models to analyze and interpret the data.

**AVAILABILITY OF RESULTS:**

They currently have qualitative findings on the impact of capitation in the mental health delivery system and other organizational issues related to transitioning to managed care. By fall of 1996 they will have preliminary data findings of the first 9 months.

**CONTACT PERSON NAME:** James Callahan  
**ORGANIZATION:** Brandeis University - Heller School  
**TELEPHONE:** (617) 736-3900  
**NAME OF STUDY:** Evaluation of the Massachusetts Medicaid Mental Health/Substance Abuse Program  
**PROJECT DIRECTOR/PI:** James Callahan  
**FUNDING SOURCE:** Massachusetts Division of Medical Assistance  
**PROJECT DATES:** January 1994 - (report date)

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**RESEARCH QUESTIONS/GOALS:**

How did the managed mental health care program reduce costs and affect access and quality for the Medicaid population enrolled (AFDC & SSI)?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Claims data were used to evaluate impact on costs. Access issues were assessed through analysis of utilization levels and through a provider survey. Quality indicators included readmission rates, reports from providers, and discussions with consumers.

**AVAILABILITY OF RESULTS:**

Completed. Results in report form.

**CONTACT PERSON NAME:** Jon Christianson  
**ORGANIZATION:** University of MN Institute for Health Services Research  
**TELEPHONE:** (612) 624-6151  
**NAME OF STUDY:** Evaluation of the Utah Prepaid Mental Health Plan  
**PROJECT DIRECTOR/PI:** Jon Christianson  
**FUNDING SOURCE:** HCFA and NIMH  
**PROJECT DATES:** October 1992 - August 1996

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**RESEARCH QUESTIONS/GOALS:**

What is the impact of the prepaid plan on services used and expenditures by Medicaid beneficiaries?

What is the impact of the plan on mental health status, service use and access for people with schizophrenia?

What is the impact of the plan on the operations and finances of participating community mental health centers?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Medicaid claims data, medical records data, in-person interviews at 5 points in time, program records.

Mix of quantitative statistical analyses and qualitative research methods.

**AVAILABILITY OF RESULTS:**

Preliminary results available; the first year experience of the evaluation is about to be published. Within the next year will complete the evaluation.

**CONTACT PERSON NAME:** Edward Norton  
**ORGANIZATION:** RTI  
**TELEPHONE:** (919) 541-6996  
**NAME OF STUDY:** Massachusetts Medicaid  
**PROJECT DIRECTOR/PI:** Barbara Dickey, Harvard Medical School  
**FUNDING SOURCE:** NIMH  
**PROJECT DATES:** 1994 - 1997

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**RESEARCH QUESTIONS/GOALS:**

Study how Massachusetts Medicaid will implement a statewide system for the severely mentally ill, and how it will affect cost, access to care, and quality of care.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Studying adults pre-1990 and after (about 10,000 subjects/year) to see how changes in the system affected them. Methods include longitudinal analysis, fixed effects estimation, prior use models, and hierarchical modeling.

**AVAILABILITY OF RESULTS:**

One paper is about to come out in a RWJ book, *Series of Advances in Health Economics*. Other papers will be available in the spring of 1996.



**CONTACT PERSON NAME:** Kyle Grazier  
**ORGANIZATION:** Cornell University  
**TELEPHONE:** (608) 255-2504  
**NAME OF STUDY:** Managed Care: The Impact of Mental Health Carve-Outs  
**PROJECT DIRECTOR/PI:** Kyle Grazier  
**FUNDING SOURCE:** NIMH  
**PROJECT DATES:** August 1994 - July 1996

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**RESEARCH QUESTIONS/GOALS:**

To determine the extent and nature of changes in the use and cost of mental health services before and after the introduction of a mental health carve out.

To identify the role of biased selection on the observed effects.

To explore the offset effects between mental health and non-mental health service use.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Researchers are using a three-stage model, based on the economic theory of demand, to examine determinants of mental health and medical care use for three years prior to and three years following the introduction of the carve out.

Data: Six years of inpatient and outpatient claims data from 19,200 employees of a private sector company.

**AVAILABILITY OF RESULTS:**

Preliminary findings on a subsample are currently available.

Final results expected in August 1996.

**CONTACT PERSON NAME:** Joseph Manes  
**ORGANIZATION:** Bazelon Center for Mental Health Law  
**TELEPHONE:** (202) 467-5730  
**NAME OF STUDY:** Survey of Managed Care for People with Complex Mental Disorders  
**PROJECT DIRECTOR/PI:** Chris Koyanagi  
**FUNDING SOURCE:** Various -- mostly private monies and donations  
**PROJECT DATES:** July 1995 - present

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**RESEARCH QUESTIONS/GOALS:**

Implementation of managed care for adults and children with complex mental disorders, and how much consumer and advocacy involvement there is in these plans.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Across all states -- looking at public sector programs.

**AVAILABILITY OF RESULTS:**

Initial report will be available early in 1996, although it's hard to say what the format (length, presentation, etc.) will be like at this point.

**CONTACT PERSON NAME:** Cille Kennedy  
**ORGANIZATION:** NIMH  
**TELEPHONE:** (310) 443-3648  
**NAME OF STUDY:** Cost of Care for Severely Mentally Ill HMO Members  
**PROJECT DIRECTOR/PI:** Bentson McFarland (Kaiser Foundation Hospital, OR)  
**FUNDING SOURCE:** NIMH  
**PROJECT DATES:** September 1990 - April 1996

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**RESEARCH QUESTIONS/GOALS:**

What is the use and cost of HMO services and public mental health services by persons with severe mental illness, and how does it influence their duration of enrollment in the HMO? Is this population appropriately served by "mainstream" HMOs as compared to more specialized HMOs?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

The research focused on 250 persons with schizophrenia or bipolar disorder enrolled in the Northwest Region of Kaiser Permanente, which serves 25 percent of the population of metropolitan Portland, Oregon. The control group consisted of 500 age- and sex-matched HMO enrollees; survival analysis was used to compare enrollment duration between subjects and controls, and proportional hazards models were used to measure how cost and use of public mental health services influence length of care in HMOs.

**AVAILABILITY OF RESULTS:**

The results were presented at the annual APHA convention last November, and abstracts will be submitted to the Archives of General Psychiatry.

**CONTACT PERSON NAME:** Edward Norton  
**ORGANIZATION:** RTI  
**TELEPHONE:** (919) 541-6996  
**NAME OF STUDY:** Managed Care for Persons with Mental Illness and Substance Abuse  
**PROJECT DIRECTOR/PI:** Tony Peppitone  
**FUNDING SOURCE:** SAMHSA  
**PROJECT DATES:** October 1995 - October 1997

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**RESEARCH QUESTIONS/GOALS:**

Looking at differences in outcomes in these populations between managed care and fee-for-service.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Data from all 50 states combining Medicare, Medicaid, and private data -- longitudinal analyses.

**AVAILABILITY OF RESULTS:**

Some preliminary data may be available by November 1996, although it probably will not be ready for the conference.

**CONTACT PERSON NAME:** Dan Russell  
**ORGANIZATION:** Iowa State University  
**TELEPHONE:** (515) 294-7081  
**NAME OF STUDY:** Managed Care for Iowa Medicaid Recipients with Mental Illness  
**PROJECT DIRECTOR/PI:** Dan Russell  
**FUNDING SOURCE:** State of Iowa  
**PROJECT DATES:** March 1995 - September 1996

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**RESEARCH QUESTIONS/GOALS:**

To evaluate Iowa's managed care program for Medicaid-eligible people with mental illness.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Medicaid claims data to look at changes in utilization and costs.

Survey of Medicaid recipients: pre- and post-implementation (follow-ups in spring).

Survey of practitioners (psychologists, psychiatrists and LICSWs): baselines and follow-up to obtain perceptions on how the system is working.

**AVAILABILITY OF RESULTS:**

They will issue a report to the state in fall 1996 and will have data available for presentation.

## IV. RESEARCH ON MANAGED CARE FOR PEOPLE WITH MR/DD

**CONTACT PERSON NAME:** Nancy Miller  
**ORGANIZATION:** HCFA (ORD)  
**TELEPHONE:** (410) 786-6648  
**NAME OF STUDY:** Rhode Island CHOICES  
**PROJECT DIRECTOR/PI:** Christy Ferguson, State Medicaid Director  
**FUNDING SOURCE:** HCFA Division of Aging and Disability  
**PROJECT DATES:** Spring 1995 to Spring 1996

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### **RESEARCH QUESTIONS/GOALS:**

This 1115 waiver project will serve adults with developmental disabilities using a managed care network with the goal of transforming a provider-driven system to a consumer-driven one.

### **PROJECT DESCRIPTION:**

The State will consolidate all current State and Federal funding streams for approximately 4,000 developmentally disabled adults under one managed care Title XIX waiver program. Eligible enrollees will be enrolled in a private HMO or approved health plan for acute health care. A clinical management system will assist enrollees in obtaining long-term supports. The State will assess long-term care services use and ascribe a dollar amount for procurement of these services. Enrollees will be assisted by brokers or another source in managing the long-term care capitation amount (via a voucher or an agency).

### **BRIEF DESCRIPTION OF METHODS AND DATA:**

To be determined.

### **AVAILABILITY OF RESULTS:**

To be determined.

**CONTACT PERSON NAME:** Deb Williams/Joanne Genovese  
**ORGANIZATION:** United Cerebral Palsy Association of NY State, Inc.  
**TELEPHONE:** (518) 436-0178 Fax: (518) 436-8619  
**NAME OF STUDY:** Medicaid Management Care Project  
UCP - NY State  
**PROJECT DIRECTOR/PI:** Joanne Genovese  
**FUNDING SOURCE:** NY State Dept. of Health/PEW/RWJ - (MWG)  
**PROJECT DATES:** Current

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**RESEARCH QUESTIONS/GOALS:**

Main goal is to develop a reimbursement strategy for 6 UCP affiliates who are interested in enrolling Medicaid recipients with MR/DD who are attending their clinics in a partially capitated managed care organization under development with these affiliates.

Subsidiary goals include examination of functional status of high/low utilizers and utilization patterns of those living in/outside of a residential setting.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Population -- 7,300 Medicaid recipients within OMRDD who attend the 6 UCP affiliates clinics. Majority have CP, but some are MR only. Of the MR only group, most are medically complex cases with severe physical disabilities.

Reimbursement Methodology will be regression -- based. Have adjudicated Medicaid claims. Have conducted Medical Record reviews (includes utilization data) and have functional data from assessment interviews. Rick Kronick has adjudicated medical claims for all MRDD recipients for 2 years; eventually the plan is to compare their results based on the 7300 with Rick's results based on N or 90,000 know to MRDD.

**AVAILABILITY OF RESULTS:**

They expect to have at least some preliminary results by summer.

## V. RESEARCH ON MANAGED CARE FOR FRAIL ELDERS

**CONTACT PERSON NAME:** Julie Fralich  
**ORGANIZATION:** University of Southern Maine; Muskie Institute  
**TELEPHONE:** (207) 780-4848  
**NAME OF STUDY:** Maine NET Demonstration Program  
**PROJECT DIRECTOR/PI:** Julie Fralich of the Muskie Institute and Correen Wright of the ME Dept of Human Services  
**FUNDING SOURCE:** HCFA - ORD  
**PROJECT DATES:** September 1994 to September 1997

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### **RESEARCH QUESTIONS/GOALS:**

To develop a rate methodology for the elderly and the physically disabled who will enroll in Maine NET.

### **PROJECT DESCRIPTION:**

The Maine NET program will demonstrate the use of integrated acute and long-term care models for the financing and delivery of health and social services, and will promote the development of regional service delivery networks or health plans, particularly in rural areas of the state. It will provide comprehensive package of primary, acute and long-term care (institutional and non-institutional) as part of a prepaid capitated health plan and will include multidisciplinary approaches to care planning and service delivery. They are in year two of the Demonstration. Last year was a planning year and this year is the pre-implementation phase. The Demonstration is preliminary to a HCFA 1115 waiver application.

### **BRIEF DESCRIPTION OF METHODS AND DATA:**

Using Medicaid and Medicare claims data.

### **AVAILABILITY OF RESULTS:**

By summer 1996 will have results to predictions of utilization and cost.



**CONTACT PERSON NAME:** Robert Friedland  
**ORGANIZATION:** National Academy on Aging  
**TELEPHONE:** (202) 408-3375  
**NAME OF STUDY:** Synthesis of What We Know About Managed Long-Term Care  
**PROJECT DIRECTOR/PI:** Robert Friedland  
**FUNDING SOURCE:** Administration on Aging  
**PROJECT DATES:** June of 1995 to February 1996

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**RESEARCH QUESTIONS/GOALS:**

What is managed long-term care? What do we know about it? What is status of relevant research activity?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Literature review, phone calls to gather information about public and private sector grant awards.

**AVAILABILITY OF RESULTS:**

Winter 1995 compendium of research on managed long-term care. February 1996 Research synthesis.

**CONTACT PERSON NAME:** Edward Norton  
**ORGANIZATION:** RTI  
**TELEPHONE:** (919) 541-6996  
**NAME OF STUDY:** Medicare Select  
**PROJECT DIRECTOR/PI:** Steve Garfinkel  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** 1990 - 1995

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**RESEARCH QUESTIONS/GOALS:**

Working with Health Economics Research, RTI, is looking at the Medicare Select Plan, what Medigap policies the elderly on Medicare buy, and whether Select helps them save money.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Data from multiple states are analyzed (from 1990 on) to look at cost, access to care, and quality of care. Methods include longitudinal analyses and fixed effects estimation.

**AVAILABILITY OF RESULTS:**

The final report was just submitted to HCFA, and will turn into a series of journal articles.

**CONTACT PERSON NAME:** Nancy Miller  
**ORGANIZATION:** HCFA (ORD)  
**TELEPHONE:** (410) 786-6648  
**NAME OF STUDY:** Social HMO II  
**PROJECT DIRECTOR/PI:** Robert Kane, University of Minnesota  
**FUNDING SOURCE:** Division of Aging and Disability  
**PROJECT DATES:** Current

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**RESEARCH QUESTIONS/GOALS:**

To develop a predictive model of costs, using functional measures, health status measures, data on medical conditions, and demographic information for the Social HMO II sites (second generation Social HMOs).

**PROJECT DESCRIPTION:**

HCFA recently selected six organizations to participate in the second generation Social HMO. Social HMO II will focus on the refining the targeting and financing methodologies and benefit design of a Social HMO, with an emphasis on geriatric care and the expansion of the model to special populations, such as beneficiaries living in rural settings and those who are dually entitled to Medicare and Medicaid. Approximately 85,000 individuals are expected to enroll in Social HMO II.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Coefficients from the predictive model will be used to create risk-adjusted AAPCC payments for enrollees, replacing the current AAPCC rate cell structure.

**AVAILABILITY OF RESULTS:**

Findings will be available for presentation for Fall 1996.

**CONTACT PERSON NAME:** Elizabeth Mauser (Project Officer)  
**ORGANIZATION:** HCFA, ORD  
**TELEPHONE:** (410) 786-6665  
**NAME OF STUDY:** PACE Demonstration  
**PROJECT DIRECTOR/PI:** David Kidder, Abt Associates  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** June 1991 - December 1997

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**RESEARCH QUESTIONS/GOALS:**

What factors influence the decision to enroll in PACE?

What is the impact of PACE on service utilization, patient functioning and health status, and patient and care-giver satisfaction?

**PROJECT DESCRIPTION:**

The PACE model includes as core services the provision of adult day health care and multidisciplinary team case management.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Quantitative and qualitative methods.

Data Sources:

- DataPACE, a data management system from PACE sites
- Medicare and Medicaid claims data
- Survey of potential PACE enrollees when considering applying for PACE and every 6 months thereafter
- Site visits to all PACE sites

**AVAILABILITY OF RESULTS:**

Spring 1996: Preliminary results on decision to enroll analysis.

Summer 1996: Preliminary results on impact analysis.

If continue with data collection, final results will be available at the end of 1997.

**CONTACT PERSON NAME:** Nancy Miller  
**ORGANIZATION:** HCFA (ORD)  
**TELEPHONE:** (410) 786-6648  
**NAME OF STUDY:** Community Nursing Organization (CNO) Demonstration  
**PROJECT DIRECTOR/PI:** Robert Schmitz  
**FUNDING SOURCE:** HCFA Division of Aging and Disability  
**PROJECT DATES:** September 1992 to September 1997

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**RESEARCH QUESTIONS/GOALS:**

To test the impact of nurse-directed home health care and nurse case management on enrollees' use of home health care and certain ambulatory services. Of central interest is the degree to which a partially-capitated service package and nurse case management can be used to integrate care across the full range of CNO and Medicare services in multiple settings.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Four sites completed a 15-month development phase and implemented programs in January 1994; 8,000 Medicare beneficiaries are expected to participate in this three-year demonstration.

There will be 12-month pre and 18-month post impact analysis related to health status, functional status, utilization, and expenditures for CNO enrollees compared to a randomly selected control group.

**AVAILABILITY OF RESULTS:**

Findings will be available for presentation for Fall 1996. Two completed annual site reports are available, containing qualitative site-specific material.

**CONTACT PERSON NAME:** Elizabeth Mauser  
**ORGANIZATION:** HCFA  
**TELEPHONE:** (410) 786-6665  
**NAME OF STUDY:** A Study of Home Care Quality under Capitated and Fee-for-Service Payment Arrangements  
**PROJECT DIRECTOR/PI:** Peter Shaughnessey  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** Completed in February 1994.

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**RESEARCH QUESTIONS/GOALS:**

To compare the cost and quality of home health care services between Medicare HMO and fee-for-service patients. Comparisons were made among four groups:

- Medicare risk HMO enrollees who received home care from HMO-owned home health agencies
- Medicare risk HMO enrollees who received care from Medicare-certified agencies that also provided home care to FFS patients
- Medicare FFS patients receiving care from contractual agencies that provided care to both HMO and FFS patients
- Medicare FFS patients who received home health care from agencies that provided care (almost) exclusively to FFS patients.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Longitudinal primary data on health status and service use were collected on-site for a random sample of 1,632 Medicare patients who received care from 38 certified home health agencies.

**AVAILABILITY OF RESULTS:**

Study completed in 1994.

**CONTACT PERSON NAME:** Steve Miller  
**ORGANIZATION:** HCFA (ORD)  
**TELEPHONE:** (410) 786-6656  
**NAME OF STUDY:** EverCare  
**PROJECT DIRECTOR/PI:** Marsha Smith, President of EverCare  
**FUNDING SOURCE:**  
**PROJECT DATES:** 1995 - 2000

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**RESEARCH QUESTIONS/GOALS:**

A demonstration initiative to study the effectiveness of managing the acute care needs of nursing home residents within a capitated managed care model. Major goals are to reduce medical complications and dislocation trauma resulting from hospitalization, and to save the expense of hospital care by managing patient care safely in nursing homes.

**PROJECT DESCRIPTION:**

Physicians will be paired with geriatric nurse practitioners who will function as primary medical caregivers and case managers; intensity and availability of medical services will increase. EverCare will be paid a fixed capitation payment for all nursing home residents enrolled and will be at full financial risk for the cost of acute care services for the enrollees. Physician incentive plans will be structured to offer a higher reimbursement rate for a nursing home visit and a lower reimbursement rate for services in their offices or other settings. Nine sites have implemented the demonstration.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

HCFA will issue an RFP for an evaluation this spring.

**AVAILABILITY OF RESULTS:**

To be determined

## VI. RESEARCH IN MANAGED CARE FOR PEOPLE WITH CHRONIC CARE CONDITIONS

**CONTACT PERSON NAME:** Jennifer Elston Lafata  
**ORGANIZATION:** Center for Health Systems Studies, Henry Ford Health System  
**TELEPHONE:** (313) 874-5480  
**NAME OF STUDY:** Evaluation and Replication of Metro Medical Group's Managed Care College  
**PROJECT DIRECTOR/PI:** Jennifer Elston Lafata and John Wisniewski, MD  
**FUNDING SOURCE:** RWJ Chronic Care Initiatives in HMOs  
**PROJECT DATES:** September 1, 1994 - August 31, 1997

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### **RESEARCH QUESTIONS/GOALS:**

Did the Managed Care College, a continuing medical education program, change the knowledge, attitudes, behavior and professional satisfaction, of participating physicians? Did it affect patient outcomes?

The Managed Care College has a clinical track that is focused on developing guidelines for adult asthma and diabetes.

### **BRIEF DESCRIPTION OF METHODS AND DATA:**

Randomized pre-post study design.

Knowledge, attitude, and professional satisfaction changes will be measured by written surveys administered before and after the course.

Behavior changes will be measured through surveys and encounter level data.

Patient outcomes will be measured through medical record review.

### **AVAILABILITY OF RESULTS:**

Will have preliminary results on knowledge, attitudes and professional satisfaction by mid-fall 1996.



**CONTACT PERSON NAME:** Douglas Roblin  
**ORGANIZATION:** Kaiser Foundation Health Plan  
**TELEPHONE:** (510) 271-6418  
**NAME OF STUDY:** Care Coordination for Working Age Adults with Chronic Conditions  
**PROJECT DIRECTOR/PI:** Douglas Roblin  
**FUNDING SOURCE:** Sidney Garfield MD Memorial Fund and RWJ Chronic Care  
**PROJECT DATES:** July 1, 1995 - July 1996

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**RESEARCH QUESTIONS/GOALS:**

What is the variation in disease prevalence (diabetes, heart disease, hypertension, asthma and COPD) and medical service use across the four Kaiser sites?

What factors related to disease epidemiology and disease management explain the variation in medical service use?

Are any of these factors potentially modifiable in a managed care organization with the potential to reduce use or costs of medical services while maintaining or improving quality?

Are any of these factors potentially modifiable with the potential of reducing morbidity attributable to coexisting chronic diseases?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Descriptive Analyses of 3 data sources:

- Administrative data collected from 1/1/93 to present.
- Supplemental enrollee survey on health status and health perception.
- Provider survey to identify the characteristics of the existing organization of care for these enrollees.

**AVAILABILITY OF RESULTS:**

June/July 1996

**CONTACT PERSON NAME:** Tricia Kurtz  
**ORGANIZATION:** The National Committee for Quality Assurance  
**TELEPHONE:** (202) 955-5186  
**NAME OF STUDY:** Chronic Care Performance Measures for External Reporting Requirements  
**PROJECT DIRECTOR/PI:** Cary Sennett  
**FUNDING SOURCE:** RWJ Chronic Care Initiatives in HMOs  
**PROJECT DATES:** January 1, 1996 - June 1997

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**RESEARCH QUESTIONS/GOALS:**

What performance measures should be used to assess how well health plans are caring for their members with the following conditions: major depression, coronary artery disease, childhood asthma, and diabetes?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

NCQA is coordinating the work of health plan-based research centers. The centers are organized into teams around the four chronic conditions listed above. The teams have collaborated on a methodology for identifying and developing the measures. Once developed, the measures will be reviewed by an NCQA-HEDIS committee on performance measurement.

**AVAILABILITY OF RESULTS:**

Reports describing the performance measures are due in June of 1997.

**CONTACT PERSON NAME:** Mike Hindmarsh  
**ORGANIZATION:** Center for Health Studies Group Health Cooperative at Puget Sound  
**TELEPHONE:** (206) 287-2872  
**NAME OF STUDY:** A New Primary Care Model for Chronic Illness Care  
**PROJECT DIRECTOR/PI:** Edward Wagner, M.D., M.P.H.  
**FUNDING SOURCE:** RWJ Chronic Care Initiatives in HMOs.  
**PROJECT DATES:** September 1994 - August 31, 1997

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**RESEARCH QUESTIONS/GOALS:**

To develop a chronic care model for diabetes and multi-problem geriatric patients and test its feasibility and acceptability to patients and providers in Group Health primary care practices.

To assess whether the intervention provides increased adherence to self-management behaviors, improvements in clinical data with respect to quality of life, lowered hospital and ER use and health care costs, and improvements in patient and primary care provider satisfaction.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Randomized clinical trial with about 70 central region primary care practices as the unit of randomization, and about 1200 patients.

3 levels of intervention:

- Training and population-based care (i.e. specific to certain conditions or populations) with registries of diabetes and frail elderly
- Same as above, but supplemented with training in how to deliver patient education
- Training and population-based care, registries, and chronic care clinics.

**AVAILABILITY OF RESULTS:**

In June 1996 there should be preliminary data available for presentation. They will get baseline survey data (satisfaction survey) with 6-month follow-up for 2 years. Utilization and cost data will be pulled from their automated system.

## VII. RESEARCH ON MANAGED CARE FOR PEOPLE WITH DISABILITIES, IN GENERAL

**CONTACT PERSON NAME:** Michele Adler  
**ORGANIZATION:** ASPE  
**TELEPHONE:** (202) 690-6443  
**NAME OF STUDY:** 1994/1995 Disability Supplement to the National Health Interview Survey  
**PROJECT DIRECTOR/PI:** Michele Adler  
**FUNDING SOURCE:** ASPE; National Center for Health Statistics  
**PROJECT DATES:**

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### **RESEARCH QUESTIONS/GOALS:**

This study, the only national comprehensive survey of children's disability and persons with developmental disabilities, will provide information on research and policy issues related to disability, including the prevalence of disability, the characteristics of people with disabilities (e.g. demographic, socio-economic, health, participation in Federal programs), their service use and expenditures, and aspects of their daily lives (housing, transportation, employment, personal assistance).

### **BRIEF DESCRIPTION OF METHODS AND DATA:**

The sample is 100,000 households or 240,000 individuals over two years. The survey involves personal interviews and self-reports. There are two phases, Phase I (January 1994-December 1995) is asked along with the core NHIS interview to the 240,000 respondents and collects data on the prevalence, severity, type, duration, and disabling conditions. Phase II(Fall 1994-Fall 1996) is administered six months later to 40,000 respondents with serious disabilities and collects data on service use and expenditures and aspects of daily life (housing, long-term care services, home care, personal assistance, respite care, transportation, employment, accommodations, work history, vocational rehabilitation, relationships, family structure, family impact, and child care). Data linkages with SSA and Medicare records can be made.

### **AVAILABILITY OF RESULTS:**

Public-use tapes and publications will be available.

**CONTACT PERSON NAME:** Sally Bachman  
**ORGANIZATION:** The MEDSTAT Group  
**TELEPHONE:** (617) 492-9330  
**NAME OF STUDY:** Innovative Care Plans Serving Adults with Disabilities  
**PROJECT DIRECTOR/PI:** Sally Bachman  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** February 1995 - February 1996

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**RESEARCH QUESTIONS/GOALS:**

The goals of this project are to gather qualitative data about public and private managed care plans that provide efficient and clinically appropriate care to working age adults with disabilities.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Researchers are conducting telephone interviews of ten health plans and additional data gathering through site visits to six of the ten plans. Interview questions cover the following broad array of topics: consumer involvement, provider training and recruitment, quality of care, risk adjustment and risk sharing arrangements, service delivery models, disease-specific practice guidelines, and outcome measurement.

**AVAILABILITY OF RESULTS:**

All site visits will be completed by February 1996, followed by a written report in April 1996.

**CONTACT PERSON NAME:** Bob Blendon  
**ORGANIZATION:** Harvard University  
**TELEPHONE:** (617) 432-9400  
**NAME OF STUDY:** Survey of Persons in Managed Care and Fee For Service  
**PROJECT DIRECTOR/PI:** Bob Blendon  
**FUNDING SOURCE:** RWJ  
**PROJECT DATES:** Finished

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**RESEARCH QUESTIONS/GOALS:**

Utilization and satisfaction of the “sick” in the fee-for-service sector and in HMOs.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

National telephone survey of 2,374 adults randomly selected, including subsample of 473 non-elderly with “significant illnesses”.

**AVAILABILITY OF RESULTS:**

Project is complete; paper will be issued in the spring. Press release being sent (Mark Caplan - RWJ (609) 243-5937).

**CONTACT PERSON NAME:** Michael Collins  
**ORGANIZATION:** University of Maryland/Baltimore County  
**TELEPHONE:** (410) 455-6852  
**NAME OF STUDY:** Maryland Medicaid Reform  
**PROJECT DIRECTOR/PI:** Michael Collins  
**FUNDING SOURCE:** State of Maryland Dept. of Health and Mental Hygiene  
**PROJECT DATES:** Current

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**RESEARCH QUESTIONS/GOALS:**

Developing new capitation rates and risk adjusters for the state of Maryland, with provisions for people with disabilities. They will also look at catastrophic case management carve outs.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Similar to the Medicaid Working Group approach.

**AVAILABILITY OF RESULTS:**

In about a year, they will have comparisons of various risk adjustment and capitation methods, and will have data on testing different carve-out strategies.

**CONTACT PERSON NAME:** Randy Ellis  
**ORGANIZATION:** Boston University  
**TELEPHONE:** (617) 353-2741  
**NAME OF STUDY:** Medicare DCG Project  
**PROJECT DIRECTOR/PI:** Randy Ellis  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** Will be finished in Spring 1996

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**RESEARCH QUESTIONS/GOALS:**

Classify Medicare elderly and disabled into Diagnostic Cost Groups and generate cost weights for calculating payments.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Medicare administrative claims in 89,000 disabled and 1.3 million elderly used (diagnoses and procedures conducted by physicians).

Hierarchical Co-existing Conditions and Procedures approach employed.

Model imposes hierarchies on diagnoses and procedures.

**AVAILABILITY OF RESULTS:**

Identified 34 81 groups/conditions. Results for disabled and elderly look very similar with the exception of the conditions (e.g. mental illness, neurological conditions).

Results and papers will be ready in the spring. R. Ellis will be out of the country next fall - Greg Pope at HER is Project Manager and could present (617) 487-0200.



**CONTACT PERSON NAME:** Teresa Fama  
**ORGANIZATION:** Group Health Foundation  
**TELEPHONE:** (202) 778-3285  
**NAME OF STUDY:** Comparison of Physician and Hospital Use among the Non-Elderly Covered by HMOs and Indemnity Insurance.  
**PROJECT DIRECTOR/PI:** Teresa Fama  
**FUNDING SOURCE:** RWJ  
**PROJECT DATES:** September 1995 - December 1995

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**RESEARCH QUESTIONS/GOALS:**

Do HMO and FFS enrollees use the same level of physician and hospital services?

Do chronically ill HMO and FFS enrollees use the same level of physician and hospital services?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Descriptive and multivariate statistical techniques. 1992 National Health Interview survey.

**AVAILABILITY OF RESULTS:**

Preliminary Results available. In process of writing paper.

**CONTACT PERSON NAME:** Bob Gris  
**ORGANIZATION:** Albert Einstein-Rose F. Kennedy Center University  
Affiliated Program  
**TELEPHONE:** (202) 842-4408  
**NAME OF STUDY:** Measuring Quality in Managed Care for Persons with  
Disabilities  
**PROJECT DIRECTOR/PI:** Bob Gris  
**ORGANIZATION (if different than above):** Center on Disability and Health  
**FUNDING SOURCE:** U.S. DHHS Administration on Developmental Disability  
and the Centers for Disease Control  
**PROJECT DATES:** July 1995 - June 1996

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**RESEARCH QUESTIONS/GOALS:**

What is the impact of various quality measures on people with disabilities?

What instruments can effectively measure quality for people with disabilities in managed care plans?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Literature review and the review of quality measures in the field.

Development of quality of care survey instruments for health plans, which will include an interview protocol for HMO staff; protocols for focus groups of health plan enrollees with disabilities; and protocols for medical record review of sentinel conditions.

**AVAILABILITY OF RESULTS:**

Final report and quality instruments available in June of 1996.

**CONTACT PERSON NAME:** Lenny Gruenberg  
**ORGANIZATION:** DataChron Health Systems, Inc.  
**TELEPHONE:** (617) 661-1133  
**NAME OF STUDY:** The Medicare Disabled Populations in HMOs and FFS:  
A Comparative Study  
**PROJECT DIRECTOR/PI:** Lenny Gruenberg/Edie Walsh  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** October 1995 - October 1996

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**RESEARCH QUESTIONS/GOALS:**

To learn more about utilization patterns, health status, access to care and patient satisfaction for people under the age of 65 with disabilities. Medicare population in FFS and managed care systems. HMO Case-mix and cost issues will also be examined.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

They will analyze utilization patterns of 2300 Medicare recipients with disabilities under the age of 65 in 2 TEFRA HMOs (Kaiser Oregon and Fallon) compared with 2000 Medicare members with disabilities for the years 1991-1995 in FFS who participated in the Medicare Current Beneficiary Survey. Descriptive statistics on utilization, costs, patient characteristics, and satisfaction will be provided, and case-mix typologies will be developed. Multivariate analyses will be conducted.

**AVAILABILITY OF RESULTS:**

Reports to ASPE from April 1996 to October 1996: Longitudinal Analyses to compare utilization case mix, and outcomes across plan types, also on satisfaction, access to care, selection effects.

**CONTACT PERSON NAME:** Tony Hausner  
**ORGANIZATION:** HCFA Office of Managed Care  
**TELEPHONE:** (410) 786-1093  
**NAME OF STUDY:** Medicaid Managed Care and the Disabled  
**PROJECT DIRECTOR/PI:** Tony Hausner  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** September 1995 - September 1996

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**RESEARCH QUESTIONS/GOALS:**

What proportion of Medicare beneficiaries enrolled in HMOs have disabilities?

What factors might account for the differences in the proportions of disabled Medicare beneficiaries served by HMOs?

What services and programs do HMOs provide to this population?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Case studies of up to 15 HMOs that serve high, medium and low percents of Medicare recipients with disabilities will be conducted.

In-person or telephone interviews with HMO staff will cover the following areas:

- Special health care services
- Case management approaches
- Marketing strategies
- Financial considerations
- Family/home care arrangements
- Special access considerations, e.g. transportation

**AVAILABILITY OF RESULTS:**

Final results expected in September of 1996.

**CONTACT PERSON NAME:** Dominic Hodgkins  
**ORGANIZATION:** Brandeis University - Heller School  
**TELEPHONE:** (617) 736-8551  
**NAME OF STUDY:** Plan Choice Among Michigan Medicaid Recipients  
**PROJECT DIRECTOR/PI:** Dominic Hodgkins  
**FUNDING SOURCE:** Kaiser Foundation/Center for Vulnerable Populations  
**PROJECT DATES:** Current

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**RESEARCH QUESTIONS/GOALS:**

What are the predictors of enrollment choice in Wayne County, Michigan after mandatory managed care was implemented. Recipients had to choose between an HMO & PCCM.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Will be examining plan choice as a function of expenditures in prior year, age, sex, race, and whether the recipient had enrolled in managed care prior to mandatory enrollment instituted.

**AVAILABILITY OF RESULTS:**

Internal draft of results due in Winter '96. Results should be ready for presentation by summer.

**CONTACT PERSON NAME:** David Hughes  
**ORGANIZATION:** H.S.R.I.  
**TELEPHONE:** (617) 876-0426  
**NAME OF STUDY:** Evaluation of Wisconsin's special care Initiative (I-CARE)  
**PROJECT DIRECTOR/PI:** David Hughes/Steve Leff  
**FUNDING SOURCE:** HCFA grant to Wisconsin State University -- H.S.R.I. received subcontract.  
**PROJECT DATES:** May 1994 - December 1996

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**RESEARCH QUESTIONS/GOALS:**

1. Did the I-CARE program cost less than providing services to people with disabilities through fee-for-service Medicaid?
2. Did I-CARE increase access to physical health, mental health and social services?
3. Did I-CARE maintain or improve quality of care and quality of life?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

1. Claims data analysis -- Medicaid claims data for the control group; I-CARE HMO data for the study group.
2. Developed and fielded a cross-disability integrated health outcomes survey. Used survey to measure prior health care use, functional level, access to care, satisfaction and quality of life. Fielded to 150 I-CARE enrollees and 150 members in control group (from adjacent county).
3. Assessed enrollment and implementation issues, convened focus groups of enrollees, disenrollees, and non-enrollees and interviewed key informants.

**AVAILABILITY OF RESULTS:**

Currently available: Reports on the enrollment and implementation experience of consumers and stakeholders. Reports on the following topics to be completed some time between June and December of 1996.

1. Quality of Care: comparison of I-CARE to state contract standards.
2. Quality of Care: appropriateness of care claims data analysis and chart review.
3. I-CARE cost analysis and savings to the state.
4. Typology of characteristics of persons on Medicaid most likely to yield cost-savings.
5. Family satisfaction report.

**CONTACT PERSON NAME:** Bob Hurley  
**ORGANIZATION:** Medical College of Virginia  
**TELEPHONE:** (804) 828-1891  
**NAME OF STUDY:** Evaluation of Implementation Issues for the Medicaid Working Group Project  
**PROJECT DIRECTOR/PI:** Bob Hurley  
**FUNDING SOURCE:** RWJ/PEW  
**PROJECT DATES:** 1994 - 1998

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**RESEARCH QUESTIONS/GOALS:**

How well are the states doing in implementing managed care projects for disabled funded by RWJ/PEW?

How proficient is the MWG technical advisory team?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Projects will probably not be advanced enough to conduct an impact analysis.

**AVAILABILITY OF RESULTS:**

Probably not for conference '97 - '98?? Maybe?

**CONTACT PERSON NAME:** Rick Kronick  
**ORGANIZATION:** UCSD  
**TELEPHONE:** (619) 534-4273  
**NAME OF STUDY:** Application of Diagnostically -- Adjusted Payment System to NY, Ohio, Minnesota, Milwaukee County & Colorado  
**PROJECT DIRECTOR/PI:** Rick Kronick  
**FUNDING SOURCE:** NDIRR/Colorado  
**PROJECT DATES:** Current

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**RESEARCH QUESTIONS/GOALS:**

How well does the diagnostically - adjusted payment system developed for Missouri fit data from the SSI (and AFDC for Michigan) population from other states?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Regression-based approach using FFS claims.

**AVAILABILITY OF RESULTS:**

Should be available -- at least preliminary data -- by mid-summer.



**CONTACT PERSON NAME:** Rick Kronick  
**ORGANIZATION:** UCSD  
**TELEPHONE:** (619) 534-4273  
**NAME OF STUDY:** Medicaid Working Group -- Missouri Rate Setting Project  
**PROJECT DIRECTOR/PI:** Rick Kronick  
**FUNDING SOURCE:** PEW/RWJ  
**PROJECT DATES:** Completed

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**RESEARCH QUESTIONS/GOALS:**

Developed a diagnostically-adjusted payment system for the Missouri SSI population (under age 64 disabled). The benefit package will include home and community-based services (HCBS), and personal care, but will not include institutional care and behavioral mental health.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Regression-based approach using prior year FFS claims including acute care claims and HCBS claims (clients in waiver programs excluded from the analysis). Researchers used an additive model with severity built into diagnosis (somewhat) and without adjustment for functional status.

**AVAILABILITY OF RESULTS:**

Research currently available.

State is scheduled to implement payment system in early 1996.

**CONTACT PERSON NAME:** Phyl Levine  
**ORGANIZATION:** University of Washington -- Center for Disability Policy and Research  
**TELEPHONE:** (206) 685-7260  
**NAME OF STUDY:** Access to Health Care in Rural America  
**PROJECT DIRECTOR/PI:** Phyl Levine  
**FUNDING SOURCE:** AHCPR  
**PROJECT DATES:** November 1993 - November 1995

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**RESEARCH QUESTIONS/GOALS:**

How do people with disabilities in rural communities obtain health and social services?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Researches conducted a literature review, held focus groups and completed telephone interviews to look at the strategies used to deliver services to people with disabilities in three rural states: Montana, Missouri, and Kansas.

**AVAILABILITY OF RESULTS:**

Summary report is not available.

**CONTACT PERSON NAME:** Allan Meyers  
**ORGANIZATION:** Boston University School of Public Health  
**TELEPHONE:** (617) 638-4510  
**NAME OF STUDY:** Managed Care for Adults with Spinal Cord Injuries  
**PROJECT DIRECTOR/PI:** Allan Meyers  
**FUNDING SOURCE:** National Institute for Disability and Rehabilitation Research  
**PROJECT DATES:** October 1995 - October 2000

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**RESEARCH QUESTIONS/GOALS:**

What are the outcomes associated with different models of managed care for people with spinal cord injuries in Medicaid Working Group programs? All programs studied are based on Medicaid Working Group models.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

A controlled comparison: people in managed care versus fee-for-service Medicaid in five study sites: Missouri, Michigan (Detroit and Ann Arbor), Ohio, and Wisconsin.

**AVAILABILITY OF RESULTS:**

Data will be available for presentation by conference time.

**CONTACT PERSON NAME:** Andreas Frank, John Drabek  
**ORGANIZATION:** ASPE  
**TELEPHONE:** (202) 690-6443  
**NAME OF STUDY:** Disability Supplement to Existing HCFA Evaluation of the Oregon 1115 Demonstration  
**PROJECT DIRECTOR/PI:** Margo Rosenbach at Health Economics Research, Inc.  
**FUNDING SOURCE:** ASPE  
**PROJECT DATES:** July 1995 - July 2000

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**RESEARCH QUESTIONS/GOALS:**

How has Oregon's 1115 waiver demonstration affected disabled children and adults, including the physically disabled, mentally retarded, developmentally disabled, and severely mentally ill? Outcomes of interest are cost, expenditures, access to services, coordination of services, and quality of life.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Researchers will examine cost and utilization data, which they will link to functional status data collected by state agencies. A survey of consumers and providers will yield information on satisfaction, access, quality, health status, and functioning. Site visits will be conducted to assess implementation and operational issues.

**AVAILABILITY OF RESULTS:**

They will have site visit findings by the time of the conference.

**CONTACT PERSON NAME:** Sara Rosenbaum  
**ORGANIZATION:** GWU Health Policy Research  
**TELEPHONE:** (202) 246-6922  
**NAME OF STUDY:** Medicaid Managed Care Contracting  
**PROJECT DIRECTOR/PI:** Sara Rosenbaum  
**FUNDING SOURCE:** Pen Charitable Trust  
**PROJECT DATES:** March 1995 - September 1996

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**RESEARCH QUESTIONS/GOALS:**

To evaluate Iowa's managed care program for Medicaid-eligible people with mental illness.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

- 1<sup>st</sup> data source: Medicaid claims tape-to-tape to look at changes in utilization and cost.
- 2<sup>nd</sup> data source: Survey of Medicaid recipients: pre- and post-implementation (follow-ups in spring).
- 3<sup>rd</sup> data source: Survey of practitioners (psychologists, psychiatrists and LICSWs): baselines and follow-up to see how they feel the system is working.

**AVAILABILITY OF RESULTS:**

They will issue a report to the state in fall 1996 and will have data available for presentation.

**CONTACT PERSON NAME:** Margaret Stineman  
**ORGANIZATION:** U Penn Medical School; Rehab Dept.  
**TELEPHONE:** (215) 898-6272  
**NAME OF STUDY:** Functional Related Groups (FRG)  
**PROJECT DIRECTOR/PI:** Margaret Stineman  
**FUNDING SOURCE:** Originally rehab hospitals; since June 1993 by AHCPR.  
**PROJECT DATES:** 1989 - (although the work goes back further)

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**RESEARCH QUESTIONS/GOALS:**

The development of a patient classification system (inpatient only) based on functional status, impairment, and age - The system was designed for payment purposes and quality improvement outcomes, and is being considered by HCFA.

**BRIEF DESCRIPTION OF METHODS AND DATA:**

Multi-state study across the country - working with RAND.

**AVAILABILITY OF RESULTS:**

First published in Medical Care in 1994, further results not out yet.

**CONTACT PERSON NAME:** Craig Thornton  
**ORGANIZATION:** Mathematica  
**TELEPHONE:** (609) 799-3535  
**NAME OF STUDY:** Evaluation of The State Health Reform Demonstration  
(Tennessee, Hawaii, Rhode Island, Oklahoma and Vermont)  
**PROJECT DIRECTOR/PI:** Judith Wooldridge at Mathematica  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** September 30, 1994 - September 30, 1999

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**RESEARCH QUESTIONS/GOALS:**

What is the impact of the 1115 waivers on health care access, costs, satisfaction, quality, and use, for SSI-eligible Medicaid beneficiaries?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

In formative stages. Possible data sources: site visits, document review, focus groups, interviews of administrators, claims and enrollment data, social security data, and surveys of consumers. Researchers will use qualitative and quantitative methods and a pre-post study design.

**AVAILABILITY OF RESULTS:**

Fall 1996: Preliminary findings from site visits on operational issues will be available.

**CONTACT PERSON NAME:** Craig Thornton  
**ORGANIZATION:** Mathematica  
**TELEPHONE:** (609) 799-3535  
**NAME OF STUDY:** Evaluation of Medicaid Health Reform Projects  
(Minnesota and four other states)  
**PROJECT DIRECTOR/PI:** Steve Zuckerman, Urban Institute  
**FUNDING SOURCE:** HCFA  
**PROJECT DATES:** September 30, 1994 - September 30, 1999

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**RESEARCH QUESTIONS/GOALS:**

What is the impact of the 1115 waiver on access, costs, satisfaction, quality, and use, for SSI-eligible Medicaid beneficiaries?

**BRIEF DESCRIPTION OF METHODS AND DATA:**

In formative stages. Possible data sources: site visits, document review, focus groups, interviews of administrators, claims and enrollment data, social security data, and surveys of consumers. Researchers will use qualitative and quantitative methods and a pre-post study design.

**AVAILABILITY OF RESULTS:**

They will not have preliminary findings until 1997.



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