

Dual Beneficiary Outreach Summary

12.2.2011

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Locations: Federal Way, Seattle, Yakima, Wellpinit, Bellingham, Nespalem, Ellensburg, Chehalis & Aberdeen	Targeted Audience: Individuals receiving services from both Medicare and Medicaid. Facilitators worked with community organizations to recruit focus group participants. A total of 135 participated.	Dates: 10/27; 10/28; 11/1; 11/2; 11/3; 11/9; 11/10; 11/14; 11/15	Facilitators: Rebecca Burch & Yolanda Lovato
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In October and November 2011, meetings were held with beneficiaries of Medicare and Medicaid (Dual Beneficiaries) to discuss their experience in accessing, navigating and receiving services paid for by these two fund sources. Participating beneficiaries represented diverse characteristics across age, ethnicity, race and disability. While individual backgrounds and experiences varied and were recognized, there were several common themes that emerged in these discussions. In each of these sessions, participants were provided a series of questions and an opportunity to discuss their perspectives. The following is a summary of responses and themes that emerged.

Question	Themes
<p align="center">What Works Well in the Current System?</p> <p>Participants report that a single, accessible, trusted point of professional contact is critical to good access and outcomes. In addition, timely communication between the contact person and others in the system and between providers was important to help reduce gaps, avoid duplication, and save scarce personal resources. Participants reported that reminders or call backs from providers were appreciated to help them remember, plan for and keep appointments. Many stated that local clinics and staff were easier to work with as opposed to trying to reach people through 1-800 lines. However, there were diverse experiences and perspectives from the various groups. A number of beneficiaries shared that poverty appeared to be core when accessing services and the greater the poverty, the less they have access to quality care and services.</p>	<p align="center">Need for: Participant Involvement Point of Contact Support</p>
<p>What Doesn't Work Well in the Current System?</p> <p>Participants in several groups voiced concern that in our current system, they were seriously impacted by lack of transparency, limited access to providers and resources, misinformed providers, and challenges with programmatic requirements such as "spend down" and prescription drug coverage. Accessing coverage was more difficult due to "spend down" complexities and timing. Several participants reported that they didn't feel the benefit of Medicaid because of large spend down expenses</p>	<p align="center">Need for: Navigation Coordination Access</p>

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<p>required before they were eligible for Medicaid services. If they lacked money to meet spend down requirements and ordinary daily expenses and so many were forced to choose between medication, food, or housing. Beneficiaries shared that the lack of available providers and the short time allotted for provider visits, as well as the lack of coordination between providers contributed to challenges in navigating the system. These challenges are magnified when having to navigate multiple systems. Many report difficulty in keeping track of the array of workers in each of the service systems they deal with and confusion over the roles and responsibilities of providers/staff within each of these systems. Several reported giving up on the system and only attempting to access care when it is urgent or a crisis. In addition, a number of beneficiaries expressed concern over the inflexibility of the delivery system, specifically in the non-responsiveness to health variability and a recognition that people's needs vary and shift and that a "one size" approach to care does not address these needs.</p>	
<p>Who do you go to when you need help?</p> <p>The responses from beneficiaries varied and appeared somehow related to community resources and their living arrangement and environment. However, it appears that many rely on case managers and case workers to help them navigate the system, particularly case managers who are reliable, return calls promptly, and provide access and information. Mobile health vans and local clinic providers were also viewed as a viable resource and that provided guidance and follow up. The vast majority of beneficiaries spoke to the value of a peer network which provided information on accessing resources and provided tips on how to navigate the system. For those with family, the beneficiaries felt that family was at the forefront in offering support and helping them work through barriers of the system.</p>	<p>Need for: Coordination Navigation Guidance</p>
<p>What Can the State Do Differently to Help You Access Services?</p> <p>Beneficiaries indicated that having access to easy and understandable up to date information on services and resources was essential. Many wanted greater continuity in program eligibility through the use of electronic records and information to avoid labor intensive re-verifying and repetition of information that could be stored in a central system. Others reinforced the need for a "single point of entry" or "coordinator" who would help them navigate and move through the system. However, it was noted that there needs to be better coordination and collaboration across systems with a greater focus on individualized planning. Others noted that training and outreach to providers and staff on exhibiting better attitudes and services to beneficiaries was crucial because they often felt like they (beneficiaries) were treated as objects rather than</p>	<p>Need for: Information Resources Communication Less Duplication</p>

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<p>individuals. There were a number of beneficiaries who spoke to the need to eliminate obstacles and barriers to accessing health services. One commonly mentioned access issue was long phone wait times to access key people for program questions or help make arrangements to see providers. Long wait times ate up valuable limited phone minutes on their cell phones or phones provided by agencies. Lastly, beneficiaries stated strongly that there needs to be an improved recognition of the relationship between transportation and housing and how these affect health and well being, as well as the ability to access services.</p>	
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