

Academic Block: Managed Care Essays

Module 1: Intro to managed care:

1. The “right to choose your doctor” is something that always comes up when managed care is discussed. How might enrollment in a managed care plan limit a person’s ability to exercise this right?
A person may have to pick a physician within their managed care plan causing them to only be able to choose amongst a few physicians.
2. Why would a third party payer want to limit a person’s choice? Can enrollment in an HMO enhance your ability to exercise this right, i.e., are there benefits to having a panel of physicians available to you?
3. Think of how people with indemnity insurance choose a doctor? How DO they DO it?
4. You are the benefits manager for a large employer, like the state of Maryland, General Motors, or RJ Reynolds. You are trying to decrease you’re your health care costs. What will you be looking for in health plans? Will you offer your employees one plan or a choice of plans?

Module 2: Quality of Care:

1. Big Bucks HMO has just completed an audit of your patient charts for their annual HEDIS project. They reviewed 200 charts, and found the following deficiencies:
 - a. Only 66% of your 24 month olds were up to date on vaccines (4 DtaP, 3HIB, 1 MMR, 1Varivax), (standard 90%)
 - b. Only 26% of adolescents had documentation of drug and alcohol counseling, and mental health screening (standard 100%)
 - c. There was no evidence of TB screening.They have asked you to explain the reasons for current deficiencies and prepare a corrective plan. You check with your practice manager and discover that 35% of your patients and 42 of your income is derived from our Big Bucks contract. Prepare a response.

2. A patient has complained to their HMO that you refused to refer them to a dermatologist for treatment of their eczema. While actually pleased with your decision, the HMO policy dictates that they pass the complaint on to you for response. Prepare your response.
3. You are the lead physician in a ten-person practice. You discover that two of your doctors do not routinely update problem lists, and that one of your doctors does not routinely use anti-inflammatories, or written plans for asthmatics. What action do you take?
4. Your biggest insurer informs you that their latest QI project will target the inclusion of consultant notes in the PCP chart, as a marker of continuity of care and care coordination. You know there are several specialists who never send you notes, but you've been unable to refer elsewhere due to limitation of the HMO's network. What do you do?

Module 3: Cost Containment: Essays

1. Studies show that quality of care does not differ significantly between Fee for Service and managed care, yet the perception is that managed care is worse. How do cost containment strategies impact this?
2. Review the Milliman and Robert's guidelines in the slide show. Pick one, and describe what kind of services would have to be available in your community to meet this "optimal" discharge date. Do you have those services available to you?
3. Your two-year old patient with a history of seven episodes of otitis media and two episodes of otorrhea is not talking. You refer to ENT, merely writing "OM: on the referral form. ENT referrals require preauthorization, and yours is denied. Now what do you do?"

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