

In Focus: MEDICAID

Focus Group Engagement of Medicaid Patients



In late 2014, the Colorado Coalition for the Medically Underserved (CCMU) held a series of focus groups with different Medicaid populations to inform our response to the Accountable Care Collaborative (ACC) Request for Information (RFI) process. We collected direct quotes from the participants, organized them by topic, removed any personal identifiers, and submitted them to the Colorado Department of Health Care Policy and Financing.

The content of each discussion was very different, due to the differences in the demographics and health care needs of each group, but the information we gathered provides important insight into the experiences of Medicaid patients, broadly. This report is a summary of the main issues raised by participants, which can be used to inform the systems change work being undertaken around the state.

MERCY HOUSING | Denver, Colorado

CCMU visited a Mercy Housing property in Denver and had the opportunity to talk with 11 of their affordable housing residents. All are women, low-income, single, and have children. CCMU asked general questions about the women's experiences with Medicaid as health coverage, their ability to access health care for themselves and their families, their ability to navigate the enrollment system and care system, and other topics.

System Navigation

- Many participants shared experiences with how confusing and difficult it is to independently navigate Medicaid processes. One recurring issue is that the records system may have inaccurate information about them or their family member, which complicates all interactions. Additionally, transferring cases between counties is extremely challenging.
- There was a great deal of frustration with not being able to get a “straight answer” from the people they turn to for help within the system, such as the Medicaid customer service line or county offices. It is hard to know where and how to get their issues resolved.
- Generally, the women had positive experiences getting coverage and care for their children. Once they found a trusted provider, they maintained that relationship for as long as they could. One participant shared that she maintained a relationship with her personal doctor since childhood, and now that doctor is her child's doctor.
- There was not a lot of familiarity with RCCO or ACC, but there was a lot of appreciation for the workers who made system navigation easier. Examples included Nurse Family Partnership and nurses within the health care system – participants said they would not be on top of appointments and applications without that help.

Access to Care

- Generally, care for their children and during pregnancies seemed seamless and holistic, but as single mothers, they found care for themselves difficult to manage unless they found a trusted, consistent place that they could use for care. This goes for all types of care: mental health, dental, primary, and preventive care.
- If they were not able to find a trusted provider or place, participants shared that they had a difficult time finding an appointment or risked feeling stigmatized at a place of care because of their Medicaid coverage.

- Participants emphasized that once they found a trusted provider or place to get all their care needs met, that choice should not be taken away. Sometimes the system will assign them to a different care provider than their preference, and it changes their positive experience.
- They had a shared appreciation for preventive care, and the relatively low copayments on Medicaid. They also had great appreciation for dental benefits for adults on Medicaid and reported very positive experiences getting dental care.
- Specialty care is reportedly difficult to access; too often, wait times for an appointment are long.
- Despite their general satisfaction with primary care, the hours do not always work for them. If they or their kids need care, and they only have a choice of going after work hours, they are forced to go to the ER.

Integrated Care

- When the idea of integrated care was introduced, the participants overwhelmingly supported the idea. The convenience was a major factor in why they would appreciate a co-located integrated care clinic. It seemed that being able to go to one place for all your needs: pediatric, primary care, mental health, dental, specialty would be convenient, especially if multiple appointments could be made in one day or you could see multiple providers within one appointment as needed. It would assist with missed appointment times and wait times.
- Other participants shared that integrated care would have additional benefits for them: ensuring against contradictory prescriptions between psychiatry and primary care, raising awareness of any mental health concerns and how it affects overall health, and better addressing co-morbidities.
- Efficiency is a big priority for these women. They shared that coordinated care can help them get what they need more efficiently.

TOGETHER COLORADO | Aurora, Colorado

CCMU visited with six participants and five volunteers of the Bridges to Care program in Aurora with the help of Together Colorado. Bridges to Care is a program funded by a federal innovation grant to match care navigators with patients who were experiencing highly complex health issues and appeared to not be getting their needs met (as evidenced by high hospitalization rates and emergency department overutilization). Bridges to Care provides willing participants with 60 days of multi-disciplinary team-based health care, including care coordination and linking patients to primary care.

Generally, because these participants were identified to be participants in the Bridges to Care program, they had very complex health conditions and needed to use the health care system more than the other groups of patients.

System Navigation

- Participants said that their regular interactions with the health care system had taught them how to use it better. It wasn't without the negative experiences and going down the wrong path that they better understood the system. They agreed that the system is hard to navigate and it is hard to get what you need.
- The participants speculated that talking to their health care provider directly and at length would provide the most benefit, but appointments are kept short, and when they want to follow up via phone, it is hard to navigate the bureaucracy to get what they need from their provider.
- Getting assistance for things that affect patients' health is important, such as electricity or job and disability assistance, but the health care system generally doesn't provide that. Participants say that having access to social workers or case managers would make a huge difference in fulfilling those needs so they can live healthier lives.
- The system is hard to navigate, but it is even worse for patients who speak a language other than English.
- Participants shared that knowing how clinics assign appointments to patients would help with compliance – they want to know that they're not being relegated to the last appointments because of their insurance or their complex health conditions.

Access to Care

- Primary care is harder for participants to get than access to a specialist, "because if you want a specialist, you can just go to the hospital."

- Delaying care is a very scary thing for people living with a chronic condition – it was suggested that there should be a triaging system to advance their appointments.
- Integration of behavioral health and primary care was received with appreciation because many chronic conditions co-occur with mental health conditions, so it would be helpful to go to one place to get everything taken care of. Mental health access is important, but the current state of access is poor.
- There was consensus gratitude for dental benefits, though they acknowledged that dental access can be challenging, especially for those with chronic conditions, as their dental health tends to be worse.

Quality of Care

- It can cause serious problems when providers do not take in the patient's whole needs or history during treatment. One participant shared her story about how a provider changed her diabetes medication, which caused her go into a coma, and following that, many hospitalizations before she could recover. It could have been prevented if the provider had understood that she was on her medication for a reason.
- Participants observed that often costs drive the decision-making, but cheaper medication is not always the better medication or what the patient needs.
- Participants noted that most things that are working well had to be supported by an outside group who assist in navigating patients through the system.

COMMUNITY ORGANIZATION | Fort Collins, Colorado

CCMU visited a community organization in Fort Collins that provides a variety of services to clients, mostly parents and children who speak Spanish. CCMU asked general questions about their experiences with Medicaid coverage, and when applicable, their ability to access health care for themselves and their families, among other topics.

System Navigation

- Many participants expressed confusion about what was covered by Medicaid dental, as they felt they were getting mixed information from their providers, saying some things were not covered, but they had been covered in the past or had recently been added. Participants would get some services done, like cleanings, but not others, like varnishes.
- Participants that sought dental care found that some dentists wouldn't do some services, and others would. The costs that they would pay would vary as well.
- Participants explained that Medicaid would cover services up to a certain point, but it wouldn't satisfy all their needs if the parents or kids were diagnosed with something that needed additional treatment or if the provider's recommendation didn't line up with what was covered by the benefits. Examples included vision therapy, prescriptions, sun protection in glasses, hospital stays, etc.
- Staff expressed difficulty in navigating Medicaid customer service, with long wait times and the phone disconnecting during a wait. Technicians, for the most part, have been very helpful. Staff run into problems when client confidentiality appears to be at risk, such as when the staff member is not listed on the patient's application as a contact, therefore, the technician cannot speak with the staff member on a patient's behalf.

Access to Care

- About half of the participants said they had a provider they liked and visited regularly, though the feedback was varied on how their care experiences were. Providers in the clinic were great, but the receptionists were rude and not helpful.
- Participants said that it was challenging to get care for all their children at once and use the system in the most efficient way. Experiences ranged from bringing in all three children in for an appointment, but only one would be seen to not being able to get a timely follow-up appointment in primary care, thus forcing a visit to the ER.
- Mental health care access is especially difficult; there are hardly any Spanish-speaking counselors.

Cultural Competence

- Some participants sought care from Spanish-speaking care providers even though the customer service isn't very good; others expressed comfort in going to clinics where Spanish isn't spoken if that meant they would receive quality service.
- Staff noted that the Spanish application and correspondence from the state is not great; it appears that they it is a straight translation, which ends up being very clunky to Spanish speakers.
- Staff noticed that there is a great deal of unfamiliarity with forms; it cannot be assumed that everyone has the basic knowledge of what line to put your name on and which boxes to fill out.
- PEAK in Spanish is user-friendly, except for those who struggle with computer literacy.

One participant said at the end of the session: "Thank you very much for being here. Sometimes, we feel like things will never be changed. Maybe now they will be changed."

We believe everybody should have the opportunity to lead a healthy life.

We are an agent of change. Thought leaders. Collaborators. Advocates.

The Colorado Coalition for the Medically Underserved creates opportunities and eliminates barriers to good health for the medically underserved. We have always worked in collaboration with health care providers, policy and decision makers, industry experts, advocates, and individuals in communities across Colorado to drive health systems change. Our perspective spans from local, on-the-ground involvement to high-level strategic talks with policymakers. We share with state leaders the needs of the people, and we share with community leaders our knowledge about how to work within the system to get things done.