



Capitol Network News

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MANAGED CARE PANEL DISCUSSES INFORMATION SHARING

By Shawn Ashley
Staff Writer

■(GIT) Information and how it's shared was the focus of discussion Thursday for members of the Senate Task Force on Managed Care.

The issue of information sharing was previously identified by members of the task force, particularly those from the medical profession, as one of concern.

Of particular interest to physicians were so-called gag rules, contractual agreements between doctors and managed care providers, such as health maintenance organizations (HMOs), which prohibit the physicians from disclosing certain information to their patients. Doctors say such agreements run counter to their ethical obligations as physicians.

Hank Hartsell, director of the certificate of need division for the Oklahoma Health Department, said he has not seen any examples of rules which would inhibit the discussion of treatment options in Oklahoma. More common, he said, are prohibitions on the disclosure of certain financial information by both the physician and the health care provider and prohibitions on the use of information obtained while under contract with

a provider for solicitations. Additionally, he noted, some contracts include provisions limiting physicians criticism of the health care provider's benefit plan.

The state Board of Health, Hartsell added, has also taken a position discouraging gag rules, particularly those which might discourage a doctor from discussing treatment options with their patients.

In a related matter, Oklahoma Health Care Authority director Garth Splinter outlined that agency's hope to make report cards available on the various health care products sold in the state. Such an effort, he explained, is consistent with the idea that the health care industry, much like other services, be consumer driven. To accomplish that, he said, consumers must be informed.

The difficulty, Splinter and Karen Collier, the authority's liaison to the Employee Ben-

efits Council, said, is in developing what would be considered good, valid and comparable data for distribution to consumers.

"In order of it to be useful," said Collier, "the information must that information that the members want, that they need and that they know how it applies to them and to their situation."

In a subcommittee discussion on the report subject led by Sen. Angela Monson, D-Tulsa, panel members said the following information should be included in such reports:

- The availability of primary care physicians and specialists;
 - The doctors' degree of satisfaction with the plan;
 - Customers' satisfaction rating of the plan;
 - A discussion of pricing issues, including
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MENTAL ILLNESS INSURANCE TASK FORCE ADVANCES WORK

By Shawn Ashley
Staff Writer

■(GIT) The Joint Task Force on Parity for Mental Illness Insurance Coverage was urged to move forward with its work Thursday during a meeting in Tulsa.

A cadre of speakers, including doctors, nurses, employee assistance coordinators and others, told the panel that quality mental health care can lead to cost savings in both the private and public sector. The task force hopes to draft legislation that would require group insurance plans to include a mental health component comparable to the plans' medical and surgical benefits.

Dr. Murali Krisna, medical director for Integris Mental Health Services, told the panel, "We are being a penny-wise and a pound-foolish in this country right now" when it comes to mental health insurance coverage.

Dr. Krisna stressed that mental health care plans should be "properly managed," focusing on compassion in the treatment of patients, the economics of costs and the capacity of the treatment system. Proper management, he said, would be the "glue that

keeps the (treatment) system together."

Dr. Pam Price-Hoskins, with the University of Oklahoma's College of Nursing, told the panel that mental health insurance parity would help promote the development of what she called "much needed community-based mental health services." Such services, she added, are important in preventing the hospitalization of as many as 85 percent of those receiving mental health treatment.

The remaining 15 percent, Dr. Hoskins said, require in-patient hospitalization and care.

"Currently, we are having to make do with the support services that are available at the community level," said Dr. Hoskins. "If these services develop in the community, I believe we will see increased savings in the mental health treatment system overall."

Dr. Mike Smith, employee assistance coordinator for Oklahoma Natural Gas, also expressed support for efforts to bring mental illness health insurance coverage parity, saying such efforts are important in providing a good and productive work environment.

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