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ing a sample scenario estimating the average cost for a family over a one-year period;

- The amount of control of referrals by primary care physicians to specialists;
- Appointment response time; and
- A measurement of preventive health measures supported and enacted by the health care plan.

Task force co-chair Mike Duncan, chief executive officer of University Physicians Medical Group, addressed the topic of information sharing between providers or doctors and the health plans. Such information sharing, he said, is limited.

"It's amazing to me," said Duncan, "how many times doctors are put in the position of just trying something" in an effort to treat patients. Doctors, he added, are often making decisions without the information they need, although such information may be readily available.

In a subcommittee discussion of the issue, Duncan reported that the following information from patients would help physicians to make better decisions:

- What other physicians they are seeing;
- What medications, prescription and nonprescription, they are taking; and
- A complete medical history.

Additionally, doctors in the subcommittee discussion suggested that information about the number of referrals other physicians were making to specific types of specialists would be helpful. Such information, Duncan said, could be used by the physician to see what areas they might need to "brush up" on or obtain additional training in.

Other helpful information identified by the

subcommittee included:

- Information concerning the results or outcomes of specialists' treatments;
- Costs per procedure; and
- Simplified explanations of plans' eligibility and benefit programs.

The task force plans to use the information gathered at Thursday's meeting and its other meetings to make a recommendation to the legislature for consideration during the 46th legislative session.

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ment. Dr. Smith added that he was concerned that some efforts, such as a recently enacted federal bill, would frustrate some companies' efforts to offer programs of their own.

Additionally, he said, plans that require employees to bear some of the initial costs of treatment, such as 50-50 copay programs, may do more harm than good.

"In those cases, because of the costs involved, you are not helping people to get the help they need," he explained. "If there is going to be parity, it must be true parity, where beneficiaries receive the same benefit they do for those plans involving physical health."

Dr. Smith also expressed reservations about treatment caps, which limit the amount of treatment an individual can receive under a specific plan. Such caps, he said, also adversely affect the amount and quality of treatment a patient may receive.

Dr. Ron Krug, with the OU Health Sciences Center's Department of Psychiatry, addressed some of the cost issues often discussed during his testimony before the panel.

Much of the parity discussion, Dr. Krug said, focused on the high costs associated with the treatment of the chronically mentally ill.

"That really should not be an issue," he said, adding that advancement in treatment procedures had significantly reduced the cost involved in the treatment of mental illness, even for the chronically mentally ill.

"Historically," he added, "the costs of treating chronic patients has moved from the private sector to the public sector as the insurance coverage for those individuals has run out."

A recently conducted study, Dr. Krug added, concluded that avoiding such a shift resulted in significantly lower treatment costs.

The task force plans to continue its work this month and next month, before making a final recommendation to the legislature for its consideration.

COFFMAN REPORT CRITICAL OF "SYSTEM"

By Shawn Ashley
Staff Writer

■(GIT) The Department of Human Services will be asked to improve its procedures for handling child abuse and welfare investigations as a result of a special task force's investigation into the department's handling of the Shane Coffman case.

"In my opinion," said Ken Lackey, Secretary of Human Services, "the people of Oklahoma should be outraged that a number of referrals were made to the Department of Human Services and to law enforcement and a child died."

The eight-year-old's partially-decomposed body was found in February buried in a freezer outside a trailer once occupied by his mother, her boyfriend and the little boy's siblings. An autopsy revealed the child died from injuries suffered during a severe beating or beatings and that he had been dead for as many as six months before his body was discovered.

Lackey, joined by Governor Frank Keating and members of the special task force appointed by the governor to review how the Department of Human Services and other agencies had handled the case, unveiled the findings of their study Friday. The task force concluded that the child abuse investigation and protection system failed Shane Coffman, due largely to its ineffective operation.

As an example, Lackey pointed to the fact that from 15 to 20 Department of Human Services social workers had been involved in child welfare cases involving the Coffman family over a 10-year period, that more than 20 referrals had been made to the department concerning the family, while law enforcement officials had received from three to six referrals about the family. According to Lackey, those involved in the case knew little or nothing about the previous reports and referrals or the steps taken involving the family.

"A lot of people knew about bits and pieces of the case," said Keating, who was briefed on the task force's findings, which filled a large three-ring binder, just before Lackey released a brief summary of the task force's findings and recommendations, "but they couldn't resolve it if they only saw bits and pieces."

What's needed, Keating said and Lackey agreed, is an approach that designates someone, preferably a law enforcement officer, as

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