

# MANAGED CARE TASK FORCE CONSIDERS QUALITY

By Shawn Ashley  
Staff Writer

■(GIT) One of the issues facing the Senate's Managed Care Task Force is the maintenance of the quality of care provided by managed care providers. On Friday, the panel heard details of a possible way of determining whether quality care is being delivered.

The question before the panel, task force chairman Mike Duncan said, is to what degree an instrument exists to address quality of care related issues, which is one of several issues identified for discussion and possible legislation by the task force's members.

To answer that question, the task force heard from Stephen Lamb, from the National Committee on Quality Assurance, a non-profit organization which accredits health plans and provides related information to the public.

The committee, Lamb explains, offers two methods for measuring quality — its accrediting services and HEDIS, health plan employer data and information set.

In the area of accreditation, Lamb explained, the committee "holds managed care plans accountable to their potential," not simply to an arbitrary set of standards.

"A health plan has to show us that it has improved and that it has a plan for the future," said Lamb.

In order to determine whether that is the case, he said, the committee looks at several factors, including:

- Quality improvement efforts;
- Utilization management;
- Credentialling;
- Members rights and responsibilities;
- Preventative health services; and

- Medical records.

"The biggest problem," Lamb said, "is that managed care has traditionally not thought in terms of quality."

Yet, he noted, approximately 55 percent of the nation's 630 managed care plans, including the eight in Oklahoma, have been accredited.

Members of the task force who have dealt with the committee's accreditation procedures praised the organization, calling its requirements stringent.

HEDIS, Lamb explained, is a tool designed to help consumers evaluate the various health plans available. A HEDIS report, he said, includes information on 75 reporting issues and 30 testing or research issues, focusing on areas such as efficiency of care, access and availability, cost of care, use of services and stability of the health plan.

Also addressing the task force Friday was Tony Caudill, director of the Oklahoma

Foundation for Medical Quality, an educational, non-profit organization interested in promoting quality health care.

Caudill told the panel that currently no effort is made to determine the outcomes of specific diagnoses, making it difficult to determine whether quality care was actually being delivered. To address that problem, Caudill suggested that the task force consider recommending to the legislature the funding of outcomes oriented research.

"That's the only way we are going to know that we are making progress in the public health arena," he said.

Whether the panel will adopt that idea or the standards of the National Committee on Quality Assurance was not addressed Friday. However, the task force will meet again Dec. 12, when it will hear from a representative of the National Governor's Association and begin preparations to draft its report for the legislature.

## *Mental Illness, continued from page 1*

tion director Karen Leveridge wrote, "In 1985, The State Chamber's Board of Directors adopted the following policy position: 'The State Chamber will oppose attempts to mandate coverage of alcohol, drug abuse and mental illness in health care policies in Oklahoma. Such coverages at best are left to the option of the individual employer purchasing insurance.' That policy was reaffirmed in 1992.

"A corollary policy was added in 1987: 'The State Chamber will oppose attempts to unfairly shift the burden of societal health care costs to business.'

"Nothing has transpired in the past several years that would lead the Chamber to moderate these policies. We encourage the task force to look closely at this issue and consider the ramifications on our state's employers. The State Chamber will oppose any legislation in the upcoming session which proposes mandated increases in health care coverage."

A similar position was expressed by Matt Robison, government relations manager for the Greater Oklahoma City Chamber of Commerce.

"As Oklahoma already has one of the highest rates of uninsured in the nation, the legislation being considered by this task force could have serious implications. and repercussions on our state's workers and their dependents," Robison wrote. "We recognize the

proponents of mental health parity are sincere and well-meaning; however, as representatives of employers who try to offer affordable health care packages to their employees, we must resist any effort to legislative additional health insurance benefit coverage."

Expressing the opposite view was Sharron Boehler, commissioner of mental health and substance abuse services, who reiterated to the committee that research of the past several years had identified mental illness to be a biologically based disorder.

"That means those with mental illnesses should be able to seek treatment as they would any other physical illness and that it should be funded accordingly," said Boehler.

Dr. Jorg Pahl, psychiatrist and president of the Pahl Brain Institute, reviewed for the committee some of the recent research which has redefined mental illnesses as biologically based diseases, removing from them the mystery and stigma once associated with them.

At the conclusion of the meeting, the panel was asked by Monson to identify what type of parity — full or partial — they believed could be approved legislatively. The group split fairly equally between the two options.

During the task force's next meeting, set for Dec. 16 at 10 a.m., Monson said the panel will focus its attention on completing its recommendations to the legislature, addressing specifically the type of parity to be sought and other related issues.

## Capitol Network News

A division of  
GIT, Inc.  
P.O. Box 61206  
Oklahoma City, OK 73146-1206  
Office (405) 528-2546  
Fax (405) 521-9807  
Net: gitinc@ionet.net  
Web: <http://www.exoweb.com/git>

Darwin P. Maxey, Publisher  
Mary Millen, Editor

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