

Domain 3 Findings - Health Care Providers

Respondents described the data, patient perspectives, policy strategies, program tools, and other authorities that are most helpful in ensuring that state programs have sufficient participation of clinicians for timely access to care, including needed primary care clinicians and specialty clinicians. Responses are summarized below.

- A majority of respondents noted that the most prominent challenges to sufficient
 participation of clinicians to treat individuals with SCD are low Medicaid reimbursement
 rates for physicians, especially specialists. Low reimbursement rates discourage clinicians
 from participating in Medicaid or accepting many Medicaid enrollees. This can limit
 patients' access to timely, needed care.
- A majority of respondents identified the strategy of a state utilizing specific contractual requirements with MCOs as an important way to address concerns about low reimbursement rates and low provider participation.
- Many respondents identified specific tactics that could be useful in assessing timely access to care, such as:
 - Reviewing contractual MCO requirements for network adequacy for both primary care and specialists by measuring time and distance to care for Medicaid enrollees using a geo-mapping network assessment tool.
 - Using "secret shoppers" to assess the availability and accuracy of network access for certain specialties.
 - Establishing Medicaid enrollee-to-provider ratios (especially for primary care).
 - Conducting annual appointment access surveys.
 - Utilizing surveys like Consumer Assessment of Healthcare Providers and Systems to help inform access considerations.
 - Reviewing provider survey results relating to specialty referrals.
 - Analyzing grievance and appeals data relating to access.
- A majority of respondents identified the importance of utilizing strategies to engage specific providers and the broader care system to address the challenge of timely access to care. Specific tactics identified included:
 - Creating a partnership with the specialists and children's hospitals in the state to create a special funding pool.
 - Building alliances with secondary or tertiary care centers involved in providing SCD treatment.

- Utilizing more structural extended tools like Project ECHO.
- Working with Personal Care Attendants or other care connectors who are instrumental in providing or referring patients to care.

Other respondents cautioned that approaching provider engagement as an issue specific to SCD is unlikely to be successful and instead recommended strategic participation in broader advocacy efforts aimed at improving access to care in Medicaid.

- Several respondents noted the critical role that telemedicine plays in improving timely
 access to care. Telemedicine policies could allow for at-home telemedicine between
 providers and patients, and telehealth consults can be used to improve access to
 specialists, including special policies on telemedicine and out-of-state specialist enrollment
 (in limited cases).
- Several respondents underscored the importance of data in helping to show the value of timely access to care, including data focused on cost effectiveness, quality of life, impact to an individual's life span, and impact on pain control. State Medicaid program staff and P&T committee members could be further educated about effective treatments, their benefits, and the costs of individuals with SCD not getting access to such care and treatments.

