MEDICAL CARE ADVISORY COMMITTEE

Role of the Medical Care Advisory Committee

Advisory Committees provide advice not easily obtainable elsewhere; they have an important potential for improving public relations; and they provide external support for agency policy and programs. In addition, Advisory Committee functions should include exploring designated problem areas, making specific recommendations, and resolving conflicts with persons or groups outside the agency; contributing to the formulation of agency policy and standards; and evaluating the agency’s program from the viewpoints of professional groups and of the community.

The Conference of State Advisory Committees on Medical Care under Title XIX, held in August 1966, said:

 The personnel of the committee should represent the people who are involved

 in the program, (who) have something specific to do in it. The Committee

 should make, or have made, studies which will analyze the problems, and

 bring to the attention of the administration the known problems and suggestions

 for their resolution. The Committee needs to keep informed about the manpower

 in the State. Since families with much medical and social pathology will be

 coming to the agency for help under Title XIX, the Advisory Committee must

 see its responsibilities as broad. They go beyond the provision of medical care

 alone to consideration of and concern about housing, food allowances, and other

 factors.

Role of Consumer Members

Committee members, as noted earlier, should include members of the general public who are concerned about health services for the poor, with special emphasis upon meaningful representation of the poor who are recipients of medical assistance. Consumers must have an effective policy-making role in the delivery of medical care. In the past, and this continues to be true, State Medical Care Advisory Committees have been heavily weighted with health professionals who are providers. According to a report on one State’s Committee “Attendance by health professionals in the past years has been more regular than that of the consumer—public representatives.” The Title XIX agency has a responsibility to redress such imbalance. It is the consumer who is aware of the general inadequacies of medical care in a community in terms of both quality and quantity. It is the consumer who can advise the Title XIX agency about how to make the program widely known in the community. It is the consumer who can advise about outreach programs for potential patients who are unaware that they are eligible for care. It is the consumer member who can advise the council about gaps in services or barriers to use of services. For example, do limitations placed on services, such as the prior authorization requirement, or restrictions on the number of services, visits or days covered, inhibit the

Medicaid population from seeking adequate care? The consumer member can help the Committee make the recipient an informed, intelligent user of services.

Role of Recipient Members

Recipients who are directly served by the Medicaid program should be represented on the Committee. A recipient member is aware of the special problems confronting those seeking care. Such basic issues as methods to improve recipients’ use of the program and to improve the health through education about preventive medicine should be subjects for

Committee consideration. A recipient member would be most knowledgeable about these subjects.

The availability of transportation for Medicaid recipients, the availability and accessibility of provider services, the provision of care for children of Medicaid patients—the availability of child care for patients who need it to keep a medical appointment—and the availability of clinic or physician services in the evening or at other convenient hours are examples of subjects of recipient concern. The Committee can serve as the focal point for advising about changing practices relating to the delivery of service.

Recipient misunderstanding may result in misuse, inappropriate use, and overuse of the program. The inclusion of recipients on the Committee can improve program utilization and save money.

Role of Provider Members

Those Committee members who belong to the health professions and are providers of service have a unique role to play on an Advisory Committee. Because of their professional and scientific backgrounds, providers have a special insight into the medical aspects of the program. For example, peer review and misutilization within a specific area of practice—inpatient hospital care, physicians’ practices, levels of care in nursing homes, or alternative methods of care—are all areas of provider capability and interest

Conversely, providers can interpret the actions of the agency’s medical assistance unit in the implementation of policies relating to medical care practices to the medical community. In one State “the Committee has been instrumental in interpreting the Title XIX program to peers and in assisting staff in developing a reimbursement formula for nursing home payments.”

In the field of utilization review, claims processing, and surveillance, providers have the capability of assisting in the evaluation of the results of the medical data processing systems of the State, both in the pre-audit and post-audit phases. In line with the goal of emphasizing preventive medical care, the provider members of the Committee can help the Title XIX agency encourage the development and use of health maintenance organizations. HMO’s can help solve many of the problems facing the health care system today—the uncontrolled rise in health care costs, over-utilization particularly of high cost services, disorganization, improper allocation of resources, inadequate emphasis on preventive care, and inefficient use of available health manpower.

Questions for Committee Consideration

Advisory Committees for medical assistance programs under Title XIX may appropriately consider a wide range of topics. For example:

1. All policy proposals, including revisions of existing policy;

2. Program participation by all providers of service, including practicing

physicians in the community;

1. Program participation by consumer groups, especially recipients and their

representatives;

1. Fee schedules for physicians, nursing homes, etc.;
2. Utilization of services by recipients;
3. Provision of quality drugs at lowest expenditure;
4. Costs of medical care, including inpatient care in hospitals and nursing homes;
5. Methods of assessing the quality of care.

*Data compiled from Medical Assistance Manual, Part 2 State Organization, 02-30-00: Medical Care Advisory Committees*