



ALBANY
MEDICAL
CENTER

The Center for
**Health Systems
Transformation**

Albany Medical Center Hospital PPS

Listening Sessions: April, 2016

From April 7 through April 29, 2016, a total of fifteen (15) consumer listening sessions were held in the AMCH Performing Provider System (PPS). The primary intent of the sessions was two-fold -- to formally engage consumers in the delivery system reform incentive payment (DSRIP) program and to solicit their input regarding their health concerns in general. An RFP was sent to all PPS providers in March, 2016. Eight providers were awarded funding. One provider withdrew from the process post-award.

The seven providers agreed to host and facilitate the consumer listening sessions, targeting their organizations' particular service area/client-base of Medicaid beneficiaries. The listening sessions took place in four of the five counties that the PPS encompasses: Albany (11 sessions total), Columbia (1), Greene (2), and Saratoga (1). Though special consideration was placed on Warren County, no providers were able to host listening sessions in that county.

The provider partners were responsible for coordinating all aspects of the consumer listening sessions and facilitating those sessions.

Approximately one hundred and sixty-six (166) consumers (Medicaid beneficiaries and others) attended the sessions. Feedback from the consumers as a whole was varied. It ranged from very specific comments related to such issues as social determinants (transportation and housing were the most frequently referenced barriers to quality care), to critiques of primary care physicians' perceived strengths and areas for growth, to overarching statements regarding the general reputations of hospitals.

When analyzing and categorizing the consumer responses, the "Other" category often won out (with 26.2% of all comments), providing clear indication that health care issues, much more often than not, interweave with other principal life domains (e.g., education, mental health, etc.) and the social determinants of health. There weren't a predominant number of comments in one topic

area or a persistent theme, however. Comments ranged from housing issues, to mental health services, to the physical environment, to New York State laws and regulations.

When a comment could be clearly categorized, the individual participants most often referenced themselves and their health matters (16.9% of comments). Primary care physicians (PCPs) were commented about the second most frequently (15.9%). Following PCP comments, the most commonly referenced categories in the sessions were health costs (7.6%), emergency departments (7.2%), and general references to Medicaid (7.2%).

It was clear that news of Medicaid redesign and the DSRIP program had largely not reached the public ear. At most of the sessions consumers indicated they were unaware of any type of Medicaid reform that was underway. That stated, at several sessions, the participants expressed that they were aware of “changes going on” at large hospitals in the area and that emergency departments might be changing their services.

The providers submitted summary reports for their sessions. Following are some of the salient comments of note. (Quotes are included when it was clear that there was a direct quote recorded for the consumer.) The comments are organized in ten areas:

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|--------------------------------------|------------------------------|
| 1. Dental care | 6. Medication |
| 2. Developmental disabilities | 7. Mental health care |
| 3. Health costs or insurance | 8. Primary care physicians |
| 4. Hospitals / emergency departments | 9. Specialty care physicians |
| 5. Medicaid / general comments | 10. Other |

1. Dental Care

One participant in particular noted that this is a challenge – “very [challenging]” – finding providers who take Medicaid.

[Participants] reiterated that shortages of dental, psychiatry, and podiatry providers is a constant problem.

“I have Medicaid, can’t go to the dentist or doctor – tell them I have Medicaid and they say they can’t help me.”

“Doctors should be more concerned with dental care, access to it.”

2. Developmental Disabilities

One resident stated her pediatrician is very attentive to her child with special needs.

“Providers don’t always address the patient directly because of their disability” – talk to staff or family instead; providers don’t/can’t take time to communicate with individuals – insist on having

staff with them – the group agreed that there needs to be training for providers on disability awareness and providing health care services for individuals with IDD.

Education for doctors to better communicate and relate to individuals with special needs.

3. Health Costs or Insurance

Very limited care options, insurance needs extra steps to approve hormones (LGBT).

“Doctors don’t know what the insurance will cover and then I have to go back from the pharmacy.”

“Today I went to see my primary, have CDPHP, at the end after all these tests and they tell me I owe all this money and I have to pay.”

There were repeated concerns raised about insurance coverage, lack of care due to missing coverage, misunderstandings about insurance, even one person having fled his home because he owes money and fears being in trouble.

Copays: two different insurances still get billed and not coordinated.

Preauthorizations should be known in advance because the bill arrives and can’t afford – what will insurance cover?

“[I’m] afraid to get care because the cost is too much.”

4. Hospitals / Emergency Departments

Doctors need to better explain what they will be doing and preparing the patient.

ER visit was positive and helped with treatment.

Problem with communication with doctors at ER and feeling ignored. Doctors speaking very fast.

“[I’d] rather go to regular doctor’s office instead of the ER.”

Hospital staff need proper sensitivity and disability training, respect and listen to the care givers and family members of the patients.

“Some type of urgent care would help.”

[Homeless] residents were not familiar with urgent care [facilities] in their areas and therefore do not utilize them.

One parent noted a perception of “overkill” – i.e. her son’s program taking him to the ER as a precautionary measure when she doesn’t believe it was necessary; Center staff has had this same experience with the residents in our programs (i.e., feeling compelled to call “911” when they didn’t believe it was necessary). (developmental disabilities facility)

“Five hour wait in the ER is crazy, more like [other PPS hospital] where they get you in and out.”

Unnecessary ER instead of taking you to the specialist, jams up the ER and slows care down – they run everyone thru the ER and it takes hours.

“[Hospital in AMCH PPS] saved my life, they are doing great.”

There was a general consensus that many times there is a long wait to see doctors both in hospitals and doctor’s offices which is frustrating.

“[Hospital in AMCH PPS] has been very good to me, but you still have to keep your eye on them.”

One key point was that people felt comfortable using hospitals, and more specifically emergency rooms, in order to take care of their basic needs. Specifically, people felt that they would be fed, cleaned up, and rested by the time they left an emergency room visit, which for some of our homeless members is appealing.

... there have been very few Russian interpreters at the local hospitals which has been a huge problem for her receiving proper care.

Cleanliness of the hospitals and beds not being changed often were complaints.

On her bill she found tests billed and wasn’t told they were running a specific test.

Doctors at [hospital in AMCH PPS] are excellent.

... better communication between patients and hospital staff, respecting patients with all disabilities, try to be better aware of patients’ needs. Nurses and doctors need to take more time and actually listen to what patients need.

5. Medicaid / General Comments

Transportation was another concern that was mentioned, STAR and Medicab were the two that were discussed in terms of consistently being late for pick up and drop off to appointments.

When asked if the attendees have heard anything about how the State Health Department is working to change, they all said they have not heard or seen any of the public announcements. One of the people stated that they watch the news often and have not seen anything about the new changes.

6. Medication

Confusion about generic drugs.

“[I take] 13 pills! Give me the medication I really need.”

Concerns raised repeatedly about prescriptions, prescription accuracy, coordination and interaction of prescriptions.

It was reported doctors have written prescriptions for medications that are not covered by Medicaid. It causes frustration and unnecessary stress because residents would need to contact the doctor to request alternative medications or wait for special authorization.

7. Mental Health Care

A few clients talked about seeking services at a crisis center for mental health concerns, which they found to be helpful and allowed them to manage their symptoms in a controlled setting.

One mom said that she had a “horrible”, “wicked”, time trying to find a new psychiatrist (echoed by most of the group) – it was a big run around and took a year – trying to find someone – either because their practices were closed, because they did not accept Medicare/Medicaid insurances, and/or because they weren’t comfortable caring for individuals with IDD.

Lack of availability and coordination of mental health care with physical medicine.

Concerns about addiction services. In fact one gentleman is in need of immediate evaluation and was unaware that the Albany County Central Management Unit sits literally across the street.

Due to depression, [homeless facility] residents are not motivated to practice self care.

8. Primary Care Physicians

Very few people addressed access issue, and then only in terms of primary care hours of service and not so much location.

Some factors that contribute to them [homeless facility residents] not going to the doctor on a regular basis are depression, lack of childcare, prioritizing their children’s health care before their own, etc.

All of the people identified that they were happy with their health coverage and care.

Improve healthcare - doctors offices being open later at night.

“Step down from doctor to nurse practitioner without notifying me.”

“Doctors don’t take our input about our bodies seriously; they don’t listen.”

Worry that the doctor doesn’t take the time, doesn’t listen, doesn’t ‘know me’, and some allusion to racial component in quality of care.

Lots of concerns raised about coordination of care.

“I want to see the doctor, not a nurse practitioner.”

“Interns coming into the room and telling a different story from the doctor.”

“I had a doctor snicker and laugh at me as he purposely misgendered me and another therapist refused to work with an endocrinologist to allow me to transition.”

“They are too judgmental.” (LGBT individual)

“Typically it is very good (especially if through Planned Parenthood because they are respectful). The only reason I have not experienced discrimination at my most commonly seen health care providers is because they either have some kind of sensitivity training or basic experience with trans folks but they are other uneducated about LGBTQ care and needs.”

“I have had my primary care doctor reach out to me because she knew I was a trans man, because she knew another trans person who was considering top surgery and she realized she knew nothing about trans healthcare beyond the very basics of hormone therapy. It was a pretty desperate bid to fix a dearth of knowledge on the subject. So it wasn’t that she didn’t want to learn and be able to offer council and suggestions for treatment and care of trans patients, but that she lacked the resources. I gave her a ton of links and a basic run-down but it should not be my job as a trans person to educate my own doctors in how I should be medically treated.”

Online portal for health care information to see physical, bloodwork, notes etc. How safe is it? Some doctors offer portal and some do not.

7 to 9 minutes with the doctor is too short.

Sometimes getting into regular doctors is a challenge.

Took 7 months to get in for a physical. If he/she went to on-call may need to pay out of pocket.

Some [homeless] residents stated they take care of the issue themselves (home remedies) without seeking doctor’s advice.

9. Specialty Care Physicians

... number of doctors that are available for endocrinology and other services are limited.

“Good but far away (Oneonta) for endo.”

Coordination of care between primary and specialists and between specialists.

10. Other

“Need a “sounding board” for people to bring healthcare issues and concerns to – provider agency, someone with hospital – would depend on type of problem – someone you can call and speak with from beginning to end...help people.”

Some [homeless facility] residents have noted the negative reactions of other patients while waiting to be seen. It has made them very uncomfortable and less inclined to go back to medical office.

Big misunderstanding about the role of PA’s.....need public information campaign?

Lots of concerns raised about lack of primary prevention, self-care education and information.

“I feel like a lot of medical resources being lacking comes from a place of ignorance. Both in terms of discrimination, knowledge of appropriate care and sensitive/respectful treatment. Education is key to improved care and removing barriers.”

“I go to Rochester to get care because the care is better.”

Offer education and services that are integral to transgender medical care. Remove gate keeping barriers and do sensitivity [training].

Promote education and training around trans issues.

“Every doctor, nurse, person asks same questions over and over and over again.”

“Departments don’t talk with one another.”

“The lack of public transportation in rural areas is a serious problem.”

“Create a program to educate about self care, health education. If we knew about self care, then we would cost the hospital less”

“I asked for some sort of exercise program – Silver Sneakers – [at a housing complex] but they wouldn’t allow it.”

[One homeless individual spoke of] how a subsidized apartment and managed care case management saved his life, and how well he was doing today, living in an apartment sober.

[What would make health care better-] transportation to appointments, advocacy from case management, timely and convenient scheduling, personalized health care, and eye surgery.

Need a community advocate – navigator – to answer questions.

“Transportation to doctor’s appointment is an issue.”

Housing – environmental – breathing – allergies.

“More listening to the patient for better diagnosis. Explain results and have face-to-face communication.”

Another barrier for [homeless facility] residents were them feeling like they were not being heard when discussing their concerns about their children. Residents felt they are the experts when it comes to their children and their input was not valued.