

Don't forget patient care in managed care

By Deb McGrath

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Health care decisions should always take place between a doctor and their patient. But all too often, outside elements veiled as "cost-savers" create barriers to the treatment options recommended by medical experts. Ultimately, the best quality care for the patient is compromised or limited.

As Kentucky moves to Medicaid managed care and new cost-saving measures are implemented, it is critical for quality patient care to always remain the priority. All citizens, including, the 540,000 Kentuckians under the new managed care plans, deserve access to the best possible care recommended by their doctors.

A growing concern for individuals involving treatment is the "fail first" policy, also called step therapy. In this practice, the in-

dividuals at an even greater risk for injury and death. Physicians must also take into account the unwanted side-effects associated with anti-epileptic drugs (AEDs), especially side-effects that can be extremely severe, and can cause birth defects.

"Fail-first" is not something a person with epilepsy wants to hear, especially when this policy can compromise their well-being and even their life.

Managed care has proven successful in some markets, including Louisville. And, there are clear benefits to improving the efficiency and efficacy of care to save money. However, preventative measures, improved care management and research into innovative new treatments should lead the way. Simply crossing our fingers and hoping patients will respond to the cheapest care option available is not the

solution.

Under the currently proposed plans, each of the three new managed care organizations would have a different pharmacy benefit, replacing the single, statewide option available to all beneficiaries under the present Medicaid system. Each plan also includes "cost-saving" practices like automatic "fail-first" policies and mandatory therapeutic switching. The proposed plans also lack clarity on how existing patient treatments will be offered if a medication is not covered under their plan.

This is very troubling to say the least. If the cost-saving plan is to take a patient off a medication that has worked to control their seizures, only to have them take a less costly medication, then this is a very dangerous practice. This will cause more EMS runs, ER visits, hospitalizations, which will be more costly

clinical data to make the best decision for their patients. Those suffering with epilepsy and their families have far more to worry about than whether or not they are getting what their doctor ordered. That should be a given, not a concern.

I urge Gov. Steve Beshear, the Cabinet for Health and Family Services, our state legislators and the new managed care organizations to keep patient care in mind as they get ready to implement this new system on Nov. 1. On behalf of those who suffer from epilepsy, please maintain access to the same lifesaving medications they currently depend upon.

Deb McGrath is the executive director of the Epilepsy Foundation of Kentuckiana, which leads the fight to stop seizures, find a cure and overcome challenges created by epilepsy.

to the commonwealth. Not to mention the impact of quality of life with provoked driving privileges, loss of work for the patient and/or caregiver, or interruption in education.

The Epilepsy Foundation of Kentuckiana has fought for years in Frankfort to ensure open access to AEDs for the thousands of Kentuckians on Medicaid who suffer from epilepsy and seizure disorders. These efforts and the life-saving benefits they bring must not be dismissed or overlooked. Managed care can work in Kentucky with a common sense approach and a focus on quality patient care. Policies like step therapy ("first fail") and other barriers to quality care are time-consuming, expensive and ultimately deny patients the doctor-recommended treatments when they are needed most.

Doctors rely upon years of experience and proven