

**DIRIGO POLICY DEVELOPMENT AND
RULEMAKING TASK FORCE
RECOMMENDATIONS**

In October 2003, the MCPH/MPHA Dirigo Policy Development and Rulemaking Task Force (through a grant funded by the Maine Health Access Foundation) began discussions of the public health community's involvement in Dirigo Health planning. The public health leaders involved represent statewide and community not for-profit health organizations, foundations, hospitals, insurance providers, community coalitions and educational institutions. They recommend that Dirigo include the following benefits, based on cost-effectiveness recommendations from the Partnership for Prevention and the U.S. Preventive Services Task Force to assist health plans, purchasers and providers in setting priorities. Additional benefits are recommended, based on current recommendations of the Bureau of Health (BOH) and the Centers for Disease Control and Prevention (CDC).

Best Practices in Prevention-Oriented Benefits

Screening:

- Vision screening, especially for those over 65.
- Cervical cancer screening with Pap tests
- Colorectal cancer screening
- Diabetes screening
- Tobacco use and exposure screening
- Newborn screening according to the recommendations of the BOH and CDC.
- HIV testing consistent with BOH/CDC guidelines
- Hypertension and cholesterol screening
- Chlamydia screening for women over 18
- Mammography screening

Immunizations:

- Childhood vaccines
- Influenza vaccine for those populations recommended by the BOH and CDC
- Pneumococcal vaccine for those populations recommended by the BOH and CDC
- Measles, mumps, rubella and varicella vaccines for those who are non-immune
- Tetanus and diphtheria vaccines
- Other adult vaccines that have been recommended by the BOH and CDC

Counseling:

- Tobacco treatment consistent with US Public Health Service guidelines—brief provider intervention, nicotine replacement and/or bupropion therapy, intensive intervention by tobacco specialist delivered individually, by telephone or in a group.
- Brief counseling about problem drinking, consistent with U.S. Substance Abuse and Mental Health Administration guidelines.
- Advice to teens to avoid tobacco, alcohol and other drugs.

Task Force Note: These should be linked to minimal or no co-payments, provider measures of accountability should be built in and they should be linked to multicomponent, supportive systems, such as Healthy Maine Partnerships, hospital education services and other community-based programs

The Task Force also recommended the following additional strategies related to benefit design:

Care Management Recommendations

- *Care management by primary care providers should be included as a core benefit.* At a minimum, this should include health risk assessments for members and follow-up, which may include preventive services, health self-management education services and linkages to community health prevention services, such as those provided by Healthy Maine Partnerships. Small business should receive a premium break incentive for encouraging care management (including health risk assessment).
- *Disease management services should be provided for those “higher risk” members already diagnosed with chronic diseases such as diabetes, COPD, etc.* Disease management services should include a menu of services in addition to preventive and educational services, which could include telephonic counseling,
- Whenever possible, Dirigo should contract with *Maine-based service providers* of care and disease management services. This will strengthen existing services, provide service sustainability and further build capacity.
- *Existing state insurance mandates* for preventive and healthcare services should be included in the Dirigo plan.
- *An oral health benefit* should be explored.