

ABSTRACT

Project Title: Alternative Dispute Prevention and Resolution
for Children with Special Health Care Needs and Their Families
in Managed Care Settings

Project Number: H93 MC 00063 (formerly MCJ-19R016)

Project Director: Josephine Gittler

Grantee: University of Iowa College of Law, National Maternal
and Child Health Resource Center (MCH Resource Center)/
Conflict Management Institute (CMI)

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Total Amount of Grant Award: \$766,075.87

I. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL
AND CHILD HEALTH (MCH) PROGRAMS: The purpose of the project
was to promote fair, timely and cost-effective methods of
preventing and resolving conflicts between children with
special health care needs (CSHCN) and their families, service
providers and managed-care organizations (MCOs). The project
addressed the problems of CSHCN and their families in
obtaining needed health care services in a managed care
environment, which lead to multiple and widespread disputes
between CSHCN and their families, providers of services to

CSHCN, and administrators of MCOs, and it addressed the need to apply the knowledge base of the alternative dispute resolution (ADR) movement to such disputes. The project was submitted under the priority area, "Public/Consumer Participation, Option 4." The project was national in scope and engaged in collaborative activities with the Title V MCH programs. The project was of national significance because it was designed to assist CSHCN obtain services that are community based, comprehensive, coordinated, family-centered and culturally competent.

II. GOALS AND OBJECTIVES: The project goal was to foster and facilitate the use of ADR processes, such as problem solving, negotiation and mediation to resolve disputes involving CSHCN and their families in managed care settings and the use of comprehensive conflict management systems in MCOs that meet the needs of CSHCN and their families and providers of services to these children and families. The project objectives were to enhance the conflict-management capabilities of families of CSCHN and providers of services to CSHCN, to create a pool of qualified individuals to act as mediators for health disputes and related disputes involving CSHCN and their families, and to develop models for use of comprehensive conflict management systems in MCOs.

III. METHODOLOGY: The project developed and field tested conflict-management curricula and conducted training workshops based on the curricula for parent leaders and service providers, created a pool of individuals to act as mediators in health care disputes and related disputes and conducted research and prepared a concept paper on models for MCO comprehensive conflict management systems.

IV. EVALUATION: Project evaluation activities entailed input from consultants and participants in project activities. The major focus of the evaluation component was the development and the field testing of the conflict management curricula and the workshops based on the curricula. A nationally recognized evaluation expert conducted an on-site workshop evaluation, consultants from culturally diverse backgrounds conducted on-site workshop evaluations, and workshop participants were asked to complete questionnaires for evaluation purposes.

V. RESULTS/OUTCOMES: The project demonstrated the applicability of the ADR knowledge base to disputes involving CSHCN and their families in managed care settings and other settings through activities designed to achieve the project objectives, and it adapted ADR processes and systems to disputes involving CSHCN and their families in managed care settings and other settings. A total of over 500 individuals

from culturally diverse backgrounds were trained in project workshops, utilizing project curricula.

VI. PUBLICATIONS/PRODUCTS: Project publications/products, which are available from the grantee, include conflict management training materials, and articles describing problem-solving negotiation and mediation and the need for training in these ADR processes, and materials on models for MCO comprehensive conflict management systems.

VII. DISSEMINATION/UTILIZATION OF RESULTS: Information regarding the project was disseminated nationally through publications and workshops.

VIII. FUTURE PLANS/FOLLOW UP: It is planned that the project's conflict management curricula can and will be used to conduct workshops by personnel of the MCH Resource Center/CMI throughout the United States in collaboration with organizations of families of CSHCN, Title V MCH Programs and other interested entities. It is planned that the pool of individuals created to act as mediators in health-care disputes and related disputes, involving CSHCN and their families, will remain available to mediate such disputes. The concept paper on models for comprehensive conflict management systems in MCOs served as the basis for a MCHB funded project to further develop such models.

IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

The project's conflict management curricula is adaptable to training activities with respect to families of CSHCN and service providers in a number of settings. The support/resources needed to replicate workshops based on the curricula are the costs associated with provision of trainers, training materials, an appropriate training site and the travel costs of training participants. The support/resources needed to maintain the existing pool of mediators of disputes involving CSHCN and their families are the costs associated with the provision of mediation services in specific disputes, and the support/resources needed to expand this pool are the costs associated with the training of individuals to act as mediators.