Payment Reform Stakeholder Survey

Individual Responses

At the stakeholder meeting on May 26th, the items listed below were presented as potential priority areas. Please use this survey opportunity to provide feedback on those areas AND suggest additional areas where you see inefficiencies in the care or treatment of specific diseases or conditions.

Please submit responses through this secure survey tool by JUNE 30, 2011.

1. Please provide any comments on any of the potential priority items discussed at the May 26th meeting. Diabetes Hypertension (comparative effectiveness and use of ACE inhibitors vs. ARB for treatment) Chronic Obstructive Pulmonary Disease Congestive Heart Failure Pregnancy/Delivery: C-section, timing of delivery Neonatal Intensive Care Unit (NICU) care Outpatient Infections (ear infection, urinary tract infections) Activities of Daily Living (ADL’s) - supportive care/appropriate location of care Preventive Care Mental Health/Behavioral Health Developmental/Intellectual Disabilities Ischemic Heart Disease

A statewide neonatal network based upon recent data published in the Journal of the AR Medical Society demonstrates our opportunity to designate “levels” of neonatal care in AR to improve outcomes. The management of all newborns but especially premature newborns could reduce AR neonatal and infant mortality to improve our national rankings. We have all the pieces in place to accomplish this goal. AR is one of a very few states that does not have Level 1, 2, 3 designations for nurseries and neonatal care. This also allows for an accurate and measurable opportunity to reduce costs while monitoring outcomes and improvement. If the follow up for these highly vulnerable and costly patients could take advantage of an expanded "Medical Home" program, the longer term outcomes and cost could be improved. AR has demonstrated this project through the Medical Home for Medically Complex Children at ACH. That program linked to the neonatal network statewide could make a tremendous difference and put AR at the cutting edge in this population of patients.

2. Other than the areas above describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Diabetes management in AR children. There is no data but this is a tremendous opportunity for measurable outcomes, improved care and management, and cost reduction. Since there is no existing program and data, the investment to establish this statewide network with a central unit to manage the most difficult and challenging cases, new case education and management plans and a "medical home" with the state of AR providing community resources for case management is available. I am happy to work with DHS on this opportunity.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Asthma case management in AR children. The state AAP chapter recently held an AR Pediatric Forum at ACH where pediatricians from around AR came to discuss a network of care. National AAP guidelines, NHLBI evidence based medicine guidelines and the willingness of AR pediatricians to work together in a true network of care was enthusiastically received. I would encourage DHS to partner with the state AAP, the Department of Pediatrics at UAMS and ACH to help further this network development.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

The only barrier is the willingness and interest to engage the partners in this state to sit down, plan, think about a statewide pediatric network and help identify what is needed to establish, support and nurture this opportunity.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Partnerships with the state’s pediatricians is a very exciting initial opportunity to explore. The Department of Pediatrics trained most pediatricians in AR. ACH provided their educational home and remains their primary referral base for their patients. The state AAP has a rich tradition and receives tremendous support from both. Pediatric leaders are highly motivated and willing to make a statewide network happen, develop and grow. We also recognize that we have to work with the state’s family physicians in this endeavor. Getting the state’s pediatricians organized, at the table, partnering with the Department of Pediatrics and ACH would be powerful platform to launch and develop multiple initiatives around outcomes: quality and cost savings (bend the cost curve).
6. Please provide any other comments, solutions or suggestions you would like captured.
DHS should partner with the Department of Pediatrics, ACH, the state AAP, ACHI, AFMC (good relationships with pediatric leaders in that group) to organize and develop a statewide pediatric network (Forum)

7. Please indicate which response best represents you.
Other, please specify
Chairman, Department of Pediatrics

8. Please select your county of residence:
Pulaski

9. Please supply your contact information if you would like to be added to the stakeholder distribution list*. If you prefer not to provide identifying information with your survey responses, please email Patsy.Wallace@arkansas.gov to be added to the list.

NAME:
Richard F. Jacobs MD

COMPANY:
Department of Pediatrics, UAMS/ACH

ADDRESS:
Arkansas Children's Hospital

ADDRESS 2:
1 Children's Way

CITY:
Little Rock

ZIP:
72202

EMAIL:
rfj@uams.edu

PHONE NUMBER:
501-364-1442

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I do think there are inefficiencies and a significant amount of overspending on occupational, physical and speech therapy for kids. The fact that Medicaid pays for the daycare for kids who get therapy makes people take their kids to a daycare and try to get in by drumming up a necessity for therapy. The daycare therapy company initiates the paperwork and sends it to us saying there is a need to evaluate the child based on parental concerns about the child's development, even when they have had a visit with us and not had any concerns. The evaluation almost always ends up saying they need therapy. They send us paperwork to ok therapy for speech on normal term babies who are only 9 or 10 months old, etc. I think the therapy referral should start with the PCP when the parent voices a concern to us, or if we see a delay in our evaluations. I also think the evaluation should be done by a therapist who does not have a financial stake in the outcome, in other words, not the same therapist who will be doing the therapy if it is warranted. There used to be a lot of fraud in this area, and I think it has gotten better over time, but it is still a pretty big expense that could be handled better.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

There are inefficiencies in getting patients in to see specialists at ACH a lot of times, but that does not create added expense. There is huge inefficiency in the scheduling of appts at ACH, and scheduling of procedures there too, like MRI’s etc., but that is an inefficient process, not a creator of added expense. It is a creator of tremendous inconvenience to the PCP’s office and the patients. Also, for patients who have very complex needs, e.g. G-tubes, special equipment, etc., a lot of those patients are followed in the Medical Home Clinic at ACH, which does a great job of handling all their needs. However, they are still assigned to a "PCP" who is sent all the paperwork to sign off on all their equipment, special tubing, formula, etc., and we don’t really even know what is supposed to be ordered because it is ordered by the Medical Home Clinic. Now there is something we can sign to let them be the signatories on all that stuff, but it still seems to me that the patient should just be assigned to them as their PCP instead of to an outside physician. They are seen regularly in the Medical Home Clinic, so they rarely even come to the PCP’s office, and we do not really know them as well as the Medical Home Clinic does. Childhood obesity is another area that is really lacking in resources and efficient treatment. We see patients in the office and make some recommendations, but that doesn’t really make much difference with most people. We refer them to Fitness Clinic, but it takes a long time to get in, and they only see them every 3 or 6 months. The WHAM program seems to be the most potentially effective program available because they continue to follow the patients every 2 weeks to re-weigh and motivate them, but I think we need a lot more possibilities in this area. We need places where kids can go to work out with gym equipment and aerobic type classes, etc., or other activities, but ones that are paid for by the insurance or medicaid. Most of these kids can’t just go running in their neighborhoods or go swimming, etc. They need a safe place with a fun activity that is free or very low cost to make it work. And it needs to be combined with nutritional counseling and motivational components to be effective.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

see above

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

see above

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Yes to all three of those listed in the prompt

6. Please provide any other comments, solutions or suggestions you would like captured.

I do not think general pediatric care is a giant cost driver. I think in general we are efficient in containing costs and we refer for tests or specialists when necessary. I think we are already "managing" care of patients as the PCP who is required to make a referral. I do not see how bundling payments for services will be necessary in the type of work we do. In the Medicaid and Arkids systems we are already reimbursed much lower rates than what we receive from other insurance companies, and we have a mountain of paperwork everyday to sign for approval by the PCP for therapies, supplies, etc. If reimbursement drops more or layers of bureaucracy or paperwork are increased, I am afraid many practitioners will just opt out of seeing Medicaid and Arkids patients altogether. Or even if a system is devised that works well, we will probably be able to see far fewer people because of the added paperwork and visits to control everything; then you may have a shortage of physicians available to see kids at all, I do think patients with Medicaid and Arkids tend to oversuse the medical system because they don't have to pay anything. I think if they had a small co-pay, like the Arkids B patients do, it might deter them from coming in unnecessarily. For example, sometimes they have one child who is sick, and they bring all the other ones too just to be checked. If they had to pay something for each, they may not do that unnecessarily. Or if they go to an ER for something routine that could have waited, maybe they should have some degree of financial responsibility for that. I don't want to put barriers up for them to get care when they need it though. I also think there should be some penalty for "no shows" because the patients who do not show up for appts keep other kids who are sick from getting an appt. In addition, the schools often send kids to be seen and say they can't return to school until they see the doctor about something that is not anything significant, like if they have a tiny, practically invisible lesion on their skin and the school thinks it is ringworm. And the school's requirement that kids have a note from a doctor to return to school when they are well after an absence for an illness causes many people to have to come in when the child is well, just to get the note saying they had been sick and now they are well. It is an unnecessary visit. But I don't know how to change that.

7. Please indicate which response best represents you.

Medical provider – (Inpatient, Outpatient, Emergency Room. Primary care, Specialist, dental, mental health, nurse, etc.)

8. Please select your county of residence:

Pulaski

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Mental health and DD are the least amenable to a block grant, as they often overlap and are so highly variable. Some of these folks are very healthy and incur very little medical expense, others are truly chronically ill; but either way, many require Waiver services for other kinds of care in the community, and the last thing we need is a lot of argument about what is “medically” necessary versus just plain necessary for the sake of avoiding institutionalization, maximizing potential, and supporting long term caregivers. Diabetes type 2 in particular would be timely and appropriate to try to reduce complications that result in even more medical needs and expenses. Attention to both types of heart disease would also be warranted and could prevent expensive life-limiting morbidities and invalidism. If preventive care is chosen, I think it ought to be divided appropriately between age groups up front to prevent people from having to decide whether to prevent infectious diseases and accidents for the young or cancer and heart disease for the adult - in other words, to avoid pitting the AARP against the AAP.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

I believe that ventilator dependent people should not be required to be homebound to receive support, and that support should not be rapidly withdrawn when conditions improve and a little less time is spent on the ventilator. Some hours could be changed from RN to LPN or aide perhaps, but not simply suddenly removed so that parents can no longer work or even cope with care needs.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Remove the homebound requirement for support services. It promotes invalidism. Cover obesity surgery and encourage considering it to reverse type 2 diabetes.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

People in general severely underestimate the consequences of long-standing type II diabetes and the possibility and advisability of reversing it via weight loss by any means possible. People often fail to understand the difference between illness and disability and underestimate the quality of life possible if people with disabilities can be fully included in family and community life.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Cognitive/geriatric evaluations and help for caregivers of the elderly so they can understand what they are dealing with and move quickly to get support and plans in place before it is too late. Support for caregiver health could also save us a great deal of expense and suffering - a pilot program where caregivers of significantly disabled individuals who currently have no coverage for their own health would be very welcome.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Medical provider - (Inpatient, Outpatient, Emergency Room, Primary care, Specialist, dental, mental health, nurse, etc.)
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Pulaski

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NAME:
Vikki Stefan

COMPANY:
UAMS COM Deps Peds and PM&R

ADDRESS:
Arkansas Children's Hospital

ADDRESS 2:
1 Children's Way

CITY:
Little Rock

ZIP:
72202

EMAIL:
stefansvikkia@uams.edu

PHONE NUMBER:
501 364-4374

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Diabetes is probably the most frequently encountered medical problem in the In-Home care population. Second to that I would rank a variety of mental health issues. Neither of these seems to be particularly effectively dealt with.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Need to have better coordination between primary care doctors and mental health providers. They seem to seldom work together in dealing with mental health issues in seniors.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Much hinges upon the cooperation of primary care physicians in addressing both diabetes and mental health issues using the input of those caring for seniors on a day-to-day basis.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

Yes. Doctors shouldn't be so concerned about losing their patients and should see other agencies as extensions of themselves that can be helpful.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Complications of diabetes can be very costly both to the patient and to Medicaid. Also mental health issues often interfere with effective treatment of other problems.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Garland

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NAME:
Tim Herr
COMPANY:
Area Agency on Aging of West Central Arkansas

ADDRESS:
905 W. Grand

CITY:
Hot Springs, AR

ZIP:
71913

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3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

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Health System Administrator

8. Please select your county of residence:

N/A — out of state response

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NAME:
Milena Ivanovich

COMPANY:
Pediatric Medical Group, Inc

ADDRESS:
1300 Sawgrass Corp. Parkway

ADDRESS 2:
Suite 200

CITY:
Sunrise, FL

ZIP:
33323

EMAIL:
milena_ivanovich@pediatrics.com

PHONE NUMBER:
877-886-0698 ext. 5810

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All of these are priority areas. Effective treatment protocols that engage the patient to be proactive with this is key. The self limiting step in all of the above areas is the ability of the patient to pay (obtain) the necessary medication and the education on use of the medication. If we can fix this, then returns to the ER and hospital could be significantly reduced.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Dialysis is a huge population in our area of the State. If patients don’t have a payment source, outpatient physician practices have no interest in providing dialysis. After hours care due to non compliance is another issue. This is some low hanging fruit for the State that is a cash cow for outpatient practices. ER’s are hurt from a reimbursement standpoint on this. Equipment overhead to be available for these type patients is expensive.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Changing the reimbursement process is not going to change patient behavior. Changing non-compliant behavior is the only way to change patient outcomes with respect to disease processes. That being said, statewide protocols for the treatment of the disease processes above could be very effective in order to keep hospitals and physicians honest in the way those diseases are treated from a cost standpoint. Utilization of some great technology in place already would help, i.e. use of the radiology system that AR Saves is using. If there was a database that was easy to navigate that held lab, xray, and ER visit notes could help cut down a bunch of costs that may be replicated as recent as an ER visit two days ago.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

There is not enough patient education for Mcard patients to understand what their care is doing to the cost of healthcare in our State. They have to have some skin in the game to effect change. Another point, a lot of the overutilization of resources (utilization of lab, etc.) is due to physicians being forced to cover everything to protect themselves from malpractice claims. This is a real problem, and I cannot blame physicians for protecting themselves. The for profit nature is a huge public health issue that if played through meaningful legislation could have a huge effect on the States cost. This idea wouldn’t cost the State a dime. The legislative process can effect this change and unbind physician’s hands in a way that would allow them to perform appropriate testing and utilize appropriate protocols without constantly looking over their shoulder. This would change the patient’s expectations and level the playing field across the State.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

The State has a lot of success with AR Saves and more effort needs to be put into a centralized healthcare system that can be accessed by providers. The HIT program in AR has traction already with doctors and hospitals. Let’s keep this positive effort moving forward. With respect to the idea of effective medication utilization, the pharmaceutical wholesalers and retailers are going to need to become engaged.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.
Health System Administrator

8. Please select your county of residence:
Crittenden

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Important that appropriate medications are covered. What is planned in the way of patient education/support for "managing" their chronic disease?

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Where do common conditions like "high cholesterol" fit? Preventive? May not yet be associated with heart disease, hypertension, etc>?

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Holistic care, addressing mind, body, psychological, and spiritual response to chronic disease. A health coach might be helpful in reinforcing health education and individual care plans.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

It would be helpful if Advanced Practice Nurses-equipped with skill and motivation for patient evaluation, education, diagnosis, treatment, support, and follow-up-could be recognized as primary care providers.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Efficient use of prepared primary care providers. Although we need more APNs, there are a number spread across AR and they could be utilized to greater patient benefit, especially in prevention and chronic disease management. Multiple studies document the quality and efficiency of care by APNs. With payment, more APNs would likely practice in underserved areas whether urban or rural.

6. Please provide any other comments, solutions or suggestions you would like captured.

Payment of health care TEAMS could be very effective, as opposed to solo practitioners.

7. Please indicate which response best represents you.

Other, please specify
Regulatory agency

8. Please select your county of residence:

Pulaski

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Congestive Heart Failure and COPD follow up needs to be addressed. Access needs to be improved for these patients so that their disease can be managed on an outpatient basis. We need to understand the evidence based guidelines associated with reducing c-section rates.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Access for Medicaid drug dependant patients for inpatient and outpatient treatment needs to be addressed. Access to physicians for outpatient treatment needs to be improved.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Access to physicians for outpatient treatment needs to be improved. If Medicaid reimbursement for physicians in their office was improved then the patient’s disease would be better managed potentially reducing the chance of admission. Improved reimbursement for disease specific clinics would improve the patient’s health and potentially reduce hospital admissions and readmissions.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Outpatient Medicaid reimbursement would have to improve.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

This could potentially reduce medicaid expenditures on the inpatient side.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Craighead

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NAME:
Paul Betz

COMPANY: NEABaptist Memorial Hospital
ADDRESS: 3024 Stadium Blvd.
CITY: Jonesboro
ZIP: 72401
EMAIL: paul.betz@bmhcc.org
PHONE NUMBER: 870-972-7272

10. All survey responses will be posted on the Arkansas Department of Human Services webpage. If you do not want your contact information posted with your response, please indicate below.

No, please do not post my name or contact information with my response(s)
Payment Reform Stakeholder Survey

Individual Responses

At the stakeholder meeting on May 26th, the items listed below were presented as potential priority areas. Please use this survey opportunity to provide feedback on those areas AND suggest additional areas where you see inefficiencies in the care or treatment of specific diseases or conditions.

Please submit responses through this secure survey tool by JUNE 30, 2011.

1. Please provide any comments on any of the potential priority items discussed at the May 26th meeting. Diabetes Hypertension (comparative effectiveness and use of ACE Inhibitors vs. ARB for treatment) Chronic Obstructive Pulmonary Disease Congestive Heart Failure Pregnancy/Delivery C-section, timing of delivery Neonatal Intensive Care Unit (NICU) care Outpatient Infections (ear infection, urinary tract infections) Activities of Daily Living (ADL's) - supportive care/appropriate location of care Preventive Care Mental Health/Behavioral Health Developmental/Intellectual Disabilities Ischemic Heart Disease

There continues to be alarming rises in Diabetes in Van Buren County and we need to focus on prevention. Also, limited mental health providers unless you are court ordered.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

We need to continue to focus on teen pregnancy prevention in Van Buren County. Also, more outreach screening needs to be done for Hypertension, Diabetes and Heart Disease

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

We need more funding for prevention of chronic disease and teen pregnancy. Now we are just paying for care after issue arises.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Need funding for prevention services in Hometown Health Initiatives on local level.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Community based initiatives are focused on problems in those communities and Public Health is founded on prevention.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Van Buren

9. Please supply your contact information if you would like to be added to the stakeholder distribution list. *If you prefer not to provide identifying information with your survey responses, please email Patsy Wallace@arkansas.gov to be added to the list.

NAME:
Donna Branscum

COMPANY:
Van Buren County Health Department

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Payment Reform Stakeholder Survey

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2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.
high risk behavior such as smoking, drugs, teen pregnancy.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)
more education, more obtainable intervention

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Not sure how to answer this question due to not being at the meeting.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)
Because it encompasses the age diversity in this county

6. Please provide any other comments, solutions or suggestions you would like captured.
more funding for educational resources, counselling, teen summits, community education and funding for interventions.

7. Please indicate which response best represents you.
Other, please specify
Public Health

8. Please select your county of residence.
Marion

9. Please supply your contact information if you would like to be added to the stakeholder distribution list. If you prefer not to provide identifying information with your survey responses, please email Patsy.Wallace@arkansas.gov to be added to the list.

NAME:
Valerie Sherman

COMPANY:
Marion County Health Unit
| **ADDRESS:** | PO Box 129 |
| **ADDRESS 2:** | 707 Hwy 202 W |
| **CITY:** | Yellville |
| **ZIP:** | 72687 |
| **EMAIL:** | valerie.shipman@arkansas.gov |
| **PHONE NUMBER:** | 870-449-4259 |

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Payment Reform Stakeholder Survey

Individual Responses

At the stakeholder meeting on May 28th, the items listed below were presented as potential priority areas. Please use this survey opportunity to provide feedback on those areas AND suggest additional areas where you see inefficiencies in the care or treatment of specific diseases or conditions.

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Diabetes Prevention is needed in all areas. Schools, workplaces, shopping areas. Control of Hypertension, more awareness is needed at younger ages. There is a lot of people with Mental Health issues. This is a "Hidden" Problem that is made worst simple because people don't want others to know. So they don't get help until it is too late.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

People are too busy to see their need to take care of their health. Only when people discover they are sick, do they think about taking care of themselves.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Pope

9. Please supply your contact information if you would like to be added to the stakeholder distribution list. *If you prefer not to provide identifying information with your survey responses, please email Patsy.Wallace@arkansas.gov to be added to the list.

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Diabetes, Hypertension & Preventive Care Mental Health!!

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Obesity

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

More screenings could be done for diabetes and hypertension. There needs to be more treatment options for addressing obesity.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

Definitely! Payment for screenings, nutrition counseling, Wt. Watchers, etc

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Impacts a broad group of beneficiaries and are a major cost driver

6. Please provide any other comments, solutions or suggestions you would like captured.

payment for fresh fruits & vegetables payments for Mental Health Services

7. Please indicate which response best represents you.

Medical provider - (Inpatient, Outpatient, Emergency Room, Primary care, Specialist, dental, mental health, nurse, ...)

8. Please select your county of residence.

Boone

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Diabetes, COPD and CHF are very prevalent in Newton County. Access to care is limited due to poor economic status of many residents.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Transportation to MD appointments are difficult due to acute problems and not being allowed to let a caregiver ride with them.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Providing better access to care; IE, having transportation available for acute problems. These usually turn chronic if not treated. Less restrictions on allowing a caregiver to ride and assist the patient.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

Yes, policy changes on rules to use Medicaid transportation.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

More people would be able to go the doctor for check-ups and maintenance. We have very limited access to care in Newton.

6. Please provide any other comments, solutions or suggestions you would like captured.

Offer an incentive to get more providers to come to rural counties. Newton County does not have a dentist and only 1 doctor.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Newton

9. Please supply your contact information if you would like to be added to the stakeholder distribution list*. *If you prefer not to provide identifying information with your survey responses, please email Patsy.Wallace@arkansas.gov to be added to the list.

NAME:
Kathy Taylor

COMPANY:
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Diabetes, Hypertension, COPD, CHF, Prenatal and postpartum care for high risk pregnancies, ADL’s, and heart diseases are all important considerations for the IHS section of the health department. We are actively involved in the education and care of persons with these problems.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

We are seeing an increased number of persons with ALS that require coordination of care.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

It would be helpful if financing could be arranged that could allow for the overall management of the chronic diseases rather than care being provided by multiple providers without good coordination of care.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

Lack of understanding of how other services are accessed is a problem in answering this question. In Home Health dealing with extension of services requests is time consuming and frustrating. It would be helpful if this could be replaced by a more efficient method of controlling unnecessary care by some providers. The use of Elders Choice nurses to assess needs of patients that are being assessed for needs by another nurse overseeing the care is a costly, inefficient method of trying to control costs. Must time (and money) is being spent by providers trying to jump through the elders choice rules that could be used providing care.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

The health department has a system in place to work cooperatively with DHS to evaluate and provide service to beneficiaries throughout the state.

6. Please provide any other comments, solutions or suggestions you would like captured.

The Community Based Case Management program is in need of a major revamping in order for the care to be appropriately provided in a financially feasible manner for the provider.

7. Please indicate which response best represents you.

Medical provider – (Inpatient, Outpatient, Emergency Room, Primary care, Specialist, dental, mental health, nurse, etc.)

8. Please select your county of residence:

Pope

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Diabetes, mental health, and dental problems are a huge issue in this area. Everyday we try to assist someone with one are all three of these.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

Dental-We lack affordable care for people to access that need this service. Not only for adults but also the children in our community. School nurses fight this problem daily and if the child does not have ARKids the solution is few and far between.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

I know that at one time the state would offer a reduction in cost of medical school if the MD would agree to practice in an area that was in need of physicians, could this not be done also with the dental profession? Everyone knows that a child suffering from dental carries does not do as well in school, it decreases their ability to focus and learn and affects their nutrition as well.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

lack of dental program graduates in our state.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

There is a program that is held once a year but it cannot provide all the need in such a short time frame for all the people that try to access it. It means long waits and distance to drive with just the “possibility” of getting care. It would be great if this care could be offered at least twice a year even if it were offered at a reduced rate and all the money collected dumped back into the program.

6. Please provide any other comments, solutions or suggestions you would like captured.

in NW Arkansas there is a large cultural diversity that brings with it that cultures health issues, and how they view illness such as Diabetes, TB, Hansen’s Disease

7. Please indicate which response best represents you.

Other, please specify
Public Health

8. Please select your county of residence:

Washington
9. Please supply your contact information if you would like to be added to the stakeholder distribution list. *If you prefer not to provide identifying information with your survey responses, please email Patay.Wallace@arkansas.gov to be added to the list.

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Diabetes, Hypertension and Preventive Care is where we can affect the outcome of the health of Arkansans.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

A lot of the other disease states will take a higher level of intervention, generally a MD level. I am not for sure MD's will want to be that accessible to In home service or other agenices that carry out the interventions.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Diabetes and Hypertension education and monitoring could be done at the local health unit level, with information being forwarded to the PCP office. This can keep the PCP informed on the health of his pt and keep health costs down for the pt.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? The beginning barrier would be making sure staff is trained to be the educator.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

A lot of the general public do not like going to the doctors office. Across the board they do not get consistent education, every PCP office is different. These areas are where we can affect the overall health of the pt.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you.

Medical provider – (Inpatient, Outpatient, Emergency Room, Primary care, Specialist, dental, mental health, nurse, etc.)

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Pope

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System more reactive than preventive. Utilization of emergency care as primary care.

2. Other than the areas above, describe any additional disease states or health conditions where you see inefficiencies. Please provide as much detail as possible.

3. In as much detail as possible, please describe your suggestion for improvement of the specific diseases or conditions and their related positive outcomes. (i.e. What is your proposed path for change? What could be done better in this area? How will this affect positive change?)

Emphasis on primary and preventive care. Incentives to prevent disease instead of treat disease.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur?

Lack of primary care providers. Lack of insurance coverage and therefore access.

5. Why do you see this as a promising area for initial exploration? (i.e. necessary provider groups are already prepared, major cost driver, impacts a broad group of beneficiaries)

Our current model is too expensive with poor results.

6. Please provide any other comments, solutions or suggestions you would like captured.

7. Please indicate which response best represents you:

Health System Administrator

8. Please select your county of residence:

Miller

9. Please supply your contact information if you would like to be added to the stakeholder distribution list*. *If you prefer not to provide identifying information with your survey responses, please email Patsy.Wallace@arkansas.gov to be added to the list.

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