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.

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 28th 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

we need access to care for any and all of these conditions in this county. we are extremely limited in physicians and medical services.

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.

education regarding these conditions and what to observe for in daily living to indicate the need to seek medical care at the appropriate time.

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 to educate the public about when to use the ER, when a medical condition can wait to see a physician and when it is an emergency issue.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? lack of higher education facilities, lack of medical care facilities

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 better educated people are regarding medical conditions the better the outcome with their course of care.

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.)

8. Please select your county of residence:

Lincoln

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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.

Substance Abuse

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?)

Reduced billing for care or subsidized medical clinics for uninsured or under insured. Benefit- reduced long term effects of disease.

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

Yes

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)

Need to treat our sickest and train the well.

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.)

8. Please select your county of residence:

St. Francis

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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.
   Obesity & Physical Inactivity

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?)
   Increase providers in rural areas/access to care. Educate....

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

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:
   Pike

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Diabetes education is limited in county but is provided. There is a big need for mental health and behavioral health since prescription drugs and illegal drugs are both over used and dysfunction is rampant in a majority of families.

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.

While obesity leads to other disease process and isn't classified as a disease, it should be addressed specifically due to a large percentage of the population affected and the critical nature.

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?)

Continued education Increased case management activities

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

Only financial barriers

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)

WE need health navigators to help folks navigate thru the health care system, teach compliance and ownership of their own health care, and educate health care competence.

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:

Randolph

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:
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Randolph County Health Department

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ZIP:
72455

EMAIL:
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PHONE NUMBER:
870.219.2960

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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.

cancer treatment; dental care; home health care; physical/occupational therapy/rehabilitation care; rural health care initiatives

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 funds need to be shifted to preventative care, home health care and rehabilitation care and away from nursing homes, long-term hospitalizations and developmental disability centers. More home and community-based care is needed.

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

The nursing home industry

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 cost of home and community-based care is less expensive compared to nursing home and long hospital stays.

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

7. Please indicate which response best represents you.

Voluntary Organization

8. Please select your county of residence:

Pulaski

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I believe that prematurity prevention and risk reduction for pregnant women and those of childbearing age is important to save Medicaid expenses on sick babies.

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.

When a disabled adult loses his SSI, b/c he is now eligible for retirement benefits, but is not yet eligible for Medicare, he should remain eligible for Medicaid. Social Security retirement benefits hardly cover cost of health insurance.

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 think the medical home idea is a good one, especially for high needs children. I think parents often overuse health care providers because it doesn't cost them. I also think there is a need for RN's or APN in school settings to either provide primary health care in school settings or at least teach students with chronic health problems as asthma and diabetes to better manage their illness.

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.

I understand from a special education teacher that Medicaid is billed for students who have speech therapy in the schools, although other insurances are not. It seems that the school already receives funding to provide speech therapy and other services, so why is Medicaid billed? I understand this could save thousands of dollars each year.

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:

Faulkner

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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.

There is a complete lack of dental care for people with intellectual disabilities in Arkansas unless you are in an institution.

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?)

The State needs to shift its thinking in regards to people with developmental disabilities. We have to develop community capacity in terms of services in local communities, which will enable these individuals to become independent and productive members of society. We will have to increase Medicaid waiver slots, and also make better use of Medicaid for services we are allowed to bill but choose not to access as a State.

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

Yes, the mindset of the legislature, and most high ranking state officials, that individuals with developmental disabilities are not capable and/or worthy. Education, Education, Education is the only way I know to change this.

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 Arkansas has failed to provide these services, and is in a position that will allow us to develop these much needed services. Also, the federal government has made it clear that placing individuals with developmental disabilities into the community is a priority, and they are providing incentives and technical support. Arkansas needs to take advantage of all the help we can get.

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

7. Please indicate which response best represents you.

Other, please specify

8. Please select your county of residence:

Pulaski

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There is a lack of preventative care and coverage for low income families, especially for immigrant families. This is especially true for the Marshallese. I favor removing the 5 year bar that exists for legal immigrant kids. Red tape for ARKids First needs to be cut. We need more preventative dental care for children. We need more opportunities to serve Arkansans in communities rather than in bed-based settings. Arkansas needs to provide preventative care in new settings and reach children and their families who are not currently connected to a medical home and bring them into the health system in Arkansas.

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?)

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Red tape and renewal of ARKids First Duplication of applications for state implemented programs for low income families and individuals.

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)

It has proven to be helpful in other states, without adding a large price tag.

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

7. Please indicate which response best represents you.

Voluntary Organization

8. Please select your county of residence:

Pulaski

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NAME:
Joyce Hardy

COMPANY:
Arkansas No Kid Hungry Campaign/Arkansas Hunger Relief Alliance
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I'm not sure what this survey is for, but for mental health care, stop micromanaging my care. My I have spend so much time talking to my therapist about my treatment plan and writing it just right that I hardly have time during those times to get to the real issues. Its stupid.

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?)

Let my therapist actually do therapy and stop worrying about if an objective is written exactly correct.

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

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.
Consumer/Patient

8. Please select your county of residence:
Lonoke

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NAME:
T. Petty

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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.

A lack of case management of the patient after in-patient treatment. Patients see a hospitalist and many times cannot see a primary care provider after discharge leading to re-admission for the same issues. There is a substantial lack of education on how a patient is to live with their condition and take responsibility for their own care. Many Medicaid recipients use the ER as their primary care provider leading to even more fragmented 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?)

Navigating the healthcare system can be extremely difficult, especially for the elderly. Money spent on management of follow up healthcare could reduce the negative outcomes. Education in the patient's community setting with the available resources would help reduce the fragmented care. Having a resource in the community could save millions of dollars in recidivism among Medicaid recipients. Lack of available healthcare providers seems to be another looming problem which could be reduced by the use of nurse practitioners under the direction of a family practice MD could spread the limited number of family practice physicians much further.

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

The biggest barrier would be educating the public to taking responsibility for their own healthcare.

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)

Discharges from long term care, rehab and hospital would be a good place to start. Following these patients for a period of 2 months would be very cost effective if it reduced recidivism by only a marginal percentage.

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

As a healthcare provider and personal experience with my family have brought these ideas to mind. As a healthcare provider of over 30 years, navigating the healthcare system with my husband was extremely frustrating and almost impossible when I am aware of how things work. I definitely see how someone who has decreased hearing, eyesight and mobility could easily just give up or not know the right questions to ask leading to little understanding of their disease process and further decline with more hospitalizations. In my personal experience, my husband was misdiagnosed and returned to the hospital in 2 months for the same problem which lead to other problems as a result of failure to treat the original problem. I personally case managed his care and through diet, education and lifestyle changes, he has been able to return to his normal level of function.

7. Please indicate which response best represents you.

Health System Administrator

8. Please select your county of residence:

Grant

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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I think the above covers most of common health issue other then obesity and the problems that it causes.

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.

Services received at home for cancer patients. Patients that are still receiving treatment for their cancer do not receive the services at home that they need. These patients have the same needs that patients eligible for hospice are able to receive. Example respite care for the families and help with pain medications.

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?)

Preventive Care. Arkansas has increase in residents who have no insurance or who have chronic disease that are not eligible for medicaid both in the elderly and younger population. These residents do not receive much supportive care from their families nor are they able to get to and from medical facilities as needed. By offering medicaid transport services at a reasonable rate to these residents then they would be better able to seek out medical treatment sooner and reduce the risk of them waiting until they are admitted to hospital before they receive treatment that they need. If they could seek medical treatment as needed by being able to get transportation then we could reduce the number of hospitalizations and the expense of these hospitalizations to medicaid on some of these residents.

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

The cost of providing transportation for residents not eligible for medicaid at a reasonable rate.

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 if the service made available to residents not eligible to receive medicaid then this could reduce the number of hospitalizations that these residents acquire by providing them a way to seek medical treatment at an earlier time.

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.)

8. Please select your county of residence:

Faulkner

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EMAIL:
rcox@hotmail.com

PHONE NUMBER:
501-450-4959

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