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

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 caries

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?

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)

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:

Perry

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:
Michele Barlow

COMPANY:
Perry County Health Unit
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Arkansas has the fifth highest number of prostate cancer deaths in the nation yet there are NO resources for treatment for the uninsured.

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.

Prostate cancer. In Arkansas, more men die from prostate cancer than women die of breast cancer. We have the 5th highest death rate and 31st lowest number of new diagnoses than any other state. 1 Arkansas’ African-American men are 55% more likely to get prostate cancer and 176% more likely to die from it than our Caucasian men. Even though the death rate for prostate cancer has decreased in Arkansas, there has been a 60% increase in premature deaths (less than age 65). 2 The state of Arkansas provides $3,120,000 for breast cancer control, the federal government, $2,730,000. Arkansas provides prostate cancer control $372,000, the federal government, $0. 1 U.S. Cancer Statistics, www.cdc.gov 2 Arkansas Central Cancer Registry

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 must expand awareness, timely detection, and improved treatment by educating, screening, and improving access to quality care in all 75 Arkansas counties, including populations experiencing disparities.

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 treatment for early stage prostate cancer per man is $58,000; late stage $93,000; not including costs for home health care, hospice, or out-patient treatment and medication. 3 With an estimated 2,140 newly diagnosed men in 2009, projected annual savings would be more than $8,998,000 per year. Through efforts of the APCF and other prostate cancer stakeholders, 2010 measured goals of reducing deaths and increasing early stage diagnosis were exceeded in 2006. 4 1 U.S. Cancer Statistics, www.cdc.gov 2 Arkansas Central Cancer Registry 3 Journal of Urology, June 2004 4 Arkansas Cancer Coalition, Arkansas Cancer Plan, A Framework for Action, 2007

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 has been a steady increase in the number of new cases of prostate cancer, and a steady decrease in deaths in AR since 1999. These factors combined indicate an improvement in discovering disease before symptoms appear. 3 The 2000 figure for population at risk is 581,138 Arkansas men. 3 Families are also at risk for economic loss and emotional loss. Studies have found that men diagnosed with prostate cancer in their 50s were 60% more likely to die prematurely. Identifying their

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

The mission of the Arkansas Prostate Cancer Foundation (APCF) is to promote awareness, encourage timely, detection and support improved treatment of prostate cancer in Arkansas. The APCF believes that access to information and treatment should be available to all men in Arkansas.

7. Please indicate which response best represents you.

Other, please specify
501 (c)(3), independent public charity

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.

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I think the 3 most substantial areas we could effect change or support in our communities would be with diabetes, hypertension and preventive 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?)

positive outcomes from more support with diabetes could be preventing kidney failure-which results in cost of patients on dialysis, preventing blindness, diabetic wounds and amputations.== positive outcomes from support with HTN could be a reduction in heart attacks and strokes.

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.

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

8. Please select your county of residence:
Mississippi

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We have many patients who suffer from Diabetes and high blood pressure that don't get appropriate care or meds due to lack of pay sources...Also availability to preventive care needs to be more accessible to the indigent client

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.

The availability of preventive care needs to be made more accessible to those who have no insurance or who can not afford what isn’t covered by their medicare or medicaid.

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 would think to adjust the criteria of the sliding scale fees charged at the rural health clinics...make more clinics available...possibly look into some of the health units who have access to physician being able to help manage certain problems that clients present with...Make a means for clients to obtain their medications more feasible so that they aren't trying to self adjust their medications to make them last until they can afford more...DRUG TESTING FOR ALL MEDICAID, MEDICARE, STATE BENEFIT RECIPIENTS

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? accessibility, cost, pay sources, funding...possibly look into drug testing for all medicaid recipients and those who receive disability benefits, etc. There are some who recieve these that have provided false information as we all know...We have people who are in dire need of these benefits and can't get them because they fall thru the cracks ...

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)

These things impact a large portion of the clientel we see in our local units...we recieve many calls each week of people trying to find assistance and we see health problems not addressed because they can not afford them ...I however think they should all be drug tested before benefits provided

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

Drug testing for people recieving or applying for state assistance..They need to be held accountable if assistance is provided for needed health problems etc. Also..diet is a major role player in a persons health and well being...Stricter guidelines need to be
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Medical provider – (Inpatient, Outpatient, Emergency Room, Primary care, Specialist, dental, mental health, nurse, etc.)

8. Please select your county of residence:

Mississippi

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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The 8 Area Agencies on Aging might be willing to help develop a model under the Activities of Daily Living, Supportive Care One of the methods could be developing payment structures around levels of care if providers had adequate input into the levels of care and could help develop and negotiate a payment structure within a set of guidelines.

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.

If providers are going to have to sacrifice I feel you should implement cost savings measures on the recipient side as well, such as drug test and cost sharing. The current efforts to reduce the growth in Medicaid will only last a few years, in a few years we will be looking for another strategy to cut cost.

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?)

Home Care and In Home Personal Care still provide the state a valuable option to reduce cost in the long term. These programs might be good beginnings for the Supportive Care partnership.

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

Yes, it will be important for providers to have adequate input and ownership in determining levels of care for a client in conjunction with 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)

Area Agencies on Aging and the Arkansas Department of Health probably provide a majority of the Medicaid In Home Personal care

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

Suggest you convene an exploratory meeting with both groups

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:

Independence

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:**
Ed Haas

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White River Area Agency on Aging

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**PHONE NUMBER:**
870-612-3029

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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 STD's Adult Dental rheumatological/ arthritis

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?)

Improved health literacy for both care providers and patients should be a priority. Policy and programatic changes to encourage healthy lifestyle/ behaviors

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

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)

secondary review by patient of services received should reduce fraud

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

7. Please indicate which response best represents you.

Other, please specify
Public Health Professional

8. Please select your county of residence:

Faulkner

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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It is of particular interest to note that many of these are chronic conditions

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.

Chronic conditions in general. There are several that are not listed individually above.

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?)

Chronic Disease Self-Management Program and Diabetes Self-Management, evidence-based workshops developed at Stanford University should be made widely available for individuals with chronic conditions. We are still focused on treatment instead of prevention and sustaining/growing CDSMP and DSMP in Arkansas would be a major step forward. Health care reform demands this shift in focus.

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

There must be value placed on this program and reimbursement for organizations or facilities offering these workshops is essential to sustaining and growing the program in Arkansas.

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)

Research has shown improved self-efficacy as well as decreased utilization of healthcare resources. There are currently several (approximately 20) Master Trainers and several more trained leaders available in the Arkansas Aging Initiative, a program of the Reynolds Institute on Aging - UAAMS. Based on the research data available, this program has the potential to cut healthcare spending by empowering individuals to self-manage their chronic conditions. Obviously chronic conditions affect a huge percentage of residents in our state.

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

Change simply for the sake of change is not an option. However, changing our healthcare delivery to promote individual accountability through the development of self-management skills is a cost-effective way to improve the health of our state.
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

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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Theresa Horton

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Pine Bluff

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EMAIL:
tehorton@uams.edu

PHONE NUMBER:
870-879-1440

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NICU care should be a priority item for the following reasons: 1. It is an expensive item with few encounters 2. By regionalizing and standardizing care, infant mortality can be decreased. 3. There is already a public-private partnership in place 4. A program is required to adequately care for these vulnerable children and save money, which already exists in the Medical Home Clinic 5. The physician leaders and the hospitals have the political will to ensure the success of this initiative.

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.

Preventive care, especially of obesity, should be a high priority item. Currently, there are warnings on the dangers of smoking on cigarette packages. However, there are no such warnings or dangers on foods high in simple carbs and fats. There should also be warnings on a Snickers Bar just as on a cigarette package. Nutritional advice should be made simpler and easier to interpret.

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 would suggest the following: 1. Bundle Medicaid (and Blue Cross or other insurance company if desired) payments to hospitals and care providers for babies weighing <1000 grams and <28 weeks 2. Certify programs who can care for them based on accepted guidelines, with care extending up to 3 years of age, utilizing the cost savings of the Medical Home Clinic 3. Establish a payment structure based on previous experience with these children 4. An ACO type organization should be formed to adopt evidence based standards in both in- and out-patient care. In the NICU these could include: reduction of unnecessary ultrasounds, decrease in unnecessary tests such as as tracheal cultures on older babies, displaying costs of antibiotics, parental nutrition, echocardiograms, etc. In outpatient care, outpatient visits would be enhanced and Emergency Room care discouraged using lessons learned from the Medical Home Clinic. Rural patients would be served through the use of technology such as telemedicine already in place. 5. Cost savings would be shared by Medicaid, the hospitals and providers. 6. Quality would be overseen by non-involved providers, families (ex-patients), and a quality officer from AR Medicaid. Outcomes would be assessed using systems (VONN) already in place. Confirmation of outcomes would be through data collected from ADH and AR Medicaid.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Yes. This would be a drastic reform of the Medicaid system. Bundled payments have fallen out of favor from the HMO experience. These would be overcome through the ACO environment, proven to provide efficient and greater quality care, and the oversight of quality.

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)

Groups (Neonatal Network, Infant Mortality group, March of Dimes) are already in place. A regionalized system of care would decrease infant mortality by 0.8/1000 live births if adopted statewide, which would make this attractive politically. The potential for savings would be great because these patients cost millions of dollars, especially over the first 3 years, yet this is a smaller defined population. Costs are more controllable and do not rely outside influence.

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

I am excited about the possibility of improving care and saving money. The current system is not sustainable, nor does it reward quality or cost savings.

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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diabetes, hypertension, preventive 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.

heart disease and stroke

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?)

provide programs and resources that patients with these conditions can access for treatment, education and care at a low cost for the patient. Be able to provide case management for their condition.

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

Lack of resources and funding.

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 have patients in this area that do not have the monet to access health care.

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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:

Lee
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We have home health agencies that have demonstrated significant success in reducing rehospitalizations and ER visit with diabetes, Chronic Obstructive Pumonary Disease,& Congestive Heart Failure patients. We used workforce grant funds to train agencies and desire to continue with the training. With only 10% of Medicaid patients hospitalized moving into home health follow up increasing that percentage can impact the outcomes for those patients. Also, preventive care should include programs such as fall prevention and immunizations which home health agencies can provide.

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, End of Life Care, pressure ulcers, pneumonia

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?)

Patients are not transitioned well, things such as a home health visit while the patient is still in the hospital would improve things. Home Health is also training field nurses to be health coaches.

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

Decrease the # changes a patient can have in a PCP (exception for urgent care doctors). Perhaps an open enrollment period for changing PCP. Perceived home bound status in Home Health. Chronic care patients can benefit from HH, but are sometime perceived to be home bound and not eligible.

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)

Home health agencies are trained and ready to work with chronic care patients...need the referrals.

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

Criteria for PCP for referring to Home health patients with chronic diseases....this could increase the number served.

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:

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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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.

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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.

Immunization coverage remains low in Arkansas for all ages (according to national survey data for the following groups ages 19 -35 months, teens, and adults)

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?)

Increasing immunization coverage would control health care costs through prevention vs. treatment, reduce morbidity and mortality, and promote healthier outcomes. Improvements would include expanding access to care to all potential venues: local health departments, CHCs/RHGs, school, pharmacists, private providers, hospitals, etc.

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

The current system is adequate for allowing and sustaining immunization services at all Medicaid provider locations. The barrier is the lack of health literacy in terms of the importance of immunizations and facts regarding vaccine safety.

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)

Immunizations and outbreak control are proven strategies for increasing positive health outcomes and reducing morbidity, mortality and related costs.

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

Immunizations should be included when considering "episodes of care" reimbursement.

7. Please indicate which response best represents you.

Other, please specify
Health Department
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.

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

Individual Responses

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All are very important areas to be 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.

Disabling conditions that may not be life threatening but need surgical treatment to improve quality of life or help person go from disabled to able to work and be productive. Example: nerve block to help chronic disabling headaches or back pain. Many conditions exist that are not treated due to insurance not covering or no insurance and cost of procedure is thousands of dollars. And service not provided unless condition is life threatening. Even then it is difficult to find source of help.

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?)

promote tort reform so dr’s hospitals, medical supply companies, and pharmaceutical companies don’t have to spend a fortune on liability insurance, so individuals can afford medical care and insurance companies can lower their rates so they don have to pay ridiculous amts for minor procedures. These expenses fall onto the individuals thru insurance premiums, co-pays, etc.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? Yes, there would have to be health care reform starting with tort reform.

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 is the cause of our impossible medical costs.

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:
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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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?)

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:
Scott

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

Payment Reform Stakeholder Survey

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We are becoming a patient centered medical home with an integrated team approach. Through the implementation of EHRs, we are able to manage a disease state of the patient population by monitoring and managing patient outcomes.

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 to patient records is required for continuity of care. Patients seen at other outpatient or hospital visits are not always reported to the primary care physician. Future linkage of health information technology will enable health centers to better care for the needs of their patients.

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?)

To address the listed prioritized diseases/conditions above, we are becoming a patient centered medical home. This will enable us to become proactive with patient care. For instance, we have a Wellness Center to manage diseases like hypertension and diabetes control. Cardiovascular specialists visit clinic sites, and we have prescription programs and health educators who provide educational materials to patients. In addition, we hope to improve patient compliance and health literacy because becoming a PCMH focuses on the patient as a whole and will provide continuity of care.

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

There are currently barriers that influence the suggested improvements; patient compliance, health literacy, and lack of high speed connectivity.

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)

With the advancements in health information technology, the benefits to the patient include continuity of care, cost effectiveness, and care coordination between provider networks.

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

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

8. Please select your county of residence:
Searcy

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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ZIP:
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amberbucy@yahoo.com

PHONE NUMBER:
870-448-5733

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No comments.

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.

MedSolutions recommends that Arkansas add high-tech imaging (CT, MR, PET, and Cardiac Imaging) and ultrasound utilization, diagnostic inaccuracies, and emergency room usage as areas that significantly contribute to healthcare inefficiencies. MedSolutions performed an analysis of Arkansas Medicaid's data and determined that from April 2009 to March 2010, Arkansas Medicaid spent over $25 million for CT, MR, PET, and Cardiac Imaging services for its SSI and TANF populations. This analysis also demonstrated that overall high-tech imaging utilization has steadily increased each year by 7 percent from April 2007 to March 2010. The following provides general information that further explains why these areas are significant concerns. High-Tech Imaging and Ultrasound: High-tech imaging and ultrasound use in healthcare continues to drastically rise. In 2008, America’s Health Insurance Plans (AHIP) stated that diagnostic high-tech imaging costs are reported to be the fastest growing component of medical technology, with spending approaching $100 billion a year, with it expected to double over the next four years. More specifically, an article by CBS News in 2009 reported that from 2000 to 2007, the annual number of CT scans almost doubled. Research from Stanford University found that the rate of MRI scans has increased by 32 percent for patients of primary care doctors. While these increases are significant, a United States Government Accountability Office (GAO) report stated that ultrasound imaging generates 4 times to 5 times the volume of high-tech imaging. The reasons for these increases can widely vary, but there are two primary contributors: self-referral and defensive medicine. Self-Referral: Self-referral is the practice of a physician ordering tests on a patient and having them performed either by themselves or by a facility from which they receive a financial incentive for the referral. A study released by the Center for Studying Health System Change reviewed 2,750 physicians in physician-owned practices. This study found that 1 in 6 physicians reported their practice owned or leased advanced (high-tech) imaging equipment, and that 1 in 7 owned or leased 3 or more types of equipment. This leasing or ownership of equipment serves as a financial incentive for physicians to increase ordering. Another study showed that "once orthopedists and neurologists began acquiring their own MRI equipment in the early 2000s, their ordering of these tests increased 38 percent." Furthermore, according to a 2009 article in the American Journal of Roentgenology, physician self-referral constitutes approximately 60 percent to 90 percent of nonhospital radiography and sonography, and a smaller percentage of imaging in other modalities and settings. This article goes on to state that "when self-referral consists of referral to an outside facility in which the referring physician has a financial interest, imaging is increased by as much as 54 percent, depending on the modality." Defensive Medicine: Defensive medicine occurs when a physician orders tests or consultations to protect against charges of malpractice in the event of an unfavorable outcome of treatment. Another study states "about one-quarter of high-tech imaging is believed to be done to protect against future litigation to the cost of $1.4 billion a year." The effects defensive practices have on imaging utilization are extensive. According to an article presented on Time magazine's

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?)

While high-tech imaging (CT, MR, PET, and Cardiac imaging) and ultrasound utilization, diagnostic inaccuracies, and emergency room usage are areas that significantly contribute to healthcare inefficiencies, they can also be easily managed with the correct programs. Based on MedSolutions’ analysis of Arkansas Medicaid data, Arkansas could save $13.8 million over 3 years with a capitated plan providing utilization management for CT, MR, PET, and Cardiac Imaging services alone. An even larger impact would be achieved with the addition of MedSolutions’ Ultrasound, Premerus® Diagnostic Accuracy, and ER Education and Avoidance programs. High-Tech Imaging and Ultrasound: MedSolutions has provided utilization management services for 14 years. Our success and ability to lead is driven by our outcomes-based approach and our unsurpassed flexibility. MedSolutions provides utilization management through a diagnostic-thinking approach that provides the right test at the right time to improve the diagnosis process and outcomes. Our services also dramatically reduce the use of tests that do not improve outcomes, including repeated tests, improperly coded tests, or unnecessary use of more expensive technology. The reduction of these tests decreases downstream costs and reduces unnecessary radiation exposure. MedSolutions’ programs and systems are significantly more customizable than others in the market, allowing flexible business rules down to a granular level. This flexibility allows MedSolutions to adapt our services to any client and their program requirements, including our ability to support employer group or physician group models. Radiology Benefits Management: MedSolutions’ Radiology program was designed to enhance outcomes and deliver significant cost savings while preventing inappropriate – and potentially harmful – overutilization. MedSolutions’ program works with healthcare payors and providers to determine the clinical appropriateness of high-tech imaging technology (MR, CT, PET, and other modalities as requested by our clients) and provide guidelines for application and use based on expert information and evidence-based data. MedSolutions’ Radiology program can deliver a 20 percent or more decrease in costs. Ultrasound Benefits Management: MedSolutions created its Ultrasound program to address drastic increases in overutilization and abuse resulting from unnecessary or repeat procedures, low quality equipment, unqualified technicians, or inappropriate claims coding. MedSolutions’ program addresses both obstetrical and non-obstetrical studies, and it decreases inappropriate utilization and associated costs. Ultrasound procedures are performed within clinical guidelines by qualified providers. This results in more appropriate patient care, reducing unnecessary procedures and member costs throughout the patient’s course of treatment. Through MedSolutions’ Ultrasound program, appropriate utilization by qualified providers can yield savings of 25 percent or more. MedSolutions’ utilization management programs include:

Privileging and Assessment: MedSolutions ensures imaging tests are performed at credentialed imaging centers equipped with the latest technology and staffed by trained personnel. Prior Authorization: MedSolutions uses evidence-based guidelines to authorize imaging services. Providers have the option to consult specialized nurses and physicians on a case-by-case basis. This collaborative peer-to-peer approach is

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

MedSolutions anticipates few, if any, barriers. Utilization management is widely used by health plans to assist in managing costs, and most major health plans in Arkansas are already performing prior authorization. Specific to MedSolutions’ services, 76 percent of Arkansas providers have submitted prior authorization requests to MedSolutions, so many providers are already familiar with our web portal and call center processes. MedSolutions has implemented a wide array of clients and was the first to implement a radiology utilization management program in a fee-for-service state Medicaid population. MedSolutions currently manages 12 state Medicaid fee-for-service programs, covering 7.2 million lives; 20 managed Medicaid clients, covering 3.3 million lives; 20 commercial programs, covering 22.2 million lives; and, 3 Medicare Advantage programs, covering 701,000 lives. MedSolutions has been able to retain our existing clients while continuing to expand our business by basing all of our client relationships on a successful implementation experience. The primary reason for MedSolutions’ implementation success is that we take an active role in each implementation, and we offer a highly customizable implementation experience. Due to our ability to tailor implementation processes, we have successfully implemented services to clients with memberships ranging from 20 thousand to 11 million. MedSolutions’ implementation process offers a simplified approach to establishing new clients. An agreed upon file format and the establishment of a file transfer method, both of which are available in numerous, flexible options based on the needs of each client, are the main implementation requirements. MedSolutions’ process is not labor intensive and requires minimal client resource involvement. Implementing our services in Arkansas will be simple, expedited, and, with MedSolutions’ experience in Arkansas, will be easy for providers to adopt. Specific to providers, MedSolutions’ goal is to offer full transparency of the program and guidelines. Thoroughly educating providers on the program and how it operates increases the success of the implementation and the overall results of the service. MedSolutions offers a wide array of education opportunities that are extremely flexible to the needs of each provider. As an example, our orientation sessions can include recorded webinars, hosted webinars, printed materials, and in-person sessions. These various options allow providers to be educated on our programs through a process most suitable to them and their staff.

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)

MedSolutions sees the inclusion of these areas into Arkansas’ program as being extremely beneficial due to the proven impact utilization management offers and the innovative approaches we developed to address two areas in healthcare that are causing significant care, quality, and financial issues but have yet to be effectively managed – diagnostic inaccuracies and the overuse of ER visits. MedSolutions’ programs enable providers and medical groups to order the right test at the right time, which is then performed at a quality facility and read by a certified radiology expert. The use of our services results in better outcomes and increased quality of care.

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

No additional comments.
7. Please indicate which response best represents you.
   Other, please specify
   Medical Cost Management and Quality Care Organization

8. Please select your county of residence:
   N/A — out of state response

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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Regarding the “ADL-Supportive Care/Appropriate Location of Care,” AARP believes there is opportunity to achieve greater efficiencies in the delivery of care. Because the 85+ population will grow dramatically over the coming decades, demand on Medicaid’s long-term care system will increase. Medicaid—which pays for half of all long term care services and supports—has a strong institutional bias. Changing Medicaid priorities can be cost effective. AARP data shows the vast majority of Americans age 50+ want to remain in their own homes as long as they can.

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.

Arkansas spends over $500,000,000 per year on institutional care for the aging and physical disability populations, ie non-MR/DD. Of long term care expenditures, approximately 71% is for institutional care while only 29% is for community long term care expenditures. Data shows that on a per capita basis, community care is less expensive than institutional care. While states have been concerned about the “woodwork” effect of community care, recent data shows long-term care spending growth was greater for states offering limited non-institutional services than for states with large, well-established non-institutional programs. The authors state “Justification based on financial constraints can no longer be credibly offered as reasons for forcing people into nursing homes and other institutions. Home and Community Based Services may be one instance in which offering people greater choice also helps reduce costs.” Source: H. Stephen Kaye, Mitchell P. LePlante and Charlene Harrington, Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending?” Health Affairs, 28 no. 1(2009):262-272.

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?)

Currently nursing home care is an entitlement under the AR Medicaid program. This is not the case in states such as Vermont that operate their Medicaid Long-term Care programs under a 1115 Demonstration waiver. AR should explore moving to a demonstration waiver to remove the entitlement and bias towards nursing home care. AR uses an assessment process that has never been validated to determine need for long-term care. The state should implement an uniform, validated assessment process for all individuals applying for long-term care. AR should take advantage of current Federal financing incentives to improve community care by applying for the Community First Choice Option and State Balancing Incentive Payments Programs.

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)
The long-term care assessment process DHS is currently working on. Strong track record of community services.

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

Medicare and Medicaid are not coordinated or integrated when it comes to long-term care. Hospitals with an incentive to discharge patients as soon as possible to reduce costs, often discharge patients as soon as possible, often before appropriate post-acute or long-term care services can be arranged and may encourage expensive nursing home placement. High rates of expensive re-hospitalization is a serious problem for Medicare—and states as they pay the co-pay and deductibles for dual eligibles. Arkansas should explore opportunities with HHS to share in the savings of providing community care that reduces re-hospitalizations.

7. Please indicate which response best represents you.

Other, please specify
Membership Organization

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.

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12. I do not want my contact information posted with my response.

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The Developmental Disabilities Provider Association (DDPA) is working on a comprehensive document that will provide significant detail regarding our vision of how a DD provider health home for individuals with Developmental/Intellectual Disabilities would operate.

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.

Strategies to integrate well care services and to promote greater integration across programs that provide ongoing, non acute services to individuals with developmental disabilities, mental health and aging populations.

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?)

a) Take the following action steps to integrate and coordinate health care delivery and payment across multiple programs serving individuals with a developmental disability: a) create an environment of a single licensing/certification entity, b) create a single prescription to document medical necessity for provision of multiple services, c) consolidate service documentation and eliminate redundancies of paperwork across multiple Medicaid programs, d) create an integrated treatment planning process and treatment planning document for multiple programs in a single client planning system (whole person planning); e) incorporate wellness and prevention services; f) implement care coordination across programs (do not separate care coordination from service delivery); g) a single billing process to permit integrated client billing that incorporates multiple Medicaid programs to be rendered in a single submission; h) flexibility regarding how billing data is processed and analyzed so that detailed statistical information can be reviewed and aggregated; i) create complete transparency in MMIS data, providing real-time data to providers at both the individual and big-picture “enterprise” level. These suggestions will: (1) will enable providers to operate more efficiently, (2) give needed flexibility so providers can focus on the whole person rather than multiple program requirements when providing care, and (3) will enable the collection and use of clinical outcomes data for benchmarking, improving care, and reducing costs.

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

a) Lack of emphasis and reimbursement for wellness strategies. b) Systems that works in silos and independently that do not encourage integrated care for the whole person c) Health Information Technology assistance to enable providers to secure electronic health records other technology d) Need of meaningful, real-time data from Medicaid e) Lack of transportation — broker system is disconnected from care providers f) Lack of centralized eligibility for all social services, e.g., Medicaid, TEFRA, AFDC, Food Stamps, WIC, 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)

   a) The existence of this review process indicates that there is a desire to improve overall states of public health in Arkansas, to reduce costs, and to improve efficiency. b) DD providers already serve as de facto health homes, and could do so more effectively with recommended changes.

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:

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:
   Sara Israel

   COMPANY:
   Developmental Disabilities Provider Association

   ADDRESS:
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   CITY:
   Little Rock

   ZIP:
   72205

   EMAIL:
   sfisrael243@comcast.net

   PHONE NUMBER:
   5015904658

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.
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

Education for parents and providers and payment for preventive screens is key. Need additional resources and funding for mental health and behavioral health as well as developmental and intellectual disabilities.

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 need in the state for more dental providers who are willing to treat young children and accept medicaid as payment.

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 widespread education for providers and parents will lead to early detection of disease and a more positive outcome from the early intervention.

4. Are there barriers in the current system that would need to be overcome in order for your suggested improvements to occur? A barrier is lack of education around prevention and billing. There is also a lack of PCP's.

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.

Other, please specify childcare provider

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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These health related conditions cannot be pre-determined by how a person’s body will react to them.

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.

Tuberculosis, Sexually Transmitted Diseases, Skilled Nursing Care for In-Home Services, Injuries

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 amount of pay should not determine the amount of care the patient receives. Doctors should be allowed to determine patient care.

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)

Doctors cannot treat patients effectively

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

Prescriptions,

7. Please indicate which response best represents you.

Other, please specify
Unit Administrator

8. Please select your county of residence:

Cleveland

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:
Gwen Paul

COMPANY:
Cleveland county Health Unit

ADDRESS:
409 East Magnolia Street

ADDRESS 2:
P. O. Box 446

CITY:
Rison

ZIP:
71665

EMAIL:
Gwendolyn.Paul@arkansas.gov

PHONE NUMBER:
870-325-6311

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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.

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   Need to address better coordination of medical care for chronic diseases such as diabetess, CVA, CHF,CKD, ESRD,COPD and the like.

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.
   Weight control and healthy lifestyle-we seem to be complacent and unconcern about long-term consequences.

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.

8. Please select your county of residence:
   Jefferson

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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Payment Reform Stakeholder Survey

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None

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.

Terminal illnesses. Patients are referred to hospice at a late time during the disease process. These patients are undergoing aggressive treatment and therapies that in most cases are futile. Medicaid could save this money if physicians would provide explanation to the patients about options involving end-of-life care. Perhaps they could even be reimbursed for this. The hospice medicare benefit saves medicare money.

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?)

Hospice care is the gold standard of care for patients at the end-of-life. If more patients were informed about this option and chose hospice it would allow patients and families to receive compassionate high quality care that is delivered in a cost effective manner. A study commissioned by the National Hospice and Palliative Care Organization and conducted by Millman USA, showed that hospice saves state Medicaid programs approximately $7,000.00 per Medicaid hospice beneficiary. This is done through preventing unnecessary hospitalization, providing medical equipment and supplies under hospice and reducing the amount Medicaid pays for terminally ill patients residing in a nursing home (in Arkansas that amounts to almost $1 million in savings).

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

The biggest challenges are with physicians informing patients about this benefit. Patients may not know about hospice or may have preconceived ideas about what hospice care provides. If physicians could be reimbursed for having these conversations, maybe they would be more willing to spend the time.

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 is a promising area because it could be implemented easily with very little expense to Medicaid. Medicaid would potentially save money for each patient enrolled in hospice.

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:
   Sebastian

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:
   Jim Petrus

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Payment Reform Stakeholder Survey

Individual Responses

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CHCs are/have/provide: • patient centered medial homes • model of care • integrated team approach • patient centeredness • clinical quality outcomes-care model, model for improvement, health disparities collaborative • use of EHRs • cost savings to Medicaid o prevention of unnecessary hospitalizations o prevention of inappropriate use of emergency room o prevention of unnecessary and inappropriate specialty care referrals

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?)

• Care coordination • Navigators • Local available and accessible resources...walking trails, wellness centers, specialists • Providers who are culturally and literacy sensitive, etc • Patients who are compliant • Education materials that are culturally, literacy, linguistically appropriate

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

• Lack of preventive care/coverage for children and their parents, especially lack of coverage availability for legal immigrant children, particularly the Marshallese (state option to remove the 5 year bar that exists for legal immigrant kids), who cost taxpayers more as they are treated for avoidable disease or complications • Red tape and cumbersome processes that hinder enrollment and "ESPECIALLY" renewals, where thousands of kids drop off and then cost the system more as they churn on and off coverage. Technology could play an important positive role here, not to mention in coordinating service systems and health care providers. • New opportunities to provide preventive dental care to kids (e.g. physicians), as was authorized during the recent legislative session • Opportunities to offer preventive care in new settings and reach children/families who are not connected to a medical home (e.g. schools) and bring them into the health system. • Wasted time/process/duplication that occurs with referrals, provider “handoffs” 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)

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

7. Please indicate which response best represents you.
8. Please select your county of residence:

Madison

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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No, please do not post my name or contact information with my response(s)
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In addition to addressing the list provided you could also include input that includes that CHCs are/have/provide: • patient centered medical homes • model of care • integrated team approach • patient centeredness • clinical quality outcomes-care model, model for improvement, health disparities collaborative • use of EHRs • cost savings to Medicaid o prevention of unnecessary hospitalizations o prevention of inappropriate use of emergency room o prevention of unnecessary and inappropriate specialty care referrals

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.

Speciﬁcity care/sub speciﬁcity care referrals Lab, x-ray, unnecessary tests, discharges, patients fall between he cracks, orthopedic patients needing rehab., patients with both physical and mental 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?)

• Care coordination • Navigators • Local available and accessible resources..walking trails, wellness centers, specialists • Providers who are culturally and literacy sensitive, etc • Patients who are compliant • Education materials that are culturally, literacy, linguistically appropriate

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7. Please indicate which response best represents you.
Other, please specify
Operations Director

8. Please select your county of residence:
Arkansas

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.

COMPANY:
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ADDRESS:
614 East Emma Suite 300

CITY:
Springdale

ZIP:
72764

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