

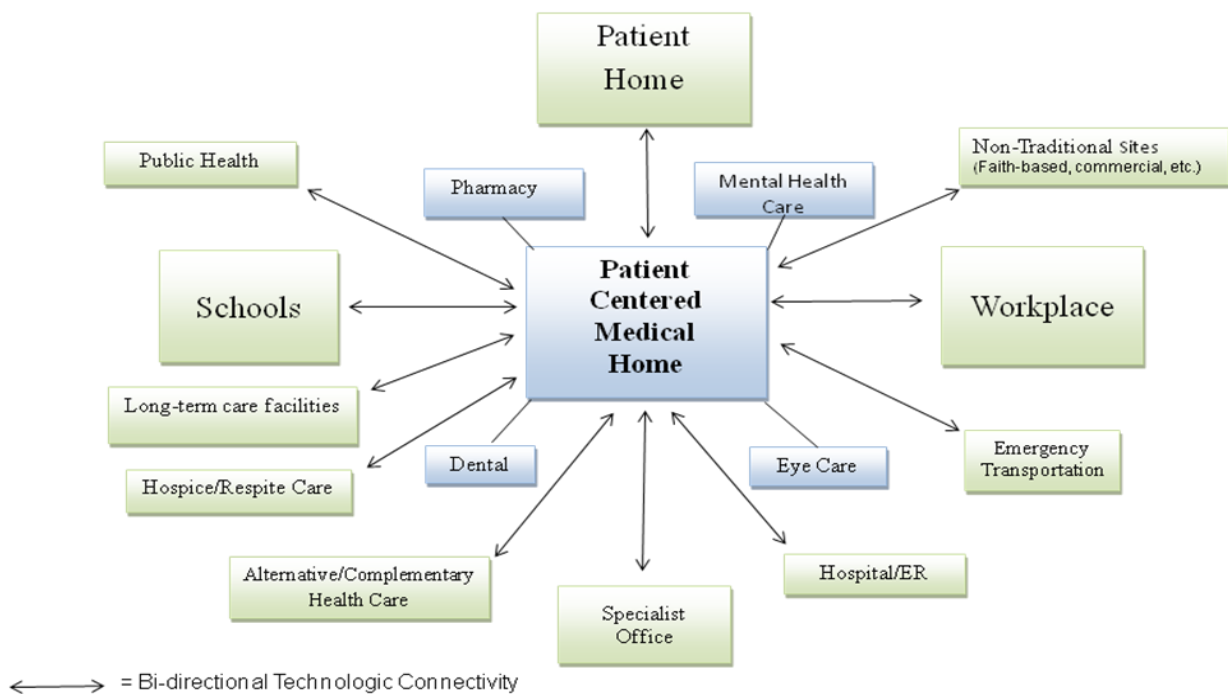
Proposed Vision for a Patient-Centered Health Care Delivery System in Arkansas

While it is clear that the current U.S. and Arkansas health care systems fail to produce outcomes comparable to those in other developed countries that spend far less, there is not clear agreement about the structure of a better system. With the belief that it is much more likely that Arkansas will reach the goal of improving the health of Arkansans if we have a shared, clear picture of the health care system that we are trying to reach, the Arkansas Center for Health Improvement developed the following vision of a restructured system to better meet the needs of our citizens. If we start to work toward this vision soon, incremental improvements will be achieved by 2014 when many key parts of the Patient Protection and Affordable Care Act take effect. It is likely that full implementation of the vision will take several additional years.

Summary of the Vision

At its core, the proposed system focuses on what the patient needs, not what the system needs. It is built around the patient-centered medical home model and calls for significantly increased use of existing and developing health information technology to deliver patient care. The proposed system will provide every person in Arkansas with 24/7 access to evidence-based preventive care, acute care, and chronic disease management via a medical home that is within 30 minutes of their own home. The medical home will provide better coordination that will result in quicker and simpler access and improved quality of care.

Vision for Health Care Delivery in Arkansas



Draft

Key Elements for Realizing the Vision

- Expanded technology will play a critical role in the success of this proposed system. It will make it easier for the medical home to communicate not only with the patient but also with other health care delivery sites.
- The system will use health care providers in such a way that skilled care is delivered at the lowest cost. For example, advanced practice nurses and physician assistants will provide preventive services that currently are often provided by physicians.
- To make the system work properly, we will need to train the correct number and types of health care providers. This will require educational institutions to recruit additional faculty and revise admissions criteria and curricula. For example, institutions may train more advanced practice nurses, physician assistants, and health information technology specialists.

Personnel in the Patient-Centered Medical Home

- Each medical home will have a team of health care providers, including a physician who will be responsible for overseeing all medical decisions, and a professional team to make sure patient needs are met.
- The medical home will have a primary care physician who can treat all age groups that will be seen at the medical home.
- Depending on the number of patients served by the medical home, it may also include advanced practice nurses or physician assistants to provide most of the care.
- Other members of the team will include medical assistants, lab and x-ray technicians, care managers, dietitians, information technicians and financial counselors.
- Mental health, dental, eye and pharmacy professionals will be located either within or in close proximity to the medical home to provide primary services in each of these areas.
- Patients may initially see a team member from one of several disciplines. After that, their care will be closely coordinated with other team members within the medical home and professionals outside the medical home, such as other medical specialists.

Services Provided in the Patient-Centered Medical Home

The patient-centered medical home will provide evidence-based preventive care, acute care, and chronic disease management services. Care will be coordinated within the team of providers at the medical home and with other sites, including the patient's own home. Patients will also be provided with assistance in navigating the health care system. Other service components include:

- Electronic health record with connectivity to the personal health record
- Bi-directional high-speed communication with patient's home, specialists, nursing homes, health department, schools, worksites and other health care delivery sites
- Primary eye, dental, and mental health care either within or in close proximity to the medical home
- Pharmacy services either within or in close proximity to the medical home
- Medication coordination
- Specialist consultation (in the medical home or virtual)
- Health/lifestyle counseling
- Wraparound services
 - Tech support
 - Care management
 - Translation
 - Transportation
 - Health Education

Draft

Connectivity

A variety of delivery sites within the patient's environment will be used to provide effective care. This will require that equipment and services be delivered to the patient's home, worksite and schools. For example, an information technologist may set up an electronic blood pressure monitor, glucose monitor, and weight monitor in the patient's home that transmits results from the patient's home to the medical home to help control the patient's hypertension, diabetes, and congestive heart failure.

Affordability

- If the proposed vision is implemented thoughtfully, we expect no overall cost increase to the health care system.
- Through improved efficiency and coordination, this system could help to slow spending or reduce costs by avoiding unnecessary repetition of medical tests and procedures.
- It will address many health problems at an earlier stage, thereby reducing the increased cost of treating advanced disease.
- Our proposed vision recognizes that health care financing is moving towards a system of reimbursement that is centered on team care and is consistent with that trend.

Expected Improvements to Health Care Delivery

We expect that this system will lead to better health for patients, higher patient satisfaction, less repetition of costly tests by different providers and greater efficiency. Because Arkansans will have improved access to health care providers and tools to help them improve their health habits, we anticipate better preventive care, earlier attention to health care needs and therefore better health outcomes.