

# ARKANSAS ORGANIZED CARE MODEL

## WORKING SESSION ON ENSURING QUALITY AND IMPROVING PATIENT CARE

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# Purpose of Model

- To improve the health of Arkansans who have need of intensive levels of specialized care due to mental health or developmental disabilities.
- To link providers of physical health care with providers of behavioral health care and services for individuals with developmental disabilities.
- To coordinate all community-based services for individuals with intensive levels of specialized care needs.
- To reduce excess cost of care due to under-utilization and over-utilization of appropriate care.

# Definition of Care Coordination

- “Care coordination includes services delivered by health provider teams to empower patients in their health and health care, and improve the efficiency and effectiveness [of] the health sector. These services may include health education and coaching, navigation of the medical home services and the health care system at large, coordination of care with other providers including diagnostics and hospital services, support with the social determinants of health such as access to healthy food and exercise. Care coordination also requires health care team activities focused on the patient and communities’ health including outreach, quality improvement and panel management.”
- <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/la/la-gnoch-ca.pdf> p. 6,7.

# What are Expected Results?

- Increase utilization of recommended services that improve health and lower costs
- Decrease use of high cost services such as emergency room visits
- Increase medication adherence
- Increase follow-up care after a hospitalization
- Increase well-child check-ups
- Decrease hospital readmissions
- Increase access to after-hours care in the community

# Quality Incentive Pool

- As part of the overall design, DHS intends to create a quality incentive pool to reward providers for meeting specific performance measures.
- DHS expects to link incentive pool to outcome measures, not process.
- Will be data-driven, therefore, must be measurable and reportable.
- Must be assessed against baseline data.
- DHS will use claims based data to support setting baseline.
- Specific to children and adults; BH and DD
- 10-15 meaningful measures

# Potential Outcome Measures

- Rate of child and adult acute IP admissions for any cause
- Rate of ED use for Ambulatory Sensitive Conditions
- Rate of IP readmissions for any cause
- Rate of ED use for BH-related causes
- Percentage of clients with medication adherence ratio > than baseline
- Reduction in IP length of stay

## Next Steps—Aggressive Schedule to Assess Viability

- Week of November 14—Working Session on Governance and Certification
- Week of November 21—Working Session on shared savings, Global Payment, risk and financial issues
- Week of November 28—Draft final concept paper
- November 30—Submit Recommendation and Plan to Governor
- If this hybrid model is supported by the provider community, will work to develop into a legislative proposal.

# Potential Outcome Measures

- Increase school attendance
- Increase days of employment
- Decrease use of ED for shelter and food



# Questions and Comments?

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