

LOUISIANA HEALTH CARE REDESIGN COLLABORATIVE

Final Concept Paper **SUMMARY**

October 19, 2006

The concept paper that will be submitted to the federal government on Friday, October 20, 2006 is modeled on a Medical Home system of care for the New Orleans region. The medical home (usually a primary care physician who is affiliated with a network of hospitals, specialists and other providers) will be available to all residents of the region including today's uninsured, Medicaid and Medicare recipients and those who now have insurance coverage. In addition to the medical home, other components include:

- Health Insurance Coverage (phased-in);
- The Louisiana Health Care Quality Forum;
- Health Information Technology (electronic medical and health records that link all providers in a medical home network).

MEDICAL HOME SYSTEM OF CARE

The medical home forms the foundation of the redesign plan. It is guided by a personal primary care provider who partners with the patient to coordinate and facilitate care. The medical home does not restrict patient access to services.

The medical home system provides health promotion, disease prevention, health maintenance, behavioral health services, patient education, and diagnosis and treatment of acute and chronic illnesses. The medical home is the base from which other needed services are managed and coordinated in order to provide the most effective and efficient care. This includes specialty care, inpatient care, community preventive services and medical home extension services for complex care needs.

INSURANCE COVERAGE AND CONNECTOR

An integral part of the health care system redesign in the region is to offer patients access to a choice of affordable health insurance coverage for high quality care. This will be accomplished through the "Health Insurance Connector."

The role of the connector is to easily match individuals needing health insurance to the affordable insurance options. The connector, as well as premium subsidies for low-income residents, will ensure that has all citizens have affordable health insurance options. Insurance coverage will give residents assurances they have ready access to the medical home networks that will be created. This freedom of choice will eliminate what many people today term an inferior, two-tier system of care.

For those with insurance, the connector could facilitate access to employer-sponsored or group health plans which individuals or families are eligible to participate, as well as to other public or private health insurance policies.

Most low-income uninsured patients and those enrolled in Medicaid will be provided a financial credit sufficient to apply either to the purchase of insurance coverage or to the employee cost of participation in a qualified, employer-sponsored group health plan.

WHO WILL BE COVERED?

The insurance concept proposed to the federal government proposes to:

- Provide the option for families of uninsured children from 200% to 300% of the federal poverty level (FPL) to buy in to Medicaid for their children;
- Expand coverage to pregnant women with incomes up to 200% of the FPL who are not otherwise eligible for Medicaid;
- Give existing Medicaid and children's health insurance beneficiaries a choice of coverage models including private insurance;
- Cover uninsured parents with incomes up to 200% FPL;
- Cover uninsured childless adults with incomes up to 200% FPL;
- Provide coverage to individuals with serious mental illness and addictive disorders.

HEALTH INFORMATION TECHNOLOGY

The concept provided to the federal government proposes the addition of an electronic health record and use of standardized health information technology as mandatory for participation in medical home system. To bring these electronic systems into existence as quickly as possible, a funding pool will be established to make grants to providers to acquire and implement the necessary technology including reimbursing those providers who have already moved forward. Total pool funding including state infrastructure for this electronic information component is estimated at \$200 million for hospitals and physicians.

QUALITY FORUM

The Collaborative also proposes creating the Louisiana Health Care Quality Forum. "Quality," as it will be applied by the forum, will be based on definitions established by nationally recognized groups such as the Institute of Medicine.

An accepted definition of quality is the "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." The key elements of quality that will be measured and monitored include: safety, timeliness, effectiveness, efficiency, equity and patient-centeredness.

In addition to quality measures outlined above, the Quality Forum will consider measures that provide information about the entire health system, including:

- Information technology and patient-safety systems that enable coordination and protect the patient;
- Better communication among providers, efficient coordination of specialist expertise, reconciliation of medications when patients go from one caregiver to another;
- Treatment of targeted health conditions such as for asthma, diabetes, cancer, depression and other illnesses.

The Quality Forum will be a statewide public-private partnership that will be dedicated to improving the quality of health and health care throughout Louisiana. The role of the Quality Forum will be to present data to consumers, payers, and providers so as to foster continuous quality improvement.