



Have a waiting period for ~~a person~~ <sup>before a</sup> person can get on M-card (i.e. Lemo) to prevent "State hoppers" (people who go from 1 state to another ~~to get services~~) -- several states have this already

**STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS**

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
Implement patient-centered health homes	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure.</li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCQA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Who will be responsible for monitoring more paperwork will this cost more by hiring a monitor or shoving off on overworked people now</i></li> <li>7.</li> </ol>
Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5.</li> <li>6.</li> </ol>

**Theme: Integrated, Whole-Person Care**

<b>Recommendations</b>	<b>Issues and Considerations</b>
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"><li>1. Set specific quality outcomes to be measured.</li><li>2. Investigate best practices of integrating physical and behavioral health.</li><li>3. Review current potential barriers due to separate contracts.</li><li>4. Align financing around care for the whole person.</li><li>5.</li><li>6.</li></ol>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"><li>1. Determine current level of activity with EHR.</li><li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing.</li><li>3.</li><li>4.</li></ol>

**Theme: Preserving or Creating a Path to Independence**

<b>Recommendations</b>	<b>Issues and Considerations</b>
Remove barriers to work	<ol style="list-style-type: none"><li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li><li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li><li>3. what happened with Welfare to Work program. more enforcement of current rules concerning training programs (i.e. attendance, # of jobs sought, &amp; how long a person needs to work before getting on a incentive program) --- put some responsibility on recipient.</li></ol>



## STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

### Theme: Integrated, Whole-Person Care

Recommendations	Issues and Considerations
Implement patient-centered health homes	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure.</li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCOA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Care Coordination b/w all providers &amp; funding incentives.</i></li> <li>7. <i>Difficult to do in small towns. Virtual access to providers</i></li> </ol>
Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5. <i>Can't be just resp of provider - job for care coordinator.</i></li> <li>6. <i>"Member wants to be well."</i></li> <li>7. <i>→ Engaging public education system (School) Member get services from AEMT.</i></li> </ol>

*if go to classes, get x free/ no cost*

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"> <li>1. Set specific quality outcomes to be measured.</li> <li>2. Investigate best practices of integrating physical and behavioral health.</li> <li>3. Review current potential barriers due to separate contracts.</li> <li>4. Align financing around care for the whole person.</li> </ol> <p><i>End same across nation.</i></p> <p><i>Copies of medical record for members.</i></p> <p><i>Spec to send notes to ACP - Incentive \$25? or bundled payment</i></p> <p><i>Providers incentivized providing education.</i></p>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"> <li>1. Determine current level of activity with EHR.</li> <li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing. <i>(cost change)</i></li> <li>3. <i>Universal interface office/hospital (other providers)</i>  <i>max time to doc; cost; manual work accept</i>  <i>e-prescribing.</i></li> <li>4. <i>Hospital system not all on same system -</i>  <i>Incentive docs to implement EHR. 7 vendors of EHR. decrease cost of services (keep same)</i></li> </ol>

Theme: Preserving or Creating a Path to Independence	
Recommendations	Issues and Considerations
Remove barriers to work	<ol style="list-style-type: none"> <li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li> <li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li> </ol> <p><i>Disability people want to return to work.</i></p> <p><i>Disincentives are more powerful like incentives.</i></p> <p><i>*1 concern is fear.</i></p> <p><i>Culture change in behavior. Entitlement.</i></p> <p><i>Has to be a benefit for member to change.</i></p> <p><i>Provide confidence to member to grow.</i></p>

*factor of losing benefits.*



## STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

### Theme: Integrated, Whole-Person Care

Recommendations	Issues and Considerations
Implement patient-centered health homes	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure.</li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCQA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Electronic Records are ideal</i></li> <li>7.</li> </ol>

Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5. <i>Pay for casemanagement activities that are preventative. Maybe even at an increased rate. (Ex. Enrolling someone in Stop Smoking Program).</i></li> <li>6.</li> </ol>
----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Incentivize consumers for participating in prevention programs.*

**Theme: Integrated, Whole-Person Care**

Recommendations	Issues and Considerations
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"> <li>1. Set specific quality outcomes to be measured.</li> <li>2. Investigate best practices of integrating physical and behavioral health.</li> <li>3. Review current potential barriers due to separate contracts.</li> <li>4. Align financing around care for the whole person.</li> <li>5.</li> <li>6.</li> </ol>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"> <li>1. Determine current level of activity with EHR.</li> <li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing.</li> <li>3.</li> <li>4.</li> </ol>

**Theme: Preserving or Creating a Path to Independence**

Recommendations	Issues and Considerations
<p>Remove barriers to work</p> <p><i>Handwritten:</i> focusing on younger, graduating disabled persons rather than those in the system for a long time.</p> <p><i>Handwritten:</i> Consider focusing on younger, graduating disabled persons rather than those in the system for a long time.</p>	<ol style="list-style-type: none"> <li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li> <li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li> <li>3. Also don't return payment to previous, higher level of person chooses to quit his/her job.</li> <li>4. Incentivize employers for employing persons w/ disabilities. Grants to pay existing non-disabled current employees a higher wage (\$2-\$3/hr) to job coach, support a disabled co-worker instead of state paying for full-time job coaches.</li> <li>5. Reinforce Employment First initiatives</li> </ol>



## STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
Implement patient-centered health homes	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure. <i>Funding: Technical Assistance</i></li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types. <i>Training to make provision to private MD's</i></li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts. <i>MISSOURI EXAMPLES</i></li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCQA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Cultural Competency (rural/urban,</i></li> <li>7. <i>Avoid silos of services (Community Resources) - avoid barriers w/in resources due to State</i></li> </ol>
Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans). <i>Plan Restrictions</i></li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes. <i>(parents/ caregivers)</i></li> <li>5. <i>Community (Faith based, Mental Health, CDDOS)</i></li> <li>6. <i>Empowerment (Shared decision making)</i></li> <li>7. <i>Overall Awareness - Health professionals &amp; Patients</i></li> </ol>

**Theme: Integrated, Whole-Person Care**

Recommendations	Issues and Considerations
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"> <li>1. Set specific quality outcomes to be measured. <i>? evaluated</i></li> <li>2. Investigate best practices of integrating physical and behavioral health.</li> <li>3. Review current potential barriers due to separate contracts. <i>(MHI centers can't be Primary Care)</i></li> <li>4. Align financing around care for the whole person.</li> <li>5.</li> <li>6.</li> </ol>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"> <li>1. Determine current level of activity with EHR.</li> <li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing.</li> <li>3. <i>Investigate sharing potential &amp; barriers for both patient planning &amp; evaluation</i></li> <li>4. <i>Subsidies for utilizing electronic health records.</i></li> </ol>

*- Invest now/ save later (financial support for private practices to adopt)*

**Theme: Preserving or Creating a Path to Independence**

Recommendations	Issues and Considerations
Remove barriers to work	<ol style="list-style-type: none"> <li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li> <li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li> <li>3. <i>Seek out grant opportunities - like 'Working Healthy' (which ends Dec. 31, 2011)</i></li> <li>4. <i>Change incentives that include fading of services, job coaches, personal assistant (waiver services) necessary.</i></li> </ol>

*for private practices to adopt)*



PCMH. like HMO. mental health <sup>services</sup> offered here  
 this is a more holistic.

BCBS has 2 practises (models)



**STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS**

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
Implement patient-centered health homes  <i>go here 1st instead of emergency</i>	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure. <i>funding for this?</i></li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCQA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. Difficult in Rural Communities.</li> <li>7. More virtual access.</li> </ol>
Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5. no responsibility for health care.</li> <li>6. maybe through school. for education.</li> </ol>

**Theme: Integrated, Whole-Person Care**

Recommendations	Issues and Considerations
Incentivize development of integrated care networks to improve quality <i>Barrier hours open.</i>	<ol style="list-style-type: none"> <li>1. Set specific quality outcomes to be measured.</li> <li>2. Investigate best practices of integrating physical and behavioral health.</li> <li>3. Review current potential barriers due to separate contracts. - <i>Causes a burden more paperwork.</i></li> <li>4. Align financing around care for the whole person.</li> <li>5. <i>electronic medical record. - so 2 drs offices could speak to each other</i></li> <li>6. <i>cost prohibitive to implement EMR</i></li> </ol>
Advance provider use of electronic health records (EHR)/ e-prescribing <i>incentivize the EHR vendors</i>	<ol style="list-style-type: none"> <li>1. Determine current level of activity with EHR.</li> <li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing. <i>costs more \$ + takes more X.</i></li> <li>3. <i>pharmacies won't accept e-pres. right now.</i></li> <li>4. <i>example - VA. "universal system" no repeat tests etc.</i></li> </ol>

*maybe start w/ urban.*

*use of old chart causes problems*

**Theme: Preserving or Creating a Path to Independence**

Recommendations	Issues and Considerations
Remove barriers to work <i>healthy work.</i>	<ol style="list-style-type: none"> <li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li> <li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li> <li>3. <i>education of benefits.</i></li> <li>4. <i>Speak to the fear. Cultural change.</i> - <i>maybe mentors from work/healthy to help new people be successful.</i></li> </ol>

*Subsidizing preventive care*



## STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
Implement patient-centered health homes	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure.</li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCOA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Require the use of data registries and submissions of population data to demonstrate improvements in quality.</i></li> <li>7. <i>Gain share w/ providers (ppls) against total claims for population (2/20; 4/20; 5/20)</i></li> </ol>
Enhance health literacy and personal stake in care	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5.</li> <li>6.</li> </ol>

**Theme: Integrated, Whole-Person Care**

<b>Recommendations</b>	<b>Issues and Considerations</b>
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"><li>1. Set specific quality outcomes to be measured.</li><li>2. Investigate best practices of integrating physical and behavioral health.</li><li>3. Review current potential barriers due to separate contracts.</li><li>4. Align financing around care for the whole person.</li><li>5.</li><li>6.</li></ol>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"><li>1. Determine current level of activity with EHR.</li><li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing.</li><li>3.</li><li>4.</li></ol>

**Theme: Preserving or Creating a Path to Independence**

<b>Recommendations</b>	<b>Issues and Considerations</b>
Remove barriers to work	<ol style="list-style-type: none"><li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li><li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li><li>3.</li><li>4.</li></ol>



## STAKEHOLDER FORUM WRAP-UP SESSION - ROUNDTABLE DISCUSSION TOPICS

**Instructions:** With the other participants at your table, review and discuss each recommendation and any pre-populated issues and considerations listed below. These issues and considerations were provided by stakeholders as items for the State to review if the recommendation were to be adopted. Identify any additional issues or considerations by listing them in the spaces provided below. Feel free to reference other helpful information – including similar programs in other states, best practices and pilot projects.

Theme: Integrated, Whole-Person Care	
Recommendations	Issues and Considerations
<p>Implement patient-centered health homes</p>	<ol style="list-style-type: none"> <li>1. Create an incentive based funding mechanism to develop a care coordination infrastructure.</li> <li>2. Build a care coordination infrastructure that ensures communication and information travels across all provider types.</li> <li>3. Review reimbursement schedule to determine what services are not getting reimbursed.</li> <li>4. Look at other pilot projects in KS (e.g., FQHCs) to understand lessons learned and financial impacts.</li> <li>5. Utilize tools that have been developed and certification processes (e.g., NCQA, Joint Commission). What type of certification (if any) will the State require?</li> <li>6. <i>Provide education w/in ER setting to educate Medicaid patients of proper use of the patient centered health home upon admission</i></li> <li>7. <i>health home upon admission</i></li> </ol>
<p>Enhance health literacy and personal stake in care</p>	<ol style="list-style-type: none"> <li>1. Identify best practices to educate population about when and where to access care (e.g., seek out lessons learned from providers and health plans).</li> <li>2. Implement case management structure to assist/promote coordination of care and services (e.g., facilitate health prevention and screening).</li> <li>3. How do we integrate public health - the local health departments across the State?</li> <li>4. The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.</li> <li>5. <i>See above</i></li> <li>6.</li> </ol>

**Theme: Integrated, Whole-Person Care**

Recommendations	Issues and Considerations
Incentivize development of integrated care networks to improve quality	<ol style="list-style-type: none"><li>1. Set specific quality outcomes to be measured.</li><li>2. Investigate best practices of integrating physical and behavioral health.</li><li>3. Review current potential barriers due to separate contracts.</li><li>4. Align financing around care for the whole person.</li><li>5. <i>use of the Health Information Exchange!</i></li><li>6.</li></ol>
Advance provider use of electronic health records (EHR)/ e-prescribing	<ol style="list-style-type: none"><li>1. Determine current level of activity with EHR.</li><li>2. Brainstorm with providers about obstacles with using EHR/e-prescribing.</li><li>3.</li><li>4.</li></ol>

**Theme: Preserving or Creating a Path to Independence**

Recommendations	Issues and Considerations
Remove barriers to work	<ol style="list-style-type: none"><li>1. Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium.</li><li>2. Utilize current benefits counselors more and expand their network so they can provide support.</li><li>3. <i>Let the state set the example for bringing people back to work</i></li><li>4. <i><del>make</del> make it possible for them to have insurance w/o driving up the cost of premiums for the employer</i></li></ol>