



Policy Principles

The Initiative is committed to the following five principles:

- I. *Service Delivery*—Frequent user patients need coordinated health and related services that respond to their needs as well as their cultural and ethnic diversity, and reduce inappropriate use of high cost care, such as acute inpatient and emergency department services.

Brief summary of key issues

- State facility licensing requirements create distinctions that separate physical health, mental health, substance abuse and other services. These artificial distinctions impede the creation of programs that cross licensing categories, integrate services or extend service provision beyond the health care setting.
- The categorical nature of most programs complicates efforts to coordinate care and treat the overlapping needs of frequent user patients.

- II. *Funding*—Funding should be adequate and flexible to facilitate the provision of services that meet a broad range of needs, and should include financial incentives that support coordinated care across delivery systems.

Brief summary of key issues

- Funding and reimbursement strategies determine how services are delivered and who receives them.
- Some funding streams (e.g., DSH) create disincentives to divert care from high cost to lower cost settings.
- Existing reimbursement structures do not promote the integration of services, the provision of interdisciplinary services, or cover the range of services needed by frequent user patients.

- III. *Training and Practice Models*—Provider training and practice models should promote interdisciplinary cooperation and respond to patients' cultural and ethnic diversity, and payment systems should eliminate disincentives to effectively providing services to frequent user patients (for example, by hindering service provision across disciplines or prohibiting multiple visits in a specified timeframe).

Brief summary of key issues

- Training and professional licensing programs rarely train providers across disciplines, and clinicians rarely acquire the skills necessary to engage and manage hard to reach patients.
- The differences in treatment approaches are sometimes mutually incompatible and make it difficult to coordinate care or create the multi-disciplinary teams that can respond more effectively to frequent user patients' complex needs.

- IV. Sponsorship and eligibility—There should be a single point of responsibility for the care and services delivered to frequent user patients, with accountability for health and financial outcomes.

Brief summary of key issues

- Frequent user patients receive services from a range of agencies, with no single agency given ultimate responsibility for patient outcome.
- Fragmentation of care results from:
 - Variation in eligibility requirements that limit the range of services a frequent user patient may receive, even when success hinges upon a global approach and treating all the factors that contribute to their service use patterns.
 - Poor communication across agencies and providers that makes care coordination difficult.
 - Multiple and inflexible funding streams that determine what services a frequent user patient may receive and in what setting.

- V. Privacy and Data Sharing—To demonstrate successful models of care for frequent user patients, there is a need for comprehensive and shared data strategies that facilitate both the measurement of quality, health and financial outcomes, and the protection of patient privacy consistent with HIPAA and other state and federal regulations.

Brief summary of key issues

- There is a lack of reliable information across programs and departments about services being provided, the individuals being served or the results of the services delivered.
- There is little statewide accountability to encourage or require cross agency cooperation and planning. The lack of integration of programs and services complicates the process of sharing information and collecting meaningful data. The lack of good information precludes a review of the services provided to frequent user patients or the costs associated with serving them in the current fragmented and inefficient manner.
- HIPAA imposes new restrictions on data sharing that may further challenge the ability of entities that provide care to frequent users to collect and share information and track results.