

**Health and Long-Term Care Access Advisory Council**  
**Discussion of a Problem Statement**  
**6/25/09 Meeting – showing discussion/debate and rejected ideas**

More access

Less expensive

Using fewer people (the right number of people? different people? not more people?)

Shift in model of care

Increased efficiencies

Public comment – believe policymakers are interested in profession by profession

Could be delegated out by profession to others to write those components. Individual reports done on individual components and individual entities working on various projects and want to be able to pick up one document and get it in one place. Consolidated, updated, best thoughts.

**Problem statement:** ~~Lack of coordination between service delivery and resource development. Too much emphasis on specialty. Too much emphasis on treatment and not enough on prevention. Rapidly increasing aging population which requires more medical care and at the same time “aging out” of health professionals. Cultural competency of health professionals, health literacy of patients. Lack of available providers in rural areas.~~

~~THE PROBLEM IS the health care system hasn't adapted to the current needs. Focused first on doctors and then on hospitals. Business. Can't be in the hole. More professions now than we had then. Incorrectly aligned incentives.~~

~~THE PROBLEM IS health care is addressed as one treatment for one illness rather than a process.~~

THE PROBLEM IS the health care of an individual is life-long and changes and our health care system needs to be adaptive to those changes and adaptive to demographic, generational, geographic, cultural and technology changes.

**OUR SOLUTIONS ARE:**

1. Payment targeted to reward prevention.
2. Payment targeted toward outcomes. (caution – can't pick the healthy patients)
3. Fund technology to relieve demand for more professionals.
4. Payment targeted toward health care team-based/community-based models.
5. Payment and incentives to educate and inform consumers who have choices.
6. Incentives that assure access for underserved populations.
7. Incentives toward cost-effective end-of-life care.

THE PROBLEM IS - Society's desired health outcomes are not aligned with the business incentives within the health care system.

**Assignment for members** – by profession - Consistent questions about each profession –

How many? (licensed? Active?)

Average age?

What are the options? To address shortages – short and long-term

Source citations?

Long-term care – direct care work is physically demanding and mentally demanding and even with good wages/benefits/increases and is not afforded the respect needed for people to want to stay.

Public comment:

Quality is related to relationships

Very high cost of turnover, both in money and in quality

Provider isolation in rural areas (drives providers out of rural areas)