



## STATE OF LOUISIANA HEALTH RESULTS TEAM

### Outcome Based Budgeting

Better Health

#### Outcome Goal Statement

I want better health for Louisianans, more affordable care, and the creation of a culture of personal responsibility for health.

We believe good health and well being is the foundation for vibrant and productive individuals and families, successful students, and a healthy workforce. First, our citizens will be educated and empowered regarding their health. They will live in safe environments where there is an active culture of prevention and personal responsibility. Our citizens will receive the right care at the right time. We expect an accountable and sustainable health care delivery system that will optimize local infrastructure and resources. The most successful outcome will occur when individuals take personal responsibility for their health and their family's health, when communities take responsibility for the provision of services for their community, and when the state supports those efforts through policies that optimize local resources and infrastructure.

#### Indicators

**Indicator 1: Decrease the percentage of avoidable state government expenditures for acute, behavioral health, elderly/disability and/or chronic care that are institutional/inpatient.**

Optimizing the use of community-based care while decreasing reliance on, more expensive institutional care will benefit all of Louisiana's citizens by promoting health care that makes better use of resources and is more responsive to the needs of patients. It will be accomplished through four methods: increasing reliance on community based services, increasing access to comprehensive, coordinated care, fostering and facilitating independence for citizens with disabilities and the elderly, and managing costs with efficient management of resources.

Increasing reliance on community-based services will facilitate cost effective use of available resources through actions which are in-line with national best practices to reduce unnecessary hospitalizations and reliance on institutions to serve people in their communities.

Increasing access to comprehensive, coordinated care that is patient centric while reducing costs to the state by maximizing the use of existing capacity and local service delivery systems will benefit citizens by providing better access to patient care throughout all of Louisiana and reducing the need for citizens to search for health care providers outside of their community.

Fostering or facilitating independence through availability of home and community based services for citizens with disabilities and the elderly will promote the dignity and independence of Louisiana's citizens while enabling them to find cost effective supports and services within their community.

Managing costs and efficient management of resources through use of technology, best practices, and program analysis will enable the most cost-effective use of health care resources and reduce and eliminate inefficiencies, duplication of resources, and non optimal activities.

**Indicator 2: Increase the percentage of children receiving recommended health screenings ages 0-5**

Increasing access to appropriate and quality health care physical and emotional services is critical to the future health of Louisiana's citizens. According to the Rand Corporation, the period from birth to age five is one of opportunity and vulnerability for healthy physical, emotional, social and cognitive development and that a sizeable fraction of children face risks that may limit their development in the years before school entry. Further according to Rand, variations in childhood experiences are manifested in disparities in school readiness, and the gaps often persist.

**Indicator 3: Percentage of Louisianans that report themselves healthy.**

Health is an important contributor to family stability and school and employment success. Surveys of self-reported health status are important for tracking physical and mental health outcomes for general and specific populations and comparing the relative burden of diseases. The SF-36 is a widely used, reliable self-reporting health status survey. Using the SF-36 survey or other health indexes to evaluate the health of Louisianans can aid in the development of norms, benchmarks, and metrics to measure the effectiveness of treatments, institutions, and programs and assist in determining which policies and activities can best improve the health of Louisiana's citizens.

## Introduction of Key Factors

A variety of factors contribute to the status of Louisianans' health. The Results Team believes that the primary factors in priority order are:

## Primary Factor 1: Healthy Behaviors

The federal government's *Healthy People 2010* goals recognize that the adoption of healthier behaviors is critical if the nation is to sustain its progress toward better health for all. Five of the ten leading health indicators selected to measure the success of this nationwide health promotion and disease prevention agenda are related to behavior: physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior.

### 1. Seek and participate in appropriate care.

Louisiana has the highest rate of death from breast cancer in the United States, but in the Louisiana Medicaid program only forty percent of women receive their recommended breast cancer screenings. Early detection through evidenced based screening can reduce morbidity and mortality. Individuals must be aware and act on recommendations for screening for chronic disease and cancer. They need information about provider quality, cost and effectiveness to make the right decisions.

### 2. Healthy diet and exercise.

More than two-thirds of American adults are either overweight or obese. Adult obesity rates have grown from fifteen percent in 1980 to thirty-four percent in 2006 based on a national survey. Poor nutrition and physical inactivity are increasing Americans' risk for developing major diseases, including type 2 diabetes, which afflicts more than ten percent of the adult population in seven states. The rates of obesity among children ages two to nineteen have more than tripled since 1980.

### 3. Tobacco Use.

Smoking is a leading cause of death and disability in the United States and Louisiana. Smokers have much higher rates of stroke, heart disease, lung cancer and emphysema than non-smokers and women who smoke and use birth control are at higher risk for breast cancer. Twenty-three percent of adults in Louisiana smoke, the ninth highest rate of smoking in the United States and the CDC estimates that the cost of each pack of cigarettes sold in Louisiana in lost productivity and poor health is \$8.82 – almost \$3.3 billion in total to the public and private sector annually.

### 4. Sexual behavior.

Sexually transmitted diseases pose a serious challenge to Louisiana, with the State, according to Congressional Quarterly's 2009 State Health Rankings, having the 4<sup>th</sup> highest AIDS rate in the United States with 19.2 cases per 100,000 population, the 5<sup>th</sup> highest sexually transmitted disease rate with 723.8 cases per 100,000 population, and the highest syphilis rate with 12.4 cases per 100,000 population.

### 5. Substance abuse.

Substance abuse impacts many of Louisiana's citizens, with Louisiana having the 7<sup>th</sup> highest adult per capita alcohol consumption in the United States with 3.1 gallons of alcohol per capita and the 18<sup>th</sup> highest number of illicit drug users with 8.4% of the population. Understanding the breadth and depth of the substance abuse problem requires looking beyond prevalence data alone and examining the role of substance abuse as a contributor to other health risks.

Addressing the issue of substance abuse treatment and prevention in rural areas begins with understanding the complex etiology underlying substance abuse and utilizing this information to develop effective drug prevention programs. Fundamental to this understanding is identification of the unique barriers and limitations encountered by rural Americans in seeking effective substance abuse prevention programs and treatment.

#### 6. Culture and healthy choices.

In 2007, 30.7% of Louisiana's adults were obese, 30% of Louisiana's adults did not exercise, 32% of Louisiana's adults had high blood pressure and 28.9% of all of Louisiana's adults 65 years old or older had lost all of their natural teeth. All of the rankings placed Louisiana in the top 5<sup>th</sup> or higher of states incurring these problems. Promotion of a healthy lifestyle, wellness, and positive life activities will lead to outcomes that benefit all of the citizens of Louisiana throughout their lives.

#### 7. Education and personal responsibility.

Promoting healthy behavior involves educating individuals about the importance of healthy behaviors and empowering them to make changes in their lives. Screening for diseases, increased participation in physical activity, and the cessation and reduction of activities harmful to the individual are enhanced when individuals understand the benefits and risks from various activities and the individual's responsibility to take an active part in the management of their own health.

### **Primary Factor 2: Access to affordable and appropriate care.**

Access to health care is positively related to health status. For example, the Commonwealth Fund reports that uninsured individuals were 25% less likely to have their diabetes under control and half as likely to have their high-blood pressure under control as insured individuals. The uninsured were also two or more times as likely to use the ER for chronic care management as the insured. Care accessed is not necessarily the appropriate care. Louisiana leads the nation in avoidable hospitalizations, and studies by Health Dialog of the Medicare, Medicaid and BCBS claims of over 2 million Louisiana citizens finds large variations in the quality and utilization of care that can only be described by geography.

#### 1. Disease Management.

Disease Management involves reducing healthcare costs and/or improving quality of life for individuals by preventing or minimizing the effects of a disease, usually a chronic condition, through integrative care. Louisiana has the 3<sup>rd</sup> highest age-adjusted death rate by cancer for females at 179.5 deaths per 100,000 female populations, the 2<sup>nd</sup> highest estimated death rate by colon and rectum cancer at 20.9 deaths per 100,000, and the 10<sup>th</sup> highest number of death by AIDS in 2005 at 403 deaths. It is vital for the health and wellbeing of Louisiana's citizens that through screening, treatment, and coordinating care so that patients receive the correct level of resources, the incidence of morbidity and mortality is reduced.

## 2. Array of Services

- a. **Behavioral Health Services** provides a full range of psychiatric care for adults and children with mental and emotional disorders. In 2009, Louisiana led the nation with the number of psychiatric hospitals (36) and yet had the 4<sup>th</sup> highest percentage of population lacking access to mental health care in 2008 (48.1%). Shifting resources from large centralized institutions to community based organizations across the State is critical to providing more of Louisiana's citizens needed access to mental health care resources and more effectively utilizing the State's mental health resources.
- b. **Long-term Care Services** are a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time. In 2009, Louisiana was 6<sup>th</sup> in the nation in Medicare and Medicaid Certified Hospices (129) and 1<sup>st</sup> in the nation in the rate of beds in Medicare and Medicaid Certified Nursing Care Facilities (516 beds per 1,000 population). Louisiana's citizens should have choices when it comes to long-term care, allowing them to maintain their independence at home or in their communities.
- c. **Specialty care services** are a variety of services that focus on the diagnosis, management and treatment of diseases and medical conditions dealing with specific branches of medicine such as rheumatology, orthopedics, and internal medicine. Louisiana faces challenges in the dispersion and availability of specialists, with many located in and around the State's larger communities, leaving certain rural areas underserved. Louisiana's citizens have choices when it comes to specialty care and should be able to access such care in or near their communities.
- d. **Preventive services** refer to measures and treatments taken to prevent illness or injury, rather than curing them after they occur. Preventative services can include screenings, checkups, and procedures to detect medical problems before they occur or before they become acute. Louisiana's citizens face challenges in having access to preventative services. For instance, in 2008 Louisiana was 2<sup>nd</sup> in the nation in the percentage of the population lacking access to dental care (31.6%). Insuring that each citizen takes responsibility and is informed about their health care needs while being able to access the care they need is key to better health for all of Louisiana's citizens.

- e. **Primary care** is a term used for the activity of health care providers who acts as a first point of consultation for all patients. Primary care is an important form of health access for patients. Primary care involves the widest scope of health care including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with multiple chronic diseases.
- f. **Emergency care services** are specialty services in which a physician or health care provider receives practical training to provide treatment to patients with acute illnesses or injuries which require immediate medical attention. While not usually providing long-term or continuing care, emergency medicine physicians diagnose a variety of illnesses and undertake acute interventions to stabilize the patient

The State has several areas where emergency care could be optimized: ending the practice of "boarding," where patients wait, sometimes for hours or days, for a hospital room to become available once they've been admitted; a lack of coordination among emergency service providers and medical facilities to best route a patient to the facility where the patient can receive the best care; and improving the integration and effective of the State's emergency response system with other first providers and disaster response resources.

### 3. Incentives in payment structure.

To encourage widespread adoption of evidence-based medicine and improve overall health and healthcare, an increasing number of pay-for-performance initiatives are being implemented. Increasingly in the private and public sectors, physicians are being rewarded for adhering to evidence-based standards of care to increase the quality of care and reduce unnecessary medical treatments. More physicians are also adopting and using electronic medical records.

Incentives must be aligned to drive the quality of care and change the way care is delivered. The payment formula must strongly incent providers to achieve clearly defined quality processes and objectives. Further, the payment model must create long-term financial sustainability for health care in Louisiana.

### 4. Geographic distribution of providers and facilities.

Geographic disparities in access to health care impact many rural regions of Louisiana. The State has fewer federally qualified health centers and rural health clinics than most states. Only 12.8% of Louisiana's licensed primary care physicians practice in rural areas. Areas in all 40 of the State's rural parishes are federally designated health professional shortage areas.

### 5. Cultural competence.

In 2007, 19% of Louisiana's adults rated their health as fair or poor, the 9<sup>th</sup> highest total in the country. Promoting a culture that emphasizes screening and early prevention and strengthens individual responsibility in participating in health activities is important to the physical and mental health of Louisiana's citizens. PSG note: RFR should ask for the evidence that cultural competence produces the results that are expected.

#### 6. Quality providers and facilities.

Promoting and incentivizing the best quality providers and facilities can improve both health standards and outcomes. Louisiana has faced challenges evaluating and ranking providers and facilities, due to the absence of consistent metrics. Designing metrics and standards that can be used to evaluate all of Louisiana's providers and facilities while providing best practices for them to improve their services is vital to improving health care outcomes in the State.

#### 7. Integrated and community based care and services.

Integrating community based care and services are vital to improving health outcomes and insuring that citizens receive the proper health resources that they need. Fragmentation of care can lead to duplication of effort and a citizen not receiving the treatment that they need. Louisiana will strive to have a health care system that looks at all the health needs of a citizen as a whole and seeks to address them in a comprehensive fashion.

### **Primary Factor 3: Environment**

The social and physical environment that a citizen lives, grows, and is born into plays a critical role in shaping the behaviors, attitudes, and health that they possess. Encouraging wellness and well being goes beyond providing care for the individual and changing the social and physical environment in which they dwell. Better health for Louisianans can be accomplished through positively changing the social structures and mitigating areas that can cause risk.

#### 1. Social Environment

Social support from family, friends, and others engaged in similar behavior change efforts can help people maintain their motivation. Other supports, such as environmental changes or campaigns that seek to change social norms, can help remove some barriers to behavior change.

#### 2. Physical Environment

Creating opportunities for individuals to engage in healthy lifestyles while mitigating environmental risks is important to the long term health and well being of Louisiana's citizens.

### **Primary Factor 4: Demographics**

Familial, racial, ethnic, gender, geographic, and genetic factors all impact the health of Louisiana's citizens. The collection and use of data from these factors can aid State and Community organizations in allocating resources to the greatest effect, targeting diseases and areas that are shown to present the most acute health problems, and have a better understanding of the challenges of improving the health and wellbeing of a diverse citizenry. Three areas have been shown to contribute to the largest differences in health care outcomes: age and gender, race and ethnicity, and congenital and genetic factors.

1. Age and gender.

The needs and differences of age and gender have differing impacts on Louisiana's healthcare system. For instance Louisiana's age-adjusted cancer incidence rate for males in 2004 was 2<sup>nd</sup> in the nation while for females it was 27<sup>th</sup>. In 2006, Louisiana ranked 50<sup>th</sup> out of all states for the percentage of adults who had ever had a sigmoidoscopy or colonoscopy. Focusing on increasing the use of preventative services by all while treating citizens with respect and showing an affinity for and responsiveness to their specific needs is vital for better health for Louisiana's citizens.

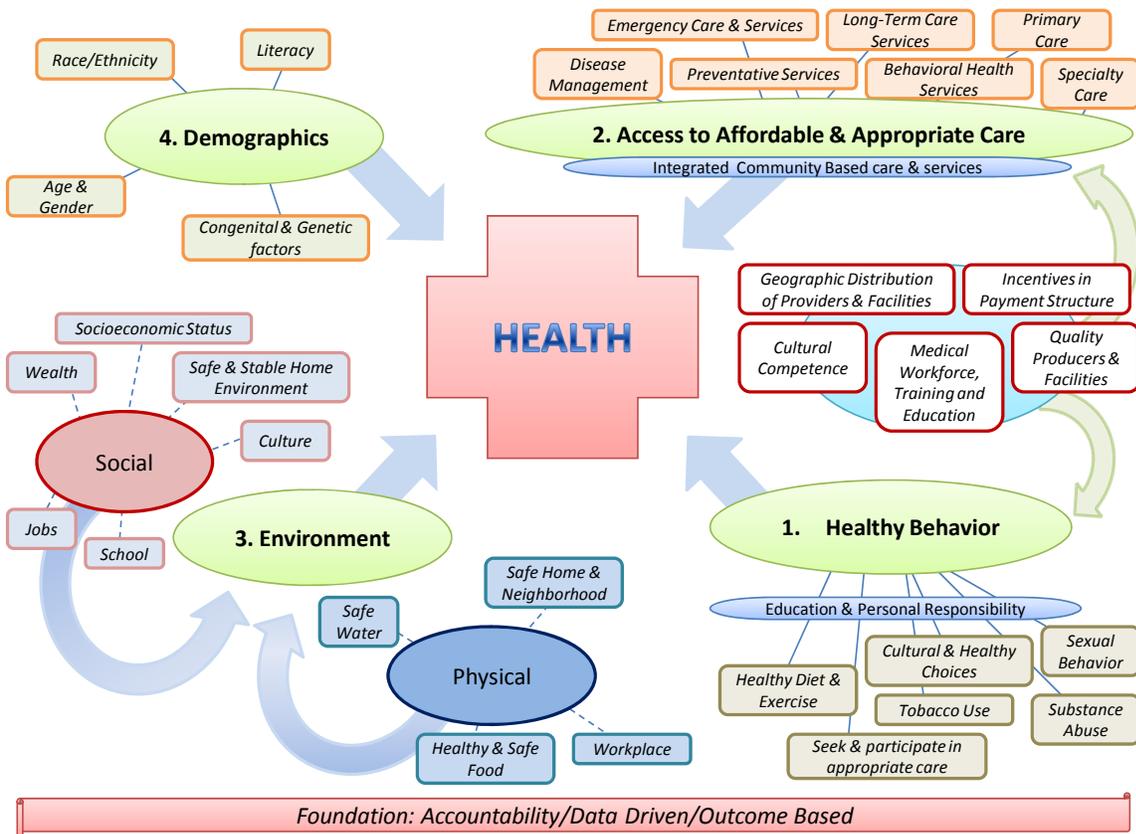
2. Race/ethnicity.

Race and ethnicity have played a part in differences in life expectancy and health outcomes. In 2006, 92% of white mothers began prenatal care in the first trimester while only 79.9% of black mothers began prenatal care in the first trimester. The black teenage birthrate in 2006 13<sup>th</sup> in the county with 76.2 births per 1,000 black teenage women while the white teenage birth rate 18<sup>th</sup> with 40.1 births per 1,000 white teenage women. A community based system focused on eliminating disparities in access to care, treatment outcomes, and the provision of services will benefit all of Louisiana's citizens and enable them to lead happier, longer, and more fulfilling lives.

3. Congenital and genetic factors.

Congenital and genetic factors affect the lives of many of Louisiana's children and citizens. Advancing the health and well being of children with genetic conditions and special health needs through screening, collection of information, and education to reduce risky behaviors contributes to the health and well being of all of Louisiana's citizens.

## Cause-and-Effect Map



## Purchasing Strategies

To make progress on the goal of better health for Louisianans, more affordable care, and the creation of a culture of personal responsibility, we are seeking budget proposals that address one or more of the following strategies.

### 1. Prevention

A culture of prevention will be created for citizens through personal responsibility where individuals take responsibility for their and their families' health, and participate in an integrated and comprehensive health care system. The health care system will target activities with a high degree of success, work to prevent the onset and progression of diseases, and promote healthy lifestyles which includes proper nutrition, exercise, regular check-ups and routine screenings. Further, the system should work to eliminate racial, gender, age, geographic and socioeconomic health disparities.

### 2. Payment reform

A major cause of the quality and cost problems in healthcare today is that our fee-for-service payment system encourages volume-driven healthcare, rather than value-driven healthcare. Payment systems should promote the right care delivered at the right time. These payment systems should make providers more accountable for increasing quality and controlling costs, but not penalize them for how sick their patients are. Offers should be based on proven or promising best practices such as resource allocation capitation, episode of care payments, medical home care coordination payments. Performance measures should include longitudinal measures of cost per capita, total cost, service utilization, patient/client acuity, and health outcomes.

### 3. Community based service delivery and governance

Communities have a vested interest in the health of their community and are in a better position to better manage the provision of health services. Community based organizations are better suited to know the local community, its needs, level of resources, and capabilities. The role of state government should be to assist local communities in optimizing health care by facilitating the use of local resources and infrastructure.

The State government should redirect its resources toward the more critical role of ensuring robust systems of care exist in their various forms throughout the state, monitoring and regulating those providers offering services, and developing long-term policy strategies and metrics for each service area within the purview of DHH to ensure best practices and outcomes.

### 4. De-Institutionalization of the elderly and disabled

The system needs viable cost-effective alternatives to institutionalization and should maximize, as appropriate, community-based resources coupled with state and federal resources to meet the needs of the individual. Offers should focus on preventing unnecessary out of home placement and opportunities enabling citizens to move from an institutional setting to a home and community based setting.

### 5. Encourage Continuums of Care that provide Choice

Continuums of care should promote an integrated continuum of medical, behavioral and social care that:

- Determines what level of care and services is needed by each individual,
- Defines roles and tasks for each provider participant to ensure individuals receive care using structured, planned, and measurable interactions,
- Shares information across providers,
- Actively engage in preventive care,
- Requires follow-up of all interactions and interventions as part of standard procedure,

- Provides intensive case management when needed to optimize provider and patient/client self-management,
- Recognizes the individual and cultural barriers faced by each individuals and design care plans appropriately.

6. Encourage Targeted Early and Holistic Intervention for children ages 0 to 5

Early intervention through education and comprehensive services targeted to high risk parents and preschool children to promote physical, social, emotional and developmental well being is critical to the health needs of Louisiana's citizens.

7. Coordinated case management for individuals and families at high risk for poor health and mental health outcomes

Particular emphasis should be placed on prevention and early intervention services for children in high-risk families, foster care, hurricane displaced communities and the juvenile justice system and women at risk of poor pregnancy outcomes.

8. Encourage Childhood Literacy

Encouraging childhood literacy from birth across an individual's lifespan by promoting early intervention, childhood literacy activities, and involving caregivers in the child's educational development can lead to better health outcomes and reduce the chance that an individual will engage in harmful behaviors.

9. Improve Health Literacy

Nearly half of Americans -- 90 million adults -- lack the skills to understand and act on health information and health system demands. It is estimated that the cost is 4 times higher for people with low literacy due to increased hospitalization/ER use and readmissions, inadequate understanding and ineffective use of prescriptions, misunderstanding treatment plans, limited use preventive services, and self-management of chronic disease.

10. Streamline and Improve Regulatory Processes and the Safety of Louisiana's Physical Environment

State government must leverage the resources and capabilities of the local public sector and private sector -- both profit and not-for-profit -- to improve the health of Louisiana's citizens. The department's goal of protecting the health of citizens through regulation should not overburden these partners to the point that complying with potentially unnecessary or inefficient regulation detracts from their ability to make their unique contribution to the health and safety of our citizens. We are looking for offers which promote evidence based regulation and streamlining of our regulatory processes.

## 11. Developing an Adequate Qualified Medical Workforce

A shortage of up to 200,000 physicians is projected for the year 2020 and 97% of Louisiana is currently a primary care health professional shortage area. Louisiana also is experiencing a severe shortage of dentists and mental health professionals. We are looking for offers that use well established best practices of financing, payment and training to attract and prepare students for medical school, provide program support that will increase their likelihood of practicing primary care in underserved areas, and attract and retain physicians in underserved areas.

### Criteria

We will evaluate proposals on the following criteria, and we strongly encourage every proposal to touch on each of the below:

1. Proposals should contribute to achieving better health outcomes for the state and should include solid performance metrics and ensure and accountability. (30%)
2. Proposals should be based on a promising practice or evidence based practice to ensure the proposals are data driven and results are outcome based. (20%)
3. Proposals should be comprehensive and demonstrate sustainable approaches. (20%)
4. Proposals should demonstrate coordination in all aspects with other service providers and ensure that resources from all sources are being leveraged. (20%)
5. Proposals should demonstrate improved efficiency and cost effectiveness which includes maximizing technology. (10%)

### Supporting Evidence

#### **Prevention:**

Barbara Starfield. Contribution of Primary Care to Health Systems and Health. Milbank Quarterly. 2005.

Targeting Louisiana Youth for Positive Behaviors – Louisiana Department of Health and Hospitals, Tobacco Control Prevention Program.

CDC's Division of Adolescent and School Health. Addressing Disparities.

2007 National Youth Risk Behavior Survey

Louisiana Department of Health and Hospitals – Streamlining Document

**Payment reform:**

Better Ways to Pay for Health Care. A Primer on Healthcare Payment Reform. 2009.

<http://www.nrhi.org/downloads/NRHI-PaymentReformPrimer.pdf>

The Commonwealth Fund Commission On A High Performance Health System.  
Reforming Provider Payment: Essential Building Block for Health Reform. 2009.

[http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Mar/1248\\_Guterman\\_reforming\\_provider\\_payment\\_essential\\_building\\_block\\_FIN\\_AL.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Mar/1248_Guterman_reforming_provider_payment_essential_building_block_FIN_AL.pdf)

MedPAC Report to the Congress: Improving Incentives in the Medicare Program.  
Chapter 2: Accountable Care Organizations. June 2009.

[http://www.medpac.gov/chapters/Jun09\\_Ch02.pdf](http://www.medpac.gov/chapters/Jun09_Ch02.pdf)

Pay for Innovation or Pay for Standardization? How to Best Support the Patient-Centered Medical Home. 2009.

<http://www.nrhi.org/downloads/NRHI-HowtoSupporttheMedicalHome.pdf>

**De-Institutionalization/Prevention:**

Rosenthal. The Medical Home: Growing Evidence to Support a New Approach to Primary Care. Journal of the American Board of Family Medicine. 2008.

Louisiana's Plan for Access to Mental Health Care. 2007.

[http://www.dhh.la.gov/offices/publications/pubs-1/OMH%20Plan%202007\\_Web.pdf](http://www.dhh.la.gov/offices/publications/pubs-1/OMH%20Plan%202007_Web.pdf)

Louisiana's Plan for Immediate Action: Providing Long-term Care Choices for the elderly and People with Disabilities.

[http://www.dhh.louisiana.gov/offices/publications/pubs-157/PIA\\_042005.pdf](http://www.dhh.louisiana.gov/offices/publications/pubs-157/PIA_042005.pdf)

**Encourage Continuums of Care that Provide Choice:**

Innovative Care Models provides detailed profiles of 24 successful care delivery models.

<http://www.innovativecaremodels.com/>

It Takes a Region: Creating a Framework to Improve Chronic Disease Care. MacColl Institute for Healthcare Innovation

<http://www.chcf.org/documents/chronicdisease/CreatingAFrameworkToImproveChronicDiseaseCare.pdf>

Improving Chronic Illness Care. Chronic Care Model Literature

[http://www.improvingchroniccare.org/index.php?p=Chronic\\_Care\\_Model\\_Literature&s=64](http://www.improvingchroniccare.org/index.php?p=Chronic_Care_Model_Literature&s=64)

Improving Chronic Illness Care. Condition Specific Literature

[http://www.improvingchroniccare.org/index.php?p=Condition-Specific\\_Literature&s=81](http://www.improvingchroniccare.org/index.php?p=Condition-Specific_Literature&s=81)

Muckemel. Program Characteristics and Enrollees' Outcomes in the Program of All-Inclusive Care for the Elderly (PACE). 2007.

<http://www.npaonline.org/website/download.asp?id=2109>

**Encourage Targeted Early and Holistic Intervention Pre-Natal through Kindergarten Education:**

Commonwealth Fund. Medicaid and CHIP Strategies for Improving Child Health. 2009.

[http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Jul/1298\\_Smith\\_Medicaid\\_CHIP\\_strategies\\_v3.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Jul/1298_Smith_Medicaid_CHIP_strategies_v3.pdf)

Early Childhood Interventions: Proven Results, Future Promise. 2005

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Washington State Institute for Public Policy. Benefits and Costs of Prevention and Early Intervention Programs for Youth. 2004.

**Coordinated Case Management for High Risk Families and Individuals:**

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[http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Apr/NASHP\\_Care\\_Coordination\\_April\\_2009.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Apr/NASHP_Care_Coordination_April_2009.pdf)

**Achieve Positive Personal Behaviors:**

California Healthcare Foundation. Patient Self-Management Literature and Reports

<http://www.chcf.org/topics/chronicdisease/index.cfm?subtopic=CL613>

**Developing an Adequate Qualified Medical Workforce:**

Barbara Starfield. The Effects of Specialist Supply on Populations' Health: Assessing the Evidence. Health Affairs. 2005

Council on Graduate Medical Education. Resource Paper. State and Managed Care Support for Graduate Medical Education: Innovations and Implications for Federal Policy. 2004

<http://www.cogme.gov/ManagedCare/ManagedCareReport.pdf>

Council on Graduate Medical Education. Nineteenth Report. Enhancing Flexibility in Graduate Medical Education. 2007.

<ftp://ftp.hrsa.gov/cogme/19thCOGME.pdf>

MedPAC Report to the Congress: Improving Incentives in the Medicare Program. Chapter 1: Medical education in the United States: Supporting long-term delivery system reforms. June 2009.

[http://www.medpac.gov/chapters/Jun09\\_Ch01.pdf](http://www.medpac.gov/chapters/Jun09_Ch01.pdf)

Shi. Primary care, race, and mortality in US states. Social Science and Medicine. 2005

**Improve Safety of Louisiana's Physical Environment**

Child Welfare Information Gateway

<http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf>