

**PRINCIPLES FOR NEW MODELS WORKGROUP (NOT LISTED IN ORDER OF PRIORITY):**

1. Consumers should be the center of any new health system.
2. Funding opportunities should not drive the models of care. North Carolina needs to identify the key elements that will improve health care quality and outcomes, increase access, and reduce costs and then identify funding sources to accomplish those goals.
3. In considering new financing and delivery options, North Carolina should build on what already is working to improve health and reduce health care costs in North Carolina including Community Care of North Carolina and other collaborative community based efforts. However, while we want to build on our existing strengths, we do not want to be limited by these initiatives, and what to explore other options in North Carolina and nationally that might lead to further improvements in health care quality and outcomes, improved access, increased efficiencies and reduced costs.
4. Before testing new models of care, North Carolina should develop appropriate measures to determine whether any new delivery or financing model is actually helping to improve access, quality and efficiency, without leading to the exclusion or dumping of people with significant health challenges.
5. To the extent possible, the new models of care should involve other payers aside from Medicaid and Medicare. Multi-payer, multi-provider initiatives have greater possibility of improving quality, access to care, health outcomes, while reducing health care costs.
6. If savings are realized from the changes in the health care delivery and financing systems, the savings should be reinvested into improved quality, access and health care outcomes, or shared across different providers, payers and consumers.
7. In order to improve the capacity of our health care system to be able to serve all the newly insured, we need to consider new models that will utilize health professionals to the fullest extent of their licensure.
8. We support testing patient-centered, interdisciplinary teams that include primary care, dental and behavioral health professionals, nutritionists, allied health, and lay health advisors. These patient-centered teams should be able to address the health needs of the whole person. We also support testing models that incorporate health extenders, such as lay health advisors, or the use of group health visits to determine if these models improve access, reduce costs and improve health outcomes.
9. North Carolina should explore options to involve the consumers more directly in their own health (supporting self-management). Consumers should be given the information, training and support to be an active participant in managing their own health. Any new model of care should ensure that consumers are given culturally and linguistically appropriate health education, and that information is conveyed in a way to ensure that it is understandable to people with lower health literacy.
10. Any new model tested in the state should be transparent in terms of design, outcomes, and costs and expandable to other provider groups and payers across the state. (In other words, we should not support proprietary initiatives that would only benefit a segment of the population).