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• **Insurer of Last Resort**
  ○ “Serving some of the state’s most disadvantaged residents and many with very complex health care needs. MassHealth covers low-income families for whom employer sponsored coverage is unavailable or unaffordable, people who are affected by economic downturns, and people with physical, behavioral, and intellectual disabilities, among others.
  ○ It offers assistance with premiums, co-payments, and additional benefits to people who have another source of primary coverage, such as Medicare or an employer plan, but who are challenged by the cost of that coverage” (Massachusetts Medicaid Policy Institute)

• 1.9 million members
Interprofessional Teams and Advocacy: Providing High Quality Care to Disadvantaged Patient Populations

1. How do we define Quality?
   a. Create Guidelines that define High Quality Care
   b. Maintain guidelines as innovations change standard of care

1. How do we control Costs?

1. Risk Adjustment for specific population

1. Designing/Executing a System of Levers to Incentivize “Good Care” and Disincentivize “Bad Care” example: Prior
Diverse Interprofessional Team: To develop and administer a complex insurance program many different professional backgrounds are needed

- Doctors
- Nurses
- Pharmacists
- Policy Experts
- Health Economists
- Business Professionals
- Social Workers
- Accountants
- Physical Therapists/Occupational Therapists
Interprofessional Teams and Advocacy: Providing High Quality, Cost Effective Care to Disadvantaged Patient Populations

Doctors….and med students!
What does advocacy mean to us as future providers: implementation of evidence based high quality, cost effective medicine

- Focus is on development of evidence based protocols setting the standard of patient care
- Ever-evolving new findings that lead to new standards of improved patient care
- Health care providers must think about managing their patients from a population health perspective- physician buy in!
- Ask yourself: Is this high quality care? Is it cost effective?

"The Red Queen has to run faster and faster in order to keep still where she is. That is exactly what you all are doing!"
What are the mechanisms and evidence behind strategies to change physician/practitioner practice behavior that is not consistent with the clinical standards based on quality and performance measurement?

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