

## **Week 2: Touchpoint Reflection: Reimbursement Issues**

**Guidelines for Touchpoint Reflections:** A downloadable version of the guidelines, which includes further information, is available for access in the week 1 discussion thread.

### **Reflection Information**

#### **EXPERIENCE**

Using the data collected in Week 1 about your institution's, provide an overview of the payer mix, delivery system type, and the population demographics. Describe the type of reimbursement system relied upon most heavily by your institution; value- or volume-based.

#### **REFLECTION**

Describe how these factors coalesce to influence the financing of the type and quality of care provided at your institution. What are the implications on access and availability of types of care provided at your institution?

#### **IMPLICATIONS FOR FUTURE**

- How is your proposed project affected by the information you've gathered about your facility?
- What adjustments might you have to make in your proposal because of the information gathered?

### **Dr. Strong and Class,**

Experience - As stated in last week's touchpoint reflection, the facility that I work for is a non-profit, integrated delivery healthcare system that provides medical care for the people of the community and several surrounding counties. An integrated delivery system is one that coordinates care among all members of the disciplinary team, offers a continuum of primary and specialty healthcare services and specialties, and allows for an electronic health record that is comprehensive and available for all providers of the patient, making caring for the patient easier and more efficient (Schmidt, et.al., 2018. P. 2). This helps to keep the patient's care seamless throughout the care transition process. The majority of the payer mix for my facility includes