

Questions for break-out groups:

1. What health care changes do we wish to accomplish at the local level?
2. What's possible to achieve locally – i.e., what are we able to accomplish at the local level, with our existing resources?
 - a. What resources or support would we need additionally to promote increase in health care options to medically underserved in the county?
 - b. What new initiatives could be implemented at the county level to improve access to health care? What would the cost of these programs be and how can community leaders support them?
 - c. What partners are needed to further the promotion of health care options to increase access to medically underserved residents in the county?
 - d. What partners should we be collaborating with to ensure inclusivity of diversity perspectives, and of people of color, both from the provider perspective and the patient perspective?

Group 1:

1. Enroll those people already eligible for benefits but not signed up
2. Focus on education, prevention, wellness, and alternative health care
3. Create a pool of specialists available for referral
4. Explore feasibility of:
 - a. Behavioral health triage system
 - b. Urgent Care
5. Create a database warehouse that equates return on investment

Group 2:

1. Telemedicine
2. Coordinated System of EMRs
3. Change the cost shift: currently those who are insured are paying for those who are uninsured
4. Establish a system of quality measurement of the providers
5. Take employers out of the equation of insurance – too inconsistent and puts a burden on small business

Group 3:

1. Billing:
 - a. Transparency of costs
 - b. Cost shifting/sharing of costs
 - c. Operating costs

2. How do we divert non-emergent care away from emergency rooms?
 - a. Triage care needs
 - b. Mental health services
 - c. Hospitals and clinic relationships
3. How do we provide holistic services?
 - a. Treatment plans
 - b. Home care
 - c. Preventative care
4. Could there be onsite triage services connected to hospitals?
 - a. Strong referral base
5. Problems:
 - a. Silos between hospitals, clinics, npo's
 - b. Silos internally within programs/services
6. Long-term care issues as we consider the growth in our senior populations
7. Could the Health Sciences Center encourage bi-lingual/multi-lingual/sign language proficiency in recruitment and training?
8. The demand for services is always going to be higher than what is available, even if we increase the current services from providers
9. Challenges in recruiting and retaining Dr.'s, nurses, and specialty care
10. How can we better integrate private care, hospitals, clinics, npo's through case-management, documentation, registration, and tracking?

Group 4:

1. Need overall health planning resurgence (eg. CON)
2. Find/research best practices that have occurred on a local/county level (see: San Francisco county)
3. Improve interdisciplinary care:
 - a. Social work, mental health, geriatric
4. Establish a "medical home" that doesn't rely on the payer – so if your coverage changes, you don't have to change your medical home
5. Urgent care 24/7 task force to divert patients from emergency rooms
6. Continuity of support: hospitals, doctors, specialists
7. Do we wait for the 208 recommendations and legislative adoption, or for a change at the federal level? No.
8. Leverage current (Human Services) Strategic Planning efforts within the health care system

Group 5:

1. Enroll all eligible residents in programs available
 - a. Medicaid
 - b. CHP+
 - c. Connect sign-up to Free and Reduced Lunch registration?
2. Provide outreach to make sure everyone has a "medical home."
3. Create community triage urgent health clinics connected to hospitals

- a. Clinic would be 24/7 and could relieve emergency rooms of non-emergent care
 - b. Clinic would connect patient to a community health clinic to serve as medical home
4. Ensure a coordinated Electronic Medical Record (EMR) countywide so various providers could communicate within the system
 5. Establish quality improvement programs
 6. Obtain funds to support continuing education for bi-lingual/bi-cultural health care workers already connected to monolingual communities
 7. Obtain funds to support loan forgiveness for physicians to come work at community health clinics
 8. Create a coordinated system of rotating specialty doctors at hospitals triage urgent care
 9. Link hospital access to personal care provider, not home location/zip code
 10. Create centralized intake locations for all community services

Community Partners and Resources Identified:

- Faith communities – access to resources for volunteers and other support
- Community Foundation, United Way, Private Philanthropy
- Taxpayers – ie. ballot initiatives
- Media/PR firms

Group 6:

1. Centralized system to direct people to proper level/location of care
2. Centralized database is desirable, but who comes up with the initial capital cost?
3. Better coordination of medical services with other human services
4. Who are the trust brokers? How do you find the right community?
5. Specialty care – assess specialty care needs
6. Include diversity in planning and services (immigrant collaborative group, Colorado Trust, El Comite, etc)
7. Better interface between nonprofit hospitals and community health clinics
8. Establish a consortium of providers to refine ideas? (hospitals, CHC's?)

Opportunities for Immediate Community Follow-Up:

- Establish a consortium of providers to refine ideas
- Collaborate EMR adoption by county providers and establish resource support in purchasing those systems
- Outreach to create a broad network of specialists to rotate among community health clinics
- Support the Human Services Strategic Plan to help people navigate through multiple service needs (food, housing, health care)
- Be inclusive when planning programs – and engage other non-health-related programs working with diverse communities
- Engage faith communities as resources (volunteers, etc.)
- Link hospital access to CHC, not zip code.

- Begin recruiting outreach coordinators from within communities you are trying to reach
- Explore possibility of signing children up for Medicaid and CHP+ when they register for free and reduced lunches – or find other ways to increase enrollment of children eligible for programs
- Research best practices elsewhere – see: San Francisco

Long-Term Community Investment:

- Funding to support continuing education for bi-lingual/bi-cultural health care workers already connected to monolingual communities
- Create community triage urgent health clinics connected to hospitals
 - Clinic would be 24/7 and could relieve emergency rooms of non-emergent care
 - Clinic would connect patient to a community health clinic to serve as medical home
- Improve interdisciplinary care:
 - Social work, mental health, geriatric
- Need overall health planning resurgence
- How can we better integrate private care, hospitals, clinics, npo's through case-management, documentation, registration, and tracking?
- Focus on education, prevention, wellness, and alternative health care
 - Consider Kaiser's "Ask-a-Nurse" model or telemedicine
- Create a database warehouse that equates return on investment

Advocacy Issues for Legislators on Statewide Reform:

- Establish quality measurement/improvement programs for providers
- Funding to support continuing education for bi-lingual/bi-cultural health care workers already connected to monolingual communities
- Funding to support loan forgiveness for physicians to come work at community health clinics
- Improve interdisciplinary care:
 - Social work, mental health, geriatric
- Establish a "medical home" that doesn't rely on the payer – so if your coverage changes, you don't have to change your medical home
- Address the cost shift
- Take employers out of the equation of insurance – too inconsistent and puts a burden on small business
- Define the role of pharmacies in addressing the needs of the underserved
- Billing:
 - Transparency of costs
 - Cost shifting/sharing of costs
 - Operating costs