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Chatham County Technical Assistance Report – Strengthening The Health Care Safety Net

Site Visit-January 2004

*BPHC Cooperative Agreement Technical
Assistance*

The participants asked the consultants to provide a big-picture frame regarding the purpose of assembling the group. The consultants offered the following:

The group was brought together by the county to explore how to accomplish an overall goal of realizing a strengthened safety net system wherein a representative diversity of local stakeholders engage in fairly sophisticated public health planning activities that result in the creation and maintenance of an effective continuum of care for low income and uninsured individuals and their families.

A Review Of Activities And Results From The Meeting

There was general agreement that the existing safety net system needed strengthening and that fast approaching challenges made this goal all the more important. The consultants suggested the use of a Strengths, Weaknesses, Opportunities, Threats (SWOT) brainstorming activity as a basic starting analysis to focus the group's thinking. The participants agreed to the activity. The results of their SWOT analysis follow:

<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
Many important health care stakeholders joined the Jan 27 th meeting— A feeling that “We are here together and together we can meet the challenges before us	Lack of true representation of physicians on the collaborative body	We have the where for all to identify the local leaders of specialty medical care	Proposed reductions in current resources (\$\$)

There are Patient Assistance Technicians available in parts of our system	A Lack of Community Education efforts	We have the capacity to get the message out to the community - to educate the community about the services that are available through effective outreach.	
There is a partnership with D. of CFS-CVC—hospital to coordinate forms and help people eligible for certain programs-(further enhancing resources)	A thin layer of cultural competency: Low levels of translators create an inadequate spread of this important resource	We could get the state to explore a HIFA waiver piloted in the county to get up-front increases resources for eight years-recognize that after eight years a reduction in resources will occur.	Increasing levels on uninsurance and under-insurance

<p>The County holds a viable position as a neutral party that can be leveraged for seeking additional funding and for championing access to specialty care</p>		<p>We have the capacity to revisit/ and review existing data about the current points of service in the system, the levels of uninsurance, the geographic spread of the points of out patient care—</p> <p>The County has provided us with national technical assistance professionals to help us meet the challenges.</p>	<p>A general sense of overall limited resources to meet existing need</p>
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- ✓ Form A Referral System For The Safety Net System / Catalog Services

Name some guiding principles for any future planning / oversight body

- ✓ Involve consumers
- ✓ Involve businesses

Outline some ideas for the structure of a planning body

- ✓ Steering Committee
- ✓ Education Committee

Name a few proposed program elements for an improved safety-net system

- ✓ Centralized case management system

Name next steps for the current effort as follow up to today's event

- ✓ Form a steering group and have them first identify more stakeholders to include other service providers, consumers
- ✓ Start gathering relevant planning data:
- ✓ Demographic info- Epi data: use health department as data resource

Group Two:

Broad-brush goal statement:

- ✓ Providers To Work Together And To Be Participatory with an aim toward the objective of maximizing resources

Name some guiding principles for any future planning / oversight body

- ✓ Ensure the leadership and participation of the county
- ✓ Have trusting relationship, an open and inviting environment and not be defensive
- ✓ Providers act in good faith and engender constructive dialogue among providers
- ✓ Ensure the buy-in of all major providers, engage presidents and CEOs and the board leaders of providing agencies—the County Commissioners can help this to happen

Name some guiding principles for any future planning / oversight body

- ✓ Establish a neutral entity to establish and support convening of proposed planning body e.g. The County
- ✓ Ensure that accountability standards are developed for proposed body
- ✓ Shared data across members is an important principle to uphold

Outline some ideas for the structure of a planning body

- ✓ Institute a sustained governing body e.g. a body coming off of the county with both provider and service user representation --*examine the best elements of the CHC and Ryan White models for this.*
- ✓ Establish a Steering Committee—The Steering committee can evolve into a sustained governing body.
- ✓ Use subcommittees relevant to final objectives that offer meaningful engagement to all stakeholders e.g. a primary care access subcommittee, a grants/funding subcommittee, a specialty care access subcommittee,, an outreach/education subcommittee

Name a few proposed program elements for an improved safety-net system

- ✓ County-wide case management / navigator system
- ✓ Outreach and Community Education elements

Name next steps for the current effort as follow up to today's event

- ✓ Appoint an advisory development committee
- ✓ A Steering Committee should be appointed by the County
- ✓ *Commission the Development of a draft vision / mission statement*

Small-Group Report Back

- Synthesis of small group ideas

Each small group presented their thinking to the whole group of participants. The facilitators asked all participants for feedback on the presented ideas. It was specifically asked if there was general agreement with the small groups ideas, and clarifying questions were solicited. Each group indicated that they

Membership of the Safety Net Planning Council shall not exceed 20 voting members.

Safety Net Planning Council membership is composed of a diversity of affected populations, including demographically and geographically diverse individuals that access the county's indigent care system, as well as institutional and community-based health and support service providers. The Council's primary roles and responsibilities include 1.) Analyzing assessments of need and unmet need, and epidemiological data 2.) Considering current system configurations and existing assets 3.) Offering guidance on how best to meet need, mounting access to care improvements, and 4.) Promulgating meaningful performance measures that the County can encumber within their indigent care contracts to better monitor the performance of indigent care contracts.

Safety Net Planning Council members are expected to uphold the goals, objectives, policies and procedures of the Safety Net Planning Council; attend Safety Net Planning Council meetings and participate in the policy-making decisions of the Safety Net Planning Council; serve on a minimum of one committee; contribute his or her professional and personal expertise to further the work of the Safety Net Planning Council.

Supportive rationale:

It may be in the county's best interest to be able to demonstrate to tax payers that they have developed a more systematic means of ensuring that indigent care resources are being put to use in a cost efficient manner that ties cost considerations to quality expectations. That it centralizes the planning function and the establishment of standards of performance measures outside of itself through the Safety Net Planning Council which will be comprised of providers and consumers who work with the very system every day and are ultimately impacted by the standards of performance that would result from its work. If the county spells out some minimum expectations of due diligence of analysis for the Council to offer its recommendations for general system improvements, cost efficiencies, quality standards and performance measures—it ought to be able to trust into the councils recommendations.

Additionally, other county systems have demonstrated increased federal and philanthropic funding opportunities due to the formation of a formal cohesive coalition of providers.

The County has gained the technical assistance support of national consultants to help this effort unfold over the next six months. It should seize this time-limited opportunity for free technical support. For example, NACo has offered the County an opportunity for additional learning through a tuition scholarship to attend a national training on the Return on Community Investment (ROCI) approach. This is an example of NACo's desire to

recruited consumers so that they will feel comfortable with data based planning efforts.