

Concept Paper for Countywide Planning
Health Reform and Access to Care
October 26, 2010

Background:

Washtenaw County and environs has had a longstanding dilemma of providing effective access to primary care for persons with limited financial resources and/or limited insurance. Responses to this have included establishment of various safety-net provider organizations, Washtenaw Health Plan, and other ancillary support services and organizations. However, the two major health systems continue to be providers of last resort, through their emergency rooms, for a significant number of primary care and chronic care patients. The two major health systems have continuously provided support for the development of alternative high quality delivery programs.

With the passage of health reform, there is an expectation that a greater number of persons with limited resources will be covered by Medicaid, or other variants, increasing their potential access to care. There are other features of the reform legislation that will potentially impact the delivery of services (e.g., incentives for establishing medical homes, FQHC funding and development of accountable health organizations).

Implementation of national health care reform is scheduled for 2014. Without a well-conceived action plan that responds to the impending changes, we are likely to experience the following:

- A significant increase in demand for services by newly covered patients, overwhelming the current delivery system.
- Increased reliance on hospital emergency rooms to be providers of primary and chronic care.
- Persons newly eligible for insurance coverage (Medicaid) failing to apply or frustrated by the application process, taxing our current support systems that assist in applications for benefits.
- Some current safety net providers with focused mission and roles (e.g. The Corner, Hope, WHP) not qualifying for new types of funding.
- Lack of coordination of mental and physical health programs and funding.
- Lack of coordination among providers for developing new forms of provider organizations that can obtain advantageous funding (medical homes, accountable health organizations, FQHC).
- Absence of an established mechanism for responding to possible changes in national health care policy that will impact the development and funding of health care in our community.

Current Situation:

- There is no mechanism in Washtenaw County to develop and implement a coordinated plan for responding to national health care reform that will improve our current system of delivery of primary and chronic health care services.
- We have incredible resources in our community to enable us to develop a model plan: brainpower, community leadership, some very good safety-net providers, two strong healthcare systems, community philanthropic support, quality physician providers, WHP experience with enrollment issues, local governmental support, and a national reputation for innovation and excellence in health care.
- High level of interest among various parties to engage in this effort, subject to the participation and cooperation of the two major health systems.

Objectives:

- Enhance the access to and coordination of primary and chronic care.
- Reduce the reliance on emergency room for provision of primary care.
- Focus on enhanced support for enrollment of newly eligible persons in Medicaid or other variants
- Develop and agree on 5-10 action steps and implementation plans
- Identify funding for action steps.
- Use a focused, short, time-limited process.
- Sponsorship of this process by the two major health systems.
- Establish a mechanism for on-going planning and development as health care reform unfolds.

Agreement Reached Between Leaders of the Two Major Health Systems, Community Co-Chairs and Facilitator:

1. This is worth doing.
2. Process:
 - a. Agreement on objectives of process, problem to be solved.
 - b. Length of process: Perhaps six months, use steering committee between meetings of the larger group.
 - c. Potential participants (see note below).
 - d. Facilitator: ask Marianne Udow-Phillips.
 - e. A framework for solutions should be pre-identified and this process used to confirm and modify these potential solutions and to develop action plans to implement.
 - f. Establish a steering committee/technical workgroup for developing the framework and staffing between meetings of the larger group.
 - g. Provide Opportunity for obtaining community and agency input.
 - h. Develop measures to assess successful implementation.
 - i. Community leadership co-chairs: Bob Guenzel, Norman Herbert.
3. Personal involvement and attendance at all meetings.
4. Support from UMMC and SJMHS: Brent Williams and Lakshmi Halasyamani.
5. Willingness to do some resource allocation to some actions plans (i.e., shifting of resources to fund some new initiative that will reduce reliance on emergency rooms for primary and chronic care).
6. Next steps:
 - a. Meeting with staff and facilitator to begin confirm process.
 - b. Identify framework for potential solutions.
 - c. Identify and plan the specifics of the process.
 - d. Invite participants.
 - e. Schedule meetings.

Note on possible participants:

The following is a list of possible participants in this process. The magic is to have sufficient participation to have a successful discussion and actionable plan, and yet not have a group too large to reach conclusions in a timely manner.

Participants who have committed to participate:

Community Co-Chairs: Bob Guenzel and Norman Herbert
Facilitator: Marianne Udow-Phillips - Center for Healthcare Research and Transformation
UMHS: Doug Strong, Brent Williams, M.D.
SJMHS: Rob Casalou, Lakshmi Halasyamani, M.D.

Representation from the following to be invited:

Other Community Leadership
Safety Net Clinic Representatives (Corner, Hope, Packard)
IHA
Washtenaw County Health Department and WCHO
Washtenaw Health Plan
Ann Arbor Area Community Foundation
United Way of Washtenaw County
Ypsilanti Representative
Rural Representative