

Regional Health Care Safety Net Summit

Health and Medicine Policy Research Group

June 23rd, 2009

Preliminary Recommendations for the Health Care Safety Net in the 7-county Region of Northeastern Illinois

Introduction to Preliminary Recommendations

Health and Medicine Policy Research Group, in collaboration with 8 other organizations, began the Regional Health Care Safety Net Initiative in 2006 to build on the successes of the previous Chicago/Cook County Summit and to address the new and intensified problems of today. This collaborative effort, which uses the World Health Organization's framework for strengthening a health system, is designed to create a **regional blueprint** to more efficiently and effectively provide quality health services for uninsured, Medicaid, and other vulnerable populations across the seven county region (Cook, DuPage, Kane, Kendall, Lake, McHenry, and Will counties). The economic downturn, political leadership changes, and shifting populations provide an opportunity to create sustainable change.

Since 2006, workgroups around six topic areas (Data and Demographics, Health Equity, Finance, Planning/Governance, Access to Personal Health Services, and Workforce) have convened to research the current state of the safety net in the region. The steady progress to date has resulted in:

- ❖ a detailed description about each of the seven county's needs and resources (through key informant meetings in each county and assembling of existing demographic, health services, and status data);
- ❖ background information about models and "leading practices" in other metropolitan areas; and
- ❖ prioritization and support for working on the region's needs at a Pre-Summit meeting in fall 2008.

Since February 2009, a Summit Planning Committee and other safety net experts, have used the work of the past 2 years to draft these preliminary recommendations for strengthening the health safety net, recognizing that the preliminary recommendations are not complete and perhaps may not include the BEST recommendations for the region. **These preliminary recommendations are a basis for discussion, debate, and collaboration to move the region toward a more coordinated and seamless safety net system.**

The June 23, 2009 Summit process is designed to allow a large group of safety net stakeholders to come together to affirm the need for more regional efforts to secure the health care safety net and to respond to the preliminary set of recommendations and begin to develop ways of moving the recommendations to action. The Overview of the Preliminary Recommendations is structured as follows:

- ❖ A problem statement developed by the workgroups for each topic area
- ❖ An overarching vision for that topic area
- ❖ A set of preliminary recommendations, usually in sub-categories that address the vision and problem statement
- ❖ When known, a brief description of local or other regional examples that are already implementing the recommendation
- ❖ Feedback is then requested regarding
 - Your organization's Level of Support for the preliminary recommendation on a scale ranging from 1 (not at all supportive) to 5 (very supportive).
 - Your organization's potential role in implementing this preliminary recommendation, from taking a Leadership role (**L**), to being a Participant (**P**) or Resource (**R**) in the effort, to simply desiring to Stay Informed (**SI**), or not taking any role (**NR**).

Overview of Preliminary Recommendations for the Northeastern Illinois 7-County Region

Health and Medicine Policy Research Group

Regional Health Care Safety Net Initiative

Last Updated 6/23/09

Data/IT Problem Statement

Healthcare safety net providers in the northeastern IL region are faced with many data and information technology (IT) challenges, although many opportunities exist for improvement. The most significant challenges identified included:

1. IT systems do not currently link safety net services across the region.
2. Different municipalities and agencies collect their data differently, making it difficult to interpret geographical and population trends.
3. It is difficult to access regional aggregate data.

Data/IT Vision: There will be improved data sharing, data consistency, and data access throughout the region.

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|---|-------------------------------|--|
| Data Sharing: | | | |
| A.) Encourage providers in the region to adopt electronic health records, especially as money from the American Recovery and Reinvestment Act becomes available to do so. | Many areas across the U.S. have adopted the use of Electronic Medical Records. | | |
| B.) Link Electronic Health Records data to social services, mental health, and other systems not connected to the record in a manner to be specified with appropriate privacy protections (e.g., secured access for only authorized users for authorized purposes) in order to track clients across service systems and as appropriate to track specific services provided. | The Palmetto Project in South Carolina has created an enhanced HIPAA-compliant records management system called the AccessNET Information Management System (AIMS) that includes a database accessible to all providers and navigators to ensure the patients receive the services they need. | | |

¹ Rate your organization's level of support for this recommendation on a scale of 1(not at all supportive) to 5 (very supportive).

² List your organization's role in implementing this recommendation. Would you like to take Leadership (L), be a Participant (P), be a Resource (R), Stay Informed (SI), or take No Role (NR)?

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|--|--------------------------------------|---|
| C.) Develop a referral system to refer residents across safety net institutions for needed care. This requires that computer and IT systems are compatible across the region. This can eventually build into a state-wide referral system. | The Cook County Health and Hospital System uses the I.R.I.S. referral system to refer patients throughout the County. This could be broadened to include the entire region. | | |
| D.) Improve provider understanding of limits and allowances of HIPAA and FERPA regulations among safety net providers so as to decrease barriers to sharing aggregate data. | Information forums could be conducted to teach providers about the type of health information that can and cannot be shared according to HIPAA and FERPA regulations. | | |
| E.) Create partnerships with non-health groups (i.e.: education, housing, transportation, urban planners, etc.) to create information exchanges that improve the linkages between health data and the social determinants of health. | Obesity is a health issue that is impacted not only by physiology and health behaviors (i.e.: diet and exercise), but also by food availability, land-use, public safety, and education. To be truly effective in reducing rates of obesity, all organizations that can impact the condition should work together. | | |
| F.) Encourage the public and the health community to use the upcoming Illinois 2-1-1 calling system to increase public awareness and access of health and safety net resources. Encourage safety net providers to ensure their information is inputted into the 2-1-1 system. | An Illinois resident from Kane County should be able to call the 2-1-1 system and find out where to locate a doctor who accepts Medicaid. | | |
| Data Consistency | | | |
| A) Develop service indicators for the regional and county-specific health safety net. Potential indicators could be the number of providers willing to take Medicaid, how many Medicaid patients | | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|---|--------------------------------------|---|
| they can take, length of wait time to see a provider, etc. | | | |
| B) Determine the health care resource capacity (agencies/organizations, hospital beds, staff, etc.) across the region, rather than per facility. | | | |
| C) Collect data about patients, the health care workforce, and location of services in a consistent manner, at minimum, on a regional level. | There should be standards about what data, at a minimum, should be collected by each data collecting entity in the region, so as to add consistency to data collecting methods. | | |
| D) Collect data in a manner that enables analyses to be conducted using a variety of geographic levels, one of which must be the county or regional level. Develop standards for collecting and reporting public health data. This refers to categorization of race, ethnicity, age-groups, geographies, etc. | | | |
| E) Create and measure progress in health across the region against a standardized set of performance indicators (currently under construction in the CMAP-Health Committee) and track the results over a sustained period of time (20+ years). | The CMAP Health committee has developed a set of 15 health indicators, including infant mortality rate, smoking prevalence, and sexually transmitted disease incidence, that will be used to track health outcomes in the region over time. | | |
| Data Access | | | |
| A) Identify and eliminate legal barriers to allow for confidential data access (from hospitals, schools, etc.). Determine ways the region can work within HIPAA and FERPA regulations to increase access to this data. Consider whether modifications to HIPAA and FERPA are | | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
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| needed for effective HIE. | | | |
| B) Address the lack of workforce capacity for data collection, reporting, and dissemination at the State level so data can more effectively be disseminated to organizations in the region. | | | |
| C) Include a “secure access” area in the Illinois Health Data Dissemination Initiative web-based data system for health professionals, public health agencies and planners to access raw and detailed health data in the state. | | | |

Access to Care Problem Statement

Access to health care safety net services can be a serious challenge in the Northeastern IL region. The most significant challenges identified included:

1. There is a lack of access to primary care providers in the region
2. Every resident of the region does not have access to comprehensive health services (medical, specialty, dental, mental, vision health, etc.)
3. There is a lack of access to medications for the safety net population.

Access to Care Vision: Every resident of the region will have access to comprehensive health services.

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|---|-------------------------------|--|
| Primary and Specialty Care Services: | | | |
| A) Increase access points for primary care and coordinate primary care with other services, with specific attention to geographic areas of greatest need. | School based health centers, clinics in homeless shelters, urgent care centers, ERs, STD clinics, mobile vans, etc. can all be used as entry points to get people into a primary care setting/medical home. These services should then be coordinated with other services, including mental and dental health services. | | |
| B) Create a regional web-based, two way referral network so safety net providers can identify safety net primary care providers and/or specialists and make referrals throughout the region. | Cook County Health and Hospital System currently uses the I.R.I.S. system to refer patients to services. I.R.I.S. could be expanded for the region. The Palmetto Project in South Carolina also uses a state-wide referral network. | | |
| C) Develop financial incentives to encourage health professionals to work in primary care settings. | Loan repayment options to encourage graduates to choose a primary care career and incentives for training | | |

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² List your role in implementing this recommendation. Would you like to take Leadership (L), be a Participant (P), Stay Informed (SI), be a Resource (R), or take No Role (NR)?

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|---|-------------------------------|--|
| | programs to graduate students entering the primary care residences should be considered. | | |
| D) Offer financial incentives to medical care (primary and specialty care) professionals who accept uninsured and Medicaid populations on a regular basis. | Tax breaks for non-profit hospitals could be expanded to any provider that provides care to safety net populations beyond a predetermined threshold; Medicaid and Medicare rates for primary care should be increased (Medicaid to Medicare rates). | | |
| E) Work with State and Federal Legislators to improve reimbursement rates and timeliness of payment (prompt payment in line with State and Federal standards) for medical care providers to expand safety net provider networks across all specialties. | The Illinois State Medical Society, Illinois Chapter of Academy of Pediatrics, and the Illinois Academy of Family Physicians have all been working on this issue. | | |
| F) Strive to ensure every resident has a medical home. | Access to Care and Access DuPage, among many others, work to ensure every resident has a medical home. | | |
| Mental Health Services | | | |
| A) Create an inventory of the mental health services available to the safety net population in the region as this is critical to increasing access to these services. | | | |
| B) Add the services in the newly created inventory to the web-based referral network. | | | |
| C) Develop a regional plan specifically addressing whether the region has adequate capacity of mental health, addressing linkage to other systems including primary care. | | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|---|-------------------------------|--|
| Dental/Oral Health Services | | | |
| A) Create an inventory of the dental/oral health services available to the safety net population in the region as this is critical to increasing access to these services. | | | |
| B) Add the services in the newly created inventory to the web-based referral network. | | | |
| C) Offer incentives (financial or otherwise) to encourage more people to work in the field of dentistry. | | | |
| D) Explore options for expanding access to dental services by increasing the number of dentists who are willing to serve the safety net population. | There may be ways to encourage private dental providers to work together to provide more services to the uninsured/vulnerable populations. An example might be that each dentist in the region would volunteer for 4 hours a month at a safety net dental clinic to provide services. | | |
| E) Develop a regional plan specifically addressing whether the region has adequate capacity of dental health providers and services, addressing linkage to other systems. | | | |
| Vision Health Services | | | |
| A) Review the current Illinois State mandate that every child receives a vision screening before entering school and ensure every child is able to receive appropriate and affordable vision screening. | The mandate requires that children enrolling in school for the first time receive an eye exam by an optometrist or ophthalmologist, when there may be additional appropriate ways to receive this screening. | | |
| B) There should be incentives (financial or otherwise) to encourage optometrists/ ophthalmologists to see the safety net population | Stroger Hospital has a free glasses program but there are no free vision services known in Cook County. | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|--|-------------------------------|--|
| C) Develop an inventory of regional vision care services and identify gaps. | | | |
| D) Develop a regional plan specifically addressing whether the region has adequate capacity of vision care providers, addressing linkage to other systems including primary care. | | | |
| Pharmaceutical Services | | | |
| A) Most pharmaceutical companies have benefit programs for people who cannot afford their medications. There is currently no coordination between these companies. The region should promote the coordination and management of medication access from these pharmaceutical benefits programs (this could be done through a web-based software system). | MedNet is a program used in 4 counties of Florida that is a web-based IT system that helps secure free prescription medications for those who are eligible. The database auto-fills patient information into all applications for pharmaceutical assistance programs at the site of patient contact. | | |
| Other Points of Access: | | | |
| A) Pursue the provision of school-based health services to increase access to a greater community population. | Schools are often center points in communities and school based health centers and school nurses can be used as promoters of getting children, adolescents, and parents into primary care settings. The Illinois Coalition for School Health Centers is working on this. | | |
| B) Explore the use of school-based data to plan for health services across the region (and examine the FERPA regulations for data sharing to be sure about what can and cannot be shared). | | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation² |
|--|---|--------------------------------------|--|
| C) Safety net clinics in the region should coordinate their hours to ensure after hour services are available every day in most areas of the region. | A coalition of providers in the Kansas City area have coordinated their clinic schedules to ensure there is always access to after-hour services in underserved areas. | | |
| D) The region should identify its capacity needs and then increase the enrollment of eligible residents into various safety net support and entitlement programs (Medicaid, All Kids, etc.). | It is important to increase enrollment of eligible residents into support and entitlement programs, but this will only work if we know what the current capacity is of the health system and then ensure capacity to meet the need of the newly enrolled clients. DuPage county has been working on this. | | |

Systems Finance Problem Statement

Financing the healthcare safety net is a serious challenge in the Northeastern IL region. The most significant challenges identified included:

1. Key safety net providers lack necessary resources
2. There is a lack of adequate financing mechanisms, accountability for a regional safety net, and little overall accountability and coordination

Systems Finance Vision: The region will have sufficient financial resources to provide comprehensive health services to all residents of the region.

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|--|-------------------------------|--|
| A) Create a “brain trust” to develop financing models and schemes that would work in the best interest of the regional safety net. This “brain trust” would be made of a diverse group of health leaders and consumers throughout the region and would be trained by financial experts on various financing models/schemes. The “brain trust” would then take this knowledge and determine the best model/scheme for the region. | The Obama Administration has been using teams of stakeholders to discuss options for change. This would be a similar team to determine options for financing the safety net in the region. | | |
| B) Explore the option of a regional taxing authority or designate part of an existing tax (i.e. sales, cigarette) to add new money to the safety net system. | Parkland Health & Hospital System in Dallas, TX receives 29% of its funding from area property taxes. | | |
| C) Work in coalition with provider organizations, city, county, State and Federal officials to expand Medicaid/CHIP and raise Illinois Medicaid rates to expand the safety net provider network and sustain safety net | Work with Illinois physician groups, State and Federal officials and legislators. | | |

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| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|-----------------------------|-------------------------------|--|
| programs and systems. | | | |
| D) Engage more regularly with elected officials and political leaders throughout the region to get them to work together for more regional health funding. A Health Caucus could be created for these officials to advocate for increased health money. | | | |
| E) Revise fund distribution formulas used by the Illinois Department of Public Health (IDPH) to promote a more regional approach to public health. | | | |
| F) Monitor and analyze the safety net impact of recent capital funding legislation intended to support hospital capital construction and recent Federal and State allocations to FQHCs to assess the expected impact at a neighborhood or regional level. Review the Safety Net impact statements for selected CON projects and contribute to the Comprehensive Health Plan to be developed by IDPH. | | | |
| G) Explore financing for advanced practice nurse-run clinics as a way of using money more efficiently, promoting the use of technology to reduce costs, and improving access in underserved pockets of the region. | | | |
| H) Expand covered services under Medicaid to be more comprehensive (include dental, vision, etc.). | | | |
| I) Expand “Access to Care” model across the region to ensure efficient use of | | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|------------------------------------|--------------------------------------|---|
| resources. This model currently exists in Cook and DuPage counties. The model could be implemented in the other counties. | | | |

Health Equity Problem Statement

There are vulnerable groups throughout the region who use safety net services, including immigrants and refugees, people experiencing homelessness, older adults, the LGBT community, and prisoners. It is important that these groups have access to culturally appropriate, comprehensive health services. The most significant challenges identified facing vulnerable groups in the region included:

1. The healthcare needs of undocumented/immigrant residents are not properly addressed.
2. There is limited awareness of services available to the vulnerable populations who could use the safety net.
3. Gaps with regard to language and culture affect quality of care. There aren't standards or minimum requirements.

Health Equity Vision: Health Equity will be a priority in all safety net planning and services.

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|---|-------------------------------|--|
| A) Develop a standard assessment planning tool to detect an organization's cultural and linguistic competence. This assessment should include linguistic assessments of staff. | The Palmetto Project in South Carolina uses a state-wide referral network which lists the language proficiencies of all providers in the state. | | |
| B) Develop an inventory/study of culturally appropriate care available in the region. | The Chicago Bilingual Nurse Consortium has been working on such an inventory for nursing care. | | |
| C) Strengthen partnerships with social service organizations for immigrant and refugee populations to help better understand their participant access to healthcare services. These organizations should be incorporated more into regional health planning efforts. | Potential social service organizations to partner with include the Chinese Mutual Aid Association and the Cambodian Mutual Aid Association. | | |
| D) Create a recruit a more diverse workforce to meet the needs of diverse populations. Bilingual and/or bicultural hiring practices should be encouraged. Financing for interpretation services must | | | |

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| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|--|--------------------------------------|---|
| be considered as there is currently an inadequate bilingual/bicultural workforce. | | | |
| E) Advance the concept of “trauma-informed care” and develop training for dissemination to safety net organizations throughout the region. | An organizational expert on trauma-informed care could conduct trainings to organizations working with immigrants/refugees, the homeless, women and girls, etc. to help them better care for patients who may have been affected by trauma. | | |
| F) Explore and further utilize existing models of community health workers and patient navigators to ensure they are in the areas of greatest need throughout the region. | The Chicago Community Health Workers Local Network could expand to the entire region and include patient navigation services. Individual health organizations (like Alivio Medical Center) also recruit and train community health workers and these models should be explored further. The Kennedy version of the Health Reform bill contains language of support for community health workers. The Palmetto Project (South Carolina) has created a Patient Navigator Network in a 5-county region to help better distribute patient navigators. | | |
| G) Increase resources to resettlement organizations to help immigrants and refugees navigate the healthcare system | | | |
| H) Increased collaboration between groups providing services to people experiencing homelessness is needed. | Heartland Alliance had developed a Metropolitan Chicago Healthcare for the Homeless Network though funding from HRSA. | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|---|--|--------------------------------------|---|
| I) Develop creative ways of maintaining health records for transient populations (the homeless, migrant workers, etc). | The Migrant Clinicians Network has created a mobile health record device that patients can take with them. Follow-up visits can be conducted with a different provider and that provider “plugs-in” the device to view the patient’s medical record. | | |
| J) Behavioral health services should be integrated into primary care services. The region should research models of integration and determine which models work best and which models may be most appropriate for the NE IL region. | The EMERGE program in Travis County, TX has reduced both ER visits and reported depression through the integration of behavioral health and primary care services. | | |
| K) Safety net providers should increase their awareness of and sensitivity to the health issues facing the Lesbian, Gay, Bisexual, and Transgender (LGBT) community so they can provide appropriate services to that community. | Many providers may not be aware of the issues facing the LGBT community and trainings should occur throughout the region to address the care for this group. | | |

Workforce Problem Statement

The northeastern IL region faces challenges related to the health care safety net workforce. Issues identified as priorities for the region include the following:

1. The need for increased coordination of area-wide health professional education and planning
2. Health care workforce attrition and erosion as the demand for health care increases in the region and shortages of key health professions and occupations worsen.

Many of the major workforce challenges require macro-level, national attention. There are, however, strategies through which the health care safety net workforce in the 7-county region can be strengthened. The regional health care safety net workforce will be significantly strengthened if there is a regional health authority or entity that plans, coordinates, and funds education and training for the health workforce in the region. Some of these functions could be performed, although not nearly as effectively, by an area-wide health professional education and training consortium.

Workforce Vision: There will be a well-prepared health workforce that is diverse, of adequate number, interdisciplinary, and distributed in a more efficient, effective, and coordinated way.

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|--|-------------------------------|--|
| A) The multiple health workforce plans/initiatives throughout the region need to be coordinated and aligned in order to foster more efficient workforce planning, and to ensure that planning for the safety net workforce fits seamlessly with other workforce development efforts. | Several groups have workforce planning initiatives, including the Metropolitan Chicago Healthcare Council (MCHC) and the Governor’s Commission on Nursing; ensure these efforts are aligned. | | |
| B) Increased emphasis on interdisciplinary collaboration and use of health profession teams promoting continuity of care through “medical home” models. | Interdisciplinary collaboration streamlines services and uses health professionals in the most effective manner. If nurses, physician assistants, and others can help manage a patient’s disease, physicians can be more efficient and effective for the actual disease treatment. | | |

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| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation ² |
|--|---|-------------------------------|--|
| | Interdisciplinary teams will use the most appropriate skill sets at the most appropriate times. | | |
| C) Develop financial incentives for training institutions and/or individuals to shift health professionals away from specialty and high-technology settings to primary care access points. | Financial resources could be awarded to training institutions which meet specific targets for placing their students in safety net practice settings. | | |
| D) Develop special stipends or financial incentives for medical students based on no. of students matching into primary care residencies. | | | |
| E) Expand career ladders and other skill development initiatives for low wage healthcare workers who play critical roles in the healthcare safety net. | Long term care and home health aides could advance into medical technology and LPN careers. | | |
| F) Promote (through professional standard setting or financial incentives) education and training programs that incorporate skills development and training in new communication and information technologies. | Health professionals should learn how to perform distance management of chronic diseases (and perhaps should partner with technology companies that provide distance management software) so that fewer office visits need to be made by each patient and resources can be used more efficiently. | | |
| G) Increase collaboration with health providers to expand clinical practice placements in interdisciplinary safety net practice settings. | Area training programs should partner with clinical settings that serve the safety net population so that students can gain experience in these settings during their clinical training. MCHC is doing this work with nursing students. The Schweitzer Fellows Program also does this. | | |
| H) Link “low barrier “access points in the health system such as community-based | Walgreens Take Care Clinics provide low barrier access points into the | | |

| Recommendation | Local and Regional Examples | Level of Support ¹ | Your Role in Implementing this Recommendation² |
|---|---|--------------------------------------|--|
| <p>retail clinics and alternative health providers to medical homes for long term follow up and continuity of primary care through the development of a regional referral system.</p> | <p>health care system, among other examples. Regional referral networks should be updated so that the low-barrier access points can link patients to other safety net providers in a “medical home” model. Emphasizing the use of the low barrier access points may ultimately use the workforce more effectively and efficiently.</p> | | |
| <p>I) Revisit and revise as necessary policies that restrict the workforce from being as efficient as possible.</p> | <p>There is a policy that only nurses who live within the Chicago city limits can be tenured as faculty at several Chicago health professional schools, limiting the ability of these institutions to increase enrollments. This residency policy should be reconsidered in light of the current and future shortage of nurses in the region.</p> | | |

Planning/Coordinating Problem Statement

Healthcare safety net providers in the northeastern IL region are faced with challenges in planning and coordinating safety net services across the region. The most significant challenges identified were the following:

- 1.) Planning is neither integrated (i.e.: it occurs in silos and is disconnected from implementation and outcomes) nor occurs on a regional level. Intentional health safety net planning at the regional level is limited.
- 2.) There is an over-emphasis on a medical approach, which limits health promotion and disease prevention services

Planning/Coordinating Vision: There will be improved regional coordination and planning of safety net services.

| OPTIONS for Regional Planning/Coordination* | Local and Regional Examples | Level of Support ¹ | Pros of this Option | Cons of this Option |
|---|--|--------------------------------------|----------------------------|----------------------------|
| A.) Establish a regional voluntary council/consortium for coordination and planning of the health safety net service providers. | The Northern Illinois Public Health Consortium (NIPHC) is a 501c4 membership organization of the public health departments in the region. NIPHC’s role could be expanded to include coordinating for all aspects of the safety net. | | | |
| B.) Establish a not-for-profit regional body that coordinates the 7 county region’s health care safety net planning and systems monitoring. | The Chicago Metropolitan Agency for Planning is a not-for-profit, legislatively mandated, local government agency which comprehensively plans and coordinates land use and transportation in the 7-county region. CMAP’s role could be expanded to include health planning beyond the Go To 2040 plan. | | | |
| C.) Establish a not-for-profit regional body that coordinates the 7 county region’s health care safety net planning and systems monitoring while also allocating resources to implement the region’s plans. | The Primary Care Coalition in Montgomery County, Maryland, is a 501c3 organization that allocates resources for and coordinates the safety net, providing access to high-quality, accessible, equitable, evidence-based, cost-effective | | | |

¹ Rate your organization’s level of support for this recommendation on a scale of 1(not at all supportive) to 5 (very supportive).

| OPTIONS for Regional Planning/Coordination* | Local and Regional Examples | Level of Support ¹ | Pros of this Option | Cons of this Option |
|---|--|--------------------------------------|----------------------------|----------------------------|
| | comprehensive health services to low income, uninsured County residents. | | | |
| D.) Establish a public, governmental regional health authority that plans, coordinates, monitors, and allocates resources (using State funding or tax money) for the region's health care safety net. | The Regional Transit Authority is an example of a governmentally mandated authority that plans, coordinates, monitors, and allocates resources for the region's transportation. | | | |
| E.) Establish a public, governmental regional health authority that plans, coordinates, monitors, allocates resources (using State funding or tax money) AND provides safety net services (public sector) throughout the 7 county region. | The New York City (NYC) Health and Hospitals Corporation is the largest municipal health care system in the country and coordinates and provides services across all of the boroughs of NYC. | | | |

*A hybrid version of these options or other alternatives may also be possible.