

# Pointing the Way: A Series of Policy Papers to Transform the Health Safety Net

## *Part 1: Regional Safety Net Priority Issue Statements- Finance and Governance*

Developed in 2008

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Health & 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, was 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 of northeastern Illinois.

The Regional Health Safety Net Council was established, bringing together nearly 70 key stakeholders to explore the key issue areas of governance, personal health services, health equity, workforce, finance, and data & demographics. The Council collected and examined local data, including key informant interviews in each county, and developed problem statements for each of the 6 issue areas throughout 2008. The following are issue statements were developed related to finance and governance:

- 1) No regional mechanisms for governmental oversight of the safety net exist  
A regional governing structure should have an oversight function with some powers to ensure adequate financing for populations and safety net providers.
- 2) There is a lack of adequate financing mechanisms, accountability for a regional safety net, and little overall accountability and coordination.  
Across the region, there is a lack of intra-and-trans county coordination for sharing financial resources. In the current climate, regional counties are protective of their financial resources (in an attempt to stay solvent). As a result, residents from resource-poor counties "bleed" into resource-rich counties searching for better access to health care. Sharing of resources (FQHC-hospital affiliations, county-hospital affiliations) may help to stem this tide and provide broader safety nets for health care.
- 3) Key safety net providers lack necessary resources  
While working on long-term strategies, regional health care stakeholders must strive to ensure the provision of adequate funding to keep key safety net providers in operation. This becomes very critical during state and local budget crunches, employee lay-offs, regional financial constraints (economic downturn), and a rise in residential unemployment, resulting in increases in uninsured status among area residents. The survival of key safety net providers is critical in the short-term.
- 4) Limited knowledge of available resources by safety net providers (financial accountability)  
Currently there is limited availability of funding (both government and private) to adequately finance care for uninsured and low income residents in the regional safety net area. Regional county governments do not have clearly defined, publicized strategies and resources for meeting the needs of uninsured populations. Private financing is generally earmarked for specific populations and may not be available region-wide.