

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

Part 4: Regional Healthcare Safety Net Initiative Summit Recommendations

March, 2009

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) convened to research the state of the safety net in the region. The workgroup progress 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.

From February until October, 2009, a Summit Planning Committee and other safety net experts used the work of the previous 2 years to draft preliminary recommendations for strengthening the health safety net, recognizing that the preliminary recommendations were not complete and perhaps may not include the BEST recommendations for the region. **The 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 was a process 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 discussion results of the Preliminary Recommendations breakout session at the Summit are outlined in the following pages, divided by key issue area.

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.

Data/IT Recommendations:

Data Sharing

- 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. Safety net providers and public health departments need to be equally involved in use of electronic health records.
- Develop a Health Information Exchange that is both regional and statewide.
- Link, to the extent possible, 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.
- Develop a referral system to refer residents across safety net institutions for needed care. This requires that computer and IT systems are interoperable in the region. This can eventually build into a state-wide referral system.
- 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, when necessary (Clarify with whom)
- 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.
- 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.

Data Comprehensiveness and Consistency

- 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 they can take, length of wait time to see a provider, etc.
- Determine the health care resource capacity (agencies/organizations, hospital beds, staff, etc.) across the region, rather than per facility.
- Collect data about patients, the health care workforce, and location of services in a consistent manner, at minimum, on a regional level. Include pharmacy data. Link healthcare workforce with facility planning
- 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.

- 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).

Data Access

- 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 needed for effective HIE.
 - 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.
 - 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.
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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.

Primary and Specialty Care Services

- Increase access points for primary care and coordinate primary care with other services, with specific attention to geographic areas of greatest need. Need to define access points.
- 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. IRIS administrators are from Cook County, the main IRIS could collaborate with other “satellite” IRIS administrators from collar counties – with the system being legislatively supported/maintained.
- Develop financial incentives to encourage health professionals to work in primary care settings.
- Offer financial incentives to medical care (primary and specialty care) professionals who accept uninsured and Medicaid populations on a regular basis.
- 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.
- Strive to ensure every resident has a medical home.
- Address issues and opportunities around charity care and tax exemptions

Mental Health Services

- 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. Also a need for massive screening of mental health services for youth and special populations.
- Add the services in the newly created inventory to the web-based referral network.
- Develop a regional plan specifically addressing whether the region has adequate capacity for mental health services, addressing linkage to other systems including primary care.

Dental/Oral Health Services

- 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.
- Add the services in the newly created inventory to the web-based referral network.
- Offer incentives (financial or otherwise) to encourage more people to work in the field of dentistry.
- Explore options for expanding access to dental services by increasing the number of dentists who are willing to serve the safety net population.
- Develop a regional plan specifically addressing whether the region has adequate capacity of dental health providers and services, addressing linkage to other systems.

- Increase number of providers willing to accept Medicaid (through mandates or reimbursement solutions)
- Improve reimbursements for expanded services, not just extractions

Vision Health Services

- 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.
- There should be incentives (financial or otherwise) to encourage optometrists/ ophthalmologists to see the safety net population
- Develop an inventory of regional vision care services and identify gaps.
- 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

- 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).

Other Points of Access

- Pursue the provision of school-based health services to increase access to a greater community population.
- 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).
- 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.
- 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.).
- Ensure seniors have access to comprehensive care in their preferred setting (i.e.: home and community based services)

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.

- 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.
- 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.
- 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 programs and systems.
- 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.
- Revise fund distribution formulas used by the Illinois Department of Public Health (IDPH) to promote a more regional approach to public health.
- 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.
- 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.
- Expand covered services under Medicaid to be more comprehensive (include dental, vision, etc.).
- Expand “Access to Care” model across the region to ensure efficient use of resources. This model currently exists in Cook and DuPage counties. The model could be implemented in the other counties.
- Address issues of charity care. Possibilities include mandating a certain level of charity care, taxing hospitals and redirecting those dollars to areas of greatest need, tying charity care to work in safety net institutions.
- Advocate for folding Medicaid into Medicare and/or federalizing Medicaid
- Create a single-payer system of finance
- Reduce bureaucratic delays in credentialing providers (which translates into increased costs).
- Do more health prevention programs to reduce healthcare costs, and provide funds/reimbursement for health promotion programs.
- Cover dental services.

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.

- Develop a depository of assessment “tools” to detect an organization’s cultural and linguistic competence. The assessment should include linguistic assessments of staff.
- Develop an inventory/study of culturally appropriate care available in the region. (It is difficult to define “culturally appropriate”)
- 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.
- Recruit and retain 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 be considered as there is currently an inadequate bilingual/bicultural workforce.
- Advance the concept of “trauma-informed care” and develop training for dissemination to safety net organizations throughout the region.
- 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.
- Increase resources to organizations to help immigrants and refugees navigate the healthcare system
- Increased collaboration between groups providing services to people experiencing homelessness is needed. Vulnerable populations, including the homeless.
- Develop creative ways of maintaining health records for transient populations (the homeless, migrant workers, etc). Invest in Data/IT
- 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. Be sure “addiction services” are included in behavioral health
- 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.
- Include specialty care in a referral network.
- Partner with social service organizations to reduce barriers to health, to with housing example.
- Educate and enlighten the public at large about health equity.
- Address health disparities throughout the region

- Increase awareness of organizations already doing these things. expand program (CEED) at UIC, Latino Res., Pol., Training
- Equity in both health care and health promotion and prevention services

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.

- 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.
- Increased emphasis on interdisciplinary collaboration and use of health profession teams promoting continuity of care through “medical home” models.
- 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.
- Develop special stipends or financial incentives for medical students based on no. of students matching into primary care residencies.
- Expand career ladders and other skill development initiatives for low wage healthcare workers who play critical roles in the healthcare safety net.
- Promote (through professional standard setting or financial incentives) education and training programs that incorporate skills development and training in new communication and information technologies.
- Increase collaboration with health providers to expand clinical practice placements in interdisciplinary safety net practice settings.
- Link “low barrier “access points in the health system such as community-based 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.
- Revisit and revise as necessary policies that restrict the workforce from being as efficient as possible.
- Provide physicians with incentives to work in safety net settings; provide extra incentives to work on teams; and provide additional incentives to work in hard to recruit geographic areas.
- Start a summer jobs program in safety net as a connection for potential future recruitment.
- Integrate language and culturally appropriate services in all recommendations.
- Establish a career support system for community health workers including health benefits as well as retirement pensions.
- Bring pipeline programs such as Chicago Community Colleges and the Chicago Public Schools to the table to discuss the needs for the health care workforce.

- Augment medical training with leadership and management skill training.
- Consider recruiting and training nurses from Spanish-speaking countries.

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.
- 1.) 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.

Regional Planning Options Include:

- Establish a regional voluntary council/consortium for coordination and planning of the health safety net service providers.
- Establish a not-for-profit regional body that coordinates the 7 county region's health care safety net planning and systems monitoring.
- 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.
- 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.
- Create both a not-for-profit regional voluntary council/consortium (that coordinates the 7-county regional health care safety net planning and systems) and have the NIPHC work with the 7 county health departments to conduct specific planning within each county.