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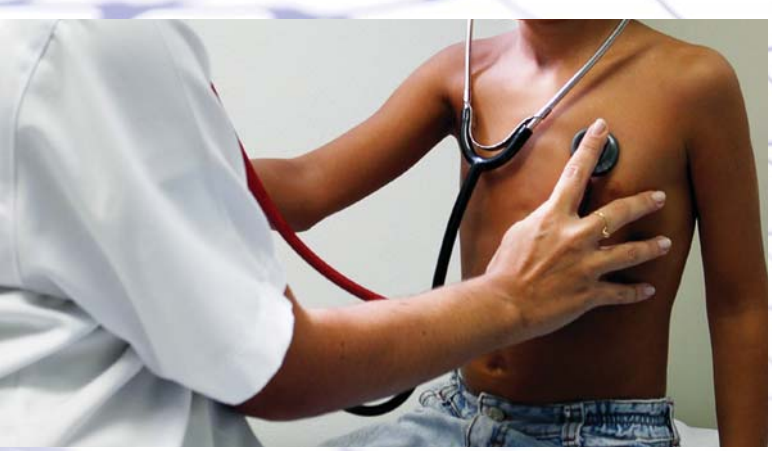


# Mayor's Blue Ribbon Task Force on the Healthcare Safety Net

Lincoln, Nebraska

November 2009

# Contents



*"Decisionmakers must understand that the debate needs to extend beyond expanding insurance coverage to include support for current and future initiatives to strengthen and assure broader access to safety-net providers."*

– Marsha Regenstein, Ph.D.
The George Washington University
addressing the Task Force

# Executive Summary

During six months in 2009, the Mayor's Blue Ribbon Task Force on the Healthcare Safety Net worked together to develop innovative, ambitious, and tailored recommendations to strengthen Lincoln's safety net. They identified seven key topic areas: Medical Home; Safety Net Efficiencies and Enhancements; Healthcare Volunteers; Health Information Technology; Prevention, Wellness and Health Education; Resource Development; and Implementation. The Task Force made observations about the healthcare system of TODAY and developed goals for creating an improved healthcare system of TOMORROW. The group identified 23 recommendations. Of these, three were prioritized as the most urgent for implementation.

*To identify strategies and recommendations, in the form of an actionable plan, that will improve, strengthen and expand Lincoln's healthcare safety net.*

- Charge to the Task Force from Mayor Chris Beutler.

**HIGHEST PRIORITY RECOMMENDATIONS**

**1)** Assure that People's Health Center (PHC) completes a comprehensive strategic plan to increase capacity. Examine the opportunities to relocate PHC to a larger facility and/or expand to satellite clinics and include a planned approach to secure additional medical providers and accompanying staff.

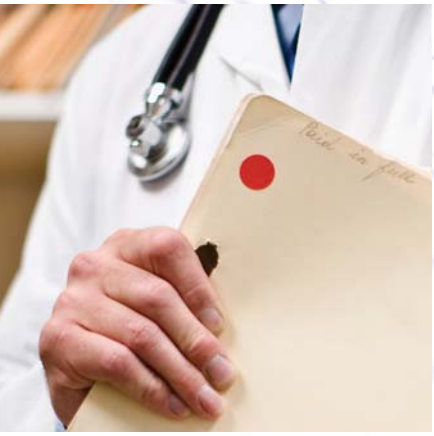
**2)** Assist uninsured individuals, many whom access the healthcare system via free clinics, in appropriately navigating the health/human service system in the following ways:

a) Develop a "hub" of patient advocates who personally assist uninsured patients in accessing appropriate care and services;

b) Explore ways to integrate eligibility assessment, application form preparation, and the collection of supporting documentation for multiple programs into a single, patient-friendly guided interview among safety net and human service providers.

**3)** Identify individuals who will provide ongoing assistance to project staff in implementing the action steps of this report (Phase II). These individuals, along with designated staff, will convene individuals and groups as needed around implementation strategies and provide periodic updates to the Mayor, stakeholders, and the general community. In addition, these individuals will closely monitor national healthcare reform and its potential impact on Lincoln's safety net system.

# Introduction



*"Regardless of what happens at the national level, our community will always need to focus on its safety net needs."*

– Kim Russel,
Task Force Chair

## A) MAYOR'S CHARGE

In April, 2009, Mayor Chris Beutler announced the formation of a Blue Ribbon Task Force on the Healthcare Safety Net. His charge to the group was to "identify stategies and recommendations, in the form of an actionable plan, that will **improve**, **strengthen**, and **expand** Lincoln's healthcare safety net." According to Mayor Beutler, "Lincoln's safety net providers are experiencing an increased demand for their services without a corresponding increase in revenues to meet this need." He noted that, while new safety net provider organizations have emerged to help meet the community's growing need for safety net services, there remains a need for better coordination of providers and patient care, as well as efficiencies within the current healthcare delivery system. Mayor Beutler referenced the active national healthcare reform conversation, stating that the Task Force would position Lincoln to respond to possible reform measures in a timely and efficient manner.

## B) TASK FORCE ORGANIZATION AND PROCESS

Kim Russel, President and CEO of BryanLGH Health System, was Chair of the 25-member Task Force. Members represented healthcare providers, policymakers, ethnic and minority communities, nonprofit organizations, consumers, and community members. In addition to the Task Force members, the Mayor appointed 14 advisors to the Task Force. The advisors represented agencies and organizations that provide safety net services in Lincoln. Funding for the Task Force process was provided by Health Partners Initiative (HPI).

The Mayor asked the Task Force to complete their work within six months. Given the limited timeframe and the desire to focus intently on the primary care system, related services such as mental health, dental health, and specialty care (including student health and women's health) were not addressed in Task Force discussions. However, throughout their discussions, the Task Force acknowledged the importance of these services.

*"I believe I should help pay for my medical care, but it is very difficult."*

– Focus Group Participant

## C) PUBLIC INPUT

The Task Force felt strongly about the need for public input throughout their deliberations. Four focus groups were held with safety net system consumers. Locations of the focus groups were: Matt Talbot Kitchen & Outreach, People's Health Center, Lincoln/Lancaster County Health Department, and People's City Mission. The focus groups discussed strengths and weaknesses in the current system, opportunities for improvement, an understanding of the medical home concept, use of emergency services, and other related topics.

Based on focus group feedback, uninsured clients believe they are treated differently than patients with insurance or cash. They believe the most significant barriers to healthcare are cost, co-payments, limited hours of service, lack of interpretation services, transportation, child care, lack of knowledge about available services, duplication of paperwork, and wait times. It should be noted that among focus group participants, there was very little knowledge of the medical home concept.

There was general agreement among focus group participants that:

- There is a need to increase the number of private providers who see Medicaid and uninsured patients;
- There is a need for increased non-traditional hours (weekends and after 5 p.m.) of service;
- There is a lack of urgent care access, especially for children;
- Waiting room times are unacceptable; and
- Visiting the hospital emergency department is an acceptable option.

Upon release of the preliminary recommendations of the Task Force, further public input was sought via a telephone hotline, Task Force website, and at a public hearing held on September 17, 2009. All feedback was shared with the Task Force and used to craft the final recommendations.

# What is the Safety Net?

The healthcare safety net consists of a wide variety of providers delivering care to low-income and other vulnerable populations, including the uninsured. Major safety net providers include hospitals, community health centers, free clinics, local government, and private physicians. Today's safety net in Lincoln is multi-faceted with various access points into the system.

The Task Force identified nine access points in Lincoln for uninsured patients seeking medical care. They are: urgent care clinics, private physicians, People's Health Center, Lincoln/Lancaster County Health Department, People's City Mission (PCM) Medical Clinic, Nebraska Urban Indian Medical Center, Clinic with a Heart, Lincoln Medical Education Partnership, and emergency departments. Each access point is unique in its eligibility criteria and possible barriers to care (e.g. cash payment, co-pay, limit on number of visits, limited hours of operation, and/or limited providers). Hospital emergency departments (ED) were identified as the only access point without eligibility criteria and barriers to care. As expected, inappropriate use of the ED is a critical issue in Lincoln.

*"Although Emergency Departments are a critical part of our community's safety net, they can not take the place of a medical home. This must be our message to the community."*

– Jeanette Wojtalewicz
Saint Elizabeth Regional
Medical Center

### A) MEDICAL HOME AS A CENTRAL CONCEPT

The Task Force concurred that increasing the availability of medical homes is a key feature of an improved safety net system in Lincoln. The Task Force developed the following definition for the preferred medical home in our community:

- *A Medical Home is where patients establish ongoing relationships with physicians and other healthcare professionals who provide culturally sensitive, comprehensive and high quality healthcare services.*
- *A Medical Home coordinates healthcare services with other providers as needed, advocates for patients and assists them in navigating the complex healthcare system.*
- *A Medical Home should have an accessible location, offer expanded hours and provide assistance with translation, interpretation, co-payments, medication, and transportation as needed.*

# Environmental Scan

At each meeting, Task Force members were presented with data and information from local experts and safety net providers. The group also received information from Dr. Marsha Regenstein, Ph.D., a national expert in safety net systems, emerging trends, and successful "lessons learned" from other communities. Below is an example of information reviewed by the Task Force. Most notable is the steady increase in the percentage of residents without medical insurance and those who did not received health care because of the cost.

| | Lincoln MSA* 2007 | Nebraska 2007 | United States 2007 |
|---|---|---|---|
| Total Population | 290,404 | 1,774,571 | 301,621,159 |
| Male | 50.2% | 49.5% | 49.3% |
| Female | 49.8% | 50.5% | 50.7% |
| White | 93.0% | 91.0% | 75.6% |
| Black/African-American | 4.0% | 4.0% | 12.7% |
| American Indian/Alaska Native | 1.2% | 0.7% | 0.8% |
| Hispanic | 4.4% | 7.5% | 15.1% |
| Asian | 3.3% | 1.5% | 4.5% |
| Male, Age 18 & Older | 38.1% | 36.6% | 36.7% |
| Female, Age 18 & Older | 38.4% | 38.2% | 38.8% |
| Male, Age 65 & Older | 4.4% | 5.6% | 5.3% |
| Female, Age 65 & Older | 6.1% | 7.7% | 7.3% |
| Unemployed Civilian 16 & Older | 3.6% | 3.2% | 4.1% |
| People Living Below Poverty | 10.9% | 11.2% | 13.0% |
| Families Living Below Poverty | 6.1% | 8.2% | 9.5% |
| With Cash Public Assistance Income | 2.0% | 2.0% | 2.1% |
| Mean Cash Public Assistance Income (Dollars) | 2,631 | 2,592 | 3,247 |
| With Food Stamp Benefits in Past 12 Months | 6.6% | 7.0% | 7.7% |

Source: U.S. Census Bureau

* Metropolitan Statistical Area

| RESIDENTS WITHOUT MEDICAL INSURANCE Percentage by Year | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| 7.3% | 10.5% | 12.8% | 10.6% | 7.1% | 11.9% | 14.1% | 15.2% |

| RESIDENTS WHO DIDN'T RECEIVE CARE BECAUSE OF COSTS Percentage by Year | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| N/A | 4.8% | 9.5% | 8.1% | 7.0% | 7.8% | 10.5% | 14.9% |

Source: BRFSS 2001-2008, HDE, Lincoln-Lancaster County Health Department.

# Recommendations

*"I believe sufficient resources exist, but we need to improve coordination of care to the uninsured to deliver more efficient, cost effective care. This means access, communication, follow-through, and measured outcomes."*

– Les Spry, M.D.

### A) HEALTHCARE SAFETY NET OF TODAY AND OF TOMORROW

The Task Force focused on describing Lincoln's healthcare safety net of TODAY. Subsequently, they described an improved healthcare safety net of TOMORROW. The Task Force then developed 23 recommendations, or action steps, to achieve a stronger, more coordinated and sustainable healthcare safety net. Although the Task Force believes that every recommendation is important to a stronger safety net, three recommendations were prioritized as most urgent for immediate implementation. Three recommendations were given high priority to be implemented within 24 months, and the remaining 17 priorities were considered key within a longer timeframe.

**Note the action steps have been color-coded based on their priority ranking by the Task Force.**

- Action steps in RED represent those that should be implemented without delay.
- Action steps in GREEN should be addressed within 24 months.
- Action steps in BLACK are a priority with a longer-range timeframe.

## A) MEDICAL HOME

***Key Observation of Lincoln's healthcare safety net of TODAY:***

Lincoln lacks the capacity for uninsured individuals to have adequate access to a medical home.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

Every resident of Lincoln, Nebraska will have access to a medical home. There will be shared responsibility among safety net providers and private physicians for providing a medical home to the uninsured. The medical home concept will be widely understood and accepted by clients of the safety net.

*"Numerous pilots across the country have shown that the medical home concept leads to improved quality of care and patient satisfaction, while also reducing costs."*

– Bob Rauner, M.D.

***Action Steps:***

1) People's Health Center will complete a comprehensive strategic plan to increase capacity. Issues to address include the relocation of PHC to a larger facility and/or expansion of PHC to include satellite clinics and a planned approach to securing additional medical providers and accompanying staff.

2) The Mayor will engage Lincoln's private medical community in a specific effort to assure an increased number of medical homes are available for uninsured individuals. This effort will recognize the shared obligation of the entire community for caring for the uninsured while also recognizing the contributions, including charity care, currently provided by the private medical community.

3) Implement a community-wide educational campaign that champions the understanding and importance of a medical home among all healthcare providers and clients.

4) City-county government will be an active participant in relocating or expanding People's Health Center. Options will include: facilitating relationships with state and federal policymakers; providing city-county buildings for safety net services, and/or assisting with financial options such as tax-increment financing (TIF), tax-exempt bonds, or other options.

5) As a commitment to the medical home concept, all healthcare providers (private and safety net) in Lincoln/Lancaster County will serve as a medical home, or refer clients to a medical home.

6) Healthcare providers, medical facilities and city leaders will develop and support ambitious recruitment strategies to increase the number of primary care physicians in Lincoln.

## B) SAFETY NET EFFICIENCIES AND ENHANCEMENTS

***Key Observation of Lincoln's healthcare safety net of TODAY:***

While many excellent safety net services exist in Lincoln, there remain opportunities for efficiencies and enhancements that will increase capacity and leverage existing financial and provider resources.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

Opportunities to increase capacity of the healthcare safety net will be maximized, financial and provider resources will be fully leveraged, and the medical home concept will be an integral part of the healthcare safety net.

***Action Steps:***

1) Assist uninsured individuals, many whom access the healthcare system via free clinics, in appropriately navigating the health/human service system in the following ways: develop a "hub" of patient advocates who personally assist uninsured patients in accessing appropriate care and services; and explore ways to integrate eligibility assessment, application form preparation, and the collection of supporting documentation for multiple programs into a single, patient-friendly guided interview among safety net and human service providers.

2) Recommend to the Lancaster County Board of Commissioners that they evaluate the current General Assistance Program so that cost, efficiency, service capacity, and continuity of care are accurately considered.

3) Increase access to urgent care for uninsured populations through expanded hours and facility sharing among safety net providers.

4) Increase the availability of medical homes/urgent care services for the uninsured by creating a standardized sliding scale fee schedules to be voluntarily implemented among Lincoln's private physicians and private urgent care providers, and implement a plan to encourage adoption of the sliding scale by a majority of providers.

## C) HEALTHCARE VOLUNTEERS

***Key Observation of Lincoln's healthcare safety net of TODAY:***

Although barriers related to liability and lack of coordination exists, the use of volunteers in the safety net is vital.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

Barriers that formerly limited and discouraged volunteers in the safety net system will have been eliminated or overcome.

***Action Steps:***

1) Obtain adequate and sustainable funding from local funders, such as the Community Health Endowment, to continue and expand the current practice of subsidizing the purchase of malpractice insurance for volunteer healthcare professionals at the People's Health Center.

2) Implement a formal volunteer coordination system to assist safety net volunteers in most effectively utilizing their time and skills. A local organization will provide potential volunteers with information on agency mission and current opportunities.

3) Explore state legislation that would standardize medical malpractice policy among free clinics and federally qualified health centers as a way to encourage increased volunteerism across the safety net system.

## D) HEALTH INFORMATION TECHNOLOGY

***Key Observation of Lincoln's healthcare safety net of TODAY:***

There is a lack of health information technology among safety net providers, resulting in inefficiencies, duplication of services, and fragmentation of services.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

A health information technology system will be in place that mobilizes healthcare information electronically, while ensuring patient privacy, and meets the common interests of the safety net providers who use it.

***Action Steps:***

1) Convene and support the work of a Health Information Committee, responsible for the following:
   - Recommending a HIPAA-compliant, searchable health information system among Lincoln's safety net providers that facilitates access to and retrieval of patient data, while promoting safe, timely, efficient, effective, equitable, patient-centered care.
   - Assuring adequate funding, expertise, and infrastructure related to health information technology is available to safety net providers.
   - Assuring system-wide compatibility of patient management technology among safety net providers.
   - Monitoring local and statewide health technology models (e.g. NeHII, Service Point) that may impact the connectivity of local safety net providers.

## E) PREVENTION, WELLNESS, AND HEALTH EDUCATION

***Key Observation of Lincoln's healthcare safety net of TODAY:***

Health education, prevention, and wellness are not universally recognized in Lincoln's safety net as standard components of primary care for the uninsured.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

Health prevention and wellness education will be accessible and universally recognized as important components of primary care for uninsured patients cared for by Lincoln's healthcare safety net.

***Action Steps:***

1) Promote the importance of preventive care by creating a standardized sliding scale fee schedule for preventive services (e.g. annual physicals, mammography, immunizations, colonoscopies, nutrition and diabetic education) to be voluntarily implemented by private physicians and medical facilities.

2) Designate an organization, such as the Lincoln/Lancaster County Health Department, to serve as a primary clearinghouse for health eduation materials in the safety net system. Consider the use of volunteer wellness educators. Assure that education and materials are culturally and linguistically appropriate.

3) All health care providers (private and safety net) will integrate the "prescription" of health education, wellness, and fitness activities into patient care plans.

4) Expand access to health education, fitness, and wellness facilities for uninsured and low-income patients using public/private partnerships.

## F) RESOURCE DEVELOPMENT

***Key Observation of Lincoln's healthcare safety net of TODAY:***

There is a lack of financial resources to support an adequate healthcare safety net in Lincoln, Nebraska.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

Additional and sustainable funding for healthcare safety net services have been secured through the implementation of a system-wide resource development plan that has been coordinated on behalf of the safety net system.

***Action Steps:***

1) Centralize resource development activities for the safety net under a local agency, such as the Community Health Endowment, to develop and implement a system-wide fundraising strategy, including medication assistance, specialty care and interpretation services.

2) Recommend that potential safety net funders (foundations, businesses, individuals, government) consider the specific action steps in this report when making charitable-giving decisions.

## G) IMPLEMENTATION

***Key Observation of Lincoln's healthcare safety net of TODAY:***

There must be a community-wide commitment to implementation of the action steps in this report.

***Goal of Lincoln's healthcare safety net of TOMORROW:***

An ongoing, or Phase II, process will exist to monitor and implement the action steps contained in this report.

***Action Steps:***

1) Identify individuals who will provide ongoing assistance to project staff in implementing the action steps of this report. During Phase II, the group and staff will convene individuals and groups as needed around implementation strategies and provide periodic updates to the Mayor, stakeholders, and the general community. This group will closely monitor national healthcare reform and its potential impact on Lincoln's safety net system.

2) Conduct joint budget planning between the Mayor, City Council, and Lancaster County Board of Commissioners to maximize funding for human services and the health care safety net, with a focus on medical home concepts.

3) Designate an organization, such as the Lincoln-Lancaster County Health Department, to increase community awareness of the safety net by capturing reliable data and authentic stories of safety net failure and successes.

# Next Steps

*"As policymakers, we welcome the voice of the community in this challenging healthcare discussion. It is our job to listen, and to listen well, to what they are saying."*

– Doug Emery , Chair
Lincoln City Council

The Mayor's Task Force has made a strong statement to the community in the form of the 23 recommendations outlined in this report. While these recommendations are substantial and ambitious, mere words cannot, in themselves, bring energy and enthusiasm to addressing our healthcare safety net. When giving his charge to the Task Force, Mayor Chris Beutler stated, "I look to the Task Force to bring this topic alive in our community and to bring creative and ambitious ideas to the forefront of community dialogue."

The next challenge for our community is to move these recommendations toward action. Further demonstrating its long-standing reputation as a community that values leadership, boldness, and innovation, Lincoln has already begun work to convene stakeholders around implementation strategies to strengthen the healthcare safety net.

The work of the Task Force has allowed us to examine the many successful aspects of our current healthcare safety net and to fully recognize our commitment to serving Lincoln's most vulnerable populations. However, the Task Force has also identified areas for improvement and has energized us to rally the community around focused efforts to build an even stronger safety net, and an even healthier community. We welcome all residents of Lincoln to join this effort.

# Appendix

## TASK FORCE MEMBERS

Zainab Al-Baaj
*Good Neighbor Community Center*

Derrick Anderson, M.D.
*Southwest Family Health*

John Bonta, M.D.
*Nebraska Emergency Medicine, PC*

Miguel Carranza, Ph.D.
*University of Nebraska*

Jennifer Carter
*Nebraska Appleseed Center*

Rick Carter
*Human Services Federation*

Chris Caudill, M.D.
*Cardiologist (Retired)*

Bruce Dart, Ph.D.
*Lincoln/Lancaster County Health Department*

Doug Emery
*Lincoln City Council*

Susan Ferris
*Lancaster County Medical Alliance*

Helen Meeks
*Department of Health and Human Services*

Annette Louise Murrell, Ph.D.
*Matt Talbot Kitchen & Outreach*

Natalie Olson
*Community Representative*

Chuck Pallesen
*Cline Williams Law*

Bob Rauner, M.D.
*Lincoln Medical Education Partnership*

Kim Russel
*BryanLGH Health System*

DiAnna Schimek
*Former State Senator*

Ann Seacrest
*MilkWorks*

Sam Seever
*Health Partners Initiative*

Les Spry, M.D.
*Lincoln Nephrology & Hypertension*

Heidi Stark, D.D.S.
*Lincoln Pediatric Dentistry*

Ray Stevens
*Lancaster County Board of Commissioners*

Jeanette Wojtalewicz
*Saint Elizabeth Regional Medical Center*

Gregg Wright, M.D.
*Center on Children, Families & the Law, UNL*

Doug Wyatt
*Lincoln Orthopedic Center*

## TASK FORCE ADVISORS

Joan Anderson
*Lancaster County Medical Society*

Gary Chalupa
*Lancaster County General Assistance*

Kerry Eagan
*Lancaster County Commissioners*

Teresa Harms
*Clinic with a Heart*

Dale Mahlman
*Nebraska Medical Association*

Andrea Mason
*Lincoln/Lancaster County Health Department*

Milo Mumgaard
*City of Lincoln, Mayor's Department*

June Pedersen
*City of Lincoln, Aging Partners*

Ruth Radenslaben
*BryanLGH Medical Center*

Libby Raetz
*Saint Elizabeth Regional Medical Center*

Lori Seibel
*Community Health Endowment*

Pam Shelborn
*People's Health Center*

Deb Shoemaker
*People's Health Center*

Beth Vavrina
*People's City Mission*

## MEETING INFORMATION

### *Meeting Schedule*

April 24, 2009
May 4, 2009
May 19, 2009
June 4, 2009
June 23, 2009
July 7, 2009
July 24, 2009
August 11, 2009
August 28, 2009
September 17, 2009 (Public Hearing)
September 29, 2009

### *Meeting Presentations*

Overview of the Task Force Safety Net Project
Lori Seibel, *President/CEO, Community Health Endowment*

Health Care Accessibility in Lancaster County
Jennifer Carter, *Director, Health Care Access Program, Nebraska Appleseed*

Lincoln's Healthcare Safety Net of Today
Joan Anderson, RN, MA, *Executive Director, Lancaster County Medical Society*

Volunteer Medical Providers, Malpractice, and Anti-Trust
David Butain, *Attorney, Cline Williams Law*

Lancaster County General Assistance
Kerry Eagan, *Chief Administrative Officer, Lancaster County*
Gary Chalupa, *General Assistance Director, Lancaster County*

Overview of Healthcare Safety Nets in Other Communities
Marsha Regenstein, Ph.D./*Associate Research Professor, Department of Health Policy; Co-Director, Center for Health Care Quality, The George Washington University*

Introduction to Health Information Sharing
Dale Michels, M.D., *Lincoln Family Medical Group*

Overview of People's Health Center
Deb Shoemaker, *Executive Director*

Overview of Lincoln Medical Education Partnership
Alan Linderman, M.D., *President*

### *Meeting Location*

All meetings of the Task Force were at Lincoln Medical Education Partnership (LMEP), 4600 Valley Road, and were open to the public. Special thanks to LMEP for providing this meeting space.

### *Task Force Staff*

*Project Coordinators*
Ellen Beck
Su Eells

*Community Health Endowment*
Stephanie Harley
Lori Seibel

*Lancaster County Medical Society*
Joan Anderson
Mary Jo Gillespie

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**Health Partners Initiative**.

For more information about
this report and the
**Mayor's Blue Ribbon Task Force**
**on the Health Safety Net**,
contact the Mayor's office at 402.441.7511