



FREDERICK HEALTH SUMMIT

Improving Access to Care

May 12, 2006

Summary Proceedings

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Introduction

The Frederick County Health Department was awarded a grant through the Department of Health and Mental Hygiene. The purpose of this grant is to convene representatives from across the community who are impacted by and committed to acting on health access issues.

Representatives from the following organizations formed the Executive committee: Frederick Memorial Hospital, Frederick County Health Department (FCHD), Frederick County Office for Children and Families, Mental Health Association, Joining Forces for Health Care, and Religious Coalition for Emergency Human Needs.

In order to ensure that the experiences of the medically underserved in Frederick County were represented at the Summit, six focus groups were held (yielding responses from 143 adults, 46 children).

On May 12, 2006, 104 diverse stakeholders from various organizations attended the Frederick Health Summit. The summit, a day-long facilitated event, was held at Frederick Memorial Hospital.

During the summit, participants identified barriers to health care (which include but are not limited to preventive care, mental health and oral health), prioritized the barriers, converted the barriers into goals, and developed draft objectives and action plans.

Keynote speaker, Dr. Thomas O'Toole, Professor of Medicine and Associate Dean for Curriculum at the

Georgetown University School of Medicine spoke on the subject of barriers to care for persons who do not have health insurance.

Lunch speaker, Dr. Robert Wack, Chair of Access Carroll: Pathways to Health – a community-wide coalition in Carroll County which addresses access to care issues – spoke about how the coalition was successfully formed.

The work produced at the summit has been incorporated into this Summary Proceedings document and includes the following:

- Goals (summary page);
- Barriers, Goals and Objectives (summary table);
- Action Plans (goal and actions table).

The objectives were not incorporated into the action plans due to the limited time for this event. The objectives may be incorporated by the coalition at a later time.

Summit participants were invited and encouraged to join the summit coalition which will continue in the collaborative process beyond the summit to develop solutions and promote implementation of the action plans.

(Signature)

Barbara Brookmyer, M.D., M.P.H.
Health Officer
Frederick County Health Department

Why was this Summit initiated?

Here are some of the facts...

- Between 2000-2004, the number of Americans under age 65 who were without insurance increased by six million. In 2004, more than 1 in 6 non-elderly Americans were uninsured.³
- Among the 24 states who experienced significant increases between 2000-2004 in uninsured rates, Maryland ranked second.³
- Many of the un/underinsured are employed; in fact, 87% of uninsured Marylanders are employed or members of a working family.¹
- In 2002-2003, the industry with the largest number of workers in Maryland (retail companies and service organizations such as restaurants) also boasted the largest sector of uninsured at 43%.¹
- The greatest numbers of uninsured in Maryland, based on 2002-2003 data, are young adults ages 19-34, families with incomes more than 300 percent federal poverty level (\$54,732 for a family of four) and non-elderly Hispanics (regardless of citizenship status).¹
- In order to capture the picture at the local level, members of the Summit planning group collected qualitative data from 6 focus groups across Frederick County. Some of the findings revealed:
 - Many adults are going without medical, dental and mental health care or needed medications because their employers do not offer health insurance.
 - When health insurance is an option, the cost of the insurance and/or the co-pays are beyond financial reach.
 - For those adults and children who do qualify for Medical Assistance, many cannot find providers in the local area who are accepting it.
 - 38% of those interviewed stated that they or members of their family had medical care needs which went unmet during the past year and 88% stated this was due to being uninsured or being unable to pay for the associated costs.

What consequences stem from this issue?

- The number of Americans with chronic health conditions is rising each year (1/3 of working-age adults is a recent estimate) and the associated treatment costs are tremendous- consider then the added burden to the healthcare system for those who cannot manage a chronic condition because they are unable to afford medications or care to prevent serious complications.¹
- In fact, a nationally representative survey of adults in 2005 found that during the prior year 35% of those uninsured and with a chronic condition had, because of their condition, visited an emergency room, stayed overnight at a hospital or both (almost twice as often as those with continuous coverage).²
- In this same survey nearly half, of those who were uninsured or uninsured for anytime during the past year, had failed to seek treatment for a medical problem (compared to 15% for those who were continuously insured) and 2 in 5 had not filled a prescription (more than double that of the continuously insured) due to costs.²

What options are available in Frederick County for those who are un / under-insured?

- Some of the resources commonly utilized are the Mission of Mercy, the FCHD, the Mental Health Association, the Frederick Community Action Agency and the Religious Coalition for Emergency Human Needs.
- The FCHD has requested and are hopeful for funding from the County Commissioners for a community needs assessment. This assessment will define what the needs are in our community, to what extent the existing service network is or is not meeting those needs and where we should focus our energies.

Sources

¹ Maryland Health Care Commission. (2006, January 1). *Final report on the study of the affordability of health insurance in Maryland*. Retrieved April 7, 2006, from <http://mhcc.maryland.gov/legislative/finalaffordrpt.pdf>

² Collins, S.R., Davis, K., Doty, M.M., Kriss, J.L., & Holmgren, A.L. (2006, April). *Gaps in health insurance: An all-American problem*. Retrieved April 7, 2006, from http://www.cmf.org/usr_doc/Collins_gapshltins_920.pdf

³ The Kaiser Commission on Medicaid and the Uninsured. (2005, November). *Health insurance coverage in America: 2004 data update*. Retrieved April 7, 2006, from <http://www.kff.org/uninsured/upload/Health-Coverage-in-America-2004-Data-Update-Report.pdf>



Summit Purpose

To work collaboratively to identify the barriers to accessing care and drafting action plans to help eliminate those barriers

Summit Objectives

Identify key barriers to accessing care for low income populations.

Prioritize the barriers.

Convert barriers to goal statements.

Produce draft objectives and draft action plans.

Sign up to participate in the coalition.

Summit Agenda

8:00 Registration & Continental Breakfast

8:30 Welcome & Overview

Context Setting: Understanding the Access to Care Issue for Low Income Populations

Faces of the Uninsured
Sarah Penna – Healthcare for All

Deciphering the Shellgame of Expanded Healthcare Coverage Title of Presentation
Thomas P. O'Toole, M.D. – Professor of Medicine and Associate Dean for Curriculum, Georgetown University School of Medicine

Establishing the Need in Frederick County
Barbara A. Brookmyer, M.D., M.P.H. – Health Officer, Frederick County Health Department

Identify Barriers to Accessing Care for Low Income Populations

11:45 Lunch

How to Build a Community Coalition to Improve Access to Health Care
Dr. Robert Wack – Chair of Access Carroll: Pathways to Health

About the Building a Frederick County Coalition
Pat Hanberry, CEO, Mental Health Association of Frederick County

1:15 Prioritize the Barriers

Set Goals for Preferred Future for Access to Care

Develop Objectives and

Develop Action Plans

Get Information About the Coalition

Next Steps And Evaluation: Commit to a Frederick County Coalition

Participant Evaluation of the Summit

4:00 Close

Goals for Improving Access to Care for Low Income Populations in Frederick County

- Goal 1:** There is sufficient locally available medical, dental, pre-natal, specialty care, and mental health resources for everyone living in Frederick County regardless of ability to pay for services
- Goal 2:** There is an adequate number of providers willing to provide care to uninsured or underinsured patients
- Goal 3:** A sufficient number of providers accept all MA/MCO patients due to streamlined paperwork/reimbursement process and improved rates
- Goal 4:** Affordable health care exists for Frederick County residents
- Goal 5:** Affordable health insurance is available to all residents of Frederick County
- Goal 6:** Affordable, qualified multi-lingual, culturally sensitive, interpretive services are provided (free to the client and providers) on and off site
- Goal 7:** An affordable and reliable system exists to provide appropriate transportation for low-income Frederick County residents to access non-emergent health care services
- Goal 8:** All community partners communicate and collaborate to identify and share resources
- A user friendly clearing house exists for community resources and well coordinated service delivery
- Goal 9:** Affordable prescription medicines are available to Frederick County residents

Barriers, Goals and Objectives

Barriers		Goals	Objectives
1	Unavailability of physical, mental and dental healthcare, prenatal care – Lack of local medical specialty care resources	There is sufficient locally available medical, dental, prenatal, specialty care, and mental health resources for everyone living in Frederick County regardless of ability to pay for services	<p><u>Objective 1:</u> By November 2006, an obstetrical clinic offering comprehensive prenatal care and delivery for uninsured, indigent, MA or MCO covered individuals who live in Frederick County is open at Frederick Memorial Hospital.</p> <p><u>Objective 2:</u> By March 2007, the coalition has a comprehensive statement of need and existing resources regarding the under/uninsured population in Frederick County.</p> <p><u>Objective 3:</u> By June 2007, priorities have been determined and a proposal addressing the deficits has been completed.</p> <p><u>Objective 4:</u> By June 2008, at least 1500 clients/patients have received services regardless of ability to pay.</p>
2	Lack of providers for residents without insurance	There is an adequate number of providers willing to provide care to uninsured or underinsured patients	<p><u>Objective 1:</u> By March 2006, the coalition has a comprehensive statement of need regarding the under/uninsured population in Frederick County.</p> <p><u>Objective 2:</u> By July 2006, the coalition has a comprehensive profile of Frederick County healthcare providers willing to provide care to the under/uninsured population.</p> <p><u>Objective 3:</u> By February 2007, the coalition has an operational framework for providing care to uninsured or underinsured people.</p> <p><u>Objective 4:</u> By December 2007, the coalition has begun implementation of “The Plan” for providing care to uninsured or underinsured people.</p>

Note: The objectives were edited by the facilitators to foster clarity, uniformity, and an “outcome” (not action) orientation. While some of the wording has been changed, the basic intent of the objectives and timeframes have not been changed.

Barriers		Goals	Objectives
3	<p>Paperwork and reimbursement issues with Medical Assistance / Managed Care Organizations</p> <ul style="list-style-type: none"> - Lack of providers taking Medicaid - Affordability for providers 	<p>A sufficient number of providers accept all MA/MCO patients due to streamlined paperwork / reimbursement process and improved rates</p>	<p><u>Objective 1:</u> By May 2007, a peer education program consisting of doctors who champion the acceptance of MA/MCO clients exists in Frederick County.</p> <p><u>Objective 2:</u> By December 2007, the coalition has a database of at least _____ doctors who champion or speak to the benefits of accepting MA/MCO clients and how to maximize payment exists in Frederick County.</p> <p><u>Objective 3:</u> By May 2007, the coalition has a detailed outline of an advocacy campaign for improving rates, and paperwork and reimbursement processes.</p>
4	<p>People not having Medicaid or private insurance and CHIPS</p>	<p>Affordable health care exists for Frederick County residents</p>	<p><u>Objective 1:</u> By June 2007, the coalition has a comprehensive statement of need for the under/uninsured population in Frederick County.</p> <p><u>Objective2:</u> By June 2007, the coalition has a database of at least _____ stakeholders in Frederick County who will provide complete healthcare services to the target population.</p> <p><u>Objective 3:</u> By June 2008, the coalition has a clearly developed plan and options for delivery of affordable healthcare for services to residents of Frederick County.</p>

Barriers		Goals	Objectives
5	Unaffordable health insurance due to rise in cost of premiums – Affordability for clients	Affordable health insurance is available to all residents of Frederick County	<p><u>Objective 1:</u> By December 2008, at least ___% of Frederick County businesses are providing affordable healthcare insurance for all their employees.</p> <p><u>Objective 2:</u> By November 2006, marketing materials about Healthcare for All have been distributed to at least 75% of Frederick County businesses and residents.</p> <p><u>Objective 3:</u> By April 2007, Healthcare for All legislation has been passed.</p> <p><u>Objective 4:</u> By April 2007, the MD legislative body has authorized a pilot program for Healthcare for All in Frederick County.</p>
6	Language and cultural barriers	Affordable, qualified multi-lingual, culturally sensitive, interpretive services are provided (free to the client and providers) on and off site	<p><u>Objective 1:</u> By December 2006, there is a coordinator to match needs with translators.</p> <p><u>Objective 2:</u> By May 2007, there are at least 5 confirmed funding sources, including clinicians and clients, to help finance the cost of interpretive services.</p> <p><u>Objective 3:</u> By January 2007, the coalition has a pool of qualified, multilingual and culturally sensitive interpreters.</p>

Barriers		Goals	Objectives
7	Transportation (availability and continuity)	An affordable and reliable system exists to provide appropriate transportation for low-income Frederick County residents to access non-emergent health care services	<p><u>Objective 1:</u> By July 2006, "Low Income" has been defined.</p> <p><u>Objective 2:</u> By September 2006, the coalition will have a list of four geographically distinct areas of Frederick County where low income residents live.</p> <p><u>Objective 3:</u> By November 2006, four demonstration, free or trial bus routes that serve the four primary areas are operating from 8AM – 8PM on Monday through Friday to transport low-income residents to healthcare provider(s).</p>
8	Lack of communication between agencies to identify resources and collaborate with each other	<p>All community partners communicate and collaborate to identify and share resources</p> <p>-- A user friendly clearing house exists for community resources and well coordinated service delivery</p>	<p><u>Objective 1:</u> By December 2006, the coalition has the results from a survey regarding community agencies and the services they provide.</p> <p><u>Objective 2:</u> By March 2007, the coalition has a database of community agencies and the services they provide.</p> <p><u>Objective 3:</u> By September 2007, an online flow chart of services is accessible.</p>

Barriers		Goals	Objectives
9	Prescription drug costs	Affordable prescription medicines are available to Frederick County residents	<p><u>Objective 1:</u> By January 2007, three stakeholders have been identified to explore innovative prescription programs through which Frederick County residents can purchase affordable medicine.</p> <p><u>Objective 2:</u> By July 2007, descriptions for a total of nine prescription plans (3 per identified stakeholder) are ready for review by public hearing.</p> <p><u>Objective 3:</u> By January 2008, a prescription program that will enable affordable prescription medication to all Frederick County residents has been selected.</p>

Goal 1: There is sufficient locally available medical, dental, pre-natal, specialty care, and mental health resources for everyone living in Frederick County regardless of ability to pay for services

Action Plan			
	What	Who	By When
1	Develop a concept, vision and mission for a multidisciplinary care clinic.	-	-
2	Establish an executive steering committee for the clinic.	-	-
3	Develop a pro forma business plan, including staffing plan.	-	-
4	Secure financial resources including grants from county and others.	-	-
5	Develop and implement a PR and marketing plan.	-	-
6	Set a date to open the clinic and get buy-in from community.	-	-
7	Secure a location, property and building for the clinic.	-	-
8	Hire personnel and get equipment.	-	-

Note: The dash (-) = no information provided.

Goal 2: There is an adequate number of providers willing to provide care to uninsured or underinsured patients

Action Plan

	What	Who	By When
1	Increase awareness in the community of the uninsured and underinsured.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Immediately and ongoing
2	Perform a health needs assessment County-wide for the number of uninsured adults.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Fall 2006
3	Recruit medical providers to provide care to the limited number of uninsured and underinsured	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Winter 2006
4	Apply for grants and do fundraising on a continuing basis.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Winter 2006
5	Identify space or facility for a clinic instead of forcing doctors to use their office.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Spring 2007
6	Secure staff, volunteers, supplies, etc.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Summer 2007
7	Open clinic.	Coalition Sub Committees: PR, Finance, Needs Assessment and Operations.	Summer 2007

Goal 3: A sufficient number of providers accept all MA/MCO patients due to streamlined paperwork/reimbursement process and improved rates

Action Plan

	What	Who	By When
1	Form a subcommittee to investigate needs, current rates, acceptable rates, and methods of streamlining reimbursements.	-	-
2	Educate providers and the public about the coalition's efforts to change the system.	-	-
3	Form lobbying group.	-	-
4	Enlist providers and the public to lobby for change.	-	-

Goal 4: Affordable health care exists for Frederick County residents			
Action Plan			
	What	Who	By When
1	Conduct a community health needs assessment.	-	-
2	As part of #1, be certain to define “affordability”.	-	-
3	Develop a policy statement about making healthcare affordable (now).	-	-
4	Advocate for needed legislative change.	-	-
5	Research best practice models.	-	-
6	Propose a mandate to insurance companies to fund pro bono care.	-	-

Goal 5: Affordable health insurance is available to all residents of Frederick County**Action Plan**

	What	Who	By When
1	Contact "MD Healthcare for All" to determine what is being done on a state level to provide affordable health insurance.	FCHC	October 2006
2	Meet with state and local politicians to obtain buy-in for provision of affordable health insurance.	FCHC	Winter 2006
3	Secure funding for comprehensive health needs assessment for Frederick County.	FCHC	Spring 2007
4	Perform comprehensive needs assessment for Frederick County.	FCHC	Summer 2007
5	Present results of needs assessment and business survey to local politicians.	FCHC	Fall 2007
6	Garner local constituent support to assist local politicians in seeking statewide support.	FCHC	Winter 2007

Goal 6: Affordable, qualified multi-lingual, culturally sensitive, interpretive services are provided (free to the client and providers) on and off site

Action Plan

	What	Who	By When
1	Identify and pursue funding sources to defray costs of on-site and telephonic interpreter services.	Resource Development Committee	July 2007
2	In the case of a community-based clinic, include interpreters as part of the staffing plan.	Program Development Committee	(Depending upon whether a clinic is implemented)
3	Publicize the availability of telephonic interpretation.	Public Relations Committee	January 2007
4	Prevail upon Frederick County Government to provide a local language bank of qualified interpreter services at a reasonable cost to community providers.	Government Relations Committee	Begin with FY08 budget cycle (Fall 2007)
5	Engage in legislative advocacy to have interpreter services become reimbursable by MA.	Legislative Advocacy Committee	Begin with FY09 budget cycle (Winter 2009)

Goal 7: An affordable and reliable system exists to provide appropriate transportation for low-income Frederick County residents to access non-emergent health care services

Action Plan

	What	Who	By When
1	Identify partners and stakeholders: County Commissioners, community businesses, and consumers.	Transportation Sub Committee	-
2	Conduct needs assessment related to connecting clients with providers.	Hood or FCC students in collaboration with Transportation Sub Committee	-
3	Analyze data from needs assessment and develop recommendations.	Transportation Sub Committee	-
4	Research existing best practices of transportation system models.	Transportation Sub Committee	-
5	Develop proposal for potential funding sources, including: cost, liability, time frame, and specific geographic area/needs.	Finance Committee	-
6	Identify potential funding sources.	Finance Committee	-
7	Conduct feasibility study.	Transit	-

Goal 8: All community partners communicate and collaborate to identify and share resources
 - A user friendly clearing house exists for community resources and well coordinated service delivery

Action Plan

	What	Who	By When
1	Define what organizations should be involved.	Coalition Sub Committee	6 months
2	Enlist people from those organizations to participate.	Coalition Sub Committee	6 months
3	Develop an executive committee involving representatives from each organization.	Coalition Sub Committee	6 months
4	Develop guidelines and mechanisms for communication.	Executive Committee	1 year
5	Hire a coordinator to act as a liaison and facilitate communication.	Executive Committee	1 year
6	Develop a resource guide via website/resource book.	Coordinator	18 months-2 years
7	Distribute information to residents and providers.	Coordinator	-

Goal 9: Affordable prescription medicines are available to Frederick County residents

Action Plan

	What	Who	By When
1	Partner with drug companies to make medication available.	-	-
2	Provide education on how to access plans already in existence.	-	-
3	Expand Medicaid Plan D to include uninsured and underinsured.	-	-



For more information about the May 12, 2006 Frederick Health Summit,
this Summary Proceedings or the Health Summit Coalition, contact:

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