

White Paper

Establishing a Clay County Safety-Net System for the Uninsured: One Community's Call to Action

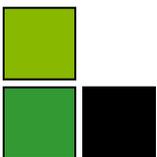
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Introduction

Health safety nets play a critical role in providing access and quality healthcare for the uninsured and underinsured in America. A health care safety net is defined as any provider that organizes and delivers a significant level of health care and other services to the uninsured, Medicaid and other vulnerable patients. Health care safety net services are traditionally delivered by community health clinics, county health departments, federally qualified health centers, behavioral health clinics, and community hospitals.

Northeast Florida is not immune from the safety net challenges. With over 1 million people living, working and playing in the region, our hospitals, clinics, county health departments and health care advocates work hard to ensure quality health care access for North Florida's uninsured. Northeast Florida has longed been heralded for their state-of-the-art health care system(s) and medical advancements. With that said, it was not surprising when Northeast Florida ranked fairly high among their respective peer counties for Health Care Delivery System in the recent county health ranking analysis conducted by the University of Wisconsin and the Robert Wood Johnson Foundation. Furthermore, in a recent 2007 data release from the US. Census, Florida's uninsured rate of 24.2 was the third highest in the country. However, the rate of the uninsured in the Northeast Florida counties was lower than the state average with Clay County being the highest at 22%. To further the complexity of the health care environment in Northeast Florida, three of the four Medicaid Reform Pilot counties are located in Northeast Florida: Baker, Clay and Duval. With nearly 75% of the residents covered with some form of health insurance, the region is still struggling to assure access to these basic points of health care services and to the necessary specialized care to the 25% who do not currently have health insurance.

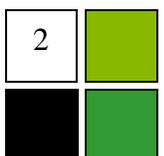
It is well documented that this 25% of the uninsured place the heaviest financial burden on local health safety net systems. As a result, health safety net systems are increasingly focusing on care coordination and integration to help expand primary care, improve specialty access, lower costs, and enhance quality. Since the recent economic downfall, health safety-net systems have treated an increasing number of the uninsured. It is estimated that nationally, uncompensated care at health safety net systems has increased on average by 10% during the recession. More locally, the Northeast Florida has seen a decrease in public funding, an increased number of uninsured, a greater aging population, a mass exodus of Medicaid HMO's and the continued decrease in Medicare and Medicaid reimbursements rates. Northeast Florida's health safety-net system is in need of serious attention, dialog, assessment and reform.

Clay County Health Care Summit

Clay County recently completed and released the 2010 Community Needs Assessment report. One of the Call to Action goals was to hold a summit to address both the assets and deficits of the safety net services in Clay County. As a means to address these issues, the Health Planning Council of Northeast Florida received a grant from The Blue Foundation for a Healthy Florida to organize a one-day Health Care Summit for leaders and decision makers in Clay County. Over 50 stakeholders convened at the Thrasher Horne Center in Middleburg for a full day of education, networking and developing community solutions for addressing Clay County's uninsured.

The purpose of the Health Care Summit was to convene Clay County stakeholders to:

- Discuss the status of the uninsured in Clay County



- Gain a better understanding of the safety net services (assets and gaps) of Clay County
- Discuss the impact of Medicaid Reform pilot on Clay County
- Identify the potential impacts of national health care reform
- Discuss safety net best practices from around the county, and
- Finalize the “So What Now?” steps

Guest speakers from the federal, state and local levels conducted presentations to help guide stakeholders through the complexities of safety net services and funding challenges. Invited speakers were:

- Stephen Dorage, Regional Coordinator Health Resource Services Administration
- Phil Street, Senior Health Policy Coordinator, Florida Department of Health
- Travis Coker, Director of Legislative Affairs & Special Projects, FACHC
- Paul Belcher, Senior Vice President of the Florida Hospital Association
- Jay Millson, Vice Chair of Northeast Florida Health Information Consortia

Several roundtable discussions were facilitated by the invited Summit speakers to promote stakeholder networking and to gather community level perceptions and expertise on five key safety net and care coordination questions:

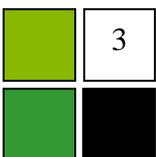
- Who are the safety net providers (Government & Non-government) in Clay County and how do you currently work with them?
- If there was one health-related service that could be added to assist the uninsured or Medicaid eligible, what would it be and who is best positioned to offer it?
- What kind of specialized services are missing for Medicaid recipients and for the uninsured living in Clay County?
- Where are most of the Medicaid and Charity-Care providers located in Clay County?
- Using your experience and the info you have learned here today, draw an ideal system of care for the uninsured living in Clay County

Finally, Summit attendees developed four core Community Solutions to push the Summit energy and momentum forward to enhance safety net and care coordination services in Clay County.

Key Themes

The roundtable discussions provided each attendee a rich and meaningful opportunity to listen to different perspectives of the safety net challenges and opportunities. Several key themes surfaced:

1. Much like other communities across our country, Clay County has a number of safety net services available to uninsured residents. More than 22 safety net providers were identified during this initial exchange of resources and information including a 255-bed hospital, an additional hospital planned for 2011, a county health department, a mobile health van, free primary and specialized health clinics, a Federally Qualified Health Center, behavioral health services, private physicians and wrap around services offered via human service organizations.
 - Note: A subtheme of this group revealed that while there are safety net assets, the decreases in funding limits the amount of care and access available to the uninsured
2. In addition to the need for improving access to primary care services for the uninsured, referral and wrap-around services are important for quality coordination of services.



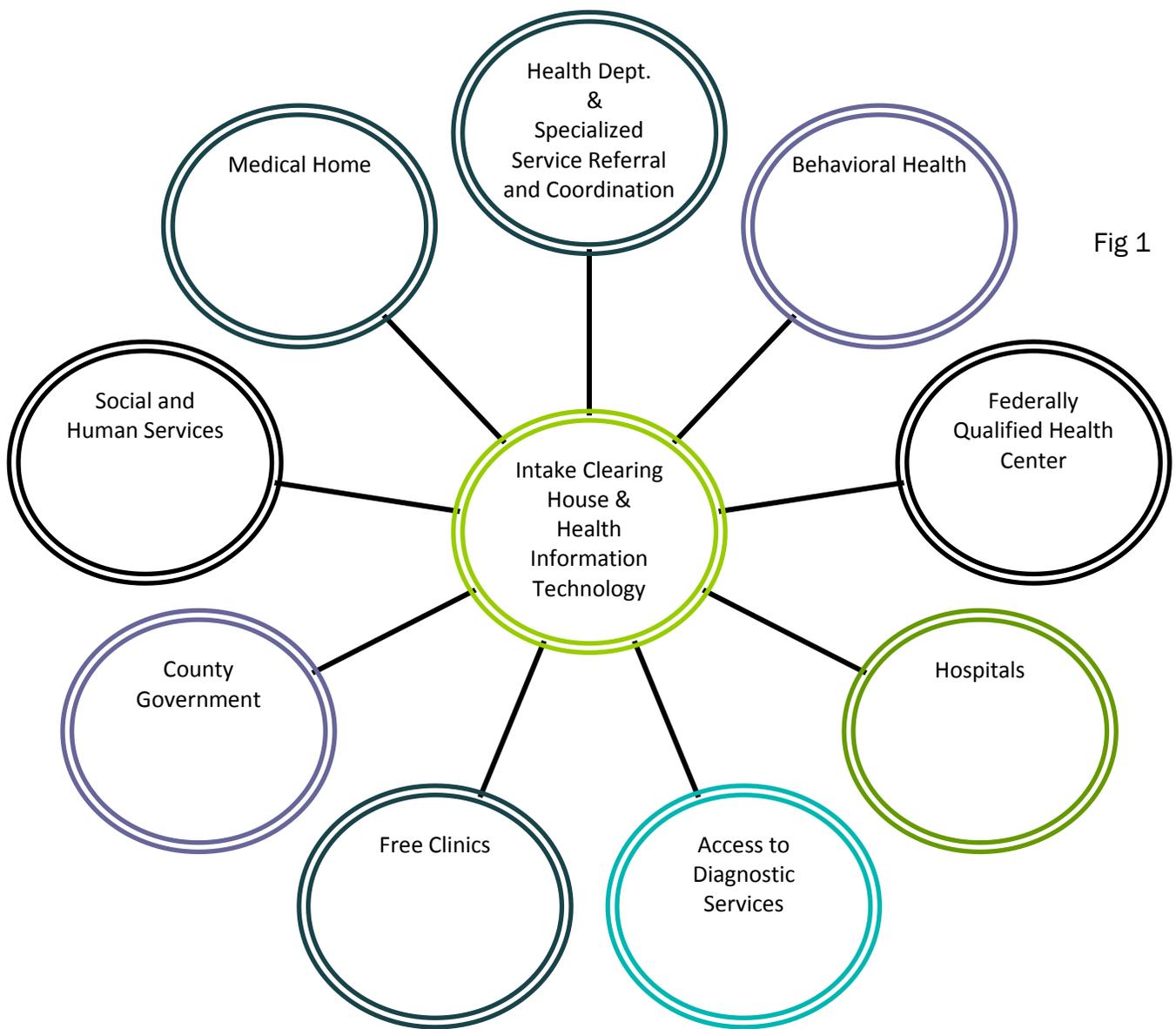


Fig 1

3. Stakeholders identified access to a specialist referral network and diagnostic services, disease management, centralized community resources, prescription coordination, and health literacy as services that should be added into the design of quality safety net services.
4. The uninsured often experience barriers when seeking specialized services. Over 26 specialized services were identified as “missing” in Clay County. However, seven specialized services were prioritized as the greatest need for the uninsured in Clay County (these are not ranked in any order of importance) : Mental health, Ophthalmology, Cardiology, Oncology, Neurology, Orthopedics, and Endocrinology
5. Location of safety net providers and services are essential to health care access. Stakeholders identified four communities within Clay County where most Medicaid and free safety net services are provided: Keystone Heights, Orange Park, Middleburg, and Green Cove Springs. Three additional communities Penny Farms, Fleming Island and Oakleaf were identified as offering safety net services to Medicaid recipients but they could not identify free safety net services located within these communities.

- Note: A subtheme of this group revealed that while there are safety net services provided in these communities, the decreases in funding limits the amount of care and access available to the uninsured
6. Safety net services must include the entire system of health care including health information technology. The ideal model of care includes a single point of entry to establish an electronic medical record complimented by a seamless referral and care coordination process. (Fig. 1)

Community Solutions

Attendees of the first ever Clay County Health Care Summit reconvened at the end of the day to come up with four Community Solutions to help propel this work to the next stage.

Community Solution 1

Refine the Safety Net System Model- Attendees of the Summit agreed that the existing care model is not working. Clay County has all of the pieces necessary including the “community will” to refine a system of care that provides access to quality and affordable health care for all residents and ensures financial sustainability to the providers who are providing the much needed services.

Community Solution 2

Conduct Resource Inventory- Attendees of the Summit recognized the opportunity to conduct a resource inventory among all safety net providers in the county. With impending additional government budget cuts at the Federal, state, and local levels and limited private funding opportunities available, Clay County safety nets providers suggest leveraging assets, funding sources and share resources such as grant writers and other human capital.

Community Solution 3

Invite Recognized Best Practices to Visit Clay County- Attendees of the Summit strongly supported the idea of inviting leaders from the Primary Care Access Network (PCAN) in Orange County, Florida and Neighborhood Health Clinic in Naples, Florida, to meet with Clay County stakeholders to learn more about their system of care and their Business model for sustainability.

Community Solution 4

Mobilize a Steering Committee- Attendees of the Summit recognized the importance of developing a Steering Committee that has “Get it Done” leadership in addition to a highly influential “champion” to move these Solutions forward.

Your Community

If you are interested in learning more about this project, please contact:

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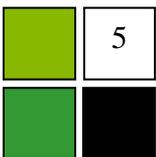
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