

**Regional Health Alliance
Access to Care
Tuesday, February 24, 2015
Grace Health**

Present: Mary Jo Byrne, Fountain Clinic; Melinda Hautau, Community Action; Raymond Higbea, Grand Valley State University; Cheryl Hinds, Grace Health; Diane Marquess, Family & Children Services; Sherry Postula, Grace Health; Jessica Rapelje, Battle Creek Community Foundation/RHA; Kaci Sparks, Western Michigan University Nursing Student; Alyssa Stewart, United Way; Barb Travis, Community HealthCare Connections; Jennifer VanValkenburg, Regional Health Alliance; and Nidia Wolf, Albion Health Care Alliance.

Agenda Item	Discussion	Action
1. Call to Order	Barb Travis called the meeting to order at 9:35 am. All members were introduced.	
2. Approval of minutes	<p>There were no additions or corrections to the minutes from the October 28, 2014 meeting.</p> <p>I make a motion to accept the January 27, 2015 minutes as presented. Motion by: Nidia Wolf Support by: Raymond Higbea Motion passed unanimously</p>	
3. Access to Care Goal	Access to Care is sponsored by Regional Health Alliance. Goal: All Calhoun County residents will have 100% access to health care services. Do we still want this to be our focus/goal?	
4. Profile of Health Access	<p>Raymond shared information he has at this point; the entire report is not ready. For 2014, the jobless rate is 6.08% and the uninsured rate is 8.48%. On this report, “static” means at any one point in time and “annual” means in the course of a year. The Employment vs. Labor Force increased in 2014. Raymond commented that some people dropped out of the labor force, but the unemployment rate stayed the same. Surveys that were done show approximately 13.5% of the population do not have insurance. Approximately 59% received a wellness check within the last 12 months (BC Pulse Survey). If approximately 90% have coverage and only 60% are getting visits, what is happening with the other 30% of the population? Several people (about 70%) use the Emergency Department (ED) for primary care visits. Many of the visits are during hours primary care provider offices are open. Does education need to be provided on when appropriate to use ED? It is felt more information is needed to find out why people use ED rather than their primary care provider. What other information is needed? Data on people with higher co-pays and deductibles. This is the group having difficulties. How can we be proactive in letting people know there are places they can go if their income is low enough? The ALICE group includes people with an income of up to \$50,000 a year depending on family size. Grace Health offers a sliding fee discount that can be used if people have a high deductible.</p>	
5. 2015 Goals	There are five areas identified for 2015 goals: advocacy at state level, mental health, insurance literacy, monitor effect of Healthy Michigan and ACA, and development of community health worker model. Three goals from 2014 will be carried over into 2015: High Risk Intervention Team, Enroll Calhoun, and Community PCP Database.	

<p>5. 2015 Goals (cont.)</p>	<p><u>Goal 1 – Advocacy at State Level:</u> Terris Todd, Director of District Relations for Representative Dr. John Bizon, will attend the March Access to Care meeting. A plan is needed and questions prepared in advance for the meeting with Terris Todd. A small group – Sherry Postula, Barb Travis, Mary Jo Byrne, Raymond Higbea, Diane Marquess, Alyssa Stewart, Jessica Rapelje, and Jennifer VanValkenburg – will meet to prepare questions for the meeting. Mary Jo stated it would be good to ask Mike Nofs to attend an Access to Care meeting. The majority of the Medicaid funding is coming from the federal government. It is important that information be shared with representatives.</p> <p><u>Goal 2 – Mental Health:</u> In patient mental health is very expensive. How do we get people to care sooner? Grace Health screens for mental/behavioral health. Oaklawn Hospital is also doing screenings. Another part is getting people connected. Once connected, how do they maintain it if they are income limited? More information is needed before a decision is made regarding this goal.</p> <p><u>Goal 3 – Insurance Literacy:</u> The Enroll Calhoun could work on this goal since it is an extension to items there are already working on.</p> <p><u>Goal 4 – Monitor effect of Healthy Michigan and ACA:</u> More information will be gathered for this goal.</p> <p><u>Goal 5 – Development of Community Health Worker Model:</u> With this model someone who knows resources available would work in the community to help connect people with needed services. Health and Human Services has a model like this. Albion Neighborhood Visitors is doing something similar, but not to this extent. Sherry stated Outreach and Enrollment teams are also looking to do something similar to this. The whole idea is a coordinated effort to create consistency and provide education. More information will be gathered and different models reviewed.</p> <p><u>Other areas of concern:</u></p> <ul style="list-style-type: none"> • Transportation – BC Rides through Harvest Church has two vans and can provide transportation. Cost is \$7 one way and \$10 round trip. Their focus is the Fort and VA. Transportation is available mostly for getting people to work. • Affordable housing is a huge issue right now and was discussed at today’s Front Line meeting. 	<ul style="list-style-type: none"> • Information / questions in preparation for meeting with Terris Todd will be shared with Access to Care group prior to March meeting.
<p>6. Adjournment</p>	<p>Meeting adjourned at 10:58 a.m.</p>	<p>Next meeting: Tuesday, March 24, 9:30 a.m. – 11:00 a.m., Grace Health</p>