

**Regional Health Alliance
Access to Care
Tuesday, April 28, 2015
Grace Health**

Present: Mary Jo Byrne, Fountain Clinic; Shelly Cizio, Summit Pointe; Thamary Diaz, Grace Health; Carl Gibson, Office of Senior Services; Raymond Higbea, Grand Valley State University; Cheryl Hinds, Grace Health; Kathy Langworthy, Community Action; Justin Logsdon, Department of Human Services; Diane Marquess, Family & Children Services; Angela Myers, Regional Health Alliance; Amy Terry, Bronson Battle Creek; Barb Travis, Community HealthCare Connections; Jennifer VanValkenburg, Regional Health Alliance; and Beatriz Whitmore, Integrated Health Partners..

Agenda Item	Discussion	Action
1. Call to Order	Barb Travis called the meeting to order at 9:30 am. All members were introduced.	
2. Approval of minutes	<p>There were no additions or corrections to the minutes from the March 24, 2015 meeting.</p> <p>I make a motion to accept the March 24, 2015 minutes as presented. Motion by: Mary Jo Byrne Support by: Raymond Higbea Motion passed unanimously</p>	
3. Follow-Up from Meeting with Terris Todd	<p>Mary Jo Byrne asked for clarification on the comment that Representative Bizon is open to receiving information/proposal on how to make Medicaid expansion affordable. Currently, the federal government is paying for the expansion for the next 4 years, not the state. It was noted the opportunity might be for a future model. Was there value in having Terris Todd come to the meeting? Is there still interest in having Senator Mike Nofs come to a meeting? It is felt these meetings allow us to not only ask questions, but to also educate representatives on what is happening in our community. Success stories and data regarding the Medicaid expansion need to be compiled for the meeting with Senator Nofs. Access to Care may meet with additional representatives in the future.</p>	<ul style="list-style-type: none"> • Senator Mike Nofs will be invited to an Access to Care meeting. • Committee meeting will be scheduled to prepare for meeting with Senator Nofs once a date is confirmed.
4. Goals	<p>2015 Access to Care Goals:</p> <ol style="list-style-type: none"> 1. High Risk Intervention Team – The High Risk Intervention Team is waiting to see if the grant they submitted is approved in order to sustain the project. In the meantime, other models in the area are being reviewed. 2. Enroll Calhoun – The group will be meeting on a quarterly basis (next meeting in June). Open enrollment for next year will be November 2015 – January 15, 2016. Amy Terry stated they are currently doing GIS (Geographic Information Systems) mapping to see where “pockets” of uninsured people are. The uninsured rate has decreased to less than 5% for the zip codes they have reviewed. Census data was used to obtain uninsured rates. DHS will provide information from Healthy Michigan by zip code. Free brochures containing information about what do you when you have insurance are available in English and Spanish. Data from practices is being evaluated to see who has Healthy Michigan. All of Calhoun County is being reviewed and reports should be ready in a few months. The latest Healthy Michigan report was shared with the group. 	<ul style="list-style-type: none"> • Amy will share link with Access to Care on where to get free information about what do to once you have insurance.

<p>4. Goals (cont.)</p>	<p>3. Community PCP Database – Surveys will be collected April 30 and a report should be available in May.</p> <p>4. Advocacy at the State Level – Senator Mike Nofs will be invited to an upcoming Access to Care meeting.</p> <p>5. Development of Community Health Worker Model – Barb Travis stated the model in Texas was reviewed. This model requires a large commitment from community health workers (over 1,000 community health worker hours plus other training). It is possible this model will not be a good fit for our community. What does Access to Care want to see in a community health worker? Albion has the Neighborhood Visitor group that shares information about health resources available. It is felt we would like an expanded version of this model. Beatriz stated there are 11 practices in the community that have Care Managers who assist patients with multiple chronic conditions get connected with community services. They can bill and receive reimbursement for this service. The practices that are doing this were able to adapt to the Patient Center Medical Home early and were able to put it in their plans. Grace Health has Advocates who connect people to services plus a quality team is being started which will help connect people / monitor needs, especially for patients with diabetes.</p> <p>Two Identified Areas of Concern:</p> <p>1. Mental Health / Shortage of Psychiatrists – It is difficult to get people hospitalized locally. Although the hospital may have a bed, staffing is not available. Summit Pointe sends patients needing hospitalization to Detroit. There has been an increase in substance abuse treatment; therefore additional staff are getting certification to provide services. Summit Pointe receives 1,200 – 1,400 new calls each month for services needed. To be compliant with their performance indicators, they need to see people within 2 weeks. Some of the services Summit Pointe provides are: services for intellectual and developmental disabilities, group therapy, and peer support.</p> <p>2. People who have insurance and are unable to pay their deductible or for the service – People can go to Grace Health (sliding fee discount available), a free clinic, or contact 211 to find resources. Is this group being connected? Do they know where to get services? For people going to Bronson there is a team who will work with them to help get them signed up for insurance. Oaklawn Hospital sends patients to the Fountain Clinic for assistance in signing up for insurance. For people above 250% poverty level, there isn't much help. It was noted that open enrollment is very important for those who are above the poverty level. Some people have not signed up for insurance since they are unable to afford the monthly payments and high deductibles. Bronson is updating its Charity Care policy to help people who have a high deductible. Assistance is reviewed on a case-by-case basis. The Charity Care application and policy are available on Bronson's website. It was noted the median income is \$50,000. For a family making \$80,000, there are no tax breaks. After paying monthly insurance premiums, house payments, food, etc. they do not have a lot of money remaining to pay for additional needs.</p>	<ul style="list-style-type: none"> • Barb Travis will talk with Tom Brown regarding the Albion Neighborhood Visitors and how they are connecting people.
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5. Updates	<ul style="list-style-type: none"> • Bronson and KPEP are entering a partnership to start a sobering process. In Kalamazoo, intoxicated people are evaluated in the emergency room and then sent to KPEP to “sleep it off” for the night. This program may be operational in Battle Creek in June. • Mary Jo attended a Health Department presentation about the 2015 County Health Rankings for Michigan. Would we like this information presented at an Access to Care meeting? Yes. • Calhoun County Senior Services and Area Agency on Aging Annual Centenarian Celebration will be June 23 at Schulers for lunch. They are asking for assistance in locating Calhoun County residents who are 99 years of age or older. • Effective Friday, May 1, Barb Travis will officially take over the Executive Director position at Community HealthCare Connections (CHC). Samantha Pearl will stay until June 26 to help with the transition. Due to the Affordable Care Act, CHC doesn’t have the volume to support a nurse practitioner. Therefore, CHC will be going back to the Nursing Clinic model and will refer patients to providers if needed for chronic care. 	<ul style="list-style-type: none"> • Health Department will be contacted to possibly present at May meeting.
6. Adjournment	Meeting adjourned at 10:42 a.m.	Next meeting: Tuesday, May 26, 9:30 a.m. – 11:00 a.m., Grace Health

Submitted by Diane Craig, April 29, 2015