Regional Health Alliance
Access to Care
Tuesday, November 24, 2015
Grace Health

Present: Mary Jo Byrne, Fountain Clinic; Thamary Diaz, Grace Health; Raymond Higbea, Grand Valley State University; Carl Gibson, Office of Senior Services; Joyce Griffith, Michigan Primary Care Association; Cheryl Hinds, Grace Health; Bonnie Hogoboom, Area Agency on Aging; Diane Marquess, Family & Children Services; Alyssa Stewart, United Way; Jamie Rugg, HandsOn Battle Creek/211; 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 9:40 am. All members were introduced.	
2. Approval of minutes	There were no corrections to the minutes of September 22, 2015. I make a motion to accept the September 22, 2015 minutes. Motion by: Alyssa Stewart Second by: Cheryl Hinds Motion passed unanimously	
3. Profile of the Uninsured	"Profile of the Uninsured in Calhoun County" document was shared with Access to Care members. Raymond stated that although the work force appears to have improved, several people left the labor force. This is a national trend, nothing unique to Calhoun County. The work force still has not recovered from the recession. Table 2 – Employed by Industry Category shows: manufacturing lost 760 jobs last year; health and education are doing well; State jobs went up a little and local government jobs went down. Population in Calhoun County has steadily decreased since 2004. Table 3 – Calhoun County population by age group shows: ages 55-59 decreased by over 2,000 people in the last year. Raymond stated the problem is that we are losing people who are at the peak of their earnings. The jobless rate is 5.2 which is the best it has been. The uninsured rate is 6.52; however, Raymond stated he feels it is a little higher. Those who are uninsured work very long hours for low pay. Approximately 30% of the people using the emergency department have Medicaid or Medicare; they are not uninsured. Approximately 51% of children in the State of Michigan either have Medicaid or CHIP (Children's Health Insurance Program). There is about an equal number of men and women without coverage. More whites have coverage than blacks or Hispanics. Approximately 10% of the people with a high school diploma or GED are uninsured. People who go to college, generally have coverage. Raymond stated a target group should be the working poor, focus on smaller employers – ALICE population. On the CMS (Centers for Medicare and Medicaid Services) website, it states the Medicaid waiver is still pending. Other information received, states things are going well. Mary Jo commented the Fountain Clinic put ads in the local paper to let people know they are available for the uninsured. Income levels were also posted in the ad.	

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4. HandsOn 2-1-1	Jamie Rugg stated 2-1-1 has had a long-standing partnership with LifeCare; however, in July 2015, 2-1-1 began a partnership with Gryphon Place in Kalamazoo. This change allowed them to streamline some processes, increase capacity and improve quality for callers. The Team Leaders on staff are available 24 hours a day, 7 days a week. The website, www.my211.org, has the same database that is used when people call 2-1-1. When changes are made in the database, it also updates the website. Jamie stated that soon all counties will have 2-1-1. The top 3 unmet needs in 2015 are food, electric, and rent. The top 5 referrals made are food pantries, electric assistance, VITA Program sites, gas service payment assistance, and rent payment assistance. Jamie stated when talking about unmet needs, it is important to understand there are several reasons there is an unmet need. There are 12 different categories unmet needs can be placed in. The 2-1-1 operators are being trained to ensure everyone is reporting unmet needs the same. If people call for a specific program and the program is full, 2-1-1 will let them know of other resources available. Although people are offered other resources, they may not accept them. If people call needing assistance with paying a bill, 2-1-1 talks them through other means/ways they might be able to get funds to pay their bill.	
5. Access to Care Goals	Community Health Worker Model – There will be a meeting on December 3 to discuss the health worker model and decide on a focus. Community Resources Available – Currently looking at resources available in our community. High Risk Intervention Team – On hold due to funding. Enroll Calhoun – On hold. Community PCP Database – Since the survey is only done once a year, navigators are calling provider offices to see if they are taking patients. Do we need to continue doing the survey? Recommended that this be dropped and that we focus on access for the underinsured. Joyce Griffith of MPCA stated it takes time to find out if a provider is taking new patients. When working with signing people up for a health plan, she wants to make sure people are signed up for the right plan to see a provider. She stated deductibles are a problem for some people. 2016 goals will be discussed and set at the January Access to Care meeting.	• Contact Barb Travis if you would like to be part of health worker model meeting.

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6. Prevent Referral Network	Bonnie Hogoboom stated the Prevent Referral Network was developed through an elder law grant. It was originally for Adult Protective Service (APS) workers in the field so they could have quick access to referrals. However, community services do not work on an urgent basis – it take times. The program was opened up to Adult Service Workers in the field for people with a need, but are not at risk. Although the focus was expanded, it was kept small since this is a pilot program. Partner agencies of the system, own their own information and can update their information in the system at any time. This pilot has been going for less than 1 year and funding for year 2 has been received. Bonnie stated they are still working out the "bugs" in the system. The Referral Network is web-based and can be accessed via smart phone or computer. There is one e-mail connected to the service so the person who can provide the service is the one receiving the e-mail. Although everyone in your agency can access the program, everyone will not receive the referral e-mail. If the person who normally receives the e-mail referrals is out of the office, another staff person can be designated to check the referral que for your organization. Once clicking on a link for a services, all agencies that provide the service will be listed. If a person has multiple needs, all referrals can be made at the same time. Notes can also be added with the referral. Once the referral and notes are added, information about the client is entered in the system. Income level needs to be included since some services are based on income. The agency receiving the referral may either reject is or accept the referral. If the referral is rejected, an e-mail will be received and another will need to be located. Patient information stays in the system so there is a history of referrals made. Bonnie has been talking with the hospital and other providers about the system since it is an easy way to connect people to the services they need. This system is also a way to make sure the referral is captured.	• If you are interested in being a partner, let Bonnie know.
7. Announcements / New Business	There is no December Access to Care meeting. The next meeting will be Tuesday, January 26, at 9:30 am at Grace Health.	
8. Adjournment	Meeting adjourned at 11:03 a.m.	Next meeting: Tuesday, January 26, 9:30 am - 11:00 am, Grace Health

Submitted by Diane Craig, November 25, 2015