



Access HealthColumbus

Lessons Learned

February 15, 2007



Executive Summary

Access HealthColumbus (AHC) is a non-profit organization with a mission of ensuring access to health care for vulnerable people in Franklin County. To achieve this mission, AHC works in collaboration with health care, business, and government leaders to strengthen and expand the community's health care safety net.

As part of a six-month strategic planning process, AHC asked Community Research Partners to identify "lessons learned" to date from AHC activities. The lessons are intended to inform how AHC implements its strategic plan. They also have implications for Franklin County's health care safety net and for others who want to replicate or adapt AHC's strategies in the future.

Lessons Learned: At-a-Glance

Expanding Medical Homes

Expanding medical home capacity has required AHC to balance the need to improve and build medical home structure with the need to improve and build human relationships. An essential component of this has been coordination among public and private activity. To coordinate *effectively*, AHC has developed extensive knowledge of the community's health care system, its capacity, and its opportunity and ability to expand. To coordinate expansion in a way that has been *significant* and *beneficial* to the community, AHC has demonstrated a unique understanding of the people most affected by the expansion: health care providers and clients.

Building Credibility for the Organization

Credibility may be established and grow over time, but maintaining credibility requires diligence. AHC has achieved and sustained credibility by a strong showing of leadership, personal relationships based on mutual respect and trust, engaging community input in a meaningful and impactful way, and being accessible and transparent to the community at large.

Coordinating Health Care Services for Vulnerable People

AHC's goal of effective health care coordination is to empower clients by teaching them how to navigate the health care system. The challenge for coordinators is to research and keep up to date on information within the health care field that can change quickly. AHC is known within the community as a credible organization to call for health care information, but the need within the community is greater than what AHC can provide.

Leveraging Public and Private Funding

At its start, AHC relied primarily on federal funding for support. Today, the organization is funded primarily by public private partnerships. These partners have expressed their desire that AHC take the lead in the effort to improve access to health care. To do so, AHC must have the flexibility to spend dollars where they are most needed, while still meeting funders' expectations. AHC must also use and continue to build the credibility it has gained within the community to establish new partnerships, especially in the business community.

Supporting Incubators of Innovation

AHC has learned that a key component to improved and sustainable access to health care lies in knowing whether, when, and how to move an idea from its incubator stage and integrate it into the larger health care safety net. Operational improvements within one or several organizations will not do enough to serve all of Franklin County's vulnerable residents. New and sustainable strategies may emerge through collaboration and open dialogue among community members. To convene such a group, AHC has learned to manage and bring order to a free exchange of ideas in a way that does not stifle the creative and collaborative process.

Introduction

Access HealthColumbus (AHC) is a non-profit organization established in 2002 by the Columbus Medical Association and Foundation and the Osteopathic Heritage Foundations. The organization's mission is to ensure access to health care for vulnerable¹ people in Franklin County. To this end, AHC has collaborated with leaders from health care, government, business, and the community on activities to strengthen and expand Franklin County's health care safety net. Specific strategies include:

- Expanding the supply of medical homes to meet demand
- Reducing barriers to accessing clinical care
- Increasing access to specialty and support services
- Increasing the percentage of people with health insurance coverage
- Advocating to ensure health care access for vulnerable people

"Lesson Learned" is defined as a generalization, based on implementation and evaluation experiences with AHC, that abstracts from specific circumstances to broader situations. A lesson may highlight strengths or weaknesses in preparation, design, and implementation that affect program performance, outcomes, and impact.²

In January 2007, AHC and its Board of Directors completed a six-month strategic planning process to determine the specific components of AHC's 2007-2009 Strategic Plan. To assist in this process, AHC asked Community Research Partners (CRP)³ to create a narrative that synthesizes "lessons learned" to date from AHC activities. For the purpose of this project, CRP reviewed relevant reports, evaluation data, and outcome measures. CRP also facilitated a series of discussions with AHC staff, members of AHC's Community Advisory Committee, AHC Board members, and medical and other health care professionals.

Findings

The following pages present lessons learned in the following categories:

- Expanding Medical Homes
- Building Credibility for the Organization
- Coordinating Health Care Services for Vulnerable People
- Leveraging Public and Private Funding
- Supporting Incubators⁴ for Innovation

These lessons are applicable not only to AHC, but also to Franklin County's health care safety net and to any individual or organization interested in the shared vision of AHC and its partners.

¹ Defined as Franklin County residents who are uninsured, underinsured, enrolled in Medicaid, medically underserved, or with special needs

² Definition is derived from the Organisation for Co-Operation

³ Community Research Partners is a unique nonprofit research center that is a partnership of the City of Columbus, United Way of Central Ohio, the John Glenn School of Public Affairs at The Ohio State University, and the Franklin County Commissioners.

⁴ "Incubator" refers to the process by which local solutions to health care problems in Franklin County are tested and evaluated.

Expanding Medical Home Capacity

LESSON LEARNED: Expanding medical home capacity has been both operationally effective, and matched to the needs and composition of the community.

Expanding medical home capacity has required AHC to balance the need to improve and build medical home structure with the need to improve and build human relationships. An essential component of this has been coordination among public and private activity. To coordinate *effectively*, AHC has developed extensive knowledge of the community’s health care system, its capacity, and its opportunity and ability to expand. To coordinate expansion in a way that has been *significant* and *beneficial* to the community, AHC has demonstrated a unique understanding of the people most affected by the expansion: health care providers and clients.

Activities and Outcomes*	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Improved and New Capacity:</p> <ul style="list-style-type: none"> • \$300,000 in seed grants resulted in over 2,000 new medical homes on the Southside • \$898,469 awarded to seven organizations in the Southside and near Westside resulting in an additional 3,700 new medical homes • 18 hours of expanded “non-traditional” hours are offered by the medical home safety net per week • 14,550 people are served by expanded primary care, vision care, dental care, and prenatal care 	<p>Increasing medical home capacity had to come before other components of the Voluntary Care Network (VCN).</p> <p>Expansion grants helped increase capacity and demonstrated that AHC could be a catalyst for change within the health care system. However, it has been difficult for grantees to sustain their expanded capacity without continued funding.</p>	<p>In an effort to achieve greater sustainability, foundations and other large contributors are tending to turn away from awarding seed grants – intended to create new or expanded capacity – and are now focusing grant awards on improvement-oriented processes.</p>
<p>Participation:</p> <ul style="list-style-type: none"> • 804 doctors participate in the VCN • 12 hospitals participate in the VCN • 4,385 low-income, uninsured people have been served by the VCN 	<p>When possible, physician recruitment should be based on the needs of the community. Supply should match demand.</p>	<p>There is a shortage of physicians in the areas of Franklin County where AHC clients live.</p>

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* Figures cited are current as of December 2006

Activities and Outcomes	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Patient/Provider Relationship:</p> <ul style="list-style-type: none"> • AHC supported the establishment of a cultural competency training program and organization (CCOMPT) • AHC clients have a reported no-show rate of 6.3% • Clients pay a sliding scale fee for health service based on household income 	<p>If a provider judges a client based on misperceptions of the culture of poverty, AHC must walk a fine line to resolve the problem without reinforcing stereotypes.</p> <p>Fewer barriers and improved relationships can also reduce no-show rates.</p> <p>Requiring clients to pay a sliding scale fee helps achieve client ownership and responsibility.</p>	<p>Misguided or biased notions about people in poverty can act as a social barrier to accessing health care.</p> <p>Understanding cultural differences includes understanding what it means to be poor.</p> <p>Educating providers about the nature and needs of low-income and uninsured populations can help to debunk negative assumptions.</p>

Building Credibility for the Organization

LESSON LEARNED: AHC’s credibility in the community has been achieved and sustained through strong leadership, personal relationships, community engagement, and transparency.

Credibility may be established and grow over time, but maintaining credibility requires diligence. AHC has achieved and sustained credibility by a strong showing of leadership, personal relationships based on mutual respect and trust, engaging community input in a meaningful and impactful way, and being accessible and transparent to the community at large.

Activities and Outcomes*	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>A first step:</p> <ul style="list-style-type: none"> Ohio’s Good Samaritan Law was amended to include volunteer physician services in their offices. 	<p>Strong and clearly defined leadership within AHC and collaboration with other stakeholders can minimize mistrust and repair strained relationships.</p>	<p>Being willing to engage adversaries can lead to improved relationships and can build trust.</p>
<p>Collecting and reporting data:</p> <ul style="list-style-type: none"> A Management Information System (MIS) was created to track patients, monitor systems, and evaluate outcomes Progress Update newsletter is published and distributed 6 times per year; the first Community Report was published in 2005 Client and Provider Satisfaction surveys conducted Multiple evaluation projects conducted with CRP 	<p>Sharing data openly and regularly builds credibility within the community at large and with funders wanting to know how their investments “make a difference.”</p> <p>Building credibility leads to a greater willingness on the part of providers to share data.</p>	<p>It is worth the time and effort required to design a powerful MIS that is flexible to changing needs.</p> <p>Data should be collected from all components of the health care safety net, and data systems should be designed to be compatible across systems.</p>

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Activities and Outcomes	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Improvement activities:</p> <ul style="list-style-type: none"> Assessment and improvement activities at community health centers resulted in expanded medical home capacity, improvements in electronic scheduling, and recovery of over \$200,000 in Medicare reimbursement payments. 	<p>Showing respect for an organization’s history and structure helps lead to open communication about needed improvements.</p> <p>Recommendations for improvements are most helpful when they are data-driven.</p>	<p>Safety net providers must be open to outside assessment and willing to make organizational changes when doing so improves access to care overall.</p> <p>Improvements may best be advanced through trust and personal relationships rather than mandates.</p>
<p>Community Advisory Committee:</p> <ul style="list-style-type: none"> The Community Advisory Committee (CAC) was established in 2003 and is responsible for providing broad-based feedback and input, from a community perspective, to the AHC Board on its strategic plan of action and for providing other assistance, as requested by the Board. 	<p>The input that members of a community advisory group can provide is valuable, but may be fundamentally different than what actual users of the health care safety net may provide.</p> <p>To solicit meaningful advice and community input from the community advisory board, it may be necessary for AHC to balance a top-down management approach with a bottom-up approach that allows CAC more control over their agenda and purpose.</p>	

Coordinating Health Care Services for Vulnerable People

LESSON LEARNED: The need for accurate information and assistance in navigating Franklin County’s health care system is greater than what AHC alone can provide.

AHC’s goal of effective health care coordination is to empower clients by teaching them how to navigate the health care system. The challenge for coordinators is to research and keep up to date on information within the health care field that can change quickly. AHC is known within the community as a credible organization to call for health care information, but the need within the community is greater than what AHC can provide.

Activities and Outcomes*	Key Points Applicable to:	
	AHC	Health Care Safety Net
Access: <ul style="list-style-type: none"> • 12,384 referrals to medical services coordinated • 6,833 transportation services coordinated • 450 medical interpreter services have been coordinated 	<p>Effective coordination of care requires that AHC staff be educated and up to date about available support services and healthcare options (the goal being no “dead referrals”).</p> <p>An increasing number of clients and non-clients alike call AHC for referrals. In the future, it may not be possible for AHC staff to keep up with the demand.</p>	<p>There is a need for a centralized inventory of information about support services, which should be staffed and coordinated by people who are highly trained and educated in health care systems.</p>
Insurance: <ul style="list-style-type: none"> • 336 clients have acquired public or private insurance coverage 		
Prescription for Good Health: <ul style="list-style-type: none"> • 53, 869 prescription drugs coordinated 		

* Figures cited are current as of December 2006

Leveraging Public and Private Funding

LESSON LEARNED: AHC is best supported in the effort to improve access to health care by partners who balance the need for demonstrated outcomes with flexible spending priorities.

At its start, AHC relied primarily on federal funding for support. Today, the organization is funded primarily by public private partnerships. These partners have expressed their desire that AHC take the lead in the effort to improve access to health care. To do so, AHC must have the flexibility to spend dollars where they are most needed, while still meeting funders' expectations. AHC must also use and continue to build the credibility it has gained within the community to establish new partnerships, especially in the business community.

Activities and Outcomes	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Funding partners:</p> <ul style="list-style-type: none"> • The Columbus Medical Association Foundation • The Osteopathic Heritage Foundations • Franklin County Board of Commissioners • City of Columbus • The Columbus Foundation • Anthem Blue Cross Blue Shield Foundation • Rosati Windows <p>Public/private partnerships:</p> <ul style="list-style-type: none"> • Established working relationships with health care administrators and providers from a variety of public and private organizations • Coordinating with vision, dental, and low-cost prescription drug providers • Coordinating services with state and local mental health and substance abuse agencies 	<p>Most organizations, agencies, and individuals partner with AHC out of a shared interest or commitment to ensuring access to health care for vulnerable people.</p> <p>The business community may be a largely untapped resource.</p> <p>It is important for AHC to seek funders who are flexible in how dollars can or should be spent; flexible funding makes it possible for AHC to support evolving and emerging program strategies and priorities.</p> <p>Allowing funders to invest in activities that interest them promotes a sense of “enlightened self-interest.”</p> <p>Balancing the expectations of private donors, governments, and clients can be challenging. AHC must exercise caution when making commitments, and must honor all commitments made.</p>	<p>Because there is a common perception that there is a large amount of money already available, it is difficult to convince people outside of the health care system that a shortage of funding exists within the health care safety net.</p>

Supporting Incubators for Innovation

LESSON LEARNED: As an effective leader, AHC has learned to balance the need for order and structure with collaboration and the free exchange of ideas.

AHC has learned that a key component to improved and sustainable access to health care lies in knowing whether, when, and how to move an idea from its incubator stage and integrate it into the larger health care safety net. Operational improvements within one or several organizations will not do enough to serve all of Franklin County’s vulnerable residents. New and sustainable strategies may emerge through collaboration and open dialogue among community members. To convene such a group, AHC has learned to manage and bring order to a free exchange of ideas in a way that does not stifle the creative and collaborative process.

Activities and Outcomes	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Voluntary Care Network:</p> <p>From the start of AHC, the organization’s focus has primarily been on coordinating the health care services that comprise the VCN. These include:</p> <ul style="list-style-type: none"> • Medical homes that are connected to specialty, diagnostic, and hospital services • Voluntary specialty network • Shared drug formulary • Transportation assistance • Language assistance • Management information system • Care coordination 	<p>AHC’s initial focus on building the VCN was necessary to strengthen Franklin County’s health care safety net and increase access to care for target populations. However, it has led to a misperception within the community that the VCN is all that AHC does.</p>	<p>Components of a health care delivery system can be designed or improved without knowing exactly what the whole system will look like.</p> <p>Effective conversations about an improved health care delivery system can be structured around questions and collaborative answers, rather than formal agendas. Stakeholders and members of the community can be encouraged to talk to each other. The Our Optimal Health Project is an example of the Franklin County community, as a whole, learning how to listen to and learn from one another.</p>
<p>Emerged Activities:</p> <p>At the same time, AHC has supported programs and activities that have emerged from perceived needs within the community, including:</p> <ul style="list-style-type: none"> • Same day scheduling training in 10 medical practices • “Health Insurance 101” for small business employers, in coordination with the Columbus Chamber of Commerce 	<p>The experience with same-day scheduling shows that not every initiative that is intended to improve access to health care will develop and become sustainable.</p> <p>Engaging in and supporting new activities exposes AHC to “world thinkers” and people who think differently than AHC.</p>	

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Activities and Outcomes	Key Points Applicable to:	
	AHC	Health Care Safety Net
<p>Emerged Activities:</p> <ul style="list-style-type: none"> • Standardization of the patient application process for the Hospital Care Assurance Program • Participation in the Our Optimal Health Project 	<p>Shifting the focus of AHC from the VCN to other activities requires that staff be flexible and willing to adapt to roles that are emerging and less clearly defined than those associated with the VCN.</p> <p>Shifting focus also requires that AHC, as a convener, be flexible and willing to take on emerging activities.</p>	
<p>Advocacy:</p> <ul style="list-style-type: none"> • An Advocacy Committee has been established; guidelines, criteria and a work plan have been approved by the AHC Board. 	<p>Having an advocacy agenda will help define and clarify the future role of AHC; the challenge is in determining what issues to support and what resources to devote.</p> <p>Advocating from a position of neutrality strengthens credibility, which in turn, keeps partners at the table and willing to collaborate.</p>	

Additional information about Access HealthColumbus is available through its website, <http://www.accesshealthcolumbus.org>, and by contacting Access HealthColumbus directly at:

150 East Mound Street
Columbus, Ohio 43215
Phone: (614) 884-2440

The following documents are available upon request:

Access Network Formative Evaluation Report, April 2004
Access HealthColumbus Assessing Partner Relationship and Structure, May 2006
AHC Strategic Plan, 2005-2007
AHC Community Report
AHC Client and Provider Satisfaction reports
AHC Outcomes Update