



**Our  
2007-2009  
Strategic Plan  
for the Community**

Developed by:  
Access HealthColumbus  
Board of Directors  
January 2007

**OUR MISSION**

To assure access to health care for  
vulnerable people in Franklin County

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**Jeff Biehl**  
Access HealthColumbus  
President & Chief Executive Officer

## GREETINGS

On behalf of the Access HealthColumbus Board of Directors, we are pleased to share this strategic plan with the Franklin County community. Over the past six months, the Board devoted its time and energy to develop this plan in a spirit of collaboration and community service.

Creating a healthier community begins by making sure that everyone has access to quality health care. We all know that health care services can be difficult to understand and navigate. At Access HealthColumbus, we seek ways to simplify the process, reduce delays and make sure that low-income, uninsured, and vulnerable people receive the health care they need.

We thank the doctors, hospitals, health care workers, foundations, employers, government leaders, and advocates that have dedicated resources to helping us find solutions that will have a lasting impact on our health care safety-net in Franklin County. We also thank the public-private investors who have provided the financial support to make our work in the community possible.

Working together, our public-private partnership is strengthening and expanding our community's health care safety-net.

If you have any questions, comments, or suggestions please share them with me at 614-884-2440 or [jbiehl@accesshealthcolumbus.org](mailto:jbiehl@accesshealthcolumbus.org).

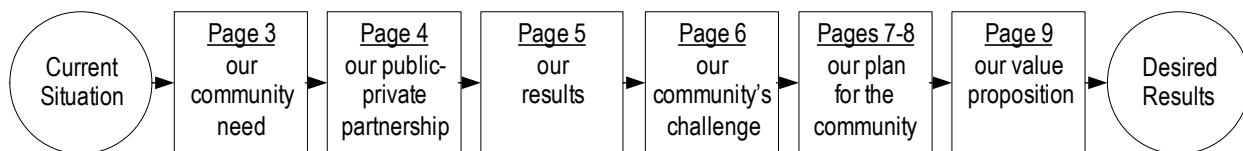
Sincerely,



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## Our Community Need

Franklin County*	Estimated People	% of total population
<b>Vulnerable</b> (insured, underinsured, uninsured with incomes ≤ 200% federal poverty level)	397,683	36.4%
<b>Uninsured</b> (all incomes)	134,389	12.3%
<b>Low-income &amp; Uninsured</b> (income ≤ 200% federal poverty level)	89,237	8.2%
<b>Unmet Health Care Needs</b> (insured and uninsured < 65 yrs old)		
• No Regular Source of Health Care (lack medical home)	106,164	9.7%
• General Health Care (excluding dental and prescriptions)	71,688	6.6%
• Prescription Drug Needs	112,728	10.3%
• Oral Health Needs	103,126	9.4%

\* Source: 2004 Ohio Family Health Survey of Franklin County based on total population of 1,091,937

### **Other National Trends and Facts**

<ul style="list-style-type: none"> <li>• In an effort to help our community better understand the issue it's important to understand what we often call our health care "system". We do not have a health care "system" in the U.S. We have a number of excellent health care "sub-systems" that are not connected nor coordinated. The lack of a coordinated and connected health care "system" contributes to:               <ul style="list-style-type: none"> <li>▪ Lack of timely and coordinated ACCESS to health care</li> <li>▪ High COST (and waste)</li> <li>▪ Challenges to achieve QUALITY</li> <li>▪ Uncoordinated complex web of places to go for health care</li> <li>▪ Total expenditures increasing at a rate 2 1/2 times the rate of inflation, and health premiums 3X more expensive over 10 years</li> </ul> </li> <li>• 67% (2 out of 3) uninsured people live in a family with at least one full-time worker.</li> <li>• This problem takes both an economic and human toll. Those who lack insurance are more likely receive care late or not at all. As a result, medical conditions often become worse, requiring more intensive and costly interventions. Those who become ill or who develop chronic conditions face a diminished quality of life, and ability to work.</li> <li>• In 2005, health insurance premiums for families who have insurance through their private employers, on average, are \$922 higher due to the cost of health care for the uninsured.</li> </ul>	<ul style="list-style-type: none"> <li>• The economic impact is especially troubling here in Ohio, where we are already competing with other states and nations to attract job-creating investments. On the one hand, small businesses often find that insurance coverage for their employees is either unaffordable or simply unavailable. On the other hand, large employers that do provide health insurance to their workers are bearing many of costs of treating the uninsured, which are "shifted" to them through steeply rising premiums.</li> <li>• About 4.4 million fewer people under the age of 65—including workers, their spouses, and their children—had employer-provided health insurance in 2005 than in 2000.</li> <li>• The percent with employer-provided health insurance fell from 67.7% in 2000 to 62.8% in 2005, a decline of 5.0 percentage points.</li> <li>• Employment-based health insurance continues to be the predominant source of coverage for the non-elderly population. In recent years, individuals with health insurance coverage have experienced increases in out-of-pocket expenses for health care.</li> <li>• Relative to their numbers in the overall population, members of racial and ethnic minority groups make up a disproportionate share of the uninsured population. A variety of economic and social factors underlie these disparities.</li> </ul>
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## Our Public-Private Partnership: Overview of Access HealthColumbus

**OUR MISSION:** To assure access to health care for vulnerable people in Franklin County

### **OUR GUIDING PRINCIPLES – WE WILL:**

- Be a catalyst for health care access programs for low-income\* uninsured people
- Be an advocate for vulnerable\*\* people on policy issues that affect access to health care
- Create change related to health care access focusing on sustainable solutions
- Provide a forum for community organizations who promote access to health care
- Work jointly with others to achieve our mission, as appropriate

### **OUR PRIORITIES**

Access HealthColumbus believes our community should continue working together and make investments in the following areas:

- **Access to Regular Source of Health Care:** support efforts to expand the supply of primary care (medical homes), prenatal, dental and vision services
- **Access to Prescription Drugs:** support efforts to expand supply of affordable prescription drugs
- **Improve Coordination of “Sub-Systems”:** support efforts to connect and coordinate health care across “sub-systems”
- **Access to Affordable Health Insurance Coverage:** support efforts to help employers and employees acquire coverage (especially small employers with less than 100 employees)
- **Support Fundamental Change:** support efforts to develop affordable and sustainable health care for all people in Franklin County

### **VALUE OF ACCESS HEALTHCOLUMBUS’ PUBLIC-PRIVATE PARTNERSHIP**

- With no major national policy intervention to extend access to affordable and sustainable health care on the horizon, the ability of communities to address this growing crisis is critical.
- Our Public-Private Partnership is by no means a substitute for state or national reform. But we are improving access to health care services for vulnerable people, improving health outcomes and reducing costs in the long run.
- Our Public-Private Partnership is an incubator for testing and evaluating local solutions to the health care problems we are facing in our country.

**OUR SHARED VISION:** Health care for all people in Franklin County that is affordable for individuals and sustainable for our community

\* low-income defined as Franklin County residents with family incomes up to 200% of the federal poverty level

\*\* vulnerable defined as Franklin County residents who are uninsured, underinsured, Medicaid enrollees, medically underserved, and those with special needs

## Our Results

### **BY STRENGTHENING AND EXPANDING OUR COMMUNITY'S HEALTH CARE SAFETY-NET, ACCESS HEALTHCOLUMBUS IS HELPING OVER 15,000\*\* LOW-INCOME PEOPLE ACCESS HEALTH CARE**

#### RESULTS TO DATE

[January 1, 2004 through December 31, 2006]

<b>Collaboration Incubator:</b> <i>working with our public-private partners to model and evaluate local initiatives to help low-income uninsured people (residing primarily on the Southside and near Westside) access health care services.</i>	
▪ Low-income uninsured people served	4,385
▪ Doctors participating	804
▪ Hospitals participating	12
▪ Referrals to medical services coordinated	12,384
▪ Prescription drugs coordinated	53,869
▪ Transportation services coordinated	6,833
▪ Medical interpreter services coordinated	450
▪ Clients acquiring insurance coverage	336
▪ Client reported no-show rate	6.2%
▪ Total value of services coordinated	\$23,248,892
<b>Expanding health care safety-net capacity:</b> <i>in medically underserved areas of Franklin County</i>	
▪ People served by expanded primary care, vision, dental, eyewear, and prenatal care	14,550
<b>Improving existing health care safety-net services:</b> <i>helping our health care partners improve the efficiency and effectiveness of existing services</i>	
▪ Additional primary care available from improvement activities	2,157
▪ Assisted health care safety-net provider recover Medicare reimbursements totaling	\$242,083
▪ People receiving affordable prescription drugs via an efficient enrollment process	1,815

#### **Patient Testimonials from people helped by AHC's Public-Private Partnership**

*"You have saved me and are continuing to give me a chance at life. If I hadn't started treatments I really don't think that I would be alive today. I know that if I were to lose your help I would have no choice but to go back to receiving no medical care."*

*"We had no insurance for over 2 years and my husband could hardly work. We are self employed. If it wasn't for our doctor and your help I don't know what we would have done. He was in so much pain. Thank you. Thank you."*

*"There was several things a wrong with me and I did not know about. Thanks to you people I am getting the help I need. Thank you very much. God bless you all."*

\*\* the number of unduplicated individuals helped by the increased capacity of our health care safety-net as a direct results of our activities.

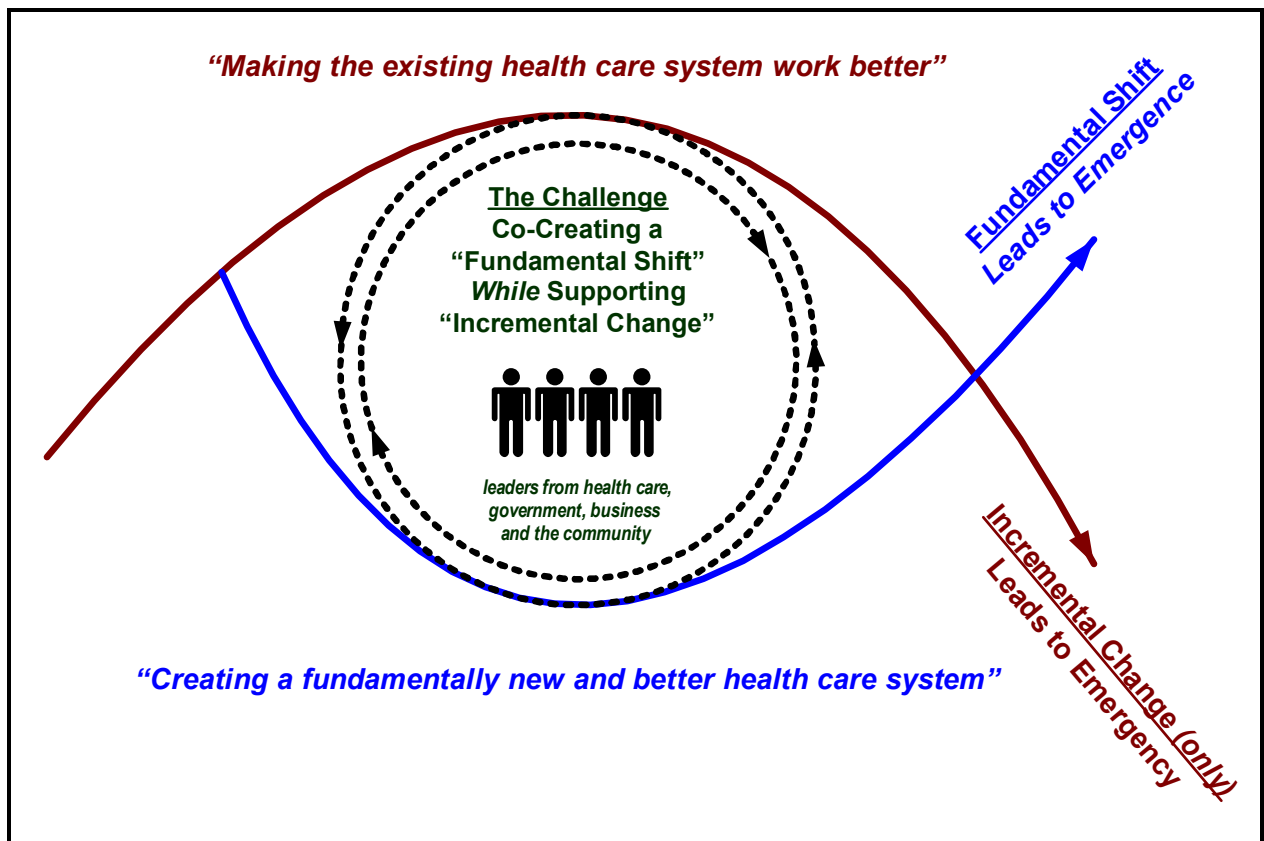
In addition to these results to date, AHC initiated an external evaluation of its partnership relationships and structure Conducted by Community Research Partners, one of the key finding was:

***The partners believe that AHC should be the primary leader for organizing Franklin County to improve future access to healthcare, including expanding its role and becoming the primary advocate.***

## Our Community's Challenge: Supporting both incremental and fundamental change

As a community, our public-private partners face the challenge of supporting efforts to “make the existing health care system work better” (incrementally change) and/or invest in “creating a fundamentally new and better health care system” (fundamental shift).

The visual below presents this challenge along with an opinion that investing in incremental change ONLY will lead to an emergency.



While the work of AHC is primarily focused on helping make our community’s health care safety-net work better, we also understand the importance of investing in activities that might contribute to a fundamental shift to a new and better health care system.

## Our Plan for the Community

### Strategic Planning Guidelines

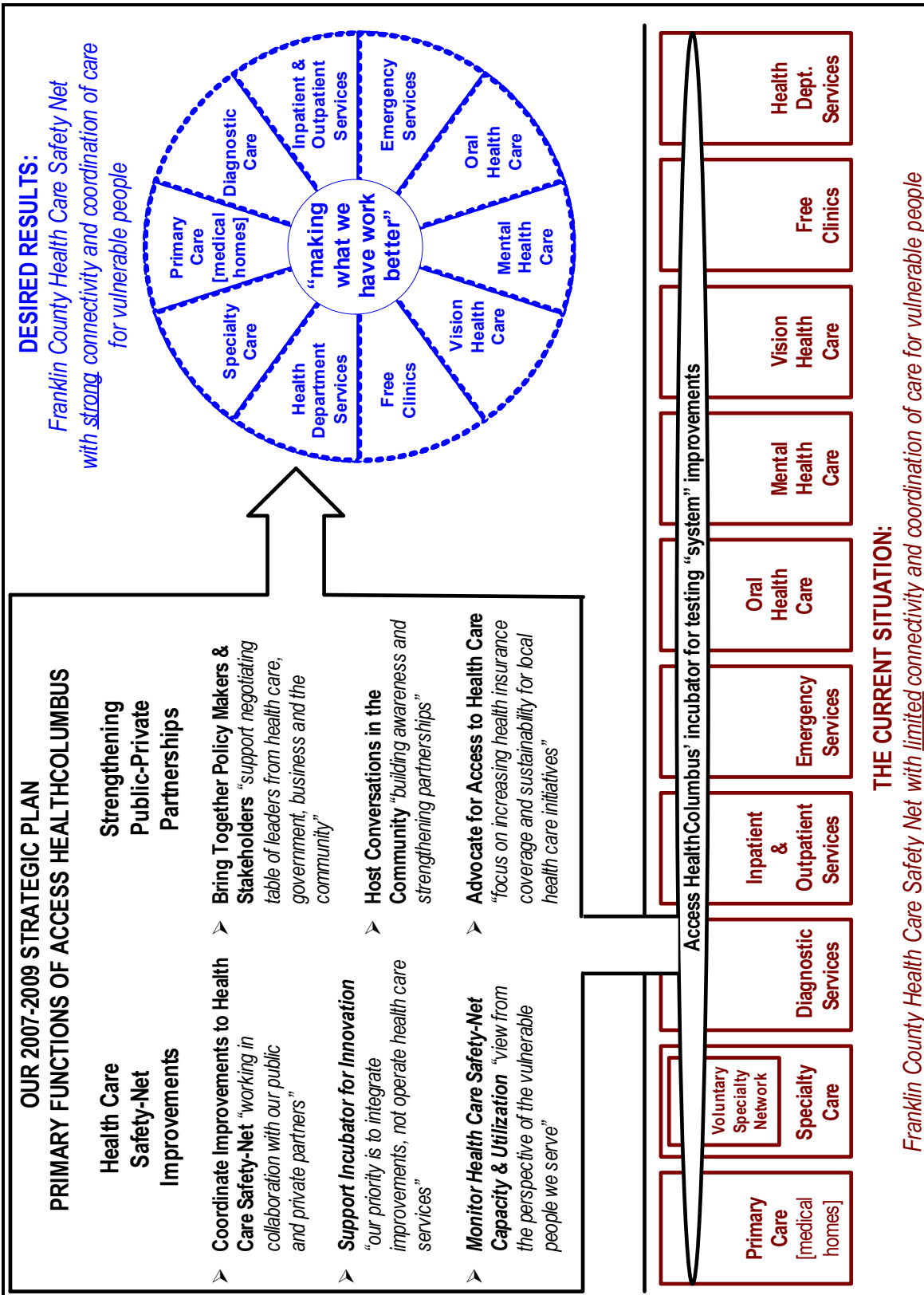
- AHC must maintain its momentum and remain focused on “making the existing health care system work better” while participating in broader efforts to “create a fundamentally new and better health care system”
- AHC must always be prepared to share our learning
- AHC must remain focused on achieving access to health care for the target populations we serve
- When practical, AHC should give preference to activities that are compatible with any fundamental shifts that are emerging
- AHC will maintain a mission to help vulnerable people; however, we recognize our priority will be on low-income uninsured people
- AHC shall be organized in a way that is flexible and aligned to carry out the activities of incremental change and the activities of fundamental shift
- AHC should position itself as an organization that is willing to consider opportunities, while at the same time keeping its focus on planned projects
- For purposes of credibility and learning, AHC will maintain some level of involvement in directly helping vulnerable people access health care
- AHC’s priority is to integrate improvements, not operate direct health care services
- Based on the fact the Voluntary Care Network is comprised of many components, AHC will collaborate with our partners to determine when to integrate components into the health care safety-net

### **Our 2007-2009 Strategic Plan Primary Functions of Access HealthColumbus**

Working in collaboration with our public-private partners, we intend to focus on the six primary functions identified in this strategic plan. **We believe this plan will help our community improve its health care safety-net by strengthening the connectivity and coordination of care for vulnerable people in Franklin County.** AHC will organize its portfolio of work to support this strategic plan for our community.

- Coordinate Improvements to Health Care Safety-Net**  
*“working in collaboration with our public and private partners”*
- Support Incubator for Innovation**  
*“our priority is to integrate improvements, not operate direct health care services”*
- Monitor Health Care Safety-Net Capacity & Utilization**  
*“view from the perspective of the vulnerable people we serve”*
- Bring Together Policy Makers & Stakeholders**  
*“support negotiating table of leaders from health care, government, business and the community”*
- Host Conversations in the Community**  
*“building awareness and strengthening partnerships”*
- Advocate for Access to Health Care**  
*“focus on increasing health insurance coverage and sustainability for local health care initiatives”*

This following visual depicts our plan for the community. Working in collaboration with our public-private partners, we intend to focus on the six primary functions identified in this strategic plan. **We believe this plan will help our community improve its health care safety-net by strengthening the connectivity and coordination of care for vulnerable people in Franklin County.** AHC will organize its portfolio of work to support this strategic plan for our community.



## Our Value Proposition

To do the work outlined in this strategic plan, AHC understands the importance of creating value for its “customers”. We believe our work will benefit the following:

- a. vulnerable people in Franklin County as defined in our mission statement;
- b. local health care providers;
- c. government;
- d. local business;
- e. individual donors and supporters.

Working in collaboration with our Public-Private Partners, AHC’s work will benefit the community as follows:

<b>Customers</b>	<b>Value Proposition</b>
Vulnerable People	For projects coordinated by AHC, improve access to coordinated health services (provided by our public-private partners) to help them better achieve their optimal health and wellness
Local Health Care Providers	For projects coordinated by AHC, our ability to collectively share risk will help improve the efficiency and effectiveness of the health care safety-net to help vulnerable people achieve optimal health and wellness.
Government	For Public funding invested through AHC to improve our local health care safety-net, ensure funds are used efficiently and effectively to help vulnerable people better achieve optimal health and wellness.  In addition to directly benefiting the individuals who receive care, the community will benefit by increased learning as we look for systemic ways to address the economic costs caused by inefficiencies and opportunities to expand the capacity of our health care safety-net.
Local Business	For Private funding invested through AHC to improve our local health care safety-net, ensure funds are used efficiently and effectively to help vulnerable people better achieve optimal health and wellness.  In addition to directly benefiting the individuals who receive care, the community will benefit by increased learning as we look for systemic ways to address the economic costs caused by inefficiencies and opportunities to expand the capacity of our health care safety-net.
Individuals Donors and Supporters	For donations (time and money) in support of AHC activities, ensure resources are used efficiently and effectively to help vulnerable better people achieve optimal health and wellness

**In summary, our ability to collectively share risk will help us discover systemic ways to improve our health care safety-net. The community will benefit from:**

- **expanded capacity;**
- **improved efficiency;**
- **improved effectiveness.**