

Community Outreach Workgroup
State Planning Grant Meeting Summary
October 14, 2004
10 am – 2 pm

MEETING PARTICIPANTS

Ginger Bailey	Virginia Beach Eye Center
Denise Daly	REACH
Victoria Doyon	George Mason University
Evelyn Henson	Office of the Chief Medical Examiner, VDH
PJ Maddox	George Mason University
Janet McDaniel	Radford University
Peggy Whitehead	Blue Ridge Medical Center
Michael Wilmouth	Advanced Patient Advocacy

WELCOME & PURPOSE

Several statewide initiatives are underway to increase access to affordable healthcare to working Virginians – State Planning Grant, State Coverage Initiative and the National Governor’s Association Technical Assistance project. VDH, the Governor’s Office and the Office of the Secretary of Health and Human Resources are working hard to ensure coordination across these initiatives.

Our role today is to become acclimated to the State Planning Grant and the role of the Community Outreach work Group.

OVERVIEW OF THE STATE PLANNING GRANT

PJ Maddox provided an overview of the State Planning Grant (SPG I and II) for the group, including clarification about how the State Planning Grant, State Coverage Initiative and Lt. Governor’s Commission on Small Business and Health Insurance Costs inter-relate. She reminded the group that limited access to affordable health insurance is a barrier to economic development and community vitality. The business plan resulting from SPG I will include a projection of the impact of a program to provide more affordable health insurance to working, uninsured Virginians.

- ✓ Data collected for SPG I and II will be analyzed by the five (5) health planning regions in Virginia.
- ✓ SPG will allow primary data collection from 4,000 households to better understand who is uninsured in Virginia and why. This is the first time these data have been collected on such a large scope.
 - Lower income households (<200% FPL will be over-sampled)
 - This survey is underway. It is hoped data will be available in November.
- ✓ Data collected via the MEPS-IC about businesses by SPG funded initiatives will be segmented by size and type of employer (e.g., manufacturing, service) and health planning region, so planning is targeted to each communities profile to the extent possible.
 - This is the first time primary data will be collected about business and health insurance in Virginia.
 - It will be important to apply knowledge of the community when interpreting data for planning purposes.
- ✓ SPG II will include development of a Decision-Support Toolkit to help localities use data for planning purposes.
 - A number of datasets will be made available on-line. Data from existing datasets is already available on the SPG Website: www.insuremorevirginians.org
- ✓ The role of each work group was outlined.

PJ's presentation will be made available on the SPG Website shortly.

ROLE OF THE COMMUNITY OUTREACH WORK GROUP

The Community Outreach Work Group will:

- ✓ Help the Model Development Group realize concerns communities may have as potential models are reviewed
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians

GROUP DIALOGUE

- ✓ Is there community support for uninsured and initiatives to improve access to care?
- ✓ What community initiatives are in place and how are they perceived?
- ✓ What is the perception of state supported programs?

Support for Community-Based Access to Care Initiatives

- ✓ There is limited information and understanding in the broad community about access to care issues.
- ✓ Health insurance is not fully appreciated as an economic development concern by many.
- ✓ Human Resources (HR) professionals tend to view health insurance as a **cost** to the business, rather than viewing it as an expense that will result in **cost savings** (e.g., employee retention, fewer sick days).
- ✓ Potential patients may not be knowledgeable about resources available in their community. Safety net providers often have to balance their PR efforts to obtain needed support and reach out to patients without overwhelming clinical staff with demand.

Perceptions of Community-Based Access to Care Initiatives

- ✓ Perception of FAMIS/FAMIS Plus is generally positive (may vary slightly by region of Virginia or subpopulation).
- ✓ The business community is more responsive to requests for participation or support of an access to care initiative, when the business receives a perceived benefit (e.g. blood pressure screening, information Wellness Passport to refer employees).
- ✓ Wellness Passport well accepted
- ✓ The group reiterated the importance of building community by developing relationships.
- ✓ It can be difficult to make in-roads with clinicians in private practice who are not already affiliated with safety net providers or hospitals where low-income uninsured receive care.
 - One community found it was helpful to maintain and build good relationships with PCPs by providing the PCPs' low-income patients with prescription drugs, and using that in to expand the relationship into an agreement for PCPs to take on 5 to 10 Wellness Passport patients.

Lessons Learned from State and Local Programs

The group assumed a focus on working uninsured Virginians earning below 200% the Federal Poverty Level. Based on different communities experience promoting FAMIS/FAMIS Plus in various localities, the Community Outreach Work Group recommends partnerships with the following

organizations to reach out to families potentially eligible for the SPG Model: local Virginia Employment Commission (VEC) offices, WIC clinics, safety net providers (i.e., free clinics and Federally Qualified Health Centers – FQHCs), Emergency Departments, and consider helping employers develop relationships with local departments of social services.

- ✓ Implementation will require local contacts and resources, similar to local Project Connect outreach grants to identify and enroll children in FAMIS/FAMIS Plus. Focus on outreach to initially enroll individuals and families and retention to keep them enrolled.
- ✓ Target population is difficult to enroll and to keep enrolled, on-going assistance is required via case management and one-on-one work with families. It helps to have visible outreach staff that are trusted and well-respected by individuals, families as well as organizations. Continuity and dependability of program and staff is also important.
- ✓ Many working uninsured are **transient**. It is perceived that lower income persons without health insurance don't stay at any one job for long, and that they move from place to place – often within the same community or region. This is important to consider when reviewing potential models, as it would be best for working Virginians to have access to a program they can keep as they move from job-to-job.
- ✓ Adding individual/families financial responsibility helps lower negative “welfare” stigma
- ✓ Even if offered through employer consider cost-sharing sliding scale (% of income)
- ✓ The method of presentation to the community, particularly, potential participants are important. FAMIS has been presented in a very positive light, which is very helpful in appealing to potential enrollees.
- ✓ Who sends the message is important (e.g., Warner is well-respected and his leadership has benefited FAMIS).
- ✓ The program needs to look like as much like “traditional” insurance as possible. It would be useful to streamline eligibility, like FAMIS. Would it be possible to have a joint application or information sharing to make it easier for people (i.e., parents of FAMIS enrollees) to enroll.

Other Thoughts to Consider

- ✓ Despite the efforts of the State Planning Grant, the challenge of undocumented immigrants will still exist.
- ✓ Connect to local government planning via zoning board activities, Virginia Association of Counties agenda
- ✓ Target businesses (those who do not offer insurance to employees or may offer coverage to employees, but not dependents)
- ✓ Consider purchasing and making available software to help businesses estimate health insurance costs by their specific business profile
- ✓ Develop more ways to help people know about “the options” for health insurance or various health programs, possibly a presentation via small business development centers on purchasing/accessing health care (e.g., data, cost of health insurance, cost to businesses if health insurance isn't offered, return on investment, HR costs of hiring new staff)
- ✓ There is likely some under-utilized healthcare capacity in various regions of Virginia. How do we better connect patients with providers? There needs to be a REACH in every community to connect patients, health centers and other providers to more efficiently use health resources.
 - All meeting attendees who regularly work in a community-based setting noted the need for a current, easy-to-use listing of organizations that are obligated by COPN, or willing to, provide specific clinical services to low-income, uninsured persons.
 - It can be difficult to identify patients with specific needs, and then connect them with needed resources. Lay health promoters/case managers
 - Better education of patients and providers about available resources and how to access them

- Need for coordination to leverage information across multiple entities
- ✓ Adding components to SPG and similar surveys to help understand needs within specific regions will be helpful. It might be possible to expand leadership of key stakeholders by via investment of data (e.g., VEC, Department of Labor, Department of Social Services, Human Resources).
- ✓ Build on relationships that already exist in localities
 - PJ noted that regional task forces are planned for SPG II. It was recommended that SPG II leadership consider asking existing task forces/coalitions to address SPG-related tasks forces. The group also suggested that the regional task forces need to be “allowed” to accommodate for the uniqueness of their community or region, as far as structure.

Education at multiple levels:

- ✓ Providers
- ✓ Potential individual/family enrollees
- ✓ Businesses
- ✓ Education needs to be local
- ✓ Target specific communities

KEY THEMES

- ✓ Education at various levels about the need for health insurance
- ✓ Outreach and distribution
- ✓ Retention in health insurance/program
- ✓ Local focus
- ✓ Educate HR staff about the value of an investment in employee health insurance
- ✓ One-on-one – communities, businesses, individuals and families

NEXT STEPS

- ✓ Review meeting summary
- ✓ Determine the best method to solicit feedback from each region/community
- ✓ Review and comment on utility of SPG website: www.insuremorevirginians.org