



# Montgomery County Safety Net Task Force Report

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Task Force Co-chairs

July 15, 2008



Ask the Commission

to accept the Montgomery  
County Healthcare Safety Net  
Task Force Report

and move the  
recommendations forward



# Task Force Goal

Improve and finance  
the healthcare safety  
net for vulnerable  
populations



# Participants



- ◆ Government
- ◆ Business
- ◆ Education
- ◆ Hospitals
- ◆ Physicians
- ◆ Community
- ◆ Insurers



# Process



- ◆ Environmental Scan
- ◆ Financial Analysis
- ◆ Best Practice
- ◆ Recommendations
- ◆ Next Steps



# Environmental Scan

Define vulnerable populations

= those without healthcare insurance  
and those on Medicaid



# Environmental Scan

- ◆ 63,000 Montgomery County residents do not have healthcare insurance
  - About 11% of residents
  - More than 52,000 adults; almost 8,000 children
- ◆ In September 2007, more than 84,000 residents were enrolled in Medicaid
- ◆ Total = 144,300 Montgomery County residents



# Environmental Scan

Montgomery County is unique - no public hospital

## Existing Clinic Services

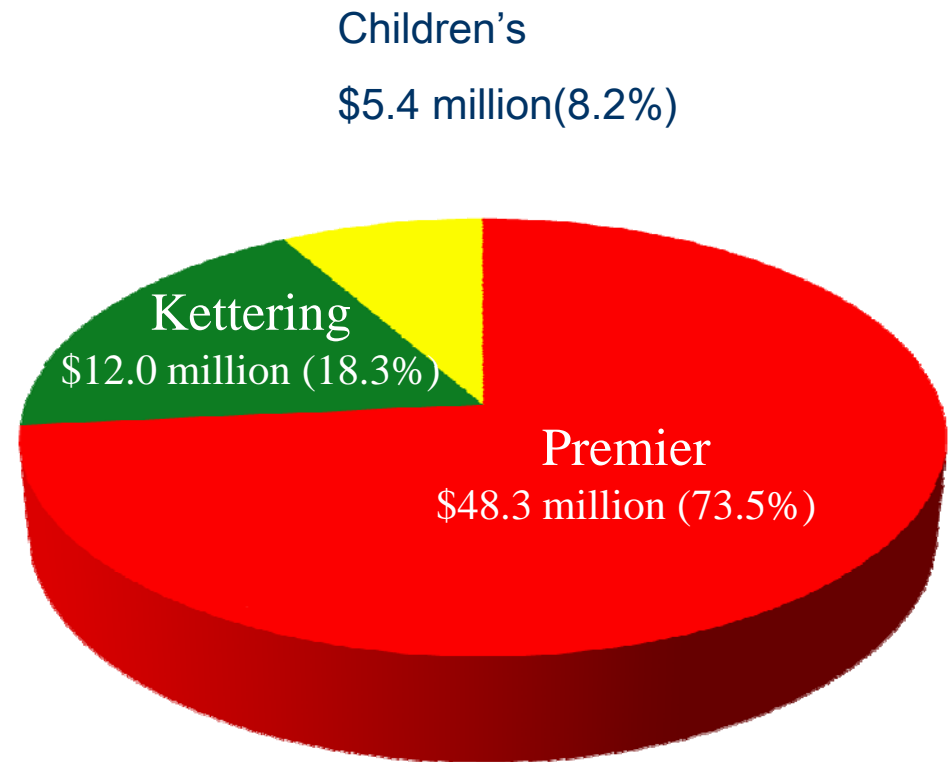
- More than 20 clinics
- Located in or near low income areas
- Doing some good in a lot of areas
- Limited hours and services

## Emergency Departments

- Visits increased 12% in 4 years
- Vulnerable populations tend to be seen at Dayton Children's, Good Samaritan Hospital, Grandview Medical Center, and Miami Valley Hospital
- Often these visits are for less acute conditions and could be handled by a primary care physician

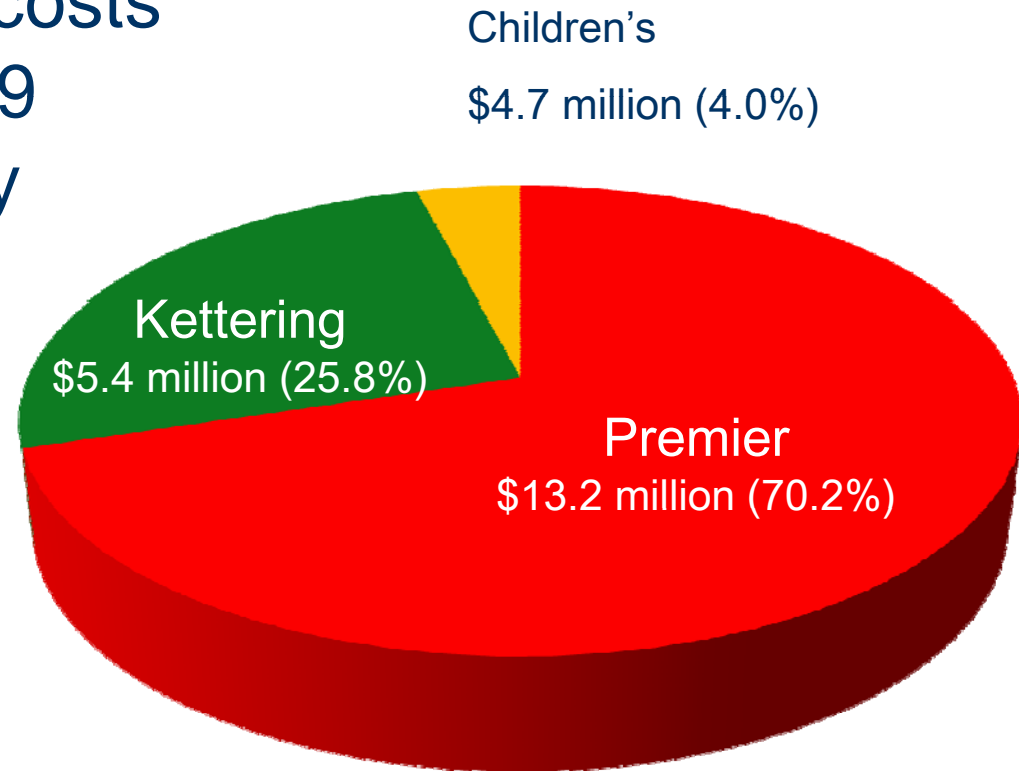
# Financial Analysis

- ◆ Hospital inpatient, outpatient, and emergency department costs almost \$66 million annually



# Financial Analysis

- ◆ Hospital clinic costs total almost \$19 million annually



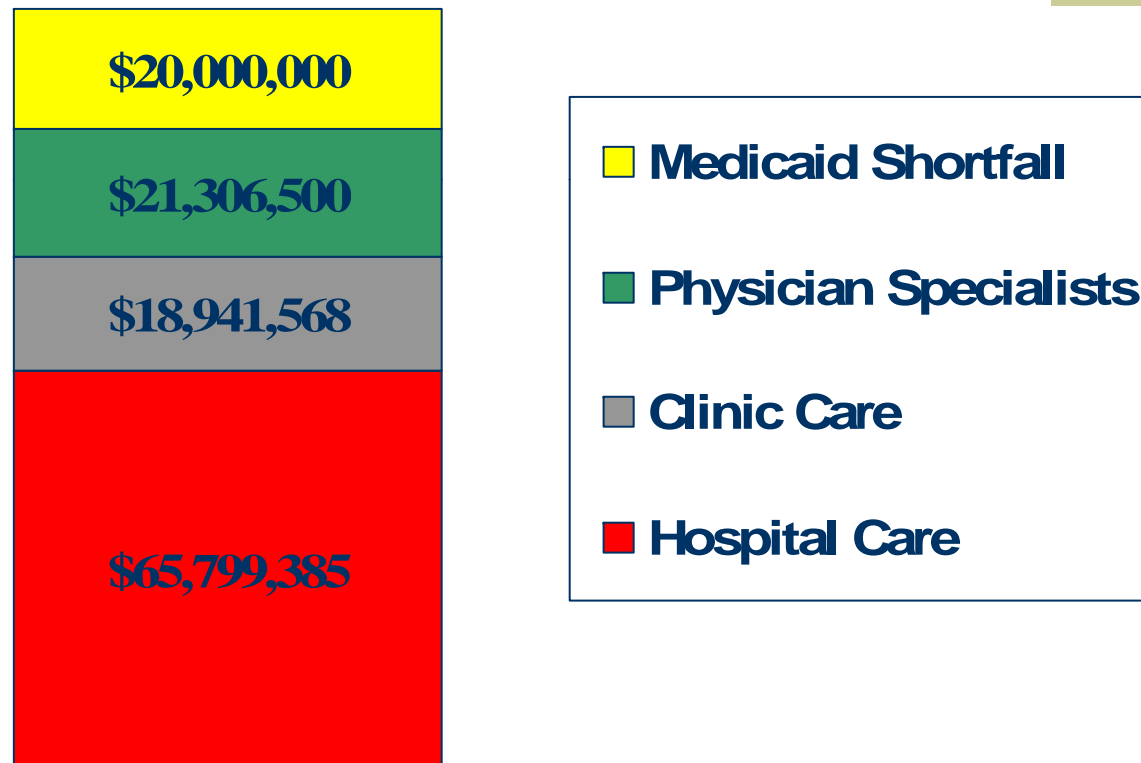


# Financial Analysis



- ◆ Hospital costs for physician specialist in the emergency departments costs more than \$21 million annually
- ◆ The Medicaid shortfall in our area is about \$20 million annually

# Financial Analysis



**Total Uncompensated Care = \$126,047,453 million**



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# Financial Analysis

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- ◆ Direct and indirect funding subsidize the care to our vulnerable populations

Direct = government reimbursement (HCAP and Montgomery County Levy)

Indirect = cost shifting to commercial insurance, businesses, and employees



# Best Practice

- ◆ Lessons from other communities
- ◆ Health Policy Institute of Ohio – headed by Bill Hayes
- ◆ Examined various models (local, state, national, and international)



# Recommendations

- ◆ 9 recommendations
- ◆ 2 caveats
  - State and national action is required for a long-term solution
  - Funding should not be diverted from or jeopardize government funds that pay for access to healthcare services



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# 1. Strengthen and consolidate access to primary care

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- ◆ Public Health is leading this effort
- ◆ Community Health Centers of Greater Dayton
- ◆ 3 health centers – Drew, East Dayton, Corwin Nixon
- ◆ FQHC designation has been applied for – result will be twice the reimbursement rate for Medicaid and Medicare patients (\$50 vs. more than \$100)



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## 2. Provide coverage for vulnerable populations under a managed care model

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- ◆ Target employed or unemployed adults living below 200% of the poverty level and not eligible for other programs (page 8, chart 10 shows income levels)
- ◆ Limited benefits and up to \$30,000
- ◆ 2 options – with and without employer participation
- ◆ CareSource's experience will be key



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3. Enhance outreach strategies to encourage eligible people to enroll in Medicaid

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- ◆ Determine who is eligible but not enrolled and work with other key stakeholders based on best practices



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## 4. Establish a community trust

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- ◆ New funding sources
- ◆ Charitable donations, foundations, local, state or national government
- ◆ Leverage to acquire additional funding



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5. Investigate implementation of electronic linkage between healthcare providers

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- ◆ Tracking medical care of vulnerable populations while protecting privacy
- ◆ Decrease duplicate testing, improve quality of care, and cut unnecessary spending



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6. Enhance care coordination for vulnerable populations with chronic disease

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- ◆ Would compliment the electronic linkage
- ◆ Comprehensive care for those with diabetes, heart disease, asthma, etc.
- ◆ Thorough follow up prevents many costly emergency department visits and inpatient stays for those with chronic disease



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## 7. Explore national demonstration projects

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- ◆ US Department of Health and Human Services offers funding for various demonstration projects
- ◆ One example could be a Medicare buy-in program



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## 8. Encourage and support volunteerism

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- ◆ Utilize community resources – healthcare providers – to meet the needs of our vulnerable populations
- ◆ Reach Out of Montgomery County is a free clinic that has operated in the area for more than 10 years with volunteers physicians, nurses, and others



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## 9. Examine the cost structure further

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- ◆ Utilize the existing Montgomery County Cost Council with representatives from business, healthcare, insurers, government, and others



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# Task Force Recommendations

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1. Strengthen and consolidate access to primary care
2. Provide coverage for vulnerable populations under a managed care model
3. Enhance outreach strategies to encourage eligible people to enroll in Medicaid
4. Establish a community trust
5. Investigate implementation of electronic linkage between healthcare providers
6. Enhance care coordination for vulnerable populations with chronic disease
7. Explore national demonstration projects
8. Encourage and support volunteerism
9. Examine the cost structure further



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