Executive Summary
October 2013

Background
The Montgomery County Affordable Care Act Task Force (MCACATF) was created in April 2013 to prepare the community for the implementation of the Affordable Care Act and its impact on the human service safety net in Montgomery County. The MCACATF contracted with the Health Policy Institute of Ohio (HPIO) to conduct an environmental scan and assessment of the current access, capacity, and delivery system of the physical, behavioral, and dental healthcare safety net for vulnerable populations in Montgomery County. Conducted between May and September 2013, the scan included qualitative research to assess how the safety net is currently working for vulnerable populations, and quantitative research to review data, analyze trends and conduct a workforce capacity analysis.

HPIO is a nonprofit organization that serves as Ohio’s nonpartisan, independent source for forecasting health trends, analyzing key health issues, and communicating current research to policymakers, state agencies and other decision-makers. HPIO’s research partners for this project included:

- National Center for the Analysis of Healthcare Data: mapping services and workforce analysis
- Transformative Consulting: data collection, analysis and synthesis
- Usable Research: qualitative research, including focus groups, wait-time survey, and key informant interviews.

Staff from the Alcohol, Drug Addiction and Mental Health Services Board of Montgomery County (ADAMHS), the Greater Dayton Area Hospital Association, and Public Health- Dayton & Montgomery County provided data, analysis and insights.

The Montgomery County Safety Net
Safety net providers are defined as health care providers who serve a significant portion of patients who are classified as uninsured, enrolled in Medicaid, or other vulnerable populations, and those living in underserved rural or inner city areas. Montgomery County’s safety net includes three community health center organizations, two free clinics, hospital emergency departments, a few dental clinics, and the Alcohol, Drug Addiction and Mental Health Services Board mental health agencies. In addition to delivering more affordable care, safety net providers often are better able to meet the complex social, cultural, and linguistic needs that are more prevalent among vulnerable populations.

Montgomery County’s safety net providers will remain an important part of the health care delivery system going forward as the Affordable Care Act is implemented, serving much of the newly insured population and continuing to serve as the safety net for the remaining uninsured and vulnerable populations. Because the safety net provides care for patients with some of the most complex needs and the fewest resources, the anticipated stresses of health reform on the overall health care delivery system—increased demand, maldistributed workforce, shifts in financing streams—may be felt more acutely in the safety net.

Demand for the Montgomery County safety net is driven by factors such as the economy, uninsured rate and health status, with data revealing health disparities within the county along income and racial/ethnic lines. Health status, income, race/ethnicity, poverty by family and by community, and access to health care are all linked, with geographic analysis showing alignment between the biggest gap in primary care, the most prevalent health disparities, and high rates of emergency department utilization.

For the full version of An Environmental Scan of the Montgomery County Safety Net for the Montgomery County Affordable Care Act Task Force, including data sources, please visit http://www.mcohio.org/services/lcfc/affordable_care_act_task_force.html.
Key themes

The environmental scan yielded the following key themes:

**The safety net is critical for Montgomery County’s low-income and vulnerable populations, as well as for a significant portion of out-of-county residents.** Thirty-four percent of county residents live in families with incomes under 200% of the federal poverty level ($39,060 annually for a family of three); 15% of county residents under the age of 65 are uninsured; and 123,000 county residents are covered by Medicaid. Many of these rely upon safety net providers for care. In addition, the resources within the county take on a greater burden as a result of demand from other counties: Twenty-one percent of all patient visits in Montgomery County emergency departments and 31% of visits to Montgomery County Medicaid dental providers were from out-of-county residents.

**Evidence of current unmet need and future demand point to the need to continue the growth and coordination of the safety net.** While safety net capacity has been increasing modestly, as evidenced by the fact that the number of patient visits to safety net providers continues to grow, many residents go without access to the care they need. Community health centers currently serve about 27,400 of the county’s 183,000 low-income residents, with free clinics and private providers/hospital outpatient clinics that accept Medicaid serving some, but not all, of the rest.

Nearly 20% of adults in the county report they have no personal doctor or health care provider; 15% report they have delayed a visit to the physician due to cost; and 35% of adults have not visited a dentist or dental clinic in the past year. New patients (those who do not have an established relationship with a health care provider) face challenges in securing health care appointments. This unmet need contributes to the trends of rising hospital uncompensated care, and rising numbers of emergency department visits, where seven of the top ten reasons for visits are preventable in many cases. Better primary care access, care coordination and patient education can help ensure patients receive the appropriate care in the appropriate setting.

Montgomery County faces health care workforce shortages, most notably a shortage of primary care physicians. However, maldistribution of providers may be a more significant problem than overall shortages. The distribution of the health care workforce in Montgomery County follows the same general pattern across physical, dental, and behavioral health sectors, leaving shortage areas in the northeast portion of the county as well as in much of Dayton and neighborhoods to the west of the city.

An estimated 42,000 currently uninsured county adults are eligible for subsidized coverage through Ohio’s new Health Insurance Marketplace. If Ohio expands Medicaid, the county could see 29,000 newly-eligible adults enroll; the county has already experienced 15% growth in Medicaid caseloads between January 2012 and June 2013. These newly insured residents will create additional demand for services from a safety net that is already stretched.

As one young dad shared, “It’s harder to get health care now – if you don’t have insurance, forget it. I can’t get hurt, I can’t get sick. If I go to the ER they scoff at me.”

The Montgomery County community has a strong history and strengths on which to continue to build, such as actions taken to study the safety net and health system over the past decade. Given the track record of creating new programs including Montgomery County Care and two new community health center systems (Community Health Centers of Greater Dayton and Five Rivers Health Centers), the community is well positioned to act collectively to coordinate and strengthen the safety net. Strong leadership, engaged stakeholders, and dedicated resources will be key to continuing progress.
RECOMMENDATIONS

Recommendation A
Build broader stakeholder understanding of and support for the Montgomery County safety net
While members of the Task Force and key stakeholders are knowledgeable about the safety net, its role, and its value, other stakeholders and many in the general public are not. In addition, some question whether or not the safety net will be necessary after implementation of the Affordable Care Act.

As a result, the Task Force should consider a coordinated strategy to educate and inform key stakeholders and policy makers about the role of the Montgomery County safety net (across physical, oral, and behavioral health), its strategic value to the county, and its current and future needs. This effort can help ensure that local, state and federal policymakers, as well as the general public, are informed and equipped as relevant policies are debated and decided.

Recommendation B
Convene and sustain a strategic table for key stakeholders from all levels of the safety net and other health care entities
Montgomery County is to be commended for its track record of improving and expanding the safety net, especially over the past several years. While unmet need remains, the community has much upon which to build.

Yet feedback from key informants within various parts of the county’s health care infrastructure signals that communication and collaboration still remain inconsistent within various parts of the delivery system. This prevents maximum coordination and collective impact.

The Task Force should consider convening and sustaining a strategic table for key stakeholders from all levels of the safety net and other health care entities. The convener needs to be a strong leader who is well-respected across the stakeholders and is perceived to be neutral.

Models include Access HealthColumbus, Better Health Cleveland and the Cincinnati Health Collaborative, all public/private partnership organizations that help direct initiatives to improve access and coordination of care across the spectrum of organizations and government agencies. The organization could provide a neutral approach to collective priority setting, identification of resources, and strategic implementation.

Recommendation C
Monitor and report regularly on Montgomery County access to care
This project included the development of the Montgomery Care Access to Care Dashboard, designed to provide an overview of key indicators related to access to health care in Montgomery County; provide a tool to track progress over time; and guide investment and strategy. The Dashboard can be found http://bit.ly/1g4zWfa.

The Task Force should ensure strategic and widespread dissemination of the Dashboard and commit to engaging community stakeholders in a process to use the dashboard to inform priorities and strategies. The Dashboard should be updated and released annually.

In addition, the Task Force should consider developing a system to track and report on the trends related to demand, utilization, and access specific to safety net providers. This would require agreement among providers on a common set of indicators that provide a point-in-time view of how coverage changes and other ACA policies are impacting safety net providers and that can be updated regularly.
RECOMMENDATIONS (CONT.)

Recommendation D
Increase capacity across primary care, dental, and behavioral health for vulnerable populations
The environmental assessment confirms current unmet health care needs of Montgomery County’s vulnerable populations as well as projected future need. The Task Force should make increasing capacity a top priority for the near- and middle future, focusing on shortage areas. Suggested strategies include:
• Support current safety net providers’ plans to increase capacity in the short-term.
• Focus on managing chronic conditions for vulnerable populations and further integration of care. Managing chronic conditions effectively assures patients receive the appropriate care in the appropriate setting, contributing to better health outcomes and maximizing limited health care resources.
• Support expansion of team-based models of care, including the patient-centered medical home (PCMH) and the use of mid-level providers. This requires infrastructure capacity, resources, and workforce acceptance to transition effectively to the PCMH model. Racial and ethnic health disparities are reduced when adults have medical homes.

Recommendation E
Strengthen primary care, oral and behavioral healthcare workforce capacity
Maldistribution and insufficient numbers of providers contribute to healthcare workforce shortages within Montgomery County and within the region. Not only does this create access barriers for vulnerable populations, it also carries a loss of economic benefits to the wider community. The Task Force should make strengthening health care workforce capacity a top priority, focusing on shortage areas.

Suggested strategies include:
• Engage health and civic leaders from surrounding counties to address workforce and access issues on a regional basis.
• Strengthen incentives for serving in shortage areas, including seeking all available HPSA designations.
• Partner with medical, dental and allied health training programs to develop strategies to meet short and long-term needs, including strengthening and supporting community-based training.

Recommendation F
Ensure eligible Montgomery County residents access new coverage options by developing and supporting a coordinated strategy for outreach, education and consumer assistance
Local, state and national research confirms that many consumers do not know how the Affordable Care Act may impact them or their families, nor if they may be eligible for new coverage options beginning in 2014.

Montgomery County leaders should ensure that the community develops and supports a coordinated strategy for outreach, education and consumer assistance. A neutral entity may be best to coordinate this effort and should include those entities that have a formal role (Navigators, Certified Application Counselors, community health center outreach and enrollment grantees, Job and Family Services, among others) as well as the wider group of interested stakeholders who want to ensure that their constituents have accurate, timely information.

In addition, the strategy could include consumer education and assistance in how to access and utilize health care effectively to stay healthy and prevent/manage illness.