

LHIC Access to Care Workgroup Meeting
6.24.14 - 11:00 a.m.
Minutes

The following work group members were present: Linda Zumbrun, Dept. of Social Services; Yasmin Viera, Healthy Howard; Bob Anantua, Build Haiti Foundation; Joan Driessen, Association of Community Services; Rosimar Melendez, Horizon Foundation; Melissa Clark, Evergreen Health Care – Columbia; Ruby Parker, Healthy Howard; Laura Pfeifer, FIRN; and, Peggy Hoffman, Office on Aging (by phone).

Also present: Wendy Wolff, Maryland Nonprofits, and Jeananne Sciabarra, LHIC Director.

After introductions, the group discussed some history of the work group and some barriers to success:

There was a lot of time spent on 2-1-1

The Affordable Care Act changed the access landscape significantly

The goals and strategies lacked clear direction

There was a lot of staff transition and a revolving “cast of characters”

Other comments:

The community has good resources and the group needs to leverage those resources.

The group needs to focus on hard to reach populations.

Jeananne will email a sheet for organizations to fill out regarding programs and services related to access.

Group members shared their organizations’ interest in the group and what they hope to get out of the group:

Ruby – described the Community Care Team, which takes referrals of high utilizer patients from HCGH and works with them to connect them to resources in an effort to improve their care and reduce their utilization of the hospital. She would like the group to have a focused goal/project and come up with a good definition of what “access” means.

Melissa – described the services of Evergreen, including primary care, health coaching and care coordination.

Rosi – Horizon brings to the table resources as a funding organization. She would like the group to identify and tackle barriers to access, identify gaps and determine how we can address them.

Bob – reach out to the African American Roundtable, which has a grant from Horizon for access. The group should devise a strategy to reach those affected by disparities.

Brian – described We Promote Health’s programs include We Can (Ways to Enhance Children’s Activity and Nutrition). He would also like to see a relationship between Healthy Howard and independent health care brokers who are certified in the Exchange so that everyone looking for health insurance will be better served. Through We Promote Health there is a communications system with “opinion leaders” to get the word out about programs and activities.

Laura – works with the interpreters and translators at FIRN. Talked about a new Promotores program – 4 Promotores and a manager – which reaches out to the Latino population to promote access to care. FIRN also has the Minority Outreach and Technical Assistance grant from DHMH and is hiring 4 part-time Information and Referral staff members. She would like to see the group work toward a specific goal.

Rosi – noted that, through the Promotores program, they are learning that there are issues around prescriptions not being translated into Spanish or other languages.

Linda – DSS programs link families to SNAP, Medicaid, and other programs. She would like the group to share information for the benefit of each organization’s customers.

Joan – Noted that the Department of Citizen Services is working on creating an Information and Referral Network for organizations. ACS connects nonprofits and human service providers, publishes an annual directory in print and on-line. She would like to see the group work toward a specific goal that can be accomplished in a relatively short time period.

Peggy – Described the Maryland Access Point – Aging and Disability Resource Center. The majority served are lower-income. A barrier she has noted is that physicians and pharmacies often don’t know when a person is dually eligible for Medicare and Medicaid and will charge a co-pay that the person should not have to pay.

Yasmin – described the Prenatal project, which provides prenatal care for noncitizen Latina women, and the Prisoner Re-entry program, which helps connect inmates who are being released to insurance and providers. She also described the Patient Centered Medical Home (PCMH) project which is working with a few practices on quality improvement projects.

The group shared ideas on what “Access to Care” means:

- concern about outreach to immigrants from the Caribbean and lack of resources
- education on how to utilize system, particularly here in Howard County
- would like to identify a barrier to work on that cuts across all groups
- language is a huge barrier
- resource referral
- noted the Bridges Out of Poverty program
- access to insurance is not access to *care*
- language - issues with insurance companies that are supposed to provide interpreters.
- MARTI device for video interpretation, piloted by Healthy Howard, Chase Brexton, and HCGH. Still in use at HCGH, and HCGH instituted a policy on interpretation.
- anticipatory guidance and care management
- transportation
- availability of care when patients are able to use it
- coordination between Healthy Howard as the connector entity and private brokers in the county
- important to have measures that can be tracked

Action Items:

Rosi and Bob will send Jeananne a list of goals and what has been done.

Wendy and Jeananne will start to assemble information for the close-out of the 2012-2014 Action Plan.

Members will review the current Action Plan and the sample Action Plans that Jeananne distributed to decide how the 2015-2017 Action Plan should be formatted.

Next Meeting:

The group will meet next in the second hour of the full LHIC meeting on July 17.

Respectfully Submitted,
Jeananne Sciabarra
LHIC Program Director