

LHIC Access to Care Work Group Meeting
11.20.15 – 8:30 a.m.

Minutes

Members Present:

Liddy Garcia-Buñuel, Healthy Howard	Paula Blackwell, FIRN
Anne Brinker, Community Action Council	Linda Zumbrun, Dpt. of Social Services
Brian England, British American Auto Care	Mary Harrison, Columbia Medical Practice
Kate Schultz, United Way of Central MD	Stu Kohn, HCCA
Kate (Harton) Talbert, Healthy Howard	
DeWayne Oberlander, Columbia Medical Practice	

Also Present:

Alvaro Ortiz, LHIC Program Manager
Jeananne Sciabarra, Director of Health Care Transformation

MEETING MINUTES:

1. Introduction and Approval of Minutes
 - Liddy opened the meeting at 8:33 a.m. and welcomed members.
 - The minutes from 9.24.15 were approved by the group, after adding Linda Zumbrun to the list of attendees.

2. Columbia Medical Practice Presentation*:
 - DeWayne discussed the involvement of Columbia Medical Practice in the LHIC. He said the LHIC was a great vehicle for community involvement and provided community organizations an opportunity to hear from other organizations and stakeholders that are working to improve health outcomes in Howard County.
 - Following, he talked about some of the healthcare delivery systems, such as:
 - Express Care Facilities
 - Primary Care Providers
 - Urgent Care Centers &
 - Emergency Departments
 - He explained that consumers have the option to choose from multiple health insurance providers for primary care which can be a challenge. He mentioned that people may find it difficult to understand their benefits or how to navigate the healthcare system.
 - He shared that CareFirst insures about 10% of the insured population here in MD. He noted that individuals are less likely to choose insurance providers such as Kaiser Permanente because they like to have the choice to select from a wider network of health care providers.
 - DeWayne also shared data on the proportion of visits that occur in three different settings. These settings are:
 - Emergency rooms
 - Urgent Care Centers &
 - Primary Care Providers' offices, specifically Columbia Medical Practice.

- Following, the group discussed the reasons why consumers choose one healthcare delivery setting versus another. Members commented that patients are less likely to select their primary care office in emergency situations due to the office hours, appointments available, etc.
- The group also discussed the usage of the emergency room department. Members shared that the direct admission protocols of hospitals can be strict and that at times patients are not admitted into the hospital and thus have higher out-of-pocket expenses.
- In addition, the group agreed that although urgent care centers can be appropriate to use in certain circumstances, community members are still confused about this choice, the level of care they provide and the benefits of using them.
- The group ended the discussion emphasizing the importance of educating the community about the different resources when accessing care.
- Members agreed to continue to brainstorm methods to promote awareness in the community about access to care and how to educate consumers to effectively navigate and understand different insurance providers and health care delivery systems.

****Note: Please see attachments for DeWayne's presentation and the handouts distributed.***

3. Announcements :

- Liddy informed members that there will be no work group meeting in December. The work group will meet again on January 28, following the full LHIC meeting.

Respectfully submitted by,
Alvaro Ortiz
LHIC Program Manager