

**COMMUNITY OUTREACH WORK GROUP
STATE PLANNING GRANT**

Virginia Health and Hospital Association
4200 Innslake Drive
Glen Allen, VA 23060

Wednesday, May 4, 2005
1:30 pm – 4 pm

AGENDA

- | | |
|---|--------------------|
| I. Introductions/Welcome/Review Agenda | Denise Daly
All |
| II. Community Outreach Work Group Purpose & Work Done To-Date | Denise Daly |
| III. Anticipated Work Going Forward | Denise Daly |
| IV. Model Development Work Group Report | PJ Maddox |
| V. Q&A from Model Development presentation | PJ Maddox |
| VI. Timeline for Community Outreach Work Group Efforts | All |
| VII. Next Steps | All |

Please see attached materials from previous meetings.

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

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.

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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 show providers ability to access medicines via pharmaceutical assistance programs to encourage their involvement.

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

Community Outreach Work Group

State Planning Grant Conference Call Summary
October 28, 2004

MEETING PARTICIPANTS

Denise Daly	REACH
Donna Dittman Hale	Williamsburg Community Health Foundation
Lynn Evans-Riester	Fairfax Inova Hospitals
Evelyn Henson	Office of the Chief Medical Examiner, VDH
Janet McDaniel	Radford University
Joanne Royaltey	Valley Health System
Peggy Whitehead	Blue Ridge Medical Center
Michael Wilmouth	Advanced Patient Advocacy

QUESTIONS AND COMMENTS FROM PREVIOUS MEETINGS

The group reviewed the October 14th Meeting Summary, and agreed that comments and recommendations were accurately captured.

Some wondered why 200% FPL seems to have been chosen as the “cut-off” for the proposed target population, if 40% uninsured Virginians live in households above 200%FPL.

Denise described her role as Work Group Chair as facilitator, Work Group convener, and representative to the Leadership Team. Work Group members will develop a common strategy and objectives to share proposed models with potential consumers, human services professionals, businesses and others.

TIMELINE FOR MODEL REVIEW AT COMMUNITY LEVEL

- ✓ No clear timeline has been developed for next phase of Work Group efforts. The Leadership Team is waiting on data from SHADAC, which will be used to inform the model selection process. Denise will talk with SPG staff to request clarity regarding timelines.
 - Community Outreach Work Group members noted that they would prefer to hold Model Review Meetings in late March and April 2005, due to previous commitments and concern about the impact of winter weather on evening meetings.

SUGGESTIONS/RECOMENDATIONS

- ✓ Once potential models are identified and reviewed by Community Outreach Work Group, members will develop common questions to ask of model reviewers across the Commonwealth.
- ✓ Consider soliciting feedback from existing groups in various communities (e.g., interagency councils, small business groups at local Chambers of Commerce).
- ✓ After some discussion, the group agreed that Town Hall Meetings in various regions are the preferred method of soliciting information from human services professionals and others. A panel, including a representative from the Community Outreach Work Group, would present the potential model(s) to the meeting participants and pose questions to the participants.
 - Meetings should be held in early evening. Food (preferably dinner) should be provided, and babysitting, if feasible.
 - Meeting participants/invitees should include: employers of potential consumers, VECs, human services professionals and consumers.

- Use contacts outside of the normal health groups to broaden the circle from which feedback is solicited.
- The Work Group, with support from Leeanne, could develop uniform invitations to distribute regarding the Town Hall meetings.
- It is likely that Leeanne will be able to help Work Group members identify and secure meeting locations across the Commonwealth.
- The group discussed the possibility of partnerships between Community Outreach Work Group members and other SPG Work Group members in planning regional meetings and inviting key stakeholders.
- ✓ All group members agreed it would be useful to have neutral individuals facilitate meetings in localities. It would be ideal for the same person to facilitate all of the model development reviews, but the budget may not allow for this.
 - Mike Wilmouth volunteered to facilitate meetings in Northern Virginia and possibly other regions.
 - Evelyn Henson volunteered to facilitate a meeting.
 - Several people recommended inviting elected leadership to facilitate local meetings.
- ✓ Potential consumers will likely not be comfortable commenting on proposed models in a large group/public setting. The group suggests that a short summary and questionnaire be developed that could be shared/administered at various free clinics and community health centers by volunteers (students or elderly).
 - Might it be possible to offer an honorarium, pay student workers and/or reimburse volunteers for mileage?
- ✓ Citizens should be offered the opportunity to email or mail comments on the proposed models, similar to the Governor's OB Task Force.

WEBSITE FEEDBACK (www.insuremorevirginians.org)

- ✓ Positive reaction to website. Lots of useful information. Well-organized.
- ✓ Group members commented that the materials from the October 14th meeting were not posted in the Community Outreach section of the website.
- ✓ Some organizations need to be added to the regional individual/family resource lists. To whom should recommendations be forwarded?

NEXT STEPS

- ✓ Denise will share recommendations with SPG staff.
- ✓ Denise will speak with SPG staff to obtain clarity regarding timelines for Community Outreach Work Group's tasks. Feedback will be shared with Work Group members.

Community Outreach Workgroup Recommendations

There is much to learn from communities' experience promoting FAMIS/FAMIS Plus and community-based health programs. The Community Outreach Workgroup will help the Model Development Group realize concerns consumers and communities may have as potential Models are reviewed, and solicit input from the employed uninsured regarding potential Models of affordable health insurance. Members of the Community Outreach Work Group propose several recommendations to the Model Development Workgroup, as they begin their efforts.

Key Themes

- ✓ Education at various levels about the value of health insurance for individuals and businesses
- ✓ Local focus – education, outreach and retention and relationships for implementation
- ✓ One-on-one efforts – communities, businesses, individuals and families

Community Outreach Work Group Recommendations

- ✓ Package the program to look as much like a “traditional” insurance plan as possible.
- ✓ Many working uninsured are transient, not staying at any one job for long and moving from place to place. When reviewing potential models, it is best for Model to be as portable as possible.
- ✓ Consider cost-sharing on a sliding scale, based on percent of household income, even if Model is offered through employer, to reduce stigma of “public program”.
- ✓ The method of presentation to the community, particularly potential consumers, is important. Model needs to be presented in a positive light and endorsed by a well-respected spokesperson (e.g., Governor Warner and FAMIS).
- ✓ Assess feasibility of streamlining application process with FAMIS for parents of FAMIS enrollees.
- ✓ Support local education and outreach efforts to help raise awareness about Model and to facilitate implementation.
- ✓ Because the target population is difficult to enroll and to keep enrolled in the program, the focus should initially be on outreach to enroll individuals and families and later on retention to keep them enrolled.
- ✓ Visible outreach staff that are trusted and well-respected by individuals and families, as well as continuity of program and staff will be important for local community acceptance.

Other Points to Consider

- ✓ Build on relationships that already exist in localities; connect to local government planning via local zoning board activities, Virginia Association of Counties.
- ✓ 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, return on investment, HR costs of hiring new staff).
- ✓ Encourage partnerships with the following organizations to reach out to families potentially eligible for the Model: local Virginia Employment Commission (VEC) offices, WIC clinics, safety net providers (i.e., free clinics and Federally Qualified Health Centers – FQHCs), Emergency Departments.
- ✓ Realize businesses will be more responsive partners if they perceive a gain for their organization.
- ✓ Consider helping employers develop relationships with local departments of social services.
- ✓ Target businesses who do not currently offer a full insurance package.

- ✓ Commonwealth might purchase and make available software to help businesses estimate health insurance costs by their specific business profile.
- ✓ Educate at multiple levels about the importance of health insurance.
- ✓ Recognize that the challenge care for undocumented persons will still exist.