

**Establishing a Coordinated Medical Home Network in Franklin County
“creating access to the right health care, at the right time, in the right place”**

Introduction

Access HealthColumbus (AHC) is a public-private partnership working to strengthen and expand our health care safety-net in Franklin County. While the work of AHC is primarily focused on incremental improvements, we also understand the importance of investing in activities that might contribute to a fundamental shift to a new and better health care system. This document outlines a preliminary feasibility study commissioned by our board of directors that can be used to inform the community on the cost and value of establishing a coordinated medical home network to meet the health needs of vulnerable people in our community.

Community Need

- At least 50,000ⁱⁱ vulnerableⁱⁱⁱ people in Franklin County report not having a regular source of health care.
- Our community has wisely invested resources in efforts to improve the efficiency and effectiveness of the health care safety-net. While these incremental efforts have resulted in increased capacity, a fundamental shift is required to provide vulnerable people with access to the right care, at the right time, in the right place.
- Research consistently demonstrates (please see attached document) that having a medical home ensures better utilization, more effective care, and improved health outcomes. Moreover, having regular access to a particular physician is generally associated with earlier and more accurate diagnoses, reduced emergency department use, fewer hospitalizations, lower costs, fewer unmet medical needs, and increased patient satisfaction.

Purpose of the Feasibility Study

The purpose of this preliminary feasibility study is to objectively:

- inform the community on the cost and value of establishing sustainable capacity (supply) of coordinated medical home services^{iv} to support the health needs (demand) for vulnerable people in Franklin County;
- host conversations to discuss the preliminary study findings with leaders from government, health care, business, and community advocates;
- support community efforts that potentially emerge from the study to strengthen and expand our community’s health care safety-net.

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The work of our public-private partnership to strengthen and expand the community’s health care safety-net is supported by:



Preliminary Study Objectives

1. Study Demand: What is the projected population of vulnerable people in Franklin County? (stratified by income levels ranging from 0% to [200- 400]% of the federal poverty level)
2. Study Cost of Supply: What is the cost of building additional capacity (to serve the projected demand) for the following medical home services?
 - a. Primary care services
 - i. Internists/family practice/pediatric/OB-GYN doctors, nurse practitioners
 - ii. Oral health services
 - iii. Vision health services
 - iv. Mental & behavioral health services (integration with existing services)
 - v. Case management services (managing utilization of medical services for high cost/high use patients)
 - b. Affordable prescription drugs
 - c. Care coordination services
 - i. Facilitate access to health care for vulnerable people
 - ii. Advocate coordination of medical services across organizations delivering care
3. Study Value of Coordinated Medical Home Services
 - a. Individual Benefit: What are the quality of life and economic benefits of improved health for vulnerable people?
 - b. Community Benefit: What is the economic value of healthier populations for our community?
4. Study the Creation of Personal Responsibility Standards
 - a. What would be required to establish a common sliding fee scale across different organizations and providers?
 - b. What would be required to establish a common patient agreement to participate in prevention services?
5. Study consumer attitudes/values (regarding primary/preventative services) from the perspective of vulnerable people in Franklin County
6. Study Funding Options: What options (with advantages and disadvantages) should our community consider for funding expanded capacity of coordinated medical home network services?
7. Study Administrative Options: What options (with advantages and disadvantages) should our community consider for administering the transparent distribution of funds and evaluation of performance and results?
8. Study Distribution of Funding Options: What options (with advantages and disadvantages) should our community consider for determining the distribution of funding for coordinated medical home network services?

Why Conduct a Preliminary Study Now?

- *AHC’s mission is to “assure” access to health – which will require a fundamental change in our community.* There is a need to invest in activities (such as this Study) that might contribute to a fundamental shift to a new and better health care system (our learning from the *Our Optimal Health* project).
- *AHC has an obligation to its public-private partners to expand its leadership role in the community.* Based on external evaluations^v ^{vi}, AHC has achieved credibility by a strong showing of leadership, personal relationships based on mutual respect and trust, engaging community input in a meaningful way, and being accessible and transparent to the community at large. Our partners believe that AHC should be the primary leader for organizing Franklin County to improve future access to healthcare, including expanding its role and becoming the primary advocate.
- *AHC wishes to apply its lessons learned to help our community address its need for medical home capacity.* Based on learning from its coordination and connectivity incubator, AHC has collected data on:
 - value of establishing a regular source of health care (medical home);
 - value of coordinating access to other health care services via referrals from primary care practitioners;
 - importance of establishing access to affordable health care services, including prescription drugs;
 - importance of establishing patient responsibility standards
- *AHC believes that health/health care is currently one of the top three domestic issues.* There is a favorable climate for fundamental changes to our local health care situation.

Proposed Timeline

2 nd Half 2007	1 st Half 2008
<ul style="list-style-type: none"> • Shape study design with leaders from government, business, health care, and our Community Advisory Committee [done] • Secure AHC board support to proceed with project [done] • August: Identify, interview and select consult(s) • September: Launch Study 	<ul style="list-style-type: none"> • Publish findings • Host conversations with leaders from government, health care, business, and community advocates <p>Note: potential for parallel activities as study findings are developed and analyzed</p>

Cost of Preliminary Study

Up to \$100,000 from the following public and private partners: Columbus Medical Association Foundation; City of Columbus, Franklin County Board of Commissioners

Contact Information

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ⁱ a medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.
ⁱⁱ 2004 Ohio Family Health Survey of Franklin County
ⁱⁱⁱ vulnerable defined as residents who are uninsured, underinsured, Medicaid enrollees, medically underserved, and those with special needs
^{iv} services coordinated with existing and/or emerging health care organizations across our community in both physical and virtual networks of organized health care delivery
^v External Evaluation: *Assessing Partner Relationships and Structure*; conducted by Community Research Partners, May 2006
^{vi} External Evaluation: *Lessons Learned*; conducted by Community Research Partners, February 2007