

Health Action:
Planning for a Healthy Sonoma County

Health Care Delivery System Task Force

MEETING SUMMARY

June 6, 2008

10:30 – 12:30 p.m.

North Coast Builders Exchange
1030 Apollo Way, Santa Rosa

Attendance: *Co-Chair:* PsychStrategies, **Judy House**; *Health Action Members:* **Mike Cohill**, Sutter Medical Center of Santa Rosa; **Nancy Dobbs**, KRCB Television and Radio; **Brad Drexler, MD**, Sonoma County Medical Association; **Heather Foote**, SEIU-UHW; **Naomi Fuchs**, Southwest Community Health Center; **Pat Kilkenny**, Kilkenny Advisors; **Mary Maddux-Gonzalez, MD**, Public Health Officer; **Mary Szcsey**, West County Health Centers; *Community Members:* **Efren Carrillo**, Redwood Credit Union; **Damon Doss**, Petaluma Community Health Care District; **Kathryn King**, Veteran's Administration Outpatient Clinic; **Bud Martin**, Martin Financial Insurance Services; **Barbara Mackenzie**, Community Member; **Victor McKnight**, Sitzman, Morris and Lavis; **Maureen Middlebrook**, Redwood Regional Medical Group; **Alena Ritch-Wall**, Northern California Center for Well-Being

Opening Comments

Judy House welcomed everyone to the third meeting of the Task Force and thanked everyone for the great work done by the sub-groups since the last meeting. She reviewed the intended outcomes of today's meeting:

- To review the goals and strategies for each goal area
- To confirm that goals and strategies further Health Action vision and best meet approved criteria
- To learn about community engagement process

Bobbie Wunsch introduced Bob Klose, a communications consultant, who will be assisting with Health Action public relations and communications efforts.

Discussion of Work from Sub-groups

Bobbie Wunsch presented a grid with a synthesis of goals and strategies developed to date by the sub-groups. She explained that there are three goals and a range of strategies compiled from the work of the sub-groups and previous discussions. The three goals are:

- Increase public understanding of the value of a patient-centered medical home
- Expand primary care capacity to implement patient-centered medical homes in Sonoma County
- Connect all residents with a patient –centered medical home and other community resources to support healthy living

Bobbie asked the task force members to review the grid and answer the following questions:

- What's missing?
- Are we thinking about the whole community, particularly areas or populations with greatest disparities?
- Have we stretched our thinking in creative ways?
- Are we going to get excited about what we are doing?

- Are we going to have significant impact?

Comments from task force members were as follows:

Patient-Centered Primary Care:

- Need to be clear on the definition of “patient-centered medical home” (PCMH).
- Need a shared understanding that we are developing a system. Need to clarify our local definition.
- Community strategy: need to help explain what and how “medical home” is interpreted and why.
- There is a big discrepancy between PCMH model and the reality of what is happening. There will need to be an element of provider education.
- Need to figure out exactly what PCMH is. If it includes Electronic Health Records (EHR), providers will need education and support.
- PCMH includes comprehensive wraparound services.

Kaiser and Other Payors

- Is Kaiser part of this effort?
- Public employers are offering Kaiser as their main product. Increased enrollment keeps money in the county.
- To expand non-Kaiser primary care, there need to be some products.
- No one is promoting wellness from the payors in Petaluma.
- 70,000 people are eligible for Medicare, 22,000 are with Kaiser. All need a medical home. Find the money and convince employers and employees.
- Medi-Cal managed care is a great opportunity to capture and redistribute money to support PCMH.

Provider and Funding Issues

- Reimbursement is the stumbling block in obtaining provider support. This is a worthwhile conversation so we can do something about it.
- Sutter Medical Group is moving in that direction. It is an uphill battle outside of Kaiser: there is an increase in deductibles, going back towards more fee-for-service (FFS).
- Most primary care providers (PCP) would like to do these things, and they will ask who will pay for them? This is a major barrier for PCPs.
- Health Plan of the Redwoods (HPR) went bankrupt. Resources are now moving toward Kaiser. Employers need to become involved in a discussion about where the money is and where it is going.
- It all comes down to money. We need to go to sources of funds to move the needle toward primary care. Kaiser is the elephant in the room, as it controls the market.
- A large number of PCPs – internists, family practitioners, ob-gyns – are not aligned with Kaiser or Sutter.

Policy and Board of Supervisors

- Who is paying for the uninsured? What can be done at the county level to create a more equitable sharing of the burden of the uninsured? Are there policies at the local level that can make this more fair? Should we suggest to the Board of Supervisors that Kaiser should pay?
- Need to create a vision of what Sonoma County can do. Do not wait for Washington.
- How do we do this?
- Consider universal health care access, like San Francisco – at least for children.

- Collaboration of resources, as with specialty care access, in which there is sharing access in the community.
- Managed Medi-Cal will help, but it is now on hold, due to budget cuts. Clinics and emergency departments will suffer.
- Come up with some policy ideas.
- Public policy statement: The Board of Supervisors will convene major employers or possibly some percentage of funding to go to wellness. This might help to reach agreement.
- Possible policy: Medicare Advantage products are available. Better Medicare rates.
- Possible policy: Funding for primary care expansion through a bond.
- Possible policy: Reimbursement for uninsured: pay or play for employers? Hospitals?
- Bring a message to the Board of Supervisors about what they can and should do:
- Redistribute money and use it to build PCMH outside of Kaiser.
- We might not necessarily need policy, but at least ask for collaboration and cooperation.

Vision, Promotion and Collaboration

- There needs to be some energy and momentum about where we want to go. It is important to obtain grassroots understanding and support for PCMH. Articulate vision and values to generate energy.
- This will put PCMH on the map. It will help all providers to see where they can make improvements.
- Engage providers to support the vision and complexity.
- When approaching different groups, we need to be able to demonstrate, "What's in it for them?"
- Let people know what Health Action is and how it is an ongoing process to support this movement.
- Business as usual is not working. Engage to have a conversation about this in the community.
- Bring business and providers together to find a compromise -- something that can be done locally.
- Bring together high-level Blue Shield representatives and local physicians to see how to move wellness and prevention forward.
- EHR does not mean that patients receive better care. Goals are good, but what is it that we can really do?
- There have been several failed attempts to deal with Medicare reimbursement.
- There needs to be something to attract and retain primary care capacity.

Community Engagement

Ellen Bauer introduced Selena Polston a consultant who will be assisting Health Action in our community engagement process. She will be conducting a series of 20-25 community meetings (or "conversations") around the county in July, August and September to get community input on potential strategies being developed by the task forces. She anticipates conducting 60-90 minute "conversations" facilitated by bilingual consultant (if needed), in partnership with Health Action staff and/or Health Action Task Force members. The meeting content will include:

- Overview of Health Action: purpose, process, outcomes
- Overview of the specific strategies being considered by the task forces
- Discussion:
 - Do these strategies make sense?

- How might they work in your community?
- What needs to happen to make them successful in your community?
- Other??

Selena will present findings from these meetings to the task forces in September.

Public Comment

Closing Comments

Judy invited all task force members to attend the July 11th Health Action meeting from 8:00 -10:00 a.m. at the North Coast Builders Exchange. Health Action will review the draft strategies that the task forces have been working on and will be discussing a larger “blueprint,” or Vision for Health in Sonoma County.

The next Health Care Delivery System Task Force meeting is tentatively scheduled for **Friday, July 18, 2008, 10:30 a.m. – 12:30 p.m.** at North Coast Builders Exchange at **1030 Apollo Way, Santa Rosa** (to be confirmed).

For more information please contact Ellen Bauer at 565-6684 or ebauer@sonoma-county.org or visit the Health Action website at: www.sonomahealthaction.org