

A PLAN FOR ACTION TO IMPROVE ACCESS TO MEDICAL, ORAL AND MENTAL HEALTH CARE



THURSTON COUNTY COMMUNITY HEALTH TASK FORCE

JUNE 2005

FULL TEXT OF THE REPORT CAN BE OBTAINED AT WWW.CO.THURSTON.WA.US/HEALTH/PUBLICATIONS

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INTRODUCTION

The Thurston County Board of Health and the Thurston County Community Health Task Force hope to foster greater understanding of the problems associated with the fragmented system of health care delivery and find solutions to these problems. This report offers ACTIONS that must be pursued at the local, state, and federal levels to improve access to medical, oral, and mental health care.

The Thurston County Community Health Task Force (Task Force) believes a long-term investment is needed to create and support improvement in the current health care delivery system. There have been many Task Force efforts and successes over the past ten years; however, the local community cannot solve issues of access to care without the help and support of state and federal government agencies and the private sector. One important factor in improving access to care is increasing reimbursements for providers, a factor that is not controlled at the local level. Our history with prenatal care in the late 1980's and children's dental care in the late 1990's proves that increasing reimbursement for targeted services has improved access.

The Task Force recognizes the thousands of dedicated, caring and skilled providers who manage the service delivery system. The Task Force does not attribute the shortcomings of the current system to a lack of professionalism or compassion of health care workers.

Four themes emerged as the Task Force prioritized solutions among the three discrete areas of medical, dental, and mental health.

- First, **Consumer stewardship and personal responsibility:** individuals must be educated about appropriate health system use, and given incentives for positive behavior change, particularly changes that decrease risks for chronic physical and mental disease (e.g., stop tobacco use and violence, increase exercise, and improve nutrition). This solution requires monetary investment and changes in policy and practice at the local, state, and federal levels.
- Second, **System scope:** each individual must be treated as a whole body, not as separate medical, dental, or mental health issues; individuals must be afforded appropriate treatment across the lifespan, care should not be limited to discrete age groups; care must be provided by a diverse, culturally competent workforce to a culturally diverse community. This solution requires primary policy and practice changes at the local level.
- Third, invest state and federal resources in **Reducing the number of uninsured** individuals by increasing enrollment of eligible individuals in

public insurances and improving the ability for small business to offer and support enrollment in private medical and dental insurance plans.

- Fourth, we must change local practice and policies and invest state and federal resources to **Increase the number of people that are cared for** by:
 - Increasing the number of providers in the community that accept public insurance (Medicaid, Medicare, Basic Health Plan) and sliding scale private payment for services,
 - Increasing the number of publicly insured individuals that providers accept as patients,
 - Improving reimbursement for services provided by public insurance such as Medicaid, Medicare, and Basic Health Plan, and
 - Increasing provider efficiency by focusing efforts on prevention and positive behavior change (e.g., stopping tobacco use, increasing exercise, improving nutrition).

Full text of the *Strategies to Improve Access to Care* report can be obtained at www.co.thurston.wa.us/health/publications.

ACCESS IMPROVEMENT GOALS

The Community Health Task Force has three major areas for implementation: Provider and consumer/patient support, community policies, and financing. These are summarized below:

PROVIDER AND CONSUMER / PATIENT SUPPORT:

- Reduce administrative complexities such as duplicate paperwork, billing, and reporting requirements for providers; institute standard guidelines for payers, licensing, and accreditation within the health care system.
- Strengthen mental health interventions ensuring primary care providers have access to psychiatric consults.
- Increase access to dental care by building provider capacity.
- Increase the number of people who receive primary and specialty medical care.
- Incorporate dental education and care practices into medical primary care and seek opportunities to promote prevention of dental disease from birth.
- Develop and implement chronic disease management programs, starting with diabetes and asthma.
- Invest in evidence-based chronic disease prevention and wellness programs to save health care dollars over time. Establish provider-based clinic review teams to review practice patterns compared to evidence-based protocols.
- Expand the Twin Harbors Pharm-Assist Network to address the growing problem of access to pharmaceutical drugs for the underinsured and uninsured.
- Create an Information Technology (IT) group to increase knowledge of technology tools to improve care delivery, supportive community attitudes toward use of technology tools in patient care settings, and attract resources for investment in IT.

COMMUNITY POLICIES:

- Improve access to housing and residential care for individuals with mental illness
- Develop and implement comprehensive policies that reduce barriers to access, including lack of insurance parity for mental health treatment services.
- Improve and expand mental health programs in schools to ensure that youth with emotional and behavioral disorders succeed and graduate from school.
- Adjust the naturally occurring fluoride levels in public drinking water to levels optimum for dental health and prevention of dental decay.

FINANCING:

- Preserve and expand adult dental programs in the state and federally supported Medicaid program and expand the state Basic Health Plan and federal Medicare program to include dental care.
- Explore using provisions of RCW 70.44 to establish a public health services district (PHSD).

The remainder of this report details ACTIONS necessary at the local community, statewide, and national levels that must be developed, implemented, supported, and evaluated to improve the currently fragmented, and sometimes wasteful, system of care.

LOCAL COMMUNITY ACTIONS

LOCAL COMMUNITY ACTIONS

LOCAL PROVIDER AND CONSUMER/PATIENT SUPPORT:

GOAL: Reduce administrative complexities such as duplicate paperwork, billing, and reporting requirements for providers; institute standard guidelines for payers, licensing, and accreditation within the health care system.

ACTION:

Continue collaboration with the *Washington CEO Forum* and convene representatives from provider offices, health plans and Medicaid to prioritize three (3) processes to standardize within Thurston County practices.

GOAL: Strengthen mental health interventions ensuring primary care providers have access to psychiatric consults.

ACTIONS:

1. Establish coordination of care between primary providers and psychiatric services at a mental health agency that allows for:
 - Telephone consultation
 - One time, face to face appointment for evaluation
 - Temporary psychiatric services for stabilization
 - Co-location of psychiatric service with primary care
 - For Regional Support Network (RSN) clients consider having agency staff on site
 - Expedite referrals between primary care and psychiatric providers.
2. Develop memorandum of understandings to establish coordination of care and to expand ability to offer Psychiatric services to non-Medicaid individuals.
3. Expand psychiatric mental health care to the un-insured, “Working poor”, Medicaid “General Assistance – Unemployable (GAU), and limited English speaking individuals by developing a sliding fee or free mental health clinic service.
4. Recruit Psychiatric providers in sufficient numbers, specialties, and who are culturally competent to work with populations such as immigrants, refugees and non-English speaking people.

GOAL: Increase access to dental care by building provider capacity.

ACTIONS:

1. Increase the number of volunteer dentists participating and resources available for Olympia Union Gospel Mission dental clinic; identify additional sites and promote volunteerism at these sites, including recruiting and supporting retired dentists.
2. Increase the number of health care providers practicing at SeaMar Community Health Center, the Federally Qualified Health Clinic in Olympia. Coordinate this expansion with local agencies.
3. Increase the number of and capacity at community clinics treating the uninsured and underinsured:
 - Evaluate ability of the existing community clinic (Sea Mar Community Health Center) to meet the current needs of their target populations
 - Engage local support (grants, United Way, etc.) to establish a community-funded low income clinic for children
4. Improve referrals and ease of access to specialty dental care.
5. Dedicate full time professional staffing at the Thurston County Health Department to guide and administer local oral health programs, grant-writing, and patient referral. Staff would work with all partners in Project Dental Access, low-income referral, ABCDE program, School Programs, etc.
6. Expand Project Access to include dentists and dental care.
7. Develop a Thurston County Project Dental Access program – a defined and inclusive network of dental providers and low-income clinics that will share in treating case-managed referrals. This volunteer network will be administered through a sustainable partnership with the Thurston Mason County Dental Society (TMCDS), the county health department, and other stakeholders:
 - Establish strategies for inviting dentists to organize their contributions to low-income care. Obtain pledges to gift office or volunteer time in treatment of uninsured and underinsured.
 - Ensure community support for the Olympia Union Gospel Mission Dental Clinic. Build on great successes of this resource to broaden the capacity for low-income treatment for children and adults as a key partner in Project Dental Access.
 - Develop a sustainable funding source for specialty referral for involved oral surgery cases (through Project Dental Access and OUGM). Develop a plan for how, when and where to access this funding.
 - Establish an *Adopt a School Program* involving local dentists and school nurses.
 - Establish “community call” for dentists at emergency departments.

GOAL: Increase the number of people who receive primary and specialty medical care.

ACTIONS:

1. Work with Chambers of Commerce and other employer groups to sponsor a community health plan (paying a portion of the fee for Basic Health Plan).
2. Work with local IPA, Physician Groups, and Employers to establish a Provider and Self-Pay Patient Network adopting the *Simple Care Plan*, a Renton Based Option for simplified Patient Self-Pay, and options for Medical Savings Accounts and Catastrophic Medical Insurance.
3. Request the Medical Assistance Administration (MAA), Basic Health Plan (BHP), and commercial medical insurance plans to offer a *pay for performance plan* that encourages adoption of information technology, and improvement in chronic disease services. Such plan should be aimed at:
 - Improving patient care, health status, outcomes and satisfaction,
 - Consistent with informed patient's values and preferences,
 - Based on professionally accepted evidence,
 - Address the challenges and special needs for traditionally underserved patients and their providers.
4. Establish central system to determine eligibility for sliding fee scale services using Federal Poverty Level Income Criteria. Incorporate this function in the Access Case Management Information System (ConneXions), and make this available to providers to use in evaluating and applying charity discounts.
5. Collaborate with the Washington CEO Forum, major health plans, the Washington State Hospital Association, and the Washington State Medical Association to implement administrative simplification in provider offices, and standardize payment and referral processes.

GOAL: Incorporate dental education and care practices into medical primary care and seek opportunities to promote prevention of dental disease from birth.

ACTIONS:

1. Establish a sustainable ongoing partnership with Providence St. Peter Hospital Family Practice Residency "Kids get Care" model¹. Coordinate education, referral and expansion to eventually include all family practice and pediatric providers.

¹ "Kids Get Care" Focus: Ensure that children, regardless of insurance status, receive early integrated preventive physical, oral and developmental health services through attachment to medical and dental homes; Target population: low-income children birth to 18 years of age; This model is currently being developed in King County; Resources that have been developed include health education materials and clinical tools for developmental and oral health screening used by medical providers.

2. Establish dental homes for all ages, and create a communication mechanism between medical and dental homes to improve continuity of care for individuals
3. Confirm best practices for use of fluoride products in both dental and medical provider settings
4. Evaluate local Women, Infant & Children Nutrition (WIC) programs to:
 - Provide info and training on current and appropriate oral health issues.
 - Replace provision of sweet juices with fluoridated water for infants.
 - Provide fluoride prescriptions to mothers for infants over six months old.
 - Establish parent education practices and dental referral for mothers and children.
5. Establish program to cross train dentists with Emergency Department Physicians (local anesthesia, pain relief, dental diagnosis, referral procedures, etc.)

GOAL: Develop and implement chronic disease management programs, starting with diabetes and asthma.

ACTIONS:

1. Request Medical Assistance Administration (MAA), Basic Health Plan (BHP), and commercial medical insurance plans to offer a *pay for performance plan* that encourages adoption of information technology, and improvement in chronic disease services within medical practices.
2. Develop a proposal to request grant funding and/or a combination of private non-profit and government financing to consider replicating Whatcom County's "Pursuing Perfection" Shared Care plan, a single, collaboratively developed care plan that improves communications between the entire care team and the patient.
3. Support the *STEPS to a Healthier Thurston County* project to sponsor an education and action campaign to assist in implementing chronic disease management plans in medical provider office practices.

GOAL: Invest in evidence-based chronic disease prevention and wellness programs to save health care dollars over time. Establish provider-based clinic review teams to review practice patterns compared to evidence-based protocols.

ACTION:

Hold a practitioner summit/forum (or several) sponsored by the Thurston County Community Health Task Force and the Thurston Mason Medical Society to test ideas and level of support for evidence based chronic disease prevention interventions, to assess practitioner needs, and support implementation in local medical practices.

GOAL: Expand the Twin Harbors Pharm-Assist Network to address the growing problem of access to pharmaceutical drugs for the underinsured and uninsured.

ACTIONS:

1. Establish a single Point of Contact and standard application process for individual and provider requests for pharmaceutical assistance.
2. Screen and confirm eligibility for pharmacy assistance programs.
3. Establish enrollment eligibility and requests as part of hospital and Emergency Room discharge planning.
4. Coordinate a media campaign to recruit volunteers to support pharmacy assistance programs.
5. Approach Statewide Health Insurance Benefit Advisors (SHIBA) to train and support volunteers.
6. Purchase and disseminate a standard software program with a single data entry point for safety-net providers to submit pharmacy assistance applications to various pharmaceutical companies.
7. Work with Thurston County Public Health and Social Services to evaluate the effectiveness of this action:
 - Number and cost of medications provided under medical assistance programs.
 - Changes in number and percentage of people with chronic diseases who are “in control”.
 - Reduction in the use of emergency medical services by those enrolled in pharmaceutical assistance programs.

GOAL: Create an Information Technology (IT) group to increase knowledge of technology tools to improve care delivery, supportive community attitudes toward use of technology tools in patient care settings, and attract resources for investment in IT.

ACTIONS:

1. Create a Regional Health Information Organization (RHIO) with local hospitals, providers, IT vendors, patients, insurance plans, and public health membership to identify current and planned health IT efforts, recommend collaboration, and pursue opportunities for improvement and funding.
2. Evaluate the creation of a regional IT non-profit organization or partnership by 2007 to serve the region (similar to Inland Northwest Health Services in Spokane Washington).

LOCAL COMMUNITY POLICIES:

GOAL: Improve access to housing and residential care for individuals with mental illness.

ACTIONS:

1. Assess needs:
 - *Acute care* – The Thurston County Mental Health Evaluation & Treatment facility (E&T) will provide involuntary/Medicaid inpatient care for the local community;
 - *Residential* – Due to licensing and Medicaid funding issues, facility based residential care is not available, in this community, at this time;
 - *Housing* – A continuum of supervised independent housing is the most viable option to increase the resource for expanded housing needs.
 - Rough estimate of need is for additional 100 “units” in addition to the existing and current planned resources.
2. Define the continuum of housing care needs.
 - Housing is defined as: the client has a discrete living unit through a landlord tenant agreement.
 - The range of available resources must include fully independent living with no assistance, up to and including highly intensive supervision and case management twenty-four hours per day, seven days per week. There is also a need for specialized housing for specific populations such as those leaving jails.
3. Hold a collective meeting of all local housing advocates to develop a single plan. Advocates include: The three homeless task force groups, Housing Authority of Thurston County (HATC), Department of Community Trade and Economic Development (CTED), Regional Support Network (RSN), Behavioral Health Resources (BHR), City/County Planners.

GOAL: Improve and expand mental health programs in schools to ensure that youth with emotional and behavioral disorders succeed and graduate from school.

ACTIONS:

1. Convene multi district conversation with school policy makers from each district to raise awareness and level of commitment to this issue.
2. Increase collaboration between schools and systems serving children countywide including: primary care, juvenile justice, mental health, housing, etc.
3. Convene a Children's Consortium to act as focal point for children's issues and clearing house for funding and collaborative opportunities.
4. Compass School: Explore creation of a compass school with a therapeutic foundation. Children would be temporarily enrolled, with ongoing responsibility

and relationship with home/referring school, with goal of returning to referring school.

5. Focus on early childhood intervention activities for prevention:
 - Home Visitation programs such as *Nurse Family Partnership* and *Parents as Teachers*
 - Implement programs that support family systems to create academic success
6. Foster County-wide engagement with Connecting Children in Need with Caring Adults concept (Mentoring).
7. Teacher Empowerment: Increase teaching staff skill and comfort level in addressing mental health barriers to learning. Skills could include:
 - Teacher Coaches
 - Self Assessment
 - Family Systems
8. Increase school based delivery of services and resources, so children, regardless of payer source, may receive services on-site. Programs might include:
 - Teen Screen, computer based triage, research module, to assess level of need and then refer the child to community resources.

GOAL: Adjust the naturally occurring fluoride levels in public drinking water to levels optimum for dental health and prevention of dental decay.

ACTIONS:

1. Follow the progress of the Washington State Dental Association and Washington Dental Service Foundation partnerships in defining political strategies for fluoridation.
2. Begin public education on the benefits of community fluoridation, addressing both scientific and emotional arguments.
3. Work with the Thurston County Board of Health and Thurston County Health Officer for a public health position on prevention of oral disease.

LOCAL FINANCING:

GOAL: Preserve and expand adult dental programs in Medicaid program and expand Basic Health Plan and Medicare to include dental care.

ACTION:

Offer Thurston County to possible funding sources such as the Medical Assistance Administration or Washington Dental Service Foundation as a “pilot” for instituting innovative programs in dental intervention and effective use of funding.

GOAL: Explore using provisions of state statute RCW 70.44 to establish a public health services district (PHSD). Such a district would create a health care safety-net system, have taxing authority, pay for services, reduce fragmentation, and reduce the cost of health care.

ACTIONS:

1. Explore opportunities for use of a PHSD and develop strategies for community support and for placing the issue before the voters. Activities will include:
 - Feasibility studies to determine which high-priority activities from Community Health Task Force reports are legally authorized for PHSD and which have the highest value (balance of need, cost and benefit) if done by PHSD.
 - Convene junior taxing districts and potentially affected health care providers to discuss the idea.
 - Present findings to the Thurston County Commissioners and, if the sub-committee recommends proceeding, ask them to support creating a PHSD.
2. Carry out the process for placing the creation of a new district on the ballot.
3. Assure that the campaign for this vote is carried out by a separately constituted, non-governmental entity in conformance with campaign laws.
4. Hold an election to establish a PHSD, including election of initial district commissioners, who would then implement the district and serve as its governing body.

STATEWIDE ACTIONS

STATEWIDE ACTIONS:

STATEWIDE PROVIDER AND CONSUMER / PATIENT SUPPORT:

GOAL: Reduce administrative complexities such as duplicate paperwork, billing, and reporting requirements for providers; institute standard guidelines for payers, licensing, and accreditation within the health care system.

ACTION:

Request the Washington State Department of Health (DOH) and the Insurance Commissioner to support and complete existing work to establish a common database for licensing, credentialing, and applying for hospital privileges.

GOAL: Strengthen mental health interventions ensuring primary care providers have access to psychiatric consults.

ACTION:

Secure grant funding for services for individuals not insured for mental health services.

GOAL: Increase access to dental care by building provider capacity.

ACTION:

Provide continuing education credits for providers volunteering in clinical settings aimed at providing care for uninsured and underinsured patients.

GOAL: Increase the number of people who receive primary and specialty medical care.

ACTIONS:

1. Request State Legislature to provide funding to the Medical Assistance Administration (MAA) to increase reimbursement rates to providers treating larger numbers of Medicaid Patients. Rates should be comparable to that paid to Rural Health Clinics and Federally Qualified Health Clinics (FQHC) clinics.
2. Require public insurance plans to have at least two (2) Basic Health Plan and Healthy Options Plan choices in each county in addition to Group Health

Cooperative. Plans participating in Healthy Options and/or Basic Health should offer similar provider networks to both programs. Ensure Basic Health Plans offer competitive reimbursement rates. *Thurston County has one Plan for non-Group Health provider participation, which reduces network choice and competitive reimbursement to encourage additional provider participation.*

3. Request the Insurance Commissioner to pilot alternative methods for uninsured patients to create and use Medical Savings Accounts.
4. Participate in a Health Care Authority (HCA) study to establish a Business and Occupations (B&O) tax credit for physicians who take certain percentage of Medicaid, Medicare, and Basic Health Plan (BHP) patients.
5. Provide funding or tax credits to providers who implement disease registries, electronic health records, and treat larger numbers of Medicaid, Medicare, Basic Health Plan (BHP), and uninsured patients.

GOAL: Incorporate dental education and care practices into medical primary care and seek opportunities to promote prevention of dental disease from birth.

ACTIONS:

1. Implement ABCDE model² to serve children at risk for dental disease, from the first tooth to age 19 (the current ABCD Program only covers children up to age six (6)).
2. Authorize continuation education credits for both dentists and physicians for volunteer practice in community health settings.

GOAL: Develop and implement chronic disease management programs.

ACTIONS:

1. Direct the Washington State Department of Health (DOH) to develop a local application of the Washington State Diabetes Collaborative, and develop a pilot *pay for performance* project with Medical Assistance Administration (MAA), Public Employee Benefits Board (PEBB), and commercial insurance plans to reward improvements achieved by collaboration participants. Such plan should:
 - Improve patient care, health status, outcomes and satisfaction.
 - Consistent with informed patient's values and preferences.
 - Based on professionally accepted evidence for health improvement.

² *ABCDE (Access to Baby & Child Dentistry Expanded) Program:* serves children at risk for dental disease, from the first tooth to age 19 (the current ABCD Program only covers children up to age 6). Spokane County launched the new program in 2002 with local pediatricians and family practice physicians to provide preventive oral health services during well-child check ups. The ABCDE Program provides Medicaid-eligible children with oral health evaluation, dental hygiene education, up to three applications of fluoride varnish per year, and dental referral.

- Address the challenges and special needs for traditionally underserved patients and their providers.
- 2. Provide State Universities that offer Continuing Professional Education funding to develop and support offerings in chronic disease management for primary care health professionals.
- 3. Direct the Superintendent of Public Instruction to establish evidence based performance outcomes and requirements for improving physical activity and nutrition in schools.

GOAL: Invest in evidence-based chronic disease prevention and wellness programs to save health care dollars over time. Establish provider-based clinic review teams to review practice patterns compared to evidence-based protocols.

ACTION:

Request the Washington State Department of Health (DOH) to sponsor a community collaborative for chronic disease prevention with cross-section participation from insurance payers, providers, faith based organizations, public health, employers, and community members.

GOAL: Expand the Twin Harbors Pharm-Assist Network to address the growing problem of access to pharmaceutical drugs for the underinsured and uninsured.

ACTION:

Implement the Statewide Pharmacy Assistance Program.

GOAL: Create an Information Technology (IT) group to increase knowledge of technology tools to improve care delivery, supportive community attitudes toward use of technology tools in patient care settings, and attract resources for investment in IT.

ACTIONS:

1. Request Medical Assistance Administration (MAA), Public Employee Benefits Board (PEBB), and Basic Health Plan (BHP) to provide incentives and support providers in adopting electronic health records.
2. Request MAA, PEBB, and BHP to create pilot projects for payers, patients and providers to use internet based encounters such as e-mail conversations,

notification of test results, reminders for periodic testing and screening as part of routine care and coordination.

3. Encourage MAA, BHP, and the Governor's Office, (with support of local legislators), to invest in interventions and develop operational links for data sharing, and reimbursement incentives for medical providers.

STATEWIDE COMMUNITY POLICIES:

GOAL: Improve access to housing and residential care for individuals with mental illness.

ACTIONS:

1. Request increase in Housing Trust Fund (HTF) for housing and residential care capacity building. Include mental health as a stand-alone group for funding to reduce competition across all special population groups.
2. Increase the number of vouchers/units available through the Housing Authority of Thurston County (HATC).

GOAL: Develop and implement comprehensive policies that reduce barriers to access, including lack of insurance parity for mental health treatment services.

ACTIONS:

The Mental Health Parity Law passed in the 2005 State Legislature required employers with 50 or more employees that are currently offering insurance plans with mental health benefits, to offer mental health care at the same level of benefits as physical care. We recommend the following be instituted:

1. Reduce the number of employees to 15 that exempt a company from the provisions of the Parity legislation.
2. Mandate Mental Health Services coverage in all Health Plans.
3. Modify the State Access to Care standards to match the Supplemental Security Income (SSI) disability requirements.

GOAL: Adjust the naturally occurring fluoride levels in public drinking water to levels optimum for dental health and prevention of dental decay.

ACTION:

Propose legislation to require fluoridation of all Washington Communities within certain guidelines (California model).

STATEWIDE FINANCING:

GOAL: Preserve and expand adult dental programs in the Medicaid program and expand Basic Health Plan and Medicare to include dental care benefits.

ACTIONS:

1. Raise state reimbursements to a minimum of 50% of usual charges for dental care fees.
2. Raise reimbursement levels on selected essential services to competitive levels sufficient to assure access to private practice offices.
3. Define dental emergency as a medical issue: Basic Health Plan should include “medically necessary” procedures including oral pain and infection.
4. Work with state to implement innovative models for increasing access as outlined by the American Dental Association (ADA) Access committee, Washington State Dental Association, and other national programs.
5. Raise awareness of state legislators and the public about the need for and economics of dental interventions:
 - Education about the scope of the problem
 - Publicize local stories (e.g., Olympia Union Gospel Mission video)
 - Provide testimony to illustrate local problems

GOAL: Explore using existing state statute RCW 70.44 to establish a public health services district (PHSD). Such a district would create a health care safety-net system, have taxing authority, pay for services, reduce fragmentation, and reduce the cost of health care.

ACTIONS:

1. Ask for review of planned PHSD by the State Attorney General’s Office, Department of Health, Department of Social & Health Services, Health Care Authority, and Association of Public Hospital Districts.
2. Explore innovative use of state funds to support PHSD priorities.

NATIONWIDE ACTIONS

NATIONWIDE ACTIONS

NATIONWIDE PROVIDER AND CONSUMER / PATIENT SUPPORT:

GOAL: Strengthen mental health interventions ensuring primary care providers have access to psychiatric consults.

ACTION:

Secure grant funding for services to individuals not insured for mental health services.

GOAL: Increase access to dental care by building provider capacity.

ACTIONS:

1. Secure grants or other funding to support providers located at SeaMar Community Health Center and Olympia Union Gospel Mission clinics.
2. Allow federal income tax deduction for costs associated with volunteer provider activities (Arizona).

GOAL: Increase the number of people who receive primary and specialty medical care.

ACTIONS:

1. Create Provider Disproportionate Share Payment System for providers treating large numbers of Medicare, Medicaid, and Tri-Care patients.
2. Request Washington State Senators and Members of Congress to explore methods to expand Health Professions Scholarship Funds and Loan Repayments to Thurston County Providers treating disproportionate numbers of Medicaid, Medicare, and uninsured patients.

GOAL: Incorporate dental education and care practices into medical primary care and seek opportunities to promote prevention of dental disease from birth.

ACTION:

Approach National Accreditation Organizations to require incorporation of oral health education into medical primary care education.

GOAL: Invest in evidence-based chronic disease prevention and wellness programs to save health care dollars over time. Establish provider-based clinic review teams to review practice patterns compared to evidence-based protocols.

ACTION:

Revise Medicare and Medicaid reimbursement to cover prevention and education programs provided by community organizations, possibly using block grant funds.

GOAL: Create an Information Technology (IT) group to increase knowledge of technology tools to improve care delivery, supportive community attitudes toward use of technology tools in patient care settings, and attract resources for investment in IT.

ACTION:

1. Request the Centers for Medicare and Medicaid (CMS) and the sub-cabinet agencies including the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) and other federal agencies to provide incentives to increase reasonably priced high-speed broadband connectivity to support IT health initiatives.
2. Request Washington State Senators and Members of Congress to explore methods to pilot Medicaid and Medicare payment simplification using eligibility and payment processing technology comparable to the smart card / debit card used for Food Stamps. This reduces administrative costs for MAA, CMS, and providers, and also contributes to administrative simplification.

NATIONWIDE COMMUNITY POLICIES:

GOAL: Improve access to housing and residential care for individuals with mental illness.

ACTIONS:

1. Increase Federal rate allowance for Supplemental Security Income (SSI) for housing.
2. Allow the use of Federal Medicaid funding for room and board support and for capital projects.

GOAL: Develop and implement comprehensive policies that reduce barriers to access, including lack of insurance parity for mental health treatment services.

ACTIONS:

1. Reduce the number of employees required to exempt a company from participating in comparable insurance for physical and mental health coverage.
2. Compel Mental Health Services coverage in all Health Plans.

NATIONWIDE FINANCING:

GOAL: Expand federal Medicaid and Medicare programs to include dental care.

ACTION:

Raise reimbursements to a minimum of 50% of usual charges for dental care fees.

GOAL: Explore using existing state statute RCW 70.44 to establish a public health services district (PHSD). Such a district would create a health care safety-net system, have taxing authority, pay for services, reduce fragmentation, and reduce the cost of health care.

ACTION:

Explore innovative use of federal and foundation funds to support PHSD priorities for matching funds to support Thurston County priorities to improve access to care.

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