

Café 1: What is the most meaningful information we learned? Why?

<p align="center">Need</p> <ul style="list-style-type: none"> <input type="checkbox"/> 55% of people in this community are at or below FPL <input type="checkbox"/> Family of 3 with \$71,000 income do not have access to health care <input type="checkbox"/> Number of Franklin County home <input type="checkbox"/> We were surprised at the number of adults that aren't covered versus the number of children that are covered: 91% vs. 9% <input type="checkbox"/> Quantification of problems helps to realize the magnitude of the issue <input type="checkbox"/> Statistics that describe vulnerable people <input type="checkbox"/> The rise of the vulnerable population and increased costs that come with it <input type="checkbox"/> Vulnerable population will increase by 11% by 2018 <input type="checkbox"/> Vulnerable population is not growing as fast as we anticipated <input type="checkbox"/> Magnitude of the need: +71,000 people and growing <input type="checkbox"/> People using safety net are the same as the rest of us 	<p align="center">Increased Capacity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need additional 40% more capacity for care in Franklin County (How do we get providers? How do we <input type="checkbox"/> Need another 40% of primary care bases <input type="checkbox"/> The need for additional primary care providers seems low <input type="checkbox"/> Non-physician services dwarfs for physicians <input type="checkbox"/> We question that Franklin County only need 45 more PCPs?? <input type="checkbox"/> 40% increase in primary care physicians is needed <input type="checkbox"/> Trend doctor is not seeking primary care
<p align="center">Impact of Coordination</p> <ul style="list-style-type: none"> <input type="checkbox"/> Small number of people with coordinated care did decrease their ED visits. (Who pays for case/care management? We know this will help) <input type="checkbox"/> Coordinated care appears to work <input type="checkbox"/> Coordinated care reduces missed appointments; provide opportunity for clients to take control <input type="checkbox"/> Drastic reduction in no-show rates with coordinated of care <input type="checkbox"/> Improved compliance <input type="checkbox"/> Lack of coordination of care <input type="checkbox"/> Coordination to assure access <input type="checkbox"/> Disconnected of care – how to connect care <input type="checkbox"/> Impotence of coordination of care (never prioritized before) <input type="checkbox"/> How to access – even providers do not have knowledge and resources to coordinate medical services <input type="checkbox"/> Could be a community coordination – not the same knowledge as a single physician <input type="checkbox"/> Access to medical records - Can be anywhere need to see personal physician <input type="checkbox"/> Results show that people are not the blame – care coordination helps 	<p align="center">Wellness/Prevention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wellness and prevention focus <input type="checkbox"/> Holistic medical model for preventative care <input type="checkbox"/> #11 Shift to a payment system that supports prevention <input type="checkbox"/> Preventative care and encouraging this with patients should be a focus and more to the fore than fixing things once it is broken <input type="checkbox"/> Need re-orientations towards preventative medicine. <input type="checkbox"/> Focus on prevention – improving access to preventative care <input type="checkbox"/> Prevention of chronic disease will help control costs in the future <input type="checkbox"/> Medical coach improved compliance with medical appointments <input type="checkbox"/> Switch focus to prevention to reduce treatment <input type="checkbox"/> How medical home care is preventative focused <input type="checkbox"/> Trends that health is not improving (inverted system: we currently prioritize sick care over wellness – this demonstrates we should shift the focus to wellness over sickness <input type="checkbox"/> Care delivery has been based on treatment of existing disease.
<p align="center">Cost</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cost feasibility <input type="checkbox"/> Cost for services <input type="checkbox"/> The exact cost of needed patient care = \$3.19 <input type="checkbox"/> Current/relative cost used for access <input type="checkbox"/> Low cost of providing medical home services, expected to be higher <input type="checkbox"/> Cost – not that great – why are we NOT doing this? <input type="checkbox"/> Relatively speaking, wouldn't cost money (as compared with spending <input type="checkbox"/> The per-person cost for providing medical home is very low and leads to better quality of life <input type="checkbox"/> Total cost = 1% of total expenditures in Franklin County <input type="checkbox"/> Over half the cost is prescription drugs, which is not necessarily a reflection of coordination of care – interesting because you can get so much at the \$4.00 prescription side <input type="checkbox"/> The cost of chronic disease in Franklin County is huge <input type="checkbox"/> Medical home model is positive – been around a long time but questionable whether it is cost effective. Study indicates 'yes' 	<p align="center">Patient Responsibility/Behaviors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shift to changing behavior, not just provided information to consumers/patients to reduce chronic disease <input type="checkbox"/> #8 Patient responsibility – important but are incentive possible? <input type="checkbox"/> Need more education regarding lifestyle behavior changes and get them engaged – have a patient person so they can get answers <input type="checkbox"/> Disproportionate money on health behavior – very disproportionate <input type="checkbox"/> Patient responsibility (both ways: provider to patient, patient to provider) – understand what they're supposed to do. Communication effectively <input type="checkbox"/> Incentives of healthy behaviors <input type="checkbox"/> Shift responsibility to patient for daily behavior / lifestyle <input type="checkbox"/> Challenge/polar position regarding opinion that patients should take more responsibility for their health and patients not having necessary health care literacy to do just that <input type="checkbox"/> People really want to take better care of themselves, but can't afford it

<ul style="list-style-type: none"> <input type="checkbox"/> Cost per patient is a low/modest number for this population without inpatient care <input type="checkbox"/> Cost of providing medical home services <input type="checkbox"/> Spending so much for so little <input type="checkbox"/> \$8 billion <input type="checkbox"/> \$8 billion in Franklin County <input type="checkbox"/> Large % of medical expense that go to behavioral issues <input type="checkbox"/> How much health care expense has increased over the years (exponentially) <input type="checkbox"/> Cost of this – economy is not robust given t his environment – how will we finance this? <input type="checkbox"/> Maybe coordinated system would eliminate duplicate costs e.g. repeat tests, x-rays <input type="checkbox"/> Look at ‘global budgeting’ to control costs <input type="checkbox"/> In Columbus, the average support staff does not come close to \$77,000 per year. This seems very high <input type="checkbox"/> Actual cost of providing care to this large population; higher than expected 	<ul style="list-style-type: none"> <input type="checkbox"/> Need to make care patient centered – people need account info and responsibility <input type="checkbox"/> Patient responsibility <input type="checkbox"/> Individual value of improved health <input type="checkbox"/> Try to encourage better food choices to help fight obesity in our community. Better use of food stamps <input type="checkbox"/> Patient responsibility is key component for success <input type="checkbox"/> 6 out of 10 people in community are overweight
<p style="text-align: center;">System Approach</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disconnect between primary care home and hospitalists who provide inpatient care only <input type="checkbox"/> Money is not issue – how to organize delivery of care <input type="checkbox"/> The medical delivery ‘system’ is not a real system – it grew organically according to market conditions. <input type="checkbox"/> Lots of interconnections, but not systemic <input type="checkbox"/> Primary health care and behavioral health care integration into the medical home model <input type="checkbox"/> Key Finding #1 Status of primary care safety net – fragmentation (not new but important) <input type="checkbox"/> 	<p style="text-align: center;">Barriers to Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Barriers to care still exist – and increasing with language and culture <input type="checkbox"/> Importance of accessible services <input type="checkbox"/> Lack of knowledge of what is available <input type="checkbox"/> Intimidation – not set up for me; so, I am not welcome there. Don't feel at home in primary care offices. Provide more services in community clinics – one stop shop; safety not provided; FQH <input type="checkbox"/> Improves patient responsibility/literacy – a problem with literacy: some patients can't read any language even if you translate <input type="checkbox"/> Problem with literacy – some patients
<p style="text-align: center;">Payment System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay for performance looks to better preventive healthcare <input type="checkbox"/> Payment systems don't pay for many of the things that help keep patients well but there is a recognition that this must occur <input type="checkbox"/> Pay for performance – surprised It was important 	<p style="text-align: center;">Value of a Healthy Community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Valued as a healthy community <input type="checkbox"/> Value of a healthy community – people want to live here, businesses be here (a powerful economic tool) <input type="checkbox"/> The benefits to the community in terms of cost savings <input type="checkbox"/> Medical home is just a piece of a healthy community <input type="checkbox"/> Return on investment is more than cost savings – behavioral changes in families over time <input type="checkbox"/> Return on investment – both economically and personally <input type="checkbox"/> Impact of discussed legislation on sick leave – people need time to restore, recuperate
<p style="text-align: center;">Impact of Common Goal/Coordination</p> <ul style="list-style-type: none"> <input type="checkbox"/> Impact that can result when community organizes around common goal/purpose <input type="checkbox"/> Community investment to have healthy community/workforce <input type="checkbox"/> Study showed the impact of coordination <input type="checkbox"/> Multiple institutions have been trying to solve this problem in their own way and creating more confusion – if they worked together with the community on this problem, we could solve it <input type="checkbox"/> People were willing to come together from many different places to talk about this. It shows the impact of the need. <input type="checkbox"/> Promote greater community involvement <input type="checkbox"/> Collaborative effort will lead to buy-in <input type="checkbox"/> Who is working for “most vulnerable” – homeless, drug rehab <input type="checkbox"/> Politically – health spoken as a priority but no action <input type="checkbox"/> How complex the issues are and how interdependent they all are and how interdependent all the potential answer are <input type="checkbox"/> Information not necessarily surprising but presented together emphasizes how large and multifaceted this approach needs to be in order to be successful 	<p style="text-align: center;">Just Do It</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have enough information (some feel more or may be needed a solution) <input type="checkbox"/> Useful information for grassroots or other cities/regions (Clintonville) and other to work on – could be a model for working on this problem <input type="checkbox"/> Nothing changes. We have known for a long time that care coordination works in community health. Money dries up and goes away. <input type="checkbox"/> Possible/reasonable project for funding <input type="checkbox"/> It works <input type="checkbox"/> We have the information available to accomplish this and a lot of current resources in health care upon which to build <input type="checkbox"/> Great opportunity to make a change at a local level <input type="checkbox"/> Change is doable. There is a way to make an investment to make a significant impact <input type="checkbox"/> Interesting ideas – Medical Home seems to reflect what ideal care looks like <input type="checkbox"/> We have the resources to develop this – yes yes yes

<p style="text-align: center;">ER Utilization</p> <ul style="list-style-type: none"> <input type="checkbox"/> Decreased ER visits <input type="checkbox"/> Outcomes regarding decreased ER visits – new info to use and encouraging <input type="checkbox"/> Overuse of emergency rooms – the hectic nature of episodic healthcare <input type="checkbox"/> Example of homeless using ER less after moving into supportive housing 	<p style="text-align: center;">Data Shared</p> <ul style="list-style-type: none"> <input type="checkbox"/> Past 5 years were able to have a positive impact, meaningful and save <input type="checkbox"/> Great statistics regarding outcomes (ER visits, no-shows) Re: Coordinated Care vs. Non-coordinated Care
<p style="text-align: center;">Administration/Funding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administration – multi stakeholders/private <input type="checkbox"/> We feel employers would be willing to fund this vs. providing health care insurance to employees 	<p style="text-align: center;">Technology</p> <ul style="list-style-type: none"> <input type="checkbox"/> Technology based <input type="checkbox"/> Information system that communicates <input type="checkbox"/> Need info system/"smart card" for better care
<p style="text-align: center;">Questions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Where do \$8 billion come from? Reference? <input type="checkbox"/> 1% of \$8 billion – questions that cover medical home such as provider network, infrastructure, staffing, location, cost <input type="checkbox"/> How much savings we would be to both systems <input type="checkbox"/> How difficult it is to coordinate access to medical records? <input type="checkbox"/> What about insurance sources? HMO? Is there any place for health plans? <input type="checkbox"/> Hospitals continue to expand; what about other facilities: gyms, education for health, etc.? <input type="checkbox"/> Who will be relieved by this model? <input type="checkbox"/> Difficult question – need, beneficiary but the cost – no single resource, dedication of hospital revenue would be difficult <input type="checkbox"/> Details to move forward? <input type="checkbox"/> Facts, trends, what's coming so we can create change? 	<p style="text-align: center;">Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Presentation gave a broad understanding of what AHC wants us to consider <input type="checkbox"/> Chronicity <input type="checkbox"/> Looking up at 400% of poverty level <input type="checkbox"/> Resources are ER, lack of coordination & capacity <input type="checkbox"/> Broadness: provider responsibility, patient responsibility, funding <input type="checkbox"/> Increase medical home, increase preventative care, decrease chronic disease, stabilize ER use <input type="checkbox"/> Re-active rather than pro-active <input type="checkbox"/> Real numbers – lower than expected <input type="checkbox"/> Marketing tool – Companies do look at things like that <input type="checkbox"/> The mundancy of healthcare services <input type="checkbox"/> Regular primary care connection important in a clinic setting <input type="checkbox"/> Read the report for details <input type="checkbox"/> Ohio Business Roundtable system

Café #1: What questions do we have?

<p style="text-align: center;">How Will This Be Funded? Sustained?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is the sustainability of the medical home model? <input type="checkbox"/> How will we pay for increasing primary care capacity? <input type="checkbox"/> How do you help primary care providers with malpractice cost? Primary care patients increase, high risk patients increase, increased malpractice cost? <input type="checkbox"/> Where will funding come from? <input type="checkbox"/> Could reductions in waste in the board system be used to help fund the expansion <input type="checkbox"/> How do you pay for this? <input type="checkbox"/> Are key funders (UW, OHF, CMAF, etc. plus their constituencies) prepared to finance this initiative? <input type="checkbox"/> How will we pay for it? <input type="checkbox"/> Where is money coming from – funding <input type="checkbox"/> Who will fund the cost of specialty services? <input type="checkbox"/> How could 'prevention and health maintenance' be funded and administered? Through providers/doctors? Is that where prevention should happen? <input type="checkbox"/> Regarding funding options, has there been a sustainable plan developed for at least three years? Are there funding partners identified? <input type="checkbox"/> How or where will the sources come from and how will they be administered? <input type="checkbox"/> How do we make this sustainable? <input type="checkbox"/> Raise the political issue of willingness to fund something that does not demand 'personal responsibility' <input type="checkbox"/> How much of this money is already being spent in other ways and through other sources: Medicaid, Medicare, etc. And needs to be reallocated 	<p style="text-align: center;">What Are the Costs/Cost Savings?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1100 - in addition to other costs of health care, does this cover all? – seems like a really low number <input type="checkbox"/> Regarding cost of adding providers, is salary only included or also office space, support staff? <input type="checkbox"/> Is the \$82,693,731 to serve the 71,054? How many are we serving at \$8 billion? <input type="checkbox"/> How much does Franklin County spend in hospital visits that are preventable? How can we recapture and use these savings and other savings from Medical Home <input type="checkbox"/> How do you reduce the 64% spent on 10% of the population while improving quality and efficacy of the treatment to those people? <input type="checkbox"/> Savings from estimated medical home <input type="checkbox"/> Must have cost shoving. Data does not support that <input type="checkbox"/> Is the cost of hospital care included in the financial analysis? <input type="checkbox"/> What cost savings in visits and drug utilizations would occur over time with the preventative care model? (figures seem based on fixed data when preventative care kicks in?) <input type="checkbox"/> If hospital is not included, what is source of funds for payment and would hospital care add to costs? <input type="checkbox"/> Where did the 1% assumption come from? Cost seems like it should be higher. <input type="checkbox"/> Transition contemplated here is very ambitious – significant costs will be involved <input type="checkbox"/> Are costs associated with altering office process for current primary care physicians involved in cost estimate?
<p style="text-align: center;">What Is The Planning Process?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How long will it take to implement? Timeline? <input type="checkbox"/> If the target is a coordinated medical home network, what's the plan to get there? <input type="checkbox"/> Is there already a plan in place? <input type="checkbox"/> What are recommended next steps? <input type="checkbox"/> Where to begin? <input type="checkbox"/> Can we start with pieces? <input type="checkbox"/> Who's going to jump in first? 	<p style="text-align: center;">How Will This Be Administered?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who will coordinate (partners?), infrastructure? <input type="checkbox"/> How's going to choose the administrator? The providers of the care? <input type="checkbox"/> Public-private partnership - who would comprise? How would we get buy in? Would a new entity for disbursement of funds be necessary, or would it be more cost-effective to work through an existing agency? <input type="checkbox"/> How will the community be involved in decision-making other than café? <input type="checkbox"/> Who is accountable and how will community be informed? <input type="checkbox"/> Who is going to hold administrative support for program accountable?
<p style="text-align: center;">Who Will Be Served?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does anyone really have a medical home? <input type="checkbox"/> Why limit this work to the vulnerable when the other 1.1 million are getting care and not very/optimally healthy? <input type="checkbox"/> What about the rest of the population of Franklin County? Is this only for the poor? Will it be used as a model for the rest of the population? <input type="checkbox"/> Wouldn't you want to target whole community, not just underserved population? <input type="checkbox"/> Why did they include 200%-400%? <input type="checkbox"/> Describe 'medically vulnerable' in terms of the 400% FPL group and why they would need assistance with obtaining medical care <input type="checkbox"/> How would AHC address the underinsured? <input type="checkbox"/> Safety net, breakdown is the adult population - is there going to be outreach of younger population? <input type="checkbox"/> What about children transitioning into adults? This will be an ongoing problem. <input type="checkbox"/> Are you 'cherry picking' your patients? (those in a medical home, those not in shelters) 	<p style="text-align: center;">How Will We Build Capacity?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How do we plan for 11% increase over next 10 years for money, providers, clinic capacity, etc? <input type="checkbox"/> Will 45 practitioners be able to handle 71,054+ increase over 10 years – given the complexity of patients and language barriers? <input type="checkbox"/> Does the 45 physicians increase include physicians who are already providing these services? <input type="checkbox"/> What incentives will be in place to recruit providers to provide the care for vulnerable people? <input type="checkbox"/> What incentives will we provide individuals to go into primary care? <input type="checkbox"/> How to entice people into primary care and not more lucrative specialties? <input type="checkbox"/> Is the supply and future pipeline of PCPs sufficient to support such an initiative? <input type="checkbox"/> Concern lack of primary care – How will we meet 40% capacity? <input type="checkbox"/> How would we attract 40% we need – incentives to rush for primary care? <input type="checkbox"/> Do we have physician buy-in to the medical home?

<ul style="list-style-type: none"> <input type="checkbox"/> Have you looked at specific populations, i.e. prenatal, youth <19? <input type="checkbox"/> Maybe people with little or no access to health care would be more 'accepting' of this? 	<ul style="list-style-type: none"> <input type="checkbox"/> How will we fill 40% capacity needed for primary care? <input type="checkbox"/> Do we have a supply problem? <input type="checkbox"/> Need more capacity (40%?) How do we get that? Suggestion: volunteer part time advocate, case manager type person to engage patient in change to 'bug' into managing their own health <input type="checkbox"/> How will primary care providers be trained to be real medical homes? How will we monitor and make sure they are providing continuous access to primary care?
<p style="text-align: center;">How Will We Implement Pay For Performance?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay for performance/cherry picking? <input type="checkbox"/> How to document process/ product of pay for performance? <input type="checkbox"/> How to measure/implement pay-for-performance? <input type="checkbox"/> In pay for performance, how would hold doctor accountable for patients behavior issues? 	<p style="text-align: center;">How Can We Use Technology?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How will technology tie into this plan? (EMRs? There is a need to provide continuity of care) <input type="checkbox"/> Is technology a good idea? YES and No – too much self interest involved in adapting technology <input type="checkbox"/> Could there be a single health care data system that all providers check/access with new clients/patients/ etc. to see what other services, from where are being received, add new information, coordinate with other providers, etc.
<p style="text-align: center;">What Is The Model?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is this model research-based? <input type="checkbox"/> Where is it used and to what advantage? <input type="checkbox"/> Is there a medical model that will be developed? Or is there already a model? <input type="checkbox"/> Clarify medical home – definition of medical home: is this about 24/7 care? <input type="checkbox"/> Are there similar programs underway in other parts of the county? <input type="checkbox"/> What are other communities doing to address these issues? <input type="checkbox"/> Are there any models of medical home? E.g. private <input type="checkbox"/> Look at Clattsburg Project on Community Coordinate Care funded by RWJ – Contact Dr. Al Dembe for more info <input type="checkbox"/> City of Galveston – what can we learn? <input type="checkbox"/> Latinos in Texas using this for years <input type="checkbox"/> Summit & Oregon – both had very different <input type="checkbox"/> Coordinated Care Model – we need to look at models developed and duplicate best practices as appropriate <input type="checkbox"/> Study patient centered approaches in developing coordinated health care <input type="checkbox"/> Does medical home mean evidence based care? <input type="checkbox"/> What is the future model of care – roles, responsibility, scope of practice? <input type="checkbox"/> How will we measure success especially from patient's perspective? 	<p style="text-align: center;">What Roles Are Needed? Exist?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What really serves as a medical home? Will be a doctor, a PCP, clinics? Or all of these? <input type="checkbox"/> Some groups – such as pediatricians <input type="checkbox"/> What role will community health centers play in this? <input type="checkbox"/> Where would we start community health/private clinics? <input type="checkbox"/> How do we create more medical homes and what is really required to be a medical home? <input type="checkbox"/> How do you determine that 45 more primary care practitioners are needed? <input type="checkbox"/> Who is defined as 'safety-net providers'? <input type="checkbox"/> How do we 'certify' physicians to the medical home? <input type="checkbox"/> Would APNs/PAs be used in this model? Are they already included? <input type="checkbox"/> Can nurse practitioners and midwives be a resource to provide care at a lesser cost? <input type="checkbox"/> Expanding hours for neighborhood clinics, work force issues (can we use nurse practitioners?) <input type="checkbox"/> Where did # for medical support staff some from? <input type="checkbox"/> How do we deal with the truth of less/fewer office personnel? <input type="checkbox"/> Who are the key people that need to be in the physician's office? How do we provide training?
<p style="text-align: center;">How Do We Improve Access?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most workers are in hourly jobs, very little autonomy to even go to clinic <input type="checkbox"/> What about transportation? <input type="checkbox"/> How do you break down cultural competency issues with this model? <input type="checkbox"/> For insured patients, how do you address issue of preferred providers? <input type="checkbox"/> What about the underinsured who have minimal insurance and can't afford co pay to see MD or co pays for medicines <input type="checkbox"/> What is an appropriate cut off for providing free services? Obviously a sliding scale system would be needed for families at 400% FPL 	<p style="text-align: center;">What Incentives Are There For Consumers & Physicians?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is better health enough of a reward to keep people in the program? <input type="checkbox"/> Is there a way to provide incentives for providers and not make billing more complex? <input type="checkbox"/> Is there a way to incent patients is this category regarding prevention? <input type="checkbox"/> How do we support/incentive (create environments) to make both patients and providers live up to their 'responsibility' (as outlines in # 7 and 8) <input type="checkbox"/> Health literacy: how to do it, what's the incentive?
<p style="text-align: center;">How Do We Move From Sick Care To Prevention?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How do we create cultural changes to health habits in all populations? <input type="checkbox"/> How do you switch from health care for sick to health care prevention or wellness program? <input type="checkbox"/> How do we move from illness to prevention? <input type="checkbox"/> If only 10% of people' health deterrent is access and 50% is behavioral, why are we only talking about improving access? 	<p style="text-align: center;">What Services Are Included?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What happens when specialty care is needed? <input type="checkbox"/> How would the medical home coordinate specialty care? <input type="checkbox"/> How to link to specialty care – will EMR be a resource to move this forward? <input type="checkbox"/> Is specialty care linked in or is focus solely on primary care? <input type="checkbox"/> Will adequate mental health be available? <input type="checkbox"/> Will adequate dental be available?

<p>What about spending to encourage life style changes, such as building bike routes? Why aren't fast-food restaurants required to produce nutritional information to customers?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How can we offer better obesity control, manage chronic diseases? <input type="checkbox"/> How can we offer better preventative care/management? <input type="checkbox"/> Would prevention efforts be general or prioritized based on data or community response? 	<ul style="list-style-type: none"> <input type="checkbox"/> Will this include costs of testing equipment and medications for people with diabetes?
<p>What Is The Role of Public and Private Insurers?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is access to medical home the access to full medical coverage? <input type="checkbox"/> Is there any role that traditional insurance companies to play? <input type="checkbox"/> Where do insurance companies fall in this discussion? <input type="checkbox"/> How does this fit with Medicaid, Medicare, and the governor's initiative to cover the uninsured? <input type="checkbox"/> Where do public funded programs fit into this model? <input type="checkbox"/> How to get community – SCHIP, Medicaid, the insurance benefits - back into program <input type="checkbox"/> What % of employers provide health care coverage? Are there trends in this number? What role could this issue play in Access 	<p>How Can Others Participate?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will businesses step up even more – such as Walmart, Giant Eagle, Kroger? <input type="checkbox"/> Are there opportunities to include this in the effort to coordinate (in the unified long term health) options for seniors (reboot for PASSPORT)? <input type="checkbox"/> What about data as to that case coordination, public health nursing worked? <input type="checkbox"/> What role can schools play? <input type="checkbox"/> Start earlier, into school systems – better food, more education <input type="checkbox"/> Medications are an issue and assistance is tightening more due to restrictions (RX Connect website) <input type="checkbox"/> How can employers participate in providing health to employees/community?
<p>How Can We Improve Coordination?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What steps will be taken to ensure services aren't duplicated and that current resources are utilized appropriately and to best advantage <input type="checkbox"/> How do you break down silos? How do you make it feasible to work together? <input type="checkbox"/> Coordination and communities between hospital systems and neighborhood health centers – if improved, could have better care and more efficiently, too <input type="checkbox"/> How do you coordinate a system that sustains health care with buy in from consumers, MD or providers and insurers – How to achieve <input type="checkbox"/> How to get ideas to work together <input type="checkbox"/> Coordination without 'telling people what they have to do' <input type="checkbox"/> Coordination without bombarding people with info and questions <input type="checkbox"/> Clinics, hospitals, etc., need to coordinate services <input type="checkbox"/> How do you connect providers and recipients when there is such a disconnect? <input type="checkbox"/> Consider use of lay navigators – certification for lay navigator to assist care- community based individuals; assist with health literacy, OSU certification for lay navigators? People to get paid <input type="checkbox"/> Need a triage center for lay navigators 	<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> What are we prepared to do once this medical home fully unfolds – how much more exposure are we prepared to have t related to the spiraling of currently untreated continues. <input type="checkbox"/> How do we keep quality? <input type="checkbox"/> What skills will be valued? <input type="checkbox"/> Each community needs a center to organize around Ohio Dept. of Health? <input type="checkbox"/> Who would be opposed? <input type="checkbox"/> How will priority be determined? <input type="checkbox"/> Life loss over next ten years <input type="checkbox"/> Do we need to have certificate in order to pay for this? <input type="checkbox"/> What is the prioritization process? <input type="checkbox"/> What is complete safety-net? <input type="checkbox"/> How do you shift? <input type="checkbox"/> Would central Ohio average salaries make this concept more affordable? <input type="checkbox"/> How do educate patients – how would it work on patients?

Café 2: Do we need to explore a coordinated medical home network for our community?

<p align="center">Additional Research Needed</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, but further research sustainability to ensure that there is a long term buy-in to the program. <input type="checkbox"/> Exploration doesn't necessarily mean the implementation of a medical home network <input type="checkbox"/> Yes but, should be a pilot: what would it look like? 1) a PCP but not a 'gatekeeper' 2) a team approach maybe not under one roof <input type="checkbox"/> Talk with stakeholders about commitment: medical providers, insurance 	<p align="center">Insurance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find ways to mitigate issues of underinsured <input type="checkbox"/> Urgent Care – often doesn't accept CareSource/Medicaid <input type="checkbox"/> Yes, should be operating on 2 levels though: 1) vulnerable 2) the rest of the population <input type="checkbox"/> Yes we are in agreement we need to explore a coordinated medical home network, but one that includes PPO approach. <input type="checkbox"/> Expand Medicaid to reach underserved population? <input type="checkbox"/> Low paying jobs – no access to insurance
<p align="center">Coordination</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, however care, even on the private sector, is not a coordinated network <input type="checkbox"/> Need coordination between primary care and mental health <input type="checkbox"/> Better communication network among providers <input type="checkbox"/> Yes, we should explore it; be cognizant we do not duplicate services in an inefficient manner <input type="checkbox"/> Coordination is key <input type="checkbox"/> We need to get serious about an electronic medical record keeping system. <input type="checkbox"/> Central place for appointments 	<p align="center">Policy</p> <ul style="list-style-type: none"> <input type="checkbox"/> How do you change policies/rules (HUD, VA, HRSA, MH) that make it difficult to integrate services? (federal/state/local)
<p align="center">Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients not appropriately using system – education <input type="checkbox"/> Primary health care education to improve their knowledge on chronic diseases – including Alzheimer's 	<p align="center">Inclusivity</p> <ul style="list-style-type: none"> <input type="checkbox"/> There needs to be assurances patients received specialized care if needed (autism, Alzheimer's, etc) <input type="checkbox"/> Improve primary care network and specialty care network
<p align="center">Payment System</p> <ul style="list-style-type: none"> <input type="checkbox"/> If this system could get funded with all its quality and prevention components, it could/would be more sustainable (and produce optimal health) than the system serving 1.1 million in central Ohio (and that's not right!) <input type="checkbox"/> Have to change the way we fund specialized care <input type="checkbox"/> Payment system change: better pay to participate for coordination of care <input type="checkbox"/> Won't solve funding issue with a pilot but can look at data sharing, creating a home <input type="checkbox"/> The reform has to change the payment system so that primary care preventive measures are reimbursed as are the medical procedures <input type="checkbox"/> Can't have both a coordinated medical home and the system of specialized care funding we have now 	<p align="center">Efficiency</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, make sure it complements and incorporates current resources and best practice currently in community <input type="checkbox"/> Leverage resources, optimize resources, streamlining processes (e.g. Medicaid, access to public insurance) <input type="checkbox"/> Can't do this under one large 'agency'. Need incentives for private partners <input type="checkbox"/> Yes, don't add another layer of paperwork and admin work to current system – simplify
<p align="center">Questions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risks? <input type="checkbox"/> People with chronic diseases! How do we get them into primary care? <input type="checkbox"/> Is the primary care physician knowledgeable to do this? <input type="checkbox"/> What is the difference between this model and the existing model in terms of coordinating with specialist care? <input type="checkbox"/> Do we center only on primary care – or link up with insurance or government plans? <input type="checkbox"/> How do we make it more attractive to enter into primary care? <input type="checkbox"/> Is there a way to look at this model in a smaller, more regionalized way? <input type="checkbox"/> Why do providers act as if Medicaid records do not belong to patients? 	<p align="center">Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes x 19 Cafes <input type="checkbox"/> We need to do more than explore – we've been doing that <input type="checkbox"/> Learning all different types of providers <input type="checkbox"/> Maybe not worth pursuing if this is going to be more of a patchwork <input type="checkbox"/> Need a true medical home network, but need to go beyond that to restructuring the whole system

Café #2: If yes, what would a wise next step be?

<p align="center">Define the Model (Structure, Process, Payment, Incorporation of Existing Providers/Services, Population to Be Served)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must have clear strategic plan – clear goals <input type="checkbox"/> Set up the structure and then the funding <input type="checkbox"/> Determine community model – leadership model to be used <input type="checkbox"/> Explore some models of what this could look like at the community level <input type="checkbox"/> Decide what exactly the model medical home <input type="checkbox"/> What helps to the rest of the service delivery mode? E.g. if a private doctor did this, would the 'medical home' concept be for all the patient or the 'poor ones' <input type="checkbox"/> Is it the 'brand', the organization model, or the functions that permit the vulnerable to navigate the 'healthcare system'? Once this is answered, the next steps can be identified <input type="checkbox"/> Structuring primary care – not in same physical <input type="checkbox"/> How do we expand the best of our care, not plug the holes with mediocrity <input type="checkbox"/> Find areas of least resistance to implement program <input type="checkbox"/> Place those 45 PCPs in one area, provide various services <input type="checkbox"/> Expand neighborhood health center concept <input type="checkbox"/> Expand or replicate what is going on now <input type="checkbox"/> Try to pull in the rest of the FQHC facilities – one referral number like 211? Incentive plan? <input type="checkbox"/> Integrate physical and mental health care; address unique challenges of each unique funding structure <input type="checkbox"/> How do we incorporate pay for performance? <input type="checkbox"/> Determine cost to replicate <input type="checkbox"/> Universal sliding fee <input type="checkbox"/> ER visit could trigger follow-up with that person within a short time, like 10 days to link them with other services that could prevent the next ER visit – perhaps the trigger could be referred to volunteer, participating a service to do the visit – linkage and report back to AHC or to neighborhood health centers/clinics <input type="checkbox"/> Patient-centered care and treatment plan based on health risk assessment and health status history and physical <input type="checkbox"/> Evidence based protocols for chronic diseases <input type="checkbox"/> Health risk assessment must be updated to reflect current medical knowledge and population Patient responsibility with tools for patients to take control <input type="checkbox"/> Identify the level with greatest impact what population should be targeted <input type="checkbox"/> Work with child and family services to identify those transitional off Medicaid (discontinued due to age: 21-50 yr population) <input type="checkbox"/> Define model with the best use of existing resources, what is best to target population, how to reach vulnerable populations, decrease barriers such as cultural <input type="checkbox"/> Reduce stigmas – provide services to all <input type="checkbox"/> Criteria must include an acceptance of patients at all economic levels <input type="checkbox"/> Define the exact criteria for what a medical home is and who they serve 	<p align="center">Identify Funding (Public, Private, Redistribution, Sustainability)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answering the finance question <input type="checkbox"/> Look for funding <input type="checkbox"/> Investigate funding <input type="checkbox"/> Explore alternative funding? Who supports this concept financially? Columbus Foundation? <input type="checkbox"/> Stakeholders must come together to identify funding sources <input type="checkbox"/> We need to have a discussion in the community about financing <input type="checkbox"/> Explore and find support – other funding sources; current options have many negatives <input type="checkbox"/> Get funding from broad base <input type="checkbox"/> How to get corporate partners to buy in to the idea; win-win situations for medical home network and shareholders of business <input type="checkbox"/> How do we get the private entities with deep pockets to put money on the table? <input type="checkbox"/> County-wide health levy for primary care <input type="checkbox"/> Explore having state budget put financial incentives in budget for local delivery system reforms <input type="checkbox"/> Target some tax money for centrally located health centers <input type="checkbox"/> Must have the funding set up so that the physicians get on board <input type="checkbox"/> Funding/sustainability: everyone contributes/participates <input type="checkbox"/> Analyze the payment trade-offs: nonprofits who will receive grants vs. money spent in higher cost systems (ER) and how to share in the payment distribution <input type="checkbox"/> Pursue funders/supporters to initiate the focus on prevention while current funds continue to provide treatment – until the prevention begins to reduce the money needed for treatment and a shift in current money can begin <input type="checkbox"/> Look at redistribution of resources – buy in: city, government, providers/ pyridine shifts <input type="checkbox"/> Medicare – pay for performance – funding structures <input type="checkbox"/> Review legal issues with funding <input type="checkbox"/> How sustainable are those funding options?
<p align="center">Do Additional Research (Definition of Medical Home, Impact on Populations Served, Best Practices, Current Capacity, ROI)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Research regarding what a medical home really is <input type="checkbox"/> Learning curve by bridging in finding what do each component of health service do <input type="checkbox"/> Research program's effects on underinsured populations <input type="checkbox"/> Do research to find out what people would be willing to pay toward this system. (1) Are they willing to pay a tax for this? (2) If 	<p align="center">Talk with Stakeholders (Consumers, Physicians, Service Providers, Funders, Insurers)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get feedback from population to be served – continuous focus groups, involve population in planning <input type="checkbox"/> Gather focus groups from clients <input type="checkbox"/> Talk to physicians <input type="checkbox"/> Physician voices/input <input type="checkbox"/> Survey current providers/services available <input type="checkbox"/> Focus groups with folks that have carefully read the full report

<p>yes, what kind of tax?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify best practices in similar communities <input type="checkbox"/> Explain/research what other communities are doing. What lesson have they learned? <input type="checkbox"/> Look at other projects that are doing this <input type="checkbox"/> Find out where it (coordination) is happening successfully now, how it works, can it be replicated? Investigate the approach used by Ohio Dept. of Health on prevention and early intervention Identify capacity of clinics, physicians, etc. <input type="checkbox"/> Look at existing safety-net patients. Are there incremental improvements that can be made before expanding the system further (like electronic records, on-site pharmacies, dealing with no-shows) <input type="checkbox"/> Critical assessment of existing clinics, than explore alternative model <input type="checkbox"/> Exploring what this would really mean, given that our current physicians are beyond capacity <input type="checkbox"/> Evaluate alternative care providers (i.e. physician extenders, Pas, nurse practitioners) <input type="checkbox"/> Continue to quantify the need <input type="checkbox"/> Harder numbers – we need return on investment numbers – huge investment 	<ul style="list-style-type: none"> <input type="checkbox"/> Talk with stakeholders about committee – Medical providers, Insurance companies, pharmaceutical companies, employers, consumers & approved <input type="checkbox"/> Identify the key people from whom to get input and how to appropriately involve them in the process. Identify process to involve them (e.g. at what level) <input type="checkbox"/> Start focused meetings of interested partners <input type="checkbox"/> Educate interested parties on what the medical home is <input type="checkbox"/> Stakeholders group on various medical homes <input type="checkbox"/> Pull larger groups that have prevention programs in place (OSU, Kroger) <input type="checkbox"/> Health industry buy in <input type="checkbox"/> Reach out to existing organizations and activities (scouting, athletic teams, etc.) to many community entities (churches, community centers, etc.). <input type="checkbox"/> Further engage schools and preschools – materials for students and parents <input type="checkbox"/> Explore long term buy-in and outcomes <input type="checkbox"/> Start with small groups
<p style="text-align: center;">Implement Technology (EMR, Billing, Scheduling, Data Sharing)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need electronic health records <input type="checkbox"/> Is there an electronic medical info system that can be utilized to manage these patients across all providers in the network? (sharing of patient medical records) <input type="checkbox"/> Electronic medical records for connectivity <input type="checkbox"/> Medical records electronically – important piece <input type="checkbox"/> Transferable records <input type="checkbox"/> Single, simplified, billing format <input type="checkbox"/> Centralized appointments (scheduling) <input type="checkbox"/> Exploring data sharing across systems (basic to the concept of coordinating care) <input type="checkbox"/> Governor board of HIT initiatives 	<p style="text-align: center;">Research Regulatory/Legislative Opportunities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Would be good if ‘community’ would seek exemptions from some state regulations (ODI, ODH, ODJFS, ODMH) <input type="checkbox"/> Look at state regulatory steps/incentives/funding that could push the system towards these concepts (a counterpoint: regulation vs. voluntary? Which would work better?) <input type="checkbox"/> Explore legislative policy to further process
<p style="text-align: center;">Build Collaboration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Look for care coordination opportunities <input type="checkbox"/> Improve collaboration and coordination and education in the community <input type="checkbox"/> Build partnerships among providers with complementary (vs. competing) services 	<p style="text-align: center;">Implement a Learning Lab</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learning lab – pilot test <input type="checkbox"/> Funding/implementing a pilot of some sort <input type="checkbox"/> Potentially pilot with subset of vulnerable population to access potential outcomes <input type="checkbox"/> Pilot/existing pilots <input type="checkbox"/> Yes – start as a trial; determine how far to spread
<p style="text-align: center;">Influence Elections</p> <ul style="list-style-type: none"> <input type="checkbox"/> We need a coordinated approach with the federal government/ elections 	<p style="text-align: center;">Create Prescription Drug Opportunities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Study on access to pharmaceuticals, initiate partnerships with drug companies <input type="checkbox"/> Form a committee to create community-wide drug formulary for the medical home system to help contain drug costs <input type="checkbox"/> Expand voluntary care network beyond primary care: pharmacy
<p style="text-align: center;">Questions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who will administer? <input type="checkbox"/> Can emergency rooms refer non-emergencies to community clinics/ FQHC? <input type="checkbox"/> What are the ‘hand off’ points that will assist people in accessing work? <input type="checkbox"/> What is the return on investment of the effort – could the money be better spent to improve issues in other ways, e.g. insurance expansion? <input type="checkbox"/> How to improve communication about resources? <input type="checkbox"/> Why are the health care systems so uninformed about resources? <input type="checkbox"/> How do we move people more toward preventing? <input type="checkbox"/> What do I have to give up? 	<p style="text-align: center;">Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take an environmental/ecological approach (gardens, farmer’s markets) <input type="checkbox"/> Take a step that’s meaningful <input type="checkbox"/> Prioritizing steps <input type="checkbox"/> Identifying which pieces are most doable to get us moving <input type="checkbox"/> Make something happen quickly, now, to keep people interested, galvanized, engaged because this is a long battle with lots of intricate and complicated parts <input type="checkbox"/> Yes, in absence of broader statewide or national health reform <input type="checkbox"/> Find out who has the VISION! <input type="checkbox"/> Need to be cautious about how we do it <input type="checkbox"/> Marketing and education

<input type="checkbox"/> How does this work align with the Business Round Table Initiative? <input type="checkbox"/> What does medical home mean?	<input type="checkbox"/> Give education support (financial) for students in primary care specialties <input type="checkbox"/> Bring now medical homes to table and discuss way to move forward <input type="checkbox"/> Involve several workgroups to address on separate issues and then come together
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If no, why not?

- No, there is no to explore it, but at the end of the day may be a reason not to do it
- What is a medical home? What type of services would they provide; is it easily accessible?
- "Resource Center"
- Similar to FQHC
- How to overcome the barriers of self-serving entities
- Focusing on prevention (money + attention) may be more effective than establishing more medical homes, particularly if you want to increase the health of the community
- What are we spending our money for? \$20,000 a year to care for autistic children or \$40,000 to care for an 80-year-old with a failing heart