



A collaborative that promotes best practices and the sharing of local solutions

Communities Connect is a statewide association of community-based coalitions dedicated to implementing local changes to ensure better healthcare access. Communities Connect promotes the sharing of best practices across the state and uses the combined voice of its membership to affect changes in state programs that support community solutions to health care access.

Current CC membership includes two statewide organizations and coalitions representing 28 of the 39 counties in Washington State.

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E2SSB 6459 Community Health Care Collaborative Grant Program

A position paper endorsed by Communities Connect

Health care access is eroding while the number of uninsured is increasing

Throughout Washington State local communities struggle to address the health care access needs of their people. Between 2002 and 2004 the number of uninsured in Washington State grew by almost one fifth to 9.8% of the population with most of that growth among low-income workers. While the number of uninsured is rising, health care access in most communities is eroding with an increasing number of private medical providers closing their practices to Medicare and Medicaid due to declining reimbursements and increasing administrative hassles.

At the same time communities face significant challenges in getting people into needed care, the federal government has set health objectives for the nation through its Healthy People 2010 initiative. The Washington Health Foundation focuses on a similar but much smaller set of key health indicators in its Healthiest State in the Nation Campaign.

Improving health care access and health outcomes are complimentary goals but it will require communities to organize and take action at the local level to make the needed changes so that all people (regardless of their insurance status) receive appropriate health services in the right location at the right time. Research shows that consistent access to health services through an established “health home”¹ that focuses on cost effective prevention services, and a shared sense of responsibility for overall health between patient and provider, improves health outcomes and reduces overall community costs. The low income on Medicaid and the uninsured are least likely to have consistent access to a stable health home.

Organized community action is needed now

In medium and small-sized communities, the majority of primary care is delivered in private medical practices. In Washington State 80% of the safety-net care is provided by private physicians, practitioners, or hospital emergency rooms. These health providers are not equipped or compensated to offer the “health home” support services that improve health outcomes and reduce utilization. In addition, many communities are not organized to make system changes needed to coordinate and leverage private and public health resources to achieve population based health outcome improvements. It is private health care providers, working with FQHC’s through community based collaboratives that will ultimately create the needed changes at the local level where care is delivered. It is the community based public/private partnership that is best positioned to address health care access issues at the local level.

¹ The Washington Health Foundation believes a “health home” promotes wellness for individuals and their families by coordinating care across all health circumstances, underlying conditions, health service needs, and settings over time. A Health Home assures that an individual or family has: a) a central resource for health and wellness information; b) a person serving as a health partner, advising on health decisions and coordinating all care; c) a central point for collection and coordination of key individual health information; and d) an individualized health plan actively implemented both by the individual or family and by their health service provider team.

New Statewide Community Health Care Collaborative Grant Program fuels united community action

In recognition of the leveraged assets organized communities can deliver, Communities Connect encourages passage of E2SSB 6459 and HB 3146 which creates a Community Health Care Collaborative grant program and recommends that the legislature authorize and fund \$3.1 million in the next biennium for competitive grants to community-based public/private collaboratives that address access to health care, more efficient use of health care resources and improvements in quality of care at the local level. The grants should support the development and sustainability of effective community based programs that improve access, health outcomes, show a return on health care dollars invested, and attract additional resources.

Eligibility criteria and outcome performance

For purposes of this program, a board made up of the administrator of the health care authority, secretary of the department of health, assistant secretary of health and recovery services administration, the insurance commissioner and an individual appointed by the governor will be responsible for finalizing the eligibility criteria, determining the nature of the application and the application procedures and awarding up to five hundred thousand dollar grants per organization each biennium. The grant funds should be disbursed to regions throughout the state, supporting organizations and programs of differing sizes and scales.

Proposed eligibility criteria -Applicants should meet the following eligibility criteria:

- Be a non-profit organization or a local government entity that sponsors or supports a community based public/private collaborative with the stated purpose of improving health care access for a defined geographic area with an emphasis on the uninsured Medicaid and Basic Health enrollees. The collaborative must demonstrate governance accountability to a broad group of community based partners and how its structure and operation reflects the interests of and is accountable to the defined geographic region.
- Have the ability to match the proposed grant with funds from other sources on a dollar for dollar basis.
- Demonstrate the organizational capacity exists to successfully implement the proposed grant program including formal collaboration among key community members such as local governments, school districts, large and small businesses, nonprofit organizations, faith based organizations, local community service offices, insurance carriers, private health care providers and public health agencies.
- The ability to demonstrate how programs supported by the grant reflect creative, innovative approaches which enhance existing efforts to address the needs of the uninsured and underinsured and make efficient and cost-effective use of available funds through administrative simplification and improvements in the structure and operation of the local health care delivery system.
- The ability of the grant to enhance long-term community capacity through the applicant's ability to a) convene partners; b) incubate and pilot solutions; c) augment and sustain the 8 critical activities;² d) administer programs; and e) mobilize diverse community leaders (including small employers) in support of statewide health care goals.
- The ability for successful programs to be replicated in other areas of the state.

One half of the awarded Community Health Care Collaborative grant will be disbursed to the organization at the time of selection as a grant recipient. The remaining half shall be disbursed one year later upon receipt by the board of a progress report on outcomes from the organization.

² Communities Joined in Action (CJA) has identified the ten local activities to achieve better health for all at less cost.

Accountability Process – Each Community Health Care Collaborative grant applicant will address the following evaluation and outcome criteria to prove excellence in stewardship of public funds:

- The organizational capacity to address and administer community access priorities to stabilize and coordinate safety-net care to reduce the cost of government purchased health care, unnecessary utilization and/or uncompensated care while improving patient outcomes.
- Identify short term measurable outcomes to achieve, including but not limited to the following:
 - ◆ Improved access to a “health home” regardless of insurance status
 - ◆ Improved access to specific services or for specific at risk or vulnerable populations
 - ◆ Improved health delivery efficiency or cost savings
 - ◆ Improved health care quality
- Identify longer-term measurable outcomes to achieve population-based health status improvements.
- Identify the means and methods for the applicant organization’s sustainability

Examples of short-term outcome measures could be:

- Percent of eligible children and adults enrolled in government subsidized coverage
- Percent of children on Medicaid with a stable “health home” in the geographic region
- Reduced use of ERs for primary care needs

Examples of longer-term outcomes measures could be:

- Percent of children who have a dental screening within a year
- Smoking and exercise rates with selected small employer worksites
- 18 health outcomes prioritized by the Healthiest State in the Nation campaign sponsored by the Washington Health Foundation: <http://www.whf.org/1e2/outcomes.asp>

Applicants will submit a proposed evaluation plan at the time of applications and a performance report half-way through the two-year grant cycle before the second half of the funds are released.



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