

SSU Initiative on the Sonoma County Health Care Crisis

**Possible Vehicles for Humane Forms of Health Care Cost-Containment
in the Sonoma County Crisis**

(Each subject needs tentative quantification of savings potential)

April 22, 2004 DRAFT

Note: The following is an early draft of a paper in development, initiated by Skip Robinson Ph.D., edited, added to, and critiqued by the following colleagues so far: Adele Amodeo M.P.H., Georgia Berland M.A., Tom Moore, and Carolyn Epple Ph.D. The addition in the near future of edits, notes on community groups in Sonoma County at work on particular issues, critiques, citations from the research literature, and listing of foundation grants on particular issues would be most helpful. Please send these to skip.robinson@sonoma.edu. Thank you. Successive drafts of this document and memos of commentary will be put on the Initiative's website, www.sonoma.edu/programs/healthcrisis/. This will be accompanied by a personal reflection paper by Carolyn Epple Ph.D., medical anthropologist, and an essay by George Flores, M.D., M.P.H., public health consultant. The term "Other" at the end of each category is intended to stress that this list is not yet systematic and comprehensive about Sonoma County efforts, in action or in contemplation.

**I. COORDINATING PRIMARY AND SECONDARY PREVENTION AND
COALITION-BUILDING**

- A. Integrate public health efforts; coordinate among health plans and private provider institutions, including nonprofit hospitals with community benefit obligations – such efforts to include primary and secondary prevention, health education, health promotion, coordination of benefits, promotion of medical care cost-offset effects – aiming for significant effects toward the goal of developing system-wide vitality of all Sonoma County residents.

“Coordinate among health care and social service and housing providers to integrate health and social services and case management, and to identify and fill gaps in health care access for the uninsured. This would include Sonoma County projects such as Frequent Users of Health Services Initiative (FUHSI), Health Care for the Homeless clinic development, and possibly the Social Security Benefits Assistance Project (if it is funded) among others.” GB

- B. Plan and operate a “full court press” with prevention/early intervention/health education/health promotion on three primary chronic conditions (in their case management and cost management – diabetes, coronary problems, and respiratory problems) by community public health agencies, health plans, county public health departments, community health groups, media, schools.

C. Significantly expand community/stakeholder/academic dialogue to increase coalition-building.

1. Do collaborative community-wide study: What components of a community make the community healthy/unhealthy? What can the community and its systems do to improve community health?

“Such a study and a related community action project (identifying many such components and selecting water issues as the first action priority) is underway by the Center for Social Change of the Sisters of St. Joseph; and considerable prior work on identifying such components was done by Memorial Hospital’s Community Benefit Division, building on the Healthy Communities movement nationwide.” GB

2. Further community-wide study: Expand discussion among campus, community, media, and schools to raise issues about food grown and food served, multiple growing pressures, health and mental accuity effects of the severe cuts in school PE, cuts in community facilities, cuts in county public health department programs, cuts in community health group funding, cuts in other critical community resources.

“The issue of food grown and served in schools is being addressed through various programs of UC Cooperative Extension at the County, as well as in the Master Gardeners’ program. Also, the Quantum Agriculture Project circulates information on more holistic approaches to agriculture. Certainly discussions of the effects of budget cuts are and should be taking place everywhere, and coordinating responses and advocacy is always a good idea. The new North Bay Spokesouncil is a new group trying to coordinate such efforts across disciplines.” GB

D. Other

II. INTEGRATING QUANTITATIVE FACTORS

A. Conduct independent actuarial review of health plan renewal pricing and offers, including thorough analysis of review results.

B. Employ sophisticated “utilization analysis” to understand patterns of care and find most-needed changes in local approaches.

C. Implement “adjusted risk-sharing across ‘total’ populations” to assist in moderating the volatility of risk “unknowns”, a method by which health plans on a given “case” share certain risks about the composition “mix” of their covered/insureds once a group enrolls for the next plan year.

- D. Explore government-subsidized re-insurance programs to bring high-risk populations into group or county insurance “pools”.
- E. Analyze “ambulatory-care-sensitive” hospital discharge data.
- F. Institute and upgrade systems to prevent unnecessary hospitalizations, including thorough review of emergency room procedures/issues/plans.
- G. Explore “direct contracting”.
- H. Explore a variety of administrative cost savings, including more standardized insurance protocols to prevent unnecessary health service delays.
- I. Better quantify the costs and methods for completing health care “access”. Take action to implement.
- J. Consider methods for “more equitable adjustment” of care reimbursement rates, especially “costs” reimbursed/paid to hospitals, doctors, and other health professionals who require reimbursement for services performed (for example, reimbursement rates from health plans to small hospitals and doctor reimbursement rates for “public” patients).
- K. In public schools and non-profits, consider dropping use of “TSA in lieu of medical”.
- L. Other

III. DEALING WITH PRESCRIPTION DRUGS

- A. Investigate programs for significant prescription drug cost reductions/discounts, including “re-importation” of prescription drugs from Canada, et al (studying operating models in such states as New Hampshire, Minnesota, Wisconsin, and Massachusetts, and their cities, such as Springfield, plus staying up to date with plans developing in Sacramento).
- B. Analyze emerging data on other means of significantly reducing prescription drug program costs.
- B. Other

IV. RE-DESIGNING HEALTH PLAN, HEALTH SYSTEM, OPERATIONS DESIGN

- A. Improve coordination/management of chronic care “high utilizers”. (Rule of thumb: 10-20 percent of health plan participants are responsible for 80-90 percent of health care costs.)

“The FUSHI project has been studying this issue for Sutter and Memorial for a year now. The very broad-based collaborative they developed has collected lots of excellent data, and their proposal for implementing response for this population – integrated case management across health and social services along with special training for clinicians and social service staff – is now being submitted.” GB

- B. Institute and upgrade systems to prevent medical errors. (Note: This is very institutionally focused, mostly on hospitals or large group practices.)
- C. Consider implementation of “Point of Service” design (in general or in such special applications as for covered outpatient mental health services).
- D. Plan, negotiate, and implement more sophisticated information technology systems both within institutions and between them.
- E. Explore expanded utilization of the “staff model” Health Maintenance Organization.
- F. Consider development together of a county-wide health care district, including potential for more rational regional planning.
- G. Consider wider development of multi-employer and multi-sector health plans.
- H. Consider incorporating advanced health care systems to treat such Sonoma County-sensitive problems as those of the aged and those with HIV-AIDS.

“Sonoma County has a very focused HIV prevention and treatment effort, understood to be a national model.” GB

- I. Improve access to health care for all the uninsured, immigrants, homeless persons, and similar populations.
- J. Further develop health care language services for those for whom English is not a primary language.
- K. Other

V. **REDUCTIONS IN DANGERS OF ECOLOGICAL/ENVIRONMENTAL POISONING**

- A. Analyze and remediate local ecological environmental public health hazards.
- B. Develop high-profile consumer resource access and training in ecological systems and problems, both in person and online.

C. “Assess and address toxicity exposure among homeless people, those living in substandard housing, and those of low income (sometimes known as ‘environmental racism’).” GB

D. Other

VI. ADDRESSING ISSUES OF EDUCATION, TRAINING, AND ALLOCATION OF SCARCE RESOURCES IN THIS TIME OF CRITICAL SHORTAGES OF HEALTH PROFESSIONS PERSONNEL

A. Take careful analytic note of those health professions in growing critical short supply. Understand the components of current/short-term/longer-term shortages of health professionals.

1. Get information from the Office of Statewide Health Planning and Development on health manpower projections.
2. Work with the Pew Center for the Study of the Health Professions at University of California San Francisco for the latest data.

B. Significantly increase “academic articulation” in health care curriculum, study, careers, and re-training planning and funding for very high quality (and sufficiently high quantity) training among public educational and health service institutions in and around Sonoma County.

1. Specifically encourage increased study and dialogue within and between the Sonoma County Office of Education, Santa Rosa Junior College, Sonoma State University, and other educational institutions, plus local hospitals, clinics, other health care delivery systems, and labor unions which can all work in tandem.
2. Work with labor unions to assist in creating “career ladders”.

C. Develop compelling strategies and tactics for retaining health care professionals here in Sonoma County.

D. Employ strategies to significantly reduce hospital and long-term-care facility reliance on “registry” nurses.

E. Champion accelerated and intensified graduate and certificate study in and around Sonoma County – in the traditional fields of health care, in health care public policy development, and in complementary/alternative/integrative medicine.

F. “Offer specific training to clinicians and health and social service providers on such issues as pain management (planned by FUHSI), benefits access, etc.” GB

G. Other

VII. FURTHER BROADEN THE SYSTEMATIC STUDY OF THE CRISIS AND ITS AMELIORATION

- A. With adequate funding, do a systematic review of recent health care literature on “humane cost-containment” in the U.S. and abroad.
 - 1. Interview experts.
 - 2. Show how advances can be incorporated here and adapted to Sonoma County.
 - 3. Test ideas with local focus groups.
 - 4. Consistently place all learnings in writing and graphics - and place these on local health care educational websites for community learning. Develop hypertext links between them.
- B. Other

VIII. FUND-RAISING

- A. Increase cooperation and planning among Sonoma County leaders and institutions in the solicitation of foundation and government funding for developing and implementing advanced approaches to health care service and organization in Sonoma County, our home.
- B. “Support existing collaborative efforts to develop needed programs and resources, such as the Sonoma Health Alliance, FUHSI, Health Care for the Homeless, Court Homeless Protocol Project, Center for Social Change, Volunteer Center’s training and resource development assistance, Hepatitis C Task Force, Healthcare Workforce Development Roundtable, Area Council on Aging, Children’s Health Access Coalition, Redwood Community Health Coalition, health care careers training initiatives in the Sonoma County Office of Education and schools, the Santa Rosa Junior College, Sonoma State University, other educational institutions, and the efforts in many other local organizations and coalitions.” GB
- C. Other