

Tri-County Communities in Charge

A project to address the health care needs of the medically uninsured in Multnomah, Clackamas and Washington Counties

CONCEPT PAPER

Background – Communities in Charge Initiative

The Robert Wood Johnson Foundation's (RWJF) Communities in Charge Initiative is a competitive grant program that provides financial and technical assistance to support communities in taking innovative approaches to providing health care for low-income, uninsured residents. The initiative has a planning year (Phase One/calendar year 2000), and up to a three year implementation period (Phase Two/2001-2003). Eligible communities must have a population of 250,000 or more including at least 37,500 low-income uninsured individuals. This low-income uninsured population does not include individuals covered under any health insurance program such as the Oregon Health Plan, FHIAP or CHIP.

Background – Communities in Charge, Phase One

Multnomah County was one of 20 communities nationwide selected by RWJ to receive a \$150,000 Communities in Charge assessment and planning grant. The Phase One process brought together consumers, advocates, elected representatives, providers, insurers, and employers to define the problem, and to craft a community consensus around local action to improve access for low income county residents.

Phase One Conclusions - From the data and community input of Phase One, it is clear there is a critical need to address the issue of health care access for the uninsured. It is also clear that improvements in access cannot come from one portion of the community; it must be a shared responsibility with shared risk, shared benefits, and shared commitment. In addition, the community consensus process of Phase One generated two themes to guide effective systems-oriented approaches to providing and financing health care for the uninsured:

1. Refine and restructure the safety net system to better capture existing resources through improved efficiency and economies of scale; and
2. Develop increased resources to improve access for defined populations through implementing service delivery and financing strategies based on rigorous assessment and business planning methods.

These themes form the basis for the Communities in Charge Phase Two project outlined below.

Background – Communities in Charge, Phase Two

Of the 20 communities participating in Phase One of Communities in Charge, up to 15 will be selected to participate in Phase Two beginning in January 2001. Phase Two grantees will be awarded matching grants to develop and implement strategies established during Phase One that assure access to health care for their uninsured populations.

Proposed Project Goal for Phase Two - The goal and objectives for Phase Two have been developed with input provided by community leaders involved in the Phase One planning process. These goals and objectives are intended to address the themes (i.e., improving the efficient use of existing resources, and expanding resources) established by consensus at the conclusion of the Phase One process. The goal of Phase Two is...

To implement Phase Two of a collaborative process designed to establish and implement a new system for delivering and financing high quality, affordable, culturally competent health care for medically uninsured and underserved populations of Multnomah, Washington and Clackamas Counties.

Proposed Objectives for Phase Two – The objectives associated with Phase Two include the following:

- Objective 1.0 – Within 12 months of receiving Phase Two funding, make recommendations for establishing a “safety net authority” as a new mechanism to ensure the availability of health care for medically uninsured and underserved residents. This work will be carried out by a Blue Ribbon Panel commissioned by the county boards of the tri-county metropolitan region,
- Objective 2.0 - Within 12 months of receiving Phase II funding, evaluate and recommend changes to the community benefits policies of local nonprofit hospitals to enhance access to health care among uninsured and underserved residents.
- Objective 3.0 – Within 12 months, assess, develop and implement outreach, education, and enrollment mechanisms to improve access to health insurance and care for uninsured and underserved residents.
- Objective 4.0 – Within 24 months, develop and implement a safety net health information system in conjunction with the Oregon Community Health Information Network.
- Objective 5.0 – Within 36 months, establish and implement a training program to assure that providers throughout the tri-county are able to provide services that meet the community’s definition of best practices for *cultural competency, quality, affordability, and compassion.*

Lead Organization/Community Partners and Collaborators - The lead organization for this project will be the Multnomah County Health Department. As the lead organization, the Health Department will prepare application materials to be submitted to the Robert Wood Johnson Foundation, provide project administration and contract oversight, and conduct other activities necessary to ensure the successful completion of this project. Multnomah County will also work collaboratively with Clackamas and Washington Counties to coordinate project-related activities implemented within those jurisdictions.

Addressing the health care needs of the medically uninsured is a community issue involving a multitude of different agencies and organizations. Stakeholders associated with health care access issues that are participating in this project include Clackamas and Washington Counties, CareOregon, Oregon Medical Assistance Program, Healthy Communities, Oregon Health Action Campaign, and Oregon Community Health Information Network. It is anticipated that local hospitals, health systems and health plans will also participate in a variety of roles.

Proposed Financing & Budget - The Robert Wood Johnson Foundation will provide a matching grant of up to \$700,000 over a three-year period for allowable costs associated with this project. The proposed budget for the first year of Phase Two is approximately \$540,000. Proposed expenses include the following:

- Personnel – Staffing will ensure project oversight, develop contract materials, monitor contractor(s) performance, facilitate ongoing consensus building activities.
- Professional services include contractor(s) to develop the information systems needed to improve safety net system efficiency, assess and develop education and outreach to the uninsured, initiate a process to evaluate and modify charity care policies of nonprofit hospitals, and to complete a business planning process initiated during Phase One.
- Materials/supplies include office space for staff, project-related travel, computer hardware, meeting space, printing, telephones, etc.

Local Match - The RWJ Foundation will require a dollar-for-dollar match for its share of Phase Two project costs (\$253,000). Match can be comprised of a combination of cash and in-kind contributions. At a minimum 40 percent must be new local cash; up to 60 percent may be cash from national sources; and up to 30 percent may be in-kind. The total local cash match for the first year of Phase Two will be approximately \$177,000. Commitments for local match include cash from Multnomah County, CareOregon, and in-kind from Oregon Community Health Information Network and Oregon Health Action Campaign. Commitments for local match support are being sought from Clackamas and Washington Counties, the Northwest Health Foundation, and the members of Oregon Health Systems in Collaboration.