

Defining and Achieving a “Healthy Seminole” County *Collaboration and Alignment*

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Background

- Seminole County Health Department – is charged by local government and the Florida Department of Health with leading health initiatives in the County
- Health Council of East Central Florida – mandated in FL Statute to develop the region's health plan (4 counties) with emphasis on the needs of vulnerable populations

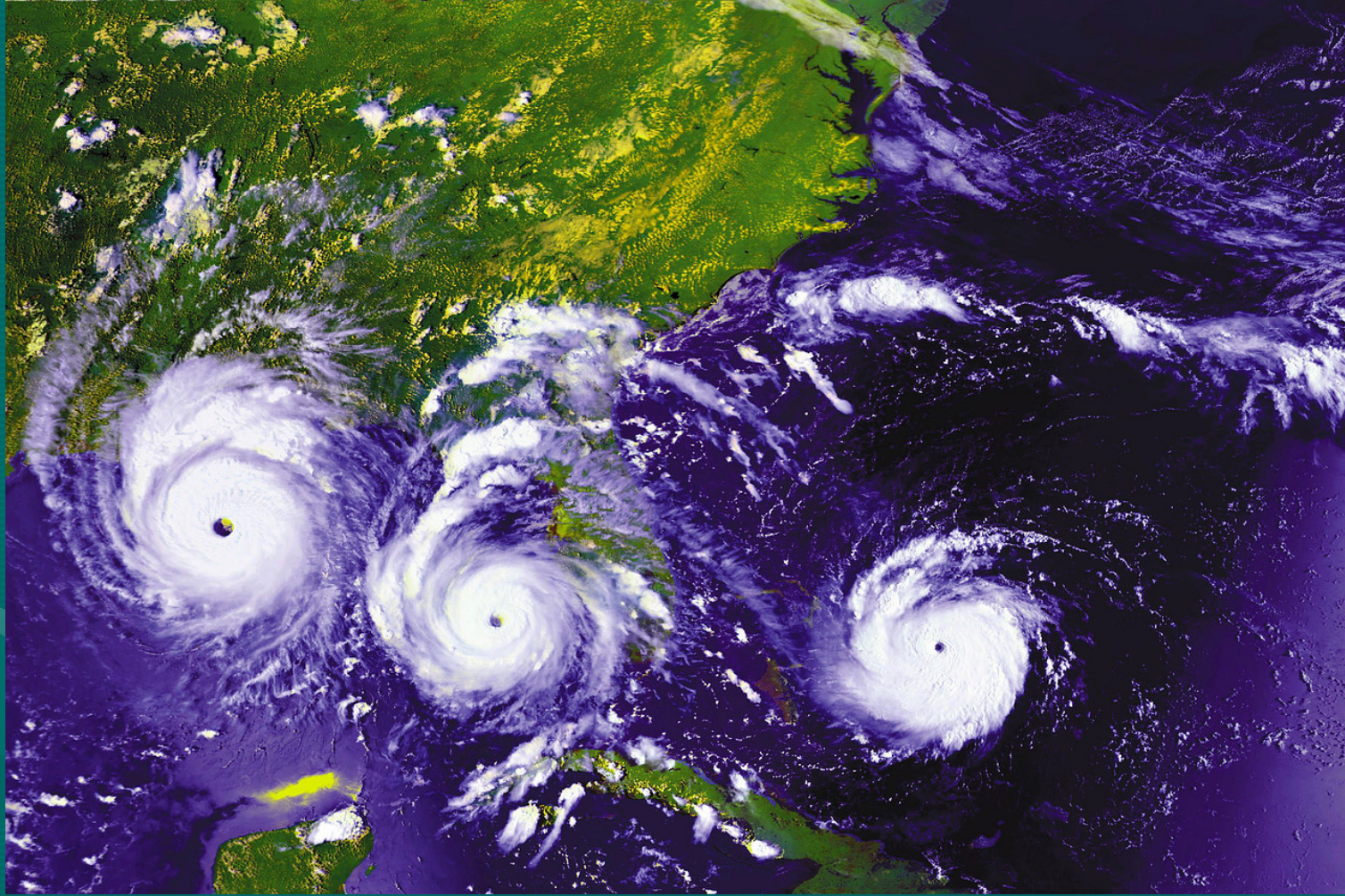


Seminole County, FL

- Located in Greater Orlando (Central Florida)
- Population is 400,000 plus
- Becoming more diverse in race and ethnicity in recent years
- Overall high per capita income masks the great disparity in health and quality of life experienced by many residents of the county
- 56,000 uninsured



Past, present, future??



Current Situation

- Disproportionate share of dollars to support public health when compared to other counties and State
- Florida's recently passed property tax amendment has drastically cut funding available for public safety, education and health care
- Medicaid "modernization" is not going well (providers dropping out)
- Increasing unemployment rate
- Increasing number of foreclosures
- Hospitals less able to provide generous levels of support in the community as in years past



Started with the MAPP process

- In early 2003, the Health Council of East Central Florida convened community partners in Seminole County to undertake the MAPP process as part of the development of the regional health plan.
- Developed a community health report card
- The Seminole County Health Planning Partnership (SCHPP) was born.
- 20 organizations representing public and private entities.





Seminole County Health Department

A Healthy Community Includes You



SCHPP's Focus Areas

Identified three focus areas:

- Increasing access to care for the uninsured/underinsured – was not previously identified as a problem in the county.
- Reduce/eliminate health disparities – also was not considered an issue for the community.
- Encourage and promote healthy lifestyle – no problem with this idea of this one!

Developed goals in all three areas, but needed some traction...



Our Big Break



- At a day-long meeting of 150 Seminole County leaders (including local and city government, school board, Chamber of Commerce, etc.), we were able to educate key stakeholders on the healthcare needs of the residents of Seminole County.
- The outcome of the meeting – improving the health of Seminole County became the #2 priority for the community (after educational funding parity)
- Yielded more than one “Champion” of our cause!

The Community's Direction Was Set That Day

- Generated productive dialogue between 150 community partners representing a wide range of interest – was even able to get a bus line extended a mile up a rural road to the FQHC that day!
- Established the barriers to achieving zero health disparity
- Highlighted the greatest concerns regarding unhealthy lifestyles
- Identified gaps in the current system of care delivery

Action Planning

- Health Care Workshop was held to develop action plans in all three focus areas
- Invited county leadership to help define our actions
- Had 85 participants
- “Fun” hands-on exercise was done to determine the use of limited resources -- encouraged buy in to the action plans from all in attendance



Increasing Access to Care – 6 big projects so far

- First project -- developed a grant application to HRSA's Healthy Community Access Program
- Result was a well-defined plan
- And then local government financial support when HCAP was terminated
- This funding has been used to leverage additional support
- Currently funds planning, grant writing, project management, compassionate drug program/voucher meds, office space, travel



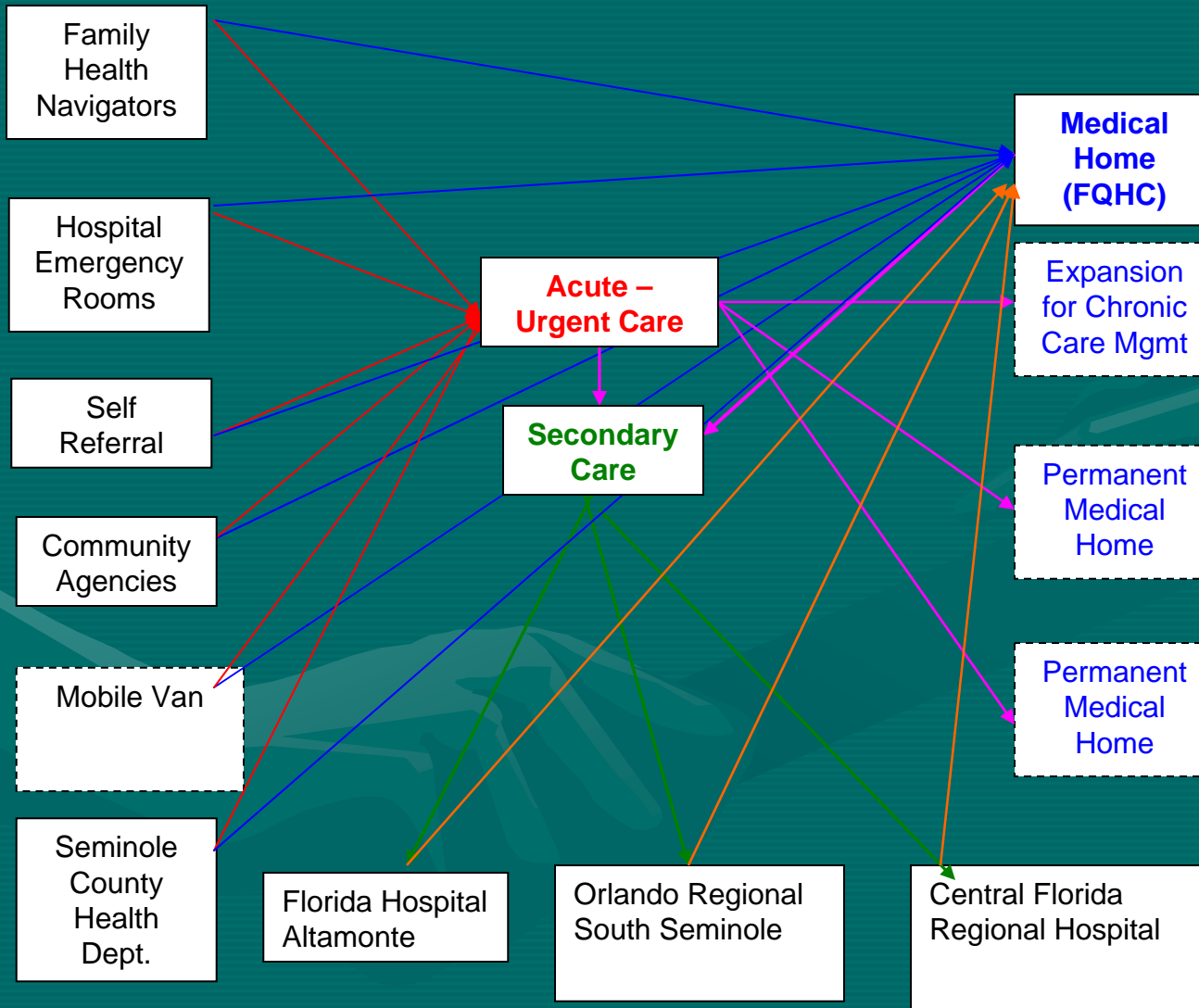
Add capacity at the FQHC – the “medical home” for the uninsured

- Developed a successful Community Block Development Grant application to build a surface parking lot at the community health center
- FQHC hired additional staff which resulted in an annual increase of 6500 visits
- After feedback from outside agencies, the FQHC changed its scheduling model which decreased wait time for new appointments from 3 months to one day



SEMINOLE COUNTY PROPOSED SYSTEM OF CARE FOR THE UNINSURED

Points of Entry



Services Needed

- Pharmaceuticals
- Hospitalization/Surgery
- Secondary Care
- Hospice/Respite
- Mental Health/Substance Abuse
- Prenatal/MCH
- Labs
- Radiology
- Social Services
- Education
- Volunteer Recruitment
- Project Management

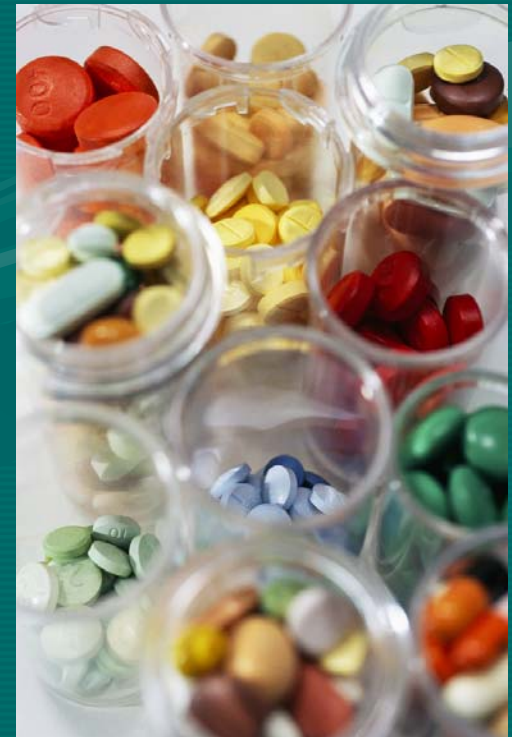
Sharing Center/Shepherd's Hope

- Brought community leaders together to develop a “one stop shop” for the underserved
- Result was an 8 exam room free clinic operated by volunteer MDs
- “Urgent Care” – first come, first serve
- Some specialty clinics, too
- Referral to FQHC once stabilized
- Co-located with needed social services
- Hospitals donate labs, radiology, surgeries (divided out by zip codes)



Many chronically ill uninsured

- Developed a compassionate drug program – MedNet ©
- Secure free medications for poor, uninsured individuals who have chronic medical needs
- Two sites – the one stop and the community mental health center
- County funding covers the interim medications needed before manufacturers provide free drugs



Uninsured have many needs

- Developed a successful foundation request for a health navigator – the Blue Foundation of Florida
- Health navigator is bi-lingual
- Assists uninsured with accessing needed medical and social services
- Assists with securing financial assistance



Homeless Population

- Health Care Center for the Homeless, a regional FQHC for the homeless, with data and support from local agencies secured HRSA funding to purchase and equip a mobile medical unit
- We worked with city and county officials to bring the medical home/mobile unit to the one stop site two days a week
- Mobile unit is considered a medical home for the homeless and marginally housed



Outcomes



- Increased access to care by 11,500 uninsured patient visits in the first year of operation
- 5,000 of these visits were free care
- \$1.2 million in donated medical services in the first year
- In one month, 3,164 prescriptions were filled using the compassion drug program, equating to a donated value of \$170,083.
- Annual donated/free care = \$3M
- Return on Investment is \$30 of free care for every dollar invested.

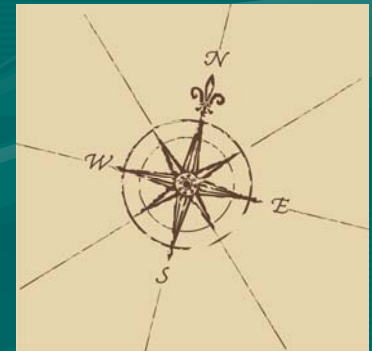
What's next?

- A second “one stop” site
- Dental services
- A secondary/tertiary network of volunteer physicians utilizing the State’s Sovereign Immunity Program
- Expand donations of labs and radiology – target private companies
- Chronic disease management
- An expansion site of the FQHC
- Evaluation of the impact on the hospital emergency rooms



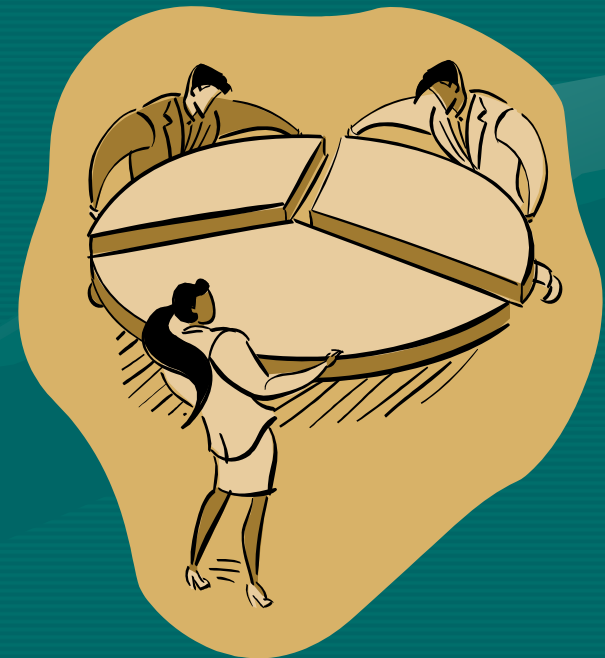
Critical Success Factors

- A Road Map – we used all four MAPP components (community health status; community survey; local public health assessment; forces of change)
- Community Involvement with the Priority Setting Process (inclusive)
- Champion with a Shared Vision – more than one champion helps that much more!



Critical Success Factors (continued)

- Base Funding for leveraging other sources
- Shared Responsibility among partners
- Data collection is critical at all stages for planning, implementing, evaluating, and sustaining the project (i.e. return on investment)



Final Advice

- Don't get caught with analysis paralysis
- Get a few key partners to start working together and then others will join if the road map is clear

