

**Community Dialogue on Health Reform Table Top Discussions**  
**Public Health- Seattle & King County**  
**June 16, 2010**

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*For the last 15 minutes of the meeting attendees in their table groups were asked to discuss four questions:*

- *What do you see as the greatest collaboration or partnership opportunities to leverage health reform for the residents of King County? What specific areas are priorities for the next 6-12 months?*
- *How do you think PHSKC can best support the community over the next 12 months to 3 years to maximize health reform opportunities?*
- *How do we assure that everyone gets the information they need about health reform?*
- *How do we assure that everyone has an opportunity to engage in discussions about health reform?*

*Below is a high-level summary of the table-top discussions:*

**What do you see as the greatest collaboration or partnership opportunities to leverage health reform for the residents of King County? What specific areas are priorities for the next 6-12 months?**

- Further dialogue, especially when there is more specific information about opportunities, will be helpful.
- Best opportunity in improving outcomes and decreasing costs is through CD/MH/PC integration.
- Region X will be pushing agencies to collaborate. Region X has been working toward MH/primary care integration for 10 years, now trying to add SA to the mix. There's a small pool of reform money available for this in 2011, ~\$ 25 million, which could be enough to give a health center a SA/CD FTE or 2.
- Building relationships with primary care provider groups to foster alliances that can evolve into partnerships/contracts as part of Accountable Care Organizations (ACOs).
- The YMCA's mental health (MH) program for kids wants to partner.
- Supporting professions at their highest level of function would be important moving forward. The idea of a community pharmacist was mentioned.
- Involving health professional student organizations as a way to think creatively and innovatively about possibilities.
- Exploring and trying different reimbursement models. For example, paying folks to go into housing projects to give immunizations.
- Projects that link primary care and dentistry.
- General interest in shared care plans for any subgroup or population, where a single care plan get shared across partners in many disciplines, including education.

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- Pharmacists want to be more involved in health reform; especially around workforce issues; how can they be added to teams and used to relieve the burden on the system?
  - Many pharmacists specialize in a specific area of patient education (e.g., mental health drugs or immunization).
  - How can they help with compliance issues (e.g., they can make pre packs or share info with team about when Rx's are filled).
  - Need integrated information systems to do this most effectively.
- Within the next 6 months, 2 months preferable, the state should convene a similar meeting to discuss opportunities and partnerships.

**How do you think PHSKC can best support the community over the next 12 months to 3 years to maximize health reform opportunities?**

- Keep an eye on the grant opportunities and demonstration projects and help constituents interpret new regulations as they come down and alert the rest of the safety net, assist in strategy development.
- Help assure hard to reach groups are made aware of the upcoming changes.
- Disseminate useful information that would be valuable to the community. Example: Barbara Mauer's 3 hour presentation on Accountable Care Organizations (ACOs). And then once ACOs are formulated, it would be helpful to have someone facilitate relationship building with BH/CD/recovery providers.
- Advocate and message around need to share info re: disclosure /privacy laws, esp. around MH and SA treatment inhibit collaboration and sharing of information.
- Include pharmacists in the discussion. With their many locations and extended hours, they feel they're in a perfect position to do more and are open to suggestions.
- Region X is concerned about access to care for newly insured; training new providers is slow, want PHSKC to help fill immediate/short term needs by looking at who else can do some of the work.
- DSHS wants PHSKC to continue convening and modeling partnerships, thinks PHSKC can be instrumental in creating critical pathways -- exposing kids, esp. of color to the variety of health related careers and helping them get from here to there (e.g., medical assistant to Nurse to Nurse practitioner) so that the workforce is more reflective of the population.
- PHSKC should be leading info sharing and convening the safety net to keep providers connected, forewarned and armed for proactive organization.
- Should expand the info sharing to including other points of contact for vulnerable adults and families – shelters, housing, DSHS, food, faith orgs as outreach elements for Medicaid expansion.

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- Workforce Development: PHSKC should consider integrating/involving Community Colleges/UW/etc on workforce development issues and foster partnerships with residency programs and teaching health centers.
- Public Health has an important role to play in health care reform including:
  - Data and assessment including health status and capacity issues
  - Leadership (particularly for safety net population)
  - Health Information Exchanges (PHISI is a great example)
  - Safety net planning
  - Outreach and community engagement
- Public Health and the community health centers should coordinate service delivery; Public Health's primary role is to lead system improvement efforts and not as a provider of primary care.
- Involve consumers in the conversation and health reform implementation – people need to know what health reform is really doing, always helpful to hear what is going on, right now there isn't an opportunity. Important to create consumer engagement, help consumers feel empowered to be part of the process and anticipate good things from it. There is lots of confusion about HR among healthcare consumers (per experience with consumer groups in AARP and American Cancer Society). These serious information issues could defeat implementation. It would be great if Public Health could help to disseminate accurate and understandable information promptly. We need to convey strong, basic messages about what HR means - information that people can relate to.

**How do we assure that everyone (general public, providers, and stakeholders in the new structure) gets the information they need about health reform?**

**And how do we assure that everyone has an opportunity to engage in discussions about health reform?**

- Examples of mechanisms for spreading messages and information: inform health care providers, safety-net providers, case workers, social workers, ethnic media, senior centers, community centers, pharmacies, interpreter groups, libraries and public schools.
- Work on policy to get the OIC to get agencies/insurers to inform current or potential clients about the upcoming changes. Similar to what banks had to do with credit card 'reform'. It was also mentioned that the CPPW process worked well to get info quickly out to people in a useful way.
- Work/use professional organizations, from state agencies (DBHR, DSHS) and through having additional meetings similar to this session.
- Work with Community Partners: WA CAN, AARP, Healthy WA Coalition, forums for general public
- Use trusted sources with accurate and up to date information:
  - One-page fact sheet from the Insurance Commissioner
  - Alliance for Health Reform
  - One authoritative website to which all fact sheets can refer, similar to Kaiser Family Foundation's site

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- Create a simple media strategy:
  - Trusted source like KING 5's Jean Enerson
  - Simple information (how is the person sitting at Denny's going to understand?)
  - Aim for 4<sup>th</sup> grade reading level
- Create a general calendar of public, neighborhood forums