

**Sedgwick County Health Information Clearinghouse**

October 2007

Sedgwick County Health Department  
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**What is “Accessible Health Care”?**

Access to affordable health care is a growing concern not only nationally but at the local level as well. It affects individuals, businesses and our entire health care system. Many do not have access to quality health care.

Many of the “uninsured” are:

- working, often in low-wage jobs, unfortunately with no access to health benefits.
- Most fall below the federal poverty level, struggling to provide for themselves and their families.
- Individuals who recently suffered a life-changing event such a child aging out of the family’s medical plan or a job loss.

What these folks really need is access to affordable care. And, at the same time, how can we define what is appropriate and affordable for our community?

**Community Need for Solutions**

Three years ago, Sedgwick County hosted the “Sedgwick County Assembly: Prescription for Healthy Citizens,” to better understand the health care needs in our community and the perception of citizens about health care priorities. It provided us information to understand the many facets of health care in Sedgwick County, including:

- prevention programs
- promoting wellness
- data collection and sharing
- serving vulnerable populations.

In June 2007, approximately 90 community members convened for a “Summit on Health Care Access,” to discuss gaps and potential solutions. As part of this process, three main barriers to access emerged:

- Coverage: lack of health access for people who are un- or underinsured.
- System coordination: lack of health access due to the difficulties of coordinating services between primary care clinics, hospitals and safety net clinics.
- System navigation: lack of health access caused by people having a limited understanding of options.

**Work Group Updates**

Based on the identified barriers, three work-groups, charged with solving the above problems were created — Navigation, Coordination and Coverage. Summit participants who indicated they would continue working on this community issue were asked to serve on these work groups. The groups met first in September, with the first task to prioritize the strategies that were identified at the Summit.



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**Navigation Work Group**

Strategies outlined for the Navigation group from the June 7 summit include:

- Establishing a one-stop information source
- Providing information and outreach for health literacy
- Developing a marketing plan for available services
- Providing an educational campaign for health insurance usage.

The chairperson for the Navigation Work Group is Dr. Adrian Walling. The vice chair is Rosa Molina. Two subcommittees were established to focus on the following priorities:

**1. Why aren't current information programs (Ask a Nurse, etc.) more fully utilized?**

- Where would such a service be located?
- How to meet the needs of different cultures?
- What population should be targeted?
- How to market such a service?

(Dr. Daniel Caliendo, Colin McKenney, Kathy Hubka, Garry Tolle and Rosa Molina)

**2. Educational campaign to provide information on:**

- Insurance benefits
- Medical terminology
- Insurance usage
- Necessity of taking advantage of available benefits.

(Annette Graham and Kendall Heier)

Discussion then focused on what players are missing from the table that would allow progress in the identified areas:

- Safety-net Clinic representatives
- SRS representative in the safety-net clinics
- Insurance representatives
- Small business representatives
- KDHE representative working with the underserved

Identified information needs include:

- Existing clinic publications
- Communities in Schools initiatives
- Usage information from insurance companies.

**Coverage Work Group**

The group discussed the importance of being informed regarding what the Kansas Health Policy Authority is proposing, so as to not duplicate work. In regards to the development of an electronic medical records system, Anne Nelson pointed out that Project Access is developing a system in partnership with Kansas State University.

After discussion about current coverage options, it became clear that there is a group of individuals who cannot afford private coverage, but do not qualify for public programs. It is this group, in light of service-seeking behavior, that the Coverage Work Group will target to improve access.

In addition to identifying uninsured citizens, an assessment of current programs must be identified. Further, who in the identified uninsured group qualifies for these programs and what additional programs are needed? Roderick Harris of the Sedgwick County Health Department will be conducting a capacity assessment of the safety-net clinics. Barriers to health care access must also be identified.

The chairperson for the Coverage Work Group is Brian Rose. The vice chair is Hoyt Hillman. The group will be split into two sub-committees:

**1. Identification of the Uninsured.** (Representative Geraldine Flaharty, John Shepherd, Marilyn Cook, Brian Rose, Lou Anne Ewertt, Tim Kaufman, Ruth Wetta-Hall and Suzann Wright)

**2. Development of a matrix of the available and proposed programs that benefit the uninsured. A capacity assessment of those programs.** (Don Brada, Karen Fillenworth, Representative Delia Garcia, Kim Moore, Randy Peterson, Leah Barnhard, Jack Brown, Ron Whiting, Anne Nelson and Roderick Harris)



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**Coordination Work Group**

Strategies outlined for the Coordination Work Group include:

- Establishment of a 24/7 model of health access
- Development of a transportation plan to assist in accessing health care
- Constructing a shared health information data system.

The chairperson for the Coordination Work Group is Jon Rosell. The vice chair is Betty Smith-Campbell.

The strategies were accepted by those present as being legitimate issues in the coordination of health care access. Each of the strategies was examined and defined in terms of an ideal world. These definitions are as following:

**24/7 Model of Health Access**

- Capacity meets need
- Planning process in place to anticipate future need
- Strategically located facilities
- Emphasis on prevention and wellness education
- Address language and cultural barriers
- A public-private partnership
- Accommodate the needs of all citizens
- Reasonable waiting time and scheduling
- Capacity to deal with those with chronic pain and illness
- Well-defined range of services
- Appropriate staffing levels

**Transportation Plan**

- Understanding of the specific need including what transportation services are currently available
- Capacity meets the need
- Availability of round-trip transportation

**Shared Health Information Data System**

- Access ports have access to provide appropriate treatment
- Common and portable forms between clinics
  - \*Useful for clinical purposes
  - \*Will help identify abusers
  - \*Help appropriately ration care
- Would include standards of care
- Include information on wellness and prevention activities
- Accurate, Comprehensive, Current
- Remove barriers and link individuals (aliases)

After these ideal situations were identified, discussion then focused on the priorities of the group. It was mentioned that a data system would be very difficult and expensive to implement and maintain, but there may be action that can reduce barriers and ease the frustrations of patients.

A sub-group consisting of Jon Rosell, Betty Smith-Campbell, Bob Lamkey, Marlene Dreiling and Jay Banasiak was formed to define the specific issues and needs at hand in order to make informed decisions as the group moves forward.

