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| **COMMUNITY HEALTH IMPROVEMENT PLAN**  **STRATEGIES TO ADDRESS ACCESS TO CARE/AFFORDABLE HEALTH CARE** |
| **Desired Outcome:** Improve access to care and affordability by implementing strategies and actions that seek to remove the barriers to achieving health and wellness for individuals, and the community at large. |
| **Goals:** *(These goals are very general. Organizations are encouraged to change them as needed to meet their needs)*   1. Reduce the percent of uninsured adults and children in the primary service area by a specific timeframe. 2. Decrease the percent of individuals reporting that they were not able to see a provider in the past 12 months due to cost. (BRFSS) 3. Reducing inpatient readmissions rate for Medicare enrollees. (CHR data) |
| **Strategy: Education, Training/Education, Screening and Outreach** |

| **Activity or Action** | **Internal/External Partners** | **Key Process or Outcome Measure** | **Timeline** |
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| Educate individuals and the community at large about multiple health care sites to ensure that they are aware of places to seek care to reduce their likelihood of utilizing the emergency care which tends to be more expensive | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of educational sessions offered * Number of participants to events | TBD |
| Implement or actively participate in community stakeholder meetings, networks, or coalitions to share and gather information pertaining to access of care in the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of stakeholder meetings, networks and coalitions organization is engaged * One stakeholder group implemented to focus efforts on access to care | TBD |
| Improve cultural responsiveness by training staff and creating policies that do not perpetuate bias. Healthcare providers may want to consider the expansion of translation services, as needed, for areas with bilingual and trilingual populations | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of training sessions offered to staff * Number of staff educated on cultural competency | TBD |
| Implement and promote innovative best practice community health worker models that seek to close healthcare gaps by utilizing individualized case management, patient navigation and health literacy | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * One CHW model implemented to close gaps identified in care delivery | TBD |
| Implement innovative strategies that seek to decrease the social (drivers) determinants of health and other associated barriers to access | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * One innovative strategy implemented to target SDOHs | TBD |
| Investment in mobile clinics – This would be a key action to address issues with transportation due to geographic barriers and improve access to care. Many patients can access care at mobile clinics closer to where they live and work | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of mobile clinics implemented and fully functional * Number of patients accessing and utilizing the mobile clinics | TBD |
| Extending hours of operation and virtual scheduling to ensure that patients in different parts of the primary service have options to seek care irrespective of factors that may limit their options. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of patients seen during the extended hours | TBD |
| Extending telehealth services – This technology provides remote access to physicians and other medical service providers to patients without a physical clinic in their area. Telehealth can allow rural providers to connect their patients with specialists to help them provide better overall care. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of telehealth services offered in the community * Number of patients utilizing telehealth services | TBD |
| Expanding insurance to cover health care costs – with Medicaid expansion in Missouri, working with community partners in the primary and secondary service areas to increase the current enrollment to help coverage. Most people who qualify for the coverage may not to aware of where to start their enrollment journey | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of new individuals enrolled in the Medicaid program | TBD |
| Extend supportive services to help patients navigate through healthcare coverage options. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of patients assisted with services aimed at helping them navigate the coverage options | TBD |
| Charitable Health Coverage – Provide access to comprehensive health care and to coverage for low-income individuals and families who do not have access to public or private health coverage | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of patients offered and receiving charitable health coverage | TBD |
| Provide temporary financial assistance to low-income individuals who receive care and cannot afford medical expenses. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of individuals offered with temporary financial assistance | TBD |
| Support organizations that build capacity, provide information about coverage options, assist with eligibility screening, application and enrollment, and advocate for increasing coverage options for low-income individuals | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of organizations supported to build capacity in the community | TBD |
| Provide connectivity to financial advocacy help to uninsured and underinsured patients and their families | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of patients assisted with connectivity to financial advocacy | TBD |
| Increase opportunities for preventive care in different locations in the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of opportunities for preventive care | TBD |
| Promote patient/provider longevity relationships. This strategy promotes the needed trust between them, mutual understanding of health-related goals, and seamless patient access to care. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Increase the number of patients maintaining their provider for a long time | TBD |
| Expanding workforce capacity by promoting and supporting residency programs, internships, job shadowing and clinical rotations. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of individuals offered residency, internships, job shadowing or clinical rotations | TBD |
| Partnering with primary care clinics to increase access to care across the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of primary care clinics organization is collaborating with to increase access | TBD |
| Improve the ease of navigation to clinical and non-clinical social determinants of health. This approach will be aimed at meeting each individuals unique needs thus promoting health equity. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of individuals assisted to navigate the system | TBD |
| Increasing efforts to recruit providers needed while creating a good environment aimed at retaining the current healthcare workforce and practices. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of healthcare worker recruited | TBD |
| Implementing or actively participating in a communitywide driven outreach program that engages with federal, state, regional, or local elected officials on access to care and affordability issues | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * Other community-based organizations as needed | * Number of times organization engages elected officials on issues relating to access and affordability of care | TBD |