Readiness Assessment for Health Care Services for the Underserved

2010 Qualitative Evaluation

Prepared by:

Virginia Bradley, MSW
ginibradley@aol.com
970.471.3921

and

Susan Bridges Robertson, MPH
friscosusan@msn.com
303.815.7571

This project funded by a grant from the Northwest Colorado Council of Governments.
Grand County Government administered the grant that funded this project.

Table of Contents

PROJECT INTRODUCTION

GRAND COUNTY RURAL HEALTH NETWORK

The origin of the Grand County Rural Health Network (the Network) dates to the mid-1990s when community stakeholders began meeting to address health care access problems for Grand County residents. Based on widespread support for addressing health care challenges, the Network was formally organized in 1999 and given seed money from a Rural Network Development Grant in 2000. The Network was formally incorporated in 2001 and received its federal 501(c)(3) tax exempt status in 2002.

The Network's scope of work during its first several years of operation focused largely on serving immediate health care needs through the development of programs. In 2004, the Network spearheaded the development of a centralized medical center in which health care providers can co-locate. The Network completed the site and conceptual planning for this in December 2008. They then turned the leadership of construction over to the main tenant due to their expertise with medical specifications. Since that time, the Network has focused on ways to improve and sustain its services to the underserved population in Grand County.

The Network's mission is to work in partnership to improve and direct the future of health care in Grand County. Its vision is uniting health care in Grand County through collaborative efforts with providers and communities. The Network's goals are to:

- Promote a countywide system of sustainable health care, appropriate to the community, which provides access, convenience and availability of health care services locally;
- Partner with local health care resources to develop programs and services to assure health care access to underserved populations;
- Educate the community about health care services, resources and personal wellness;
- Serve as a resource for health care providers and organizations;
- Secure sustainable funding for the Grand County Rural Health Network.

The Grand County Rural Health Network has two programs that are discussed in the present report. The A.C.H.E.S & P.A.I.N.S. programs provide access to acute medical, dental, pharmaceutical, and mental health services through vouchers and preventative medical and dental care through mobile vans for children who qualify financially (A.C.H.E.S.). Vouchers are also provided for acute medical and pharmaceutical services for adults who qualify financially (P.A.I.N.S.).

REQUEST FOR PROPOSAL

In April 2010, the Network distributed a Request for Proposal for strategic planning and evaluation services to include: completing interviews with target stakeholders, compiling results, and facilitating a summit of said target stakeholders to create a shared vision. Project goals defined in the RFP were to:

- Determine service delivery gaps and needs for the medically underserved; and

- Create a shared community vision for a health care system for underserved populations in Grand County, with specific emphasis on low income, un- or under-insured populations.

Once the above goals are achieved, a stated purpose of the Network is to create a business plan for the implementation of concrete strategies to improve the health care delivery system in Grand County.

It should be noted that several other health needs assessments have been completed in Grand County over the last few years, most notably the Grand Foundation's *Community Needs Assessment of Grand County* and the *Grand County Community Health Assessment.* The focus of these assessments is primarily the reporting of specific health related data for residents of Grand County. A major distinction of the current assessment from prior evaluations is its qualitative approach. Target population members, health professionals and community leaders were asked to relate their opinions about the current health care delivery system, with a specific emphasis on its services for medically underserved populations.

The consulting team of Gini Bradley, MSW and Susan Bridges Robertson, MPH was hired in May 2010 to complete both the research and steering phase of the project. Their scope of work included the completion of:

- 16 key informant interviews;
- Three focus groups;
- A summary report of interviews and focus groups with key themes identified;
- Facilitation of a community-wide health forum to create a shared vision;
- The production of a report with final recommendations.

GENERAL APPROACH TO RESEARCH

The consulting team worked very closely with Grand County Rural Health Network Executive Director Jennifer Giacomini and the Network's Strategic Initiative Steering Committee to create initial interview and focus group questions. Staff from the Network was responsible for coordination of interviews and focus groups, while all data collection was completed by the consultant team. Each consultant completed a portion of the interviews and the focus groups were executed with both consultants present. Findings from the interviews and focus groups were not shared with representatives from the Network until a draft final report was completed.

REPORT LAYOUT

The following report contains detailed findings from the needs assessment completed by Ms. Bradley and Ms. Robertson. Section One provides a review of key findings that were consistent across the body of research. Sections Two and Three provide the methodology and detail on responses from the key informant interviews and focus groups, including notable quotes. Section Four presents a summary of the September 22, 2010 community meeting at which the evaluation findings were reported and short- and long-term strategies for 6 key goal areas were created. Supporting documentation is included in the appendices.

SECTION ONE: KEY FINDINGS ACROSS EVALUATION TECHNIQUES

Presented below is a summary of key findings from the entire evaluation process completed by the consultant team. Key findings were identified by reviewing and comparing data from the key informant interviews and focus groups. Major findings are subcategorized as Challenges and Strengths. Findings are not prioritized by order of importance.

Included throughout this section are suggestions made by participants on how to address identified challenges. The suggestions listed only represent participant ideas and not an entire list of possible solutions.

STRENGTHS

- **Community Tenacity** – Throughout the evaluation process, the consultants were struck by the strong willingness of both consumers and professionals to be involved in the development of an improved health care system for underserved populations. This was particularly notable given a high level of frustration expressed about community collaboration and community readiness for change.

- **Dedicated Practitioners –** Every single provider interviewed in the key informant process described some way in which they are currently involved in improving health access. Contributions ranged from participation in steering efforts to donations of service to low income clients.

- **Organizational Leadership –**Grand County Rural Health Network was consistently considered to be an asset to the community and well positioned to organize additional health steering efforts. The recent reinvigoration of the Medical Society was mentioned as a hopeful component of current health steering efforts, and that group was identified as a potential leader in collaborative efforts.

- **A Growing Consumer Voice** –In the Consumer focus group, there was a high level of motivation to become involved, and a strong sentiment of understanding that Consumers had a crucial role to play in fostering community change related to health care services. Participants expressed a desire to participate in additional meetings as well as in advocating for their own health needs.

- **A Positive History of Implementing Health Programs** – While the scope of the A.C.H.E.S. & P.A.I.N.S. program is limited, it was cited numerous times as being a very effective stop gap program for the medically underserved. As a result of the program, there is existing infrastructure that could continue to be built upon for additional health strategies. Additional examples of effective community-level steering were identified, including recent community responses to H1N1 and Hepatitis A.

- **Consensus on the Need for Centralized Health Services** – Across the research process, there was general consensus that health services needed to be centralized in some way in

order to create better access for underserved populations. Although a majority of comments supported a centralized clinic with multiple services contained within, the utilization of existing clinics or a mobile or traveling clinic were also suggested. Elements such as a sliding fee structure and electronic medical records were mentioned as aspects of this system.

- **Community Leadership** – Several community leaders participated in the evaluation and expressed ongoing support of a steering effort to improve health services for the underserved in Grand County.

CHALLENGES

- **Transportation** – Lack of affordable transportation within and outside of the County was mentioned throughout the evaluation process. Access to medical care was consistently described as being compromised by an inability for clients to get to appointments, both within and outside of Grand County.

Ideas

- Use the employee ski buses for transportation to medical offices or to Grand County offices in Hot Sulphur Springs.
- Purchase a van for continuous loops around the County to assist in medical transport.
- Develop a public transportation system like the Summit Stage in Summit County.

- **Limited Awareness of Existing Health Services and Resources** – Health and Human Services professionals and Consumers reported difficulty in locating information about existing health services and resources. Participants reported the lack of a central location to share or obtain information related to health care services. Word-of-mouth and informal networking were reported to be the most important means of acquiring health information.

Ideas

- Develop a comprehensive website for health services information.
- Use existing media outlets more extensively to promote services.
- Develop a patient advocate program to help inform patients about available resources.
- Train doctors and their staff on available health care resources so that they can pass that info on to their patients.
- Hire a staff person to organize information and provide referrals.

- **Difficulties in Determining Financial Need** – Frustration about the difficulty of determining the financial need of clients was evident among health care providers across the interview process. Many providers spoke of a desire to help clients, but expressed concern that they may be giving reduced fees to clients who ultimately had the ability to pay. While some clients were reported to be uncomfortable asking for assistance, others were perceived to ask willingly, even when they appeared to have significant resources at their disposal. Concerns were frequently heard that clients had a difficult time prioritizing their health care needs, especially as they related to dental care.

Ideas

- Develop a county-wide financial screening tool, potentially with patient cards that serve as proof of income level.
- Look at income assessment models from other communities including Summit County and Colorado Springs.
- Develop a sliding fee schedule for all services.

- **Competition and Turf Issues -** Although client referral systems, the reinvigoration of the Medical Society, and the development of the Grand County Rural Health Network were noted as successes, the majority of discussion about collaboration in Grand County was overwhelmingly negative. The evaluation reflected an intense sense of competition and mistrust throughout the system, especially between the hospital systems and between those entities and the family practitioners. The three hospital systems working in the community often were referred to as "the big guys" who were "in it for the money," and practitioners expressed concerns that they would be taken over by the larger systems.

  It should be noted that while the lack of collaboration was identified as a concern in the focus groups, the greatest level of detail about this theme emerged from the key informant interviews. Participants seemed to be more comfortable expressing their frustration and concern about this issue through the one-on-one interview process.

  A potential overabundance of family practitioners was an additional theme that emerged, lending itself to the competitive environment between providers.

Ideas

- Develop a couple of strategic goals that the entire health community supports and can help implement.
- Create additional opportunities for networking and problem solving among providers.
- "Put all the issues on the table" and address collaborative challenges.

- **Lack of Consensus about Community Readiness** – Participants were asked about community readiness for the implementation of a major health initiative to address the needs of underserved populations in Grand County. Interestingly, there was a lack of consensus on this, with almost equal numbers of "pro" and "con" perspectives.

  Reasons given for not being ready to launch efforts to expand health care services for the underserved included a lack of understanding about the needs of low income residents, concern that there had already been unsuccessful efforts to bring about change, and questions about current financial and economic challenges. Those who believed the community was ready for change cited positive strides made with the Medical Society and the urgency of need to provide care for low income residents.

Ideas

- Develop a couple of strategic goals that the entire health community supports and helps implement.
- Continue to develop a leadership structure within the Network (and potentially the Medical Society) to help facilitate steering efforts.

- **Limited Affordable Options in Basic Service Areas** – A lack of access to several core health services was identified throughout the evaluation process. The most commonly mentioned need areas were the following:
  - ❖ Behavioral health, including substance abuse counseling, psychiatric services and overnight observation facilities.
  - ❖ Affordable and Medicaid-covered oral health services (note that a lack of dentistry services in general was not a concern).
  - ❖ Prenatal, women's health and delivery services (note that there was not universal agreement that delivery services were a realistic goal for Grand County).

Ideas

- Utilize medical students to provide low-cost health care.
- Offer incentive packages such as ski tickets or condo rentals to entice specialists to service Grand County.

- **Limited Culturally Appropriate Health Services for Spanish Speaking Residents** - A limited number of Spanish speaking health professionals and very little resource information in Spanish were identified in both the Consumer focus group and in the key informant interview process. Consumers expressed a fear of not being understood, particularly in the front office of medical clinics. Concern about immigration issues was also identified as a barrier to care for Spanish speakers.

Ideas

- Translate more health resource information into Spanish.
- Develop a Spanish language segment on health issues for broadcast on the local cable television station.
- Train health providers in basic medical Spanish.

- **Lack of Service Coordination -** There was a general perception that health services in Grand County were not well coordinated. Providers described programs being fragmented with duplication of services in some areas and gaps in other places. It was unclear to providers and Consumers where one program service began and another ended. Consumers described having confusion when navigating between programs and services. The existence of excessive paperwork for each program compounded the Consumer's confusion.

Ideas

- Hire a patient navigator to assist patients in accessing health care and insurance options.
- Develop a set of strategic health goals that everyone in the community supports.
- Develop a user-friendly website with information on existing health services and where to find them.
- Use the public library system to distribute information about health services.

- **Narrow Scope of the A.C.H.E.S. and P.A.I.N.S. Program** – While many respondents indicated that the A.C.H.E.S. & P.A.I.N.S. program was beneficial to the community, it was universally considered to be limited in scope and a "stop gap" program. Limitations mentioned included the focus on acute rather than preventative and chronic care, a limited number of vouchers due to funding issues, and a lack of knowledge about and access to the program. Concerns were also raised about the potential for clients to resist enrollment in the program because of stigma.

Ideas

- Develop a centrally located, low-cost health clinic like the Community Care Clinic in Summit County.
- Create additional insurance options for residents.
- Increase the number of providers accepting certain types of insurance and Medicaid.

- **Geography –** Grand County is a geographically large county with five distinct towns and a clear sense of distinction between "East Grand" and "West Grand." Numerous comments throughout the evaluation process referred to the distances between areas. A distinction was also perceived between the cultures of the two parts of the County, with East Grand being defined more by the ski industry and West Grand being defined as a ranching community.

Ideas

- Develop a low-cost clinic that is centrally located to the entire county.
- Create a traveling clinic that rotates between the various towns.
- Create two distinct health care systems as is modeled by the East Grand and West Grand School Districts.
- Use tele-medicine to link together providers and patients in different parts of the County and in Denver.

- **Limited Insurance Coverage** – There were a myriad of issues reported throughout the evaluation process related to unemployment, underemployment, and access to health care. Health insurance was perceived to be increasingly difficult to obtain, with increasing numbers of people patching together multiple part-time jobs in order to make ends meet. Other benefits were elusive as well, with many residents being described as the "working poor" who do not qualify for federally sponsored health care. Lack of health insurance was clearly a barrier to people in accessing health care, with Consumers being reluctant to pay for services on a cash basis.

  It should be noted that while consumers said income appeared to be a significant barrier

to health care assess, the majority of family care physicians reported that they would not turn anyone away based on their income level.

Ideas

- Have a staff person available to help people complete paperwork for assistance programs.
- Increase the amount of information and marketing about what low-cost services are available and how easy they are to access.
- Implement national insurance coverage.
- Implement a sliding scale eligibility system.

SECTION TWO: KEY INFORMANT INTERVIEWS

PROJECT SCOPE

A total of 16 interviews were conducted for the key informant component of the assessment. Interviewees were identified by Network staff and steering committee members, with an attempt being made to identify professionals representative of various aspects of the health care delivery system, political and corporate leadership in the County, and geographic representation. Although a trial interview was conducted to test the questions, data from that interview was not included in the report findings.

Interviewees were briefed on the evaluation process at the beginning of each interview. They were assured that their comments would be confidential, that the report would be written based on a summary of findings, and that any quotes used would not be identifiable to any participant.

The scope and approach of the interview process is summarized in the following table.

Number of interviews conducted	16
Interview mode	In-person and telephone
Length of interviews	30 to 60 minutes
Interview questions	See interview questions in Appendix A
Type of Respondents	A diverse group of community professionals working in or with knowledge of the health and human service field in Grand County. The pool of interviewees included doctors, administrators, dentists, nurses, physician assistants, mental health therapists, optometrists, a Grand County Commissioner, and representatives of the Winter Park ski area.
Timeframe for Interviews	June – August

METHODOLOGY

The consultant team adhered to established research standards as they developed, executed, and processed key informant interviews. Critical steps in the key informant interview process are noted below.

1. Question Development – Ms. Bradley and Ms. Robertson met with the steering committee to identify key information that the group hoped to elicit from the interview process. Draft questions were developed by the consultants and vetted with the steering committee. A test interview was conducted with a steering committee member and revisions were made based

on that interview. Final interview questions were approved by the staff and the steering committee. (A copy of the interview questions is located in Appendix A.)

2. Plan and Schedule of Interviews – Staff and members of the steering committee created a list of individuals to be interviewed. Network staff scheduled the interviews and communicated schedule and contact information to the consultant team.

3. Complete Interviews and Data Entry – Most interviews were done via telephone; the remaining interviews were conducted in person. Interviews generally took 30 and 60 minutes to complete. Detailed notes were taken during the interview and were subsequently entered into Excel spread sheets with each interviewee assigned a letter code in order to ensure anonymity of responses. Responses were organized first by question and then by major theme with care taken to keep track of the initial question from which each response originated.

4. Analyze Findings – Once all of the responses were inputted and organized, the consultants synthesized the findings. Major themes related to perceptions, barriers, and potential solutions were identified. Findings from the key informant interviews were then compared to the results of the focus groups to create a set of observations that crossed through both evaluation methods. Emphasis was placed on responses that recurred throughout the interview process, but single responses are noted as well given their relevance to the overall themes that emerged.

DETAILED FINDINGS

OVERALL PERCEPTIONS OF HEALTH CARE IN GRAND COUNTY

Overall Rating

Respondents were asked to rate their overall perception of health care in Grand County on a scale of 1-7, with 1 being *Not meeting the needs of any of the population* and 7 being *Effectively meeting the needs of the entire population.* With all 16 interviewees responding to this question, the average rating given was 4.38.

Respondents provided a mixture of positive and negative comments about the health care delivery system, all of which are described in the following sections.

What is Working?

Respondents identified many aspects of the health care delivery system that they perceive to be working effectively. Responses were as follows:

- **Number and quality of health care providers (13) -** A majority of respondents noted the high number and quality of health care providers. They cited ample choice of family practitioners and a high quality of care. An overall dedication to rural health was also mentioned, as was a practitioner who is willing to make house calls.

- **EMS System (11)** – Eleven of the 16 respondents identified the EMS system as working well. Respondents reported that it operates cooperatively and effectively, that it manages geographic challenges as well as could be expected, and that there is access to air-based

evacuation services and trauma care on both sides of the County.

- **Dental Services (2)** – Dental services were identified as effective, including a mobile dental van that comes from Denver and *Give Kids a Smile* day. One person mentioned the linkage with the A.C.H.E.S. & P.A.I.N.S. program as a dental success.

Each of the following elements of the health care delivery system was mentioned by only one interviewee. These comments are included in the current report because they provide an indication of themes that emerged but that are not perceived by the majority of respondents.

- **Collaboration** (1) – All community agencies were perceived to be getting along together and speaking.

- **Communication Related to Patient Care (1)** – Doctors were reported to communicate effectively related to patient needs.

- **Collaborative Arrangements (1)** –Specifically, prenatal care and shared care arrangements for women during labor and delivery were mentioned.

- **Availability of Appointments (1)** –Appointments were perceived to be easily obtained.

- **Public Health (1)** –Public health nurses were perceived to be doing a good job of "staying in the know" about high risk families. They were also reported to respond well to "mini-crises" such as H1N1 or Hepatitis A.

- **Referrals (1)** –Referrals to specialty care were reported to work well, as long as transportation was available to get clients to the appointments.

- **Volunteers (1)** – One person mentioned the availability of volunteers.

- **Hospital (1)** –Kremmling Memorial Hospital was reported to be busy and able to meet most of the needs for hospital care.

- **Pharmaceutical Services (1)** –The two major grocery stores with pharmacies were mentioned.

- **Non-Urgent Specialties (1) -** The availability of follow-up care for individuals who had had heart attacks or other health issues was mentioned.

- **Increased Number of Diagnostic Tools (1)** – CAT scans, mammograms and specialists coming into the County were considered a success.

Notable Quotes

"All the community agencies are getting together and speaking. We are starting to understand what we can do and what our limitations are. It is still new, but it is going in the right direction."

"There is good communication related to patient care and services. It is a small town. People see each other at the grocery store and check in."

"Grand County is lucky to have the medical staff that we have. They are all excellent."

"People who aren't dedicated to rural health aren't here."

"People have choice as far as what provider to go to. It used to be 'Doctor A and Doctor B', but not anymore. There is more choice in terms of female providers, too."

What is Not Working?

The following themes were identified as "not working" in Grand County's health care delivery system. It should be noted that these themes came up repeatedly through the interview process and not just in response to this question.

- **Too Many Doctors (4) -** Over the course of the interviews, four people said that they felt that there were already potentially too many doctors in the County and that no more are needed.

- **Services for Low Income Populations (3) -** Services to low income, un- or under-insured populations were widely considered to not be working effectively in the current health care delivery system.

- **Information Services (3)** – Respondents reported it being difficult to find out about available services, and said that greater marketing and education are needed.

- **Transportation (2)** – Transportation was mentioned as a missing service in Grand County.

- **Preventative Services (1)** – One person spoke to a need for wellness programs and expressed a desire for doctors to be compensated for these services.

Notable Quotes

"When I got here I called 211 and they didn't know anything. If I had been someone in need of services, I wouldn't have known where to go."

"Something that we don't do very well is market the existing conditions so that people really understand the situation with health care. I couldn't tell you what is available here or what is going to happen with the federal health care bill."

What Services are Missing?

Respondents identified services that they perceive to be missing or needed in Grand County. Services identified were the following:

Missing Services	Frequency
Prenatal / Women's Health Services	7
Mental Health Services	5
Specialty Care	5
Overnight Care / Observation Rooms	4
Diagnostic Care	4
Day Surgery	4
Dermatology	3
Dental Services	3
Elder Care	2
Children's Services	2
Oncology	2
Digital Mammography	1
Physical Therapy	1
Detox	1

There was a great deal of comment – and sometimes disagreement – about the need for some of the services mentioned above. Significant issues are described below:

- **Mental Health Services** – Good psychiatric care was mentioned throughout the interview process as a concern in Grand County. Although "lower level mental health care" was perceived to be adequate, the need for psychiatric care, prescription-writing abilities, and a holding facility for psychiatric patients were repeatedly reported as key needs.

- **Overnight Care** – Those who mentioned the need for overnight care or observation rooms spoke of a desire to hold patients overnight if, for example, it was uncertain whether they were experiencing heart attack or more minor health issues. One person said that an overnight room would decrease the number of people who are unnecessarily transported to Denver.

- **Obstetrical care** – Seven people mentioned the need for women's health services. Of those, three spoke to the need for obstetrical or labor and delivery services. Three other people, however, said that delivery services should NOT be provided in the County given its population and the variety of services needed (obstetrician, blood bank, lab, round the clock care, etc.) to support labor and delivery services.

- **Services for Children** – Two people mentioned the need for specialty services related to children. Of these, one reported a lack of pediatric specialty care, and another felt that more services should be available for children living in difficult home situations.

- **Dental Services** – Throughout the interview process, it was noted that no dental offices accept Medicaid. Sedation dentistry was also mentioned by one respondent as a need.

Higher level services, such as critical care beds, transplant surgery and cardiac services were mentioned in the interviews as not being needed in the County based on population numbers.

OVERALL PERCEPTIONS ON HEALTH CARE FOR THE UNDERSERVED

Who is the Underserved?

Respondents described underserved populations in a variety of ways in the interview process. They were described according to their financial and/or insurance status, by the barriers that prevent them from getting services, and by the geographic location in which they reside.

Almost across the board, people with financial challenges were considered to be underserved. Those people fit into several categories, as below:

- **Low Income, Un- or Under-Insured** (12) – Almost all the respondents described poor, low income populations as being underserved by the current health care delivery system. This population includes unemployed people as well as those who are working but do not qualify for insurance benefits. The large seasonal population in Grand County was mentioned in this category.

- **Low Income with Benefits (5)** – Five people expressed concern that Medicaid providers are limited in the County, making it difficult for Medicaid recipients to receive care.

- **People Who Don't Qualify for Benefits (1)** – One person described clients with non-acute needs as underserved given that their ineligibility for vouchers through the A.C.H.E.S. & P.A.I.N.S. program.

Notable Quotes

"They are not only underserved in medical care but in so many other ways as well. The working poor."

"These people really need help. When they get treatment they are almost hurt by it because they can't afford it."

"People without money. When you don't have money you can't pay the bills. If it is a decision of whether to pay for medical care for something that you perceive as trivial versus putting food on the table, it is going to be food on the table."

A variety of other groups of people were considered to be underserved, regardless of income status. They were the following:

- **People Who Don't Know about Services (5)** – Four people said that people often go without services because they don't know what is available. One additional person

raised a concern that people don't know that they may qualify for benefits programs.

- **The Mentally Ill (2)** – Mental health care was identified as limited, and those who are mentally ill identified as "extremely underserved."

- **People Who Don't Make Health Care a Priority** (2) – Two people mentioned that some people don't prioritize health care in their lives, and so don't get needed services.

- **People with Limited English (1)** – One person mentioned Spanish speaking residents and others with limited English capacity as being underserved.

- **People with Co-Morbidities or Complicated Health Problems (1)** – One person said that people with multiple health issues often don't get the care they need because there is not a higher level of care available for acute illnesses.

- **The Elderly (1)** – Eldercare and nursing home services were mentioned as a deficit.

A number of people indicated that one group of people is being served by the health care delivery system, and that is people with insurance. People with commercial insurance with reasonable co-pays were considered to be well served by the current health care delivery system.

There was some discussion about whether anyone is actually underserved. Seven people said that "everyone" is being served by the current health care delivery system, citing their practice's willingness to serve anyone, the availability of emergency services, a willingness of providers to accept Medicare, and a perceived ability for "anyone and everyone to find appropriate services" in the County. Two people felt that the people who are underserved are those who choose not to pay for health services, often despite significant health issues. Similarly, two people felt that "no one is underserved," that health care services are available to anyone who needs them, and that those who do not access services are doing so largely out of personal choice.

Two people spoke of the geographic areas of the County, noting that the west end and Granby are served by medical facilities, but that other areas such as Grand Lake are not. The Winter Park Resort clinic was cited as being good for tourists but not in a good location for locals.

Notable Quotes

"You gotta want it, you gotta get out, you gotta learn what is available."

"Part of it is the people themselves. They don't want to come in because they can't afford it and don't want a bill. It is not that the clinics are telling them that they can't come…they can. But they don't want the payment plans."

Care to the Underserved

Respondents were asked to rate the provision of care to the underserved on a scale of 1-7, with 1 being *very poor* and 7 being *very good*. All 16 interviewees providing a rating, resulting in an average score of 3.53.

Barriers to Care for the Underserved

A number of barriers to care for underserved populations were identified by those interviewed. They were the following:

- **Transportation (11)** – Two thirds of respondents mentioned transportation as a barrier for underserved populations. This theme came up throughout the interview process, with respondents frequently stating that other aspects of health care would work effectively if only transportation were available. The large geographic area of the County was cited as a factor. Concerns expressed related to inter- and intra-county transportation.

  It should be noted, however, that one person said he did not perceive transportation to be a barrier given that there are clinics available in almost every town in the County.

- **Financial Barriers (11) –** Financial barriers were identified as a concern for underserved populations. Interviewees reported clients who are reticent to access care because of financial worries, clients who avoid coming in for repeat appointments because of debts currently owed, and clients who call back after appointments saying that they cannot afford the medications that have been prescribed. Also mentioned were concerns that many providers do not take Medicaid, and a concern that people are unable to "doctor shop" to get a better price because of limited availability of doctors.

- **Awareness of Services (9)** – Nine people spoke of a concern that there is no easy way for clients to get information about available services. They reported a lack of knowledge about community resources, the lack of a central place to get information, and a lack of awareness of available options. Limited education on the part of clients was also reported to contribute to the problem in that people may not know about preventative measures or about the importance of health care.

- **Language Barriers (2)** – Language barriers were identified by two of the interviewees, with Spanish being a bigger concern than Eastern European languages. Respondents reported an absence of Spanish speaking primary care providers in the County.

- **Hours (2)** – The difficulty of accessing care during normal office hours was mentioned, but so too were reports of limited success with extending office hours to accommodate client needs.

- **Lack of Priority for Medical Care (2)** - Two people mentioned a concern that many people don't prioritize medical care as an important element of their lives, or choose to live "outside" of the medical system by choice.

Notable Quotes

"The biggest problem is that no one knows that things exist. They might find out belatedly, and they might not find out at all."

"Some people say, 'I don't have a ride' because they can't afford a car or gas, either."

"People understand that insurance is nice to have, but groceries are nice to have, too. If they have to choose, they choose groceries."

"They call me back and say they can't afford the meds."

The A.C.H.E.S. & P.A.I.N.S. Program

Although four respondents reported a lack of knowledge about A.C.H.E.S. & PA.I.N.S., the majority of respondents was familiar with the program and felt that it was beneficial to the community. One individual mentioned dental services in particular, stating that a lot of kids are taken care of through the vouchers. Another said that the program is widespread in the County with most of the clinics involved.

Concerns were raised almost unanimously about the limitations of the program. These fell into three categories:

- **Focus on Acute Rather than Chronic or Preventative Care (7)** – Seven people expressed that while A.C.H.E.S. & P.A.I.N.S. is effective at handling acute care issues, it is not able to help people with longer term, chronic or preventative care issues.

- **Financial Limitations of Program (4)** – Four people spoke of the financial limitations to the program. They stated that the proportion of the population being reached is small, that the vouchers aren't available when funding is low, and that long term funding is a concern.

- **Access to A.C.H.E.S. & P.A.I.N.S. (3)** - Three people said that people sometimes do not get services because they don't know about the program. They felt that the general public doesn't know about it, and that providers may at times neglect to refer appropriately to the program if they are busy or are unaware of a client's financial situation.

- **Stigma (1)** – One person expressed a concern that people may not want to use A.C.H.E.S. & P.A.I.N.S. because of stigma. He said "the majority of people here are hard working and have great pride in what they do. They are typically not really looking for government handouts." When people lose their jobs, he said, it puts them in a new situation of feeling that they can't support their families.

Notable Quotes

"A.C.H.E.S. and PA.I.N.S. gets people in the door but we lose them when dealing with chronic or long-term issues."

"If they receive a voucher for strep throat, that doesn't address whether they have high blood pressure or whether they have had a mammogram."

"When someone has an acute, self-limited problem, it is great. For example, they have a sore throat, they get penicillin, and it is done. The pharmacy is paid for, the visit is paid for, we're good. But if you identify that their blood pressure is high, then there is nothing you can do with them. They don't go for ongoing follow-up because they don't want to pay for it. Things that can be managed cheaply end up huge. That is a huge piece that is missing."

"[A.C.H.E.S. and P.A.I.N.S.] is doing the best it can with the resources that we have available."

"If you are a lift op, how would you know about A.C.H.E.S. and P.A.I.N.S.?"

"It is just a stop gap."

Trends in Need

Responses were split about whether the needs of underserved populations were getting better or worse. Six respondents reported positive improvements, stating that there is now a greater choice of providers and thus more access to care. One mentioned that service to underserved populations was more difficult before the development of Network's programs, and another noted a growing awareness and understanding of the need for action on this issue.

Eight respondents felt that things were getting worse in the County for underserved populations. All of those individuals cited increased financial challenges for clients, indicating that more people are patching together part-time jobs, that a bigger part of the population is uninsured, and that increased numbers of families are leaving the area because of jobs. For all of those individuals, the current state of the economy was a factor in the number of people needing help. Two respondents also mentioned financial challenges for providers, stating that the cost of providing services has gone up.

The remaining respondents felt that things are "pretty much the same" for underserved populations, or reported not being in the County long enough to be able to note a trend.

Notable Quotes

"New people are uninsured. Jobs have been cut. Less people are being seen by a doctor."

"This has been the longest and most sustained hit and people are having to actually move. People have no resources."

"The cost of care just continues to go up. Twenty years ago, a crown was $300."

"There are more providers than ever, so access is better."

How Will Needs Change in the Next 3-5 Years?

Respondents were also asked whether they anticipated needs of underserved populations to change over the next three to five years. The vast majority expressed concern that things will only get worse, citing the worsening economy, a potential decrease in population, and expected increases in the cost of care. Several suggested that things would get worse without additional programming (such as greater care for the uninsured or the provision of a medical van), but then similarly expressed concerns that funding sources are drying up and that new programs would likely not be possible without additional funds.

One person felt that things will change for the better, stating an increased awareness of issues thanks to the work of the Network.

Notable Quotes

"It is not that people are not going to want to [improve services], but the funding source is going to dry up. More and more groups out there are having trouble surviving."

"The costs of care are just going to keep going up and up. There are more procedures and mandates."

"It will continue to spiral down until something is done with the health care system, and God knows how that is going to work."

"It all depends on the economy. It is a tourist- and construction-based economy and both of those things are in the tank. Unless the economy turns around, I see it going from bad to worse."

PERSONAL CONTRIBUTIONS TO INCREASE ACCESS TO HEALTH SERVICES

Contributions of Individual Practices

Respondents were asked how they worked to increase access to health care services for the underserved in their medical practice or in their place of business. They described a number of different strategies, which are listed below.

Strategy	Frequency
Fee Adjustments / Sliding Scales	8
Information dissemination about available programs and benefits	5
Don't turn anyone away / provide care to anyone	5
Accept Medicaid	3
Payment plans	3
Vaccine Clinics	2
Extended hours	2
Medication assistance programs	2
Limiting required services	2
Writing off bills	1

Working to increase access to low income clients is, however, not without its challenges. Respondents cited a number of difficulties in meeting the needs of the underserved. Five respondents specifically spoke of financial limitations to charity care, expressing concerns that there is a greater demand for reduced fee services than they can meet due to their own financial constraints. An additional three said that they are limited in the services that they can provide simply because the clients are unable to pay for them.

Several mentioned concerns that their generosity may be taken for granted. One person, for example, said that clients "abuse insurance stuff" and another stated that it is very difficult to determine the financial need of clients, lending to the potential that they may provide charity care to someone who is ultimately not as needy as another person.

Transportation, a theme that came up throughout the interviews, was also mentioned as a challenge for providers. They reported being able to get clients lined up with needed services outside of the County but then being unable to get them to the appointments to take advantage of those services.

Lastly, frustration was expressed at the inability to get clients to come in for follow-up or ongoing care. Two individuals reported losing clients after initial appointments because of their inability to pay, thus creating greater health care challenges.

Notable Quotes

"If I identify a client that qualifies for A.C.H.E.S. and P.A.I.N.S., I say to them, 'Did you call public health and ask them about A.C.H.E.S. and P.A.I.N.S.?'"

"I don't think you can ever do enough. You have to cut off somewhere, but where do you cut off? When do you say, 'Enough!'"

"I can't be their financial manager. I can't make their decisions about whether to put food on the table or cigarettes in their mouth....I can't make them compliant. The challenge is getting them in on an ongoing basis and we can't do that if there are no finances to pay for it."

"They say they can't afford dental insurance and cannot afford care, yet they drive into the office with a nice SUV."

"People who know we provide discounted care are more than happy to pay, and they pay while they are here. Is it a hardship? I don't know…they seem grateful."

Personal Contributions

Providers were also asked how they would like to be involved in helping to increase access to care for underserved populations. Two-thirds of respondents said that they would continue to participate in collaborative steering efforts, and four reported a willingness to advocate specifically for the needs of clients. Several expressed strong interest in leadership roles, saying things like, "This is one of the reasons I came here," and "We are one of the leaders." Notably, two people expressed the need for an overall plan for health care that includes needs and population-based information to determine which services are realistic for the community.

Overall, respondents felt that they were currently involved by serving on local and statewide boards, working with the Network, and advocating for clients. They expressed a desire to continue to be involved in those ways.

Two people said that time or financial restraints would prevent them from taking on a major role in addressing the needs of the underserved.

Notable Quotes

"I am going to keep on doing what I am doing."

"Rural areas have to compromise on health care but as the County grows, I would like to see us develop a plan that shows that at this population we can support this."

"I already do a ton and will continue to advocate for improvements."

"We are busy enough trying to run our own practice and caring for our patients that we will not be a major player in shaping how it unfolds."

COLLABORATION

Current State of Collaboration

Respondents were asked to rate the current level of collaboration in the health care delivery system on a scale of 1-7, with 1 being *Not collaborating at all* and 7 being *Collaborating effectively all the time*. Of the 15 people who responded numerically to this question, the average rating was 3.2.

Responses were overwhelmingly negative about the current level of collaboration between providers, reflecting a deep level of frustration on the part of almost all who were interviewed. Major themes included competition, a lack of trust, and discontent with and between corporate players in the county. Two people said that collaboration between providers is perhaps not necessary given that providers compete for, rather than share, their client base. For simplicity, these themes and others that emerged are described in detail in the next section, Barriers to Collaboration.

On a positive note, four people cited positive referral networks with each other. Potential opportunities with Kremmling Memorial Hospital, collaboration with chiropractors, and other specific referrals were mentioned as successes.

Notable Quotes

"The climate between providers is not good."

"Right this minute I would give [the collaboration between providers] a 3. There have been periods of time when it has been better, and times when I would give it a zero…There are some people right now who aren't talking."

"We are all primary care practices except for the specialists that come to Granby. We don't cooperate like a multi-specialty group. We are more silos, not a coordinated network of care. No one badmouths anyone or tries to steal patients."

Barriers to Collaboration

Across the board, interviewees cited significant barriers to collaboration among health care partners. These barriers were the following:

- **Competition (10)** – Competition was a major theme expressed by many people interviewed, with the environment being described as "extremely competitive in many ways." Competition is perceived to exist at all levels of the health care delivery system, from corporate players to private practitioners. One reason cited for the great amount of competition is the abundance of providers in the County.

Notable Quotes

"West Grand and East Grand is back to the Hatfields and the McCoys."

"There is a lot of competition for patients, money and resources. It is hard to get past that."

"It is the piece of the pie. The bottom line rules. If anyone perceives that someone is cutting into their bottom line, then they don't collaborate. That has been dictating how people interact for decades. The biggest barrier is competition and the bottom line."

- **Trust (2)** – While a lack of trust is likely a foundational element of the competitive nature of the health care delivery system, it is worth noting that several individuals spoke directly of a lack of trust between providers. A lack of truthfulness in negotiations with others came up several times. A perception exists that "patient snatching" exists, although with it being mentioned by only one person, that perception is not widespread. On the contrary, another person noted that "no one badmouths anyone or tries to steal patients."

Notable Quotes

"Certain entities have not been truthful to each other with the negotiations in the past and getting over that barrier of distrust is going to be huge."

"They get together to talk but never really get anywhere. They start with good intentions and then somebody's toes get stepped on or something. We talk and talk and talk and then someone backs out at the last minute."

- **Corporations (8)** – There appears to be great animosity in the County between the larger medical entities (Centura and Kremmling, and to a lesser extent because of the limited time it has been in the County, Denver Health). There were comments from multiple respondents about those entities not acting in a cooperative manner, and not "playing fair." There also appears to be a level of animosity between those entities and private practitioners. Sentiments like "The big guys are going to take over the little practices like ours" were heard frequently. Five people spoke specifically to a concern that the corporate players have "bogged" things down and that the "corporations have screwed up the quality of care" in the County. Two people mentioned that smaller practices end up having to choose between corporate partners, aligning with one rather than the other.

Notable Quotes

"The corporations came in ten years ago and things have come to a stalemate."

"There still needs to be a lot of convincing of the corporations to collaborate."

- **Denver Health (3)** – Three people spoke about the recent transition to Denver Health as a partner in the Winter Park Ski Area, expressing concerns with the transition process.

Notable Quotes

"[It was]…not a friendly transition between Centura and Denver Health. They made it as prickly as they could."

"The Centura drama, Denver Health, who is going to align with whom in the family practices…all that is in flux right now."

- **Corporate Hierarchy (2)** – It was mentioned that lower level staff may feel stifled in their ability to collaborate by upper level management in corporate environments. One person reported frustration that as a practitioner, he may not agree with the stance taken by his superiors, but that in the public he has to represent that perspective.

- **Time (2)** –Two individuals reported time as a major barrier to collaboration. They reported being "flat out too busy" and said that "people are putting out fires a lot."

- **Overlapping and Fragmented Services (2)** – Concerns were raised by one individual that agencies overlap, creating confusion about which agency should be providing services. Another said that services are so fragmented right now that there is no clear direction for service delivery.

- **Leadership (2)** – Two people cited a lack of leadership for health care change. One noted that there needs to be more effort to find people who will step into leadership roles.

- **Geography (2)** - Two people spoke of the County's geography, saying that it is difficult to collaborate over great distance. "It is a huge county and trying to collaborate with folks who are a long ways away doesn't always make a lot of sense and isn't easy to do."

- **Work Schedules (1)** – One person said that many providers tend to work limited hours and "don't want to spend extra free time collaborating."

- **Oldtimers vs. Newcomers (1)** – One person felt that newer providers in the county have more energy for action, while they perceive more established providers to have a "been there and done that" attitude and limited enthusiasm for renewed efforts.

- **Territorialism (1)** – One person perceived that people in Kremmling and Granby, respectively, are not open to traveling to other communities to receive their care.

Notable Quotes

"There are a lot of miles between people and a lot of barriers."

Solutions for Improving Collaboration

Despite high levels of frustration about the collaboration between partners in the health care delivery system, respondents were for the most part very hopeful about the ability to overcome those barriers and had a number of ideas for how to do so. Only two people expressed sentiments that solutions were unattainable or that barriers were too great to lend themselves to answers. Solutions proposed to collaborative challenges were as follows:

- **Meeting with Each Other (6) -** Six people spoke about a desire to get providers together more frequently to meet and solve problems collaboratively. They felt that this would help people know each other better, put faces to names, establish common ground, and build trust with each other. One person suggested that finding a common goal to work on would be helpful, and another suggested putting together a document that would help providers to identify gaps in coverage. Two people said that issues that exist need to be "put on the table" and talked about, with animosity between providers being addressed.

- **Leadership (4)** – Four people spoke to the need for strong leadership on the health care delivery system. The Medical Society and the Network were both given credit for helping to break down barriers. One person noted that leadership "would have to come from the top," and that the role of the decision makers in the County is very important in creating positive change. That same person noted a past collaborative effort related to water issues in which little progress was made until all the individuals in decision making roles were able to come to the table to work together.

- **Information (2)** – One provider suggested publicizing a collaborative brochure with the names of all the providers, as well as using a community bulletin board to share information between providers and with the larger community. Another person thought that continuing to gather information about the state of health care in the County is helpful in order to ascertain the health needs of the entire population.

- **Outreach (1)** – One person said that outreach is needed to connect with professionals and residents of the community in order to get new people involved.

Notable Quotes

"Until the decision makers come out and say this is what we want to do, I don't know that anything will change."

"We need to …make calls and ask people to be involved. It is still all about relationships."

"Say what you mean and do what you say. Do it. Follow through."

"We need to put this stuff on the table and talk about it."

COMMUNITY READINESS FOR CHANGE

Overall Rating

Respondents were asked to rate the community's readiness for change on a scale of 1-7, with one being *Not ready at all* and 7 being *Very ready to move forward*. Of the 16 respondents, 13 provided a rating, lending an average score of 4.27. It should be noted that those people who did not provide a rating had largely negative views, expressing strong opinions that the community at large is not concerned about care to the underserved, and that the poor economy and conflict between providers creates a difficult environment for action.

Concerns about Community Readiness

The majority of respondents expressed some concern that the community is not ready to implement strategies to increase health access for the underserved. All told, 11 respondents had concerns about the readiness of the community to move forward at this time. Reasons cited included the following:

- **Financial Concerns (6)** – Six respondents expressed concerns about the lack of available funding. One suggested that if there were not a need to raise money, the problem could be solved, and another lamented that something was not done three years ago when funds were more available.

- **Lack of Understanding of the Issue (2)** – Two people spoke of concerns that the community at large doesn't have an understanding of the needs of low income populations.

- **"Been there, done that" (2)** – One person said that her perception was that a number of providers feel unwilling to contribute to steering efforts because they feel that unsuccessful efforts have been made in the past. Another provider reinforced that sentiment, saying, "We have been down this road before."

- **Other** – Other concerns cited included concerns about the insurance industry's role in the health care delivery system, a lack of capacity for mental health services, and the fact that there are three separate medical clinics in the county.

Positive Perceptions of Community Readiness

Eight respondents made positive comments about the readiness of the community. Factors cited included the recent rekindling of the Medical Society, the existence of concerned groups like the Rotary Club and the Grand County Rural Health Network, and a strong awareness of the lower income segment of the population and its needs.

A final theme emerged in this section that is worth noting as it came up in different contexts throughout the interview process. Several respondents noted the need for low income individuals to be actively involved in helping themselves if the community is going to work to help them. One respondent made a comparison with Habitat for Humanity, saying that "they have to participate and help build the house."

Notable Quotes

"We all know we really need it."

"The community at large doesn't have an awareness of how much of this really exists."

"There are lots of people at the top of the scale who are ready and willing and want it so badly, and then there are other people who make the 'been there, done that' comments. It is going to take both of those groups of people and everybody in between to make it happen."

"The majority of people want to help but people are looking at their pocketbooks more than they are looking at their hearts right now."

IDEAS AND SOLUTIONS

Suggestions for an Improved Health Care System

Respondents were asked how they would design the health care delivery system for underserved populations if they were "king or queen for a day." Responses were diverse and innovative, practical and hopeful. A summary follows.

- **Centralized Health Services (7)** – Seven people spoke to the issue of a central clinic or centralized services, saying they would like to see a centrally located building where an array of services (basic health care, oral heath, physical and mental health, etc.) could be provided. A location was not universally identified, although Granby was considered to be most central.

- **Coordinated /Non-Centralized Health Services (2)** – Two people said that they would not be in favor of a centralized clinic for the County. They suggested the development of coordinated services via a traveling or decentralized clinic that could use existing medical centers to provide key services (x-ray, drawing labs, etc.) throughout the County.

- **National Health Insurance (5)** – Five participants spoke to the need for a national health care system or their understanding that the legislation implemented in 2010 would keep people from being uninsured.

- **Preventative Care (3)** – Three people spoke to the need for preventative care, including for dental services.

- **Outreach to Clients (3)** – Two people spoke of marketing campaigns or community outreach to help clients learn about available services. One person specifically mentioned a patient navigator program to help clients learn about available services.

- **Sliding Scale (2)** – Two people spoke to the need to standardize charity care with a sliding scale system that would determine financial eligibility for services.

- **Transportation (2)** – Two people said they would focus their efforts on transportation.

- **Insurance Industry (2)** – Two people spoke of the insurance industry, both expressing frustration at the current industry and the money made by insurance executives. One of those people expressed a desire to start his own insurance company, perhaps using some sort of a self-insurance mechanism, or taking money currently being used to support charity care and using it to insure people.

- **Communication and Coordination (1)** – One respondent suggested a staff person to garner funding for health care efforts and to align the Network and the Medical Society.

- **Other** – Other comments included a desire to create a plan for 2020 to look at health care in the county, having Denver Health play a large role given their experience with underserved populations, and ensuring that Eldercare be included in the system.

Notable Quotes

"If you can convince America that we are spending more money by not insuring, then we can come out better economically and come out better as a people."

"We concentrate too much on fancy buildings and lose sight of how we can get patients to the services they need."

"A more aggressive clinic type atmosphere somewhere would be good. Being able to walk in with more of a comfort level. Accessibility and resources to provide that to a larger group."

"We want care that is interactive, reliable, cooperative, and improved for the citizens."

Technology

The majority of respondents felt a need to use technology in the development of a health care delivery system. The most frequently heard ideas included Electronic Medical Records (10 respondents) and telemedicine (four respondents). Using technology for greater population and needs assessment was also mentioned, as was a website to serve as a place to find out about available services and resources. A concern was raised that any technology used be sustainable and cost effective, and that it should be "not just the latest gadgets" but things that can be used for more than one purpose. One respondent stated that he was not sure if technology is worth the money and time.

Notable Quotes

"Electronic Medical Records is a win-win."

"Telemedicine for care and consultation decreases travel time and is very important."

"It is foolish not to use technology."

"We need the technology that we can sustain and use cost effectively. Not just the latest gadgets, but stuff that could be used for more than one purpose."

SECTION THREE: FOCUS GROUPS

PROJECT SCOPE

A total of three focus groups were conducted by the consultant team. They targeted members of the Consumer population (low income, un- and under-insured residents of Grand County), Health Care professionals, and Health and Human Services professionals. Participants for the focus groups were identified by Network staff and steering committee members.

Focus groups were held in Granby over a two-day period. At the beginning of each focus group, participants were briefed on the research process and confidentiality protocols. They were assured that their comments would be confidential, that the report would be written based on a summary of findings, and that any quotes used would not be identifiable to any participant.

A summary of the scope and approach of the focus group process is provided below.

Focus Group One – Health and Human Service Professionals

Focus Group Date and Time	July 26, 2010 2:00 – 4:00 p.m.
Total Participants	12
Length of Group	2 hours
Description of Participants	Health and Human Services Professionals

Focus Group Two – Consumers/Target Population

Focus Group Date and Time	July 26, 2010 6:00 – 8:00 p.m.
Total Focus Group Participants	9
Length of Group	2 hours
Description of Participants	Mixed group of users from the A.C.H.E.S. & P.A.I.N.S. program and other community programs

Focus Group Three – Health Care Providers

Focus Group Date and Time	July 27, 2010 7:30 – 9:00 a.m.
Total Focus Group Participants	10
Length of Group	1.5 hours
Description of Participants	Professionals in physical, oral or behavioral health care

METHODOLOGY

1. Recruitment – Staff, the steering committee and the consultants first agreed on what sectors of the community should be interviewed in a focus group format. The three sectors that were identified for focus groups were Health and Human Service professionals, Health Care providers, and Consumers or members of the target population. Network staff recruited focus group attendees through personal calls and emails. Staff reached out to individuals who represented diverse perspectives, gender, ethnicity and geographic location in the County. There was one participant in the Consumer group that had limited English abilities; translation services were not provided.

2. Question Development – Questions for the focus groups were first drafted by the consultant team using the initial questions from the key informant interviews as a reference. Focus group questions were designed to be broader in scope than the interview questions in order to elicit greater discussion in the group setting. Questions were slightly modified for the Consumer group but were otherwise consistent across the three focus groups. Final questions were reviewed by the Network staff and steering committee prior to implementation. A copy of the focus group questions can be found in Appendix B.

3. Implementation – The three focus groups were conducted on July 26, 2010 and July 27, 2010 in Granby. Gini Bradley led the focus groups and Susan Bridges Robertson recorded the participant comments directly into a Microsoft Word document on her computer. An attempt was made to record focus group discussions on tape, but the sound quality in the rooms where focus groups were held was not adequate for the available recording devices. Participants were asked to provide their contact information and were told that they would be invited to attend a follow-up community meeting. Participants in the Consumer focus group were given grocery store gift cards upon completion of their focus group.

4. Data Analysis – Extensive written notes were taken during all three focus groups. Immediately following the completion of the focus groups, the consultant team went back through the data together to clarify missed or potentially misunderstood comments. Participant statements were then entered into a spreadsheet by key categories. In the few cases where the full context of a statement was not clear, the comment was removed from the data set. A summary of the data is provided in the following section of this report.

DETAILED FINDINGS

Presented in the following section is a detailed summary of the discussion and responses from the focus groups by key categories and questions. Where the responses to a question were similar across all three focus groups, a combined summary is provided. If there were diverse or unique themes within a focus group, summary comments are presented separately. For each category, notable quotes are included at the end of the summary.

***Focus Group Question*: Describe Health Care in Grand County.**

All three focus groups were asked to describe the state of health care in Grand County and prompted to answer the related questions of "What is working?" and "What is not working?" For the most part, there was consensus across the three groups about the strengths and weaknesses of the current model, although there were several observations that were unique to only one focus group.

What is Working?

Participants had a number of examples of aspects of the health care delivery system that are working well. A summary follows:

- **Adequate Family Practice Physicians** – Respondents said that there were an adequate number of family physicians and it was usually not difficult to get an appointment, often even on the same day.

- **Quality Emergency Care** – Several participants related positive perceptions of the level of emergency care in the County. They identified the County's two emergency rooms, an excellent ambulance service, and the availability of air transport to get people to Denver if needed.

- **Caring and Quality Professionals** – Participants made several broad statements about the overall quality of providers, making special note of the quality of dental professionals. "We have some very passionate people in health care who want to see change."

- **The A.C.H.E.S. & P.A.I.N.S. Program** – The A.C.H.E.S. and P.A.I.N.S. program was mentioned several times as being very helpful for acute, short-term medical needs.

- **High Rates of Immunization –** It was stated in the Health and Human Services focus group that most children in Grand County are immunized.

What is Not Working?

There were a variety of responses about what is not working in the health care delivery system in Grand County. Responses follow:

- **Lack of Information** – There were dozens of comments in all three focus groups about the lack of information about health care services in Grand County. Some participants indicated that information was available but no one read it, but most referred simply to a lack of available information. The lack of a central place to get information was mentioned repeatedly, and some people said that available information was difficult to understand. Clients reported only knowing about available services because someone happened to mention them, and the possibility that they could have easily gone without knowing that services were available to help them.

- **Limited Coordination of Services** – Participants, primarily in the Health and Human Service focus group, stated that the health care system lacked coordination. The current system of care was perceived to be disoriented and fragmented. Providers observed that patients had a difficult time navigating through the medical care system in Grand County.

- **Limited Transportation Options –** The issue of transportation was mentioned in the responses to numerous questions and by participants in all three groups. Participants mentioned the fact that there is no reliable public transportation in Grand County and there are many challenges to getting to Denver or other areas for medical appointments. It was reported in the Consumer group that there is a transportation option for veterans and seniors but the service is not accessible to everyone.

- **Difficulties Assessing Financial Need –** Participants in the Health Care focus group commented many times on the difficulty of determining the financial need of patients. They suggested developing a way to more effectively screen clients for financial assistance to decrease inconsistency in who received assistance and who did not.

- **Limitations of the A.C.H.E.S. & P.A.I.N.S. Program –** Participants expressed positive experiences with the A.C.H.E.S. & P.A.I.N.S. program but expressed concern about the limited scope of the program. Concerns related to eligibility and funding for follow-up care were expressed, as were desires to see coverage for substance abuse and mental health services.

Notable Quotes

"There is a lot of information out there, but I am not sure people actually read it."

"You just can't enter into the system and have someone help you through the processes. We lack the support and coordination."

"People with brand new SUVs are coming in for assistance. How do we figure that out?"

Information Dissemination

Focus group participants were asked to provide information on how they find out about and disseminate (in the case of the health professionals) information about health related services. Results of these discussions are included below.

How do you find out about health related information?

Overall, participants in all three focus group expressed difficulty in obtaining information about health related services. Across the board, participants reported "word of mouth" to be a primary mechanism for gathering information. Consumers reported occasionally getting information from doctors, public health officials, A.C.H.E.S. & P.A.I.N.S. program staff and social service professionals. Professionals reported getting information through networking meetings and said that they might also refer to an annual brochure, a newspaper listing, or the occasional web search.

How do you disseminate information?
The Health Care professionals and Health and Human Services professionals were asked how they disseminate information about health related services in the community. Participants indicated that they used the following techniques:

- **Professional Networking** – Many people reported attending networking meetings where information is shared about new programs. Participants also said they also occasionally schedule presentations at staff meetings to disseminate new program information.

- **One-on-One Contact with Clients –** Participants said they often provide program information in one-on-one meetings with clients but that this approach is fairly informal.

- **In-House Publications** – Agency representatives said that they create flyers, newsletters and brochures to promote their programs. Flyers are distributed in client and professional meetings.

- **Schools and Childcare Centers –** Professionals in Health and Human Services said they often distribute information through schools and childcare centers. Concern was expressed that these materials are not consistently read by parents, however, given the high amount of information that goes home with students through the schools.

Notable Quotes

"There is one Spanish speaking lady at Social Services. We usually ask her but she doesn't always know everything."

"The P.A.I.N.S. program staff will talk you through your questions, but finding out about the P.A.I.N.S. program can be difficult."

***Focus Group Question*: Who is Not Getting the Health Care They Need?**

Focus group participants were asked to describe populations that are not getting the health care services that they need. Consensus on this issue was easily reached in all three focus groups.

The highest need population identified in the focus group was clearly the low income, un-insured and under-insured populations in Grand County. The Consumer group was outspoken in clarifying that most people in need are working and simply cannot afford insurance or do not qualify for government supported insurance. The term "poor" or "in poverty" was used numerous times to describe the population most in need. Other specific populations that were identified as underserved in Grand County were:

- **Families** – Families were mentioned as a population in need.

- **Seniors** – It was stated that there are individuals who are not old enough to meet Medicare age requirements but still would be considered a senior.

- **Non-English Speakers** – Individuals who speak Spanish were identified as a population in need due to language, financial and immigration issues.

- **Veterans** - It was stated that there is a population of veterans in the County who do not qualify for health care. Transportation to Denver was mentioned as a challenge for this population, as was the delay in getting appointments through the Veterans Administration.

- **Anyone Lacking Transportation** – Transportation was a recurring theme throughout the focus groups, and anyone lacking transportation considered to be underserved. It was stated several times that it is difficult to access health care if you do not own a car. Consumer group members talked about the challenges of asking a friend or family member to assist with transportation needs.

- **People Lacking Information** - Individuals who do not know about available health services were identified as a population in higher need.

Notable Quotes

"It is not like we are ski bums anymore… we are trying to make an honest living. We are trying to get the rent paid and the car insured."

"Guys I work with make average money, but not enough to get health care."

"The working poor with no insurance…that is a big population in this county. They sometimes bring their children in but you can tell they are sick as a dog as well."

"Even though you have insurance doesn't mean you are going to get the care that you need."

***Focus Group Question*: What Services are Missing or Needed?**

Discussion and feedback from the focus groups was fairly consistent related to the major gaps in health services in Grand County. A table is presented below that summarizes services identified by focus group participants as missing or needed. The frequency of how many times a gap was identified is also included in the table. There were three need areas that surfaced significantly above the others. Those areas were:

- **Mental Health and Substance Abuse** – Respondents in all three focus groups mentioned a critical need for mental health support, drug and alcohol treatment, and psychiatric services. There were numerous antidotal stories from consumers about the lack of mental health services.

- **Oral Health** – The need for affordable oral health services was mentioned many times in the consumer focus group. The need for dental care was not isolated to the "poor" but also included middle class and the working poor. The lack of dental providers accepting Medicaid payment was also identified as a concern.

- **Prenatal and Childbirth Services** – A need for services related to prenatal care and childbirth was frequently heard in all three focus groups. Participants described the challenges of receiving timely prenatal care and the fear of having a baby in the car on the way to Denver.

There was an interesting distinction between the focus groups as they discussed needs related to basic and specialized care. The Consumer group's responses focused almost completely on the provision of basic oral and health care. This group was interested in health screening, services on the weekend, flu shots, emergency dental services, basic drug and alcohol treatment and better services in general. Both of the focus groups with professionals mentioned needing more specialists such as cardiologists, dermatologists, OB-GYNs, pediatricians and specialized care such as Adult Day Care, Speech Therapy, Play Therapy and Dialysis.

Type of Service Needed	**Frequency**
Oral Health	9
Mental Health	8
Drug and Alcohol Services	8
Prenatal and Childbirth	7
Specialist Care	7
Long Term, Adult Day, Alzheimer Care	5
Service Quality (Training or hours)	3
MRI/Cat scans	2
Basic Health Screening	2
Immunizations	1
Cancer Care	1
Patient Navigator	1

Notable Quotes

"Half of the cure is like maintenance on a car. If you maintain it, you don't have a major breakdown."

"We have had specialty care but for many specialists it is not worth coming up. They have six patients and then there are no shows."

"I have had to take many people to the hospital for substance abuse and they wouldn't admit them. They discharge people when they are not ok to be alone."

***Focus Group Question*: What Are Barriers to Health Care?**

Four consistent themes surfaced in the focus groups related to barriers to access to health care. Those themes were: financial barriers, transportation, lack of information, and lack of services. A description of each of these barriers is offered below. One barrier that was mentioned in the Consumer group but not in the provider groups was language. This barrier is discussed separately.

- **Financial Barriers** – Participants described a myriad of reasons why so many people in Grand County cannot afford health care. Reasons cited include seasonal or manual labor that does not provide insurance, high unemployment, a lack of Medicaid providers, cost of services, limitations in A.C.H.E.S. & P.A.I.N.S. coverage, and wages lost in order to go to doctor appointments during working hours. Several participants also mentioned an inability to fill prescriptions after doctor appointments due to a lack of funds. Other participants described not being able to go to a physician when they were sick because of unpaid bills from previous visits.

Notable Quotes

"How much is too much for some people? Ten bucks is too much. That could prevent them from going to the dental van."

"I have burned my bridges. I owe too much money someplace and no one will see me."

"Pick your poison… Go to the dentist and run up a bill and then they have heart problems."

- **Transportation Barriers --** There were many comments throughout the focus groups about challenges related to a lack of transportation and the geographic size of the County. Transportation was perceived to be a gap within and outside the County, along the Winter Park to Granby corridor, and "east to west" in the County. The lack of a year-round public transportation system, the cost of private transportation services, and the reluctance of clients to rely on friends and family for transportation needs all surfaced in the focus groups. A couple of participants indicated that they had driven themselves to medical appointments when they "should not be driving" due to their health conditions. Transportation for residents at the assisted living facility was also mentioned as a concern.

Notable Quotes

"I shouldn't be driving but I have no choice."

"Transportation can be a barrier across the board."

"I know people who hitchhike to their doctor's appointments"

- **Lack of Information** – Both from the Consumer and provider perspective, there appears to be a lack of information and marketing about what health services are available in Grand County. The lack of information was illustrated by the sharing of information at the actual focus group, with several people reporting at the end that they learned about services they hadn't known existed. Unfortunately, the peril of word-of-mouth information was also illustrated, as some of the information shared during the focus group was later determined to be inaccurate. Participants in all the focus groups spoke of the need for a central hub for health related information.

Notable Quotes

"A lot of my clients don't know where to go to get help."

- **Lack of Services** – Lack of health services in Grand County was mentioned several times as a barrier. Participants acknowledged that it did not make economic sense to have many specialized providers in such a sparsely populated area, but this lack of health providers clearly made access to the appropriate services difficult.

Notable Quotes

"It is a large geographic area in Grand County. You can't put 5 pediatricians out here because there is not enough business."

- **Language Barriers** – In the Consumer focus group, a lack of Spanish speaking medical providers and medical interpreters was reported to be a major barrier to health care. Telephone-based translation services were reported to be useful but not consistently used in doctor appointments, and communication with front office staff was perceived to be a challenge. Participants reported very few medical forms being translated into Spanish, and discussed the awkwardness of having friends translate for them. Planned Parenthood was mentioned as an exception as clients noted that it provides Spanish speaking staff and medical forms in Spanish. In addition to language issues, several participants in the consumer group said they avoided medical services for fear of immigration issues.

  In contrast to the Consumers, participants in the provider focus groups did not perceive language to be a barrier to care.

Notable Quotes

"The Hispanic community seems to know how to access services."

"A lot of people I know are afraid to go and ask for something because they don't speak English and they are afraid that doctors won't understand them."

"Every once in a while they have someone who can speak Spanish but not a lot of the time."

***Focus Group Question*: Describe Current Levels of Collaboration.**

All three focus groups were asked to describe the level of collaboration between health care providers. The two focus groups with professionals provided fairly consistent feedback on current collaboration and some of the greatest challenges to collaboration. A summary of these two group's observations is provided below.

It should be noted that although the Consumers were not directly involved in collaborative efforts between providers, they still had some opinions about the level of collaboration in the health care field. Comments such as "everyone seems to be on their own" and concerns that there was a lot of "territorial stuff going on" came up in the Consumer group. One participant stated that they thought that "Kremmling and Steamboat seemed to communicate more than anybody."

Challenges with Collaboration

The professionals discussed numerous challenges related to the level of collaboration in health care. Geography, fragmentation of the health care system, and a growing sense of providers not knowing each other were all mentioned as factors in collaboration. Numerous participants commented that the health care system felt more competitive than collaborative, with comments made such as, "It is about the money right now. Everyone is struggling to stay alive and that affects collaboration." Several participants commented that it felt like Grand County needed a champion and fresh leadership to bring everyone together to improve collaboration.

Notable Quotes

"No one communicates with each other."

"It is about money right now. Everyone is struggling to stay alive and that affects collaboration."

"In the past it has been more about competition than collaboration. Maybe we will see that change now."

Examples of Collaboration

Amidst the reported challenges to collaboration in Grand County, there were some hopeful comments. There was a general level of comfort expressed between professionals, with providers reporting a willingness to trust one another. "There is no one out there that I would not feel comfortable calling and feeling that my call would be well received," said one participant. Participants also mentioned recent collaborative successes, including the community response to H1N1 and Hepatitis A. Other examples of successful collaborations included the Middle Park Medical Society and the work on the new collaborative facility in Granby.

Notable Quotes

"I think we collaborate very well to the best of our ability for services."

"Middle Park Medical Society is part of people getting to know each other. People don't know who people are right now. They don't have the relationships they need for referrals."

"We have to collaborate because of the services offered. We don't have the resources to handle everything."

Ideas for Improving Collaboration

Focus group participants were asked if they had any suggestions on ways to improve the level of collaboration among providers. One solution that emerged involved the development of a common vision of health care across the entire community, with specific goals to implement collaboratively. Other comments included the need for a "different voice" to motivate providers, and the hope that Consumers would provide new energy and leadership to improve the level of collaboration within the health care system.

Notable Quotes

"It would be nice if people in the field came together and prioritized three initiatives and everyone could commit to them."

"We need a different voice with a greater sense of urgency."

"I hope that some of the population will light a fire under some provider's behinds to see what is really happening."

***Focus Group Question*: What Does an Improved System Look Like?**

Participants in all three focus groups were asked to describe what an improved health care system for the underserved would look like in Grand County. The responses fell into two major categories: Describing what the system should look like, and the roles various individuals and agencies would likely play in developing the system. Responses to these questions were fairly consistent across the three focus groups.

Elements of an Improved Health Care Delivery System

In every focus group there was general support for creating a "one stop" centralized community health clinic that would provide a variety of medical services, behavioral and oral health services, and social services support. Numerous participants mentioned that the ideal facility would be like the Community Care Clinic in Summit County, with low-cost services and a sliding fee schedule available. They expressed a desire for a family practitioner who could complete basic assessment and refer patients appropriately. Although there was no consensus on where such a facility should be located, Granby and Hot Sulphur Springs came up as options because of their central location.

There were a few comments made in opposition to building a permanent structure for the clinic. One person suggested that the clinic rotate from town to town using existing facilities while another person felt that the money that would be spent on maintaining a freestanding building would be better used in serving clients through other mechanisms.

Other elements identified as part of an ideal health care system included the following:

- **Effective Health Information System** – Participants had an abundance of ideas about how to improve access to health information in Grand County. Those ideas included:
  - A centralized information system, potentially including the public library system.
  - A website.
  - Posting information in locations where people congregate, including the library, grocery stores and gas stations.
  - Use of mass media outlets such as cable television and the newspaper.
  - More consistent distribution of information and referrals via medical offices.

- **Transportation** – The need for some type of medical transportation system came up repeatedly in focus group discussions. Participants suggested a van or bus that would

make continuous loops around the County and that would also be available for scheduled pick-ups for medical appointments.

- **Patient Navigator / Consumer Advocate** – Members of the Health and Human Service focus group mentioned the need for a patient navigation system. They described a trained staff person who could assist clients in navigating the medical system and filling out insurance forms. The patient navigator would also connect clients with resources and advocate for their medical needs.

- **Adequate Funding** – Participants in the Health and Human Service and Consumer focus groups expressed concerns about the funding and resources needed for a new health care model. The costs of a free standing clinic were raised as a particular concern. The groups brainstormed solutions including providing incentives of lodging and ski tickets to specialists to entice them to provide care in the County, and working with teaching hospitals to engage medical students.

Notable Quotes

"Ideally, there would be one building where people would go to access social services and mental health…A one stop shop that would be where you could find the answers. Everyone would be saying the same thing."

"You are busy in your own little corner. It is hard to network. We need a central place to get info."

"We need to have all the applications and all the forms in one place with someone who knows how to fill them out."

Leadership

Participants in the focus groups were asked to identify the leadership that should be involved in improving health care services in Grand County. While there was not a clear consensus on who should lead such an effort, the Grand County Rural Health Network, the Medical Society, or a partnership between the two were mentioned. A regional entity similar to Northwest Colorado Council of Governments was also mentioned as a potential player.

There was agreement within the focus groups on critical partners for the implementation of any new strategies. Key partners included:

- **Consumers or Users of the Services** –Citizen input was identified to be crucial in the development of new health care strategies. It was stated several times that users of the current system have to be actively involved in designing a new model.

- **Private Practitioners** – Participation of private physicians, dentists, and alternative health providers in the steering and implementation process was mentioned numerous times.

- **Hospitals and Hospital Corporations** – The three major health players and their governing bodies were identified as being critical partners in the development of a new model. It was noted several times that without the support of corporate leadership, changes would not occur.

- **Government** –The need for involvement from Grand County Government and the County Commissioners was perceived to be essential.

Notable Quotes

"We are our own best advocates. It is up to us to sit here and put it all together."

"The leader of this effort should not be a for-profit entity. The entity should have the interest of the patient and be above the political fray."

"My dream is that one of those big hospitals will say they want to partner so they can help to take care of the people who can't pay."

SECTION FOUR: COMMUNITY MEETING

METHODOLOGY

Upon completion of the qualitative evaluation, the steering committee was convened a final time to review report findings and to plan the agenda for a community wide health summit. The desired outcomes for the health summit were as follows:

- Share key findings from the assessment with a broader audience;
- Present background information on current health efforts in selected focus areas;
- Identify short- and long-term strategies to address selected needs;
- Develop specific next steps to keep action planning moving forward.

Invitations were sent to key informant and focus group participants, physicians, business leaders, citizens and consumers, funders, and local City and County representatives. Approximately 50 individuals RSVP'd and 43 attended. The summit was held at Snow Mountain Ranch / YMCA of the Rockies on Wednesday, September 22 from 8:00 a.m. to 12:00 p.m. A PowerPoint presentation was used to present findings of the evaluation process.

In anticipation of the meeting, GCRHN staff and the evaluation team created a set of six goals for small groups to discuss during a breakout session. The six goals reflected findings and recommendations from the assessment. The selected six goals represent themes that emerged with high frequency in the assessment and that appeared to be approachable in a two to five year timeframe. The six goals that were discussed at the Summit were:

- Goal 1 - Grand County consumers and providers can easily access and share information in a central location about resources, existing and available services, and referrals.
- Goal 2 - All health care settings will be welcoming to all consumers regardless of age, culture, language, insurance status, financial income, or residential location.
- Goal 3 - Grand County will have a county-wide financial screening tool so that consumers and providers can easily determine financial need.
- Goal 4 - Consumers will have transportation to health care services in Grand County and out of County.
- Goal 5 - Grand County will have a low-cost, sliding scale health care system that provides primary, preventive, diagnostic and chronic care.
- Goal 6 - Grand County will increase the accessibility of high quality behavioral, oral, and women's health services for underserved residents.

Meeting notes are provided in the following section. They include short- and long-term strategies by goal, information and resources needed to implement those strategies, thoughts on potential funding sources, and additional comments made by meeting participants when strategies were presented. The meeting agenda and the PowerPoint presentation are included in Appendix C.

MEETING NOTES

The meeting opened with a presentation of the evaluation process, key findings, and progress to date on key goal areas identified prior to the meeting by the Steering Committee and staff.

Participants were then broken into six table-top groups to discuss key goal areas. Notes from those discussions are included below. For simplicity purposes, next steps for each area are incorporated into comments about each question although these actions were identified as part of the wrap-up session.

Goal Area 1: *Locating Information & Resources*

Grand County consumers and providers can easily access and share information in a central location about resources, existing and available services, and referrals.

Short-Term Strategies:

- Develop a comprehensive website for health services information.
- Develop a patient advocate or patient navigator program to help inform people about available resources (include translation and access points for patients and doctors).

Long-term Strategies:

- Ensure training of service providers about available health resources.
- Create a public education campaign to inform all residents about available programs and services. Ex: Buy a road sign with the number to call for help.
- Ensure the availability of a physical location where people can find out about services, particularly for non-computer literate people.
- Ensure that any health care provider can help to navigate clients to needed services.
- Distribute information via multiple avenues, including via the Chamber of Commerce, hotel rooms, cable television, local libraries, on electric bills, etc. Too many sources of information are better than not enough.

Information Needed:

- Need a committee to bring together the necessary skills;
- Need to know community resources, including all providers;
- Need to develop "provider perks" to entice involvement.

Leadership:

- Marketing entities, the media, realtors, the Granby train station, politicians, government, etc.

Funding:

- Grand County as a pilot program.
- Medical Marijuana tax revenue.
- Use a grant writer to help identify funds.
- Creative thinking about where money will come from.

- Explore partnerships with colleges or universities to get graduate students who can help to design the website.

Comments:

- Patient advocates need to be 100% independent of providers so that they can verify information that is being presented by providers and effectively serve as ombudsmen between the clients and the providers.

Next Steps:

- GCRHN will discuss.
- Connection with colleges and universities in Denver via Denver Health resources.

Goal Area 2: *Welcoming Health Care Settings*

All health care settings will be welcoming to all consumers regardless of age, culture, language, insurance status, financial income, or residential location.

The Welcoming approach was defined in two parts:

1) The people (friendly, knowledgeable).

2) The physical structures in which medical services are provided including accessibility, arrival structure, lighting, brochures, furniture, etc.

Short-Term Strategies:

- Conduct a needs assessment to determine which facilities are / are not welcoming.
- Identify best practices for welcoming settings as well as determining what aspects are not welcoming.
- Create a culture shift in which the number one priority is people.

Long-Term Strategies:

- Trainings for staff members (courses, trainings, informal coaching). An example might include "Bridges out of Poverty" to help providers learn about cultural differences.
- "Customer service" at the health care level.
- System changes including billing systems and personnel.

Information Needed:

- Someone to build and implement needs assessment and analyze the results.

Leadership:

- Human services organization that is part of each health care facility.
- Schools and other places where people get information.
- Leadership needs to come from a neutral, county-wide leader such as the GCRHN.

Funding:

- Most strategies are low or no cost.
- Grants.

Comments:

- One individual raised a concern that the patient's perception of whether a facility might be welcoming may be based on financial needs. Discussion ensued about helping patients to deconstruct medical bills and determine how to pay those bills. Community members were said to need education on what to expect when they arrive at a medical facility.
- There is a team with Denver Health that provides training related to cultural sensitivity. This might be an appropriate resource given that Denver Health works with a diverse population in Denver.
- Create a checklist for providers to see what works best for them.
- Shannon Block of Denver Health may be a resource for student internship information.

Next Steps:

- Karen Gadberry of Winter Park Resort will draft a survey that can be piloted. It may be advantageous to involve the Chamber of Commerce. A neutral group is needed to work on this, potentially GCRHN.

Goal Area 3: *Determining Financial Eligibility*

Grand County will have a county-wide financial screening tool so that consumers and providers can easily determine financial need.

Short-Term Strategies:

- Develop a mechanism to verify financial status a designated number of times per year. Include personal responsibility as a part of the equation. Explore systems like that of the Summit County Community Care Clinic as well as an electronic thumb drive based on a federal identification number.

Information Needed:

- Look to models in Washington, Oregon, Massachusetts.
- Yampa Valley Medical Center.
- Don't reinvent the wheel.

Leadership:

- GCRHN.
- County Government.
- NOT individual medical offices.
- Denver Health (especially with their experience with low income populations).
- Volunteers.

Next Steps:

- The group that convened during the present meeting will meet again to develop action steps. This will be facilitated by GCRHN.

Goal Area 4: *Transportation*

Consumers will have transportation to health care services in Grand County and out of County.

Short-Term Strategies:

- Look at existing volunteer models such as RSVP and AARP that are successful in other rural communities.
- Identify roadblocks to transportation services in Grand County.

Long-Term Strategies:

- Identify funding sources for county-wide public transportation (Red Cross, CDOT, contributions from bars and restaurants, funding sources for other communities).
- Create a transportation task force, including outside agencies that have similar transportation needs or links to resources.

Information Needed:

- Previous studies that have been completed related to transportation.
- Community feedback.
- Information on financial feasibility of transportation options.
- Past NWCCOG work on transportation issues.

Leadership:

- Local churches, nonprofit groups.
- Transportation task force members to include counties, towns and interested parties.
- Task force should be created by GCRHN, which could serve as the clearinghouse for information.

Funding:

- Grants.
- Private donations.
- Private enterprise paid for by different clinics.
- Social services, medical organizations, nonprofits.

Comments:

- Who will coordinate volunteers for transportation?

Next Steps:

- This will be discussed at a GCRHN meeting.

Goal Area 5: *Narrow Scope of the A.C.H.E.S. & P.A.I.N.S. Program*

Grand County will have a low-cost, sliding scale health care system that provides primary, preventive, diagnostic and chronic care.

Short-Term Strategies:

- Sustain and expand the A.C.H.E.S. & P.A.I.N.S. program to include chronic and preventative care services.

- Create a work group to start a sliding scale contract model (using a contract between the patient and his/her medical home).
- Create an equitable and predictable referral system for connecting clients to specialty care and to community-based care services.

Long-Term Strategies:
- Utilize community health screening events but assure that these events are well integrated into medical homes.
- Prepare the community for national health reform by ensuring that there is an expert in the County to educate the community.
- Develop a solid financial screening tool.

Information Needed:
- Chronic care statistics;
- Health care reform expertise;
- Exploration of engagement by Rocky Mountain Health Plans;
- Colorado Indigent Care Program data;
- 9 Health fair data (provided after county events);
- Clear understanding of how each clinic can provide low-cost, sliding scale services (given that clinics operate under varying constraints and limitations);
- Provider feedback.

Leadership:
- A.C.H.E.S. & P.A.I.N.S. advisory board.

Next Steps:
- Discussion at the A.C.H.E.S. & P.A.I.N.S. advisory board.

Goal Area 6: *Limited, affordable options in basic service areas*
Grand County will increase the accessibility of high quality behavioral, oral, and women's health services for underserved residents.

Comments mentioned by the group:
- Most providers currently have sliding scales.
- The Medical Home Initiative by the county Medical Society is already underway, with cooperation and communication as key goals.
- Greater knowledge of available resources is needed.

Short Term Strategies:
- Medical Home Initiative (note that funding may be available for demonstration projects).
- Awareness campaign to share information with everyone in the County.

Long-Term Strategies:
- Community education and preventative care (such as *Cavity Free at 3*).
- Physicians / providers driving health care initiative.

Information Needed:

- What does a medical home actually look like?
- Greater assessment about current needs and issues.
- Information on national health care reform. What are the risks and benefits for Grand County?
- How can we ensure the involvement of the "big" providers (KMHD, Centura, etc.) to ensure coordination of care and to develop a tighter system?

Leadership:

- Patients.
- Providers.

Funding:

- Grants.
- Medical Home funding.
- Interagency cooperative funding (reduced duplication of services, etc.).

Barriers

Ms. Bradley asked the group to identify barriers that have kept processes from moving forward in the past. Ideally, she stated, those barriers will be recognized, but not allowed to bog down the current process. Identified barriers were the following:

- Funding.
- Territory.
- "People playing with their cards too close to their chest."

Adjournment

The meeting was adjourned just before 12:00 noon.

APPENDIX A: INTERVIEW QUESTIONS

Name, Title, Workplace of Interviewee:

Phone Number:

Scheduled Interview Time:

Actual Interview Time (include start and finish):

1. What is your overall perception of health care in Grand County – on a scale of 1-7, with one being NOT MEETING THE NEEDS OF ANY OF THE POPULATION and 7 being EFFECTIVELY MEETING THE NEEDS OF THE ENTIRE POPULATION?

   Please expand upon the rating you gave.

2. Who is / is not being served by the current health care delivery system?

   a. Who do you perceive to be underserved by the current health care delivery system?

      [If not identified] How is the current system meeting the needs of the low income, un- and under-insured population?

   MAY NEED TO DEFINE OUR FOCUS IS UNDERSERVED=LOW INCOME, UN- OR UNDER-INSURED

3. The Aches and Pains program currently provides some services to underserved populations in the county. How effective is that program in addressing the needs of this population?

4. The Grand County Rural Health Network is interested in developing a model to improve health care services for underserved populations. How would you rate the current provision of care to underserved populations in Grand County, with 1 being VERY POOR and 7 being VERY GOOD?

   Please expand upon the rating you gave.

5. What do you perceive to be the greatest barriers to service for underserved populations in Grand County?
   a. [Probe – financial, geographic, political, other…]
      How has this changed over the years? What changes and/or trends have you seen?

6. How do you anticipate needs to change over the next 3 to 5 years?

7. How do you currently increase access to service in your practice?

    a. What challenges do you face in meeting the needs of this population?

8. What health care services do you feel are missing and needed in Grand County?

9. Thinking again about the current health care delivery system, what is currently working? What aspects of the health care delivery system are effectively meeting community needs?

10. There are many players in the health care delivery system in Grand County, ranging from corporate partners to local private practitioners. How would you rate the collaboration and working relationship between these partners with 1 being NOT COLLABORATING AT ALL and 7 being COLLABORTING EFFECTIVELY ALL THE TIME?

    Please expand upon the rating you gave.

11. What barriers keep partners from working together more effectively?

    a. Follow up question: What would break down those barriers and help people to collaborate more effectively?

12. Thinking more broadly about the community as a whole, how would you rate the readiness to create a health care delivery system for the underserved population, with 1 being NOT READY AT ALL and 7 being VERY READY TO MOVE FORWARD.

13. If you were king / queen for a day, how would you redesign the health care delivery system to better serve the needs of the low income, un- or under-insured population?
    a. [probe: community health center with walls / without walls; communication between entities]

14. What role would you like to see technology play in the development of a health care delivery system in Grand County?

15. How do you see yourself and/or your practice being involved in the development of a care system for underserved populations?

16. What other thoughts do you have?

APPENDIX B: FOCUS GROUP QUESTIONS

Service Provider Questions
(used for Health and Human Services Providers and Medical Providers):

1. Describe health care in Grand County.
    - What is working well?
    - What is not working well?

2. Who is not getting the health care they need?
    - Socioeconomic level
    - Race / ethnicity
    - Geographic location
    - Age
    - Language
    - Health status / issues
    - Other

3. What keeps people from getting the health care that they need?
    - Lack of information about available services
    - Transportation
    - Geographic challenges
    - Cost / expense of care
    - Lack of desire to access care
    - Fear of consequences for accessing care (drug use, immigration status)

4. How do you find out about available health services or resources?
    - Where do you go?
    - Who do you call?
    - Who do you depend on to find this information?

5. How do you disseminate information about available health services or resources?

6. To achieve long-term solutions for the health care needs of Grand County, the planning team believes that health partners in the County must work together to identify and implement collaborative solutions. Describe the current level of collaboration between health care partners in the community related to: health planning and service delivery.

7. What suggestions do you have to improve the level of collaboration between providers in the future?

8. Given the population of Grand County, what health care services are missing and needed?

9. What does an improved health care system for the underserved look like?
    - Where is it?
    - What services are provided?
    - How is it funded?
    - What is the role of practitioners and hospitals in the system?

10. What else do you think is important in a discussion about health care in Grand County?

Target Population Questions

1. Describe health care in Grand County.
    - What is working well?
    - What is not working well?

2. Who is not getting the health care they need?
    - Socioeconomic level
    - Race / ethnicity
    - Geographic location
    - Age
    - Language
    - Health status / issues
    - Other

3. What keeps you or people you know from getting the health care that you need?
    - Lack of information about available services
    - Transportation
    - Geographic challenges
    - Cost / expense of care
    - Lack of desire to access care
    - Fear of consequences for accessing care (drug use, immigration status)
    - Other

4. How do you find out about available health services or resources?
    - Where do you go?
    - Who do you call?
    - Who do you depend on to find this information?

5. To achieve long-term solutions for the health care needs of Grand County, the planning team believes that health partners in the County must work together to identify and implement collaborative solutions. How do you see individuals like yourself participating in a planning process to improve health care services in Grand County?

6. Given the population of Grand County, what health care services are missing and needed?

7. What does an improved health care system for the underserved look like?
    - Where is it?
    - What services are provided?
    - How is it funded?
    - What is the role of practitioners and hospitals in the system?

8. What else do you think is important in a discussion about health care in Grand County?

APPENDIX C: MATERIALS FOR COMMUNITY MEETING

Grand County Rural Health Network
Health Summit Agenda
September 22, 2010

Desired Outcomes:

- Learn about how we got here today
- Share key findings from the Readiness Assessment
- Learn about current efforts in selected focus areas
- Identify short and long term strategies to address selected needs
- Develop specific next steps to keep action planning moving forward

Agenda:

I. 8:00 Sign In, Coffee and Networking

II. 8:30 Welcome and Orientation – Jen

III. 8:40 Review of Meeting Outcomes and Norms – Gini

IV. 8:45 Presentation of Key Findings from Assessment – Susan/Gini

V. 9:15 Status Review of Selected Goal Areas – Jen

VI. 9:30 Instructions for Table Break-Outs – Gini

VII. 9:35 Break

VIII. 9:45 Table Top Discussions on Goal Areas

IX. 10:30 Report out and Group Discussion - Gini

X. 11:15 Identify Techniques to Move Strategies Forward – Gini

XI. 11:45 Meeting Summary and Review Next Steps - Gini

XII. 12:00 Adjourn

GRAND COUNTY HEALTH & HUMAN SERVICES SUMMIT

Grand County Rural Health Network

September 22, 2010

How Did We Get Here?

- Grand County Rural Health Network formed in 1999 to address healthcare access problems for Grand County residents.
- Mission: To work in partnership to improve and direct the future of healthcare in Grand County.
  - Mission hasn't changed since inception, even though change has occurred in county healthcare access.

How Did We Get Here?

- A.C.H.E.S. Program began in 2005 as a stop-gap for low-income, uninsured children to access care:
  - Acute medical, dental, mental health & pharmaceutical vouchers.
  - Mobile vans for preventative care in summer months.
- P.A.I.N.S. Program began in 2008 for uninsured, low-income adults.
  - Acute medical and pharmaceutical vouchers.
- A.C.H.E.S. & P.A.I.N.S. programs limited:
  - Not for diagnostic, chronic, or ongoing preventative care;
  - Not sustainable – rely on grants;
  - Participants pay only $10 administrative fee.

How Did We Get Here?

2008 Statistics:

- Grand County population 14,618
  - Uninsured:
    - Under the age of 65 = 25.2%
    - Under the age of 18 = 14.6%
    - 18-64 years of age = 27.3%
  - In Poverty:
    - Under 100% of Poverty (approx. $22,000/yr for family of 4):
      - 7.3% all ages
      - 10.0% under the age of 18
    - Under 200% of Poverty (approx. $44,000/yr for family of 4):
      - 21.6% all ages
  - Grand County Self-Sufficiency wage (family of 4): $50,876

How Did We Get Here?

- Geography limits access to care for the underserved:
  - Large county (sq. miles) plus topographical barriers within county (national forest, lakes, rivers, canyon).
  - Proximity to Denver, Summit County & Steamboat.
- Grant from NWCCOG to find long-term solution to A.C.H.E.S. & P.A.I.N.S.
  - Needs assessment for healthcare access for underserved

Meeting Outcomes

- Share key findings from the Readiness Assessment
- Learn about current efforts in selected focus areas
- Identify short and long term strategies to address selected gaps and needs
- Develop specific next steps to keep action planning moving forward

Meeting Norms

- Cell phones off
- Limit side conversations
- Practice active listening
- Keep a positive attitude
- No ideas are bad ideas
- Try to stay for the whole morning

Grand County Readiness Assessment for Health Care Services for the Underserved

- 16 key informant interviews;
- Three focus groups;
- A summary report of interviews and focus groups with key themes identified;
- Facilitation of a community-wide health forum to identify future strategies;
- The production of a report with final recommendations.

Key Findings

Who is the Underserved?

The Underserved

People with financial challenges were considered to be the underserved.

- Sub categories include:
  - Low income, un-or under-insured
  - Low income with Medicaid
  - People who don't qualify for benefits

Key Findings

Community Strengths

Community Tenacity

- There exists a strong willingness by the community to be involved in the development of an improved health care system.

Dedicated Practitioners

- All of the local practitioners interviewed were already doing a variety of activities to improve health access.
- Examples of involvement included attending planning meetings at the local and state level and discounting or donating health services.

Organizational Leadership

- Grand County Rural Health Network was identified as an asset in the community and well positioned to assist with future planning efforts.
- The Medical Society was also mentioned as a key organizational leader for future planning efforts.

A Growing Consumer Voice

- There appears to be growing interest from consumers in becoming involved in advocating for the develop of an improved health care system for the underserved in Grand County.

Positive History of Implementing Local Health Programs

- A.C.H.E.S. and P.A.I.N.S. was cited as being an effective stop-gap program for the medically underserved.
- There is existing infrastructure to build upon.

Community Leadership

- Numerous community leaders in government and private business have expressed ongoing support to efforts to improve local health services.

General Agreement on the Need for a Low Cost Clinic

- There is general consensus that a centralized health system would be beneficial to the community.
- A majority of participants favored a central clinic; a few preferred a traveling clinic or utilization of existing facilities throughout the County.

Key Findings

Challenges, Gaps or Needs

Transportation

- Lack of affordable transportation to medical appointments within and outside the County was frequently cited as a significant barrier.

"I shouldn't be driving but I have no choice"

"I know people who hitchhike to their doctor's appointments"

Limited Awareness of Existing Health Services and Resources

- Both providers and consumers reported difficulty in locating information about existing health resources.

"The biggest problem is no one knows that things exist. They might find out belatedly or they might not find out at all."

Difficulties Determining Financial Need of Consumers

- There was frustration expressed from providers on how to determine the true financial need of their clients.

"*People with brand new SUV's are coming in for assistance. How do we figure that out?"*

"I can't be their financial manager. I can't make decisions about whether to put food on the table or cigarettes in their mouth."

Competition and Turf Issues

- There is a strong sense of competition and turf issues between the three hospital systems and between those entities and the family practitioners.

"*Certain entities have not been truthful to each other with negotiations in the past and getting over that barrier of distrust is going to be huge."*

Lack of Consensus About Community Readiness

- There was not consensus on whether Grand County was ready to implement a major health initiative to address the needs of the underserved population.

Quote on Readiness

"There are lots of people at the top of the scale who are ready and willing and want it so badly, and then there are other people who make the 'been there, done that' comments. It is going to take both of those groups of people and everybody in between to make it happen."

Limited, Affordable Options in Basic Service Areas

- A lack of access to several core health services was identified. The most frequently mentioned missing services were:
  - Behavioral Health (substance abuse counseling & psychiatric services)
  - Affordable & Medicaid-covered Oral Health
  - Prenatal, Women's Health and Delivery Services

Quotes for Basic Services

"I have had to take many people to the hospital for substance abuse and they won't admit them. They discharge people when they are not ok to be alone."

"Oral health tends to be a low priority."

" We can't have a baby in the County and we might not make it to Denver."

Limited Culturally Appropriate Health Services for Spanish Speaking Residents

- It was reported that there are few Spanish speaking providers and limited health resource information available in Spanish.

Quotes on Language

"Every once in a while they have someone who can speak Spanish but a lot of the time they don't."

"A lot of people I know are afraid to go and ask for something because they don't speak English and they are afraid the doctors won't understand them."

Lack of Service Coordination

- There was a general perception that health services in Grand County were not well coordinated. Duplication and gaps in services were reported.

"We need to reduce duplication. Everybody is doing the same thing. If this group could provide one thing, and another group something else, it would help."

Narrow Scope of the A.C.H.E.S. and P.A.I.N.S Program

- The program, while helpful, was considered to be limited in scope and a "stop-gap" program.

"A.C.H.E.S and P.A.I.N.S. gets people in the door but we lose them when dealing with chronic or long term issues."

Goal One: Locating Information & Resources

Grand County consumers and providers can easily access and share information in a central location about resources, existing and available services, and referrals.

Status Review of Key Goal Area

Now

- Public Health & GCRHN currently do referrals, care coordination, and information sharing – but not centralized.
- Mountain Family Center: health advocate for low-income.
- House Bill 1451 for at-risk kids and families.

Status Review of Key Goal Area

Future Initiatives

- GC Healthcare Professionals Society to educate residents on:
  - Importance of primary care for all;
  - Available existing healthcare resources in-county;
  - What those health resources can do for you.
- GCRHN new patient navigator program / system will:
  - Provide care coordination for anyone;
  - Assure a "No Wrong Door" approach;
  - Educate patients on self-managed care.

Goal Two: Welcoming Healthcare Settings

All healthcare settings will be welcoming to all consumers regardless of age, culture, language, insurance status, financial income, or residential location.

Status Review of Key Goal Area

- GC Healthcare Professionals Society:
  - Part of Medical Home initiative is provider commitment to serve everyone.
- GC Rural Health Network's new patient navigator program:
  - Culturally sensitive and trained staff and volunteers.
- Educational program models for providers & staff. Examples include:
  - Cultural issues for low-income;
  - Spanish language in healthcare setting.

Goal Three: Determining Financial Eligibility

Grand County will have a county-wide financial screening tool so that consumers and providers can easily determine financial need.

Status Review of Key Goal Area

- Financial eligibility determination (different for each program) for:
  - Medicaid, Medicare
  - CO Health Insurance Plan (CHIP)
  - CO Indigent Care Program (CICP)
  - A.C.H.E.S. & P.A.I.N.S., and other GC community programs (ex. Mountain Family Center)
- Other models from communities:
  - Personal financial eligibility card (Summit Co.)
  - Personal disk drive w/ financial eligibility info (& medical records)

Goal Four: Transportation

Consumers will have transportation to healthcare services in Grand County and out-of-county.

Status Review of Key Goal Area

- Grand County Council on Aging:
  - Van for elderly and disabled for grocery, doctor's visits in Grand County, Denver & Silverthorne.
- American Cancer Society:
  - "Road to Recovery" volunteer drivers to appts.
- NWCCOG initiative:
  - Rural transportation options for region.
- Rural Healthcare Transport program models:
  - Northeast & Southwest CO.

Goal Five: Narrow Scope of the A.C.H.E.S. and P.A.I.N.S Program

Grand County will have a low-cost, sliding scale healthcare system that provides primary, preventative, diagnostic and chronic care.

Status Review of Key Goal Area

- Kremmling Memorial Hospital District:
  - New self-pay policy, effective approx. Oct 1: significant discount on fee.
  - New charity care policy, effective approx. Oct 1: discount from self-pay paid for by charity care.
  - CO Indigent Care Program (CICP) provider: different co-pay levels based on income.
  - Rural Health Clinic: working on becoming a rural health clinic, with a goal to have sliding scale clinic – possibly in 2011.

Status Review of Key Goal Area

- Planned Parenthood: sliding scale.
- CO West Mental Health uninsured benefit plan: sliding scale.
- NaCO prescription card: percentage discount based on drug companies' participation.
- Other community's care clinics / sliding scale models:
  - Rural Health Clinics
  - Federally Qualified Health Clinics & look-alike.

Goal Six: Limited, Affordable Options in Basic Service Areas

Grand County will increase the accessibility of high quality behavioral, oral and women's health services for underserved residents.

Status Review of Key Goal Area

- Women's Wellness Connection:
  - Program for women over 40.
- Fraser Medical Clinic:
  - Prenatal care in-county; deliveries in Estes Park w/ Dr. Lampey and/or OB partner.
  - Shared care option: most prenatal care w/ Dr. Lampey, some with partner OBs of choice in Denver, Summit County and Steamboat.
- Byers Peak Family Medicine:
  - Working on model ready by end of 2010 that provides prenatal care in-county; deliveries in Denver.
- Population in Grand County makes delivery of babies prohibitive:
  - Have approx 150 births/year.
  - Need more than 300 births/year.

Status Review of Key Goal Area

- CO West Regional Mental Health:
  - Tele-psychiatry
- Substance abuse counselors: CWRMH; Luna Counseling (accept Medicaid); prior certification at RiverView Counseling
- In-patient substance abuse treatment in Denver or Grand Junction only.
- Granby Medical Center:
  - Received grant to installing tele-health – by end of 2011
- Silk's Dental Hygiene Services: Dentist from Idaho Springs who accepts CHP+.
- Models for nonprofits / pass-through entity to accept Medicaid and reimburse dentists.

Instructions for Table Tops

- Select a goal area you wish to work on
- Move to the back of the room and look for the goal by number
- Tables are clearly marked
- There is a table facilitator
- Introduce yourselves
- Answer the table top questions