Working Lunch Session Report
December 9, 2013

With major changes affecting the health care landscape, many health care professionals and stakeholders in Montgomery County have felt unsure about how the ACA will be implemented and how it will affect their work and their patients. Healthcare Reform in Action: The Montgomery County ACA Leadership Summit took place on October 28, 2013. Co-hosted by the Montgomery County Department of Health and Human Services (DHHS), the Maryland Women's Coalition for Health Care Reform (Women's Coalition), and the Primary Care Coalition (PCC), the Summit provided a point-in-time overview of health reform implementation in the County for health care providers, social workers, policy makers, and other community stakeholders early in the implementation process.

From hospital executives to insurance carriers and community providers, the event also provided a platform for local health sector leaders to share their strategies for addressing the challenges and leveraging the opportunities presented by the Affordable Care Act (ACA). Presentations and an audio archive of the event can be found at: http://www.primarycarecoalition.org/healthcare-reform-in-action.

Event participants engaged in a working lunch session, during which they discussed challenges, opportunities, and recommendations around nine discussion topics. This report summarizes the highlights of the working lunch and outlines **10 actionable items** that can be addressed in the short term. These would have a positive impact in areas that include ensuring continuity of care and promoting health seeking behavior for newly enrolled residents. They are all steps that can be taken independent of the State enrollment infrastructure and in collaboration with the Summit participants.

TOP 10 ACTIONABLE ITEMS

The following items have been identified as areas where the community can focus and take action toward ACA implementation in Montgomery County. These actions are focused on providing continuity of care and promoting health seeking behavior for newly enrolled residents and can be done independently of the State enrollment infrastructure.

	Action	Outcome
1.	Engage health promoters to establish trust with lay people.	Newly enrolled people will know how to access health services and understand how to best utilize their new insurance coverage.
2.	Leverage social media to promote health seeking behavior.	
3.	Develop consumer education and health promotion materials for use in faith based health ministries.	Increased health seeking behavior among congregants.
4.	Develop consumer education and health promotion materials for use in County unemployment offices.	Increased health seeking behavior among unemployed and underemployed residents with recently obtained health coverage.

5.	Start an online discussion group devoted to sharing cultural competency resources and best practices for providers.	Improved cultural competency among providers who will be treating increasingly diverse patient populations.
6.	Encourage provider organizations to adopt cultural competency principles and integrate them into their mission statements.	
7.	Translate consumer education and health promotion materials into Spanish, French, Amharic, and other commonly spoken languages.	Increased health seeking behavior among cultural and linguistic minorities in the County.
8.	Provide ongoing training and technical assistance for safety-net providers in utilizing an EMR to enhance care coordination for patients.	Improved continuity of care for individuals who fall into and out of coverage due to changes in income based eligibility.
9.	Create a learning collaborative in which clinics/providers already accepting Medicaid and other insurance plans can share experiences with those preparing to participate in Medicaid and take insurance.	
10.	Create a learning collaborative among County agencies and community based organizations to leverage all County distribution channels and prepare for ongoing enrollment efforts.	Established communication infrastructure to support ongoing enrollment efforts after March 2014.

SUMMARY OF WORKING LUNCH DISCUSSIONS

Topic 1: Consumer Outreach and Engagement

What outreach and communications methods can we use to help consumers feel informed and confident in the new system? What distribution channels would be most effective in reaching uninsured individuals with information about Medicaid expansion and subsidized health plans?

Challenges:	Opportunities:
• Mistrust of the system. • Lack of accessibility. • Privacy concerns. • Inconsistent messages: Each agency/organization says something different. • Language and technology barriers: many people don't understand industry jargon; many people face technology barriers to accessing the enrollment system.	• Inquisitive audience: People are curious and want to know more. • Work with organizations already doing outreach and community engagement on other topics. • Use social media; a free resource. • Create materials e.g. a "cheat sheet" with all of the relevant information.

Recommendations:
• Increase publicity by attracting more media coverage of the issue. • Reach people through the avenues they touch everyday such as schools, pharmacies social services, postal services, and libraries. • Reach out through organizations e.g. the Montgomery Coalition of Adult English Learners. • Streamline information and explain the resources available. • Educate the public by explaining terms in health care and health insurance coverage. • Leverage social media to share information across networks. • Include enrollment information on voter registration forms and other public forms. • Continue to maintain flow of information after the initial excitement and interest.

Topic 2: Promotion of health seeking behavior
How can we apply a patient-centered approach to encourage newly enrolled people to seek health services? What tools and best practices should navigators and assisters use to empower patients and to inform them about how to best utilize their new insurance coverage?

Challenges:	Opportunities:
• Lack of education and health literacy. • Difficulty navigating the care system. • Patients do not feel empowered. • Lack of understanding of necessity of prevention and intervention. • Cultural differences make it difficult to educate all audiences. • Embarrassment about “bad” health habits. • Fear of diagnosis of a severe health condition. • Difficulty in finding PCPs who are accepting patients. • Differences between “western” and “traditional” medical practices.	• Use health promoters to establish trust with lay people. • Make the system more “user-friendly” and accessible. • Develop a behavior change campaign to be implemented in schools, communities, churches, etc. • Roll out messages in innovative locations such as theatres, hotels, hardware stores, etc. • Work with the private sector to distribute health messages to employees. • More cross-training and collaboration across sectors and organizations.

Recommendations:
• Create materials in different languages and accessibility formats. • Leverage new technology to promote health seeking behavior e.g. push technology, social media, etc. • Develop a behavior change campaign to be implemented in schools, churches, and throughout the community.

Topic 3: Continuity of care: the role of Montgomery Cares and other safety-net providers
How can safety-net providers ensure continuity of care for individuals who fall into and out of coverage due to changes in income based eligibility?

Challenges:	Opportunities:
• Strength of community-based health care providers strong during transition to ACA—especially providers that are not set up to	• Streamline the care system, especially referral processes.

take health insurance. • Providers lack ability to track patient coverage and enrollment in an MCO or QHP—i.e. making sure patients are enrolled in the most appropriate program. • Benefit changes may require patients to seek care in new places. • Difficult for patients to navigate the system.	• Educate patients and empower them to be self-advocates. • Prepare physicians, practices, and safety-net providers to accept more types of insurance. • Use integrated systems, like a shared Electronic Health Record (EHR) and care coordination models, to keep track of patients.

Recommendations:

- Develop and implement a "bridge-plan" to connect providers who accept different types of coverage and provide patient navigation for patients moving from one provider to another.
- Provide ongoing training and technical assistance for providers in implementing an EHR and other care coordination processes such as the principles of Patient Centered Medical Homes.
- Create learning opportunities where clinics/providers already accepting Medicaid and other insurance plans can share experiences with those preparing to participate in Medicaid and take insurance.
- Explore changes in care models e.g. providing simple consultation over the phone or via e-mail.

Topic 4: Patient navigation at emergency departments

Knowing that hospital emergency departments (ED) are a 'transit zone' for the uninsured, how can hospitals best employ certified application counselors and/or work with navigators and assisters to enroll patients in Medicaid or subsidized health plans.

Challenges:	Opportunities:
• Lack of awareness: patients visiting the ED do not know about new coverage options. • Lack of discharge education materials to share with patients who visit the ED.	• Better use of navigators/assisters in EDs.

Recommendations:

- Connect ED use with follow-up through primary care services and use management.
- Develop discharge education materials to share with patients who are leaving the Emergency Department.
- Use emergency department wait times to provide messages/information about coverage options.
- Embed navigators/assisters in emergency departments to enroll patients on-site.
- Set up computer/telephone work stations in EDs or adjacent areas so patients can initiate an enrollment while waiting to be seen.
- Integrate enrollment into the patient navigation model established by PCC's emergency room diversion project. Connect ED use with follow-up through primary care services and use management.

Topic 5: Access to coverage and faith communities
What is the most effective way to empower the faith community to inform their congregations about their new health insurance options? Is there specific information and/or are there tools they need to do this and, if so, what are they?

Challenges:	Opportunities:
• Lack of simple, factual messages that can be easily conveyed to congregants. • Lack of connection to local and national religious organizations with health ministries. • Limited time available each week to educate congregations.	• Large weekly audiences with strong representation of uninsured and underinsured. • Opportunity to repeat and reinforce messages. • Congregants include both health care experts and those who need to be educated/informed.
Recommendations:	
• Distribute information about the MHBE at holiday bazaars. • Present health care in terms of wellness, prevention, and spiritual wellness. • Frame messages to resonate with faith communities: promote health care as a concern for the whole family and as a stewardship issue of body, mind, and spirit.	

Topic 6: The intersection between health and workforce
A healthy population is a productive population. How can workforce development and employment programs engage and educate their clients, many of whom will not have insurance, about expanded access to coverage and how to best use it?

Challenges:	Opportunities:
• Some health workers have the knowledge but don't apply it to themselves e.g. home health workers. • Resource and staff limitations prevent execution of ideas.	• Provide insurance education at job training programs. • Use MHBE enrollment as a computer literacy/training exercise. • Partner with Montgomery Works and other job placement and social service programs.
Recommendations:	
• Develop information collaborative in which DHHS, non-profit community, and other county agencies and social service programs, e.g. workforce programs, share information and resources. • Integrate ACA enrollment information and public health and prevention messages into all job training programs. • Administer grants for community health worker training.	

Topic 7: Ongoing enrollment
With the Connector Program funded only through July 2014, how can we continue our outreach and education efforts after the first open enrollment period ends and beyond?

Challenges:	Opportunities:
• Lack of funding will curtail outreach opportunities.	• Address enrollment barriers faced by specific regions/geographic areas and communities.
Recommendations:	
• Streamline and coordinate efforts to eliminate duplication. • Develop sophisticated outreach materials and activate grass-roots networks to disseminate information through existing activities. • Coordinate across organizations to identify and utilize best practices in all outreach efforts. • Coordinate with provider organizations to provide educational and preventive services.	

Topic 8: Cultural competency
As more people gain access to care, providers will be treating increasingly diverse patient populations. How can these providers prepare to provide care that is culturally competent and meets the needs of their diverse patients?

Challenges:	Opportunities:
• Lack of culturally competent outreach and education materials in different languages. • Not enough multi-lingual or culturally competent staff. • Lack of grass-roots efforts to educate minority populations	• Educational forum/idea exchange between navigators and providers. • Keep momentum from larger forums and events such as this one. • Identify deficits in access to health care services. • Continuing Medical Education credits and Continuing Education Units in cultural competency. • Diversity health fairs.
Recommendations:	
• Develop and disseminate educational materials in different languages. • Train medical associates in cultural competency. • Start a LinkedIn discussion group on Cultural Competency resources and best practices for providers. • Develop and offer cultural competency training online. • Embed cultural competency in professional ethical standards. • Encourage organizations to adopt cultural competency principles and integrate them into their mission statements.	

Topic 9: Continuity of care for special populations
What do providers and health policy makers need to do to ensure enrollment and maintenance of coverage and/or continuity of care for special populations, such as the homeless, mentally ill, those transitioning from incarceration, and others?

Challenges:	Opportunities:
• Target population is accustomed to getting services from EDs • Eligibility changes mean people transition into and out of Medicaid coverage • Population is highly transient and difficult to track.	• Develop information for the "influencers" of the target population. • Work with private providers, especially to share information and care coordination with patients whose coverage may lapse. •
Recommendations:	
• Create a social services database that enables people to cross reference eligibility for different programs and improve/streamline information and referral. • Partner with County library systems as a way to reach the homeless population. • Partner with public schools and develop "back-pack" mailers to send information on coverage options home with children. • Partner with food banks to distribute information and materials inside food badges. • Partner with the Housing Opportunities Commission to disseminate information to people eligible for subsidized housing. • Engage law-enforcement by providing simple, easy to carry information that they can distribute to target populations, e.g. wallet cards with information and referral resources. • Work with parole and case officers and encourage them to follow up on health concerns.	

Conclusion

The Montgomery County ACA Leadership Summit brought together nearly 200 community stakeholders in a day-long discussion and idea exchange. Through the Summit health care providers, social workers, community health workers, and others in the community developed a shared base of knowledge and began to address some of the critical questions facing the community as the ACA rolls out. This document includes ideas and different approaches to addressing some of the challenges now faced by patients and providers. The event organizers encourage Summit participants to continue to work together to identify the initiatives that seem to be feasible and mission appropriate for their organizations and take steps to implement them as individuals, as organizations, and through formal partnerships. ***We all have a role to play.***