

MEETING MINUTES OF THE COOK COUNTY HEALTH CARE TASK FORCE

May 3, 2016

118 N. Clark St., 4th Floor Conference Room

I. Call to Order and Introductions

Attendees: Venoncia Bate, Teresa Berumen, Commissioner Chuy Garcia, Steven Glass, Kathleen Gregory, Sandy Kraiss, John Keller, Diane Limas, Andrea Munoz, Dr. Linda Rae Murray, Luvia Quinones, Dan Rabbitt, Sindy Soto, Commissioner Robert Steele, John Squeo, Mireya Vera

II. Community Health Presentation (see attached)

Founded in 1993, Community Health is the largest volunteer-based health center in the nation. Three pillars of success: philanthropy, volunteerism, partnerships. Supported by individuals, foundations, corporations, and institutions provide over 90% of revenue. For every dollar donated, over \$8.00 in care is delivered at no cost to patients. Community Health is committed to reducing barriers to care: daytime, evening and weekend hours, limited wait times, interpreters, onsite lab and pharmacy, no fee for any service, prescription or supplies.

III. Draft Recommendations (see attached)

Discussion about potential Task Force recommendations to the County. More input is needed from Cook County health care stakeholders, including Health Care Taskforce members, on how to design and implement a direct access health program.

IV. Subcommittees Debrief

Barriers

The subcommittee needs data on languages spoken in the county by area. The goal is to identify all clinics, where they are located, waiting lists, waiting limits, bilingual staff (in what languages) and interpretation training. Discussion about current sliding fee scales and guidelines. Discussion about promotoras and their importance to better community health.

Data/IT

Report back from Healthy San Francisco (HSF) inquiry; HSF contracts with third parties for most of their IT needs. Report back on Consult Link/Medical Home Network inquiry: still working to schedule a meeting. Next steps are to make recommendations to the full Task Force.

Finance/Reimbursements

Discussion about health care financial principles and one-tier care. The subcommittee needs to receive numbers of the uninsured, create a map and resources and a cost savings analysis, and evaluate the per member/month payment and Care Link policy.

Partnerships/Existing Programs

Discussion about the Healthy Chicago collaborative (26 partner hospitals). Access to care includes enrollment. Charity care is going down but bad debt is going up because individuals can't pay deductible. Community benefit is an important piece of the situation. There is a lack of data to understand what is occurring with community assessments. Transportation is the first policy goals for the Health Impact Collaborative.

V. Public Registered Speakers

One public registered speakers: George Blackmore