Access to Care Meeting Minutes

5.19.20

1. Christin Corvello, the previous co-chair of the access to care team, has taken a job in Albany County and will no longer be able to fulfill the duties. If you are interested in the job, please talk with Amy about it.
2. Reviewed the impact of COVID-19 on access to care metrics
   1. Decrease in seeking medical care
      1. 50% reduction in patients to CRMC ED; 40% reduction in stroke and heart attack patients
      2. Jenna noted that Healthworks saw 500 fewer encounters in April than normal – this was primarily due to shut-down of dental services and limiting care management
         1. Only down 20-30 mental health visits
         2. Potential for survey of new patients at Healthworks
      3. Decline nationally in childhood immunizations
         1. Request submitted to WY immunizations unit to determine drop here
         2. It was discussed that many well-child visits are being conducted virtually so even if immunizations aren’t being administered kids may still be being seen by a healthcare provider
         3. The decrease in reported child abuse cases was also noted here, based on less kids being seen by teachers and doctors who are mandatory reporters
      4. Many providers have moved to telehealth coverage; which is a great option for some but has limitations
         1. 45% of WY residents in rural areas don’t have access to high-speed service
         2. Laramie County has higher access than most of the state
         3. Digital literacy is also required to adequately access telehealth options
         4. One article cited in the slides also shows that women with low digital literacy got less benefit than others from online breast cancer support groups
      5. Impact on Chronic Care management
         1. This was discussed during our last meeting as something that could be on the horizon. Many articles suggest that this could be the case but there was no data to be found yet on these impacts. If you think of available data, please share!
      6. General discussion on why the decrease
         1. Some practices have scaled back hours and types of services offered
         2. General fear or anxiety from patients about exposure risk
         3. Potential for some to come back as we begin to slowly open
   2. Access to insurance coverage
      1. COVID is highlighting existing problems with access
         1. WY had the highest rate of food service preparation workers that were uninsured before the pandemic (43.3%)
            1. This industry has been hit hard by the pandemic layoffs
            2. Because they did not have employer coverage that was lost during the lay-off they are not eligible for a special enrollment period
         2. 40% of US households earning less than $40,000 lost their jobs in March
            1. Jobs are tied to insurance
            2. 30,000 Wyomingites filed for unemployment since mid-march (909% higher than in 2019)
         3. Many experts predict an increase in Medicaid and Marketplace enrollments
            1. WY Legislature has announced that they will discuss Medicaid expansion as an interim topic
            2. Monica noted that some employers have opened up special enrollment periods for employees during this time
   3. Disparities
      1. During the pandemic people of color, specifically American Indian and Hispanic people have been disproportionately affected by COVID-19 in Wyoming
         1. Discussion that even though these are statewide numbers some can be extrapolated to Laramie County related to the low percent of cases that are white.
         2. Relatively low American Indian population in Laramie County
      2. Mirrors disparities that are observed in other health outcomes not during COVID-19
         1. Angela mentioned work on releasing a social determinants of health training to the community
3. What are the next steps for this action team?
   1. Two biggest concerns were decline in care and disparities
   2. Monica suggested that if we start with disparities/social determinants of health that we should start with something discreet/tangible. This is a big topic and can get overwhelming. An example was language access.
   3. Generally we discuss that the strengths of this group are to provide education and make changes within our own agencies.
4. Updates of Subcommittees
   1. EPIC Care Link/Goal Connect – remains on hold
   2. School Based Health Center
      1. Currently drafting proposal and determining correct timing in relation to COVID response
5. Revisiting Collective Impact
   1. Collective Impact is the model on which the action teams are formed. Collective impact requires five components
      1. Common agenda
      2. Shared measurement
      3. Mutually reinforcing activities
      4. Continuous communication
      5. Backbone organization
   2. The discussion centered around mutually reinforcing activities and shared measurement
      1. Mutually reinforcing activities – It is not necessary for us to always create something new like the school base health center to achieve our goals. As an example if we choose to work on disparities and continuing with the language access plan example, how can each of us work within our agencies to ensure that we have access to translation services for clients/patients etc. and that staff know how to use/access those services. The goal of this group can be to present the knowledge to the individuals and the group learning of how to make a difference in their organizations. To make real gains on our goals we have to be doing it together.
      2. Shared measurement – Eventually, we as a group should select at least one measurement that we can each commit to reporting on. For example, insurance coverage, could be something that each organization works on and we could report the number of clients that were screened for insurance coverage, referred for enrollment, and enrolled. This is just an example. This is how we start to not just create a new arrow but also align the arrows of each of our organizations.