

Dauphin County Health Focus Group
June 12, 2007
HACC

1. What would you define as the top three emerging issues related to Access to & Availability of Health Services in Dauphin County?

1. Immigrant, refugees and prisoner reentry
2. Lack of coordination of physical and behavioral health services, including applying for MA
3. Crowded emergency rooms
4. Lack of available primary care physicians, specialty care physicians and dentists causing patients to go out of county for specialty services
5. Only 7.9% of PA schooled residents are staying in PA, even fewer going into community care
6. PA's reputation for being a bad malpractice state continues to thwart out of state recruits from coming to PA to practice – workforce issue
7. Shortage of PCP serving low-income community
8. Health care access disparities for AA and Latino caused by language and cultural incompetence
9. Fewer community dentists available

2. Describe the most important changes in the characteristics of your current range of clients in the past three years. Has your organization experienced specific barriers or special challenges in meeting the needs of hard-to-serve populations?

1. Problem has been building over a long time, but there is now more awareness.
2. More interplay between local police department, homeland security, and immigration.
3. Spike in child and youth behavioral issues are more severe and complex which can lead to the penal system earlier
4. Hospital stays are not long enough to make real change or improvements for the youth battling multiple and complex behavioral issues
5. Federal funding policies support juvenile centers not prevention.
6. Not enough funding for drug, alcohol and substance abuse
7. Coordination of care across systems is lacking
8. More complexity related to co-occurring dual diagnosis, difficult to find coordinated treatment, putting more pressure on importance of coordination
9. Need more dually licensed facilities
10. Physical conditions go unmanaged for those with behavioral issues
11. Big changes in emergency room volumes

12. Need more nursing home beds, there is a shortage of gerontology specialists for aging population
13. Increase in STDs and HIV in elderly men and women, dubbed the Viagra syndrome
14. Dentists are aging out; lack of adequate force that take MA or will work in community health
15. Workforce issues causing reduced number of skilled aids for in-home care

3. What are the considerations in building partnerships to improve access to and availability of health services? Describe both positives and negatives.

1. Very time consuming to convene partners, need a dedicated point person to allow the collaboration to take root.
2. There are inherent differences in each organization's mission and it is critical that common purpose drives the collaborative effort and not each organization or individual's own agenda
3. Must be solution focused
4. Must have the funding to support new initiatives and co-occurring competency development especially in under served care
5. Legal requirements such as HIPAA affect the most vulnerable patients where sharing of medical information is key to the solution
6. Pharmacies can and should be used more as a centralized source for information on the low-income and high risk populations
7. Computer systems and data are often not compatible to be of best use for collaboration and breaking down the SILOs that exist

4. What financial, community or human resources do you need to meet the needs related to access and availability of care and services? How would you use them and why? What would be the results?

1. Translators
2. Trained health care providers that accept MA
3. Space
4. Increase scope of Nurse practitioner responsibility to ease the burden on other caregivers
5. Invest in education system and workforce development to train "home grown" professionals
6. Legislative changes to improve climate to practice medicine
7. Home health visitors with cultural competence
8. Expand nurse family partnership and healthy families
9. Create more urgent care centers, fast track centers
10. Better collaboration with FQHC's and all partners
11. Change the mix of patients to increase MA and cost reimbursement

5. How can the community and its partners join together to create solutions that begin to address the challenges and opportunities discussed today?

1. There is no central county wide health department that manages DOH and DPW responsibilities, creating a void in public health leadership for the county
2. Create a collaborative and build on SHIP
3. Human Services should partner with medical community
4. Need an initiative on health disparities to provide lay health persons as educators and information sharing within their own communities which may also create a potential and future job pool of future health professionals
5. Faith based system is overlooked as a conduit to the legitimate system of care