

AMERICAN ASSEMBLY HEALTH CARE SERVICES TASK FORCE

As a result of the recent meeting, please note the following “thoughts” as they relate to the on-going initiatives of the Task Force. These were derived from both conversation at the meeting as well as some further discussions with county participants.

SOME INITIAL TENETS AND PREMISES

- (1) The health care issue in Pinellas County is not simply related to or focused on the indigent. While this is a major component, the health of the entire community (County) is critical to the current and future quality of life and to the continued economic engine on which the County’s vitality is based.
- (2) Traditional health care of the community cannot continue to be primarily provided by the not-for-profit and profitable health care providers in the private sector. It must be an equitable partnership with all stakeholders both public and private.
- (3) Two primary issues exist: (1) the efficient delivery of the services and (2) funding of the service providers (both public and private).
- (4) There are numerous public sector programs and providers that appear to be disjointed within the larger system. While providing services for those for those for which the program was designed, little coordination and awareness exists throughout the larger public and private network.
- (5) The County currently pays some proportionate share (funding) into a state health care “pool” (as do other counties and hospitals) based upon the percentage of indigent and yet receives a disproportionate share of that money in return from the state.

- (6) State funding is difficult to estimate in that statute provides for funding but must be appropriated each year. Legislature has not maintained appropriation of some funding (in particular since 1991). Public outcries are not heard.
- (7) MEDICAID is an ominous program which appears to be mired with complexity and bureaucracy. To that end, little communication is available between the MEDICAID program and the County service providers.
- (8) Funding also is available through EMS. However, this funding source is problematic and appropriation process should be reviewed/ revised.
- (9) State funding is available for public sector programs but local service providers not able to take advantage of certain funding due to human resource constraints – no other “party” to develop grants or request funding on behalf of some programs. Money left on the table.
- (10) Other counties/communities in state are in similar situations but the demographics of Pinellas County exacerbate the issue.
- (11) There is no one “clearing house” for public and private sector programs in the County. As a result, there is overlap and consternation among the public and users of health care services. No continuity in communication/education and service and delivery.

POSSIBLE TASK FORCE STRATEGIES

These potential strategies are presented for discussion and direction by the Task Force as they relate the mission of the Assembly and addressing specific initiatives that might be implemented to achieve results in this area.

This is by no means an exhaustive list. It is simply presented for discussion purposes and the development of a framework for further Task Force initiative and strategy development.

- (1) Create a matrix of all public sector health care service programs/providers and integrate with matrix of private sector health care providers to determine (i) what services and demographic groups are missing (ii) what areas are duplicative (iii) where services and programs might be consolidated to become more efficient (iv) what funding sources are solid and what sources are temporary (v) how to share information and create a permanent communication network and (vi) understand possible future funding sources and their impact on “the network” relative to on-going legislative changes.
- (2) Create a better understanding of funding sources – primarily focused on (i) public legislative/statutory programs (ii) public sector grants (iii) private sector grants (iv) County initiatives and potential changes (v) state (such as Medicaid) funding and potential changes. In essence, by implementing strategy #1 and #2, a “sources and uses” framework is created.
- (3) Determine where the County has missing elements/pieces of providing efficient health care services to the citizens.
- (4) Design and implement program – to be called “Healthy Pinellas” (Mr. Bomstein was creator) – to engage private sector business units such as hotel/motel association and others to implement preventative health care programs (such as flu shots and testing of blood sugar levels) for employees (many of whom are in transient or service-oriented sectors). The program should include incentives to businesses to implement the program and a funding source must be dedicated to this strategy.
- (5) Seek enhanced focused political discussion on the issue as it now has become a “crisis”. This requires public communication and education through media and private sector but should be coordinated with local elected bodies. Focus to be state and federal funding sources and elected officials to “re engage funding which was established but not appropriated” or create

new dedicated funding source for specific coordinated programs. Focus on existing relationships in both state and federal elected bodies – create a program to discuss with leadership.

- (6) Develop understanding and agreement/acknowledgement between County and private providers as to the depth and impact of the issue in Pinellas County. Need to be on the same page as it relates to external discussions. Requires critique and/or augmentation of existing consulting reports and initiatives on the issue.
- (7) Develop a public awareness program, incorporating the aforementioned initiatives and strategies (and the information gathered and agreed upon as a result), in order to better equip the community. Create an overall communications program as an initiative between the County and many other service providers and programs.