

Healthy Partners Advisory Group

Budget Discussion: Notes

November 2, 2016

Process – See “Budget Discussions FY 17-18” Handout for desired outcome, background, Advisory Group Meetings, Member Seats, Process Guidelines, & Brainstorm Process. A “Parking Lot” was utilized to capture information that was not an idea to expand or add services.

Round 1: List Ideas

- Eliminate age limit
- Expand enrollment
- Create criteria for decision-making
- Re-visit/adjust delivery model. Is something available other than volunteer services?
- Build out specialty practice considering life extenders
- Expand hours
- Consider demand-based program (spend all funds regardless of current enrollment)
- If only one location, provide ancillary/support services (e.g. transportation)
- Expand to other locations if support services are not available
- Quality and patient safety
- Review list of exclusions and compare with what may be available from partners
- Consider specific disease states in addition to life extenders
- Spend smart (e.g. telemedicine)
- Explore other funding, or expand other health center programs to offset costs
- Include FQHCs based on mandates to serve uninsured
- Expand community partnerships
- Review pharmacy utilization
- Expand DHA efforts in determining Medi-Cal eligibility under PRUCOL

Round 2: Discuss and Understand Ideas

- Create criteria for decision-making.
 - Define guiding principles
 - Balance medical and community priorities
 - Consider mortality, quality, cost
 - Focus on client perspective – access, need
 - Primary care is top priority
 - Establish guidelines for specialty care

Parking Lot

- What is the Primary Care Health Center capacity for additional Healthy Partners enrollment?
- What are the expenditures for imaging and lab?
- Why is there a cap on the uninsured?
- What is staff vision of Healthy Partners?
- What is staff view of telehealth?
- How does Healthy Partners interface with other programs (e.g. EWC, FPACT)?