

COMMUNITY HEALTH

CARE CAPACITY

PROJECT

RECOMMENDATIONS

March 2010

RECOMMENDATION	EASE OF IMPLEMENTATION	FINANCIAL RESOURCES NECESSARY	OTHER RESOURCES NECESSARY	TIMEFRAME FOR IMPLEMENTATION	OTHER FACTORS TO CONSIDER	NOTES
#1 Form a regional health care alliance	Moderate	Consulting fees for leadership training	Consultant to bring group together and identify leaders	Immediate		Dr. Mark Wallace of NCHA willing to provide consulting services
#2 Plan and open an FQHC	Complex	Considerable, for application & start-up	Numerous	1-2 years	Dependent on federal approval. Faith-based community may be a source of additional support	At the 3/1/10 HSSC meeting, it was unanimously approved that Axis Health Systems be the applicant for the FQHC
#3 Create Health Information Exchange	Extremely complex	Estimates for start-up capital are <\$1 million, funded through ARRA funds. Additional funding may be available through The Colorado Health Foundation and Mercy Regional Medical Center support	QHN involvement and leadership to create support and use in medical community. Buy-in from local hospitals is critical to success	Full implementation (all medical entities in community) could take approximately 1-2 years	Ongoing costs for the HIE will be paid by users	This effort is underway via work of Durango Network, Mercy Regional Medical Center and Animas Surgical Hospital

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#4 Create Community Care Teams	Moderate	Support for staffing costs to expand current programs	Leadership to create cross-disciplinary teams, possible additional staff	Immediate - 1 year depending on expansion plans	If start-up implementation is expansion of current program(s), plans should be developed for future growth. These programs are currently all funded by grants and permanent funding is essential.	Opportunity to expand current programs serving pre-natal, pediatric or senior residents
#5 Create multi-share program for small businesses	Moderate	Source of funding for third share	Leadership to obtain state legislative action, develop benefits package. Actuarial estimates to project costs. Third-party administrator for benefits	12-18 months	Need state legislative approval.	Resources are available from programs in Pueblo and San Luis Valley. Durango Network may also be able to provide resources.
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#6 Formalize Donated Medical Care Program	Relatively simple	Minimal	Clerical support to identify participating providers and monitor distribution of eligible patients	Within 12 months	Would require buy-in and participation of County Medical Society or Durango Network	Mercy Health Foundation program could be expanded to include additional participation with added tax benefits for participating providers
#7 Create non-profit voucher program for undocumented residents	Moderate	Dependent on donations	Local group to develop non-profit, seek donations and administer program	12-24 months	Will be emotional and political issues which may be challenging	Some local groups have expressed an interest in being involved in a program like this. HSSC noted that a current non-profit in the community might be able to assume this project.
#8 Develop a single source eligibility process	Moderately complex	Possible cost of additional staff	Collaboration of multiple local agencies	12-18 months	Agreement on criteria may be most challenging step	There is a recently formed group addressing this idea