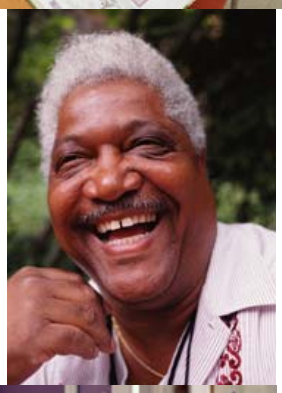


IV. FINAL RECOMMENDATIONS AND ACTION PLAN

A. Priority Recommendations

B. Key Action Steps

C. Concluding Remarks

IV. Final Recommendations and Future Action Steps

The Mayor's Healthcare Access Task Force has set forth to make a meaningful and sustainable difference in the health of Miami-Dade County residents. No longer satisfied with stop-gap measures and a fragmented approach to community health planning and service delivery, it convened over a full year to forge a collaborative dialogue about the health status of the community, review the existing service delivery system and analyze its strengths and weaknesses to create new opportunities and craft creative health solutions.

The Task Force made a conscious effort to engage the public in the early stages of planning by conducting its meetings in various central locations including the downtown county government offices, at the medical school, the local community college, the United Way, the local health council and two local hospitals. A public hearing was hosted downtown by Miami-Dade Community College so that the Task Force could receive input from the public affected by the health care crisis before fully commencing with its in-depth work and intensive deliberations.

The Task Force was oriented by engaging in a thorough introduction to the complex array of health services and issues confronting this dynamic and diverse community. The membership considered the many best practice stories of health service and planning organizations that have demonstrated sustained progress here locally, as well as throughout the state of Florida, and across the nation. They identified what particular features would be best suited to address the needs of residents of Miami-Dade County and recognized that much can be learned from the experience and collective knowledge of others.

The many past forays in health plan design and community engagement revealed a plethora of guiding principles for local application and implementation. These principles helped guide the planning, organization and structure of the proposed recommendations. They serve as ongoing standards of practice that can be employed in the day to day operation and management of the service recommendations and strategies presented. These principles will also help guide future efforts in the establishment of benchmarks for the ongoing evaluation, feedback and refinement of the health care delivery system that is essential and critical to the health of this community.

Throughout the process, as the Task Force observed and its recommendations underscore, collaboration among all Miami-Dade County healthcare providers and health advocacy groups is critical to assure the success of our community's well-being. It is hoped that people of all walks of life in Miami-Dade County will participate in the successful implementation of these recommendations and reap the myriad benefits of a health system that cares for all of its neighbors and families.

A. Priority Recommendations

The mission of the Mayor's Healthcare Access Task Force was to "ensure that residents in Miami-Dade County have access to quality, convenient and affordable healthcare coverage through governmental and private partnerships and public awareness of available and new programs." Its overarching goal was to create and oversee an integrated, comprehensive, community wide health care system for all residents of Miami-Dade County.

Through a series of over 60 meetings, Task Force participants developed recommended innovative health care projects, ideas for potential funding sources and a plan of action to serve the County's more than 450,000 uninsured residents.

As requested, the Committees of the Task Force have surveyed their members to identify their top four recommendations for community action. They are as follows:

Improving Our Existing Delivery System and Resources

The Improving Our Existing Delivery Systems and Resources Committee developed 10 well developed recommendations. After a prioritization process of voting among its members the following four top areas of priorities emerged:

1. **The recommendations regarding school health.**

2. **The recommendations regarding workforce issues.**

3. **The recommendations regarding governance.**

4. **The recommendations regarding information technology.**

The Committee was unanimous in its support of the school health program, and more than 80% ranked the workforce issues as the 2nd priority. The votes were almost evenly divided amongst the other 7 items listed, with governance and information technology having a couple more votes than the others.

1. **School Health Programs**

   The consensus of the Committee is that expanding school health programs should be a priority. Furthermore, a goal of the Committee is to ensure that by 2010 there is a designated "health home" for every needy child in Miami-Dade County. By utilizing School Based Health Centers (SBHCs) to increase access to care and the full service school model as a framework for the school's medical and social service delivery system and new dollars that can be brought down, a comprehensive, cost effective school health program countywide is achievable. For many immigrant children, this may be the only medical home they have since they may not qualify for other publicly funded health programs.

Many school based health centers (SBHCs) provide comprehensive physical and mental health services, via an interdisciplinary health team (primary care provider, nurse, social worker, health technician), which emphasize prevention, early intervention, and social service delivery. There are approximately 20 SBHCs currently operating in Miami-Dade County for a school population of more than 370,000 children, with an estimated 60% Medicaid eligible by income. Medicaid funding for school health through the Medicaid Certified Match Program is uncapped and matching funds must only be "certified." Therefore, access to matching funds in school health is available from existing local resources and state contributions are not required to bring down federal dollars.

The Committee received information, input, and guidance from Florida's Agency for Health Care Administration (AHCA) and several members of the Miami Coalition for School Health. A detailed report entitled, "A Plan to Expand and Sustain School Health Services Throughout Miami-Dade County", was submitted to and endorsed by the Committee.

Recommendations regarding the school health program are as follows:

a. Organizational Structure/Governance

1) Provide overall governance, oversight, and quality assurance monitoring of the school health system through the Miami-Dade County Health Department. Community involvement of key stakeholders would be assured through expanding participation in and authority of the Miami-Dade County School Health Medical Advisory Committee and other existing school health committees. Medical service delivery would be provided through a consortium of agencies/providers who are recognized as agents of the state via contracts with the Miami Dade County Health Department so as to assure medical liability protection and maximize third party/Medicaid reimbursements and other revenue maximization strategies back into the system. The provider consortium would collaborate in the unification of practice, standards of care, achieving certification, and data collection.

2) Establish an integrated system of coordinated health care delivery that ensures continuity of care and cost-effectiveness based upon the feeder pattern model demonstrated by the Dr. John T. Macdonald Foundation School Health Initiative and expand the system to include at least one SBHC per school feeder pattern (29).

3) Miami-Dade County Public Schools (MDCPS) must be responsible for needs assessments, conducting feasibility studies with regard to logistics, locale of SBHCs, capital improvements, and facility development. MDCPS in conjunction with Miami-Dade County Health Department (MDCHD) would prioritize the feeder patterns for service expansion based upon health indicator statistics and recommend particular schools for development based upon identified need and facility feasibility.

4) The School Board should designate a school health system administrator who serves as the chief health executive and coordinates all functions related to health within the school district.

5) Form partnerships with local community hospitals and community health centers to ensure continuity of care and access to secondary/tertiary care.

b. Funding

1) Invest in programs that maximize enrollment in Medicaid, as this is the key to sustaining and expanding school health programs.
2) Increase revenue generated by all school health providers under the Medicaid Certified Match Program by establishing a centralized billing system through the Miami-Dade County Health Department to maximize available funds (at no cost to the state) for delivery of school health services.
3) Work with Miami-Dade County Public Schools to share Medicaid eligibility information and institute a system for sharing Medicaid eligibility determination data across relevant bureaucracies throughout the county (i.e. Miami-Dade County Public Schools, Miami-Dade County Health Department; school health providers) to reduce administrative costs associated with billing.

c. Policy Issues

1) Reduce liability risk and large costs associated with escalating malpractice rates of school health providers by supporting necessary revisions to Florida statutes to extend sovereign immunity to SBHCs and all school health providers while maintaining their ability to bill for services.
2) Define a role for the Public Health Trust and interested local foundations in community outreach efforts to increase enrollment into Medicaid, information sharing, infrastructure and service delivery coordination.

2. Workforce Issues

a. Background

In the current "system", services to the poor are delivered by a variety of providers, including:

1) Full-time, paid employees of "safety net" providers, such as federally qualified Community Health Centers, the Public Health Trust and the Health Department.
2) Residents and faculty affiliated with UM/JMH and to a lesser extent, Mount Sinai, Miami Children's Hospital and Nova affiliated programs.
3) Paid employees of charitable institutions and foundations.
4) Private volunteers affiliated with charities or foundations.
5) "Conscripts", i.e. private doctors working in emergency rooms and private hospitals who see the poor as an unwanted responsibility.

   Strategies to address the work force issue in Miami-Dade County should begin by increasing the quantity, quality and productivity of providers in

categories 1-4 and minimizing reliance on category 5. These providers serve a variety of employers with different salary scales, regulations, liability issues and quality assurance programs. There is little integration or coordination of care and almost no consensus concerning best practices among these various agencies. Other workforce issues include the shortage of primary care providers, and the need for cultural competency of all providers and the need to promote cost effectiveness through teamwork and the efficient use of "physician extenders". Finally, monetary and non-monetary incentives must be provided to those full-time and voluntary providers dedicated to serving the poor.

The Role of the Medical School in the Workforce

Ideally, the role of the University of Miami School of Medicine in the direct provision of service should be limited to that required to serve its educational mission. In reality, as a result of our affiliation with the Trust, the School of Medicine is frequently required to compensate for workforce deficiencies. As the system evolves, therefore, the Medical School's role should also evolve away from stop-gap measures to model training programs integrated into the countywide plan. The other important roles for the medical school include:

1. Assuring a "pipeline" of future providers through recruitment, training and retention activities that promote service in our community.
2. Contributing to the overall quality of the workforce through continuing education, systems, services and health policy research and role modeling of compassionate service to the underserved.
3. Promote National Health Service Corps Scholarships, expand primary care residencies and provide more academic recognition (i.e. clinical appointments, service awards) to those serving the poor.
4. Medical students and House Staff should be specifically encouraged to enter careers in service to the underserved in Dade County.

<u>Recommendations:</u>

1. An inventory of current workforce in service to the poor needs to be conducted and continually upgraded.
2. Workforce planning should be incorporated into the developing governance and administration systems.
3. A countywide "community health service" including volunteers and full-time providers should be considered to develop, coordinate and integrate services.
4. Incentives and rewards for volunteers and full-time providers (i.e. provision of sovereign immunity, community service recognition, etc.) should be fully developed.
5. Priority for funding should be given to programs that effectively utilize teamwork and "physician extenders", as should programs that bridge organizational boundaries.

6. The medical school's role in "the pipeline", assuring quality of providers and service – learning training experiences should be recognized, supported and encouraged to expand.

b. Medical Malpractice

The issue of the medical Malpractice crisis in Miami-Dade County is seriously impacting the physician work force. Benchmark data often cites Miami-Dade County as the location where malpractice rates are the highest in the country.

Recommendation:
A statewide solution for medical malpractice must be supported by Mayor Penelas and the Miami-Dade Board of County Commissioners.

c. Medicaid

Approximately two-thirds of all physicians in Miami-Dade County are listed as Medicaid providers. Medicaid reimbursement for physicians and hospitals is often less than the cost of service.

Recommendation:

1.) Medicaid providers (both hospitals and physicians) should be granted sovereign immunity by the State of Florida. This would greatly reduce the risks to providers and should increase access for Medicaid patients to physicians and hospitals.
2.) Medicare drug coverage for seniors would eliminate all dual eligibility (Medicare/Medicaid) patients from Medicaid -- a savings of $7 million annually for the State.

d. Mammography

Public Health guidelines recommend mammograms annually for women over age 40. However, due to low reimbursement and high risk of litigation, patient access may be reduced. This is particularly difficult for Medicaid recipients and the uninsured because they often do not have a 'medical home' for routine care and may lack information about health services that are available to them.

Recommendation:
Some protection (sovereign immunity for county or State sponsored patients) should be extended to providers who participate in mammography testing and interpretation. This should reduce risk for providers and patients. Other routine screening examinations with high risk for patients and providers (i.e. colonoscopy) should receive similar consideration.

3. Governance

It is recommended that county-wide governance exist for healthcare which has a mandate to coordinate services provided by PHT clinics, federally funded CHC's school health programs, and other providers of services to the indigent and to integrate these services with those providing secondary and tertiary care. This could be an expanded role for the Public Health Trust or could be provided by a new governance structure that works closely with and coordinates activities with the Trust.

4. Information Technology

Our countywide healthcare system should be integrated electronically. Patients should be issued "smart cards" which contain pertinent demographic information and critical elements of health status. All facilities (hospital systems, federally qualified clinics and other primary care clinics, school health programs and physician offices), should be equipped to read this information and make additions or deletions as appropriate.

"Best practice" standards should be established, by disease, which include appropriate follow-up visits to primary care clinics or physician offices as required. Such follow-up appointments are to be arranged at the time of the initial encounter as a critical part of the best practice.

Treatment protocols are to be developed which are evidence based and available on a countywide basis. These protocols should be reviewed annually and updated to include access to newer lifesaving therapies as they emerge.

Countywide electronic medical records, a pharmacy information system, a laboratory information system and a radiology information system should be planned and implemented for all hospitals, clinics (both primary and school based), and physicians offices. Such systems provide the capacity to greatly reduce medical errors.

Several other major findings and recommendations were provided by the Committee's Co-chair, Dean John G. Clarkson. They emphasized and expanded on the Committee's recommendations contained in the full report pertaining to primary care clinics and advocated that the evolving plan should assure all primary care clinics are at the table. Combined they represent the best hope for delivery of primary care, prevention and wellness education, and the opportunity for infusion of new dollars into the system. He also felt that the community needs to encourage much greater integration of services and collaboration between the Public Health Trust (PHT) and the Community Health Centers. Worth considering is the possibility of outsourcing the PHT's former health department clinics to neighboring Community Health Centers (CHC's). This would provide expanded numbers and facilities to draw down more federal dollars while decreasing the costs of the Trust through the designation of Federally Qualified Health Centers and other types of clinics. Dean Clarkson's observations also encompass school health, workforce issues, hospitals and information technology. These perspectives are provided in an

addendum to the Committee's recommendations is contained as an attachment the Committee report in Appendix B.

Exploring Coverage Alternatives

1. **Develop a Miami-Dade County coordinated coalition of affected healthcare providers, consumers, social service organizations, foundations and philanthropists to fund a national and state lobbying effort to promote County healthcare issues and advocate policy changes to increase coverage of the uninsured population.**

   The purpose of this coalition will be to launch a lobbying effort in Tallahassee and Washington, D.C. Lobbyists should reside in Miami-Dade County, demonstrate involvement with and commitment to the community and have healthcare lobbying experience at the State and Federal levels. There has been a recent shift in control in the Florida Legislature away from South Florida to northern counties. We need to emphasize the disproportionate burden that Miami-Dade County faces with regard to charity care compared to the rest of the state. More funding is clearly needed here. This would also be instrumental in forming a national coalition of municipalities with large numbers of uninsured, low-income residents to push for expansion of programs at the Federal level.

   - Basis/Cost: This is County funded. Approximate cost $250,000 -$500,000 annually.

2. **Provide increased local funding to coordinate and expand outreach and education activities in Miami-Dade County to identify eligible individuals for Medicaid and Florida KidCare and maximize Medicaid eligibility within Miami-Dade County.**

   It is estimated that more than 100,000 individuals in Miami-Dade County may be eligible for Medicaid but have not yet been enrolled. This outreach effort would provide greater access to current Medicaid/Florida KidCare Program. Eligibility into these programs would increase reimbursements to providers.

   - Basis/Cost: Refer to Jackson Health System Outreach Plan. Cost is approximately $1.4 Million per year.

3. **Improve services for people with mental illnesses including:**

a. Expand the 11th Judicial Circuit Criminal Mental Health Project to include post-arrest diversion for appropriate felony defendants.

Miami-Dade County has the highest percentage of persons with mental illnesses of any urban area in the United States with 9.1% of the general population or 200,000 people and a higher percentage in its criminal justice population. There are five times as many people with mental illnesses in Florida jails than in state psychiatric hospitals. In Miami-Dade County a large percentage of those with mental illnesses are not U. S. Citizens and approximately 45% of the homeless suffer from some sort of chronic mental illness or dual diagnosis. The 11th Judicial Circuit Criminal Mental Health Project has been extremely successful working with this population. It is estimated that the county has saved an estimated at $1.4 million for the Department of Corrections and another $1.1 million for the Public Health Trust for a total of $2.5 million in diverted savings. Recidivism has been reduced from 70% down to 11%. This program is clearly successful. See Appendix 1 for details.

b. Expand the Crisis Intervention Team (CIT) Police Program countywide and increase supportive housing for individuals with severe mental illnesses.

The key to ensuring individuals with mental illnesses have access to adequate community-based treatment is to look at other cost saving mechanisms. By decreasing acute care costs such as emergency room admissions and crisis stabilization unit admissions, existing acute care funds can be reallocated for preventative care. The blending of existing services is also crucial. Therefore, increasing communication between the community stakeholders is essential in order to address categorical barriers and ensure that existing services are not duplicated. Better coordination and funding of projects like this project would allow for a system of community linkages to be facilitated and issues such as recidivism to be addressed".

A major barrier to mental health care for individuals with severe and persistent mental illness is the availability of supportive housing. Many studies indicate that the best and most cost efficient long term method of assisting individuals suffering from chronic mental illness is to provide housing which includes wraparound mental health case management and all necessary social services. See Appendix 1 for details.

c. Assure all insurance coverage supported by the Mayor's Task Force includes mental health coverage.

It is crucial that every resident in Miami-Dade County is given the option of purchasing health insurance with a mental health benefit. See Appendix 1 for details.

4. **Establish a primary care health plan that would provide the uninsured with access to primary and specialty services and prescription benefits.**

This would be available to every Miami-Dade County resident. The costs could be determined through an actuarial analysis. Implementation should result in hospital cost savings. Studies of Medicaid patients show 43% reduction in use of emergency rooms by having access to primary care. There should also be a pro-rated reduction in hospital admissions. The plan would be income limited. It requires a network of providers. Prescriptions would be provided by manufacturers at no cost by accessing the pharmaceutical patient assistance programs. This type of plan could be designed specifically for the non-working population and may be financed by the county or leveraged through private funds. It would carve out hospital care to lower the cost and result in reductions in emergency room utilization.

Expanding Coverage for the Working Uninsured

A public/private partnership program for employed uninsured individuals and their families is proposed with the following major design features:

- The program is a public/private partnership for employed, uninsured individuals with incomes under 200% Federal Poverty Level (FPL)[1] and their families. Participants would be employed a minimum (to be determined) number of hours a week, reside in Miami-Dade County, be uninsured, and not be eligible for any public insurance programs (including Medicare, Medicaid or CHIP).

- The program will offer health care coverage to eligible participants, who will pay a monthly premium and co-payments for some services. The exact services to be included in the health care coverage program will be determined by the county and other key stakeholders.

- The benefits are limited and designed to encourage participants to see a primary care physician and to avoid the use of emergency room and inpatient hospital services. While the benefits could be further limited to help reduce the monthly premium amount, consideration must be given to the point at which the covered health care benefits no longer constitute substantial (or desirable) coverage. A "catastrophic" program that provided for only inpatient care or limited care to a certain dollar threshold would reduce premiums but would not encompass the basic objectives of providing primary and preventative care.

- A sample benefit plan is displayed in the sample benefit summary table. These benefits are estimated to cost $107 per member per month (PMPM). In addition, it is anticipated that an additional $13 per member will be required to run the program, for a total cost of $120 per member per month split three ways for a $40 cost to the

[1] See Attachment 1 for information on the FPL.

employee, $40 cost to the employer, and $40 cost to the program. The costs for an extensive outreach program are not included in this estimate and would likely add another $5 to $10 to the per member per month cost. The exact costs for this program will need to be determined by an actuary following completion of the final program design. The proposed program design requires participants to utilize physicians, hospitals and other providers who are part of the program network. Use of out-of-network providers (if included in the design) would require increased co-payments. Substance abuse, mental health and dental benefits are not included in the cost estimate. The addition of mental health and substance abuse benefits, for example, would increase the per member per month cost by about $4.00 PMPM.

Sample Benefit Summary

Services	**Copayments**			**Limitations/Maximums: Requires use of network physician's, hospitals, etc.**
	Under 100% FPL	***100-150% FPL***	***150-200% FPL***	
Physician Services				
• Primary Care Office Visit	$5/visit			limited to network
• Specialty Care Office Visit	$10/visit			limited to network
• Pre/Postnatal Care	$0			limited to network
• Urgent Care	$10			limited to network
Hospital Services[2]				
• Inpatient	$25/day	$50/day	$100/day	20 days/yr
• Outpatient	$10/day	$25/day	$50/day	$1,000 cap/yr
• Emergency Room	$10/day	$25/day	$50/day	
Prescription Drugs	$5			Generics only/4 Rx per month maximum
Contraceptives	$5			12 Rx per year
Ancillary Services				
• Durable Medical Equipment/Supplies	$10/item			limited to network
• Diagnostics (lab, x-ray, etc.)	$5/procedure			limited to network
• Ambulance	$10/trip			waived if admitted

- Miami-Dade County could enroll up to 100,000 people in this program, depending on the amount of money available to the program from local funds and matching Federal funds.

[2] The PMPM cost for the sample benefit package does not include the potential use of three different copayments for hospital services based on income (i.e. a sliding scale). The actual PMPM cost might differ slightly from the $107 PMPM amount if three different co-payments were utilized.

- The actual costs may vary depending on the final design of the program. For example, the addition of more services, or changes in co-pays will change the overall cost of this program.

- Three groups contribute funds to cover the costs for this program in the form of a premium payment for each participating individual. The proposed program splits this premium payment into equal thirds, with 1/3 of the premium amount contributed by government funds, the employer and the employee. The distribution of the split can be adjusted as desired.

- The county will use local funds and combine these funds with money from the Federal government to cover the 1/3 county portion. The county will contribute 41% of every dollar and the Federal government will contribute 59% of every dollar.

- The Federal matching funds come from the Medicaid hospital Upper Payment Limit (UPL) program. Florida has in excess of $100 million available in the private hospital UPL program, a portion of which could be allocated to Miami-Dade County hospitals and used to help support this program. In order to use a portion of this $100 million, one or more private hospitals need to agree to participate in the program. For example, HealthSouth Doctors' Hospital, Palm Springs General Hospital, and Pan American Hospital Corporation could qualify to receive enough UPL funding to contribute to a program supporting almost 50,000 employed, uninsured participants. Estimated costs and funding are displayed in the Program Cost tables.

FINANCING OPTIONS 50,000 CASELOAD MODEL

	TOTAL COST	**EMPLOYER (33 1/3%)**	**EMPLOYEE (33 1/3%)**	**LOCAL FUNDING**	**FEDERAL FUNDS (If available)**	**TOTAL GOVERNMENT (33 1/3%)**
YEAR 1	$19,497,600	$6,499,200	$6,499,200	$2,664,672	$3,834,528	$6,499,200
YEAR 2	$59,923,480	$19,974,493	$19,974,493	$8,189,542	$11,784,951	$19,974,493
YEAR 3	$83,950,000	$27,983,333	$27,983,333	$11,473,167	$16,510,167	$27,983,333

- Extensive outreach and coordination of benefits will be required.

- The proposed program requires that eligible employers be small businesses employing 50 or fewer employees, with a principal place of business in Miami-Dade County, with a workforce comprised primarily of Miami-Dade County residents with at least 75% of employees earning an average of $10 an hour or less, that offer the health care coverage to all of their eligible employees, and that have not provided health insurance coverage within the past 1 or 2 years.

- The program can include a provision to provide coverage for a period of time following job loss. For example, individuals who become unemployed could purchase coverage for an additional six months by paying 2/3 of the premium cost (their portion and the portion formerly covered by their employer).

- The statutory authority for the program will need to result from legislative action during the 2003 legislative session in order to provide limited benefits through a group health coverage plan and secure Federal funding. The suggested action is a revision to the enabling legislation for Health Flex plans and legislative authorization for utilization of UPL funding available to the private hospital class.
- The program will be overseen by a non-profit corporation.

- The corporation will issue an RFP to secure the services of one or more licensed health plans, to ensure that the network can meet the needs of the local community.

Other Key Recommended Features

Network

The design for this program proposes the use of licensed health plans to provide medical services and associated activities. The use of established licensed health plans offer a number of advantages to the program, including:

- Allows for rapid start-up using a developed network of providers.
- Allows people to be served locally with a community-wide network.
- Offers "health insurance" rather than charity care – preserves the individual's dignity. In addition, some health plans might be able to perform the activities typically performed by a TPA, resulting in simplified program administration.

Operations Management - Governance

Public/private partnership programs are sponsored by a designated entity.

The sponsoring entity for the proposed program for Miami-Dade County is the county. In this case, the county will contribute local funding to support the cost of providing health care services to employees of small businesses.

The proposed program will require the following operational components:

- Governance by a community-based oversight entity;
- A managing entity; and
- The provider network.

An oversight entity is utilized to govern the program and ensure financial solvency, ensure efficient program management, and to intervene in resolving consumer and

provider problems and complaints that are not remedied at the implementing level. This entity can be any designated group, including a local governing body, but many programs utilize or form a private 501(c)(3) or similar non-profit corporation to govern the program. The utilization of a non-profit corporation offers an opportunity to:

- Assemble a broad cross-section of board members reflective of the community to guide the program;
- Maximize objective oversight of the program by including representation from all key stakeholders; and
- Accept gifts and other contributions, or pursue grant funding, typically limited to non-profit corporations.

Three Committees are recommended: Finance Committee, Management Committee and Appeals Committee.

Operations Management – Program Implementation

Board of Directors' Responsibilities

The Board of Directors will issue a Request for Proposals (RFP) in order to identify licensed health plans for potential contracting. The health plans will be required to have a diverse and complete network of physicians, hospitals, and other health care providers in Miami-Dade County. Participation will be sought from one or more health plans that can offer services in the multiple and distinct neighborhoods or areas in Miami-Dade County. The health plans must have the capacity to conduct physician recruitment, provider relation's activities, cash management and budgeting, premium setting and collection, and either conduct activities generally provided by a Third Party Administrator (TPA) or provide oversight of a TPA, including monitoring of claims utilization.

Because targeted outreach and coordination of benefits is essential to the success of this program, the program may want to secure the services of a local entity(s) to provide initial outreach services, to assist individuals that appear to be eligible for Medicaid, Medicare, or CHIP with completion of applications to these programs, and to ensure access to the program if the individual is determined ineligible for these other public programs. This entity should be familiar with the local community and neighborhoods, have staff fluent in the major languages spoken in Miami-Dade County, and have in-depth knowledge of the Medicaid and CHIP programs. This outreach and coordination of benefits function would be separate from any "marketing" efforts a health care plan would undertake.

Finally, the Board of Directors will hire an Executive Director and, depending on need, staff reporting to the Executive Director. The Executive Director will be responsible for ensuring that corporation activities, performed under contractual arrangements with other entities, are consistent with the mission and requirements of the corporation. They will also serve as a liaison between the various program stakeholders and the Directors and will provide support services to the Directors as needed in the conduct of corporation related activities.

The Board of Directors will ensure the completion of quarterly program reporting to Miami-Dade County. Reporting will include outreach activity initiatives and outcomes, provider and consumer enrollment figures, financial status, and consumer satisfaction (including appeals and complaints).

The operations of the plan will be coordinated by the Board of Directors. The Board will delegate oversight responsibility of various operational functions to the three committees described previously. The Board will also coordinate communication and operational activities with key stakeholders such as the local Chamber of Commerce.

Governance, Planning and Organization

The Committee worked to develop consensus on principles of ideal governance before reviewing local structures and making recommendations for reform. This process made it possible for the Committee to approach its work with an understanding of how it could build upon the strengths of the existing health planning and governance entities. The Committee was able to develop a realistic and stepwise approach that could support the transformation of these entities to achieve a more ideal governance structure.

The Committee realized that we had three choices in framing our recommendations: continuation of the status quo, modification of the existing systems, or dissolution of current structures and design of a new system. The Committee determined that modification of the existing systems was preferable and outlined the following building blocks:

- ***Build upon leadership and expertise*** of the Public Health Trust and the Miami-Dade County Health Policy Authority.
- ***Expand the authority*** of existing health planning bodies.
- ***Engage additional stakeholders*** in the process.
- ***Improve public participation.***
- ***Eliminate conflicts of interest*** that inhibit good governance.
- ***Create committees*** for planning, system monitoring and financial oversight.
- ***Review and revise legislation*** at state and county levels as needed for implementation.
- ***Provide financial support*** for the infrastructure of the new entity.
- ***Access additional healthcare dollars*** through this new entity.

1. Overarching Principles

a. Principles for Good Governance:

- ***Transparency:*** process must be clear, open and accessible.
- ***Public accountability:*** to residents and elected officials.
- ***No conflicts of interest:*** those who directly or indirectly benefit from the funds cannot govern the flow of the funds.
- ***Representation and balance:*** the governance body should reflect the diversity and uniqueness of our community without use of designated seats.
- ***Commitment to quality****:* independent monitoring and evaluation to ensure access and quality.
- ***Flexibility and responsiveness:*** process must ensure the flexibility to respond to the dynamics of changing populations and healthcare needs.

b. Principles for Effective Community Health Systems:

- ***Inclusion*****:** community stakeholders need vehicles for meaningful input.
- ***Coordination:*** avoid overlap and duplication in planning and delivery to maximize the efficiency and effectiveness of existing resources.
- ***Vision:*** adherence to a shared community vision.
- ***Priorities:*** realizing that we cannot provide for all the healthcare needs of all our residents, the establishment of a participatory process to set local priorities is key.
- ***Reciprocal accountability:*** the success of each component is dependent upon the success of every other component; the success of the entire system is dependent upon the success of each component.
- ***Efficiency:*** monitoring to assure that cost benefits are realized and rewarded.

2. Ideal Governance Structure

The Committee first determined the function of the governance structure is to oversee:

- ***Planning and Finance***
- ***Community Input*** (providers and consumers)
- ***Monitoring and Evaluation***

These three functions form a continuous feedback loop to assure the principles of good governance (outlined above) in a changing healthcare environment.

3. Proposed Governance Structure

The Committee proposes the establishment of the Healthcare Coordinating Board (HCB) with the following roles, structure and membership:

- Convener and coordinator of linkages for ***an integrated, comprehensive, community wide*** healthcare system ***for all residents of Miami-Dade County.***

- Authority ***to oversee the expenditure of*** county healthcare dollars through an accountability process***.***

- Authority ***to obtain healthcare*** outcome data ***from providers who serve the residents of Miami-Dade County.***

- ***Assure an open process for public/community input and participation.***
- Board membership ***that is small enough to be*** efficient ***but large enough to assure*** broad representation ***(11-15).***

- ***To assure*** no conflicts of interest***, board members may not benefit directly or indirectly from county healthcare funds.***

- ***An*** independent nominating committee ***appointed by the Mayor of Miami-Dade and ratified by the Board of County Commissioners will be established.***

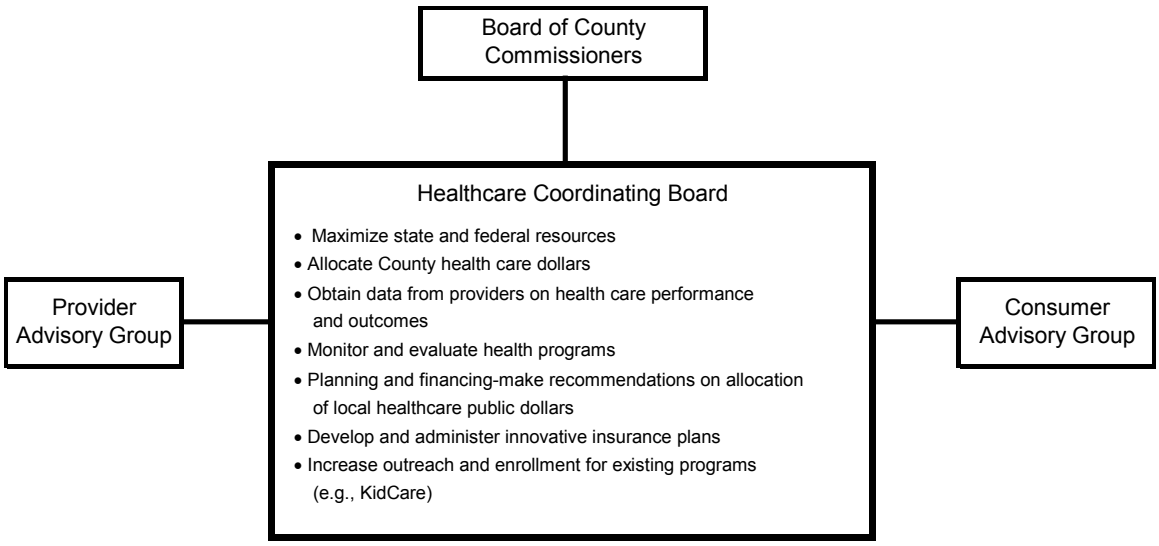
- ***Members on the HCB will serve*** limited staggered terms***.***

- ***Creation of*** four standing advisory committees ***to review finance and outcome data and provide input to the HCB through a formal process (to be determined by the Board bylaws and funding) and direct linkage (ex officio representation between the Board and the committees):***
    - ***Planning and Finance***

- ***Monitoring and Evaluation***
- ***Provider Advisory Group***
- ***Consumer Advisory Group.***

- ***Authority to pursue the acquisition of additional funds to improve access to health care coverage and services.***
- Initial funding ***for the HCB will be provided in part through the current allocation to the Miami-Dade County Health Policy Authority***

DRAFT
Proposed Governance Structure for Miami-Dade County Public-Private Partnership



B. Key Action Steps

Media and Community Outreach/Participation

1. Identify essential stakeholders, such as elected officials, public agencies, special interest groups, providers, union leaders, the Public Health Trust, the business community and groups without health insurance coverage.

2. Create method for distribution of the Final Report and obtain direct feedback from the identified stakeholder groups.

3. Develop a media outreach plan for community-wide visibility and awareness of the Task Force Report, its outcomes and priority recommendations for assuring access to quality, convenient, and affordable health care coverage.

Health Plan Marketing and Exploration of Alternatives

1. The local Chambers of Commerce could help promote the Health Flex plan. At this modest cost to the consumer, the Plan should be attractive to chamber members who have been seeking a solution. This may offer the best plan at the lowest cost that their members have seen to date.

2. The new Healthcare Coordinating Board should explore the development of a primary health care plan. This could be funded through any excess available UPL for non-catastrophic coverage, as a less expensive option for the non-working population.

Health Care Coordinating Board Activities

1. Convene meetings with members of the Public Health Trust board and organizational leadership to obtain input and endorsement.

2. Implement a communications plan to share the recommendations with community stakeholders and to gather input and seek consensus.

3. Convene meetings with members of the Board of County Commissioners and the Miami-Dade County Legislative Delegation to seek input and endorsement.

4. Evaluate the Miami-Dade County Health Policy Authority to consider its future role as specified in the existing ordinance.

5. Seek County Commission endorsement and leadership to effectuate the necessary ordinance changes.

6. Seek State legislative endorsement to effectuate the necessary legislative changes.

7. Advise the BCC on the budget framework for publicly financed health care dollars, offering guidance on key categories for data collection and presentation.

8. Provide guidance on protocols for determining methods for addressing "hot spots" where changes in health policy, service delivery and planning may need to occur.

Community-Wide Activities

1. There should be a campaign to implement coordinated community outreach that includes a complete inventory of outreach and education resources, contact information and how to determine eligibility for benefits.

2. Initiate the process of establishing community health benchmarks working in close collaboration with the Alliance for Human Services, the Health Council of South Florida, the Miami-Dade County Health Department, the University of Miami Department of Public Health and Epidemiology, Florida International University, and the Miami-Dade County Health Policy Authority.

3. Assemble right people to begin monitoring and tracking health outcomes. They will monitor outcomes to identify any problems and vet them through a public process.

Miami-Dade County Board of County Commissioners

1. Develop with input from the new Healthcare Coordinating Board a new monitoring and tracking and reporting system to the BCC.

2. Host Public Hearings on the PHT Budget.

3. Coordinate with the County Internal Audit and Office of Management and Budget to review the expenditure of publicly financed healthcare services.

4. Support the Mayor's budget request for underwriting the initial cost for the Health Flex plan to begin implementation in October 2003.

C. Concluding Remarks

While several changes are proposed in this text, it is not without the careful thought and analysis by more than 60 community leaders appointed by the Mayor and guided by the capable leadership of the Task Force's Co-chairs: Steven Marcus, EdD, President/CEO Health Foundation of South Florida; Carlos Saladrigas, a local businessman and community leader; and James Bridges, M.D. retired physician and representative of the Dade County Medical Association. Through their guidance and that of Mayor Alex Penelas, the Task Force welcomed its challenge and has agreed to adopt the recommendations that will serve the best interests of all Miami-Dade County residents.

Much work has been accomplished, but this is just the beginning of framing the issues and forging new partnerships and initiatives that will require further development and refinement over time to assure the best use of our limited publicly financed health resources. While this is an issue affecting all underserved populations nationwide political will must and can be developed at the local level. By building upon local success stories these achievements can then be translated into a national forum to effectuate equitable access to healthcare for all people.

The Mayor and the Task Force welcome the feedback of the Board of County Commissioners and other elected officials, health care experts, public health officials, the provider community, business leaders, consumer and advocacy organizations and many others to review and comment on the targeted recommendations for the community. It is

the hope of all involved that these initiatives will not meet the fate of previous reports. Rather, may those experiences only serve to make our dedication stronger, our will more resolute. Indeed, it is the intent and expectation that this Plan will be an active, living breathing document that forms the basis for a strategic operational plan that is embraced by all community stakeholders and serves as bridge builder to link our diverse population into a cohesive and healthy community for all Miami-Dade County residents.