

Bernalillo County Healthcare Task Force
Community Meeting Comments • June 3, 2014
Raymond G. Sanchez Community Center

The following comments are from notes that were written on flip charts during the meetings in June 2014. These notes are intended to accompany the audio recording of each meeting. At each meeting, following a brief presentation on the Healthcare Task Force's purpose, participants were invited to offer how to improve healthcare in Bernalillo County, particularly how to improve the healthcare safety net. Ideas include both areas of concern (that the Task Force should focus on) and recommendations. All comments are presented in chronological, rather than thematic, order. Each primary bullet represents a different speaker; indented bullets are part of that person's comments.

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- Medical debt is a huge burden on families. Recommendation: Make medical care available to all County residents.
- Prioritize people who are uninsured. Focus on early, preventive care.
- We have had to choose between paying for insurance and paying the mortgage, and have chosen to pay the mortgage.
 - We do not qualify for affordable insurance, and we haven't heard whether we qualify for Medicaid.
 - People who go to urgent care still have to pay, so they may choose to go to the ER anyway.
 - The guidelines [for eligibility for subsidies] don't consider major expenses, e.g., mortgages.
- Many people are in collections. UNMH should not be allowed to refer people to collections.
- We need a comprehensive safety net plan.
- Recommendation: There should be a policy that County residency is the only criterion for receiving health care.
 - There was a reference to Dr. Kaufman's article on this subject.
- All residents share the same sky, yet some are not included when it comes to healthcare.
 - Emergency rooms are poorly run. My mother waited three days in the emergency room. (She finally healed herself!)
 - There is an imbalance between the high cost of services and people's [in]ability to pay.
- Target resources to those who most need them.
- Tying one's ability to pay for insurance to last year's income tax return is unfair (especially for those whose income fluctuates).

- Wait times [to see doctors] is very long. Are more doctors (and other professionals) needed?
- We should focus on rational, preventive care, not only on emergency care.
- Conduct a gaps analysis about services—then identify strengths and recommendations.
 - UNMH should partner with other [community-based] service agencies—need more outpatient care services.
 - Focus more on mental health prevention
 - Specific outcomes need to be identified and monitored, e.g., wait times.
 - Emphasize equality of care.
- What should be done to help people with mental/behavioral health issues who do not want help?
 - What happens is that there are multiple releases from care.
 - The Task Force should consider mandatory care or assisted outpatient care in some cases.
- It is past time for Bernalillo County to “take charge” of overseeing the funding it provides to assist UNMH’s services.
 - Look to the Pathways Program for ideas and insights.
- Hold a community meeting near the end of this process so that the public can review the preliminary recommendations the Task Force comes up with.
- Recent refugees do not remain eligible very long after they arrive in Bernalillo County.
 - They had no choice in being relocated here, and now may not remain eligible to receive health care.
- Expand the Pathways Program in the next mill levy cycle.
- Review Kelly O’Donnell’s impact study. (Cover everyone in the County.)