

Bernalillo County Healthcare Task Force

Community Meeting Comments • June 16, 2014

South Valley Multi-Purpose Senior 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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- Greater transparency is needed with regard to how the money (the County provides UNM) is used: Where does it go? How can people see this?
- Uninsured people/patients should not be sent to collections to recover medical debt.
 - All Bernalillo County residents should have access to charity care.
- All people [in the County] should maintain the ability to receive health care. Those families living at 250% of the poverty level still need help in getting health insurance.
- We have an opportunity to make a paradigm shift in health care in Bernalillo County: To focus more on prevention rather than on acute care. We need *human care*.
 - The better way is to educate people about prevention, and to educate one another and ourselves about prevention.
- Mill levy funding should cover legal immigrants who are presently ineligible for insurance.
 - All residents should be eligible, without a co-pay.
 - Many community-based agencies are providing this kind of care already.
 - County health care should be based on a social determinants of health model.
 - Funding should also help with system navigation—helping people through the administrative and clinical challenges and options.
- Health care in Bernalillo County should be made a human right, not a privilege.
- The Affordable Care Act does not cover everyone; many people do not have access, or are limited by “access” that is too expensive.
 - Create a system that is based on a) income and b) residency.
- Replicate (and expand) the EMSA program for women who are pregnant. EMSA provides same-day, presumptive Medicaid eligibility, with retroactive coverage (to the beginning of the pregnancy).

- EMSA does a good job, and it should be expanded to include women who are undocumented.
- While EMSA does a good job covering mothers and mothers-to-be, there are problems with covering the children. There are many cases where the mother will receive a bill for the child's expenses 3-4 months after birth, too late to correct. Also, notice of this (new expense) is not well communicated (because of language differences, or only through a written notice, etc.). Then after 90 days, the [child's] bill goes to collections—when the family already had Medicaid!
- Maria's story was related—a case study in how one woman has had several challenges in navigating the system, and how her health problems were exacerbated through delay, stress, and other factors.
 - The Pathways Program provides great assistance to people in Maria's situation.
 - Income and residency should be the only criteria for eligibility for comprehensive health care in Bernalillo County.
- From the Community of Interns and Residents (CIR): All County residents at or under 250% of poverty should be afforded care, especially preventive care. This will greatly increase the efficiency of the use of funding.
- The County should take back a portion of the mill levy funding for the purpose of filling gaps in the system.
- Look at successful models for comprehensive health care services and planning in other counties across the USA.
 - There are many models/examples, including in Oregon and Washington state.
 - More transparency is needed throughout all aspects of the system, including the budgeting process, the programming process, and the evaluation process. A public budget is needed, to assure effective use of the \$90 million per year supporting UNMH.
 - Do not merely ask the medical professionals (providers and administrators) when planning, budgeting and evaluating effectiveness—the whole community must be involved.
- People who are Spanish-speaking, and/or are undocumented, and have mental health issues, have very few places to go for health care in the County.
 - People are suffering. There is already stigma around mental health, and these people face compounded challenges.
 - We must harness the power of the ACA, and focus on behavioral health/mental health preventive services. This can free up resources for other situations, particularly at MDC.
 - The prison system is for-profit (although this doesn't include the County).
 - Also, the health care system is most interested in the financial side of health care, if not "for-profit."
 - UNMH could become the place, the institution, that welcomes people (instead of a place that many people fear).
 - The Pathways Program provides needed services—access to housing, assistance with medical debt, mental health and behavioral health services, etc.

- The County should provide services that prepare people at MDC for leaving, that is, supports to prevent homelessness, to help avoid substance abuse and mental health problems, and other related issues.
- There is “pharmacology overuse” at MDC. Drugs merely treat the symptoms of problems that were developed in the community.
 - Improve the food at MDC—too much white bread, low-quality meat, etc.
 - People come to clinics and UNMH in acute withdrawal; then they (and we) face the paradox of people getting subscriptions for opioids and referrals to Turquoise Lodge at the same time.
- People with medical debt live in constant fear. Therefore, they don’t get the care that is immediately or evidently needed. Also, they are afraid of revealing information that may hurt them or members of their families.
- Undocumented immigrants—this is a problem in the Asian community. People who overstay legal visas, even a day, then go into hiding. We need to reach out to these and all people and help restore their dignity.