Renew Ohio 18 Health Care Working Group focus group results April 25, 2008

<u>Topic question</u>: What actions, programs and opportunities can we identify to promote the expansion of the health care sector in the economic redevelopment of our region?

Consensus results:

Education and training:

- Expand educational opportunities for all aspects of health care
- Health education collaboration rather than competition
- Education programs for nurse anesthesia and allied medical health personnel
- Target education with and in health care
- Motivation by government and other entities to pursue education
- Hospitals partner with education (elementary-college)
- Expand technical and professional education Local universities need to have a BA in nursing (not just an Associates' degree-- face-to-face, not on-line)
- Partnerships with colleges and universities to bring provider's programs to the area
- Increase training of in-home health aids (COALA)
- Create training programs with standards for home health care workers; create jobs one step above high school without a 2-4 year degree
- Regionalize training for nurses and physicians
- Share nurse training programs
- Programs to allow registered nurses to become advanced practitioners
- Opportunities for new nurses and new technology

Encourage/incentivize health care as career path:

- Incentives for more people to participate in health care careers
- Encourage early career development
- Make career path and development easier (affordable)
- Work with displaced workers--encourage health care careers
- Get kids (even younger than high school) exposed to health care industry and what is available locally
- Pique interest in all health care fields at high school/JVS level (vendors, doctors, techs, etc.)
- Keep kids in school--provide job experience and opportunities
- Resources to support and find new nurses (educate faculty)
- Do something about shortage in all health care professions (create classes that employed persons can attend)
- Channel/transition workers into the health care field without loss of employment, etc. (Provide means to get from low-wage job to the industry--self-sustaining program)
- Look at funding programs for repair, replacement, renovations for job retention (most now are geared toward job expansion/creation)

Recruit and retain physicians and specialists:

Telemedicine:

- Utilize telemedicine more effectively (in home to central location to doctor's offices, hospitals, etc. Focus on home to central)
- Continue to enhance telemedicine services
- Advancement in network connectivity (i.e. telemedicine)
- Reimbursement of tele-health
- Virtual reality to teach and apply to health care
- Use technology to take health care into the home

Home health care:

- Increase home health care
- Programs to develop the home health care and mobile health care industries
- Expansion of home health care in preventative care and expansion of Health Service Corporation
- Create training programs with standards for home health care workers; create jobs one step above high school without a 2-4 year degree

Paperless records systems:

- Develop and support of technology--paperless system
- Standardized electronic records between doctor offices and hospitals
- Use of medical chips (Medical history carried by the individual)
- Create a system in which each individual is manager of their own health care (use of technology)

| Idea name | Group 1 | partici | pant s | cores | | ١ | N=14 | - | | | | | | | votes | total | |
|---|---------|---------|--------|-------|---|---|------|---|---|---|---|---|---|---|-------|-------|--|
| 7) Involve additional health care professionals (pharmacists) in | | | | | | | | | | | | | | | | | |
| chronic disease management | | 5 | 4 | 5 | | | | | | 3 | | 4 | | | 5 | 21 | |
| 14) Stabilize Medicare/Medicaid reimbursement | | | | | | 5 | | 2 | 5 | | 5 | | 2 | | 5 | 19 | |
| 11) Fund physician recruiting and retention (state and federal) | | | | | | 3 | | 4 | 4 | | 1 | | | 4 | 5 | 16 | |
| 3) Expand educational opportunities for all aspects of health care | | | | 4 | | | 2 | 5 | | | | | | 5 | 4 | 16 | |
| 10) Rural residency programs in Appalachia | | | | | 1 | | | 3 | | 4 | | 3 | 3 | | 5 | 14 | |
| 24) Improve technology | | | | | | | | | | | | | | | | | |
| infrastructure | | | 5 | | 5 | | | | | | | | 1 | | 3 | 11 | |
| 1) Increase home health care | 5 | | | | | | | | | | | 5 | | | 2 | 10 | |
| 5) Tuition reimbursement | | 4 | 2 | 3 | | | | | | | | | | | 3 | 9 | |
| 12) Make hospitals "best in class" in particular field | | | | | 2 | | | | | | 4 | | | 3 | 3 | 9 | |
| 13) Increase number of retirement communities with onsite health care | 2 | 1 | | | | | | | | 5 | | | | | 3 | 8 | |
| Enhance scholarships (be creative) Health care related industry: | | | | | | 4 | 1 | | | | 2 | | | | 3 | 7 | |
| enhance recruitment 28) Regional assessment and | | | | | 4 | | | | 1 | | | | | 2 | 3 | 7 | |
| collaboration | | | | | | | | | | | 3 | | 4 | | 2 | 7 | |
| 2) Build clinical programs 9) Lower barriers for low income | | | | | | | | 1 | | | | | 5 | | 2 | 6 | |
| folks to enter health care 8) Increase training of in-home | | | | | | 1 | 5 | | | | | | | | 2 | 6 | |
| health aids (COALA) | 4 | | | | | | | | | 1 | | | | | 2 | 5 | |

| | l | | | | | | | | | | | I | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18) Increase funding for respite care 20) Eliminate mail order medical | 3 | | | | | 2 | | | | | | | 2 | 5 |
| mandates | | 3 | | 2 | | | | | | | | | 2 | 5 |
| 23) Health education collaboration rather than competition | | | | | | | 4 | | | | 1 | | 2 | 5 |
| 25) Increase number and scope of physician extenders | | | | | | | 3 | 2 | | | | | 2 | 5 |
| 27) Outsourcing nurses to schools | | | | | | | | | 2 | 1 | | | 2 | 3 |
| 6) Utilize outside resources | | | 3 | | | | | | | | | | 1 | 3 |
| 16) Build relationships throughout | | | | | | | | | | | | | | |
| the health care network | | | | | 3 | | | | | | | | 1 | 3 |
| 21) Create local mail order health care businesses/ success center | | | | | | | | 3 | | | | | 1 | 3 |
| 15) Develop one-stop wellness centers | | | | | | | | | | 2 | | | 1 | 2 |
| 26) Use technology to take health care into the home | | 2 | | | | | | | | | | | 1 | 2 |
| 19) Utilize "team approach:" involve additional professionals | | | 1 | | | | | | | | | | 1 | 1 |
| 22) Implement statewide unused | | | | | | | | | | | | | | |
| drug program | 1 | | | | | | | | | | | | 1 | 1 |
| 29) Privatize workers compensation | | | | | | | | | | | | | 0 | 0 |

| Idea name | Group 2 partici | oant so | ores | | N | =12 | | | | | | # of votes | total |
|--------------------------------------|-----------------|---------|------|---|---|-----|---|---|---|---|---|------------|-------|
| 10) Expand opportunities for | | | | | | | | | | | | | |
| development of Federally Qualified | | | | | | | | | | | | | |
| Health Centers | | | 2 | | 1 | 5 | 1 | | 5 | 1 | | 6 | 15 |
| 2) Create training programs with | | | | | | | | | | | | | |
| standards for home health care | | | | | | | | | | | | | |
| workers; create jobs one step above | | | | | | | | | | | | | |
| high school without a 2-4 year | | | | | | | | | | | | | |
| degree | | 5 | 5 | | | | | 5 | | | | 3 | 15 |
| 6) Do something about shortage in | | | | | | | | | | | | | |
| all health care professions (create | | | | | | | | | | | | | |
| classes that employed persons can | | | | | | | | | | | | | |
| attend) | 4 | | | | 2 | 4 | | 4 | | | | 4 | 14 |
| | | | | | | | | | | | | | |
| 20) Remove legal barriers to allow | | | | | | | | | | | | | |
| providers to work more | | | | | | | | | | | | | |
| collaboratively together in | | | | | | | | | | | | | |
| development of integrated delivery | | | | | | | | | | | | | |
| systems (care is managed locally, | | | | | | | | | | | | | |
| work directly with employers to | | | | | | | | | | | | | |
| lower health care costs, retain | | | | _ | | | - | | | | | | |
| businesses in the region | 2 | | | 5 | | | 2 | | | 4 | | 4 | 13 |
| 3) Recruit and retain providers who | | | | | | | | | | | | | |
| went to Ohio medical schools | | | | | | | | | | | | | |
| (specifically primary care providers | | | | | | | | | | | | | |
| and underserved areas) | | | 3 | 2 | | | | | 4 | | 3 | 4 | 12 |
| | | | | | | | | | | | | | |
| 9) Develop or enhance medical | | | | | | | | | | | | | |
| residency programs in Ohio-18 to | | | | | | | | | | | | | |
| retain physicians in the area | | 3 | | | | | 5 | | | 3 | | 3 | 11 |

13) Local universities need to have a BA in nursing (not just an Associates' degree-- face-to-face, not on-line)
11) Improve outreach program in order to expand health care (good marketing)

14) Utilize telemedicine more effectively (in home to central location to doctor's offices, hospitals, etc. Focus on home to central)

16) Channel/transition workers into the health care field without loss of employment, etc. (Provide means to get from low-wage job to the industry--self-sustaining program)

7) Get kids (even younger than high school) exposed to health care industry and what is available locally

 Have hospital/medical facilities marketed so new businesses know what is available
 Create more elderly care facilities with a program that will give back to community (Hill-Burton program, Bristol Village)

5) Pique interest in all health care fields at high school/JVS level (vendors, doctors, techs, etc.)

| | 4 | 2 | | | | | 4 | | | | | | 3 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|--|---|----|
| | | | | | | 3 | | | 1 | | 5 | | 3 | 9 |
| | | | 4 | | | | | 3 | | 2 | | | 3 | 9 |
| 5 | 1 | | | | 3 | | | | | | | | 3 | 9 |
| | 3 | | | 3 | | | | | 2 | | | | 3 | 8 |
| | 5 | | | | | | 3 | | | | | | 2 | 8 |
| | | | 1 | | 4 | | | 2 | | | | | 3 | 7 |
| 3 | | 4 | | | | | | | | | | | 2 | 7 |

12) Look at funding programs for repair, replacement, renovations for job retention (most now are geared toward job expansion/creation)
15) Co-location of primary care facilities and emergency room (or adjacent)

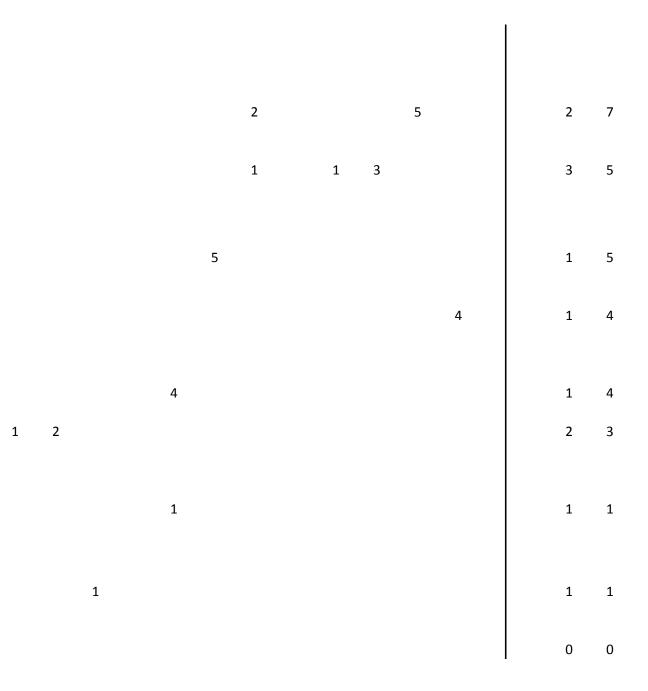
4) Local community program for educating primary care providers (take entry-level and give them opportunity to "grow your own"
23) Listen/respond to needs, concerns, complaints of health care clientele (patient advocate)

24) Incentives to create upstreamalliance with health care (keep itlocally collaborative effort)19) Health care focus groups for localcommunities

8) Create positive economic impact by attracting specialists (will be better for patients and community)

22) Examine Medicaid process and how money is used at community mental health centers

17) Internships in hospitals/nursing homes--corporate support



| 18) Customize what health care needs are for each area of the state (targeting/needs analysis, etc.) | 0 |
|--|---|
| health care entities provide | 0 |
| orums to educate local construction ompanies on bidding process (more | |
| likely to award projects to local | |
| companies in the region) 25) Care for elderlygeriatrics | |

| ldea name | Group 3 | partici | pant so | cores | | N | =10 | | | | # of votes | total | |
|---|---------|---------|---------|-------|---|---|-----|---|---|---|------------|-------|--|
| 21) Partnerships with colleges and | | | | | | | | | | | | | |
| universities to bring provider's | | | | | | | | | | | | | |
| programs to the area | | | 3 | 4 | 5 | | | | | 5 | 4 | 17 | |
| 6) Programs to develop the home | | | | | | | | | | | | | |
| health care and mobile health care industries | | л | | | | 3 | | 5 | | 2 | 4 | 1.4 | |
| Industries | | 4 | | | | 3 | | 2 | | Z | 4 | 14 | |
| | | | | | | | | | | | | | |
| 19) Standardized electronic records | | | | | | | | | | | | | |
| between doctor offices and hospitals | | | 4 | 3 | | | 3 | | | 4 | 4 | 14 | |
| 1) Education programs for nurse | | | | | | | | | | | | | |
| anesthesia and allied medical health | | | | | | | | | | | | | |
| personnel | | | | | | 5 | | 4 | | 5 | 3 | 14 | |
| 11) Integrated approach to | | | | | | | | | | | | | |
| marketplace | | 3 | 5 | | | | | | 4 | | 3 | 12 | |
| 18) Promote community outreach of | | | | | | | | | | | | | |
| services and facilities | 1 | 5 | | | | | | | 5 | | 3 | 11 | |
| 7) Funding for facilities | | | 2 | | | | | | 3 | 5 | 3 | 10 | |
| 2) Use of medical chips (Medical | | | | | | | | | | | | | |
| history carried by the individual) | | 2 | | | | 1 | | | 5 | | 3 | 8 | |
| 17) Programs to allow registered | | | | | | | | | | | | | |
| nurses to become advanced | | | | | | | | | | | | | |
| practitioners | | | | 5 | | | | 3 | | | 2 | 8 | |
| 5) Pursue or have training on the | | | | | | | | | | | | | |
| retention of grants (for upgrade and | | | | | | | | | | | | | |
| maintenance) | 5 | | | | | | 1 | | 1 | | 3 | 7 | |
| 3) Improve the relationship between | | | | | | | - | | - | | | - | |
| patient, provider and insurance | | | | | | | | | | | | | |
| groupallow as quick as day-of- | | | | | | | | | | | | | |
| service claims payment | | | | | | | 5 | | 2 | | 2 | 7 | |
| 15) Creation of more elderly assisted | | | | | | | | | | | | | |
| living communities | | | | | 4 | | | | | 3 | 2 | 7 | |

| Development of community co- ops in the same area | | | | 1 | 4 | | | | 1 | 3 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10) Continue to enhance telemedicine services | | | 1 | | | | 1 | 2 | 1 | 3 | 6 |
| 13) Expansion of home health care in preventative care and expansion of Health Service Corporation | 2 | | | | 2 | 2 | | | | 3 | 6 |
| 14) Create a system in which each individual is manager of their own health care (use of technology)16) Retention of health care | | | 2 | | | 4 | | | | 2 | 6 |
| specialists and businesses and industry in our area | 4 | | | 2 | | | | | | 2 | 6 |
| 8) Attract health care specialists to our area4) Create new or more research | 3 | | | | | | 2 | | | 2 | 5 |
| centers in Ohio | | | | 3 | | | | | | 1 | 3 |
| 12) Growth in urgent and emergency care | - | 1 | | | | | | | | 1 | 1 |
| 20) Development of community health workers | | | | | | | | | | 0 | 0 |

| Idea name | Group 4 | partici | pant so | cores | | N | =11 | | | | | # of votes | total |
|--|---------|---------|---------|-------|---|---|-----|---|---|---|---|------------|-------|
| 1) Opportunities for new nurses and | | | | | | | | | | | | | |
| new technology | | 4 | 5 | 3 | 5 | | | | 5 | | 5 | 6 | 27 |
| 5) Regionalize training for nurses and | | | | | | | | | | | | | |
| physicians | | | | 2 | | 5 | 3 | 4 | | 5 | 3 | 6 | 22 |
| 24) Preventative education | | | | | | | | | | | | | |
| (medicine) | 5 | | | | | | | 2 | 3 | 4 | | 4 | 14 |
| 14) Target education with and in | | | | | | | | | | | | | |
| 14) Target education with and in health care | | 5 | | | | | 5 | | 3 | | | 2 | 12 |
| | | 5 | | | | | 5 | | 5 | | | 3 | 13 |
| 2) Resources to support and find new | | | | | 2 | | | _ | - | | | | 12 |
| nurses (educate faculty) | | | | | 2 | | | 5 | 5 | | | 3 | 12 |
| 7) Advancement in network | | | | | | | | | | | | | |
| connectivity (i.e. telemedicine) | | | | 1 | | 4 | 2 | | | | 2 | 4 | 9 |
| 23) Funding for all researchers in | | | | | | | | | | | | | |
| health care | 2 | | | | | 2 | | 3 | | | 1 | 4 | 8 |
| 18) Promote urgent care centers | | | 4 | | | | | | 2 | 2 | | 3 | 8 |
| | | | | | | | | | | | | | |
| 20) Legislation revamp in health care | 1 | | | | 4 | 3 | | | | | | 3 | 8 |
| | | | | | _ | | | | | _ | | | _ |
| 11) Reimbursement of tele-health | | | | | 3 | 1 | | | | 3 | | 3 | 7 |
| 8) Recruitment and retention of | | | | | | | | | | | | | |
| physicians | | 3 | | | | | | | | | 4 | 2 | 7 |
| | | | | | | | | | | | | | |
| 13) Motivation by government and | | | | | | | | | | | | | |
| other entities to pursue education | | 2 | | | | | 4 | | | | | 2 | 6 |
| 15) Easy access in health care (i.e. | | | | | | | | | | | | | |
| transportation) | 3 | | 1 | | | | 1 | | | | | 3 | 5 |
| 6) Relationship building in all | | | | | | | | | | | | | |
| centers/all schools | | | | | | | | 1 | 4 | | | 2 | 5 |
| 12) Economic studies between health | | | | | | | | | | | | | - |
| care and education | | | | 4 | 1 | | | | | | | 2 | 5 |
| 4) Share nurse training programs | | | | | | | | | | 5 | | 1 | 5 |
| | | | | | | | | | | | | | |

| 9) Look at cost of education 22) Local focus on employment | | | | 5 | | | | | 1 | 5 |
|---|---|---|---|---|--|---|---|--|---|---|
| opportunities, cultural comp. | 4 | | | | | | | | 1 | 4 |
| 27) Hospice outreach | | 1 | 2 | | | | | | 2 | 3 |
| 16) Support health care services | | | 3 | | | | | | 1 | 3 |
| 25) Outreach (CHAP) look at | | | | | | | | | | |
| reimbursement | | | | | | 1 | 1 | | 2 | 2 |
| | | | | | | | | | | |
| 19) Having urgent care centers as | | | | | | | | | | |
| priority stop for ambulances as well | | | | | | | | | | |
| as hospital (focus on rural areas) | | | | | | 2 | | | 1 | 2 |
| 21) Information to people about | | | | | | | | | | |
| urgent care and emergency room | | | | | | | | | | |
| and when to use them | | | | | | 2 | | | 1 | 2 |
| 3) Clinical agencies | | | | | | | | | 0 | 0 |
| 10) Get community more involved in | | | | | | | | | | |
| helping with post-secondary | | | | | | | | | | |
| education | | | | | | | | | 0 | 0 |
| 17) Cost of health care in regards to | | | | | | | | | | |
| employment hiring | | | | | | | | | 0 | 0 |
| 26) Women's health care facilities | | | | | | | | | 0 | 0 |

| ldea name | Group 5 | partici | pant so | cores | | N | =11 | | | | | # of votes | total |
|--|---------|---------|---------|-------|---|---|-----|---|---|---|---|------------|-------|
| 1) Hospitals partner with education | | | | | | | | | | | | | |
| (elementary-college) | 5 | 2 | | | 5 | | 5 | 5 | 4 | | 1 | 7 | 27 |
| 6) Federal money | | | | | | 5 | | | 5 | 5 | 5 | 4 | 20 |
| 10) Expand opportunities for small | | | | | | | | | | | | | |
| companies in bio science and new | 4 | 1 | | 4 | 3 | | | | | | | 4 | 12 |
| 11) Expand broadband for better | | | | | | | | | | | | | |
| service and response | 2 | 4 | | | | | | 2 | 3 | | | 4 | 11 |
| 17) Virtual reality to teach and apply | | | | | | | | | | | | | |
| to health care | 3 | | 3 | | 2 | | | | | 2 | | 4 | 10 |
| 9) Incentives for more people to | 1 | | | | | | | | | | | | |
| participate in health care careers | | | 5 | | | | 4 | | | | 1 | 3 | 10 |
| | | | 0 | | | | • | | | | _ | | |
| 5) Encourage early career | | | | | | | | | | | | | |
| development | | | | | 1 | | | | 4 | 3 | 1 | 4 | 9 |
| 25) Out-lying counties | | | | | | | | | | | | | |
| services/opportunities and | | | | | | | | | | | | | |
| information | | 3 | | | | | 2 | | | 4 | | 3 | 9 |
| | | | | | | | | | | | | | |
| 3) Expand health care to all counties | | | | | | 3 | | 1 | | 4 | | 3 | 8 |
| 7) Agriculture, technology, health | | | | | | | | | | | | | |
| and energy to health care | | 5 | | 1 | | 2 | | | | | | 3 | 8 |
| 20) Make career path and | | | | | | | | | | | | | |
| development easier (affordable) | | | | | 4 | | | | | 3 | 1 | 3 | 8 |
| 22) Geriatric services | | | 2 | 3 | 4 | | | | | 1 | 1 | 4 | 7 |
| 12) Partner with non-profits/private | | | 2 | J | | | | | | T | T | + | , |
| partnerships | 1 | | | | | | | 3 | | | 2 | 3 | 6 |
| 15) Develop and support of | 1 | | | | | | | J | | | 2 | 5 | 0 |
| technologypaperless system | | | 1 | | | | | | 2 | | 3 | 3 | 6 |
| 2) Expand technical and professional | | | | | | | | | | | | | |
| education | | | | 5 | | | | | | | 1 | 2 | 6 |
| 13) Losing money for hospitals: | | | | | | | | | | | | | |
| change this! | | | | | | 4 | 1 | | | | | 2 | 5 |
| 5 | 1 | | | | | | | | | | | Į. | |

18) Collaboration of resources 8) Work with displaced workers-encourage health care careers 19) Keep kids in school--provide job experience and opportunities 4) Clear articulation of LPN-RN, etc. 14) Funding for nurse educators 23) Expand laboratories into genetics 16) Transportation for career and services 21) Tell our story, positive or negative 24) Facilities for persons/families needs to stay