

# Community Health

A NEWSLETTER FROM COMMUNITY HEALTHNET, INC. & COMMUNITY HEALTHNET CONSORTIUM

This newsletter is circulated to inform and encourage dialogue among those in the broader community who are interested in the providing a continuum of quality health care to those who are not receiving it.

We welcome comments and articles to include in subsequent publications.

## OUR COMMUNITY'S NEED

As you probably know, there is no official Tulsa city/county government responsibility for the medically underserved (often called the medically indigent and including the working poor). Further, there is a large and growing number of Tulsans who are either not eligible for Medicaid or, for various reasons, are not able to be enrolled even if eligible. In addition, Medicaid payments to medical providers in this State is so low as to cause many providers to refuse to care for Medicaid recipients.

The consequence is episodic, poorly

coordinated, non-continuity care, virtually ignoring the need for health supervision and wellness education of this population. Those with primary ambulatory health care problems often have no other recourse than to use hospital emergency rooms, a very expensive, not very good site for non-emergency problems. These people often do not have a medical home that will provide or arrange comprehensive ambulatory care for their medical, dental and mental health problems.



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## *What is CHN?*

**The Community HealthNet Consortium was begun in 1995 by a group of eight Tulsa organizations that are the traditional providers of primary ambulatory health care to Medicaid patients and those without adequate medical insurance. In 1998, the members of Community HealthNet established a separate "umbrella" nonprofit corporation – Community HealthNet, Inc. (CHN). The HealthNet Consortium serves as an advisory body to CHN and brings together the many other organizations in the community that are involved in providing medical, dental, mental health or human services for Tulsa area citizens in need of care. The HealthNet Consortium provides a means to share information, nurture cooperative alliances, stimulate grants and act as a community-wide voice of advocacy for those who are underserved.**

# RECENT DEVELOPMENTS

In Tulsa, an enormous number of agencies work together to provide a continuum of care. Historic efforts of coordination have been successful within several groups such as the Primary Care Association and the Family Health Coalition -

but more needs to be done. There are some recent developments that serve to more closely draw us together for what in effect is an overall common mission - to improve access to quality care.

## Health Access Developments:

- ❖ The development of a Tulsa Community Hospital Authority, a state mandated authority (like the University Partners in Oklahoma City), which should ultimately bring more state and federal funds to Tulsa for the care of the medically needy.
- ❖ The Mayor and County Commission's Visioning 2025 project. The currently proposed plan is disappointing in its lack of directly pinpointing funds for access to care for those in need as most other cities of this size have done. However, there are provisions in the proposal to expand the activities of Morton Comprehensive Health Center and the facilities of the two medical schools which should result in increased, if not complete, capability for care of the medically underserved.
- ❖ CareLink - an \$880,000 federal Community Access Program (CAP) grant from Health Resources and Services Administration (HRSA) has been awarded to Community HealthNet, under the management of the Tulsa Health Department. This grant, the only CAP grant in Oklahoma, supports the efforts of Community HealthNet to develop a community-wide health information network. The CareLink system includes a "HealthLink" community-wide appointment system, "NurseLink" a health information, advice and nurse triage line, and "ShareLink," a client information and referral system. ShareLink is being developed in partnership with the Tulsa Area Human Services Homeless Network Management Information System Project - jointly called

the Oklahoma Community Information Network (OCIN). Both ShareLink and HealthLink will be Internet based and, of course, HIPAA compliant.

- ❖ Most of the free clinics in the community have joined in developing a Free Clinics Coalition to address common problems and possible cooperative activities.

## THE VISION

**The various initiatives described in this newsletter, particularly if they are coordinated, will certainly help in accomplishing the goal of developing a community-wide, integrated 24/7/365 system of care that provides every Tulsan with a medical home through which he/she can receive comprehensive ambulatory health care in its most broad definition. However, we need, as a whole community, to further develop Tulsa's capacity to provide for such care.**

- ❖ BEDLAM! - an initiative of OU College of Medicine and OSU College of Osteopathic Medicine, will offer some free after hours clinics for acute, but not truly emergency health problems. This effort is scheduled to commence in late August, 2003.
- ❖ Morton Comprehensive Health Center has developed new primary care sites in east Tulsa and in Nowata. If the Vision 2025 sales tax is approved, Morton will be able to replace their current center on 603 E.

Pine with a modern new facility to be constructed a few blocks to the east. The new center will enable them to expand their capacity and service provision.

- ❖ Federally qualified health centers (FQHCs) are the best mechanism for communities to receive federal funds if they can show unmet health needs. It is the preferred way of the current federal administration to help needy communities. In a recent national meeting, a goal of 26 new health centers in Oklahoma was announced as part of a planned increase of 1200 such centers across the U.S. by 2006. The application process is very rigorous and the rules of placement, governance and accountability are complex. Though not a panacea - the average such health center gets only a third of its budget from the feds - it is currently the best way to get focused federal dollars for improving access to comprehensive ambulatory care. Morton is currently the only community health and homeless center in Tulsa and there are only 11 others in Oklahoma. There are over 100 in New Mexico and over 200 in Texas. Community HealthNet recently stimulated a grant application for such a center to be located in south Tulsa in the 51st-71st and Peoria area, an identified underserved area (this being a federal requirement). It will be called Riverside Health Center and will be directed by Community Health Connection, Inc., a new nonprofit corporation established to manage the center. The grant application is well supported by our legislative representatives in Washington. The success of the grant request should be known in the fall.

# BE A PART OF THE SOLUTION

There is a continuing great need for dialogue among Tulsa's many community agencies. Though a given agency may feel it focuses on only a small piece of the whole problem and may even feel it is doing its job well, there is benefit to all for being a vocal part of the necessary community dialogue to improve our flawed system of access to care.

Community HealthNet Consortium is a good mechanism to accomplish this. The Consortium focuses on provision of and access to care for medical, dental and mental health, along with the wraparound services that are an integral part of

health care. Other initiatives, such as Turning Point, serve as a forum for targeted public health needs such as childhood physical fitness and obesity and therefore are complementary to the efforts of the Consortium.

CHN urges your organization to be involved with the HealthNet Consortium and encourage others to get involved. We need the expertise, questions and suggestions of a wider audience, all of whom are interested in having the Tulsa health community come together for improved comprehensive care and access for those Tulsans who do not have it.