



# Action plan

Focus area: Access to the full spectrum of care

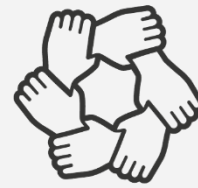


## Overview of focus area

Olympic Community of Health (OCH) partners hold a common vision for a region of healthy people, thriving communities. Assuring access to the full spectrum of care - physical, behavioral, dental, specialty, and social services – is one way OCH is working to achieve that vision. Access to care encompasses **coverage** which facilitates entry into the health care system; having needed **services**, especially those recommended for screening and prevention; the ability to access care **timely** and efficiently; and a capable, qualified, culturally competent health care **workforce**. An equitable system reduces barriers including language, transportation, and internet access.

## Overview of the Olympic Action Collaboratives to date





Partners representing the full spectrum of care came together several times in 2022 under the OCH Action Collaborative initiative to create a four-year (2023-2026) regional action plan that reflects the needs and context of the Olympic region.



- primary care
- behavioral health
- hospitals
- public health
- community-based organizations
- educational settings
- Tribes

## Result statement

*“Access to the right care and services at the right time and place.”*

Strategy	Actions
<b>Advocacy &amp; Engagement</b> This action to be led by the OCH Board of Directors as the governing body of OCH	 <p>Collectively advocate to community members and elected officials to improve access to the full spectrum of care in all settings (e.g. speakers bureau, annual meetings to discuss needs and progress, testimonials, targeted outreach at different levels of government).</p>
<b>Place-Based Approaches</b> These actions are to be collaboratively implemented by partners in the OCH network with support from OCH	 <p>Improve community and clinical linkages (mobile integrated health, collaborative partnerships, etc.) to meet client needs and prevent readmittance (alignment with individual needs focus area).</p>  <p>Establish regionwide systems and collaborate with youth-serving organizations and schools to provide timely and appropriate care and resources for youth experiencing mental health illness and/or crisis.</p>  <p>Identify and implement creative workforce approaches (e.g., improved recruitment tools, job sharing, career pathways, engagement strategies) to address the health-serving workforce crisis.</p> <p>Partner with schools and colleges to create pathways to address local workforce shortages.</p>

**Indicators:** OCH will measure regional progress toward the result statement by tracking these indicators. As needed, OCH will update the list of indicators as more reliable data become available. Funded partners will track performance measures related to their specific projects.

- [All-cause Emergency Department visits](#): The rate of *Medicaid* beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder.
- [Child and adolescent well-care visits](#): The percentage of *Medicaid* beneficiaries, 3 - 21 years of age, who had at least one comprehensive well-care visit during the measurement year.
- [Utilization of dental services](#): The percentage of *Medicaid* beneficiaries of all ages who received preventative or restorative dental services in the measurement year.
- [Uninsured rate](#): The percentage of individuals without health insurance.
- [Delayed medical care due to cost](#): The percentage of individuals who with unmet healthcare needs due to cost.
- [Depression](#): The percentage of *students* who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year.
- [Someone in the community to talk to](#): The percentage of *students* who report having an adult in their neighborhood or community they can talk to about something important.
- [Physician Supply](#): The number and characteristics of physician supply based on monthly Network Access Reports that health insurance carriers file to the Washington State Office of the Insurance Commissioner matched with the National Provider Identifier registry from the federal Centers for Medicare and Medicaid Services and the health professional license database for the Washington State Department of Health.

**Populations of emphasis:** While the work of OCH impacts the general population, specific action items may include further refinement and detail of specific populations of emphasis.

<ul style="list-style-type: none"> <li>• People receiving <b>Medicaid, Medicare</b>, or who are <b>underinsured</b></li> <li>• People with <b>lower incomes</b></li> <li>• People who are unhoused or <b>housing insecure</b></li> <li>• <b>Tribal</b> members</li> </ul>	<ul style="list-style-type: none"> <li>• People who are <b>pregnant, postpartum</b>, and/or actively <b>parenting</b></li> <li>• <b>Youth</b></li> <li>• People living in <b>rural communities</b></li> <li>• People who are <b>elderly or aging</b></li> </ul>	<ul style="list-style-type: none"> <li>• People with <b>unmet behavioral health needs</b> (mental health and SUD)</li> <li>• Health-serving <b>workforce</b></li> <li>• People who are <b>not accessing care</b> or avoiding care</li> <li>• <b>People of color</b></li> </ul>
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**What's next?** OCH partners will come together in 2023 to begin implementation.

There is room for everyone in this important work. Contact [OCH@olympicch.org](mailto:OCH@olympicch.org) to learn how you can get connected.