

ND Health Care Task Force
Access to Care Subcommittee
Meeting Summary (July 30, 2024)

Task Force Attendees

- Dr. Wehbi
- Alyson Kornele
- Dr. Douglas Griffin (Sanford Health System)
- Dr. Josh Ranum
- Brendan Joyce
- Sen. Judy Lee
- Sara Hanson (BCBSND)
- Rep. Alisa Mitskog
- Sen. Ryan Braunberger
- Dylan Wheeler
- Maria Neset

The Improving Access to Care group discussed the use of mobile clinics and marketing and education strategies to improve access to care in North Dakota. They reviewed successful actions and strategies, including targeting providers and consumers, leveraging public health campaigns, and aligning and measuring success. The group also discussed the need for a consumer survey to better understand the barriers to accessing care and the potential economic impact of state-sponsored mobile clinics on local health systems.

Strategies and actions to increase patient cancer screenings and well-child visits were discussed. Potential provider actions discussed included patient attribution and appointment booking processes. Possible consumer actions included reminder phone calls and social media campaigns. Studies referencing community engagement and legislative changes related to cancer screenings were cited.

The FIT kit by mail was identified as an efficacious way to increase colorectal cancer screenings, with some organizations in North Dakota already implementing it. The Cologuard test was also discussed as an alternative with a longer predictability period and higher initial cost.

Meeting participants discussed the potential use of mobile clinics, education, and marketing to improve quality scores in targeted North Dakota geographies, as well as new legislation to remove the grandfathering of the NDPERS plans to improve access to colonoscopies and other screenings. The group discussed focusing on increasing access to colonoscopies rather than specifically backing the NDPERS recommendation as it has not been formally submitted and will be discussed by NDPERS board on

September 12th. The group also discussed the need to consider revenue impacts on local providers as part of any state intervention, and the importance of including tribal populations in the recommendations.

There was discussion regarding a process for the identification of areas most in need on an annual / regular basis. This discussion included the potential for geomapping to target state interventions.

The group discussed the high costs of mobile clinics and need to determine who would be responsible for managing and staffing mobile clinics. The group also discussed the importance of education and marketing for preventative care and screenings, and the need to conduct a consumer survey to measure the likely uptake of interventions.

The group asked for research and follow-up in the following areas:

- Patient/member financial incentives - examples of success and issues with fraud, abuse, or the anti-kick-back statute.
- North Dakota tribal populations and how mobile clinics may be used to improve access to care for tribal members.
- The Ronald McDonald children's dental mobile unit in ND.
- Costs, challenges, and successes related to mobile health clinics, with input from the Community Health Care Association of the Dakotas (CHAD) and Family Health Centers, which operates the sole Mobile Health Clinic in North Dakota.

The group agreed to circulate draft recommendations for review and comment. An additional meeting may be scheduled, if needed, prior to the September 4th task force meeting.