



# **Access to Care Work Group Meeting**

October 24, 2024

Current Membership: 23

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# **Introductions**



# Access to Care

AIM: Improve health equity in all South Dakota communities

| Priority | Goal # | Goal                                                                                               |
|----------|--------|----------------------------------------------------------------------------------------------------|
| 2        | 1      | Improve health insurance coverage.                                                                 |
| 3        | 2      | Increase utilization of digital devices for telemedicine.                                          |
| 1        | 3      | <b>Improve the socio-economic condition of South Dakotans living in poverty.</b>                   |
| 4        | 4      | Improve the American Indian patient experience through the delivery of culturally responsive care. |
| 5        | 5      | Improve the collection, utilization, and sharing of health equity data statewide.                  |



# **Work Group Responsibilities and Structure**



# Work Group Responsibilities

- Raise awareness of the SHIP
- Recommend work group members and engage new partners
- Prioritize goals, objectives, and strategies
- Develop implementation work plans
- Implement and monitor strategy activities and impact
- Report on work plan progress to the SHIC (December and June)
- Select a work group chair

# Work Group Chair Responsibilities

- Serve as a liaison to the SDDOH, consultant, and the SHIC
- Ensure the workgroup is working collaboratively to develop a workplan that multiple partners will implement (PHAB 5.2.3 A)
- Engage workgroup members to share ideas, opportunities, challenges, and expertise
- Report to the SHIC

# Work Group Resources

- State Health Assessment
- State Health Improvement Plan  
<https://doh.sd.gov/about/ship-and-sha/>

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- SHIP Work Group Web Page  
<https://sdfmc.org/ship-work-groups/>
- SHIP Work Group Playlist
- Prioritization Scoring Matrix
- Access to Care Work Plan



# **Work Group Chair Volunteers/Nomination**

**Consider establishing goal task groups.**

- **Socioeconomic condition**
- **Health insurance coverage**
- **Digital devices for telemedicine**
- **American Indian patient experience**
- **Health equity data statewide**



# **Access to Care Goal Overview**



# Access to Care

AIM: Improve health equity in all South Dakota communities

| Priority | Goal # | Goal                                                                                               |
|----------|--------|----------------------------------------------------------------------------------------------------|
| 2        | 1      | Improve health insurance coverage.                                                                 |
| 3        | 2      | Increase utilization of digital devices for telemedicine.                                          |
| 1        | 3      | Improve the socio-economic condition of South Dakotans living in poverty.                          |
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| 5        | 5      | Improve the collection, utilization, and sharing of health equity data statewide.                  |

# Priority 1: Socioeconomic condition of South Dakotans

| Objective                                                                                                                                    | Seriousness of the Problem | Importance to the Community | Size of the Problem | Intervention Availability | Availability Resources | Score |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|---------------------|---------------------------|------------------------|-------|
| Obj 1: Decrease the percentage of the population living in poverty to 11.5% by 2029.                                                         | 3                          | 5                           | 5                   | 4                         | 4                      | 21    |
| Obj 2: Decrease the percentage of children living in poverty by 2029, with an emphasis on the top ten counties with the highest percentages. | 4                          | 5                           | 5                   | 4                         | 4                      | 22    |

# Priority Improvement Strategies

- Support and promote utilization of social determinants of health screening tools in health care facilities.
- Optimize community service programs to meet basic needs: food pantries, community gardens, housing projects, childcare.
- Explore and implement “Grow Your Own” workforce efforts.
- Provide financial education for youth and adults.
- Expand and support community development programs.

## Priority 2: Improve health insurance coverage

| Objective                                                                                                                                                                   | Importance to the Community | Economic or Social Impact | Availability of Interventions | Size of the Problem | Equity | Score |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-------------------------------|---------------------|--------|-------|
| Obj 1: Decrease the percentage of respondents who indicate their current primary source of health insurance is 'None' to 3% by 2029.                                        | 5                           | 4                         | 5                             | 3                   | 2      | 19    |
| Obj 2: Decrease the percentage of the population aged 18-64 that have no health insurance coverage to 10%, with emphasis on the counties with the lowest coverage, by 2029. | 5                           | 4                         | 5                             | 3                   | 2      | 19    |
| Obj 3: Decrease the percentage of children under age 19 without health insurance to 4%, with emphasis on lowest coverage counties, by 2029.                                 | 5                           | 4                         | 5                             | 2                   | 2      | 18    |

# Priority Improvement Strategies

- Establish a Health Care Coverage Coalition to address awareness and enrollment.
- Integrate patient navigators and community health workers in low-coverage counties.
- Enhance and integrate cross-agency Medicaid enrollment.

## Priority 3: Digital devices for telemedicine

| Objective                                                                                                                                                | Importance to the Community | Economic or Social Impact | Availability of Interventions | Size of the Problem | Equity | Score |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-------------------------------|---------------------|--------|-------|
| Obj 1: Increase the percentage of SD households with a computer, tablet, or smartphone to 96%, with emphasis on the lowest percentage counties, by 2029. | 4                           | 3                         | 4                             | 4                   | 4      | 19    |
| Obj 2: Increase the percentage of adults who had an appointment with health professionals over video or phone in the last 4 weeks to 15.5% by 2029.      | 4                           | 4                         | 4                             | 2                   | 4      | 18    |
| Obj 3: Increase the percentage of SD households with a broadband internet subscription to 95% by 2029.                                                   | 3                           | 3                         | 4                             | 2                   | 4      | 16    |

# Priority Improvement Strategies

- Gather data regarding the use and availability of virtual care delivery services.
- Assess remote patient monitoring utilization and effectiveness.
- Continue to expand the digital network infrastructure.
- Promote policy to support telemedicine payment structure, rules and regulations.

# Priority 4: Improve the AI patient experience

| Objective                                                                                                                                                                                                                                     | Seriousness of the Problem | Importance to the Community | Size of the Problem | Intervention Availability | Availability Resources | Score |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|---------------------|---------------------------|------------------------|-------|
| Obj 2: Determine the utilization of culturally competent training programs in the public and private health care community to establish a baseline by 2026.                                                                                   | 3                          | 1                           | 5                   | 3                         | 4                      | 16    |
| Obj 1: Initiate use of the American Indian Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey in healthcare facilities where American Indian patients are served by 2029, with focus on the patient experience measures. | 2                          | 3                           | 4                   | 2                         | 4                      | 15    |
| Obj 4: Determine and increase the proportion of tribal communities that have a health improvement plan by 2029.                                                                                                                               | 2                          | 3                           | 4                   | 2                         | 2                      | 13    |

# Priority Improvement Strategies

- Enhance collaborative efforts among tribal and non-tribal healthcare entities to promote tribal culture, healthcare preferences, and delivery of services.
- Make cultural competence an organizational and institutional policy.
- Evaluate the culturally competent care training programs and identify needs.
- Promote implementation of Culturally and Linguistically Appropriate Standards, with a focus on high diversity index counties.

## Priority 5: Health equity data statewide

| Objective                                                                                                         | Seriousness of the Problem | Importance to the Community | Size of the Problem | Intervention Availability | Availability Resources | Score |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|---------------------|---------------------------|------------------------|-------|
| Obj 1: Implement a data-driven framework for the HIC to monitor disparities and plan improvement efforts by 2028. | 1                          | 2                           | 3                   | 5                         | 4                      | 15    |

# Priority Improvement Strategies

- Initiate a health equity dashboard implementation project.
- Develop a data source crosswalk for health priority areas.
- Identify methods to improve SHIP data collection and performance management.
- Establish data sharing agreements to ensure collaborative data collection.



# Decision Points

## Work Group Chair Selection

### Goal Task Groups

- Meeting frequency
- Size

# Timelines

## Work Plan

- **November:** Work plan baseline collection request
- **December:** Work plan shared with the SHIC
- **January:** Prioritize strategies and identify quality improvement opportunities.

## Work Group

- Quarterly meetings
  - February
  - May
  - August
  - November



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