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PROJECT ABSTRACT

Access to health care in Clark County, Nevada is a well-documented challenge for the uninsured. The 2004 Great Basin Primary Care Association assessment revealed that 123,593 residents of Clark County between 100% to 250% of the Federal Poverty Level are uninsured. Although Clark County takes up only 7% of the state's 109,826 square miles, it is home to 70% of Nevada's residents and uninsured [US Census bureau]. Nevada ranks 47th in the nation behind Texas, New Mexico and Oklahoma in uninsured [three year average] according to a report released by the U.S. Census Bureau August 2005 (prior to Hurricane season of 2005).

The health care system for individuals without insurance is fragmented and fraught with frustration due to (a) delays and lack of providers for primary and specialty care; (b) lack of treatment for chronic conditions; and (c) overuse of emergency rooms. The Clark County Health Access Consortium upon review of a needs assessment of Clark County came to a consensus that the uninsured/underserved population did not have access to a coordinated, effective, and efficient health care delivery system for this population. AccessHealth was created out of this perceived and real need. The goals of the program are to:

- **Create a referral network that provides care coordination:**
 - Establish medical homes for primary care and specialty referral
 - Create a health care specialty provider network offering affordable discounts
 - Establish partnerships for quality improvement, assurance, and management
- **Improve intake and enrollment:**
 - Create partnerships to screen and enroll eligible applicants for available public insurance programs or the self-pay discounted health care network
 - Train safety net and health care providers on standardized information systems for eligibility, enrollment and referral
- **Improve consumer competence of community resources and access to care:**
 - Create partnerships for community outreach
 - Share best practices to improve health care communication and access to care that is culturally competent
 - Remove barriers to medical services and improving community utilization of safety net resources
- **Integrate management information systems:**
 - Link safety net and health care providers to share information and improve ease of communication
 - Track costs of the provision of care and cost savings through the MIS systemCoordinating care through the MIS system case management component

AccessHealth will provide primary care homes and specialty referrals to approximately 1,000 uninsured individuals in Clark County in its first year of operations. We will add dental, pharmacy and vision providers to assist those who are working and uninsured so they can remain productive members of our workforce.

EXHIBIT N Legislative Committee on Health Care Document consists of 1 page.

- ☒ Entire document provided.
☐ Due to size limitations, pages ____ provided.

A copy of the complete document is available through the Research Library (775/684-6827 or e-mail library@lcb.state.nv.us). Meeting Date: December 13, 2005