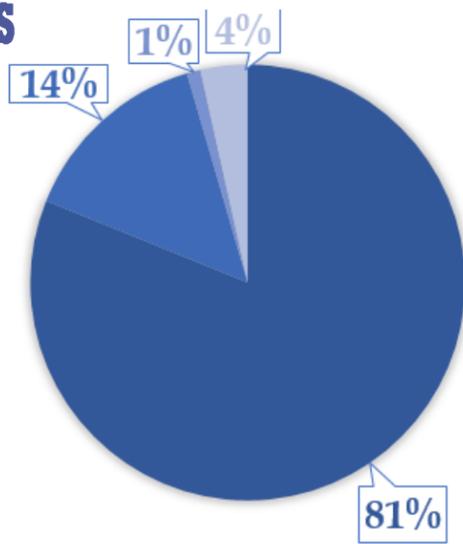


# Financials

## Expenses

FY 2014

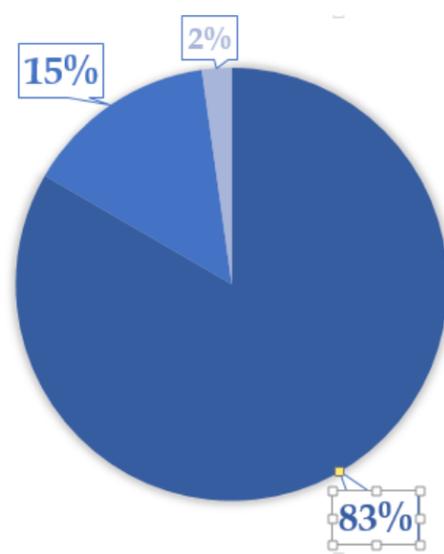
- Grants
- Contracts
- Individual Contributor
- Fundraising



## Revenue

FY 2014

- Programs
- Management
- Fundraising



## Thanks to Our Major Funders!

ACA Implementation Fund	The George Gund Foundation
The Health Path Foundation of Ohio	Interact for Health
Robert Wood Johnson Foundation	Mt. Sinai Health Care Foundation
Community Catalyst	Saint Luke's Foundation
Families USA Foundation	W.K. Kellogg Foundation

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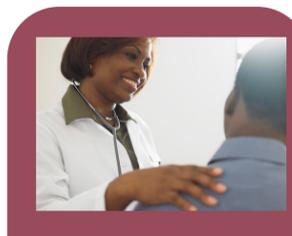
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# Our Work In Review: 2015

## The Consumer Voice is critical to achieving



**Better Health for Populations**



**Better Care for Individuals**



**Lower Health Care Costs**

### From the Executive Director, Cathy J. Levine

After 20 years with UHCAN Ohio, I am stepping down at the end of 2015. UHCAN Ohio's accomplishments this year reflect small but real progress in overcoming huge obstacles to achieving real reform that works for consumers.

Since passage of the ACA, UHCAN Ohio's work has become increasingly complex and diversified. Rallying support for expanded coverage was easy compared to organizing consumers to transform health care to provide better care and better health at lower cost. But, we're doing it, for a simple reason:

**Change is coming to health care, with or without consumer input. UHCAN Ohio is building an organized, diverse, informed consumer voice to influence solutions to meet consumers' needs for better care, as opposed to cutting costs at the expense of consumers.**

In Ohio, 195,000 older adults and people with disabilities on both Medicare and Medicaid were moved into "MyCare Ohio" managed care plans. But consumers had no organized voice in this massive,

disruptive change. That's why UHCAN Ohio organized Ohio Consumer Voice for Integrated Care (OCVIC) - to help enrollees who suffered disruptions in critical services and then bring them to the table with state and federal regulators and managed care plans. Read inside about our significant inroads in building a powerful enrollee voice.

In December 2014, the Ohio Office of Health Transformation received a \$75 million federal grant to improve care and lower costs, in part by improving primary care. But Ohio's 11 million "patients" had no voice in the process, until Ohio Consumers for Health Coverage, led by UHCAN Ohio, called for structured representation at every level of this complex redesign of health care.

Since 2000, the Ohio Department of Health has recognized lack of access to dental care as our top unmet need. But the powerful Ohio Dental Association blocked real progress - until now. UHCAN Ohio's "Dental Access Now" campaign is poised to modernize the dental work force and bring safe, effective dental care to every corner of Ohio.

These days, we are seeking ways to make *all* people in Ohio healthier and eliminate disparities. This "population health" approach leads us to advocate strategies that address non-medical barriers to health, such as housing, employment, safety, and economic security. It's also why UHCAN Ohio's "Somebody Finally Asked Me!" campaign is promoting expanded use of *Screening, Brief Intervention and Referral to Treatment (SBIRT)* in Ohio middle and high schools. To curb Ohio's opiate epidemic, we need not only to expand access to treatment, but also to prevent drug use. SBIRT identifies people at risk for getting into trouble, as well as those needing treatment. Using SBIRT with youth will prevent criminal trouble, education failure, injury, and other fallout from substance use.

Please join us, support us, and help us expand the voice of diverse



consumers in health care transformation so that all Ohioans can get the care they need to lead

*Cathy Levine*

## Transforming the Health Care System to Work for Ohioans:

Ohio Consumer Voice for Integrated Care has become the organized consumer voice and has made significant impacts in MyCare Ohio, Ohio's integrated care demonstration for people on both Medicare and Medicaid.

Over the course of three years, we've generated a database of 3,000+ MyCare enrollees. A recent survey about their experiences generated over 400 responses, showing shortfalls in care coordination. In response, the Managed Care Organizations (MCOs) and the Ohio Medicaid Director committed to work with us on solutions.

We developed a toolkit and training that taught consumers and staff from one MCO how to operate an effective consumer advisory committee. Feedback was so overwhelmingly positive from both the MCO and consumers that we're taking the training to more plans.

Our Project Director spoke to thousands of enrollees in the community, documented systemic problems, and – with other advocates – helped them resolve disruptions in services. We won enrollees' trust, but we sought systems change. OCVIC worked with the My Care Ombudsman program so that enrollees increasingly rely on it for help.

Many enrollees we helped have stayed involved by participating in monthly consumer calls, hosting meetings in their homes, and engaging on social media. Two enrollees from each of the seven MyCare Ohio regions have become co-chairs, facilitating regional phone calls, recruiting other MyCare enrollees to join the coalition, and weighing in on policy solutions.

We participated and recruited enrollees for two national evaluations on integrated care demonstrations, highlighting challenges that all states need to overcome in integrating care for dually eligible people. As an early implementing state, OCVIC is providing important lessons for other states.

## Helping Ohioans Enroll, Keep and Use Their Coverage:

UHCAN Ohio began participating in Outreach and Enrollment as a way to learn directly from diverse communities what they needed and respond with effective strategies. In the first two Open Enrollment periods, we learned that using "trusted messengers" and placing assisters in familiar community locations were critical to reaching "hard-to-reach" people in communities of color. We wanted to make sure new coverage opportunities closed disparities in health coverage.

We began developing a model and building infrastructure to bring resources, including funding and technical assistance, into communities. We have part-time Certified Application Counselors (CACs) in Cleveland, Columbus, and Cincinnati, and provide stipends to 17 sites to provide enrollment assistance and pass out enrollment materials. Our reach has expanded beyond our CACs to 25 partner organizations including churches and community organizations that distribute materials, talk about open enrollment during church services, use ministries to get the word out, hold health fairs, or host groups/meetings. We were able to use this network to help the over 200,000 Ohioans who were kicked off Medicaid during the renewal process find out how to get their Medicaid coverage back.

Another unique aspect of our Outreach and Enrollment work was our follow-up. For those we helped enroll, we would reach back out to them to see if they had used their coverage, connected with a primary care doctor, or had any problems affording their coverage. We needed to learn what was and wasn't working for consumers, especially when using their coverage, so it would guide us on where we needed to advocate. Now, community organizations are seeking us out to provide trainings on how to use coverage to obtain needed care. We hope that this model will inspire funders to invest more in these communities.

## Working to Solve the Dental Access Crisis:

2015 was a game-changer in our 5-year fight to modernize Ohio's dental workforce.

We forged a powerful alliance with the Ohio Dental Hygienist Association that opened doors to key decision makers. During testimony on a bill written by the Ohio Dental Association that promised much but did very little to address dental access, we kept raising the importance of dental therapists as a critical part of the solution to Ohio's dental access crisis. Our Advocacy Day at the Statehouse drew more influential and diverse people than ever before, including dentists, hygienists, and other statewide organizations.

Because we persisted in our quest for a real solution, we have a legislator committed to introducing legislation that would allow a dental therapist, hygienist, and dental hygiene therapist to practice under remote supervision in Ohio. On to victory in 2016!



## Organizing Leaders on Importance of Community Health Workers:

In February 2015, UHCAN Ohio issued a report entitled "Community Health Workers: At the Heart of Transforming Ohio's Health Delivery System". We recommended that the state create a taskforce to increase the use of Community Health Workers (CHWs) in more settings to help people with chronic health conditions overcome barriers to health, as well as develop sustainable funding sources. The report opened the door to conversations with the state, stakeholders, and advocates to implement our recommendations.

Now we have formed a statewide committee of innovators to address the issues raised in our report and recommend ways to integrate CHWs into the health care workforce. We've raised awareness and built support for the need for CHWs to improve population health and reduce health disparities. We have made recommendations that CHWs be integrated into state efforts to reshape health care delivery to pay providers for better care and better health at lower cost.



## Making Health Care More Affordable and Accessible:

When we heard through our partners that many Ohioans were facing "surprise medical bills" – bills consumers received in error or because they didn't know an out-of-network provider was involved in their care – we got to work. We identified spokespeople and prepared testimony on provider transparency legislation. We worked with legislators on both sides of the aisle who heard about the problem from constituents. We helped to improve consumer access to updated provider networks to help protect against out of network bills. We have more work ahead.

We organized Ohio's consumer voice urging the Supreme Court of the United States to preserve the ACA's tax credits in the King v. Burwell challenge.

We led the charge to stop lawmakers from eliminating Medicaid coverage for pregnant women up to 200% FPL. Opposition led to restoration of coverage.



## Preventing Youth Substance Abuse:

The opiate epidemic has become a daily news story in newspapers across Ohio. Drug overdoses accounted for 2,482 unintentional deaths in Ohio in 2014. UHCAN Ohio, through our Somebody Asked Me! campaign is working to bring an effective screening tool called SBIRT (Screening, Brief Intervention, Referral to Treatment) to Ohio's middle and high schools. While SBIRT is widely used with adults in various settings, in Ohio it's currently only used with youth in Norwood (Cincinnati) schools.

Over the last year, we've educated policy makers, educators, health professionals, and key personnel in schools, emphasizing the need for a more organized approach to preventing youth substance abuse with an emphasis on SBIRT. We've engaged key personnel in various parts of the state to pilot SBIRT in one of their schools. We are actively changing the conversation to that of prevention, because we need to prevent teens from starting to engage in risky behaviors that can lead to devastating outcomes for them, their families, and the community.



## Bringing the Consumer Voice to Ohio's State Innovation Model (SIM) Grant

In December 2014, Ohio received a \$75 million State Innovation Model (SIM) grant to test two models for paying for value, not volume in health care to achieve better care at lower costs. The model aims to expand the Patient Centered Medical Home (PCMH) model of primary care to most Ohioans in 5 years. We want to strengthen the effectiveness of PCMH in improving population health and reducing health disparities.

Through our Value Advocacy Project, with leadership from UHCAN Ohio, OCHC issued recommendations for increasing patient engagement at policy, practice, and patient levels in SIM. As a result, we have 5 members on the design work group and our input has influenced PCMH design to make patients, especially those most at-risk, partners in their health.