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’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.

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 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 healthy lives.
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 recognized the need for CHWs to improve 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 from 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 Subway Aided Mel 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.