

Provider focus group ideas

1) What type(s) of providers should be included in a focus group? I'm not positive, but it seems as though **public health employees** would be more familiar with the plight of the uninsured than private health care providers (though the uninsured are seen in both venues). Since we have limited resources, I would recommend we choose the group that will give us the most valuable information for our money.

1) I believe that it is important to have **as many different types of providers at the table as possible, but specifically (and especially) those whose line of work brings them into contact with the uninsured or underinsured (emergency room professionals, primary care professionals) regularly.** Additionally, **physician-administrators (or other clinical provider-administrators) may provide insight** and perspective on the intersection of clinical care and administration that could be helpful in the development of programs and in understanding the wide-ranging effects and side-effects of health care access.

1. Doctors (in both rural and urban settings, and variety of specialties but with an emphasis on general practitioners) nurses, hospital administrators with hospitals in urban and rural settings.

2. What are provider thoughts on how to expand insurance coverage? Do they think the private sector employer based current system, can somehow fill the void, or does the government have to increase its role in providing health care, by expanding Medicaid, Medicare or some other program? What is the best way to fund the expansion of insurance coverage? How do we control costs and reduce administrative overhead? **Do you treat patients without health insurance and in turn do you pass the costs on somehow to those that have insurance?**

2) Information from a provider focus group should include not only suggestions for covering more people, but also **ideas about what physicians and other health care professionals might find "un-supportable."** In other words, what types of systems, mechanisms, or models, might the provider community find unpalatable, unworkable, or otherwise undesirable, and why? **What are the most important pieces of improved access to health insurance/health care, clinically speaking, to bring online early on? What changes or improvements in provider reimbursement (besides just increasing it) might be most beneficial or detrimental (i.e. how does a "pay-for-performance" model sit with them)?**

2) What information do you want to receive from a focus group? **A) Barriers to providing services for the uninsured. B) Where look for resources for uninsured. C) How uninsured impacts practice/organization. D) How does your practice/organization address or assist uninsured. E) What assistance/resources are needed to provide services for uninsured?**

I would recommend that you ask the GR Medical Society to pull together a group of their physicians who donate care to the uninsured through their Project Access Network. Most care to the uninsured is provided through private physician offices - national studies verify this. You could also ask the Marquette folks to host a similar group. I suspect that the issues that you will hear about will be related to getting people meds, coordinating appointments, getting specialists to take referrals, etc.