

DRAFT - ABSTRACT



CHARITY WORKGROUP

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Statement of Purpose

The Charity Workgroup was formed by the Medical Banking Project to explore the use of banking assets to assist non-profit organizations to reduce operating costs. The workgroup hopes to provide information that will assist in increasing the efficiencies with which charities can operate in delivering and financing healthcare. The Workgroup met two times in 2004 to define its mission and goals as follows:

Workgroup Mission

To identify and articulate how the banking community can assist healthcare related charities to more effectively and efficiently serve their respective communities.

Goals

- Review banking resources that can be used to provide community-based solutions
- Identify standards and technology non-profit forums related to our mission and determine synergies
- Map community healthcare stakeholder relationships including the charity organization and bank
- Identify charity data/funds exchange needs and processes (i.e., authorization, eligibility, records, funds)

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Abstract

The problem of the uninsured is causing a crisis in American healthcare. Because these people often wait to treat illness the cost to society is high. Moreover the highest cost area of a hospital, the Emergency Room, is often used for treatment. Yet the community safety net is comprised of much more than the emergency room, and extends out to an increasing array of faith-based services and other non-faith programs – spurred into growth through government faith-based funding initiatives. How can hospitals efficiently transfer the burden of care to this growing matrix of community care givers?

The hub of healthcare activity in any given community is the hospital. Fifty one percent (51%) of hospitals are non-profit organizations. Given the interplay between charities and healthcare, the increased dollars flowing through charity programs (faith-based programs) and other factors, medical banking programs may need to integrate assistance for social financing strategies in order to provide a comprehensive offering.

This paper hopes to serve as a foundation for better dialogue about creatively engaging banks as stakeholders to resolve issues faced by community healthcare stakeholders, with an emphasis on non-profit institutions. Our recommendations will hopefully result in new initiatives that leverage the banking community in a manner that simultaneously benefit both society and the banking industry.

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Workgroup Recommendations / Observations

- A community directory of services seems to be a recurring theme in the charity discussion. Banks have a vested interest for a number of reasons: (1) create fee-services; (2) support the healthcare of community; (3) enjoy positive community imaging. Therefore we should seek funding that will help to implement the CCN model program and test/validate the results in at least 5 MSAs.
- Commission a White Paper that can assess under-utilization of community healthcare assets as a result of poor coordination among community stakeholders. At least three states are looking at this further – Delaware, California and Indiana. The information they are providing can help to extrapolate the potential benefit to a community using a “system” approach for coordinating community healthcare.
- Commission a White Paper that summarizes the impact of medical bankruptcies on banks. It would be useful to gain data at the community level. A good primer for this activity is the *Health Affairs* research study just released (see www.mbproject.org for more information).
- Provide recommendations to the Panel on the Nonprofit Sector, convened by “Independent Sector”, to advise the Senate Finance Committee on a wide range of transparency, governance and compliance requirements in the non-profit sector. Must be done by February 18.
- Continue to collect information on non-profit standards organizations or bodies so that we are not recreating the wheel.