

Access to and Linkage with Clinical Care

DRAFT DEFINITIONS AS OF APRIL 2025

Category A: Gather and provide timely, comprehensive, locally relevant information to the community and health care system on availability of and barriers to clinical care (including behavioral health) to guide decision-making for improvement of access, utilization, quality, and cost.

1. Convene and engage community and partners to share experiences and inform about gaps between availability of care and the ability to access care and health literacy.
2. Convene healthcare partners for shared learnings about gaps between the availability of care and the ability to access care in ways that are culturally relevant and trauma responsive.
3. Develop, maintain, and share internal electronic information systems.
4. Access and utilize information from external sources to complement internal electronic information systems for broader awareness of barriers to care.
5. Assess the impact of external factors and conditions that affect the cost, quality, and equitable utilization of clinical care and collaborate with health partners to address.
6. Offer guidance, recommendations, and technical assistance to healthcare and clinical care providers on strengthening community-clinical linkages, as needed.
7. Raise awareness about social determinants of health and the connection to population health outcomes.
8. Assess and monitor the quality, effectiveness, and outcomes of clinical care services using metrics to inform public health planning and decision-making.

Category B: Ensure licensed health care facilities and providers comply with laws and rules as appropriate. (Note most are state health dept. activities)

1. Educate providers.
2. Inspect and license healthcare facilities.
3. License, monitor, and discipline healthcare providers.
4. Investigate complaints against clinical care facilities and providers and take enforcement actions.
5. Monitor clinical care facilities and providers based on the laws and rules contained in Minnesota statutes and federal laws
6. Review clinical care providers' qualifications and issue credentials including licensing.
7. Conduct physical plant plan reviews and onsite construction inspections.
8. Conduct on-site health care surveys.
9. Conduct billing audits for nursing homes.
10. Collaborate with public health partners to understand the community context related to facilities being inspected/licensed.

Category C: In concert with national and statewide groups and local providers and healthcare partners develop plans for increasing access to health care homes and quality health care and seek funding for high priority policy initiatives.

1. Identify key healthcare partners and the competencies (skills, expertise, and qualifications) they bring to planning for quality and community-focused care.
2. Build new and strengthen existing relationships with cross-sector and public health partners, communities, and individuals.
3. Assess need and consider the factors and conditions that affect access to clinical care services, including barriers, within the jurisdiction.
4. Collaborate with partners, communities, and individuals to understand the quality and effectiveness of clinical care services and co-create strategies for improving access to quality health care.
5. Convene cross-sector and public health partners, including clinical care providers, non-governmental, and governmental partners, to identify strategies or initiatives that address factors, conditions, and barriers to care.
6. Develop and maintain a written plan and implement population-based strategies to improve access and quality of care.
7. Evaluate implementation of plans and adjust as needed.
8. Pursue and support joint funding opportunities while fostering shared responsibility and ownership of the work with partners and/or assist partners in identifying and securing funding for collaborative efforts.
9. Sustain work through policy and systems change, capacity building, and integration into existing programs.