

Minnesota Health Care Coalition Emerges

Scott Mayer, Executive Director Minnesota Chiropractic Association

It is a rare occasion when health care providers from different professions coalesce around any issue. But in Minnesota, providers from almost every profession, with the exception of medicine, are uniting to affect change in Minnesota's emerging health care system.

Formed about five months ago under the leadership and impetus of the Minnesota Chiropractic Association (MCA), the Minnesota Independent Health Care Providers Coalition (MIHCPC), is composed of health care providers representing psychology, optometry, chiropractic, home health care, pharmacy, dietetics, podiatry, occupational therapy, physical therapy, respiratory therapy, nursing, social work, chemical dependency counseling, opticians and others.

MIHCPC is a diverse group of independent health care providers and professional health care associations who believe the quality of health care, cost effectiveness, and consumer-oriented outcomes are most effectively served by a diversity of independent, small business health care providers who continue to improve the quality and accessibility of care to consumers.

MIHCPC emerged from an earlier successful attempt by the MCA to educate chiropractors about health reform in Minnesota, which was mandated by the legislature last February and is in many ways a forerunner to the Clinton national health care plan.

Realizing that our new reform laws required networking with other provider groups within the same regions, the MCA approached other health care associations to help support four educational seminars around the state. Knowing that their members also needed education and because we already had designed a seminar agenda, the Minnesota Optometric Assoc., Minnesota Dietetic Assoc., Minnesota Pharmacists Assoc., Minnesota Podiatric Medical Assoc., Minnesota Psychological Assoc., and the Minnesota Psychologists in Private Practice became co-sponsors of our seminars.

The seminars were extremely successful. Because we had a large list of providers, we were able to attract speakers who traditionally may not have been interested in speaking to each provider group separately. We also generated significant media coverage at each seminar we conducted, which brought to the consumer more awareness of our concerns. With our office coordinating the seminars, we were able to direct the content of the seminars to ensure that our specific concerns were heard and discussed both at the seminars and in the press. Finally, the seminars provided revenue for our association. We marketed the importance of the seminars heavily and netted \$7,000.

Based on our success with the educational seminars, other provider groups, including the local chapter of the American Physical Therapy Assoc., were eager to participate and form the more-inclusive coalition composed of the provider groups mentioned earlier.

Although we are only five months into operation, our coalition has accomplished the following:

1. We have developed a mission statement and set of objectives that all groups have agreed on. We have met with the Department of Health as a coalition to express our viewpoint. We have also arranged parallel testimony for coalition members in their testimony at a regional level.

2. We arranged a seminar in December to accomplish several goals, including:
 - education of all providers

 - interaction and networking between providers

 - having our questions about the emerging health care system answered

 - arranging a proactive plan for our patients

This year we will have a patient education and communication plan in place, and a plan to pursue legislative goals as a coalition.

It is realistic to assume that new members will be added to the coalition and some members will end their alignment as the needs of individual groups change. Coalition building around the issue of health care reform can only foster improved relationships with other provider groups.

For chiropractic, which has for too long been isolated from other groups, this project of coalition building can produce particularly good results.

To form a coalition, here are some suggestions:

1. Develop a specific project that other provider groups can relate to, then approach them to arrange a co-sponsorship of the project. Having an outline already developed is helpful.

2. Approach groups that have not only been friends in the past, but also groups that may have been adversaries. Under the Clinton plan for health care reform, all provider groups have some common interests.

3. Concentrate on your similarities with other groups, not your differences. Not all groups are going to agree on everything, so don't try to resolve differences. There are enough similarities to provide an impetus to coalesce. Remember that other professions have their own "turf battles" unrelated to chiropractic that might hinder their joining a coalition. Encourage every member to leave other issues at the door and concentrate on the group's goals.

4. Approach other groups on an association to association level. Often the association heads can agree on common agenda items easier than the providers within each group.

5. Be willing to provide much of the work to make the coalition a success. If you are willing to perform most of the administrative functions, it is easier to obtain consensus from the other groups and also guide the agenda for the coalition.

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