Appendix C

STAKEHOLDER INTERVIEW TOOL

Purpose of Stakeholder Interviews

- Obtain participants' perspectives on opportunities for and threats to a better business model for health care delivery that will apply to Nashville's safety net system.
- Educate participants on the commitment of Metropolitan Government to the care of Nashville's medically underserved and indigent residents.
- Obtain participants' ideas on viable approaches to a better business model for delivering health care to Nashville's medically underserved and indigent community.

Background

Establish the role of the stakeholder, years living in the community, past roles.

Discussion Points

- What is the current state and practice of the safety net in Nashville? How do the medically underserved and indigent access needed care: preventive and primary care, specialty care, inpatient care, long term care, dental care, mental health care?
- In general, who are the medically underserved and indigent in Nashville—probe: working poor, racial/ethnic groups, elderly?
- What political/hot-button issues or key stakeholders should JSI be aware of as we develop a more viable business model?
- How would you describe the *market forces* at play in Nashville? Which forces will create issues in the development of a new business model? Which forces will help support change?
- What *policies, legal issues, or regulations* are barriers for the current system?
- What considerations need to be made when developing a more cost-effective business model?
- What *technologies* do you think are most applicable to improving the current system? How would you apply them?
- If you had to develop recommendations for a better business model for serving the medically underserved and indigent in Nashville, what would they be?
- What do you consider to be the critical components of a new model addressing a full continuum of care for the medically underserved and indigent?
- What does it mean to provide high-quality, cost-effective care for the medically underserved and indigent? What should be the guiding principles of the system to ensure high quality and low cost? For example:

  - reaching as many people as possible lowest cost per user across the board.
  - reducing health disparities among medically underserved and indigent groups.
  - equitable cost-sharing among safety net members, all players within the health care market.
  - patient satisfaction and safety.
- What are some similar cities that have health care safety nets that you see as successful?
- Who else should we talk to?