Session # F6

Answering the call:
Bridging gaps in care in underserved communities through integration and inter-professional collaboration

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- Kate Hossfeld, PsyD, Behavioral Health Provider
- Amber Crist, MS, Chief Operations Officer
- Jessica McColley, DO, Maternal-Child Health Physician
- Jerad Bailey, PharmD, Director of Pharmacy
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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Summarize typical barriers to healthcare in underserved settings.
- Discuss effective strategies for integrating various healthcare services into primary care and enhance inter-professional collaboration across services.
- Identify unique ways that inter-professional healthcare providers and administrators can collaborate to create the ideal conditions necessary to offer quality and sustainable whole-patient care

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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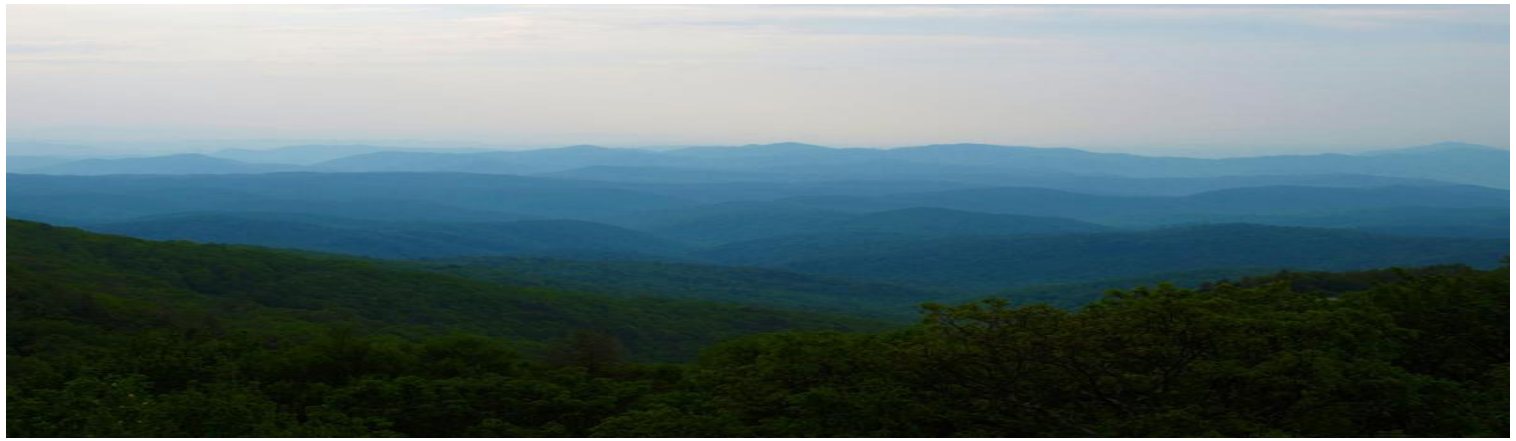

Healthcare Needs & Access Issues in Rural & Underserved Communities

Emily M. Selby-Nelson, PsyD
CCHS Director of Behavioral Health

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Needs of Rural & Underserved Communities

- Rural communities have the same needs as other communities…
  - General Health Care (Primary Care / Family Medicine)
  - Behavioral Health Care
  - Dental Care
  - Pharmacy
  - Other Specialty Care
- However, they typically don't have the same access to, or utilization of these services…

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Needs of Rural & Underserved Communities

- Underserved communities, especially those situated in rural and remote regions, experience unique barriers to services/care.
  - Transportation and travel issues, poor insurance access, lack of nearby service options
- These obstacles to care contribute to a higher rate and complexity of health disparities when patients go under- or untreated.
  - Can further exacerbate preexisting stressors, social determinants of health, and other complicating factors in the daily lives of underserved community members.
- Integrated primary care uniquely resolves barriers that typically prevent health and wellness for underserved communities.
- A "one-stop-shop" model of care is ideal.
  - It tells patients, "We care about you, and this care is for **you**!"

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Needs of Rural & Underserved Communities

- When diverse healthcare services connect across professional fields under one roof, patients are offered access to quality whole-patient care and a chance for healthier, happier lives.
- The keys to effective integration in underserved settings include:
  - Integration and retention of culturally sensitive and passion-driven providers
  - Creative and innovative inter-professional teamwork and support
  - Encouragement and creative conditions provided by administrators
    - We need the necessary conditions to yield effectiveness and success

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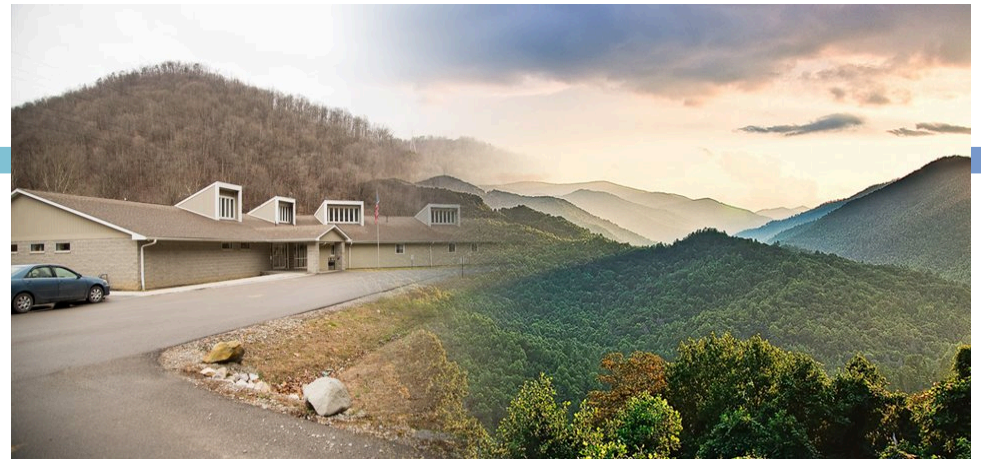

Cabin Creek Health Systems: An FQHC's story of building the bridge to quality and accessible care

Amber Crist, MS
CCHS Chief Operations Officer

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Cabin Creek Health Systems

- Our Mission is to promote the health and well-being of all people in our communities, especially the most vulnerable, through health care that is guided by science, compassion and respect and to contribute to the education of skilled and caring health professionals.
- Our staff consists of dedicated health care professionals intent on making a difference.
- We offer compassionate, culturally-sensitive, whole-patient care.
  - Strive to bridge the gaps in care facing our rural, underserved areas.
- Teaching Health Center: Inter-professional Education
  - BH students/interns, PharmD students, nursing and med students

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Cabin Creek Health Systems

- Our community's needs that we strive to meet:
  - Chronic Disease/Illness Management
  - Acute Care
  - Preventative Care
  - Behavioral Health
  - Dental Care
  - Pharmacy
  - Initial evaluation/assessment and referral to specialty care
  - School-based services (best opportunity for care access)

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Cabin Creek Health Systems

- Answering the call and building the bridge to care:
  - Our first clinic and services…

Cabin Creek Health Center

THE GRACE ANNE DORNEY
Pulmonary Rehabilitation Centers
At Cabin Creek Health Center

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Cabin Creek Health Systems

- Extending the bridge and our reach…
  - Clendenin Health Center
  - Sissonville Health Center
  - Riverside Health Center
  - Kanawha City Health Center
  - Sunnyside Health Center (Health Dept.)

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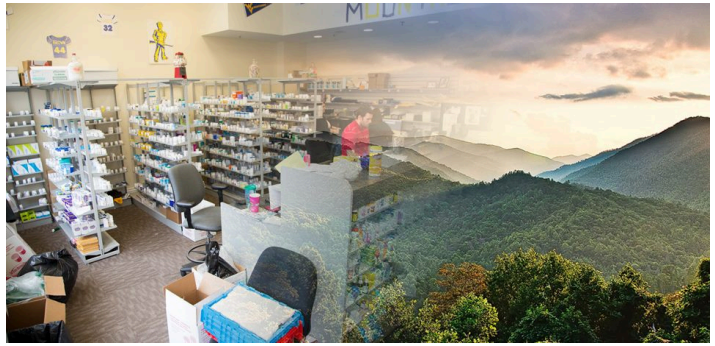
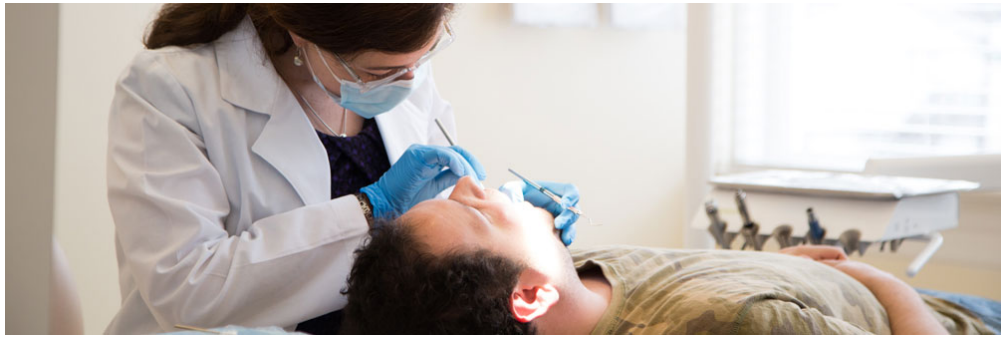
Cabin Creek Health Systems

- Extending services and enhancing care…
  - School-based care
  - Pharmacy
  - Dental
  - Behavioral Health
  - Medication Assisted Treatment
  - Outreach





Cabin Creek Health Systems
MEDICATION ASSISTED TREATMENT

Answering the Call: Integrating Services

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Primary Care: Meeting diverse needs

Jessica McColley, DO
Maternal-Child Health Physician (PCP)
(Community Health Center/ School-based Health/ Health Dept.)

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Service Needs

- Community Health Centers
  - 6 main sites
    - 3 with MAT programs
    - 2 with dental
    - 4 with pharmacies

- School Based Health Centers
  - 1 dual site
  - 5 independent sites

- Point of Access Center with Outreach Services (co-located in Health Dept.)
  - 1 site

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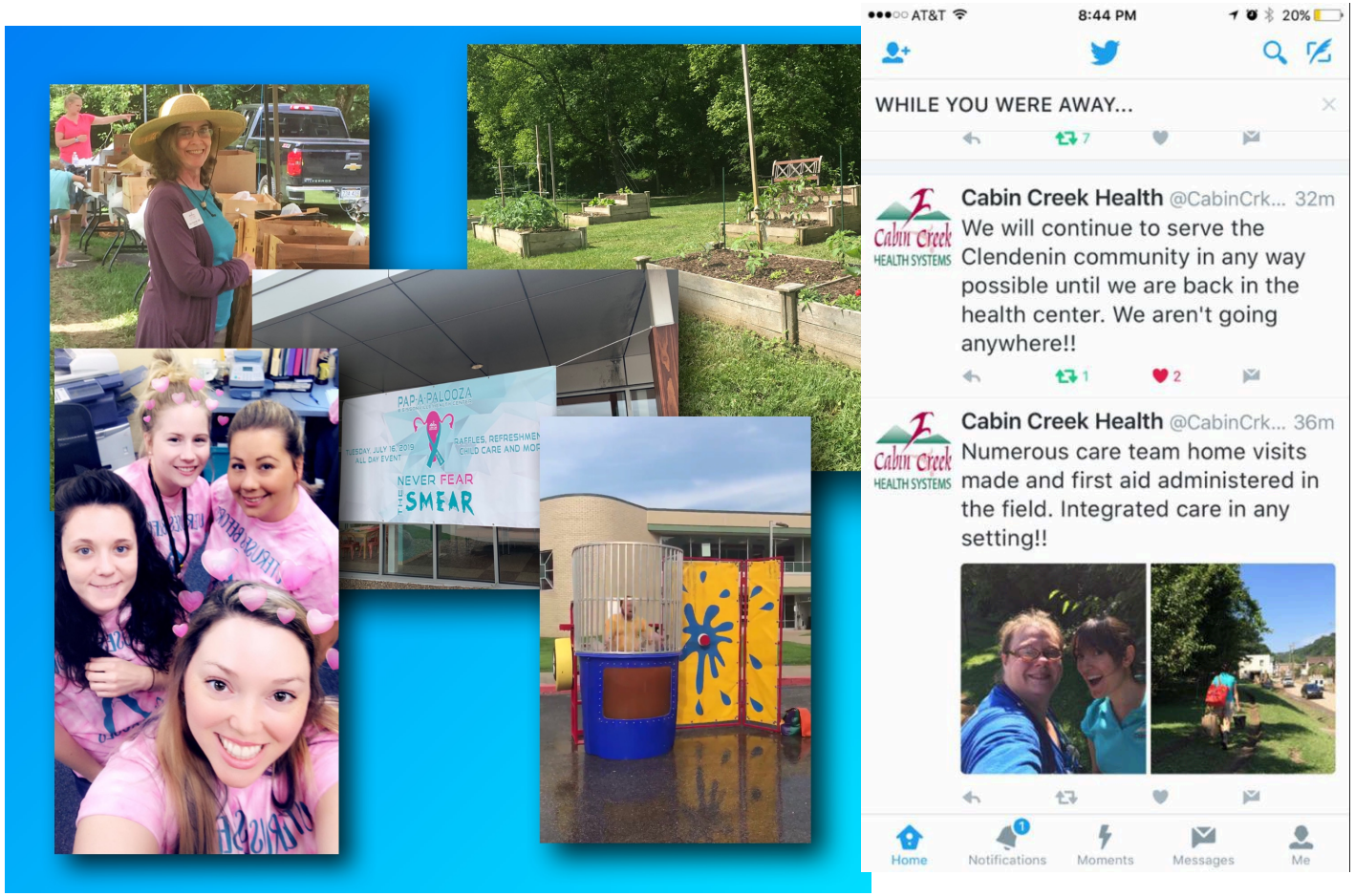
Community Involvement & Outreach

- Well Child Day
- Pampered Pap Day
- Community garden
- Walking trail
- “Farm”-acy at two clinic sites
- Free Weight Management Classes
- Free Diabetic Education Classes
- Community support post disaster



School-based Services & Outreach

- Vaccine initiatives
- Well Child emphasis, particularly for adolescents
- Trauma informed care
  - SBIRT
- School/student support programs
  - Mindfulness
  - Yoga
  - Nicotine prevention
  - “Rethink your drink”

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Point of Care Access & Outreach

- Sunnyside Health Center
  - “Necessity is the mother of invention”
    – Plato
  - Harm reduction
  - Homeless outreach
  - HIV, Hep C, & Hep B testing
  - Basic need kits
  - Connection to services

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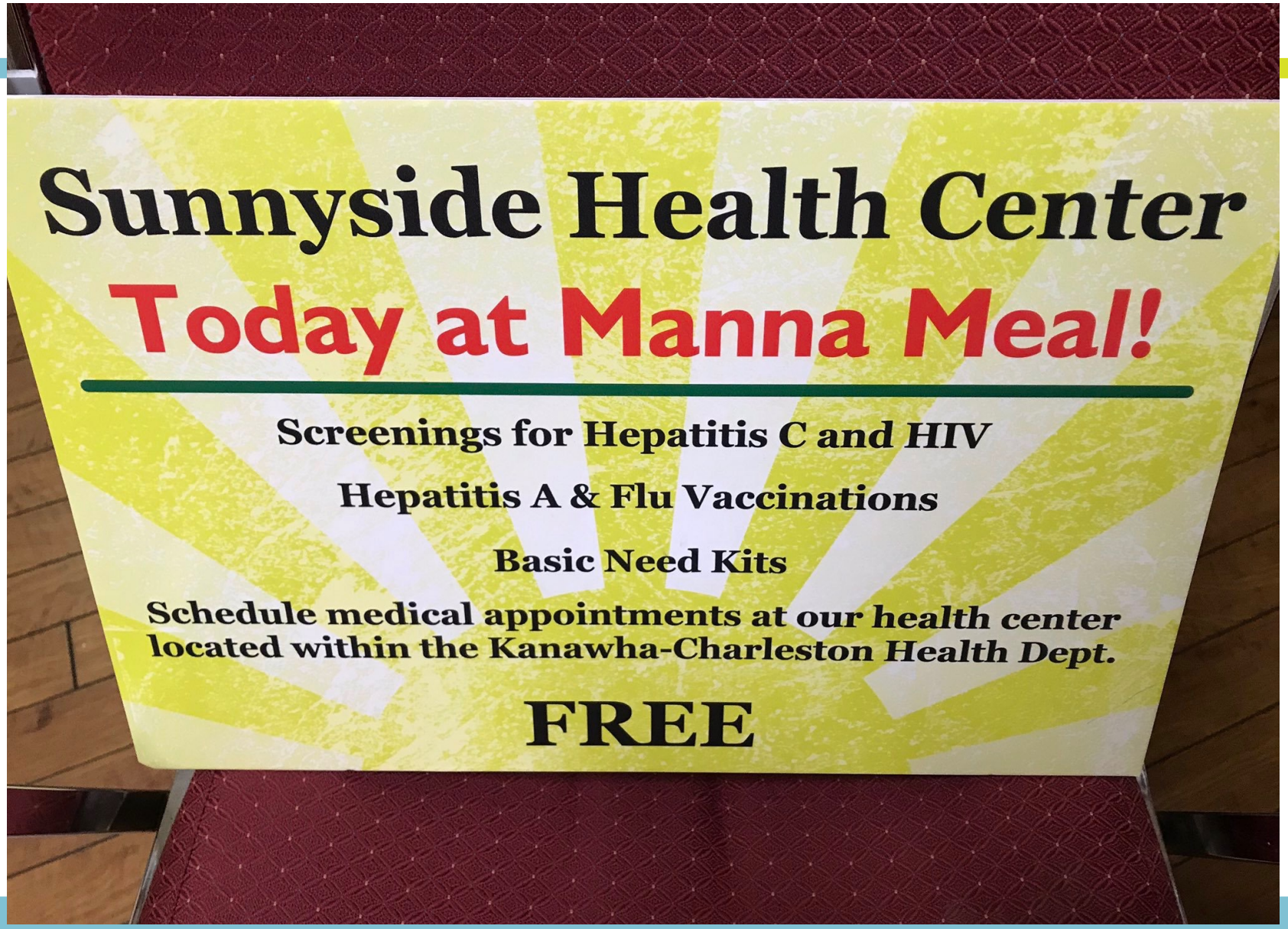

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Staff Support & Development

- Professional development encouragement
- All staff
- Individual clinic site merit based rewards
- Loan repayment program
- Staff education (inside didactics and outside higher learning opportunities)
- Niche care

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Integrated Primary Care

- Medical access
- Behavioral health access, MAT, and addiction services
- Dental
- Pharmacy
- Specialty services
  - Pulmonary rehabilitation
  - Cardiac rehabilitation
  - Women's health services and procedures
  - Osteopathic Manipulation Therapy
  - Newborn admission

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Integrated Pharmacy

Jerad Bailey, PharmD

CCHS Director of Pharmacy

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Pharmacy Service Need

- Historically, pharmacy services for rural clinics can be few and far between
- The number of affordable options were limited (predating “$5 Lists”)
- More recently, a significant number of patients were without pharmacy coverage prior to the Affordable Care Act (responsible for Medicaid coverage for about 10% of the entire state population)

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History of Pharmacy Services

- Cabin Creek Health Systems Pharmacy (our first pharmacy operation) opened 1994
  - Additional pharmacies were opened to coincide with new clinic facilities in 2011, 2014, and 2017
- Dedicated pharmacist-mediated Drug Utilization Reviews (DURs) and Medication Therapy Management (MTM) since 2011
- Precepting School of Pharmacy students from the three state Pharm.D. programs
- Addition of MAT in 2016, including enhanced monitoring and diversion detection methods

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Building a Sustainable Pharmacy Practice

- The 340B Drug Pricing Program
  - US Federal Government Program that requires drug manufactures to extend discounted medication prices to covered entities
- Patients without prescription coverage are able to purchase medications at deep discounts, reducing out-of-pocket charges
- Cheaper medications means more income to support other programs at our clinics

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Effective Pharmacy Collaboration w/other Services

- Drug Utilization Reviews (DURs) may be requested by any provider and are completed by a pharmacist or supervised pharmacy student
- Ambulatory pharmacy students are paired with care teams to perform medication reconciliation during patient intake and research any drug-related question a provider may have
- Two-way collaboration with pharmacy/providers that eliminates “phone tag” prevalent with other pharmacies
  - Providers regularly visit the pharmacy for recommendations concerning medication availability, cost, and fill histories
  - Pharmacy staff regularly visit providers to clarify orders and make therapy recommendations

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Pharmacy Staff Recruitment and Retention

- Ideal Hours
  - Pharmacies are open M-F, closed weekends and holidays, are open no earlier than 8:30am, and closed no later than 6:00pm
- Sufficiently Staffed
  - Pharmacies have an average 3.5 technicians per 1 pharmacist ratio, compared to a national mean of 1.2:1 (*Med Care* 2007;45: 456-462)
- Reasonable Prescription Volumes
  - Range between 140 and 220 prescriptions per day per pharmacist
- Continuing Education and Licensure Reimbursement
- No Prescription/Vaccine Quotas

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Sustainability & Management of Pharmacy Program

- 340B Patient Eligibility
  - Our pharmacies are completely dependent upon our clinics because of how 340B patient eligibility is defined
  - We cannot offer the same discounted medications to patients that see outside providers (unless pursuant to referral)

- Pharmacy volume is proportional to provider volume
  - Unlike most pharmacies that are busiest on Mondays and Fridays, our pharmacies' volumes coincide with the number of providers who are seeing patients that day

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Integrated Dental Care

Hillary Homburg, DDS
CCHS Director of Dental

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Integrated Dental Care

Hillary Homburg, DDS
CCHS Director of Dental

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Dental Service Need / Patient Population

- West Virginia is consistently ranked lowest in oral health nationwide
  - Over half of children have experience decay by 3rd grade
  - over half of adults aged 18+ years had at least one permanent tooth extracted
- Cabin Creek Health System currently offers Dental services in 2 locations in Kanawha County in southern WV – the towns of Sissonville and Clendenin
  - Clendenin population ~1,100 median age 47, median household income $40,000
  - Sissonville population ~4,000, median age 38, median household income $41,000

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Barriers to Dental Care

- Geographic isolation and lack of reliable transportation
- Low median household income (~$40,000 – more than $20,000 a year lower than national average, ~1/2 below federal poverty line)
- Lack of insurance (less than 40% of adults have coverage for dental)
- Cultural value systems (low value placed on oral health, edentulism seen as normal part of aging)
- Dental anxiety and phobia common

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History of Dental Services

- Started with portable equipment in 2010
  - operated out of gym attached to Riverside High School Health Center

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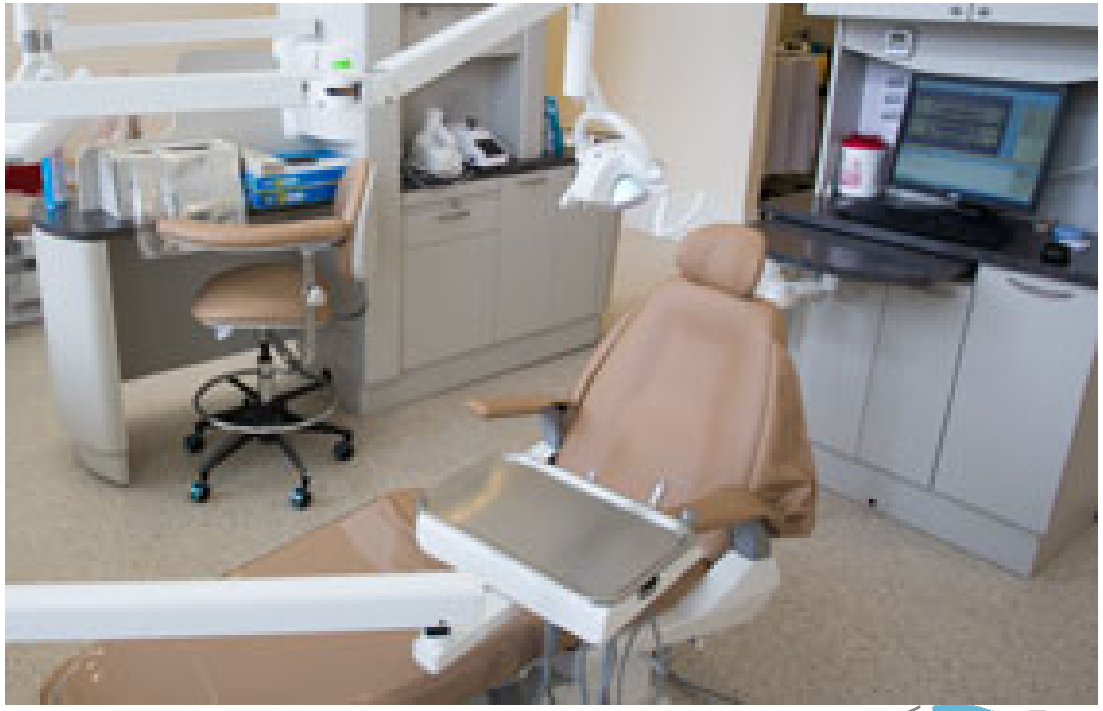
History of Dental Services

- Stationary 2 chair dental clinic opened as part of Clendenin Health Center in 2011



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History of Dental Services

- Second stationary clinic opened end of 2017
  - 3 operates inside of new Sissonville Health Center

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Staffing Growth

- Started in 2010 with only Dentist (me)
- In 2011 added support staff (1 chairside and 1 office assistant)
- In 2017 added full time hygienist and 2 additional support staff after opening second location
- Had temporary part time dentist for ~8 months
- In 2018 added second full time dentist and 1 additional chairside assistant
- Currently (2019) have 8 40 hour/week employees across 2 clinic locations

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Dental Services Provided

- Exams
- Cleanings
- Xrays
- Sealants
- Flouride Treatments
- Amalgam Fillings (silver) or Composite Fillings (white)
- Extractions
- Dentures and Partials
- Anterior Root Canals
- Crown and Bridge Work
- Emergency Dental Care

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Payment Options

Sliding Fee Scale

- For low income patients without dental insurance (more than 70% of our patient population) services are offered on a sliding fee scale
- This allows patients to qualify for 25%,50% or 75% of most dental services, based on household income compared to Federal Poverty line
- The lowest income patients receive services for a nominal fee ($25 copay per visit)

We also accept most commercial dental insurances and see patients without financial barriers on a standard dental office fee schedule

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Effective Collaboration with other Health Services

- Location inside of health centers allows for high visibility to patients and initiates thinking about oral health care
- New patients can stop by to inquire about services or schedule an appointment while on site for medical or pharmacy services
- Families can schedule multiple types of visits in the same location/on the same day cutting down on transportation issues and missing work
- We can make appointment referrals when medical or behavioral health issues are identified while in dental chair
- Medical providers can request assistance/ consultation for dental emergencies
- Our patients can utilize on-site pharmacy, increasing compliance

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Summary

- Adding oral health services to an existing community health center model can be challenging – there are many specialized (and often expensive) equipment and staffing requirements
- Generating 'buy in' and teaching the value of oral health care to patients with low dental awareness can also be a challenge
- The benefits of improving the oral health of your patient population far outweigh the challenges
- Oral Health is and important part of Whole-Patient Health Care!

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Integrated Behavioral Health

Emily M. Selby-Nelson, PsyD
CCHS Director of Behavioral Health

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CCHS History of Integrated Behavioral Health

- Integrated Behavioral Health began at CCHS in 2006.
  - From there, several part-time social workers joined
  - 1 part-time psychologist facilitated BH program development
  - BHPs were scattered across several higher need rural health centers offering generalist services
- In 2011, first full-time psychologist hired (later to become Director of BH)
- Over the last 8 years we've grown to include:
  - 10 full-time Clinical Psychologists
  - 2 full-time Social Workers, 1 part-time
  - 1 full-time psychiatrist

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Integrated Behavioral Health Services

- Generalist Behavioral Health Services
  - Balancing two needs
    1) Acute care: Clinic/PCP need for same-day consultation (“warm handoffs” and work-ins)
    2) Ongoing treatment: Community’s need for outpatient psychotherapy (none accessible to patients)
  - Treatment for diverse behavioral health referrals:
    - Depression, anxiety, etc.
    - Health interventions (e.g. tobacco cessation, chronic disease management, etc).
- Focus on rural and underserved population
  - Culturally-sensitive care: the role poverty, culture, community histories
  - Flexibility in schedules, provider behaviors, and care models

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BH Team Recruitment

- It's ALL about fit!
  - Seek to hire BHPs who are:
    - Strong generalist clinicians (and comfortable navigating crises/emergencies)
    - Well-versed in rural/underserved populations
    - Experienced in integrated behavioral health (primary care)
    - Flexible, resilient, tolerant of ambiguity, collaborative, motivated, interpersonally approachable and positive, creative
    - Service-driven
    - A community provider (understanding of the big picture)
- Recruitment:
  - Focus on getting to know applicant, and them getting to know CCHS and the area
  - All-day health system tour and interview
  - Meet and greet with potential future providers, staff, BH Team, and administrators

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BH Team Retention

- * Retention is viewed as equally as important as recruitment!
  - Rural providers are at an increased risk of burnout and turnover
  - Rural providers need supported to ensure sustainability of services
- Retention efforts:
  - Respect and integrate BHPs across the entire health system:
    - Viewing BHP value as a broad concept (productivity + outreach/community impact + staff support + team effectiveness
    - Active representation in all meetings (QI, Risk Mgt., Leadership, Staff and huddle meetings, etc.)
    - Opportunities for education (inter-professional education and staff/provider trainings)
    - Administrative demonstration of respect, inclusion, support and value
  - Reduce isolation:
    - Peer consultation: BH Team meetings, online chatting, social events
    - Administrative support for professional networking: Professional membership support, conference budget, ECHO meetings, etc.

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Lessons Learned…

- Focusing on retention is just as important as focusing on recruitment!
  - Hiring a BHP is not the end, but rather the beginning.
  - Offer continuous opportunities for consultation, support, resources, etc.
  - Listen to what BHPs need and want; support personalized growth
  - Allow natural leadership skills develop, thrive, and improve services throughout the system
  - Mindfully support early-career issues
- Education/training is a strong recruitment tool that can help your system and state's workforce development issues.
- Encourage deliberate focus on providing culturally sensitive care
  - Consider how service delivery needs to change in context to patient's life / SES / culture

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Reinforcing the Bridge by Supporting & Sustaining Staff & Services

Kate Hossfeld, PsyD
Behavioral Health Provider

Burnout Risks = Risk Management Issue

- Rural practice can be challenging
  - Complex community issues
  - Complex patient health disparities
  - Needs that are ever-changing and ever-growing
  - Individual and Population-based focus
- Rural practice tends to attract service-driven and compassionate professionals
  - Tend to be resilient, motivated, and passionate about bringing quality care to the underserved
- Administrators and systems need to focus on burnout as a risk management issue
  - If staff are unwell, quality care is compromised
- Burnout Prevention should be at the individual, clinic, and system levels
  - Behavioral Health Providers are uniquely equipped to facilitate these efforts and engage other team members

Personal (Individual) Level of Support

- Self-care
  - Flyers, reminders during huddle, staff meetings, and all provider meetings
  - Encourage healthy activities on own time such as walking outside during lunch break
  - Modeling (engaging in self-care activities and mentioning them in conversation)

Identify at risk individuals

  - Individuals demonstrating struggles
  - People asking for help
  - Word of mouth (rural)
- Support
  - Brief consultation
  - Referrals for outside tx
  - Crisis management

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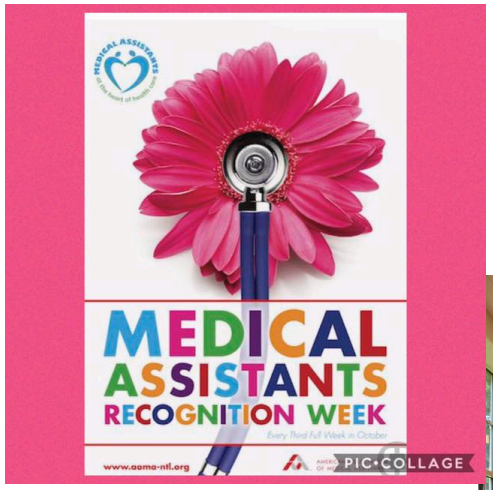
Clinic Level of Support

- Appreciation/celebrations
  - Birthday celebrations
  - Decorate office space/doors
  - Welcome gift box for new hires
  - Baby and wedding showers
- Morale
  - Morale team (cook outs etc.)
  - Secret siblings
- Weight loss group (lunch time)
- DEEP classes (lunch time)
- Goodness of fit (hiring)
- CEUs and continuing education
- Innovation
- ECHO
- Well child/well women days



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Community Level Support

- Outreach
  - Library opening
  - Food pantry
  - Mobile food pantry with BH/medical screening
  - Addressing community needs/interests
- “Farmacy”
- Fall festival
- Trick-or-treat participation
- Holiday events
- Town Halls

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!