

35TH ANNUAL **AHA RURAL HEALTH CARE** | LEADERSHIP CONFERENCE



***The Human Side of the Value Equation:
Strategies to Enhance the Patient Experience***

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It Takes a "Village" to Deliver Value-Based Care

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Southwestern Vermont Medical Center

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Bennington, Vermont



Who do we serve?



- Vermont is the 3rd “oldest” state
 - Large % of Medicare patients
- Service area size: 75,000
- Serves a tri-state area (VT, MA, NY)
- High percentage of Medicaid-eligible patients

Southwestern Vermont Health Center



- 99 bed hospital
- 25 primary and specialty care practices
- 1,400 employees

Community Care Team



Behavioral Health or Substance Use Disorders

- Loneliness/Hopelessness

Lack of Care Coordination

- Seeking care in the ED setting due to limited understanding of available options

The CCT Patient

No PCP or poorly connected

- Non-compliance with meds, follow up or discharge instructions

SDoH

- Housing instability
- Financial insecurity
- Lack of social network
- Food insecurity

Collaboration

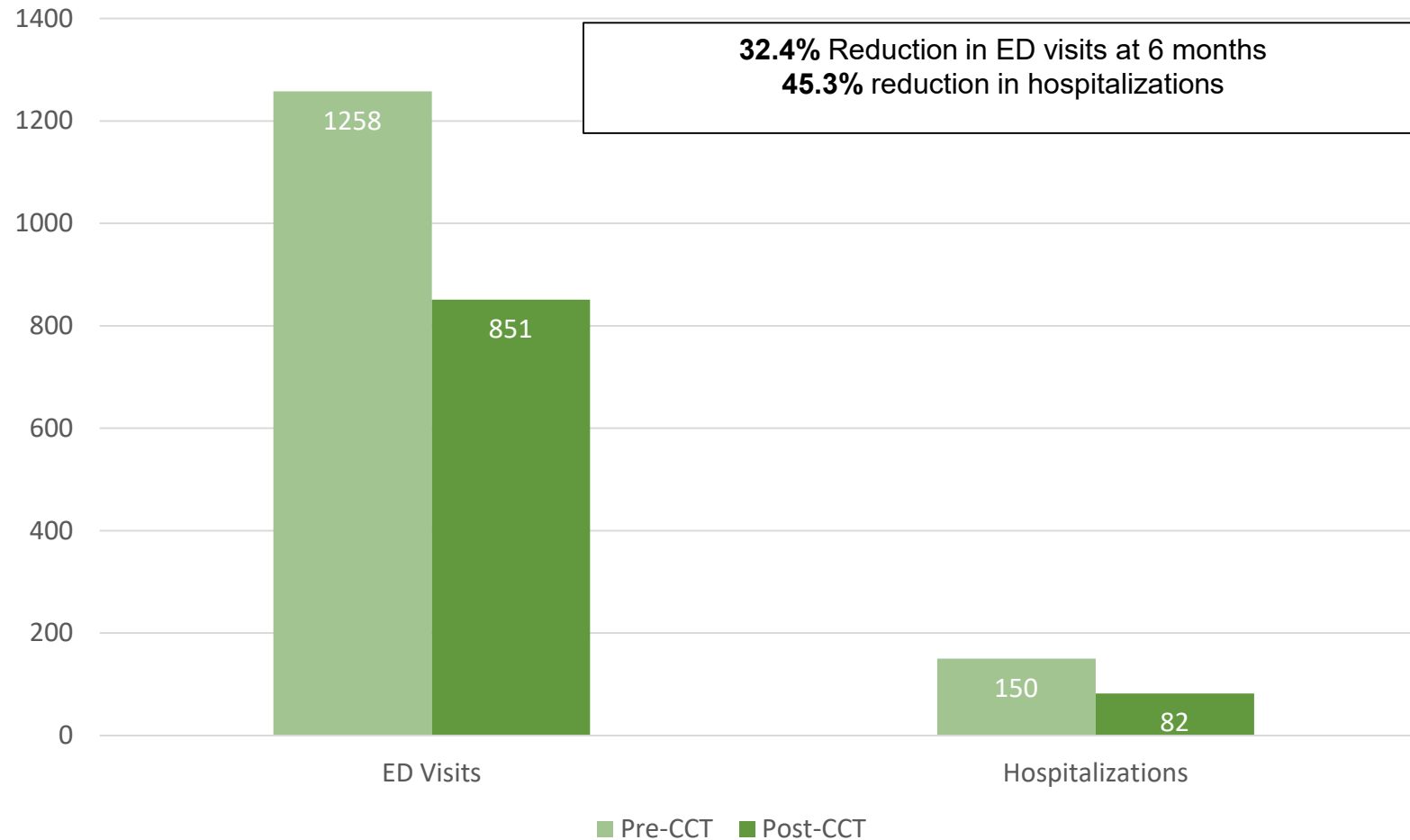


BROC COMMUNITY ACTION
In Southwestern Vermont



Sustained Outcomes

Reduction in Visits at 6 Months



Estimated charges avoided
over the years:
\$2,197,473

COVID-19 Considerations



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With Dr. Neil Bard

Home Equity Partnership for the Uninsured in a Rural Critical Access Hospital

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Health Equity in a Critical Access Hospital

Reaching For Health Equity



- American Hospital Association
- Phoenix, Arizona
- February, 2021
- Teaching and providing primary health care using the cooperative team approach in rural Wisconsin, United States of America
- Neil Bard, M. D.

Richland Center, Wisconsin, population 5000

Winter



Summer



Home in Southwest Wisconsin

English Ridge



English Ridge



Inspiration 2005

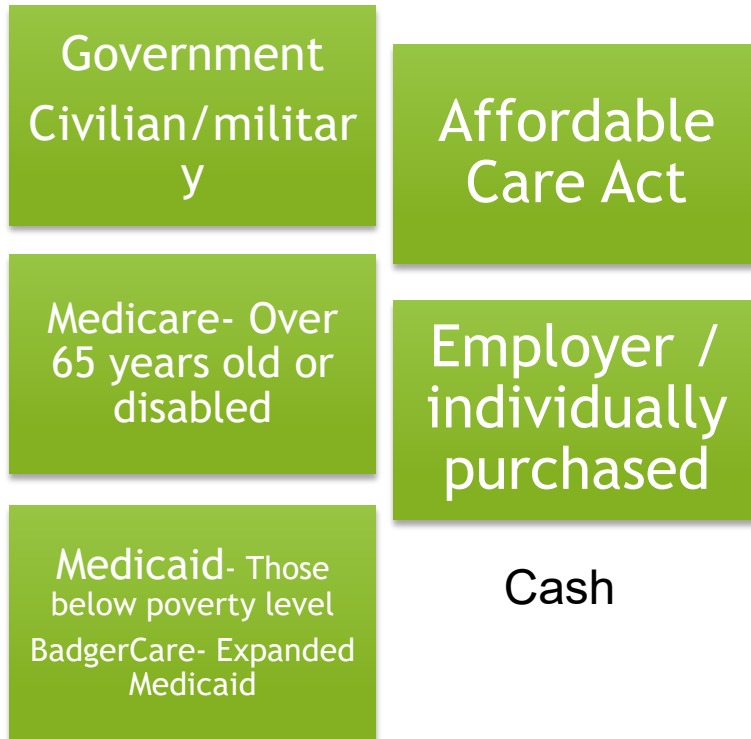
Volunteering in Lufkin,
Texas -Hurricane Rita



Ralph Waldo Emerson
Henry David Thoreau



Health Care in the USA, 2008 - Too many systems!



VA-retired military

Insurance providers or cash payment



Helping families understand State of Wisconsin programs available to them

Providing Care

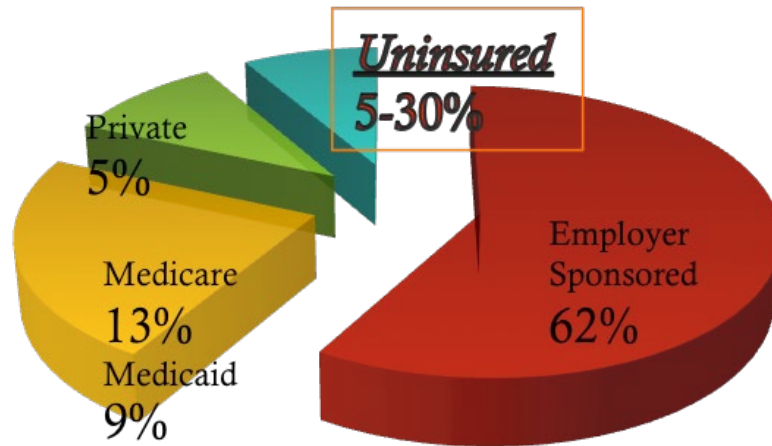
- ▶ Medical clinics are private or public
- ▶ Distribution of physicians is unbalanced
- ▶ Primary care vs specialty care
- ▶ Hospitals are public, community not for profit, government, or private for profit
- ▶ Ours is community critical access
- ▶ Mental health clinics are public (ability to pay basis) or private
- ▶ Dental services are mainly private with a few government run programs
- ▶ Supportive services are mainly public
- ▶ Public health nurse in each county
- ▶ Charity - Food, shelter, clothing



Working Families Without Healthcare

5 - 30% uninsured

Health coverage Wisconsin



Wisconsin Health Insurance Coverage

- ▶ Uninsured = 500,000 people
- ▶ Medicare/Medicaid = 830,000 people
- ▶ Employer sponsored = 3,800,000 people

Who are these people?

Uninsured



Medicare



Job related private insurance

Employer sponsored



Lost insurance due to job loss



Some do not have any insurance

They pay cash, if they have it, for medical care.

A medical illness is one of the main causes of bankruptcy in the USA.

Nobody is refused care, payments can be made on installments over years.

Job loss brings many into this group.

The result is a patient physically whole, but financially ruined.

Where do patients without insurance go?

Emergency Rooms

- ▶ This is always available, but is geared towards acute care.
- ▶ No consistent treatment for chronic illness or prevention
- ▶ No support for home skill needs
- ▶ Highest cost health care
- ▶ Often no payment for hospitals (there are some charity funds)

Free Clinics

- ▶ Long history of free clinic offering help
- ▶ Growing in availability
- ▶ Stop gap measure until the entire system is “cured.”
- ▶ Diverse structure depending on the community
- ▶ Funded by financial donations & donations in kind (clinics, hospitals, pharmacies, individual providers)

Volunteer board directs clinic and oversees

Eligibility

- ▶ Community board provides guidelines for clinic
- ▶ Who qualifies? Anyone in need and who has income of less than 200% of federal poverty level.
- ▶ Yearly evaluation of need

Volunteer Community Board of Directors



Income guidelines

200% Federal Poverty Level



Yearly/Monthly income

- ▶ One in house - \$25,700/\$2,146
- ▶ Two in house - \$34,800/\$2,903
- ▶ Three in house - \$44,000/\$3,660
- ▶ Four in house - \$53,000/\$4,416

Transparency

Registration

- ▶ Medical card issued yearly
- ▶ Registration for clinic identical to all other patients
- ▶ Clinic location is at The Richland Hospital
- ▶ Coordination with public health and hospital related services is in the same building

Welcome receptionist



We are all in this together!

Medical director is a family physician

- ▶ Medical care is family centered
- ▶ Supportive care is overseen by a team committed to family's needs
- ▶ Medical team provides care AND learns about other services by other members
- ▶ Physicians in training, medical students, nursing students, physician-assistant students help and learn the benefits of team centered care

Regular review of needs



Richland Community Free Clinic

Clinic Coordinator



Responsibilities

- ▶ Manages the volunteers
- ▶ Arranges schedules
- ▶ Reports to the board
- ▶ Arranges appointments
- ▶ Answers patients needs, including questions during times when the clinic is not open

Learning by joining

Working as a team

- ▶ Teaching students, we learn new things as well
- ▶ Each team member adds something new to the patient's needs
- ▶ Team approach makes the most efficient use of time
- ▶ Maximal satisfaction in providing care

Family physicians & residents



Medical conditions treated

Family Practice

- ▶ Health maintenance
- ▶ Chronic disease management
- ▶ Injuries
- ▶ Acute illnesses
- ▶ Minor surgery, injections
- ▶ Management of consultations with specialists

Top diagnoses

- ▶ Hypertension
- ▶ Diabetes, insulin dependent and non-insulin dependent
- ▶ Obesity
- ▶ Depression
- ▶ Asthma
- ▶ Cholesterol
- ▶ Acute illnesses

Richland Community Free Clinic

Medical

- ▶ Preventative health care
- ▶ Acute illness evaluation and treatment
- ▶ Public health evaluation including immunizations, nutritional help, family support
- ▶ Eligibility for existing programs in health care - Many do not realize that they qualify for some of the government support programs
- ▶ Badger Care/ ACA

Tuesday mornings



Richland Community Free Clinic

Richland Community Free Clinic

- Family planning services
- Cancer screening programs- Wisconsin Well Woman Program
- Women, Infant, & Children nutritional program
- Problem solving for adult single males
- Food pantry, heating assistance
- Home support
- Vaccine programs - **Covid**, Influenza, HPV, Tetanus vaccines
- Dental Care - a local dentist has volunteered to treat our patients.

Public Health Nurse Assistance



Support of RCFC & beyond



BSP clinic in Madison accepts patients meeting income guidelines for free subspecialty evaluation. This is run mainly by retired physicians.

- Richland Hospital provides space, electronic health record, lab and medical imaging.
- Charity care for surgical needs
- Prescription drugs provided by local pharmacy - Richland Family Prescription Center
- Administrative help

Volunteer Family Physicians



Pharmacy/Spanish language interpretation

Pharmacy Prescriptions



Spanish Language Interpretation



Public Health Nurses, Hospital Nurses, Hospital Board Nurse

Nursing volunteers



Nurses as teachers



Medical Services offered



Richland Hospital Lab



Electronic medical record



Richland Hospital x-ray



Pharmacy

Teaching the next generation



- ▶ Discussing cases, family physician and family practice resident

- ▶ Reviewing types of cost effective medications
- ▶ Clinical evaluation and managing medical care
- ▶ Understanding family dynamics

Quotes

- ▶ My history is cyclical. I am now returning to my calling.
- ▶ We all do better when we all do better



- ▶ Thanks for giving me this opportunity to serve
- ▶ Thanks to the support of your clinic, my son is no longer homeless





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Community Paramedicine

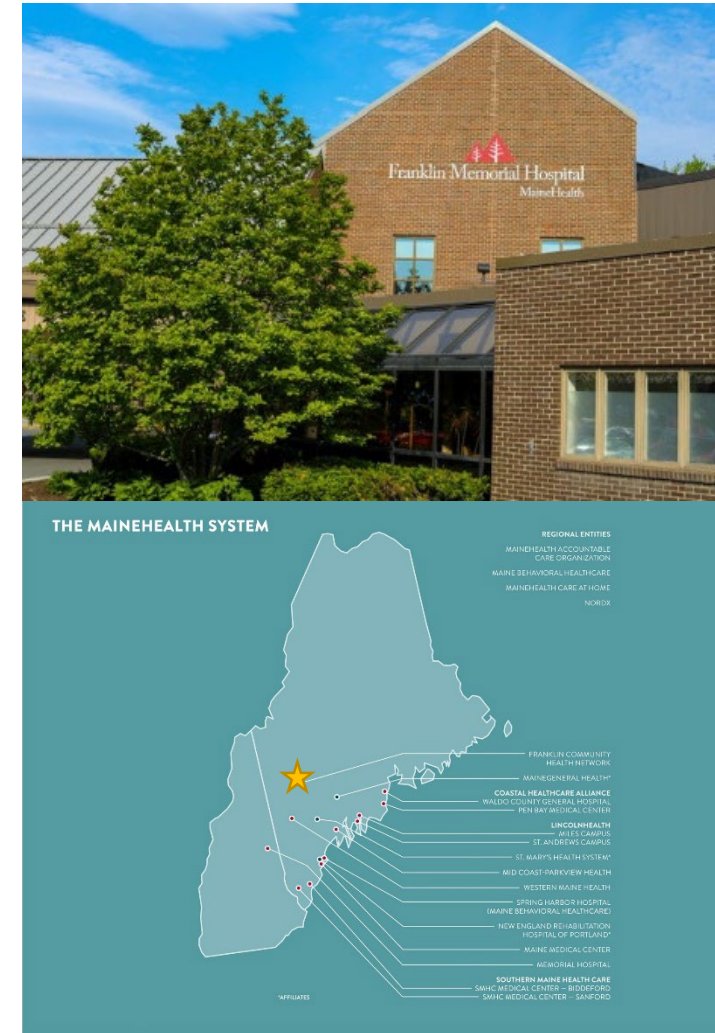
Deborah Burchfield, DNP, FNP-C, APRN



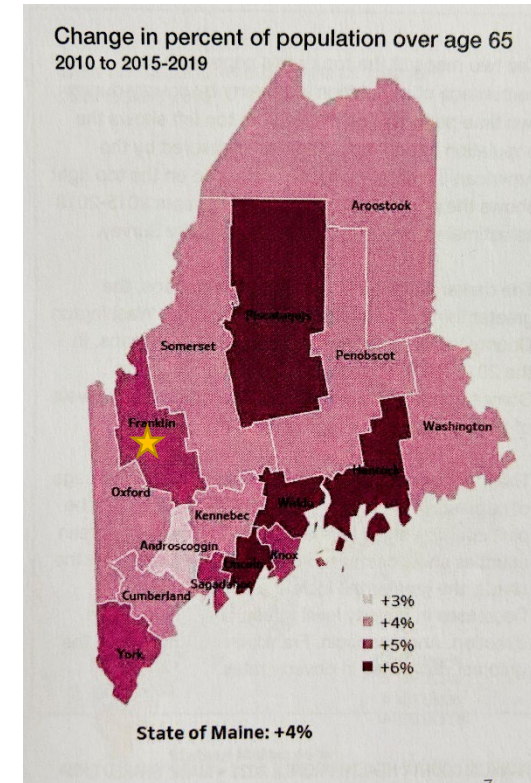
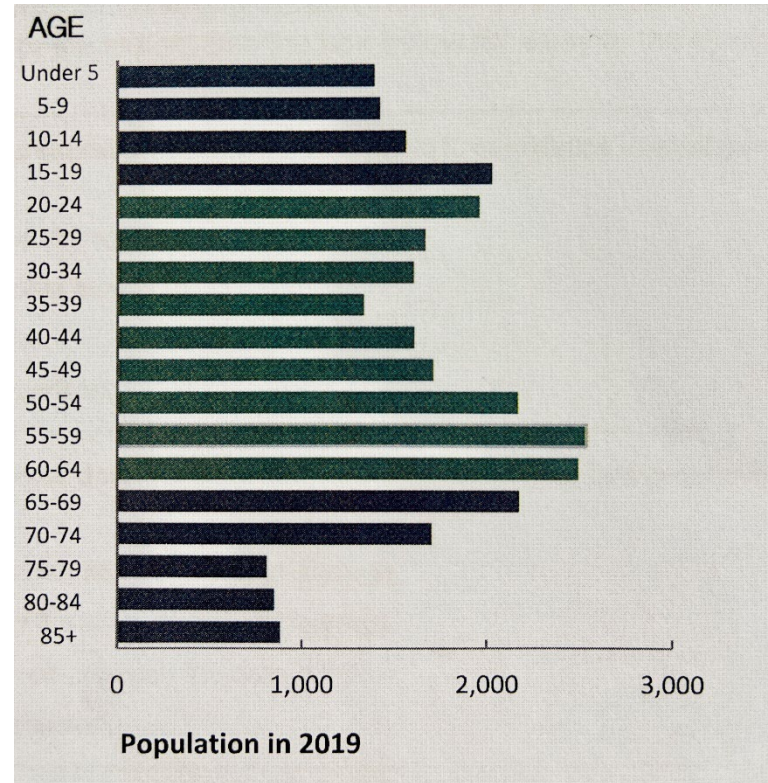
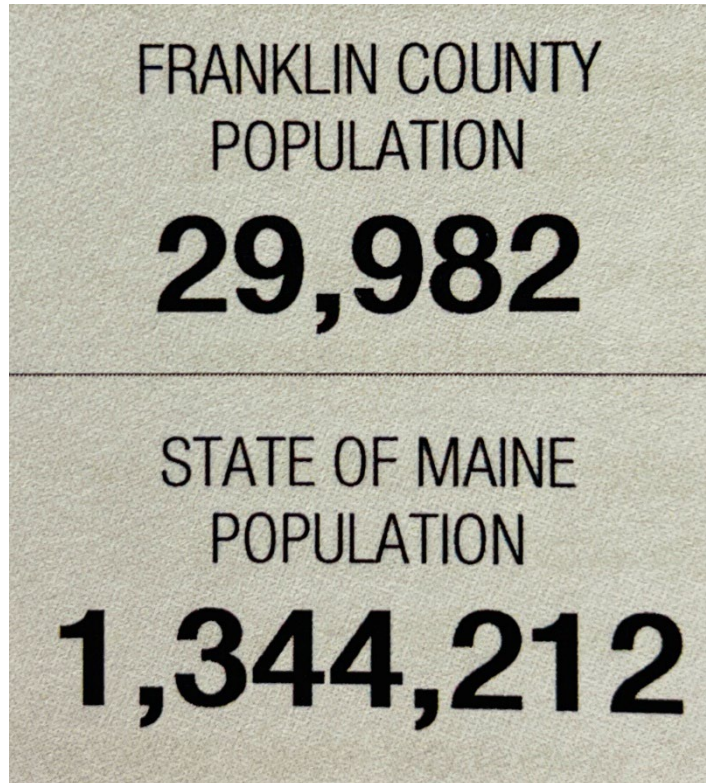
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Where We Provide Care

- **Franklin Community Health Network-MaineHealth** in Farmington, Maine
 - **A multi-specialty group practice** of 5 primary care, 4 surgical practices, and integrated behavioral health.
 - FCHN **operates the only Emergency Department** (10 beds) in Franklin County.
 - FCHN **operates the only ambulance service**—NorthStar EMS— in Franklin County.
 - Covers 2,800 square miles – twice the size of Rhode Island
 - Primary Care Practices are **Patient Centered Medical Homes**
 - **Rural Health Clinics** in neighboring towns
 - Affiliated **community health program** with robust outreach

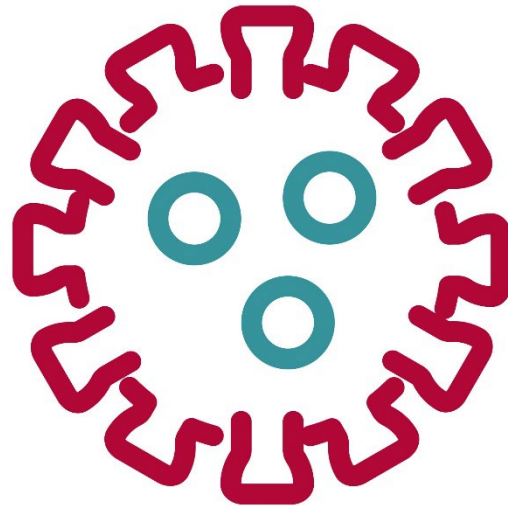


Our Community



The Challenge We Addressed

- How do we provide and maintain patient-centered care for our aging population in aggregate living facilities during a COVID-19 outbreak?



Working Together Toward A Shared Vision

- At Franklin Community Health Network, and across MaineHealth, **we partner and collaborate** across our health system and with diverse stakeholders to achieve our vision of **working together so our communities are the healthiest in America.**



How We Helped

- Expanded an already existing community paramedicine program to meet pandemic needs.



The Impact On Our Community

- Of the 54 Memory Care/Assisted and Independent Living residents treated between 1/1/21-2/18/21:

3

Deaths related to COVID-19 and pre-existing conditions

3

Emergency Department transports for worsening COVID-19 related symptoms

2

Hospital admissions related to complications from COVID-19

0

Residents in the ICU or placed on a ventilator

6

Hospice admissions based on goals of care conversations with family



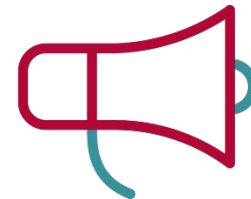
Lessons Learned

- In-person care cannot be replaced by virtual visits and remote monitoring.



- Community paramedicine is a tremendous support and resource when on site clinical staff is minimal. The ability to triage and use telehealth on demand is critical for overall success.

- Communicate, communicate, communicate! Daily team huddles with all partners helped for delivery of cohesive services during the outbreak period.



- Remember compassion and self care.





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FEBRUARY 6-9, 2022
ARIZONA GRAND RESORT & SPA