

The logo for SIM (Connecticut State Innovation Model) features the letters 'SIM' in a bold, blue, sans-serif font.

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CT SIM CAB NORTHWEST RURAL HEALTH FORUM REPORT

SHIRLEY DRAPER CONFERENCE CENTER, WINSTED: JUNE 3, 2016

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NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD
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EVENT OVERVIEW

The State Innovation Model Consumer Advisory Board (SIM CAB), in partnership with the Connecticut State Office of Rural Health, organized a Rural Healthcare Forum which was held on June 3, 2016 at the Shirley Draper Conference Center on the campus of Northwestern CT Community College in Winsted, Connecticut.

After welcoming remarks by Patricia Checko, co-chair of the CAB and by Mary Winar of the Connecticut Office of Rural Health, Faina Dookh of the SIM Project Management Office gave an overview of the Connecticut State Innovation Model grant. For over 40 attendees, she outlined the essential components of the SIM grant and the work groups formed, with developing strategies to implement the goals of SIM.



Ms. Dookh was followed by Nancy Heaton of the Foundation for Community Health, who reviewed a Community Health Needs Assessment from September 2014 for the rural towns served by the Foundation. Those towns are located in Litchfield County in Connecticut, and Columbia and Dutchess Counties in the neighboring State of New York. That report listed the healthcare challenges that rural communities face, among them: shortages in the healthcare workforce, the designation of northwest Connecticut as a mental health shortage area, an increasingly isolated aging population, the paucity of employer-based health insurance, transportation hurdles, and the low population density that makes it difficult for models of care that depend on volume in order to succeed. These challenges make the need for more innovation a matter of paramount importance.

Based on the report, Ms. Heaton concluded that specific strategies are needed for rural communities. One strategy involves investing in programs that recruit and train people in local communities, such as the Community College's Nursing program. Other strategies include building out a "long-term care supports entity" to serve an aging population, developing more health literacy, piloting new technologies such as telemedicine and in-home monitoring programs, and finding a way to use smaller and more nimble transportation through a central dispatch.

The morning session closed with a panel discussion of providers representing Sharon Hospital, Charlotte Hungerford Hospital, the Community Health and Wellness Center, and Brooker Memorial. The panel emphasized the need for more workforce development, especially in the arena of behavioral health. They stressed that the lack of transportation affected not only patients but the workforce overall.



The afternoon session began with a wide-ranging discussion on care integration with a focus on behavioral health. Representatives from the McCall Center on behavioral health, Charlotte Hungerford Hospital, Prime Time House, the Susan B. Anthony Project, the Northwest Chamber of Commerce, and State Representative Michelle Cook all outlined the need for change.

A Community Conversation followed, led by Deb Poulin of the Connecticut Association of Federally-Qualified Health Centers. During these conversations, audience members commented on the presentations and gave specific examples of the issues facing rural health.

A panel of reactors consisting of Sharon Langer of Connecticut Voices for Children, CAB member Jeffrey Beadle of the Windham Regional Community Council, and Jan van Tassel of the SIM Steering Committee outlined the need to identify what has worked, what needs more work, and what is missing.

Participants reached a consensus around the need to establish a network of all the entities working on the problem to more effectively work towards identified goals. The focus was how do we partner and how do we be vigilant in our partnerships.

KEY FINDINGS:

Rural communities comprise 40% of town in Connecticut and about 10% of the populations. Serious concerns were raised at the Forum about healthcare workforce shortages in our rural communities particularly for psychiatry, behavioral health services and substance abuse treatment. Participants also noted that transportation presents a critical barrier to accessing health care. In the northeastern corner of Connecticut, some towns have virtually no transportation at all and an ambulance may be the only way to access medical care. In addition:

- Rural Health stakeholders want to ensure that the needs of those living in rural areas are addressed in the SIM initiative. There are 68 towns identified as rural by www.ruralhealthct.org
- There are significant workforce issues that affect rural towns such as a dearth of psychiatrists, LPCs, LMFTs and nurse practitioners
- Aging population need long-term care supports
- Access is limited or hindered by transportation gaps and the prohibitive cost of healthcare to a demographic that is income-limited; need to address transportation and access challenges and promote alternative delivery options such as telehealth, on-line pharmacy programs, in-house monitoring systems
- Substance abuse is on the rise in rural areas
- Lack of accessible information about available services
- Need for enhanced health literacy
- Community health workers (CHWs) are needed to connect people to the system
- There is a rising Latino demographic that needs more culturally-appropriate services, especially since that population has higher rates of mortality and diabetes than Whites and lower rates of screening and prenatal care than Whites

- A limited public health presence exists in Northwest Connecticut.
- The rural residents of the NW corner are suffering from a profound lack of mental health services and access to primary care services.

EVENT DETAILS

WHAT WE LEARNED:

- Work force issues are a problem, especially in behavioral health.
- The aging population needs more in-home services as their needs are amplified by transportation concerns.
- Connecting people to care is needed as there is a lack of information about available care and a need for more health literacy.
- There is lots of good work being done and these groups need to work in collaboration.

CHALLENGES ABOUT HEALTHCARE:

There is a need for outreach. The low population density and the high incidence of mental health problems and the lack of transportation solutions cries out for more access and an emphasis on integrated care.

SIM CAB FEEDBACK:

- The rural residents of the NW corner are suffering from a profound lack of mental health services and access to primary care services.
- Ensure the SIM initiative studies and addresses the particular health issues of the rural areas as they are different in kind and scope from other areas of the State.
- Work force and transportation issues are paramount.
- Outreach and education are lacking.
- Providers want to find a way to coordinate their activities as there are many active non-profits who could benefit from a coordinated approach going forward.

RECOMMENDATIONS:

1) INFLUENCE SYSTEMS CHANGE:

The CT SIM Initiative seeks to transform the healthcare system to improve healthcare delivery and outcomes throughout the state. To achieve this in our rural communities, particular focus must be given to the particular needs of these communities. Consumer Advisory Board recommends that SIM Steering Committee and Workgroups consider the following initial recommendations.

- 1 Geography should be considered a specific health equity factor in SIM's evaluation efforts, not just race and ethnicity. The CT SIM evaluation needs to include an assessment and plan to address geographic as well as racial and ethnic disparities.
- 2 Advanced medical home pilots and CCIPs that serve rural communities need to include strategies to address rural health care disparities as part of their planning process.
- 3 CT SIM should undertake a specific process to address workforce shortages and transportation challenges particularly in rural communities. Without addressing these critical factors, progress cannot be achieved in rural communities.