SIM connecticut state innovation model

CT SIM CAB NORTHEAST RURAL HEALTH FORUM REPORT

GENERATIONS FAMILY HEALTH CENTER, WILLIMANTIC, CT: OCTOBER 15, 2015

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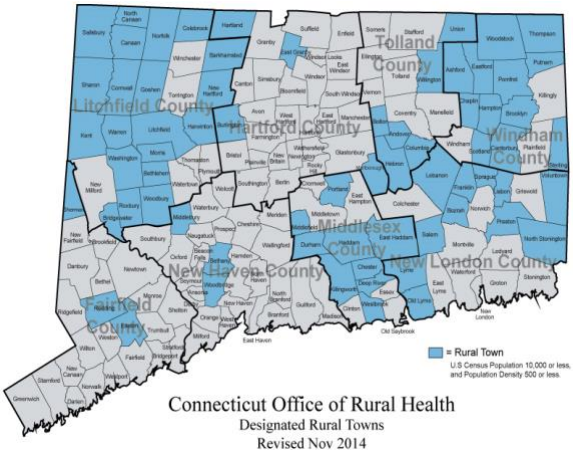
HEALTH STATUS AND DISPARITIES IN RURAL CONNECTICUT

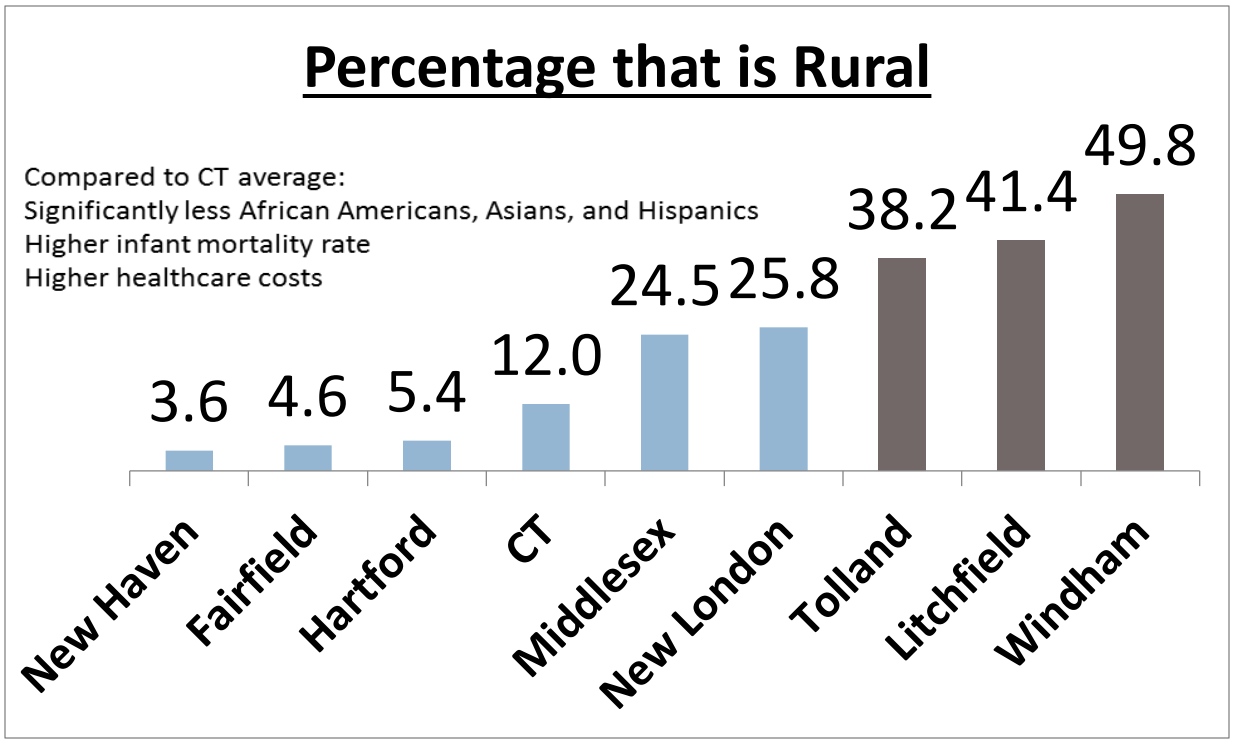
DEFINING RURAL HEALTH

In defining rural in Connecticut two approaches are provided. At the county level, Tolland, Litchfield and Windham are considered to be rural. The federally-funded Connecticut Office of Rural Health, adopted a definition in 2014 that is limited to towns with a population ≤10,000 and a population density ≤ 500 people per square miles. Under these criteria only 68 towns are included. This definition was created for the sole purposes of providing strategic direction for the planning and implementation of initiatives to fulfill its mission and determine rural towns/communities eligible for financial support from the Connecticut Office of Rural Health (CT-ORH).

Excluded are larger communities like Windham, New London and Torrington that may have differing demographics and socio-economic factors. Given the substantial lack of alignment between the two definitions, the different populations reflected in each and differing statistics based on sources of data, we need to be mindful that the State Innovation Model (SIM) and the Consumer Advisory Board (CAB) have decided to utilize the county delineations to measure health status and outcomes for Connecticut's rural populations.



According to the Department of Public Health Population Estimates for 2016, the 449,881 residents of the rural counties represented 12.6% of the Connecticut population.



Connecticut is one of the top performers in the country in patient-to-doctor ratios, but its three predominantly rural counties, Windham, Tolland and Litchfield, ranked the lowest in the state in this category, according to 2017 County Health Rankings data published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Access to health care and healthcare providers is a serious problem. Windham County has 1,950 patients per primary care provider, compared with Hartford County, with 1,070. The state average was 1,180.

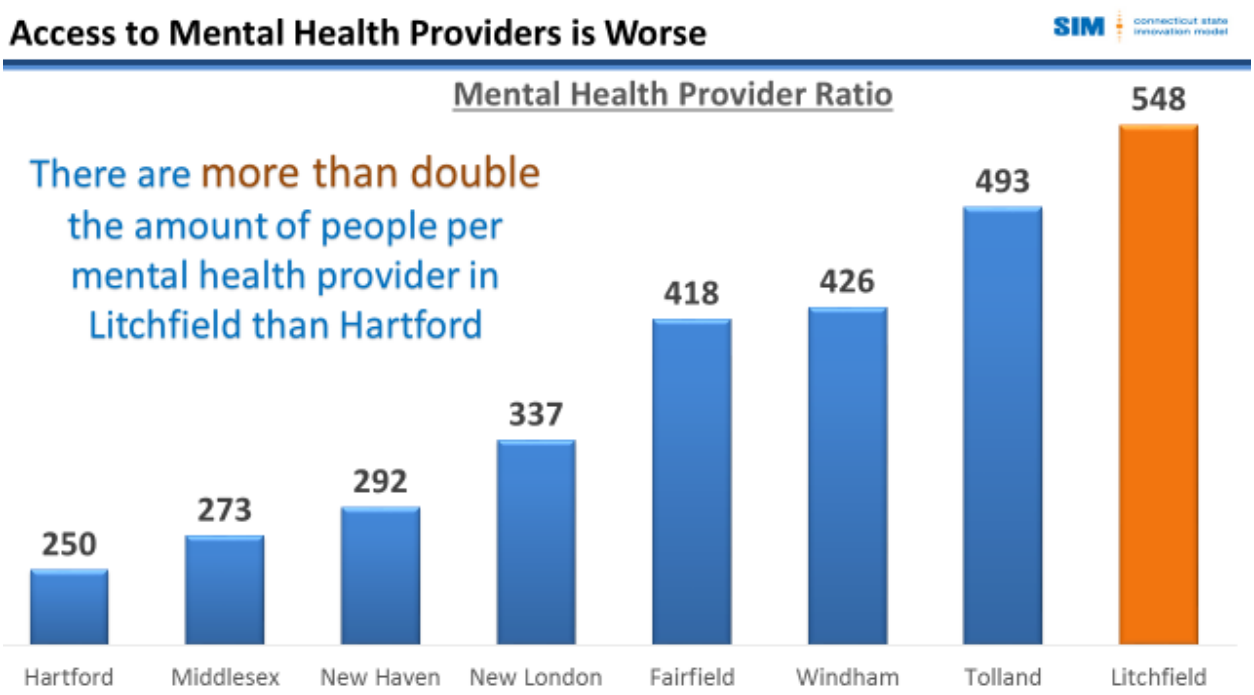
Rural areas fare much worse in number of dentists, with Windham County, for example, showing 2,380 patients per dentist, about half the state average of 1,230.

In Connecticut, rural residents were more likely than their city and suburban counterparts to die from four of the top five causes of death: heart disease, cancer, chronic lower respiratory disease and unintentional injury. The state's findings mirror national trends, according to a 2017 report published by the Centers for Disease Control which analyzed data across the country from 1999 to 2014. Nationally, rural residents report higher rates of adverse health factors, such as smoking, obesity and lower use of seatbelts.

Connecticut's death rate from heart disease in 2015 was about 60 per 100,000 people, but in rural areas, the rate was 72 per 100,000. The cancer death rate was roughly 104 per 100,000 statewide but 127 per 100,000 in rural areas.

Rural residents in Connecticut were almost twice as likely to die from chronic lower respiratory disease, which includes asthma, chronic bronchitis and emphysema. And their death rate as a result of unintentional accidents was about 50 per 100,000 compared with a statewide rate of 38.

Access to behavioral health services is limited for rural residents and wait times for appointments and services may be significant for both mental health and substance abuse services.



Finally, although transportation for individuals without personal vehicles is an issue anywhere in Connecticut, it amplified in rural areas. A survey of 750 clients of the Generations Family Health Center found that 35 percent missed at least one health care appointment in 2016 because of transportation issues. About 67 percent reported a lack of reliable transportation, either because they didn't own a car or couldn't always afford to use it.

EVENT OVERVIEW

Rural communities comprise 40% of towns in Connecticut and represent about 10% of the population. Rural residents experience health disparities related to access and equity as a result of their rural status.

To address the current status of health and healthcare in in the rural Northeast, one of two predominately rural areas of the state, about 100 providers, consumers, payers, local and state government officials, and members of the SIM Governance met for a Rural Healthcare Forum at the Generations Family Health Center in Willimantic on October 15, 2015. The SIM Consumer Advisory Board held the forum to engage consumers and other stakeholders in discussing the issues related to the current system, along with barriers and successes around new initiatives that will change how health and healthcare are delivered including payment and a more person-centered, team driven system.

The State Innovation Model Consumer Advisory Board (SIM CAB), in partnership with the CT Health Foundation, Generations Family Health Center, PATH Parent to Parent/Family Voices of CT, and the Windham Regional Community Council co-sponsored the event. Additional support came from the Connecticut State Office of Rural Health and the Community Health Center Association of CT. Thanks are extended to Rosana Garcia and Cherie Poirer who served as scribes for the Community Conversation portions of the program and to those who served on the Rural Health Planning Committee.

Organizers of the Northeast CT Rural Health Event

The event kicked off with welcoming remarks by Patricia Checko, co-chair of the CAB and by Jeffrey Beadle, also a CAB member. Next, the Director of the CT SIM Management Office Dr. Mark Schaefer presented a slide deck that focused on the work of the SIM Office. He reviewed the Advanced Medical Home Program and described the efforts regarding Shared Savings Programs within the commercial sector and Medicare. He referenced that this initiative had not yet been introduced in the Medicaid population. Dr. Schaefer stressed that the goal was creating value in the delivery of health by assessing both the quality of the care being provided and the total cost of the care. He stressed that there are special health care concerns in the rural towns of Connecticut, and that he hopes these can be addressed in a more meaningful way. He expressed optimism that this Forum will help guide the work of SIM and all the stakeholders.

The first morning session involved Clinical Care and Treatment. It was moderated by Pat Checko and panel members included Arvind Shaw of the Generations Health Center, Robert Smanick of Day Kimball Healthcare, Donna Grant of TEEG, and Wendy Martinson of Hartford Healthcare at Home. Arvind Shaw worried about health workforce shortages in Connecticut's rural regions. He noted that limited access to services such as psychiatry and behavioral health are major challenges to improving health. Robert Smanik noted the success of collaboration between Day Kimball Hospital and other service providers in coordination of patient care through the Quest initiative. Donna Grant spoke regarding the need for local solutions. She said some things that work in Hartford and Bridgeport areas don't work in Eastern CT.

Panelists mentioned that there was a need for food pantries, fuel banks, and parenting assistance within the area. Jennifer Herz, of CBIA, stressed the importance of prevention and the need to be engaged in wellness and health. They discussed the need to coordinate the care and services currently offered. Panelists mentioned that home care needed to be enhanced. Much of the population was aging and healthcare services needed to focus on healthy aging. Specifically, services needed were mental health, social safety, and self-actualization. In addition, the lack of transportation was identified as a critical issue in the northeastern corner of Connecticut where some towns have virtually no transportation at all. For some, the ambulance is the only form of transportation to access medical care. To that end, many of the speakers addressed the advantages that telehealth could provide to the rural care setting. Not only could it provide a mechanism for both primary and specialty care, but also telemonitoring of patients at home.

This session was followed by a Community Conversation led by Debra Polun of the Community Health Center Association. Questions and comments yielded a discussion about how the lack of transportation negatively affected a consistent connection to services. Moreover, there was often no coordination between the various providers to serve the patient's overall needs.

The afternoon session included a session on Integrated Care. The discussion was moderated by Nanfi Lubogo and included Diane Manning of United Services, Lance Nabers of Generations, James O'dea of Hartford Healthcare Behavioral Health, and Kristie Scott of Perception Programs. The panel discussion centered around behavioral Health and substance abuse. Panelists noted that a robust workforce was needed to properly coordinate care. Much concern was mentioned about the lack of mental health workers. Lance Nabors, the Chief Behavioral Officer of Generations, stressed the need for an influx of individual behavioral specialists and shared they currently have a waiting list of 150 people. Panelists emphasized the shortage of psychiatric specialists, and noted the vast majority of behavioral health care is provided in the primary care office. There may be up to a 2 month waiting time to access services, and no-show rates are as high as 40% due to lack of transportation, telephones and others issues related to social determinants, such as housing, economic limitations, and lack of education.

Panel reactor, Susan M. Johnson, of the CT House of Representatives, spoke about the narrow focus on substance abuse and not on the underlying issues such as post-traumatic stress disorder and bipolar depression. She said there is a need for additional supports in the community to address issues that lead to substance abuse such as anti-poverty programs. Moreover, many people were substantially underinsured when it came to mental health and addiction services. Even though the uninsured rate was low at 3.8%, many people did not feel that their behavioral healthcare was covered.

Kathy Montague of Generations described the lack of dental providers in the region and Susan Starkey of the Northeast District Department of Mental Health echoed many of the same points raised earlier in the session.

The session closed with a panel who reacted to the forum. The panel discussion was moderated by Stephen Karp of the CAB. Jennifer Herz of CBIA, Patricia Baker of the CT Health Foundation, Alta Lash of United Connecticut Action for Neighborhoods, and State Representative Susan Johnson all offered feedback. There was a consensus around the need for a substantial commitment to workforce development and to care coordination.

EVENT DETAILS

WHAT WE LEARNED:

Persistent barriers to the delivery of quality care include workforce shortages, the lack of care coordination, and transportation issues. In particular, many behavioral needs are not adequately addressed. Access to dental care is also substandard. While many are insured privately or through government programs, many are underinsured for the services they need most.

CHALLENGES ABOUT HEALTHCARE:

The disparities are in access to healthcare. In particular, people lack access to primary care, behavioral health, and dental care. Statistics from the CT Office of Rural Health show the low level of providers in rural areas of the state. Disparities exist in heart disease, cancer, chronic lower respiratory disease, and unintentional injury. These rates are much higher in rural Connecticut.

SIM CAB FEEDBACK:

Workforce shortages need to be alleviated. SIM work groups need to incentivize alternative, innovative strategies to fill this need in the rural communities. Care coordination needs to be a focus, especially given the geographic issues such as the low population density centers.

RECOMMENDATIONS:

1) **INFLUENCE SYSTEMS CHANGE:**

- Workforce issues are paramount. Focus on deploying an adequate number of providers, especially in the area of behavioral health, into the region.
- Transportation solutions and/or alternatives such as telehealth and e-heath are needed.
- Care coordination needs to be incentivized. Payment should be based on the improved health of patients rather than how many patients were seen.
- Aging population needs more home care to reduce isolation.

2) **PROMOTE PROVIDER-CONSUMER PARTNERSHIPS:**

- Consumers need to have access to delivery systems that treat the whole person since care is too fragmented.

3) **ENGAGE AND EMPOWER CONSUMERS:**

- Public Health agencies need more support so they can do their work to reach consumers and meet their social needs.

Connecticut State Innovation Model

Thursday, October 15, 2015

EVALUATION REPORT

- 102 attendants
- 38 evaluations returned
  - 12 Consumers
  - 2 Policy Makers
  - 18 Providers
  - 6 Other

PANEL 1: CLINICAL CARE & TREATMENT:

- The majority either AGREED or STRONGLY AGREED that the presenters were well prepared, knowledgeable, that information was presented in a way they could understand and that they were satisfied by panel.
- 1 person disagreed that the presenters were well prepared and knowledgeable.

COMMUNITY CONVERSATION:

- All said YES conversation was useful
- 3 people said NO they did not have ample time to ask questions or share comments

PANEL 2: INTEGRATED CARE:

- The majority AGREED or STRONGLY AGREED that the presenters were well prepared, knowledgeable, that information was presented in a way they could understand and that they were satisfied by panel.
- 1 person DISAGREED that the information was presented in a way they could easily understand.

OVERALL ASSESSMENT OF FORUM:

- The majority AGREED or STRONGLY AGREED that they were satisfied with forum, that their understanding of the healthcare system in the NE has improved and knowledge of SIM plan for healthcare transformation as improved.
- 2 people DISAGREED that this forum did not improve their knowledge of healthcare system in the NE.

COMMENTS:

- Women's healthcare was missing from this forum. Many woman (especially young women) use their GYN (or Planned Parenthood) as their primary source of care. Women's health providers are not in a position to be a Medical Home (as defined) but needs to be part of the conversation. Women's health is preventative care in so many ways and such a great opportunity for health education! Many primary care providers are uncomfortable with GYN, we need both primary care & GYN front & center.
- Wanted to hear more SIM overview.
- More time, felt rushed as if we were running out of time
- More time for presenters
- Very interesting and important forum, wish I could have stayed longer
- Loved the SIM overview & Teeg Program
- Education was an on-going theme throughout. Presenting this information to our legislators and the Governor would help them to understand our needs better and maybe they would make better decisions that impact us. Also providers could use this info to understand what is coming toward them

- Would have been more effective with more time, more consumers in attendance, allow more time for SIM overview, time for Q & A, difficult to engage after lunch with lecture style presentations
- Most interesting: Speakers, PowerPoints, presenters, transportation, care coordination, telehealth, workforce shortage, housing, mental health & addiction, personal stories, behavioral health, substance abuse, public health, fall risks and prevention programs,
- Clinical care and treatment
- Incorporate additional activities after lunch VS lecture
- Please send PowerPoint presentations with panelist contact information to attendees and participants contact information.
- Thank you for the healthy lunch!
- Need participants from state agencies on how to integrate solutions
- Data for the materials presented would be helpful
- From a standpoint of transportation, the challenges were clear. Where is CT Dept. Transportation on these initiatives?
- Can there be a public/private partnership
- Investigate NYC Model for access to phone and internet, private/public partnership (NYC Dept. of Information Technology & Telecommunication
- Many disparities in the N.E.
- Critical care treatment was very useful
- Would appreciate information on rural loan repayment for providers program
- More time for Q & A, from panel: more Q & A than discussion
- More food options; 6 hours and only salad. How about pasta, sandwiches, chips…
- All topics were interesting
- Excellent overview of SIM with slides, too bad we didn't have time for all of Mark's slides
- How will the needs of the people in the outlier areas by successful with the continued cuts in State Medicaid, & Social services to support them
- SIM supports the study & implementation changes but doesn't support the people's needs
- Would have been good to have actual PCP's from a primary practice who serve/don't serve Medicaid population, although that might have taken a different direction??
- Looking forward to more of these and seeing how project evolves
- Debra Pulin is great but not sure if the format was helpful…
- There is interest in telehealth
- There are already great programs in place, SIM needs to learn from these programs
- Tables to eat lunch
- Start on time, provide PowerPoint's so participants can follow along
- More time for dialogue
- In terms of comments/questions being valued? At this time yes in this setting, but where it goes remains to be seen..
- Need more there is still so much to learn
- Long day of info by afternoon had dwindled from 61 to 45 by end of day. Provide follow up of progress reports to attendees so we have an idea of the value of our contributions. Thank you for the hard work and efforts of the SIM CAB planning team and the hosts for the important community conversation. It is a good start, please DO NOT forget about the unique needs and solutions that exist in rural Northeast CT!
- Reactors were excellent, presenters well informed.
- This was great, new information that I did not know, esp risk communication, health literacy
- I think that some of the panelists were given the agenda late or lately- but they still did an excellent job!

- Forum did a good job of encouraging questions
- Time! Lots of information, better if you had 2 sessions for half a day each
- Listen to provider's needs, issues, problems
- Involving insurance companies allowing physicians to dictate time for visits change reimbursement rates. How to recruit new providers, more small community based health services. How can cooperative models help/improve health care delivery? Inclusion of alternative practitioners, chiropractors, nutrition, naturopath etc.