MEDTAPP HEALTHCARE ACCESS (HCA) INITIATIVE
Technical Assistance Webinar

Partnerships with
Federally Qualified Health Centers

April 26, 2016
Agenda

• Welcome and Overview (5 min)
• NEOMED FQHC Partnership (15 min)
• CWRU FQHC Partnership (15 min)
• FQHC Q&A Session (10 min)
• HCA Updates with Q&A (15 min)
Integrated Health Care Initiatives

- Integrated Care Technical Assistance and Consultation Team (TACT)
- Integrated Community Psychiatry and Primary Care Fellowship

Both involve partnerships with Community Mental Health Centers (CMHC) and Federally Qualified Health Centers (FQHC)
Team Members:

- Nichole E. Ammon, M.S.Ed., PCC-S
- Jody M. Bell, APP, CPS
- Sara E. Dugan, Pharm.D., BCPP, BCPS
- Lon C. Herman, M.A.
- Ron Rett, B.A.
- Douglas Smith, M.D., DFAPA
- Janice Spalding, M.D.
- John M. Ellis, LISW-S, LICDC, ICCS
- Vicki Montesano, Ph.D.

Not pictured:

- Laura Riley, CNP
- Mark R. Munetz, M.D.
TACT Team Goals

• Prepare end-of-pipeline learners to become practice-ready members of interprofessional, integrated health care teams

• Specific focus on ensuring that end-of-pipeline learners receive advanced interprofessional education with an interdisciplinary team within integrated care settings
Integrated Health Care Initiative Partnerships

- AxessPointe Community Health Center
- Portage Path Behavioral Health
- Children’s Advantage Family Behavioral Health
AxessPointe Community Health Center

Federally Qualified Health Center (FQHC)

- Five locations in Summit and Portage counties
- Two satellite sites co-located within CMHCs
  - Children’s Advantage Family Behavioral Health
  - Portage Path Behavioral Health
- Partnerships with many community organizations
- Wide variety of “end-of-pipeline” learners
Activities: Assessment and Evaluation

- Establish baseline familiarity with interprofessional practice/education and integrated health care topics
  - agency-wide
  - identify areas of strength and needs

- Collaboration and Satisfaction About Care Decisions (CSACD) scale (©J. Baggs, 1992)
  - Adapted by TACT, with permission
  - repeated quarterly
  - reflects change over time
Activities: Targeted Consultation and Training

• Audience: agency leadership, preceptors, staff and end-of-pipeline learners

• Customized topics and sessions
  o Agency-wide training sessions
  o Brown-bag lunch training sessions
  o In-depth consultation with leadership
Integrated Community Psychiatry and Primary Care Fellowship

Goal:

- To embed the values of health care integration into the core of the professional identity of our future clinical and administrative leaders, while partnering with the organizations that are creating opportunities for integrated practice.
Strengths

• Fellowship program

• Ongoing, consistent engagement
  o Witnessing change
  o Adapting activities to current needs

• Willingness to work with partners

• Creativity and flexibility
Challenges

• Maintaining engagement
  o Consistent access

• Communication
  o Cultural differences
  o Information technology and documentation

• Competing demands
  o Changing landscape of health care
  o Planned initiatives vs. capacity
  o Daily operations vs. teaching
Solutions

- Altering type and intensity of consultation
  - Addition of complementary trainings

- Focusing on engagement with leadership
  - Strategic planning
  - Re-evaluation

- Building on strengths
  - Celebrating successes
  (learners’ consistently report high levels of collaboration and satisfaction)

- Maintaining creativity and flexibility
Opportunities

• Future projects
  o Plans for implementation of SBIRT
  o Facilitating training on Motivational Interviewing
  o Consultation to assist in developing/streamlining processes and workflow
  o Expanded familiarity with mental health

• Communication and collaboration
  o Information exchange and technology
  o Team building
Opportunities

Building on expectations of the fellows in the Integrated Community Psychiatry and Primary Care Fellowship program:

• Collaboration and team-based care with co-located integration partners
• Promoting inter-agency and interdisciplinary consultation
• Development and dissemination of an integrated care project
• Fostering leadership skills in integrated health care
What we have learned

• Various avenues to integrating health care
• Each agency and team is unique
• Training needs are highly variable and will change over time
• Communication, collaboration and flexibility are critical for success
• FQHC-CMHC partnerships work
  o Co-location in both directions/settings is ideal to best serve the population
For more information, contact:

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Coordinator, Integrated Community Psychiatry and Primary Care Fellowship
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Greater Cleveland Health Neighborhood
A Roadmap for Better Community Health

PI Michael Konstan, MD
Co-PIs
FAMILY MEDICINE
Chris Antenucci, MD
DENTAL MEDICINE
Catherine Demko, PhD
PEDIATRICS
Claudia Hoyen, MD
PSYCHIATRY
Robert Ronis, MD
Patrick Runnels, MD
Overview of FQHC Activities

Family Medicine

Learners from our MEDTAPP rotations:
- Family Medicine Clerkship - students from NEOMED’S Urban Primary Care Track
- Block Elective in Urban Primary Care - 4th Year Case School of Medicine students
- Community Health Month - PGY2 Family Medicine Residents at MetroHealth
- Integrated Care - Behavioral Health Post-doctoral Psychology Fellows

Placed in FQHCs for unique clinical experiences:
- Neighborhood Family Practice’s Refugee Clinic
- Free Clinic’s Syringe Exchange Van and Project DAWN Narcan Distribution
- Care Alliance’s APN Clinic in Arbor Park Housing Development
- Asia International Community Health Center’s Behavioral Health Clinic
Pediatrics

Learners from our MEDTAPP rotations and residency:

• Fellow scholars spend time at FQHC’s during their immersion rotation
• Continued collaboration to also include as a part of residency advocacy month so all pediatric residents have exposure
4 Dental scholars completed SWOT analysis at 3 sites after placement to identify QI projects:

- Pediatric patient recall rates
- Tobacco cessation
- Med-dental collaboration around diabetes
- Oral cancer screening
Family Medicine

- Created partnerships based on a shared vision which supports existing programs at FQHCs that benefit learners
- Leveraged existing relationships to develop programs at FQHCs that create learner training opportunities

Dental Medicine

- Reached out to FQHCs across state with dental positions open
- Incentivized clinic to ‘protect’ time
Recruitment Strategies for FQHC Workforce

Family Medicine
• Clinical experiences offer FQHCs a chance to vet learners for potential employment while shaping the learner’s perspective on working with the underserved

Dental Medicine
• 3 of 4 scholars still in FQHCs
Strengths of Program

Family Medicine

- Clinical experiences in FQHCs offer interprofessional, community based, PCMH team care model to the learner
- Unique programs provide compelling experiences

Dental Medicine

- Pre-doc students are exposed IP educational experiences
- FQHCs offer the opportunity for IP team care
- FQHC offer opportunity for quality improvement projects for dental scholars
Family Medicine
- Dedicated and consistent staff are needed to establish and maintain training relationships between systems

Pediatrics
- Pediatric FQHC’s very high volume and difficult for them to be able to incorporate learners on a consistent and long-term basis

Psychiatry
- Mental health is a relatively small piece of services provided
- Not a traditional training partner, given CMHC
- FQHCs not as familiar with Academic Psychiatry
- Relationships not yet formed
Opportunities for Improvement

Partnership & Placement

Family Medicine, Dental Medicine, and Pediatrics

• Create a system where Ohio medical schools are encouraged to partner with their local FQHCs
• Offer QI and PI support for projects and research in exchange for clinical placement and training opportunities
• Support collaboration between OACHC and MEDTAPP grantees to encourage system level changes in team care and QI

Psychiatry

• Better integrate PC & Psychiatry
• Build mental health capacity at FQHCs
• Place faculty at FQHCs
• PGY4 resident rotations in integrated care
• Potential partnerships through HRSA grant to expand mental health
Thank You!
Q & A Session
## Primary Contacts

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HCA Fiscal Updates

• Spend money in Q4
  o No budget revisions after May 13, 2016

• Expectations for SFY 17
  o Expect to budget for same amount of money awarded for continuation and expansion in SFY 16
  o Combining sub-awards
    • CHW still separate
  o Budgets for SFY 17 by June 1

• **No** carrying money forward in next SFY

• **No extensions** for submitting invoices, quarterly reports, or final reports will be granted in Q4
  o Q4 Report due July 5
  o Q4 Invoice due July 15
  o Final Report and Final Invoice due August 15
HCA Evaluation is nearing completion

Expect to have the HCA evaluation report by June 30

Preliminary findings
Preliminary Results Summary

- HCA sites have taken different strategies
- Innovative approaches exist; sites are interested in sharing results and learning from others
  - Learning collaborative opportunity
  - Annual in-person meeting
- HCA strategies build on existing and create new relationships with local communities
  - Developing placement sites for learners
  - Having a positive impact on community
- CHWs as new workers in the field
- **Impact of HCA initiative extends beyond numbers**
  - Learners train others
  - Spillover effects into communities, schools, etc.
HCA Updates

• GRC Satisfaction Survey
  o We conduct an annual survey of our stakeholders and clients in order to collect valuable information about our performance and how we can better serve you in the future
  o As a key partner, our Director, Lorin Ranbom, likely sent you an email over the last two weeks inviting you to provide your feedback regarding your experience working with GRC
  o If you have already completed the survey, thank you very much!
  o Otherwise, we appreciate you taking some time to complete the survey as soon as possible to ensure your responses are considered in our upcoming planning activities
  o Your survey responses will remain confidential and your participation is voluntary
  o Don’t have an email from us? Let us know right away and we’ll send you a link to the survey
HCA Updates

• GRC HCA team will be scheduling site visits this summer
  o Meeting with University Deans on the agenda for site visit
  o Strategic planning for SFY 18-19
• CHW conference?
• Survey requesting input on future webinars coming soon
• Dates for future webinars (topics TBD):
  o Tuesday July 26 12:00PM-1:00PM
  o Tuesday October 25 12:00PM-1:00PM
Q & A Session