Community Access Network (CAN) Team

Phase One: Discovery
Preliminary Findings
June – September 2013

Buffalo County COMMUNITY PARTNERS®
BUILDING A HEALTHIER COMMUNITY

Dear Community Members,

For several years, Buffalo County Community Partners has been investigating the feasibility of establishing a community clinic to provide care for residents of the area without adequate insurance coverage. Earlier this year, we established the Community Access Network (CAN) Team to oversee our efforts to further examine our community's needs and determine how best to address them.

This past June, we contracted with Mark Rukavina of Community Health Advisors, LLC to help us with our planning. Since that time, he has interviewed more than four dozen stakeholders across the community, including those representing healthcare providers, non-profit organizations, public agencies, education, business, and the faith community. In addition, he conducted seven focus groups with nearly 50 uninsured residents from the area.

As you likely spoke with Mark in an individual meeting or at one of the group sessions, we want to brief you on his findings to date. Outlined below are preliminary findings from these interviews.

BARRIERS

Cost – Many residents of the area are without adequate insurance coverage. For them, accessing care in the area may be a challenge. The cost of care is a serious factor that results in people avoiding treatment due to fear of incurring bills. Many area residents have incurred signficant medical bills and have exhausted savings or have used credit cards to pay off these bills. Despite this, many of them still owe money. Often, those with outstanding medical bills are told they must pay the remaining balance or bring cash in order to get appointment. Many parents who have bills with area providers told of being unable to make appointments for their insured children because of their (the parents) medical debt. Other uninsured patients told of being discharged by their providers due to default on their medical debt. Finally, numerous residents have had their wages garnished by healthcare providers and as a result are now struggling to afford food and housing.

Mental Health Issues - Many uninsured residents have mental health issues. Some of the area clinics have dismissed patients due to behavioral issues and non-compliance with treatment plans. Some uninsured area residents are no longer being treated in primary care clinics. They describe being stranded and having little choice but to access care in the hospital emergency room. Many stakeholders noted that the lack of an integrated model of care which addresses both mental and physical healthcare needs creates problems for patients and providers alike. A

common theme in the interviews was that mental health issues may need to be addressed using different model of care. Similarly, many stakeholders and uninsured residents state that a need-based versus a problem-based approach would be more effective in addressing mental health issues.

Cultural Barriers – It is common for immigrant populations to experience discrimination and a lack of respect in some area healthcare settings. Several stakeholders suggested that the language barrier and may contribute to the feeling of not being respected. Many uninsured immigrants said that cultural barriers have kept them from seeking care from area providers. A number of stakeholders and uninsured residents stressed the need for qualified interpreter services in area clinical sites. Another common theme raised in the interviews was that of the need for a Promotora or Community Health Worker model that could assist people – especially those unfamiliar with the US healthcare delivery system – in navigating various health and social service programs.

Chronic Disease Conditions - Many uninsured residents have chronic disease conditions. With no insurance coverage, it is common for them to have no regular primary care provider. Many uninsured patients typically seek care in the emergency department because they feel that they have no other option. Being able to access medications needed to effectively treat chronic conditions can also be challenging for the area's uninsured. While the Sentinel Medication Access Program was frequently cited as a great program, it was also acknowledege that many people are unable to take advantage of it because they do not have a regular primary care provider. Community health workers and care coordination were often referenced as important programs that are necessary to effectively serve the uninsured with chronic health conditions.

Other Barriers to Care – In additon to those noted above, other issues were identified as challenges for uninsured residents from the area. Transportation was identified as barrier to care for many in Buffalo County. The lack of ongoing dental services was cited as a problem for residents in Buffalo County. Convenience and hours of availability were also notesd as factors that present challenges to timely access to care in the area. For uninsured residents in Buffalo County, there is not an accessable and affordable primary care site.

Many of the uninsured residents who took part in the focus groups described having to leave the area in order to get needed healthcare. They have travelled to Grand Island, Hastings, Lexington and Columbus, Lincoln, and Omaha for care. Among agencies that provide services in multiple counties in central Nebraska, there is a fairly commonly held perception that

uninsured residents have more difficultly accessing primary care in Kearney than they do in Grand Island or Lexington.

RESOURCES

Healthcare Providers – The healthcare delivery sysem in Buffalo County is robust. The area has several hospitals, primary care clinics, and many speciality services that help to meet the needs of residents of Central Nebraska.

Healthcare Education – The University of Nebraska Medical Center College of Nursing is a vital resource in Buffalo County. The new Allied Health and Nursing building at UNK will bring additional healthcare resources to the area. Central Nebraska benefits from the University of Nebraska Medical Center placing internal medicine and family practice residents in Kearney. The faith community functions as an important part of the area's safety net, providing services to needy residents through the parish nursing programs sponsored by various congregations.

Collaboration – The area has a strong spirit of collaboration. Examples noted include the Sentinel Medication Access Program; the Health Hub, a diabetes-focused initiative which utilizes a community health worker model; and the Obesity Initiative which has been run for several years through the Kearney Public Schools.

Volunteers – Similarly, the area also has reputation as one that supports volunteer activities. Many organized volunteer opportunities we cited including the following programs: No One Dies Alone, Tackle Cancer, Animal Therapy Program, and the faith community's Hunger to Hope.

PERSPECTIVE OF THE UNINSURED

"It would be great if it could be known that there is a clinic for people where insurance is not the concern, but care is the concern."

Hopes & Dreams – The uninsured residents of the area described many hardships resulting from the lack of adequate insurance and regular, ongoing care. When asked what they would like to see in a clinic designed to serve their needs, they hoped it would be a place where they would be treated with respect, like human beings. One said it should be like the sign on the emergency room door – *Will not discriminate regardless of insurance or income.* The uninsured consistently said they hoped it would be a place where you feel that you are welcome. A common theme heard from the uninsured was that of judgment; they would like to be cared for in an inviting and non-judgmental setting. Another common theme was that all patients be accepted, regardless of cultural background and primary language spoken.

"It would be good to be taken care of and not be greeted by how will you pay for this?"

Values – A common perspective that was voiced through all of the uninsured groups was that all people in the area should be treated equally. Many said that the *Golden Rule* must apply in this clinic.
Stakeholders and uninsured residents alike spoke of the need to touch people, understand their lives, and bring people together. They also stated that both patient and provider responsibilities should be clear.

CLINIC MODELS

Site – There was nearly universal agreement that clinic would need to have a physical location. Interviewees felt that there should be place where people could regularly go for their heatlhcare needs. Among stakeholders and the uninsured, there was very little support for virtual clinic or clinic without walls.

Staffing - Questions were raised about the feasibility of a purely volunteer model. Many favored a mix of paid staff and volunteers. It was felt that paid staff could oversee volunteers, provide training and other support to help maintain a volunteer base and avoid volunteer burn-out.

There was a significant support expressed for the clinic being staffed by nurse practioners and physician asssitants, with physician back-up support, as needed. Many interveiwees stressed the importance of care coordination. They felt it important to include a community health worker approach in the clinic. They also expressed a strong desire to ensure that mental health services would also be available through the clinic.

Fees – It was the general opinion of interviewees that the clinic not be completely free but rather provide services based on a sliding fee scale structure. This investment from patients was felt to be important by stakeholders and uninsured residents alike.

ELEMENTS NECESSARY FOR SUCCESS

Leadership – Many of the people interviewed said that a community clinic's success would hinge on having a passionate and committed person as its coordinator. They person would promote and manage the clinic and also encourage the broader community to support it.

Sustainability – There was widespread agreement that in order for a community clinic to be successful, it would need the support of general community, as well as the physician/provider community. Long term sustainability must be a goal.

Potential Funding Sources – The following sources of ongoing funding for a community clinic were identified by many interviewees: suppor from local healthcare providers, community-wide funding initiatives, support from faith-based institutions, and patient fees. Very few people felt that funding from the Public Health Department was seen as realistic at this point in time.