

# Primary Care Access Improvement for La Plata County

## JSI Research and Training Institute's Recommendations to the La Plata County Primary Health Care Community Coalition

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# Primary Health Care Community Coalition

- Purpose: *Coordinate local efforts to develop a plan to provide a long-term, sustainable solution to the primary care access crisis facing La Plata County residents.*
  1. Hire a consultant to identify possible long-term, sustainable solutions to the lack of primary care access for residents of La Plata County.
  2. Implement a **one year**, “stop gap” clinic to lessen the negative impact of Valley Wide Health Services’ exit, as a longer term solution is developed.

# Members of the Coalition

Kirk Dignum, Mercy Regional Medical Center

Cecile Fraley, Primary Care Physician

Joe Gambone, Primary Care Physician

Bern Heath, SW Colorado Mental Health

Pat Murphy, Chair

Joe Murphy, Primary Care Physician

Renee Parsons, Durango City Council

Joelle Riddle, La Plata County Commissioner

Richard Risk, Mercy Regional Medical Center Board Member

Missy Rodey, Community Health Advisory Council

Lynn Westburg, San Juan Basin Health Department

John Whitney, Southwest Regional Director for Congressman John Salazar

Karen Zink, Nurse Practitioner

## Staff

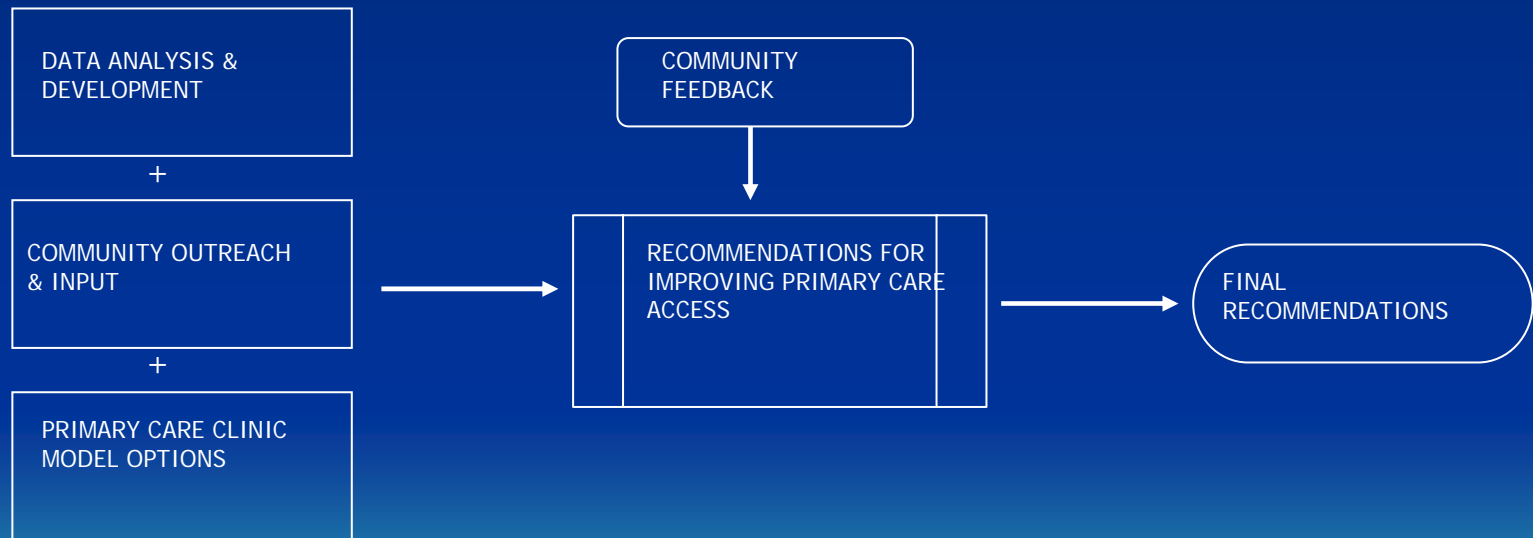
Shelly Burke, SW Colorado Mental Health

Bill Willson, Mercy Regional Medical Center



# Consultant Tasks

## JSI's work plan:



# Guiding Principles

- **Accessible**
  - *to entire county; for all insurance types ; to all cultures*
- **Affordable**
  - *for uninsured, underinsured, Medicaid, etc.*
- **Sustainable**
  - *built to last and grow/evolve with the county*
- **Integrated Health Care Model**
  - *include primary, preventive, public, private, behavioral, etc.*

# Guiding Principles

- **Locally Directed**
  - *local governing board and decision making*
- **Funding from Multiple and Diverse Sources**
  - *patient fees, public programs, grants, local subsidies and donations*
- **Built upon Existing Strengths and Resources**
  - *support local providers – public and private, already “doing their share”*

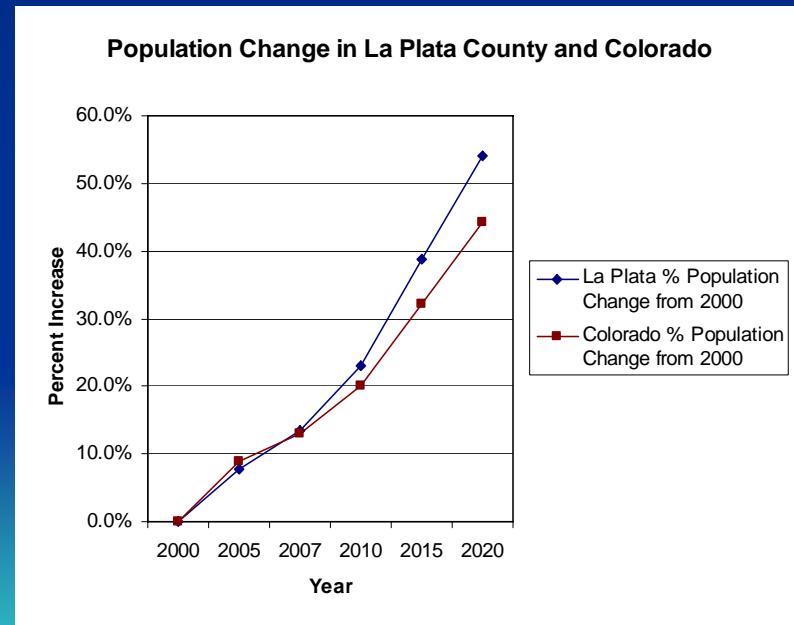
# Data Analysis and Development

- **Demographic/socioeconomic characteristics** influence the need for primary care services.

	La Plata County	Percent	Colorado	Percent
Total Population (2006)	49,182		4,804,607	
Under 18 years	10,336	21.0%	1,202,255	25.0%
18-64 years	33,807	68.7%	3,133,040	65.2%
65 years and older	5,039	10.2%	469,313	9.8%
Hispanic/Latino Origin	5,115	10.4%	821,588	17.1%
Population Living Below Federal Poverty Level	5,754	11.7%	446,828	9.3%
Population Living Below 200% of Federal Poverty Level	14,705	29.9%	1,162,715	24.2%

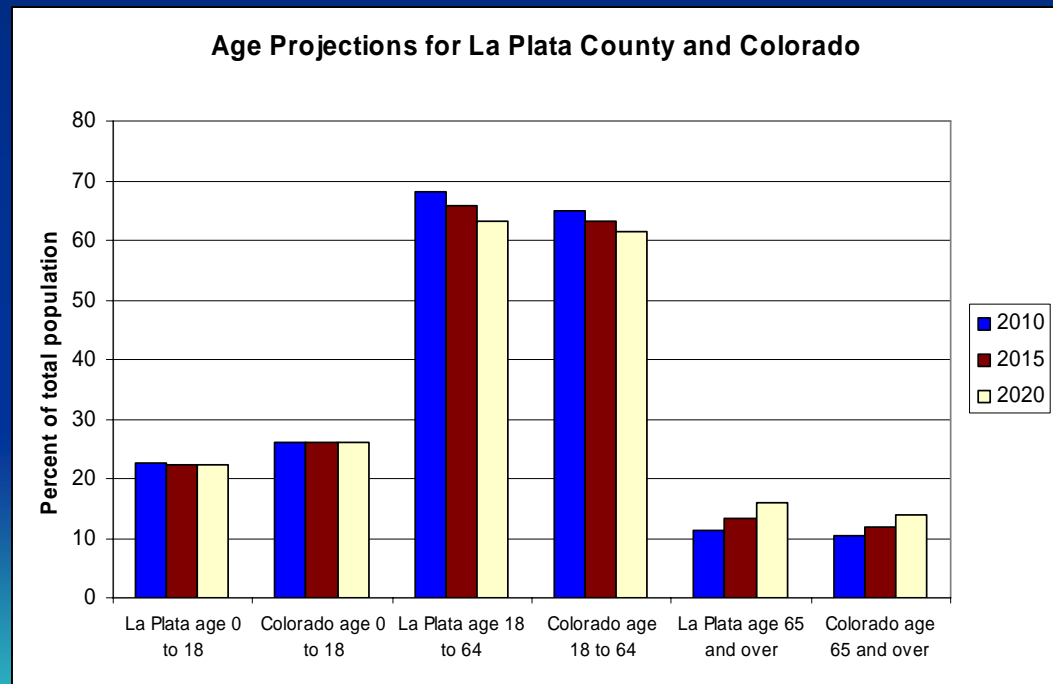
# Data Analysis and Development

- Projections indicate there will be 54,837 La Plata County residents in 2010, and 68,615 La Plata County residents by 2020 – increase of approximately 54% from the 2000 population.



# Data Analysis and Development

- An **increasing older population** will require more medical resources, including primary health care services.



# Data Analysis and Development

- In 2006, the tourists and second homeowners added 4,169 persons to the demand for primary care services.
- The homeless population adds an additional 145 persons to the demand for primary care services.

# Data Analysis and Development

- The La Plata County population has greater needs and **less favorable health outcomes** than the state as whole, in the following areas:
  - Less women receiving prenatal care in the first trimester
  - Higher rates of child abuse cases
  - Higher rates of teen (15-19) and adult motor vehicle deaths
  - Higher rates of unintentional injury deaths
  - Higher rates of death due to diabetes
  - Higher rates of death due to suicide

# Data Analysis and Development

- There are five areas for which La Plata County residents demonstrate more at-risk behavior:
  - % of individuals who have had a fecal occult blood test in the past 2 yrs,
  - % of individuals who have had a clinical breast exam and mammography in the past 2 yrs,
  - % of individuals who currently have health insurance,
  - % of individuals who have had asthma, and
  - % of individuals who currently smoke.

# Data Analysis and Development

- Access to appropriate and affordable health services is an issue that affects a number of individuals disproportionately in La Plata County.
  - 19% of La Plata County's population is uninsured, which is a higher percent than the state as a whole (16%).
- Primary care clinics in La Plata County:
  - Not likely to offer **sliding fee scales**
  - Several clinics are no longer accepting **new Medicaid patients**
  - Limited number are accepting **new Medicare patients**

# Data Analysis and Development

- There is a need for additional physicians to provide primary care services for the La Plata County population as a whole, as well as for the low income population.

Total number of primary care Full Time Equivalent (FTE) Physicians and Midlevels  
In 2007 in La Plata County = 27.3 FTE

Total number of primary care FTE Physicians needed in La Plata County in 2006  
based on physician demand calculations = 29.8 FTE

Total number of primary care FTE Physicians needed in La Plata County in 2010  
based on physician demand calculations = 33.3 FTE\*

Total number of primary care FTE Physicians and Midlevels for the low income  
population in La Plata County = 4.8 FTE

Total number of primary care FTE Physicians needed for the low income population  
in 2010 in La Plata County based on physician demand calculations = 10.7 FTE\*

\*Does not take into account the aging of the providers

# Community Outreach and Input

## Design

- In June 2007, at the request of the Coalition, JSI conducted 11 focus groups and 14 interviews to gather community input.
  - A total of 61 people participated in the focus groups or interviews.
- The Coalition members identified the populations to include, individuals to invite, and the issues to be discussed. The populations represented included:
  - Primary health care providers and organizations, specialty health care providers and organizations, the Native American community and advocates for the Native American community, Bayfield area community, Breen area community, advocates for the Hispanic/Latino community, Ignacio area community, business community, schools and families with children, seniors and veterans, non-profit organizations, legislators, media representatives, and Valley Wide Health Services.

# Community Outreach and Input

## 1. Most urgent health care needs in La Plata County.

- Lack of access to primary health care services for adults;
- Lack of access to primary health care providers for patients covered by Medicare;
- Financial feasibility for additional family practice providers (new clinics, as well as adding providers to existing clinics.); and
- Local primary care practices not accepting all private health insurance, especially Anthem (Blue Cross/Blue Shield).

## 2. Local barriers that are preventing the population of La Plata County from accessing health care.

- Not having a primary health care provider
- Transportation
- Cost of living

# Community Outreach and Input

## 3. Reasons why previous attempts to expand primary health care in La Plata County have not been sustainable.

*Note: While not specified in the question, most participants referred to the failure of the tax district and the Valley Wide situation.*

### Tax District

- La Plata County voters not understanding how the funds would be used in the community;
- The widespread belief that the funds raised through the tax would be given to Valley Wide;
- Property owners being resistant to paying more property tax;
- An ineffective marketing campaign that did not inform voters to the specifics of the tax district; and
- Failing to include a sunset clause provision.

*Most individuals agreed that with these changes, it would likely pass in the future.*

# Community Outreach and Input

## 3. Reasons why previous attempts to expand primary health care in La Plata County have not been sustainable. (continued)

### Valley Wide

- The Valley Wide work environment was not employee-friendly and there was a high rate of staff turnover;
- The administrative structure of the clinic was “top-heavy” and burdensome to the providers;
- Providers at Valley Wide who had previously been in private practice found it difficult to adjust to the productivity standards of the Federally Qualified Health Center model; and
- There was a perceived lack of local community involvement in the operation of the Valley Wide clinic.

# Community Outreach and Input

## 4. Attributes of accessible primary health care in La Plata County.

- Include prevention and wellness/health promotion;
- San Juan Basin Health Department should be integrally involved;
- Include satellite or mobile clinics for outlying communities where a clinician (physician or midlevel provider) would be present 1-2 times per week and Medicaid, Medicare, and uninsured patients could be served in their community;
- Affordable health care for all patients – primary care and emergency care;
- Primary care providers each taking their fair share of the Medicare, Medicaid and uninsured populations;
- Mental health services integrated into primary care practice;
- Providers and facilities that accept all types of insurance;
- A health care provider being available 24 hours a day/7 days a week;
- Increased use of midlevel providers;
- Culturally competent health care; and
- Increased use of school-based clinics.

# Community Outreach and Input

## 5. Innovative ideas for funding/supporting primary health care in La Plata County.

- Health services tax district (with changes suggested) along with City and County support;
- Federally Qualified Health Center (FQHC) model – but with local control;
- Creative recruitment methods - such as repaying student loans and providing providers with low-cost housing and/or clinic space;
- Alternative health insurance mechanisms - such as self-insurance for the large employers and an insurance pool for the small employers;
- Local donations of time or money;
- Partnering with the Southern Ute Tribe.

# Recommendations

## RECOMMENDATION 1:

### Take advantage of the Certified Rural Health Clinic program.

- A Certified Rural Health Clinic (RHC) receives enhanced reimbursement for Medicare and Medicaid patients.
- The Health Services Clinic and other practices in La Plata County that see a large number of Medicare and Medicaid patients and employ nurse practitioners or physician assistants should conduct a financial feasibility study to determine if transitioning to a Rural Health Clinic would be beneficial.

# Recommendations

## RECOMMENDATION 2:

### **Recruit and retain primary health care providers.**

- Immediately recruit two primary care providers (2 physicians or 1 physician and 1 nurse practitioner or physician assistant).
- Form a Local Recruitment and Retention Committee to assist in the recruitment process.
- Continue to recruit primary care providers to meet the needs.

# Recommendations

## Recommendation 2 (continued):

### Retention

It is also important to retain the excellent providers already in the community.

Possibilities for assistance include:

- Helping negotiate insurance contracts;
- Assistance with billing services, eligibility determination or other administrative functions.

# Recommendations

## RECOMMENDATION 3:

**Build upon the existing Health Services Clinic.**

- The Health Services Clinic is a community collaborative that is subsidized with funds from the City of Durango, La Plata County, Mercy Regional Medical Center and SW Mental Health services.
- The Clinic should continue to be collaborative and integrate mental health services and public health services.

# Recommendations

## RECOMMENDATION 3:

### **Build upon the existing Health Services Clinic (continued).**

- The new primary care providers that are being recruited should be added to the Health Services Clinic.
- The Clinic should offer a sliding fee scale for patients that do not have insurance.
- Once fully staffed, the Clinic should provide primary care to other towns in the county through outreach services and explore the feasibility of mobile or on site services for these communities.

# Recommendations

## RECOMMENDATION 4:

**Utilize a variety of funding sources.**

- **Patient Fees**
  - Not a “Free Clinic”
  - Sliding fee scale based on income/insurance status
- **Enhanced Reimbursement**
  - Certified Rural Health Clinic
  - Colorado Indigent Care Plan
  - Federally Qualified Health Center (FQHC)
- **Amendment 35 Primary Health Care Subsidy**
- **Grants**
  - Private Foundation
  - Government (DOLA, USDA Rural)

# Recommendations

## RECOMMENDATION 4:

Utilize a variety of funding sources (continued).

- **Local Funding**

*Used to support and encourage access, fill gaps and enhance services, not as “first payer”*

### **Health Services Tax**

Medical cost per user\* = \$408

\$408 x 9,345 uninsured in 2006 in La Plata County =

**\$3,812,760**

**Plus building, equipment, etc.**

\*Cost is based on average medical cost per user in Colorado in 2005 for FQHC's

- Other local sources of funding could include:

City and County

Local Fundraising

Volunteerism

# Next Steps

- October 2007: Final recommendations presented to Primary Health Care Community Coalition
  - *Responsibility: JSI*
- October 2007-December 2007: Assess feasibility of transitioning the Health Services Clinic, Pediatric Partners of the Southwest, Durango Family Medicine, and Ignacio Family Medicine to Rural Health Clinics (RHC)
  - *Responsibility: JSI*

# Next Steps

- January 2008-March 2008: If feasible, transition clinics to RHC status
  - *Responsibility: Primary Care Clinics*
- November 2008: Obtain necessary funding to sustain primary care access/present ballot initiative for Health Services District
  - *Responsibility: Community*
- October 2007-ongoing: Recruit providers, grow Health Services Clinic
  - *Responsibility: Providers/community partnership*