

# 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

September 2007



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## **Primary Health Care Community Coalition**

Charged by the City of Durango and La Plata County to:

*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.*

The Coalition's two tasks:

1. Hire a consultant to work with the Coalition to identify possible long-term, sustainable solutions to the lack of primary care access for adult and pediatric residents of La Plata County and surrounding communities.
2. Implement a **one year**, "stop gap" clinic to lessen the negative impact of Valley Wide Health Services' exit from Durango 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

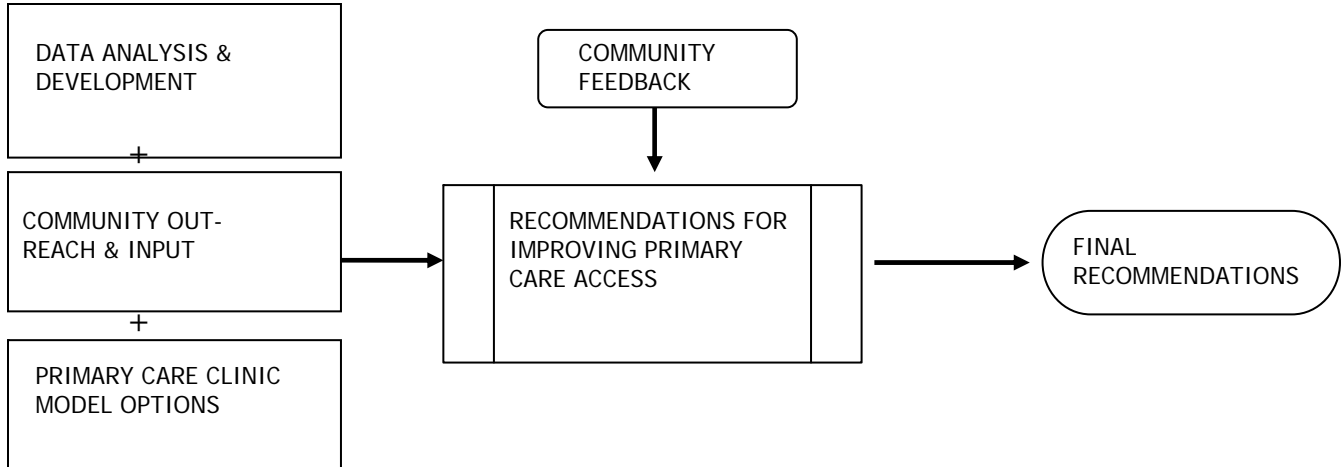
### **Staff**

- Shelly Burke, SW Colorado Mental Health
- Bill Willson, Mercy Regional Medical Center

## Consultant Tasks

After a national search, JSI, Inc. was selected to work for and with the Coalition.

### JSI's charge:



## Guiding Principles

### Accessible

*to entire county; for all insurance types – including Medicare; to all cultures*

### Affordable

*for uninsured, underinsured, Medicaid, etc.*

### Sustainable

*built to last and grow/evolve as the county grows/evolves*

### Integrated Health Care Model

*include primary, preventive, public, private, behavioral, dental, etc.*

### 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

### La Plata County, Colorado: Demographic and Socioeconomic Characteristics

- The demographic and socioeconomic characteristics of La Plata County influence the need for primary care services in the county.

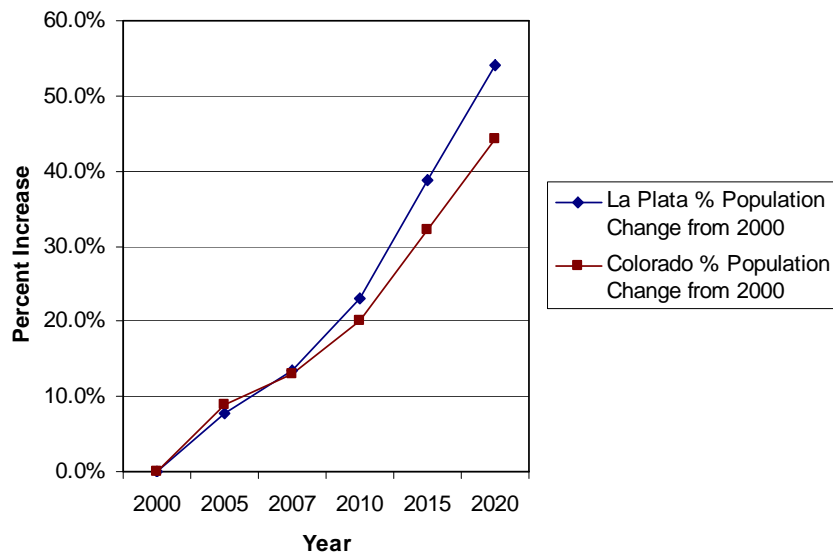
	La Plata	Percent	Colorado	Percent
<b>Total Population (2006)</b>	49,182		4,804,607	
Under 18 years	10,336	21.0%	1,202,255	25.0%
18-64 years	33,807	68.7%	3,133,040	65.2%
65 years and older	5,039	10.2%	469,313	9.8%
<b>Hispanic/Latino Origin Population</b>	5,115	10.4%	821,588	17.1%
<b>Population Living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

Source: Colorado State Demography Office, Department of Local Affairs; U.S. Census Bureau, 2000 Census

\*Data for population living below 200% of federal poverty level is presented to approximate the underserved population.

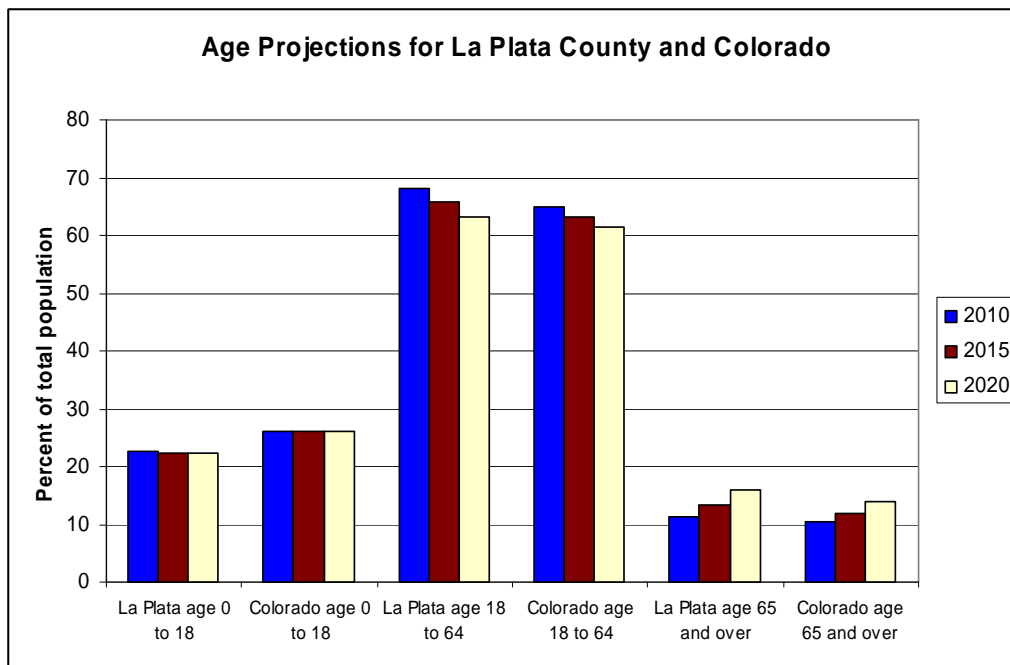
- Projections indicate there will be **54,837 La Plata County residents in 2010**, and 68,615 La Plata County residents by 2020; an increase of approximately 54% from the 2000 population.

**Population Change in La Plata County and Colorado**



## Data Analysis and Development - 2

- An important factor to consider when discussing population growth is the age structure in La Plata County. An **increasing older population** will require more medical resources, including primary health care services.



- Another important factor to consider is the impact that the large number of tourists and second homeowners has on the need for primary care services. In 2006, the tourists and second homeowners will in effect add 4,169 persons to the demand for primary care services.
- The homeless population will add an additional 145 persons to the demand for primary care services.

## Data Analysis and Development - 3

### La Plata County, Colorado: Health Care Needs and Health Services Access

- The La Plata County population has greater needs and **less favorable health outcomes** than the state as a 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
  
- There are five areas for which La Plata County residents demonstrate **more at-risk behavior**:
  - Percent of individuals who have had a fecal occult blood test in the past two years,
  - Percent of individuals who have had a clinical breast exam and mammography in the past two years,
  - Percent of individuals who currently have health insurance,
  - Percent of individuals who have had asthma, and
  - Percent of individuals who currently smoke.
  
- Access to appropriate and affordable health services in La Plata County is an issue that affects a number of individuals in the county. Nineteen percent of La Plata County's population is **uninsured**, which is a higher percent than the state as a whole (16%).
  
- The primary care clinics in La Plata County are not likely to offer **sliding fee scales**, and several clinics are no longer accepting **new Medicaid patients**. In addition, a limited number of primary health care providers in the county are accepting **new Medicare patients**.

## **Data Analysis and Development - 4**

### **La Plata County, Colorado: Health Care Needs and Health Services Access**

- Physician demand calculations demonstrate 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\*

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Total number of primary care FTE Physicians and Midlevels for the low income population in 2007 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—2

## Responses

### **1 - Most urgent health care issues 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

### **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.*

#### 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—3**

### **Responses**

#### **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.

#### **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;
- 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.

## **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. With the new Low-income Health Professional Shortage Area (HPSA) designation status, and because La Plata County is a non-urbanized area, this might be good option to enhance reimbursement for 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. These practices should conduct a financial feasibility study to determine if transitioning to a Rural Health Clinic would be beneficial.

- A certified Rural Health Clinic must meet all of the following criteria:
  - Located in a non-urbanized area;
  - Located in a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA);
  - Provide outpatient primary care services;
  - Use the services of at least 1 mid-level practitioner at least 50% of the time the clinic is open;
  - Have a physician providing medical direction present for sufficient periods of time, at least once in every 2-week period and who must be available through direct telecommunication;
  - Meet health & safety requirements set by Medicare and/or Medicaid.

## **RECOMMENDATION 2:**

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

The data and the community input indicate there is a shortage of primary care providers in La Plata County. The recommendations include:

- 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. This Committee can assist the lead recruiter (for example the hospital or a private practice) by:
  - Assessing and tracking workforce needs and recruitment plans among local providers and practices;
  - Developing resources, information, and materials to promote La Plata County as a practice site to the providers and their families;
  - Assisting with site visits;
  - Exploring the feasibility of developing local scholarship and loan repayment programs;
  - Identifying and taking advantage of state and federal loan repayment and recruitment resources;
  - Helping develop relationships with health provider schools and training programs; and
  - Providing housing and positive community experiences for visiting students and residents.
- Continue to recruit primary care providers to meet the needs.

### **Retention**

It is also important to retain the excellent providers already in the community. Several options were discussed:

- Assisting with the financial feasibility assessment for RHC status.
- Helping negotiate insurance contracts.
- Assistance with billing services, eligibility determination or other administrative functions.

### **RECOMMENDATION 3:**

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

Mercy Regional Medical Center responded to the need for a “stop gap” solution to the primary care crisis in La Plata County by initiating the Health Services Clinic. Mental health services are integrated into the Clinic and provided by SW Mental Health Services. 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 patient mix of the Health Services Clinic is 47% Medicare, 12% Medicaid, 27% uninsured, and 14% commercially insured.

The Health Services Clinic is approaching capacity for its current providers. It is located well to serve the medically underserved in Durango and has the space to house additional primary care providers.

- The new primary care providers that are being recruited should be added to the Health Services Clinic.
- The Clinic should continue to be collaborative and integrate mental health services and public health services. The integration of mental health services into primary care has been shown to significantly improve outcomes for patients.
- 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.

**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)

**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
  - ◆ Providers
  - ◆ Administrative and outreach

\*FQHC status is a longer term strategy due to complicated federal application and regulatory and reporting requirements.

## Next Steps

- October 2007:

Final recommendations presented to Primary Health Care Community Coalition

*Responsibility: JSI*

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- 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*

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- January 2008—March 2008:

If feasible, transition clinics to RHC status

*Responsibility: Primary care clinics*

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- November 2008:

Obtain necessary funding to sustain primary care access/present ballot initiative for Health Services District

*Responsibility: Community*

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- October 2007—ongoing:

Recruit providers

Grow Health Services Clinic

*Responsibility: Providers/community partnership*

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