UPPER VALLEY COMMUNITY HEALTH IMPROVEMENT SUMMIT SUMMARY

AVAILABILITY OF PRIMARY CARE

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WORLD CAFÉS

WHAT ARE THE FACTORS IN OUR COMMUNITY CONTRIBUTING TO THIS NEED?

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- Lack of primary care physicians and the insurance problems seem to be leading to the problem where people can't afford their visits and are going less frequently.
- Number of providers is an issue; usually with kids or people who need immunizations, there is a 2-3 month wait list
    - Due to number of providers and their case loads
- A lot of people want to see a doctor (versus a PA) and also have a preference of who they want to see
- Also an issue where people can't take time off of work to see the doctor
- Cost and affordability; insurance and insurance deductible
- Transportation and accessibility could also contribute to "access"
- Comfort of going to a doctor for LGBTQ+ individuals (feeling of acceptance)
- Perception of "good healthcare" contributing to access to care
- Need to establish a relationship with a primary care provider (use foresight because getting in initially takes longer than a follow up visit)
- What are the demographics of the respondents (how do they define access)?
- A lot of really sick people in our community with chronic diseases that have not had those issues addressed
    - Going untreated for many years
    - Geosocial health disparities
- Mentality of living in New England
    - We don't ask for help or don't perceive that we need help
- Distrust of healthcare providers
- Availability is a very big "bucket"
    - Sometimes takes a lot to find a provider (if you care who you get) and then once you find that perfect provider, it takes a long time to get onto their schedule
- Ratio of providers to need
    - What are the numbers? What is the workforce capacity data?
- Types of need that people have
- The process to get new patients in is cumbersome
- Non-patient friendly admission systems
- Insurers don't make it easy to get into primary care
    - Relationship of insurers and providers
    - Who is in your network
- Hours of operations
    - DH has clinics that are running later
    - Increase these late clinics
- Deductibles are too high
- The payment system is geared toward specialty

- High deductibles cause people to wait until they are really sick before going to the doctor
- Lack of consistently seeing the same practitioner in primary care
    - You're sick and you have a problem… the follow up isn't always with the same person
- High turnover at D-H primary care… no way to establish a long term relationship
    - Personal experience: living in the area for 8 years and had 5 different providers… gave up with D-H because of this
- Pressure on the provider to see 25 patients in a day
- Disappearing private practices… just not what doctors do anymore (can't pay off the debt)
- We may have enough doctors, but we don't have enough consistency in the doctors that we see
- There are a lot of women who practice medicine that are only half time
- Rural nature of where we live
    - Not everyone has the means to leave
- There are the "outliers" who are low SES but live near high SES neighborhoods where there wouldn't be easy access to these social/medical/community services due to the typical high SES of the area

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- Is there a lack of awareness that providers are accepting new patients?
- Good Neighbor connects Medicaid patients with primary care, but if they don't have a regular provider, they can't be seen right away
- DH has 63 providers but only 3 are taking new patients
- It's hard to get a same day appointment
- Medicare allows 1 wellness visit but that visit doesn't have an exam; it's a time waster, and people don't want to go back a 2nd time
- Hard to navigate the DH campus
- APD and DH phone systems are daunting
- PCPs are closed when people have time off!
- They give up if they can't get a same day appointment
- Doctors are always changing
- Cost issues
- Lack of transportation (multiple mentions)
- Cost/availability
- Lack of education about the value of preventive/primary care
- Health care provider distribution (geographic; primary care vs specialty)
- People with DMV tickets, fines etc. can't pay bills, lose their transportation
- Difficulty recruiting providers to rural areas
- Lack of robust wellness committees (school, worksite)
- Increased number of people with high deductible health plans
- High copays, deductibles with marketplace plans
- People with high bills aren't going back for care, especially if they are over income for financial assistance
- Middle class has been traumatized by cost
- Difficulty navigating insurance, networks, etc.
- Systems change often, they're confusing, people give up. It's a morass, difficult to navigate
- RX costs especially for people in Medicare Part D "donut hole"
- Dental is overlooked; people lack coverage
- High turnover of PCPs leading to higher usage of specialty care
- Siloed health care systems

WHAT COMMUNITY ASSETS ARE HELPING TO ADDRESS THIS NEED?

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- Mascoma Community Health Center
- Big hospitals (D-H and APD)
- 1 Place advertises as LGBTQ+ Friendly (Planned Parenthood)
    - It isn't necessarily advertised
- Private practices
- Community Health Clinics
- Great public transportation in the Upper Valley
    - Wouldn't it be great if Mascoma Community Health Center had a bus stop!
- Senior centers will transport
- VNAs that serve the Upper Valley
- Digital capabilities and virtual visits
- Community and Parish Nurses (can act as a conduit to primary care)
- Community Health Workers and Case Workers (Access to primary care)
- Care Coordinators at discharge to connect to primary care for follow up
- Heater Road clinic open late
    - Traditional office hours are not always ideal (crises are not always 8-5)
- Good Neighbor Health Clinic
- Employers with embedded nurses (Hypertherm, King Arthur, Timken)
    - Ready access to medical care after the evaluation
- Maybe 5 or 6 private practices in the area
    - Negative: Insurances don't typically/always pay for these

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- VA transportation services
- Assistance with bills
- Wellness programs/committees at hospitals and workplaces
- Trails
- VT Community Care
- Urgent care (can have records sent to local PCPs)
- Health insurance
- Robust hospital system
- Off (hospital) site private practices
- Good Neighbor Health Clinic
- 211
- ServiceLink
- Practitioners accepting new patients
- Public Health Council and Elder Forum- keep information going
- Prescription assistance
- Physician Assistants and Nurse Practitioners as PCPS

- Hospital financial assistance
- Wage Works program (DH?)
- LISTEN- helping with budgeting/resources

"IF YOU HAD A MAGIC WAND, HOW WOULD YOU ADDRESS THIS NEED?"

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- More Community Health Centers
- Decrease distance to primary care (the rural issue)
- Changing the reimbursement schedule (we pay providers fee for service)
    - Most of the visits are unnecessary as a result
    - Reimburse based on quality
- Stagger the times that providers are working and seeing patients for primary care visits
- Programs to incentivize private practice
    - Make your own hours
- Reduce out of pocket costs for the patients
    - High deductible plans (lowest up-front costs)
    - NH has the highest % of patients in high deductible plans
- Utilize technology more! A lot of primary care visits are not necessary
    - Coverage issues
- Initial encounters using technology
    - For referrals for example
- Maybe more mental health services will free up PCP time
- Make primary care a national priority/national commitment
    - Incentivize people to become primary care doctors
    - Repay medical school costs for primary care doctors
- Longer hours of BOTH Advance Transit and primary care
- Increase the range of the Advance Transit
- Local health system really has the fortitude to do something drastically different
    - Invest the time in primary care
- Reduce barriers around licensing and where doctors can practice
    - Increase private practice
- Pay to lance a wart (5 minute) versus a 45 minute convo about eating disorder… paid more for wart so the doctors are knocking through procedures
- Doctor sharing between all primary care offices (DH, APD, Mascoma, etc.) to staff after hour
    - Universal EMR
- Community that cares and promotes going to the doctor
- School based health clinics
- Mobile health clinics for primary care
- All the doctors are in one spot… can we get doctors further out into the communities?
- Sharing of doctors… we might be able to send a DH doctor to Canaan 1 day a week (for example) to make it easier for the patients
- Decentralize primary care service
    - Does D-H have the responsibility to send doctors out to rural areas?

- Mobile visits and pop-up clinics
- Change the way that we pay for health care and medical care in this country

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- Cultural shift: get people to value health care more
- On site health services (work, school)
- More bus service and UBERs locally
- Higher reimbursement for primary care
- "Physician finder service" (existed long ago at New London); one central phone number to call, to find out which providers have openings
- Education/outreach about primary care capacity
- Reduced deductibles
- Universal health care
- PCPs with staggered hours, Saturday hours
- New methods of access
- Triage system: "ask a nurse" (before scheduling appointment with provider)
- More employer wellness incentive programs
- Make sure people don't get sick!
- Policy work, to improve cost
- Transportation
- Free health care as a human right
- Communicate to younger people about job availability
- Better integrate primary health care
- Focus on prevention, things like APD's trails system ($support them)
- Improve (workforce) housing, peer to peer education to help with recruitment
- Student loan forgiveness
- Free health care
- Single payer system
- Increase threshold for financial assistance
- For people with high deductible: put them immediately on a payment plan, starting in January
- Incent primary care (especially Nurse Practitioners, Physician Assistants)
- Educate patients about the value of regular care to prevent larger problems
- Increase number of localized urgent care centers
- Improve care coordination among providers
- Consider an ACO in the Upper Valley- what would it take?