

Next Steps for New London County

Report of Community Health
Assessment Focus Groups

Access to Care

Breakout Sessions Questions

- Are the recommendations feasible?
- What resources already exist?
- How should they be expanded?
- What would it take to implement?
 - Resources, leadership, other barriers to overcome
- Who should be involved?
- How will you define success?

Access to Care

Are the recommendations feasible?

- Yes, but some of the recommendations are too broad
- Issues Include:
 - Need common, specific strategy-create work groups
 - Follow-up with ED clients-refer to medical home
 - Funding-overcome barriers
 - Internal issues-market structure

Access to Care

What resources already exist?

- Safety Net Providers
- School Based Health Centers
- Health Districts
- Colleges
- Social Service Agencies
- Hospitals
- Interfaith Nursing
- VNA
- Private Providers
- Homeless Programs
- Public Transportation
- Media
- Employers

Access to Care

How should they be expanded?

- More Walk-in clinics
- Increase FQHC hours
- Increase funding
- Reduce rate of No-Shows
- Increase awareness among uninsured
- Co-locate FQHC's on Hospital Campus
- Expand School Based Health Centers, increase hours

Access to Care

What would it take to implement?

Resources, leadership, other barriers to overcome

- Increase reimbursement to providers
- Begin collaboration on CHAMP model
- Centralize a way to bring resources together
- Bring VNA, Hospital, and Public Health Leaders together
- Reduce Cultural Barriers
- Improve Educational Opportunities (High School, College)
- Participation of PCP's and Specialists
- Address workforce issues
- Develop policy and legislative agenda

Access to Care

Who should be involved?

- Legislators-state and federal
- Chamber of Commerce
- Health Districts
- Public Health Departments
- School Leaders
- Hospital Leaders
- Police/Fire Departments
- Large Area Businesses
- Providers
- Consumers

Access to Care

How will you define success?

- Reduction of inappropriate ED use
- Reduction of chronic disease
- Increase in preventative care
- Better community benchmarks
- Putting competition aside for betterment of community
- Reduce inpatient and ACS visits
- Reduce readmission rates
- Improvements on needs assessments

Access to Care

Where do we go from here?

- Form Coalition
- By-in from each town
- Getting partners together to figure out best model for New London County
- Increase Social Service Agencies, Hospitals and FQHC's-availability and accessibility
- How do we engage private providers?
- Monthly meeting with stakeholders
- Monitoring the progress of community health assessment

Chronic Disease

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Chronic Disease

What resources already exist?

- School Based Health Centers
- FQHCs
- Hospital-Based Practices
- Existing Community Collaboratives
- Public Health Departments
- Visiting Nurses Associations
- Municipal and Human Service Agencies

Chronic Disease

How should they be expanded?

- Incorporate Systems into Private Practices
- Improve Technology to Share Data
- Medical Model vs. Disease Specific Clinics

Chronic Disease

What would it take to implement?

Resources, leadership, other barriers to overcome

- Define Group to Be Responsible for Project
- Define Current Processes and Problems
- Challenge of Implementing an Ideal System of Care Rather than one Driven by Reimbursement
- Increasing Cultural and Linguistic Competencies
- Shifting Resources For Emergency to Preventive Care
- Legislative Advocacy

Chronic Disease

Who should be involved?

- Public Health
- Hospitals
- FQHCs
- Private Sector, Primary Care and Specialty Care Providers

Mental Health & Substance Abuse

Breakout Sessions Questions

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Mental Health & Substance Abuse

Are the recommendations feasible?

- First few are feasible, affordable housing is problematic; need the money
- Overall the 4 recommendations are feasible

Mental Health & Substance Abuse

What resources already exist?

- FQHCs are the best site for these activities; leverage the FQHCs for success; there are other places that FQHCs have not been used enough
- L&M; women's centers; limited number of inpatient beds
- Existing teams good in NL and Norwich; rural towns have trouble accessing those same services
- Care coordination resources exist if people know how to say what they need and figure out how to get into it
- Adult, child mental health – differs by towns

Mental Health & Substance Abuse

How should they be expanded?

- How do these resources work together; not enough interface between medical and mental health
- Still have silos; bring everybody together: businesses, mental health
- Earlier screening to keep people from falling through the cracks; in school screenings
- Like the APRN model in the mental health office; they would want this if possible
- Infoline 2-1-1 would be helpful; lack of adolescent resources; community resists resources for adolescents
- Need for better communication and collaboration; not abundant resources but maybe enough; need more awareness of each other
- Once resources are identified then we know where to expand next;
- Social marketing needed; health outcomes are everyone's business; business community is important partner to be invested
- Social marketing campaign getting into all aspects: schools, businesses; community settings
- Behavioral health needs to be the centerpiece of all these other issues because people need to make behavioral change to have better health
- Get mental health services into every medical office diagnosis/treatment is immediate; use people in all settings to address these issues: shelters, schools, etc.

Mental Health & Substance Abuse

What would it take to implement?

Resources, leadership, other barriers to overcome

- Political will; prioritizing what is important for communities across the community
- Marketing in a strategic fashion, not a one time blast; ongoing
- More forums like this on a regular basis; more opportunities to share best practices that are already here. Ex: CHC and Generations share and plan more
- Look more critically at the existing resources; how to get the awareness of what exists out there
- Holistic approach with a huge cross-section of multidisciplinary organizations; networks
- Public-private partnerships are critical; need to link access to health care with insurance for example. Need to educate those who don't need services about the needs of those that do.
- More outreach services needed; need more 24/7 services
- Barriers: transportation, language, no insurance, long waiting lists (avg wait is 7 months)
- More unorthodox collaboration; be proactive rather than reactive
- Need a lead health point person

Mental Health & Substance Abuse

Who should be involved?

- PCPs, mental health providers, VNA, group homes, veteran's administration, schools, detox facilities (SCADD)
- Everyone in this room should be involved
- Local faith communities need to be involved
- State agencies for mental health need to be at the table
- Cultural organizations (NAACP); CT Health Foundation racial ethnic groups; educating children in schools through SBHCs
- Teaching patients to ask informed questions

Mental Health & Substance Abuse

How will you define success?

- Where will you go from here?
- Look at data in 5 years to see how many medical practices have mental health providers right in their practice locations
- Decrease ED visits for mental health
- Increased supportive housing
- Increased number of community care teams
- Next Steps: more forums – ongoing communication
- CHAMP was the model to follow and is still the model to follow; expand upon what it started and keep the collaboration going
- Looked at New London County as a region; keep the regional focus going with a county-wide regional approach

Prevention

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Prevention

Are the recommendations feasible?

- YES
 - Need to build on existing programs
 - Utilize evidence based support
 - Success with limitations
- NO
 - Economic and political environment
 - Not enough support

Prevention

What resources already exist?

- Civic groups
- DARE/Schools
- Public Access TV
- Hospital
- State Dept of Health
- Reliance House
- VNA's
- DSS
- Chamber
- State tobacco Quit Line

Prevention

How should they be expanded?

- Adult DARE programs
- Joint Efforts
- Look beyond the individual to social/economics
- Prevention Management
- Primary Prevention
- Discharge link to appropriate resources
- Marketing plan
- Consequences of actions

Prevention

What would it take to implement?

Resources, leadership, other barriers to overcome

- Goals and Objectives
- Build on existing resources
- Involve education
- Family based support
- Work group to keep things going
- Stakeholder buy in
- Epi-accurate data
- Plan evaluation
- Look at cultures in communities

Prevention

Who should be involved?

- Everyone here plus:
- More MD's and Nurses
- Faith based communities
- Schools/colleges/universities
- United Way
- * Human Services
- Employers
- Chamber
- Insurance Industry
- Military

Prevention

How will you define success?

- Positive changes in the data

What's Next....

- * Commitment of work group to move forward with stakeholders listed

For More Information

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