

Rural Health Listening Session: Calais

Meeting Report

August 26, 2019

What matters most?

- **Services**
 - Skilled home health care and nursing facilities
 - Mental health care - acute shortage of LCSWs and LCPCs
 - Ob/gyn services – women’s health care, generally – lack of maternity care
- **Systems**
 - Aging in place
 - Home-based prevention, screenings, and care
 - Access – both in terms of coverage and ability to find/use services
 - Discharge orders clearly outlined to reduce readmissions, with patient-focused language
 - Primary care turnover means disconnects because low familiarity impedes communications flow – attract and retain talent
 - “Under-bedded” – inadequate
- **Social determinants and other supports**
 - Transportation
 - Housing security for all ages and needs
 - Caregiver supports
 - Focus on the “whole” person and the ability for care teams to be reimbursed for their time to coordinate efforts
 - Factoring in social emotional well-being and trauma-informed treatment
 - Whole family awareness

Community assets

- CDC – renewed focus and support for public health, which allows for ready access
- FQHCs
- The interest and willingness by clergy and others in other sectors to join forces
- Resilience and creativity
- Partnerships and enthusiastic partners – starting at yes and working with what is already in place
 - Partnerships strengthen all organizations
 - Flexible funding embedded in grants is critical to providing services like transportation and housing
-
- Dedicated workforce – staff loyalty and commitment
- Recovery community centers
- Widespread training on poverty and the shared frameworks that accompany it create a base of understanding among providers and organizations in the county
- Experimentation with combining roles – for instance, FQHC hiring for a part time RN with a guaranteed pathway to COO to offer new learning to candidates
- Gracie Fund – student loan repayment program that combines volunteerism with education
- MaineCare expansion has improved access and financing

Challenges

- Aging population
- Lack of follow up and ongoing treatment options for patients with mental health diagnoses. Results in high readmissions to Acadia Hospital.
- Lack of investment in paramedicine training and absence of ongoing reimbursement for paramedicine
- Large geographic area – many live great distances from service center towns
- Community members unfamiliar with and reluctant to ask for help in interpreting medical instructions
- Transportation options
- Staffing/workforce shortages – challenges to recruit and retain
- Regulatory barriers to collaborative solutions
- Children with trauma (children in the county have an average of 4 ACEs)
- Housing shortages and “functionally homeless” families sharing inadequate space
- Not enough elder care

How can things work better: what’s the ideal; what solutions can we pursue?

- **Services we need:**
 - “PACE” program, which could address myriad obstacles for seniors
 - Community based psychiatric care and support
 - Telehealth models as they are currently structured have not been viable due to cost, scheduling, required patient volume
 - An “ask a nurse” hotline
 - “Off the grid” services – all-inclusive care, side-by-sides for skilled home health care
 - Children’s behavioral health
- **Systems and/or infrastructure we need:**
 - More local infrastructure/housing for long-term care and mental health care services that can accept un/under insured
 - Workforce recruitment and retention program
 - FQHC able to receive more than one reimbursement per day
 - Care team reimbursement for collaborative contact hours
 - Exclusive care practices by service agencies that can create gaps for people with complex needs
- **Supports we need:**
 - Transportation, including
 - Reduction in constraints in ride sharing rules
 - Promotion of transportation options
 - Encouragement, especially among seniors, to utilize transportation options
 - Parents able to be transported to their child’s behavioral health location to visit them
 - Possible opportunities to hire people in recovery as drivers, even if they have had criminal convictions
 - Support & payment for new models of care – e.g. community paramedicine, use of paramedics in EDs
- **Other things we need:**
 - Remove regulatory barriers to collaboration and innovation

