

Rural Health Listening Session: Farmington

Meeting Report

September 10, 2019

What matters most?

- Behavioral health and related systems for children and adults – there is one psychiatrist in the region and they are retiring. Co-existing diagnoses are on the rise, making cases more complex. This involves substance use disorder – and many other conditions.
- University, community college, tech schools – access to quality education to build the workforce pipeline.
- Specialists in diabetes and other chronic conditions that are here in community.
- Support groups – Lewiston/Auburn is too far to travel.
- Tri-County mental health organizations doing their part to ensure coordination and awareness of resources.
- Quality. In the last 10 years, privatized contract services are not well coordinated and there are overlaps and gaps. Training and oversight are not what they used to be – reconsidering the privatized approach and greater coordination are essential.
- Prenatal care in the community. Women are already traveling significant distances and can't go further.
- Farmington's hospital is not a critical access hospital and should be.
- Infant and young child services – including access through schools to healthy food and nutrition education.

Community assets

- Seniors are perceived positively and responses to emergencies involving them by lay people and first responders is heartening.
- EIM program.
- Hunger and food bank – expanded hours; delivery available.
- There are a lot of resources and opportunities for making connections.
- Good grass roots efforts through coalitions – pediatric screening for food insecurity, for instance – opportunities through the creativity of providers.
- Bring services together – WIC at pediatric offices.
- Medicaid expansion.
- Churches helping one another in new ways.

Challenges

- Dental care – low income people have no way to pay for it – state support for prevention is needed. There is also a lack of dentists in the region.
- Transportation – no buses and few taxis – the ones that exist are expensive.
- Current MaineCare transportation providers are not reliable – the system is limited and people are often left curbside when providers don't show up for scheduled rides.
- Logisticare is not working. There are no other options. If an appointment is missed, it is lost.
- Difficulty of sharing data and information between providers and community service organizations to coordinate care and services.
- Mental health care and incarceration as the outcome – and no access to prescriptions while incarcerated. With a higher incarceration rate in rural communities and stopped treatment plans, re-starting upon release is sporadic and not coordinated, causing setbacks.
- Particular need in the area for more geriatric psychiatrists.
- Children with neurological/developmental issues face long waitlists for diagnoses.

- Caring for older people is being done by family – driven by both a lack of home health care providers and gaps in funding.
- Inadequate adult protective services – financial abuse is part of this.
- LTC facilities housing a mix of elderly people and those with behavioral health needs.
- Medicare managed care scrutiny of nursing care – causes confusion for consumers and cycles of readmission.
- Utilizing observation admissions as a routine practice is making care Medicare ineligible.

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

- Appropriately separating mental health/behavioral health care from LTC – right people in the right beds.
- A shared committee that brings representatives from all service agencies together to increase collaboration.
- Prenatal care home delivered for the first year of life and focus on the whole family.
- Direct referrals.
- In-home care providers who can meet staffing needs – specifically higher level of skill to care for people with multiple co-occurring conditions.
- Enhanced direct care provider pay to reduce reliance on contracted agency providers.
- Create bold pilots for care delivery that have national relevance and draw providers to Maine to participate in them.
- Cultivate a pipeline to bring new populations into the healthcare workforce.