

Rural Health Listening Session: Lincoln

Meeting Report

September 30, 2019

What matters most?

- **Services**

- Primary care
 - Wellness visits, including well-woman visits
 - Pediatrics – currently there is no pediatrician practicing locally
 - Behavioral health care
 - Treatment for substance use disorder (SUD)
- Specialty care
 - Obstetrics – babies delivered locally
 - Cardiology
 - Ear/Nose/Throat (ENT)
 - Oncology
- Elder care
- Emergency services
 - Rapid response
 - High quality
 - Transport to a local facility
 - Transport to specialists, if needed
- Locally available therapy (physical, respiratory, etc.)
- Screenings
 - Colonoscopies
 - Mammograms
 - Other common screenings
- Case management, including help with
 - Navigating a complex system
 - Applying for MaineCare
- Prevention and wellness, including
 - Obesity
 - Hypertension

- **Systems and/or Infrastructure**

- Hospital
- FQHC
- Long-term care
- Residential care for SUD
- Home visits as part of prevention
- Alignment of patient needs and care settings (i.e. reducing/eliminating “patients in the wrong beds”)

- **Social determinants and other supports**

- Transportation
- Food security
- Housing
- Heat

General observations

- Much of what we need is here – the issues are cost and quality
- But what do we mean by “here”? Often, “here” means Bangor...
- A full-service hospital is not likely to return to Lincoln
- We have a great health care system in this country; it’s the insurance system that’s broken
- It’s frustrating to hear “we have no beds” but the hospital can’t take more patients
- There is an important synergy between FQHCs and hospitals and MaineCare

Community assets

- Strong municipal and school leadership
- Great recreation program (especially pre-K through 6th grade)
- Emerging economic opportunity as mill site is converted to industrial park
- Local partnerships
- Services: In addition to primary care and emergency services, we have x-rays, MRI, colonoscopies, orthopedics, pain management, dialysis... (not a complete inventory)
- Systems/Infrastructure: Hospital (Penobscot Valley Hospital/PVH), FQHC (Health Access Network), and PVH Rehab & Wellness Center

Challenges

- Attracting businesses
 - To locate here, companies will want good schools, recreation, and health care
 - Requires finding the balance between low taxes and adequate/strong public services
 - “Economic development raises all ships”
 - “We need to make Maine shine”
 - “Community development is economic development”
- Aging population
- Transportation
 - Lynx has had privacy issues
 - Reimbursement is a problem
- Staffing/workforce shortages – challenges to recruit and retain
- Un/under insurance, high co-pays, high costs of prescription drugs

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

- **Services we need:**
 - More physicians and nurses, in general – there is a long wait for referrals
 - Attracting well-trained workers to small/rural towns is a challenge that requires much effort and expense
 - Choice in candidates is always more limited in small/rural towns
 - More access to specialists to reduce waiting lists and drive time to Bangor (this could be accomplished via telehealth or other service delivery alternatives), including
 - Oncologists– driving long distances every day for weeks/months for cancer-related appointments is both grueling and inefficient
 - Pediatricians
 - Obstetricians
 - Cardiologists
 - Ear/Nose/Throat (ENT) specialists

- Treatment options for substance use disorders
 - Detox
 - Emergent care
 - Residential treatment
- More beds for mental health care
 - Mental health and SUD patients can remain in the emergency room for days, sometimes with their kids – this needs to be fixed
 - We're using jails as mental health beds
- Post-hospital supports to prevent/minimize readmission
- Long-term care facility, including for those with dementia – current options are limited
- Home visits
 - The school is exploring this for social workers to support children/families with behavioral health challenges
 - It was a big loss when the home visiting program was cut back
 - This can replace home health
- **Systems and/or infrastructure we need:**
 - Building the strength of the hospital – the biggest fear in the community is that the hospital shuts down – people love this hospital
 - Home health – this was a system that worked well
 - New and/or innovative approaches to service delivery are embraced positively in the community, for example
 - Telehealth, particularly using primary care as “hub”
 - Digital engagement with patients
 - Community paramedicine – ambulance companies are interested but they don't have much capacity
 - We need to fix the insurance system
 - Out-of-pocket and prescription drug costs make it difficult to get needed care and have everyone worried
 - The MaineCare application process is very difficult and some people give up
 - The MaineCare requirement to liquidate assets can dislocate families who are sharing a home
 - We need to do better at getting patients in the “right beds” to limit/eliminate shortages/waiting lists – this includes improving the flow between low and high acuity beds
- **Supports we need:**
 - Transportation options - particularly transportation to and from Bangor – for patient appointments and to visit family who are receiving care
 - More supports for “aging in place” – everyone wants to stay at home as long as possible
- **RECOMMENDATIONS**
 - **To expand telehealth**
 - Look at VA model of telehealth – it works well
 - Find ways to provide ongoing funding to maintain/upgrade equipment – traditional grant-funding makes telehealth difficult to sustain
 - Revamp reimbursement system – this holds us back and needs a lot of work

- **In improve affordability and system usability**
 - Make it much easier to apply for and utilize MaineCare and patient supports by simplifying the application process and adding more navigators/case managers
 - Look at the unintended consequences, including the liquidation of assets
 - Look at expanding cost-sharing groups as an alternative to insurance coverage – there are more incentives for individuals to manage their health in partnership with their primary care provider

- **To get patients out of the “wrong beds”**
 - Be more proactive/efficient at returning patients to local care when they no longer need specialty care (that is often not local) – this will free up specialty beds for those waiting locally, and it will return less acute patients to local care
 - Explore telehealth as a means to free up beds

- **To expand the workforce and attract new/young people to move to rural areas**
 - Make it easier for health care professionals to become teachers, which will create more capacity for students to study health professions in Maine
 - Create state-funded incentives/subsidies for education and location

- **To create more capacity for residential care for mental health/behavioral health**
 - Engage state and federal lawmakers in allocating funding for expanded capacity

- **To support/strengthen hospitals as a vital component of the health care system**
 - Reform the payment system so hospitals are getting paid for everything they do

- **To raise up prevention and wellness in the community**
 - Look at the New Mexico model initiated by pharmacy residents
 - Create more incentives and reimbursements, including reimbursement for the social determinants of health (e.g. heat, food, housing)