

Rural Health Listening Session: Skowhegan

Meeting Report

January 14, 2020

What matters most?

- **Services**
 - Essential services that are locally available and affordable
 - Behavioral health care
 - Access
 - Reimbursement
 - Prevention, community health, and public health: to work best, these must be sustained over time
- **Systems and/or infrastructure**
 - Leadership from Department (DHHS)
 - Partnerships with local organizations and coalitions
 - Insurance coverage and financial affordability
- **Social determinants and other supports**
 - Transportation
 - Heat
 - Healthy food
 - Addressing trauma, neglect, and domestic violence
 - Other basic services

Community assets: What's working well?

- **Services**
 - Getting patients into long-term care has been very positive. This is the result of:
 - Recognition of the problem among many organizations
 - Dedication of resources
 - Focus and leadership
 - Clear benefit to patient and families
 - Long distances to travel can still be a problem
 - Response to opioid crisis
 - Added capacity for MAT (Medications for Addiction Treatment)
 - Added bridges from jails and emergency departments to primary care
 - Added many Certified Recovery Coaches (Connecticut model of certification)
 - Maternal/peri-natal
 - Current capacity is not a problem, but not abundant either
 - Seeing more substance-exposed infants
- **Systems and/or infrastructure**
 - Good at finding innovative solutions that break down traditional models of service delivery. This is the result of:
 - Strong relationships
 - Individuals with leadership positions and/or leverage/focus
 - Patient navigators are very beneficial

Community challenges

- **Services**
 - Access to services that are affordable and available locally, or with transportation options
 - Behavioral health licensing: licenses to treat patients with mental health disorders can also treat substance use disorders, but not the reverse

- Hospice care
 - Only half of Somerset County is covered by medical hospice – the remainder is volunteer only
 - Lack of funding is preventing further expansion
- Nursing and skilled care is limited, especially north of Solon
- Dental care is very limited
 - Primary care is doing fluoride, First Tooth
 - Pittsfield dentists are doing extractions in the Emergency Department
 - Loss of 5-year community health worker
- There are no eye doctors, but transportation is more of a problem than demand
- **Systems**
 - Workforce shortages, made more difficult by:
 - Cost of advanced degrees
 - High burnout
 - Willingness to live/work in Somerset County
 - There is a burnout and fatigue among law enforcement regarding domestic violence and neglect
 - Telehealth is being done, but is limited and there is not robust home-based capacity/broadband
 - Home health shortages
 - Connections aren't as strong as they could be, and need to be, between system elements – there are pockets of strong connections (e.g. Greenville) but need more time to build relationships in order to replicate strong connections and collaborative solutions
 - Moving limited resources to highest needs means gaps are created elsewhere - the positive things happening are only in pockets

Recommendations: How can things work better?

- **Services**
 - Add school-based policies and services, K-12
 - Trauma informed care
 - Dental, mental, and physical health care (including diabetes, pregnancy)
 - Care coordination outside of school
 - Food and nutrition policies
 - Hospice care expanded county-wide
 - Mobile pharmacies
 - Mobile health clinics – bring care to where people already are
 - Funding for secondary prevention: screening and early intervention (e.g. SBIRT)
 - More Emergency Medical Service (EMS) teams through Maine Emergency Management Agency (MEMA)
 - Dental care: reinstate the community health worker position that created such a dramatic increase in care/patients served
- **Systems and/or infrastructure**
 - Community health workers can help improve access to social determinants/supports
 - Community paramedicine
 - Would like to do more but need funding/reimbursement
 - Fund demonstration projects and collect Return on Investment (ROI) data so hospitals will see value and help fund ongoing
 - Need to resolve “wrong pockets” problem of where the cost savings end up
 - Put paramedics in emergency departments and expand what they can do
 - Home health: Add non-traditional hours for services
 - Invest in partnerships
 - Take a systemic approach to building stronger and more coordinated state/local partnerships
 - More supports for local/regional relationship-building will lead to stronger connections and more creative, collaborative solutions
 - Build a public health system

- **Social determinants and other supports**

- Transportation options
- More food security and healthy food options
- Violence reduction, including community trainings
- Need more drug screening options – local and/or home-based – to overcome transportation challenges and keep workers working