

Expanding Access Points for Primary, Dental and Behavioral Health

Lafayette Regional Health Center Health Care Collaborative of Rural Missouri Lexington, Missouri



Introduction:

Accessing primary care, dental care and psychiatric services is a challenge to the residents of rural communities; there simply are not enough local resources to meet the demand. In response to this need, Lafayette Regional Health Center (LRHC) partnered with the Health Care Collaborative of Rural Missouri (HCC) and its four federally qualified health centers (FQHCs) and found a way to meet the needs of residents for these and other services in Lafayette, Carrol and eastern Jackson counties in Missouri while conserving scarce resources.

Overview:

LRHC operates in an area known for its row crops and orchards of peaches and apples that line the hilly, two-lane highways in Lafayette County. This 25-bed critical access hospital has served Lafayette County and its surrounding area for more than 60 years. It is a part of HCA Midwest Health, a network of hospitals in the greater Kansas City area. LRHC provides 24-hour emergency services, general and orthopedic surgery, imaging, cancer care and post-acute care, and operates clinics in Higginsville, Odessa, and Lexington, Missouri.



Initially, HCC was an organization that largely coordinated services for low-income individuals. Over the past decade, it has matured and grown to a point where its community-based programs include case management, counseling and assessment, health education, transportation, translation services, rural health professional recruitment, ACA Marketplace enrollment, Medicaid and Medicare enrollment, Live Well Connectors, a student nursing program, health care advocacy initiatives and health information technology to link services.

Strategic Purpose:

A little over 10 years ago, Samuel U. Rogers Health in Kansas City and members of the Missouri Department of Health and Senior Services approached LRHC, Pathways Community Health and the Lafayette County Health Department about expanding systems of care. Ultimately, the discussions gave rise to the organization of HCC with a mission of providing leadership in securing comprehensive services across the continuum of care.

In 2013, two of LRHC's clinics were struggling to maintain primary care and clinical services in and around Lexington. With the added support of Pathways, which is part of the Compass Health Network, and HCC with its access to federal and state funding sources, the three organizations devised a strategy to shift ownership of two LRHC clinics in Waverly and Concordia to HCC. In 2015, with assistance from LRHC and Pathways, HCC expanded in Carrollton and ultimately reopened a shuttered clinic in Buckner.

Today, all four HCC clinics are FQHCs and operate under the brand of Live Well. They offer dental, behavioral health, primary care and social support services. In addition, the Live Well

Community Health Centers have achieved Level III Patient Centered Medical Home recognition under NCQA.

Coordinated Services:



Live Well CHC, Concordia, MO

HCC and its Live Well Clinics work with the LRHC emergency department (ED) to assist patients who frequently use the emergency room for primary care issues like diabetes, tooth pain, anxiety, hypertension, etc., with finding a primary care doctor, dentist or behavioral health professional. In 2011, HCC assisted in funding an Emergency Department Information System (EDIS) at LRHC, complete with its electronic, template-based documentation system that allows real-time charting and gives medical teams instant access to critical patient information.

To address the demand for behavioral health services, LRHC shares a psychiatrist with HCC who also accommodates visiting Pathways psychiatrists, while employing its own licensed clinical social workers. Access to behavioral health care is augmented through the use of telepsychiatry from HCA Research Psychiatric Center in Kansas City, further expanding availability of needed services and redirecting people away from the emergency room and toward the most cost-effective point of access.

Through HCC, patients who don't have insurance are connected with primary care doctors as well as Certified Application Counselors who can assist them with applying for Medicaid or other forms insurance. Patients who do have Medicaid are coached on the appropriate times to use the hospital ED, and given a list of locations that accept Medicaid and instructions on how to contact the Live Well Centers' after-hours answering service prior to utilizing the ED. Although LRHC's charity care is up, the hospital has reduced its bad debt significantly. By relieving the strain on the ED, LRHC can direct its resources to enhance quality and improve population health.

The LRHC CEO is an ex-officio member of the HCC board, and the relationship between the hospital CEO and FQHC executive director has fostered open communication, empathy and cooperation among the providers. Each knows the pressure points of the other and they collaborate to relieve stress and advance the efficient use of resources to the benefit of a patient's experience of care.

Advice to Others:

In an area with significant and growing demand for health care, dental care, and behavioral and social services, there is plenty of business to keep all providers engaged without competing or duplicating resources. By collaborating, the providers have expanded access, improved efficiency, enhanced the health of the population and maximized resource utilization by avoiding unnecessary duplication of services while directing patients toward the appropriate site of service. LRHC and HCC leaders are trusted partners and explain that it is not a zero-sum transaction. That is, through communication and organization, everyone is a winner, especially the community.

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