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**Public Health INsights & INnovation**

*Promoting Strategies to Improve Primary Care*

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IU Health



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Executive Director  
Wayne County Health Department

## Objective:

Participants will be able to 1) assess health care service capacity and access to health care services and 2) identify and implement strategies to improve access to health care services.

**National Public Health Accreditation Board Standards and Measures, Version 1.5**

<http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

# Domain 7: Promoting Strategies to Improve Primary Care

Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services



# Promote Strategies to Improve Primary Care

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Department of Family Medicine

Indiana University School of Medicine



**SCHOOL OF MEDICINE**

INDIANA UNIVERSITY

# Population with Barriers

- Residents of Rural Communities
- Low socioeconomic families/individuals
- Individuals with low health literacy
- Minorities
- Immigrants
- Individuals whom lack health insurance



# Rural Resident Barriers

- Geographic barriers
  - Distance to facilities or providers
  - Climate barriers
  - Lack of public transportation
  - Challenging roads
- Access to appropriate specialty care
- Lack of appropriate medical care

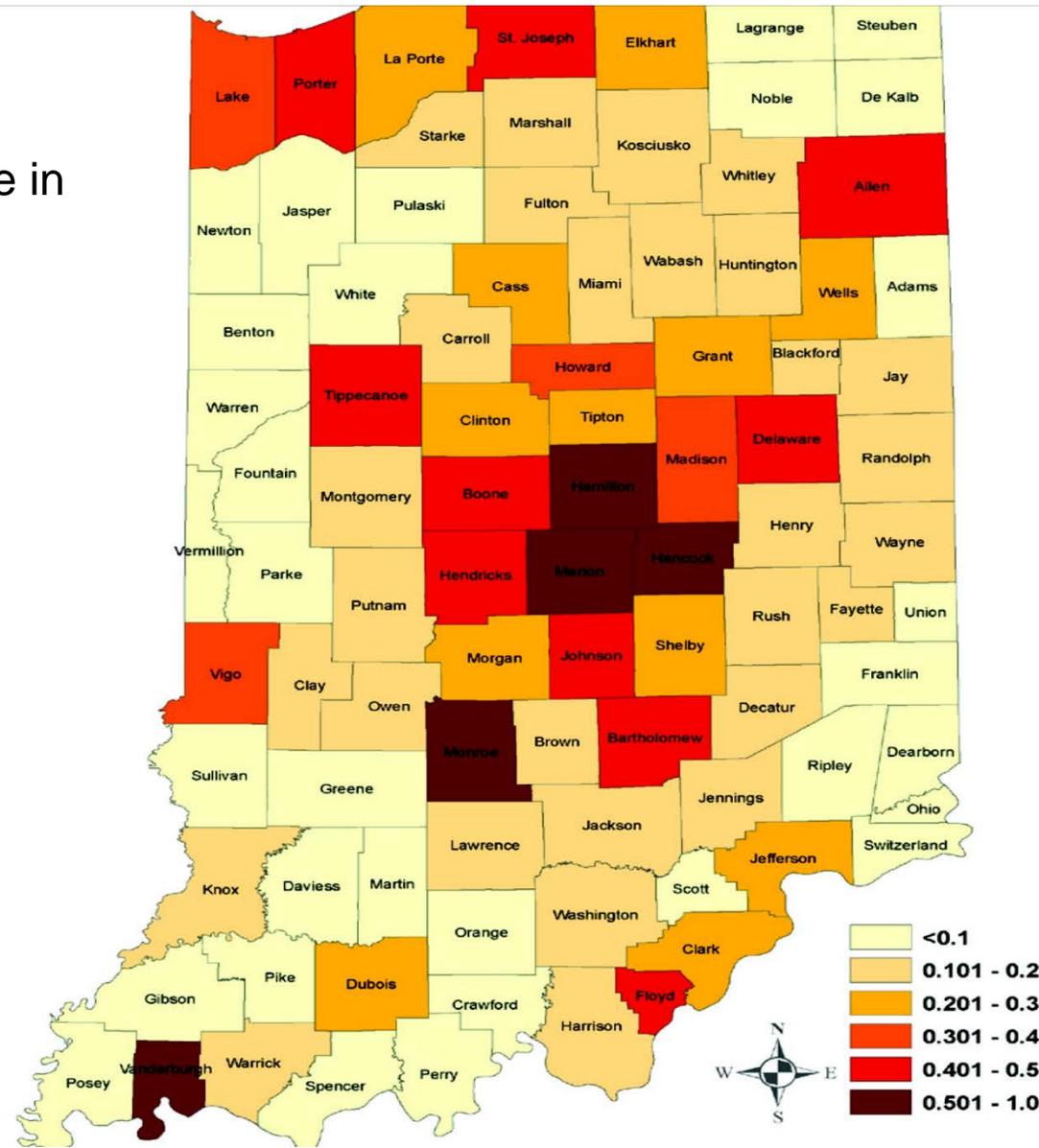


# Disparities in Access to Care

- Blacks had worse access to care than Whites for 32% of access measures.
- Asians had worse access to care than Whites for 17% of access measures.
- American Indians/Alaskan Natives had worse access to care than Whites for 62% of access measures.
- Hispanics had worse access to care than non-Hispanic Whites for 63% of access measures.
- Poor people had worse access to care than high-income people for 89% of access measures.



# Access to Care in Indiana



<https://www.pcrd.purdue.edu/files/media/Healthcare-Access-in-Indiana.pdf>



**Table 2. Counties with Best and Worst Access to Physician Care \*)**

Rank	County	Access
<b>The Best</b>		
1	Marion	1.00
2	Vanderburgh	0.64
3	Hamilton	0.632
4	Monroe	0.538
5	Hancock	0.525
6	St. Joseph	0.500
7	Allen	0.482
8	Boone	0.466
9	Hendricks	0.462
10	Tippecanoe	0.455
<b>The Worst</b>		
83	Ripley	0.051
84	Benton	0.048
85	Sullivan	0.046
86	Newton	0.037
87	Crawford	0.018
88	Spencer	0.018
89	Perry	0.018
90	Ohio	0.010
91	Switzerland	0.005
92	Posey	0.000

\*) The higher the score, the better the access.

<https://www.pcrd.purdue.edu/files/media/Healthcare-Access-in-Indiana.pdf>



**SCHOOL OF MEDICINE**

INDIANA UNIVERSITY

**Table 3.** Characteristics of Counties with Best and Worst Access to Physician Care

Characteristic <sup>a)</sup>	Ten Counties with Worst Access	Ten Counties with Best Access
Population in 2006 (% of state population)	165,521 (2.6%)	2,432,395 (38.5%)
Density (persons per sq mile)	47.2	582.7
Average rurality index 2000 <sup>b)</sup>	0.55	0.17
Largest City (population in 2005)	Tell City (7,690)	Indianapolis (792,595)
Annual Population Change, 2005 (per 1,000 residents)	Negative	Positive
Due to: migration	-2.9	+4.9
Due to births and deaths	+1.6	+7.1

a) Unless otherwise stated, the data are taken from *Stats Indiana* <http://www.stats.indiana.edu/profiles/pr18000.html>



**Table 4. Counties with Best and Worst Access to Hospital Care \*)**

Rank	County	Access
<b>The Best</b>		
1	Marion	1.000
2	Vanderburgh	0.936
3	Vigo	0.706
4	Jefferson	0.662
5	Allen	0.640
6	Lake	0.628
7	St. Joseph	0.550
8	Madison	0.541
9	Monroe	0.536
10	Porter	0.517
<b>The Worst</b>		
83	Pike	0.053
84	Martin	0.049
85	Benton	0.047
86	Franklin	0.047
87	Crawford	0.009
88	Spencer	0.006
89	Perry	0.006
90	Posey	0.001
91	Switzerland	0.001
92	Ohio	0.000

\*) The higher the score, the better the access.

<https://www.pcrd.purdue.edu/files/media/Hhealthcare-Access-in-Indiana.pdf>



**Table 5.** *Characteristics of the Counties with Best and Worst Access to Hospital Care*

Characteristic <sup>a)</sup>	Ten Counties with Worst Access	Ten Counties with Best Access
Population in 2006 (% of state population)	148,506 (2.4%)	2,696,026 (42.7%)
Density (persons per sq mile)	45.5	631.2
Average rurality index 2000	.55	.17
Largest City (population in 2005)	Tell City (7,690)	Indianapolis (792,595)
Annual Population Change, 2005 (per 1,000 residents)	Positive	positive
Due to: migration	-0.9	-0.2
Due to births and deaths	+2.8	+5.7

[https://www.pcrd.purdue.edu/files/media/H\\_ealthcare-Access-in-Indiana.pdf](https://www.pcrd.purdue.edu/files/media/H_ealthcare-Access-in-Indiana.pdf)



**Table 6.** Population Characteristics in Counties with Best and Worst Healthcare Access

Population Characteristic	Poor Healthcare Access		Good Healthcare Access	
	Physicians	Hospitals	Physicians	Hospitals
% persons under 5	5.9%	5.6	7.4%	7.3
% persons 65+	13.6%	13.8	11.0%	12.1
Farm employment	7.3%	7.9%	0.5%	0.4%
% white	98.0%	98.6%	82.3%	79.5%
Per capita personal income	\$25,815	26,307	\$33,652	31,480
% college-educated	11.2	11.4	27.2	22.3
% without a High School degree	20.7	22.0	15.3	17.3

Source: data are compiled from Stats Indiana <http://www.stats.indiana.edu/profiles/pr18000.html> and the U.S. Census Bureau



# Gaps in Access to Care

- Lack of Health coverage
- Lack of Financial Resources
- Irregular Source of Care
- Structural Barriers
- Lack of Providers
- Language Barriers
- Health Literacy
- Age



# Primary Care and Public Health Exploring Integration to Improve Population Health

- A wide array of public and private actors across the nation contribute to the health of populations
- Achieving substantial and lasting improvements in population health will require a concerted effort aligned under a common goal
- Integration of primary care and public health could enhance the capacity of both sectors to carry out their missions and link with other stakeholders to catalyze a collaborative, intersectoral movement toward improved population health

<http://iom.nationalacademies.org/Reports/2012/Primary-Care-and-Public-Health.aspx>



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# PHAB Standard 7.2 B: Identify and implement strategies to improve access to healthcare services

**TABLE 2-2** Synergies of Medicine and Public Health Collaboration

Synergy	Examples
Improving health care by coordinating services for individuals	<ul style="list-style-type: none"><li>• Bring new personnel and services to existing practice sites</li><li>• Establish “one-stop” centers</li><li>• Coordinate services provided at different sites</li></ul>
Improving access to care by establishing frameworks to provide care for the uninsured	<ul style="list-style-type: none"><li>• Establish free clinics</li><li>• Establish referral networks</li><li>• Enhance clinical staffing at public health facilities</li><li>• Shift indigent patients to mainstream medical settings</li></ul>
Improving the quality and cost-effectiveness of care by applying a population perspective to medical practice	<ul style="list-style-type: none"><li>• Use population-based information to enhance clinical decision making</li><li>• Use population-based strategies to “funnel” patients to medical care</li><li>• Use population-based analytic tools to enhance practice management</li></ul>
Using clinical practice to identify and address community health problems	<ul style="list-style-type: none"><li>• Use clinical encounters to build community-wide databases</li><li>• Use clinical opportunities to identify and address underlying causes of health problems</li></ul>



## Examples of Collaboration

- Chronic disease
  - Michigan Diabetes Outreach Network
- Prevention and Health Promotion
  - Sickness Prevention Achieved through Regional Collaboration (SPARC)
- Health of Specific Populations
  - Five Initiative by the Iowa Department of Public Health



# Components of Collaboration

- Data
  - Indiana Network for Patient Care (INPC)
- Workforce
  - REACH-Futures program



## PRINCIPLES FOR SUCCESSFUL INTEGRATION

- Shared goal of **population health improvement**
- **Community engagement** in defining and addressing population health needs
- **Aligned leadership** that
  - bridges disciplines, programs, and jurisdictions to reduce fragmentation and foster continuity
  - clarifies roles and ensures accountability
  - develops and supports appropriate incentives, and has the capacity to initiate and manage change
- **Sustainability**, key to which is the establishment of a shared infrastructure and a foundation for enduring value and impact
- Sharing and collaborative use of **data and analysis**.



# *Promoting Strategies to Improve Primary Care*

October 30, 2015

Eric Coulter, Executive Director

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Health Department and  
Federally Qualified Community Health  
Center



## Departmental Overview of Size & Budget

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**Budget – \$4,316,956**

**FTE's – 34, PT – 7, Contractual – 8**

## Departmental Overview of Size & Budget Cont'd

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- 2 full-time physicians
- 2 part-time physicians
- 2 full-time mid-level's
- CLEA certified Lab

## Departmental Overview of Size & Budget Cont'd

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- OB ultra sound machine
- Limited hearing and vision
- Behavioral health – 2 days
- Spanish interpreters
- Outreach Navigator and outreach worker

# Patient profile

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- Medical patients – 10,000
- Average growth of new patients – 45 to 50 per week.
- More insured patients because of the HIP 2.0 expansion.
- Increased number of patients with private insurance.

**PHAB** Standard 7.1: Assess health care service capacity and access to health care services.

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- Conducted a community needs assessment

**PHAB** 1. A collaborative process to assess availability of health care services 1. The health department must document its participation in a collaborative process to assess the availability of health care services to the population.

- Collaborated with the community

## Community Profile in the beginning

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- Working poor did not have options for medical care.
- Inappropriate use of hospital emergency room.
- High unemployment, high teen pregnancy, increased number of one parent homes.
- No providers taking new Medicaid patients.
- Wayne County was designated as a federally medically underserved area.

## Solutions to the problem of lack of medical care to underserved in area

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- Hired two full-time physicians.
- Applied for and received Community Health Center funding and Maternal Child funding.
- Applied for and received third party billing through both Medicaid and Medicare.
- Remodeled existing facility to accommodate the addition of a medical clinic.

## Solutions to the problem of lack of medical care to underserved in area

---

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- Applied for and received Community Health Center funding and Maternal Child funding.
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- Remodeled existing facility to accommodate the addition of a medical clinic.

# Challenges that we faced

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- Generation of revenue to help pay for the provision of medical care.
- Development of key stakeholders to support our efforts such as, local hospital, elected officials, other medical providers in community.
- Realizing early on that we would need to relocate to a new facility to include both public health and medical operations.
- To communicate to the public at large why what we were doing was important.

# State of the Art Facilities



- Built in 2005 for a cost of \$1.5 million
  - \$1 million was raised through State grant funds
- Over 12,000 square ft.
- More than 80% of the Health Center's primary care population live within a 2-mile radius of its location.
- State of the art wiring for highly effective internet capability.



One of the only health departments in Indiana with both the public health and Community Health Center under one roof.

The Wayne County Health Department (WCHD) synthesizes aspects of public health and primary care.

**+ WAYNE CO. HEALTH DEPARTMENT**

# ONE OF THE BEST CLINICS IN INDIANA

Wayne health department earns praise

By Pam Tharp  
Correspondent

**R**ichmond resident Teresa Jett knows firsthand that Wayne County's primary care health clinic is a plus for the community. Jett became a clinic patient 21 years ago when she was expecting her first child, and the clinic is still her medical provider. "I love going there," Jett said. "It's the quality care they give. A lot of the same people are still there that were there when I started, so they know me. The new building is a big improvement."

JOSHUA SMITH/PALLADIUM-ITEM  
Kayleigh Peterson, left, takes Teresa Jett's temperature Wednesday at the Wayne County Health Department in Richmond.

JOSHUA SMITH/PALLADIUM-ITEM  
Mary Ramsey attends a meeting Wednesday at the Wayne County Health Department.

JOSHUA SMITH/PALLADIUM-ITEM

Local newspaper article depicting Wayne County Health Department achievements in the clinical field.

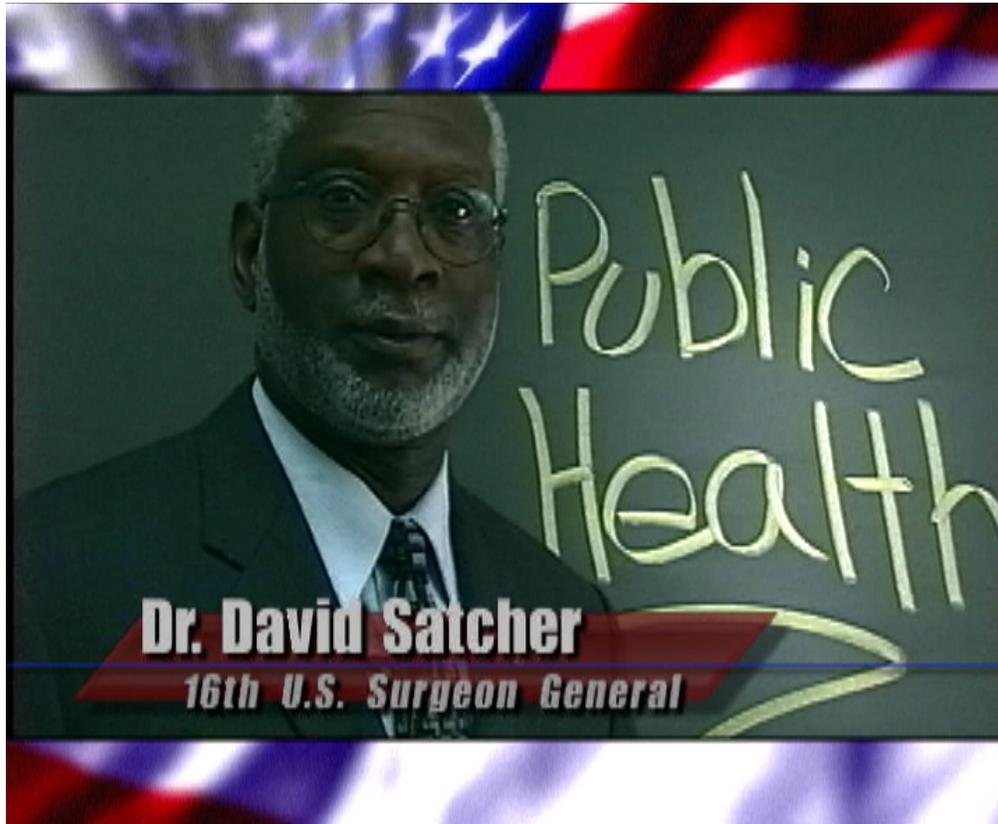
# Public Health Marketing

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- Cable Television
- Print
- Billboards
- Social Media

# Cable Television

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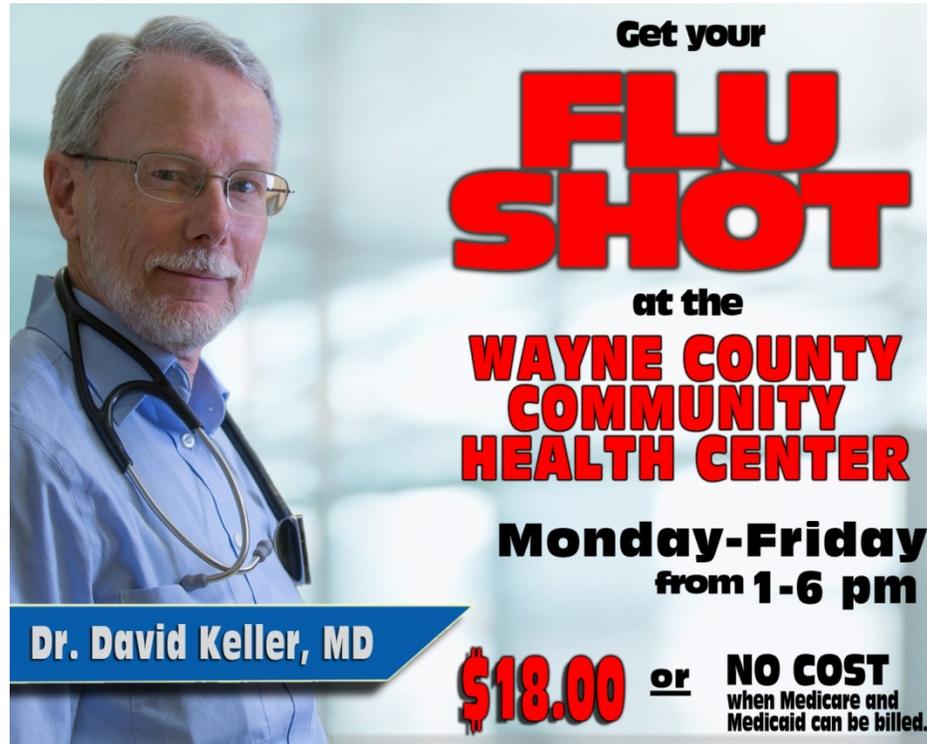


The WCHD produces over 30 Public Service Announcements which air on all "local-national" networks

- History Channel
- ESPN
- Cartoon Network
- Etc.

# Print Media

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**Get your**  
**FLU SHOT**  
**at the**  
**WAYNE COUNTY COMMUNITY HEALTH CENTER**  
**Monday-Friday**  
**from 1-6 pm**  
**Dr. David Keller, MD**  
**\$18.00** **or** **NO COST**  
when Medicare and Medicaid can be billed.

The WCHD designs several ads for local newspaper organizations to reach those particular demographics who receive their information via the newspaper.

# Billboards

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**WAYNE COUNTY  
HEALTH  
DEPARTMENT**

Dr. Gwen Halsted Dr. David Keller Dr. Windel Stracener

**Accepting all forms of insurance, including "HIP 2.0"**

Where **CARING** meets the community

Primary care is offered to the underserved in the local community. Marketing efforts, such as billboards, reach a wide variety of demographics.

# Social Media



The WCHD is in the beginning stages of reaching its demographics through a variety of Social Media avenues:

- Facebook
- Youtube
- Twitter
- Pintrest
- Instagram

# Recent advancements

## Federally Qualified Health Center designation

**Donnelly Welcomes Federal Grant for Wayne County Community Health Center in Richmond**  
Senator wrote letter of support for grant to help provide health care services to underserved in Wayne County

Thursday, August 20, 2015

**Indianapolis, Ind.** – Today, U.S. Senator Joe Donnelly welcomed an announcement from the U.S. Department of Health and Human Services (HHS) awarding the Wayne County Health Department's Richmond Health Center a New Access Point federal grant to support comprehensive primary health care services for the underserved in the Wayne County. The Wayne County Health Department will receive a \$1.19 million federal grant to be used over the next 22 months to provide comprehensive health care for underserved Hoosiers in the community, including primary care, behavioral health care, and assistance with transportation, among other services. Donnelly wrote a letter in September of 2014 in support of the application from the Wayne County Health Department Nursing Division and the Wayne County Community Health Center.

**Donnelly said**, "Hoosiers deserve access to quality, affordable health care. Community health care centers like the Community Health Center in Richmond are on the front lines of providing health care, and it is important to make sure those health care services are available and accessible by walking or public transportation to those who are in need. I am pleased to welcome the New Access Point federal grant, which will allow the Wayne County Community Health Center in Richmond to deliver basic health care services to local Hoosiers who are otherwise underserved."

**Dr. Eric Coulter, Executive Director of Wayne County Health Department Nursing Division/Clinic said**, "Wayne County has been impacted by high levels of unemployment and many accompanied social issues. This federal grant will put us in a much stronger position to be able to provide health care services to additional underserved patients and better serve the ones we already work with."

There is widespread support on both the State and local levels to increase local health care efforts in Wayne County, IN.

# Recent advancements Cont'd

# Palladium-Item

SATURDAY, AUGUST 15, 2015 A GANNETT COMPANY RICHMOND, IND.

## Wayne Co. health clinic gets \$1.19M in funds

Federal officials bumped its status to 'Federally Qualified'

**By Pam Tharp**  
Correspondent

Patients of the Wayne County Community Health Center might not immediately notice changes in their medical care, but having the clinic attain Federally Qualified Health Center status will offer numerous benefits to the county and clinic patients.

The health department learned this week that federal officials had bumped the health clinic's application from the "Look Alike" status it sought to "Federally Qualified" status, which brings a higher reimbursement rate for the clinic. Wayne was one of eight Indiana health centers awarded funding in this round.

Wayne County's award of \$1.19 million, to be used over the next 22 months, was the largest in the state.

A total of 14 Indiana health agencies received federal financial awards this year, totaling \$12.6 million to serve an estimated 20,000 new patients.

Nationwide, HHS awarded \$169 million in Affordable Care Act funding to 266 community health centers. The awards were made during National Health Center Week.

*"It's quite an accomplishment for the health department. And its ... beneficial to taxpayers."*

**KEN PAUST**  
Wayne County Board of Commissioners president

Community health centers now provide primary care to one in 14 people in the U.S., according to Health and Human Services.

"It's ongoing money," Wayne County Health Department Executive Director Eric Coulter said. "If we do a really good job, we'll receive the additional \$600,000 every year."

The additional federal funding also means fewer county dollars will be needed by the clinic, Wayne County Board of Commissioners president Ken Paust

See CLINIC, Page 2A

Support for increased health care on a local level has surpassed Wayne County Community Health Center expectations.



# Questions, Comments?

## Presenters:



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# Resources

Title	Description	Link
Association of State and Territorial Health Officials (ASTHO)	Library of sample documentation per domain	<a href="http://www.astho.org/accreditation-library/">http://www.astho.org/accreditation-library/</a>
Community Guide PHAB Crosswalk (CG)	Crosswalk of PHAB 1.5	<a href="http://www.thecommunityguide.org/uses/Community%20Guide-PHAB%20Crosswalk%20Version%201.pdf">http://www.thecommunityguide.org/uses/Community%20Guide-PHAB%20Crosswalk%20Version%201.pdf</a>
National Academies, Integrating Primary Care and Public Health	National recommendations for integrating primary care with public health	<a href="http://iom.nationalacademies.org/Reports/2012/Primary-Care-and-Public-Health.aspx">http://iom.nationalacademies.org/Reports/2012/Primary-Care-and-Public-Health.aspx</a>
National Association of Community Health Centers, Integration of Public Health and Primary Care A practical look at using integration to better prevent and treat Sexually Transmitted Diseases	Toolkit for integrating primary care and public health to prevention and treat sexually transmitted diseases	<a href="https://www.nachc.com/client//A%20Practical%20Look%20at%20Using%20Integration%20to%20Better%20Prevent%20and%20Treat%20STDs_October%202013.pdf">https://www.nachc.com/client//A%20Practical%20Look%20at%20Using%20Integration%20to%20Better%20Prevent%20and%20Treat%20STDs_October%202013.pdf</a>
National Association of County and City Health Officials (NACCHO)	Examples of documentation for Domain 7	<a href="http://www.naccho.org/topics/infrastructure/accreditation/upload/Domain-7.pdf">http://www.naccho.org/topics/infrastructure/accreditation/upload/Domain-7.pdf</a>
Practical Playbook: Public Health and Primary Care Together	Toolkit for primary care and public health integration	<a href="https://www.practicalplaybook.org/">https://www.practicalplaybook.org/</a>
Public Health Accreditation Board (PHAB)	Tools, resources, information, research on voluntary public health accreditation	<a href="http://www.phaboard.org/">http://www.phaboard.org/</a>



*Thank you for attending...*

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<http://survey.constantcontact.com/survey/a07ebrn8n7higca19ew/start>



## **Save the Date!**

**Please join us on **November 20** for  
*Maintaining a Competent Public Health Workforce***