A Declaration of Consensus
Consensus Building Forum: Priorities in Healthcare Delivery in Eastern Montana

March 3, 2011 • Miles City, Montana
Conducted by: Global Health Equity Foundation, Holy Rosary Healthcare Foundation
Co-sponsored by: Montana Health Network

For the Benefit of Populations in Eastern Montana

Five groups of local healthcare providers, healthcare administrators, and community leaders representing organizations and populations from Eastern Montana convened a Consensus Building Forum. Each group explored a major issue in healthcare, addressed a wide range of topics, investigated the causes, and proposed solutions.

The groups sought to build consensus on how to approach the challenges and opportunities each major issue topic offers to healthcare providers and their communities.

Major Issues in Healthcare Covered

1. *Chronic Diseases*
2. *Mental Illness and Behavioral Health*
3. *Access to Health Education/Health Care/Preventive Services*
4. *Health Management of the Aging Population*
5. *Challenges Facing Healthcare Providers*

Each group dedicated their time to a meaningful dialogue that demonstrated the knowledge and expertise each participant had to offer. The results of their work will be shared with healthcare organizations and community organizations in Eastern Montana. The goal was for the participants to implement their proposed solutions and evaluate their impact. A second forum was held on June 2, 2011 to follow up on the groups and further explore the challenging topics identified during this forum.

1. Chronic Diseases Summary:

Since resources are limited and often finite, they must be directed to target those adverse behaviors that have a high cost associated with them. All non-profit healthcare providers are required to develop a "Community Needs Assessment" as a part of their Form 990 requirements, therefore this document should be used to address how to attack chronic health issues in a community and to create an "asset assessment." An asset assessment would identify and map community assets beyond the established healthcare institutions. It should include exercise and fitness facilities, healthy cooking education opportunities, children's programs, the amount and type of fresh produce at the grocery store, location of walking trails, etc.

Since many of the behaviors that cause chronic conditions are culturally-related, it will be difficult to modify the ingrained behavior. Using the community needs assessment and the asset assessment, a community-specific plan can be developed using a number of methods such as:

- Addressing chronic health issues with much younger children
- Offering lunch-and-learn sessions that present education in a casual conversational manner which heightens awareness without sounding too technical
- Collaborating with public health departments, community health centers, government officials (city & county), clergy, etc.
- Working with insurance companies to provide financial incentives, such as reductions in deductibles for participation in multi-faceted wellness programs
- Identifying areas where municipal improvements (such as walking trails) might benefit the community
- Use targeted communications that are contextual and timely, applying specific knowledge to specific populations and being proactive with that specific population.

Our Declaration of Consensus:

Addressing chronic diseases involves addressing behavior modification of patients which involves focusing on the root cause of the disease. Since the root cause is often preventable, largely at younger ages, providers must learn to practice preventative and wellness medicine. We need to adopt the mentality that our patients must have the ability to experience a healthy and functioning life, not necessarily to simply experience an absence of disease. Achieving this goal will require a community wide effort. In the future, a healthcare system will be defined by the resources available in the entire community, not just at the local hospital campus.

Group Facilitator: David Espeland, CEO, Fallon Medical Complex, Baker
Discussion Group Participants: Joe Whalen, Mayor, City of Miles City, Paul Lewis, Holy Rosary Healthcare, Carleen Gaub, PA-C, Kim Wheadon, RN, Ken Homan, PhD, Sister of Charity of Leavenworth Health System, Mary Biancalana, MS, CMTPT, LMT, MYO Pain Relief Centers

2. Mental Illness and Behavioral Health Summary:

Our goal was to identify the primary indicators for mental illness, discuss the stigma attached to depression, identify other sources of mental illness and the resources we have to address them, and finally, to discuss the existing resources and the opportunities we have to improve them.

We proposed these solutions:

- Broad-based educational campaign: school-based curricula; work-based; extension centers; PSA's
- Develop local support groups like NAMI Montana
- Create scalable community crisis centers - based upon the Billings model
- Utilize and coordinate existing resources and assets
- Develop teams of primary care providers that work with psychiatrists and pharmacists

Our Declaration of Consensus:

Cultural and social stigmas of mental illness and emotional problems are significant barriers for access and treatment. Widespread educational programs are needed to remove the stigmas and improve treatment. While geography and isolation are challenges, we do have many more resources than we realize.

Group Facilitator: Paul Cook, MD, MBA, CPA, CEO, Rocky Mountain Health Network, Billings
Discussion Group Participants: Carla Bichler, Custer County Community Health Center, Vicky Stephens, John Tester Representative, Sharla Helland, Business Manager, DEAP, Peter Gollnow, Synaptic Healthcare, Kent Doughty, Synaptic Healthcare, Dee Holley, Riverstone Health, Chris Reinhard

3. Access to Health Education/Health Care/Preventive Services Summary:

Our approach in the discussion was to: identify barriers to seeking routine healthcare, identify and prioritize the issues associated with those barriers, determine what we can affect and what we cannot, and identify next steps. The things that we can affect have to do with education, raising awareness and engaging segments of the population, such as seniors.

We came up with a list of solutions that can be easily implemented with existing resources in our health networks:

- Age appropriate education and culturally appropriate education
- Mobile healthcare providers
- Staff education

Improve communication with our communities:

- Public Service Announcements
- Increased news coverage
- The Internet - a healthcare website for the people
- TV programming via the Midrivers community channel
- Zip code appropriate mailings
- Insert a message on utility providers' statement
- An Eastern Montana Regional Healthcare Directory - identifies services and what they do, shares stories
- Revamp of health fair process
- Open Houses of healthcare facilities
- Coordinate healthcare events across the region
- More community events

Our Declaration of Consensus:

We agreed there are many barriers to seeking healthcare in our communities and that it is important for people to become more aware of existing healthcare and community services. We identified these barriers: Geography, Economics, Cultural, Health Education, Awareness, Communication, Federal funding constraints, and Recruiting. Within each of these is a subset of challenges that enforce the barriers.

Group Facilitator: Chris Hopkins, MBA, VP Strategy and Business Development, Montana Health Network, Miles City
Discussion Group Participants: Kaaren Rizor, Executive Director, Ashland Community Health Center, Karla Elder, Nursing Program Director, MCC, Tish Guldborg, McCone County Health Center, Sharon Wilcox, Director, Community Health Center, Paul Wheeler, PA, Fallon Medical Complex, Traci Shell, Blue Cross Blue Shield

4. Health Management of the Aging Population Summary:

We focused on how to overcome our aging population's limited access to care and how they can overcome the cycles of decreased health, which take years to develop. We decided to address these issues from a regional perspective, identifying existing resources and opportunities for improving access to healthcare and health management.

We proposed these solutions:

- Support active prevention and screening programs for lifelong health and education
- Promote social inclusion and communication with the aging population, encouraging family/friend support, and utilizing programs such as Retired and Senior Volunteer Program (RSVP)
- Increase home / in-home care / monitoring, utilizing tele-medicine technology (for example)
- Map appropriate services - showing what is available and where to find services - collaborating with other facilities such as the Office of Rural Health, Montana Rural Healthcare Performance Improvement Network (PIN), and Montana Health Network

Our Declaration of Consensus:

The challenges faced by our aging populations are many, including: disparity of care, geography, limited local services, lack of transportation, no or limited familial support, healthcare costs, limited in-home care, and Long Term Care insurance. These challenges are intensified by the fact these populations suffer from cycles of decreased health. We need to address the acceptance of End-of-Life Management.

Group Facilitator: Jackie Muri, CGPA, MSL, Director, Business Development, Strategy & Foundation, Holy Rosary Healthcare
Discussion Group Participants: Chris Lieb, MD, Internal Medicine, Holy Rosary Healthcare, Dolly Howell, Board Member, Custer County Community Health Center, Mark Bichler, Extended Care Administrator, Holy Rosary Healthcare, Ron Leonardi, MS, CMTPT, Myofascial Therapies Center, Susan Ahrens, Clinic Administrator, Holy Rosary Healthcare, Sue Howe, Regional Program Officer, Community Services Bureau

5. Challenges Facing Healthcare Providers *Summary*:

Our agenda included several topics for discussion, including: tele-health, relationships between communities and tertiary centers to assist providers, medical models for home healthcare, the work environment for providers, recruitment and retention of quality providers, and the role of mid-level providers to provide assistance in meeting the demand for healthcare services in rural and frontier communities.

We propose these solutions:

- Address mid-level providers and how they meet the demand and their needs
- Lobby for reimbursement for Telemedicine
- Avoid duplications of credentialing
- Use tele-medicine to treat in remote areas
- Meet with mid-level providers and expose recruits to the rotations
- Create umbrellas to help all with malpractice costs
- Tele-medicine hookups with Holy Rosary Healthcare and remote sites
- Form an Orthopedic Cooperative Agreement (for example) to avoid an absence of available providers

Our Declaration of Consensus:

There are different types of hospitals and healthcare service providers in the region - not all are the same. The CEO's and health leaders of these organizations should come together to discuss and work towards better coordination. To better server rural and frontier communities, we should take advantage of tele-medicine.

Group Facilitator: Ron Webb, MBA, MHA, CEO, Holy Rosary Healthcare, Miles City
Discussion Group Participants: Kathy Sparr, Holy Rosary Healthcare, Dale Diede, PA, Dahl Memorial Healthcare Association, Ryan Tooke, CEO, Rosebud Healthcare Center, Nancy Rosaaen, Administrator, Circle/McCone County Health Center, J. T. Korkow, Denny Rehberg Representative, Cindra Stahl, MSU AHEC Office of Rural Health, Jeanie Mentikov, PA-C, Riverstone Health

Relationships are the basis of knowledge. The ability to form relationships is where GHEF excels. Other organizations may not combine education with access to health care. They don't provide education with the provision of medicine and food for displaced persons. Technology and education needs to be provided where the displaced population lives.
– Paul R. Cook, MD, MHA, CPE, SCLA | Interview with Paul R. Cook

Testimony

One of the community members at the first forum held in eastern Montana was the wife of one of my physician colleagues. Her child needed mental health services, and there were no adequate resources locally. Now she and other community members have come together to form a chapter of NAMI (National Alliance on Mental Illness) in Miles City. At a GHEF forum, she connected with the people she needed to know to get that done.
– Paul R. Cook, MD, MHA, CPE, SCLA, and Member of the Board of Directors for GHEF

Diving into a project like the one in eastern Montana focuses the community and the Foundation on goals. People focus on priorities, and a proof-of-concept comes out of that. The consensus forums in Montana have had an effect that's larger than regional.
– Stephanie Goode, Consultant to the Foundation

Global Health Equity Foundation is a non-profit organization that advocates on behalf of people who lack access to health education, prevention services, and healthcare. For more information on Global Health Equity Foundation or any of its projects, please visit www.ghef.org