



## Virtual learning summary: Complex care in rural communities

September – October 2019

### Presenters:

- Brittany McCafferty, Cherokee Health Systems
- Mark McGrail, Cherokee Health Systems
- Jo Campbell, Hill Country Health and Wellness
- Susan Foster, Hill Country Health and Wellness
- Heather Kovich, Northern Navajo Medical Center
- Carmen George, Community Outreach and Patient Empowerment (COPE)

### Session descriptions:

Rural areas present unique challenges and opportunities for individuals with complex needs and those providing their care. These environments may face healthcare workforce shortages, rising rates of opioid use, and geographical barriers to care. However, rural communities often foster close-knit social networks and an entrepreneurial approach to complex health and social issues.

The webinar presenters discussed how their care models address barriers to healthcare in their rural and frontier communities. Brittany McCafferty and Mark McGrail from **Cherokee Health Systems** in Tennessee and Jo Campbell and Susan Foster from **Hill Country Health and Wellness** in California gave an overview of their respective organizations along with the tactics they have developed to best meet the needs of their communities.

In the office hours session, Heather Kovich, family medicine doctor at the **Northern Navajo Medical Center**, gave an overview of her experience in rural health including recruitment and retention of providers and geographic isolation for both patients and providers. Carmen George, Program Manager at the **Community Outreach and Patient Empowerment (COPE)** gave an overview of the **COPE** Program which serves the Navajo Nation in Shiprock, New Mexico.

### Discussion summary:

#### Webinar

1. **How do rural health clinics bring in peer navigators to extend staff capacity?**  
Tennessee has a certification program for certified peer recovery specialists. **Cherokee Health Systems** provides continuing education and ample supervision for peers by behavioral health specialists. The peer recovery specialists support patients by providing information about local resources and follow up with patients at weekly or monthly intervals.

#### Expert Highlights

- Patients and providers in rural and frontier communities face social and physical isolation.
- Maximize opportunities for care by being flexible with existing appointments to be sure that the patients' needs are being met.
- Telemedicine can help address issues with access to care, particularly when paired with initial in-person meetings followed by remote follow up.

2. **How do rural organizations facilitate relationships with local social service agencies in to address accessibility issues?**

*Cherokee Health Systems* develops relationships with their partners by participating in community activities, for example, sitting on various committees alongside partner organizations. Like many rural agencies, *Hill Country Health and Wellness* has to be innovative in their approach to eliminating barriers like transportation to address accessibility issues. One local partner that has a transportation program and they are in constant communication about what is working, what isn't working and working to increase program adoption.

3. **How do organizations administer housing programs in areas with very low housing stock?**

*Hill Country Health and Wellness* has a case manager and nurse who provide daily care but they also partner with housing case managers assigned to the patient that allows them to tap into county housing resources. They are in a place where inventory is extremely limited and average rent far exceeds what someone on disability could actually afford. Housing environments may be adapted based on availability such as a senior living center, a rented room, shared room, or an apartment.

4. **What are some ways that clinics focus on early intervention and prevention in the community and become a meaningful part of the community, especially in rural environments?**

*Cherokee Health Systems* provides early screenings at well-child checks to identify children who may be at risk. Behavioral health specialists screen for trauma and unsafe home environments as risk factors for individuals who might become complex in the future. As a result, they work to build resiliency in these families and intervene when appropriate.

*Hill Country Health and Wellness* embeds behavioral health providers in local elementary and high schools to intervene students before issues escalate in high-risk students. The clinic also hosts a teen center to concentrate diffuse communities and resources. Other clinic locations run other programs focused on upstream interventions. No RX Abuse in Shasta County is focused on preventing misuse of prescription opioids by convening local substance use providers, clinicians, law enforcement, parents and caregivers, and treatment facilities.

## Office Hours

1. **How can schools, health systems, and other partners support the current workforce and encourage others to join?**

There are three key strategies to incentivize medical professionals to practice in rural areas. One of the biggest predictors for doctors working in rural areas is if they grew up in a rural area so recruitment can start by encouraging students in the community to pursue medicine. Rural training tracks and residency programs at rural hospitals bring students to the area where they are more likely to practice if they trained there. Finally, financial incentives help to introduce people to the concept of rural health if they haven't been exposed to it before.

2. **How can telemedicine be used to address issues with access to care?**

There are specific ways in which telemedicine can increase access to care in rural areas. Structures where a provider splits their time between onsite visits and telephonic follow-ups are impactful because patients can benefit from a provider who has a sense of the community, geographical area, and culture. The *Northern Navajo Medical Center* has partnerships with hospitals who send

providers out for a week at a time to see patients, do lectures for the medical staff, and provide consultations off-hours. The specialists that visit have a better understanding of the community and the barriers they face.

At the same time, there are significant technological barriers to telemedicine, such as inconsistent cell phone service and lack of broadband internet.

3. **What is the relationship between providers and community health representatives (CHR)? How has their relationship grown or developed?**

Community Health Representatives have been working on Navajo Nation since the 1960s. Historically, there wasn't a lot of communication or partnership between clinicians and community health representatives. One of **COPE's** goals has been to break down some of the walls between the community health workers and the clinicians, particularly the electronic health record. **COPE** provides monthly trainings and invite clinicians in to help train the CHRs to build the relationship. The trainings also allow the clinicians to meet the CHRs and establish productive working relationships.

## Resources:

1. Promising care models in rural and frontier communities PowerPoint. Available at: [Sept. Webinar\Promising complex care models in rural and frontier communities.pdf](#)
2. Challenges faced by the rural workforce PowerPoint. Available at: [Oct. Office Hours\Challenges faced by the rural workforce.pptx.pdf](#)

## About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

Through our **National Center for Complex Health and Social Needs** (National Center), the Camden Coalition's local work also informs our goal of building the field of complex care **across the country**. Launched in 2016, the National Center exists to inspire people to join the complex care community, connect complex care practitioners with each other, and support the field with tools and resources that move the field of complex care forward.

For more information about the Camden Coalition, visit [www.camdenhealth.org](http://www.camdenhealth.org).