

Connecticut Office of Rural Health

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Annual Report November 2015



2015-2016 Year in Review

The Connecticut Office of Rural Health's (CT-ORH) eighth annual report provides an overview and highlights of the office's initiatives and activities that occurred during the 2015-16 grant period. More detailed information is provided upon request by contacting the CT-ORH.

The office strives to bring rural to the forefront of health care programs and initiatives in the state by providing insight and assistance with activities that impact access to affordable, quality health care for rural residents.

Concerns about Windham Hospital and the Certificate of Need process brought the CT-ORH into the discussions about changes in services and the impact on access to care for residents in rural eastern CT. As a neutral participant, the office attended meetings with multiple groups to gain a perspective on the particular issues. The greatest concerns brought forth are reduced access to timely, critical, emergency and specialty care.

The office supported Generations Family Health Center in its efforts to research and study the impact of the change in services. Efforts remain strong and persistent in educating legislators and key officials and stakeholders about the health environment in Windham County.

A diminishing supply of health care providers serving rural residents, cuts to direct service grants and cuts impacting coverage for Husky patients, further compound the availability and quality of health care for the residents in this area.

The CT-ORH provided significant technical assistance to the State Health Improvement Plan and the CT State Innovation Model (SIM) Consumer Advisory Board (CAB). The office assisted with the planning and implementation of two rural health care SIM forums. Generations Family Health Center hosted the first forum, which was held in October with over 100 attendees. A second rural health care forum hosted by the CT-ORH was held in June at Northwestern CT Community College.

Mary Winar, Manager

FUNDING

Projects and initiatives from the CT Office of Rural Health (CT-ORH) are funded through the Department of Health and Human Services through the Health Resources & Services Administration's Federal Office of Rural Health Policy grant program, CFDA #93.913. The grant is awarded to Northwestern CT Community College to maintain the CT-ORH. Projects must be consistent with the CT-ORH's mission to support the planning, enhancement, education or evaluation of rural health care programs.

Although the attendance averaged 40 attendees throughout the day, the concerns and feedback from the participants were consistent with the ones voiced at the eastern CT forum. Common themes and messages included: limited and unreliable non-emergency medical transportation, health care workforce shortages particularly for psychiatry, behavioral health services and substance abuse treatment, and high costs for health insurance premiums and deductibles.

Funded Initiatives

Over the last several years the CT-ORH invested funds in consulting services to conduct assessments examining the overall utilization of telehealth technology in the rural health care delivery system, including home telemonitoring. During the 2015-16 grant period the office provided funding to Connecticut Oral Health Initiative (COHI) to study the current and potential use of teledentistry in the state. Another goal of this initiative was to conduct an assessment of access to specialized dental care in CT and to determine the feasibility of implementing teledentistry services to rural general dentists.

The project began with conducting research as to the usage, costs, equipment, statutes and regulations other states have in place for teledentistry. Twenty-three states have existing legislation and other states have proposed bills to define and regulate teledentistry. After the literature research was concluded, a survey was developed and sent to general and specialty dentists in CT. Various modalities of distribution were used including email, e-newsletters, mail, online Survey Monkey and at meetings.

Survey respondents included practicing dentists, pediatric dentists, and dentists with specialty practices. The results indicated there were varying degrees of familiarity with teledentistry and recognition of the benefit of teledentistry particularly for use in consultation with medical providers and other dentists.



Much more work needs to be done before an increase in teledentistry will be seen in CT. Current CT statutes that address telehealth do not include dentists as “Telehealth Providers”. This project outlines the framework for continued discussions, education and awareness about the benefits of

teledentistry to increase access to care particularly for those living and practicing in rural areas of the state. Recent enacted state legislation *Public Act No. 16-198 An Act Concerning Telehealth Services for Medicaid Recipients* supports efforts to increase access, reduce costs and improve health outcomes through telehealth services.



The McCall Center for Behavioral Health is a private, non-profit agency serving the residents of Litchfield County. The Center provides a full continuum of care including residential and out-patient services, youth prevention programs, parent and family case management, homeless outreach and community collaboratives that address opiate abuse, under-age drinking and prescription drug abuse. In December of 2013, the Litchfield County Opiate Task Force was formed and is led by the McCall Center and Charlotte Hungerford Hospital. The task force has over 70 members which convene monthly at McCall’s. A sub-award from the CT-ORH provided the necessary funding to evaluate the task force’s effectiveness and impact to guide its future initiatives. The funds were used to enlist the

services of a consultant to lead the group in strategic planning activities. Multiple meetings were held with task force members, hospital physicians and people in recovery.

SWOT exercises were conducted with each group. The SWOT analysis provided the vehicle to create a mission statement and identify goals with measurable objectives for the task force laying the foundation for a viable strategic plan. The plan will provide direction and insight to the actions of the task force for the next few years. It will be reviewed and revised periodically as needed.

Mini Sub-awards

For the last two years the CT-ORH has assisted with coordinating and financially supporting SMART Triage training for rural EMS providers across the state. This training is a necessary component of emergency care utilized during mass casualty events and requires practicing assessment skills. EMS providers continue to express an interest in SMART Triage training.

Eastern CT EMS Council, INC. received a small sub-award to provide basic level SMART Triage training. In June, a training was held at Scotland Fire Department with 28 attendees representing 13 Fire/EMS provider organizations including two EMTs from the Bristol Police Department. A second training was held at Mortlake Fire Department in July. Seven EMS service providers were represented by thirty attendees.



The success of this initiative relied on an extremely well-coordinated effort with several partnering agencies and groups to plan, organize and conduct the trainings. As long as SMART Triage is identified as a training priority and funding permits, the CT-ORH will continue to support this education.



The Community Health and Wellness Center (CHWC), a Federally Qualified Health Center (FQHC) located in Torrington with a satellite office in Winsted provides medical, oral and behavioral and mental health care to residents in Litchfield county.

In Litchfield County and throughout the state and nation, there has been a significant increase in drug overdose deaths and near death incidents. In response to this health care crisis, the CHWC developed a Narcan awareness and utilization education program.

The small sub-award from the CT-ORH was used to purchase adult/child manikins appropriate for first aid training and Narcan awareness and utilization education. This training was designed to include community members, loved ones of substance abusers, and sober home managers. The community outreach nurse at CHWC collaborated with Campion Ambulance Services to educate participants on Narcan, its purpose and proper administration technique.



Through aggressive efforts and contacting multiple agencies, free Narcan kits were supplied to the 13 training participants. The CHWC has receive requests to bring this training to local community groups and businesses. Future Narcan awareness and utilization trainings will be held for particular groups and community members as long as there is continued need, interest and available resources.

The Small Rural Hospital Improvement Program (SHIP) is another federal grant program the CT-ORH administers. Sharon Hospital is the only CT hospital eligible for this funding based on federal criteria. The hospital participated in the program from 2012-2015. The funding supported three quality improvement measures: trained emergency department physicians to perform ultrasound diagnostics for efficient disposition of patients, increased the capacity to transmit and receive 12 lead EKGs from pre-hospital emergency providers and facilitated timely conversion of intravenous to oral antibiotics for cost savings and expedited discharges. In November 2015, Sharon Hospital voluntarily withdrew from the SHIP program for the 2016-2019 cycle.

Every day our lives are shaped and transformed by change that often leads us down uncharted paths. Over the last 17 years the CT-ORH has been staffed with a director and a program manager, an equivalent of one FTE. Heather Cappabianca was appointed director in September 2011 upon the retirement of Barbara Berger, the former director. Heather's time has been divided between the rural health director position (20 %) and coordinator of NCCC's non-credit allied health programs (80 %). The rural health program manager's position is solely dedicated to the CT-ORH.

The development of several new allied health programs and the increased demands to coordinate, market and manage these programs along with level federal funding for the rural health office has precipitated a change in the structure of the CT-ORH. After consulting with NCCC's president, researching federal requirements for the SORH leadership position, along with the state community college policies for personnel at this level, a mutual decision was made to make the following change. Effective with the FY 16 grant period (July 1, 2016 - June 30, 2017), Heather will allocate 100% of her time to NCCC's Office of Workforce Development Allied Health Programs and Mary Winar will be the CT-ORH Manager. Thank you to Heather for her time and contributions to rural health.



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