

Few Providers, Big Problems: Selling Integrated Health Care to a Rural Community

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Presentation Overview

- Rural culture
- Rural poverty and health
- Barriers to care
- Lifestyle factors
- Benefits of integrated care
- Selling services to primary care
- Selling services to the community

Learning Objectives

- Identify culture-specific barriers to care
- Identify benefits of integrated care particular to rural areas
- Formulate an effective argument for selling services to rural communities and primary care providers

Introduction to Rural Culture

- Definition of “rural” (Wagenfeld, 2003)
- A precise culture and value system
- Conventional views of sexual orientation, conservative political beliefs, religiosity, and traditional expectations of gender roles (Slama, 2004)

Rural Culture

- Dialect differences: word use and apologetic language (Slama, 2004)
- Traits of independence and self-reliance are highly valued, but still a sense of community
- Pride and independent nature seen as strengths (Slama, 2004; Wagenfeld, 2003)

Strengths Can Become Weaknesses

- Sense of community = lack of privacy
- Pride and independence can lead to waiting longer to seek treatment for illness (Wagenfeld, 2003)
- Delayed care leads to progressed disease states and lack of preventive care in rural residents (Stamm, Lambert, Piland, & Speck, 2007)

Rural Poverty and Health

- Rural populations are more likely to experience economic disparity due in part to lack of job availability (Ziller et al., 2003)
- Poverty has also been linked to factors that contribute to mental illness (Ziller et al.) and is a contributor to the amount of stress and depressive symptoms that rural residents experience (Campbell, Richie, & Hargrove, 2003)
- An association between lower socioeconomic status and depressive and anxiety symptoms (Gallo & Matthews, 2003)

Snapshot of Mental Illness Incidence in Rural Primary Care

- Sears, Danda, and Evans (1999) surveyed patients at two rural primary health care clinics to assess incidence of mental illness
 - 35% for depression
 - 26% for dysthymia
 - 4% for minor depression
 - 2% for Bipolar disorder

Barriers to Care

(The Hogg Foundation for Mental Health, 2006)

- Shortage of providers
- Separation of mental health and physical health providers
- Communication problems across agencies
- Cultural barriers

Barriers to Care

(Stamm, Lambert, Piland, & Speck, 2007)

- Problems gaining access to care
- Problems with health care quality
- Lack of comprehensive care
- Rural-specific barriers
- Reduced quality of professional life for health care professionals

Rural Lifestyle Factors

- More likely to smoke, have poor diets, not exercise, and be overweight (Hartley, 2004)
- The Centers for Disease Control and Prevention found that rural areas in the United States ranked poorly on 21 out of 23 population health indicators (Hartley, 2004)

Benefits of Rural Integrated Care

- Improved access to care
- Decreased stigma
- Improved healthcare delivery
- Elimination of communication difficulties
- Can easily target behavioral lifestyle factors

Selling Services to Primary Care

- Focus on the needs of the medical clinic-FQHC or traditional medical clinic?
- Focus on the needs of the primary care providers- reduced workload, available consultation, reduction of practicing outside of competency areas

Selling Services to Primary Care

- Be prepared to train staff, primary care providers, behavioral health consultants, etc.
- Have an idea of how to work out the logistics: partnership/collaboration, charting issues, billing, etc.

Selling Services to the Community

- Position services as an extension of primary care services rather than segregated mental health
- Educate PCPs on how to talk about behavioral health services- how they phrase the referral matters!

Selling Services to the Community

- Become competent in rural culture
- Trust-building: become a part of the community via organizations and forming relationships

Discussion

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