

RURAL INTEGRATION WEBINAR

SEPTEMBER 15, 2009

Bob Nikkel, MSW, Special Assistant to
DHS Director
for Health Services Integration

PURPOSE

- The purpose of this webinar is to provide information on how the DHS/Health Authority integrated services process is going so far and to elicit discussion and ideas about solutions to challenges faced in rural/frontier areas.

1. Overview of DHS integration processes

- Website and Action Plan

<http://www.oregon.gov/DHS/hsi/index.shtml>

Vision statement just approved

Listing of over 120 local integration initiatives

Picture of current mental health/addictions system:

<http://www.oregon.gov/DHS/hsi/amh-physicalhtlh-diagram.pdf>

Picture of current health care system:

<http://www.oregon.gov/DHS/hsi/physical-health-diagram.pdf>

AMH demonstration projects

2. Challenges for rural areas

- The challenges and barriers to integrating services in rural areas parallel all of the challenges for the rest of the state PLUS

The “usual” barriers include:

Clarification of vision and values

Regulatory reform

Data and medical records improvements

Contracting improvements

Clinical and administrative training improvements

Financing improvements

System design improvements

Workforce shortages

- Availability of behavioral health workforce--from psychiatrist (especially child) to social workers to nurses; peer supports seem strong and should not be underestimated for wellness and support interventions--tobacco cessation, DDA, David Romprey Warmline, etc

Physical health care burden

- Burden on primary care providers in rural areas when behavioral health workforce shortage exists; studies have shown that generally physical health status is poorer among rural residents than urban so there is already a challenge facing primary care

Rates are too low

- Rate setting--concerns that the amount of time and resources needed to do outreach and simply travel long distances from offices

Unemployment and meth

- Responding to stressors of unemployment and methamphetamine--reference new book on small town in Iowa, Methland, as example. Rural unemployment rates approach and maybe exceed 20%; a perfect storm for communities trying to survive and offer integrated health care

Stigma

- Stigma and lack of anonymity in small communities--acknowledge work of Dr. Stephen Kliwer, OHSU and Wallowa County

YOUR TURN

- What ideas do you have about challenges in rural areas for integrated care? Are these in the ballpark?

SOLUTIONS

- Emerging peer supports--DDA now in 32 of Oregon's 36 counties as one example to build on further
- Capitalizing on self-reliance and resilience built into most rural/frontier cultures
- Build on face-to-face relationships that already exist
- Telepsychiatry for consultation
- Advocate for funding considerations in rate-setting
- Community efforts to reduce stigma--a challenge for both rural and urban
- Resources on web, books, journals: