Welcome

Wyoming Health Centers
One State’s Rural Story

September 14, 2011
We will begin promptly @ 2PM EST

Event Host
Melissa Da Silva
Deputy Director,
National Health Care for the Homeless Council

This presentation is supported through a Cooperative Agreement with the Health Resources and Services Administration.
Overview

1. Introductions
2. Wyoming PCA and NHCHC
3. Ask the Audience
4. Overview of the Current Wyoming Safety Net
5. Wyoming Demographics
6. Rock Springs – One Community’s Perspective
7. What are the Unique Features of the Wyoming New Access Point Applications??
8. Wyoming Health Centers - One State’s Rural Story
Introductions

Patrick Monahan

- Executive Director of Wyoming Primary Care Association
- Former Air Force Officer
- Transplanted to Wyoming from upstate (Syracuse) New York

Tina Linkenauger

- Successful business woman
- Seeking career change
- Has been pursing CHC for more than three and a half years
- Has attended numerous NACHC meetings
- Work with USDA and HRSA
- Member of PCA
Wyoming PCA and NHCHC

- Introduction to Wyoming PCA and National Council for the Healthcare for the Homeless
- Centered around strengthening community awareness of existing Wyoming HCHs
- First ever NHCHC led Community development initiative in a community without an existing HCH
- Excellent data gathering before and community engagement during and post meeting

Jackson, Wyoming

- Excellent example of a community with great disparities
- Despite apparent and actual wealth of community there are significant health and economic disparities
- Where do people live and work and receive their healthcare???
Ask the Audience

• What % of the audience represents a rural Health Center

• What % of the audience represents an urban Health Center

• For the PCAs and other partners what % of your members and/or partners are rural vs. urban???
Overview of the Wyoming Safety Net

- Rural Health Clinics
  - Conversion of for profit to non profit model

- Free Clinics
  - Can we exist?
  - Partnership with the Wyoming PCA
  - Exploring other models – especially CHCs

- Community Health Centers
  - Management agreements
  - Collaboration
    - WYPCA and CHWC
    - Clinical Quality

- 2011 Legislative Session
  - 1st ever state funding for existing or planned/new Wyoming Health Centers
Population Density Map for Wyoming: 2010

1 dot = 20 persons  
Total population = 563,626

Source: U.S. Census Bureau  
Prepared by Wyoming Economic Analysis Division (3/14/2011)

Source: 2010 Census Wyoming Data  
Rock Springs, Wyoming One Community Perspective

Sweetwater County CHC (SCCHC) Why?

- Significant lack of providers in Sweetwater County
- Very few medical or dental providers that accept Medicare or Medicaid – less than 5% of Medicaid recipients have an established provider
- No “after hours” care available outside of the hospital setting
- STD testing available, but no treatment
Why? (continued)

• No medical or dental providers will see a pregnant woman for any illness during her pregnancy
• No providers see patients on an income based fee schedule
• So few providers that care is usually emergent based rather than preventative
• Saw a need and decided to take action
SCCHC’s Current Status

• SCCHC applied for 330 Funding in December, 2010.
• 330 Funding application was not successful.
• SCCHC has applied for FQHC Look-a-Like status.
What are the unique characteristics of the SCCHC New Access Point Application

• Lack of providers
• Huge amounts of collaborative efforts
  – Department of Family Services
  – School District
  – Private Practice Groups
  – Retired and Disabled Community
  – Wyoming Health Initiative (WHI) Teen Pregnancy and Parenting coalition
  – YWCA
• Burgeoning Hispanic population
• Lack of supportive funding
• Large number of “tiny” towns that rely on us for care
• According to BRFSS study, Sweetwater County is high on all behavioral risk factors
  – Obesity
  – Alcohol abuse
Unique Characteristics (cont.)

– Tobacco use
– Teen pregnancy
– Lack of health and dental screenings

• Distance to major health centers (>200 miles)
• Inclimate weather makes travel difficult
• Insurance is not provided by most employers
• Economic disparities
Unique Characteristics (cont.)

- At the last study completed by Wyoming Department of Health Office of Rural Health Sweetwater County was the area of highest need in Wyoming.
  - Short 13 primary care physicians
  - 31,000 patient visits are not being made
    - Either leaving the area or more often not being seen
  - Loss of over $1.3 million to the community
Why is Wyoming Unique?

• Medical providers
  – Burnout
  – Crook County
  – Lack of providers willing to see Medicaid/Medicare
  – Outmigration of patients

• Economic disparities
  – Tie in with previous statement

• Distance between localities

• Weather/seasonal variations of populations
Challenges

- Current HPSA/MUA/MUP Designations
- Impact of looking solely at increased number of patients served
- Does this approach effectively address some of Wyoming’s, or other states, rural medical and social climate issues??
  - Grant narrative and possibly not the data are needed to “tell our story”
- FQHC LAL Challenges????
- New Access Points -- stand alone vs. satellite clinics
  - Many communities don’t want to lose their identity
Opportunities

• Barriers to access aren’t always obvious in rural settings
• Wyoming is a very fiscally and socially conservative state
  – Our local/ state elected officials support Health Center expansion
  – Many of these same individuals believe that the state can and will sustain two to three more additional Health Centers
  – Support regional model if and only if it remains somewhat “community based”
• Next steps???
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Questions & Answers

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Resources

- National Health Care for the Homeless Council [www.nhchc.org](http://www.nhchc.org)
- Health Care Reform [www.healthcare.gov](http://www.healthcare.gov)
- Wyoming Primary Care Association [http://www.wypca.org/](http://www.wypca.org/)
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