



## CLARK COUNTY PUBLIC HEALTH

### INITIAL CONCEPT

## INTEGRATED PRIMARY CARE at the Center for Community Health

November 20, 2006

### SCOPE

Clark County Public Health will pursue community partnership options to bring a primary care clinic into the Center for Community Health (CCH) to serve low-income, uninsured, underinsured, and underserved residents. This primary care clinic would integrate medical and behavioral health services, a core principle of service delivery in the founding of the new CCH. If successful, Public Health would transition its clients into this new clinic and other existing community resources.

### The Need

Access to health care continues to be a significant issue in Clark County.

- The percent of Clark County adults without health care insurance has doubled from 6% to 12% from 1996 to 2004. In 2004, only 12% of primary care practitioners were accepting new Medicaid Fee for Service patients.
- Central Vancouver/Hazel Dell has been designated as a federal primary care health professional shortage area (HPSA) for low-income/homeless residents. The CCH is located in this federally designated HPSA.
- There is no primary care clinic currently in the CCH. Public Health provides only limited clinical services (immunizations, sexually transmitted disease, reproductive health, TB, and refugee health screening).

### Existing Community Resources

SeaMar Community Clinic is Clark County's only designated Federally Qualified Health Center (FQHC) providing primary care services to uninsured residents. Their capacity represents 2% of the primary care FTE in the county. Family Medicine of Southwest Washington provides primary care services to low income residents through its residency training program and represents 5% of the primary care FTE in the county. There are two medical "free clinics" in Vancouver. New Heights Clinic provides ongoing primary care to over 100 uninsured patients each month and is open approximately 14 hours per week. The Free Clinic of Southwest Washington is a one-time service and does not provide ongoing primary care. In addition, the Healthy Steps Women and Children's Center provides primary care and serves an important role in providing obstetric and gynecological services to many women who are publicly insured. All of these entities will be engaged in the planning.

### Draft Vision

The vision is to create a community partnership with hospitals, clinics, mental health/substance abuse agencies, universities/colleges, medical society, state and local government, and others that would bring comprehensive integrated primary care services<sup>1</sup> into the CCH to serve low-income residents and serve as a training site for students.

<sup>1</sup> *Integrated primary care* is defined "a service that combines medical and behavior health services to more fully address the spectrum of problems that patients bring to their primary medical care providers" (Blount, 1998, p.1). "Integrated primary care is the working together of medical and behavioral providers so that the providers and the patient experience that there is one treatment plan, perhaps with several parts or steps, for the array of problems and diagnoses the patient brings to the primary care setting" (Blount, 1998 p. 5). This effort is intended to enhance services already provided by CCH partners, not duplicate or compete with, by addressing behavioral health issues appropriate in the primary care setting.

The long-term vision for this clinic is to:

- Create a working partnership with local agencies and institutions (clinical and behavioral health service providers; training programs for nursing, social work, mental health, physicians, allied health; and others) to enhance access to primary care for low income individuals and families.
- Focus on implementing clinical preventive services and incorporating The Care Model (chronic care model).
- Serve as a pilot site for new service delivery models for public health prevention and intervention services.
- Integrate primary care services with Public Health’s home visiting nursing services, WIC services, HIV/AIDS case management, oral health services, and other appropriate public health services.
- Provide primary care services in the space currently occupied by Clark County Public Health clinical services.
- Integrate services and data collection into a single system of care to the extent this is possible.

### **Clark County Public Health’s Role**

Clark County Public Health believes that primary care services are best provided by community partners and integrated with other public health services. Therefore, Public Health’s role will be to provide overall leadership and staffing support for securing a partnership and supporting it through initial implementation. A governance structure will be determined by the partnership and will define all partners’ roles in the collaboration.

### **Resources & Work Plan**

This project will be co-led by Dr. Alan Melnick, Health Officer, and Marni Storey, Public Health Services Manager, and report to the Public Health Director, John Wiesman. Public Health will staff the planning and implementation effort. Community partners and public health staff will serve on the planning team. Technical experts, both locally and nationally, who have successfully studied and implemented integrated primary care clinics will be engaged to advise the project. A steering committee will be co-chaired by John Wiesman and Mike Piper, Director of Community Services, to oversee the effort.

The proposed timeline is as follows.

<b>Estimated Timeframe</b>	<b>Activity</b>
Dec 2006	Initial scoping meeting with community partners to share the concept, refine the vision, and form a planning team.
Dec 2006	Convene a steering committee.
Dec – April 2007	Carry out the planning project with a deliverable to make a recommendation of whether or not to move forward and if to move forward, options for doing so, with a process, timeframes, and needed resources.
May 2007	Work session with Board of Health on recommendations for moving forward.

### **Clark County Public Health’s Strategic Plan**

This project will implement Public Health’s strategic initiative to “collaborate with community partners and stakeholders to improve health care access and quality for all.” It is scoped in a manner that implements the strategic plan values of: prevention and promotion; collaboration; data-driven, science-based services; social justice and diversity; customer service and accountability; and skilled and innovative employees.

Reference:

Blount, A. (ed). (1998). *Integrated primary care: The future of medical & mental health collaboration*. New York, New York: W.W. Norton & Company, Inc.

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