Providing Comprehensive Care to Underserved Communities

Philadelphia FIGHT Community Health Centers

Past, Present and Future
Learning Objectives

1. Describe FIGHT’s history in community research and how the type of programs they offer positively affect underserved communities.

2. Explain various successes and challenges of building a multi-disciplinary practice servicing some of Philadelphia's most vulnerable citizens.

3. List ways Federally Qualified Health Centers impact populations and how they play an important role in population health.
Agenda

• FIGHT History and Growth

• Values We Retain

• Staff Perspectives

• How To Get Involved
FIGHT History 1990-2013

• 1990: FIGHT starts clinical trials (Field Initiating Group for HIV Trials)
• 1996: Jonathan Lax Center and Project TEACH created – HIV primary medical care and intensive HIV education for PLWHA
• 1999: Critical Path AIDS Project, AIDS Library and Y-HEP join FIGHT
• 2001: Diana Baldwin Clinic created – talk therapy for PLWHA
• 2003: Prison Services department created
• 2008: Prison Services becomes the Institute for Community Justice reentry program
• 2010: TREE IOP created – intensive outpatient recovery for PLWHA
• 2011: Clinica Bienestar starts at Prevention Point -- HIV primary medical care in Spanish
• 2013: A new era begins when FIGHT becomes an FQHC
FIGHT History 2013-Present

- 2013: As a Federally Qualified Health Center, FIGHT can now provide medical care to anyone regardless of insurance or ability to pay

- 2014: John Bell Health Center and YHEP Adolescent Health Center are created

- 2016: FIGHT Family Dentistry is created

- 2018: All of the following started last year:
  - FIGHT Pediatrics is created
  - FIGHT clinic at Broad Street Ministries is created
  - AIDS Library becomes Critical Path Learning Center
  - Diana Baldwin therapy now accepts HIV- adults
Values We Retain

• Everyone deserves comprehensive and effective health care, regardless of insurance status or ability to pay
  – Wrap around team approach
  – Concierge care model (greeters, assistance getting to specialist appointments, etc)
  – Benefits Coordinators and Case Managers

• Reducing or removing health access barriers will increase overall community health
  – We prioritize marginalized people, including but not limited to: returning citizens, people with low incomes, LGBTQ+ individuals, homeless and unstably housed people, people who use drugs, people with active mental illness, and more....
  – Growth is driven by and reflects community needs
Building a Trauma Informed Dental Practice

Kari Hexem, DMD MPH
Dental Director
khexem@fight.org
THE MORAL-HAZARD MYTH

The bad idea behind our failed health-care system.

By Malcolm Gladwell     August 21, 2005

Several years ago, two Harvard researchers, Susan Starr Sered and Rushika Fernandopulle, set out to interview people without health-care coverage for a book they were writing, “Uninsured in America.” They talked to as many kinds of people as they could find, collecting stories of untreated depression and struggling single mothers and chronically injured laborers—and the most common complaint they heard was about teeth. Gina, a hairdresser in Idaho, whose husband worked as a freight manager at a chain store, had “a peculiar mannerism of keeping her mouth closed even when speaking.” It turned out that she hadn’t been able to afford dental care for three years, and one of her front teeth was rotting. Daniel, a construction worker, pulled out his bad teeth...
In 2015, 10.3% of children had no form of dental benefits coverage. This is the lowest level ever and down from 15.8% in 2010.
REASONS FOR NOT VISITING THE DENTIST MORE FREQUENTLY AMONG SENIORS WITHOUT A VISIT IN THE LAST 12 MONTHS

**COST**
- Afraid of dentist: 49%
- Inconvenient location or time: 12%
- Trouble finding a dentist: 9%
- No perceived need: 35%
- No reason: 8%
- Other: 9%

**NO ORIGINAL TEETH**
- 12%

**HOUSEHOLD INCOME**
- Low: 49%
- Middle: 34%
- High: 24%

**COST** is the top reason among seniors regardless of income level.

**NO ORIGINAL TEETH** is the top reason among high-income seniors.

EVERY 15 SECONDS

How often, on average, someone visits a hospital emergency department for dental conditions in the United States.

2.2 MILLION

Number of hospital emergency department visits for dental conditions in the United States in 2015.

70%

Percentage of hospital emergency department visits for dental conditions occurring outside of normal business hours.¹

$2 BILLION

Amount spent on hospital emergency department visits for dental conditions in the United States in 2015.

41%

of hospital emergency department visits for dental conditions among adults in the United States are paid for by Medicaid.

ADULTS

70%

of hospital emergency department visits for dental conditions among children in the United States are paid for by Medicaid.

CHILDREN

Medicaid expansion under the Affordable Care Act led to increased dental coverage and dental care use among Medicaid-enrolled adults, some of which occurred in hospital emergency departments.²
Initial Design – “Tugboat”
Dental
Working with Traumatized Individuals

- HIV diagnosis
- Childhood trauma
- History of incarceration
- History of drug use/abuse
- At risk youth
- Homelessness
- Refugees, recent immigrants
- Poverty
Typically, an adult can ...

- Perceive world in fairly objective way
- Problem solve & plan for future
- Recognize, tolerate & learn to manage feelings
- Have stable sense of identity & capacity for self-efficacy
- Form trusting relationships & rely on those relationships for support and assistance
A traumatized brain ...

- Hijacks “thinking brain”
- Relies on FIGHT - FLIGHT - FREEZE
- Becomes a survival brain
- Feels unsafe in relationships, unsafe in body, unsafe in feelings/thoughts
- Distorts alarm system in brain - perceiving danger everywhere
- Can’t adequately appraise the present moment or learn from experiences
Vicarious trauma

• Empathy - the ability to put yourself in someone else's shoes
• Burnout - worn out, not liking job
• Compassion fatigue
• “I’m fine”
• “I’m a professional”
• Body and brain show symptoms (e.g. sleep problems)
Trauma-Informed Approach

- Attention to an “uplifted” clinical environment
- Emphasis on kindness and respect
Trauma-Informed Approach

- Urgent care hours
- “Tell-Show-Do” approach
- No shaming
- Minimally invasive dentistry
Trauma-Informed Approach

- Safe spaces for staff
FIGHT Dental: Student vs. Staff Responsibilities

**Students**
- Hygiene (HONORS)
- Placing restorations (HONORS)
- Periodontal charting (HONORS)
- Preliminary exams (HONORS)
- Apply fluoride varnish (HONORS and D2s)

**Staff**
- Blood pressure
- Post-op instructions
- Lead apron
- Adjust custom trays
- Preliminary MMR
- Record charting
- Wipe chairs
- Set up
- Chairside assisting

Students should not break down trays and take items to sterilization, or throw things away – do not throw away suction tips! And no cell phone use in clinical areas, anyone! 😊

Last updated 5/14/2018
Building a Patient-Centered Pediatric Practice

Mario Cruz, MD
Medical Director
mcruz@fight.org
Hello Dr. Cruz, we are building a new Pediatric FQHC clinic. We want you to build it? Are you in?
We literally built a clinic!
Pediatric Care Gaps

Childhood Dental Caries*
Breastfeeding*
Behavioral Health*

"Care Gap"

Patients who SHOULD receive services

Patients who ACTUALLY receive services
Addressing Care Gaps across the pediatric lifespan

Breastfeeding support

Dental Caries Prevention

Behavioral Health Support

0-12 months

1-5 years old

5-18 yrs old
5th Floor  Pediatrics and YHEP
4th Floor  Dental
3rd Floor  John Bell (Adult Medicine)
2nd Floor  Institute for Criminal Justice

1207 Chestnut St
Feeding your baby is NORMAL

Lisa Knofliceck, MD, CLC
“I get calls from his school everyday”

-Poor behavior at school

-Trouble focusing, can’t stay still

-Sometimes hits other children

-Temper goes from “zero to sixty”

-Other kids don’t like him

-Mom recently fired because of days off

-Grades struggling
The Six F-Words for Childhood Disability

1. FUNCTION
   I might do things differently but I can do them. How I do it is not important. Please let me try!

2. FAMILY
   They know me best and I trust them to do what's best for me. Listen to them. Talk to them. Hear them. Respect them.

3. FITNESS
   Everyone needs to stay fit and healthy, including me. Help me find ways to keep fit.

4. FRIENDS
   Having childhood friends is important. Please give me opportunities to make friends with my peers.

5. FUN
   Childhood is about fun and play. This is how I learn and grow. Please help me do the activities that I find the most fun.

6. FUTURE
   I will grow up one day, so please find ways for me to develop independence and be included in my community.
WHY did you come to work late today? (5 WHY's)

I couldn't get out of bed on time

I put the alarm on snooze too many times

Because I was really tired

Because I stayed up too late

I was on a Netflix binge
**WHY** are behavioral health needs unmet by the behavioral health system?

1. **Unmet Behavioral Health Needs**
   - Parents are not accessing BH services

2a. **Parents unwilling to access services**

2. **Parents are unable to access services**

3a. **Parents have stigma and misconceptions about BH issues**

3. **Don't know how to navigate the BH system**

4. **Parents Don't have enough case management support**

4a. **Family, friends, and others perpetuate misinformation**

5b. **Health Insurance Doesn't take all BH providers**

3b. **Limited Options / Waiting Lists for BH**

6b. **BH system is very complicated**

4b. **Shortage of BH providers**
**WHY** are behavioral health needs unmet by primary care pediatricians (PCP)?

1. Unmet Behavioral Health Needs
2. Not Dx by PCP
3. Not Screened by PCP
4. Not prioritized by PCP
5. Too busy dealing with other tasks
6. PCP has low comfort with BH Issues
7. PCP has stigma and misconceptions about behavioral health

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6a. Current office workflows do not accommodate BH Screening

7a. Inadequate OPERATIONAL training on BH best practices

7b. Inadequate CLINICAL training on BH
People
- Staff training (train the trainer)
- Hiring of a SW with expertise in BH case management
- Use of CHOP telephonic psychiatric support
- Student Assessment Program collaborators

Process
- LEAN principles to ‘make space’ for behavioral health

Technology
- Customization of EMR to minimize click counts
Patients Referred to FIGHT Pediatrics for Behavioral Health Support

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>N</td>
<td>37</td>
</tr>
<tr>
<td>Males; Age</td>
<td>24; 8 (5-18)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>23</td>
</tr>
<tr>
<td>1st appt</td>
<td>16 days</td>
</tr>
<tr>
<td>Meds</td>
<td>24</td>
</tr>
<tr>
<td>Meds on 1st visit</td>
<td>18</td>
</tr>
<tr>
<td>Received counseling</td>
<td>11</td>
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</tbody>
</table>

- Never arrived: 8.1%
- Required Many Reminders: 27.0%
- Arrived on first scheduled appointment: 64.9%
We will look to use “Brief, office-based interventions” as an alternative to therapy in patients who cannot access therapy.

Journaling Prompts

*Note: The use of prompts is optional. Feel free to write about anything for which you are grateful.*

- Someone whose company I enjoy...
- The best part about today...
- A reason to be excited for the future...
- A valuable lesson I learned...
- Someone who I admire...
- Something beautiful I saw...
- A fun experience I had...
- An act of kindness I witnessed or received...
- Someone I can always rely on...
- Something I can be proud of...
- An unexpected good thing that happened...
- An experience I feel lucky to have had...

Gratitude Journal

<table>
<thead>
<tr>
<th>Entry #1</th>
<th>Date:</th>
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How To Get Involved

• Jefferson CPH Clerkship

• Volunteer Opportunities

• Attend public programs, events and webinars
  – AIDS Education Month, Prevention Summit, National HIV Testing Day – every June
  – Prison Health Summit – every October
  – Community Health Training Alliance – year round
  – Next CHTA event: Friday, April 19, 2019: Making Your Bottom a Top Health Priority
    • [https://fight.org/event/philadelphias-2nd-anal-health-symposium-making-your-bottom-a-top-health-priority/](https://fight.org/event/philadelphias-2nd-anal-health-symposium-making-your-bottom-a-top-health-priority/)
References

- https://fight.org/
- https://fight.org/programs-services/community-health-centers/
- https://fight.org/programs-services/health-services/
- https://fight.org/programs-services/community-services-and-support-programs/
- https://fight.org/programs-services/education/
- https://fight.org/programs-services/research/
- Internal research conducted at FIGHT Pediatrics
- https://canchild.ca/system/tenon/assets/attachments/000/002/143/original/FND0067_Siz_F-Words_Poster_Amends_2017.pdf
- https://www.therapistaid.com/therapy-worksheet/gratitude-journal
- https://fight.org/programs/community-health-training-alliance/
- https://fight.org/programs-and-services/aids-education-month/
- https://fight.org/how-to-help/volunteer/