# VIEWS & VISIONS

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# Community Health Centers and Quality of Care

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Martha Carter is CEO of FamilyCare Health Centers (WomenCare, Inc.), a community health center serving 30,000 people in Putnam, Kanawha, Boone and Cabell Counties at 11 locations and two mobile units.

Carter is a registered nurse and certified nurse-midwife. In 1989, she co-founded FamilyCare and left clinical practice as FamilyCare expanded. She holds a bachelor's degree from West Virginia State University, an MBA from West Virginia University and a Doctor of Health Sciences from A.T. Still University.

She was recently appointed to the MACPAC, a federal commission that advises Congress, the United States Department of Health and Human Resources and the states on Medicaid and CHIP. She serves on the executive committee of the West Virginia Primary Care Association and is chair of the West Side Neighborhood Association in Charleston. She is a member of the West Virginia Alliance for Creative Health Solutions.

Carter represents FamilyCare in the Partners in Health Network, the Kanawha Coalition for Community Health Improvement and the West Virginia Perinatal Partnership. She received the Putnam County Chamber's Mayo Lester Award and the Robert Wood Johnson Foundation Community Health Leadership Award, and she is a RWJF Executive Nurse Fellow.

Diane R. found herself needing more and more pain medicine, which she had started taking for arthritis, and was now buying pills on the street. A physician assistant at the FamilyCare urgent care in St. Albans, West Virginia, referred her to the Addictions Program in FamilyCare's Teays Valley office. The addictions counselor asked, "Are you ready for drug treatment?" She was.

Diane began addiction treatment with Suboxone, a medication proven to be effective in helping people get off opioids. She established with a family physician at FamilyCare and was diagnosed with lupus, a serious autoimmune disease. Following a minor injury, she developed sores on her legs that would not heal; some progressed to gangrene and she developed a MRSA infection. She lost two toes and thought she would lose her leg. She needed to go back on pain medicine.

Her addictions treatment team (physician, therapist and social worker) agreed to manage her pain with narcotics and supported her with twice-weekly visits in the office. Diane's medical team tracked ER visits, hospitalizations, specialist visits and treatments, conferring with the addictions team to monitor her pain control. A wound care specialist at Charleston Area Medical Center prescribed treatment in a hyperbaric oxygen chamber that finally got the infection under control.

"They understood," she says, referring to her treatment team. "They didn't treat me just as another addict. They did so much more than their job titles. I feel like they are my family." She says they helped her mental stability and helped her regain confidence that she did have a chance to live. After her infection cleared up, and her pain decreased, Diane was ready to stop pain medicine and get back into the Suboxone program. Today, Diane is doing well, and she recently completed training as a recovery coach to help others recover from addiction.

Diane's story demonstrates how community health centers achieve high quality of care, patient satisfaction and cost effectiveness. This high-quality care does not happen by chance. In fact, health centers are held to high standards by HRSA (the Health Resources and Services Administration of the United States Department of Health and Human Resources) and by members of communities that oversee the operation of every health center. To meet these high standards, health centers use three strategies: whole person care, team-based care and coordination of care.

## Whole Person Care

Caring for the whole person is the underlying philosophy at community health centers. Often, the issue that causes a person to seek health care is one of several issues that need attention. Increasingly, we understand that timely screening for health problems and intervening early can prevent more serious problems in the future, that a troubled mind can get in the way of good health and that events in early childhood can affect a person's ability to respond to stress in adulthood.

What does whole person care look like? It means that staff members are attuned to issues like an unstable housing situation, food insecurity, lack of transportation or child care and fear of violence or abuse. These social determinants of health, often elicited through screening tools but sometimes discovered just through talking with the patient, are such basic needs that most people cannot take care of other health needs while these remain unaddressed. Community health centers employ health coaches, social workers, behavioral health counselors and nurses as part of multidisciplinary teams to provide front-line help and referral to community resources.

## Team-Based Care

Understanding that our patients are whole people with multiple needs, community health centers have adopted a team-based model of care. In addition to a primary medical care provider (physician, nurse practitioner or physician assistant), patients are served by a team that may include specialists, behavioral health counselors, dentists, health coaches, social workers, pharmacists and others. As much as possible, team members work in the same location and use the same electronic health record so that all members of the team have access to essential patient information. Reports from health care services that the patient receives outside the health center are, whenever possible, imported into the patient's health record. After a hospital stay or emergency room visit, a member of the primary care team contacts the patient to ensure that there are no miscommunications about follow-up care.

## Coordination of Care

Patients with multiple health problems often need assistance to coordinate their care. They may be seeing several health care providers and taking a number of medications. Without a deliberate process to coordinate care, patients may receive more testing than is necessary, take the wrong or too much medication and miss important appointments. Care coordinators facilitate communication among providers about a patient's care, and between patients and providers, to ensure that care is efficient and effective.

In 2016, 438,000 West Virginians received care in a community health center. We who work in health centers are committed to the model of whole person care that we know makes a difference in the lives of our patients and the health of our communities.

*Thank you to Diane R. for agreeing to share her story.*