Health Partners of Western Ohio

Women’s Health and Primary Care: Eliminating Barriers and Improving Outcomes

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About HPWO

Mission Statement:
Health Partners of Western Ohio’s mission: “To eliminate gaps in health outcomes for all members of our community by providing access to quality, affordable, preventive and primary health care.”

How we started
- 11.5 years ago
- 3 employees
- 680 square feet of space
- Nearly 3,000 patients

Where we are today
- 8 community health centers in Northwest Ohio
- Nearly 200 employees
- 2013: we provided integrated primary care to 17,932 patients accounting for 67,128 visits
- By the end of August 2014: we have cared for 15,904 patients, accounting for 51,260 visits.
Our Integrated Service Providers

- Behavioral Health Providers (DBH, LISW, LPCC)
- Medical Providers (MD, CNP, PA-C)
- Dentists
- Dental Hygienists
- Chiropractors
- Clinical Pharmacists
- Dispensing Pharmacies
- Social Workers (LSW)
- Women’s Health Nurses (RN)

What are some reasons women may not get their preventative screenings done?

THE MANY HATS OF WOMEN

- Mothers, daughters, sisters, friends, students, and workers.
- More than 59 percent of America’s women are in the labor force (U.S. Bureau of Labor Statistics)
- Juggle careers and family activities as they scurry from their offices to PTA meetings and church functions.

So…What do these many hats mean?

Women can be so busy taking care of others, they can struggle making time for their own self-care needs, including preventative wellness visits (paps, pelvic, and breast exams).
The Women's Health Struggle at HPWO

- PCP’s were not completing women’s health preventative visits during regularly scheduled office visits.
- Women were not coming back for a specific women’s health preventative visit.

So... What's up with our PCP's?!
Pap Rates

- Pap rates had always been low.
- July of 2012 through June of 2013: rates hovered between 17% and 36%
  - Goal was 65%.

Our Attempts to Raise the Rates

- Gift of pap tests
- Cash incentives for providers and teams
- “You’re Special” direct mail campaign
- Women’s Health display in the lobby
- Advertising and education in the rooms
- Reduced the lab cost of pap screening

Now what? How do we raise the rates?

- Do we have one provider each day assigned to do pap tests?
  - No, we need our PCP’s seeing primary care patients.
- Do we send all of our patients to OB/GYN for their Women’s Health needs?
  - No, we provide comprehensive integrated care and our provider’s CAN do pap tests.
- Can an RN with additional training complete a pap, pelvic and breast exam?
  - YES THEY CAN!!!!!!!!!!!!!!

Training the RN

- Training happened over a 5 month period and included:
  - Women’s Reproductive Health, Rural Public Health, Family Planning at our local health department
  - CDC training at the STD/HIV Training Center in St. Louis including an Intensive STD Adolescent Course
  - MammaCare Certified Clinical Breast Examination Course in Shamburg, Illinois
  - NEXPLANON Clinical Training Program for IUD removal and insertion in Charlotte
“Training” the PCP’s

- Is the RN qualified?
- When the RN sees a patient who “gets credit”?
- What does the patient flow look like?
- Does the RN have her own schedule?
  - Abnormal paps
  - Positive STD cultures

After implementation: What happened to the rates?

Pap rates from July 2013 through December 2013

Duplication

- After implementation in Lima, we added a Women’s Health Nurse to our Kenton location in January 2014.
- Meeting the needs of our patients in Kenton, including:
  - OB
Barriers/Struggles

- Adding new PCP's to the mix.
- What to do when the Women's Health RN is off?
- Getting patients without insurance a higher level of care: colposcopies, infertility, incarceration
- Taking care of the Women's Health needs of adolescent
- LARC's

Where are we now?

Current 2014 Pap Rates through September

Our Patients

- 9 abnormals in one day
- Pregnant MAT patient
- 12 year old IUD needing removal
- Incarcerated women
- 25-year abstinent positive STD
- Adolescent high risk behavior
Questions?