Community Health Center

SUCCESS

Fish River Rural Health

Small Health Center Collaborative Snowballs into Big Outcomes for Rural Maine

"Because of the collaborative, we've changed the way we deliver care to benefit our patients. Our staff and board of directors share a sense of pride that a small rural health center in northern Maine achieves results that meet or exceed other sites across the country."

Norman Fournier, Executive Director
Fish River Rural Health
Eagle Lake / Fort Kent, Maine

The Setting:

Fish River Rural Health is located in a rural, isolated, medically underserved area covering 2,160 square miles of northern Maine. The local economy is largely based on natural resources, farming and woodcutting, and unemployment rates for its population of 14,450 average 7-8%.

Medical needs assessments showed high rates of diabetes and cardiovascular disease for the health center's patient population. Norman Fournier, executive director for Fish River Rural Health, remembers when they were approached to participate in the Health Disparities Collaborative in 2002, "We felt if this is a way to improve those disease rates and patient outcomes, we had to embark on the opportunity."

Addressing the Challenge:

Fish River Rural Health started phase one of their diabetes collaborative with 40 patients at their Eagle Lake facility. In the next three years, their population of focus more than tripled. By the end of 2004, they added coronary artery disease and hypercholesterolemia/dyslipidemia to their diabetes spread and started a depression collaborative mentored by Harrington Health Center. "We spread to other chronic conditions because of the positive results and outcomes we saw with our diabetic patients," explained Sue Bouchard, RN-BSN, Fish River's health educator and CQI coordinator. The center plans to expand its cardiovascular collaborative by adding hypertension in 2006. "By that point," said Fournier, "we'll feel we've touched on the complete cardiovascular disease arena. We have a system to measure key outcomes and can compare results with the rest of the country."

Community involvement has been integral to the success of the health center's collaboratives. "We can guess all we want," Fournier contemplated, "but to hear it directly from the patient really puts things into perspective." Focus groups with sit down dinners and take-home educational packets were held separately for diabetes and cardiovascular patients to gather information on patient needs.

That input, along with survey data, needs assessments, and participant feedback from educational programs, was the catalyst for creating additional services and program changes.

Community lectures are now held on nutrition, exercise, stress management and heart health. At its annual health fair, the center teamed with Maine Primary Care Association and performed intercept surveys to gauge knowledge, attitude and behavior on heart health. “Survey results clearly showed a need to address exercise opportunities,” said Bouchard. “Having snow on the ground six months out of the year makes it very difficult for our senior population to do outdoor activities, such as walking. We had to get creative to address that issue.” The collaborative team found its answer in a partnership with a community aquatic program. With more than 70% of Fish River’s diabetic patients over age 55, Northern Aquatic’s indoor Silver Swim program was a perfect solution. For patients who preferred to stay dry, the club’s land aerobics program was a welcome alternative. Fish River Rural Health supplemented the cost of exercise program memberships for its eligible patients.

Encouraged by success, the team applied for grants to obtain extra funding for its asthma initiatives. Fish River Rural Health now distributes free peak flow meters and education kits to asthma patients. “Seeing how little changes here and there can make a big difference in patient care, sparks new ideas,” Fournier exclaimed. “We are more creative and thinking out of the box to find funding that can ultimately lead to better patient outcomes.”

Results:

“Because of the collaborative,” Fournier said, “we’ve changed the way we deliver care to benefit our patients. Our staff and board of directors share a sense of pride that a small rural health center in northern Maine achieves results that meet or exceed other sites across the country.”

Almost every one of the center’s 26 employees is on a collaborative team. Their Patient Electronic Care System registry developed from the collaborative, positions the health center to compete in a world where large insurers are adopting pay for performance and funding is increasingly influenced by evidence-based medicine. A local hospital, impressed with the center’s results, asked the team champion to speak on their care model strategies. The center significantly increased its percentage of diabetes patients with documented self-management goals, surpassing the national health disparities goal of 70% or more with an outstanding 92% outcome. The center’s hypertensive patients that have controlled their blood pressure at 140/90 mmHg also exceed the national goal of 50% or better with a 64% outcome. Patients, more involved in their own care than ever before, have stated in satisfaction surveys that they are “happy to be a patient at a top notch health center” that “goes beyond the norm.”