

# **Mascoma Valley Health Initiative**

## **Report on Primary Care Needs**

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## **Abstract**

Many people living in the Mascoma Valley do not access the health care they need because there are so few resources in the area. The Mascoma Valley consists of five towns and covers 203 square miles. As few health care providers practice in the area, the majority of residents travel to neighboring towns when they need to see a doctor, dentist, pharmacist, or mental health care provider. In order to understand and document the scope and level of need for primary health care services in the community, MVHI gathered information from the 2003 Community Needs Assessment, conducted interviews with community focus groups and health care providers, and compiled internet research. This research showed that the main barriers to accessing health care are availability, convenience, awareness and social stigma.

## **Introduction**

In Grafton, New Hampshire the ambulance service is run entirely by volunteers, and the town covers all costs, without billing residents. This can get expensive, especially when residents call 911 for a non-emergency. Perhaps even more frustrating for town managers and EMS volunteers are those 911 calls that are the result of poorly managed chronic conditions. For example, an unconscious diabetic patient who has not seen his physician in two months who now needs immediate care to prevent slipping into a coma; these types of calls could have been prevented with more regular visits to a doctor [1].

If there was a doctor's office in Grafton, such a patient might be more likely to receive the care he needs. Chronic diseases such as diabetes, chronic obstructive pulmonary disease, or congestive heart failure all require regular visits with a physician to manage the condition and prevent serious complications. For people traveling over twenty miles one-way to see their primary care physician, distance can be a major barrier to effectively managing their conditions.

Many people living in the Mascoma Valley are limited in their ability to access quality health care in a timely manner, due in large part to a lack of local providers. While there are a few physicians practicing in Canaan and Enfield, they are limited in scope and cannot address all the needs of the community. This report does the following:

- Outlines the current resources available for primary health care in the Mascoma Valley,
- Discusses some of the main problems with accessing primary care for Mascoma Valley residents,
- Identifies the main primary care needs of the area, and
- Offers some suggestions for addressing those needs.

## **Background**

The Mascoma Valley consists of five towns, covers 203 square miles and has a population of approximately 10,000 [2]. As few health care providers practice in the area, the majority of residents travel to neighboring towns when they need to see a doctor, dentist, pharmacist, or mental health care provider. Currently, there are no dentists or mental health care providers operating in any of the five towns. For the purposes of this report, primary care provider will be defined as a non-specialized pediatrician, family practitioner, or general internal medicine practitioner. While MVHI recognizes the importance of mental health and oral health care services in overall health, these issues will be addressed separately.

Doctors Who Care, a family practice located on Route 4 in Enfield, serves approximately 2,000 patients [3]. The Dartmouth-Hitchcock Mascoma Pediatric clinic in Canaan serves 850 children and adolescents. The Good Neighbor Mascoma Clinic, open two or three nights per month in Canaan, serves less than 150 uninsured residents of the Mascoma Valley [4]. This leaves approximately 7,000 residents of the Mascoma Valley seeking care in neighboring communities, including Lebanon, Hanover, Plymouth, New London, and Franklin, New Hampshire, or White River Junction, Vermont.

The physician to patient ratio in urban areas is almost twice that of rural areas. This means that residents of rural areas are less likely to have access to primary care and preventive services, as well as emergency care. According to *Barriers to Primary Care: the New Hampshire Access Indicator Project*, access is defined as “the timely use of personal health services to achieve the best possible health outcomes.” The report continues, “The lack of access to primary care creates vulnerable populations with poor outcomes,” [5]. In order to ensure our community is healthy, we must ensure all residents must have access to regional health care resources.

## **Methods**

In order to understand and document the scope and level of need for transportation services in the community, MVHI gathered information from the 2003 Community Needs Assessment, conducted interviews with community focus groups and primary care providers, and compiled internet research.

### *2003 Community Needs Assessment*

The Bi-State Coalition for Community Health Improvement last conducted a community needs assessment in 2003. This report includes information specific to the five Mascoma Valley towns, and is divided into seven sections: Demography, Physical Environment, Economic Environment,

Social Environment, Individual Behavior Choices, Health, and Access to Services. The full report is available for download at [www.mvhi.org/ourhealth/communityhealth.html](http://www.mvhi.org/ourhealth/communityhealth.html).

### *Primary Care Providers*

The following primary care providers are currently practicing in the Mascoma Valley: Doctors Who Care, Dartmouth-Hitchcock Mascoma Pediatric Practice, and Good Neighbor Health Clinic - Mascoma. MVHI gathered information on these practices through websites and interviews with physicians or case managers at each clinic. The web searches and interviews were conducted between June 1 and September 30, 2007.

### *Focus Groups*

MVHI conducted a focus group in each of the five towns between May 23 and July 12, 2007. In total, 29 residents participated in a focus group (17 in Canaan, 2 in Dorchester, 4 in Enfield, 3 in Grafton, and 3 in Orange). Ages of participants ranged from mid-20's to mid-80's, with the majority of participants over the age of 50. Because the Canaan focus group was held at the Mascoma Senior Center, 20 of the total participants were retired. Of the 9 who were not retired, participants worked for town offices, the Mascoma Valley school district, the Mascoma Senior Center, fire departments, emergency medical services, an organic farm, Dartmouth-Hitchcock Medical Center (DHMC) and Alice Peck Day Memorial Hospital (APD). These working participants proved to be valuable key informants. Many of them work with vulnerable populations within the community, and are acutely aware of the challenges such people face.

## **Results**

### *2003 Community Needs Assessment*

The 2003 community needs assessment showed that residents of the Mascoma Valley “had fewer primary care visits to doctor offices than expected, based on primary visit counts in other areas,” [2]. The report also showed that residents of this area are twice as likely to be admitted to the hospital with angina and asthma as their Upper Valley counterparts. Regular visits with a primary care physician may prevent such admissions by helping the patient maintain better control over the condition.

### *Primary Care Resources in the Mascoma Valley*

#### *Dartmouth-Hitchcock Mascoma Pediatric Clinic*

The Dartmouth-Hitchcock Mascoma Pediatric Clinic is located in downtown Canaan on Route 4. The clinic serves approximately 850 patients. Providers at this clinic conduct routine check-ups and treat minor illnesses for patients under the age of 18. According to

one provider, the DH-Mascoma Pediatric Clinic treat many children with oral abscesses, due to a lack of access to dental care [6].

#### Doctors Who Care

Dr. David Beaufait is a general internal medicine practitioner in Enfield. The Doctors Who Care office is located on Route 4 in Enfield, east of Main Street. Dr. Beaufait has approximately 2,000 adult patients. This clinic is operating at capacity, and cannot accept new patients [3].

#### Good Neighbor Health Clinic – Mascoma

The Good Neighbor Health Clinic (GNHC) in White River Junction, VT is a free clinic for the uninsured and underinsured. The clinic provides a wide variety of services, including preventive care, screening, and chronic disease management. GNHC also helps patients access free or low-cost prescription medicine, dental care and mental health care. GNHC operates a satellite clinic in the Mascoma Valley two or three nights per month. The DH-Mascoma Pediatric Clinic donates space and supplies so the clinic can operate on Main Street in Canaan, free of cost [4].

Although the Good Neighbor Mascoma Clinic is student-run, it provides the same services that are available at the main office in Vermont. Originally, the clinic was only open the first and third Monday of every month from 6:00 to 9:00 pm. This allows doctors from DHMC to volunteer their time and eliminate the cost of paying a physician provider; these hours also allow uninsured and underinsured people who live in the Mascoma Valley but work outside the area to get an appointment without missing work. The Mascoma Clinic saw 150 individual patients in 2006. Each night the clinic is open, they can treat between six and eight patients [4].

As the demand for health care services for the uninsured continues to rise, the medical students who organize the clinic have begun to expand the schedule. The goal is to have the clinic open and operational every Monday night. The students feel this is the best way to raise awareness of the clinic, and make it a reliable resource for their patients [4].

#### *Primary Care Resources near the Mascoma Valley*

Between July 2006 and June 2007, 2,983 individual patients accessed a primary care physician at Dartmouth-Hitchcock Medical Center (DHMC) [7]. Between April 1, 2006 and March 31, 2007, Alice Peck Day Memorial Hospital (APD) primary care treated 2,824 [8]. Based on these figures,

we can estimate that approximately 1,200 patients are not accessing primary care within the Mascoma Valley, or at either of the nearest hospitals.

Anecdotally, MVHI knows that residents of Dorchester often travel north to Speare Memorial Hospital and the Mt. Mooselauke Health Center to receive their care [9]. Some people in Grafton and Canaan travel south to Concord Hospital, New London Hospital, or the Health First Family Health Center in Franklin [1]. Both Health First and Mt. Mooselauke are Community Health Centers that provide free or low-cost care for uninsured or underinsured patients. MVHI also knows that many veterans living in our service area use the Veteran’s Administration Hospital in White River Junction, VT for their primary and mental health care needs [10]. The primary care resources most commonly accessed by residents of the Mascoma Valley are summarized in **Table 1**.

**Table 1.** Primary Care Resources in and near the Mascoma Valley

<b>Name</b>	<b>Location</b>	<b>Type of Provider</b>	<b>Approximate Distance to Canaan</b>	<b>Number of Patients Served (MV Residents)</b>	<b>Clinic Hours</b>
DH-Mascoma Pediatric Clinic	Canaan	Pediatrician	0 miles	Approximately 850	9:00 am to 5:00 pm most days, M-F
Good Neighbor-Mascoma	Canaan	General Internal Medicine	0 miles	Approximately 150	6:00 to 9:00 pm most Mondays
Doctors Who Care	Enfield	General Internal Medicine	7 miles	Approximately 2,000	9:00 am to 5:00 pm M-F
Alice Peck Day Memorial Hospital	Lebanon	Acute Care Hospital and Outpatient Clinic	13 miles	Approximately 2,800	8:30 am to 5:00 pm M-F
Dartmouth-Hitchcock Medical Center	Lebanon	Acute Care Hospital and Outpatient Clinic	15 miles	Approximately 3,000	8:00am to 5:00 pm M-F; 9:00am to 12:00pm Saturday
VA Hospital	White River Junction, VT	Acute Care Hospital and Outpatient Clinic for US Veterans and their spouses	18 miles	Unknown	8:00 am to 4:30 pm M-F
Good Neighbor Health Clinic	White River Junction, VT	General Internal Medicine	18 miles	Unknown	Daytime clinics 3 times per month; Evening clinic M, W, F
Speare Memorial Hospital	Plymouth	Acute Care Hospital and Outpatient Clinic	26 miles	Unknown	10:00 am to 6:00 pm M-F
Mt. Mooselauke Health Center	Warren	General Internal Medicine	20 miles	107	8:00 am to 4:00 pm 2 days/wk; 8:00 am to 5:00 pm 2 days/wk; 8:00 am to 6:00 pm 1 day/wk
Health First Family Care Center	Franklin	General Internal Medicine	31 miles	10	8:00 am to 6:00 pm M-F

## *Focus Groups*

### Problems Accessing Care

All focus group participants receive their health care outside of the Mascoma Valley. The majority reported going to DHMC and APD, or community-based clinics associated with both for their primary care needs. Some participants reported going to Health First, a Federally Qualified Health Center in Franklin. Others travel to Speare Memorial Hospital in Plymouth, New London Hospital in New London, and the VA in White River Junction, VT to receive their care.

Focus group participants in Dorchester, Orange, and Grafton cited travel time as one of the main barriers to accessing health care. Between driving, parking, waiting for the appointment to start, and the appointment itself, half the day could be lost in one simple checkup. People in these towns felt that the distance to health care resources causes many people to forego needed care, simply because they cannot afford the time it takes to get there.

The Mascoma Senior Center employs a part-time social worker, who was present at the Canaan focus group. She reported that people who are new to the area sometimes find it difficult to get a new primary care physician. Because Doctors Who Care in Enfield is not accepting patients, and seniors with Medicare are not eligible for free care at the Good Neighbor Mascoma Clinic, these people must look outside the region for a doctor.

Another closely related problem that emerged in each of the focus group discussions was that people may not be aware of their options for accessing free or low-cost health care. Even if they are, some may be reluctant to access care that is free, or a service only for the needy. The Good Neighbor Mascoma Clinic was identified by all participants as a great resource for uninsured people in the area. However, they also felt that some people who qualified for free care might not use such a resource because they would not want to be seen as accepting a handout. Participants also felt that people might perceive free care as lower-quality, particularly if it was not affiliated with an area hospital.

The mental health needs of the community were also addressed by focus group participants. While most agreed that there is a serious need for mental health services in the area, there was also a general sense that the stigma associated with mental illness would prevent many people from accessing care. One participant reported of a neighbor whose son suffered from depression; instead of getting him professional help, the mother

simply stated “He should just suck it up.” In this case, attitudes about mental illness may be more of a barrier to access than geography.

At each of the five focus groups, the lack of oral health care providers in the region was the most commonly cited barrier to access. According to participants, Medicare does not pay for any dental care. Although Medicaid will pay for some oral health services, the majority of dentists in the Upper Connecticut River Valley will not accept any new Medicaid patients. The Good Neighbor Health Clinic has a dental office that provides free care, but as focus group participants noted, it can be difficult to get an appointment. Demand for treatment services is extremely high, leaving little or no capacity to provide preventive care such as cleanings. The need for oral health care in the Mascoma Valley is so great, and so widely recognized, not a single focus group participant was surprised to hear of a resident who pulls his own teeth if he has an infection or tooth ache.

### Solutions

Participants in each focus group described the ideal set-up for accessing health care as having the following characteristics:

- A full-service clinic: primary care including lab work capability, mental health, oral health, and ophthalmology
- Accepts various types of health insurance, including Medicare and Medicaid
- Located in Canaan, Dorchester, Grafton or Orange
- Evening and/or early morning appointment times
- Associated with a hospital, such as DHMC, APD, Speare Memorial, etc.

Focus group participants felt that this type of health care facility, located in the Mascoma Valley, would greatly reduce some of the problems with accessing care.

### Limitations

One of the main limiting factors in this research was the number of people willing to attend a focus group. Although all five focus group sessions were advertised in the Valley News community calendar, information was posted on our organizational website and some town websites, fliers were posted in public places all around the area, and information was sent home with elementary school children in backpacks, there was still a very small turnout for four of the five.

The exception was the Canaan focus group, which was held at the Senior Center an hour before their weekly group lunch. Therefore many seniors were there early for the lunch, not necessarily because they knew about the focus group. They simply agreed to participate in the discussion

because they happened to be there at the time. Most attendees were invited personally by a staff member of our organization. For future community research, we will focus our efforts on previously scheduled events with good attendance in which we can participate, and rely on personal invitations wherever possible.

## **Discussion**

The ideal health care center in the Mascoma Valley described above under the heading Solutions is a compilation of suggestions brought up during focus groups. It is important to note that all participants acknowledged the difficulty in establishing and maintaining such a facility, and admitted that it might not be sustainable. However, the health care center they described has some important characteristics that are attainable, and if implemented correctly, could address some of the following barriers to accessing primary care:

### *Availability*

Currently, there is very limited capacity to treat new patients in the Mascoma Valley. The few providers currently practicing the area cannot be expected to solve all the problems related to health care access. The Good Neighbor Mascoma Clinic is a valuable resource for uninsured community members, but it does not have the capacity to serve all those who are in need of primary care. Finally, there is a serious gap in the availability of mental health and oral health care providers in the region. There simply is not the supply needed to meet the demand in the five towns that make up the Mascoma Valley.

As stated earlier, the current unmet need for primary care services is approximately 1,000 individuals. While that is not enough patients to sustain a full-time primary care physician, there may be others who would prefer to see a doctor in the Mascoma Valley instead of traveling outside the region. It is also possible that a part-time physician could meet the needs of these patients.

### *Convenience*

In the Mascoma Valley, the only health care resource available after normal business hours is the Good Neighbor Mascoma Clinic, and that is only for the uninsured. All other residents must travel outside the region to access health care before 9:00 am or after 5:00 pm. The DHMC Community Health Center does have clinic hours on Saturday mornings, but does not have times for evening appointments. This restricted scheduling is a barrier for many residents in this area with inflexible work hours. An evening and weekend clinic operating in the Mascoma Valley could serve this unmet need by

providing appointment times that do not conflict with normal working hours, therefore increasing access to services.

### *Awareness*

Although there are many valuable health care resources in and around the Mascoma Valley, they cannot be effective if people do not know about them. The Good Neighbor Mascoma Clinic underwent a huge awareness campaign in early 2007. A mass mailing, door-to-door canvassing, and promotion in the MVHI quarterly newsletter were all aimed at increasing patient enrollment. The medical students who run the clinic credit a member of the Board of Directors who lives in Grafton for the greatest recruitment of new patients, which he does by word of mouth. However, some of those most in need may not know about this resource, or how to access it.

The same is true of other resources such as the DHMC Community Health Center's weekend appointment times, or the Good Neighbor Health Clinic in White River Junction VT where there are evening clinic hours three times per week, or the Mt. Mooselauke in nearby Warren, or the Health First Family Care Center in Franklin. These are all resources for people with limited resources or inflexible work schedules, located within an hour of Canaan. If people were aware of these and other services available, they may be more likely to access the care they need.

### *Social Stigma*

One of the most delicate barriers to accessing health care for some people is the social stigma associated with accepting a handout. Throughout the Mascoma Valley, focus group participants explained that if it is called a "Free Clinic," people will not want to be seen going in. This is a small community with few strangers, and people here can be fiercely independent. Focus group participants explained that the reason there is often a good turnout at community dinners is the optional fee. If the dinners were advertised as free, participants explained, they would be viewed as a handout. However, because there is a charge for the dinners they are not seen as a handout, but rather a community event. The fact that the charge is minimal and optional is not nearly as important as the fact that there is a charge at all.

This is an important lesson to keep in mind when promoting health care resources in the Mascoma Valley. Although uninsured residents would most likely not be able to afford to pay out of pocket for their care at a hospital or doctor's office, they may not want to be seen at the Good Neighbor Mascoma Clinic if it is advertised as free. However, if there

was a clinic in the area that accepted insurance payments and cash, and waived the fee for those who could not pay, this might eliminate the stigma and allow more people to access the care they need.

## **Conclusion**

The primary care needs of the Mascoma Valley are as follows:

- A family practitioner with evening and/or weekend appointment hours at an office in the Mascoma Valley, that is willing to take approximately 1,000 new patients, including those with Medicaid and Medicare.
- A dentist or dental hygienist who can provide preventive care and treatment in this area and is willing to take Medicaid patients. Late afternoon and evening appointments would be ideal.
- A mental health care provider who can take afternoon and evening appointments.

Implementing these changes poses a huge challenge. In addition to the significant financial resources required to establish and sustain such a health care facility, sustainability would require the full support of the community, buy-in from local and regional providers, and a great deal of time and effort. This is not to say the outcome would not be worth the inputs; it is only to recognize the magnitude of the changes necessary to meet the demand. The Mascoma Valley Health Initiative will continue to address the problems identified in this report in order to eliminate geographic barriers to health care.

## Reference List

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