Clinician Involvement in Networks

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Clinician Involvement in Networks Roles

- Imprimatur
- Connector
- Advocate/Broker
- Leader
- Clinical
  - Occasional clinical services at “free clinic”
  - Clinical services at major clinical sites – FQHC, PH
  - accept limited referral for episodes of care
  - mainstream network patients into practice
- Think beyond just “safety net” – align all community health care resources

What Clinicians Want in Indigent Care Network Role

- To practice quality medicine with minimum of intrusion or hassle
- To be decent professional citizens – get back to why they entered profession
- Better clinical outcomes and less practice hassle with slow-pay/no-pay – rational!!!!
- Willing to forego revenue if for low-income, self-pay and system support
- "Fair and finite" role

What Clinicians Want in Indigent Care Network Role

- System to support patient's adherence to professional/practice expectations
  - Truly needy
  - Keep appointments
  - Continuous primary care
  - Have sufficient referral network – primary/specialists
  - Sufficient access to procedures, pharmaceuticals

What Clinicians Want in Indigent Care Network Role

- Patient navigation
- Link to needed behavioral health/ substance abuse services
- Link to social and other adjunctive services
- Hospital participation
- Track activities and report on clinician and patient experience
- A little recognition

Overall Strategies for Clinician Recruitment into Network Activities

- First, believe that clinicians are intrinsically interested
- Run on clinicians interests as mutual wins
- Identify and engage first inclined physicians
- Invaluable to have clinical peers from other networks in action to join dialogue
- Dialogue around request and offers to surface basis for relationship
- "Under what circumstances would you…"

Overall Strategies for Clinician Recruitment into Network Activities

- You must give the initiative back to clinicians to discuss among themselves – months
- Follow-up earnestly to meet agreed items and otherwise continue to dev. network
- Plan for going to scale -> “Fair and Finite”
- Be sure system and relationships are help honest – avoid “bait and switch”

Clinician Involvement in Networks in Good Company

- Project Access – Buncombe County, NC
- 100 communities in stages of replication
    - 12 fully functional – Emmanuel, GA; Greenville, SC; Marquette, MI; Pitt County, NC; Pittsylvania, VA; Richmond, GA; Salt Lake, UT; Sedgwick, KS; Shawnee, KS; Wake, NC; Watauga, NC
    - 20 well into implementation
    - 60+ on track
- American Project Access Network (APAN)

At the End of the Day….

Through its actions and inactions, a community decides the level of health and well-being of its residents.

It is only the level of cooperation in a community that limits its capacity to accord its people a reasonable prospect for health.

As for my community, we decide to ...

What is the Key to Your Commitment?

- Do you truly believe that better community coordination across sectors will give us better circumstances in my community– just like the growing number of communities across the country?

- In all honesty, for what or whom are you waiting before you take personal action on this issue in a deep and determined way?

- What earnest request would you like to make of another to secure/leverage your deep commitment in return?

Thank You and Best of Luck

- Eric T. Baumgartner, MD, MPH
  - Louisiana Public Health Institute
  - Consultant – GA Health Policy Center
  - ebaumgartner@LPHI.org
  - (504) 813- 3688