

Providing Comprehensive Care to Underserved Communities

Philadelphia FIGHT
Community Health Centers
Past, Present and Future

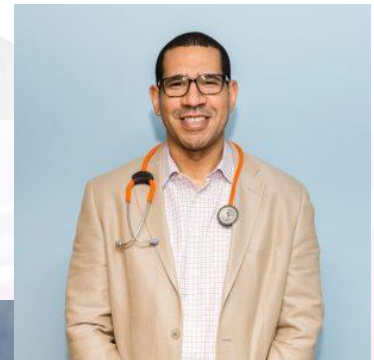


Learning Objectives

1. Describe FIGHT's history in community research and how the type of programs they offer positively affect underserved communities.
2. Explain various successes and challenges of building a multi-disciplinary practice servicing some of Philadelphia's most vulnerable citizens.
3. List ways Federally Qualified Health Centers impact populations and how they play an important role in population health.

Agenda

- FIGHT History and Growth
- Values We Retain
- Staff Perspectives
- How To Get Involved



FIGHT History 1990-2013

- 1990: FIGHT starts clinical trials (Field Initiating Group for HIV Trials)
- 1996: Jonathan Lax Center and Project TEACH created – HIV primary medical care and intensive HIV education for PLWHA
- 1999: Critical Path AIDS Project, AIDS Library and Y-HEP join FIGHT
- 2001: Diana Baldwin Clinic created – talk therapy for PLWHA
- 2003: Prison Services department created
- 2008: Prison Services becomes the Institute for Community Justice reentry program
- 2010: TREE IOP created – intensive outpatient recovery for PLWHA
- 2011: Clinica Bienestar starts at Prevention Point -- HIV primary medical care in Spanish
- 2013: A new era begins when FIGHT becomes an FQHC



FIGHT History 2013-Present

- 2013: As a Federally Qualified Health Center, FIGHT can now provide medical care to anyone regardless of insurance or ability to pay
- 2014: John Bell Health Center and YHEP Adolescent Health Center are created
- 2016: FIGHT Family Dentistry is created
- 2018: All of the following started last year:
 - FIGHT Pediatrics is created
 - FIGHT clinic at Broad Street Ministries is created
 - AIDS Library becomes Critical Path Learning Center
 - Diana Baldwin therapy now accepts HIV- adults



A Philadelphia FIGHT
Community Health Center



A Philadelphia FIGHT
Community Health Center



Values We Retain

- Everyone deserves comprehensive and effective health care, regardless of insurance status or ability to pay
 - Wrap around team approach
 - Concierge care model (greeters, assistance getting to specialist appointments, etc)
 - Benefits Coordinators and Case Managers
- Reducing or removing health access barriers will increase overall community health
 - We prioritize marginalized people, including but not limited to: returning citizens, people with low incomes, LGBTQ+ individuals, homeless and unstably housed people, people who use drugs, people with active mental illness, and more....
 - Growth is driven by and reflects community needs



Building a Trauma Informed Dental Practice

Kari Hexem, DMD MPH

Dental Director

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THE MORAL-HAZARD MYTH

The bad idea behind our failed health-care system.

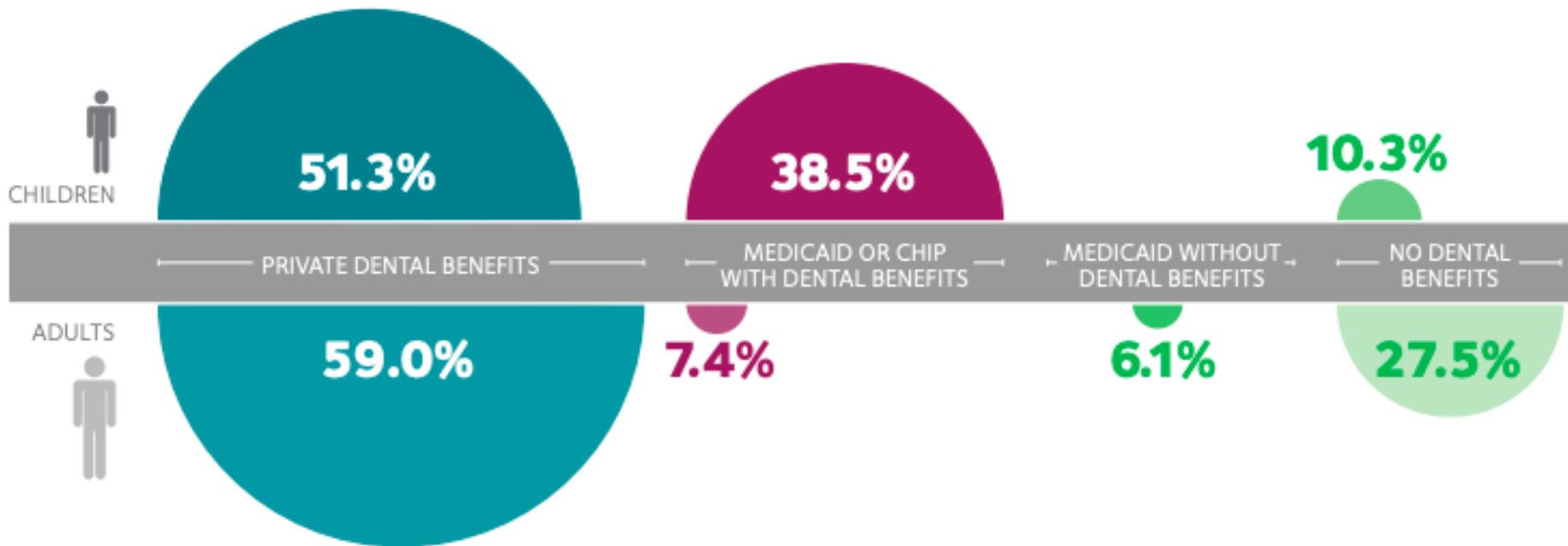


By **Malcolm Gladwell** August 21, 2005

Tooth
teeth
It becomes
and forms

Several years ago, two Harvard researchers, Susan Starr Sered and Rushika Fernandopulle, set out to interview people without health-care coverage for a book they were writing, “Uninsured in America.” They talked to as many kinds of people as they could find, collecting stories of untreated depression and struggling single mothers and chronically injured laborers—and the most common complaint they heard was about teeth. Gina, a hairdresser in Idaho, whose husband worked as a freight manager at a chain store, had “a peculiar mannerism of keeping her mouth closed even when speaking.” It turned out that she hadn’t been able to afford dental care for three years, and one of her front teeth was rotting. Daniel, a construction worker, pulled out his bad teeth



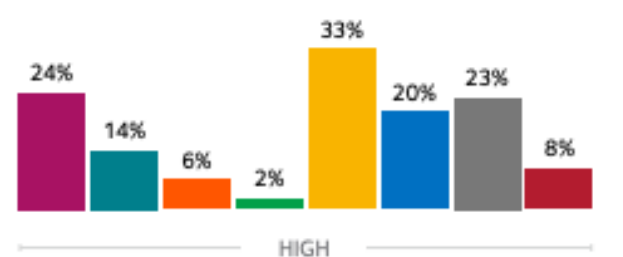
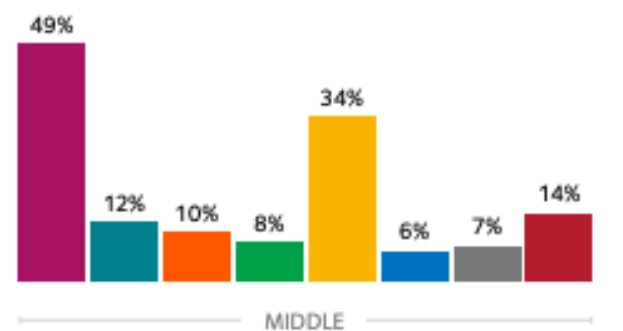
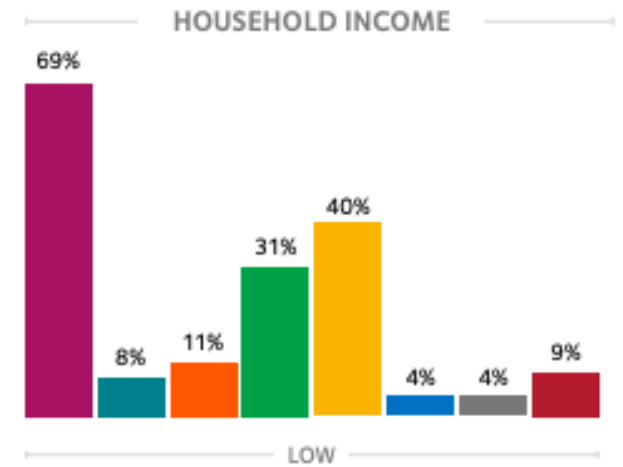
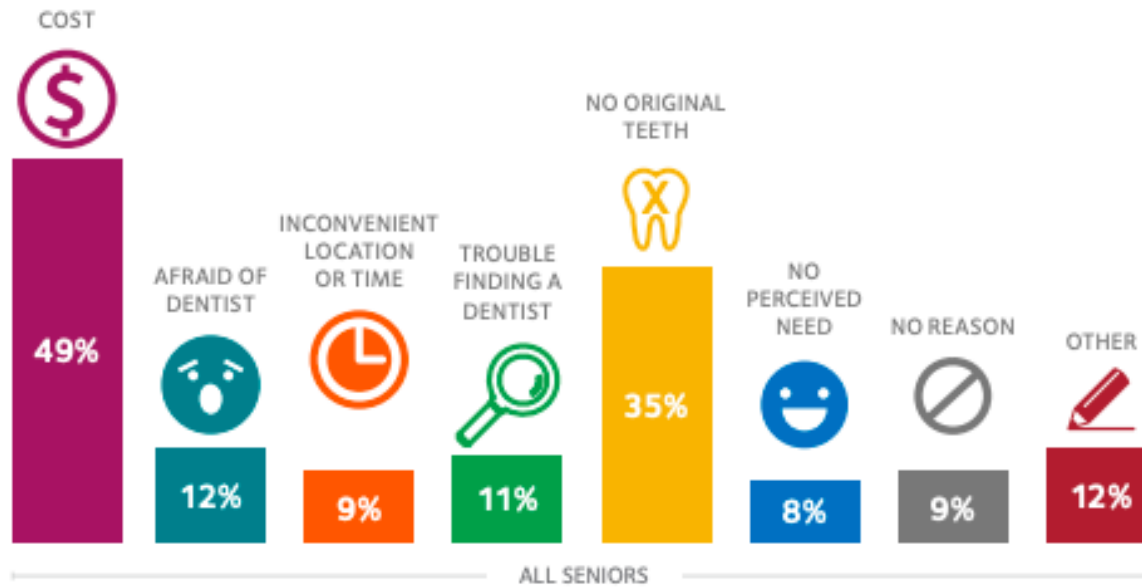


In 2015, **10.3%** of children had no form of dental benefits coverage. This is the **lowest level ever** and down from **15.8%** in 2010.



1 in 3 adults have **no form** of dental benefits coverage.

REASONS FOR NOT VISITING THE DENTIST MORE FREQUENTLY AMONG SENIORS WITHOUT A VISIT IN THE LAST 12 MONTHS



COST IS THE TOP REASON AMONG SENIORS REGARDLESS OF INCOME LEVEL.

NO ORIGINAL TEETH IS THE TOP REASON AMONG HIGH-INCOME SENIORS.



EVERY **15**
SECONDS

How often, on average, someone visits a hospital emergency department for dental conditions in the United States.



2.2 MILLION

Number of hospital emergency department visits for dental conditions in the United States in 2015.



70%

Percentage of hospital emergency department visits for dental conditions occurring outside of normal business hours.¹



\$2 BILLION

Amount spent on hospital emergency department visits for dental conditions in the United States in 2015.



ADULTS

41%

of hospital emergency department visits for dental conditions among **adults** in the United States are paid for by Medicaid.



CHILDREN

70%

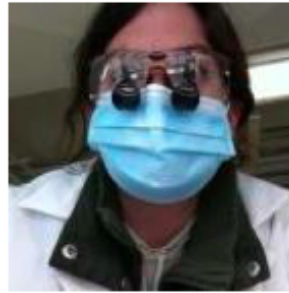
of hospital emergency department visits for dental conditions among **children** in the United States are paid for by Medicaid.

Medicaid expansion under the Affordable Care Act led to increased dental coverage and dental care use among Medicaid-enrolled adults, some of which occurred in hospital emergency departments.²

Kari Hexem



Bridging the Gap Student



Initial Design – “Tugboat”

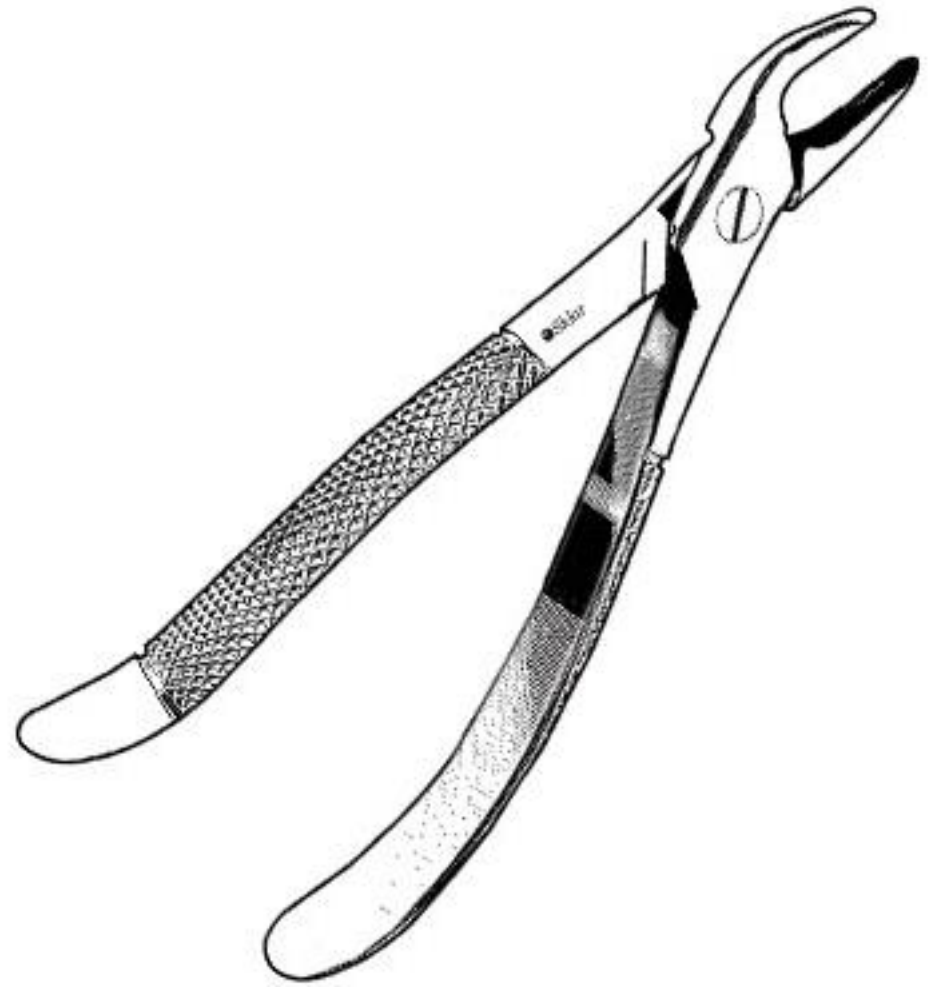


PAN

id “clean

Dental





Working with Traumatized Individuals

- HIV diagnosis
- Childhood trauma
- History of incarceration
- History of drug use/abuse
- At risk youth
- Homelessness
- Refugees, recent immigrants
- Poverty

Typically, an adult can ...

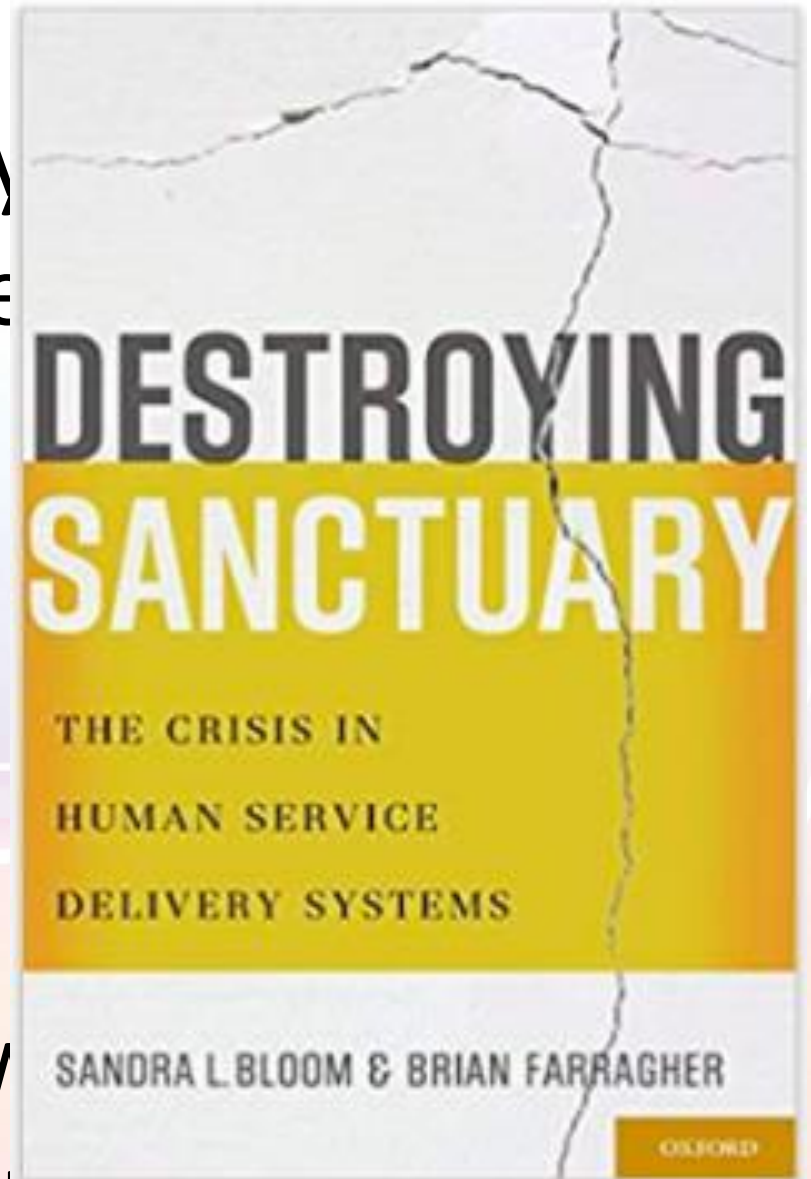
- Perceive world in fairly objective way
- Problem solve & plan for future
- Recognize, tolerate & learn to manage feelings
- Have stable sense of identity & capacity for self-efficacy
- Form trusting relationships & rely on those relationships for support and assistance

A traumatized brain ...

- Hijacks “thinking brain”
- Relies on FIGHT - FLIGHT - FREEZE
- Becomes a survival brain
- Feels unsafe in relationships, unsafe in body, unsafe in feelings/thoughts
- Distorts alarm system in brain - perceiving danger everywhere
- Can't adequately appraise the present moment or learn from experiences

Vicarious trauma

- Empathy - the ability to feel someone else's shoes
- Burnout - worn out, exhausted, job
- Compassion fatigue
- "I'm fine"
- "I'm a professional"
- Body and brain show trauma symptoms (e.g. sleep problems)



Trauma-Informed Approach

- Attention to an “uplifted” clinical environment
- Emphasis on kindness and respect



Trauma-Informed Approach

- Urgent care hours
- “Tell-Show-Do” approach
- No shaming
- Minimally invasive dentistry

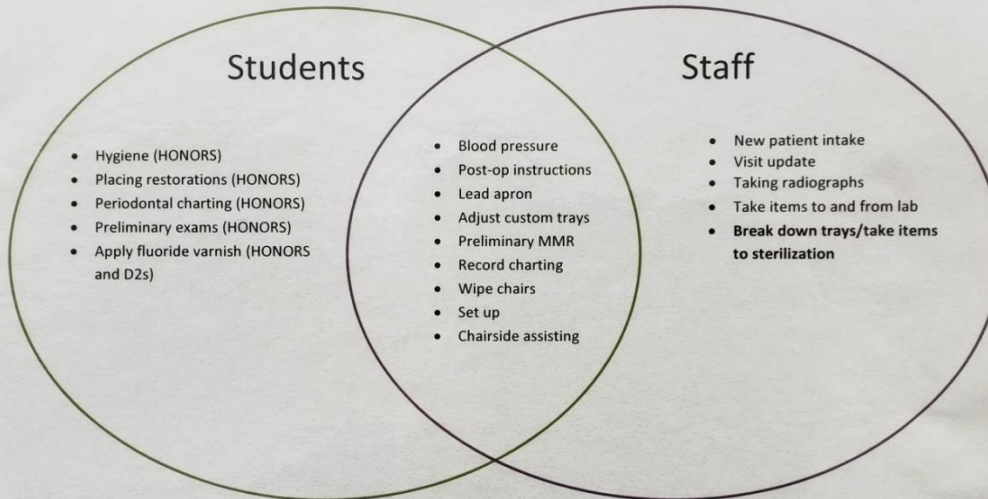


Trauma-Informed Approach

- Safe spaces for staff



FIGHT Dental: Student vs. Staff Responsibilities



Students should not break down trays and take items to sterilization, or throw things away – do not throw away suction tips! And no cell phone use in clinical areas, anyone! 😊

Last updated 5/14/2018



Katherine Schier D'15 and Jonathan Vo D'15 at the HIV Prevention Summit in 2014

Building a Patient-Centered Pediatric Practice

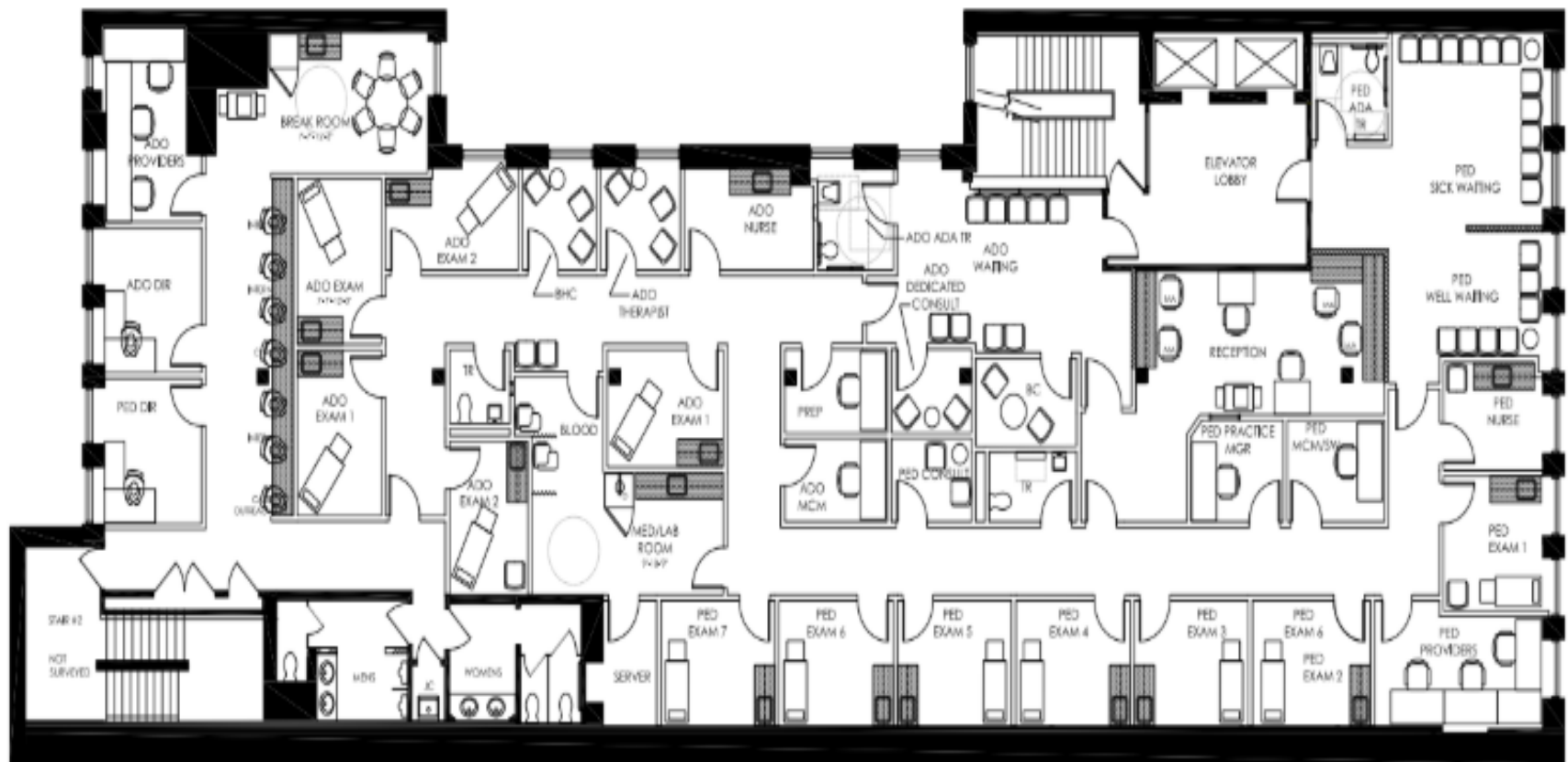
Mario Cruz, MD
Medical Director
mcruz@fight.org



Hello Dr. Cruz, we are
building a new
Pediatric FQHC clinic.
We want you to build
it? Are you in?



We literally built a clinic!



Pediatric Care Gaps

Childhood
Dental Caries*

Breastfeeding*

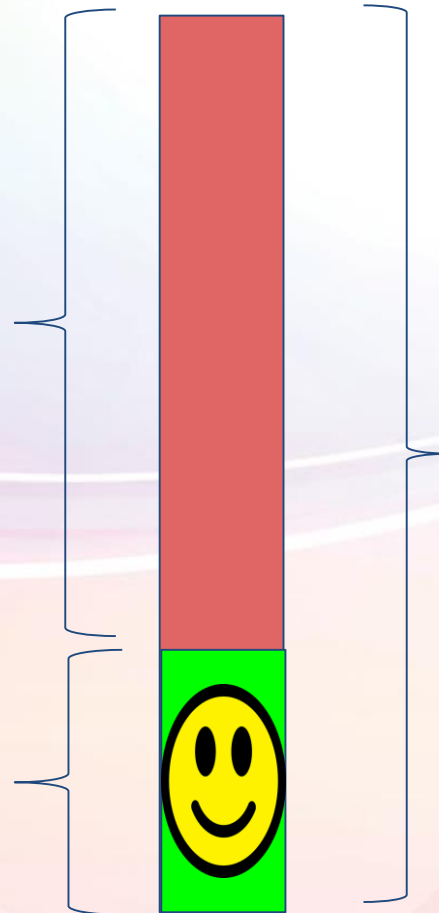
Behavioral
Health*

“Care
Gap”



Patients who
ACTUALLY receive
services

Patients who
SHOULD receive
services

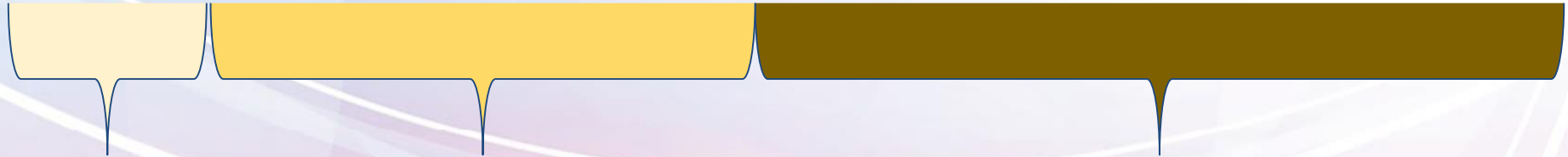


Addressing Care Gaps across the pediatric lifespan

Breastfeeding support

Dental Caries Prevention

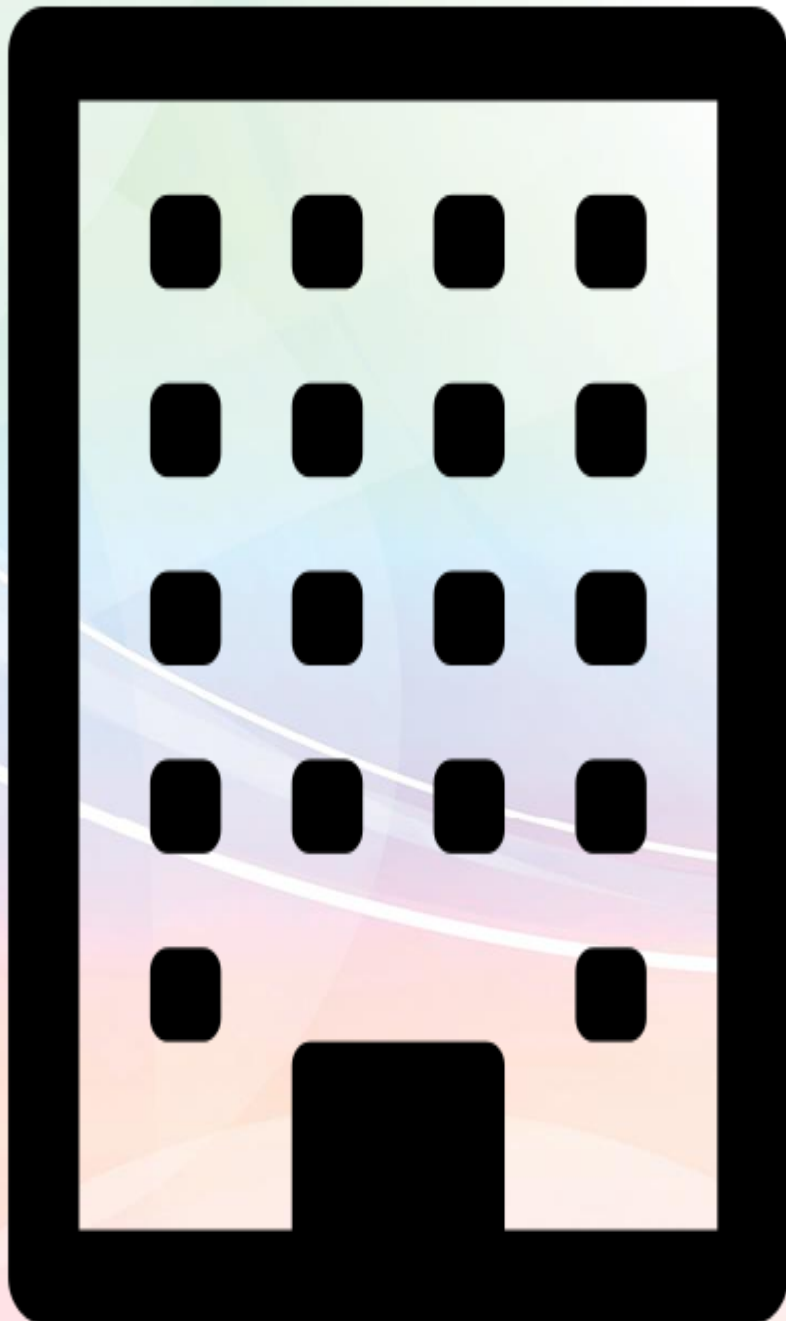
Behavioral Health Support



0-12
months

1-5 years
old

5-18 yrs old



<u>5th Floor</u>	<u>Pediatrics and YHEP</u>
4th Floor	Dental
3rd Floor	John Bell (Adult Medicine)
2nd Floor	Institute for Criminal Justice

1207 Chestnut St

Feeding your baby
is **NORMAL**



PhillyLovesBreastfeeding.org



Lisa Knoflicek, MD, CLC

“I get calls from his school everyday”

- Poor behavior at school
- Trouble focusing, can't stay still
- Sometimes hits other children
- Temper goes from “zero to sixty”
- Other kids don't like him
- Mom recently fired because of days off
- Grades struggling



The Six F-Words for Childhood Disability

1



FUNCTION

I might do things differently but I CAN do them. How I do it is not important. Please let me try!



2 FAMILY

They know me best and I trust them to do what's best for me. Listen to them. Talk to them. Hear them. Respect them.

3



3 FITNESS

Everyone needs to stay fit and healthy, including me. Help me find ways to keep fit.



4 FRIENDS

Having childhood friends is important. Please give me opportunities to make friends with my peers.

5



5 FUN

Childhood is about fun and play. This is how I learn and grow. Please help me do the activities that I find the most fun.



6 FUTURE

I will grow up one day, so please find ways for me to develop independence and be included in my community.

WHY did you come to work
late today? (5 WHY's)

I couldn't get out of bed on
time



I put the alarm on snooze
too many times



Because I was really tired

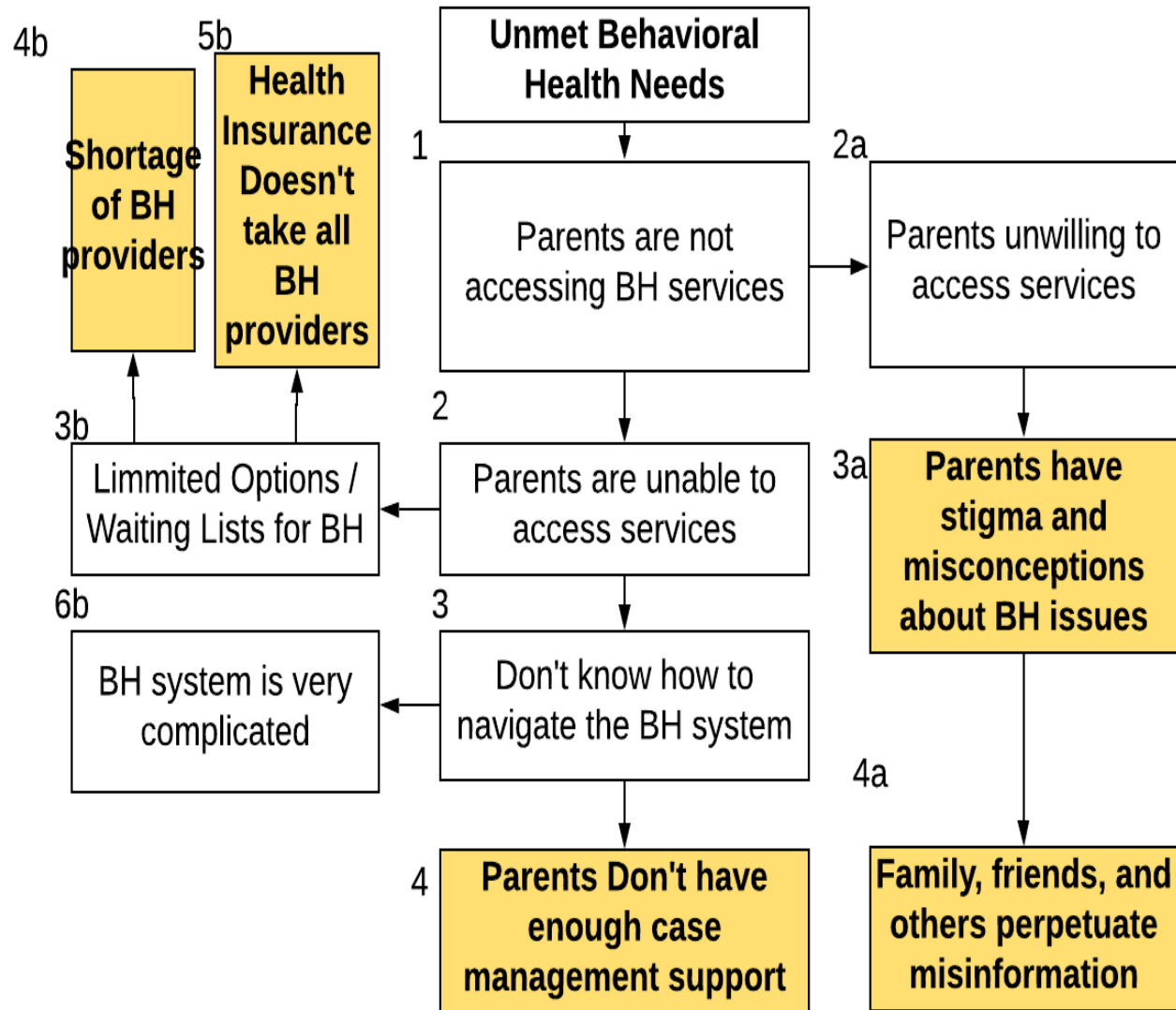


Because I stayed up too
late

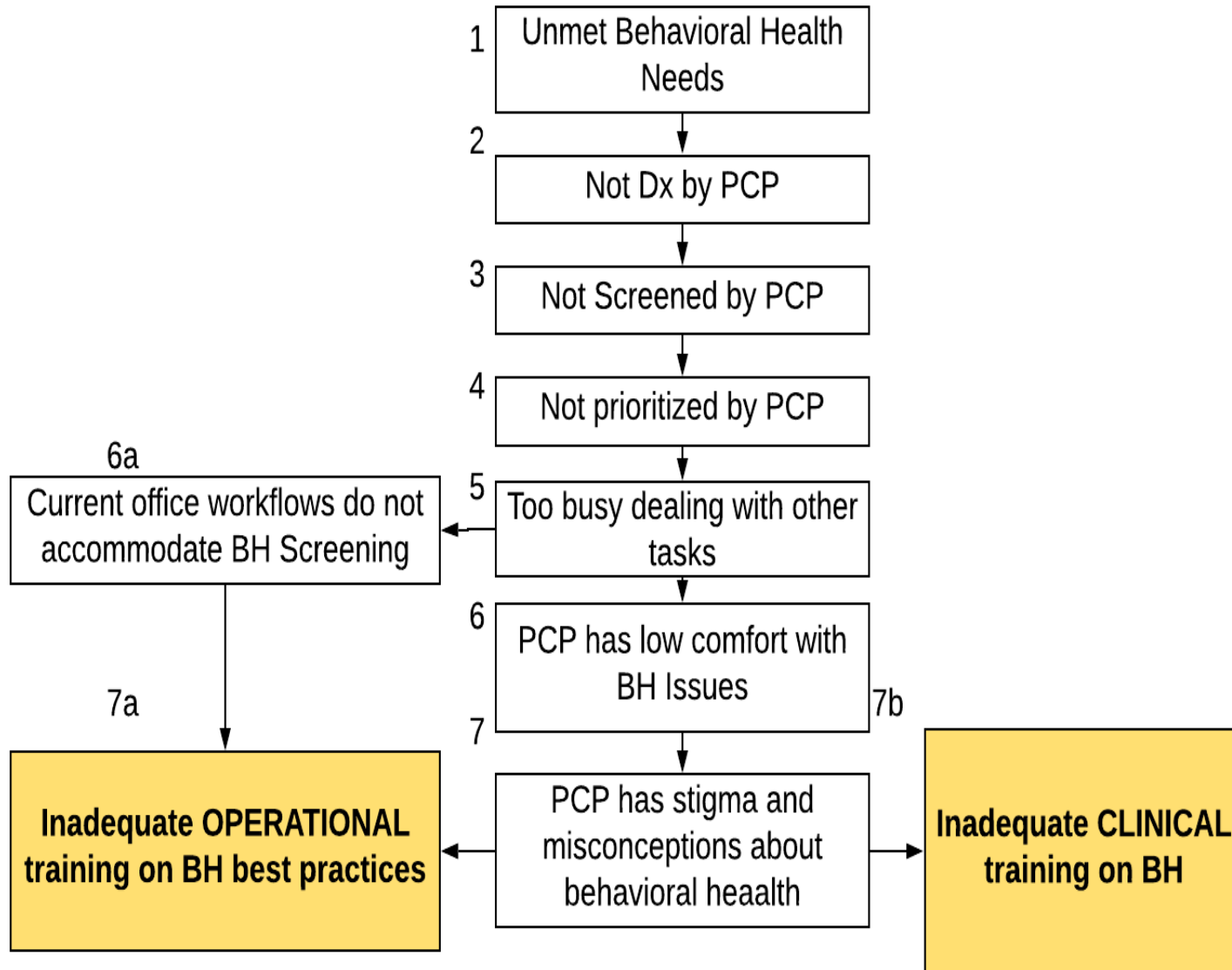


I was on a netflix binge

WHY are behavioral health needs unmet by the behavioral health system?



WHY are behavioral health needs unmet by primary care pediatricians (PCP)?



People

- Staff training (train the trainer)
- Hiring of a SW with expertise in BH case management
- Use of CHOP telephonic psychiatric support
- Student Assessment Program collaborators



Process

- LEAN principles to 'make space' for behavioral health

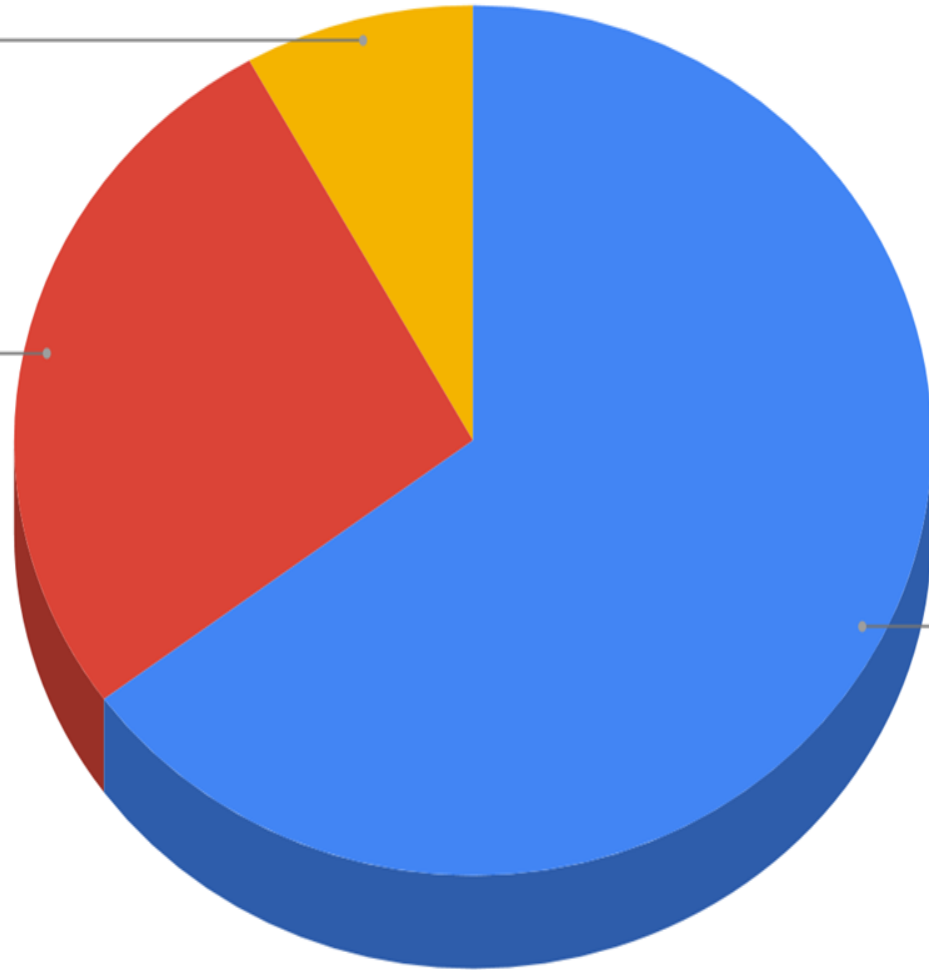
Technology

- Customization of EMR to minimize click counts

Patients Referred to FIGHT Pediatrics for Behavioral Health Support

Never arrived
8.1%

Required Many Reminders
27.0%



N	37
Males; Age	24; 8 (5-18)
Medicaid	23
1st appt	16 days
Meds	24
Meds on 1st visit	18
Received counseling	11

Arrived on first scheduled appointment
64.9%

We will look to use “Brief, office-based interventions” as an alternative to therapy in patients who cannot access therapy



Journaling Prompts

Note: The use of prompts is optional. Feel free to write about anything for which you are grateful.

Someone whose company I enjoy...

A fun experience I had...

The best part about today...

An act of kindness I witnessed or received...

A reason to be excited for the future...

Someone I can always rely on...

A valuable lesson I learned...

Something I can be proud of...

Someone who I admire...

An unexpected good thing that happened...

Something beautiful I saw...

An experience I feel lucky to have had...

Gratitude Journal

Entry #1	Date:

How To Get Involved

- Jefferson CPH Clerkship
- Volunteer Opportunities
- Attend public programs, events and webinars
 - AIDS Education Month, Prevention Summit, National HIV Testing Day – every June
 - Prison Health Summit – every October
 - Community Health Training Alliance – year round
 - Next CHTA event: **Friday, April 19, 2019: Making Your Bottom a Top Health Priority**
 - <https://fight.org/event/philadelphias-2nd-anal-health-symposium-making-your-bottom-a-top-health-priority/>

References

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- <https://fight.org/programs-services/education/>
- <https://fight.org/programs-services/research/>
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- <https://www.therapistaid.com/therapy-worksheet/gratitude-journal>
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- <https://fight.org/how-to-help/volunteer/>