

SHARE Program

Sharing Health Alternative Reflects Excellence

FMRS Health Systems, Inc.
101 South Eisenhower Drive
Beckley, WV



Kathy Armentrout, Project Director
304.256.7100; 304.256.0695
karmentrout@fmrs.org



Successes Since March 2013

- A total of 154 patients have been enrolled in the SHARE program including 12 African Americans, which is 8% of the patients enrollment and in line with the prediction of 8.2% of the total number of SHARE patients.
- Consumer surveys @ initial appointment determined patient personal wellness goals & their interest in wellness groups. The first groups offered (Nutrition, Exercise, Art Therapy) reflected consumer interests.
- Other wellness groups address areas of concern for population of focus, based on baseline data (Diabetes Education, Smoking Cessation, WRAP, Activities Group)
- Evidence-based curriculums/approaches reflecting equal success with Caucasian and African-American populations whenever possible (*WRAP, *NEWR, IMPACT, Motivational Interviewing, Individualized Strength-based Tx Plans).
- Collaborated with sister behavioral health centers to train WRAP Individual and Group Facilitators; a total of 16 clinicians in 3 agencies became Certified WRAP Facilitators.

*WRAP-Wellness Recovery Action Plan, NEWR-Nutrition Education for Wellness & Recovery

Successful Implementation

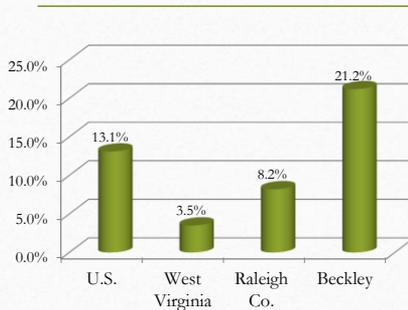
- Consumer friendly enhancements (reduced wait times, no wrong door, neutral or diverse signage, greet by name, “we missed you”, “so glad you came”, local quotes in NEWR)
- CLAS standards: culturally sensitive materials utilized in health education, groups, and signage. Sign Language Interpreter under contract. Cultural competency training required for all staff; trauma-sensitive atmosphere emphasized for all staff.
- Most patients to date have a service coordinator who assist with SSI/Medicaid/Medicare applications
- Sharepoint Site allows real-time communication between site and evaluator

Overcoming Challenges & Barriers

- Major differences in philosophy with FQHC led to search for new PC Partner.
- New enthusiastic partner, Beckley Appalachian Regional Hospital, better understands the purpose of integrated healthcare. While the transition time has been difficult for patients, the RN Care Manager & Wellness Coordinator have reduced patient stress.
- Transportation to clinic and wellness activities is difficult for those not in ACT or other client-specific community focused treatment.
- Added administrative support via Benedum Foundation Grant to facilitate client registration.
- The difficulty in getting patients to get needed lab work will hopefully be facilitated by location of BARH lab at FMRS to serve SHARE Program.
- Technical Assistance provided around new MOU, sustainability and pharmacy fees.

Population of Focus

African American



*Based on local data from the U.S. Census Bureau

African American*

- Largest subpopulation in West Virginia, comprising 3.5% of the state's population; 8.2% of the population of Raleigh County, the home county of the SHARE program.
- 21.2% of the population of Beckley, the city within which the SHARE program is located.
- Demonstrates a larger composition of African Americans in Beckley when compared to the U.S. (13.1%).
- Specific health needs notable for the African American population include overall higher rate of high blood pressure and diabetes, in addition to elevated rates of high cholesterol, Metabolic Syndrome and smoking.
- Anticipate that 8.3% of the SHARE patients will be African American or a total of 157 patients by year 4.

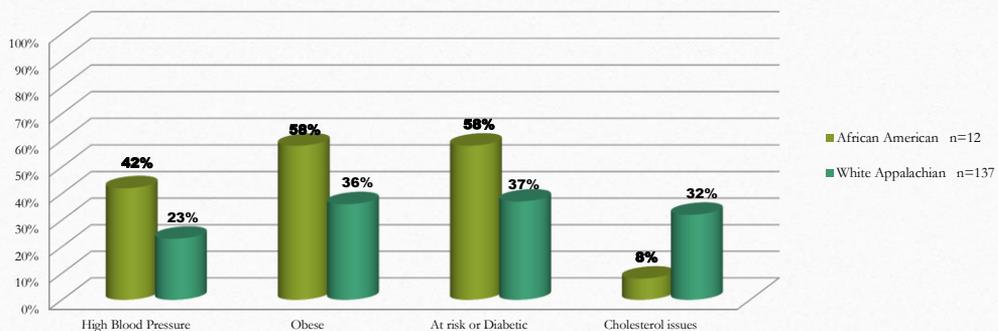
Health Outcome Goals Specific to the Sub-Population

- At least 25% of the African American clients diagnosed with high blood pressure will have a reduction in their elevated readings by the end of the second six-months of participation;
- At least 25% of the clients with obesity or with Metabolic Syndrome will demonstrate at least a 5% decrease in weight after a 12 month period;
- At least 25% of those with high cholesterol, Metabolic Syndrome or obesity will increase activity level 25% from the level determined at baseline screening;
- 50% of the African Americans identified with diabetes that is not controlled will have reduced glucose levels within 6 months after participation begins, and will have continued reduced levels as measured by glucose levels at follow-up appointments at 12 and 18 months;
- 20% of African-Americans who smoke cigarettes will participate in smoking awareness and cessation efforts resulting in reduction in frequency or amount of cigarettes smoked;
- A majority of African Americans enrolled in SHARE will : 1) stabilize or reduce health risks (high blood pressure, obesity, high cholesterol, smoking, diabetes) or 2) complete a WRAP plan; or 3) show improvement as measured by the NOMS;
- African Americans enrolled in the program will have a 30% reduction in unnecessary admissions to the hospital or emergency room from baseline data to reassessment.

Data & Collection Measures

- NOMS data is collected for each individual entering the SHARE program. Subpopulation data is extracted and analyzed independently of the entire data set.
- Quarterly mechanical health indicators are collected for this subpopulation and reviewed independently as a sub-group of the overall data set.
- Participation in wellness activities is tracked for the overall data set as well as the sub-population subset.
- Improvement in health status is conducted in both aggregate and on a matched pair basis. Patients currently receive an Individual Patient Health Report which illustrates their improvement from baseline, mechanical assessments at 3-months and reassessments at 6-months post intake.
- Outcomes of data for the African American population are compared to outcomes of the non-African American population in the SHARE project as well as to the outcomes generated by the NOMS data for African Americans participating in all PBHCI projects.
- Ancillary finding we found surprising was a Cholesterol disparity for White Appalachians when compared to the African-American Population.

Subpopulation Health Disparity at Baseline



Subpopulation Data To Date:

A total of 12 African Americans have been enrolled in the SHARE program, which is 8% of the patients enrolled in the program (154) and in line with the prediction of 8.2% of the total number of SHARE patients being comprised of African Americans.

- Baseline data demonstrates that 42% of the African American population has high blood pressure, compared with 23% of the White Appalachian population.
- 58% of the African American population has a BMI between 30-39.9 or is in the obesity range compared to 36% of the White Appalachian population.
- 58% of the African American population has an A1c in excess of 5.7% or Glucose above 100, compared with 37% of the White Appalachian population within these ranges.
- An ancillary finding is that White Appalachians appear to have a lower HDL cholesterol reading (32%) vs. African Americans (8%) and higher LDL, Triglycerides and Total cholesterol readings.
- The data set for both African Americans and White Appalachians is too small to draw any meaningful outcomes at this time; however, the process is in place to monitor and to report any findings on at least a quarterly basis.

Successes to Date



- Wellness Groups are a HUGE hit and they want MORE!!
- Physical Health Reports w/peer input another huge hit!
- Peer Involvement with agency activities, peer support for each other
- Wellness Wednesdays
- Looking Ahead: Wellness Coordinator will be Certified Smoking Cessation Facilitator