

Integrating Services Not Commonly Associated With Primary Care

Eye Care and Fitness Training at the
Sacopee Valley Health Center

Marques Bostic, OD, CPT

7:30 am

- 57 year old female.
- New patient to Optometry. Referred by Primary Care for a routine diabetic eye exam. Type II diabetes for 10 years with a recent A1C of 8.4.
- Wore glasses when younger but no eye care for 20+ years. Currently getting by with OTC reading glasses only.

7:30 am

- Exam revealed moderate uncorrected hyperopia and early cataracts.
- No diabetic retinopathy was observed.
- Glasses were prescribed and diabetic education was provided.

7:30 am

- Main barrier to eye care had been cost.
- Exam was \$10 with our Fee Discount.
- Bifocal eyeglasses were \$26 through our Affordable Vision Package and Fee Discount.
- Social Services, Primary Care and Optometry were all key in getting this patient the care she needed.

8:00 am

- 60 year old male.
- Previously referred to Behavioral Health by Primary Care for help with lifestyle changes to promote weight loss.
- Type II diabetes for 7 years.

8:00 am

- Behavioral Health set up a shared visit with Fitness, and patient has been seen three times already over the past three months.
- Following up for the fourth time today.
- Patient has been working on increasing movement through regular walking, and learning more about how to balance protein, fat and carbohydrate intake.

8:00 am

- Since beginning the shared visits with Behavioral Health and Fitness he has lost over 15 pounds and his A1C has dropped from 8.5 to 7.7.
- He will continue the shared visits monthly.
- Primary Care, Behavioral Health, Fitness and Social Services were all key in getting this patient the care he needs.

8:30 am

- 25 year old female.
- Referred to Behavioral Health by Primary Care for help with lifestyle changes to promote weight loss.
- Good health besides being moderately overweight.

8:30 am

- Behavioral Health set up a shared visit with Fitness where we discussed strategies for monitoring macronutrient intake and promoting more movement.
- Set patient up with a smartphone app to help track their diet and exercise.

8:30 am

- Patient called us two weeks later report that she loved the app and that she was making significant progress in losing weight and being more active.
- She felt that she was in a good place to continue on her own and will call us if she feels another visit would be beneficial.

8:30 am

- Behavioral Health and Fitness shared visits are not one-size-fits-all. Some patients may require regular ongoing meetings while others may benefit from just one visit.
- This fits with Integrated Primary Care's model of meeting the patient where they're at.

9:00 am

- Visit Sacopee Valley Elementary to provide vision screenings for first and second grade students.
- We have a full portable setup including autorefractor and slit lamp microscope that was purchased last year through grant funding.

9:00 am

- Working together with the school nurse, we screen about 16 children per visit (one classroom).
- At our last visit, I referred 6 students for full eye exams. At least 2 urgently needed glasses.
- SVHC and the school district both reach out to the guardians of referred students to be sure they get the services they need.

9:00 am

- Any child with health insurance has coverage for an eye exam as part of the ACA. Children without insurance can use our Fee Discount.
- Most children who need glasses have coverage through MaineCare or private insurance.
- In the rare case that a child cannot afford glasses they can apply for special funding.

9:30 am

- The main barriers to eye care in this student population appear to be convenience of access, perceived cost and perceived necessity.
- Optometry, the Leadership Team, the Board of Directors and the School District are all key to getting these children the services they need.

11:30 am

- 70 year old female.
- Follow-up visit. One month ago, a plaque was discovered in a retinal artery on routine exam.
- This finding was not surprising given that the patient has had two CVA's in the past 6 months.
- Findings were communicated to Primary Care and Cardiology, but no treatment changes were necessitated.

11:30 am

- Dilated retinal exam now reveals at least 4 retinal artery plaques.
- Vision remains normal and patient remains asymptomatic.
- Findings again communicated with primary care and cardiology. This time Cardiology decides to see the patient for follow-up sooner than planned, and increases the patient's aspirin dosage from baby to full.

11:30 am

- Social Services arranged the transportation to Cardiology.
- Our Care Coordinator followed up with the patient to make sure that she understood the situation and the Cardiologist's instructions.
- Primary Care, Optometry, Social Services, the Care Coordinator and an outside specialist were all key in getting this patient the care she needs.

12:30 pm

- Participants arrive for A Matter of Balance.
- This evidence-based fall prevention program incorporates both physical exercise and educational materials to not only improve balance and stability, but also help reduce fear of falling and help manage falling hazards in the home.

12:30 pm

- Many older adults experience a fear of falling.
- People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater.
- A Matter of Balance includes eight two-hour sessions for a small group led by a trained facilitator. This nationally recognized program was developed at the Roybal Center at Boston University.

2:30 pm

- 24 year old male.
- Seen at our Walk-In Clinic on Sunday after getting metal in his eye while working on a car.
- The walk-in provider removed the metal, started the patient on an antibiotic ointment as prophylaxis and set him up to follow up with me.

2:30 pm

- At follow up I removed the residual rust from the foreign body with an Algerbrush and added a topical steroid since there was considerable inflammation.
- On return visit the presentation was much improved and I instructed him to discontinue the antibiotic and taper the steroids.

2:30 pm

- In this case, the walk-in provider utilized me for follow up management of an acute condition, however if I am working when an eye issue presents to our walk-in clinic they will be referred directly to me.
- This patient had never been to the health Center and had no insurance but was able to utilize our Fee Discount as well as our SunRx Pharmacy Discount Program.

2:30 pm

- This patient did not know about many of our services. Now that he is aware of what we offer and enrolled in our Fee Discount, he will be returning for much needed dental work.
- Walk-In, Social Services, Optometry, Sun Rx Pharmacy and Dental were all key in getting this patient the services he needs.

3:00 pm

- 65 year old male.
- Referred by Primary Care for reduced vision.
- Generally good physical health but significant history of mental illness and trauma.
- Patient reports that his vision has been very poor for the past year, but that he has avoided care because he feared he was going blind, and he was scared of losing his driver's license.

3:00 pm

- Exam revealed significantly reduced vision due to dense cataracts.
- Patient indeed should not be driving at all in his current state.
- He comprehends the situation, but at first declines surgical referral.
- He states the he will limit his driving, but will not stop driving completely.

3:00 pm

- I briefly stepped out of the room to discuss the situation with the patient's primary care provider, who came right over to speak to the patient alongside me.
- Together we were able to somewhat ease his fears and convince him to set up a surgical consult.

3:00 pm

- I then consulted with Behavioral Health to help him better understand the risks of driving in his current state, and to help him learn ways to cope with this.
- Our Referrals department scheduled the urgent consult and Social Services arranged transportation to Portland for the visit.

3:00 pm

- Primary Care, Optometry, Behavioral Health, Referrals, Social Services and an outside specialist were all key in getting this patient the care he needed.
- He returned for post-op care after a very successful surgery and profusely thanked everybody involved.

4:00 pm

- Committee members arrive for a meeting of the Health Sacopee working group.
- Agenda topics include planning group hikes, maintaining the middle school garden, coordinating volunteers for our annual 5k road race and planning a local barn dance event.

4:00 pm

- Collaborators include the SAD 55 School District, Healthy Oxford Hills and the Southern Maine Area Agency on Aging.
- Healthy Sacopee leads 6-8 group hikes throughout late summer and fall. The group is sponsored by the Health Center and meets there, but you don't need to be a patient to participate.

4:00 pm

- With SVHC's proximity to the White Mountains we are able to offer outings ranging from easy walks to challenging ascents above tree line.
- Our two most recent challenging hikes were to Mount Pierce in the Presidential Range and Chocorua.
- The group plans one annual camping trip, which this year was to Camden Hills State Park.

5:00 pm

- Community Health Centers have unique resources that provide us the ability to offer a lot more than just Primary Care to a population who may not normally be able to access such services.
- In order to do so, an integrated team approach is critical. Often, the challenge is not in offering these services, it's in making them convenient enough to get patients access to them.

Thank You!

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