

Wa'ab Community Health Center: Project Design Evaluation (March, 2007)



Session Objectives:

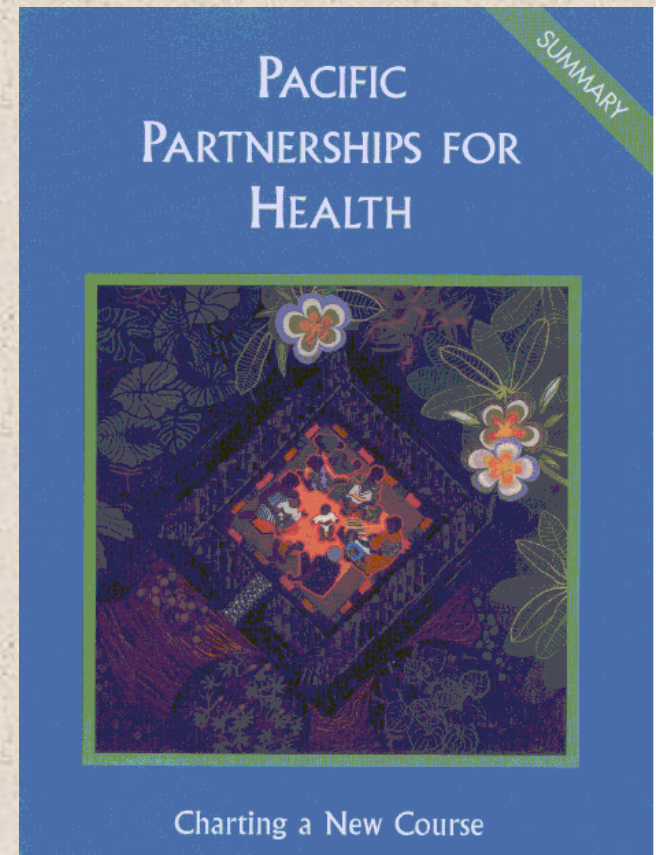
- a. Appreciate what's special about Wa'ab CHC
- b. Understand rationale behind program design
- c. Learn what has worked and what has not
- d. Derive lessons for improvement of this project and application to other CHC projects

1998 Institute of Medicine Report

(Assessment of health care delivery system among the U.S.-Associated Pacific Islands)

Key Recommendations:

1. Adopt and support a viable system of community-based primary care and preventive services.
2. Improve coordination between jurisdictions and the United States
3. Increase community involvement and investment in health care
4. Promote education and training of the health care workforce



Wa'ab CHC- History:

- CHC's exist in Pohnpei, Palau, Ebeye, Guam
- In Yap, 5 grant submissions over 4 years to the BPHC/HRSA
- Board members appointed by Councils of Pilung and Tamol in 2002
- Board development activities, including AHEC, CCCP in the years before CHC funding
- CHC Funds available starting March, 2006

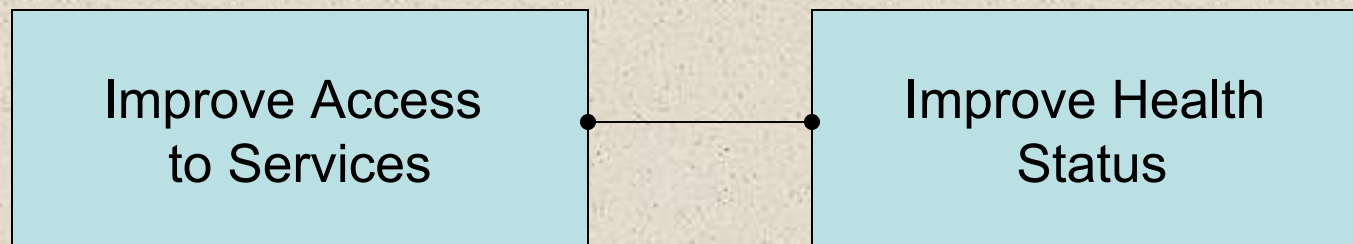
Quiz:

What is a Community Health Center (CHC)?

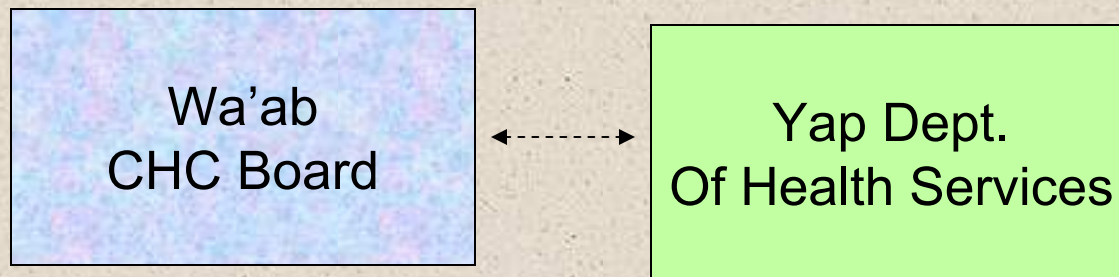
- a. An organization that captures \$ for health
- b. Building(s) where health workers treat sick people
- c. A better way to do health work
- d. All of the above

Wa'ab CHC- Mission

“To improve the health of the residents of Yap by providing affordable access to quality and comprehensive health care. The organization will meet the needs of clients with care, compassion and highest quality. This mission will be accomplished with the highest moral and ethical regard for everyone with whom we come in contact.”



The Wa'ab CHC is a Joint Project



Wa'ab CHC Board

Board Members:

John Sohlith (Chairman)
John Pong (ViceChairman)
Theodore Pong (Sec/Treasurer)
Peter Tairuwepiy
Terry Gamabruw
Bernie Tiningmow
Robert Yangerlou
Santiago Palemai
Jeffrey Wuthel
Alexander Yowblaw
Maria Laamang

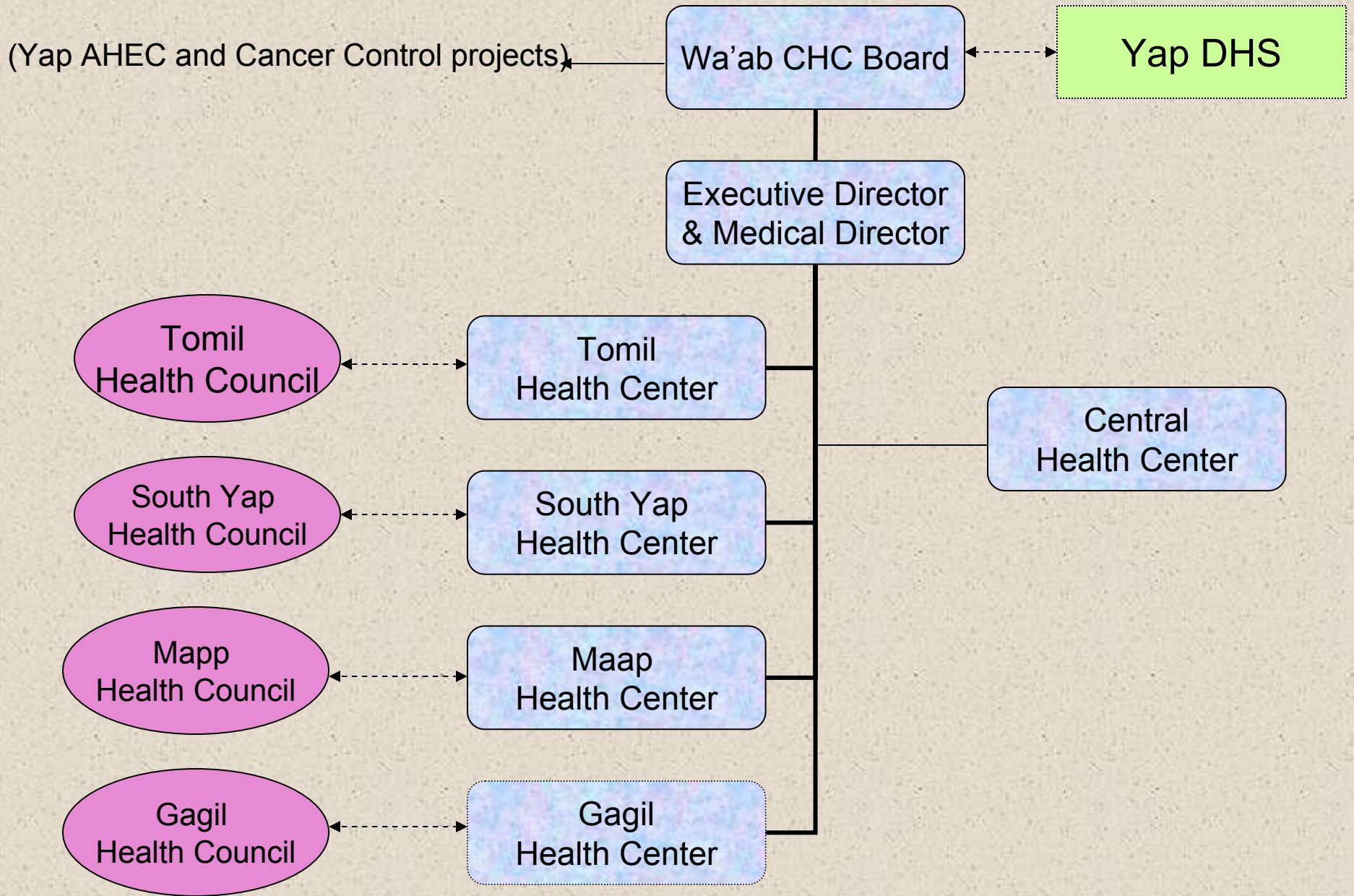
WCHC Staff Members:

John Gilmatam (Exec. Director)
Dr Thomas Rikin (Medical Director)
Sally Figir (Case Manager)
Gloria Yalbuw (QA Officer)
James Gali Sawayog (Operations Manager)
Louisa Laachthan (Administrative Assistant)
Amelio Kamel (Maintenance Supervisor)
Cynthia Lamond (Peace Corps Volunteer)

Yap Dept. Of Health Services

CHC Project Members:

James Gilmar (Director, Yap DHS)
Dr Ngaden (Chief of Staff, Yap DHS)
Public Health Program Managers
Medical Supply & Finance Officers
Yap Area Health Education Center



FEMA-1511-DR-FM
Typhoon Sudal
Yap Islands (Waqab)
Federated States of Micronesia



Wa'ab CHC Board:

(Appointed by Councils of Pilung and Tamol)

- Hires Executive Director (who then directs other CHC staff)
- Represents communities served by the CHC
- Mobilizes local communities to work with CHC to improve health
- Sets program priorities and policies (within grant requirements)



Local Health Councils: (Appointed by local chiefs)

- Choose staff for their health center
- Work together with health center staff to improve local health
- Evaluate health center and staff performance (each quarter)
- Set clinic hours of operation and other policies
- Maintain local health center building and grounds



Yap Dept. Of Health Services:

- Provides orientation and training to Board, Local Health Councils and Health Center Staff.
- Provides health center facilities
- Provides medications and supplies
- Provides backup lab, X-Ray services
- Coordinates and monitors joint CHC-Public Health preventive programs



Quiz:

What is a Community Health Center (CHC)?

c. A better way to do health work

- Community involved/directed
- Population perspective
- Focus on prevention
- More outreach

Methods:

- **Key Informant Surveys**
- **Review of selected data sources**

Areas Evaluated:

- Wa'ab CHC Board Development
- Partnership between YapDHS and Wa'ab CHC
- Functioning of catchment area Local Health Councils
- Use of performance incentives
- Training of CHWs through COM-FSM
- Use of CHW's specifically for preventive services delivery in households and villages
- Process integration of CHC with PH programs

(This evaluation did not cover in-clinic services, finances, compliance with grant requirements)

What is Special about the Wa'ab CHC Project?

Development of Wa'ab CHC Board as a new NGO

- Board is involved in a variety of health-related projects.
- Applying for 501c3 status.



Experience to Date

Wa'ab Board Development

- Provides an alternative to government for executing health projects (e.g. CCCP, AHEC).
- Board infrastructure well-developed, including:
 - Bylaws, etc.
 - Board approved WCHC Personnel Manual
 - Committees for Personnel, QA/Performance Improvement, Finance & Executive
- Has great potential to attract resources as NGO

Experience to Date

Wa'ab Board Development (cont)

- Board is active, meets regularly, is conscientious in stewardship of grant funds
- Board has made changes in membership as needed
- 501c3 status not yet secured
- Some turnover in membership; some members still learning about board roles and ways of doing things
- Board still tends to defer to CHC director and professional staff for decisions

What is Special about the Wa'ab CHC Project?

Role of Yap DHS

- Training
- Construct clinic facilities
- Finance & Personnel System
- Ordering Supplies
- Shared outpatient database



Experience to Date

Role of Yap DHS

- 4 clinic facilities fully constructed, furnished, and stocked within 3 months of start of funding.
- Pre-existing systems helped with rapid start-up
- Government red-tape and inefficiencies have caused some problems (e.g. CHW's not paid for first 5 months)
- Outpatient databases of CHC and YapDHS still not integrated (because of YapDHS system glitches). Needed for management, patient tracking, disease surveillance

What is Special about the Wa'ab CHC Project?

Collaboration with local communities (via Local Health Councils)

- Selection of site physician/supervisor and CHWs
- Set clinic hours of operation and other policies
- Performance evaluations every 3 months
- Some collections go to local health improvement fund



Experience to Date

Collaboration with LHC's

- Site Physicians selected by LHC's
- Most CHW trainees nominated by LHC's have worked out well.
- LHC's seem reluctant to openly evaluate site physicians.
(Only one round of evaluations completed in year 1)
- LHC's tend to defer to physicians to set policies
- A few of the nominated CHW candidates were not qualified or reliable

Experience to Date

Collaboration with LHC's (cont)

- Helpful for:
 - clinic facility grounds and maintenance
 - assuring that TB contacts & children needing immunes come for care
 - policing clinics to prevent vandalism
 - organize meetings re. syphilis outbreak
 - preparing community for household survey
 - providing boat transport when needed
 - announce specialist visits
 - Yap day booth
- Some LHC's were very slow to become active (but all are viable) (CHC Director request to local chiefs to change make changes)
- Some LHC's still passive (wait for clinic Dr to call meetings). Some are active.
- No volunteer receptionists.
- Problems with one LHC when their favored contractor not selected for work on clinic building.

Experience to Date

Collaboration with LHC's:

Collections for Health Improvement Funds

Nimgil	\$4,324
Tomil	\$2,855
Gagil	\$2,474
Maap/Rumung	\$1, 216
Total	\$10,869

No projects launched to date

What is Special about the Wa'ab CHC Project?

Performance Incentives

- For Doctors
- For Outreach Workers
(Community Health Workers)
- For Local Health Councils



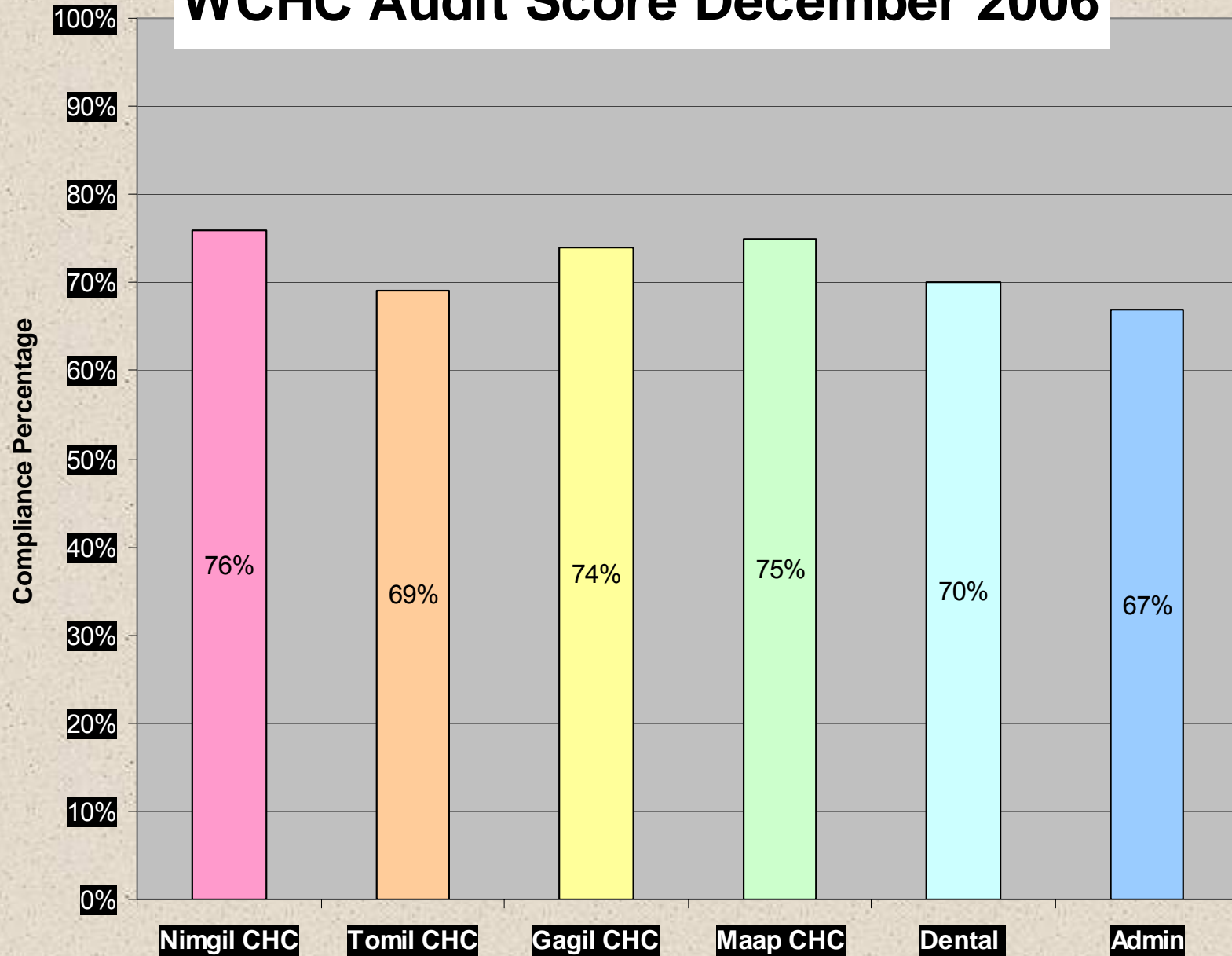
Physicians:

- Awarded \$2 per encounter
(if Site QA score>80% and excellent rating given by LHC)

CHW fee schedule:

- Dental Home Visit for children 1-3 years \$2.00
- Health Survey form completion at home visit \$2.00
- Diabetes/ HTN home visit \$2.00
- Tuberculosis home medication (DOT) \$2.00
- Registration of pregnant women in 1st trimester \$10.00
- Etc.

Quality Assurance Standards WCHC Audit Score December 2006



Experience to Date

Performance Incentives:

- Fee-for-service is very effective for CHW's
- Site staff are very aware of their QA scores
- Physician incentives not operational
(pending regular LHC performance evaluations)

What is Special about the Wa'ab CHC Project?

- **Project has population perspective**
- **This requires much more outreach into village homes and schools**



Experience to Date

Much more work for prevention in village homes and schools

- 5247 outreach visits + 6629 household survey encounters for year 1
(*< 600 encounters/year of all types before CHC*)

Year 1 CHC Out of Clinic Encounters= 11,876

Year 1 CHC In Clinic Encounters = 5684

- 26 home-bound patients getting regular home visits
(*0 regular home visits before CHC*)
- Immunization rate (complete series for 2-3yo):
72% Feb, 2006 → 98% Feb, 2007
- Dental visits with sealant application, elementary school- age children:
< 2% Feb, 2006 → >95% Feb, 2007

What is Special about the Wa'ab CHC Project?

- **Partnership with COM-FSM, AHEC, Yap DHS for CHW training**
- **Competency-based, prevention-only curriculum**



CHW Curriculum:

(Delivered Nov, 2005- June 2006)

- CHS 220a- Review of Health Sciences (5 credit hours)
- CHS 231a- Maternal and Child Health I (5 credit hours)
- CHS 234a- Nutrition (3 credit hours)
- CHS 233a- Behavioral Health (2 credit hours)
- CHS 242a- Environmental Problems (2 credit hours)
- CHS 235a- Dental Health (2 credit hours)

22 Community Health Worker Tasks

- Household Survey
- CSHCN Counseling
- Diabetes Home Visit
- Hypertension Home Visit
- DOT Visit
- FP Missed Appt Visit
- Child Growth Monitoring
- Child Anemia Visit
- TB Contact Visit
- Visit for Missed Immunizations
- Visit to Enroll in PNT Care
- Post Partum Visit
- STI Contact Visit
- Dengue-Lepto Home Visit
- Inpatient Follow-up
- Rheumatic Fever Visit
- Miscellaneous Work Order
- *Organizing Community Meeting
- *Monitoring of Chronic Mentally Ill
- *Preschool Dental/Fluoride Varnish
- *Household Sanitation Inspect

*(*not yet being done routinely)*

Experience to Date

CHW Training

- 8 of 10 CHW's have passed all COM courses (all have passed task tests)
- Need more training for:
 - Mental Health visits
 - Sanitation Surveys
 - Dental fluoride visits(and will re-testing and re-training for present skills)

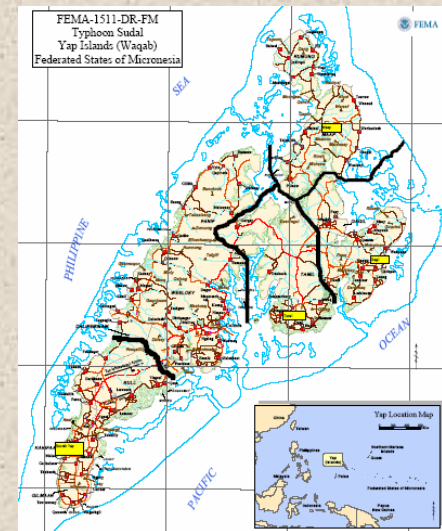
Experience to Date

CHW Performance

- It took a few months for CHW's to feel comfortable going into homes
- It took a few months for CHW's to be accepted as health professionals
- By all reports CHW's are performing tasks well.
- Most CHW's have access to all villages
- They are doing a tremendous amount of work
- Oversight is weak in Central catchment area (OK in others)

Household Survey

- Helps CHWs to become familiar with their catchment areas
- Case-finding & building registries
- Establishing baseline health status
- As a tool for engaging communities



Experience to Date

Household Survey Process

- New CHWs performed well by all accounts re. competence as surveyors
- New CHWs initially not comfortable going to homes
- Involvement of local health councils helped a lot
- Pairing CHWs with seasoned public health staff for a few weeks also helped
- Took 1 year, rather than 3-4 months to complete
- Response rate= 70% of population
- Case-finding was done only sporadically- some cases waited for months for follow-up

Experience to Date

Household Survey Output (6629 screening encounters)

- Case Finding:
 - 3 new active cases pulmonary TB
 - 549 new cases DM
 - 94 cases diabetes out of control (RBS>250)
 - 76 cases of severe, uncontrolled hypertension (SBP>200 or DBP>115)
 - 14 cases possible leprosy
 - 86 women who want FP, but don't have
 - 93 adults and 32 children with chronic med conditions who are not getting care
 - 5 pregnant women not enrolled in PNT care

(Diabetes, Hypertension, CSHCN registries updated with new cases)

Experience to Date

Household Survey Output (cont)

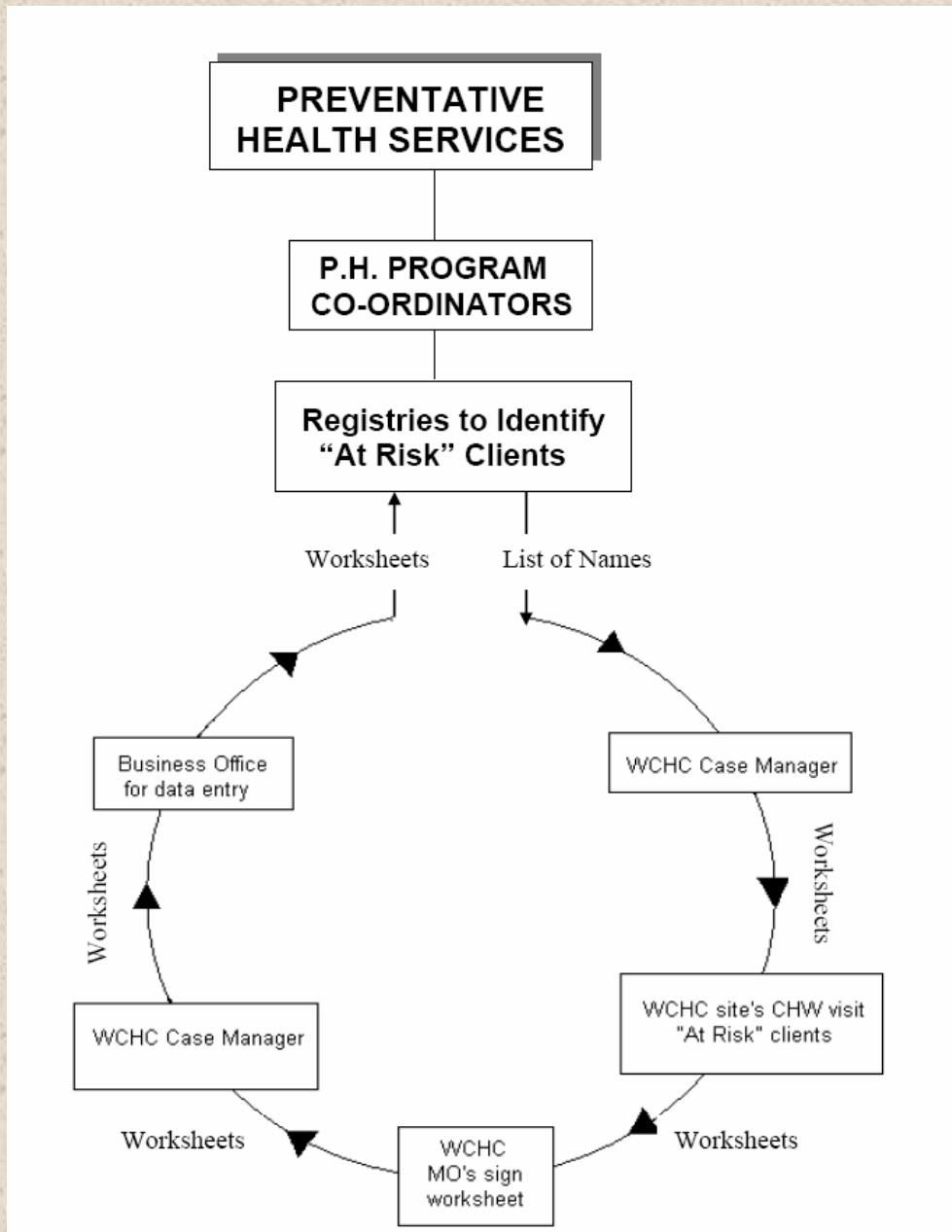
- Baseline location, age and sex prevalence patterns:
 - Tobacco, alcohol use, problem drinking, betel nut
 - Obesity, under-nutrition, diabetes, hypertension
 - Family planning use and demand
 - Perceptions of most pressing community health-related problems
 - Barriers to access of health care
 - Household sanitation problems

(6 slide presentations- 1 for overall community & 1 for each catchment area)

What is Special about the Wa'ab CHC Project?

Process Integration with Public Health Programs





Experience to Date

Process Integration with PH Programs

- “CHW’s and CHC sites are the ‘hands’ of PH”
- Much clearer data for target populations is emerging.
- School health program much more effective. All 13 elementary schools covered in 2006-7
- Tendency to blame other agency when things don’t work (important for upper level managers to attend each other’s work meetings)
- No NCD registry job orders generated yet in 2007. Immunization registry not updated with doses given.
- Report preparation for grant (UDS) took 3 months of case manager’s time, distracting her from CHC-PH integration. α

Experience to Date

Process Integration with PH Programs (cont)

- Policy and Procedures from QA very helpful for delivery of PH services at clinic sites
- Most PH services are being provided well at sites.
- 85+% of CHW work orders issued are being returned to CHC
- Set up of PH registries more difficult than anticipated.
- As much training is needed for PH program staff as for CHC staff to adapt to new roles.
- CHC & YapDHS outpatient databases not yet merged to help with patient tracking
- Extra paper work (to meet PH program requirements) is a burden at CHC sites

Conclusions & Recommendations

(Wa'ab Board & LHC development)

- Board (and local health council) development takes longer than expected; members are hesitant to be authoritative
 - CHC ED and Med Director should give decision making opportunities often to LHC.
 - board training should be an ongoing process
- It is very helpful to have an ED who is knowledgeable about and effective in working with community traditional leadership
 - new projects should give particular attention to this
- Board has great potential as NGO
 - pursue 501c3 status.
 - look for other projects that fit Board mission

Conclusions & Recommendations

(Partnership with DHS)

- Partnership is very helpful to assure quick start-up.
- Use of government systems for finance and personnel handicaps CHC with government inefficiencies
 - Work toward developing CHC systems so that CHC can become independent in the long run

Conclusions & Recommendations

(Performance Incentives)

- Use of fee-for-service system for CHWs is highly recommended
- QA program audits give an objective way to evaluate the performance of CHC site teams
- Reluctance of LHCs to evaluate their site doctors is compromising the incentive system for doctors.
 - ED can prompt LHC's to perform these evaluations each quarter and can be the one to share the results with doctors.

Conclusions & Recommendations

(CHW training & performance)

- Use of formal college training program for preparing CHW's is very effective
- Use of competency-based curriculum emphasizing training for specific preventive tasks (rather than a theoretical, "academic" approach) can produce capable CHWs in a short time period.
- CHW's need additional training/apprenticeship for several tasks
 - Set up apprenticeship opportunities for CHWs to get more experience doing following:
 - home visits to monitor chronically mentally ill
 - home sanitation inspections
 - dental/fluoride varnish application visits to pre-school children

Conclusions & Recommendations

(CHW training & performance, cont)

- Some CHWs have not passed all of the COM-FSM courses
 - Consider re-offering curriculum to give these health workers a chance to complete training, and to train additional CHWs
- Close oversight by site physicians helps to improve performance of CHWs
 - Arrange for more regular, contact between CHWs and physician for Central catchment area.
- It is not known whether CHW skills will endure over time.
 - Retest individual task skills each year and provide refresher teaching as needed

Conclusions & Recommendations

(Household Survey)

- Household Survey is very useful for establishing a community health focus for the CHC.
- Performing a survey takes more time and effort than expected. Data can become out-dated before analysis
 - Run survey case finding program and follow-up on patients needing immediate assistance every month while survey in progress
 - Provide transport and other assistance to help CHWs complete survey more quickly next time.
 - Greater effort to cover more than 70% of population next time.

Conclusions & Recommendations

(PH/Wa'ab process integration)

- Process integration requires a major shift in role of PH program managers.
 - Plan to provide as much training to PH program staff as for CHC staff at startup.
- Pre-existing PH registries were in poor shape & not adequate guiding outreach.
 - For new startups plan to provide extra help for set up of PH registries.
- Even after set-up, PH registries and generation of job orders may tend to decline.
 - Close oversight and strong leadership needed to be sure registries are kept up-to-date and that job orders for outreach are being made.
- Lots of issues re. division of responsibility between CHC and PH occur.
 - Upper level representatives from Wa'ab CHC and PH should attend each other's weekly meetings
- Having separate data systems makes patient tracking much more difficult.
 - Merge CHC and YapDHS outpatient databases ASAP
- Heavy grant reporting requirements can interfere with other essential functions of most capable personnel
 - Consider outsourcing some of this work.

Conclusions & Recommendations (*General*)

- Pilot testing features of CHC project before funding is very useful for producing a successful design and for assuring rapid start-up once funding comes in.



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