

Services at each site

Healthcare Providers:

(physicians/nurse practitioners)

- Bellefontaine— Dr. Tynese Anderson, MD, Dr. Kenneth Miller, MD, Joshua Bryant, CNP, Paula Strebig, CNP
- Indian Lake— Dr. Brian Schmidt, DO, Joshua Bryant, CNP, William DeGendt, CNP, Breanna Detrick, CNP, Justin Gildow, CNP
- West Liberty— Dr. Charles Kratz, MD, Dr. Brian Schmidt, DO, Breanna Detrick, CNP, Justin Gildow, CNP, Amanda Lollini, CNP, Leigh Ann Swank, CNP

Case Managers:

- Ashley Spence, LSW - Indian Lake
- Emma Southwick- Bellefontaine
- Cherita Marcus- West Liberty

Behavior Health Providers: (therapists/counselors)

- Ashley Baker, MSW, LSW- West Liberty
- Erinn DaCunha, LPCC- West Liberty (Tuesdays), Indian Lake (Thursdays)
- Lara Shoemaker, LISW-S- West Liberty
- Andy Stahl, LPCC-S- Bellefontaine

Psychiatry:

- Dr. Jillian Shellabarger, MD- Bellefontaine

BH Coordinator:

- Ashley Logan, LSW- All offices, will rotate as needed

Pharmacist/Nutrition:

- Jason Martinez, PharmD— All offices
- Onalee Volio, RD— All offices

New office and new mission

Three offices now serving patient needs

Community Health & Wellness Partners now offers a full range of healthcare services at three locations in Logan County, and has updated its mission, vision, and values as well as created its own brand with the help of outside marketing consultants from Greencrest.

The Board of Directors tweaked the new mission, vision, and values to what they see represents our organization and approved the changes in September.

“The outcome is truly a result from inside and outside community members, staff and patients,” said Tara Bair, President and CEO of Community Health & Wellness Partners.

The new mission of Community Health & Wellness Partners



The Bellefontaine Community Health Center (shown above) is located at 212 E. Columbus Ave, Ste. 1. Other healthcare facilities operated by Community Health & Wellness Partners include Community Health & Wellness Partners in West Liberty (pictured at right) at 4879 US Rt. 68 South and Indian Lake Community Health Center (pictured at bottom right) at 8200 St. Rt. 366, Ste.1, Russells Point.



is “To serve our community by creating partnerships that promote a whole person, and a whole community.”

The organization’s new vision is “Improving the wellbeing of the whole person by identifying and addressing needs and eliminating barriers to care for the whole community.”

The approved values of CHWP is “Building relationships, serving with excellence.”

The company’s brand is “Care...To Live Life Fully.”

The new changes occur concurrently as the organization opens its third location.

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Nurses helping to establish chronic healthcare initiatives

Nurses in primary health care provide an increasing proportion of chronic disease management and preventive lifestyle advice. One of the most important paradigm shifts for healthcare providers to embrace is that care needs to be delivered over an extended period of time. The days of quick and episodic care are over. There needs to be better coordination throughout the entire continuum of care and services, from prevention and education through diagnosis, planning, intervention, and maintenance.

Nurses are in a great position to assume the responsibility of patient care coordination throughout the entire healthcare system. Actively participating in establishing

chronic healthcare initiatives will benefit patients, the organization, and the overall healthcare delivery system.

Example: The effectiveness of lifestyle intervention delivered by nurses in primary health care affect positive changes on a variety of outcomes associated with the prevention of chronic disease associated with obesity including weight, blood pressure, cholesterol, dietary and physical activity behaviors, patient satisfaction and quality of life.

The challenge of addressing the needs of patients with multi-morbidities has led to inter-

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2018 quality improvement award

Community Health & Wellness Partners recently received a certificate of achievement for 2018 Quality Improvement Award. The award was received by the Department of Health and Human Services, Health Resources and Services Administration (HRSA).

CHWP has received the best overall clinical performance among all federally-qualified health centers in the nation. There are over 1,800 health centers in the United States, placing us in the top 30 percent of the adjusted quartile rankings for the Clinical Quality Measures.

These results reveal that our nurses and providers successfully demonstrate a clear focus on clinical quality measures.

Staff additions, changes at CHWP

The number of primary care providers, nurse practitioners, and ancillary employees have grown exponentially this year as Community Health & Wellness Partners has responded to the needs of the community and the expansion into Bellefontaine as its third location in Logan County.

Community Health & Wellness Partners started in 2014 with 11 staff members. Now operating in its fifth year, we employ over 65 employees at its three locations in West Liberty, Russells Point, and Bellefontaine.

Among the newest to join the staff are Cherita Marcus, MAT Case Manager; Emma Southwick, Behavior Health Case Manager; and Beth Wing, LPN; and Leann Brunson, LPN. New Outreach Associates include Rachel Leach, Rebecca Savidge, and Karen Hartley.



ANDY STAHL

Andy Stahl, LPPC, joined CHWP November 5 as a therapist. Having grown up in Logan County, he has experience in urban/intercity treatment counseling of substance and abuse, as well as mental health issues.

Ashley Baker, LSW, is transitioning to the role of Substance Abuse Counselor/Therapist and working with Cherita Marcus on Medication-assisted Therapy (MAT).

Michelle Zedeker, RN, is filling the Clinical Site Coordinator position; Anissa Roesner has accepted the Outreach Coordinator (OA) position; and Jenny Stanford has accepted the Outreach Manager position. The site coordinator positions will be responsible for coaching and leading to standardize operations within the clinics at all sites.

Danielle Evans has transitioned from OA to the Document Management Department. She will be assisting with accounts receivable and document management.

Willie Stoltzfus, RN, BSN, will be transitioning into the role of a Special Projects Officer. She previously served as the Chief Clinical Officer.

Beth Johnson, RN, BSN, has transitioned from Quality Coordinator to the role of Chief Quality Officer.



NEW HIRES: Some of the new faces at Community Health & Wellness Partners include (above, front row, from left to right) Cherita Marcus, MAT Case Manager; and Rebecca Savidge, Outreach Associate. Back row includes Beth Wing, LPN; Emma Southwick, Behavior Health Case Manager. Pictured below are Karen Hartley, Outreach Associate; Leann Brunson, LPN; and Rachel Leach, Outreach Associate.



Need a ride to our site?

From January this year, we increased our number of patient transports from 24 to 112 scheduled in August! This service helps make sure we get our patients where they need to go. Think of how many appointments that our patients would have otherwise potentially missed without this service.

Any patients with transportation needs to their appointments at Community Health & Wellness Partners may contact our case manager Ashley Spence at 937-599-1411, extension 283.



West Liberty:

4879 US Rt. 68 South
West Liberty, OH 43357

Indian Lake:

8200 St. Rt. 366, Ste. 1
Russells Point, OH 43348

Bellefontaine:

212 E. Columbus Ave., Ste. 1
Bellefontaine, OH 43311

Phone: 937-599-1411
Fax: 937-599-4128



5K RUN – Tyler Shafer, RN, and Josh Bryant, Certified Family Nurse Practitioner, participated in the Suicide Prevention Color Run 5K on September 15 at Ohio Caverns in West Liberty.

Participating in 5K run

The week of September 9 was National Suicide Prevention Week. On Saturday of that week, two staff members at Community Health & Wellness Partners participated in the Suicide Prevention Color Run 5K at Ohio Caverns.

Tyler Shafer and Josh Bryant were among the participants at the 5K run.

Below are signs that someone may be at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

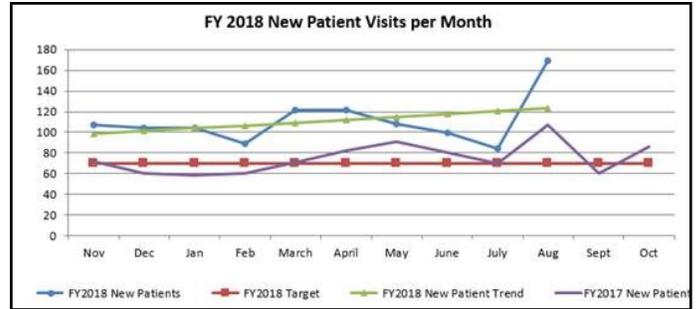
- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.

Suicide is preventable. If you feel at risk for suicide, call the Lifeline at 1-800-273-TALK (8255).

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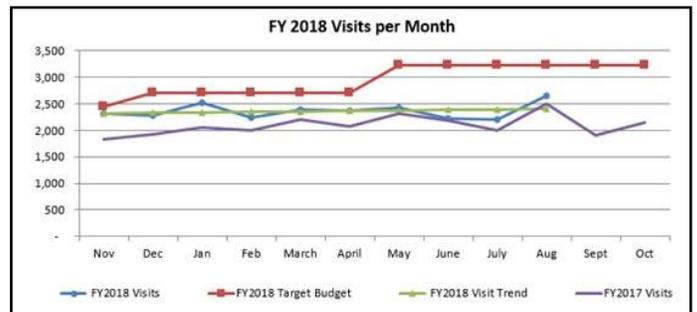
“We believe expanding the successful Community Health & Wellness Partners model in Bellefontaine will allow us to fulfill our mission while providing high quality, team-based primary health care,” stated Board Chair Tony Core.

The opening date for the Bellefontaine Community Health Center was November 5. The office is located at 212 E. Columbus Ave., Suite 1.



ACCEPTING NEW PATIENTS – Community Health & Wellness Partners saw a huge spike in the number of new patients seen this summer as displayed above in blue. In August 2018, CHWP saw 169 new patients, a record high! In 2017 we saw a total of 894 new patients and so far through the end of September of this year we have seen 987 new patients. The following healthcare providers are accepting new patients: Joshua Bryant, CNP (practices at our Bellefontaine and Indian Lake offices); William DeGendt, CNP (Indian Lake office); Leigh Ann Swank, CNP (West Liberty office); Dr. Tynese S Anderson, MD (Bellefontaine office); and Paula Strebig, CNP (Bellefontaine office).

Month	No. New Patients	Month	No. New Patients
01/2017	53	01/2018	104
01/2017	48	02/2018	88
01/2017	61	03/2018	120
01/2017	65	04/2018	119
01/2017	76	05/2018	107
01/2017	75	06/2018	99
01/2017	67	07/2018	84
01/2017	104	08/2018	169
01/2017	56	09/2018	97
01/2017	81	10/2018	95
01/2017	105	11/2018	
01/2017	103	12/2018	
Total 2017	894	Total 2018	1,082



VISIT TREND – Community Health & Wellness Partners continues to see an increase in patient visits compared to last year. The blue line above reveals an increase in the number of patients this year compared to 2017 visits shown in purple (bottom line).



Celebrating National Health Center Week



CELEBRATE—The staff and patients celebrated National Health Center Week in mid August. Lunches were served at Heritage Court in Bellefontaine and the Russells Point Municipal Building. The lunch outreach event also consisted of face painting, education materials, and free blood pressure checks. The staff handed out “hero” capes and masks to children one day during National Health Center Week to show our appreciation for the little ones who visit our health centers. Pictured at top center is one of the heroes, Eli Sarver.

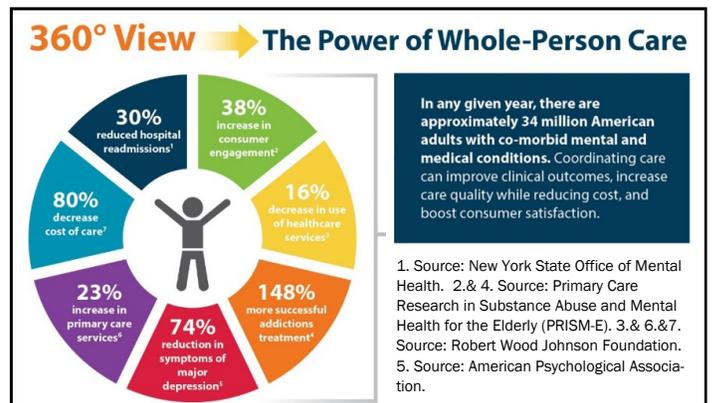
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ventions that focus on the patient rather than the disease. The greatest success has been found among programs that use a collaborative team-based approach to care management (Smith, Soubhi, Fortin, Hudon, & O’Dowd, 2012). The value of a team-based approach to chronic disease management has occurred alongside the growing recognition of the role that a robust and re-energized primary care delivery system, organized by principles of the patient-centered medical home (PCMH), must play in improving care for all individuals but particularly those with chronic medical needs. The PCMH emphasizes access and long-term relationships between patients and their care providers in order to increase the comprehensiveness and coordination of care, both of which are necessary to providing better and more consistent care to individuals with chronic conditions.

A randomized clinical trial was used to test a collaborative team-based model for patients with depression and uncontrolled diabetes and/or heart disease (Katon et al., 2010; Lin et al., 2012a, 2012b; Von Korff et al., 2011) into routine care of a PCMH clinic and compared the experience of patients experiencing this program to individuals receiving usual care.

Conclusion: More appropriate use of health services was found among patients receiving collaborative team-based model; these individuals experienced fewer emergency department visits, and greater primary care visits and pharmacy dispenses. These results suggest a nurse-led collaborative care program based on the collaborative team-based model



protocol can be practically applied within routine primary settings for patients with complex health care needs and multi-morbidities. These results also imply health care systems should consider a greater role for nurses within a collaborative care model to achieve improved clinical outcomes and more appropriate use of health services for patients with multi-morbidities.

Proudly, CHWP is working toward incorporating the team-based model as our routine care, giving our nursing staff the opportunity to work at the top of their licensure.

<https://www.ncbi.nlm.nih.gov/pubmed/22945950>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312811/>



CHRONIC CARE & BEHAVIOR HEALTH STAFF—Rene Huffman, RN, BSN; Ashley Spence, LSW; Ashley Logan, LSW; and Ashley Baker, MSW, LSW.

SBIRT program is effective

Although problems related to mental health and substance abuse are major social and public health concerns associated with sizable individual and social costs these conditions remain underdiagnosed in primary care settings. Using a quasi-experimental design, a prospective, continuous quality improvement study of a screening program for behavioral health by evaluating outcome data was completed. Specifically, the study setting involved the Ohio North East Health Systems (ONE Health), a FQHC operating 6 primary care facilities in northeast Ohio. ONE Health draws from a target population in which more than 90% are at or below 200% of the federal poverty level. The purpose of this study was to examine the effectiveness of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program in a federally qualified community health center (FQHC) as prescribed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Results suggest that in a primary outpatient clinic, SBIRT is effective in identifying patients at risk for depression, alcohol, and substance use and increasing referrals for patients who are at increased risk. This effect is similar to that found in a variety of clinical settings implementing SBIRT in their practices. Because the most common reason for noncompliance is the lack of health coverage, provision of an on-site, integrated behavioral health service in an FQHC setting, where sliding fee schedules are available, will improve the kept referral appointment rates.

Despite limitations, the findings support a behavioral health-screening program in the primary care setting to improve identification and diagnosis. Additionally, the findings support integration of primary health care with behavioral health services, especially within community health centers, where there are major unmet health needs within the population. Indeed, the increased outcome for effective referrals to outside agencies can be improved with immediate access of behavioral health services and reduced health care costs for poor and uninsured patients.

Reference: Dwinnells, R. (2015). SBIRT as a Vital Sign for Behavioral Health Identification, Diagnosis, and Referral in Community Health Care. *Annals of Family Medicine*, 13(3), 261–263. <http://doi.org/10.1370/afm.1776>

Traditional Mental Health Care versus Integrated Primary Care

TRADITIONAL MENTAL HEALTH	INTEGRATED PRIMARY CARE
Services provided outside primary care	Services on-site in primary care
Patient must find and then access services	Services often offered in “ real time ”
Siloed healthcare professionals	Interdisciplinary team
Referral occurs after symptoms affect functioning	Opportunity for prevention and early intervention
Tendency toward longer treatment	Brief interventions
Mental health focus only	Focus on health behaviors, mental health concerns, and substance misuse

Why we use brief interventions for Primary Care patients

Behavioral Health in Primary Care is much different than that of a typical mental health facility. To put it simply, the patient is here to feel better quickly and generally does not want to spend a lot of “spare time” to work through their current issue. Therefore, it is important for Behavioral Health staff in the primary care setting to focus on functioning, not symptoms.

Too often we are focused on a cure to a diagnosis. People are never symptom free, even if we feel “great,” and chronic conditions are seldom cured. Hence, pursuing the absence of symptoms will doom the providers and patients to failure. Using Behavioral Health staff to provide brief interventions, we change the focus from “finding a cure” to finding out what the patient values, what is meaningful to them and use those answers to create a treatment plan that helps the patient “stay in the present moment (awareness); accept distressing experiences in a detached, nonjudgmental way (openness); and to act upon their chosen values.” In other words, improve their functioning. As care providers, we forget that the problem is not the symptom or diagnosis itself, it’s the effort we, as a team with the patient, give to change the symptoms and improve the patient’s ability to live their best life.

Reference: Primary Care Psychology Presentation, Melissa Baker, PhD, ABPP HealthPoint Community Health Center, University of Michigan Integrated Behavioral Health; Live Lecture 3/21/18



COMMUNITY HEALTH & WELLNESS PARTNERS

Care... To Live Life Fully

2018: Quarter 3

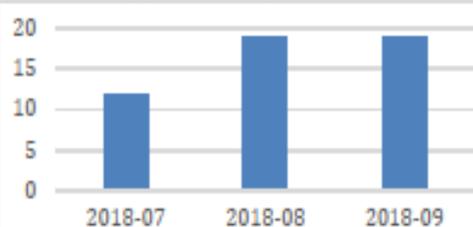
Pharmacy Services Update

Jason Martinez, PharmD, BCACP

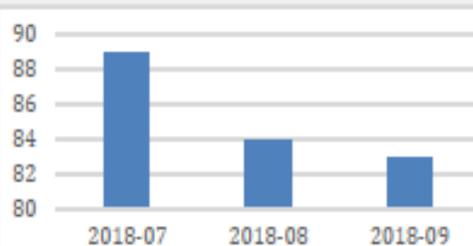


Total Visits:	257 (↑10% prev qtr)
Pharmacist	156
Dietitian	101

Medication Related Problems (identified by pharmacist)



Pharmacist Interventions (questions brought to pharmacist)



Diabetes Education Program Aggregate Data (March 2018 - current)

Unique Patients:	75
DSMT visits:	168
A1C reduction:	0.7%
Weight reduction:	2%
Foot Exam completion:	81%

340b Update

Total 340b scripts: 3500 (↓9.4% prev qtr)

Care of the Underserved Population Special Interest Group

The American Pharmacist's Association has formed a new special interest group (SIG) regarding the care of the underserved population. Jason has been elected as co-chair of the communication committee for this group so if anyone has anything that can be shared among this group, please don't hesitate to contact Jason.

Continuing to Integrate Pharmacy Services

If you encounter a patient who is having difficulty in reaching their treatment goals or even affording their medications, please utilize one of our caseworkers present in all offices for a warm handoff. They will be able to gather more information, possibly help the patient the same day, and then help to schedule an appointment if necessary with the appropriate service.

Patient Story - Pharmacogenomics

LH is a 53 yo female with a long standing history of depression and anxiety who was trialed on multiple agents without much success. Her PHQ9 score towards the end of 2017 was 19 (moderately severe depression) and her PCP decided to utilize pharmacogenomic testing to be sure that her body was processing medications correctly. Her results returned that she had reduced SLC6A4, 2D6, and 2C19 activity which was directly impacting some of the medications she had tried. A new medication that was more compatible was initiated and now approximately five months later her PHQ9 score has decreased to 3 (mild depression). The patient states she is much happier and feels better, and states that even her grandson has told her that "she isn't as grumpy".

We've tested approximately 50 patients this year and almost 25% of them have been on a medication that they will very likely not be able to respond to. Don't forget that not only can we test antidepressants but also antipsychotics, pain medications, and ADHD medications. We can also check MTHFR which also impacts the ability for patients to respond. See pharmacist with more questions.