The Healthcare Consortium

A collaborative rural health network

Improving access to quality health care

January 2017- In many ways, the structure and mission of the Columbia County Community Healthcare Consortium, Inc. (the "Healthcare Consortium") mirrors that of the DSRIP Performing Provider Systems. Established in 1998 and based in Hudson, NY, the Healthcare Consortium is one of about thirty Rural Health Networks designated by the New York State Department of Health. As such, it is expected to develop strategies for improving healthcare in its rural community, which it fulfills through its mission of "increasing access to quality healthcare through collaboration, education, information, and service delivery."

Collaboration is a central feature of the Healthcare Consortium's work, which is reflected in the composition of its network and board. Members of its network include many of the county's public health and human service agencies, the local hospital and its health system, Columbia Memorial Health, numerous private, not-for-profit mental health, substance abuse and disability service providers, and other health system stakeholders. In addition to member organizations, the Healthcare Consortium's Board of Directors also includes clergy, consumers, local businesses, and others to ensure a comprehensive, multi-disciplinary and cross-sectoral orientation and approach.

Executive Director Claire Parde says of the organization, "We are, first and foremost, a helping organization, and so it's the help-seeking behavior of our clients that most concerns us." Parde goes on to say that a client's help-seeking behavior and their arrival on the Healthcare Consortium's doorstep is often motivated by what they perceive as an imminent crisis. She explains, "In our model of service delivery, we work to quickly ascertain and address that most pressing concern—we call that 'the short game.' Our 'long game' entails more targeted inquiry to unpack the host of other issues and concerns that a client may have, and appropriately direct them to solutions." Should this portfolio of complementary and synergistic programs not provide what is needed to "wrap" a client in resources, the organization provides a "warm hand off" to the appropriate community partners, ensuring that clients feel what the Healthcare Consortium strives to embody- that it is NEVER the wrong door.

The Healthcare Consortium's programs address multiple dimensions of access for their largely rural community, including physical access (i.e. transportation), financial access (i.e. health insurance coverage, as well as direct financial aid to cover out-of-pocket medical expenses), and knowledge access (i.e. enhancing health literacy to improve system navigation and health outcomes). Of their many programs, Ms. Parde takes particular pride in the Children and Adults Rural Transportation Service, or CARTS, Program, which provides door-to-door, non-emergency medical transportation from a client's home to their medical appointments. "CARTS is our first and most impactful program," Parde says, and notes that elderly clients living in outlying rural areas are particularly reliant on this service in order to remain in their homes.

As a rural community, the Healthcare Consortium and its client population face unique challenges, most notably what Parde calls a "people problem." She says, "Rural communities don't have enough people to support the operation of businesses to meet the needs of the people that live there. We don't have enough people to work in those businesses when they exist. And we don't have enough people to draw resources, such as external funding, to our communities." She goes on to say that although this "people problem" impacts other industries, healthcare is where it is most acutely felt in her rural community with a "paucity of resources, an insufficient workforce, and poorer health outcomes."

Despite these challenges, Ms. Parde touts rural communities as a great place to get things done. She says about the "smart, dedicated, creative, collaborative" people she works with:

- *"We're resourceful.* Rural communities are constantly imagining innovative, place-based, low and no-cost solutions, including creative reorganizations of existing resources.
- *We're a cheap date.* A little money goes a long way in rural areas, so we are actually a great place to make an investment.
- *We make great bedfellows.* Since we cannot afford competition, we instead rely heavily on collaboration. Our leaders in health and human services do an excellent job putting aside turf, politics and self-interest.

If the old adage that "necessity is the mother of invention" applies, then rural places must be where it holds the truest."

Claire Parde is not only a cheerleader for rural communities, but also for Community Based Organizations. She reminds us that CBOs are not only the helping organizations that "catch" people who have been misdirected, misused and neglected by other parts of the system, but that they can also be critically important to completing the continuum of care. On why it is important that CBOs are part of DSRIP she says, "We're generalists, problem-solvers, and system thinkers. Moreover, CBOs have knowledge, skills and expertise in community-based program delivery that cannot be found elsewhere. DSRIP *needs* the benefit of that expertise to be successful, and I believe CBOs have an obligation to share it."