

Stakeholder Partners

- ASSIST Center
- Community Action Partnership
- Flathead County Health Department
- Imaginelf Library
- Logan Health Medical Center
 - Care Navigation
 - Patient & Family Advisory Committee
 - Primary and Specialty Care providers
 - Quality Services, physician liaison
 - Research (formerly Glacier View Research)
- Logan Health – Whitefish (formerly North Valley Hospital)
- Sunburst Community Service Foundation

Introduction

Background It is historically difficult to manage, engage and increase self-support for complex care patients challenged by multiple co-morbidities, rural environments, low incomes and psycho-social complexity. This population often comes from disadvantaged backgrounds and equate to high need, high-cost patients that frequently utilize expensive acute care services, often in place of primary care. To address the needs of complex care patients, health systems have implemented patient-centered medical homes, integrated behavioral health and care navigation, including community health worker led efforts to better stabilize patients and reduce fragmentation of care and supportive services. While these models have seen some success, they are rarely informed by patients who encounter actual lived barriers in rural America. To advance a thin evidence base, increasing patient, provider, policymaker and payor knowledge about this vulnerable population, the rural project team embarked on a research support project building preliminary capacity to conduct Patient Centered Outcomes Research (PCOR) by engaging high need, high-cost patients and their caregivers, providers/clinicians and community health workers in qualitative research methods to better understand attitudes and key barriers to conducting Comparative Effectiveness Research in a rural setting, gaining understanding of engagement priorities and learning how to best engage the population in the advancement of rural/frontier care model effectiveness.

Objectives

1. Increase knowledge about stakeholder roles in PCOR/CER and barriers to participation and preferred engagement methods among complex patients.
2. Develop a network of stakeholders prepared to collaboratively conduct PCOR.
3. Create a sustainable research agenda and network of medically complex patients and community/health care stakeholders committed to formal research.

FINDINGS

- ❖ **Social capital and building trust** is a pre-requisite for the future of rural research, requiring intentional commitment of time developed to listening to patients/ caregivers and other stakeholders. PCOR is highly dependent on building trusting relationships, across the health system and community. Focus groups highlighted that patients/caregivers and providers/clinicians want to be recognized and validated for their efforts, constraints, and the ability to help others by participating.
- ❖ **Competing time priorities/availability** for patients/caregivers, providers/clinicians and community health workers may impede the desire to participate in PCOR. Defining the purpose of the research and potential actionable steps and strategy to improving rural healthcare is vital for future engagement. All of the stakeholders were interested in conducting research on best practice models of care delivery in a rural setting. However, the barriers to health care delivery and PCOR are perceived differences between the groups. Situational circumstances appeared thematically. Patients have socio-economic and emotional barriers, while community health workers and clinical providers were more frustrated by time and institutional and health system constraints.
- ❖ **Ensuring safety in an uncertain environment** resulting from the pandemic, through the use of technology, is key to the success of PCOR. Technology is an acceptable way to ensure patient, provider and community health worker safety and a necessary characteristic of future research and research support projects.

Methods

Using our Logic method engaged designated partners and stakeholders who then assisted in developing desired characteristics for our three focus groups: Providers, Community Health Workers and Patients/Caregivers. Each of the groups were diversified as to age, gender, race, geographic location, community agency and healthcare system.

The three focus groups met twice each pre-pandemic and twice during the pandemic. Each session was recorded and sent to the state university for formal analytics, coding of themes, and comparison of perceptions between live and virtual meetings.

Discussion

All participants in the stakeholder group and the three focus were concerned with the relevance of any research project-the wanted their time and energy to be valued. They all wanted the participation of the other groups to provide perspective and to ensure consensus on what patient/caregivers want in the delivery of healthcare. And all wanted their legislative representatives to be thoroughly informed of the consequences.

Deliverable

