Thurston Thrives Clinical/Emergency Care Action Team
SWOT Analysis
7/1/14 – Revised 7/15

Strengths
The clinical and emergency medical systems in Thurston County hold a number of strengths that promote community health, including energy and adaptability for change. The Affordable Care Act (Health Care Reform) is increasing the number of county residents with access to health insurance coverage. CHOICE Regional Health Network helps get residents enrolled with health insurance. The capacity of the medical community is adequate for current demand, with a good primary care provider base and ample hospital bed space and service lines. Behavioral Health Resources has been a strong community partner over many years. The presence of Group Health Cooperative contributes to the clinical preventive services available to participants, helping to reduce hospital admissions. Seamar and Valley View, two Federally Qualified Health Centers, provide care to low income, un- or underinsured residents. Pediatrics care providers are able to access vaccines available at no cost to patients through the Washington Vaccine Association. Thurston County also offers training opportunities for health care providers, including nursing and med tech programs and a family practice residency program. Finally, with the state capital located in the county, the medical community has access to elected officials and to state agencies, including the Washington State Department of Health.

- Energy for change
- Provider base – great primary care
- Hospitals/GH adequate capacity and service lines
- Culture of commitment to community (GH/Hosp)
- Forward thinking community/adaptable medical community “Open minded”
- Ancillary training program in community
- GH cost based, quality care- keep folks out of hospital
- Residency program
- Access to elected officials/state agencies in Olympia
- CHOICE – Lead Org. get folks enrolled
- ACA – increased coverage
- Public/private vaccines for children (WA Vaccine Assoc)
- SEAMAR/Valley View (FHQC)
**Weaknesses**

The clinical and emergency medical systems in Thurston County hold a several factors that challenge its ability to improve community health. There is inadequate capacity and resources to ensure access to primary care and mental health services. Behavioral health services are undermined by financial instability at the primary mental health facility in the community. Underpayment of mental health and addiction treatment providers in general limits the ability of the system to meet demand. This has even triggered closure of the inpatient mental health treatment center this year in Thurston County. Siloed and compartmentalized medical and social services means transitions from hospitals or other institutions to the community may be fragmented and inadequate. Safety net services are also strained: While expanded Medicaid under ACA improves access to insurance for low-income adults, it does not provide insurance coverage for those without legal immigration status or most newly arrived adult immigrants. At the same time, Project Access for specialty care and the Union Gospel Mission’s free medical clinic for chronic conditions are now closed.

- Behavioral health – turmoil at BHR
- Private practice – underpayment (psychologist)
- Silo – market share (lack of integration – mental health and medical care)
- Lack of access of mental health care, leads to more acting out by individuals resulting in encounters with law enforcement, whose only tool to deal with such encounters is to incarcerate
- Lack of triage to determine mental health status of those involved with criminal justice system
- Thus, jail is used as a primary mental health holding facility
- Lack of treatment facilities; Closure of in-patient treatment program for chemical dependency
- ACA –doesn’t provide universal coverage for residents who are not citizens
- Union Gospel Mission closing – loss of dental
- Project Access closing – loss of safety net
Opportunities

The clinical and emergency medical systems in Thurston County hold a number of opportunities to improve community health, including energy and adaptability for change. Although the capacity of the provider base is adequate for current demand, primary care providers are aging and will need to be replaced over the coming decades. We also need more providers and clinics providing behavioral health services. The County’s training opportunities for health care providers, including nursing and med tech programs and a family practice residency program can assist with filling some of these gaps. We also have opportunities for partnerships between civilian and military providers for physical, dental and behavioral health services. In light of St. Peter Hospital’s expressed commitment to partner with the community, possible new collaboration to restore treatment and expand prevention efforts. The ACA (Health Care Reform) will use payment mechanisms to promote improvements in care, including patient centered medical homes and medical/behavioral care integration. The relationship between the Thurston County Public Health agency and local providers is good; these relationships provide opportunities for further improvements in communicable disease control and other forms of community prevention and reductions in health care cost. Finally, access to state agencies and elected officials provides opportunities to influence policy-level health promotion.

- Energy for change
- Provider base – need more (aging)
- BH – more providers, clinics
- Aligning mechanisms for payment
- Health Dept. relationship with h.c. providers
- Ancillary learning programs (St. Martin’s nursing SPSCC Medical Assistant)
- ACA – work to improve what’s there
- Partnering civilian and military populations – physical, dental, behavioral
- Adoption of pc centered med homes
- Residency program
- Access to elected officials/agencies in Olympia
- Local PH and State Health Dept both in Olympia
**Threats**

The clinical and emergency medical systems in Thurston County are threatened by potential loss of services at the same time demand is increasing. Medical capacity is under pressure from payment deficiencies by insurers and potential difficulties with alignment of payment, first between behavioral health services (mental health and substance abuse) and later with physical health care. Loss of donated safety net services (for example, Project Access and Olympia Union Gospel Mission) and overuse/understaffing of Seamar’s clinics further threaten medical capacity. There is also concern that the Olympia Free Clinic will not be stable and available over the long term. Demand for these services, however, is likely to increase as the population of the county both grows in size and advances in age. Growth in military dependents and retirees, especially those not covered by Tricare, is also expected to contribute to increasing demand for medical care and behavioral health services (e.g., PTSD). Finally, erosion in public health funding has not only eliminated clinical services that once augmented those of the medical community but has diminished the capacity of public health to influence conditions that promote good health and prevent disease.

- Underpayment – global for all
- Some service delivery areas
- Aligning mechanisms for payment
- Silo – market share
- Funding for public health
- Insurers don’t want to pay for certain services
- Safety nets closing not everyone has access to care
- SEAMAR – capacity issues
- The Olympia Free Clinic – viability
- Demand surge with baby boomers and pop. growth
- Military population – TRICARE (dependants and retirees)

Working to develop data to add to the narrative:

- Mental health treatment needs vs capacity to treat
- Substance addiction treatment needs vs. capacity to treat
- Insurance coverage / uninsured % population
- Improvements in % insured with health reform and Medicaid expansion
- Primary care need vs. capacity
- Speciality care need vs. capacity
- Social needs vs. social supports (e.g., housing, food)