

Community Health

Women's Health Initiative

Kathy Mai,
MSW



Currently, half of all pregnancies in Vermont are unintended. These pregnancies often result in unhealthy mothers and babies and their long-term wellbeing. Vermont has launched the Women's Health Initiative (WHI), which will "ensure women's health providers have the resources they need to help women be well, avoid unintended pregnancies, and build thriving families."

The statewide program is for women who visit women-specific health care providers, such as OBGYN offices, midwifery practices, and family planning clinics. These practices will provide screening to assess mental health, substance abuse, trauma, partner violence, and access to food and housing. Women identified as at risk will immediately be connected to a WHI social worker for brief intervention and counseling, and referral to more intensive treatment as needed. Each social worker is a member of a local Community Health Team and will connect women with a network of health, social, economic, and community service providers in their area.

Kathy Mai, MSW, is the WHI social worker who will assess and work with

patients at the Women's Center. She is currently a social worker at Behavioral Health and Wellness Center (BHWC) and a member of the Community Health Team. She will perform standardized screening, discuss options, provide access to contraception, and make available same-day treatment if necessary.

"As I learned more about the WHI, I saw it was also an opportunity to work with women and also to collaborate with community providers to create and increase access to care, as well as resources, with the overarching goal of improving women's, children's, and family's health and wellness," Mai says. "The initiative focuses on prevention, a rather novel approach for a culture that often intervenes and responds during or after crises, or when problems are already present. It's exciting to be part of the initiative from the ground up. And the work—screening, case management, brief intervention, counseling—is similar to what I currently do at BHWC, as well as other social work positions I've held."

Mai hopes to help develop a model that incorporates what the Women's Center already does in terms of screening and assessment and make it more comprehensive, based on WHI principles and best-practices. "I want to provide brief counseling for women at the Women's Center based on individual needs. As the medical social worker I'm also looking at potential groups I could

offer based on client needs. I'm really excited about the varied opportunities."

CHSLV received funding from the Vermont Blueprint for Health to start WHI at Copley Hospital's Women's Center.



Dr. Richard James

provides his expertise at Stowe Family Practice

Vermont's aging and arthritic population means orthopaedic specialists are in high demand. CHSLV saw the need for non-operative orthopaedic services and brought in Richards James MD, to provide his expertise at Stowe Family Practice (part of CHSLV). Dr. James is a fellowship-trained sports medicine specialist with previous training as a Family Doctor. "It is often more efficient and convenient for patients at Stowe Family Practice to receive arthritis and orthopedic care inside their Medical Home. The patient could be a CHSLV patient with a new orthopedic problem or they could be doing a follow-up exam with me after seeing another provider in CHSLV. Also, I sometimes get informal questions from colleagues in Stowe Family Practice".

Currently, Dr. James is at Stowe Family Practice two days a month. That may increase to four if needed. Many of his patients come with osteoarthritic problems, and at SFP

he can perform ultrasound hip and knee cortisone injections for pain relief. Some of those hip and knee patients are preparing for future joint replacement surgeries, while others are simply trying to cope with their pain. He also sees same-day visits for acute injuries, such as simple fractures, when a trip to the emergency department is not necessary.

But it's not all about bones for James. He also sees patients for general health care, and even performs commercial driver's license exams. At the end of the day, though, it's arthritis that he treats the most. "I can't believe how much arthritis there is in Vermont. It's an aging population with a low birth rate, and we will continue to see more arthritis in the future."



Our new virtual machine, an improved environment for patients and providers

Last summer, CHSLV outgrew its computer infrastructure. The network was stretched to its limits as it processed the high demands of documenting medical records, patient portal usage, radiography, scheduling, billing, communications, and all the typical computer-related procedures that transpire within medical offices.

Mark Baker, CHSLV's director of information technology, spent the past nine months overhauling the system. "We have essentially replaced every single piece of infrastructure and also doubled the bandwidth. It will be a much better platform moving forward," Baker explains. "With the new virtual machine (VMware) environment, we can create

servers virtually. It is a more secure, robust site for both patients and providers."

In addition to speed and space, the VMware saves money. Once purchased there are few costs, and the system's cooling requirements are not as great. Looking ahead, a new backplane will allow faster connectivity between CHSLV's new medical center site and other buildings. "CHSLV is positioning itself to be a leader in secure, robust, fast network infrastructure that allows patients to access their medical records and providers to perform their jobs and focus on patients," Baker says. "They can enter the data they need to quickly and spend more facetime with their patients."



Mark Baker, IT Director