

Identifying Needs, Implementing Services in the Indiana Plain Community

Chris Roberson, JD, MPH

Director of Compliance & Community Programs
The Indiana Hemophilia & Thrombosis Center
Board of Directors
The Community Health Clinic

Rebecca Evans, LCGC

Genetic Counselor

The Indiana Hemophilia & Thrombosis Center

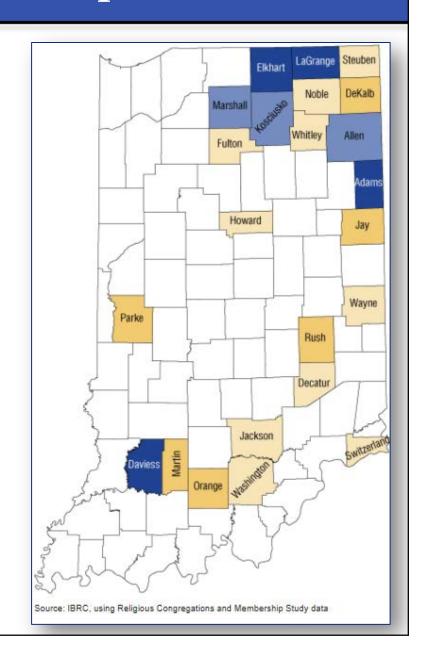
The Community Health Clinic

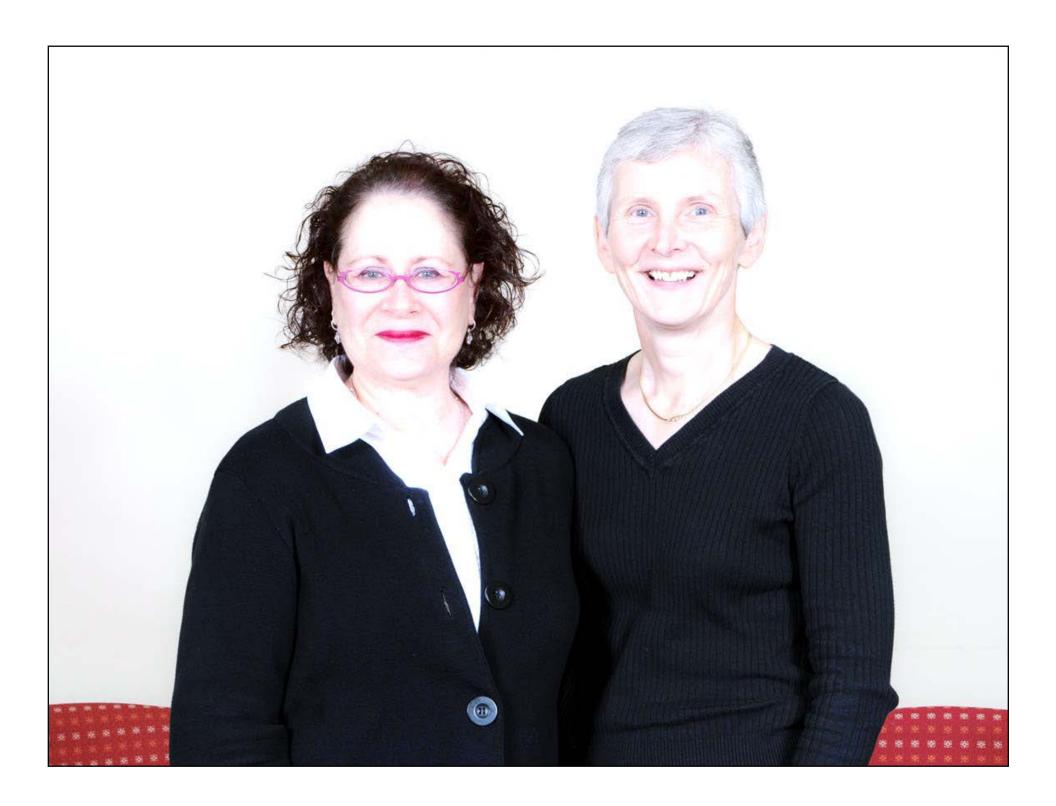
A Place for Our Special Children

The Indiana Plain People

- Indiana
 - 47,235 Amish Individuals
 - 22 settlements
- □ 3rd largest Amish settlement located in northern IN
 - Elkhart and LaGrange counties contain 21,560 Amish individuals
- Mennonites in the area as well







HTC Comprehensive Model of Care

- Non-profit/mission driven
- Multidisciplinary
 - Physician, PA/NP, Nurse(s), Physical Therapy, Social Workers, Dietitian, Dental Hygiene, Genetic Counseling, Risk Reduction, Research, Career Counseling
- Family/patient centered
- Part of national network of 140 centers
- Public Health Service pharmacy funded



Amish patients with bleeding disorders

Diagnosis	# Amish patients
Factor IX deficiency	48
Factor VIII deficiency	2
VWD Type 1	15
VWD Type 2M	74
PAI-1 deficiency	11
Factor IX low level carrier	22
Factor IX non-low level carrier	50
Factor VIII low level carrier	1
Factor VIII non-low level carrier	8

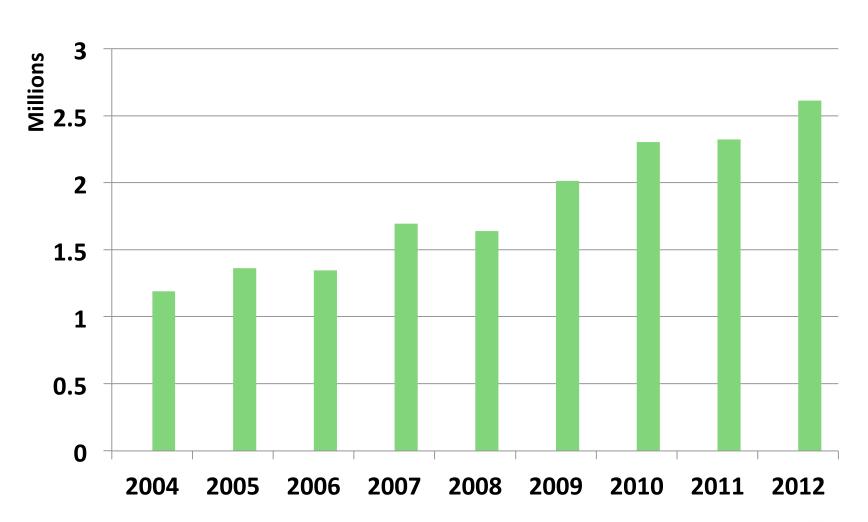


Amish bleeding disorder mutations

- ☐ FIX deficiency (XL)
 - 31008 C>T
- FVIII deficiency (XL)
 - Intron 22 inversion
- VWD 2M (AD)
 - 4120 C>T
- VWD 1 (AD)
 - mutation unknown
- PAI-1 deficiency (AR)
 - 2bp insertion (TA) at 3' end of exon 4 resulting in a frameshift and new stop codon



Clotting factor concentrate utilized by the Amish in Indiana





The Community Dental Clinic





The "Amish CDC"





The Community Health Clinic





What has the CHC done to date?

2009

- Established as a non-profit 501(c)(3) organization
- Collaborating with Dr. Morton in Pennsylvania & Dr. Wang in Ohio
- Wrote a Business Plan
- Formed board of directors and began meeting
- Fundraising: Community Auction
- Bought land for permanent site

2010

- Physician recruitment
- Private foundation grant writing
- Fundraising from private donors
- Newsletter



Benefit Auction



What has the CHC done to date?

2011

- Physician recruitment
- Renovated temporary space in the basement of Dr. Egli's office
- Fundraising
 - 2011 Dutch Dinner
- Financial Counseling with Melvin Miller
- Initiated Genetic Survey of the community

2012

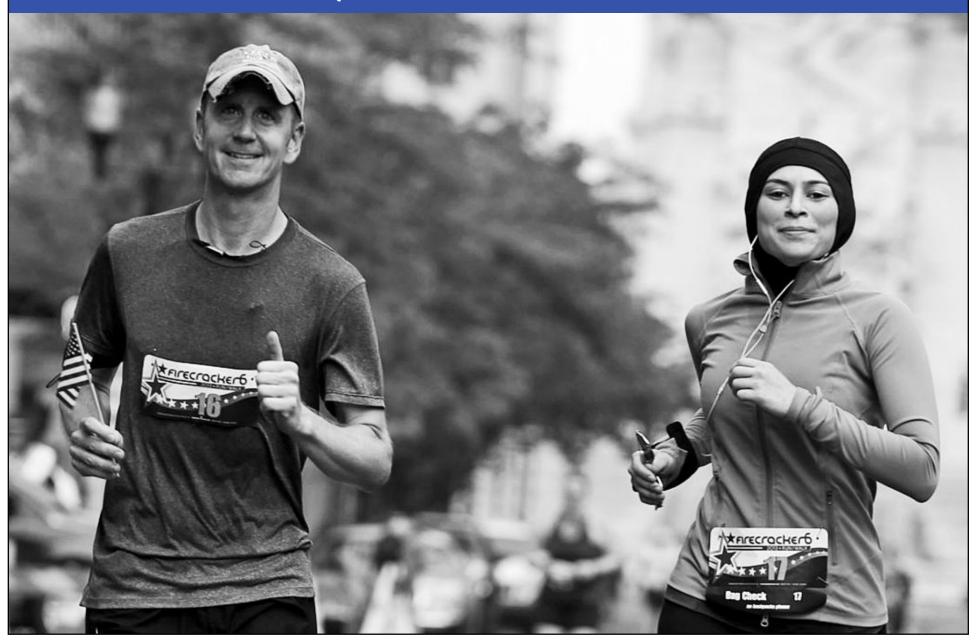
- Launched bill counseling/negotiating service
- Abstracts presented at ACMG/SIMD
- Survey Implementation
- Launched the <u>www.indianachc.org</u> website



The need for bill negotiating services



Physician Recruitment



2012-13

- □ Forged relationship with University of Michigan & Parkview Health Systems
- State Department of Health Grants
 - NBS Follow-up
 - MCH Genetics Medical Home
- Hired Practice Manager, Nurse Practitioner, 2nd Physician
 - Recruiting Nurse, Dietitian, Receptionist/MA



Plans in 2013

- Continue to prepare for the opening of the CHC
- CHC Survey of all households to identify families needing our services
- Fundraising
 - 2013 Dutch Dinner
 - Apply for grant funding
 - Plan for a 2014 Community Auction
- Most importantly, open the clinic to start seeing and treating patients
- Build an education resource room



Future plans beyond 2013

- Start a CHC research program
- Expand lab services offered at the CHC
- Implement an in-house pharmacy
 - Will include some natural supplements & pharmacist who understands both medications and supplements and their interactions
- Build a permanent location
- Expand to primary care





Preliminary results of the CHC's community-wide genetic survey



The CHC Survey

- Purpose of survey
 - Catalogue and determine prevalence of genetic disorders
 - Identify needs/allocate resources
- Process of the survey
 - Pilot phase, revisions, full phase

Dear Community Member:			
medical conditions that can be inherited or passe cause a variety of medical problems, some of whi	y any special needs that your community has related to id on to children through genes. These conditions may idn are very serious and can be prevented if a person is infrom this survey will help us create a clinic equipped		
	age-paid return envelope OR return it to your as 500n as y medical conditions that you are concerned about, survey. Please know that all your answers will remain		
quality care at The Community Health Clinic. Than	r not to participate will not affect your ability to get nk you, in advance, for your help to make The needs. Feel free to contact us with any questions.		
For questions about the survey: Rebecca Evans Genettic Counselor Indiana Hemophilia & Thrombosis Center Tollere: 877-256-8837 Direct Univ: 317-871-0011 ext. 222 Email: revans@ihtc.org	For questions about The Community Health Clinic: Dennis Lehman President of the Board of Directors The Community Health Clinic Phone: 260-593-0108 Mall: PO Box 9, Topeka, IN 46571		
Sincerely, The Community Health Clinic Board of Directors			
Dennis Leman, President Lester <u>Beechy</u> , Vice President Chis Roberson, Secretary (Indiana Hemophilia & Thrombosis Center) Mahlon Lambright, Treasurer Jeffrey Brookes, MD, Director (Parkview Health)	Wayne Brubacher, Director Glen Hershberger, Director Freeman Hostelter, Jr., Director Einer Lengacher, Director Ernie Miller, Director Amy Shapiro, MD, Director (Indiana Hemophilia & Thrombosis Center)		

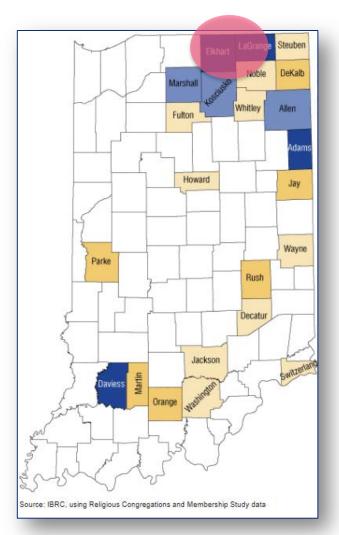
I. Family status							
Are you married? □Yes □No Do you have any children? □Yes □No a. If yes, how many (including deceased children)?							
II. Diagnosed Genetic Conditions The next questions are about diagnosed medical conditions in your family that can be inherited or passed down to children through genes. Genes are like instructions that influence how our bodies grow, look, and work and also how we learn. Genetic conditions are caused by a change or difference in a person's genes that causes them to not work correctly. Sometimes these changes or differences are inherited or passed down from a parent, and sometimes they happen for the first time in the child. Genetic conditions usually cause a child to have special needs (slow learning or intellectual disability, seizures or convulsions, birth defects, cerebral palsy, etc.). When a baby is born with a genetic condition, signs are often present at birth or shortly after. However, some people may not show signs until later in life. 3. Have you, your husband or wife, or your living children ever been diagnosed by a doctor with any of the following: a. Genetic/inherited/metabolic disorder?							
Full Name	Date of Birth (MM/DD/YY)	Relationship (son, daughter, wife, etc.)	Lives in household?	Age at Diagnosis	Diagnosis		
(example) Joe Smith	01/01/05	Son	☑Yes □No	1 month	PKU		
			□Yes □No				
			□Yes □No				

Progress

- 200 Amish church districts engaged
 - ~5,052 households
 - ~23,744 individuals
- ☐ 141 districts returned some surveys
 - 2,296 households
 - 11,199 individuals
- Current response rate

Households: 45%

Individuals: 47%



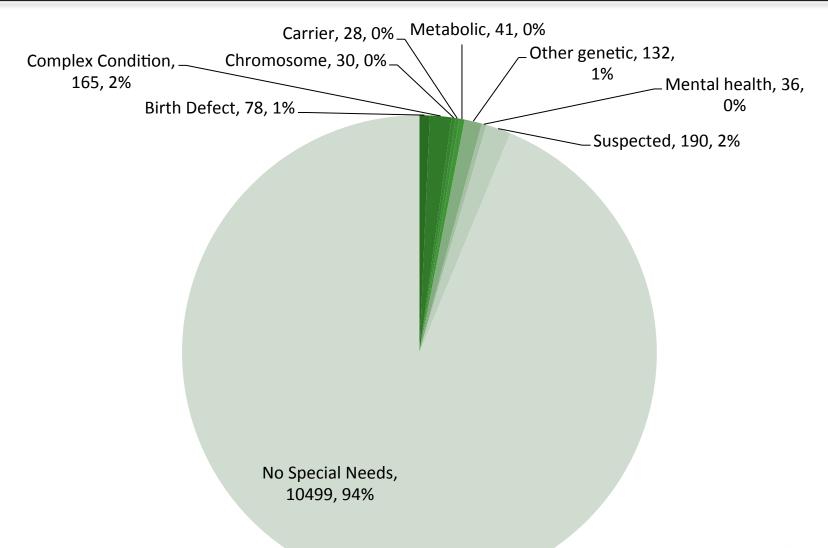


Progress

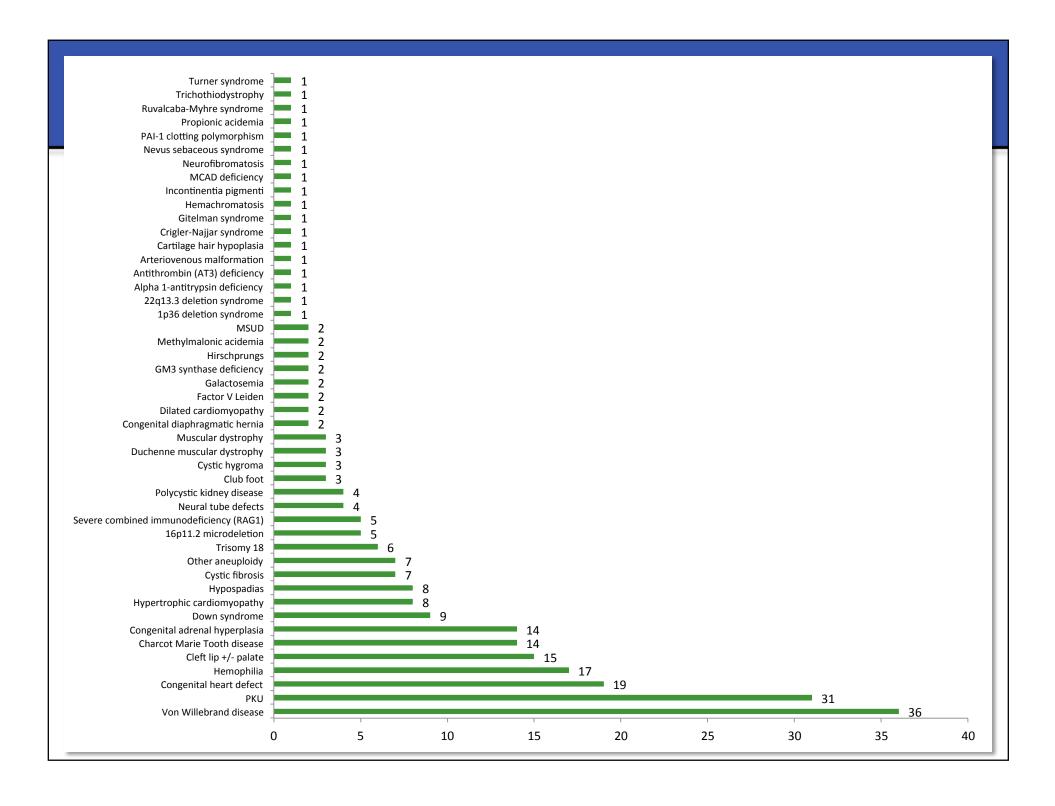
- 209 church districts in catchment area
 - LaGrange, Elkhart, & Nappanee area
- 62 districts engaged to date
 - ~1,157 households
 - ~5,400 8,400 individuals
- 28 districts returned some surveys
 - 272 households
 - 1,351 individuals
- Current response rate
 - Households: 23.5%
 - Individuals: 16-25%



Survey Results To Date







Other Data

