

- Good morning, good morning. You're listening to Ability Radio, You and Your Health. Good morning, Virgin Islands. Ability Radio, You and Your Health is a health literacy program funded by VI Lottery, Making a Difference Program. We are broadcasting this morning from Da Vybe Radio Station, 107.9 FM. My name is Amelia Headley LaMont and I am joined, as I am joined most mornings, by Iris Bermudez. Iris, good morning.

- Good morning.

- How are you?

- I'm fine, thank you. Ready to go.

- Oh, good. We have a very special guest this morning. An individual who's gonna bring us a wealth of information about the Frederiksted Health Center. Before I introduce our special guest, first of all, again, our usual rules of engagement, we request that there be no use of names, no personal attacks, no unfounded allegations, or product pitches, no profanity, and of course we do not give medical advice. So, we won't be able to respond to questions of that sort. The opinions expressed are those of our guests, not those of our station, and from time to time, maybe not even from the Disability Rights Center. It's a live and call-in show. You are encouraged to call. If you are so inclined, please give us a call at 779, I'm losing my voice. 779-1079 or 713-1079. Today's guest is Norma Hassell, who is a program assistant for two programs from the Frederiksted Health Center, correct?

- That's correct. Good morning.

- Good morning, and welcome, and thanks for joining us this morning.

- Thank you for having us.

- You, specifically as the Program Assistant for the Ryan White Program, and the 340b, and folks will be interested in hearing about this, the Discount Pharmacy Program. But before we go into that, Norma, if you could just tell us a little bit about the Frederiksted Health Center and we can focus on, you know, your specific programs.

- Well, as a general overview, they are for primary care for all ages, prenatal, newborns, adolescents, adults, seniors, everyone in the community is so welcome to come and use our services. We provide a matriarch of services, such as OB-GYN, pediatrics, internal medicine, we have family medicine, of course there is the HIV/STD program, there is HIV education and prevention, there is optometry, nutrition, child and adult immunizations are offered, behavioral health services, we have a couple of in-house laboratories, general dentistry, and these are just the most of what we have but we're very open to services here in the Virgin Islands.

- I have a question already for you, Norma. For those services that you mentioned, you know, right now just a little while ago, pediatrics, OB-GYN, family medicine, do they, do they, does the public, the residents, the consumers, do they need an appointment? Because that seems to be a problem in the Virgin Islands, when they wanna go see a doctor, they have to get an appointment and sometimes it's, like, a long wait list.

- Well, here is the beauty. Do they need an appointment? It's preferred.

-It's preferred.

- But we have more than one location.

- Awesome.

- So, because of that, we will try to get them to the location closest to them. We have both of them fully manned with service providers, and, yes, there is some who wait for it for depending on what is needed. But usually we got a, we have a good turnaround as to when they can see the doctors. But walk-ins are definitely welcome.

- Oh, great. That's wonderful. Listening audience, you need to listen to this now. We're providing you a really good service information this morning. But you don't handle emergency cases, right?

- No.

- Okay. Good.

- That's for the hospital.

- Right. And you are open a certain time?

- Yes. Our hours are Monday through Friday, and Monday, Tuesday, Thursday, and Friday, we're open from 8:00 to 5:00.

- Uh-hmm.

- And Wednesdays, we do 7:30 in the morning till 7:00 at night.

- Whoa.

- So, we invite you all to, you know, pack up the Wednesday night, that Wednesday evening hours. The providers are there, staff is there, and we see individuals.

- That's great. That's...

- And get them taken care of.

- That's great.

- And that's for whatever you do need.

- Does the same hold true for the Christiansted office, Wednesdays?

- The one for Princess? Yes.

-Yes. Oh, wonderful.

- Uh-hmm.

- Listen up, listening audience, because you're getting good information here.

- This is amazing.

- Yeah. Yeah.

- And again, the center offers prenatal assistance, OB-GYN, pediatrics, internal medicine, family medicine, STD, HIV, TB Program, and prevention, optometry, nutrition, child and adult immunizations, and behavioral health services. And that's an issue that's, of course, near and dear to our hearts of the Disability Rights Center, behavioral health matters.

- Uh-hmm.

- And walk-in services are offered.

- Uh-hmm.

- For lacerations and suturing, okay? We're going into the weeds now. Incision and drainage for minor skin abscesses, removal of foreign bodies, IV therapy for hydration, STD, meaning Sexually Transmitted Disease and HIV screenings, and evaluations, if you have a cold or flu-like symptoms, or any other respiratory condition or skin infections, the Frederiksted Health Center is there to help. This is an amazing service that's being provided and you ought to be commending the staff for...

- That's right.

- Ms. Masserae Webster does an excellent job.

- Yeah.

- She has a wonderful encouraging staff that does well in putting us all together to be able to service the people of the Virgin Islands.

- Fantastic.

- Are your clinics usually crowded with people waiting to be seen?

- I wouldn't say they're crowded. Yes, they have times where the waiting room is a lot. But, because we have so many different services, we leave them and we have different rooms.

- That's right.

- So, we're on a move. It's a, it's a moving process.

- Gosh, I remember years ago when I used to be the Ingeborg Nesbitt Clinic.

- Yes.

- And then it was moved over to that building next to it.

- Uh-hmm.

- Because I used to work with medical assistance then. And it was forever, you know, being utilized, and I'm so glad that this service came to Frederiksted because it was so needed. So I mean the...

-Yes. And it's a service that has been needed for a long time and actually demanded for a long time to be in that area.

- Yeah. That's right.

- You know, it's very limited with our ambulances.

- Yeah.

- Right.

- So, the area that we can provide, we provide that care for our individuals.

- That's wonderful.

- And the dentistry that we have going on, it's just phenomenal right now. So...
- Well, talk just a little bit about that. Those are important.
- Yes. Yes. Yes. Yes. It's something that when we're children, you know, our parents make sure that we're taken care of, and then we get older and it's like on it's our it's until it hurts.
- Right.
- That's a good point.
- And I say that because I was one. Hello. And they're like, "You need to come and get your regular cleanings," they so, they screen you, they clean. And then they take care of different procedures that we needed. And the one thing that I love about them is that, if it's something that they feel that'll take too long to get done, or something that, something that they cannot do, they are so interconnected, they refer you to where you need to go.
- Oh, wow.
- And you get that service. So, I mean, you deal with that, you know, that provider how that needs to happen, but at least the referral is there and you have a confidence that you're gonna be taken care of in a timely fashion.
- That's great especially for people who are so fearful of going to the dentist because of prior experiences.
- Uh-hmm. Uh-hmm, and I can tell you that the staff is wonderful, very wonderful, and gentle. I know that's important. It was important for me. So, if important for you, come out and see our dental team, the whole team. They're very gentle, very caring, very explicit in, explicit in how they explain what's happening, what's going to happen what they see.
- Uh-hmm.
- Very interactive with you. So, it's not just, "Open your mouth and let's get this done."
- I might just, I might just take you up on that.
- Yes.
- Now, you provide services to children as well in need of dental care?
- Yes, they do.
- Okay.
- Yes, they do.
- Wonderful.
- So, imagine we're getting new chairs, and were gonna be starting at the Princess location shortly.
- Right.
- We're already in Frederiksted in the Ingeborg Nesbitt Clinic.
- Yeah.

- And we're out at, what is that called? The one in Orange Grove. Doctor kind of [inaudible]
- Oh, where Dr. Fraeble used to be?
- Yes, where Doctor...
- Easterly Building.
- Yes.
- Okay.
- Oh.
- And they're up and running. And now we're getting really to do the Princess Office, so...
- All right. So, how many locations does the Frederiksted Health Center operate from? Is it...
- Four.
- Four? Okay.
- Wow.
- It is the one, the only location that, if I remember correctly, we don't do the service at, it is on school-base. A school-base would be over at the complex.
- Right. Educational Complex.
- St. Croix Educational Complex. But, we do have a clinic area over there.
- So, you have a health clinic at the St. Croix Educational Complex?
- Yes, we do.
- Wow. Okay. And what, what's offered at the school, at the educational complex?
- What services. Uh-hmm.
- I'm not sure to what extent, that they go there.
- Okay. Okay.
- I'm pretty sure that maybe more screening and then, you know, pass on the information so that we could do referrals to what more that needs to happen over there.
- That's good. Because I remember a long time ago when they used to have children's nurses and...
- Uh-hmm.
- Services, and the schools, elementary schools and high schools. And that kind of went away. I mean I know you still have nurses at the schools.
- Yeah.

- But doing services is really good because there's a captured audience right there.

- Yes.

- I also note that there's a homeless clinic every third Saturday.

- Yes, there is. Every third Saturday from 9:00 to 2:00, we have a homeless clinic and we provide services mainly for the homeless individuals. And we collaborate with other agencies in regards to getting them there to, you know, providing the service to them, and associating them with the services that they need. So, the matriarch of services would be, from that day could be labs.

- And you have a lab in-house, I understand, okay.

- Yes. So, they're busy.

- Okay. I can imagine.

- We have, we also provide the behavioral health services.

- Good.

- We do a sort of case management, there is a, like, a housing component to get them prepared, basically. And link them to what services they need such, as you could even imagine that population have lack of their paperwork with them.

- Yeah.

- So, sometimes it's starting all over. So, we keep the case managers busy as well.

- Uh-hmm. Okay.

- Wow.

- But I want you to understand that those services are offered.

- Uh-hmm.

- And we allow them the dignity to choose what they wanna get done.

- Uh-hmm.

- So, you can come and be fortunate to get everything done that day, or if you need to come back a few times, you know that trust issue, that relationship-building issue?

- Yeah. Yeah.

- And we've done it a few times. I believe we're on like the fourth clinic.

- Uh-hmm.

- And it's very good.

- A little birdie told me it's been very successful actually.

- It's very good.

- It sounds like...
- The response is awesome.
- Yeah.
- And dental screening happen, too.
- Oh, wonderful.
- I also note from this, is that you offer breakfast, lunch, showers, fresh clothes, shoes?
- Yes. That's right.
- I mean, this is not what you typically associate a health center for. So, again, this is an amazing service that's been being offered to the community.
- Yeah, Ms. Webster and Ms. Leslie Ramer has been real instrumental in getting that done in working on this project and I commend them, and their staff for what they have done and how they're going about serving the community and getting things happening for us.
- And this is wonderful, because services, Health Services, are often criticized for not doing enough for the residence of the Virgin Islands, and here you have a perfect example of how you've gone beyond what's required of you to provide services to this population. You know [inaudible] would say not required, but it's still our people.
- Yeah. Absolutely.
- And that's what is about serving our people.
- Absolutely.
- So, that's what they need and there is an avenue to get it done, they look for it and they find it.
- With this homeless program, do you accept donations like in the form of clothing, and shoes, since you provide them fresh clothes?
- It is. Yes, it is.
- Okay.
- I ask that when you do that at this time that you would speak to Ms. Leslie Ramer.
- Leslie Ramer.
- Let me provide you with that phone number. And that's basically the clinic, 340-772...
- Uh-hmm.
- ...7260.
- Okay.
- And just ask for her.
- Okay.

- And you can ask for myself also because I wanna, you know, where to funnel the call at the time.
- Okay.
- And we'll take it from there, you know. I have to say, storage is a little concern.
- Sure.
- Okay. Sure.
- Absolutely.
- So you can't be too overwhelmed.
- Yeah. Yeah. Yeah.
- Gently used stuff would be much preferred, you know.
- Uh-hmm.
- We have people to service.
- Good. Good.
- You know, and the good thing is because we're now a little bit more known, I see them a little bit more comfortable coming in asking for the service, and you know that's really big for that population.
- Absolutely.
- And I'll tell you one thing, while you were talking, I kept thinking about the Affordable Care Act and one of the, one of the policies is to make the services patient centered and you were talking about allowing them to make their choices. That's patient-centered right there.
- Yes.
- And it's awesome.
- Yes.
- It's awesome. I'm glad to see it in practice.
- Right, right.
- We're here to service.
- Well, we're gonna pause for a little break and we will be right back with Norma...
- Hassel.
- ...Hassel. Program Assistant. Ability Radio, talk to you soon. We're back. Good morning. You're listening to Ability Radio, You and Your Health. This program is funded by VI Lottery, Making a Difference Program. And my name is Amelia Headley LaMont joined this morning by Iris Bermudez and Norma Hassel from the Frederiksted Health Center. Before we go into some more discussion on the valuable work that you do, I want the listening audience to know that we do record these programs. They are available on a podcast that can be found at our website, which is drcvi.org. Later in the program, we will

let you know what programs have been recorded, what's available for you to hear if you've missed a little bit today or in previous weeks and what's coming to us in the next few weeks.

- Couple of weeks. Yeah.

- Yeah. During the break, Iris, you had a question.

- Yes. Norma, going back to what you were talking about, um, how you allow the consumers to make choices especially in a homeless program.

- Uh-hmm.

- Could you talk a little more about that? Because I thought what you said was so important.

- Well, we just want everyone to know that the services that we offer, we offer to all of the individuals that come. At the end of the day, it's their choice. The person that's receiving the service the day, they get to choose what services they would like. They're all available to them, but they get to choose what they want, that's client-centered. Taking care of that person the way they see it.

- Right.

- So if they don't want a service, you don't provide the service.

- Right. If they don't want it, we don't provide it at this time.

- Okay.

- And let's say they don't want it today but they, while at this visit but they want it at the next visit.

- Then it's all right.

- Then we will do it at the next visit, you know.

- That's a great example of patient centeredness.

- And it helps build trust and relationship between the patient and the center.

- Yes, you're in compliance with ACA.

- Awesome.

- Right. Iris is very, a stickler for compliance so we want to make sure that we toe the line.

- That was Ms. Webster.

- Hi.

- No, understandable. Norma, can you tell us about, let's start with the Ryan White Program, what does that mean and what does that involve?

- The Ryan White Program is a program that's been around for quite a while and basically it's for individuals who are HIV infected-affected, and we offer the services here on the Virgin Islands along with, if I remember correctly, Department of Health, it's a federally-funded program.

- Okay.

- We're not going too far into it, only because it's been around so long but we just want you to know you can come down to our clinic and you can receive those services that are provided under Ryan White.

- Okay. What kind of services are provided?

- So we do case management.

- Okay.

- And that's huge because you call that linkage to care. So from the time you find out that you're positive, then you know, your world is, for the moment, turned upside down. What to do? Where do I go?

- Uh-hmm.

- That's where, same day, we click in and we link you to care of what you need depending on what's going on with you. Again, personalized also and you do get to choose your services as well.

- Uh-hmm.

- There's certain ones that, you know, requirements that has to be done but besides that, it's all you decide what service you want and basically when you want, and we move forward from there. We make sure that you keep up with your healthcare because that's extremely important and that's what it's all about. In this day and time, we try to explain to individuals that it is seen, yes, as a kind of a chronic situation, because what they're gonna tell you to do is no different than what they tell us to do any way, if at all. Sleep, exercise, take care of yourself, and the difference is gonna be basically your regimen, your medication, what you take. Now, we do understand that there are some effects and it causes you to not really want to participate but sometimes you have to give your body a little time, you have to be honest with your provider, tell them what's going on and then they help you find the one that works for you. And the next thing you know, you're living your life per se.

- Uh-hmm.

- Doing what you would normally do on an everyday basis and keeping yourself up and healthy, and strong, and, you know, if you're HIV positive, you are positive and living a very positive life.

- Uh-hmm.

- And if you're negative, you protect yourself and you continue to protect yourself and go forward and live your life as well.

- Does the center offer prescriptions?

- Yes.

- Okay. All right.

- We have, when I say we offer prescriptions, of course if you need, your medication is a prescription, so the provider would write out your prescription for you and then you will choose where you wanna go or you can be part of what's called the 340B Program, now I don't want you to associate that with only Ryan White. This is a whole separate program in itself.

- Program. Uh-hmm.

- Whole separate entity, so it's available for each and every person that walks to that door and have a prescription. It doesn't matter what your insurance is, it will either make it easier for you to get your medication or it will make it less expensive for you to get your medication. So, at the end of the day, it's a

win-win situation. And it just really, really, really helps to have a lower health cost because we all know that medications can be real expensive and this really brings down the price for you. Sometimes it's, let's say it's [inaudible] situation where we know they don't really pay for their meds per se.

- Uh-hmm.

- So how would that benefit them, because then we can offer that with the pharmacies we use, one of the choices, that they'll have to mail to their homes. One of the pharmacies will do a home delivery. Yep, we'll bring it...

- Locally? A pharmacy will do a home delivery?

- Uh-hmm.

- Sign me up. Okay.

- Yes, they will.

- All right.

- So that's what I'm talking about, so no, you didn't have a cost where you were before and you won't have a cost now but the difference is you would have that option of having your meds brought home to the house to you.

- Okay. So we're talking about what's referred to as a 340B Discount Pharmacy Program.

- Yes.

- Is there an eligibility requirement for this?

- You make sure that you see one of our providers at one of our centers. So, it's center-based.

- Okay.

- Okay? I mean being part of the FQHC Program and...

- What does that mean, FQHC?

- Federally Qualified Health Center.

- Okay, thanks.

- And they're being granted the 340B federal funds, or grant to do it and then you see one of our providers, because all of our providers are under the 340B, so when they write prescript, it's funded through 340B.

- So it doesn't matter what your income level is, you're eligible?

- Yeah. The 340B Program.

- Wow.

- Because what happens is if I assist you, like what I said, it's either gonna lower what your copay is or if you're already paying nothing, then you have the home delivery and you're also gonna get those services for the individuals who's paying. So, don't think that just because, "Well, okay, so I have a co-pay, it is smaller than usual that I can't ask for them to do the home delivery." No, that's all service, you have that

especially with the pharmacy and it's done, or a lot of it is mail order and you get your supplies and you're good to go. You have any questions, you call in for myself or Ms. [inaudible] and we'll help you out, find out what's going on and get things going.

- If you have other insurance, does it coordinate with those insurances?

- The, yes, it does in regards to they have to figure out what that pay is.

- Okay.

- And then what the 340B price is so it can drop and you're good to go.

- Substantially, yeah, wow.

- So, yeah.

- Because I do know that [inaudible] medications are very expensive.

- They're very expensive but...

- That's excellent.

- ...we're keeping our fingers crossed and hoping that it's a federally funded program, so hopefully the feds will leave it alone and, or they can increase it and [inaudible] to do that.

- And that's a good point you're making because I read that nationally, HIV is on the rise again because of different situations, I'm not going to talk about that yet but are you seeing a rise in the Virgin Islands of HIV infected persons?

- I wouldn't say yes to that, that's more of a--what we are seeing, Iris, is that individuals are feeling more comfortable coming to get tested.

- Okay, good.

- Great.

- And...

- That's great news.

- It is. It's fantabulous news.

- Good.

- Because now we're gonna get good, clean, fresh data of to, of what's actually taking place here in the Virgin Islands and what I mean by that is we can start to reduce a lot of the assumptions.

- Right.

- It's showing that--I think that people are becoming so comfortable that the stigma is reducing. I don't think it'll ever go away, we all know everybody have their views.

- Uh-hmm.

- Yeah.

- But once we continue to really let people know you can't take care of yourself if you don't know where you are, you can't get help if we don't--we can't help you if we don't know what's going on with you.

- Right.

- The help is there, the help is there. Either which way, the help is there.

- Wow, that's great news.

- Uh-hmm.

- Good news.

- So the 340B discount pharmacy program is available at, let me make sure I'm clear, at each of the center, if you need assistance with dental care.

- They have it too.

- Oh, my goodness. Okay.

- Yes, yes, yes, yes. We see prescriptions from the dentistry office.

- Okay.

- You know, when I worked in Atlanta, you remind me of what my boss used to tell me over there, that we're all one village.

- Yes.

- And that we all take care of them, everybody, and that whatever's available, this is the way we do God's work because everybody should be able to access services.

- That's right.

- Not only when needed but as a form of prevention...

- Exactly.

- ...for other worse situations or medical conditions.

- Exactly. And that's just the point, you know? We would love it to be all preventive care but we know the truth, your body changes on you, you know, circumstances and life happens and we just go through what we go through but nevertheless, you know, when you need services, we are here and, you know, the best part is that we collaborate.

- Yes.

- So what we don't do, can't do, not soon enough do for you, we'll get you where you need to go.

- And that's another good point you raise that I wanted to ask you about if you could, the difference between primary care and preventive care because I was also confused at one point myself way back trying to understand what was the difference. I know preventive is to try to help something from getting worse than what it is but your primary care concept is that you're the primary care provider in the community or you're there to help with primary situations.

- More the latter.

- More the latter.

- With the primary care situations and we can be the primary care because sometimes we're the only provider that you're gonna see depending on what your situation is.

- Yeah.

- And I really wanted to bring it out because a lot of people get confused between primary care versus preventive care.

- And I guess they...

- I think they work hand in hand.

- They definitely do and that's the good thing that we do both down there so come on now, we can take care of all of you.

- Good. That's good.

- I'll also note that there was a question regarding residencies. Is there a requirement that you be a resident?

- No [inaudible] need care.

- [inaudible] care, wow.

- We take care of the person and then we'll work the rest out.

- And you...

- Let me say that one more time.

- Yeah.

- We'll take care of the person and then we work the rest out.

- And you also take care of the holistic.

- Yes.

- Everything about that person that needs to be taken care of.

- Yes.

- Is there anything you don't do?

- [laugh]

- We try our best not to say no [laugh].

- Well...

- Well, I'm just curious and I know this is probably an unfair question, Norma, but tell us if you can about the nutrition work that the health center does.

- You're right, unfair question.

- [laugh]

- As, well, I, what I do know is that we have Dr. Henry who does...

- She's been on our show.

- ...the nutritional care, she is like super excellent.

- Yes.

- So nutrition is very important for our individuals because what you eat relates to how your body reacts to different things that's happening to you at the time and she is very local and what I mean by that is that's the type of menu that she helps you with. So that's phenomenal, it's not the pie in the sky, put in a computer, print something and then you look at it and it's like but none of those are offered here.

- Right.

- You don't get away with that with Dr. Henry. No.

- Good.

- So, and she, she's very individualistic, which is very important. So it's depending on who you are, not who you are but where you are in your, in your health and what you need and she helps you along with that.

- So that's...

- So it's not just coming to the provider and the provider's like "Oh, you got to change your diet." it's "Okay, you're coming to the provider, I see you need some help with your diet depending on what's happening with you." and she gives you a referral to see Dr. Henry and there you are.

- There's great communication at the clinic.

- Yeah.

- Great communication, you could see that.

- They work very much hand in hand, very much. Because you can't really, you can't do one by itself.

- Right, right.

- And I think that's a learning process here.

- Yeah.

- You know, if you need it, it's available, right?

- Uh-hmm.

- But it's best on it's part of your whole, your whole, your whole therapy per se.

- Yeah, and the beauty of this, the beauty of the center is that you go, they see, whatever is wrong with you and right, and how they can refer you to whatever service you need unless it's something else that has to go outside but it's wonderful that you can have these services in one place.

- Exactly. And we have a few special two services such as podiatry and dermatology. So they're not always there but we can refer you to that, we'll let you know when they are in there, set that appointment for you so you could come back and be taken care of for those things and get those things addressed also.

- That's great.

- And here's a wild question. Here's a zinger, Norma.

- [laugh]

- And, you know, it's not a matter of being greedy but I'm just curious whether there's been any thought to having a mobile unit?

- We used to have that before a long time ago.

- I know there is discussion.

- Okay.

- But if, you know, someone would like to come and talk to Ms. Webster, donate that service fully well and in compliance, we are so open to having that discussion.

- It's good that it's even been, you know, entertained because many years ago as I recall, we had mobile units.

- Uh-hmm, mobile units.

- And that's been, as we've learned, a barrier to care when it's difficult for a person to go to any entity, a hospital or clinic or center. Having that mobile unit where the staff knows who's in the community, if you have a person who is chronically ill, where's Mr. so and so, he's supposed to come for his medication this week, we haven't seen him send out your, you know, your...

- You can imagine that we're already doing the homeless clinic, right?

Yeah.

- Right.

- And then the, if we had the van on top of that just how that would just explode that situation...

- Comprehensiveness, yeah.

- ...we would love it.

-Yeah.

- Yeah.

- Yeah.

- Send me someone.

- Yeah.

- [laugh]

- Send you an angel, right?

- Yes.

- I think especially for the shut-in, the disabled and seniors, that would be awesome if that could be done.

- Yes, definitely.

- That's a good question Amelia.

- Thank you. All right, well, we're gonna take a little break and we'll be back with our special guest Norma Hassell with the Frederiksted Health Center. Stay tuned. We're back. Good morning, you're listening to Ability Radio, You and Your Health. A health literacy program funded by VI Lottery, "Making a Difference" program. You are joined this morning by Norma Hassell from the Frederiksted Health Center and my cohort Iris Bermudez. My name is Amelia Headley LaMont and we've learned a lot this morning about the services, the variety of services that's being offered by the Frederiksted Health Center. During the break, I noticed we talked about this 340B discount pharmacy program and what we have here is just a little more specific information if our listeners are interested. The Frederiksted Health Center offers prescriptions through this 340B pricing. Mail orders with Walgreens on Saint Thomas usually can be filled within 24 hours. Mail orders with an entity called Curant Health, it's a pharmaceutical out of Florida. Can usually be turned around within three days and, or on island at neighborhood pharmacies. So these are the entities that provide discount, you know, pharmaceutical products to clients or patients of the Frederiksted Health Center.

- Uh-hmm.

- This 340B program makes medications available at little or no cost to qualifying patients. Individuals who say for example have meds that cost over eight hundred dollars and there's a lot of meds that cost a lot of money are now paying a hundred and fifty dollars. So this is an amazing service that's being provided by the Frederiksted Health Center. Iris, I know you had a question regarding what's the process for qualifying, so...

- Right. What's the process of qualifying?

- So the process would be that they come into the office and they see one of our providers, again at one of our locations and then after the doctor checks them out and see what they need as for medication, then they write up a form for us and they send down the prescription to us and that's where the process actually begins.

- Okay.

- Or I could say kind of culminates because to me, the beginning is when you deal with the doctor and once the doctor says you need the prescription, then he sends it down to our department, we do a process and then one of the pharmacies are chosen and that's it.

- So earlier, I had asked if this program coordinates with any other insurance company such as Medicare part D which is a pharmaceutical program or SPAP which is a Virgin Islands pharmaceutical assistance program because I would think that, and if you coordinate it, everybody's gonna be saving.

- What happens is with the, with the part D, it's, we've learned that unfortunately, those individuals are gonna have to choose which one because it's federal funds, that's considered double dipping, we can't have that.

- Right.

- So they would, that one entity or that one insurance in itself would have to be a choice of which one you're gonna use.

- Okay.

- If you're gonna use your part D and do everything that goes along with it or are you going to use the 340B program.

- Okay.

- But for everyone else, including MAP and Medicaid and Medicare, what would, and those who were uninsured, we're offering low to no payments because of how the pharmacy program works.

- Right. And I would caution the Medicare beneficiaries that have part D to really think about if you're going to decide to go with the 340B program versus your part D because once you come off part D and you decide that you know what, I still need part D later down the road, you might have to pay a penalty.

- That is correct.

- So you have to be careful with that, yeah.

- That's one of the things that fortunately, that's why they have to make a choice.

- Yeah. They need to make an informed choice.

- Yes.

- Make sure it's informed.

- And we have that, we have that discussion with them because we want them to, again, we're here to help, not to hurt.

- Right, right.

- So while our price may be less at this time, we always tell them, you know, everything lasts for a time, we can't promise how long this is going to be but we're here to help, you know, but a lot of times, sometimes I send them back to the office and tell them have a discussion with them, review what your situation is because again, everybody's situation is not the same.

- Right, right.

- And, I understand what happened with your friend but this is for you, so go and find out and then whatever decision you wanna make from there forward, you're most comfortable going forward.

- And I like that approach because subsequently to that, you know, whatever decision they made if they chose to go with your program and then if the program for whatever reason phases out, then they will have that penalty. So they have to be very careful because part D is an ongoing federally funded service under Medicare, so they got to be careful.

- Uh-hmm, uh-hmm.

- Good point you put out.

- Now, as is the case when you're applying for any kind of service, you have to present certain identifying documents.

- It helps.

- [laugh]

- And what are the kinds of things, right? What are the kinds of things you need to bring to access services from the center?

- So what has been asked is a voter ID, proof of address, insurance card or MAP card, Social Security card, birth certificates and proof of household income. And these are for everyone within the household. So basically, we're not asking for anything that you don't already have to provide to the other agencies, it should be something that just flows for you, right?

- Flows, huh?

- Flows.

- Okay.

- One thing I can say, even if you have everything, you don't have insurance, do not let that stop you from coming to look for services with us or to receive services because we offer a discount sliding fee program that coordinates with the family size and income and you can have slides as low as \$25 for services and as low as 50 for dental, you know? And they're gonna shoot me for saying this but, you know, they try to even work those payments out.

- Wow.

- So they, we're about helping the community and getting them what they want, you know, which is that service to help them be healthy and be productive within the community.

- Uh-hmm.

- So we ask that they, you know, please don't let your finances be your barrier for not receiving health and we know that's a huge, huge barrier but because we didn't know that there were services like this being provided.

- Okay.

- Now we know, so come on down.

- Well, I have a question about income level. Is there a cap on income or it's just you can make maybe, or a hundred thousand dollars a year.

- Well, a hundred thousand dollars, which usually means you have great insurance, come.

- And great insurance. Oh, okay.

- [laugh] Come.

- Please come.

- Please come, please. Yeah.

- That's good.

- Uh-hmm.

- Because we shouldn't prohibit them from coming to receive those services.
- No.
- That's all we wanna get out there.
- Right.
- Great.
- What if an applicant has an issue with the Social Security card or birth certificate?
- Again, we have case management services. So we would link them to services so that they can get, and sometimes in a situation like that, they don't really need a full on, blown case management service, might be a phone or two. We will gladly make that because when you get it, we get it.
- Uh-hmm.
- Okay.
- So, you know, as they say, "One hand can't clap". And we just link to care, so everybody is linked.
- Now here's a touchy question.
- Uh-huh.
- I'm really good with touchy questions.
- Hu-huh.
- What if you don't have a Social Security card? What if you are an undocumented individual?
- An undocumented individual?
- Right.
- Well, you came into the office and you don't feel well, we're gonna see you. It's like saying that I can't provide care and we all know that medical oath, "You take care of every one."
- Yeah.
- So we'll take care of you as much as we possibly can, get you nice and stable and tell you what you need to do.
- Uh-hmm, okay.
- Okay.
- All right.
- We don't let that stop you from receiving your care.
- Right.
- And what if you're homeless and don't have a physical address then?

- Remember, we have that discussion when I said we have a lot of those individuals that come through. That's why it's called a homeless clinic. These are really truly homeless individuals.

- Uh-huh.

- We don't let that you don't have an address stop you either but they are more linked to more intense case management.

- Oh, okay.

- So now we start that with you, we start that process with you.

- That's good. That's good. Good.

- So we can get that paperwork for you because you're gonna need it for one or one thing anyway. It's not just for us.

- Yeah.

- Right, right.

- That's for you to receive what you need so that you can be the person you need to be.

- And you need say, now I remember now you did say that you would refer them if they have housing issues and things like that to case management?

- Exactly.

- Well, you got some good case management going on down there.

- Yeah, yeah. Those, my coworkers work really hard, really intense, yeah.

- Well, here's another unfair question.

- [laugh]

- And this is pie in the sky and I don't think, you know, anyone can hold you, your feet to the fire if it's, I'm just trying to get a handle on how many people work at this health center, more or less?

- A lot.

- Oh, okay.

- [laugh]

- Okay. It has to be.

- A small village to take care of the bigger village.

- Right.

- I don't have a number per se but...

- I know.

- ...I dare to say I believe it's maybe a hundred people.

- Okay.

- We have, because you, we have staffs of, staffs of nurses that need to be take, that take care of individuals, you have the whole Ryan White 340B area. And this is all at one location so far and then you have your dental staff, your OBGYN, you know, these...

- Uh-hmm.

- Intern, you know.

- ...it's, and that's just one location, so, and then we'll have another three to deal with, yeah?

- Okay.

- And honestly speaking, might be less because we do move around. We do move around. We get, we get it all done.

- Oh.

- So small village to take care of the big village.

- Oh, my goodness.

- Okay, this is a half pie in a sky question now. How many people do you see? What's your population approximately?

- Unfortunately that number, I don't have off the top my head but I know that we see quite a few people.

- Okay.

- I should say many people because I don't even want you to have the idea that it's a little bit. We see a lot of individuals. But guess what? We still have room.

- Oh, wow.

- Our doors are still open. We have room for more.

- Excellent, excellent.

- Oh, my goodness. Okay. Well, at some point, I guess maybe what we should do in the future is target all these different departments and have individuals who, you know, are directly connected. I'd be very curious about the work that's being done by the dental group, behavioral services. Family medicine, that's a category I'm not familiar with and I'm not sure what that entails. Remember, we just had a distinction between primary versus...

- And preventive, yeah.

- ...preventive.

- Uh-huh.

- And I'm not sure what is meant by family medicine.

- And unfortunately, I can't expound on that for you at this time.

- So that would be an interesting thing. I'm not sure if it's a therapeutic, you know, likened to behavioral assistance or...

- What the breakdown would be?

- Yeah, yeah, yeah. Iris, you have any idea what that might entail?

- I don't know. It might, it might entail a doctor seeing the whole family as a unit to see what's going on or what services are needed and maybe why there's some medical concerns or whatever. I'm not sure.

- Right, right, right.

- No internal medicine but not family medicine, you know?

- Right, right, right.

- Maybe we can get somebody.

- Well, it could be, it could, and I'm pretty sure, it also could be, as I think about it, a doctor that basic, like general medicine. They see, they see everyone that comes to the door, it's not a specialty per se but we also want them to know that we have specialized doctors, we do have a pediatrician, we do have a OBGYN...

- Internal medicine

- ...we do have internal, so, you know, but you have your general practice happening also.

- Yeah. I know they have geriatric providers...

- Services, yes.

- ...that handle, that's a specialty that handle the elderly. So I don't what that family medicine means.

- Okay. That could be a component of that. That would make some sense.

- Yeah.

- Yeah, maybe.

- Okay. All right. All right, now, these office hours again, Norma, if you can remind us what these hours are? I'm writing it down.

- [laugh] So at the at [inaudible] location, we have, our office hours start from mainly 8:00 to 5:00 but our lab is open from 7:30.

- Okay.

- That's Monday, Tuesday, Thursday and Friday. Our Wednesdays, it's 7:30 to 7:00 p.m., okay?

- Uh-hmm.

- At the school base, that's Monday through Friday and that's 7:30 to 4:30. And as we say, the Orange Grove office which is the Dental East, that's, only dental is over there, that's 8:00 to 5:00, Monday through Friday. And then at the North Shore, which is the La Grande Princesse area, excuse me, they're 8:00-7:00 on Monday, Wednesdays and Thursdays and then Tuesdays and Fridays, they're 8:00 to 5:00. So

their hours are a little bit different than the rest of the staff but again, as you can see, we try to get out there and keep our doors open so individuals can access care.

- Okay. And I'm sure you're getting some really good statistics, great. That's wonderful because that's one of the basis of additional funding that you can prove how many people you provide services to.

- Yeah.

- Excellent. Yeah.

- Thank you.

- Now the data, is that something that's routinely shared for reporting purposes? I know from time to time the Disability Right Center has to rely on this kind of information when we do our reports.

- Yup. Go through Ms. Webster.

- Okay.

- And she will do what needs to be done so that you can have access to the information.

- Excellent.

- And that's awesome because you have the clinic in Christiansted and Frederiksted, Mid Island, that's good.

- So you understand why it goes through her. So that she can coordinate all the [inaudible] information for you.

- Absolutely, absolutely. Great job.

- Well, we've learned a lot this morning and...

- No kidding.

- ...from Norma Hassell who's the program assistant for the Ryan White program and she's also brought a lot of knowledge about the 340B discount pharmacy program. If you have missed any of the issues that we discussed today, please be reminded what we do...