

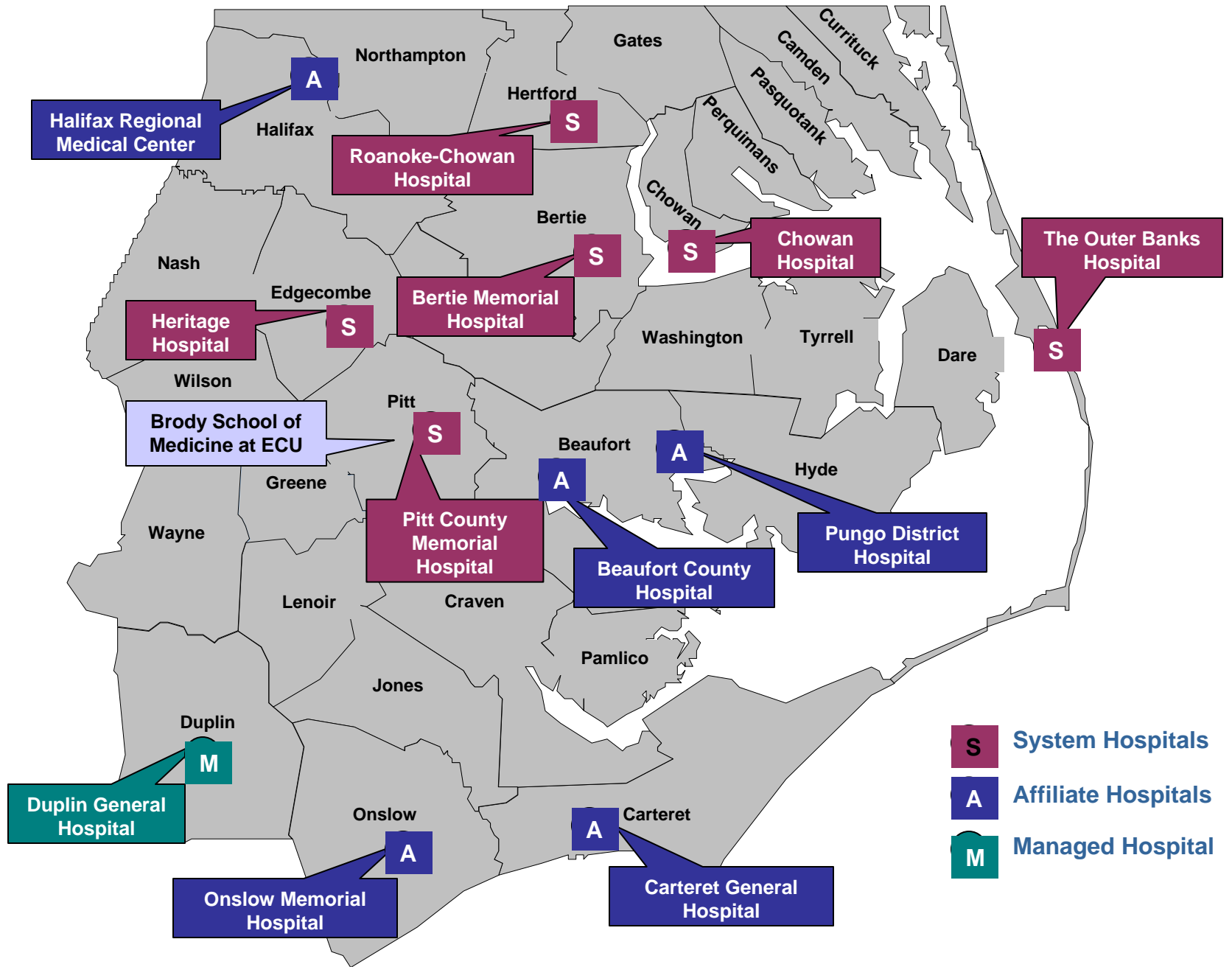
HealthAssist: A Model Community Collaborative for Care of the Uninsured

Michelle Brooks

**Assistant Vice President
Community Benefit & Regional Health Programs
University Health Systems of Eastern Carolina
Greenville, NC**

Thomas G. Irons, MD

**Associate Vice Chancellor, Regional Health Services
East Carolina University
Brody School of Medicine**



Regional Health Issues

Leading Causes of Death

- Heart Disease
- Cancer
- Stroke
- Chronic Lower Respiratory Disease
- Diabetes

Disease Prevalence

Eastern North Carolina has a higher prevalence of heart disease, diabetes and stroke than the state of NC.

Diabetes is the most prevalent and exhibits the greatest disparity between the region and the state.

State of the State

NC Ranks 36th in Overall Health as measured by determinants such as personal health behaviors, community environment, health policies & access to care and health outcomes.

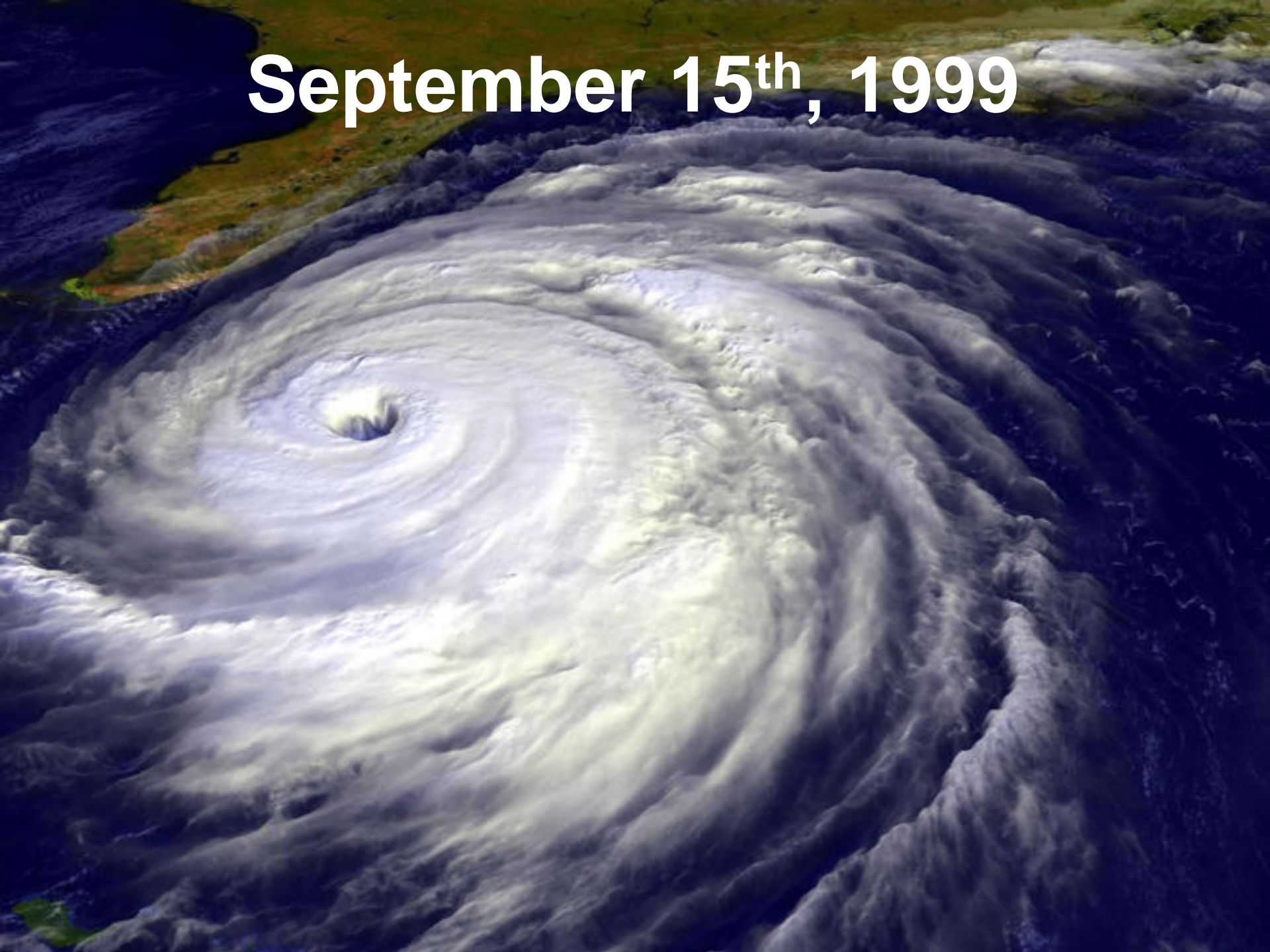
**Eastern NC would rank 51st
if it were a state !**

State of the State

Contributing Issues include:

- Increase in the number of children in poverty
- Increased rate of uninsured
- Infant mortality
- Lack of access to care in the “fringe” counties

September 15th, 1999



September 18th, 1999



September 29th, 1999



The Situation

- **The cover was off**
- **The ills were not simply medical, but social, economic, and educational**
- **We felt the impact of systems poorly designed to meet the need**
- **Institutions varied from highly motivated to almost apathetic**

Our Assets

- **Highly functional public/private partnership to manage the care of the Medicaid population**
- **A small, but motivated group of professionals determined to make a difference**
- **Support of visionary state leaders in the Office of Rural Health**

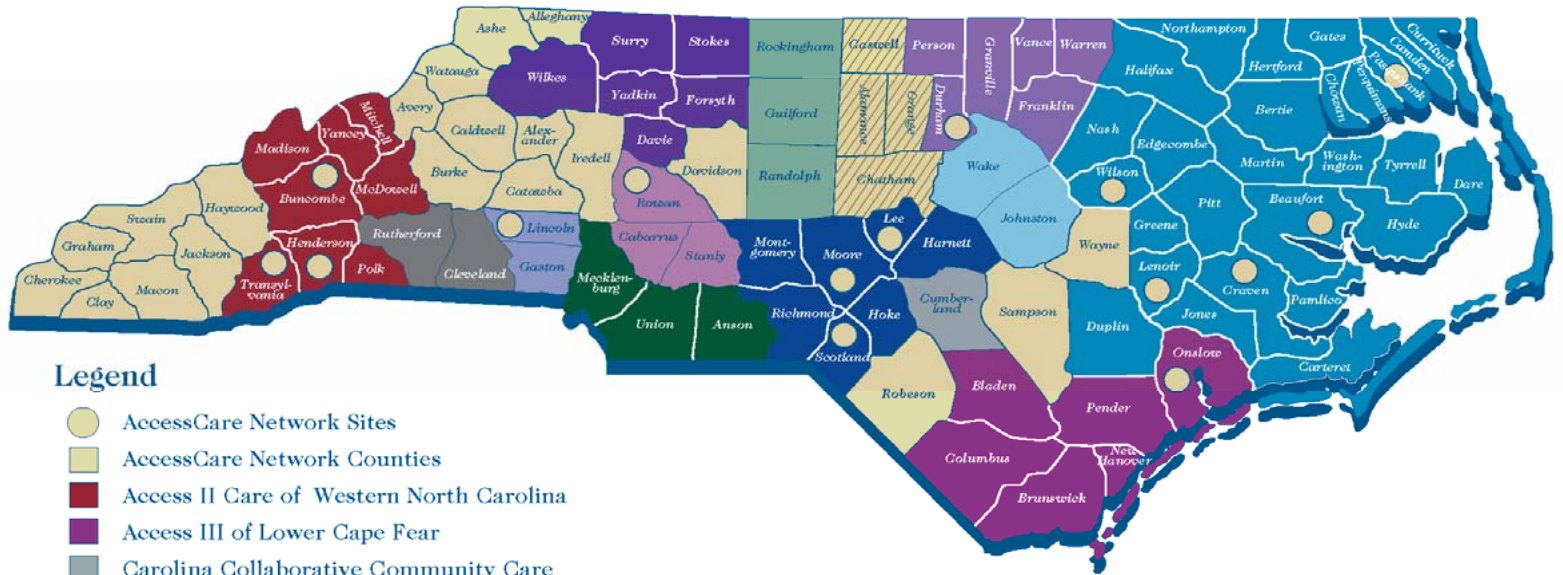


Community Care Plan
OF EASTERN CAROLINA



Community Care of North Carolina

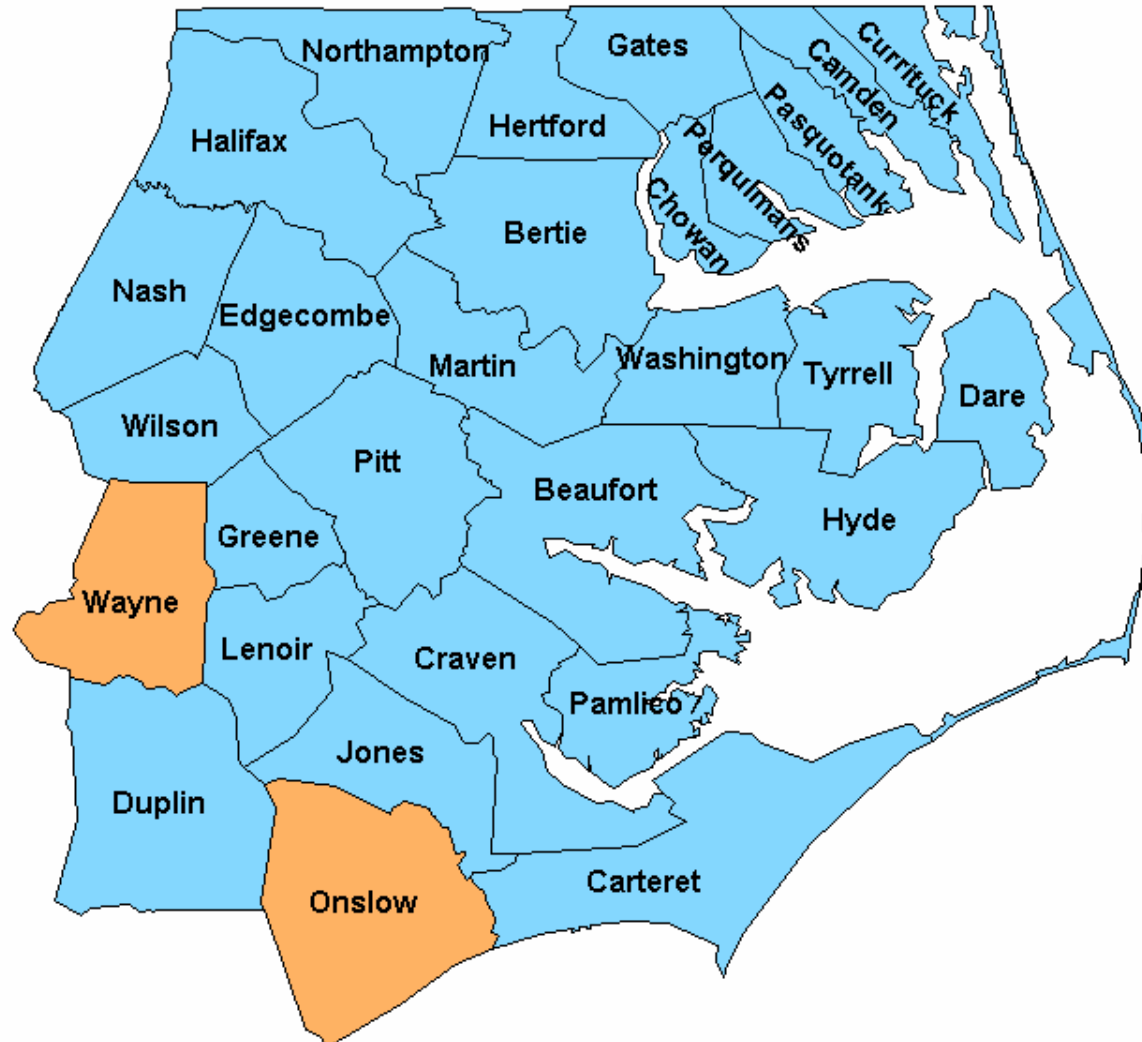
Access II and III Networks



Legend

-  AccessCare Network Sites
-  AccessCare Network Counties
-  Access II Care of Western North Carolina
-  Access III of Lower Cape Fear
-  Carolina Collaborative Community Care
-  Carolina Community Health Partnership
-  Central Carolina Health Network
-  Community Care of Wake / Johnston Counties
-  Community Care Partners of Greater Mecklenburg
-  Community Care Plan of Eastern Carolina
-  Community Health Partners
-  Northern Piedmont Community Care
-  Northwest Community Care Network
-  Partnership for Health Management
-  Sandhills Community Care Network
-  Southern Piedmont Community Care Plan

Community Care Plan of Eastern Carolina



Community Care Networks

- **Non-profit organizations**
- **Assume responsibility for local Medicaid recipients**
- **Develop and implement plans to manage utilization and cost**
- **Create local systems to improve care**
- **Successful in reducing costs, increasing access and improving quality**

Community Care Plan of Eastern Carolina

WHY DOES THIS WORK?

Healthcare is LOCAL

- LOCAL leadership
- LOCAL partnerships
- LOCAL sharing of resources
- Integrated LOCAL care management services



HealthAssist

Neighbors Helping Neighbors

HealthAssist

- **A community partnership providing health care to the uninsured working poor**
- **Built on principles of Community Care**
- **Funding available through HRSA (CAP/HCAP) and private local/state foundations**

HealthAssist

Key components included

- **Medical care**
- **Pharmaceutical care**
- **Case Management & Lay Health Workers**
- **Social and other wrap-around services**
- **Locally based educational and social support services co-located with clinical health services (Community Resource Centers)**

HealthAssist

Other services offered

- After-school tutoring
- Reading parties
- Armchair aerobics
- Disease screenings
- Blood drives
- Health Education & Disease Management
 - Stress Management
 - Living with Diabetes
 - Healthy Cooking
 - Medicine Made Easy



HealthAssist

Program Accomplishments

- Increased access to primary, specialty and hospital care
 - Provided ~\$4 million in donated physician services*
 - Provided ~\$6 million in hospital donated services*
 - Provided \$35,207 in eye exams for diabetics

*Years 1 through 6

HealthAssist

Program Accomplishments

- **Provided access to prescription medications enrollees**
 - **Directly purchased pharmaceuticals valued at over \$400,000 for enrollees**
 - **Ordered over \$400,000 in free medications from pharmaceutical companies on behalf of enrollees**

HealthAssist

Program Accomplishments

- ***Eastern Carolina Community Health Consortium (ECCHC), a diverse group of health and social organizations joined to “promote quality of life for underserved residents in Pitt, Greene and surrounding counties by improving access to health, social, mental, educational, and community services by supporting, implementing, and coordinating integrated service delivery models.”***

Eastern Carolina Community Health Consortium

Members

- Access East, Inc. (CCPEC & HealthAssist)
- UHS/Pitt County Memorial Hospital
- Department of Social Services
- Public Health Department
- Greene County Health Care, Inc.
- Pitt County Medical Society
- Pitt Community College
- ECU – Brody School of Medicine

Growing Realizations

- The Bush administration would, sooner or later close out the CAP/HCAP program
- Local rural populations were too thin to support direct health services
- For various reasons, the university could not be of much assistance
- We would have to form more extensive partnerships, perhaps even with those we considered to be “enemies”
- Health status is linked to elements other than access to health care

Our Wish List

- **A sustainable system of primary care for the uninsured**
- **Dental care for Medicaid recipients and the uninsured**
- **External funding support for the long term**
- **A true collaboration..not cooperation**
- **Co-location of educational and social support services with primary care for the target population**

Project Strategy

- **Access East, an independent 501(c) (3) will raise the funds to build the building**
- **Access East will own the building**
- **The building will be leased to a Federally Qualified Health Center (Greene County Health Care, Inc.) for operations and sub-leasing**

Why an FQHC?

- Centers are designed to serve low-income and un-insured populations
- FQHC's have significant financial advantages vis a vis Medicaid, Medicare, and prescription drug pricing
- There is a highly successful, well-run organization in our area, and we have developed a trust relationship
- There is a source of funding for uncompensated care as well as certain equipment needs.
- FQHC's can be highly networked and often use advanced EHR systems

Planned Functional Components

- **Medical Care**
- **Dental Care**
- **Full service pharmacy with medication assistance program access and 340B pricing**
- **Educational services, both health professional and community**

January 2006

Future Home of the

James D. Bernstein Community Health Center

A Partnership of Access East, Inc. and Eastern Carolina Community Health Centers

ELECTRICAL CONTRACTORS



Russell Electric Inc.
1-866-RUS-ELEC
1-866-787-3332
www.russellectric.com

CAREER OPPORTUNITIES AVAILABLE

MILLER

DESIGN-BUILD

GREENVILLE, N.C. (252) 7

Minor Obstacles



December 2006





**JAMES D. BERNSTEIN
COMMUNITY HEALTH
CENTER**

Guest
Parking





James D. Bernstein

Community Health Center

Current Program Components

- **Medical Services – Greene County Health Care with a small contribution from ECU**
- **Medical Family Therapists – grant funded**
- **Dental Clinic - 1 full time dentist**
- **Pharmacy – operated by ECU Pharmacy services**
- **Education Center – Leased to Pitt Community College. Services coordinated**
- **Social Services/Medicaid Outreach**
- **Marriage and Family Therapy**

James D. Bernstein

Community Health Center

Capital Expansion Budget fy 2008

- **Complete remaining four dental operatories @ \$80,000**
- **Complete x-ray facility @ \$60,000**
- **Emergency generator @ \$55,000**
- **Renovations for space optimization @\$10,000**

James D. Bernstein

Community Health Center

Significant Challenges

- HRSA funding is categorically linked to farm workers
- Rapid growth of patient base exceeds provider capacity
- Burden of seriously chronically ill and complex patients whose care has been transferred to the center
- Insufficient payer mix
- Unanticipated recurring costs
- Need for specialty and hospital care with deeply discounted charges to patients

“Wave III” of Program Implementation

The “rebirth” of HealthAssist primarily as a specialty referral program for enrollees using the FQHC as the medical home and hub for accessing all other needed services.

The program is integrated to the extent possible with existing service delivery through partner organizations in this county wide collaborative.

“Wave III” of Program Implementation

Key Components

- **Enrollment through the Department of Social Services Medicaid Outreach**
- **Pharmaceutical assistance through 340b pricing and assistance accessing free meds (GCHC, ECU & PCMH funded)**
- **Specialty & hospital care with deeply discounted fees. Volunteer network managed through the local medical society.**
- **Case Management/Care Coordination through the Community Care Plan and funded by the State (legislative appropriation for “Healthnet”)**

Elements of a Successful Collaboration

- **The right kind of leadership**
- **A clear, simple and continually reinforced value statement**
- **A source of funding**
- **Inclusiveness**
- **Flexibility**

JAMES D. BERNSTEIN
COMMUNITY CENTER
MEDICAL CENTER



Contact Information

Michelle Brooks
252-847-5983
mbbrooks@pcmh.com

Tom Irons, MD
252-744-2983
ironst@ecu.edu