

City of Lawrence
Outside Agency
Bi-annual Report
2016

Reports on activity should be submitted electronically to Danielle Buschkoetter, at dbuschkoetter@lawrenceks.org. Reports on activities from January 2016 to June 2016 are due on July 15th 2016. Cumulative reports on activities from January 2016 through December 2016 are due on February 15th 2017.

Agency Name: Health Care Access

Reporting Period (please check one): ☐ January - June (deadline July 15) ☒ January – December (deadline February 15)

1. Give a brief narrative of the activities that were funded with City funds over the reporting period checked above.

The mission of the Health Care Access is to serve as a welcoming health home in Douglas County for persons with limited financial means. We create access to a continuum of community-based services to promote health and well-being. Through an active collaborative spirit we advocate for healthy people and communities. Our clinic provides comprehensive care with two paid medical provider teams, counseling, and referral services. The clinic's top diagnoses include hypertension and diabetes, both chronic conditions that require intensive follow up and ongoing treatment. The Clinic asks \$10-\$35 per appointment, but does not turn away anyone based on inability to pay at the time of service. For the period January 1 to December 31, 2016, Health Care Access served 1,454 unique patients via 7,425 on-site visits. This number of visits is 23% higher than the number of visits during the same time period in 2015. The number of unique patients served also increased more than 11%. Our target service population is the at least 10,000 people in Douglas County below the eligibility criteria for expanded Medicaid (U.S. Census Bureau), who cannot afford services at other clinics that have higher cost sliding fee scales and/or require payment at the time of service. For this reason, we are not in competition with private providers, many of whom also volunteer their services to our program.

In an effort to make lab testing more accessible and affordable to our patients, in the fall of 2015, HCA established a partnership with the lab at Lawrence Memorial Hospital providing greatly reduced rates for HCA patients. From January to December 2016, HCA provided 608 lab appointments for 421 unique patients whose labs were drawn onsite at HCA but processed through LMH. The onsite collection of samples increases convenience, cost and compliance for the patient while providing timely and quality lab results for provider decision-making.

HCA has also drawn 428 A1C tests onsite for 246 patients at no charge to them. Compared to the same time period as last year, this is an increase of 50% for the number of A1C tests done and a 36% increase in the number of unique patients served. This increase indicates HCA providers are using this onsite and immediate A1C information to diagnosis and regularly monitor diabetic and borderline diabetic patients and patients are following the plan of care with at least quarterly diabetic checkups.

2. Provide specific detail (and supportive documents, if needed) to demonstrate progress made toward your goals/objectives.

By 12/31/2016, 65% of diabetic patients will have HbA1c testing done.

As of December 30, 2016, 92% of 184 diabetic patients had HbA1C testing done during the calendar year, exceeding our goal by 27%. Easy access to onsite testing, providing this testing free of charge, and requiring quarterly testing to have access to free diabetic supplies have all had an impact on this measure.

By 12/31/2016, 50% of diabetic patients will have an HbA1c <7.0%.

As of December 31, 2016, 34% of our 184 diabetic patients had an HbA1c below 7.0. While we did not reach our goal, we are encouraged by the fact that 61% of diabetics have an HbA1c < 9.0 which is still impressive, given our vulnerable population.

By 12/31/2016, 60% of hypertension patients will have a blood pressure <140/90.

As of December 31, 2016, 79% of HCA's 228 hypertension patients had a blood pressure <140/90. Health Care Access was actively involved in the Millions Hearts Collaborative with KDHE from November 2014 through June 2016. Part of that effort was implementing strategies with rapid turn around and assessment. These efforts had an ongoing impact on blood pressure measures and allowed us to surpass our goal by 19%. Ongoing use of these strategies beyond the Million Hearts Collaborative will allow us to maintain and hopefully even further improve blood pressure rates of patients with hypertension.

3. How have you impacted the citizens of Lawrence?

Health Care Access continues to be the only provider in Douglas County that serves uninsured patients regardless of the patient's ability to pay a \$10 - \$35 visit charge at the time of service. We are the Patient-Centered Medical Home for almost 1,500 patients, 90% of whom live in Lawrence. Kansas still has not expanded Medicaid coverage. The low-income, uninsured remain without access to affordable care or health insurance. We are here for them and will continue to be until Medicaid is expanded or a Kansas alternative is created. Unfortunately, we do not anticipate this happening in the near future. We will continue to impact the health of the citizens of Lawrence regardless of Medicaid expansion. It is our commitment to them and to the City of Lawrence.

4. What barriers, if any, have you encountered?

Increasing costs of medical care with flat funding at all levels of government have presented challenges to providing care for the low-income, uninsured. HCA continues to strategize to provide the highest quality care to this vulnerable population at the lowest cost possible.

5. Review the line-item budget you provided in your application. How much of your allocation has been spent?

HCA spent 100% of the allocation as expected.