

# City of Lawrence Outside Agency Annual Report For Calendar Year 2017

Reports on activity should be submitted electronically to Danielle Buschkoetter, at [dbuschkoetter@lawrenceks.org](mailto:dbuschkoetter@lawrenceks.org) by Thursday, February 15<sup>th</sup> 2018 at 5:00pm. For the following questions please refer back to your [2017 application for funding](#).

**Reporting Period:** Calendar Year 2017

**Agency Name:** Health Care Access

## **1. Refer to the program in which your agency received funding; provide a participant success story that helps demonstrate the accomplishments of the program.**

Access to integrated services at HCA is essential to have maximum impact on patient health whatever the diagnosis -- particularly for those conditions that have a behavioral component impacting maintenance. One such example is "Jane," a diabetic woman in her late 40s, who began coming to HCA in 2015. Upon establishing at HCA, her diabetes was out of control with A1C measurements over 10.0. She had just lost her insurance and was not taking her insulin regularly in an effort to "conserve" it for as long as possible as she would no longer be able to afford it. She had over 20 different prescriptions in her active medication list but was uncertain about what they did or how to manage them. HCA provided a full range of services for Jane including:

- Nurse education on how to appropriately manage diabetes
- Diabetic care supplies and insulin provided free of charge
- Medication visits with a provider to review and educate on prescriptions and to establish a plan to increase medication compliance
- Medical visits at the monthly diabetic clinic staffed by volunteer, Kevin Stuever, MD
- Medical visits with volunteer Medical Director, Karen Evans, DO
- Regular medical visits with primary care provider, Libby Graham, ARNP
- Additional care support from RN Case Manager
- Prescription assistance in the form of samples and prescription assistance programs
- Counseling appointments with LCSW to identify behavioral issues and potential obstacles to compliance with plan of care

All these medical and wrap around services helped "Jane" to learn how to control her diabetes. In 2017, her A1C levels consistently measured in the 6.0-7.0 range. Her improved health reduced the number of prescriptions needed and she is compliant with her current medications and plan of care.

## **2. Refer to your 2017 application for funding; provide a brief narrative of the activities funded with City funds.**

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 1,477 unique patients via 6,473 on-site visits. While the

number of visits is slightly lower than the number of visits during the same time period in 2016, the number of unique patients served increased slightly. The decline in appointments in 2017 is due to the final quarter of the year as we transitioned patients to Heartland Community Health Center in preparation for the February 1, 2018 merger of the two organizations. 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 2017, HCA provided 552 lab appointments (a 9% decrease) for 414 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.

In 2017, HCA provided 560 A1C tests onsite (a 31% increase) for 308 patients (a 25% increase) 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.

**3. Refer to your 2017 application for funding; provide specific detail (use supportive documents, if needed) to demonstrate what progress was made toward your proposed outcomes.**

- Proposed Outcome #1

In 2017, HCA's 2 paid APRN providers will provide over 5,000 (an estimated 4,500 for patients from the City of Lawrence) medical appointments to Douglas County residents.

In 2017, HCA's 2 paid APRN providers provided 3,884 medical appointments (an estimated 3,496 for patients from the city of Lawrence). We did not meet our proposed outcome in large part to significant decreased patient activity in 4<sup>th</sup> quarter as we transitioned patients to Heartland Community Medical Center in preparation for the February 1, 2018 merger. When you include volunteer provider and other medical appointments (labs, nurse visits, etc.), HCA provided 5,524 medical appointments to Douglas County residents (an estimated 4,972 for patients from the City of Lawrence).

- Proposed Outcome #2

In 2017, HCA's will serve over 2,000 unique Douglas County residents (an estimated 1,800 from the City of Lawrence) via our clinic program.

In 2017, HCA served 1,477 Douglas County residents (an estimated 1,329 from the City of Lawrence). We did not meet our proposed outcome in large part to significant decreased patient activity in 4<sup>th</sup> quarter as we transitioned patients to Heartland Community Medical Center in preparation for the February 1, 2018 merger. We did see 627 new patients in 2017 compared to 581 new patients in 2016 (an 8% increase) which highlights the need for access for new patients to establish in the Douglas County safety net.

- Proposed Outcome #3

In 2017, HCA will provide over 650 same-day appointments (an estimated 585 for patients from the City of Lawrence) providing an affordable and appropriate alternative to the Emergency Department.

In 2017, HCA provided 628 appointments to patients within a 24 hour period contact (an estimated 565 for patients from the City of Lawrence). 289 were reserved appointments for same day access and 339 were acute walk-in appointments. This same day activity brought us within 22 appointments of our proposed outcome, even with decreased patient activity in the 4<sup>th</sup> quarter. While established patients were transitioned to Heartland Community Health Center during this time, HCA maintained access to same day appointments to manage acute issues and then assisted the patient with the transition to establish at Heartland for ongoing primary care.

**4. Refer to the line-item budget provided in your 2017 application for funding; is this accurate to how your allocation was actually spent? If no, what changed and why?**

HCA spent 100% of the allocation as intended.