

UNIVERSITY OF KENTUCKY

Kentucky Homeplace

Quarterly Report April 1, 2011 – June 30, 2011



Kentucky Homeplace
2008 National Rural Health Association Program of the Year
<http://www.mc.uky.edu/ruralhealth/homeplace.asp>

TABLE OF CONTENTS

Table of Contents.....	02
Letter from Homeplace Director	03
April – June 2011, Poverty Level and Age Distribution	04
April – June 2011, Total Clients Served By Region.....	05
April – June 2011, Client Services	06
April – June 2011, Top 5 Client Problems By Condition.....	07
April – June 2011, Client Medications Value	08
April – June 2011, Client Services Value.....	09
Regional Summaries.....	10
Client Encounters	13

Cover photo by Margaret Russell, Kentucky Homeplace program coordinator

Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace Family Health Care Advisors (FHCAs) work diligently educating clients on chronic disease management and healthier lifestyles. We stress preventative care through timely medical screenings, nutrition, exercise and lifestyle changes. While we can't show the impact of educating and changing behaviors in the summaries, longevity and quality of life will be enhanced through our efforts and presence in communities.

Quarterly Summary


Here's a summary of services for this quarter, April 1, 2011 – June 30, 2011: the number of unduplicated clients served was 5,111; the amount of medications accessed was \$6,780,511; other services values accessed totaled \$871,568; and number of services was 127,056. The top client medical conditions included hypertension, high cholesterol, diabetes, heart disease and mental health.

Annual Summary

Kentucky Homeplace took a 20% budget cut beginning July 2010. In August, our program offices began a four-day workweek, Monday - Thursday; we laid off seven FHCAs and did not fill one vacant position; and, we reduced our coverage area from 58 to 49 counties. The number of unduplicated clients for the year was 9,967; clients are seen, on average, 3-4 times within the year. Total number of services was 498,902 with a service value of \$3,285,157. Medication values accessed was \$25,896,153; total value of combined services and medications was \$29,181,310.

The entire quarterly report is posted on the UK Center for Excellence in Rural Health's web page for your review at <http://www.mc.uky.edu/ruralhealth/>. The report is found on the left side of the page; click on Kentucky Homeplace, scroll to the bottom of the page and click on Quarterly Reports and then click on April – June 2011. If you wish to have a printed copy, please call 1-800-851-7512 or email me at fjfeltn@uky.edu.

Sincerely,

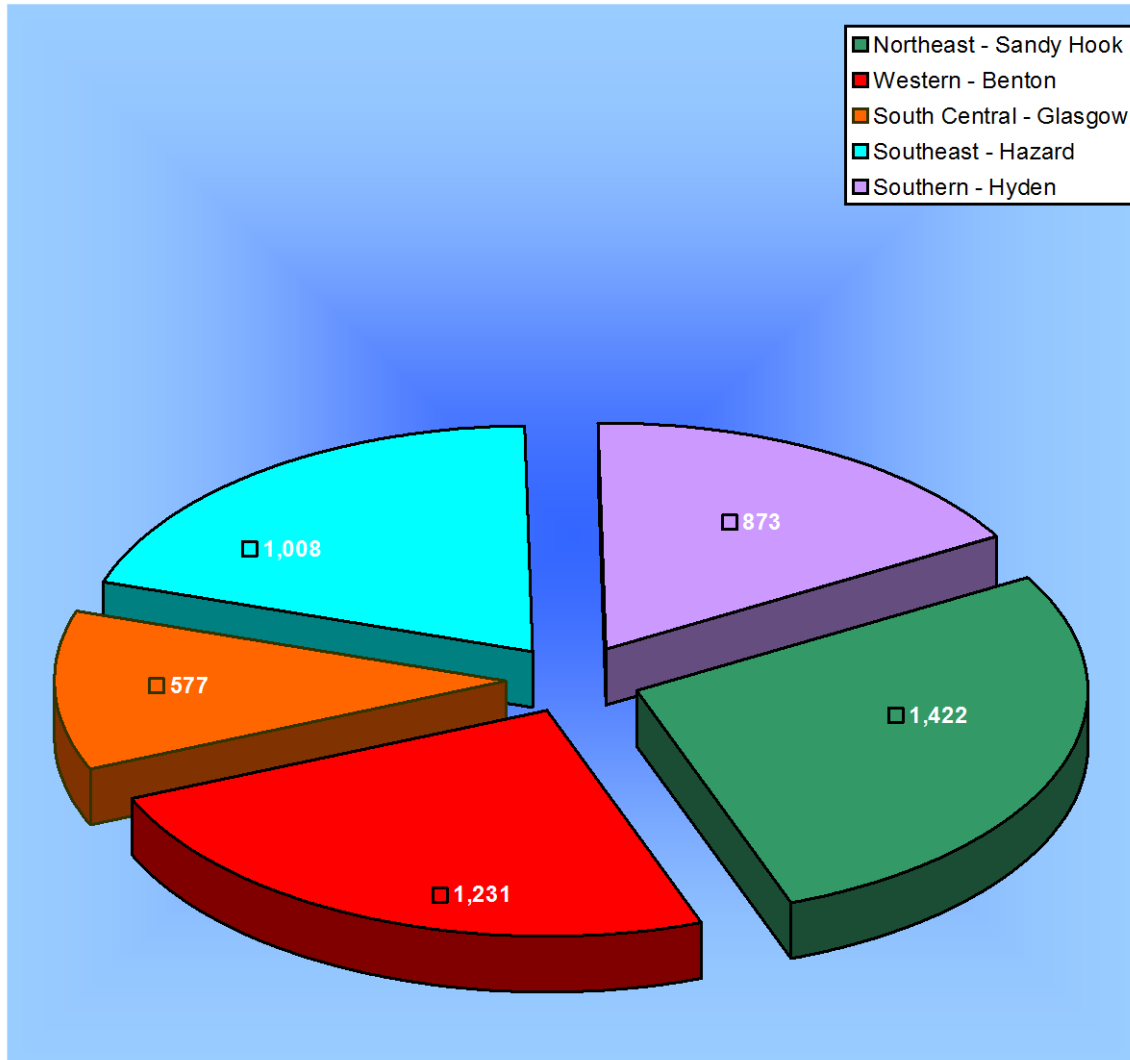


Francis J. Feltner, MSN, RN
Director, Lay Health Workers Division
Director, UK Center for Excellence in Rural Health

POVERTY LEVELS OF HOMEPLACE CLIENTS								
APRIL 1, 2011 – JUNE 30, 2011								
Household Members	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300+%	Total
1	1,036	312	151	217	68	22	26	1,832
2	838	413	209	423	163	57	31	2,134
3	331	123	25	90	27	10	2	608
4	174	58	18	29	4	3	0	286
5	102	19	6	11	4	0	0	142
6	35	6	1	7	0	0	0	49
7	13	1	0	1	0	0	0	15
8	6	1	0	0	0	0	0	7
9	3	1	0	0	0	0	0	4
10	1	0	0	0	0	0	0	1
11	0	1	0	0	0	0	0	1
13	1	0	0	0	0	0	0	1
TOTALS	2,540	935	410	778	266	92	59	5,080
PERCENTAGE	50.00%	18.41%	8.07%	15.31%	5.24%	1.81%	1.16%	100%
Source: Data extracted from the Kentucky Homeplace database								
*Total Clients 5,111 - Incomplete income data on 31 clients								

AGE DISTRIBUTION OF HOMEPLACE CLIENTS		
APRIL 1, 2011 – JUNE 30, 2011		
CATEGORY	FEMALE	MALE
UNDER AGE 1	0	1
AGES 1 TO 4	2	1
AGES 5 TO 12	6	7
AGES 13 TO 14	4	3
AGES 15 TO 19	16	8
AGES 20 TO 24	61	38
AGES 25 TO 44	528	361
AGES 45 TO 64	1,789	1,180
AGES 65 TO 74	426	301
AGES 75 TO 84	189	103
AGE 85 AND OVER	57	21
TOTALS	3,078	2,024
Median Age:	57.1	56.9
Source: Data extracted from the Kentucky Homeplace database; incomplete data on 9 clients		

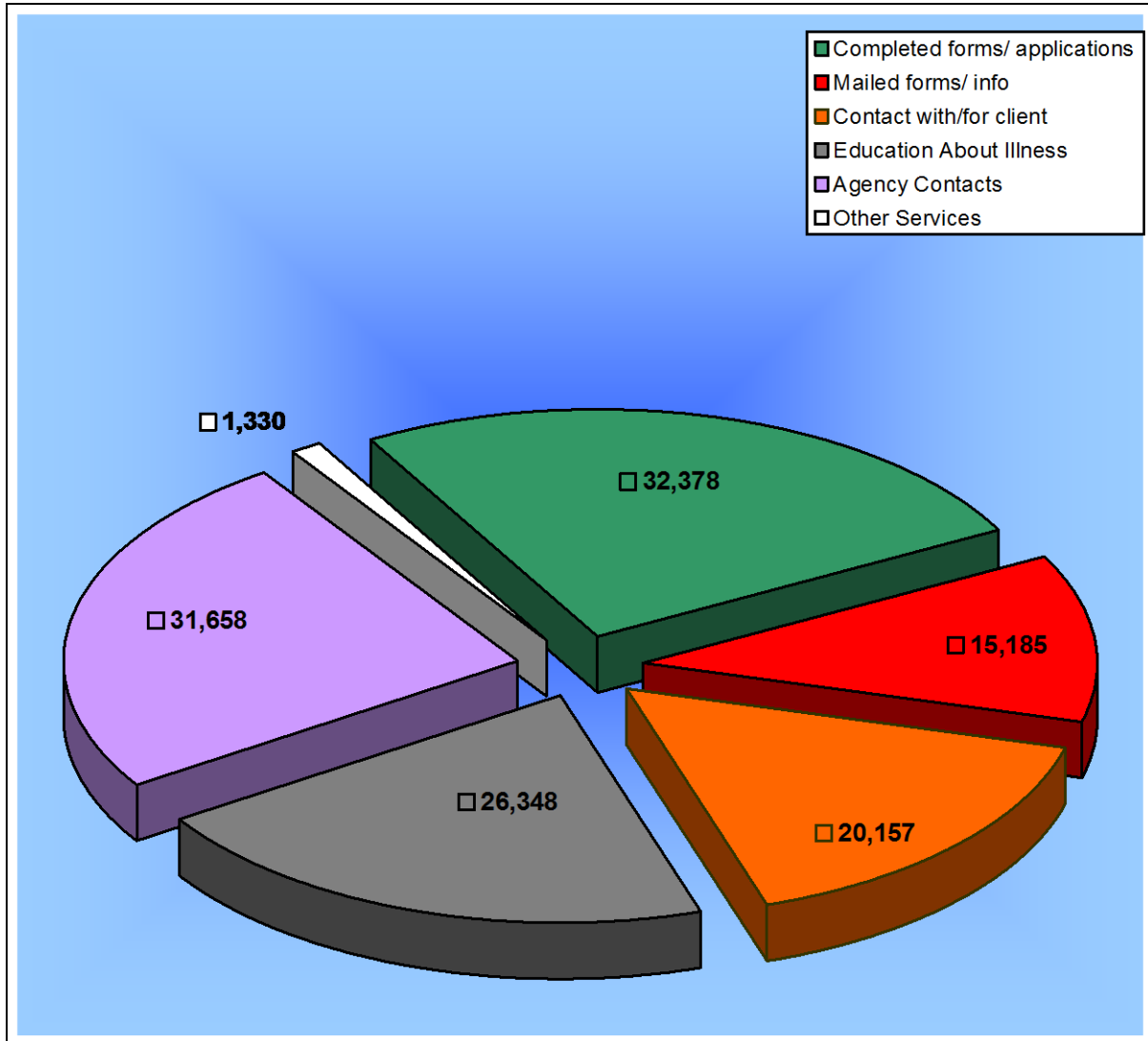
Total Clients Served By Region April 1, 2011 – June 30, 2011



TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 5,111*

*This total represents unduplicated clients seen this quarter– in the regional summaries, some clients are seen more than once each quarter or are seen by multiple FHCAs and that duplicated number is reflected in their summaries.

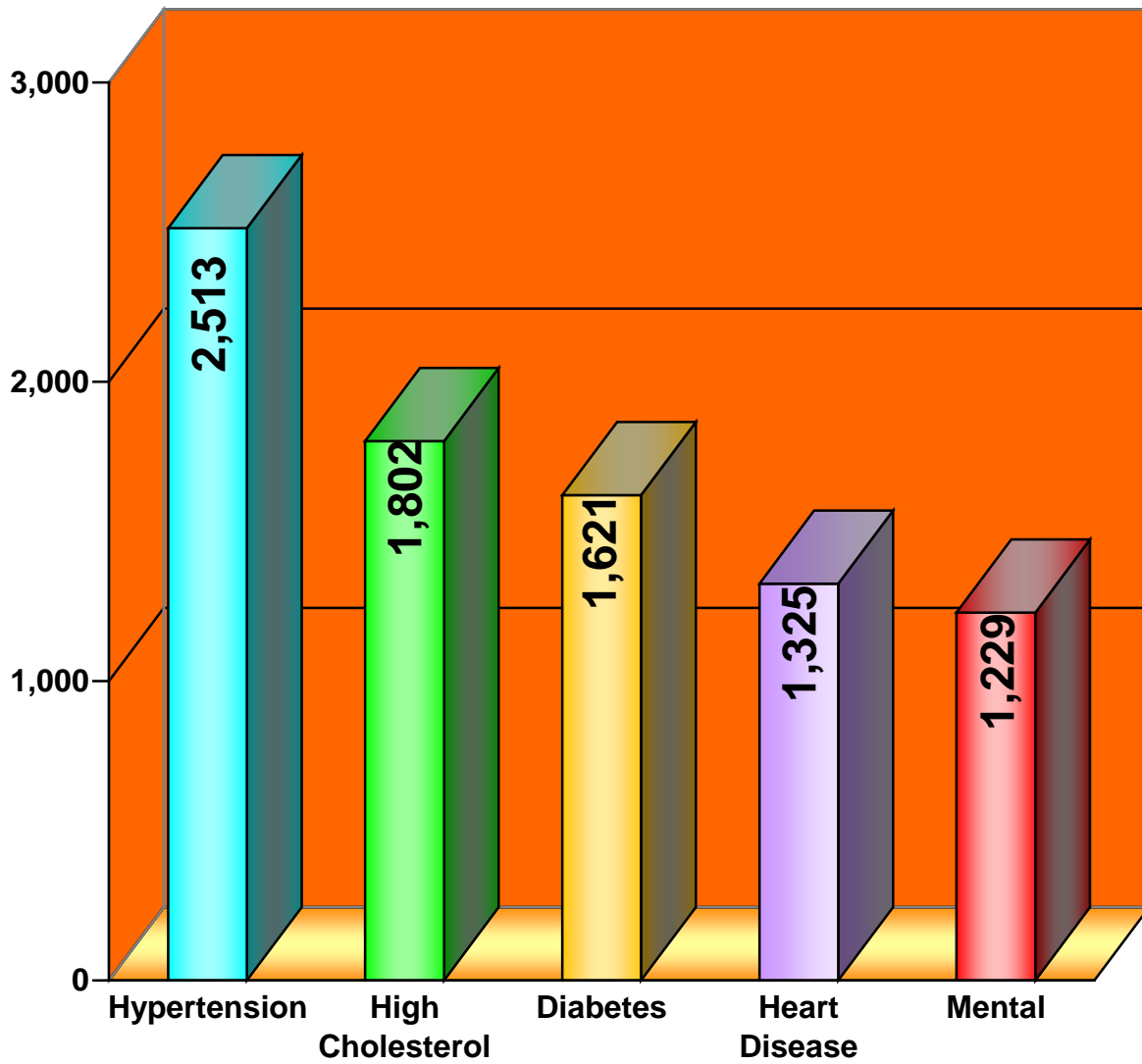
Client Services April 1, 2011 – June 30, 2011



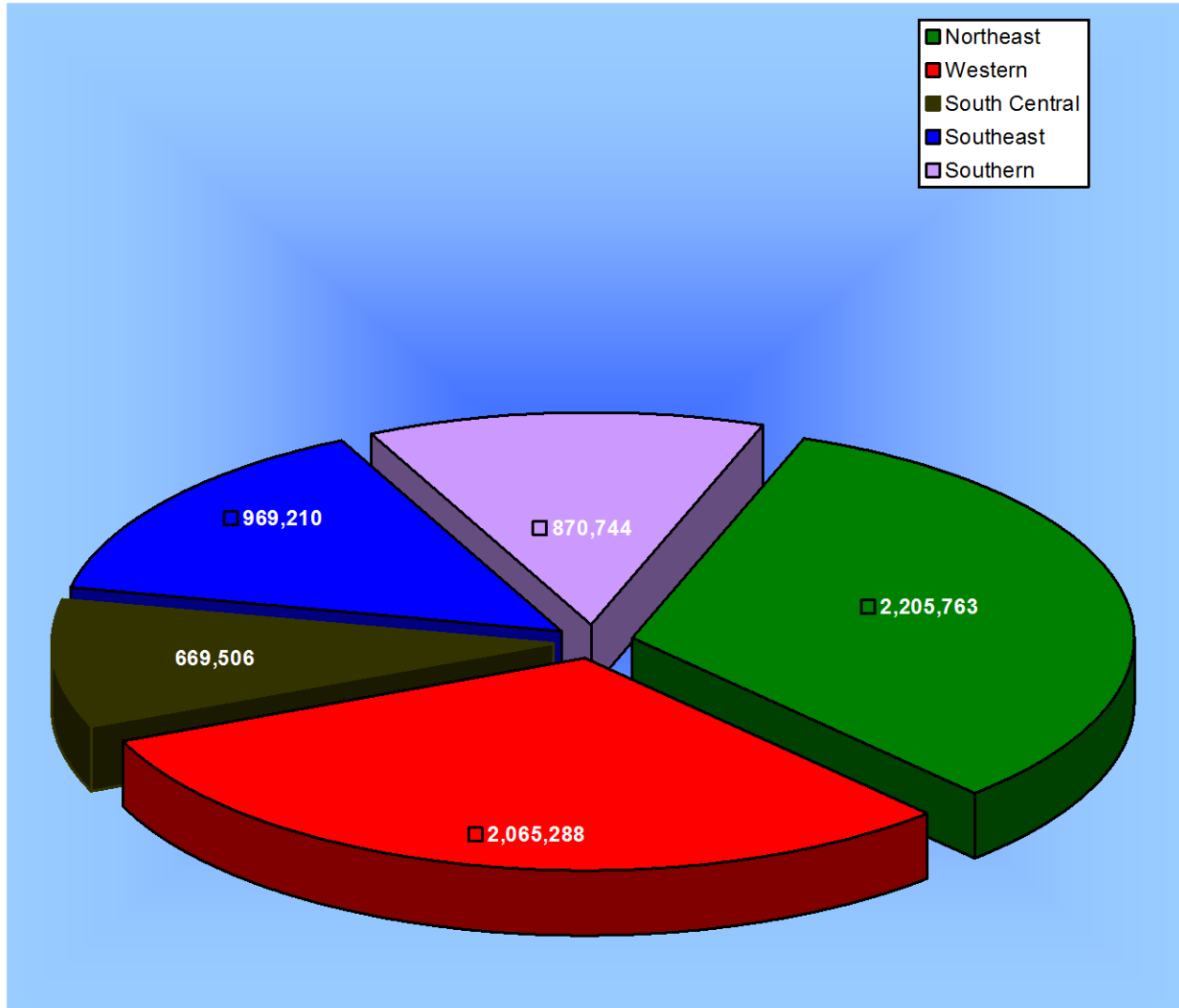
TOTAL FOR THE QUARTER: 127,056

There were 143 home visits made this quarter; this number is included with the client contact numbers shown above.

Top Five Client Problems By Condition April 1, 2011 – June 30, 2011

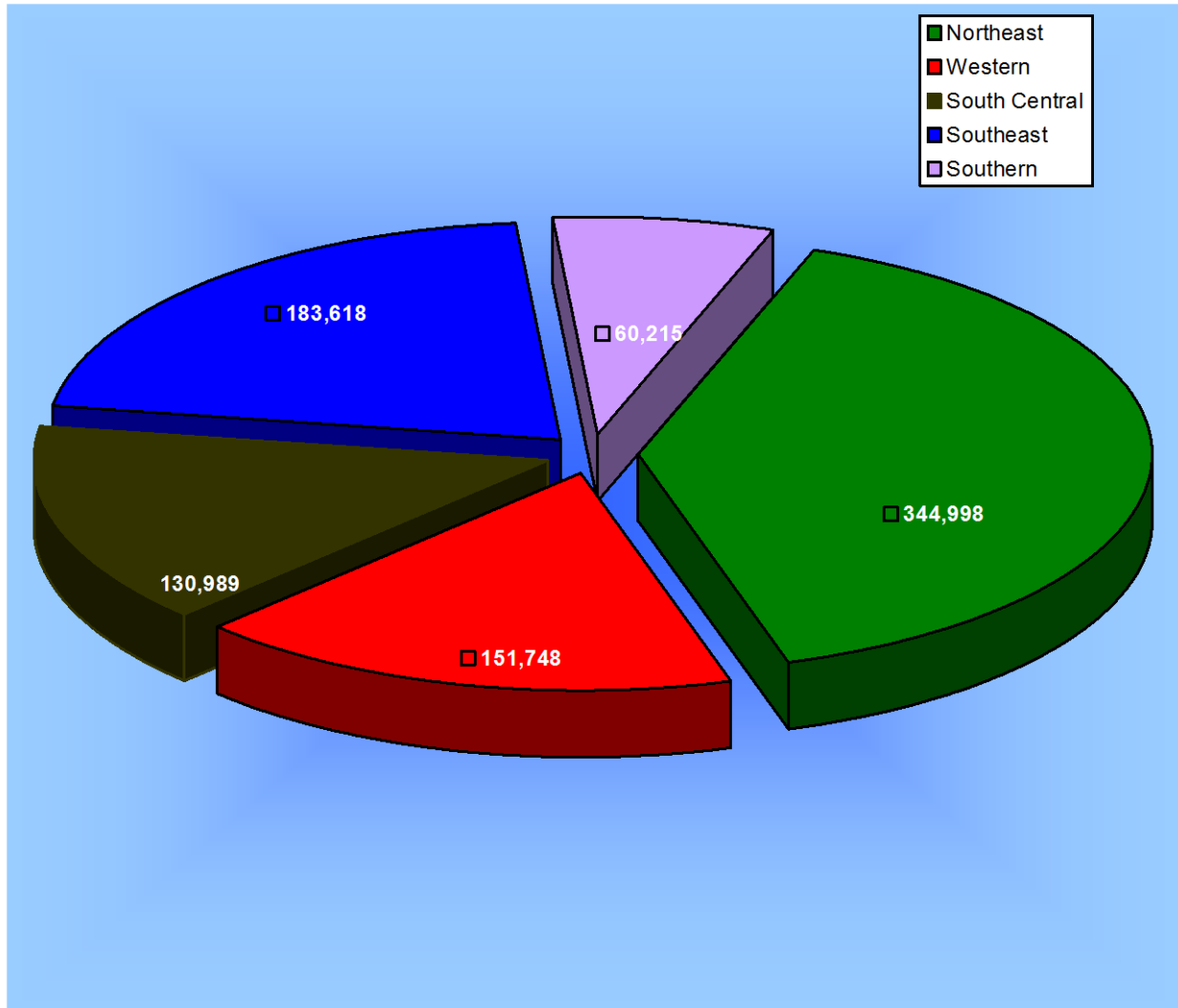


Client Medications Value April 1, 2011 – June 30, 2011



TOTAL MEDICATION VALUE: \$6,780,511

Client Services Value April 1, 2011 – June 30, 2011



TOTAL SERVICES VALUE: \$871,568*

*Services Value represents any services and supplies other than medications.

REGIONAL SUMMARIES

Northeast Region

Janet Kegley

Lana Bailey

Lela Adkins

Angela McGuire

Elizabeth Smith

Shirley Prater

Judy Bailey

TBA

Regional Coordinator

FHCA (Greenup)

FHCA (Bath, Round)

FHCA (Lawrence, Martin)

FHCA (Carter)

FHCA (Elliott, Morgan)

FHCA (Johnson, Magoffin)

FHCA (Menifee, Montgomery)*

*Lela Adkins currently covers these counties

This quarter our Family Health Care Advisors served 1,424 clients. A total of 44,243 services were provided to these clients, with service values of \$344,998. In addition, \$2,205,763 worth of medication was accessed on their behalf. The NE Region enrolled 128 new clients.

In April, we had the opportunity to have three students from UK come to the Elliott County office to shadow the Elliott County FHCA, Shirley Prater, for the day. A representative from the Social Security office attended our April staff meeting and informed us about changes for 2011. A representative from the Commission for Children with Special Needs attended our June staff meeting with some very useful information for our clients. The region attended Case Management training for diabetic clients this quarter.

Lela Adkins had a Diabetes Community Health Day in Rowan County in the new Center for Health, Education and Research Building. The students and doctors there assisted us on this day doing medical testing and passing along educational information and materials to our clients. Judy Bailey was a guest panelist at the "Pink Ribbon Luncheon" at the Magoffin County Health Department and was asked questions about Kentucky Homeplace. Judy assists the doctor on Free Clinic Day at the health department to make sure the patients there receive follow-up on mammograms, medication and education on other illness. Judy attends the interagency meetings in both Johnson and Magoffin counties.

Lana Bailey had a Community Health Day along with the Greenup County Health Department and assisted with accessing diabetic shoes and presenting education on diabetes. Lana gave a presentation at the clinic of Dr. Dante Oreta and introduced Kentucky Homeplace to his staff. She attended the Greenup County Mobilizing for Action through Planning and Partnership (MAPP) Council and the interagency meeting in her county. Lana works one evening a week at the Boyd/Greenup County Clinic to assist with medications through the prescription assistance programs for the patients.

Angela McGuire attended the Women's Health Expo at the Lawrence County Community Center in Louisa. Angela presented Kentucky Homeplace to the office of Dr. Ellaine Desario. Angela attended the Remote Area Medical (RAM) in Pikeville along with other FHCA's from Homeplace. Angela also attended "Touch Twice Event" in Martin County and attends the interagency meetings in both her counties.

Shirley Prater attended the “Spring into Health Fair” in Elliott County. Shirley attended the Remote Area Medical (RAM) in Pikeville. Shirley attends the interagency meeting when possible. Shirley attended a Child Abuse Awareness event at the Sandy Hook Park along with other agencies in the community.

Beth Smith attended the Carter County Chamber of Commerce meeting and presented Kentucky Homeplace to the group. Beth is on the Carter County Diabetic Coalition and attended the Diabetic Support Group. Beth attended the Remote Area Medical (RAM) in Pikeville and attended the interagency meetings in her county.

Southeast Region

Ralph Fugate

Paul Vance

Julia Keene

Barbara Justice

Pollyanna Shouse

Kathy Hamilton

Regional Coordinator

FHCA (Knott)

FHCA (Breathitt)

FHCA (Pike)

FHCA (Wolfe, Powell)

FHCA (Floyd)

This quarter our Family Health Care Advisors served 1,008 clients. A total of 17,503 services were provided to these clients, with service values of \$183,618. In addition, \$969,210 worth of medication was accessed on their behalf.

FHCAs held Community and Diabetic Health Days throughout the quarter, in addition to attending interagency and coalition meetings in their counties. Several FHCAs attended the Remote Area Medical (RAM) held in Pike County on June 11th and 12th.

Southern Region

Helen Collett

Michelle Ledford

Brenda Harris

Linda Thacker

Shirley Madrey

Paul Frederick

Marcy Carson

Regional Coordinator

FHCA (Clay)

FHCA (Bell)

FHCA (Lee, Owsley)

FHCA (Harlan)

FHCA (Knox)

FHCA (Laurel)

This quarter our family health care advisors served 873 clients. A total of 14,759 services were provided to these clients, with service values of \$60,215. Medication value accessed totaled \$870,744 in this service area.

Our region attended "Improving Diabetes Outcomes (I DO)" study training in Lexington. The “I Do” study will help diabetics better understand their disease so that they may improve their overall health. Funding for the study is being provided by a grant through the Anthem Foundation.

Paul Frederick attended the Knox County Health Care Coalition and met with Cumberland River Comprehensive Care to inform them of our services. Brenda Harris attended a health fair sponsored by the Bell Whitley Community Action Agency. Linda Thacker attended a Chamber of Commerce meeting at which Patrick Kitzman with Kentucky Appalachian Rural Rehabilitation Network was the guest speaker. Linda also attended an interagency meeting for the homeless.

South Central Region

Beth Wells
Janice Compton
Sharon Cherry
Lisa Lack
Stacy Wiley
TBH

Regional Coordinator
FHCA (Monroe, Metcalfe)
FHCA (Edmonson, Hart)
FHCA (Logan, Butler)
FHCA (Barren, Warren)
FHCA (Allen, Simpson)

This quarter our FHCAs served 634 clients. A total of 12,868 services were provided to these clients, with service values of \$130,989 and \$669,506 of free medication provided in this service area.

Stephanie Ekhardt with TJ Samson Community Hospital was our guest speaker during this quarter. Stephanie is the coordinator of the Disproportionate Share Hospital Program (DSH) and Charity Programs at the hospital and provided our staff with an excellent presentation on what financial assistance program options were available for our clients. Our region traveled to Rough River State Park to attend training for the Improving Diabetes Outcomes (IDO) Project.

Western Region

Sherry Morris
Donna Hooper
Angelic Carpenter
Mary Beth Rohrer
Tessa Vail
Carla Gray
Rhonda Wadsworth
Jerrell Rich
Jacqueline Anderson

Regional Coordinator
FHCA (Fulton, Hickman and Carlisle)
FHCA (McCracken, Ballard)
FHCA (Graves)
FHCA (Marshall, Livingston)
FHCA (Calloway)
FHCA (Lyon, Caldwell)
FHCA (Webster, Union and Crittenden)
FHCA (Christian, Trigg)

The Western Region provided 37,683 services to 1,236 clients; assisting clients in accessing \$2,065,288 in medications and \$151,748 in other services.

The FHCAs of the Western Region have been extremely active in their communities this quarter. They have helped with local food banks, Feed the Children, Breast Cancer Coalitions, Head Start Groups, Family/Youth Service Centers, Diabetes Support Groups, Interagency meetings, CHAT Councils and been asked to serve on the boards of Free Health Clinics. The region traveled to Rough River Dam State Park to attend a training workshop on the new IDO research study.

Client Encounters
Actual situations encountered by
Family Health Care Advisors April 1, 2011 – June 30, 2011

I had a walk-in client referred from the Division of Community Based Services. He has been a Type II diabetic since around the age of 36. This gentleman needed help with insulin to control his diabetes. He also has high blood pressure and needed help with his hypertension medication. The client has no income and had just been denied Medicaid.

I asked the client who his family doctor was and he said he didn't have one. I explained to him that he would have to have a doctor before I would be able to assist him in getting his medication. After getting the required paperwork signed giving me the proper permission to help him, I called the clinic located just below my office to set him up an appointment. As I explained to the clinic that he only had a couple more days of his medication left, they had me tell him to come down to the clinic as soon as he was finished at my office. I went ahead with the enrollment, completing all the required Homeplace forms, including the applications for the medication he was currently on. I asked him to call me after his appointment with the doctor, explaining that they may or may not change his current medication. After completing what needed to be done, including his sliding scale application for the clinic, I walked him down and handed the secretary the application.

Later, I had received a fax from his doctor with a cover letter and three prescriptions he was currently on. They had done lab work during his office visit and discovered that he also had high cholesterol. Out of the three medications prescribed, there were two that we could help access for him which included his insulin and a high cholesterol medication. I sent the patient assistance application down to the clinic to be signed and attached prescriptions for his insulin, and for his high cholesterol medication. The client contacted his doctor to let them know that we could not help get his high blood pressure medicine free for him. His doctor changed the medication to one that was covered through the prescription assistance program (PAP). I signed him up for a program that would enable him to go the next day and pick it up at any participating pharmacy. Since I began helping this man, he has received help through a program for an eye exam and glasses; and an additional medication that was free through the PAPs.

This quarter I received a very upsetting email from a mother pleading for help for her 19-year-old daughter. The daughter has a form of cleft palate. She has had several surgeries, beginning at the age of twenty-two months. She still required additional surgery to install the teeth to her metal implants. She had been eligible for Medicaid but was dropped after turning 19. Now, they were unable to afford the surgery. After countless pleas for help to different agencies, the lady was referred to Kentucky Homeplace.

I set up an appointment to meet with the teen and her mother in my office. When completing my medical screening, I found out there was other problems for which the teen needed help. Kentucky Homeplace helped to access several of her medications and get her an eye exam and eyeglasses. With the extended help of my regional coordinator, we set up appointments for the teen with a program for an evaluation test that could help pay for her medical needs and also for her schooling. I also made an appointment with another program that helps children with special

needs. The mother and daughter both left my office with a more positive outlook. The teen is a student at a nearby community college, working on a degree in social work. She said she hopes to help other people who are in need, just as Kentucky Homeplace has helped her to navigate through the many resources that were found for her.

A 45-year-old man was referred to us by an employee of the health department. The man has very poor vision and came in wearing broken glasses taped together in several places. I applied to a local agency that helps with eyeglasses and they denied the request.

I then called a retail store that assists with low-income clients and they agreed to see him. He later said that they treated him “just like a paying customer.” He said he had never been treated this well before and especially when you asked for help. He said that the manager of the store asked him to come back and pick up his glasses because she wanted to make sure he could see out of them. The new glasses look good and aren’t as heavy as his old pair. The client can see much better through these glasses and is able to do some odd jobs. He is very happy and proud of his new look, and how much better he can see.

I had a client come into the office this quarter and she just sat and cried. She has been a client for over two years. We had gotten her established with the local Pathways and physicians; she had numerous medical conditions. She had applied for and now receives disability. She will not get medical coverage until November and we continue to get her medications.

She just wanted to stop by and tell me how much Homeplace has helped her in her life. She stated that without our help, she knows she would not have survived. She thanked me and all who had an ounce of involvement with Homeplace. This was as a very rewarding moment for me. I have been in the medical field for over 15 years and had never been able to find such fulfillment as I have with Homeplace. I thank so thankful for such a wonderful place to work and to work with such wonderful people.

I had a client that attended the Remote Area Medical (RAM) event held in Pikeville on June 11th and 12th of this year. She attended the event, along with her two adult children that still live at home. She had her eyes examined and received a new pair of much-needed glasses. She didn’t complain about the long line at the optometrist station at the event and she was so grateful that she was able to receive the glasses. She had lost her previous pair of glasses and had been going without them for over a year. She was so grateful that not only she was able to get new glasses, but her children did as well. They made her son two pair of glasses, one for reading and one for driving. The children also received fillings in their teeth from the event as well. She called to thank me for telling her about this event; and she said that next year she may go back again.

My clients are a family of five and the father has fourth stage cancer and the mother has an eye disease. The couple has three little boys. They came to me because a nurse, who is a friend, told them about the program and the mother was afraid if she didn’t do something her husband would surely die. He had five large tumors on his back and one so big he could not lay down to sleep at night. This man was also a diabetic and couldn’t afford his medication. He didn’t go to the doctor because he was afraid he would run up such a high bill he would lose their farm; and, that was all he had to leave to his family if something was to happen to him.

His wife has macular degeneration and wouldn't go to an eye doctor because of not having the money to pay the bill. I informed them about several indigent programs through the hospital and found that they did qualify for them. Two nights later, the husband became so ill that he finally let his wife take him to the local hospital where he ended up staying for four days. His doctors told him that if he had not come in when he did, he probably would have died. I will continue to help this family get the assistance they need.

My client is a young woman who had been diagnosed with breast cancer. I received a phone call from her husband who was frustrated and concerned about the mounting medical bills. He told me they had insurance but with all the co-pays and deductibles, it was overwhelming. I scheduled an office visit with them to see if I could assist them. I explained the Homeplace program to her and completed the necessary paperwork. She had a huge stack of hospital and doctor bills. We began sorting them out and discovered that some hospitals would write off some co-pays and deductibles. I began calling each of them and received several applications for assistance.

During the interview, I found several medications that we could access through PAPs. This would help with their monthly medical expenses. I also contacted several cancer support groups and got information on breast cancer and applied for gas cards and other financial assistance. They were very grateful for Kentucky Homeplace.

It is so sad when anyone finds out they have been diagnosed with cancer, but my heartstrings really were pulled tight when a very healthy-looking young man walked into my office with this desperate, depressed look in his eyes.

This 26-year-old man was referred to my office by the County Community Action Agency because he had no way to pay for his chemotherapy medication. When this young man was first diagnosed with Chronic Myeloid Leukemia, he was awarded Supplemental Security Income (SSI), which also provided a Medicaid card. A few months into his treatment it was determined that he was to be given Social Security disability; at that point he lost his Medicaid card. The news of losing his card was what prompted this young man to seek help to cover the expenses of his cancer medication.

His initial visit to my office was very rewarding as I was able to access the medication that he had been taking for treatment. The frantic, scared look on his face turned into a tearful, smiling expression of joy as he relaxed enough to tell me a little about his life. This young man once had a good job, a fiancée and they were planning their wedding. These plans have had to be put on hold, but he now has a very positive attitude and is very grateful to Kentucky Homeplace for the help that he so desperately needed to obtain his medication.

I received a call from a family member of a person who was a double-transplant client who needed assistance with their medications, after being discharged from the hospital in Lexington. The client had received a heart and kidney transplant. They had limited income and could not afford the anti-rejection medication that was needed to survive. The client's anti-rejection medication was over \$2000 a month; that didn't include the other medications they were taking.

They did have some insurance coverage which made it harder to get assistance from the patient assistance program.

After submitting the applications along with a letter explaining the client's cost for the medications and co-pays that had to be paid, their application was accepted and they received three months worth of medications immediately, avoiding interruptions in taking the vital anti-rejection drugs.

I saw a client this quarter that had surgery on her neck and needed physical therapy to try and get back her mobility. She did not have insurance and was denied physical therapy. Without this therapy, her health and mobility deteriorated to the point that she required a home visit. She was not able to sit up on her own or walk; and, she was having trouble speaking and swallowing. She had to sign power of attorney over to her mother and brother. Her mother stated that the doctor wanted to admit her to Frazier Rehabilitation in Louisville, an inpatient facility, but they would not take her if she couldn't pay for therapy. I called Frazier Rehabilitation and talked to the admissions office. They stated they would take someone with no insurance on a case-by-case basis, but they first had to be evaluated by someone at their clinic.

I called back and spoke with the mother and she said that a Frazier Rehab representative had seen her daughter while she was in the hospital; and that she wasn't in bad enough shape to be admitted for indigent care. I called the representative and discussed the client situation with him. He was aware of the client but didn't know that her health had deteriorated to her current status. I requested that he go out and re-evaluate her for admission. He did so and agreed that she needed inpatient care, but it would take a few days to get everything worked out. He asked if I thought I could obtain medical transportation for her. I called the manager of the local county emergency medical service. I told him about her situation and he wanted to meet my client for an evaluation. After meeting with my client, he decided this was a service he would be willing to donate, due to the situation. He provided free of charge (\$2,000) medical transportation to Frazier Rehab in Louisville. She was admitted and received inpatient care for two months, free of charge at a cost of \$1,600 per day.

I met with a client to assist her with obtaining her medication. Her spouse was no longer working and they had to live off of their savings. She has diabetes, diabetic neuropathy, and suffers from depression. We went over the educational material for her conditions.

I completed applications for her medications and gave her information on the Diabetic Self-Management classes that were available through the local health department. Her vision had deteriorated due to her diabetes, and I completed an application for Kentucky Vision for an exam and eyeglasses. I provided her with a NeedyMeds discount card for her medications that were not on a Patient Assistance Program or on a \$4 program through Wal-Mart.

I also urged her to get a Pap smear and mammogram. Her mother was diagnosed with breast cancer at the age of 46. I advised her that the local health department would do the Pap smear and mammogram, with payment based on client household income. At her follow-up call, she had received her medication and requested an application for Chantix, which I completed and sent to her.

A 40-year-old female came to my office needing to see a doctor. She had no insurance. I filled out a Disproportionate Share Hospital (DSH) application to see a doctor. She has not had a Pap smear or mammogram for years and I scheduled her an appointment at the health department. I did a follow-up call later and found that she had qualified to see a doctor through the DSH program. She said they did blood test and she will call me for help with medications when they get the results.

I met with a client this quarter that needed to re-enroll with our program. I completed medication applications and checked on her vision application that had been submitted by another employee. She is a cancer survivor and had been told recently that her cancer is no longer in remission. The cancer has spread and she has been taking treatments but her prognosis is not good. Because of the cancer treatments, she has lost all of her hair and was wearing a hat. She said she would love to have a wig. I contacted the American Cancer Society and they said that they would be happy to help my client get a wig. I immediately called my client and told her the good news; and, to set up an appointment to get it fitted.

I saw a client that had been a nurse before she became disabled from an automobile accident last year. She has just started drawing disability and will not be eligible for Medicare until 2013. She has been diagnosed with diabetes. She is a large woman and has had the lap band surgery to help her lose weight. Because of her weight problem, she developed high cholesterol; she walks with a cane and is unsteady on her feet.

I was able to help her with cholesterol and neuropathy medication. I advised her of the medications that are on a \$4 program. I completed forms for RX Outreach for her additional medications. She was very grateful. She stated this was very hard to accept assistance, when she was used to being financially secure with her previous nursing job.

This quarter I was contacted by a physician in my local area. He wanted to refer one of his patients who had very little income and required expensive medications. During the initial interview with this new client, I found out that she was taking her medications on an alternate basis; she would take what she could afford one month, and then the next month she would get the remaining medications and take them. She was only taking each medication six months out of the year. With the help of PAPs, I was able to help her receive all of her medications, but one, free of charge. She was very grateful that she would be able to take all her medications as prescribed, and her physician was grateful that she would now be able to be a compliant patient.
