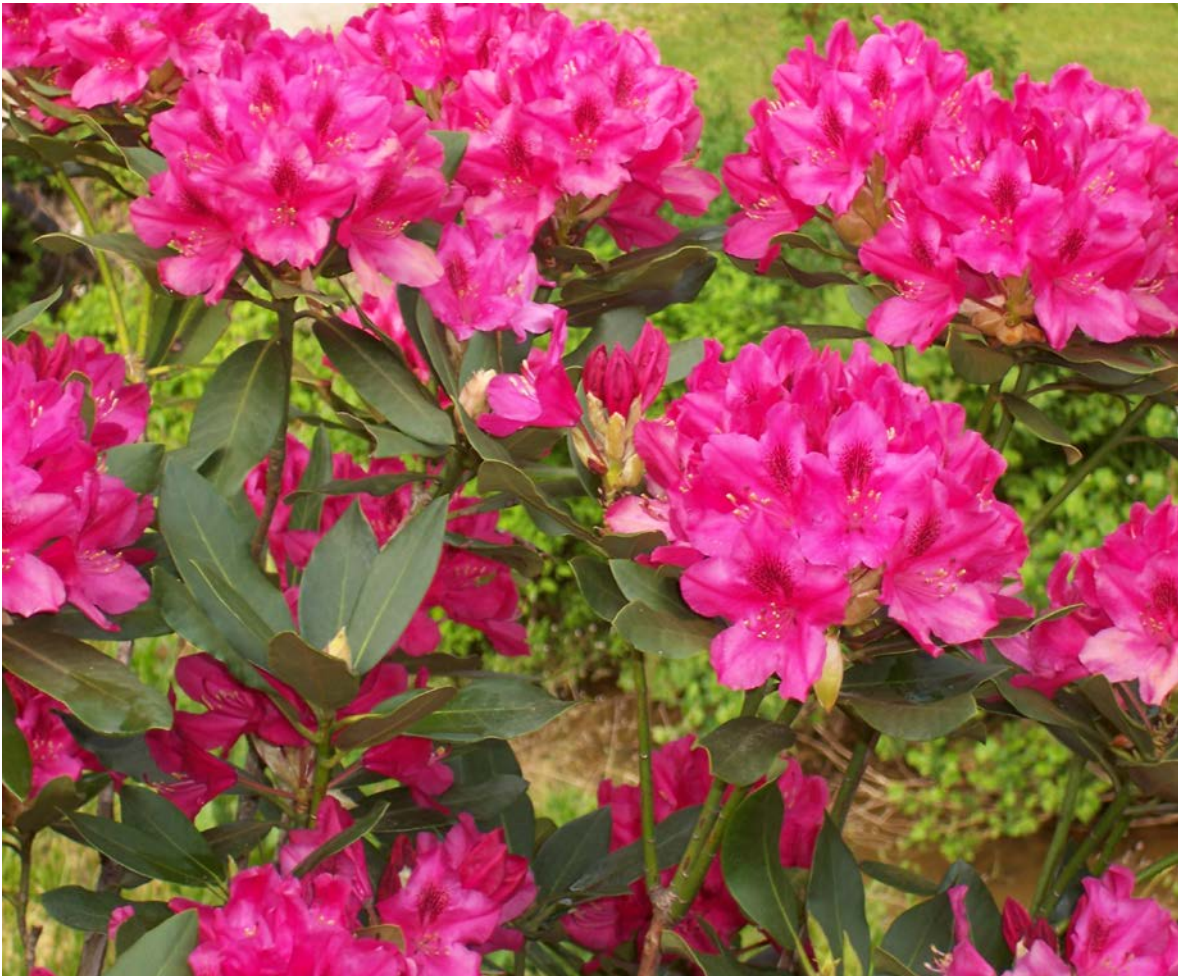


UNIVERSITY OF KENTUCKY
Kentucky Homeplace

Quarterly Report
January 1, 2012 – March 31, 2012



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
January – March 2012, Poverty Level and Age Distribution.....	04
January – March 2012, Total Clients Served By Region.....	05
January – March 2012, Client Services	06
January – March 2012, Top 5 Client Problems By Condition	07
January – March 2012, Client Medications Value	08
January – March 2012, Client Services Value	09
Regional Summaries.....	10
Client Encounters.....	13

Cover photo by Margaret Russell, Program Coordinator II, Kentucky Homeplace

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.

On January 6, 2012, Homeplace was notified from the Kentucky State Department of Public Health that there was an immediate budget reduction of 8% or \$128,600; this changed our contract from \$1,599,900 to \$1,471,300. The budget reduction necessitated Homeplace having to decrease personnel by six positions and to decrease the number of counties served from 48 to 38 counties.

In addition, Homeplace had to reduce the work week from Monday – Friday for the South Central and Western regions to Monday – Thursday. The Northeast, Southeast and Southern regions currently have grant/gift funding that pays 20% of the FHCAs salaries this year. Those employees will remain at 100% FTE through June 2012, due to this funding.

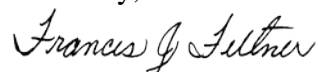
This change went into effect February 3, 2012. We deeply regret having to lay off our employees and wish them all the best in their future careers; also, we regret that we can no longer offer our services to clients in the counties that were closed.

Quarterly Summary

Here's a summary of services for this quarter, January 1, 2012 – March 31, 2012: the number of unduplicated clients served was 4,550; the amount of medications accessed was \$6,545,606; other services values accessed totaled \$600,650; and number of services was 112,721. The top client medical conditions included hypertension, high cholesterol, diabetes, mental health, and heart disease.

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 January – March 2012. If you wish to have a printed copy, please call 1-800-851-7512 or email me at fjfeltn@uky.edu.

Sincerely,

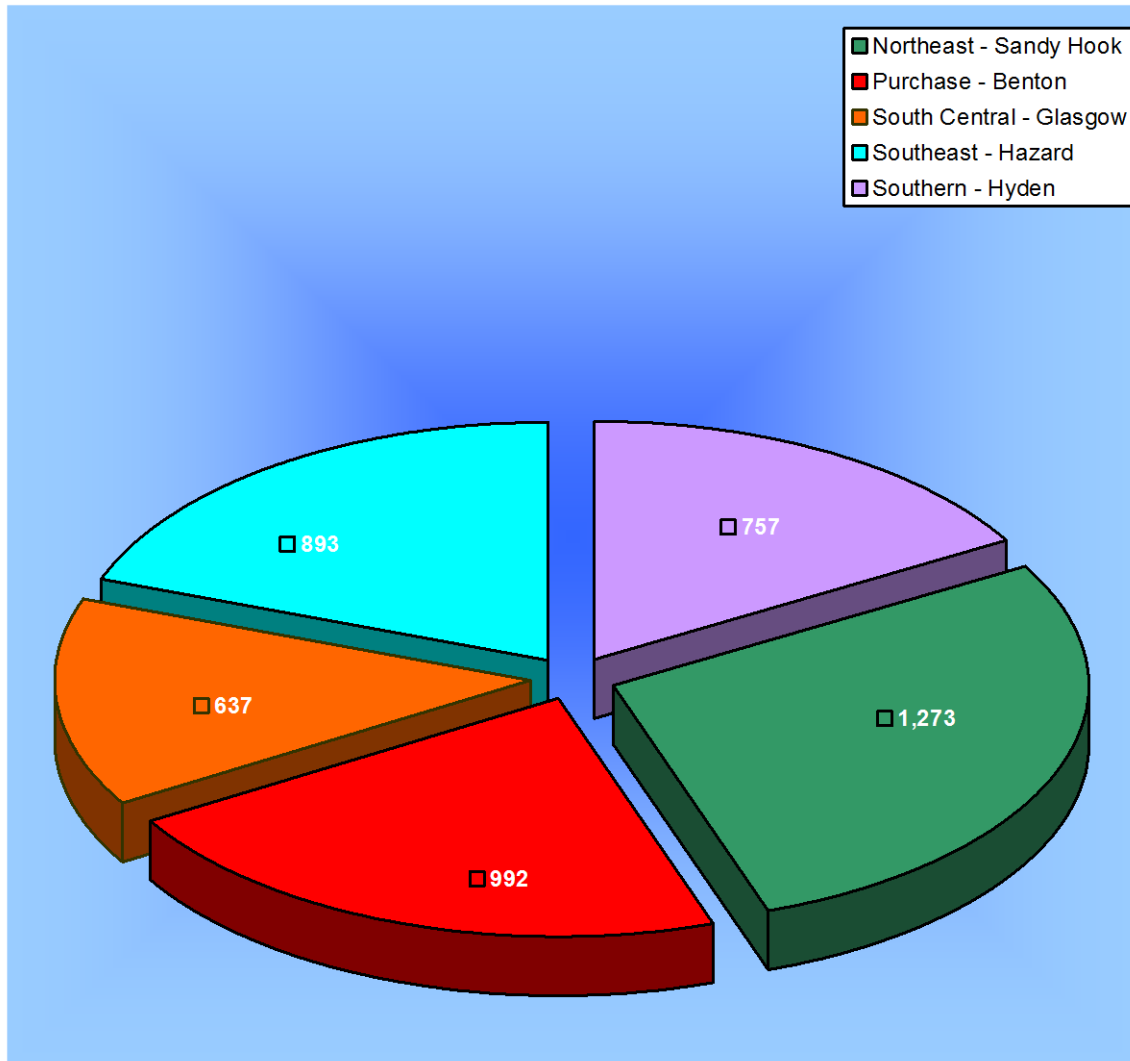


Fran Feltner, DNP(c), MSN, RN
Director, Lay Health Workers Division
Director, UK Center for Excellence in Rural Health

AGE DISTRIBUTION OF HOMEPLACE CLIENTS		
OCTOBER 1, 2011 – DECEMBER 31, 2011		
CATEGORY	FEMALE	MALE
AGES 0 TO 4	3	0
AGES 5 TO 12	4	8
AGES 13 TO 14	1	2
AGES 15 TO 19	21	21
AGES 20 TO 24	57	42
AGES 25 TO 44	526	352
AGES 45 TO 64	1,643	1,082
AGES 65 TO 74	295	239
AGES 75 TO 84	129	75
AGE 85 AND OVER	36	14
TOTALS	2,715	1,835
Median Age:	54.1	54.1
Source: Data extracted from the Kentucky Homeplace database		

POVERTY LEVELS OF HOMEPLACE CLIENTS								
OCTOBER 1, 2011 – DECEMBER 31, 2011								
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300+%	Total
CLIENTS	2,592	798	344	588	163	38	27	4,550
TOTALS	56.97%	17.54%	7.56%	12.92%	3.58%	0.84%	0.59%	100%
Source: Data extracted from the Kentucky Homeplace database								

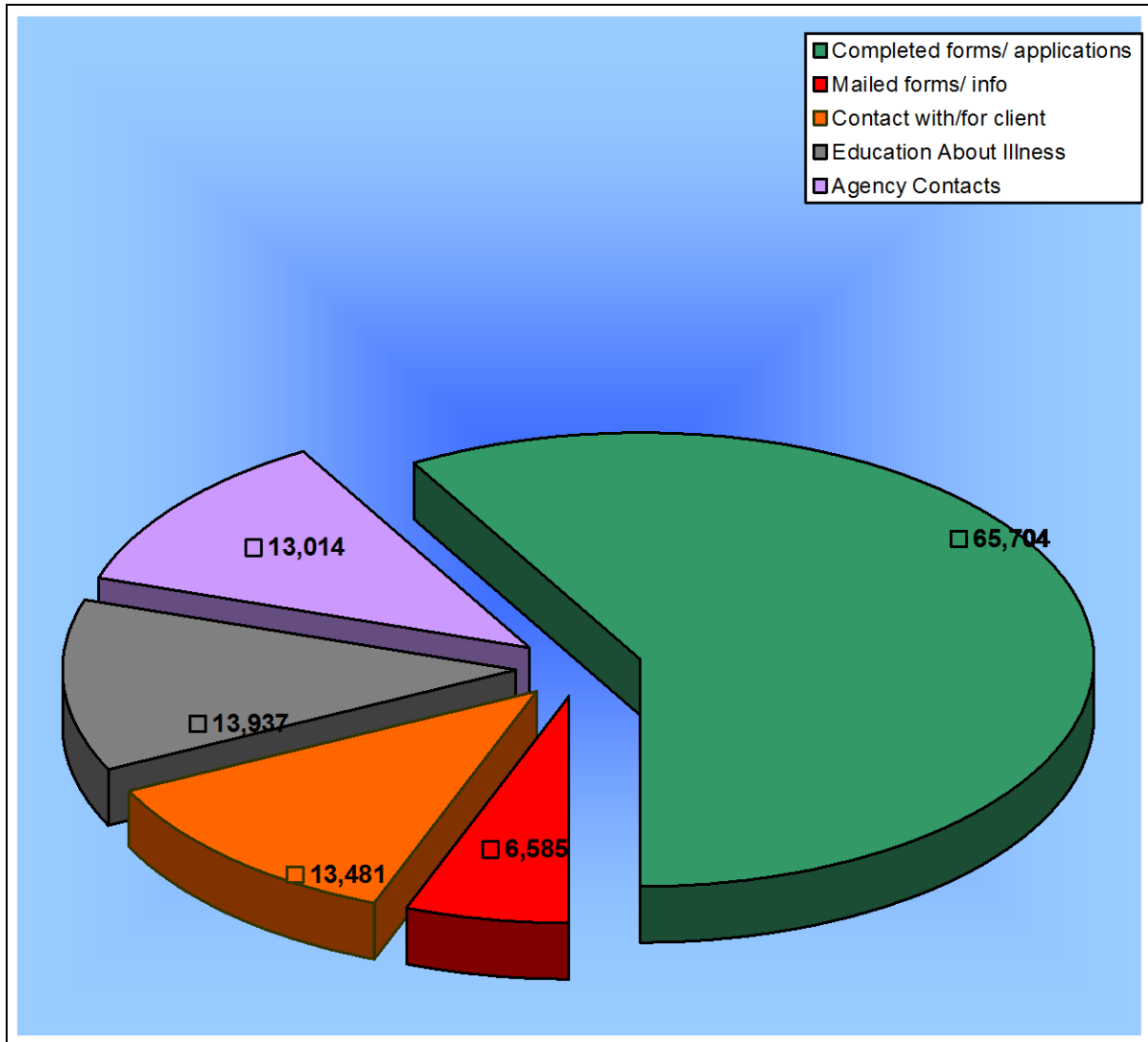
Total Clients Served By Region January 1, 2012 – March 31, 2012



TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 4,550*

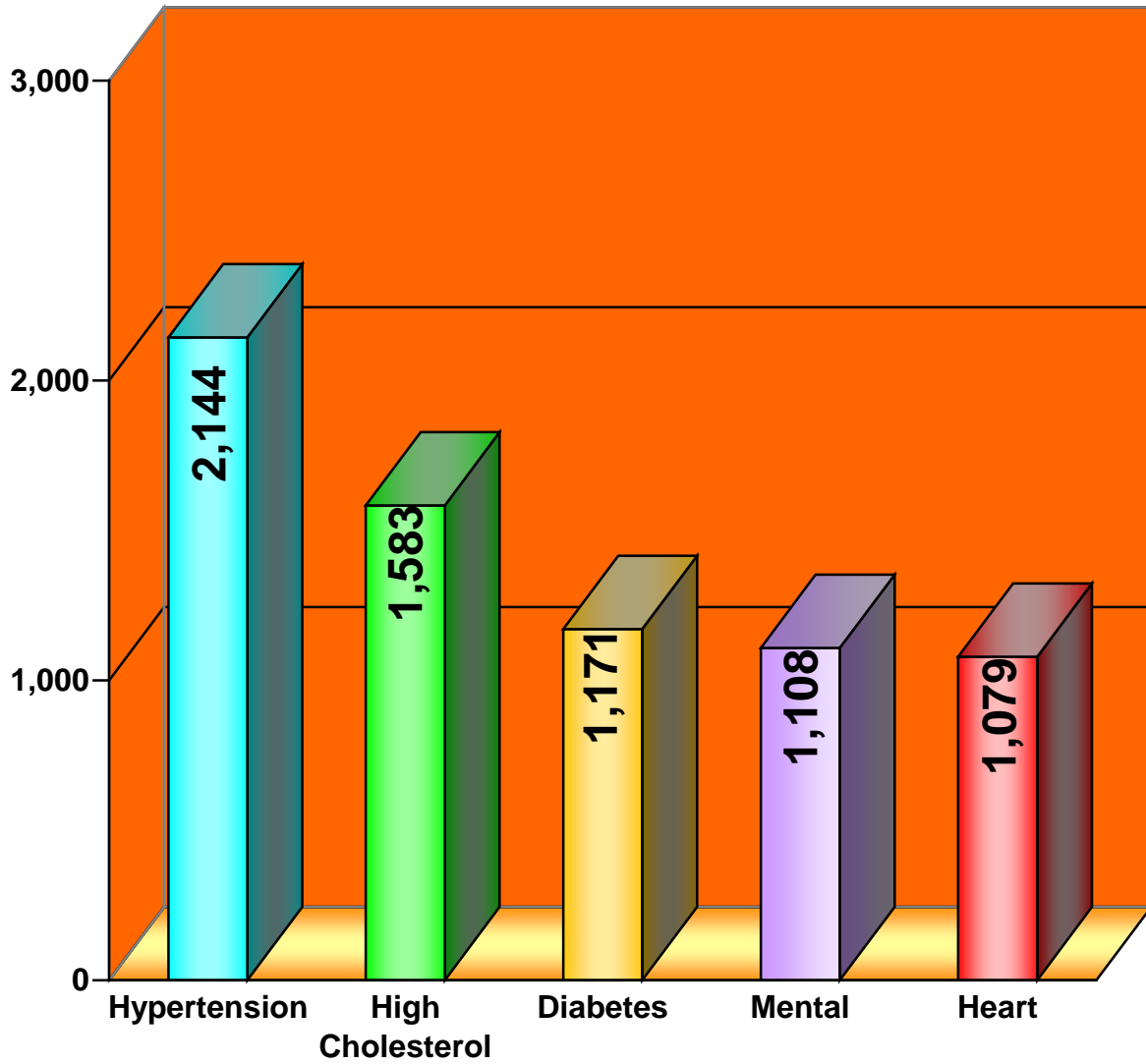
*This total represents unduplicated clients seen this quarter– the chart above shows that two clients were seen in two different regions this quarter for a total of 4,552 clients. Also, in the regional summaries (pages 10-11), some clients are seen more than once each quarter or are seen by multiple FHCAs and that duplicated number is reflected in their summaries.

**Client Services
January 1, 2012 – March 31, 2012**

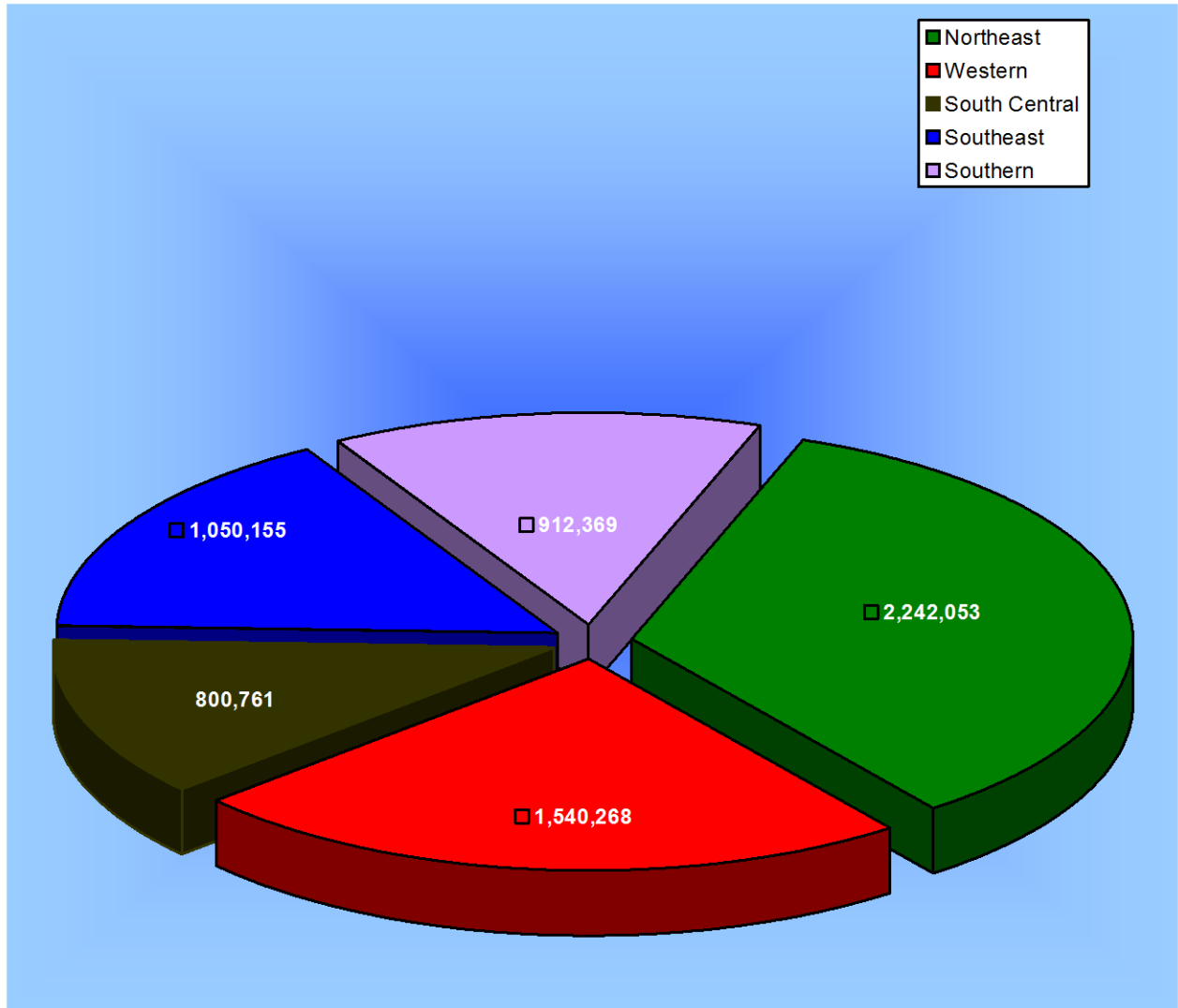


TOTAL FOR THE QUARTER: 112,721

Top Five Client Problems By Condition January 1, 2012 – March 31, 2012

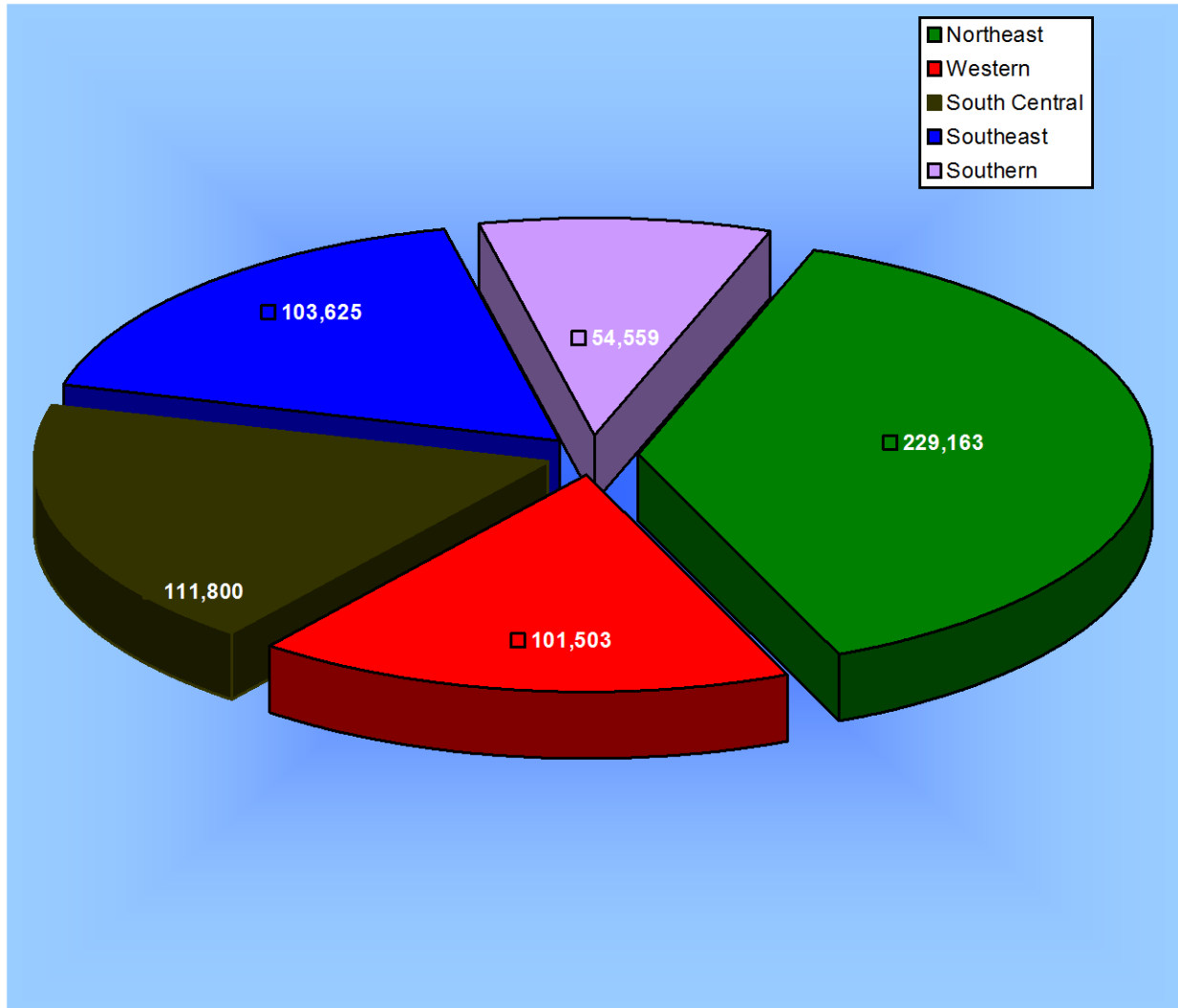


Client Medications Value January 1, 2012 – March 31, 2012



TOTAL MEDICATION VALUE: \$6,545,606

Client Services Value January 1, 2012 – March 31, 2012



TOTAL SERVICES VALUE: \$660,650*

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

REGIONAL SUMMARIES

Helen Collett, Ralph Fugate, Janet Kegley, Sherry Morris, and Beth Wells, regional coordinators, along with Fran Feltner, Margaret Russell and Tim Vires, attended the Kentucky Rural Health Association Legislative Conference and luncheon held in Frankfort on February 15, 2012.

Northeast Region

Janet Kegley

Lana Bailey

Angela McGuire

Elizabeth Smith

Shirley Prater

Judy Bailey

Vacant

Regional Coordinator

FHCA (Greenup)

FHCA (Lawrence, Martin)

FHCA (Carter)

FHCA (Elliott, Morgan)

FHCA (Johnson, Magoffin)

FHCA (Rowan, Bath, Menifee and Montgomery)

This quarter our Family Health Care Advisors (FHCAs) served 1,273 clients. A total of 39,594 services were provided to these clients, with service values of \$229,163. In addition, \$2,242,053 worth of medication was accessed on their behalf. Due to the budget cut in January, the Northeast Region no longer serves Rowan, Bath, Menifee and Montgomery counties.

The Northeast Region attended a diabetes training day with the Little Sandy Health Department at the Carter County Extension office. At this training, they presented the changes made to the Food Pyramid and gave us educational material to bring back for our clients.

Rosemary Moore and Debbie O'Hara from Vocational Rehabilitation came to our March 2012 staff meeting. At this training, we discussed how we could assist their clients and what they could do for our clients.

This past quarter began our six month follow-up for our Improving Diabetic Outcomes (I DO) Program. Several clients have made excellent progress during this program.

There were several counties in the Northeast Region that was affected by the tornado on March 2, 2012. We were fortunate that only our Magoffin County office had minor damage.

Judy Bailey continues to work with the free clinic at the Magoffin County Health Department and attended the interagency meeting in both her counties. Lana Bailey attended the interagency meetings in Greenup County; she met with a representative from Stultz Pharmacy to help setup Kentucky Physicians Care for the county.

Angela McGuire attended the following meetings: Diabetes Monthly Support Group, Health and the Action Team, Health and Advisory, Lions Club, Annual Health and Wellness EXPO, Martin County Interagency, and the Inez and Lawrence Counties Diabetes Coalition.

Shirley Prater attended some of the interagency meetings in both her counties this quarter. Beth Smith attended the Carter County Wellness Coalition Meeting at the UK Extension office and the Carter County Diabetic Support Group.

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 893 clients. A total of 13,729 services were provided to these clients, with service values of \$103,625. In addition, \$1,050,155 worth of medication was accessed on their behalf.

The Southeast Region was very busy this quarter. The FHCAs worked extremely hard with the I DO diabetic days and keeping up with all their responsibilities. The FHCAs represented Kentucky Homeplace in various meetings with Community Actions Centers as well as local health departments and UK Extension offices in their respective counties. In addition, we have FHCAs who attended special conferences on Elder Maltreatment. The Southeast FHCAs serve on the cancer and diabetic coalitions in their area.

Southern Region

Helen Collett

Michelle Ledford

Brenda Harris

Linda Thacker

Shirley Madrey

Paul Frederick

Vacant

Regional Coordinator

FHCA (Clay)

FHCA (Bell)

FHCA (Lee, Owsley)

FHCA (Harlan)

FHCA (Knox)

FHCA (Laurel and Jackson)

This quarter our FHCAs served 757 clients. A total of 15,833 services were provided to these clients, with service values of \$54,559. Medication value accessed totaled \$912,369 in this service area. Due to the budget cut, the Southern Region will no longer serve Laurel and Jackson counties.

The FHCAs held their second I DO community diabetic day. During this second visit, we discovered that many of the clients enrolled had lost weight, decreased their Hemoglobin A1Cs, and had begun eating better. The program is proving that education and one-on-one counseling can make a difference in our diabetic's lives.

Michelle Ledford attended meetings at Community Based Services and Daniel Boone Community Action Agency. Linda Thacker attended a Lee County Diabetes Coalition meeting. Brenda Harris attended the Bell/Whitley interagency meeting and an open house for the Lighthouse Medical Clinic. Paul Frederick attended a meeting at the Knox County Health Department and a Knox County Healthcare Coalition meeting.

South Central Region

Beth Wells
Janice Compton
Sharon Cherry
Lisa Lack
Tammy Glass
Vacant

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

This quarter our FHCAs served 637 clients. A total of 16,889 services were provided to these clients, with service values of \$111,800 and \$800,760 of free medication provided in this service area.

Due to state budget cuts, the South Central and Western Regions of Kentucky Homeplace were reduced to 32-hour work weeks this quarter. Our regions are working diligently to meet the needs of our clients while working on a reduced schedule. Beth Wells attended the Kentucky Rural Health Association Legislative Conference in Frankfort during this quarter to learn more about potential legislative issues regarding state budget funding. Our staff members continue to be involved in several community coalitions and initiatives to improve our communities such as local Vision and Networking Neighbors meetings while also continually providing outreach with local physicians and agencies.

Western Region

Sherry Morris
Donna Hooper
Mary Beth Rohrer
Tessa Vail
Carla Gray
Rhonda Wadsworth
Vacant
Vacant

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

This quarter the Western Region served 992 clients. A total of 26,676 services were provided to these clients, with service values of \$101,503 and \$1,540,268 of free medication provided in this service area. Due to budget cuts, Christian, Trigg, McCracken and Ballard counties will no longer be served.

In their individual areas, FHCAs represented Kentucky Homeplace at meetings with the following agencies: Breast Cancer Coalitions, Head Start, Family and Child Empowerment (FACE), Inter-Agency meetings, Family Resource Centers, Diabetic Support Groups, Trover Clinic, Women's Health Shows, Health Fairs, Feed the Children Meetings, food distributions, Leadership Marshall County, and Western Baptist Hospital.

During the quarter, we conducted our monthly staff meetings with educational components. We helped to promote Colon Cancer Awareness in our communities and attended related events. We also had Edith Lewis, with the Senior Medicare Patrol, come present her program and answer any questions that we had about Medicare fraud and abuse.

Client Encounters
Actual situations encountered by
Family Health Care Advisors
January 1, 2012 – March 31, 2012

I recently enrolled a married couple in their 70's who had just moved to this area. Both are on retirement Social Security and have Medicare A, B, and D. They were referred to Kentucky Homeplace for help with their medicines.

This couple, both of whom have multiple medical conditions, had not been to see a physician in several years because they thought they could not afford their medications. They had been to several other social agencies and programs looking for assistance. Even though they had premium deductions taken from their Social Security checks for Medicare D, they didn't realize that they had prescription coverage. They have no idea who or when they were enrolled in Part D, or that it covered their medications.

After explaining how Medicare works and enrolling them in Kentucky Homeplace, I made them an appointment to see a primary care physician. I am now working on applications to help them with hearing aids and eyeglasses.

A woman walked into my office just four days after the devastating tornados that left so many homes in Magoffin and Johnson counties in ruins. She had two young children with her and she looked very stressed and tired. Her husband had passed away only a few days before the tornado struck their home.

In her rush to get her children to a safe place from the storm, she lost her eyeglasses. She was required to wear them for driving, but also needed them for everyday use. The concern for the welfare of her children was written all over her face as she told me about the past few weeks. I called a program that Kentucky Homeplace works with and they scheduled her appointment for an eye examination and fitted her for eyeglasses the very next day.

At our last Improving Diabetes Outcomes Community Day, we had 12 out of the 13 scheduled clients present for the meeting. Kentucky Homeplace had followed these clients with diabetes since last September.

At the first September session, the clinical educator took their diabetic history, weighed them, and checked their A1C and blood glucose levels. The educator presented educational modules on diabetes self-management, nutrition and diet. Then, they were seen every three months to have their levels accessed and given new education modules on nutrition, exercise and diabetic meal planning. The clients were accountable for tracking their glucose levels during this time.

At the last session, they were told their A1C and glucose numbers as well as their weight difference after six months. The overall outcome has been very good. Several clients had lost weight and had decreased Hemoglobin A1C and glucose levels. The clients were motivated to change other habits too, including exercising more often and quitting smoking.

This study has shown that when people are given educational information, held accountable, monitored, and coached, they buy into the health care plan and are able to manage their diabetes. This has been a rewarding and exciting time for the clients and Homeplace. Overall, it has truly been a success story.

One of my clients that participated in the I DO study groups called me after our final meeting. She just wanted to thank our program for such wonderful and informative meetings. She has had diabetes for several years and is on insulin. She said that no one had ever really discussed her diabetes with her. Everything that she knew about her disease was from what she had read and researched for herself. From the first meeting in September through March, she has lost weight, lowered her A1C, started exercising and feels so much better than she has in many years. She added that if it wasn't for Kentucky Homeplace, she would be dead because there was no way she could personally afford the cost of her medications that we were able to access for her. She was so appreciative and grateful for our program and the information she had received from us.

Our I DO study has been very worthwhile for my clients. I had one client that has really changed her lifestyle. At the first event held in September, her A1C level was 7.4; six months later it was 6.1. She has been very diligent in watching everything she had been eating and exercising as much as she could. She has lost weight and reduced her A1C. She was very interested and attentive during the presentations and always asked questions. She is learning to take control of her diabetes.

I had a client and his wife in my office yesterday. They were referred to me by a former client who had told them that if I couldn't help them, nobody could help them. The client began by saying that he had been too proud to ask for help in the past. He said he and his wife would do without food, and she would do without her own medications to make sure they could buy his own medications for his severe health problems.

After I did the enrollment for Kentucky Homeplace and did all the forms for his medication, I explained to him that he would be able to get two of his medicines for \$80 for a year's supply. He said that was fine and they could pay that amount. It was when I began going over the list that would cost him nothing that he began to cry; and then his wife cried. He explained that they both had done without so much, for such a long time. They were just trying to stay well on what they could afford, and it was killing them.

This client told me that he has had diabetes for 10 years and his doctor had never checked his feet or given him a diabetic diet. He said that he had lost his toe nails and has no feeling in his toes and heels. He has no insurance to pay for diabetic classes. I told him that the health department had a diabetic educator and their services were free. I made him an appointment with the educator. I gave him diabetes educational information and a diabetic diet sheet and told him to contact his doctor to find out how many calories and carbohydrates he should have each day. The couple left my office knowing they were going to be able to afford both of their medications; and, maybe have some money left for extra food and things that they have not had in a long time.

This quarter I had a man come into my office needing assistance with his cholesterol medication. After doing the general assessment and getting all his information, I started looking at his income documents. I asked him if he ever received any extra help with his Medicare premiums and deductibles. He said that he only had a fourth grade education, and didn't understand anything about that stuff, but he hadn't been getting any help with Medicare. I explained to him that there is extra help available called Low Income Subsidy (LIS) for people that qualify; and that he should be eligible for this special assistance. I told him where he needed to go to apply and what information that he would need to take with him. After he went to their office, he told me that he did qualify for the extra help and now he won't have to pay for his Medicare premium. He will get extra help with his prescriptions as well.

Initially I had a lady come into my office for assistance with medications. During the course of her enrollment screenings, I found out that she had not had a Pap smear or mammogram in over 10 years. I told her how important that is was to have these screenings done yearly, and told her about the programs that the local Health Department offers for these preventive screenings.

Since she fell under the income guidelines, she was able to receive both screenings free of charge and both of her tests came back negative. She said that now that she knows about the screenings, she will continue to have them done on a yearly basis. She won't have to worry about whether or not she has cancer. I was glad that I could not only help this lady with her medications, but I was also able to help her obtain a little peace of mind by referring her for these screenings.

I received a call from a client that had no insurance or coverage for her medication back in January. After doing the initial interview, we were able to get almost all of her medications. She had several severe health problems including having had open heart surgery.

In February, she had to be taken to the local hospital by ambulance with chest pain. She suffered a heart attack and had to be transferred to Lexington for another procedure to be performed there. She still has no insurance or medical coverage to help with the cost of her hospitalization. After returning home, she had to be admitted again to the local hospital for a low blood pressure episode.

She had developed diabetes and is now insulin-dependent. She called and asked for more assistance for medication and with the hospital bills. After working with the doctor's office and the client, I was able to get her in contact with Community Based Services and applied for a spend-down card. She was approved and all the immediate hospital bills have been submitted to the spend-down account. She is going to be able to receive Medicare in June. She is also going to be eligible for adult medical coverage and her Medicare premiums are going to be covered by the State Medicare Savings Plan, along with medication coverage at that time. She said she had no idea what she was going to do until she came to Kentucky Homeplace.

This quarter I received a phone call from a local school nurse. She needed assistance in finding a physician for a student. The student had no insurance and was in need of medical care. I scheduled an appointment and completed the necessary paperwork. During the interview, I learned the client had not been able to afford medication for uncontrolled hypertension and also needed thyroid medication. I contacted the local clinic that participates with a sliding fee scale

and scheduled a doctor appointment. After seeing the physician and completing necessary blood work, he was prescribed two medicines. Both medicines are available through the patient assistance program. The patient was very happy to get assistance through Kentucky Homeplace.

One afternoon an elderly lady came in my office in much despair. She had to spend her rent money on her husband's co-pay for his medications. She was furious that she could not get anybody to give them any assistance. Her husband had fourth stage colorectal cancer and he had just gotten home from the hospital. I did a home visit with the couple that afternoon.

When I entered her home, there set a frail man sitting on the couch wearing his coat. His wife asked him if he was cold and he said yes, he was cold. I agreed that it was cold and slowly raising his head he said "we keep the heat turned down so the bill won't be so high."

After getting back to the office I called about his medication; he needed to start his chemotherapy and radiation treatments as soon as possible. One of the medications cost \$2,745 and his co-pay was \$452. I contacted the company and they had a program that would cover his co-pay, even if he has Medicare Part D. I got the applications ready and sent into the company the next day. A week and a half later, he was approved for \$10,000 through Genentech for medications. I also contacted Cancer Care to see if I could get any funding for travel. I completed an application and he received \$100 to be used for fuel. His wife stopped by the office to tell me how good it was to find someone who could help them.

A 33-year-old male came to my office looking for help to see a doctor. He is trying to get disability and was referred to me by his lawyer. He has tendonitis in his hands so bad that his fingers are crooked. He said he quit a job to come home and take care of his mother who had since passed away from cancer. He is now unable to go back to work because of his health. He has not been able to get a doctor to see him due to being uninsured. I filled out an application on the Disproportionate Share Hospital Program (DSH) and he qualified to see a doctor. I will be helping him to obtain his medications after his doctor visit.

A client was referred to me from the local health department. She had no job but was staying with friends. She suffered from severe disorders, including osteoporosis, degenerative spine disease, asthma and neuropathy. She couldn't afford to buy all her prescribed medications. I completed applications for some of her medications and they have been submitted to her doctor for his signature. She was so upset that she had to ask for help that she started crying in my office. I told her that she should not feel upset; our program is here to help those in need.

I had a client who needed assistance with hearing aids. I completed the Hear Now application for her and scheduled her appointment at a local company for the hearing test. She was approved for two hearing aids. Her new hearing aids were valued at over \$10,000 and she only had to pay the \$300 co-pay.
