

UNIVERSITY OF KENTUCKY
Kentucky Homeplace

Quarterly Report
April 1, 2012 – June 30, 2012

***UK CENTER FOR EXCELLENCE IN RURAL HEALTH
PRESENTS RESEARCH PROJECTS AT NATIONAL MEETING***



Members of the Improving Diabetes Outcomes team at the UK Center for Excellence in Rural Health spoke during the 35th annual conference of the National Rural Health Association. From left: Tim Vires, of Perry County; Janet Kegley, of Elliott County; Fran Feltner, of Breathitt County; Mark Dignan, of Fayette County; William Bates, of Letcher County; and Lana Bailey, of Greenup County.

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

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UK CENTER FOR EXCELLENCE IN RURAL HEALTH PRESENTS RESEARCH PROJECTS AT NATIONAL MEETING

Hazard, Ky. (May 10, 2012) - Kentucky was well-represented at our nation's largest rural health conference, according to Fran Feltner, director of the University of Kentucky (UK) Center for Excellence in Rural Health (CERH). Feltner and others from the CERH were selected to make presentations at the 35th annual conference, which was held by the National Rural Health Association in Denver, CO, April 17-20.

Feltner and employees of the Kentucky Homeplace Program presented the Improving Diabetes Outcomes (I DO) study. Over 600 Kentuckians have participated in I DO, an initiative that promotes a series of nurse-led diabetes self-management education sessions that are complimented by community health workers (CHW). The one-year study, which began last summer, was made possible by a grant from the Anthem Foundation. It focuses on improved blood glucose control through healthy lifestyle choices including medication adherence, improved nutrition, and increased physical activity.

Most eastern Kentucky counties have unusually high rates of diabetes. Unfortunately, this is a major contributing factor for serious health complications like blindness, lower extremity amputations and heart disease.

"Anthem's gift is enabling us to study the effectiveness of training CHWs to work with a nurse educator to enhance participants' learning experience so they are empowered to better manage their condition and lead healthier lives," said Feltner.

A CHW is typically a person who lives in the community they serve. They are knowledgeable of community resources and play an important role in connecting some of our most vulnerable population, many of whom have chronic conditions and are either uninsured or underinsured, with access to medical and social services they may otherwise go without.

"While many states in the nation now utilize CHWs, Kentucky has been among the more progressive states having begun our program nearly two decades ago," said Feltner. She said a research poster from the CERH was also featured at the national meeting pertaining to future roles CHWs may hold in addressing health disparities.

"Being able to share at the national level what we are learning in our own community is a way to help our nation identify strategies that can be adopted on larger scales to address health disparities like diabetes," said Feltner.

Bowling, Beth. <http://www.mc.uky.edu/ruralhealth/nrha2012.asp>. University of Kentucky, 10 May 2012. *UK Center for Excellence in Rural Health, Recent Happenings*. Article excerpt from UK Center for Excellence in Rural Health Presents Research Projects at National Meeting. Web. 23 July 2012.

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, 2012 – June 30, 2012: the number of unduplicated clients served was 4,243; the amount of medications accessed was \$6,065,080; other services values accessed totaled \$624,441; and number of services was 104,553. The top client medical conditions included hypertension, high cholesterol, diabetes, mental health, and heart disease.

Annual Summary

Our annual summary of services for July 1, 2011 – June 30, 2012: total number of unduplicated clients was 8,452; individual clients are seen on the average of 3-4 times a year. The number of services was 449,457 with services values of \$2,484,110 (this total includes everything except for prescription medications); and medication values totaled \$25,435,793. Total value of dollars accessed on behalf of the Commonwealth's citizens was \$27,919,903.

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/homeplace.asp>. 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 2012. If you wish to have a printed copy, please call 1-800-851-7512 or email me at fjfeltn@uky.edu.

Sincerely,

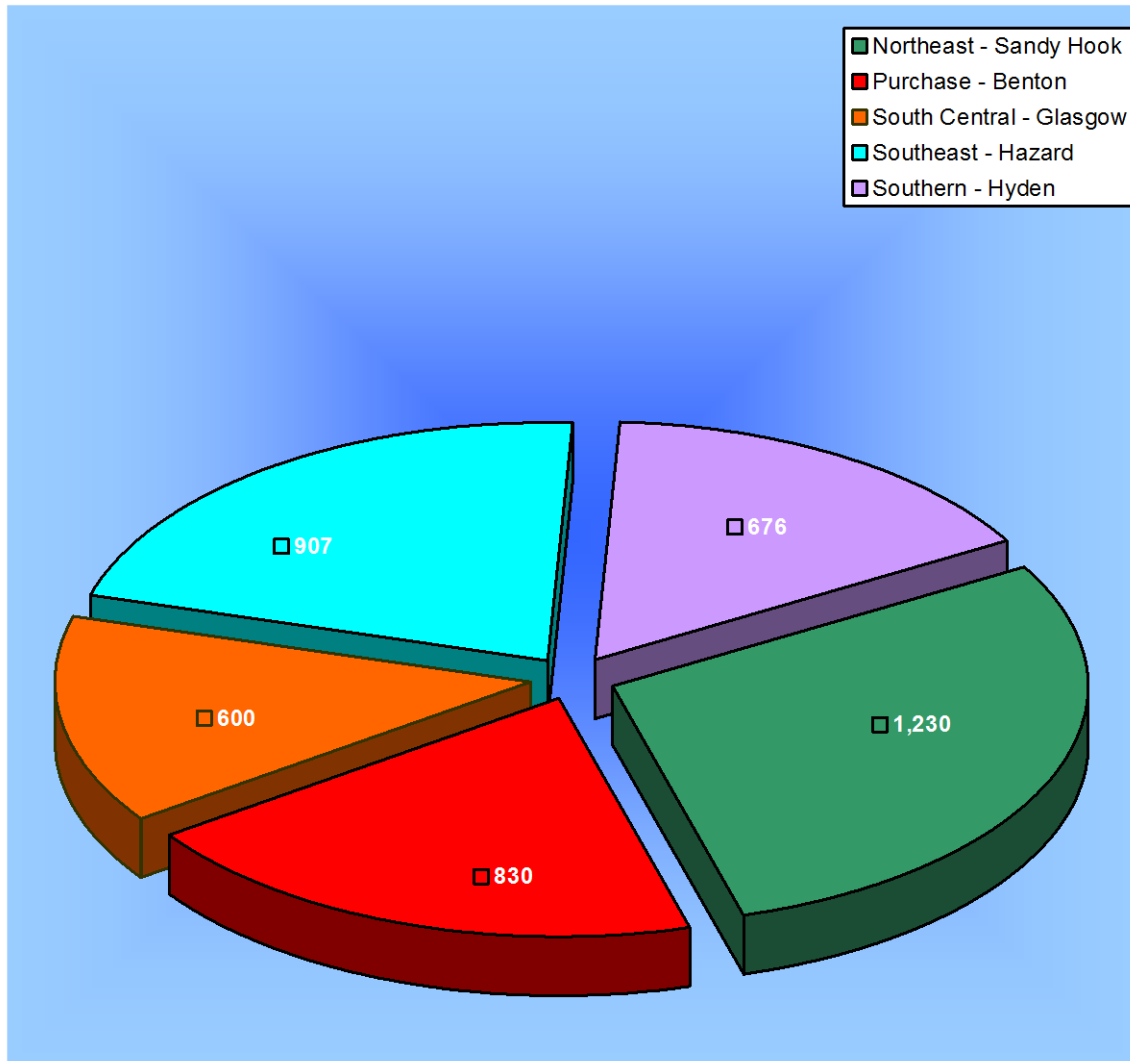


Fran Feltner, DNP, MSN, RN
Director, Lay Health Workers Division
Director, UK Center for Excellence in Rural Health

AGE DISTRIBUTION OF HOMEPLACE CLIENTS		
APRIL 1, 2012 – JUNE 30, 2012		
CATEGORY	FEMALE	MALE
AGES 0 TO 4	3	1
AGES 5 TO 12	2	4
AGES 13 TO 14	0	1
AGES 15 TO 19	19	18
AGES 20 TO 24	53	30
AGES 25 TO 44	461	319
AGES 45 TO 64	1,582	978
AGES 65 TO 74	317	219
AGES 75 TO 84	123	73
AGE 85 AND OVER	29	11
TOTALS	2,589	1,654
Median Age:	53.6	53.3
Source: Data extracted from the Kentucky Homeplace database. Total Clients 4,243		

POVERTY LEVELS OF HOMEPLACE CLIENTS								
APRIL 1, 2012 – JUNE 30, 2012								
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300+%	Total
CLIENTS	2,408	758	311	563	143	38	22	4,243
TOTALS	56.75%	17.86%	7.33%	13.27%	3.37%	0.90%	0.52%	100%
Source: Data extracted from the Kentucky Homeplace database								

Total Clients Served By Region April 1, 2012 – June 30, 2012

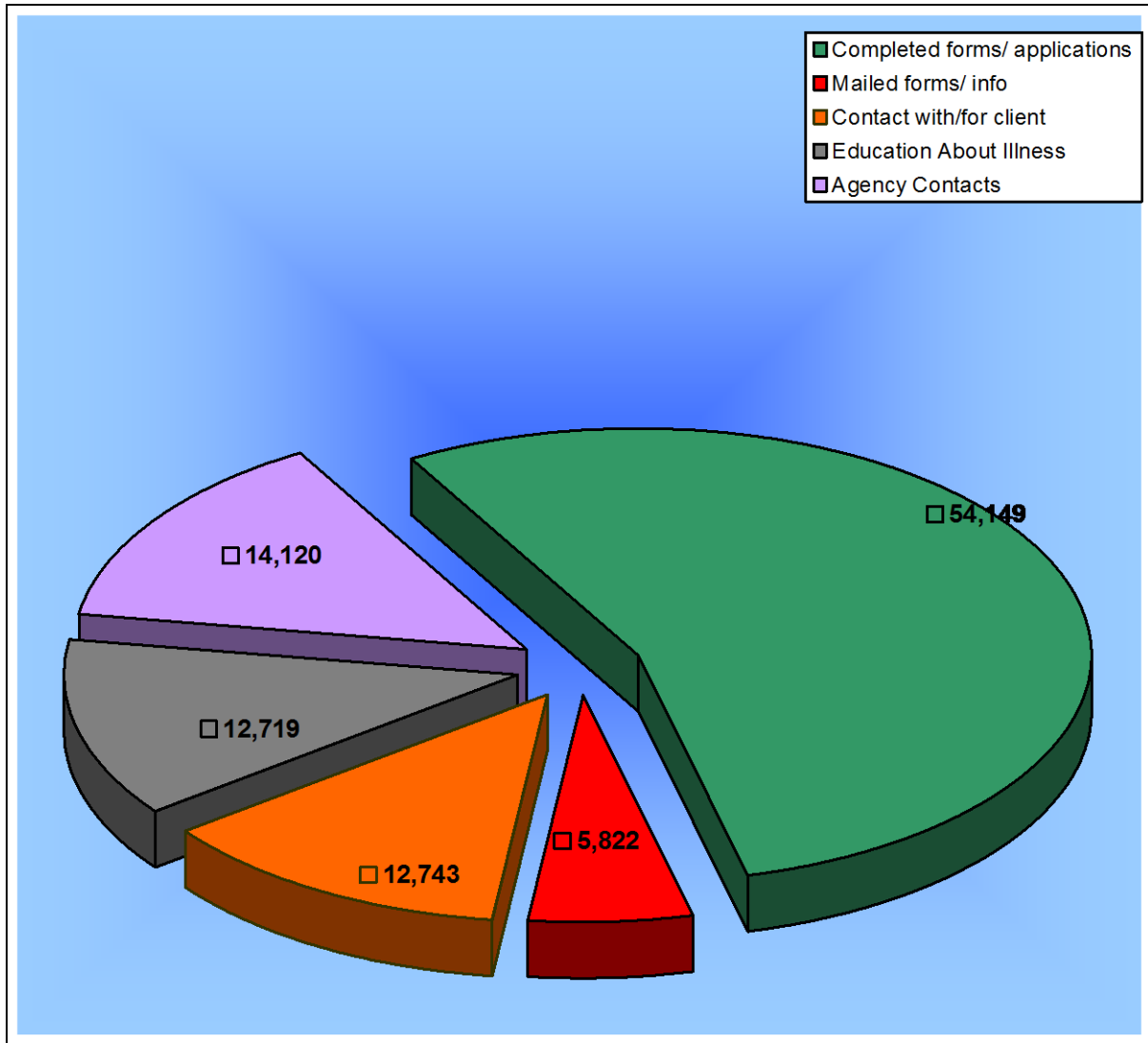


TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 4,243*

*This total represents unduplicated clients seen this quarter. Some clients may be seen more than once a quarter.

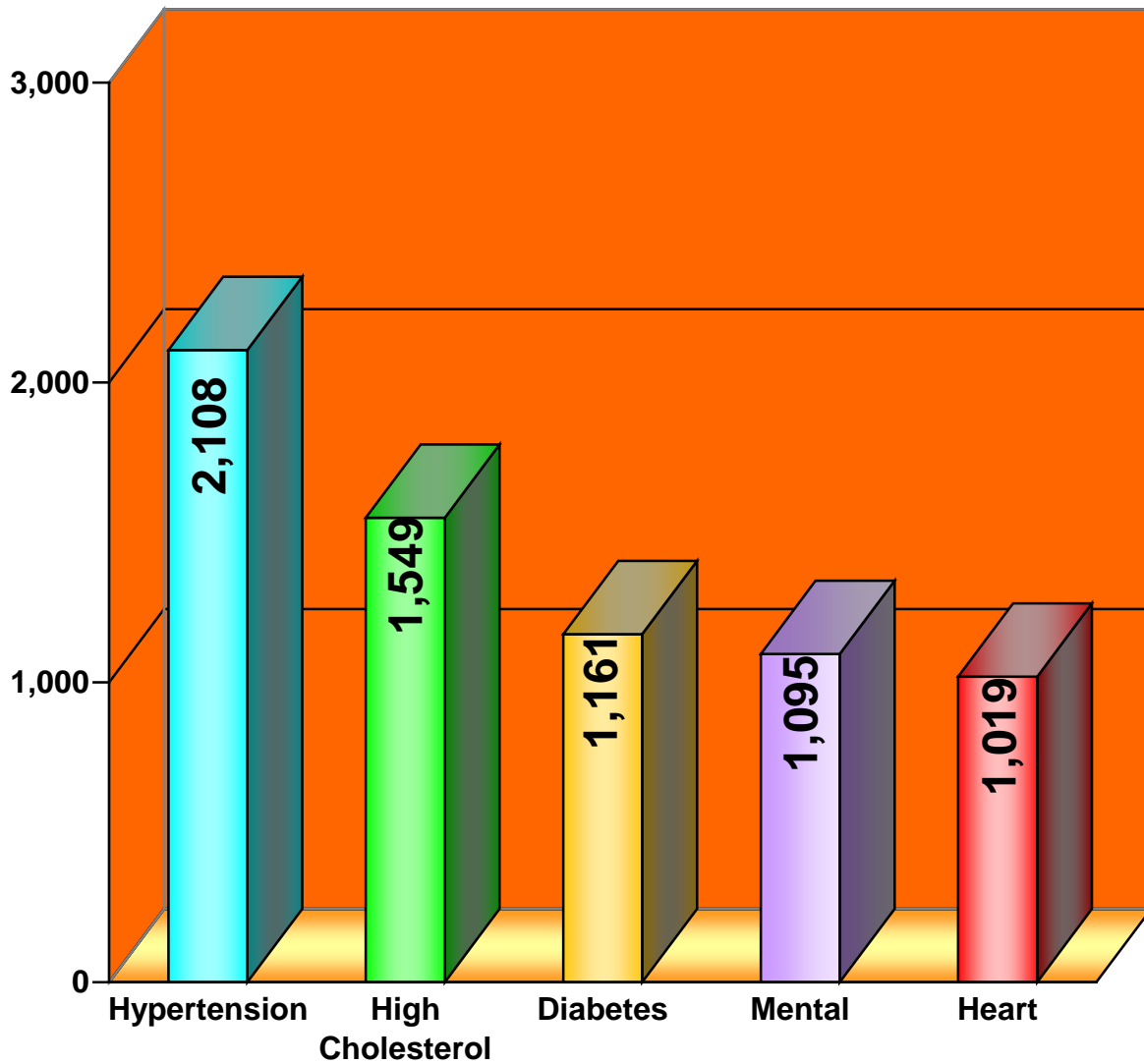
Client Services

April 1, 2012 – June 30, 2012

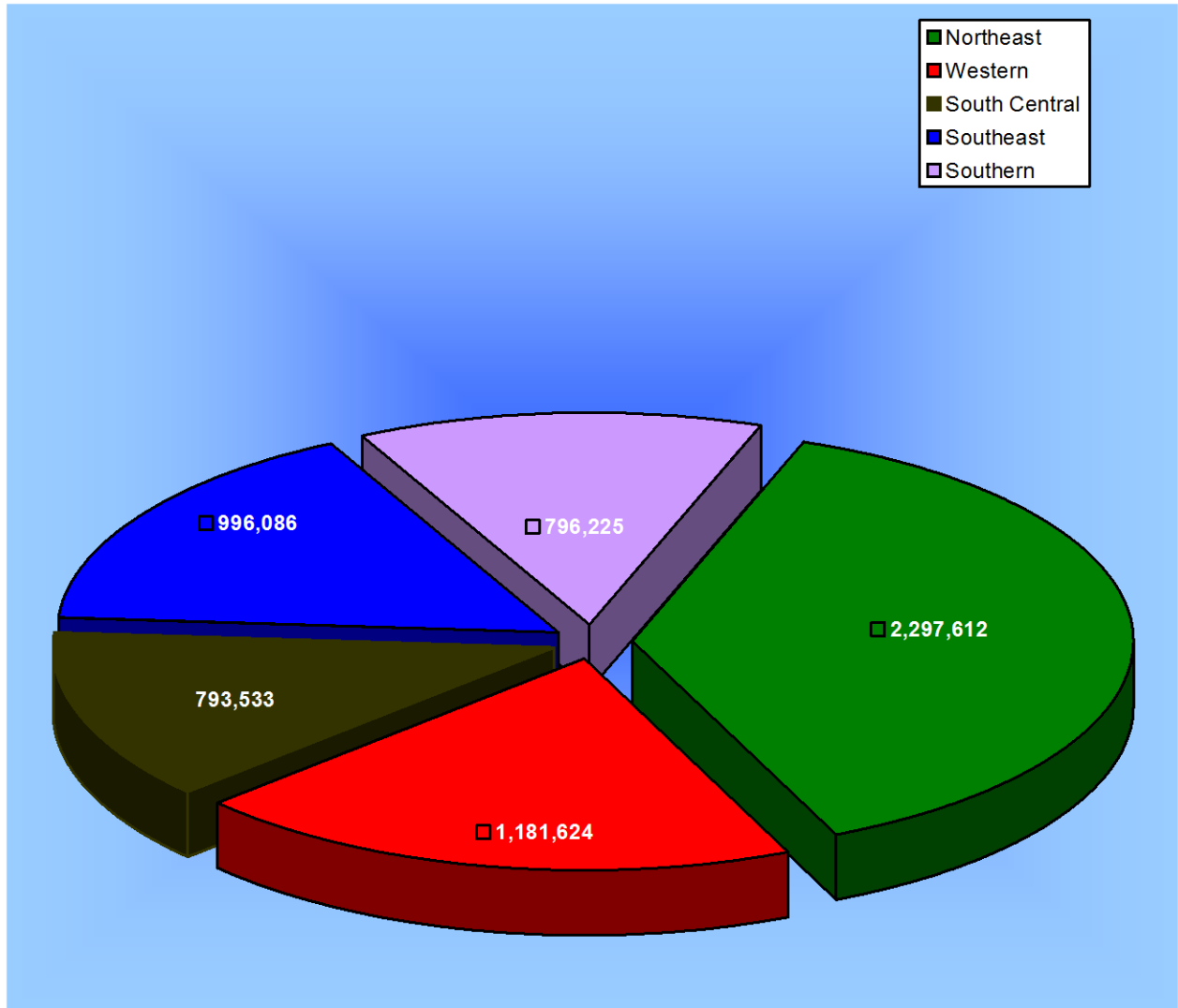


TOTAL FOR THE QUARTER: 104,553

Top Five Client Problems By Condition April 1, 2012 – June 30, 2012

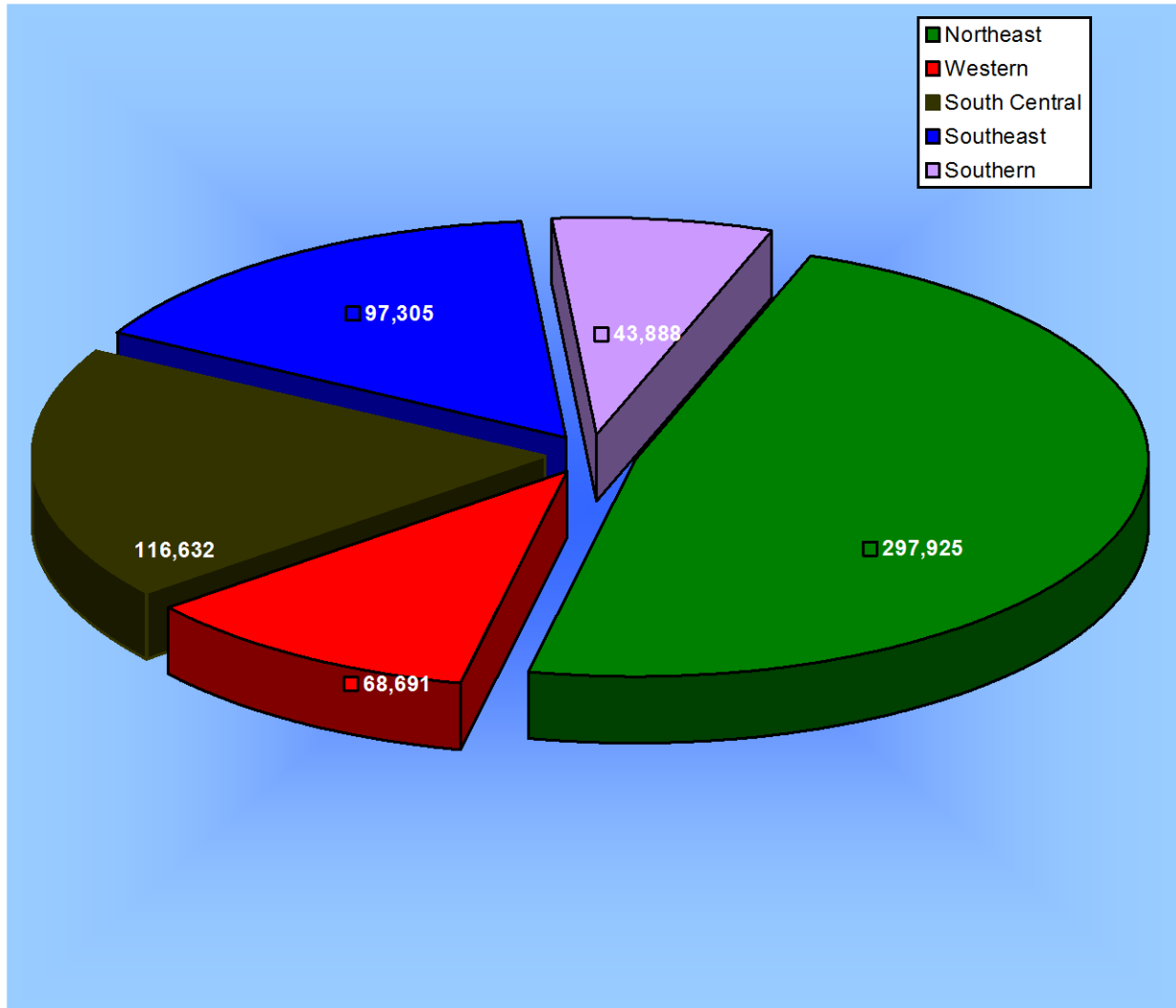


Client Medications Value April 1, 2012 – June 30, 2012



TOTAL MEDICATION VALUE: \$6,065,080

Client Services Value April 1, 2012 – June 30, 2012



TOTAL SERVICES VALUE: \$624,441*

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

REGIONAL SUMMARIES

Northeast Region

Janet Kegley

Lana Bailey

Angela McGuire

Elizabeth Smith

Shirley Prater

Judy Bailey

Regional Coordinator

FHCA (Greenup)

FHCA (Lawrence, Martin)

FHCA (Carter)

FHCA (Elliott, Morgan)

FHCA (Johnson, Magoffin)

This quarter the Northeast Region's Family Health Care Advisors (FHCAs) served 1,230 clients. A total of 39,063 services were provided to these clients, with service values of \$297,925. In addition, \$2,297,612 worth of medication was accessed on their behalf.

Janet Kegley and Lana Bailey, along with others from Kentucky Homeplace and the Center for Excellence in Rural Health presented the Improving Diabetes Outcomes (I DO) study in Denver, Colorado, for the National Rural Health Association's annual meeting (see story on Page 3).

The Northeast Region finished up the second half of the Improving Diabetes Outcomes (I DO) Study with their clients. They feel that it was definitely a success and has already helped to improve the life and health of many of their clients.

The Northeast Region had training with Robin Dalton from the Senior Medical Patrol Program on Medicare fraud. They attended the Northeast Kentucky Human Services Conference at the Rocky Adkins Pavilion in Ashland. In May, the region had a luncheon with Carl Fannin, the newly-elected County Executive Judge of Elliott County. In June, our region had a lunch meeting with Greenup County Judge Executive Bobby Carpenter, Cheryl Moore, Mayor of South Shore, and Chris Crum, Director of the Greenup County Health Department.

Janet attended Federal Emergency Management Agency (FEMA) meetings to assist those in her region who suffered during the tornadoes this spring. She is a member of the Elliott County Diabetes Coalition and is working with Greenup County to start the Remote Area Medical (RAM) for her region. She assisted with the I DO Health Days and attended interagency meetings.

Judy Bailey attended the Magoffin County Interagency Meeting. She also attended trainings and events with the others in her region. Angela McGuire attended the Long Term Recovery Meeting for tornado victims, the Health Action Meeting and the Lawrence County Diabetic Support Group at the extension office. Angela is a member of the Lawrence and Martin Counties Diabetes Sub-Committee. Beth Smith attended the monthly meetings at the Extension office for the Carter County Wellness Coalition and the Diabetes Coalition.

Lana Bailey attended the Greenup County Interagency and the Greenup County Health Department Diabetic Support Group meetings. She is a member of the Greenup Diabetes Coalition. Lana traveled to Pikeville, along with a representative from the health department, to

meet with Dr. Bill Collins to get started on the process of setting a Remote Area Medical (RAM) event in Greenup County.

Shirley Prater and Janet Kegley attended the “Spring into Health Fair in Elliott County” and “Fun in the Golden Years” at the UK Extension office. They attended the ground-breaking ceremony at the UK Extension office for the new 4-H building and had the chance to meet with Representatives Rocky Adkins and Walter Blevins, Judge Executive Carl Fannin and many others dignitaries from UK.

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 FHCAs served 907 clients. A total of 15,479 services were provided to these clients, with service values of \$97,305. In addition, \$996,086 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. The FHCAs attended a conference on Prescription Drug Abuse. The Southeast FHCAs serve on the cancer and diabetic coalitions in their area.

The Pike and Floyd counties FHCAs participated in this year’s Pike County Remote Area Medical (RAM) event including all the preliminary planning meetings held months in advance. Also, throughout the region FHCA’s represented Homeplace at the Leslie Knott Letcher Perry (LKLP) Community Action Vision Resource meetings. In addition, each FHCA worked with their own county health departments in a variety of ways.

Southern Region

Helen Collett

Michelle Ledford

Brenda Harris

Linda Thacker

Shirley Madrey

Paul Frederick

Regional Coordinator

FHCA (Clay)

FHCA (Bell)

FHCA (Lee, Owsley)

FHCA (Harlan)

FHCA (Knox)

This quarter our FHCAs served 676 clients. A total of 13,895 services were provided to these clients, with service values of \$43,888. Medication value accessed totaled \$796,224 in this service area.

The FHCAs completed the I DO diabetic days this quarter. Overall our region has seen a decrease in client Hemoglobin A1C numbers and weight. The clients have been telling us that they can see an improvement in their diabetic health because of the information and care we have shown them through this program.

Paul Fredericks held two I DO days this quarter. Shirley Madrey made contact with a new physician in Harlan who treats anyone who doesn't have insurance. This will be a great benefit to the residents of Harlan County. Brenda Harris attended a reception for a new Advanced Practice Registered Nurse (APRN) at the Lighthouse Medical Clinic. She also held an I Do education day and took a tour of the new Salvation Army facility. Linda Thacker held two I DO days and attended a local homeless shelter meeting along with Regional Coordinator, Helen Collett. All staff and the regional coordinator participated in Kentucky Prescription Assistance Program (KPAP) sample medication software training this quarter.

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 605 clients. A total of 15,475 services were provided to these clients, with service values of \$116,632 and \$793,533 of free medication provided in this service area.

An in-service training was provided by the Senior Medicare Patrol during our April staff meeting. Beth Wells was awarded her ten year service certificate and Lisa Lack was recognized for five years of service with Kentucky Homeplace. 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

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

This quarter the Western Region served 828 clients. A total of 20,641 services were provided to these clients, with service values of \$68,691 and \$1,181,624 of free medication provided in this service area.

In their individual areas, the FHCAs represented Kentucky Homeplace at meetings with the following agencies: Breast Cancer Coalitions, Head Start, Family Achievement Child Excellence Center (FACE), Interagency meetings, Family Resource Centers, Diabetic Support Groups, Trover Clinic, PrimeCare, Colon Cancer Awareness, Feed the Children meetings, food distributions, clothing giveaways, Leadership Marshall County, and working to help develop and promote new free clinics in two of our communities. As a region, we conducted our monthly staff meetings and had a wonderful Staff Appreciation Day lunch.

Client Encounters
Actual situations encountered by
Family Health Care Advisors
April 1, 2012 – June 30, 2012

I have been serving one diabetic client since 2012. Their glucose levels had been running over 500 and were totally out of control. We had shared a lot of educational material about proper diabetic management, but the client still continued in the daily habits of bad diabetic care.

I finally persuaded the client to attend the Improving Diabetes Outcomes (I DO) in December 2011. They had a Hemoglobin A1c (HA1c) of almost 12 that gave evidence that they were in a dangerous place of health. A month later, they developed a foot ulcer and had to be hospitalized for several weeks. They had also developed other cardiopulmonary problems.

As I did the follow-up home visit with the I DO program, they shared with me that all the information they had received did not register until they were flat on their back in the hospital about to lose a foot. They had been consuming regular caffeinated soda along with other unhealthy foods that was killing them. They started remembering all the things that had been taught and shared with them through Homeplace.

They started putting the information they received to work in their daily diet and activities, along with medications Homeplace had gotten them through the patient assistance program. At the last meeting, they announced proudly to the class that they had completely stop all sweetened soda, all caffeine and their life was coming back to them. In just three months they had lost 10 lbs, their HA1c had dropped 3 points and their glucose levels were now in the 200's instead of 500's. They said they give the credit to the persistent care and concern shown by Kentucky Homeplace.

My story is about a husband and wife who participated in I DO. This couple worked good jobs and had a very good retirement until she was diagnosed with lung cancer and he was diagnosed with dementia. My clients both have a Medicare Part D Plan that is good until they reach the coverage gap or doughnut hole. This gap starts for them in April, because they are both on several expensive medicines.

My clients would worry for month about how they were going to afford their medications. Homeplace has been able to find them find Patient Assistance Programs that helped them during those eight months of having no prescription coverage. Homeplace has also helped to provide them both with eye glass vouchers and a hearing aid. My clients are all special people, but these two are very special to me.

A man who was homeless and unemployed came into the office looking for help with his dental needs. He had stayed his limit at the local homeless shelter and was now sleeping on a couch at family or friends homes, when offered. Other nights he is on the street. The health department had told him that if anyone could help him it would be Kentucky Homeplace.

He had been to a dentist the week before and had three teeth extracted at a cost of \$400, which his brother had paid for him. The client was still in pain due to the sensitivity, and impaction of other teeth. He said that he didn't have to worry about food, because he can't eat much and had lost over 30 lbs. over the last couple months.

Learning the severity of his dental needs and of the cost, I told him about Remote Area Medical (RAM) coming to Pike County that weekend. The event was just three days away and they do a lot of dental procedures. I took the time to explain RAM, printed off the directions, gave him all the information to have a successful trip. He left my office with hope in his eyes, saying "I'll get there somehow and I'll call you on Monday to let you know how it went".

Monday morning after the RAM weekend in Pikeville, my client called and was in very good spirits and free of pain. He had went to RAM and said it was a humbling experience and couldn't thank RAM, the oral surgeon and Homeplace for taking care of him. He said he is free of pain; feels better than he has in a long time and now can go get a job. He said he would be in touch with me for lower dentures after he gets a pay check.

A client called me this morning and said she went and picked up her dentures and that she just loved them. She wanted to thank Kentucky Homeplace for helping her find an affordable way for her to get some dentures. She had been without her teeth for several years and was ashamed and embarrassed for people to see her in public. My client said when she went to pick up her dentures, she just sat there and cried. She was still crying as she was telling me about it. I told her that I was happy for her and that I also was glad to know that there was a program like Kentucky Homeplace that could help people in her situation. She said that we would never know how much our help had meant to her.

I had a gentleman come into my office that needed help with his medication. Due to some of the company's regulations I was not able to get all of them for him. He had been approved for disability and received Medicare but did not have a Medicare D plan. He had only been taking part of this medicine and it because he wasn't getting the correct dosages, it wasn't helping him. I did the forms for the medication that we could get and gave them to him to take along to his doctor's appointment. I also called and talked to a worker at the food stamp office and they told me to tell him to come in and they would check to see if there was anything they could do to help him.

He would stop by the office every day asking for paperwork that they needed at the food stamp office. I would make copies for him to take back to them. A couple weeks later, he came into my office and said that he had gotten a letter that he was approved for Low Income Subsidy and that he would get his part B paid for. He was also eligible to get back three months of a premium that he didn't realize he was paying. Not only would he be able to get his medicine at a cost he could afford, he was going to get his part B paid also. He left my office a happy man.

A client came into my office for help getting his blood pressure medication. He had recently been laid off his job because of a very bad hernia. He had gone several months without any income, and had no way to pay for a doctor's office visit. I referred him to our local free clinic

where he was seen in just a few days, and I was able to complete his application for his blood pressure medication. The physician at the free clinic referred him to Surgery on Sunday for his hernia surgery. Within a month, he had his hernia surgery. The operation was a success and he recuperated very well. He is now looking forward to being able to return to work and he has expressed to me how much he appreciates the help he obtained through Kentucky Homeplace, the free clinic and Surgery on Sunday.

This quarter I received a referral from the local community based office for transportation assistance. The client had been going to school and had recently moved back to the area. He had been offered a job, but had to take a drug screen test. He didn't have a vehicle but he lived within walking distance of his employment. In order to be hired, he would need to travel 60 miles one way to complete his employment drug screen test. This test needed to be completed within a short time.

He contacted me and I scheduled him an appointment and completed the necessary paperwork to enroll him in Kentucky Homeplace. I contacted the local transportation office and was able to get him transportation for his appointment. During the initial interview, I learned the client also would like to quit smoking and was concerned about a high risk of family colon cancer. I contacted the local clinic that offered a sliding fee scale and scheduled him a doctor's appointment. Now, he plans on continuing his employment, to quit smoking and to follow up with a physician about his risk of colon cancer.

Recently, I received a referral for a family requesting assistance with prescription medicines and other issues. I scheduled an office visit and enrolled both the husband and wife in the program.

The husband is 61-years-old and has Disability Social Security with Medicare Part A, B and D. He has significant hearing loss in both ears and needed hearing aids. However, they cost between \$3,000 - \$4,000 and he couldn't afford them. After completing an application for Hear Now and calling that organization and successfully getting the client pre-approved for hearing aids, I called an audiologist and scheduled a hearing test. The application has now been sent to Hear Now for final processing. Additionally, I was able to access some of his prescription medicines through the Patient Assistance Programs that are available through various Pharmaceutical Companies.

I also enrolled the client's wife in Homeplace. She has been approved for Disability Social Security but it will be two years before she become eligible for Medicare. Working with her physician's office and the Patient Assistance Programs, I was able to get all but one of her eight prescription medicines at no charge. The other medication is available on the discount \$4 plan. I continue to monitor this situation and have begun working on other issues for this family including outstanding medical bills and assistance with eyeglasses.

I had a husband and wife that came in the office for assistance getting help with medicine. During our interview, I noticed that his medicines alone were more than his monthly income. Their total income was from his disability payments. I was able to work with the pharmaceutical company and get all his expensive medications at no cost. They have only a few \$4 dollar prescriptions that are available from the discount pharmacy. I see a lot of clients in this situation

but this couple seemed so humble and so happy that Homeplace was able to help them with such a huge burden.

I had a new client who had just moved into the county from another state. He had lived and worked there for many years until the doctors declared him disabled. He has applied for Disabled Social Security and is waiting for approval. He has no income or insurance and is now living with his mother.

His has a serious heart condition and needs medicine he cannot afford. He didn't have a medical home for either his primary care or cardiology needs. I enrolled him as a client and called UK where they have a sliding fee scale. He was able to do a financial application for assistance over the phone. When his application is approved, he will be able to have his healthcare at UK at a greatly reduced rate. Until his application is approved, he can pay \$100 for immediate care if he needs it. My client was so grateful and said it was a relief to know he could receive health care when he needed it.

I had a client show up at my office after being referred Homeplace by a friend. The client had been without her medication for three months. She had lost her insurance due to her recent divorce and had no income. She was very upset. She had been a housewife all her life, had no work experience and her husband was withholding her maintenance payments. Even with all of this, she was very proud and did not want to accept charity. I talked to her and explained how our program helped people in her situation. I then referred her to the free clinic in our area so that she could see a doctor and we completed applications for her medications. I also referred her to a local food bank to help with food for the month. She has now received her medications and is working to get back on her feet.

My client came to my office seeking help after she was diagnosed with breast cancer. She found a lump in her breast and has seeing an oncologist for treatment. I completed an assessment with my client and she told me that she would have to take chemotherapy for her cancer. She has insurance, but it does not take care of all of her medical bills, and the bills she has been getting in the mail are starting to mount up. I had her get all of her bills together so I could see what we could do. I also advised her to contact the American Cancer Society for a voucher to help with gas money to help with the cost of traveling back and forth for treatments.

I contacted the Patient Access Foundation to see if they would approve her as a potential client and she was accepted into their program for help with her co-pays. She is so thankful that there are programs to assist her with the expenses she has accumulated relating to her cancer treatments. I explained that there are programs out there that can help, so that people don't have to lose everything just because they were ill.

A 47-year-old male was referred to me by the hospital. He is a diabetic and has thyroid problems. He has been doing without his diabetic medications due to being unable to afford to see a doctor. He came to my office and I filled out an application for the Disproportionate Share Hospital Program (DSH) which would allow him to see a doctor at no cost. He was approved and I filled out applications for him to get his thyroid medication and his insulin.

A client came into my office in the Medicare "donut hole". She could not afford her medications. I helped her complete all the prescription assistance program applications. She should receive almost all her medications at no charge for the rest of this year. While in the office, her husband said that he had a significant hearing problem. I made an appointment to complete a Hear Now application for him which will help with obtaining hearing aids for both ears.

I had a 19-year-old female come to my office needing help with medication. She had a respiratory illness when she was 14 that had left scar tissue on her lungs making it very hard for her to breathe. It physically wears her out just to take a shower and get ready in the morning. Her mother had become disabled and could not afford to help her with her breathing medications. She could not get a medical card because she no longer qualified because of her age. I did applications for her medications and also got her on the DSH Program through the local hospital which will help her be able to see a doctor when needed.

A client was referred from Community Base Services. He lost his Medicaid card when he was approved for Disability. He was diagnosed with stage 4 kidney cancer and is also receiving chemotherapy for bone cancer. I was able to help with medication assistance for his chemotherapy drug as well as multiple other medications.
