# **UNIVERSITY OF KENTUCKY**

# Kentucký Homeplace

October 1, 2014 – December 31, 2014

# **Quarterly Report**



Kentucky Homeplace http://www.kyruralhealth.org/homeplace

Funding for this program is made possible in part by the Cabinet for Health and Family Services.

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Front page photograph of Harlan County's Little Shepherd Trail, courtesy of Karen Pratt.

#### Kentucky Homeplace

#### My Fellow Kentuckians:

Kentucky Homeplace emphasizes education for clients on chronic disease management, healthier lifestyles and stressing preventative care. Due to recent changes in the healthcare system Kentucky Homeplace is undergoing a change to better meet the needs of our clients. The focus will be on health coaching and care coordination of our clients to improve the overall health of the people of the commonwealth. Our database has been revised effective December 1<sup>st</sup>, 2014 to reflect this change with a focus on care coordination verses number of services, service values and medication values. December 1<sup>st</sup>, 2014 through December 31<sup>st</sup>, 2014 was a transitional period in regard to information collected in the Kentucky Homeplace database. The 1<sup>st</sup> quarter 2015 report will contain data based on care coordination activities. Our goal is to assist clients to maintain the best possible health that they can by assisting them while they navigate the often complicated healthcare system.

#### Quarterly Summary

Here's a summary of services for this quarter, October 1, 2014 – November 30, 2014: the number of unduplicated clients served was **1,197**; the number of services was **14,486**; the amount of medications accessed was **\$108,652**; other services values (not medications) accessed totaled **\$150,105** for a combined total of **\$258,757**. The top client medical conditions included hypertension, high cholesterol, diabetes, eye, and digestive systems. **See page 5-10.** 

For the period December 1, 2014 – December 31, 2014 the number of Community Health Worker hours spent on agency contacts for clients was **478**, total hours on education of clients were **155** and follow-up was **106**. Kentucky Homeplace enrollment was **228** and **22** hours travel for this time period. The amount of medications accessed total **\$290,541**. (Kentucky Homeplace Program was closed for the Holidays December 25, 2014 – January 5, 2015). **See pages 11-16**.

The entire quarterly report is posted on the UK Center of Excellence in Rural Health's web page at <a href="http://kyruralhealth.org/homeplace">http://kyruralhealth.org/homeplace</a>. The report is found under the Reports tab, Quarterly Reports and then click on October - December 2014. If you wish to have a printed copy, please call 1-855-859-2374 or email me at <a href="mace.baker@uky.edu">mace.baker@uky.edu</a>.

Sincerely,

William Mace Baker, RN

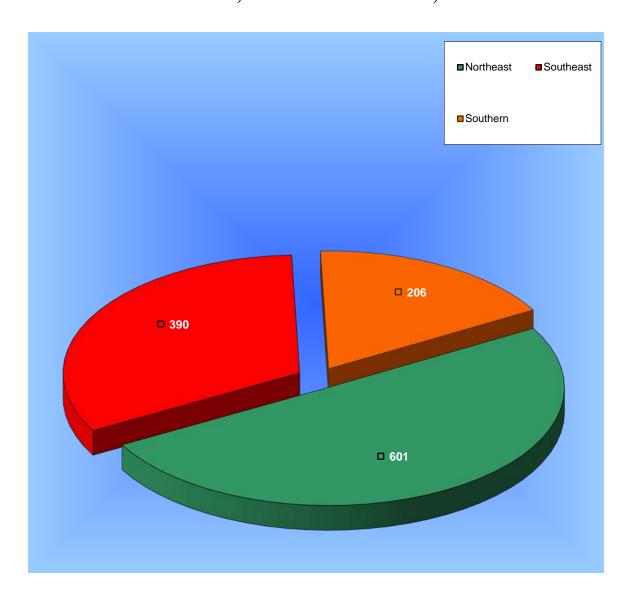
William Mare Baker

Director, Kentucky Homeplace Program

AGE DISTRIBUTION OF HOMEPLACE CLIENTS								
October 1, 2014 – November 30, 2014								
CATEGORY	FEMALE	MALE						
AGES 0 TO 4	0	1						
AGES 5 TO 12	0	3						
AGES 13 TO 14	0	0						
AGES 15 TO 19	1	1						
AGES 20 TO 24	10	6						
AGES 25 TO 44	62	57						
AGES 45 TO 64	363	233						
AGES 65 TO 74	206	122						
AGES 75 TO 84	63	47						
AGE 85 AND OVER	14	8						
TOTALS	719	478						
Median Age:	61	61						
Source: Data extracted from the Kentucky Homeplace database. Total Unduplicated Clients <b>1,197</b>								

POVERTY LEVELS OF HOMEPLACE CLIENTS									
October 1, 2014 – November 30, 2014									
	100%	101- 133%	134- 150%	151- 200%	201- 250%	251- 300%	300+%	Total	
CLIENTS	603	205	96	207	56	18	12	1,197	
TOTALS	50.38	17.13	8.02	17.29	4.68	1.50	1.00	100.00%	
Source: Data extracted from the Kentucky Homeplace database. Total Unduplicated Clients <b>1,197</b>									

#### **Total Clients Served By Region** October 1, 2014 – November 30, 2014

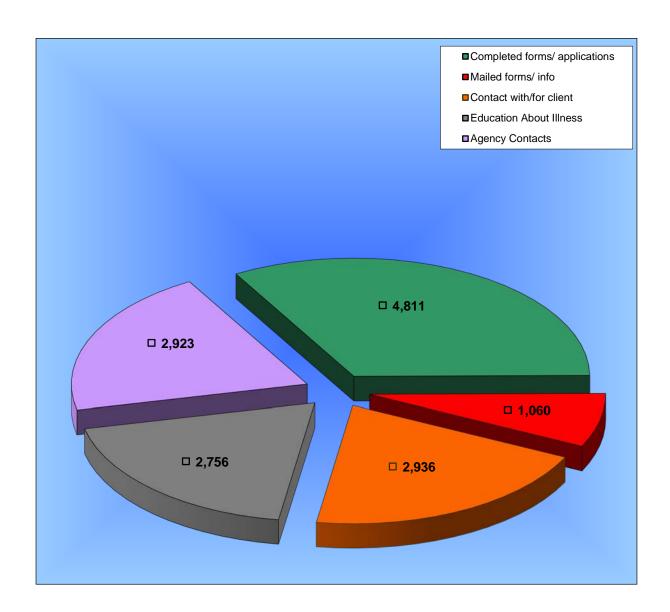


#### **TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 1,197\***

\*This total represents <u>unduplicated</u> clients seen this quarter. Some clients may be seen more than once a quarter or by more than one community health worker a quarter.

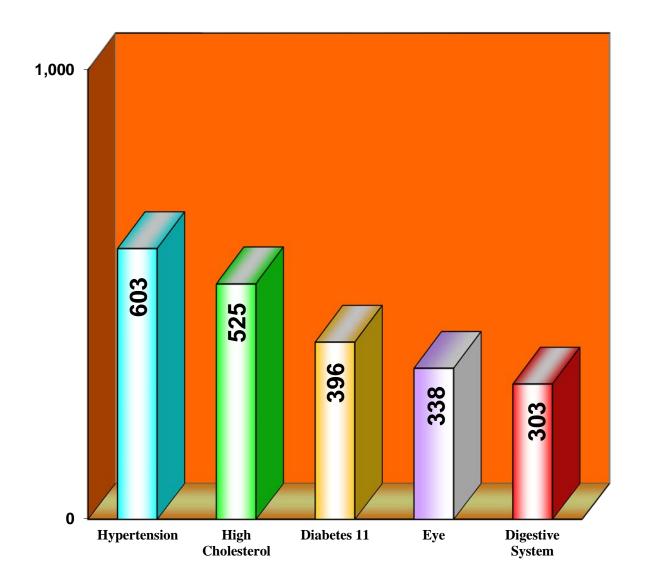
12/01/14 through 12/31/14 is a Database Transitional Period.

#### Client Services October 1, 2014 – November 30, 2014

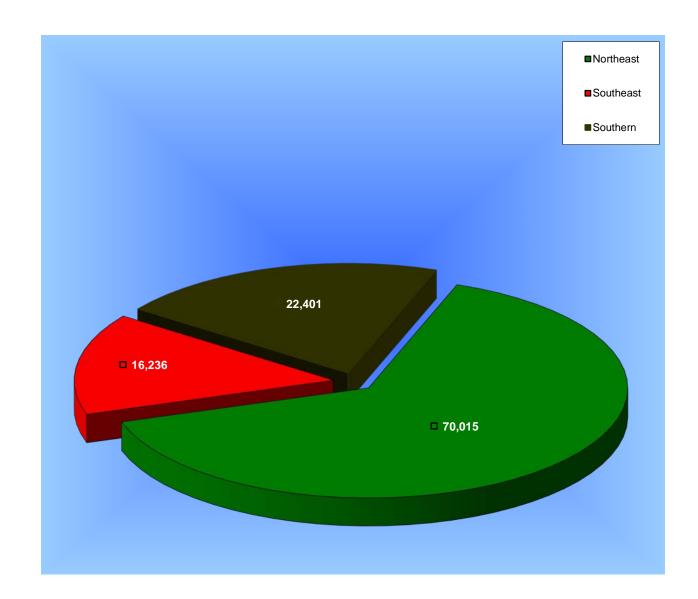


### **TOTAL SERVICES FOR THE QUARTER: 14,486**

# **Top Five Client Problems By Condition October 1, 2014 – November 30, 2014**

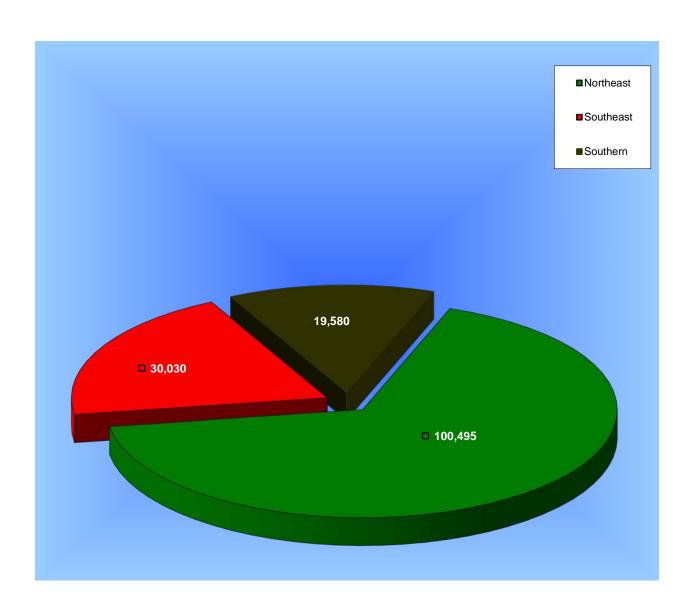


#### Client Medications Value October 1, 2014 – November 30, 2014



# **TOTAL MEDICATION VALUE: \$108,652**

#### Client Services Value October 1, 2014 – November 30, 2014



### **TOTAL SERVICES VALUE: \$150,105**

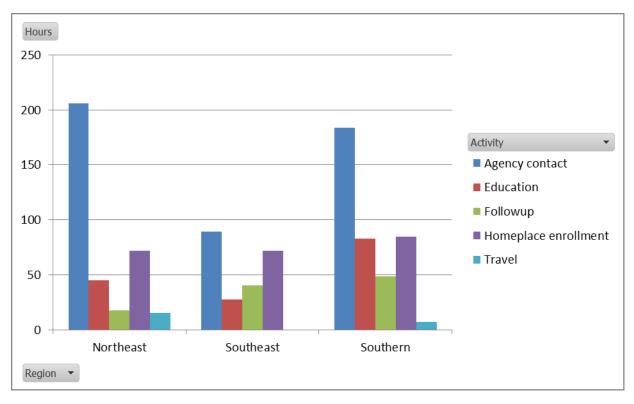
\*Services Value represents any services and supplies other than medications.

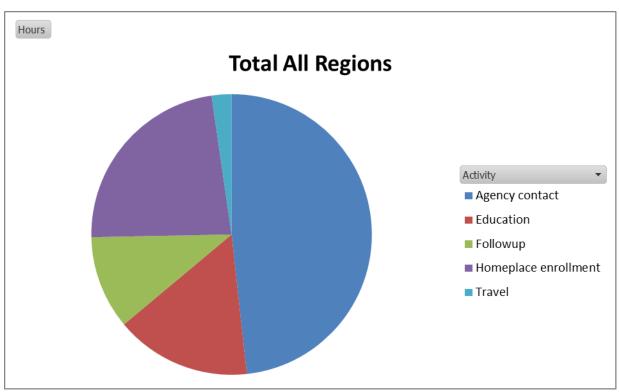
12/01/14 through 12/31/14 is a Database Transitional Period.

#### Care Coordinator Introduction December 2014

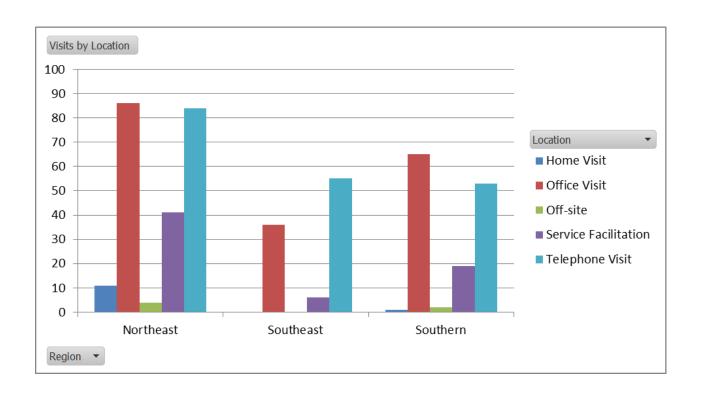
The following data reflects changes in the Kentucky Homeplace Program database effective **December 1**st **2014** through **December 24**th, **2014** (*Kentucky Homeplace Program was closed for the Holidays December 25, 2014 – January 5, 2015*). The month of December was a transitional period in regard to the types of data collected. Kentucky Homeplace Program is transitioning the data collection process away from client numbers, numbers of services and service values to that of collecting actual health measures and the impact Community Health Worker (CHW) education has on health outcomes. The first quarter 2015 report will reflect data derived from care coordination and health coaching. We look forward to reporting the results of the next three months as Kentucky Homeplace Program CHW's reach the goals of positively contributing towards achieving the goal of "Triple Aim of Healthcare" by improving our clients experience within the health care system, improving population health and reducing the cost.

#### CHW Activity Hours December 1, 2014 – December 24, 2014

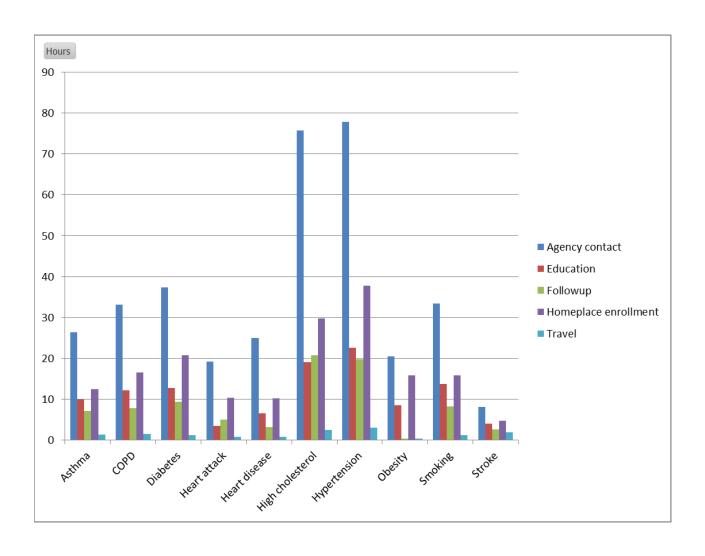




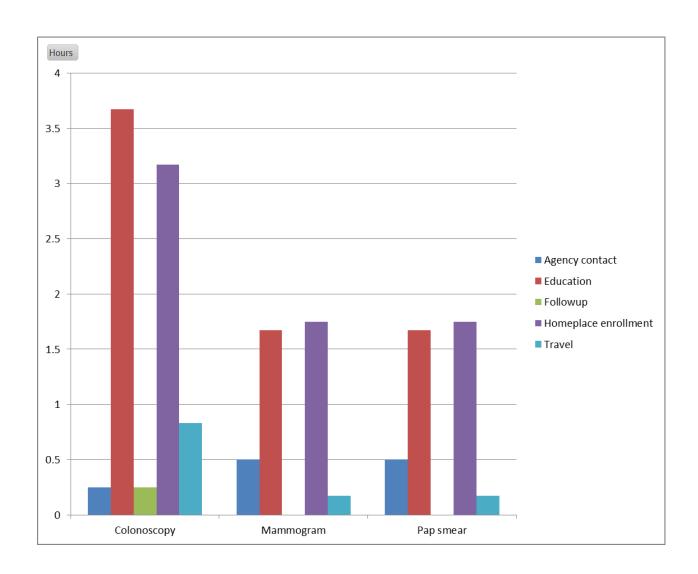
### Visits by Location December 1, 2014 – December 24, 2014



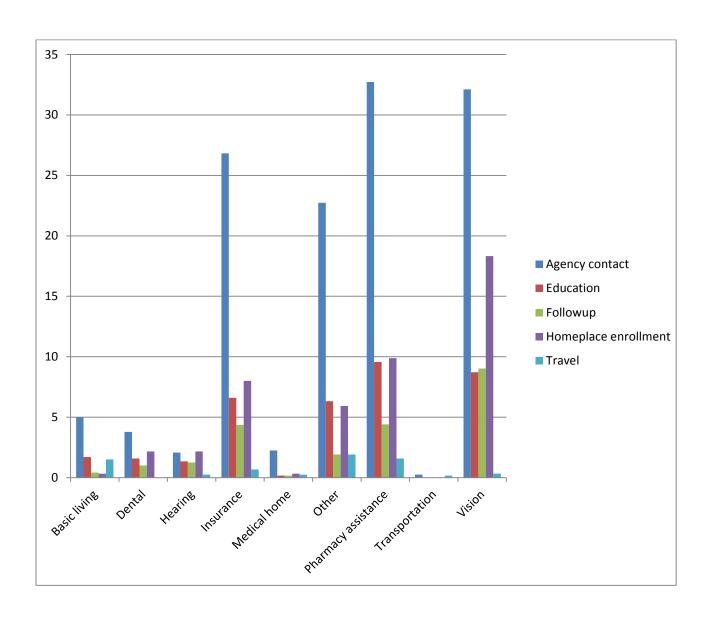
#### Client Need/CHW Hours December 1, 2014 – December 24, 2014



## Client Need/CHW Hours December 1, 2014 – December 24, 2014



#### Client Need/CHW Hours December 1, 2014 – December 24, 2014



#### **REGIONAL SUMMARIES**

**Northeast Region** 

Janet Kegley Regional Coordinator
Judy Bailey CHW (Johnson, Magoffin)

Lana Bailey CHW (Greenup)

Angela McGuire CHW (Lawrence, Martin Shirley Prater CHW (Morgan, Elliott)

Elizabeth Smith CHW (Carter)

This quarter our Community Health Workers served 602 clients. A total of 8,416 services were provided to these clients with service values of \$100,495; and \$70,015 of free medication provided in this service area.

The Community Health Workers along with their Regional Coordinator attended two trainings in Hazard on a new database. The region also attended the FIVCO District Cancer Conference along with the Kentucky Cancer Program. The region attended the Annual Holiday Party in Hazard at the UK Center of Excellent in Rural Health.

Judy Bailey attends the monthly diabetes meeting at the Magoffin County Health Department along with several of her clients.

Lana Bailey is a member of the Greenup County Diabetes Support Group and the Greenup County Diabetes Coalition. Lana presented an educational presentation on the importance of getting your vaccinations if you have diabetes. Lana attended the Greenup County Interagency meetings.

Angela attends the interagency meetings in both Lawrence and Martin County. She is a member of the Health Advisory Team (HAT) and attends those meetings monthly. Angela held a diabetes shoe clinic for several clients to make sure they had comfortable shoes. Angela is a member of the Lawrence County Diabetes Coalition and attends monthly meetings at the UK Extension office with several clients.

Shirley Prater attended the interagency meetings in Elliott, Morgan and Rowan County. Shirley was part of the Terminate Lung Cancer (TLC) Focus Group for the Northeast East region of Kentucky in both Morgan and Elliott County. Shirley attended meetings for the "Bridges to Home" in Morehead at St. Claire Regional Hospital and completed a four hour training session. Shirley assisted CHW Beth Smith with the Carter County Diabetes Support Group. Shirley along with two of her clients completed the Certification "Community Involvement in Research" at St. Claire Outreach Clinic in Sandy Hook.

Beth Smith has worked very hard with her Diabetes Support Group this quarter. For the past six month many from the group has shown improvements in their overall health. Attendance at this meeting averages around twenty-five participants. Beth attends the interagency meeting in Carter County each month.

**Southeast Region** 

Ralph Fugate Regional Coordinator

Barb Justice CHW (Pike)

PollyAnna Gilbert CHW (Wolfe, Powell)
Cecily Spicer CHW (Breathitt)
Katherina Hamilton CHW (Floyd)
Beverly Blackburn CHW (Knott)

This quarter our Community Health Workers served **390** clients. A total of **3,412** services were provided to these clients with service values of **\$30,030**; and **\$16,236** of free medication provided in this service area.

This quarter Julia Keene the CHW for Breathitt County retired. She was an employee of Kentucky Homeplace for 15 years.

This quarter our CHW's were once again very active in their individual counties. Each attended interagency meetings, local health fairs, diabetic education and diabetic shoe distribution days. Our region attended two trainings at the center in Hazard regarding the newly revised database. We had 2 CHWs from our Big Sandy region attend the Big Sandy agency coalition meeting which includes several other neighboring counties as well. In addition, we had one attend the TLC meeting in Hazard. We had another CHW participate in the commodity food distribution program which assisted over 200 families get necessary food baskets. Our Pike Co CHW, also attended and managed a group of clients for the Lung Cancer initiative, which is collecting data demonstrating the effects of smoking and it's relation to the high rate of lung cancer cases in our regional area. Finally, two of our CHWs organized, planned, and held Diabetic support groups in their individual counties. Overall it has been an active final quarter of 2014 for our SE region as they continue to be vital part of improving our region's overall health outcomes.

#### **Southern Region**

Helen Collett Regional Coordinator

Michelle Ledford CHW (Clay)
Kathy Slusher CHW (Bell)

Samantha Bowman

Hannah Clem

CHW (Lee, Owsley)

CHW (Harlan)

CHW (Knox)

This quarter our family health care advisors served **205**. A total of **2,658** services were provided to these clients, with service values of **\$19,580** and **\$22,401** worth of free medication was provided in this service area.

This quarter the Southern Region welcomed Hannah Clem as the Community Health Worker for Harlan County.

Various interagency meetings were attended to learn about resources available to better serve our communities. Paul Frederick and Coordinator Helen K. Collett attended a Woman's Health day at the Knox County Hospital.

All staff attended training in Hazard this quarter to learn about changes our program will be undergoing in the coming months.

Michelle Ledford hosted a Lung Cancer focus group meeting in Manchester and attended a teleconference concerning the Lung Cancer research group. Samantha Bowman attended a health advisory meeting and an Early Childhood Education meeting.

#### **Client Encounters**

#### Actual situations encountered by Community Health Workers October 1, 2014 – December 24, 2014

- Both men and women walk into my office everyday with needs that are life altering to them. Things you and I take for granted are needs like being able to eat their next meal. I received a call one evening from a lady that told me she was now receiving Medicaid benefits and was in need of a wheel chair. Her doctor had told her that she needed to exercise. She also agreed that she needed exercise but was unable to walk very long at a time. She told me that not being able to walk was very embarrassing to her children when she came to school events. After talking with one of my co-workers I found out that some wheelchairs had been donated to Kentucky Homeplace. Even though my client had insurance she was not able to get what she needed. With the help of donated wheelchairs I was able to give my client peace of mind.
- The next day a very kind and meek lady came to my office with several needs. She had been abandoned by her husband 25 years ago and left with only a small mobile home that was uninhabitable; drafty windows, leaky roof, holes in the floor and no heat source. After assessing her needs I found out she had not had an eye exam or glasses in twenty-five years and was not legally divorced from her husband. I called a local optometrist and scheduled her for an eye exam and contacted a program that would pay for her eyeglasses. I also contacted a housing program that could assist her in finding a healthy place to live. After talking with several people and filling out much paperwork, I was able to put a little sunshine in this person's life. My client said this was the first time she had hope.
- A couple surviving on very little "no income status" became clients several years ago. The female was a severe diabetic and the male has heart disease, high cholesterol and high blood pressure. I was able to get all their meds for them at no cost which was over \$3000 a month. With the new Affordable Health Care the female qualified for Medicaid and the male finally received his disability along with Medicare. The couple attended the IDO (Improving Diabetic Outcomes) research project funded by Anthem Blue Cross and conducted by Kentucky Homeplace. They also attended the diabetic cooking classes plus accepted all the educational material I could give them. Both are doing much better at this time. So this couple wanted to give back to Kentucky Homeplace with a truckload of wood that was split and ready to burn. They said they would deliver the wood and stack it for someone that couldn't. So I went to a couple that needed heating assistance and explained what this couple wanted to do. They were so thankful for the wood. Now the couples have a special bond and are very appreciative of Kentucky Homeplace

- I have a client that used to need Kentucky Homeplace services but when the ACA insurance came out she qualified for Medicaid. She received Medicaid for nine months. She recently got married and due to him working she lost her coverage. His income is under \$2000 a month and she could not afford to purchase her medications. After reenrollment, she sat across from me at my desk and let out a sigh. She said she doesn't know what she would do if it wasn't for Kentucky Homeplace and the assistance that she has and is receiving from us. She stated that this month she was unable to purchase all of her meds and was doing without a few of them because of the cost. With Lantus being one of the medications for her diabetes, I told her that she is eligible for the Patient Assistance Programs and she should receive her medications in about 30 days. She wanted to know if there was anything she could do for us and said she would not ever forget the gratitude she has for our services. I told her that I was just glad there was help out there for her and I was so happy she will be getting her medications free.
- A few weeks ago I saw a former client of mine one evening. She was carrying clothes out to her car. I asked her how she was and she said it was bad. Her husband of 20 years and her had recently divorced and she was moving from a friend's home to a family member's home. She said she was homeless with one of her daughters. The other two stayed with their father when my client left him. I saw her again in my work building, evidently she had got a part time job with another outsource. We spoke a few times but nothing out of the ordinary. A local Church had given me six food baskets for some of my clients. I had gotten in touch with five of them and confirmed with them that they were to receive them. I struggled with the last one, wondering who I should take it to. I came back to the office after getting them and I saw this client of mine. I got in touch with her and asked her if she could use a food basket from a church here in town. She started to cry and said she could use anything we could do for her. She hugged me and went on to say how much she felt like a failure and was unable to help her family purchase a thing for the Holidays. She asked that I thank the church for the food but to also thank Kentucky Homeplace for allowing this to happen in her life. She said she was at rock bottom and this gesture of help was showing her a light at the end of the dark path in which she has been walking.
- I had a family of four come in for an appointment that needed help with co-pays for their medication and a child that needed eyeglasses. The mother said that they did have insurance but the co-pays were so much that they could not afford them. The insurance would not pay for the child's eyeglasses. As I enrolled them into the Kentucky Homeplace program I realized that they could be eligible for Medicaid. First, I applied for glasses for the child and submitted a form to an agency that helped children that could not afford eyeglasses. He was approved and we made an appointment for the next day to

get his exam and be fitted for glasses that would not cost the family anything. The child was in need of many things and I was able to help the family in many ways. The family came back in sometime later and told me that when they came to Kentucky Homeplace they really did not know what they were coming here for. They had been referred by another agency, and were told that Kentucky Homeplace was the place that has many helpful resources and if anybody can help you they can. I was grateful that I was able to asset this family in their time of need.

- My client is a regular client that we have helped throughout the years. He has Medicare but he does not have a drug plan. Throughout the years he has been on several medications for his hypertension, cardiac issues, diabetes and other health conditions. The pharmaceutical companies remove and add medications every year and most of his medications have been removed except for one. His doctor prescribes the lowest cost generic medications for his conditions and has begun sending them to (a big name pharmacy). First of all, (the big name pharmacy) is not "just down the road" from here, it is at least 30 miles (one direction), and then add the cost of the prescriptions, so one trip to (the big name pharmacy) can be quite expensive. When he came in to see me for help with his medications he had already gone to see an insurance agent about a Medicare "D" plan and was advised against it. I reviewed the cost from (the big name pharmacy) compared to the mail order pharmacy; he was able to save \$70 for a 90 day supply on his heart medication, yes SAVE \$70 on one medication. Overall for 3 medications, he could save \$189 on 90 day supply, he was ecstatic!
- I had helped a client with their medication earlier this year. Last November they had to have a special Cancer treatment medicine. They used to have insurance prior to help with the meds. But now their co-pay was going to be over \$3,600 through a specialty pharmacy. When they got the news on how much the medicine was going to cost they gave up hope that they could ever afford it. They called and explained the situation and I immediately contact the specialty pharmacy on their behalf to see what could be done. They explained to me that the client had no other option. I contacted Commitment to Access on the client's behalf and found that they were still enrolled to receive medicine with a 25 dollar co-pay for a 3 month supply. I stayed on a three way call for almost an hour and forty-five minutes pleading the client's case that they were eligible for help. After the lengthy call the specialty pharmacy approved the medication, expedited shipment to the client and the bottom line price was the \$25 co-pay. I know this scenario sounds so familiar to what Kentucky Homeplace has done for clients throughout the years but what makes this so special is at first the client had a \$3,600 copay for 3 months' supply of meds and after our assistance they only had to pay the \$25 co-payment. But if the client had to pay for the medication it would have cost \$17,000.00.

- I received a call this quarter from a social worker at Cumberland Valley Comp Care who stated that she had a patient that was in need of glasses. I scheduled the patient an appointment and the social worker and client came into my office. The patient was so gracious and talked about how if she could see better that she would like to get a job and be able to take care of herself. I realized then that this lady was having a really hard time, she had stated that her husband had left her and that she had a nervous breakdown. I placed a call to my supervisor asking about getting her a New Eyes for the Needy voucher and explain to my supervisor the situation. My supervisor then stated that she had a voucher that she could give to her now and that I could pick it up tomorrow at our meeting. I told my client that and she busted into tears and said you just don't know what this will mean to me. The client was so gracious. This was such a rewarding situation for me and her.
- This quarter I have worked with many clients with a lot of needs but one client in particular, is a client that works at a local nursing facility and has for over twenty years. This client came to me in desperation after being denied assistance at every place she had turned to for help and guidance. My client had previously been sick and had to receive emergency surgery but because of high co-pays deductibles, and total out of pocket cost affiliated with her insurance, my client was having a difficult time paying her largely accrued medical bills. Once I signed her up I began contacting many different agencies and even though most said that no assistance was available, I didn't give up. My clients medical bills have went from more than \$30,000 dollars, which would have been a year and half of her salary down to less than \$200.00 dollars. My client said that she didn't know what she would have done if it wasn't for the help and dedication that she received from KY Homeplace.
- This quarter I had a client who was having trouble getting her diabetic medicine. I completed forms for her medicine and gave her education information on how to control her diabetes. She started receiving her medication regularly. She followed up with me to discuss her levels are dropping. She needed the extra information to help her understand how to control her diabetes.
- One of my clients was referred to my office from our local eye care provider. During our meeting she shared that it had been over ten years since she had new glasses. I explained to her the options we had for eyeglasses. When she heard she was eligible for assistance, her eyes filled with tears. She stated it took all the money she got from Social Security just to survive, and she didn't know how she would be able to purchase new eyeglasses.

Before leaving my office she asks if she could give me a hug for helping her. It really warms your heart when you see someone that is so appreciative

- Since the Affordable Care Act went into effect my office has been taken over by people needing glasses. Thousands of people now have insurance that pays for a yearly eye exam and many of them have not had an exam since they were in school. This client came in to see if I could help him with glasses, the ones he was wearing were 14 years old and had glue around the edges and the corner of one lens was missing. I took his information, enrolled him into the program and applied for New Eyes for the Needy for him. His voucher came just before Christmas and he was thrilled. He said it was the best Christmas gift he could have received.
- I had a client to come in this quarter that was having problems with his feet. After our interview I was able to get him connected to local agency to get his Diabetic Shoes. I referred him to agency to assist him in getting help with housing and he is now working on getting his Social Security. He is having problems with his memory and hasn't been able to work for the past year. I will continue to work with him and assist him in getting the services he needs.