

Harvey County Community Health Initiative

A. Fact Sheet – August 2005:

Who: The Harvey County Health Task Force and Health Ministries Clinic, Inc. are working together with a common goal: expansion and future success of Health Ministries Clinic by evolving into a Federally Qualified Health Center Look Alike (FQHC LA) entity. Tina Payne is Coordinator of the Harvey County Community Health Initiative. Cathy Harding is the contracted consultant and will prepare the application.

Why: We have been encouraged to explore this possibility by the Kansas Department of Health and Environment (KDHE) and Kansas Association of the Medically Underserved (KAMU).

Harvey County ranks:

- 16th in total population (Census 2000: 32,869 residents)
- 14th in number of Medicaid beneficiaries (4,642 beneficiaries)
- 81st out of 105 in number of physician visits per Medicaid patient per year (Harvey County avg 2.38 visits; Kansas avg 5.40 visits) while the number of physicians in Harvey County is slightly higher than the Kansas average (Physician to population ratio: Harvey County 1:432; Kansas 1:424).
- 14th out of 95 in number of hospital ER visits per year for counties with hospitals (Harvey County 499 visits; Kansas avg 348 visits)

Targeted study (Summer 2004) by independent analyst found:

- 24.1% of the general population living in poverty in 2000
- 30% of respondents had an immediate family member without health insurance
- 18% of respondents did not have a regular physician
- 40.5% of respondents went without health care in the last year (Dental 24.9%, Primary Care 19.2%, Pharmaceutical Services 15.5%)
- Reasons were: affordability (23.9%), high cost of co-payments/deductibles (11.2%), lack of insurance (11.2%)

What: A FQHC Look Alike (LA) entity provides medical care to persons with no insurance, insurance with high copayments/deductibles, Medicaid, Healthwave, Medicare or any other insurance plans. Medical care includes primary care, mental health and dental services. Even though no Federal Grant funds are received with this designation, as a FQHC LA Health Ministries must offer access to anyone regardless of insurance status or ability to pay. However, the target market is the underserved (individuals living at or below 200% of Federal Poverty Level). Reimbursements from Medicaid and Medicare are at an enhanced (cost basis) rate, as compared to 30-50% of cost for other providers. The enhanced reimbursement rate offsets the loss of patient fees from the uninsured living in poverty. Over 15 million patients in rural and urban areas across the country utilize health centers as the primary source of health care.

About Health Ministries:

- Faith-based non-profit organization founded in 1991 – Staffed by volunteer medical professionals. Offers basic primary care, dental and mental health services. Works closely with area providers and hospital for referral needs.
- In 2004, Health Ministries served 1,360 uninsured patients from the four-county area (Harvey 84%, Marion 6%, McPherson 5%, Butler 5%). Newton residents account for 67% of total patient population.
- This represents a 32% increase over the past three years.
- Of the total patient population, 23% were of Hispanic origin.
- Of the total patient population, 10% were children.
- Of the total patient population, 64% lived at or below 100% of Federal Poverty Level (29% from 101-150% FPL; 7% from 151-200% FPL).
- Once fully functional as an FQHC, will serve a minimum of 3,000 patients regardless of insurance status or ability to pay.
- Budget is heavily funded through grants and donations. The 2004 Budget revenue sources were grants (58%), contributions (27%), patient fees (12%), interest and other (3%).
- Summer 2005 received a two-year \$100,000 Sunflower Foundation Bridge Grant to hire an ARNP and part-time supervising medical director.
- Diversification of client base (accepting other than uninsured) will increase patient fee revenue. Once designated as an FQHC, Medicaid and Medicare reimbursements are made at an enhanced rate to offset the loss of revenue from the uninsured sector.
- May consider filing an application for Community Health Center grant funds in the future (up to \$650,000 per year). However, CHC Grant funds are intended to fund only 25-33% of the total budget.
- Actively seeking other revenue sources (Rural Health Outreach Grant, contractual agreements with businesses not offering health insurance to employees).

B. Assistance Needed:

The cornerstone of every successful initiative is an involved community. Evidence to both community input during the planning phase and support for ongoing activities is **mandatory**. Some examples of community involvement:

- Letters of support from Local Elected Officials
- Letters of support from Community Partners, Stakeholders and Leaders
- Impact statements from Current & Potential Consumers
- Service as Board Members (51% of Board must be Consumers of health center services)
- Participation in Public Forums
- Completion of surveys
- News/Media Coverage
- Financial and/or In Kind Support to offset Start-up Costs
- Financial and/or In Kind Support for Ongoing Operations

C. Impact:

- ✓ Affordable, accessible comprehensive health care for those without a medical home (there are an estimated 7,543 underserved Constituents in our community and over 13,000 uninsured individuals in the four counties).

- ✓ Improved overall health status of the community through disease/care management and system improvement – targeting chronic illnesses prevalent in the population.
- ✓ Collaborations with other service providers, reducing client time and agency expenses.

Contact Information:

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<p>Harvey County Health Task Force Members: Robin Ediger, SRS Rita Flickinger, HV Co Health Department Jessie Kaye, Prairie View Paul Lavender, Newton Medical Center Nancy Martin, Health Ministries Clinic Pam McCullough, DDS Ted Cook, MD Susan Rhoades, Health Ministries Clinic Marge Roberson, Harvey County BOCC Craig Simons, HV Co Administration</p>	<p>Health Ministries Clinic 2005 Board of Directors: Susan Rhoades, President John Torline, Vice-President Amy Mitchell, Secretary Robert Sjogren, Treasurer Thea Ferguson Terry Fruechting Paul Lavender Erwin Olson, MD Alan Smith Connie Weber, ARNP Stan Zienkewicz</p>
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Harvey County Community Health Initiative

Expansion of Access to Care for the Dentally Indigent

Harvey County, Kansas

A. Fact Sheet – September 2005:

Who: Prairie Star, a safety-net clinic located in Hutchinson, is interested in combining resources with providers in Reno and Harvey Counties to expand access to dental health services. The catalyst for this initiative was Prairie Star's intent to apply for a Rural Health Outreach Grant (refer to RHOG Executive Summary for details). Parties invited to collaborate include (but are not limited to): Health Ministries Clinic, Harvey County Health Department, Reno County Health Department, Harvey County Interurban, RCAT (Reno Co. transportation). Dental professionals in both counties were consulted individually to offer input on the future of dental health delivery.

Why:

- A targeted needs assessment of the Health Ministries service area (Harvey, Butler, Marion, McPherson Counties) performed in Summer 2004 found that 40.5% of respondents were unable to obtain needed health services within the last year. The number one unmet health care need was dental (24.9%), second was primary care (19.2%), third was prescription drugs (15.5%). (Assessing the Health of Our Local Communities, 2004)
- Harvey County has just 13 dentists serving a population of 32,869 (KDHE, Census 2000).
- Dental screenings in Harvey County schools (Fall 2003-Spring 2005) found that over 75% of all children screened were referred on for follow-up dental care (Harvey Co Health Dept.)

What: Representatives from Harvey and Reno Counties (see list on following page) met to brainstorm ideas on August 2, 2005. Working within the grant program requirements, the group decided to establish fully-functioning dental clinics in each respective safety-net clinic (shared dentist and hygienist). Health Departments would be involved in the outreach component, organizing educational activities in schools, early childhood education facilities, WIC programs and physician offices.

Where: Health Ministries Clinic in Newton has one fully-equipped dental operator and room for an additional dental hygiene operator. PrairieStar has located a former dental office in Hutchinson with a building owner willing to remodel at a charitable rate.

When: RHOG deadline is September 23, 2005. Planning group members are quickly putting the pieces in place to meet the deadline. Announcement of RHOG award is anticipated in May 2006. The group is proposing proceeding ahead with establishment of the dental clinics pending award announcement.

How: Following consultation from Kim Moore, Executive Director, United Methodist Health Ministries Fund and Jason Wesco, Community Development Director, Kansas Association for the Medically Underserved (KAMU), the planning group is confident grants will be available from private foundations to fund start-up costs. This is a fairly new concept in Kansas, but one that could be replicated in other areas of the State. Additionally, as a non-profit organization, the regional dental consortium will receive fee-for-service

reimbursement from Medicaid. It appears that this reimbursement rate is better than the encounter-based reimbursement received by FQHC entities. Medicaid reimbursements will be a major source of revenue, especially considering Harvey County ranks 16th in the State in total population, while 14th in the State in number of Medicaid recipients. At this point, the clinic does not plan to accept private insurance. Therefore, there should be little or no adverse effect on existing dental practices. In fact, planned outreach activities in the Schools will likely have a positive impact by encouraging parents of privately insured children to seek preventive dental care.

B. Assistance Needed:

The cornerstone of a successful grant application is an involved community. Evidence to both community input during the planning phase and support for ongoing activities is **mandatory**. Some examples of community involvement:

- Letters of support from Local Elected Officials
- Letters of support from Community Partners, Stakeholders and Leaders
- Impact statements from Current & Potential Consumers
- News/Media Coverage
- Financial and/or In Kind Support to offset Start-up Costs
- Financial and/or In Kind Support for Ongoing Operations

C. Impact:

- ✓ Affordable, accessible dental health care for the estimated 7,543 underserved Constituents in our community.
- ✓ Improved overall health status of the community by identifying signs of disease, abuse, and/or preventable behaviors.
- ✓ Referral source for Health Ministries' patients needing access to dental care (required for FQHC entities).

D. Contact Information:

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Dental Project Planning Group Members:

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