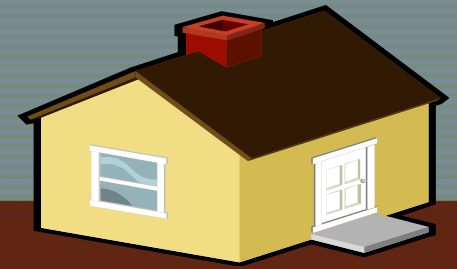


PINELLAS COUNTY HEALTH DEPARTMENT
LOW INCOME POOL GRANT

Claude Dharamraj M.D., M.P.H., F.A.A.P.
OCTOBER 20, 2010

PRIMARY CARE

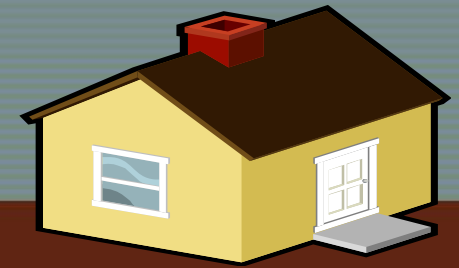
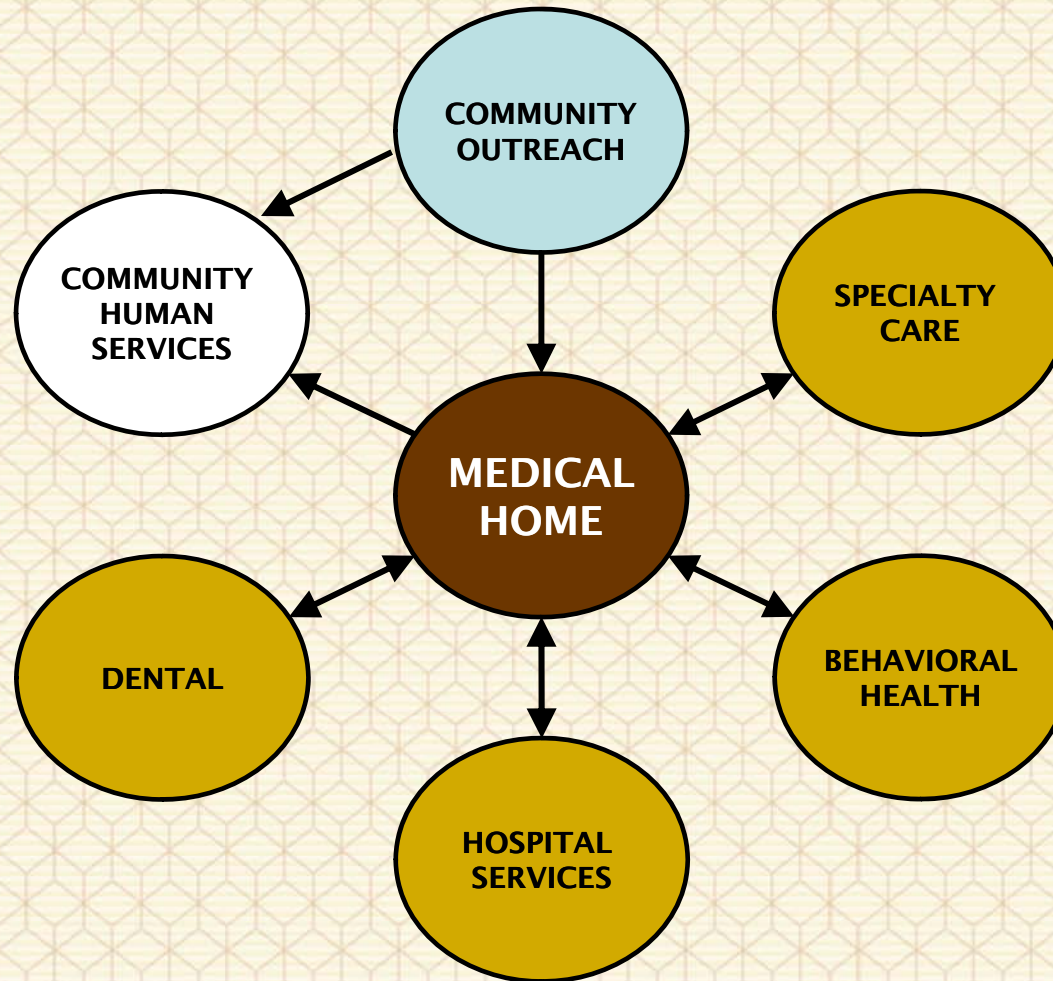
- Began October, 2008
- Low-income uninsured adults
- Medical home model
- **Goals:**
 - Increase access
 - Improve health status
 - Reduce health disparities
 - Decrease cost



MEDICAL HOME LOCATIONS

- St. Petersburg Health Center
- Pinellas Park Health Center
- Clearwater Health Center/
Willa Carson Health Resource Center
- Tarpon Springs Health Center
- Turley Family Care Center
- Bestcare

MEDICAL HOME MODEL



MEDICAL HOME SERVICES

- Primary medical care
- Lab work & screening services
- Wellness & prevention services
- Prescriptions
- Case management
- Disease management
- Nutrition education & counseling
- Referrals
 - Behavioral health
 - Specialty care
 - Dental

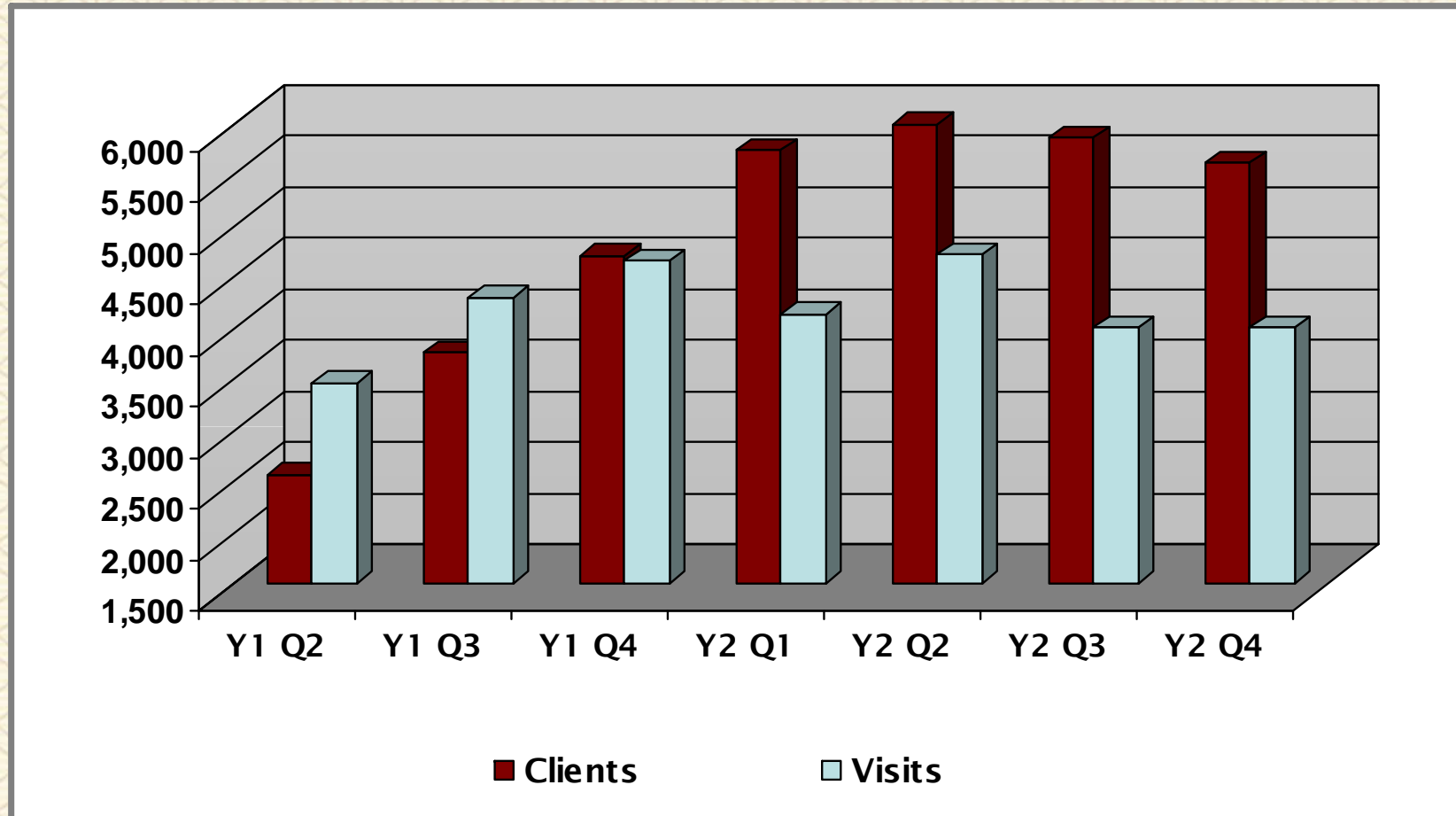
KEY ELEMENTS

- **Integrated services coordinated at the medical home**
- **Evidence-based guidelines and quality assurance**
- **Comprehensive disease management**
- **Disease-specific electronic treatment plans**
- **Flexible scheduling**
- **Access to specialty care & Prescription Assistance Programs**
- **Sustainability through multiple funding streams**

COMMUNITY PARTNERS



PRIMARY CARE GROWTH



LOW INCOME POOL (LIP) GRANT

- **LIP grant funding began in July, 2008**
- **LIP grant award:**
 - **2008 - 2009: \$646,729**
 - **2009 - 2010: \$746,729**
- **Used to supplement primary care medical home model**

LOW INCOME POOL (LIP) GRANT

SUPPLEMENTAL SERVICES:

- **Sliding Fee Scale Clinics**
- **Community Outreach**
- **Chronic Disease Management**
- **Nutrition Education & Counseling**
- **Uninsured Help Line**
- **Volunteer Specialty Care Program Support**

FUNDING BREAKDOWN

Total Award	\$746,759
Total Expenditures	\$636,316
Community Outreach	\$105,067
LIP Clinics	\$115,136
Disease Management	\$ 187,706
General Expenses	\$228,407

LIP PROGRAM GROWTH

Indicator	2008-2009	2009-2010
Emergency Room Referrals	1,447	2,923
Inpatient Discharge Referrals	294	657
Field Nursing Assessments	312	788
Field Eligibility Screenings	311	1,208
Patients Receiving Disease Management Services	206	808
Disease Management Plan of Care	206	884
Disease Management Care Coordination	587	2,605
Total Visits by LIP Patients	4,725	15,252
Medical Visits to LIP Patients	4,127	6,341

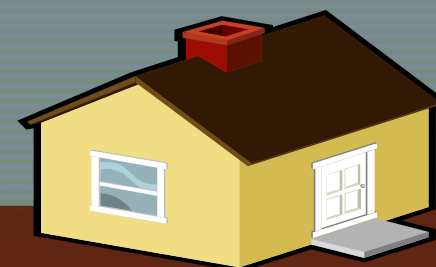
LIP CLINICS

SERVICES:

- Provided on a sliding fee scale
- Primary medical care including lab work
- Disease case management
- Nutrition education & counseling
- Prescriptions through low-cost pharmacies & MedNet Prescription Assistance referrals
- Access to a volunteer specialty care network

ELIGIBILITY:

- ✓ U.S. Citizen, Naturalized Citizen or Refugee with I-94 status
- ✓ Pinellas County resident ages 18-64
- ✓ Uninsured and ineligible for the Pinellas County Health Plan
- ✓ Income up to 200% of Federal Poverty Level



LIP CLINIC LOCATIONS

St. Petersburg Health Center:

Wednesdays:

8:30 AM - 12:30 PM

Saturdays:

8:00 AM - 3:00 PM

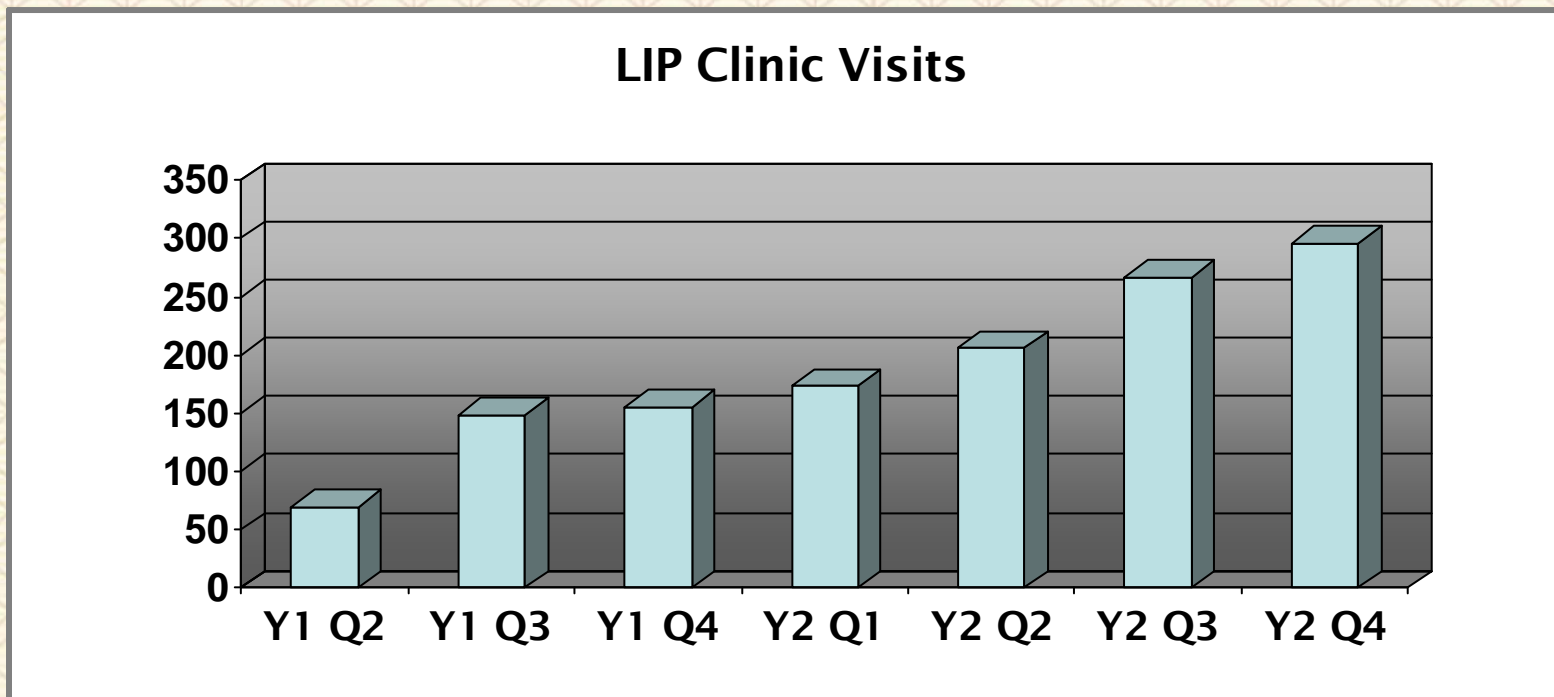
Pinellas Park Health Center:

Thursdays:

2:30 PM - 6:00 PM

LIP CLINICS

- 461 patients receiving services at 2 LIP Clinic locations at the end of Year 2 for a total of 942 visits.



COMMUNITY OUTREACH

- Outreach team is comprised of 3 eligibility specialists including 1 R.N., who provide services to uninsured, low income residents in the community.

SERVICES:

- Hospital Inpatient and Emergency Room discharge referrals
- Referrals to Medicaid, KidCare and Non-Medicaid 3rd parties
- Referrals to medical homes
- Field nursing assessments
- Outreach at health care and other community events

COMMUNITY OUTREACH

EMERGENCY ROOM DIVERSION

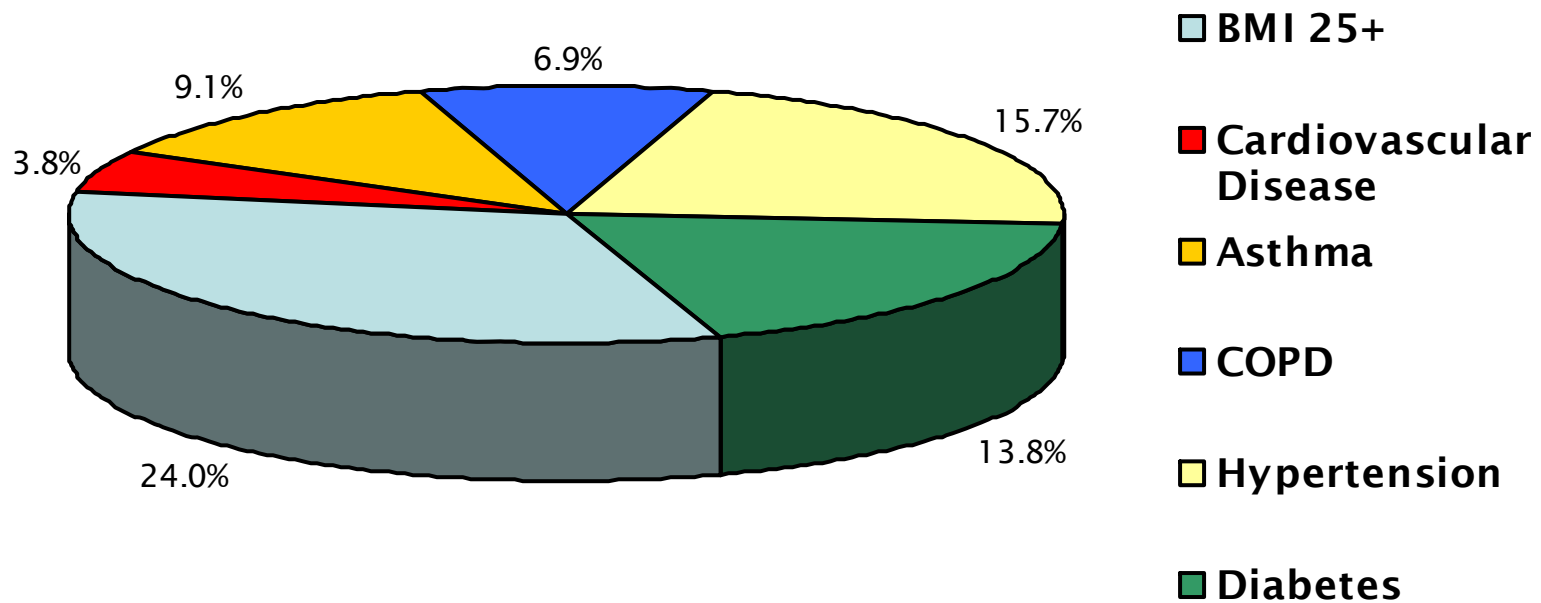
- **Partner with BayCare Health System's Pinellas County hospitals for targeted inpatient outreach:**
 - **Provide services at the bedside including referral to a medical home to prevent readmission**
 - **Follow up after discharge to ensure enrollment**
- **Receive referrals from BayCare and Bayfront Medical Center Emergency Rooms:**
 - **Provide patients with medical home information and assist with enrollment**

DISEASE MANAGEMENT

- **Disease management is provided for all clients with a chronic disease diagnosis:**
 - **Diabetes**
 - **Hypertension**
 - **Cardiovascular Diseases**
 - **COPD**
 - **Asthma**
 - **Obesity**
- **Disease management is provided by five disease managers, including 3 LIP funded R.N. disease managers**

DISEASE MANAGEMENT

Chronic Disease Prevalence Year 2 Q4



DISEASE MANAGEMENT

Disease managers are responsible for:

- **Increasing clients' knowledge regarding their chronic disease and medical and preventive treatment.**
- **Providing individualized plans of care and monitoring the benchmarks for the client's on-going treatment plan.**
- **Monitoring the biometric measures of the disease process**
- **Providing education, including diabetes self management education (DSME)**
- **Administering vaccines**

NUTRITION

- Nutrition services are provided by 2 registered dietitians who focus on identifying the nutritional risk factors that contribute to chronic disease and health disparities.
- Nutrition services are provided for all clients with a focus on clients with chronic disease.
- **SERVICES:**
 - Nutrition assessments
 - Weight management counseling
 - Individualized plans of care
 - Self management education
 - Group education classes

UNINSURED HELP LINE

- **Staffed Monday through Friday from 9am – 5pm with option to leave a message any other time**
- **Provide callers with information about medical homes and other community resources for the uninsured**
- **Help Line staff also assist Outreach Team with ER diversion efforts including mailings and telephone follow up**

VOLUNTEER SPECIALTY CARE

- **Volunteer physician specialists and support staff provide services for uninsured, low-income patients county wide.**
- **Current volunteer clinics include:**
 - Acupuncture
 - Cardiology
 - Chiropractic
 - Colorectal Surgery
 - Dermatology
 - EKG
 - Gastroenterology
 - General Surgery
 - Gynecology
 - Nephrology
 - Optometry/Ophthalmology
 - Osteo Manipulation Therapy
 - Physical Therapy/Rehabilitation
 - Podiatry
 - Radiology
 - Ultrasound
 - Urology
 - Wart Treatment

VOLUNTEER SPECIALTY CARE

- **The volunteer specialty care program is supported in part by LIP funded staff who:**
 - **Coordinate clinics**
 - **Order supplies**
 - **Coordinate referrals**
 - **Schedule patients**

NEW INITIATIVES

Expanded LIP Clinic Hours:

- **Wednesdays at St. Petersburg Health Center began July, 2010**

Diabetes Group Visits:

- **Began August 5, 2010 at the St. Petersburg Health Center**
- **Based upon the FAFP Foundation Diabetes Master Clinician Program**

COPD Group Education Classes:

- **Began October 7, 2010 at the Pinellas Park Health Center**

Pinellas County Diabetes Equity Project:

- **County wide collaborative for uninsured, low income diabetics**
- **Began pilot August 2010 at St. Petersburg Free Clinic**



QUESTIONS?