

July 2008

# Access Points

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## No Place Like Home

**A medical home is the place where a patient goes for all medical needs because the patient has a personal relationship with the primary physician and trusts that physician for on-the-spot treatment, recommendations for chronic medical condition treatment, and preventive care.**

“It’s good to be home!” How many times have you said that? It’s good to be home because that’s where we feel safe, where we have everything we need to feel comfortable.

When it comes to a medical home, it’s also good to be home. A medical home is where we feel safe about our health because care is accessible, continuous, comprehensive, family-centered, coordinated, and compassionate. Like our regular home, a medical home is always there for us.

People who have a medical home have:

- ▲ A regular doctor or place of care
- ▲ No difficulty contacting their care provider by phone
- ▲ No difficulty getting care or advice in the evenings or on weekends
- ▲ Doctor visits that are on-time and well-organized

Regardless of ethnicity, patients with medical homes have better coordinated care with less duplication of services—especially for those who have conditions that require a number of healthcare providers. Evidence suggests that medical homes can eliminate ethnic, economic, and other gaps in healthcare access.

## Access Health 100 and Medical Homes

*Access Health 100’s goal is simple: 100% access to primary care within the 20-county Greater Cincinnati area. Medical homes are one way of accomplishing that. To date, Access Health 100 has invested in six projects that increase access to a medical home. For more information about these projects, please visit our web site at [www.accesshealth100.org/medicalhomes.html](http://www.accesshealth100.org/medicalhomes.html).*



**Looking for information on office hours, services, and locations of community health centers? Visit [www.healthfoundation.org/healthlinks.html](http://www.healthfoundation.org/healthlinks.html).**

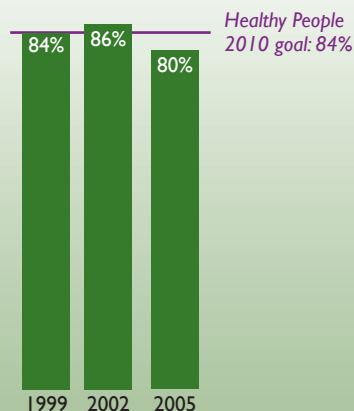
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### About Access Health 100

Access Health 100 is a project of The Health Foundation of Greater Cincinnati in collaboration with over 50 local and regional partners. The Health Foundation awards grants on a competitive basis to organizations with projects that fall within one of the Access Health 100 Priority Areas.

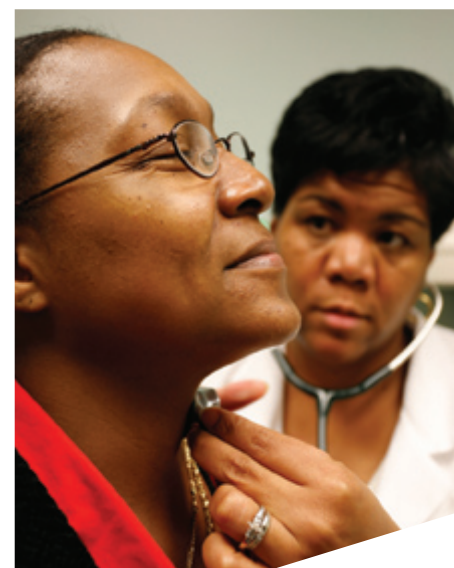
For more information about Access Health 100, including the priority areas and when the next round of funding will be available, please visit [www.accesshealth100.org](http://www.accesshealth100.org).

Greater Cincinnati adults who have a medical home



Source: Greater Cincinnati Community Health Status Survey

- ▲ According to the Commonwealth Fund's 2006 Health Care Quality Survey, only 27% of working-age adults—or about 47 million people—have a medical home. Another 54% have a regular doctor or place to receive care, but not the kind of access found in a medical home. The final 30% don't have a regular doctor or source of care.
- ▲ African-Americans are most likely to have a medical home, while Hispanics are least likely: 33% of African Americans, 28% of Caucasians, 26% of Asian Americans, and 15% of Hispanics have a medical home.
- ▲ Medical homes eliminate racial and ethnic gaps when it comes to timely medical care: Regardless of race or ethnic background, 74% of adults with a medical home say they always get the care they need, and 76% say they get same or next-day appointments.
- ▲ Nearly two-thirds of adults with a medical home get reminders from their doctors about preventive screenings. And, they get those screenings—including cholesterol tests and prostate cancer screenings.
- ▲ Nearly 60 million adults have chronic medical conditions that require continuous access to a high-quality health system. Adults with a medical home report better management of their chronic conditions, including getting self-management plans. For example, more than half of adults who have a medical home and suffer from hypertension reported checking their blood pressure on a regular basis.
- ▲ No matter what their race, adults with medical homes report greater care coordination than those who receive care from a place that doesn't qualify as a medical home. This includes having providers who help them decide about a specialist and who keep in touch with that specialist about the patient's medical history.



## Featured Project: Northern Kentucky Medical Navigator Program



The Medical Navigator Program was featured at the Communities Joined in Action Annual Conference in Washington, DC.

The Medical Navigator Program in Northern Kentucky is pointing emergency room (ER) visitors with non-urgent conditions to primary care physicians. In the program's first 3 months, 70 patients were connected to medical homes.

Under the program, ER staff refer patients who meet 2 out of 3 criteria:

- ▲ 4 or more ER visits in a year
- ▲ No primary care provider
- ▲ A chronic illness

In the first 3 months, staff referred 226 patients to medical homes and 30% of them set up appointments. Of those 226 patients, 75% did not have a medical home, 54% were uninsured, and 69% were unemployed.

The Medical Navigator Program, funded by a 2-year grant from The Health Foundation of Greater Cincinnati, is a partnership of HealthPoint Family Care, St. Elizabeth Medical Center, St. Luke Hospitals, and the Northern Kentucky Chamber of Commerce.

## Dental Homes Can Help Solve Region's Oral Health Crisis

According to the Bureau of Oral Services, dental care is the #1 unmet need in Ohio. But if you think the problem is limited to Ohio, chew on this:

- ▲ Kentuckians have twice the number of cavities as the national average.
- ▲ Dental pain or infection is the #1 complaint at University Hospital's emergency room.
- ▲ 64% of dental providers in the region do not accept patients with Medicaid.

- ▲ 800,000 people in the region do not have dental insurance.<sup>1</sup>

How do we take a bite out of this oral health crisis? Dental homes, that's how.

A dental home is a place where people receive oral health care in a comprehensive, continuous, and accessible manner from a licensed dentist and other oral health staff.

<sup>1</sup> These statistics were taken from Greater Cincinnati's Oral Health Council and the United Way of Greater Cincinnati's [Greater Cincinnati's Oral Health Crisis: Needs, Resources, and Recommendations](#), October 2003.

This requires that a person can get to and be seen in a dental office—whether it's a private dentist's office or a safety net dental office run by the government, a hospital, or a community agency—and has a way to pay for at least part of the cost of care.

There are currently about 30 safety net dental offices in Greater Cincinnati where people without insurance or are on public insurance can receive oral health care. However, more providers are needed to address the current need.

## Ohio General Assembly Considers \$5,000,000 Pilot Accessing to Health (PATH) Grant Fund

**Under legislation proposed in the Ohio Senate (SB 251), Ohio would set aside \$5 million per year to fund a pilot program to award grants to regional programs that provide access to healthcare coverage or services to people who don't have this access.**

To be known as the Pilot Accessing to Health (PATH) Grant Fund, this program would award grants during fiscal years 2008 and 2009 to a variety of programs.

To be eligible for a grant under the PATH Grant Program, a program must be either of the following:

- ▲ A multi-share healthcare coverage program available to employees of participating small employers, including spouses and dependents of the employees.

Premiums or other costs for the coverage would be shared by the employers, employees, and the program.

- ▲ A voluntary care network program that solicits, maintains, and makes available to participants a list of healthcare providers that agree to provide a percentage of their services according to a sliding fee scale or at no charge to uninsured, low-income people.

SB 251 is currently under consideration by the Ohio Senate. For updates on the status of this and other bills, visit [www.lsc.state.oh.us/index.html](http://www.lsc.state.oh.us/index.html) and click on "Status Report of Legislation."



## Medical School Partnership Means More Local Doctors

**An important part of any medical home is the medical staff. Especially**

**in underserved communities, it's important to have caring, competent, and community-minded staff to help make patients feel comfortable.**

HealthSource of Ohio is joining with the A.T. Still University School of Osteopathic Medicine in Arizona to train physicians who want to work in medically underserved communities. HealthSource will become a "Community Campus" where students and faculty of Still University work and learn together.

HealthSource will host a small group of students during their second, third, and fourth years of medical training.

Faculty members from Still University will also travel to the area to help train the students.

This program will give students real world training as well as expose them to the HealthSource community. HealthSource has 14 sites in 5 Appalachian-designated counties in Ohio: Adams, Brown, Clermont, Highland, and Fayette.

Kim Patton, President and CEO of HealthSource says, "We're looking forward to helping educate the next generation of community-minded physician. The physician shortage facing our nation is a serious issue. By bringing these students to HealthSource, we will get them connected with our community, our local health care system, and our Community Health Center."

The program kicks off Summer 2008.