

2005/2006 ANNUAL REPORT

“... if it wasn't for the DC-CAP program, I would not be able to go to my doctor's office and get lab work and x-rays...”



April 2006

As the ranks of uninsured Americans continue to swell, a successful model has been created to assist communities which choose to address the problem. The Daviess County-Community Access Project (DC-CAP) has replicated this model in an effort to improve access to healthcare for many uninsured people in our community. The healthcare maze is difficult to navigate for almost anyone, no matter what your financial situation or insurance status. Furthermore, physicians and hospitals deliver care at no charge on a daily basis but access to that care is not always provided in the most efficient manner. DC-CAP assists patients in finding their way through the system and collaborates with physicians and healthcare facilities in an effort to streamline the care delivered to its target population (low-income uninsured).

In its first year, DC-CAP coordinated over \$625,000 in donated care for just over 150 enrolled individuals. This number translates into a return on community investment of roughly \$4.00 for every dollar of expense the program incurs- that is a 400% return! This report provides information on our operations and sheds some light on a portion of the charity care that is being provided by our local healthcare community.

DC-CAP would like to extend a heart-felt thanks to the multiple partners in this effort: To the physicians willing to accept and provide care free-of-charge to our enrolled population; to Owensboro Medical Health System (OMHS) for its continued support and commitment to DC-CAP; to the Daviess County Medical Society Alliance for its leadership and continued support in seeking continued funding; to the Green River District Health Department (GRDHD) for administrative support, leadership and space at no charge; to both City and County governments for providing seed money to develop the program and allow it to flourish; to Catholic Healthcare Partners for aiding with financial support; and to both Yellow Cab and the Owensboro Transit System (OTS) for assisting with transportation for DC-CAP enrolled patients.

I am pleased to share with you our first Annual Report – highlighting the services and success of the charity care that is being provided by our local healthcare community. We look forward to working with you in the coming years to further expand the DC-CAP program and make access to healthcare a reality for all in our community.

J.A.T. Mountjoy
DC-CAP Director

DC-CAP

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ABOUT DC-CAP

On behalf of DC-CAP, the Daviess County Medical Society Alliance applied for and was granted seed money in the Spring of 2004 from the Wellness Initiative sponsored by ODCH, Inc. Staff was hired shortly thereafter and planning for the organization began. In February of 2005, we began to enroll patients and route them to participating physicians and facilities.

“Your program helped save my husband’s life because of the care given to him by those generous doctors that participate in your program.”

Today our staff is comprised of 5 individuals dedicated to the mission of linking low-income, uninsured Davies County residents with healthcare providers in an effort to improve the health of the population.

NEED AND PURPOSE

Our nation is facing a crisis in providing healthcare to the uninsured. An estimated 45 million Americans go without coverage every year. On a local level, approximately 15% or 13,000 of the roughly 91,000 Daviess County residents are without any form of healthcare coverage.

Due to the high cost of healthcare and the skyrocketing premiums for health insurance, even hard-working individuals and families cannot obtain the healthcare they desperately need. DC-CAP helps bridge the access to healthcare for those most in need- making adequate healthcare a reality, not a luxury.



OUR GOALS

- Increase the number of uninsured residents who have a ”medical home” and receive consistent care
- Reduce the number of unnecessary ER visits by the vulnerable population
- Improve access to prescription drugs for the uninsured population
- Provide an avenue for increased collaboration between social services entities in the Owensboro/Daviess County community
- Generate health and demographic data on our target population that has been “lost” in the past

FIRST YEAR AT A GLANCE

February 14, 2005 through February 14, 2006

- Value of donated care \$625,386.24
- Number of patients enrolled 154
- Number of participating physicians 91
- Number of Office Visits 698 (average of 4.5 per patient)

- Expenses incurred \$144,539.94
- Return on Investment \$4.33 per \$1 of administration (433% return)



MEETING OUR GOALS

1) Increase the number of uninsured residents who have a "medical home" and receive consistent care

154 patients were enrolled in DC-CAP during 2005, the vast majority (85%) were assigned a primary care physician to help them with their healthcare needs. The remaining 15% of patients helped through DC-CAP were referred by a specialist and retained by that specialist.

2) Reduce the number of unnecessary ER visits by the vulnerable population

The ER data compiled during our inaugural year will serve as a baseline against which future years will be measured. In total, DC-CAP patients went to the ER 74 times. Of these ER visits, 18 (24%) were designated as true emergencies and the remaining 56 visits (76%) were for non-emergency complaints.

3) Improve access to prescription drugs for the uninsured population

32 DC-CAP patients (21%) received 186 prescriptions through pharmaceutical manufacturers patient assistance programs.

4) Provide an avenue for increased collaboration between social services entities in the Owensboro/Daviess County community

As the program got "on its feet" more patient needs surfaced. In an effort to meet these needs, DC-CAP reached out and created relationships with over 15 local groups and organizations to better serve our patients.

5) Generate health and demographic data on our target population that has been "lost" in the past

The iREACH system, which DC-CAP uses to manage data on patients and their care, collects a variety of information on patient visits (CPT Codes) and diagnoses (ICD-9 Codes) as well as demographic information that can be used to better serve our target population.

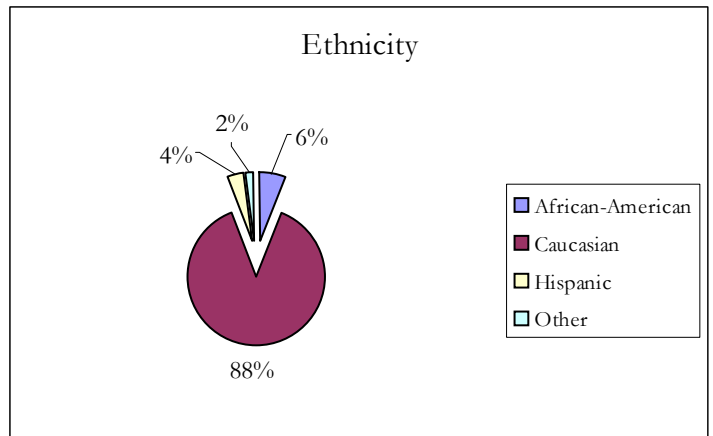
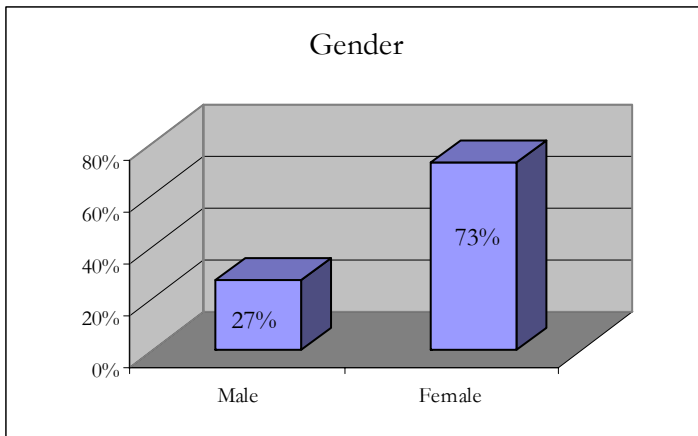
PATIENT DEMOGRAPHICS

During DC-CAP's first year, 154 individuals were enrolled and accessed healthcare through the program.

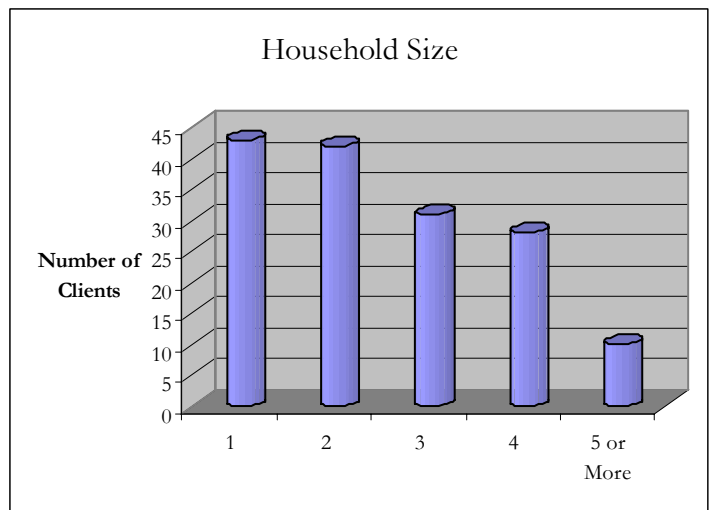
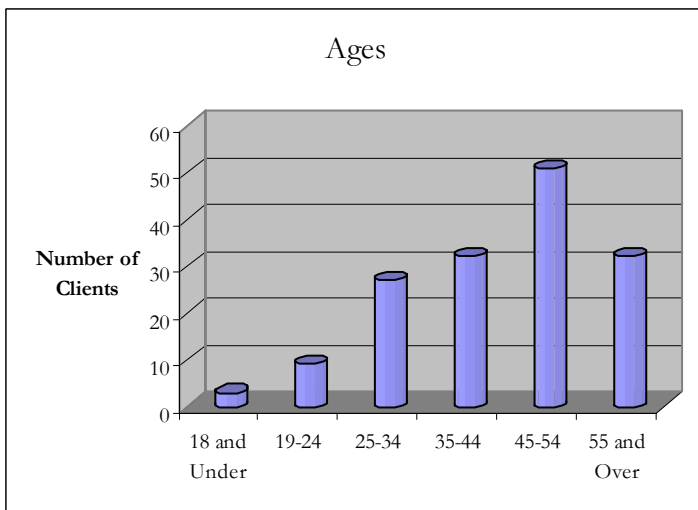
In order to be eligible, patients must:

- Be a resident of Daviess County
- Have no form of insurance (this includes Medicaid, Medicare, private insurance)
- Have an income below 150% Federal Poverty Level

During the enrollment process, DC-CAP case managers enter client demographic and income information into specialized software. This verifies both the accuracy of information provided and the eligibility of potential patients. By design, it also collects data which will assist the program in serving its patients more effectively.

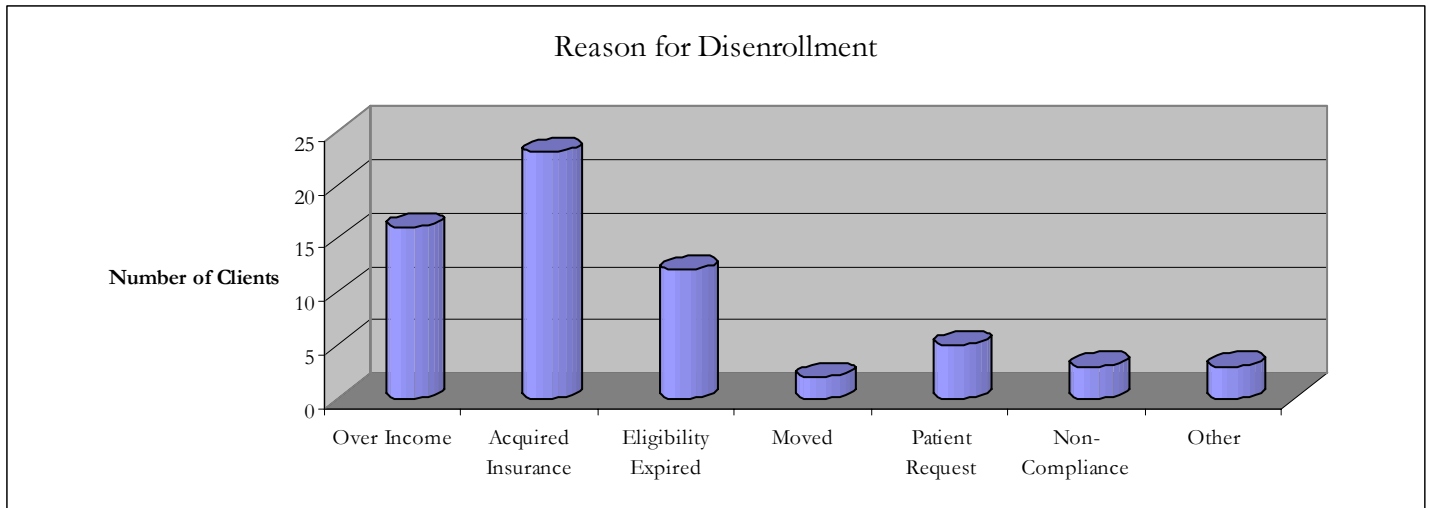


“We are so glad that we have this program here and that we are able to be a part of it.”

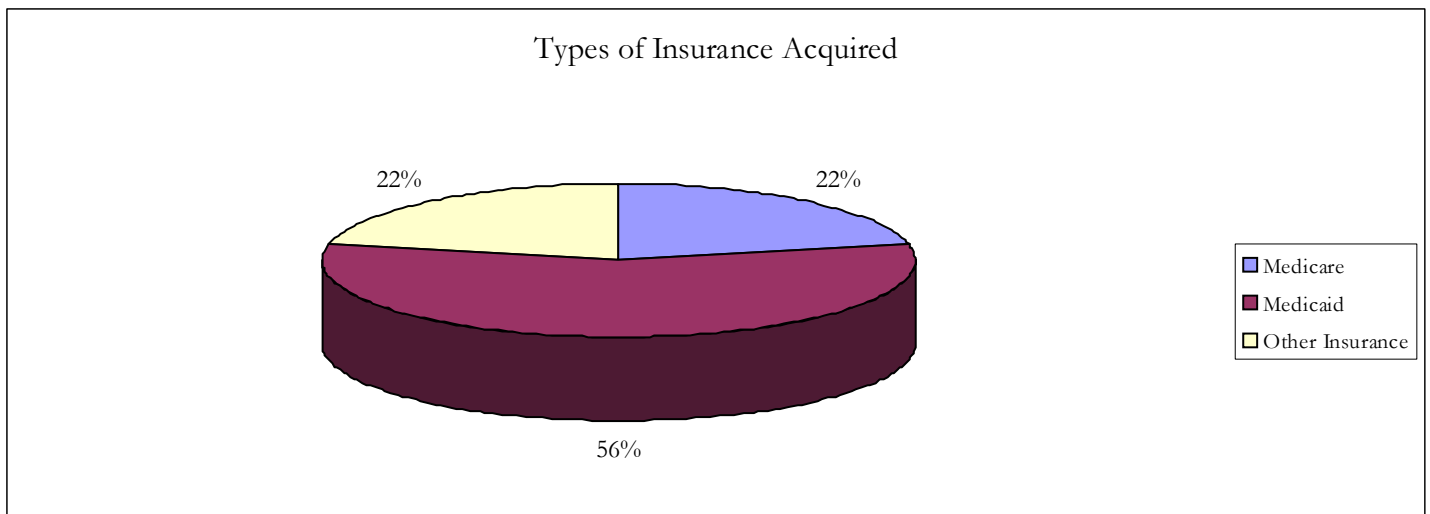


DISENROLLMENT OF PATIENTS

DC-CAP was not created to provide long-term assistance to the local uninsured population. In an effort to ensure that DC-CAP is coordinating care for patients who are most in need, our case managers reevaluate patient eligibility every six months. DC-CAP also requests that patients inform their case manager of certain events (change in income, acquired insurance, a move). Sometimes patients do not return for a reevaluation. In this situation, the patient's card will expire and will not be honored at participating offices or facilities.



Of the 64 individuals who were disenrolled from DC-CAP during the first year of operation, 23 acquired some form of insurance. Once insurance is acquired, the patient is no longer eligible for DC-CAP.



PARTICIPATING PHYSICIANS

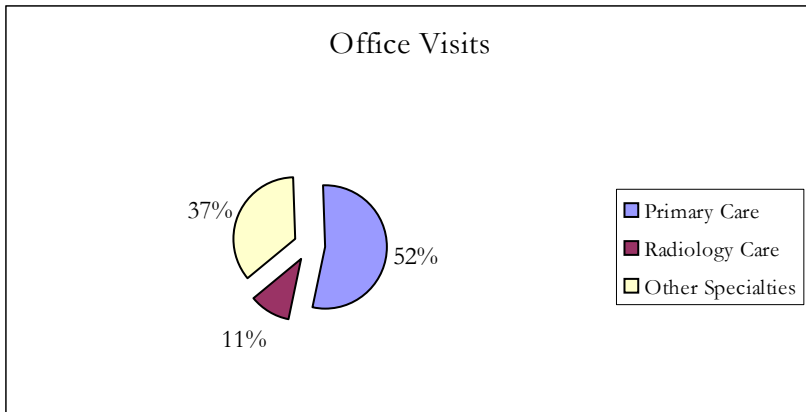
Currently, DC-CAP has 91 physicians participating in the program. These physicians represent 17 medical specialties:

Anesthesia	Cardiology	Chiropractic Care
Family Practice	Gastroenterology	General Surgery
Gynecology	Internal Medicine	Nephrology
Ophthalmology	Optometry	Orthopaedics
Pathology	Pediatrics	Podiatry
Radiology	Urology	

Physicians donating care through DC-CAP dictate their own level of participation. They agree to provide care to a set number of patients so long as the patients remain in the DC-CAP program. On average, physicians commit to seeing 15 DC-CAP patients at no charge.

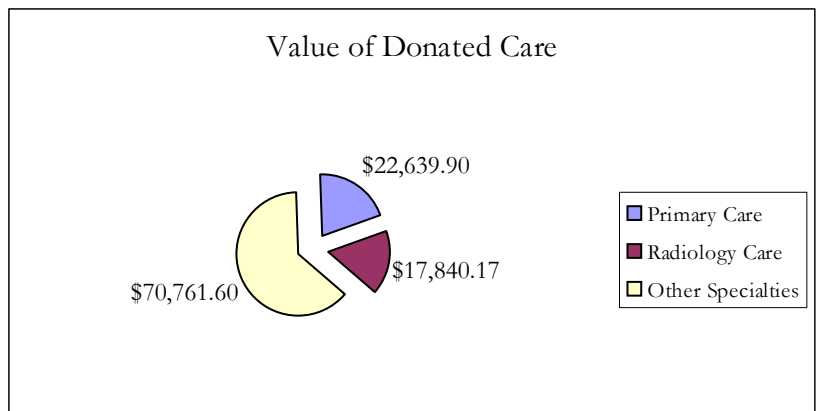
DONATIONS FROM THE PHYSICIAN COMMUNITY

Participating physicians generously donate their services and supplies as well as staff time and other resources when delivering care to patients who meet the eligibility criteria and are enrolled into DC-CAP. One of the goals of DC-CAP is to increase the number of uninsured residents with a “medical home”.



Of the **698** office visits provided by participating physicians, **52% (367)** of visits were delivered in a primary care setting. DC-CAP patients made an average of **4.5** office visits during the first 12 months of operation.

Services with a total value of **\$111,241.67** were donated by participating physicians.

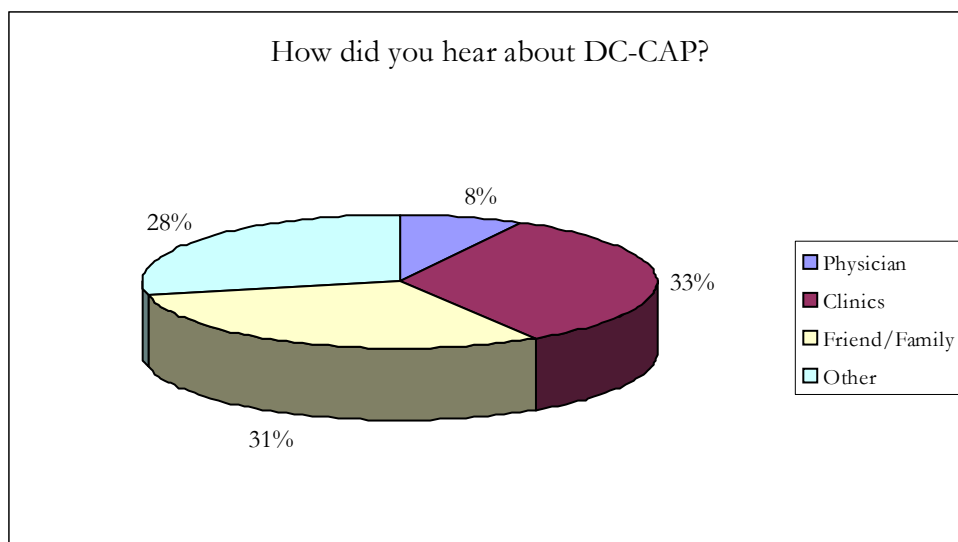


PATIENT SATISFACTION ASSESSMENT

In the fall of 2005, DC-CAP mailed a short assessment to find out how well the program was serving the patients. This consisted of 9 questions designed to determine patient satisfaction and referral sources. The anonymous survey was mailed to all enrollees and yielded a 40% response rate.

The results indicated a very high level of satisfaction with both participating providers and with the program in general.

- All respondents (100%) indicated that the staff and physicians were respectful and courteous when interacting with the patient.
- 90.9% of patients believed that their health has improved since being enrolled in DC-CAP.
- 97.1% were satisfied with the services offered by DC-CAP.
- 94.3% responded that DC-CAP helped them meet their healthcare needs.
- All respondents indicated that they would recommend DC-CAP services to a loved one or friend.



The survey showed that patients receive information about DC-CAP from a variety of sources. This information should help us target specific strategies to let potential clients know about our services.

“I have been able to get healthcare that I otherwise couldn’t have gotten.”



“I needed good medical care after 11 years of not having health insurance.”

THE FUTURE OF DC-CAP

For the future of DC-CAP looks to continue to provide a services to physicians and their staffs that agree to participate and donate care through the program.

Recruitment of more physicians and specialties

DC-CAP has 91 providers practicing in 17 specialties. This represents about 58% of all physicians in Owensboro/Daviess County. On-going recruitment and retention efforts among physicians will help us ensure that cost is not a barrier to our patients receiving the care they need.

Prescription Assistance

Most often an office visit is only the first step in managing our patients' health care. Medications, some quite costly, are needed in many cases. DC-CAP works with a Prescription Benefit Administrator (RESTAT) to assist our patients in acquiring the medications needed to manage their conditions and to stay healthy. Unfortunately, it may take as long as several weeks to complete a patient's enrollment in the appropriate benefit plan and to begin receiving the medications they need. To bridge the time gap, DC-CAP will provide our patients who need it up to \$300 which may be used ONLY to fill prescriptions from a generic formulary and which will allow them to begin the recommended treatment immediately.

Dental/Oral Health Needs

DC-CAP is exploring the possibility of expanding services to address the dental needs of our target population. No definite plans of how to proceed have been determined as of yet.

Expanding DC-CAP model into surrounding communities

Daviess County is not the only county in the region where residents are uninsured and have difficulty in accessing healthcare. Further, the majority of local physicians, as well as OMHS, deliver care to patients from our surrounding counties. There may be opportunities to streamline uncompensated care for this population, too.

COMMUNITY PARTNER ORGANIZATIONS



DC-CAP PARTICIPATING PROVIDERS

- Patricia Ward Adams, OD
- Dan Andersen, MD
- Sheri Armstrong, MD
- Charles Bea, MD
- Karen Bickett, MD
- David Boles, MD
- Jeremy Bradley, MD
- Bill Bryant, MD
- Bruce Burton, MD
- James Carothers, MD
- Shirley Casebolt, ARNP
- Ritchie Clark, MD
- Bradford Cornell, MD
- Ross Cotton, MD
- Courtney Crews, MD
- Robert Dalzell, MD
- David Danhauer, MD
- Brett Davis, MD
- Anthony Decker, MD
- Mukesh Desai, MD
- Sam DunLany, MD
- Kent Filbeck, MD
- Thomas Furgason IV, MD
- Paul Garner, MD
- Lawrence Gering, MD, FACC
- Christopher Glaser, MD
- David Graham, MD
- Mukesh Gupta, MD, FACC
- Nityanand Gupta, MD
- Troy Haleman, MD
- William Harrison, MD
- John Hast, MD
- Christopher Havelda, MD, FACC
- Jeff Hofer, MD
- Louis House, MD
- John Houston, MD
- Roger Humphrey, MD
- Philip Hurley, MD
- Christine Huxol, MD
- Ronald Johnson, MD
- David Jones, MD
- Ben Keeley, MD
- John Lauzon, MD
- Louis Leskosky, MD
- David Lippman, MD
- Thomas Logan, MD
- Venkatesh Madadi, MD
- Tom Maddox, MD
- Johnny Makhoul, MD, FACC
- Lynette Martin, MD
- William Martin, MD
- Mahendra Maru, MD
- Roshan Mathew, MD
- Gary Mayfield, PA
- Albert Mercer, MD, FACC
- Dan Merlin, DC
- Sterling Meza, MD
- Charles Milem, MD
- Mark Millsap, MD
- Mike Minix Jr, MD
- Keith Moore, MD
- Bashar Mourad, MD
- John Mulligan, MD
- Alan Mullins, MD
- Linda Mumford, MD
- Rauf Murtaza, MD
- Wayne Myers, MD
- Don Neel, MD
- Patrick Padgett, MD
- Frederic Park, MD
- Kenneth Parker, MD
- John Price, MD
- Otoniel Puerto, MD
- Amy Ray, MD
- Jinah Sayed, MD
- Robert Schell, MD
- Michael Scherm, MD
- Sheldon Simon, MD
- Antonio Sison, MD
- Bill Smith, MD
- Naresh Solankhi, MD, FACC
- Okan Suzer, MD
- Jerry Titel, MD
- Terry Tyler, MD
- Patricia Verhulst, MD
- Gary Wahl, MD
- Brian Ward, MD
- H. Andrew Ward, OD
- Kenneth Westerfield, MD
- Larry Wigginton, MD
- Michael Yeiser, MD

Note

These are not the only physicians who donate healthcare services to the local uninsured population, just those who have donated services to DC-CAP enrollees.

SUMMARY OF OPERATIONS

During the first full year of operations, DC-CAP worked closely with numerous community partners in an effort to coordinate the donated care from local healthcare facilities, clinics and physicians. This program coordinated \$625,386.24 in donated healthcare to individuals who met the eligibility requirements. During this time 154 individual patients sought care through a network consisting of 91 physicians practicing 17 specialties, 3 free or reduced cost clinics, Owensboro Medical Health System, Green River District Health Department.

OMHS	\$514,114.57
Physicians	\$104,471.71
Green River District Health Dept	\$6,769.93
TOTAL DONATED CARE	\$ 625,386.24

The Daviess County-Community Access Project was founded by the Daviess County Medical Society Alliance through a \$500,000 grant from the Wellness Initiative sponsored by ODCH, Inc. Since then, the program has received an additional \$125,800 through the Catholic Healthcare Partners' Mercy-Reach Owensboro Grant. This money assisted with the majority of the capital expenses incurred in establishing program infrastructure.

Grant funding

ODCH, Inc- Wellness Initiative	\$500,000
Catholic Healthcare Partners	<u>\$125,800</u>
TOTAL GRANT FUNDING	\$ 625,800

Expenses

Capital	\$128,669.50
Operations (Feb '05 through Feb'06)	<u>\$144,539.94</u>
TOTAL EXPENSES	\$ 273,209.44

BALANCE	\$ 352,590.56
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