

# Calhoun County Public Health – Medical Home Project

## Calhoun County Public Health decided to work toward a public / private solution.

Calhoun County Public Health (CCPH) administration believes that the health care system for many adults of rural Iowa is fragmented. Adult consumers shuffle back and forth between private and public health systems, which are separate and uncoordinated leading to confusion and lack of continuity for both consumer and provider. Medical home concepts compliment and strengthen the proposed local public health standards to eliminate/reduce the chance that individuals or groups fall through 'gaps' between public and private health systems.

The CCPH adult medical home concept was openly accepted by private partners at two local medical clinics. A CCPH employed social worker staffs the position at local clinics. Participating clinics elected to call this position Health Resource Coordinator.

### Problems Encountered:

- ✚ Establishment of a physical location for Health Resource Coordinator at the private clinic sites
- ✚ Clinic sites expected on-site presence of limited social work staff during clinic service hours. Private providers not familiar with "reaching out" beyond office walls.
- ✚ Assistance with accessing affordable medications is a common issue with individuals referred by private providers. CCPH planning with Iowa's Prescription Drug Repository for a local project has been stalled by barriers identified by local clinics and pharmacies.
- ✚ Lack of ability to pay / adequate insurance coverage is a common problem of persons referred.
- ✚ Safety Net Grant, as the sole source of funds, will likely end or be significantly reduced in June 2009.

### Solutions:

- ✚ Public Health social workers continue to perform other public health assignments, therefore cannot be physically present at each private clinic on a daily basis. Development of alternative methods to communicate referrals was established. When the Health Resource Coordinator is not physically present consumers and providers access assistance through contact information for Public Health social workers. Contact information included: cell phone numbers, agency phone numbers and email addresses. Public Health social workers make it a priority to respond to calls.
- ✚ Although an Iowa Prescription Drug Repository project has not been successful to date, CCPH will participate in an Iowa Prescription Drug Corporation pilot project. CCPH is currently exploring the establishment of a free clinic to include Iowa Prescription Drug Repository project.
- ✚ Local human service agencies recognized the need to improve enrollment processes that assure individuals and families obtain resolution of their problems: General Relief, transportation, IowaCare, or a Community Health Center.
- ✚ CCPH plans to sustain our position as a primary source of outreach, enrollment, and follow-up for consumers requiring health and human services, as well as, a source of community linkages for providers.

### Successes:

- ✚ CCPH staffs a Health Resource Coordinator at one clinic 2 days per week and an additional clinic is staffed 1 day per week. The Health Resource Coordinator is housed in a small office, with a desk, laptop, phone and private seating area for confidential discussions with consumers.
- ✚ Consumer and provider needs are met when the Health Resource coordinator is physically present at clinics; consumers and private providers have access to services by alternative referral methods when staff is not physically present.
- ✚ One lesson learned was that a diverse population requires multiple and diverse approaches to achieve mutual service goals and that when working with multiple providers, progress is slower than desired.
- ✚ Calhoun County Board of Health remains committed to fund the medical home project in the future. CCPH Medical Home Project establishes methods to deliver essential public health services by linking people to needed services and assurance of the provision of health care when otherwise unavailable.

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✚ 136 consumers in need have received services since the program was implemented in June 2008. See the following supporting information for statistics related to services provided from 6/08 to 3/09.

## Summary of Services provided from June 2008 to March 2009

Age of Consumer	# of Consumers
0-19	9
20-24	12
25-29	14
30-34	10
40-44	15
45-49	15
50-54	8
55-59	14
60-64	17
65-70	7
>70	16
Total	136

Gender	# of Consumers
Male	45
Female	91

Income Level	# of Consumers
Below Poverty	17
100% Poverty	31
150% Poverty	16
200% Poverty	8
250% Poverty	2
300% Poverty	4
Unknown	43

Coverage	# of Consumers
Title 19	13
Medicare	23
Insurance	15
Iowa Cares	8
VA	1
No Insurance	77

County of Residence	# from each County
Calhoun	90
Sac	18
Greene	6
Webster	14
Pocahontas	1
Carroll	3
Boone	1
Humboldt	1
Ida	1
Buena Vista	1

Barriers to Service	# of Consumers
No Insurance	92
Inability to Pay	62
Mental Health	22
Substance Abuse	4
Domestic Abuse	6
Transportation	14
Child Care	1
Language	1
Cultural	1
Fear of Procedure	0
Available hours	0
No Belief in Medication	2
Location	1
Child Abuse	1
Housing	1
Inability to Pay for Meds	32
Disabled	6
Other	1
(Many consumers cite more than one barrier to service.)	