



Cape Fear HealthNet: How Physicians can help

March 2010

Overview of the uninsured

- In North Carolina, more than 21% of non-elderly are uninsured
- From 2007 to 2009, increase in unemployment rate (4.7% to 9.7%) second-largest in the nation
- NC's percentage increase of 22.5% in uninsured is nation's highest
- Estimated 27,850 poor uninsured (within 200% of federal poverty guidelines) in New Hanover, Brunswick, Pender counties

Statistics courtesy of NC Institute of Medicine and Cecil G. Sheps Center at UNC-CH

Access in our community

- Local safety net:
 - Estimate close to 17,000 visits a year – adding 120+ per month
 - NHRMC clinics: No new access in years
 - Tileston Medical Clinic: Accepting 16 new patients a month
 - New Hanover Community Health Center: Typical wait - 4-6 wks
- Who's not being seen?
 - NHRMC clinics: 20-25 calls/week from patients it cannot serve
 - Tileston: 50 calls/week from patients it cannot serve
 - NHRMC ED: 20-25 patients/day on “unassigned” follow-up list
- Access expansion opportunities:
 - St. Mary Clinic expanding to medical patients. 400 visits a month
 - Shared FNP between Tileston/New Hope. 650 visits a month

Cape Fear HealthNet

Background

- Began as project of Cape Fear Healthy Carolinians to address access to care
- Funding from United Way, The Duke Endowment, Cape Fear Memorial Foundation, Kate B. Reynolds Charitable Trust, NC Health and Wellness Trust Fund, NC Office of Rural Health, Landfall Foundation and NH County Public Health Foundation
- Nonprofit status in 2008
- Strives to coordinate safety net, maximizing strengths of participating agencies so caregivers can accomplish more for the uninsured collectively than as individual, standalone providers

Goals of Cape Fear HealthNet

- Invest in the current safety net agencies to improve capacity
 - FNPs at Tileston and New Hope, MD and FNP position shared across agencies to be filled
- Create collaborative system of care for poor/uninsured – starting with navigating patients to medical homes
 - Patient navigators at DSS in New Hanover and Brunswick counties and at NHRMC ED. Financial screen is shared across agencies
- Manage chronic diseases of uninsured via case management services
 - Nurse advocate works with patients from multiple agencies
- Recruit community physicians to provide health care services
 - Current top priority to help open more access. Both primary care and specialty physicians recruited
- Provide access to affordable prescription drugs
 - \$4 formulary at Wal-Mart has reduced this as a priority

What physicians can do to help

- Partner with Cape Fear HealthNet, and fellow physicians in this community, to form a volunteer provider network to address this need
- Two options on how to participate:
 - Agree to take on one patient per member per month, or for primary care, one patient per member every other month
 - Volunteer on regular basis at one of the safety net clinics

Why would a physician join?

- Huge need in this community
- Every one of you currently treats some number of uninsured patients
- Program divides the load equally among all participating physicians. It is organized, equitable and more effective than current system
- Cape Fear HealthNet will work to ensure patients get what physicians order for their patients

Benefits to the physician

- You tell HealthNet how many patients you are willing to see and how often you are willing to see a new one
- HealthNet screens patient financially. Your staff won't have to
- Patient will agree to show up for the appointments, behave appropriately, and follow up on care
- Can refer HealthNet patient for case management, or refer existing uninsured poor patients to HealthNet for services
- Intercede in patient's care at more appropriate stage
- Uninsured, poor who approach on their own can be referred back to HealthNet for appropriate placement
- All physicians in your specialty asked to participate. Goal is for burden to be fairly and equitably distributed

Role of the Physician

- Provide the same excellent care for the patient as is always done on a pro bono basis
- Ensure office staff understands process for treating HealthNet patient
- For routine labs and diagnostics, either provide in office or route back to HealthNet for scheduling
- Write generic, or \$4, prescriptions whenever possible
- Determine if hospital care is medically necessary. NHRMC will care for HealthNet patients as it does all charity patients
- Provide documentation of care, perhaps a dummy HCFA form, to HealthNet so it can track value and outcomes
- Provide feedback on how the process can improve

Cape Fear HealthNet's duties

- Manage referral system so that you receive the number of patients you agreed to serve, at rate you agreed to take them
- Manage subsequent follow-up needs of the patient
- Help patient solve any issues with filling prescriptions, and help patient apply for long-term medication assistance
- Provide case management services
- Connect patient to other applicable community services – to include management of oral health needs
- Track amount of free care for future reporting
- Ensure participating physicians are appropriately recognized, either publicly or among peers, for outstanding public service

What's left to happen

- Cape Fear HealthNet developing IT system that will manage process
- Template contracts drafted, and logistics finalized
- Agree on how to track value of care and outcomes
- HealthNet needs to ensure appropriate staffing in place

- But ...if the community is ready to start this program, these barriers will be overcome