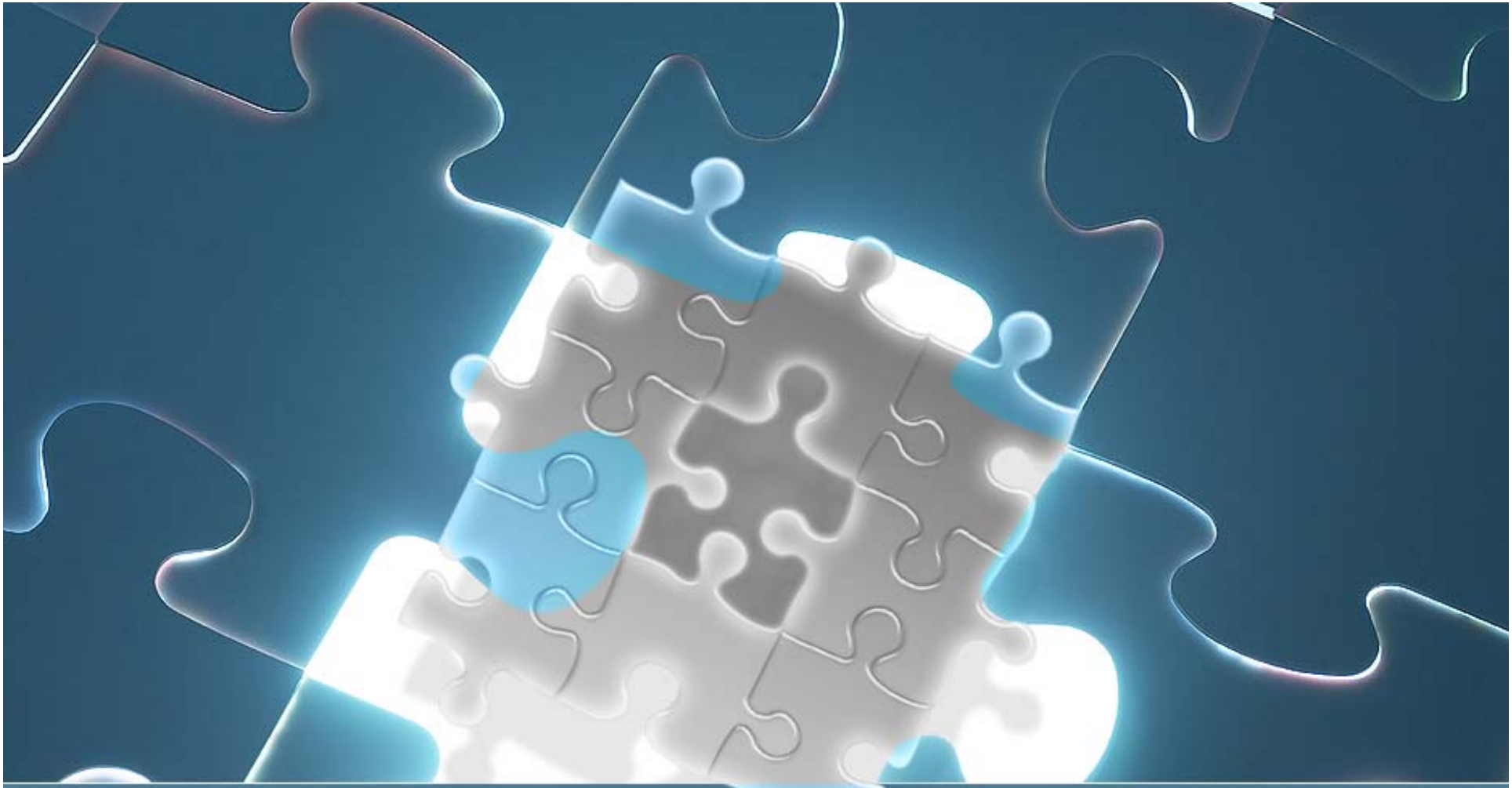


Health Care Safety Net Case Management:

Promoting access to care for the uninsured in Tennessee

Health Care Safety Net Case Management: Promoting access to care for the uninsured in Tennessee

APHA Annual Meeting and Exposition

Public Health Nursing Workforce and Access

Roundtable Presentation 3064.0

November 5, 2007

- *Susan Cooper, TN Commissioner of Health*
- *Bonita Pilon, Associate Dean for Practice, VUSN*
- *Dina Acabbo, Safety Net Coordinator*
- *Clare Sullivan, Nurse Case Manager*
- *Ann Rawlins-Shaw, Social Work Case Manager*
- *Jason Shuffitt, Nurse Case Manager*

The decision to reform TennCare was not an easy one.

- Brief Overview of TennCare
- Context of reform
  - Impact on state budget
  - Reduce benefits versus reduce eligibility
  - Lack of flexibility due to settlements
- Impact on enrollees

The prospect of "disenrollment" prompted efforts to strengthen the Safety Net.

- Safety Net Legislation
- Four components: MH, PC, RX, special populations
- Unique appropriations
- Special populations
- Many programs planned as bridges to new insurance programs and products

The need for expansion of the Safety Net was quickly identified.

- Confusion around process
- Confusion over what SN could and could not provide
- Specialty care needs often overwhelming.
- Legislators in shock

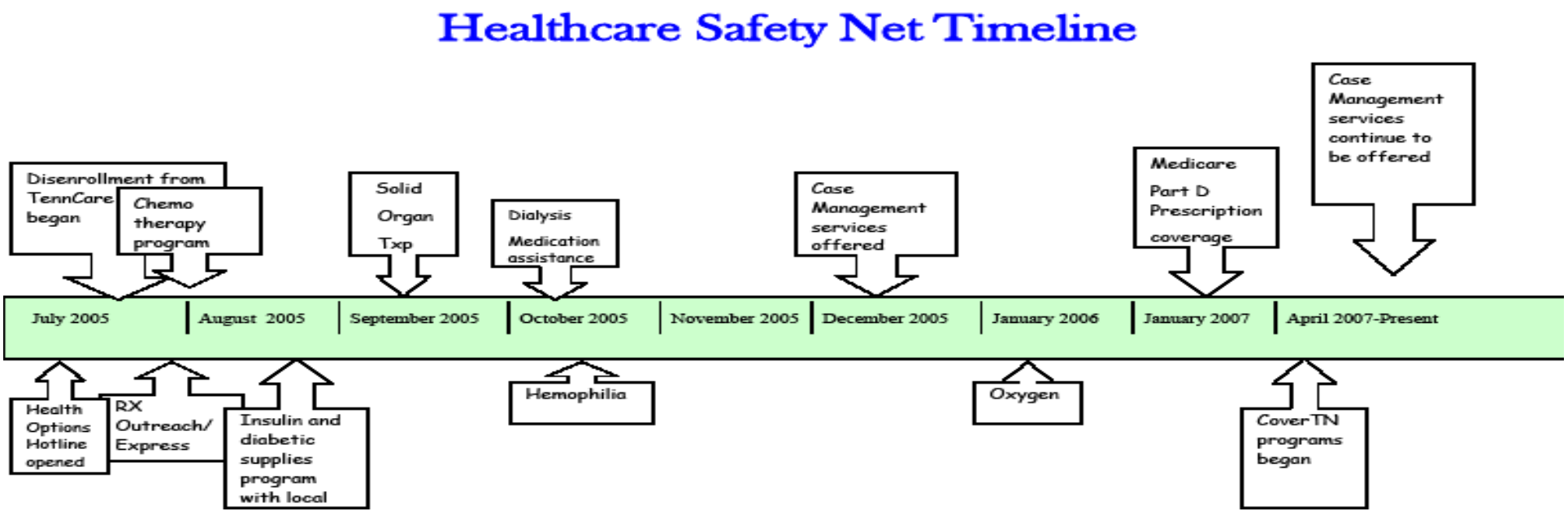
Conceptualization of case management role was "outside the box".

- Conceptualization of Case Management Role:
  - Nursing process
  - Triage
  - Listening, linking, supporting, advocating
  - Can't do everything but **can** do something for everyone

The experience of the Safety Net case managers informed additional expansions.

- Once infrastructure in place, focus shifted to special populations
  - Cancer
  - Diabetes
  - Transplants
  - Hemophilia
  - Home Oxygen
  - Dialysis
- Study Committee on Uninsured in State

Case management services continued long past initial six month plan.



Initial Profile of Patients*

	Number Served	*Male*	*Female*
Total	2190 (1.7% gender unspecified)	38.1%	60.2%
Cancer	395	37.9%	62.1%
Transplant	146	59.5%	40.5%
All other	1649 (1.7% gender unspecified)	36.2%	61.6%
Counties (Cancer & All other)	95 (98.5% of data entered)		
Age (>=90% of data entered)	Mean 49.1	Median 52	Mode 63

*Complete Data through 10/05/07

Profile of Services Needed*

Assistance Needed	Percent of Population
Medication Assistance	78 %
Primary Care	60 %
Affordable Insurance	49 %
Specialty Care	39 %
Diabetes Mellitus	19 %
Mental Health Care	18 %

*Complete Data Through 10/05/07 Mode Needs: 2.0 Mean:2.25

Outcomes

Outcome	Total
Prescription Assistance Plans	65%
Referred to P.C. Source (FQHC/Free Clinic)	39%
Safety Net Pharma	38%
Charity Care	34%
SSDI	14%
Medicaid	14%
Cancer Safety Net	13%
Medicare	10%
Access TN (State supported insurance)	9%
Community Resources	6%

*Complete Data Through 10/05/07

Outcomes: Mode: 2.5 Median: 2.0

Breakdown of Referral Sources*

- Referral sources
  - Self (9.94%)
  - Family/Friends (5.42%)
  - State Agency (9.54%)
  - Health Providers (3.93%)
  - Regional Health Depts. (2.34%)
  - Health Promotions Line (1.94%)
  - Advocate (1.85%)
  - Previous Clients (0.95%)
  - Media (0.60%)
  - Community Resources (0.45%)

- ***Government (54.35%)***
  - **Breakdown of Government Sources**
    - Legislature (42.7)
    - Governor's Office (6.51%)
    - US Congress (2.90%)
    - Government Official (2.24%)

*Complete Data Through 10/05/07

Most frequent health concerns

- Diabetes Mellitus
- Hypertension
- Cardiovascular Diseases
- Mental Health Conditions/SPMI*
- Cancer
- Back Pain
- Chronic Obstructive Pulmonary Disease
- Depression
- End Stage Renal Disease
- Arthritis

*There was a parallel Mental Health Safety Net that provided services and medication case management to disenrollees.

Cases were more than numbers...each had a story and presented with strong feelings about our health care "system".

People were often:

- *irritated to irate*...frightened of being without health coverage they had depended on...or "sick and tired of being sick and tired" ...waiting for disability, or waiting for Medicare.

- *i-lliterate*...and *isolated*...unable to connect on own to information on websites about safety net resources already in place;

- *"ill"-iterate*...and overwhelmed... diminished health literacy skills, at times unable to manage complexity of care on own.

Case Study: who is connecting the dots?

Case 23

Referral source: Self-referred through Hot line.

Chief concern: Unable to meet co-payments on Medicare when lost Standard. Complex medical needs: disabled from back injury years ago; now post laryngectomy r/t throat cancer with trach, 24 hour oxygen, and artificial larynx.

Profile: 55 yo AA male in rural northwest Tenn. No family support. Living in subsidized apartment complex. Receiving behavioral health counseling and support for depression and addiction. Connected to primary care source and had established specialty care.

Case Study: if there is a crack , someone will fall through.

Case 578

Referral source: State legislator

Chief concern: Severe liver cirrhosis of unknown etiology. In 24-month SSD waiting period for Medicare. Needs medications, care. May need liver transplant before Medicare available.

Profile: 54yo WM from West Tennessee. Moderately successful contractor and previously healthy. Divorced, but living with loving partner for over a decade. Grown son. Home, assets, savings.

Case study: give people the chance to do the right thing.

Case 1363

Referral source: Oncologist's office manager familiar with Cancer Safety Net.

Chief concern: Unable to find life-saving surgery for patient due to complexity of condition and limited insurance coverage that was exhausted by diagnostic procedures.

Profile: 26 yo SWM with embryonic yolk tumor in pelvic area that has wrapped around spinal cord. Tumor significantly shrunken by chemotherapy provided by oncologist. Had limited coverage through work as assistant cook at local restaurant. Not enough work credits for SSD; SSI pending as TERI case. Family supportive but resources exhausted.

Case Studies: Investigate and advocate.

CASES 437 and 982

- **Referral Source: Health Care Professional, other client**
- **Chief Concern: Both men needed insurance and income following accidents breaking their necks. Both men were paraplegic and needed total care.**
- **Profile: Both men were in their 20's and involved in transportation accidents which caused the injuries. Both men were married and had minor children. Their wives had to quit their jobs to be in the hospital for assisting in the care and taking care of the children. Both had applied for Supplemental Security Insurance, Social Security Disability Insurance, and Families First through the Department of Human Services. They had either been denied or had not gotten an answer either way. Both clients had an automatically qualifying condition for SSI and financially qualified for families first as an incapacitated parent.**

Case Study: it never hurts to ask.

- **CASE 1892**

- **Referral Source: Health Care Professional**

- **Chief Concern: Needs pacemaker replaced. Physician was willing to do the surgery and hospital was willing to donate care but client could not afford the pacemaker and did not qualify for any insurance programs.**

- **Profile: A 54 year old man who had a history of heart disease and pacemaker surgery. Client's pacemaker was nearing the end of its "life" and needed to be replaced. The pacemaker was not performing correctly. An intern working in the safety net program that day stated she worked part time in a position which allowed her to speak with manufacturers and she called and obtained approval for donation of the pacemaker. The client called back a month later stating we had saved his life and he was very grateful.**

We've learned many lessons, both at the personal and policy level.

- Even in a state with a plan for "universal coverage", there will remain uninsured and underinsured, and those who can fall between the cracks in our health care 'system'.
- Our current health care Safety Net is focused on primary care...specialty care needs of uninsured and underinsured remain a critical issue.
- There is always *something* you can do to support the uninsured...education, connection, coaching, advocacy...
- RNs are uniquely qualified to do this work....it's *never* "not my job".