

Local Access to Care Programs for the uninsured:
Sedgwick county Project Access 1999 to 2007,
a descriptive epidemiological study

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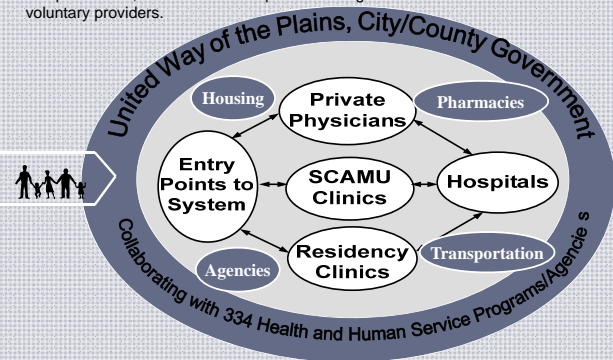


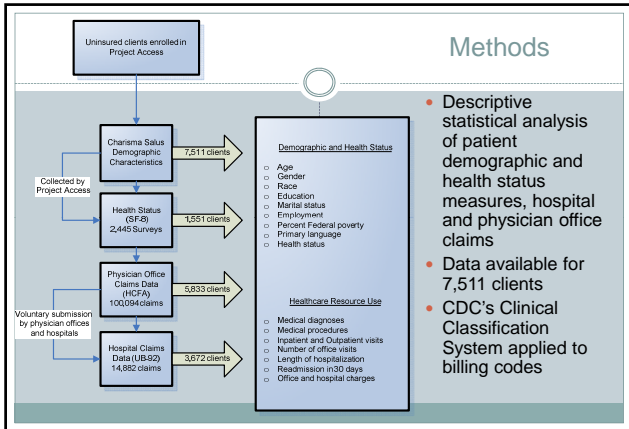
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Learning Objectives

- Within a low-income, uninsured, adult population:
 1. Describe the predominant diseases by body system affecting this population.
 2. Assess the impact of a voluntary, donated healthcare and community services referral network on health status.
 3. Discuss patterns of healthcare use within this population.

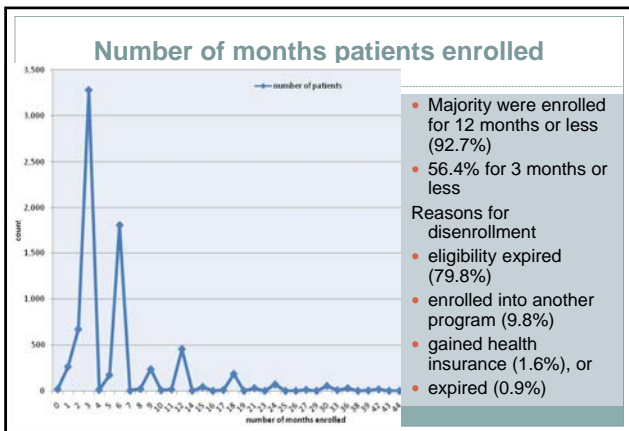
Mission: To enhance health care for low-income, uninsured members of our community by providing an accountable, quality health care system that is compassionate, accessible and equitable through a coordinated network of voluntary providers.



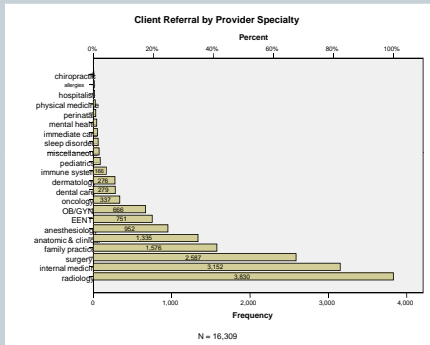


Patient Demographic Characteristics

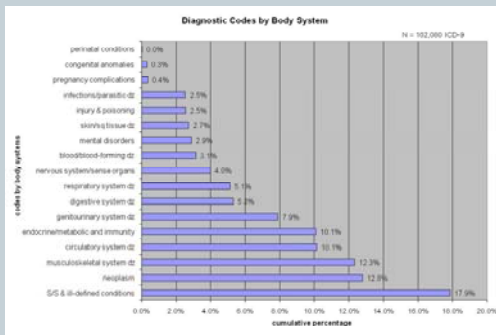
- Between 700 and 950 patients enrolled per year
- Female (62.8%), middle-aged (40-64 years; 58.3%), unmarried (73%)
- English-speaking (87.4%)
- Predominantly White (58.6%)
- High school educated or less (67%)
- Employed (55.8%), but living at 100% or less of the federal poverty level (67%)
- Enrolled for medical problems or pharmaceutical prescription needs (96%)
- Enrolled through community clinics (69.8%)
- Disenrolled due to expired eligibility (79.8%) or enrollment into another program (9.8%; i.e. Medicaid, Medicare, MediKan, and HealthWave)



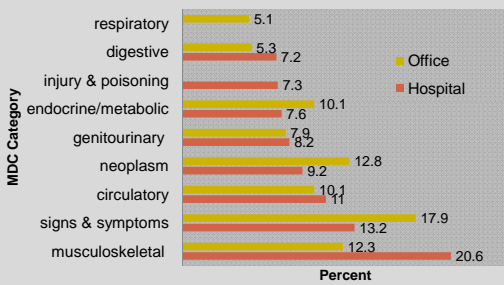
Distribution of provider services by medical specialty



Physician office diagnostic codes by body system



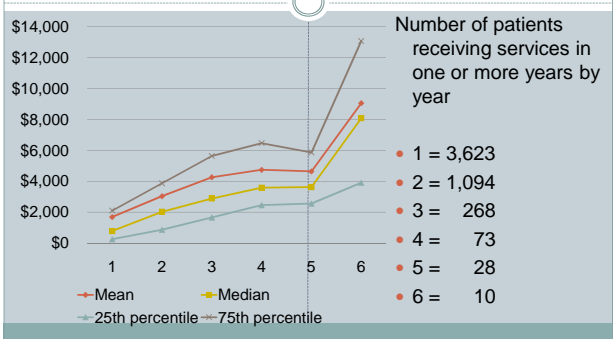
Major MDC Groupings by Percent Representation, Hospital versus Office Setting



Physician office and hospital charges by calendar year

Service Year	Mean	Median
1999	\$18,920 (\$13,881, \$23,959)	\$8,424
2000	\$16,155 (\$13,953, \$18,356)	\$8,219
2001	\$14,500 (\$12,070, \$16,930)	\$6,878
2002	\$15,434 (\$13,108, \$17,759)	\$7,930
2003	\$17,755 (\$14,838, \$20,672)	\$8,800
2004	\$21,777 (\$17,597, \$25,957)	\$9,891
2005	\$19,684 (\$16,590, \$22,777)	\$10,832
2006	\$16,621 (\$13,717, \$19,525)	\$9,215
2007	\$15,670 (\$12,660, \$18,680)	\$10,008

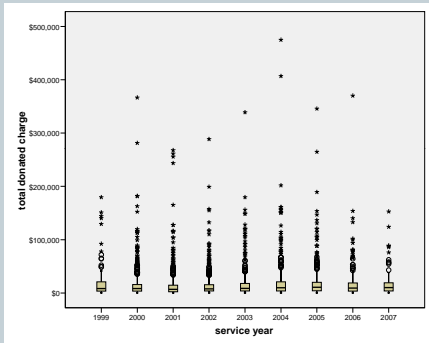
Distribution of office charges by number of years patient enrolled in Project Access



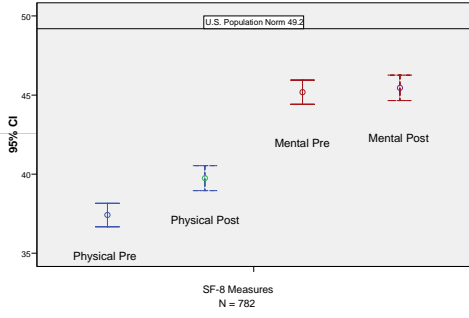
Donated Medical Service Claims

		Hospital	Office	Combined
Duplicated Claims	N	14,882	100,094	114,976
	Mean	\$3,064	\$180	\$553
	Median	\$487	\$65	\$70
Unduplicated Claims	N	3,627	5,380	5,913
	Mean	\$12,573	\$3,082	\$10,751
	Median	\$6,110	\$1,236	\$5,898
Unduplicated Claims with Outliers Removed	N	3,539	5,742	5,825
	Mean	\$9,832	\$2,450	\$9,832
	Median	\$5,998	\$1,189	\$5,898
Outliers Only	N	88	88	88
	Mean	\$122,797	\$38,451	\$161,249
	Median	\$101,078	\$28,580	\$134,645

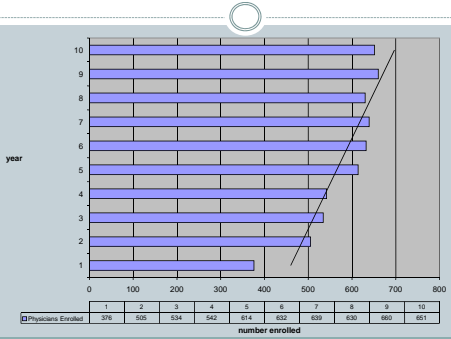
Median total charge per patient per year



Project Access Health Status at Enrollment and Disenrollment



Number of participating physicians 1999 to 2008



Comparison to National Statistics

Hospital Outpatient Visits:

- Project Access patients incurred 3,433 hospital outpatient visits from 1999 to 2007, a rate of 8.8 visits per 100 people; the national rate was three to four times higher than the Project Access rate.

Hospital Inpatient Discharges

- The rate of discharge per 10,000 for Project Access patients from 1999 to 2007 was 228.4, while the U.S. rate for 2006 was 1,168.7; the Project Access rate was approximately five times lower than the U.S. rate.
- The average length of stay (ALOS) for Project Access patients was between 1 and 4 days longer for seven major diagnostic categories; however, the ALOS for Project Access patients was between 1 and 3.5 days shorter in four diagnostic categories.

Since September 1, 1999

- 8,576 patients have enrolled in Project Access
- 579 physicians accept patients, 50 physician volunteer in local community clinics (58% of medical society)
- \$22,136,604 in medical care has been donated by physicians
- \$58,095,657 in medical care has been donated by seven area hospitals
- \$3,428,03 in prescriptions have been purchased with funds provided by Sedgwick County and City of Wichita government
- Project Access staff have leverage \$2,251,388 in donated medications through pharmaceutical companies

Conclusions and Recommendations

- Descriptive epidemiology of administrative medical care data can provide understanding and support community health planning efforts.
- Self-reported health status improved significantly while perceived mental health status improved slightly; however both scores remained lower than U.S. population norms.
- Approximately 1% of Project Access patients consumed nearly 25% of the overall donated charges.
- A care management model should be contemplated for the very small number of patients who consume health care resources disproportionately.

For more information



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