

Spotlight on the Safety Net

*A Community Collaboration
Kimberly Alexander-Bratcher, MPH*

Access II Care of Western North Carolina Toe River Project Access at Blue Ridge Regional Hospital Foundation

Community Care of North Carolina (CCNC) networks enhance access to primary care medical homes for Medicaid recipients statewide, and HealthNet partnerships increase access to care for the uninsured. A unique partnership between these two programs in the western part of North Carolina is providing access to a comprehensive array of services for the uninsured. Access II Care of Western North Carolina (AICWNC), a CCNC network, and the Toe River Project Access (TRPA) at Blue Ridge Regional Hospital Foundation, both HealthNet partners, joined forces to create a synergistic system of care in a very rural part of the state. According to Anne Braswell, senior analyst for research and development and HealthNet program manager at the Office of Rural Health and Community Care in the Office of the Secretary of the North Carolina Department of Health and Human Services, the two programs “have implemented an exemplary multicounty HealthNet project making excellent use of limited resources in a remote, rural community.”

Toe River Project Access was formed in 2003 in response to the growing number of uninsured and underinsured residents in the Spruce Pine area. Community providers had seen the success of Project Access in Buncombe County^a and wanted to help the citizens in Mitchell and Yancey counties in a similar way. The providers approached the Blue Ridge Regional Hospital Foundation for support and also volunteered their own time and resources to begin providing services. Toe River Project Access, formed as an initiative of the Foundation, now serves as a central referral service, spreading the burden of care across medical, dental, and vision providers, in addition to providing emergency prescription assistance. Clients may qualify for services if they have an existing condition, are uninsured, have a family income of less than 150% of the federal poverty level, and have been a resident of Mitchell or Yancey counties for the past 30 days.^b More than 600 people have been provided medical and dental services in the amount of over \$2.8 million since the TRPA program began.¹

Access II Care of Western North Carolina is an eight-county community-based health care network of Community Care of North Carolina. Mitchell and Yancey counties were added to the AICWNC Community Care network in 2003. In May 2009, AICWNC had more than 38,000 enrollees across its eight counties.² The groups in Mitchell and Yancey counties quickly became aware of the work of TRPA. The two organizations leverage funds to maximize limited resources by building on partnerships to bring greater access to care for the uninsured and underinsured in their region through a HealthNet network. Since the beginning of the partnership, they have provided 187 clients with case management and have launched an initiative to provide case management to Latinos with asthma, diabetes, chronic obstructive pulmonary disease, and congestive heart failure.

The HealthNet network provides comprehensive services including primary care, prescription assistance, health education, disease management, dental care, vision care, mammography, and nutritional counseling. It also provides emergency prescription assistance for patients with diabetes during the critical period between a provider writing a prescription and a patient's enrollment in a prescription assistance program. AICWNC and TRPA also work with other community organizations to coordinate additional services for the uninsured. Partners include the MYMeds program (a faith-based medications assistance ministry that provides long-term prescription assistance), Toe River Health District, Healthy Yancey and Mitchell Community Health Partnership (Healthy Carolinians partnerships), Centro de Enlace and Centro Latino community organizations, NC Farmworker Health Program, Mitchell and Yancey counties Departments of

a Buncombe County Project Access was the first Project Access program in North Carolina. It is an innovative physician volunteer initiative providing access to comprehensive medical care for low-income uninsured Buncombe County residents. The first patients were seen in June 1996. Information available at: <https://www.bcmsonline.org/pa/pp/>. Accessed June 8, 2009.

b Personal communication with Cheryl Craigie. May 19, 2009

Spotlight—continued on page 286

Social Services, Blue Ridge Regional Hospital, and more than 50 primary care providers, dentists, and optometrists.

In a rural community hit especially hard by the current economic downturn, this HealthNet network is increasing access to medical care for the uninsured. The program not only met, but exceeded, all but two of the first quarter performance standards, increasing the number of participants from 203 to 394, offering them with a medical home, and providing access to many needed services. The local emergency room use decreased 666% for people participating in the program for one year or more, and Blue Ridge Regional Hospital has seen a 33% decrease in dental disorders.^b Technology is being used to capture utilization rates of the uninsured, track the uninsured as they move across the state, and help with continuity of care across providers.

Much of the program's success is due to the commitment and dedication of the providers. TRPA has 100% of the two counties' primary care physicians participating in the program and strong support from the extended medical community. Even during tough financial times, the providers are not only continuing to provide services at a substantially reduced cost, similar to an insurance co-pay, but many are offering to increase the number of program participants they serve. Program staff note that providers make a lifestyle choice to come to a rural community and make professional and personal sacrifices. The only providers that are no longer with the program are several dentists who moved to start practices in even more rural areas.

There are several challenges to providing services in this rural area. Access to specialty care may only be available in larger communities because there are very few specialists in the two counties. Those specialists in larger communities may accept patients but most likely already provide reduced care for program participants in the cities of Asheville or Boone. There is also a shortage of health care providers, with both Mitchell and Yancey counties designated as federal Health Professional Shortage Areas.³ Continuing layoffs have introduced many people unfamiliar with supportive services to the ranks of the uninsured. Spruce Pine was featured in a recent CNN story due to the more than 2,000 layoffs in a community of just over 15,000 residents.⁴ In order to increase awareness and establish credibility with the newly uninsured, the program works with churches and trusted community partners.

There are also success stories. The partners were recently awarded a grant from the Tri City affiliate of the Susan G. Komen for the Cure Foundation. The project provides gas cards to TRPA clients and participants in Mitchell and Yancey counties' Breast and Cervical Cancer Control Program. Separate grant funds provide free mammograms to TRPA clients. Patients are required to complete surveys that assess the unmet medical needs in the area. The results will be shared with the partnership to help address these unmet needs. In a specific example of the HealthNet program's effectiveness, a patient was scheduled for a complete eye exam. During the exam, the optometrist noticed an abnormality. He tested the patient's blood sugar in the office and received an elevated result. The patient was sent to the emergency room for care and was diagnosed with diabetes. She is receiving medication assistance through TRPA and case management through Access II Care.

Without the continuity of care provided by the network, this patient and many others may not have received timely and effective treatment for a wide spectrum of medical problems. This HealthNet network is making a difference in the lives of Mitchell and Yancey county residents one person at a time.

REFERENCES

- 1 Toe River Project Access Blue Ridge Regional Hospital Foundation. <http://www.brrhfdn.org/toeriver.htm>. Accessed May 28, 2009.
- 2 Community Care of North Carolina Monthly Enrollment. <http://www.communitycarenc.com/PdfDocs/MonthlyEnrollment.pdf>. Accessed May 28, 2009.
- 3 Find shortage area by state and county. US Department of Health and Human Services, Health Resources and Services Administration website. <http://hpsafind.hrsa.gov/HPSASearch.aspx>. Accessed May 28, 2009.
- 4 Mountain town struggles after devastating layoffs. CNN website. April 29, 2009. <http://www.cnn.com/2009/LIVING/04/29/family.fight/>. Accessed May 19, 2009.

Contributors to this article include Jennifer Wehe, executive director, and Jennifer Tyner, regional HealthNet coordinator, Access II Care of Western North Carolina; Monica Yokubinas, program coordinator, and Tonda Gosnell, case manager, Access II Care of Western North Carolina; and Cheryl Craigie, executive director of philanthropy and marketing, Blue Ridge Regional Hospital and Foundation.