

**Helping Gaston County citizens in need
access affordable healthcare services**



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HealthNet
Gaston

Dear Friends and Colleagues:

It has been my privilege to serve as chair of the HealthNet Gaston Board of Directors since 2008.

As a physician, I see first-hand how the uninsured members of our community struggle to improve their health with access to only the most basic healthcare services. Many of these patients resort to using Gaston Memorial Hospital's Emergency Department to provide all of their medical care.

Members of Gaston County's safety net – Gaston Memorial Hospital, Gaston Family Health Services, Community Health Partners, Gaston County Health Department, Gaston County Department of Social Services, Gaston Together – worked to formulate a community-wide plan for caring for the uninsured. HealthNet Gaston is the result of this collaboration and is charged with screening and enrolling program participants, coordinating physician volunteer commitments, and providing medication assistance, case management, education and navigation.

In this report, you will see the results of the commitment to providing access to care by all who work to improve our community's health through their participation in HealthNet Gaston. We have come a long way in a short time.

To my fellow healthcare providers and their staff members – THANK YOU for joining me in this worthy initiative to help those who cannot afford services to manage their medical conditions. You are making a difference in many lives.

With regards,



Costa Andreou, MD
Chair, HealthNet Gaston Board of Directors



Patient Demographics

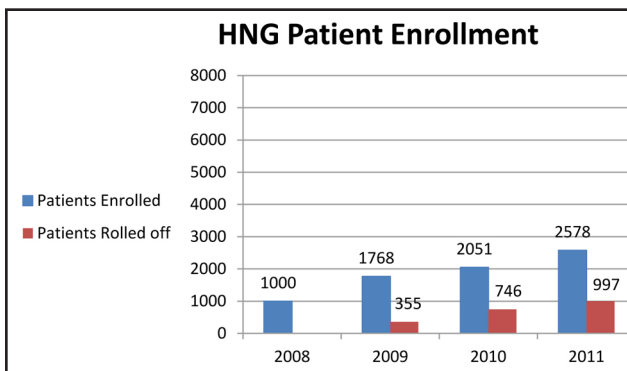
	Number	Percentage
Sex		
Men	1,070	41.5%
Women	1,508	58.5%
Race		
Asian	9	0.3%
Caucasian	1,959	76%
African American	577	22.4%
Hispanic	23	0.9%
Indian	8	0.3%
Refused/ Unidentified/ Other	2	0.1%
Age		
18-24	73	2.8%
25-35	314	12.2%
36-50	1,038	40.3%
51 and up	1,153	44.7%
Total	2,578	100%

The typical HealthNet Gaston patient is not who you may think!



In truth, there is no typical HealthNet Gaston patient. All are unique individuals with unique circumstances including:

- A mom of four with cancer who doesn't qualify for Medicaid because her husband's job as a solid waste services worker puts him just above the income limits
- A long-haul truck driver who faithfully paid his health insurance premiums until his work dried up in 2010 and he could no longer afford insurance
- A healthcare aid who got laid off at age 60 and has been unable to find employment
- A victim of domestic violence whose injuries cause her to have up to seven seizures a day, rendering her virtually unemployable
- A masters-level degreed professional who has such severe allergies she can barely leave her home without going into anaphylactic shock –she cannot work as a result and does not qualify for disability.



*Patients roll off because they die, move out of Gaston County, receive insurance or are non-compliant with program guidelines. These patients did receive services prior to rolling off.

HealthNet Gaston provides access to primary and specialty medical care.



All HealthNet Gaston patients have household incomes at or below 200% of federal poverty, which was \$44,700 for a family of four in 2011. HealthNet Gaston provides access to primary and specialty medical care.

Local healthcare providers donate their time to see HealthNet Gaston patients. Quest Labs, Lab Corp. and Solstas provide free labs. Gaston Memorial Hospital, CaroMont Medical Group and Gaston Radiology provide free diagnostic services such as MRIs and CAT scans. Gaston Memorial Hospital also provides access to all of its services.

Access to complete care is crucial for patients so their medical issues can be accurately diagnosed, treated and/or resolved. For example, an uninsured patient with a chronic gastrointestinal problem can experience severe pain and make frequent trips to the Emergency Department for help in treating the symptoms. A thorough panel of tests plus a few visits with a gastrointestinal specialist and the patient is on the road to recovery. They now have no need to go to the hospital and their care can be managed by their primary care provider. As patients' health improves, their need for healthcare resources decreases, which saves money to the healthcare system and frees up capacity for others to receive care.

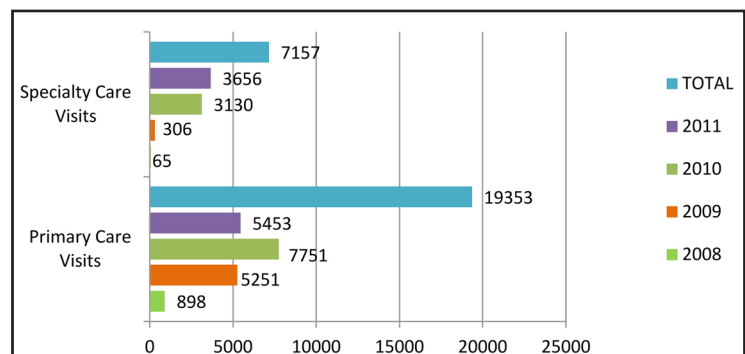
Volunteer? To see patients for free? Who would do that?

In Gaston County, over 300 healthcare providers plus their nurses and staff members, that's who! One of them is Dr. David Rinehart, a physician with South Point Family Practice.

"For the most part, participating in HealthNet Gaston has been extremely rewarding for me professionally. Many times I have had grateful patients thank me so much for participating, allowing them to have access to basic care and health education and prevention care that they otherwise would be unable to receive. The relatively small numbers of HealthNet Gaston patients are a negligible burden financially in a busy practice, and I think the community benefit is unquestionable. We are fortunate to have an organized system of providing this type of care, with the proper oversight and management that allows us to know that these are the patients that benefit most from our services and that we each are doing a share of this work for these people and for our community."

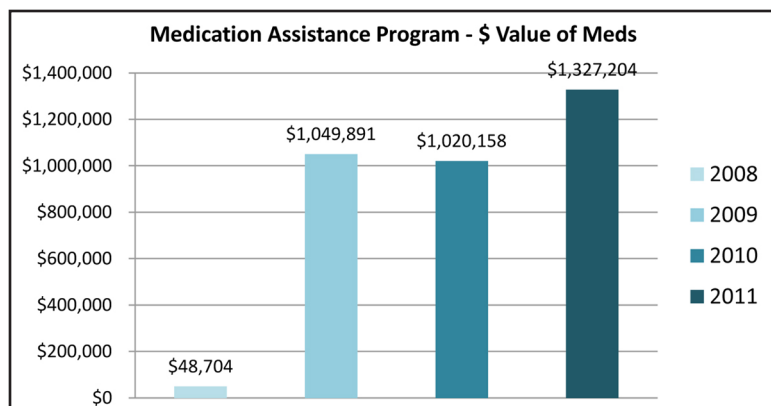


Provider Visits Kept

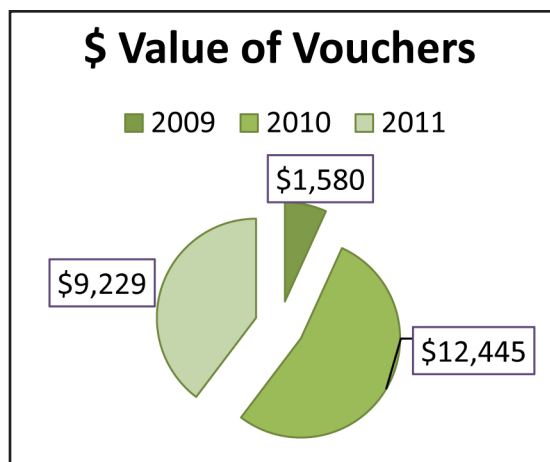


HealthNet Gaston improves access to prescription medications.

HealthNet Gaston's Medication Assistance Program (MAP) provides patients a 90-day supply of their prescription medications for only \$6 per prescription. The MAP Coordinator works with each patient, doctor and pharmaceutical company to make sure required documentation is submitted in timely manner. Pharmaceutical companies take 6-8 weeks to process each request. Prescriptions are dispensed at Gaston Family Health Services' pharmacy so that HealthNet patients may receive instruction on dosing and interactions.



In 2009, HealthNet Gaston was the beneficiary of Gaston Memorial Hospital's Candlelight 8K event and a voucher fund was established to provide medications to patients who had immediate, critical needs. Funds from the 8K were exhausted in 2010. The Sisters of Mercy of NC Foundation funded both the vouchers and the Medication Assistance Program for 2011 and 2012. The Glenn Foundation also funded vouchers in 2011.



Why is this important?

For patients with chronic medical conditions, compliance in taking prescribed medications is crucial to managing those conditions and improving health. For many, it is the difference between life and death.

At her MAP enrollment, new enrollee Sara* shared that she was out of all medications because she could not afford to purchase them. She was very concerned about the ramifications of not taking her medications -- she could have a seizure, stroke, heart attack, be unable to breathe and/or have complications from unregulated blood sugar. Sara was given a voucher that day to obtain all of the medications that she needed immediately.

HealthNet Gaston's MAP provides 10 medications for Sara. If she were not enrolled into MAP and had to purchase these 10 medications on her own it would cost her \$12,142.26 every 90 days. Because of MAP, Sara only pays \$60 every 90 days – a price tag she can afford. "I'm grateful to HealthNet Gaston's Medication Assistance Program," says Sara. "Without it, I could not afford these medicines and would be very sick. I would probably die without them. I feel like this program has saved my life."

HealthNet Gaston patients experience improved health.



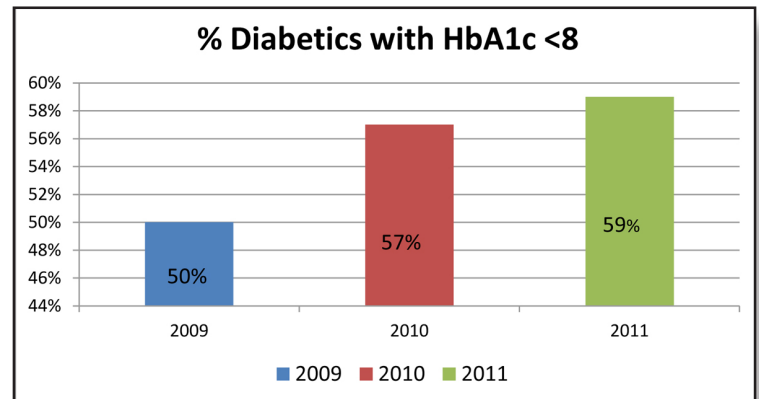
What impact does uncontrolled diabetes have?

Fred* came to HealthNet Gaston's group enrollment with a big problem: he had been diagnosed with diabetes four months previously, but did not have the resources to purchase his needed medications. As a result, he was having intense pain, known as neuropathy, vision issues and felt so poorly it was hard to get out of bed in the morning. He was unable to work as a result. It was only a matter of time before he would be so sick he would require extensive hospitalization.

Fred was given vouchers to get him started with his diabetes medications (MAP medications at \$6/90 days would follow) and assigned to a primary care provider close to his home. The provider worked with HealthNet Gaston's case managers to make sure Fred had access to his medications as well as education on how and when to check his blood sugar, when to take his medication and diet and lifestyle changes.

Three months later, Fred was a new man. He felt much better, his pain had subsided, his vision was improving and he had more energy. He's now seeking employment so he can support himself and his ailing wife. "This program is like a miracle," he says. "I never thought I'd feel good again. Now I have hope."

• Names changed



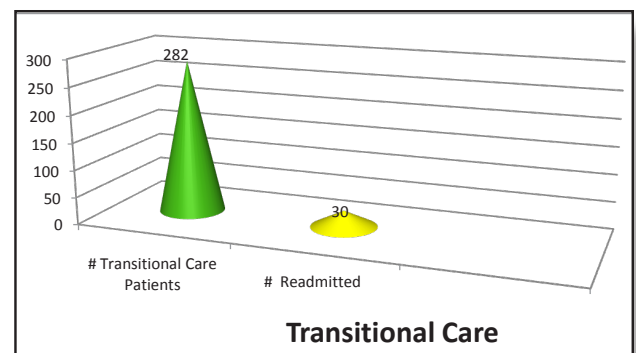
Education and case management play a significant role in improving patient health. A key component of HealthNet Gaston's program is patient responsibility for their health. HealthNet Gaston employs two nurse case managers to teach patients self-care and help them effectively access the resources they need – including resources that go beyond strictly medical needs.

Coordination of services from inpatient to home is known as transitional care management and includes home visits, medication assessment, resource assessment and assistance in obtaining all resources needed for the patient to successfully recover at home. For instance, if a patient is discharged from an inpatient hospital stay, but has no food to eat at their home, a case manager will assist them in locating resources to obtain food. Lack of nutritious food can impede a patient's ability to get better and could land them back in the hospital.

Case managers also work with diabetic HealthNet Gaston patients to provide education and support so that they can effectively manage their disease. For a diabetic to be in control, a measure known as Hemoglobin A1c (HbA1c) needs to be at or below 8.

Additionally, 24% of diabetics receiving case management show an improving HbA1c level, although they have not yet met the goal.

Transitional Care Management Results 2-2011 to 6-2012



HealthNet Gaston promotes efficient and coordinated use of healthcare resources which generates savings to the community.



Many uninsured patients seek medical care for all problems large and small at Gaston Memorial Hospital's Emergency Department (ED). An ED visit is much more expensive than a visit to a primary care provider and offers less continuity of care.

HealthNet Gaston's patient navigator works with enrollees who go to the ED for something that could and should have been handled in primary care. Directing patients to less costly avenues for healthcare saves money.

Emergency Department Usage by HealthNet Gaston Patients

	2009	2010	2011
# of patients with less than 1 ED visit	548	1937	2134
% of patients with less than 1 ED visit	31%	77%	70%

A review of HealthNet Gaston's claims data shows that patients averaged 64% fewer ED visits in 2011 than 2010. At an average cost of \$657 per visit per patient, these avoided ED visits saved an estimated \$1,083,997.

Other savings to the system:

Transitional Care Management: 252 patients avoided 3.4 inpatient days each at \$657/day = \$563,049

Claims Reduction: 1.5 fewer claims per patient in 2011 x 2,578 patients x \$657 per claim = \$2,540,619

Medicaid Billing: Gaston Memorial Hospital billed \$1,563,679 in 2011 for HealthNet patients that rolled off the program and onto Medicaid.

What this looks like in the real world:

Stella* had a hurt ankle and was in constant pain. She made frequent trips to the ED, trying to get her ankle fixed. However, a hurt ankle is not considered an emergency, so there wasn't much that could be done for her in the ED. Likewise, her primary care physician could help her manage the situation but didn't have the expertise to treat her real problem.

Through HealthNet Gaston, Stella received a referral to an orthopedic surgeon. He diagnosed her problem, performed surgery and now she is fine. Before her surgery, she averaged 2 ED visits per month – a pattern that would continue, if not increase, were her ankle left untreated. In one year's time, the cost of taking care of Stella's ED visits alone would be \$15,768 or more.

Moving forward, her problem has been resolved and she has had no ED visits since.

HealthNet Gaston fosters collaboration and coordinated care, reducing inefficiency and improving outcomes.

Many partners work together to care for the uninsured under the auspices of HealthNet Gaston.

They include:

Gaston Memorial Hospital and CaroMont Medical Group

- \$14,575,599 in services donated in 2011
- Over \$39 million in services donated since 2008
- 304 healthcare providers plus their nurses and staff donating services to HealthNet Gaston patients
- Shares IT systems to increase continuity of care

Gaston Family Health Services, Inc.

- Provides primary care to 84% of HealthNet Gaston Patients with services valued at over \$500,000 in 2011
- Allows patients to receive MAP prescriptions at their pharmacy
- Provides human resource support to HealthNet Gaston staff
- Shares IT systems to increase continuity of care

Community Health Partners

- Provides case management and case management oversight on a contracted basis
- Assures continuity of care as HealthNet patients roll on or off of Medicaid
- Shares IT systems to increase continuity of care

Gaston County Department of Social Services

- Refers patients who do not qualify for Medicaid

Gaston Together

- Provides Health at Home handbooks and resource guides for patient education
- Brings the resources of the Gaston Community Healthcare Commission to support HealthNet Gaston

United Way of Gaston County

- Provides access to agencies who can assist HealthNet Gaston patients with their social service needs

Gaston County Health Department

- Provides information on community health needs

Our Funders:

Blue Cross Blue Shield of NC Foundation
CaroMont Health Foundation
The Duke Endowment
The Carrie E. and Lena V. Glenn Foundation
NC Office of Rural Health and Community Care
Sisters of Mercy of NC Foundation



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