UNIVERSITY OF KENTUCKY

Kentucky Homeplace

July 1 – September 30, 2016
Quarterly Report

Kentucky Homeplace ***http://www.kyruralhealth.org/homeplace***

Funding for the program is a joint collaboration of the Kentucky Cabinet for Health and Family Services and the University of Kentucky and the Center of Excellence in Rural Health.

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Front page photograph courtesy of Karen Pratt, UK CERH Business Office Clerk

Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace emphasizes education/health coaching for clients on chronic disease management, healthier lifestyles and preventative care. Currently all of Kentucky Homeplace CHWs are trained as lay leaders in both Chronic Disease Self-Management and Diabetes Self-Management (Stanford model) and workshops are underway. The program now serves 30 counties in eastern portion of the state. Due to the ever-changing healthcare needs Kentucky Homeplace is adjusting to meet the needs of the clients we serve. The following report reflects the CHWs activities regarding care coordination, number of services, service values and medication values and also collective information on the health status of our clients.

Quarterly Summary
For the period July 1, 2016-September 30, 2016 the number of CHWs provided services for 1,616 clients. The CHWs logged 4,942* hours on care coordination activities with a service value of $92,267 amount of medication accessed were $1,125,716 and other service values (not medications) accessed were $519,419 for a combined total of $1,737,402**.**

The entire quarterly report is posted on the UK Center of Excellence in Rural Health's web page at http://kyruralhealth.org/homeplace. The report is found under the Reports tab, Quarterly Reports and then click on July-September 2016. If you wish to have a printed copy, please call 1-855-859-2374 or email me at mace.baker@uky.edu.

Sincerely,

William Mace Baker

William Mace Baker, RN
Director, Kentucky Homeplace Program

* Updated 7/19/17 to include the cost of CHW time and the amount of time required to conduct workshops.

Program Activities

July 1, 2016 - September 30, 2016

CDSMP Activities

The Kentucky Homeplace Community Health Workers have been busy this quarter. The CHWs have provided the Chronic Disease Self-Management Program (CDSMP) six-week workshop for 159 of their clients YTD. Thirty-two CDSMP leaders have been trained by master trainers employed by the University of Kentucky, Center of Excellence in Rural Health. DSMP workshops are also currently being conducted by all Community Health Workers across the service area.

Kentucky Association of Community Health Workers (KYACHW)

The Homeplace CHWs attended the first ever Kentucky Association of Community Health Workers (KYACHW) Conference. The Montgomery County Health Department utilized grant funding and partnerships with Homeplace and other agencies to bring this association together. There were approximately 120 in attendance at the conference on September 27, 2016.

Community Engagement Activities

The CHWs attend interagency meetings in each of their counties. This allows them to network with other agencies to help provide access to services for their clients. The majority of the CHWs are members of their community diabetes coalitions or diabetes support groups. The CHWs participate in community health fairs, senior citizen's events, food banks, wellness council/coalition meetings, health fairs sponsored by various managed care organizations and a host of other events to inform people about Homeplace services. These services include opportunities to attend educational group or individual health coaching sessions to increase their self-management knowledge to improve their life style and reduce their risk factors to lead to a better quality of life.

Connecting Kids to Coverage

The University of Kentucky (UK) Center of Excellence in Rural Health (CERH) recently received funding from the Centers for Medicare & Medicaid Services (CMS) to help enroll eligible children in Medicaid and CHIP as part of the Connecting Kids to Coverage (CKTC) campaign. As a result of this all KHP CHWs were trained and will be able to enroll eligible clients. The additional funding added seven new CHWs will be employed whose primary role will be working on this worthwhile project. The coverage area consists of 40 counties in Eastern Kentucky (see map on page 17).

Research

Kentucky Homeplace was fortunate to be able to partner with Tom Collins of the University of Kentucky, College of Public Health Rural Cancer Preventions Center on a project this quarter. The project consisted of the distribution of 100 FIT kits to the residents of Breathitt, Wolfe, Lee, Owsley, Leslie, Perry, Letcher and Knott counties. The CHWs distributed the kits and provided the clients with instructions on the use of the kit, shipping instructions and lastly they provided the clients with the results.

Michelle Ledford (CHW for Clay County) and Kathy Hamilton (CHW for Floyd County) are working with Dr. Jennifer Hatcher with the University of Kentucky, College of Nursing on a pilot study in which the purpose is to determine the feasibility, acceptability and efficacy of testing and social media intervention to reduce risk factors for colorectal cancer.

Carole Frazier (CHW for Perry County) and Keisha Hudson (CHW-Stroke Navigator) are working on a study by Claire Snell-Rood with the University of Kentucky College of Medicine Department of Behavioral Science. Both Carole and Keisha were trained to conduct Wellness Recovery Action Plan (WRAP) workshops. The focus of the workshop is to help women who are dealing with depression. They are currently conducting both an evening and daytime workshops that is being offered here at the center.

Upcoming CHW Trainings

Four day CHW training will be conducted November 15, 16, 29, 30 at Jenny Wiley State Park.

For more information, contact Mace Baker or Johnnie Lovins at 1-606-439-3557.

New Employees

Jesshia Fulkerson Jesshia is from Fleming County and will be working in Fleming, Nicholas, Montgomery and Clark counties on the CKTC project.

Whitney Bingham Whitney is from Estill County. She will be working in Estill, Madison and Powell counties on the CKTC project.

Mary Bowling Mary is from Leslie County. Mary will be working the Leslie County area as a CHW.

Brianne Smith Brianne is from Boyd County. Brianne will be working in Greenup and Boyd County as a CHW.

Four more CHWs are currently in the onboarding process for employment.

Homeplace A1C Savings Projections

Savings projections obtained from "Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes" (Fitch, 2013).

Figure 1 illustrates savings and cost of A1C percentage. With a 1 percentage A1C decrease it is estimated $250 savings a year in medical expenses. Yearly hospitalization costs are listed correspondingly with A1C ranges, i.e. an A1C of 9 would result in a yearly cost of $1,380.00 in hospitalization costs.

1 Point A1C Decrease (Savings/Yr)	$ 250.00

Hospitalization (Cost/Yr)	
A1C <8%	$ 970.00
A1C 8%-10%	$ 1,380.00
A1C >10	$ 3,040.00

Fig 1.

Data was obtained from the Kentucky Homeplace Database (2014). Clients were filtered for A1C and follow-up A1C entered in the database during December 2014 to June 2016.

Total of 29 Clients (.005% of Homeplace clients with diabetes) with an average of 1.79 A1C reduction.

To calculate cost savings over 5 years: ((# of A1C percentage decreased x $250) x 5 (Years)) + ((pre-A1C range cost – post-A1C range cost) x 5 (Years))

Total cost savings for 29 clients over 5 years considering individual A1C reductions equal $100,050.

*Estimates do not include medication or other medical costs. Only includes cost of hospitalization as savings and money saved each year from diabetes medical costs.

Estimations based on 5,592 Kentucky Homeplace clients with diabetes

If each diabetic client reduces A1C by at least 1 point the total medical cost savings in 5 years equal $6,990,000.

If each diabetic client reduces A1C by at least 2 points the total medical cost savings in 5 years equal $13,980,000.

If 50% of Homeplace clients have an A1C of 8 and reduce it to 7 the total hospitalization cost savings equal $5,731,800.

If 25% of Homeplace clients have an A1C of 11 and reduce it to 8 the total hospitalization cost savings equal $11,603,400.

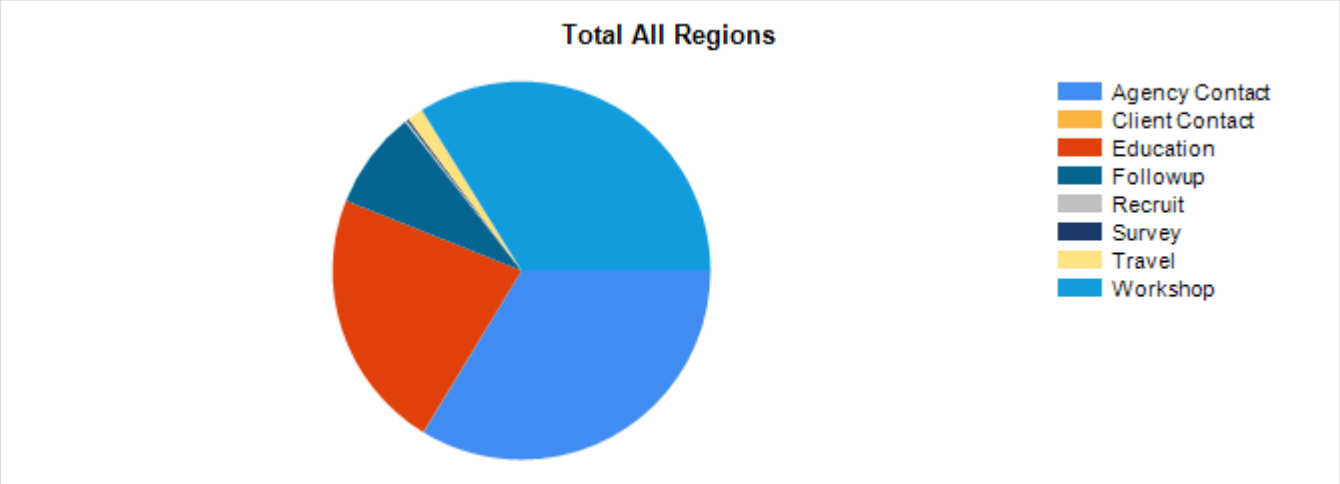
*Diabetic clients based on the number of clients with at least one service during December 2014 to June 2016.

Sydney Thompson, MS (2016)

Activity Summary

(Clients visited: 07/01/2016 – 09/30/2016)

Activity	CHW Hours
Agency Contact	1,664.60
Client Contact	1.33
Education	1,102.82
Followup	414.98
Recruit	8.17
Survey	9.83
Travel	67.32
Workshop	*1,672.70
Grand Total:	**4,941.75**



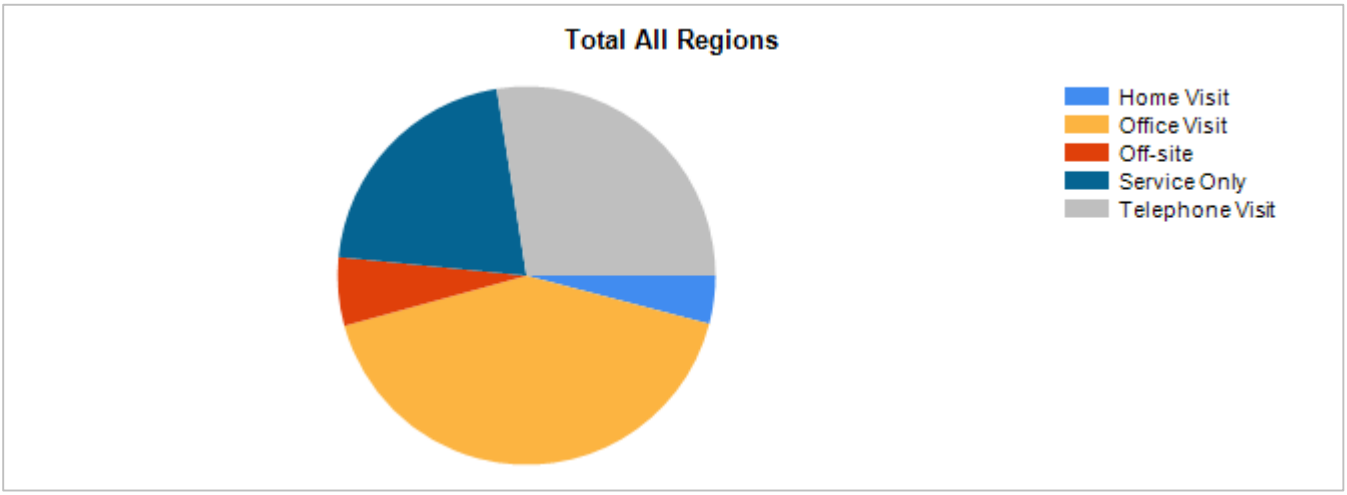
Total service value for 4,942 hours equals $92,267

* Revised 7/19/2017

Visit Summary

(Clients visited: 07/01/2016 – 09/30/2016)

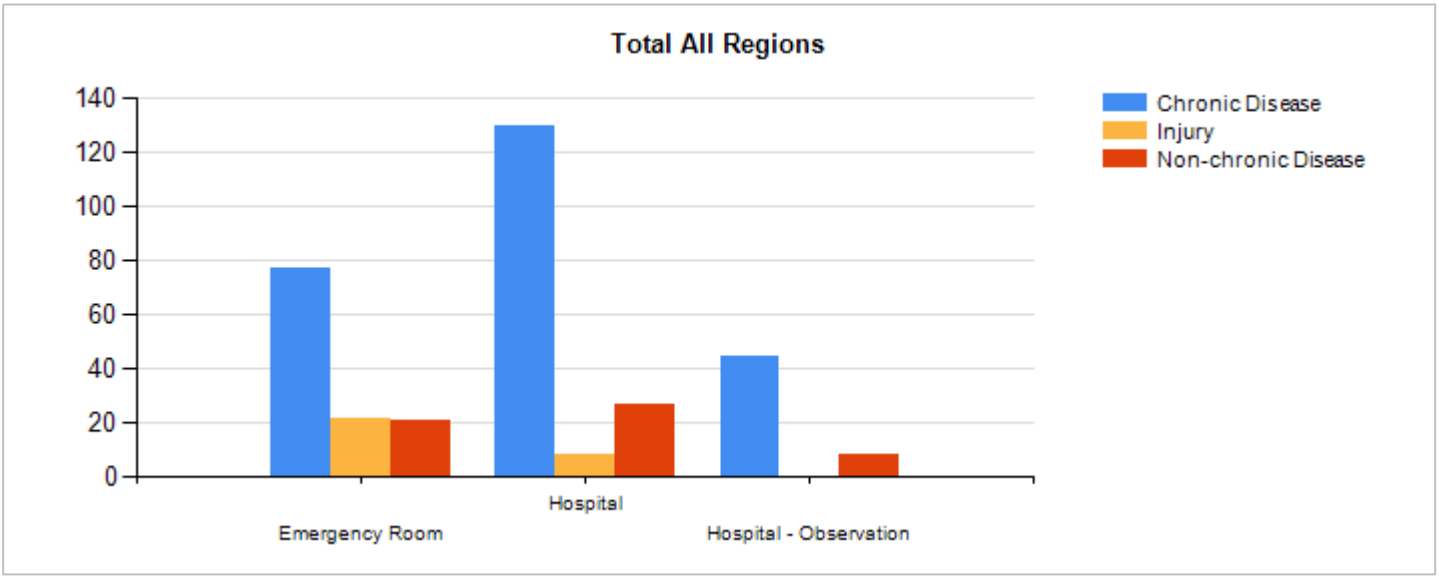
Visit Type	Client Visits
Home Visit	129
Office Visit	1,309
Off-site	184
Service Only	657
Telephone Visit	866
Grand Total:	**3,145**



Hospital-ER Summary

(Clients visited: 07/01/2016 – 09/30/2016)

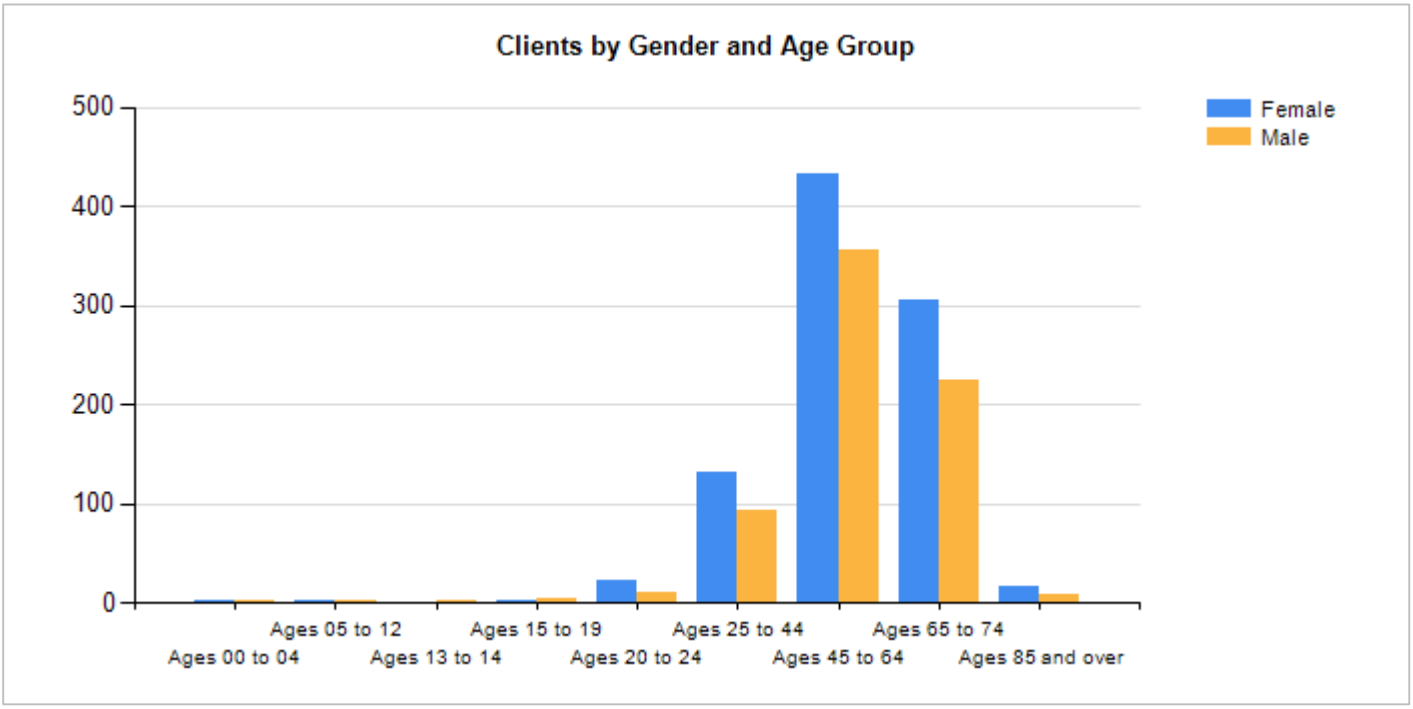
Episode Type	Reason	Episodes	Days Stay
Emergency Room	Chronic Disease	77	10
Emergency Room	Injury	22	0
Emergency Room	Non-chronic Disease	21	5
Hospital	Chronic Disease	130	587
Hospital	Injury	8	20
Hospital	Non-chronic Disease	27	104
Hospital - Observation	Chronic Disease	45	70
Hospital - Observation	Non-chronic Disease	8	7
Grand Total:		**338**	**803**



Age Gender Summary

(Clients visited: 07/01/2016 – 09/30/2016)

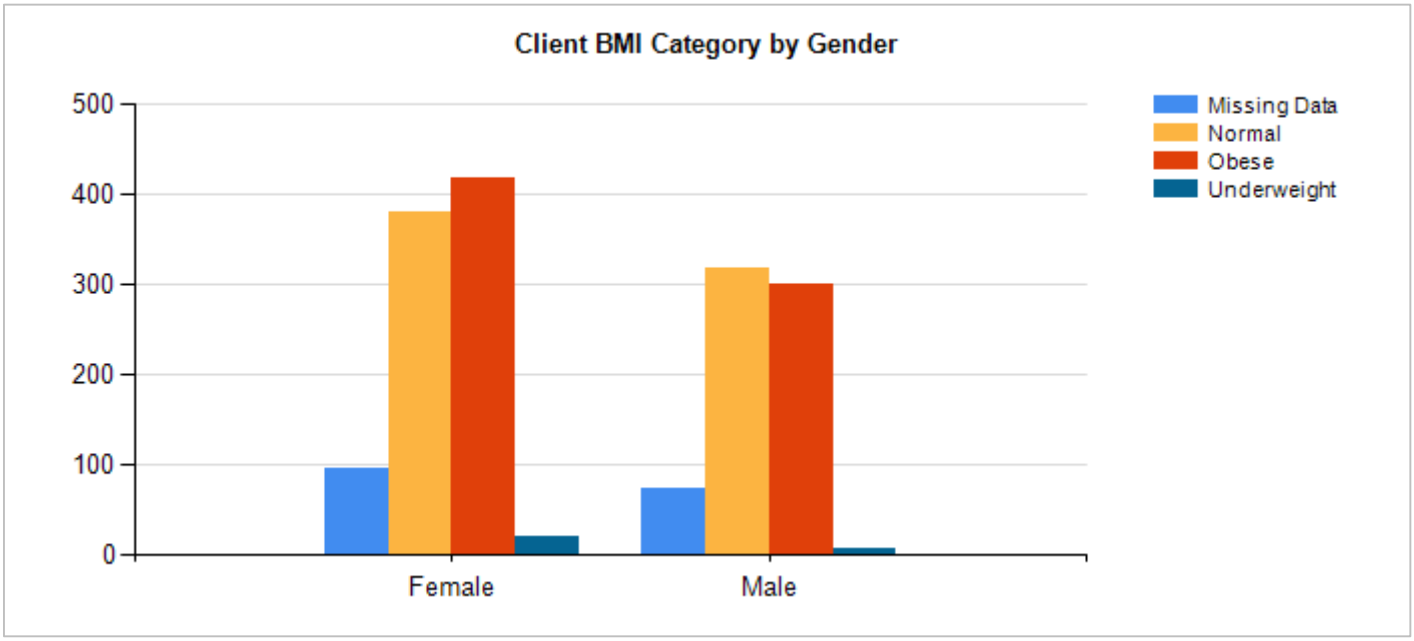
Age Group	Female	Male
Ages 00 to 04	3	3
Ages 05 to 12	2	1
Ages 13 to 14	0	1
Ages 15 to 19	1	5
Ages 20 to 24	23	10
Ages 25 to 44	132	92
Ages 45 to 64	432	355
Ages 65 to 74	306	225
Ages 85 and over	16	9
Totals	**915**	**701**



BMI Category Summary

(Clients visited: 07/01/2016 – 09/30/2016)

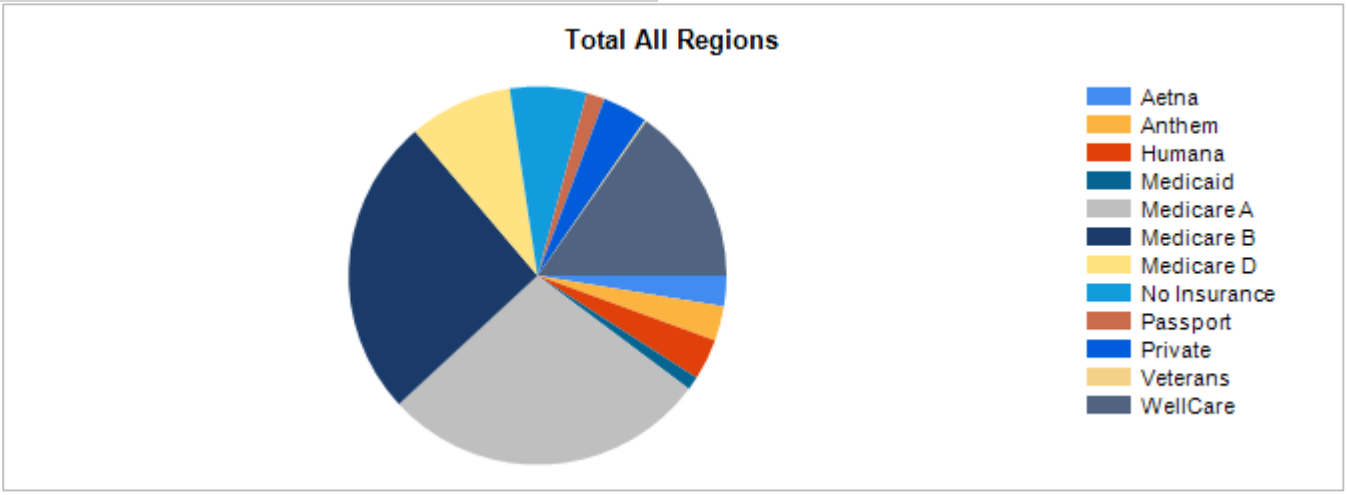
Gender	Bmi Category	Clients
Female	Obese	418
	Normal	380
	Missing Data	97
	Underweight	20
	Total:	**915**
Male	Normal	319
	Missing Data	73
	Obese	301
	Underweight	8
	Total:	**701**
	Grand Total:	**1,616**



Insurance Summary

(Clients visited: 07/01/2016 – 09/30/2016)

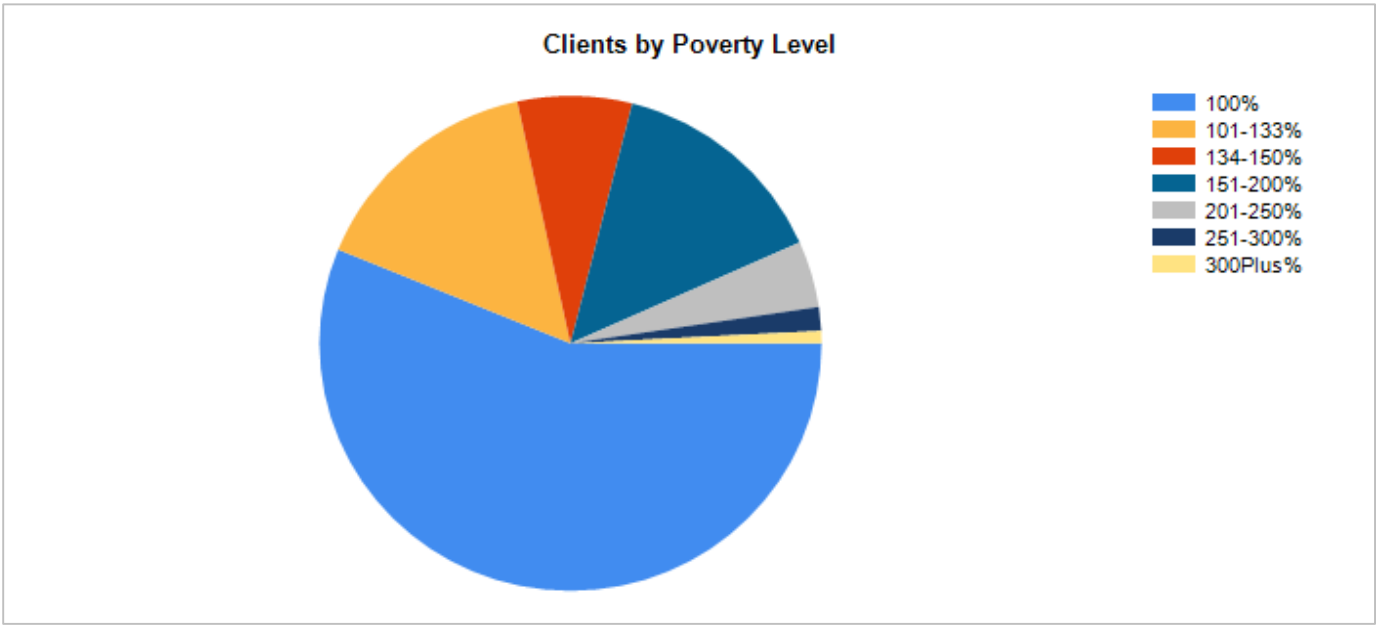
Insurance Type	Clients
Medicare A	781
Medicare B	719
WellCare	426
Medicare D	248
No Insurance	184
Private	108
Humana	98
Anthem	83
Aetna	73
Passport	44
Medicaid	32
Veterans	4
Grand Total:	**2,800**



Poverty Level Summary

(Clients visited: 07/01/2016 – 09/30/2016)

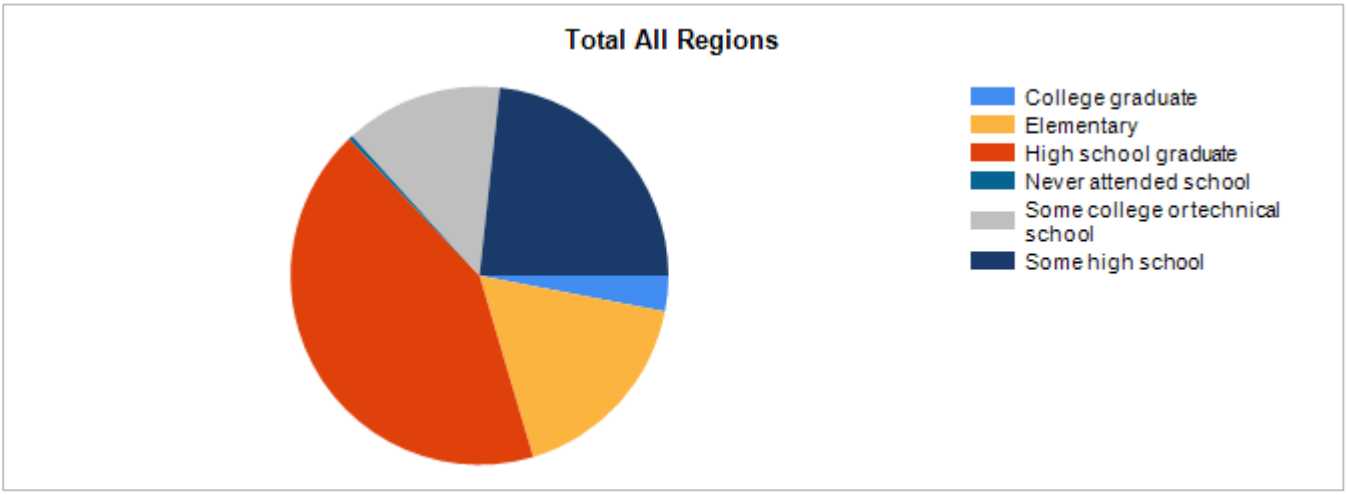
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	908	249	119	232	70	25	13	1,616



Education Level Summary

(Clients visited: 07/01/2016 – 09/30/2016)

Education Level	Clients
Never attended school	6
Elementary	281
Some high school	376
High school graduate	686
Some college or technical school	218
College graduate	49
Grand Total:	**1,616**



Kentucky Association of Community Health Workers (KYACHW)
1st Annual Conference

Galt House - Louisville, Kentucky

Front row: Kayla Gilliam, Angela McGuire, Ashley Gilbert, Ashley Gross

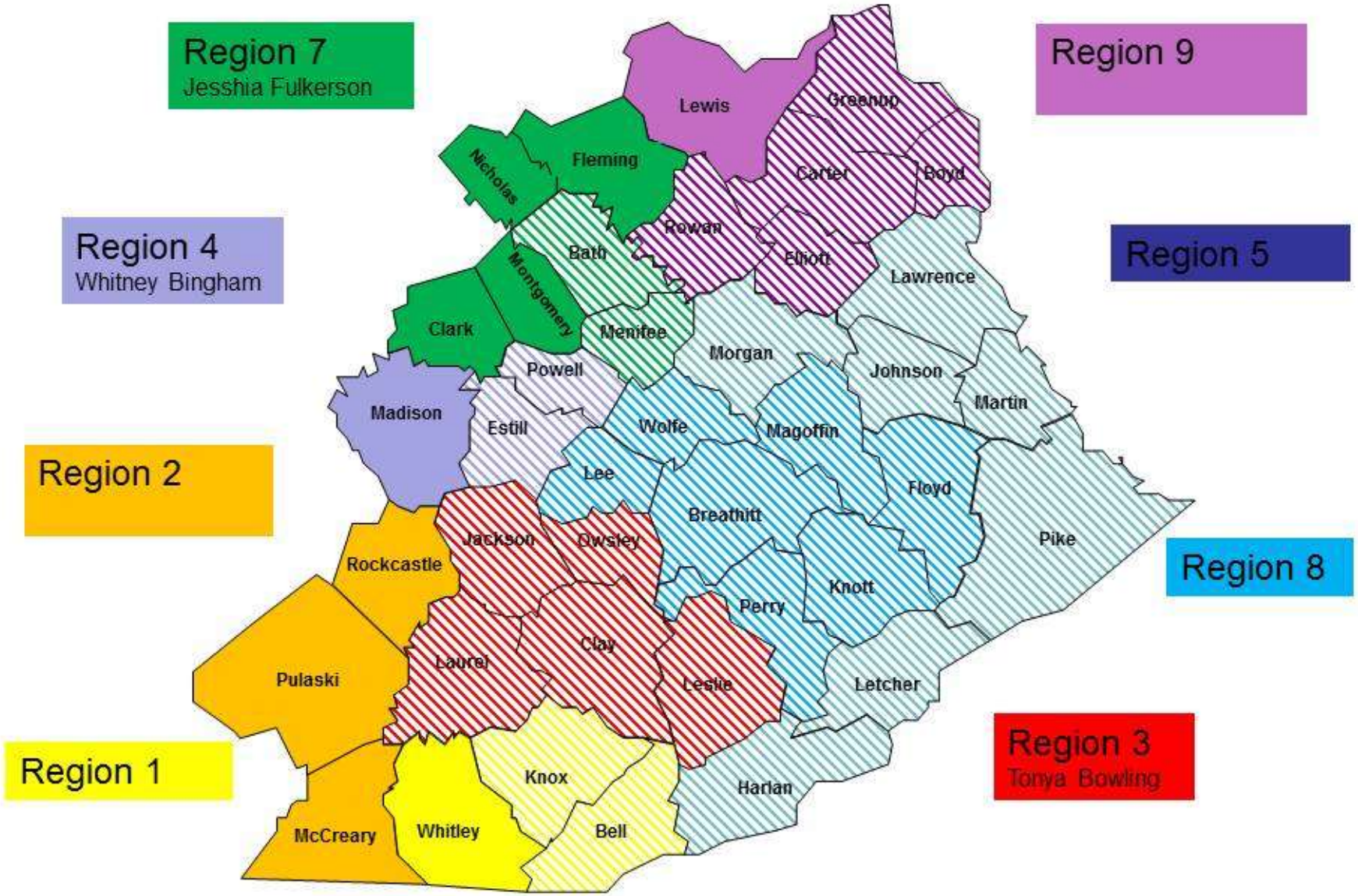
Back row: Mace Baker (Director), Lana Bailey (retired), Kathy Slusher, Rita Owsley, Carole Frazier, Barb Justice, Shirley Prater, Jesshia Fulkerson, Michelle Ledford, Elizabeth Smith, Katherina Hamilton, Ratisha Roberts, Kim Patterson, Amanda Goolman, Judy Bailey, and Janet Kegley

Kentucky Homeplace

30 County Service Area

Central Office
Mace Baker, Director
750 Morton Blvd., Hazard, KY 41701
855-859-2374

Connecting Kids to Coverage Region Map



Client Encounters

Actual Situations Encountered by Community Health Workers

July 1, 2016-September 30, 2016

A life changing event for more than fifteen families in Harlan County was called the "Hearing Mission". It was cosponsored by coach Calipari from the University of Kentucky and was held on August 28th. Hearing aids that cost thousands of dollars were to be given away free of charge. After countless hours of preparation, phone calls and emails, the event was scheduled and many KY Homeplace clients and their families made their way to Lexington aboard a chartered bus. I was so blessed to be asked to volunteer to ride the bus with my clients and be a part of this special day.

There were many different emotions ranging from pure excitement to nervous tears as we made our way that Sunday morning. There are too many stories to tell all of them... but several stuck out in my mind such as this one: A young lady hearing her three year old daughter say “mom” for the first time. An elderly gentleman, who suffered abuse from a parent as a child and lost his hearing, received hearing aids. A homeless man, a coal miner, a Vietnam veteran, and a grandfather’s lives were changed. The impact on their lives and mine has been amazing and unforgettable.

****

Being a Community Health Worker for almost eight years, I have seen many different needs, struggles, and health related issues that my clients face. However, one client in particular stands out to me this quarter because he and his wife have utilized the services of Kentucky Homeplace for many years for assistances with their medications, glasses, medical supplies, and even surgery due to their financial hardships. This family depends upon the services of Kentucky Homeplace on a regular basis to address their each and every need whether it was financial, medical or even emotional.

Unfortunately, my client’s wife passed away unexpectedly. The reason why this case stands out to me is because as soon as she passed away my client came here first. He knew he needed help and guidance. He was so familiar with coming to Kentucky Homeplace for help that this was the first place he turned to. I helped this client out as much as I could to ease the burden of his loss but it was also a loss for Kentucky Homeplace as well because not only was she my client but she had also became my friend.

****

I have a 73 year old client who has custody of his 3 year old grandson. My client was recently diagnosed with leukemia. He needed assistance with getting Gleevec which is a chemo pill. We went through KPAP Novartis to apply for assistance. The drug is not covered on his insurance and it cost $10,000 a month for a 30 day supply. We did the patient assistance form; he took it to his doctor. When I received it back, I sent it in. The first application was denied. We then did an appeal through Novartis and were waiting for a reply. We were then given a list of medications from them that may be more suitable for my client. His doctor disagreed and said that the Gleevec was working well for him and that he would need to continue to be on this medication.

My client came back in for us to call Novartis again. After speaking to a representative, we were placed on hold before being transferred to a team leader. During the hold my client was in tears, he said "I just don't know what I will do". He said that this drug must be taken every day or he would be a dead man. It was very heart breaking. I took this client's worries home with me for several weeks. While we were on hold, he asked what do we do if we aren't approved. He had paid out of pocket for this medication last month and did not have enough money for another supply. He was down to two pills. I told him we should pray about it so we did right at my desk. The team leader came on the phone and I recited Mr. Fugate's story again. We were placed on another hold and then we were approved. His medication, that is a requirement for him to live, is now paid for until December 31, 2016. After that time we can reapply for next year. It was to be shipped out over-night and he was to receive it the next day so he would not have to go a day without his medication. He was so grateful; he left my office offering hugs with tears in his eyes. His wife called me later that week to tell me they had received the medication and how thankful she was as well. To me, this is the best thing I have been a part of since I have been here. Cancer is hard enough but a medication that costs a large amount of money is an extra burden for him to have to carry around. I was so happy that I could help ease their burden just a little. He is the one that has to live it and deal with it every day, and really the praise I received from my client was unnecessary I didn't really do anything. Because if it were my choice he'd been approved immediately but I am glad I was here. I'm glad I witnessed it. Situations like that keep you humble. He promised to call me when he goes in remission.

****

I had a client who had needed a pair of diabetic shoes. He was unable to come to my office to order the shoes. He is a large man and could not walk. I did a home visit and ordered his shoes. He is a diabetic and I started him on care coordination. He said that due to his weight he was not able to move around much anymore. He told me he followed his diabetic diet; however, he just couldn't lose any weight. I told him about my upcoming DSMP workshops although I did not have a set date at that time. He was interested in them; however, he didn't know if that would be something that was beneficial to him so I started him on care coordination. I talked to him about healthy eating and portion control. Honestly with the attitude I was getting from him when I left his home, I figured he'd just put the papers to the side and forget about it. However, when I called him a couple weeks later to go over the next modules of care coordination, he was very interested. He even had questions and offered input. Since then, he's called me a couple times to ask more questions and to keep me posted on how his journey is going. A couple weeks ago he walked in my office using a walker, with his daughter, to pick up his new diabetic shoes. I offered to deliver them but he said they'd pick them up. I honestly was amazed. He told me has lost close to 30lbs and that his diet hadn't really changed but he is watching his portions more closely. He has been reading food labels and he is hopeful to join one of my workshops. I had given him education that I had about diabetes. I'm proud of him because I feel like he took that step.

****

I had a client sent to me from the food stamp office. They called me to say she just needed some simple assistance with Medicare part D. Within five minutes, she arrived in my office. She had just aged out of her Medicaid benefits. She had been the month before to the Social Security Office in an attempt to sign up for Medicare D. She left thinking everything was settled until a month later when she needed to go to the

pharmacy. She realized she had never received any cards in the mail. She called the SS Office and they had no record of her visit. With some patience and a few phone calls, we got her Medicare cards reissued. We also found out what Part D program she had been signed up for and that she was QMB eligible as well as eligible for the Li Net program. She could pick up her prescriptions that same day after leaving my office.

****

While fulfilling the task of finding 23 clients willing to do the FIT test, I asked a lady that been a client for years if she had ever had the colonoscopy that she had promised me that she would have, she said "NO". I told her about the FIT test and asked her if she would like to this test, then she would know if she needed further testing. While talking to her about the test, she told me that her mother had passed away of colon cancer. I couldn't believe that she had not been tested, especially after having a close family member with colon cancer. She took the test home on Friday, I went over the instructions and made sure she understood how to complete the test. It is a very simple test. A few weeks went by and I received a fax with the test results, REACTIVE was the result. Which means further testing is needed. I called my client and asked her to come to the office so we could discuss her test results. She said "I know it's bad, I knew it would be when you asked me to take the test", she went on to tell me that her family doctor had been trying to get her to go for testing for several years and she refused. I told her about a program where she could get the test at no cost to her at the health department. So far, she still has not had the colonoscopy. She said I'm 74, and I know I won't live another 74 years and I won't go until it's my time.

****

I was contacted by an expecting mother, who also had another older child in the home. She was referred to Kentucky Homeplace by her live in boyfriend who was also the father of the unborn child and a client of mine. When I met with her at the off-site visit in Menifee County, it was determined that she had nothing and was unprepared for the delivery and welcoming of a growing family. She stated that things had just gotten harder at home as her father was just diagnosed with cancer and was very sick. She had nothing arranged for the new baby such as clothes, essential needs, car seat, except for a few outfits a friend had bought.

After returning to my office, I contacted many churches and other organizations. Throughout my contacts, I found her a car sear/stroller combo, many bags of gently used and new clothes and shoes. A few churches donated many health and beauty supplies such as baby soap, shampoo, hygiene care kit, diapers, wipes, and creams. Another church donated a new bassinet as well as Dr. Brown's bottles and pacifiers.

After collecting these items, I made a follow up appointment to delivery all the baby items. When I arrived at the client's home, she was excited and in tears to see the generosity and determination that Kentucky Homeplace, other organizations and churches within the community provided. She could not say thank you enough for all that we have done to help her and her growing family.

****

This quarter I had a client ask for help with medicine. While doing the initial interview with the client, I found out that she had lost her insurance and income because her disability was suspended. I was able to get her and her husband insurance through Kynect. She is now able to get the medical attention that she needs for her medical conditions.

****

I have a client that has been coming to Kentucky Homeplace for several years. My client is a diabetic and participated in several of our programs. When he came to Kentucky Homeplace, he was a very sick man. He needed IV antibiotics and wanted to know if I would be able to help him get someone to come out to his home to help with the IV. I told him that this was something that I would not be able to do but that I would check into it. After calling several places to find some help for my client, I finally found a facility that could help him with his need and would not cost him an arm and leg.

****

I have a diabetic client that was attending my Diabetes Self-Management workshop when he informed me that he had been having a lot of pain and infection from his teeth. This is how we build relationships and earn a client's trust at Kentucky Homeplace. He takes antibiotics everyday due to the surgeries and infections he has in his body and no family dentist is willing to help him due to being afraid that he may have a heart attack. They all recommended that he see an oral surgeon but that was impossible for him due to the cost. He needed to get all 22 teeth out somehow and then dentures.

I told him that if he got all his teeth pulled this time that another program was offering assistance with dentures. He would have to travel 88 miles away to get it done but he said "I'll go to it for my teeth to get pulled and then maybe the other will help pay for my dentures …."

My client went to one of the places that I had informed him of and got 22 teeth extracted that day! I worked with another agency, did all the paperwork and submitted it. This agency called him and told him that he had been approved for a full set of dentures.

Friday after he received his dentures, he came into the DSMP walking, talking and looking the healthiest I've ever seen this client in the years I've known him. He has always walked with a dragged leg and his coloring has always been gray but that day he came in looking like a new person. He said he could not believe how great they felt and thanked Kentucky Homeplace for all the help he had received. The dental clinics that we send our clients to are not always in our area, some are 3 and 4 hours away.

****

My story this quarter is about a client that I access many prescription drugs for through pharmaceutical companies. The client is a 60 year old lady who recently lost her husband to cancer. This client had become very depressed and was beginning to take anti-depressants for her condition that just did not seem to work. While talking with this client one day in the office, I had suggested that maybe she would like being out in the work force. The client had never worked outside the home and felt that she would not be qualified for any kind of position. I made a call to the Big Sandy Community Action program and talked with the lady that was over the senior citizen job training. The director was very encouraging and wanted to meet with her. My client was nervous about meeting with them alone so I went with her for support. The Senior Citizen Job Training Program was able to place my client in a job. She is very happy and feels that she has a purpose in life now. Being able to access and network with local organizations helped my client be able to get back to living.

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