

# HAP TODAY

VOLUME 1, ISSUE 2

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*The mission of the Health Access Project is to improve access and coordinate comprehensive health care for those in need*

**INSIDE THIS ISSUE:**

## HAP Celebrates Completion of First Grant Year & Receives Grant for Second Year

On August 31, 2002, the Health Access Project (HAP) completed our first grant year. We have made tremendous progress implementing the Salt Lake Valley Health Care Coverage Coalition's plan for improving access to health care for the uninsured. Below are updates on our accomplishments during the first grant year :

**Case Management**

HAP served 464 clients since March 2002, when HAP case managers started accepting clients. Initial data from one pilot hospital showed more than a 50% reduction in ER usage by clients after enrollment in HAP. HAP will share our evaluation of the impact of HAP case management at all of the pilot hospitals as soon as it is completed.

**Information System**

HAP partners are meeting in September to decide whether to move forward with the development of an Information System that will allow the sharing of information between providers/hospitals. Approximately \$250,000 was budgeted for this purpose. Please contact Matt Speckman at 412-3981 for more information or to participate.

**Volunteer Provider Network**

Over 325 physicians are now participating in the HAP Volunteer Provider Network (see complete list on page 5). Since April, HAP made 193 referrals to volunteer physicians. HAP estimates that participating physicians have already donated \$50,000 in medical care to HAP clients.

**Multicultural Services**

HAP interpreted for approximately 260 patient appointments this grant year and has a growing list of volunteer interpreters. HAP is also offering cultural competency trainings for health care providers. Call Sabrina Morales at 412-3991 for more information.

**Hospital Involvement**

Salt Lake County hospitals have been incredibly supportive of the Health Access Project and their medical staffs that are volunteering with HAP. The following hospitals have set up systems to provide charity care to HAP clients being treated by volunteer physicians: Alta View, Cottonwood, LDS, Pioneer Valley, Primary Children's, St. Mark's, and University Hospitals. Jordan Valley has donated care on a case-by-case basis.

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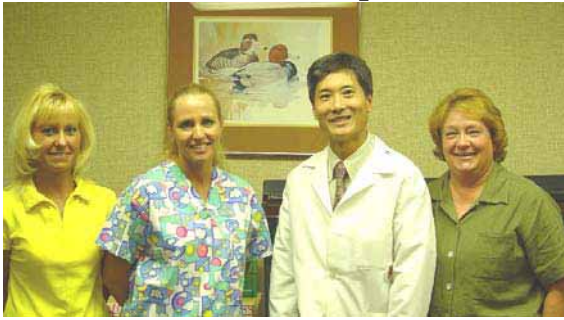
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**We would like to express tremendous gratitude to all our partners on behalf of the Health Access Project and the clients we serve! We look forward to continuing our work during our second grant year!**

## Health Access Project Partners

Alta View Hospital; Association for Utah Community Health; Community Health Centers, Inc.; Cottonwood Hospital Medical Center; HealthInsight; Humanitarian Resource Center of North America; Information and Referral; Intermountain Health Care Mission Services; Intermountain Health Care Physician Division; Laboratory Corporation of America; LDS Hospital; Mathe-son Center for Health Care Studies; Pioneer Valley Hospital; Primary Children's Medical Center; Quest Diagnostics; Salt Lake Community Action Program; Salt Lake County Dept. of Human Services; Salt Lake County Medical Society; Salt Lake Endoscopy Center; Salt Lake Surgical Center; Salt Lake Valley Health Department; Smith's Food and Drug; St. Mark's Family Medicine; St. Mark's Hospital; University of Utah Health System; Utah Department of Health; Utah Hospitals & Health Systems Association; Utah Issues; Utah Medical Association; Veterans Affairs Medical Center; Wasatch Homeless Health Care, Inc.

## Volunteer Physician & Office Profile



Jodie Zdunich, Rochelle Montanez, Dr. Jon Aoki, and Claudia Reid

Dr. Jon R. Aoki and his office staff have been a valuable asset to the Health Access Project, as otolaryngology has proven to be one of the most needed specialties for HAP clients.

Graduating with a BS in Electrical Engineering

### Meet the Staff

Maribel Real is the bi-lingual HAP Case Manager for LDS, Cottonwood, and Alta View Hospitals. Prior to joining HAP in January 2002, Maribel spent 4 1/2 years providing case management services to low-income, uninsured, expectant mothers and their children at the South Main Public Health Clinic, through the Holy Cross Ministries Promotora Program.

Prior to her clinic work, Maribel provided client education, case coordination, laboratory assistance, and medical interpreting services for Planned Parenthood of Utah at their West Valley location.

Before relocating to Utah, Maribel attended the Marie College of Medical Careers in San Marcos, CA, and Mount St. Mary's College in Los Angeles. She is also trained in Domestic Violence/Victim Advocate services by the SLC Police Department; HIV Prevention Instruction by the American Red Cross; Family in Crisis counseling by Boy's Town, Salt Lake City; Love and Logic Parenting Skills by SLCAP Head Start; and Medical Interpreting through Salt Lake Community College.

Maribel has dedicated her professional life to providing advocacy, outreach, education, and care-coordination to

culturally diverse, low-income clients. She is a great source of information on client resources throughout the Salt Lake Valley, and can be reached at 412-3986 or via pager at 474-7005.



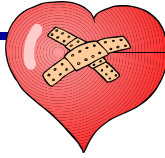
HAP Case Manager, Maribel Real

### Multicultural Issues/Cultural Competency

## Guidelines for Providers on How to Work with Medical Interpreters

- Make a diligent effort to find professionally trained, qualified interpreters.
- Don't depend on children, other relatives, friends, or non-medical staff to interpret.
- Hold a brief pre-interview meeting with the interpreter.
- Establish a good working relationship with the interpreter.
- Allow enough time for interpreted appointments.
- Don't ask or say anything to the interpreter that you don't want the patient to hear.
- Speak clearly and in a normal voice—not too fast or too loudly.
- Avoid jargon and technical terms.
- Ask only one question at a time.
- Expect the interpreter to interrupt when necessary for clarification.
- Expect the interpreter to take notes if the dialogue is complicated.

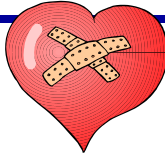
## Client Success Stories



As of August 31<sup>st</sup>, the Health Access Project had served 464 clients. Every day HAP staff have the pleasure of interacting with clients who express their sincere and heart-felt gratitude to the doctors, nurses, hospitals, clinics, case management staff, and other providers that have volunteered their time, energy, and services through HAP. Clients regularly greet us with thanks, hugs, smiles, happy tears, and sometimes even home-baked treats—all because a community of caring individuals within Salt Lake County have come together to coordinate medical services for low-income, uninsured individuals who have run out of options. Although each of you may not be personally present to observe the end results of your teamwork, be assured that the consequences of your dedication have been truly amazing! Although words seldom capture the true essence of what you have all accomplished in the past few months, here are a few examples:

- ♥ A Portuguese-speaking woman suffering a miscarriage was seen for the same incident at two different hospital Emergency Rooms, with a total of 3 ER visits within one week. The patient had no insurance, could not afford a specialist, had no primary care, and was unable to adequately communicate with medical professionals due to language barriers. Therefore, when ER staff referred her to outside doctors, she failed to follow up. The patient was referred to HAP and was assigned to a Portuguese-speaking Case Manager. The Case Manager arranged for an appointment with a specialist and accompanied the client to the appointment to interpret. The specialist concluded that her condition required immediate surgical intervention. The Case Manager assisted the woman in applying for emergency Medicaid (which had not been done during her ER visits). Medicaid was granted and paid for the patient's surgery. Additionally, the Case Manager worked with the Medicaid worker to get the Medicaid date retroactively corrected to cover several of the client's prior ER bills. The patient has been established in primary care with a community clinic. Her surgery was successful, and she is doing very well.
- ♥ A local community clinic was providing low-cost primary care to a Spanish-speaking, uninsured, female minor with epilepsy. Due to the complication of the child's condition—as well as the family's lack of financial resources—the child was referred to HAP. A pediatrician within the HAP Volunteer Provider Network agreed to see the patient, and HAP provided interpreting services. The doctor was able to stabilize the child's condition by initiating appropriate medication management. Additionally, the community clinic provided Pharmacy Application Program assistance to the child's parents, who would otherwise be unable to afford the child's medication. Through the collaborative efforts of these professionals, the child is doing well. In this case, early intervention by a HAP volunteer provider and well-coordinated services by a HAP Case Manager resolved issues that could otherwise have resulted in frequent and expensive ER usage.
- ♥ A Spanish-speaking, adult female was seen at a local ER with a seizure disorder. She had no insurance, was unable to work due to her condition, and was taking medication she had purchased in Argentina. Neither her husband nor daughter had insurance. Her daughter had also been seen in two different ERs for primary care needs. The patient was referred to HAP by an ER physician. The HAP Case Manager arranged for the patient to see a specialist, who was able to get her seizure disorder under control. Once her seizure disorder was manageable, the woman was able to obtain employment. She is now receiving insurance from her new employer. Additionally, the Case Manager arranged primary care for the daughter and husband.
- ♥ A local community clinic referred an uninsured, low-income, adult patient for a hernia repair. The HAP Case Manager was able to locate a surgeon through the HAP Volunteer Provider Network to evaluate the patient. The surgeon then performed the procedure for the client, with hospital costs donated. The extremely dedicated surgeon then proceeded to perform a second surgery on the same patient for an unrelated arm injury. The patient has had two follow up visits with the specialist and is doing great. Meanwhile, primary care continues with the community clinic, which also assists the patient with low-cost medications.

## More Success Stories...



- ♥ An uninsured, elderly woman from South Africa frequented her local ER for both primary and urgent care needs. Over time, she presented with multiple problems, including infections and possible diabetes, and also lacked preventative care recommended for women of her age (e.g., mammograms). Since enrolling in HAP, this woman is receiving culturally-competent, ongoing care coordination by her Case Manager. She now has a regular primary care provider, and is receiving routine healthcare maintenance and medication assistance. As of this writing, she has had no further ER visits.
- ♥ A local community clinic referred an uninsured, low-income, adult patient who had fallen in April 2002, and remained unable to walk. The patient had to call her husband at work whenever she needed to eat or use the bathroom. Her husband would then take time off work to come home and care for her. The patient enrolled in HAP, and a wheelchair was purchased for her. She is now able to get around her house on her own, so her husband no longer has to miss work to care for her. She has also seen an orthopedic specialist from the Volunteer Provider Network, who has prescribed physical therapy. Needless to say, the family is very happy!
- ♥ An uninsured, low-income adult female was referred to HAP by a local ER. The client had frequented *several* hospital Emergency Rooms numerous times over a two-year period, for chronic pelvic pain and primary care issues. After the patient enrolled in HAP, she was referred to a local community clinic for primary care and to an OB-GYN specialist within the HAP Volunteer Provider Network. The volunteer specialist evaluated the patient and performed a much-needed hysterectomy. The physician care, hospital services, and anesthesia were all donated. The client is recovering well; she is receiving follow up visits with her volunteer specialist; and she continues to be followed by primary care provider within a community clinic. Due to the multiple professionals that assisted her, this patient will no longer need to seek care through Emergency Rooms.

**Thanks to all of you for your continued hard work on behalf of HAP clients!**



The Children's Health Insurance Program (CHIP) provides health insurance coverage to low-income working families. The next open enrollment period for CHIP will be in November. Call 1-877-KIDS NOW or visit <http://www.utahchip.org> for more information.

## Members of the HAP Volunteer Provider Network

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Abbott, Thomas  
Adjei-Poku, Michael  
Aizad, Tazeem  
Albo, Dominic  
**Allen, Kathie**  
Allen, Louis S.  
Allen, Wallace  
Allred, Gerald L.  
Anderson, Jeffrey  
Anderson, Steven  
Anderton, Barry  
Aoki, Jon R.  
Arias, John  
Arnder, Lance  
Asmar, Paul  
Avent, James M.  
Ayers, Jeffery  
Backman, Richard  
Bahr, A. Lee  
Baker, Maurice G.  
Barker, Bryce G.  
Barton, Jay  
Barton, Scott R.  
Beamson, Patricia  
Beck, Charles L.  
Bell, Robert  
Bentley, Frank  
Blackham, Brenda  
Blatter, Duane D.  
Blood, Todd  
Bohnert, John  
Bonk, Roy T.  
Booth, Edgar J.  
Boschert, Mark E.  
Bossart, Peter W.  
Box, Terry D.  
Bradley, R. Ralph  
Bradley, Stephen  
Bready, Randall  
Brinton, W. Robert  
Brown, Calvin R.  
Brown, J. Sandy  
**Buchi, Kenneth N.**  
Burke, J. Lee  
Burki, Regula E.  
Burton, Scott  
Burton, Mary D.  
Canfield, Charles  
Cannon, Grant W.

The University of Utah Medical Group and IHC Physician Division participate in the HAP Volunteer Provider Network

**\*Names in bold indicate HAP Lead Physicians**

## Staff Directory

Tanya Kahl  
Project Director  
Tel: 412-3989

Bethany Brady  
Health Services Coordinator  
Tel: 412-3982

Sabrina Morales  
Multicultural Services Coordinator  
Tel: 412-3991; Pager: 480-0752

Matt Speckman  
Data Analyst  
Tel: 412-3981

Grace Xanthos  
Case Management Supervisor  
Tel: 412-3983; Pager: 480-0734

Samuel Augustine  
Case Manager, University Hospital  
Tel: 412-3986; Pager: 480-0781

Maribel Real  
Case Manager, LDS, Cottonwood,  
& Alta View Hospitals  
Tel: 412-3987; Pager: 474-7005

Elizabeth Putnam  
Case Manager, Pioneer Valley  
Hospital  
Tel: 964-3806; Pager: 480-0072

Deborah Jack  
Client Advocate  
Tel: 412-3983; Pager: 474-4001

Liz Leavitt  
Client Advocate  
Tel: 412-3988; Pager: 474-4013

Kellie Ottosen  
Recruitment Specialist  
Client Advocate  
Tel: 412-3955; Pager: 474-4002

Amy O'Connor  
Office Manager  
Tel: 412-3980

Maria Mendez  
Administrative Assistant  
Tel: 412-3990

## Community Resource Update

### **PCN** Primary Care Network Now Accepting Applications

#### *What is the Primary Care Network?*

The Primary Care Network (PCN) is a new Medicaid plan that covers primary and preventive care services, prescriptions, and emergency room care. PCN Enrollees pay a yearly enrollment fee of \$50 and co-pays for office visits. Other services, such as prescriptions drugs, also have co-pays. If a married couple enrolls at the same time, it is only \$50 for both to enroll.

#### *How do you apply for the Primary Care Network?*

Call 1-888-222-2542 to have an application mailed to you or to find the location of the nearest Utah Department of Health Eligibility Office where you can apply in person. You can also download English and Spanish applications or apply online at <http://health.utah.gov/pcn>.

#### *Who should apply?*

Adults who are U.S. citizens or legal residents and who are not currently covered by health insurance. Their family income must be less than 150% of the Federal Poverty Level (\$13,290 for a single person, \$17,910 for a family of 2, \$27,150 for a family of 4).

#### *What if your patients can not afford the \$50 enrollment fee?*

They should apply anyway. The Health Access Project has contracted with the Salt Lake Community Action Program to assist up to 450 individuals in paying the enrollment fee. We are in the process of establishing criteria for assistance, which should be completed by October. Contact the HAP Office at 412-3980 to find out if your patient may qualify for assistance in paying the enrollment fee.

## Agency Profile

### **Wasatch Homeless Health Care, Inc.**

Wasatch Homeless Health Care, Inc. (WHHC), more commonly referred to as "The 4<sup>th</sup> Street Clinic," was originally funded in 1988 by the Stewart B. McKinney Act's Health Care for the Homeless Program. Initially, it operated as a program under Community Health Centers, Inc., but became an independent, private, non-profit organization in January 1998, with financial support from a combination of government, private foundations, and individual contributions.

The mission of WHHC is to provide comprehensive primary health services to homeless individuals and families in the Salt Lake City area. The Vision of 4<sup>th</sup> Street Clinic is to "provide inno-

vative, holistic, compassionate health care in concert with our clients and other interested community partners. We strive to individualize medical and social support services for the homeless population through the efforts of professional and dedicated staff and volunteers" (WHHC Brochure).

WHHC is the *only* clinic in Salt Lake City dedicated to serving the needs of the homeless population. Clinic services include primary and preventive health care; a referral system to area hospitals for urgent medical needs; a women's health care program; pediatric clinics; public health screenings and STD treatment; some ENT, orthopedic, and dermatology services; eye clinics twice a month; a limited in-house

pharmacy; and care-coordination services. Additionally, the clinic staff is currently in the process of integrating mental health and substance abuse treatment into their existing services.

The clinic, which is located at 404 South 400 West, is managed by Allan Ainsworth, Ph.D., a prominent advocate for the rights of the homeless and an active member of the HAP Advisory Committee. As of September 1st, Dr. Adi Gundlapani joined the clinic as its new Medical Director. Clinic hours are Monday through Friday 8-5, with extended hours of 6-8 p.m. on Mondays and Thursdays, and 9:00-11:00 a.m. on Saturdays. **Call 364-0058 for more information or to schedule an appointment.**