GUILFORD ADULT HEALTH, INC.

Assuring Access to Healthcare for All

2011 ANNUAL REPORT

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LETTER FROM THE DIRECTOR

We at Guilford Adult Health, Inc., are honored and proud to be a part of a movement to provide increased access to healthcare for uninsured and underinsured residents through the Guilford Community Care Network and Guilford Adult Dental Access Program.

Our return on investment yields not only significant data and outcomes but a healthier future for patients who enter our network. We enhance the quality of life for our patients by linking them to a primary medical home with integrated care.

"Safety net" is a commonly used term in healthcare today. For Guilford Adult Health, a "safety net" represents knotted linkages; methods of capturing, pulling in, tying us all together into a network of integrated healthcare for people at or below 200 percent of the federal poverty guidelines.

Our annual report highlights our programs activities. Guilford Adult Health strives for excellence while assuring healthcare for all. Making an effective impact on care for the uninsured requires significant preparation. Guilford Adult Health is prepared and poised to cast out it's net.

On the behalf of all of our "safety net" partners, we extend our sincerest gratitude to our donors, volunteers and advocates. We could not exist without you and your support.

Sincerely

Lisa M. Duck

Lisa Duck

Guilford Adult Health, Inc.
Assuring Access to Healthcare for All Adults

WHO WE SERVE

The Guilford Community Care Network (GCCN) serves uninsured and underinsured adults and children who live in Guilford County and who have an income between 0 and 200 percent of the Federal Poverty Level. In a one-person household at 100 percent of the federal poverty level, this equates to $11,170 annually; at 200 percent, this equals $22,340.

There were ten medical homes providing primary care to GCCN patients in our 2011 fiscal year (October 2010 to September 2011). Among these medical homes, there were 25,576 uninsured unduplicated patients. The chart below gives a breakdown of medical homes and the number of patients each served. We are grateful to each of them for the care they provided. *(http://aspe.hhs.gov/poverty/12poverty.shtml)*

MEDICAL HOMES PROVIDING PRIMARY CARE TO GCCN PATIENTS*

CLINIC	#PATIENTS SERVED
Health Serve Community Health Clinic	8,362
Guilford County Department of Public Health (Family Planning)	4,819
Community Clinic of High Point	2,812
Guilford Child Health	2,653
Guilford Adult Dental Clinic	1,838
Cone Internal Medicine	1,717
Cone Family Practice	1,543
High Point Adult Health Center	1,068
Guilford County Department of Public Health (Maternity)	455
Al Aqsa Community Clinic	309

*year 2010

Our providers offer care to a diverse population of patients with various payer sources, including Medicare, Medicaid and Health Choice. Altogether these providers saw a total of 80,393 unduplicated patients, generating 160,929 visits in our 2011 fiscal year.

PATIENT PROFILE*

Total New Patients Enrolled between 10/1/10 to 9/30/11

AGE		GENDER		RACE *(Optional)*	
65+	63	Female	1740	Asian	152
45-64	1538	Male	1008	Black	1562
25-45	1001			Hispanic	421
18-24	146			Native American	23
				Pacific Islander	2
				Caucasian	588

based on DHHS annual calculation by the Census Bureau of the poverty threshold (http://aspe.hhs.gov)

> *I am accustomed to working. But there were sudden changes that took place in my life physically that made me unable to work. I can't afford COBRA. I had no choice but to turn to the community and find services. I am grateful for the GCCN. It means a lot to have these services at a time in life when I am unable to afford medical services.*
>
> **Charles Bullock**
> *GCCN patient at Heathserve and member of TAPM board of directors*

Did you know...

the Office of Rural Health enables the GCCN to increase access to primary care for its patients by providing funding for a full-time physician at Heathserve, a part-time physician at High Point Adult Health Center, and a front office medical assistant at the Community Clinic of High Point?

Did you know…

that the Guilford County Department of Public Health **Medication Assistance Program (MAP)** coordinates patient prescriptions with more than 300 physicians and its partners in the GCCN? Patients in these programs use health department pharmacies for low cost or free medication, meters, test strips, syringes and diabetic supplies. Over 1800 patients have used the MAP program since its inception in 2000.

"The diabetes classes were beneficial because participants better understood how the disease, affects their bodies and how to prevent complications," says Mary Elizabeth Batten, pharmacy director at the Department of Public Health.

TREATING THE WHOLE PERSON

Integrated care, the practice of bringing together health-care professionals who work in tandem to treat the whole person, is more than a catchphrase for patients within the Guilford Community Care Network. Over the past year, the GCCN has partnered with the Heathserve Community Health Clinic, the Guilford County Department of Public Health, and the Partnership for Health Management to make integrated care a reality. Together, we have incorporated mental health, diabetes education services, and transitional nursing into patient care.

Putting Behavioral Health Care Back into the General Healthcare Arena

Through a grant funded by Cone Health Foundation and the Kate B. Reynolds Charitable Trust, the GCCN and Heathserve redefined "healthcare" as the simultaneous treatment of both medical and behavioral health conditions. Heathserve implemented standardized adult mental health and substance use screening protocols and increased access to behavioral healthcare for underserved populations. In addition, we provided prevention, early intervention, effective integrated primary care and behavioral health treatment through a primary care setting.

Heathserve providers treat patients with complex physical and mental health conditions through the support of a multi-disciplinary clinical team. This process moves behavioral health treatment back into the general healthcare arena, which reduces the stigma historically attached to mental health and substance abuse disorders and treatment.

Standardized Adult Mental Health and Substance Use Screening Protocols Show High Number of Patients with Behavioral Health Conditions

Seventy percent of primary care patients nationwide have behavioral health conditions, and most often a patient first seeks treatment from his or her primary care practice. Since Heathserve began using its mental health/substance use screening tools in December, 2010, the clinic has found its statistics to be similar to national trends. Sixty four percent of the 3,995 patients screened were positive for behavioral health conditions. The most prevalent conditions were depression (65 percent) and anxiety (60 percent).

Substance abuse is under reported in screenings; however it is uncovered when addressing concerns for depression and anxiety. Nineteen percent screened positive for alcohol concerns and 10 percent screened positive for drug use concerns. Eighteen percent screened positive for both mental health and substance use concerns.

More than half of patients who are diagnosed with a mental health condition go untreated, according to Dr. Art Kelley, psychiatric consultant at Heathserve. Patients with a positive screen at Heathserve receive care from an onsite team of behavioral health clinicians, or are referred out for behavioral or substance abuse services as appropriate.

Prevention, Early Intervention, and Effective Integrated Primary Care and Behavioral Health Treatment through a Primary Care Medical Home Leads to Better Outcomes

A primary care physician introducing a behavioral health clinician to a patient during clinic visit, or a "warm hand-off," increases the likelihood that the patient will follow up for behavioral health treatment provided at the primary care office. Psychiatric consultation through a clinical team allows Heathserve to treat a greater number of patients and integrate primary care into a formerly closed mental health system.

According to Dr. Kelley, this approach "ups the game" of both the primary care physician and the psychiatrist. The primary care physician is given an established protocol for use when managing mental health issues, and has access to psychiatric consultations for patients who are not responding to their treatment plan. The psychiatrist is able to impact more patients in a shorter amount of time. Patients who are not appropriate for primary care behavioral health treatment are referred to a mental health specialist.

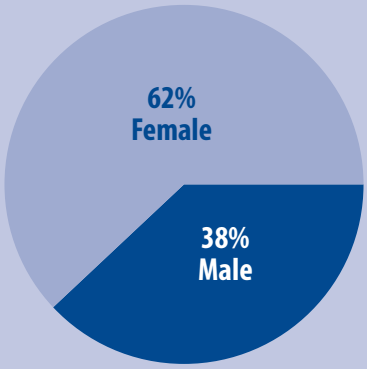
Ultimately, Heathserve's success at integrating mental health services into primary care is expected to improve care at a lower cost. A study in the January 2009 Psychiatric Services (Vol. 60, No. 1) found that collaborative care in which patients receive mental health services onsite led to reduced treatment time, fewer appointments and lower costs than traditional patient referral to offsite mental health centers.

Transitional Nurse Helps Identify Patients in Need of Primary Care Services

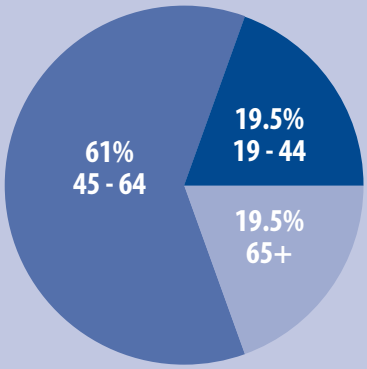
The GCCN and the Partnership for Health Management joined to hire a transitional nurse to help uninsured county residents without a primary care provider transition from a hospital stay into the GCCN and a primary care medical home. The nurse visits in hospital and home settings and calls the patient's home after discharge. The transitional nurse started in March 2010 and counseled 1,532 inpatients through December 2011.

Current GCCN patients made up a much smaller group of inpatients during this time period, with only 146 hospitalized, or 9.5 percent. These patients were referred to uninsured case managers at the Partnership for Health

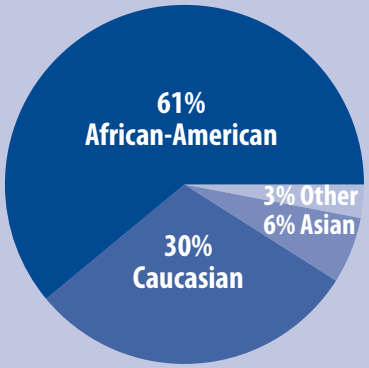
PATIENT PROFILE From the Diabetic Self-Management Program



BY GENDER



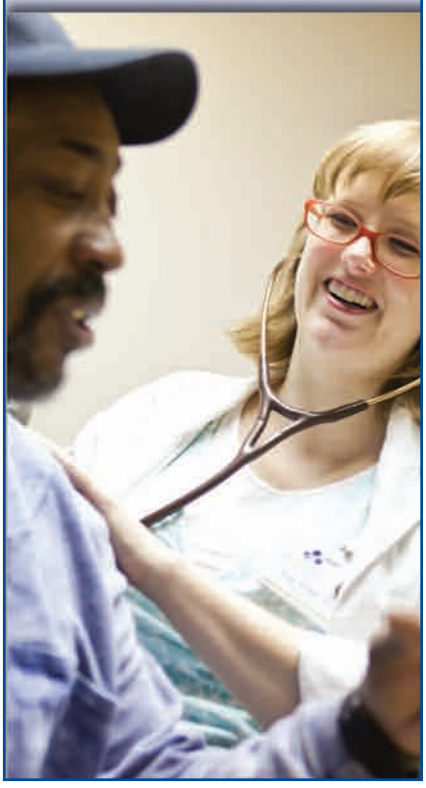
BY AGE



BY RACE

I do it because there's a need. Because as a physician, I feel I have an obligation to do it. A person with advanced diabetic retinopathy or glaucoma will face blindness unless someone treats them. The patients are appreciative of the care I provide, and it is rewarding to treat them and to help them.

Dr. Robert Groat
Ophthalmologist
Groat Eyecare Associates, on why he partners with the Network



Management or back to a primary care physician. Funding for this program was provided by The Duke Endowment

WRAPAROUND SERVICES MAKE ALL THE DIFFERENCE

Service Highlights

In addition to primary care, GCCN patients have access to dental care, specialty care, and case management services.

Dental Care

For the uninsured, dental care may take a back seat to food and other necessities. The costs of fillings, root canals, extractions and caps are completely out of reach. Those without access to dental care often end up in the emergency department in need of painkillers and antibiotics. The resulting charges can be $1,000 or more for such stop-gap care.

Guilford County is fortunate to have the Guilford Adult Health Dental Clinic, which provides dental care to GCCN patients for a small fee per visit. The clinic provides a paid, part-time dentist, hygienist, and chair-side assistant, who offer care two days a week. The Clinic also holds two evening clinics in Greensboro and one evening clinic in High Point, which are staffed by volunteer dentists. In 2010, there were 1,838 registered users; in 2011, that number was 2,305. The increasing demand has strained the clinic's resources and resulted in a decrease in operation from four days in 2010 to the current two days. The chart below shows the number of procedures and dentists volunteering at the clinic.

GUILFORD DENTAL ACCESS PROGRAM

QUARTER ENDING	NUMBER OF PROCEDURES	VOLUNTEER DENTIST HOURS
12/31/09	1,281	61
3/31/10	1,463	69
6/30/10	1,180	69
9/30/10	1,280	39
12/31/10	1,026	33
3/31/11	1,107	51

Specialty Care Access

There are not enough specialty care physicians currently partnering with our Network to meet the needs of the more than 300 monthly referrals from Heathserve, which is just one of the Network's medical homes making referrals to specialists. In May 2011, GCCN hired a network development specialist to expand its partnerships with specialty care physicians and to maintain positive working relationships with its current partners. Between May 2011 and February, 2012, 18 practices have been recruited who have donated over 365 consults to patients at no charge or at greatly reduced cost.

Please contact the network development specialist at 336 272-1050, x2227 if you are a specialty care physician and would like to further your commitment to helping others in an efficient and a cost-effective way.

Case Management

All GCCN patients have access to a case manager through the Partnership for Health Management. Case managers provide information and referrals to community agencies, as well as instructions to help patients better manage their health, medications, and diet.

- *Total number of patients receiving case management services during the 2010-2011 fiscal year:* 2688
- *Types of patient conditions managed:* chronic obstructive pulmonary disease, asthma, congestive heart failure, HIV/Aids; hypertension, diabetes, high cholesterol, obesity, and smoking cessation
- *Types of services provided:* screenings/assessments for social and/or health needs; plans for basic health needs; monitoring services provided by primary care physician and attending appointments with patient if needed; advocacy and education; links to crisis services; specialty referrals (i.e. food banks, Salvation Army, substance abuse, mental health, etc.); education for self-care, improved health and quality of life.
- *Average monthly case load per case manager:* 75+

SOURCES of FUNDING

Cone Health Foundation

The Duke Endowment

Glaxo Smith Kline Ribbon of Hope

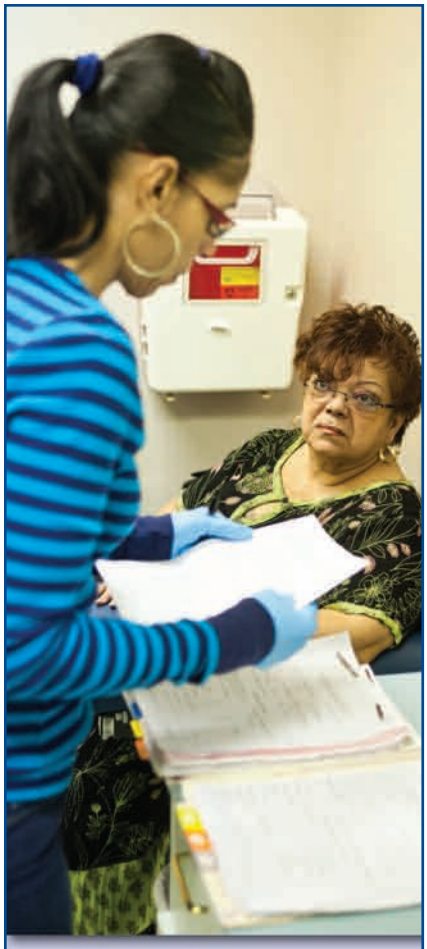
Health Resources and Services Administration (HRSA) Federal Planning Grant

Joseph M. Bryan Human Services Grant

Kate B. Reynolds Charitable Trust

Michel Family Foundation

Office of Rural Health



I wouldn't know what to do if I did not have access to the GCCN. The doctors have been very nice to me over the years. I am glad to have them. I do my own research. I ask questions. I let them know my concerns regarding my body. I am glad to talk to them.

Carol Munroe
GCCN patient at Heathserve Community Clinic

Guilford Adult Health Leadership

Lisa Duck, *MPH, MCHES*
Executive Director

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Hospice and Palliative Care of Greensboro (HPCG)

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