

BCBSMA FOUNDATION 2003 GRANT AWARDS
Innovation Fund for the Uninsured – Grant Summaries

Grants in the **Innovation Fund for the Uninsured** category will help Massachusetts organizations coordinate care for uninsured patients. These are model programs for improving the organization, continuity and completeness of care for the uninsured. The 2003 grant awards range from \$30,000 to \$70,000.

Boston Health Care for the Homeless Program (BHCHP)

Collaborators: Pine Street Inn, The Long Island Shelter

Boston

\$60,000

Ongoing funding to continue collaborative efforts with the Pine Street Inn (PSI) and the Long Island Shelter (LIS) in assuring Boston's homeless men and women access to complete and comprehensive health care at BHCHP's largest shelter sites. Funding will enable the Pine Street Inn clinic to sustain patient services that are not reimbursable, but are important and routinely provided by nursing staff, as well as to maintain the range of health care services currently provided.

Cooley Dickinson Hospital & Hampshire Community Action Commission

Collaborators: 135 individual health care providers in Hampshire County

Northampton

\$60,000

Funding to support Cooley Dickinson Hospital and Hampshire Community Action Commission (HCAC) in linking uninsured residents of the Northampton community to a complete range of medical care and services for a reduced, sliding-scale fee. By pooling their resources, these entities aim to increase the number of uninsured assisted, enhance coordination of community services, and develop an effective evaluation strategy.

Cambridge Health Alliance (CHA)

Collaborators: Cambridge Hospital, Somerville Hospital, Whidden Memorial Hospital, over 20 neighborhood health centers, the Public Health Department of Cambridge, Network Health, and multiple community-based organizations

Cambridge, Somerville

\$50,000

Funding to develop and evaluate a redesign of CHA's current care delivery model for patients with chronic disease. In the pilot phase of the project, a Patient Access Specialist (PAS) will work with 45 low-income, culturally diverse patients with diabetes. The PAS will encourage patients to keep their primary care appointments, provide follow-up after visits, and remove barriers to participating fully in treatment plans.

Ecu-Health Care

Collaborators: Northern Berkshire Health Systems, Community Action of North Berkshire, REACH Community Health Foundation, North Adams Public Schools, Northern Berkshire Chamber of Commerce

North Adams

\$50,000

Continued support to expand outreach, enrollment and case management services for the uninsured in the Northern Berkshire region. The target population served by this project is approximately 4,000 uninsured residents of North Adams and 10 surrounding towns. In 2004, Ecu-Health Care will develop a new focus on coordinating care for individuals with chronic conditions to enhance service delivery and avert unnecessary hospitalizations.

Falmouth Free Clinic

Collaborator: Vineyard Health Access Program

Falmouth

\$50,000

Continued funding to support a multidisciplinary team in providing individualized case management, medication assistance and monitoring, education, and counseling for more than 350 uninsured adult patients with chronic conditions on Cape Cod and the Islands. Support will additionally enhance staff's ability to recruit at least 15 new providers to the specialty referral network.

Island Health Plan

Collaborators: Rural Health Clinic, Island Counseling Center, Cape Cod Health Care, Falmouth Free Clinic

Falmouth, Martha's Vineyard

\$50,000

Ongoing support for the Vineyard Health Care Access Program (VHCAP) to expand its Reduced Fee Plan to include a partnership with the Island's new Rural Health Clinic for affordable primary care, and to expand access to coordinated care at off-Island facilities. The VHCAP will provide care coordination, system navigation, transportation, and financial counseling and assistance. The target population for this program is the 2,400 to 3,200 uninsured and underinsured Island residents among the year-round population of 16,000, including 2,000 Brazilian immigrants.

Sisters of Providence Health System

Collaborators: Springfield Department of Health and Human Services, Springfield Southwest Community Health Center

Hampden, Hampshire, Franklin Counties

\$50,000

Support to develop the Mercy Access Program (MAP), a coordinated system of care that will link uninsured users of Mercy Medical Center's Emergency Department to a network of community-based clinics and specialty services within the Sisters of Providence Health System and the community. While addressing the needs of the uninsured overall, this project will also focus on highly vulnerable special needs populations, such as the homeless, substance-addicted persons, and immigrants and refugees.

South Cove Community Health Center

Collaborators: Boston Medical Center tuberculosis clinic, Joslin Diabetes Center

Greater Boston

\$50,000

Support for the *Chronic Care Project*, an initiative to coordinate the care of uninsured patients with chronic conditions – asthma, diabetes, hypertension, tuberculosis and hepatitis B. The project's target population is the low-income, non-English speaking, Asian community in Greater Boston. The project will be comprehensive, providing access not only to primary care services at South Cove, but services outside the health center, health education, follow-up, and assistance in the event of hospitalization.

Brockton Neighborhood Health Center

Collaborators: N/A

Brockton

\$40,000

Continued funding for the *Diabetes Care Plan*, an initiative to better coordinate care between multiple providers serving the health center's diabetic population. The target population served by this project is a 211-person subgroup of the health center's 546 active adult diabetes patients, many of whom are non-English speaking, immigrant, uninsured residents of Brockton and surrounding towns.

Community Action Committee of Cape Cod & Islands (CACCI)

Collaborators: Falmouth Free Clinic; Martha's Vineyard, Cape Cod, Nantucket Cottage Hospitals; Duffy Health Center; Lighthouse Access Alliance; VNA of Cape Cod; school nurses

Hyannis

\$40,000

Renewed support for expansion of the *Harmonic Outreach Project Educators* to help uninsured and low-income residents obtain free or affordable health insurance products, and provide follow-up and advocacy to ensure continued coordinated care. CACCI expects to link at least 1,500 uninsured and underinsured adults and children of Cape Cod and the Islands with primary care services and follow-up to ensure their first visit and determine need for additional services.

Dimock Community Health Center

Collaborators: Latino Health Institute, Alianza Hispana, Latino Providers Network, Latina et Ninos, media outlets (Radio La Caliente 1330, *El Mundo*)

Roxbury-Dorchester-Mattapan (RDM) corridor and parts of Jamaica Plain

\$40,000

Continued funding for *Projecto Futuro Saludable* (Healthy Future Project), a program specifically targeted to providing outreach, assessment, coordinated care and case management for uninsured Latinos. In 2004, Dimock will develop a culturally competent case management model for patients with diabetes. Activities will include identification of diabetic patients, adoption of an assessment tool to track patient needs and progress, and reduction of transportation and communication barriers to care.

Great Brook Valley Health Center

Collaborators: N/A

Worcester

\$40,000

Continued support to sustain and enhance Chronic Disease Nurse Case Manager services for Portuguese-speaking Brazilian patients with diabetes, cardiovascular disease and asthma. This population is also at significant risk for depression and will be screened accordingly. When indicated, patients will be provided with a full assessment and appropriate treatment for depression.

Heywood Hospital/Gateway Health Access Program (GHAP)

Collaborators: Joint Coalition on Health Care, Oral Health Initiative of North Central Massachusetts, GHAP Dental, North Central Human Services, Community Health Connections Family Health Center, Gardner Area Interagency Team, Gardner Area Clergy Association, Heywood Hospital medical staff, Montachusett Opportunity Council

Gardner

\$40,000

Continued support for case management to assist members in overcoming barriers to health care access. The target population for this project is 7,000 to 8,000 uninsured individuals in Gardner and five surrounding towns. In 2004, GHAP will enhance its specialty care network and develop a model GHAP initiative for the Community Health Connections Family Health Center in the Fitchburg-Leominster area.

Morton Hospital and Medical Center (MHMC)

Collaborator: Taunton Public School System

Taunton

\$40,000

Continued funding for the *Friedman Adult Clinic*, a project to use the hospital's newest school-based health center, located at the Friedman Middle School, as a site to deliver primary care during evening hours (3:30-7:30 p.m., three days per week) and two Saturdays per month. The target population served by this project is the more than 4,000 uninsured adults who visit MHMC's emergency department for non-urgent care, and other uninsured Taunton area adults not currently receiving primary care.

Stanley Street Treatment & Resource, Inc. (SSTAR)

Collaborators: Volunteer Physicians of Greater Fall River, United Parish Church, SouthCoast Hospital Group

Fall River

\$40,000

Continued support of *MediCall/Health Access Program*, a collaborative effort between SSTAR and other Fall River organizations to increase enrollment and coordinated care for the uninsured, and retain the commitment of area physicians willing to provide gratis specialty care. *MediCall* serves a diverse patient base, including the Portuguese, Latino, Brazilian, and Cambodian communities.

UMass Memorial Health Care Mobile

Collaborators: Ronald McDonald House Charities, Worcester Public Schools, District Medical Society, District Dental Society, WIC, UMMHC Medical Group, Worcester East Side CDC, Worcester Oral Health Initiative, City of Worcester, other Worcester CBOs

Worcester

\$40,000

Continued funding for the Care Mobile, a 40-foot mobile medical/dental unit that provides medical and dental care, and health education in Worcester. The target population served by this project is medically underserved individuals in seven low-income Worcester neighborhoods and other sites in Worcester County. Care Mobile services include outreach, referrals to social services, on-site medical and dental care, care coordination, referrals, on-site interpreter services, and appointment follow-up.

Whittier Street Health Center

Collaborators: Lower Roxbury Coalition, Roxbury Community Alliance for Health, Department of Corrections, Suffolk County House of Corrections, local churches

Roxbury, Dorchester, Mattapan, Jamaica Plain, other Boston neighborhoods

\$40,000

Support to establish an outreach, education, screening, and coordinated care program for uninsured men of color, primarily Blacks and Latinos, ages 18-24. The health center will create an “Evening Men’s Clinic” that integrates medical care with social service and behavioral health treatments for a vulnerable and difficult to serve population.

Women of Means

Collaborators: Rosie’s Place, Women’s Lunch Place, On the Rise, Bristol Lodge, Casa Myrna Vazquez, Regis College Center for Health Sciences, Harvard Medical School, Massachusetts General Hospital, Brigham and Women’s Hospital, community health centers, outpatient clinics, hospitals, other shelters

Boston

\$40,000

Ongoing funding to support Women of Means in serving the health care needs of uninsured homeless women. In 2004, Women of Means will increase its infrastructure by expanding its physician pool and identifying an Assistant Medical Director to offer administrative oversight of clinical operations. Women of Means will continue to guide homeless women and children toward cost-effective, organized, and ongoing health care services.

The Family Van

Collaborators: Nine community health centers in Roxbury, Mattapan, and North and South Dorchester, more than 100 community-based organizations

Roxbury, Dorchester, Mattapan

\$30,000

Funding to support this mobile health care facility that helps to increase access to preventive care in Boston’s most economically disadvantaged neighborhoods and deliver services to difficult to reach residents. The van will deliver primary and preventive care, counseling, and social service referrals, and increase the number of patients who establish an ongoing relationship with a primary care physician.

Holyoke Health Center

Collaborators: Holyoke Hospital, Springfield CAP Project, Mass. League of Community Health Centers

Holyoke

\$30,000

Renewed funding to provide care management for new and existing uninsured patients with chronic conditions. Based on internal data, Holyoke Health Center will deliver coordinated care for uninsured patients with hypertension, diabetes, asthma and cardiovascular disease, particularly members of the Latino community. These patients will be linked to ongoing primary care, follow-up, and onsite self-management programming.