
MODELS FOR PRACTICE

FOCUS AREA: ACCESS (PRIMARY CARE)

Program Name: Hardee County Primary Health Care Network

Location: West Central Florida (Hardee County)

Problem Addressed: Access to Primary Care for Low-Income Residents

Healthy People 2010 Objective: 1

Web Address: <http://www.healthcouncils.org> (click on rural health)

SNAPSHOT

The Hardee County Primary Health Care Network is a public/private partnership that utilizes elements of volunteerism and collaboration to provide health care to those who cannot afford it (the working poor).

THE MODEL

The program enrolls 1,200 to 1,300 individuals annually who had no prior access to health care.

Blueprint: The Hardee County Primary Health Care Network includes Central Florida Health Care, Hardee County Health Department, Pioneer Medical Center, Florida Hospital Wauchula (a rural critical access hospital), and a pharmacy. The network has been providing primary care services to low-income residents of Hardee County, Florida, for the past three years. The network policy is to enroll low-income (below the 150 percent of poverty level) residents who have no insurance and are not eligible for Medicare, Medicaid, or other public programs. Administration and staff, with the exception of one paid clerical position, donate their time and services to the network. The program enrolls 1,200 to 1,300 individuals annually who had no prior access to health care. The network enrolls families but serves mainly adults since most children have alternative funding for medical care. The majority of the enrollees are Hispanic (60 percent), and more than half are migrant farm workers.

Each primary care provider must donate \$2,000 of care in-kind each year and two hours/month of patient education activities to remain in the network. Patients pay only a small co-payment for services. They are free to choose any network provider but must provide proof of county residency and income. The majority of the primary care services provided by the network include ambulatory acute and episodic care, with a special emphasis on patient education and preventive medicine. Laboratory and radiology services, pharmacy, primary dental care, and home health/skilled nursing services have also been provided.

Making a Difference: Prior to the formation of the Primary Health Care Network, indigent health care services were fragmented and unsystematic,

which resulted in spotty coverage and affected continuity of care. In the first 15 months of operation, the network served 1,336 patients. It has implemented an annual quality assurance audit, quarterly progress reports, and is planning a monthly customer satisfaction survey—in Spanish and English—administered to 5 percent of the enrollees. The network also monitors services by diagnosis code. The network in fiscal year 1999–00 paid \$48,000 for acute care and chronic care; \$25,562 for emergency room visits; and \$61,852 for prescription drugs.

Beginnings: The program is based on an urban model implemented in Hillsborough County (Tampa, Florida). The Hardee County program began on July 1, 1999, after a year-long study supported by the Board of County Commissioners and conducted by the Hardee County task force. Task force members donate their time, or their employer donates their time, and represent the following providers: primary health care, home health, Community/Migrant Health Care Center, rural health clinics, hospice services, and related health agencies. The task force found that a large proportion of residents lived in poverty and had little or no access to basic health care. Over half of the local providers agreed to participate in the program.

Challenges and Solutions: Initially, the network had difficulties enrolling members until instituting an intensive marketing campaign. The marketing program utilized a multi-media approach including: newspaper ads in local and Spanish-language papers; radio shows and talk shows on local and Spanish radio stations; direct mail advertisements in Spanish and English; and a financial portfolio for potential investors.

The program is in its third and final year of funding by the Robert Wood Johnson Foundation and is currently seeking funding. In addition to seeking grant funding, the network is preparing materials for a private fundraising campaign targeting major corporate employers and community businesses. A campaign is being launched to get 10-15 corporate investors to donate \$10,000 or more to the operating expenses of the network. Additionally, the network has submitted a Health Resources and Services Administration Community Access Program (HRSA CAP) grant proposal.

PROGRAM CONTACT INFORMATION

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