



the
**safety
net**
story

Access to health care is a national crisis affecting many Americans.

It is a complex issue with a large array of special interests, but those most impacted by the health care crisis are those who are uninsured or underinsured. These are the people who the nonprofit Safety Net Clinics, hospitals and other health care providers strive to serve. The people and organizations that make up the Safety Net are driven by two key concerns:

- We know we can't sit back and wait for others to fix the issue.
- We are working on solutions, but we can't do it alone.

We need your support to help the thousands of uninsured and underinsured people in Greater Kansas City who need care now.

the issues

At any point in time, more than 20 percent of the 1.8 million residents of the Kansas City metro area are either uninsured, underinsured or on Medicaid.

Providing the uninsured and medically underserved with quality primary care is a tremendous challenge for our community.

Individuals and families who have trouble accessing the health care system are also often those most in need of health care.

Over 400,000 of our neighbors are uninsured, underinsured or on Medicaid. The majority must rely on the small but dedicated coalition of Safety Net Clinics and donated services to obtain health care.

Who are these 400,000 people? According to the Employee Benefit Research Institute estimates for 2006:

- 82 percent of all non-elderly uninsured live in families where the head of household works.
- In large measure they are low-wage workers employed by companies that do not provide health insurance. They cannot afford to purchase private health insurance.
- They are children and pregnant mothers who rely on Medicaid for health care.
- They are people who find themselves unemployed due to layoffs or other circumstances beyond their control.

As more companies move away from private insurance and unemployment rises, the numbers of uninsured and underinsured will only increase. Also, because Medicaid reimbursements to doctors are low, many private doctors and clinics will not accept Medicaid patients or limit the number they will see.

Providing primary care is difficult enough, but providing quality specialty care such as heart surgery or cancer treatment is even more of a challenge.

Because they lack resources, people are less likely to maintain their health through preventive care and less able to manage chronic conditions. They may delay care due to the expense — resulting in far greater costs later — and often end up in emergency departments because they have nowhere else to go. This not only does not serve the patient well, but is the most costly way to provide care, which burdens charitable hospitals and the entire health system.

More than 10 working-age Missourians and three working-age Kansans die each week due to a lack of health insurance.

— *Dying for Coverage*, Families USA

real people, real stories

Numbers and percentages are important, but they often mask the very real struggles of individuals and families seeking quality health care, and the problems — or even tragedies — they face when they are unable to get that care.

Here are just two of their stories.



Wayne was a 62-year-old with congestive heart failure. With medication, he felt much better and was able to care for his wife, who had colon cancer, and work as a volunteer maintaining the local park. Unfortunately, he could not afford the heart catheterization that was needed to address the reason for his heart failure. When he turned 65, he qualified for Medicare. His delayed care issues were finally addressed, but unfortunately his disease had progressed to the point where he had only minimal improvement in his heart. After multiple hospital admissions, he died of heart failure at the age of 67.



Andre is a 45-year-old, struggling mom who provides child care in her home. She was unable to afford her medication or to access consistent medical care for her diabetes. Because of poor control of blood sugars and blood pressure, her kidneys were damaged and she was prone to serious infections. For the last few years, she has received regular care at a local free health clinic. Her diabetes is well controlled, she has not required hospitalization in three years, and her kidneys are now functioning better. The cost of continued poor care would have resulted in a frightening \$66,000 for each year of hemodialysis.

**While the country grapples
with health care issues,
people in our community
need care now.**

We cannot wait for the nation to figure out this issue without even more tragic stories emerging. The clinics, health professionals and other organizations that make up the Safety Net Community are working to provide health care to the uninsured and underserved, but they cannot do it alone.

the safety net community

Safety Net Clinics are nonprofit clinics dedicated to providing quality health care to those who are uninsured, underinsured or on Medicaid.

This small number of metro-area clinics serves more than 100,000 patients with over 250,000 visits each year. They provide a wide array of health services, from basic preventive care to urgent care to chronic disease management. They also provide patients with diverse support services, helping them find social services and arrange for specialty care.

Safety Net Clinics operate by patching together a combination of government and private grants, community donations, volunteers, and a broad set of partnerships with hospitals, pharmaceutical companies, laboratories, doctors, nurses, and social service organizations. They could not survive without this network of support. However, a tremendous amount of energy and time must be put into developing and maintaining this network.

The Safety Net Community is a network of clinics, hospitals, providers and supporters providing quality health care to those who cannot access the community's private health care system.

The individual agencies that make up the Safety Net Community retain their independence and autonomy, but work together as a coalition so they can better serve the needs of their patients. Through collaboration, they can extend limited resources, share information and ideas and, most importantly, provide a higher level of care to more people in need. All of these agencies strive to provide quality health care for each patient — creating a place where people know they can get medical care from someone who knows them. The clinics are working hard to make their operations as efficient as possible and expand their partnerships.

Individual clinics and providers and the system as a whole are in a constant struggle to secure resources and provide the highest quality of care.

Because the people who need safety net services often have extensive health issues and are often unable to pay for services, the Safety Net Clinics, programs and facilities are either undercompensated or not compensated at all for providing care.

This puts a tremendous burden on the Safety Net Community to find the resources necessary to provide the amount of care and the quality of care that the uninsured and medically underserved deserve.

In 2007, the Safety Net Clinics and members of the larger Safety Net Community convened as the Safety Net Working Group.

The Safety Net Working Group was created to address a number of issues — from increasing access to the Safety Net System to increasing the capacity of the system to treat more patients and provide a higher quality of care.

One initial success has been the cooperative development of www.kchealthresource.org, a Web site that helps social service agencies, clinics and the public find the right health services. The site is supplemented by a printed directory of Safety Net Clinics and their services.

Committees of the Safety Net Working Group are also working on a patient navigator program to help patients do a better job of managing chronic disease and developing a regional strategy to strengthen the Safety Net System.

Key Concerns of the Safety Net Community

- Limited capacity and high demand mean that patients often wait as much as 40 days for a follow up appointment, and some clinics report longer wait times for initial appointments.
- Lack of sustainable support for core services, requiring continuous devotion of time, money and energy to developing core support.
- Difficulty maintaining buildings and equipment.
- Inability to keep up with new technology or purchase such technology, including computers, medical equipment and software.
- Although a tremendous amount of care and services are provided by the region's Safety Net hospitals, specialty care and support services such as labs and x-rays are often difficult to arrange and support. The Safety Net Community relies on donations for many of these services, which take more time and resources to arrange. Where there are dedicated specialty services for the uninsured and underinsured, these services are at capacity.
- Currently, a difficult and unwieldy system is in place to secure regular sources of medication for patients who are able to access medical care.
- A high need for social services, often requiring more resources than clinics are equipped to provide.



The Safety Net Community has made good progress in addressing these shared challenges and finding common solutions, but we need your support to keep this important work moving forward.

real people, real stories

The Safety Net Community strives to turn health challenges into health successes — one patient at a time. Despite the terrific challenges facing each of these clinics, they work hard to provide quality, personalized care.

Ebony Bell is a teaching assistant who loves working with children. Her three-year-old son, Christopher, received care for his asthma through the state's MO HealthNet program. But when Ebony got a \$2-per-hour raise, Christopher was dropped from MO HealthNet because she no longer met the income requirement. His medications alone cost more than \$195 per month. A safety net clinic provided sample medications for Christopher and helped Ebony get him back on Medicaid so that his medical expenses are covered once again. "I am so grateful to the doctors, nurses and staff at the clinic," said Ebony. "Their caring did not stop when our health insurance stopped."



Michael, age 50, came to a safety net clinic because he had been falling a lot and dropping things for about three months. His progressive weakness resulted in loss of function first of his arms and then his legs. A battery of office examinations and blood tests did not provide answers, but it was evident that he had a serious problem. Michael assumed he was dying. He said, "Guess that's what I get for not having insurance." It took six weeks, but through the safety net system a donated MRI of his neck was arranged. The test found that bones had grown inward and were pressing on his spinal cord, which was swelling dangerously. He underwent emergency surgery and is now in recovery, with a likely return to full function.

real people, real stories

The private medical community has stepped forward to work with the Safety Net Clinics to help address the need for more specialty services.

Working through the Medical Society of Johnson and Wyandotte Counties (WyJo CARE), the Metropolitan Medical Society of Greater Kansas City, and Northland Health Care Access (Northland CARE/MetroCARE), specialty doctors and hospitals are donating specialty care to the uninsured. In 2007, private care doctors committed to serve 1,717 patients and more than 600 referrals for care were made.

Sandra is a 56-year-old woman from Pakistan who enjoys teaching at a Montessori school. As the arthritis in her knees worsened, she could no longer work — she was in too much pain to stand or walk, and pain medications made her too drowsy to do her job. With the help of the safety net system, a volunteer orthopedic surgeon and a local hospital, Sandra had bilateral knee replacements. Clinic staff partnered with other community agencies to arrange physical therapy, pain medications, a walker and shower chair for Sandra's rehabilitation. Sandra returned to work in a couple of months and she now earns enough to support herself.



The Safety Net Community works from the basic premise that every person who is helped makes our community stronger and healthier, and every person who goes unassisted makes our community weaker and less healthy.

We are not waiting for a solution. We are working together and building as many supporting partnerships as possible.

how can you help?

There are many ways you can connect with this effort — and your involvement will make a difference.

Understanding — Possibly more than anything else, the Safety Net Community needs the public, public officials, the private sector, and the larger medical community to understand the issue and what is being done — or not being done — to address it. Become informed. Speak with Safety Net Clinics or other members of the Safety Net Community about what they are doing and what issues they face.

Communication — We need to talk about these issues, letting decision makers know our concerns and discussing what we can do to improve services for the uninsured and underinsured.

Resources — Unfortunately, health care is not cheap. To provide quality health care, Safety Net Clinics and other Safety Net partners need resources, especially consistent resources. Support adequate and sustainable funding of Safety Net Clinics.

Engagement — The Safety Net System needs citizens who are engaged in this issue. This might mean volunteering at a clinic or with another Safety Net partner. It might mean working to engage your workplace or organization in this issue. This is especially true for the medical community, which has special skills and capabilities needed by the Safety Net Community and a special understanding of the impact of inadequate health care.

Responsibility — Finally, each of us needs to take responsibility for our own health, as well as the health of our community.

Health care access for the uninsured and underinsured is a community problem.

This problem cannot be solved by any one segment of the community. Federal, state and local resources must be coordinated by an efficient and effective coalition to achieve a satisfactory result. It is imperative that each of these constituencies join the effort.



the safety net community

Metro Area Safety Net Medical Service Providers

Cabot Westside Health Center
 Caritas Clinics (a.k.a. Duchesne and Saint Vincent Clinics)
 Children's Mercy Hospital and Clinics
 Clay County Public Health Center
 Health Partnership of Johnson County
 Jackson County Free Health Clinic
 Jackson County Health Department
 JayDoc Free Clinic
 Johnson County, Kan., Health Department
 Kansas City Free Health Clinic
 Kansas City, Mo., Health Department

Mercy and Truth Medical Missions
 Platte County Public Health Department
 Samuel U. Rodgers Health Center
 Seton Center Dental Services
 Silver City Health Center
 Sojourner Health Clinic
 Southwest Boulevard Family Health Clinic
 Swope Health Services
 Truman Medical Centers
 Turner House Children's Clinic
 Wyandotte County, Kan., Health Department

Safety Net Working Group Members

Cabot Westside Health Center
 Caritas Clinics
 Children's Mercy Hospital and Clinics
 Clay County Public Health Center
 Communities Creating Opportunity
 Community Health Council of Wyandotte County
 Health Partnership of Johnson County
 Jackson County Free Health Clinic
 JayDoc Free Clinic
 Johnson County Health Department
 Kansas City Metropolitan Healthcare Council
 Kansas City, Mo., Health Department
 KC CareLink
 Kansas City Free Health Clinic
 Lafayette County Health Department
 Lakin Consulting, LLC
 Legal Aid of Western Missouri

Mid-America Coalition on Health Care
 Northland CARE/MetroCARE
 Northland Health Care Access
 Riverview Health Services
 Samuel U. Rodgers Health Center
 Seton Center Dental Services
 Silver City Health Center
 Southwest Boulevard Family Health Clinic
 St. Luke's Hospital
 Swope Health Services
 TransforMED
 Truman Medical Centers
 Turner House Children's Clinic
 UAW-Ford Community Health Care Initiative
 Wyandotte County Health Department
 Wyjo CARE

Regional Health Care Initiative Funders

H&R Block
 Hall Family Foundation
 Health Care Foundation of Greater Kansas City
 Jewish Heritage Foundation
 REACH Healthcare Foundation
 Sosland Foundation
 Sunflower Foundation
 Victor E. Speas Foundation, Bank of America, Trustee
 Wyandotte Health Foundation



www.kchealthresource.org

Regional Health Care Initiative | Mid-America Regional Council
600 Broadway, Suite 200 | Kansas City, MO 64105 | 816-474-4240