

2006 Annual Report

“HEALTHCARE FOR THE UNINSURED”



MCAC

MEDICAL CARE ACCESS COALITION

Serving Dickinson & Iron Counties

Historical Perspective

2006 represented the Dickinson-Iron Medical Care Access Coalition's (DIMCAC) second full year of operation. The program was established in 2004 to address the needs of the low-income uninsured residents of Dickinson and Iron Counties. DIMCAC was modeled after a successful pilot program in Marquette County that celebrated its five year anniversary in 2006.

During 2006, we were administering services to upwards of 200 active clients during a given month. Our client base has continued to increase at an exponential rate over the course of the last two years. From the inception of the program in October of 2004 through the end of December 2006, 468 clients were enrolled into the program. These people were eligible to see one of our 31 volunteer doctors/nurse practitioners free of charge, receive donated lab and X-ray testing from our participating hospital systems, and get their medications for free or at a reduced cost.

We continue to be leaders at the regional level, and are now one of 5 partnering access agencies serving the 15 counties of the Upper Peninsula of Michigan. We have developed a system of care for the uninsured in our region unlike anything else in the United States. We have been and continue to be a role model and source of information on healthcare for the uninsured at the state and national level. Our regional group is the Upper Peninsula Health Access Coalition (UPHAC), and gives us a unified voice. The UPHAC Board is comprised of members of each of the 5 local access agencies, and makes decisions regarding policy, funding distribution, etc. We will also rely on this group for direction in pursuing ongoing funding for sustainability.

2006 FIGURES

<u>Cash Spent</u>	<u>Dickinson</u>	<u>Iron</u>	<u>TOTAL</u>
New Client Enrollments	139	51	190 New (468 Total)
\$ Spent on Medications	\$20,353	\$13,987	\$34,340
\$ Spent on Direct Care	Northern Menominee Health Center	Crystal Falls Dental Clinic	\$1,000
<u>TOTAL CASH VALUE</u>			\$35,340
<u>Amounts Donated</u>			
Independent Doctors	\$28,421	\$10,300	\$38,721
Medications	\$156,268	\$36,381	\$192,649
Hospital*	<u>DCHS</u> \$41,717	<u>ICCH</u> \$54,537	\$96,254
Office Volunteers**	97 Hours \$1,667 Value	55.75 Hours \$958 Value	152.75 Hours \$2,625 Value
<u>TOTAL IN-KIND</u>			\$330,249

*Hospital figure includes physicians who are hospital employees

**Volunteer value calculated at Michigan DHS rate of \$17.19/hour

TOTALS SINCE PROGRAM INCEPTION

10/04-12/06

<u>SEX</u>	<u>Number</u>	<u>Percentage</u>
Male	164	35%
Female	304	65%

<u>RACE</u>	<u>Number</u>	<u>Percentage</u>
White	443	95%
Native Amer.	10	2%
Asian	7	2%
African Amer.	2	< 1%
Hispanic	2	< 1%
Middle Eastern	2	< 1%
Alaskan Native	1	< 1%
Unknown	1	< 1%

<u>MARITAL STATUS</u>	<u>Number</u>	<u>Percentage</u>
Single	172	37%
Married	129	28%
Divorced	125	27%
Widow	16	3%
Separated	26	6%

<u>EMPLOYMENT STATUS</u>	<u>Number</u>	<u>Percentage</u>
Empl. Full Time	49	10%
Empl. Part Time	190	41%
Self Employed	7	2%
Unemployed	184	39%
Disabled	7	2%
Retired/Pension	9	2%
Full Time Student	0	0%
Part Time Student	0	0%
Not Available	22	5%

<u>EDUCATION LEVEL</u>	<u>Number</u>	<u>Percentage</u>
High School Grad	219	47%
College Grad	54	12%
GED	3	< 1%
Some College	136	29%
Some High School	48	10%
Grade School	2	< 1%
Unavailable	6	< 1%

<u>HOUSING STATUS</u>	<u>Number</u>	<u>Percentage</u>
Homeless	5	1%
Not Homeless	455	97%
Unavailable	8	2%

2006 Referral Totals

Department of Human Services	96
Health Department	44
Tribal Health System	0
FQHC (medical)	43
Dental clinics (FQHC)	130
Community Mental Health/Substance Abuse	7
UP Diabetes Outreach Network	8
DCHS Prescription Rx program	94
DCHS Uncompensated Care	114
ICCH Community Care Program	23
Other community resources (Salvation Army/St. Vincent DePaul)	21

TOTAL REFERRALS: 580

National & Regional Picture

According to the federal government, an estimated **46 million** people in the United States are living without health insurance, including thousands in the Upper Peninsula of Michigan. According to recent statistics, nearly 18,000 people in the U.P. are uninsured, 19-64 years old, and living at or below 200% of the federal poverty level. Of those, around 1,900 people live in Dickinson or Iron County.¹

Uninsured in the 15 County Region of the Upper Peninsula

<u>COUNTY</u>	Uninsured Below 200%	ABW Enrolled	MCAC Target Pop
DICKINSON	1,386	162	1,224
IRON	748	110	638
Alger	537	423	494
Baraga	542	94	448
Chippewa	2,814	222	2,592
Delta	2,015	280	1,735
Gogebic	1,232	146	1,086
Houghton	3,066	274	2,792
Keweenaw	155	0.0	155
Luce	529	63	466
Mackinac	721	45	676
Marquette	3,961	580	3,381
Menominee	1,555	201	1,354
Ontonagon	454	51	403
Schoolcraft	590	73	517
TOTAL	20,305	2,344	17,961

⇒ Uninsured Below 200 Source: Primary Health Care Profile of Michigan, Data Book, April 2004

⇒ ABW: Average enrollment Jan-July 2003

⇒ MCAC Target Population: Uninsured below 200% minus ABW Enrolled Patients

⇒ The chart above shows the number of people uninsured in the region, broken down into those enrolled into the State of Michigan's Adult Benefit Waiver (ABW, a form of government coverage) and those remaining who have none.

¹ Source: Primary health care Profile of Michigan, *Data Book April 2004*

What does the future hold?

While these statistics represent the early stages of our “track record,” many of the same trends are being seen by our partner access agencies across Upper Michigan. As our enrollment continues to grow in the coming months and years, we will face several challenges. One will be finding an appropriate medical home for our clients, which may become harder to do as more and more are being seen by local volunteer doctors. Another challenge will be managing the dollars spent on medications for our clients as the population continues to grow. These figures will likely be effected by the State’s Adult Benefit Waiver Plan opening periodically for enrollments. In 2006, 45 clients being served by DIMCAC were moved into the ABW Program when it opened.

An important piece of being able to help our clients is being aware of and involved in the human services referral network. We consider it a win even when a client who does not qualify for our program comes in and we know of someone in the area who may be able to help. Regular press releases, being a member of our local chambers of commerce, and participating in the Collaborative Groups help us stay in touch with the other human services agencies. Our referral efforts will also be helped by UPCAP’s 2-1-1 call system, which is now in place.

Volunteer donations, whether they are doctors’ time, hospital services, or general office help, will to play the most important role in our ongoing efforts to keep costs to a minimum while continuing to serve the needy. It is imperative that we cultivate and appreciate these volunteers and volunteer donations. Without them, our program cannot exist. As the number of uninsured continues to grow without a change in state or federal legislation, so too will the demand for these donated services.