ARKANSAS RIVER VALLEY RURAL HEALTH COOPERATIVE, INC.



developing a vision for community-based rural health care

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PROGRAM UPDATE August 2002

Mission of the Health Cooperative

To improve the health and quality of life of the residents of Franklin, Logan, and Scott counties through improved access to health care services, community healthy education, prevention, and chronic disease management services.



Background

In March 1999, a group of community leaders and local health care providers met with representatives from the Arkansas Department of Health to discuss the development of a network of health care providers to serve the low-income uninsured residents of Franklin, Logan and Scott counties. An informal steering committee was formed at this time. Six months later (September 2001), with the receipt of a federal grant from the HRSA Office of Rural Health, the Arkansas River Valley Rural Health Cooperative was incorporated as a private, non-profit organization. The Health Cooperative is governed by a Board of Directors that includes representatives and community leaders from each of the three counties in its service area.

Community HealthLink Program Update – August 2002

Over the past few years - with the help of federal grant funds, and grants from the Arkansas Department of Health, the Robert Wood Johnson Foundation, and the Sisters of Mercy of the Americas – the Health Cooperative has developed Community HealthLink, a community-based health care program that involves several different, but inter-related, program initiatives. The major programs are outlined below. Some of these programs are now in the early stages of implementation; others will be implemented within the next few months.

Health Care Access Program (HCAP)– a subsidized health plan, designed to provide working, low-income adults with no health insurance affordable access to needed medical services.

Status – The HCAP pilot project got underway on March 1, 2002. Currently, there are 80 individuals (including one small business) enrolled in the program. Due to limited funding, no more individuals are being enrolled into the program at the present time; however, applications for enrollment are being accepted at this time, as the Cooperative's strategic plan calls for increasing enrollment to 600 individuals in the Spring of next year (2003).

Prescription Drug Assistance Program (PDAP) – a program designed to help low-income individuals obtain free or discounted prescription drugs.

Status – The PDAP, as it is currently organized, got underway in July 2001. The program has about 700 enrollees, and enrollment is steadily increasing at the rate of about 60 per month. On the average, PDAP enrollees are saving in excess of \$150 per month on the cost of prescription drugs.

Health Education Program – a hospital-based program designed to promote community health and wellness, educate individuals regarding their particular health problems/conditions, and teach these individuals how to manage their chronic health conditions in a manner that will improve their quality of life.

Status – This program will involve opening and staffing a Health Resource Center (HRC) in each of the four hospitals in the tri-county service area. The first HRC is scheduled to be opened in the Fall of 2002 at Mercy Hospital/ Turner Memorial in Ozark. The remaining three HRCs are expected to be open within the next two years.

Telecommunications Program – involves the installation of a telecommunications network, with the host site at the Cooperative office in Ratcliff, and remote sites at each of the four hospitals. The network will be tied into the UAMS Rural Hospital Program and the statewide telecommunications network. It will also have satellite downlink capabilities. Each site will have teleconferencing & telemedicine capabilities, and will be able to participate in continuing education classes, college courses, support groups, workshops, conferences, etc.

Status – The host site in Ratcliff, and the first remote site (at Mercy Hospital / Turner Memorial in Ozark) will be operational by the end of this year (December 2002). The remaining three hospital sites will be added to the network over the next two years.

Chronic Disease Management Program – involves a series of one-on-one counseling/checkup sessions between chronically ill patients, referred to the program by their primary care physician, and the CDM program coordinator, a mid-level practitioner employed by the Cooperative. These services will be provided, on alternate days, at each of the four hospitals.

Status – Workshops have been provided to acquaint local primary care physicians with the program. This program is expected to get underway in January 2003.