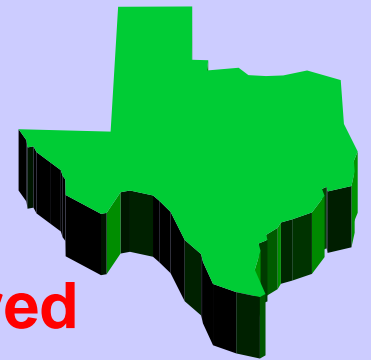


ACCESS TO HEALTH CARE IN TEXAS!



Challenges of the Uninsured and Underinsured

University of Texas
Austin, Texas

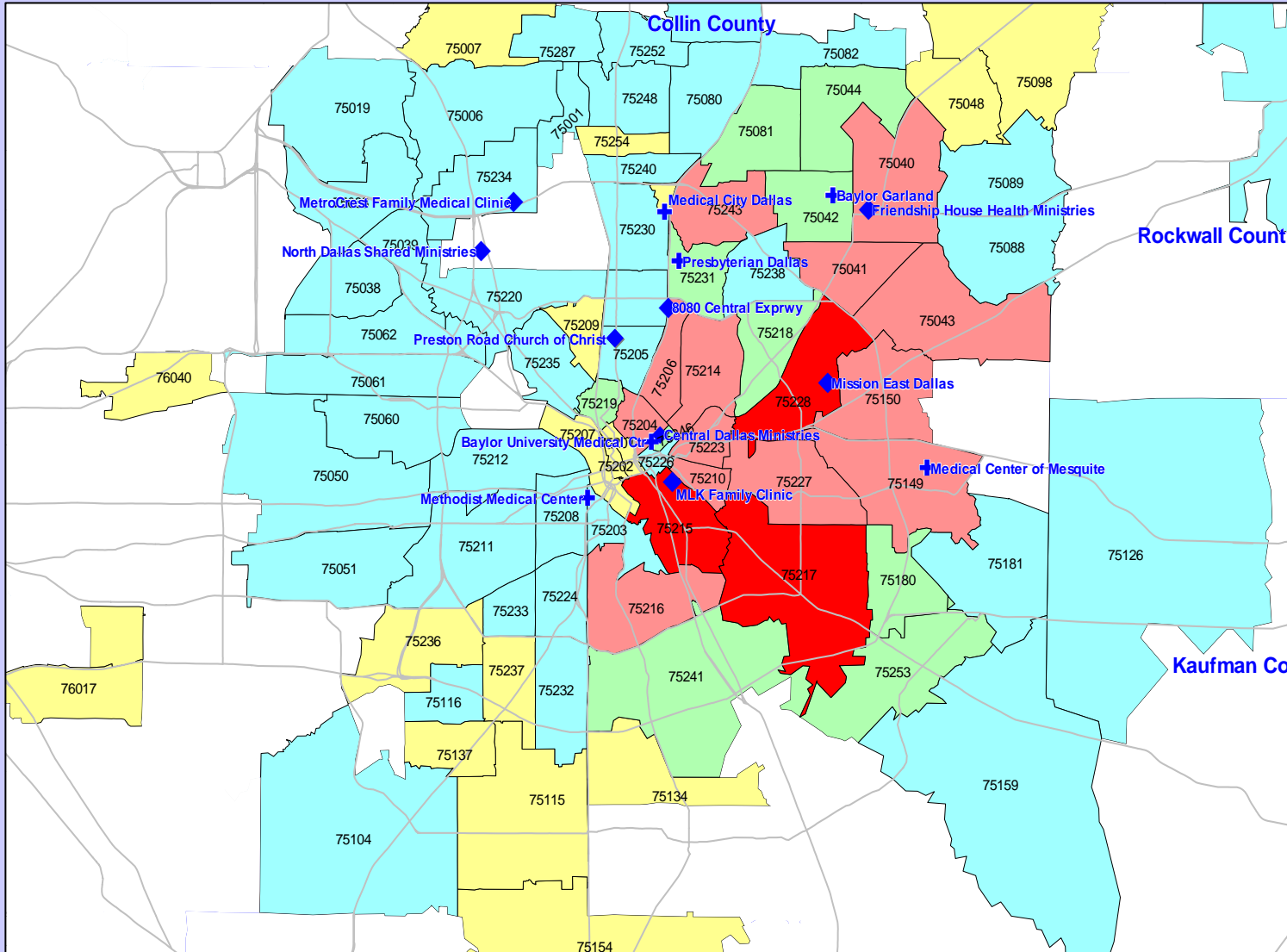
December 14, 2004



Project Access Dallas

Hospitals & Community Clinic Enrollment Sites

April 2002 – September 2004

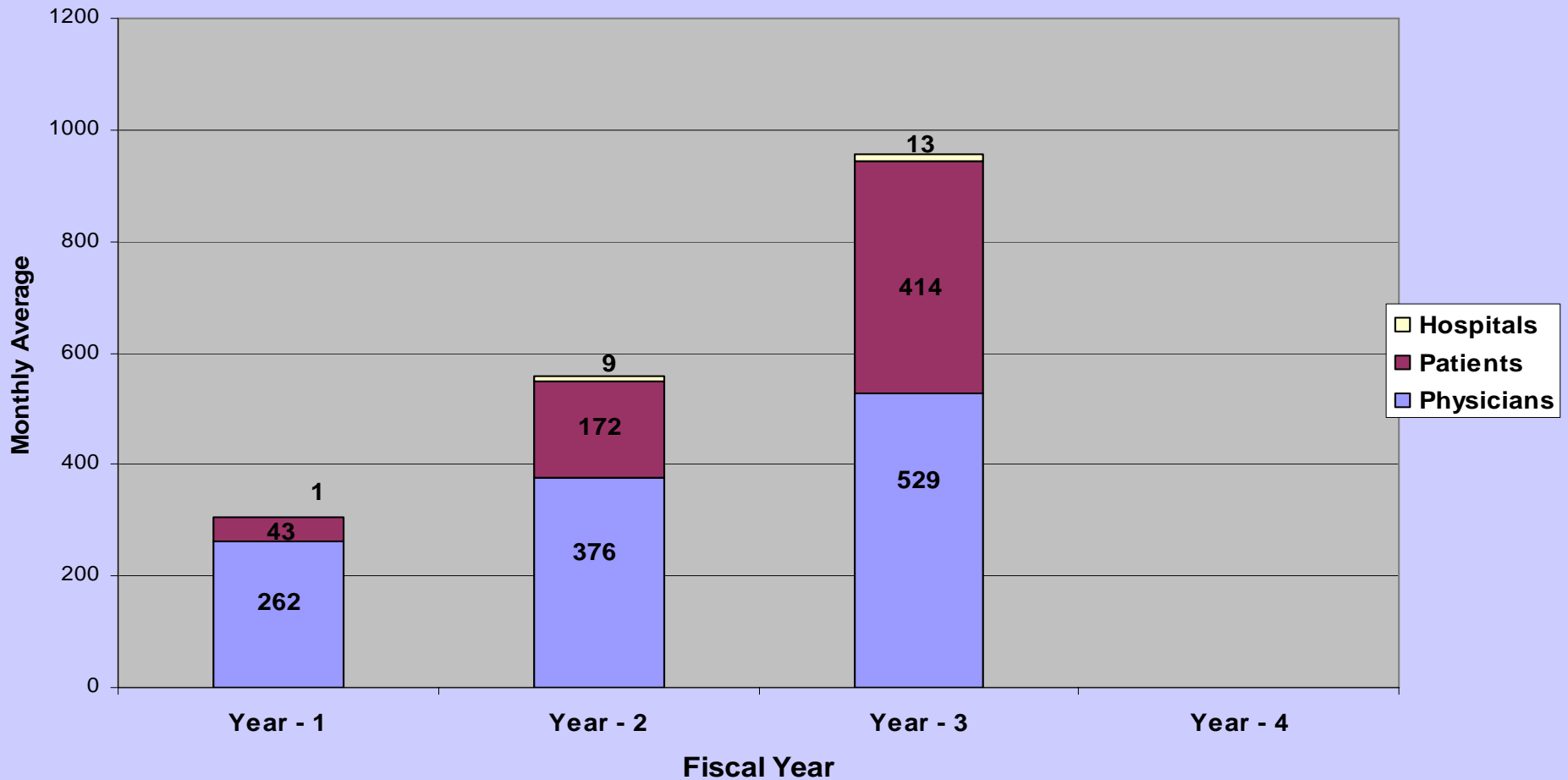


Color	Ranges	# of zips
Red	40-78	3
Pink	20-40	13
Green	10-20	10
Blue	2-10	42
Yellow	1-2	26

Project Access Dallas

Enrollment Trends

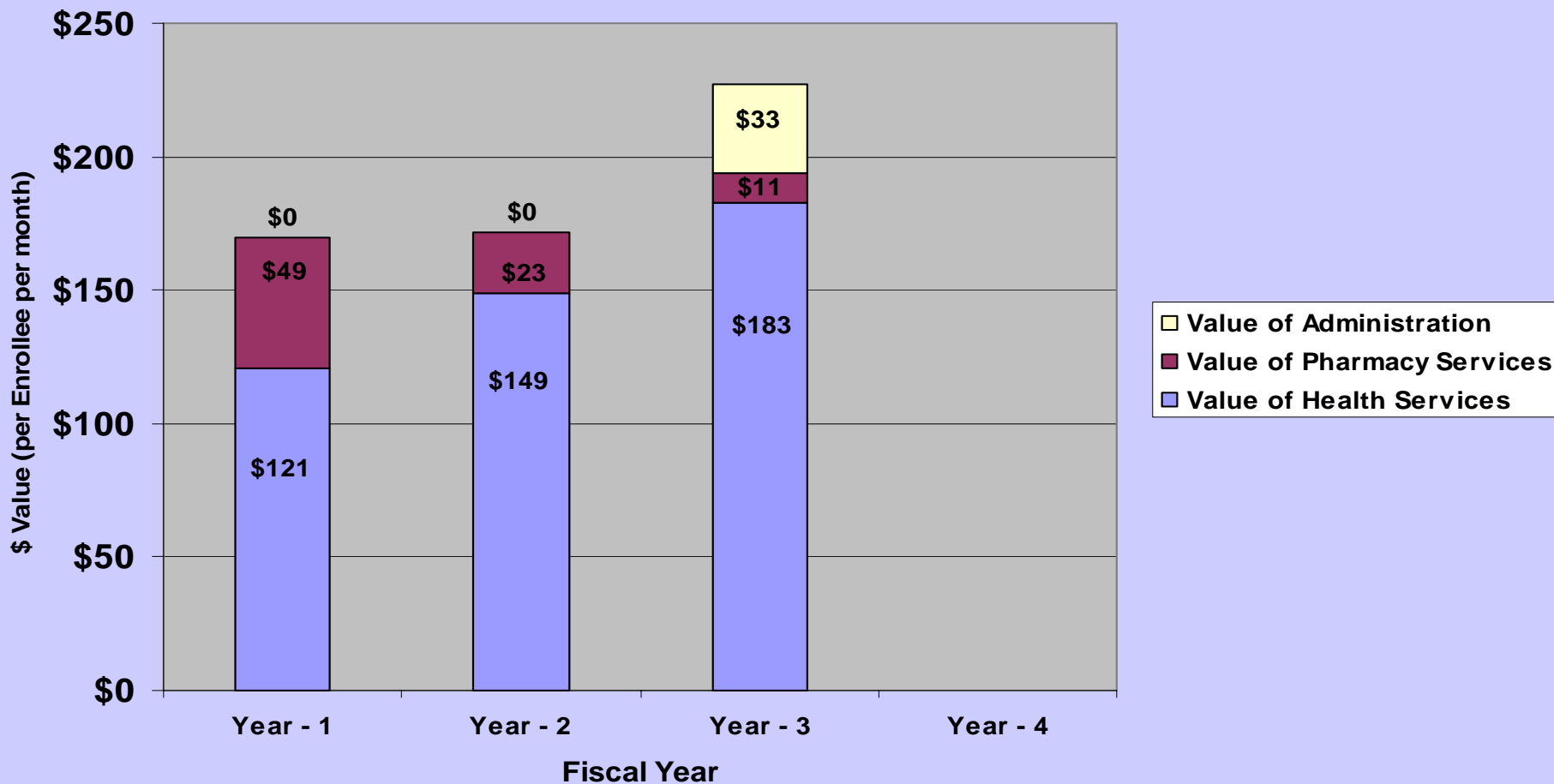
Project Access - Average Monthly Enrollment



Project Access Dallas

Value of Donation Trends

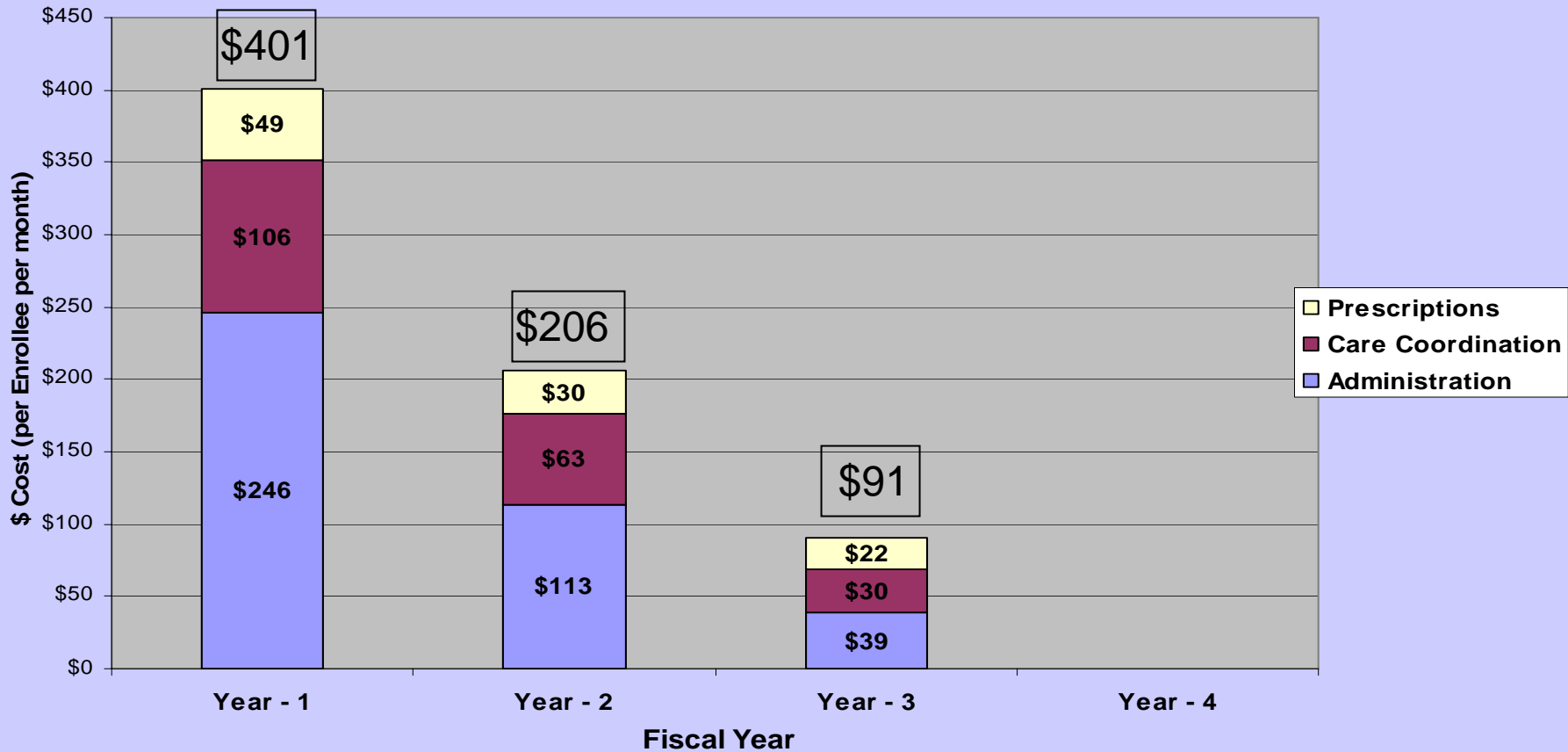
Project Access - Value of Donated Services Provided



Project Access Dallas

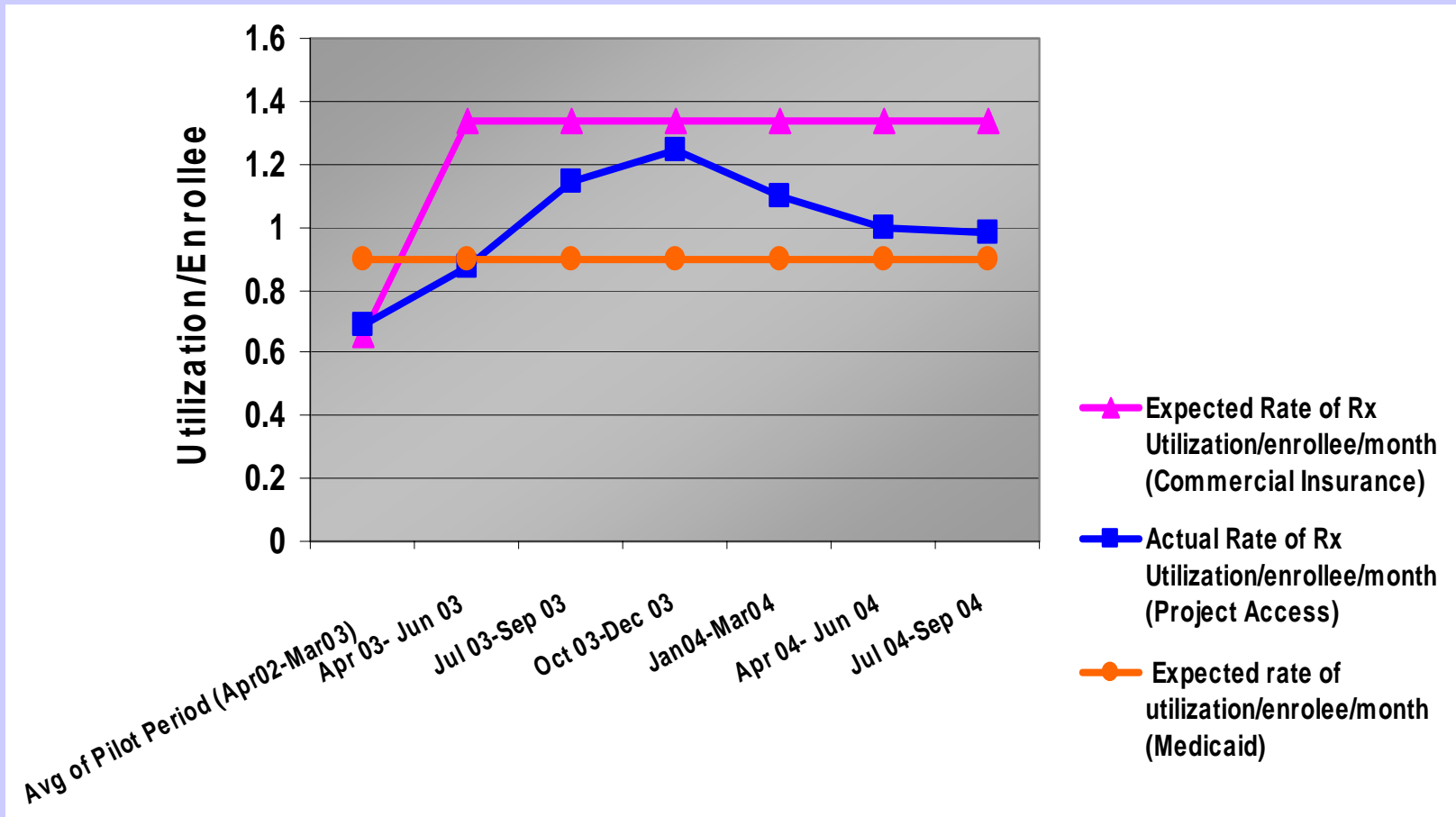
Costs Trends

Project Access - Cost of Providing Services



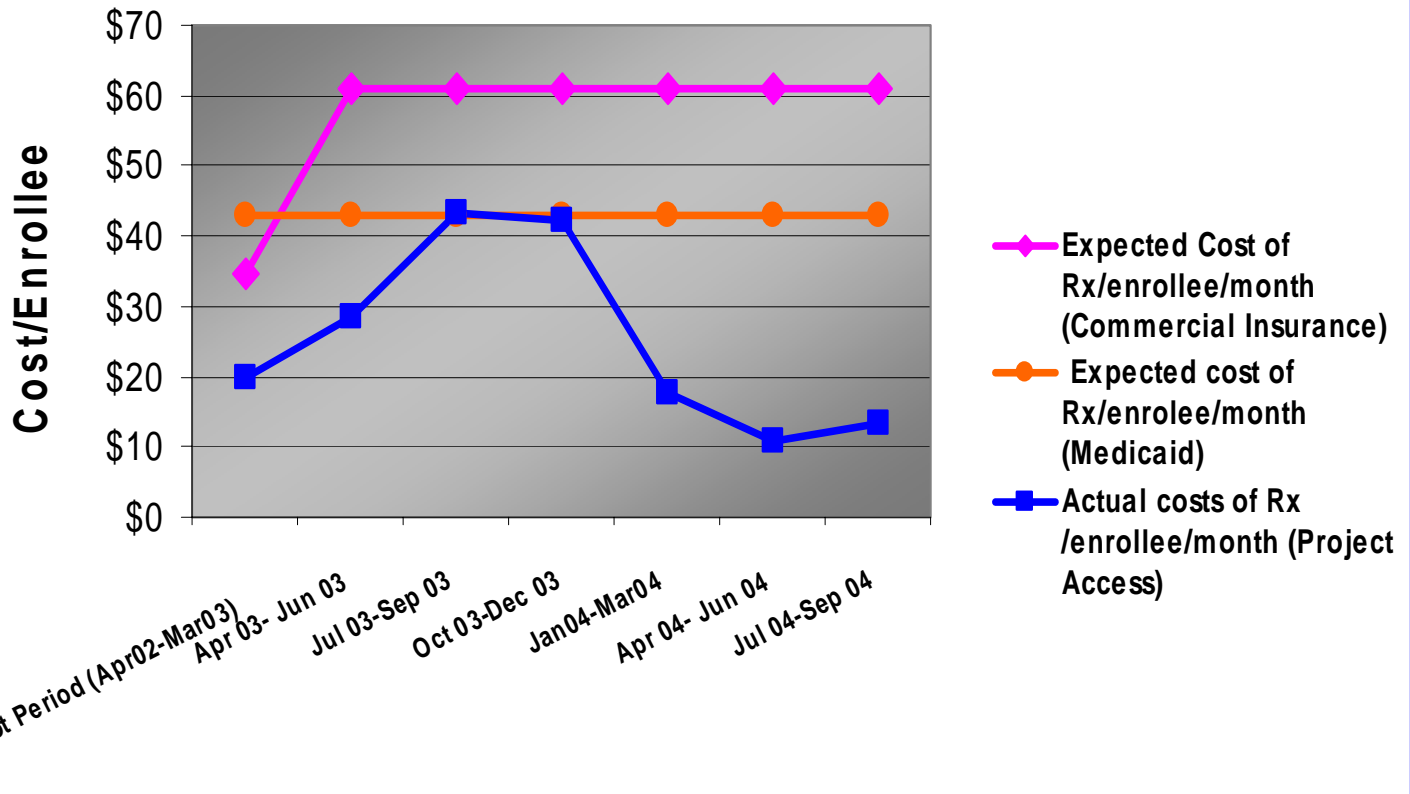
Project Access

Prescription Utilization per Enrollee



Project Access

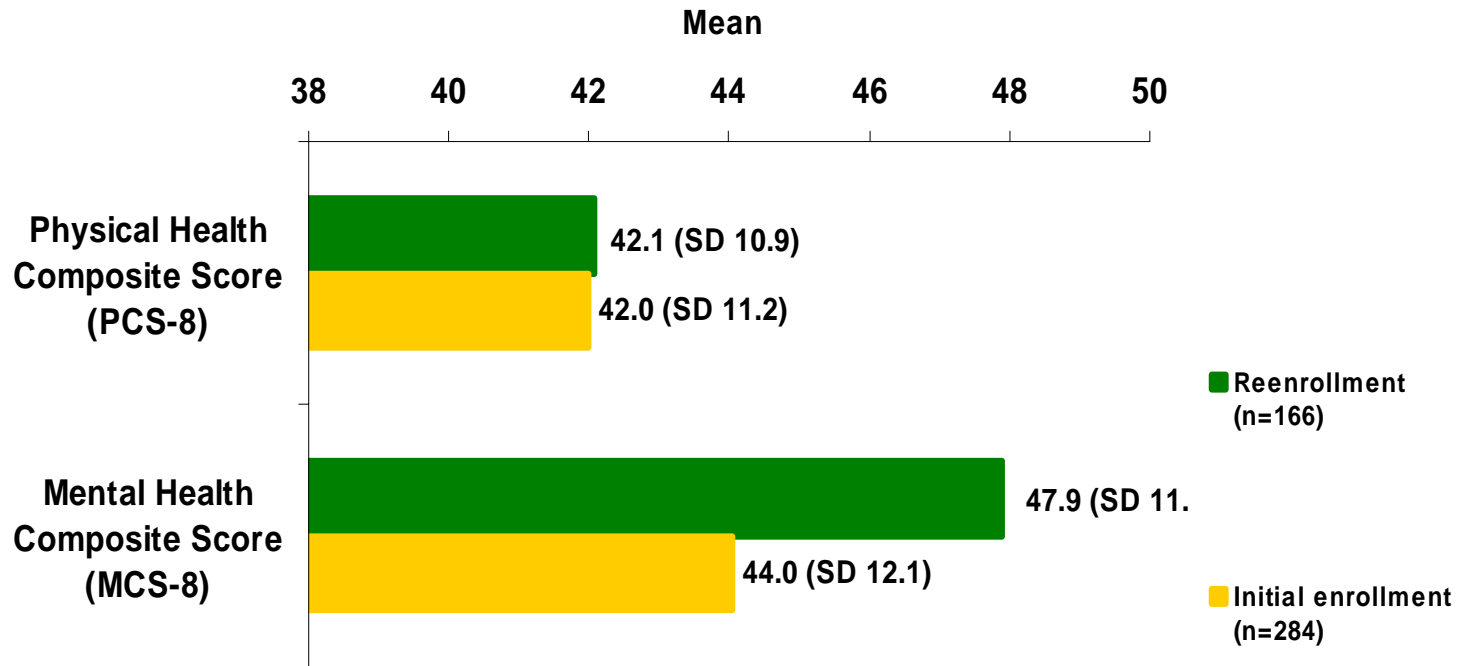
Prescription Costs per Enrollee



Project Access

SF-8 Survey*

April 2003 – July 2004



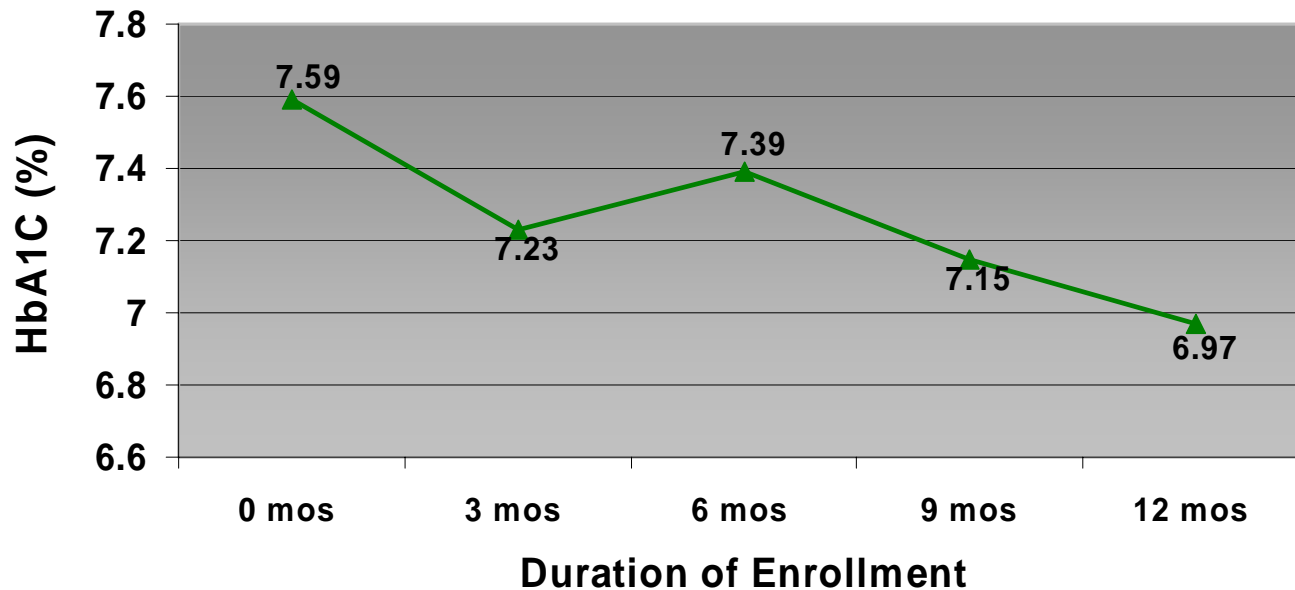
* SF-8 is a Standardised research tool that measures physical and mental health Status using 8 questions format

Physical Component Score and Mental Component score have a mean of 50 (Standard Deviation of 10) in the

Project Access

Chronic Disease Management
Community Diabetes Education Project (CoDe)
Pilot Study July 2003 - Sept 2004

Patients Enrolled for 12 months (N= 20)



Patients diagnosed with diabetes are referred to participate in CoDe. A diabetes management education program is delivered by a Community diabetes educator on a monthly basis. CoDe had enrolled 71 patients; 20 of them have been followed for 12 months.

Project Access

Returning Value:

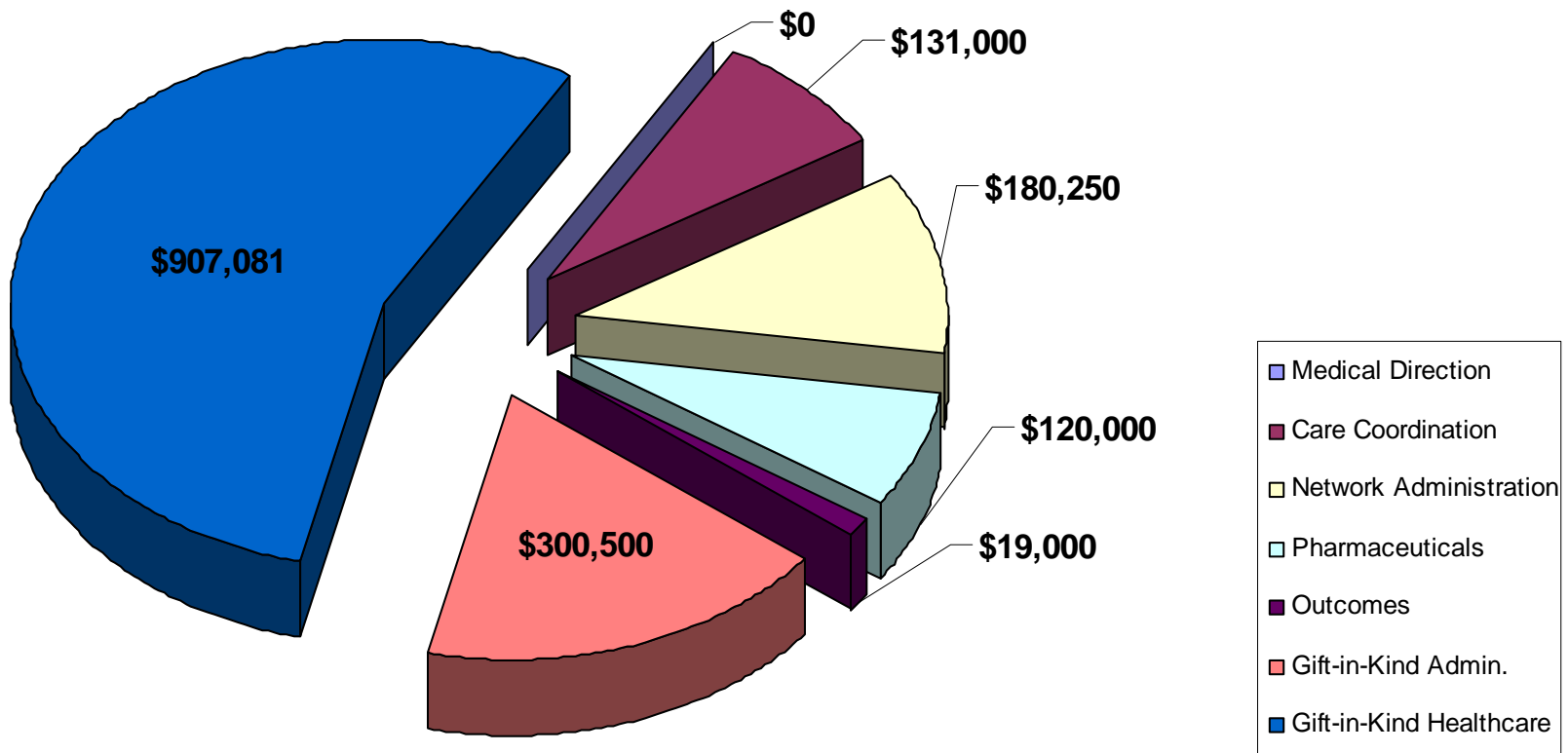
\$2 of Service for each \$1 of Investment-Year 3

Project Access Expense Budget: Year-3

Total Cash Expenses - \$463,000

Total GIK - \$ 1207,581

Average Monthly Enrollment - 414 Patients



Beyond Paralysis...

...community-level innovation

...backing onto habits and behavior

...creating political will to attack disparities

Re-shaping the Medical Commons...

...help more people in need

...create more opportunities for volunteerism

...reduce unnecessary utilization of E.D.s for primary care

...lift a small amount of the load from our public health care system

...decrease the stress on patients and families who are uninsured and ill

...engage in a civic discourse with regard to the role of public-private partnerships in caring for the vulnerable of our county

