



# Project Access-New Haven: A community partnership to increase access to care and reduce health disparities in New Haven, Connecticut

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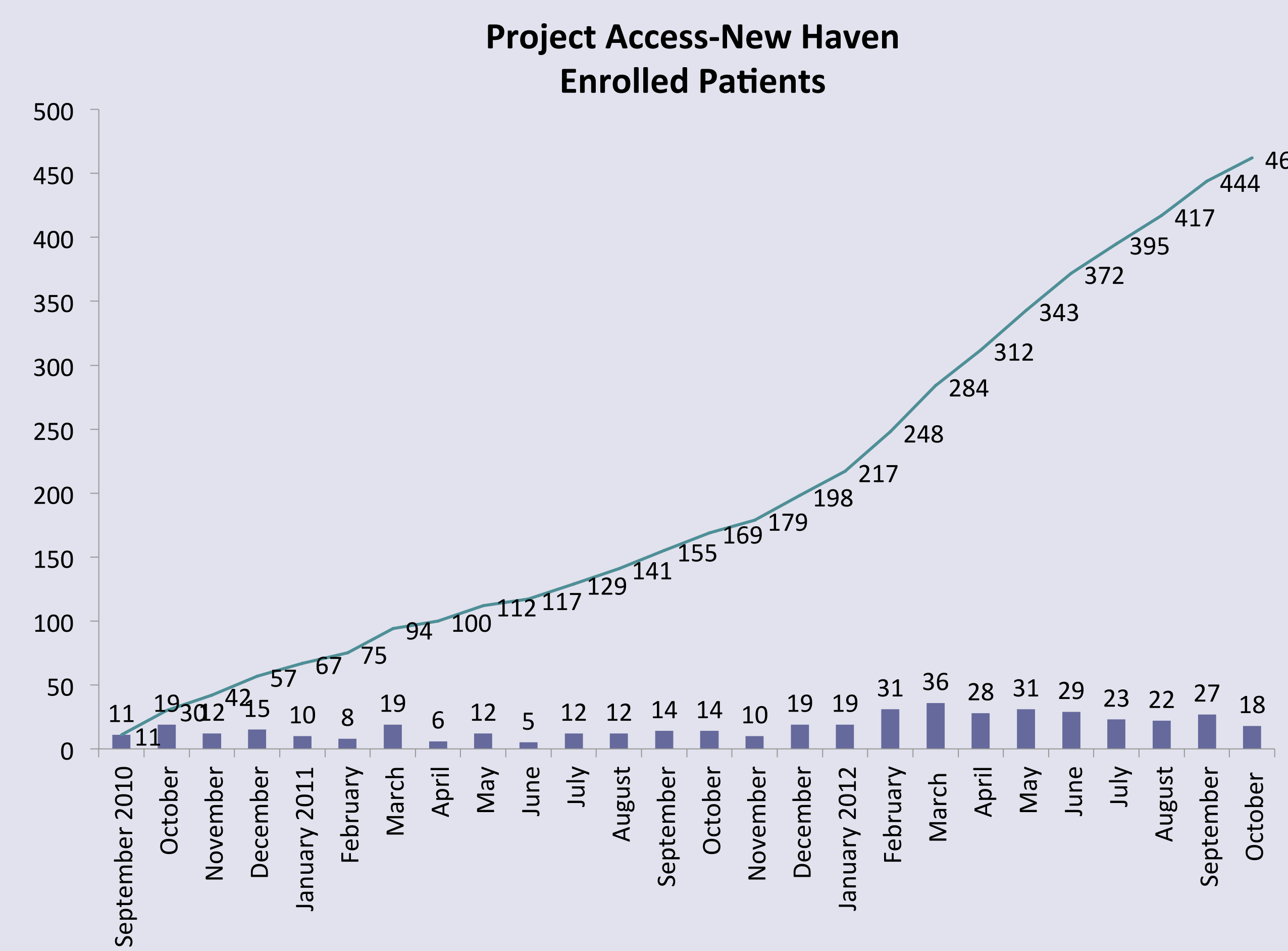
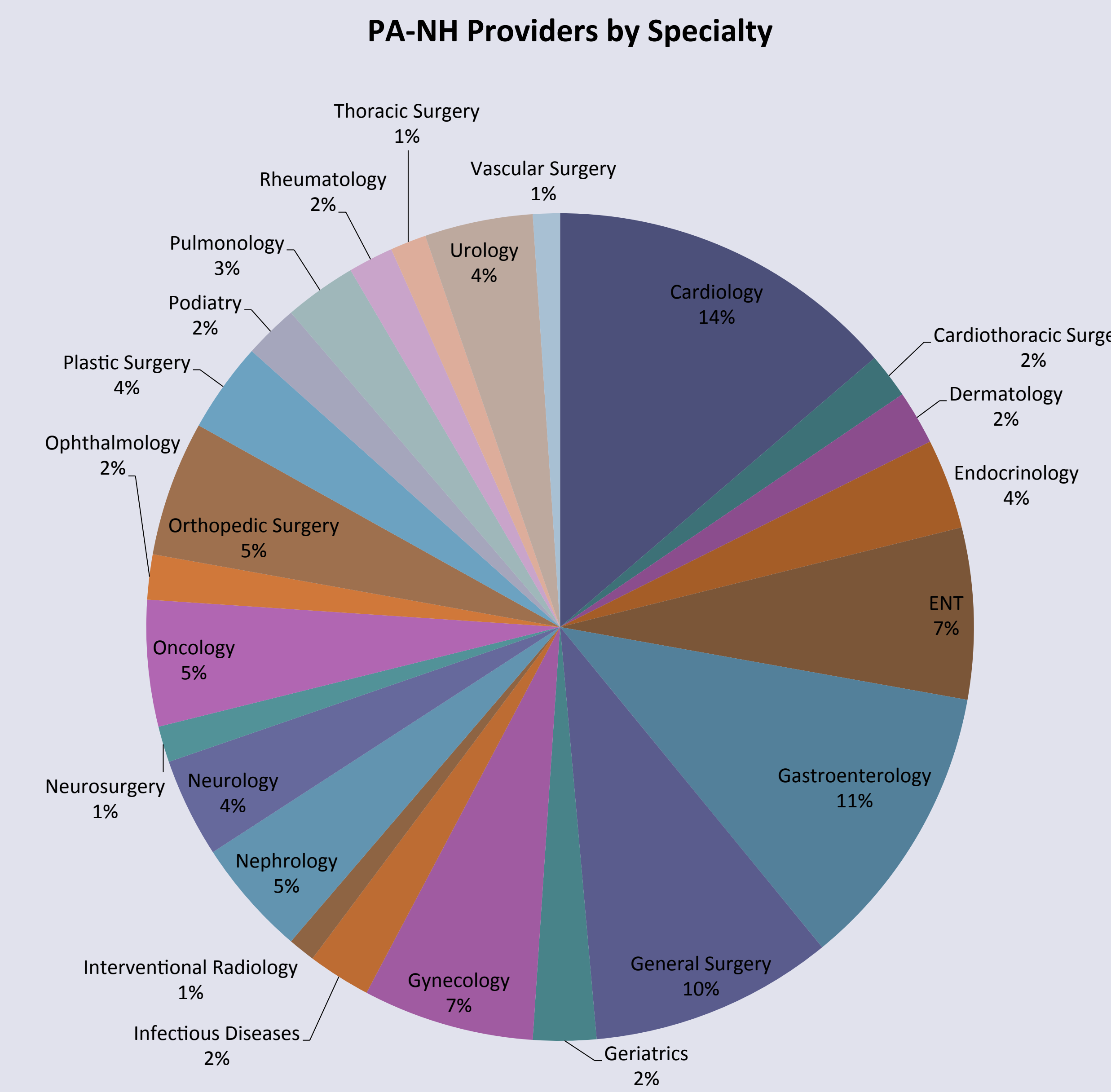
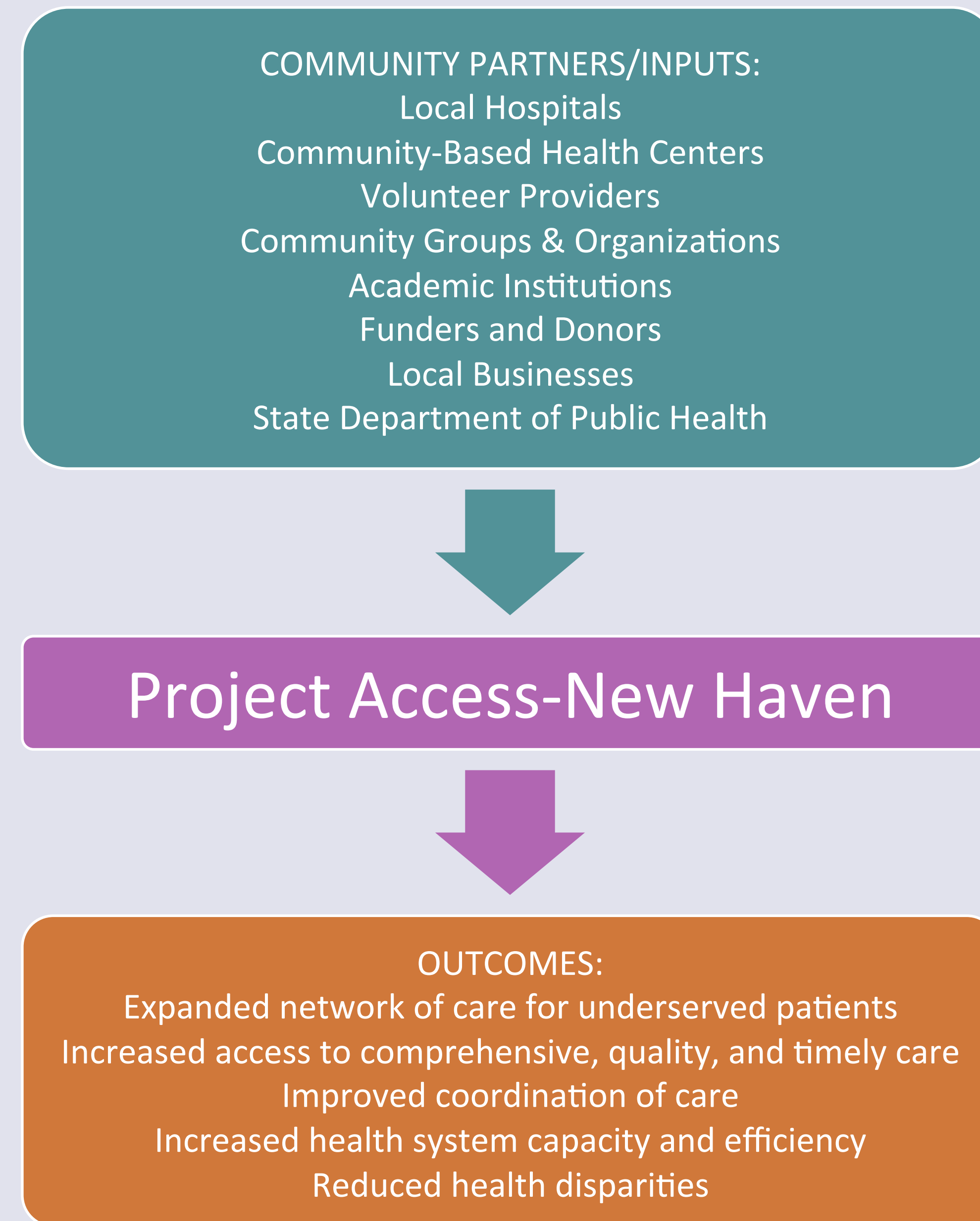
## INTRODUCTION

Project Access-New Haven (PA-NH) was founded in 2009 to address health concerns and inequities in the Greater New Haven, CT area, including a growing number of uninsured within the Black, Latino and immigrant communities, a shortage of specialty physicians who would see uninsured patients, and a lack of care coordination disproportionately affecting individuals from cultural minority groups and those with low health literacy. PA-NH, which is based on a program model that has been implemented in more than 50 communities across the U.S., increases access to specialty care and ancillary services for underserved patients by coordinating the provision of donated medical care and services and ensuring the delivery of comprehensive care to this population.

## METHODS

PA-NH employed a model of community collaboration to build an expanded network of care for the uninsured. Over 300 volunteer physicians provide medical care and Yale-New Haven Hospital (YNHH) and the YNHH Saint Raphael Campus (formerly the Hospital of Saint Raphael) donate all ancillary services. PA-NH has strong partnerships with local agencies serving similar populations, support from the business community (e.g., a local taxi service donates transportation), and funding from the CT Department of Public Health. An ongoing relationship with the Yale University Robert Wood Johnson Foundation (RWJF) Clinical Scholars Program provides research support.

Patients are referred from six primary sites in the community – two community-based Federally Qualified Health Centers (FQHCs) and the Primary Care Centers (PCCs) and Emergency Departments (EDs) at both hospitals – as well as other local providers (e.g., urgent care centers, community outreach programs) and screened for eligibility (uninsured, Greater New Haven residents, income <250% FPL, urgent need for specialty/ancillary care). PA-NH Patient Navigators meet with each patient for an extensive intake interview, coordinate the delivery of care, and help patients overcome access barriers (e.g., by coordinating transportation or translation services). All care is provided free of charge to patients.



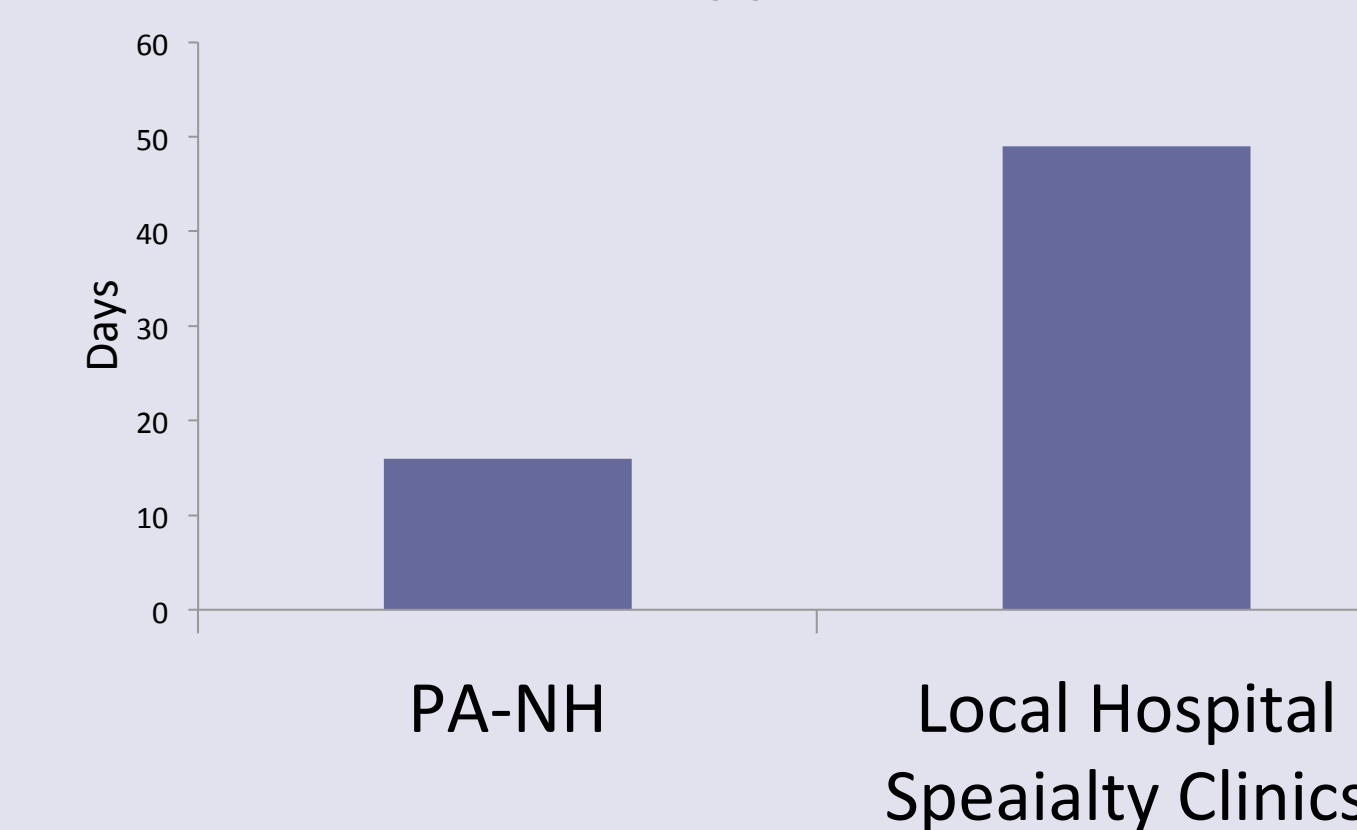
Referral Source	Number	Percent
Community-Based Health Center/Clinic	329	71.2
Hospital-Based Primary Care Center (PCC)	53	11.5
Private Physician's Office	37	8.0
Hospital Emergency Department (ED)	25	5.4
Hospital Inpatient Unit	5	1.1
Community Outreach Program	4	0.9
Urgent Care Center	3	0.6
Other	6	1.3
<b>Total</b>	<b>462</b>	<b>100</b>

## RESULTS

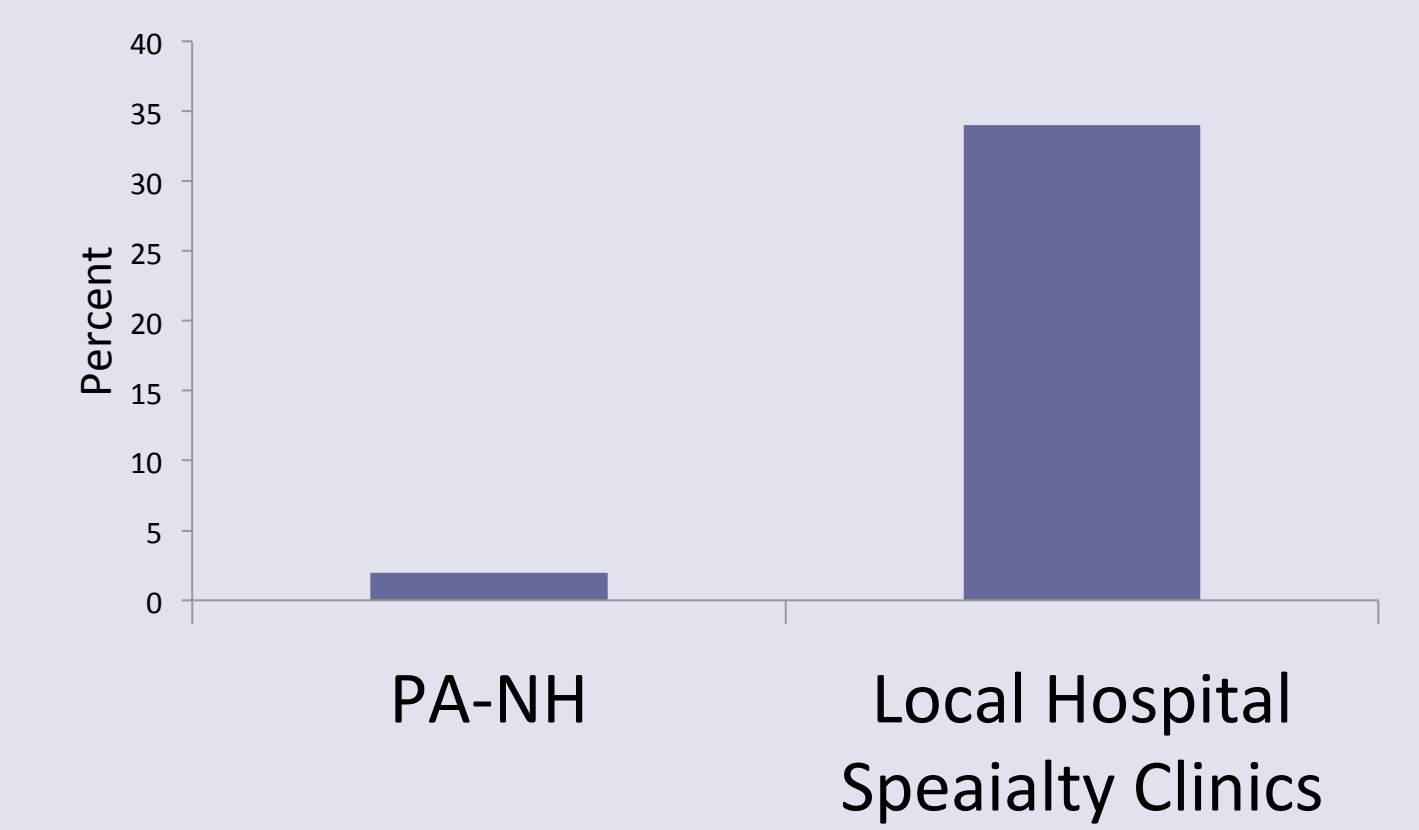
PA-NH has enrolled 462 patients since September 2010. Sixty-two percent (62%) were female and the mean age was 43 years. The majority (71%) were Hispanic/Latino, 12% were white, 12% were black, and 6% were another race/ethnicity. Most had a high school education or less (74%) and approximately half were employed full- or part-time (20% and 33%, respectively). All were uninsured and had a household income under 250% of the Federal Poverty Level at intake. Median time from enrollment to medical appointment was 16 days and the no-show rate was 2% (vs. 4-6 weeks and 34% for uninsured patients in local hospital-based specialty clinics). Since inception, PA-NH has provided over \$3,000,000 in donated medical care and services to underserved patients.

Patient Characteristics	Percent/Mean
Female	62
Age (years)	43
Race/Ethnicity	
Hispanic	71
Black	12
White	12
Other	5
Marital Status	
Single	44
Married	33
Separated/Divorced/Widowed	23
Education	
Less than high school	42
High school/GED	32
Some college	15
College degree or higher	11
Employment	
Full-Time	20
Part-Time/Seasonal	33
Unemployed	39
Not in Labor Force	8
Household Income	
<250% FPL	100
Insurance Status at Intake	
Uninsured	100

Average (median) Wait Time to Medical Appointments



No-Show Rate for Medical Appointments



## DISCUSSION

PA-NH has successfully engaged several sectors of the New Haven community – including local healthcare providers, social service and advocacy organizations, state government, and the business community – in the care of uninsured residents. PA-NH patients have decreased wait times for medical appointments and higher show-rates than similar patients who are not enrolled, demonstrating improved access to timely care. By increasing the network of care for the underserved and ensuring the timely delivery of comprehensive, coordinated, quality, care to this population, PA-NH enhances the capacity of the local healthcare system, increases healthcare access, and reduces health disparities. Efforts are currently underway to evaluate program impact on patient-centered outcomes, healthcare utilization and costs. Future plans for PA-NH include expansion to the underinsured/Medicaid population.

