

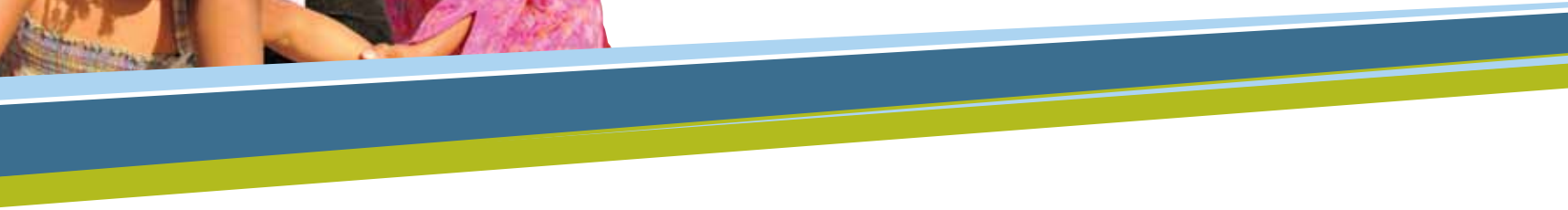


PCAN. A model of success.



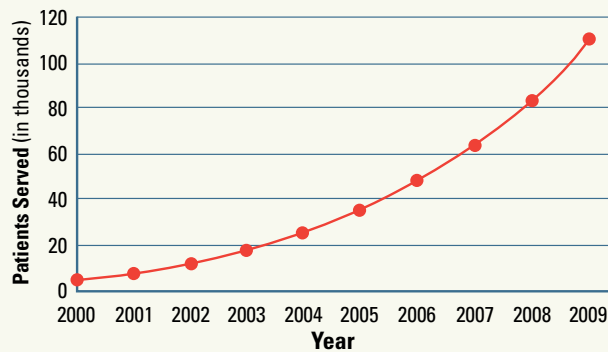


If your community is challenged by the healthcare needs of the uninsured, here is good news. There is a solution. Since its inception in 2000, the Primary Care Access Network (PCAN) of Orange County, Florida, has provided health care for those who need it most—and can least afford it. The PCAN model has proven remarkably effective, both clinically and economically. PCAN works for our community. It can work for your community, too.



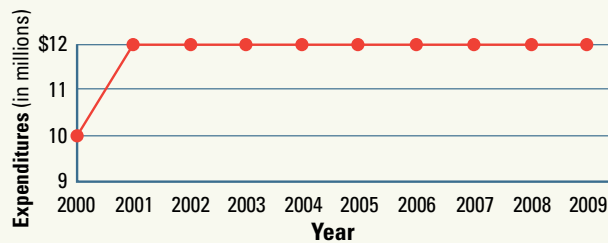
Serving more and more patients...

Since the network formed in 2000, the number of patients served has grown from just 3% of the uninsured population to 50%.



...with minimum increases in expenditures

The increase in patients served has been achieved with minimum increases in expenditures by Orange County Government.



PCAN Is

- Public-private collaboration
- Network of services
- Sliding fee-based
- Funded by county, federal government and partners

PCAN Is Not

- A 501 (c)(3)
- A health plan
- A free service
- A special tax district

A community crisis.

A creative solution.



In 1999, Orange County faced a major healthcare crisis as it struggled to provide for some 175,000 uninsured residents. Two hospital ERs closed, as did a small primary care clinic, and the remaining ERs were flooded with uninsured patients with non-emergency conditions. As the patchwork system of care neared collapse, local hospitals joined with the Orange County Government to solve the problem. Together, they formed a Health Leadership Task Force to research the issue of uninsured patients in the county and recommend solutions.

During its investigation, the Task Force determined that more than 80% of Orange County's uninsured residents were employed but did not have health insurance through their employers. Still, these residents could afford to pay for some portion of their health care.

The Task Force then developed a vision for an **affordable, high quality, comprehensive, family-friendly health system for uninsured and underinsured Orange County residents**. The system would shift away from direct service delivery by Orange County Government. Instead, it would be built by using the same County dollars to leverage, enhance and expand existing community assets.

All Orange County "safety net" providers were engaged in the creation of PCAN, including Orange County Government, hospitals, Federally Qualified Health Centers (FQHC), free clinics, the Health Department, the Medical Society and other organizations. Today, PCAN is an alliance of public, private, faith-based and government agencies that operates a full range of primary and secondary care services. PCAN has grown from an idea for change into a model of success that meets the healthcare needs of the uninsured. The program is affordable and sustainable, and can be replicated in other communities.





PCAN has grown from an idea for change
into a model of success...



How PCAN works.

The PCAN model is centered around community-based Federally Qualified Health Centers (FQHC) that serve as “medical homes” for uninsured patients. FQHCs provide primary care (including OB-Gyn, pediatrics, dental and behavioral health) on a sliding fee scale. Medicaid, Medicare and public and private payer sources are also accepted. The FQHCs receive federal grants and supplemental funding from County government. No-charge urgent care is offered at 11 faith-based volunteer clinics, and a centralized Secondary Care clinic links qualified patients with paid and volunteer specialty care as well as diagnostic and hospital services. PCAN also provides referrals to behavioral health and substance abuse, and dental and pharmacy services. PCAN’s network of providers uses electronic medical and case management systems to assure quality and continuity of care.

PCAN leverages local, state and federal funding to provide care and expand services. Funding sources include:

- \$12 million in County general revenues
- State Inter-Governmental Transfer (IGT) dollars
- Medicare & Medicaid
- Sliding-scale patient fees
- Federal, state and local grants
- Private grants

In addition, over 1,600 physicians and other volunteers provide an average of \$5 million in donated services annually.



PCAN delivers outstanding outcomes.

Ongoing evaluation helps make sure that partner and patient needs are met. Over the past 10 years, PCAN has developed evaluation systems that align with its vision and goals.

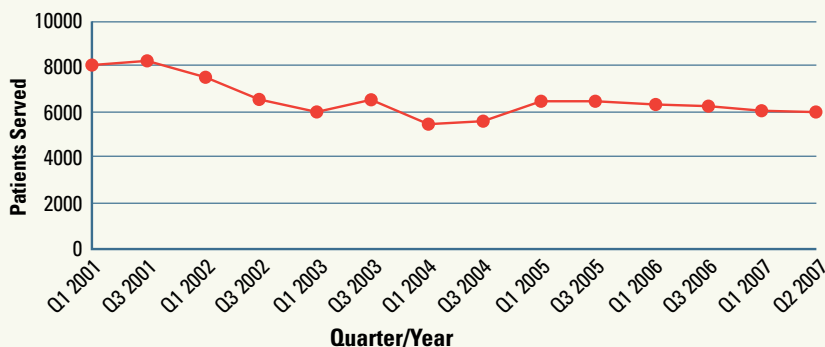
- Patient Enrollment: from 5,000 patients in 2 clinics to 110,000 in 11 clinics
- ER Visits: sustained 25.4% reduction in non-urgent, uninsured ER visits
- Health Outcomes: 94.4% of PCAN patients report improvements in health; 83.3% show favorable decrease in cholesterol; 68.4% report favorable decrease in blood pressure; 22.4% show glucose levels lowered to normal limits
- Patient Satisfaction: 98% patient satisfaction rate
- Partner Satisfaction: 90% average attendance rate at monthly Board meetings
- Per-Patient Cost: *See blue box at right*

PCAN has helped
reduce Orange County
Government's per-patient
healthcare costs from
\$2,000-per patient in 2000
to \$170-per patient
in 2009.



Significant reduction in non-urgent, uninsured ER visits— in a growing uninsured market

The existence of PCAN clinics has resulted in a 25.4% decrease in non-urgent, self-pay ER visits by the uninsured from January 2001-June 2007.

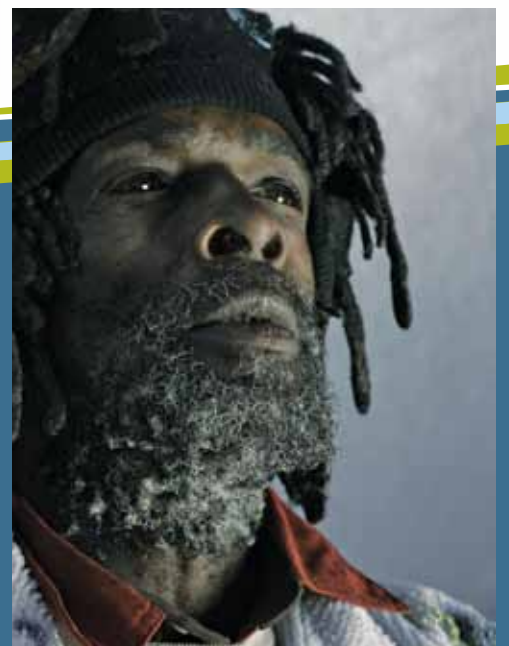


8 steps to creating a PCAN network.

The PCAN model has been successfully implemented by other communities using this 8-step process:

1. **Crisis**—Mobilizing partners around the community's healthcare crisis.
2. **Research**—A data-driven analysis of the factors creating the crisis leads to definition of the problem and a framework for solutions.
3. **Vision**—Establishing high-level objectives and long-term goals creates consensus among providers.
4. **Guiding principles**—Determining and articulating principles of operation provides clarity to all providers and helps define responsibilities.
5. **Convening**—Bringing all providers and stakeholders together to achieve the network's vision helps maintain continuity and consistency.
6. **Plan development**—Setting short- and long-term goals based on research data creates a realistic framework for operating the program.
7. **Evaluation**—Determining metrics of success that are tailored to meet the interests of stakeholders assures that the program is relevant.
8. **Sustainability**—Aligning partner cultures and values around a shared mission promotes the program's long-term viability. Ongoing communication and documentation of success are the keys to sustainability.





Adopting the PCAN model in your community.

For more than a decade, PCAN has sustained itself through the commitment of its partners, expanded funding and leveraging new resources, increasing donated services and continuously delivering measurable results. The program has consistently gained strength and stability over the years, expanding its presence and service offerings in the community as it continues to provide cost-effective health care to Orange County's uninsured residents.

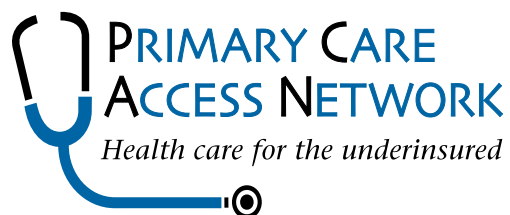
To learn more about PCAN and how it can work for your community, visit our Web site at www.pcanorangecounty.com or call 407-836-PCAN (7226). We will be glad to help you in any way.



**Based on our experience,
we believe:**

**The PCAN model can be
effectively adopted and used
by communities across the
nation—including your
community.**





www.pcanorangecounty.com

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