

10. Access to Quality Health Services

Goal

Improve access to a continuum of comprehensive, high quality health care using both the public and private sectors in Kentucky.

Overview

Healthy Kentuckians 2010 built on the Healthy Kentuckian 2000 goals in the priority areas of Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. Healthy Kentuckians 2010 acknowledged those past efforts and looked at the many disparities remaining with the intent of eliminating as many of those disparities as possible in the arenas of Clinical Preventive Services, Primary Care, Emergency Medical Services, and Long-Term Care and Rehabilitative Services. The goals and objectives outlined focus on areas of large disparity where attention to prevention and quality can demonstrate improved health care delivery and outcomes. The Mid-Decade Review examines these goals for relevance and provides an update on progress.

Summary of Progress

Access to Quality Health Service objectives of Chapter 10 have seen mixed progress in the last five years. Much of the progress has been shaped by national events and initiatives not solely within the scope of control of a state agency. Other objectives are no longer under the purview of the state health agency, having been moved to agencies outside the Cabinet for Health and Family Services. Objectives previously associated with the Cabinet are not priorities for the reorganized agencies. Other objectives are still developmental and need constant and reliable data sources to be useful as tracking objectives.

Objectives 1 through 5 have seen an increase in uninsured over the period, despite hopeful signs of progress in reducing the degree of under or uninsured. Objectives 9 through 11 have seen some activity and recommendations are made to merge some of those objectives. The Emergency Medical Services (EMS) objectives (10.13, 10.14, and 10.17) were originally listed as developmental and are still that way. Progress has not been made toward institutionalizing these objectives. In fact, responsibility for the EMS program has been transferred out of the Cabinet for Health and Family Services to an independent body—the Kentucky Board of Emergency Medical Services (KBEAM). Over the next five years it is anticipated that the Cabinet would have an opportunity for input into EMS goals, objectives, and data needs. In the interim, however, the status of the EMS objectives remains undetermined.

Long Term Care (LTC) development Goals (Objectives 20, 21) are all still valid but will be difficult to validate without a reliable data source. Additionally, responsibility for health policy has been transferred to the newly created Office of Health Policy in the Secretary's Office, Cabinet for Health and Family Services. Further discussion needs to be held to determine if and how these objectives can be met. What is clear is that the occupancy rate in LTC facilities continues to drop while the population of elderly increases. This means that citizens are entering later stages of life in better physical health, and/or that adult day care and home health are providing increasingly sophisticated services that allow individuals to stay at home. The role of assisted living facilities is also important to the decrease in LTC stays. For future reference a look at the increased use of LTC insurance would be helpful because most policies have as a primary goal that of keeping people in their homes.

It is expected that over the next five years the new Office of Health Policy will have an opportunity to address some of the acute care and long term care objectives and data needs. In the interim, the status of Objectives 10.12, 10.16, and 10.18-10.23) remains undetermined.

Progress toward Achieving Each HK 2010 Objective

Clinical Preventive Services

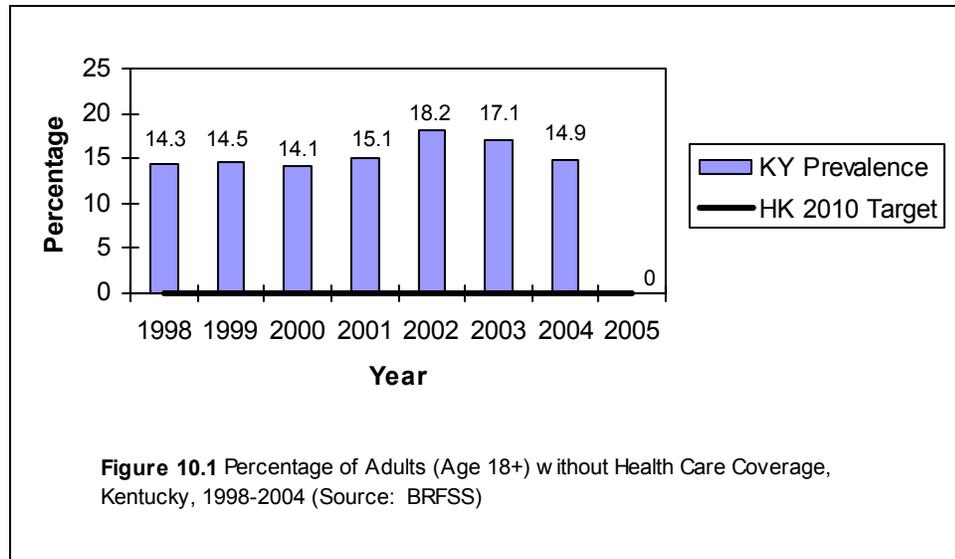
10.1. Reduce to zero the proportion of children and adults without health care coverage.

Data Sources: Medical Expenditure Panel Survey (MEPS), Agency for Health Care Policy and Research (AHCPR), Behavioral Risk Factor Surveillance System (BRFSS)

Baseline: In 1998, 14.3 percent of adult Kentuckians were uninsured. (BRFSS data)

HK 2010 Target: 0 percent

Mid-Decade Status: 14.9 percent (2004)



Data Needs: Data on children and adolescents under age 18

Strategies to Achieve Objective:

- Continue to provide education regarding Medicaid benefits
- Explore opportunities to work with small businesses and other employers to help provide health insurance benefits to their employees

10.2. Increase the proportion of patients who have coverage for clinical preventive services as part of their health insurance.

Potential Data Sources:

- Rural Health Clinics, Primary Care Centers and Federally Qualified Health Centers
- Department of Personnel – Insurance Analysis Branch

Strategies to Achieve Objective:

- Include coverage for clinical preventive services in state employees insurance as a pilot program to test for viability
- Awareness is always the first step. Start a statewide campaign on the value and cost effectiveness of preventive health services

10.3. (Developmental) Increase the proportion of current smokers and problem drinkers who report being counseled about smoking and alcohol use at the last visit to their health care provider.

Data Source: BRFSS. This is a developmental objective and baseline data was not available in 2000. The question on the survey only addressed smokers.

Baseline: 73.3 percent in 2003

HK 2010 Target: 75 percent

Mid-Decade Status: 70.8 percent in 2004

Data Needs: Data on problem drinkers who report being counseled about smoking and alcohol use at the last visit to their health care provider

Strategies to Achieve Objective:

- Develop assessment tools to be used within communities to identify current smokers and problem drinkers
- Utilize the Health Risk Assessment at the initial visit to the local health department and every three years thereafter as directed in the Public Health Practice Reference
- Update information with appropriate counseling at each visit to the health department
- Provide appropriate education for nurses on smoking cessation and alcohol abuse to assure knowledge of the latest statistics and management options that will be used in counseling clients
- Write and utilize additional questions as needed for BRFSS
Assess smoking and problem drinking among 18-24 year olds

10.4. Increase the collection and reporting of information on delivery of recommended clinical preventive services, by provider group, health plan, health system and payer status.

Potential Data Sources:

- Department of Personnel – Insurance Analysis Branch
- Department for Adult and Child Health Databases

Baseline: Has not been established

HK 2010 Target: Increase collection and reporting on clinical preventive services

Mid-Decade Status: Baseline has yet to be established; efforts have not been undertaken to achieve this objective

Data Needs: Data on preventive health services by health plan and provider type

Strategies to Achieve Objective:

- Develop a statewide awareness campaign on the value of preventive services
- Work with the Department of Personnel to get this information from the state employees' self-insurance plan

10.5. Increase the proportion of physicians, PA's, nurses and other clinicians who receive appropriate training to address important health disparities: disease prevention and health promotion, minority health, women's health, and geriatrics.

Potential Data Sources:

- Local Health Departments
- Senior Citizens Center programs
- Home Health Providers
- CEU's from KY Medical Licensure Board
- CEU's from KY Board of Nursing
- TRAIN System

Baseline: Has not been established

HK 2010 Target: Increase the proportion of physicians, PA's, and other practitioners who receive training to address health disparities

Mid-Decade Status: Baseline has yet to be established; efforts have not been undertaken to achieve this objective

Data Needs: Health disparity training data by provider type from appropriate institutions

Strategies to Achieve Objective:

- Grant incentives to medical schools for addressing and requiring interaction on important health disparities in the above named groups
- Review Minimum Data Sets (MDS) used in determining the Long Term Care resident's acuity level for payment
- Promote geriatric health contacts in Senior Citizens Centers by bringing medical and nursing students in as a part of their course of study
- CEU's from KY Medical Licensure Board
- CEU's from KY Board of Nursing
- TRAIN System data

Primary Care

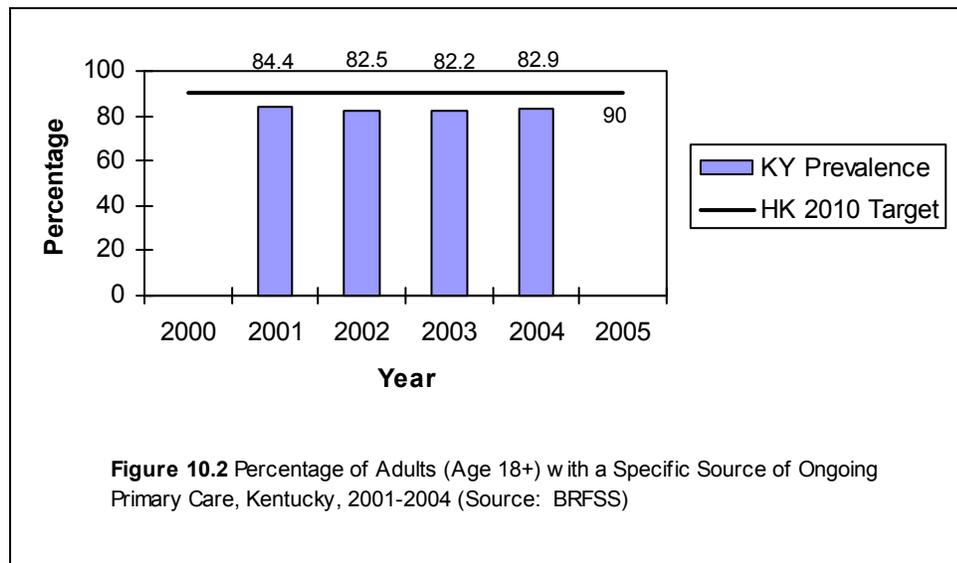
10.6. Increase to at least 90 percent the proportion of people who have a specific source of ongoing primary care.

Data Source: BRFSS

Baseline: 84.4 percent (Established with BRFSS data in 2001)

HK 2010 Target: 90 percent

Mid Decade Status: 82.9 percent in 2004



Strategies to Achieve Objective:

- Continue to recommend the placement of primary care physicians through the Conrad State 30 J-1 Visa Waiver Program, the Appalachian Regional Commission, the Health and Human Services, and the Delta Regional Authority J-1 Visa Waiver Programs
- Continue to partner with National Health Service Corps in placement of primary care physicians in Health Professional Shortage Areas
- Continue to provide support to the participants of the Charitable Health Care Provider Program
- Continued use of safety net providers such as Community Health Centers, local health departments, primary care centers, and free clinics
- In view of the suggested emphasis on children, attention should be given to alternatives such as school-based clinics. For young adults, insurance coverage is likely an issue. Thus attention to insurance,

college-based, and work-place initiatives (education and service) should be considered

10.7. Increase to at least 95 percent the proportion of children 18 years and under who have a specific source of primary care. (DELETED)

Reason for Deletion: Lack of a data source

10.8. Reduce to no more than 7 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

Data Source: BRFSS

Baseline: 13.8 percent in 2000

HK 2010 Target: 7 percent

Mid-Decade Status: For year 2001, the question was not asked on the BRFSS survey. BRFSS data from 2003 showed that 17.9 percent of people reported they did not obtain all the health care they needed.

Data Needs: An ongoing yearly data source for reporting patient information

Strategies to Achieve Objective:

- Assure that health care providers understand the importance of validating with the patient their perception of the care received at the conclusion of an encounter. This may involve statewide training in the delivery of primary care.

10.9. Reduce the percentage of the population reporting no type of health insurance coverage to 10.0 percent (DELETED)

Reason for Deletion: Combined with Obj. 10.1

10.10. Reduce by 25 percent the number of individuals lacking access to a primary care provider in underserved areas.

Data Source: The Bureau of Primary Health Care Shortage Designation database in HRSA provides estimates of the number of people who lack access to a primary care provider in underserved areas.

Baseline: An estimated 987,322 people lacked access to primary care providers in underserved areas in 1997.

HK 2010 Target: The target is a 25 percent reduction in the number of underserved which would be 740,492 people.

Mid-Decade Status: Data from HRSA showed that in 2004 the total population of Kentucky was 4,041,769. The total underserved population was 707,271 or a 28.3 percent reduction in the number of underserved from 1997.

Data Needs: Continued availability of HRSA database

Strategies to Achieve Objective:

- Implement a State Loan Repayment Program using federal and local funding
- Monitor use of International Medical Graduates in underserved areas
- Coordinate free health clinic programs, Kentucky Physicians' Care Program, and other mechanisms for low cost or free care to those who cannot afford care

10.11. Increase by 2.0 percent the proportion of all degrees in the health professions and allied and associated health professions fields awarded to members of under represented racial and ethnic minority groups. (See Revision)

10.11R. (REVISION) Increase the proportion of individuals from under represented racial and ethnic minority groups that have registered for licensure with the Board of Nursing.

Reason for Revision: Objective reflects data collected from the Kentucky Board of Nursing.

Data Sources: Kentucky Board of Nursing

Baseline: Established in 2005

Mid-Decade Status: Baseline established in 2005 as the following:

**2005 Kentucky Board of Nursing RN Licensure
Count by Racial/Ethnic Group**

<u>Group</u>	<u>Number</u>	<u>Percent</u>
African American	1305	2.5
Asian Indian	28	.05
Asian- Other	287	.6
Hispanic	144	.3
Native American	184	.4
Pacific Islander	33	.06
White- Not of Hispanic Origin	49690	95.8
<u>Other</u>	<u>174</u>	<u>.3</u>
Total	51845	100.00

**2005 Kentucky Board of Nursing LPN Licensure
Count by Racial/Ethnic Group**

<u>Group</u>	<u>Number</u>	<u>Percent</u>
African American	1370	8.5
Asian Indian	9	.06
Asian – Other	32	.2
Hispanic	61	.4
Native American	130	.8
Pacific Islander	4	.03
White – Not of Hispanic Origin	14427	89.7
<u>Other</u>	<u>57</u>	<u>.4</u>
Total	16090	100.00

Data Needs: None

Strategies to Achieve Objective:

- Work with the nursing schools and other public health organizations and associations to facilitate availability of federal and state funds for scholarships for persons from under represented ethnic groups

10.12. Reduce preventable hospitalization rates by 25 percent for chronic illness for three ambulatory care sensitive conditions – pediatric asthma, immunization preventable pneumonia and influenza in the elderly, and diabetes – by improving access to high quality primary care services.

Potential Data Source:

Hospital Inpatient Discharge Database

Baseline: Baseline has not been established.

HK 2010 Target: Reduce preventable hospitalization rates by 25 percent for certain chronic illnesses

Mid-Decade Status: Baseline has not yet been determined.

Strategies to Achieve Objective:

- Share information with the new Office of Health Planning
- Provide incentives to insurers/insured that require insured to go to ambulatory care centers instead of ER – begin with state employees
- Require Long Term Care Facilities to vaccinate all residents/staff for influenza and preventable pneumonia
- Educational/awareness campaign for patients, communities, and providers emphasizing the effectiveness of preventive care in reducing the need for hospitalization

10.13. Increase the proportion of all individuals who have access to rapidly responding pre-hospital EMS.

Potential Data Sources:

- Data from the KY Board of Emergency Medical Services (KBEAM)
- Data from Area Development Districts

Baseline: Not yet determined

HK 2010 Target: Increase the proportion of Kentuckians who have access to pre-hospital EMS services

Mid-Decade Status: Unknown at this time (responsibility for EMS programs has been transferred to an independent Board)

Data Needs: Data on availability/accessibility of pre-hospital EMS services

Strategies to Achieve Objective:

- Encourage EMS regions to have Memoranda of Understanding (MOU's) that state deployment of nearest vehicle no matter the service provider

10.14. (Developmental) Increase the proportion of patients whose access to EMS when and where they need them is unimpeded by their health plan's coverage or payment policies.

Data Source: The ambulance run form database being created through a contract with the SIPP will provide a source of information about payment plans being accepted by ambulance service providers.

Baseline: Not yet determined

HK 2010 Target: Increase the proportion of patients whose access to EMS is not impacted by health plan coverage or payment policies

Mid-Decade Status: Unknown--not yet determined

Data Needs: Data on payment plans/payment sources for EMS runs

Strategies to Achieve Objective:

- Assure that the Cabinet has input on data that is needed re EMS to assess Kentucky's leading health indicators and 2010 objectives (\$500,000 has been allocated from the Cabinet's Bioterrorism Grant for a Request for Proposal (RFP) to develop a reliable EMS data source.)
- Use a database of ambulance run form information to analyze the payment plans now being accepted for emergency runs
- Design and implement a survey to determine how people perceive their coverage of EMS. This will provide an estimate of the proportion of people who do not call an ambulance because of the cost.
- Develop percentage goals based on the information provided from the ambulance run form database and the survey
- Devise strategies to increase the proportion of patients whose access to emergency services is unimpeded by their health plans' coverage or payment policies
- Measure progress toward the percentage goals established through continuous monitoring of ambulance run databases (when available) and, if appropriate, conduct repeat surveys
- Revise strategies as necessary

10.15. Partner with the Kentucky Regional Poison Center to facilitate establishment of 1-800-POISON for 24-hour access and to reduce the incidence of poisoning incidents in Kentucky. (DELETED)

Reason for Deletion: This objective overlaps Objective 7.5R in Chapter 7-Injury/Violence Prevention and Objective 5.7R in Chapter 5-Environmental Health. These Chapter Objectives adequately address the intent of Objective 10.15, thus it is being deleted.

10.16. (Developmental) Assess the proportion of eligible patients with acute myocardial infarction (AMI) who currently receive clot-dissolving therapy within an hour of symptom onset, and establish a realistic plan for improvement.

Data Source: The Operation Heartbeat Program will provide information about the proportion of patients with AMI who receive clot dissolving therapy.

Baseline: Unknown

HK 2010 Target: Establish an improvement plan to increase the number of persons with AMI who receive clot-dissolving therapy

Mid-Decade Status: Unknown at this time

Data Needs: Availability and access to data from Operation Heartbeat

Strategies to Achieve Objective:

- Share the 2010 objectives and strategies with the new Office of Health Policy in the Secretary's Office, Cabinet for Health and Family Services
- Utilize contacts with individuals administering the Operation Heartbeat program to assess the proportion of eligible patients with AMI currently receiving clot-dissolving therapy within an hour of symptom onset
- From the baseline data, develop percentage goals for improvement
- Develop a plan of action for achieving the established percentage goal
- Measure progress toward the percentage goal through periodic querying of Operation Heartbeat program personnel
- Revise strategies as necessary to obtain positive results

10.17. (Developmental) Assess the proportion of persons with witnessed, out-of hospital cardiac arrest currently receiving their first therapeutic shock within 10 minutes of collapse recognition, and establish a realistic plan for improvement.

Data Source: An ambulance run database will provide information on the proportion of persons with out-of-hospital cardiac arrest who receive therapeutic shock

Baseline: Not established

HK 2010 Target: Establish a plan of improvement for increasing the proportion of persons with out-of-hospital cardiac arrest who receive therapeutic shock

Mid-Decade Status: Unknown at this time

Data Needs: Availability of a reliable data source from ambulance runs

Strategies to Achieve Objective:

- Use EMS data (when available) to determine the proportion of persons with out-of-hospital cardiac arrest who currently receive their first therapeutic shock within 10 minutes of collapse recognition
- From the baseline data, develop percentage goals for improvement
- Develop a plan of action for achieving the established percentage goals. The plan will include promulgating regulations to require automatic external defibrillators (AED) to be placed in all BLS ambulances and supporting legislation to encourage AED program development in communities.
- Measure progress toward the percentage goals through continuous monitoring of the database runs
- Revise strategies as necessary to obtain positive results

10.18. (Developmental) Incorporate “model” pediatric ALS and BLS protocols into a comprehensive set of protocols for both adults and children. Facilitate implementation and use of comprehensive protocols through use of the Internet and monitor usage.

Data Source: Medical Standards/Delegated Practice Committee (MS/DPC) of the Kentucky EMS Council, Kentucky Board of Medical Licensure (KBML)

Baseline: Unknown

HK 2010 Target: Facilitate implementation of comprehensive ALS and BLS protocols

Mid-Decade Status: Unknown at this time

Data Needs: Development of protocols and reliable data source on use of protocols

Strategies to Achieve Objective:

- Share information with the new Office of Health Policy
- Develop a protocol template and a comprehensive list of conditions for which protocols must be written
- Utilize members of the MS/DPC and others with recognized expertise in prehospital clinical care to review existing protocols in use, training and practice standards for EMTs and paramedics, and other “model” protocols
- Develop for each medical condition one or more adult and pediatric protocols. The different protocols for each condition will take into account varying degrees to which physician medical directors are willing to authorize procedures or drugs to be utilized without specific “on-line” authorization
- Obtain approval from the KBML for local physicians and ambulance services to use these protocols as written without separate approval for each service
- Establish a means, through the Internet or similar mechanism, for local medical directors to view the protocols, download copies, and notify KBML of their local usage
- Periodically review and revise each protocol to reflect current medical practice

10.19. (Developmental) **Develop and implement a voluntary program to identify hospitals that are prepared and committed to provide emergency treatment for children. Disseminate information about such hospitals to ambulance services and the public.**

Data Source: Medical professional associations, state emergency medical services organizations, Kentucky hospitals

Baseline: Unknown

HK 2010 Target: Develop and disseminate information about a program to identify hospitals providing emergency services to children

Mid-Decade Status: Unknown

Data Needs: Periodic updating of hospital information

Strategies to Achieve Objective:

- Re-determine on a periodic basis which hospitals meet the minimum guidelines and establish a procedure for identifying and recognizing each hospital through certificates of recognition, public service announcements, publications, and dissemination of lists, and other means

Long Term Care

10.20. (Developmental) **Increase the number of primary care providers who routinely provide or refer potential long-term care patients for a functional assessment.**

Primary Care Providers:
Private Physicians
Primary Care Centers
Rural Health Clinics
Hospitals

NOTE: Currently functional assessments are conducted by Rehabilitation Centers, Home Health providers, Home and Community Based providers, Area Development District In-Home Care and Aging Service providers and Nursing Facilities (includes Intermediate Care for the Mentally Ill and Residential Care), Adult Day Care, and Support for Community Living services.

Data Source: Cabinet for Health and Family Services/Division for Aging Services and Division of Licensing and Regulations, Primary Care Providers Survey

Baseline: Undetermined

HK 2010 Target: Increase the number of primary care providers who provide or refer long term care patients for functional assessments

Mid-Decade Status: Unknown

Data Needs: Analysis of provider survey to establish baseline data

Strategies to Achieve Objective:

- Analyze available data to establish baseline
- Develop educational materials for distribution at potential referral sites
- Develop a sample functional assessment tool for use by primary care providers
- Provide potential referral resource lists for use by primary care providers

10.21. (Developmental) Increase the proportion of primary care providers who routinely evaluate, treat, and, if appropriate, refer their long-term care patients to subacute rehabilitative and other services to address:

- **Physical mobility**
- **Urinary incontinence**
- **Polypharmacy**
- **Communicating and hearing disorders**
- **Depression**
- **Dementia**
- **Mental disorders, including alcoholism and substance abuse.**

Data Source: Primary care provider survey and data from the Division of Aging Services

Baseline: Unknown

HK 2010 Target: Increase the proportion of primary care providers who evaluate and refer their long term care patients to subacute rehabilitative services

Mid-Decade Status: Unknown at this time

Data Needs: Analysis of primary care provider survey

Strategies to Achieve Objective:

- Share 2010 objectives with the newly formed Office of Health Policy and develop educational materials addressing need for and benefit of subacute rehabilitative services for long-term care patients
- Educate the general population, with focus on those seeking long term care services, in regards to:
 - The need for and benefit of rehabilitative and other services
 - The potential impact of polypharmacy
 - The need to be knowledgeable about medications and their actions in the long term care population
- Educate potential primary care providers regarding rehabilitative needs and potential impact of polypharmacy on the long term care population

10.22. (Developmental) Assure that every person with long-term care needs has access to the continuum of long-term care services, especially:

- **Nursing home care**
- **Home health care**
- **Adult day care**

- **Assisted living**

Data Source: National Long Term Care Survey, Medicare Beneficiary Survey, HCFA, and data from Cabinet for Health and Family Services/Division for Aging Services.

Baseline: Undetermined

HK 2010 Target: Assure that every person with long term care needs has access to a continuum of services

Mid-Decade Status: Unknown

Data Needs: Compilation and analysis of available data

Strategies to Achieve Objective:

- Share 2010 objectives with the newly formed Office of Health Policy
- Educate legislators and regulatory bodies on the need for equitable access for long term care services to those with needs
- Investigate potential financial and provider avenues to expand current services and/or develop new services to allow access to the long term care continuum for those in need

10.23. Reduce to no more than 6.0 per 1,000 the proportion of nursing home residents with pressure ulcers at stage 2 or greater.

Data Source: Minimum Data Sets (MDS) used in determining the long term care resident's acuity level for payment.

- Data extracted from OIG nursing facility inspection reports
- Data from the Divisions of Aging Services and Adult and Child Protection

Baseline: Unknown

HK 2010 Target: Reduce to 6 or less per 1,000 nursing home residents who have stage 2 or greater pressure ulcers

Mid-Decade Status: Unknown

Data Needs: Compilation and analysis of available data

Strategies to Achieve Objective:

- Share 2010 objectives with the newly formed Office of Health Policy

- Mandate the number of first line caregivers per the number of licensed residents or the average occupancy rate

References

- BRFSS Data 2000 - 2004,
- Hospital Inpatient Discharge Database
- Kentucky Board of Nursing

Contributors

- John Hensley, Health Care Access Branch, Adult and Child Health Improvement Division, Department for Public Health, Chapter Co-coordinator
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10. Access to Quality Health Services – Summary Tables

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
10.1. Reduce to zero the proportion of children and adults without health care coverage.	Adults: 14.3% (1998)	0%	14.9% (2004)	No	BRFSS
10.2. Increase the proportion of patients who have coverage for clinical preventive services as part of their health insurance.	TBD	Increase	TBD	TBD	
10.3.(Developmental) Increase the proportion of current smokers and problem drinkers who report being counseled about smoking and alcohol use at the last visit to their health care provider.	73.3% (2003) Current smokers only	75%	70.8% (2004)	No	BRFSS
10.4. Increase the collection and reporting of information on delivery of recommended clinical preventive services, by provider group, health plan, health system and payer status.	TBD	Increase	TBD	TBD	
10.5. Increase the proportion of physicians, PA's, nurses and other clinicians who receive appropriate training to address important health disparities: disease prevention and health promotion, minority health, women's health, geriatrics.	TBD	Increase	TBD	TBD	
10.6. Increase to at least 90 percent the proportion of people who have a specific source of ongoing primary care.	84.4% (2001)	90.0%	82.9% (2004)	No	BRFSS
10.7. (DELETED).					
10.8. Reduce to no more than 7 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.	13.8% (2000)	7%	17.9% (2003)	No	BRFSS
10.9. (DELETED)					
10.10. Reduce by 25 percent the number of individuals lacking access to a primary care provider in underserved areas.	987,322 (1997)	740,492	707,271 (2004)	Target Achieved	HRSA
10.11R. Increase the proportion of individuals from under represented racial and ethnic minority groups that have registered for licensure with the Board of Nursing. (Continued on next page)	<u>RN (2005)</u> Af. Am. 2.5% Asian Indian .05% Asian Oth. .55% Hispanic .28% Native Am. .36% Pac. Isl. .06% White/NH 95.84% <u>LPN (2005)</u>	Increase from under represented minority groups	<u>RN (2005)</u> Af. Am. 2.5% Asian Indian .05% Asian Oth. .55% Hispanic .28% Native Am. .36% Pac. Isl. .06% White/NH 95.84% <u>LPN (2005)</u>	N/A	KY Board of Nursing

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
	Af. Am. 8.5% Asian Indian .06% Asian Oth. .2% Hispanic .28% Native Am. .4% Pac. Isl. .03% White/NH 89.7%		Af. Am. 8.5% Asian Indian .06% Asian Oth. .2% Hispanic .28% Native Am. .4% Pac. Isl. .03% White/NH 89.7%		
10.12. Reduce preventable hospitalization rates by 25 percent for chronic illness for three ambulatory care sensitive conditions – pediatric asthma, immunization preventable pneumonia and influenza in the elderly, and diabetes – by improving access to high quality primary care services.	TBD	Reduce by 25%	TBD	TBD	
10.13. Increase the proportion of all individuals who have access to rapidly responding pre-hospital EMS.	TBD	Increase	TBD	TBD	
10.14.(Developmental) Increase the proportion of patients whose access to EMS when and where they need them is unimpeded by their health plan’s coverage or payment policies.	TBD	TBD	TBD	TBD	
10.15. (DELETED)					
10.16. (Developmental) Assess the proportion of eligible patients with acute myocardial infarction (AMI) who currently receive clot-dissolving therapy within an hour of symptom onset, and establish a realistic plan for improvement.	TBD	TBD	TBD	TBD	
10.17.(Developmental) Assess the proportion of persons with witnessed, out-of hospital cardiac arrest currently receiving their first therapeutic shock within 10 minutes of collapse recognition, and establish a realistic plan for improvement.	TBD	TBD	TBD	TBD	
10.18. (Developmental) Incorporate “model” pediatric ALS and BLS protocols into a comprehensive set of protocols for both adults and children. Facilitate implementation and use of comprehensive protocols through use of the Internet and monitor usage.	TBD	Incorporate Standards	TBD	TBD	

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
10.19. (Developmental) Develop and implement a voluntary program to identify hospitals that are prepared and committed to provide emergency treatment for children. Disseminate information about such hospitals to ambulance services and the public.	TBD	Program developed	TBD	TBD	
10.20. (Developmental) Increase the number of primary care providers who routinely provide or refer potential long-term care patients for a functional assessment.	TBD	Increase	TBD	TBD	
10.21. (Developmental) Increase the proportion of primary care providers who routinely evaluate, treat, and, if appropriate, refer their long-term care patients to subacute rehabilitative and other services to address: <ul style="list-style-type: none"> • Physical mobility • Urinary incontinence • Polypharmacy • Communicating and hearing disorders • Depression • Dementia • Mental disorders, including alcoholism and substance abuse. 	TBD	Increase	TBD	TBD	
10.22. (Developmental) Assure that every person with long-term care needs has access to the continuum of long-term care services, especially: Nursing home care Home health care Adult day care Assisted living	TBD	Assure access	TBD	TBD	
10.23. Reduce to no more than 6.0 per 1,000 the proportion of nursing home residents with pressure ulcers at stage 2 or greater.	TBD	Reduce to no more than 6.0 per 1,000	TBD	TBD	

R = Revised objective, N = New objective

N/A = Only baseline data are available. Not able to determine progress at this time.

TBD = To be determined. No reliable data currently exist.