

8 Critical Activities		Target Population	Summary
1.	<b>Outreach and enrollment into existing programs/ services</b>	Primarily uninsured people below 250% of FPL, and eligible for government sponsored health insurance coverage.	Many people (particularly children and families) may be eligible for existing programs and services but are unaware or have difficulty accessing these programs. Duplicative and complicated application processes are a barrier to enrollment.
2.	<b>Connect individuals and families to “health homes” with <u>coordinated services</u></b>	Particular relevance for children and individuals with chronic illnesses or multiple health and social needs. People face a complex care system that is often fragmented which leads to missed opportunities and redundancies, decreased quality and increased cost.	Individuals without health homes tend to use the ER inappropriately as their source of primary care. Collaborative Health Home Projects involve ERs identifying and referring such people to for primary care and case management services
3.	<b>Assure access to affordable prescription drugs</b>	Uninsured or underinsured for prescriptions (including Medicare); primarily focused on people with chronic conditions	Retail prescription drug costs are increasing at an alarming rate, preventing many individuals from obtaining the medications they need for optimal care of their conditions. Most pharmaceutical companies have assistance programs for low-income people, but access to these programs is limited by administrative burden.
4.	<b>Implement chronic disease management (and case management programs)</b>	People with chronic conditions who are uninsured, or covered by Medicaid, Basic Health and/or Medicare	Chronic disease management includes: population identification processes (registries), evidence-based practice guidelines, collaborative practice models, patient self-management education, process and outcomes measurement, and routine reporting/feedback between patients, providers and health plans. Coordination of these services is a key feature.
5.	<b>Provide coverage for low-wage workers</b>	Uninsured people below 250% of FPL in small businesses	Largest proportion of uninsured are employed but unable to afford health coverage due to low income. Models exist that combine employer, worker and community contributions to purchase coverage
6.	<b>Organize donated clinical care services</b>	Uninsured below 200% of FPL	Many physicians and other health care providers (e.g., hospitals) regularly donate services. Project Access programs are about increasing provider participation to ensure fair distribution and effective coordination.
7.	<b>Ensure adequate and stable safety-net medical provider capacity</b>	Uninsured, Medicaid, BH and Medicare	Many private physicians have closed practices to new Medicaid and Medicare due to poor reimbursement. Community health centers have taken on major responsibility for safety-net care but are reliant on unstable/insecure funding sources.
8.	<b>Prevention and wellness services</b>	All low-income	Effective preventive services are key to reducing the burden of chronic diseases and poor health status