



Grant Report Process

Healthcare Georgia Foundation actively monitors and evaluates the outcomes of its grants. Foundation staff documents the timely submittal of your progress reports and reviews and approves these reports. The Foundation wants to know about your **accomplishments** toward achieving **each of the projects' approved grant objectives included in your Grant Agreement**, any **changes** that have been made in objectives or in the strategy for accomplishing them, any **problems** you have encountered, and how these have been resolved.

Grant monitoring may also include site visits and meetings. **Please note: Consideration of future funding requests is contingent upon successful completion of all grant-reporting requirements.**

Please submit your narrative and budget form by the due date indicated in the Grant Summary of our Grant Agreement. **The report must be signed (see signature page) and mailed to the Director of Grants Management at the address listed below.** Please do not send copies of the report form to individual Foundation staff persons unless prior arrangements have been made with staff. **Please do not fax or email your progress reports to the Foundation.** Your program officer at the Foundation will receive a copy of your completed form to review.

Send your signed original and one copy to:

Director of Grants Management
Healthcare Georgia Foundation
50 Hurt Plaza, Suite 1100
Atlanta, GA 30303

*Complete both the narrative and financial sections of the reporting form. Attach **two** copies of any key published reports or products produced with grant funds and documented in the grant approved objectives; submission of any other documents is not required. Your answers should be typed in the boxes below. Each box can be expanded by using the return key.*



Review and update the information below for our records.

Organization Information

Name of Organization:	Chatham County Safety Net Planning Council, Inc.
Address:	24 Oglethorpe Professional Blvd., Savannah GA 31406
Phone Number:	912-356-2897
Contact Name:	Diane Z. Weems, MD
Email:	dzweems@dhr.state.ga.us
Organization Website:	Chathamsafetynet.org
Fiscal Sponsor (if applicable):	Brent Jordan, Administrator, Chatham County Health Department, P. O. Box 14257, Savannah, GA 31416-1257
Is your 501(c)3 status current?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
If no, explain	
Executive Director Name:	Paula D. Reynolds, MD, MPH
Board Chair Name:	Diane Z. Weems, MD

Grant Summary

Foundation Staff Contact:	Andrea Kellum
Foundation ID#:	1013
Grant Amount:	\$200,000
Grant Period:	February 1, 2009 – January 31, 2011
Grant Title:	Chatham Creating Access Now (Chatham CAN)

Reporting Period – Indicate the grant period this report represents.

Reporting Period Beginning Date:	February 1, 2009
Reporting Period Ending Date:	January 31, 2011
Reporting Period Ending Date:	



Describe the progress and achievement made toward meeting your grant objectives. Please address each grant objective listed below.

<p>GRANT OBJECTIVES</p> <p>Include each of your grant objectives from the Grant Summary in your Grant Agreement</p>	<p>WHAT PROGRESS HAVE YOU MADE?</p>
<p>Grant Objective #1:</p> <p>Complete assessment of physician workforce by specialty and affiliation (hospital/group practice) and assessment of need.</p>	<ol style="list-style-type: none"> <p>1. Formation of the CCSNPC's Chatham CAN Advisory Committee:</p> <p>Status: Completed in Year One with ongoing bi-monthly advisory committee meetings continuing in Year Two.</p> <ul style="list-style-type: none"> • During Year One, bi-monthly meetings were held on March 19, May 21, July 23, September 17 and November 19, 2009. In Year Two bi-monthly meetings were held on January 28, March 25, May 20, July 15, September 16 and November 30, 2010; and January 06, 2011. • A listing of the advisory committee membership roster at the conclusion of the grant period is included as Attachment 1. During Year Two, the committee was expanded to include representatives of Memorial University Hospital's emergency department to facilitate collaboration on the problem of unassigned patient emergency department utilization for primary care services and specialty care referral. <p>2. Assessment of physician workforce:</p> <p>Status: Completed in Year One.</p> <ul style="list-style-type: none"> • A summary of the database by specialty was included in the Year One report submitted January 29, 2010. <p>3. Assessment of need:</p> <p>Status: Baseline completed in Year One, update completed in Year Two.</p> <ul style="list-style-type: none"> • The distributed survey and final reports were included in the Year One report submitted January 29, 2010. The top reported unmet specialty needs by rank were: ophthalmology, gastroenterology, podiatry, pain management, neurology, orthopedics, dermatology, gynecology and otolaryngology. • Year Two: As a part of the CCSNPC 2009 provider evaluation, each clinic submitted a ranked list of their top five unmet specialty care needs. The following unmet specialty care needs were reported: five clinics: gastroenterology; four clinics: orthopedics; three clinics: dental/dental surgery, rheumatology; two clinics: ophthalmology, urology; one clinic: cardiology, endocrinology, gynecological surgery, hematology, pain management and physical therapy/rehabilitation. Since numerical



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	<p>data for 2009 was not provided, no direct comparison to 2008 data could be made. It is noted that during 2010, Chatham CAN enrolled physicians in six specialties indicated as areas of unmet need in 2009 by CCSNPC clinics. Additionally, CCSNPC and Chatham CAN worked with an area hospital's medical residency program to address the need for benign gynecological surgery.</p>
<p>Grant Objective #2: Acquire and provide the shared electronic technology and software and processes necessary to support coordinated specialty access system to participating safety net providers.</p>	<p>1. Review of existing and potential electronic systems: Status: Completed in Year One.</p> <p>2. Software Acquisition: Status: Completed in Year One with rental continuation in Year Two and during a 60-day no-cost HGF grant extension beginning February 1, 2011.</p> <ul style="list-style-type: none"> • CCSNPC entered into rental contract agreements with InfoComSystems Services (ICSS) for the use of iREACH software in support of Chatham CAN's coordinated specialty access activities with participating safety net providers. An agreement to continue Chatham CAN's use of iREACH software during a 60-day, no-cost HGF grant extension allowed for continued use of iREACH from February 1, 2011 through March 31, 2011. InfoComSystems has approved "parking" of the software effective April 1, 2011 to permit maintenance of Chatham CAN data and utilization of entered data while CCSNPC secures a provider partner to continue the work of Chatham CAN. • As a part of the rental agreement, ICSS staff provided telephone consultation when requested on an on-going basis to assist the Chatham CAN Project Director in configuration of the software to meet the specific needs of the program. • ICSS provided several no-cost revisions to iREACH at the request of the Project Director to allow tracking of appointment data by referral source and appointment status. • The Chatham County Health Department provided Chatham CAN use of the necessary server in-kind. SQL software was obtained in Year One with use continued throughout the grant period. <p>3. Provision of shared electronic technology and software and processes necessary to support</p>



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WHAT PROGRESS HAVE YOU MADE?

coordinated specialty access system to participating safety net providers.

Status: Completed in Year One and available throughout Year Two with process revisions occurring throughout the grant period when needed.

Technology:

- Chatham CAN used iREACH software to track enrolled specialist availability, CCSNPC provider referral utilization, patient specialty care appointment utilization/compliance and the value of donated specialty care. The value of specialty care donated was tracked through entry of information obtained from provider health insurance claim form (HCFA) data. Not all specialty physicians donating care provided HCFAs which prevented a complete report of the value of all care donated.

Process:

- Chatham CAN utilized iREACH software to coordinate participating CCSNPC provider referrals to specialty care. Current participating CCSNPC providers are Community Health Mission, St. Mary's Health Center, Good Samaritan Clinic and J.C. Lewis Primary Health Care Center (JCLPHCC).
- Frequent unassigned patient use of area hospital emergency departments (EDs) as a means of obtaining referral to area specialty physicians was specifically identified as a major problem in Year Two. For example, in the second quarter of 2010, the social worker at one area hospital ED referred 49 patients to specialty care. In the third quarter of 2010, 89 patients were referred to specialty care. Although appointment compliance and referrals outcomes are not tracked by the ED, it was reported that many patients fail to keep scheduled appointments due to inability to pay for services and/or due to a lack of health insurance. Area hospitals continue to utilize in-house staff to arrange ED patient referrals to the specialty physician on-call as indicated by the facility's specialty rotation system.
- Referral from a CCSNPC primary care home was a requirement for Chatham CAN specialty care access. Due to complex policies and procedures existing between hospital EDs and specialty care providers regarding referrals of unassigned patients



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	<p>to specialty care providers, patients seen in the ED who required specialty care were not eligible for Chatham CAN referral for any care related to the ED visit.</p>
<p>Grant Objective #3:</p> <p>Recruit and enroll at least 20 specialty care physicians to participate in Chatham CAN by end of Year One; recruit at least an additional 30 providers by the end of Year Two.</p>	<p>1. Physician recruitment and enrollment total: Status: Complete.</p> <p>Physician engagement:</p> <ul style="list-style-type: none"> • The brochure to provide specialty physicians with information about Chatham CAN during Year One continued to be distributed in Year Two. • Formation of a Medical Advisory Committee (MAC) to Chatham CAN was considered during Year One; however, the internal specialty referral screening processes of the CCSNPC providers were deemed adequate and additional medical review of CCSNPC patients referred for specialty care has not been indicated. • CCSNPC explored hosting a recognition dinner for physicians donating care specifically through Chatham CAN; however, due to the low number of physicians available to attend, a quarter page ad was placed in in the Chatham County Supplement special section of the <i>Savannah Morning News</i> listing each physician donating care to CCSNPC clients and thanking them for their contribution (Attachment 2). • Chatham CAN worked with CCSNPC and community medical partners in the development and implementation of a colon cancer screening program, ACT (Assess-Connect-Teach) during Year One. Chatham CAN continued to work with CCSNPC's program ACT II during Year Two to engage an additional Gastroenterology group and Pathology service provider in support of ACT II's expanded efforts. • Chatham CAN worked with South Coast Medical Group (SCMG) to engage their 32 specialty care physicians in an expansion of their specialty referral donations and to document utilization data and patient appointment status. <p>Physician enrollment: Status: Year One Objective met (20 specialty physicians).</p>



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	<p>Status: Year Two Objective met (34 additional specialty physicians).</p> <p>Summary: Chatham CAN has recruited and enrolled 54 physicians representing 15 specialties.</p> <p>Highlights:</p> <p>Orthopedics:</p> <ul style="list-style-type: none"> • During Year Two, Chatham CAN launched the coordination of specialty care donations of an orthopedic specialty practice group. A physician champion orthopedic surgeon in the practice agreed to see Chatham CAN referred patients from three CCSNPC volunteer primary care clinics. Patients were seen in the physician’s office, assessed and if the care needed fell within the practice scope of the champion physician, he directly provided the needed care to the patient. However, if the care of an orthopedist with expertise in another orthopedic area was needed, the physician approached one of his colleagues for a care donation to Chatham CAN. Under this system, 7 additional orthopedic specialists agreed to donate care through Chatham CAN. Services provided included diagnostics, joint injections of anti-inflammatory and pain relieving medications, surgical procedures and hospital-based pain management services. Chatham CAN contacted private, orthopedic hardware manufacturing companies and foundations to obtain implant hardware donations specific to the patient’s need and provider recommendations. Patients who would otherwise have been unable to obtain needed joint repair or replacement surgery were able to receive the needed surgery along with any required post operative physical therapy. Hospital-based surgical care was donated to the patient based on the hospital’s assessment of the patient’s ability to pay. <p>Gastroenterology, endoscopy, pathology, surgery</p> <ul style="list-style-type: none"> • Chatham CAN worked with the CCSNPC Executive Director to recruit specialty physicians to participate in project ACT and ACT II. During Year Two, the number of participating physicians increased from the Year One total of 12 physicians representing five medical specialties to 19 physicians. In addition to gastroenterology



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	<p>physician specialists, specialty providers in pathology, radiological imaging and endoscopy were also participants. Chatham CAN assisted in the enrollment of rectal and colon surgeons and other specialists as indicated for patients requiring post-colonoscopy care.</p> <p>Otolaryngology</p> <ul style="list-style-type: none"> A specialty physician otolaryngology group provided donated specialty care to Chatham CAN referred patients from all CCSNPC primary care providers. In-office patient evaluations and care, hearing testing and surgical care with follow-up services were provided. <p>Ophthalmology</p> <ul style="list-style-type: none"> In support of the work of St. Mary's Health Center's Eye Clinic, Chatham CAN enrolled an ophthalmologist to evaluate and treat uninsured patients who require ophthalmology services beyond the services available at the St. Mary's Eye Clinic. <p>Other specialty areas</p> <ul style="list-style-type: none"> During Year Two the following additional medical specialties enrolled as Chatham CAN volunteers after the Year One, January 29, 2010 report was submitted: cardiology, general surgery, infectious disease, nephrology, neurosurgery, pain management, pathology, podiatry and urology.
<p>Grant Objective #4: Pilot Specialty Care Access coordinated system of referral.</p>	<p>1. Obtain assistance for document and process development status: Documents and processes developed by Health Access Initiative (HAI) were purchased by Chatham CAN and adapted for local use.</p> <p>2. Pilot Projects: St Mary's Health Care Center Pilot: Status: Complete. Detailed in the January 29, 2010 report.</p> <p>Project ACT 2009-2010 and ACT II 2010-2011: Status: Pilot complete, participation continuing throughout Year Two.</p> <ul style="list-style-type: none"> Chatham CAN worked closely with CCSNPC on a community colon cancer screening project funded through the Southeast Georgia Cancer Alliance (SEGCA) and initially piloted with Community Health Mission before expansion to include all CCSNPC



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	<p>providers. During 2009-2010, 30 patients were provided with a colonoscopy at no cost to the patient. ACT II plans to provide 50 colonoscopies during 2010-2011 and is on track to meet this objective. All referrals are implemented through Chatham CAN, tracked with iREACH software and are followed by the Chatham CAN/ ACT case manager. Chatham CAN participated in the enrollment of specialists as indicated for those patients found to have malignancy or other colonoscopy finding indicating the patient's need for additional care.</p>
<p>Grant Objective #5: Provide at least 1500 referrals in Year Two, and assure at least 75% of referrals are completed.</p>	<p>1. Provision of 1500 referrals in Year Two. Status: Exceeded. Using iREACH, 2,005 patient specialty care appointments have been entered and tracked since August 1, 2009. Of the 2,005, 1,985 of the appointments took place on or after November 1, 2009 and 1,717 specialty referrals were scheduled with appointment dates on or after February 1, 2010.</p> <p>2. Assure at least 75% of referrals are completed. Status: Exceeded.</p> <ul style="list-style-type: none"> • The rate of completed referrals, as evidenced by kept appointment status, was 86.10%. • Failed appointment rates for the same period were 10.83%. • Appointments with dates on or after February 2, 2011 are noted as future unknown and accounted for 2.86% of the appointments tracked in iREACH as of February 1, 2011. • When patients received Chatham CAN case management services and their appointments were scheduled directly by Chatham CAN the rate of completed referrals was 95.69%.



Answer the following questions based on the grant purpose and grant objectives listed below and outlined in your signed Grant Agreement with the Foundation.

QUESTIONS	YOUR ANSWERS
<p>1. Are there any changes to the target population (any deviations from your original proposal)?</p>	<p>No</p>
<p>2. Have there been any changes to the number and/or classification of project personnel? If yes, please identify the changes and explain the reason for these changes.</p>	<p>The Project Director was hired under a personal services contract which resulted in lower personnel costs and allowed the savings in this area to be used in funding a case manager to assist in the Chatham CAN effort. This change was submitted to HGF on July 9, 2009 and approved.</p>
<p>3. Describe any significant deviations from the planned time schedule for the activities required to meet your grant objectives? Explain how these deviations have, or will impact the project objectives.</p>	<p>None</p>
<p>4. Describe your progress toward sustaining the program and/or continuation of funding for this project.</p>	<ol style="list-style-type: none"> 1. CCSNPC is actively working with a partner provider to take on the Chatham CAN project and refine and grow the specialty care referral system on behalf of the entire CCSNPC provider network. In the interim, CCSNPC affiliated primary care provider staff will assume the coordination duties of referral and tracking of their patients to existing CAN volunteer specialty physicians. 2. CCSNPC will build on the results of Chatham CAN encouraging volunteerism in the specialty community as indicated by assessment of need. 3. The ACT II case manager will coordinate and track referrals for colon cancer screening and will work with specialty providers to obtain follow-up care for patients when indicated.
<p>5. Provide a brief description justifying any budget changes. An itemized list of actual expenses to date must accompany this report (see attached budget form). Clearly identify any unexpended funds.</p>	<ol style="list-style-type: none"> 1. See July 9, 2009 budget revision and narrative request for budget revision submitted to HGF for a description of budget changes. 2. CCSNPC's January 11, 2011 request to HGF for a 60-day no-cost extension to continue Chatham CAN efforts February 1, 2011 thru March 31, 2011 was approved. 3. There are no unexpended funds as of March 31, 2011.



<p>6. Describe any other activities, issues, challenges, accomplishments, or unanticipated changes that you have encountered. How have these items impacted the program and/or organization?</p>	<ul style="list-style-type: none"> • As described in Objective #2, process development, an ongoing challenge involves unassigned, uninsured and/or indigent patients who frequently access specialty care through area hospital unassigned ED patient referral systems. • Specialists, as a condition of hospital staff privileges, are required to accept patients referred to them while on-call for their specialty. Many physicians believe this method of unassigned patient distribution levels the burden of indigent care in a fair way to physicians across the specialty. However, patients frequently do not complete needed specialty care referral appointments, do not obtain a primary care medical home and often return to the ED multiple times to seek care and treatment. • This method of unassigned patient referral to specialty care from the ED's creates an ongoing cycle of ED visits. Compounding the issue is the fact that patients may be referred to different specialist depending on the call schedule when they present to the ED. However, physicians are reluctant to agree to see such patients if they have been previously referred to a colleague. • Chatham CAN has worked with area EDs to demonstrate the effectiveness of a centralized referral system to replace the hospitals' existing protocols. However, until the hospitals commit to changing their policies, the resolution of these barriers to specialty will be difficult to overcome.
<ul style="list-style-type: none"> • List the organization names and grant amounts of all sub-grantees and/or consultants indirectly receiving Foundation funds from this grant. 	<p>None</p>



I hereby certify that this report, including any attachments, is accurate to the best of my knowledge, and that our organization, remains in full compliance with the terms of the Grant Agreement regarding this grant. **This report form must be signed by the primary contact (program coordinator, PI, etc.) AND the executive director/president or board chair.**

Primary Contact for Project

Name: Paula Reynolds, MD, MPH

Title: Executive Director Chatham County
Safety Net Planning Council

Signature:

Date: March 30, 2011

Executive Director or Board Chair

Name: Diane Z. Weems, MD

Title: Chair, Chatham County Safety Net
Planning Council

Signature:

Date: March 30, 2011

If there is a fiscal agent/sponsor for this grant, please have the authorized signer for the agent organization review the report and complete the information below.

Name: Brent Jordan

Title: Administrator

Signature:

Date: March 30, 2011