



## **2011 Evaluation**

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## Executive Summary

The Chatham County Safety Net Planning Council (CCSNPC) serves as a countywide planning group for healthcare. It was created in 2004 to improve the efficiency and effectiveness of the local healthcare delivery system, to advise regarding healthcare trends, and to assist the County Commissioners in better meeting the healthcare needs of uninsured and underinsured constituents. Since 2006, the Council has provided an annual evaluation to assess needs and trends and to identify key existing resources and gaps in the community's healthcare delivery system. This evaluation is based on voluntary submission of data from the provider partners and publicly available data on population and policies affecting healthcare.

The CCSNPC Provider Network is composed of both primary care providers and other agencies which support the delivery of healthcare. The key CCSNPC primary care providers are Curtis V. Cooper Primary Healthcare (CVCPHC), Community Health Mission (CHM), SJ/C Good Samaritan (GS), J.C. Lewis Primary Healthcare Center (JCLPHCC), and SJ/C St. Mary's Health Center (SM). CVCPHC and JCLPHCC are both federally qualified health centers (FQHC) providing primary care to adults and children who are uninsured and/or underinsured, including those covered under Medicaid, Medicare, and **PeachCare for Kids™**. CHM, GS and SM are volunteer medicine clinics which treat only uninsured, low income eligible adult patients. Additional contributors to the data include MedBank, a pharmaceutical assistance provider; Chatham CARE Center, a Chatham County Health Department Ryan White Clinic; and Community Cardiovascular Council, a healthcare organization conducting community screening and education activities. Both hospitals, Memorial University Medical Center (MUMC) and St. Joseph's/Candler Health System (SJ/C) submit data from their Emergency Departments.

In 2010, the US Census reported an increase in the number of Chatham County citizens who were living in poverty and lacked health insurance. These most recent census estimates show that the number of Chatham County residents without health insurance may have exceeded 51,000 in 2010. In 2011, CCSNPC Providers tracked a record 130,730 visits to 26,956 patients, 3% increase in visits, and 5.2% decrease in patients since 2010. The hospital emergency departments (ED) recorded a total of 44,532 primary care visits compared to 43,449 visits in 2010. The 43,449 visits represent 33,030 patients compared to 32,078 patients in 2010.

The patient demographics and utilization patterns at CCSNPC clinics differed from those at the hospital EDs as observed in 2010. Patients at the CCSNPC clinics visited an average of 4.5 times a year and were for the most part uninsured adults from Chatham County. Patients who visited the EDs for primary care visited an average of 1.4 times a year, were more often insured from outside Chatham County, and more likely to be children under the age of 18 years.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2011, the total value of prescriptions provided exceeded \$14 million. MedBank, a CCSNPC partner, was responsible for providing \$6.9 million of this total through an innovative project which places MedBank representatives in the CCSNPC provider clinics and delivers prescriptions to the patient at their healthcare provider.

Trends noted in the 2011 data confirm that demand for care continues to increase and the available health care continues to diversify and expand. The ability to meet this demand will require the continued collaboration among the partners and the pursuit of the Patient Centered Medical Home Model. Based on the previous 2010 evaluation, CCSNPC committed to answer the needs of the increasing numbers of Chatham County citizens living in poverty without employment and without health insurance, by continuing to work together closely to encourage patients to seek care for chronic diseases at a medical home rather than an ED. The fact that the visits increased but patient numbers decreased in 2011 may reflect success in engaging patients to seek care at their medical home thereby reducing the amount of redundancy in counting patients across the system.

Beginning with the 2011 Evaluation Report, CCSNPC providers submitted baseline data to begin the future ongoing process of evaluating quality of care. The most common diagnosis in 2011 is high blood pressure/hypertension. Obesity, high blood lipid levels, diabetes and high blood cholesterol levels complete the top five most common diagnoses in the CCSNPC patient population. MedBank reports show that in 2011 the most common medication supplied were those for high blood cholesterol and high blood pressure, confirming the impact of these conditions in the population served. Preliminary data on HbA1c and smoking status was supplied in order to guide the discussion on common methods to establish reliable trends for future reporting.

The pilot project for CCSNPC's community Health Information Exchange (HIE), ChathamHealthLink, was launched in April of 2010. The initial project linked MUMC's Emergency Department and JCLPHCC. The HIE is part of CCSNPC's commitment to the adoption of health information technology to increase communication among providers, increase efficiency and effectiveness of care and to reduce redundancies and cost of care across the system. Strengthening the Council infrastructure through the adoption of a sophisticated system of health information technology is critical to the Council's ability to evaluate and assure continued improvements in the health outcomes of our community.

In 2011, ChathamHealthLink grew significantly due to Chatham County government's commitment of Indigent Care funds to its sustainability. ChathamHealthLink underwent a comprehensive technological and functional review. This assessment allowed detailed plans to be implemented to allow for expanded capacity, upgraded reliability and features and enhanced security to be implemented beginning in December 2010. A similar assessment was performed by the Georgia Department of Community Health. ChathamHealthLink scored high in readiness and organization.

In keeping with the mission and priorities of CCSNPC and the CCSNPC providers, CCSNPC will continue to seek efficient and effective ways to increase access to care for the un/underinsured of Chatham County. Further, the commitment to providing and tracking quality of care will be expanded through future reporting methods and the growth of ChathamHealthLink. CCSNPC will also continue to build on past efforts to increase collaboration and communication among partners and the pursuit of the development of the Patient Centered Medical Home Model across the system.

## **Introduction**

The Chatham County Safety Net Planning Council serves as a countywide planning group for healthcare for the un/underinsured citizens of Chatham County. Created in 2004 to improve the efficiency and effectiveness of the local healthcare delivery system and to assist the County Commissioners in better meeting the healthcare needs of un/underinsured constituents, the Chatham County Safety Net Planning Council's goals are to strengthen the healthcare infrastructure, build capacity within the community, improve access to healthcare for the un/underinsured, and improve health outcomes.

The Safety Net Provider network is composed of both primary care providers and other agencies which support the delivery of healthcare by targeting a specific population or service. The key primary healthcare providers include both local hospital emergency departments and five primary care clinics, Curtis V. Cooper Primary Healthcare, Community Health Mission, J.C. Lewis Primary Healthcare Center, SJ/C Good Samaritan, and SJ/C St. Mary's Health Center. The Council is made up of representatives from these providers along with others from local agencies, governmental bodies and community stakeholders such as MedBank, United Way, Union Mission, Community Cardiovascular Council, Georgia Medical Society, Department of Family and Children Services, City of Savannah, Chatham County, Eastside Concerned Citizens, Healthy Savannah, StepUp Savannah, Armstrong Atlantic State University, Savannah State University, Savannah Business Group, and the 100 Black Men of Savannah. The Chatham County Health Department acts as a neutral convener of the Council. As the healthcare action team since 2005 for the local poverty reduction initiative, StepUp Savannah, the Council explores how its programs can help to eradicate poverty, as this social condition is associated with the lack of health insurance and difficulty in accessing healthcare.

Trends in unemployment are likely to have resulted in a loss of health insurance for many Chatham County adults and may have similarly affected any children living in families whose main breadwinner may have lost their job. For Chatham County alone, the unemployment figures published by the Georgia Area Labor Profile<sup>1</sup> show an average rate of 9.0% in 2010 compared to 8.3% in 2009, an increase of 0.7%. This increase in unemployment is reflected in an increase in those living in poverty and those without health insurance as evidenced by data in the 2010 US Census.<sup>2</sup> Specifically, the 2010 US Census data shows that 24.6% of employed Chatham County citizens had no health insurance versus 64.7% of those who were not employed. The median household income in 2010 dropped to \$42,763 from \$43,082 in 2009.

Additional US Census data from 2010 is available to estimate the total population, the median household income, number of individuals living in poverty and the number of Chatham County citizens without health insurance for 2010.<sup>3</sup> In 2010, the estimated population of Chatham County was 258,686 with 59,902 being children under the age of 18 years and 168,365 being adults ages 18 to 64 years. Overall, 19.3% of Chatham County residents lived in poverty, up from the 2009 estimate of 15.1%. Chatham County children under 18 years old living in poverty

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<sup>1</sup> <http://explorer.dol.state.ga.us/mis/profiles/Counties/chatham.pdf>

<sup>2</sup> <http://www.census.gov/>

<sup>3</sup> [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_1YR\\_CP03&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_CP03&prodType=table)

rose to 26.8% in 2010 from 21.7% in 2009. Adults ages 18-64 experienced a similar 5% increase from 13.3% in 2009 to 18.5% in 2010. Families living in poverty rose to 12.9% in 2010 from 10.8% in 2009. Along with this increase in the number of citizens living in poverty, an increase in those without health insurance was observed. In 2010, 19.8% of Chatham County citizens had no health insurance, an increase of 1.8% over 2009. By age group, 10.4% of children less than 18 years old, 26.7% of adults ages 18-64 years, and 0.2% of those ages 65 and older were uninsured in 2010. The US Census estimates as many as 51,294 Chatham County citizens without health insurance in 2010: 6,241 under the age of 18 years, 44,998 between the ages of 18 and 64 years, and 55 ages 65 years and older.

In 2010, new federal opportunities came on the horizon to provide affordable health care for all Americans. On March 23, 2010, the Affordable Care Act became law, and with it the promise that health coverage could be expanded to include as many as 32 million Americans who are currently uninsured. Beginning in 2014, insurance is to become available to the uninsured and self employed through state-based health insurance exchanges. Premium subsidies are expected for individuals and families whose income falls between 133% and 400% of the federal poverty level.

As of September 23, 2010, new consumer protections were enacted in the insurance market. Insurance companies can no longer place lifetime limits on coverage, drop individuals when they get sick or exclude children with a pre-existing condition. A patient's choice of doctors and ability to seek obstetrical and emergency care are also protected. Additionally, plans which offer coverage to children must allow children to remain on their parents' policy through age 26. Starting July 1, 2010, over \$170 million was made available to Georgia to provide coverage for uninsured citizens with preexisting conditions through what is called a "high-risk pool." The Affordable Care Act also contains provisions to strengthen community health centers as of October 1, 2010 through increased funding and possible opportunities to build new centers. The National Health Service Corps will receive \$1.5 billion over five years for scholarships and loan repayments for health professionals who work in shortage areas.

The passage of the American Recovery and Reinvestment Act of 2009 (ARRA) launched the federal plan to accelerate adoption of electronic health records (EHRs) in medical practices in the portion of the ARRA known as the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Health Information Technology (HIT) makes it possible for health care providers to better manage patient care through more accurate and timely collection and sharing of information through the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information and the establishment of secure communication channels to share that information. With the help of HIT, health care providers have more accurate and complete patient information, better care coordination and secure messaging among providers and between providers and patients. The expectation is that medical errors and duplications of tests will be reduced resulting in higher quality and less expensive care.

The HITECH Act seeks to overhaul and transform of the delivery of health care through the adoption of Health Information Technology. The assumption is that Electronic Health Records along with the accurate and timely communication electronic systems provide among providers

and patients will improve the efficiency, continuity and quality of care across the nation. The HITECH Act provides substantial financial support through Medicare and Medicaid Incentive Programs to providers who adopt Electronic Medical Records systems. Doctors and other professionals can receive approximately \$40,000 through Medicare or about \$60,000 through Medicaid over a five year period. The programs apply to Community Health Center providers as well as private clinics. Hospitals can receive in the \$2 million range.

To engage providers in the adoption of electronic record systems, the Health Information Technology Extension Program was created. Regional Extension Centers were funded in 2010 across the US to help health care providers to become skilled, meaningful users of Electronic Health Records. The definition of “meaningful use” of electronic records was also established by the Office of the National Coordinator for Health Information Technology (ONC). The secure exchange of health information (Health Information Exchange or HIE) is a critical piece of meaningful use. HIE provides the ability to securely move electronic clinical information among different information systems with the goal of creating expanded access and retrieval of clinical data by authorized users. HIE systems also improve patient care through the facilitation of the continuity of care across systems.

A primary purpose of the CCSNPC annual evaluations is to spot trends, assess needs, and identify assets as well as gaps in community healthcare delivery system. Council partners then address these issues by investing their own resources, securing grant funding, and entering into collaborative relationships to improve access to care in the community. Should there be an overarching organizational need which can be addressed on a Council-wide basis, the Chatham County Safety Net Planning Council may elect to apply for funding to implement a solution on behalf of the Council as a whole.

In keeping with these established processes, CCSNPC partners have actively pursued new federal funding opportunities throughout 2010. On behalf of the entire council and the Chatham County community, CCSNPC launched a Health Information Exchange, ChathamHealthLink, in 2010. This effort, three years in the planning, brings Chatham County to the forefront of national efforts to improve the quality of health care. CCSNPC’s ultimate goals continue to be strengthening infrastructure and building local capacity to provide medical homes for the un/underinsured in an efficient and effective manner, thereby improving health outcomes for the community. Currently, the methods of data collection used to generate CCSNPC’s annual report cannot address possible duplication or overlap in data. When ChathamHealthLink is fully adopted, de-identified data will be available from the central data base, lending increased accuracy to our community reporting as well.

## **Methods**

In order for CCSNPC to evaluate the impact of its programs that serve uninsured individuals, identical Guidance for Data Submission and Data Collection Instrument documents were distributed to Safety Net clinics and hospitals in March 2011. Data collected from each provider was compiled into a master spreadsheet for analysis and organized into the following target areas: 1) primary care capacity, 2) other healthcare delivery, 3) emergency department capacity, and 4) business and financial data. Voluntary contributors include the following providers:

### **Curtis V. Cooper Primary Healthcare (CVCPHC)**

<http://www.chathamssafetynet.org/curtis-v-cooper-health-center/index.html>

Curtis V. Cooper Primary Health Care Inc. (CVCPHC) is Chatham County's first federally qualified health center (FQHC) and Public Housing Primary Care provider that serves uninsured, underinsured, and underserved low-income individuals of Savannah and Chatham County. CVCPHC serves the majority of underserved and uninsured primary care patients within the Safety Net Planning Council's provider group. CVCPHC offers or arranges for a comprehensive set of health care services including adult medical care, pediatric health care, dental health care, gynecological services, prenatal care, health education, Medicaid eligibility screening, nutrition counseling, pharmacy services, laboratory services, and radiology services. CVCPHC currently operates two sites from two locations E. Broad Street and Roberts Street in West Savannah. A third site, a Public Housing Primary Care site located at 349 W. Bryan Street in the Yamacraw Village housing complex is expected to open before the fall of 2012.

Curtis V. Cooper Primary Health Care, Inc. uses a sliding fee scale based on the annual federal poverty guidelines established by the Community Services Administration of the Department of Health and Human Services. CVCPHC's fees are based on the usual and customary charges for medical and dental care within the Savannah-Chatham County area. Actual fees range from a minimum of \$12 per visit to as much as 100 percent of charges based on a patient's family size and family income. CVCPHC accepts all major health care insurances including private insurance, Medicaid, and Medicare.

### **J.C. Lewis Primary Healthcare Center (JCLPHCC)**

<http://www.jclewishealth.org/>

The J.C. Lewis Primary Health Care Center was established in 1998 as a division of Union Mission, Inc. In 2004, the Health Center was designated as a Federally Qualified Health Center (FQHC), Health Care for the Homeless (HCH) site. In 2009, JCLPHCC was granted Community Health Center (CHC) status. This change allowed JCLPHCC to expand its focus beyond the homeless and near homeless populations, to include low-income and uninsured/underinsured individuals and families. In 2011, the J.C. Lewis Primary Health Care Center, Inc. became a stand-alone not-for-profit organization. Today, in addition to providing affordable comprehensive primary care, the Health Center also offers radiology services, medication assistance (through an on-site MedBank representative) and distribution, medical case management, health education and disease management/prevention, dental/oral healthcare, (provided at JCLPHCC's Peter Brasseler Dental Center, a CHC site) shelter-based HCH sites at three locations (Old Savannah City Mission, Salvation Army and Dutchtown), shelter & housing



referrals, economic education referrals, nutritional education, dietary supplementation, transportation services, 24-hour respite care, and behavioral health counseling. JCLPHCC, a CHC site, accepts patients of all ages and uses a sliding fee scale based on the federal poverty guidelines to determine patient co-pays. The Health Center also accepts Medicaid, WellCare, Amerigroup and Georgia's PeachCare for children. JCLPHCC does not refuse services to anyone based on their ability to pay and homeless patients without income have no-copay.

### **Community Health Mission (CHM)**

<http://www.chmsavannah.org/>

CHM was created through the 2006 merger of two free clinics: Community Healthcare Center (established in 2001) and Savannah Health Mission (founded in 1996). CHM is a volunteer-based, non-profit primary care facility serving uninsured adults who work or live in Chatham County, who are not enrolled in Medicaid or Medicare, and whose income is at or below 200% of federal poverty guidelines. Medical care at CHM is free for those who qualify. The medical home approach is the cornerstone of CHM's care model. In this environment, the continuum of care is accessible, comprehensive, family-centered, compassionate and culturally effective. CHM uses an organized, proactive, multi-component approach to healthcare delivery focused on the entire spectrum of the disease and its complications, the prevention of co-morbid conditions and the relevant aspects of the delivery system. The goal of CHM's approach is to improve short- and long-term health outcomes. Services provided at include annual medical exams and preventive healthcare, treatment for diabetes, hypertension, cardiovascular disease and respiratory disease, women's health services, smoking cessation, and health education.

### **SJ/C St. Mary's Health Center (SM)**

<http://www.sjchs.org/body.cfm?id=1697>

SM, a volunteer-based, non-profit, community outreach initiative of St. Joseph's/Candler Health System, provides free healthcare for uninsured adults (ages 18-64) living in Chatham County. Services include primary care medicine, lab testing, diagnostic testing, x-rays, medication assistance (through MedBank), mobile mammography, and referrals to specialty care. SM sponsors an eye clinic once a month which is open to all uninsured adults where eye exams are free and eyeglasses may be obtained for as little as \$3.00. Health education with emphasis on chronic diseases is offered. A LMSW is available for patient's social service needs. In addition, SJ/C St. Mary's Community Center provides services and assists patients in meeting their basic needs.

### **SJ/C Good Samaritan Clinic (GS)**

<http://www.sjchs.org/GoodSamaritanClinic>

GS is a volunteer-based, non-profit, medical clinic. The clinic is made possible by the generous financial support of St. Joseph's/Candler Health System and the donation of time and services by over 100 active volunteers. GS opened in October of 2007 to provide free primary care services to uninsured persons in west Chatham County, especially to the Latino/Hispanic community around Chatham County whose income is at or below 200% of the Federal poverty level. In addition to primary care, on-site specialties include gynecology, cardiology, orthopedics, occupational and physical therapy, nutrition education, and counseling. Labs and x-rays are provided by St. Joseph's/Candler without cost to the patient. Trained Spanish medical

interpreters are available on-site at each clinic session to ensure the highest quality in communication. Prescription assistance is available through MedBank Foundation.

### **Chatham CARE Center (CARE)**

[http://www.gachd.org/services-list/hiv aids\\_services\\_1.php](http://www.gachd.org/services-list/hiv aids_services_1.php)

The CARE Center, a division of the Chatham County Health Department/Coastal Health District provides comprehensive health services to HIV-positive residents of the Coastal Health District, targeting Chatham/Effingham Counties. The program is primarily funded by state and federal Ryan White dollars. Services include primary health care including labs and diagnostics, oral health, substance abuse/mental health counseling, pharmaceutical assistance, medical case management, health education/risk reduction, and referrals to specialty care. Supportive services include medical transportation assistance, co-pay assistance, non-medical case management, and peer advocacy. The Center is also the enrollment site for the AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP) for the Ryan White state Part B program and the ADAP Contract Pharmacy (ACP). Services are provided on a sliding fee scale based on individual income; persons living below the federal poverty level cannot be charged and no one is denied due to inability to pay. Medicaid, Medicare, and some private insurance are accepted. Adolescent Clinic and access to on-site Clinical Trials are available as appropriate.

### **Community Cardiovascular Council (CCC)**

<http://savannahccc.org/>

CCC is a private, non-profit healthcare organization conducting public blood pressure/risk factor screening, and education activities, treating low-income patients for control of hypertension and modification of risk factors, and building effective local and state coalitions to improve overall health in our community. In 2011, CCC registered 9,459 encounters with the public through general field screening programs. These are conducted by a combination of CCC clinic and outreach staff along with numerous volunteers. The CCC is supported by Georgia Public Health, the local United Way, St. Joseph's/Candler Hospitals, and a variety of foundation grants and contracts.

### **MedBank Foundation, Inc. (MB)**

<http://www.medbank.org/>

MedBank is a private, non-profit organization offering prescription assistance to low-income patients of area health providers. MB excels in obtaining medications at no cost to patients through programs offered by participating pharmaceutical manufacturers. MB provided more than \$9 million in free medications to patients in 2011 by working with community clinics. In 2011, MB staffed Community Health Mission, Curtis V. Cooper Primary Healthcare Center, J.C. Lewis Primary Healthcare Center, and St. Mary's Health Center providing patient assistance face-to-face in these clinics. In addition to this expansion of services, MedBank also continues its work through referrals with private physicians' offices and other area clinics such as Mercy Medical and countless social service agencies. MedBank is able to track medications and medication cost for each patient and track renewal dates and demographics for its patient population.

**Memorial University Medical Center (MUMC)**

<http://www.memorialhealth.com/>

MUMC is a 530-bed non-profit academic medical center. It is the home of the region's only Level 1 trauma center and offers the most extensive emergency facilities in the region. The services at MUMC include around-the-clock physician specialists, surgeons, operating rooms, and critical care services. The emergency department has 51 beds, including three separate trauma rooms and four rooms for cardiac emergencies. Other features of MUMC's emergency services include a pediatric emergency unit and an emergency helicopter service. The board-certified emergency physicians at MUMC handle more than 90,000 cases per year.

**St. Joseph's/Candler Health System (SJ/C)**

<http://www.sjchs.org/>

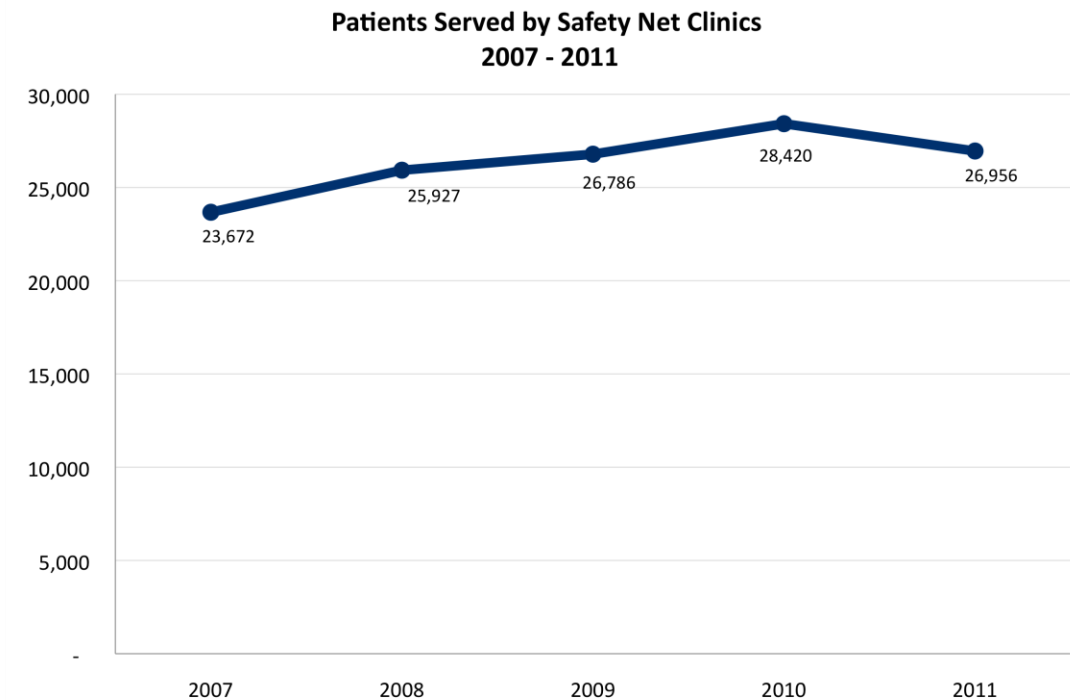
SJ/C is a 636-bed, faith-based not-for-profit healthcare system with two hospital locations in Chatham County - St. Joseph's Hospital on the south side of Savannah and Candler Hospital in midtown Savannah. Full-service emergency care is available at each hospital campus, 24 hours a day, seven days a week, with a full complement of emergency staff and specialists on call for specialty consultation. St. Joseph's Emergency Department is a 14-bed facility. Candler Hospital's Emergency Department is a 30-bed facility.

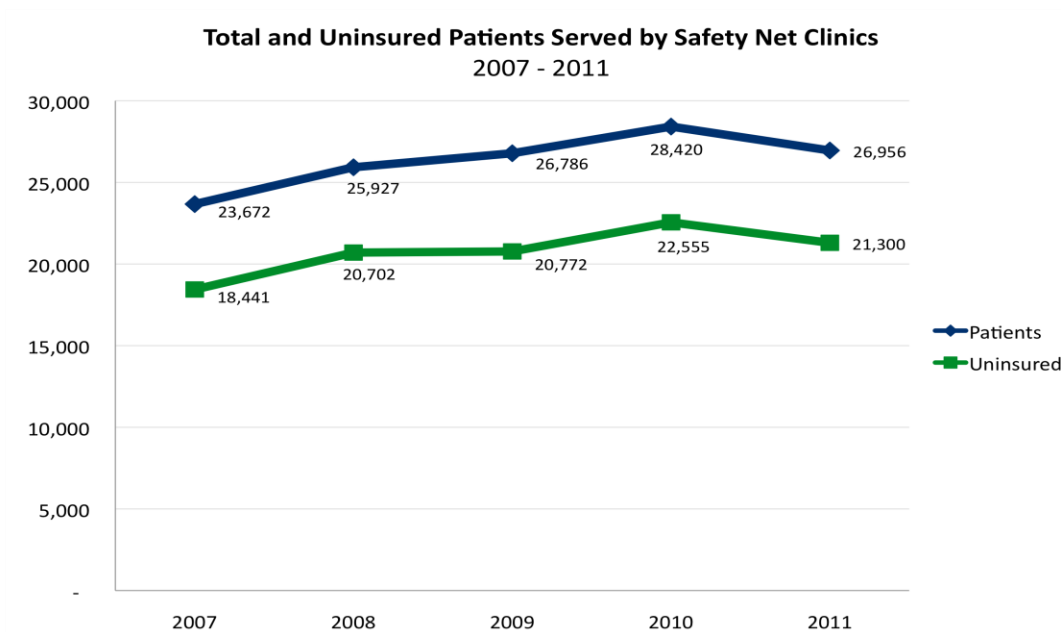
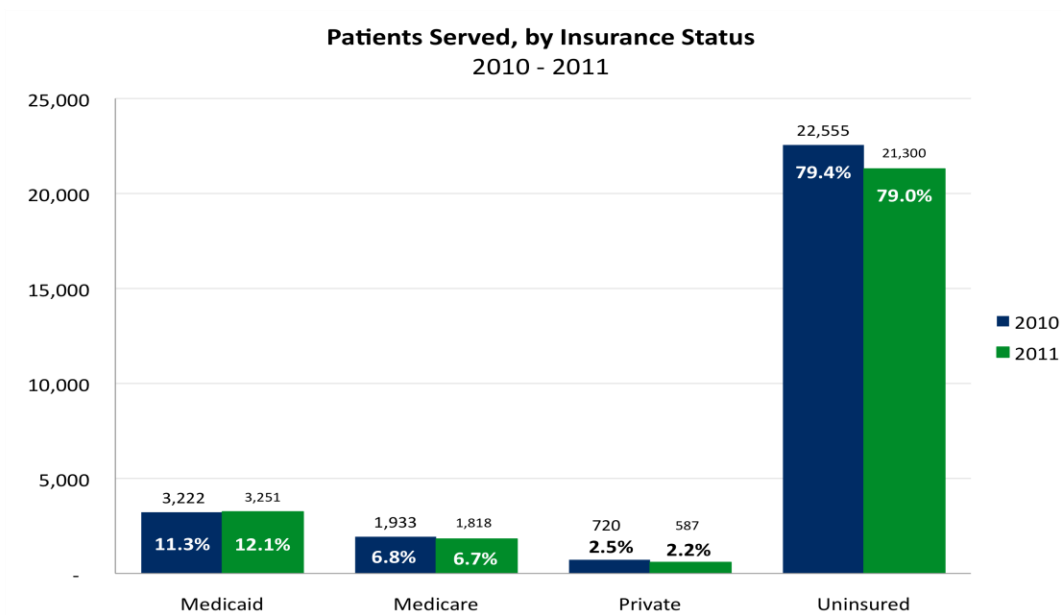
## **2011 Data**

### **I. Primary Care Capacity**

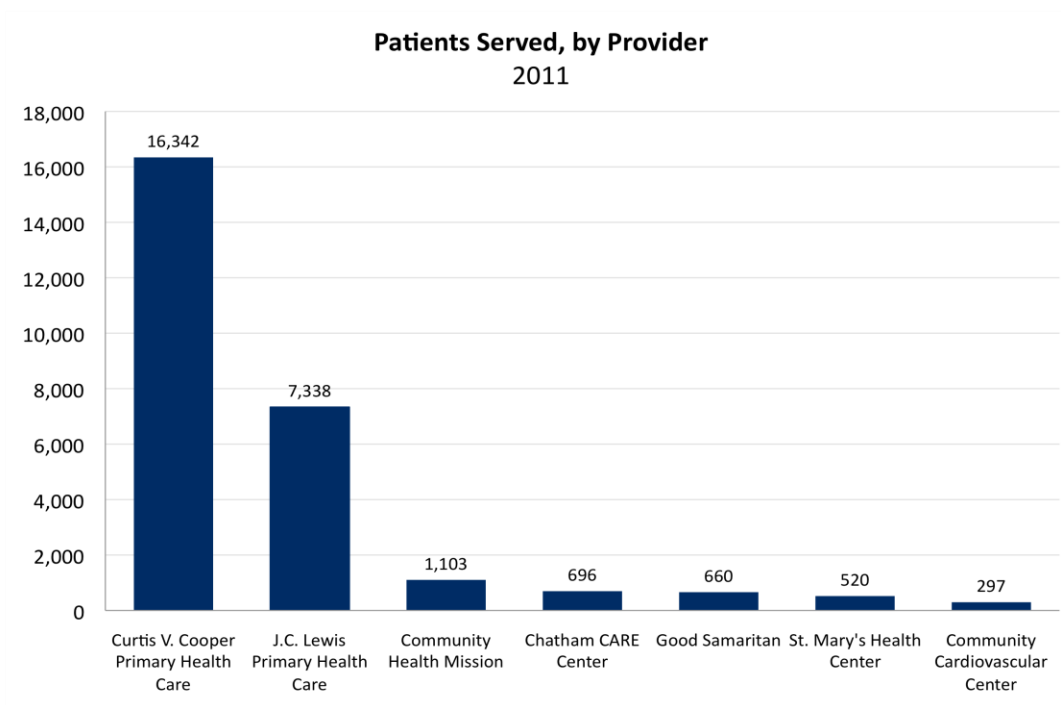
In 2011, the Safety Net Provider Network members experienced a decrease in the number of patients served reversing a trend that has continued since 2004. Historically, our providers have not had the ability of exchanging information in order to check for shared patients so the total number of patients served has always reflected some duplication across clinics. In 2010, our providers implemented measures to communicate more effectively with each other and with patients. By mutual agreement, they agreed not to count patients who were known to be registered with another provider and encouraged patients to select a medical home within the system. The reduction in patient numbers may represent a reduction in duplication across our tracking system as a result. Taking into account that duplications may still exist, the clinics reported serving a total of 26,956 patients in 2011. The proportion of patients who are uninsured across the CCSNPC system was 79.0%, similar to the proportion seen in 2010 (79.4%).

The Federally Qualified Health Centers are able to accept patients with Medicare, Medicaid and private insurance. These clinics also have the largest capacity, caring for 87.8% of the patients served in the CCSNPC provider system consistent with the percentage served by these clinics in 2010 (88.2%).



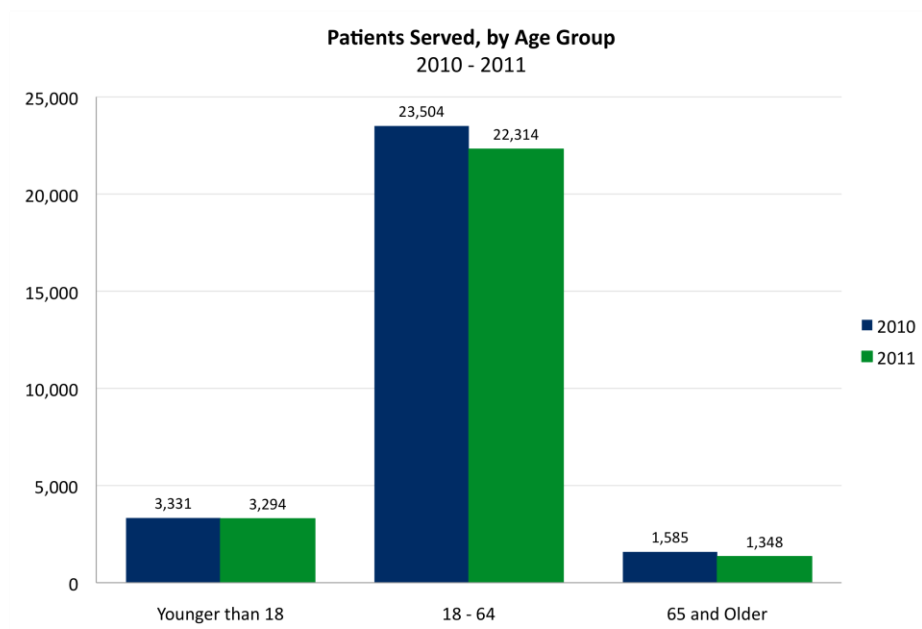
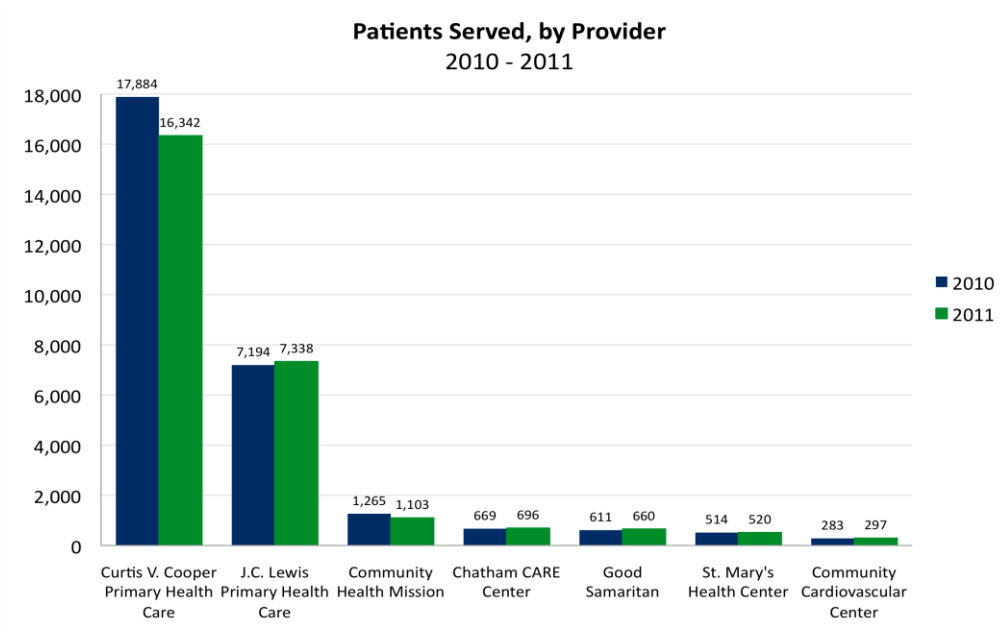


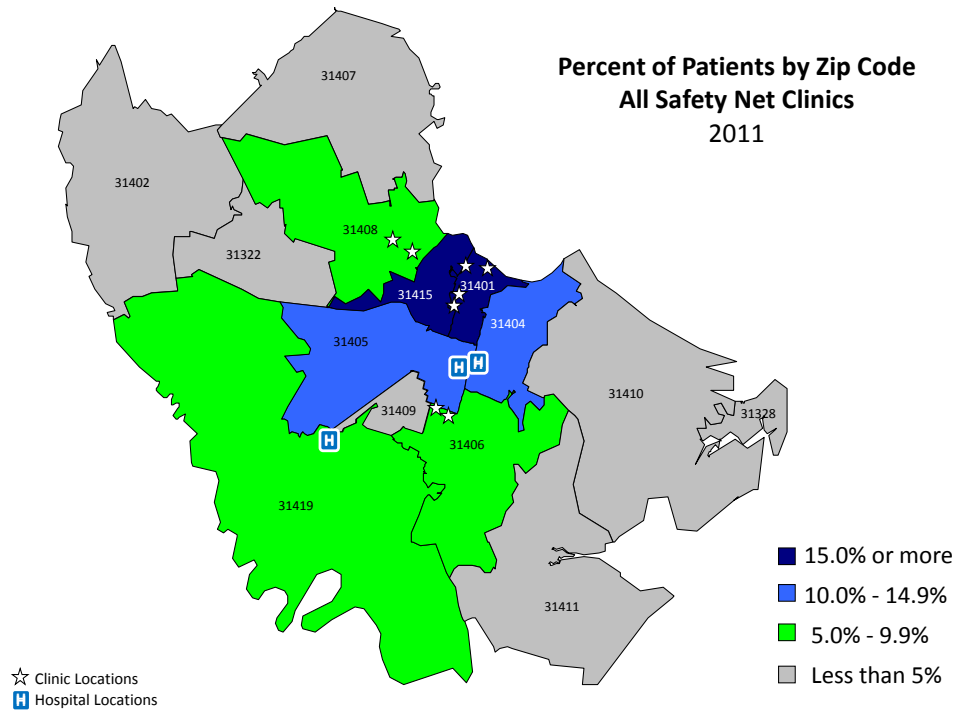
All CCSNPC provider clinics experienced an increase in patients served in 2011 except Community Health Mission and Curtis V. Cooper Primary Healthcare Center. The highest percentage increase (8%) since 2010 was noted at Good Samaritan.



Adults 18-64 made up 82.8% of the patients served in 2011, virtually unchanged from 82.7% of the patients in 2010. Those under 18 years old rose to 12.2% over 11.7% of the total patients 2010. The percentage over 64 years old decreased slightly to 5.0% from the 5.5% observed in 2010. Of the Safety Net Providers, only three provided care for patients in the under 18 or 65 and older age ranges: Curtis V. Cooper Primary Healthcare, J.C. Lewis Primary Healthcare Center, and Community Cardiovascular Council. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only.

Across all providers, the percentage of the patients from Chatham County cared for in the CCSNPC provider clinics increased from 2010, but was consistent with historic levels. In 2011, 93.2% of the patients were Chatham County residents versus 91.2% in 2010, 93.8% in 2009, 89.9% in 2008, and 93.0% in 2007. Federally Qualified Health Centers function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at J.C. Lewis Primary Healthcare Center are homeless and have no permanent address; however for the purposes of this report the assumption is made that they live in Chatham County.





The zip codes with the highest proportion of patients using Safety Net Providers in 2011 are 31401 and 31415, followed by 31404 and 31405. These are the areas of Chatham County with the high proportions of individuals living in poverty, a significant contributor to lacking health insurance according to the most recent poverty statistics by zip code. In 2010, the overall percentage of individuals living in poverty in Chatham County was 19.3%<sup>4</sup>. The CCSNPC primary care sites are located in zip codes 31401 or 31408 with the exception of the Chatham County Health Department Eisenhower site and Community Health Mission in 31406.

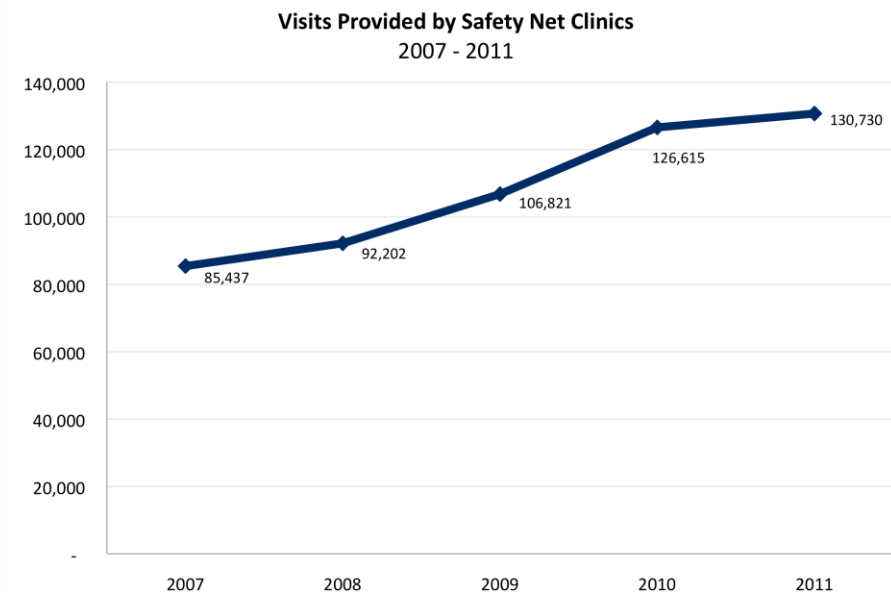
Individuals living in Poverty by Zip Code <sup>5</sup>			
Zip Code	%	Zip Code	%
31401	39.2	31406	10.5
31415	31.5	31328	9.7
31404	20.8	31419	9.5
31408	19.6	31302	8.2
31405	16.0	31322	8.0
31409	13.0	31410	3.8
31407	11.1	31411	1.3

<sup>4</sup> <http://factfinder2.census.gov>

<sup>5</sup> <http://factfinder.census.gov>

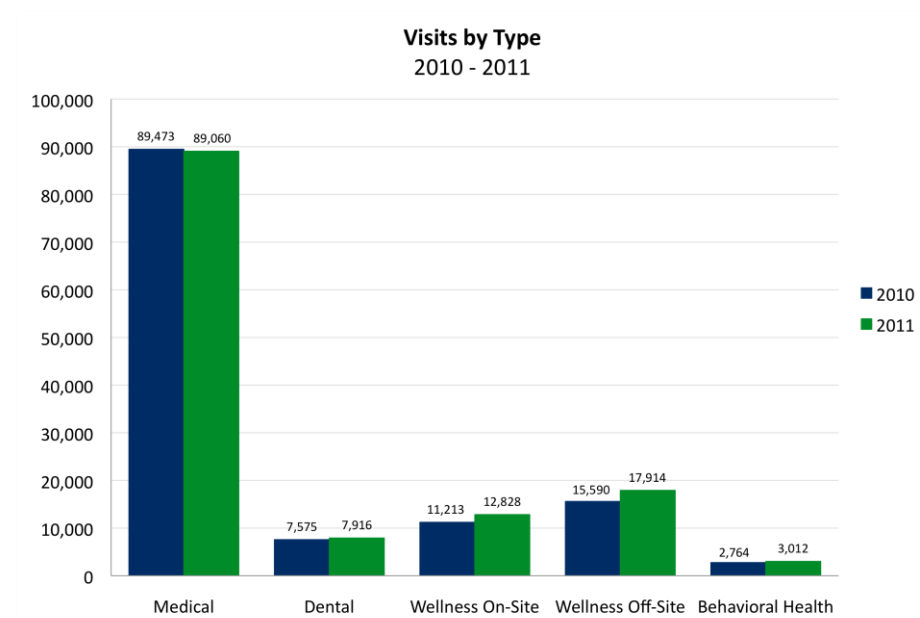
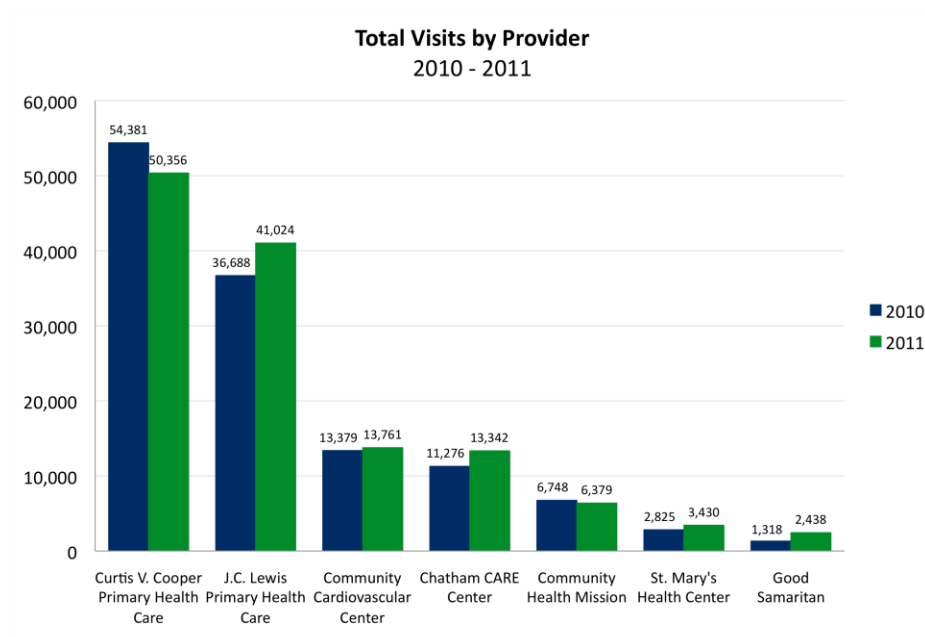


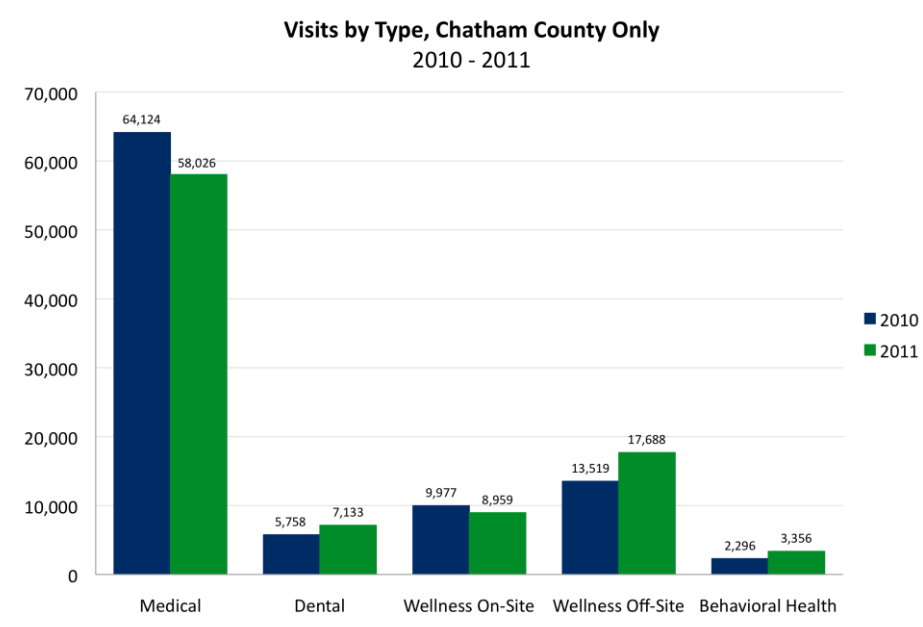
Clinic visits include medical, dental, behavioral health, and wellness on and off site. In 2011, 130,730 such visits were recorded, a 3% increase over 2010. As illustrated below, the CCSNPC clinic system has recorded an increase in visits of 53% since 2007. The overall increase in system visit capacity since CCSNPC began collecting data in 2004 is 87%. This represents an average 12.4% increase each year. During the seven year period, an FQHC (JCLPCC) has expanded services to new patient populations, new clinics have been added (Good Samaritan in 2007), new facilities have been acquired (St. Mary's Health Center in 2008), hours have been expanded and programs added to accomplish this growth in the CCSNPC system.



Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 69.9% of the visits in 2011, slightly lower than previous years. Previously the proportion has remained relatively steady between 72% and 75% since 2007 (73.9% in 2009, 75% of visits in 2008, 73.6% in 2007, and 71.9% in 2010). Only two providers reported fewer visits in 2011, both of which experienced decreases in overall funding requiring them to limit hours of operation.

The Safety Net Providers offer a number of different services to their patients. In 2011, primary care visits with a nurse or doctor represented 68.1% of all visits, dental 6.1%, behavioral health 2.3%, and wellness 23.5%. These proportions were similar to those observed in 2010 except for a 2.5% decrease in the proportion of medical visits mirrored by a similar increase in the proportion of wellness visits. Of the medical visits, 65.2% were by Chatham County residents. In conjunction with these visits, CCSNPC clinic provided 127,443 laboratory tests and 4,606 radiology studies for patients in 2011 versus 121,101 laboratory tests and 2,163 radiology studies in 2010.





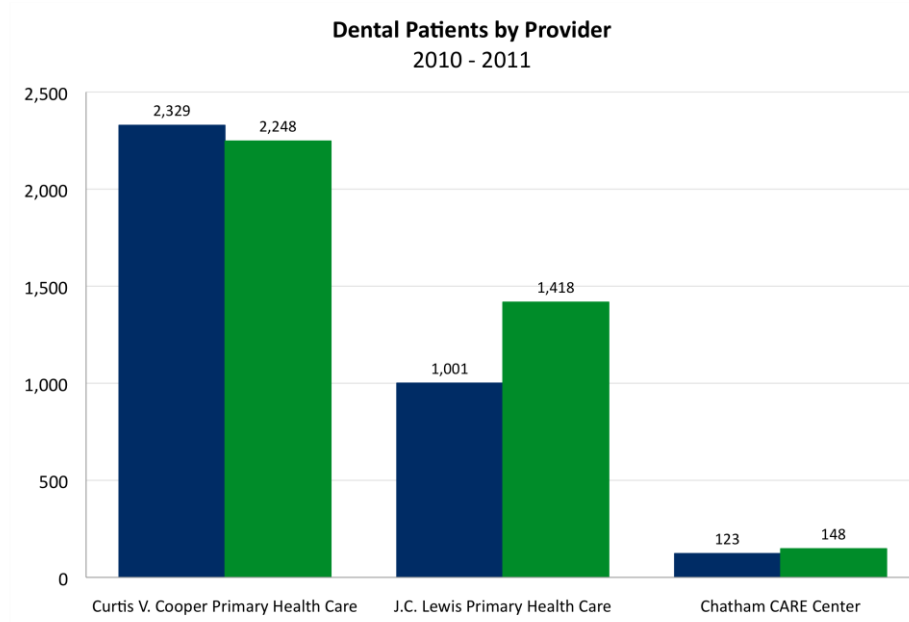
## II. Other Healthcare Delivery

### Dental Care

According to the Mayo Clinic website, although the eyes may be the window to the soul, the mouth is a window to the body's health. The state of a patient's oral health can offer lots of clues about their overall health.<sup>6</sup> CCSNPC has recognized the importance of oral health to overall health since its formation. At the 2005 Strategic Planning session, CCSNPC members made the expansion of dental care opportunities in the CCSNPC system a priority.

In 2011, there were 7,916 dental visits recorded in the Safety Net system to a total of 3,814 patients, a 4.5% increase from 7,575 visits in 2010 and a 10.5% increase from the 3,453 patients receiving dental care in 2010. In 2011, 50.9 % were cared for at CVCPHC and 37.2% were cared for at JCLPHCC's Peter Brasseler Clinic.

<sup>6</sup> <http://www.mayoclinic.com/health/dental/DE00001>



## Specialty Care

Providing specialty care to patients before their medical conditions become highly complicated can result in lower overall healthcare costs and fewer emergency room visits and/or hospitalizations. All of the Safety Net Providers actively seek specialty care beyond a primary care visit for their patients. Just over 7,393 referrals were made to specialty care on behalf of CCSNPC patients in 2011.

In 2010, the top unmet specialty needs by rank were: endocrinology, rheumatology, cardiology, gastroenterology, urology, general surgery, behavioral health, dental, and gynecology. In order of most commonly to least commonly identified, unmet needs in 2011 were recognized in gastroenterology, orthopedics, general surgery, endocrinology, gynecology/gynecologic surgery, rheumatology, ophthalmology, urology, neurology, otolaryngology, cardiology, and dental care.

## Pharmaceutical Assistance

Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC in 2005. CCSNPC providers use a number of different assistance programs and have had varying methods of tracking the medications provided and of calculating costs of medications. As a result, gathering data on the progress of pharmaceutical assistance within the CCSNPC system was difficult until 2009, when the first consistent data was obtained. In 2010, the combined efforts of providers totaled \$13,245,808 in prescription assistance to patients, an increase of 10.7% from 2009. In 2011, pharmaceutical assistance

increased another 7.9% to \$14,291,178. Curtis V. Cooper also has an on-site pharmacy for the convenience of their patients. On-site, CVCPHC filled 75,124 prescriptions in 2011.

Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper*	\$5,303,583
Chatham CARE	\$2,915,955
Community Health Mission**	\$2,145,864
J.C. Lewis***	\$3,655,129
St. Mary's**	\$270,647
<b>CCSNPC Total</b>	<b>\$14,291,178</b>
*Includes \$2,500,739 in prescription assistance provided by MedBank	
** Prescription Assistance provided through MedBank	
*** Includes \$1,969,110 in prescription assistance provided by MedBank	

At Community Health Mission, all pharmaceutical assistance is provided onsite by MedBank. Patients who are waiting to receive their medications from MedBank but cannot afford the cost are referred to St Joseph's/Candler pharmacy through MedBank. If funding for these medications is not available, patients are given a prescription for a \$4 generic or samples are provided to the patient.

At St. Mary's Health Center, the majority of patients are given generic prescriptions that cost \$4/month or \$10/3 months. If unable to afford that amount or if the patient needs non-generic prescriptions, a MedBank application is completed by an onsite representative from MedBank. MedBank offers a representative one day a week to assist our patients. Some medications are donated by Direct Relief and Americares and distributed to the patients; these are mostly over the counter medications.

At Good Samaritan, patients are prescribed using the \$4 medication formulary. Patients who cannot afford the cost of the medication are referred to Carter's Pharmacy. Good Samaritan Clinic has an account set up with Carter's Pharmacy and pays the cost of patient's medications. These prescriptions are paid for by the SJ/C Mission Services Department and credited to community benefit.

The Community Cardiovascular Council's blood pressure clinics provide a variety of anti-hypertensive agents and potassium supplements for our patients, at little or no cost. The clinic formulary is supplied from three sources: pharmaceuticals provided by the State of Georgia through a contract with the Stroke and Heart Attack Prevention Program of the Department of Community Health, pharmaceuticals obtained from the "Patient in Need" programs of the major pharmaceutical companies (same service as provided by MedBank), and pharmaceuticals purchased by the Community Cardiovascular Council from wholesale pharmaceutical suppliers.

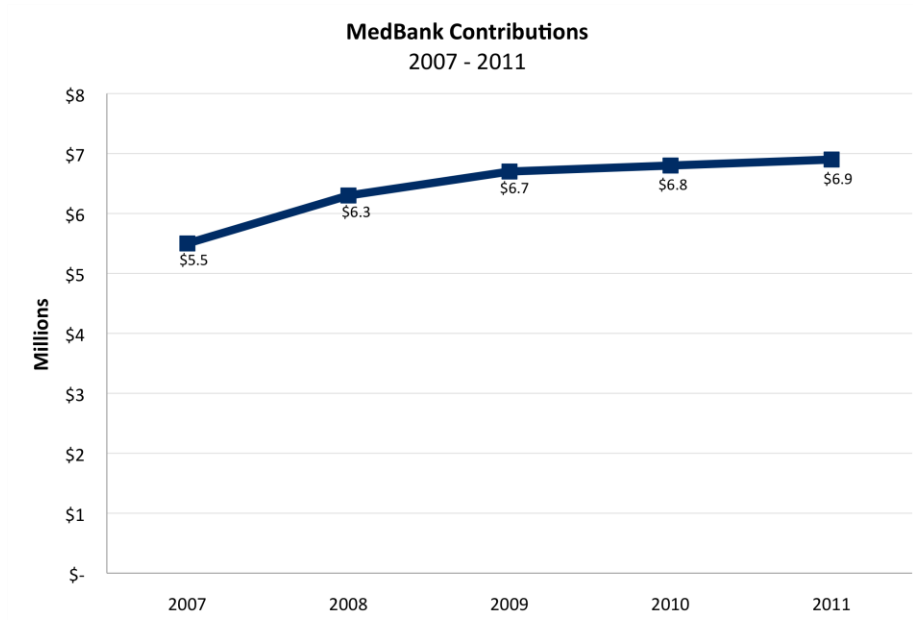
At the Ryan White Clinic, Chatham CARE, uninsured patients are enrolled in the AIDS Drug Assistance Program (ADAP) for the majority of HIV related drugs and the prescriptions are filled on site at the contract ADAP pharmacy. Currently, the ADAP in GA has a waiting list so applications are sent, wait list letters received and then patient assistance medications are obtained from individual HIV drug companies so clients can begin treatment. In addition, the pharmacy stocks and dispenses primary care medications on site. If a patient needs a drug not available on formulary, they either order it or have prescriptions filled at retail store where they have a direct bill account. In addition, for some chronic medications not covered on ADAP, case managers complete Patient Assistance Applications to various drug companies for free medication. For the last two years Chatham CARE has also funded a “co-pay” assistance program for patients who cannot afford their Medicare D or private insurance co-pays but do not qualify for ADAP or Low Income Subsidy (care D). Clients are income qualified by case management for short-term assistance. Additionally, all HIV medications have a co-pay assistance card from each individual company to assist with co-pays for insured clients.

At Curtis V. Cooper Primary Healthcare, prescription assistance is provided through a contractual relationship with Pfizer Pharmaceutical Company. An additional prescription assistance program is administrated by CVCPhC in collaboration with MedBank on site. Applications are taken from CVCPhC patients who are uninsured and have limited income. Patient applications for medication assistance are submitted, reviewed, and approved by various pharmaceutical companies including Pfizer pharmaceutical company.

At J.C. Lewis Primary Healthcare Center, Medication Services are provided by 1.0 FTE Pharmacist and 1.0 FTE Pharmacy Technician. JCLPHCC and MedBank, Inc. have a formal agreement. As a result of the agreement MB has a 1.0 FTE Patient Assistants Processor on-site at JCLPHCC processing applications for the uninsured, underinsured, and homeless patients of the health center. MB accesses pharmaceutical companies’ free medication programs (Patient Assistance Programs) in order to provide medications to uninsured individuals in the community.

The onsite full time employee completes reviews and submits the applications and documentation required by the pharmaceutical companies. Patients who are waiting to receive medications from pharmaceutical companies or need a prescription for an acute illness and have no income receive assistance from the JCLPHCC discount medication program. JCLPHCC uses Quantum Sufficient 1 (QS/1) Data Systems to inventory medications received and distributed by the Pharmacist.

MedBank, an area private non-profit organization, offers prescription assistance to uninsured and under-insured low income patients has been developing a model to provide this assistance within the CCSNPC provider system for several years. This model provides on-site staff at all four CCSNPC clinics (J.C. Lewis Primary Health Care Center, Curtis V. Cooper Primary Healthcare, Community Health Mission, and St. Mary’s Health Center) as well as its headquarters sites located in Midtown. Because of this diligent work to bring pharmaceutical assistance to the patients, MedBank has grown from providing \$2.4 million worth of prescriptions (wholesale value) in 2005 to \$8.2 million in 2012, \$6.9 million of which was within the CCSNPC provider system.



### III. Emergency Departments

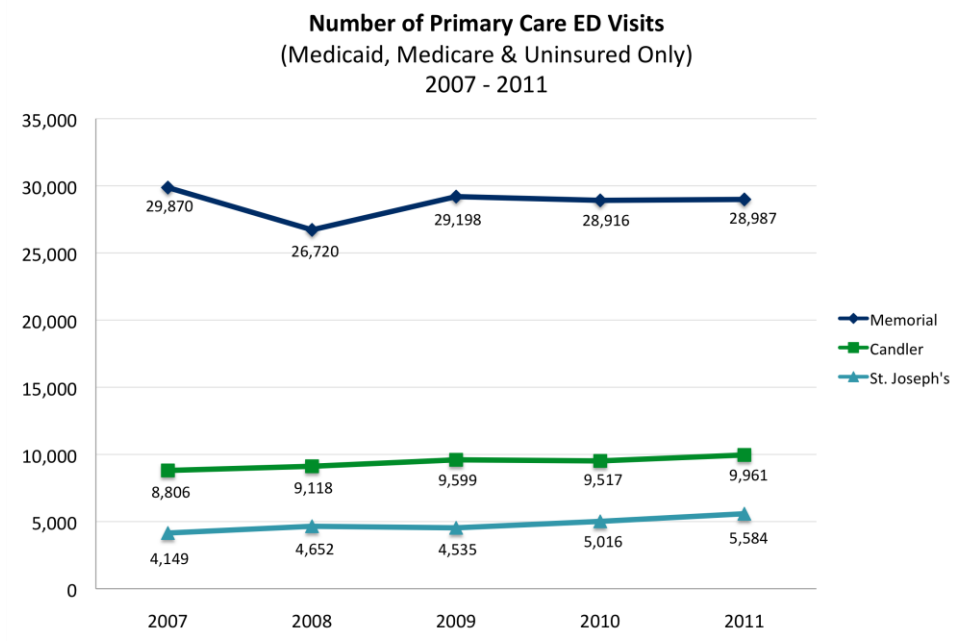
For many citizens without health insurance, the expenses associated with medical visits and prescription drugs discourage them from seeking ongoing primary and preventive healthcare. As a result, medical care is sought later in the disease process when symptoms become acute and more difficult to manage or reverse, often at hospital Emergency Departments. By definition, Emergency Departments do not offer long term care for chronic disease and are considered the most costly resources for primary care on a per visit basis. Health outcomes for the individual and the community are likely to be less favorable. The sick become sicker at a higher cost to an individual's health and a community's resources. Historically, CCSNPC has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. In 2011, Chatham County based emergency departments continued to track primary care, defined as Acuity Level 1 and 2 visits in the Emergency Department system on a scale of 1 through 5. Citizens who are uninsured, self pay, or have Medicare and Medicaid are reported as a single group.

In 2011, the total patient count for the MUMC, SJ/C Candler and SJ/C St. Joseph's Candler was 20,812, 7,752 and 4,466 respectively, for a total of 33,030 patients, a 3.0% increase over the 32,078 in 2010 and 4.8% increase over the 31,528 patients recorded in 2009. These patient numbers may represent duplications across the ED system as patients may have visited 2, or all 3, EDs during the year. The ED at MUMC saw a small fraction of a percentage increase in the number of patients seen from 2010 to 2011. The ED at Candler saw a 3.3% increase and the ED at St. Joseph's saw an 8.7% increase. The age group distribution is 34.3% under 18 years (11,345), 57.4% ages 18-64 years (18,946), and 8.3% ages 65 and older (2,739). The proportion

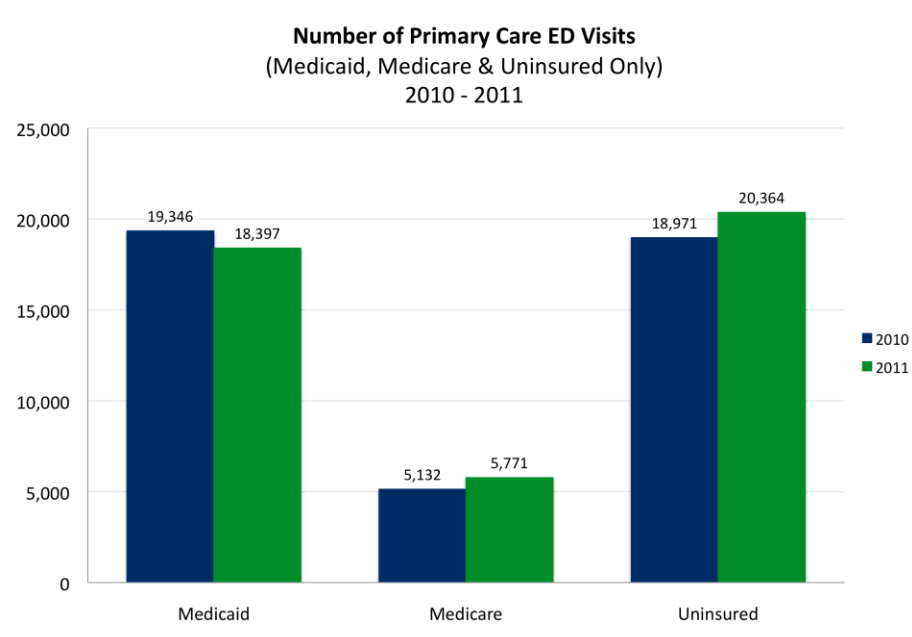
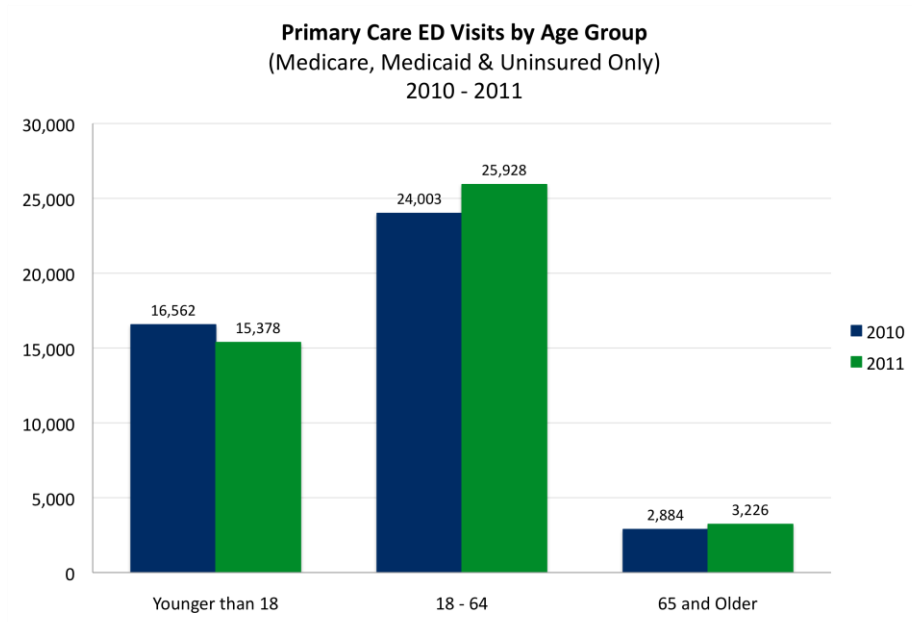
of uninsured patients was 48% (15,733). Chatham County residents (27,471) made up 83% of the patients visiting EDs for Acuity 1 and 2 visits in 2010.

The total number of Acuity I and II visits provided in the hospital Emergency Departments in 2011 was 44,532, a 2.8% increase over the 43,449 visits recorded in 2010. In 2011, 65.1% of the visits were provided at the MUMC ED, 22.4 % at the SJ/C Candler ED, and 12.5% at the SJ/C St. Joseph's ED site. In 2010, 66.6% of the visits were provided at the MUMC ED, 21.9 % at the SJ/C Candler ED, and 11.5% at the SJ/C St. Joseph's ED site. For Acuity Levels 1 and 2, MUMC ED visit numbers increased 0.25% since 2010. SJ/C Candler ED experienced a 4.7% increase from 2010. SJ/C St. Joseph's ED saw an 11.3% increase in the number of visits from 2010.

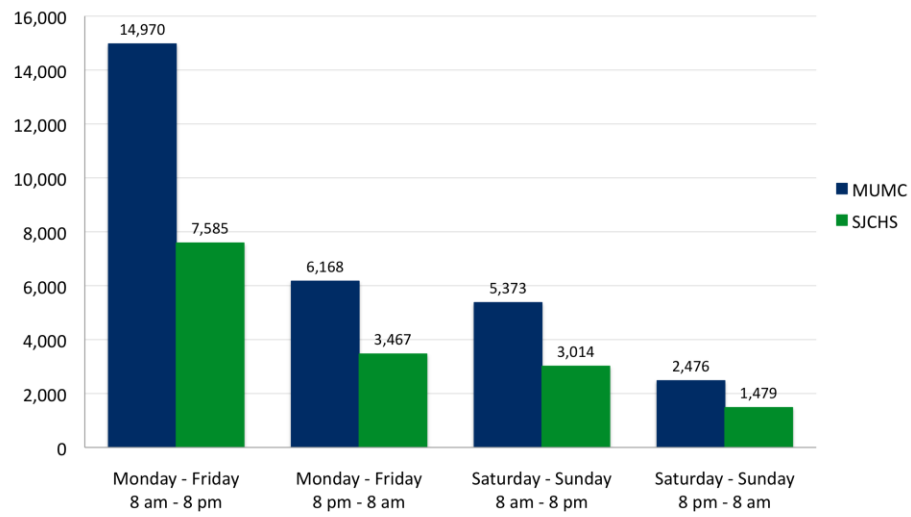
Adults ages 18-64 accounted for 58.2% of the visits to the Emergency Departments, an increase from 55.8% in 2010, 53.7% in 2009, and 53.6% in 2008. Children under 18 years old made up 34.5% of the visits, a decrease from the 38.2% in 2010, 40.7% in 2009, and the 2008 proportion of 39.8%. Those patients ages 65 and older accounted for 7.2% of the visits, up from 6.8% in 2010, 5.6% in 2009, and 6.6% in 2008. Approximately 41% of the patient visits to area Emergency Departments were covered under Medicaid. Another 46% of the visits were uninsured or self-pay in 2011. The proportion of visits covered by Medicare returned to the 2008 proportion of 13%.



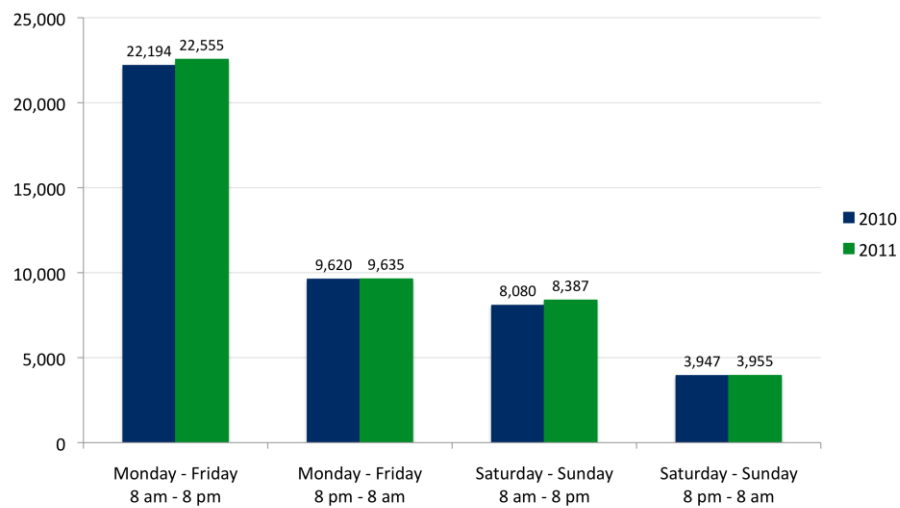




**Primary Care ED Visits by Day and Time**  
(Medicaid, Medicare & Uninsured Only)  
2011

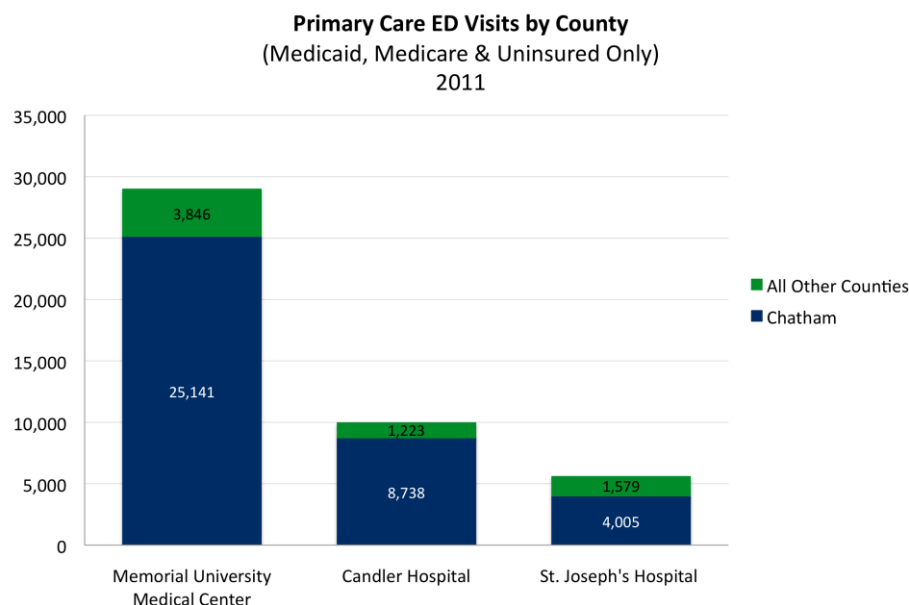


**Primary Care ED Visits by Day and Time**  
(Medicaid, Medicare & Uninsured Only)  
2010 - 2011



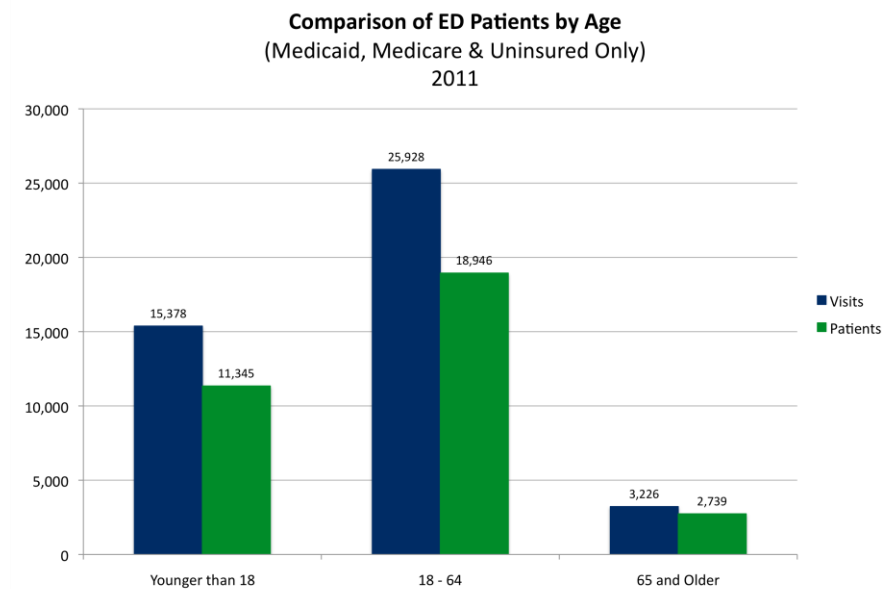
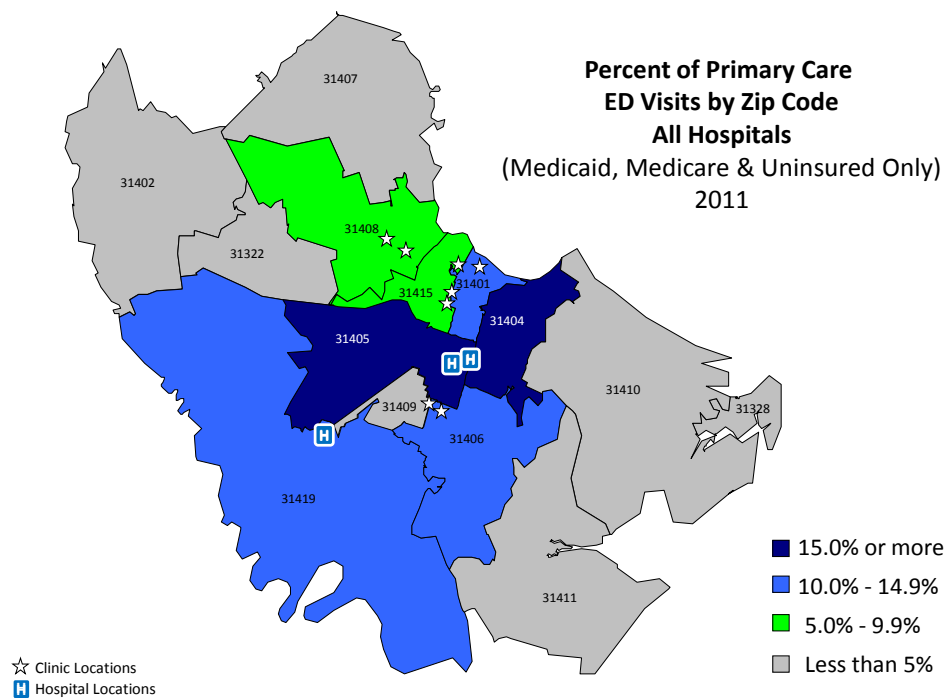
In 2011, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments (51%) continued to take place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 18.8% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 30.2% of the Acuity 1 and 2 visits to the EDs occur between 8pm and 8 am, Monday through Sunday. These proportions remain virtually unchanged from 2009 and 2010.

Across all three Emergency Departments, 85% of visits were Chatham County resident visits in 2011, the same proportion as 2009 and 2010. The proportion of Chatham County visits varied across the EDs: 86.7% in 2011 at MUMC (similar to the 87.6% recorded in 2010) and 86.1% in 2009), 87.7% at SJ/C Candler ED (down from 92.7% in 2010 and 88.1% in 2009), and 71.7% at the SJ/C St. Joseph's ED (down from 74.6% in 2010 and 71.9% in 2009). The location of the SJ/C St. Joseph's ED in the southern portion of Chatham County makes it the most convenient to patients travelling from counties located south of the area which may explain why the proportion of out of county ED visits is highest at that location.



The Chatham County zip codes with the highest percentage of visits come from 31404 and 31405 as observed in 2009 and 2010. These two zip codes are in the top five as far as individuals living in poverty. (See Page 16) No Safety Net Providers are located in either of these zip codes. The largest volume Safety Net Provider, Curtis V. Cooper Primary Healthcare is located in 31401 adjacent to the 31404 zip code. Near 31405, but located in 31406, the Community Health Mission accepts only eligible adults between ages 18 and 64. The Chatham County Health Department, which provides limited, special program based services, is also located in 31406. Taking into account that duplications may exist across the system in the number of patients seen, the overall visit/patient ratio is 1.35 visits/patient/year. (1.4 in 2010). This varies little across the

ages groups under 65 (1.36 in those younger than 18 and 1.35 in adults ages 18-64). The visit/patient ratio in the 65 and older age range is 1.18 visits/patient/year.



#### IV. Business and Financial Data

CCSNPC Safety Net Providers use a variety of healthcare models to organize and deliver healthcare. Across the country primary healthcare delivery is varied, but can be categorized into three models, the physician model, the nurse managed model, and the medical home model.<sup>7</sup> Each has its own advantages and limitations.

In the physician model, a physician is assigned and is responsible for virtually all of the patient contact. Other healthcare providers may assist physicians but provide only a small percent of the direct patient care. This model has the advantage of providing patients with ongoing contact with a single provider at the highest level of training and, if any of the patient encounters are reimbursable through a third party; they are paid at the highest levels of reimbursement. However, this model is associated with the highest staffing costs, creates a high physician workload, and is difficult to implement in specialties and locations plagued with physician shortages.

The nurse-based model is managed by advanced practice nurses or nurse practitioners. Physicians collaborate to provide consultation and oversight according to state guidelines. In areas with physician shortages or other access to care limitations, nurses can significantly increase the amount of primary care provided to a community, often at a significantly lower cost. However, some states, including Georgia, have been slow to grant nurse practitioners the right to provide more than basic primary care so difficult, chronic cases must still be seen by physicians. Also, if any services are reimbursed, the rate is often lower for care provided by a nurse practitioner than it is for care provided by a physician, impacting the overall operating budget for a clinic.

The medical home model consists of a team of any number and type of healthcare providers supervised by a physician. The physician may provide some of the direct patient contact, but other healthcare providers (nurses, social workers, health educators, etc.) may assume a majority of the one on one interaction with a patient, lowering the physician workload while maintaining needed contact with patients. Much current discussion identifies this model as ideal,<sup>8</sup> particularly for providing ongoing treatment for chronic disease at a lower overall cost than the physician model while maintaining physician management of the healthcare team. In 2010, the CCSNPC teamed with Healthy Savannah, Savannah Business Group, and Chatham County Health Department to formalize the community's commitment to the patient centered medical home model.<sup>9</sup>

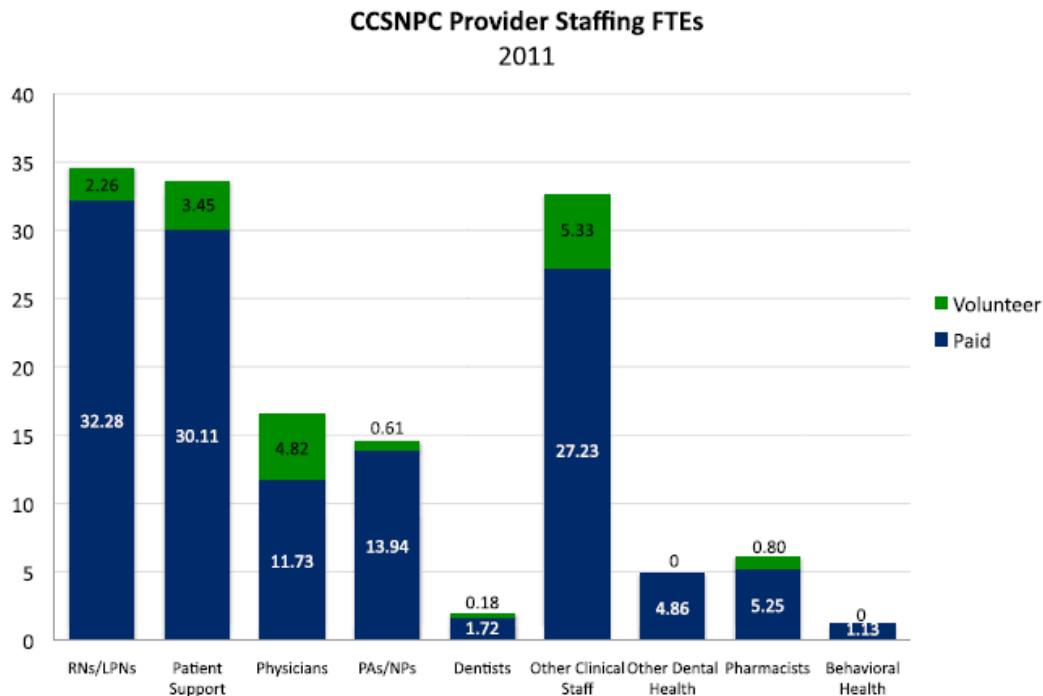
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<sup>7</sup> [http://www.acponline.org/advocacy/where\\_we\\_stand/policy/np\\_pc.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf)  
<http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccessstoCoordinatedPrimaryCare62008withL.pdf>

<http://www.nationalnursingcenters.org/policy/NNCC%20Study%20Preview%20Factsheet%208.2007.pdf>

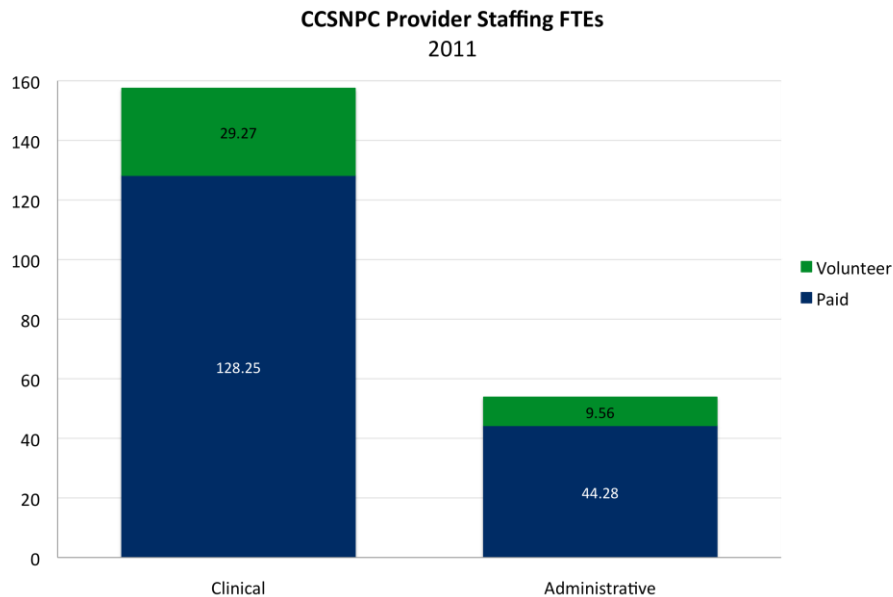
<sup>8</sup> <http://www.pcpcc.net/>

<sup>9</sup> <http://www.pcpcc.net/content/savannah-primary-care-medical-home-project>



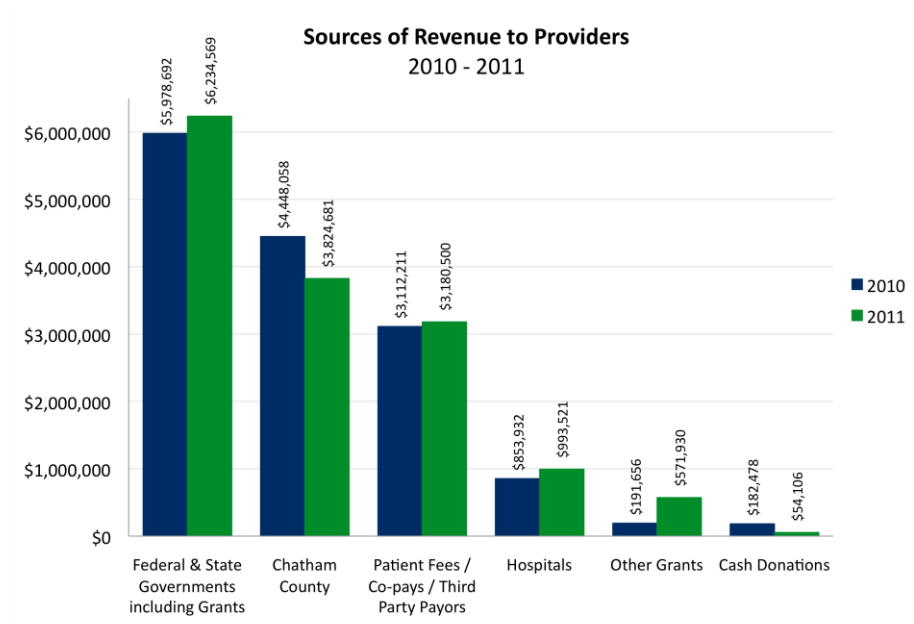
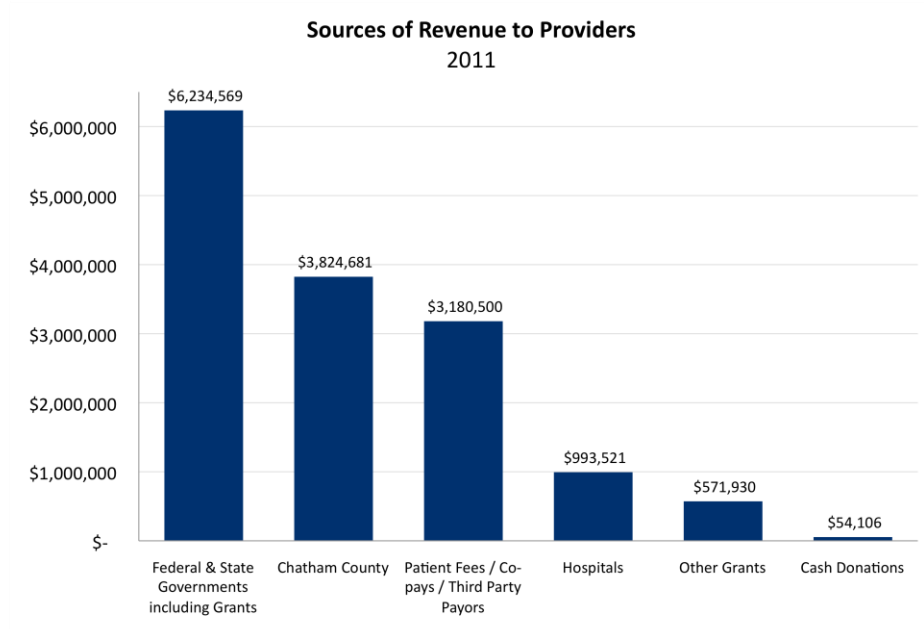
In practice, the CCSNPC healthcare clinics may provide a blend of the above models depending on individual patient needs. A patient who is seen only once a year may only see a physician or nurse practitioner, while someone who needs regular visits and continuing health education for management of a condition such as diabetes may be seen most often by a mixed team of physicians, nurses, case managers, counselors, and specialists.

The equivalent of 16.55 FTE physicians and 14.55 FTE “mid-level” physician’s assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2011. In the nursing and medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year. Registered nurses and licensed practical nurse constitute 34.54 FTE’s throughout the system, contributing vital support to the care provided by other healthcare professionals which is not reflected in the patient visit data. Patient support staff provides education and case management. The CCSNPC system includes 33.56 FTEs in this category. Other clinical staff (32.56 FTEs) such as lab personnel supports the team. Dentists (1.90 FTEs) in the CCSNPC system are supported by 4.86 FTE employed dental staff. Employed and volunteer pharmacists account for 6.05 FTEs and 1.13 FTEs of Behavioral Health positions complete the array of health care providers. A total of 53.84 Administrative FTE’s support the clinical staff. The proportion of caregivers to administrative staff across the system 2.9 to 1.



A total of \$14,861,318 came into the CCSNPC provider system in 2011, a 0.6% increase over \$14,767,027 into the CCSNPC provider system in 2010. Federal and state grants provided 42% of the funding. Chatham County Government provided 25.7% of the total and fees from co-pays and billing provided 21.4% of the total cash resources. The remaining 6.7% came from the hospital systems, 3.8% from private grants, and 0.4% from private donations.

Patient fees and co-pays gathered by the FQHC's increased 2.2% from 2010 to 2011 which mirrors the 3% increase in the number of visits in the system. All other funding sources also increased over 2010 except cash donations and the Chatham County Government contribution into the provider system. Cash donations fell \$128,372 or 70.3%. The promise of coverage through the Affordable Care Act may have significantly impacted local private cash contributions to the CCSNPC system. The Chatham County Commission voted to allocate 10% of the Indigent Care Fund budget to support the CCSNPC project, ChathamHealthLink, which benefits the entire provider system. This reallocation accounts for the decrease in Chatham County funding to the provider system for direct patient care.





## V. Population Health Data

In past years the CCSNPC Evaluation process has successfully compiled data from our partner providers related to access to care. For the first time, providers agreed to begin the process of agreeing upon data points to submit, collect, and compile to follow quality of care and health outcomes. To begin the process, our partners agreed to submit a list of the top five most common diagnoses in their clinic population, report the number of patients seen with diabetes, the number of patients with diabetes who had two or more visits per calendar year, the most recent HbA1C values of the patients with diabetes who had visited two or more times a year, and the number of patients who self reported that they are smokers. MedBank agreed to supplement these data points with the list of medications most often provided free of charge to CCSNPC patients.

The results were mixed, based primarily on each provider having collected the exact data points throughout the year and the ability to collect the required data points from their records. However, enough information was supplied to begin to create a picture of our clinic population's health to build upon in future evaluations.

The most common diagnosis noted across our providers is high blood pressure/hypertension. This diagnosis ranked most common or second most common for all six providers. The next four most common were diabetes, obesity, hypercholesterolemia, and hyperlipidemia. All five of these diagnoses are components of the spectrum of metabolic syndrome. Metabolic syndrome is “a name for a group of risk factors that occur together and increase the risk for coronary artery disease, stroke, and type 2 diabetes.”<sup>10</sup> According to the American Heart Association and the National Heart, Lung, and Blood Institute, metabolic syndrome is present if you have at least three of the following: blood pressure equal to or higher than 130/85 mmHg, fasting blood sugar equal to or higher than 100 mg/dL, central obesity as measured by a waist circumference of 40” or more for men and 35 inches or more for women, a low HDL (high density lipoprotein), and triglycerides of 150mg/dL or higher.<sup>10</sup> People with metabolic syndrome have a high risk of developing type 2 diabetes and cardiovascular disease. In the future, it will be valuable to track admissions to local hospitals for complications of diabetes and cardiovascular related events to further investigate the impact of metabolic syndrome in our patient population.

Additional common diagnoses which were reported include depression, anxiety, and mood disorders, which, if taken as a group are together as common as some of the risk factors for metabolic syndrome. Other common diagnoses were asthma, kidney disorders, orthopedic problems, and urinary tract infections. Chatham CARE is a Ryan White clinic for the comprehensive care of patients with HIV/AIDS. It follows that the most common diagnosis reported from that provider setting is HIV/AIDS.

Three of the top four most common medications supplied by Medbank are for metabolic syndrome related health problems: Lipitor for high cholesterol and Norvasc and Accupril for hypertension. Neurontin for nerve pain and Proventil for Chronic Obstructive Pulmonary Disease (COPD) and bronchospasm complete the top five most commonly supplied medications. Other commonly supplied drugs include Singular for asthma, Nasonex for allergies, Celebrex- an

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<sup>10</sup> <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004546/>

anti-inflammatory, Zoloft for depression, Nexium for gastro-esophageal reflux disease, and Advair for COPD and asthma.

Across the system, providers reported that 3,071 patients with diabetes received care in 2011. The provider with the highest number of patients with diabetes is Curtis V. Cooper Primary Healthcare Center with 2,013 and the provider with the fewest is Good Samaritan at 61. All except one provider (GS) were able to report the number of patients with diabetes who had two or more visits in 2011. This ranged from 100% at Curtis V. Cooper Primary Healthcare Center and St. Mary's Health Center, 96% at Chatham CARE, 93% at J. C. Lewis Primary Health Care Center to 59% at Community Health Mission. HbA1c<sup>11</sup> is a laboratory test that is an indicator of the average glucose level in the blood and is used to follow the management of diabetes. For 2011, levels were reported as 7 or below (considered a healthy range), 7.1-9 (high) and 9.1 and above (very high). Levels were reported for a total of 2,484 patients across the system with 739 (30%) being in the 7 or below (healthy) range, 848 (34%) being in the 7.1-9 (high) range, and 897 (36%) being in the 9.1 and above (very high) range. The distribution varied widely across the providers.

With 5 out of 6 clinics able to find the information, a total of 6432 patients were found to have self reported that they were smokers. This number represents 24% of the total number of patients reported to have been seen in the CCSNPC system in 2011. There is an unknown about duplication in this number and no standardized way of collecting this information within providers or across our providers yet.

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<sup>11</sup> **HbA1c** is a lab test that shows the average blood glucose (sugar).  
<http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>

### **Progress on 2010 Recommendations**

The following is a summary of progress to date on the recommendations made based on the 2010 Evaluation.

- Answer the needs of the increasing numbers of Chatham County citizens living in poverty, without employment and without health insurance, by continuing to expand access to care for the un/underinsured.

In 2011, CCSNPC experienced shifts in funding causing some providers to adjust services and hours of operation. Despite this challenge, patient visits across the system continued to rise to 13, 730.

- Continue the practice of encouraging patients to seek care for chronic diseases at a medical home rather than an ED and expand capacity to care for children so that parents have an alternative for care for their children other than area EDs.

The number of patients documented decreased 5.2% to 26, 956 patients in 2011. The decrease is largely due to fewer patients who were not residents of Chatham County. Providers have also cooperated in encouraging patients to choose a medical home. Therefore, a decrease in patients served may be due to decreased duplication across the provider system.

- Continue to engage specialty physicians and develop protocols for specialty care.

Specialty Care for uninsured patients continues to be a challenge in our system. Few CCSNPC wide measures were successful in addressing this issue in 2011.

- Offer pharmaceutical assistance to more patients

The wholesale value of pharmaceutical assistance rose to \$14,291,178, a 7.9% increase from 2010. MedBank and the CCSNPC Providers worked together to ensure that clinics were able to provide reliable resources for medications for patients in need.

- In keeping with expanding access to care, linking patients to medical homes, engaging specialty physicians, continue CCSNPC's partnership with Healthy Savannah, Chatham County Health Department and Savannah Business Group to develop the Savannah Primary Care Medical Home Project and encourage CCSNPC partners to receive accreditation as Medical Homes.

CCNSPC providers continued to strive to meet the criteria to become certified Medical Homes in 2011. Success is anticipated in 2012.

- Build on past successes to continue to apply for and receive state, federal and private funding to for CCSNPC partners, both individually and collaboratively.

Membership in a successful and sustainable Safety Net system continues to be an asset to our partners and providers in applying for grants. CCSNPC participated with Savannah Business Group and the Chatham County Health Department in a community assessment of Childhood Obesity funded through United Healthcare and NBCH/CCHI

- Complete the adoption of Electronic Medical Records (EMRs) within the CCSNPC system and expand linkage to ChathamHealthLink, CCSNPC's Health Information Exchange.

In 2011, ChathamHealthLink underwent a comprehensive technological and functional review. This assessment allowed detailed plans to be implemented to allow for expanded capacity, upgraded reliability and features and enhanced security to be implemented beginning in December 2010. A similar assessment was performed by the Georgia Department of Community Health. ChathamHealthLink scored high in readiness and organization.

- Anticipate and prepare the Chatham County community for future healthcare reform through community forums and outreach to key governmental, business and citizens groups.

As our nation struggles with finding the right solution to provide healthcare and promote health for all, CCSNPC has been a positive voice in the community for open doors for those in need.

## **Conclusions**

- In 2011, the CCSNPC primary care provider network experienced a slight decrease in the number of patients served. The reduction in patient numbers could have been the result of efforts among providers to reduce duplication across the system and decreases in funding causing limited hours of operation. Many providers who have adopted electronic medical records across the country have noted a temporary slowdown in work flow as a result of this change.
- CCSNPC providers recorded 130,730 clinic visits, a 3% increase over 2010. Increases were recorded in dental and wellness visit categories. In 2011, outreach partnerships among providers were implemented and care management services were added. In addition, the average visits/patient suggests that patients have a found medical home and are returning to it for care.
- Providing adequate specialty care to the uninsured continues to be a community challenge. Solving this complex healthcare access issue will require resources beyond the primary care partners in the Safety Net. In 2011, 7,393 referrals were made for specialty care on behalf of CCSNPC patients. All CCSNPC providers still express a high volume of unmet needs in specialty care especially in the areas of Gastroenterology, Orthopedics, General Surgery, Endocrinology, Gynecology/Gynecologic Surgery, Rheumatology, Ophthalmology, Urology, Neurology, Otolaryngology, Cardiology, and Dental Care.
- Pharmaceutical assistance continues to increase due to the needs of the patient population and the sluggish economy. Medication assistance provided at clinic sites improves access and aids in compliance. Providing essential prescription medications can prevent unnecessary hospitalizations and emergency room visits. In 2011, the average wholesale value of the prescriptions provided to CCSNPC patients was more than \$14 million. A notable contributor to these numbers is MedBank which provided more than \$6.9 million in free medications to the CCSNPC patient population.
- The number of patients seeking primary care (Acuity 1 and 2) at Emergency Departments increased by 3% in 2011. Uninsured adults accounted for most of the increase in ED utilization. This might be due to the loss of coverage or changes in hours at the clinics. ED visits at St. Joseph's Hospital increased by 8.7%, the highest percentage increase. As in previous years, the majority of patients visited the ED for primary care only 1.4 times per year.
- Although both CCSNPC primary care providers and the hospital EDs accept patients without health insurance, data from 2011 again suggests that there is a different pattern of use of these two opportunities by the patient population. Patients visiting the CCSNPC clinics tend to be uninsured adults and visits per patient average 4.5 per year. ED patients tend to be insured under Medicaid or Medicare and include a much higher proportion of children under 18. The CCSNPC clinics treat a higher proportion of Chatham County residents. Although

ED usage continues, this data suggests that CCSNPC are gaining success in establishing medical homes for uninsured adults in Chatham County.

	CCSNPC Clinics		Hospital EDs	
	Number	%	Number	%
Visits	130,730		44,532	
Patients	26,956		33,030	
Average visits/patient	4.5		1.4	
Adults	22,314	83%	18,946	57%
Children	3,294	12%	11,345	34%
Uninsured	21,300	79%	15,733	48%
Chatham County	25,132	93%	27,471	83%

- Cash donations and the Chatham County Government contribution to providers decreased in 2011. Cash donations may have been impacted by the economy, reductions in funding from private foundations, and perceptions regarding the Affordable Care Act. While the Chatham County Government's support of ChathamHealthLink benefits the entire provider system, this reallocation accounts for a decrease in funding for direct patient care. With less funding, cost reduction measures including changes in hours of operation, may have had an impact on the number of patients accessing the CCSNPC system. However, patient visits across the system continued to rise.
- In 2011, partners agreed to submit a list of the top five most common diagnoses, diabetes disease management data, and the number patients that self reported smoking. The results were mixed but enough information was reported to begin to create a picture of the health of our clinic population. The most common diagnoses were high blood pressure/hypertension, diabetes, obesity, hypercholesterolemia, and hyperlipidemia.

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- The entire CCSNPC Evaluation Committee

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## Appendix A:

CHATHAM COUNTY SAFETY NET PROVIDERS AT A GLANCE						
2011 INFORMATION	<u>Curtis V. Cooper Primary Healthcare</u>	<u>J. C. Lewis Healthcare Center</u>	<u>Community Health Mission</u>	<u>SJ/C St. Mary's Health Center</u>	<u>SJ/C Good Samaritan</u>	<u>Chatham CARE</u>
<b>Type of Clinic</b>	Federally Qualified Health Center	Federally Qualified Health Center	Volunteer Clinic	Volunteer Clinic	Volunteer Clinic	Public Health/Ryan White funded HIV center
<b>Location(s):</b>	106 E. Broad Street 2 Roberts Street	125 Fahm Street Dental only: 107 Fahm Street Homeless sites: 3100 Montgomery St 2414 Bull St 9611 Middleground Rd	310 Eisenhower Drive	1302 Drayton Street	4704 Augusta Road	107 Fahm St
<b>Location Zip Code (s)</b>	31401, 31408	31401, 31405, 31406	31406	31401	31408	31401
<b>Population and Insurance accepted</b>	All individuals including Uninsured, Medicare, Medicaid, Private Insurance	All individuals Including Uninsured, Medicaid, Peachcare, and Private Pay	Financially Qualified Uninsured	Financially Qualified Uninsured	Financially Qualified Uninsured	All HIV + individuals Uninsured Medicaid, Medicare, Private Insurance
<b>Age Groups</b>	All	All	18-64	18-64	18-64	> 12
<b>Fees to see primary care provider</b>	Uses federal sliding scale to calculate co-pay- \$12 minimum	Uses federal sliding scale to calculate co-pay- no minimum	No charge to see on-site healthcare provider	No charge to see on-site healthcare provider	No charge to see on-site healthcare provider	Uses Ryan White sliding fee scale, anyone under 100% of federal poverty income guidelines is zero pay
<b>Number of Patients</b>	16,342	7,338	1,103	520	660	696
<b>Number of Visits</b>	50,356	41,024	6,379	3,430	2,438	13,342
<b>Average Annual Visits per Patient</b>	3.1	5.6	5.8	6.6	3.7	19.2
<b>Walk-ins accepted?</b>	Yes	Yes	No	Yes	Yes	Yes
<b>Pharmacy</b>	\$7 prescriptions at onsite pharmacy MedBank onsite for prescription assistance	Prescription Assistance	MedBank on-site for prescription assistance	MedBank on-site for prescription assistance	Referrals to MedBank for prescription assistance	AIDS Drug Assistance Program (ADAP) Contract Pharmacy on-site. Other needed medications provided through Ryan White funding.



<b>2011 INFORMATION</b>	<u>Curtis V. Cooper Primary Healthcare</u>	<u>J. C. Lewis Healthcare Center</u>	<u>Community Health Mission</u>	<u>SI/C St. Mary's Health Center</u>	<u>SI/C Good Samaritan</u>	<u>Chatham CARE</u>
<b>On site Primary Care</b>	Family Practice Internal Medicine Physicians Adult & Pediatric Nurse Practitioners Physician Assistants	Family Practice Internal Medicine Physicians Nurse Practitioners Pediatrics	Volunteer Family Practice and Internal Medicine Physicians Nurse practitioner Physician assistants	Nurse Practitioner Volunteer Family Practice physician	Nurse Practitioner Volunteer Family Practice physician	Family Medicine HIV Specialist Certified Nurse Practitioners – HIV Specialist Certified
<b>Off site Primary Care</b>	Two full time service locations	Nurse Practitioners clinics at sites throughout community	N/A	N/A	N/A	N/A
<b>On site Specialty Care</b>	Pediatrics OB-Gynecology Dental Internal Medicine Case Management	Women's Clinic Dental Clinic Health Education Case Management Podiatry	Internal Medicine Gynecology Podiatry Dermatology Cardiology Health Education Disease Management	Eye Clinic at St. Mary's Community Center open to patients from all providers	Nutrition, Physical Therapy, Orthopedics, Gynecology, Cardiology	Minor surgical procedures Adolescent Clinic Case Management, Health Education Annual eye clinic- GA Prevent Blindness
<b>Off site Specialty Referrals</b>	Referral appointments made by primary care provider	Referral appointments made by primary care provider	Referral appointments made by primary care provider to physicians who volunteer or reduce cost of service	Referrals to St. Joseph's/Candler network: physician to physician telephone consultation	Referrals to St. Joseph's/Candler network	Referral appointments made as indicated with community providers
<b>Laboratory</b>	On-site State Certified Laboratory Included in co-pay	Contracted with off-site company Included in co-pay, if any	Patient pays for most lab tests but best rate negotiated by clinic	Referrals within St. Joseph's/Candler network	Referrals within St. Joseph's/Candler network	On-site phlebotomy/collection. Specimens sent to private reference lab or state lab.
<b>X-rays</b>	On-site Read by local radiology group Included in co-pay	Contracted with off-site provider Included in co-pay, if any	Patient pays for X-rays at negotiated rate, some donated studies	Referrals within St. Joseph's/Candler network	Referrals within St. Joseph's/Candler network	Contracted with local off-site provider, paid with Ryan White funding