



2012 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 and low income eligible adult patients. Additional contributors to the data include MedBank, a pharmaceutical assistance provider; and Chatham CARE Center, a Chatham County Health Department Ryan White Clinic. Both hospitals, Memorial University Medical Center (MUMC) and St. Joseph's/Candler Health System (SJ/C) submit data from their Emergency Departments. Behavioral Health and Developmental Disabilities, Region 5, contributes data as well.

The Chatham County population in 2013 according to the Savannah Chatham County Community Indicators Coalition, convened by United Way of the Coastal Empire, was 279,103, a 5.27% growth from 2010 to 2013. Adults between 18 and 64 years old constituted 64% of the total population or 177,876 people. According to the American Community Survey¹ of the United States Census Bureau, it was estimated in 2011 the percentage of those adults, Ages 18-64 living in Chatham County, 26.0% or approximately 46,000 people, were without health insurance. The focus for insurability is on the 18-64 age group because Peach Care for Kids is available for children under 18 years old, and Medicare available for adults 65 years of age and older. Within the 18 to 64 age group, the largest age group without insurance is the 25-34 years old with 35.4% living without health insurance. The next largest group is 35-44 years old at 27.4% living without health insurance. The largest population by race/ethnicity without insurance is Hispanic/Latino with 55.3% being uninsured followed by 35.4% of the Black or African American population. All of these statistics apply to individuals without insurance between 18 and 64 years of age.²

In 2012, CCSNPC Providers tracked a record of 122,800 visits and 26,119 patients, 6.1% decrease in visits, and 3.1% decrease in patients since 2011. The hospital emergency departments (ED) recorded a total of 48,511 primary care visits compared to 44,532 visits in 2011. The 48,511 primary care visits represent 35,483 patients compared to 33,030 patients in 2011. The

¹ Savannah Chatham County Community Indictors Coalition, American Community Survey 2011

² *ibid*

primary driver for the small decrease in patients is the closing of the Community Cardiovascular Council, who contributed patients' data to the Safety Net evaluation data in 2011 and previous years.

The patient demographics and utilization patterns at CCSNPC clinics differed from those at the hospital EDs in 2012. Patients at the CCSNPC clinics visited an average of 4.7 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, and included children under the age of 18 years, representing the same demographics as in 2011.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2012, the total wholesale value of prescriptions provided exceeded \$12.3 million. MedBank, a CCSNPC partner, was responsible for providing \$9.1 million of this total through an innovative project which places MedBank representatives in the CCSNPC provider clinics, delivering prescriptions to the patient at their healthcare provider.

Trends noted in the 2012 data confirm that demand for care continues to increase. The ability to meet this demand will require the continued collaboration among the partners and the pursuit of the Patient Centered Medical Home Model. This will be hampered in Chatham County by the shortage of Primary Care Physicians who accept Medicaid or the uninsured.

In 2012 the Affordable Care Act (ACA) began to take effect with the introduction of certain provisions such as coverage of children up to age 26 on parents' health insurance policies and preventive services. The enrollment for coverage through the Health Exchange offerings begins in October, 2013 which will allow for pre-existing conditions and no lifetime caps on insurance coverage amounts. The 2012 elected officials for the State of Georgia have decided not to participate in Medicaid Expansion as part of the introduction of the Affordable Care Act. This decision severely limits affordable health coverage options, particularly for working individuals in the 18 to 64 year old age group. Eighty-three percent of the population served by the Safety Net providers falls in this age group. Adopting Medicaid Expansion would allow insurance coverage for single individuals up to \$15,856 (vs. \$15,282 @ 133%)³ and for a household size of 4 members up to \$32,499 (vs. \$31,322 @ 133%)⁴. CCSNPC providers are trying to determine what, if any, alternatives exist for this group. The lack of Medicaid Expansion will keep much larger numbers of individuals in an uninsured status than originally expected with the introduction of the Affordable Care Act. Part time workers who fall under the number of work hours to receive insurance will most probably cause the uninsured numbers to rise further. The expectation is that these individuals will continue to use the Emergency Room as their primary care home. By early 2014, CCSNPC should be able to more accurately size the group of uninsured that will continue due to the lack of Medicaid Expansion. ACA enrollment and its impact on enrollment in insurance will not be documented until the enrollment period closes on March 31, 2014. Enrollment and insurance coverage from the Affordable Care Act health plan offerings will take effect as early as January 1, 2014. The 2014 Evaluation year will provide

³ 2013 Federal Poverty Guidelines 48 Contiguous States and DC

⁴ Ibid

specific data on the enrollment impact of the Affordable Care Act insurance offerings and its translation to the uninsured rate in Chatham County.

The Chatham Health Link's Health Information Exchange (HIE) is part of CCSNPC's commitment to the adoption of health information technology. The sharing of electronic health information increases real time communication among health providers and reduces 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. This effort aligns with the focus of the Affordable Care Act on wellness and improved health outcomes.

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. 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 create expanded capacity. A similar assessment was performed by the Georgia Department of Community Health. Chatham Health Link scored high in readiness and organization. The providers introduced their own Electronic Health Records' systems in this timeframe. Between 2012 and 2014, these systems must be upgraded to meet the Federal Government's requirements for measurement of the full care continuum and the quality of treatment. The Office of the National Coordinator for Health Information Technology (ONC) is requiring providers to promote patient safety and patient engagement, enhance Electronic Health Record technology's interoperability, and demonstrate electronic health information exchange capacity.⁵ In 2013, the Georgia State Health Information Network will go live and begin connecting to Regional HIE's. Data exchange among regional providers and at the state level will mirror the continuum of care requirements as directed by ONC.

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- and under-insured 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. Chatham Health Link will expand its exchange of health data in 2014, following geographic referral patterns. Cost reduction should be a bi-product of patient record sharing, reducing redundant procedures. CCSNPC will take the lead in our community for the introduction of the Affordable Care Act and providing the current uninsured and under insured populations in our County the information and support they need to make a quality healthcare decision for themselves and their families.

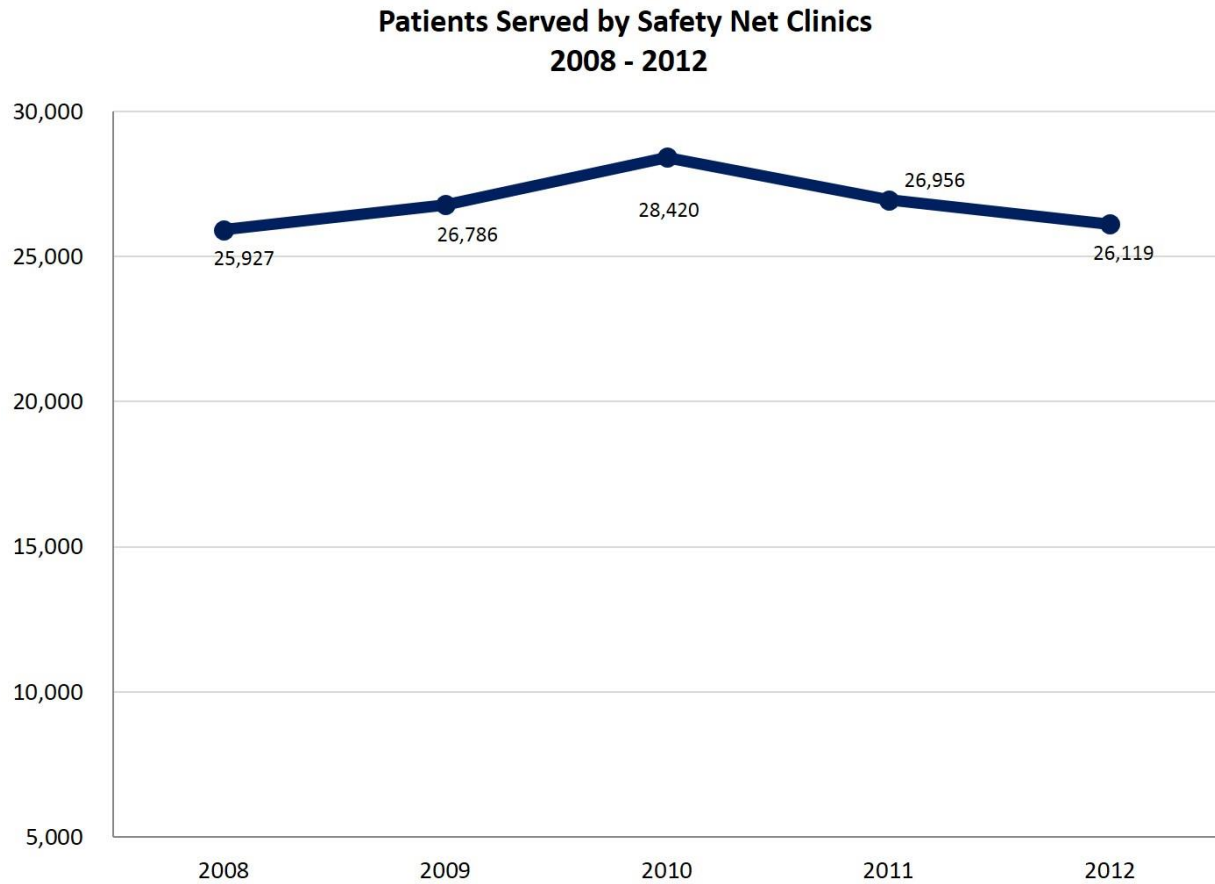
⁵ Office of the National Coordinator for Health Information Technology Meaningful Use Requirements (ONC)

Methodology for the 2012 Evaluation Data

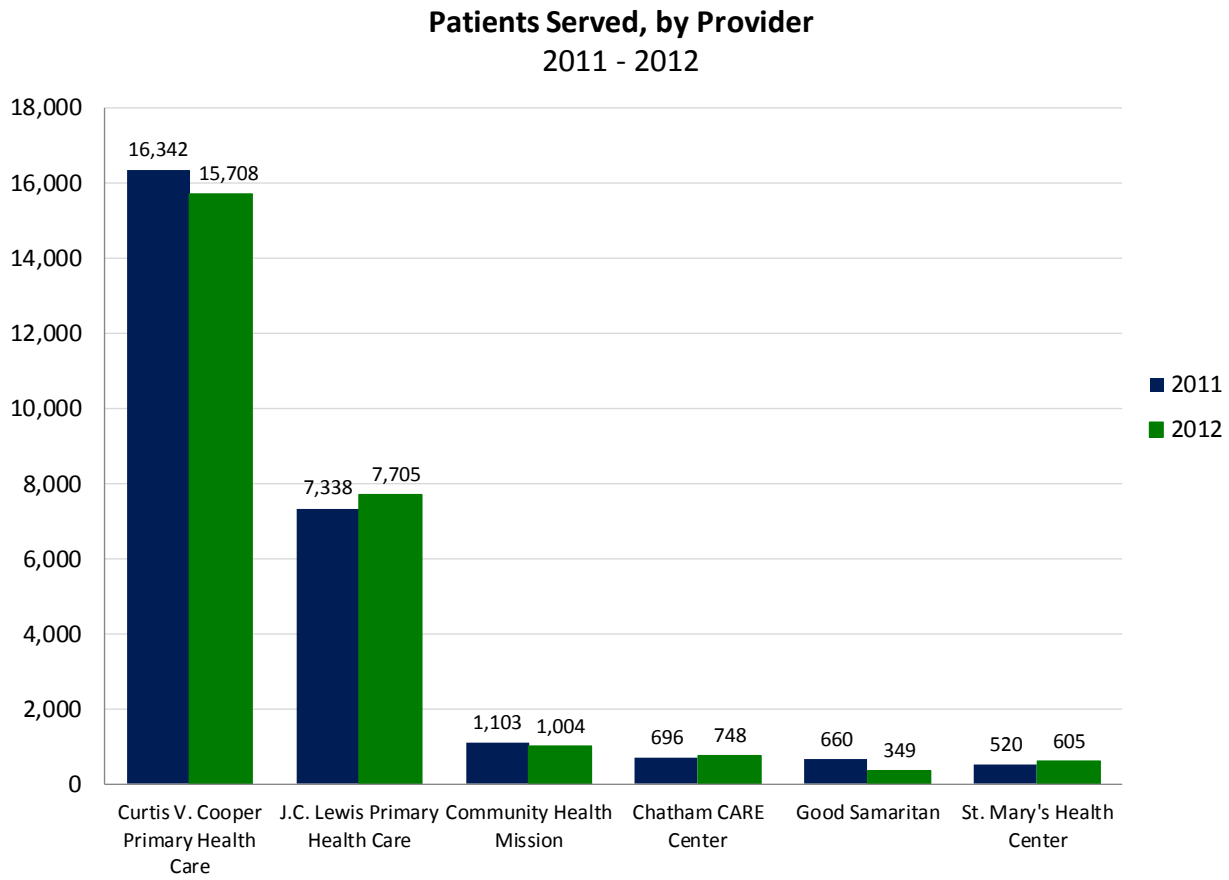
The methodology employed for data collection endeavors to ensure the quality and consistency of data across the Safety Net Providers. In order for CCSNPC to evaluate the impact of its programs that serve uninsured individuals, identical Guidance for Data Submission and Data Collection Instrument documents were distributed to Safety Net clinics and hospitals in February 2013. 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. The participating providers meet to review the consolidated data, to address any questions or apparent discrepancies, and to analyze trends. Once that review is completed then graphical representations of the data are prepared, comparing to the previous year(s). The group meets to review the graphs and make any necessary changes. The final meetings develop the conclusions from the overall evaluation data.

I. Primary Care Capacity

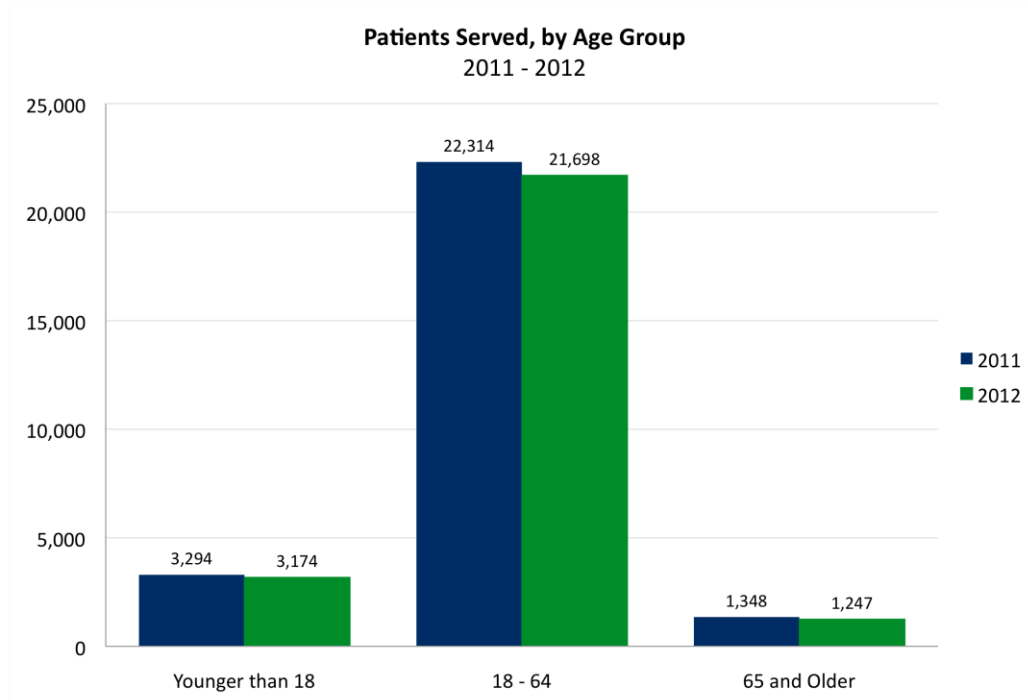
In 2012, the Safety Net Provider Network members experienced a slight decrease in the number of patients served by the Safety Net Clinics. The primary driver for this small decrease is the closing of the Community Cardiovascular Council, who contributed their patients' data to the Safety Net evaluation data in 2011 and previous years.



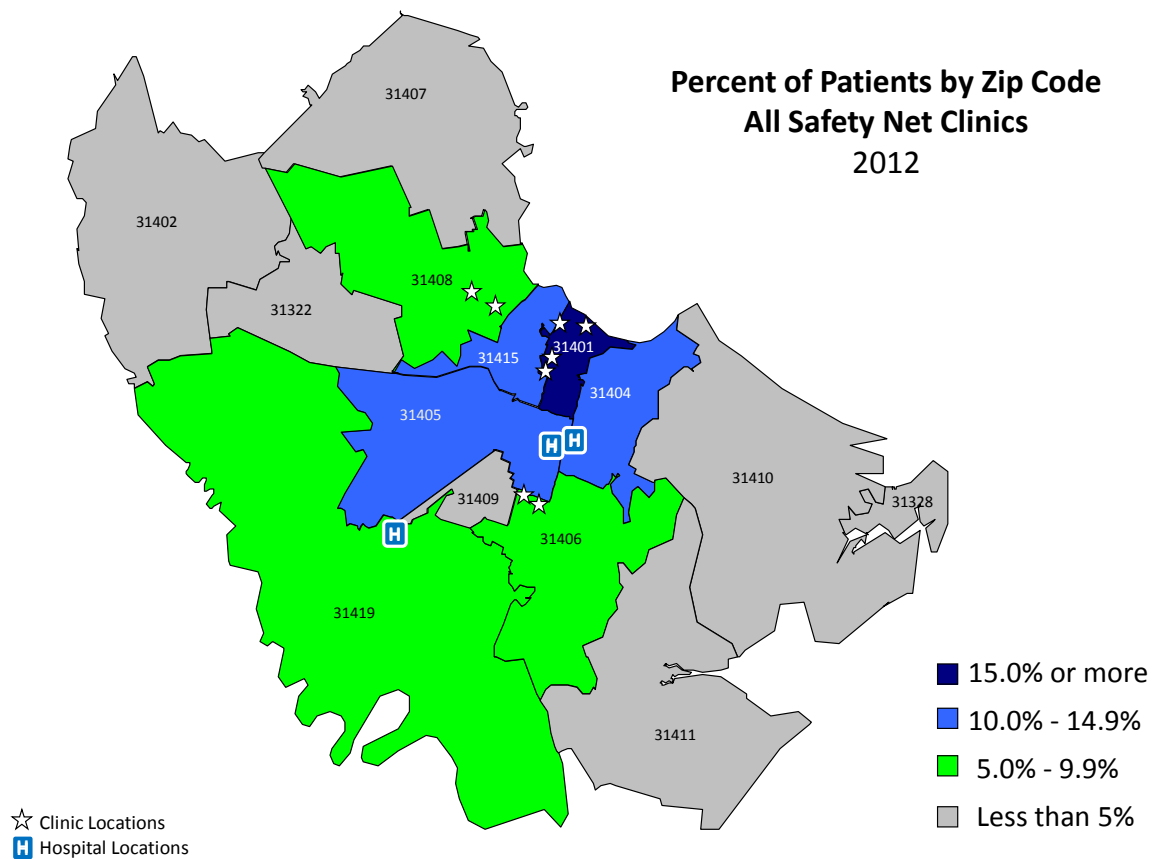
The following graph breaks the total patients served number down by provider.



Adults 18-64 made up 83.1% of the patients served in 2012, an increase from 82.8% of the patients in 2011. Those under 18 years old remained at 12.2% of the total patients in 2012. The percentage over 64 years old decreased slightly to 4.8% from the 5.0% observed in 2012. Of the Safety Net Providers, only two provided care for patients in the under 18 or 65 and older age ranges: Curtis V. Cooper Primary Healthcare and J.C. Lewis Primary Healthcare Center. Community Cardiovascular Council also provided services to these age groups in 2011. 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 slightly decreased from 2011, but was consistent with historic levels. In 2012, 91% of the patients were Chatham County residents versus 93.2% in 2011, 91.2% in 2010, 93.8% in 2009, and 89.9% in 2008. 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 2012 are 31401 and 31415, followed by 31404 and 31408. 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 2012, the overall percentage of individuals living in poverty in Chatham County was 18.1%⁶. 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.

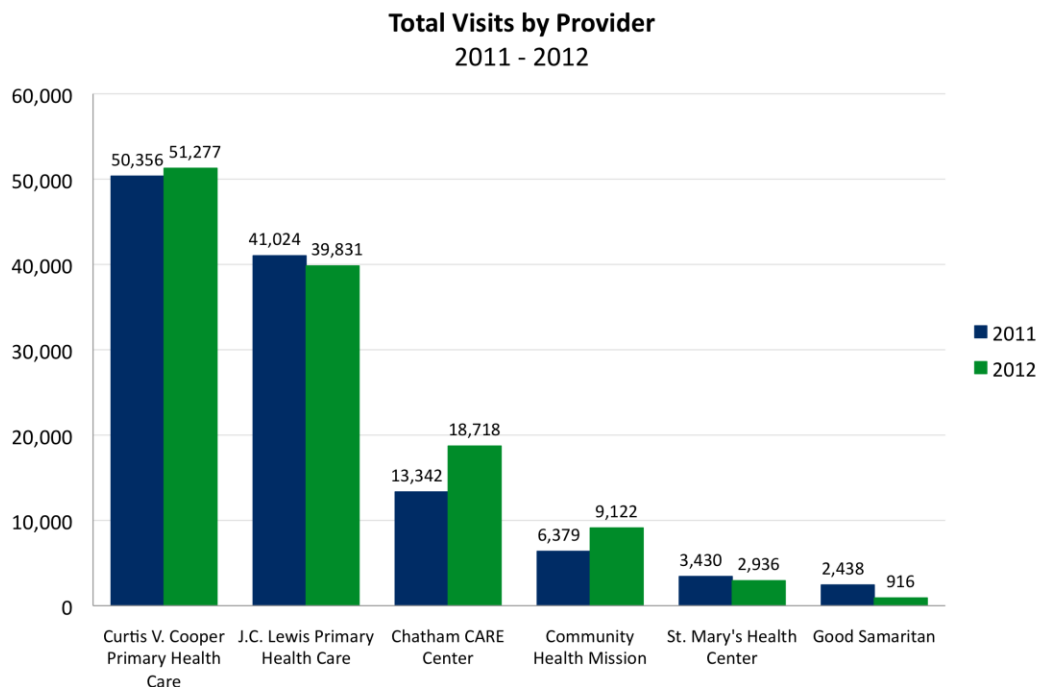
Individuals living in Poverty by Zip Code ⁷			
Zip Code	%	Zip Code	%
31401	47.52	31406	13.55
31415	43.03	31328	9.7
31404	26.95	31419	12.08
31408	22.62	31302	8.2
31405	18.27	31322	8.0
31409	unknown	31410	4.84
31407	12.98	31411	1.47

⁶ <http://factfinder2.census.gov>

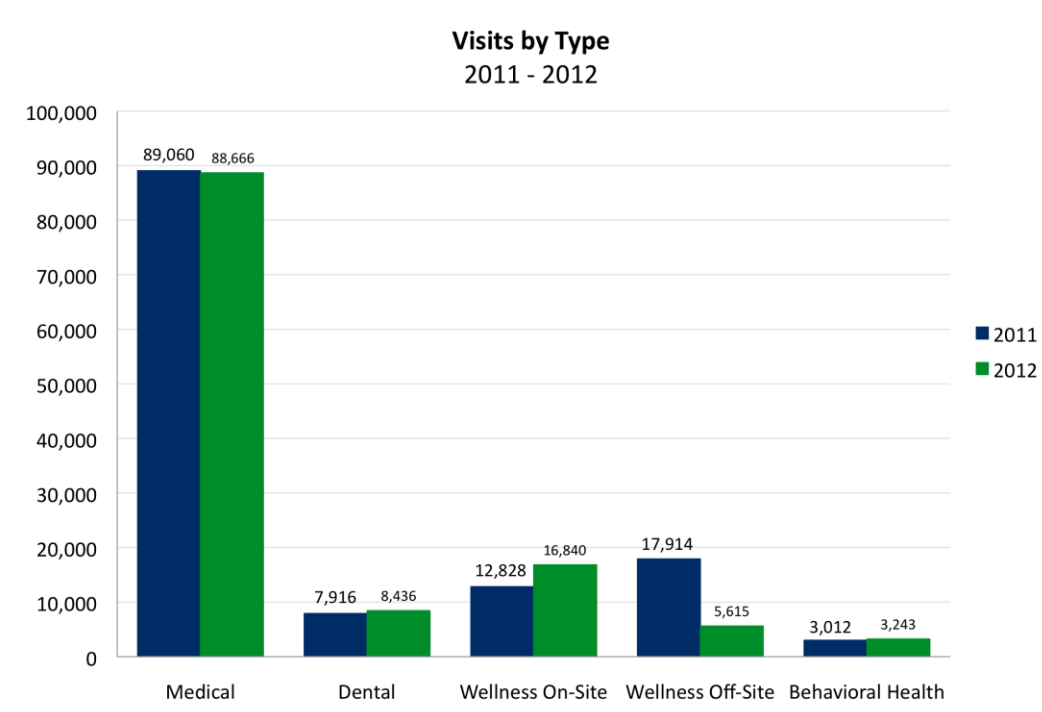
⁷ <http://factfinder.census.gov>

Clinic visits include medical, dental, behavioral health, and wellness on and off site. In 2012, 122,800 such visits were recorded, a 6.1% decrease over 2011. There is a 5,831 increase in patient visits in 2012, when excluding Community Cardiovascular Council's 13,761 patient visits in 2011. As illustrated below, the CCSNPC clinic system has recorded an increase in visits of 33.2% since 2008. The overall increase in system visit capacity since CCSNPC began collecting data in 2004 is 75.7%. This represents an average 9.46% increase each year.

Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 74.2% of the visits in 2012. Previously the proportion has remained relatively steady between 69.9% and 75% since 2008 (71.9% in 2010, 73.9% of visits in 2009, 75% in 2008, and 69.9% in 2011). Only three providers reported fewer visits in 2012, two of which experienced decreases in overall funding requiring them to limit hours of operation.



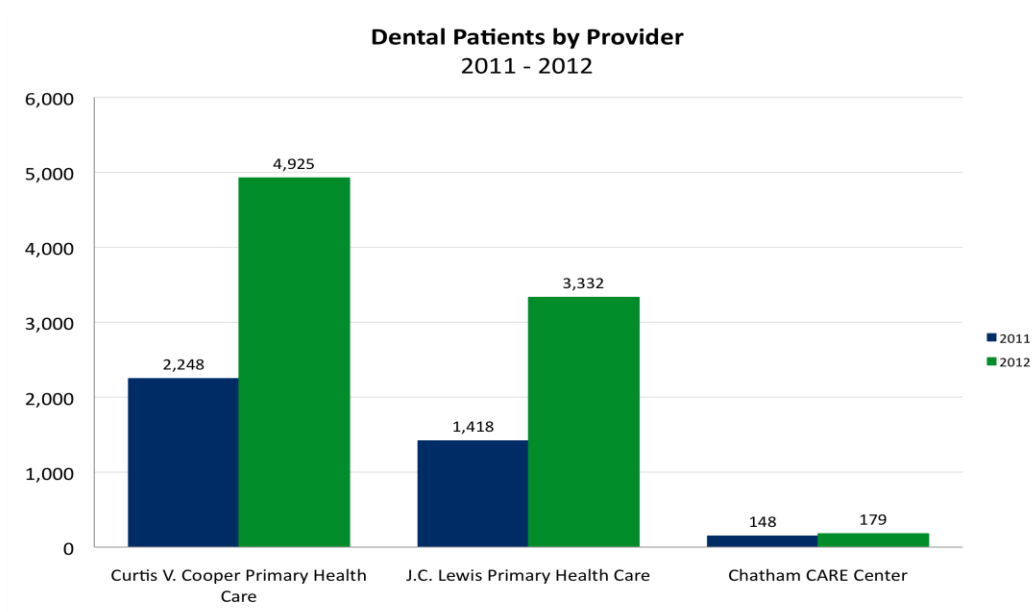
The Safety Net Providers offer a number of different services to their patients. In 2012, primary care visits with a nurse or doctor represented 72.2% of all visits, dental 6.9%, behavioral health 4.6%, and wellness 18.3%. These proportions were similar to those observed in 2011. Of the medical visits, 78.8% were by Chatham County residents. In conjunction with these visits, CCSNPC clinic provided 175,687 laboratory tests and 4,603 radiology studies for patients in 2012 versus 127,443 laboratory tests and 4,606 radiology studies in 2011.



II. Other Healthcare Delivery

Dental Care

The linkage of a patient's oral health to their overall physical well-being is becoming a prominent theme in reversing negative health outcomes.⁸ CCSNPC has recognized the importance of oral health to overall health since its formation. In 2012, there were 8,436 dental visits recorded in the Safety Net system, a 6.57% increase from 7,916 visits in 2011. In 2012, 58.4 % were cared for at CVCPHC and 39.5% were cared for at JCLPHCC's Dental Clinic.



⁸ Web MD

Specialty Care

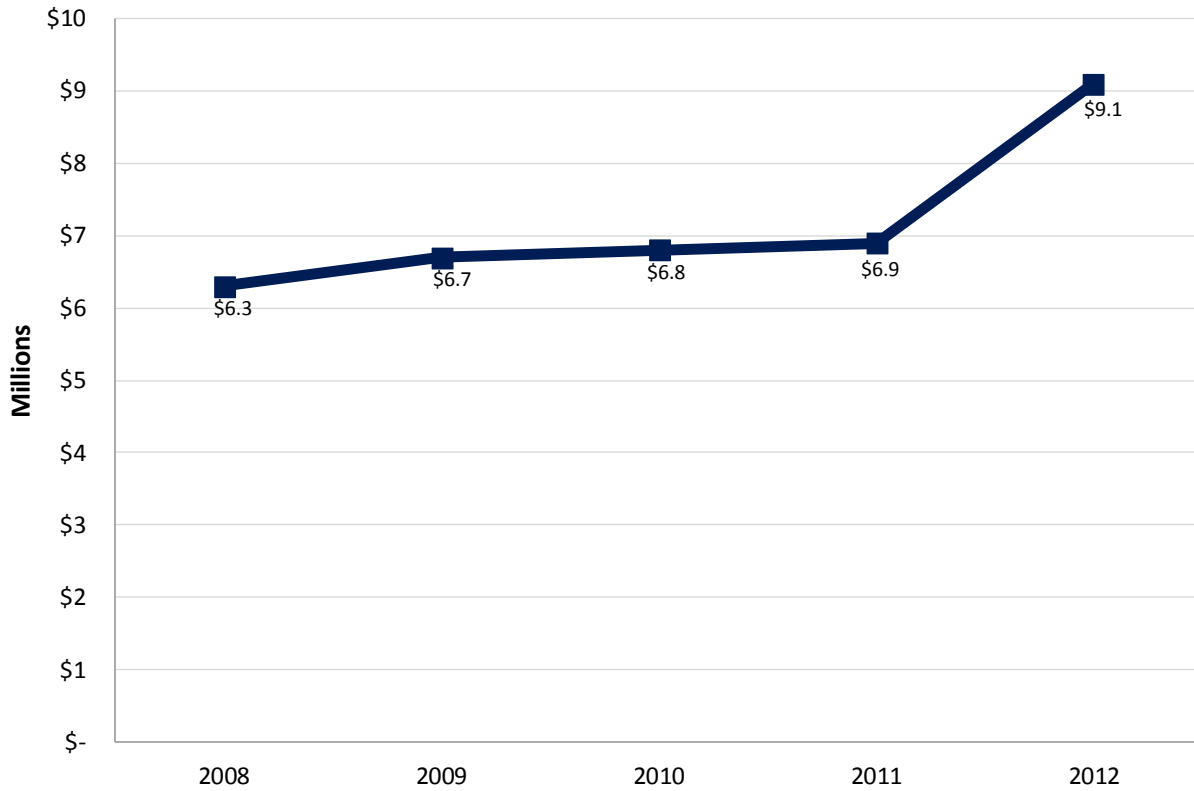
Providing specialty care to patients before their medical conditions worsen can result in lower overall healthcare costs and fewer emergency room visits and/or hospitalizations. All of the Safety Net Providers actively seek specialty care beyond a primary care visit for their patients. Just over 6,905 referrals were made to specialty care on behalf of CCSNPC patients in 2012.

Medication Assistance

Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC in 2005. In 2012, pharmaceutical assistance increased from 2011 33.8% to \$9,454,838. Varying models for filling prescriptions exist with the FQHC's having pharmacies on site. MedBank, an area private non-profit organization, offers prescription assistance to uninsured and under-insured low income patients. This model provides on-site staff at most of the CCSNPC clinics (J.C. Lewis Primary Health Care Center, Community Health Mission, and St. Mary's Health Center) as well as its headquarters sites located in Midtown.

Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper*	\$5,383,302
Chatham CARE	unavailable due to 2012 software transition
Community Health Mission**	\$2,604,701
J.C. Lewis**	\$4,038,787
St. Mary's**	\$244,348
CCSNPC Total	\$12,271,138
*Includes prescription assistance provided by MedBank	
** Prescription Assistance provided through MedBank	

MedBank Contributions 2008 - 2012



Behavioral Health Services

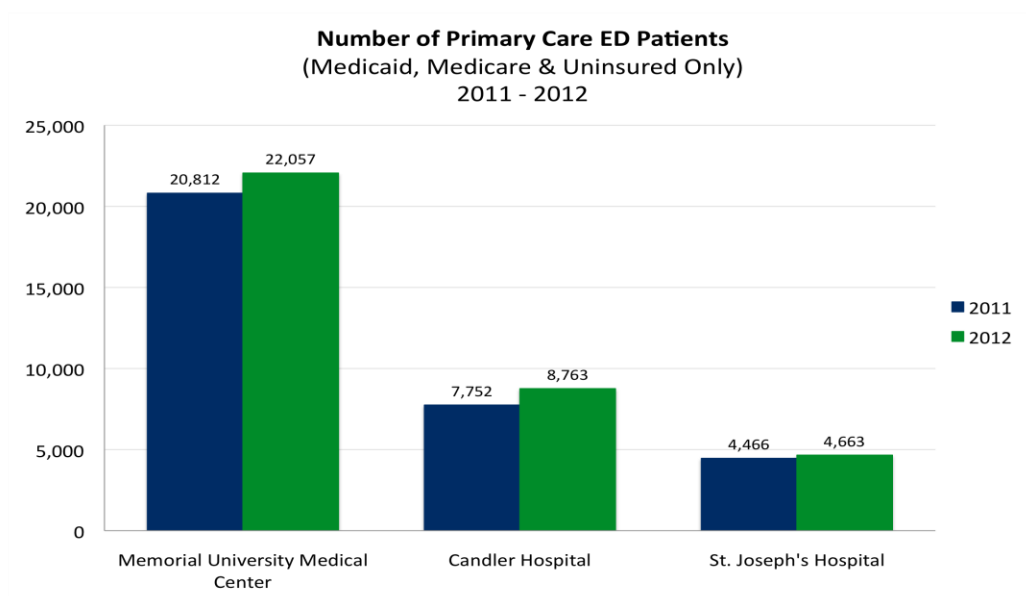
Behavioral Health Services continue to be a high need for the County geography, especially when substance and alcohol abuse exist with mental health diagnoses. In 2012, Behavioral Health services in Chatham County for patients ages 18 to 64 years of age reached 2,883 consumers. The services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support. The 2,883 consumers received 42,404 services from these offerings. The provider committee of the Safety Net has prioritized mental health resources as a primary issue in 2013. The goal is to ensure triage of mental health issues can be conducted in the clinics. In addition, making crisis resources known to the clinics is critical to prevent escalating situations.

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. Because of limited access to primary care homes, individuals access the Emergency Departments for common ailments because they have no other medical access.

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 2013, a national research study was conducted on the top ten diagnoses in the Emergency Department and the associated range of costs. In this study 36.7% of the patients were uninsured and 21.9% were insured with Medicaid. The average cost of an ED visit for the top ten diagnoses was \$1,233/visit, even though costs ranged from \$740 to \$3,437 for these diagnoses. The top ten diagnoses were: Strains/Sprains, Other Injury, and Open Wounds on Extremities, Pregnancy, Headache, Back Pain, Upper Respiratory Infection, Kidney Stone, Urinary Tract

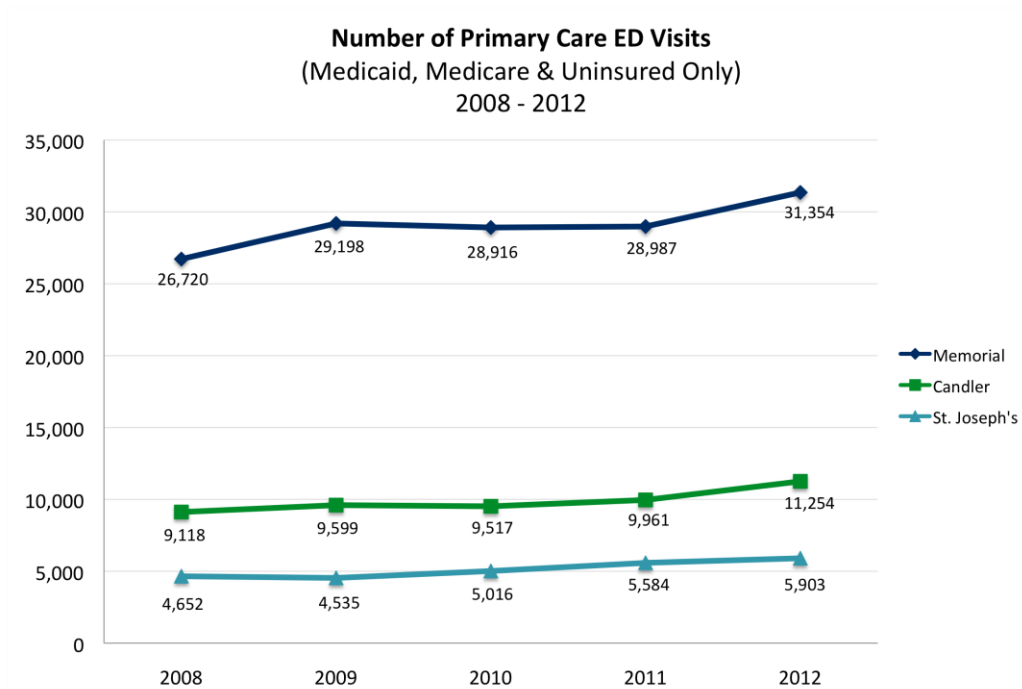


Infection, and Intestinal Infection.⁹ This national cost analysis clearly mirrors what Chatham County sees in Primary Care I and II visits at ED's and the associated costs for these diagnoses, which could be handled through a primary care medical home more effectively and efficiently.

In 2012, the total patient count for the MUMC, SJ/C Candler and SJ/C St. Joseph's was 22,057, 8,763 and 4,663 respectively, for a total of 35,483 patients, a 7.4% increase over the 33,030 in 2011. These patient numbers may represent duplications across the ED system as the same patients may have visited multiple or all EDs during the year. The ED at MUMC saw a 6.0% increase in the number of patients seen from 2011 to 2012. The ED at Candler saw a 13% increase and the ED at St. Joseph's saw a 4.4% increase. The age group distribution is 33.5% under 18 years (14,731), 59.5% ages 18-64 years (26,146), and 7% ages 65 and older (3,088).

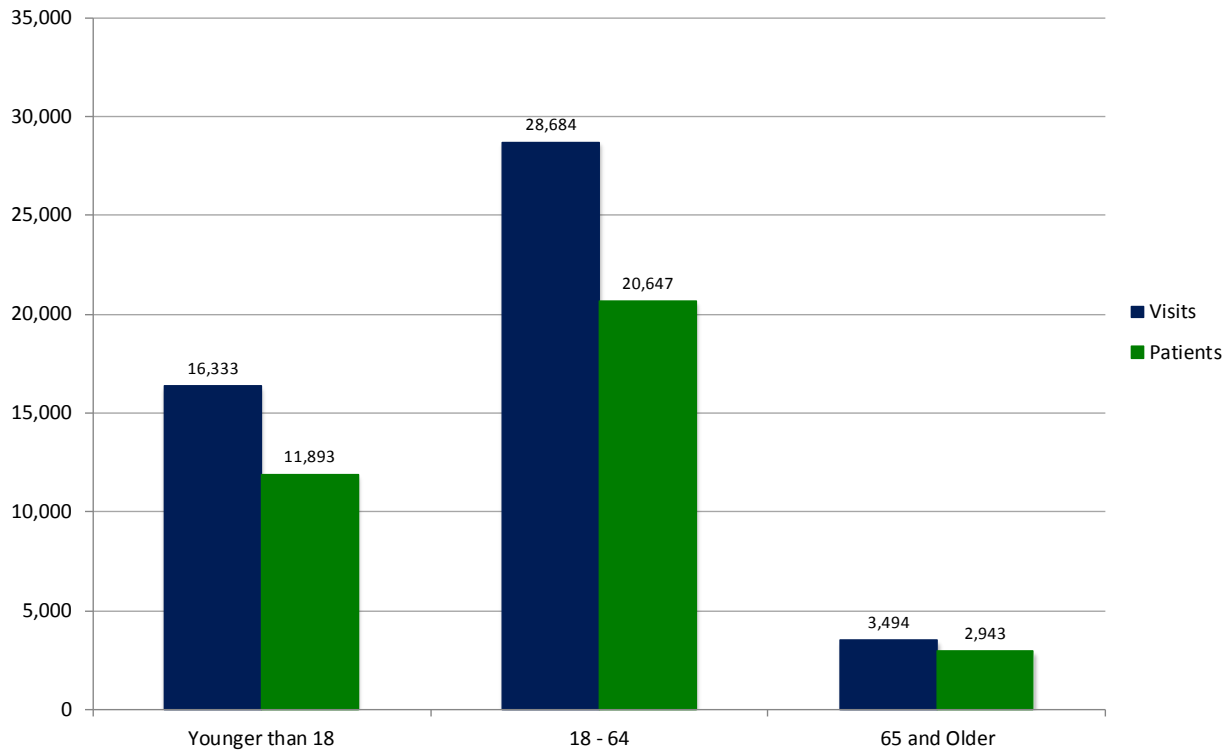
The total number of Acuity I and II visits provided in the hospital Emergency Departments in 2012 was 48,511, an 8.9% increase over the 44,532 visits recorded in 2011. In 2012, 64.6% of the visits were provided at the MUMC ED, 23.2 % at the SJ/C Candler ED, and 12.2% at the SJ/C St. Joseph's ED site. For Acuity Levels 1 and 2, MUMC ED visit numbers increased 8.2% since 2011. SJ/C Candler ED experienced a 13% increase from 2011. SJ/C St. Joseph's ED saw an 5.7% increase in the number of visits from 2011.

⁹ "How Much Will I Get Charged for This?" Top Ten Diagnoses in Emergency Departments, www.plosone.org, March 2013



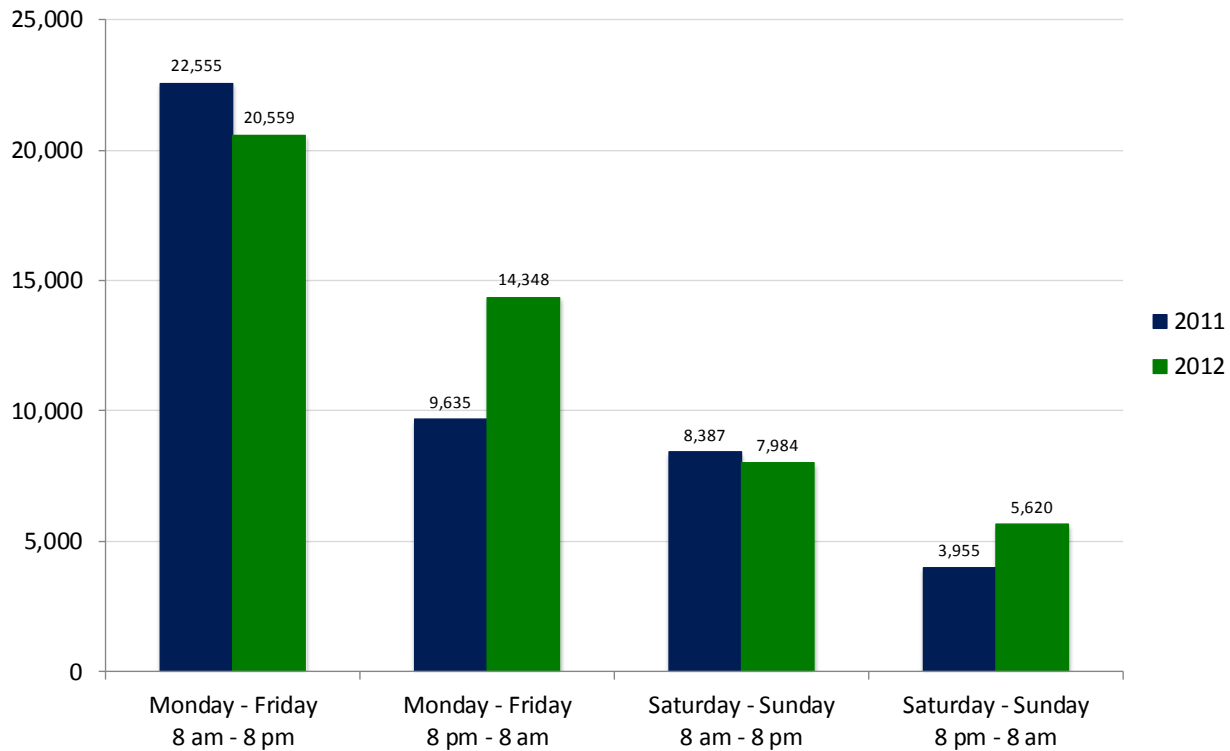
Adults ages 18-64 accounted for 60.1% of the visits to the Emergency Departments, an increase from 58.2% in 2011. Children under 18 years old made up 33.7% of the visits, a decrease from the 34.5% in 2011. Those patients ages 65 and older accounted for 6.2% of the visits, down from 7.2% in 2011. Approximately 40% of the patient visits to area Emergency Departments were covered under Medicaid. Another 47.7% of the visits were uninsured or self-pay in 2012. The proportion of visits covered by Medicare returned to the 2008 level of 13%.

ED Patients and Visits Comparison by Age
(Medicaid, Medicare & Uninsured Only)
2012

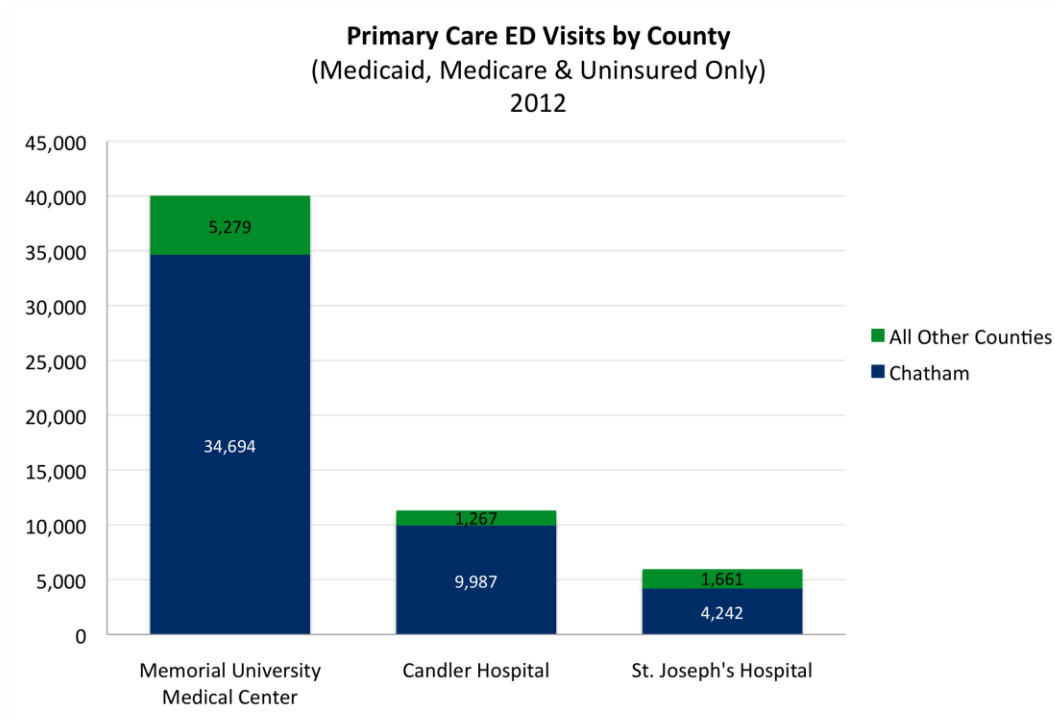


In 2012, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments (42%) continued to take place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 16.5% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 41.2% of the Acuity 1 and 2 visits to the EDs occur between 8pm and 8 am, Monday through Sunday. The number of daytime hour visits decreased from previous years.

Primary Care ED Visits by Day and Time
(Medicaid, Medicare & Uninsured Only)
2011 - 2012

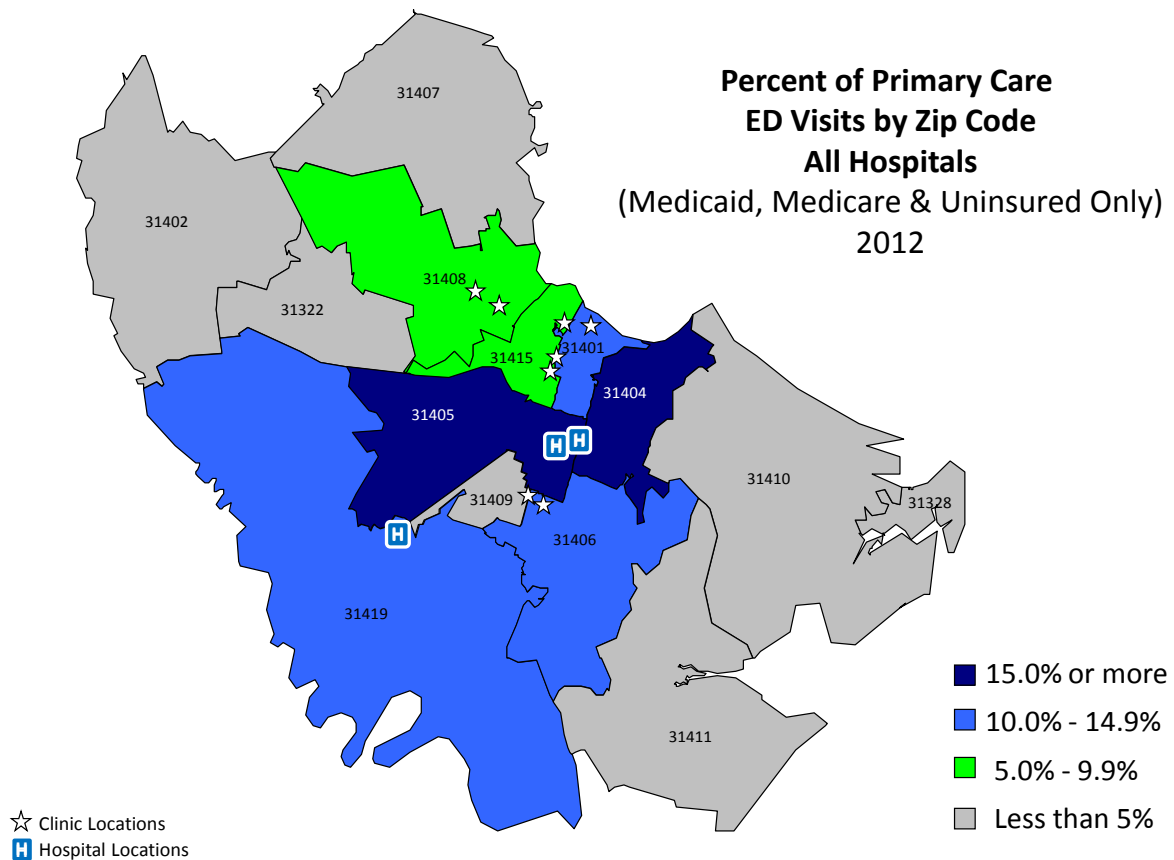


Across all three Emergency Departments, 85.6% of visits were Chatham County resident visits in 2012, the same proportion as 2009, 2010, and 2011. The location of the St. Joseph's ED in the southern portion of Chatham County makes it the most convenient to patients travelling from counties located south of the area which may explain why the proportion of out of county ED visits are highest at that location.



The Chatham County zip codes with the highest percentage of Emergency Department 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. 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 1.33 visits/patient/year. (1.35 in 2011). This varies little across the ages groups under 65 (1.34 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.¹⁰ 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 (physician assistants, nurse practitioners, 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,¹¹ particularly for providing ongoing treatment for chronic disease at a lower overall cost and still maintains 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.¹² In practice, the CCSNPC healthcare clinics may provide a blend of the above models depending on individual patient needs. A patient who is seen 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.

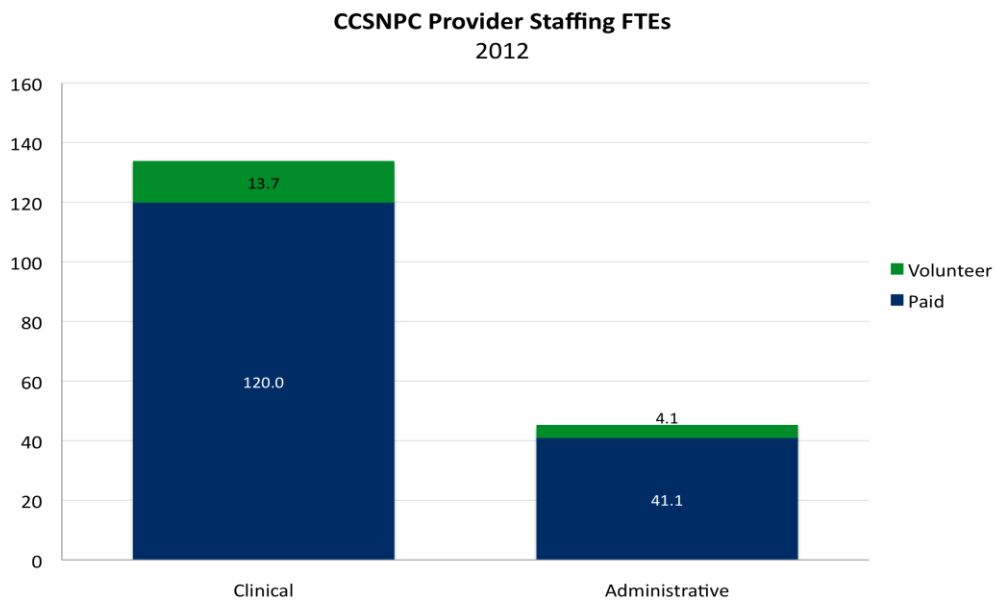
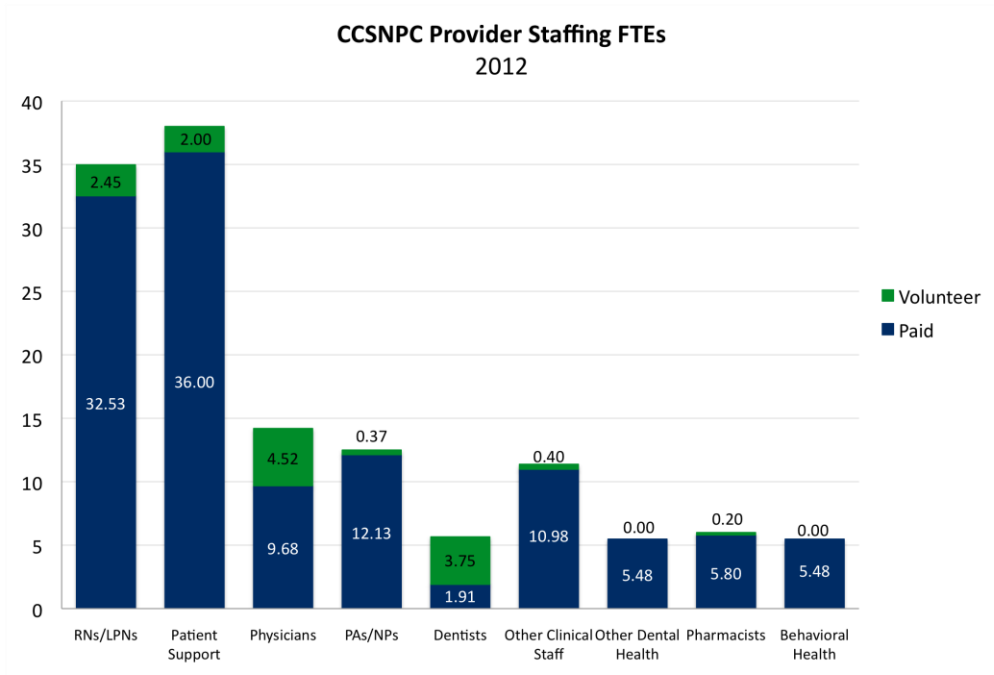
The equivalent of 14.2 FTE physicians and 12.5 FTE "mid-level" physician's assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2012. In the nursing and medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year. Registered nurses and licensed practical nurses constitute 34.98 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 38.00 FTEs in this category. Other clinical staff (11.38 FTEs) such as lab personnel supports the team. Dentists (5.66 FTEs) in the CCSNPC system are supported by 5.48 FTE employed dental staff. Employed and volunteer pharmacists account for 6.00 FTEs and 5.48 FTEs of Behavioral Health positions complete the array of health care providers. A total of 45.1 Administrative FTE's support the clinical staff. The proportion of caregivers to administrative staff across the system is 2.96 to 1.

¹⁰ 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>

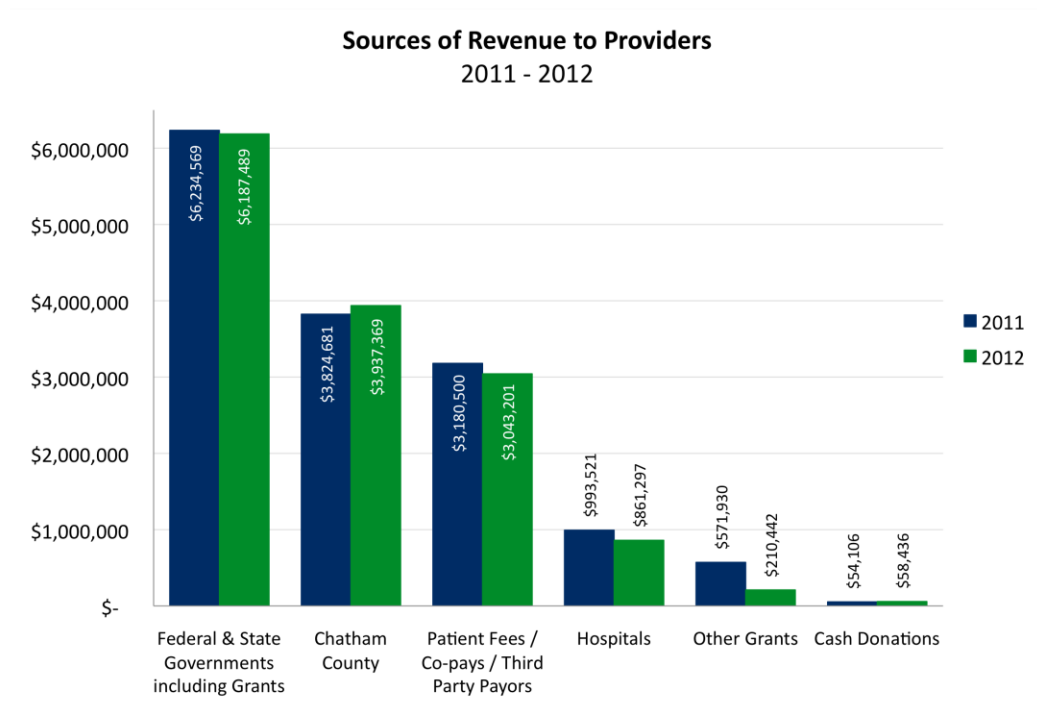
¹¹ <http://www.pcpcc.net/>

¹² <http://www.pcpcc.net/content/savannah-primary-care-medical-home-project>

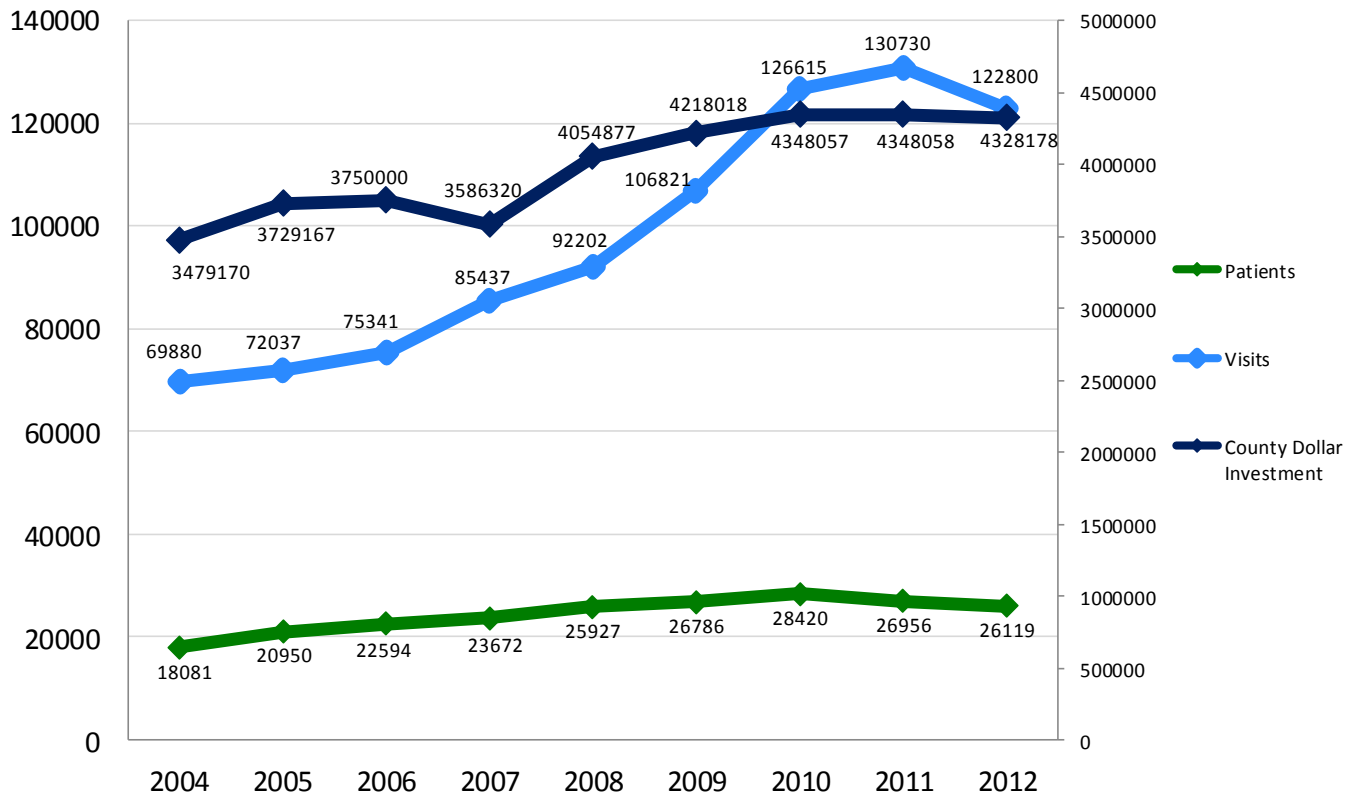


A total of \$14,298,234 of funding came into the CCSNPC provider system in 2012, a 3.78% decrease over \$14,861,318 in 2011. Federal and state grants provided 43.3% of the funding. Chatham County Government provided 27.5% of the total and fees from co-pays and billing provided 21.3% of the total cash resources. The remaining 6.0% came from the hospital systems, 1.5% from private grants, and 0.4% from private donations.

Patient fees and co-pays gathered by the FQHC's decreased 4.3% from 2011 to 2012. All other funding sources also decreased over 2011 except the Chatham County Government contribution and cash donations into the provider system. The 2010 Chatham County Commission voted to an on-going allocation of 10% of the Indigent Care Fund budget to support the CCSNPC project, Chatham HealthLink, which benefits the entire provider system. This reallocation accounts for the decrease in Chatham County funding to the provider system for direct patient care.

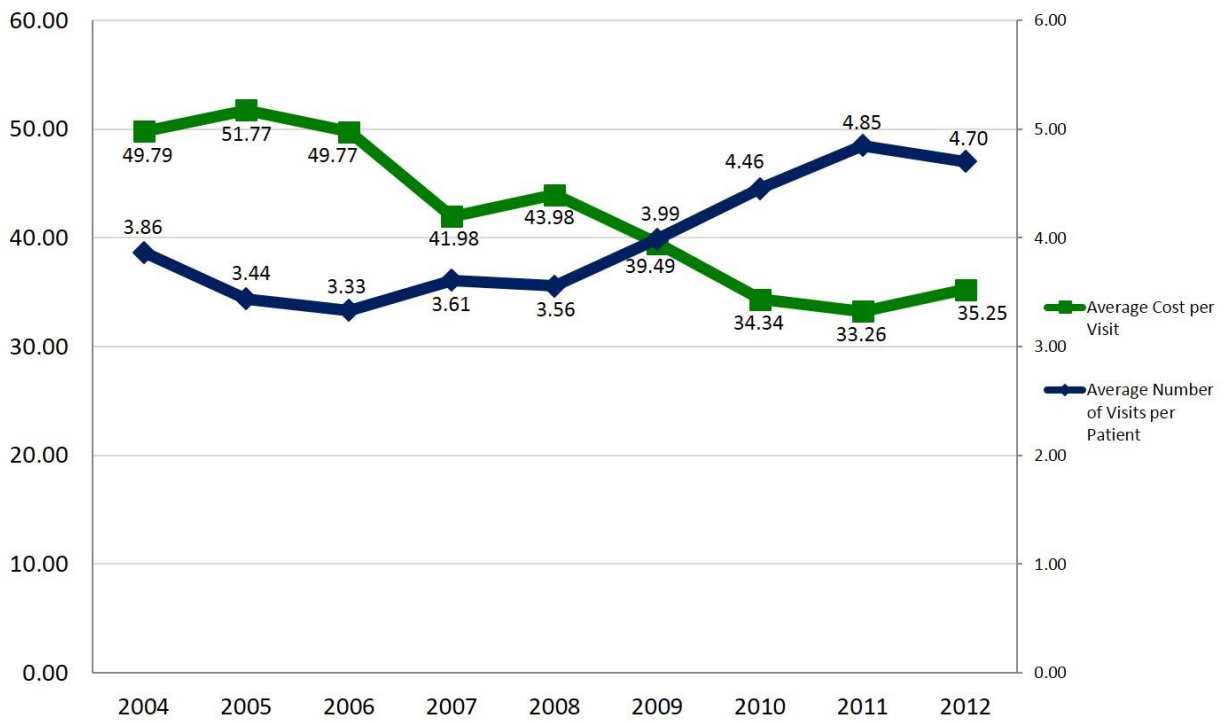


County Dollar Investment, Patients and Visits by Year 2004 - 2012



This graph compares the number of patient visits and the number of patients to the County's Dollar Investment by year from 2004 through 2012.

**Average Cost per Visits and Average Number of Visits per Patient
2004 - 2012**



Using the County dollar investments by year from the preceding chart, this graph shows the average cost per visit (County dollars divided by total visits). The average number of visits per patient is shown as well (Total visits divided by total patients.)

Summary Conclusions 2012

In reviewing the 2012 data as compared to 2011, several themes emerged. The conclusions below summarize our findings as a result of the data evaluation.

- In 2012, the CCSNPC primary care provider network experienced a slight decrease in the number of patients served. This reduction was caused by a variety of factors including the closure of Community Cardiovascular Council, a decrease in evening and weekend hours, practitioner turnover, and uninsured patients becoming Medicare eligible.
- In 2012, CCSNPC providers recorded 122,800 patient visits. This is a 5,831 increase in patient visits when excluding Community Cardiovascular Council's 13,761 patient visits in 2011.
- 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 of the Safety Net. In 2012, 6,965 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, Ophthalmology, Neurology, Urology, Endocrinology, Gynecology/Gynecologic Surgery, Rheumatology, and Podiatry.
- Pharmaceutical assistance continues to increase due to the needs of the patient population. Medication assistance provided at clinic sites improves access and aids in patient compliance. Providing essential prescription medications can improve patient outcomes and prevent unnecessary hospitalizations and emergency room visits. In 2012, 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 \$9.1 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 2,453 in 2012. Uninsured adults accounted for most of the increase in ED utilization. This slight increase may be due to loss of insurance coverage or changes in hours at the clinics. Memorial's Emergency Department logged the highest increase in patient visits. As in previous years, the majority of patients visited the ED for primary care only one time per year.

- Although both CCSNPC primary care providers and the hospital EDs accept patients without health insurance, data from 2012 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 4.7 per year. Adult utilization of Emergency Departments increased slightly (1%) in 2012. Emergency Departments also saw a much higher proportion of children under 18. The CCSNPC clinics treat a higher proportion of Chatham County residents.

	CCSNPC Clinics		Hospital EDs	
	Number	%	Number	%
Visits	122,800		48,511	
Patients	26,119		35,483	
Average visits/patient	4.7		1.4	
Adults	21,698	83%	20,647	58%
Children	3,174	12%	11,893	34%

- Cash donations continue to be impacted by the economy, reductions in funding from private foundations, and assumptions that the Affordable Care Act will insure all. The size of grant awards decreased significantly in 2012 and many grants were awarded for a very specific program or focus. The impact of Georgia's State Government decision not to expand Medicaid and the associated loss of revenues has yet to be determined.
- In 2012, providers again submitted a list of the top five most common diagnoses, diabetes disease management data and the number of patients that self-reported smoking. The most common diagnoses were high blood pressure/hypertension, diabetes, overweight/obesity, high cholesterol, and depression/anxiety. Although anxiety/depression and overweight/obesity were among the most common diagnosis, the numbers are likely under-reported because some clinics did not capture this data for all 12 months in 2012.

In summary, Chatham Health Link's focus is mirroring the efforts of the Safety Net Providers in developing a medical home and a continuum of care for the patients, as is represented in the details of the electronic health record being exchanged. Electronically Chatham Health Link will connect with the State of Georgia's Health Information Network along with the other Regional Health Information Networks in 2014. Once all partners have upgraded their Electronic Health Record Systems to meet the continuum of care data set, Chatham Health Link will aggressively expand its data exchange to all partners including both hospitals. This will allow for increased data flow and the engagement of other County health care providers beyond the Safety Net members.

The healthcare environment is in transition as the Affordable Care Act and the Health Insurance Marketplace open for enrollment in October of 2013. The challenges of enrolling the uninsured are larger in the state of Georgia due to a lack of Medicaid expansion. The size of the continuing uninsured population is yet to be determined as we approach the opening of the ACA enrollment. Without Medicaid expansion, it is clear that the indigent population will continue to be uninsured and need care through the safety net provider network. Unfortunately, the uninsured population will most probably continue to use the convenience of the Emergency Departments for their health care services. Safety Net is aggressively working with our providers to conduct community outreach so that individuals and families understand their health care options and are able to make a wise economic decision for themselves and their families.

Acknowledgments

For their contributions to this report, the CCSNPC acknowledges Jennifer Wright, Director of Public Policy at Memorial University Medical Center, Chair of the CCSNPC Evaluation Committee and Dale Carlson-Bebout, MBA, Executive Director of the CCSNPC. Special thanks to Ashle' King, MHA, Medical Staff Services & Public Policy, MUMC, who provided logistics and never ending problems-solving skills to the compilation of the data and report. Additional thanks to Michelle Drewry, a senior at Georgia Tech and Summer Student Intern for her assistance. The Council also thanks each of the Safety Net members listed below:

- Palma Adkins, Informatics Coordinator, SJ/C St. Mary's Health Center
- Susan E. Alt, RN, BSN, ACRN, Director, HIV Services, CCHD
- Sister Pat Baber, Director, SJ/C St. Mary's Health Center and SJ/C Good Samaritan
- Sandy Bond, Clinical Manager, SJ/C St. Mary's Health Center and Good Samaritan
- Agnes Cannella, Director, Mission Services, SJ/C
- Linda Davis, FNP, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- Rena Douse, Chief Operating Officer, JC Lewis Primary Health Care Center
- Dana Huffman, Community Resource Manager, MUMC
- Aretha Jones, MPH, MA, Executive Director of JC Lewis Primary Health Care Center
- Pfeffer McMaken, United Way of Coastal Empire
- Elizabeth Medo, Manager, Decision Support, SJC
- Charles Ringling, DBHDD Region 5 Coordinator
- Miriam Rittmeyer, PhD, MD, MPH, Executive Director, Community Health Mission
- Liz Longshore Stephens, Ashlyn Tebeau, Financial Analyst, Decision Support, MUMC
- The entire CCSNPC Evaluation Committee

In particular, the Council acknowledges Diane Weems, MD, District Health Director, Coastal Health District and Safety Net Council Chair, for her ongoing support, insight, and contributions throughout the evaluation process.

Safety Net Providers

Curtis V. Cooper Primary Healthcare (CVCPHC) (31401)

<http://www.chathamsafetynet.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 opened in early 2013. 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) (31401)

<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 JC Lewis Dental Center, a CHC site) shelter-based CHC sites at three locations (Old Savannah City Mission, Salvation Army and Dutchtown), community sites (West Broad Street YMCA), 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) (31406)

<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. In addition, eye clinic services, podiatry, dermatology, cardiology, and disease management are also offered. For diagnostic testing, approximately 70% are provided at no cost. The remaining are at a discounted charge to the patient.

St. Joseph's/Candler - St. Mary's Health Center (SM) (31401)

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

St Mary's, a nurse practitioner-based, non-profit, community outreach initiative of St. Joseph's/Candler Health System, provides free healthcare for uninsured adults (ages 18-64) living or working in Chatham County. Services include primary care, lab testing, diagnostic testing, and radiology through St. Joseph's/Candler, medication assistance (through MedBank), mobile mammography, and referrals to specialty care. St Mary's 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, St. Joseph's/Candler St. Mary's Community Center provides services and assists patients in meeting their basic needs.

St. Joseph's/Candler - Good Samaritan Clinic (GS) (31408)

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

Good Samaritan 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. Good Samaritan 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) (31401)

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.

MedBank Foundation, Inc. (MB) (31405)

<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) (31404)

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

MUMC is a 622-bed non-profit academic medical center which serves a 35-county area in southeast Georgia and southern South Carolina. 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, trauma 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 100,000 cases per year.

St. Joseph's/Candler Health System (SJ/C) (31405/419)

<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.