Chatham County

SafetyNet

Planning Council

2008 Evaluation

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Executive Summary

The Chatham County Safety Net Planning Council (Council) serves as a countywide planning group for health care. It was created in 2004 to improve the efficiency and effectiveness of the local health care delivery system, to advise regarding health care trends, and to assist the County Commissioners in better meeting the health care needs of uninsured and underinsured constituents. The overarching goal is to strengthen the health care infrastructure and build capacity within the community, improve access to health care and a medical home for the uninsured and underinsured, and improve health outcomes. Each year the Council provides an Evaluation to assess needs and trends and to identify key existing resources and gaps in the community health care delivery system. This Evaluation is based on voluntary submission of data from the provider partners, publicly available data on population and policies affecting healthcare, and analysis of that data.

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 Safety Net primary healthcare providers are Curtis V. Cooper Primary Health Care (CVC), Community Health Mission (CHM), Good Samaritan (GS), J.C. Lewis Health Care (JCL), and St. Mary's Health Care (SM). CVC and JCL 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 volunteers in medicine clinics which treat only uninsured, low income eligible patients.

In 2008, the provider partners continued to see increased utilization of services from uninsured and underinsured residents of Chatham County. The Safety Net Providers provided 92,202 visits to a record 25,927 patients, an increase 9.5% in patients and 8% in visits since 2007. Almost 80% of the patients are uninsured, an increase of 2% since 2007 and 8% since 2006. The patient population is largely from Chatham County and predominantly between the ages of 18 and 64 years.

The hospital emergency departments (ED) recorded a total of 40,490 Acuity Level I and II visits, a 5.5% decrease since 2007. Although the total number of visits has decreased, the majority of primary care related visits in the EDs continue to occur between 8 a.m. and 8 p.m., Monday through Friday, hours when other resources are available. Over 13% of the patients who sought Acuity Level I and II care at the EDs were from outside of Chatham County. In contrast to the Safety Net Provider population, close to half of the ED visits were pediatric patients under the age of 18. The zip codes of residence for both Safety Net Provider patients and those who visited the EDs for primary care corresponded to the areas of the county with the highest proportion of residents living in poverty.

Safety Net Providers use a variety of healthcare models to organize and deliver health care. Patient visits were provided by a number of different types of clinicians- 40% were provided by physicians and 43% by mid-level providers (Nurse practitioners and Physician Assistants). St. Mary's Health Center and, J. C. Lewis Health Center increased utilization of these mid-level professionals providing primary care in 2008, a strategy which successfully increased the capacity of patient visits provided.

The 2008 average cost per patient visit in the Safety Net Provider system was $80.00. The services included in a visit vary by provider and may include provision of medical supplies (e.g. glucometers, testing supplies), laboratory testing and X-rays. The annual cost to provide care for one patient also varies depending on whether the patient population of a provider is made up of those seek episodic care for an occasional problem or are those with chronic disease who receive regularly scheduled follow-up care. Even so, the annual cost per patient is $269.00, well in line with the national averages for both urban and Georgia FQHCs.

In summary, the Chatham County Safety Net Planning Council continued to expand capacity and build on prior successes. Below are the recommendations based on the 2008 evaluation.

1. Actively support our partners in the pursuit of all opportunities for funding which will increase capacity through expanded hours, staff, programs, services and facilities,
2. Ensure that Chatham County residents, particularly those who are recently unemployed and uninsured, know where to find local resources for health care for themselves and their families,
3. Engage local specialty care providers and implementing a fair, easy and reliable system to connect uninsured patients to the specialty care they need in a timely manner,
4. Work closely with the hospital systems to understand the reasons behind the continued demand for primary health care at the Emergency Department and to implement any programs or processes necessary to help connect patients to primary health care providers who will better serve their needs and improve their health,
5. Encourage all partners to adopt Electronic Medical Records systems to increase efficiency, minimize waste and increase accuracy and completeness of patient records,
6. Use the latest technology to streamline, correct and integrate the annual data collection system for the CCSNPC providers,
7. Communicate with the providers to encourage them to participate in and respond to data reported by the CCSNPC and priorities established by the Council,
8. Design and implement an electronic system of exchanging and storing patient data in a community-based system to allow secure access to complete and accurate patient records, wherever the patient may seek care, and
9. Continue to support any and all efforts on the state and federal level which will assure access to quality, affordable healthcare and increase capacity on a sustainable level.

Trends noted in the 2008 data confirm that demand for care continues to increase and the ability to meet this demand will require continued improvements across systems along with continued communication and collaboration among the partners. The data the Council currently collects allows the assessment of progress in access to care, but contributes little to our understanding of improvements in health status. 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.

Introduction

The Chatham County Safety Net Planning Council serves as a countywide planning group for health care for the un/underinsured citizens of Chatham County. Created in 2004 to improve the efficiency and effectiveness of the local health care delivery system and to assist the County Commissioners in better meeting the health care needs of un/underinsured constituents, the Chatham County Safety Net Planning Council's goals are to strengthen the health care infrastructure, build capacity within the community, improve access to health care 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 hospital emergency departments and five primary care clinics, Curtis V. Cooper Primary Health Care, Community Health Mission, J.C. Lewis Health Care Center, SJ/C Good Samaritan and SJ/C St. Mary's Health Clinic. 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, StepUp Savannah, Armstrong Atlantic State University, Savannah Business Group and 100 Black Men. The Chatham County Health Department acts as a neutral convener of the Council. As the health care action team since 2005 for the local poverty reduction initiative, Step Up!, 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 health care.

According to a December 2008 report Sources of Health Insurance Coverage in Georgia 2007-2008[1] issued by Georgia State University's Georgia Health Policy Center and Center for Health Services Research, the percentage of Georgians without health insurance remained at about 18% in 2007, with little change from the 2005 and 2006 figures. This is higher than the 15% average for the same period in the US. The US Census estimates the population in Chatham County for 2008 to be 251,120. Using the overall rate of 18%, the estimate for the number of uninsured in Chatham County for 2008 may be approximately 45,202. Additional data is available to estimate the number of uninsured by age group and poverty status. The Henry J. Kaiser Foundation website contains a section with state level health data, http://statehealthfacts.org. According to this site, in 2006-2007 17.7% of Georgians were uninsured across all age groups, 22.2% of Georgians ages 19-64 were uninsured and 12.5% of those ages 18 and under were uninsured. Applying these rates to the 2007 population distribution by age and using the total population estimate for 2008 in Chatham County, 44,448 of the population overall may have been uninsured in 2008, of whom 7,942 were children ages 0-18, 34,843 were adults between the ages of 19 and 64 and 1,663 were ages 65 and older. The Kaiser Foundation also reports that 25.1% of Georgia's children ages 18 and younger who live in poverty are uninsured and 50.7% of Georgia's adults ages 19 and older who live in poverty are uninsured. Using these estimates and the US

[1] http://aysps.gsu.edu/ghpc/2785.html

Census percentages for individuals who live in poverty in Chatham County, the number of Chatham County residents who are poor and uninsured can be estimated at 16,585 (3,524 ages 0-18 and 13,061 ages 19 and older).

The Sources of Health Insurance Coverage in Georgia 2007-2008[1] report states further that unemployment or employment in a small business increases the chance of being uninsured.

> "When people lose their jobs, they lose their coverage," said Bill Custer, director of the Center for Health Services Research in the J. Mack Robinson College of Business at Georgia State. "And throughout economic downturns, more people move into poverty, putting added strain on sources of public health coverage." [2]

According to the Georgia Department of Labor, the Savannah area (Chatham, Bryan and Effingham Counties) ended 2008 with an unemployment rate of 7.5% (Note: the rate has increased to 10% as of July 2009).[3] For Chatham County alone, the unemployment figures published by the Georgia Area Labor Profile[4] show an average rate of 5.6% in 2008 compared to 4% in 2007, an increase of 1.6% or 40%. The increase in unemployment is likely to have resulted in a loss of health insurance for many Chatham County adults not reflected in the 2007 estimates used above and may have similarly affected any children living in families whose main breadwinner may have lost their job.

For many citizens without health insurance, the expenses associated with medical visits and prescription drugs discourage them from seeking ongoing primary and preventive health care. 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, the CCSNPC Council has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. A primary purpose of the annual evaluation is to spot trends, assess needs and identify assets as well as gaps in community health care delivery system capacity. 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. The Council's ultimate goals include 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.

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[2] http://robinson.gsu.edu/news/08/uninsured.html

[3] http://www.dol.state.ga.us/pr/laborforce.htm

[4] http://explorer.dol.state.**ga**.us/mis/profiles/Counties/**chatham**.pdf

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 February 2009. 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) healthcare delivery, 3) emergency department capacity, and 4) cost analysis. Voluntary contributors include the following providers:

Curtis V. Cooper Primary Health Care (CVC) is Chatham County's first Federally Qualified Health Center (FQHC), providing care for residents of public housing and the underserved low-income individuals of Savannah. CVC changed its name from the Westside-Urban Health Center, Inc. (WUHC) in May 2003. WUHC was the result of a merger between Westside Comprehensive Health Center, established in 1974, and Urban Health Center, founded in 1977. Today, Curtis V. Cooper Primary Health Care is the Safety Net Provider network's largest provider offering adult medical care, pediatric health care, health education, gynecological services, Medicaid eligibility screening, prenatal services, family planning services, pharmacy services, dental services, nutrition services and on-site laboratory and radiology. It is the largest capacity provider partner with three locations: East Broad Street, Hitch Village, and Roberts Street in west Savannah. CVC uses a sliding fee scale with discounts based on patient family size and income in accordance with federal poverty guidelines and is open to anyone, regardless of their ability to pay. CVC serves both adults and children who are un/underinsured and those who are covered under private insurance, Medicaid, Medicare, and Georgia's PeachCare for Kids®.

J.C. Lewis Health Care Center (JCL), a Federally Qualified Health Care Center for the Homeless serving the area homeless population, is a division of Union Mission, Inc., which provides housing and support services for homeless individuals. Under the federal Healthcare for the Homeless Program, JCL provides health care for Savannah's homeless and near homeless population. In addition, JCL offers medication assistance, medical case management, health promotion and disease prevention, dental care, shelter & housing referrals, economic education referrals, nutritional education, dietary supplementation, prisoner re-entry program, 24-hour respite care, and behavioral health counseling.

Community Health Mission (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. Services at CHM include annual medical exams and preventive health care, treatment for diabetes, hypertension, cardiovascular disease and respiratory disease, women's health services, enrollment in the GA Breast and Cervical Cancer Screening program, smoking cessation and health education.

SJ/C St. Mary's Health Center (SM), a volunteer-based, non-profit, community outreach initiative of St. Joseph's/Candler Health System, provides free health care for uninsured adults. Services include adult medicine, HIV and STD testing, pregnancy testing, 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. In addition, SJ/C St. Mary's Community Center provides children's services, educational and job training services, and assists its constituents in meeting their basic needs.

SJ/C Good Samaritan (GS) is a volunteer-based, non-profit, medical clinic created through the collaborative efforts of Our Lady of Lourdes Catholic Church, Georgia Department of Community Health, and St. Joseph's/Candler Health System. It opened in late fall of 2007 to provide free primary care services to uninsured persons in West Chatham County whose income is at or below 200% of the federal poverty guidelines. In addition to primary care, on-site services include a range of specialty and other medical care, including prescription assistance, labs, x-rays, and patient education with a largely bilingual staff.

Chatham CARE Center (CARE) provides comprehensive health services to HIV-infected residents of Chatham County through coordinated case management at the Health Department.

Community Cardiovascular Council (CCC) is a private, non-profit health care 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 2008, CCC registered 13,448 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 Department contracts, the local United Way, St. Joseph's/Candler Hospitals and a variety of foundation grants and contracts.

MedBank Foundation, Inc. (MB) is a private, non-profit organization that offers prescription assistance to low-income patients of area health providers. MB excels in obtaining medications at no cost to patients through programs presented by participating pharmaceutical manufacturers. Last year, MB provided more than $6.3 million in free medications to the community in 2008 by working with community clinics. In 2008, MB staffed Community Health Mission, Curtis V. Cooper Primary Healthcare Center, Savannah Area Behavioral Health Collaborative 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 Good Samaritan Clinic and countless social service agencies. MedBank is able to track medications and medication cost for each patient and track renewal dates and demographics on its patient population.

Memorial Health University Medical Center (MHUMC), a 530-bed tertiary teaching hospital now affiliated with Mercer University, is the region's level one trauma center. Therefore, the emergency facilities are the most extensive in the region treating over 80,000

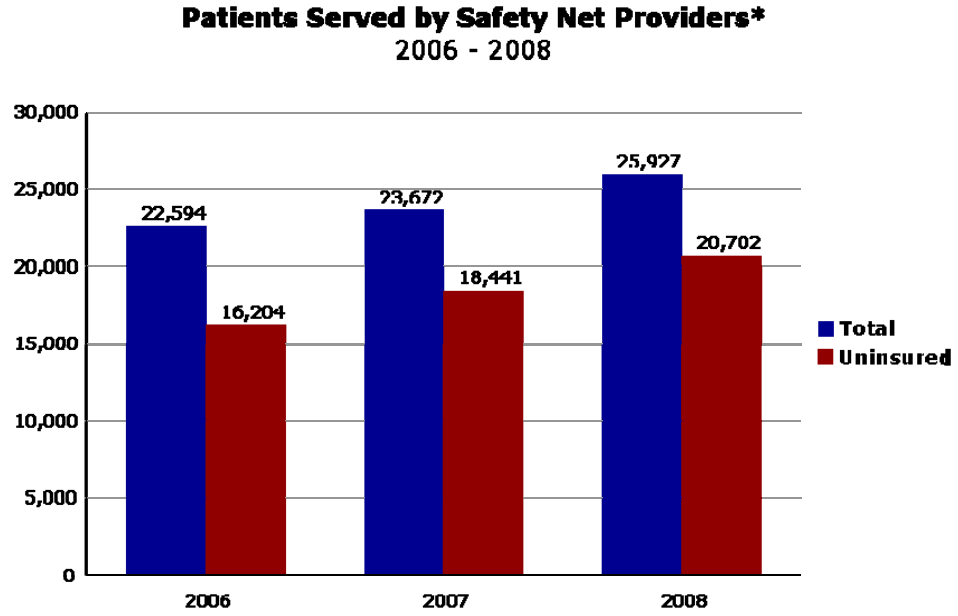
cases annually. The Emergency Department has 13 acute-care beds, 24-hour access to in-house surgeons and prompt access to specialty physicians.

Saint Joseph's/Candler Health System (SJC) is a 636-bed, faith-based non-profit hospital with two physical locations in Chatham County- Candler Hospital in midtown and St. Joseph's on the south side of Savannah. Full-service emergency care is available at hospital campuses, 24 hours a day, seven days a week, with a full complement of emergency staff and specialists on call for consultation. The St. Joseph's ED is a 14-bed facility; Candler Hospital's ED is a 30-bed facility.

Each member of the Safety Net has a unique service delivery structure. Chatham County Safety Net Providers at a Glance in the Appendix summarizes these variations, including location, insurance status accepted, fees, on and off site care available, along with availability of laboratory, X-rays and medication services. In reading this report, it is important to be mindful of the impact these differences have on each organization's services, the populations served, and the administration and service delivery costs.

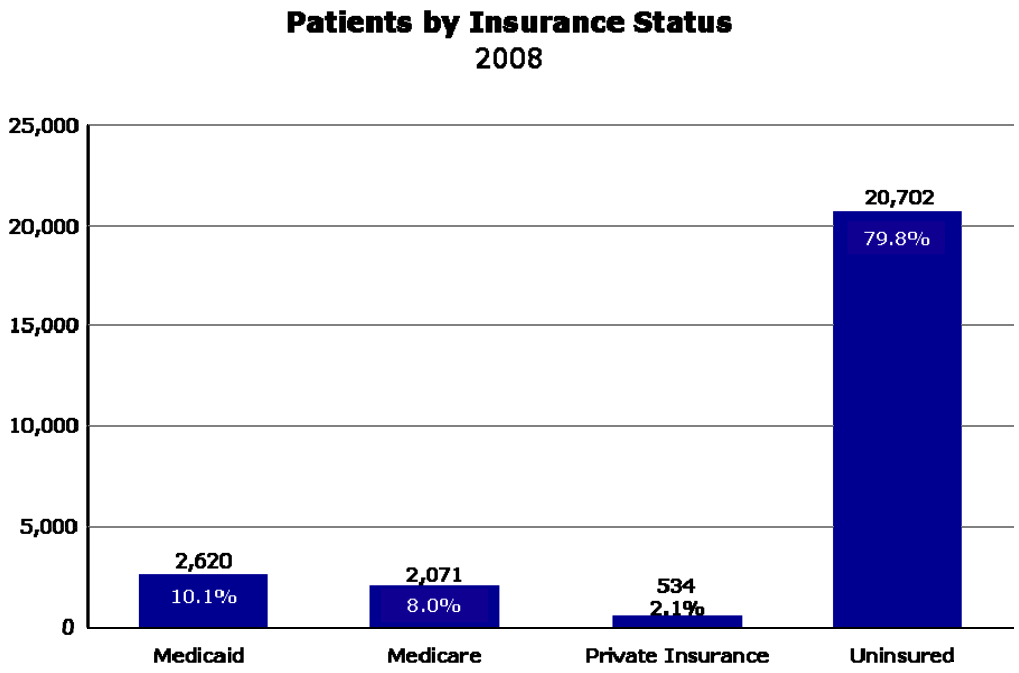
2008 Data Review

I. Capacity

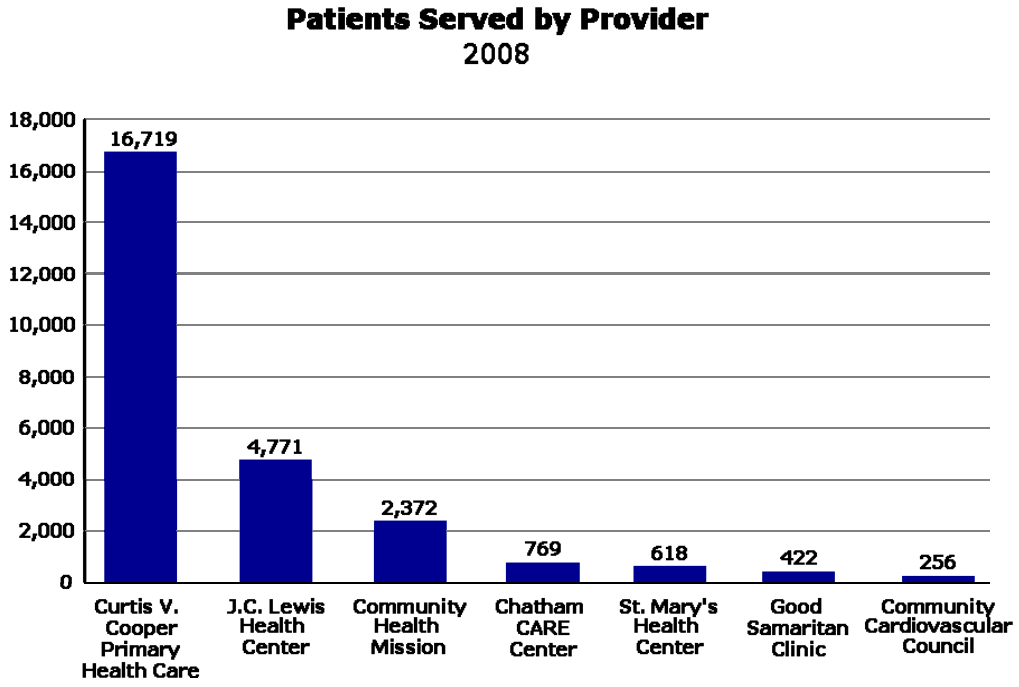


In 2008, most Safety Net Provider Network members experienced increases in the number of un/underinsured Chatham County inhabitants served – a trend that has continued since the 2006. Currently, our providers do not have the ability of exchanging information in order to check for shared patients. Although patient duplications may exist, the provider clinics reported serving a total of 25,927 patients – an increase of 9.5% since 2007 and 14.8% since 2006. Because of the possibility of patient duplication, the numbers are not suitable for an accurate comparison to the estimate of the total uninsured population in Chatham County. The proportion of patients who are uninsured across the provider system rose to 79.8% in 2008 from 77.9% in 2007 and 71.7% in 2006.

Some of the clinic providers have billing capabilities and see patients with Medicare, Medicaid or private insurance as well as the uninsured. The Federally Qualified Health Centers and the Chatham CARE clinic of the Chatham County Health Department are able to accept patients with Medicare, Medicaid and private insurance. In order to do so, the clinic must include a billing department in the administrative staff.

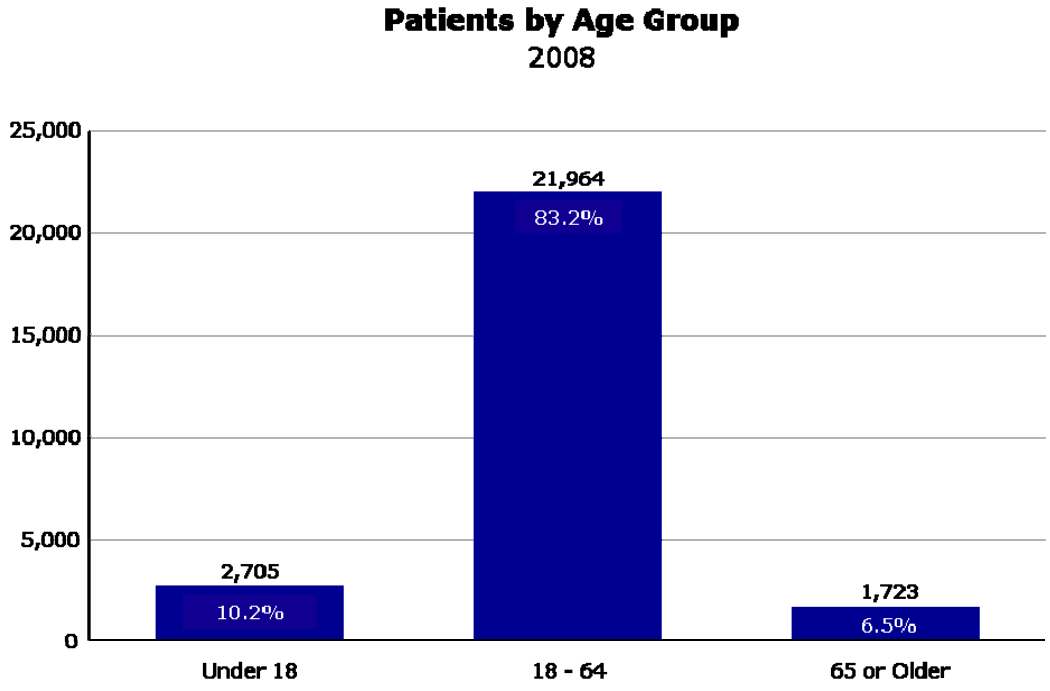


Federally Qualified Health Centers across the United States are required to collect fees based on a standard sliding fee scale. The lowest fee charged per visit using this scale is $12.00, but this covers a visit inclusive of laboratory tests and radiology studies. Volunteer clinics charge no fee to see a healthcare provider, but patients may be required to pay for lab tests and X-rays. All patients have access to low cost prescription drugs, whether the pharmacy is located on-site as in the case of CVC or whether they are enrolled in a prescription assistance plan.

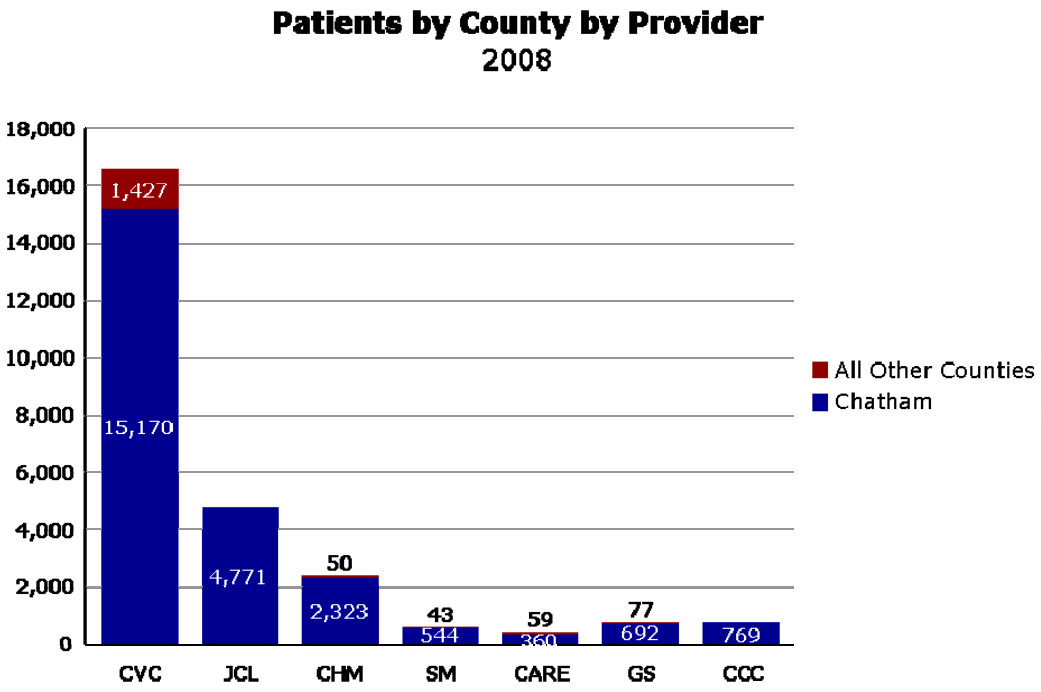


The Federally Qualified Health Centers have the largest capacity caring for 83% of the patients reported in 2008. In 2007, the Safety Net Providers reporting were CVC, JCL, CHM and SJ/C St. Mary's, with SJ/C Good Samaritan reporting numbers only in 2008. In 2008 the total number seen in the four clinics alone rose from 2007's 23,672 to 24.480, representing an increase of 3.4%. The 874 patients cared for by SJ/C Good Samaritan represent an additional 3.7% increase in capacity from 2007 to 2008.

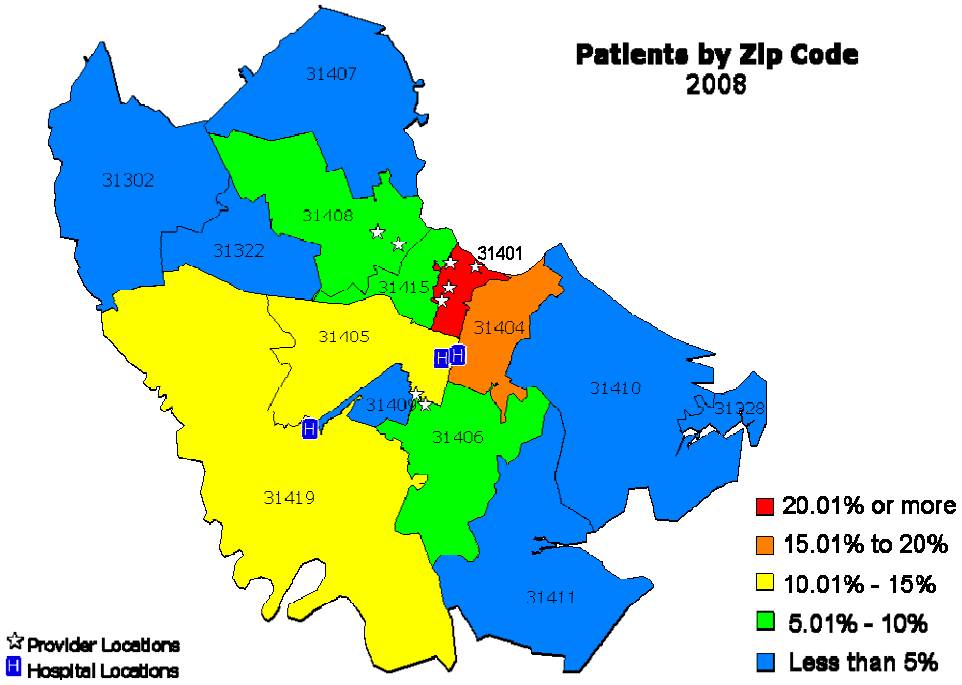
Adults 18-64 make up 83% of the patients seen by the CCSNPC primary care providers in 2008. Those under 18 and 65 or older were most often seen in the Emergency Departments. [See Emergency Department section IV] Of the Safety Net Providers, only three provided care for patients in the under 18 or 65 and older age ranges. These were CVC, where approximately 15% were under 18 and approximately 8 % were 65 and older; J.C. Lewis Health Care Center where approximately 3% were under 18 and another 3% were 65 and older; Community Cardiovascular Council where approximately 39% were 65 and older. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only.



Providers use a variety of methods to collect demographic data for race and ethnicity. Large percentages resulted for the categories "other" or "unreported" for ethnicity. The proportion of patients reported for each race was 70% African American, 24% White, 1% Asian and the balance "other" or "unreported."



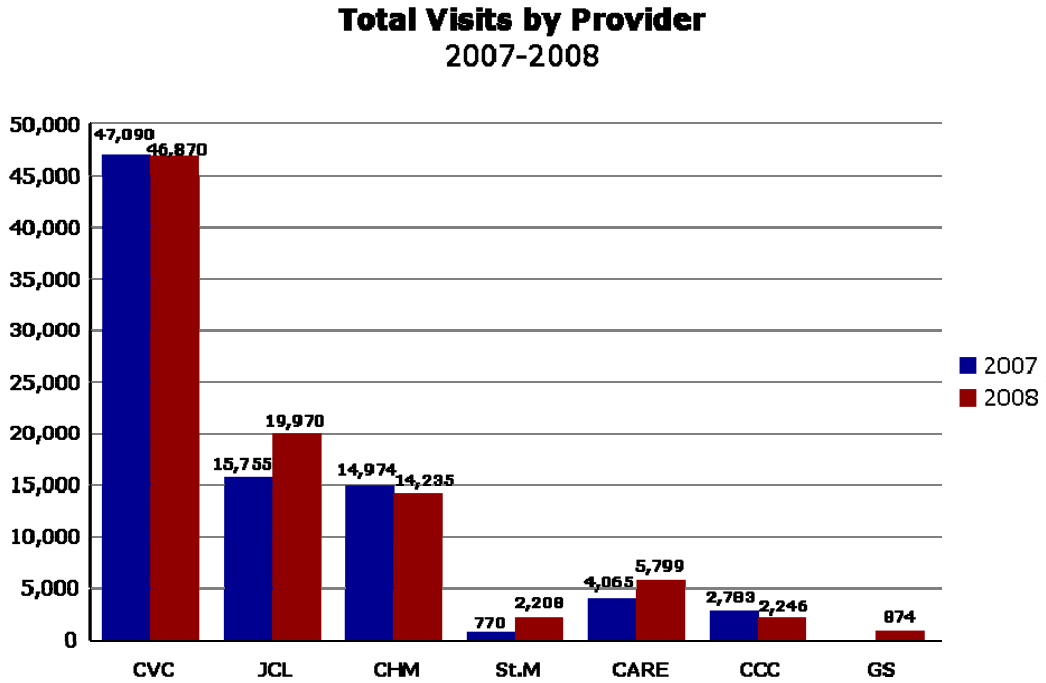
Across all providers, 94% of all patients are from Chatham County. Federally Qualified Health Centers function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that the patients seen at JCL are homeless and have no permanent address; however for the purposes of this report the assumption is made that they live in Chatham County.



The zip code with the highest proportion of patients using Safety Net Providers is 31401. This is also the section of Chatham County with the highest proportion of individuals living in poverty, a significant contributor to lacking health insurance. A close second in poverty to 31401 is the neighboring zip code 31415, followed by the adjacent 31404 and 31408.

Individuals living in Poverty by Zip Code[5]			
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

Accordingly, the CCSNPC primary care sites are all located in zip codes 31401 or 31408 with the exception of the Chatham County Health Department Eisenhower site and Community Health Mission in 31406. Most patients report that they reside in 31401 and 31404, close to the largest volume provider, Curtis V. Cooper Primary Health Care.



Visits reported include primary care, dental, health education, wellness and screening among others. In 2007 the total number of visits provided to patients was 85,437. In 2008 a total of

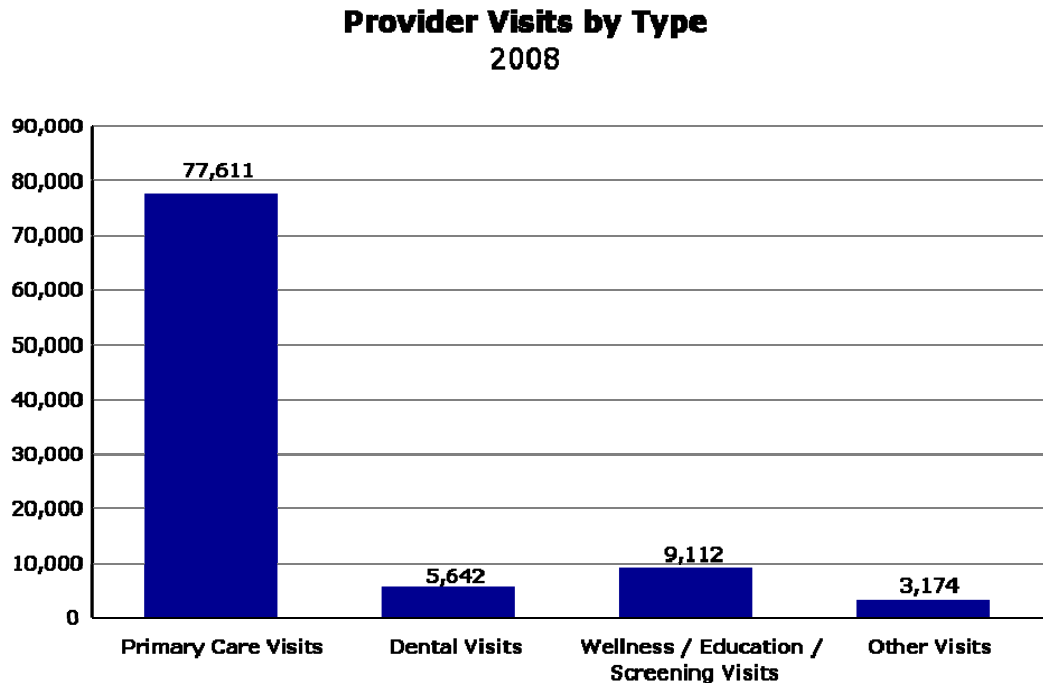
[5] http://factfinder.census.gov

92,202 visits were provided, an 8% increase over 2007. Federally Qualified Health Centers provided 75% of patient visits in 2008, compared to 73.6% in 2007.

The overall increase in patient visits was realized despite the fact that three providers had fewer visits in 2008. Clinics experiencing a slight (but not statistically significant) decrease in visits reported intermittent staffing and funding challenges at various times throughout 2008. JCL was able to hire another physician and increased hours of operation. Chatham CARE experienced an increase in patient visits due to a number of factors, including an increasing prevalence of HIV in Chatham County, a more aggressive pursuit of identifying individuals with HIV, increased awareness of availability of services, and an increase in the number of referrals.

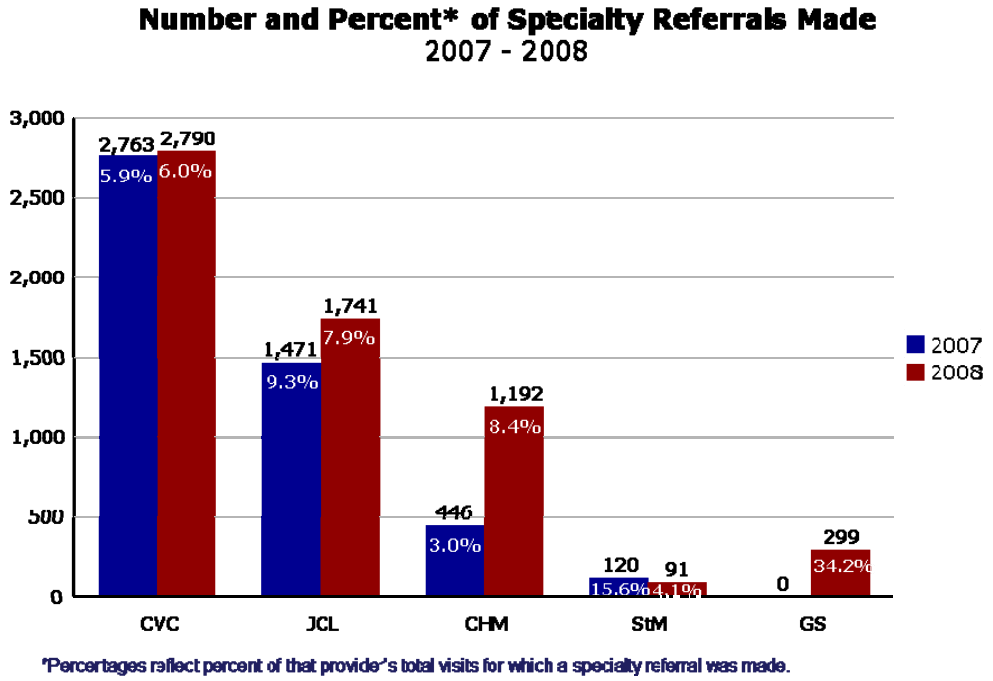
The volunteer clinics numbers showed a 10% increase of visits provided, from 15,744 visits in 2007 to 17,317 visits in 2008. This increase was due to the expansion of SJ/C St. Mary's into new facilities and the opening of a new volunteer clinic, SJ/C Good Samaritan. The increase in visit capacity in the volunteer clinics represents 23% of the overall increase in visits in 2008.

The Safety Net Providers offer a number of different services to their patients. Primary care visits with a Nurse or Doctor represent 81% of all visits; Wellness, Education and Screening account for 9.5% of the visits; and Dental, 6% of the visits.



Providing specialty care to patients before their medical conditions become highly complicated can result in lower overall health care costs and fewer emergency room visits and hospitalizations. Referrals are carried out and counted in different ways by each Safety Net Provider. Some providers count referrals within the clinic location, while others only

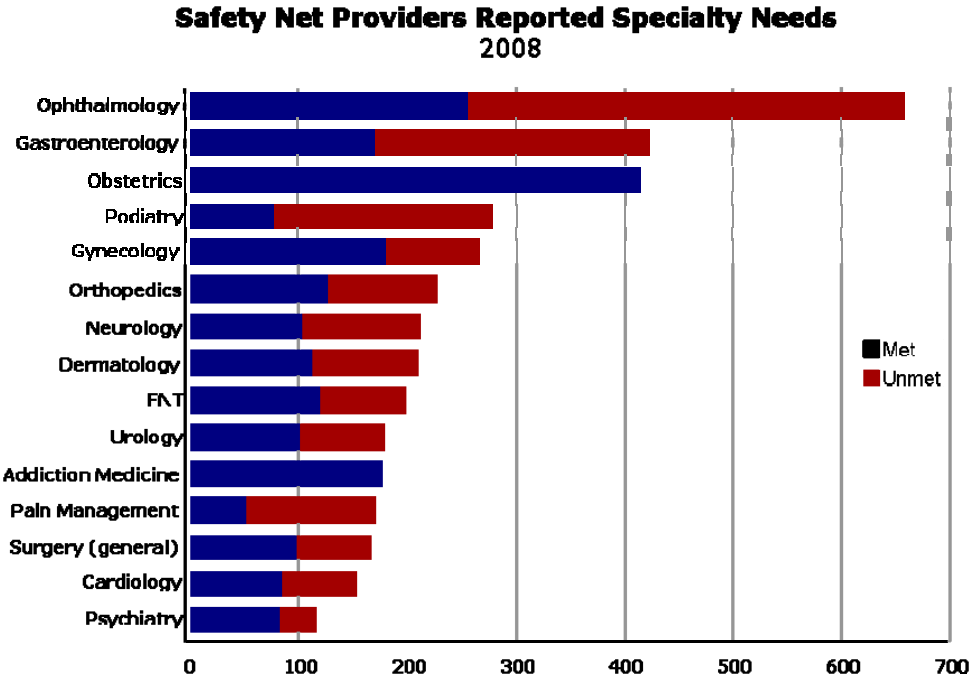
count specialty referrals to providers at another location. Some providers are able to track the number of specialty referrals kept more closely than others, based on available staff and information systems used.



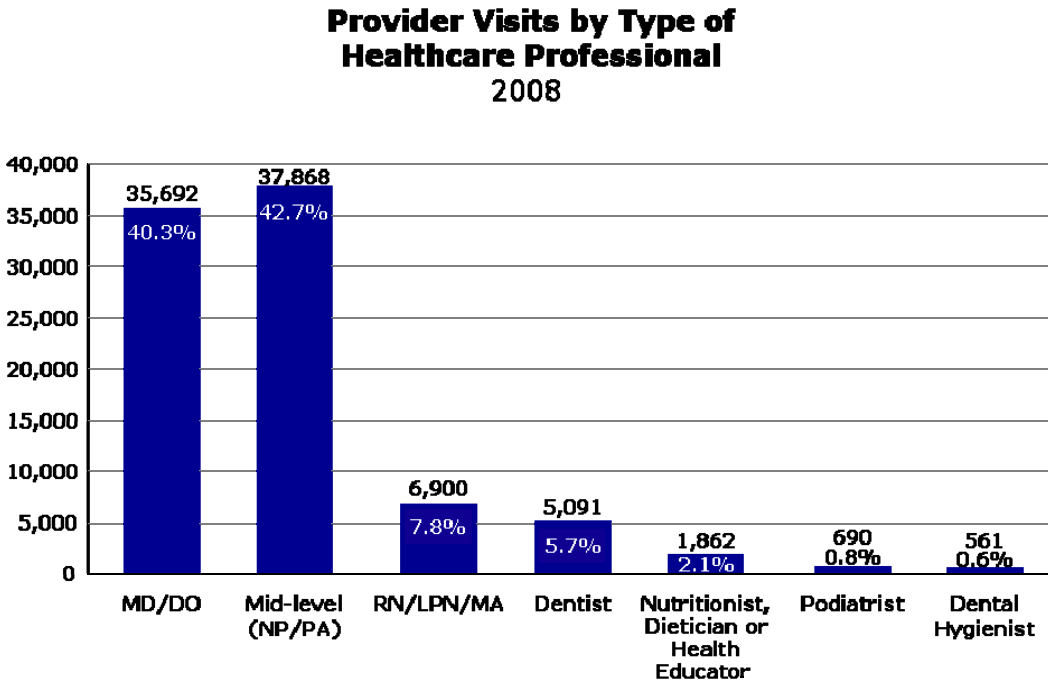
However, regardless of the referral and tracking system used, all of the Safety Net Providers actively seek care beyond a primary care visit for their patients. The number of specialty referrals reported has increased 27% from 4,800 in 2007 to 6,113 in 2008.

To assist the providers in uniformly tracking specialty care referrals, in 2008 the Safety Net Planning Council received grant approval for a specialty care referral program, Chatham CAN (Creating Access Now), through Healthcare Georgia Foundation. In order to assess which specialty care appointments were available to the uninsured and which specialty care appointments were difficult to obtain, Chatham CAN conducted a specialty care needs survey among the Chatham County Safety Net primary care providers. Providers were asked to submit the number and type of specialty care appointments they attempted to make in 2008 and indicate how many of each type were successfully scheduled.

Although they were successful in connecting some patients to care, providers reported that there were insufficient appointments available particularly in eye and foot care for diabetes management and for digestive diseases. Each time a provider required an appointment for a patient for prenatal care or addiction services, an appointment was available for the patient. Other specialties, such as orthopedics, neurology, dermatology and urology, had some appointments available, but not enough to meet the demand. For pain management, general surgery, cardiology and psychiatry, there were unmet requests for referral appointments, but the overall need is not as great as with eye and foot care and digestive disorders.



II. Healthcare Delivery



Patient visits were provided by a number of different types of clinicians- 40% are MD/DO's and APRN/PA- 43%. Safety Net Providers use a variety of healthcare models to organize and deliver health care. Across the country primary health care delivery is varied, but can be

categorized into three models, the physician model, the nurse managed model and the medical home model.[6] 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-Georgia, in particular-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, 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 practice, 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, while someone who needs regular visits and continuing health education for management of a condition such as diabetes may be seen most often by nurses or a mixed team of providers.

The tables below show the number of full time employee (FTE) positions filled with the three main categories of healthcare providers by clinic location.

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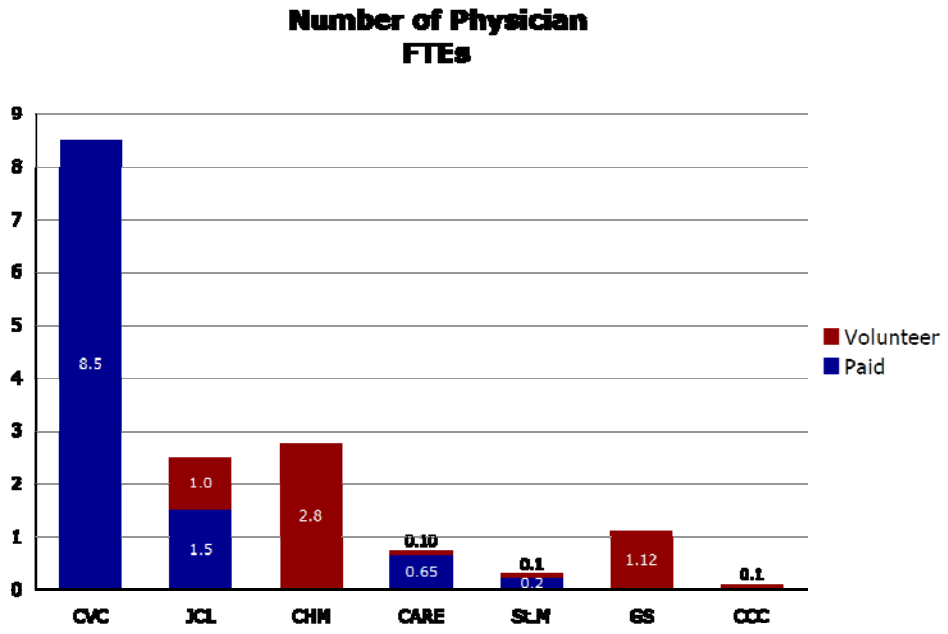
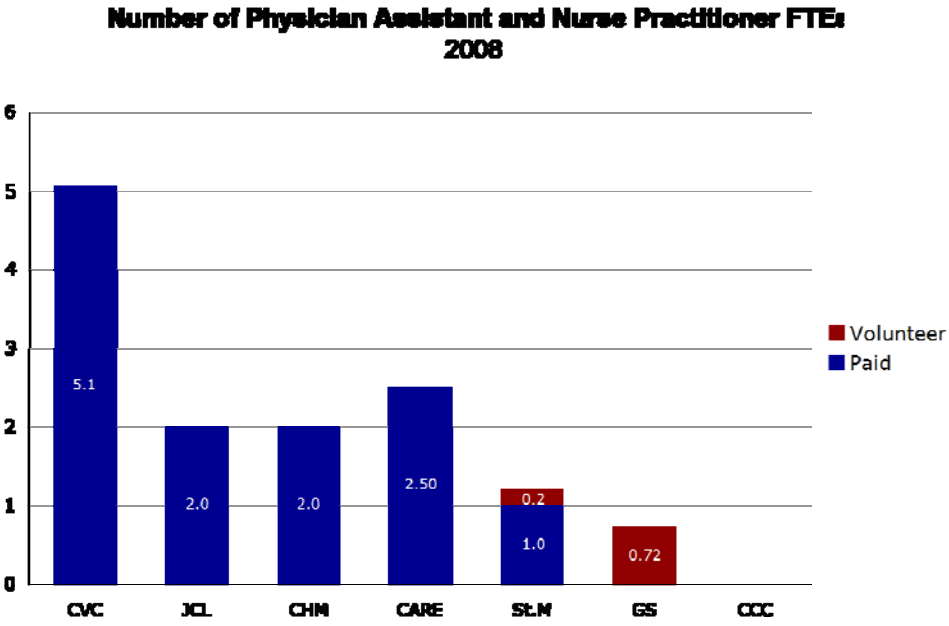
[6] http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf

http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccesstoCoordinatedPrimaryCare62008withL.pdf

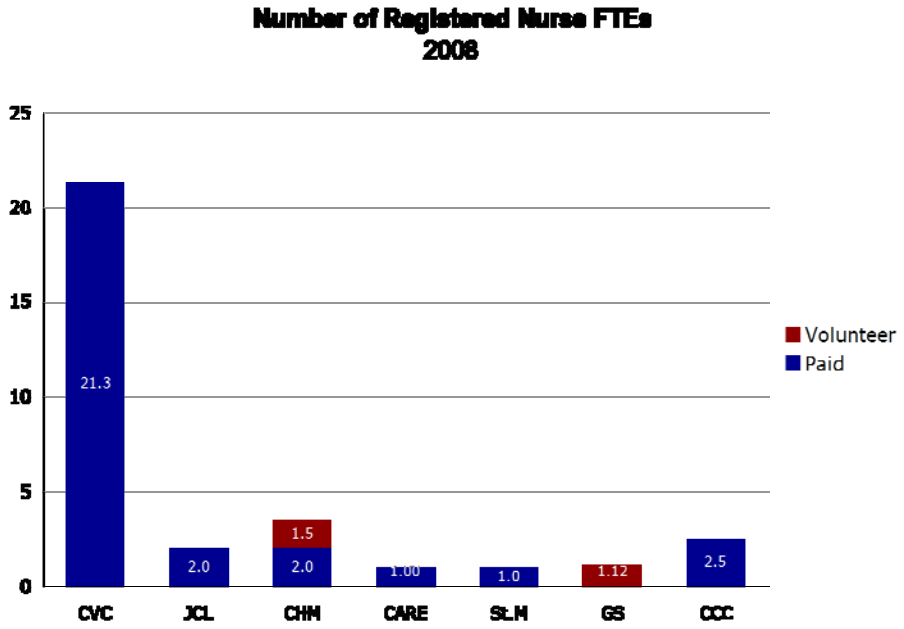
http://www.nationalnursingcenters.org/policy/NNCC%20Study%20Preview%20Factsheet%208.2007.pdf



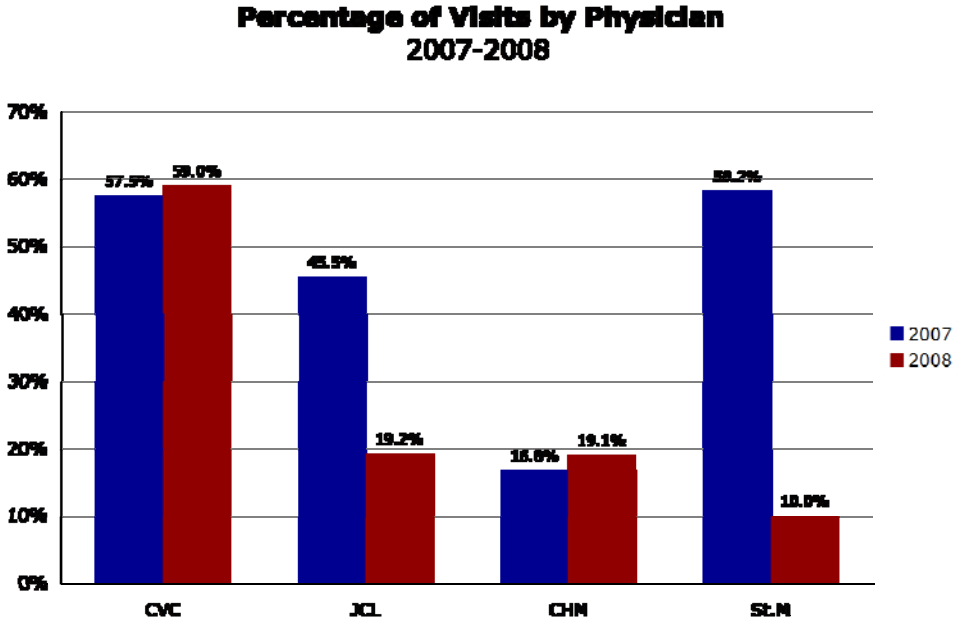
The equivalent of 16 full time physicians employed or volunteering throughout the Safety Net Provider system in 2008 provided 40% of the total visits or 35,692 patient visits, an average of 2,231 visits per physician. There were more physician FTE's than there were physician assistant/nurse practitioners across the Safety Net Provider system in 2008. 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.



The equivalent of 13.5 full time physician assistants and nurse practitioners employed or volunteering throughout the Safety Net Provider system in 2008 provided 43% of the total visits or 37,868 patient visits, an average of 2,805 visits per provider. CVC uses a physician based healthcare delivery model and is therefore the only provider employing more physicians than physician assistants/nurse practitioners. (8.5 to 5.1). The other clinics use nursing or medical home models, therefore, their physician to physician assistant/nurse practitioner ratios are either approximately 1:1 or are weighted toward non-physicians.



In 2008 6,900 patient visits with a Registered Nurse represents about 8% of the total visits. Registered Nurses contribute vital support to the care provided by other healthcare professionals which is not reflected in the patient visit data.

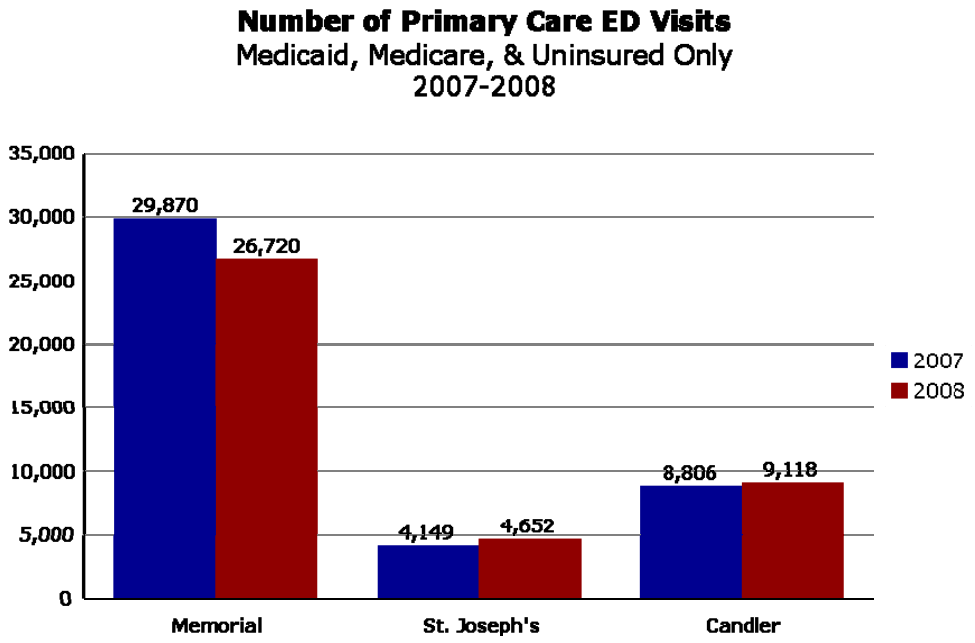


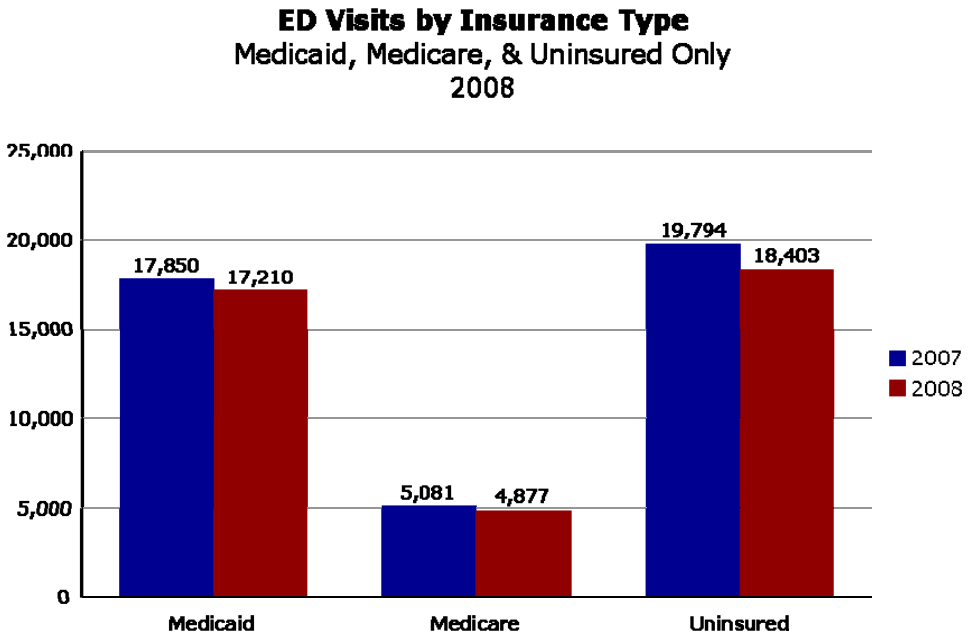
St. Mary's Health Center and, J. C. Lewis Health Center increased utilization of mid-level professionals providing primary care in 2008, a strategy which successfully increased the capacity of patient visits provided.

In 2005, the Chatham County Safety Net Planning Council received grant funding from the Healthcare Georgia Foundation to implement a health care navigation program. The goals of any such program are to improve access to health care and to ensure the most effective and most appropriate use of health care opportunities. The Chatham County care navigation effort set out to match patients who were using the county Emergency Departments for primary care with a medical home or other appropriate agency where ongoing care for chronic disease and solutions to patients' healthcare needs would be provided. In 2008, the CCSNPC Care Navigator program connected patients with a variety of services including X-rays, laboratory tests, medical equipment, mental health and counseling, prescription assistance, smoking cessation and weight loss programs, wellness programs in addition to linking patients to primary and specialty care providers. A total of 12,426 services were provided to the 3,638 patients enrolled in the program.

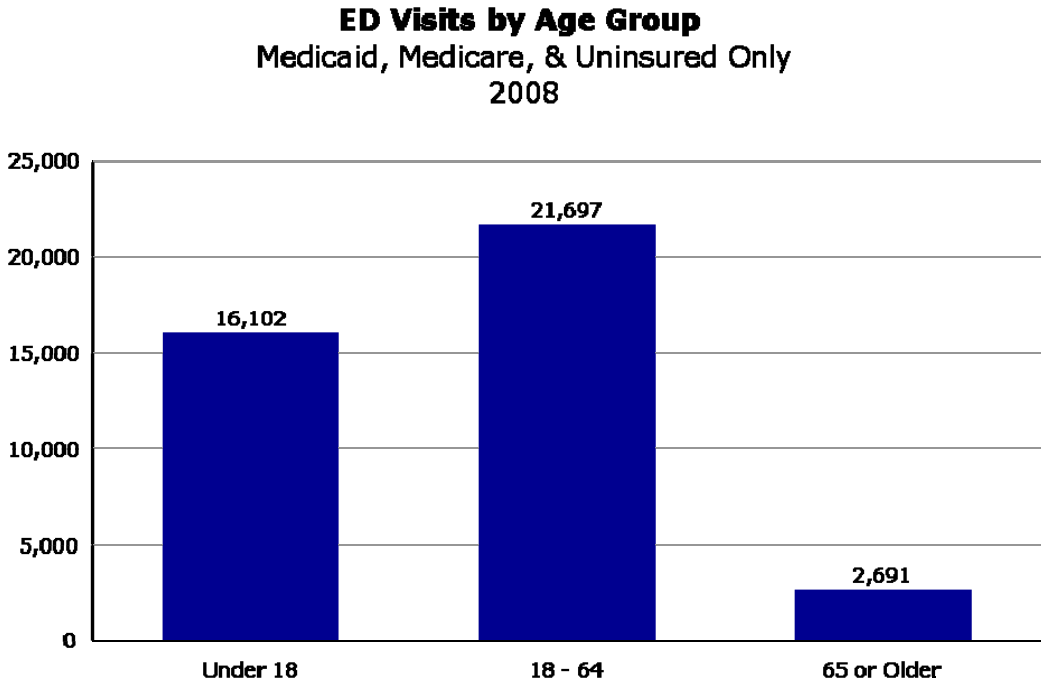
III. Emergency Departments

The emergency departments continue to provide primary level care, defined as Acuity Level 1 and 2 visits in the Emergency Department system. Citizens who are uninsured, self pay or have Medicare and Medicaid are reported as a single group. The total number of this type of visit provided in the hospital Emergency Departments in 2008 was 40,490. Of these, 66% were cared for at the MHUMC ED. This represents a decrease of 5.5% from the 42,825 total visits reported in 2007. In 2007, MHUMC ED provided 70% of the ED visits to this population.

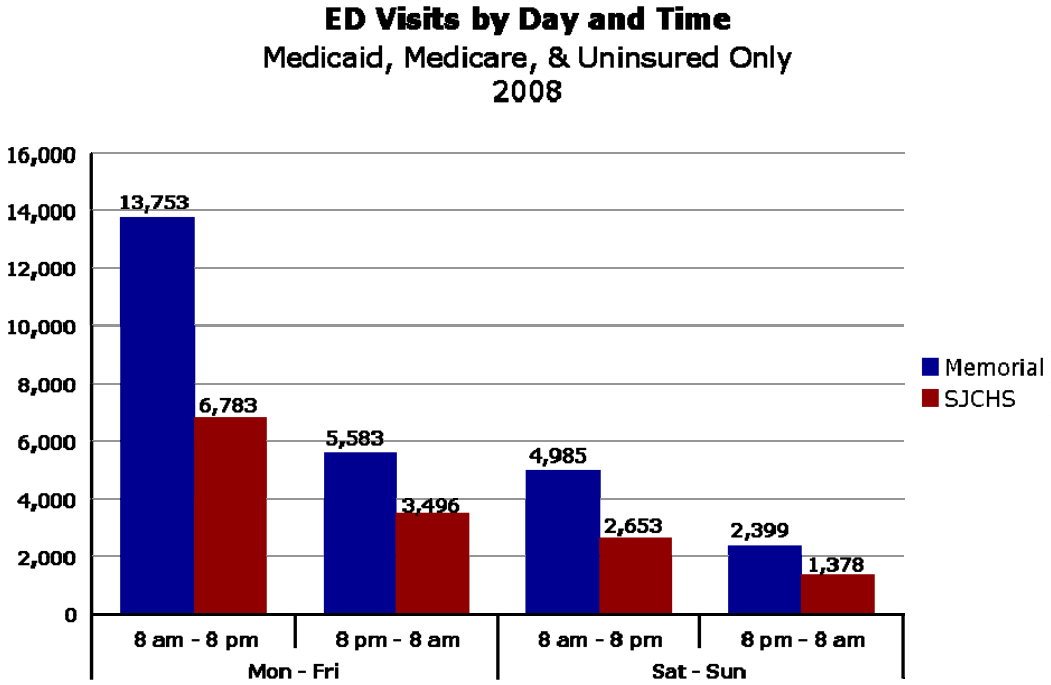




Approximately 42% of the patient visits in the Emergency Departments in 2008 were covered under Medicaid, aligning closely with the 40% distribution of patients under 18 years old below. Georgia has a readily available plan to cover children, PeachCare for Kids®, which is included in the Medicaid insurance status above. The racial distribution of the Emergency Departments visits is similar to that seen by the Safety Net Providers. African-Americans make up 61.2% of the visits, with 33.7% White, less than 1% Asian and approximately 5% unreported.

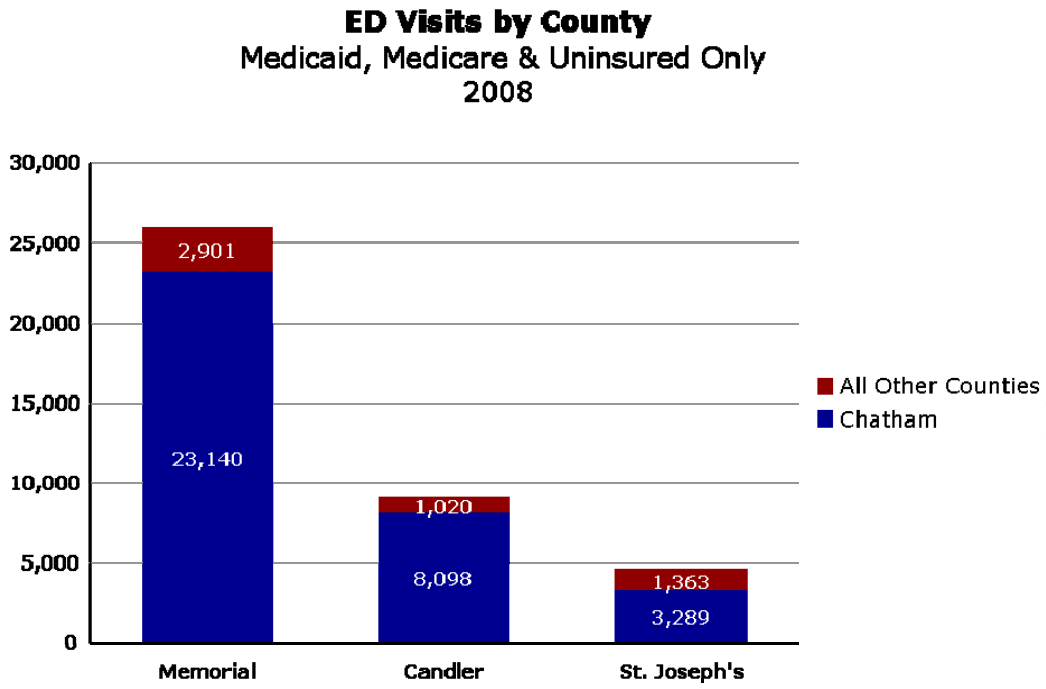


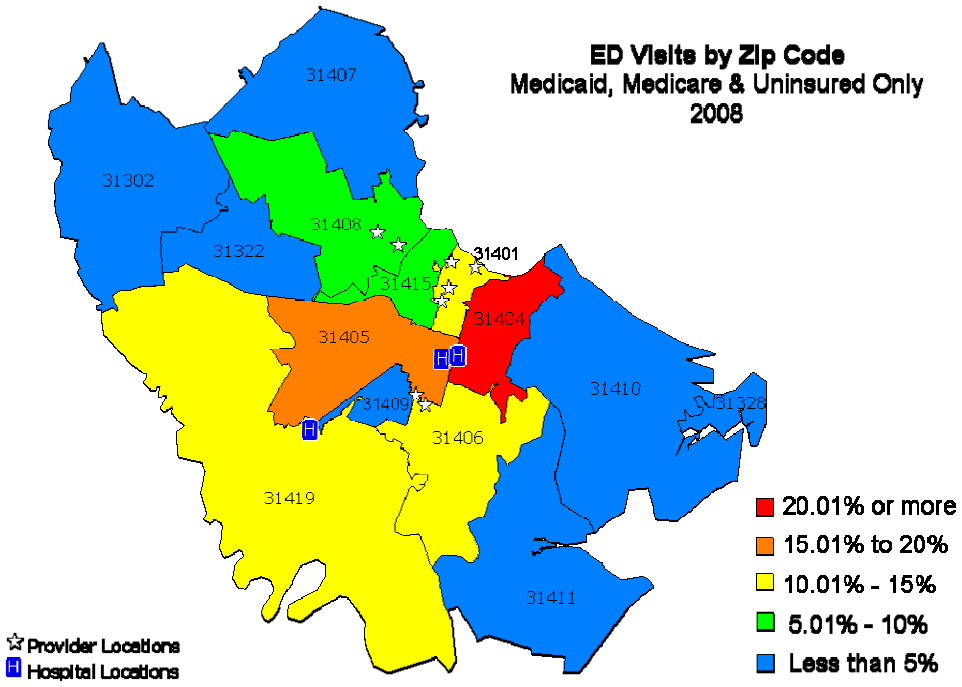
Adults 18-64 make up 54% of the visits to the Emergency Departments and 45% of the patient visits are uninsured. This, along with the timing of the majority of visits to the Emergency Departments occurring during the day, suggests that there is excess need for primary care for uninsured adults not being met by the Safety Net Providers.



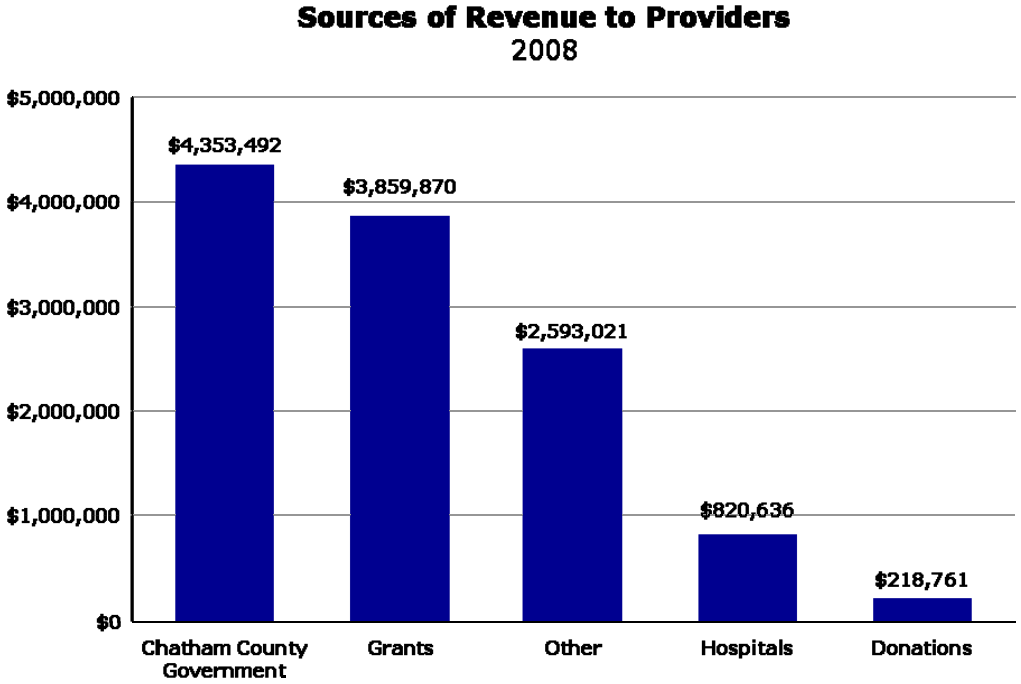
Although a 5.8% decrease in the number of primary care Emergency Department visits from 2007 to 2008 is commendable, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments are occurring during the hours that the Safety Net Provider are open (8 am – 8 pm, Monday – Friday). The age group distribution of the patient visits to the Emergency Departments for primary care visits may offer an explanation-40% were under 18 years old versus 10.2% of patients in the under 18 age range by the Safety Net Providers as a whole. Of the Safety Net Providers, only two see pediatric patients. These were CVC where approximately 40% were under 18 and JCL where approximately 3% were under 18 years old.

Across all three Emergency Departments, 87% of visits are from Chatham County patient visits. The zip codes with the highest percentages come from 31404 and 31405, two zip codes in the top five as far as individuals living in poverty. (See Page 13) No Safety Net Providers are located in either of these zip codes. The largest volume Safety Net Provider, Curtis V. Cooper Primary Health Care 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 program-based services, is also located in 31406. Although there is a higher proportion of children seen by the Emergency Departments than by the Safety Net Providers, US Census Data did not show any correlation between age of the population by zip code (specifically, under age 18 or under age 5) and the distribution of Emergency Room visits.[7]


ED Visits by County
Medicaid, Medicare & Uninsured Only
2008
30,000
25,000
20,000
15,000
10,000
5,000
0
2,901
23,140
1,020
8,098
1,363
3,289
Memorial
Candler
St. Joseph's
All Other Counties
Chatham


ED Visits by Zip Code
Medicaid, Medicare & Uninsured Only
2008
31407
31302
31408
31322
31401
31415
31404
31405
31410
31328
31409
31406
31419
31411
20.01% or more
15.01% to 20%
10.01% - 15%
5.01% - 10%
Less than 5%
Provider Locations
Hospital Locations

IV. Financial Data

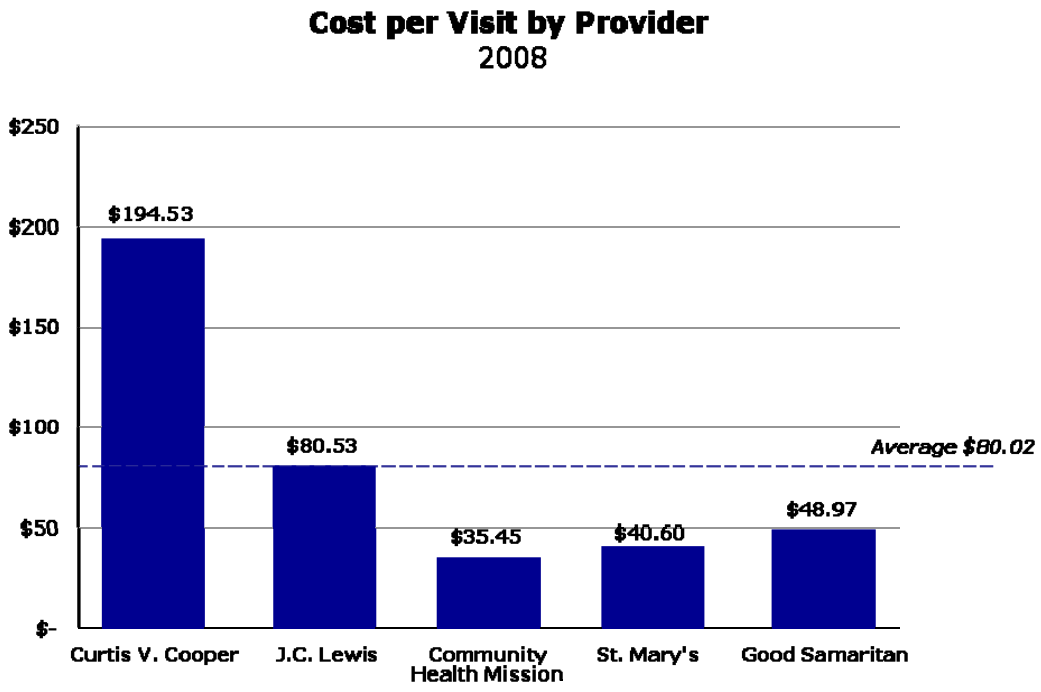


Chatham County continues to provide a significant amount of funding to the Safety Net system. Federal funds come to the FQHC's in the form of grants; therefore, those monies are included in the Grants category, not the Government category. The "Other" funds are co-pays and billing revenue from Curtis V. Cooper Primary Health Care. Hospitals donate funds to the providers in the CCSNPC as do individuals.

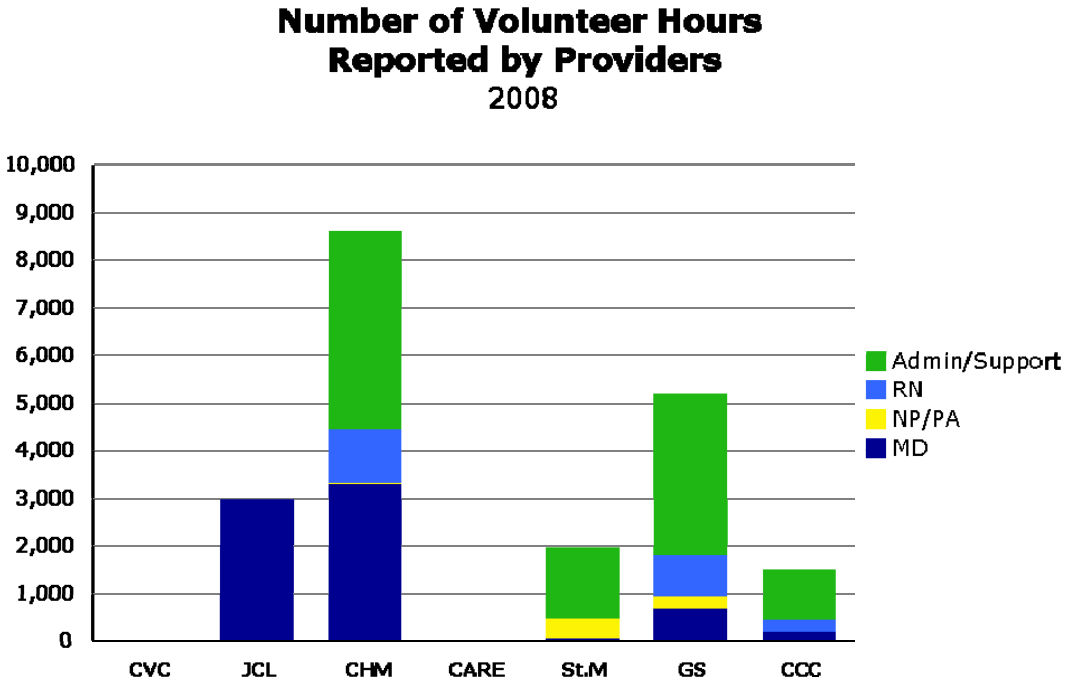
Chatham County Government provided 37% of the total cash coming into the CCSNPC provider system in 2008. Grants from private and federal or state government sources accounted for 33%. Fees from co-pays and billing (other) at CVC, the largest FQHC, provided 22 % of the total cash resources, while 7% came from the hospital systems and 2% from private donations.

The 2008 average cost per patient visit in the Safety Net Provider system was $80.02. This amount represents the average cost across all providers, not across all patients. The total cash revenue at each provider site was divided by the number of patient visits in 2008 at that site. The results for the clinics were then averaged.

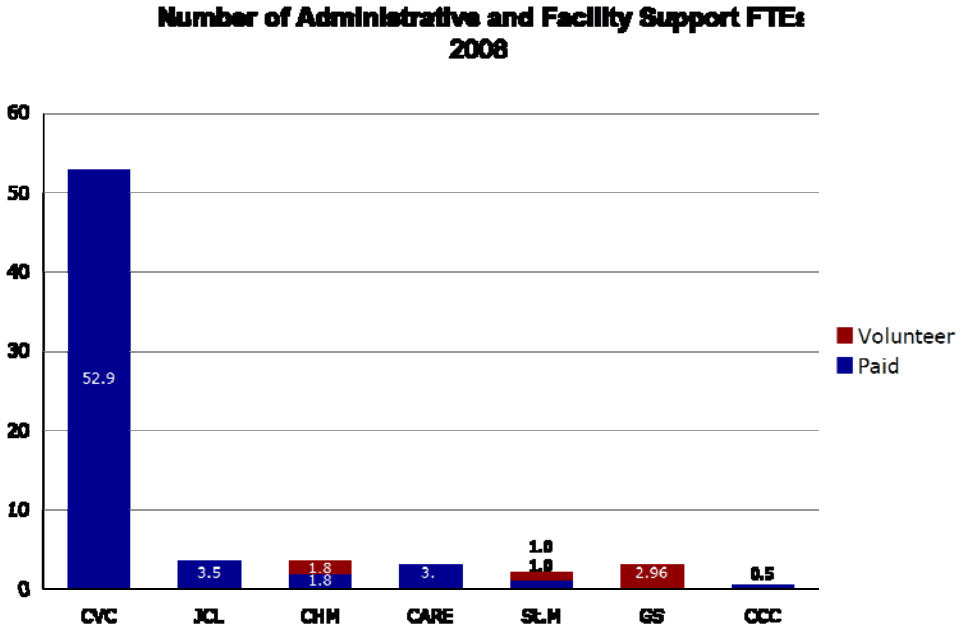
The services included in a visit vary by provider. At Curtis V. Cooper Primary Health Care, for example, any lab tests and X-rays associated with a visit are included in the cost, while these are usually separate charges at other providers.



The method used to calculate cost per visit uses cash outlay only as the cost component and does not take into account in-kind personnel service donation. Volunteer services are vital to the Volunteer Clinics' and many of our providers have become experts in leveraging community resources. The providers who aggressively seek community donations have a lower average cost per patient. Each provider has a different system for assigning value to the volunteer hours donated, so dollar equivalents for donated time and services were not estimated.

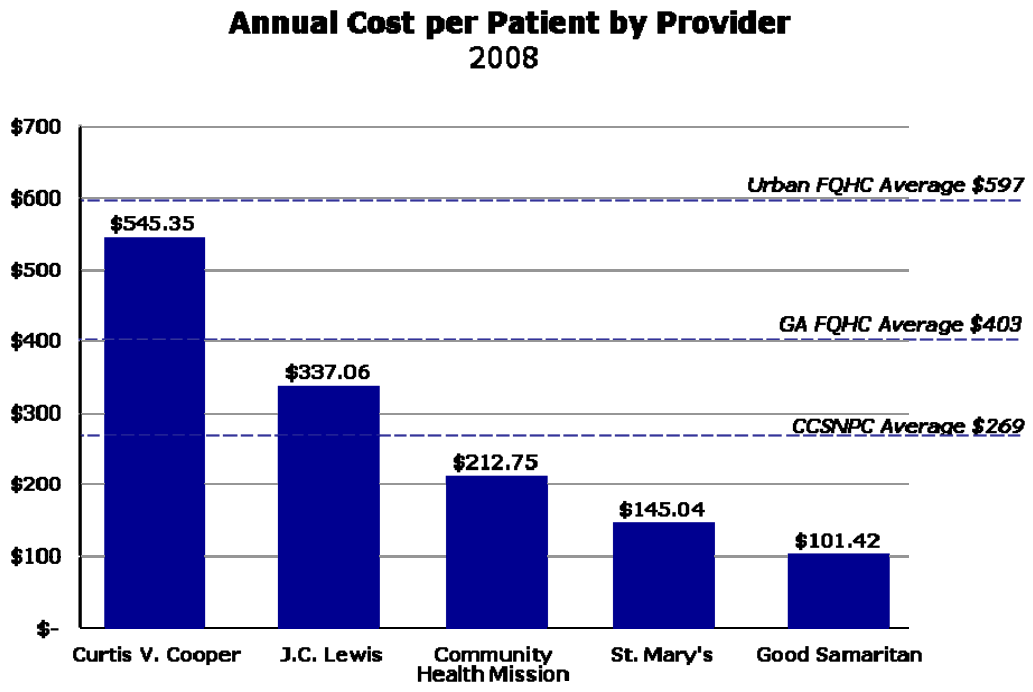


A number of factors contribute to the cost factor of running a clinic, including size of facility, associated maintenance costs, number of administrative personnel, hours of operation, and whether or not a billing and receivables department is present. Clinics which accept insurance must include a fully staffed billing department added to the overhead, and therefore, the average cost per visit.

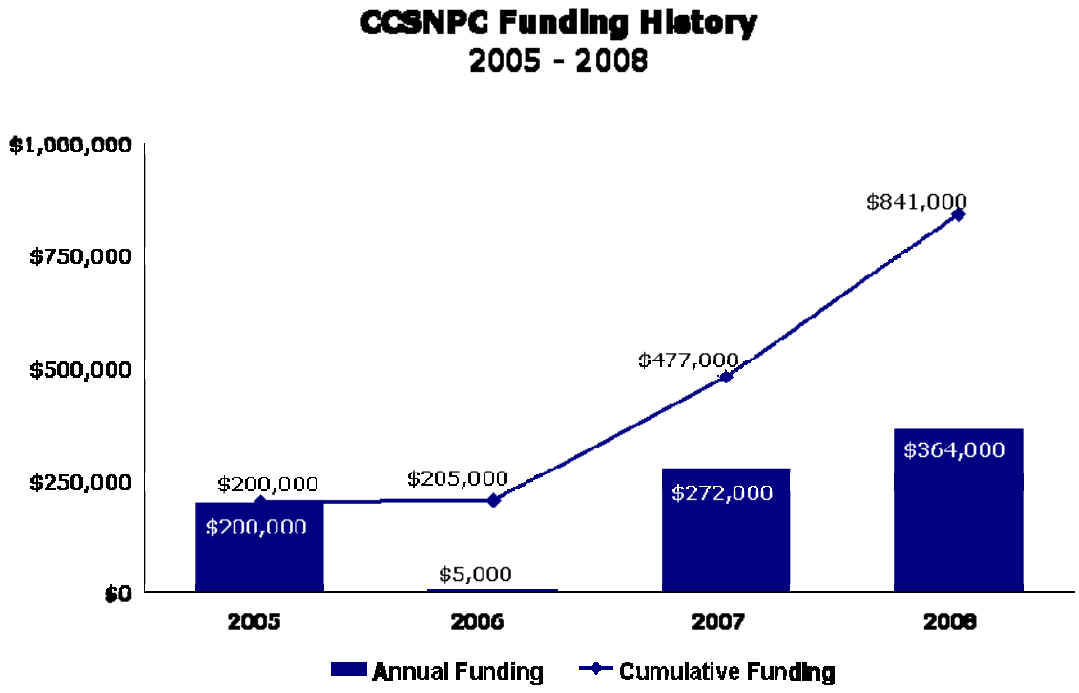


The cost per patient is the average cost to treat one patient at a provider site during a calendar year. This cost will vary depending on the level of health/severity of disease a patient is experiencing which will impact the number of visits that patient requires in the time period and the number of health related tests and services required. While some Safety Net Providers are a part or division of a parent organization and able to share administrative costs with that organization, CVC is a free-standing business and must provide for 100% of its administrative and support personnel.

The average annual cost per patient of $268.32 represents the average cost across all providers, not across all patients. It has been calculated in a similar manner to the average cost per visit above. The total cost of operating the provider site was divided by the number of patients reported for that site in 2008 and the results were averaged. The Safety Net Providers average annual costs compare well to the average annual costs per patient reported by Urban FQHC's across the US and Georgia FQHC's in 2007, the most recent figures available.



The Chatham County Safety Net Planning Council, Inc. has been successful in obtaining grant funding from private, state and local government sources to implement programs on behalf of the Council as a whole. In 2008 a total of $364,000 in grant funds were awarded to CCSNPC, bringing the total cumulative grant funding received since 2005 to $841,000. At the close of 2008, the Executive Director position was created and funded by the Chatham County Commissioners to test the value of a permanent administrator for the rapidly increasing programmatic activities of the CCSNPC.



Progress on 2007 Recommendations

The following is a summary of progress to date on the recommendations made based on the 2007 Evaluation.

Recommendation #1: Staff the Council to maximize its potential.

The Council successfully approached the County Commission to obtain funding for the position of Executive Director of the Council. After posting the position and interviewing qualified candidates, the position was filled December 15, 2008.

Recommendation #2: Develop health information technology to link the partners.

The Council obtained funding for a two year Health Information Exchange (HIE) Pilot project through the Department of Community Health (DCH). The Council's IT Consortium first organized in August of 2007 continued to work together to encourage the adoption of Electronic Medical Records and establish the first communication portals between the hospitals and Safety Net providers. The Consortium worked with health IT consultants to draft a framework of a Health Information Exchange Pilot, initially between two providers who were "tech-ready," J. C. Lewis Health Center and Memorial Health University Medical Center Emergency Department.

Recommendation #3: Develop a Specialty Care Volunteer and Referral Network.

In partnership with The Georgia Medical Society, the Council submitted a grant application to Healthcare Georgia Foundation in 2008 for funding to establish the organizational and tracking structure to implement a specialty care referral network in Chatham County. The grant was approved for funding beginning February 2009.

Recommendation #4: Expand the capacity of the current provider partners and consider the development of new points of access.

A fifth provider, Good Samaritan, was added in 2008. Located in Garden City (31408 zip code), this clinic has Spanish speaking staff and volunteers. St. Mary's Health Center also enhanced capacity by relocating to a larger facility and adding staff funded through a HRSA grant. J. C. Lewis Health Center was able to hire another physician and increased hours of operation.

Recommendation #5: Expand prescription assistance programs.

Prescription assistance continues to be provided by MedBank in partnership with Community Health Mission and Curtis V. Cooper Primary Healthcare to low income uninsured patients. Data is not available to link this assistance with impact on improved health outcomes, but can be quantified and demonstrated to provide needed medications for chronic diseases at no cost

to individuals at or below 200% FPL. The partnership in place for behavioral health medications through Savannah Area Behavioral Health Collaborative (SABHC) was discontinued in December 2008 with the loss of that entity's State contract. Prescription assistance continued in J. C. Lewis Health Center and Curtis V. Cooper Primary Healthcare through the Pfizer Share the Care and other pharmaceutical programs utilizing in house staff.

Recommendation #6: Encourage partners to re-evaluate their practice model and consider the advantages possible with other models.

St. Mary's Health Center and, J. C. Lewis Health Center increased utilization of mid-level professionals providing primary care in 2008, a strategy which successfully increased the capacity of patient visits provided.

Recommendation #7: Continue to support and expand the Care Navigator Program.

The Care Navigator was relocated to an office in Curtis V. Cooper Health Center and continued to assist patients in accessing needed resources and establish a medical home. The utilization of this program and position will be re-assessed in 2009 as the specialty care access program is developed and may dictate a reorganization of the existing program.

Recommendation #8: Investigate the implementation of a social marketing campaign.

The Council developed a tri-fold brochure for community wide distribution via community health fairs and other community events. The brochure is available in PDF format and is easily updated, downloaded and printed. A CCSNPC logo was also developed and approved in anticipation of launching a website early in 2009.

Recommendation #9: Consider approaching other counties for support.

The federally qualified health centers (Curtis V. Cooper Primary Healthcare and J C. Lewis Health Center) and the Chatham CARE Center receive significant federal funding and are obligated to provide services to qualified patients regardless of county of residence. The volunteer medicine clinics have established eligibility requirements and receive funding from multiple sources and do not exclude based on county of residence. The percentage of patients served in these agencies from counties outside Chatham remains minimal and are not supported by county funding.

Recommendation #10: Support provider partners and encourage them to participate and respond to data provided by the Safety Net Planning Council.

The Council continues to collaborate and seek funding based on established priorities, as evidenced by successes in 2008 to secure grant funding. Data from prior evaluations was considered in the decision making process of consideration of opening additional points of access during 2008.

Conclusions

- Sufficient capacity means that there are enough provider sites with enough healthcare providers with enough appointments available at the right times to meet the needs of a population. Chatham County Safety Net Providers continue to be successful in serving more individuals with more services and more appointments every year; yet, making sufficient health care capacity available to the uninsured in Chatham County remains the primary challenge to the providers. The current economic climate adds to the collective concern. Each adult losing a job and any accompanying health benefits adds to the capacity necessary to meet the health needs of not only this adult, but any affected family members as well. At the end of 2008, unemployment in Chatham County was predicted to continue to increase through 2009. Demand for health care exceeding the supply, barriers to needed specialty care and the inappropriate use of emergency departments as primary care providers, all contribute to a community with a poorer overall health status, further stressing a declining economy.

- When an uninsured patient cannot receive specialty care vital to disease management or necessary to correct a medical condition, his or her overall health declines. This may result in the patient seeking an increased number of appointments with a primary care provider, seeking care at emergency departments or delaying care until a condition becomes an emergency requiring hospitalization. Resolution of these health needs through referral to specialists will result in better health outcomes for patients sooner and thereby reduce demands on primary, emergency and hospital care capacity.

- The most frequent user of Chatham County Emergency Departments for primary care continues to be an uninsured adult. The care is most often sought during the week days, when provider sites are open. While all the factors contributing to this are not understood, the data clearly indicates there is an excess demand for primary care not currently met in the Safety Net Provider system.

- Volunteer clinics in the CCSNPC system have stepped up to meet the increasing demand. However, since they rely on volunteers and donations for their existence, the current economic climate may negatively impact their ability to continue to meet increasing health care demands. While their contributions are extremely important, adding volunteer clinics to the CCSNPC system is not the key to meet demand.

- Health Information Technology (HIT) for patient records, data reporting and improved communication provides a permanent, reliable answer for a Safety Net system which strives to be efficient and effective, provide maximum capacity and quality and have the best health outcomes for patients. Without this technology, the CCSNPC providers will remain unable to un-duplicate the patient numbers reported each year, track and reduce the number of duplicate laboratory tests and X-rays performed, communicate effectively with each other to create complete patient records, check for duplicate or contraindicated combinations of prescription drugs and most importantly, will not be able to assess chronic disease outcomes to improve the quality of care provided in the system.

Recommendations

Based on the 2008 evaluation, it is recommended that the Council devote ongoing efforts toward:

1. Actively supporting our partners in the pursuit of all opportunities for funding which will increase capacity through expanded hours, staff, programs, services and facilities,

2. Ensuring that Chatham County residents, particularly those who are recently unemployed and uninsured, know where to find local resources for health care for themselves and their families,

3. Engaging local specialty care providers and implementing a fair, easy and reliable system to connect uninsured patients to the specialty care they need in a timely manner,

4. Working closely with the hospital systems to understand the reasons behind the continued demand for primary health care at the Emergency Department and to implement any programs or processes necessary to help connect patients to primary health care providers who will better serve their needs and improve their health,

5. Encouraging all partners to adopt Electronic Medical Records systems to increase efficiency, minimize waste and increase accuracy and completeness of patient records,

6. Using the latest technology to streamline, correct and integrate the annual data collection system for the CCSNPC providers,

7. Communicating with the providers to encourage them to participate in and respond to data reported by the CCSNPC and priorities established by the Council,

8. Designing and implementing an electronic system of exchanging and storing patient data in a community-based system to allow secure access to complete and accurate patient records, wherever the patient may seek care, and

9. Continuing to support any and all efforts on the state and federal level which will assure access to quality, affordable healthcare and increase capacity on a sustainable level.

Acknowledgments

For their contributions to this report, the Chatham County Safety Net Planning Council acknowledges Alice Adams, PhD, Assistant Professor of Health Science, Armstrong Atlantic State University, Safety Net Council Member and data manager for the CCSNPC Evaluation Committee, Jennifer Wright, Director of Public Policy at Memorial Health University Medical Center, Chair of the CCSNPC Evaluation Committee and Paula D. Reynolds, MD, MPH, Executive Director of the CCSNPC.

The Council also thanks each of the Safety Net members listed below for assisting in the collection and reporting of the data presented in this report:

- Palmira Adkins, Informatics Coordinator, SJ/C St. Mary's Community Center
- Susan E. Alt, RN, BSN, ACRN, Director, HIV Services, CCHD
- Sister Pat Baber, Director, SJ/C St. Mary's Community Center
- Leon Burton, Executive Director, Curtis V. Cooper Primary Health Care
- Robert Bush, JD, Attorney-at-Law, Georgia Legal Services Program
- Agnes Cannella, Director Mission Services, SJCHS
- Linda Davis, FNP, Director Clinical Support Services, Curtis V. Cooper Primary Health Care
- Sherri Estes, MSN, Director of Missions, SJ/C Good Samaritan Clinic
- Aretha Jones, MPH, MA, Vice President of Primary Health Care Services, Union Mission, Inc.
- Liz Longshore, Executive Director, MedBank, Inc.
- Elizabeth Medo, Manager, Decision Support, SJC
- Charles E. Powell, Executive Director, Community Cardiovascular Council
- Miriam Rittmeyer, PhD, MD, MPH, Executive Director, Community Health Mission
- Dawn Stone, Director, Decision Support, MHUMC
- Greta Tholstrup, Executive Director, SJ/C Good Samaritan Clinic
- Natalie Walker, Care Navigator Coordinator
- In particular, the Council acknowledges Diane Weems, MD, Chief Medical Officer, Chatham County Health Department and Safety Net Council Chair, for her ongoing support, insight, and contributions throughout the evaluation process.

APPENDIX	CHATHAM COUNTY SAFETY NET PROVIDERS AT A GLANCE				
2008 INFORMATION	Curtis V. Cooper Primary HealthCare	J. C. Lewis Health Care Center	Community Health Mission	SJ/C St. Mary's Health Center	SJ/C Good Samaritan
Type of Clinic	Federally Qualified Health Center	Federally Qualified Health Center for the Homeless	Volunteer Clinic	Volunteer Clinic	Volunteer Clinic
Location(s):	106 E. Broad Street, 2 Roberts Street, 840 A Hitch Drive	125 Fahm Street	310 Eisenhower Drive	1302 Drayton Street	4704 Augusta Road
Location Zip Code (s)	31401, 31408	31401	31406	31401	31408
Population and Insurance accepted	All individuals including Uninsured, Medicare, Medicaid, Private Insurance	Homeless Uninsured Some Medicaid	Financially Qualified Uninsured	Financially Qualified Uninsured	Financially Qualified Uninsured
Age Groups	All	18-64 Under 18	18-64	18-64	18-64
Fees to see primary care provider	Uses federal sliding scale to calculate co-pay- $12 minimum	Uses federal sliding scale to calculate co-pay- no minimum for homeless	No charge to see on-site healthcare provider	No charge to see on-site healthcare provider	No charge to see on-site healthcare provider
Number of Patients	16,719	4,771	2,372	618	422
Number of Visits	46,870	19,970	14,235	2,208	874
Average Annual Visits per Patient	2.8	4.2	6.0	3.6	2.1
Cost per visit	$194.53	$80.53	$35.45	$40.60	$48.97
Cost per patient	$545.35	$337.06	$212.75	$145.04	$101.42
Walk-ins accepted?	Yes	Yes	No	Yes	Yes
On site Primary Care	Family Practice Internal Medicine Physicians Adult & Pediatric Nurse Practitioners and Physician Assistants	Family Practice Physicians and Nurse Practitioners	Nurse Practitioner/Volunteer Physician provides Family Practice services	Nurse Practitioner/Volunteer Physician provides Family Practice services	Nurse Practitioner/Volunteer Physician provides Family Practice services
Off site Primary Care	Three full time clinic locations	Nurse Practitioners hold clinics at Social Service sites throughout community	N/A	N/A	N/A
On site Specialty Care	Pediatrics OB-Gynecology Dental Internal Medicine	Women's Clinic Dental Clinic Health Education Case Management	Volunteer Specialties Orthopedics Gynecology Health Education Disease Management	Eye Clinic at St. Mary's Community Center open to patients from all providers	Volunteer Specialties Nutrition, Physical Therapy, Orthopedics
Off site Specialty Referrals	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
Laboratory	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
X-rays	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 most X-rays at best rate negotiated by CHM, some donated studies	Referrals within St. Joseph's/Candler network	Referrals within St. Joseph's/Candler network
Pharmacy	$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