Chatham County

SafetyNet

Planning Council

2009 Evaluation

Table of Contents

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, publicly available data on population and policies affecting healthcare, and analysis of that data.

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

In 2009, the provider partners continued to see increased utilization of services from uninsured and underinsured residents of Chatham County. The Safety Net Providers provided 106,821 visits to a record 26,786 patients, increases of 15.8% and 3.3%, respectively since 2008. Approximately 78% of the patients were uninsured, a decrease of 2%. The patient population was largely from Chatham County (94%) and 81% were between the ages of 18 and 64 years. The number of children younger than 18 years served in the system increased 32.9% from the previous year. Children represented 13.5% of the patients seen.

The annual cost for services in the system vary by provider, and are influenced by the specific services offered, how sick patients are and for how long they are ill, adoption of health information technology and use of volunteers, nurse practitioners and physician assistants in the delivery of care. In 2009, the average cost of a visit in the CCSNPC primary care provider system increased 4.3%. The annual cost per patient increased 3.7% to $278.87.

The hospital emergency departments (ED) recorded a total of 43,332 Acuity Level I and II visits (proxy measure for "primary care"), a 7% increase since 2008. Over half of primary care related visits in the EDs continued to occur between 8 a.m. and 8 p.m., Monday through Friday, hours when other primary care providers were available. In contrast to the CCSNPC provider visits, children represented a disproportionately larger number of primary care visits to the ED, 39.8% compared to 13.5%, respectively.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2009, the total value of prescriptions provided approached $12 million. MedBank, a CCSNPC partner, was responsible for providing $6.7 million of this total through an innovative project which placed MedBank representatives in the CCSNPC provider clinics and delivered prescriptions to the patient at their healthcare provider.

Linking patients to specialty care in the private provider community remained a challenge. Gaps in care were noted primarily in the fields of gastroenterology and orthopedics.

St. Mary's Health Center and Community Health Mission joined J. C. Lewis Primary Healthcare Center in adopting Electronic Medical Records (EMR) systems in anticipation of joining the CCSNPC Health Information Exchange (HIE). The HIE is part of CCSNPC's commitment to the adoption of health information technology to increase communication among providers, increase efficiency and effectiveness of care and to reduce redundancies and cost of care across the system. The initial implementation of the HIE began in October of 2009.

Trends noted in the 2009 data confirm that demand for care continues to increase. The ability to meet this demand will require continued improvements across systems and continued collaboration among the partners. 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.

The Chatham County Safety Net Planning Council continues to expand capacity and build on prior successes. Based on this evaluation, CCSNPC has prioritized its recommendations for the coming year.

- Address the pediatric population by ensuring the availability of pediatric providers and maximizing enrollment in Medicaid and PeachCare for Kids™
- Continue to work on expanding pharmaceutical assistance and standardize reporting to quantify the financial impact on the community
- Continue to engage the specialty care providers to develop an equitable, trackable and dependable system to link the uninsured population to the specialty care they need before their health condition becomes an emergency
- Continue to invest in health information technology to ensure efficiency across the CCSNPC infrastructure, to enhance CCSNPC's ability to gather and report accurate and meaningful data and to seek grant funding as opportunities emerge for this national healthcare initiative.

Finally, in order to prepare the Chatham County community for healthcare reform , CCSNPC will provide education to the community on the significance and impact of potential health reform measures, ensure sufficient providers and access points, maximize enrollment in available coverage, provide comprehensive care through adoption of the patient centered medical home model and continue to link patients to medical homes.

Introduction

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

The Safety Net Provider network is composed of both primary care providers and other agencies which support the delivery of healthcare by targeting a specific population or service. The key primary healthcare providers include both hospital emergency departments and five primary care clinics, Curtis V. Cooper Primary Healthcare, Community Health Mission, J.C. Lewis Primary Healthcare Center, SJ/C Good Samaritan and SJ/C St. Mary's Health 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 the 100 Black Men of Savannah. The Chatham County Health Department acts as a neutral convener of the Council. As the healthcare action team since 2005 for the local poverty reduction initiative, StepUp Savannah, the Council explores how its programs can help to eradicate poverty, as this social condition is associated with the lack of health insurance and difficulty in accessing healthcare.

US Census data is available to estimate the number of uninsured by age group and poverty status at the county level. The U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) [1] below reflect the estimates for Chatham County in 2007, the most recent year available at the county level.

Uninsured Population Estimates for Chatham County, GA 2007*

Age Group	All Income Levels		At or below 200% of FPL	
	Number	Percent**	Number	Percent**
Under 65 yrs	43,443	20.4	26,238	34.8
18-64 yrs	35,899	24.2	20,800	45.6
Under 19 yrs	8,598	12.6	5,934	19.3

* http://www.census.gov/did/www/sahie/

** % of population in the income demographic

[1] http://www.census.gov/did/www/sahie/index.html

Other sources confirm that number of citizens without health insurance has steadily increased in Georgia and across the US over the last four years. According to the US Census, in 2009 approximately one in five Georgia residents was uninsured in the two years spanning 2008 and 2009 (20.9%).[2] This represents a 1.7% increase from 2006-2007, when 19.2 % of Georgians were without health coverage, and is 2.1% higher than the national rate of 18.8% in 2009.

The US Census estimates the population in Chatham County for 2009 to be 256,992.[3] Using the US Census 2009 rate for uninsured for 2009 of 20.9 %, as many as 53,711 citizens in Chatham County may have lacked health insurance in 2009.

Trends in unemployment are likely to have resulted in a loss of health insurance for many Chatham County adults not reflected in the US Census 2007 estimates used above and may have similarly affected any children living in families whose main breadwinner may have lost their job. 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." [4]

According to the Georgia Department of Labor, the Savannah area (Chatham, Bryan and Effingham Counties) ended 2009 with an unemployment rate of approximately 8.5%, an increase of 1.0% from 7.5% in December 2008.[5] For Chatham County alone, the unemployment figures published by the Georgia Area Labor Profile[6] show an average rate of 5.6% in 2008 compared to 8.3% in 2009, an increase of 2.7%. This increase in unemployment is likely to be reflected in an increase in those living in poverty.

For many citizens without health insurance, the expenses associated with medical visits and prescription drugs discourage them from seeking ongoing primary and preventive healthcare. As a result, medical care is sought later in the disease process when symptoms become acute and more difficult to manage or reverse, often at hospital Emergency Departments. By definition, Emergency Departments do not offer long term care for chronic disease and are considered the most costly resources for primary care on a per visit basis. Health outcomes for the individual and the community are likely to be less favorable. The sick become sicker at a higher cost to an individual's health and a community's resources.

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[2] www.census.gov

[3] http://quickfacts.census.gov/qfd/states/13/13051.html

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

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

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

Historically, CCSNPC 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 healthcare delivery system. Council partners then address these issues by investing their own resources, securing grant funding and entering into collaborative relationships to improve access to care in the community. Should there be an overarching organizational need which can be addressed on a Council-wide basis, the Chatham County Safety Net Planning Council may elect to apply for funding to implement a solution on behalf of the Council as a whole. CCSNPC'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.

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 2010. Data collected from each provider was compiled into a master spreadsheet for analysis and organized into the following target areas: 1) primary care capacity, 2) other healthcare delivery, 3) emergency department capacity, and 4) business and financial data. Voluntary contributors include the following providers:

Curtis V. Cooper Primary Healthcare (CVC)
http://www.chathamsafetynet.org/curtis-v-cooper-health-center/index.html
CVC is Chatham County's longest established Federally Qualified Health Center (FQHC), providing care for residents of public housing and 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 Healthcare is the Safety Net Provider network's largest provider offering adult medical care, pediatric healthcare, 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. Currently, plans are to relocate Hitch Village to Yamacraw Village by early 2011. 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 Primary Healthcare Center (JCLPHCC)
http://www.unionmission.org/health_center.asp
JCLPHCC, a Federally Qualified Healthcare Center serving the area population, is a division of Union Mission, Inc., which provides housing and support services for homeless individuals. In addition to the general population, JCL provides healthcare for Savannah's homeless and near homeless population under the federal Healthcare for the Homeless Program. 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)
http://www.chmsavannah.org/
CHM was created through the 2006 merger of two free clinics: Community Healthcare Center (established in 2001) and Savannah Health Mission (founded in 1996). CHM is a volunteer-based, non-profit primary care facility serving uninsured adults who work or live in Chatham County, who are not enrolled in Medicaid or Medicare, and whose income is at or below 200% of federal poverty guidelines. Medical care at CHM is free for those who

qualify. The medical home approach is the cornerstone of CHM's care model. In this environment, the continuum of care is accessible, comprehensive, family-centered, compassionate and culturally effective. CHM uses an organized, proactive, multi-component approach to healthcare delivery focused on the entire spectrum of the disease and its complications, the prevention of co-morbid conditions and the relevant aspects of the delivery system. The goal of CHM's approach is to improve short- and long-term health outcomes. Services provided at include annual medical exams and preventive healthcare, treatment for diabetes, hypertension, cardiovascular disease and respiratory disease, women's health services, smoking cessation and health education.

SJ/C St. Mary's Health Center (SM)
http://www.sjchs.org/body.cfm?id=1697
SM, a volunteer-based, non-profit, community outreach initiative of St. Joseph's/Candler Health System, provides free healthcare for uninsured adults. Services include adult medicine, lab testing, diagnostic testing, x-rays, medication assistance (through MedBank), mobile mammography, and referrals to specialty care. SM sponsors an eye clinic once a month which is open to all uninsured adults where eye exams and eyeglasses may be obtained at no charge. 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.

Good Samaritan Clinic (GS)
http://www.goodsamclinica.org
GS is a volunteer-based, non-profit, medical clinic. The clinic is made possible by the generous financial support of St. Joseph's/Candler Health System, partnerships with the GA DCH Volunteer Healthcare Program and our Lady of Lourdes Catholic parish and the donation of time and services by over 100 active volunteers. GS opened in October of 2007 to provide free primary care services to uninsured persons in west Chatham County 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. Josephs'/Candler without cost to the patient. Trained Spanish medical interpreters are available on-site at each clinic session to ensure the highest quality in communication. Prescription assistance is available through MedBank Foundation.

Chatham CARE Center (CARE)
http://www.gachd.org/services-list/hivaids_services_1.php
CARE provides comprehensive health services to HIV-infected residents of Chatham County through coordinated case management at the Health Department under the Ryan White program. In Georgia the Ryan White Program is administered by the Division of Public Health, Office of Essential Preventive Clinical Services, HIV Unit.[7] Under this program all clinics provide primary care services. Services also include outpatient and ambulatory health services, pharmaceutical assistance, oral healthcare, early intervention services, health insurance premium and cost-sharing assistance, home healthcare, medical nutrition therapy,

[7] http://health.state.ga.us/programs/stdhiv/ryanwhite.asp

hospice care, community-based health services, substance abuse outpatient care and medical case management.

Community Cardiovascular Council (CCC)
http://savannahccc.org/
CCC is a private, non-profit healthcare organization conducting public blood pressure/risk factor screening and education activities, treating low-income patients for control of hypertension and modification of risk factors, and building effective local and state coalitions to improve overall health in our community. In 2009, 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, the local United Way, St. Joseph's/Candler Hospitals and a variety of foundation grants and contracts.

MedBank Foundation, Inc. (MB)
http://www.medbank.org/
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 offered by participating pharmaceutical manufacturers. MB provided more than $6.7 million in free medications to patients in 2009 by working with community clinics. In 2009, MB staffed Community Health Mission, Curtis V. Cooper 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 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 University Medical Center (MUMC)
http://www.memorialhealth.com/
MUMC is a 530-bed non-profit academic medical center. It is the home of the region’s only Level 1 trauma center and offers the most extensive emergency facilities in the region. The services at MUMC include around-the-clock physician specialists, surgeons, operating rooms, and critical care services. The emergency department has 37 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 the region’s largest ambulance fleet. The board-certified emergency physicians at MUMC handle more than 90,000 cases per year.

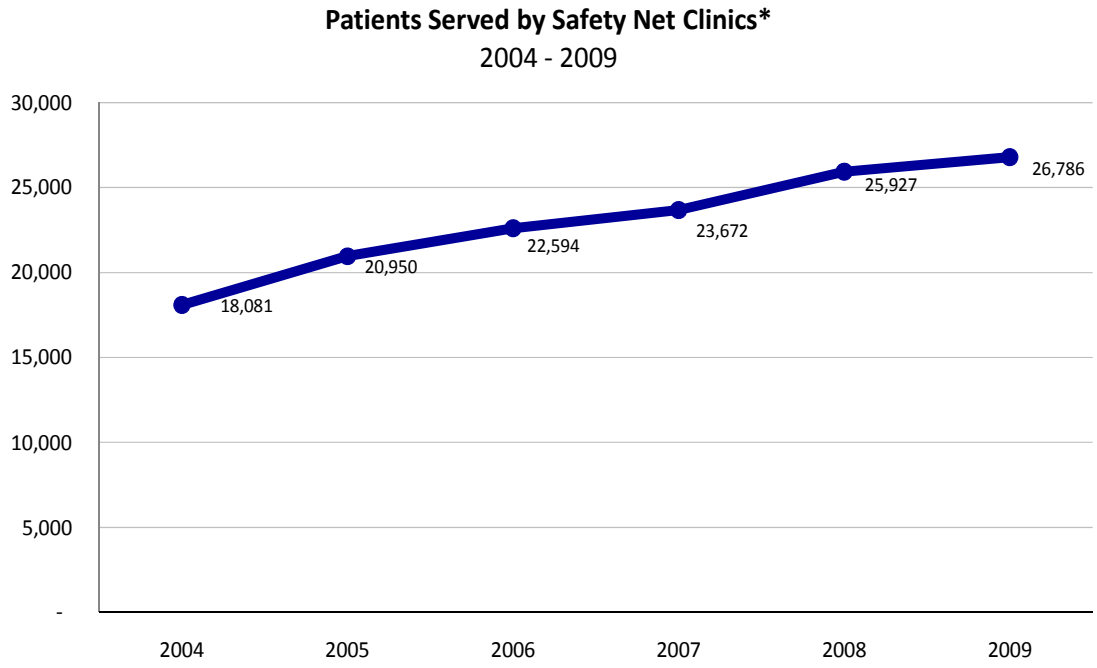
St. Joseph's/Candler (SJ/C)
http://www.sjchs.org/
SJ/C is a 636-bed, faith-based not-for-profit healthcare system with two hospital locations in Chatham County - St. Joseph's Hospital on the south side of Savannah and Candler Hospital in midtown Savannah. Full-service emergency care is available at each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

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.

2009 Data

I. Primary Care Capacity

In 2009, the Safety Net Provider Network members experienced an increase in the number of patients served – a trend that has continued since the 2004. Our providers did not have the ability of exchanging information in order to check for shared patients so the total number of patients served may reflect some duplication. Taking into account that duplications may exist, the provider clinics reported serving a total of 26,786 patients – an increase of 3.3% since 2008. The 2009 figure represents a 48.1% increase over the five year period since the baseline data was collected in 2004. 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 was 77.5%, a 2.9% drop since 2008 (79.8%) and a 0.5% decrease from 2007 (77.9%).



* 2004 data includes Curtis V. Cooper Primary Health Care (CVC), J.C. Lewis Health Center (JCL) , Savannah Health Mission (SHM), and Ryan White HIV Clinic (RWHIV).

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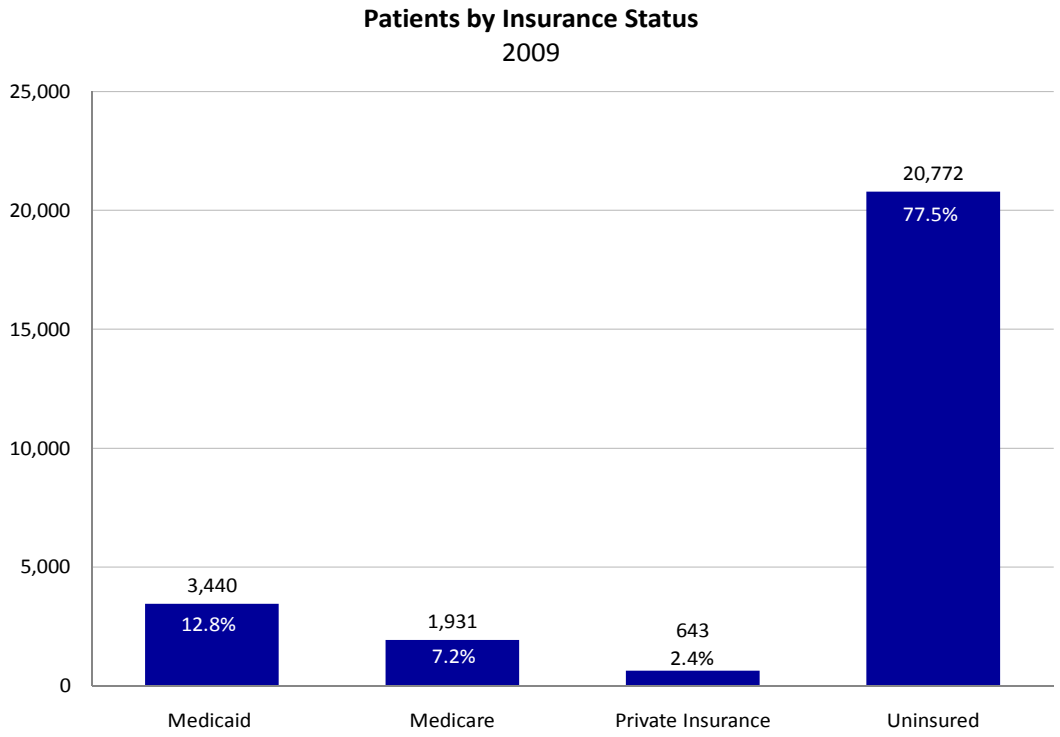
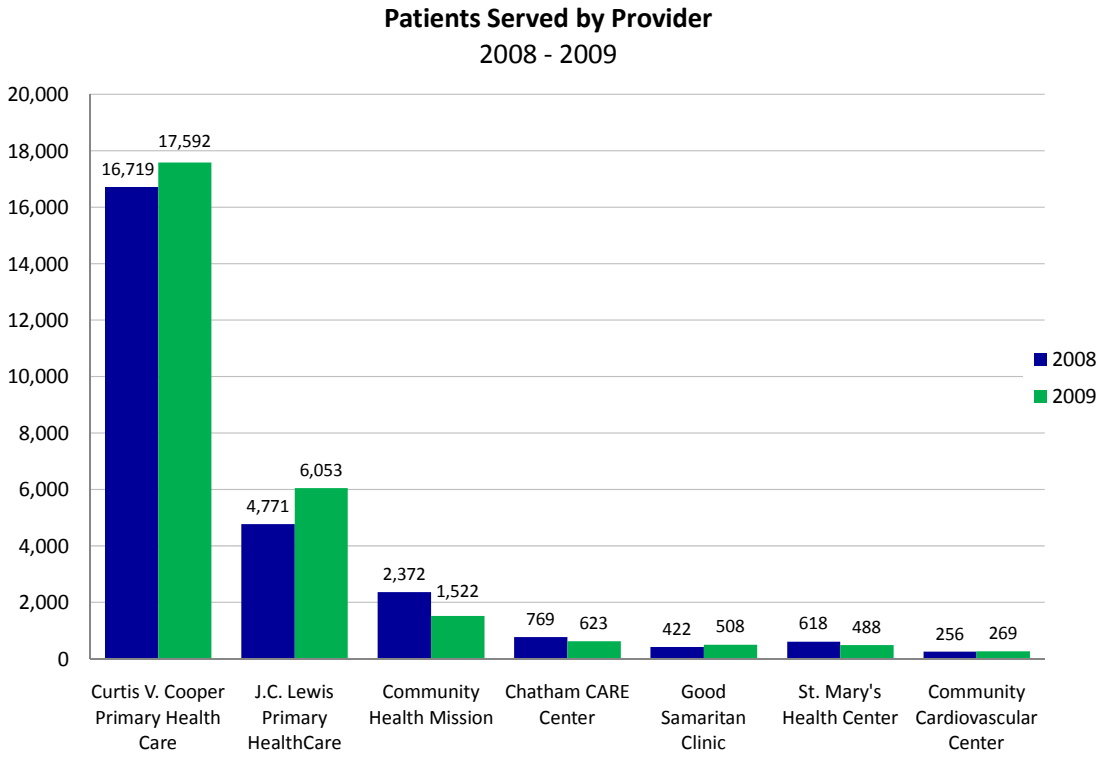
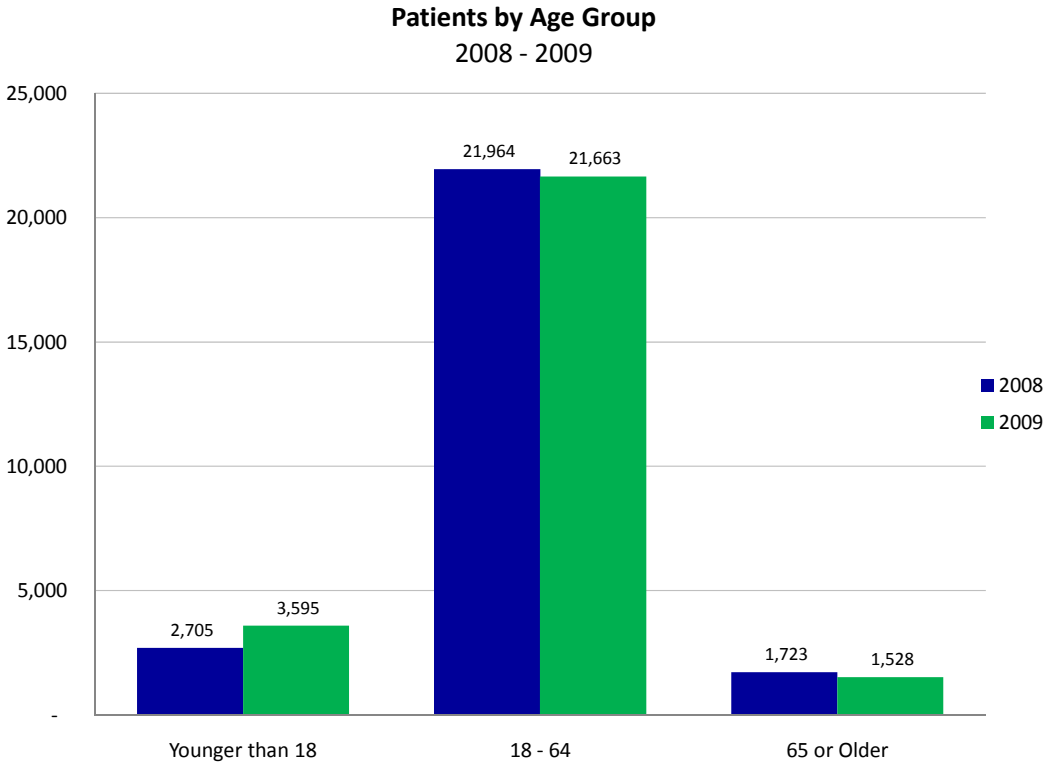
2009 data includes CVC, JCL, CHM, CARE, SM, GS, and CCC.

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 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.

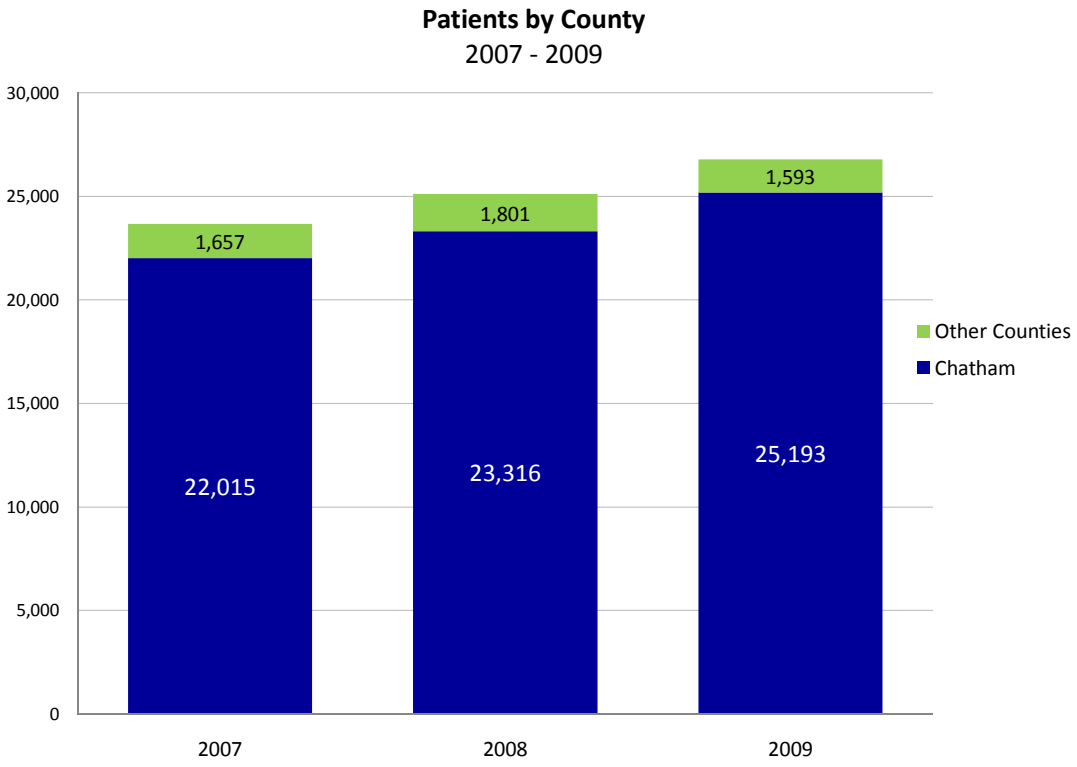


The Federally Qualified Health Centers have the largest capacity caring for 88.3% of the patients served in the CCSNPC provider system (up from 83% of the patients reported in 2008). Both St. Mary's Health Center and Community Health Mission experienced a reduction in the number of patients they were able to serve because of the service slowdown associated with the adoption of Electronic Medical Records (EMR) systems during much of 2009.

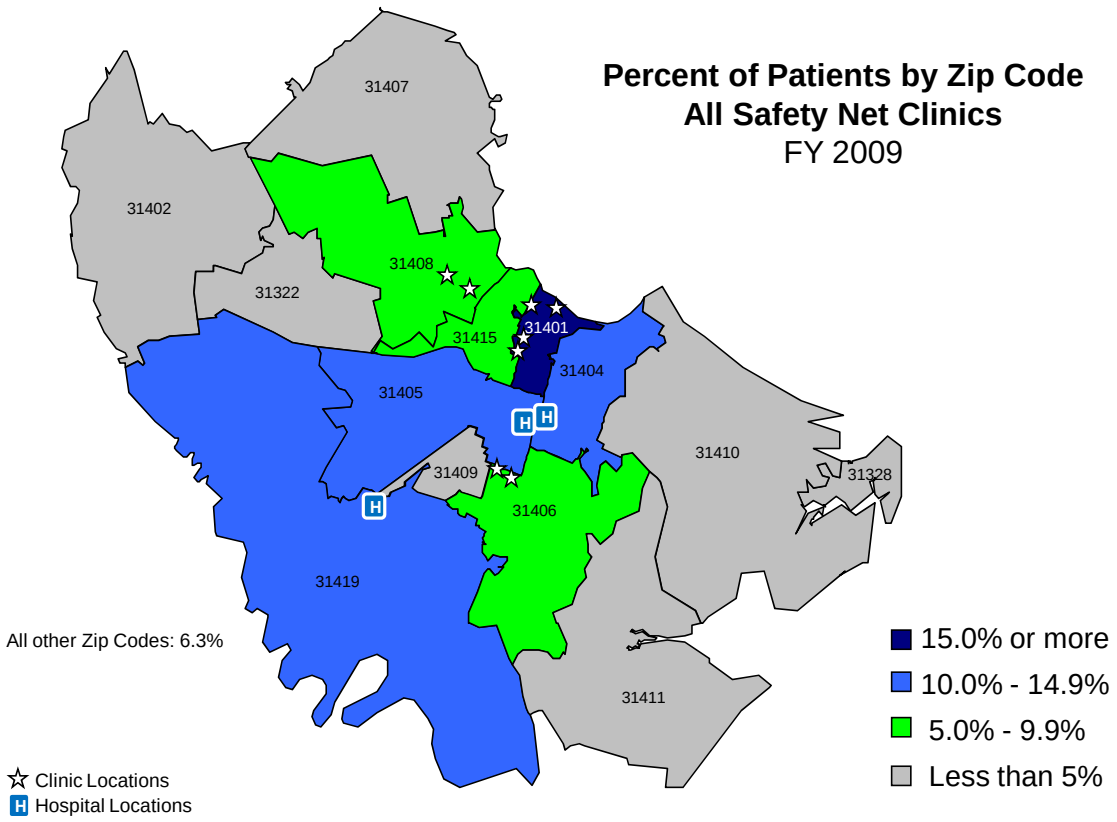

Patients Served by Provider
2008 - 2009
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
16,719
17,592
4,771
6,053
2,372
1,522
769
623
422
508
618
488
256
269
2008
2009
Curtis V. Cooper Primary Health Care
J.C. Lewis Primary HealthCare
Community Health Mission
Chatham CARE Center
Good Samaritan Clinic
St. Mary's Health Center
Community Cardiovascular Center


Patients by Age Group
2008 - 2009
25,000
20,000
15,000
10,000
5,000
-
2,705
3,595
21,964
21,663
1,723
1,528
2008
2009
Younger than 18
18 - 64
65 or Older

Adults 18-64 made up 80.9% of the patients served in 2009 versus 83% of the patients in 2008. Those under 18 years old increased to 13.4% of the total patients from 10.4% in 2008. Those over 64 years old decreased to 5.7% of the total patients from 6.6% in 2008. Of the Safety Net Providers, only three provide care for patients in the under 18 or 65 and older age ranges. These were Curtis V. Cooper Primary Healthcare, J.C. Lewis Primary Healthcare Center and Community Cardiovascular Council. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only.



Across all providers, 93.8% of all patients are from Chatham County in 2009 up from 89.9% in 2008 and 93.0% in 2007. Federally Qualified Health Centers function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at J.C. Lewis Primary Healthcare Center are homeless and have no permanent address; however for the purposes of this report the assumption is made that they live in Chatham County.

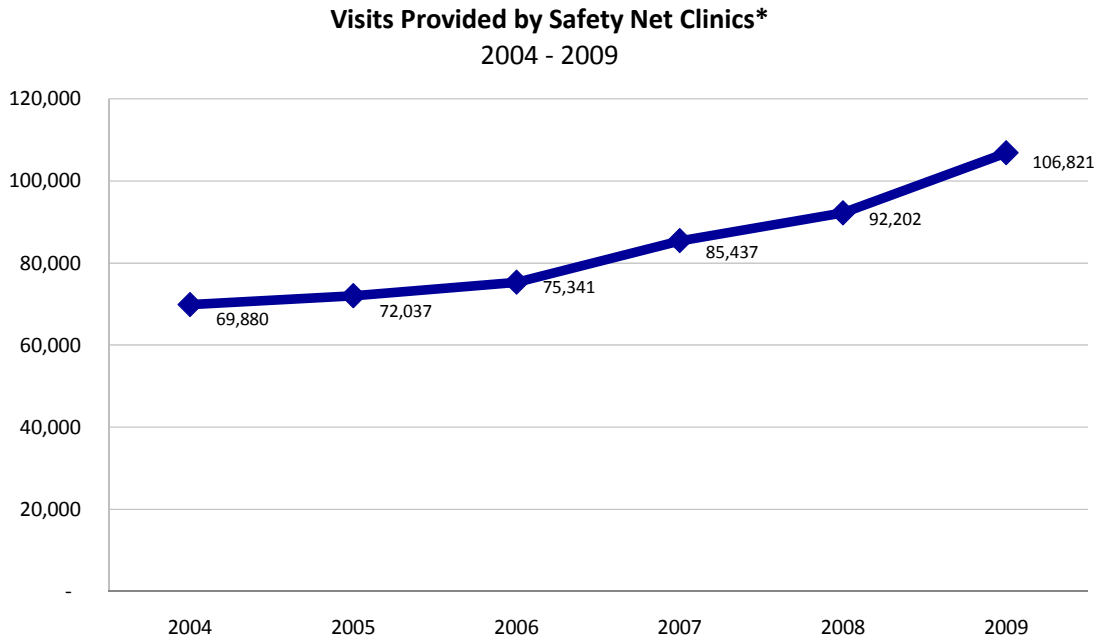


The zip code with the highest proportion of patients using Safety Net Providers is 31401. This is also the section of Chatham County with the highest proportion of individuals living in poverty, a significant contributor to lacking health insurance. A close second in poverty to 31401 is the neighboring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

Individuals living in Poverty by Zip Code[8]			
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

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

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 Healthcare.



* 2004 data includes Curtis V. Cooper Primary Health Care (CVC), J.C. Lewis Health Center (JCL) ,Community Health Care Center (CHCC), Savannah Health Mission (SHM), and Ryan White HIV Clinic (RWHIV).

2005 data includes CVC, JCL, CHCC, SHM, and RWHIV.

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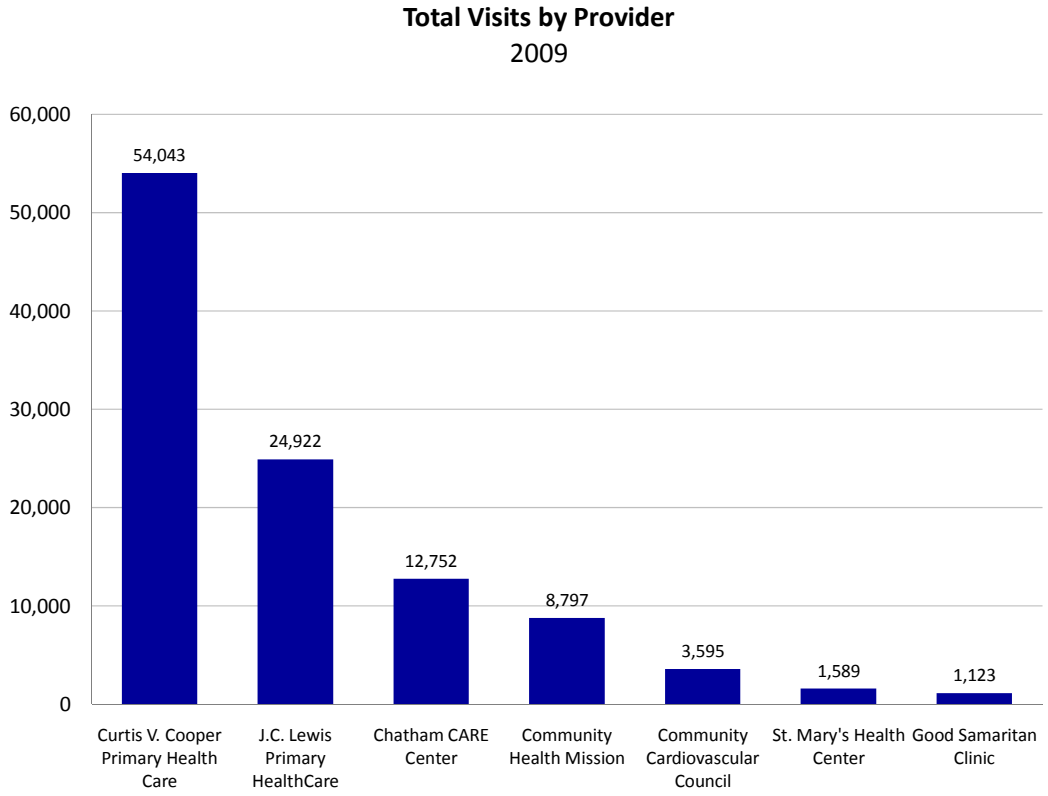
2008 data includes CVC, JCL, CHM, Chatham Care (CARE, formerly RWHIV), St. Mary's Community Center (SM), Good Samaritan Clinic (GS), and Community Cardiovascular Council (CCC).

2009 data includes CVC, JCL, CHM, CARE, SM, GS, and CCC.

Visits include primary care, dental, health education, laboratory, wellness and screening. In 2009, 106,821 such visits were recorded, a 15.9% increase over 2008. The CCSNPC provider system has recorded an increase in visits of 52.9% over the five years since the baseline data was collected in 2004. This represents an average 10.6% increase each year. During the five year period, an FQHC (JCLPCC) has expanded services to new patient populations, new clinics have been added (Good Samaritan in 2007), new facilities have been acquired (St. Mary's Health Center in 2008), hours have been expanded and programs added to accomplish this growth in the CCSNPC system.

Federally Qualified Health Centers (CVC and JCLPHCC) provided 73.9% of the patient visits, a proportion which has remained relatively steady since 2007 (75% of patient visits in 2008 and 73.6% in 2007).

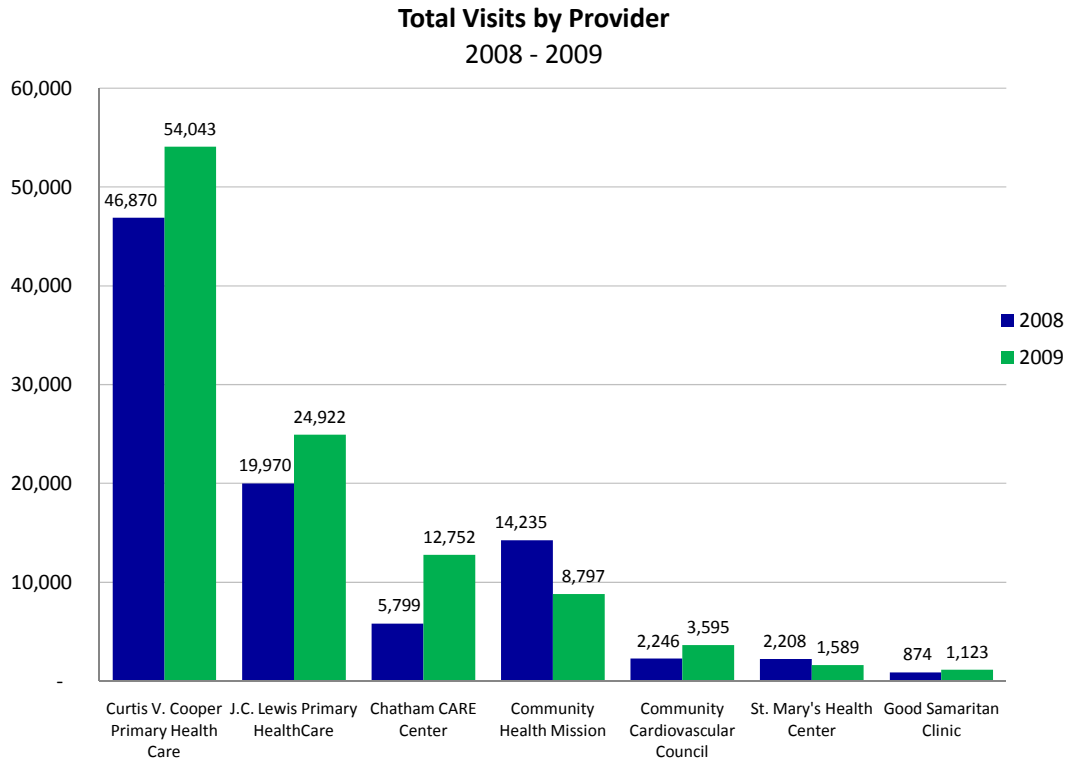


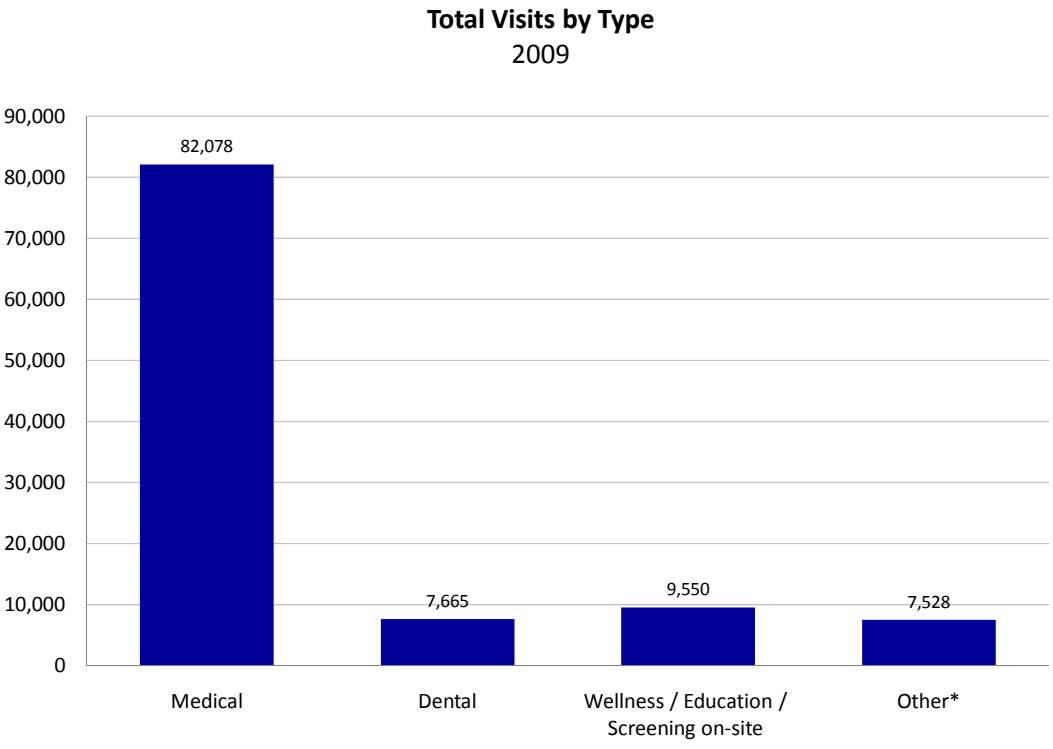
The overall increase in patient visits was realized despite the fact that two providers had fewer visits in 2009. Both St. Mary's Health Center and Community Health Mission adopted Electronic Medical Records systems in 2009 experiencing a decrease in visits (and the ability to accept new patients) during the adoption period.

J. C. Lewis Primary Healthcare Center received the federal designation allowing them to expand their services to the general population in May of 2009. In response, JCL increased hours of operation and added pediatric service and visits recorded increased by 24.8% over 2008 numbers.

Curtis V. Cooper Primary Healthcare hired two pediatricians during 2009, expanding pediatric capacity. CVCPHC generated 54,043 in 2009 representing a 15% increase in total visits over the previous year.

Chatham CARE experienced an increase in patient visits due to a number of factors, a more aggressive pursuit of identifying individuals with HIV and recording the data on services provided.





*Other = case management, labs, PT, OT

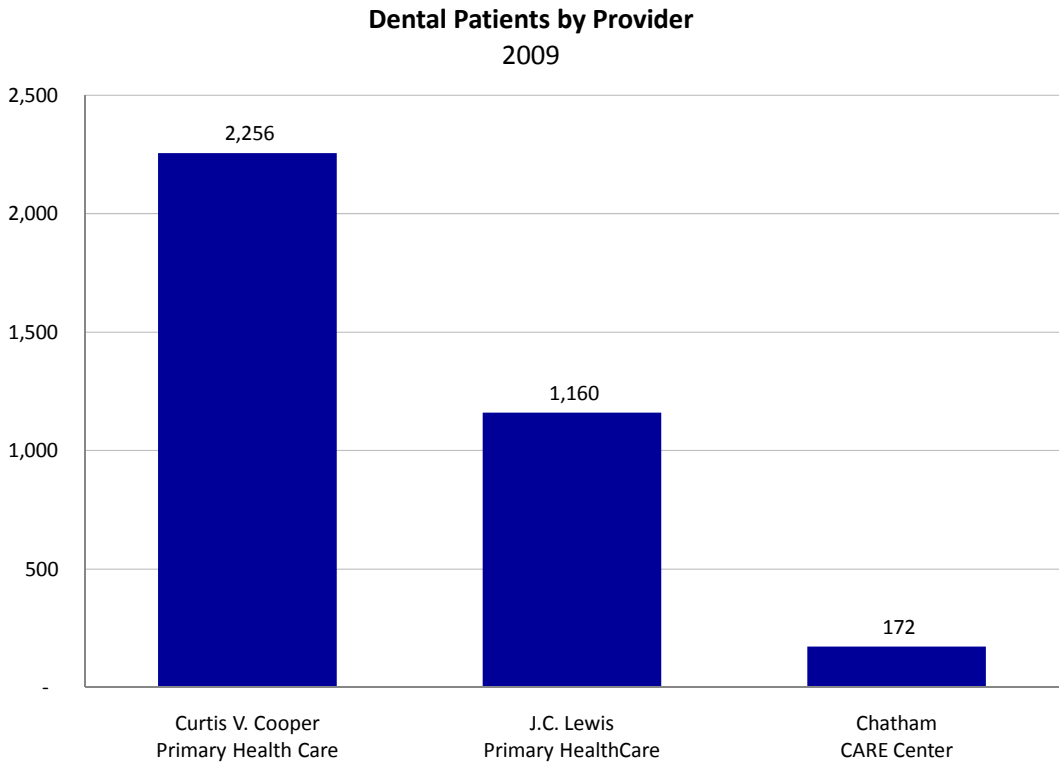
The Safety Net Providers offer a number of different services to their patients. In 2009, primary care visits with a nurse or doctor represented 76.8% of all visits; dental, 7.2% of the visits; and wellness, education and screening accounted for 8.9% of the visits. Other visits, such as case management services, laboratory visits, physical therapy and occupational therapy, made up 7.0% of the visits.

II. Other Healthcare Delivery

Dental Care

According to the Mayo Clinic website, although the eyes may be the window to the soul, the mouth is a window to the body's health. The state of a patient's oral health can offer lots of clues about their overall health.[9] CCSNPC has recognized the importance of oral health to overall health since its formation. At the 2005 Strategic Planning session, CCSNPC members made the expansion of dental care opportunities in the CCSNPC system a priority.

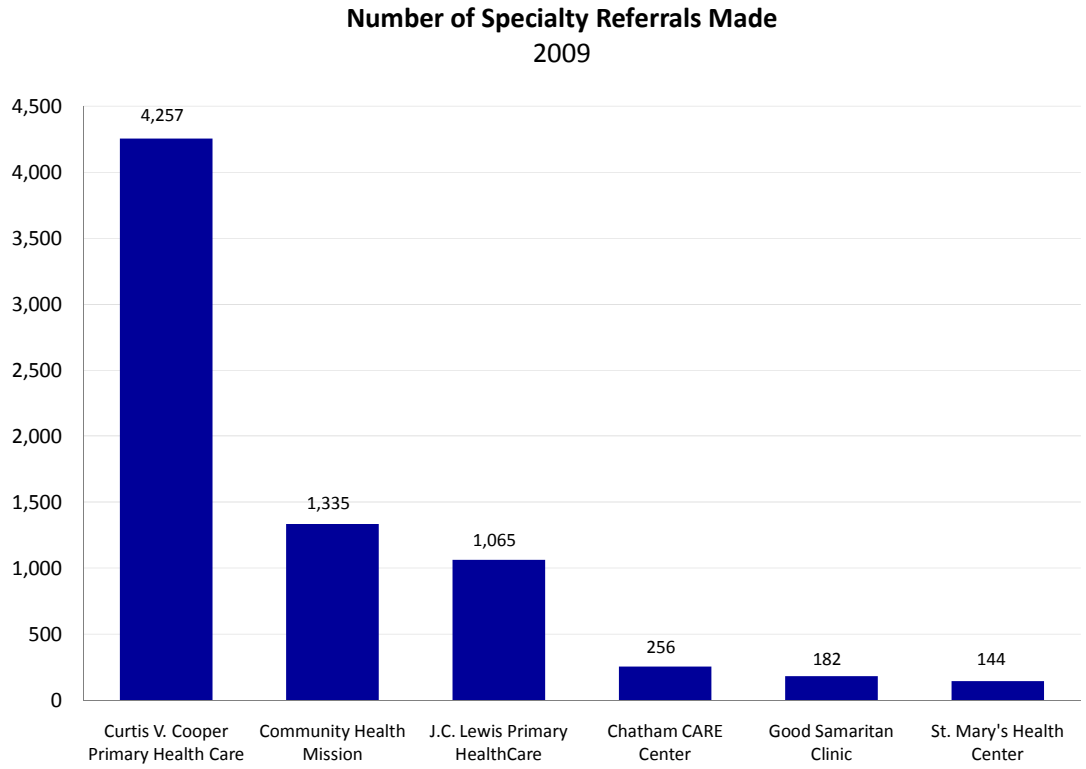
In 2009, there were 7,665 dental visits recorded in the Safety Net system to a total of 3,588 patients. Of these, 63% were cared for at Curtis V. Cooper and 32% were cared for at Union Mission's Peter Brasseler Clinic.



[9] http://www.mayoclinic.com/health/dental/DE00001

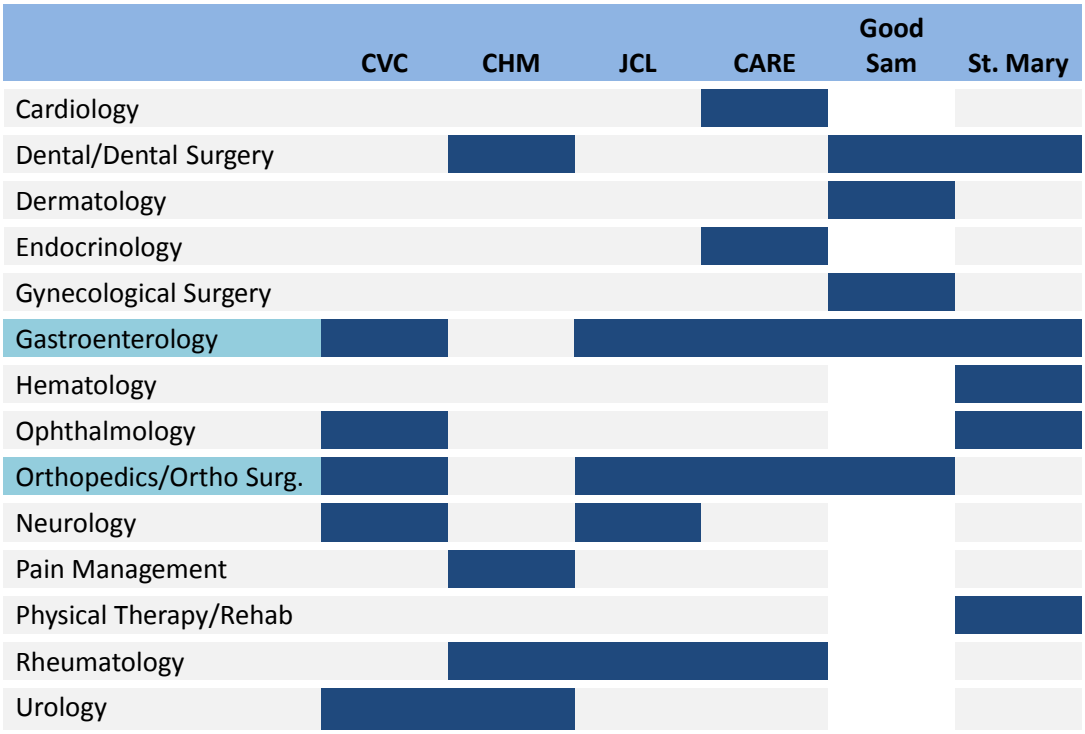
Specialty Care

Providing specialty care to patients before their medical conditions become highly complicated can result in lower overall healthcare costs and fewer emergency room visits and/or hospitalizations. Referrals are carried out and counted in different ways by each Safety Net Provider. Some providers count referrals which take place 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 specialty care beyond a primary care visit for their patients. The number of specialty referrals reported increased 27% from 2007 to 2008 (4,800 to 6,113) and another 18% to 7239 referrals reported in 2009.



To assist the providers in uniformly tracking specialty care referrals, in 2008 the Safety Net Planning Council received grant funding for a specialty care referral program, Chatham CAN (Creating Access Now), through Healthcare Georgia Foundation. Although this program is in place and is actively developing an equitable, manageable and trackable system, the unmet need for specialty care is still great. In 2009, providers reported the greatest unmet need to be in gastroenterology and orthopedic services. Although dental services are growing in the system, unmet needs for dental care and dental surgery are still reported within the system.

Unmet Specialty Care Needs
2009



Pharmaceutical Assistance

Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC at the 2005 Strategic Planning meeting. CCSNPC providers often used different programs, had varying levels of tracking of the medications provided and methods of calculating costs of medications. As a result, gathering data on the progress of the growth of pharmaceutical assistance within the CCSNPC system has been difficult. For the first time, data was successfully collected in 2009 to assess the contribution of pharmaceutical assistance to the safety net system. The combined efforts of providers totaled almost $12 million in prescription assistance to patients in 2009.

At Community Health Mission, all pharmaceutical assistance is provided on-site by MedBank. At Good Samaritan, patients are referred for prescription assistance through MedBank Foundation for chronic medications. Patients who are waiting to receive their medications from MedBank or who only need medications for an acute illness, but cannot afford the cost of the medication, are referred to Carter's Pharmacy. Good Samaritan Clinic has an account set up with Carter's Pharmacy and pays the cost of patients' medications. These prescriptions are paid for by the SJ/C Mission Services Department and credited to community benefit. At St. Mary's Health Center, the majority of patients are given generic prescriptions that cost $4/month or $10/3 months. If unable to afford that amount or if the patient needs non-generic prescriptions, a Med Bank application is completed by the Clinical Nurse Manager. Some medications are donated by private practices and distributed to the patients.

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

At the Ryan White Clinic, Chatham CARE, patients are enroll for the AIDS Drug Assistance Program (ADAP) for the majority of HIV related drugs and the prescriptions are filled on-site at the contract ADAP pharmacy. In addition, the pharmacy stocks and dispenses primary care medications on-site. If a patient needs a drug they do not have, they either order it or have prescription filled at retail store where they have a direct bill account. In addition, for some chronic medications not covered on ADAP, case managers complete Patient Assistance Applications to various drug companies for free medication. For the last two years Chatham CARE has also funded a "co-pay" assistance program for patients who cannot afford their Medicare D or private insurance co-pays but do not qualify for ADAP or Low Income Subsidy (care D). They are income-qualified by case management. Currently, all HIV medications have a co-pay card from each individual company.

At Curtis V. Cooper Primary Healthcare, prescription assistance is provided through a contractual relationship with Pfizer Pharmaceutical Company. Pfizer provided medications for approximately 3,200 patients in 2009 at an in-kind value of approximately $2.6 million for 2009. Approximately 30,429 prescriptions were dispensed on site by CVCPHC at no cost to patients. An additional prescription assistance program is administered by CVCPHC and MedBank on site. Applications are taken from CVCPHC patients who are uninsured and have limited income. Patient application for medication assistance are submitted, reviewed and approved by various pharmaceutical companies excluding Pfizer. According to the 2009 Med Data report, more than 4,100 applications from 1,515 unduplicated patients were processed at a value of $1.8 million dollars.

At J. C. Lewis Primary Healthcare Center, an on-site full time employee completes reviews and submits the applications and documentation required by the pharmaceutical companies. Patients who are waiting to receive medications from pharmaceutical companies or need a prescription for an acute illness and have no income receive assistance from the JCLPHCC discount medication program. Medications that are not on-site at JCLPHCC are sent to the LO Cost Pharmacy to be filled and the cost is covered by the clinic.

Most clinics use a similar method of calculating wholesale prices of the drugs to determine the value of prescriptions provided except for J. C. Lewis Primary Healthcare Center. JCLPHCC uses Quantum Sufficient 1 (QS/1) Data Systems which determines costs through collaboration with the 340B wholesale companies.

Prescription Assistance

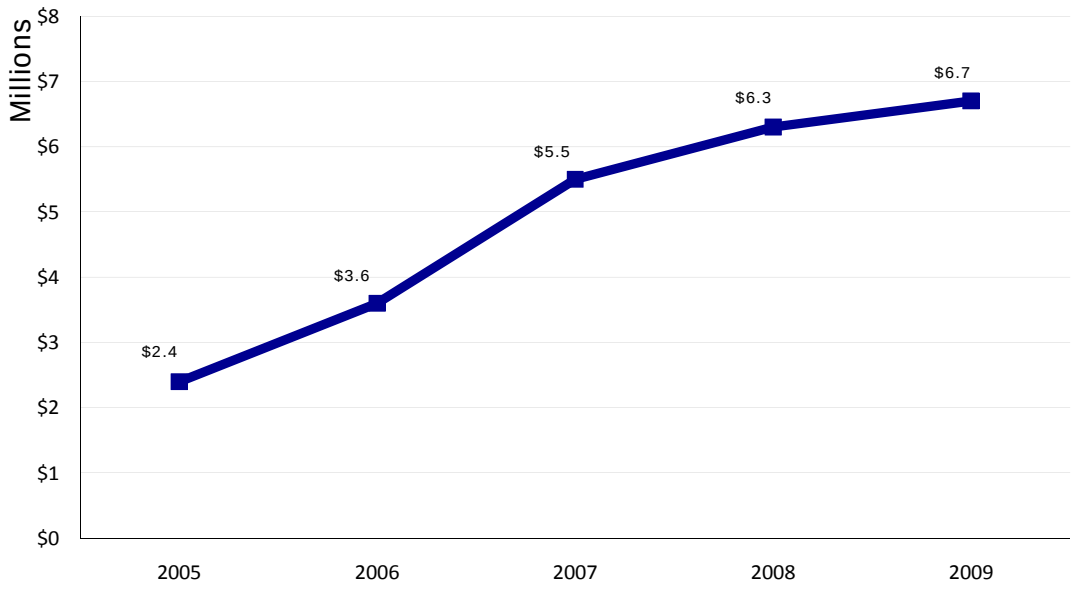
Provider	Number of Patients	Number of Applications	Average Wholesale Pricing of Medications
Curtis V. Cooper*	4,810	4,100	$4,200,000
Chatham CARE	473	9,872	$3,145,819
St. Mary's*	429	596	$345,434
Community Cardiovascular Council	269	173	$130,429
Community Health Mission*	3,208	6,128	$2,453,465
Total CCSNPC	12,231	29,210	$11,118,159
			Value of Prescriptions
J.C. Lewis**	3,132	8,241	$843,012

Average # prescriptions per person = 2.18

*Includes prescription assistance provided by MedBank

**J.C. Lewis uses a different method of calculating the value of prescription assistance

MedBank Contributions
2005 - 2009



MedBank, an area private, non-profit organization that offers prescription assistance to low-income patients, has been developing a model to provide this assistance within the CCSNPC provider system for several years. This model provides on-site staff at three CCSNPC clinics (Curtis V. Cooper Primary Healthcare, Community Health Mission and St. Mary's Health Center) with plans to expand services to all CCSNPC clinics. Because of this diligent work to bring pharmaceutical assistance to the patients, MedBank has grown from providing $2.4 million worth of prescriptions (wholesale value) in 2005 to $6.7 million in 2009.

III. Emergency Departments

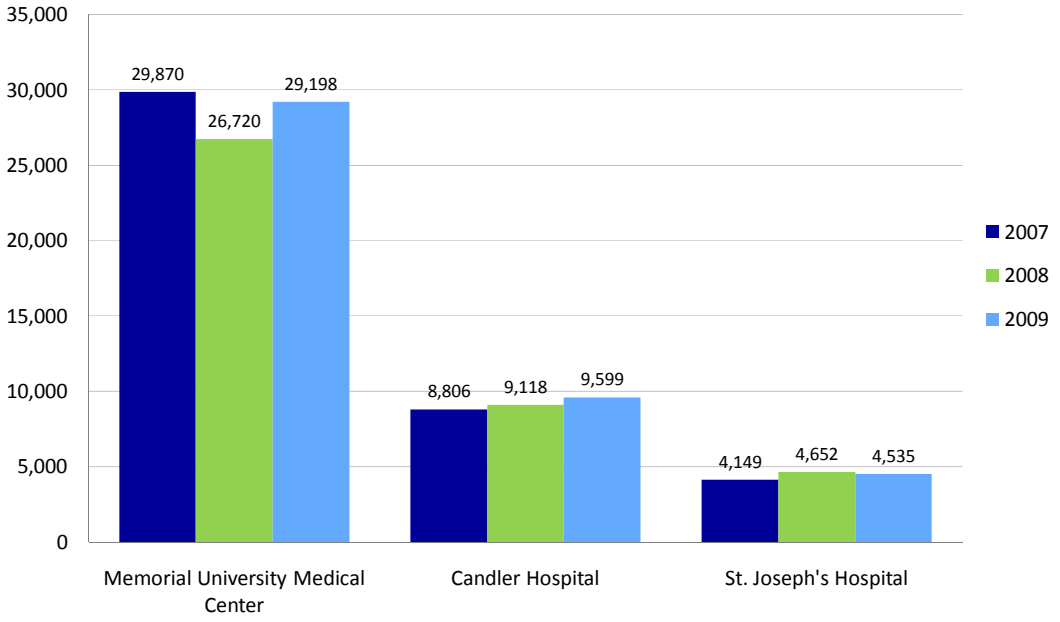
The emergency departments continue to provide primary care, defined as Acuity Level 1 and 2 visits in the Emergency Department system. Citizens who are uninsured, self pay or have Medicare and Medicaid are reported as a single group. The total number of visits of this type provided in the hospital Emergency Departments in 2009 was 43,332, a 7.0% increase over 2008 (40,490 visits) and a 1.2% increase over 2007 (42,825 visits). In 2009, 67.4% of the visits were provided at the MUMC ED, 22.2% at the SJ/C Candler ED and 10.5% at the SJ/C St. Joseph's ED site.

For Acuity Levels 1 and 2, MUMC ED visit numbers rose 9.3% over 2008, but remained 2.3% lower than the 2007 ED visit number. SJ/C Candler ED experienced a steady rise of 3.5% from 2007 to 2008 and 5.3% from 2008 to 2009. SJ/C St. Joseph's ED saw a 2.5% reduction in the number of visits from 2008 to 2009, but the 2009 figure was 9.3% higher than the 2007 number.

Once again, adults 18-64 accounted for 53.7% of the visits to the Emergency Departments (53.6% in 2008). Children under 18 years old made up 40.7% of the ED visits, a slight increase over the 2008 proportion of 39.8%. Those patients ages 65 and older accounted for 5.6% of the visits, down from 6.6% in 2008.

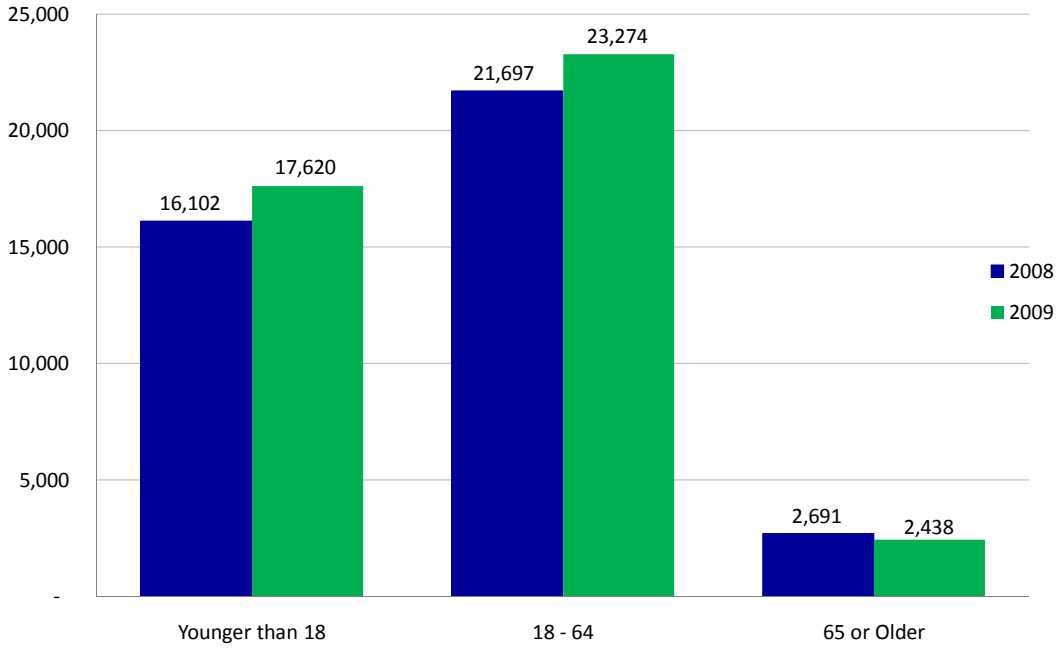
Approximately 45% of the patient visits to area Emergency Departments were covered under Medicaid, up from 42% of the patient visits in the Emergency Departments in 2008. Georgia has a readily available plan to cover children, PeachCare for Kids®, which is included in the Medicaid insurance status above, so this increase may reflect the increased proportion of visits by children under 18. Another 44.3% of the visits were "uninsured" in 2009, down from 45.5% in 2008. Again this may be the result of a slight demographic shift toward visits by individuals under 18 years old. The proportion of visits covered by Medicare decreased from 12.0% in 2008 to 10.4% in 2009, again a possible reflection of the decrease in the visits by individuals ages 65 and older.

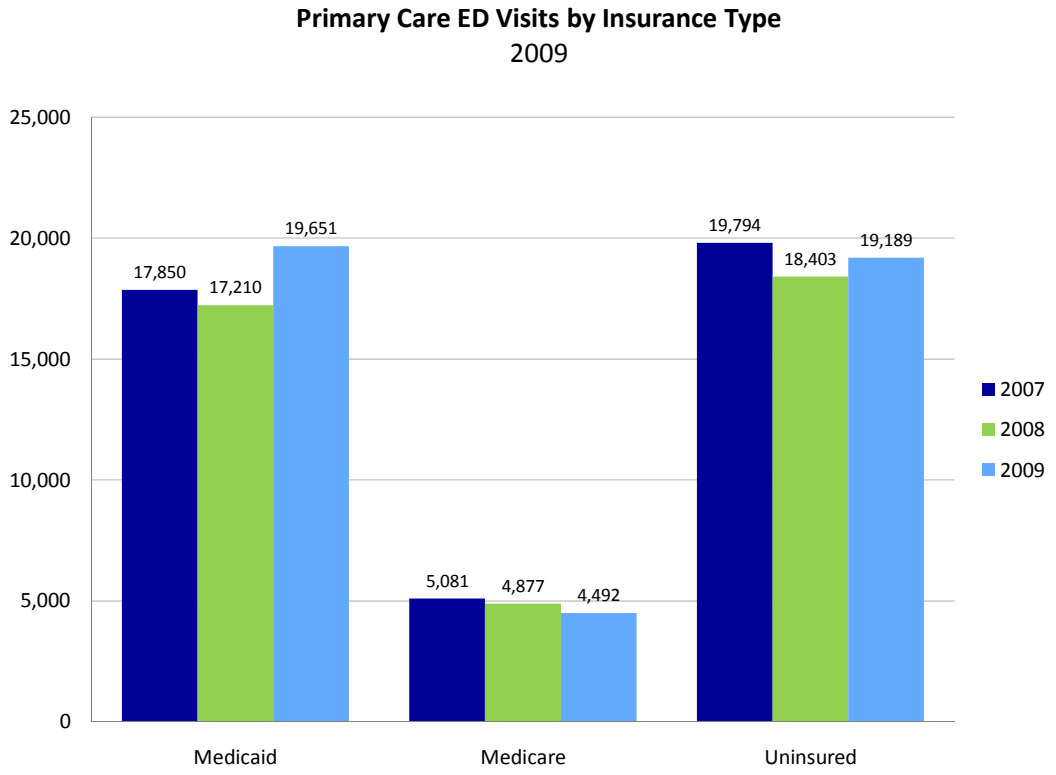
Number of Primary Care* ED Visits
(Medicaid, Medicare & Uninsured Only)
2007 - 2009



*Defined as acuity levels 1 and 2 only

Primary Care ED Visits by Age Group
(Medicaid, Medicare & Uninsured Only)
2008 - 2009



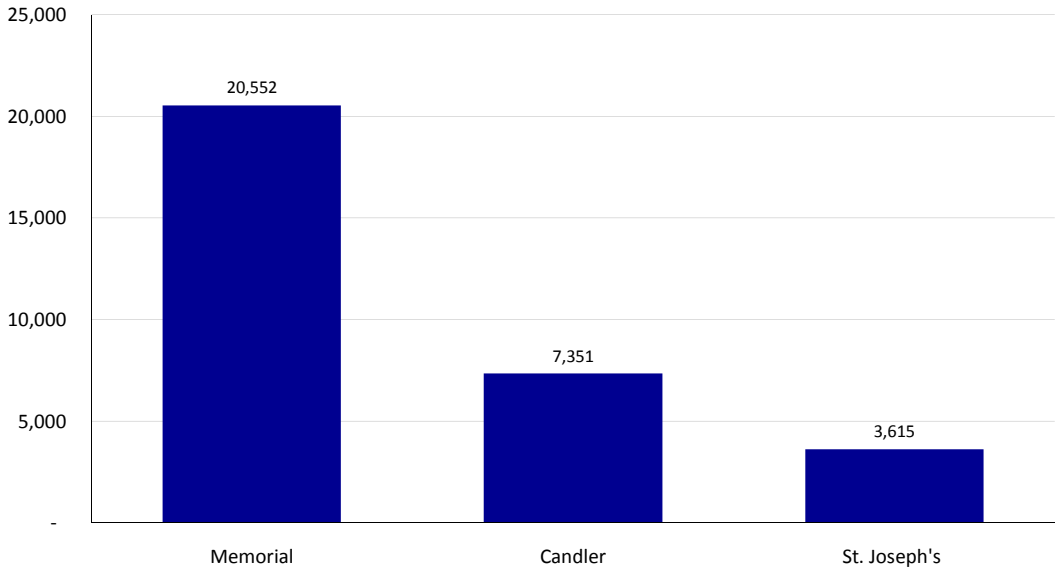


In 2009, CCSNPC collected data on patient numbers visiting the Emergency Departments for Acuity Level 1 and 2 for the first time, so no comparisons to previous years is possible. The total patient count for the MUMC, SJ/C Candler and SJ/C St. Joseph's Candler was 20,552, 7,351 and 3,625 respectively, for a total of 31,528 patients. The age group distribution is 39.8% under 18 years (12,558), 53.4% ages 18-64 years (16,841) and 6.8% ages 65 and older (2,149). These patient numbers may represent duplications across the ED system as patients may have visited 2 or more EDs during the year. Taking into account that duplications may exist, the overall visit/patient ratio is 1.4. Since the visit/patient ratio cannot be less than one, at least 60% of the patients visited the ED only once during the year.

This proportion remained constant through the under 18 and 18-64 year old age groups. In the 65 and older age group, the visit/patient ratio was lower, 1.1 visit per patient. In the older age group, at least 90% of the patients visited the ED's once during the year.

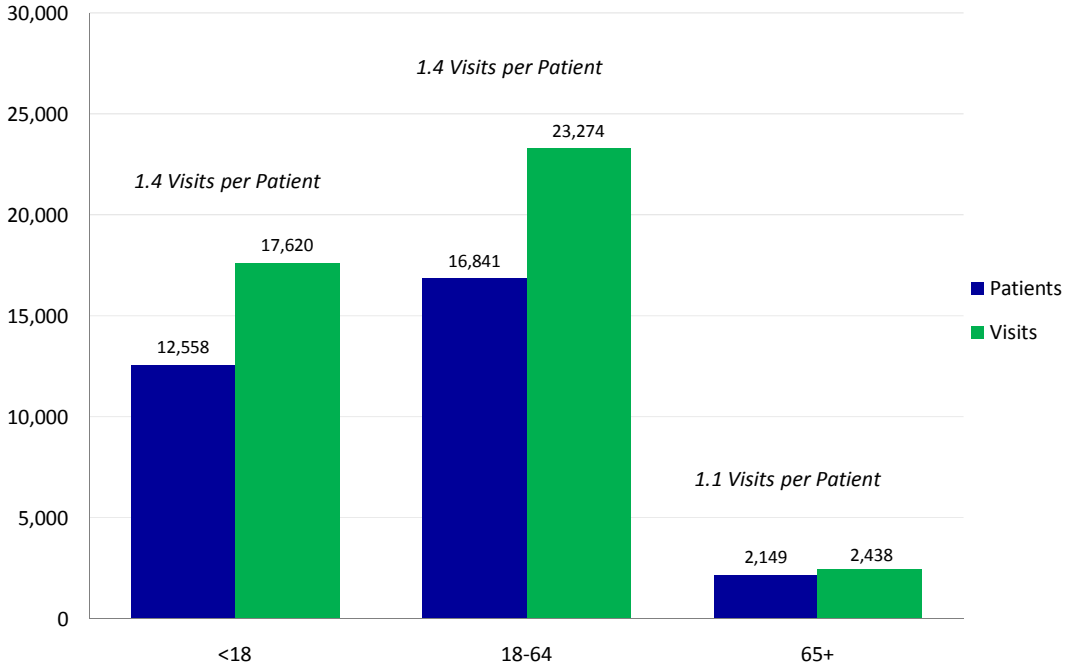
The proportions were similar across the two hospital systems as well except for the pediatric age group. In both MUMC and the SJ/C ED's, adults ages 18-64 averaged 1.4 visits per patient. The visit/patient ratio for the age 65 and older age group was slightly higher at MUMC than SJ/C ED's, 1.2 versus 1.1. At MUMC ED, the visit/patient ratio was 1.5 versus 1.2 in the population under 18 years old.

Number of Primary Care* ED Patients
(Medicaid, Medicare, & Uninsured Only)
2009

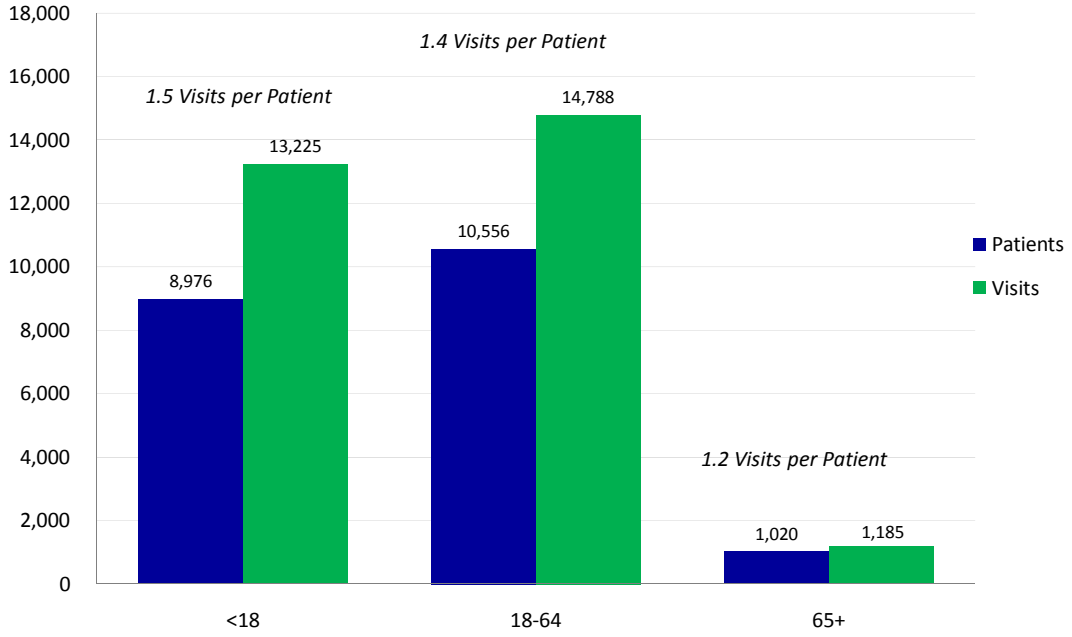


*Defined as acuity levels 1 and 2 only

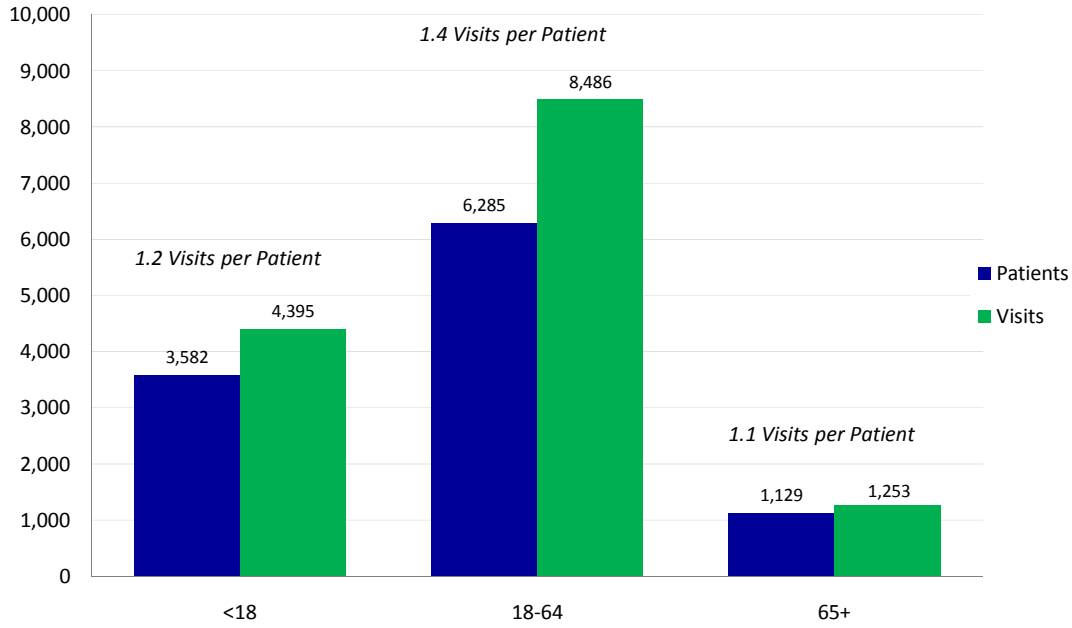
Primary Care ED Visits per Patient
2009

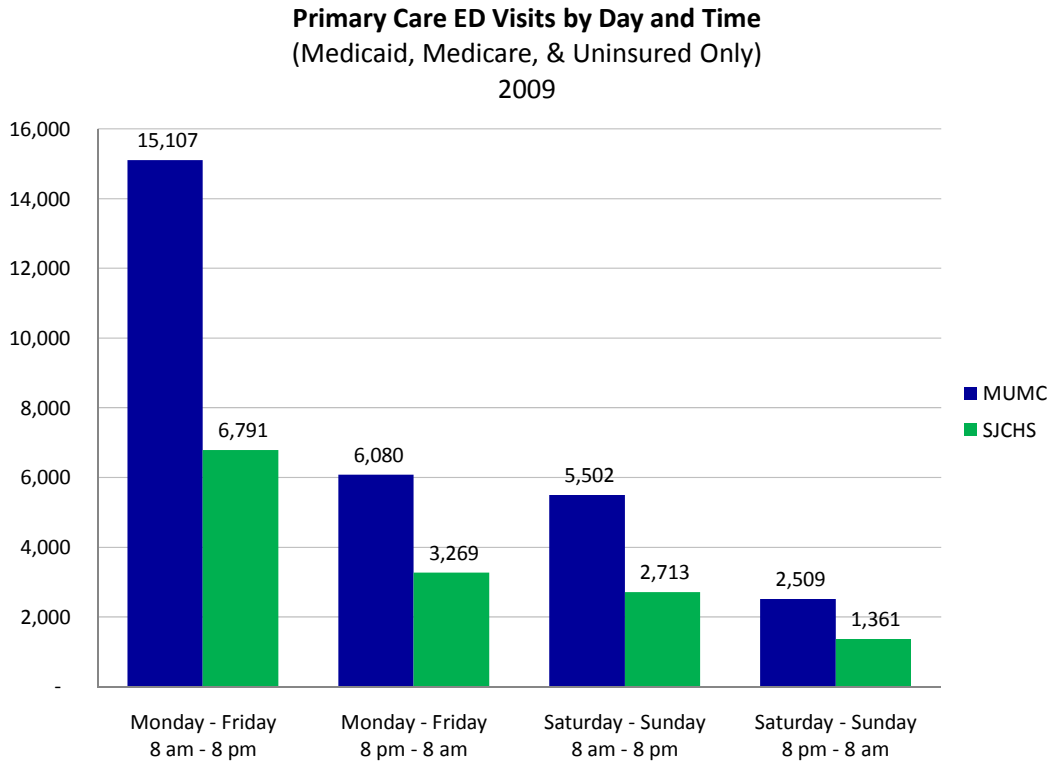


Primary Care ED Visits per Patient
2009
Memorial Only



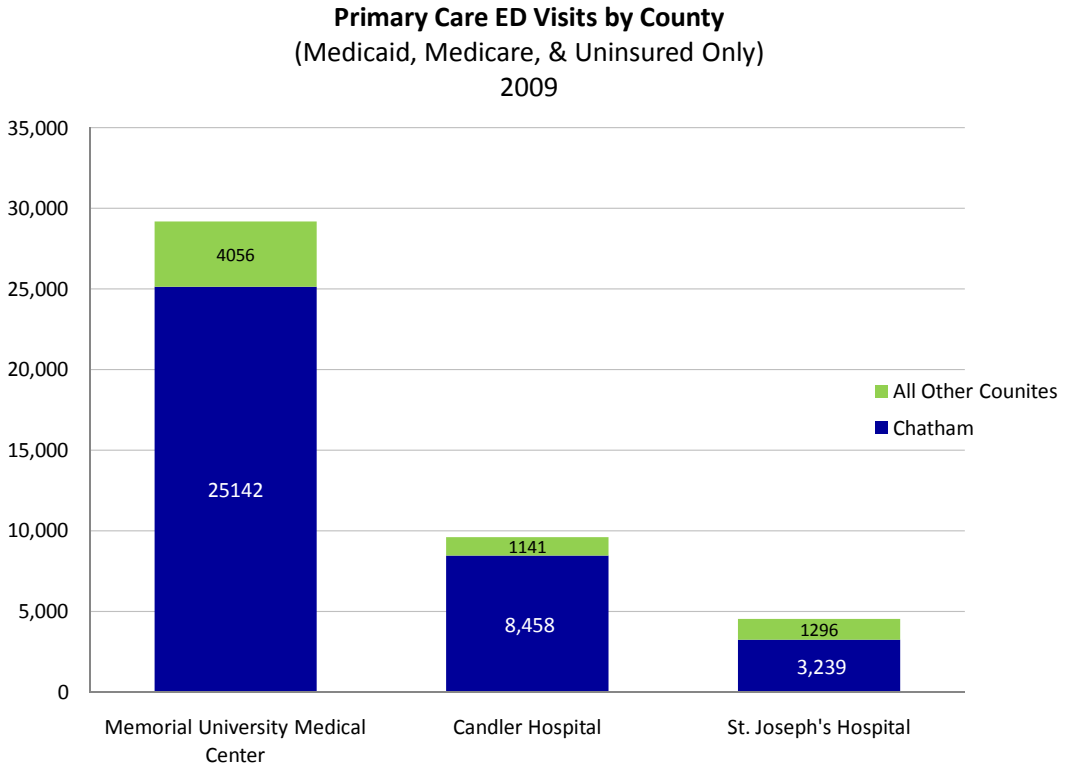
Primary Care ED Visits per Patient
2009
St. Joseph's/Candler Only

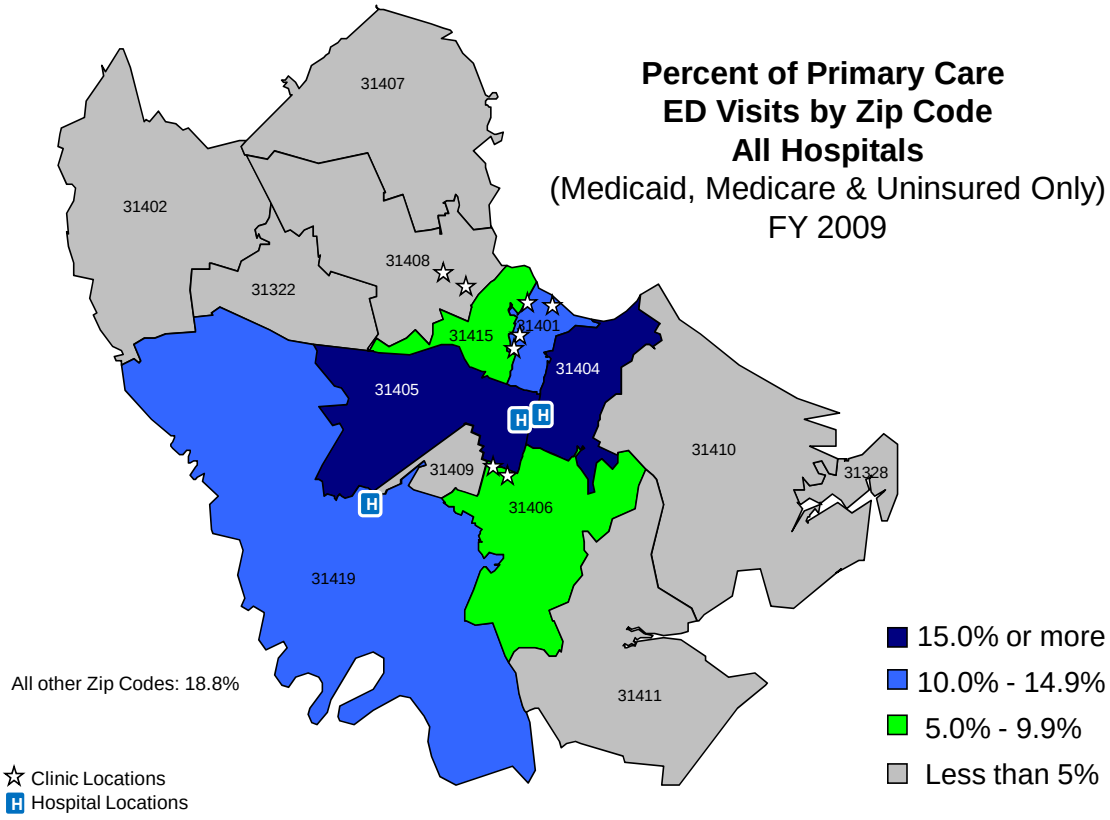




The majority of the Acuity Level 1 and 2 visits to the Emergency Departments (50.5%) are occurring during the hours that the Safety Net Providers are open (8 am – 8 pm, Monday – Friday). Although both CVC and JCL offer Saturday hours, 18.9% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 30.5% of the Acuity 1 and 2 visits to the EDs occur during between 8pm and 8 am, Monday through Sunday.

Across all three Emergency Departments, 85% of visits were Chatham County patient visits in 2009 versus 87% in 2008. The proportion of Chatham County visits varied across the EDs: 86.1% at MUMC ED, 88.1% at SJ/C Candler ED and 71.9% at the SJ/C St. Joseph's ED. This may be a reflection of the location of the SJ/C St. Joseph's ED in the southern portion of Chatham County and most convenient to patients travelling from counties located south the area. The Chatham County zip codes with the highest percentages of visits come from 31404 and 31405 as observed in 2008. These two zip codes are in the top five as far as individuals living in poverty. (See Page 15) 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 program-based services, is also located in 31406. Although there is a higher proportion of children seen by the Emergency Departments than by the CCSNPC primary care providers, (39.8% of patients in ED; 13.4% of patients in primary care system), US Census data does 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]


Primary Care ED Visits by County
(Medicaid, Medicare, & Uninsured Only)
2009
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
4056
25142
1141
8,458
1296
3,239
All Other Counites
Chatham
Memorial University Medical Center
Candler Hospital
St. Joseph's Hospital


Percent of Primary Care
ED Visits by Zip Code
All Hospitals
(Medicaid, Medicare & Uninsured Only)
FY 2009
31407
31402
31408
31322
31415
31401
31404
31405
31410
31409
31328
31406
31419
31411
All other Zip Codes: 18.8%
15.0% or more
10.0% - 14.9%
5.0% - 9.9%
Less than 5%
Clinic Locations
Hospital Locations

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] Each has its own advantages and limitations.

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

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

The medical home model consists of a team of any number and type of healthcare providers supervised by a physician. The physician may provide some of the direct patient contact, but other healthcare providers (nurses, social workers, health educators, etc.) may assume a majority of the one-on-one interaction with a patient, lowering the physician workload while maintaining needed contact with patients. Much current discussion identifies this model as ideal, 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 table below show the number of full time and volunteer clinical staff full time equivalent (FTE) positions across the CCSNPC system.

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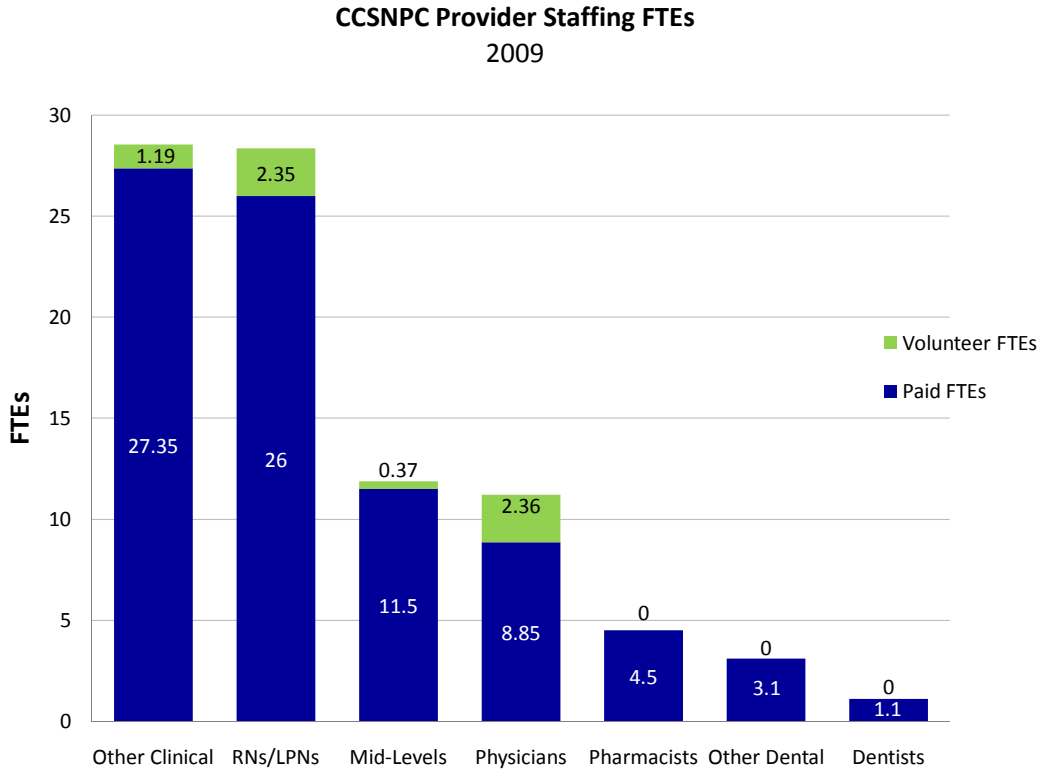
[10] http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf

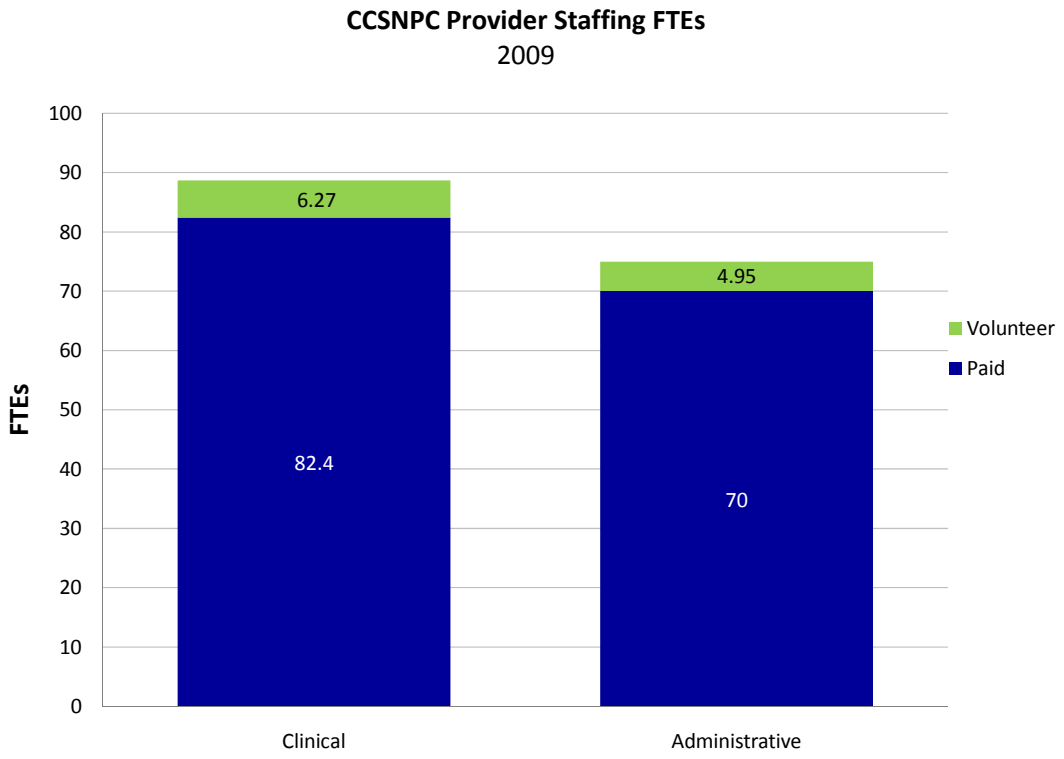
http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccesstoCoordinatedPrimaryCare62008withL.pdf

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



The equivalent of 11.2 full time physicians were employed or volunteered throughout the Safety Net Provider system in 2009. There was a slightly higher number of "mid-level" (physician assistant or advanced practice nurses) provider FTE's, 11.9. 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 constitute 28.4 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.

A total of 75 Administrative FTE's support the 86.7 clinical staff FTE's. Clinics with billing offices such as the FQHC's require a much larger number of administrative support personnel than the volunteer clinics.

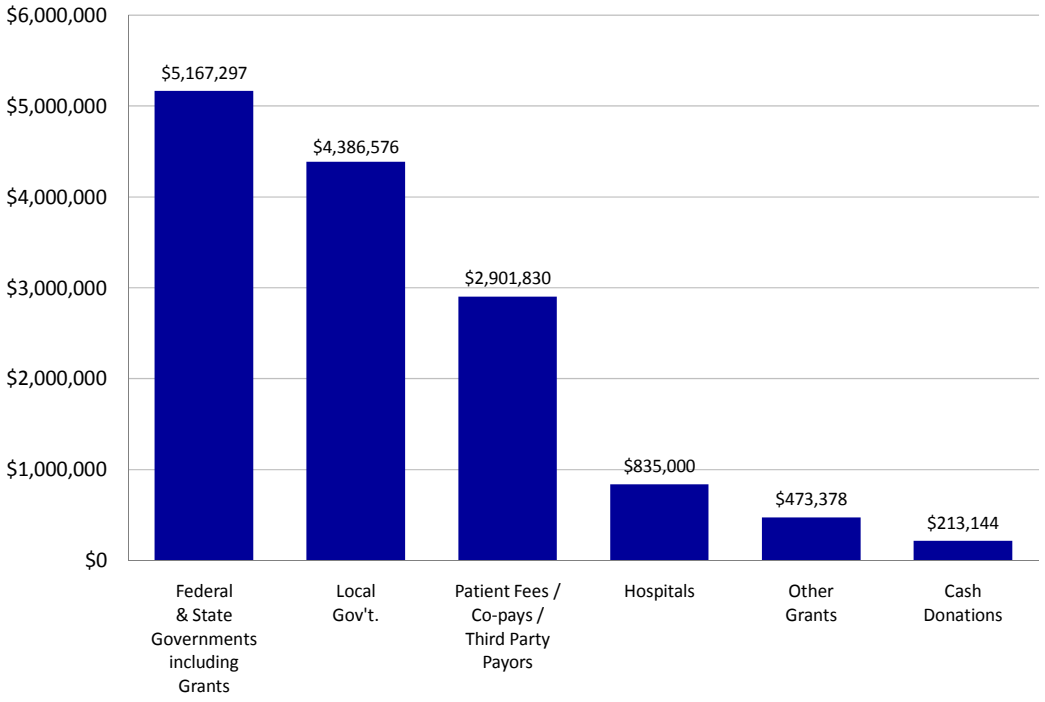


Federal and State funds coming in to the CCSNPC provider system increased by 33.8% from $3.8 million in 2008 to over $5.1 million in 2009. This is primarily due to the success of the two FQHC's in applying for and receiving federal stimulus funds. Patient fees and co-pays gathered by the FQHC's increased 11.9%, a reflection of the 15.9% increase in visits across the system. Chatham County continued to provide a significant amount of funding, over $4.3 million, to the Safety Net system. Hospital funding and private donations remained relatively constant from 2008 through 2009. In 2008, grants from private foundations were not separated from the other grant data. Therefore, a new category "Other Grants" has data for 2009 only.

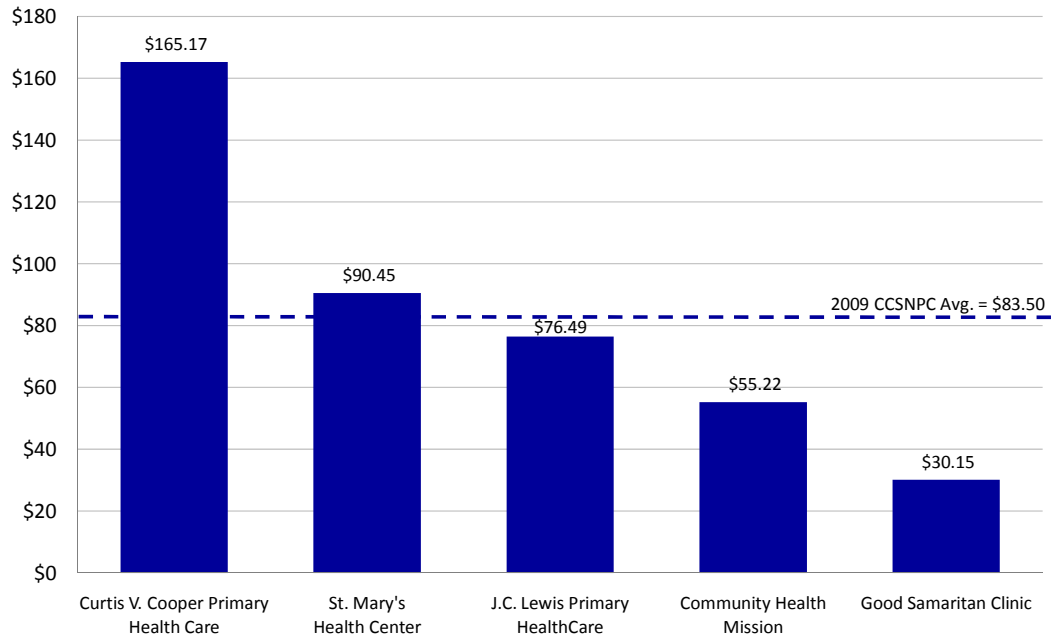
A total of $13,977,000 came into the CCSNPC provider system in 2009. Federal and state grants provided 37% of the funding. Chatham County Government provided 31% of the total and fees from co-pays and billing provided 21% of the total cash resources. The remaining 6% came from the hospital systems, 3.5% from private grants and 1.5% from private donations.

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 2009 a total of $452,633 was received to increase the total amount received since 2005 to $1,293,633.

Sources of Revenue to Providers
2008 - 2009



Cost per Visit by Provider
2009

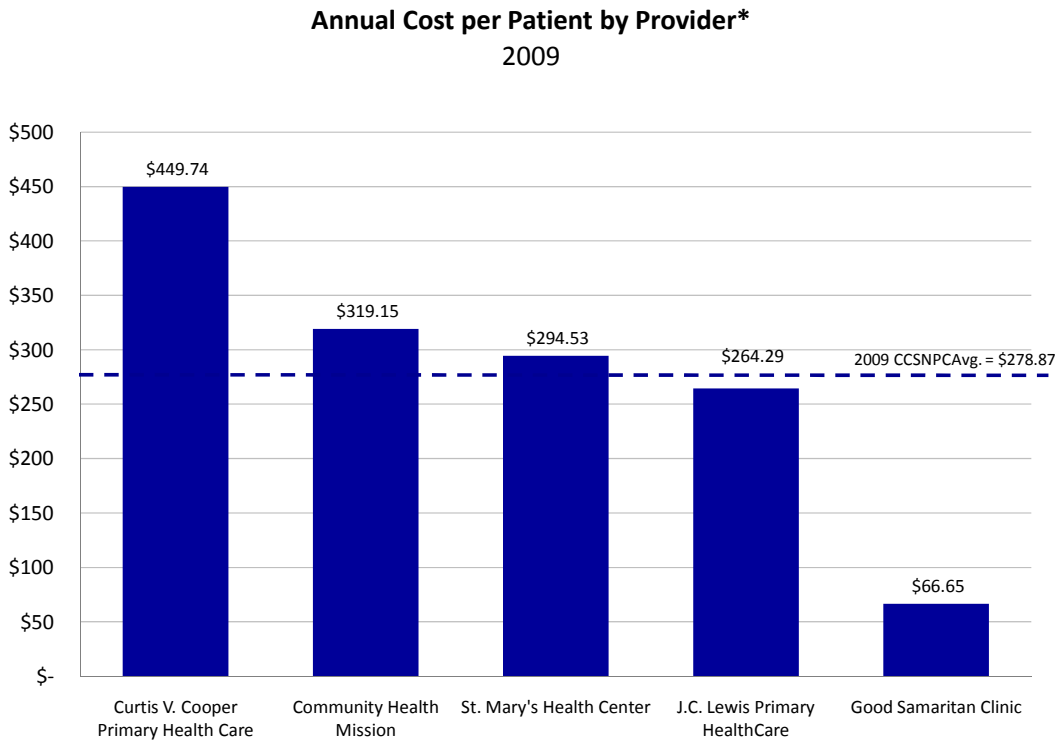


*Annual cost per visit = Total cost ÷ Total Clinical Visits (including medical, dental, wellness, & other visits)

The 2009 average cost per patient visit in the Safety Net Provider system was $83.50, an increase of $3.48 from the 2008 average of $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 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.

The services included in a visit vary by provider. At Curtis V. Cooper Primary Healthcare, 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. A number of other 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.



*Annual cost per patient = Total cost ÷ Total Patients (including dental patients)

The annual 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.

The average annual cost per patient in 2009 was $278.87, up $10.55 from $268.32 in 2008. This average 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.

Progress on 2008 Recommendations

The following is a summary of progress to date on the recommendations made based on the 2008 Evaluation.

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,

CCSNPC providers were able to increase the amount of revenue from federal and state sources by $1,307,000 or 33.8% in 2009. The resulting expanded staffing, hours and added programs contributed to the 15.9% increase in visits.

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

CCSNPC website was launched in April of 2009 and marketed to the provider and patient communities at a series of health fairs and events. The site contains a page titled "Healthcare Resources" which lists all clinics and services available. Hours, eligibility, locations and bus routes to all CCSNPC facilities are easy to find on the site. This information was updated throughout the year as hours and programs were expanded. All CCSNPC partners were encouraged to include a link to the CCSNPC website on their websites.

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,

Chatham CAN (Creating Access Now), a specialty care referral project funded by Healthcare Georgia Foundation, was launched in February 2009 on behalf of the entire safety net provider system. This project obtained tracking software to follow appointments and report on community progress in engaging specialty providers and connecting patients to services.

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

Representatives from the hospital emergency departments participate in the Chatham CAN project described above to connect ED patients to specialty care and to medical homes for follow up. Additional ED patient data was collected in 2009 to better understand the patterns of ED use for primary care as reported in this narrative.

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

5, continued: At the close of 2009, one clinic, J. C. Lewis Primary Healthcare, had 100% of patients with an electronic medical record. Two other clinics, St. Mary's Health Center and Community Health Mission were at 64% at the end of 2009.

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

For the first time, pharmaceutical and dental care data was able to be collected in the data collection tool in 2009. The data collection instrument was streamlined to facilitate data reporting across the system.

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,

Providers were eager to respond to funding opportunities to increase capacity in 2009, resulting in the system passing the 100,000 visit milestone in 2009. In addition, providers have been proactive in pursuing grants to allow them to adopt Electronic Medical Records systems and have worked diligently with the Chatham CAN project to organize and track specialty care referrals.

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

In March through September 2009, the IT Consortium of the CCSNPC diligently pursued the vendor selection and contracting aspects of the development of a community Health Information Exchange (HIE). The implementation phase of the CCSNPC Health Information Exchange Pilot Project between J. C. Lewis Primary Healthcare and Memorial University Medical Center Emergency Department began in October 2009.

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.

CCSNPC worked together to develop a council-wide policy statement for release in 2010 regarding our position on healthcare reform. This policy statement will provide the foundation for guiding our community through changes and opportunities arise from new state and federal programs.

Conclusions 2009

- In 2009, the CCSNPC primary care provider network documented an increase in capacity and visits as a result of expansions within the existing system. In May 2009, J.C. Lewis Primary Healthcare Center (JCLPHCC) converted from a Federally Qualified Health Center (FQHC) for the homeless to a community FQHC, expanding its target population to include all citizens. This allowed JCLPHCC to open its doors to new patients of all ages. JCLPHCC opened a pediatric clinic on Saturdays and Curtis V. Cooper Primary Healthcare (CVC) increased the number of pediatricians on staff. Reflecting these new opportunities, children ages 18 and younger accounted for the increase in patients new to the system in 2009. Despite higher unemployment rates in Chatham County in 2009, an increase in uninsured adults accessing the system was not documented.
  Parents have the opportunity to obtain health insurance for their children through Medicaid or Georgia's **PeachCare for Kids**™. The Georgia Department of Community Health reported that the numbers of applications from Chatham County for **PeachCare for Kids**™ almost tripled in 2009 versus 2008. Applications documented in the 3rd quarter of 2009 were1523 (511 in 2008) and in the 4th quarter 2009 were 1219 (476 in 2008). Since the loss of a job can mean that an entire family loses coverage, this increase in applications may reflect the increase in unemployment experienced in 2009. The increased numbers of children accessing the CCSNPC provider system may be a reflection of rising unemployment and/or a lack of sufficient providers in the private sector to meet the needs of the pediatric population.

- The numbers of patients seeking primary care (Acuity 1 and 2) at Emergency Departments increased in 2009, but the numbers did not return to the levels seen in 2007. The increase over 2008 was documented in the age groups less than 18 years and 18- 64 years, but not in the 65+ age group. This increase may reflect the increase in unemployment and the accompanying loss in health insurance, or in the case of children, a lack of sufficient pediatric providers in the community to meet the needs of the pediatric population. For the first time average visits per patient and at each ED location were tracked. Although there may be duplications across the Emergency Departments, at each ED, the majority of patients (60% or more) visited the ED for primary care only once per year.

- Providing adequate specialty care to the uninsured is still a challenge. In 2009 CCSNPC implemented a grant funded project, Chatham CAN (Creating Access Now) to document and track appointments and engage specialty physicians on behalf of the uninsured population. Donated care by 62 specialty physicians representing 28 medical specialties was documented in this project's first year. Despite area hospitals' and providers' willingness to participate in the new system, the switch from the long standing process of accessing specialty care through area Emergency Departments has been slow- for patients and providers alike. All CCSNPC providers still express a high volume of unmet needs in specialty care.

- In 2009 enough data was reported to document the financial impact of pharmaceutical assistance provided to the CCSNPC patient population. Most data was collected and reported in the same way with few exceptions. Across the system CCSNPC documented 37,457 applications for pharmaceutical assistance on behalf of 15,363 patients, or an

average of 2.4 applications per patient. The total value of the prescriptions reported was $11,961,171 or an average of $778.60 per patient. Notable contributions to these numbers are through MedBank and the Ryan White drug assistance programs. In response to the CCSNPC's 2005 goal of increasing access to prescription assistance for our community's un/underinsured population, Med Bank developed a project to place MedBank representatives on-site in the CCSNPC clinics. Patients are able to consult with a MedBank staff member face-to-face and complete the applications for prescription assistance at the same time as their appointments with their primary care providers. In addition, patients are able to pick up their medications at the clinics and take advantage of MedBank's automated tracking of renewal dates. In 2009, MedBank provided more than $6.7 million in free medications to the CCSNPC patient population, a 279% increase over the $2.4 million provided in the CCSNPC system in 2005. The Ryan White drug assistance program is available to individuals with HIV/AIDS. In 2009 Chatham CARE submitted 9872 applications on behalf of 473 patients, an average of 20.8 applications per patient. They received $3,145,819 in prescriptions or $6,650.78 per patient.

- The adoption of Electronic Medical Records (EMR) may have a short term, negative impact on capacity. This is due in part to the increased workload associated with the implementation of a new practice management system and the physical transition from paper records. Such adoption with a volunteer staff represents an even greater challenge, which two volunteer clinics, Community Health Mission and St. Mary's Community Health Center, met successfully in 2009. A temporary moratorium on accepting new patients during the implementation caused the number of patients seen in these to clinics to drop in 2009. At the close of the year the level of EMR adoption at these two providers approached 100%. Without a mandate, these two volunteer clinics joined JCLPHCC and the MUMC ED in the use of EMRs, preparing them for future opportunities and positioning the CCSNPC network for eligibility for federal and state grants related to Health Information Technology (HIT).

- In 2009, the average cost of a visit increased 4.3% to $83.50 from $80.02 in 2008. According to publication on US Healthcare Costs by the Henry J. Kaiser Foundation, "Total healthcare expenditures grew at an annual rate of 4.4 percent in 2008, a slower rate than recent years, yet still outpacing inflation and the growth in national income." This brief also points to medical technology and prescription drug costs as major players in driving up costs of care, followed by the demands on the healthcare system by longer life spans and the increased prevalence of individuals with chronic disease. However, investment in information technology is cited as a major potential for efficiency in sharing information and reducing costs as well as improvements in quality and efficiency through the reduction of unnecessary care and reorganizing and streamlining the health system. [11] In 2009, CCSNPC has experienced an increase in cost similar to the national rate. To offset future increases, CCSNPC has committed to long term investment in health information technology, which represents both a driver of increased costs and the long term solution to cost reduction, and has concentrated on developing system of providing prescription drug assistance to the uninsured population.

[11] http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358

- The above referenced brief also reports that billions "in federal funding has already been allocated to uniformly upgrade health IT, a major component of the Obama administration's health reform plan, indicating that the movement to invest in IT has gained significant traction"[12] In 2009, both FQHC's were successful in obtaining grants from federal stimulus opportunities related to HIT. The strength of the CCSNPC collaborative and increasing sophistication of data collection maximizes the ability of CCSNPC partners, both individually and collaboratively, to compete successfully for grant opportunities. As of 2009, CCSNPC has five years of data showing success in building the system and implementing measures to improve efficiency. In 2009 CCSNPC created a website for the collaborative, www.chathamsafetynet.org, where potential grantors can access information about CCSNPC's efforts and successes, including the annual evaluation data. In addition, CCSNPC embarked on the complex and bold initiative of establishing a community Health Information Exchange (HIE) in 2009. Together, these initiatives have positioned CCSNPC and the individual providers to be successful in obtaining funding and demonstrating success in improving access, containing costs and providing quality healthcare in coming years.

[12] http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358

Recommendations

Based on the trends noted in the 2009 Evaluation, the CCSNPC Executive Committee recommends that CCSNPC

- Address the emerging pediatric population by ensuring the availability of pediatric healthcare providers and maximizing Chatham County enrollment in Medicaid and **PeachCare for Kids**™
- Continue to work on expanding pharmaceutical assistance and standardize reporting to quantify the financial impact on the community
- Continue to engage the specialty care provider community to develop an equitable, trackable and dependable system to link the uninsured population to the specialty care they need before their health condition becomes an emergency
- Continue to invest in Health Information Technology to ensure efficiency across the CCSNPC infrastructure, to enhance CCSNPC's ability to gather and report accurate and meaningful data and to seek grant funding as opportunities emerge for this national healthcare initiative
- Anticipate and prepare the Chatham County community for future healthcare reform, to include, but not limited to, the following measures:
    - providing education to the community at large on the significance and impact of potential health reform measures,
    - ensuring sufficient providers and access points,
    - maximizing enrollment in available coverage,
    - providing comprehensive care through adoption of the patient centered medical home model and
    - linking patients to these medical homes

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 Healthcare
- Robert Bush, JD, Attorney-at-Law, Georgia Legal Services Program
- Agnes Cannella, Director, Mission Services, SJ/C
- Linda Davis, FNP, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- Sherri Estes, MSN, Director of Missions, SJ/C Good Samaritan Clinic
- Aretha Jones, MPH, MA, Vice President of Primary Healthcare 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				
2009 INFORMATION	Curtis V. Cooper Primary Healthcare	J. C. Lewis Healthcare 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	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	17,592	6,053	1,522	488	508
Number of Visits	54,043	24,922	8,797	1,589	1,123
Average Annual Visits per Patient	3.1	4.1	5.8	3.3	2.2
Cost per visit	$165.17	$76.49	$55.22	$90.45	$30.15
Cost per patient	$449.74	$264.29	$319.15	$294.53	$66.65
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 Pediatrics	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 Podiatry	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