

Chatham County



**SafetyNet**  
Planning Council

**2010 Evaluation**

## Table of Contents

<b>SECTION</b>	<b>PAGE</b>
Executive Summary	2
Introduction	4
Methods	7
2010 Data	
I. Primary Care Capacity	11
II. Other Healthcare Delivery	19
III. Emergency Departments	23
IV. Business and Financial Data	28
Progress on 2009 Recommendations	34
Conclusions	36
Recommendations	38
Acknowledgements	39
Appendix: Chatham County Safety Net Providers at a Glance	40

## 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), SJ/C Good Samaritan (GS), J.C. Lewis Primary Healthcare Center (JCLPHCC), and SJ/C St. Mary's Health Center (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 adult patients. Additional contributors to the data include MedBank, a pharmaceutical assistance provider; Chatham CARE Center, a Chatham County Health Department Ryan White Clinic; and Community Cardiovascular Council, a healthcare organization conducting community screening and education activities. Both hospitals, Memorial University Medical Center (MUMC) and St. Joseph's/Candler Health System (SJ/C) submit data from their Emergency Departments.

In 2010, the US Census reported an increase in the number of Chatham County citizens who were living in poverty and lacked health insurance. The latest census estimates show that the number of Chatham County residents without health insurance may have exceeded 51,000 in 2010. Accordingly, the CCSNPC clinics continued to see increased utilization of services from uninsured and underinsured residents of Chatham County. The Safety Net Providers provided 126,615 visits to a record 28,420 patients, increases of 18.5% and 6.1%, respectively since 2009. These numbers also represent an 81.2% increase in visits and 57.2% increase in patients served since 2004. The hospital emergency departments (ED) recorded a total of 43,449 primary care visits (Acuity Level I and II), compared to 43,332 visits in 2009. The 43,449 visits represent 32,078 patients compared to 31,528 patients in 2009.

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

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2010, the total value of prescriptions provided exceeded \$13 million. MedBank, a CCSNPC partner, was responsible for providing \$6.8 million of this total through an innovative project which places MedBank representatives in the

CCSNPC provider clinics and delivers prescriptions to the patient at their healthcare provider.

Linking patients to specialty care in the private provider community remained a challenge but many of the gaps in care were successfully addressed through Chatham Creating Access Now (CAN), a specialty care referral project funded by the Healthcare Georgia Foundation.

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

Trends noted in the 2010 data confirm that demand for care continues to increase and the available health care continues to diversify and expand. The ability to meet this demand will require the continued collaboration among the partners and the pursuit of the Patient Centered Medical Home model.

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 2011 to answer the needs of the increasing numbers of Chatham County citizens living in poverty, without employment and without health insurance, by

- continuing to expand access to care for the un/underinsured,
- continuing the practice of encouraging patients to seek care for chronic diseases at a medical home rather than an ED,
- expanding capacity to care for children so that parents have an alternative for care for their children other than area EDs,
- continuing to engage specialty physicians and develop protocols for specialty care and
- offering pharmaceutical assistance to more patients.

Further, in keeping with these priorities, CCSNPC will continue its partnership with Healthy Savannah, Chatham County Health Department and Savannah Business Group to develop the Savannah Primary Care Medical Home Project and encourage CCSNPC partners to receive accreditation as Medical Homes, build on past successes to continue to apply for and receive state, federal and private funding to for CCSNPC partners, both individually and collaboratively, and complete the adoption of Electronic Medical Records (EMRs) within the CCSNPC system and expand linkage to ChathamHealthLink, CCSNPC's Health Information Exchange.

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 through community forums and outreach to key governmental, business and citizens groups.

## **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 Center. The Council is made up of representatives from these providers along with others from local agencies, governmental bodies and community stakeholders such as MedBank, United Way, Union Mission, Community Cardiovascular Council, Georgia Medical Society, Department of Family and Children Services, City of Savannah, Chatham County, Eastside Concerned Citizens, Healthy Savannah, StepUp Savannah, Armstrong Atlantic State University, Savannah State University, Savannah Business Group and the 100 Black Men of Savannah. The Chatham County Health Department acts as a neutral convener of the Council. As the healthcare action team since 2005 for the local poverty reduction initiative, StepUp Savannah, the Council explores how its programs can help to eradicate poverty, as this social condition is associated with the lack of health insurance and difficulty in accessing healthcare.

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

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

---

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

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

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

residents lived in poverty, up from the 2009 estimate of 15.1%. Chatham County children under 18 years old living in poverty rose to 26.8% in 2010 from 21.7% in 2009. Adults ages 18-64 experienced a similar 5% increase from 13.3% in 2009 to 18.5% in 2010. Families living in poverty rose to 12.9% in 2010 from 10.8% in 2009. Along with this increase in the number of citizens living in poverty, an increase in those without health insurance was observed. In 2010, 19.8% of Chatham County citizens had no health insurance, an increase of 1.8% over 2009. By age group, 10.4% of children less than 18 years old, 26.7% of adults ages 18-64 years and 0.2% of those ages 65 and older were uninsured in 2010. The US Census estimates as many as 51,294 Chatham County citizens without health insurance in 2010: 6,241 under the age of 18 years, 44,998 between the ages of 18 and 64 years and 55 ages 65 years and older.

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

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

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

The HITECH Act seeks to overhaul and transform of the delivery of health care through the adoption of Health Information Technology. The assumption is that Electronic Health Records along with the accurate and timely communication electronic systems provide among providers and patients will improve the efficiency, continuity and quality of care across the nation. The HITECH Act provides substantial financial support through Medicare and Medicaid Incentive Programs to providers who adopt Electronic Medical Records systems. Doctors and other professionals can receive approximately \$40,000 through Medicare or about \$60,000 through Medicaid over a five year period. The programs apply to Community Health Center providers as well as private clinics. Hospitals can receive in the \$2 million range.

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

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

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

## Methods

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

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

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

Curtis V. Cooper Primary Health Care, Inc. (CVCPHC) is a long standing Federally Qualified Health Center (FQHC), providing care for residents of public housing and underserved low-income individuals of Savannah and Chatham County. CVCPHC was established under the name of Westside Comprehensive Health Center, Inc. in 1974, later name Westside Urban Health Center in 1981 and in 2003 named Curtis V. Cooper Primary Health Care, Inc. Today CVCPHC is one of the Safety Net Provider network's primary health care FQHC(s) 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.

CVCPHC is also one of the largest capacity provider partners, with two locations in 2010: East Broad Street and Roberts Street in west Savannah. The third site, which is a public housing primary care site, is scheduled to reopen in 2011 in the Yamacraw Village housing complex on West Bryan Street. CVCPHC's services to uninsured patients are primarily billed based on family or patient income and family size. Payment is determined by the use of a sliding fee scale with discounts consistent with the federal poverty guidelines. CVCPHC also accepts most private insurances in addition to Medicaid and Medicare insurance. CVCPHC provides services to anyone (children and adults) regardless of their ability to pay. All services are provided in accordance with CVCPHC's billing and collection policies. Payment is expected at the time of service.

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

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

JCLPHCC was designated a Health Care for the Homeless (HCH) site in 1998 when it was established as a division of Union Mission, Inc., an organization which provides housing and support services for homeless individuals. In 2004, the Health Center earned its current distinction as a Federally Qualified Health Center (FQHC). This change allowed JCLPHCC to expand its focus beyond the homeless and near homeless populations, to include low-income and un/underinsured individuals and families. In 2011, the Board of Directors of Union Mission, Inc. signed a resolution allowing JCLPHCC to become a stand-alone not-for-profit organization.



Today, in addition to providing comprehensive primary care, the Health Center also offers radiology services, medication assistance (through an on-site MedBank representative), medical case management, health education for disease management and prevention, dental care, shelter-based health care at three locations, shelter & housing referrals, economic education referrals, nutritional education, dietary supplementation, prisoner re-entry program, 24-hour respite care and behavioral health counseling. JCLPHCC accepts patients of all ages and uses a sliding fee scale based on the federal poverty guidelines to determine patient co-pays. The Health Center also accepts Medicaid, WellCare, Amerigroup and Georgia's PeachCare for Kids. JCLPHCC does not refuse services to anyone based on their ability to pay and homeless patients without income have no co-pay.

### **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.

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

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

GS is a volunteer-based, non-profit, medical clinic. The clinic is made possible by the generous financial support of St. Joseph's/Candler Health System, 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/hiv\\_aids\\_services\\_1.php](http://www.gachd.org/services-list/hiv_aids_services_1.php)

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

**Community Cardiovascular Council (CCC)**

<http://savannahccc.org/>

CCC is a private, non-profit healthcare organization conducting public blood pressure/risk factor screening and education activities, treating low-income patients for control of hypertension and modification of risk factors, and building effective local and state coalitions to improve overall health in our community. In 2010, CCC registered 9,459 encounters with the public through general field screening programs. These are conducted by a combination of CCC clinic and outreach staff along with numerous volunteers. The CCC is supported by Georgia Public Health, the local United Way, St. Joseph's/Candler Hospitals and a variety of foundation grants and contracts.

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

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

MedBank is a private, non-profit organization offering prescription assistance to low-income patients of area health providers. MB excels in obtaining medications at no cost to patients through programs offered by participating pharmaceutical manufacturers. MB provided approximately \$7 million in free medications to patients in 2010 by working with community clinics. In 2010, 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 Mercy Medical and countless social service agencies. MedBank is able to track medications and medication cost for each patient and track renewal dates and demographics for its patient population.

**Memorial University Medical Center (MUMC)**

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

MUMC is a 530-bed non-profit academic medical center. It is the home of the region's only Level 1 trauma center and offers the most extensive emergency facilities in the region. The services at MUMC include around-the-clock physician specialists, surgeons, operating rooms, and critical care services. The emergency department has 51 beds, including three separate trauma rooms and four rooms for cardiac emergencies. Other features of MUMC's emergency services include a pediatric emergency unit and an emergency helicopter service. The board-certified emergency physicians at MUMC handle more than 95,000 cases per year.

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

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

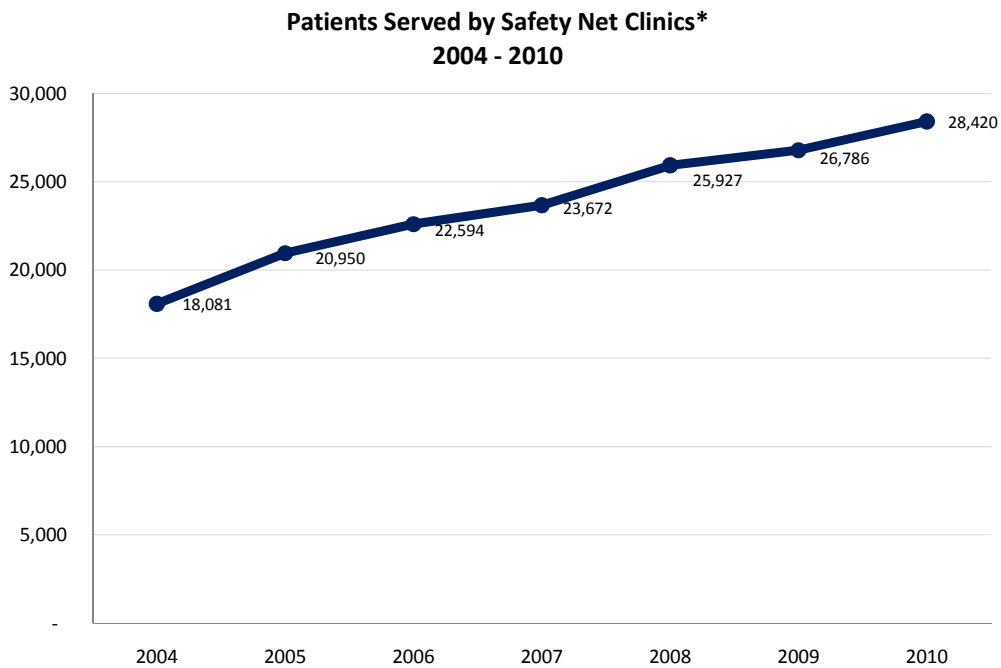
SJ/C is a 636-bed, faith-based not-for-profit healthcare system with two hospital locations in Chatham County - St. Joseph's Hospital on the south side of Savannah and Candler Hospital in midtown Savannah. Full-service emergency care is available at each hospital campus, 24 hours a day, seven days a 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.

**2010 Data**

**I. Primary Care Capacity**

In 2010, the Safety Net Provider Network members experienced another 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 across clinics. Taking into account that duplications may exist, the clinics reported serving a total of 28,420 patients – an increase of 6.1% since 2009. The 2010 figure represents a 57.2% increase over the six 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 CCSNPC system was 79.4%, a 1.9% increase since 2009 (77.5%).

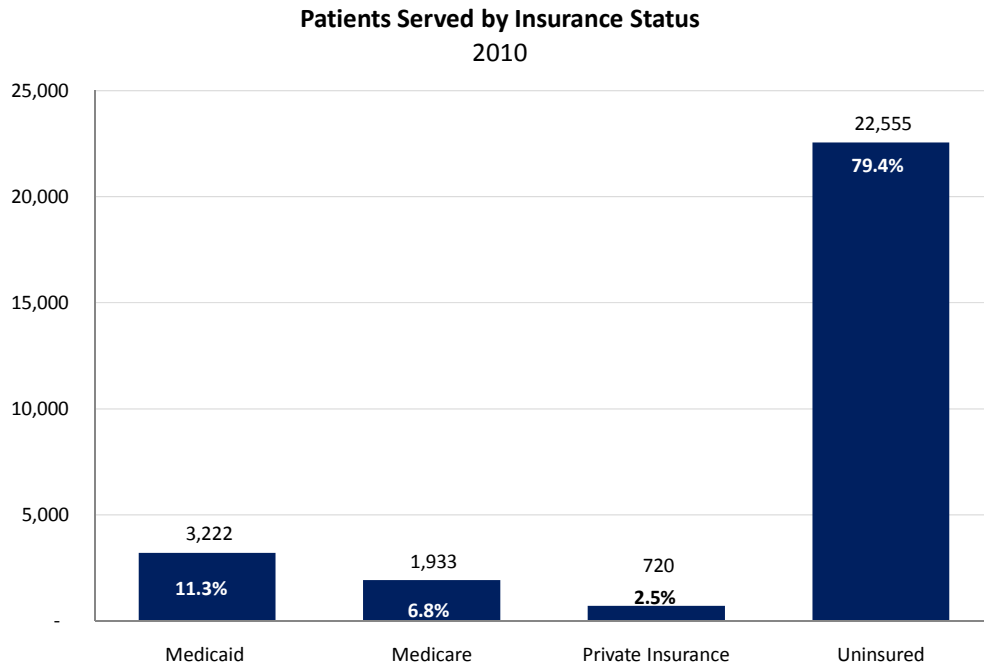
Graph I: Patients served by CCSNPC clinics



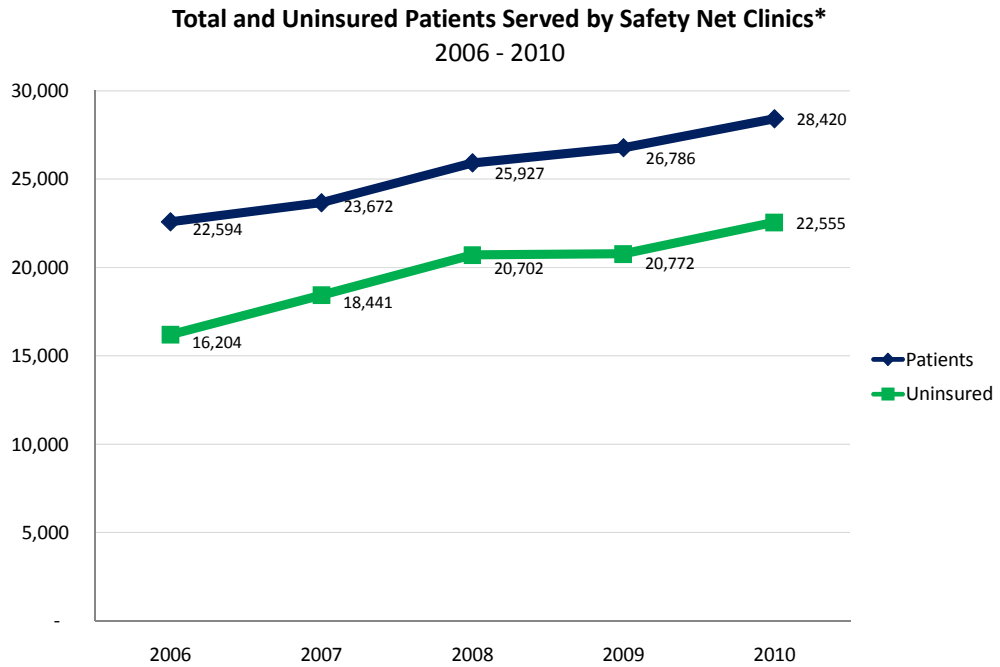
Some of the clinics have billing capabilities and see patients with Medicare, Medicaid or private insurance as well as the uninsured. The Federally Qualified Health Centers are able to accept patients with Medicare, Medicaid and private insurance.

The Federally Qualified Health Centers have the largest capacity caring for 88.2% of the patients served in the CCSNPC provider system consistent with the percentage served by these clinics in 2009 (88.3%).

Graph II: Patients by Insurance status

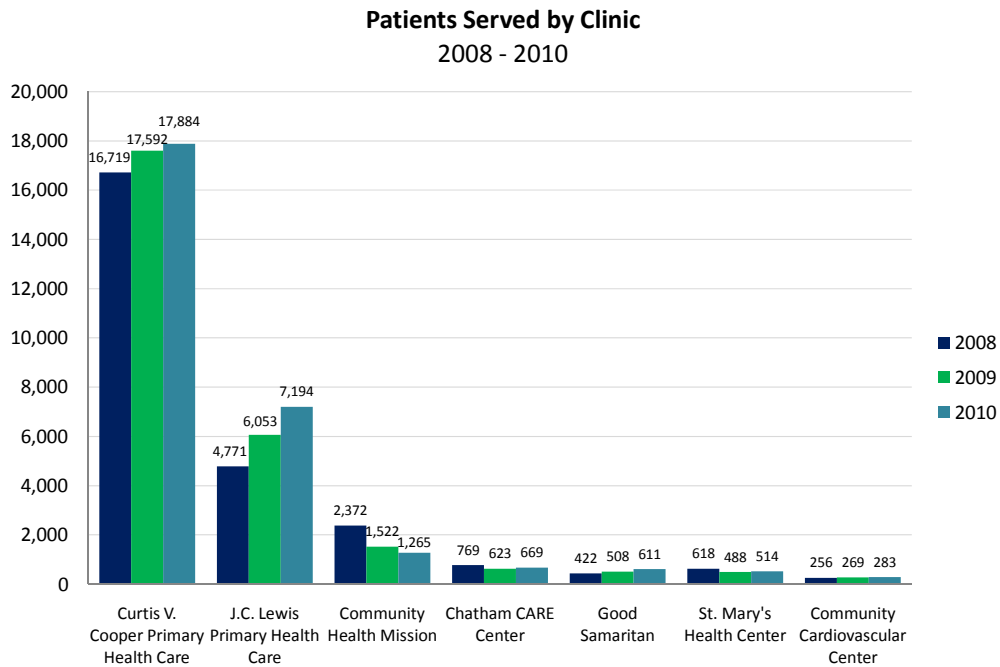


Graph III: Total and Uninsured Patients served by CCSNPC Clinics, 2006-2010



All CCSNPC provider clinics experienced an increase in patients served in 2010 except Community Health Mission. The highest percentage increases since 2009 were noted at JCLewis Primary Health Care Center (18.8%) and Good Samaritan (20.3%).

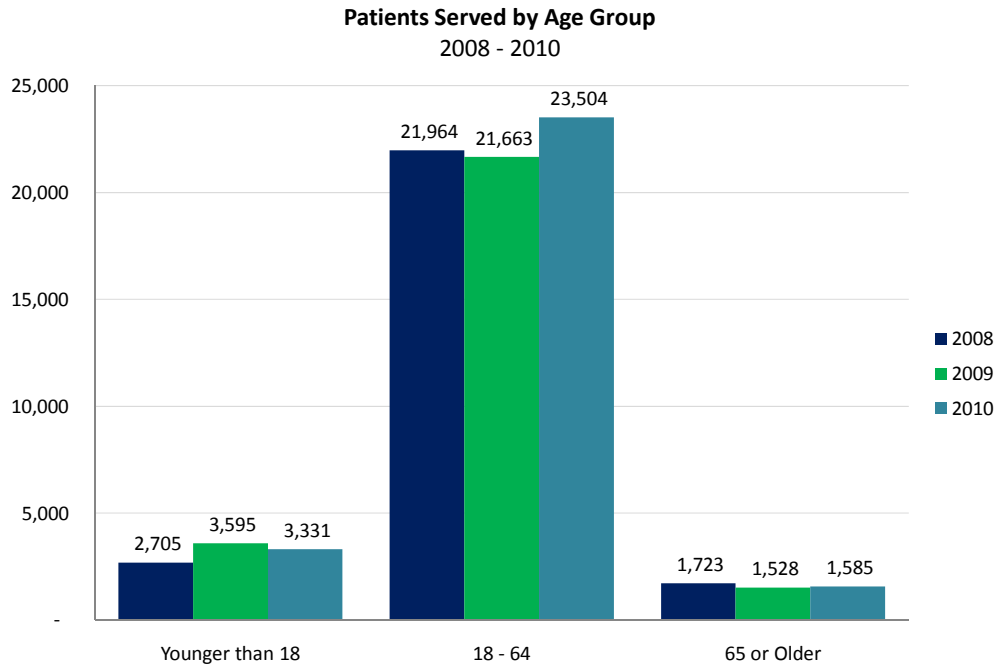
Graph IV: Patients Served by Clinic 2008-2010



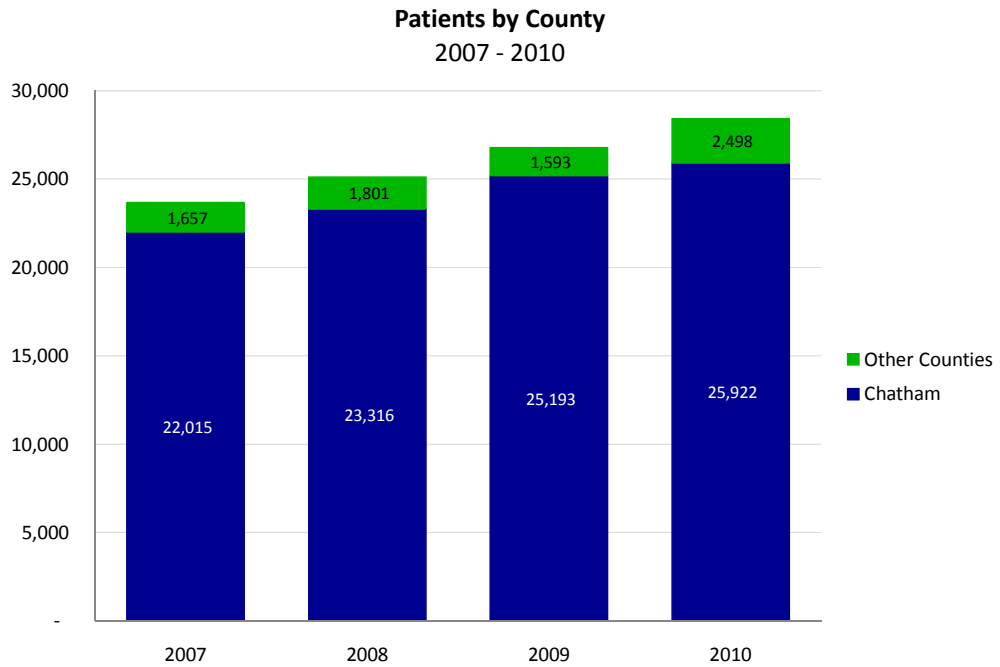
Adults 18-64 made up 82.7% of the patients served in 2010 versus 80.9% of the patients in 2009. The number of adults ages 18-64 increased 8.5% from 2009. Those under 18 years old decreased to 11.7% of the total patients from 13.4% in 2009. The number of patients under 18 years older decreased 7.4% from 2009. The percentage over 64 years old was stable at to 5.5% of the total patients from 5.7% in 2009. Of the Safety Net Providers, only three provided care for patients in the under 18 or 65 and older age ranges: Curtis V. Cooper Primary Healthcare, J.C. Lewis Primary Healthcare Center and Community Cardiovascular Council. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only.

Across all providers, the percentage of the patients from Chatham County cared for in the CCSNPC provider clinics continues to vary within the 90% to 93% level. In 2010, 91.2% of all patients were from Chatham County. The percentage was 93.8% in 2009, 89.9% in 2008 and 93.0% in 2007. Federally Qualified Health Centers function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at J.C. Lewis Primary Healthcare Center are homeless and have no permanent address; however for the purposes of this report the assumption is made that they live in Chatham County.

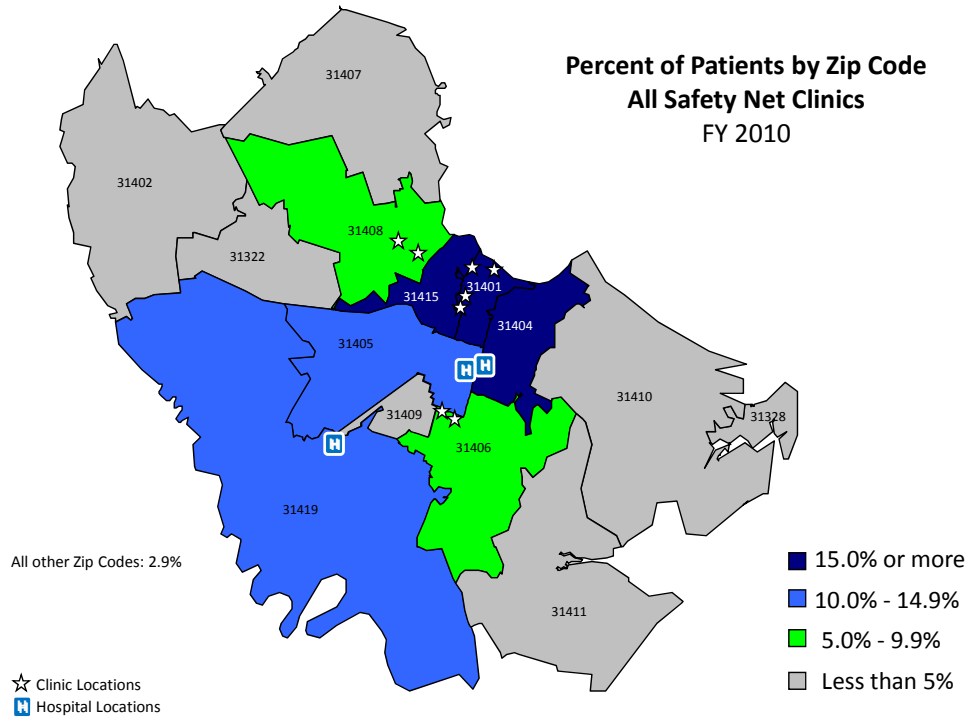
Graph V: Patients by Age Group



Graph VI: Patients by County



Map 1: Zip Codes of Residences, CCSNPC Clinics



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

Table 1: Percentage of Individuals living in Poverty in Chatham County by Zip Code

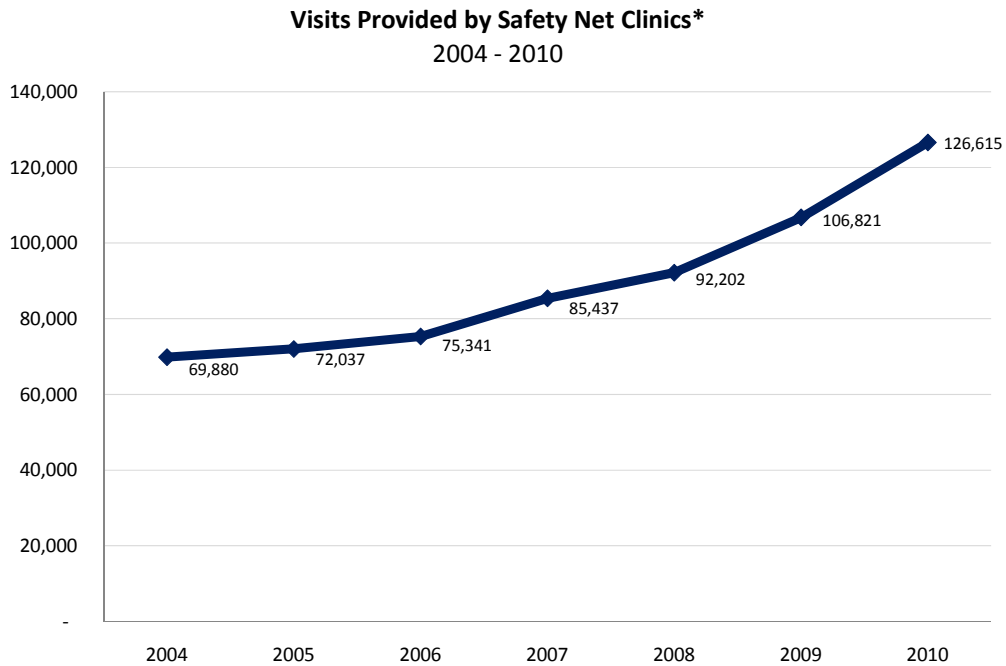
Individuals living in Poverty by Zip Code <sup>5</sup>			
Zip Code	%	Zip Code	%
31401	39.2	31406	10.5
31415	31.5	31328	9.7
31404	20.8	31419	9.5
31408	19.6	31302	8.2
31405	16.0	31322	8.0
31409	13.0	31410	3.8
31407	11.1	31411	1.3

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

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



Graph VII: Visits to Safety Net Clinics, 2004-2010



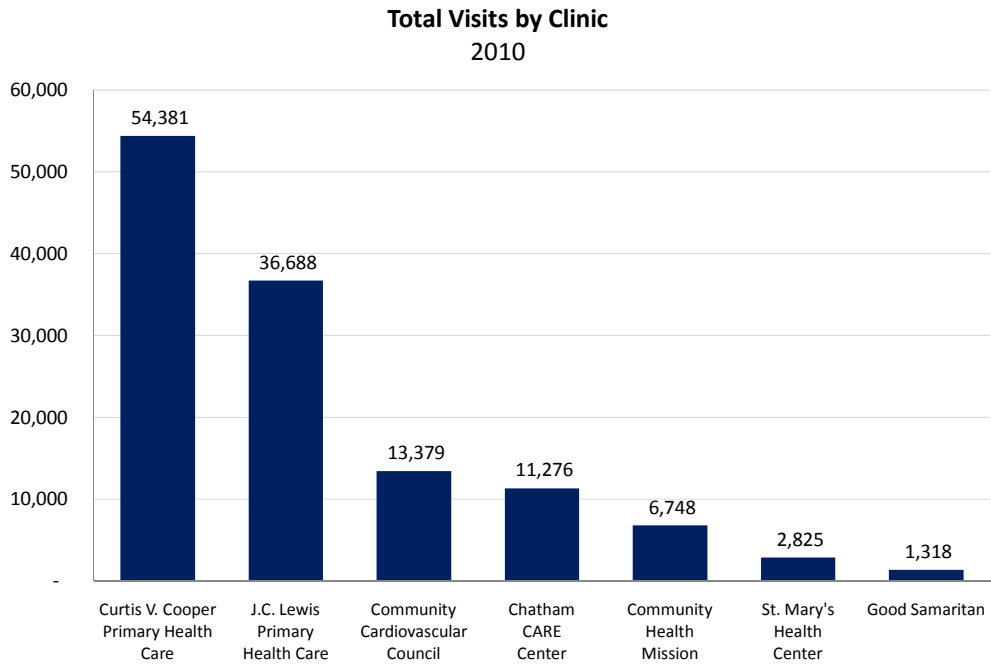
Clinic visits include medical, dental, behavioral health and wellness on and off site. In 2010, 126,615 such visits were recorded, an 18.5% increase over 2009. The CCSNPC clinic system has recorded an increase in visits of 81.2% over the six years since the baseline data was collected in 2004. This represents an average 13.5% increase each year. During the six year period, an FQHC (JCLPCC) has expanded services to new patient populations, new clinics have been added (Good Samaritan in 2007), new facilities have been acquired (St. Mary’s Health Center in 2008), hours have been expanded and programs added to accomplish this growth in the CCSNPC system.

Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 71.9% of the visits, a proportion which has remained relatively steady since 2007 (73.9% in 2009, 75% of visits in 2008 and 73.6% in 2007). Only two providers reported fewer visits in 2010.

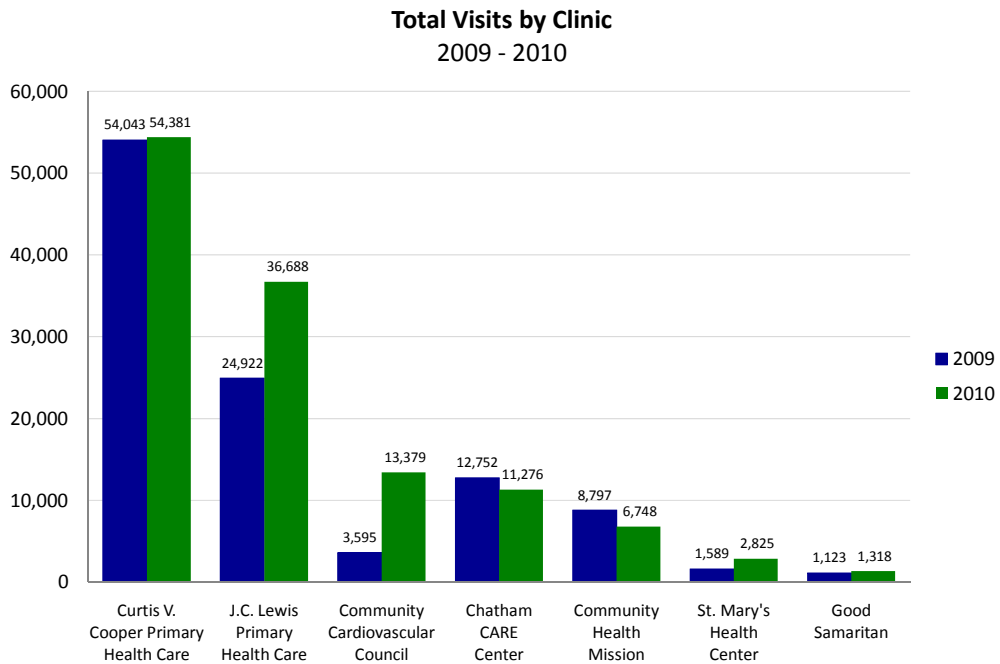
J. C. Lewis Primary Healthcare Center received the federal designation allowing them to expand their services to the general population in May of 2009. In response, JCL increased hours of operation and added additional services and providers. Total visits recorded increased by 47.2% over 2009 numbers.

The Safety Net Providers offer a number of different services to their patients. In 2010, primary care visits with a nurse or doctor represented 70.6% of all visits; dental, 6.0% of the visits; behavioral health, 2.2% of the visits and wellness, on and off site accounted for 21.2% of the visits. Of the medical visits, 71.7% were by Chatham County residents, while 76% of the dental visits were by Chatham County residents. In conjunction with these visits, CCSNPC clinic provided 121,101 laboratory tests and 2,163 X-rays studies in 2010.

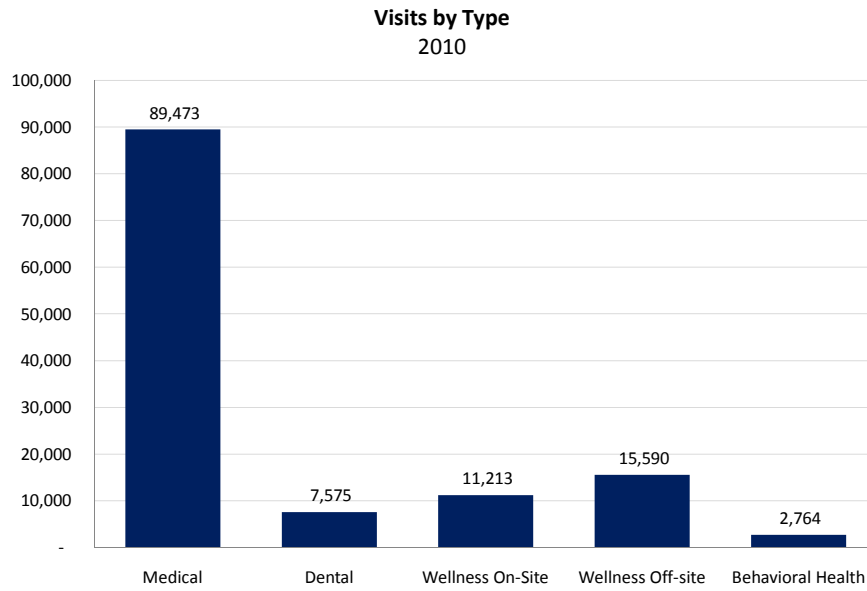
Graph VIII: 2010 Visits by Safety Net Clinic



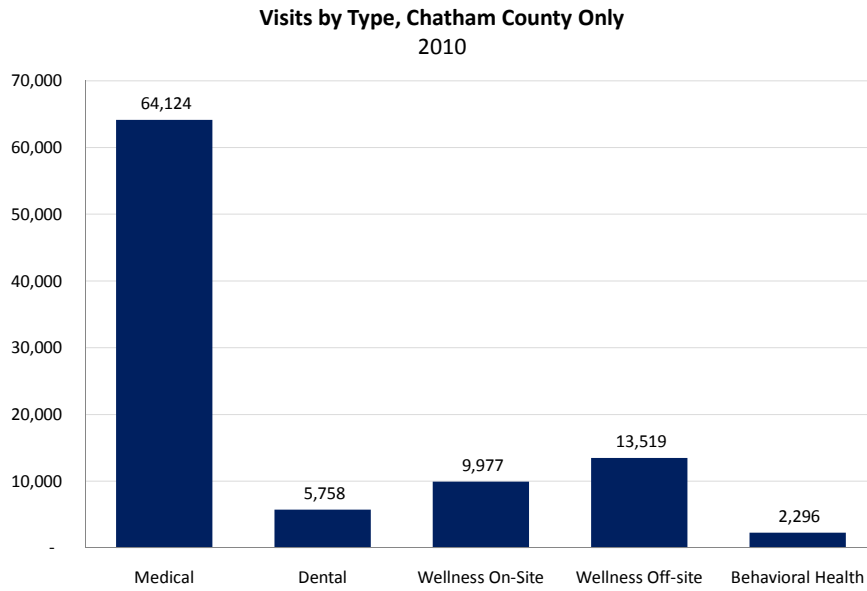
Graph IX: 2009-2010 Visits by Safety Net Clinic



Graph X: 2010 Visits by Type



Graph XI: 2010 Visits by Type, Chatham County Residents

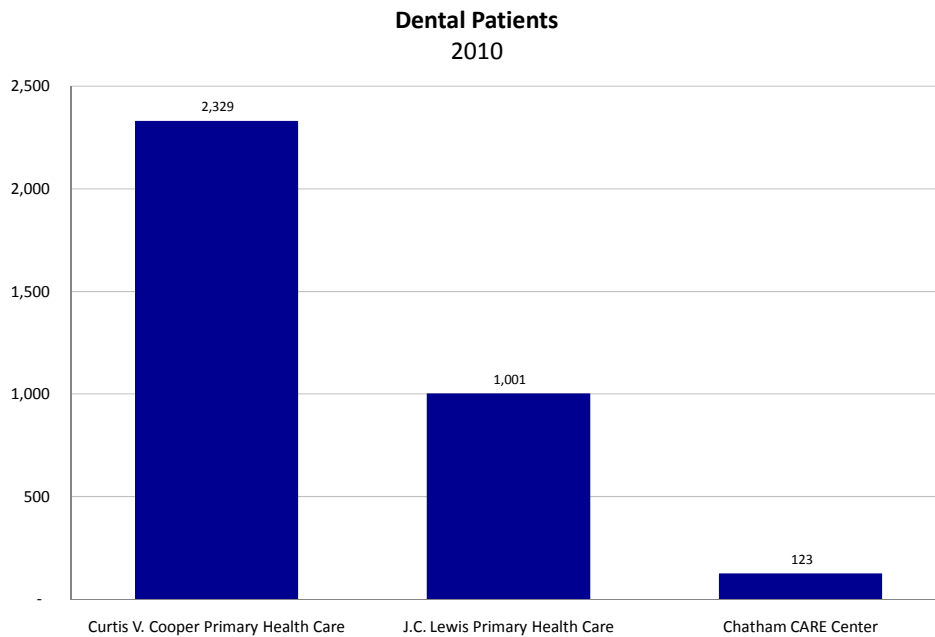


## II. Other Healthcare Delivery

### Dental Care

According to the Mayo Clinic website, although the eyes may be the window to the soul, the mouth is a window to the body's health. The state of a patient's oral health can offer lots of clues about their overall health.<sup>6</sup> CCSNPC has recognized the importance of oral health to overall health since its formation. At the 2005 Strategic Planning session, CCSNPC members made the expansion of dental care opportunities in the CCSNPC system a priority. In 2010, there were 5758 dental visits recorded in the Safety Net system to a total of 3453 patients, a decrease from 7,665 visits to 3,588 patients in 2009. In 2010, 67.4 % were cared for at CVCPHC and 29% were cared for at JCLPHCC's Peter Brasseler Clinic. In addition, the Savannah Volunteer Dental Clinic which treats eligible patients ages 3 through 18 reported seeing 371 patients in FY 2010.

Graph XII: 2010 Dental Patients



### Specialty Care

Providing specialty care to patients before their medical conditions become highly complicated can result in lower overall healthcare costs and fewer emergency room visits and/or hospitalizations. All of the Safety Net Providers actively seek specialty care beyond a primary care visit for their patients. To assist the providers in uniformly tracking specialty care referrals, in 2008 the Safety Net Planning Council received grant funding for a specialty

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

care referral program, Chatham CAN (Creating Access Now), through Healthcare Georgia Foundation. In 2009 and 2010, Chatham CAN sought to organize and streamline the specialty referral system for the CCSNPC patient population. By the end of 2010, Chatham CAN had recruited and enrolled 54 physicians representing Gastroenterology, Orthopedics, Otolaryngology, Ophthalmology, Cardiology, General Surgery, Infectious Disease, Nephrology, Neurosurgery, Pain Management, Pathology, Podiatry and Urology. Just over 1700 specialty referrals were made in 2010. Overall the rate of kept appointments was 86%. When patients received Chatham CAN case management services and appointments were scheduled directly by Chatham CAN the kept appointment rate was 96%.

Even with the successes of Chatham CAN, the unmet need for specialty care is still great. In 2009, the CCSNPC clinics reported that the top unmet specialty needs by rank were: ophthalmology, gastroenterology, podiatry, pain management, neurology, orthopedics, dermatology, gynecology and otolaryngology. In 2010, the top unmet specialty needs by rank were: endocrinology, rheumatology, cardiology, gastroenterology, urology, general surgery, behavioral health, dental and gynecology.

### Pharmaceutical Assistance

Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC in 2005. CCSNPC providers use a number of different assistance programs and have had varying methods of tracking the medications provided and of calculating costs of medications. As a result, gathering data on the progress of pharmaceutical assistance within the CCSNPC system was difficult until 2009, when the first consistent data was obtained. In 2010, the combined efforts of providers totaled \$13,245,808 in prescription assistance to patients, an increase of 10.7% from 2009. Two providers, CVCPHC and CCC, also dispense medications on site with a co-pay. In 2010, 17,390 patients took advantage of this convenience and obtained 110,350 prescriptions.

Table 2: 2010 Pharmaceutical Assistance in CCSNPC clinics

Medication Services		
Clinic	Number of Patients	Average Wholesale Pricing of Medications
Curtis V. Cooper*	3,782	\$4,961,454
Chatham CARE	475	\$3,748,141
Community Health Mission*	3,712	\$3,080,764
J.C. Lewis	3,856	\$1,002,306
Community Cardiovascular Council	283	\$234,391
St. Mary's Health Center*	295	\$218,752
<b>CCSNPC Total</b>	<b>12,403</b>	<b>\$13,245,808</b>

\*Includes prescription assistance provided by MedBank

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

At St. Mary's Health Center, the majority of patients are given generic prescriptions that cost \$4/month or \$10/3 months. If unable to afford that amount or if the patient needs non-generic prescriptions, a MedBank application is completed by the Clinical Nurse Manager. Some medications are donated by private practices and distributed to the patients. 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. Good Samaritan did not submit 2010 data on pharmaceutical services provided for this report.

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

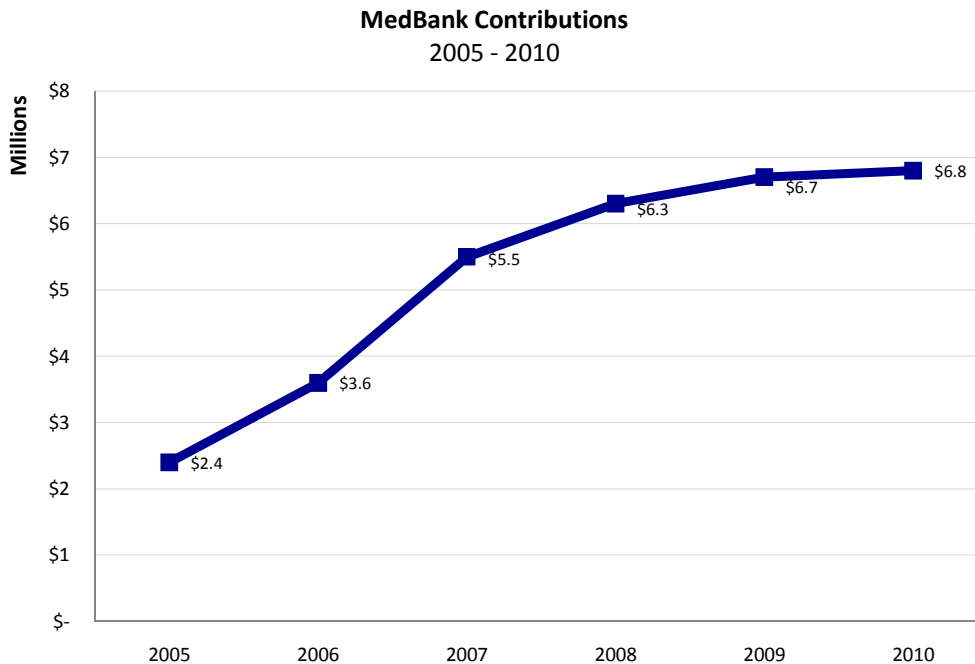
At Curtis V. Cooper Primary Healthcare, prescription assistance is provided through a contractual relationship with Pfizer Pharmaceutical Company. An additional prescription assistance program is administered by CVCPHC and MedBank on site. Applications are taken from CVCPHC patients who are uninsured and have limited income. Patient

application for medication assistance are submitted, reviewed and approved by various pharmaceutical companies excluding Pfizer.

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.

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 \$6.8 million in 2010.

Graph XIII: 2010 MedBank Facilitated Medications

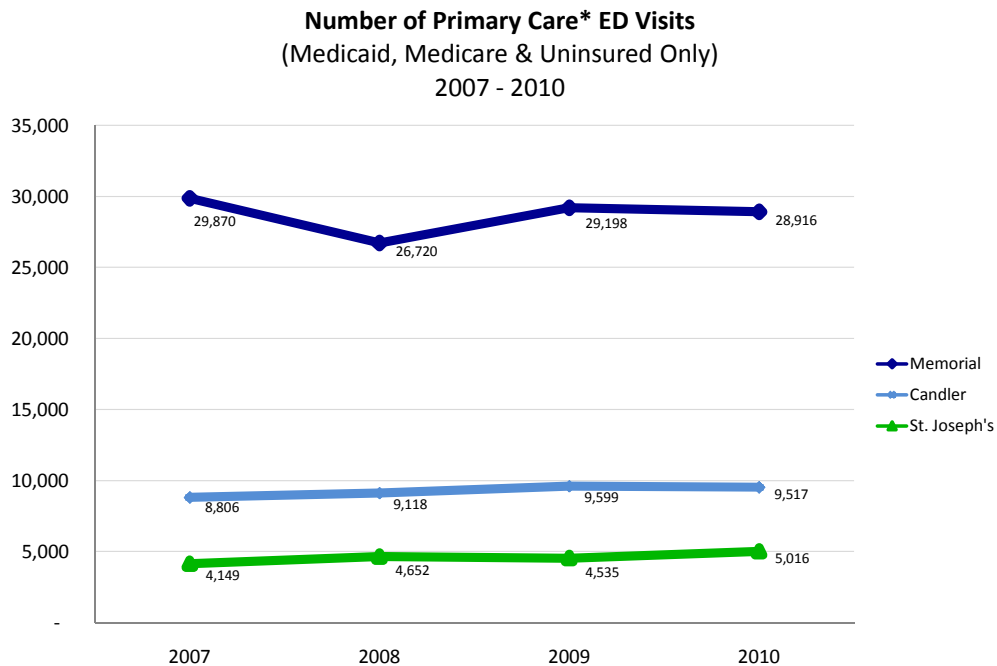


### III. Emergency Departments

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

In 2010, emergency departments continue to track 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 2010 was 43,449, a 0.27% increase over the 43,332 visits in 2009 and a 1.5% increase over 2007 (42,825 visits). In 2010, 66.6% of the visits were provided at the MUMC ED, 21.9 % at the SJ/C Candler ED and 11.5% at the SJ/C St. Joseph’s ED site.

Graph XIV: Emergency Department Visits, Acuity 1 and 2, 2007-2010

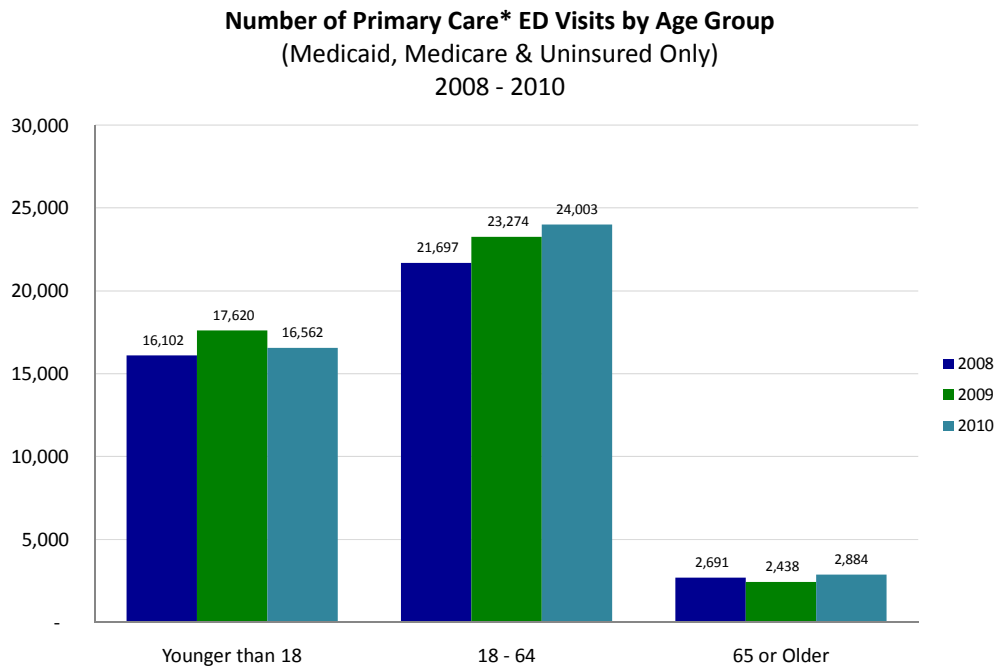




For Acuity Levels 1 and 2, MUMC ED visit numbers decreased 1% since 2009 and 3.2% since 2007. SJ/C Candler ED leveled off at a less than 1% increase from 2009 to 2010 but experienced a steady rise of 8.1% from 2007 to 2010. SJ/C St. Joseph’s ED saw a 10.6% increase in the number of visits from 2009 to 2010, and an overall 20.9% increase since 2007.

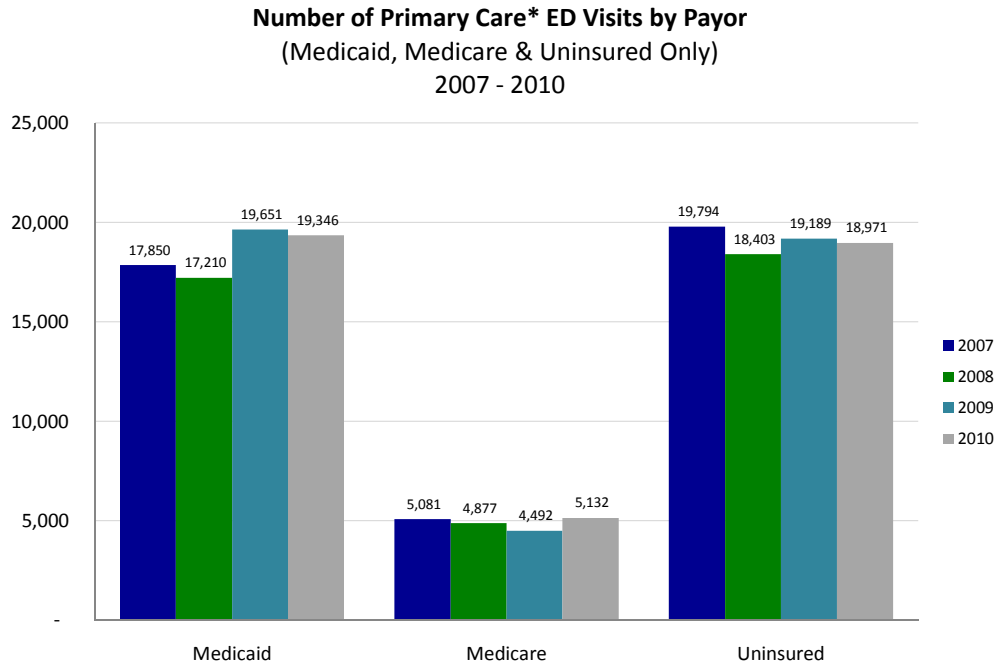
Adults ages 18-64 accounted for 55.8% of the visits to the Emergency Departments, an increase from 53.7% in 2009 and 53.6% in 2008. Children under 18 years old made up 38.2% of the visits, a decrease from 40.7% in 2009 and the 2008 proportion of 39.8%. Those patients ages 65 and older accounted for 6.8% of the visits, up from both the 5.6% in 2009 and the 6.6% in 2008.

Graph XV: 2010 Emergency Department Visits, by Age Group, 2008-2010

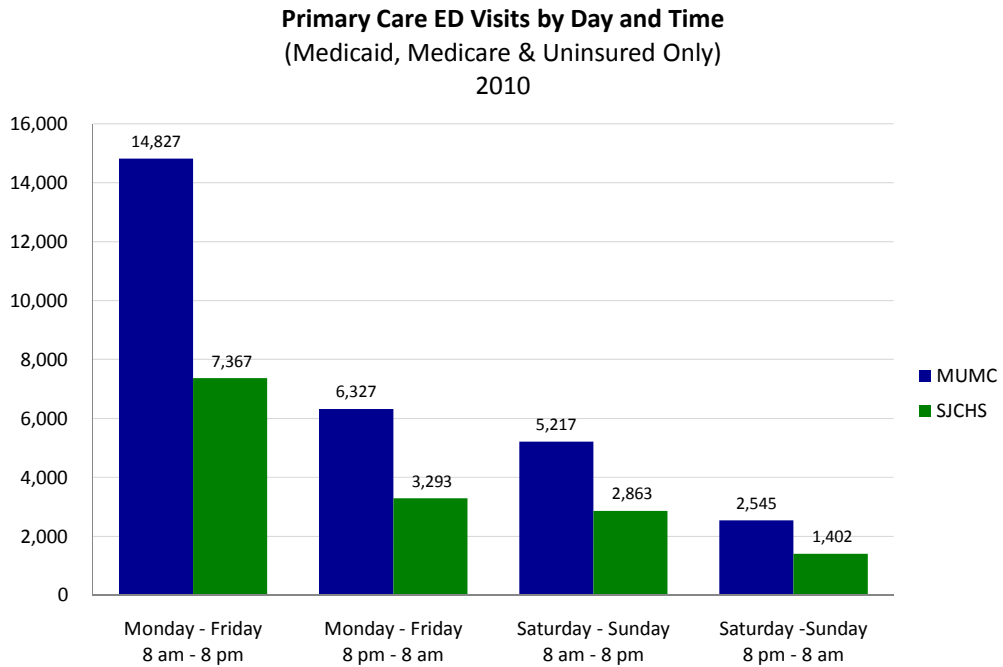


Again approximately 45% of the patient visits to area Emergency Departments were covered under Medicaid as observed in 2009. Another 44.1% of the visits were uninsured or self-pay in 2009, similar to the 44.3% in 2009. The proportion of visits covered by Medicare returned to the 2008 proportion of 12.0% after dropping to 10.4% in 2009.

Graph XVI: 2010 Emergency Department Visits, by Insurance, 2007-2010



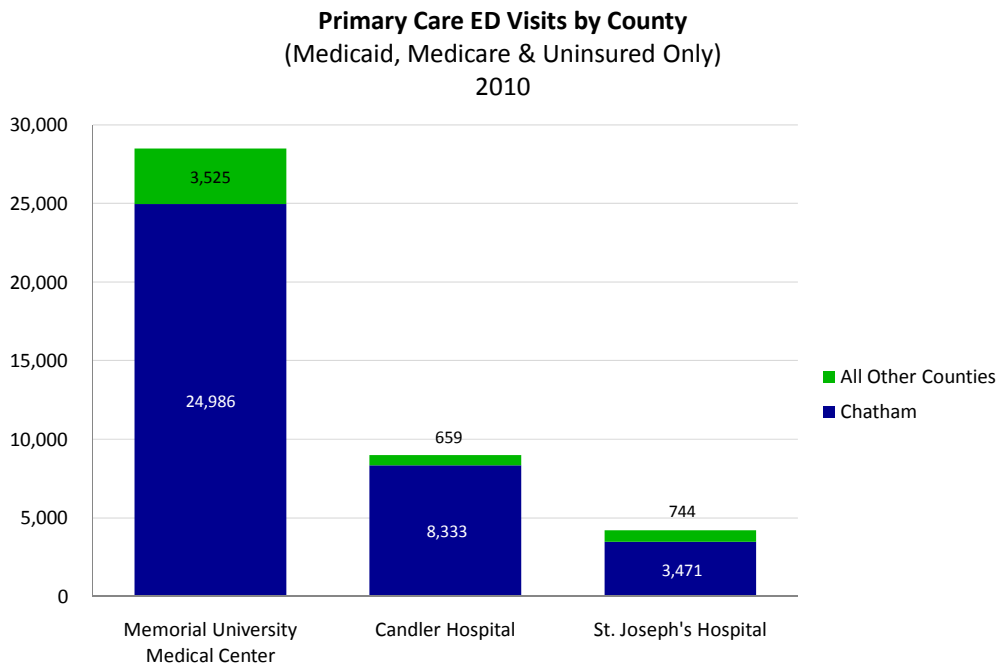
Graph XVII: 2010, Emergency Department visits by Day and Time



In 2010, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments (51%) took place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although both CVC and JCL offer Saturday hours, 18.6% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 30.4% of the Acuity 1 and 2 visits to the EDs occur during between 8pm and 8 am, Monday through Sunday. These proportions remain unchanged from 2009.

Across all three Emergency Departments, 85% of visits were Chatham County resident visits in 2010, the same proportion as 2009. The proportion of Chatham County visits varied across the EDs: 87.6% at MUMC ED (86.1% in 2009), 92.7% at SJ/C Candler ED (88.1% in 2009) and 82.3% at the SJ/C St. Joseph's ED (71.9% in 2009). The location of the SJ/C St. Joseph's ED in the southern portion of Chatham County makes it the most convenient to patients travelling from counties located south the area.

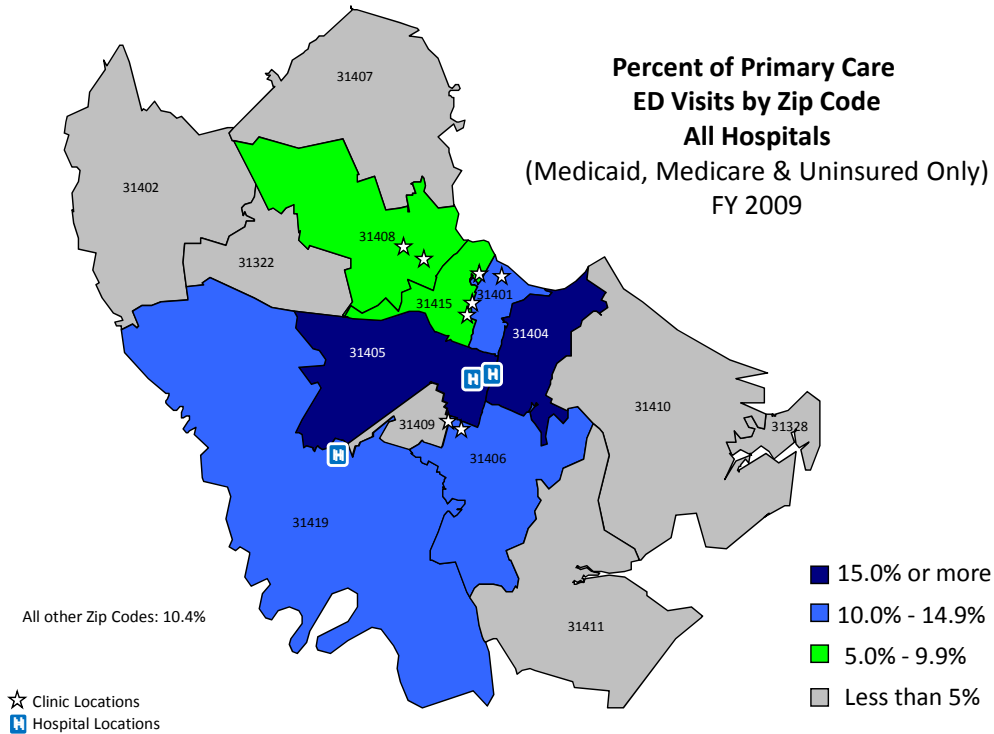
Graph XVIII: 2010, Emergency Department Visits by County



The Chatham County zip codes with the highest percentages of visits come from 31404 and 31405 as observed in 2008 and 2009. 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, special program based services, is also located in 31406.

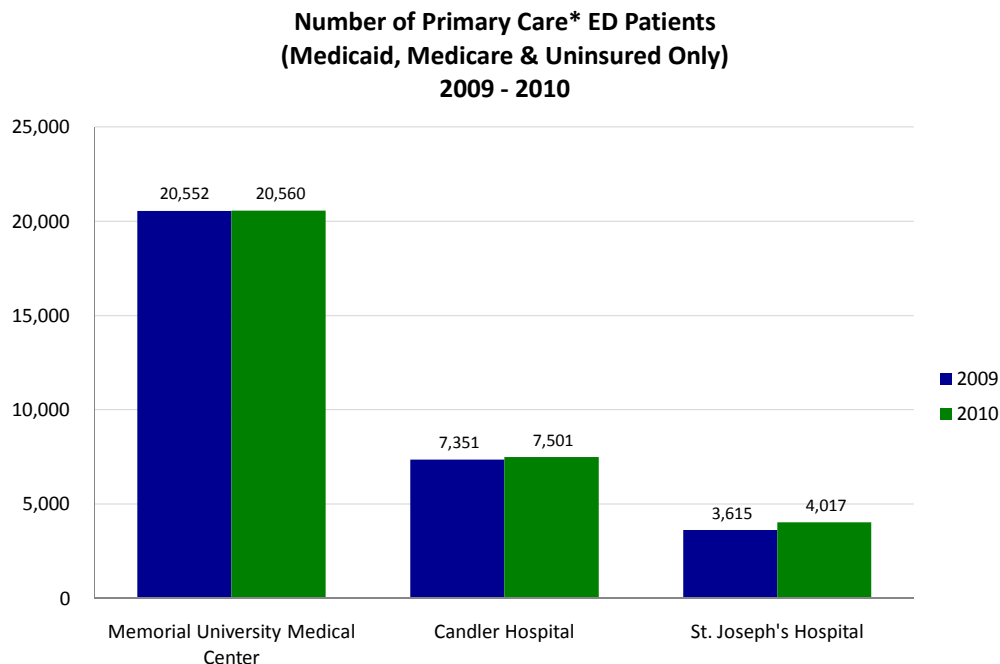
Map 2: 2010, Emergency Department Visits by Zip Code



In 2009, CCSNPC collected data on patient numbers visiting the Emergency Departments for Acuity Level 1 and 2 for the first time. In 2010, the total patient count for the MUMC, SJ/C Candler and SJ/C St. Joseph's Candler was 20,560, 7,501 and 4,017 respectively, for a total of 32,078 patients, a 1.7% increase over the 31,528 patients in 2009. These patient numbers may represent duplications across the ED system as patients may have visited 2, or all 3, EDs during the year. Taking into account that duplications may exist, the overall visit/patient ratio is 1.4. The ED at MUMC saw a small fraction of a percentage increase in the number of patients seen from 2009 to 2010. The ED at Candler saw a 2.0% increase and the ED at St. Joseph's saw an 11% increase.

The age group distribution is 37% under 18 years (11,972), 55% ages 18-64 years (17,647) and 7% ages 65 and older (2,459). The proportion of uninsured patients was 46% (14, 692). Chatham County residents made up 83% of the patients visiting EDs for Acuity 1 and 2 visits in 2010.

Graph XIX: 2009- 2010, Patients at Emergency Departments for Acuity 1 and 2 visits



#### IV. Business and Financial Data

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

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

The nurse-based model is managed by advanced practice nurses or nurse practitioners. Physicians collaborate to provide consultation and oversight according to state guidelines. In areas with physician shortages or other access to care limitations, nurses can significantly

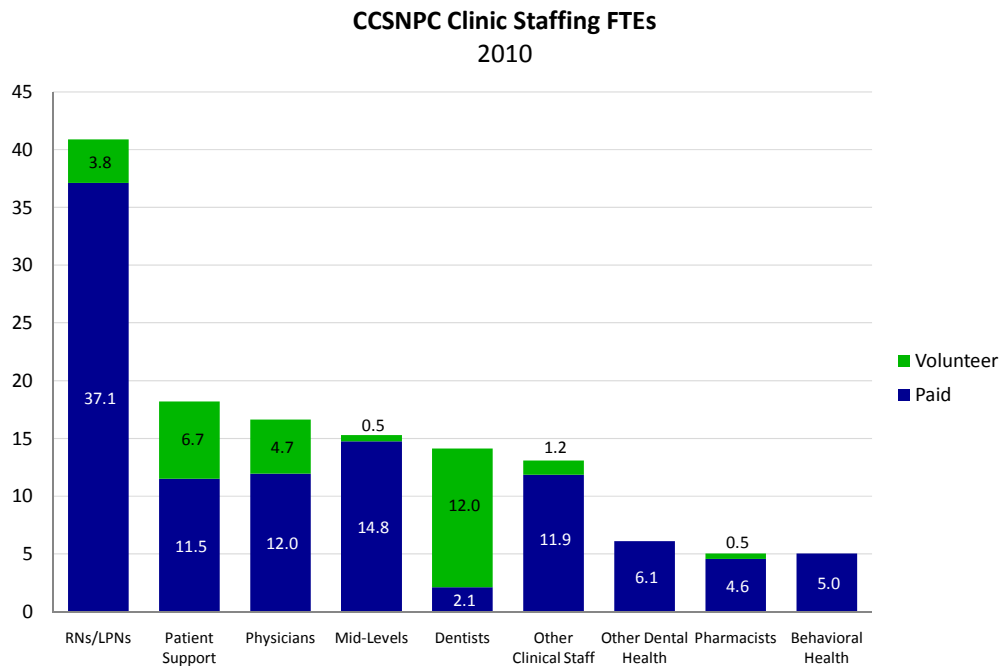
<sup>7</sup> [http://www.acponline.org/advocacy/where\\_we\\_stand/policy/np\\_pc.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf)  
<http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccessstoCoordinatedPrimaryCare62008withL.pdf>

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

increase the amount of primary care provided to a community, often at a significantly lower cost. However, some states, including Georgia, have been slow to grant nurse practitioners the right to provide more than basic primary care so difficult, chronic cases must still be seen by physicians. Also, if any services are reimbursed, the rate is often lower for care provided by a nurse practitioner than it is for care provided by a physician, impacting the overall operating budget for a clinic.

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

Graph XX: 2010, CCSNPC Clinic Staffing



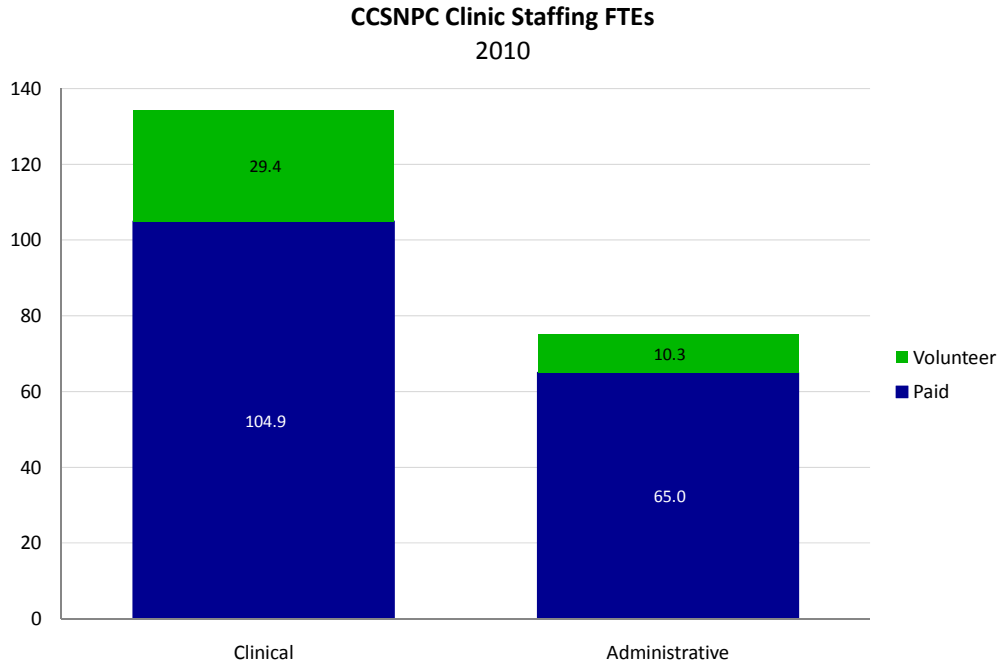
<sup>8</sup> <http://www.pcpcc.net/>

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

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

The equivalent of 16.7 FTE physicians and 15.3 FTE “mid-level” physician’s assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2010. In the nursing and medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year. Registered nurses and licensed practical nurse constitute 40.9 FTE’s throughout the system, contributing vital support to the care provided by other healthcare professionals which is not reflected in the patient visit data. Patient support staff provides education and case management. The CCSNPC system includes 18.2 FTEs in this category. Other clinical staff (13.1 FTEs) such as lab personnel supports the team. The majority of the dentists (14.1 FTEs) volunteer in the CCSNPC system. They are supported by 6.1 FTE employed dental staff. Employed and 0.5 FTE volunteer pharmacists and 5 FTEs of Behavioral Health positions complete the array of health care providers. A total of 73.5 Administrative FTE’s support the clinical staff.

Graph XXI: 2010, CCSNPC Clinic Staffing FTEs by Clinical/Administrative

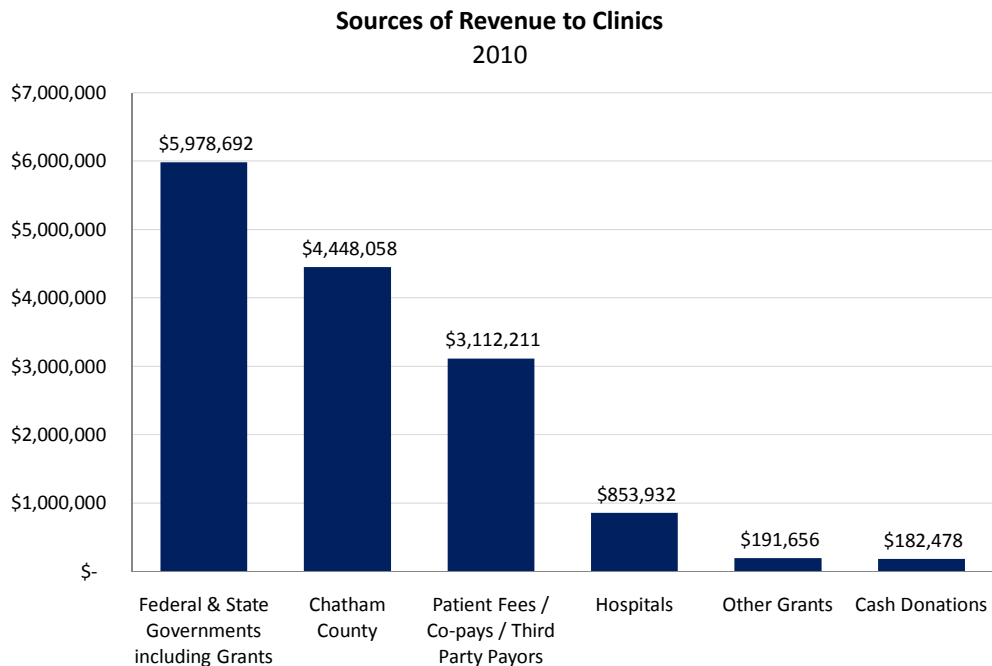


A total of \$14,767,027 came into the CCSNPC provider system in 2010. Federal and state grants provided 40.5% of the funding. Chatham County Government provided 30.1% of the total and fees from co-pays and billing provided 21% of the total cash resources. The remaining 5.8% came from the hospital systems, 1.3% from private grants and 1.2% from private donations.

Over a three year period from 2008 to 2010, Federal and State funds granted to the CCSNPC provider system increased by 54.9% from \$3.8 million to just under \$6 million. The incremental increase was 33.9% from 2008 to 2009 and 15.7% increase from 2009 to 2010. This reflects the success of the two FQHC’s in applying for and receiving federal stimulus funds, much of which was disbursed as one time awards.

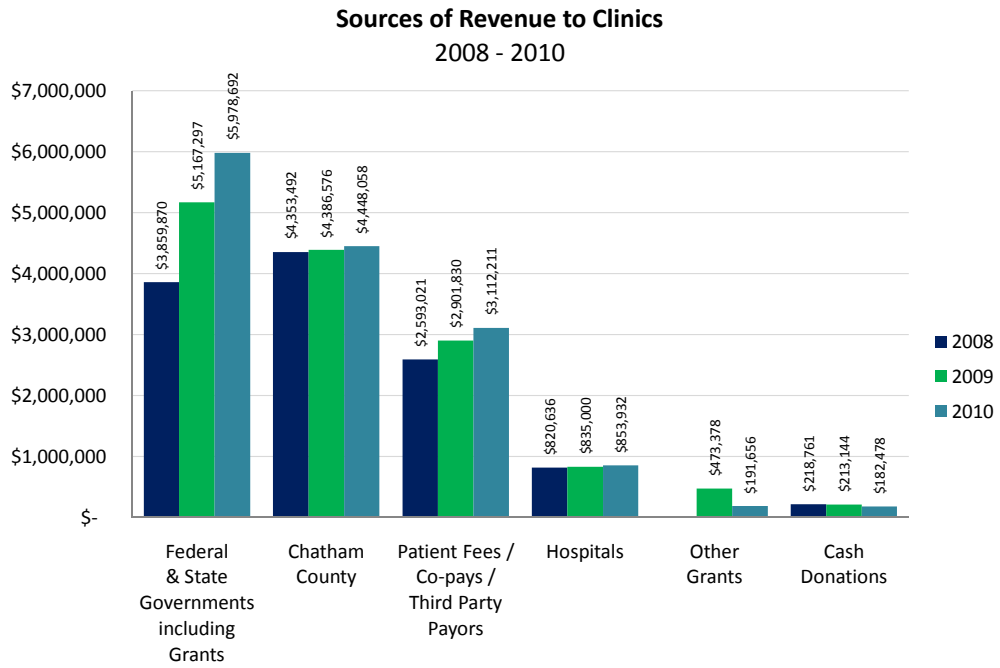
Patient fees and co-pays gathered by the FQHC’s increased 11.9% from 2008 to 2009 and another 7.2% from 2009 to 2010, a reflection of the increases in patient visits in both time periods. Chatham County continued to provide a \$4.3 to \$4.4 million in support to the Safety Net system from 2008 through 2010. Hospital funding and private donations remained relatively constant from 2008 through 2010. 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. The amounts awarded to the CCSNPC from these grants decreased by 59.6%.

Graph XXII: 2010, Sources of Revenue to Clinics

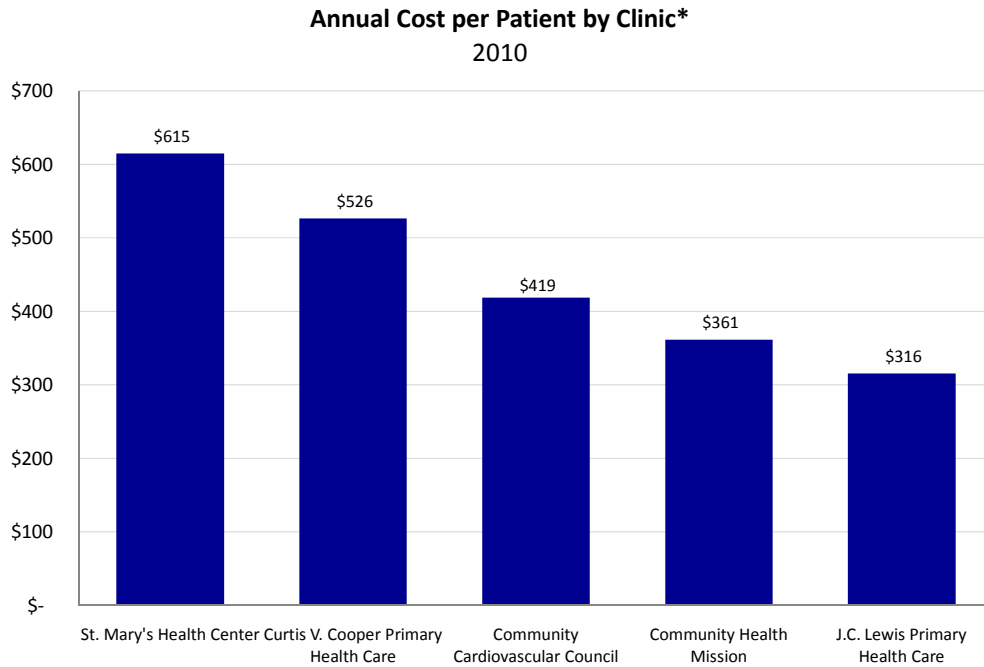




Graph XXIII: 2008-2010, Sources of Revenue to Clinics



Graph XXIV: Annual Cost per patient by Clinic 2010



The annual cost per patient is the average cost to treat one patient at a provider site during a calendar year. It has been calculated by dividing total cost of operating the provider site by the number of patients reported for that site in 2010. 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 services included in a visit vary by provider and also contribute to the annual cost per patient. 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.

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 2010, the CCSNPC received \$80,000 from Chatham County, \$15,000 from partner donations, \$54,154 from the federal government, \$161,013 from the state government and government related agencies and \$100,000 from private foundations for a total of \$410,167. The total amount received since 2005 is \$1,703,800.

### Progress on 2009 Recommendations

The following is a summary of progress to date on the recommendations made based on the 2009 Evaluation.

- Address the emerging pediatric population by ensuring the availability of pediatric healthcare providers and maximizing Chatham County enrollment in Medicaid and **PeachCare for Kids™**

In 2010, CCSNPC partnered with Savannah Business Group to apply for a grant to inform Human Resources staff at area businesses of the availability, eligibility requirements and process of applying for Medicaid and *PeachCare for Kids™* and to add the offering of such coverage to employees who refuse employer health plans. The grant was not awarded. Both FQHCs had pediatric care available in 2010.

- Continue to work on expanding pharmaceutical assistance and standardize reporting to quantify the financial impact on the community

Pharmaceutical assistance was provided to 12,408 patients and the wholesale value of medications rose to \$13,245,808, a 10.7% increase from 2009. MedBank and the CCSNPC Evaluation Committee worked together to ensure that clinics used similar methods for calculating the wholesale costs of medications for the purpose of reporting 2010 data to the CCSNPC 2010 Evaluation.

- 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

In 2009 CCSNPC implemented a project funded by Healthcare Georgia Foundation, Chatham CAN (Creating Access Now) to document and track appointments and engage specialty physicians on behalf of the uninsured population. In 2010, Chatham CAN engaged physicians in six specialties indicated as areas of unmet need in 2009 by CCSNPC clinics. Chatham CAN recruited and enrolled 54 physicians representing Gastroenterology, Orthopedics, Otolaryngology, Ophthalmology, Cardiology, General Surgery, Infectious Disease, Nephrology, Neurosurgery, Pain Management, Pathology, Podiatry and Urology. In 2010, over 1700 referrals were processed and tracked from the CCSNPC system. When Chatham CAN case management followed the referrals, the kept appointment rate was 96% versus 86% when there was no case management.

- 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.

Beginning with a pilot project connecting Memorial Health University Medical Center's Emergency Department and, J.C. Lewis Primary Health Care Center, ChathamHealthLink, CCSNPC's community HIE went live in April 2010. CCSNPC submitted a proposal to the Chatham County Commission to allot 10% of the Indigent Care Funds to sustain ChathamHealthLink which was approved December 7, 2010. To keep our community current, a section devoted to ChathamHealthLink was added to the CCSNPC website.

- 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

- Hours were expanded at JCLPHCC and at GS to provide greater access for walk-in patients and women needing care respectively.
- CCSNPC successfully applied for a grant through the Georgia Health Foundation to allow patients who use the Emergency Department for primary care to be contacted and interviewed in order to ensure that they are enrolled for the full array of services for which they qualify.
- In September 2010, CCSNPC participated in Health Care 2010 and Beyond: A Symposium Exploring the Health Care Law and What It Means for Georgia.<sup>10</sup>
- In partnership with Savannah Business Group, Healthy Savannah and Chatham County Health Department, CCSNPC registered a formal community project for the creation of accredited patient centered medical homes in Savannah on the national Patient Centered Primary Care Collaborative website.<sup>11</sup>
- In conjunction with Chatham CAN, CCSNPC's specialty care referral initiative, patients who visited the MUMC ED for Acuity 1 and 2 level events were given appointments at the clinics in the CCSNPC system if the patient did not have a private physician.

<sup>10</sup> <http://healthyfuturega.org/resources/presentations>

<sup>11</sup> <http://www.pcpcc.net/>

**Conclusions 2010**

- In 2010, the CCSNPC primary care provider network documented an increase in capacity and visits as a result of continued expansions and increased federal funding within the existing system. In keeping with higher unemployment rates in Chatham County and US Census data showing an increase in the number of Chatham County citizens living in poverty and lacking health insurance in 2010, an increase in uninsured adults accessing the system was also reported.
- The numbers of patients seeking primary care (Acuity 1 and 2) at Emergency Departments increased slightly in 2010. The average number of visits per patient averaged 1.4, the same average as 2009. Although there may be duplications across the Emergency Departments, at each ED, the majority of patients visited the ED for primary care only once per year.
- Although both CCSNPC primary care providers and the hospital EDs accept patients without health insurance, data from 2010 suggests that there is a different pattern of use of these two opportunities by the patient population. Patients visiting the CCSNPC clinics tend to be uninsured adults and visits per patient average 4.5 per year. ED patients tend to be insured under Medicaid or Medicare and include a much higher proportion of children under 18. The CCSNPC clinics treat a higher proportion of Chatham County residents. Although ED usage continues, this data suggests that CCSNPC are gaining success in establishing medical homes for uninsured adults in Chatham County, but that many parents still seek episodic care for their children in EDs.

	CCSNPC Clinics		Hospital EDs	
	Number	%	Number	%
Visits	126,615		43,449	
Patients	28,420		32,078	
Average visits/patient	4.5		1.4	
Adults	23,589	83%	17,647	55%
Children	3,410	12%	11,972	37%
Uninsured	22,452	79%	14,692	46%
Chatham County	25,919	91%	26,564	83%

- Providing adequate specialty care to the uninsured is still a challenge. In 2010 CCSNPC continued a grant funded project, Chatham CAN (Creating Access Now) to document and track appointments and engage specialty physicians on behalf of the uninsured

population. Chatham CAN recruited and enrolled 54 physicians representing 15 specialties. Despite this progress, all CCSNPC providers still express a high volume of unmet needs in specialty care especially Gastroenterology, Endocrinology, Cardiology, Urology and Rheumatology.

- In 2010, data continued to be gathered to document the financial impact of pharmaceutical assistance provided to the CCSNPC patient population. The system continues to grow. Across the system CCSNPC served 12,403 patients with donated prescription drugs with a wholesale value of \$13,245,808. A notable contributor to these numbers is MedBank which provided more than \$6.8 million in free medications to the CCSNPC patient population in 2010.
- In 2009 and 2010, billions of dollars in federal funding was allocated support Health Information Technology. Both of Chatham County's FQHCs 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.
- The adoption of Electronic Medical Records (EMRs) across the CCSNPC system continued in 2010 and information sharing began. ChathamHealthLink, CCSNPC's Health Information Exchange launched a Pilot Project between MUMC ED and JCLPHCC. CCSNPC has committed to investing in information technology as a major potential for efficiency and effectiveness in health care delivery and a method for reducing costs through reduction of unnecessary care as well as improvements in quality through improved communication. In December of 2010, the Chatham County Commission endorsed this approach by allocating Indigent Care Funds to support the development and staffing of ChathamHealthLink on behalf of the CCSNPC partners.
- As of 2010, CCSNPC has six years of data showing success in building the system and implementing measures to improve efficiency. The CCSNPC IT 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.

## **Recommendations**

Based on the trends noted in the 2010 Evaluation, the CCSNPC Executive Committee recommends that CCSNPC:

- Answer the needs of the increasing numbers of Chatham County citizens living in poverty, without employment and without health insurance, by continuing to expand access to care for the un/underinsured.
- Continue the practice of encouraging patients to seek care for chronic diseases at a medical home rather than an ED and expand capacity to care for children so that parents have an alternative for care for their children other than area EDs.
- Continue to engage specialty physicians and develop protocols for specialty care.
- Offer pharmaceutical assistance to more patients
- In keeping with expanding access to care, linking patients to medical homes, engaging specialty physicians, continue CCSNPC's partnership with Healthy Savannah, Chatham County Health Department and Savannah Business Group to develop the Savannah Primary Care Medical Home Project and encourage CCSNPC partners to receive accreditation as Medical Homes.
- Build on past successes to continue to apply for and receive state, federal and private funding to for CCSNPC partners, both individually and collaboratively.
- Complete the adoption of Electronic Medical Records (EMRs) within the CCSNPC system and expand linkage to ChathamHealthLink, CCSNPC's Health Information Exchange
- Anticipate and prepare the Chatham County community for future healthcare reform through community forums and outreach to key governmental, business and citizens groups

## 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 Health Center
- Susan E. Alt, RN, BSN, ACRN, Director, HIV Services, CCHD
- Sister Pat Baber, Director, SJ/C St. Mary's Health Center and SJ/C Good Samaritan
- 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
- Natalie Walker, Care Navigator Coordinator, CCSNPC
- 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.



<b>APPENDIX</b>	<b>CHATHAM COUNTY SAFETY NET PROVIDERS AT A GLANCE</b>				
<b>2010 INFORMATION</b>	<b>Curtis V. Cooper Primary Healthcare</b>	<b>J. C. Lewis Primary Healthcare Center</b>	<b>Community Health Mission</b>	<b>SJ/C St. Mary's Health Center</b>	<b>SJ/C Good Samaritan</b>
<b>Type of Clinic</b>	Federally Qualified Health Center	Federally Qualified Health Center	Volunteer Clinic	Volunteer Clinic	Volunteer Clinic
<b>Location(s):</b>	106 E. Broad Street, 2 Roberts Street, 840 A Hitch Drive	125 Fahm Street	310 Eisenhower Drive	1302 Drayton Street	4704 Augusta Road
<b>Location Zip Code (s)</b>	31401, 31408	31401	31406	31401	31408
<b>Population and Insurance accepted</b>	All individuals including Uninsured, Medicare, Medicaid, Private Insurance	Homeless Uninsured Medicaid	Financially Qualified Uninsured	Financially Qualified Uninsured	Financially Qualified Uninsured
<b>Age Groups</b>	All	All	18-64	18-64	18-64
<b>Fees to see primary care provider</b>	Uses federal sliding scale to calculate co-pay- \$12 minimum	Uses federal sliding scale to calculate co-pay- no minimum 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
<b>Number of Patients</b>	17, 884	7,194	1,265	514	611
<b>Number of Visits</b>	54,381	36,688	6,748	2,825	1,318
<b>Average Annual Visits per Patient</b>	3.0	5.1	5.3	5.5	2.2
<b>Cost per patient</b>	\$526	\$316	\$361	\$615	N/A
<b>Walk-ins accepted?</b>	Yes	Yes	No	Yes	No
<b>On site Primary Care</b>	Family Practice Internal Medicine Physicians Adult & Pediatric Nurse Practitioners and Physician Assistants	Family Practice Physicians and Nurse Practitioners OB/GYN Pediatric Psychiatrists	Nurse Practitioner/Volunteer Physician provides Family Practice services	Nurse Practitioner/Volunteer Physician provides Family Practice services	Nurse Practitioner/Volunteer Physician provides Family Practice services
<b>Off site Primary Care</b>	Three full time clinic locations	Nurse Practitioners hold clinics at Social Service sites throughout community	N/A	N/A	N/A
<b>On site Specialty Care Special Services</b>	Pediatrics OB-Gynecology Dental Internal Medicine	Women's Clinic Dental Clinic Health Education Case Management Dietician	Volunteer Specialties Orthopedics Gynecology Health Education Disease Management	Eye Clinic at St. Mary's Community Center open to patients from all providers Health Education Disease Management	Volunteer Specialties Nutrition, Physical Therapy, Orthopedics Health Education Disease Management, Gynecology, Cardiology Spanish-speaking staff
<b>Off site Specialty Referrals</b>	Referral appointments made by primary care provider	Referral appointments made by primary care provider	Referral appointments made by primary care provider to physicians who volunteer or reduce cost of service	Referrals to St. Joseph's/Candler network: physician to physician telephone consultation	Referrals to St. Joseph's/Candler network
<b>Laboratory</b>	On-site State Certified Laboratory Included in co-pay	Contracted with off-site company Included in co-pay, if any	Patient pays for most lab tests but best rate negotiated by clinic	Referrals within St. Joseph's/Candler network	Referrals within St. Joseph's/Candler network
<b>X-rays</b>	On-site Read by local radiology group Included in co-pay	On-site Read by local radiology group 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
<b>Pharmacy</b>	\$7 prescriptions at onsite pharmacy MedBank onsite for prescription assistance	MedBank on-site for prescription assistance	MedBank on-site for prescription assistance	MedBank on-site for prescription assistance	Referrals to MedBank for prescription assistance