



2013 Evaluation

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Executive Summary

The Chatham County Safety Net Planning Council (CCSNPC) was created in 2004 and serves as a county-wide planning group to improve access to healthcare and assist the County Commissioners to best meet the healthcare needs of uninsured and underinsured constituents. Since 2006, the Council has provided an annual evaluation to identify existing resources and gaps in the community's healthcare delivery system. This evaluation is based on data voluntarily submitted by provider partners.

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

Key Evaluation Findings: In 2013, CCSNPC Providers tracked a record 137,841 visits and 29,467 patients, 12.25% increase in visits, and 12.8% increase in patients since 2012. The hospital emergency departments (ED) recorded a total of 29,217 primary care visits compared to 48,511 visits in 2012. The 29,217 primary care visits represent 20,469 patients compared to 35,483 patients in 2012. MUMC experienced a decline of 20,399 patient visits. A variety of factors could be contributing to this decrease, including higher patient acuity, a new clinical documentation and coding system, the placement of a social worker and a community resource specialist in the ED, and an increase in visits to the Safety Net Providers.

The patient demographics and utilization patterns at CCSNPC clinics differed from those at the hospital EDs in 2012. Patients at the CCSNPC clinics visited an average of 4.7 times a year and were for the most part uninsured adults from Chatham County. Patients who visited the EDs for primary care visited an average of 1.4 times a year, were more often insured, and included children under the age of 18 years, representing the same demographics as in 2012.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2013, the total wholesale value of prescriptions provided exceeded \$10.9 million. MedBank, a CCSNPC partner, was responsible for providing \$7.8 million of this total through an innovative project which places MedBank representatives in the CCSNPC provider clinics, delivering prescriptions to the patient at their healthcare provider.

Trends noted in the 2013 data confirm that demand for care continues to increase. The ability to meet this demand will require the continued collaboration among the partners and the pursuit of

the Patient Centered Medical Home Model. This will be hampered in Chatham County by the shortage of Primary Care Physicians who accept Medicaid or the uninsured.

The Uninsured in Chatham County: The Chatham County population in 2013 was 278,434, a 5.0% growth from 2010 to 2013. Adults between 18 and 64 years old constituted 64% of the total population or 177,876 people.¹ In 2012, it is estimated that of those adults, ages 18-64 living in Chatham County, 25.4% or approximately 45,180 people, were without health insurance.² Right from Start Medicaid and PeachCare for Kids are available for children under 18 years old, and Medicare is available for adults 65 years of age and older.

Within the 18 to 64 age group, the largest age group without insurance is the 26-34 years old with 25.9% living without health insurance. The next largest group is 35-54 years old at 31.6% living without health insurance. The largest population by race/ethnicity without insurance is the Black or African American population with 56.2% being uninsured followed by the 36.0% of the white population. All of these statistics apply to individuals without insurance between 18 and 64 years of age.³

The Affordable Care Act: In 2012 the Affordable Care Act (ACA) began to take effect with the introduction of certain provisions such as a) coverage of children up to age 26 on parents' health insurance policies and b) preventive services. The enrollment for coverage through the Federally Mandated Marketplace began in October, 2013 which allowed for pre-existing conditions and no lifetime caps on insurance coverage amounts. According to Enroll America, over 11,000 people enrolled in the ACA in Chatham County during the 2013-14 open enrollment period.

As of October 2014, 23 states, including Georgia, were not expanding their Medicaid programs. This decision severely limits affordable health coverage options, particularly for working individuals in the 18 to 64 year old age group. Eighty-three percent of the population served by the Safety Net providers falls in this age group.

Medicaid eligibility for adults in states not expanding their programs is quite limited: the median income limit for parents in 2014 is just 50% of poverty, or an annual income of \$9,893 a year for a family of three, and in nearly all states not expanding, childless adults will remain ineligible.⁴ Further, because the ACA envisioned low-income people receiving coverage through Medicaid, it does not provide financial assistance to people below poverty for other coverage options. As a result, in states that do not expand Medicaid, many adults fall into a "coverage gap" of having incomes above Medicaid eligibility limits but below the lower limit for Marketplace premium tax credits.

¹ <http://quickfacts.census.gov/qfd/states/13/13051.html> (accessed 11/25/14)

² The U.S. Census Bureau's Small Area Health Insurance Estimates. <https://www.census.gov/did/www/sahie/> (accessed on 11/25/14)

³ Kaiser Commission on Medicaid & The Uninsured, October 2012

⁴ Of the states not moving forward with the expansion, only Wisconsin provides full Medicaid coverage to adults without dependent children as of 2014.

Health Information Exchange (HIE): HIEs are a recent concept that enables all providers involved in a patient's care—whether in a primary care setting, a specialists' office or emergency department—to share vital patient information including medications, pre-existing conditions, allergies, immunizations, lab results, appointment history and more from within electronic medical records at the point of care. HIEs minimize manual and often time-consuming information gathering while helping to improve care coordination and reduce adverse events, complications, hospital readmissions and duplicate tests. Strengthening the Council's infrastructure through the adoption of a sophisticated system of health information technology is critical to the Council's ability to evaluate and assure continued improvements in the health outcomes of our community. This effort also aligns with the focus of the Affordable Care Act on wellness and improved health outcomes.

CCSNPC established Chatham Health Link (CHL), Georgia's first HIE. CHL members include the Curtis V. Cooper Primary Health Care and the J. C. Lewis Health Center; Memorial Health University Medical Center and St. Joseph's/Candler; and St. Mary's Health Center and Good Samaritan. In October 2014, Georgia Regional Academic Community Health Information Exchange (GRACHIE) and CCSNPC formed a partnership to interconnect their respective health information exchanges (HIEs). The move will benefit more than 1 million patients of the combined provider memberships of GRACHIE and CHL, giving more than 2,200 providers within the two networks electronic access to those patients' health information at the point of clinical care, regardless of location. By May 2015 all members will be utilizing the HIE's electronic platform to support care coordination through an efficient and meaningful sharing of health information to promote improved health care quality, affordability and outcomes.

In keeping with the mission and priorities of CCSNPC and the partner providers, CCSNPC will continue to seek efficient and effective ways to increase access to care for the uninsured and underinsured of Chatham County. Further, the commitment to providing and tracking quality of care will be expanded through future reporting methods and the growth of Chatham Health Link. Chatham Health Link will be fully operational in 2015 which will improve patient care and reduce costs.

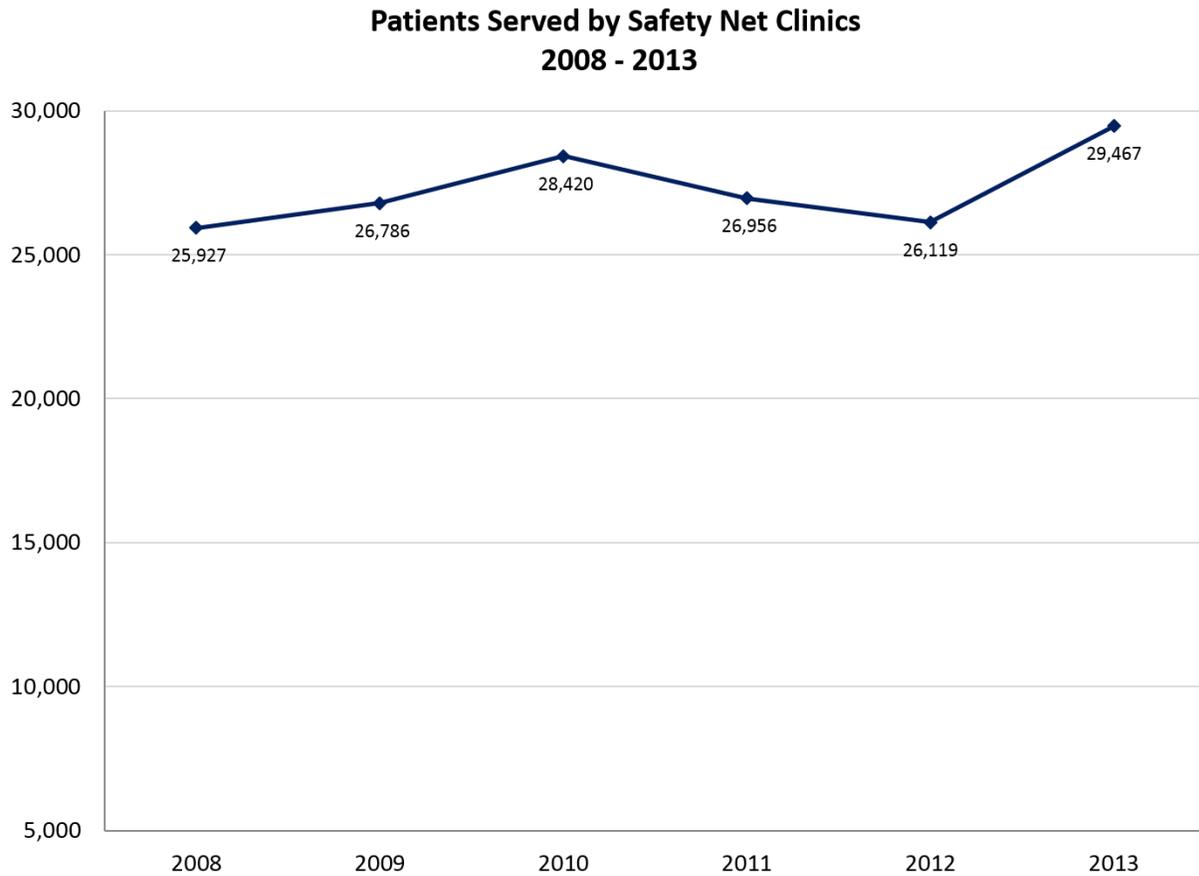
Methodology for the 2013 Evaluation Data

The data collection methodology used acts to ensure the quality and consistency of data across the Safety Net Providers. In order for CCSNPC to evaluate the impact of its programs that serve uninsured individuals, we employed the following process:

1. Identical Guidance for Data Submission and Data Collection Instrument documents were distributed to Safety Net clinics and hospitals in February 2014 (see Appendix A).
2. 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.
3. The participating providers met to review the consolidated data, to address any questions or apparent discrepancies, and to analyze trends.
4. Graphical representations of the data were prepared, comparing to the previous year(s) where relevant.
5. The participating providers met to review the graphs and make necessary changes.
6. The participating providers developed conclusions.

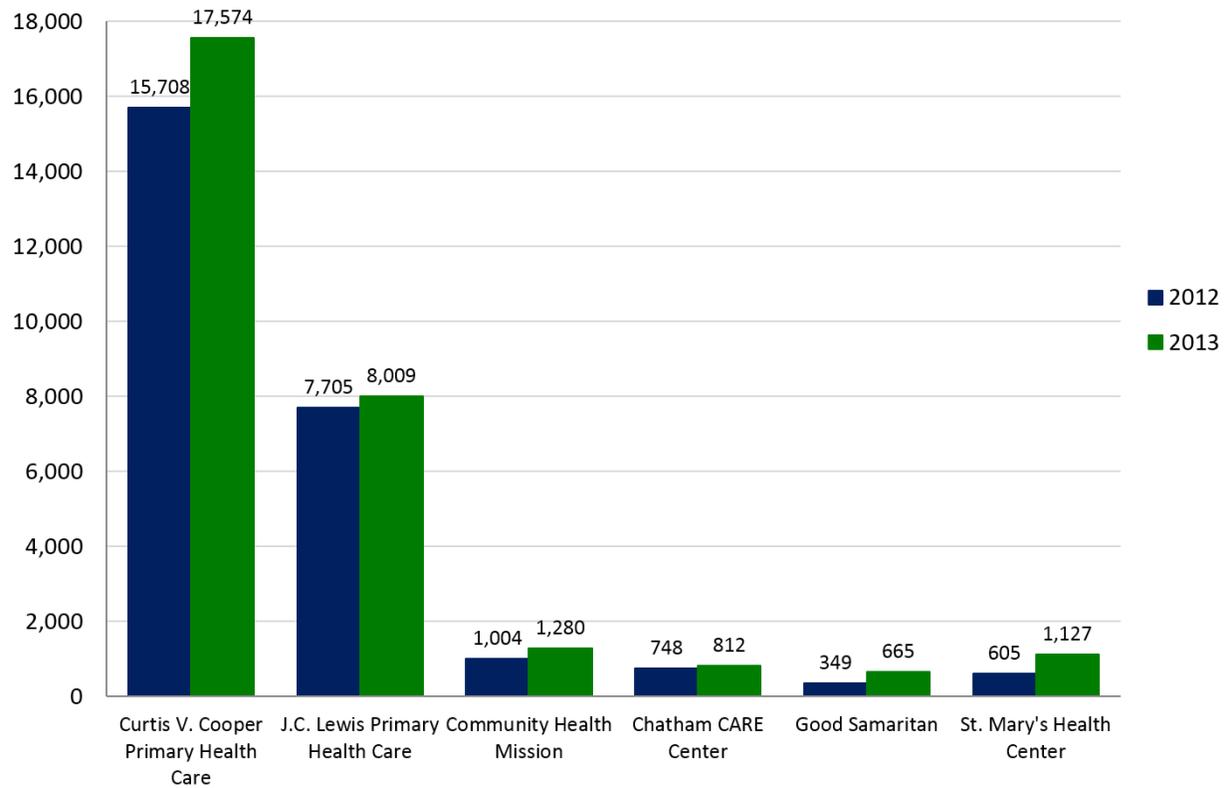
2013 Data

I. Primary Care Capacity



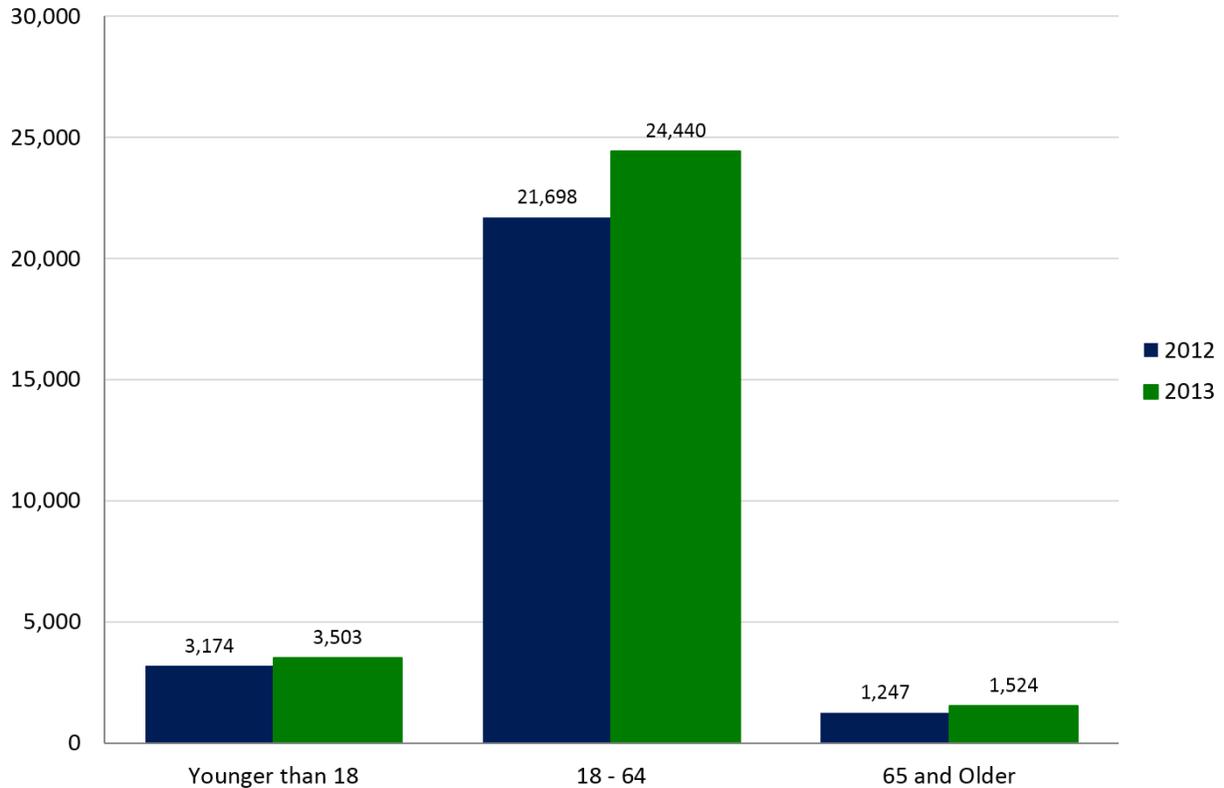
Patients Served by Safety Net Clinics: In 2013, the Safety Net Provider Network members experienced a slight increase in the number of patients served by the Safety Net Clinics. Patients increased 3,348 or 12.82% from 26,119 to 29,467.

Patients Served, by Provider 2012 - 2013



Patients Served by Provider: The above graph breaks the total patients served number down by provider. Of the patient increases, CVCPHC increased by 1,866 patients or 11.88, JCLPHCC increased by 304 patients or 3.95%. The smaller clinics showed a significant increase in patients relative to 2012: CHM increased by 276 patients or 27.49%; SJ/C GS increased by 316 patients or 90.54%; and, SJ/C St. Mary's Health Center increased by 522 patients or 102.81%.

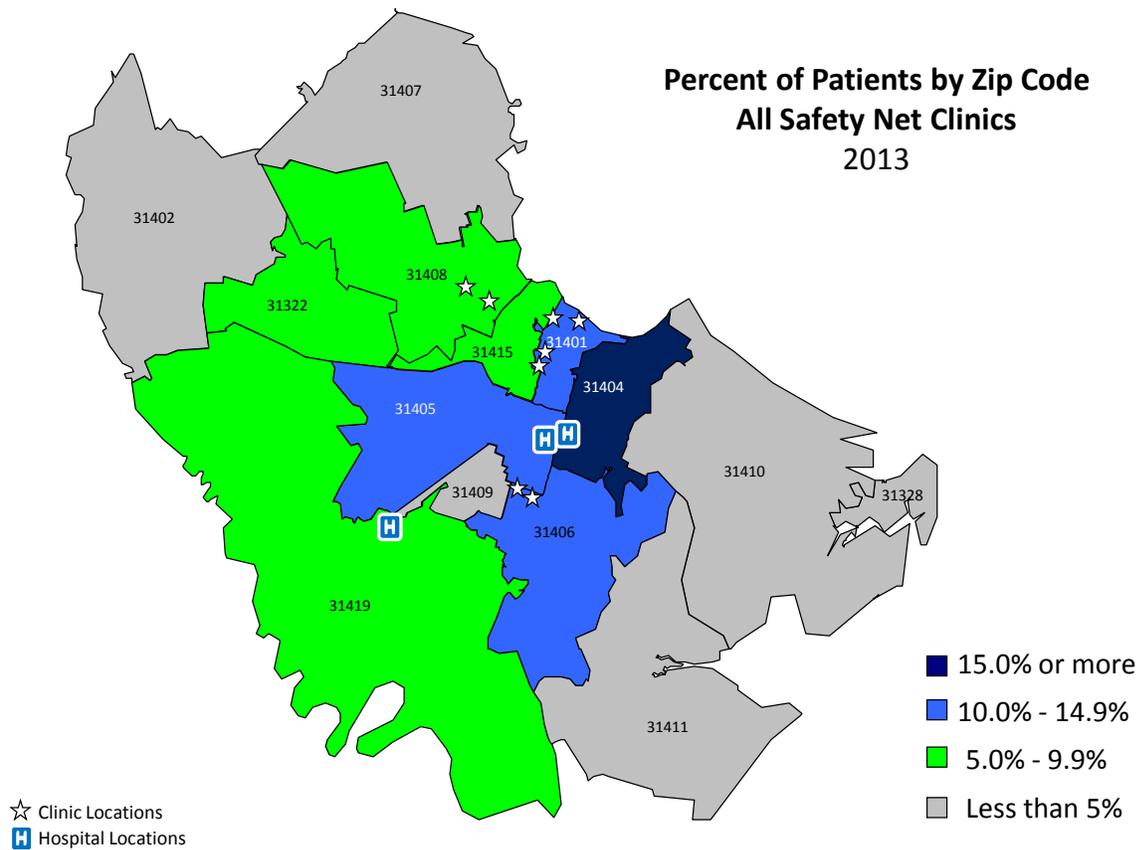
Patients Served, by Age Group
2012 - 2013



Patients Served by Age Group: Adults 18-64 made up 82.9% of the patients served in 2013, a decrease from 83.1% of the patients in 2012. This age group grew in by 2742 patients; the 65 and older age group increased by 277 patients.

Younger than 18 increased by 329 patients in 2013. CVCPHC increased outreach through health fairs and schools and JCLPHCC focused outreach efforts to increase immunizations coverage. Of the Safety Net Providers, only two provided care for patients 18 and under or 65 and older: Curtis V. Cooper Primary Healthcare and J.C. Lewis Primary Healthcare Center. The volunteer clinics provided care for adult patients between the ages of 18 and 64 only.

Patients by Zip Code: Across all providers, the percentage of the patients from Chatham County cared for in the CCSNPC provider clinics slightly increased from 2012, but was consistent with historic levels. In 2013, 85.2% of the patients were Chatham County residents versus 91% in 2012, 93.2% in 2011, 91.2% in 2010, 93.8% in 2009, and 89.9% in 2008. Federally Qualified Health Centers function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at J.C. Lewis Primary Healthcare Center are homeless and have no permanent address; however for the purposes of this report the assumption is made that they live in Chatham County.



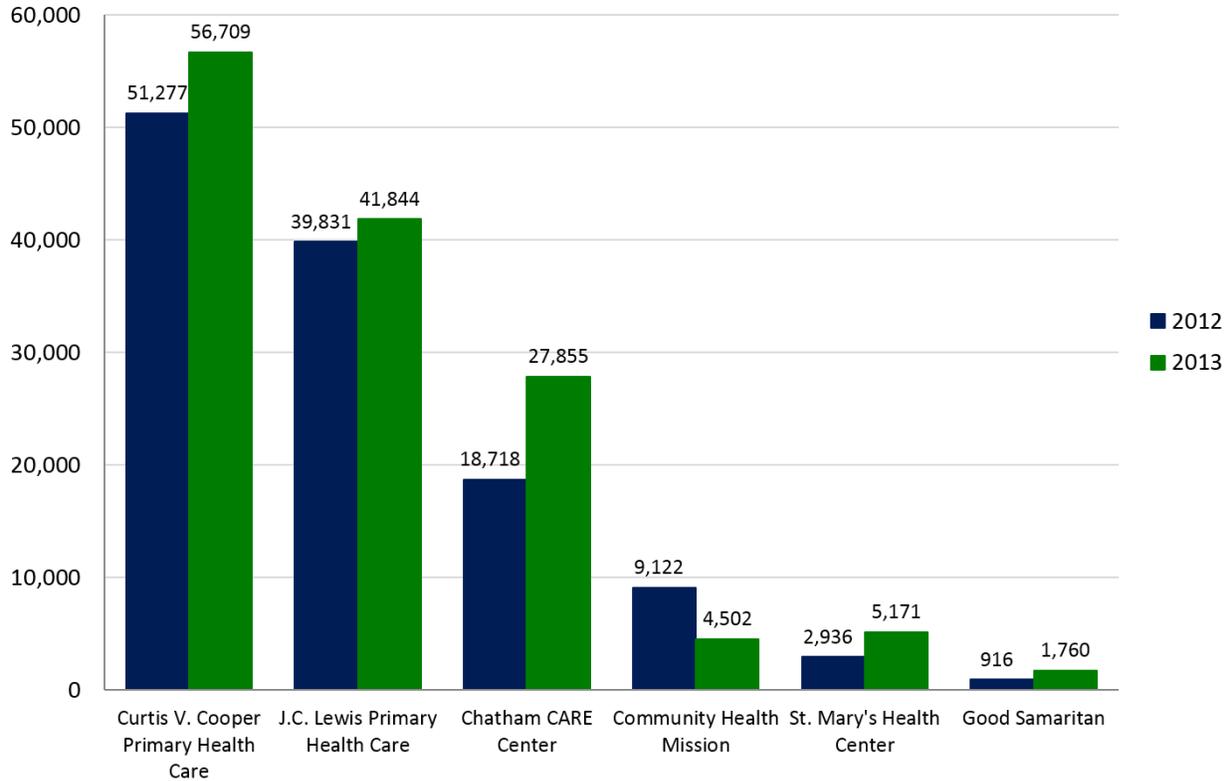
Individuals Living in Poverty: The zip codes with the highest proportion of patients using Safety Net Providers in 2013 are 31404 and 31405, followed by 31401 and 31406. These are the areas of Chatham County with the high proportions of individuals living in poverty, a significant contributor to lacking health insurance according to the most recent poverty statistics by zip code. In 2012, the overall percentage of individuals living in poverty in Chatham County was 18.9%⁵. The CCSNPC primary care sites are located in zip codes 31401 or 31408 with the exception of the Chatham County Health Department Eisenhower site and Community Health Mission in 31406.

Individuals living in Poverty by Zip Code ⁶			
Zip Code	%	Zip Code	%
31401	46.1	31406	17.7
31415	36.5	31328	8.2
31404	29.0	31419	14.1
31408	24.5	31302	7.2
31405	18.6	31322	8.4
31409	unknown	31410	6.8
31407	17.6	31411	1.9

⁵ <http://factfinder2.census.gov>

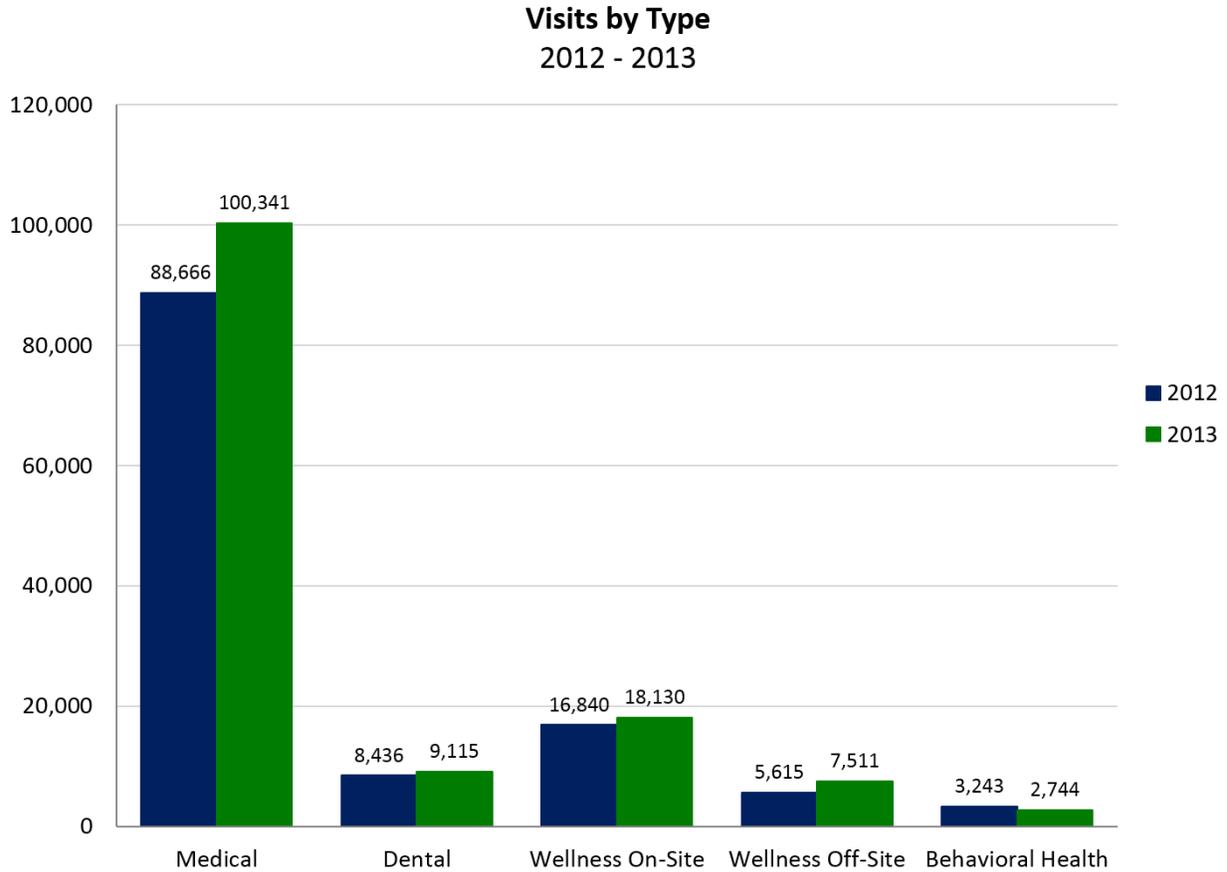
⁶ <http://factfinder.census.gov>

**Total Visits by Provider
2012 - 2013**



Total Visits by Provider: Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 71.5% of the visits in 2013. Previously the proportion has remained relatively steady between 69.9% and 75% since 2008 (74.2% in 2012, 69.9% in 2011, 71.9% in 2010, 73.9% of visits in 2009, and 75% in 2008). Visits to providers increased for all providers, with the exception of CHM.

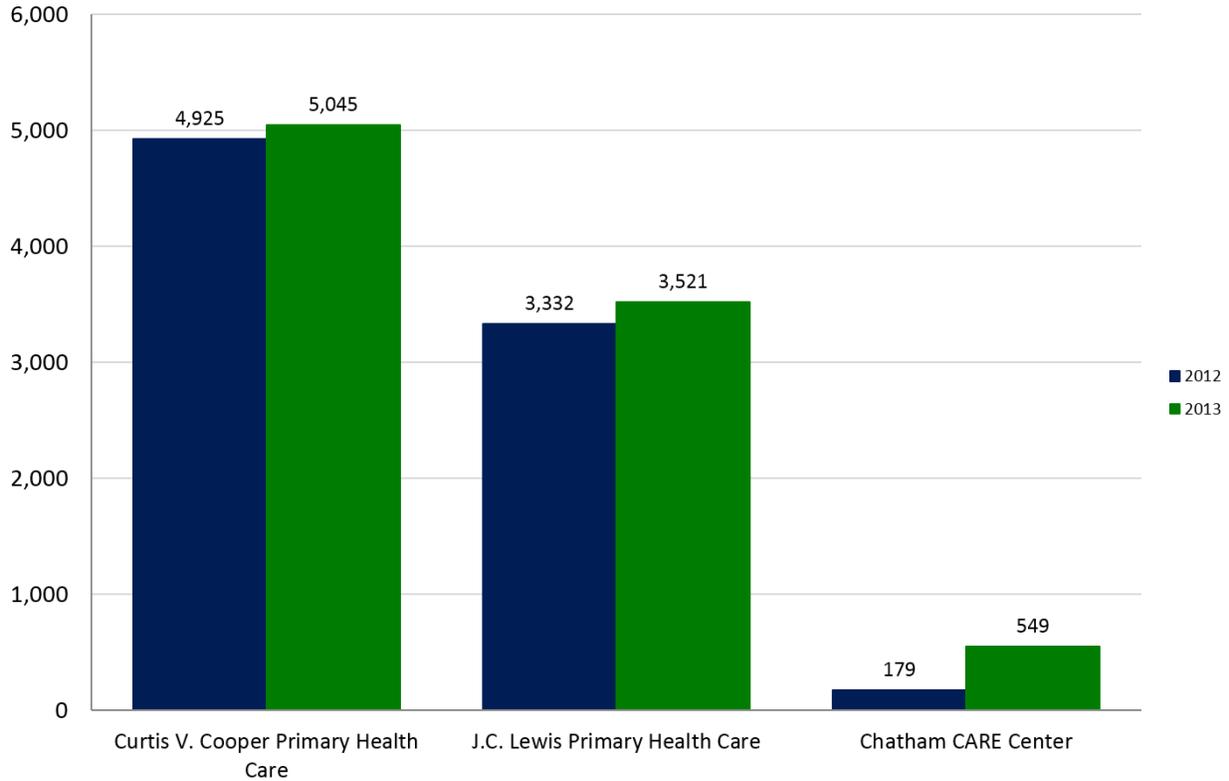
II. Other Healthcare Delivery



Visits by Type: Clinic visits include medical, dental, behavioral health, and wellness on and off site. In 2013, 137,841 such visits were recorded, a 12.2% increase over 2012. The CCSNPC clinic system has recorded an increase in visits of 49.50% since 2008. The overall increase in system visit capacity since CCSNPC began collecting data in 2004 is 97.25%. This represents an average 9.73% increase each year.

The Safety Net Providers offer a number of different services to their patients. In 2013, primary care visits with a nurse or doctor represented 72.79% of all visits, dental 6.61%, behavioral health 1.99%, and wellness 18.60%.

Dental Patients by Provider
2012 - 2013



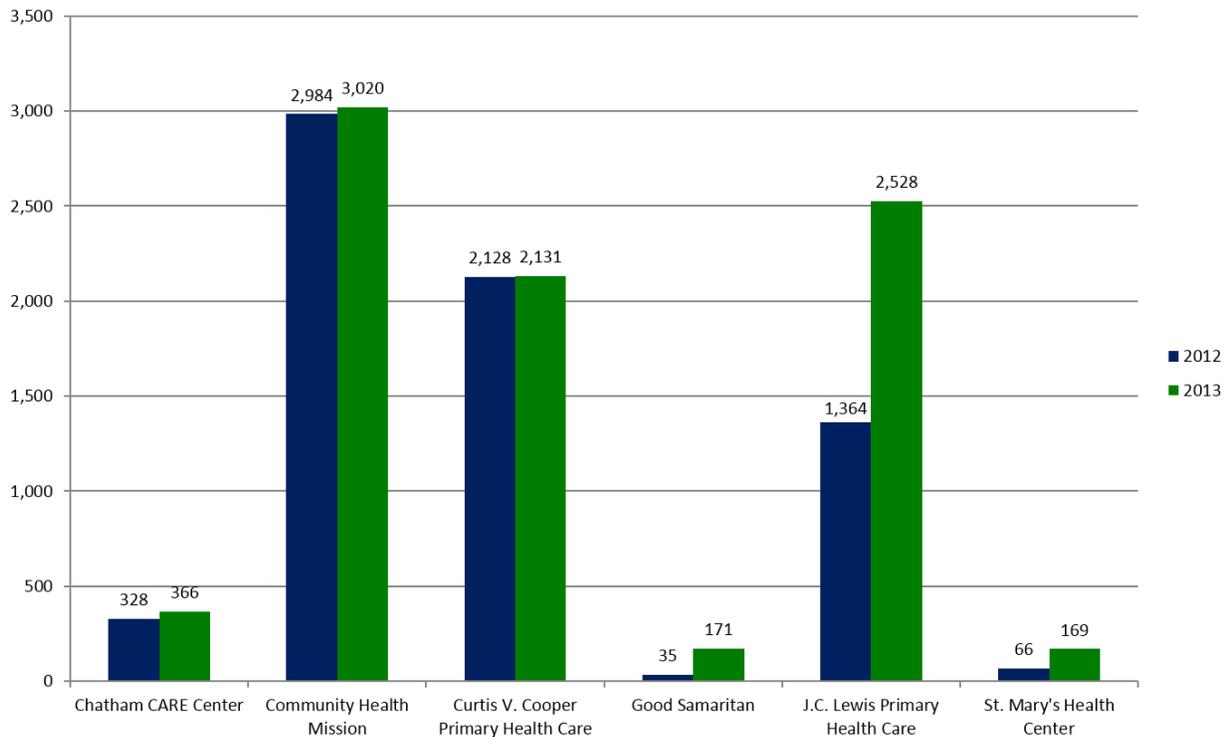
Dental Care: The linkage of a patient’s oral health to their overall physical well-being is becoming a prominent theme in reversing negative health outcomes. CCSNPC has recognized the importance of oral health to overall health since its formation. In 2013, there were 9,115 dental visits recorded in the Safety Net system, an 8.05% increase from 8,436 visits in 2012. In 2013, 55.35 % were cared for at CVCPHC and 38.63% were cared for at JCLPHCC’s Dental Clinic.

In 2013, CVCPHC increased by 120 patients or 2.44% because they had an increase in the number of available appointments when they added additional hours of a part time dentist. JCLPHCC increased by 189 patients or 5.67% due to a full time dentist replacing two part time dentists. CARE increased 370 patients or 206.7%.

Behavioral Health Services: Behavioral Health Services continue to be a high need for the County, especially when substance and alcohol abuse exist with mental health diagnoses. In 2013, Behavioral Health services in Chatham County reached 2,744 consumers. The services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

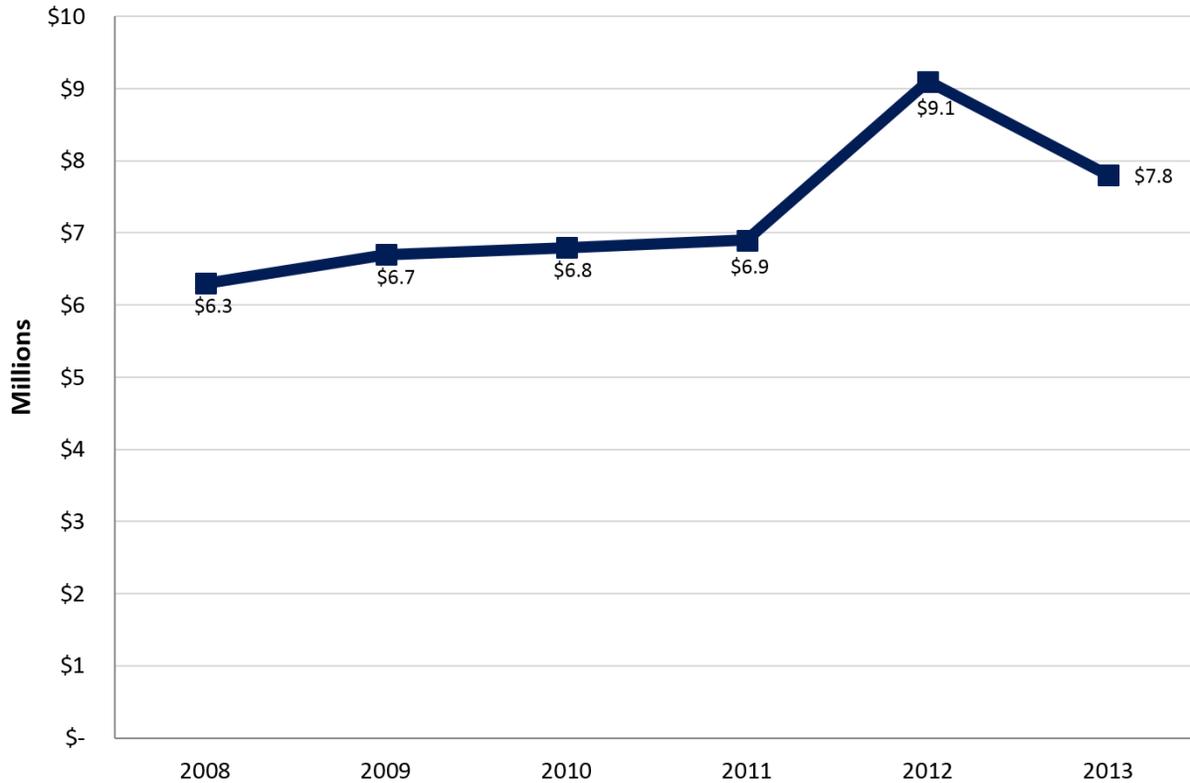
It is important to note the lack of adequate mental health providers in Chatham County continues to be an important concern. Therefore, the Safety Net Provider Committee prioritized mental health resources as a primary issue in 2013 to ensure triage of mental health issues could be conducted in the clinics. In addition, making crisis resources known to the clinics is critical to prevent escalating situations.

Specialty Care Referrals 2012-2013



Specialty Care: Providing specialty care to patients before their medical conditions worsen can result in lower overall healthcare costs and fewer emergency room visits and/or hospitalizations. All of the Safety Net Providers actively seek specialty care beyond a primary care visit for their patients. Just over 8,385 referrals were made to specialty care on behalf of CCSNPC patients in 2013.

**MedBank Contributions
2008 - 2013**



Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper*	\$3,618,184
Chatham CARE	unavailable due to 2012 software transition
Community Health Mission**	\$2,365,418
J.C. Lewis**	\$4,438,600
St. Mary's**	\$530,995
CCSNPC Total	\$10,953,197

*Includes prescription assistance provided by MedBank.

** Prescription Assistance provided through MedBank.

Medication Assistance: Patients' need for assistance in obtaining necessary medication to manage chronic disease was a priority recognized by CCSNPC in 2005. In 2013, pharmaceutical assistance decreased from \$12,271,138 to \$10,953,197. Varying models for filling prescriptions exist with the FQHC's having pharmacies on site. MedBank, an area private non-profit organization, offers prescription assistance to uninsured and under-insured low income patients. This model provides on-site staff at most of the CCSNPC clinics (JCLPHCC, CHM, and SM) as well as its headquarters sites located in Midtown.

III. Emergency Departments

For many citizens without health insurance, the expenses associated with medical visits and prescription drugs discourage them from seeking ongoing primary and preventive healthcare. As a result, medical care is sought later in the disease process when symptoms become acute and more difficult to manage or reverse, often at hospital Emergency Departments. Because of limited access to primary care homes, individuals access the Emergency Departments for common ailments because they have no other medical access.

Historically, CCSNPC has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. In 2011, Chatham County based emergency departments continued to track primary care, defined as Acuity Level 1 and 2 visits in the Emergency Department system on a scale of 1 through 5. Citizens who are uninsured, self-pay, or have Medicare and Medicaid are reported as a single group.

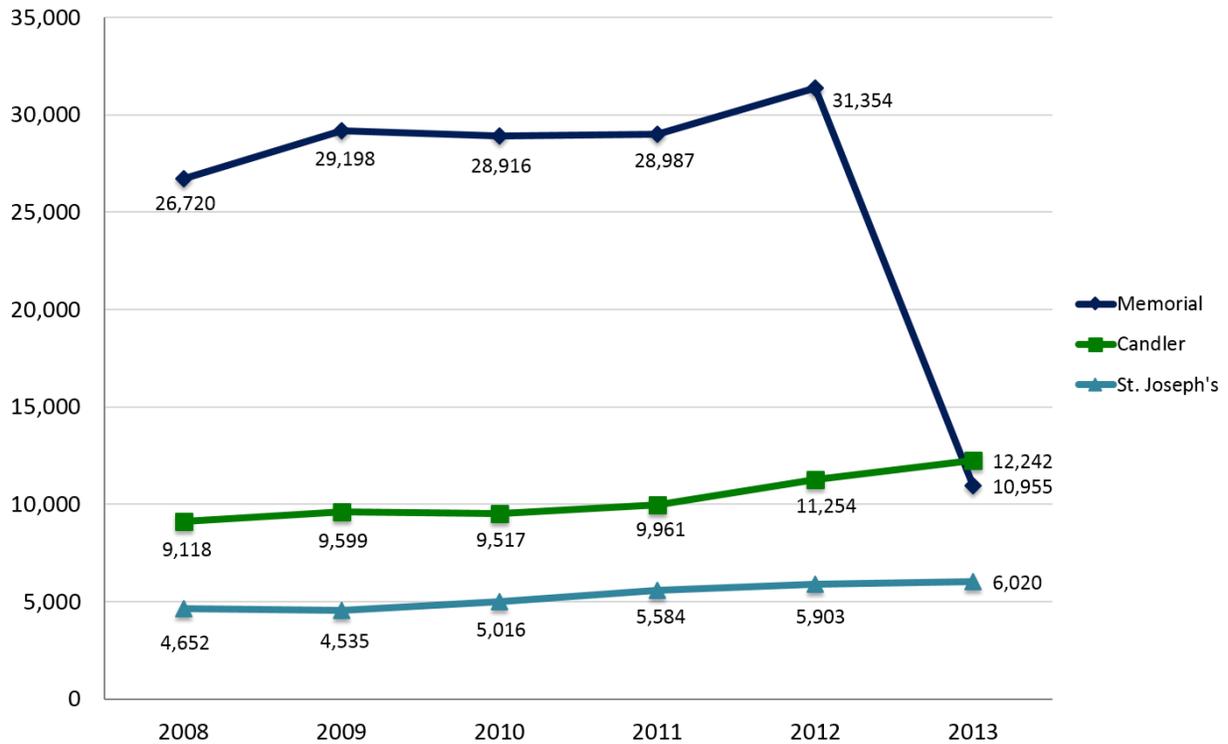
In 2013, a national research study was conducted on the top ten diagnoses in the Emergency Department and the associated range of costs. In this study 36.7% of the patients were uninsured and 21.9% were insured with Medicaid. The average cost of an ED visit for the top ten diagnoses was \$1,233/visit (ranging from \$740 to \$3,437). The top ten diagnoses were:

1. strains/sprains,
2. other injury,
3. open wounds on extremities,
4. pregnancy,
5. headache,
6. back pain,
7. upper respiratory infection,
8. kidney stone,
9. urinary tract infection, and
10. intestinal infection.⁷

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

⁷ "How Much Will I Get Charged for This?" Top Ten Diagnoses in Emergency Departments, www.plosone.org, March 2013

Number of Primary Care ED Visits
 (Level I & II Medicaid, Medicare & Uninsured Only)
 2008 - 2013

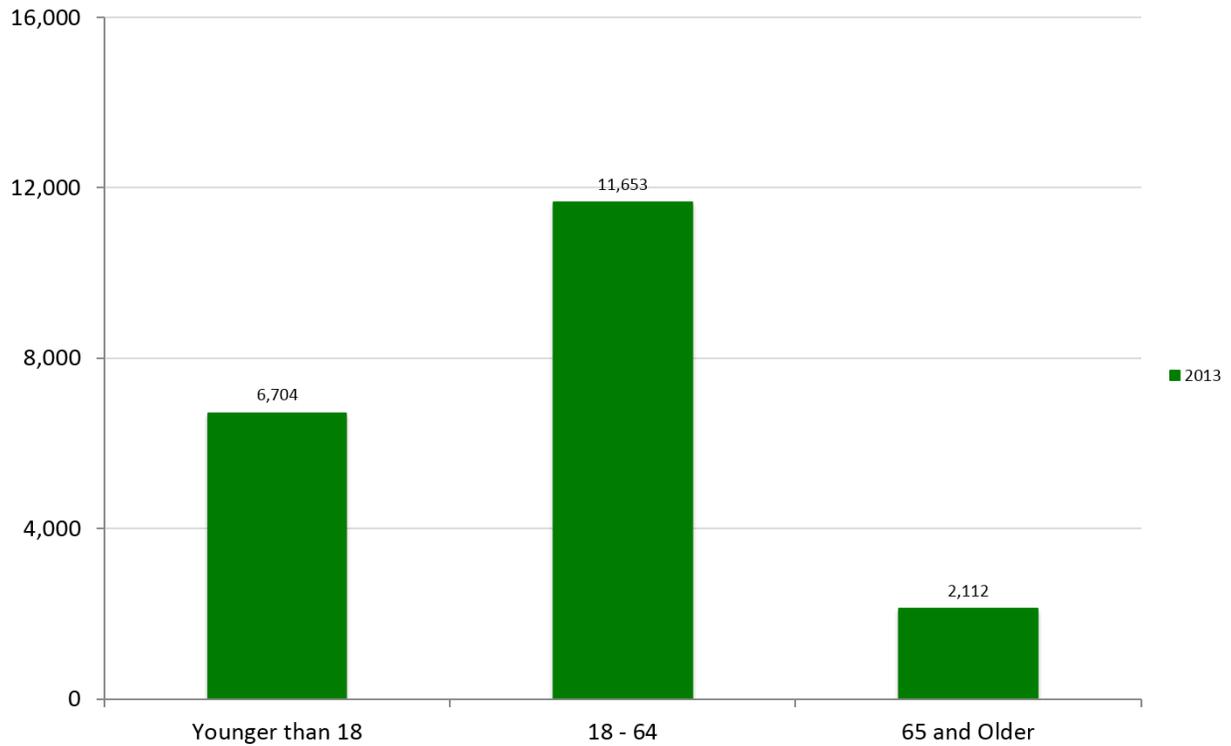


Number of Primary Care ED Visits: In 2013, there was an overall decrease in ED visits overall from approximately 100,000 in 2012 to 97,000 in 2013. The primary care visits to the ED for both SJ/C Hospitals—Candler and St. Joseph’s—grew at a steady pace. The total patient count for these hospitals grew from 17,157 in 2012 to 18,262 in 2013 (6.4%).

MUMC experienced a decline of 20,399 patient visits in 2013. A variety of factors could be contributing to this decrease, including higher patient acuity, a new clinical documentation and coding system, the placement of a social worker and a community resource specialist in the ED, and an increase in visits to the Safety Net Providers.

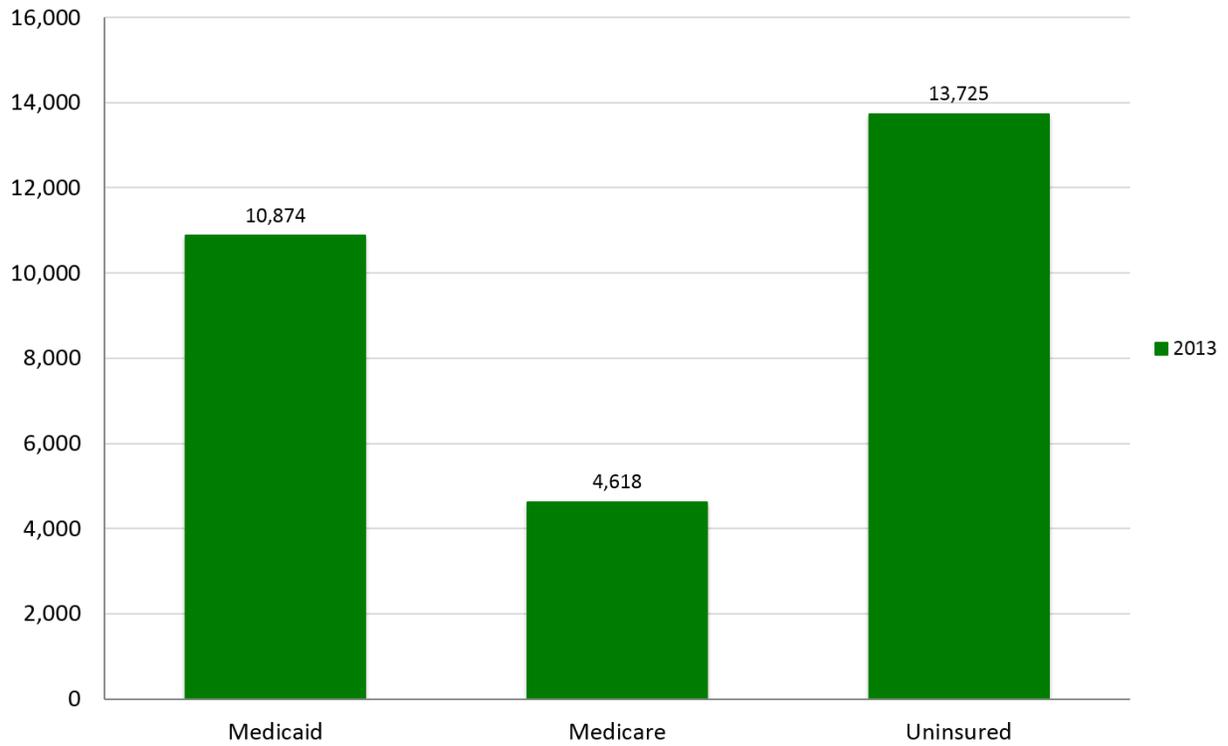
Because of the shift in procedure which changed the way information was coded at MUMC, 2013 will serve as the benchmark from here forward for Primary Care ED Visits. In addition, because of the vast difference presented in the data from MUMC because of these changes, we are only presenting 2013 data with no historical comparisons.

Primary Care ED Patients by Age Group
(Level I & II Medicare, Medicaid & Uninsured Only)
2013



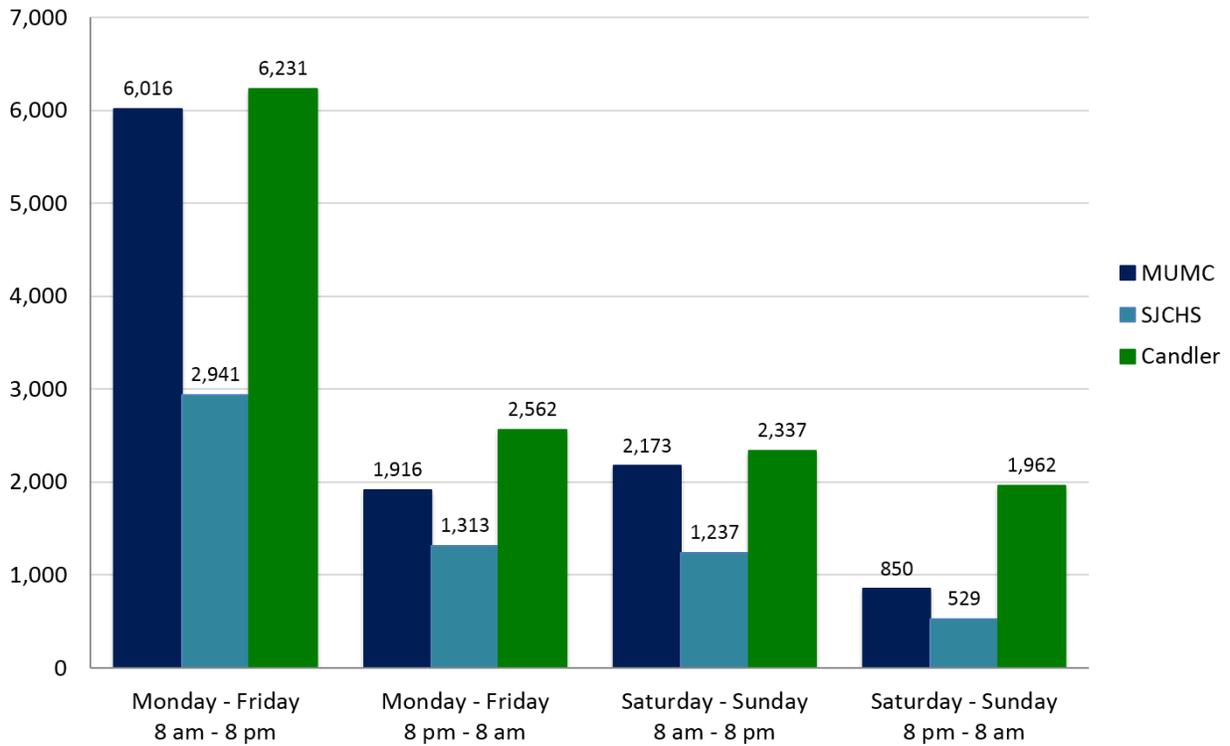
Primary Care ED Patients by Age: A total of 20,469 patients presented in the ED for primary care. Adults ages 18-64 accounted for 56.9%, children under 18 accounted for 32.8%, and patients ages 65 and older accounted for 10.3% of the visits.

Number of Primary Care ED Visits
(Level I & II Medicaid, Medicare & Uninsured Only)
2013



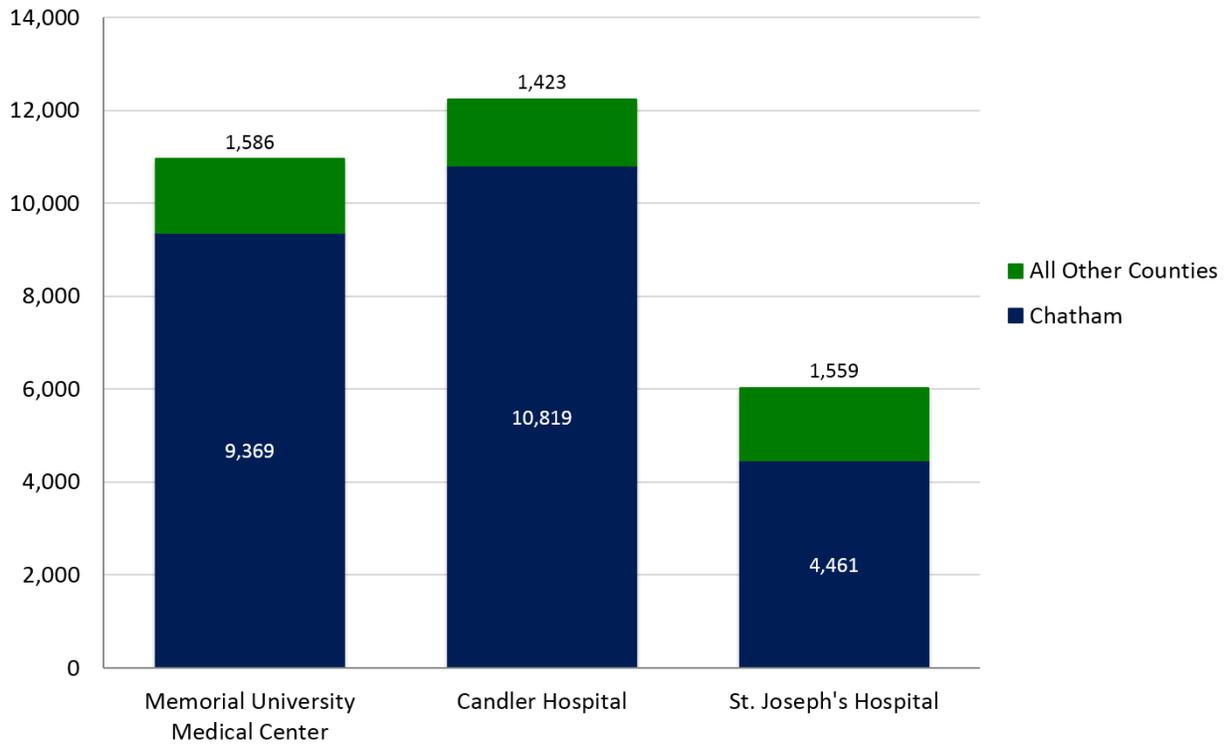
Primary Care ED Medicaid, Medicare and Uninsured Patients: Approximately 37% of the patient visits to area Emergency Departments were covered under Medicaid. Another 47% of the visits were uninsured or self-pay in 2012.

Primary Care ED Visits by Day and Time
 (Level I & II Medicaid, Medicare & Uninsured Only)
 2013

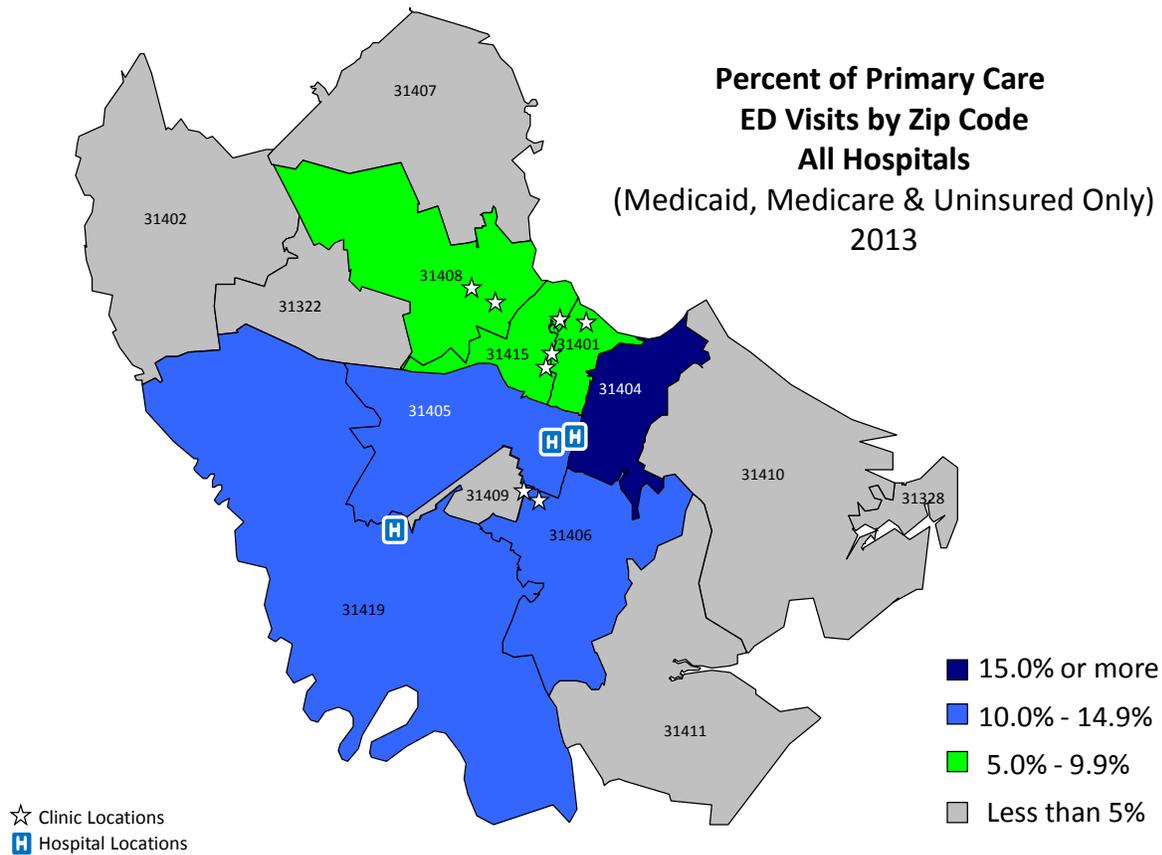


Primary Care ED Patients by Day and Time: In 2013, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments (52%) took place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 19.7% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 28.3% of the Acuity 1 and 2 visits to the EDs occur between 8pm and 8 am, Monday through Sunday.

Primary Care ED Visits by County
 (Level I & II Medicaid, Medicare & Uninsured Only)
 2013



Primary Care ED Visits by County: Across all three Emergency Departments, 84.3% of visits were Chatham County resident visits in 2013. The location of the St. Joseph’s ED in the southern portion of Chatham County makes it the most convenient to patients travelling from counties located south of the area which may explain why the proportion of out of county ED visits are highest at that location.



Primary Care Visits by Zip Code: The Chatham County zip code with the highest percentage of Emergency Department visits come from 31404 (with more than 15%) and 31405, 31406, and 31419 (with 10-14.9%). Safety Net providers located in or adjacent to these zip codes are below:

- 31404: CVCPHC and JCLPHCC are located in 31401 adjacent to 31404.
- 31405: Near 31405, but located in 31406, CHM accepts only eligible adults between ages 18 and 64.
- 31406: located in 31406 CHM accepts only eligible adults between ages 18 and 64.
- 31419: SJ/C St. Joseph's Hospital is located in 31419.

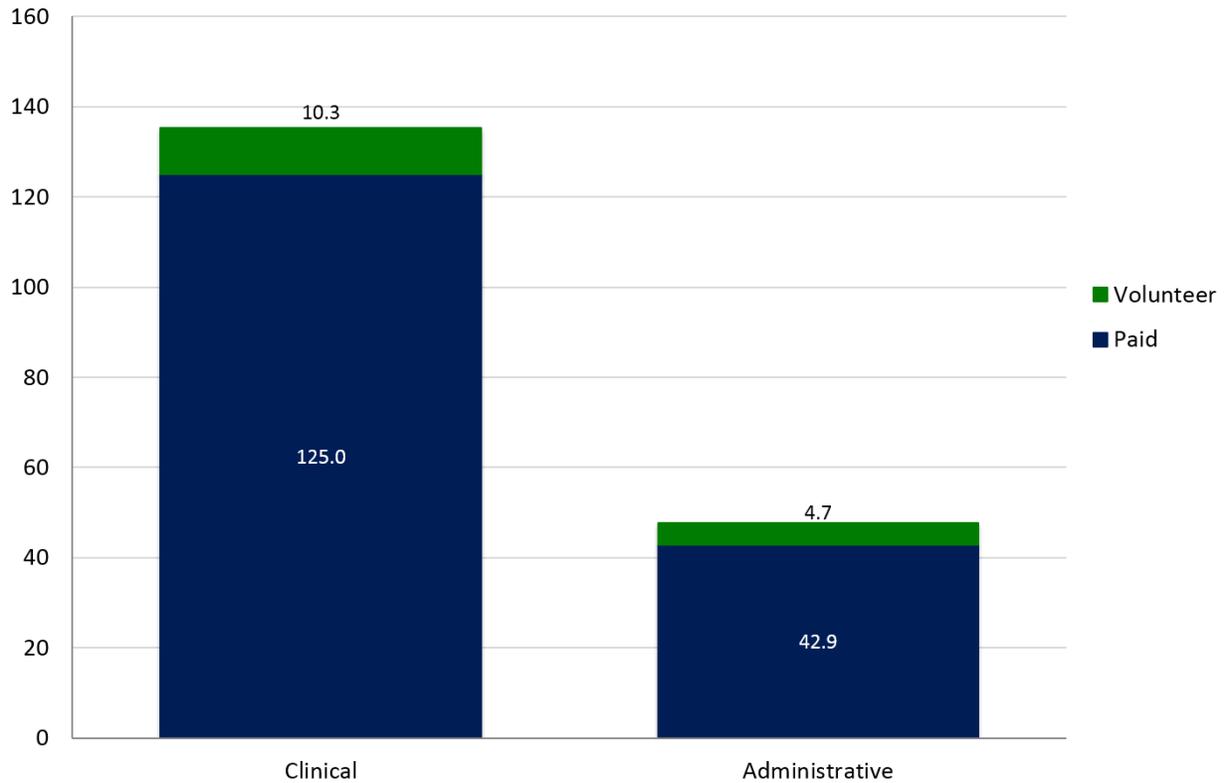
IV. Business and Financial Data

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.⁸ The medical home model consists of a team of any number and type of healthcare providers supervised by a physician. The physician may provide some of the direct patient contact, but other healthcare providers (physician assistants, nurse practitioners, nurses, social workers, health educators, etc.) may assume a majority of the one on one interaction with a patient, lowering the physician workload while maintaining needed contact with patients. Much current discussion identifies this model as ideal,⁹ particularly for providing ongoing treatment for chronic diseases at a lower overall cost while still maintaining physician management of the healthcare team. In practice, the CCSNPC healthcare clinics provide a blend of the above models depending on individual patient needs. A patient who is seen once a year may only see a physician or nurse practitioner, while someone who needs regular visits and continuing health education for management of a condition such as diabetes may be seen most often by a mixed team of physicians, nurses, case managers, counselors, and specialists.

⁸ 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>

⁹ <http://www.pcpcc.net/>

CCSNPC Provider Staffing FTEs 2013

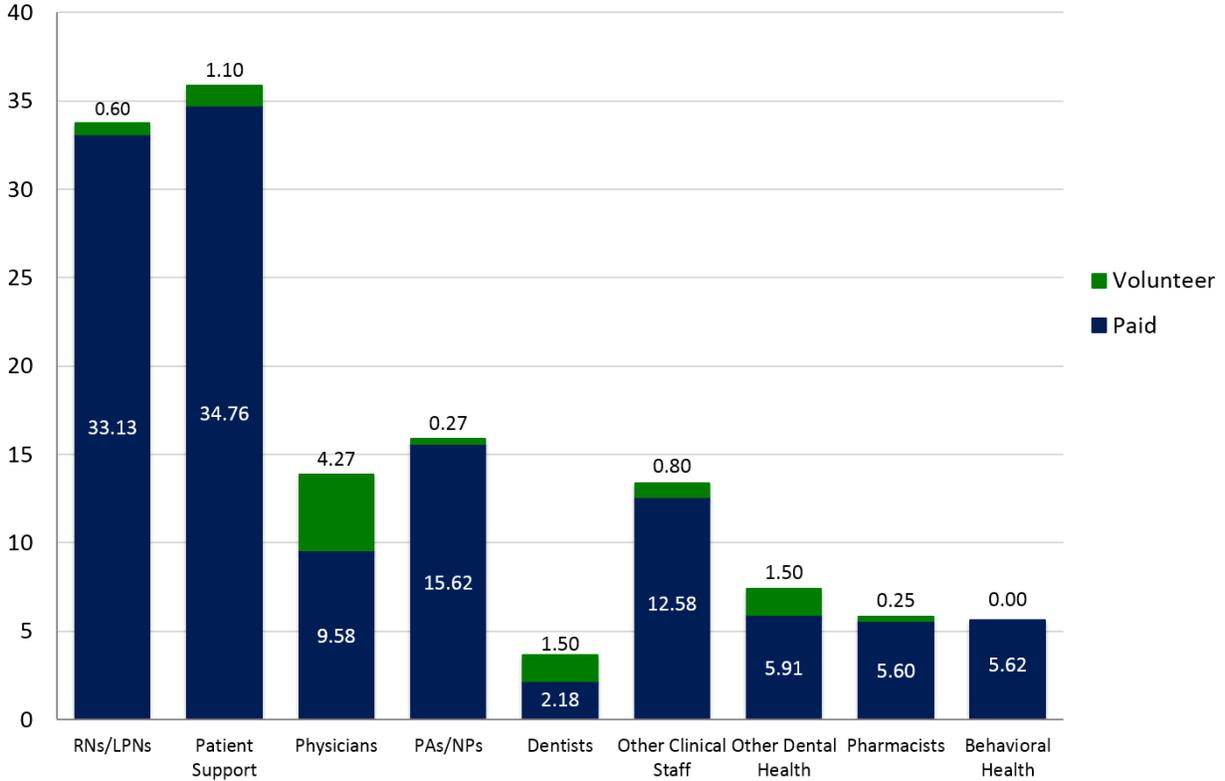


Provider Staffing: In the nursing and primary medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year.

A total of 47.6 Administrative FTE’s support the clinical staff, an increase of 1.8 FTEs over 2012. A total of 135.3 Clinical FTEs in our Safety Net providers provide direct care, representing an increase of 5 FTEs over 2012. The proportion of caregivers to administrative staff across the system is 2.84 to 1.

The equivalent of 13.85 FTE physicians and 15.89 FTE “mid-level” physician’s assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2013. Registered nurses and licensed practical nurses constitute 33.73 (an increase of 3.5 over 2012) 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 35.86 FTEs in this category. Other clinical staff, 13.38 FTEs (representing an increase of 2 FTEs over 2012) such as lab personnel supports the team.

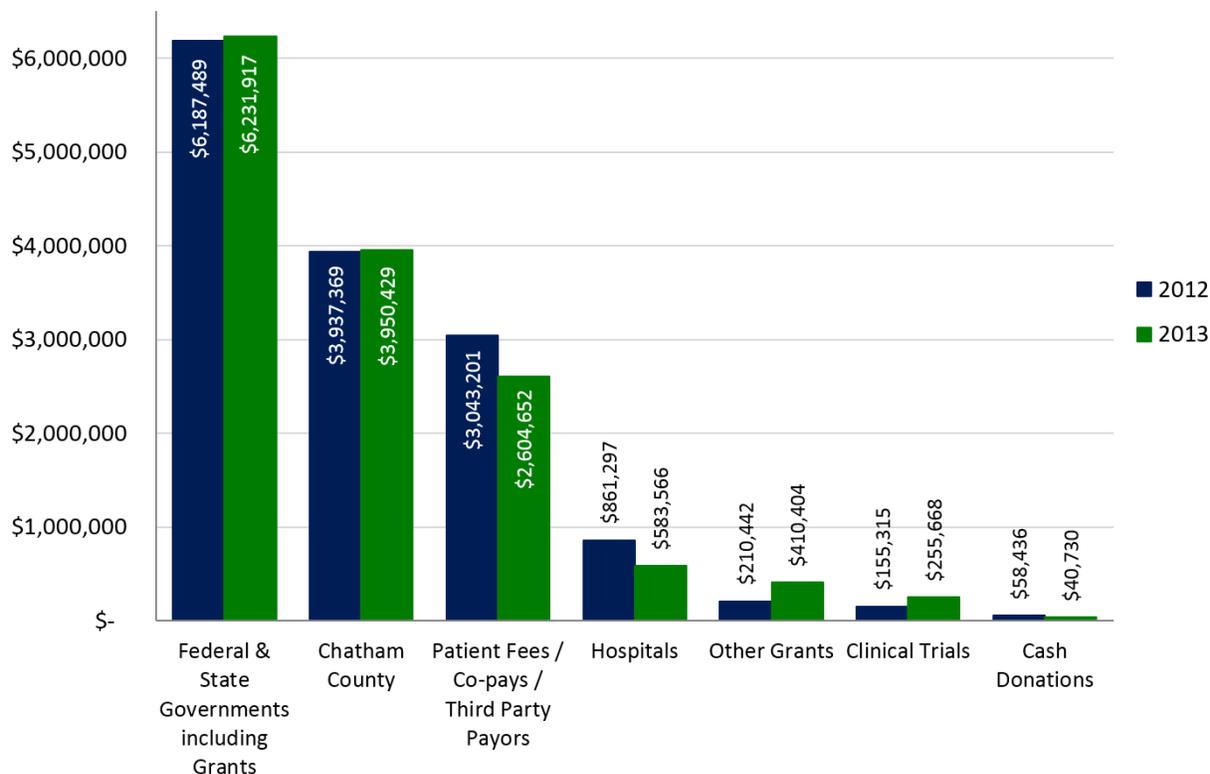
**CCSNPC Provider Staffing FTEs
2013**



Dentists (3.68 FTEs) in the CCSNPC system are supported by 7.41 FTE employed dental staff. Employed and volunteer pharmacists account for 5.85 FTEs and 5.62 FTEs of Behavioral Health positions complete the array of health care providers.

It is important to note, there has been a big shift in availability of volunteer providers. Meaningful use and Electronic Medical Record (EMR) requirements are causing older physicians to stop volunteering. In addition, physicians can no longer afford to completely retire and more mid-levels are caring for the uninsured population.

Sources of Revenue to Providers 2012 - 2013



Sources of Revenue to Providers: A total of \$14,077,366 of funding came into the CCSNPC provider system in 2013, a 1.57% decrease over \$14,298,234 in 2012. Federal and state grants provided 44.3% of the funding. Chatham County Government provided 28.1% of the total and fees from co-pays and billing provided 18.5% of the total cash resources. The remaining 4.1% came from the hospital systems, 2.9% from private grants, 1.8% from clinical trials, and 0.3% from private donations.

Patient fees and co-pays gathered by the FQHC’s decreased 13.1% from 2012 to 2013. All other funding sources increased over 2012 except patient fees and co-pays, hospital funding, and cash donations into the provider system.

Conclusions 2013

- In 2013, the CCSNPC primary care provider network experienced a 12.8% increase in the number of patients served. As total of 3,348 new patients accessed Safety Net primary care providers. All provider saw an increase in patient population. Curtis V. Cooper Primary Health Care Center had the largest increase at 1,866 new patients. St. Mary's Health Center was second with 512 new patients.
- The number of patients seeking dental care increased by 679 patients in 2013. New providers and a change in staffing created the availability of new appointments.
- In 2013, CCSNPC providers recorded 137,841 patient visits. This is a 15,041 increase in patient visits over 2012. Behavioral health visits declined in 2013 due to a lack of providers.
- Providing adequate specialty care to the uninsured continues to be a community challenge. Solving this complex healthcare access issue will require resources beyond the primary care partners of the Safety Net. In 2013, 8,214 referrals were made for specialty care on behalf of CCSNPC patients. All CCSNPC providers still express a high volume of unmet needs in specialty care especially in the areas of Gastroenterology, General Surgery, Endocrinology, Rheumatology, Orthopedics, Behavioral Health and Dermatology.
- Pharmaceutical assistance continues to increase due to the needs of the patient population. Medication assistance provided at clinic sites improves access and aids in patient compliance. Providing essential prescription medications can improve patient outcomes and prevent unnecessary hospitalizations and emergency room visits. In 2013, the average wholesale value of the prescriptions provided to CCSNPC patients was \$11 million. A notable contributor to these numbers is MedBank which provided more than \$7.8 million in free medications to the CCSNPC patient population.
- Overall, the number of patients seeking primary care (Acuity 1 and 2) at Emergency Departments decreased significantly in 2013. The number of primary care patient visits increased by 1,105 at St. Joseph's/Candler emergency departments, while Memorial Health experienced a decline of 20,399 patient visits. There a variety of factors that could be contributing to this decrease: higher patient acuity, a new clinical documentation and coding system, the placement of a social worker and a community resource specialist in the ED, increase in visits to safety net providers, and an overall decrease in ED visits. New benchmarks will be established going forward using the 2013 data.
- In 2013, there were a total of 29,217 primary care visits to local Emergency Departments. Uninsured adults accounted for highest utilization. A total of 24,649 or 84% of the patients served were from Chatham County. Both health systems continue to connect patients with primary care medical homes.
- Funding sources for providers were consistent with 2012. Cash donations continue to be impacted by the economy, reductions in funding from private foundations, and perceptions

regarding the Affordable Care Act. Although most were awarded for a specific program or focus, grants increased slightly in 2013.

- In 2013, providers again submitted a list of the top five most common diagnoses, diabetes disease management data and the number patients that self-reported smoking. The most common diagnoses were high blood pressure/hypertension, overweight/obesity, diabetes, depression/anxiety, high cholesterol, and HIV.

Acknowledgments

For their contributions to this report, the CCSNPC acknowledges **Jennifer Wright**, Director of Public Policy at Memorial University Medical Center, Chair of the CCSNPC Evaluation Committee and **Lisa Hayes**, Executive Director of the CCSNPC. Special thanks to **Ashle' King**, MHA, Medical Staff Services, MUMC, who provided logistics and never ending problem-solving skills to the compilation of the data and report. The Council also thanks each of the CCSNPC members listed below:

- **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
- **Agnes Cannella**, Director, Mission Services, SJ/C
- **Linda Davis, FNP**, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- **Rena Douse**, Chief Operating Officer, JC Lewis Primary Health Care Center
- **Albert Grandy**, Chief Executive Officer, Curtis V. Cooper Primary Health Care Center
- **Dana Huffman**, Community Resource Manager, MUMC
- **Aretha Jones, MPH, MA**, Chief Executive Officer of JC Lewis Primary Health Care Center
- **Pfeffer McMaken**, United Way of Coastal Empire
- **Elizabeth Medo**, Manager, Decision Support, SJC
- **Miriam Rittmeyer, PhD, MD, MPH**, Executive Director, Community Health Mission
- **Liz Longshore Stephens**, Executive Director, MedBank
- **Chris Rowell**, Financial Analyst, Decision Support, MUMC
- The entire CCSNPC Evaluation Committee

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

Safety Net Providers

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

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

Curtis V. Cooper Primary Health Care Inc. (CVCPHC) is Chatham County's first federally qualified health center (FQHC) and Public Housing Primary Care provider that serves uninsured, underinsured, and underserved low-income individuals of Savannah and Chatham County. CVCPHC serves the majority of underserved and uninsured primary care patients within the Safety Net Planning Council's provider group. CVCPHC offers or arranges for a comprehensive set of health care services including adult medical care, pediatric health care, dental health care, gynecological services, prenatal care, health education, Medicaid eligibility screening, nutrition counseling, pharmacy services, laboratory services, and radiology services. CVCPHC currently operates two sites from two locations E. Broad Street and Roberts Street in West Savannah. A third site, a Public Housing Primary Care site located at 349 W. Bryan Street in the Yamacraw Village housing complex opened in early 2013. Curtis V. Cooper Primary Health Care, Inc. uses a sliding fee scale based on the annual federal poverty guidelines established by the Community Services Administration of the Department of Health and Human Services. CVCPHC's fees are based on the usual and customary charges for medical and dental care within the Savannah-Chatham County area. Actual fees range from a minimum of \$12 per visit to as much as 100 percent of charges based on a patient's family size and family income. CVCPHC accepts all major health care insurances including private insurance, Medicaid, and Medicare.

J.C. Lewis Primary Healthcare Center (JCLPHCC) (31401)

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

The J.C. Lewis Primary Health Care Center was established in 1998 as a division of Union Mission, Inc. In 2004, the Health Center was designated as a Federally Qualified Health Center (FQHC), Health Care for the Homeless (HCH) site. In 2009, JCLPHCC was granted Community Health Center (CHC) status. This change allowed JCLPHCC to expand its focus beyond the homeless and near homeless populations, to include low-income and uninsured/underinsured individuals and families. In 2011, the J.C. Lewis Primary Health Care Center, Inc. became a stand-alone not-for-profit organization. Today, in addition to providing affordable comprehensive primary care, the Health Center also offers radiology services, medication assistance (through an on-site MedBank representative) and distribution, medical case management, health education and disease management/prevention, dental/oral healthcare, (provided at JC Lewis Dental Center, a CHC site) shelter-based CHC sites at three locations (Old Savannah City Mission, Salvation Army and Dutchtown), community sites (West Broad Street YMCA), shelter & housing referrals, economic education referrals, nutritional education, dietary supplementation, transportation services, 24-hour respite care, and behavioral health counseling. JCLPHCC, a CHC site, accepts patients of all ages and uses a sliding fee scale based on the federal poverty guidelines to determine patient co-pays. The Health Center also accepts Medicaid, WellCare, Amerigroup and Georgia's PeachCare for children. JCLPHCC does not refuse services to anyone based on their ability to pay and homeless patients without income have no-copay.

Community Health Mission (CHM) (31406)

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

CHM was created through the 2006 merger of two free clinics: Community Healthcare Center (established in 2001) and Savannah Health Mission (founded in 1996). CHM is a volunteer-based, non-profit primary care facility serving uninsured adults who work or live in Chatham County, who are not enrolled in Medicaid or Medicare, and whose income is at or below 200% of federal poverty guidelines. Medical care at CHM is free for those who qualify. The medical home approach is the cornerstone of CHM's care model. In this environment, the continuum of care is accessible, comprehensive, family-centered, compassionate and culturally effective. CHM uses an organized, proactive, multi-component approach to healthcare delivery focused on the entire spectrum of the disease and its complications, the prevention of co-morbid conditions and the relevant aspects of the delivery system. The goal of CHM's approach is to improve short- and long-term health outcomes. Services provided at include annual medical exams and preventive healthcare, treatment for diabetes, hypertension, cardiovascular disease and respiratory disease, women's health services, smoking cessation, and health education. In addition, eye clinic services, podiatry, dermatology, cardiology, and disease management are also offered. For diagnostic testing, approximately 70% are provided at no cost. The remaining are at a discounted charge to the patient.

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

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

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

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

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

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

Chatham CARE Center (CARE) (31401)

http://www.gachd.org/services-list/hiv aids_services_1.php

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

MedBank Foundation, Inc. (MB) (31405)

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

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

Memorial University Medical Center (MUMC) (31404)

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

MUMC is a 622-bed non-profit academic medical center which serves a 35-county area in southeast Georgia and southern South Carolina. It is the home of the region's only Level 1 trauma center and offers the most extensive emergency facilities in the region. The services at MUMC include around-the-clock physician specialists, trauma surgeons, operating rooms, and critical care services. The emergency department has 51 beds, including three separate trauma rooms and four rooms for cardiac emergencies. Other features of MUMC's emergency services include a pediatric emergency unit and an emergency helicopter service. The board-certified emergency physicians at MUMC handle more than 100,000 cases per year.

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

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

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

Appendix A

Provider Evaluation Reporting Guidance for Data Submission Chatham County Safety Net Planning Council

Reporting Calendar Year 2013

HRSA Definition for Medical/Primary Care - Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe in an outpatient setting.

Section 1: Service Delivery

- A. Profile of unduplicated primary care patients treated during 2013
 - 1. Total number
 - 2. By payor source
 - a) Medicaid
 - b) Medicare
 - c) Private Insurance
 - d) Uninsured
 - 3. By gender (at birth)
 - a) Male
 - b) Female
 - 4. By age
 - a) Younger than 18
 - b) 18 to 64
 - c) 65 or older
 - 5. By zip code in Chatham County (Outside Chatham should be listed as "Other")
 - 6. By county
 - a) Chatham (Note - All homeless should be listed as Chatham)
 - b) Bryan
 - c) Effingham
 - d) All Other Counties and States
 - 7. Race and Ethnicity
 - a) Asian
 - b) Black/African American
 - c) Latino
 - d) White/Caucasian
 - e) Other

- B. Profile of unduplicated dental patients treated during 2013
 - 1. Total number of unduplicated dental patients

- C. Clinical Visits (Excludes inpatient hospital and respite care)
 - 1. Total number of visits by type
 - a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)

- b) Dental Visits
 - c) Wellness/Education/Screening on-site, one-on-one or a scheduled group.
Category should include Nutrition, Case Management Visits, and Peer Advocate.
 - d) Outreach - Wellness/Education/Screening off-site such as a health fair (if not inside your walls it is counted as an off-site visit)
 - e) Behavioral Health
- D. Adult Visits (Age 18-64) Chatham County Only
- 1. Total number of adult visits (Age 18-64) Chatham County Only
 - a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)
 - b) Dental Visits
 - c) Wellness/Education/Screening on-site, one-on-one or a scheduled group.
Category should include Nutrition and Case Management Visits.
 - d) Outreach - Wellness/Education/Screening off-site such as a health fair.
 - e) Behavioral Health
- E. Pharmacy Services On-Site With a Co-Pay (This category only applies to Curtis V. Cooper)
- 1. Total number of unduplicated patients served
 - 2. Total number of prescriptions filled on-site
- F. Medication Services (MedBank will provide all MedBank Data and CVC will provide Share the Care and any other program data)
- 1. Number of unduplicated patients
 - 2. Number of medications obtained on-site (CVC, JCL, CARE)
 - 3. Number of Medications obtained off-site at NO cost to patient (JCL, CARE, MedBank - St. Joe/Candler contribution)
 - 4. Average wholesale price of medications
- G. Pharmacy Services Off-site With Co-Pay
- 1. Total number of unduplicated patients served
 - 2. Total number of prescriptions filled off-site

Section 2: Other Clinical Services

- A. Referrals made to physicians for specialty care (include eye visits) (Do not include OB, Family Medicine, or Internal Medicine)
- 1. Total number of referrals made to physicians for specialty care
 - 2. Total number of Labs on and off-site
 - 3. Total number of Radiology procedures on and off-site

Section 3: Cost Effectiveness

- A. Sources of Revenue
- a) Local Government
 - b) Federal and State (Includes Government Grants)
 - c) Other Grants
 - d) Patient Fees/Copays/Third Party Payors

- e) Hospitals
- f) Cash Donations
- g) Research/Clinical Trials

Section 4: Staffing and Administration (Note: Do Not Count Students)

A. FTEs in your facility

1. Total Number (Note: please convert calculations of any PTEs into FTEs)
 - a) Paid MD
 - b) Volunteer MD
 - c) Paid PA/NP
 - d) Volunteer PA/NP
 - e) Paid RN/LPN
 - f) Volunteer RN/LPN
 - g) Paid Pharmacist
 - h) Volunteer Pharmacist
 - i) Other Paid Clinical Staff (Licensed)
 - j) Other Volunteer Clinical Staff (Licensed)
 - k) Paid Admin/ (Secretary, Billing, etc.)
 - l) Volunteer Admin
 - m) Paid Patient Support (Include Case Managers and Peer Advocates)
 - n) Volunteer Patient Support (Include Case Managers and Peer Advocates)
 - o) Paid Dentist
 - p) Volunteer Dentist
 - q) Behavioral Health (exclude MDs, NPs, & PAs include SW, LSW, Counselor, Case Manager and Addictive Disease Counselors)
 - r) Other Paid Dental Staff (Dental Hygienist)
 - s) Other Volunteer Dental Staff (Dental Hygienist)

Section 5: Project Data

A. Electronic Medical Records

1. Number of enrolled patients (Jan – Dec. 2013) with a patient record in an electronic format
2. Percentage of enrolled patients with a patient record in an electronic format

Section 6: Clinical Outcomes Data

A. Top five diagnoses and number of patients seen in 2013 with diagnosis (Patients can be counted in more than 1 category)

B. Diabetes data

1. Number of patients who have a diagnosis of diabetes prior to June 30, 2013 (excluding Gestational pregnancy and Polycystic Ovarian Syndrome)
2. Number of patients who visited the clinic two or more times in calendar year of 2013
3. Categorize these patients into three categories according to HbA1C results (use patient's last result):
 - a) HbA1C 7.0 and under
 - b) HbA1C 7.1-9.0
 - c) HbA1C 9.1 and over

C. Number of patients that admitted to smoking during the 2013 calendar year

Section 7: Narrative Information (Word Document)

- A. Describe any administrative, policy, staffing, or other issues and changes that may have impacted the facility's costs and operational statistics in 2013. Please indicate the number in the spreadsheet the narrative information is referencing.
- B. Provide the percentage of no-show appointments.
- C. Describe how prescription assistance is provided at your clinic?
- D. Please list the type(s) of specialty care provided on-site.
- E. Please list your Top 5 unmet specialty care needs.
- F. Please provide your Total Operating Budget and a brief description of clinic operations.
- G. Medbank Only - Please list the top 5 prescribed medications.
- H. Please provide the number of transgender patients.