



# **2015 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), 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. 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 the Chatham County Health Department Ryan White Clinic—Chatham CARE Center.

**Key Evaluation Findings:** In 2015, CCSNPC Providers tracked 136,202 visits and 32,231 patients, 5.0% increase in visits, and 2.4% increase in patients since 2014. In terms of uninsured patients served, CCSNPC providers have experienced a declined 8.5% from 22,859 uninsured patients in 2014 to 20,926 uninsured patients in 2015. The hospital emergency departments (ED) recorded a total of 27,303, primary care visits (Acuity 1 and 2) compared to 29,106 visits in 2014. The 27,303 primary care visits represent 19,755 patients compared to 20,879 patients in 2014.

Patients at the CCSNPC clinics visited an average of 4.2 times a year in 2015 as compared to 4.1 in 2014 and were for the most part uninsured adults from Chatham County. Patient utilization at EDs for primary care increased to an average of 1.6<sup>1</sup> times per year, were more often insured, and included children under the age of 18 years.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2015, the average wholesale value of the prescriptions provided to CCSNPC patients was \$13.39 million. MedBank, a CCSNPC partner, was responsible for providing \$7 million of this total through an innovative project which places MedBank representatives in several of the CCSNPC provider clinics, delivering prescriptions to the patient at their healthcare provider. CVCPHC and Chatham CARE utilize their own in-house pharmacies for all prescription fulfillment.

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<sup>1</sup> Acuity 1, 2 and 3.

Trends noted in the 2014 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 estimated population in 2015 was 286,956, an 8.2% growth from 2010 to 2015. Adults between 18 and 64 years old constituted 63.9% of the total population or 183,365 people.<sup>2</sup> In 2015, it is estimated that of those adults, ages 18-64 living in Chatham County, 22.6% or approximately 41,440 people, were without health insurance.<sup>3</sup>

Within the 18 to 64 age group, the largest age group without insurance is the 26-34 years old with an estimated 18.2% living without health insurance. The next largest group is 19-25 years old at 17.1% living without health insurance. The largest population by race/ethnicity without insurance is the Hispanic young adult population with 27.1% being uninsured.<sup>4</sup>

Right from Start Medicaid and PeachCare for Kids, Georgia's public health insurance programs, are available for children under 18 years old, and Medicare is available for adults 65 years of age and older. Of the County's approximately 60,000 children, 9.1% (5,493) have no health insurance. It is estimated that 83% (4,559) are eligible for enrollment in one of these programs. Approximately 7.8% (4,731) are Hispanic; 13% of Hispanic children under 6 and 23.1% from 6 to 17 lack coverage.

**Campaign for Healthy Kids and Families:** In the Spring of 2014, Safety Net was invited to partner with Step Up Savannah to provide leadership and project management for the Campaign for Healthy Kids and Families, an 18- month initiative funded by the National League of Cities (NLC) whose goal was to reduce by 50% the number of uninsured children (0-19) in Chatham County who are eligible for Georgia Public Health Insurance Programs (GaPHIPs) but are not enrolled or have fallen off coverage. The Campaign incorporates proven evidence-based strategies to reach the county's neediest families and help them get and maintain health coverage; CCSNPC has leveraged its relationships and role in the community to advance these strategies for the Campaign.

From July 2014 – December 2015, the Campaign enrolled or renewed in coverage 1,720 children. CCSNPC secured \$50,000 from the Healthcare Georgia Foundation to continue providing enrollment services starting in January 2016. In May 2016, CCSNPC was awarded a 2-year, \$580,000 federal grant through the Children's Health Insurance Reauthorization Act (CHIPRA) to continue the Campaign in Chatham and expand to Bryan, Effingham, Liberty, Long and McIntosh Counties—counties whose population frequent our local health providers and hospital systems. CCSNPC was one of 39 awardees nationally. The two previous Georgia

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<sup>2</sup> [http://www.census.gov/quickfacts/table/PST045215/13051\\_00](http://www.census.gov/quickfacts/table/PST045215/13051_00) (accessed 12/01/16)

<sup>3</sup> The Coastal Georgia Indicators Coalition. Adults with Health Insurance. <http://www.coastalgaindicator.org/index.php?module=Indicators&controller=index&action=view&indicatorId=83&localeId=463> (accessed on 12/01/16)

<sup>4</sup> Kaiser Commission on Medicaid & the Uninsured, The uninsured: A Primer: Key Facts about Health Insurance and the Uninsured in the Era of Health Reform. November 2015.

grantees were located in the Atlanta Metro Area and we are happy to bring CHIPRA funding to Coastal Georgia.

The Campaign is now titled the Coastal Campaign for Healthy Kids, reflecting the additional counties. As of December 2016, we have assisted 1,688 families, serving 2,752 children and teens in Chatham County. The majority of these children come from the highest need zip codes, approximately 49% are Hispanic children and 70% are new applicants to GaPHIPs and have either never had coverage or have fallen off coverage. These families now have peace of mind because they have access to primary care and are not exposed to financial catastrophe if their child has a medical emergency.

Before this Campaign, free enrollment assistance did not exist in Chatham County due to changes within the Department of Family and Children's Services (DFCS) which severely limited the enrollment assistance help offered within the community and at the local DFCS office. Additionally, the Campaign expanded its working partnerships with local DFCS management so enrollments can be verified and issues can be resolved quickly for applications submitted for Right from the Start Medicaid to ensure 100% enrollment of eligible families.

**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. During the third open enrollment period (OE3 – November 1, 2015 – January 31, 2016), Chatham County enrolled 18,939 people into health insurance through the Marketplace.<sup>5</sup>

The law has improved the affordability and availability of health insurance. Critical to making that insurance affordable are federal subsidies for which 87% of marketplace customers have qualified. The law provides states with the option to expand their Medicaid programs to include all adults with incomes that are at or below 138% of the federal poverty level. This is equal to an annual income of \$16,200 for an individual. Approximately 500,000 Georgians could enroll if Medicaid was expanded, which would drastically reduce the number of uninsured among low-income individuals in the state.

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. A total of 28 states and the District of Columbia have taken advantage of this opportunity, Georgia has not. This decision severely limits affordable health coverage options, particularly for working individuals in the 18 to 64 year old age group and in Chatham County that equated to approximately 64,852 uninsured lives in this age range.

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<sup>5</sup> Georgians for a Healthy Future. Getting Georgia Covered: What We Can Learn From Consumer and Assister Experiences During the Third Open Enrollment Period. August 2016.

Medicaid covers mostly children, pregnant women, parents, seniors over age 65, and people with disabilities. In Georgia, more than 1.9 million people have health coverage through Medicaid; 64% of beneficiaries are children. Adults without dependent children are not eligible for Medicaid. Parents with minor children must earn an annual income below 38% of the federal poverty level (FPL) to be eligible for Medicaid. Georgia ranks 50<sup>th</sup> in spending per Medicaid enrollee.<sup>6</sup>

**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 specialist's 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 shift in payment focus from pay for service to pay for value and improved health outcomes.

***ChathamHealthLink merger with GRACHIE:*** CCSNPC established Chatham Health Link (CHL), Georgia's first HIE. CHL original members include the CVCPHC, JCLPHCC and MUMC. In October 2014, Georgia Regional Academic Community Health Information Exchange (GRACHIE) and CCSNPC formed a partnership to interconnect their respective health information exchanges (HIEs). As part of the merger agreement with GRACHIE, CCSNPC retains one of seven board seats on the GRACHIE Board of Directors to ensure we are an active voice and partner in the growth, strategy and functionality of GRACHIE.

CCSNPC has worked in partnership with GRACHIE to bring additional providers into the HIE. SouthCoast and Merit IPA, as well as rural hospital referral networks are now live and exchanging meaningful data in the GRACHIE. In addition, GRACHIE is now connected to GaHIN, the state HIE, eHealth Exchange, the national HIE, and are now building our connection with the United States Department of Veterans Affairs (VA). As of September 30, 2016, there are over 1,755,188 unique patients from 24 data contributors and 7 organizations are currently onboarding, and 10 additional organizations are in the pipeline to onboard. The CCSNPC has documented cases where lives have literally been saved through this readily available data exchange.

***Incorporating non-traditional partners into the HIE:*** CCSNPC has been working to incorporate non-traditional partners into the HIE through CHL to ensure we are working to improve outcomes and lower costs for our most vulnerable and underserved communities, including behavioral health, HIV+, and incarcerated populations.

**Chatham County Detention Center (CCDC):** The CCDC is one of the largest jails in GA outside of Metropolitan Atlanta, with approximately 18,000 inmates per year; 45% of those are treated

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<sup>6</sup> Georgians for a Healthy Future and Georgia Budget and Policy Institute. Understanding Medicaid in Georgia and the Opportunity to Improve It. September 2015.

for chronic illness. Inmates prior to and after incarceration often use other regional safety net health services. Incorporating the CCDC population into the HIE supports continuity of care and reduces duplication of services. CCSNPC has been working closely with the Chatham County Detention Center (CCDC) and Chatham County to incorporate their health data into GRACHIE. As a first step, CCDC needed an EMR and CCSNPC helped to develop requirements and negotiate a solution. The EMR is now onboarding onto GRACHIE and is planned to go live by March 1, 2017. By integrating the detainee and inmate population, we will be able to close the medical information gap leading to improved patient safety and health outcomes for those within the county's jail and those that are transitioning into the county's population.

Gateway Behavioral Health Services (GBH): GBH is our region's Community Service Board (CSB). CSBs were established by the 1993 General Assembly, OCGA 37-2-6 (a) and created by Georgia Legislators HB100 in 1994. There are 26 Community Service Boards serving the State of Georgia. GBH serves eight Georgia counties: Camden, Glynn, McIntosh, Liberty, Chatham, Bryan, Long and Effingham. CCSNPC has secured a new connection contract with GBH, they should be live in early Spring 2017.

Chatham CARE Center: The CARE Center, a Ryan White HIV clinic, is a division of the Chatham County Health Department/Coastal Health District and provides comprehensive health services to HIV-positive residents of the Coastal Health District, targeting Chatham/Effingham Counties. CSNPC has secured a new connection contract with the CARE Center, they should be live in early Spring 2017.

**Behavioral Health:** Behavioral Health Services continue to be a high need for the County, especially when substance and alcohol abuse exist with mental health diagnoses. The Safety Net Provider Committee prioritized mental health resources as a primary issue in 2013 to ensure that 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. In 2014, our providers reported they had 3774 behavioral health service visits, and in 2015, they had 4032 behavioral health visits; services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

But this does not paint the whole picture for Chatham County. 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. We need a clear picture of the behavioral health and developmental disability services provided to uninsured and underinsured constituents in Chatham County to understand how we could improve the system and be impactful in our efforts.

***Evaluating Behavioral Health in Chatham County:*** In 2015, as a first step to better understand the needs, capacity, and the resource gaps in this area, CCSNPC partnered with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and their providers to seek a clearer picture of the behavioral health services provided to uninsured and underinsured constituents in Chatham County. We completed the [2014 Behavioral Health and Addictive Health Baseline Evaluation](#). This report reviews the data tables including payer source, from

Chatham County providers, including the largest providers, Gateway Community Service Board/Crisis Stabilization Unit, Georgia Regional Hospital of Savannah and Recovery Place.

***2014 Behavioral Health and Addictive Health Baseline Evaluation recommendations:***

1. *To hold a stakeholder forum in early 2016* to discuss how we should best work together to better assess the behavioral health landscape in Chatham County and forge an action plan to improve capacity and access to behavioral health services; the first Mental Health Symposium took place on March 23, 2016.
2. To develop a baseline evaluation to begin to assess capacity for both juvenile behavioral health services and developmental disabilities, which are often co-diagnosed with behavioral health; and, members agree this step should happen after the living Collaboration Tool (see below) is completed.
3. A 24/7 Behavioral Health Walk-In Center be built as an alternative to divert persons from the Emergency Departments and the Chatham County Jail. This is pending 2017 state legislative and budget review and approval.

***Clinical Collaboration Center and the Living Collaboration Tool:*** As a next step, CCSNPC has secured an innovation grant from the DBHDD to support the development of an inter-agency, inter-organizational, inter-departmental Clinical Collaboration Center to both address the acute needs of children and young adults (4-26) living with severe emotional disorders and to improve overall continuity of care where gaps in services can lead to crippling disruptions in an individual and family life. This work will begin in January 2017.

The Center will provide key system-wide support services for area mental health professionals. A full-time Care Navigator will provide a one-stop resource for professionals to get reliable up to date information when their usual and routine referral attempts have not succeeded. The Care Navigator will develop resources by functioning similar to a clearing-house and data compilation center called the Living Collaboration Tool. The tool will be used by the navigator in assisting professionals (1) who are not able to locate a behavioral health program which meets an individual's needs or (2) who have not located a behavioral health program which appears to meet the needs of an individual but found the individual did not qualify for the program, or (3) have made what appeared to be a successful warm hand off between providers to ensure continuity of care only to find the individual was later rejected from the program.

Presently, various gaps exist in the behavioral health system which frustrates professional staff and peer specialists trying to facilitate and coordinate care for individuals between programs, protocols, requirements, and funding. These gaps contribute to a sense of "the system is broken" for professionals, individuals and the community in general - despite the high degree of funding, agency attention, and legislation and grants available for behavioral health and substance use disorder treatment and care.

Most importantly these gaps, both perceived and real, lead to service delivery failures when an individual's need is first assessed and intervention is first attempted. This service delivery failure for children and youth results in subsequent presentation in truancy programs, juvenile justice systems and emergency departments with levels of complication that could have been avoided had successful service delivery been obtained upon earlier intervention attempts.

Knowledge of how to navigate between programs and funding resides in the institutional knowledge of the various individual staff members who have acquired it by previously navigating on behalf of various individuals. Navigating “exceptions” thus relies on personal knowledge and relationships which is helpful on a 1:1 basis, but not sufficient for improving overall systems. For “80%” of individuals existing written information and training suffices to enable professional staff in various public, private and faith based organizations to assist individuals to the service which will meet their needs and for which they qualify. However, for those “exceptions” for which reliance staff training and/or printed directories does not suffice, the Tool will provide an exceptionally effective, dynamic resource, continually updated and available to disseminate timely information critical to the care of these children and young adults.

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, the growth of Chatham Health Link, and a better understanding of the behavioral health needs in Chatham County.

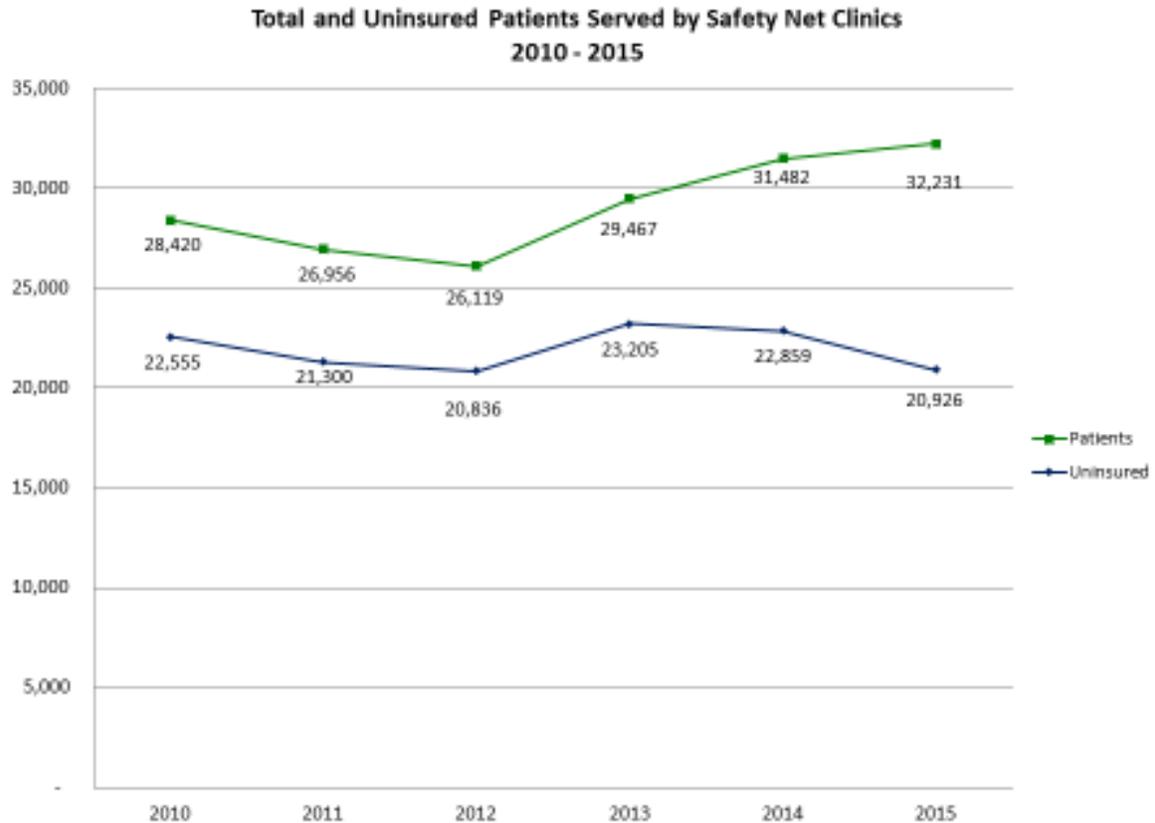
## **Methodology for the 2015 Evaluation Data**

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. The Provider committee met to determine data collection criteria
2. Identical Guidance for Data Submission and Data Collection Instrument documents were finalized and distributed to Safety Net clinics and hospitals in August 2016 (see Appendix A).
3. 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.
4. The participating providers met to review the consolidated data, to address any questions or apparent discrepancies, and to analyze trends.
5. Graphical representations of the data were prepared, comparing to the previous year(s) where relevant.
6. The participating providers met to review the graphs and make necessary changes.
7. The participating providers developed conclusions.

## 2015 Data

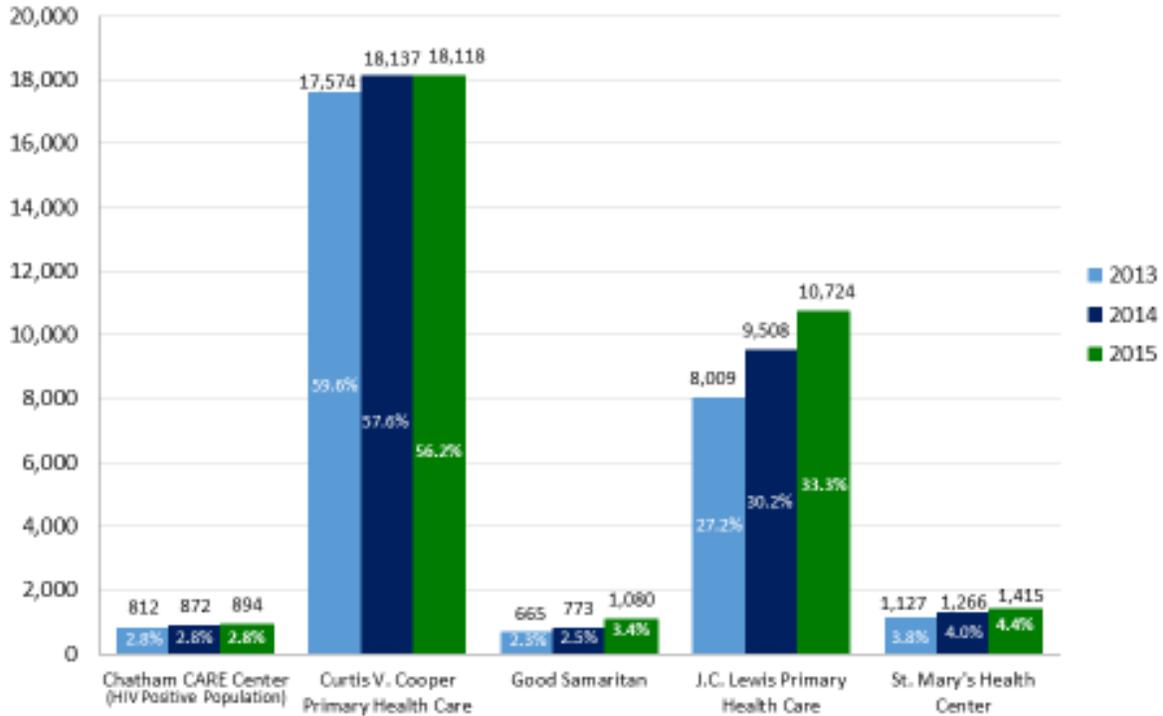
### I. Primary Care Capacity



**Patients Served by Safety Net Clinics:** In 2015, the Safety Net Provider Network members experienced a slight increase in the number of patients served by the Safety Net Clinics. Patients increased 749 or 2.4% from 31,482 to 32,231.

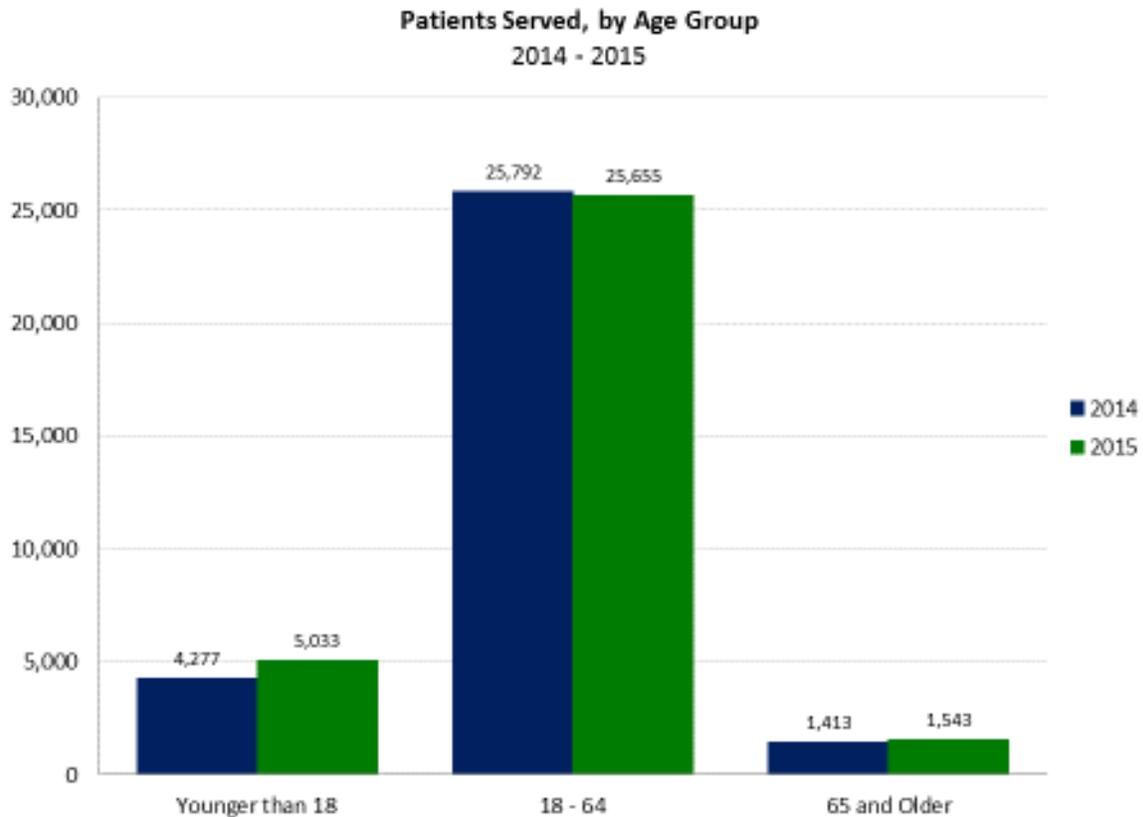
**Uninsured Patients Served by Safety Net Clinics:** In 2015, the Safety Net Provider Network members experienced a slight decrease in the number of uninsured patients served by the Safety Net Clinics. Patients decreased 1933 or 8.5% from 22,859 to 20,926.

**Patients Served, by Provider  
2013 - 2015**



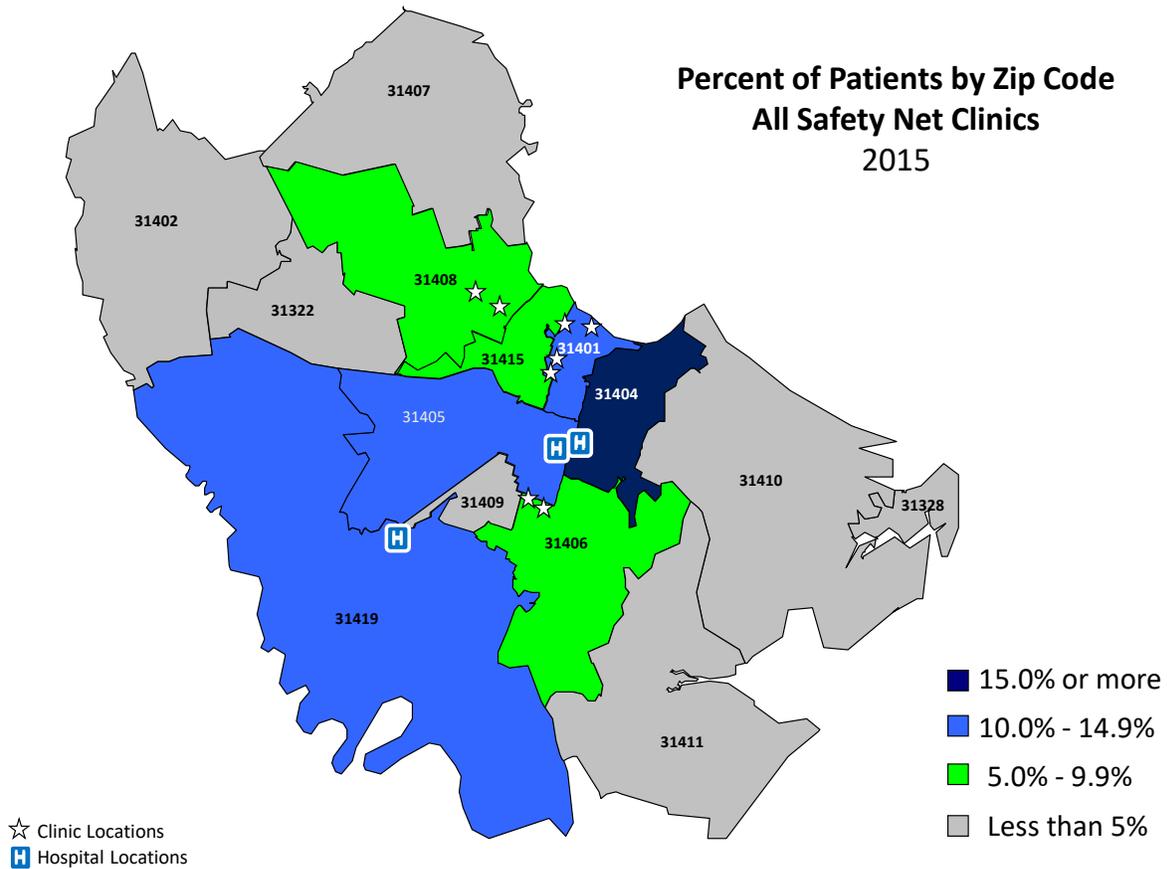
**Patients Served by Provider:** The above graph breaks the total patients served number down by provider. Of the patient increases, CARE increased by 22 patients or 2.5%, CVCPHC decreased by 19 patients, GS increased by 307 patients or 28.4%, JCLPHCC increased by 1216 patients or 11.3%, St. Mary's increased by 149 patients or 10.5%. CVCPHC comprised 56.2% of patients served, JCLPHCC comprised 33.3%, and GS and SM together comprised 7.8% of the total population served. It is important to note that CARE only serves HIV+ patients.

JCL opened a new pediatric site and increased the OBGYN capacity to see more patients. CHM closed its doors in October 2014, these patients were absorbed by the remaining provider network.



**Patients Served by Age Group:** Adults 18-64 made up 79.6% of the patients served in 2015, a decrease from 81.9% of the patients in 2014. This age group decreased by 137 patients; the 65 and older age group increased by 130 patients.

Younger than 18 increased by 756 patients in 2015. Both CVCPHC and JCLPHCC expanded pediatric capacity in 2015. Of the Safety Net Providers, only two provided care for patients 18 and under or 65 and older: CVCPHC and JCLPHCC. 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 increased from 2014 by 1083 patients. In 2015, patients from other counties decreased by 334 patients and 89.6% or 28,887 patients were Chatham County residents versus 88.3% or 27,804 patients in 2014; this compares to 85.2% or 25,118 were Chatham County residents in 2013, 91% or 23,768 in 2012, 93.2% or 25,132 in 2011, 91.2% or 25,992 in 2010, and 93.8% or 25,193 in 2009. 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 by Zip Code<sup>7</sup>

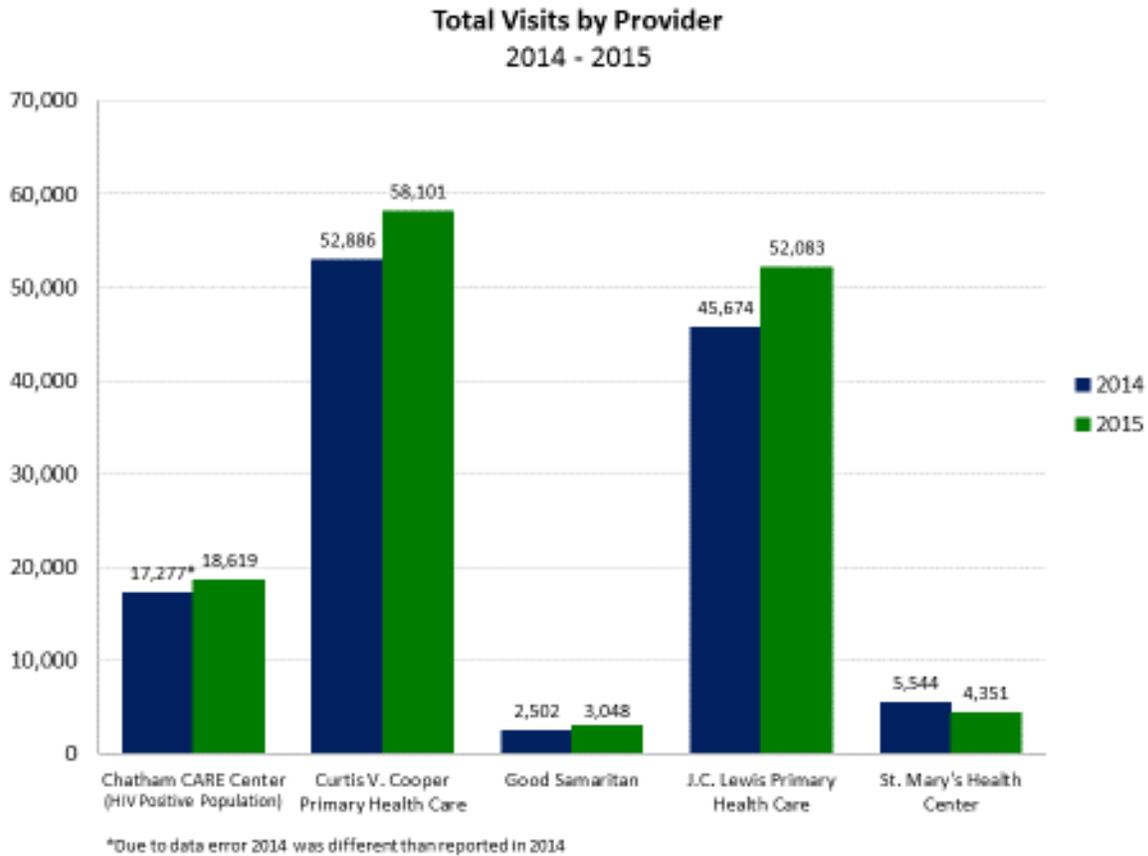
Zip Code	%	Zip Code	%
31401	42.8	31406	20.0
31415	37.3	31328	13.4
31404	26.6	31419	15.4
31408	26.2	31302	9.4
31405	20.5	31322	10.7
31409	unknown	31410	7.5
31407	11.5	31411	2.5

**Individuals Living in Poverty:** The zip codes with the highest proportion of patients using Safety Net Providers in 2015 are 31404 and followed by 31401, 31405 and 31419. These are the areas of Chatham County with 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 2013, the overall percentage of individuals living in poverty in Chatham County was 26%<sup>8</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.

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<sup>7</sup> <http://factfinder.census.gov>

<sup>8</sup> <http://factfinder2.census.gov>

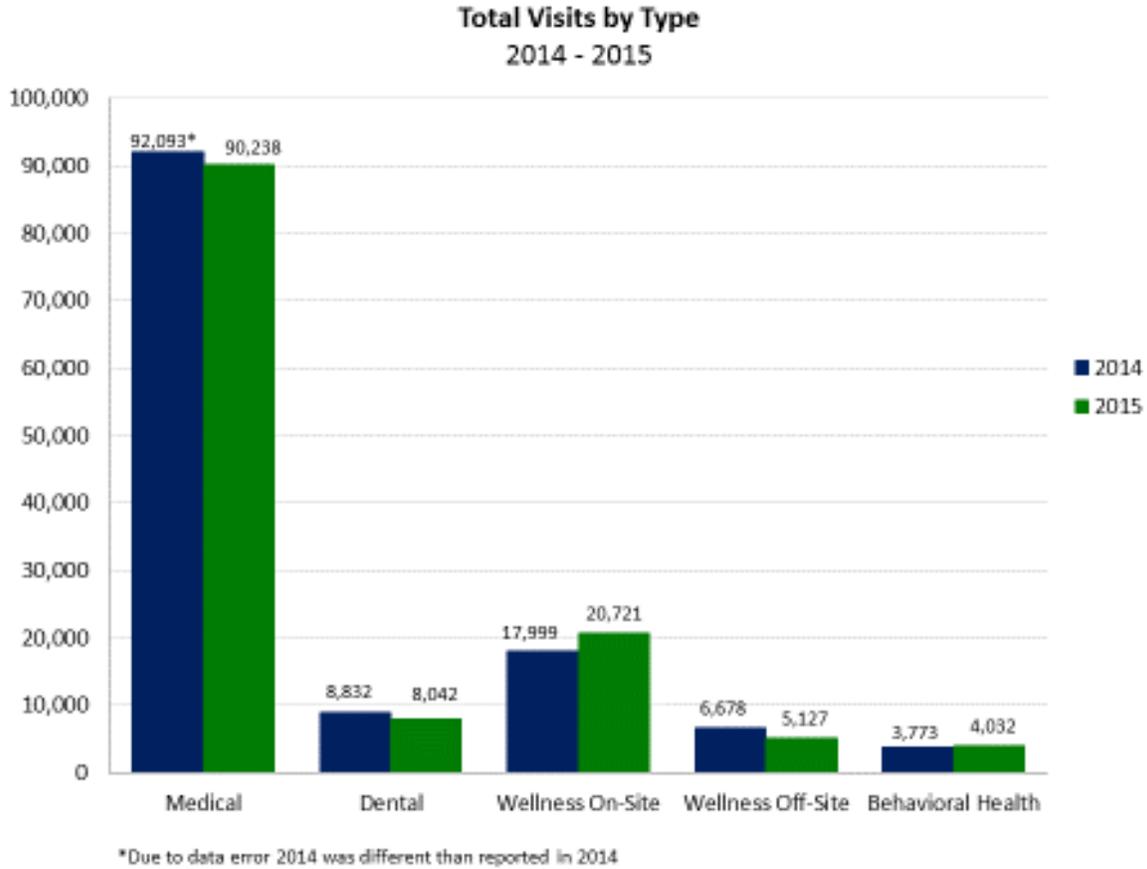


**Total Visits by Provider:** Total visits to all providers increased by 6827 or 5.0% from 129,375 in 2014 to 136,202 in 2015. Visits to providers increased for all providers, with the exception of SM. Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 80.9% of the visits in 2015.

CVCPHC averages 3.2 visits per patient and JCLPHCC averages 4.9 visits per patient. Because JCLPHCC serves the homeless populations, these patients present at higher acuity and are more likely to need psychiatric treatment and therefore require more visits per year per.

CARE counts visits differently in their system than the other safety net providers. At CARE visits per patient include both onsite medical visits and off site visits.

## II. Other Healthcare Delivery



**Visits by Type:** Clinic visits include medical (including OBGYN primary care visits), dental, wellness on and off site, and behavioral health, it does not include inpatient hospital or respite care. In 2015, 136,202 such visits were recorded, a 5.0% increase over 2014. The overall increase in system visit capacity since CCSNPC began collecting data in 2004 is 106.3%.

The Safety Net Providers offer a number of different services to their patients. In 2015, primary care visits with a nurse or doctor represented 66.3% of all visits, dental 5.9%, behavioral health 3.0%, and wellness 19.0%. Of the 90,238 medical visits, CVCPHC represented 48.7% of visits and JCLPHCC represented 40% of all visits.

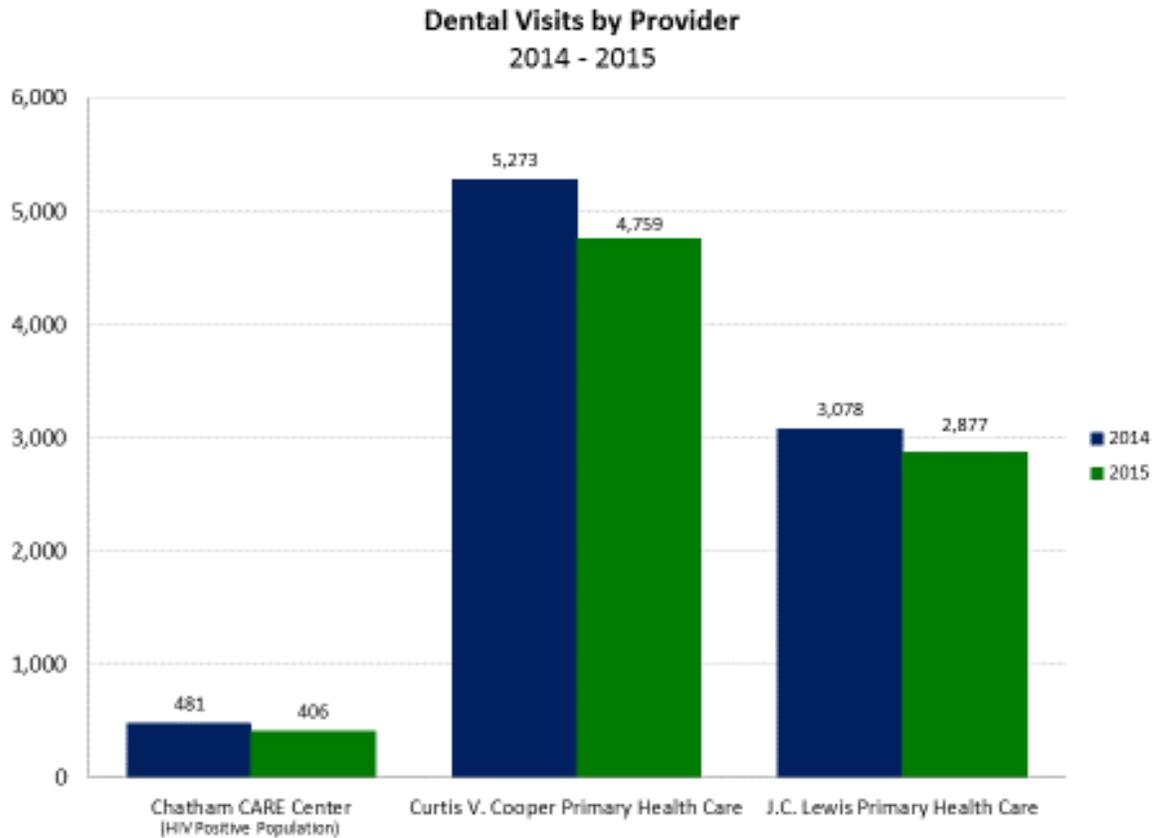
It is important to note that the dental and behavioral health visits only represent capacity and not actual need. Note that all services are not offered at all sites

**Behavioral Health:** In 2015, of the 4,032 total behavioral health visits, JCLPHCC saw 3,386 or 84.0%. JCLPHCC has a psychiatrist on staff and access to psychiatric medications through MedBank. However, the need in behavioral health is still far greater than the capacity.

Because mental and behavioral health is such a high priority, CCSNPC worked closely with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and their providers to seek a clearer picture of the behavioral health services provided to uninsured and underinsured constituents in Chatham County, so we can better understand the needs, capacity, and the resource gaps in this area. We completed the [2014 Behavioral Health and Addictive Health Baseline Evaluation](#).

Although the data provided in the evaluation describes only part of the picture, it serves as a baseline in our understanding and is a call to action to improve local capacity and access to those providers. Many other stakeholders are needed in order to truly understand capacity and create effective change in Chatham County. As a first step, we recommended that a stakeholder forum should be held to discuss how we should best work together to better assess the behavioral health landscape in Chatham County and forge an action plan to improve capacity and access to behavioral health services. In addition, we need to assess capacity for both juvenile behavioral health services and developmental disabilities, which are often co-diagnosed with behavioral health.

Finally, a Behavioral Health Walk-In Center is essential to divert persons from the Emergency Departments and the Chatham County Jail. For many in Chatham County, mental health treatment, services and supports are not available until a crisis occurs. Persons with an acute behavioral health crisis often end up in the Emergency Department or in an encounter with law enforcement, often resulting in a booking at the Chatham County Jail. The Chatham County Jail and the Emergency Departments have become the default service providers for mental health treatment for many of our indigent population. Changes to our mental health system can help address this crisis. If citizens had access to 24 hour services, 365 days a year, we could minimize hospital and jail interventions and improve continuity of care for many. For example, if a person has not been on their medication, they could access their prescriptions before a crisis occurs. In addition, law enforcement and crisis intervention teams could have an alternative referral center for acute behavioral health needs.

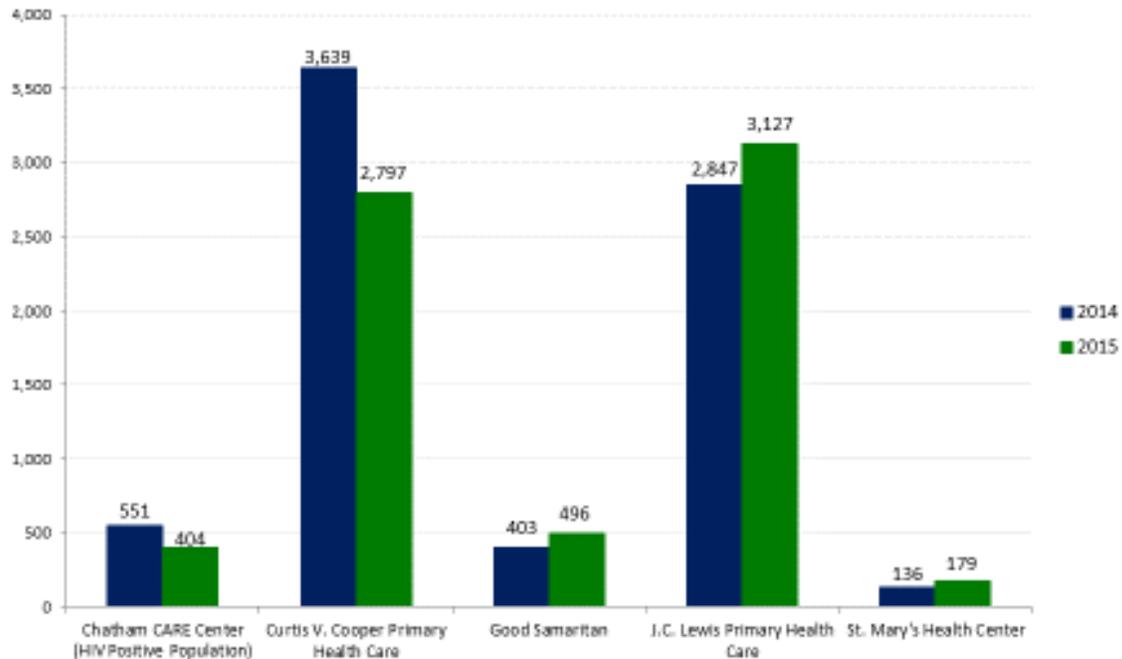


**Dental Care:** The linkage of a patient’s oral health to their overall physical well-being is becoming a prominent theme in reversing negative health outcomes. CCSNPC has recognized the importance of oral health to overall health since its formation. In 2015, there were 8,042 dental visits recorded in the Safety Net system, an 8.9% decrease from 8,832 visits in 2014. In 2015, CARE had 406 dental visits, CVCPHC had 4,759 dental visits and JCLPHCC had 2,877 dental visits and represents their actual capacity.

In 2015, all providers experienced a decrease in capacity. CVCPHC decreased by 514 patients or 9.7% and JCLPHCC decreased by 201 patients or 6.5%. To combat this trend CVCPHC has begun offering dental hours on Saturdays and now has 2 dentists on staff.

**Note: Dental care is not available at all provider sites.**

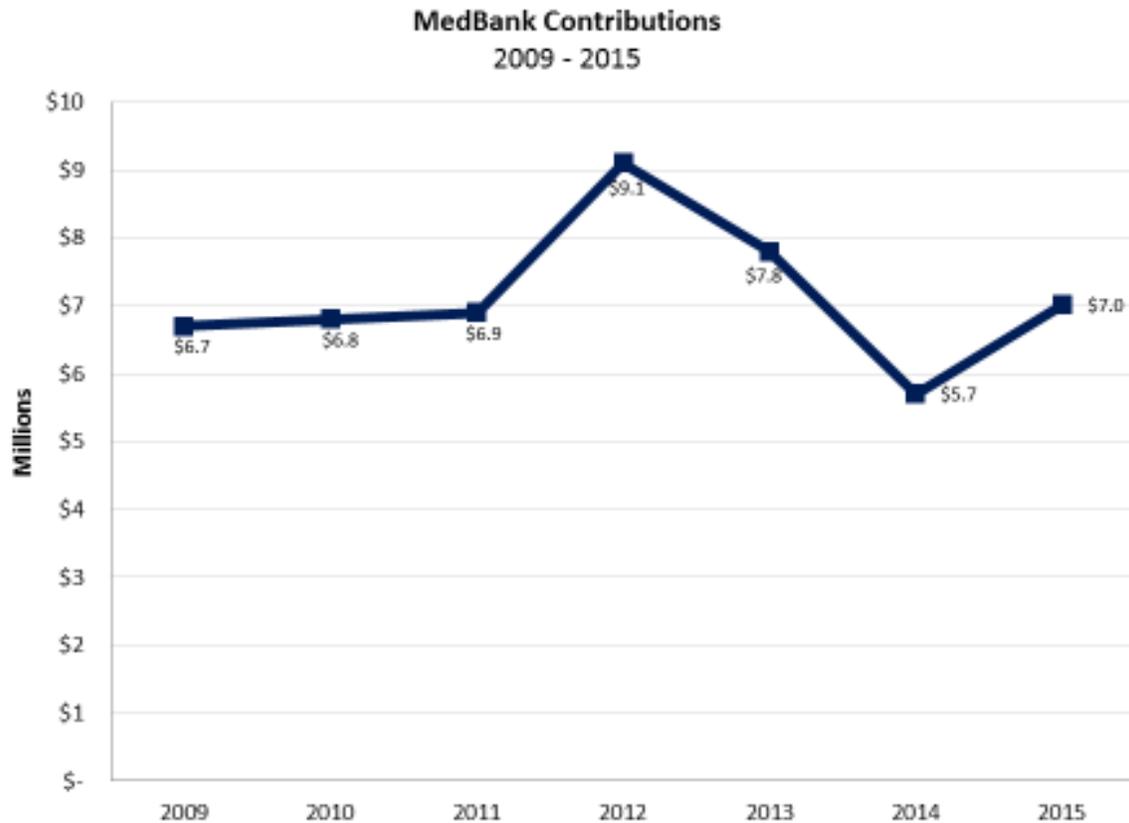
### Specialty Care Referrals 2014-2015



**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. 7,003 referrals were made to specialty care providers on behalf of CCSNPC patients in 2015.

The FQHCs (CVCPHC and JCLPHCC) count the number of specialty referrals differently. CVCPHC changed its data collection process from manual (through 2013) to a report from their EMR, GE Centricity. The dramatic decrease shown for CVCPHC specialty referrals may be due to an EMR system change from tracking all specialty referrals made (process in 2014) instead of including only the referral appointments actually kept by patients (process in 2015). JCLPHCC tracks all specialty referrals made and does not track if those referrals were actually kept.

All CCSNPC providers still express a high volume of unmet needs in specialty care especially in the areas of Gastroenterology, General Surgery, Rheumatology, Orthopedics, Behavioral Health and Dermatology.



Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper	\$8,548,160
Chatham CARE	\$750,908
J.C. Lewis**	\$4,095,304
St. Mary's Health Center**	\$1,281,179
Good Samaritan Clinic**	\$389,078
<b>CCSNPC Total</b>	<b>\$15,064,629</b>

\*\*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 2015, pharmaceutical assistance increased from \$10,658,043 to \$15,064,629. Varying models for filling prescriptions exist with the FQHC's having pharmacies on site. MedBank, a local non-profit organization, offers prescription assistance to uninsured and under-insured low income patients. This model provided on-site staff at JCLPHCC and SM as well as its headquarters sites located in Midtown.

### III. Emergency Departments

For many citizens without health insurance or with high insurance plan deductibles and copays, 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 (EDs). Because of limited access to primary care homes, individuals access the EDs for common ailments because they believe they have no other medical access. ED visits are regulated by The Emergency Medical Treatment and Active Labor Act (EMTALA), a federal statute which governs when and how a patient must be 1) examined and offered treatment or 2) transferred from one hospital to another when he is in an unstable medical condition.

EMTALA was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1986. Which states the patient must be provided a screening examination to determine if they are suffering from an ‘emergency condition’, in which case the patient must be treated without any regard to insurance classification or ability to pay. In addition, patients seen in the EDs receive episodic treatment which only focuses on the emergent condition and rarely on any other medical conditions that may compromise the long term health of the individual.

In the Guide to Clinical Preventive Services, 2014, the US Department of Health and Human Services (HHS) recommends the following screening tests for adults:

#### Clinical Summaries of Recommendations for Adults (alphabetical list)<sup>9</sup>

- Abdominal Aortic Aneurysm, Screening
- \*Alcohol Misuse, Screening and Behavioral Counseling
- Aspirin for the Prevention of Cardiovascular Disease, Preventive Medication
- Aspirin or NSAIDS for Prevention of Colorectal Cancer, Preventive Medication
- Bacterial Vaginosis in Pregnancy, Screening
- Bacteriuria, Screening
- Bladder Cancer, Screening
- BRCA-Related Cancer in Women, Screening
- \*Breast Cancer, Preventive Medications
- Breast Cancer, Screening
- Breastfeeding, Counseling
- Carotid Artery Stenosis, Screening
- Cervical Cancer, Screening
- Chlamydial Infection, Screening
- \*Chronic Kidney Disease, Screening
- Chronic Obstructive Pulmonary Disease, Screening
- \*Hearing Loss in Older Adults, Screening
- Hemochromatosis, Screening
- Hepatitis B Virus Infection in Pregnant Women, Screening \*Hepatitis C Virus Infection in Adults, Screening
- High Blood Pressure in Adults, Screening
- \*HIV Infection, Screening
- Illicit Drug Use, Screening
- Impaired Visual Acuity in Older Adults, Screening
- \*Intimate Partner Violence and Elderly Abuse, Screening
- Lipid Disorders in Adults, Screening
- \*Lung Cancer Screening
- \*Menopausal Hormone Therapy for the Primary Prevention of Chronic Conditions, Preventive Medication
- Motor Vehicle Occupant Restraints, Counseling
- \*Obesity in Adults, Screening and Counseling
- \*Oral Cancer, Screening
- Osteoporosis, Screening

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<sup>9</sup> U.S. Department of Health & Human Services. Guide to Clinical Preventive Services, 2014. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>

- Cognitive Impairment in Older Adults, Screening
- Colorectal Cancer, Screening
- Coronary Heart Disease (Risk Assessment, Nontraditional Risk Factors), Screening
- \*Coronary Heart Disease, Screening (With Electrocardiography)
- Depression in Adults, Screening
- Diabetes Mellitus, Screening
- \*Falls in Older Adults, Counseling, Preventive Medication, and Other Interventions
- Folic Acid Supplementation to Prevent Neural Tube Defects, Preventive Medication
- Genital Herpes Simplex, Screening
- \*Gestational Diabetes Mellitus, Screening
- \*Glaucoma, Screening
- Gonorrhea, Screening
- \*Healthful Diet and Physical Activity, Counseling
- \*Ovarian Cancer, Screening
- \*Peripheral Arterial Disease and Cardiovascular Risk Assessment, Screening
- \*Prostate Cancer, Screening
- Sexually Transmitted Infections, Counseling
- \*Skin Cancer, Counseling
- Skin Cancer, Screening
- Suicide Risk, Screening
- Syphilis Infection (Pregnant Women), Screening
- Testicular Cancer, Screening
- Tobacco Use in Adults, Counseling and Intervention
- \*Vitamin D and Calcium Supplementation to Prevent Fractures, Preventive Medication
- \*Vitamin, Mineral, and Multivitamin Supplements for Primary Prevention of Cardiovascular Disease and Cancer, Preventive Medication

From this lengthy list of medical screenings that should occur in a patient’s medical history, we can see that utilization of an ED for care would miss most of the recommendations in preventive medicine.

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 EDs continued to track primary care, defined as Acuity Level 1 and 2 visits in the ED 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.<sup>10</sup> 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:

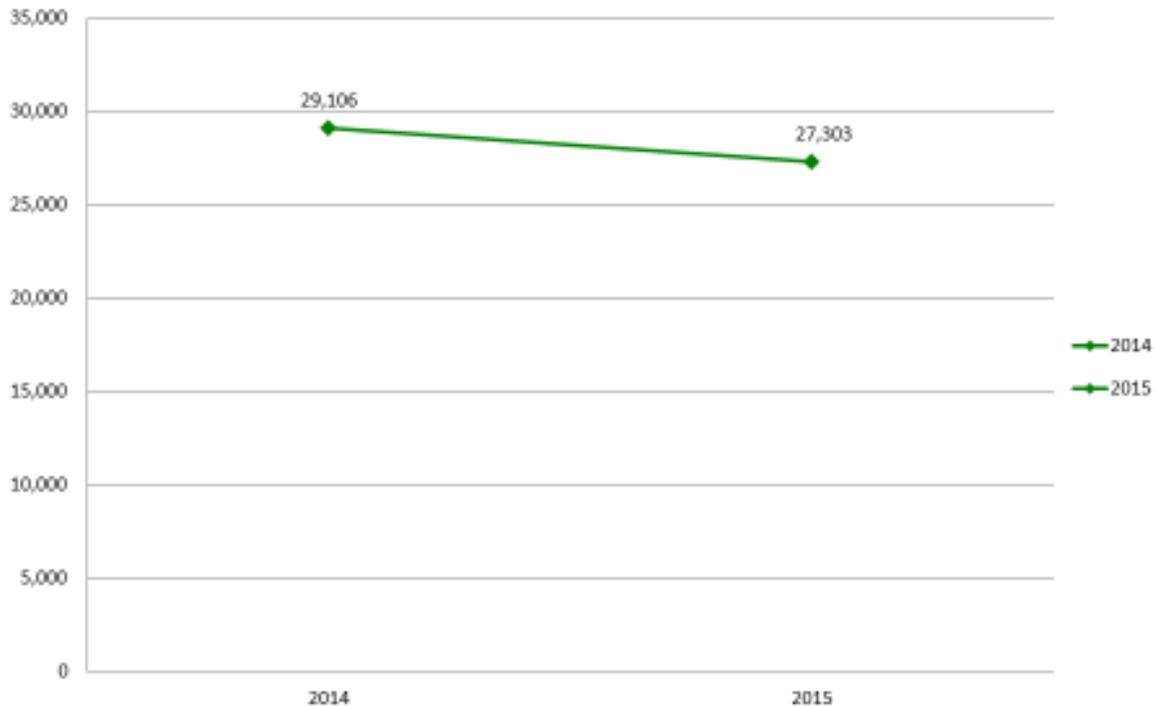
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|--------------------------------|---------------------------------|
| 1. strains/sprains,            | 6. back pain,                   |
| 2. other injury,               | 7. upper respiratory infection, |
| 3. open wounds on extremities, | 8. kidney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

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. Cost aside it is not the best care for the citizens of Chatham Country to have their healthcare delivery through this ‘hit or miss’ approach to preventive medicine.

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<sup>10</sup> “How Much Will I Get Charged for This?” Top Ten Diagnoses in Emergency Departments, [www.plosone.org](http://www.plosone.org), March 2013

**Number of Primary Care ED Visits**  
 (Level I & II Medicaid, Medicare & Uninsured Only)  
 2014 - 2015



**Number of Primary Care ED Visits (Level I and II):** In 2015, there was an overall increase in ED visits overall from approximately 94,000 in 2014 to 98,000 in 2015. Overall, the total patient count for all three hospitals decreased from 20,879 in 2014 to 19,755 in 2015.

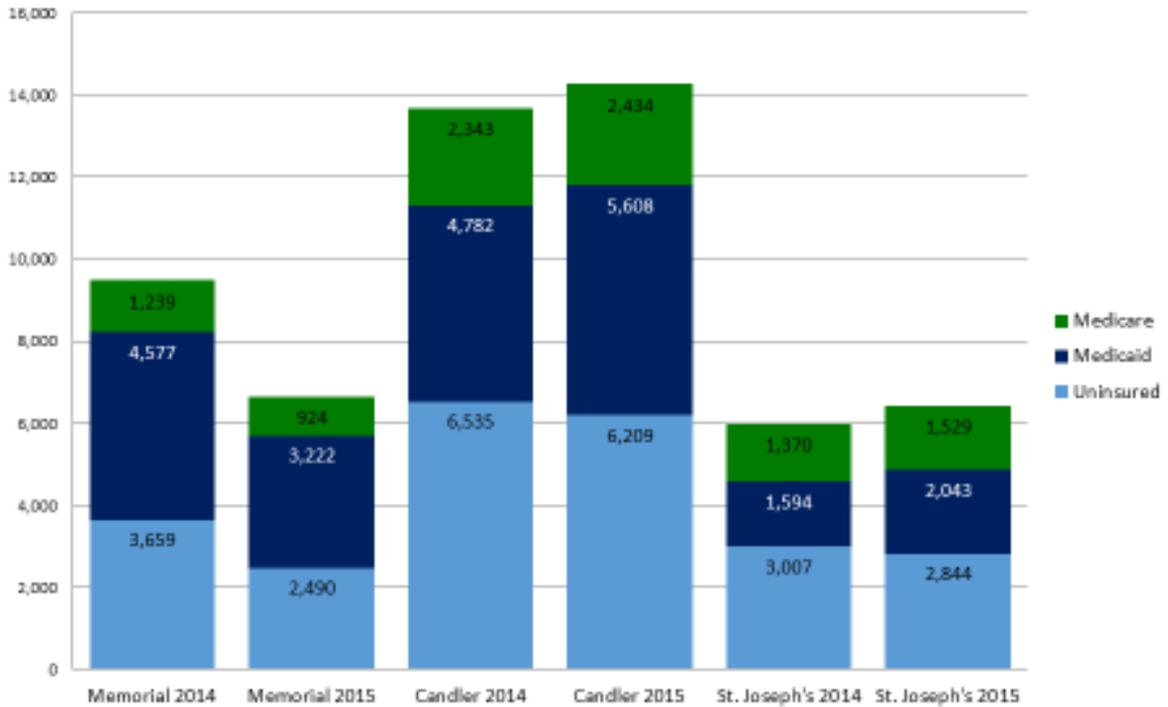
The primary care visits to the ED for both SJ/C Hospitals—Candler and St. Joseph’s—grew at a steady pace and experienced an increase of 912 patient visits in 2015 to 20,667. However, MUMC experienced a decline of 2,839 patient visits in 2015 to 6,636. The decline at MUMC could have resulted from several factors:

- More people were covered under insurance and the uninsured utilization decreased at MUMC. In 2015, the Campaign for Healthy Kids enrolled 1,235 children (of which 526 were Hispanic) in Georgia’s public health insurance programs, Medicaid and CHIP<sup>11</sup>.
- MUMC Phase II renovations and construction of their ED during this time;
- Patients were presenting at a higher acuity in the ED at MUMC, due to lack of specialty care , effective chronic disease management and it is the only Level 1 trauma center in the region;

<sup>11</sup> Note: As of December 2016, we have assisted 1,688 families, serving 2,752 children and teens in Chatham County.

- Patients who had previously used the MUMC ED were utilizing this ED option less because they were successfully finding a primary medical home.

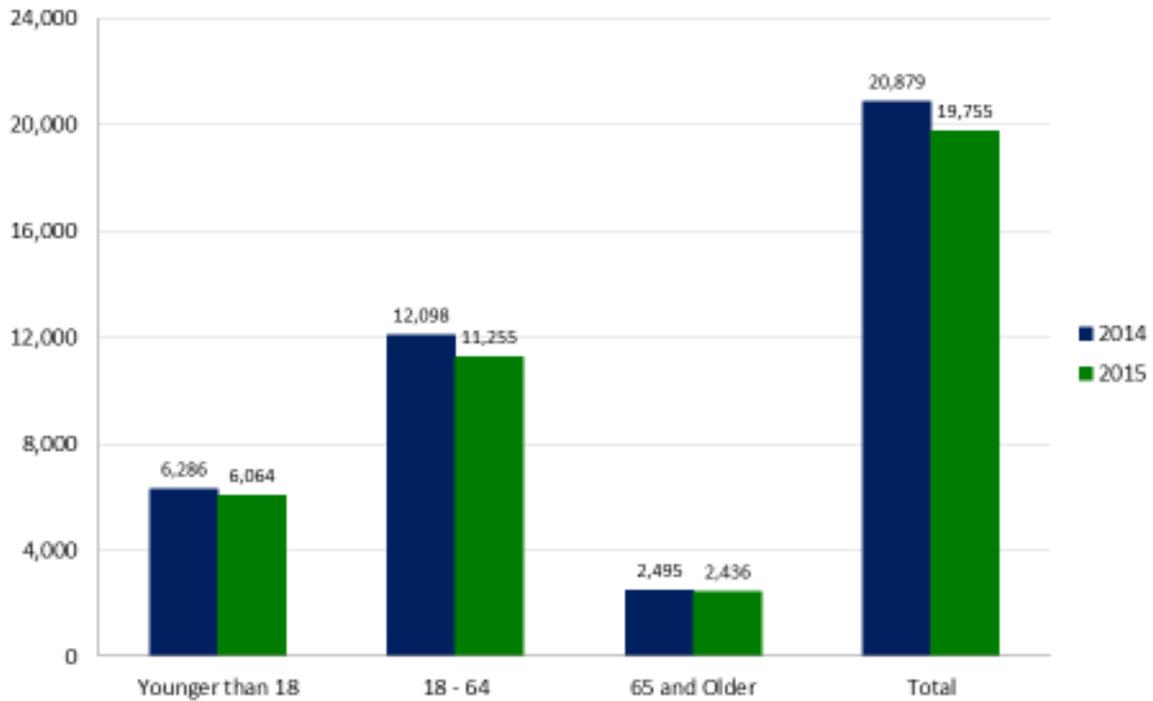
**Number of Primary Care ED Visits  
(Level I & II Medicaid, Medicare & Uninsured Only)  
2014-2015**



**Number of Primary Care ED Visits (by Medicaid, Medicare, Uninsured):**

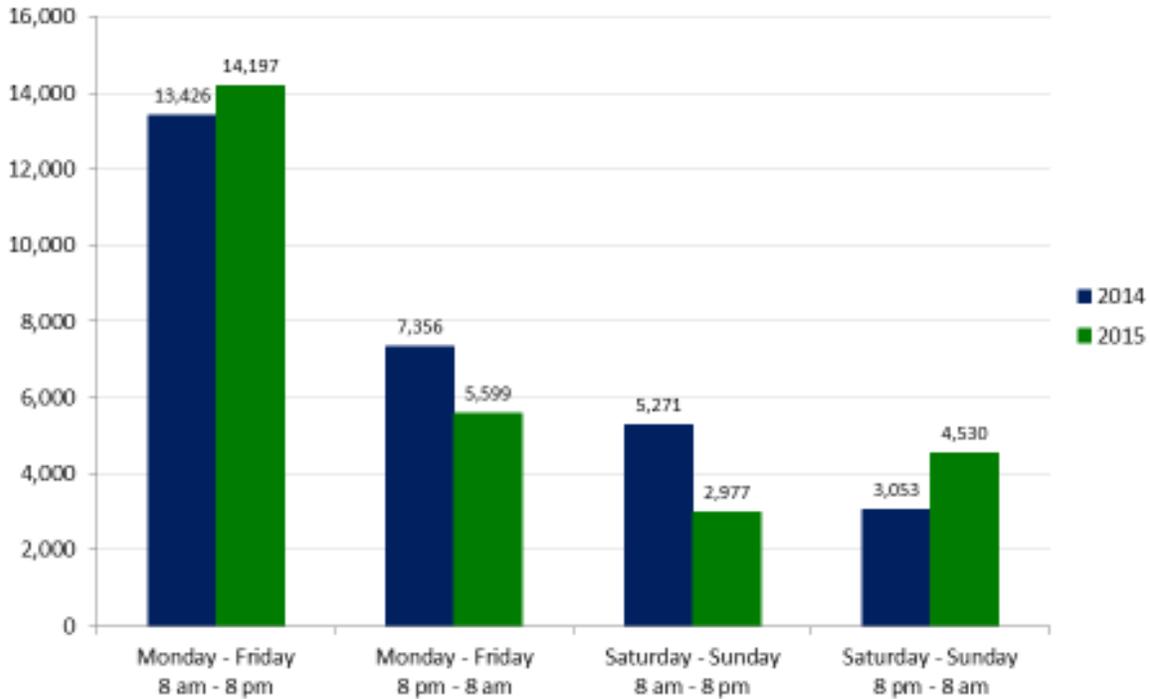
Approximately 40% of the patient visits to area Emergency Departments were covered under Medicaid (up from 38% in 2014). Another 42.2% of the visits were uninsured or self-pay in 2015 (down from 45% in 2014).

**Primary Care ED Patients by Age Group**  
 (Level I & II Medicare, Medicaid & Uninsured Only)  
 2014-2015



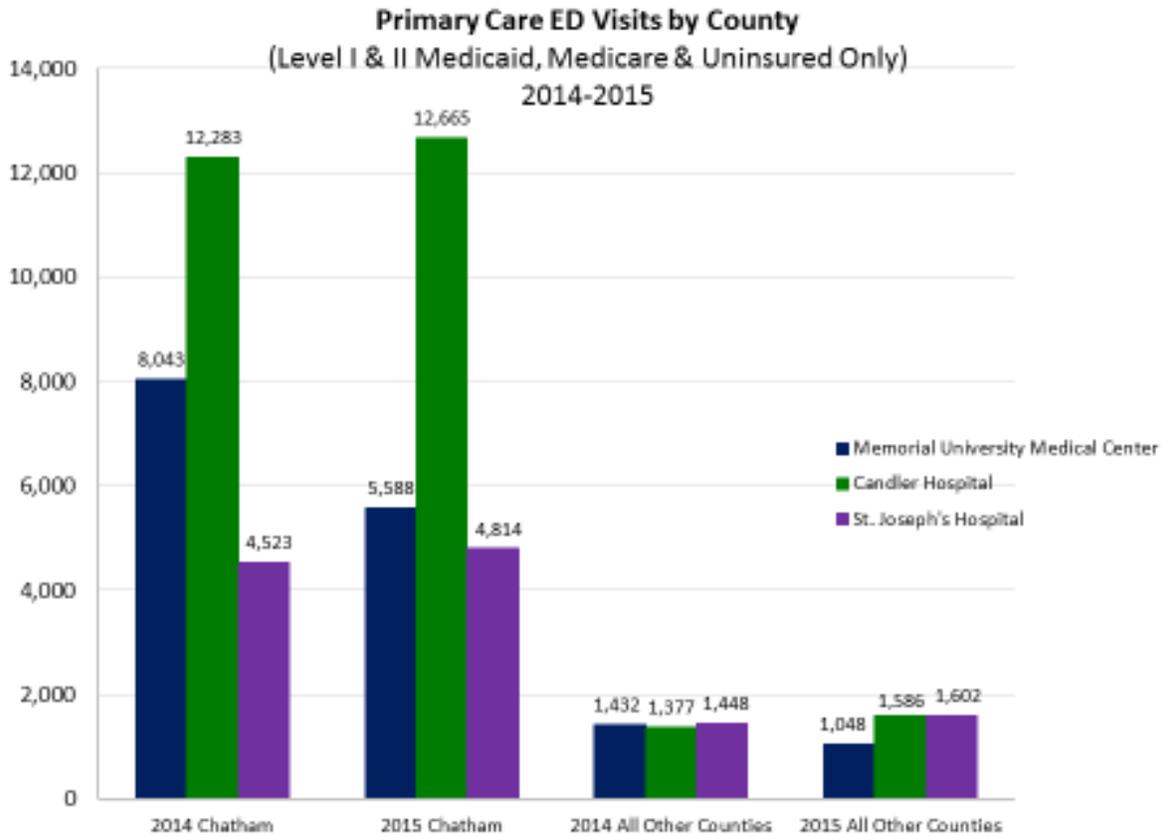
**Primary Care ED Patients by Age:** A total of 19,755 patients presented in the ED for acuity levels I and II. Adults ages 18-64 accounted for 57%, children under 18 accounted for 30.7%, and patients ages 65 and older accounted for 12.3% of the visits.

**Primary Care ED Visits by Day and Time**  
 (Level I & II Medicaid, Medicare & Uninsured Only)  
 2014 - 2015



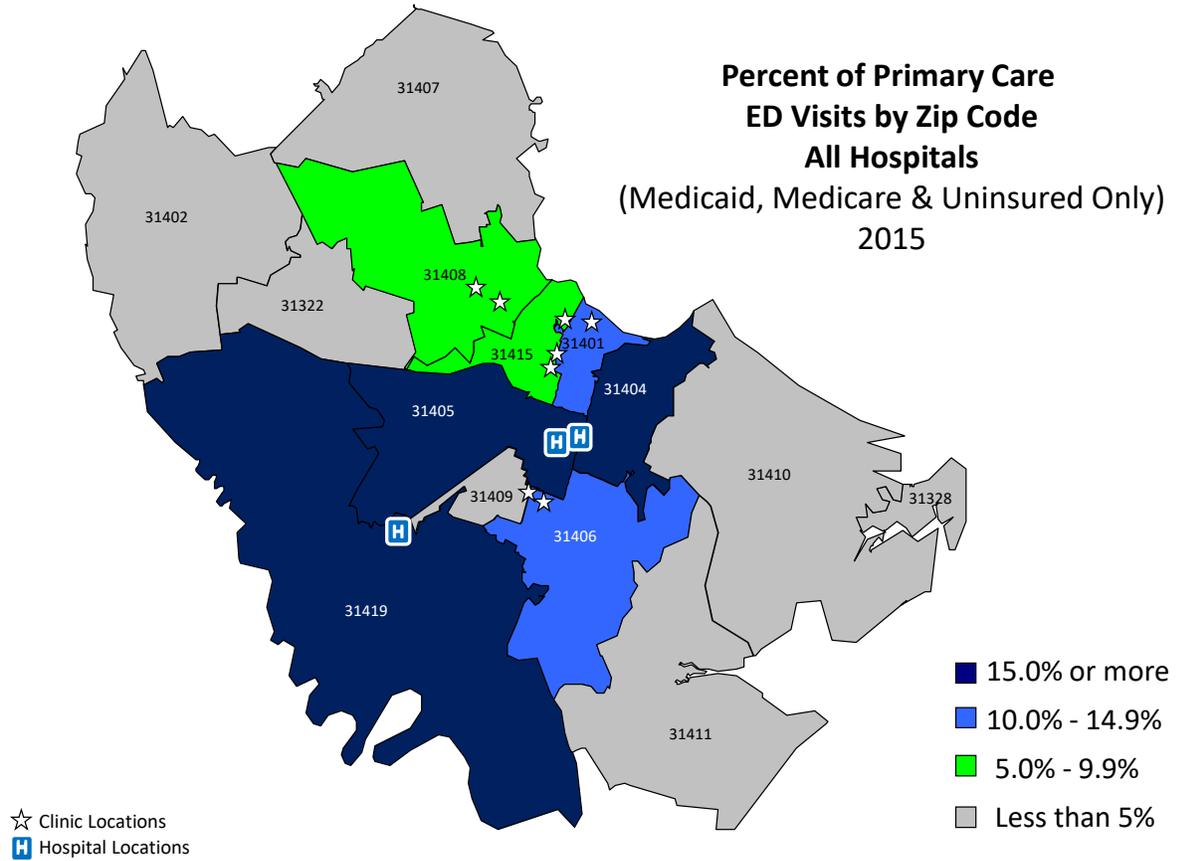
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**Primary Care ED Patients by Day and Time:** In 2015, the majority of the Acuity Level I, and II visits to the Emergency Departments (52%) took place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 10.9% of the visits to the EDs occur during daytime hours on Saturday and Sunday (compared to 17.6% in 2014). The remaining 37.1% of the Acuity I and II visits to the EDs occur between 8pm and 8 am, Sunday through Saturday.



**Primary Care ED Visits by County:** Across all three Emergency Departments, 84.5% of visits were Chatham County resident visits in 2015 (up from 82.9% in 2014). 23,067 patient visits came from Chatham County residents (a decrease of 1,782 from 2014) and 4,236 patient visits came from other counties (a decrease of 21 from 2014).

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, 31405, and 31419 (with more than 15%) and 31406, and 31401 (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: There are no partner locations in this zip code.
- 31419: SJ/C St. Joseph's Hospital is located in 31419.

## IV. Business and Financial Data

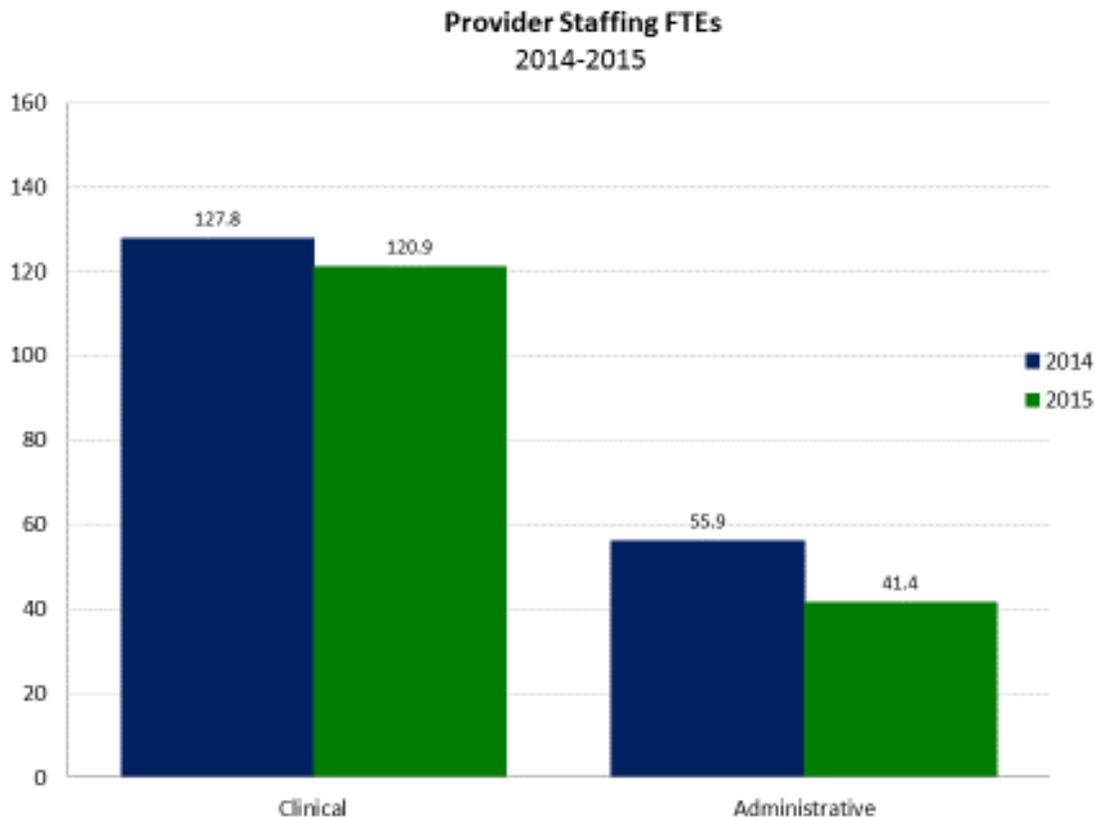
CCSNPC Safety Net Providers use a variety of healthcare models to organize and deliver healthcare. Across the country primary healthcare delivery is varied, but can be categorized into three models, the physician model, the nurse managed model, and the medical home model.<sup>12</sup> The medical home 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,<sup>13</sup> 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.

This section covers the staffing and revenue sources for the CCSNPC system.

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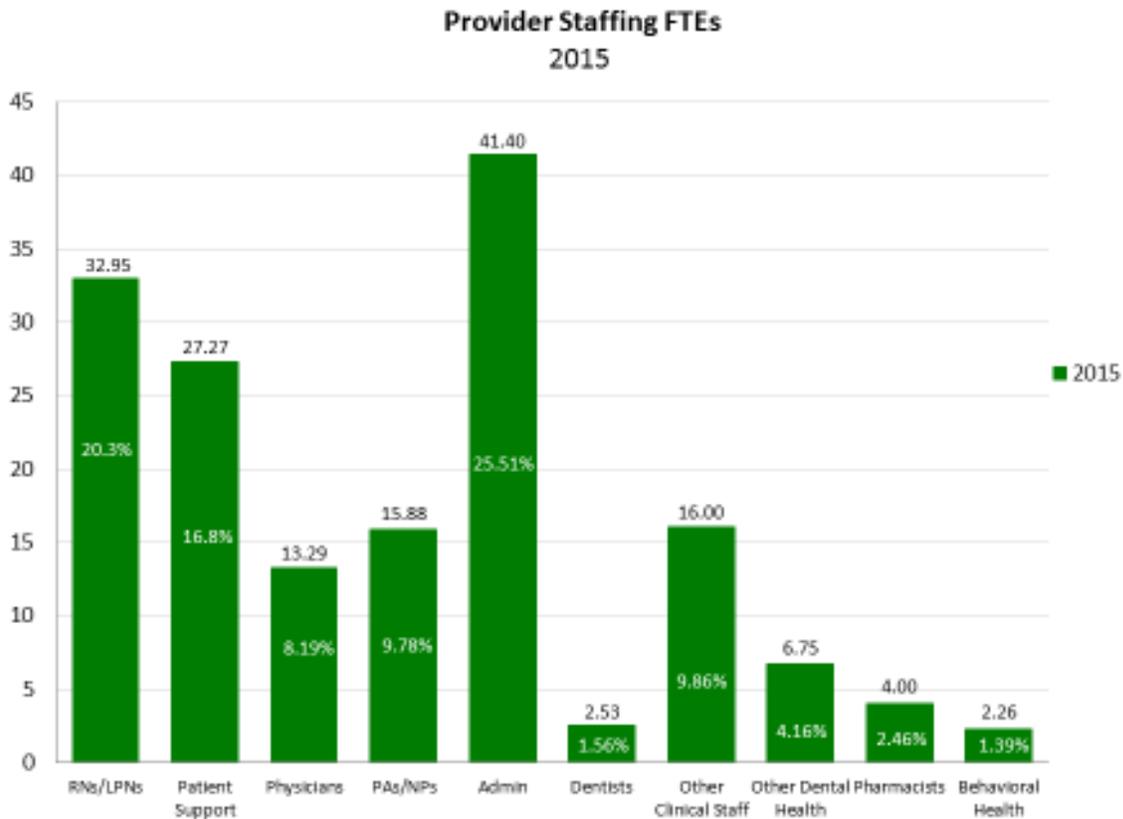
<sup>12</sup> [http://www.acponline.org/advocacy/where\\_we\\_stand/policy/np\\_pc.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf)  
<http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccessstoCoordinatedPrimaryCare62008withL.pdf>  
<http://www.nationalnursingcenters.org/policy/NNCC%20Study%20Preview%20Factsheet%208.2007.pdf>

<sup>13</sup> <http://www.pcpcc.net/>



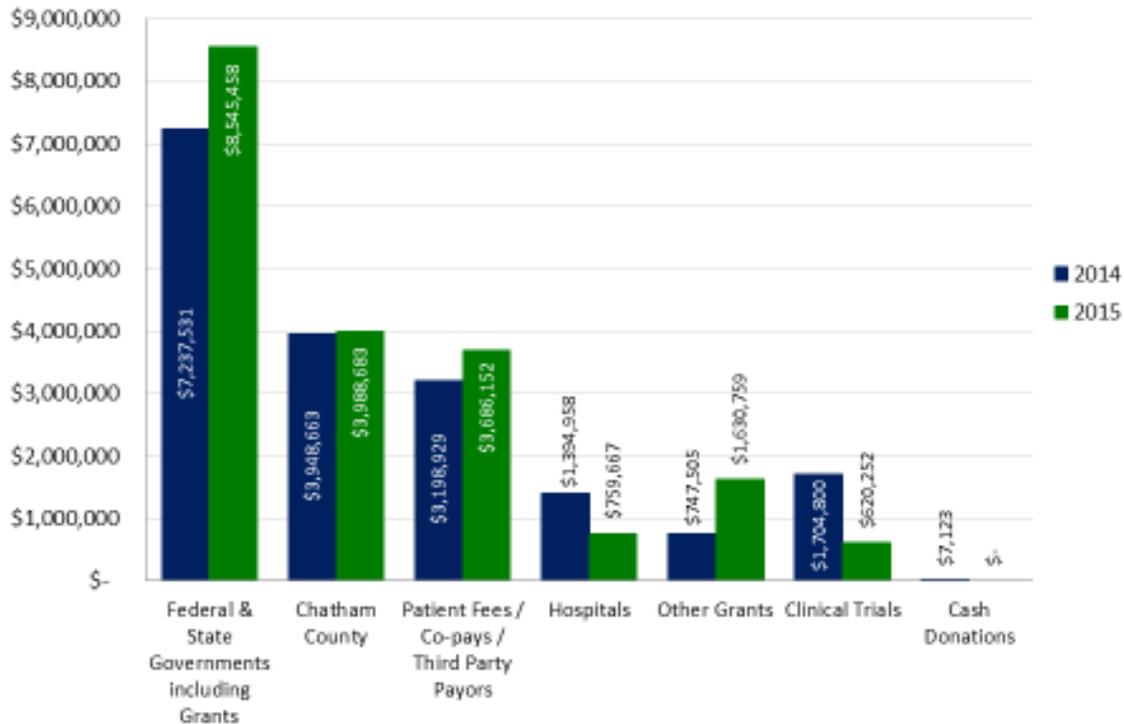
**Provider Staffing:** In the nursing and primary medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year.

A total of 41.4 Administrative full time employees (FTEs) support the clinical staff, a decrease of 14.5 FTEs from 2014. A total of 120.9 Clinical FTEs in our Safety Net system provide direct care, representing a decrease of 6.9 FTEs from 2014. The proportion of caregivers to administrative staff across the system is 2.92 to 1.



The equivalent of 13.29 FTE physicians and 15.88 FTE “mid-level” physician’s assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2015. Registered nurses and licensed practical nurses constitute 32.95 FTEs (a decrease of 1.68 from 2014) throughout the system, contributing vital support to the care provided by other healthcare professionals. Patient support staff provides education and case management. The CCSNPC system includes 27.27 FTEs in this category (a decrease of 11.6 FTEs from 2014). The CCSNPC system includes 16 FTEs in other clinical staff 16 FTEs such as lab personnel supports the team (this represents an increase of 2.9 FTEs from 2014). In 2015, dentists (2.53 FTEs) in the CCSNPC system are supported by 6.75 FTE dental staff. Pharmacists account for 4.0 FTEs in 2015 as compared to 5.1 in 2014. In 2015, there were 2.26 FTEs for Behavioral Health positions compared to 2.08 in 2014.

**Sources of Revenue to Providers  
2014 - 2015**



**Sources of Revenue to Providers:** A total of \$19,230,971 of funding came into the CCSNPC provider system in 2015, a 5.4% increase over \$18,239,549 in 2014.

- Federal and state grants provided 44.4% of the total (up from 39.7% in 2014).
- Chatham County Government provided 20.7% of the total (down from 21.7% in 2014).
- Fees from co-pays and billing provided 19.2% of the total (up from 17.5% in 2014)
- Hospital Systems provided 3.9% (down from 7.6% in 2014).
- Private grants accounted for 8.5% of the total (up from 4.1% in 2014).
- Clinical Trials accounted for 3.2% (down from 9.4% in 2014).
- There were \$0 private donations in 2015.

The increase in patient co-pays shows more patients are covered and they have retained the FQHCs as their primary medical home. The decrease in hospital funding is primarily due to the closing of CHM in 2014, which MUMC helped to support. CCSNPC providers continue to diversify their funding streams and in 2015 were able to raise additional funding through Federal and State Governments and private foundations.

## Conclusions 2015

- In 2015, the CCSNPC **primary care provider network** served 32,231 patients, a 2.3% increase in the number of patients served, however, there was a slight decrease in the number of uninsured patients served (1933). A total of 749 new patients accessed CCSNPC primary care providers. It is important to note that our free clinics, GS and SM, increased patients served by 456 patients and now serve 7.8% of the total patients served. Most providers saw an increase in patient population. JCLPHCC had the largest increase of patients in 2015 by 1216. (NOTE: CHM patients were absorbed by other CCSNPC providers after it closed in October 2014, therefore the increase at each provider may be higher than the increase in the total of patients served).
- The number of patients seeking **dental care** decreased by 790 or 8.9% in 2015. CVCPHC decreased by 514 dental patients due to a loss of part time dentist. CARE decreased by 75 to 406 visits. Due to lack of capacity, there continues to be an unmet need for dental care and we need to increase capacity for dental care in Chatham County.
- In 2015 CCSNPC providers recorded 136,202 **patient visits**. This is a 5% increase in patient visits over 2014. 4,032 **Behavioral health** visits were reported from these sites. CCSNPC worked closely with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and their providers to seek a clearer picture of the behavioral health services provided to uninsured and underinsured constituents in Chatham County, so we can better understand the needs, capacity, and the resource gaps in this area. In 2014 we completed the [2014 Behavioral Health and Addictive Health Baseline Evaluation](#).
- 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 2015 7,003 referrals were made to specialty care providers 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 be a high need for the patient population. Medication assistance provided at clinic sites improves access and aids in patient compliance. Providing essential prescription medications at free or reduced copays can improve patient outcomes and prevent unnecessary hospitalizations and emergency room visits. In 2015, the average wholesale value of the prescriptions provided to CCSNPC patients was \$15,064,629. A notable contributor to these numbers is MedBank which provided approximately \$7,00,000 in free medications to the CCSNPC patient population. When prescription medications are dispensed at clinic sites, there is ease of access for the patient and this aids in compliance.
- Overall, the number of **patients** seeking primary care (Acuity 1 and 2) in local **Emergency Departments** decreased in 2015 to 19,755 patients from 20,879 patients in 2014. The primary care visits to the ED for both SJ/C Hospitals—Candler and St. Joseph’s—grew at a

steady pace and experienced an increase of 912 patient visits in 2015 to 20,667. However, MUMC experienced a decline of 2,839 patient visits in 2015 to 6,636. One possible explanation of the overall decline is that more people were now covered under some form of medical insurance and were established in a primary medical home for their healthcare needs.

- In 2015, there were a total of 27,303 primary care (Acuity 1 and 2) **visits** to local **Emergency Departments**, a decrease of 1,803 patient visits in 2014. There was a decrease of 1,658 patient visits that were uninsured or self-pay in 2015 (42.2% of the total down from 45% in 2014). Both health systems continue to connect patients with primary care medical homes.
- **In 2015 funding increased overall, but funding sources became more limited.** Federal grants increased in part due to HHS investment in FQHCs. In addition, patient co-pays and third party payments increased revealing that more patients are covered through insurance. Although most were awarded for a specific program or focus, grants more than doubled in 2015. However, other funding sources have become much smaller. Hospital contributions decreased by 45% after the 2014 closing of CHM, which MUMC was a primary funder. Cash donations disappeared entirely.
- Although some of our Chatham County citizens have been able to access health insurance through the ACA marketplace, **many are unable to maintain this coverage** due to high premiums, high deductibles, and narrow networks. The lack of Medicaid expansion in the state of Georgia has limited access to health services and providers for many of our citizens.

## Acknowledgments

For their contributions to this report, the CCSNPC acknowledges **Agnes Cannella**, Director of Mission Services at St. Joseph's/Candler, 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 compilation of the data and graphs. 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
- **Linda Davis, FNP**, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- **Rena Douse**, Chief Operating Officer, JC Lewis Primary Health Care Center
- **Carolyn Eiland**, Chief Clinical Officer, Curtis V. Cooper Primary Health Care Center
- **Albert B Grandy Jr.**, Chief Executive Officer, Curtis V. Cooper Primary Health Care Center
- **Elizabeth Medo**, Manager, Decision Support, SJC
- **Rebecca Major**, Executive Director, MedBank
- **Chris Rowell**, Financial Analyst, Decision Support, Memorial University Medical Center
- **Sheri Tyson**, Chief Operations Officer, Curtis V. Cooper Primary Health Care Center
- **Jennifer Wright**, Director of Public Policy and Medical Staff Services, Memorial University Medical Center
- **Fariborz Zaer, MD**, Chief Medical Officer, Curtis V. Cooper Primary Health Care Center
- The entire CCSNPC Evaluation Committee

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

## **Safety Net Providers**

### **Chatham CARE Center (CARE) (31401)**

[http://www.gachd.org/services-list/hivaids\\_services\\_1.php](http://www.gachd.org/services-list/hivaids_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.

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

<http://www.chathamstafetynet.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, behavioral health, 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. In addition, CVCPHC provides medical services part-time at two of Gateway Behavioral Health (Savannah counseling) sites. 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 \$20 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.

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

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

Good Samaritan is a nurse practitioner-based, non-profit, medical clinic. The clinic is made possible by the generous financial support of St. Joseph's/Candler Health System. 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, occupational and physical therapy. 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.

**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) designation. 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 two locations (Old Savannah City Mission, Salvation Army ), community sites (West Broad Street YMCA), shelter & housing referrals, economic education referrals, nutritional education, transportation services, and behavioral health counseling. In 2014 J C Lewis Primary Health Care Center added OB/GYN services. In 2015, J C Lewis Primary Health Care Center added a pediatric site to its continuum of care and in 2016 on-site optometry services were added. 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, Georgia's PeachCare for children and an array of private insurances. JCLPHCC does not refuse services to anyone based on their inability to pay. Homeless patients are required to present homeless documentation which covers any associated fees.

**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. MedBank excels in obtaining medications at no cost to patients through programs offered by participating pharmaceutical manufacturers. They provided more than \$11 million in free medications to patients in 2015 through collaboration with area clinics, providers, and service agencies. MedBank has staff available J.C. Lewis Primary Healthcare Center, Good Samaritan, and St. Mary's Health Center providing face-to-face prescription assistance. MedBank continues to accept referrals from private physician offices and countless social service agencies. The organization also provides clients with screening and enrollment assistance for public benefits and programs including SNAP, TANF, PeachCare for Kids, Medicaid, CAPS, and Bank on Savannah.

**Memorial University Medical Center (MUMC) (31404)**

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

MUMC is a 604-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 74 beds, including nine trauma/resuscitation rooms, and a dedicated pediatric emergency unit. The board-certified emergency physicians at MUMC handle more than 100,000 cases per year.

**St. Mary's Health Center - St. Joseph's/Candler (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, radiology, mobile mammography, and referrals to specialty care through St. Joseph's/Candler and medication assistance through MedBank. 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 Health System (SJ/C) (31405/419)**

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

SJ/C is a 684-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 25-bed facility. Candler Hospital's Emergency Department is a 40-bed facility.

## Appendix A

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

#### **Reporting Calendar Year 2015**

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 2015
  - 1. Total number of patients
  - 2. By payor source
    - a) Medicaid
    - b) Medicare
    - c) Private Insurance
    - d) Uninsured
  - 3. By gender
    - a) Male
    - b) Female
    - c) Transgender
  - 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 2015
  - 1. Total number of unduplicated dental patients
  
- C. Clinical Visits (Excludes inpatient hospital and respite care)

- a) Total number of visits by type
  - a) Medical/Primary Care Visits (Include OBGYN Primary Care Visits)
  - b) Dental Visits
    - Types of procedures, i.e. # of visits by Oral Exams/Rehabilitative Services/Pain (or extractions/restorative/preventative. (Match FQHC format to Chatham Care)
  - 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 (Annual wellness)
    - On-site patient visits
    - Total number of referrals (note this will not include those that have made follow-up since that is not captured)
- b) Indicate all direct services available at your clinic (yes/no):
  - a. Dental/Oral Health
  - b. Medical nutrition therapy or nutritional services
  - c. Substance abuse outpatient services
  - d. Mental health services
  - e. Specialty medical care
  - f. Medical case management (MCM)/Clinical Care Coordination
  - g. Non-medical Case Management/Social Services Navigation

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.
  - 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

H. Behavioral Health

- a) Newly Identified/Diagnosed
  - a) Number referred to counseling
  - b) Number placed on medication(s)
- b) Established Patients with Behavioral Health Diagnosis
  - a) Number referred to counseling
  - b) Number placed on medication(s)

**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)

**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) MD
    - b) PA/NP
    - c) RN/LPN
    - d) Pharmacist
    - e) Other Clinical Staff (Licensed)
    - f) Admin/ (Secretary, Billing, etc.)
    - g) Patient Support (Include Case Managers and Peer Advocates)
    - h) Dentist
    - i) Behavioral Health (exclude MDs, NPs, & PAs include SW, LSW, Counselor, Case Manager and Addictive Disease Counselors)
    - j) Other Dental Staff (Dental Hygienist)

**Section 6: Clinical Outcomes Data**

- A. Top six diagnoses and number of patients seen in 2015 with diagnosis (Patients can be counted in more than 1 category)
- B. Number of patients that admitted to smoking during the 2014 calendar year.

**Section 7: Narrative Information (Word Document)**

- A. Please provide your Total Operating Budget and a brief description of clinic operations.

- B. Describe any administrative, policy, staffing, or other issues and changes that may have impacted the facility's costs and operational statistics in 2014. Please indicate the number in the spreadsheet the narrative information is referencing.
- C. Are after hours and weekend coverage available to patients to provide emergency medical and dental care? How is this information disseminated to patients?
- D. What is the capacity? % of usage/capacity? This is an opportunity to describe the capacity challenges you are facing.
- E. Provide the percentage of no-show appointments.
- F. Describe how prescription assistance is provided at your clinic?
  - a. Do patients have access to the full array of medications?
  - b. Is medication assistance available for patients who do not have a third party payer?
  - c. Does your organization participate in the 340B Program?
  - d. Is there a pharmacy on site? Is it 340B certified?
- G. Medbank Only - Please list the top 5 prescribed medications.
- H. Please list the type(s) of specialty care provided on-site.
- I. Please list your Top 5 unmet specialty care needs.
- J. List referral network and the services provided and capacity for those referral services per provider
  - a. What is the tracking system for those referrals?
  - b. What is done for those patients unable to be granted a referral?
- K. Are you on EMR?
  - a. Does it meet the Office of the National Coordinator for Health Information (HITECH) requirements?
  - b. How is the EMR updated with referral information and follow up?
- L. Are your patients routinely screened for eligibility for Medicaid, Medicare, or other third party coverage?

Emergency Room Utilization Data is captured through direct contact with the Decision Support representatives from each of the hospitals.