Chatham County SafetyNet Planning Council

2014 Evaluation

Table of Contents

Executive Summary 2
Key Evaluation Findings 2
The Uninsured in Chatham County 3
Campaign for Health Kids and Families 3
The Affordable Care Act 4
Health Information Exchange (HIE) 4
Evaluating Behavioral Health 5
Methodology for the 2014 Evaluation Data 7
2014 Data 8
I. Primary Care Capacity 8
Patients Served by Safety Net Clinics 8
Uninsured Patients Served by Safety Net Clinics 8
Patients Served by Provider 9
Patients Served by Age Group 10
Patients by Zip Code 11
Individuals Living in Poverty 12
Total Visits by Provider 13
II. Other Healthcare Delivery 14
Visits by Type 14
Behavioral Health Services 15
Dental Care 16
Specialty Care 17
Medication Assistance 18
III. Emergency Departments 19
Number of Primary Care Emergency Department (ED) Visits 21
Number of Primary Care ED Visits (by Medicaid, Medicare, Uninsured) 22
Primary Care ED Patients by Age 23
Primary Care ED Patients by Day and Time 24
Primary Care ED Visits by County 25
Primary Care Visits by Zip Code 26
IV. Business and Financial Data 27
Provider Staffing 28
Sources of Revenue to Providers 30
Conclusions 2014 31
Acknowledgments 33
Safety Net Providers 34
Chatham CARE Center 34
Community Health Mission 34
Curtis V. Cooper Primary Healthcare 34
Good Samaritan Clinic - St. Joseph's/Candler 35
J.C. Lewis Primary Healthcare Center 35
MedBank Foundation, Inc. 36
Memorial University Medical Center 36
St. Mary's Health Center - St. Joseph's/Candler 36
St. Joseph's/Candler Health System 36
Appendix A 38

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)[1], 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 2014, CCSNPC Providers tracked 128,372 visits and 31,482 patients, 1.7% increase in visits, and 6.8% increase in patients since 2013. In terms of uninsured patients served, CCSNPC providers have experienced a slight decline from 23,205 uninsured patients in 2013 to 22,859 uninsured patients in 2014. The hospital emergency departments (ED) recorded a total of 25,106 primary care visits compared to 29,217 visits in 2013. The 25,106 primary care visits represent 20,879 patients compared to 20,469 patients in 2013.

The patient demographics and utilization patterns at CCSNPC clinics differed from those at the hospital EDs in 2014. Patients at the CCSNPC clinics visited an average of 4.1 times a year as compared to 4.7 in 2013 and were for the most part uninsured adults from Chatham County. Patients who visited the EDs for primary care visited an average of 1.2 times a year, as compared to 1.4 times per year in 2013, were more often insured, and included children under the age of 18 years, representing the same demographics as in 2013.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. In 2014, the average wholesale value of the prescriptions provided to CCSNPC patients was $10.66 million. MedBank, a CCSNPC partner, was responsible for providing $5.7 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 ad Chatham CARE utilize their in-house pharmacies for all prescription fulfillment.

[1] Community Health Mission closed in October of 2014. Their data only includes the months between January and October 2014.

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 population in 2014 was 283,379, a 6.9% growth from 2010 to 2014. Adults between 18 and 64 years old constituted 64.2% of the total population or 181,929 people.[2] In 2013, it is estimated that of those adults, ages 18-64 living in Chatham County, 26.7% or approximately 48,575 people, were without health insurance.[3]

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.[4]

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. Of the County's approximately 60,000 children, 9.1% (5,493) have no health insurance, of which it is estimated that 83% (4,559) are eligible for Georgia's public health insurance programs, Right from Start Medicaid and PeachCare for Kids. Approximately 7.8% (4,731) are Hispanic; 13% of Hispanic children under 6 and 23.1% from 6 to 17 lack coverage.

Campaign for Health Kids and Families: In partnership with Step Up Savannah, CCSNPC has led the strategy, partnerships, and implementation of the Campaign for Healthy Kids and Families (Campaign), an 18-month initiative funded by the National League of Cities (NLC) whose goal is 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.

As of September 31, 2015The Campaign has enrolled 1,427 children since August 2014, 63% of our ambitious goal of enrolling 2,279 by the end of December 2015. 97% of these children come from the highest need zip codes, 38% 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.

---

[2] http://quickfacts.census.gov/qfd/states/13/13051.html (accessed 11/13/15)
[3] The Coastal Georgia Indicators Coalition. Adults with Health Insurance. http://www.coastalgaindicators.org/modules.php?op=modload&name=NS-Indicator&file=indicator&indid=3000019000761&iid=17954267 (accessed on 11/13/15)
[4] 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.

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 and Georgia Legal Services so enrollment 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. According to Enroll America, over 19,000 people enrolled in the ACA in Chatham County during the 2014-15 open enrollment period.[5]

Medicaid covers mostly children, pregnant women, parents, seniors over age 65, and people with disabilities. In Georgia, more that 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 50th in spending per Medicaid enrollee.[6]

The ACA offers states an option to increase Medicaid eligibility for adults up to 138% of the FPL. 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.

As of November 2015, 30 states and the District of Columbia are expanding Medicaid coverage, 3 states are actively considering expansion, and 17, including Georgia, are not expanding their Medicaid programs at this time.[7] This decision severely limits affordable health coverage options, particularly for working individuals in the 18 to 64 year old age group.

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

[5] https://www.enrollamerica.org/research-maps/maps/marketplace-enrollment-maps-2/ (accessed 11/13/15)
[6] Georgians for a Healthy Future and Georgia Budget and Policy Institute. Understanding Medicaid in Georgia and the Opportunity to Improve It. September 2015.
[7] https://www.advisory.com/Daily-Briefing/Resources/Primers/MedicaidMap (accessed 11/13/15)

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.

ChathamHealthLink merger with GRAChIE: CCSNPC established Chatham Health Link (CHL), Georgia's first HIE. CHL members include the Curtis V. Cooper Primary Health Care, the J. C. Lewis Health Center and Memorial Health University Medical Center. In October 2014, Georgia Regional Academic Community Health Information Exchange (GRAChIE) and CCSNPC formed a partnership to interconnect their respective health information exchanges (HIEs). Curtis V. Cooper Primary Health Care and Memorial University Medical Center will be live by December 2015. 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 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 we kicked off our project to connect to United States Department of Veterans Affairs (VA) on November 11, 2015. As of November 2015, there are over 1,271,000 unique patients in GRAChIE; 18 contributing members; 5 organizations currently onboarding, and 5 organizations in contract negotiations with GRAChIE.

***Incorporating the Chatham County Jail into the HIE*:** CCSNPC is also working with the Chatham County Jail (CCJ) to incorporate their health data into GRAChIE. The CCJ is one of the largest jails in GA outside of Metropolitan Atlanta, with approximately 18,000 inmates per year; 45% of those are treated for chronic illness. Georgia is a non-Medicaid expansion state and although the CCJ utilizes medical services at negotiated rates, they are not eligible to accept payments from CMS and are not considered a CMS "eligible provider". Inmates prior to and after incarceration often use other regional safety net health services. Incorporating the CCJ population into GRAChIE will support continuity of care and reduce duplication of services, which will improve health, reduce costs and close a significant gap in safety net services. By integrating the detainee and inmate population, we will be able to close the 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.

Evaluating 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 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 2013, our providers reported they had 2,744 behavioral health service visits, and in 2014, they had

3,774 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.

As a first step, we have partnered with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to include 2014 DBHDD provider network data for Chatham County to present in a supplemental 2014 Behavioral Health Evaluation. Specifically, we will include 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. We will define prevalence, the current DBHDD capacity and how well it meets the needs of the community. We will also make recommendations for how to move this work forward to engage relevant stakeholders, build a clear directory of service providers, and include the data from the jail, accountability courts, and private providers in future reports. The inclusion of this data is an important step to coordinating care across the entire health care system.

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 2014 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:

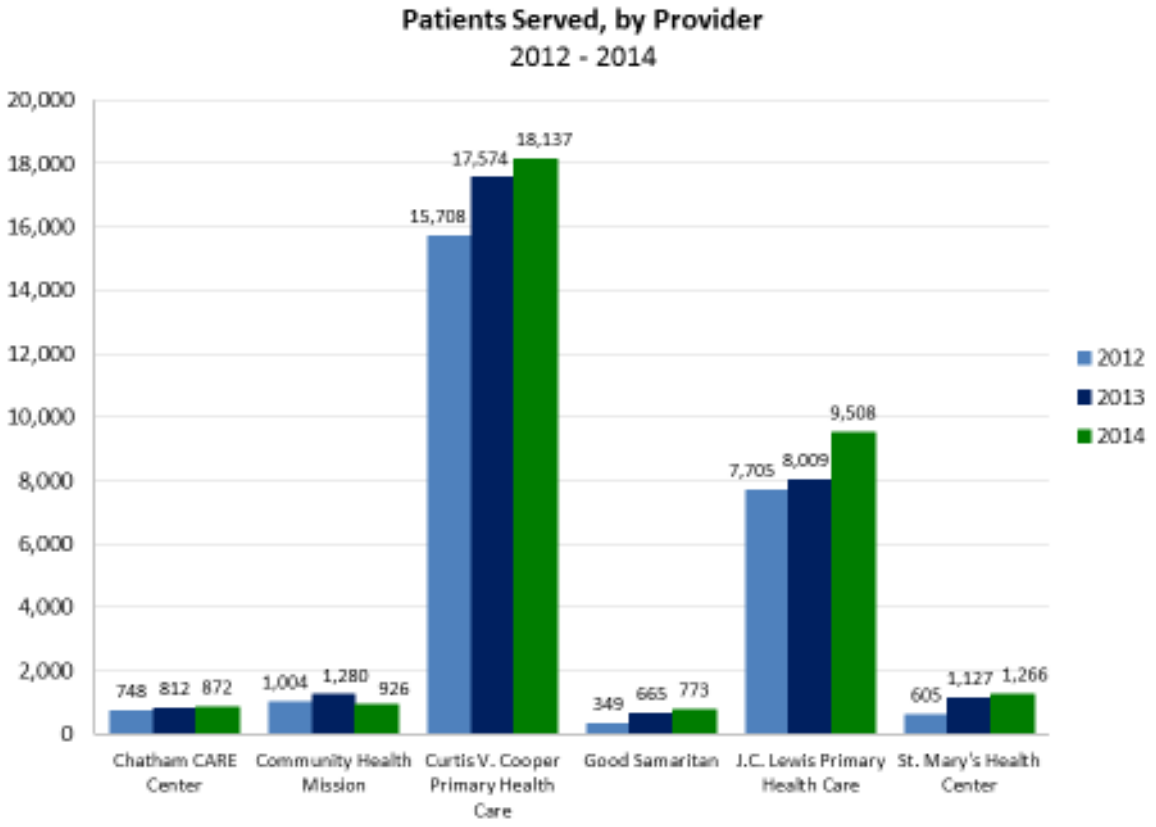
1. Identical Guidance for Data Submission and Data Collection Instrument documents were distributed to Safety Net clinics and hospitals in February 2015 (see Appendix A).
2. Data collected from each provider was compiled into a master spreadsheet for analysis and organized into the following target areas: 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.

2014 Data

I. Primary Care Capacity

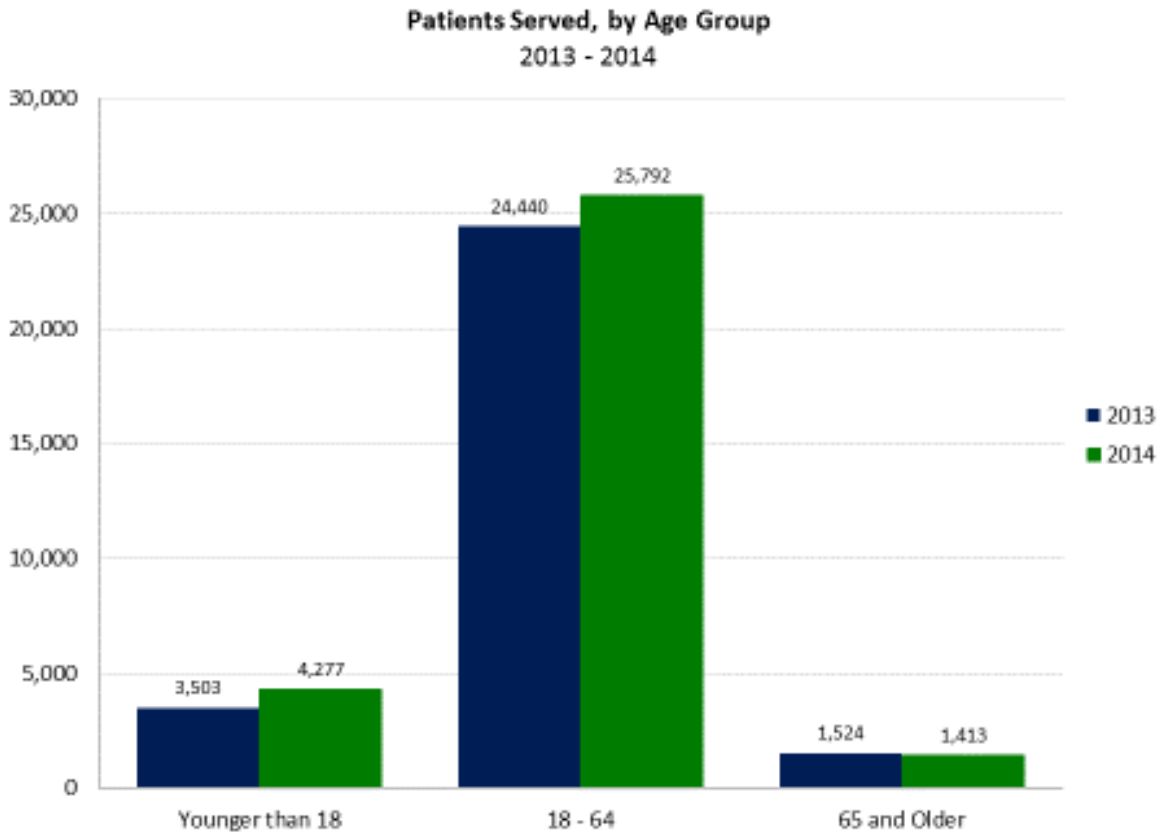
Patients Served by Safety Net Clinics: In 2014, the Safety Net Provider Network members experienced a slight increase in the number of patients served by the Safety Net Clinics. Patients increased 2,015 or 6.8% from 29,467 to 31,482.

Uninsured Patients Served by Safety Net Clinics: In 2014, the Safety Net Provider Network members experienced a slight decrease in the number of uninsured patients served by the Safety Net Clinics. Patients decreased 346 from 23,205 to 22,859.



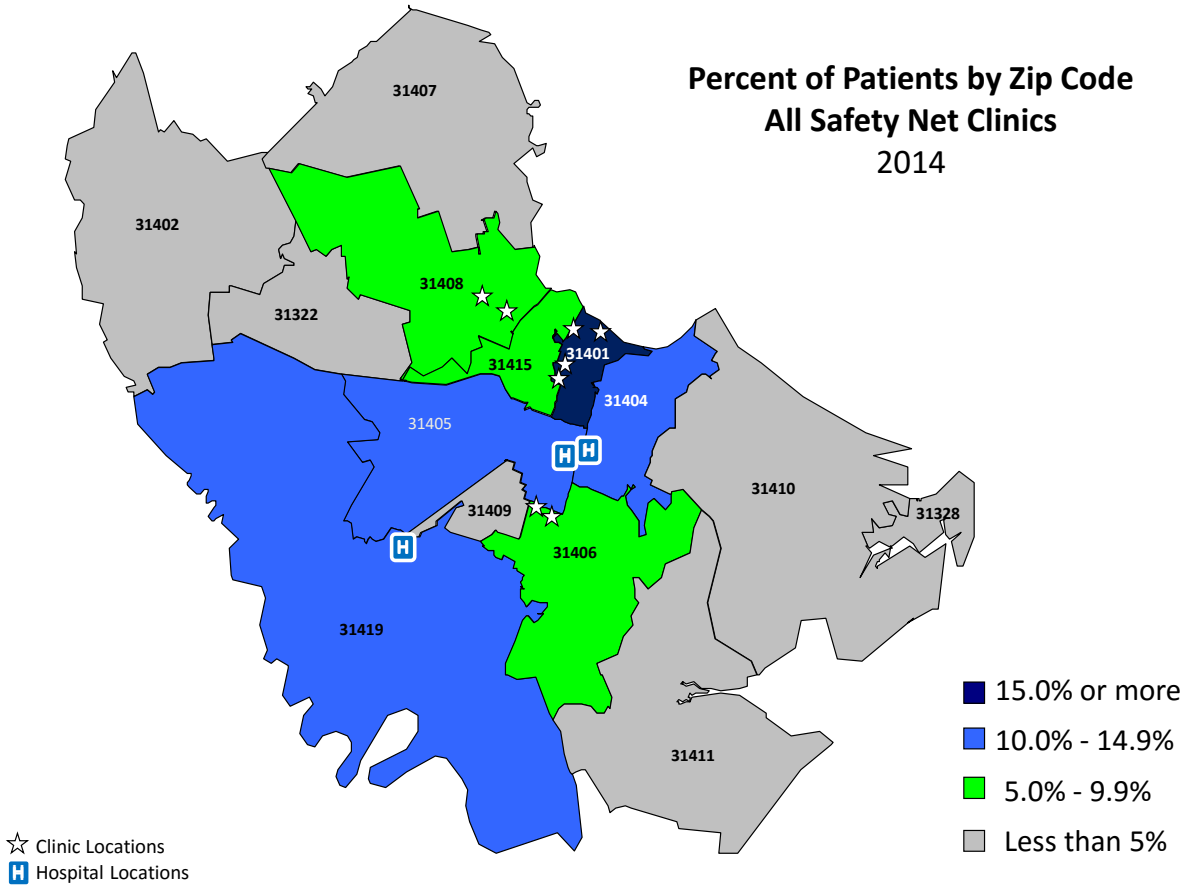
Patients Served by Provider: The above graph breaks the total patients served number down by provider. Of the patient increases, CARE increased by 60 patients or 7.4%, CHM decreased by 354 patients or 27.7%, CVCPHC increased by 563 patients or 3.2%, GS increased by 108 patients or 16.24%, JCLPHCC increased by 1,499 patients or 18.7%, St. Mary's increased by 139 patients or 12.3%.

JCL hired two new providers and as a result of their increased capacity, labs increased and more patients were seen. CHM closed its doors in October 2014, resulting in fewer patients seen.



Patients Served by Age Group: Adults 18-64 made up 81.9% of the patients served in 2014, a decrease from 82.9% of the patients in 2013. This age group grew by 1,352 patients; the 65 and older age group decreased by 111 patients.

Younger than 18 increased by 774 patients in 2014. 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.



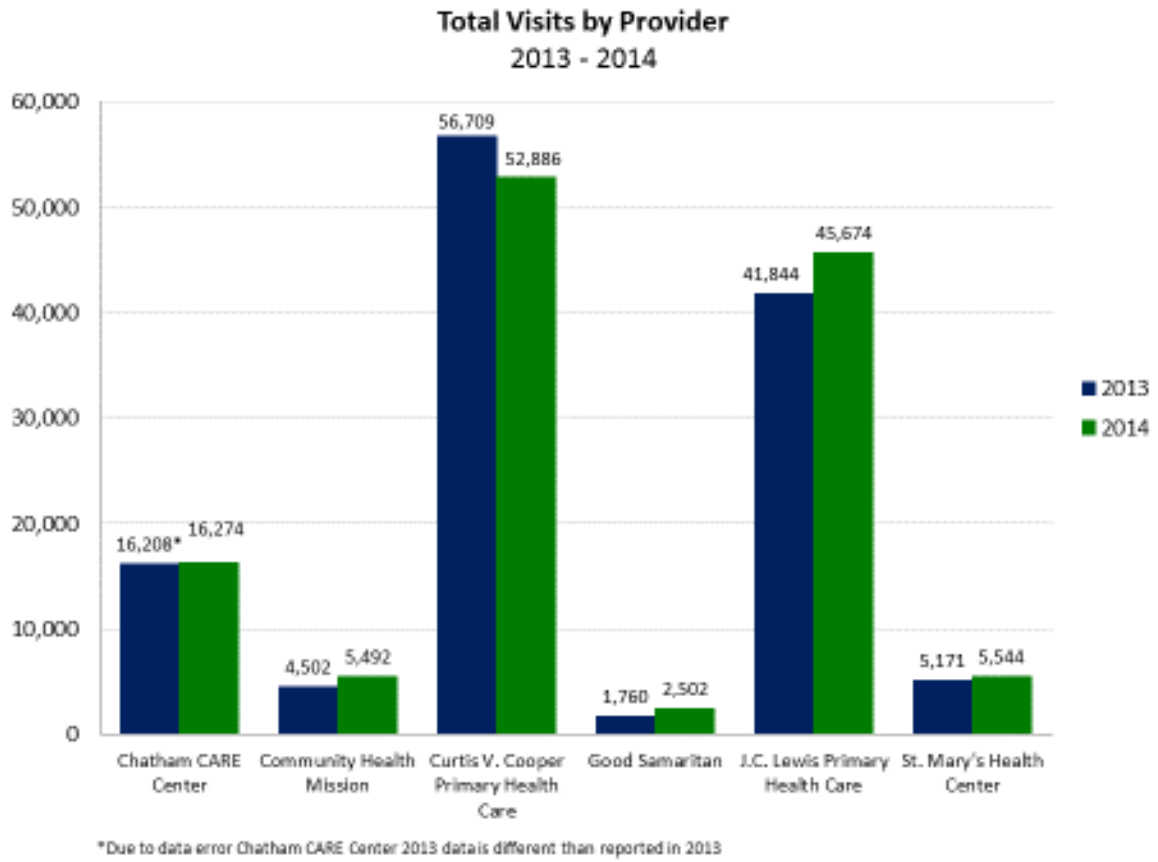
Patients by Zip Code: Across all providers, the percentage of the patients from Chatham County cared for in the CCSNPC provider clinics slightly increased from 2013, but was consistent with historic levels. In 2014, patients from other counties decreased by 671 patients and 88.3% or 27,804 patients were Chatham County residents versus 85.2% or 25,118 patients in 2013; This compares to 91% or 23,768 were Chatham County residents 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: The zip codes with the highest proportion of patients using Safety Net Providers in 2014 are 31401, followed by 31404 and 31405. 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 2013, the overall percentage of individuals living in poverty in Chatham County was 26%[8]. 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[9]

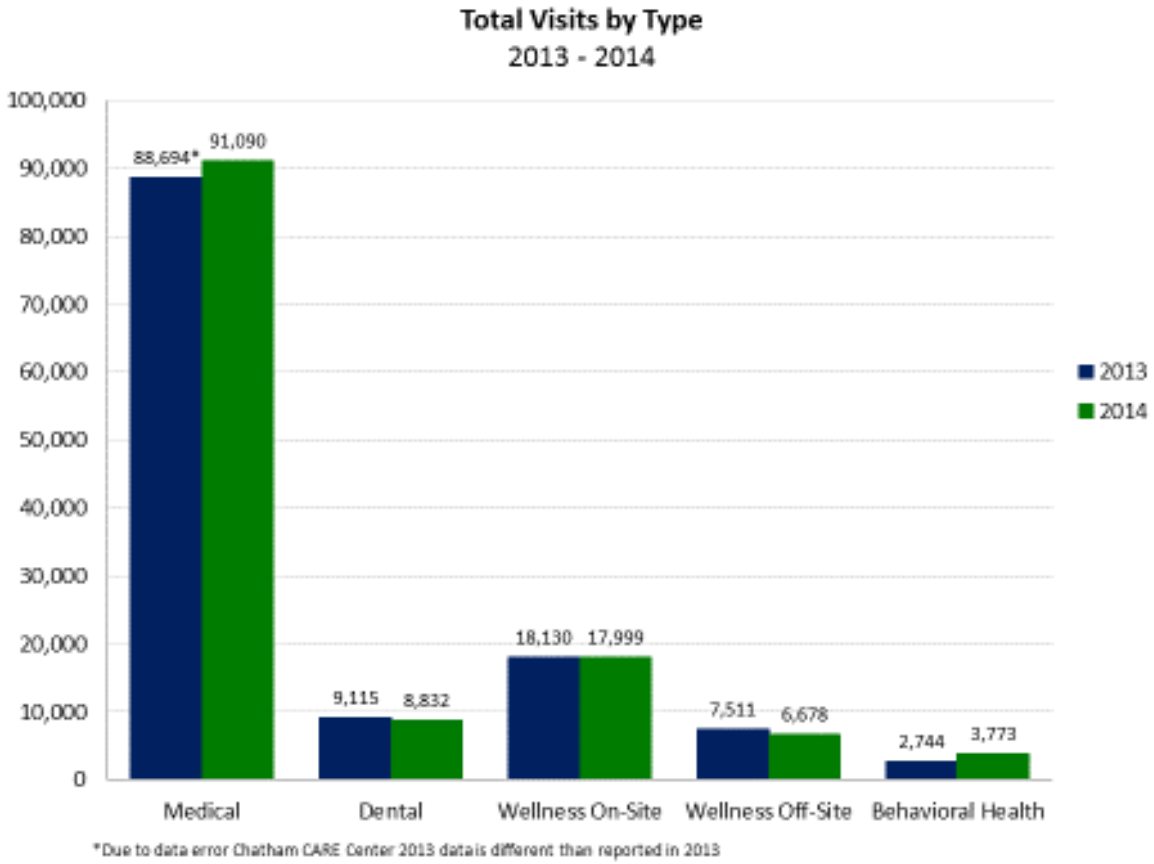
Zip Code	%	Zip Code	%
31401	44	31406	19.3
31415	38.5	31328	12.2
31404	26.1	31419	15.6
31408	24.6	31302	8.5
31405	19.1	31322	10.9
31409	unknown	31410	5.7
31407	13.9	31411	2.1

[8] http://factfinder2.census.gov
[9] http://factfinder.census.gov



Total Visits by Provider: Total visits to all providers increase by 2,178 or 1.7% from 126,194 in 2013 to 128,372 in 2014. Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 76.8% of the visits in 2014. Previously the proportion has remained relatively steady between 69.9% and 75% since 2008 (78.1% in 2013, 74.2% in 2012, 69.9% in 2011, 71.9% in 2010, 73.9% in 2009, and 75% in 2008). Visits to providers increased for all providers, with the exception of CVCPHC.

II. Other Healthcare Delivery

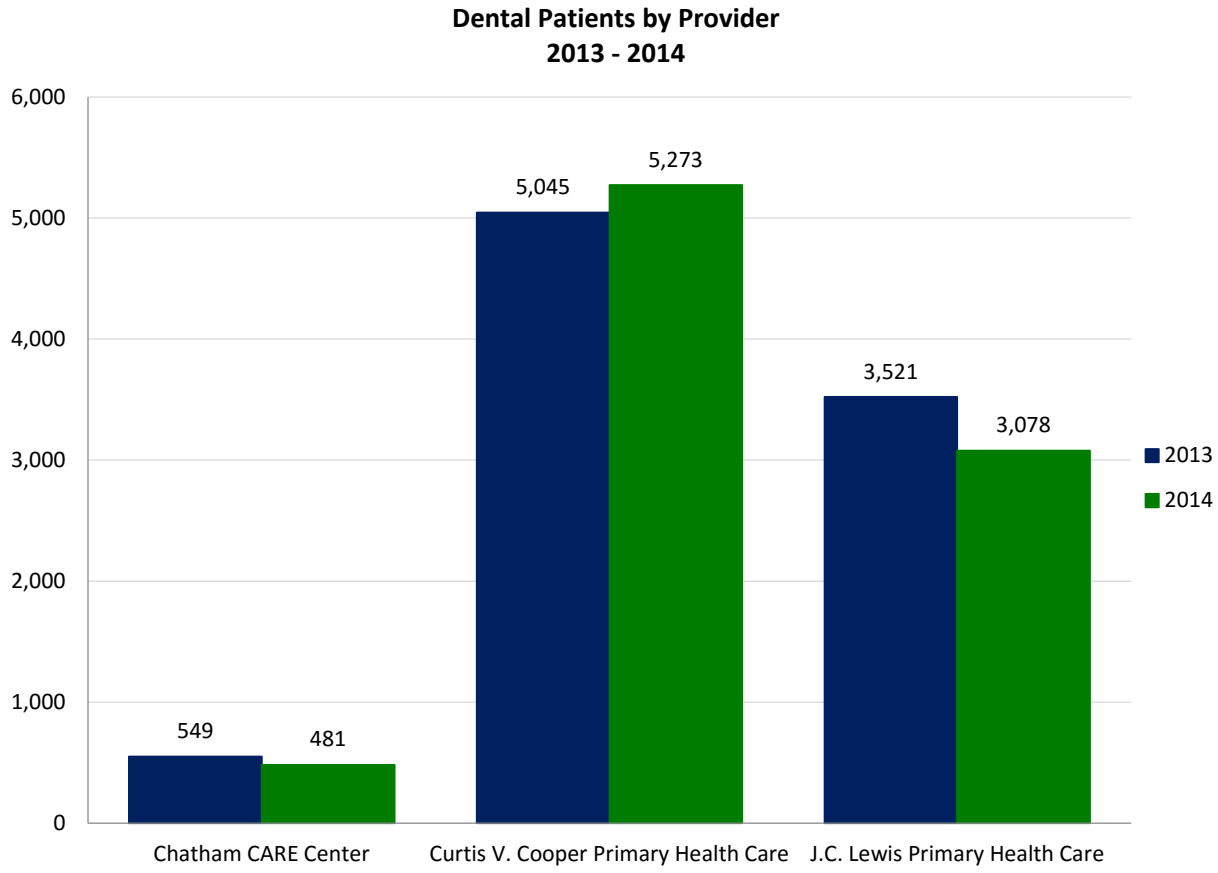


Visits by Type: Clinic visits include medical (including OBGYN primary care visits), dental, behavioral health, and wellness on and off site, it does not include inpatient hospital or respite care. In 2014, 128,372 such visits were recorded, a 1.7% increase over 2013. The CCSNPC clinic system has recorded an increase in visits of 39.2% since 2008. The overall increase in system visit capacity since CCSNPC began collecting data in 2004 is 83.7%. This represents an average 7.6% increase each year.

The Safety Net Providers offer a number of different services to their patients. In 2014, primary care visits with a nurse or doctor represented 71% of all visits, dental 6.9%, behavioral health 2.9%, and wellness 19.2%.

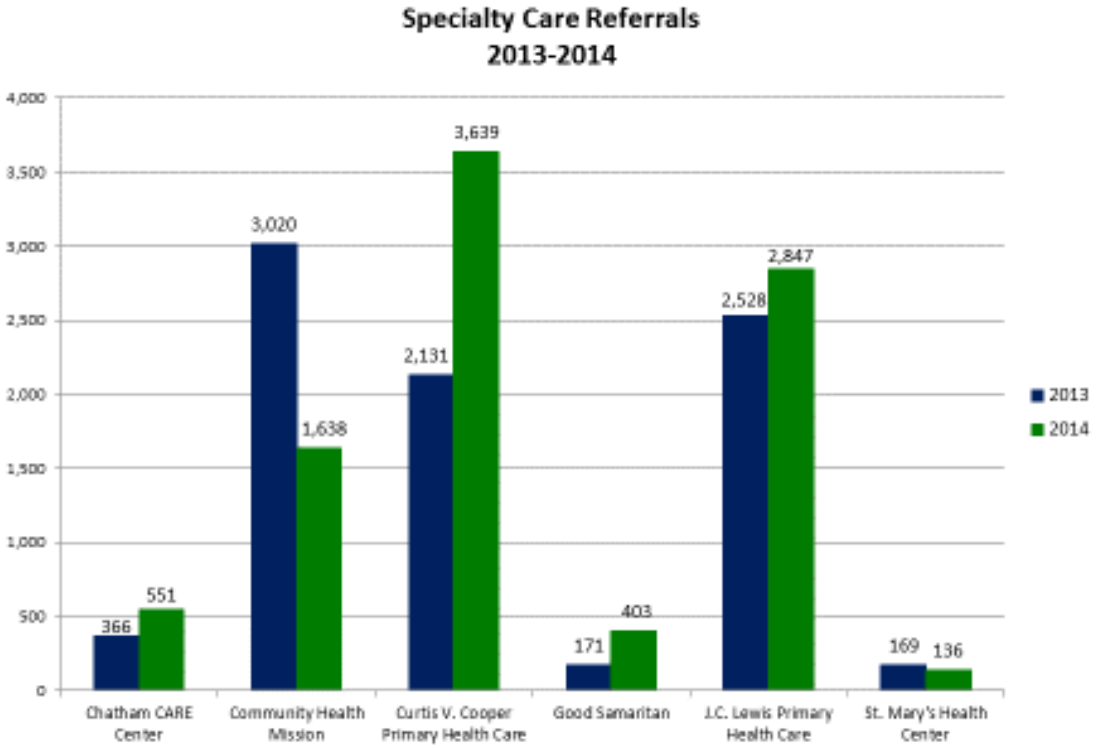
Behavioral Health Services: Behavioral Health Services continue to be an important concern for the County, especially when substance and alcohol abuse exist with mental health diagnoses. In 2014, Behavioral Health services in Chatham County reached 3,322 consumers. The services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

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. Because mental and behavioral health is such a high priority, CCSNPC is currently working 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. This information will be presented in a separate report and will act as the baseline for future evaluations in these areas.



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 2014, there were 8,832 dental visits recorded in the Safety Net system, a 3.1% decrease from 9,115 visits in 2013. In 2014, 57.1 % were cared for at CVCPHC and 34.9% were cared for at JCLPHCC's Dental Clinic.

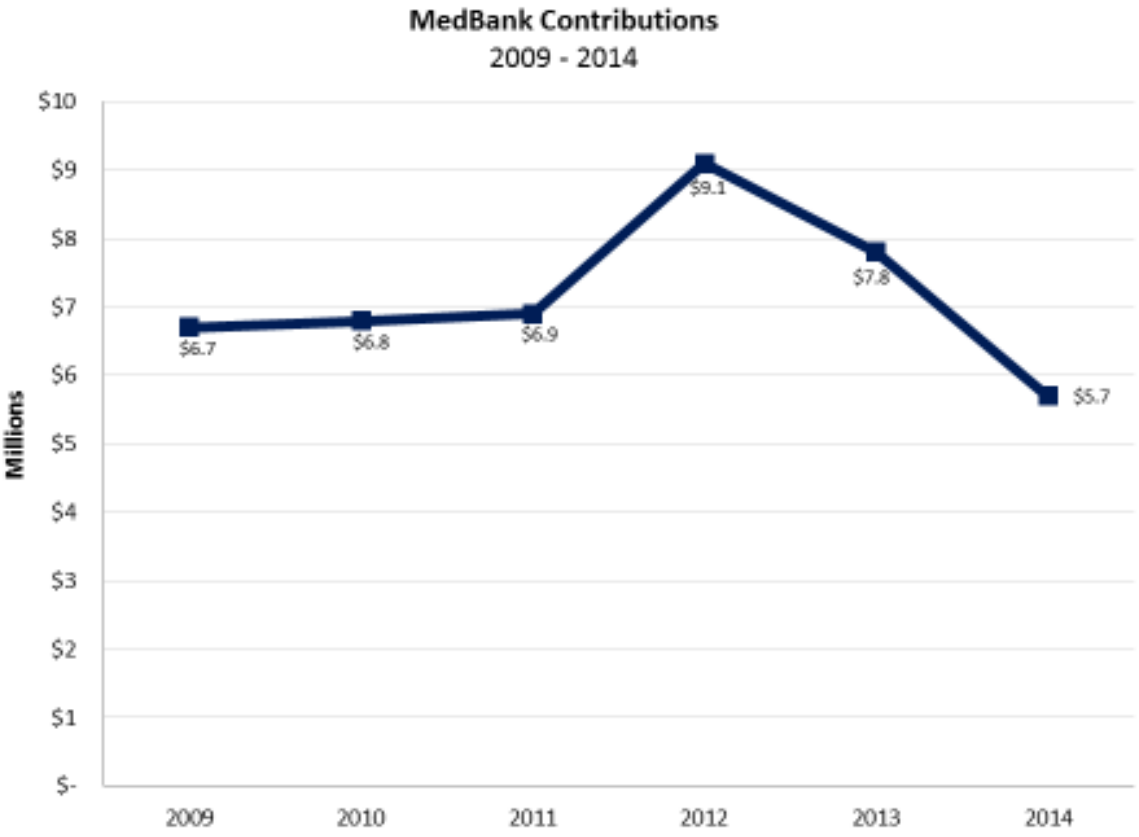
In 2014, CVCPHC increased by 228 patients or 4.5%. JCLPHCC decreased by 443 patients or 12.6% due to a loss of part time dentist for ½ year. CARE decreased 68 patients or 12.4%.



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. 9,214 referrals were made to specialty care providers on behalf of CCSNPC patients in 2014.

CHM closed its doors in October 2014 and this accounts partially for their decrease in specialty referrals. CVCPHC changed its data collection process from manual (through 2013) to a report from their EMR, GE Centricity. The dramatic increase shown for CVCPHC specialty referrals may be due to the EMR system showing all specialty referrals instead of including only the referral appointments actually kept by patients. They are working with their vendor to correct this data and will submit updated data when they have this capability.

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	$1,799,957
Chatham CARE	$3,923,993
Community Health Mission*	$383,669
J.C. Lewis**	$3,557,171
St. Mary's**	$993,253
CCSNPC Total	**$10,658,043**

*Includes prescription assistance provided through 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 2014, pharmaceutical assistance decreased from $10,953,197 to $10,658,043. 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, CHM, 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 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.' 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.

The CCSNPC EDs recorded a total of 25,106 primary care visits compared to 29,217 visits in 2013. The 25,106 primary care visits represent 20,879 patients compared to 20,469 patients in 2013. The patient demographics and utilization patterns at CCSNPC clinics differed from those at the hospital EDs in 2014. Patients at the CCSNPC clinics visited an average of 4.1 times a year as. Patients who visited the EDs for primary care visited an average of 1.2 times a year, as compared to 1.4 times per year in 2013, were more often insured, and included children under the age of 18 years, representing the same demographics as in 2013.

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)[10]

- 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
- *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

[10] 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

- Carotid Artery Stenosis, Screening
- Cervical Cancer, Screening
- Chlamydial Infection, Screening
- *Chronic Kidney Disease, Screening
- Chronic Obstructive Pulmonary Disease, Screening
- 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
- *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
- *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.

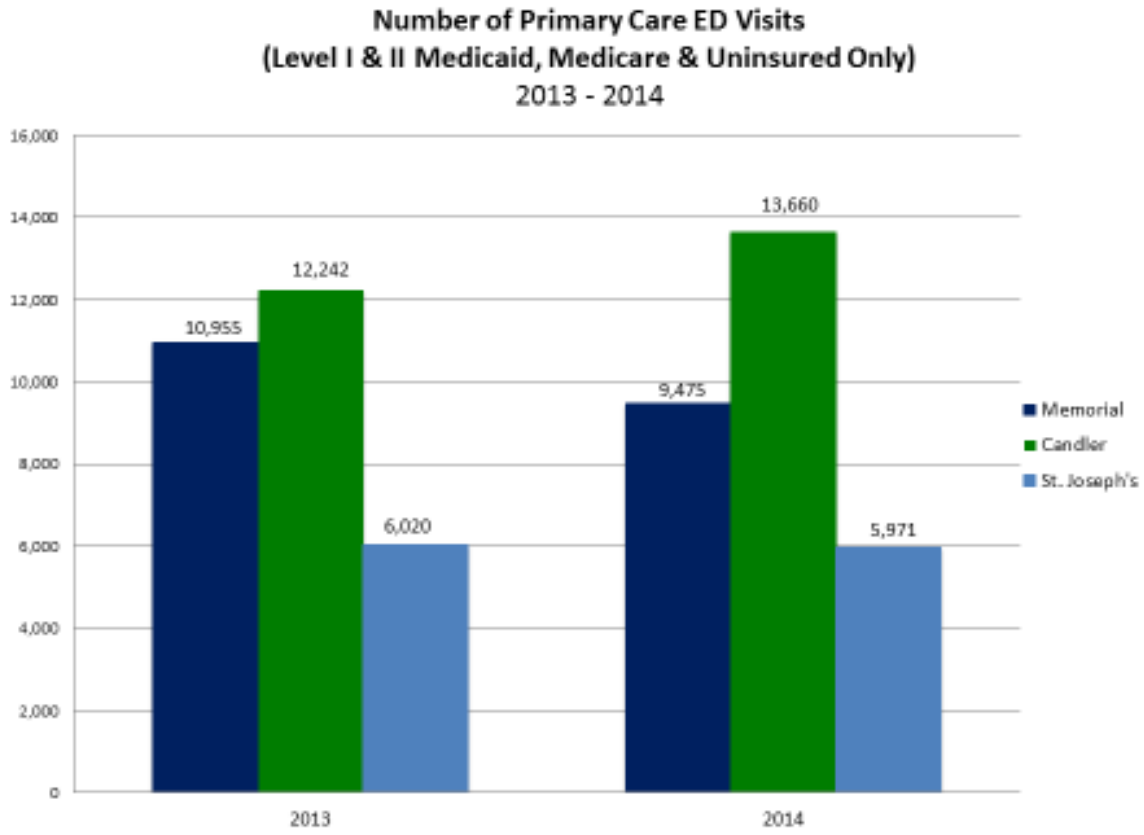
Historically, CCSNPC has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. In 2011, Chatham County based EDs continued to track primary care, defined as Acuity Level 1 and 2 visits in the ED system on a scale of 1 through 5. Citizens 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.[11] 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.

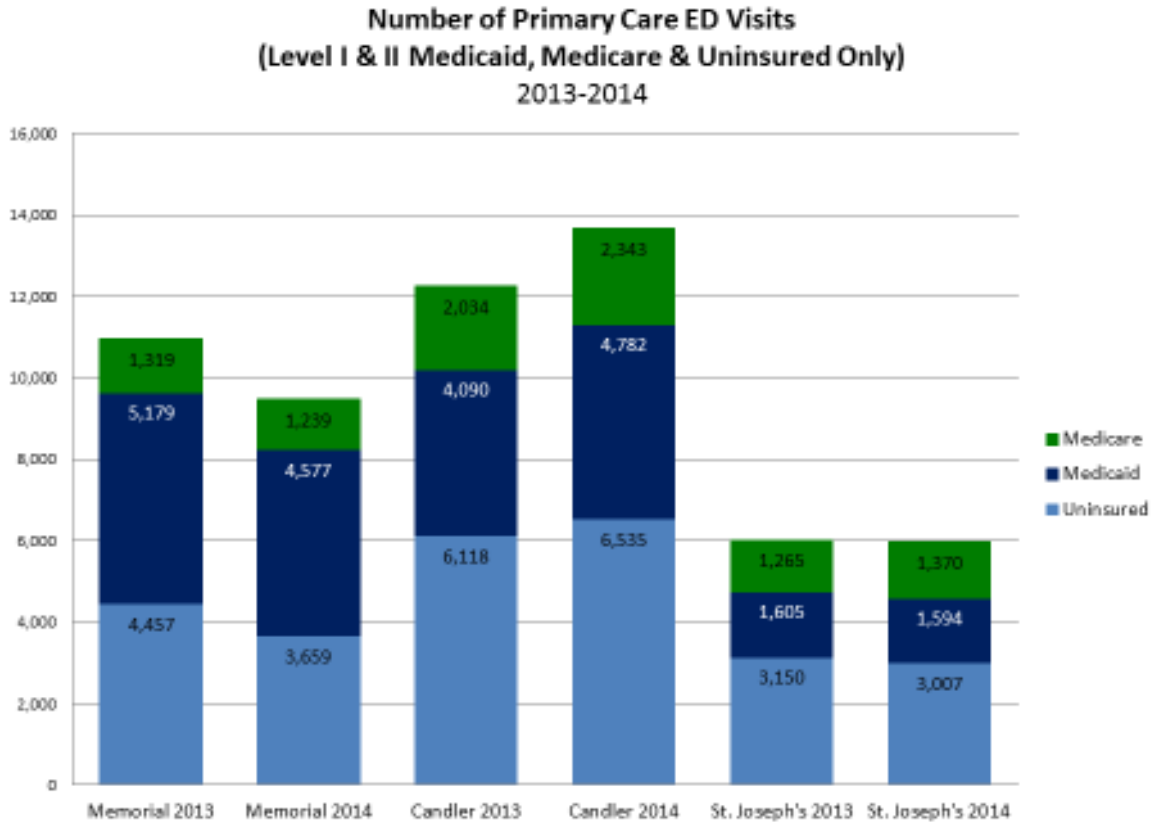
[11] "How Much Will I Get Charged for This?" Top Ten Diagnoses in Emergency Departments, www.plosone.org, March 2013

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.



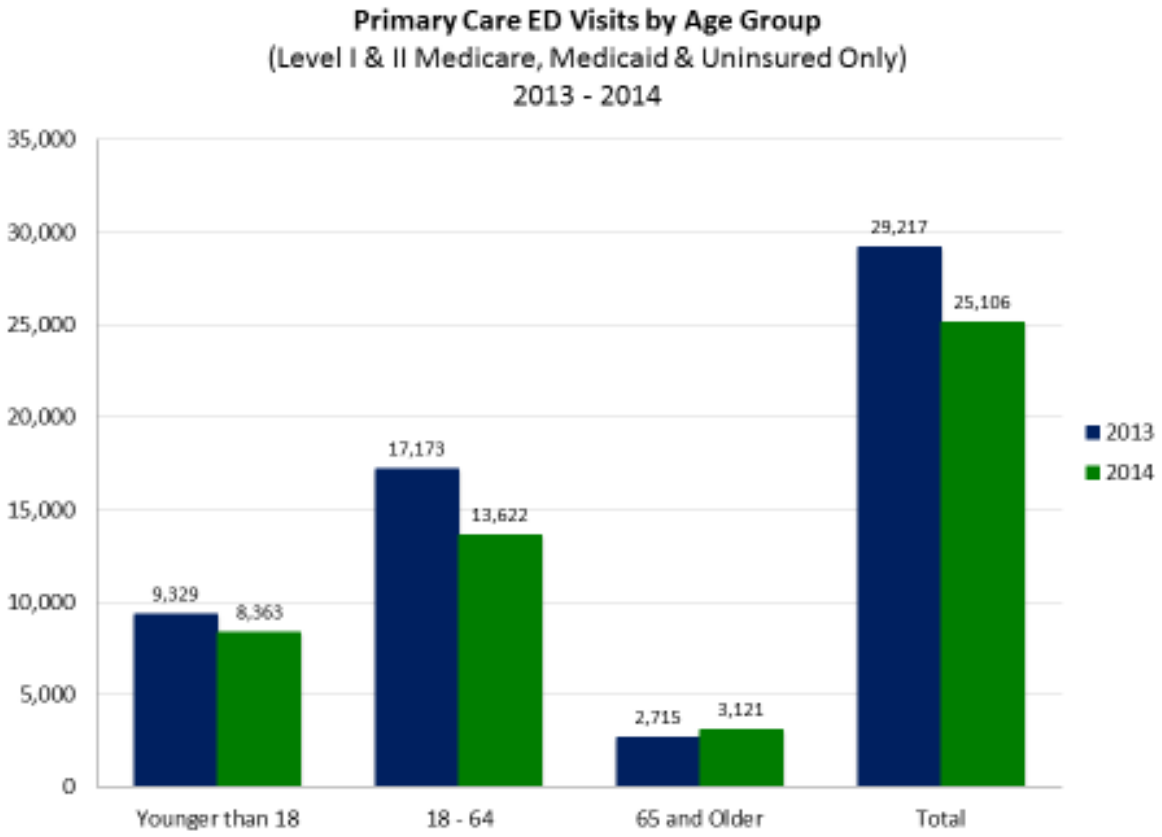
Number of Primary Care Emergency Department (ED) Visits: In 2014, there was an overall decrease in ED visits overall from approximately 97,000 in 2013 to 94,000 in 2014. The primary care visits to the ED for both SJ/C Hospitals—Candler and St. Joseph's—grew at a steady pace. The total patient count for these hospitals increased from 20,469 in 2013 to 20,879 in 2014 (2.0%).

MUMC experienced a decline of 1480 patient visits in 2014. SJ/C Hospitals, in turn, experienced an increase of 1369 patient visits in 2014. This could have resulted from the MUMC renovations and construction of their ED during this time.

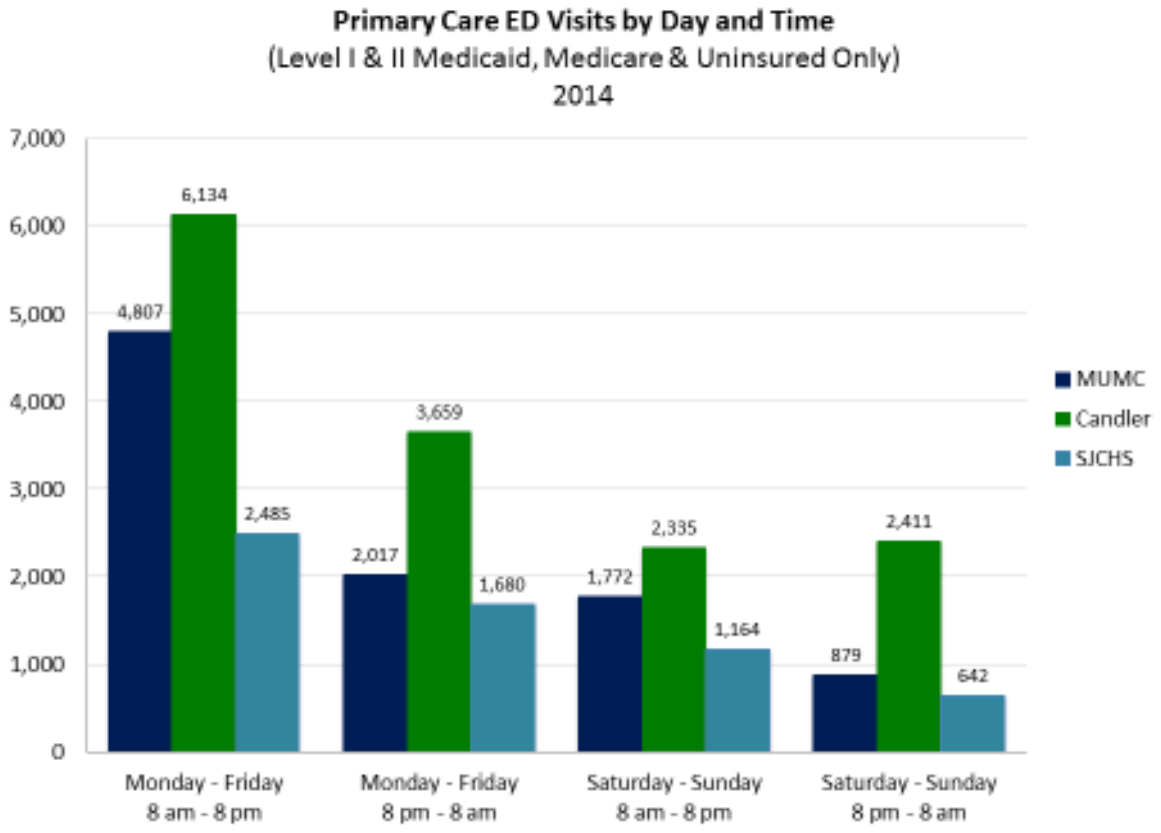


Number of Primary Care ED Visits (by Medicaid, Medicare, Uninsured):
Approximately 38% of the patient visits to area Emergency Departments were covered under Medicaid. Another 45% of the visits were uninsured or self-pay in 2014.

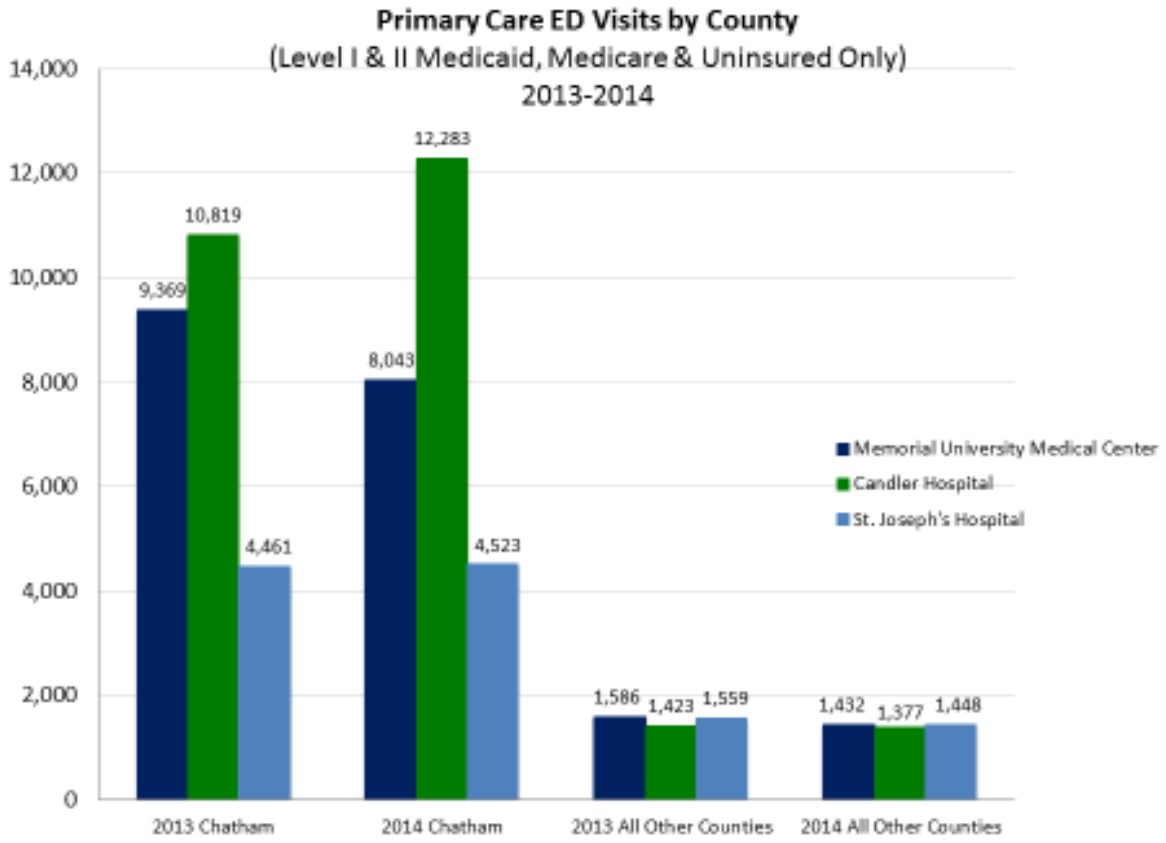
In 2014 there was a slight overall decrease in uninsured ED visits from 13,725 in 2013 to 13,201 in 2014, or 4%. Candler Hospital is the only hospital that experienced an increase in uninsured visits (417). Medicaid visits increased slightly by a total of 79 visits and Medicare visits increased 334 visits.



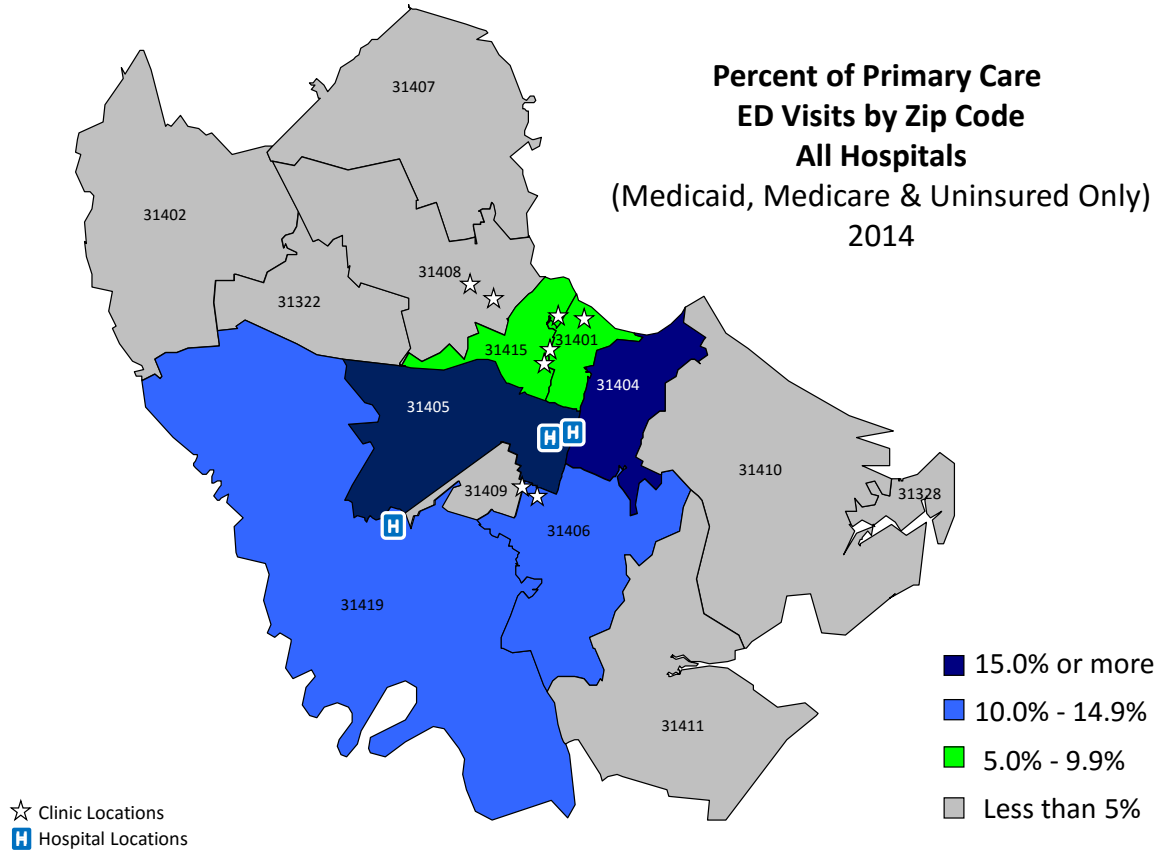
Primary Care ED Patients by Age: A total of 20,879 patients presented in the ED for primary care. Adults ages 18-64 accounted for 57.9%, children under 18 accounted for 30.1%, and patients ages 65 and older accounted for 12% of the visits.



Primary Care ED Patients by Day and Time: In 2013, the majority of the Acuity Level 1 and 2 visits to the Emergency Departments (44.8%) 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, 17.6% of the visits to the EDs occur during daytime hours on Saturday and Sunday. The remaining 37.7% 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: Across all three Emergency Departments, 82.9% of visits were Chatham County resident visits in 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 and 31405 (with more than 15%) and 31406, and 31419 (with 10-14.9%). Safety Net providers located in or adjacent to these zip codes are below:

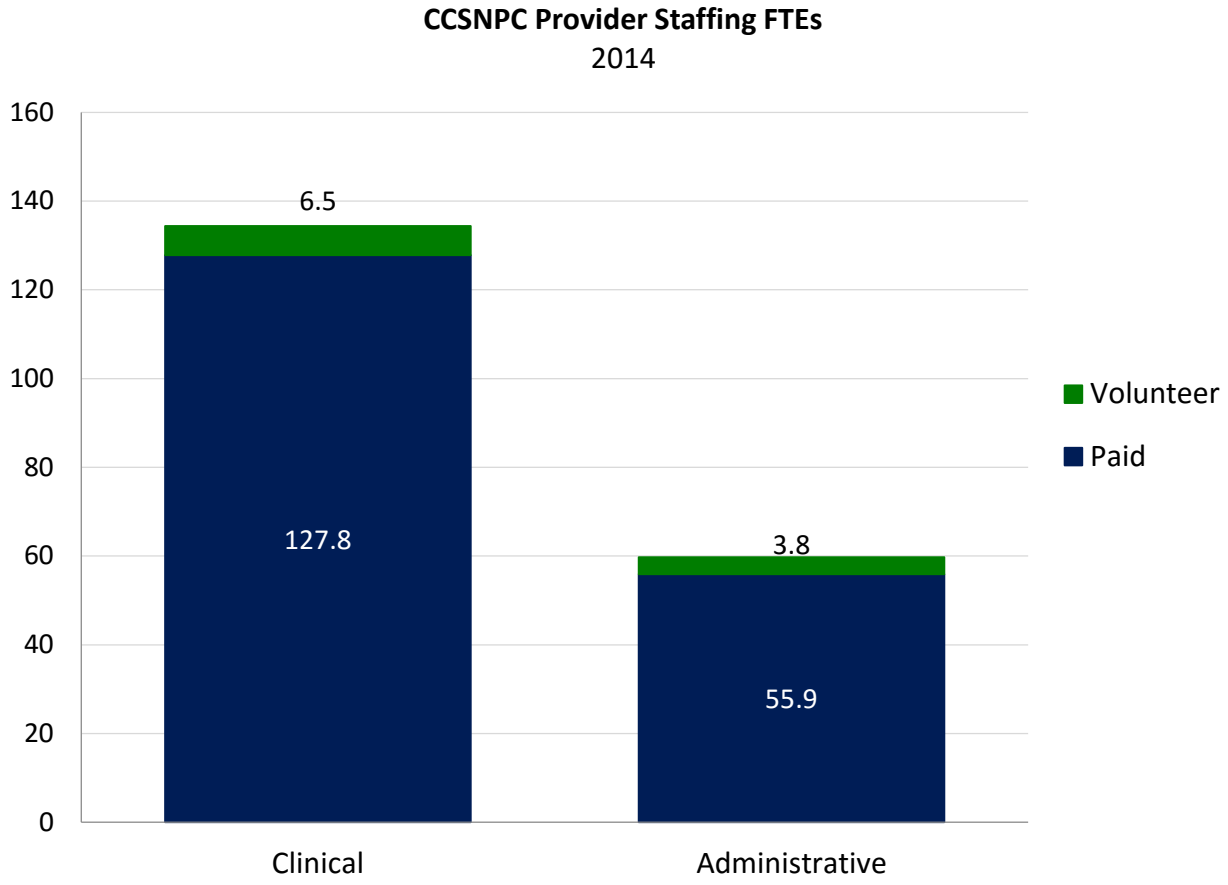
- 31404: CVCPHC and JCLPHCC are located in 31401 adjacent to 31404.
- 31405: Near 31405, but located in 31406, CHM accepts only eligible adults between ages 18 and 64.
- 31406: located in 31406 CHM accepts only eligible adults between ages 18 and 64.
- 31419: SJ/C St. Joseph's Hospital is located in 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.[12] 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,[13] 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.

[12] http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf
http://www.aanp.org/NR/rdonlyres/26598BA6-A2DF-4902-A700-64806CE083B9/0/PromotingAccesstoCoordinatedPrimaryCare62008withL.pdf
http://www.nationalnursingcenters.org/policy/NNCC%20Study%20Preview%20Factsheet%208.2007.pdf

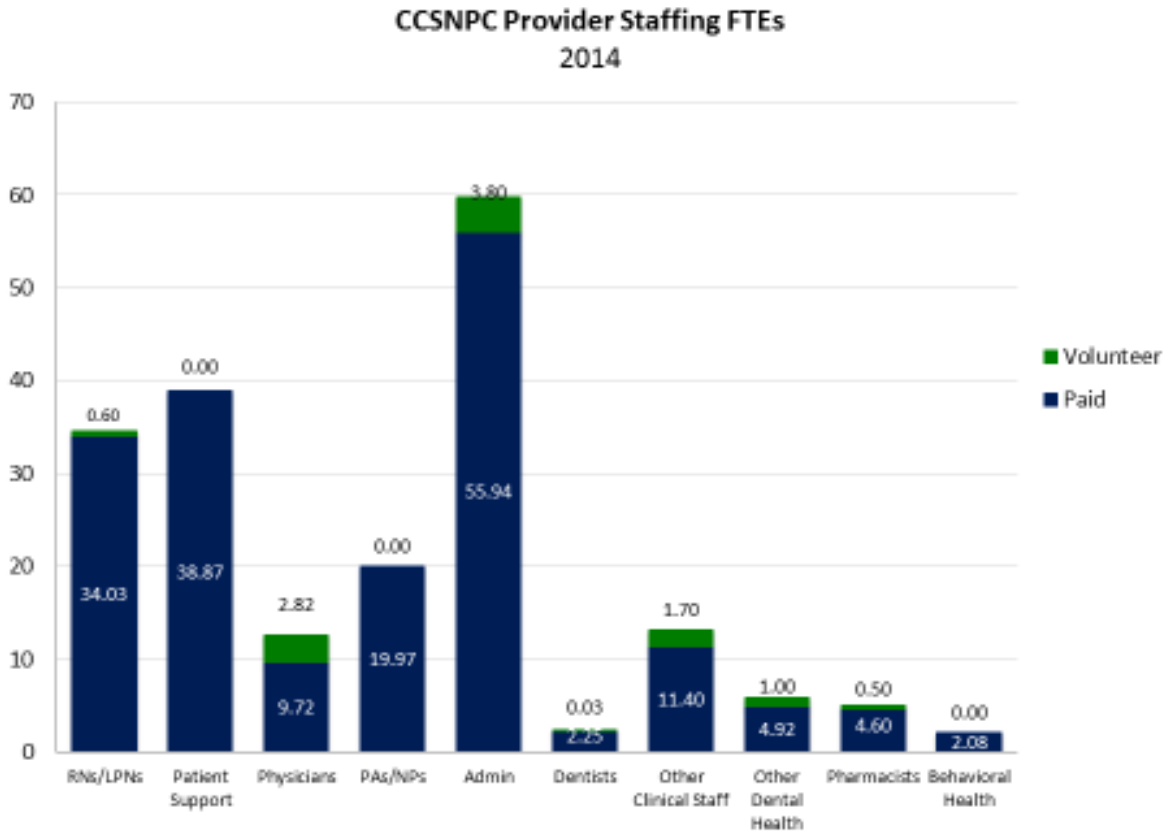
[13] http://www.pcpcc.net/



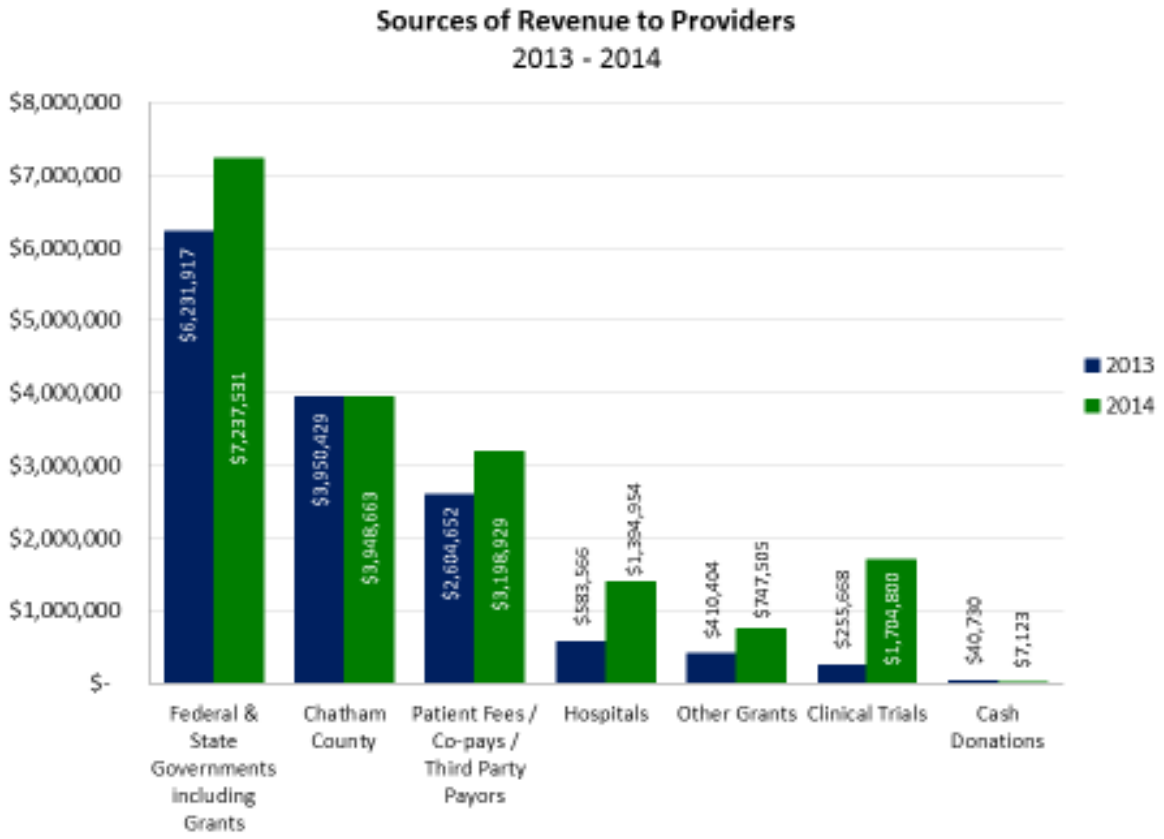
Provider Staffing: In the nursing and primary medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year.

A total of 59.7 Administrative FTE's support the clinical staff, an increase of 12.1 FTEs over 2013. A total of 134.3 Clinical FTEs in our Safety Net providers provide direct care, representing a decrease of 1 FTE over 2013. The proportion of caregivers to administrative staff across the system is 2.25 to 1.

The equivalent of 12.54 FTE physicians and 19.97 FTE "mid-level" physician's assistant or advanced practice nurses were employed or volunteered throughout the Safety Net Provider system in 2014. Registered nurses and licensed practical nurses constitute 34.63 (an increase of .9 over 2013) 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 38.87 FTEs in this category. Other clinical staff, 13.1 FTEs (representing a decrease of .28 FTEs over 2013) such as lab personnel supports the team.



In 2014, dentists (2.28 FTEs) in the CCSNPC system are supported by 5.92 FTE employed dental staff as compared to 3.68 dentists and 7.41 dental staff in 2013. Employed and volunteer pharmacists account for 5.1 FTEs in 2014 as compared to 5.85 in 2013. In 2014, there were 2.08 FTEs for Behavioral Health positions compared to 5.62 in 2013.



Sources of Revenue to Providers: A total of $18,239,549 of funding came into the CCSNPC provider system in 2014, a 29.6%increase over $14,077,366 in 2013. Federal and state grants provided 39.7% of the funding. Chatham County Government provided 21.7% of the total and fees from co-pays and billing provided 17.5% of the total cash resources. The remaining 7.7% came from the hospital systems, 4.1% from private grants, 9.4% from clinical trials, and 0.04% from private donations.

Cash donations decreased 82.5% from 2013 to 2014. All other funding sources increased in 2014 over 2013.

Conclusions 2014

- In 2014, the CCSNPC **primary care provider network** served 31,482 patients, a 6.8% increase in the number of patients served, however, there was a slight decrease in the number of uninsured patients served (346). It is important to note that our free clinics, GS and SM, increased patients served by 247 patients. A total of 2,015 new patients accessed CCSNPC primary care providers. All providers saw an increase in patient population with the exception of Community Health Mission, who closed their operation in October of 2014. JCLPHCC had the largest increase of patients by 1,499, and CVCPHC increased by 563 patients in 2014.

- The number of patients seeking **dental care** decreased by 3.1% in 2014. CVCPHC increased by 228 patients or 4.5%, while JCLPHCC decreased by 443 patients or 12.6% due to a loss of part time dentist. CARE decreased 68 patients or 12.4%. There is an unmet need for dental care and we need to increase capacity for dental care in Chatham County.

- In 2014, CCSNPC providers recorded 128,372 **patient visits**. This is a 2,178 increase in patient visits over 2013**. Behavioral health** visits, reported from these sites, increased by 37.5% or 1,029 visits. CCSNPC has partnered with the DBHDD to include 2014 DBHDD provider network data for Chatham County to serve as a baseline assessment of local capacity and will be presented in a supplemental 2014 Behavioral Health 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 2014, 9,214 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 2014, the average wholesale value of the prescriptions provided to CCSNPC patients was $10.66 million. A notable contributor to these numbers is MedBank which provided more than $5.7 million 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) at **Emergency Departments** decreased in 2014. MUMC experienced a decline of 1480 patient visits in 2014. SJ/C Hospitals, in turn, experienced an increase of 1369 patient visits in 2014. One possible explanation of this shift could be the MUMC renovations and construction of their ED during this time.

- In 2014, there were a total of 25,106 primary care **visits** to local **Emergency Departments**, a decrease of 4,111 visits or 14% from 2013. Uninsured adults accounted for highest utilization. A total of 20,805 or 82.9% of the patients served were from Chatham County. Both health systems continue to connect patients with primary care medical homes.

- **Funding sources** for providers had some notable changes in 2014 compared to 2013. Most notably, federal grants increased in part due to HHS investment in FQHCs. In addition, patient co-pays and third party payments increased revealing that more patents are covered through insurance. Cash donations continue to be impacted by the economy and reductions in funding from private foundations. Although most were awarded for a specific program or focus, grants increased in 2014.

- In 2014, providers again submitted a list of the **top most common diagnoses**, diabetes disease management data and the number of patients that self-reported smoking. The most common diagnoses were: 1) high blood pressure/hypertension, 2) overweight/obesity, 3) diabetes, 4) depression/anxiety, 5) high cholesterol, and 6) HIV.

- 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
- **Albert Grandy**, Chief Executive Officer, Curtis V. Cooper Primary Health Care Center
- **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 (Operation closed October 2014)
- **Liz Longshore Stephens**, Executive Director, MedBank
- **Chris Rowell,** Financial Analyst, Decision Support, Memorial University Medical Center
- **Jennifer Wright**, Director of Public Policy and Medical Staff Services, Memorial University Medical Center
- 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

Chatham CARE Center (CARE) (31401)
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.

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 closed its operation in October 2014. CHM was 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 was provided for free for those who qualify. The medical home approach was the cornerstone of CHM's care model. In this environment, the continuum of care is accessible, comprehensive, family-centered, compassionate and culturally effective. CHM used 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 was to improve short- and long-term health outcomes. Services provided 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 were also offered.

Curtis V. Cooper Primary Healthcare (CVCPHC**)** (31401)
http://www.cvcphc.net/
Curtis V. Cooper Primary Health Care, Inc. (CVCPHC) is Chatham County's first federally qualified health center (FQHC –established 41 yrs. Ago-1974) that serves all individuals with a primary focus on the uninsured, underinsured and underserved low-income individuals of Savannah and Chatham County. CVCPHC serves the majority of the underserved and uninsured primary care patient's within the Safety Net Planning Council's provider group. CVCPHC provides or arrange comprehensive health care services that include adult, pediatric, OB/gynecological, prenatal, dental, podiatry, lab, radiology/mammography screening, audiology, pharmacy, mental health counseling, nutrition counseling, eligibility assistance/screening and

patients are admitted to the two local hospitals that require hospitalization. These services are delivered at seven (7) primary care delivery sites; one is located in one of the City of Savannah Public Housing (Yamacraw), two sites that have space in a behavioral health facility (Gateway-current integration of behavioral health and primary care), one on the campus of Savannah State University, one adjacent to hospital (Chandler) where our OB/GYN's provide services and two other free-standing sites (our largest site 106 E. Broad St. with extended service hours and 2 Roberts St.). CVCPHC also participate in the State's Immunization Program, Diabetes Collaborative, Breast Cancer Collaborative, referrals for Women, Infant and Children (WIC) Program, and 340 (B) Pharmacy Program/Share the Care/Indigent Drug Program. CVCPHC fees are based upon usual and customary charges for medical, dental and ancillary charges within the Savannah-Chatham County area. Actual fees range from a minimum of $20 per visit to 100 percent of charges based upon a sliding fee scale determined by the Federal Poverty Guidelines and patient's family size and income level.

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, cardiology, orthopedics, 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) 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.

MedBank Foundation, Inc. (MB) (31405)
http://www.medbank.org/
MedBank is a private, nonprofit organization offering prescription medication assistance to low-income patients of area health providers, as well as screening and enrollment assistance for public and other private benefits. In 2014, MedBank provided over $6 million dollars' worth to residents in the Savannah area. MedBank partner clinics include the J.C. Lewis Primary Healthcare Center, St. Mary's Health Center, and the Good Samaritan Clinic. Additionally, MedBank serves clients from private physician referrals and partnerships with social service agencies and community partners. The organization is able to track medication totals and medication cost for each patient demographics for its patient population. MedBank assists with eligibility screening and enrollment for the following benefits: SNAP, Medicaid, PeachCare, Childcare Assistance Program, Planning for Healthy Babies, Head Start, Early Head Start, Lifeline/Linkup Phones, Bank on Savannah, Free Tax Prep, LIHEAP, QMB- Qualified Medicare Beneficiary, and SLMB- Specified Low-Income Medicare Beneficiary.

Memorial University Medical Center (MUMC) (31404)
http://www.memorialhealth.com/
MUMC is a 604-bed not-for-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 currently 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. 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, 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 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 2014

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 2014
   1. Total number
   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 2014
   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*

* Georgia Department of Behavioral Health data is collected July 1-June 30

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 6: Clinical Outcomes Data

A. Top five diagnoses and number of patients seen in 2014 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, 2014 (excluding Gestational pregnancy and Polycystic Ovarian Syndrome)
    2. Number of patients who visited the clinic two or more times in calendar year of 2014
    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 2014 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 2014. 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. Are you on EMR?