Inspired by the opportunities and challenges created by the federal initiatives which followed the Affordable Care Act of March 2010, the CCSNPC held a Strategic Planning Session in February 2011 to discuss the future of health care in Chatham County. The Council examined the role of CCSNPC in shaping and providing that care, while ensuring access and quality. With the prospect of affordable health insurance becoming widely available over the next four to seven years, CCSNPC partners agreed to set a course for Chatham County which ensures that citizens are aware of opportunities for coverage and take advantage of them, ensures adequate numbers of providers for the newly insured population and ensures a continuum of comprehensive, quality health care through the development of patient-centered medical homes. The Council also gave their support to CCSNPC’s continued efforts toward the widespread adoption of Electronic Medical Records and the use of Health Information Technology to improve communication among providers and patients.

Impact of Health Reform on the Safety Net

In the August 2010 issue of *JAMA*, Mitchell H. Katz, MD, reviewed the challenges faced by Safety Net systems across the US in the context of Health Reform. CCSNPC used his article as the foundation for the discussions during Strategic Planning. The Council is confident that CCSNPC is on the correct path to sustainability and success as described by Dr. Katz, …”Down the other path, safety-net centers and clinicians rise to the challenge of providing comprehensive care to low-income persons by improving customer service, strengthening referral networks and primary care homes, and investing in infrastructure, all while keeping costs down. Regardless of the future of health care, … a robust safety net system may offer the best chance of providing quality care to those excluded from health reform and those who newly acquire health insurance.”

*Find the entire article- Future of the Safety Net Under Health Reform by Mitchell H. Katz, MD at http://jama.ama-assn.org/cgi/content/full/304/6/679*
Our Mission

The mission of the Planning Council is to develop an infrastructure to maximize access and utilization of health services and to leverage available resources to assure improved health status for our residents.

ACT II

ACT II (Assess, Connect, Teach)

In May 2010 CCSNPC was awarded a grant through the Southeast Georgia Cancer Alliance (SEGCA) as part of a regional effort to increase uninsured patients’ access to cancer screening. ACT II, CCSNPC’s project, built on the lessons learned in ACT, year one of the project, to directly address the goal of the Georgia State Comprehensive Cancer Control Plan “to remove barriers to cancer screening services” and “to stimulate participation in recommended screenings for breast, colorectal, cervical and prostate cancers.”

Facilitated by Natalie Walker, ACT and ACT II care navigator, ACT II provided colorectal cancer education and risk assessments to 854 individuals and arranged 59 colonoscopies to low income, uninsured patients found to be at risk for colon cancer at no charge to the patient. Over the two year period, 1429 individuals received education and risk assessments and a total of 88 colonoscopies were provided. CCSNPC wishes to recognize and thank all the partner providers who donated time and services to this project, with particular thanks to SEGCA for continuing to support our efforts to provide much needed cancer screening in our community.

Chatham CAN

Chatham CAN (Creating Access Now)

In February 2009, Healthcare Georgia Foundation funded the efforts of CCSNPC to assess specialty care needs of the Chatham County uninsured population, to develop a method to organize and track referrals to specialty care and to engage the local specialty care provider community in providing care at low or no cost to the patient. Debra Abercrombie, the project manager, was successful in engaging 54 specialty physicians over the two year grant period in areas such as otolaryngology (ENT), ophthalmology, neurosurgery, pathology, gastroenterology, radiology and orthopedics. Additional services were provided by general surgeons, anesthesiologists, cardiologists and podiatrists. Chatham CAN also worked closely with ACT and ACT II to facilitate referrals for screening colonoscopies. During the grant period, over 2000 appointments were tracked using software developed by iReach. Overall, 86% of the tracked appointments were kept by the patient. When case management was provided by Chatham CAN, the kept appointment rate was 96%.

For the complete year end reports on our grant-funded projects, please visit our website, www.chathamsafetynet.org, and select “Grants” under the “About Us” tab.
CCSNPC was named one of three state Health Information Exchange (HIE) demonstration projects by the Georgia DCH in 2007. The CCSNPC IT Consortium worked with consultants to design an HIE architecture which could meet the challenge of linking unrelated providers with different EMR systems and provide the ability to produce reports of de-identified data from the system. In April of 2010, the ChathamHealthLink pilot project was launched. Designed around a CCSNPC-managed Central Data Repository which stores patient encounters and data elements, the Pilot Project linked the Memorial University Medical Center’s Emergency Department and J. C. Lewis Primary Health Care Center using integration software provided by OrionHealth, (www.orionhealth.com). In December of 2010, the Chatham County Commission voted to allocate a portion of the county’s Indigent Care Funds annually toward the sustainability of CCSNPC’s ChathamHealthLink project. These funds will support technical personnel, equipment and the necessary steps to connect the remaining CCSNPC providers into the system. In the future, CCSNPC will be able to report unduplicated data in the annual evaluations and be able to track quality of care parameters as determined by the partners and other community stakeholders. In addition, patients will benefit from having integrated, longitudinal health records in a single location, which can be accessed remotely by authorized providers in the event of an evacuation.

“HIEs like ChathamHealthLink provide a glimpse of where health information exchange should ultimately be headed, growing beyond a limited circle of providers to include the larger universe of services linked to population and community health.”

From The Socially Responsible HIE†
Rick Krohn, President
Healthsense, Inc

†www.himss.org
Winter 2011 n Volume 25 / Number 1 pp. 12, 13

To assess changes in need, track trends and identify gaps in local health care delivery services, CCSNPC prepares annual evaluations from a set of data submitted voluntarily by members of the provider network. In the calendar year 2010, the CCSNPC capacity continued to grow. Patient visits include a variety of services such as primary care, dental care, health education, laboratory services, wellness and screening. CCSNPC providers tracked 126,615 patient visits within the system, surpassing the 2009 figure by 18.5%. Community awareness of health care opportunities in the CCSNPC network has resulted in steadily increasing demand and usage. In response, capacity in the provider system has been expanded to meet our population’s needs.

The 2010 Evaluation data also allowed the comparison of basic characteristics of the patients who visit the CCSNPC clinics and those who visit the Hospital Emergency Departments (EDs) for primary care (defined as Acuity 1 and 2 level visits). The patients who come to the CCSNPC clinics are more likely to be uninsured adults from Chatham County who come to the clinics an average of 4.5 times a year for health services. The patients who visit the EDs for primary care are more likely to be children, visit an average of 1.4 times per year and are less likely to be uninsured. More individuals from surrounding counties visit the EDs for care than are seen in the CCSNPC clinics.

<table>
<thead>
<tr>
<th></th>
<th>CCSNPC Clinics</th>
<th>Hospital EDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Visits</td>
<td>126,615</td>
<td>43,449</td>
</tr>
<tr>
<td>Patients</td>
<td>28,420</td>
<td>32,078</td>
</tr>
<tr>
<td>Average visits/patient</td>
<td>4.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Adults</td>
<td>25,589</td>
<td>83%</td>
</tr>
<tr>
<td>Children</td>
<td>3,410</td>
<td>12%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>22,452</td>
<td>79%</td>
</tr>
<tr>
<td>Chatham County</td>
<td>25,919</td>
<td>91%</td>
</tr>
</tbody>
</table>
In November 2010, the CCSNPC Executive Committee established an annual award to recognize an individual who has volunteered time to CCSNPC above and beyond what is expected. To recall the image of safety nets as used by aerial acrobats, the award was named the “High Flyer” award. The first award was presented to Dr. Alice Adams, Assistant Professor of Health Sciences at Armstrong Atlantic State University. Dr. Adams has served on the Evaluation Committee since 2004 and has dedicated countless hours collating and graphing the annual data. At left, Jennifer Wright (left) and Dr. Diane Weems (right) present the award to Dr. Adams (middle) at the December 2010 council meeting.