Chatham County SafetyNet Planning Council

2016 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 the Chatham County Health Department Ryan White Clinic—Chatham CARE Center (CARE), and MedBank, a pharmaceutical assistance provider.

Key Evaluation Findings: In 2015, CCSNPC Providers tracked 147,842 visits and 35,333 patients, 8.5% increase in visits, and 9.6% increase in patients since 2015. In terms of uninsured patients served, CCSNPC providers have experienced an increase of 15.7% from 20,926 uninsured patients in 2015 to 24,207 uninsured patients in 2016. Patients at the CCSNPC clinics visited an average of 4.2 times a year in 2016 remaining relatively steady as compared to 2015. Uninsured adults represented 68.5% of the patients seen at CCSNPC clinics in Chatham County. Chatham County residents represented 89.5% of the patients seen at CCSNPC clinics.

Due to the coding procedure changes implemented at MUMC in 2014 and at SJ/C hospitals beginning in 2017 and its potential impact on the primary care patient and visit data, the Evaluation Committee decided to include the data for all Non-Admitted Emergency Department (ED) patients and visits (Acuity I, II and III) in addition to the primary care (Acuity I & II) in the 2016 Evaluation. The hospital EDs recorded a total of 71,837 non-admitted visits (Acuity I, II & III) in 2016 compared to 71,955 in 2015. The 71,837 non-admitted ED visits represent 45,325 patients compared to 45,760 patients in 2015. Approximately 38.6% of the non-admitted patents were uninsured or self-pay.

Pharmaceutical assistance represents a significant contribution to the health of Chatham County's uninsured population. When prescription medications are dispensed at clinic sites, there is ease of access for the patient and this aids in compliance. CVCPHC and Chatham CARE utilize their own in-house pharmacies for all prescription fulfillment, MedBank provides medication assistance at JCLPHC, SM and GS through Patient Assistance Programs. In 2016, the average wholesale value of the prescriptions provided to CCSNPC patients was $24.87

million. CVCPHC provided 70.9% of this amount, or a total value of $17,641,930 and MedBank provided $6,476,941.

Trends noted in the 2016 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 2016 was 289,082, an 9.0% growth from 2010 to 2016. Adults between 18 and 64 years old constituted 63.7% of the total population or 184,145 people.[1] In 2016, it is estimated that of those adults, ages 18-64 living in Chatham County, 18.8% or approximately 34,619 people, were without health insurance.[2] While CCSNPC provider network which includes hospitals, free clinics, and federally qualified health centers provide a crucial health care safety net for uninsured people, it does not close the access gap for the uninsured.

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.[3]

Right from Start Medicaid and PeachCare for Kids, Georgia's public health insurance programs (GaPHIPs), are available for children 0-19 years old, and Medicare is available for adults 65 years of age and older. Chatham County has approximately 63,000 children, 6.3% have no health insurance. Children living in households that earn up to 247% of the Federal Poverty Line qualify for GaPHIPs which for a family of four is $60,768 per year.

The gaps in our health insurance system affect people of all ages, races and ethnicities; however, those with the lowest incomes face the greatest risk of being uninsured. Being uninsured affects people's ability to access needed medical care and their financial security. As a result, uninsured people are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented, and are more likely to die in the hospital than those with insurance. The financial impact can also be severe. Uninsured families struggle financially to meet basic needs, and medical bills can quickly lead to medical debt.[4]

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

[1] https://www.census.gov/quickfacts/fact/table/chathamcountygeorgia/PST045216 (accessed 11/10/17)
[2] The Coastal Georgia Indicators Coalition. Adults with Health Insurance. http://www.coastalgaindicators.org/index.php?module=Indicators&controller=index&action=view&indicatorId=83&localeId=463 (accessed on 11/10/17)
[3] 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 2016.
[4] The Uninsured: A Primer - Key Facts about Health Insurance and the Uninsured in the Wake of National Health Reform. November 1, 2016.

(NLC). The goal was to reduce by 50% the number of uninsured children (0-19) in Chatham County who were eligible for Georgia Public Health Insurance Programs (GaPHIPs) but not enrolled or had fallen off coverage. The Campaign incorporates proven evidence-based strategies to reach the county's neediest families and help them get and maintain health insurance coverage; Safety Net leverages 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. In January 2016, Safety Net secured $50,000 from the Healthcare Georgia Foundation to continue providing enrollment services. In May 2016, Safety Net 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. Safety Net was one of 39 awardees nationally. The two previous Georgia grantees were located in the Atlanta Metro Area and we were happy to bring CHIPRA funding to Coastal Georgia.

The Campaign has become the "Coastal Campaign for Healthy Kids", reflecting the expansion of our services to five additional counties. As of October 2017, we have assisted a total of 3,047 families, providing application services for 4,371 children and teens. The majority of these children come from the highest need zip codes and 69% are new applicants to GaPHIPs--children who were either uninsured or had fallen off coverage. These families now have the peace of mind that comes with their children having access to comprehensive medical, dental and vision services and are protected from financial catastrophe if their child has a medical emergency.

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

Federal Funding and its Local Impact: A rapidly changing healthcare policy environment paints an uncertain landscape. This uncertainty is caused by unsettled political decisions, as of December 2017 on the future of health care on national, state and local levels. The present political trend on the federal level is to repeal the Affordable Care Act and change Medicaid funding commitment from open-ended entitlement program to a state block grant program. Safety Net must remain flexible to most effectively address critical priority changes identified by its key partners. A higher uninsured population and less funding for federally-funded safety net health care provider organizations will pull Safety Net's focus from facilitating access to health insurance coverage for adults and children to a focus on trying to shore up capacity in primary care access and services.

The Affordable Care Act (ACA)*:* The ACA has led to historic drops in the uninsured rate, with millions of previously uninsured Americans now insured and gaining access to health services

and protection from catastrophic healthcare-related costs. Prior to the ACA, options for the uninsured population were limited in the individual health insurance market, as coverage was often expensive and insurers could deny coverage based on health status or raise rates to the point of being unaffordable. Medicaid and CHIP have provided coverage to many children up to age 19, but pre-2014 income eligibility levels were lower for families. Few states provided expanded Medicaid coverage to adults with no dependent children. The ACA fills in many of these barriers to health coverage. Medicaid is now available for very low-income adults in 32 states and adults with incomes from 100% to 400% of Federal Poverty Line (FPL) are able to access subsidies to purchase healthcare plans through The Marketplace. Georgia is a non-Medicaid expansion state which means that adults making at or below 38% of the FPL do not qualify for a health insurance subsidy under the ACA and are not able to enroll into health coverage through an expanded Medicaid program for adults without children. Approximately 500,000 Georgians could enroll in health insurance coverage if Medicaid were expanded, which would drastically reduce the number of uninsured among low-income individuals in the state.

Medicaid Funding: 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 138% of the FPL to be eligible for Medicaid. Georgia ranks 50th in spending per Medicaid enrollee.[5] There is continued legislative attempts to propose as part of ACA Repeal that states receive Medicaid funding through block grants and grant amounts would be based on the number of present enrollees in each state. A "block grant" is a fixed amount of money that the federal government gives to a state for a specific purpose. If Medicaid was turned into a block grant the federal government would set each state's Medicaid spending amount in advance based on some estimate of state Medicaid spending and expect individual states to make up shortfalls. Proponents of Block grants argue this gives states flexibility; critics argue block grants start with significant cuts in federal Medicaid support and result in cuts to services for low-income residents.

Children's Health Insurance Program (CHIP) Reauthorization: Roughly 9 million low- and middle-income children rely on the Children's Health Insurance Program (CHIP) for health coverage. Children living in households that earn up to 247% of the FPL qualify for Medicaid or CHIP which for a family of four in Chatham County is $60,768 per year. The estimated percentage of children in Chatham County covered by Medicaid or CHIP is 35%[6]. In September 2017, Congress missed the deadline to reauthorize funding for CHIP. States are trying to determine how to continue to fund their programs and when they should start notifying families that children could lose coverage if Congress does not provide additional money. Georgia has a 76.15% Federal Match Rate for CHIP and failure to reauthorize would have a considerable impact on the state budget and access to care for children.

[5] Georgians for a Healthy Future and Georgia Budget and Policy Institute. Understanding Medicaid in Georgia and the Opportunity to Improve It. September 2015.

[6] https://ccf.georgetown.edu/map/percent-of-children-covered-by-medicaidchip-by-county-2011-2015/ (Accessed 11/29/17)

Community Health Centers Funding Cliff: The Health Center Program, which funds Community Health Centers also known as Federally Qualified Health Centers (FQHCs) is a federal program under current law whose funding has expired and awaiting reauthorization. FQHCs are required to take any patient who seeks care, regardless of whether they can pay. Currently, the nation's health centers are funded with $1.5 billion from discretionary funds, and were provided with $3.6 billion from the Community Health Center Fund (CHCF). However, this fund expired September 30, 2017.[7] Community health centers have been crafting contingency plans as they wait for Congress to reauthorize a fund that amounts to 70 percent of their federal funding. Locally, the FQHCs, CVCPHC and JCLPHCC, would be catastrophically impacted if this funding fails to be reauthorized.

Health Information Exchange (HIE): ChathamHealthLink (CHL) is a Health Information Exchange (HIE) established by the Council in 2008. HIEs are a recent concept that enables all providers involved in a patient's care—whether in a primary care setting, a specialists' office or emergency department—to share vital patient information including medications, pre-existing conditions, allergies, immunizations, lab results, appointment history and more from within electronic medical records at the point of care. HIEs minimize manual and often time-consuming information gathering while helping to improve care coordination and reduce adverse events, complications, hospital readmissions and duplicate tests. Strengthening the Council's infrastructure through the adoption of a sophisticated system of health information technology is critical to the Council's ability to evaluate and assure continued improvements in the health outcomes of our community. This effort also aligns with the shift in payment focus from pay for service to pay for value and improved health outcomes.

ChathamHealthLink merger with GRAChIE: 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 Health 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 the United States Department of Veterans Affairs (VA). As of November 30, 2017, there are over 2,329,352 unique patients with 33 data contributors and 15 organizations are currently onboarding or in the pipeline to onboard. The CCSNPC has documented cases where lives have literally been saved through this readily available data exchange.

CCSNPC also works 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+, homeless and incarcerated populations.

[7] http://www.nachc.org/policy-matters/federal-issues/appropriations/ (accessed 11/28/17)

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 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 worked 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. This EMR is live in the CCDC and active on GRAChIE as of March 1, 2017. By integrating the detainee and inmate population, we are 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 Community Service Board (GCSB): 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. GCSB serves eight Georgia counties: Camden, Glynn, McIntosh, Liberty, Chatham, Bryan, Long and Effingham. GCSB is also a member of Georgia Information Technology (GAIT) Consortium which has eight Georgia CSB members throughout Georgia who have joined together to develop a common electronic health record. Standardized operations and workflows across the agencies facilitate group purchase of products and services and the sharing of costs and expertise. Currently, the agencies are contracted with Qualifacts Systems Inc. to use CareLogic™ software which is hosted by Qualifacts at their data center in Nashville Tennessee CHL has an agreement with GAIT to onboard all GAIT members on GRAChIE to improve coordination of behavioral health services across the state. GCSB is currently live on GRAChIE as of November 18, 2017. All other GAIT members are expected to go live by December 15, 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. The CARE Center is live in GRAChIE as of May 16, 2017.

Behavioral Health: Behavioral Health Services continue to be a high need for the County, especially when substance and alcohol use disorders exist with a mental health diagnoses. The Safety Net Provider Committee prioritized access to and quality of 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 2015, our providers reported they had 4032 behavioral health service visits, and in 2016, they had 4502 behavioral health visits; services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

Providing the number of behavioral health visits at CCSNPC provider clinics does not paint the whole picture for Chatham County. Providing adequate behavioral health 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—how these individuals access care and what care they receive—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. Our region received funding approval through the 2017 state legislature.

Clinical Collaboration Center: As a next step, CCSNPC received an innovation grant from the DBHDD to support the development of an inter-agency, inter-organizational, inter-departmental Clinical Collaboration Center to increase access to and quality of behavioral health care for children, youth, young adults (4-26), and their families in Chatham County. This work began in Spring of 2017. Step-Up Savannah and GCSB have partnered with CCSNPC to form an informal ad-hoc behavioral health working group. In addition, CCSNPC is collaborating in the DBHDD Regional Community Collaborative (RCC) for Region 5.

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.

CCSNPC is creating both a consumer centered and provider centered web-based search system of specific behavioral health services available by provider in Chatham County which will include eligibility criteria for services. This resource will help to improve overall continuity of behavioral health care. This website will provide resources for behavioral health care providers to collaborate to best meet the mental health and addictive disease health care needs of children, youth, young adults, and their families.

While doing this work we will also continue with our systems perspective approach to improve access to and quality of care. The Community Collaborative Center reflects the importance of community involvement and the importance of linking individuals to care within the existing system *and* identifying systems levels barriers and gaps to care that we can address to improve the overall effectiveness of mental health and addictive disease services. Linking individuals within the existing system and improving that system will more effectively address mental health by educating the public and reducing stigma, increasing early intervention programs, removing gaps and barriers, and increasing access to care.

Two key needs identified to date are:

1. No Wrong Door: Ensure a no wrong door/full-service, consumer-oriented approach to accessing social services. Streamline timely enrollment into Medicaid and other social services; ensure enrollment into services is consumer and provider friendly. Consider Chatham County single point of entry for all social services.
2. Transportation is a key limitation to accessing services in Chatham County, especially for underserved populations, children, adolescents, young adults, and their families.

One key at-risk group that we have identified as needing access to prioritized and streamlined behavioral health services are Children in Need of Services (CHINS) Youth; particularly prioritizing services to them within Chatham County Juvenile Court, within Savannah-Chatham County Public Schools, and within DFCS.

Suicide Prevention Program: In partnership with GCSB, is supporting Applied Suicide Intervention Skills Training (ASIST), a two-day role-playing, skills-based workshop in suicide intervention and prevention. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

In Georgia, on average, one person dies by suicide every seven hours. This is equal to 1,317 deaths by suicide per year in Georgia, or 12.66 deaths per 100,000. Nearly twice as many people die by suicide in Georgia annually than by homicide; total deaths to suicide reflect 26,788 years of potential life lost (YPLL) before age 65[8]. In Chatham County in 2016, 48 individuals or 16.6 per 100,000 committed suicide, making suicide the fourth leading cause of YPLL and higher

[8] AFSP, Suicide: Georgia 2017 Facts & Figures

than the Georgia rate; this includes one individual who committed suicide while at the Chatham County Detention Center. From 2012-2016, 200 individuals in Chatham County lost their life to suicide[9].

ASIST is by far the most widely used, acclaimed, and researched suicide intervention skills training in the world. It has been refined over 30+ years with feedback from over a million participants and 6,500+ active ASIST trainers. This evidence based training has proven to be useful to diverse community partners, including firefighters, law enforcement, schools, and universities. It is widely used by both professionals and general audiences alike and is open to anyone age 16 or older.

In September 2017, 22 participants from twelve local community stakeholders became certified ASIST trainers. Each trainer is committed to providing eight two-day ASIST workshops over the next two years to individuals who interact in settings with people at highest risk. While the primary objective of this initiative is suicide prevention, an essential component of this suicide first-aid model is identifying available community resources and linking individuals at risk of suicide to appropriate community resources. The personal and professional relationships being built by the 22 Chatham County trainers and by workshop participants will complement and support Community Collaboration Center initiatives.

As CCSNPC builds support for suicide prevention as a community wide effort, CCSNPC is conducting 60-90-minute-long SuicideTalk Suicide Awareness talks in the community. This serves the dual purpose of 1) increasing suicide prevention awareness and reducing stigma around suicide and 2) encouraging individuals to gain additional skills to prevent suicide through attending a two-day ASIST suicide prevention workshop.

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.

[9] GA OASIS data

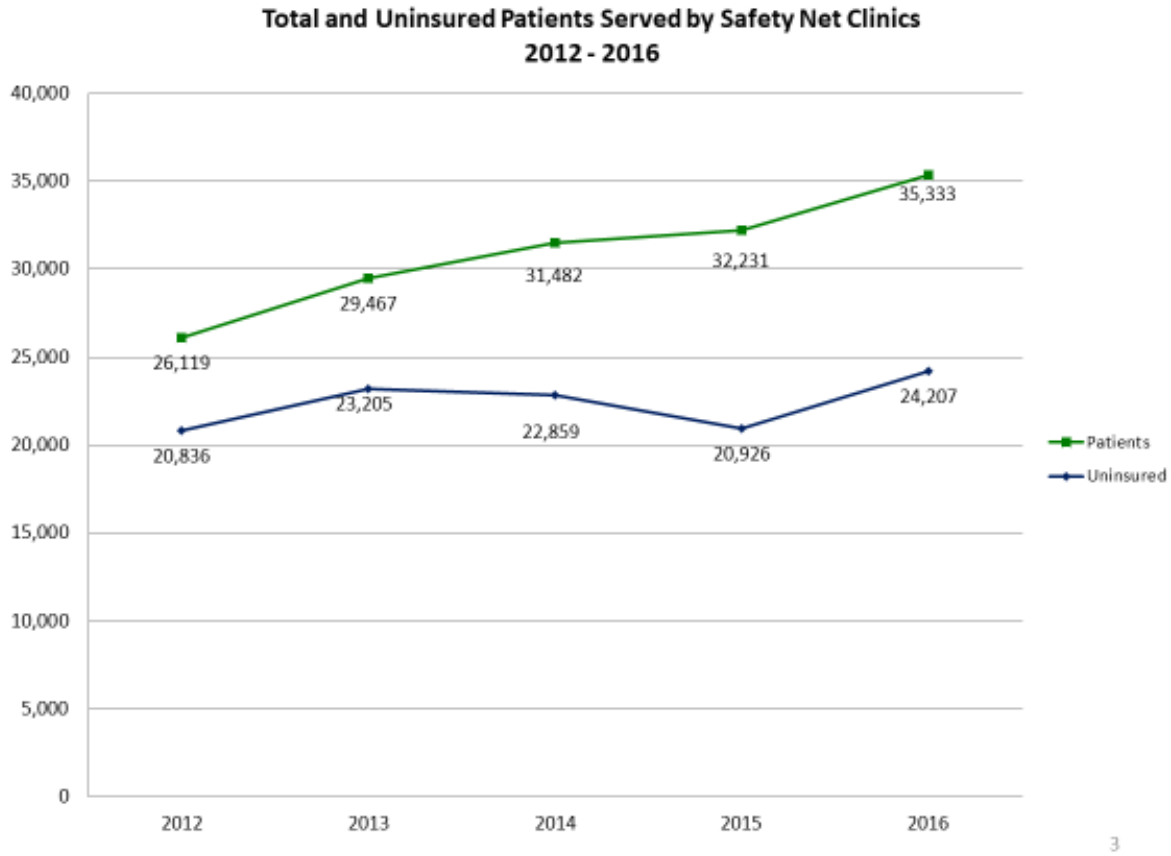
Methodology for the 2016 Evaluation Data

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.

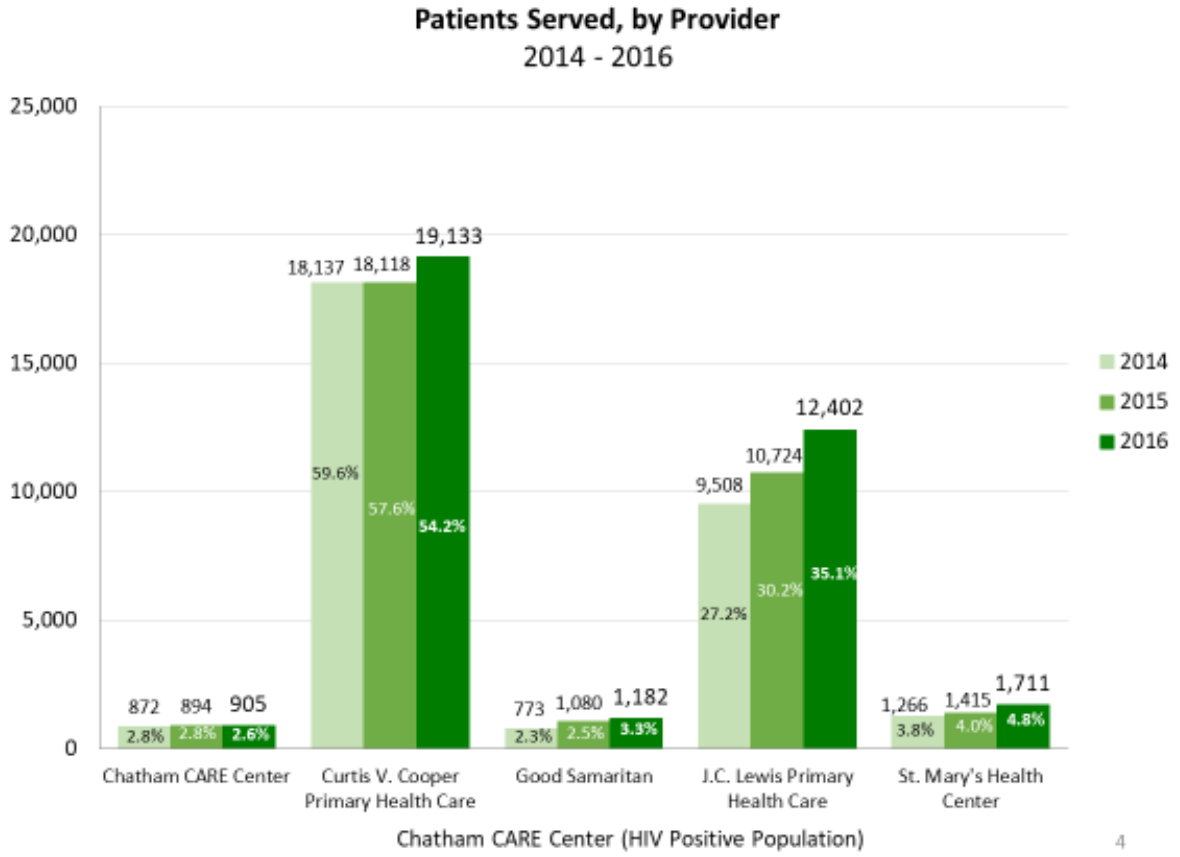
2016 Data

I. Primary Care Capacity



Patients Served by Safety Net Clinics: In 2016, the Safety Net Provider Network members experienced an increase in the number of patients served by the Safety Net Clinics. Patients increased 3,102 patients or 9.6% from 32,231 patients in 2015 to 35,333 patients in 2016. Over the past five years patients served by the Safety Net Provider Network increased 9,214 or 35.3%.

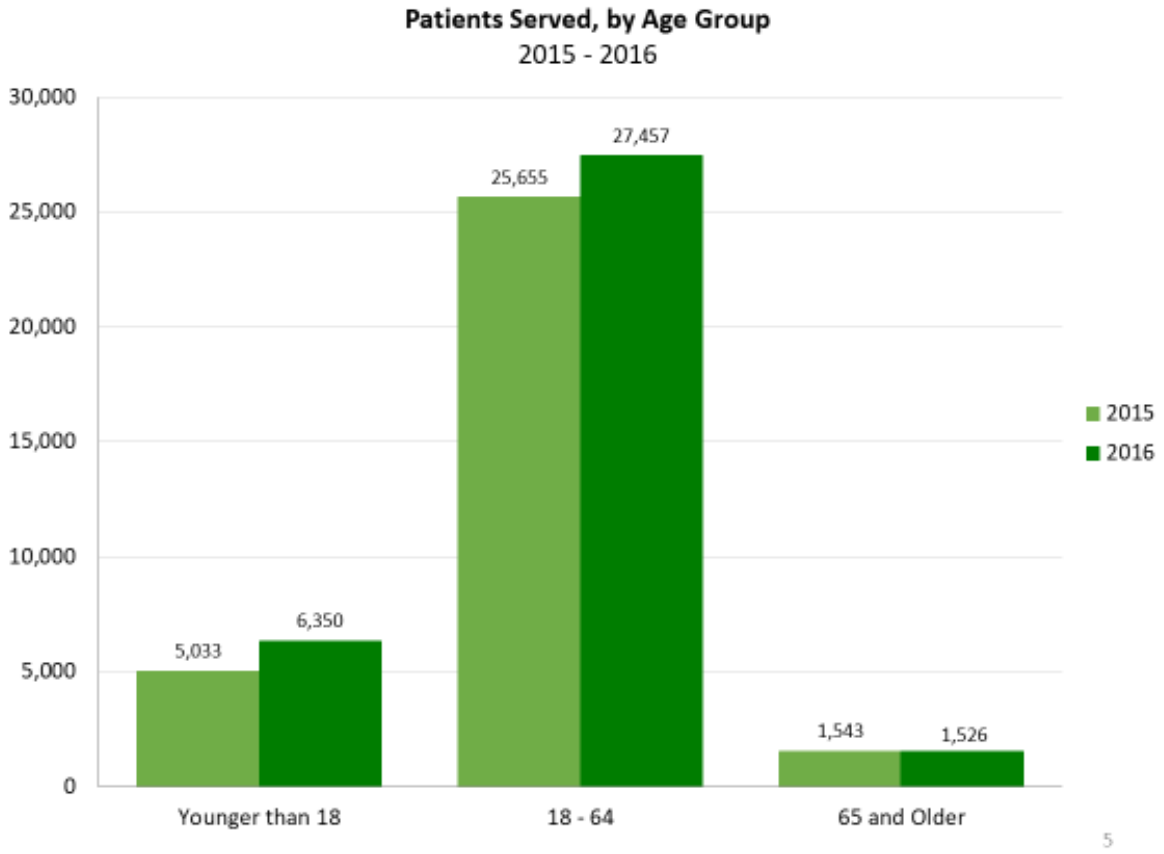
Uninsured Patients Served by Safety Net Clinics: In 2016, the Safety Net Provider Network members experienced an increase in the number of uninsured patients served by the Safety Net Clinics. Patients increased 3,281 or 15.7% from 20,926 to 24,207.



Patients Served by Provider: The above graph breaks down the total patients served number by provider. Patients served increased 3,102 patients overall from 2015 to 2016. Of the patient increases, CARE increased by 11 patients or 1.2%, CVCPHC increased by 1,015 patients or 5.6%, GS increased by 102 patients or 9.4%, JCLPHCC increased by 1,678 patients or 15.6%, St. Mary's increased by 296 patients or 20.9%. CVCPHC comprised 54.2% of patients served, JCLPHCC comprised 35.1%, and GS and SM together comprised 8.2% of the total population served. It is important to note that CARE only serves HIV+ patients.

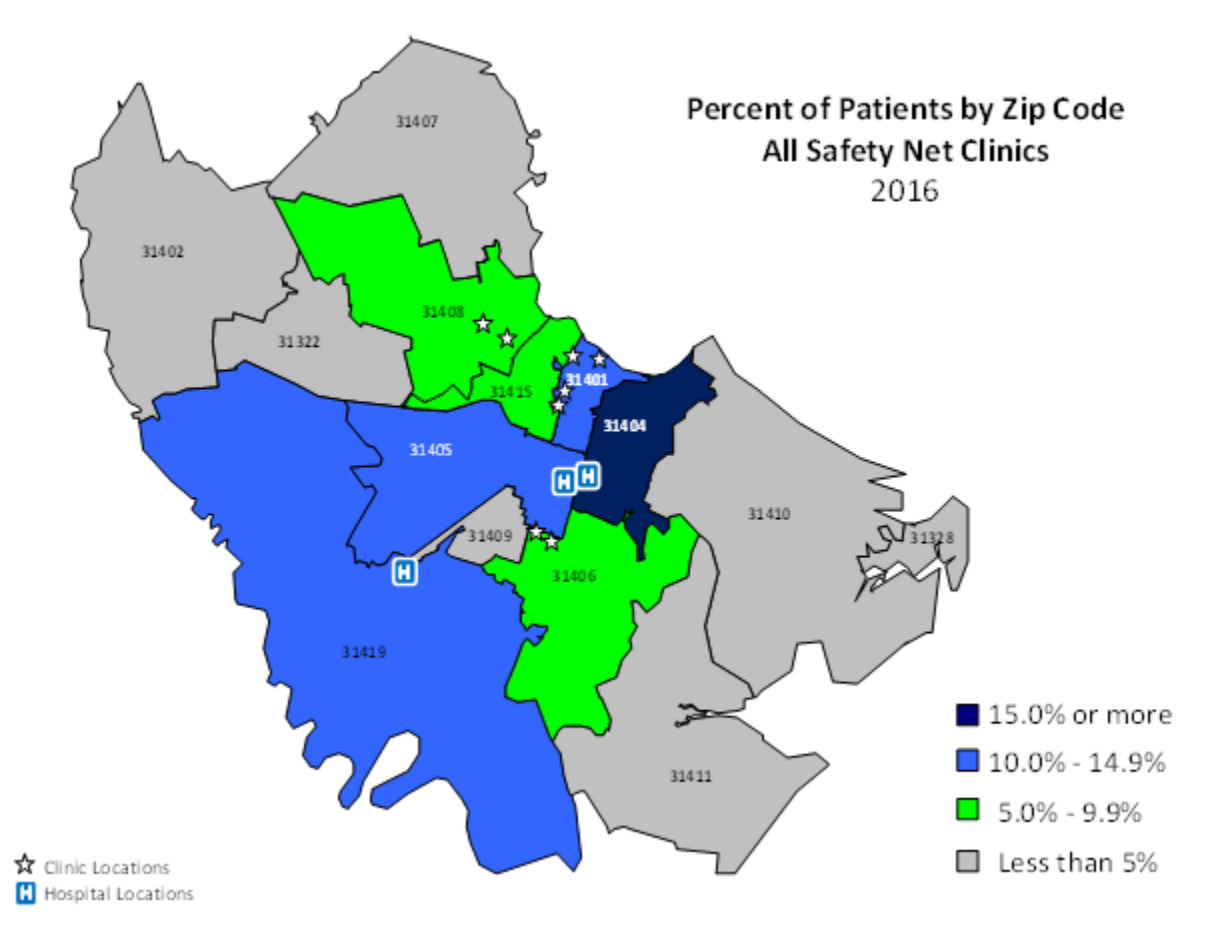
JCL opened a new pediatric site on Waters Avenue in 2015 and increased the OBGYN capacity to see more patients.

At both MUMC and SJC Emergency Departments, hospital staff work with patients to establish a primary medical home. Patients who walk-in to receive care in the Emergency Departments are told about the Safety Net Provider Network. Staff set up appointments for uninsured ED patients at JCLPHCC and CVCPHC. SJ/C and MUMC provide linkage to care for patients, regardless of insurance status. The EDs engage patients who have fallen out of the care continuum, perhaps resulting in repeat ED visits, and monitor patient compliance.



Patients Served by Age Group: Adults 18-64 made up 85.2% of the patients served in 2016, an increase of 1,802 patients or 79.6% of the patients in 2015. The 65 and older age group decreased by 17 patients and represented 4.7% of total patients seen in 2016.

Younger than 18 increased by 1,317 patients in 2015 and represents 19.7% of patients seen in 2016. Both CVCPHC and JCLPHCC expanded pediatric capacity in 2015; JCLPHCC increased 948 patients younger than 18 and CVCPHC increased 367 patients younger than 18. 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 Served by Zip Code: Across all providers, the number of the patients from Chatham County cared for in the CCSNPC provider clinics increased from 2015 by 3,102 patients. In 2016, patients from other counties increased by 365 patients and 89.5% or 31,624 patients were Chatham County residents versus 89.6% or 27,804 patients in 2015; this compares to 88.3% or 27,804 in 2014; 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.

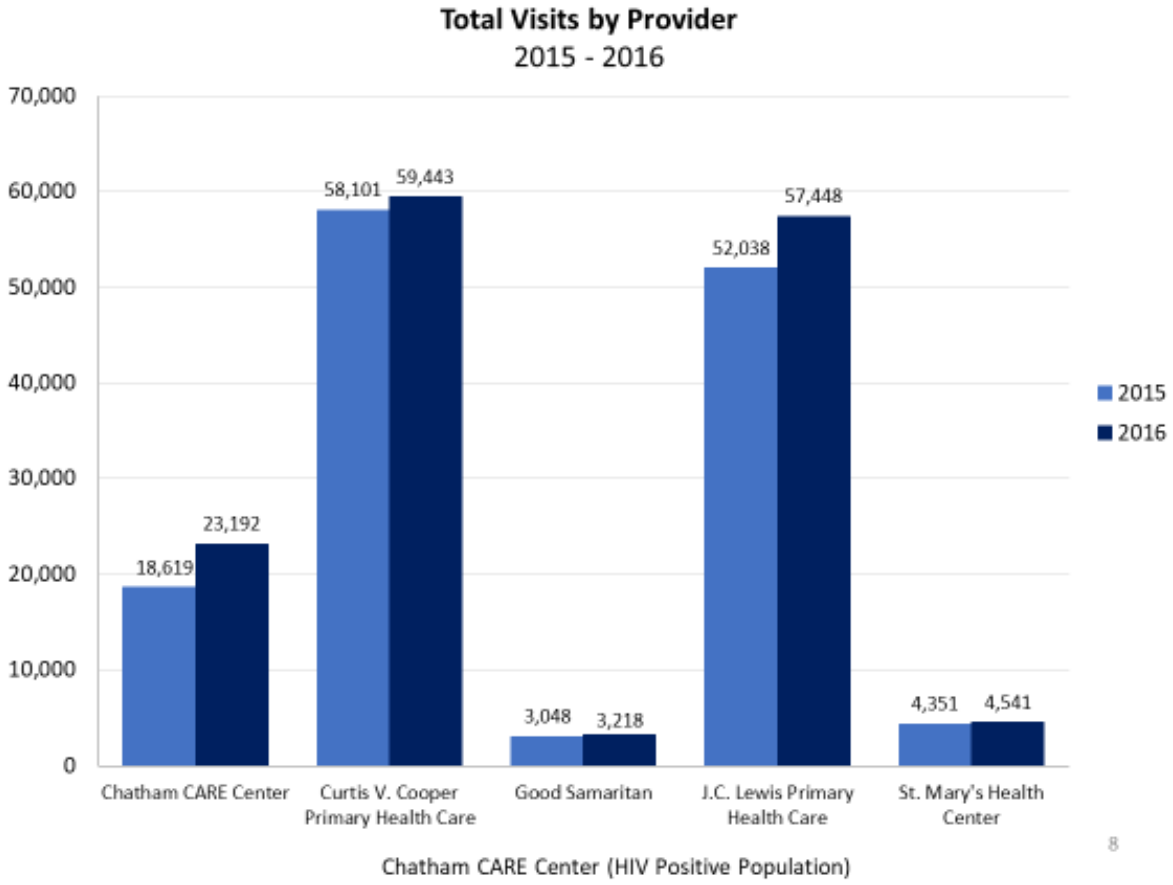
FQHCs function as regional providers and are required to accept all patients who seek care regardless of residency. It must be noted that many of the patients seen at JCLPHCC are homeless and have no permanent address; however, for the purposes of this report the assumption is made that they live in Chatham County.

Individuals living in Poverty by Zip Code[10]			
Zip Code	**%**	**Zip Code**	**%**
31401	41.1	31406	20.1
31415	37.3	31328	17.1
31404	27.5	31419	16.4
31408	23.7	31302	11.1
31405	21.7	31322	8.2
31409	unknown	31410	6.8
31407	6.5	31411	2.4

Individuals Living in Poverty: The zip codes with the highest proportion of patients using Safety Net Providers in 2016 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. The CCSNPC primary care sites are located in zip codes 31401 or 31408 with the exception of the Chatham County Health Department Eisenhower site.

The poverty rate in Chatham County (19.1%) is higher than the state average (18.4%) and the national average (15.5%) period between 2011-2015 with the poverty rate for children is approximately 29% of children ages 0-17. The highest rate of poverty of any age group are young adults 18-24-year-olds with 34.3%. Women comprise most 18-24-year-olds living in poverty followed by women ages 25-34. Women also comprise the majority of the 46% single-heads of households. 67% of the 38,367 Chatham County public school children qualify for free or reduced lunch.

[10] http://factfinder.census.gov

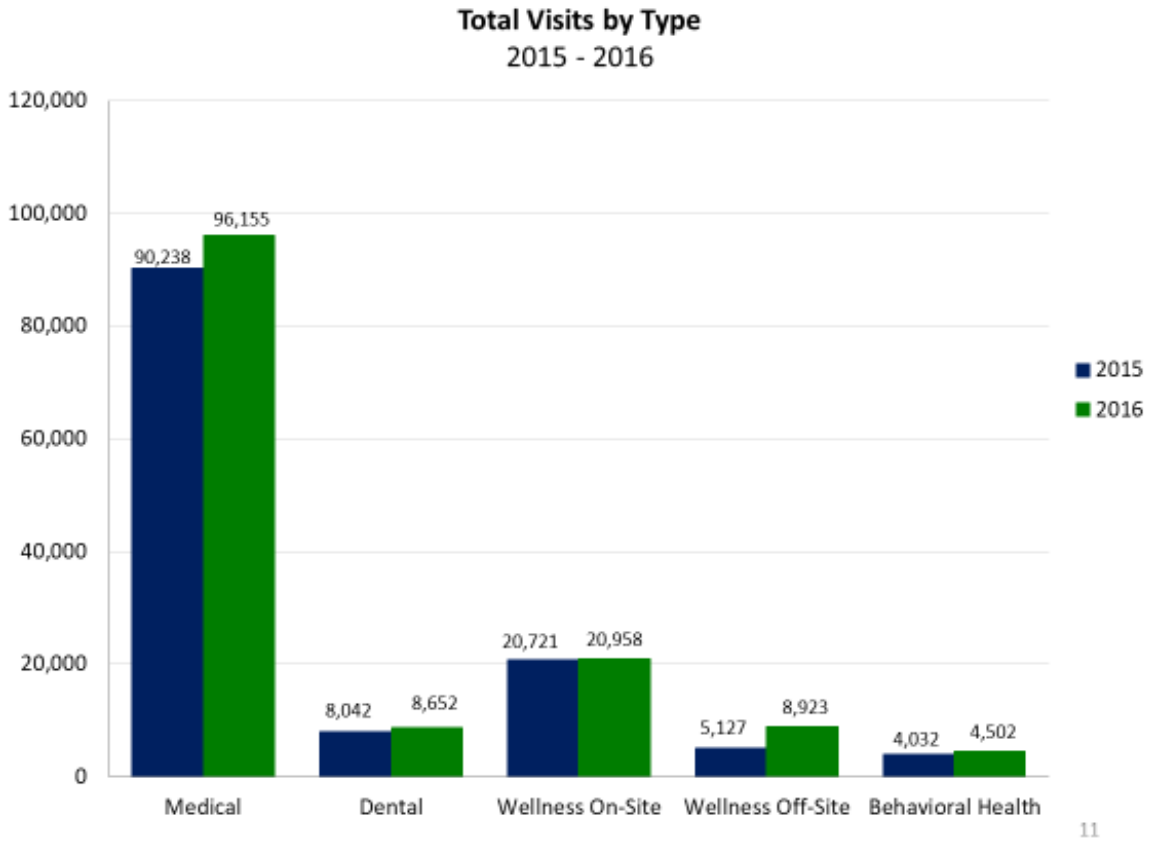


Total Visits by Provider: Total visits to all providers increased by 11,640 or 8.5% from 136,202 in 2015 to 147,842 in 2016. Visits to providers increased for all providers. Federally Qualified Health Centers (CVCPHC and JCLPHCC) provided 79.1% of the visits in 2016.

CVCPHC averages 3.1 visits per patient and JCLPHCC averages 4.6 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.

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 2016, 147,842 such visits were recorded, an 8.5% increase over 2015.

The Safety Net Providers offer a number of different services to their patients. In 2016, primary care visits with a nurse or doctor represented 65.0% of all visits, dental 5.9%, behavioral health 3.0%, and wellness 20.2%.

Of the 96,155 medical visits, CVCPHC increased 538 medical visits from 43,926 in 2015 and represented 46.2% of visits and JCLPHCC increased 4689 from 35,993 in 2015 and represented 42.3% of all visits in 2016. The increase at JCLPHCC is pediatric and behavioral health.

Wellness Off-site for Chatham CARE increased 4,076 visits from 1,037 in 2015 and represents an increase in outreach HIV testing and linkage to care in the community enabling people with HIV to access treatment early.

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.

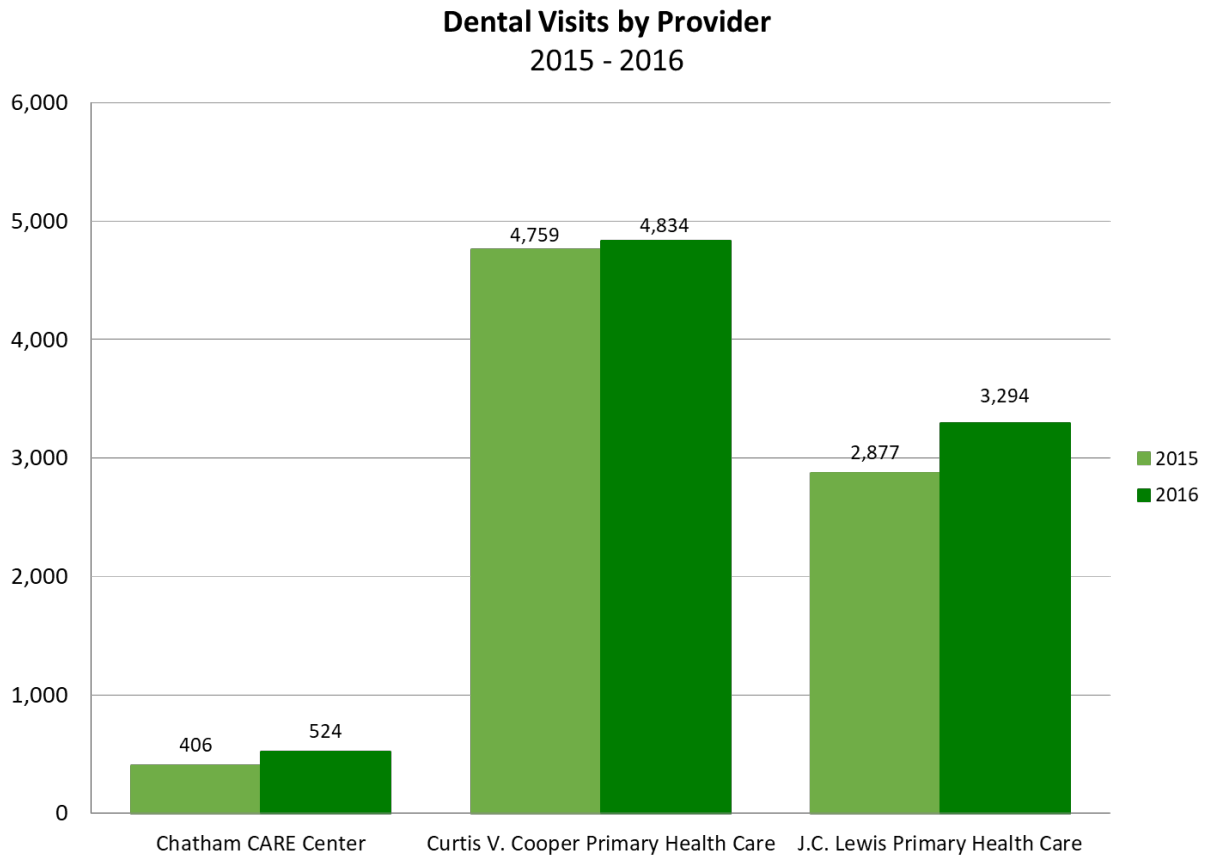
Behavioral Health: In 2016 total behavioral health visits increased 470 to 4,502 visits. Of the 4,502 behavioral health visits, JCLPHCC saw 3,809 or 84.6%. The need in behavioral health is still far greater than the capacity. In addition, partners recommended we examine our definition of behavioral health and in future evaluations review medical visit data to capture all visits where patients are being prescribed psychiatric drugs and ensure these are included in behavioral health data.

JCLPHCC has a psychiatric NP on staff and a psychiatrist through telemedicine.

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 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 Crisis 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. The Behavioral Health Crisis Center is slated to open in summer 2018 through state and county support.



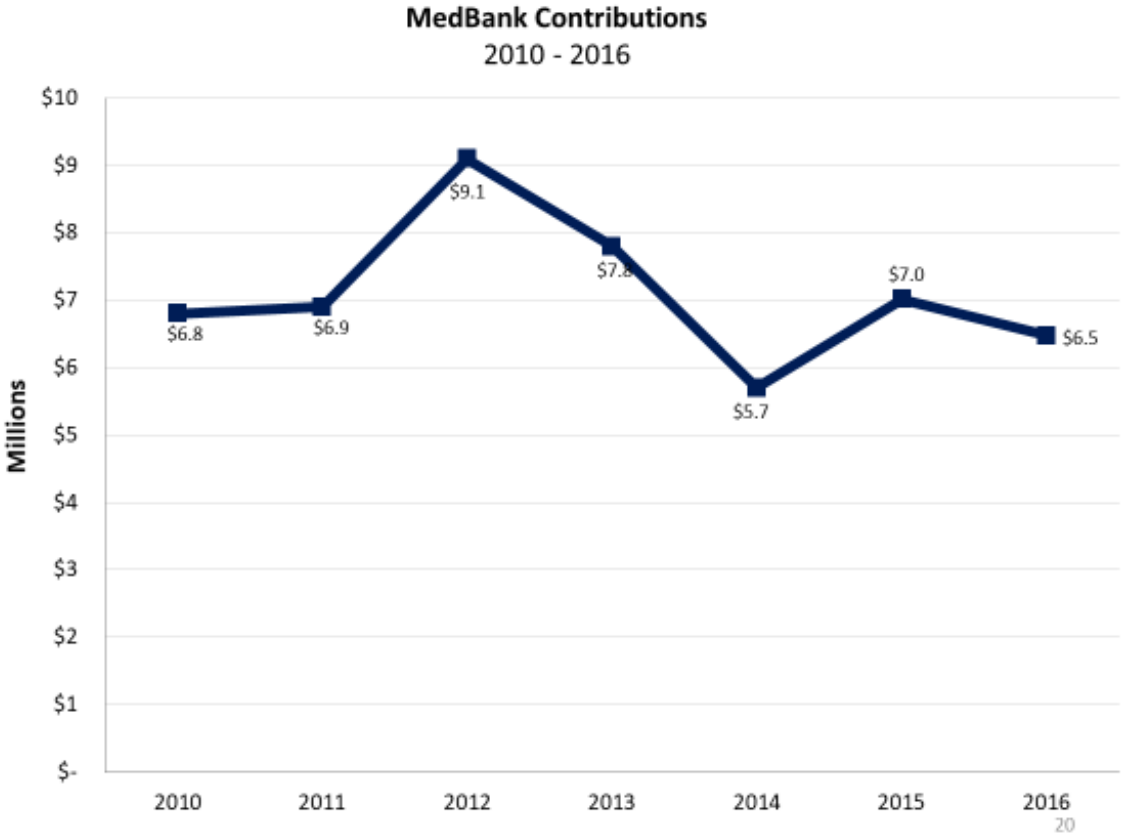
Dental Care: The linkage of a patient's oral health to their overall physical well-being is an important element to reversing negative health outcomes. CCSNPC has recognized the importance of oral health to overall health since its formation. In 2016, there were 8,652 dental visits recorded in the Safety Net Provider Network, a 7.6% increase from 8,042 visits in 2015. In 2016, CARE had 524 dental visits, CVCPHC had 4,834 dental visits and JCLPHCC had 3,294 dental visits and represents their actual capacity.

In 2016, all providers experienced an increase in capacity. CARE increased by 118 visits or 29.1%, CVCPHC increased by 75 visits or 1.6% and JCLPHCC increased by 417 or 14.7%.

Dental services are expensive to provide and often individuals experience financial hardship to access these services. FQHC dental programs are the most important component of the dental safety net system. Dental providers have costs associated with each patient they incur *before* any services have even been provided, these include, large equipment purchase, clinical supplies, equipment sterilization, insurance and staffing.

It is also important to note that dental services are difficult to gain access to in our surrounding counties. The total dental visits for 2016 totaled 8,652, of which 6,467 or 74.7% are Chatham County residents.

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



Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper	$17,641,930
Chatham CARE	$749,253
Medications through MedBank	
J.C. Lewis**	$2,353,691
St. Mary's Health Center**	$3,125,166
Good Samaritan Clinic**	$410,607
Other MedBank locations**	$587,477
CCSNPC Total	**$24,868,124**

**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 2016, pharmaceutical assistance increased from $15,064,629 to $24,868,124. Varying models for filling prescriptions exist at the FQHCs.

CVCPHC offers Retail Pharmacy, participates in Pfizer Pathways RX program (for uninsured patients) and the Patient Assistant Program (PAP) offered through various drug companies. The

340B program allows CVCPHC to offer medications to the uninsured at a more affordable price than any local pharmacy. Patients are charged on a sliding scale fee based on household size and income. The indigent RX programs provided 10,320 scripts for 1,320 patients at a wholesale value of $17,641,930. CVCPHC has an open formulary, the ability to procure any medication within 24 hours and does all the necessary patient paperwork to procure and dispense free medications.

MedBank, a local non-profit organization, offers prescription assistance to uninsured and under-insured low-income patients. In 2016, MedBank provided approximately $ $6,476,941.19 in free medications to the CCSNPC patient population. This model is 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). The uninsured also have an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance due to lack of access to care.

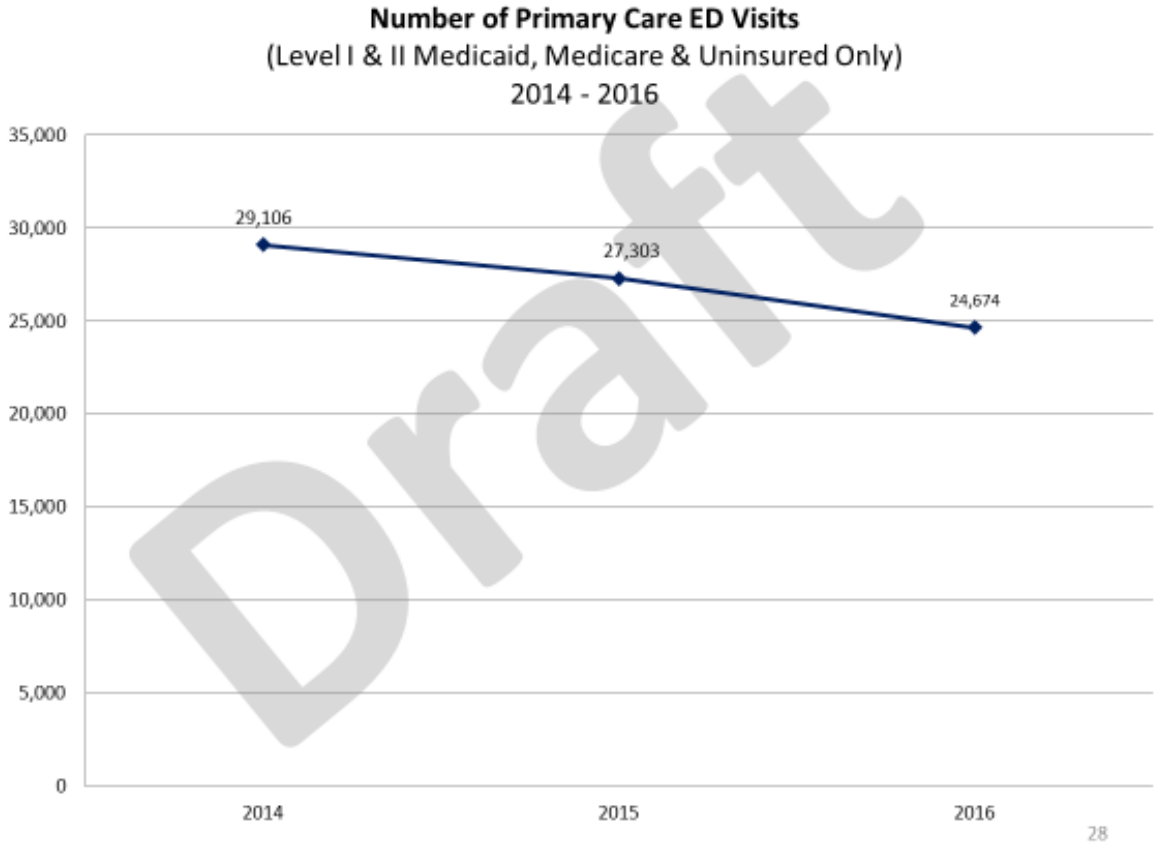
In addition, because of limited access to primary care homes, individuals access the EDs for common ailments because they believe they have no other medical access. All ED patients must be provided a screening examination to determine if they are suffering from an 'emergency condition', in which case 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. They are also less likely to receive recommended screening tests such as blood pressure checks, cholesterol checks, blood sugar screening, pap smear or mammogram (among women), and colon cancer screening. Utilization of an ED for care misses most of the recommendations in preventive medicine.

In 2013, a national research study revealed the average cost of an ED visit was $1,233/visit. This cost analysis mirrors what Chatham County sees in primary care visits, defined as Acuity Level 1 and 2 at EDs and the associated costs for these diagnoses. Cost aside it is not the best care for the citizens of Chatham County to have their healthcare delivery through this 'hit or miss' approach to preventive medicine.

Historically, CCSNPC has approached this mismatch in care delivery by emphasizing the importance of a medical home for everyone in Chatham County. The Chatham County EDs have improved engagement between partners and linking patients to primary care services and a primary medical home. Partnerships between EDs and local FQHCs are critical access points for primary care services. Roughly 40% of Memorial's patients gain entry into the healthcare system through the ED.

One striking example of linking ED patients to the care in the community is the CARE Initiative at MUMC—an intervention in response to the HIV and Hepatitis C epidemic in Chatham and the surrounding counties of the Coastal Health District. These diseases are curable and our community now has the tools to end these major health disparities. MUMC linked 81% of HIV patients to care, between Chatham CARE and Memorial Family Medicine, with few patients seeking care with private practitioners, and linked roughly 60% of Hepatitis C patients to care. Community partners are equally responsible for our program's success, and include all branches of CARE, SM, Savannah LGBT Center, Recovery Place, and Memorial Health Family Medicine Center. Linkage and treatment capacity will expand through a partnership between the Family Medicine Center and JCLPCC.



Number of Primary Care ED Visits (Level I and II): In 2016, there was a decrease in Primary Care ED visits overall from approximately 27,303 in 2015 to 24,674 in 2016. Overall, the total patient count for all three hospitals decreased from 19,755 in 2015 to 18,098 in 2016.

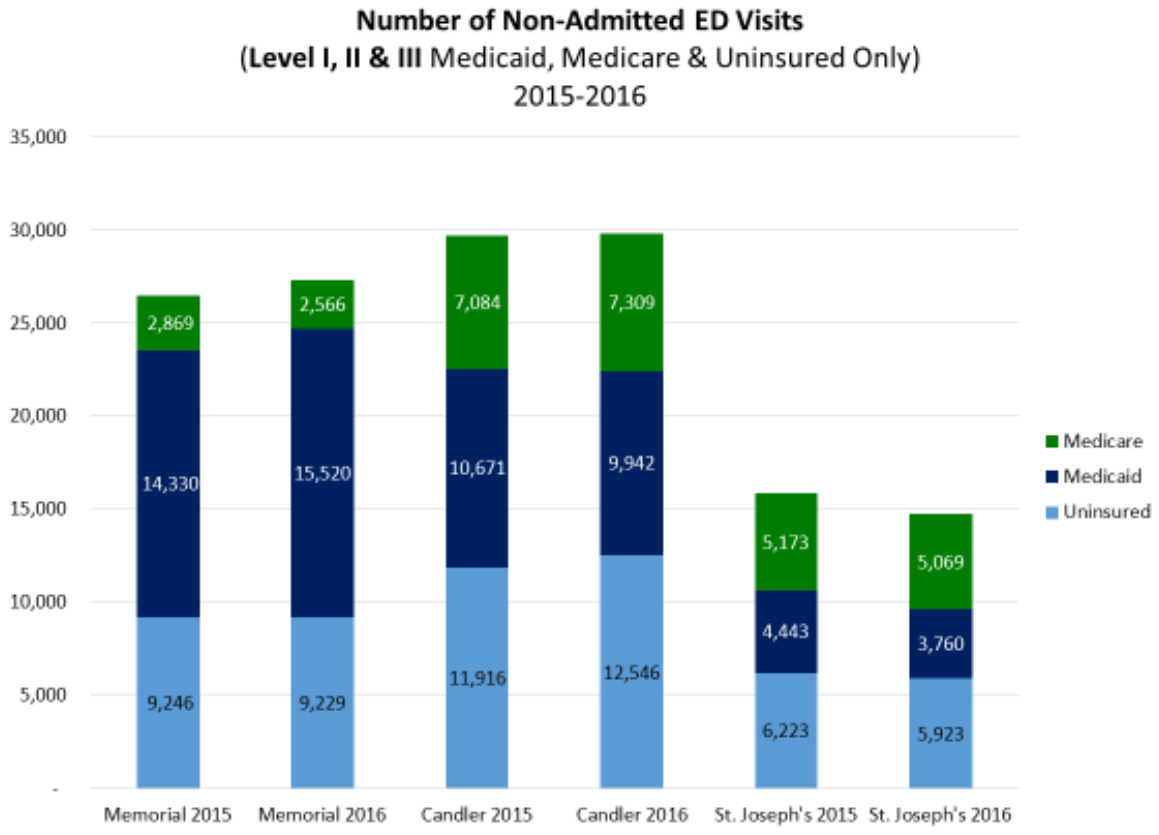
The primary care visits to the ED for SJ/C Hospitals—Candler and St. Joseph's—decreased overall by 106 patient visits in 2016 to 20,561 from 20,667 in 2015. MUMC continued to experience a decline in primary care patient visits from 6,636 in 2015 to 4,113. In 2014, MUMC changed their coding procedures for the ED and this change could have impacted their primary care numbers. SJ/C hospitals implemented similar coding changes in 2017 and expects this will be evident in the 2017 Evaluation and will impact their primary care numbers as well in future evaluations. The decline at MUMC could also have resulted from several other factors:

- More children were covered under insurance and the uninsured utilization decreased at MUMC. In 2016, the Campaign for Healthy Kids enrolled 1,015 children of which 48.6% (493) were Hispanic in Georgia's public health insurance programs, Medicaid and CHIP.[11]
- 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;

[11] As of September 2017, we have assisted a total of 2,669 families, providing application services for 4,212 children and teens.

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

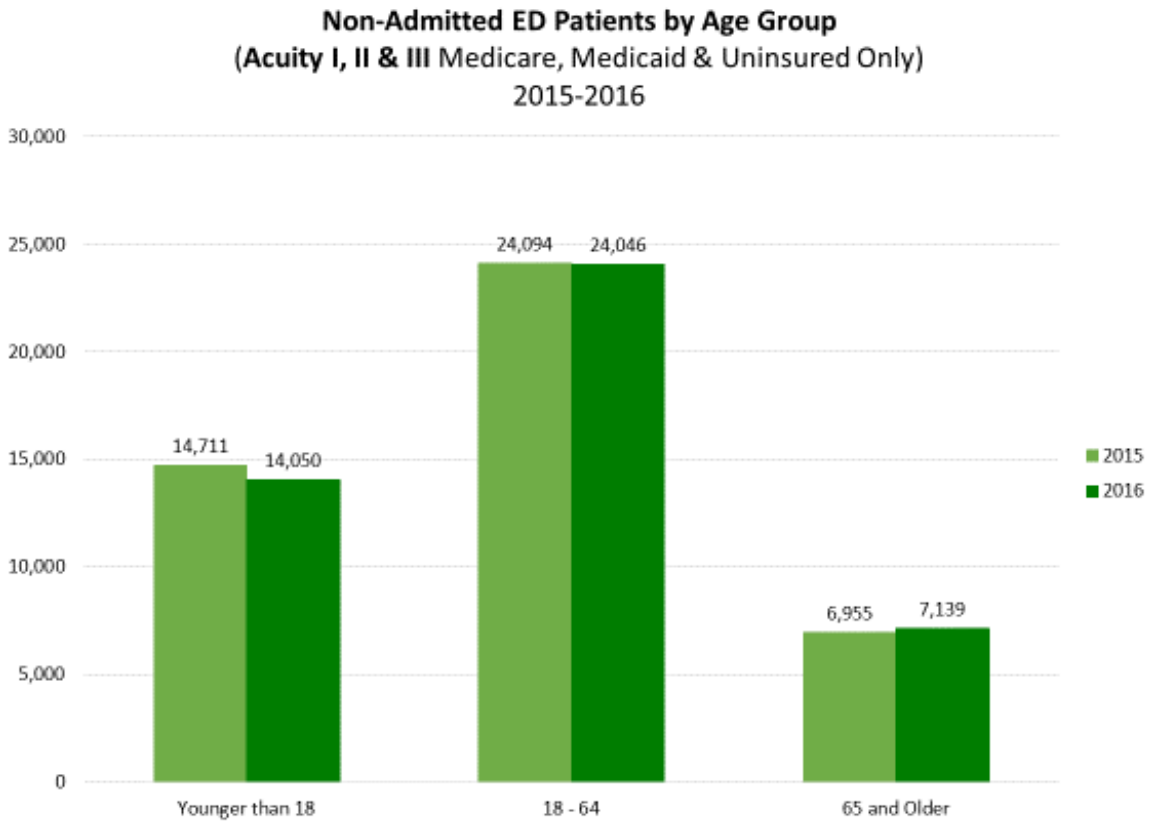
Due to the coding procedure changes implemented at MUMC in 2014 and at SJ/C hospitals beginning in 2017, the Evaluation Committee decided to include the data for all Non-Admitted ED visits (Acuity I, II and III) in the 2016 Evaluation. All numbers henceforth will reflect this change.



Number of Non-Admitted ED Visits (by Medicaid, Medicare, Uninsured):
In 2016, there was a decrease of 118 visits from 2015 in non-admitted ED visits from 71,955 in 2015 to 71,837 in 2016.

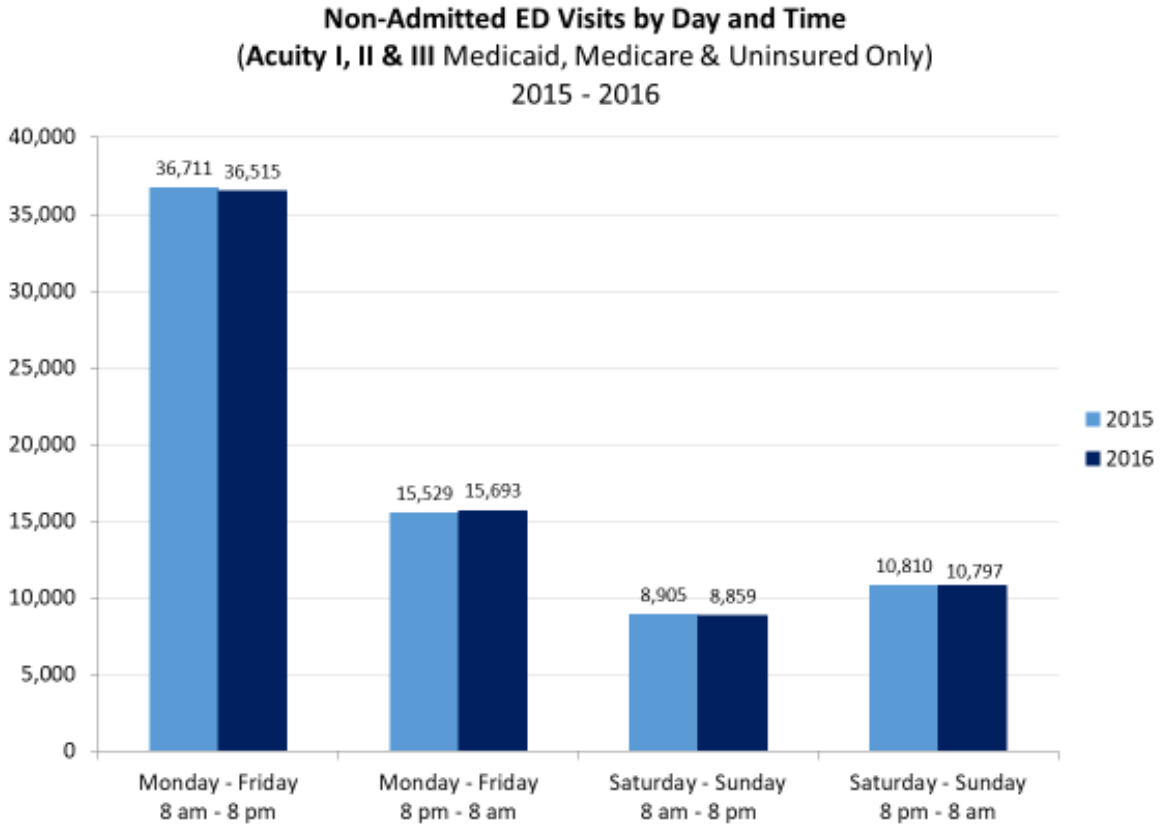
The non-admitted visits to the ED for Candler increased overall by 126 patient visits in 2016 to 29,797 from 29,671 in 2015. The non-admitted visits to the ED for St. Joseph's decreased by 1,214 or 7.7% from 15,839 in 2015 to 14,725 in 2016. MUMC increased by 870 non-admitted ED visits from 26,445 visits in 2015 to 27,315 visits in 2016.

Approximately 40.7% of the non-admitted patient visits to area Emergency Departments were covered under Medicaid. Another 38.6% of the non-admitted ED visits were uninsured or self-pay in 2016.

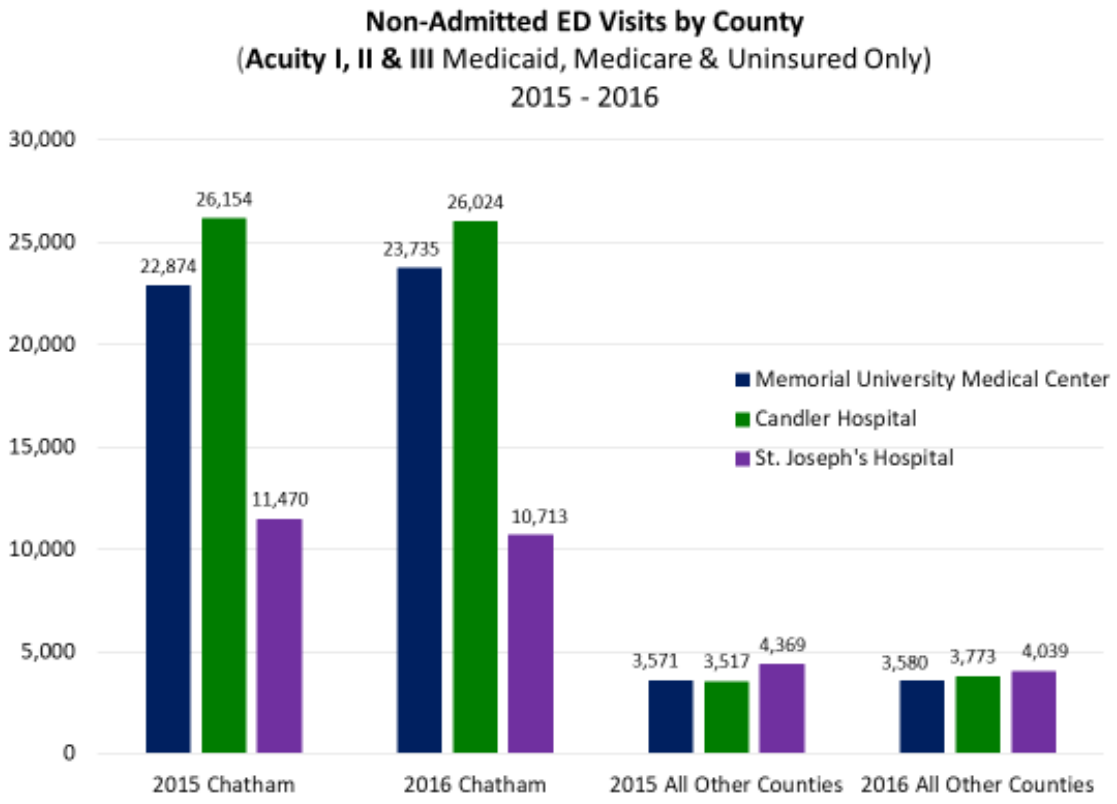


Non-Admitted ED Patients by Age:
A total of 45,235 patients visited the ED but were not admitted in 2016 (down slightly from 45,760 in 2015). Adults ages 18-64 accounted for 53.2%, children under 18 accounted for 31.1% and patients ages 65 and older accounted for 15.8% of the non-admitted ED patients.

In comparison, a total of 18,098 patients presented in the ED for primary care visits (acuity levels I and II). Adults ages 18-64 accounted for 58.1%, children under 18 accounted for 28.9%, and patients ages 65 and older accounted for 12.9% of the visits.

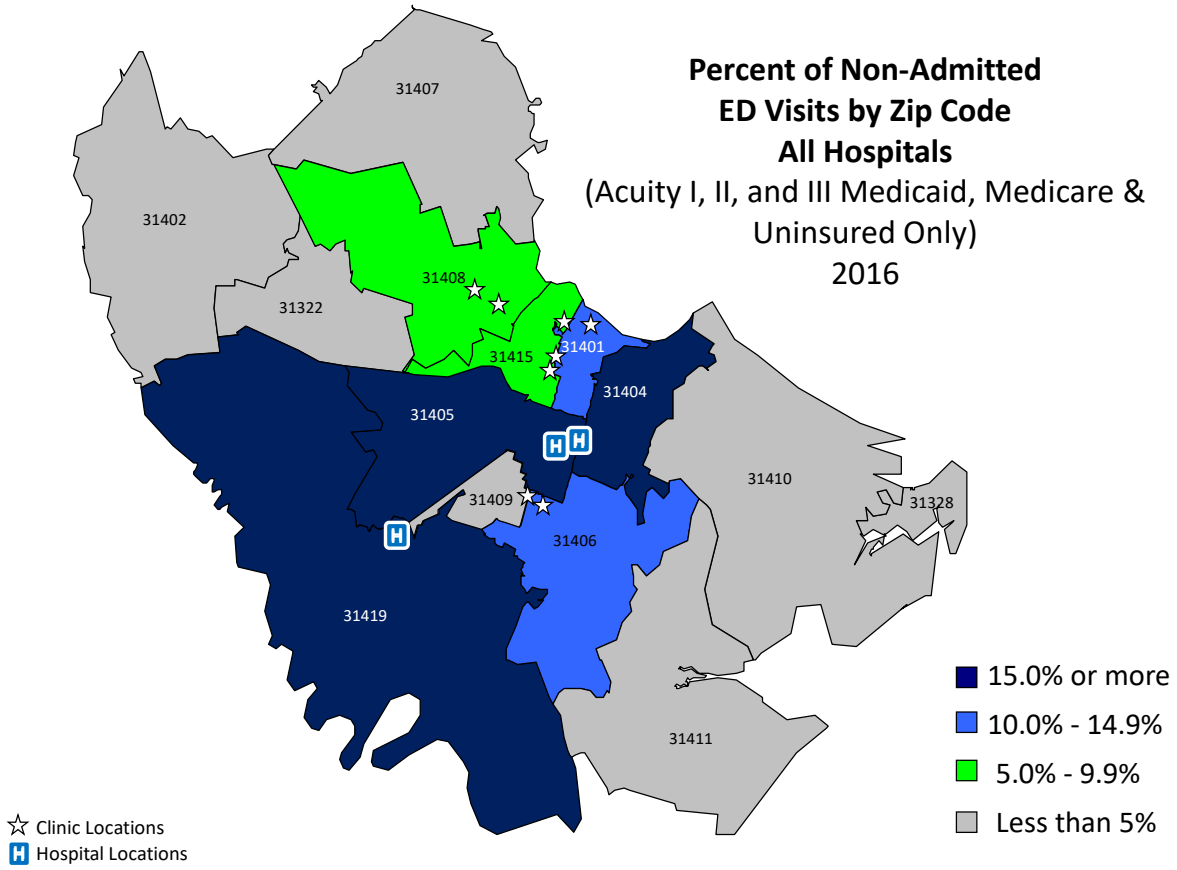


Non-Admitted ED Visits by Day and Time: In 2016, the majority of the non-admitted (Acuity I, II and III) visits to the Emergency Departments (50.8%) took place during the hours that the Safety Net Providers are open (8 am - 8 pm, Monday - Friday). Although the Federally Qualified Healthcare Centers offer Saturday hours, 12.3% of the visits to the EDs occur during daytime hours on Saturday and Sunday (remaining relatively constant from 2015). The remaining 36.9% of the Acuity I, II, and III visits to the EDs occur between 8pm and 8 am, Sunday through Saturday.



Non-Admitted ED Visits by County: Across all three Emergency Departments, 84.2% of visits were Chatham County resident visits in 2016 (remaining relatively constant from 2015). 60,472 patient visits came from Chatham County residents (a decrease of 16 visits from 2015) and 11,392 patient visits came from other counties (a decrease of 65 from 2015).

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.



Non-Admitted ED Visits by Zip Code: The Chatham County zip codes 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:

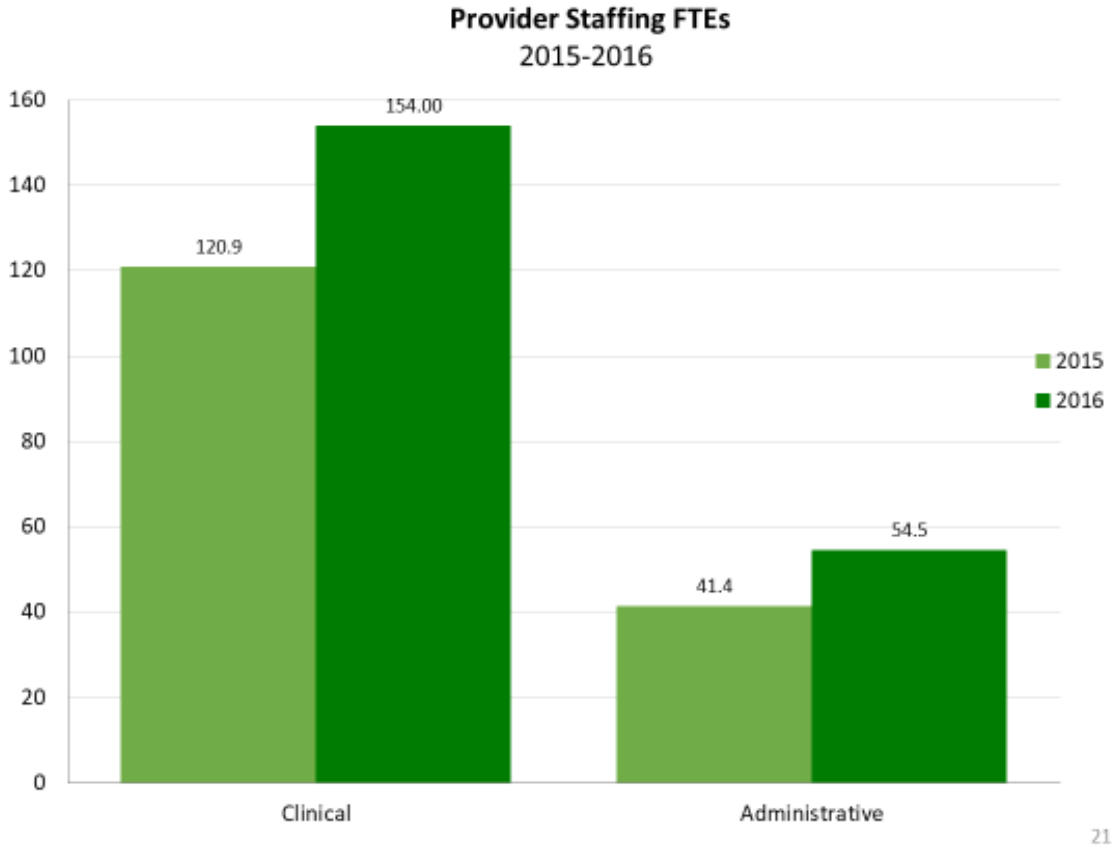
- 31404: CVCPHC and JCLPHCC are located in 31401 adjacent to 31404.
- 31405: MUMC and SJ/C Candler Hospital are in 31405.
- 31419: SJ/C St. Joseph's Hospital is in 31419.

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.

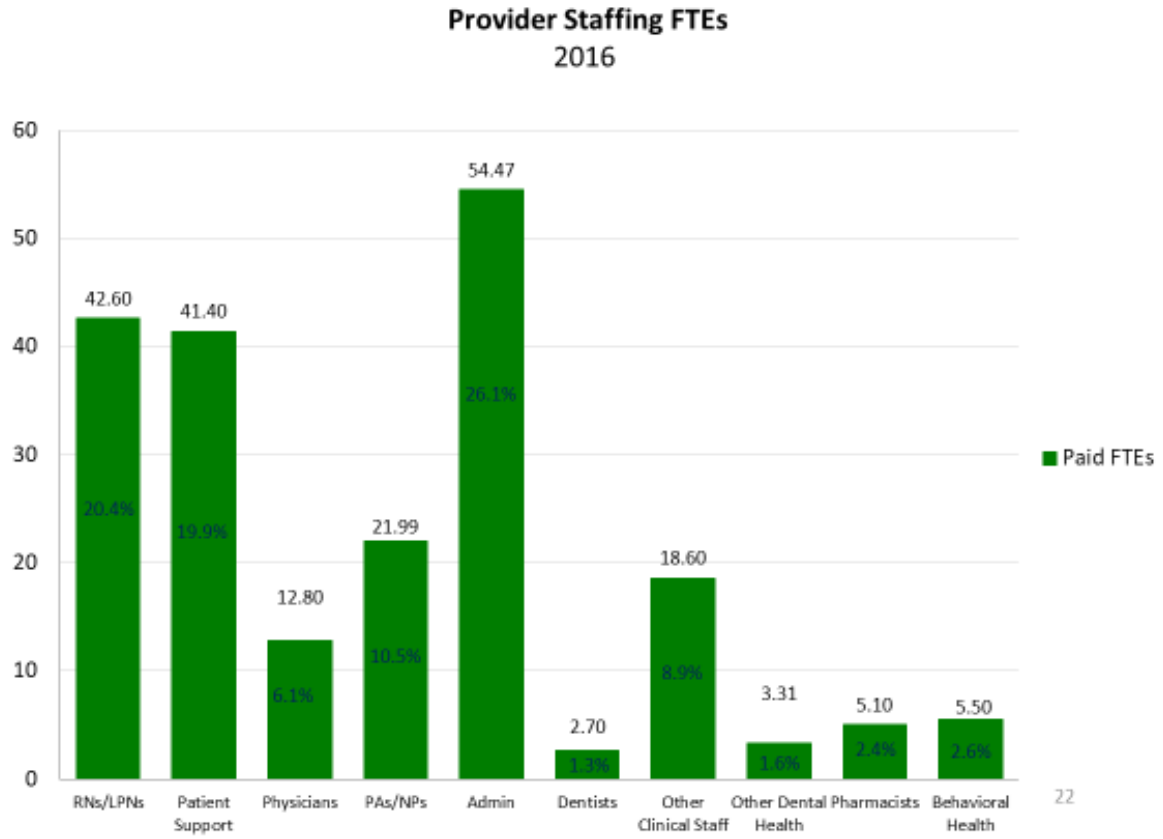
This section covers the staffing and revenue sources for the CCSNPC system.

[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/



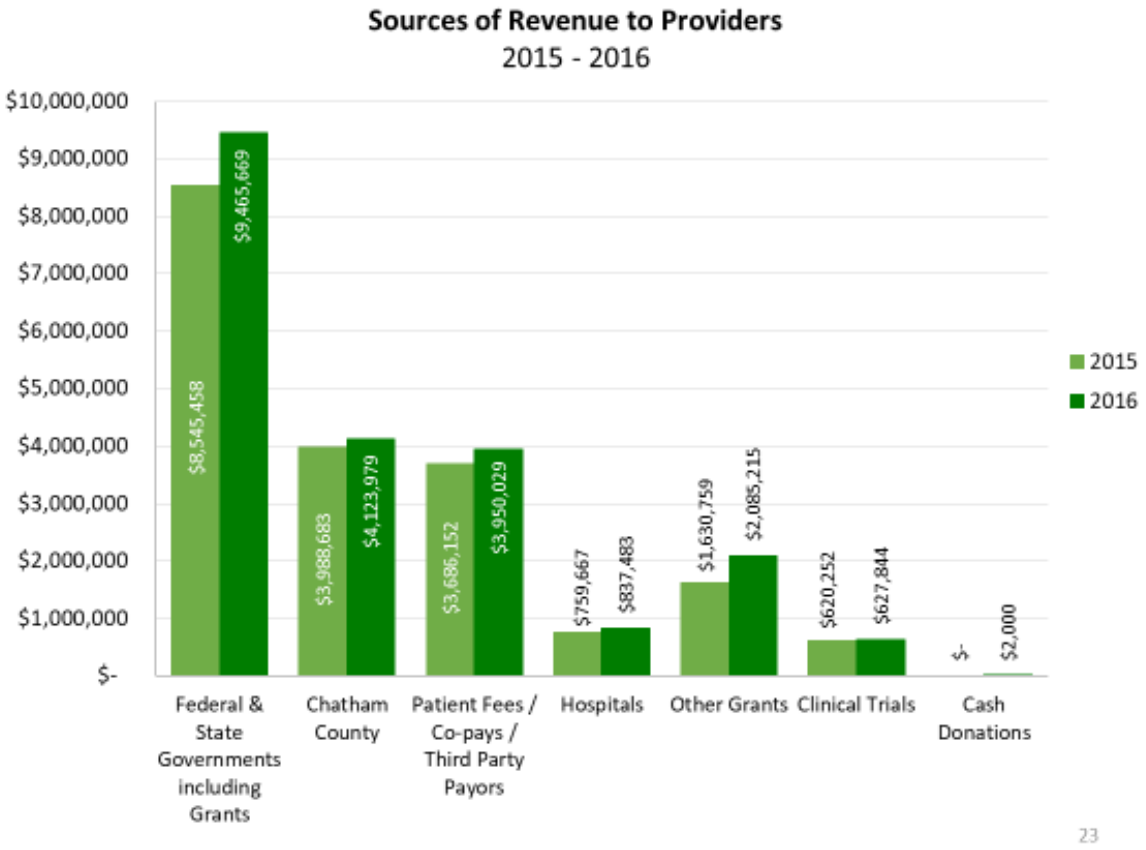
Provider Staffing: In the nursing and primary medical home models described above, physicians must devote a portion of their time to managing and supervising physician assistants and nurse practitioners. Therefore, on average they may see fewer patients a year.

A total of 54.5 Administrative full-time employees (FTEs) support the clinical staff, an increase of 13.1 FTEs from 2015. A total of 154.0 Clinical FTEs in our Safety Net system provide direct care, representing an increase of 33.1 FTEs from 2015. The proportion of caregivers to administrative staff across the system is 2.85 to 1, as compared to 2.92 to 1 in 2015.



The equivalent of 12.80 FTE physicians (a decrease of 0.49 FTEs) and 21.99 FTE "mid-level" physician's assistant or advanced practice nurses (an increase of 25.52 FTEs) were employed throughout the Safety Net Provider system in 2016. Registered nurses and licensed practical nurses constitute 42.60 FTEs (an increase of 9.65 from 2015) 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 41.40 FTEs in this category (an increase of 14.13 FTEs from 2015). These staffing changes have allowed for the increase in capacity for patients and visits.

The CCSNPC system includes 18.6 FTEs in other clinical staff such as lab personnel which supports the team (this represents an increase of 2.6 FTEs from 2015). In 2016, dentists (2.7 FTEs) in the CCSNPC system are supported by 3.31 FTE dental staff (a decrease of 3.44 FTEs or 51%). Pharmacists account for 5.1 FTEs in 2016 as compared to 4.0 FTEs in 2015. In 2016, there were 5.5 FTEs for Behavioral Health positions compared to 2.26 FTEs in 2015.



Sources of Revenue to Providers: A total of $21,092,219 of funding came into the CCSNPC provider system in 2016, an increase of $1,861,248 or 9.7% over $19,230,971 in 2015.

- Federal and state grants provided 44.8% of the total (up from 44.4% in 2015).
- Chatham County Government provided 19.6% of the total (down from 20.7% in 2015).
- Fees from co-pays and billing provided 18.7% of the total (down from 19.2% in 2015)
- Hospital Systems provided 4.0% (up slightly from 3.9% in 2015).
- Private grants accounted for 9.9% of the total (up from 8.5% in 2015).
- Clinical Trials accounted for 3.0% (down from 3.2% in 2015).
- There were $2000 private donations in 2015 up from $0 in 2015.

The decrease in patient co-pays shows fewer patients are covered and without coverage they are continuing to utilize the FQHCs as their primary medical home. CCSNPC providers continue to diversify their funding streams and in 2016 were able to raise additional funding through federal and state governments and private foundations.

Conclusions 2016

- In 2016, the CCSNPC **primary care provider network** served 35,333 patients, a 9.6% increase in the number of patients served, however, there was an increase in the number of uninsured patients served (3,281). A total of 3,102 new patients accessed CCSNPC primary care providers. It is important to note that our free clinics, GS and SM, increased patients served by 398 patients and now serve 8.2% of the total patients served. Most providers saw an increase in patient population. JCLPHCC had the largest increase of patients in 2016 by 1,678.

- The number of **dental care** visits increased by 610 or 7.6% in 2016. In 2016, all dental providers experienced an increase in capacity. CARE increased by 118 visits or 29.1%, CVCPHC increased by 75 visits or 1.6% and JCLPHCC increased by 417 or 14.7%. Although there has been an increase to access to care, there continues to be an overwhelming unmet need for adult dental care and we need to increase capacity for affordable dental care in Chatham County.

- In 2016 CCSNPC providers recorded 147,842 **patient visits**. This is an 8.5% increase in patient visits over 2015**.** 4,502 **Behavioral health** visits were reported from these sites. CCSNPC worked closely with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to complete the 2014 Behavioral Health and Addictive Health Baseline Evaluation. As a next step, CCSNPC has begun work to map out service gaps among behavioral health (mental health and addictive disease) service providers in Chatham County and systematically identify barriers, gaps, and recommendations at the federal, state, payor (insurer) local, provider, and individual levels to improve access to and quality of services in Chatham County. This work will be presented separately to County Commission in Spring 2018.

- 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. 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 2016, the average wholesale value of the prescriptions provided to CCSNPC patients totaled $24,868,124. CVCPHC provided 70.9% of this amount, or a total value of $17,641,930. Another notable contributor to these numbers is MedBank which provided $6,476,941 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 **primary care** (Acuity 1 and 2) **patients** in local **Emergency Departments** decreased in 2016 to 18,098 patients from 19,755 patients in 2015. 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. The primary care visits to the ED for SJ/C Hospitals—Candler and St. Joseph's—decreased overall by 106 patient visits in 2016 to 20,561 from 20,667 in 2015. MUMC continued to experience a decline in primary care patient visits from 6,636 in 2015 to 4,113.

- Due to the coding procedure changes implemented at MUMC in 2014 and at SJ/C hospitals beginning in 2017 and its potential impact on the primary care patient and visit data, the Evaluation Committee decided to **include** the data for all **Non-Admitted Emergency Department patients and visits (Acuity I, II and III)** in addition to the primary care (Acuity I & II) in the 2016 Evaluation.

- The number of **non-admitted patients** (Acuity I, II & III) in local **Emergency Departments** totaled 45,235 in 2016, down 525 patients from 2015. In 2016, there was a decrease of 118 **non-admitted visits** (Acuity I, II & III) from 71,955 in 2015 to 71,837 in 2016. Approximately 40.7% of the non-admitted patient visits to area Emergency Departments were covered under Medicaid. Another 38.6% of the non-admitted ED visits were uninsured or self-pay in 2016. Both health systems continue to connect patients with primary care medical homes.

- **In 2016 funding increased overall, but funding sources remained limited.** A total of $21,092,219 of funding came into the CCSNPC provider system in 2016, an increase of $1,861,248. Federal grants increased in part due to HHS investment in FQHCs. Although most were awarded for a specific program or focus, grants grew to account for 9.9% of the total.

- Although some of our Chatham County citizens have been able to access health insurance through the ACA marketplace, **many were 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. Also, the rapidly changing healthcare policy environment paints an uncertain and catastrophic landscape for the CCSNPC provider network.

Acknowledgments

For their contributions to this report, the CCSNPC acknowledges **Adam Walker**, Director of Operations, Mission Services at St. Joseph's/Candler Health System, 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**, District HIV Director, Coastal Health District
- **Agnes Cannella,** Director of Mission Services, St. Joseph's/Candler Health System
- **Delores Cooper, BS, RN**, Healthcare Manager, HIV Services, Coastal Health District
- **Sister Pat Baber**, Director, St. Joseph's/Candler St. Mary's Health Center and St. Joseph's/Candler Good Samaritan
- **Linda Davis, FNP**, Director Clinical Support Services, Curtis V. Cooper Primary Healthcare
- **Sarah Dobra, JD, MPH**, Behavioral Health Manager, Chatham County Safety Net Planning Council
- **Rena Douse**, Chief Operating Officer, J.C. Lewis Primary Health Care Center
- **Carolyn Eiland**, Chief Clinical Officer, Curtis V. Cooper Primary Health Care Center
- **Eva Elmer, MPA, PMP**, Director, Outreach and Communications, Chatham County Safety Net Planning Council
- **Brandon Gaffney,** Chief Executive Officer, J.C. Lewis Primary Health Care Center
- **Albert B Grandy Jr.,** Chief Executive Officer, Curtis V. Cooper Primary Health Care Center
- **Elizabeth Medo**, Manager, Decision Support, St. Joseph's/Candler Health System
- **Laura Morgan, Director**, Social Programs, Clinical Resource Management Memorial University Medical Center
- **Rebecca Thomason**, Executive Director, MedBank Foundation
- **Chris Rowell,** Financial Analyst, Decision Support, Memorial University Medical Center
- **Sherri 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 CCSNPC Evaluation Committee

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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.

Curtis V. Cooper Primary Healthcare (CVCPHC**)** (31401)
http://www.chathamsafetynet.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 $25 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 whose income is at or below 200% of the Federal poverty level. In addition to primary care, 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 (Moses Jackson), 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 that seeks to improve the quality of life and collective well-being of low-income persons in our community who are unable to afford needed medications to manage chronic, life-limiting health conditions due to lack of insurance and financial disparity. MedBank excels in obtaining prescription medications, at no cost to patients, through Patient Assistance Programs, (PAPs), offered by participating pharmaceutical manufacturers. In 2016, MedBank provided access to $6,476,941 in free medications to qualifying patients in Chatham County through collaboration with area clinics, providers, and service agencies. MedBank Case Specialists are available for face-to-face, enrollment assistance for established patients of J.C. Lewis Primary Healthcare Center, Good Samaritan, and St. Mary's Health Center. Additionally, MedBank accepts referrals for PAPs from emergency departments, private physician offices, and other area social service agencies. MedBank's goal is to help individuals manage chronic illness through access to free medications that improve health outcomes and reduce financial burden

Memorial University Medical Center (MUMC) (31404)

http://www.memorialhealth.com/

MUMC is a 612-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 Community Center 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 $10.00. 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 34-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 2016

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 2016
   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 2016
   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 (primary care oral cancer screenings not included)
      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. 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)
    k) Volunteers (denote positions and FTEs)

Section 6: Clinical Outcomes Data

A. Top diagnoses and number of patients seen in 2016 with diagnosis (Patients can be counted in more than 1 category)
    a. High blood Pressure
    b. Overweight/Obesity
    c. Diabetes
    d. High Cholesterol
    e. Depression/Anxiety (PQH-9 scores equal or above 10)
    f. Substance Abuse
    g. HIV

h. Hep C (include # diagnosed, screened, treated, cured)

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. Explain tracking process and efforts to reduce no-shows. Do you have Open Access times available?
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. Which EMR are you on?
    a. Does it meet the Office of the National Coordinator for Health Information (HITECH) requirements? Are you meeting meaningful use?
    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?

Section 8: Geo-mapping:

A. Map location of all Urgent Care Centers in Chatham County and outline business models

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