

Health Team

Notes 5/25/07

Health Team met from 12-2pm at Athens Regional Medical Center.

Present: James Shrum, Tracy Thompson, Mark Ebell, Deb Williams, John Culpepper, Virginia Day, Kathy Hoard, Diane Dunston, Jennifer Richardson, Claude Burnett, Farris Johnson, Shelby Lacy, Adam Gobin, Delene Porter

James opened the meeting with introductions. The Health Team Members include:

1. James Shrum* - Chair, ARMC
2. Virginia Day* - St. Mary's Healthcare System
3. Monica Knight* - Clarke County School District
4. Terry Tellefson* - Advantage Behavioral Health
5. Diane Dunston* or Jennifer Richardson - Neighborhood Health
6. Tracy Thompson - Mercy Clinic
7. Deb Williams - Nurses Clinic
8. Claude Burnett - Athens-Clarke County Health Department
9. Bob Galen - School of Public Health, UGA
10. Farris Johnson - Family Practice
11. Pamela Robinson - Wellcare
12. Kathy Hoard - Athens-Clarke County Commission
13. Karen Schlanger - UGA Cooperative Extension
14. John Culpepper - Athens-Clarke County Finance Dept
15. Mark Ebell - Professor, Family Practice
16. Sherrie Ford - Power Partners
17. Lisa Caine - Daily Bread

*Indicates PPA Steering Committee Member

James gave a presentation which covered the work of PPA and the transition to OneAthens. PPA was a large group that listened, gathered information and asked for change. OneAthens is an action team charged with implementing the information gathered through PPA.

Team discussed healthcare problem- see Health Team Intro PowerPoint for details- and findings from PPA process. Discussion included:

- 19,843 (19%) people in ACC are uninsured,
- Growing number of uninsured and increasing demand for health services. Much of the demand is being handled by the emergency rooms.
- Continued reductions in payments by Medicare, Medicaid, and health insurance, increasing operating costs. Clinics for uninsured and underinsured are at capacity.
- Growing Hispanic population in need of care.
- Difficult to access affordable specialty care such as dental, mental health pharmacy, and physical/occupational therapy.
- Reductions in funding for clinics serving uninsured and underinsured.
- Collaboration among providers is lacking.

One of the initiative's goals is to build upon what is being done and make it better

One Athens Health Team Product was introduced:

A community health foundation with an approved plan to coordinate and fund basic health services for those in poverty and near poverty by January 2008.

Product Components were discussed:

Phase 1- A plan for coordination of basic health services- primary care, medications, specialty care, and prevention.

Phase 2- The creation of Community Health Care foundation

Team Timeline was broken out:

Define this product by mid June and report progress to the community in July or August.

James set ground rules for the Team's meetings:

1. Start on Time and End on Time.
2. Keep an open mind.
3. Discussion must remain on the initiative being discussed.
4. Be respectful of one another, which includes not talking over each other.
5. No personal attacks – no personal agendas.
6. Our meetings are open to the public; everyone is welcome to attend.
7. Only team members will be allowed to participate in the discussion during the meeting.
8. Public comments and input related to items on the agenda will be welcome during the last 15 minutes of the meeting.

James opened the meeting up to reports on capacity and demand of services (each agency brought a report which is attached):

Mercy Clinic- (see attached handout) Tracy Thompson reported that they were moving July 1 to 767 Oglethorpe Ave which will triple their space. This increases the number of exam rooms from 4 to 8 and if they have more volunteer providers and money they will be able to increase capacity. They've added 6 new specialty clinics in past 60 days. They did this because they couldn't find specialists to take their clients.

They offer Diabetes, smoking, and hyper tension Health Education classes in English and Spanish on Wednesday mornings. It is extremely difficult to find Spanish and English fluent Health Educators.

If clients can't attend, Mercy has partnered with ARMC and can send clients to ARMC's evening Health Education Classes with a note.

Medical clinic is open from 2 and 4pm, Tuesday and Thursday by appointment. Need to call about two weeks in advance for appointments currently, pharmacy allows walk-ins.

7 out of 10 calls are about dental care. Could be open 24/7 and it wouldn't begin to touch the need for dental care. They could go to Athens Tech for cleanings, these are for larger issues. There is a waiting list for dental care, but they stopped adding to it at 165.

Could be open 24/7 and not meet the basic medical demand. They take 10 new patient appointments a week and get 121 calls in 2 hour period.

Who do you serve- people at 150% or less of the federal poverty level? Require a picture Id and proof of income or notarized statement saying they have no income.

Have to have a phone to access the clinic- most equitable way- they call from DFCS and ABHS.

How are additional diagnostic testing handled- arrange for them to go to hospitals to fill out low-income assistance paperwork and hospitals do lab tests.

27,000 budget for meds- most goes to insulin, scrips and meters out of healthcare, have a social worker who does medicine assistance program to get meds from companies Getting meds through St. Mary's (their buying power helps) and Hawthorne drugs. St. Mary's has least expensive generic insulin- \$19.98 a vile. Public health gets it at \$7 but can't sell it to Mercy. Health Dept has to buy it so they have to pass cost to patient and "if they could pay, they'd be at the Health Dept."

Tracy is paid part time as well as a 26 hr admin asst, dental coordinator 10hrs per week, and 6 hours a week medical director. Any licensed person that they have is a volunteer. Most of the dentists come from outside of ACC, most physicians come from Athens Oconee area.

Would it be possible to separate out ACC patients from those coming from other areas to know numbers- take patients from surrounding 9 counties? Yes.

Is faith based a barrier to getting volunteers- haven't seen it, no Doctor or patient has to pray.

Mercy is hooked up to Regional's electronic records- Hosp are willing, but need software and computers. Mercy has applied for a grant to create their own electronic records, but they currently use a paper system.

Haven't applied for Federal grants because the tracking paperwork is too time consuming for a small clinic.

Nurses Clinic- (see attached handout) Deb Williams reported that their #1 call is for medications and the #2 call is about dental. She also seconded that the firewall and other requirements for data tracking for federal funds is too costly and time consuming for their small clinic to handle.

Nurses' clinic serves the homeless and uninsured in town at Reese St. Now open Monday, Tuesday, and Thursday. They are open 20 practitioner hours a week, 3 days a week. They see 4 times the volume that Mercy is able to do right now- 1200 patients per

moth, so 3 patients per hour per practitioner. But it is getting more difficult because they are seeing more and more multi-system problems- chronic diseases- hard to provide the quality care that they want to in 20 minutes.

Nurse clinic has a Medical director who provides consultations by phone. There are 1-2 nurse practitioners paid, 1 registered nurse paid, 1 Spanish to English interpreter paid, 1 Clerical volunteer, and maybe an additional nurse volunteer. They do have 3 dentists who will work with them and a few take referrals from them.

Testing is in house and St Mary's does lab work for free. Nurses clinic has 150 patients a month, 500 procedures per month that St Mary's does for free.

They spend \$70-80,000 per year on meds and have 4 meds a piece per patient on average. They've only have in the budget \$20 per patient per visit.

The #3 request is for personal hygiene kits – they cost \$15 to make and have 400 people a month who want them and the kits only last a week.

Capacity: the Nurses Clinic is always full, start at 9am, 2/3 scheduled apt 1/3 walk ins- at 8:10 walk-ins are full for the day and they have to turn away 10-15 a day in person, probably turn the same number away by phone.

Need to begin to see how many people are being told to go to the emergency room.

Nurses Clinic averages 35 people a day and 50 dental patients per month. Over ½ their clients are diabetic, hypertensive, or both; 80% are unemployed; and 30-40% are applying for disability.

Could be there 7am-7pm, 5days a week and they would still have a line. The Clinic does not ask for id or proof of income- go on the honor system- don't have time to ask for documentation.

Many use the Nurses Clinic as a pharmacy- the ARMC emergency room sends people over if the meds are in their formulary- feel good about their relationships with both ERs. Send only 4 or 5 patients a month out of their 300 to the emergency room- hospitals know that it is legitimate. Nurses ends up triaging the person for the ER. Wish there was cheaper way to triage in ER. Wish she didn't have to send people to ER for primary care.

Could we avoid redundancy- coordinate so patients are only going to one place? Patients are going to multiple places but not for redundant services, but because they need different care or feel that they can't go back to one place because they've got debt there.

Hospitals have electronic medical records systems, could get hospitals to help with levels of IT as appropriate for each agency. Fed government has said they'd like to see interconnectivity. Could use a tracking system to verify that they're not getting redundant services and follow up with patient education. Hospitals are willing to do this-

have to ask them to grant certain access rights and get the two different systems accessible from the clinics.

Still, there is a need to increase capacity, not just coordinate services.

Neighborhood Health Clinic- (see attached handout) Diane Dunston reported that Athens Neighborhood Health Clinic was founded in the 1970s through a model cities grant. The goal of the ANHC is to provide Physician directed health care through family and community-based social and health services. They get support from local government and fees. They get support from the local gov't through ACC general fund and CDBG. ANHC also gets United Way and grants from private foundations- Health Care GA Foundation and 1st Presbyterian Church.

Provide care for all regardless of ability to pay- place on sliding fee scale so fees are greatly reduced. ANHC makes a large charity write off every year for bills that can't be paid- they don't send patients to creditors or hassle them. They accept almost all 3rd party providers including Medicaid and Medicare. They operate on revenues of work they do. This has become increasing harder since most of patients use Medicaid and Medicare and those reimbursements are being reduced. To do comprehensive primary healthcare, ANHC has submitted a grant to become a Federally Qualified Community Health Center. They are one of 6 Georgia Centers chosen to be on the short-list and will be funded if money is appropriated at the federal level. They should know before the end of the month. If they get this grant they will have another physician starting in August.

ANHC is open 5 days, M-F, 8am-5pm. They currently have two full physicians and one volunteer physician. Unfortunately they cannot use volunteers because the liability is so high in a clinic where payment is accepted. ANHC serves 11,000 individuals through 20,000 encounters per year. They do onsite lab tests with Labcore and other companies picking up at end of day. ANHC absorbs the lab costs; they do not send patients to the hospitals for blood work. ANHC also tries to help with medications – used to have a great system with pharmaceutical companies but government under cut it with Medicaid Part D. ANHC is still accepting new patients, but have a 2 month wait time to get first appointment. They waive the wait time if the Hospitals or other social service providers call with an emergency. There is a 4 week wait time for new pediatric appointments, but can accept neonates right away. ANHC cares for people from many counties but majority (85%) are from ACC- some come from as far away as the mountains looking for a place that will take the uninsured.

ANHC has most difficulty getting #1 affordable medication and #2 accessing specialists especially when they have to send patients out of the area for things like orthopedic care and endocrinology.

ANHC does not have electronic medical records. The feds will demand it if they become a FQHC and it is needed.

Many clients won't go back to a clinic or hospital that they owe money to- so the Nurses Clinic gets many people from ANHC or the Hospitals. If the patient owes some group money- they won't go back (pride, fear, whatever) they won't follow through- need to understand this in breaking down barriers to working with this group. High bills don't want to go anywhere- delay of accessing care

Need to be honest about working and collaborating together- clinics and hospitals- need to bring system together, and expand capacity.

Clarke County Health Department- Claude Burnett reported that they have 50,000 visits (20,000 patients) per year. (He will follow up with handout.) The Health Dept. focuses on preventive care. They used to see more under 5 for immunizations, but now Doctors are picking this up. Still see the same numbers of school age and same for flu shots. They have reproductive and women's health services- birth control, STD, cancer; WIC; TB; Hypertension; prenatal services link to obstetricians; and HIV.

Really concerned about prevention- 19,000 with high blood pressure in Athens and 1/3 don't know it. They turn away 20-30 people a day from birth control, state did eventually refund but not sure if they can get adequate funding in future. 10-15 turn away for hypertension- have inexpensive meds, patient compliance is needed.

What is an average cost of visit to health dept-?

Reproductive health is offered on a sliding scale but they can no longer require proof of income so many people are not paying for those services like they once were. A hypertension visit is \$15. They charge for everything, but give a lot of free- Provide regardless of ability to pay.

Send patients to ANHC with complex problems that their nurses cannot do.

The clinics aren't duplicating, they are providing complementary services.

So swamped that if you call that morning and they are already full for day you have to call tomorrow. There is no more acute care for walk-ins at Health Dept.- so if kid needs shot and has earache- they have to go some where else.

The Health Dept. is moving towards an electronic system for WIC, Immunizations, and eventually hypertension. They currently have electronic tracking but it isn't medical records. Serve surrounding counties- as many people who are Clarke residents go to the Oconee Health Department as Oconee residents coming to the Athens Department.

Discussion For Next Meeting-

Will hear from the hospitals and the Lead Athens survey.

Mark Ebell mentioned that there is a new model of primary care being developed. The focus is to develop more efficient- open access scheduling, so you “do today’s work for today.” In most cases if the clinic is full a patient will go to the ER- open access allows there to be an opening all the time. Mark will bring this info next time as well.

Kathy Hoard pointed out the need to discuss having partners beyond our boarders since there are patients from the surrounding area coming to Athens medical providers.

The point was made that the clinics are not providing redundant services, but better data could help determine if the clinics are sending away the same group of people- how large is the unmet need.

The point was made that there is a need for more translators to support the increasing Hispanic population. It takes twice as much time to serve Spanish speaking clients (since everything has to be said twice through a translator). Almost 40% of the services provided by the Health Dept. are to Spanish speakers. The Nurses clinic has similar numbers.

GA Volunteer program is a good way to get liability coverage for medical volunteers. Mercy uses them. Nurses’ clinic had difficulty with state’s paperwork but will look into this new program.

It was restated that prevention is critical to reducing health costs. Group agreed that they wanted to focus on Early Access for all Athenians.

Mark will put together a projection of demand discussed at today’s meeting

James asked group to think about:

How will we know if we’ve been successful? What are our outcome measures? We need to agree on how to count the numbers and consistently count them so that we can see hopefully an inverse relationship between the number of patients seen at clinics and the number of non-paying patients seen in the emergency room.

Next Health Team Meeting-

The Health Team will meet on June 8th from 12-2pm at the Health Department and on June 22nd from 12-2pm at St. Mary’s.