

The First in a Series on the Health Safety Net in Georgia



THE STORY OF THE CHATHAM COUNTY SAFETY NET PLANNING COUNCIL

A Case for Health: Community Health Mission

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PATIENT PROFILE: Ms. Denesi Barnes

Just last year, Savannah resident Denesi Barnes found herself in a situation facing many Georgians. She had high blood pressure and cholesterol, was pre-diabetic, had a history of heart attacks and was recently divorced, unemployed and living with family with no way to pay for health care. During a stay at Savannah's Memorial Health University Medical Center, Ms. Barnes received a lifesaving referral to Community Health Mission, a local clinic that offers free primary health care services to nearly 6,000 uninsured residents of the city.

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“I was not aware of Community Health Mission before, but now my sister and I both come here,” says Ms. Barnes. “It is really convenient, and they [the staff and volunteers] do a great job. They’re always friendly and go out of their way to make a difference, which is nice when you don’t feel good.”

Ms. Barnes not only receives her primary health care services from the Mission, but she is also able to get much-needed medications at no cost. Thanks to a partnership Community Health Mission has with a local nonprofit, the MedBank Foundation, Ms. Barnes doesn’t have to choose between groceries or prescription drugs to control her blood pressure. The staff and volunteers at the Mission not only make sure she gets them free of charge, but they also assist her in filling

out paperwork and navigating the system to ensure she has the medicine she needs to help her feel her best.

What stands out the most for Ms. Barnes, though, is Community Health Mission’s personal approach to caring for patients. Both staff and volunteers take time to get to know their patients and develop one-on-one relationships with them, in hopes of creating a medical home environment where they can both receive much-needed

care and learn how to better manage their health while they are uninsured.

“I’ve developed relationships with people and know they are here to help,” says Ms. Barnes. “I don’t know what I would have done without Community Health Mission. They were truly a lifesaver for me.”



“Programs that show results can help keep people at the table.”

- Michael F. Kemp, Board Chair, United Way



Safety Net Landscape

The magnitude of the health care crisis has everyone feeling the pinch in their wallets. The rising cost of health care and caring for the uninsured is no longer a topic of conversation reserved for health care advocates and policy enthusiasts. Recent data released by the State Health Access Data Assistance Center show that the average premium costs for private coverage increased in Georgia by 26.7 percent between 2001 and 2005, while Georgians only saw a 3.6 percent increase in the median household income. According to the U.S. Census Bureau, more than 1.6 million Georgians are uninsured. While it is nearly impossible to estimate the number, many more are underinsured, leaving a significant portion of the population with limited or no access to health care.

States and communities have sought to provide systems of health clinics and programs to provide individuals with access to basic care. As a notable example, public health agencies have been dedicated to providing access to immunizations for children and protecting the child, family and entire community. The investment in these vaccines costs little in comparison to treating the diseases they prevent. As a result, the United States has immunization rates at or above 90 percent and record low illnesses from measles and other vaccine-preventable childhood diseases.

Recognizing the importance of access to health care, health leaders have connected uninsured, low income children to health coverage programs, primarily Medicaid and the State's Child Health Insurance

Programs (SCHIP). Through the expansion of coverage options with the creation of SCHIP in 1997, and the outreach efforts of safety net organizations, even though the number of uninsured Americans has increased, the number of uninsured children has decreased.

The gaps in services and care are immense and beyond the capacity of public health to fulfill. Leaders, organizations and individuals have heard the call – some motivated by altruism and the desire to care for others, some motivated by an understanding of the adverse costs and financial impact on the health system, some motivated by the desire to strengthen their communities and all motivated to fill a need.



WHAT IS A SAFETY NET?

A “health care safety net” provides health services to low income individuals and families regardless of ability to pay. The Institute of Medicine described the nation’s health safety net as “a patchwork of institutions, clinics and physicians offices supported with a variety of financing options.”



Community Leadership to Meet Community Needs: *Safety Net Planning Council*

Ms. Barnes' story, unfortunately, is not unique. Many Georgians struggle to get the care they need to maintain their health and wellness. For some, the inability to find affordable coverage is a major obstacle. In rural areas across the state, many Georgians have additional challenges finding care – even if they have insurance – as health care providers, including primary care physicians, nurses, specialists and trauma care, are sparse.

For all of these underserved individuals, the safety net is vital, providing care in community health centers, government-funded clinics and hospital-based facilities. The safety net provides crucial services; however, these networks only meet the needs of 25 percent of Georgians, leaving the majority of Georgians without a medical home when they are sick or services to keep them well. As they have to delay routine and preventive care, emergency departments serve as primary care providers, costing Georgia's hospitals an estimated \$1 billion in uncompensated care, and missing opportunities to help keep Georgians well.

Recognizing the impact of these problems on a local level, Chatham County dedicated resources to work toward a solution. The County Commission invested \$3 million in community care for people who are underinsured and uninsured. This investment proved to be the beginning of a larger effort to improve care for Chatham County

residents as they realized that to truly make an impact, many community organizations would need to come to the table. The Commission authorized the development of an infrastructure that would maximize access to and utilization of health care services to create tangible improvements in the health of Savannah residents. Understanding the complexity of the issues and potential political challenges that such a group could have, it called upon the Chatham County Health Department to play an important role: a neutral convener to bring key players in the community together.

In 2004, the Chatham County Safety Net Planning Council was created and comprised of entities representing varied interests in the community: nonprofit, corporate, county, and health and human services. Chaired by Dr. Diane Weems, chief medical officer for the county's health department, the Council conducted an in-depth needs assessment to find out what health care needs were not being

addressed adequately and what actions could have the greatest benefit for the people of Savannah and Chatham County. In 2005, the Council also became the Healthcare Action Team for Savannah's poverty reduction initiative, Step Up!

Finding A Solution

The first priority of the Council was to conduct a comprehensive assessment of local health care needs, current systems and available resources through a review of annual reports from local health and social services agencies, grant reports, state and federal health and poverty data, and epidemiological data available from the hospitals and health department such as emergency department utilization data and morbidity and mortality statistics. The results of the needs assessment created a baseline understanding of the needs for care, gaps in services and resources available to support a local safety net system. A demographic profile

of the county at the time was created to identify individuals most likely to be in need of health care:

- At any one time, there were approximately 44,000 uninsured persons in Savannah; most were female (63%) and minority (57%).
- Nearly 80 percent of uninsured adults in Savannah were working.
- Uninsured patients were geographically concentrated in certain areas of the downtown area.

The average cost for a primary care visit conducted in an emergency department in Chatham County was \$260 whereas a visit through a traditional primary care provider was only \$115. Referrals to specialty care were unsystematic and even when uninsured patients were able to seek care they often were not able to complete treatment due to cost of prescriptions.

The Council recognized that the system was very complex not only at the organizational level, but also to the people seeking services. The Council sought to make it easier to navigate the health care system by enhancing collaboration to improve the referral system and increasing knowledge of resources available to individuals in need of care. Through this navigation system, patients like Ms. Barnes find the care they need at Community Health Mission and other community clinics.



The Care Navigator Program is an innovative strategy utilizing case management and Pathways Community Network – a Web-based electronic information network – to direct uninsured patients that utilize emergency rooms for primary care to community-based health facilities and enroll targeted patients. Priority for enrollment is made to those with chronic illnesses; 83 percent of those enrolled have cardiovascular disease or diabetes. In 2007, care navigators provided services, primarily referrals for health services, to more than 6,800 uninsured/underinsured adults and enrolled 1,468 in the Pathways network. Pathways allows community partners to assure coordinated care to patients with chronic diseases and multiple medical needs. For those patients enrolled, more than 95 percent of all referrals for specialty and ancillary health services were completed.

Chatham County Safety Net Planning Council Partners

- Armstrong Atlantic State University
- Chatham County, City of Savannah
- Chatham County Health Department
- Community Cardiovascular Council
- Community Health Mission
- Curtis V. Cooper Primary HealthCare Center
- Department of Family and Children's Services
- Gateway Community Services Board
- Georgia Legal Services
- Georgia Medical Society, private dentist
- J.C. Lewis Health Center
- MedBank Foundation
- Memorial Health University Medical Center
- Savannah Area Behavioral Health Collaborative
- St. Joseph's/Candler Health Systems
- Step Up!
- United Way of the Coastal Empire



Organizational Leadership That Makes a Difference: *Community Health Mission*

Achieving results and keeping key players engaged on an ongoing basis at the community level takes vision, leadership and strong partners at the organizational level. Perhaps no one is more keenly aware of the symbiotic relationship between the Council and the members of the safety net than Community Health Mission Executive Director Dr. Miriam Rittmeyer. An active member of the Safety Net Planning Council, Community Health Mission serves low income, uninsured adults who are not eligible for Medicaid and Medicare, filling a void in care that significantly contributes to the overall cost of care and strain on the safety net systems. In 2007, Community Health Mission conducted nearly 15,000 patient visits.

Volunteers and Partners in Action

Community Health Mission thrives on the active engagement of volunteers committed to improving the health and wellness of the people it serves. A network of 54 volunteer physicians – from internists to women’s health professionals – provides patient care, reviews charts, stocks supplies and provides operational guidance. Through partnerships with local hospitals and health service providers, the Mission has secured in-kind donations of supplies and testing services, including mammography and magnetic resonance imaging (MRI). Community partnerships have created a continuum of care for patients utilizing services from more than one agency in the safety net, and making it possible for Community Health Mission to provide care at a fraction of the cost per patient than other providers.

The collaborative spirit at Community Health Mission contributes to an environment where patients feel they have a medical home. Just as patients at private physicians’ offices recognize office staff and establish relationships with their primary health care provider, Community Health Mission patients form a bond with clinic physicians – they know that someone cares about them and that keeps them coming back. Having a medical home increases the likelihood that patients will return for follow-up care and preventive services, and allows them to have a more complete medical history as they seek care with outside specialists or in emergency situations. These factors not only lead to better health outcomes for patients, but they also help the health care system by reducing the need to duplicate services and having an updated record of care.

Seeing Value in the Numbers

To prove the value of a safety net system, the results must be resounding – an area that can be challenging when multiple care and service providers are involved. Community Health Mission has implemented a tracking system to monitor patient and program information as well as quantify cost savings for the community. From 2006 to 2007, the results are confirmation of Community Health Mission’s commitment to patients and support from the community:

- 📊 37 percent increase in patient visits from 2006, providing for follow-up medical care, new patients, wellness visits and medication assistance
- 📊 30 percent increase in the number of volunteers from 2006
- 📊 \$50 is the average cost of care at Community Health Mission for a primary care visit
- 📊 \$2.2 million in primary care provided through working with safety net partners

Defining and Measuring Success Collectively

To gauge the overall impact that the safety net has on the Savannah community, in 2005, the Council developed a common set of metrics for partners to measure success objectively. Safety Net Council members voluntarily provide patient data, including demographics, quality of care, financial information and utilization information. The measures include:

Low-Acuity Emergency Department Use – reducing the number of emergency room visits for non-acute conditions will save costs for both providers and patients

Safety Net Capacity – increasing the breadth and depth of services offered will increase the ability to provide comprehensive care to people who cannot afford services

Access to Prescription Drugs – increasing access to prescription drugs for underinsured and uninsured Georgians will help keep them healthy and decrease future costs for health care services






Cost of Care – tracking the cost of health care services will allow providers to identify potential savings and develop a streamlined delivery system

Through the Georgia Volunteer Healthcare Program, the state assumes protection for liability and lawsuits for volunteers providing services. This is a valuable asset to Community Health Mission and its volunteers.



Health and Wellness: Results Matter

An important part of health care is educating people on healthy behaviors. By educating consumers, wellness programs can help prevent future health problems, and for Community Health Mission, this means making sure that its patients are armed with the information they need to live a healthier lifestyle, reduce their health problems and improve their quality of life.

-  In 2007, more than 400 patients participated in wellness programs offered at Community Health Mission promoting basic chronic disease prevention messages, including diabetes management and smoking cessation.
-  In 2007, 70 percent of diagnosed diabetic patients had blood sugar levels at recommended levels.
-  Participants in the Amigos en Salud diabetes program increased their exercise levels and vegetable consumption as well as decreased their symptoms related to depression, a co-morbid condition with diabetes.
-  In 2007, 68 percent of diagnosed hypertensive patients had blood pressure within the normal range.
-  A volunteer health promoter works with women to increase awareness of the importance of screening for breast and cervical cancers; in 2007, more than 1,100 screenings were conducted as a result of the effort, an increase of 27 percent from 2006.

Portraits in Leadership

Bringing all these community groups together to offer coordinated care and engaging volunteers and community partners in caring for patients is no easy feat – it takes motivation, determination and passion. Dr. Miriam Rittmeyer and Dr. Diane Weems exemplify the personal commitment and leadership needed to secure and retain the active support and involvement of county agencies, community organizations, volunteers and local health service partners to provide a health care safety net for the people of Chatham County.

Pursuing Purpose with Compassion

Delivering high quality health care to patients in need begins with understanding the people. People who are uninsured and underinsured are children and adults, workers and the unemployed, and friends and neighbors whose insurance does not cover their medical needs. Community Health Mission Executive Director Dr. Miriam Rittmeyer recognizes the importance of treating patients with respect and dignity, regardless of their insurance status or financial position. With a background in medicine and public health, Dr. Rittmeyer's compassion comes through not only her actions, but it also translates to the quality of treatment volunteers and staff at Community Health Mission provide their patients. By fostering an environment of compassion,

dignity and respect, Dr. Rittmeyer understands the very delicate balance it takes to maintain the success of the clinic. The more comfortable patients feel, the more likely they are to keep appointments, follow health recommendations and establish a medical home. As the clinic becomes a medical home for its clients, the doctors become more invested in patients and are more likely to continue as volunteers and encourage others to get involved.

Dr. Rittmeyer has a keen understanding of what it takes to recruit and retain active volunteers. Through personal and professional connections, Dr. Rittmeyer identifies potential volunteers, many of whom are retirees to the Savannah area, and actively recruits them to engage

with the clinic – whether that is one hour a week or three days a week. Although she actively recruits volunteers, she points to the compassion of existing volunteers to explain the success of the volunteer network.

Even with 114 volunteers from multiple disciplines, Community Health Mission is not able to provide all necessary health care services to its patients, and Dr. Rittmeyer has a strong vision of the role of the Mission. She knows what the clinic can and cannot do as well as what the clinic should and should not do; and she relies on the Safety Net Planning Council members to help fill gaps and coordinate care for her patients.

“I’m just happy our community has seen the need for collaboration and is working to make it happen. Now we need to monitor, evaluate and tweak the structure to make sure it reaches the potential we all know it has.”

– Savannah Mayor Otis Johnson



Dr. Miriam Rittmeyer, Executive Director, Community Health Mission

Opening Doors, Providing Hope

Competition for health care dollars is fierce, and bringing entities such as hospitals, federally qualified health clinics, community organizations and county agencies together in collaboration is not a simple task; however, as chief medical officer for the county's health department and chair of the Safety Net Planning Council, Dr. Diane Weems understands the health department's role as a neutral convener and brings people with differing and sometimes competing agendas together to focus on strengthening the safety net. She has facilitated the creation of a public health system that not only opens doors for community collaboration, but also provides health care and hope for the people of Chatham County.

Dr. Weems' commitment to the safety net is relentless; she approaches the task with strategy and precision. From the beginning, Dr. Weems recognized that to be successful, she needed the decision-makers at the table and actively participating. To keep the right people at the table, Dr. Weems knows that each Council meeting must provide benefit for members – they need to feel that the cause is worthwhile and that their efforts are making a difference. She ensures that each meeting has an agenda and purpose with tangible outcomes and next steps that warrant the ongoing attention of leaders so they remain engaged.

From the Council's beginning stages, Dr. Weems embraced the idea of collaboration as something that would not only benefit the county's health care system, but would more importantly help meet the needs of its people – by providing continuity of care, increasing access to care and creating efficiency in services. More than that, Dr. Weems is a true champion for health and collaboration in Savannah. She supports each entity with equal fervor because she wholeheartedly believes in the mission of the Council; a leadership quality that makes this endeavor a true success story.



“The number one success of the safety net is its ability to collect data. It raises the bar regarding services and standards and helps the Council's ability to go after funding.”

– Daniel Dodd, Executive Director, Step Up!



What Are the Components of a Successful Safety Net?

Members of Chatham County’s Safety Net Planning Council bring unique attributes to the table to create a truly collaborative and productive safety net.

From the Community and Planning Council

A critical component for success is having the support and backing of local government – such as the Chatham County Commission – which has authority, and in this case, provided some initial safety net funding. The commission recognized the importance of having a neutral, nonpartisan convener to bring key players together. It is critical to have a coordinating entity that has nothing to gain or lose from the decisions and actions of the group, but is invested in the issues and outcomes.

Chatham County chose the public health department as that neutral convener; and with the backing of the commission, the department was able to successfully bring hospitals, community groups, social service agencies, nonprofits and corporations together. Representing the health interests of all people, the health department also brought an understanding of the changing social environment of the county as well as long-standing needs of the community. Most importantly, from

the beginning, the public health department recognized the value of neutrality; it draws upon its position to not only convene and foster collaboration, but also to allow council organizations to be independent and seek individual opportunities to benefit their own mission. For example, members are free to pursue resources needed to support their own organizations but can also collaborate to pursue projects and grants collectively.

A recent success of the Safety Net Planning Council was the award of a grant to build a single system for electronic medical records. Member organizations will be able to share medical histories and have a common platform to report health data. It will benefit the patients as their care providers will all have access to their medical records, reducing the need to ask for and track tests performed, drug allergies, current medications and all of the other information required for coordinated care. The project requires collaboration, and with the safety net in place, Chatham County is prepared to begin building this new capacity.

From the Members

Independent from the council’s administration, it is important for each safety net member organization to bring decision-makers to the table – executive directors or others with authority. To be successful, leadership must be actively engaged in activities with the ability to empower and authorize action within their own organization. Safety net members also need to have an accurate and in-depth understanding of the needs of the community and areas of opportunity for advancement. They need to recognize the resources available – within their organization and outside of it – to meet community needs as well as the importance of planning. Considering both short-term and long-term needs will help ensure that all the pieces are in place for financing initiatives, mapping out programming and providing the workforce. This robust understanding helps guide strategic direction and goals for the group to ensure they make a difference for the people served.

“Everything about Savannah is unique. A safety net needs to be tailored to the community – political environment, community needs and policy.”

– Liz Longshore, Executive Director, MedBank Foundation

Embracing a Unique Role

As an active member of the Chatham County Safety Net Planning Council, Community Health Mission learned first-hand the importance of finding its niche and owning it. As one of only a few health clinics on the Council, the Mission occupies a unique position serving the people of Chatham County. Dr. Rittmeyer has embraced this role, and utilizes the Council to fill gaps in care and services. In addition to this position, Community Health Mission embodies organizational leadership through its active and engaged volunteer base and collaborations with other Council members. Dr. Rittmeyer's vision to supplement funding through donated services and resources, along with her success in engaging health care professionals to provide primary and specialty care points to the importance of organizational leadership and building a strong volunteer base.

Measuring Success

With so many groups involved as safety net providers, it can be difficult to measure the impact, especially since each organization may have its own mechanism for tracking and quantifying results. Another key to success is being able to show progress and advancement toward the safety net goals. To establish common ground, the Chatham County Safety Net Planning Council conducted a needs assessment creating a baseline of what the community needs were, what resources were available, and to determine how to eliminate gaps and overlaps in health care. From this foundation, the Council went through a strategic planning process where it set goals for the collaborative as well as consistent metrics to measure success across all organizations. With a common set of metrics, the Council can leverage results by individual organizations – such as Community Health Mission – to increase funding and opportunities for collaboration.




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“[To succeed] you need dedicated leadership with community backing, credibility and respect. You have to build trust and relationships.”


– Michael F. Kemp, Board Chair, United Way


Challenges for Safety Net Collaboratives


While the success of Chatham County’s Safety Net Planning Council may make it seem easy to replicate, there are challenges every community should consider and seek to address in its attempts to create and maintain a coordinated effort.

 **Competing Interests** – bringing together so many different entities virtually ensures that competing interests and agendas will be present. Understanding these interests, coupled with diplomacy and negotiation skills, will be required.

 **Political Environment** – health care issues compete with education, parks, transportation and many other important issues. Understanding the political will of the leadership and policies in place within a community can impact a community’s ability to get the support it needs to bring organizations to the effort.

 **Public Will** – similar to political will, the competing interests in the community need to be understood. Reading recent media coverage can be a gauge for the perceptions, level of interest and desire to invest in solutions among the public.

 **Community Makeup** – every community is different, and it’s important to understand specific needs, research many safety net models and find the one that is the best fit.

 **Expanding Needs** – there is a growing need for both primary and specialty care as well as services for dental health, substance abuse and mental health for people who are uninsured or underinsured.



Safety Net Resources

Below are some helpful resources to consult in coordinating a safety net structure:

Community Health Mission
www.chmsavannah.org

Georgia Free Clinic Network
www.gfcn.org

Georgia Volunteer Healthcare Program
www.dch.georgia.gov

Healthcare Georgia Foundation
www.healthcaregeorgia.org

Step Up!
Savannah's Poverty Reduction Initiative
www.stepupsavannah.org

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