

JOINT BOARD MEETING AGENDA

August 30, 2011, 2:00 – 3:30 PM

**McEaddy Conference Room, 12th Floor Governmental Center
301 North Olive Avenue
West Palm Beach, FL 33401**

- I. Call to Order – BCC Chair Karen T. Marcus**
- II. Introductions of Board Members – Self**
- III. Welcome – BCC Chair Karen T. Marcus and
HCDPBC Chair Jonathan R. Satter**
- IV. Overview and Update on Health Care District Programs –
Ronald J. Wiewora, M.D., CEO, HCDPBC**
- V. Palm Beach County Community Health Planning Project – Primary Care
Safety Net
Paul Umbach, Sr. Principal, Tripp Umbach**
- VI. Florida Medicaid Reform - Paul Lowell, Public Affairs Advisor, Foley & Lardner, LLP
and Ronald J. Wiewora, M.D., CEO, HCDPBC**
- VII. Traumatic Brain Injuries – Availability of Services
BCC Vice-Chair Shelley Vana**
- VIII. Interagency Agreement - Ronald J. Wiewora, M.D., CEO, HCDPBC**
- IX. Commissioner Comments**
- X. Adjournment**



Health Care District
PALM BEACH COUNTY



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- IV. Overview and Update on Health Care District Programs –
Ronald J. Wiewora, M.D., CEO, HCDPBC (Pages 1-20)**
- V. Palm Beach County Community Health Planning Project – Primary Care
Safety Net - Paul Umbach, Sr. Principal, Tripp Umbach (Pages 21-70)**
- VI. Florida Medicaid Reform - Paul Lowell, Public Affairs Advisor, Foley & Lardner, LLP
and Ronald J. Wiewora, M.D., CEO, HCDPBC (Pages 71-73)**
- VII. Traumatic Brain Injuries – Availability of Services
BCC Vice-Chair Shelley Vana**
- VIII. Interagency Agreement - Ronald J. Wiewora, M.D., CEO, HCDPBC (Pages 74-78)**
- IX. Commissioner Comments**
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**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

1. Item Description: Overview and Update on Health Care District Programs

2. Summary:

This item reviews the programs operated by the Health Care District.

3. Substantive Analysis:

The attached presentation reviews the following programs operated by the Health Care District:

- Managed Care
- Pharmacy
- Trauma System
- School Health
- Lakeside Medical Center
- Edward J. Healey Rehabilitation and Nursing Center
- Medicaid Match
- Sponsored Programs

4. Fiscal Analysis & Economic Impact Statement:

N/A

5. Comments:

None.

6. Legal and Compliance Review:

Approval Signature	
Legal	N/A
Compliance	N/A

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

7. Reviewed/Approved by Committee or Subsidiary Board:

N/A

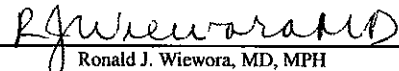
Committee or Board

N/A

Date Reviewed

8. Recommendation:

Staff recommends the Board receive and file this information.



Ronald J. Wiewora, MD, MPH
Chief Executive Officer

Overview of the Health Care District of Palm Beach County

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Joint Meeting

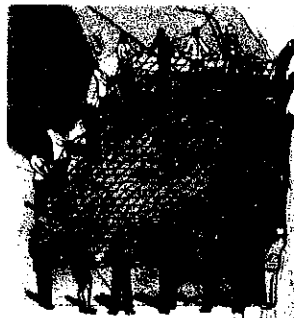
**Palm Beach County Board of County Commissioners and the Health Care District Board
of Commissioners**

August 30, 2011

History of the Health Care District

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- **Referendum to create a county-wide health care district was passed in November 1988**
- **Palm Beach County Health Care Act (Chap. 2003-326) describes one of the functions of the District:**
"To provide health care services to the residents of the County through the utilization of health care facilities not owned and operated by the District."
- **Enabling legislation provides for a hospital in the Glades**



.....Health Care District Programs

- **Managed Care /Health Coverage**
- **Pharmacy**
- **Trauma System (Trauma Agency and Aeromedical)**
- **School Health**
- **Lakeside Medical Center**
- **Edward J. Healey Rehabilitation and Nursing Center**
- **Medicaid Match**
- **Sponsored Programs**



.....Managed Care / Health Coverage

- **Coordinated Care**
- **Personal Health Plan / Healthy Palm Beaches**
- **Maternity Care Program**
- **Vita Health**

All Health Care District programs are organized on the principle that "the dollars follow the patient/member."



.....Coordinated Care

- Longest-established program to care for the uninsured in Palm Beach County
- Operated like an insurance plan
- Comprehensive network of contracted providers
- Membership is determined through an eligibility process
- Utilization and quality is managed through nurse reviewers



.....Coordinated Care Network

- All 13 hospitals in Palm Beach County participate in the network and receive a per diem rate for services provided to members.
- Over 1200 physicians and other allied providers participate in the network.
 - Providers are located throughout the county.
 - Public Health Department Clinics and FQHCs participate as primary care providers.
 - Paid fee for service at 80% of Medicare allowable.



.....Coordinated Care Eligibility

- Prospective member completes an application and eligibility is determined by District Eligibility staff
- Application can be made in person at Eligibility sites or by mail, using on-line application available at the District website, www.hcdpbc.org
- Eligibility requires proof of:
 - Identification
 - Residency in Palm Beach County
 - Income at or below 150% of FPLG
 - Assets of less than \$5,000



.....Coordinated Care Options

- OPTION 1 > Comprehensive benefits
- OPTION 2 > Public Health Clinic and Pharmacy benefits only
- OPTION 3 > Pharmacy benefits only



.....Coordinated Care: Option 1 Benefits

Dental Services	Nutrition Services
Durable Medical Equipment (DME)	Orthotics and Prosthetics
Dialysis (up to 90 days)	Outpatient Diagnostic Services
Emergency Room Services	Outpatient Surgery
Home Health Services	Physician Services – Primary and Specialty
Hospice Services	Prescriptions
Hospital Inpatient Services (up to 45 days annually)	Rehabilitation Inpatient Services (42 days annually)
Hospital Outpatient Services	Therapy – Physical, Occupational and Speech
Laboratory Services	Vision Services



.....Coordinated Care: Option 2 Benefits

- **Clinic Health Services**
 - Any physician, laboratory or x-ray service provided at one of the Health Department Health Centers
- **Pharmacy**
 - Comprehensive retail pharmacy network access
 - Pharmacy Preferred Drug List



.....Coordinated Care: Option 3 Benefits

- **Pharmacy Services** (specialty partnership programs, such as Ryan-White)
- **Comprehensive Retail Pharmacy Network Access**
- **Pharmacy Preferred Drug List**



.....Coordinated Care Support

- **Eligibility Determination**
- **Claims Processing**
- **Information Technology**
- **Credentialing and Provider Services**
- **Multilingual Customer Service**
- **Quality and Utilization Review Management**



Healthy Palm Beaches / Personal Health Plan

- **Licensed Medicaid Prepaid Health Plan**
- **Accredited by Accreditation Association for Ambulatory Health Care, Inc.**
- **Currently cares for the TANF (Temporary Assistance to Needy Families) population**
- **Eligibility is determined by Department of Children and Families**
- **Plan receives a capitated payment, per member per month**
- **Providers are paid fee for service utilizing Medicaid fee schedule**
- **There are currently 9 HMOs in Palm Beach County**

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Personal Health Plan Benefits

The Personal Health Plan provides all Medicaid approved benefits, including but not limited to:

Behavioral Health Services	Laboratory Services
Chiropractic Services	Optometric Services
Dental Services for Children	Physician Services – Primary and Specialty
Durable Medical Equipment (DME)	Prescriptions
Diagnostic and Radiological Services	Podiatry Services
Dialysis	Therapy – Occupational, Physical, Speech
Hearing Services	Transplant Services
Home Health Services	Transportation
Hospital Services –Inpatient and Outpatient	Visual Services

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.....**Healthy Palm Beaches / Vita Health**

- Health Flex product under AHCA
- Affordable Health Coverage option available to Palm Beach County residents
- Designed for low income working individuals and families
- Shared premium, with Health Care District paying 2/3 the cost
- Copays for services



.....**Vita Health Eligibility**

- Must be a resident of Palm Beach County
- Between the ages of 1 and 64 years
- Must not be eligible for coverage through a public health program such as Medicare, Medicaid, VA or other public programs
- Must be uninsured for the past 6 months
- Income at or below 300% FPLG



.....Vita Health Premiums

- The District pays 2/3 of the cost of the monthly premium and the member pays 1/3 of the cost of the premium.
- Member Monthly Premium costs:

Age	Monthly Cost
Child (1 – 20 years old)	\$30
Adult (21 – 54 years old)	\$65
Adult (55 - 64 years old)	\$125



.....Vita Health Benefits and Copays

Benefit	Copay
Inpatient Hospital, 10 day maximum	\$20-\$30 per admission
Outpatient Surgery or Observation Hospital Stay	\$20-\$25 per visit
Emergency Room	\$20-\$25 per visit
Outpatient Diagnostic Testing	\$15 per visit
MRI, CT or PET scan	\$25 per scan
Primary Care Physician Services	\$5 - \$10 per visit
Specialty Care Physicians	\$15 - \$20 per visit
Hospital-based Physicians	\$15 - \$20 per visit
Prescriptions (generic only at participating pharmacies)	\$10 per prescription. Maximum benefit of \$50 per month



.....Maternity Care Program

- Established to expand access to prenatal care for low-income women
- Eligibility Requirements:
 - Palm Beach County resident
 - Denied Medicaid or have exhausted SOBRA benefits
 - Income at or below 200% FPLG



.....Maternity Care Program Benefits

- Prenatal Visits
- Pharmacy
- Ultrasounds
- Regional Perinatal Intensive Care Center (RPICC) visits for high risk pregnancies
- 2 post-partum office visits



.....Managed Care Program Memberships*

Coordinated Care	Healthy Palm Beaches	Maternity Care Program
Option 1: 13,273	PHP: 11,588	1,480
Option 2: 2,352	Vita Health: 7,316	
Option 3: 717		

* Snapshot of membership in June 2011



.....Pharmacy Services

- Support Health Care District and Health Department programs
- District operates five pharmacies located in Health Department Clinics.
- Contract with a Pharmacy Benefits Manager to provide a network of 167 retail pharmacies for all managed care members
- Total prescriptions filled in 2010: 425,411



.....Trauma System

- The District provides eligibility for services to people traumatically injured in Palm Beach County.
- Eligibility for Trauma Services is clinically based.
- The District provides support to the two Level II (soon to be Level I) Trauma Centers, located at St. Mary's and Delray Medical Centers.
- The District contracts with physicians to provide services to Trauma Center on a per diem and a fee for service basis.
- There were 2,786 patients treated in 2010.
- There are 367 physicians providing services under the program.
- During the District's 20 year oversight of the Trauma System, over 50,000 people have received lifesaving care.



.....Aeromedical Transport: Trauma Hawk

- District owns and operates two med-evac helicopters.
- Provides pilot and maintenance staff
- Clinical staff is contracted out to Fire Rescue Agency.
- Total Trauma and Interfacility transports in 2010: 677



.....School Health

- **Palm Beach County School District is the 11th largest school district in the nation.**
- **The District provides a registered nurse in 164 public schools in Palm Beach County.**
- **226 FTEs including registered nurses, nursing supervisors, vision and hearing technicians.**
- **Electronic Medical Record, Welligent™.**



.....School Health Services

- **690,000 visits to Health Rooms**
- **105,000 screenings (vision, hearing, scoliosis, BMI)**
- **Over 12% of children are monitored for a chronic medical condition including**
 - Asthma
 - Allergies
 - Diabetes
 - Epilepsy
 - Psychiatric Disorders
- **For many students, the School Nurse is the only healthcare provider they see all year**
- **School nurse services saves time and money**
 - Parents
 - School District
 - Reduce Emergency Room and Hospital Utilization
 - Decreased absenteeism and improved academic outcomes



.....Lakeside Medical Center

- 70 bed acute care hospital located in rural Belle Glade, FL
- Replaced Glades General Hospital in October 2009
- 4,000 admissions per year
- 554 deliveries
- 22,863 visits to the Emergency Room
- Employed/contracted physicians provide the majority of care
- Osteopathic Family Medicine Residency Program started in July 2011 with 10 residents (5 PGY1s and 5 PGY2s)



.....Lakeside Medical Center

- Payor mix includes
 - Medicare 23.0%
 - Medicaid 17.4%
 - Health Care District Coordinated Care 5.9%
 - Blue Cross 5.9%
 - Other Managed Care 27.8%
 - Self Pay 20.0%
- Lakeside Medical Center receives a subsidy from the District each year. This year the subsidy is projected at \$5.5 million.



Edward J. Healey Rehabilitation & Nursing Center

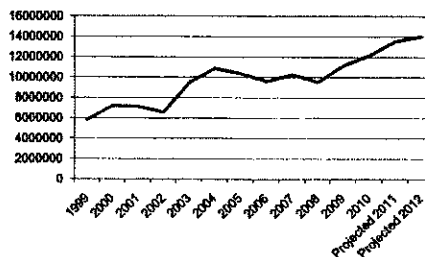
- Licensed Skilled Nursing Facility serving the community since 1917
- Owned by Palm Beach County, operated by the Health Care District under an interlocal agreement
- Population demographics differs from community nursing homes
 - Younger
 - Male
 - Greater acuity level
- Five star rating on the CMS website



Medicaid Match

- Under the Interlocal Agreement with Palm Beach County the Health Care District provides the local dollars for the Medicaid match.
- Estimated cost this year is \$13 million.

Cost of Medicaid Match



.....Sponsored Programs

- Palm Beach County Health Department
- Pahokee Clinic
- Caridad Center
- Project Access



.....Intergovernmental Transfers

- The District supplies the local dollars for IGTs for
 - Hospitals
 - FQHCs
 - Health Department
- District receives IGTs for
 - Vita Premium Assistance
 - Lakeside Medical Center
 - Graduate Medical Education



.....IGT Program Summary

	2010-2011	2009-2010
Buyback for Hospitals	6,461,872	3,032,392
LIP for Hospitals	17,925,998	17,313,843
FQHC Brumback/PBCHD	175,172	65,140
FL Community Health Center	107,066	90,000
EJHC Nursing Home	634,597	1,474,081
LMC Facility Adjustment	307,738	-
LMC GME Grant	415,988	420,374
Vita Premium Assistance	13,367,014	13,367,014
TOTAL	39,395,441	35,762,824



.....IGTs are an effective way to increase local hospital funding

	2010	2011
Bethesda Memorial Hospital		1,696,760
Columbia Hospital		297,565
Delray Medical Center		116,857
Good Samaritan Medical Center		253,599
JFK Medical Center		1,256,670
Jupiter Medical Center		92,621
Palm Beach Gardens Medical Ctr		94,731
Palm West Hospital		955,071
St. Mary's Medical Center	3,032,392	801,076
Wellington Regional Medical		524,302
West Boca Medical Center		372,620
Total Buyback	\$ 3,032,392	\$ 6,461,872

The District provides local dollars to "buyback" Medicaid rate cuts. This allows the Hospital to keep its previous rate. This brings in variable amounts of dollars to hospitals (from 12% to 50% additional).



.....Low Income Pool

	2010	2011
Bethesda Memorial Hospital	1,892,973	300,000
Columbia Hospital	917,821	709,489
Dekay Medical Center	1,751,169	3,031,070
Lakeside Medical Center	2,250,000	3,175,000
Good Samaritan Medical Center	1,108,349	1,125,791
JFK Medical Center	4,185,528	3,435,594
Jupiter Medical Center	424,343	329,417
Palm Beach Gardens Medical Ctr	748,622	1,119,905
Palm West Hospital	951,541	-
St. Mary's Medical Center	1,584,346	3,952,886
Wellington Regional Medical	1,207,119	746,846
West Boca Medical Center	291,835	-
Total low income pool	\$ 17,313,646	\$ 17,925,998

The District provides the local match. The dollars are returned to the Hospital with 17% additional (federal contribution).



Thank you.



**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD**

August 30, 2011

1. Item Description: Strengthening the Primary Care Safety Net in Palm Beach County

2. Summary:

This item presents the report on the Strengthening the Primary Care Safety Net.

3. Substantive Analysis:

In May 2010, six organizations (Health Care District, Palm Beach County, Palm Beach County Health Department, Children's Services Council, Palm Healthcare Foundation and the Quantum Foundation) provided funding for a community health planning project. Consultants were interviewed by a community panel and Tripp Umbach, Inc. was selected to oversee the project.

Attached is the final report and a presentation that summarizes the report.

4. Fiscal Analysis & Economic Impact Statement:

N/A

5. Comments:

The Community Health Planning Group which assisted with the project will continue to meet and work toward implementation of the recommendations. The next meeting has been scheduled for Tuesday, September 27, 2011 beginning at 2PM at the Trauma Hawk Hangar.

6. Legal and Compliance Review:

Approval Signature	
Legal	N/A
Compliance	N/A

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

7. Reviewed/Approved by Committee or Subsidiary Board:

N/A

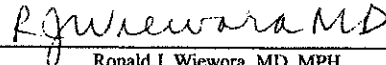
Committee or Board

N/A

Date Reviewed

8. Recommendation:

Staff recommends the Board receive and file this information.



Ronald J. Wiewora, MD, MPH
Chief Executive Officer

Strengthening the Safety Net in Palm Beach County



- ✦ Founded in 1990.
- ✦ Headquartered in Pittsburgh, PA with offices in Minneapolis, MN and Baltimore, MD.
- ✦ National experts in healthcare industry including: community health research and planning, academic medical center planning and economic impact, and new/expanding medical school planning and economic impact.
- ✦ State of Florida experience includes: Broward County Community Health Assessment, Florida Atlantic University, Florida International University, Mercy Hospital, Mt. Sinai Hospital Community Health Assessment, and SHANDS Healthcare.

Project Overview

- ✿ Tripp Umbach was retained to complete a comprehensive community health plan for Palm Beach County.
- ✿ The process began in June 2010 as a broad level community health plan including the following workgroups: healthcare service linkages, preventive care (targeting obesity), healthcare workforce development, economics of community health and building a healthy community
- ✿ Along the way....something changed....well a lot changed...

3

What changed?

- ✓ National and State Economy
- ✓ State of Florida's Healthcare Approach
- ✓ Passage and enactment of the Affordable Care Act
- ✓ Funding for new federally qualified health centers (FQHCs) in jeopardy
- ✓ Future funding for teaching hospitals questionable
- ✓ Expectations of project leadership group
- ✓ The approach and content for the community health plan



4

**Recommendation #1:
Strengthening Partnerships and Leveraging Assets**

- Define strategies for increased partnership and collaboration
- Recommit to the primary care planning process
- Utilize Palm Beach County healthcare assets in new ways

6

**Recommendation #2:
Primary Care Workforce Development**

- There needs to be investment in the primary care workforce: physicians, nurse and nurse practitioners.
- Shortages of doctors and nurses at national and local level – it is not expected to improve.
- Recommended Strategies: scholarship programs, targeted recruiting, loan repayment, mentorship programs, working with elected officials on a policy level, increase residency slots, and partnership with area workforce development agencies.

6

Recommendation #3:
**Implement a Strategy for Health Information
Technology and Electronic Health Records**



- **Develop a common health information technology with a focus on electronic health records**
- **Develop a common platform for partners to share information**
- **Recommended Strategies:** Inventory the HIT/EHR systems of participating partners, include key players and experts in the discussion, identify funding, leverage work done by Florida for its Medicaid programs, and implement a new HIT/HER system for the primary care safety net.

7

Recommendation #4:
**Implement and Develop a Common Eligibility
Application – No Wrong Door**

- **Develop a streamlined application for all health subsidy and insurance programs.**
- **Recommended Strategies:** Inventory the strategy of participating organizations to identify best practices, involve patient navigators, utilize HIT/EHR planning to work on a common system and strategy, support one-e-app development in Palm Beach County, and identify funding.



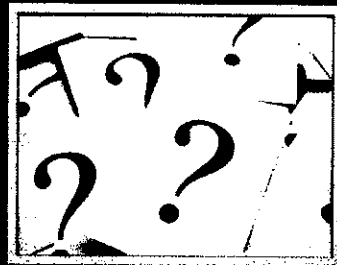
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Recommendation #4:

Transform the Current Healthcare Model to a Patient-Centered Medical Home Model

- Change the health care delivery model from one to a team-based approach.
- Encourage safety net providers to be or become patient-centered medical homes through increased, appropriate reimbursement.
- Payment reform (e.g., pay-for-performance, bundled payment system)
- Recommended Strategies: Gather accurate financial and patient data, acknowledge the challenges of implementing payment reform, and enhanced partnerships/affiliation agreements.

The patient-centered medical home (PCMH) is a model of primary care delivery. In PCMH practices, patients receive well-coordinated services and enhanced access to a clinical team. Clinicians practicing in PCMHs use decision support tools, measure their performance, engage patients in their own care and conduct quality improvement activities to address patients' needs.



Questions & Answers


Strengthening the Primary Care Safety Net in Palm Beach County

INTRODUCTION

The healthcare landscape in the United States and in the state of Florida is changing on a daily basis. With the passage of the Affordable Care Act, changes in major entitlement programs such as Medicaid and a challenging economy, the times are changing. The importance of developing a primary care safety net plan for Palm Beach County has never been more important.

Palm Beach County has a long history of institutional partnership and innovative strategies to provide care for the medically underserved and vulnerable populations. With so much change at the national and statewide level, there is a unique opportunity for service providers to evaluate their current strategies of primary care delivery and continue to innovate and be a market leader in the care of the medically underserved. Palm Beach County faces many challenges in its recreation of the primary care infrastructure including: economic, political (federal, state and local level) and competing organizational missions and corporate cultures. All of these issues need to be addressed in order to effectively develop and implement a new strategy for a primary care plan.

There are many different models for Palm Beach County to follow when implementing a primary care safety net plan. As with all projects and community health plans, "if you have seen one, you have seen one," however the models have many common themes, steps and outcomes. Ascension Health -- one of the nation's largest nonprofit health systems, with seventy general acute care hospitals in twenty states and the District of Columbia -- has encouraged community-level collaboration to improve health care coverage and access for low-income peoples. They follow a five-step model, in which each community established an infrastructure to track the use of services, expand service capacity, coordinate care, and encourage the cost-effective use of providers. While not easy to implement with a wide variety of providers, local competition and funding challenges -- the process has achieved real




success and outcomes.¹ Palm Beach County has all the components necessary to achieve success in strengthening its primary care safety net.

This document is divided into two parts: 1) short-term strategies; and 2) long-term strategies. The short-term strategies will lay the foundation for the implementation and success of the long-term strategies. It is intended that these short-term strategies be implemented and addressed quickly so as to pave the way for the more costly and time consuming long-term strategies. It is critical that Palm Beach County leverage its strengths and assets to be successful in creating a stronger safety net.

WHY IS PRIMARY CARE IMPORTANT IN PALM BEACH COUNTY?

An essential element of a high quality and efficient health care system is to have strong primary medical care options for its residents. Access to a health professional trained to provide quality primary medical care as their entry point to the system is critical for the creation of a stronger safety net in Palm Beach County . Primary care can be provided by many types of providers (e.g., physicians, nurse practitioners, etc.) in many clinical care settings (clinics, hospitals, doctor's offices, drug stores/retail outlets, schools, churches or faith based organizations, etc.). A primary care provider is the first-contact care for persons with any undiagnosed symptom, or health concern. They provide care for a person which is not organ or problem specific. They are responsible for coordinating other health services as they relate to a patient's care and provide continuous care for a patient. A primary care provider communicates with his or her patients, forms a long-term relationship and is able to access and utilize all social and financial resources at their disposal to help the patient get an stay healthy. While the definition of what constitutes a primary care provider can be debated, the fact is that people find a provider that works for them and meets their individual needs. In order to obtain the best medical care possible, it is important that there is a place or person that monitors a person's health from an overall perspective.

¹ In July 2011, an article was published in Health Affairs entitled "Improving Health Care Access For Low-Income People: Lessons From Ascension Health's Community Collaboratives." This article profiled the benefits and challenges of implementing a program to improve access to care.




Palm Beach County, like the rest of the nation, has felt the impact of the national and global recession. Palm Beach County's demographic profile runs the gamut from extreme wealth to extreme poverty. Palm Beach faces many of the same challenges being debated at the national level including: the uninsured, underinsured, undocumented residents, physician and nursing shortages, rising health care costs combined with dwindling reimbursements and pressures to reduce costs at all levels. While this plan focuses on the vulnerable populations of Palm Beach County, it must also be extended to everyone in the County to promote the concept of a medical home. Strategies need to be developed that focus on sustainability from a financial and operational perspective. To have a functioning system, there must be paying and non-paying patients.

Rising unemployment rates in Palm Beach County have led to an increase in the number of uninsured residents thereby making it difficult for the uninsured to access quality, consistent, comprehensive health care. According to the US Bureau of Labor Statistics, the unemployment rate in Palm Beach County had risen to 11.0% in June 2011; up from a rate of 3.8% in June 2006.² While the number of community health centers (free clinics and Federally-Qualified Health Center sites) serving as primary medical homes for many uninsured and underinsured patients has increased, the demand for these types of services has also increased.

- In 2009, about 21% (265,000) of the population in Palm Beach County was uninsured.³
- Over the past 3 years, the County has seen the opening of at least 2 large-scale community health centers serving approximately 20,000 people (Palm Springs Community Health Center and Genesis Community Health Center).
- Lack of health insurance is a major barrier to accessing health care in Palm Beach County. There is a need for more free care, particularly primary care

² Palm Beach County Unemployment Rate (08/01/2011). US Bureau of Labor Statistics

³ American Community Survey.



for people in the immigrant, minority and recently released communities who are without insurance and have very low incomes.⁴

- The number of uninsured aged 64 and younger in Palm Beach County grew from 19% of the County's population in 2004 to 28% in 2008 (from nearly 180,000 to nearly 275,000 people).^{5,6}
- Of those with jobs, the highest rate of uninsured is among self-employed people (32.0%) followed by part-time employees (26.1%). Among full-time employees, 15.7% lack coverage.⁷
- Of the 164,104 Palm Beach County residents eligible for dental care through Medicaid, only 21,963 (14%) accessed care. Of the 960 dentists in Palm Beach County, only 71 (7%) accept Medicaid including only 2% of the County's pediatric dentists.⁸
- An estimated 26.2% of Americans ages 18 and older (about 1 in 4 adults) suffer from a diagnosable mental disorder in any given year.⁹ In Palm Beach County, that equates to more than 312,000 adults who have a mental health disorder.

⁴ Health Care Access Issues in Palm Beach County (2002), pp. 9, 11, The Access Project.

⁵ Florida Health Insurance Study, County Estimates (2004), p. 6, Florida Legislature

⁶ Health Insurance Coverage for all Counties (2008), American Community Survey, U.S. Census Bureau

⁷ Florida Health Insurance Study, Highlights from the 2004 Florida Health Insurance Survey (2004), Florida Legislature

⁸ Oral Health Coalition of Palm Beach County PowerPoint presentation (downloaded 9/5/2010), Florida Public Health Institute (<http://www.flphi.org/PalmBeachCountyOralHealthCoalitionInfo/tabid/235/Default.aspx>).

⁹ The Numbers Count: Mental Disorders in America, National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>).




SHORT-TERM STRATEGIES AND RECOMMENDATIONS

In the short-term, it is vital that a more formal system of communication and joint-strategic planning focused on the primary care safety net be created in Palm Beach County. There are many places that residents can receive health care but each organization operates independently of each other with minimal referral plans or strategy in mind. While there is a culture of meeting and project collaboration in Palm Beach County between many organizations, it seems that many organizations continue to operate in silos.

There needs to be more of a formal strategic plan and “system” created between the hospitals, FQHCs, clinics, universities and the Health Care District. Currently, some organizations collaborate but others are left out of the dialogue. It is critical to begin to partner in new ways, leave past problems behind and develop a new strategy to create a system that functions with all providers and not a select few. However, if it is identified that some organizations do not wish to participate in the process, this must be clearly stated and the group of the “willing” should move forward accordingly and not get bogged down in politics.

RECOMMITTING TO THE PRIMARY CARE SAFETY NET PROCESS.

Creation of a formal planning group: A group needs to be gathered quickly. It is recommended that the group include those with statutory responsibility for the health of Palm Beach County residents. Tripp Umbach cannot stress the importance of keeping this group small and manageable and keeping the participants in the group static. It needs to be comprised of decision-makers at the highest levels of their organizations. Invitees should come to the table with an open mind, and ready to think differently about the provision of primary care in Palm Beach County. If there is sufficient commitment and interest on behalf of the project participants, Tripp Umbach also believes there would be value in dedicating a staff person to assisting in implementing this effort and convening the members of the committee; unstaffed initiatives usually go nowhere. The group needs to move quickly in order that participants do not lose interest in the process. From an organizational



perspective, this person could report to a board of those who have statutory responsibility. Regardless of whether the process has a dedicated staff person or the participants identify internal capacity to staff and manage the project, leadership must be established early in the process and it should be open to the community.


Within four months, leadership of hospitals, and key safety net organizations should be gathered and asked four questions:

1. What is your organization's role in the primary care safety net in Palm Beach County?
2. How will your organization fulfill this vision in partnership with others in the community?
3. What is your organizations financial role/contribution to this process?
4. What does the Palm Beach County safety net need to do in order to achieve sustainability?

It is critical that it is understood by all partners what being a participant in this process means to their organization. Questions such as how will the work of the primary care safety net committee factor into each organizations strategic plan and financial plan must be asked and answered. Each organization should be clear with how they are going to be a part of the process and commit in a new way to the process. Participants do not have to be a part of the entire plan, rather it may be effective to have different partners and participants on components of the plan.

It needs to be clarified from the onset regarding who is responsible, what is their role and what are the rules of engagement. This will need to be a formal conversation between the partners which could then lead to verbal agreements or "affiliation agreements" that specifically state roles and responsibilities in the primary care safety net.

It is critical to focus on increased level of collaboration between health care providers in Palm Beach County. Increased partnership could further identify the gaps in the system, lead to strategies to deal with "super utilizers" and improve




quality of care. Many communities are engaging medical students and residents on the front line in programs to identify, track and provide care for high utilizers.

UTILIZING PALM BEACH COUNTY HEALTH CARE ASSETS IN NEW AND INNOVATIVE WAYS.

Palm Beach County is rich in resources but needs to continue to leverage and support its existing programs to meet immediate primary care needs.

- Cuts in healthcare funding are occurring at the national, state and local level. Funding for teaching hospitals, Medicaid, Medicare and FQHC's is in jeopardy. What efficiencies in operations can be found to still provide the same high quality of care with less dollars?
- The clinical strength of the provider community in Palm Beach County should be leveraged. There are no "quick fixes" in this process -- establishing new FQHC's and FQHC lookalikes is challenging -- specific criteria for locations (based on need and population) must be met to get started in the process. Future funding of FQHC's very uncertain. While the idea of creating new access points for care seems like a good idea in the long-term, in the short-term this is a daunting prospect. What do the Caridad Clinic, Genesis, FoundCare, and the Health Department clinics need to maintain and enhance their operations? What do the newer clinics need to ensure their success in the market? Do some clinics need to be closed in one area and moved to another? There is no shortage of data rather there is an absence of a shared vision. **It is recommended that any plans going forward utilize existing providers to determine what they need to expand their patient volume.**
- Programs like Project Access, which were originally intended to support the working poor, has been overwhelmed with patients. How can programs like the VNA Mobile Clinic which provides services on a monthly basis for homeless individuals and families at The Salvation Army Center of Hope and for migrant farm workers in rural areas be better supported?

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- The School Health program in Palm Beach County is a model for other communities across the United States. Each year, more than 200 nurses in nearly 170 public schools log a total of 655,000 visits to their school health rooms across the county. This program has been in existence since 1997 and is a joint project between the Health Care District and the Health Department. Nurses serve more than 169,000 students from pre-kindergarten to twelfth grade. The School Health program provided 60,000 students with vision and hearing screenings. For many students, the school nurse is the only health care provider they see each year. Perhaps this program could become an even greater part of the primary care safety net? How can the primary care safety net be even further enhanced by this program? How can Palm Beach County leverage this asset? How can such a program make smoother connections to healthcare for parents and other family members?
 - Reimbursement is a key issue for primary care providers. Primary care doctors can only see so many patients in one day. They cannot afford a large volume of nonpaying patients. Changes in operating hours (evenings and weekends) and changing business models to attract paying patients may be necessary to make the current primary care model more sustainable.
 - Inviting others to join the process and thinking in a new way. Tripp Umbach believes that the universities, medical schools, other health care providers (including the Veteran's Administration) should be asked to participate in the process.
 - Develop strategies and frameworks around how different organizations and people can be partners for specific components of this project. While not every organization, corporation or hospital will want to partner on all aspects of the plan, it will be critical to extend the invitation to potentially interested parties at the onset of each component.
 - There needs to be a clear timeline with a final goal in mind. Providers have a limited amount of time, if they do not see something happening quickly which is beneficial to them, they may choose not participate.

- Leadership for the initiative needs to be strong and the person/organization taking the lead must be a good and well respected “convener.”

POTENTIAL PALM BEACH COUNTY SAFETYNET PROVIDERS AND COMMUNITY PARTNERS

The list of organizations below while not exhaustive is a profile of clinical, educational and foundations who are vested in the interest of the health care in Palm Beach County. These organizations have been involved in providing funding, care or support for the underserved populations of Palm Beach County (See Appendix A for a full description of each organization and profiles of hospitals in Palm Beach County.)

Bethesda Memorial Hospital	Genesis Community Health, Inc.	Palm Beach State College Nursing Program
Caridad Center	Health Insurance Companies: (Aetna, Blue Cross Blue Shield, AvMed Health Plans, Coventry One, Cigna, Humana One, Vista, United HealthOne)	Palm Healthcare Foundation
Children's Services Council	JFK Medical Center	Quantum Foundation
Community Health Center of West Palm Beach	Lakeside Medical Center	St. Mary's Medical Center
Florida Atlantic University Charles E. Schmidt College of Medicine	Nova Southeastern University College of Osteopathic Medicine	The University of Miami Miller School of Medicine
Florida Atlantic University Christine E. Lynn College of Nursing	Palm Beach County Health Care District	West Palm Beach VA Medical Center
Florida Community Health Centers	Palm Beach County Health Department	
FoundCare Health Center	Palm Beach County Medical Society	



<ul style="list-style-type: none">💡 The Health Care District is unique to Palm Beach County; the money follows the patient💡 Strong clinical, foundation and community partners💡 History of innovation in devising strategies to address the needs of the medically underserved💡 Long history of partnership in the provider community💡 Medical residency programs in place at area hospitals and clinics💡 Quality medical schools and nursing schools in the area to grow the primary care workforce💡 Public and community support of health care💡 School nurse program💡 PBCHD Preventive Medicine/Public Health Residency as the only program with dual accredited MD and DO residents functioning out of a County Health Department	<ul style="list-style-type: none">💡 No centralized data on patients in the safety net system; no Health Information Technology (HIT) plan in place across the system.💡 Need stronger data and metrics about number and types of patients served, productivity data and evaluation of services in order to make better and more strategic recommendations💡 Loosely based primary care system; lack of integration of a primary care safety net which incorporates all players💡 Competition between hospitals hinders collaboration and participation💡 Need to establish a formalized plan for getting patients specialty care services beyond primary care💡 Market entry is challenging for new FQHC's and FQHC look-a-likes💡 Medical home concept is in nascent stages💡 Need for more Graduate Medical Education positions
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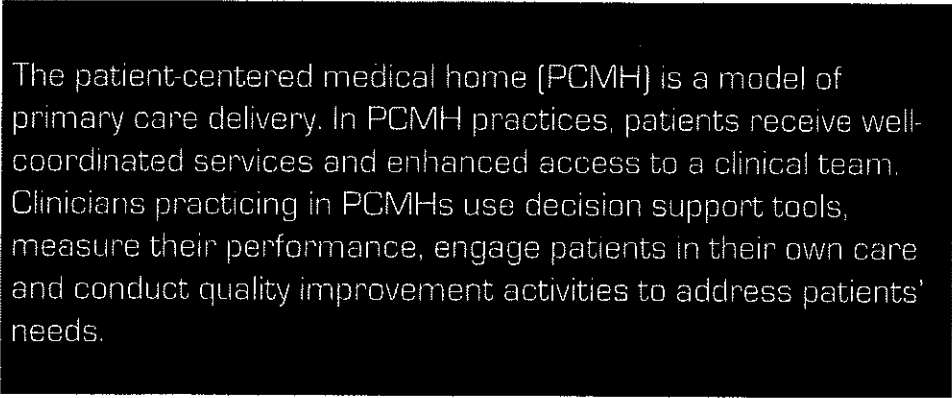


<ul style="list-style-type: none">● Continue down the path of innovation in Palm Beach County and build a stronger system● Familiarity of partners in creating a common solution for the medically underserved● Economic climate makes further collaboration on a community wide solution a necessity not a luxury● Implementing the concept of the medical home could strengthen the quality and efficiency of care provided● Contact and engage local and state officials to discuss the importance of supporting health initiatives● Focus on developing a primary care safety net for all of Palm Beach County (uninsured and insured)● Opportunity to create a national mode for primary care access in Palm Beach County	<ul style="list-style-type: none">● Changes in state funding of primary care and Medicaid; Reduced state funding for state and county agencies● Changes in federal programs and funding for FQHCs, teaching hospitals, Medicaid● Fragmented relationships between safety net providers; Lack of organizational commitment to creating an integrated system● Organizations in the safety net are in silos with respect to strategic planning● National and local economic climate increases numbers of uninsured and decreases funding for essential services● Healthcare environment in Florida continues to evolve and competition for scarce funding will increase● Organizational agendas may supersede the need to have a common vision to provide primary care to the underserved● Unclear of national policy and financial support of start-up funding for FQHCs● State level policy environment in flux on Medicaid and the Patient Protection and Affordable Care Act● Clinics and hospitals are seeing increasing numbers of individuals with Medicaid or no health insurance● A growing gap in Medicaid reimbursement and cost of services; Providers are unwilling to accept Medicaid and HCD insurance




LONG TERM STRATEGIES

The goal this section of the document is to provide a long-term level for the development of a comprehensive strategy for Palm Beach County to strengthen its Primary Care Safety Net through the implementation of the medical home concept. The patient-centered medical home concept¹⁰ is essential to improving care for vulnerable populations in Palm Beach County as well as enhancing provider care.



The patient-centered medical home (PCMH) is a model of primary care delivery. In PCMH practices, patients receive well-coordinated services and enhanced access to a clinical team. Clinicians practicing in PCMHs use decision support tools, measure their performance, engage patients in their own care and conduct quality improvement activities to address patients' needs.




A study by the Commonwealth Fund Commission on a High Performance Health System¹¹ identified six attributes of an ideal health care delivery system, each of which has been demonstrated to be an important driver of high performance:

1. *Patients' clinically relevant information is available to all providers at the point of care and to patients through electronic health record systems.*
2. *Patient care is coordinated among multiple providers, and transitions across care settings are actively managed.*

¹⁰ The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.


¹¹ Source: A. Shih, K. Davis, S. Schoenbaum, A. Gauthier, R. Nuzum, and D. McCarthy, Organizing the U.S. Health Care Delivery System for High Performance, The Commonwealth Fund, August 2008

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3. *Providers (including nurses and other members of care teams) both within and across settings have accountability to each other, review each other's work, and collaborate to reliably deliver high-quality, high-value care.*
 4. *Patients have easy access to appropriate care and information including after hours; there are multiple points of entry to the system; and providers are culturally competent and responsive to patients' needs.*
 5. *There is clear accountability for the total care of patients.*
 6. *The system is continuously innovating and learning in order to improve the quality, value, and patients' experiences of health care delivery.*

Research of 15 diverse health care delivery systems across the US showed that there were four best practices:

- 💡 *This type of delivery system is achievable; existing delivery systems have many of the key attributes identified.*
- 💡 *There is more than one way to organize providers to achieve those key attributes, ranging from fully integrated delivery systems and large, multi-specialty group practices to looser forms of organization such as private networks of independent providers (e.g., independent practice associations) and government-facilitated networks of independent providers.*
- 💡 *Although there are diverse approaches, some form of organization (i.e., established mechanisms for working across providers and settings) is required to achieve these attributes. This finding is consistent with the literature, which suggests that greater organization is associated with better quality and, to some extent, greater efficiency.*
- 💡 *Leadership is a critical factor in the success of delivery systems.*

Florida's approach to providing health care to the medically underserved is changing. With the support of Governor Rick Scott, the Legislature voted to seek a block grant from Washington that would let the state shift almost all its Medicaid population into private, managed-care plans. Beginning in July 2012, the state would be divided into 11 regions, and insurers and other health plans, including doctor and hospital networks, could compete for business in any or all of them. Recipients



would have to pay \$10 a month, plus a \$100 copayment for showing up at an emergency room for non-emergency care. The Florida law would limit malpractice awards by capping pain and suffering payouts at \$300,000, well below the \$500,000 allowed other state residents. This approach is new to the state and yet untested, proponents of the plan believe that greater efficiency will be achieved in the healthcare system and opponents believe that the safety net will be eroded.

In addition, Florida along with many other states is currently in litigation over the recently passed the Patient Protection and Affordable Care Act. It is unclear at this time what will become of the lawsuit or the legislation. Regardless of the changes that are occurring at the state and federal level, Palm Beach County has an opportunity to enhance its primary care safety net and bring providers together to improve care for vulnerable populations.

BUILDING A STRONGER SAFETY NET IN PALM BEACH COUNTY

The trends of the primary care safety net model include patient-centered care and developing the concept of a medical home. A “medical” home is an approach to providing comprehensive primary care. According to the American Academy of Pediatrics, a medical home is defined as primary care that is: accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective.¹²

The following recommendations are designed to transform the Palm Beach County Safety Net in three major areas – A) workforce, B) health information technology (HIT), and C) practice redesign and speciality care.

¹² American Academy of Pediatrics, Pediatrics Vol. 110 No. 1, July 2002, pp. 184-186



1. SUPPORT INVESTMENT IN PRIMARY CARE AS A MECHANISM FOR CREATING THE SAFETY NET OF THE FUTURE

A. INVEST IN THE DEVELOPMENT OF A PRIMARY CARE WORKFORCE


America's five million health care professionals directly influence the cost and quality of health care through their diagnoses, orders, prescriptions, and treatments. These primary care and specialty physicians, dentists, nurses, nurse practitioners, nurse managers and other medical and dental assistants labor to take care of their patients, but experts say there are too few of them today, and by 2020 there will be a shortage of up to 200,000 physicians and 1 million nurses. Rural Americans and those living in other underserved areas across the country are especially vulnerable to these current and growing health workforce shortages¹³.

PHYSICIAN SHORTAGES

Florida faces the nation's third-largest physician shortage and will need 63% more primary care physicians¹⁴ within a decade to avoid a shortage in that field, according to Kaiser Family Foundation and the American Academy of Family Physicians. Considering that Florida has the nation's highest proportion of residents age 65 and over, Florida's demand for healthcare services is significantly

¹³ The Association of American Medical Colleges (AAMC) no longer encourages lifting the residency cap and increasing Medicare funded residencies by 15%, they now are saying it must be done. Between now and 2015, the year after all new health care reform provisions take effect, the shortage of physicians across all specialties will more than quadruple, from 13,700 to 62,900. The shortage in 2015 is more than 58 percent greater than estimates before the passage of health care reform.

¹⁴ A primary care physician, or PCP, is a physician/medical doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. All physicians first complete medical school (MD, DO). To become primary care physicians, medical school graduates then undertake postgraduate training in primary care programs, such as family medicine (family practice or general practice), pediatrics or internal medicine. Some HMOs consider gynecologists as PCPs for the care of women.



higher than other states. Florida's below-average physician ratio signals a dramatic current and future physician shortage.¹⁵

Several factors contribute to Florida's physician shortage, many of which relate to the policy and regulatory environments in which physicians practice medicine.

Structural factors include:

- caps on medical school enrollment
- shortage of residency positions in Florida
- lack of incentive to pursue a primary care medical degree

Regulatory factors include:

- challenges of liability issues
- medicaid reimbursement
- administrative burden associated with managed care organizations

The Palm Beach County Medical Society compiles a report about the current and projected physician shortages. This document will be an important part of the recruitment strategy and plan to train and retain physicians in Palm Beach County. Moreover, it is critically important that attention not only be paid to the physician shortages in Palm Beach but the payor mix of those physicians. Physicians must accept Medicaid and HCD patients. The Workforce Alliance in

¹⁵ Source: Kaiser Family Foundation and the American Academy of Family Physicians.

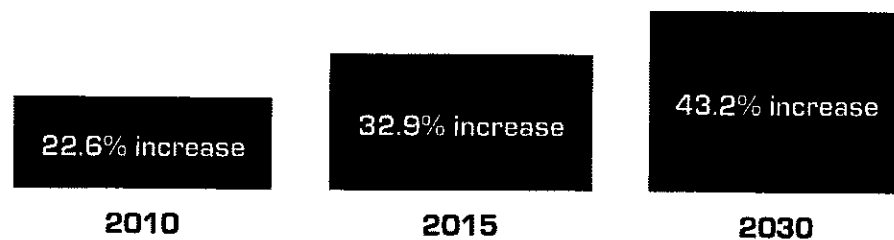
[REDACTED]

Palm Beach county should also be included as a partner to grow and strengthen the primary care workforce.¹⁶

FLORIDA NURSING SHORTAGES

The velocity of the Florida nurse shortage accelerates even faster than the national shortage as baby boomers move to Florida for their retirement. According to the Florida Center for Nursing, by the year 2020, 43 of every 100 nursing positions in Florida, on average, will remain vacant. Florida is ranked 15 among states with the greatest projected nursing shortage in the nation by the year 2020.¹⁷ Florida's statewide shortage will rise to 22.6% by 2010, 32.9% by 2015, and reach 43.2% by 2020.


Florida Nursing Shortage 2010-2020 [% increase]



The number of RNs is forecast to increase each year, but demand for nursing personnel is projected to increase dramatically as Florida's general population grows older. Nurses, nurse practitioners and nurse managers also are a critical

¹⁶ Palm Beach County Workforce Alliance. <http://www.pbcalliance.com/>

¹⁷ In the U.S., especially in South Florida where senior citizens and aging baby boomers have relocated, a severe nursing shortage has steadily evolved over the past 25-plus years. Study data supports that the ongoing increased medical and healthcare demands are quickly reaching the "critical" stage. Nursing Resource International understands that the dire need for quality nursing care directly affects overall quality of life. Providing the right level of care at the right time can make the difference between life and death. The nursing shortage in Florida is capable of crippling the healthcare system and reducing access to or quality of care for Floridians: A shortage of just under 11,000 RN FTEs in 2007 is expected to grow to more than 52,000 FTEs in just 13 years.




part of the primary care safety net in Palm Beach County. The Florida Center for Nursing has identified three critical issues as essential to successfully resolve the nursing shortage. 1) Retention of nurses currently in the workforce; 2) Maximizing capacity of nurse education program in Florida; and 3) Statewide strategic planning.¹⁸

Nurse practitioners should be an integral part of any primary care safety net plan implemented in Palm Beach County. Nurse practitioners are able to provide primary care services and serve as patients primary point of contact when obtaining medical care.

RECOMMENDATIONS


- To build and sustain a multi-disciplinary primary care workforce that can meet patients' needs, additional incentives (e.g., scholarships, loan forgiveness) should be provided to encourage students in a wide array of health professions to commit to being primary care safety net providers. There are many national examples of how to effectively incentivize students to stay in primary care through financial means. Programs in Minnesota and Pennsylvania target specific types of students to recruit for practice and loan repayment programs.
- Develop primary care mentorship programs in Palm Beach County between practicing physicians and residents. Research and literature show that medical students, nursing students and residents often choose/maintain their preferred field of practice based upon experiences that had during their medical training. Identifying individuals who are passionate about primary care and developing a strategy to promote primary care medicine at the

¹⁸ Florida Center for Nursing: Forecasting Supply, Demand, and Shortage of RNs and LPNs in Florida, 2007-2020 (www.flcenterfornursing.org)



practice site. Relationships with the medical schools and nursing schools should be formally enhanced to develop such a program.

- Better integration of medical education program at all levels and physician recruitment and retention efforts to maximize the number of students that complete their training and remain in Palm Beach County.
- Palm Beach County Safety Net Providers should continuously work to educate and inform policymakers about the importance of expanding access to primary care. Without expansion, the primary care system is at risk of collapse, which would cause serious problems for everyone but especially for people in underserved communities. Precisely because many of the organizations in the Palm Beach County Safety net are located in communities that have severe shortages of health care providers, they face formidable obstacles to recruiting and keeping needed clinicians. A multifaceted approach will be essential to produce the numbers of primary care health professionals that will be needed to to serve the needs of the overall safety net system in Palm Beach County. It is very important to remember that these physicians must accept Medicaid and Health Care District Insurance.
- Work to increase residency slots in Palm Beach County at area hospitals and clinics. The federal health professions training programs support training and educational infrastructure at medical, dental, and nursing schools, as well as primary care residency programs that place residents in underserved areas.
- Partner with area economic development agencies, hospitals and universities, Palm Beach County Medical Society, Florida Center for Nursing and the Florida Medical Association to create workforce development programs. Healthcare workforce strategies must be strengthened, stabilized, and expanded, fortifying the pipeline to primary care careers, and fostering opportunities for students to participate in primary care educational and




training experiences, while also increasing exposure to primary care for health professional students.

- Opportunities and incentives for health professionals entering primary care careers must be enhanced, to include placement and training opportunities in underserved areas, and training as members of interdisciplinary teams.
- Increased level of partnership with nursing schools and nursing practitioner programs in Palm Beach County to retain talent in Palm Beach County.
- Utilize the strategic plans and policy advocacy recommendations of groups such as the Florida Center for Nursing, the AAMC, the AHA, the Institute of Medicine Report on the Future of Nursing and the AMA to augment local plans to train and retain the healthcare workforce.
- Utilize and promote programs such as the FAU Diabetes Center at the Palm Healthcare Pavilion which is designed to provide and evaluate a comprehensive program of individualized family- and community-centered diabetes prevention, education and management services for children and adults who are at-risk for, or have, diabetes and its complications. Essential objectives also include multi-disciplinary education and training of university students in various professional disciplines, with particular emphasis on the preparation of nursing professionals.

B. INFORMATION TECHNOLOGY

We are living in the information era. There is currently a federal mandate that directs all paper medical records to be converted into the electronic format by 2014. It should be noted that the proposed penalty for not converting to electronic health records in 2015 is approximately 1% and this is likely to increase incrementally, up to 5% in the forthcoming years. Most of the penalties will be levied in the form of



reduced Medicare and Medicaid reimbursements. The federal government is extremely serious in terms of ensuring that the conversion rate to EMR technologies is appreciable and that is why along with grants and federal funding, more college-level programs aimed at creating more Health Information Management professionals are likely to be introduced as 2014 draws near. This is an important deadline to remember for all providers in Palm Beach County.

Quality care and efficiency of care is increasingly tied to a strong health information technology (HIT) system. Currently, the loosely based system in place in Palm Beach County does not allow the patient to move through a system seamlessly, rather they are known at one location but not at another. There is no ability to track a patient if he or she leaves the system to go to another location. This prohibits the continuity of care for a patient and diminishes productivity (quality, cost and utilization data) of the health care provider. If the concept of a medical home is to be implemented in Palm Beach County, the implementation of a health information technology system (HIT) with a particular focus on electronic health records (EHR) is an essential component.




Pros of EHR	Cons of EHR
<ul style="list-style-type: none">Minimize errors and aid in standardization of patient health recordsEnsure safe storage of patient recordsMake health care more cost efficientEncourage coordination between health professionalsImprove the quality of care by increasing the efficiency and speed of diagnosis, improve the delivery of preventive health services, and improve adherence to clinical guidelines	<ul style="list-style-type: none">Could constitute threat to patient privacyCan lead to standardized rather than customized careEMRs can be inefficient due to poor design, or lack of user knowledgeEMRs are often not standardized, which prevents cross-compatibility between systems, and lessens the total benefit of data sharingCost of implementing the system is high

Implementing a system that cuts across numerous clinic and hospital platforms is not inexpensive nor is it easy to negotiate between the entities. Each hospital and clinic has their respective IT platform and IT system (hardware and software) that varies in age, development and compatibility. There are many concerns including patient privacy (HIPAA laws), corporate compliance and system reliability. HIT systems are often seen by physicians as slowing them down and as unaffordable for FQHC and community clinics.¹⁹

The diverse composition of the Palm Beach County clinical partners involved in the safety net will make the implementation of EHR even more challenging because of the proprietary nature of the for-profit hospital system software, DOH electronic


¹⁹ A survey report by the National Association of Community Health Centers (A National Survey of Health Information Technology (HIT) Adoption in Federally Qualified Health Centers, NACHC, May 2009) cites barriers to implementation, including limited resources to invest and sustain EHR operations; inability to integrate with existing practice management systems; concern about loss of productivity during implementation; lack of support from physicians; and lack of project management staff” as barriers to implementation.



medical records system and previous issues with sharing electronic medical records causing a breach of security. In spite of the barriers, it is imperative that a system be developed to implement electronic health records across the system.

RECOMMENDATIONS

- 💡 Before beginning any information technology plan, it would be important to identify which partners will be participating in the process and wish to be included in the development of a common strategy for HIT/EHR. Palm Healthcare Foundation is currently working with area hospitals to try and get an inventory of the health IT / computerized systems (EMR, MAR, etc.) they have in place and/or are rolling out over the next few months. This can serve as a good starting point for the group to discuss.
- 💡 Nearly all hospitals and health care providers have either begun to plan for implementation of or have implemented their HIT/EHR plans. Successful planning procedures for information technology include: 1) health IT professionals; 2) physicians; 3) nurses and 4) health care administrators. There is an opportunity in this process to allow collaboration with all providers and interested without all adopting the same IT system. This process should not force providers to adopt a single system when it is impractical, but the goal should be for participants to look for a technological solution that achieves the goal of integration of the primary care safety net providers.
- 💡 To support more effective use of resources and improved patient care, information systems should be designed to allow for transfer of data across safety net providers. To build a stronger safety net in Palm Beach County, shared metrics need to be available to the participants. Technology should be used as a tool to increase access, quality and efficiency.
- 💡 A pool of funds should be identified and made available to clinics that want to incorporate an HIT/EHR into their practices to improve patient care and manage




costs. By using technology as a tool to integrate care across safety net providers, patient care will be improved.

- A process should begin immediately by completing an inventory of HIT and EHR systems and looking for other groups in Palm Beach County that have met on this topic. The goal should be to implement a system that is sophisticated, aligns with the safety net providers and is easy to use. The process must include staff, faculty and physicians in a meaningful fashion.
- The Palm Beach County effort should build upon efforts at the state level; The Florida Medicaid Electronic Health Record (EHR) Incentive Program was established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery & Reinvestment Act of 2009. The program provides financial incentives to health care professionals and hospitals for the adoption and meaningful use of electronic health records. This program has done a great deal of the research and legwork which should be helpful in getting conversations started.
- The HIT/EMR system does not need to be identical across the primary care safety net in Palm Beach County. It needs to allow appropriate, confidential access through an interface to allow the safe transmission and sharing of patient information. The system needs to be a bridge between providers to enhance patient care and provider communication.

C. PRACTICE REDESIGN AND PRIMARY AND SPECIALTY CARE DELIVERY

According to the Institute of Medicine, the national health care safety net is "intact but endangered." Problems are compounded by Florida's current fiscal challenges. As health costs increase along with the demand for coverage, state funding sources are unable to keep pace. Low reimbursement rates are causing some of Palm Beach County safety net providers to stop serving the uninsured and Medicaid populations. This action represents the largest break in the primary care safety net.



The national economic downturn has increased the number of uninsured in the area, applying additional pressure to Palm Beach County's safety net system. In order to improve the safety net system, the manner in which care is delivered must fundamentally change.

In the patient centered medical home model, the health care delivery system is fundamentally changed. The primary care team consists of the patient along with all the staff, clinical and administrative, necessary to promote the wellbeing of the patient. The team can be described as two parts: the core team and the expanded team. The core team of the patient, his/her provider, an RN care manager, a clinical staff assistant, and an administrative staff member are responsible for the central functions of a medical home model. The RN care manager, clinical staff assistant, and administrative staff member serve the provider's entire panel of patients. To coordinate seamless care, all members of the core team will collaborate with other medical and support staff, including all health care providers, to satisfy the needs of the patient. Expanded team members will be on site seeing patients episodically, while consultants may work remotely from the core team and provide consults as deemed necessary. The core team will manage these consultations in order to provide coordinated care and thus smooth transitions between the many facets of the health care system. The system must include primary as well as specialty care providers.

These suggested strategies to link healthcare delivery systems in Palm Beach County are achievable. However, to create this type of system, payment and reimbursement reform must be addressed.




2. ENCOURAGE SAFETY NET PROVIDERS TO BE OR BECOME PATIENT-CENTERED MEDICAL HOMES THROUGH INCREASED, APPROPRIATE REIMBURSEMENT.

Primary care clinics that feature more access to prevention and primary care, better care coordination and chronic disease management, and improved access to specialty care have the potential to improve quality and lower costs for patients in the safety net. Because there will be additional costs to create medical homes, payers may need to change payment methods to provide incentives for safety net providers to embrace the medical home model. Ultimately, safety net providers can be held accountable for the care they deliver, with payments tied to results. There are numerous models to adjust payment reform which need to be explored and discussed to determine the best path for Palm Beach County -- it is truly a "if you have seen one, you have seen one."

A report published by the Patient-Centered Primary Care Collaborative in July 2010 entitled "Payment Reform to Support High-Performing Practice. Report of the Payment Reform Task Force" details the importance of piloting new payment reform programs and evaluating their success based on a series of criteria. It is important to note that the model in Palm Beach County will be a custom approach and must have participant and provider buy-in prior to moving forward. Many payment models seek to move away from the standard fee-for-service model and look to incentivize through bonuses and management structures and develop a patient centered strategy for care.

The Robert Wood Johnson Foundation has funded numerous pilot programs to assess the viability of payment reform, utilizing the **Prometheus Evidence Informed Case Rate Model**.²⁰ Sites previously funded by the Robert Wood


²⁰ Prometheus payment. Available at www.prometheuspayout.org which is now a part of the Health Care Incentives Improvement Institute. Please note that the The Commonwealth Fund is a major funder for the Prometheus Payment reform system.



Johnson Foundation include: HealthPartners Minnesota, Independence Blue Cross – Crozer Keystone Health System in Pennsylvania, Employers' Coalition on Health in Illinois and Priority Health – Spectrum Health in Michigan. In addition, there are implementation sites being funded by the New York State Health Foundation and the Colorado Health Foundation.

One option to consider in terms of payment reform, Prometheus Evidence-Informed Case Rate Model. “This payment model, developed by the nonprofit Prometheus Inc., establishes payment or case rates for the treatment of specific conditions based on the cost of all services, pharmaceuticals, tests, equipment, etc., needed to treat the condition following agreed-on evidence-based clinical practice guidelines (where available) or expert opinion. The cost of avoidable complications is also built into the model.

The developers of this payment method establish the case rates through review of claims data, best evidence in the scientific literature, and expert consultation. The evidence-informed case rate (ECR) designates payment by diagnosis for an episode of care, or the ECR takes the form of a yearly rate for chronic conditions. The cost accounting for the case rates is developed from claims data and takes into account resource use, reflecting the minimum level of service for typical care, regional variation, and the inclusion of a reasonable profit margin (e.g., 10 percent) for the provider. The ECR also includes a severity adjustment and a margin for potentially avoidable complications (PACs), costs that are under the professional’s control and could be avoided through the use of best practices. It has been estimated that 40 percent of the costs related to six common chronic medical conditions fall into this PAC category. Current pilots include 50 percent of the PAC costs in the ECR budget.”




Another option to explore in Palm Beach County is the development of accountable care organizations (ACO).²¹ ACOs are networks of doctors and hospitals that share responsibility for providing care to patients. The concept of ACO's originated in the desire for healthcare reform and the Patient Protection and Affordable Care Act²². These types of organizations are the current "buzz" throughout the country for Medicare beneficiaries as well as for patients with private insurance. The ACO initiative is scheduled to launch in January 2012. In the new law, an ACO would agree to manage all the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years.

ACOs would make providers jointly accountable for the health of their patients, giving them strong incentives to cooperate and save money by avoiding unnecessary tests and procedures. For ACOs to work effectively, providers need to seamlessly share information (again, highlighting the importance of the shared HIT and EHR system). Those ACOs that save money while also meeting quality targets would keep a portion of the savings, however some providers could also be at risk of losing money.

In Medicare's traditional fee-for-service payment system, doctors and hospitals generally are paid more when they give patients more tests and do more procedures. According to many health care experts, this drives up costs, ACOs would not eliminate fee for service but would create savings incentives by offering bonuses when providers keep costs down and meet specific quality benchmarks, focusing on prevention and carefully managing patients with chronic diseases. Stated simply, providers would get paid more for keeping their patients healthy and out of the hospital. One organization already employing

²¹ Fisher ES, Staiger DO, Bynum JPW, et al. Creating accountable care organizations: the extended hospital medical staff: a new approach to organizing care and ensuring accountability. *Health Affairs*. 2007;26:w44-w57.

²² ACOs were included in the Patient Protection and Affordable Care Act as a strategy to reduce the rapidly increasing costs of Medicare. HHS estimated that ACOs could save Medicare up to \$960 million in the first three years.




this approach with success is the Blue Cross Blue Shield of Massachusetts Alternative Quality Contract.²³

RECOMMENDATIONS

- It is vitally important that payment reform be a component of the new and improved primary care safety net in Palm Beach County. While the discussion of payment and reimbursement will be challenging, it changes the practice of business as usual.
- The first step in completing payment reform will be to have an understanding of the who, what, where, when and how of the financials. Each institution would have to agree to supply a core set of financial data as a baseline for the discussions. Then components of payment reform models e.g., ACO's, Prometheus Fund, Fee-for-Service, Management Fee, and Pay for Performance Model, will need to be evaluated and modified to meet the needs of Palm Beach County Safety Net Providers.
- It will take strong commitment and organizational leadership to make this happen and the difficulty of the conversations and negotiations should not be underestimated. Moving to a pay for performance structure and/or a bundled payment system, etc., will not be easy.
- In addition, for the enhanced Palm Beach County Primary Care Safety Net to effectively meet the needs of future patients and more efficiently use available resources, enhanced partnerships will be required between public and private entities, including community clinics, hospitals, medical groups/physician offices, foundations, and state and local government agencies. Providing incentives for such partnerships (e.g., by removing legal or policy barriers to

²³ Blue Cross Blue Shield of Massachusetts. The alternative quality contract. March 2009. Available at: <http://www.qualityaffordability.com/pdf/alternative-quality-contract.pdf>.



the formation of entities such as accountable care organizations (ACO), supporting health IT investments to support data collection and exchange) should enable safety net organizations to compete on cost and quality in venues.

- These relationships need to be formalized with stronger affiliation agreements and understanding. While the loosely based primary care system in Palm Beach County has done its job for many years, it is imperative that more formal relationships be developed.

3. STREAMLINED APPLICATION FOR ALL HEALTH SUBSIDY AND INSURANCE PROGRAMS


Safety Net Providers and local insurers in Palm Beach County need to ensure that there is a “no wrong door” eligibility and enrollment system for public health insurance programs. Under health reform, it is expected that many individuals will move in and out of eligibility for various public health insurance programs, potentially jeopardizing their access to care. To address this issue, eligibility and enrollment systems should be available online and use a single, streamlined application for all health subsidy programs.

Substantial investments in health IT systems will be required so that Palm Beach County and Florida’s various statewide and county eligibility systems are able to communicate with one another, eligibility determination and enrollment processes are seamless, and coverage transitions are facilitated to the greatest extent possible. A “no wrong door” system will improve coverage continuity by a) requiring only one application that will be used to identify any programs (e.g., Medicaid, Health Care District, etc.) for which individuals and families are eligible, and b) processing enrollment applications. Because a large portion of patients are currently eligible or will be eligible for these programs, safety net providers can play a key role in establishing eligibility and helping patients enroll in plans that get them insured.



RECOMMENDATIONS

- Conduct an assessment of safety net providers regarding their current and existing strategies/methods to get people signed up for care. Identify best practices.
- Palm Beach County patient navigators should be integrally involved in this process.
- Develop a simple and cost-effective system as a component of the HIT system to simplify registration and increase enrollment. There is already initial funding and a plan in place to implement the One-e-App system in Palm Beach County. It is hoped that the system will be up and running by the end of calendar year 2011. It also is hoped that screening for Health Care District eligibility can be included as part of the system at roll-out, or shortly thereafter. While it will take time, training and additional funding to ensure that all safety-net providers have access to the system, and that it screens for a comprehensive set of programs, the project is off to a good start. The vision is for this to be a tri-county South Florida initiative (funding permitting in other counties) and, eventually, a statewide system. Work has been underway in Palm Beach County to develop a common eligibility website: www.myoneeapp.com. This program has been widely used throughout the country to enroll applicants in a range of health, social services and other support programs. It streamlines the application process by providing one electronic application that collects and stores information, screens and delivers data electronically, and helps families' secure needed services. One-e-App will be set up to have electronic interfaces with state and local systems, creating a completely electronic submission of applications wherever possible.
- The main barrier for this system is cost and funding. The concept has been discussed previously, worked on by many members of this committee and has repeatedly been identified as an important part of improving the primary care



safety net in Palm Beach County. Participants in this project need to do an immediate assessment of the remaining costs and barriers to the project and develop a plan that results in a plan for implementation.


CONCLUSIONS

The numbers of uninsured and underinsured is on the rise in Palm Beach County and the system currently in place should be adjusted to meet these needs as well as statewide and national health reform. Health centers are already working on the front lines of public health by serving the most traditionally overlooked and at risk populations. Their success with improving health outcomes particularly among those with chronic illness and those who experience the most glaring disparities, and their readiness to expand make health centers an important partner in the Palm Beach County primary care plan. Lessons from state and local health reform experiences within Florida and around the country validate this belief.

Palm Beach County's existing health centers bring to the table well-regarded experience in meeting the needs of underserved communities. This includes experience with outreach and enrollment, care coordination and integration, chronic care management, and cultural competency. Health centers are model health care homes. Moreover, local government-health center partnerships are often the lynchpin for success. However, the system must branch out to include a more formalized system of care that integrates all the providers and opens up the potential for new health centers in the market place.

Palm Beach County needs to leverage its relatively rich resource base of clinics, hospitals, universities and colleges, healthcare taxing district, its foundations and health department to move primary care to the next level. While the economy and lack of funds to implement new and innovative programs can be used as a barrier to move forward with change, in fact there has never been a more important time to do so.

Based upon review of research and reports, communities are already experimenting with their own reform efforts, and it is even more evident that federal, state, and



local governments must continue investing in the safety net even if universal healthcare coverage is achieved. True progress in resolving the primary care crisis entails removing barriers to care, including provider shortages, the lack of insurance coverage, and cost of care, as well as geographic, linguistic, and cultural barriers. Most importantly, the increased demand for primary care that comes from expanding coverage must be met with an augmented primary care infrastructure.

For Palm Beach County to continue providing high quality care to its most vulnerable residents, those committed to the primary care process must commit in a new way to the safety net of Palm Beach County.

Appendix A

Bethesda Memorial Hospital	Bethesda Memorial Hospital is a community, not-for-profit hospital offering a full array of healthcare services, including maternity services, a Level III neonatal ICU, pediatrics and pediatric ICU services, a 28-bed inpatient rehabilitation facility and comprehensive cardiovascular services. It has 400 beds, with 19,600 admissions, 112,500 outpatient visits and 58,000 ER visits each year.
Caridad Center	<p>Operates free medical and dental clinics that provide vital health services to the uninsured, working poor families of Palm Beach County, Florida. In FY 09-10, Caridad had 24,500 patient visits.</p> <p>Caridad has a staff of 19 full-time and 22 part-time employees who work to support the efforts of over 400 dedicated volunteers, including doctors, dentists, nurses, teachers, clinic assistants and administrators.</p>
Children's Services Council	<p>The Children's Services Council of Palm Beach County, is a special taxing district that invests its resources in programs that help Palm Beach County children begin life healthy, remain free from abuse and neglect, enter school eager and ready to learn, and thrive in quality after-school activities.</p> <p>The Council's mission is to enhance the lives of children and their families and enable them to attain their full potential by providing a unified context within which children's needs can be identified and resolved by all members of the community. To achieve this, the Council plans, develops, funds, and evaluates programs and promotes public policies which benefit Palm Beach County's children and families.</p>



Florida Atlantic University Charles E. Schmidt College of Medicine	<p>The mission of the Charles E. Schmidt College of Medicine is two-fold: To train physicians who can provide the highest quality healthcare to a diverse population; and to produce physician-scientists who can help meet Florida's initiatives in biomedical research and education.</p> <p>The FAU Charles E. Schmidt College of Medicine will be accepting its inaugural class in August 2011 admitting a total of 264 students (64 per class) when at full operations. The third and fourth year clerkships will be undertaken at affiliated hospital partners, including The Cleveland Clinic, Joe DiMaggio Children's Hospital, Boca Raton Regional Hospital, JFK Medical Center, Bethesda Medical Center, St. Mary's Medical Center, Delray Medical Center, West Boca Medical Center, and Memorial Regional Hospital.</p>
Florida Atlantic University Christine E. Lynn College of Nursing	<p>The free-standing College at FAU has approximately 1,300 students, including baccalaureate through doctoral programs. The College expanded offerings to three campuses, established eminent scholar chairs and professorships focused on advancing nursing knowledge, and created five major centers/institutes that provide the opportunity for research, education and interdisciplinary collaboration.</p> <p>The Nurse practitioner program at FAU is a post BSN program that graduates about 50 family and adult/gerontological nurse practitioners a year. The focus of our program is primary care with an emphasis on health promotion and disease prevention. We have an ethnically and culturally diverse group of students some of whom are native Spanish or Creole speakers. Students go to almost all of the clinics around Palm Beach County for their clinical experiences.</p>



Florida Community Health Centers	<p>For over 30 years, Florida Community Health Centers Inc. (FCHC) has been considered a leader in Florida's primary and preventive health care services. Comprehensive primary health care services are provided through a network of health centers surrounding Lake Okeechobee in South-Central Florida.</p> <p>FCHC has service delivery sites in the cities of Clewiston, Indiantown, Okeechobee, Fort Pierce, Port St. Lucie and Pahokee with FCHC's Corporate Office centrally located in West Palm Beach, Florida.</p> <p>FCHC is a private, non-profit, tax exempt 501(c) 3, consumer directed corporation which is designated as a Federally Qualified Health Center (FQHC), and is accredited by The Joint Commission (TJC).</p>
FoundCare Health Center	<p>FoundCare Health Center is a nonprofit full-service community health center providing medical care for Palm Beach County residents with limited or no health insurance. FoundCare Health Center serves patients regardless of their ability to pay. Since it opened its doors in January 2009, FoundCare Health Center has provided access to quality health care for over 1,700 new uninsured and under insured Palm Beach County residents at its state-of-the-art offices. When fully funded, FoundCare Health Center has the capacity for more than 10,000 patient visits per year.</p>
Genesis Community Health, Inc.	<p>Genesis Community Health, Inc., is a faith-based Florida non-profit primary care organization committed to providing accessible, affordable and quality service to all members of the communities we serve. In 2009, Genesis was created in response to community need and collaborative partnerships.</p> <p>In 2009, three principal investigators conducted a feasibility study that identified Boynton Beach as a target area in need of additional primary care services. Genesis Community Health, Inc. began treating patients on June 14, 2010.</p>
JFK Medical Center	<p>JFK Medical Center is an acute care medical/surgical facility and healthcare complex specializing in cardiovascular care, neuroscience (including a comprehensive stroke center), oncology services, orthopedics and obesity treatment. It has 424 beds, with 26,000 admissions, 132,000 outpatient visits and 62,000 ER visits per year.</p>



Lakeside Medical Center	Completed in 2009, Lakeside Medical Center provides a regional health care delivery system for all Palm Beach County communities bordering Lake Okeechobee and surrounding towns, offering modern technology and all-private patient rooms in a central location.
Nova Southeastern University College of Osteopathic Medicine	The Nova Southeastern University College of Osteopathic Medicine grants the Doctor of Osteopathic Medicine (D.O.) degree. EMS Education and Training, Master of Science in Medical Informatics, and Masters of Public Health.
Palm Beach County Health Care District	<p>The Health Care District is an independent, local taxing authority that was voted into existence by the citizens of Palm Beach County in 1988. The District provides health coverage for the uninsured residents of the county under four programs: Coordinated Care; Healthy Palm Beaches, a licensed Medicaid HMO; Vita Health, a flex-plan for low-income individuals and families and Maternal Care Program.</p> <p>A network of community hospitals and practitioners provide services to members of these programs. The District also runs Trauma Hawk, the air ambulance service for the county in addition to operating the Trauma Agency. The District provides nurses to all public schools in Palm Beach County under the School Health Program. The District also operates the Edward J. Healey Rehabilitation and Nursing Center, a licensed skilled nursing facility. Finally, Lakeside Medical Center, a 70 bed acute care hospital located in Belle Glade, FL is owned and operated by the Health Care District.</p>



Palm Beach County Health Department	<p>The PBCHD serves as a state and national model for the integration of primary care and public health. PBCHD has been a HRSA grantee since the 1970s with 7 health centers strategically located in Medically Underserved Areas (MUA).</p> <p>Six of these centers are Federally Qualified Health Centers which bring in federal dollars to our health care delivery system in Palm Beach County. These centers serve as the medical homes for over 68,000 unduplicated patients annually, providing seamless delivery of comprehensive primary care and preventive services with the highest quality of care by dedicated and cultural competent professional workforce. Funding and support from the state, county and Health Care District give this safety net provision of services stability and endurance during these most difficult economic times.</p>
Palm Beach County Medical Society	<p>The Palm Beach County Medical Society is a not for profit organization dedicated to uniting physicians to serve the common interest of the profession, developing and maintaining the highest professional and ethical standards of the medical profession, advocating the interests of physicians and their patients and collaborating with others to improve the community's health.</p>
Palm Beach State College Nursing Program	<p>The 4 semester Nursing Program at Palm Beach State College confers an AS degree on successful graduates, upon completion of required criteria.</p> <p>The Lake Worth Full Time program accepts 90 students each semester for a total of 180 students per year. The Evening/Weekend Program accepts 30 students once a year and the Belle Glade Full Time Program accepts 24 students once a year.</p>
Palm Healthcare Foundation	<p>Palm Healthcare Foundation is the leading public healthcare foundation in Palm Beach County. They bring the community together to identify common goals and implement transformative healthcare solutions. They invest in the people and organizations that make our healthcare system stronger. They have developed their insight through trusted relationships with every hospital and healthcare agency in Palm Beach County to understand the community's greatest needs.</p>

Quantum Foundation	<p>The Quantum Foundation is a perpetual grant making organization. The private foundation grants funds to approved charitable and certain governmental entities serving Palm Beach County, Florida. The Quantum Foundation works in Palm Beach County to increase health care access, improve science and health education, and enhance the health care workforce.</p> <p>The Foundation is dedicated to promoting a healthier population, improving access to care for uninsured and underinsured county residents, facilitating development of a coordinated and collaborative health care delivery system, increasing the number of health care professionals training and serving the County, improving sciences competency among primary and secondary school students, and improving the quality of life from the neighborhood level up by attacking root causes of public health problems.</p>
St. Mary's Medical Center	<p>St. Mary's Medical Center provides comprehensive medical care for adults and children, as well as community education and outreach. Its dedicated Children's Hospital offers a wide array of specialized services, including pediatric trauma center, oncology and pediatric emergency department. St. Mary's is a state designated Level II Trauma Center, comprehensive stroke center, brain and spinal cord injury center, Regional Perinatal Intensive Care Center for high-risk obstetrics and a Memory Disorder Center. It also has a inpatient mental health Center, inpatient rehabilitation center and an orthopedic Reconstruction and limb lengthening Institute. It has 463 beds, with 17,100 admissions, 116,900 outpatient visits, and 56,369 ER visits.</p>
The University of Miami Miller School of Medicine	<p>The University of Miami Miller School of Medicine operates a medical residency program, at JFK Medical Center in Atlantis and the West Palm Beach VA Medical Center.</p>



West Palm Beach VA Medical Center	<p>The West Palm Beach VA Medical Center consists of one VHA facility. The medical center is a general medical, psychiatric and surgical facility. It is a teaching hospital, providing a full range of patient care services, with state- of-the-art technology as well as education and limited research. Comprehensive healthcare is provided through primary care and long-term care in the areas of dentistry, extended care, medicine, neurology, oncology, pharmacy, physical medicine, psychiatry, rehabilitation and surgery. The West Palm Beach VA Medical Center operates a Blind Rehabilitation Center which is the referral center for blind and visually impaired veterans from throughout the state of Florida.</p> <p>In addition to the main facility in West Palm Beach, we offer services in six community-based outpatient clinics.</p> <p>These clinics are located in Boca Raton, Delray, Fort Pierce, Okeechobee, Stuart, Vero Beach, St Lucie PTSD Clinic, Palm Beach Vet Center, Palm Beach Vet Center - Lake Worth, Jupiter Vet Center - Jupiter.</p>
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Appendix A

Name of Hospital	City	Control	Primary Service	AHA Bed Count	Licensed Beds	Admission	Census	Outpatient	Births	Total Expenses (Thousands)	Payroll Expenses (Thousands)	Personnel	Health care system
A.G. Holley State Hospital	Lantana	Government/ State	Tuberculosis and other respiratory diseases	50		65	30						
Bethesda Memorial Hospital	Boynton Beach	Non-government not-for-profit-non-church	General Medical Surgical	401		19,620	279	251,003	2,864	\$224,330	\$88,155	1,595	
Boca Raton Community Hospital	Boca Raton	Non-government not-for-profit-non-church	General Medical and Surgical	394		17,197	235	299,888	1,718	\$334,457	\$114,011	2,150	
Columbia Hospital	West Palm Beach	For profit, owned by corporation	General Medical and Surgical	250		7,866	93						
Delray Medical Center	Delray Beach	For profit, owned by corporation	General Medical and Surgical		493	18,914	263.52	79,902		\$251,245,846	\$103,998,905	1,500	TENET Healthcare Corporation
Fair Oaks Pavilion	Delray Beach												
Good Samaritan Medical Center	West Palm Beach	For profit, owned by corporation	General Medical and Surgical		333	8,948	108.06	69,741	719	\$134,788,896	\$52,733,910	1,000	TENET Healthcare Corporation
J. F. K. Medical Center	Atlantis	For profit, owned by corporation	General Medical and Surgical	424									HCA

Appendix A

Name of Hospital	City	Control	Primary Service	AHA Bed Count	Licensed Beds	Admission	Census	Outpatient	Births	Total Expenses (Thousands)	Payroll Expenses (Thousands)	Personnel	Health care system
Jupiter Medical Center	Jupiter	Non-government not-for-profit-non-church	General Medical and Surgical	283		11,320	232	133,347	1,102	\$173,347	\$67,452	1,298	
Kindred Hospital the Palm Beaches	Riviera Beach	For profit, owned by corporation	Long Term Acute Care	70									Kindred Healthcare
Lakeside Medical Center	Belle Glade	Government- Hospital District or Authority	General Medical and Surgical	73									
Oakwood Center of the Palm Beaches, Inc.	West Palm Beach	Non-government not-for-profit-non-church	Psychiatric	44									
Palm Beach Gardens Medical Center	Palm Beach Gardens	For profit, owned by corporation	General Medical and Surgical		199	9,830	137.11	58,551		\$174,782,224	\$59,497,440	800	TENET Healthcare Corporation
Palms West Hospital	Loxahatchee	For profit, owned by corporation	General Medical and Surgical	175									HCA
Pinecrest Rehabilitation Hospital	Delray Beach	For profit, owned by corporation	Rehabilitation	90									TENET Healthcare Corporation

Appendix A

Name of Hospital	City	Control	Primary Service	AHA Bed Count	Licensed Beds	Admission	Census	Outpatient	Births	Total Expenses (Thousands)	Payroll Expenses (Thousands)	Personnel	Health care system
Select Specialty Hospital-Palm Beach	Lake Worth	For profit, owned by corporation	Long Term Acute Care	60									Select Medical Corporation
St. Mary's Medical Center	West Palm Beach	For profit, owned by corporation	General Medical and Surgical		463	17,132	280.92	115,887	3,464	\$247,865,187	\$111,887,639	1,700	TENET Healthcare Corporation
Children's Hospital at St. Mary's Medical Center	West Palm Beach												
70 Veterans Affairs Medical Center	West Palm Beach	Federal Government-Veterans Affairs	General Medical and Surgical	231									Department of Veterans Affairs
Wellington Regional Medical Center	West Palm Beach	For profit, owned by corporation	General Medical and Surgical	108	158								Universal Health Services, Inc.
West Boca Medical Center	Boca Raton	For profit, owned by corporation	General Medical and Surgical		185	9,965	116.15	66,989	2,055	\$120,172,398	\$55,564,190	850	TENET Healthcare Corporation

Source: AHA Guide 2011 and Tenet Healthcare Corporation provided data. Data was not obtained or available for the other hospitals.

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

1. Item Description: Florida Medicaid Reform

2. Summary:

This item contains information on changes to the Florida Medicaid program.

3. Substantive Analysis:

In the 2011 Florida Legislative Session, two bills were passed that will likely impact the Health Care District Managed Care Programs. The provisions of these bills include:

- Mandatory enrollment of Medicaid recipients into Managed Care programs
- Counties will be regionalized into eleven provider areas. Palm Beach County is included in Region 9 which includes Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties.
- There will be 2-4 Medicaid Managed Care Providers that will provide service in Region 9.
- Providers must serve the entire region.
- One Provider Service Network (PSN) will be utilized in Region 9.
- Hospital LIP (Low Income Pool) funds will be paid to hospitals according to a three tier system
- Medicaid Managed Care Providers must contract with "essential providers." This includes hospitals located at least 25 miles from any other hospital with similar services.

The changes listed above will make it difficult for Healthy Palm Beaches, Inc. to continue to operate. Staff continues to investigate options for its future.

In addition to Florida Medicaid reform, the Agency for Health Care Administration has reduced reimbursement rates to hospitals beginning on July 1, 2011. The average rate reduction in Palm Beach County is 23.8%. For the past two years, the District has served as the local source of funding for intergovernmental transfers (IGTs) allowing hospitals to "buy-back" their Medicaid rates. In the previous year, the District provided \$6,461,872 of local tax dollars to make the buy-back possible. Here is a list of Palm Beach County Hospitals with their recently reduced rates:

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
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Provider Name	07/2011 Inpatient Rate	07/2011 Outpatient Rate	01/2011 Inpatient Rate	01/2011 Outpatient Rate	Inpatient % Change	Outpatient % Change
Bethesda Mem. Hosp.	1,128.19	87.13	1,543.59	115.09	-26.91%	-24.30%
Boca Raton Community Hospital	769.00	82.89	894.20	90.46	-14.00%	-8.36%
Lakeside Medical Center	1,934.38	87.32	1,974.05	83.37	-2.01%	4.73%
JFK Medical Center	1,107.55	108.59	1,649.04	152.25	-32.84%	-28.68%
St. Mary's Hospital	1,085.19	87.96	1,452.36	119.26	-25.28%	-26.24%
Good Samaritan Hospital	834.17	88.67	1,051.83	114.19	-20.69%	-22.35%
Palm Beach Gardens Medical Center	839.51	77.18	1,099.76	96.46	-23.66%	-19.99%
Wellington Regional Medical Center	936.35	94.78	1,290.18	124.28	-27.42%	-23.74%
Delray Comm. Hosp.	694.85	86.60	868.34	105.63	-19.98%	-18.02%
W. Boca Med. Ctr.	848.82	79.49	1,116.43	99.35	-23.97%	-19.99%
Palms West Hospital	1,067.74	89.76	1,676.19	133.31	-36.30%	-32.67%
Jupiter Hospital	825.70	69.05	1,130.21	86.30	-26.94%	-19.99%
Columbia Hospital	768.24	96.31	1,104.79	146.73	-30.46%	-34.36%
Average Rate/Reduction	987.67	87.36	1,296.23	112.82	-23.88%	-21.07%

4. Fiscal Analysis & Economic Impact Statement:

N/A.

5. Comments:

The Health Care District Finance Committee is scheduled to discuss an increase in per diem rates for hospitals for District health coverage plans. The additional District funds will allow the Medicaid rate to be more fully bought back.

6. Legal and Compliance Review:

Approval Signature	
Legal	N/A
Compliance	N/A

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
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7. Reviewed/Approved by Committee or Subsidiary Board:

N/A

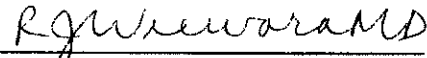
Committee or Board

N/A

Date Reviewed

8. Recommendation:

Staff recommends the Board receive and file this information.



Ronald J. Wiewora, MD, MPH
Chief Executive Officer

**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

1. Item Description: Interagency Agreement

2. Summary:

This item reviews the Interlocal Agreement between Palm Beach County and the Health Care District.

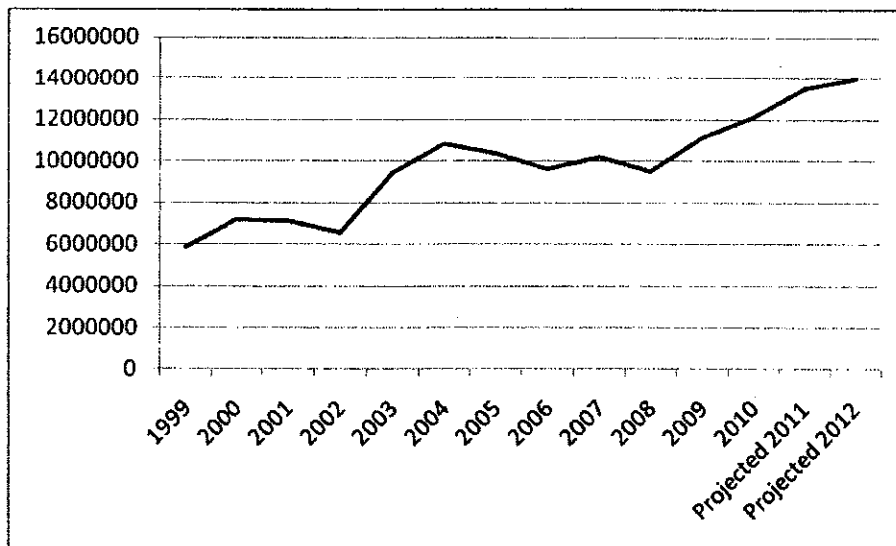
3. Substantive Analysis:

Palm Beach County and the Health Care District entered into a forty year Interlocal Agreement beginning on October 1, 1995. Under the terms of the Agreement, Palm Beach County provides the District with \$15 million each year to be used to fund Medicaid Match and operations at the Edward J. Healey Rehabilitation and Nursing Center.

Under the Medicaid Match provisions of the agreement, the District funds the local portion of Medicaid Match for the state. This funding covers the cost of services in two ways:

- District pays 35% of Medicaid inpatient hospital days for days 10-45
- District pays 35% of the total cost of Medicaid payments for nursing home or intermediate care facilities, not to exceed \$55 per person per month

The cost of Medicaid Match has been increasing each year due to the increased membership and utilization of Florida Medicaid. The graph below shows how the cost of Medicaid Match has increased in the past 13 years.



**JOINT MEETING
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August 30, 2011**

The Edward J. Healey Rehabilitation and Nursing Center has served the residents of Palm Beach County since 1917. The Healey Center was recently given a five star rating by the Centers for Medicare and Medicaid. This is the highest possible rating and only four skilled nursing facilities (out of 55) in Palm Beach County received this rating. Attached is a press release about the rankings and a table with the results.

The Healey Center cares for people with complex needs who cannot be cared for in community settings. The typical resident is a male who is 50 years old. Many of the residents are on tube feedings or have had recent tracheostomies. Typical diagnoses include spinal injury with resulting paraplegia or quadriplegia and traumatic brain injury.

The District has begun the process to replace the aging facility. The new 120 bed facility will be located at the triangle formed by Blue Heron Blvd., Military Trail and the Beeline Highway. This site is less than 3 miles away from the current location and is served by multiple public transportation lines. The facility is scheduled for completion in the first quarter of 2013.

4. Fiscal Analysis & Economic Impact Statement:

N/A.

5. Comments:

The Healey Center fills an important need in the continuum of care in Palm Beach County.

6. Legal and Compliance Review:

Approval Signature	
Legal	N/A
Compliance	N/A

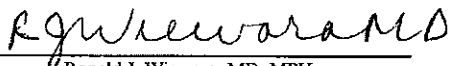
**JOINT MEETING
BOARD OF COUNTY COMMISSIONERS AND HEALTH CARE
DISTRICT BOARD
August 30, 2011**

7. Reviewed/Approved by Committee or Subsidiary Board:

N/A	N/A
_____ Committee or Board	_____ Date Reviewed

8. Recommendation:

Staff recommends the Board receive and file this information.



Ronald J. Wiewora, MD, MPH
Chief Executive Officer

Edward J. Healey Rehabilitation and Nursing Center Earns Top Ranking in US Government Survey of Nursing & Rehabilitation Facilities in Palm Beach County

Overview

Medicare.gov, the official U.S. Government site for Medicare, has published the results of its nationwide survey of rehabilitation and nursing facilities. The report ranks the facilities based on Quality Indicator Survey data from January 1, 2010 through September 30, 2010. The survey process uses a structured review of the medical records of the facilities and direct observation of patient care.

The survey uses a 1-to-5 scale for the rankings, where 1 star indicates "below average," 3 stars are "average" and 5 stars are "much above average." Each facility is ranked for health inspections, facility staffing, and quality measures, and the overall rating is a combination of these three scores.

Results in Palm Beach County

The government received data from 55 rehabilitation and nursing home facilities in Palm Beach County. The results are summarized on the next page.

- The Edward J. Healey Rehabilitation and Nursing Center ranked in the five-star tier in overall rating.
- Only three other facilities in Palm Beach County were in this top tier: The Nursing Center at La Posada in Palm Beach Gardens, Willowbrooke Court at St. Andrews in Boca Raton, and The Crossings in Lake Worth.
- In addition, the Healey Center received the highest aggregate score (13) for health inspections, facility staffing, and quality measures, putting the Healey Center at the very top of the list of 55 facilities in Palm Beach County.
- The Healey Center received the "much above average" score (5 stars) for both "Staffing" and "Quality Measures."
- The Healey Center received an "average" score (3) for "Health Inspections." Fewer than 15 percent of the facilities (8 out of the 55) received a higher than average score in this category, and more than half (39 out of the 55) ranked lower than average.
- The sum of these three scores (Staffing, Quality Measures, and Health Inspections) for the Healey Center is 13.

Source: www.Medicare.gov/NHCompare

Summary of Rankings for Palm Beach County

Overall Rating	Name and Location of Facility	Health Inspections	Staffing	Quality Measures
★★★★★	Edward J. Healey Rehabilitation and Nursing Center (WPB)	★★★★	★★★★★	★★★★★
	The Nursing Center at La Posada (Palm Beach Gardens)	★★★★★	★★★★★	★★
	Willowbrooke Court at St. Andrews (Boca Raton)	★★★★	★★★	★★★★★
	The Crossings (Lake Worth)	★★★★	★★	★★★★★
★★★★	Harbours Edge (Delray Beach)	★★★★	★★★★	★★★★
	Vi at Lakeside Village (Lantana)	★★★★	★★★★	★★★★
	Abbey Delray South (Delray Beach)	★★	★★★★	★★★★★
	Barrington Terrace of Boynton Beach (Boynton Beach)	★★	★★★★	★★★★★
	Boynton Health Care Center (Boynton Beach)	★★★★	★★★★	★★★
	Glades Health Care Center (Pahokee)	★★★	★★★★	★★★★
	Heartland Health Care and Rehabilitation Center (Boca Raton)	★★	★★★★	★★★★★
	Heartland Health Care Center Prosperity Oaks (Palm Beach Gardens)	★★★★	★★★	★★★★
	Joseph L. Morse Geriatric Center (West Palm Beach)	★★★★	★★★★	★★★
	Liberty Inn (Delray Beach)	★★★	★★★★	★★★★
	The Rehabilitation Center of the Palm Beaches (WP)	★★	★★★★	★★★★★
	Waterford Health Care Center (Juno Beach)	★★	★★★★	★★★★★
	Consulate Health Care of West Palm Beach (WPB)	★★★	★★★★	★★
	Royal Manor (Royal Palm Beach)	★★★	★★★★	★★
★★★	Abbey Delray (Delray Beach)	★★	★★★★	★★★★
	Boca Raton Rehabilitation Center (Boca Raton)	★★	★★★	★★★★★
	Darcy Hall of Life Care (West Palm Beach)	★★	★★★★	★★★★
	Lake View Care Center at Delray (Delray Beach)	★★	★★★★	★★★★
	Lakeside Health Center (West Palm Beach)	★★	★★★★	★★★★
	Menorah House (Boca Raton)	★★	★★★★	★★★★
	Signature Healthcare of Palm Beach (Lake Worth)	★★	★★★★	★★★★
	American-Finnish Nursing Home (Lake Worth)	★★	★★★★	★★★
	Courtyard Gardens Rehabilitation Center (Jupiter)	★★	★★★★	★★★
	Coral Bay Healthcare and Rehabilitation (West Palm Beach)	★★	★★★★	★★
	Willowbrooke Court at Edgewater Pointe Estates (Boca Raton)	★★★	★★	★★★
	Fountains Nursing Home (Boca Raton)	★★	★★★★	★★
	Lourdes-Noreen McKeen Residence for Geriatric Care (WPB)	★★★	★★★	★★
	Manorcare Health Services (Boca Raton)	★★★	★★	★★★
	Oasis Health and Rehabilitation Center (Lake Worth)	★★	★★★★	★★
	Palm Garden of West Palm Beach (West Palm Beach)	★★	★★★★	★★
★★	Manorcare Health Services (Delray Beach)	★	★★★★	★★★★
	Manorcare Health Services West Palm Beach (WPB)	★★	★★★	★★★★
	Medicana Nursing and Rehab Center (Lake Worth)	★	★★★	★★★★★
	North Lake Rehabilitation and Health Center (Lake Park)	★	★★★★	★★★★
	Savannah Cove (West Palm Beach)	★	★★	★★★★★
	Chatsworth at PGA National (Palm Beach Gardens)	★	★★★★	★★
	Hamlin Place (Lantana)	★★	★★	★★★★
	Regents Park Nursing & Rehabilitation Center (Boca Raton)	★	★★★★	★★
	Whitehall Boca Raton (Boca Raton)	★★	★★★★	★
★	Avante at Boca Raton (Boca Raton)	★	★★★	★★★★
	Stratford Court of Boca Raton (Boca Raton)	★	★★	★★★★
	Avante at Lake Worth (Lake Worth)	★	★★★	★★
	Boulevard Rehabilitation Center (Boynton Beach)	★★	★	★★★
	Heartland Health Care Center (Boynton Beach)	★	★★★	★★
	Jupiter Medical Center Pavilion (Jupiter)	★★	★	★★★
	Renaissance Health and Rehabilitation (West Palm Beach)	★	★★★	★★
	Terraces of Lake Worth Rehabilitation and Health Care (Lake Worth)	★	★★	★★★
	Wood Lake Nursing and Rehabilitation Center (WPB)	★	★★	★★★
	Boynton Beach Rehabilitation Center (Boynton Beach)	★★	★	★★
	Gardens Court (Palm Beach Gardens)	★	★★	★★
	Manorcare Health Services Boynton Beach (Boynton Beach)	★	★★	★★