County of Santa Barbara Board of Supervisors
Health Resources Service Administration
Budget Period Progress Renewal Application
Project Period: November 1, 2012 – October 31, 2013
Annual Funding: $588,398

EXECUTIVE SUMMARY
July 25, 2012

PURPOSE

The purpose of this Executive Summary is to provide the County of Santa Barbara Board of Supervisors and the Public Health Department Community Health Center Board a consolidated report of the Public Health Department's (PHD) annual primary care operations and objectives in alignment with Health Resources Services Administration's (HRSA) Bureau of Primary Health Care (BPHC).

Each year, as a grant requirement, PHD submits an annual program report and application in order to continue federal funding. The Board of Supervisors, as the Governing Board and co-applicant to the Health Center Community Health Board, must jointly approve/direct the annual application.

BACKGROUND

The Santa Barbara County PHD has been a federally-designated Health Care for the Homeless (HCH) program since 1989 and a Community Health Center (CHC) since 2010. Both designations are renewed in the same application known as the Service Area Competition (SAC) once every five years. Annual updates are required during the non-competitive years of the cycle. As the SAC was awarded in 2011, this year the PHD is required to submit an update known as a Budget Period Renewal (BPR). The main objective of the update is to inform HRSA of the progress of the project and to alert HRSA of any restricting factors hindering progress. HRSA makes future funding decisions based on this information.

Under the HRSA definitions and project requirements, the County PHD is designated as a Federally Qualified Health Center (FQHC). The FQHC status enables the County to receive enhanced reimbursement from the Centers for Medicare and Medicaid Services, as well as other benefits and resources to increase access for the County's underinsured and underserved patient populations.

Health Care for the Homeless (Special Population)

As a CHC and HCH grantee, PHD is required to report both the total Health Care Centers' (HCCs) patient population and the subset of the population who are homeless. The HCCs goal for homeless patients is to provide access to care at locations that maximize positive patient outcomes. The HCCs anticipate that the patient population will remain at current levels consistent with the information provided below about the general population.

To prioritize and expedite services for the homeless population, HCH is a collaborating partner in Common Ground Santa Barbara. HCH staff were on the leadership team for the Vulnerability Index and on the Common Ground Housing Placement Working Group.

ANNUAL PERFORMANCE / PROGRESS

The number one benchmark for performance is the number of patients served during the year. PHD engaged in several projects which caused a temporary reduction in the number of patients served. As shown in Figure 1 below, PHD treated 32,321 patients in 2011 during 124,880 visits. This is 624 less patients and 5,645 fewer visits than in 2010. Some of the decline in patient visits can be attributed to:

- Economic downturns leading to job and health insurance losses;
- Declining birth rates in the County; and
- Self imposed appointment reductions for the preparation and implementation of the Electronic Health Record (EHR). Typical implementation strategies range from reductions of 50% to 75% of patient visits initially, ramping up to full capacity for patient visits within 1 to 3 months after implementation of the EHR. This is a normal expectation during the transition from a paper record to the EHR due to the extensive training and fundamental change to the patient flow in HCCs.

Projections for 2012 include the gradual return to patient levels seen in 2010, with a slight increase in patient visits based upon current strategies to evening and weekend service hours, rightsizing existing operations and exploring options for new services at existing HCCs.

Figure 2 demonstrates where PHD patients live within the county. While PHD offers primary care in each region, the bulk of the specialty services such as ophthalmology, orthopedics, and neurology are located at the Santa Barbara HCC. These specialty services are available to all HCC patients regardless if their medical home is in Santa Maria, Lompoc, Franklin or Carpinteria.

Figure 1 Patient / Visits 2010, 2011, and Projected 2012

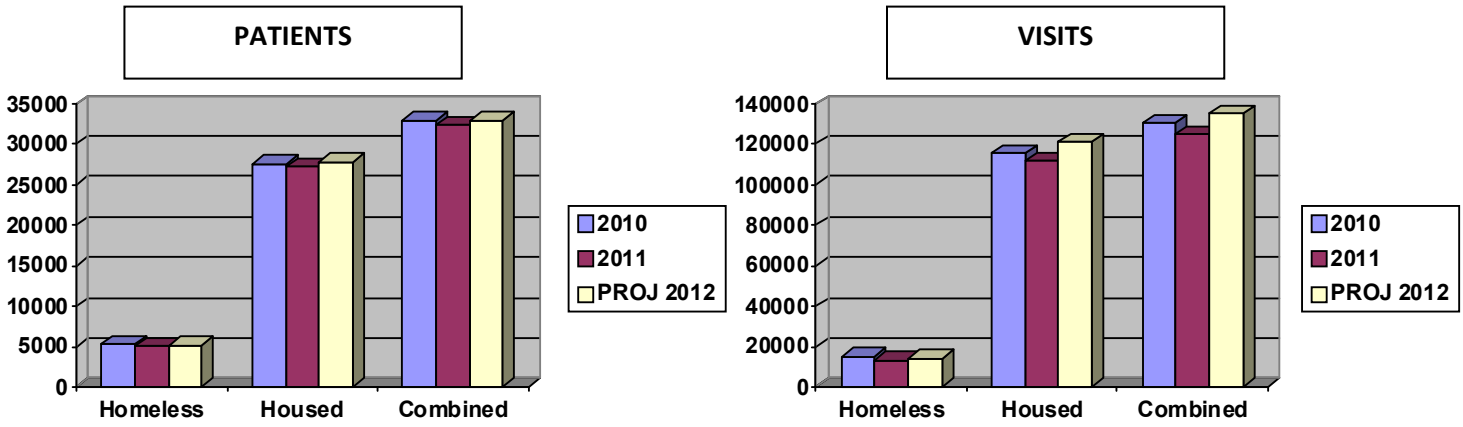
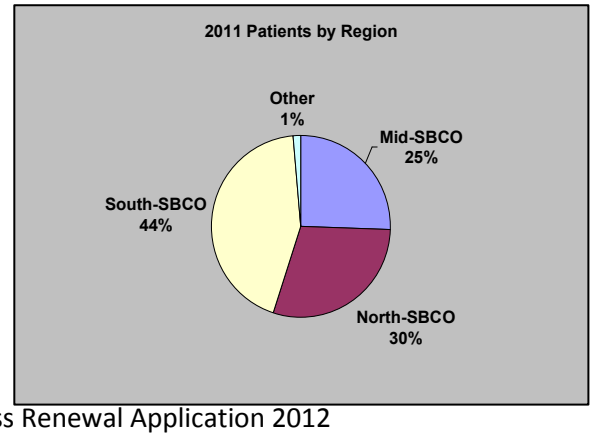


Figure 2 Patients by Region



Access to Care

During this reporting year, access to primary and other health care services were slightly reduced at the HCCs. In preparation for the EHR implementation, patients were given advance notification in order to help plan for their health care needs. Concurrent with the development of the EHR, multiple operational systems were upgraded to enable a smooth interface. These included:

- Clinical laboratory software system was upgraded to interface with the largest reference laboratory (Quest Diagnostics)
- Upgrade of the public health laboratory system (BtB software)
- Practice Management System (McKesson Horizon Practice Plus) upgrade
- Replacement of the pharmacy software system (Cerner Etreby Pharmacy Software System) and development interfaces with an ePrescribing hub (SureScripts)

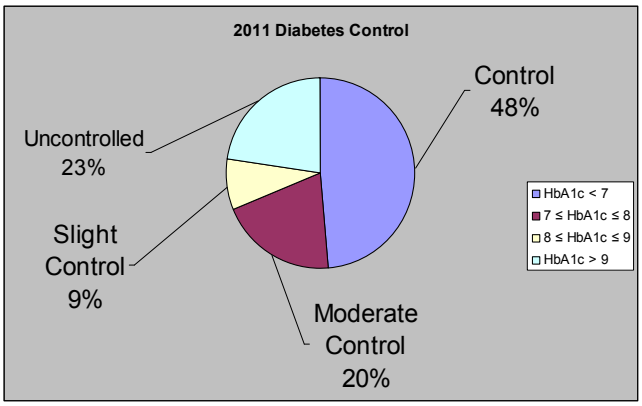
Each of these enhancements required extensive resources and in many instances had impacts on patient services (e.g. wait times for patients to receive their pharmacy prescriptions and refills). To mitigate the negative impact on patients, the HCCs engaged in proactive communication with patients alerting them to the upgrades and the potential delay in scheduling appointments, lengthy wait times at the pharmacy, etc. Patients were notified at every encounter, i.e., when scheduling appointments, patients were given a flyer outlining the changes and schedulers would answer questions related to the changes; a video on the EHR also played on a continuous loop in the waiting areas, and signs were posted throughout the HCCs.

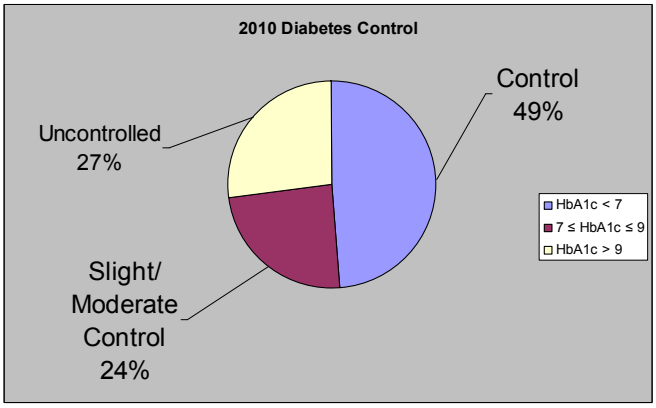
Measured Goals

The HCCs Health Care Plan (HCP) combines 14 clinical performance measures (CPM) (see figure 4) that are HRSA requirements as well as goals identified by the HCCs. HCP target goals are set at the beginning of the project period and are tracked throughout the five-year grant cycle (2016). The following charts in Figure 3 depict the status for one CPM to illustrate the type of information reported to HRSA.

Figure 3 Diabetes Control

Measurement: Number of patients diagnosed with diabetes for which blood sugar levels (HbA1c) are defined as being in "control". Measurement Goal: Control 60 % (HbA1c ≤ 7), Moderate Control (7 ≤ HbA1c ≤ 8), Slight Control (8 ≤ HbA1c ≤ 9), Uncontrolled or no test (HbA1c > 9.)*





***The 2011 measure criteria required grantees to separate the Slight & Moderate control groups; the measurement goal was conservatively stated as 60% to account for the transition from the smaller (homeless only) patient population to measuring all patients in our system. This goal will be updated with this application to consider current higher level of performance (CY 2010 & 2011 Control = 75%.)**

Control of a patient's diabetes is a priority focus for the HCCs. The Franklin, Carpinteria and Lompoc HCCs participate in a Diabetes Collaborative. This multidisciplinary team consists of a physician, pharmacist, nutritionist, case manager and the patient. Patient input and participation in the active control of their disease is critical to success. The dedicated staff at each HCC manages patients with diabetes to ensure they receive comprehensive preventative care and health education such as annual blood tests and eye exams. As demonstrated in Figure 3 above, Control of diabetes for PHD patients has increased from 73% to 77% from 2010 to 2011. The HCC is projecting improved diabetes control by the end of the 5 year project period. The goal for patients with controlled diabetes will be updated to 80% for this BPR.

Figure 4 Health Care Plan – Clinical Performance Measures

Performance Measure	On Target	Comments	Performance Measure	On Target	Comments
Diabetes Control	Yes		Cardiovascular Disease	Yes	
Cervical Cancer	Yes		Prenatal Health	Yes	
Perinatal Health	Yes		Child Health (Immunizations)	No	Corrective plan in progress
Behavioral Health (Substance Abuse Conditions)	No	Corrective plan in progress	Oral Health	No	Corrective plan in progress
Weight Assessment and Counseling for Children and Adolescents	No	Corrective plan in progress	Adult Weight Screening and Follow-Up	No	Corrective plan in progress
Tobacco Use Assessment and Counseling (Assessment)	Yes		Tobacco Use Assessment and Counseling (Cessation)	No	Corrective plan in progress
Asthma – Pharmacological Therapy	Yes		Homeless HIV Case Notes Review	Yes	

HRSA Identified Area of Focus

HRSA has identified the HCCs' Substance Abuse Screening and Referral process as an area of the project plan that requires enhancement. This component of the project focuses on patient screening for substance abuse and the subsequent referral process for patients to receive treatment for substance abuse when necessary. Patient case management and capacity within the community for substance abuse treatment are current challenges.

Substance abuse is a key focus for health care providers and impacts a patient's total health picture. As such, the HCCs enhancement plans are:

- provide staff direction and training to ensure routine screening for patients at all HCCs;
- finalize the list of existing referral resources in the community; and
- create referral tracking and follow-up procedures for staff.

Financial Performance and Projections

There are five Financial Performance Measures to be monitored by the Santa Barbara County PHD & the CHC Board. These measures are incorporated into the Uniform Data System (UDS) Annual Report. The first year of a 5-year grant application becomes the base year (Baseline Ratio) for the measures. PHD must then project what they think the ratio will be at the end of the 5-year project period (Projected Ratio). Each grant year is monitored to see what progress is being made towards attaining those goals (BPR Ratio).

Table 1 PHD Financial Performance Measures for the Project Period of 2011 - 2016

PERFORMANCE MEASURE	Baseline Ratio	Projected Ratio	Year One BPR Ratio
Total Cost per Patient	$1,251	$1,290	$1,315
Medical cost per medical encounter	$249.32	$249.32	$260.48
Pharmacy cost per medical encounter	$44.08	$44.08	$43.83
Percentage of 3rd Party Payor Charges	82.9%	85.0%	81.1%
Overall Collection Rate	82.9%	85.0%	81.9%

The Baseline data came from 2010 which was PHD's first combined UDS report as a CHC. The Year One BPR represents 2011 service data. Due to a HRSA required change in the reporting of nutritional encounters, the visit totals were lower than 2010. This is reflected in Table 1 in the increase for the first three performance measures.

The BPR requires submission of an operational budget that incorporates the federal grant funding ($588,398 for FY 2012-13) with the overall project funding including third party payers such as Medicare, Medi-Cal, private insurance and others. Table 2 below lists this funding and the allocation between the PHD Community Health Center (CHC) and the PHD Health Care for the Homeless Program (HCH) for the project budget.

Table 2 PHD BPR Budget for FY 12/13

	CHC	**HCH**	**TOTAL BUDGET**
TOTAL BUDGET	41,045,468	2,816,682	**$ 43,862,150**