



Report Authority
Walter F. Jackson, Chief Deputy County Manager

Commissioner George F. Bowman
Chairman, Health & General Services Committee

Tony Petelos
County Manager

October 15, 2016

County Managers and Commissioners

On behalf of the staff of Cooper Green Mercy Health Services, I am honored to provide you with this FY 2016 Year-End Executive Summary and am pleased to report that we have enjoyed another year of substantial growth with increases in essentially every clinical service. Additional primary care providers and specialists were added as the number of newly enrolled patients grew at an average of 3.1% per month and patient visits exceeded 63,000. Gastroenterology was added as a new service in July and our Behavioral Health clinic continued to expand its footprint in the community, participating with UAB in a joint venture to treat opioid and alcohol addiction. We continued to engage with UAB in a number of research studies and clinical trials, as well, particularly in the areas of diabetes, colorectal cancer, cardiac rehabilitation, and Hepatitis C. These trials give our patients access to important diagnostic and treatment protocols and further our mission to provide high quality healthcare to the citizens of Jefferson County, regardless of their ability to pay.

Our Model of Care

Our multi-specialty outpatient model offers our patients a full range of medical services.

Primary Care	Respiratory Therapy
Specialty Care	Chemotherapy
Urgent Care	Radiologic Imaging
Dental Care	Clinical Laboratory
Behavioral Health	Pharmacy
Rehabilitation Services	

The onsite specialty clinics available to our patients continue to grow and we are in discussions with UAB about adding endocrinology and pulmonology in the coming year.

Anti-Coagulation	Nutrition Education and Counseling
Cardiology	Ophthalmology
Dermatology	Pain Management
Diabetes	Podiatry
Ear/Nose/Throat	Psychiatry
Gastroenterology	Rheumatology
Hematology/Oncology	Surgery (Breast Health and lower GI, diagnosis and follow-up)
Hepatitis C	Urology
Nephrology	Weight Management
Neurology	Women's Health and Wellness

COMMISSIONER JAMES A "JIMMIE" STEPHENS, President
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COMMISSIONER T.

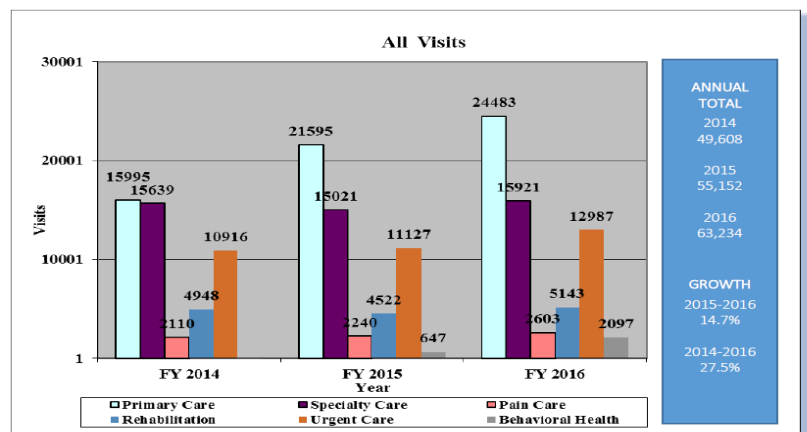
Our partnerships with area hospitals remains a critical strategy for ensuring availability of healthcare to the population we serve. When our patients are in need of services not provided onsite or are in need of advanced specialty services, emergency services, or inpatient care, they are provided these services through the Cooper Green Mercy Health Services-UAB partnership. This resulted in over seven thousand referrals to UAB during FY 2016. Costs of patient admissions to Baptist Princeton (950 patient encounters) and St. Vincent's (2,225 patient encounters) are covered by partnership arrangements, as well. These partnerships assure that our patients have access to convenient 24/7 emergency care, as well as to high quality inpatient services, anytime they are needed.

Increasing primary care points of access is an important population health initiative. To accomplish this, Cooper Green Mercy Health Services provides financial support to neighborhood providers who share our mission and commitment to the poor. Financial support increases the capacity of providers to see a larger number of indigent patients. We have entered into agreements with the Cahaba Medical Care Foundation and with Aletheia House to provide healthcare services in the Bessemer area. Through our assistance, Cahaba Medical Care Foundation will begin offering healthcare services in our West End clinic in January, 2017, bringing much needed primary care services to this underserved area of the County. We also work closely with the Jefferson County Department of Health, the Firehouse Shelter and Church of the Reconciler by providing their constituencies' access to our specialty clinics. We are currently seeking providers with whom to enter into support agreements in the eastern corridor where we have seen a substantial demographic shift of our patients.

We are particularly excited to have entered into a support agreement with Cahaba Valley Health Care to provide dental services to our patients. Cahaba Valley Health Care moved to our facility from Shelby County in March. Through this relationship, our patients receive dental assessments, x-rays, fillings and extractions free of charge. The clinic assists our patients further by arranging for more complex procedures to be performed by area dentists at significantly reduced prices. Since the clinic opened, they have provided clinical or referral services to 434 Cooper Green Mercy Health Services' patients. The Jefferson County Department of Health also provides dental services to our patients through a voucher system.

I truly believe that Cooper Green Mercy Health Services is developing into one of the finest models of healthcare for the indigent poor in the United States. Our model of care allows us to coordinate our patients' total health needs and to seamlessly transition our patients between different levels of care depending on their medical situation. Because of our partnership with UAB, a nationally-renowned academic medical center, one only has to consider that the poorest resident of Jefferson County has access, not just to comprehensive healthcare, but to nothing short of world-class healthcare. And, through our partnerships with area hospitals and through the expansion of primary care points of access in the community, we assure that there is a viable and sustainable healthcare safety-net for Jefferson County's most vulnerable citizens.

Graph 1. Total Visits by Service



Key Operations Findings

With the strategies that have been implemented to meet our growth potential in terms of provider recruitment, partnership development, and equipment upgrades, Cooper Green Mercy Health Services has experienced exceptional growth in utilization over the past year. Below is a synopsis of the key operational findings for Fiscal Year 2016.

1. Visits across all services during FY 2016, as shown in the graph on the previous page, increased 14.7 percent over fiscal year 2015 and 27.5 percent over fiscal year 2014.
2. Primary care visits alone have increased 53.9 percent between fiscal years 2014 and 2016, 13.4 percent attributable to the 2016 fiscal year.

Table 1. Enrollment (as of)

Financial Class	Patients		
	October 2014	October 2015	October 2016
Indigent Total	5,851	6,141	9,578
Medicare Total	2,717	2,197	1,977
Medicaid Total	839	978	1,354
Commercial Total	256	363	511
Self Pay Total	143	269	396
Other Total	104	89	94
Grand Count	9,910	10,037	13,910

3. Contributing to the growth in primary care is the considerable increase in patients looking to Cooper Green Mercy Health Services for their total health care needs. Table 1 reflects a 38.6 percent increase in enrolled patients this fiscal year.

4. It should be noted that the largest growth of enrolled patients is in the indigent category which, as of September 30th,

stood at 68.9 percent.

5. Ancillary Services volumes generally track activity in primary care, but can vary as a result of other factors that affect the provision of health care, such as patient severity, referral patterns of individual providers, and availability of the various services. Table 2 illustrates this variability of ancillary services, as radiologic imaging has fluctuated over the past two years, while laboratory services have steadily trended upwards.
6. Rehabilitation Services also increased during FY 2016. Part of this increase has been the result the establishment of a multi-disciplinary weight management program for morbidly obese patients, which is part of our comprehensive diabetes management program. This program uses physical therapy as a treatment modality.
7. There has been a significant emphasis on the Prescription Assistance Program during this fiscal year. Our pharmacy has been able to obtain \$3.5 million in medicines directly from drug manufacturers at no cost to either Cooper Green Mercy Health Services or to the patient. These are high cost drugs that have no generic alternatives. See Table 3.

Table 2. Ancillary Services Utilization

Imaging Modality	Fiscal Year		
	2014	2015	2016
Computerized Radiology	6,020	6,277	5,652
CT Scanning	650	656	677
Mammography	1,738	1,955	1,742
Ultrasound	1,219	1,344	1,388
Total Images	9,276	10,232	9,453
Laboratory Procedures			
In-House Test	103,488	123,314	132,929
Reference Test	10,606	14,161	15,361
Patients Tested	12,383	14,752	17,009
Rehabilitation			
Patients	5,148	5,298	6,317

Table 3. Pharmacy Volume

Fiscal Year	Individual Patients	Rxs Filled	Chemo Doses	Co-Pay Collections	Third Party Revenue	Co-Pay + Third Party = Net Revenue	Drugs Purchased	Drugs Purchased over Net Revenue	Patient Assistance (Distribution)
2014	31,305	99,538	1,202	\$664,417	\$777,630	\$1,442,048	\$3,493,793	(\$2,051,745)	\$94,506
2015	33,015	100,914	2,452	\$653,746	\$699,182	\$1,352,928	\$3,936,265	(\$2,583,336)	\$1,669,743
2016	34,535	104,240	4,855	\$639,408	\$839,334	\$1,478,741	\$3,362,209	(\$1,883,467)	\$3,498,328
Change in Volume 2014 to 2015 and 2015 to 2016									
2014/2015	5.5%	1.4%	104.0%	-1.6%	-10.1%	-6.2%	12.7%	25.9%	1666.8%
2015/2016	4.6%	3.3%	98.0%	-2.2%	20.0%	9.3%	-14.6%	-27.1%	109.5%

8. As Table 3 reflects, another success this year is the 14.7 percent reduction in the cost of drugs purchased. This is the result, not only of the increase in the drugs obtained through the Patient Assistance Program, but also of adjustments made to our formulary and of working with providers to make them more cognizant of the options they have when prescribing medications.
9. Visits to the Urgent Care Clinic were up 17 percent during the fiscal year. Effective with the beginning of the new fiscal year, October 1, 2016, management of the clinic was brought in house. Dr. Brunda Revanna was hired as the Director of the clinic. This change will better allow us to integrate primary care with urgent care, improving the overall continuity of care provided to our patients.
10. Growth in our specialty clinics was almost entirely attributable to growth in Hematology/Oncology. The clinic saw a 60.2 percent increase in patient visits overall and a 94.9% increase in chemotherapy patients.

Moving Forward

Not surprisingly, our patients tend to present with higher morbidity rates, often co-morbidities, and more chronic diseases than found in the larger population. It is our focus on this population and the special healthcare challenges they face that defines who we are as an organization and informs our mission in the community.

While it is crucial that we have a safety-net that can both accommodate and be responsive to the needs of the County's poor, our challenge now is to move beyond merely being responsive to being more proactive in managing this population's healthcare needs. This will require the identification of high-risk patients and the development of systematic approaches to address their preventive and chronic care needs with the goal of keeping these patients as healthy as possible, minimizing the need for higher cost specialists and expensive interventions, such as emergency department visits and lengthy hospitalizations. We have begun conversations about the use of Community Health Workers as one approach and we will continue to explore other approaches as we move more into population health as an intervention strategy.

A second initiative as we move into FY 2017 and beyond is expansion of mental health services in the County. There is broad consensus in the medical community that the indigent poor lack access to mental health services. Outcomes for individuals with both behavioral and chronic medical conditions are considerably worse than outcomes for patients with chronic medical conditions alone. Consequently, there is a greater need to integrate behavioral health with medical care to help improve the overall well-being of our patients. We are actively involved in conversations with other medical providers in the community about ways to expand services through joint ventures. Addressing the heroin/opioid addiction crisis is one initiative. A 24/7 psychiatric urgent care clinic is another that has wide support in the medical community. We are in the process of adding a Psychiatric Social Worker and a Health Psychologist to our Behavioral Health Clinic to increase the scope of services we currently provide.

The attached Operations Report for September, 2016, provides charts and graphs detailing the activities across the facility.

Sincerely,

Roger McCullough
Director

Our Vision

Cooper Green Mercy Health Services will be a leader of an equitable and just healthcare system through excellence, quality, compassion, and trust.

We believe in full access to healthcare by all people, regardless of their life circumstances. We believe that healthcare is not just a privilege of only those who can afford it. We believe that the poorest citizen of Jefferson County should receive the same quality of healthcare as the richest.

Our Mission

Our mission is our core function. Like our vision, it informs our strategy as a healthcare organization and directs our decision making with regard to the services and programs we offer.

- Cooper Green Mercy Health Services is dedicated to serving Jefferson County residents with quality healthcare regardless of ability to pay.
- We are committed to the advancement of healthcare through education of our patients and their families, our staff, the community we serve and to the pursuit of knowledge through educational and research activities that advance the field of medicine.
- We continuously seek to improve our services and to adapt to meet the changing health needs of the people we serve.

