



Operations Report – September, 2015

Fiscal Year-End Executive Summary



Operations Report

Fiscal Year Ending September 30, 2015

Executive Summary

Cooper Green *Mercy* Health Services (CGMHS) is pleased to submit this summary of key utilization for the Fiscal Year ending September 30, 2015. The following events have shaped the organization and have created a stable foundation for continued growth of the clinic and for better addressing the health care needs of the residents of Jefferson County.

FISCAL YEAR 2015 ACCOMPLISHMENTS

- Implementation of a Corporate Compliance and Environmental Safety Program designed to assure the clinic's conformance with Joint Commission and CMS standards of practice and care
- Implementation of an online learning management system (LMS) for employee education, training, and new employee orientation
- Increase in primary care providers to 13 (8.1 FTEs)
- Addition of Women's Health services
- Addition of Behavioral Health services
- Introduction of a multi-disciplinary team approach to treating chronic diabetes, including primary care, nutrition, PT, and weight management
- Use of Harvoni, a new FDA approved drug to treat and cure chronic Hepatitis C infection
- Joint engagement with UAB of a Clinical Care Coordinator to intervene with CGMHS patients presenting at the UAB ER and to follow-up with patients being discharged from inpatient care to assure that these patients are enrolled in managed primary care
- Strengthening of relationships with UAB, St. Vincent's and Princeton Hospitals
- Establishment of a referral relationship with the Outpatient Care Center to provide orthopedic surgery
- Participation in several grants consistent with the CGMHS mission, including FITWAY (screening for colorectal cancer); Active-C (hepatitis C treatment); Access to Quality of Eye Care, Cardiac Rehab for Women, as well as studies involving diabetes, heart failure, and racial bias in non-physician healthcare staff

KEY OPERATING RESULTS

- Total patient visits exceeded 56,000, an 11.6% increase over 2014 levels
- Primary care visits increased 35% over 2014 levels up to 21,595
- Urgent Care realized a slight 1.9% increase in visits over 2014
- Both Specialty Clinics and Rehabilitation Services had decreases in patient visits by 5.5% and 8.6% respectively



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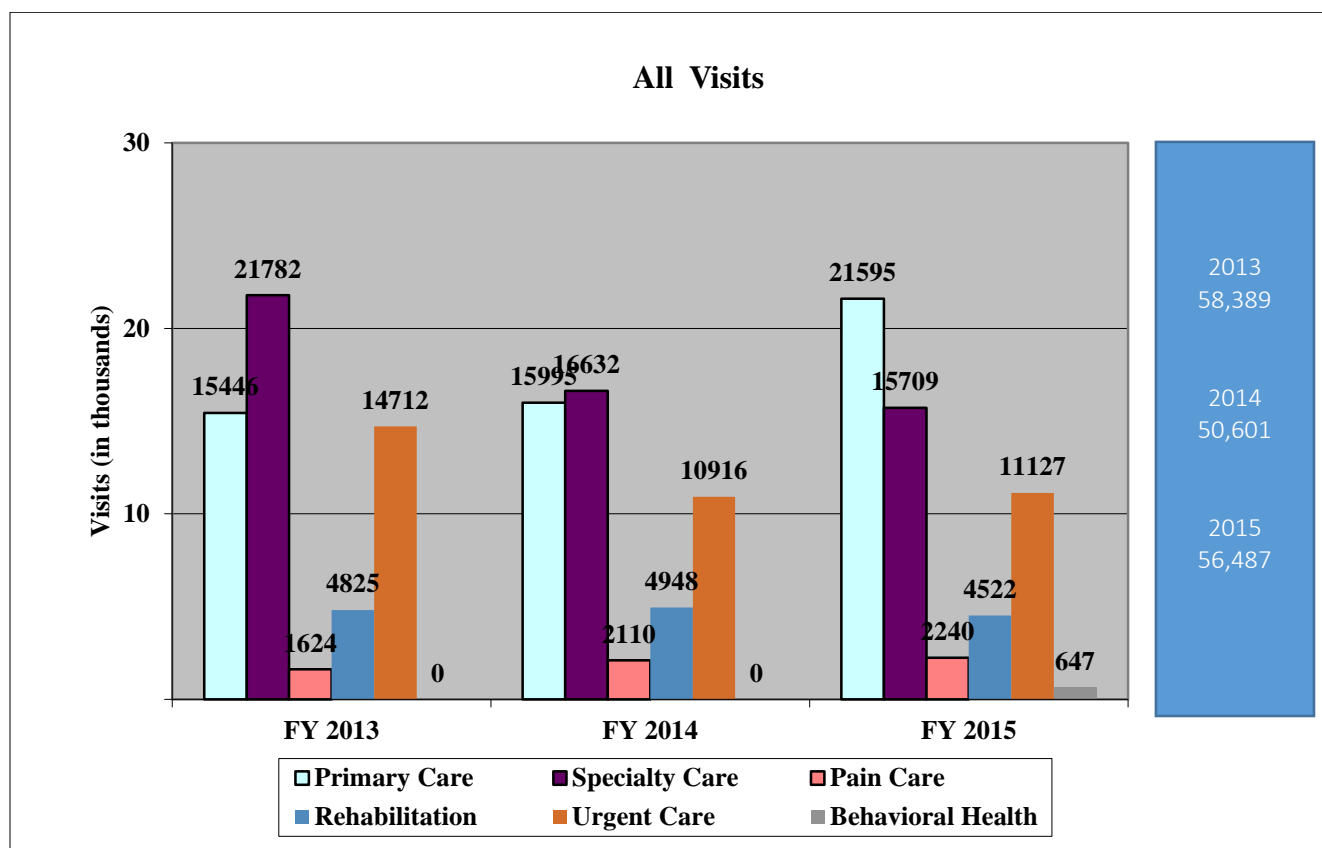
- Behavioral Health has seen 647 patient visits since opening in late May, 2015
- Both in-house and reference lab tests increased significantly in response to the increase in primary care visits. 2014 saw 123,314 in-house tests performed (+19.2%) and 14,161 reference lab tests (+33.5%) performed
- Imaging volumes increased in response, as well, at 6.3%. All four modalities (Computerized Radiology, CT scan, Mammography and Ultrasound) exhibited increases over 2014 volumes
- Prescriptions filled (100,164) remained relatively stable with a <1% increase
- The number of patients enrolled at any point in time has remained relatively flat at slightly less than 10,100. Indigent patients accounted for 61.1% of the total patients enrolled as of October 1, 2015

NOTES

- “All Visits” in the first graph includes visits to primary care and specialty clinics, Rehabilitation Services, Behavioral Health, Pain, and Urgent Care
- Pain Management suffered a minor setback with the temporary absence of the clinic’s pain management provider
- Rehabilitation Services (OT, PT, Speech) lost a PT provider in January, 2015, that has not been replaced to date resulting in decreased patient capacity and, consequently, in decreased volumes
- The sizeable increase in the reference lab (Labcorp) tests was due, in part, to temporarily discontinuing A1c tests in-house. This was done after determining that the lab’s chemistry analyzer was not as accurate for A1c testing as Labcorp’s. CGMHS is in the process of purchasing an A1c analyzer and will bring these tests back onsite.
- The increases in drugs purchased, patient assistance obtained, and pharmacy third party revenue relates primarily to the use of Harvoni, a very expensive Hepatitis C drug. CGMHS is reimbursed dollar for dollar by Medicaid or obtains funding through patient assistance. Harvoni was approved by the FDA in 2014 and treatment was begun in the CGMHS Hep C clinic in 2015.
- Consistently, CGMHS has demonstrated a patient enrollment pool of approximately 10,000 when identified on a specific date at the beginning of each month. The report demonstrates the current stability in the volume of the patient base, but it should be noted that further analysis illustrates that the enrollment base is very fluid when considering the number of new enrollments, re-enrollments and expiration of enrollments. This is not inconsistent with reporting prior to the transition of the hospital. However, it became more apparent during the transition and for a long period afterward as patients were issued short term Health First Cards to ensure that Jefferson County residents’ health care needs were being met.

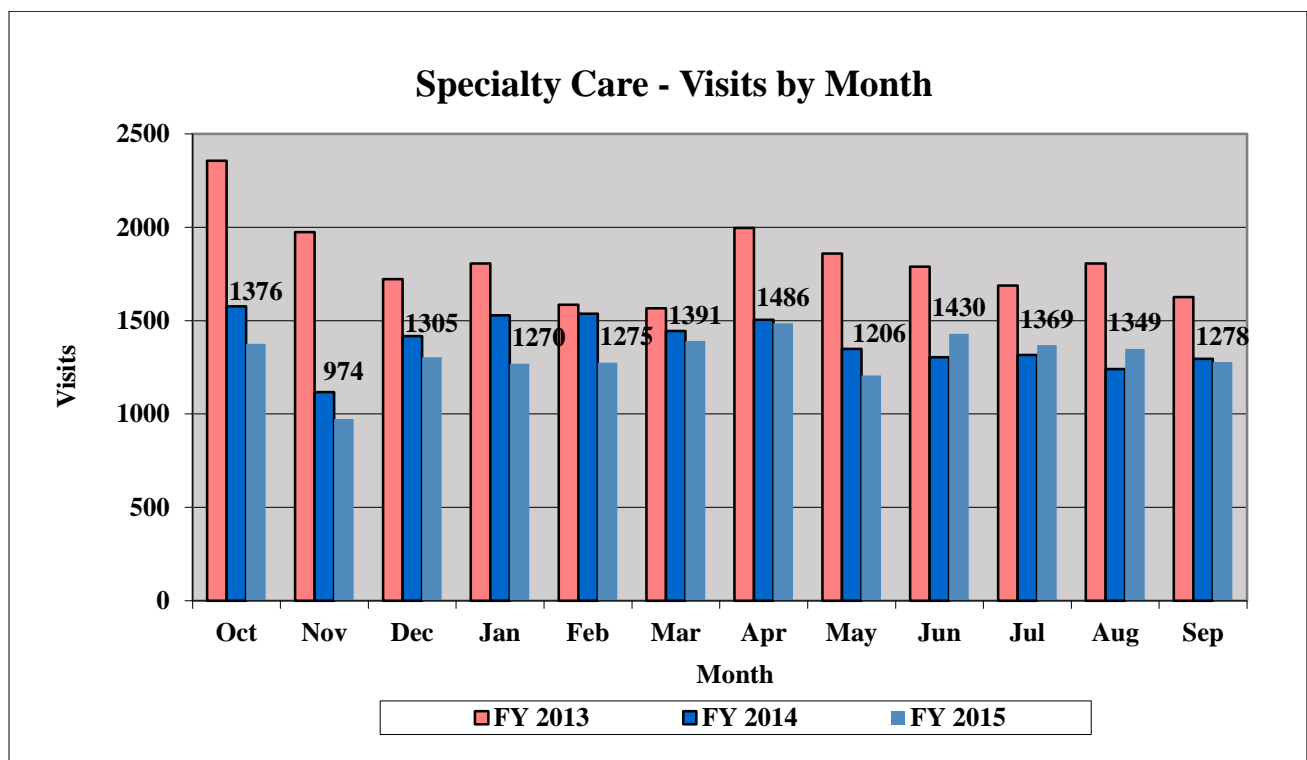
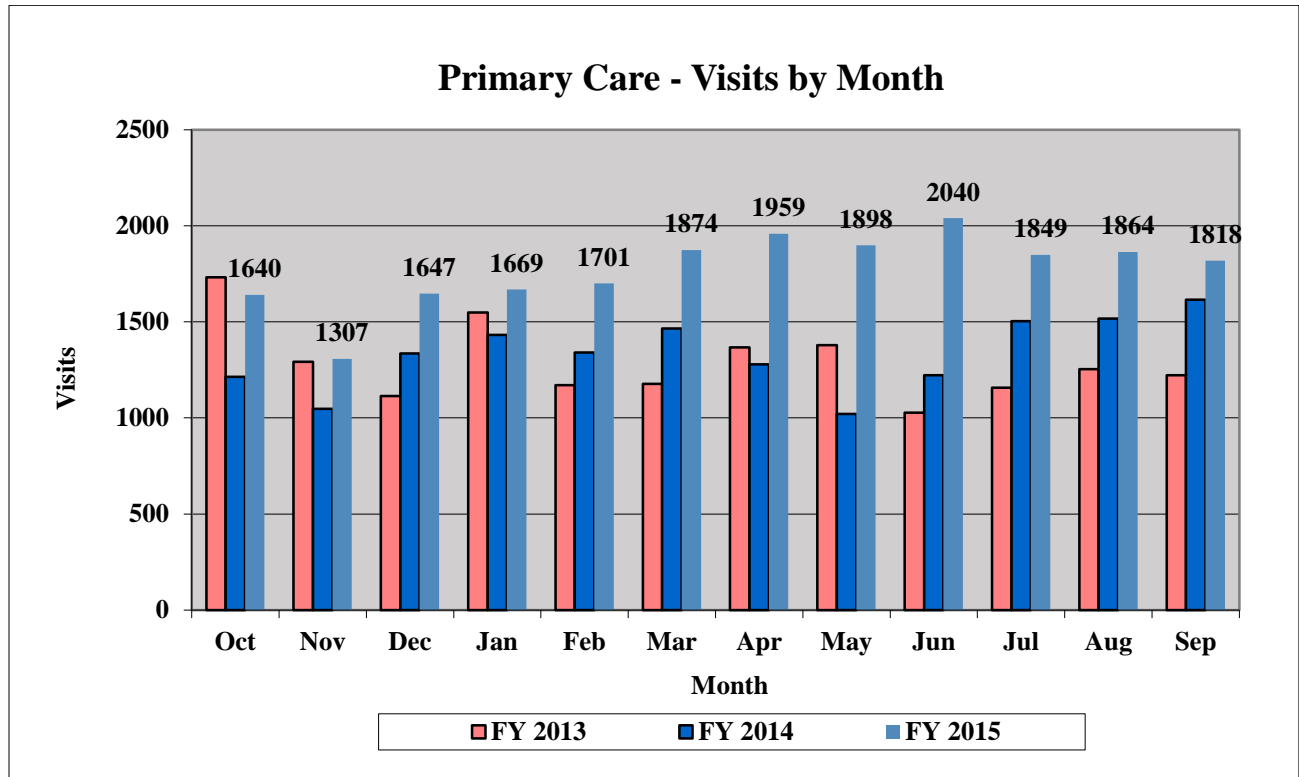


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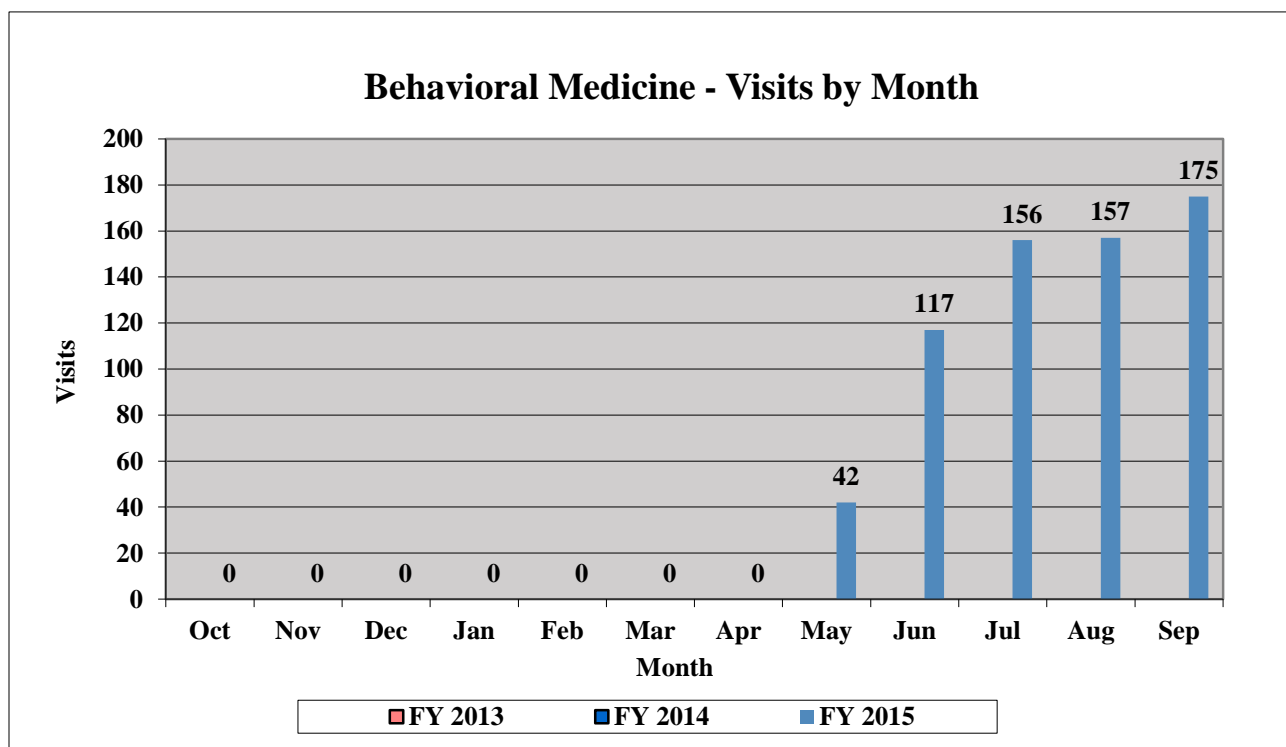
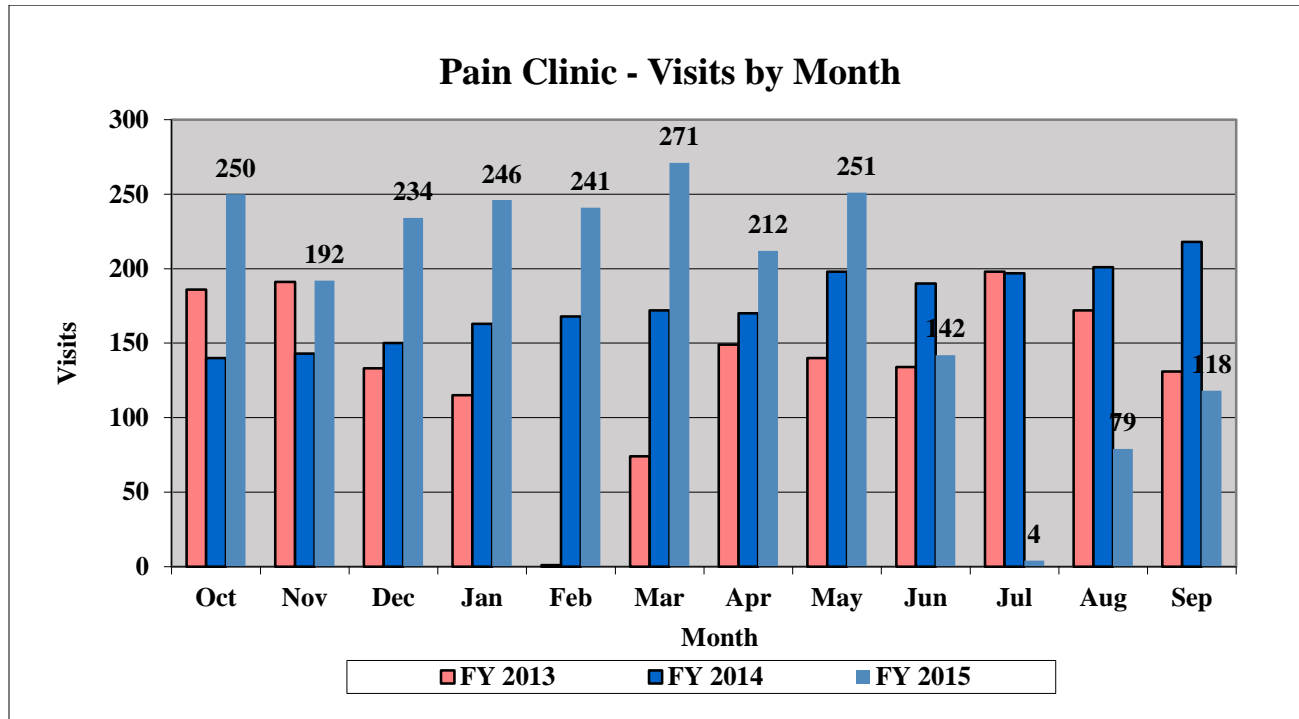


Discharge Location	FY 2013	FY 2014	FY 2015
Clinic A (Primary Care)	10,325	15,203	21,244
Clinic B (Eye, Derm, ENT)	6,484	5,872	6,004
Clinic C (GYN)	4,479	1,700	1,308
Clinic D (Surg, Ortho, Neuro, Pod, Renal, Rheum, Uro)	7,133	6,733	6,318
Clinic E (Hem/Onc)	3,686	2,327	2,079
Pain	1,624	2,110	2,240
JeffMetro (Closed Due To Storm)	4,782	792	22
Southtown - 2013 (Closed) Medicine Clinic 2 - 2015	339	-	329
Sub Total	38,852	34,737	39,544
St. George (HIV - Moved to UAB)	644	-	-
Sum Total All Clinics	39,496	34,737	40,191
Primary Care Total (Clinic A, Jeff Metro, South Town)	15,446	15,995	21,595
All Specialty Care Total Excluding Pain Clinic	21,782	16,632	15,709
Rehabilitation Services	4,825	4,948	4,522
Emergency and Urgent Care	14,712	10,916	11,127
Behavior Medicine	-	-	647

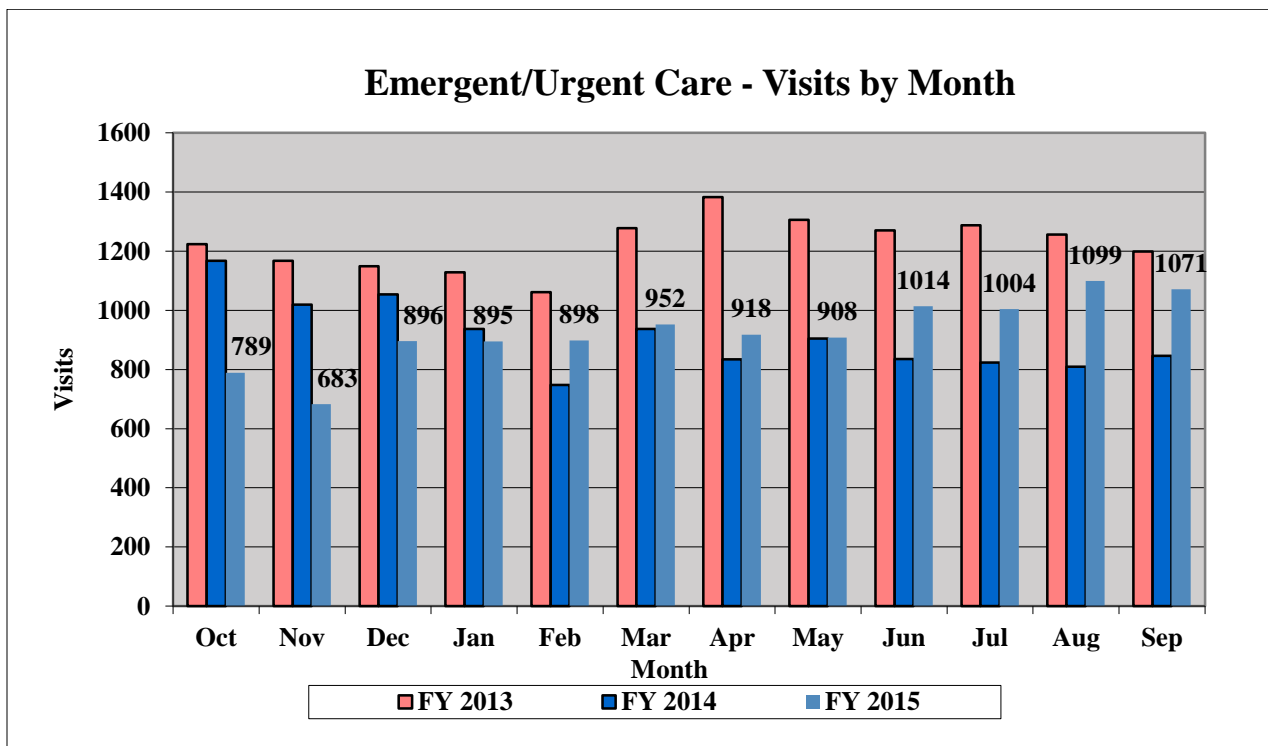
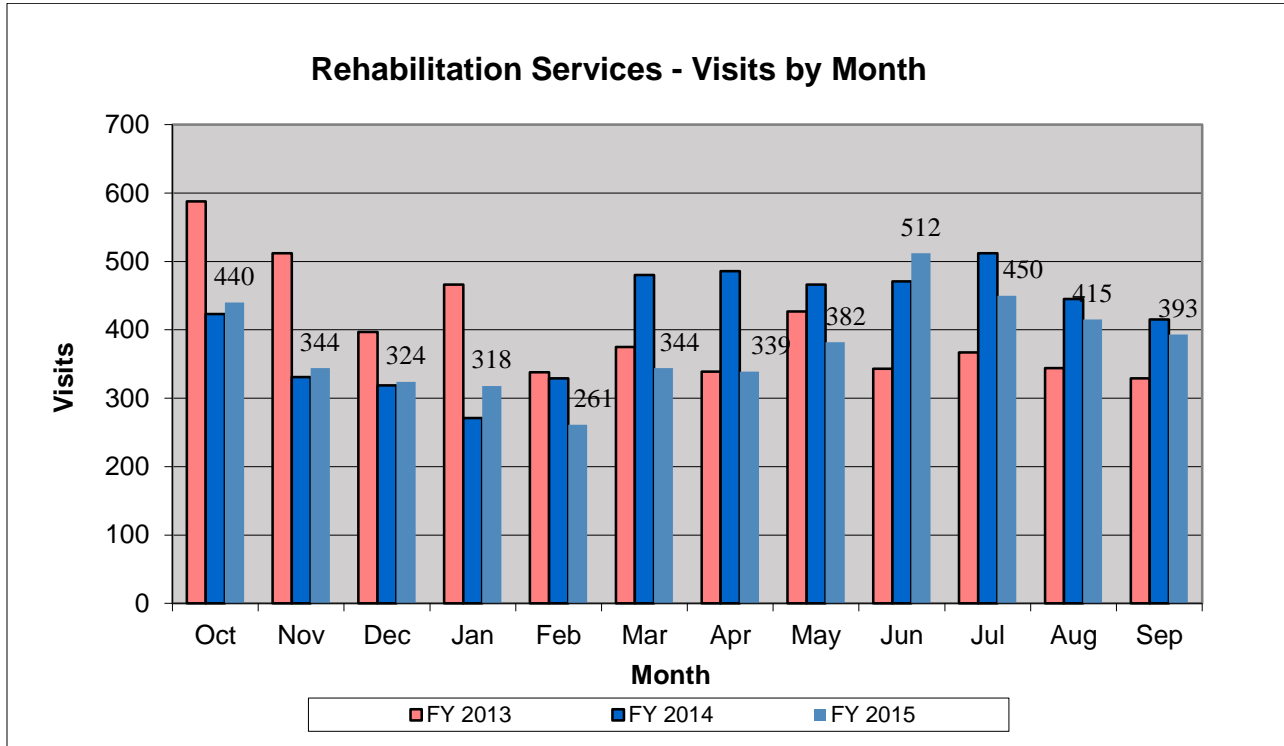
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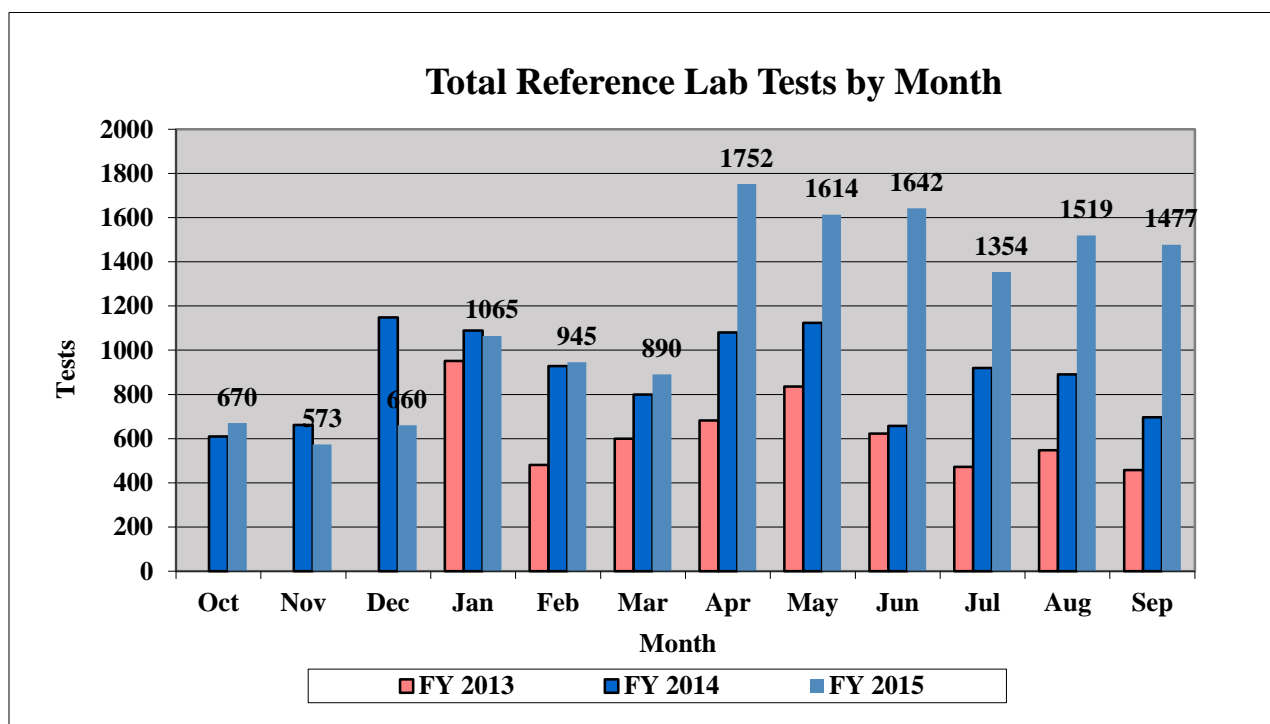
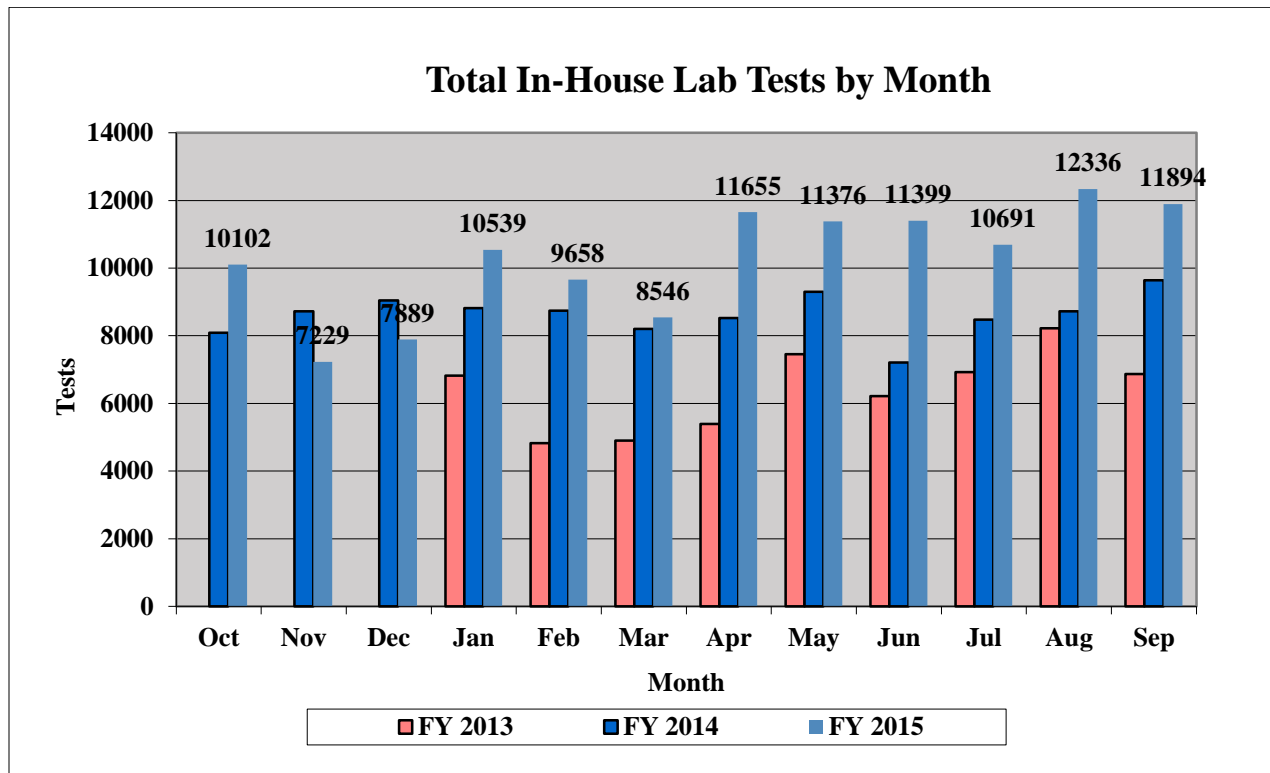


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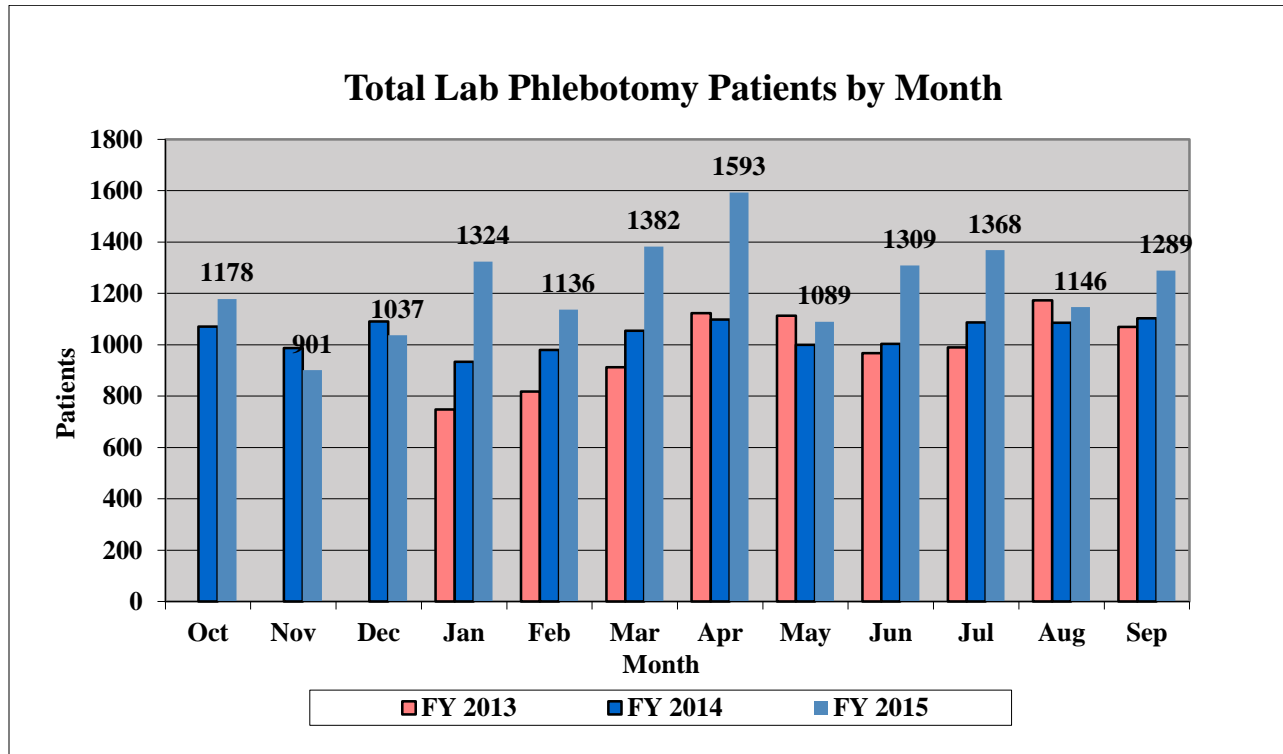


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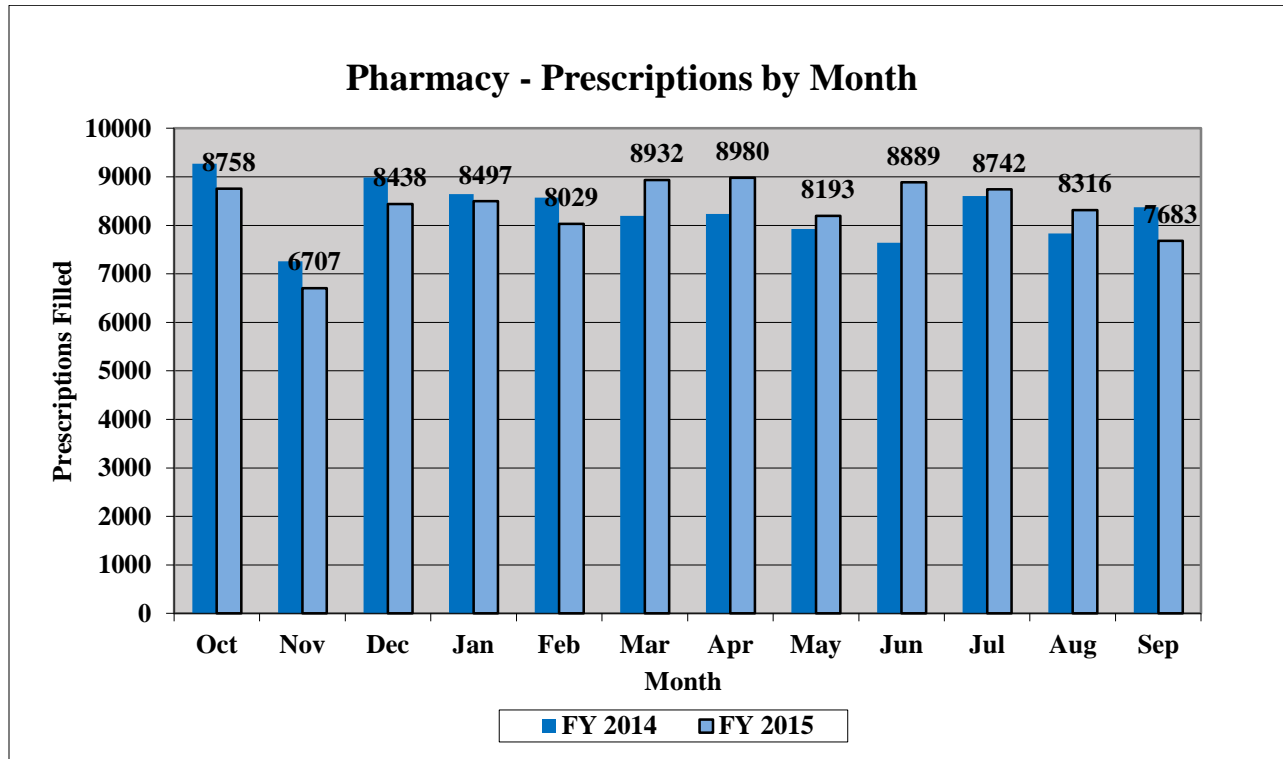
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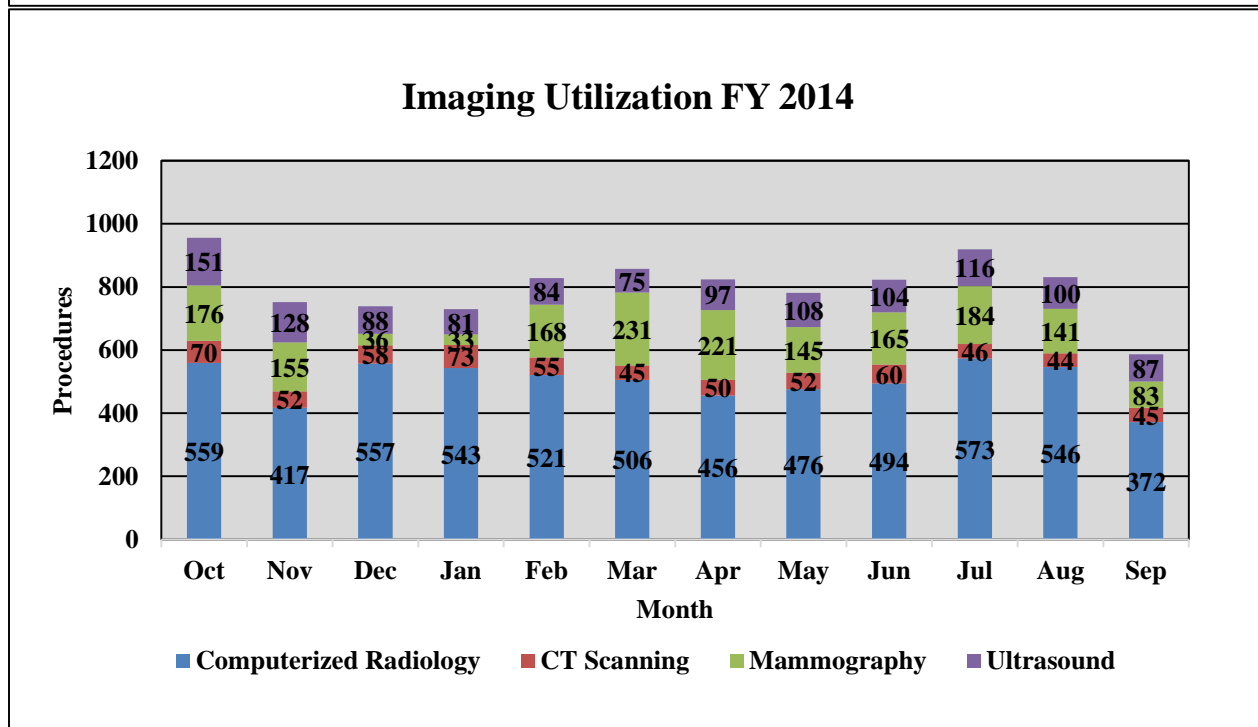
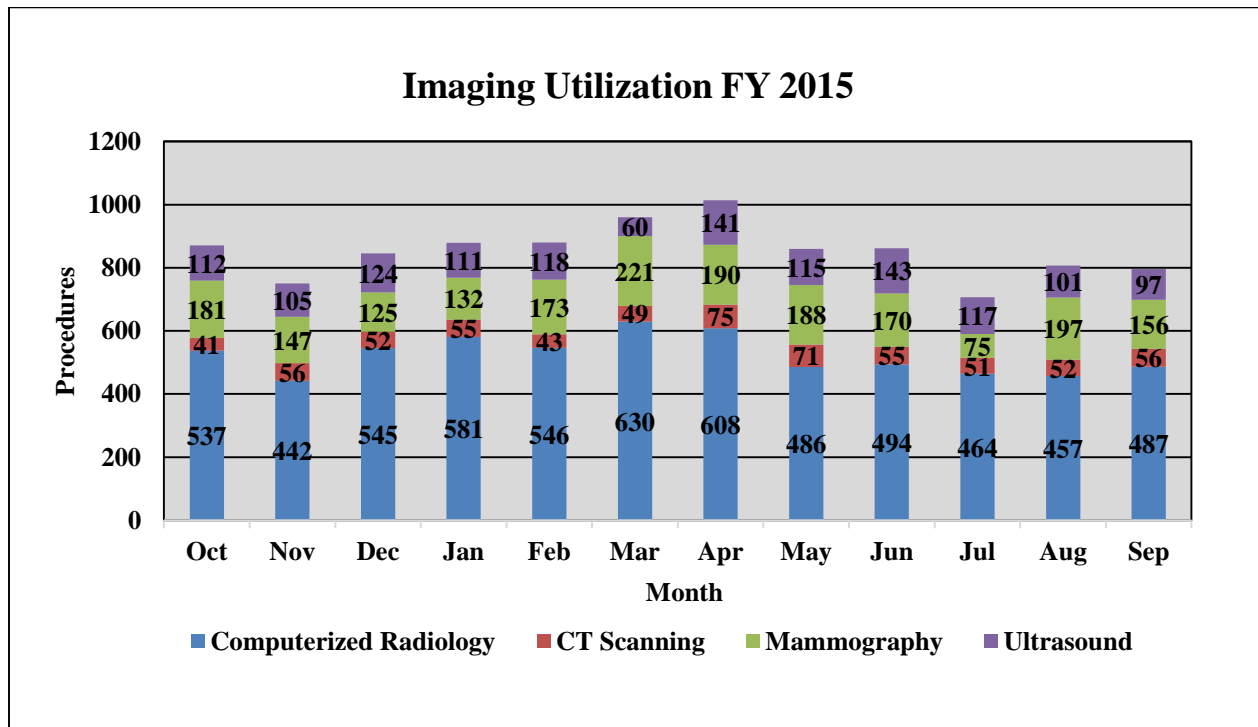
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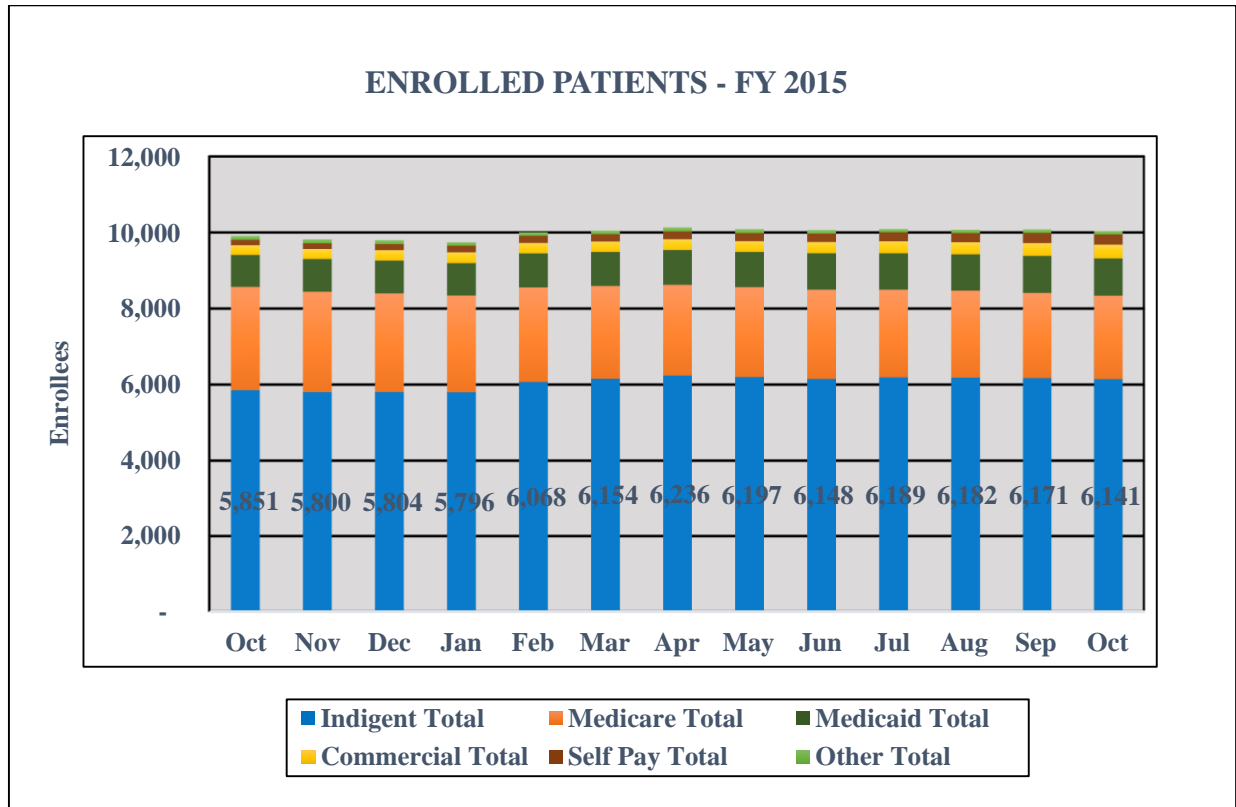
Pharmacy Core Measures FY15

Month	Prescriptions Filled	Cash Deposited	Third Party Revenue	Patient Assistance*	Drugs Purchased
October	8768	\$63,628.47	\$136,517.50	DNA	\$353,344.60
November	6707	\$47,180.04	\$85,726.62	DNA	\$322,728.25
December	8438	\$57,919.29	\$68,296.02	DNA	\$272,714.07
January	8497	\$53,034.26	\$64,228.23	\$62,695.26	\$272,776.05
February	8029	\$56,633.86	\$90,420.14	\$52,186.88	\$361,170.01
March	8932	\$57,992.41	\$89,668.04	\$63,372.32	\$319,789.75
April	8980	\$54,092.25	\$180,889.20	\$89,962.25	\$456,173.62
May	8193	\$52,330.73	\$241,430.95	\$66,438.71	\$451,577.55
June	8889	\$56,422.67	\$242,111.33	\$117,323.87	\$370,259.85
July	8742	\$57,612.63	\$275,851.82	\$172,877.23	\$290,385.96
August	8316	\$55,205.47	\$146,042.85	\$175,418.98	\$303,768.50
September	7683	\$57,744.14	\$121,830.41	\$160,866.40	\$255,833.14

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DATA TABLE FOR ENROLLED PATIENTS FY – 2015

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Indigent Total	5,851	5,800	5,804	5,796	6,068	6,154	6,236	6,197	6,148	6,189	6,182	6,171	6,141
Medicare Total	2,717	2,642	2,594	2,543	2,487	2,438	2,385	2,363	2,347	2,305	2,286	2,237	2,197
Medicaid Total	839	859	860	854	894	893	915	927	958	957	956	973	978
Commercial Total	256	264	275	283	274	276	285	283	297	317	318	340	363
Self Pay Total	143	149	160	176	191	193	206	213	219	236	240	267	269
Other Total	104	104	104	91	92	96	108	105	96	87	90	91	89
Grand Count	9,910	9,818	9,797	9,743	10,006	10,050	10,135	10,088	10,065	10,091	10,072	10,079	10,037