

REMARKS OF JACK M. CHAPMAN, JR., M.D.  
PRESIDENT  
HEALTH ACCESS INITIATIVE  
GAINESVILLE, GA  
AS PREPARED FOR DELIVERY TO  
COMMITTEE OF ENERGY AND COMMERCE  
TUESDAY, MARCH 27, 2007

Mr. Chairman, honorable members of the committee, thank you for allowing me the opportunity to address you today. My name is Dr Jack Chapman. I am President of the Health Access Initiative in Gainesville, GA. I am also in the private practice of Ophthalmology and I currently serve as President-elect of the Medical Association of Georgia.

I come before you today to share the story of how we are providing for the health of the low income uninsured in Hall County Georgia, especially children. We have a collaborative effort between private physicians, the Good News Clinic, the Hall County Health Department, the Health Access Initiative, and the Northeast Georgia Medical Center.

What I would like to convey to you is how the “old model” worked and explain the “new model” now operating in our community.

Good News Clinics (GNC) was founded in the early 90’s. It is the largest free clinic in the Southeast and one of the top 10 free clinics in the nation. Largely with volunteer physicians, they provide free medical and dental care including medications to low income, uninsured patients. This is accomplished through a free standing pharmacy staffed by a full-time pharmacist. In 2006 there were 8843 medical clinic patient visits, 7440 Dental Clinic visits and 66,451 pharmacy visits. The medications they provided for - all at no charge to the patient - had a retail value of \$3.8 million. Hall County Georgia is located in Northeast Georgia and has a population of over 170,000.

The Hall County Health Department (HCHD) provides a prenatal program in conjunction with The Longstreet Clinic, a private multispecialty group. Prenatal care helps decrease infant mortality and infants' risk of health problems that would cost far more without prenatal intervention. In 2004, Hall County's infant mortality rate was 5.5%, compared to 8.5% for Georgia.

The Hall County Health Department also provides clinical services with 29,737 clients served in 2006.

In collaboration with community partners, Health Access Initiative (HAI) provides access to healthcare for uninsured patients. HAI is a consortium of partners including over 150 physicians, the local hospital, health department, free clinic, federally qualified clinic, United Way 2-1-1, Chamber of Commerce, and other partners. This group came together to primarily fill the need for specialty/surgical care for the uninsured/indigent.

HAI adds value to the existing resources in the community by providing specialty and surgical needs in a seamless manner. Under the "old model", when someone needed surgery, the physician seeing the patient at the GNC or the HCHD would be in a predicament. The physician would have to stop what he or she was doing and take the time to make a number of phone calls in order to find a specialist/surgeon that would do a "favor" for the clinic. If surgery was indicated, the physician who was doing the clinic a favor would have to call an anesthesia friend and ask that physician to do a "favor" for him. If radiology was needed then the same would take place. Of course, the hospital/operating room would need to be contacted as well and this does not include the challenge if more than one specialty surgeon is needed. Under the "old model" it was a cumbersome time intensive process without structure, organization, or measurement.

HAI arose out the Hall County Medical Society. What is done under the "new model" is to bring all of the participants together in a more coordinated fashion. We have the physicians, hospital, x-ray, and labs all agree to provide the care for qualified patients on the front end. This way, when a patient is seen at the GNC that requires specialty care/surgery, the physician there makes the determination and writes the order. In this "new model", HAI is notified and contacts the patient to make all the arrangements. A photo ID card is issued to the patient to identify them as an HAI patient

using a customized software tracking program. If anesthesia is required for surgery, they are already committed to provide the care for HAI. The hospital is already on board to provide labs and OR as needed. Also, the Radiologist is on board as well. The “new model” is seamless and user friendly. This also lifts the burden from the volunteer physician and allows the physician to see more patients.

To track this, the physician’s office providing the care sends a health claim form over to HAI with the CPT code, the ICD9CM code, and the amount of services or care provided. We then enter this into our client tracking program so that we can track that the care was provided (i.e. the patient kept the appointment), as well as how much was provided. We make sure that the patient keeps all appointments and follow-up visits. Last year we documented a 90% compliance rate with patients keeping their appointments in the physician’s offices. According to the code, we track the value of services provided. In 2006, HAI physicians provided over \$815,000 in donated care.

The emergency room (ER) is another entry point into our system. Our ER in Hall County Ga is the third busiest in the state of Georgia with over 95,000 visits last year. When you think of an ER, you think of trauma, MVA, or heart attack. However, the number one diagnosis in our ER is earache. The ER is used as a clinic. The cost of taking care of a patient in the ER as opposed to the office/clinic setting is three times. The GNC has data that shows their cost of care for a patient is \$34 as compared to \$221 for the same patient in the ER. The Andrew Young Health Policy Center at Georgia State University has similar data.

We have been too successful in getting people to go to the hospital/ER for care. The ERs have become clinics. At HAI, we work to keep the patient out of the ER. We want the patient to have a “medical home” that they use for their care. In fact, as part of our partnership, we are sent a daily report from the hospital notifying us if a patient in the HAI program was seen in the ER the day before. We then contact the patient to find out if the visit to the ER was the appropriate place to access the care that they needed. If not, then the patient is counseled on the appropriate or better way to obtain the care they need and we make sure they have a follow up appointment with their primary care provider if needed. We are trying to change the habits as well as the behavior as it relates to going to the ER.

Another important aspect to providing care and keeping healthcare resource utilization and cost down is to keep the patient from bouncing back and forth into the hospital. This requires the patient to have the medications needed available. If a patient does not obtain the medication required then they will have a difficult time improving and most likely will become worse with a more complicated illness that will be much more expensive and require much more in resources to treat. Through our partnership with GNC, HAI staffs a pharmacy tech to help provide free medications to meet acute needs. The medication assistance programs are used to meet chronic needs.

As you can see, it takes a lot of collaboration to make this work. The “new model accomplishes this task. In fact, the HAI was honored by the Healthcare GA Foundation with the Community Service Collaborative of the Year Award for 2006.

In closing, I hope that you will recognize that individual communities can step up to the plate to provide for their citizens in need. I hope that you will continue to encourage and assist as possible, communities to start collaboratives like HAI and GNC. It really takes all parties coming together and working in a coordinated manner to provide for this problem.

This donated care model I have described is not THE answer to the problem of providing healthcare for those who are low income and uninsured, but it can be a PART of the answer and can go a long way in helping many people who could not otherwise obtain the healthcare they need.

Thank you again for allowing me to be here today. Thank you for the time, service and attention you are giving to this very important issue.