AMARILLO HOSPITAL DISTRICT
INDIGENT CARE AND FUNDING PRIORITIES COMMITTEE
CITY OF AMARILLO, DEPARTMENT OF PUBLIC HEALTH
JUNE 1, 2010

MEMBERS IN ATTENDANCE
Dr. Paul Proffer, Chair
Ms. Liz Hughes
Ms. Claudette Dove

ADMINISTRATIVE OFFICIALS IN ATTENDANCE

Matt Richardson	City of Amarillo, Public Health, Director
Hector Mendoza	City of Amarillo, Public Health, Assistant Director
Dean Frigo	City of Amarillo, Assistant City Manager
Vicki Covey	City of Amarillo, Assistant City Manager
Evelyn M. Padilla	Recording Secretary, City of Amarillo Public Health

OTHERS IN ATTENDANCE

Mary Coyne	Tobacco Free Amarillo
Meg Williams	Tobacco Free Amarillo
Kyle Sanders	NWTHS
Brian Gibbs	NWTHS, J.O. Wyatt Health Clinic
Joy Gilbert	NWTHS, J.O. Wyatt Health Clinic
Cindy Ellis	NWTHS, J.O. Wyatt Health Clinic
Sharon Oxendale	NWTHS
Lesa Gilbert	NWTHS, FNAC
Dr. Fred Eaves	Department of Pediatrics, TTUHSC
Dr. Bonna Benjamin	Department of Pediatrics, TTUHSC
Debra Cain	TTUHSC
Dr. Rick Jordan	Regional Dean, TTUHSC School of Medicine
Dave Clark	Consultant
Derek Martin	RHN
Michael Hemphill	RHN
Dr. Tabor	RHN

Dr. Proffer established a quorum and called the meeting to order at 7:37 a.m.

Item 1: Introduction of Guests. Dr. Proffer welcomed the guests.

Item 2: Approval of the July 14, 2009 Minutes. Dr. Proffer presented the minutes of the July 14, 2009 meeting. Being no changes or corrections, the minutes were approved as written.

Item 3: Review NWTHS 2009-2010 Quality and Access Indicators Report. Mr. Mendoza reviewed the report noting the average wait time for a new patient appointment with a primary care provider without an acute problem increased from 46.89 days to 70 days. The percentage of diabetics receiving yearly referrals to the ophthalmologist for eye exams improved from 65% in 2008 to 82%. Percent of diabetics receiving controlled blood sugar services is at 100%, and the percentage of diabetics receiving annual foot exams improved from 45% to 90%.

Dr. Proffer questioned the reason for the change in the wait time for new patients. Mr. Gibbs attributed the significant change to the loss of Dr. Steve Kabala, who left during the reporting period. He stated about 700 to 800 of Dr. Kabala's patients were redistributed to three other physicians which caused longer wait times. Also attributed was a problem with the new patient orientation process. Mr. Gibbs stated with a new physician, Dr. Martindale, on staff and a team that has been put in place for new patient orientations the current wait time has decreased to about 24-25 days.

Mr. Mendoza reviewed the Access to Care Indicators noting indigents who qualify for the Financial Needs Assessment Center (FNAC) or clinic services as a percentage of total eligible clients or indigents in Amarillo has remained the same since 2008. The number of qualified non-emergency to the ER and total number of ER visits as a percentage of total ER visits has decreased from 6% to 2%. The average wait time for an FNAC appointment is 19-22 days, the percent of person's approved for district clinic out of total applicants is 60%. Reasons for FNAC denial: 76% were denied for lack of verification, 12% for excessive income, 3% withdrew their application, and 9% were denied for residency. He added that 59% of district clinic clients receive Medicare or Medicaid benefits.

Dr. Proffer asked how a person knows to go somewhere else other than the ER. Mr. Sanders stated there is a case manager in the ER who counsels clients seeking medical services at the clinic and if a client is deemed to be non-emergent and has a script to be filled then they must have a clinic visit in order to receive their medication. He stated slots have been made available to allow for walk-in clients.

Item 4: Discuss Disposition of Community Dental Clinic Building. Mr. Richardson stated that two years ago the dental clinic transitioned from Texas Tech to Regence Health Network (RHN). Shortly afterward the hospital district contracted with RHN and NWTHS to support the community dental clinic function. As a result, the hospital district was left with an empty building. Mr. Richardson stated the Indigent Care and Funding Priorities Committee (ICFP) and the Amarillo Hospital District (AHD) instructed the districts support staff to execute an Inter-local Agreement with Amarillo College (AC) Dental School for the supplies and equipment. Under the agreement AC would lease the supplies and equipment at no charge with the understanding that if the hospital district were to operate another dental clinic the supplies and equipment would be returned.

Mr. Frigo informed the board that he has been contacted by Familia Dentistry, who is interested in possibly leasing the building for a dental clinic. He stated they are a Medicare/Medicaid type dentistry therefore, they would fit in with the AHD mission. He added that they currently have clinics in Abilene, Lubbock, and Midland. Dr. Proffer asked if they would be seeking funding through the hospital district. Mr. Frigo stated that at this time he does not see them seeking funding from the district.

Item 5: Presentation of RHN Community Dental Clinic Audit. Mr. Mendoza reviewed the findings of the dental audit noting the template that was used was taken from the Tennessee Department of Health Dental Clinic Audit Tool. He stated two volunteer dentists randomly chose 20 charts to review using the audit tool. They looked to assure information such as the dental exam operative record, and patient information was present in each chart. The findings revealed 100% compliance in all areas except for consent for treatments and documentation of informed consents which were 89% because one of the records did not have the consents in the chart.

Mr. Mendoza stated the audit indicates the quality of dental care being delivered is at the level expected by the Texas Department of State Health Services.

Item 6: Discuss Funding Priorities Process. Mr. Richardson reviewed the funding request process noting the community projects will submit their proposals and budgets by the deadline, the committee will review their proposals and budgets then, Mr. Frigo will update the board on the district's financial status. After reviewing all the proposals and budgets the committee will make their funding amount recommendations for each project to the Finance Committee who will then make their recommendations to the full board.

The next scheduled meeting will be to entertain proposals and funding requests from the community projects listed; no outside proposals were invited. The deadline for the community projects to submit their proposals is June 15.
Item 7: Presentation of J.O. Wyatt Program Overview. Mr. Sanders gave an overview of the Wyatt program noting the AHD's purpose is to provide healthcare to indigent residents of the area. NWTHS receives approximately $7 million to cover the program; the cost for treating patients in the program range between $15 and $20 million. The Wyatt Program offers services in primary care, specialty care, inpatient care, outpatient care and treatment, and emergency dental treatment.

In order to join the program individuals must complete an application for coverage and must meet and stay within the eligibility guidelines. Some of the requirements to qualify for the program include residing in the City of Amarillo or Potter County and meeting the resources and income guidelines.

Mr. Gibbs reported that there are about 3,200 Wyatt patients, through April, that have been approved for the J.O. Wyatt Health Plan and that 4,200 active patients are being seen through the Wyatt clinic. He added some of the special clinics being offered at the

Wyatt Clinic are the Coumadin Clinic, Weight Loss Class, Smoking Cessation, Pain Management Clinic and Personality Disorder Groups.

Mr. Sanders reported the Women's and Children's Clinic (WCC) has seen a 500% growth over the last eight years. He noted the services provided at the WCC include OB/GYN, Pediatrics, Immunizations, MOM Mobile, Tech Residency Training, Ultrasound, Lab, and Case Management. There are 384 scheduled appointments annually, 276 completed visits, and 108 no-shows. The average annual charges are about $6 million and the average annual revenue is $2.5 million.

Ms. Gilbert reviewed the FNAC application process.

Item 8: Presentation of Tobacco Free Amarillo. Ms. Williams provided an overview of the TFA program noting the program began in 2001 to address the high smoking and tobacco use rates that were highlighted in the 1999 Public Health Assessment. The model of the TFA was devised using the Department of Health and Human Services model pilot study in Port Arthur Texas.

The components of the TFA are Media, Community, School Based, Cessation, and Evaluation. The Media Campaign is responsible for buying TV commercials, radio air time, and PSA's. The School Based Component provides tobacco prevention curricula to the schools such as visual aids and teaching aids. The Community Component collaborates with various community organizations such as the United Way and the March of Dimes to emphasize tobacco prevention. The Cessation Component provides the ability to conduct cessation programs at BSA, J.O. Wyatt Health Clinic and other venues. The Evaluation Component administers and evaluates the youth tobacco survey each May in Amarillo ISD. Students in the 6th, 8th, 9th, and 12th grade are surveyed with the same nine base-line questions that were asked at the beginning of the program in 2001. The component conducts key focus in the community to evaluate the separate components overall effectiveness.

Ms. Williams stated the base line information, before the TFA, that was gathered in the 1999 Community Assessment show the rates to be higher than the national and state levels. She compared data that was gathered in 2009 with the base line which show a 13.7% decrease in 6th grade smoking, a 25.6% decrease in 8th grade smoking, a 42.3% decrease in 9th grade smoking, and a 42.1% decrease in 12th grade smoking. She stated the actual percentage reduction in smoking from last year is 74% for 6th graders, 61% in 8th graders, 67% in 9th graders, and 40% in 12th graders.

Ms. Williams listed the goals of the TFA when it first began and the accomplishments the program has achieved. The goal to reduce tobacco use in adolescence by 19% has been accomplished. The goal to reduce tobacco use in adults by 12%; another survey will be done to mark the adult tobacco usage; Increase the average age from first use from 12 to 17 years; the program is at 14 years of age; Increase abstinence from cigarettes in pregnant women by 12%; an evaluation is being conducted with WIC to determine the effectiveness.

Ms. Williams reported for the last five years TFA has supported IMPACT Futures which is a community coalition to curb drug, alcohol, and tobacco use in Amarillo. She stated it is a federal grant the community has received for the last five years and because of TFA spending on tobacco issues they are able to claim a community match.

Item 9: Presentation of Regence Health Network Dental Program. Mr. Hemphill gave an overview of the RHN Dental Clinic noting it opened in May 2007 and shortly after the opening a contract with AHD and NWTHS was signed to provide dental services. He stated there are eight dental operatories and the clinic has one full-time dental hygienist, three full-time dentists and two PRN dentists that fill in. The dental clinic operates off of an electronic medical and dental system which allows clinicians to view both dental and medical records at the same time.

Mr. Hemphill stated that some of the services that are currently offered include Prostodonics and Endinotics. He added that RHN would like to implement new technologies such as the single tooth anesthesia system which allows more convenience for the client because they only have one tooth numb instead of their whole mouth.

Mr. Martin reviewed the performance indicators noting the report covers the previous eight months. He stated the total reimbursement for the NWTHS agreement is $118,000, fee schedule charges are approximately $238,000, the average charge per visit of the indigent patient is $178.00, and the average reimbursement for that visit is $80.00. He added the no-show rate has increased to about 38% and that about 1,300 patients have been seen.

Mr. Martin stated they are looking for areas to expand to provide increased services especially with the dental demand in the area.

Item 10: Presentation of Texas Tech Pediatric Specialty Program. Dr. Benjamin gave an overview of the program noting Texas Tech (TT) provides General Pediatric services as well as pediatric sub-specialties such as Adolescent Medicine, Behavioral Development, Cardiology, Gastroenterology (G.I.) Genetics, Hematology/Oncology, Nephrology, Pediatric Surgery and a clinic for Children with Special Healthcare needs. She added that Amarillo also contracts with other specialist to import services for Endocrinology and Pulmonology. TTUHSC also contracts with NWTHS to maintain physician coverage in the Pediatric Intensive Care Unit and Neonatal Intensive Care Unit.

Dr. Benjamin stated there have been almost 18,000 clinic visits to the specialties and of those 11,200 are district residents, 10,400 were in the category of being indigent needy, and 6,555 were needy indigent district residents.

Dr. Benjamin stated TT's plans are to continue the treatment of services that are currently offered and to provide additional treatment and education for diabetes.

Recruiting efforts for a pediatric endocrinologist will continue and fetal echocardiograms will be preformed. Nephrology is initiating pediatric dialysis treatment and Pediatric Surgery is exploring pediatric obesity treatments with bariatric surgery options.

Item 11: Presentation of Department of Public Health Overview. Mr. Richardson reviewed the services offered by the Department of Public Health. Services include Communicable Infectious Disease Investigations, HIV and STD services, Immunizations, Public Health Preparedness, Refugee Health Screenings, and TB Screenings. He stated the department operates a full-time STD clinic and HIV Prevention Program to combat the high STD rates in Amarillo, specifically in Potter County. Immunization services have increased and as a result another nurse is anticipated to be hired which will be funded through the immunization grant. Other services within the immunization program include recruiting and educating providers as well as outreach services which, is supported by Blue Cross Blue Shield of Texas and the Caring for Children Foundation.

Some of the other areas the department is involved in include facilitating the Teen Pregnancy Prevention Coalition (TPPC), childhood obesity, studies such as MRSA, and trainings such as the medical nursing community health student rotation. Mr. Richardson stated the department is currently working on grant funding for a diabetes and obesity project and will hopefully partner with RHN. He added work continues on the Community Health Assessment.

Item 12: Public Comments: Ms. Lesa Gilbert commented on her involvement with the Texas Indigent Healthcare Association noting that since she has been on their board she has realized that they provide more care with the AHD than nearly anywhere else in the state.

Item 13: Adjournment. Being no further business to come before the board, Dr. Proffer adjourned the meeting at 9:30 a.m.

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Chairman

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Recording Secretary