

**Statement of
Lancaster General Hospital**

**Before the
Senate Public Health and Welfare Committee**

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**Presented by
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A COMMUNITY PARTNERSHIP MODEL FOR PREVENTION AND PRIMARY HEALTH CARE

Good Morning Mr. Chairman, LGH and SELHS appreciate this committee's attention to the unique and growing role CHC can play in today's changing and challenging healthcare environment. I am Jo Ann Lawer the Director of Government Affairs with Lancaster General Hospital (LGH) and with me is Dr. Wm. Fife, the Medical Director for South East Lancaster Health Services (SELHS). LGH is a non-profit hospital and SELHS is a federally qualified health center (FQHC). Together, we believe we represent a unique model for serving an increasingly underserved population in the City of Lancaster in an environment of declining non-profit health care providers. Our bond and the driving force behind this model is our shared mission to service everyone who walks through our doors – regardless of ability to pay. Our message is very simple: the need is great and growing; a comprehensive, prevention and partnership model between a community based hospital and FQHC can improve access, cost effectiveness, and healthcare outcomes for the underserved; and strategic investments can help to support and replicate this type of model in other communities.

NEED: In many ways, the greater Lancaster region represents a cross-section of the Commonwealth. Lancaster County is largely rural, with expanding suburban communities, and a city exhibiting many of the characteristics of larger metropolitan areas. Seven years ago, the County was home to 4 non-profit hospitals. Two of those non-profit hospitals were sold to for-profit corporations and have or are planning to move most of their operations out of the city where the greatest volume of underserved population is concentrated. Today, only two non-profit hospitals – LGH and Ephrata Community Hospital - and two FQHC's remain to care for the underserved in a county of almost 500,000 residents. During this same period, the need for healthcare services has soared – particularly for the under- and un-insured. LGH has experienced a 15% growth from 2003-2007; SELHS has seen a 65% increase. The situation today is nearing a saturation level for current capacities. In FY 2006,

- LGH's Family Health clinics provided 22,400 people with over 100,000 patient visits.
- SELHS provided 13,457 people with over 47,000 patient visits.
- 20% percent of county residents are medically underserved.
- 47% percent of city residents are medically underserved.
- LGH's WBH delivered 80% of all births in the county

A Comprehensive, Prevention and Partnership Model: As the remaining safety net providers in the city of Lancaster, LGH and SELHS are determined to embrace these changing dynamics as a new opportunity to design a more comprehensive approach to healthcare. We share a commitment to the community and ensuring quality care for the underserved. We each bring a different set of complimentary skills to this effort. And, we have a deep respect and understanding of the obstacles that often deter the effective use of healthcare services and increase costs. We know that:

- Too many low income families lack a connection to a primary care physician or medical home.
- Emergency Department care is costly, episodic, and not equipped to provide patient follow up.

- Access to primary care during non-traditional office hours is too limited.
- Health care needs to begin with increased prevention and wellness services.
- Low-income families face multiple challenges and need a holistic, community-based approach to effectively improve healthcare access and outcomes.

The history of our partnership and model began to take form in response to the loss of non-profit services in the city. One of the first signs of distress we began to experience was a decrease in resources for obstetrics and neonatal care in a city with already high rates of low-birth weight babies. With the assistance of a Dept. of Health Challenge Grant, LGH and SELHS moved to address this gap and create a new partnership that included a High-Risk Obstetrics Clinic at SELHS supported by LGH physicians. Today, pregnant women can be seen at SELHS for OB visits and LGH has added 5 full-time OB's at WBH to care for the underserved. Outcomes have changed as a result. Currently SELHS provides care to over 400 prenatal patients in our Women's Health Program. Last year over 240 of our prenatal patients gave birth. The outcomes were outstanding with only 7% of those births being at or below the low birth weight of 2500 grams. We have increased the number of women seeking care in their first trimester to over 65%, thus increasing the likelihood of a healthy baby.

This project has provided the platform for more comprehensive planning and development of our partnership. We have expanded hours at both of our clinic sites, added clinical capacities, and increased community outreach and screenings, yet we find ourselves very close to reaching a saturation point in our physical capacities. We share a common mission to provide services to the underserved and refuse to compromise our equally strong commitment to providing the highest quality services to all whom we serve – at any site, at any time.

To meet this challenge, LGH and SELHS have designed a new expansion model for a CHC. This model requires developing a new extension site for SELHS to be located in an area of the city that reflects projected growth and need. It provides the space we need to expand service capacities. It creates a new opportunity to re-think how we locate services to increase capacity. And, it allows us to create a more comprehensive framework designed to address the obstacles mentioned earlier in this testimony by providing:

- **A multi-disciplinary approach to patient care** – that includes Family Practice Physicians, Nurses, Case managers, a Behavioral Health Counselor, Psychiatrist, and Social Worker.
- **Specialty Clinics including** High-Risk OB/GYN, Pediatrics, Psychiatry
- **On site Ancillary Medical Services** - Pharmacy, Basic Imaging Services, Lab, Physical & Occupational Rehabilitation to ensure effective patient follow up and follow through.
- **A cost effective alternative to overuse of the ED** – The urgent care would take care of typical doctors' office visits and would connect the patients back to a medical home rather than having them continue with episodic care.
- **Support Services** - Education, Nutrition, Wellness, Parenting, GED and ESL, Nursing (LGH College of Nursing and Harrisburg Area Community College)
- **Satellite Offices and Coordination of services** – e.g. Women, Infants and Children (WIC), Income Maintenance, employment, etc.
- **Legal Services** – SELHS recently introduced on-site legal services funded by a local foundation.

- **Dental Services** - this new extension site provides the opportunity to re-configure the use of space to expand critically needed dental services
- **Expand access to primary and specialized treatment through the newly established PALCO program** – LGH and partners across the County have worked together to bring the nationally recognized Project Access model to Lancaster. This initiative recruits physicians to accept patients who lack insurance coverage. In less than one year of operation, almost 600 physicians (85% of # in County) have enrolled to participate in this program.

We believe this model provides the type of comprehensive care needed to help patients learn how to use healthcare services most effectively. It provides what is needed at an accessible site deterring the need for endless follow up scheduling. It brings together the multiple resources needed to work together with each other and with patients. And – it’s cost effective:

- Average Cost of Patient Visit
 - SELHS \$102.00
 - LG Emergency Department \$276.00
 - LG Emergency Department (shot) \$167.00
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We believe that over time this approach will help to:

- Reduce frequency and cost of in-patient admissions through case management and chronic disease management.
- Reduce frequency of avoidable illnesses through wellness and prevention services.
- Reduce episodic acute care needs through case management follow up and on-site ancillary services.
- Reduce inappropriate use of the hospital emergency rooms.

Support and Replication

The LGH - SELHS partnership offers a picture of the potential benefits that can occur when community partners work together. But much more is needed to not only address growing healthcare needs but change behaviors of institutions and patients to achieve better healthcare outcomes:

- Funding support for renovations and construction to increase physical capacity requires both public and private support. These one-time costs can produce better healthcare delivery systems that provide more cost-effective treatment. We applaud the DOH’s RFP to expand CHC’s in PA and would recommend opening this competition to all Counties – even those with existing FQHC’s.
- We support the ideas being examined to expand economic development opportunities and encourage the consideration of RACAP and other funds to help provide support for CHC expansions.
- Finally, we would encourage increasing expectations and incentives for more healthcare providers to become part of these types of partnership efforts.