

**Testimony before the
Majority Senate Policy Committee**

**Public Hearing on Senate Bill 5
Community Based Health Care (CHC)
Program**

Presented by:

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Good Morning. My name is Dr. Sharon Carney, and I am the Associate Chief Medical Officer for Mercy Fitzgerald Hospital, located in Darby, Pennsylvania. Mercy Fitzgerald Hospital is a member of Mercy Health System which is a diverse integrated system providing comprehensive health care services. In addition to Mercy Fitzgerald, there is Mercy Philadelphia Hospital in West Philadelphia, Mercy Suburban Hospital in East Norrtion, Nazareth Hospital in Northeast Philadelphia, Mercy Home Health which services the five county Philadelphia areas, and Mercy LIFE program with three (3) locations.

I want to thank Chairman Erickson and the Majority Policy Committee, for the invitation and opportunity to explain the mission of Mercy and the importance and critical role clinics play in the delivery of health care.

The Mission of Mercy Health System is to be a partner in the healing ministry of the Catholic Church in the spirit of the Sister of Mercy and the Hope Ministries. In fulfilling our mission, we serve the entire community and address the diverse factors that impact the health need of the whole person. Special concerns for those who are poor and disadvantaged characterize our mission. We channel our resources to offer accessible, high quality service, which is innovative and compassionate.

The vision of Mercy Health System is to be a leading provider of compassionate care and community access to quality health service that improve the health of individuals and communities.

Employing over 5,303 individuals, Mercy hospitals combined operate 741 acute care hospital beds. In 2010 Mercy provided over \$1.6 million in Charity Care, incurred costs of over \$30 million in community base programs such as health screening, support groups, and health education outreach

programs. As a system, the unpaid cost of Medicaid amounted to \$11.5 million. So as you can see, Mercy is very familiar with the uninsured and underinsured population.

I have been the Associate Chief Medical Officer at Mercy Fitzgerald Hospital since 2008. As a residency trained board certified emergency medicine physician, I spent 10 years of my career, prior to my current role, as the Director of Emergency Medicine at Mercy Fitzgerald. I can speak with firsthand experience about the challenges facing the overcrowded emergency departments and the clear need for health clinics, specifically in the populations that we serve at Mercy.

Across the state of Pennsylvania, emergency department visits have increased by 27% in the 10 years from 1999 to 2009, jumping from 4.6 million patient visits to 5.9 million visits. During the same 10 years, the number of emergency departments decreased by 16%, from 191 to 106 emergency department providing care, creating even fewer emergency beds to provide care to more patients. At Mercy Fitzgerald, we have seen very similar trends in volume, increasing 26% from 29,484 visits in 1998 to 37,299 visits in 2010.

The issue behind emergency department overcrowding is multifaceted. Patients who are admitted through the emergency department wait longer for inpatient beds. This decreases the number of emergency beds available to see new patients creating longer wait times. Longer wait times lead to patients being evaluated in the hallways or non-traditional spaces, as well as ambulances getting diverted to hospitals which are further away. Any or all of these scenarios may lead to poor quality outcomes. In addition, patients will often choose a local emergency department for care due to economic

constraints or lack of access primary or specialty care. I have personally cared for patients whose condition has become much more complicated due to lack of access to outpatient care. For example, a patient may have an initial emergency department visit for a forearm fracture, receive a splint and instructions to follow up with an orthopedist for outpatient surgical repair. When that patient goes to the orthopedist, they may be asked for an expensive co-pay or if they are uninsured, may be asked for a cash payment to have their arm repaired surgically. With the inability to pay for this care, they eventually return to the Emergency Department, weeks or even months later, with a nonhealed fracture that now requires more extensive surgical repair and a hospitalization. A more common example is the patient who goes from emergency department to emergency department to get their routine blood pressure or diabetes prescriptions since they cannot afford to see a primary care physician, or worse yet, come in for a stroke or heart failure due to complications of their chronic hypertension that went untreated.

With these brief examples, it is clear that health clinics play a key role in providing access to the community for primary and specialty care, bridging the gap across the healthcare continuum.

At Mercy Fitzgerald, we have an Ambulatory Care Clinic which manages over 3,000 visits per year. The volume of general medical visits has increase by 12% in just the past year. The current payor mix reveals that over 60% of the patients have Medicaid or managed Medicaid, and nearly 20% of patients are self pay. Handling mainly general medical patients, the clinic has a small number of hours dedicated to infectious diseases, endocrinology, psychology and musculoskeletal disorders. The Ambulatory Care Clinic is also an important piece of the residency training program, with the residents

evaluating and treating patients in the outpatient setting under the guidance of an attending physician.

Mercy is continually looking for innovated ways to provide care to our community. Recently, Mercy Health System partnered with Keystone Mercy Health Plan to pilot a model for improved care coordination across the continuum of care. The goal is to provide improved access for primary care and also coordinated care for multispecialty referrals for our patients, as well as patient self management support and education for improved wellness. Keystone Mercy Health Plan placed a full time nurse in the ambulatory clinic to provide complete care coordination, targeting the population with high emergency department utilization, low primary care utilization and high gaps in care. Keystone Mercy Health Plan also placed a care coordinator in the hospital to transition the care of the patients being discharged by scheduling follow up appointments and sharing information with the next provider. This care coordination is provided to patients being discharged from both the emergency department and inpatient setting, bridging the transition back to the outpatient arena. In addition, Mercy also implemented an electronic medical record in the clinic which improved access to patient care data, medications, visits and overall management. The Ambulatory Care clinic was then able to link the patient, provider and transition care manager to coordinate the overall care. The results showed a decrease in the 30 day readmission rate from 30% before the pilot began, to 7% afterward for this high risk group who received care coordination.

Mercy Health System is dedicated to providing high quality care to our community. Here are just a few examples of recent recognitions:

- Mercy Philadelphia was the winner of Hospital & Healthsystem Association of Pennsylvania (HAP) Achievement Award for Patient Safety and Philadelphia Business Journal Healthcare Innovation Award for its hand hygiene program;
- Mercy Fitzgerald was recognized by the Philadelphia Business Journal for having one of the lowest mortality rates for heart attack patients among area hospitals;
- Mercy Suburban Hospital Ranks 3rd in the state out of 159 hospitals on the Appropriate Care Measure, which is a composite score of Heart Failure, Acute Myocardial Infarction, Pneumonia and Surgical Care Improvement Core measures by Quality Insights of Pennsylvania;
- Nazareth Hospital received Get With The Guidelines® Heart Failure Silver Plus Quality Achievement Award for Heart Failure
- Mercy Home Health was honored with “Best of Home Health Care 2011” in The Times Herald newspaper as one of the highest ranking home health care organizations in Montgomery County

Mercy Health System has also achieved high “All or None” Core Measure scores:

- Acute Myocardial Infarction 97.2%
- Heart Failure 99.4%
- Pneumonia 95.5%
- Surgical Care Improvement 94.4%

Mercy Health System will continue to strive towards our vision of providing high quality care, which includes providing access to healthcare for

those that we serve. I hope that I have provided you with some insight as to how health clinics are a key link across this continuum of care.

Thank you for giving me the opportunity to speak with you today on such an important topic. I applaud you for looking into this very complex issue. Providing high quality care to the population across the Commonwealth of Pennsylvania is our goal, and I look forward to working with you in achieving this.