2012-13 Low Income Pool (LIP) Grant Application

1. **Applicant:** Lakeland Regional Medical Center, Inc. in collaboration with Polk County Health Department, Peace River Center for Personal Development, Inc., d/b/a Peace River Center and the Polk County Board of County Commissioners, d/b/a the Polk HealthCare Plan

2. **Medicaid Number:** Lakeland Regional Medical Center: 101648, Peace River Center: 060310400, 060310405, Polk County Health Department: 0279633

3. **Provider Type:** Lakeland Regional Medical Center: 851-bed Acute Care Hospital, Peace River Center: 05 - Community Behavioral Health Services, 25 - Physicians Group, and Polk County Health Department

4. **Amount Applying For:** $4,000,000

5. **Identify as a new or enhanced program:** New Program

6. **Description of the delivery system and affiliations with other health care service providers:**

Lakeland Regional Medical Center (LRMC), the Polk County Health Department (PCHD), Peace River Center (PRC) and The Polk HealthCare Plan (PHP) propose a patient-centered, primary care integrated medical home model within the I-4 corridor of Polk County (including underserved urban and rural areas of the County). The intent is to establish sustainable primary care settings where the uninsured/underinsured low income populations can come for recurring medical and behavioral health visits, improving their quality of care and reducing visits to the emergency room. The proposed model will provide integrated primary care including acute, chronic, and preventive comprehensive care as well as behavioral health screening and treatment for the uninsured/underinsured residing in Polk County's I-4 corridor.

The health center model is built on three principles of care:

- Equity: equal access to equal care for the neediest in our community,
- Efficiency: utilizing protocols that ensure high quality healthcare while reducing the cost of care delivery, and
- Effectiveness: achieving positive health outcomes based on planned interventions.

To achieve equity, the health delivery system will provide increased access points for participants to receive timely health care. Increased access points will be provided through LRMC's Family Health Center, PCHD clinics, community free clinics (Lakeland Volunteers in Medicine and Parkview Outreach Community Center) and Peace River Center. Furthermore, appointment scheduling will contain a same-day, next day, and future date scheduling as well as expanded hours of operation and after hours on-call availability to allow for access to a healthcare provider when the care is needed. Efficiency will be achieved by providing chronic disease management, integrated behavioral health services,

diversion of unnecessary Emergency Room visits and avoidance of preventable hospital admissions. Effectiveness of health outcomes will be measured through adherence to quality standards and patient satisfaction.

Lakeland Regional Medical Center

Lakeland Regional Medical Center (LRMC) is the largest of five hospitals in Polk County. LRMC is a not-for-profit facility, serving Lakeland and the surrounding communities for more than 80 years. Licensed for 851 beds, our core purpose and mission is to improve lives by delivering exceptional health care and our vision is to create the best health care experiences. LRMC has a legacy of service, providing a wide scope of specialized medical services uncommon in a community of this size. LRMC offers some of the most comprehensive and sophisticated care available, from early detection and education programs, to primary and specialized care and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

On July 10, 2012, after almost a year of planning and preparation, Lakeland Regional Medical Center opened the Family Health Center (FHC) to provide a medical home for the uninsured and underinsured residents in the hospital's primary service area. Patients seen in the hospital's Emergency Department are screened and non-emergent low-income uninsured patients are referred to the FHC where they are cared for by a staff of physicians and mid-level providers. In addition, uninsured/underinsured patients treated in the Hospital's Emergency Department or who are discharged from the hospital and who do not have a primary care physician are referred to the FHC for follow-up care. Once a patient is seen at the FHC, they and any of their family members can chose to make the FHC their medical home.

Beginning in August, 2012, a licensed behavioral health therapist, employed by Peace River Center, will be working on site at the FHC. Rather than a co-location model, FHC will adhere to an integrated model, with a therapist providing behavioral health screening, individual and family and therapy, and consultation as well as support to medical staff seeking a seamless transfer for those patients needing behavioral health services. Medical personnel will be able to make immediate referrals to the onsite therapist for behavioral health concerns that interfere with an individual's medical condition. Referrals will also be made to Peace River Center for psychiatric and more intensive behavioral health services.

Polk County Health Department (PCHD)

The PCHD has been promoting, protecting, and improving the health of the residents of Polk County for over 50 years. With over 500 employees and 17 service sites throughout Polk County, the health department is one of the largest in Florida. Public health services include: child health care, immunizations, dental, prenatal care, family planning, HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis screening, chronic lung disease treatment, school health services, WIC/Nutrition, Healthy Start, epidemiology, health promotion, community health assessments, as well as disaster preparedness and environmental health services.

The PCHD enjoys strong community partnerships in the local health care system (Healthy Start Coalition, Injury Prevention Coalition, KidCare, Teen Pregnancy Prevention Alliance, and others that strive to reduce ER visits and preventable hospitalizations). The PCHD has extensive experience in coalition building and grants and contract management. The PCHD provided the financial and technical support to accomplish the Mobilizing for Action Through Planning and Partnerships (MAPP) community strategic planning process and successful efforts to produce a Community Health Improvement Plan (CHIP) that emphasizes access to health care.

Since October 2011, a licensed behavioral health therapist, employed by Peace River Center, has been working on site at the PCHD's Lakeland office. Rather than a co-location model, PCHD adheres to an integrated model, with a therapist providing behavioral health screening, individual and family and therapy, and consultation as well as support to medical staff seeking a seamless transfer for those patients needing behavioral health services. Medical personnel from various clinics housed in the PCHD make immediate referrals to the onsite therapist for behavioral health concerns that interfere with individuals medical conditions. Referrals are also made to Peace River Center for psychiatric and more intensive behavioral health services.

This proposal supports the PCHD's goal of health education, prevention and linking people to personal health services so that we may move closer to the Department's vision of a healthier future for all Polk County residents.

Polk HealthCare Plan (PHP)

The Polk HealthCare Plan (PHP) was approved by the Polk County Board of County Commissioners on July 27, 1999 and became fully operational in December 1999. Funding for this program is made possible by a voter approved ½ cent discretionary sales surtax for indigent health care services. Polk County voters overwhelmingly approved this initiative in March 2004. The Plan is reviewed on an on-going basis and changes are implemented as appropriate. The Polk HealthCare Plan is operated by the Polk County Board of County Commissioners and administered by the Risk Management department.

The mission of the Plan is to provide an avenue for comprehensive quality health care services in a cost effective and efficient manner for uninsured/underinsured Polk County residents. The Plan is a managed care plan, using case workers to manage enrollees care. The targeted population served by this program is those individuals who have limited income (100% of the Federal Poverty Level or less), limited assets, are uninsured or underinsured and have no other medical benefits available to them (i.e. Medicaid, Medicare, commercial insurance).

Medical services are available to eligible clients through a county-wide network of care that has been made possible through many public/private partnerships with hospitals, physicians, diagnostic testing facilities and other medical professionals. The spending of the

½ cent discretionary sales surtax is overseen by a Citizens Oversight Committee whose members are appointed by the Polk County Board of County Commissioners.

In addition to funding the direct care of patients enrolled in the HealthCare Plan, the county also uses the sales tax revenue to fund other important health care access efforts, such as contracting with local community healthcare providers, and conducting outreach activities to perform health screenings and eligibility determinations to identify a variety of health care coverage options. The ½ cent sales tax proceeds for indigent care will be used as the source of matching funds for this application.

Parkview Outreach Community Center

While beginning as a wellness center in 2002, Parkview Outreach Community Center (POCC) began its volunteer-based clinical services in February 2009. POCC is a non-profit, faith based organization created to provide essential services to undeserved residents of Haines City Oakland Community and surrounding areas. POCC's mission is to provide opportunities for residents of Haines City Oakland Community and surrounding areas to uplift themselves through the utilization of resources provided by the POCC that will help them develop skills and gain knowledge necessary to effectively reach their full potential and have a more abundant life. This will be accomplished through collaboration with community partners who will assist in providing health awareness and screening, medical care, life skills training, food and clothing distribution, jobs skills training and identifying and initiating entrepreneurial opportunities.

Lakeland Volunteers in Medicine (LVIM)

Lakeland Volunteers in Medicine (LVIM) is a 501c3 volunteer-run, free primary care clinic that serves the working uninsured residents of Polk County. Lakeland Volunteers In Medicine began as a dream of various community leaders and organizations in Lakeland in 1999. Led primarily by Watson Clinic physicians and the Watson Clinic Foundation and focusing on residents of Lakeland, LVIM has since become its own non-profit organization with a Board of Directors and has expanded to serve all eligible Polk County residents.

The mission of LVIM is to provide free primary health care to the working uninsured in Polk County. Located within one block of Lakeland Regional Medical Center, LVIM serves adults and children residing in Polk County who are below 200% of poverty. Services provided include pediatrics, adult health, ancillary services (lab, x-ray, pharmacy), and dental care - all at no cost to the patient. For services beyond the scope of the clinic, patients are referred to other health care resources in the community including We Care Volunteer specialty care providers, compassionate drug programs, and pediatric specialty services through KidCare coverage.

The clinic is staffed by volunteer physicians, nurses, dentists, pharmacists, x-ray technicians, lab technicians, and lay volunteers. There is a limited number of paid staff of the clinic. LVIM is supported by the community, grants, the Polk HealthCare Plan, and the United Way. Furthermore, LVIM has received numerous recognitions for their

contributions to the community, including the Sapphire Award from the Blue Foundation for a Healthy Florida, Inc.

Peace River Center

Peace River Center (PRC) is a private not-for-profit 501c3, Joint Commission-Accredited, behavioral health center and designated Baker Act receiving facility, serving Polk, Hardee, and Highlands counties. In operation for more than 64 years, PRC's mission is to engage, restore and empower individuals in our community to reach their fullest potential, and its vision is to be a center of excellence for building emotional wellness.

Peace River Center is licensed by the State of Florida Agency For Health Care Administration and has been accredited by the Joint Commission since May, 1993. The organization has a culturally diverse workforce of more than 360 staff across 19 locations. The ethnic backgrounds of PRC staff closely mirror those of its clients. During fiscal year 2010, Peace River Center provided services to 11,243 individuals. Annually, approximately an additional 11,000 area residents are served through the 24-hour crisis and information lines and mobile crisis teams, and domestic violence shelters and rape recovery program.

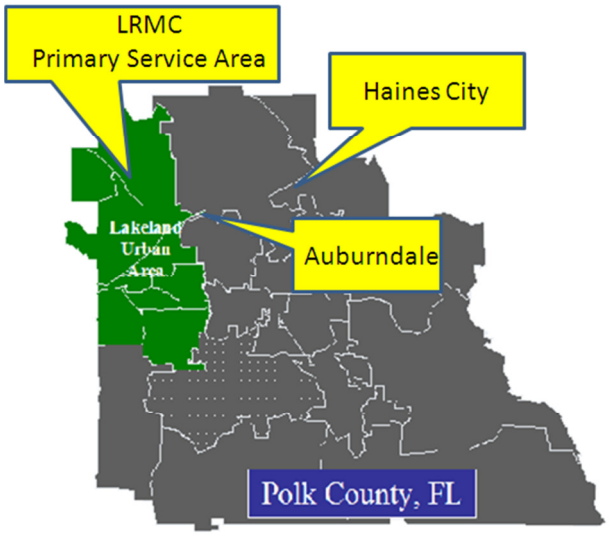
Peace River Center offers a comprehensive array of services to address a full spectrum of behavioral health needs. Broadly, its clinical areas can be categorized into inpatient services, outpatient therapy and psychiatric services, and wrap around services supporting recovery from mental health, addictions and co-occurring disorders.

Peace River Center's existing integrated health initiatives can be categorized into four areas: Primary Care in Inpatient Settings, including the Crisis Stabilization Unit and Short Term Residential Facility, Integrated Care through the Assertive Community Treatment (ACT) Team, Wellness Education and Action through PRC's recovery programs, and collaboration with primary care clinics. Physical examinations and urgent primary care are provided at both PRC inpatient units. The ACT team, consisting of a psychiatrist, licensed therapists, and registered nurses, integrates care with primary care physicians in the community. Intensive services for adults with severe mental illness include managing and coordinating health care needs, as well as a focus on wellness and health education.

Peace River Center, since October 2011, has been collaborating with the Polk County Health Department and partners with medical staff to provide integrated behavioral health and physical health care in the health department's Lakeland office. A similar initiative will begin with LRMC's Family Health Clinic in August 2012. Understanding that 51% of patients in low income primary care settings have at least one behavioral health diagnosis (Mauksch LB, et. Al.) and that there is a high level of comorbidity between physical and behavioral illnesses, PRC, LRMC and PCHD, are committed to working together to treat the health needs of our underserved and uninsured population.

7. **Service Area:**

The FHC will serve residents of LRMC's primary service area in Northwestern Polk County. The Polk Health Department's Clinics along with their partnership with Lakeland Volunteers in Medicine and Parkview Outreach Community Center will serve residents in Lakeland in addition to in Auburndale and Haines City. This will expand primary care across the I-4 corridor in Polk County. The Peace River Center's Lakeland primary care clinic will serve the primary medical needs of its uninsured/underinsured behavioral health patients residing in the Lakeland Urban Area.



8. Service Area characteristics (including demographics or population served and distribution of current population served by funding source, (e.g. Medicaid, Medicare, Uninsured, Commercial insurance etc.) :

The target population is the 50,000 uninsured, low-income residents of Polk County, ages 18-64, living at or below 200% of the Federal Poverty Level (FPL) who reside in the Lakeland and I-4 corridor service area. This includes persons enrolled in Medicaid and the Polk HealthCare Plan as well as the uninsured because eligibility may vary due to medical conditions and fluctuation in employment. For instance, women who are pregnant or persons experiencing a significant health event may become Medicaid eligible for a period time. Employment status will affect Medicaid as well as Polk HealthCare Plan eligibility.

This Primary Care Medical Home model addresses the public health issue of disparity in affordable healthcare coverage and quality of care for uninsured, low-income adults in Polk County. This population has a high prevalence of unmanaged chronic diseases and mental health needs. The average annual health care cost for people with chronic conditions is five times higher than for people without. In Polk, 17% of residents are uninsured and approximately 37% of residents live below 200% of the FPL. When compared to the United States and Florida, Polk County ranks worse in leading health indicators for obesity, cardiovascular disease, and diabetes with significant racial and economic health disparities (see section 16 below). These and other chronic conditions are among the key contributors to the rising cost of healthcare and a major source of illness,

hospitalization and long-term disability. The principal goal of the Primary Care Medical Home model is to ensure access to the continuum of healthcare for the target population. . Overall, this practice intends to move healthcare from a sick care model to a disease management model promoting the integrated delivery of preventive care and disease management at the medical home.

Overall, Polk county Florida has the following population demographic profile:

- Population
  - 609,675 (2010)
  - 51% Female/49% Male
  - 60% 19 to 64 years of age/18% over 65 years
  - Race: 83% White/15% Black
  - Ethnicity: 14% Hispanic or Latino/86% Non-Latino
  - 10% Foreign Born/17% Speak language other than English

- Poverty
  - 37% of the population is at or below 200% of the FPL
  - Unemployment: 9.2% (May, 2012)

- Medical Insurance Funding Source (based on 2012 LRMC hospital statistics)
  - Medicare 47%
  - Medicaid 18%
  - Commercial 25%
  - Uninsured 10%

Polk County is a medically underserved area with a ratio of 3,992 residents for every primary care physician (Family Practice, Internal Medicine, OB/GYN and Pediatric). In addition to the permanent residents, Polk County provides temporary residence to seasonal low-income migrant farm workers and residents from more northern states that reside here in the winter months. These seasonal residents put even more pressures on the primary care resources of Polk County.

The target area for purposes of this grant application include Lakeland, Auburndale and Haines City comprising over 50% of Polk County's uninsured/underinsured population Lakeland is the largest metropolitan area in Polk County where 15.7 % of the population of the county resides. Lakeland also represents about 15% of the county's residents who are below the poverty level. In addition, Lakeland has a larger proportion of residents who are black (African American) compared to its total population. Haines City has a larger proportion of residents who are black (African American), Hispanic, below the poverty level and who speak a language other than English at home compared to its total population. Although Auburndale accounts for just 2% of the population of the county, it represents 12.8% percent of the black population, 13% of the Hispanic population and 16% of those persons below the poverty level. The city also represents over 15% of households where a language other than English is spoken.

Heart disease is the No. 1 killer of people with mental illness — in large part because of the high prevalence of metabolic syndrome in the seriously mentally ill (SMI)

population. Serious mental illness is more prevalent (affecting nearly 3% of the US population) than stroke, heart attack, kidney disease, or breast cancer—all of which we routinely screen, treat, and monitor. And, although chronic comorbidity rates are far higher among patients with mental illnesses such as schizophrenia and bipolar disorder—these comorbidities are far less likely to be diagnosed and treated adequately than in the general population. (Gold) People with metabolic syndrome are five times more likely than healthy adults to develop diabetes and twice as likely to develop heart disease. (Newcomer)

Although metabolic syndrome affects nearly a quarter of all Americans, those with mental illnesses like schizophrenia or bipolar disorder are especially vulnerable. Antipsychotic medications in particular can cause significant weight gain. Other contributing factors include smoking, inadequate nutrition, lack of exercise, and limited access to quality health care (Harvard Medical School).

All of the factors listed as contributing to metabolic syndrome are problematic in Polk County as noted in the statistical data. For the SMI sub-population the percentage of individuals experiencing factors leading to metabolic syndrome are most likely greater than reflected in the numbers for Polk County at large. For example, a study by The Journal of the American Medical Association reported that 44.3% of all cigarettes in America are consumed by individuals who live with mental illness and/or substance abuse disorders.(Lasser) People with SMI are twice as likely to smoke as those without mental illness, and as much as 75% to 90% of those with schizophrenia smoke. (Brown)

9. Organization Chart and point of contact:

The Lakeland Regional Medical Center Organization Chart is included as Attachment 1. The point of contact related to the primary care grant is:

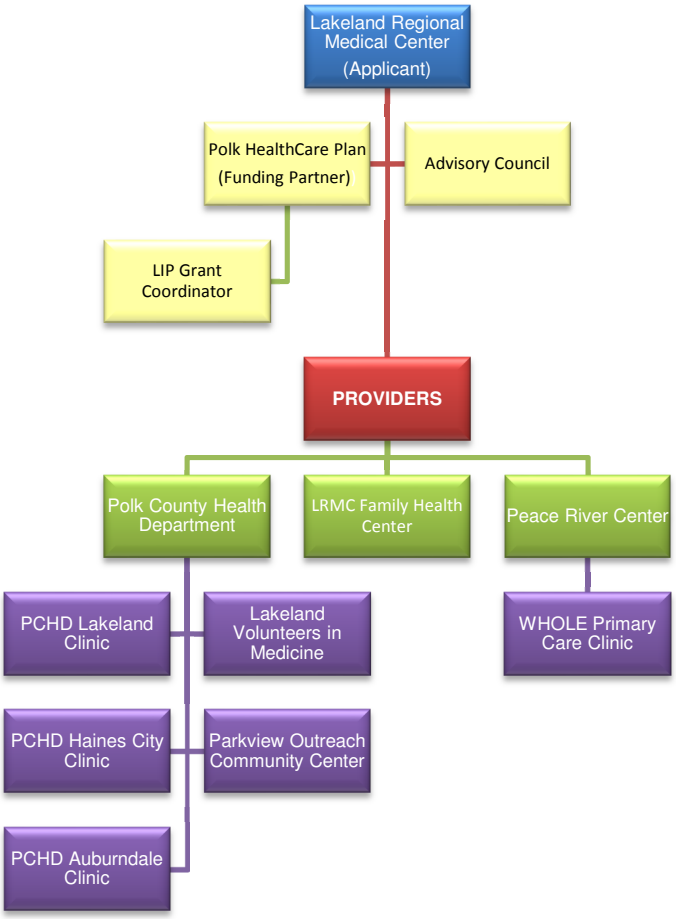
Kim Walker
AVP Ambulatory Care
Lakeland Regional Medical Center
1364 Lakeland Hills Blvd.
Lakeland, FL 33804-5448
(863) 904-1914
kim.walker@lrmc.com

Oversight of this uninsured/underinsured primary care grant will be facilitated through an Advisory Council composed of key leadership from each of the partnering organizations. The purpose of the Council is to ensure that primary care clinics meet the sponsoring organization's commitment to serve the uninsured/underinsured and that performance measures for the project are met.

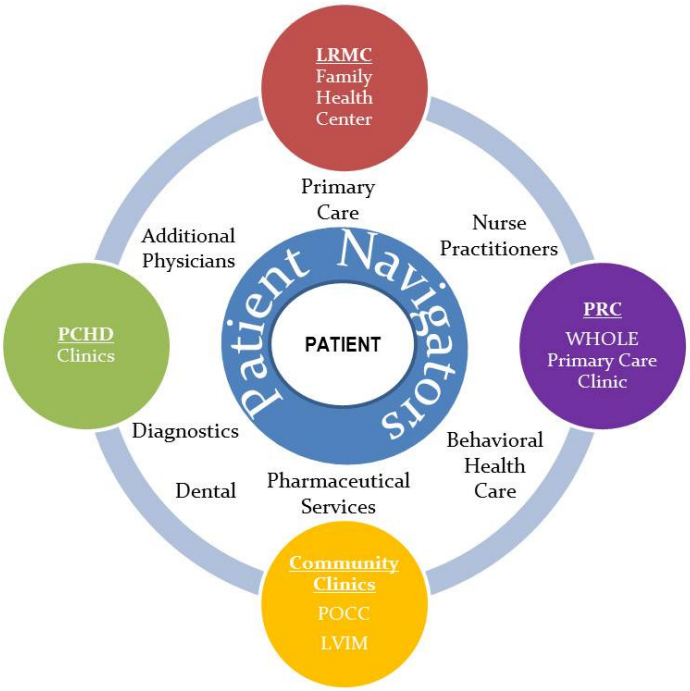
Performance monitoring will be conducted by the 5 member panel which will consist of the LRMC FHC Associate Vice President of Ambulatory Care, PCHD Clinical Administrator, PRC Compliance Officer, Polk HealthCare Plan Operations Manager, and the LIP Coordinator. The LIP Coordinator will report directly to the Polk HealthCare Plan and

will be AHCA's point of contact for this project. The LIP Coordinator will be responsible for convening the Council meetings, preparing reports, leading analysis and submitting the quarterly reports to AHCA. At a minimum, the Council will have quarterly oversight meetings prior to filing any reports.

The following illustrates the project organization structure:



Primary Care & Behavioral Health Care Integrated
Patient-Centered Medical Home Model



10. Proposed budget for funding detailing the request:

The Proposed Budget of $4,000,000 is detailed below:

Budget Category	LRMC FHC	PCHD	Peace River Center	PHP	Total
Salaries and Benefits	$ 1,646,259	$ 900,584	$ 395,581	$ 40,000	$ 2,982,424
Lab Services	80,469	120,000			200,469
Radiology Services	100,950				100,950
Maintenance Pharmaceuticals	328,674	50,000			378,674
Medical and Dental Supplies	13,968	62,198	20,559		96,765
Behavioral Health Integration	112,500	39,200			151,700
Travel			6,708		6,708
Equipment			25,000		25,000
Other			57,350		57,350
Total Grant Request	**$ 2,282,820**	**$ 1,171,982**	**$ 505,198**	**$ 40,000**	**$ 4,000,000**
Additional Local Expenses	831,444	546,289	47,388		1,425,121
Total Budget for the Project	$ 3,114,264	$1,718,271	$ 552,586	$ 40,000	$ 5,425,121

11. Provide a brief summary of your proposed project:

The first objective of the project is to establish a medical home for uninsured/underinsured within the target population to reduce and avoid unnecessary Emergency Room visits. Lakeland Regional Medical Center's Emergency Department had more than 159,000 visits in Fiscal Year 2011, an increase of over 3% from the previous year. More than 30% of the patients seen in the Emergency Department are uninsured. This target population is known for postponing or forgoing needed healthcare because they do not have a regular place to receive medical care or behavioral health support. The medical home model has been shown to be a critical means for improving quality of care, containing healthcare costs and reducing unneeded trips to the Emergency Department. An integrated medical home is associated with better health and reductions in disparities in health among individuals and populations.

Other objectives include 2) improving the health of the target population and 3) decreasing the cost of healthcare for the target population. Nearly half of all uninsured adults 18-64 suffer from at least one chronic condition and according to Centers for Disease Control and Prevention (CDC), unmanaged chronic conditions account for 75% of the nation's

healthcare spending. Uninsured adults are more likely to have unmanaged chronic disease due to substantially higher unmet healthcare needs. Disease management of chronic conditions at the medical home reduces complications and demand for specialty care and acute services, reducing the overall cost of care for the target population. Persons with major mental disorders lose 25 to 30 years of potential life in comparison with the general population primarily due to premature cardiovascular mortality.

The partnership with Peace River Center will enhance the service delivery to the target population. The on-site therapists at PCHD and the FHC will facilitate behavioral health screenings. Individuals can then receive therapy services at the same site (their medical home). For those individuals identified as having a serious mental illness, linkages to Peace River Center's primary care clinic will be facilitated. These individuals would then have access to psychiatry services and more intensive therapy and wraparound services as needed, as well as the primary care needed to treat other comorbid conditions. Thus, the PCHD and the FHC will remain the primary medical home to individuals who have no identified mental illness or have a less severe mental illness that can be treated by a primary care physician. The individuals identified as having a serious mental illness can make Peace River Center their medical home.

In summary, the project is collaboration between LRMC, Polk County Health Department (with its partners Parkview Outreach Community Center and Lakeland Volunteers in Medicine), Peace River Center and The Polk HealthCare Plan to create a sustainable Integrated Medical Home model for the neediest residents of Polk County. The collaborative portion of this model utilizes staff members throughout the model called "Patient Navigators", who serve as the common denominator to all patients served at each site location. Periodically, the Patient Navigators will compile standardized reporting measures to pull the relevant reporting data for patients treated at all 3 centers. These reports will allow all sites to report accurate, standardized data to the state of Florida and demonstrate success in meeting the objectives of the grant and effectiveness of the grant model.

12. Describe plan for identification of participants for inclusion in the population to be served in the project.

Patients between the ages of 19-64 years accessing the LRMC Emergency Department for non-emergent care who lack a primary care physician and whose income is below 200% of the Federal Poverty Level will be referred the LRMC's Family Health Center. Additionally, patients discharged from LRMC who meet the same criteria will be referred to the clinic for follow-up care. Any patient of the FHC may also identify family members to be included in the Clinic's patient role. Additionally, participants will include Polk HealthCare Plan members, who are underinsured individuals from the Polk HealthCare Plan who want to be assigned or reassigned to the LRMC FHC as their primary medical home. LRMC expects to see approximately 10,000 patient visits at the FHC as a direct result of the Emergency Department diversion and referrals. Patients seen in the FHC may choose to use the services of another partner clinic that may be in a more convenient location.

The LIP primary care partners will collaborate on educating the uninsured/underinsured on the availability of services and how best to access those services. A communication plan with be developed to provide area emergency rooms, homeless shelters, food banks and faith-based outreach groups to educate the target population on the availability of primary care services. The aim will be to inform the underserved of their need to join a medical home and avoid accessing the emergency departments for non-emergent care. Within the Haines City area, we will inform the local hospital ER representatives of the availability of primary care services for the uninsured/underinsured and a process will be established to referral of non-emergent patients to the primary care clinic. Parkview Outreach community Center is located within a neighborhood community. The convenience of being able to walk to primary care will be instrumental in avoiding ER access for non-emergent care.

Participants will also include Medicaid and PHCP enrollees who use the FHP, PCHD, and Peace River Center sites as their principal site for primary care.

Peace River Center serves approximately 7,000 adults with behavioral health disorders each year and approximately 34% are uninsured and underinsured. With the funding from this grant, PRC plans to serve qualified low-income adults, ages 19-64, who lack a medical home and currently receive, or are in need of, behavioral health services from Peace River Center. PCHD and the FHC clinics can refer individuals with serious mental illness to the PRC clinic. Specifically, Peace River Center primary care clinic plans to focus its service provision on adults with serious mental illness, who need more intensive care coordination. It is essential that these individuals get more intensive services so that they will accept primary care services, are able to understand physician recommendations (need for physical examination and medications, for example) and thus can improve their health outcomes and longevity.

13. How will access to primary care access system services be enhanced by this project?

The Medical Home primary care model was built to provide healthcare services in the areas where needs are most pervasive and health disparities exist (see item 16).

In light of the characteristics and needs of the target population, this proven model is uniquely designed to respond to the needs of at-risk populations who have limited access to healthcare in Polk County. Polk's designations as a Health Professional Shortage Area and a Medically Underserved Area and Population indicate that health care services are in short supply in the service area. In addition, several community assessments document unmet need throughout Polk County's geographically large and isolated service area.

Access to primary care medical homes will be enhanced by the opening of additional primary care access points in Lakeland and Haines City. LIP funds will be used to help support staffing and operational costs for these access points and will be matched by local ½ cent sales tax for indigent health care.

There are over 50,000 medically indigent residents in the target service area. For these residents there is little access to primary care physicians, so many go without the benefits of medical management and routine care. This project will identify the neediest patients in the target population and provide them access to primary care. They will be able to schedule routine appointments, receive diagnostic services and receive the high-quality medical management in a modern clinic setting. Serving as a medical home, the LRMC Family Health Center will be a high-quality, low-cost option for primary care outside of the hospital's Emergency Department. As a result, patients seeking primary care will have greater access to needed services, including behavioral health, as well as enhanced focus on prevention, early identification and management of chronic health problems.

The FHC offers access to a staff of highly qualified primary care providers and a full range of office-based diagnostic services. In addition, patients at the center will have easy access to LRMC's more complex diagnostic lab and radiology services that are not normally available in primary care centers. Patients needing medications, and who cannot afford them, will be provided access to the LRMC outpatient pharmacy for their routing medications. At this time, LRMC qualifies for 340(b) pricing, and has an on-site person to assist with indigent medication patients.

In addition to the FHC, access to primary care medical homes will be enhanced by the opening of additional primary care access points in Lakeland and Haines City. LIP funds will be used to help support staffing and operational costs for these access points and will be matched by local ½ cent sales tax for indigent health care.

The PCHD clinics provide a full range of services, including:

- primary care
- dental care
- prenatal care
- family planning
- pediatrics
- behavioral health screening, consultation, counseling and referral, provided by Peace River Center
- nutrition services
- on-site pharmacist consultations (Lakeland only).

PCHD's professional staff of physicians, dentists, ARNP's and registered nurses is well qualified to address the needs of the LIP population. In addition, PCHD will initiate the position of Patient Care Manager (PCM) for the LIP participants. Initial contact with the primary care setting will be through the PCM. The PCM will coordinate the LIP participant's care both within the primary care setting and external referrals. The PCM will facilitate access for the patient's healthcare needs, care program compliance and establishment of a medical home. The PCM will provide advocacy, information and referral services for LIP participants. LIP participants through the POCC will also have access to a PCM.

At each of the three PCHD primary care clinic locations, dental services are integrated within our medical facilities and will be available to LIP participants. Dental

services consist of exams, X-rays, cleanings, fillings, emergency extractions, and oral hygiene information.

In addition, PRC will co-locate a behavioral health counselor in the LRMC FHC and PCHD Lakeland clinic to provide an integrated primary care model. Future plans include co-locating behavioral health services at the PCHD Auburndale and Haines City primary care clinics.

The primary care clinic at Peace River Center's Lakeland campus will increase access to primary care through the integration and co-location and integration of primary care and behavioral health services. Current adult patients with serious mental illness and underlying medical conditions will be able to see a nurse-practitioner who will be a part of the patient's integrated care. These individuals, who choose Peace River Center as their health home, will be seen in a location that is already familiar. Many individuals with serious mental illness neglect their physical health, may be suspicious of those trying to assist them, or simply do not understand the need to maintain healthy lifestyle. As a result, it can be very difficult for primary care clinics to treat those individuals with a serious mental illness. The individuals who present for care at the PCHD and the FHC, who need more intensive care, can be referred to Peace River Center's clinic. Thus, it is critical that these individuals have the opportunity to get their primary care in their behavioral health clinic.

In addition to services provided on the provider and partner sites, LRMC, FHC, PCHD, and PRC have access to a comprehensive referral network of more than 200 specialists through the Polk County Healthcare Plan to assure that patients requiring specialty services and/or surgery have access to the resources they need to resolve their health issues.

Patient Care Managers will serve as the common denominator to all patients served at each site location. Patient Care Managers will work one-on-one with the recipients of services and the Care Team to assure those services necessary as part of the care plan are utilized in an efficient manner and reports from specialists and other external care providers are submitted timely to the primary care provider. A Primary Care LIP Grant Coordinator housed at the Polk HealthCare Plan and funded by this grant will oversee the project to ensure timely, accurate reporting, where standardized reporting measures for patients treated at all centers are compiled in a methodical manner on a periodic basis. These reports will allow all sites to report accurate, standardized data to the state of Florida and demonstrating success in meeting the objectives of the grant and effectiveness of the grant model.

Referrals, where available, to qualified organizations will be made for services not directly provided by FHC, PCHD and Peace River Center (e.g. hospitalization, specialist care and diagnostic services).

14. Does the enhancement include hours of operation after 5:00PM and/or on weekends at existing sites or establishment of new clinic site?

The LRMC Family Health Center hours of operation are:

Weekdays: 8 a.m. to 8 p.m.
Weekends: 8 a.m. to 5 p.m.

In addition to LRMC's FHC, the PCHD will establish 3 new access points for primary care services to the uninsured and underinsured with after-hours on-call availability. One access point will serve LIP participants in the Lakeland PCHD clinic. PCHD will open a new clinic in Haines City offering primary care services and add an additional access point at the POCC in Haines City. In addition, POCC offers after-hour clinics on the second Saturday of the month and the third Thursday evening of the month.

If funding is received, the Peace River Center clinic will open in the spring of 2013. Initially, hours of operation will be Monday through Friday, 8 a.m. to 5 p.m., with on-call availability after hours.

15. Describe your capability to serve minority and culturally diverse populations.

The community's health care partners participate in a nationally endorsed health assessment process known as Mobilizing for Action through Planning and Partnership (MAPP) that has identified significant health disparities in minority populations. This process, supported by Polk Vision, expands this effort with a Community Health Improvement Plan (CHIP) that addresses disparities.

LRMC's Family Health Center has several measures incorporated to assist us to take care of cultural differences in our population that we serve. For instance, we know that Spanish is the predominant second language spoken by our patients, so we included Spanish language speaking as a hiring preference for all of the staff at the FHC. Over fifty percent of the entire staff (including physicians), speak Spanish. Additionally, we have provided for patient education materials to be printed in Spanish (Attachment 10). Thirdly, we have a translator phone line in the FHC exam rooms that allows us to access in real time translator assistance for other languages, such as Haitian Creole, Chinese, Vietnamese, and Hindi Lastly, pertinent patient information documents, such as the patient's Bill of Rights, have been printed in Spanish.

PCHD seeks to employ a workforce that is reflective of the current client population served and reflective of the population in the area served. The diversity of PCHD staff provides fluency in several non-English languages: Spanish, Haitian Creole, Chinese and Swahili. In addition, PCHD contracts for a foreign language translation service by phone and an American Sign Language translation service. Patient material is available in English,

Spanish and Haitian Creole. The following table compares the racial diversity of PCHD staff with the service area population:

	Service Area Population per 2010 U.S. Census	PCHD Staff
Total	602,095	477
White	75.2%	58%
Black	14.8%	17%
Hispanic	17.7%	20%
Other	2.1%	5%
Female	50.6%	83%

Peace River Center values and appreciates the role of culture in the treatment and support of the individuals and families we serve. Polk County is a very diverse community. Every employee is trained on cultural diversity and is encouraged to seek innovative ways to address cultural diversity. Qualified applicants who are bi-lingual in English and Spanish are preferred candidates. Spanish and hearing-impaired translators are available on-site at PRC, and the Language Line will be utilized for all other language barrier needs. These resources will be available to patients of the primary care clinic.

Safe Zone is another promising practice implemented at PRC that will be applied at the primary care clinic. Safe Zone is an approach to care that is sensitive to and strives to meet the culturally diverse needs of our lesbian/gay/bisexual/ transgender (LGBT**)** clients and staff members. At least one member of the PRC primary care clinic will be trained as a Safe Zone volunteer,

The future home of the primary care clinic is already designated an ACCESS Florida site. Access Florida allows clients immediate access to apply for Medicaid, food stamps, TANF services, temporary cash assistance, Food for Florida, and medical assistance for pregnant women. A full-time specialist is devoted to helping PRC clients receive eligible benefits. Clinic participants will be able to independently access and apply for benefits, and Clinic staff will assist as needed. This is one way in which we address the socioeconomic concerns of our clientele.

PRC employees are trained in trauma-informed care, demonstrating sensitivity to the comfort level of the individuals we serve. We have experience in providing physical exams in our inpatient units and recognize that these can be experienced in a variety of ways - from uncomfortable to traumatic. When treating patients in the primary care setting, each individual will be assessed for their comfort level prior to examination.

16. Describe how you will identify and address health care diversity issues as well as health care literacy barriers.

The LRMC FHC Family Medicine physicians are trained and experienced to recognize and treat medical conditions specific to certain populations. For instance, the physicians

know that diabetes is a major diagnoses for the African-American population, and therefore this condition is carefully queried when a physical history is being conducted by the practitioner. A detailed family history is being obtained upon each new visit to make certain all pertinent medical information is obtained regarding a patient's current conditions or risk assessment of contracting certain medical conditions.

Staff at the FHC are trained to recognize barriers to learning, such as vision problems, hearing loss, mental capacity, etc., and to identify in the patient's electronic medical record that a barrier to learning exists. Depending on the identified barrier to learning, we are able to take measures to mitigate this circumstance. For instance, we have the capability of bringing in individuals who can use sign language to communicate with the patient during a medical visit.

The PCHD has actively recruited a diverse workforce to match our diverse client base and service area population. Many of our staff are bilingual and share similar values and beliefs as our clients. This aids us in addressing literacy concerns and other communication barriers. For a population to be actively involved in their care, the population must fully understand the interventions available to them and must decide in tandem with their Care Team and Patient Care Manager the participant's care plan. PCHD is committed to providing our clients the tools they need to make informed decisions regarding their health care. Toward that end, the diversity of the staff in the two focus areas will reflect the diversity in the service area population.

The following tables show where health disparities exist in Polk County among several key health indicators. Ensuring these population groups have access to primary care in order to be diagnosed and receive treatment and information on managing their health issues would be important in improving the overall health of Polk County.

P- White column represents the number of whites with the health indicator compared to the total population of whites in Polk County.
P- Black column represents the number of blacks with the health indicator compared to the total population of blacks in Polk County.
P- Hispanic column represents the number of Hispanics with the health indicator compared to the total population of Hispanics in Polk County.

The highlighted areas in Tables 1- 3**shows where a racial or ethnic group is disproportionately represented compared to the overall county rate.**

TABLE 1 Heart Disease and Stroke Disparities for Adults.

Core Health Indicators	Year	P White	P Black	P Hispanic
Cardiovascular Disease				
Hospitalizations from congestive heart failure; age-adjusted	2010	95.7	283.5	101.1
Deaths from coronary heart diseases; 3-year age-adjusted death rate per 100,000	2008-2010	124.9	152.2	96.9

Percentage of adults with diagnosed hypertension; age-adjusted rate	2010	39.5	28.9	13
Stroke				
Age-adjusted hospitalization rate	2010	279.5	464.6	339.9
Age-adjusted death rate	2008-2010	29.9	44.3	32.5

Data Source: Florida Department of Health CHARTS

In Table 1 above, Blacks make up a disproportionate number of hospitalizations from heart disease and stroke however whites are more likely to be diagnosed with hypertension. This could indicate that minorities are not accessing primary care to be diagnosed.

TABLE 2 Asthma Disparities for Adults

Core Health Indicators	Year	P White	P Black	P Hispanic
Asthma				
Asthma age-adjusted hospitalization rate	2010	920.7	1505.1	1294.8
Emergency room visits due to asthma, adults	2007-2009	328.3	548.6	261.3
Adults who currently have asthma	2010	8.6	16.3	5.2

Data Source: Florida Department of Health CHARTS

Minorities make up a disproportionate number of hospitalizations from asthma.

TABLE 3 Diabetes Disparities for Adults

Core Health Indicators	Year	P White	P Black	P Hispanic
Diabetes				
Age-adjusted hospitalization rate from or with diabetes	2010	2484.2	5139.4	3813
Hospitalizations from amputation attributable to diabetes; age-adjusted	2010	18.3	45.8	27
Percentage of adults with diagnosed diabetes	2010	10.7	16.4	17.1
Age-adjusted diabetes 3-year rolling death rate	2008-2010	16.9	38.9	23.5

Data Source: Florida Department of Health CHARTS

We must adapt to reflect the diversity around us as our population becomes more racially and ethnically diverse. If we understand how to serve people with diverse backgrounds understanding their values and beliefs, our healthcare practices can be more efficient and effective. By recruiting a workforce reflective of the diversity within the

population, the ability of our system to provide care to participants with different beliefs, behaviors and values is enhanced.

At Peace River Center's primary care clinic, the care manager will administer the Realm-R at the first visit to determine level of literacy for each Clinic patient. The Realm-R (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494969) is a one page rapid-screening instrument to assess how well primary care patients read words that they commonly experience and are expected to understand in the course of interacting with their physician. The reverse side will be in Spanish. If a client is not able to read at a 6th grade level, the chart will be flagged, alerting the team to the need to read to the individual. (Note that our mental health outpatient and recovery teams will assess educational and vocational needs, including referrals to Adult-Area Schools).

17. Describe measures and data sources that you will use to evaluate the effectiveness of each initiative comprising your project.

LRMC, PRC and PCHD have developed a comprehensive set of measures to evaluate the effectiveness of the project initiatives as shown in Attachment 2. These measures were developed to assess the quality and health improvement on the areas low-income population including:

i. Better care for individuals including safety, effectiveness, patient centeredness, timeliness, efficiency, and equity;
ii. Better health for populations by addressing areas such as poor nutrition, physical inactivity, and substance abuse; and,
iii. Reducing per-capita costs.

18. Describe data collection and reporting capabilities including systems and staffing resources provide a reporting template.

The LRMC Family Health Center is part of LRMC's "PEARL" electronic medical records (EMR) system. That system provides the engine for measuring and evaluating the effectiveness of patient care services through-out the entire LRMC facility. From data collected through the EMR, assigned medical staff and leadership can determine effective we are in reducing ED rates and hospital admissions for manageable medical conditions. Over time we can measure improvement in individual patient health outcomes.

LRMC is taking a lead role in the community in providing the ability to share an electronic continuity of care document with community providers. This will be accomplished through the use of an HIE – Health Information Exchange. The HIE not only allows patient records to be viewable by non-LRMC physician's, but will be utilized as a patient portal as well. The objectives are to allow for seamless continuity of care and

reduce unnecessary procedures amongst physician offices, skilled nursing facilities, and other qualified medical providers.

LRMC is implementing an electronic, touch-screen kiosk to collect patient satisfaction scores real-time prior to the patient departing the facility. The volume of surveys is expected to be significantly greater than if mailers are sent. The results will be collected real-time and reported as part of LRMC's quality measures.

PCHD uses the Health Management System (HMS) as its electronic client record. The core functionality of HMS is client registration, family-based eligibility determination, scheduling module, service collection, and billing module. HMS also provides a full array of reports based on data entered. Reports can be pulled based on a variety of time periods-daily, weekly, monthly, or annually. See Reporting Template sample attached.

On April 1, 2012, PCHD implemented HMS's module for electronic health records for adult care. With the advent of electronic adult care records, quality indicators and chart audits will be available electronically allowing for a higher statistical representation of the care being provided to our client population. Electronic records will provide assurance of the level of the quality of care. Further benefits of electronic records will be the establishment of Health Information Exchanges (HIE). LRMC is currently in the process of establishing a HIE for the healthcare community within Polk County. Once the HIE is operational, providers of care will have on-line access to a client's healthcare records across disciplines reducing the duplication of healthcare services and ultimately the cost of healthcare. PCHD will join the HIE of LRMC as it is made available. Until then, PCHD will make use of Direct Secure Messaging (DSM). DSM also allows for the electronic exchange of records. If equipped with DSM, a provider scans the chart record and then through a secure messaging system transmits the scanned record to the requesting provider. The receiving provider then has access to the scanned document through a password protected secure server.

PCHD employs an electronic customer satisfaction survey. Data related to the patient's services is collected real time at the conclusion of the clinic visit. Patient satisfaction results will be reported as part of the quality management tool.

PCHD has also established a Performance & Quality Assurance Management unit. This unit will be responsible for providing assurance as to clinical quality of care and operational performance.

Peace River Center has purchased enterprise wide clinical information system EHR software from Credible Wireless Technology (Credible). This system will be fully implemented by March of 2013. PRC intends to utilize its new EHR software to its fullest capability achieving maximum efficiency while incorporating both the behavioral health and physical health measurements and documentation in its records. Once the new enterprise wide clinical information system has been fully implemented, PRC intends to participate in the Health Information Exchange being developed by LRMC.

Performance monitoring will be conducted by a 5 member panel. The panel members will consist of the LRMC FHC, PCHD clinical administrator, PRC compliance officer, PHCP and the LIP Coordinator. The LIP Coordinator will be responsible for convening the group, preparing reports, leading analysis and submitting the quarterly reports to ACHA. At a minimum, the panel will have quarterly oversight meetings prior to filing of any reports.

19. Provide a letter of commitment from the local match fund source on that entities' letterhead:

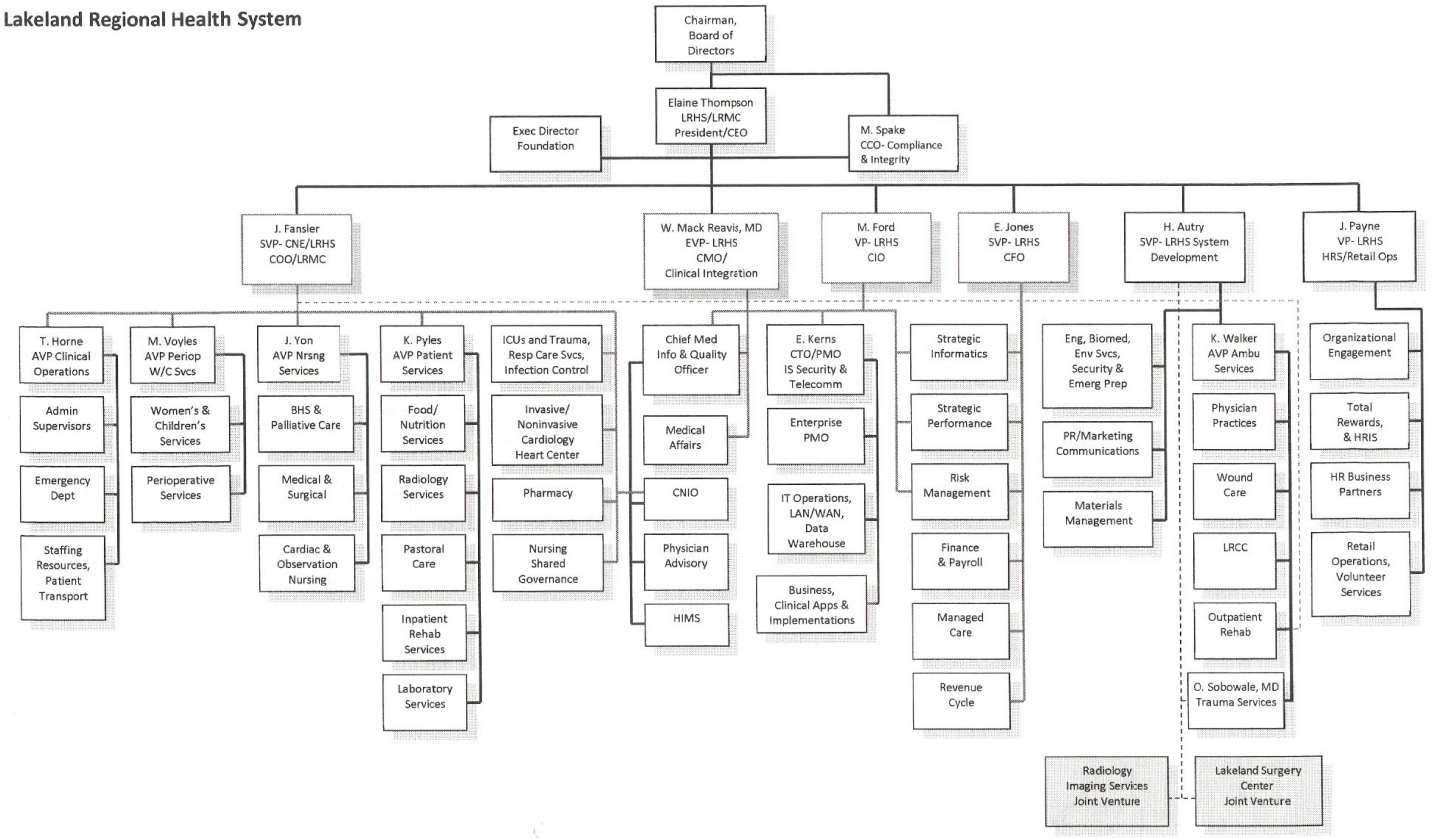
Please see Attachment 3.

Attachments:

Attachment 1: LRMC Organization Chart
Attachment 2: Polk County Lip Grant Measures
Attachment 3: Polk County Board of County Commissioners Letter of Commitment
Attachment 4: Letter of Support - USF Health
Attachment 5: Letter of Support – Lakeland Volunteers in Medicine
Attachment 6: Letter of Support – Parkview Medical Clinic
Attachment 7: Letter of Support – United Way of Central Florida
Attachment 8: Letter of Support – Polk Vision
Attachment 9: *New LRMC Clinic Opening*, The Ledger, 7/9/2012, Robin Williams Adams
Attachment 10: Samples of Patient Health Information in Spanish Language
Attachment 11: Visit the LRMC Family Health Center website

Attachment 1

Lakeland Regional Health System



POLK COUNTY 2012-13 LIP GRANT Measures

Attachment 2

Quality of Care Measures

Hypertension Blood Pressure Measurement	**1st Quarter**				**2nd Quarter**				**3rd Quarter**				**4th Quarter**			
Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded	Total Patients 18 and Over	Number of Charts Audited	Number of patients with a diagnosis of hypertension who have been seen for at least 2 office visits with blood pressure recorded	%	Total Patients 18 and Over	Number of Charts Audited	Number of patients with a diagnosis of hypertension who have been seen for at least 2 office visits with blood pressure recorded	%	Total Patients 18 and Over	Number of Charts Audited	Number of patients with a diagnosis of hypertension who have been seen for at least 2 office visits with blood pressure recorded	%	Total Patients 18 and Over	Number of Charts Audited	Number of patients with a diagnosis of hypertension who have been seen for at least 2 office visits with blood pressure recorded	%
				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Adult Weight Screening and Follow-Up																
Patients aged 18 and over with BMI charted and Follow-Up Plan, if necessary, Documented if Patients are Overweight or Underweight	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with BMI Charted and Follow-Up Plan Documented	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with BMI Charted and Follow-Up Plan Documented	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with BMI Charted and Follow-Up Plan Documented	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with BMI Charted and Follow-Up Plan Documented	%
				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Tobacco use Assessment and Cessation Advice	**1st Quarter**				**2nd Quarter**				**3rd Quarter**				**4th Quarter**			
Patients queried about tobacco use one or more times in the measurement year or prior year	Total Patients 18 and Over	Number of Charts Audited	Number of Patients Assessed for Tobacco use	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients Assessed for Tobacco use	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients Assessed for Tobacco use	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients Assessed for Tobacco use	%
				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Tobacco Users aged 18 and above who have been advised to quit	Total Patients with Diagnosed Tobacco Users	# Patients with Diagnosed Tobacco Users # of Charts Audited	Number of Patients Advised to Quit	%	Total Patients with Diagnosed Tobacco Users	# Patients with Diagnosed Tobacco Users # of Charts Audited	Number of Patients Advised to Quit	%	Total Patients with Diagnosed Tobacco Users	# Patients with Diagnosed Tobacco Users # of Charts Audited	Number of Patients Advised to Quit	%	Total Patients with Diagnosed Tobacco Users	# Patients with Diagnosed Tobacco Users # of Charts Audited	Number of Patients Advised to Quit	%
				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol																
Percentage of patients age 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with a diagnosis of CAD prescribed a lipid-lowering therapy	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with a diagnosis of CAD prescribed a lipid-lowering therapy	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with a diagnosis of CAD prescribed a lipid-lowering therapy	%	Total Patients 18 and Over	Number of Charts Audited	Number of Patients with a diagnosis of CAD prescribed a lipid-lowering therapy	%
				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
Diabetes: HbA1c Poor Control																
Percentage of patients 18 to 75 years of age with diabetes (type 1 or type 2) who had HbA1c>9.0%.	Total Patients 18-75 with Type I or II Diabetes	Number of Charts Audited	Number of Diabetic Patients whose HbA1c levels are	%	Total Patients 18-75 with Type I or II Diabetes	Number of Charts Audited	Number of Diabetic Patients whose HbA1c levels are	%	Total Patients 18-75 with Type I or II Diabetes	Number of Charts Audited	Number of Diabetic Patients whose HbA1c levels are	%	Total Patients 18-75 with Type I or II Diabetes	Number of Charts Audited	Number of Diabetic Patients whose HbA1c levels are	%
HbA1c < 9%				#REF!			0	#REF!				#REF!	0		0	#REF!
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	**1st Quarter**				**2nd Quarter**				**3rd Quarter**				**4th Quarter**			
Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF <40) who were prescribed ACE inhibitor or ARB therapy	Total patients 18 and older with a diagnosis of heart failure and LVSD	Number of Charts Audited	Patients prescribed ACE inhibitor of ARB therapy	%	Total patients 18 and older with a diagnosis of heart failure and LVSD	Number of Charts Audited	Patients prescribed ACE inhibitor of ARB therapy	%	Total patients 18 and older with a diagnosis of heart failure and LVSD	Number of Charts Audited	Patients prescribed ACE inhibitor of ARB therapy	%	Total patients 18 and older with a diagnosis of heart failure and LVSD	Number of Charts Audited	Patients prescribed ACE inhibitor of ARB therapy	%
				#DIV/0!			0	#DIV/0!				#DIV/0!				#DIV/0!
Behavioral Health of Primary Care Patient Population	**1st Quarter**				**2nd Quarter**				**3rd Quarter**				**4th Quarter**			
Behavioral Health Screening	Percentage of patients with behavioral health concerns who are referred to the the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients with behavioral health concerns who are referred to the the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients with behavioral health concerns who are referred to the the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients with behavioral health concerns who are referred to the the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%
				#DIV/0!			0	#DIV/0!				#DIV/0!				#DIV/0!
Depression Screening	Percentage of patients with depressive symptoms who complete the PHQ-9 for further assessment	Number of Charts Audited	Patients completing the PHQ-9	%	Percentage of patients with depressive symptoms who complete the PHQ-9 for further assessment	Number of Charts Audited	Patients completing the PHQ-9	%	Percentage of patients with depressive symptoms who complete the PHQ-9 for further assessment	Number of Charts Audited	Patients completing the PHQ-9	%	Percentage of patients with depressive symptoms who complete the PHQ-9 for further assessment	Number of Charts Audited	Patients completing the PHQ-9	%
				#DIV/0!			0	#DIV/0!				#DIV/0!				#DIV/0!
Depression follow-up	Percentage of patients who completed the PHQ-9 and scored above the threshold for depression who were referred to the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients who completed the PHQ-9 and scored above the threshold for depression who were referred to the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients who completed the PHQ-9 and scored above the threshold for depression who were referred to the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%	Percentage of patients who completed the PHQ-9 and scored above the threshold for depression who were referred to the onsite behavioral health therapist	Number of Charts Audited	Patients referred to onsite behavioral health therapist	%
				#DIV/0!			0	#DIV/0!				#DIV/0!				#DIV/0!

Utilization Measures

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
Patients Registered	#	% of Total	#	% of Total	#	% of Total	#	% of Total
Uninsured								
Underinsured								
Medicaid								
Other								

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
Patient Visits	#	% of Total	#	% of Total	#	% of Total	#	% of Total
Uninsured								
Underinsured								
Medicaid								
Other								

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
ED Diversions	#	% of Total	#	% of Total	#	% of Total	#	% of Total
Uninsured								
Underinsured								
Medicaid								
Other								

Access and Effectiveness Measures

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Extended Hours of Operation				
Patient Visit Average Throughput Time				
Patient Average Satisfaction Score				

Financial Impact Measures

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
Per-capita cost of hospital care for the Uninsured & Underinsured in Target Area	Estimated Uninsured & Underinsured	Cost of Hospital Care Provided to Uninsured and Underinsured	Per-Capita Cost	Change From Prior Period	Estimated Uninsured & Underinsured	Cost of Hospital Care Provided to Uninsured and Underinsured	Per-Capita Cost	Change From Prior Period	Estimated Uninsured & Underinsured	Cost of Hospital Care Provided to Uninsured and Underinsured	Per-Capita Cost	Change From Prior Period	Estimated Uninsured & Underinsured	Cost of Hospital Care Provided to Uninsured and Underinsured	Per-Capita Cost	Change From Prior Period
Value																

Attachment 3

Samuel K. Johnson
Commissioner, District 5
Chairman

330 W Church Street
Drawer BC01
P O Box 9005
Bartow, FL 33831-9005
Tel: (863) 534-6049
Fax: (863) 534-7655
SamJohnson@polk-county.net

Board of County Commissioners

July 23, 2012

Agency for Health Care Administration
Medicaid Program Finance
2727 Mahan Drive, Mail Stop 23
Tallahassee, FL 32308

Re: SFY 2012/2013 LIP Primary Care Grant

To Whom It May Concern:

This letter is in support of Lakeland Regional Medical Center, Inc., in collaboration with the Polk County Health Department, and Peace River Center, in pursuit of the Low Income Pool (LIP) Primary Care grant for purposes of establishing and increasing access to primary care settings where the uninsured and underinsured have access to a patient-centered primary care medical home.

Polk County Board of County Commissioners is committed to addressing the needs of our residents by increasing access to care for the uninsured and underinsured, decreasing barriers, expanding early intervention, and increasing public/private partnerships to improve the health and well-being of our community. We anticipate our partnership with Lakeland Regional Medical Center, the Polk County Health Department, and Peace River Center to demonstrate successful resolutions of critical community issues for residents, government, and nonprofit organizations.

The Polk County Board of County Commissioners, through the Polk HealthCare Plan, is pleased to be partnering with Lakeland Regional Medical Center, the Polk County Health Department, and Peace River Center to develop innovative and creative approaches to address an issue that has been brought to the forefront time and time again. This type of program is essential and vital for a healthier community and we applaud the efforts of local organizations such as these to address the pressing issues of health care in our community.

In closing, maximizing the ability to draw down state and federal funding is a win-win opportunity and allows for additional dollars to be brought into our local community for direct care and services. We look forward to working together in expanding our efforts to better serve the community.

Sincerely,

Samuel K. Johnson

Samuel K. Johnson, Chairman
Polk County Board of County Commissioners

Attachment 4

John T Sinnott MD FACP
Associate Dean, International Affairs
Director, Infectious Disease
Department of Internal Medicine

USF HEALTH

johntsinnott@gmail.com
813.844.4174
Fax 813.844.7605

July 26, 2012

Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308

To whom it may concern:

We would like to add our strongest support to Polk County's well reasoned application for Low Income Pool (LIP) funds. This medically underserved county can effectively utilize LIP dollars to reduce over-utilization of emergency rooms and address health disparities in minority populations. Polk County is both Florida's largest county and one of its 10 poorest.

The Polk County team assembled a partnership that involves the community's largest not-for-profit hospital (Lakeland Regional Medical Center) with perhaps the busiest emergency department in the State of Florida. Other partners include community based organizations and health department sites along the Interstate 4 corridor.

Over the last 16 years, the University of South Florida has provided public health leadership in Polk County via its contract with the Florida Department of Health. USF provides a medical school professor to be the Director of the Polk County Health Department.

Communities, such as Polk County, have a well documented, unmet need for primary care access points for the uninsured and underinsured. The only alternative for this population is to seek assistance in emergency departments of local hospitals. For the non-emergent cases, healthcare costs are unnecessarily increased through the utilization of costly, often unnecessary tests.

Providing the uninsured and underinsured a primary care access point that is convenient and cost effective would reduce the burden of unnecessary and expensive ED visits.

We support this initiative to apply for the LIP funds and the establishment of integrated primary care sites for the uninsured and underinsured. By transitioning this population to a primary care setting, chronic disease management can result in longer lives and more productive lives, while reducing the need for unnecessary ER visits.

One of the partners with Lakeland Regional Medical Center and Polk County Health Department is the Peace River Center for Behavioral Health. We are impressed that the critical need for mental health services within an integrated environment is being promoted in this application. Mental and behavioral health counseling has been recognized as a critical component in both individual's and community overall health. This is borne out by catastrophes such as Columbine, the shooting of Representative Gifford and the Colorado massacre. These tragedies underscore the need for access to community mental health. By the inclusion of this critical component within the integrated Polk model, it is both unique and well thought out.

We applaud the Polk County community for partnering to address the need for integrated primary care sites. The result can only be a better, more productive quality of life for Polk County's citizens which will then contribute to a healthier Florida.

We trust you will join us in supporting this effort.

Thank you.

Sincerely,

John Sinnott, MD

John T. Sinnott, MD, FACP
Associate Dean, USF Medicine International
Director, Division of Infectious Disease & International Medicine
University of South Florida, Morsani College of Medicine

Attachment 5

1021 Lakeland Hills Blvd.
Lakeland, FL 33805-4672
Telephone 863.688.5846
Fax 863.802.4640
www.lvim.net

LVIM
Lakeland Volunteers In Medicine

July 27, 2012

Daniel Haight, M.D.
Polk County Health Department
1290 Golfview Ave Ste 4
Bartow, FL 33830-6740

RE: Low Income Grant Program Letter of Support

Dear Dr. Haight:

Lakeland Volunteers In Medicine, as has been the case with our other collaborativ partnerships, is pleased to support and collaborate with Polk County Healt Department, Lakeland Regional Medical Center, Peace River Center and Polk Healt Care Plan in pursuit of funding from the Low Income Pool grant process. Lakelan Volunteers In Medicine has been providing health programs to Polk County indiger residents in rural areas of the county and as President and Chief Executive Officer, recognize the need for quality and cost effective health care accessibility in thes targeted communities within the county. The efforts of these organizations will provid access to primary care, mental health and dental services, will reduce inappropriat utilization of hospital emergency rooms and will establish and track quality metrics t measure and replicate the positive outcomes expected.

I applaud the efforts of governmental agencies and local organizations to provid solutions for medical, mental health and dental for the most at-risk patients in ou community.

As a community partner, we will continue our support and collaborative efforts with th above organizations in providing the highest level of services to community citizer who are in need of integrated health care providers and social services.

Should you need anything further, please do not hesitate to contact me.

Sincerely,

Robert L. Yates, President and Chief Executive Officer
Lakeland Volunteers in Medicine, Inc.

Attachment 6

Parkview Medical Clinic

Mr. Sonny Register
Assistant Director
Polk County Health Department
1290 Golfview Ave.
Bartow, FL 33830

Dear Mr. Register:

Parkview Outreach Community Center, Inc. (*dba* Parkview Medical Clinic) supports the Polk County Health Department in their request for Low Income Pool (LIP) fund from the State of Florida. The Florida Department of Health and the Polk County Health Department are vitally involved with the work of our clinic because they provide the Sovereign Immunity under which our medical providers operate. We have worked with the Polk County Health Department to develop a Community Health Improvement Plan (CHIP) using the MAPP process.

Parkview Medical Clinic is a free clinic operating in Haines City, Florida serving individuals that are under 200% of Federal Poverty Guidelines and that are medically uninsured. We provide essentia primary care and health care navigation services to an underserved minority population in the northeast quadrant of Polk County Florida. The Polk County Health Department has an outstanding history of offering support services to disadvantaged populations and we support them in their efforts to provide more services to th medically underserved in our community.

Sincerely,

J. Catherine Price, RN, MPH
Clinical Director

Cc: Roosevelt Thomas, Jr, Ed.D., ***Chairman, Parkview Medical Clinic Board of Directors***

1205 Martin Luther King Jr., Way, Haines City, FL 33844
Tel: 863 353 6853 Fax: 863 438 9752 Website: www.poccfl.org

Attachment 7

United Way
of Central Florida

July 26, 2012

To whom it may concern:

The United Way of Central Florida would like to add our support to Lakeland Regional Medical Center's (LRMC) and its partners, including the Polk County Health Department (PCHD), in applying for Low-Income Pool (LIP) funds. Polk County has a well documented, unmet need for primary care access points for the uninsured and underinsured. The only alternative for this population is to seek assistance in Emergency Departments of local hospitals. For the non-emergent cases, healthcare costs are unnecessarily increased through the administration of costly, unnecessary test. Providing the uninsured and underinsured, a primary care access point that is convenient and low-to-no cost would allow the avoidance of unnecessary ED visits.

United Way of Central Florida focuses on community needs in the areas of Education, Income and Health. Our Health Steering Team identified target issues including the need to improve access, accountability and action for personal health. Twenty-five health partners funded by the United Way must provide evidence that they can (1) help to reduce avoidable ER visits, hospitalizations and/or (2) improve specific health indicators for low-income clients served. Working with funded partners as well as the Polk County Health Department, local clinics and hospitals, we hope to improve primary care access in measurable and sustainable ways. LIP funds will support this community-wide effort.

We support LRMC and PCHD's initiative to apply for the LIP funds and establish integrated primary care sites for the uninsured and underinsured. By transitioning this population to a primary care setting, chronic disease management can result in longer lives and more productive lives. In so doing, the need for unnecessary ER visits is removed.

We support the integration of mental and behavioral health into any approach to improve access to health care. Our community has many strong partnerships and we encourage the team work that integrates our resources to help those in need.

Sincerely,

Terry Worthington
President

5605 US Highway 98 South
Post Office Box 1357
Highland City, FL 33846-1357
863-648-1500

Attachment 8

Polk Vision
CREATING OUR FUTURE

July 26, 2012

Agency for Healthcare Administration
2727 Mahan Drive
Tallahassee, Florida 32308

To whom it may concern:

Polk Vision would like to add our support to Lakeland Regional Medical Center (LRMC) and its partners, including the Polk County Health Department (PCHD), in applying for Low-Income Pool (LIP) funds. Polk County's unmet need for primary care access points for the uninsured and underinsured population is well documented. The uninsured and underinsured population currently seeks assistance in Emergency Departments of local hospitals for issues that are more efficiently treated in a primary care setting. For non-emergent cases, healthcare costs are unnecessarily increased through the administration of costly, unnecessary tests. Providing the uninsured and underinsured, a primary care access point that is convenient and low-to-no cost would allow the avoidance of unnecessary ED visits.

We support LRMC and PCHD's initiative to apply for the LIP funds and establish integrated primary care sites for the uninsured and underinsured. By transitioning this population to a primary care setting, chronic disease management can result in longer lives and more productive lives. In so doing, the need for unnecessary ER visits is removed.

As a special note, we are very supportive of the concept to integrate mental and behavioral health with the primary care. This model can only improve access to total health care. Our community has many strong partnerships and we encourage the team work that integrates our resources to help those in need.

Sincerely,

Sara R. Roberts
Executive Director, Polk Vision

PO Box 7506 Highland City, Florida 33846 863.646.0439 Fax 863.619.7307
www.polkvision.com

Attachment 9

Lakeland Regional Family Health Center

New LRMC Clinic Opening

Uninsured Can Be Referred From Emergency Department

By Robin Williams Adams
THE LEDGER
Published: Monday, July 9, 2012 at 2:26 a.m.

MICHAEL WILSON | LEDGER PHOTOS
Dr. David Croteau, left, and Dr. Stephanie Benedict are seen inside one of the examination rooms at the Lakeland Regional Family Health Center. The clinic is across Parkview Place from Lakeland Regional Medical Center.

LAKELAND | The single-story building across Parkview Place from Lakeland Regional Medical Center has a new name, Lakeland Regional Family Health Center, to go with its refurbished lobby, 10 exam rooms and enthusiastic health providers.

Come 8 a.m. Tuesday, physicians and nurse practitioners there will start accepting uninsured patients from the LRMC emergency department. These will be patients who need primary care, rather than emergency department treatment, but whose lack of insurance has given them few options to choose from.

LRMC is opening Lakeland Regional Family Health Center as a source of comprehensive primary care for those patients. The hospital and health center will share health information, starting with the initial referral, for patients there.

"The patients' name and diagnoses will show up on the computer screen, so we'll be expecting them," said Kim Walker, the associate vice president who has responsibility for this clinic and other outpatient sites affiliated with LRMC.

The family health center will be a place to which uninsured patients who do get admitted to the hospital from the ER — because they need hospital care — can be referred for post-hospital follow-up if they lack a primary care doctor.

For some patients unaccustomed to having a steady doctor, the transition to ongoing primary care from relying on the emergency department for sporadic, episodic care will be a culture shift.

Health providers at the clinic, however, expect them to welcome having "a medical home" for treatment.

"It means we are their doctors of health care, where they go for all their primary care," said Dr. Stephanie Benedict, a family practice physician. "We will be the starting point for all their medical needs."

Patients referred from the emergency department will be the only ones eligible initially. Uninsured patients can't go to the clinic without a referral for that first visit. For future visits, they can come without a referral.

Treating illness, providing preventive services, screening for undetected illness and coordinating care will be key elements of the center's approach, as at other primary care centers.

By taking care of uninsured patients' chronic problems, like diabetes or heart failure, they can improve those patients' overall health and reduce their need for emergency care, said Dr. David Croteau, also a family practice doctor.

He and Benedict are board certified primary care doctors who came to Lakeland from other states to work at the family health center.

Advanced registered nurse practitioners also will treat patients. They have advanced training allowing them to provide comprehensive treatment.

"We'll educate them and teach them to manage their care," said David Campopiano, one of two nurse practitioners from Lakeland already working there. A third is on the way.

Campopiano, who teaches at Florida Southern College, previously had his own primary care practice in New Hampshire.

He and Tammy Harris, a nurse practitioner who worked at LRMC, said they were drawn to working in an outpatient setting with people in serious need of regular, coordinated care.

"I love the fact it's primary care and the people we're going to serve," Harris said.

After opening this Tuesday, the center will be open 8 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. weekends.

A social worker will be on the clinic staff, along with business and medical office assistants. Peace River Center is stationing a mental-health worker there. A Medicaid representative will be available.

LRMC and Polk County are in the process of completing a contract under which some patients covered by the Polk HealthCare Plan will be able to choose the LRMC clinic as their primary-care provider.

That arrangement is part of a "safety net" model to be tested in Lakeland for providing health care for more of the county's lower-income uninsured.

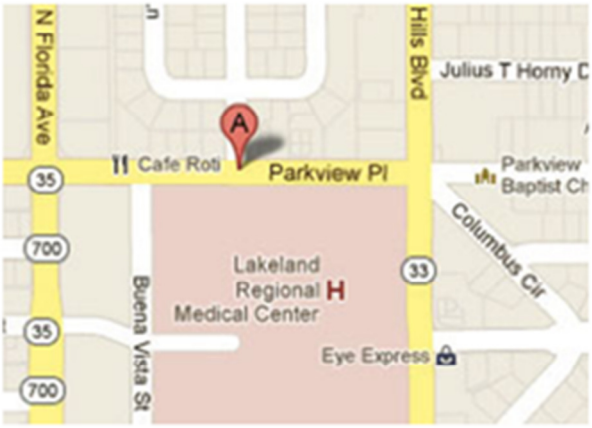
Polk HealthCare Plan is funded by the county's half-cent indigent care sales tax. It covers about 5,000 county residents now.

[Robin Williams Adams can be reached at robin.adams@theledger.com or 863-802-7558. Read her blog at robinsrx.blogs.theledger.com. Follow on Twitter at ledgerROBIN.]

Attachment 10

Attachment 11

Visit the LRMC Family Health Center Website at: http://www.lrmc.com/familyhealthcenter/



Phone: 863-687-1300
Hours of Operation:
Weekdays: 8 a.m. to 8 p.m.
Weekends: 8 a.m. to 5 p.m.