

HALIFAX HEALTH



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LIP Primary Care and Alternate Deliver Systems

Halifax Health Report
SFY 2011, SFY 2012

About Halifax Health

- Independent Health Care Taxing District
 - 678 licensed beds, 500 physician medical staff, 46 medical specialties, Level 2 trauma center
- Tertiary Care Hospital in Daytona Beach
- Community Hospital in Port Orange
- Large Hospice Program, New Home Health Pgm
- 4 Primary Care Sites

Halifax Health Service Area Demographics

- Taxing District Is Northeast Volusia County surrounding the City of Daytona Beach
- Service Area Includes 600,000 residents of Volusia and Flagler Counties



Community Benefit

Unpaid Cost of Public Programs FY2012

- \$24.1M Medicaid/Medicare Shortfall
- \$40.8M Uninsured Patients
- \$6.7M Physician Services
- \$1.2M Preventive Health Services
- \$1.9M Medicaid Match
- \$5.2M Trauma Services
- \$1.2M Neonatal and Pediatric Intensive Care
- \$0.3M Child and Adolescent Behavioral Svcs

- **\$80.2M Total Community Benefit**

LIP Primary Care Grant

Four Key Initiatives

1. Expanded Hours at the Halifax Health Community Clinic
2. New Access Point for the Young Adult Parents of the Children at Keech Street Pediatric Clinic
3. Expansion of Disease Management Program
4. Develop Emergency Department Diversion Program

Keech Street Pediatric Health Center Added Care For Parents

- Added Nurse Practitioner
- Added Medical Support Staff
 - LPN
- Added Business Services - Financial Counselor
- Added Clerical Support

Halifax Health Community Clinic Expanded Hours

- Added Nurse Practitioner
- Added Medical Support Staff
 - LPN and MedTech
- Added Family Practice Residents
- Added Business Services and Case Manager
- Hours Extended to 8pm M-F, Sat 8-4:30

Disease Management Program

- Added Case Manager
- Care Management Program To 122 Individuals
- Group Diabetes Education

Disease Management

	Before Program	1 year into Program
A1c < 7	44%	54%
LDL < 100	62%	71%
Urine MA <30	52%	59%
Blood pressure	44%	50%
Use of aspirin	N/A	75%
Annual foot exams	42%	82%
Ophthalmology referral	31%	55%
ER diversion	N/A	19 visits
ER visit for DM	N/A	1
Inpatient admission for DM	N/A	1

Develop Emergency Department Diversion Program

- Added Physician Assistant
- Added Case Manager
- Added Business Services - Financial Counselor

	2011	2012	Percent Chg
ED Visits	121,686	116,850	4.5% decrease
CC Visits	17,029	19,090	20.2% increase

Individuals Served, Services and Type

Part 1

Number of Individuals Served	Services Provided	Service Type Narrative
65	Chronic Disease Management	Care management program – Family Practice
57	Chronic Disease Management	Care management program – Community Clinic
72	Diabetes Self Management Ed	Diabetes education program with diet, exercise and medication management
79	Gestational Diabetes Ed	Prenatal diabetic education and management
12	Cardiac Rehabilitation	Telemetry monitored exercise and behavior modification for patients with cardiac disease.
11	Pulmonary Rehabilitation	Medically supervised exercise and education program for respiratory deficiencies.

Individuals Served, Services and Type

Part 2

Number of Individuals Served	Services Provided	Service Type Narrative
1405	Laboratory testing	CBC,
24	PAP smear	In community clinic
3120	Smoking Cessation	In community clinic and family health center
25	Urology	Elevated PSA, kidney stones, renal failure CA
10	Oncology	Lung cancer
35	Surgery	Spleen, lipoma, polyps, cyst removal
156	Family Practice Procedures	Colposcopy, endometrial biopsy, joint injections, skin lesion removal

Halifax Health LIP Tier-Two 3 Initiatives

1. CENTER FOR WOMEN & INFANT HEALTH
2. CONGESTIVE HEART FAILURE
OBSERVATION SERVICES
3. EXPANDED EMERGENCY DEPARTMENT
UTILIZATION AND DIVERSION

Halifax Health LIP Tier-Two Initiative 1

- CENTER FOR WOMEN & INFANT HEALTH
 - OB Hospitalists and MOREOB initiative
 - Quantifiable Outcome Targets
 - Decrease in number of unattended deliveries
 - Reduce Cesarean rate for first birth women

Halifax Health LIP Tier-Two Initiative 2

- CONGESTIVE HEART FAILURE OBSERVATION SERVICES
 - Congestive Heart Failure Observation Services
 - Establish observation services to manage low acuity CHF patients
 - Develop protocol for Order Observation Status
 - Quantifiable Outcome Targets
 - Reduce overall CHF readmissions
 - Reduce DRG 293 Length Of Stay average
 - Reduce overall DRG 293 admissions

Halifax Health LIP Tier-Two Initiative 3

- EXPANDED EMERGENCY DEPARTMENT UTILIZATION AND DIVERSION
 - ED Protocol to assess emergency status and divert non-emergent conditions to appropriate services using expanded financial counseling services.
 - Expand diversion to Port Orange ED
 - Expand hours of Daytona Beach ED
 - Quantifiable Outcome Targets
 - Number of patients diverted from hospital Emergency Rooms after Medical Screening Exam and prior to receiving services at the Emergency Room

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