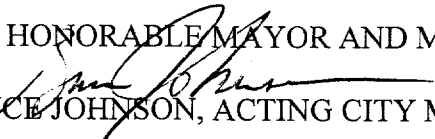


City of Alexandria, Virginia

MEMORANDUM

DATE: DECEMBER 9, 2011

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM:  BRUCE JOHNSON, ACTING CITY MANAGER

SUBJECT: ALLOCATION OF FUNDS FOR THE ARLANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. (ANHSI) SPECIAL TRANSPORTATION AND MEDICAL PROGRAM

ISSUE: City Council approval of allocation of \$75,000 from the FY 2012 Contingent Reserve for Access to Specialty Care and Transportation for certain patients of the ANHSI.

RECOMMENDATION: That City Council allocate \$75,000 previously set aside in the FY 2012 Contingent Reserves in the FY 2012 budget for the ANHSI Special Transportation and Medical Program through June 30, 2012.

BACKGROUND: As part of the FY 2012 approved budget Council set aside \$75,000 in Contingent Reserves to provide funding for the transportation (when needed) of ANHSI patients who require diagnosis and specialty care out of the area, frequently provided at the University of Virginia Hospital in Charlottesville as well as at other locations in the region. In addition, follow-up on this care, often requires additional medical tests and treatment, and transportation and medical care, would be covered in part by these funds.

DISCUSSION: Council will recall that this request was discussed during the budget deliberations last spring. Since then ANHSI, Health Department and City staff have met to discuss the request and have prepared additional information for Council. ANHSI also presented information on the program at a recent meeting of the City Council-INOVA Alexandria Hospital Task Force.

The \$75,000 would cover a total of 503 patient visits as follows:

- \$37,500 Transportation costs (503 visits);
- \$27,000 Specialist stipends (170 visits) and Laboratory and other diagnostic tests;
- \$10,500 Care Coordination, patient and family support)

The specialty care involved includes diagnosis, testing and treatment at the University of Virginia Hospital in Charlottesville as well as similar care in the Washington Metropolitan area as discussed below. A review of ANHSI referrals for specialty care at the University of Virginia (UVA) in 2011 reveals that the majority of specialty referrals through October 31, 2011 have been for gastroenterology, neurology, general and Cancer surgery and orthopedic surgery.

Other specialty referrals have included cardiology, endocrinology, and vascular and gynecological surgery.

In 2010, 167 patients were referred to UVA and in 2011, 141 patients through October 30, 2011 (follow-up visits to UVA are not included). An additional 178 referrals/contacts to UVA's financial aid office have been made by our nursing staff to help patients obtain some financial assistance to pay for this care.

ANHSI has also made 3,322 referrals to health care providers in the Greater Washington Metropolitan Area including referrals to providers in Northern Virginia, the District of Columbia and the National Institute of Health in the first 10 months in 2011, other than those referred to UVA and non-medical referrals to dentists, nutritionists, social workers and to other agencies.

Of the 3,322 non-UVA medical referrals, 2,228 were for adults and 1,094 for children. There were more than 100 referrals of adults for each of these specialties: gastroenterology, dermatology, orthopedics, urology, cardiology, surgery, including cancer surgery and ophthalmology. Other adult medical specialty care referrals were for allergy, anesthesiology, endocrinology, oncology, hematology, nephrology, infectious diseases, otolaryngology, podiatry, rheumatology, pulmonology, and for wound care and for hand, cardiac, vascular and cancer surgery.

When ANHSI asked one of their Women's Health nurses what the determining factor was for referring to UVA versus other specialties in our area, she responded that "if the patient is a resident of Fairfax County, we are able to access GYN specialty services for the woman through the INOVA Fairfax Hospital OB/GYN Clinic or through the INOVA Cares Clinic, but if the woman is a resident of Alexandria we refer them to UVA for evaluation and for potential surgery." Examples of UVA referrals from their Women's Health Program include hysterectomies, and breast, cervix and other cancer surgeries.

Pediatric specialty referrals (1,094 referrals) were for cardiology, endocrinology, oncology, allergy, otolaryngology, urology, pulmonology, perinatology, audiology, ophthalmology, gastroenterology, hematology, neurology, neurosurgery, orthopedic, dermatology, and pediatric psychiatry and surgery.

ANHSI has been a member of the Operations Committee of the Northern Virginia Project Access since it was established, and has been a prime user of its services for several years, primarily of pediatric specialty care. Project Access has been of assistance to ANHSI providers and patients by recruiting and orienting volunteer specialty practices throughout Fairfax and Alexandria and by scheduling patients with needed specialists. In the past year Project Access established a one-time fee of \$50 to help cover administrative fees. ANHSI's experience has been that parents go the extra mile to cover this fee for their children, but adults may go without the specialty visit because many are not able to cover the \$50 fee at the time.

In 2011 through October 31, ANHSI has referred 22 children for specialty care through Project Access to specialties such as dermatology, cardiology, pulmonology, urology, neurology,

orthopedic, allergy, gastroenterology, ear, nose and throat and ophthalmology (these referrals are included in the previously listed 1,094 pediatric referrals above).

When ANHSI asked the determining factor for referring children to UVA versus referring them through Project Access, their Pediatric Nurse indicated that if the child is uninsured and the health condition suggests that it may require surgery, they will refer them to UVA because if the surgery is made locally, the surgeon may reduce or waive the fee, but parents will need to cover the hospital, anesthesiology and other fees and the majority of them are not able to do so.

The Northern Virginia Specialty Care Access service was established this year. An Executive Director was appointed in the last couple of months, and ANHSI's Medical Director is a member of the Advisory Board. The project has begun to recruit specialty care physicians. ANHSI plans to use this service in the future, and it may reduce the need for seeking care out of the area.

The following are examples of some of the cases referred to UVA:

- A 52 year-old African American female, uninsured and from Alexandria, with severe anemia and fibroids, was referred to UVA for a hysterectomy in February, after searching for other resources in Northern Virginia. She was evaluated at UVA and a hysterectomy was performed in July 2011.
- A 60 year-old woman, uninsured and from Alexandria with post-menopausal bleeding was referred to UVA in October this year. She ended up having a total abdominal hysterectomy and was found to have Stage 3 endometrial cancer. She is receiving follow-up care at UVA's oncology department, including chemotherapy at UVA, where she needs to go several times a month.
- A Hispanic, 20 year-old young man also from Alexandria and in otherwise good health sought care at our health center for neck and shoulder pain. He had been troubled with pain on and off but had nowhere to turn. Uninsured and earning minimum wage, he was afraid to incur high medical bills. After exploring the symptoms with the patient, the physician became convinced that some underlying physical problem might be the source of his pain and ordered an MRI of the spine which revealed that the patient had a tumor pressing on his spine and needed to be evaluated urgently. UVA's neurosurgeons performed surgery within two days. If it were not for this prompt diagnosis and surgery, the patient could have suffered permanent neurological damage.
- A two year-old girl of African descent, uninsured and residing in the West End in Alexandria came to our health center with a history of multiple hospitalizations for illness, including very high fever, several episodes of pneumonia and poor growth. At age 2, her weight was appropriate for a child half her age. Her history of chronic cough and recurrent pneumonia suggested she might have asthma as an underlying factor. Our pediatrician evaluated the child but given the multiple hospitalizations for a 2-year girl and the fact that her development was already affected,

she referred the child to a local pediatric pulmonary doctor who evaluated the child and recommended a treatment plan. Six months into this regimen, the girl is now at a normal weight for her age and has had no further hospitalizations or pneumonias.

Transportation Program

ANHSI is seeking funds to assist in the transportation of those patients needing specialty care. The money would pay for gas for those who transport patients for medical treatment and testing. They have discussed the option of a volunteer program for transportation. However, given the large number of referrals to specialty care during the year as discussed earlier, there are important issues related to:

- Recruiting, training and coordinating the large number of volunteers that would be required. This would require a full time staff person to recruit, coordinate and manage the volunteer program.
- Issues of car insurance and liability.
- The need for reimbursement of fuel costs in a volunteer program is a deterrent.
- Many referred patients to UVA require an overnight stay
- The timing of the specialty care appointments is critical for a patient's health –ANHSI is concerned about totally dependence on a large number of volunteers to help patients with serious conditions get to their specialty care appointments. Missing such an appointment would be significant not only to the patient's health but also to our ability to access additional specialty care appointments if the volunteers are unable to drive them at the last minute.
- On many occasions, patients are required to prepare for their medical procedures ahead of time, such as for a colonoscopy and for other procedures. A cancellation by a volunteer will affect not only the timing of the procedure, but also the patient's motivation (in an already vulnerable population) to go through another preparation procedure.

FISCAL IMPACT: The \$75,000 in City funds would be used as follows: \$37,500 to reimburse those providing transportation (usually in private vehicles), but if applicable by public transportation for 503 total visits; \$27,000 for physician specialist stipends for 170 visits including laboratory tests & other diagnostic tests; \$10,500 for care coordination including staff time require for making referrals, arranging appointments and working with the patients and their families during the diagnosis and preparation for treatment and aftercare.

If the funds are not expended in total in FY 2012, they would be carried over to continue this effort in FY 2013.

STAFF:

Stephen A. Haering, MD, MPH, Health Director, Alexandria Health Department

Michele Evans, Deputy City Manager

Martha Wooten, ANHSI Executive Director