

# Catholic Health East

Community Benefit and  
Social Accountability Report  
for 2005

# Community Benefit:

## True to our Mission

- **“We continually seek ways to assure access to services to persons most in need.”**

# Community Benefit:

True to our Core Values

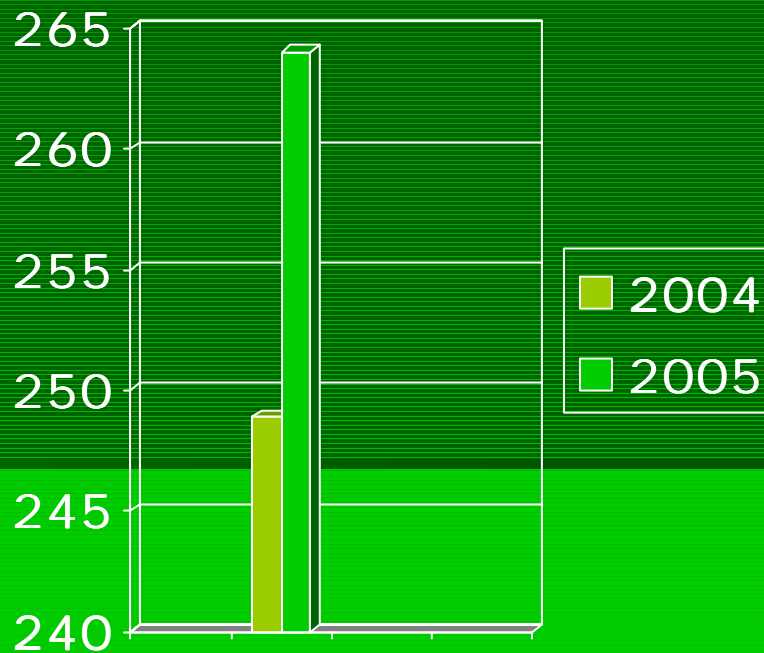
- **Commitment to Those Who are Poor:** We give priority to those whom society ignores.

**At CHE, these are much more  
than just words...**

**...our RHCs and JOAs have made demonstrable, strong, and quantifiable commitments to the poor and underserved of their communities .**



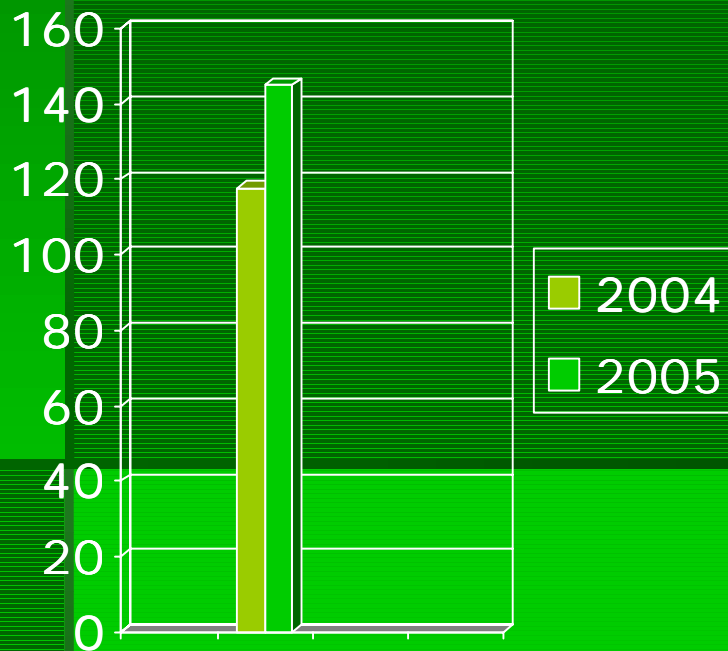
# “Walking the Talk”



- In 2005, Catholic Health East facilities contributed nearly \$264 million\* in “core community benefits”, a 6% increase over the prior year.

\*Figures include BayCare Health System and Catholic Health System of Western New York at CHE’s ownership percentage.

# “Walking the Talk”



- CHA recommends that health systems no longer include the “Unpaid Costs of Medicare” in their core community benefit calculations, as had been the practice in prior years.
- Reported separately, the value of Unpaid Costs of Medicare for CHE totaled nearly \$145 million in 2005, a 23.3% increase over the prior year.

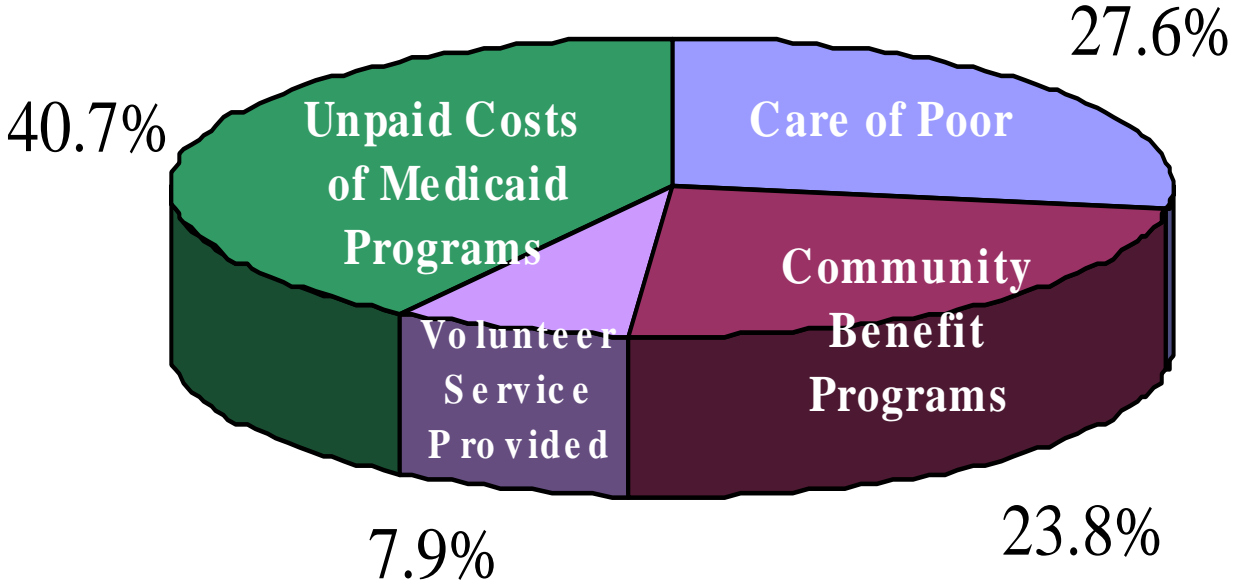
# By the numbers...

	<u>2004*</u>	<u>2005*</u>	<u>% change</u>
Charity Care	61,292	72,771	+ 18.7
Community Services	65,618	62,787	- 4.3
Volunteer Services	18,579	20,837	+ 12.2
Unpaid Costs of Medicaid Programs	<u>103,426</u>	<u>107,555</u>	+ 4.0
<b>TOTAL</b>	<b>248,915</b>	<b>263,950</b>	<b>+ 6.0</b>
Unpaid Costs of Medicare Programs	117,455	144,878	+ 23.3

\*Figures include BayCare Health System and Catholic Health System of Western New York at CHE's ownership percentage.

**2005**

**Social Accountability - Community Benefits**



# Components of Community Benefit Calculation

- **Charity Care**
- **Community Services**
- **Volunteer Services Provided**
- **Unpaid Costs of Medicaid**

# Charity Care

- Represents the cost of services provided to those who otherwise would be unable to access care due to lack of resources
  - Uninsured and/or underinsured
  - Determination made according to charity care policy; no payment expected
  - **\$72.7 million** in charity care provided in 2005, a nearly 19% increase over the prior year



# Community Services

- Represents the value of the programs and services provided by CHE facilities for which no patient bill is generated.
- Examples include community health fairs, outreach programs, health screenings, educational programs, and free prescriptions.
- Nearly \$63 million in Community Services documented by CHE facilities in 2005, a 4.3% decline from 2004.
- The decline is due to “better data”; we have refined the criteria re: what gets reported (e.g. eliminating “promotional” events) and applied a consistent standard throughout CHE.

# Example I:

## Project H.O.P.E./Lourdes health System

- Strives to improve the health and well-being of the homeless population of Camden, New Jersey
- Targets individuals who suffer from disabling medical conditions, behavioral health disorders and addictions.



# Example I:

## Project H.O.P.E./Lourdes health System

- Case Study: “John Smith”
- One year ago, Mr. Smith was homeless, an active drug abuser, suffered from depression and severe back pain, and had a cholesterol level of 327.
- Project H.O.P.E. intervened, offering weekly counseling sessions, ongoing encouragement and support, and referrals for treatment of his physical and mental ailments.
- Today, Mr. Smith’s life has improved dramatically. He has a place to live, exercises daily, and has changed his diet; his cholesterol level has dropped 100 points.

## **Example II:**

### **Drive-thru Flu Shots**

### **Mercy Health System of Maine**

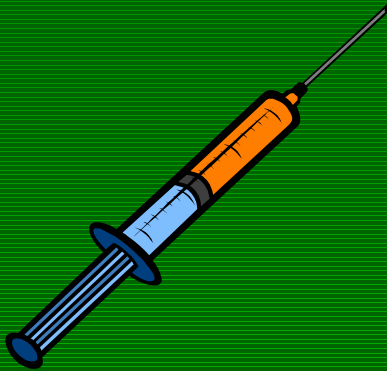


- **Problem:** With the dangerous flu season approaching, some of the area's most vulnerable residents – senior citizens, and others on fixed incomes - were expected to “pass” on obtaining flu shots due to their inability to pay or access these shots.

## **Example II:**

### **Drive-thru Flu Shots**

### **Mercy Health System of Maine**



- **Solution:** In conjunction with a local home health organization and student volunteers, Mercy organized a free “drive –thru” flu shot clinic; over 160 people were immunized from the comfort and convenience of their cars!



- This innovative program reached people who would otherwise have not been immunized...and thus, quite possibly, saved lives.

**Example III:**  
**Early intervention clinic**  
**Saint Joseph's health system**



- **Problem:** Indigent HIV-infected clients face many ongoing obstacles to obtaining effective care, and lack access to needed medications and dental services.

## **Example III:**

### **Early intervention clinic**

### **Saint Joseph's health system**

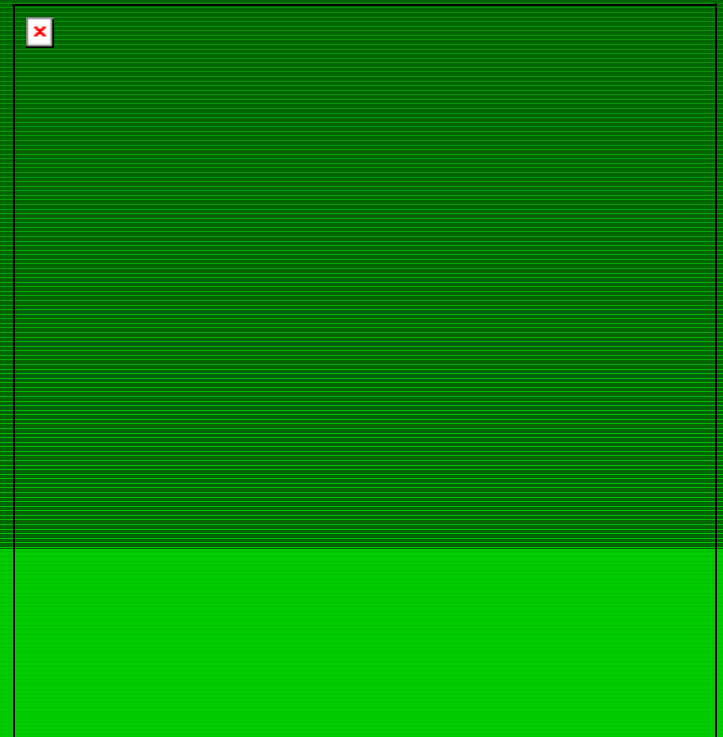
- **Solution:** Clients from throughout the health system are referred to Saint Joseph's Mercy Care Services for medical and dental services, counseling, assistance with locating shelter and housing.
- Some of these services are difficult if not impossible to find elsewhere in the area.

***“People with HIV need lots of different things. They need shelter, food and to stay drug-free. Mercy Care makes sure you have help with all that...every time I come to Mercy Care I get lifted up by my angels. I get what I need most...a hug.”***

*Sam  
EIC Client*

# Volunteer Services

- Represents the value of the time donated by CHE health professionals to staff community service programs, functions and services.
- Almost \$21 million in Volunteer Services documented by CHE facilities in 2005. *(NOTE: This calculation does NOT include the value of the services provided by “traditional” hospital volunteer programs).*



# Unpaid Costs of Medicaid

- Represents the cost associated with providing care to indigent patients in excess of payment received from State or managed care contracts
- Nearly \$108 million in unpaid Medicaid costs documented by CHE facilities in 2005, up 4% from the prior year.



# Unpaid Costs of Medicare

- Represents the cost associated with providing care to Medicare patients in excess of payment received
- Over \$144 million in unpaid Medicare costs documented by CHE facilities in 2005, a 23% increase from 2004.



# Where Do We Go From Here?

- **Celebrate!** Recognize and thank facilities and individuals who are responsible for all of the great efforts to date. *We ARE a transforming, healing presence in the communities we serve.*
- **Spread the Word.** Share this information with internal and external audiences...RHC/JOA publications, Horizons, Annual Report, web site, etc.
- **Improve.** The need is still so great. How can we stretch ourselves to serve even more? We will learn best practices from each other...and others.