

**ROUNDTABLE DISCUSSION ON INDIGENT CARE**

**BOARD OF COUNTY COMMISSIONERS**

**AUGUST 10, 2005**

A meeting of the Board of County Commissioners was held at Charlotte County Environmental Campus, Room B, in Port Charlotte, Florida. The following members were present: Chairman Sara Devos and Commissioners Thomas G. Moore, Adam Cummings, Thomas C. D'Aprile, and Matthew D. DeBoer. Also in attendance were County Administrator Bruce D. Loucks, Executive Assistant Stacey Miller, and Supervisor of Minutes Diane J. Nice. The meeting was called to order at **9:10 A.M.**

**1. Welcome**

**Chairman Devos** welcomed everyone and explained the purpose of the roundtable is to discuss indigent care.

**2. Introductions**

**Chairman Devos** introduced Representative Michael Grant, Legislative Aid to Michael Grant Maureen Garrard, Commissioners Cummings, D'Aprile, Moore, and DeBoer, Human Services Director Victoria Carpenter, Fire Chief Dennis DiDio, County Administrator Bruce D. Loucks, Legislative Aid to Representative Paige Kreegel Bert Coslow, and Fawcett Memorial Hospital CEO Tom Rice. Mr. Rice outlined the format for the meeting and the need to decide on appropriate steps and introduced Charlotte Regional Medical Center CEO Josh Putter, St. Vincent DePaul Community Pharmacy of Charlotte County Executive Director James King, Peace River Medical Center CEO David McCormick, Charlotte County Health Department Director Dr. Joseph Goggin, Health Department Administrative Services Director Larry Bebee, Charlotte County Medical Alliance Society President David Klein, and Englewood Community Hospital CEO Wendy Brandon who could not be present but has volunteered to participate in future endeavors.

**3. Presentations**

Mr. Rice reported the need for indigent care facilities for uninsured is increasing; the last count reflected 50 million Americans were uninsured; many counties including Charlotte have worked to absorb associated costs with the assistance of

hospitals, health departments, and charitable organizations but it is not very efficient; advised 81.5% of working age adults in Florida lack health insurance coverage; 75% have incomes less than 250% of the Federal poverty level; more than one-half of uninsured Floridians have been without coverage for more than a year and about 62% have paying jobs; more than 25% are employed by firms with four or fewer employees and do not offer health insurance; from 1999 to 2004 the percentage of uninsured Floridians has increased from 16.8% of the total population to 19.2% or 2.7 million Floridians do not have health insurance; Florida's uninsured average is higher than the National average; Miami Dade has the highest of uninsured at 28.7% and Charlotte County is tied for second at 24.4%; Charlotte, Lee, and Collier Counties have 4.9% of all of Florida's population and 6.5% of the uninsured Florida population; now is the time to develop and implement strategies to address this issue. Josh Putter, Charlotte Regional Medical Center CEO, reviewed graphics on Emergency Room (ER) visits between 5:00 AM and 5:00 PM and 5:00 PM to 5:00 AM; in 2003 there were 74,846 visits, in 2004 there were 80,000+ visits, and in 2005 there are almost 86,000 visits projected; the average wait ERs is over 3 hours in season and about 2.5 hours in the summer; a lot of people use the ER as their first stop for care since they do not have primary care physicians or insurance; about 30% of ER visits occur between 5:00 PM and 11:00 PM and 70% of the visits occur during the other 18 hours; the trend to use ERs is growing; and alternatives need to be developed before a significant increase in ER visits causes patients to be turned away or shipped out of County. David McCormick, Peace River Medical Center CEO, stated 20% of ER patients do not need emergency service but Federal and State laws require the services be provided; the costs are very high for equipment, nurses and technicians; the 20% are using high level resources for non-emergency occurrences; hospitals are overwhelmed with patients during the winter and some patients are being shifted and referred outside of the County; larger facilities are not the solution; and alternate facilities such as clinics might serve these patients. Dr. David Klein, Charlotte County Medical Alliance Society President, referenced major medical cases that could have been taken care of in the early stages to reduce medical costs and commented on retired physicians and medical personnel who are willing to help. Joseph Goggin, Charlotte County Health Department Director, pointed out the number of people coming to the Department have increased due to the lack of insurance and lost jobs; clinics close at 5:00 PM; discussions have been held on keeping clinics

open after 5:00 PM and funding to re-establish the medical caravan. Dr. Mark Asperilla stated ER visits are increasing due to difficulties in accessing primary care physicians and a lot of people cannot afford to buy prescriptions even after seeing a physician. James King, St. Vincent DePaul Community Pharmacy of Charlotte County Executive Director, explained the workload has significantly increased in the last two years as shown by the data for the first six months of 2003 and 2004, e.g. 167 more applicants, 3,754 more prescriptions dispensed, and the cost value of the medications has increased by \$271,036; medical costs have increased every month by 26%, 19%, 51%, 27%, 46%, and 34% over last year; the problems causing the need must be identified because 62% of the uninsured have paying jobs. Michael Grant, Representative, agreed with the need, expressed a willingness to work on securing State funding, questioned the availability of a facility, pointed out Florida State University has a training program in Sarasota County, and he will look into the possibility of extending that program. Bert Coslow, Legislative Aid to Representative Paige Kreegel, indicated Representative Kreegel would be interested in the issue since he is a medical doctor. Mr. Rice advised Congressman Mark Foley and Dick Keen have pledged support and willingness to work in securing Federal monies.

#### 4. Questions and Answers

**Chairman Devos** related, during a conversation yesterday, Congressman Foley indicated he is anxious to be a participant in finding a solution. **Chairman Devos** requested the impact of the uninsured on Fire/EMS collections. Dennis DiDio, Fire Chief, reported on the over \$1 million in uncollectible debt; people who know the system and know how to beat it are known as "frequent flyers"; probably a lot of people who make the 911 calls do not need to go to the hospital and tie up EMS vehicles; and some overflow calls are referred to Ambitrans. **Chairman Devos** concluded the same thing is occurring with EMS as with ER situations. **Commissioner D'Aprile** commented on the difference in interpretations on the need for emergency treatment between patients and ER staff; stated three or four alternative facilities will be needed to facilitate minor emergencies; and the public needs to be educated on what constitutes an emergency and the best facility for the need. Dr. Klein agreed on the need to educate the public about this new concept and available facilities. Chief DiDio informed the group that the Public Education Department talked to more than 55,000 people last year

on emergencies. **Chairman Devos** concluded future dialogue will be necessary on (1) treating non-emergencies in the ER, (2) lack of after work health facilities, and (3) lack of medications and facilities locations and suggested establishing a subcommittee to search for solutions. **Commissioner Moore** requested a practical vision from Mr. Putter. Mr. Putter suggested clinics be established with service between 3:00 PM and 9:00 PM to treat ear infections, minor cuts, abrasions, and provide preventive care and reported Ocala and Ft. Myers are looking for alternatives. Mr. Putter stated Peace River Medical Center is a for-profit entity that pays taxes, about \$200,000 goes to the General Fund that could be utilized for this purpose, indicated hospitals would be willing to chip in funds and supplies, in conjunction with Federal and State funding, to provide non-emergency services and lift the burden off of ERs. **Commissioner Moore** questioned the type of clinics that could be operated for \$600,000. Mr. Putter stated for about \$500,000 a clinic with staff and one and one-half full time physicians could operate on a 40-hour a week basis. Mr. Rice suggested building on what is available through the Health Department for space and funding; stated the solution will involve multiple factors including shared services with volunteers and County funds for matching grants. Bruce D. Loucks, County Administrator, pointed out issues have been raised on accessing health care and the need for education, accessing physicians outside of normal office hours, and uninsured and underinsured people. Mr. Loucks requested the ratio of primary care physician groups to the population, the number of local businesses that do not offer medical coverage as well as data on the workforce by age and income levels. Representative Grant suggested an analysis of data on the number uninsured versus insured people. **Chairman Devos** pointed out the potential for a new Charlotte County Health Department facility. Dr. Goggin suggested an evening clinic; explained the Englewood site has been open; Mid-County lacks a site although a clinic is in the works on Loveland Boulevard; the temporary site will not be ready to be open until December 2005 or January 2006; secondary space to lease is necessary for the WIC program for 8:00 AM to 5:00 PM with an evening clinic until 8:00 or 9:00 PM; the Punta Gorda facility has been cleaned out and, hopefully, a contract between the City of Punta Gorda and Matthews Taylor is being negotiated but it will probably be about six months until the facility is in operation; and a meeting has been scheduled today on the new building. Mr. King pointed out some people cannot afford to pay for prescriptions or lab work; suggested these ancillary

services need to be a part of the solution; and stated the perfect vision is that everyone would have medical insurance. **Commissioner Moore** commented on meetings in West County on community health issues and one of the biggest issues was the unawareness of available services. **Chairman Devos** advised Continuing Care groups get together to share knowledge and resources every Thursday. Victoria Carpenter, Human Services Director, commented on the efforts of social workers and 211 representatives. Mr. Rice indicated he has had two contacts recently from a person who have operated an indigent clinic outside of Florida and another person who worked with pharmaceutical companies on indigent programs and this is the first joint meeting with hospital representatives, Health Department officials, and Commissioners. Mr. King advised he ran an indigent clinic for four years. Mrs. Carpenter stated the 211 service has helped and should be included in efforts to educate the public. **Commissioner DeBoer** stated it is premature to talk about resolutions to the problem; recommended a panel be established to investigate and identify possible solutions with economic factors; General Fund expenditures for health care, e.g. the Mental Health Clinic and unpaid bills under the Medicaid reimbursement program, far exceed ad valorem taxes paid by the three hospitals; and clinics should be readily accessible, maybe adjacent to ERS. **Commissioner D'Aprile** suggested existing facilities be contacted to ascertain information. Maureen Garrard, Legislative Assistant to Representative Grant, stated many of Florida's 67 counties have addressed these issues including a sales tax for indigent care and suggested working with the Florida Association of Counties and fund raising entities. **Chairman Devos** recalled a meeting on indigent care, suggested contacting representatives in Hillsborough and Alachua Counties, and volunteered to serve on an ad hoc committee. Dr. Goggin volunteered; Mr. Putter stated the three hospital representatives, Dr. Klein, and Mr. Keen would be willing to serve. Mr. King stated the vast majority of people that this will help are in great need and there will always be people who take advantage and requested the percentage of calls who take advantage of the system versus true calls. Chief DiDio stated a small percentage. Mr. King indicated a positive approach should be followed to help uninsured indigent and workforce people. **Commissioner D'Aprile** pointed out criteria needs to be established to prevent people from taking advantage. Dr. Goggin stated it would have to be run as a business with a sliding scale for payments. Ms. Garrard

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suggested partnering with training programs and medical schools.  
**Chairman Devos** circulated a sign-up sheet.

**MEETING ADJOURNED: 10:25 A.M.**

Signature on file in Commission Minutes

Sara J. Devos  
Chairman

**ATTEST:**

BARBARA T. SCOTT, CLERK  
OF THE CIRCUIT COURT AND  
EX-OFFICIO TO THE BOARD  
OF COUNTY COMMISSIONERS

By: Signature on file in Commission Minutes  
Deputy Clerk

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