

State of Health Care System in Manatee County: Findings and Analysis

a report prepared for

The Manatee Chamber Foundation

by

The Center for Research in Healthcare Systems and Policy

and

The Institute for Public Policy and Leadership



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Preface

This report was compiled to identify the factors that determine the effectiveness and efficiency of health care services delivered in Manatee County, Florida. Prepared by a team of researchers led by the USF College of Business in Sarasota, this report was prepared in fulfillment of the contract signed by the Manatee Chamber Foundation on December 18, 2007.

Consistent with the contractual agreement, the aims of this study were to assess (1) the health care delivery system, (2) challenges to the Manatee County health care system (MCHCS), (3) health care resources, and (4) health care organizing and financing.

To investigate these issues as comprehensively as possible, a multi-disciplinary research team carried out a multi-method assessment of primary and secondary data. Secondary data included demographic trends and health statistics drawn from a wide range of county and state agency sources. The primary data were gathered through surveys of physicians, citizens, and business owners in Manatee County that were developed specifically for this study.

Additionally, data was gathered during seven focus groups, three “town hall” meetings, and 40 interviews with key individual stakeholders of MCHCS. The research elicited information or feedback from an inclusive representation of Manatee County constituents.

The commentary in this report is organized around six key themes that emerged from triangulating analyses of the primary data with trends evident in the statistics extracted from secondary sources. It is important to note that these themes are not mutually exclusive and, in many cases, overlap in some dimensions. This highlights the many issues that cross-cut existing roles and responsibilities, and present persistent challenges to the effectiveness and efficiency of the MCHCS. The six broad themes are:

- Resource allocation
- Costs

- Demographics
- Coordination and information exchange
- Regulatory issues
- Dissatisfaction

In the following sections we provide an outline of the research undertaken, followed by an overview of MCHCS, and a brief description of the findings organized by each of these six themes. Each description includes references to the data which appear in the appendices that accompany this report. A description of the data collection, sources, and analytical methods used introduces each appendix. Lastly, a conclusion section follows each theme in which sample recommendations are presented on how to begin addressing the issues identified.

It is our hope that the current document will serve as a vehicle for reflection on the strengths and weaknesses of the MCHCS. Many of the findings identified in this study identify opportunities for Manatee County to determine its healthcare future and to propel the state of health care delivery – and the health of its residents – forward.

Introduction

As the system of health care in the U.S. continues to evolve, the Manatee County health care system (MCHCS) experiences a variety of challenges. Even though the U.S. health system has grown in sophistication, its complexity has failed to provide the expected quality of health care benefits. This complexity affects the organization, resourcing, access and financing of healthcare in Manatee County. In order to identify the challenges faced by Manatee County, researchers at USF Sarasota-Manatee, the Center for Research in Health Care Systems and Policies (CRHSP), and the Institute for Public Policy and Leadership (IPPL) designed a study of the current MCHCS.

Project overview

The multidisciplinary research undertaken aims to identify a starting point from which to begin to address issues inherent in the system, particularly those that reduce the efficacy of coordination and delivery of care within and among organizations. During this project the research team conducted a system-wide study of the factors that affect the efficiency and effectiveness of health care services within the county.

Local authorities have been challenged by the significant economic changes experienced in the U.S. in recent years. The crisis in the financial markets exacerbates the burden of national health care expenditures (accounting for 16% of 2006 Gross Domestic Product). Such financial pressures manifest themselves in many facets of the local health care delivery system, affecting both availability of and access to health care and the equity of healthcare resource distribution within the county. In tough economic times, differences in the availability, quantity, quality, access and utilization of health care services among county residents of different demographic and socioeconomic groups are highlighted.

In order to be able to sustain a healthy community, residents should have access to health care – as well as equity of healthcare service quality.

In today's increasingly complex health care system, there are many barriers that limit access to care and contribute to inequalities of service. The following sections strive to identify some of those barriers, and reflect on local care capacity.

Challenges faced by Manatee County

According to the Florida Research and Economic Database, Manatee County has seen a population increase somewhat higher than the state of Florida over the ten year period 1997-2007; while Florida saw an impressive 25.1 percent increase, Manatee County saw an even larger increase of 28.7 percent (Table 1.) This surplus of workers has manifested itself in a higher unemployment rate (7.3%) than Florida (6.8%) or the United States as a whole (6.1%) (see Table 2). This population change has also shown itself in a lower weekly wage of \$694 for Manatee County, relative to the statewide average weekly wage of \$810 (Table 2). Manatee's average wage would be equivalent to \$17.35 per hour or \$36,088 per year, assuming a 40-hour year-round work week.

Table 1

Area	1997 Population	2007 Population	1997-2007 Percent Change
Manatee County	245,505	315,890	28.7%
Florida	14,938,314	18,680,367	25.1%

Table 2

Area	Average Weekly Wage
Manatee County	\$694
Florida	\$810

This heightened unemployment rate and depressed average wage implies a relative difficulty for the average Manatee resident to find an employer who offers competitive insurance benefits. This dynamic, in turn, has the ultimate effect of shifting the burden of care onto the shoulders of government and charity assistance.

Table 3

Area	Civilian Labor Force	Number Employed	Number Unemployed	Unemployment Rate	Preliminary Data
Manatee County	154,878	143,521	11,357	7.3%	Yes
Florida	9,384,000	8,747,000	637,000	6.8%	Yes
United States	155,387,000	145,909,000	9,479,000	6.1%	No

Additionally, the employment outlook for graduates of Manatee County high schools is bleak. For example, according to the Florida Department of Education, 60 percent of Manatee High School's 2006 graduates found employment by the end of the year, with average earnings of \$10,228 per year – less than one-third of the county's average annual wage and barely above the federal poverty line. If these new graduates do not have affordable insurance through their employers (which is almost certainly the case), the burden of care is shifted onto public assistance and charity or their parents. Moreover, these statistics do not include teenagers who have dropped out of school – such as young mothers who did not complete high school and who accounted for 36 percent of Manatee County births in 2006 – and whose employment options are especially limited (Table 4).

Table 4

2006 Manatee County Resident Births										
Mother's Education Level	Mother's Race									
	White ¹	%	Black	%	Other Non White	%	Unk	%	All Race	Total %
Less than high school education	1,244	36.6%	161	30.9%	82	37.6%	1	50.0%	1,488	36.0%
High school graduate or higher	2,150	63.3%	360	69.1%	136	62.4%	1	50.0%	2,647	64.0%
Unknown education	4	0.1%	0	0.0%	0	0.0%	0	0.0%	4	0.1%
All Education	3,398	100%	521	100%	218	100%	2	100%	4,139	100%
Data Source: Florida Department of Health, Office of Vital Statistics, Florida Birth Certificate										
Data Notes: Blanks in percent columns indicate a denominator of zero. Data for Florida residents only.										

¹ Florida Department of Health includes Hispanics in this category

Health care delivery system

Hospital emergency room (ER) utilization and the challenges faced by health care providers are frequently discussed in the national arena. Manatee County also has its fair share of such challenges. The 2006 AHCA data summarized in Table 5 provide some local context for these concerns.

Table 5

Facility	Total ER Visits	Average Charges	Total Charges
Blake Medical Center	20,638	\$2,110	\$43,538,868
Manatee Memorial Hospital	43,194	\$1,424	\$61,487,097

The AHCA data need to be interpreted with some care, even though these two local hospitals share a similar facility size. Manatee Memorial Hospital (MMH) has evolved into a ‘magnet’ service provider for the community. The difference in the total number of ER visits in Table 5 is affected by several factors, including MMH’s ‘indigent care service’ agreement with Manatee County; its geographic location, and the historical standing of MMH as a provider of ‘walk in’ care for the underinsured/uninsured. Although the level of patient traffic differs significantly in Table 5, it should be borne in mind that these data do not differentiate the level of care sought. Initiatives within the county divert non-urgent cases from emergency rooms to more appropriate providers: for instance, visits requiring triage only have been reduced significantly as the result of emergency room diversion initiatives. This is a welcome trend: however, perceptions persist that emergency room services are not used to their optimum capacity.

Table 6

Facility	Pay Source	Total ER Visits	Average Charges	Total Charges
Blake Medical Center	State/County	21	-	-
Manatee Memorial Hospital	State/County	1,208	\$1,893	\$2,287,000

The significance of this issue is illustrated in Table 6. Specifically, in 2006, Manatee Memorial Hospital serviced over 14,400 patients categorized as ‘self pay’. These encounters often result in under- or uncompensated service provision, negatively impacting care coordination and administration.

Health care resources

Based on Florida 2008 AHCA registration records, Manatee County is served by 94 health care facilities (Table 7).

Table 7

Facility Type	Number
Skilled Nursing Facilities	13
Assisted Living Facilities	37
Home Health Agencies	27
Ambulatory Surgical Centers	7
End-Stage Renal Disease Treatment	5
Hospitals ¹	5

¹ Manatee Memorial Hospital, Blake Medical Center, Lakewood Ranch Medical Center, Manatee Glens and Manatee Palms Youth Service

The respective service capacities of these facilities are provided by AHCA reporting of its 2006 census: Table 8 provides more detail.

Table 8

	Number	County Rate Per 100,000	Quartile	State Rate Per 100,000
Facilities				
Total Hospital Beds	909	293.3	3	315.6
Total Acute Care Beds	764	246.5	3	263.4
Total Specialty Beds	145	46.8	3	52.2
Total Nursing Home Beds	1,562	503.9	3	447.8
Providers*				
Total Licensed Dentists	134	43.2	3	62.8
Total Licensed Physicians	538	173.6	3	267.4
Total Licensed Family Practice Physicians	46	14.8	3	17.4
Total Licensed Internists	92	29.7	3	47.0

Total Licensed OB/GYN	26	8.4	4	9.7
Total Licensed Pediatricians	37	11.9	4	17.7

* Physician census is based on Fiscal Year 2006

It should be noted that, with the exception of nursing home bed numbers, the county health care resource capability rates are consistently below the state rates. This trend is especially amplified when we analyze the provider numbers. The totals for licensed physicians and pediatricians are considerably below the state ratios, which is a cause for concern.

In addition to the above numbers, Manatee County also benefits from the services of numerous for-profit and not-for-profit agencies that provide a broad range of health care services. The data in Table 9 were extracted from Manatee County Community Services records: however, they do not provide an exhaustive list.

Table 9

Facility Type	Number
Children's Services, Non-Profit Agencies	43
Planning/Special Projects, Non-Profit Agencies	22
Health Related Associations and Walk in Clinics Serving Manatee Citizens	15

Manatee county residents, especially those with limited capability in securing health coverage, benefit from the multitude of services provided by Manatee County Rural Health Services, Inc. (MCRHS), a private not-for-profit corporation which operates 18 rural health care clinics. One center is located in Sarasota County, two centers are located in DeSoto County, and the other 15 centers are located in Manatee County.

In 2007 AHCA identified MCRHS as one of the Federally Qualified Health Centers (FQHCs) to receive \$1.2 million for a pilot program comprising the Primary Care Access Network (PCAN). This fortunate situation presents an opportunity for county leaders to explore the options for structuring and organizing healthcare resources and operations so as to optimally serve the population of Manatee County.

Efforts to further improve the coordination and collaboration between major care providers in the county would, in our view, improve transparency and effectiveness of resource allocation. Federal Qualified Health Centers receive some funding directly from the Federal government. There is an opportunity to leverage these funds through information sharing between organizations: this could significantly improve access to and utilization of healthcare resources in the county.

Manatee Glens is one of the mental health care providers in Florida. Specialty services include child welfare, hospital-based treatment and crisis services. Manatee Glens serves over 10,000 patients annually. All ages are served; all treatment programs are for substance abuse or mental health problems. In addition, education programs are provided for school-age patients. Unfortunately, despite the degree of importance that mental health plays in an individual's life, it often is overlooked by the general public. Literature indicates that approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.

Manatee County's demographics and socio-economic makeup signal that it will face challenges in the near future to provide adequate mental health resources: this signal should not be ignored. The plethora of mental health studies makes the impact of serious mental illness on individual lives clear. Additionally, mental illness affects children, adolescents, adults, and older adults of all ethnic and racial groups, both genders, and people at all educational and income levels.

Adults and older adults have the highest rates of depression. Major depression affects approximately twice as many women as men. Women who are poor, on welfare, less educated, unemployed, and from certain racial or ethnic populations are more likely to experience

depression. A significant number of aging citizens reside in Manatee County, and population estimates for the years ahead project an increasingly aging population in the county. In addition, depression rates are higher among senior citizens with coexisting medical conditions. For example, 12 percent of seniors hospitalized for problems such as hip fracture or heart disease are diagnosed with depression. Rates of depression for senior citizens in nursing homes range from 15 to 25 percent. This is a significant issue: Manatee Glens is well positioned to step up to the challenge it presents.

This is an example of an opportunity to better serve the residents of Manatee County. Information sharing and collaborative management of resources could have a significant impact on the quality, availability, and equitable access to a wide range of healthcare services. Federally Qualified Health Centers provide a comprehensive range of services, including primary, dental, mental health, substance abuse, hospital and specialty care to all residents in the community regardless of their ability to pay. While the focus of health center services is primary and preventive care, they are expected to have ongoing referral arrangements with one or more hospitals. Collaborative initiatives such as the Discounted Medical Services Plan provided by MCRHS demonstrate the potential of partnerships between public and private providers and government to move towards seamless, affordable health care for all residents in the county.

Health care organizing and financing

Stakeholders have quite disparate opinions on the sufficiency of the number of specialists practicing in Manatee County. Many of the physicians interviewed acknowledged the deficiencies in some areas but also quickly point out that these deficiencies are only highlighted when there is an unexpected need for services of certain specialists (e.g., in emergency rooms), but not necessarily in situations where the health care consumer is demonstrating a steady demand for specific specialties. AHCA data (Table 10) provide an overview of surgical procedures carried out in 2006: however, local shortages at specific points in time are not revealed by such summary data.

Table 10

Facility	Total Visits	Average Charges	Total Charges*
Blake Medical Center	6,031	\$8,058	\$48,596,862
Bradenton Surgery Center	1,360	\$627	\$852,950
Gulf Coast Surgery Center	3,760	\$4,562	\$17,153,675
Lakewood Ranch Medical Center	3,596	\$6,232	\$22,409,069
Manatee Memorial Hospital	19,888	\$4,154	\$82,609,506
Manatee Surgical Center	11,584	\$2,324	\$26,924,203
The Eye Associates Surgery Center	3,200	\$1,885	\$6,032,585
The Surgery Center At Pointe West	6,278	\$3,553	\$22,308,702
Total	55,697		

* Total charges to all payer types

The data reveal a procedure per capita ratio of approximately 18%, which is significantly higher than the average for the state (14.3%). When we consider the services provided at ambulatory surgery centers, once again Manatee Memorial Hospital is the sole service provider (at least based on the AHCA reports) of the 'other state/local government' payer group with 667 visits and an average charge of \$4,932, resulting in total charges of \$3,289,643.

When we discuss the availability (or scarcity) of certain specialties we have to be cognizant of the very unique demographic makeup of the county (Appendix A.) We should also be pragmatic about the dynamics of the market economy and how it would parlay into the health care delivery challenges experienced by the Manatee County Health Care System.

Patient lack of service awareness (e.g., mental health, rural care)

One of the most salient characteristics of missing the opportunity to take advantage of a healthcare service offering is that the individual was unaware that the offering had ever existed in the first place. Throughout our studies, the lack of awareness of many health care related matters was one of the key deficiencies (spanning over broad range of minor and major issues) observed among the many stakeholders.

One of the more discouraging findings of our study was the widespread lack of awareness of the availability of services among citizens, especially among those who were not insured and

those who had insurance coverage through a governmental plan. During our interviews with community group representatives and a cross-section of Manatee County residents, it became apparent that there is a significant disconnect between the availability of healthcare delivery points and awareness of them. The degree of disconnection is significant: however, it could not be attributed to a single causal factor. Rather it appears to be a result of gradual but piecemeal growth and the inevitability of inconsistencies that arise when change affects any complex system.

Among the uninsured and underinsured, the most prevalent notion was that there were no reliable resources for continued health care: consequently, the emergency room is seen as the place to go when sick. This perception has become more prevalent as more and more businesses find themselves unable to offer comprehensive health insurance plans to their employees.

The selective coverage choices offered by the insurance carriers to the business owners – especially small to mid-sized businesses – not only put a financial burden on the business owners but also burden them with the moral dilemma of keeping the number of employees on the payroll intact or offering plans that would result in fewer insured and employed staff.

Those employees who are fortunate enough to have a health plan enjoy the physician care which also is often well-coordinated in the event that multiple specialty services are required. The most depressing encounters for the physicians and hospitals are the incidences where the continuity of care is suspicious due to lack of insurance or proper coverage. Unfortunately, patients cognizant of this fact seldom attempt to seek intervention for their declining health conditions, eventually finding their ways to hospital ERs regardless of the severity of their conditions.

The two primary ERs in Manatee County have patient pools that are effectively self-selecting. Within the county - as the AHCA data set out in Table 5 suggest - Manatee Memorial Hospital encounters the broadest array of service needs presented at its ER. The evolution of MMH's

services, policies and socio-economic and demographic trends combine to produce significant challenges. The persistence of these challenges suggests that the ER is an important barometer not only for physicians and administrators but also those who strive to improve health care delivery. Despite the positive impacts of diversion programs and other initiatives, inconsistencies in patient care coordination and deficiencies in providing access to basic medical intervention continue. Analysis of uninsured patient ER encounters over ten years identifies a significant proportion that might have been more effectively managed at a health clinic or medical home (designated primary care provider). Even though some may believe that hospitals benefit from ER visits, this is true only to the extent of reimbursement. The overall financial – as well as perceptual – costs to the hospitals serving the uninsured are ameliorated only by the altruism that accompanies the serving of the underprivileged.

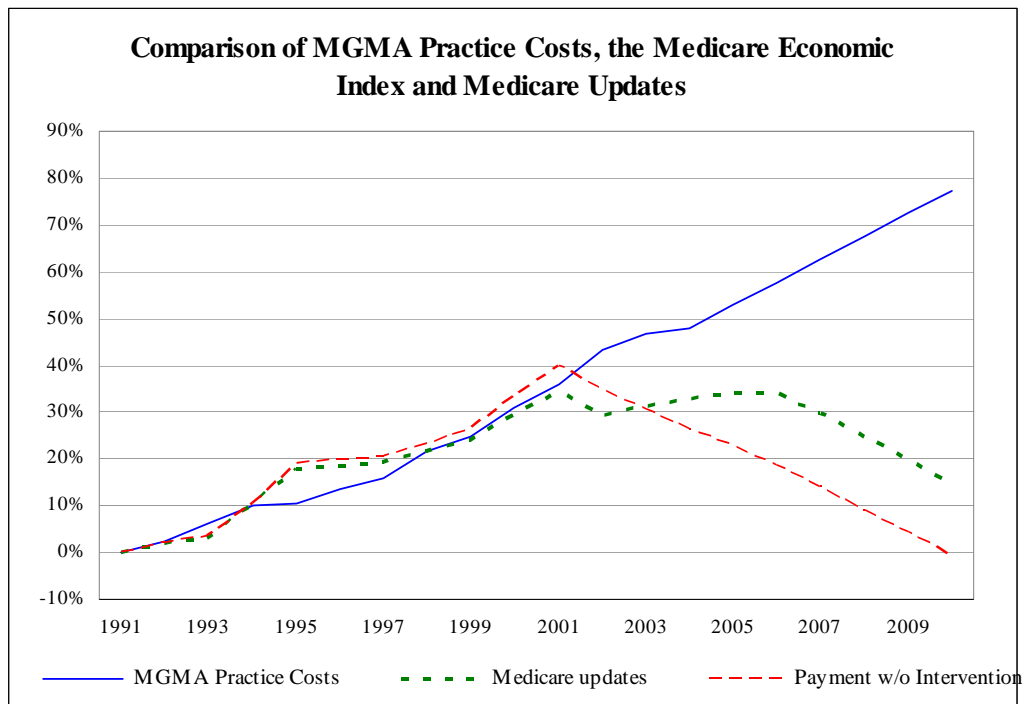
Healthcare Organizing & Financing

Overview

Residents of Manatee County have a range of healthcare financing options open to them. These include private insurance; Medicaid; Medicare; county funds and grants.

Against this funding backdrop, health care delivery costs continue to grow. However, perceptions about the cause(s) of the cost increase vary. From the patient's perspective, the increase is initiated by the pharmaceutical companies – the apparently ever-increasing cost of medications - and physicians requiring too many procedures and higher compensation. From the care provider's perspective, government regulations, increasing uncompensated service delivery, cost of operations and litigation are some of the reasons cited for health care cost inflation. In recent years many practice owners have seen an escalation in operating costs. This parallels the pattern seen in the practice cost analysis carried out by the Medical Group Management Association (MGMA - Figure 1). The steady incremental reduction in providers' reimbursement rates compounded by the cost of operations challenges physicians' ability to provide the level and quality of care they trained for.

Figure 1



Costs

Further economic challenges loom: every facet of the health care system faces increasing costs (Table 11). Neither Florida nor Manatee County is immune to these national trends. In 2005, personal health care expenditures in Florida reached \$104.6 billion, up from \$98.8 billion in 2004 (an increase of 5.9%), and \$92.1 billion in 2003. Among health services, the growth in spending from 2004 to 2005 was greatest for Other Professional Clinics (13.8%), Home Health (8.8%) and Specialized Government Services (8.7%).

CMS data show that the total per capita expenditure on personal health care rose by an average of 5.5% between 1991 and 2004. The national average was \$5,283: the average for the state of Florida was slightly higher, at \$5,483. These figures represent spending from all sources. Table 11 considers one component of this spending, that provided to support county Public Health Departments.

Table 11: Public Health Department Expenditures (2006)

Population		Total \$	\$ per Capita
Florida	18,440,700	740,543,118	\$40.16
Manatee	309,952	9,481,611	\$30.59

Source: Florida Department of Health CHARTS

At \$30.59 per capita, Manatee funding of Public Health ranks 59th (of 67) among counties in Florida.

From 2004 to 2005, total Medicare expenditures increased 7.6%, while Medicaid expenditures increased by only 3.1%, and Medicaid enrollment increased 2.8% during this period. Total HMO expenditures were \$12.3 billion in 2005. HMO expenditures increased by 5.5% from 2004 to 2005, while enrollment decreased by 6.0%. Florida expenditures were \$5,858 per capita in 2005, representing 17.6% of personal income. U.S. expenditures were \$5,603 per capita, or 16.2% of personal income. The distribution and dynamics of total healthcare expenditures and the shifting proportions funded by Medicaid and Medicare are particularly pertinent during times when federal, state and county budgets face reductions.

Insurance costs

One of the most frequently discussed topics was eligibility and the cost of subscribing to a health insurance plan. For many individuals the financial burden of health coverage, when annual income is taken into consideration, is simply unfeasible. The cost of insurance has been on a steady rise, preventing many county residents from seeking health coverage. Many business owners are hopeless and see no immediate solution ahead. The surveys conducted among business owners, physicians, and the general county population, unanimously concur on how the lack of affordable health insurance is contributing to the diminishing participation in health plans offered at the workplace.

Consequently, the county has significant uninsured and underinsured populations. US Census data for 2005 show that 26% of Manatee County residents aged 65 and under were uninsured.

This proportion is higher than the national average (at 18.0%) and among other counties in Florida (where the average is 23.5%). Manatee ranks 47th out of the 67 counties in Florida on this measure.

Reflections on the Findings

Theme 1: Resource Allocation

Healthcare resources available in the county are not always coordinated with the needs of patients. This gives rise to inefficiencies in the MCHCS which results in frustration for patients, physicians, and health organizations alike. This frustration was repeatedly highlighted during the study. The emergency room was the focus of study participants' concerns.

Emergency Room use

Many patients inappropriately seek care in emergency rooms (ERs) of in lieu of other more appropriate locations given the nature of their ailments. It is estimated that at least one third of all ER visits fall into this category and could be avoided. Frequently, these patients lack health insurance coverage and are forced to present at the emergency room when their otherwise controllable illness becomes an emergency, or because they perceive no other location will provide care for their non-emergencies. Increases in the elderly and chronically ill populations are also contributing factors.

Avoidable visits to the ER give rise to inefficient use of emergency room resources, wasting an estimated \$1.1 billion annually in Florida. The MCRHS ER Diversion Program addresses this issue directly and provides a model for further intervention.

The increase in ER usage is driven by insured patients, Medicaid beneficiaries and the uninsured. Most avoidable ER visits are made by Medicaid beneficiaries and the uninsured. The uninsured often rely on the ER because they lack a primary healthcare provider: such reliance has implications for physicians. Medical doctors with admitting privileges are expected to provide care in the emergency room on a voluntary basis (this requirement is mandatory for Ob/Gyn and Pediatrics). Physicians also expressed concern about their liability and the lack of payment for uncompensated services related to care for patients inappropriately accessing services through the ER. While concerns regarding medical liability may be indirectly related to

the issue of inappropriate use of the emergency room by patients, the lack of health insurance by these patients exacerbates the reluctance among physicians to provide emergency services through the hospital (sources: physician survey, hospital interviews).

Failure to Enroll Patients in Available Assistance Programs

Due to the absence of a universal eligibility framework, many individuals who qualify for government assistance (e.g., Medicaid) fail to fully tap into those resources. Lack of awareness of such programs, inability to adequately communicate in English and access (e.g. inability to register solely via the Internet) underlies this issue (sources: interviews, citizen survey).

Community social services are not being utilized by everyone who could benefit from them. For example, cultural barriers may be preventing some county residents from accessing certain pregnancy and HIV support programs (sources: community leader interviews, citizen interviews). The failure to deal with certain medical conditions preemptively ultimately results in additional inappropriate use of the emergency room, giving rise to a vicious circle.

An initiative to address this issue is underway in Orange County. The Orange County program was made possible by two grants totaling nearly \$500,000 (\$160,486 from HRSA and \$306,549 from CMS) which were facilitated by the office of Sen. Mel Martinez, R-FL. It will create a central data sharing system that stores data gathered throughout the county's Primary Care Access Network (PCAN) as well as county government's data system. PCAN is Orange County's umbrella network of 20 health care providers, foundations and coalitions. It includes three hospital systems, 11 Federally Qualified Health Center clinics providing primary health care services, the Orange County Medical Clinic which is the provider of secondary health care, Orange County Health Department, and Orange County Government.

Currently a case management system exists at each of the 11 primary care sites and at the secondary services unit in the Medical Clinic. But because each agency employs different software programs for patient demographic information, the system is unable to link to any other database to transmit such data between these service providers or with other county

agencies such as social service and community-based providers. Workers at the primary and secondary care units must input patient data separately, creating a work backlog and causing patient eligibility referrals to be delayed by three to four weeks. In addition, the lack of data sharing capability prevents patients from being referred to other services for which they may be eligible, such as Medicaid, Medicare, WIC and Temporary Assistance for Needy Families (TANF): all of these services must be accessed through the Orange County Health Department.

The project will promote information sharing through the creation of a central data sharing system that stores the data gathered at each of the 11 primary care sites and from the Orange County system, shares it with the secondary-care unit as well as with the three participating hospitals. Ultimately, it seeks to develop a framework to connect with the Central Florida Regional Health Information Organization, a 40-agency coalition representing area hospitals, physicians, medical labs, public health providers, higher education and businesses throughout central Florida.

Initial objectives are to reduce wait times for secondary care by 20 percent and to reduce staffing costs associated with the eligibility process by 25 percent. MCRHS is actively exploring this program - a very welcome initiative. Currently, the project in Orange County is in its initial stages: an IT project leader and consultant have been recruited and steering committee meetings are scheduled. Requests for Proposals (RFPs) are being developed that exploit the functions of existing databases and other resources.

Potential Solutions:

- Improve information dissemination capabilities among care recipients and also care provider/coordinators. Further exploration of the Orange County universal eligibility initiative is strongly encouraged.
- Link less-affluent people to community-based services through key points of contact (e.g. the facility where they work)
- Provide training for community service providers (e.g. counseling skills, outreach efforts)
- Improve channels of communication to express concerns and acquire services

- Work with businesses (especially with those that utilize under- and uninsured employees) to educate and orient them to the available resources.
- Promote the availability of community-based clinics such as those provided by MCRHS. Increased awareness would increase the effectiveness of ER diversion efforts, directly addressing the resource issues highlighted above.
- Expand the provision of volunteer health care services through “We Care” networks available in much of Florida.

Theme 2: Costs

The theme of escalating costs was identified by a wide range of stakeholders. Increasing costs were applicable to healthcare delivery inflation, rising insurance premiums, and increasing business costs. We have organized examples for our research that highlight the theme of rising costs as it pertains to uninsured patients, to physicians and to businesses.

Uninsured

Treating patients without insurance is costly: the absence of funds from an insurer complicates the reimbursement process and frequently gives rise to write-offs of bad debt. Charities and the county provide some reimbursement: however, the county does not bear the entire financial burden. Uninsured patients represent an additional ‘opportunity cost’ – time spent treating them reduces the time spent treating paying patients. Although our research highlighted the persistence of this issue, the sensitivity of the topic and the complexity of various funding mechanisms make it difficult to obtain reliable quantitative data. (Reference: interviews, hospital staff focus groups).

Physicians

The cost of doing business and living in the county is high. Manatee County charges impact fees for establishing a medical facility to cover such issues as increased traffic, water, and other costs associated with new facility occupancy. Currently, the impact fee for establishing a

medical or dental office building is \$21,719.30 per 1,000 square feet of space. These fees increase the start-up costs needed to establish a medical practice in the county. Coupled with other financial pressures faced by physicians (e.g., decreased reimbursement rates, increased malpractice insurance), rising overhead costs in Manatee County make it difficult to attract physicians here. Increased costs seem to disproportionately affect primary-care physicians whose average income tends to be lower than their specialist colleagues. Given the increasing demand for primary care services, this is a significant cost issue. This is compounded by the relatively high cost of living in Manatee County – a consequence of the inflated national real estate market. These cost factors deter physicians from relocating to this area. (Reference: physician survey, interviews of stakeholders).

Businesses

Many businesses find it challenging to offer comprehensive insurance for their employees. A main concern is the rising costs of providing health coverage. Rising costs cause an annual reconsideration of benefits offered by employers. Typically, employers either cut back on services covered or shift the cost to employees in the form of out-of-pocket expenses. The significance of this issue for the county seems significant: more concrete insight might be provided through comparison with studies carried out by other Chambers of Commerce in Florida.

Potential Solutions:

- Healthcare costs give rise to a diverse and complex set of issues: there is clearly a need for further and better information to fully assess their implications. Nevertheless, the following points offer potential to move forward
- Offer relief from impact fees for needed medical specialties (such as primary-care physicians).
- Offer development zone tax relief for practices providing services in areas where many individuals are below federal poverty levels.
- Consider the creation of an uninsured contribution pool: this might help firms that

employing over a certain number of people who are otherwise ineligible for coverage. Alternatively, consider exploring the capacity of the existing discount medical program initiated by MCRHS.

Theme 3: Demographics

Some of the notable demographic trends include the aging of the population, low income levels, low education levels, and an increasing number of uninsured or under-insured patients.

Aging of the population

Manatee County has among the highest proportion of elderly citizens in the country (see Appendix A). The net positive growth in the county population is not attributable to rising birthrates, but instead to the influx of retiring or otherwise older individuals. Thus, there is declining demand for services expected by a younger population (e.g., schools, jobs, transportation, certain entertainment venues, etc.).

Low income and education levels

In addition, there are a growing number of Manatee County residents who are low income and/or have low education levels (see Table 4 above and Appendix A).

In 2006, of the total 4,139 births in the county, 1,488 (36%) babies were born to mothers with less than a high school education (note that this figure includes mothers who have not reached the 12th grade). These mothers are more likely to be either uninsured or covered by Medicaid. The low education levels of the mothers increase the chance that the newborns will be raised in low income households. Over time, it is expected that these growing families will increasingly be in need of social services and other county-funded programs. In addition, many of these families are expected to be uninsured and exacerbating the over-crowding and inappropriate use of emergency rooms in the MCHCS.

Increasing number of uninsured/under-insured

According to U.S. Census data, the number of uninsured and under-insured individuals in Manatee County is increasing. In a report published by AHCA in 2005, 21% of Manatee County residents age 65 and under were uninsured (based on 2003 data). This proportion had risen to 26% by 2005: a significant and rapid increase. In a statewide study in 2004 AHCA reported that non-coverage was directly correlated with income level; employer's firm size (number of employees) and the employee's age.

Potential Solutions:

- Create higher-paying employment opportunities, perhaps by revitalizing the downtown area.
- Raise awareness of this issue among the various education and public health agencies in order to promote a coordinated effort to educate youth about the wide range of consequences brought about by teenage pregnancy.
- Emphasize prevention opportunities for both seniors and lower income populations, through promotion of increased physical activity (e.g. walking trails) and improved nutrition.

Theme 4: Coordination and Information Exchange

Healthcare is an information-intensive industry that requires stakeholders to engage in coordination and information exchange in order to provide the highest quality care to patients. In MCHCS, coordination of care and information exchange, particularly for indigent and uninsured patients, is inefficient and at times non-existent among providers.

Manatee County pays for hospital based services and hospital based physician services using the Health Care Fund for qualified uninsured patients. However, unlike other third-party payers, the county does not keep treatment records regarding the services rendered to patients. As such, there is no treatment history from the County that is easily accessible for indigent patients who received care in more than one location. Current County records do not include the information needed to assess the effectiveness or quality of services provided

under this program. Additionally, providers of care to the indigent have no access to patient histories (e.g., prescription histories, treatment plans, etc.) and must rely solely on the memory of patients in their care. This is inefficient given that this information is probably available in a paper chart in a neighboring organization that does not routinely share this data. Note that in the case of insured patients, competing healthcare facilities frequently exchange information using records release authorizations.

On a related note, each organization treating a potentially qualified indigent patient must assess their eligibility independently. This creates duplication of efforts among healthcare providers who may be providing services to the same patient either concurrently or consecutively. The complexity of this issue is compounded by regulations such as HIPAA. However, there is a clear need to balance regulatory compliance (discussed below), the costs issues discussed previously and the assessment of eligibility.

The lack of coordination makes identifying patients in need of follow up care difficult. Moreover, it is not possible to manage patients requiring prolonged treatment regimens and assure they are getting appropriate care.

Although there is a wide range of information services such as 211(FirstCall for Help), 411 Information, Whole Child Project Manatee etc., no central entity in MCHCS is responsible for disseminating comprehensive information about the vast social and health-related programs available to Manatee residents. The large number and piecemeal advertising of services tend to overwhelm individuals: this gives rise to confusion and misunderstandings about where to obtain appropriate services by patients. In addition, access to some services requires completion of forms that are only available online. This exacerbates the situation for indigent and low education citizens who may not own a computer or have access to the Internet.

There seems to be confusion among patients regarding the differences between Manatee County Health Department and Manatee County Rural Health Services. There is a false perception that these entities are both agents of Manatee County Government and their

services are interchangeable (sources: Focus groups, interviews, town hall meetings, surveys).

Potential Solutions:

- Providers billing Manatee County for indigent care should be required to provide information regarding the nature of the care for which they are requesting payments. This will allow for analyses of claims and provide the county information needed to act on trends and forecast demand.
- Re-evaluate the process of eligibility determination for indigent care: consideration of a centralized service provided by a governing body might streamline the process. Improvements in efficiency must outweigh access and costs concerns.
- Care managers should be utilized when coordination among providers is necessary for indigent patients.
- A centralized information clearinghouse should be established so that patients can receive consistent and reliable information about the services available to them. This clearinghouse should establish satellite “kiosks” at locations that are easily accessible by those who need it.

Theme 5: Regulatory Issues

This theme discusses regulatory issues that adversely affect MCHCS. Among the regulatory issues identified as posing challenges to the MCHCS are the operations of the Florida Office of Insurance Regulation; adverse circumstances that are created by Medicare eligibility and COBRA coverage that are amplified by the current situation in MCHCS; and issues related to malpractice suits.

The regulatory issues identified do not necessarily affect Manatee County exclusively. However, unlike in other parts of the state, the business environment in Manatee County makes it particularly vulnerable to certain trends created by the forces of these regulations. For example, because of the relative lack of national corporations operating within the county (with bargaining leverage against healthcare payers), and the relatively high percentage of low-wage employees, MCHCS is disproportionately affected as described below.

Office of Insurance Regulation

Health insurance companies and other healthcare payers operating in the state work through the Florida Office of Insurance Regulation to establish the types of insurance products and coverage options available in Manatee County. Businesses in the county, particularly small and medium-sized organizations, have little or no say in the types of health insurance packages available to them. In fact, no Manatee County entity participating in the current study has leverage in negotiating with healthcare payers regarding coverage options offered and premiums assessed. (Reference: focus groups with businesses, and surveys)

This creates a situation where many business leaders determine that insurance packages available to them are relatively expensive. Moreover, in addition to high expenses, the options to customize insurance products are perceived to be minimal. As a result, business owners feel forced to provide reduced coverage to their employees; purchase insurance plans with higher deductibles and/or co-payments; require that employees cost share a higher proportion of the premiums; or forego coverage for their employees altogether.

Medicare and COBRA Interact

The lack of health insurance coverage options has had serious downstream ramifications for the job market in the county. For example, many workers eligible for retirement (at or around age 59.5 years) have opted to not retire until age 65 when they become Medicare eligible. Retiring before their Medicare coverage kicks-in would force them to pay very high premiums (rated at the individual level) after the short COBRA period expires. This created a situation where jobs that were previously projected to become available did not. Thus, workers in a variety of industries (e.g., education, banking, and other white-collar industries) have elected to leave Manatee County and, often, the State of Florida.

Lack of Bargaining Power for Small Businesses

In a related, but separate issue, small business that are not part of a larger bargaining unit (e.g.,

with 50 employees or more) are subjected to individual rating, rather than group rating, for determining their premiums. This means that “pre-existing conditions” for individuals working in small business generate higher premiums for that firm. When organizations have greater than 50 employees, insurance companies typically “average out” the additional premiums for individuals with “pre-existing conditions” thus providing the larger firm with more stable and less costly insurance premiums. The additional costs to small businesses stifles entrepreneurship because the cost of starting up a small business and attracting qualified employees is significantly higher.

Medical Malpractice

Since the late 1990s, medical malpractice insurance premiums have risen significantly, particularly for obstetricians and some other specialties. The impact of these increases is significant in rural counties such as Manatee: the elimination of some specialties adversely affects the distribution of healthcare resources and access to them. These issues prompted the passage of the Federally Supported Health Centers Assistance Act (FSHCAA) in 1992 and the 1995 reauthorization, commonly referred to as the Federal Tort Claims Act or FTCA program. This legislation creates a medical malpractice insurance program for Federally Qualified Health Centers (FQHC) such as MCRHS.

As an FQHC, MCRHS receives full medical malpractice protection for health center activities at no cost. Additionally, MCRHS is not liable for any settlements or judgments that are made: the federal government assumes responsibility for these costs. Clearly, this is a major benefit to MCRHS.

Many stakeholders expressed the view that FTCA affects competition, resource allocation and ultimately access to healthcare. Manatee is a relatively small county, with a proportionately small number of healthcare providers. Provision of full medical malpractice protection at no cost to one provider (MCRHS) is an important factor that affects competitive forces between them. The significance of this issue can be illustrated by an example. In 2007 an estimated 49%

of MCRHS patients were above the 200% poverty threshold. This is an unusual patient mix for a FQHC. One explanation for such an unusual ratio might be the unique demographic makeup, and recently the downturn in the overall economy of the county. This rate might also be attributed to the shifting health care usage behavior of the residents as the pool of uninsured keeps rising. Medical malpractice, and the cost of malpractice insurance, is a sensitive but important topic. State initiatives are beginning to address these concerns. In order to move forward locally, there is a need for more transparency about funding and costs in order that valid and meaningful comparisons between service providers can be made. Without this fundamental business knowledge, it will be difficult if not impossible to make informed decisions that will provide sustainable solutions to the challenges identified.

Potential Solutions:

- Investigate the possibility of offering group insurance rates to small business: this might be achieved through some form of bargaining unit or, as noted above, through expansion of the Discounted Medical Services plan offered by MCRHS.
- Undertake a comprehensive county-wide review of funding mechanisms for healthcare providers. Although a significant undertaking, this would provide the basis to coordinate and optimize the utilization of federal, state and county funds.
- Establish a business led forum or alliance to address the funding and coordination issues identified. Participants should include but not be limited to insurance carriers; senior administrators from hospitals and other healthcare service providers; county government administrators and local employers.

Theme 6: Dissatisfaction

This theme is, in part, a by-product of the other trends identified under the themes described above. Given the challenges facing the MCHCS, much dissatisfaction was detected among stakeholders in the county. The dissatisfaction seems to be affecting patients, employers, and providers. Below is a representative description of the challenges experienced by various groups in Manatee County.

Patients

Several groups of patients voiced concerns. Uninsured patients expressed dissatisfaction because they perceive being treated as “low priority” in hospitals and clinics. Overall, they feel they are not being taken seriously by providers. Many, particularly the uninsured, expressed the erroneous view that hospital emergency rooms are the appropriate location to receive care when they are sick (interviews). They complained about the lack of coordination of services available to them. Frequently they reported not knowing where to go for services or which providers other than the emergency room were willing and able to meet their healthcare needs. Respondents often characterized themselves as “neglected” in interviews and focus groups.

Minority Patients

Specific concerns were raised by African American and Hispanic patients during the study. African American residents expressed a perception that illegal immigrants were using services that would otherwise be available to under-served and indigent African American families. They expressed dissatisfaction at the possibility that social and health services intended for legal residents are being provided to individuals without legal status in the county or state. One group of African-American residents also voiced concern about the healthcare delivery system available to prisoners. Specifically, they suggested that the care received by inmates is very poor and lacks attention to infectious disease including HIV/AIDS.

Hispanic patients expressed concern about being treated as ‘second-class citizens’. They are dissatisfied and stigmatized by the assumption among MCHCS staff that everyone who speaks Spanish is an illegal resident. They also raised the point that a translator is infrequently available at key hospitals and clinics where these patients receive care. Moreover, there seems to be a lack of providers in the county that can consistently communicate with Hispanic patients.

Underinsured

Underinsured patients complained about paying high deductibles (e.g., \$5,000), despite the fact that they have some basic form of health insurance. Many times, underinsured patients elect to forego necessary physician visits particularly toward the end of the calendar year when their deductibles have not been met. They feel forced to wait until January of the following year so that their payments will be counted meaningfully toward their deductibles—which would otherwise be lost if expended at the end of a year.

Lastly, patients who have adequate insurance coverage, who are otherwise relatively happy with the MCHCS, expressed dissatisfaction when needing to access the emergency rooms for legitimate reasons. They feel as though uninsured patients, who seek care for non-emergencies, cause a major delay in emergency rooms of hospitals. The insured patients frequently report travelling out of the county for access to efficient emergency care, adding to the vicious cycle of inefficient emergency room utilization.

Employers

Employers are very concerned with escalating insurance costs. Besides the challenge of affording coverage for their employees, employers are also dissatisfied with the loss of productivity that is experienced when their workers are sick and cannot receive timely care.

Providers

In the emergency room, providers, including nurses and physicians, suggest that uninsured patients frequently seek ER care for ambulatory sensitive conditions that could be avoided by seeking primary care. As emergency providers, they are dissatisfied by the need to treat conditions and ailments that are easily avoided through the proper use of health resources. In addition, emergency providers are dissatisfied with the lack of options that their discharged patients have for aftercare or follow-up care. The ER diversion programs at Blake Medical Center and MCRHS address this issue.

Hospital administrators highlighted the challenges in attracting physicians interested in staffing

or taking calls in the emergency room. Coupled with cuts in reimbursements and rising operating costs (including new forms of competition from ambulatory surgical centers), they are finding it increasingly difficult to provide their services to the community.

Physicians in private practice, particularly primary care physicians who do not perform financially lucrative procedures, expressed dissatisfaction with their practices. In addition to finding it difficult to make a living, they are dissatisfied with the poor level of coordination of care for their patients. They are also reluctant to take calls at the emergency room because of malpractice concerns stemming from treating uninsured patients who do not pay, but who pose a significant liability risk due to the complexity of their medical issues.

Potential Solutions:

- Potential solutions identified in previous themes would help to alleviate the concerns expressed here. The following suggestions build on some of those ideas.
- Continue to monitor healthcare concerns, services and issues: the business-led forum outlined above would be the ideal means to coordinate and act upon the information gathered.
- Consider establishing a venue for providers to regularly meet to resolve routine issues with a neutral ombudsman such as the health department acting as intermediary or moderator.

Summary

Healthcare is an extraordinarily complex issue for individuals, business owners, service providers, administrators and government: the scale and complexity of the issues quickly become overwhelming. We need to acknowledge that we cannot ‘eat the whole elephant’ – efforts to affect change at state and federal levels frequently compound the complexity of the system rather than ‘fix’ it. Well intentioned initiatives (such as Medicare Part D Prescription Drug Coverage) often have unintended consequences that affect the distribution of healthcare services and resources.

The healthcare issues in Manatee County are systemic: they emerge at the confluence of national, state and local policies and practices. Although not unique, these systemic issues are driven by the county's demographics and economy and manifest themselves in specific ways – highlighted by the six themes that guide the structure of the main body of our report.

The following metrics highlight some of the parameters that differentiate Manatee from other counties in Florida.

	Manatee	Florida
Physicians with 5 years or less in practice	113 (19.2%)	15178 (27.3%)
Physicians with 26 years or more in practice	137 (23.3%)	10925 (19.6%)
OB/GYN practitioners (per 100,000 population)	8.5 (14% below state average)	9.9
Family practitioners (per 100,000 population)	14.2 (22% below state average)	18.1
Internists (per 100,000 population)	29.6 (40% below state average)	49.0
Pediatric practitioners (per 100,000 population)	13.2 (34% below state average)	19.9

The first two rows of the table highlight physician recruitment and retention and physician

aging, respectively. Findings from our interviews and surveys are confirmed by the lower pace of recruitment of younger physicians into posts in Manatee County. This exacerbates the challenges presented by the aging of the physician population in the county: in combination, these indicators highlight a growing gap in the county's physician resource pool.

The third to bottom rows of the table highlight the relative shortage in specific medical specialties in the county.

Recommendations

The following recommendations encourage a collaborative, holistic approach to the systemic issues faced by residents, businesses and government in Manatee County. We strongly advocate the formation of an alliance of leaders from business, healthcare – both service providers and insurers - and the county government. Such a forum is fundamental to the open exchange of ideas, concerns and information required to explore and benefit from the opportunities for change that we have identified.

- Establish a Manatee County Healthcare Alliance, including leaders from business, hospitals, other healthcare service providers (including family medicine and dentistry), health insurance providers, community not-for-profit organizations and the county government. The primary purpose of the Alliance should be to improve open and constructive communication between contributors to the county's healthcare system. Much of the current complexity arises from a lack of communication between service providers, administrators and others, each of whom – necessarily – concentrate on optimizing their own business. However, this has the effect of compartmentalizing actions and decisions that affect the county's healthcare system into a number of 'silos'. A business-driven Alliance would help to make coordination of the county's resources more transparent and effective.

- Conduct a comprehensive county wide evaluation of healthcare funds and services: rather than 'open book' accounting, the aim should be for transparency and awareness of funding streams and their distribution. Evaluation of services should be at an equally high level, comparing services delivered with organizational mission.
- Develop initiatives to recruit and retain physicians – especially family practitioners. Options here include reconsideration of impact fees, loan forgiveness, lobbying for lower malpractice costs and partnering with the county school system to attract recruits. The role of the Alliance here might be similar to that of the Economic Development Council
- Pursue development of a training or residency program at one or more of the hospitals in Manatee County. The 'outreach' model used by FSU at Sarasota Memorial Hospital provides a basis to explore opportunities to collaborate with USF, LECOM etc.
- Lobby for reform of legislation and insurance business practices that would enable small businesses to combine their resources, providing their employees eligible for health insurance.
- Expand ER diversion programs, building on the experience of those in place at Blake Medical center and MCRHS.
- Explore the development of wellness and other health education programs to reduce demand on the healthcare delivery system overall, and the ERs in particular.
- Improve the availability of health information to optimize the coordination and effective delivery of the county's resources. Action items here include advocating for a Regional Health Information Organization (RHIO); expanding the 211 resource base; setting a vision for healthcare standards in Manatee County and patient education – promotion of health and wellness programs; education of employers about available programs and services. The overall aim should be to maximize visibility and coordination so as to

overcome the lack of awareness of services among residents, business owners and service providers and thus reduce the number of opportunities and appropriate channels for healthcare delivery.

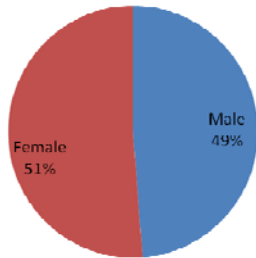
Appendix A: Analysis of Secondary Data

- This section reports on the findings of secondary data analysis as it pertains to Manatee County.
- Data were gathered from multiple sources in order to create a portrait of the health status of Manatee County residents. In order to be as comprehensive as possible, we accessed data from a wide range of sources including (1) the US Census Bureau State and County QuickFacts, (2) The Florida Legislature, Office of Economic and Demographic Research, (3) Florida Department of Health, Office of Planning Evaluation and Data Analysis, (4) Florida Department of Health, Office of Vital Statistics, (5) Florida Department of Health, Bureau of Epidemiology, (6) Florida Agency for Health Care Administration's Hospital Discharge Data, and (7) the Area Resource File (ARF). The ARF is a collection of data from more than 50 sources, including the American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics. Lastly, additional health statistics for Manatee County were extracted from proprietary data sources available to the research team.
- In this appendix, we depict graphical and tabular data representing trends identified for secondary data sources. To place these findings in context, where possible, we have benchmarked results by comparing Manatee County data with other Florida counties.
- It is important to emphasize that several external sources of data were accessed and analyzed for the writing of this section and preparation of the associated data tables. Therefore, it is possible that in some cases two disparate data sources (e.g., U.S. Census Bureau and Florida Legislature) may have slightly conflicting estimates for the same statistic (e.g., population count). Thus, discrepancies in the text or tables are an artifact of the separate ways in which entities estimate these variables.
- The rest of this appendix flows as follows. First, we will present data on census, population estimates, and demographics. Next, we will present and discuss Manatee County Major Causes of Death. Then, we present data on the distribution and number of physicians and dentists in the county as well as additional information extracted from the ARF. Lastly, we provide information about Hospital Discharges by Payer-Type in Manatee County.

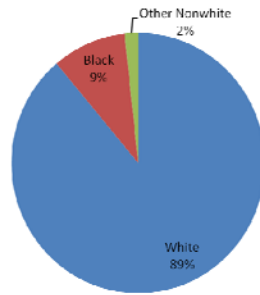
Manatee County Census Info

People QuickFacts	Manatee County	Florida
Population, 2006 estimate	313,298	18,089,888
Population, percent change, April 1, 2000 to July 1, 2006	18.7%	13.2%
Persons under 5 years old, percent, 2006	5.9%	6.2%
Persons under 18 years old, percent, 2006	20.9%	22.2%
Persons 65 years old and over, percent, 2006	22.1%	16.8%
Foreign born persons, percent, 2000	8.4%	16.7%
Language other than English spoken at home, pct age 5+, 2000	12.3%	23.1%
High school graduates, percent of persons age 25+, 2000	81.4%	79.9%
Bachelor's degree or higher, pct of persons age 25+, 2000	20.8%	22.3%
Persons with a disability, age 5+, 2000	56,897	3,274,566
Mean travel time to work (minutes), workers age 16+, 2000	23.3	26.2
Homeownership rate, 2000	73.8%	70.1%
Housing units in multi-unit structures, percent, 2000	26.9%	29.9%
Median value of owner-occupied housing units, 2000	\$119,400	\$105,500
Households, 2000	112,460	6,337,929
Persons per household, 2000	2.29	2.46
Median household income, 2004	\$41,419	\$40,900
Per capita money income, 1999	\$22,388	\$21,557
Persons below poverty, percent, 2004	9.7%	11.9%
Geography QuickFacts	Manatee County	Florida
Land area, 2000 (square miles)	741.03	53,926.82
Persons per square mile, 2000	356.3	296.4
Source: US Census Bureau State & County QuickFacts		

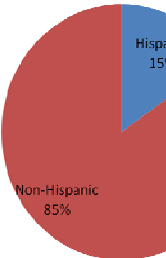
Gender in Manatee County (2008)



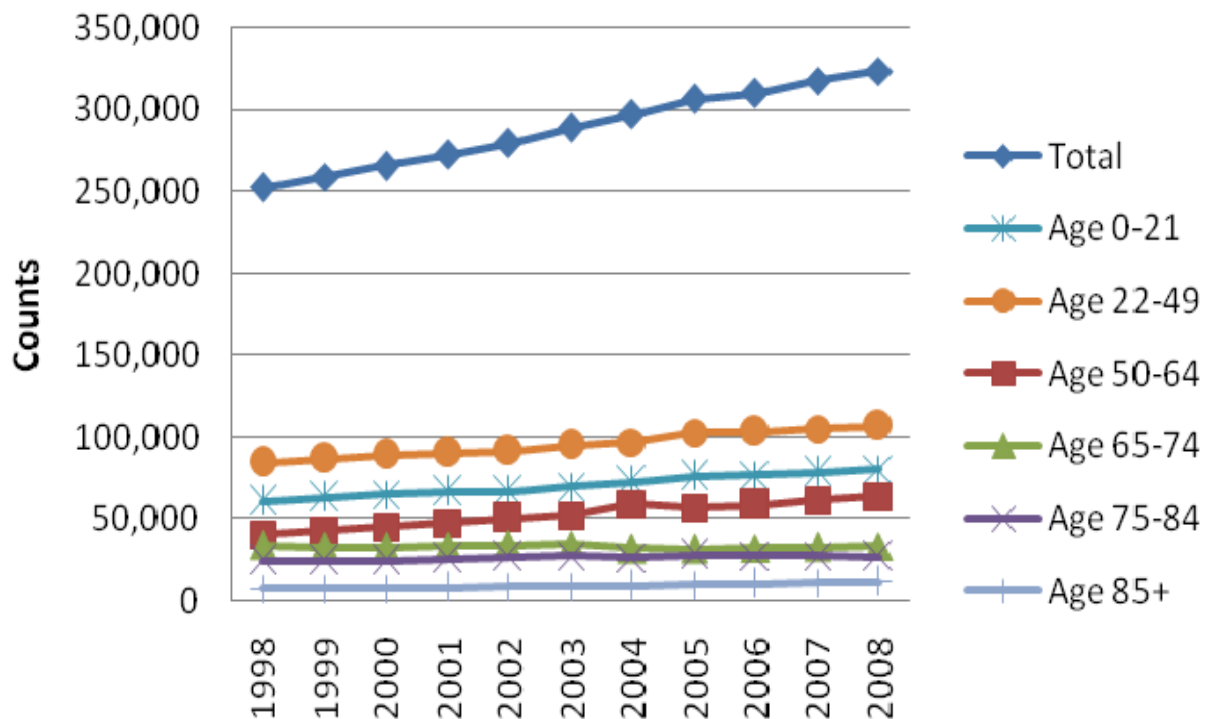
Race in Manatee County (2008)



Ethnicity in Manatee County (2008)



Manatee County Population Count



Manatee County Population Counts by Age Group

Age Group	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
0-21	61,094	63,243	65,193	66,758	67,183	69,891	73,005	76,117	76,886	78,809	80,320
22-49	84,755	87,148	89,364	90,488	91,857	95,052	96,750	102,642	103,161	105,215	106,726
50-64	40,393	42,988	45,300	47,865	50,730	52,291	59,232	57,132	59,042	61,737	64,104
65-74	33,994	33,230	33,044	33,318	33,866	34,952	32,106	32,018	32,436	33,042	33,491
75-84	24,624	24,773	25,016	25,784	26,852	27,666	26,368	28,380	27,751	27,620	27,345
85+	7,537	7,657	7,784	8,129	8,878	9,036	9,576	10,268	10,676	11,223	11,709
Total	252,397	259,039	265,701	272,342	279,366	288,888	297,037	306,557	309,952	317,646	323,695

(Data Source: The Florida Legislature, Office of Economic and Demographic Research)

Manatee County Major Causes of Death 1996-2006

	1996		2006		Trend as a Percent of Total Deaths
	Deaths	Percent of Total Deaths	Deaths	Percent of Total Deaths	
ALL CAUSES	3,069	100.0	3,316	100.0	
HEART DISEASE	1,061	34.6	1,008	30.4	Down
CANCER	739	24.1	799	24.1	Same
STROKE	251	8.2	169	5.1	Down
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	196	6.4	154	4.6	Down
UNINTENTIONAL INJURIES	86	2.8	175	5.3	Up
DIABETES MELLITUS	60	2.0	63	1.9	Same
SUICIDE	48	1.6	48	1.4	Same
PNEUMONIA/INFLUENZA	47	1.5	40	1.2	Same
CHRONIC LIVER DISEASE AND CIRRHOSIS	45	1.5	48	1.4	Same
ALZHEIMER'S DISEASE	30	1.0	68	2.1	Up
AIDS/HIV	27	0.9	14	0.4	Down
HOMICIDE	21	0.7	16	0.5	Same
PERINATAL CONDITIONS	6	0.2	10	0.3	Same

Note: Data for 1999 and subsequent years may not be fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

SOURCE: Florida Department of Health, Office of Planning, Evaluation and Data Analysis

Manatee County Physicians and Dentists

	Manatee	Florida
MD non-fed total in PATIENT CARE (2005)	570	575.83
<u>MD by Specialty per Florida DOH (2008):</u>		
Family Med	77	
Internal Med	58	
Pediatrics	29	
Ob/Gyn	<u>25</u>	
Total Primary Care	189	
General Surgery	10	
Psychiatry	18	
Emergency Medicine	27	
Dermatology	14	
Medical Specialists	56	
Surgical Specialists	68	
Unknown	113	
No Clinal Practice	3	
Other	<u>95</u>	
Total Non-Primary Care	404	
<u>MD non-fed patient care (2000):</u>		
Family Med	72	63.9
Internal Med	59	66.5
Pediatrics	35	36.5
Ob/Gyn	32	24.9
Total Primary Care	198	191.8
<u>MD non-fed patient care (1995):</u>		
Family Med	53	55.6
Internal Med	30	50.8
Pediatrics	18	29.6
Ob/Gyn	21	21.9
Total Primary Care	122	157.9
Dentists 2000	125	200
Dentists 1990	85	106
Source: Area Resource File (unless otherwise noted)		

Other Information from Area Resource File

	Manatee	Florida
<u>Number eligible for Medicare</u>		
2005	59,059	46,526.9
2004	58,545	45,753.9
2003	57,425	44,925.4
2002	56,785	44,211.6
2001	56,072	43,492.3
<u>Population Per Square Mile</u>		
2005	414	316.2
2004	400	309.4
2003	387	303.1
2002	378.5	298
2001	370.5	293
2000	356.3	286.3
1999	328.7	271.5
1998	323.5	268.5
Per Capita Income (2004)	32,837	25,967
Median Household Income (2004)	41,419	37,128
Unemployment rate (2005)	3.1	3.9
Persons in Poverty (2004)	29,352	30,995
Percent persons in poverty		
2004	9.7	12.8
2003	10.8	13.9
2002	10.7	14.5
2001	10.4	14.9
2000	9.4	14
1999	9.9	14
1998	11.2	15.7
Total Births (2005)	3,735	3,469

Hospital Discharges by Payer-Type in Manatee County (2006)

	Total Discharges	Medicare Patients	Medicaid Patients	Commercial Insurance	HMO/PPO	Charity	All Other
All Patients							
Blake Medical Center	12,356 (100%)	8,685 (70.3%)	302 (2.4%)	89 (<1%)	2,715 (22%)	118 (1%)	447 (3.6%)
Lakewood Ranch Medical Center	4,487 (100%)	1,290 (28.7%)	320 (7.1%)	377 (8.4%)	2,127 (47.4%)	11 (<1%)	362 (8.1%)
Manatee Memorial Hospital	17,975 (100%)	6,650 (37%)	5,659 (31.5%)	1,152 (6.4%)	3,022 (16.8%)	52 (<1%)	1,440 (8%)

Source: Agency for Health Care Administration Hospital Discharge Data

Notes: Medicare includes Medicare and Medicare HMO; Medicaid includes Medicaid and Medicaid HMO; All Other includes Worker's Compensation, Champus, VA, State/Local Government, Self-pay, KidCare, and Unknown. Numbers may not add up to 100% due to rounding.

Manatee County Patients as Percent of All Patients Discharged by Hospitals in Manatee County (2006)

	Total Discharges	Medicare Patients	Medicaid Patients	Commercial Insurance	HMO/PPO	Charity	All Other
Manatee County Patients Only							
Blake Medical Center	11,272 (91.2%)	7,945 (91.5%)	284 (94%)	67 (75.3%)	2,480 (91.3%)	100 (84.7%)	396 (88.6%)
Lakewood Ranch Medical Center	3,657 (81.5%)	999 (77.4%)	280 (87.5%)	303 (80.4%)	1,805 (84.9%)	9 (81.8%)	261 (72.1%)
Manatee Memorial Hospital	16,564 (92.2%)	6,026 (90.6%)	5,407 (95.5%)	1,068 (92.7%)	2,729 (90.3%)	48 (92.3%)	1,286 (89.3%)

Source: Agency for Health Care Administration Hospital Discharge Data

Notes: Medicare includes Medicare and Medicare HMO; Medicaid includes Medicaid and Medicaid HMO; All Other includes Worker's Compensation, Champus, VA, State/Local Government, Self-pay, KidCare, and Unknown. Numbers may not add up to 100% due to rounding.

Population Demographics and Other Characteristics

The population of Manatee County is estimated to be 323,695 for 2008 (The Florida Legislature, Office of Economic and Demographic Research). Approximately 51% of county dwellers are female. Proportionately, Caucasians represented the majority (89%) of county dwellers; followed by African-American or Black (9%), and other non-white (2%). Among all persons in Manatee County, 15% identify as Hispanic.

According to Census data, Manatee County has experienced an 18.7% increase in population growth between 2000 and 2006; which was above the State average increase of 13.2%. Compared to the rest of Florida, Manatee County has proportionately more elderly dwellers above the age of 65 (22.1% vs. 16.8%). Moreover, persons in Manatee County aged 85+ have increased by over 50% in the past decade (7,537 in 1998; 11,709 in 2008).

Dwellers of Manatee County are more likely than general Floridians to be U.S. born. Approximately 8.4% of people living in Manatee County are foreign born, compared to 16.7% for the State as whole. Consequently, English is the primary language spoken at home in 87.7% of Manatee County dwellers (compared to 76.9% for Florida).

The median household income (2004) was slightly higher in Manatee County than in Florida overall (\$41,419 vs. \$40,900). Moreover, the percent of persons living in poverty (2004) were slightly lower in Manatee County (9.7% vs. 11.9% for Florida). Unemployment rates in Manatee County were slightly more favorable in 2004 than the rest of the State (3.1% vs. 3.9%).

In 2000 (the most recently available census statistics), the median value of owner-occupied housing units was \$119,400 compared with \$105,500 for the State of Florida overall.

Major Causes of Death

According to the Florida Department of Health, in 2006, heart disease (30.4%), all cancers (24.1%), and stroke (5.1%) were among the leading causes of death in Manatee County. Compared with a decade earlier, heart disease and stroke, as a percentage of all deaths were declining, however cancer deaths remained unchanged. In 2006, unintentional injuries rose to 5.3% of all deaths (up from 2.8% in 1996) making this category the third most common cause of death (even more than stroke). Other, less common causes of death that have experienced an increasing trend since 1996 include Alzheimer's disease (2.1% in 2006 vs. 1% in 1996).

Area Resource File

According to the Federal ARF, Manatee County had 881 non federal (e.g., Military, Veteran's Affairs) medical doctors in 2005. Of these, 570 (65%) were reported to be engaging in patient care.

In 2007, the Florida Department of Health collected voluntary data from physicians in the state who were renewing their medical license at that time. Those targeted with a new questionnaire

represented approximately half of all doctors in the state. This was the first time in State history that data was collected on physician workforce characteristics. Although the data available at the time of this writing was only an estimate, it represents the best data available for Florida and Manatee County. It is expected that the State of Florida will continue to collect physician workforce data, so future estimates will be more reliable.

From the new Florida data representing Manatee County, primary care doctors (e.g., family medicine, internal medicine, general pediatrics, or obstetrics/gynecology) represented 32% of physicians. The most recently available data on dentists is from 2000. During that time, there were 125 dentists in Manatee County, representing an increase of 40 dentists since 1990.

Medicare Eligible

As mentioned above, the number of elderly dwellers in Manatee County has been rising. Subsequently, those eligible for Medicare coverage has been steadily increasing from 2001 to 2005.

Hospital Discharges by Payer-Type in Manatee County

Manatee County is home to 3 main acute care community hospitals. These hospitals include Blake Medical Center, Lakewood Ranch Medical Center, and Manatee Memorial Hospital. In 2006, these three facilities discharged a total of 34,818 patients. Of these, 31,493 (90.5%) were residents of Manatee County. The remaining patients were from elsewhere in Florida, the U.S., or the world. A table above displays the number and percentages of hospital discharges, for all patients, by payer-type. An additional table above displays the same statistics for Manatee County patients only. Data in both tables were derived from the 2006 Florida hospital discharge database.

As can be seen, the majority (70.3%) of patients discharged from Blake Medical Center are covered by Medicare. The largest proportion of patients treated in Lakewood Ranch Medical Center, have either HMO/PPO (47.4%) or Medicare (28.7%) coverage. In Manatee Memorial Hospital, the most common patient groups treated are Medicare (37%) and Medicaid (31.5%) patients.

Appendix B: Manatee County Health Behavior and Chronic Disease Profile

This appendix focuses on health behaviors and chronic diseases among citizens of Manatee County. Data sources include (1) Florida Department of Health, Office of Vital Statistics, (2) Florida Department of Health, Bureau of Epidemiology, (3) Florida Agency for Health Care Administration's Hospital Discharge Data, and (4) University of Miami (FL) Medical School, Florida Cancer Data System.

In the following section, we present the tabulated data derived from the aforementioned sources. Next, we describe the data source and provide an overview of the pertinent findings. In addition, we comment on the interpretation of the findings. In our narrative, we begin by focusing on health behaviors, followed by chronic diseases including coronary heart disease, stroke, heart failure, diabetes, cancer, and chronic respiratory disease.

Manatee County Chronic Disease Profile						
Indicator	Year(s)	Avg. Annual Number of Events	Age-Adjusted Rate ¹	Quartile ²	State Age Adjusted Rate	U.S. Healthy People 2010 Goal ³
Coronary Heart Disease						
Deaths	2004-06	830	148.2	3	136	162
Hospitalizations	2004-06	2,860	595.1	2	594.3	
Stroke						
Deaths	2004-06	167	29.9	1	37.1	50
Hospitalizations	2004-06	1,317	263	2	291.3	
Heart Failure						
Deaths	2004-06	36	5.9	1	7.1	
Hospitalizations from congestive heart failure	2004-06	1,123	216.8	1	295.3	
Lung Cancer						
Deaths	2004-06	262	52.5	2	50.8	43.3
Incidence	2002-04	353	73.7	NA	71.4	
Percent of Adults who currently smoke	2002		24.20%	3	22.20%	12%
Colorectal Cancer						
Deaths	2004-06	69	13.8	2	15.6	13.7
Incidence	2002-04	229	48.1	NA	48.1	
Percent of Adults 50 and over who have ever had a sigmoidoscopy or colonoscopy	2002		55.30%	2	52.60%	50%
Percent of Adults 50 and over who have had a blood stool test in past two years	2002		48.30%	1	33.50%	50%
Breast Cancer						
Deaths	2004-06	52	21.5	2	22	21.3
Incidence	2002-04	215	97	NA	111.3	
Prostate Cancer						
Deaths	2004-06	49	19.8	2	20.2	28.2

Incidence	2002-04	264	118.9	NA	129.2	
Cervical Cancer						
Deaths	2004-06	4	2.1	2	2.6	2
Incidence	2002-04	14	9.1	NA	9.2	
Percent of adult (18+) women who have had a pap test in past three years	2002		78.00%	3	82.20%	90%
Skin Cancer						
Deaths	2004-06	12	2.5	2	2.8	2.3
Incidence	2002-04	54	12.8	NA	15.9	
Chronic Lower Respiratory Diseases (CLRD)						
Deaths	2004-06	168	30.3	1	36.6	62.3
CLRD Hospitalizations	2004-06	991	241.7	1	329.2	
Percent of Adults (18+) with asthma	2002		11.40%	3	10.70%	
Asthma Hospitalizations ⁴	2004-06	1,671	490.7	1	674.4	
Diabetes						
Deaths	2004-06	66	12.4	1	21.2	46
Hospitalizations ⁴	2004-06	6,427	1,420.20	1	1,919.10	
Hospitalizations from amputation due to diabetes ⁴	2004-06	68	15.2	1	24.3	18
Percent of Adults who have ever been told by a doctor that they have diabetes	2002		7.10%	1	8.20%	
Behavioral Risk Factors (BRFSS) Data (Percent of Adults...)						
Who have been told by a doctor or other health professional that their blood pressure is high	2002		36.80%	4	27.70%	
Who have been told by a doctor or other health professional their blood cholesterol is high	2002		43.80%	4	35.20%	17%
Who have had their cholesterol checked in last two years (of those ever measured)	2002		83.60%	2	83.10%	
With NO regular moderate physical activity	2002		51.60%	1	55.10%	
With NO regular vigorous physical activity	2002		71.60%	1	75.60%	
Who engage in no leisure-time physical activity	2002		25.50%	2	26.40%	20%
Who consume < 5 servings of fruits and vegetables per day	2002		65.40%	1	74.30%	
Who are overweight (BMI >25)	2002		43.80%	4	35.10%	
Who are obese (BMI ≥ 30)	2002		21.80%	1	22.30%	15%

Notes:

¹All Age-Adjusted rates are 3-year rates and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research. Click for trend graph. Trends not available for BRFSS data.

Age-adjusted cancer incidence rates are not displayed for fewer than 10 cases (NA)

1 - Most Favorable Situation (25% of counties)

2-3 - Average (50% of counties)

4 - Least Favorable Situation (25% of counties)

Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations. Quartiles not available for age-adjusted cancer incidence rates (NA).

³Healthy People 2010 goals are single-year rates per 100,000 population (or percentages) at the national level. Goals are not available for all indicators

⁴Includes primary and contributing diagnoses.

Health Behaviors

Health behaviors over time are a major determinant of an individual's health status. The same is also true for a community. Behaviors, in contrast to genetics, represent risk factors for the development of diseases (especially chronic diseases) that can be modified, or improved. Thus, health behaviors, and the potential for altering them, may offer a strategic opportunity for Manatee County.

Data are collected monthly by the Florida Department of Health through randomized phone interviews with adults residing in counties across the state for the Behavioral Risk Factor Surveillance System. Periodically the survey is oversampled to be able to provide results for all Florida counties. The interviews focus on questions that lend insight into individual and family patterns of behavior that may protect their health or predispose them to chronic disease.

Manatee Residents Eat Well and Exercise

Compared to other Florida counties, residents of Manatee County are more likely to engage in exercise, even its more vigorous forms, and to eat the recommended 5 servings of fresh fruits and vegetables daily. Fewer residents are likely to be obese. In fact Manatee ranks in the top quarter of Florida counties in these categories. But although the relative ranking is positive, the absolute numbers suggest considerable opportunity for improvement. Approximately only half of the local residents exercise regularly, while only 3 in 10 exercise aerobically. Only one third consume the recommended levels of healthy fruits and vegetables.

Some Health Status Measures Are of Concern

Manatee residents are like most Floridians when it comes to utilizing some routine preventive services. For example most people have had their cholesterol levels checked recently. However, Manatee residents are more likely to have high blood pressure and elevated cholesterol – 2 key predictors for the development of life threatening chronic diseases. Compounding this finding, Manteeans are also more prone toward being overweight than other Floridians.

Chronic Disease

This section describes the status of serious chronic disease in Manatee County, and compares the data with other Florida counties. Sources of information are the Agency for Health Care, the Florida Department of Health, and the University of Miami. Just as with the topic of Health Behaviors, some data is positive while others are cause for deliberate study.

Coronary Heart Disease

Heart disease is the leading cause of death in the United States, with roughly a quarter of all deaths attributable to it. Florida data mirrors the US, as does Manatee. For both deaths and hospitalizations related to heart disease, Manatee falls near the state average. On a more positive note Florida and Manatee have achieved the US Healthy People 2010 goal for heart disease deaths per 100,000 population.

Stroke

Stroke is generally an outcome of vascular disease of the blood vessels of the brain, and is a leading cause of death in Florida and the US. Manatee has fewer deaths from stroke than other Florida counties, although hospitalization rates are similar. Notably, Florida and Manatee fall substantially below the target level for Healthy People 2010 of 50 deaths per 100,000 population due to stroke.

Heart Failure

Heart failure is another disabling cardiac condition that diminishes quality of life and life expectancy of those who suffer from it. Heart failure is among the more frequent causes for lengthy hospitalizations. Manatee has substantially lower rates of death and hospitalizations than most Florida counties, ranking in the upper quartile.

Diabetes

Increasingly diabetes is a disease that generates great concern for health policy makers. Rates of secondary diabetes, predisposed by overweight and obesity, have escalated. Diabetes is also a risk factor for the development of other serious chronic diseases. Comparing Manatee data to Florida and US Healthy People 2010 targets shows Manatee to be in the upper tier of Florida counties with respect to deaths, hospitalizations, and amputations from diabetes. Manatee has already achieved US Healthy People 2010 targets. In addition, fewer Manatee residents have been told/diagnosed with diabetes than in other Florida counties.

Cancer

Cancer is the second leading cause of death in the US and Florida. The table presents multiple sites and types of cancer diagnosis rates (incidence) and deaths. Overall, Manatee rates are near the state average. With the exception of prostate cancer deaths, Manatee and Florida are not achieving Healthy People 2010 targets. Utilization of preventive services is also a mixed picture. Fewer adult women have received regular pap smears, while testing for blood in the stool is better than average. More Manatee residents smoke than the state average, increasing the potential for future cancer or neoplastic disease.

Chronic Respiratory Disease

Lung disease consists primarily of bronchitis and asthma, both with strong ties to tobacco and Manatee's smoking rates. However, deaths and hospitalizations are below the state average. Adult rates of asthma are among the highest in Florida, and may relate to smoking. Asthma hospitalizations are an ambulatory care sensitive condition, and are well below the state average.

Interpreting the Findings

The chronic disease profile for Manatee County presents a complex and confusing portrait. How then might sense be made of the seemingly conflicting data? Generally, the data describing death rates and hospitalizations relates to the current burden of chronic disease in Manatee. For many specific diseases, rates are lower than the Florida and national average. Lower rates for both deaths and hospitalizations suggest high quality hospital care as well as outpatient services. It is likely also explained in part by a lesser burden of disease itself. This is a product of county demographics and the health of Manatee residents.

This relatively good news must be tempered by an examination of future estimates of disease. The same factors that were just described remain important, but health behaviors must also be considered. Important barometers for assessing the future include the use of preventive services, exercise rates, healthy diet, healthy weight, and smoking. Several of these factors suggest disease rates will increase, as well as the societal costs associated with health care. Access to primary care services for all income groups and all segments of society may also influence chronic disease rates. Overall, a strong focus on prevention (in its many forms) offers the most potent antidote available. It is also an opportunity for the leadership of Manatee County to define a future vision for what they would like Manatee to become.

Appendix C: Surveys

1. Introduction

Surveys are a well established research technique used in social science and market research. Our aim in using them during this research was to solicit the views, opinions and experiences of a large number of residents and other constituent groups in Manatee County.

Our research design relied primarily on web-based surveys. These targeted residents, business owners and physicians. Each survey comprised a number of questions that prompted respondents to reflect on their experience of healthcare. The surveys also solicited suggestions as to how the issues and concerns identified by respondents might be addressed.

Within each of our target groups, every respondent was invited to respond to the same questions. By standardizing the questions, we sought to reduce bias and maximize the reliability and validity of the data we gathered. The survey protocols are set out below: their sequence was designed to minimize the risk of bias (whereby the response to one question influences the response to subsequent questions) and to ensure compliance with contemporary scientific practice and USFs research regulations.

The advantages of this method include efficiency, flexibility, freedom from error and bias and ease of administration. However, there are some limitations. These include dependence on respondents' motivation, frankness, memory and ability to respond. Non-response error is common in survey research: that is, people who chose to respond to the survey questions may be different from those who do not, thus biasing the results. Our survey designs sought to minimize these limitations.

Given the exploratory nature of our research, we did not employ random sampling techniques. Time and other resources limited the extent to which we could employ simple or stratified sampling techniques to maximize the representativeness of the sample we surveyed. In this phase of the research, we relied on a convenience sampling approach, whereby those who are available and willing to take part in the survey do so. Clearly, the ease of administration and ease of access for the respondents affects the validity of the sample since we cannot guarantee that every element of the county's population has been surveyed.

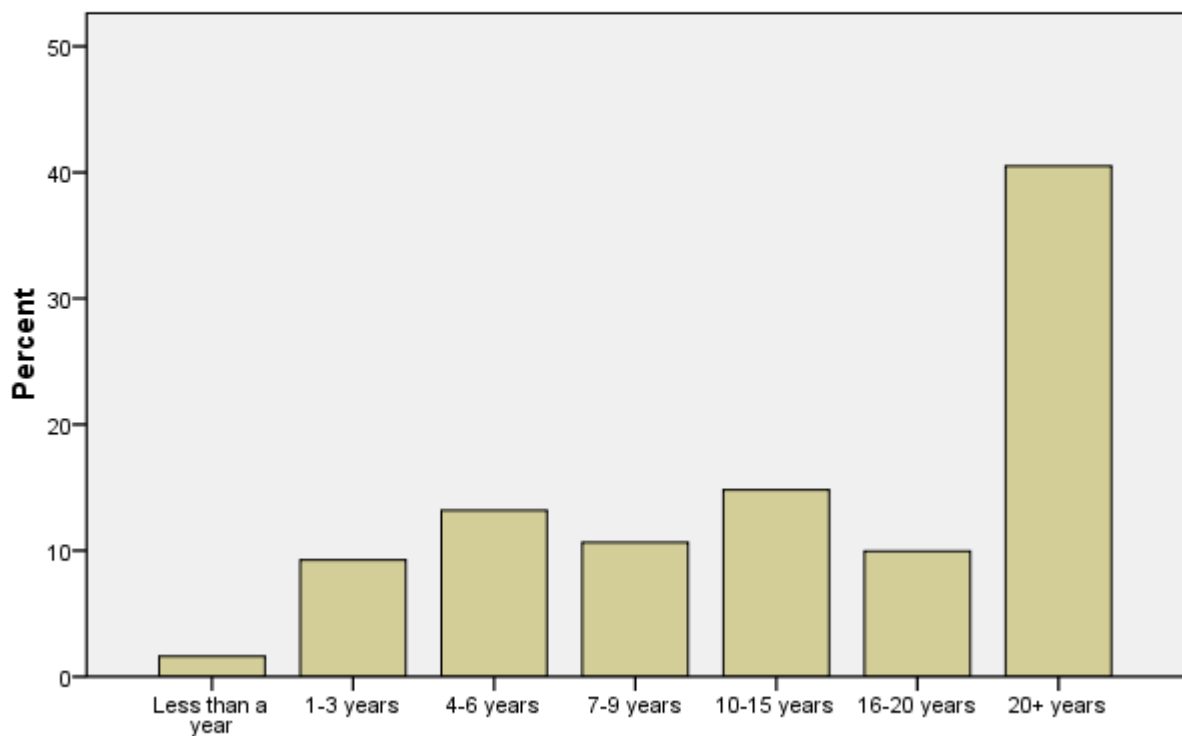
Our survey sample 'populations' then were essentially self-selected. The same is true of the other medium we used to gather evidence, the Town Hall Meetings. These were held in Palmetto, downtown Bradenton and at the USF Sarasota/Manatee campus.

The on-line surveys were analyzed using standard statistical techniques to identify measures of location and dispersion, enabling us to identify means and trends among the data.

Survey Data

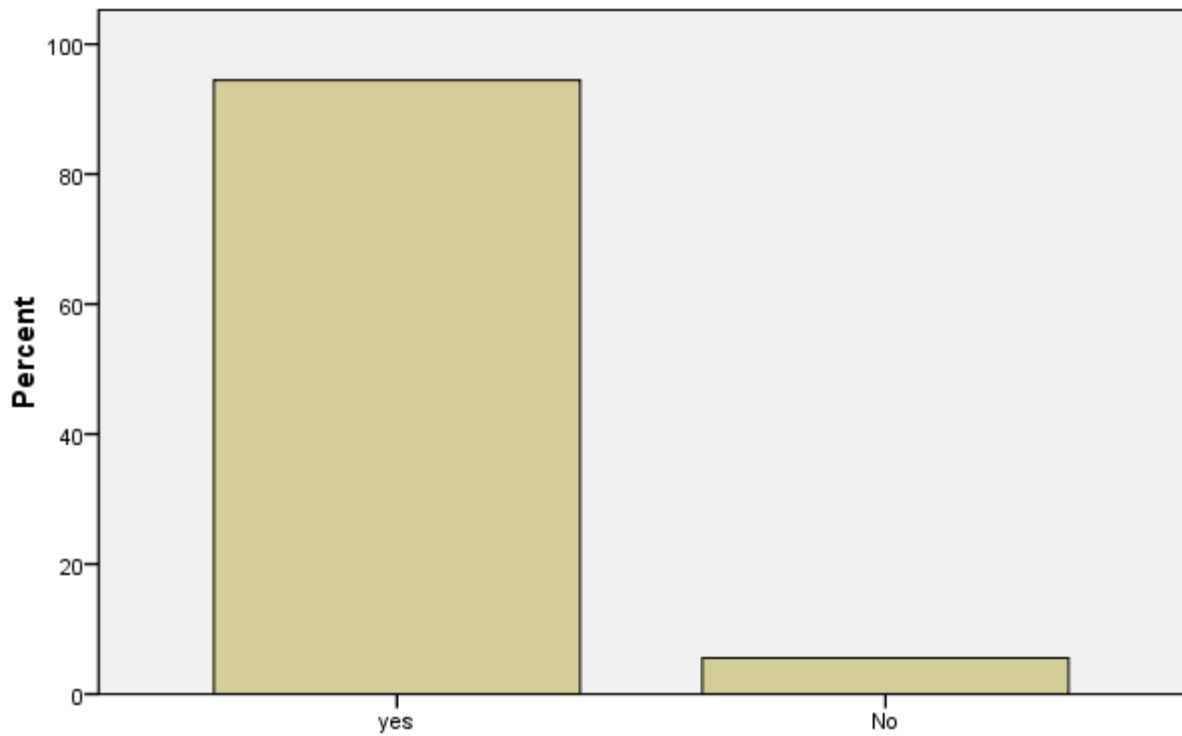
Manatee Residents

4. For how long have you been a resident of Manatee County?



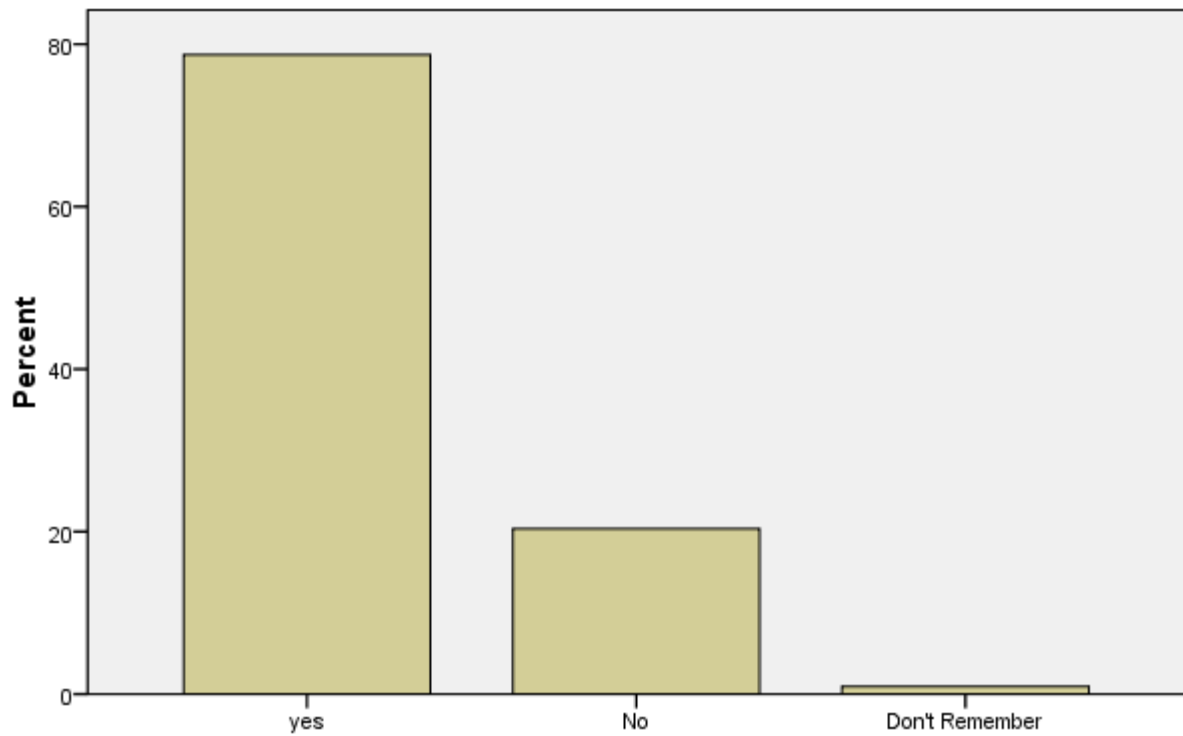
4. For how long have you been a resident of Manatee County?

Had your blood pressure taken by a health care provider/Yes



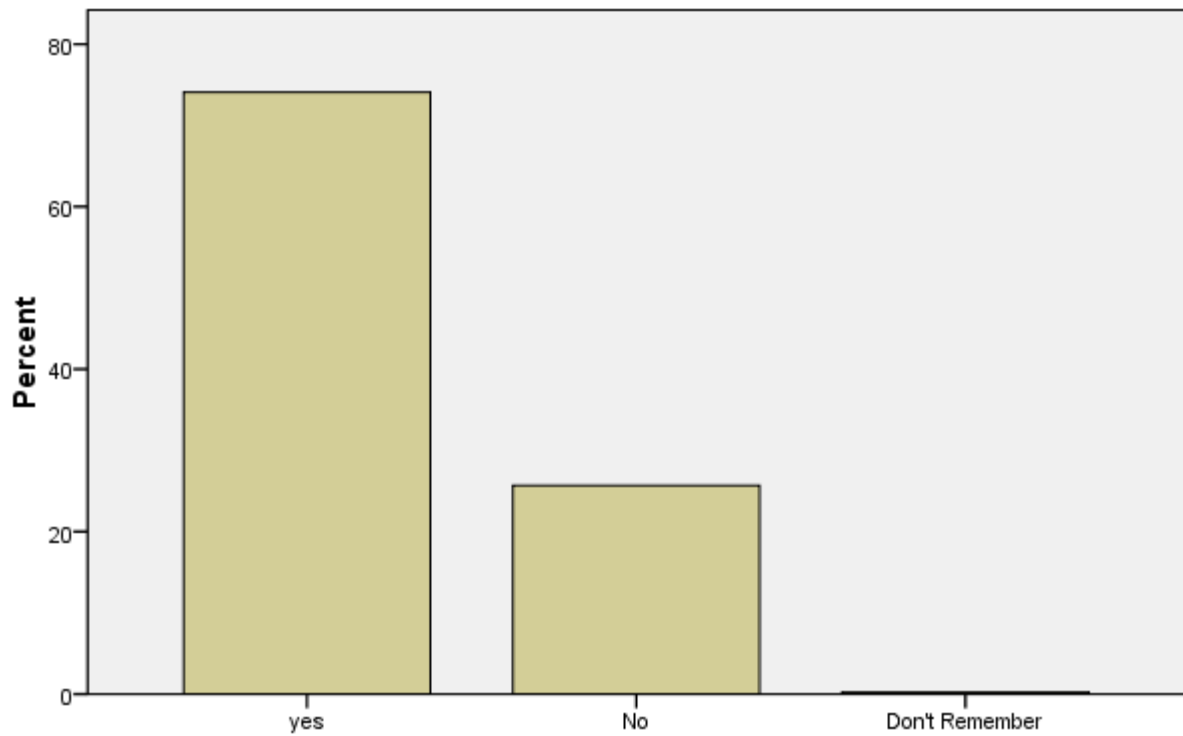
Had your blood pressure taken by a health care provider/Yes

Had your blood cholesterol measured by a health care provider/Yes



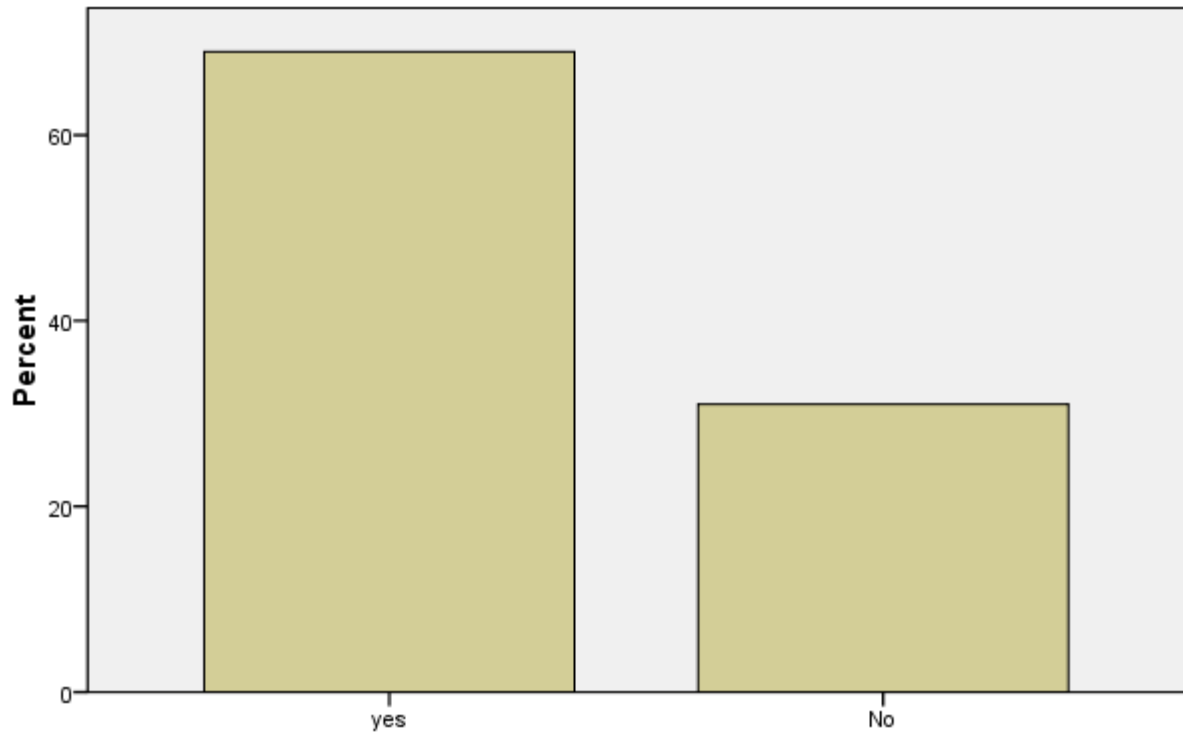
Had your blood cholesterol measured by a health care provider/Yes

Had a complete physical check up done by a health care provider/Yes



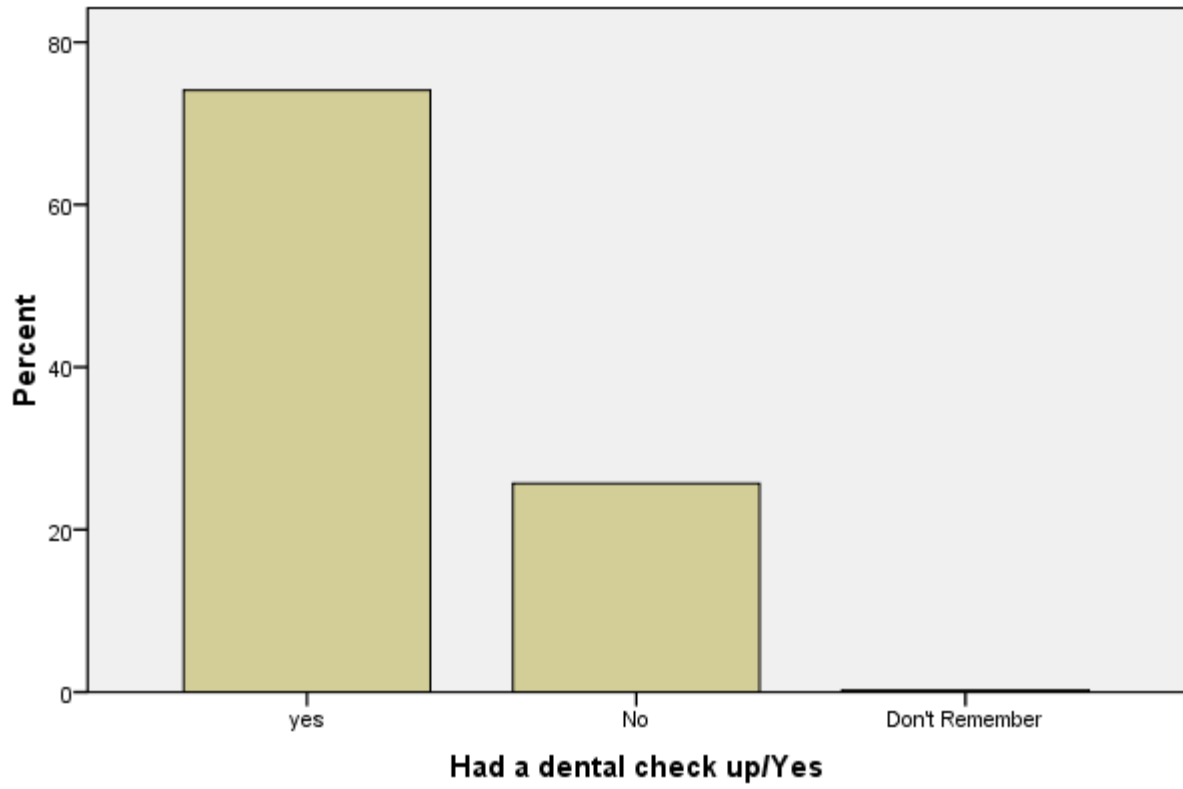
Had a complete physical check up done by a health care provider/Yes

Had an eye examination/Yes

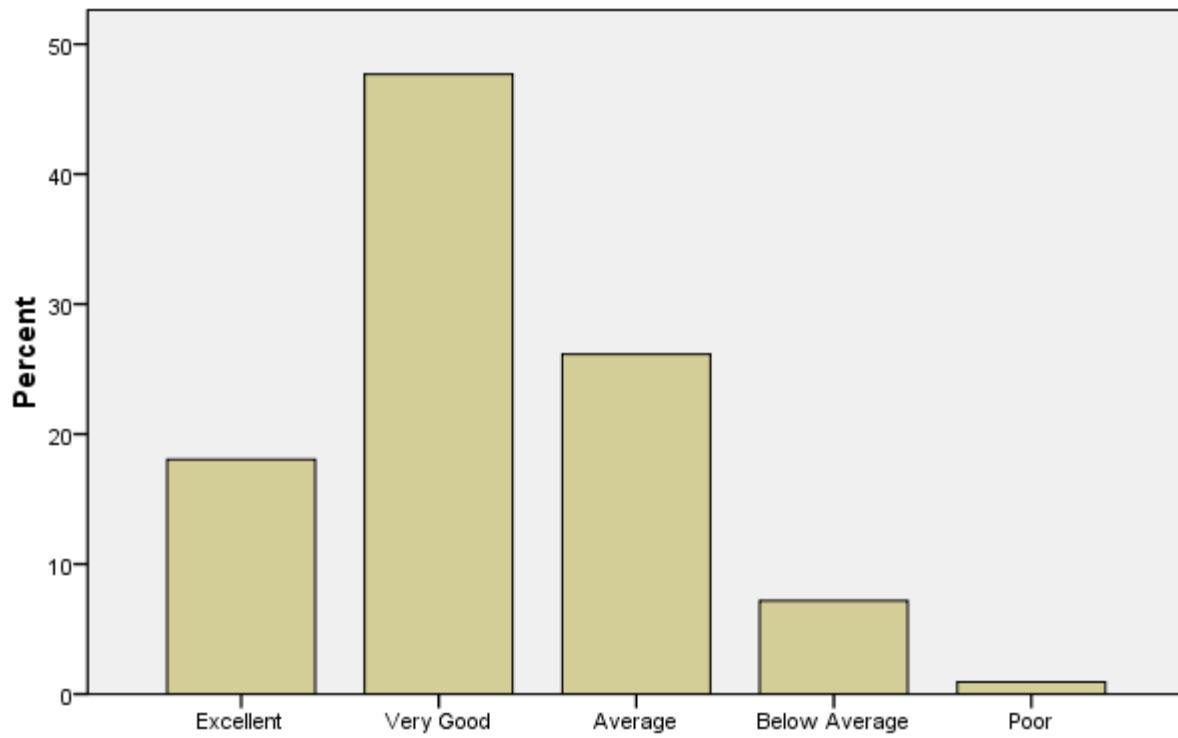


Had an eye examination/Yes

Had a dental check up/Yes

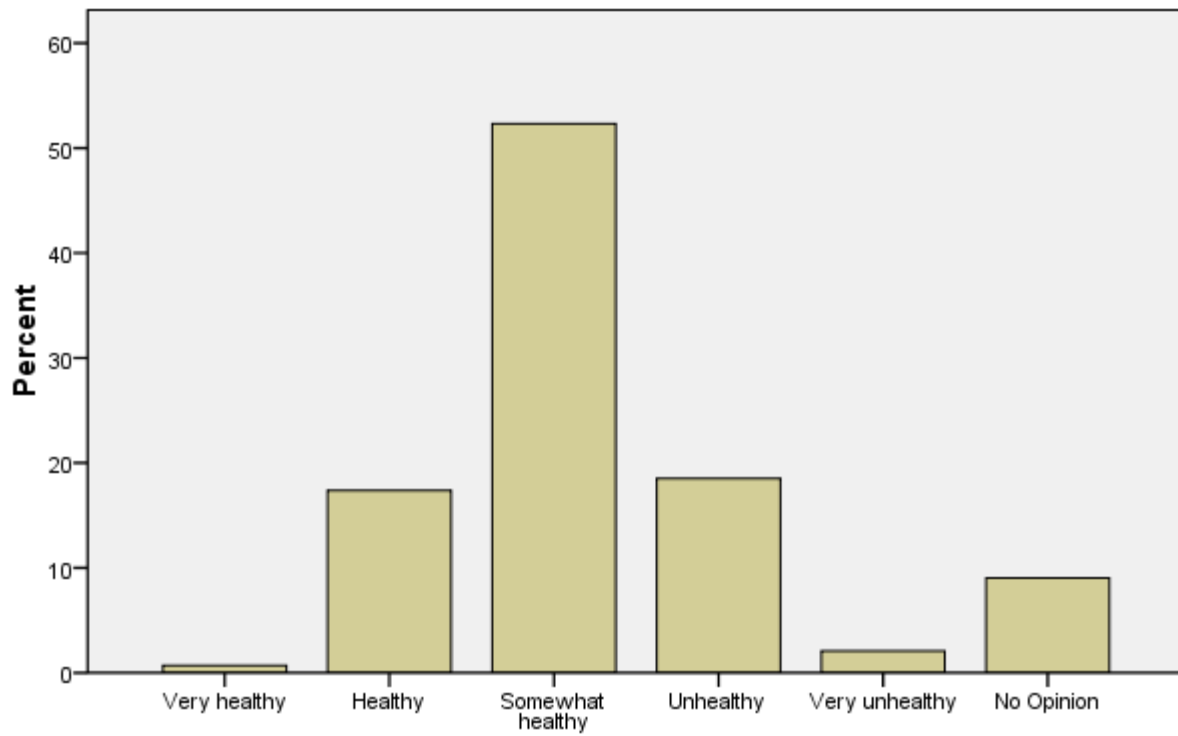


6. In general how would you rate your health?



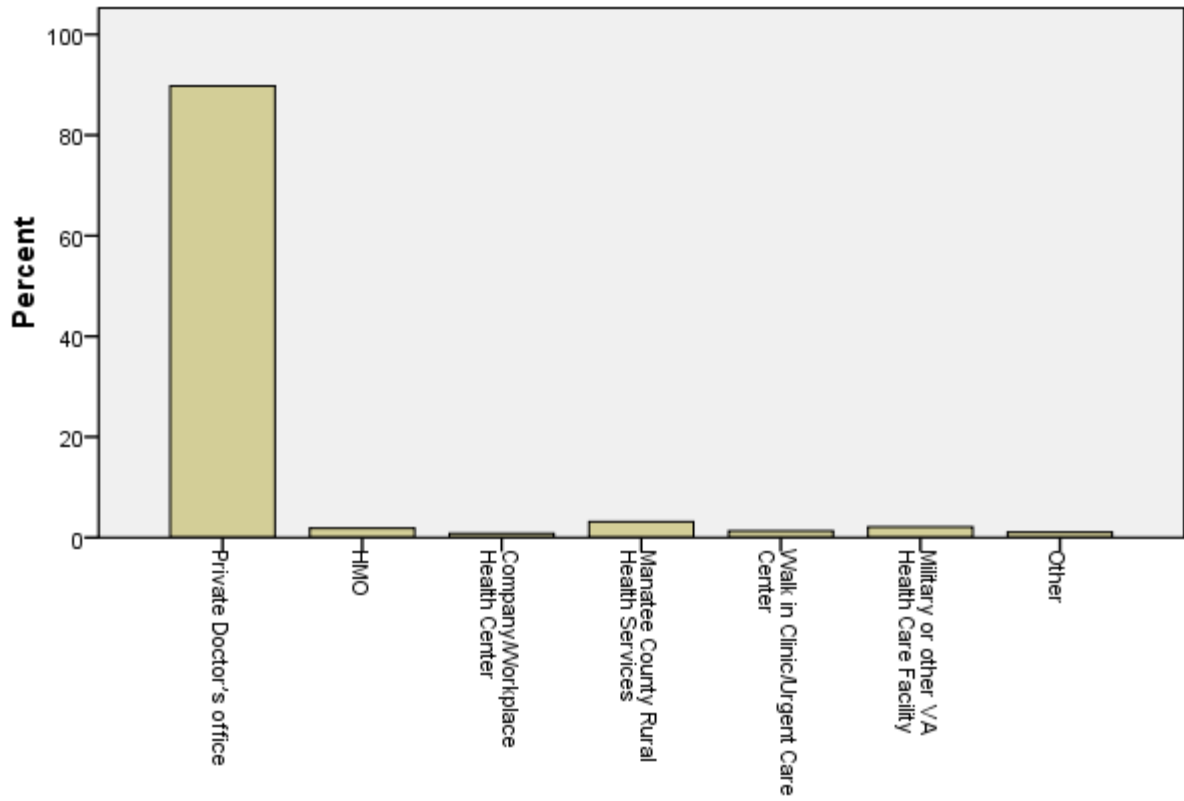
6. In general how would you rate your health?

7. How would you rate Manatee County as a "Healthy Community"?

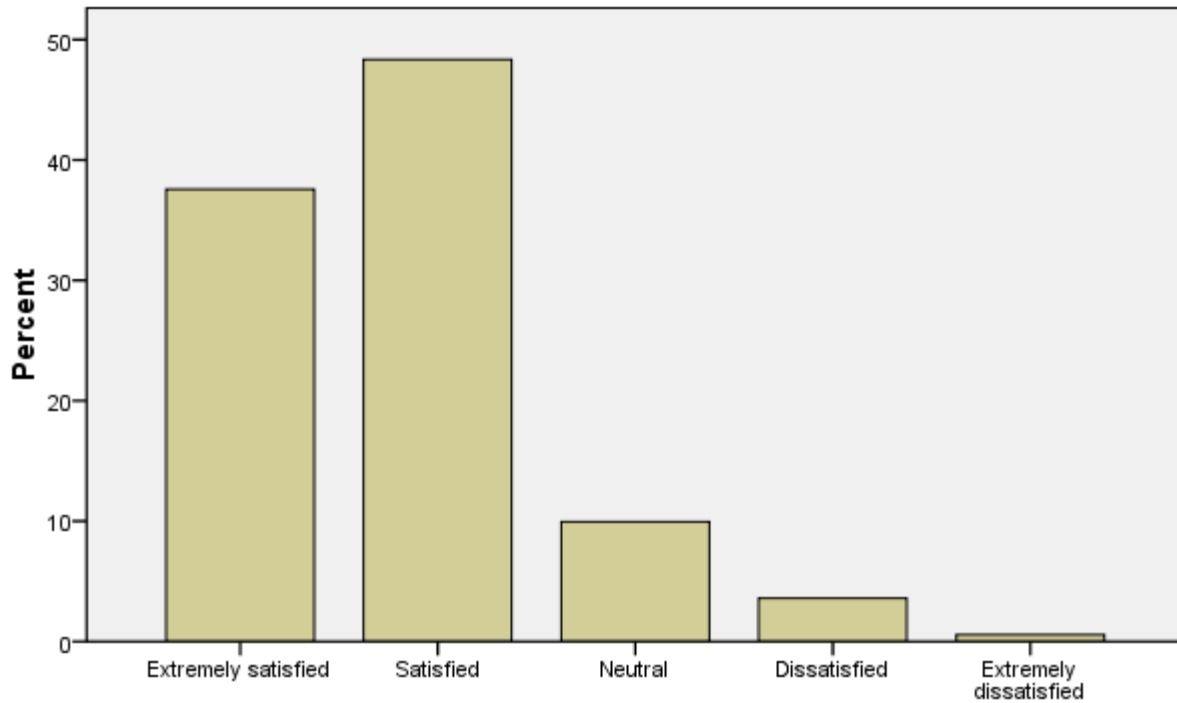


7. How would you rate Manatee County as a "Healthy Community"?

9. Where do you go for primary care?

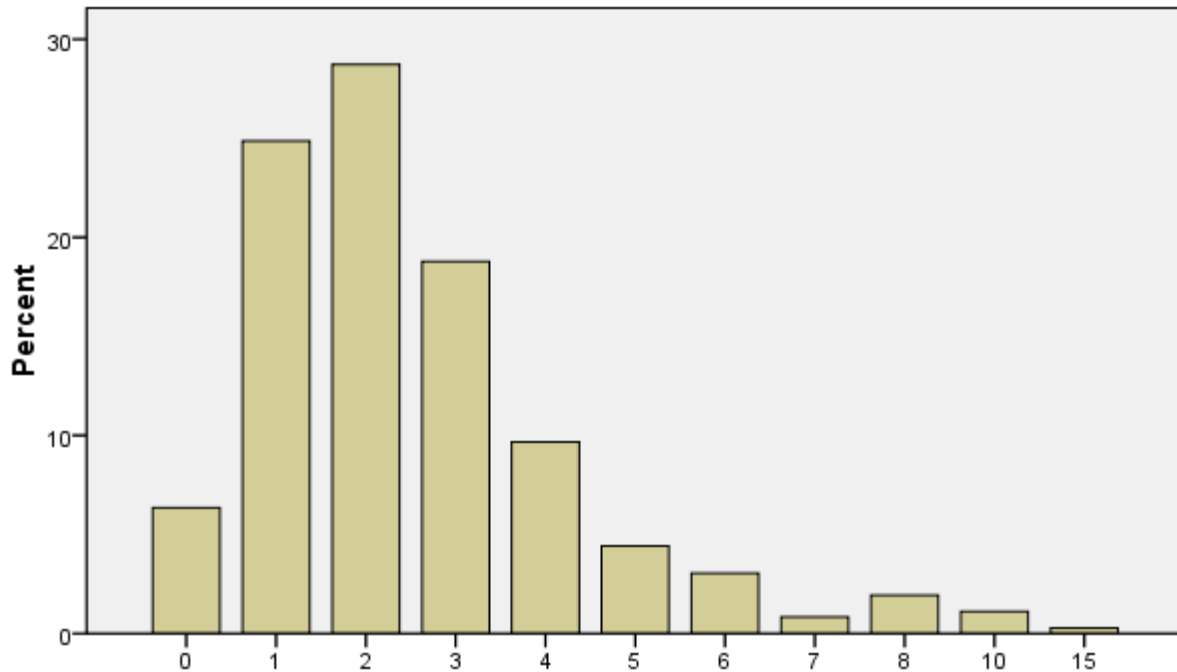


10. Generally speaking, how satisfied are you with the health care services you have received from your primary care provider?



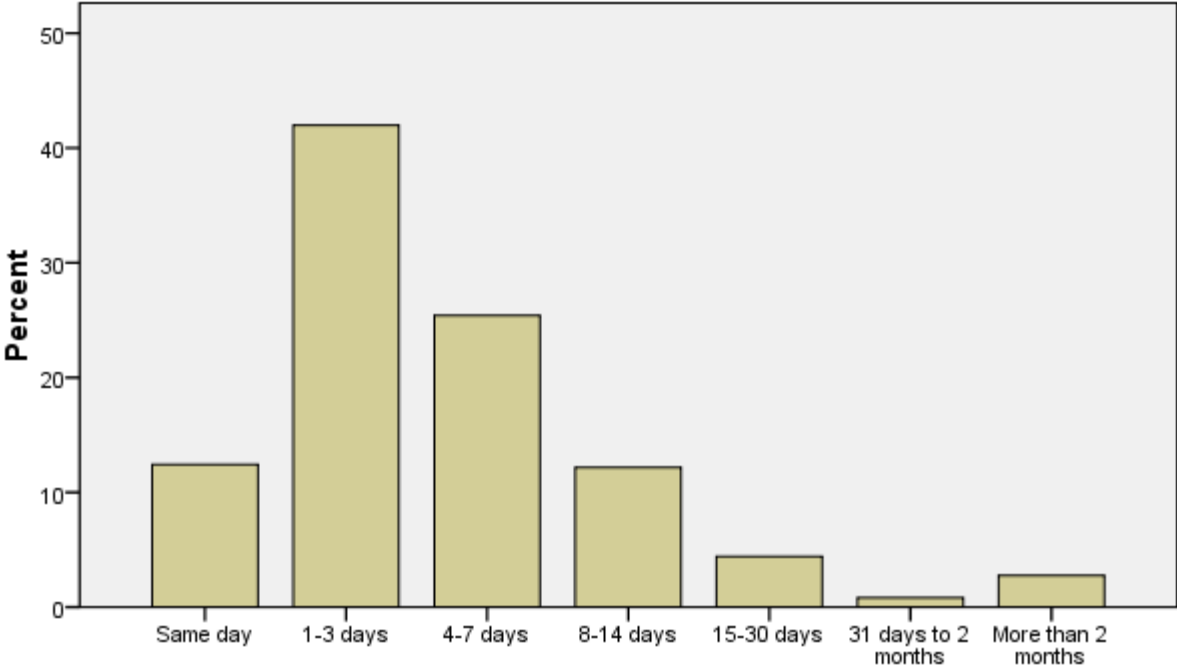
10. Generally speaking, how satisfied are you with the health care services you have received from your primary care provider?

11. Within the past year, approximately how many times did you have an appointment with your primary care provider for routine health care (such as check-ups, an illness or injury)?



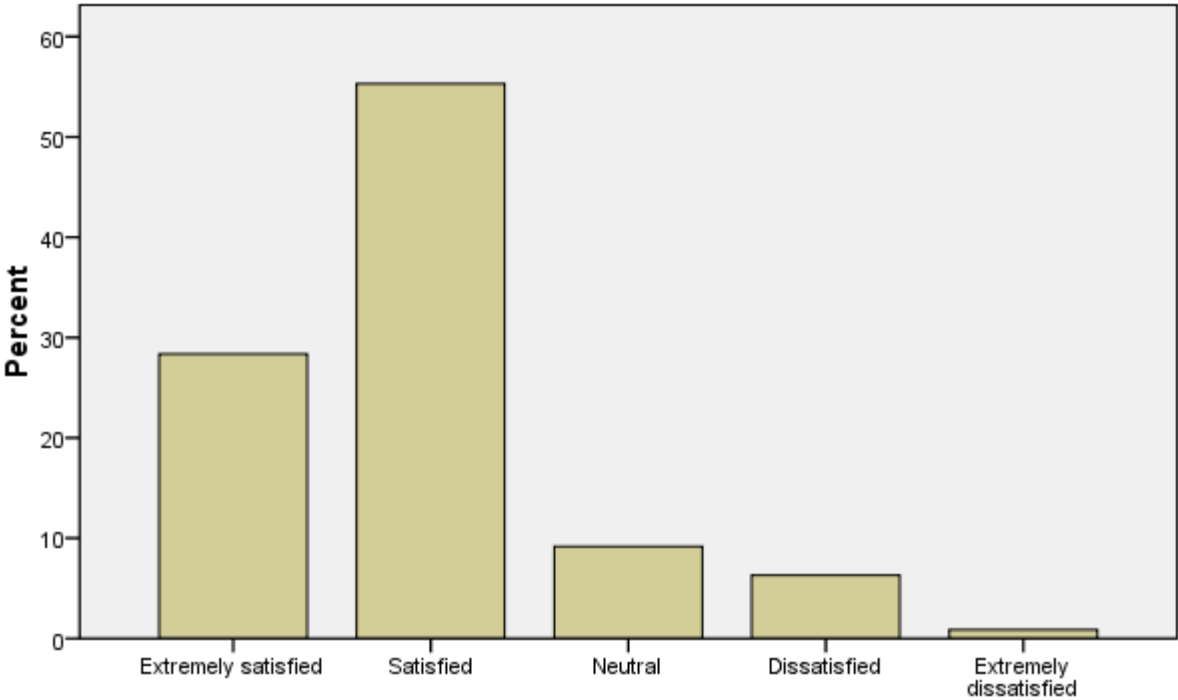
11. Within the past year, approximately how many times did you have an appointment with your primary care provider for routine health care (such as check-ups, an illness or injury)?

12. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for scheduled care?



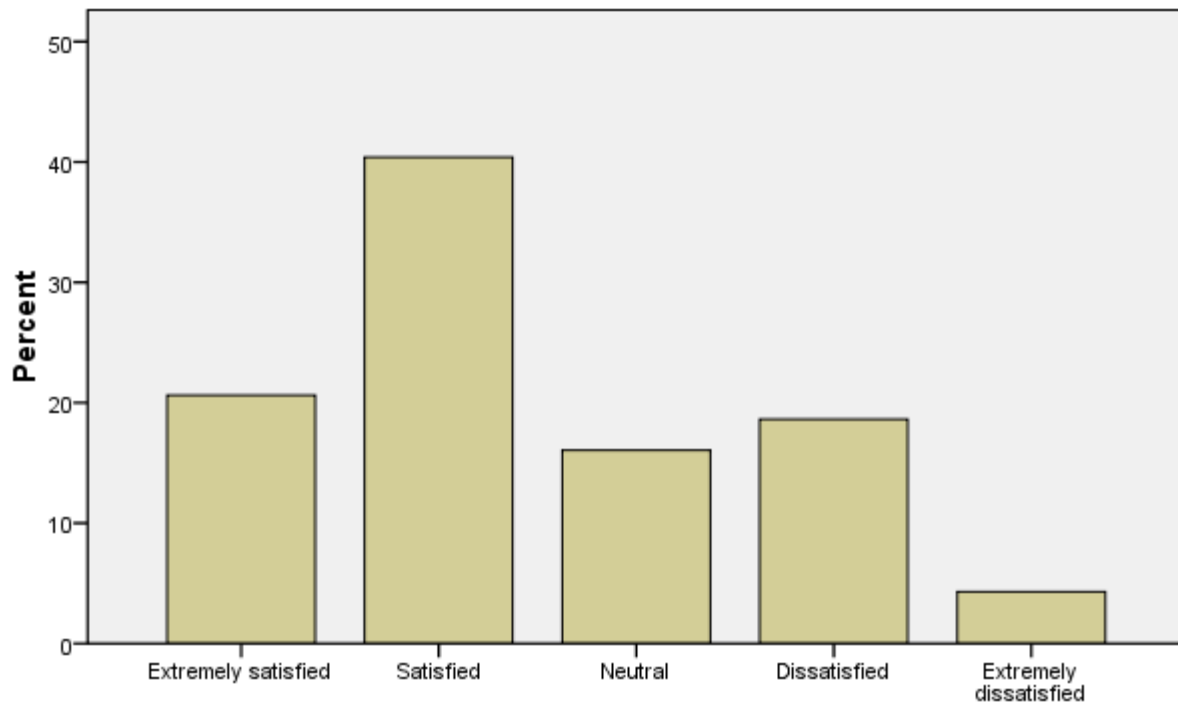
12. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for scheduled care?

13. Thinking of past three years, how satisfied are you with each of the following aspects of services provided by your primary care provider?



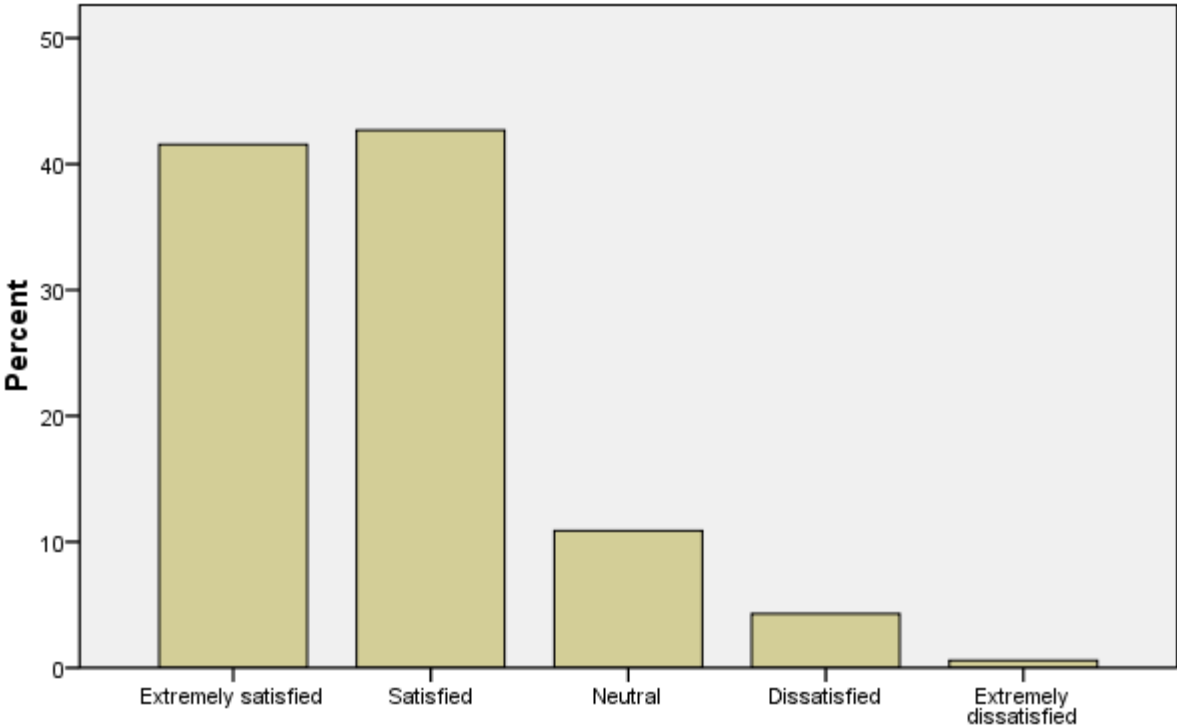
13. Thinking of past three years, how satisfied are you with each of the following aspects of services provided by your primary care provider?

The amount of time you waited at your doctor's office before getting into see him or her



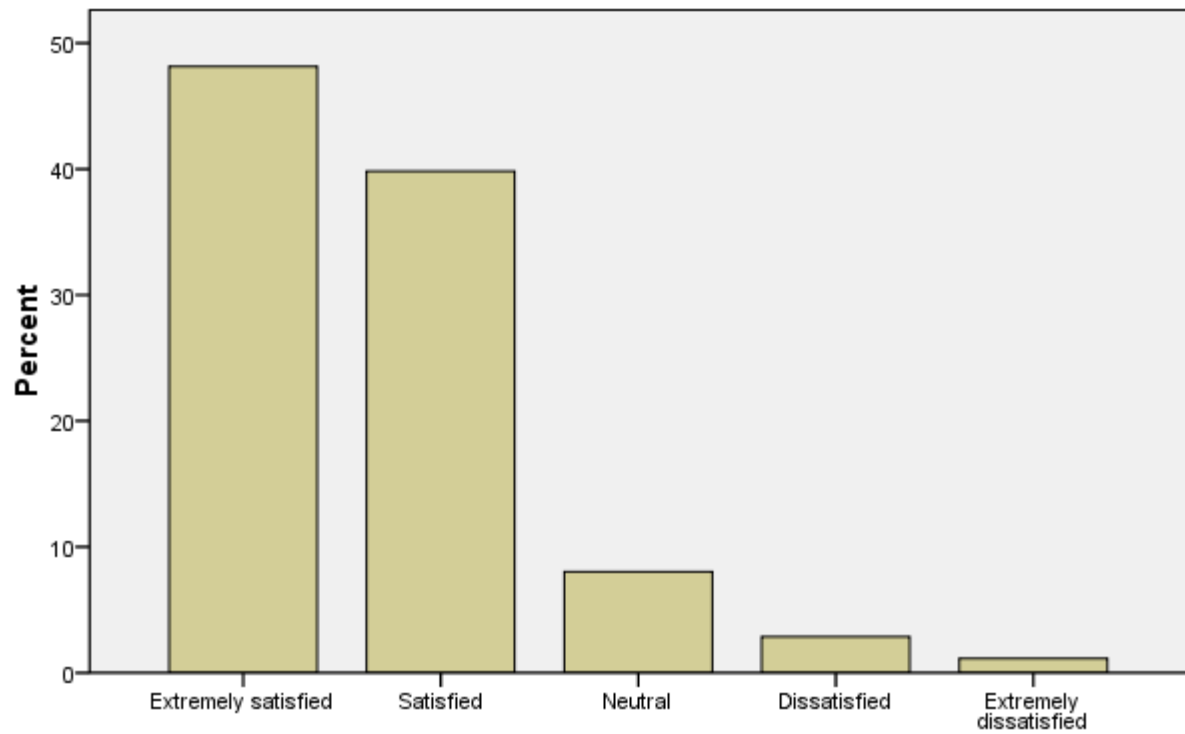
The amount of time you waited at your doctor's office before getting into see him or her

The courtesy and respect you received from office staff



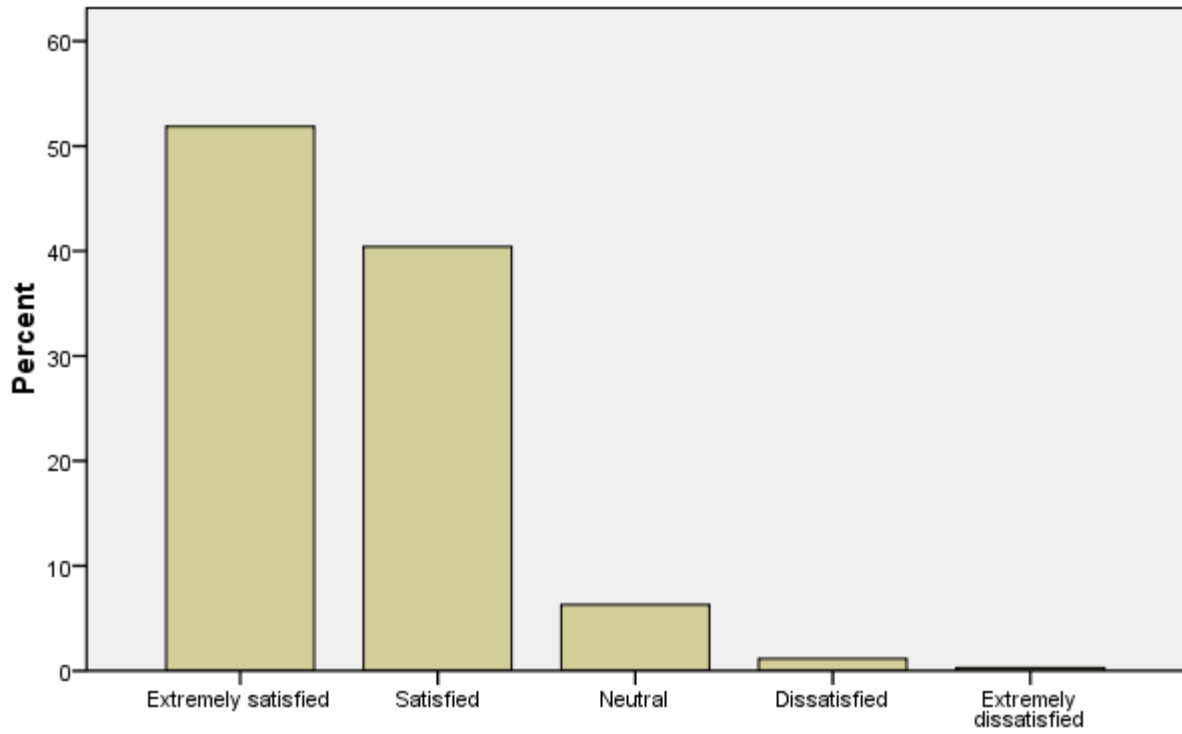
The courtesy and respect you received from office staff

The attention given to your health care concerns by your doctor



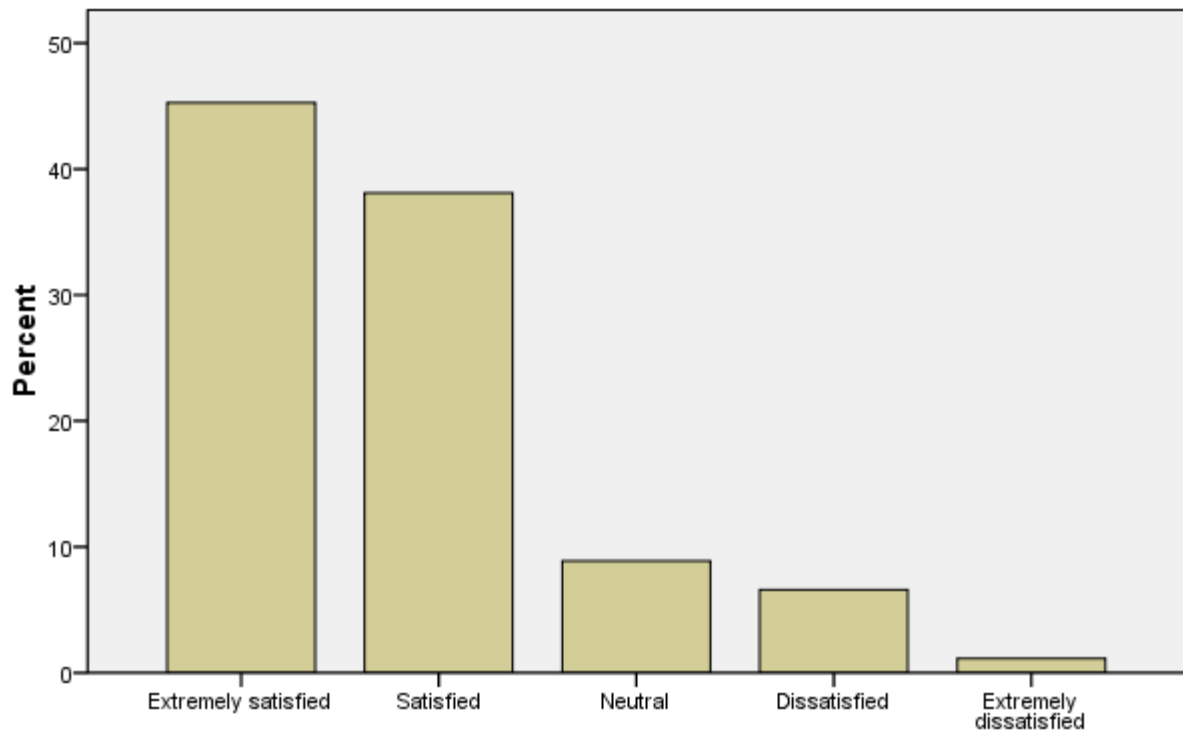
The attention given to your health care concerns by your doctor

Explaining things to you in a way you could understand



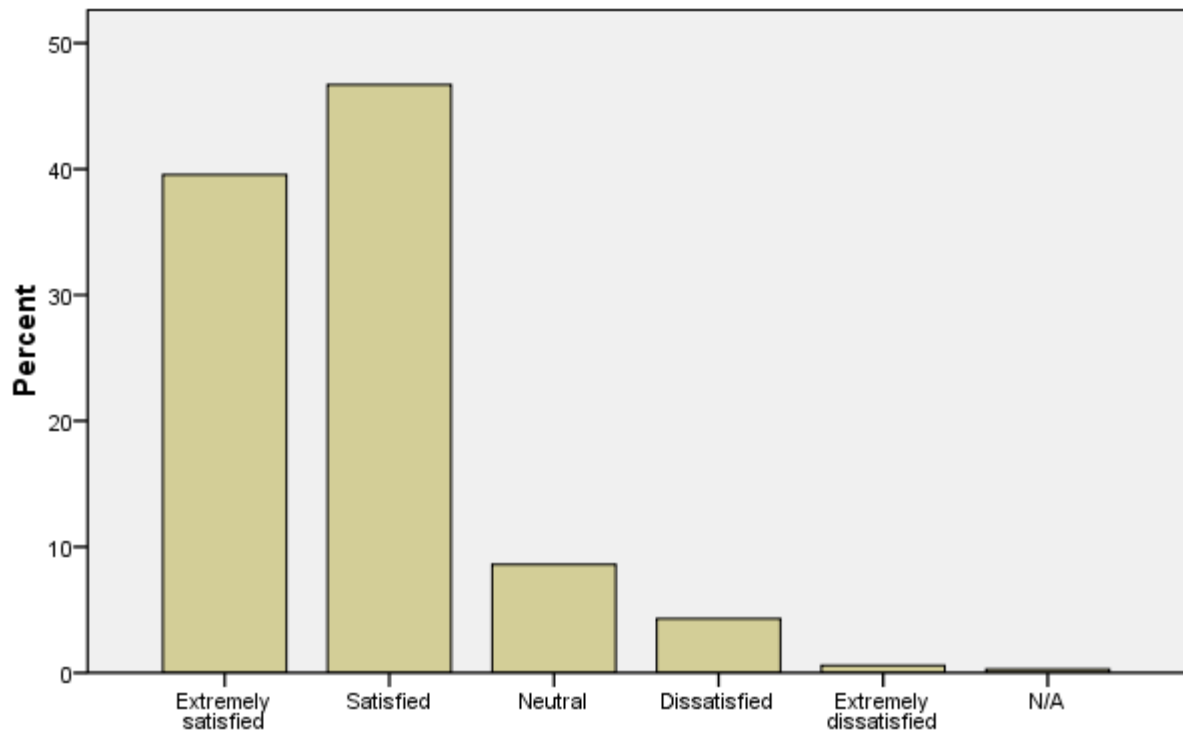
Explaining things to you in a way you could understand

Spending enough time with you during the appointment



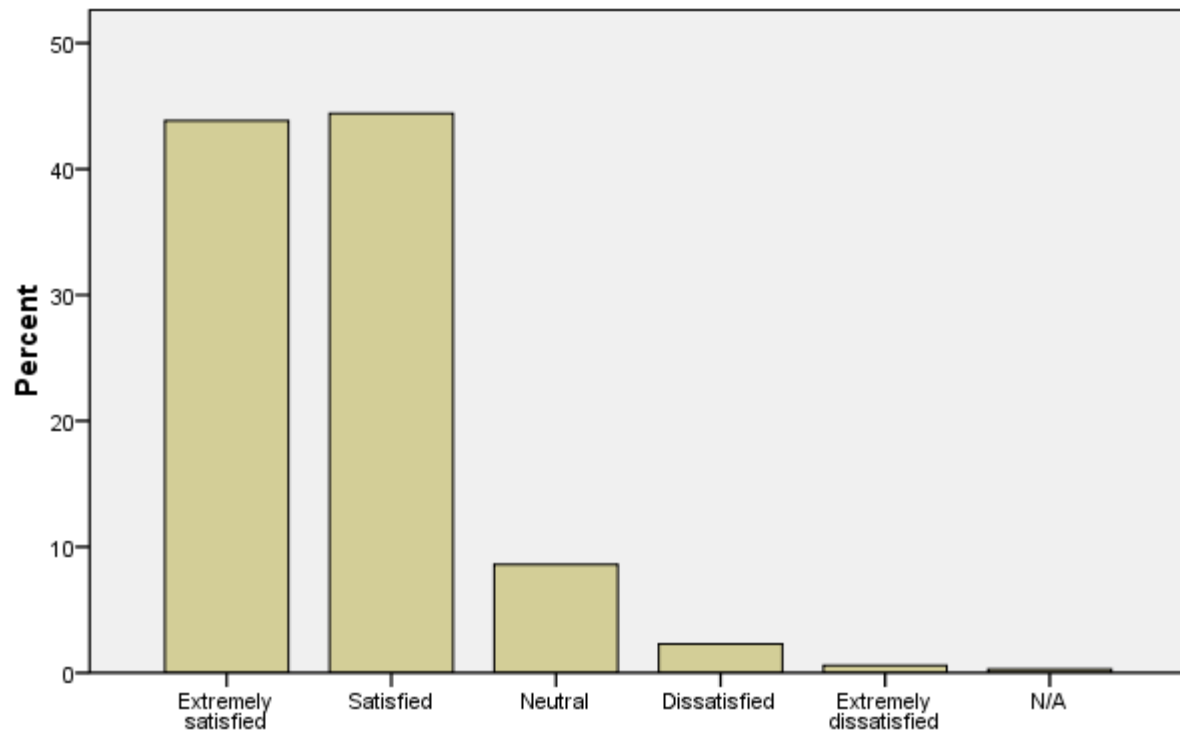
Spending enough time with you during the appointment

The care, tests or treatment options you were offered



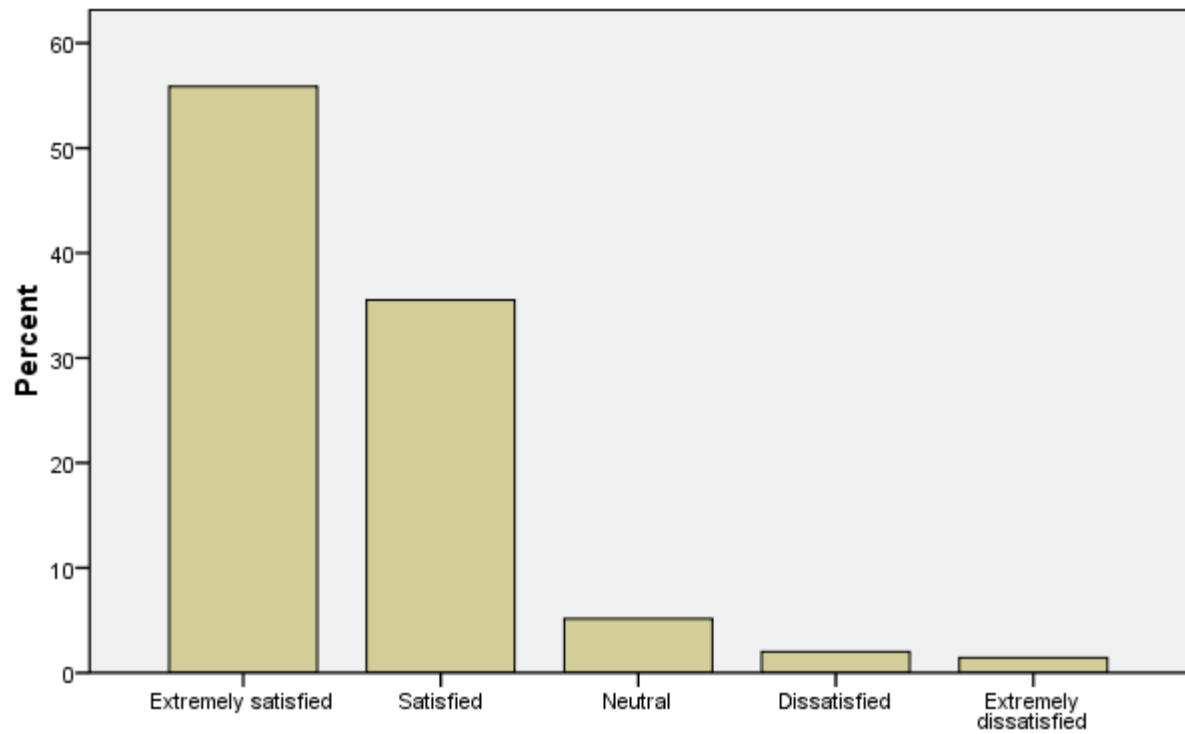
The care, tests or treatment options you were offered

The level of involvement you had in decisions about your health care



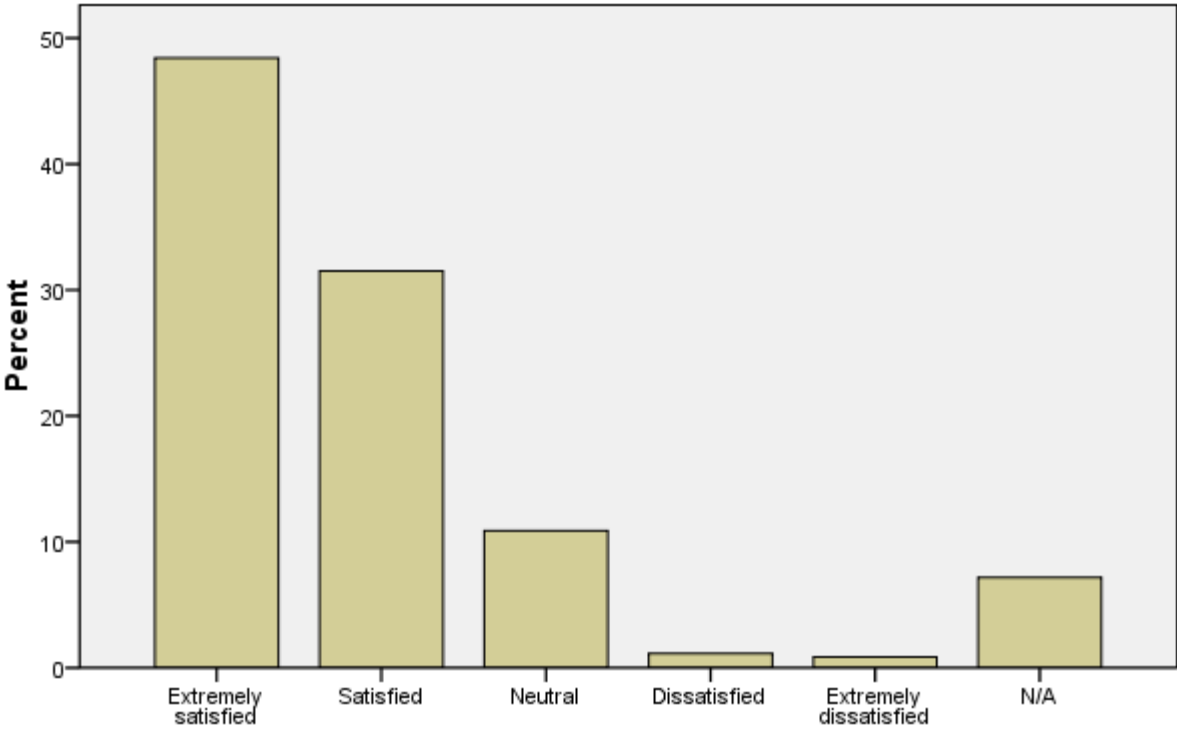
The level of involvement you had in decisions about your health care

The courtesy and respect you received from your doctor



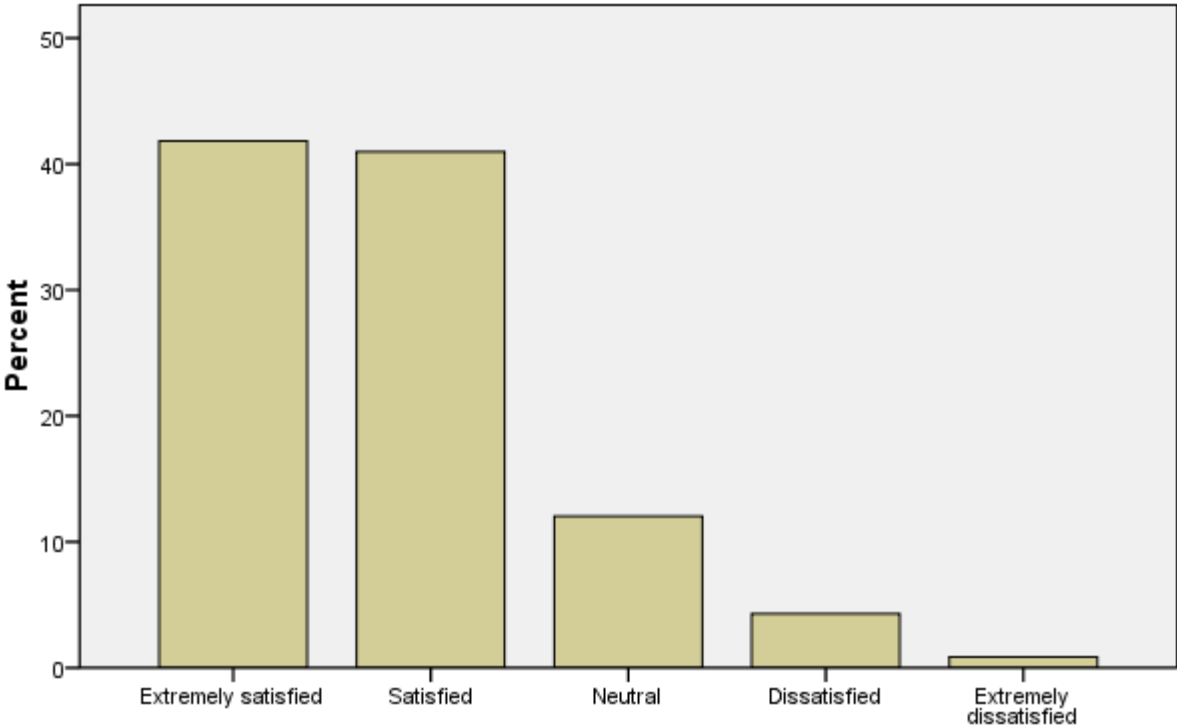
The courtesy and respect you received from your doctor

The ability to refer you to a specialist in a timely manner



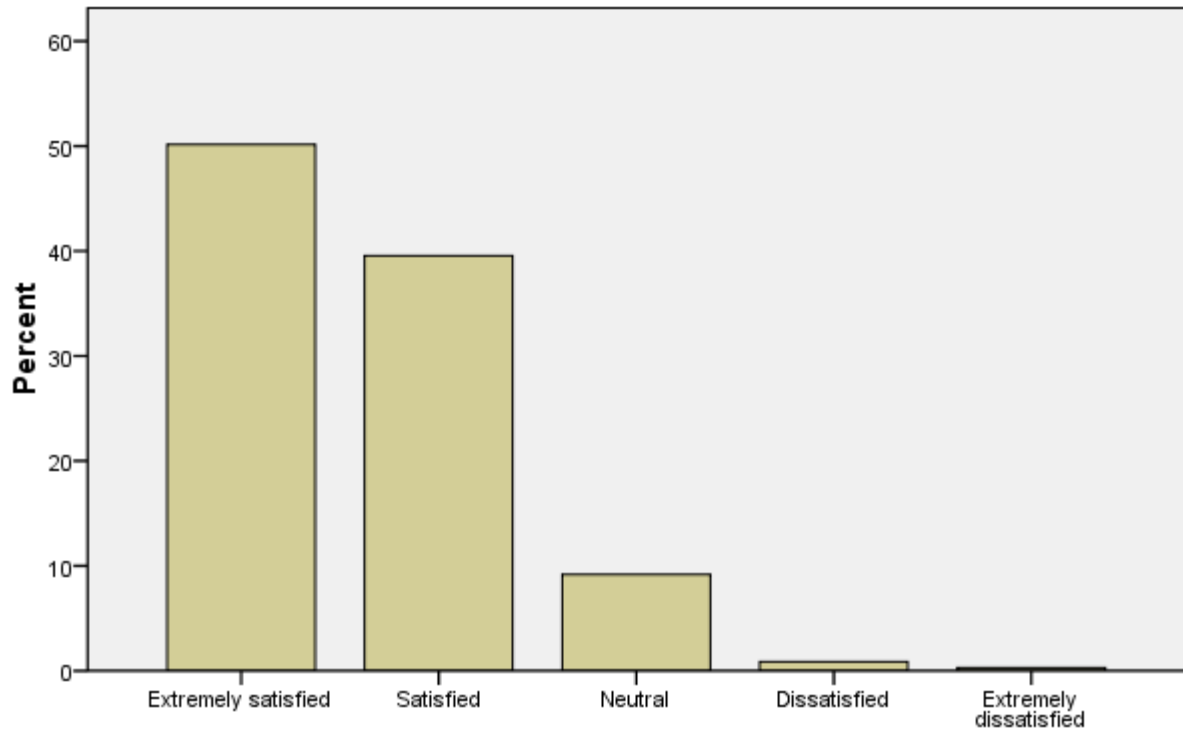
The ability to refer you to a specialist in a timely manner

The thoroughness of examinations your doctor conducts



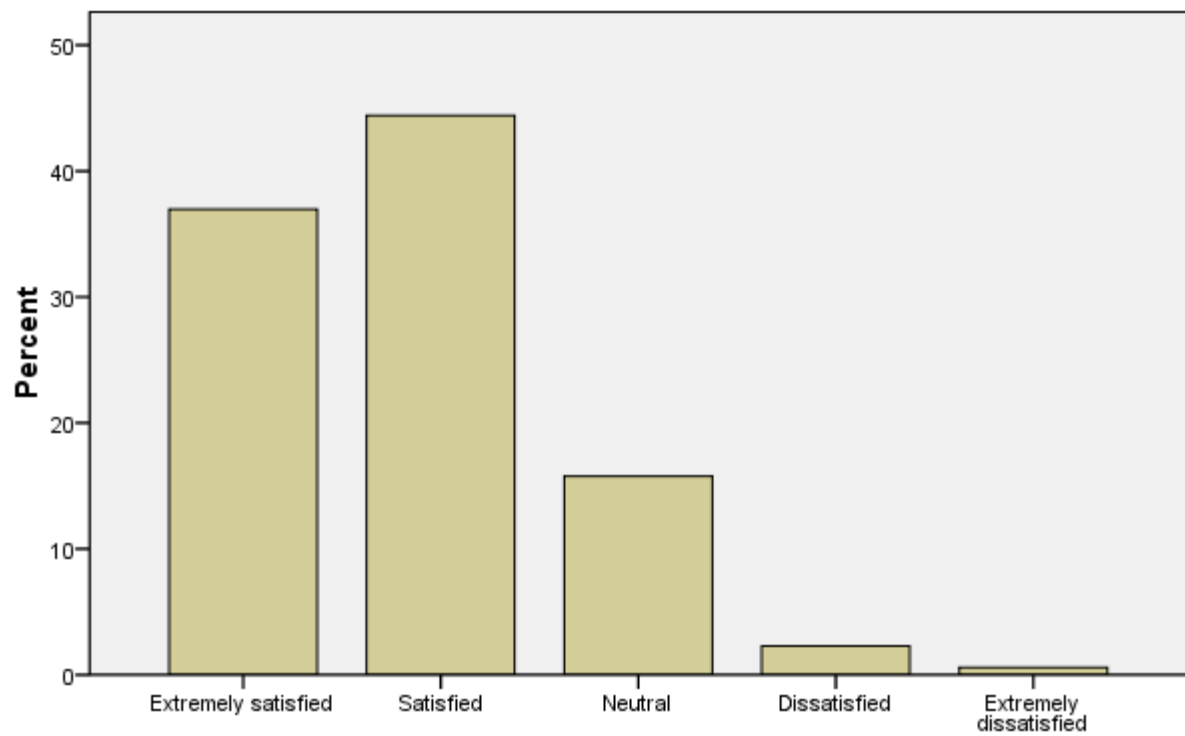
The thoroughness of examinations your doctor conducts

The knowledge and competence of your doctor



The knowledge and competence of your doctor

The ultimate impact your doctor's care has had upon your health and life

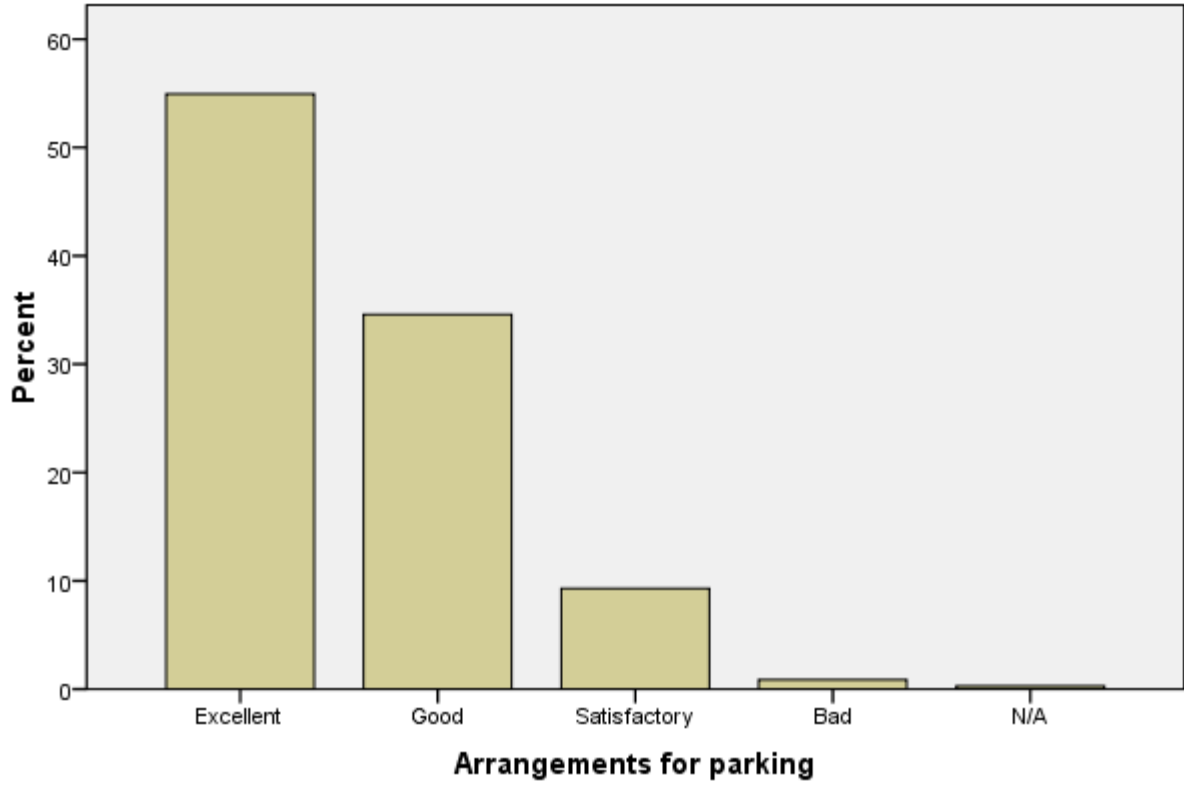


The ultimate impact your doctor's care has had upon your health and life

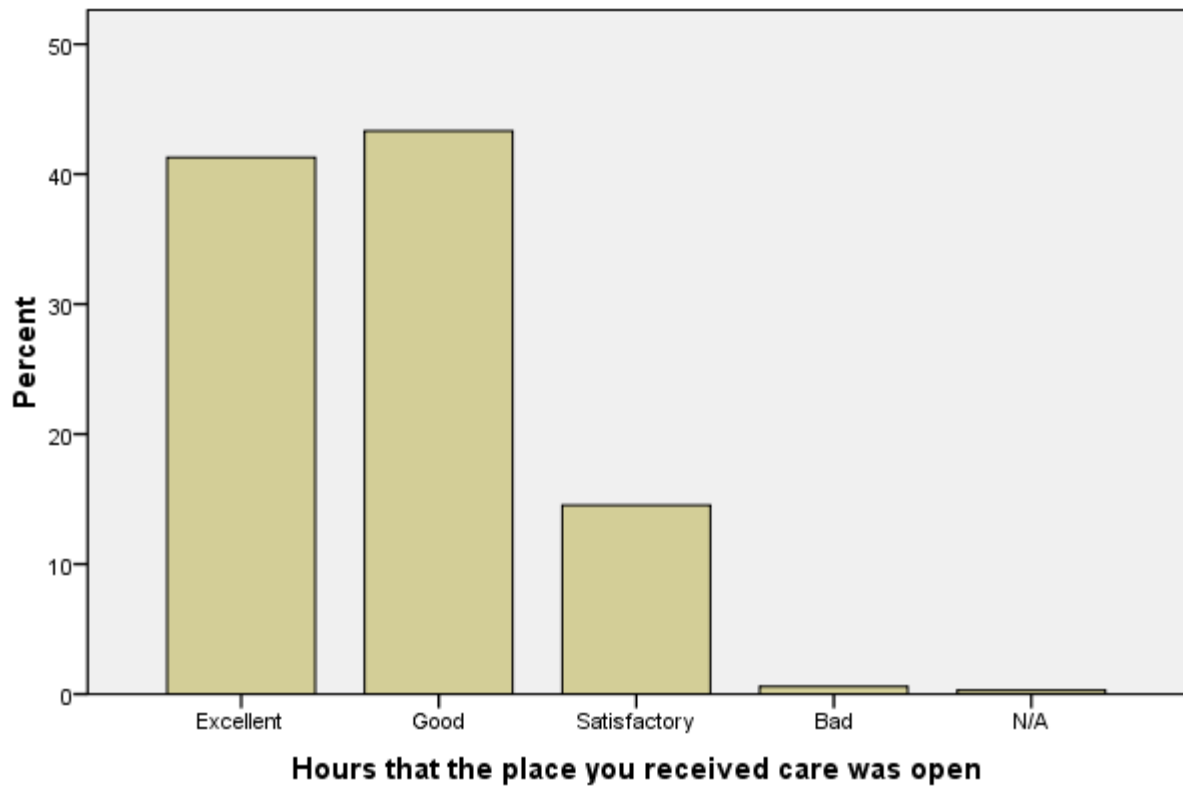
Convenience of the location where you received care



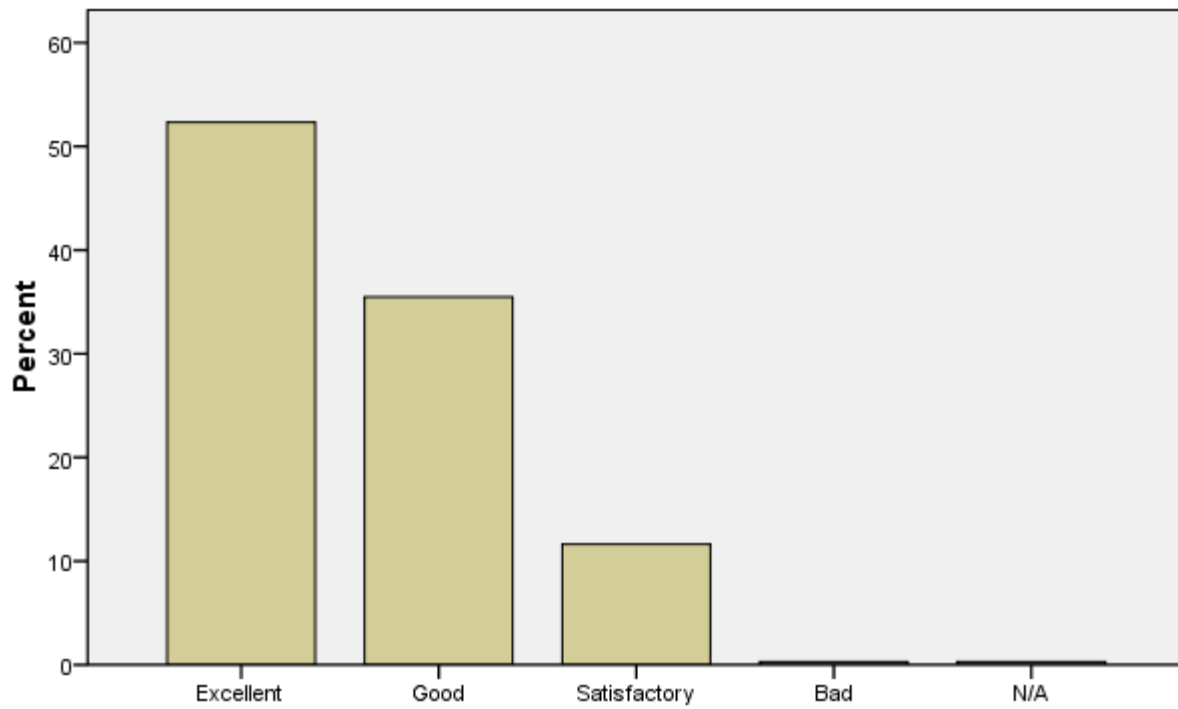
Arrangements for parking



Hours that the place you received care was open

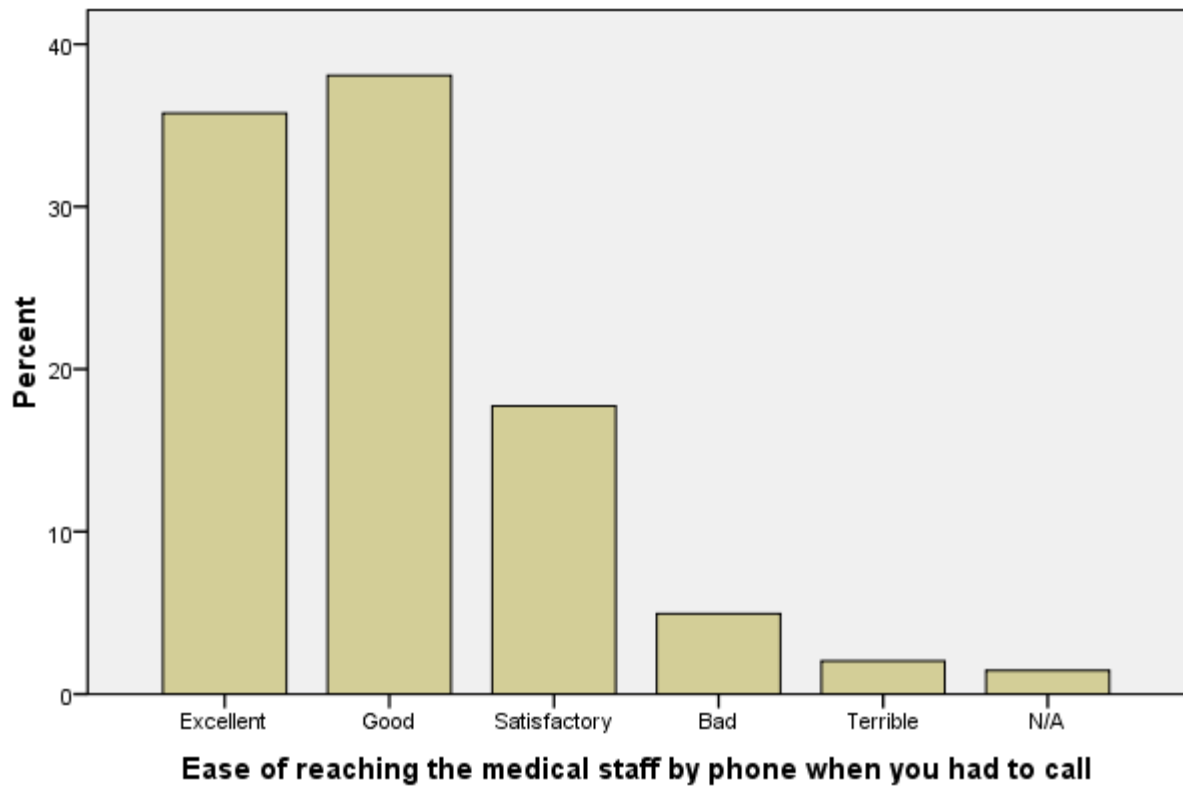


The office environment (cleanliness, comfort, lighting, temperature) where you received care

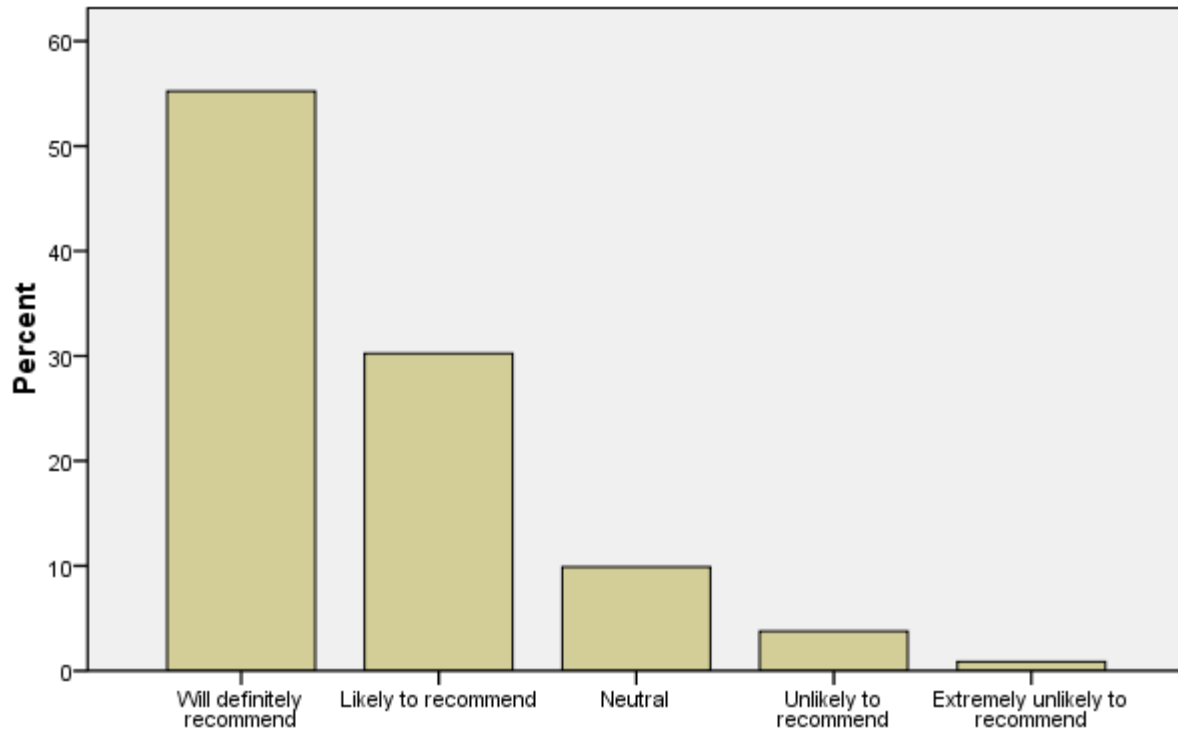


The office environment (cleanliness, comfort, lighting, temperature) where you received care

Ease of reaching the medical staff by phone when you had to call

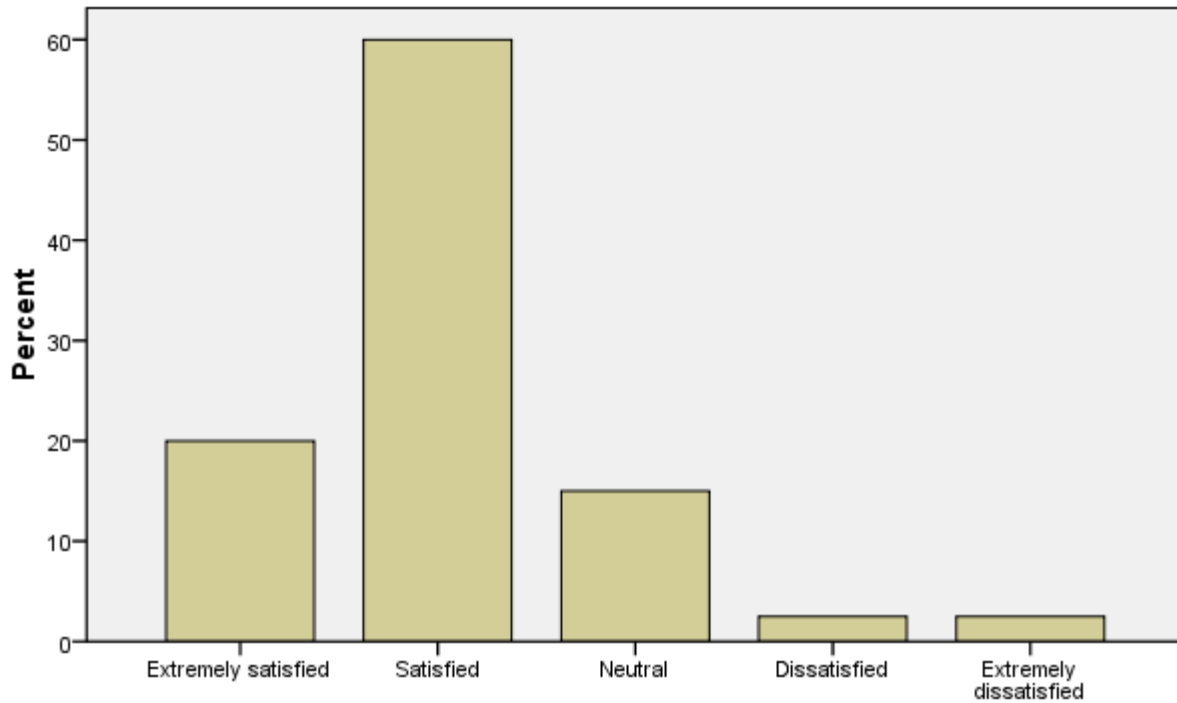


16. Would you recommend this primary care provider to others?



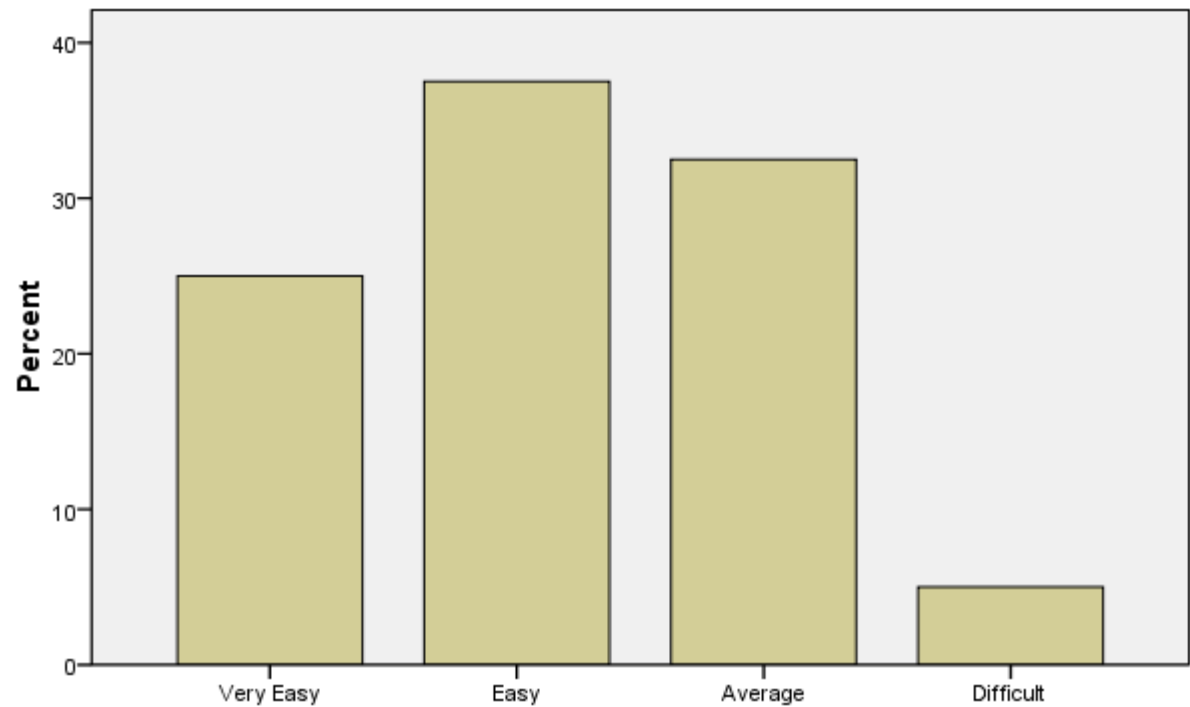
16. Would you recommend this primary care provider to others?

20. How satisfied are you with the services you have received at the health facility you went to most recently?



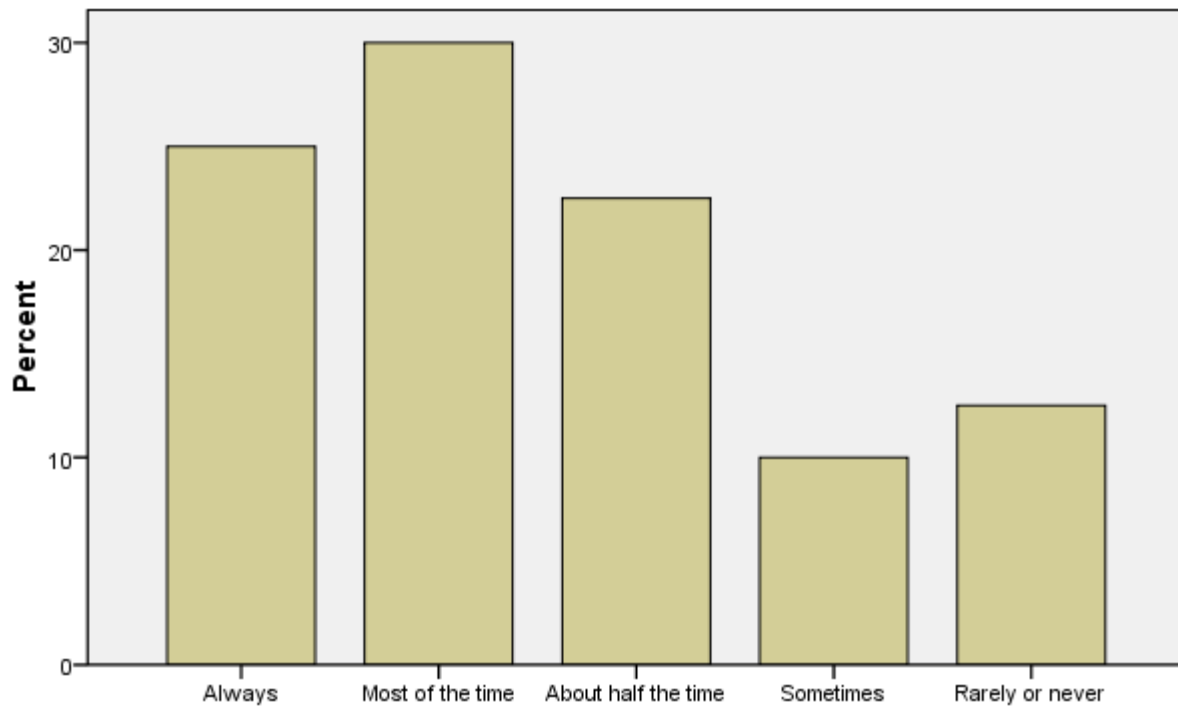
20. How satisfied are you with the services you have received at the health facility you went to most recently?

21. How difficult or easy was it to actually obtain health care services from the health facility that you went to most recently?



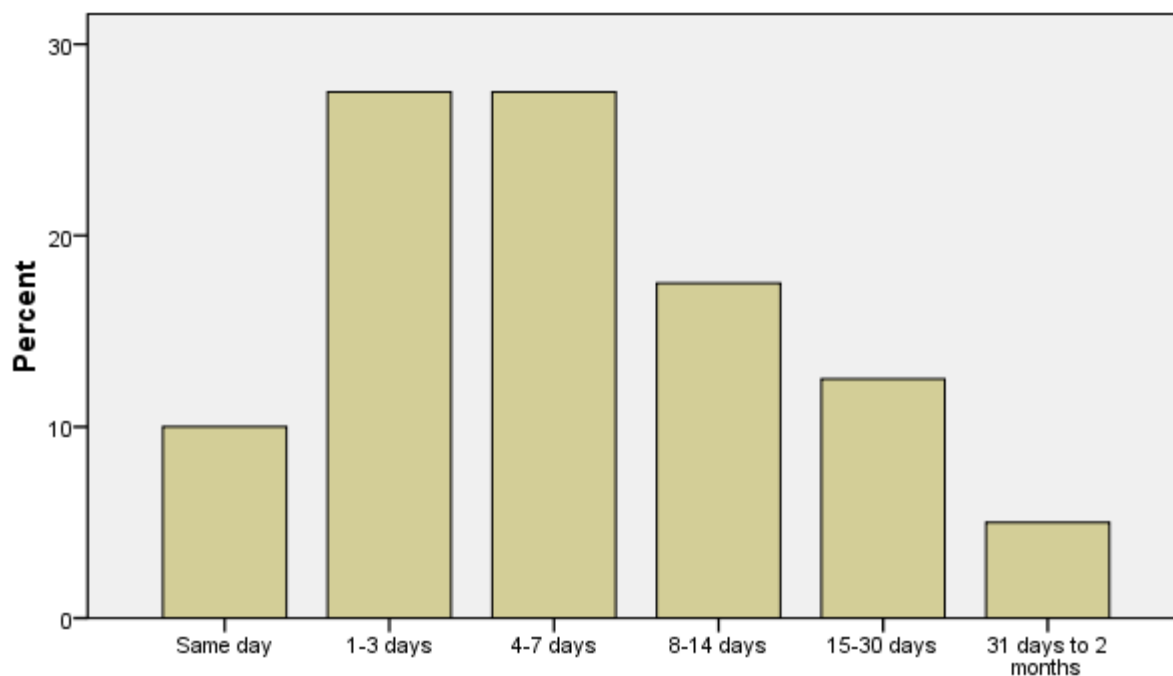
21. How difficult or easy was it to actually obtain health care services from the health facility that you went to most recently?

22. When you go for scheduled health care (such as a physical or regular check-up), how often do you see the same doctor?



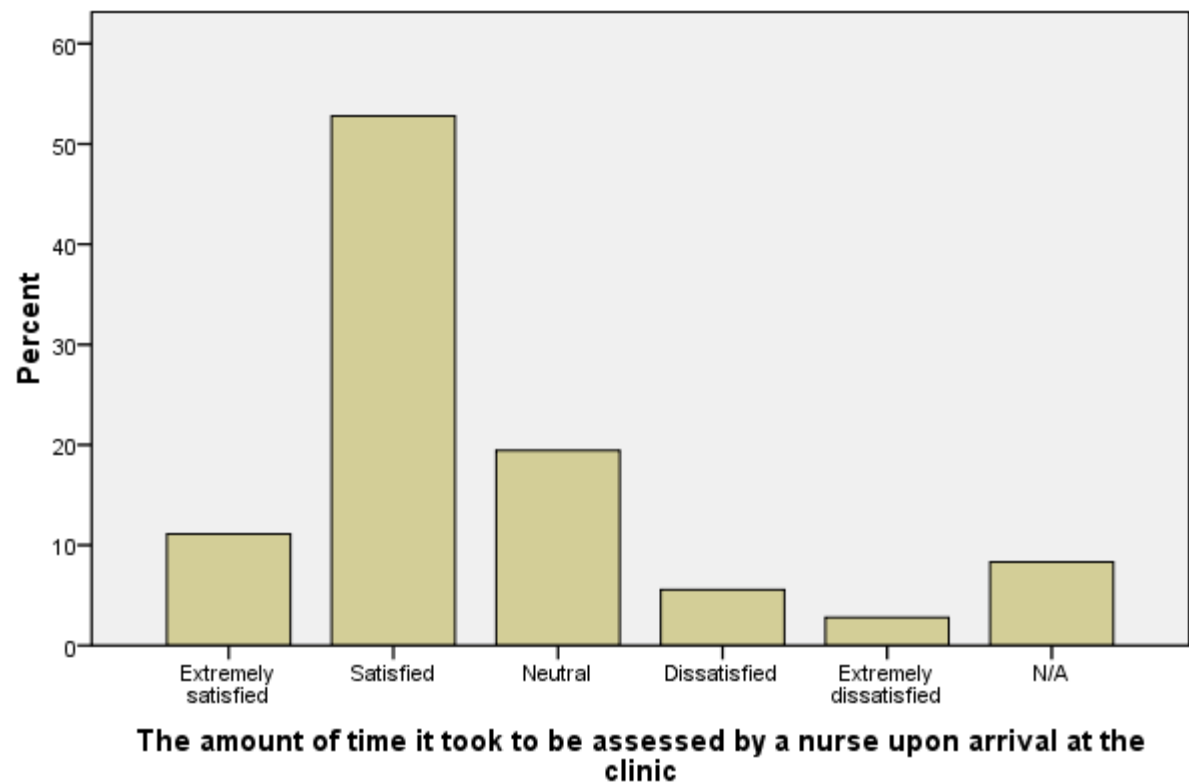
22. When you go for scheduled health care (such as a physical or regular check-up), how often do you see the same doctor?

23. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for routine scheduled care (such as a physical or regular check-up)?

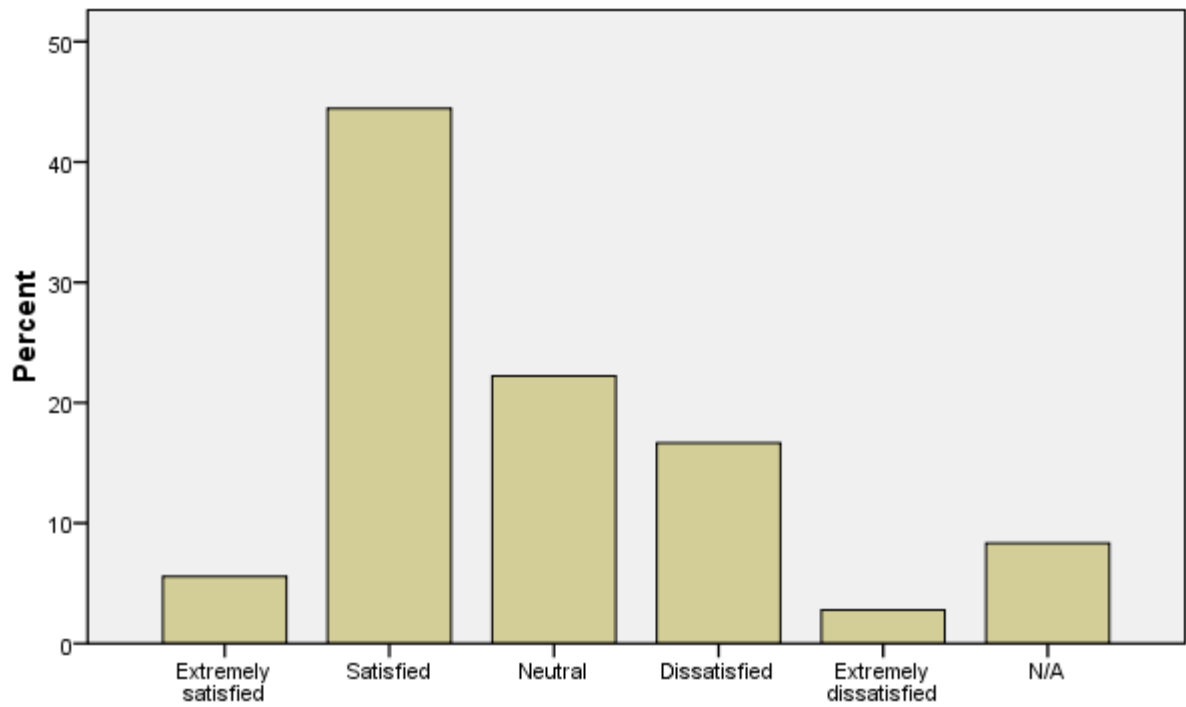


23. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for routine scheduled care (such as a physical or regular check-up)?

The amount of time it took to be assessed by a nurse upon arrival at the clinic

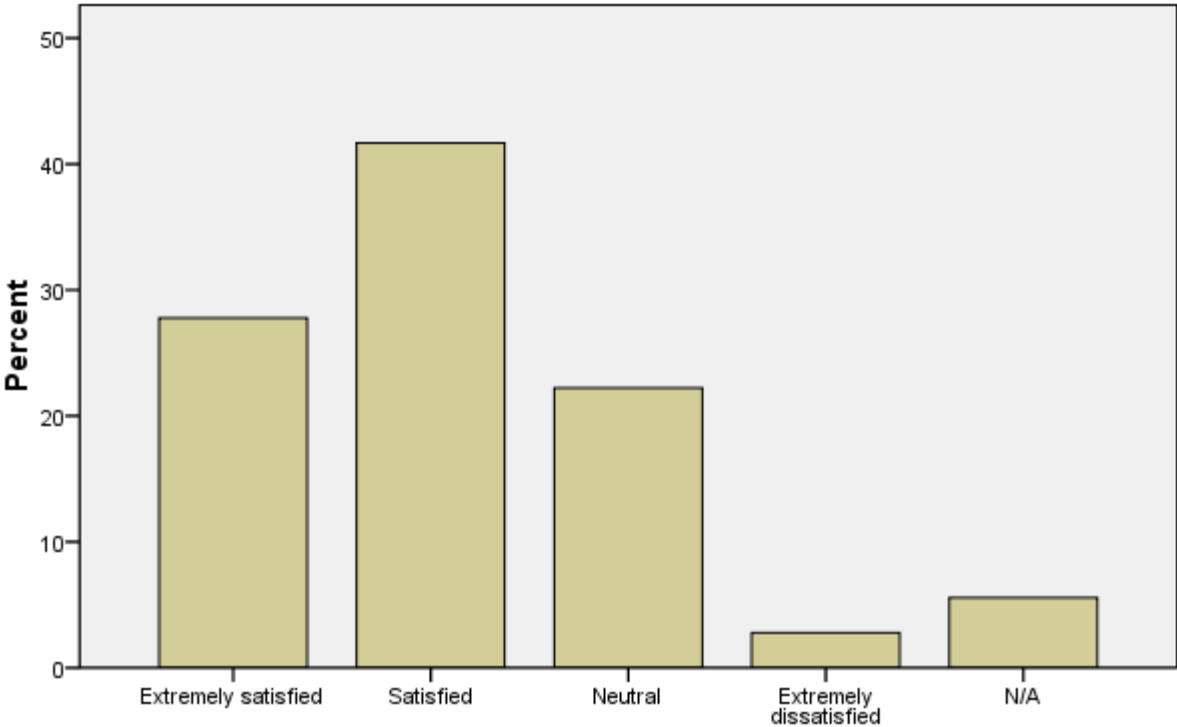


The amount of time it took to see a doctor after having been first assessed by a nurse



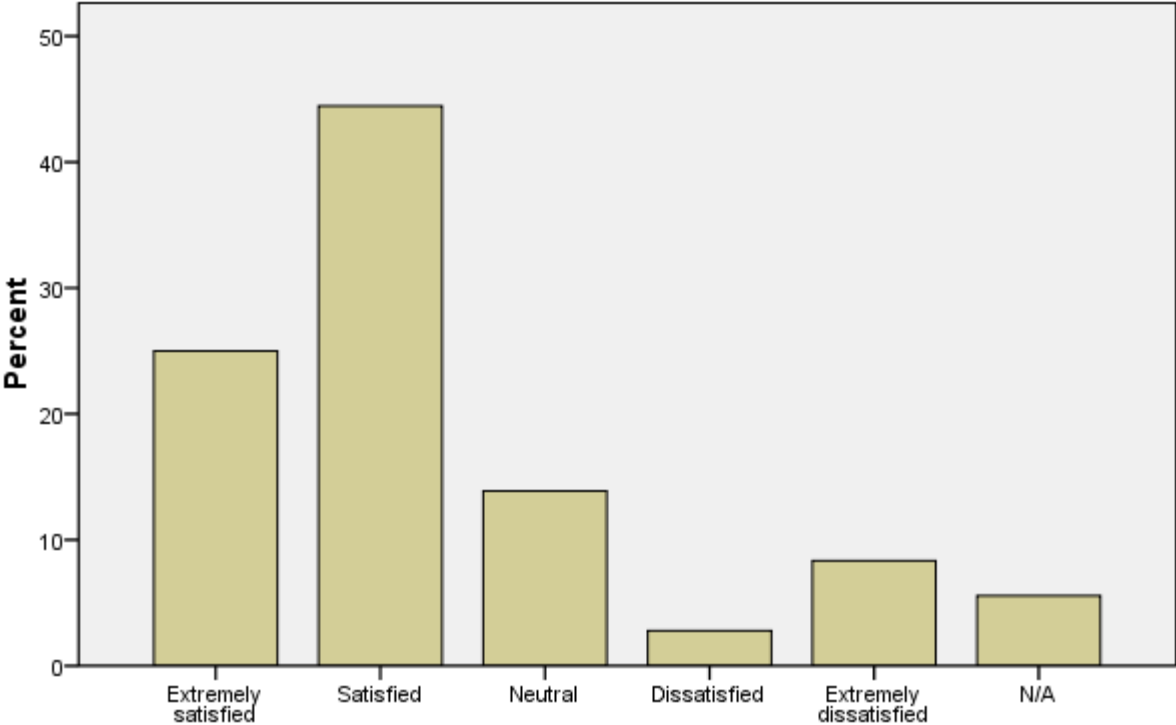
The amount of time it took to see a doctor after having been first assessed by a nurse

The courtesy and respect you received from clinic staff



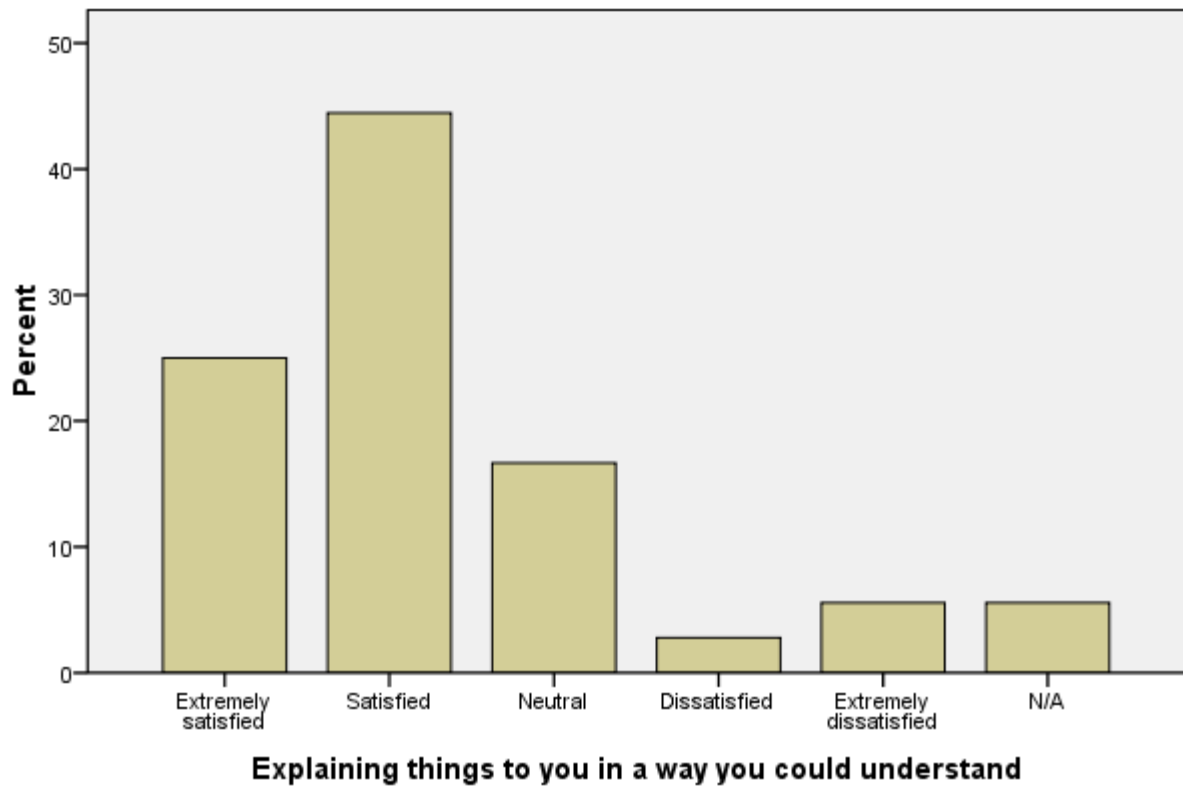
The courtesy and respect you received from clinic staff

The attention given to your health care concerns by the attending provider

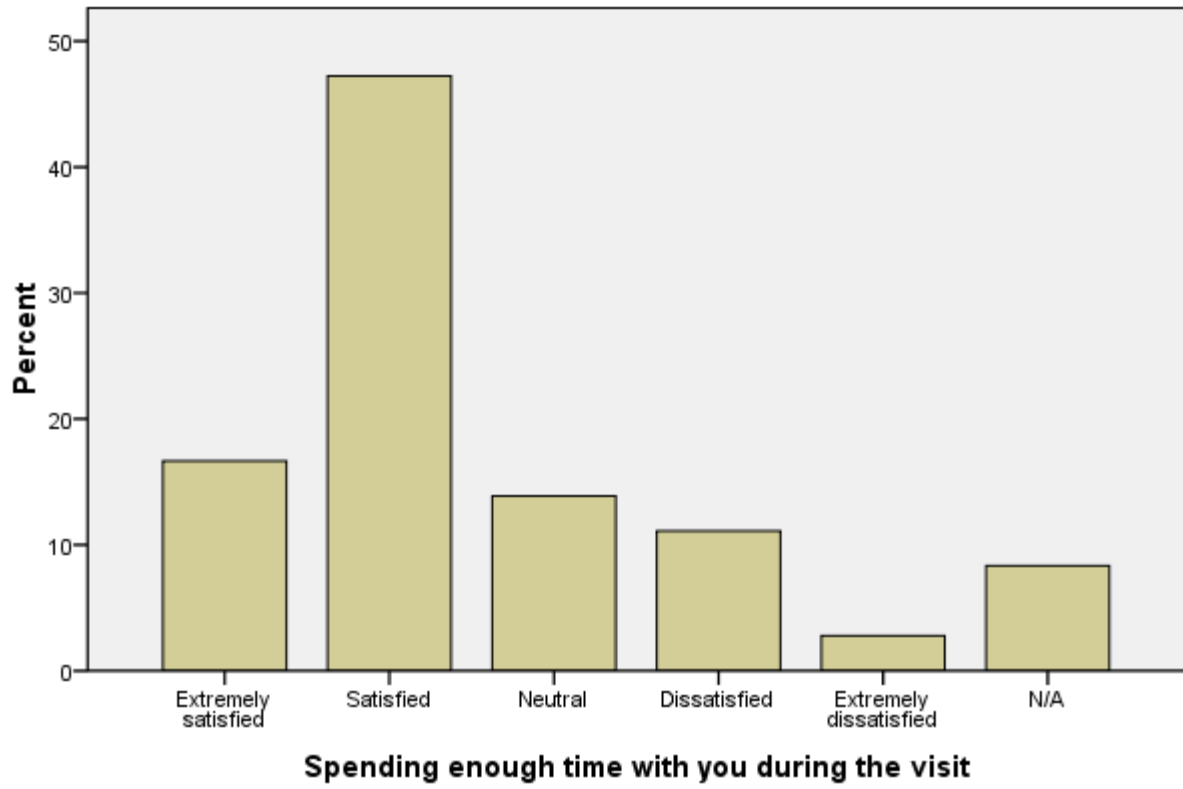


The attention given to your health care concerns by the attending provider

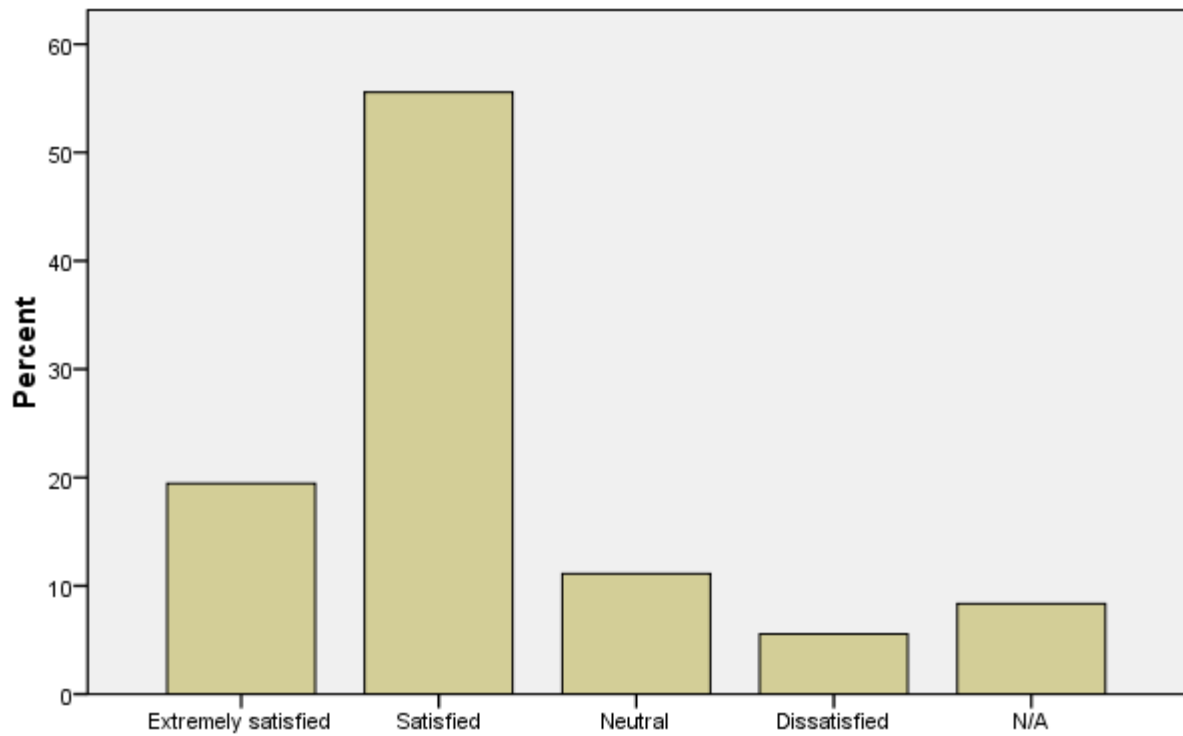
Explaining things to you in a way you could understand



Spending enough time with you during the visit

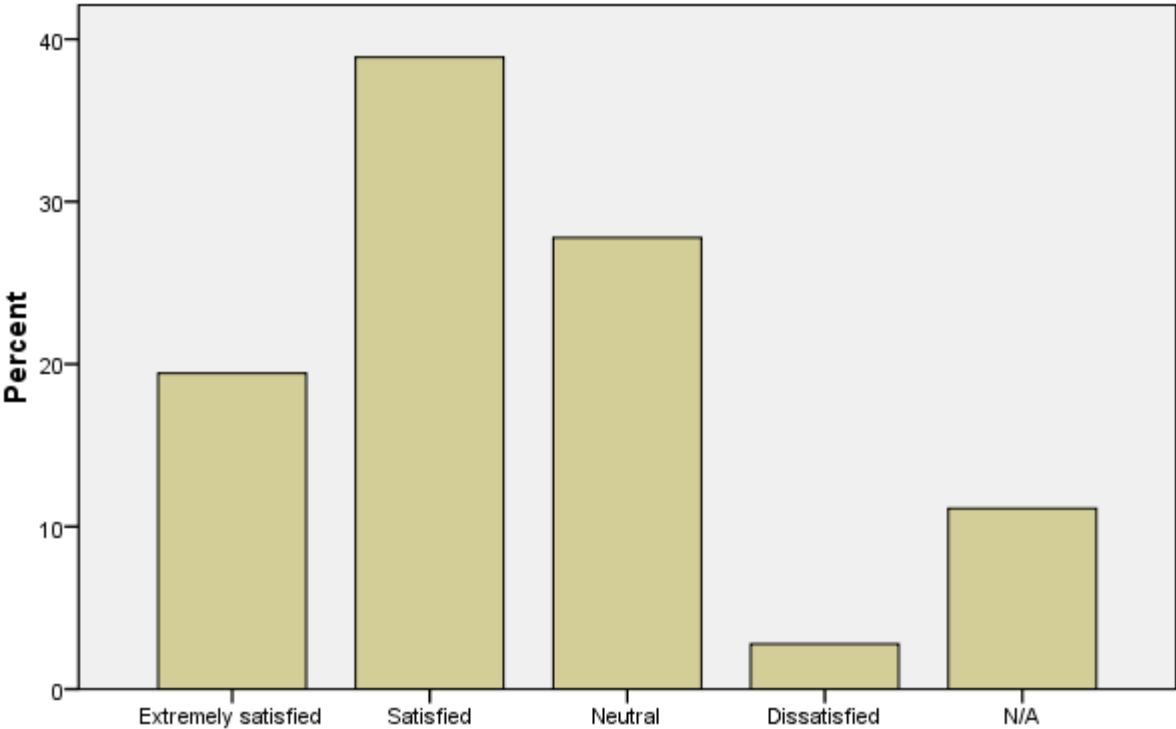


The help you received from staff who assist the attending provider



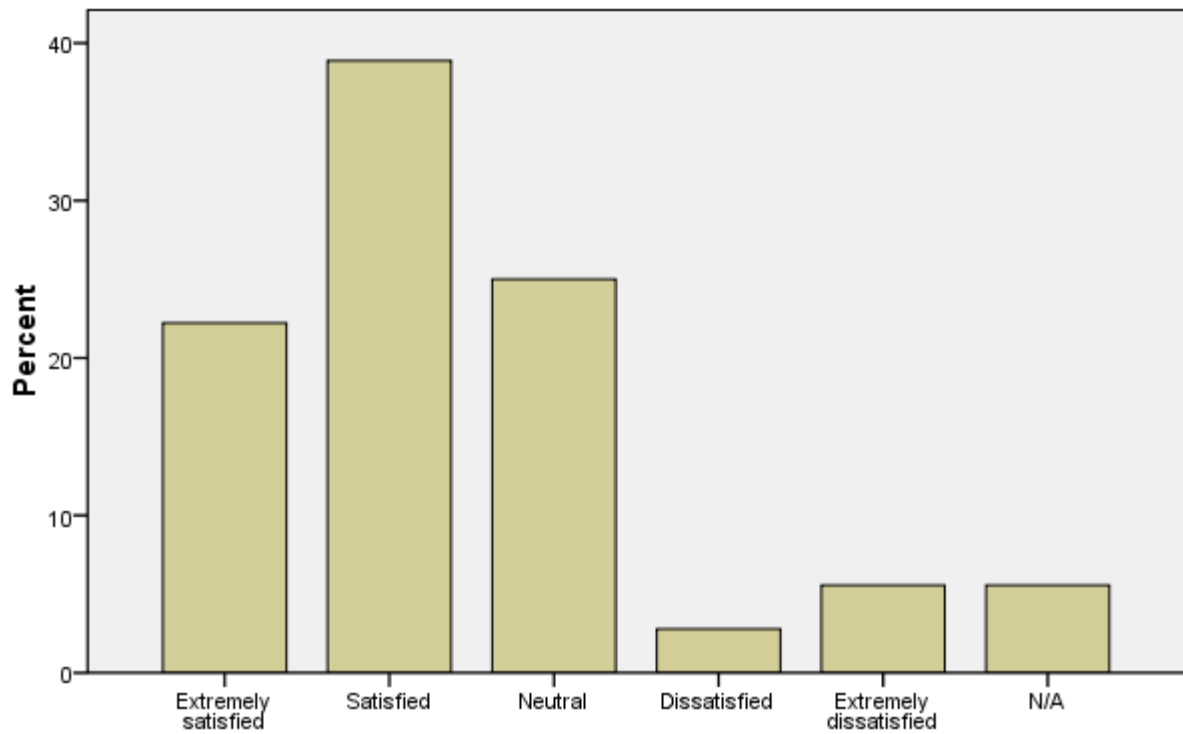
The help you received from staff who assist the attending provider

The care, tests or treatment options you were offered



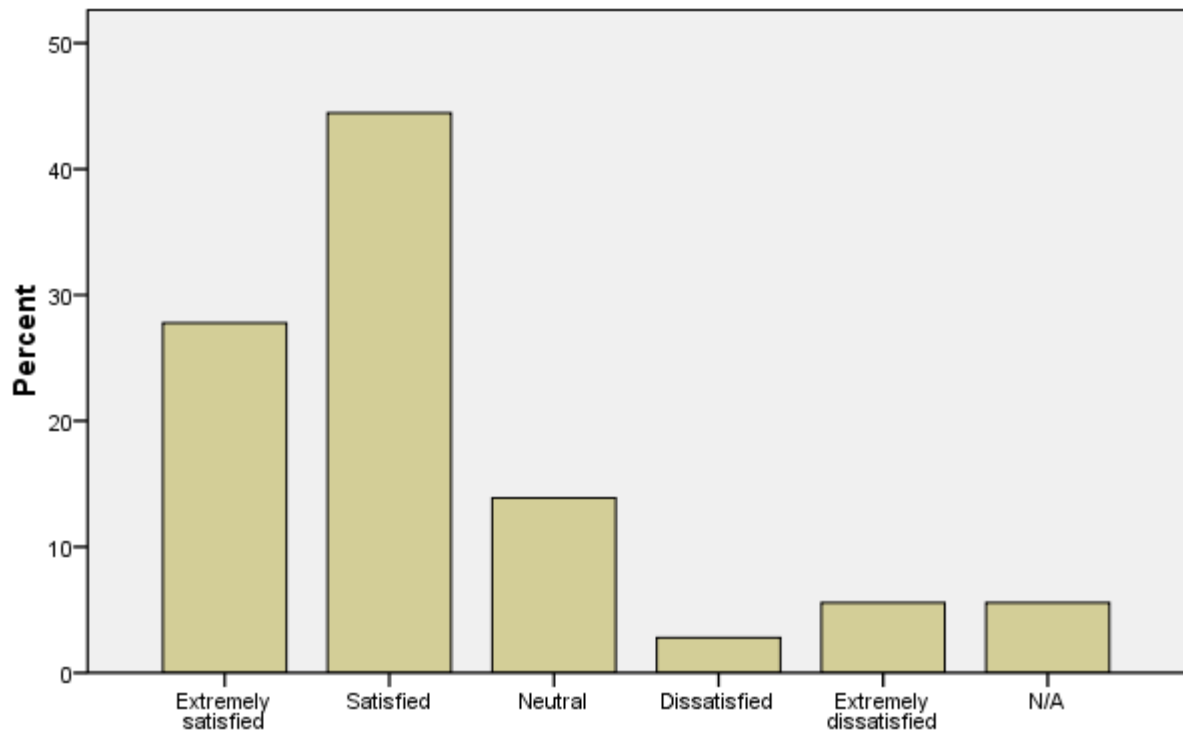
The care, tests or treatment options you were offered

The level of involvement you had in decisions about your health care



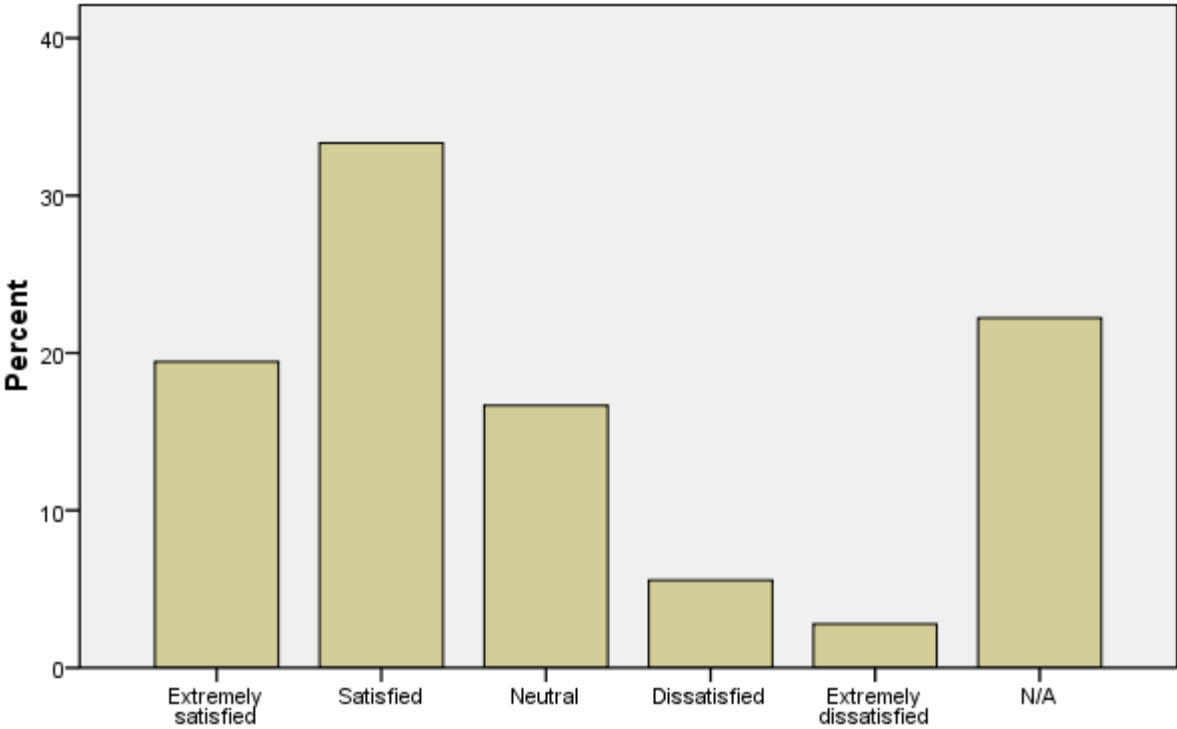
The level of involvement you had in decisions about your health care

The courtesy and respect you received from the attending provider



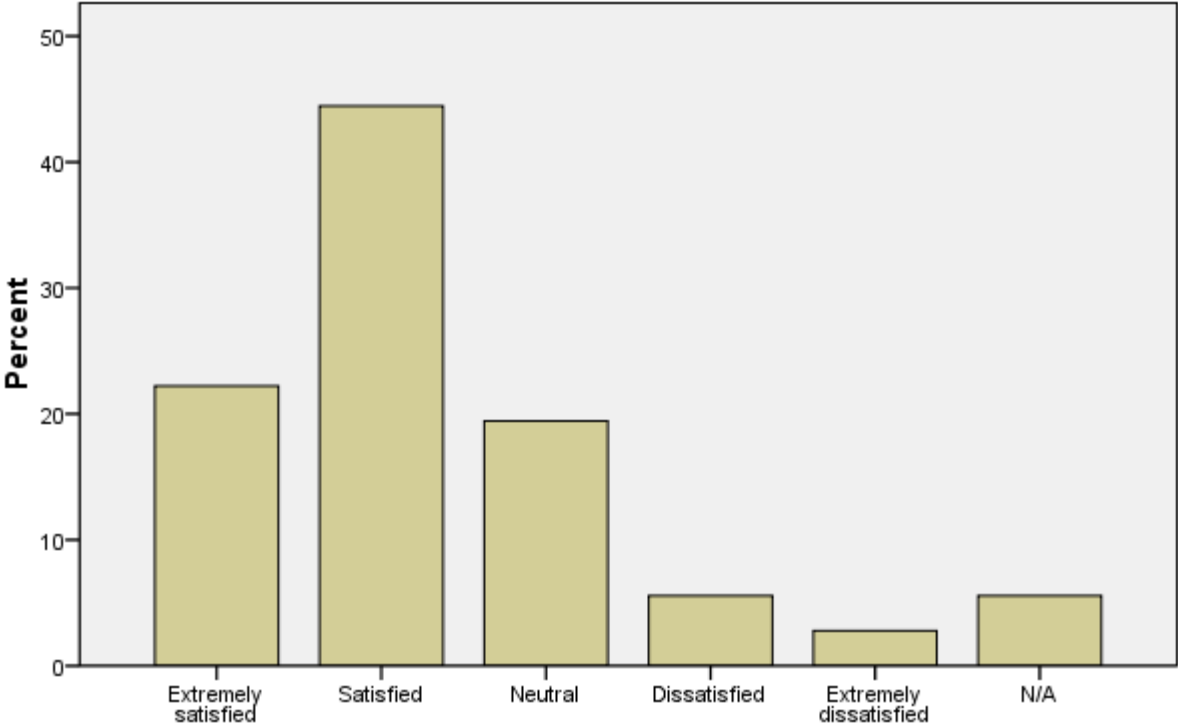
The courtesy and respect you received from the attending provider

The ability to refer you to a specialist in a timely manner



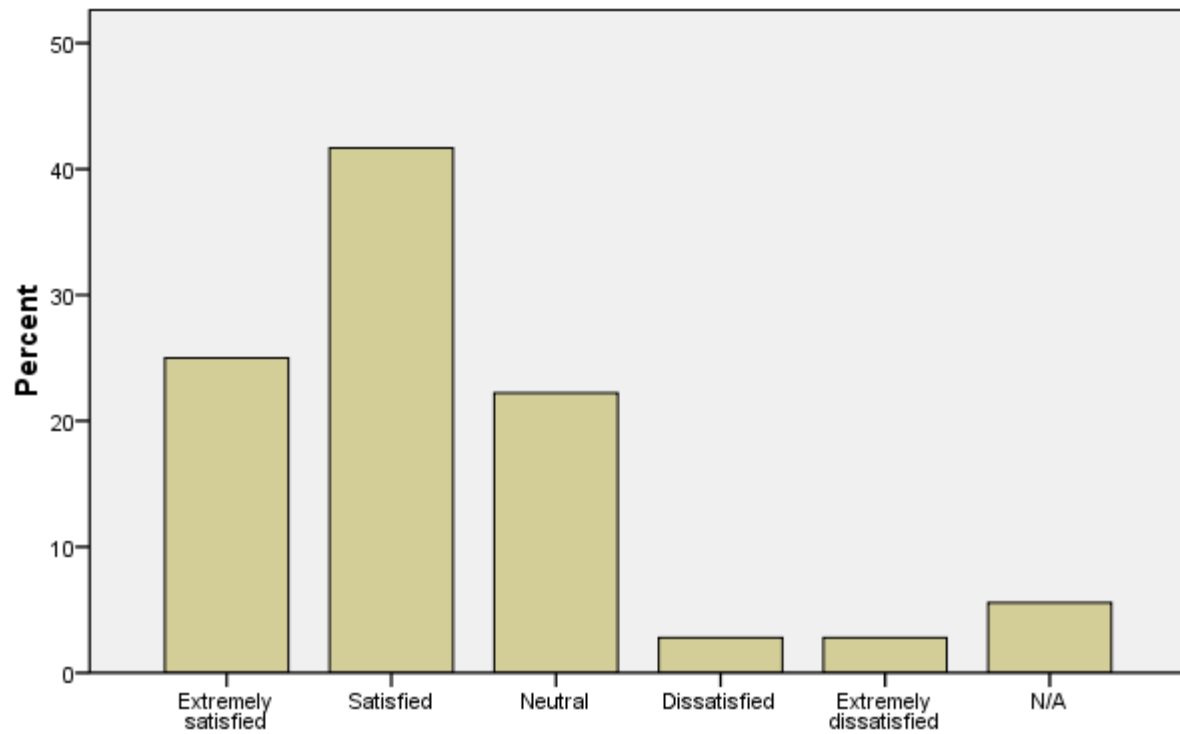
The ability to refer you to a specialist in a timely manner

The thoroughness of examination the attending provider conducted



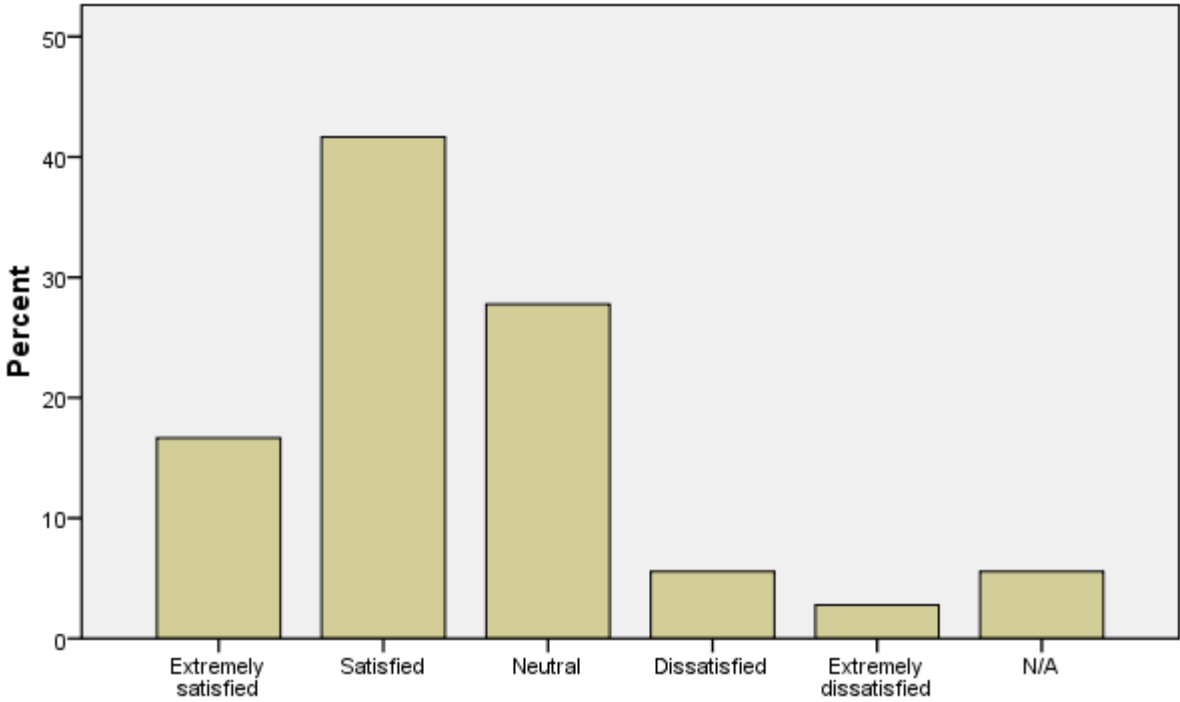
The thoroughness of examination the attending provider conducted

The knowledge and competence of the attending provider



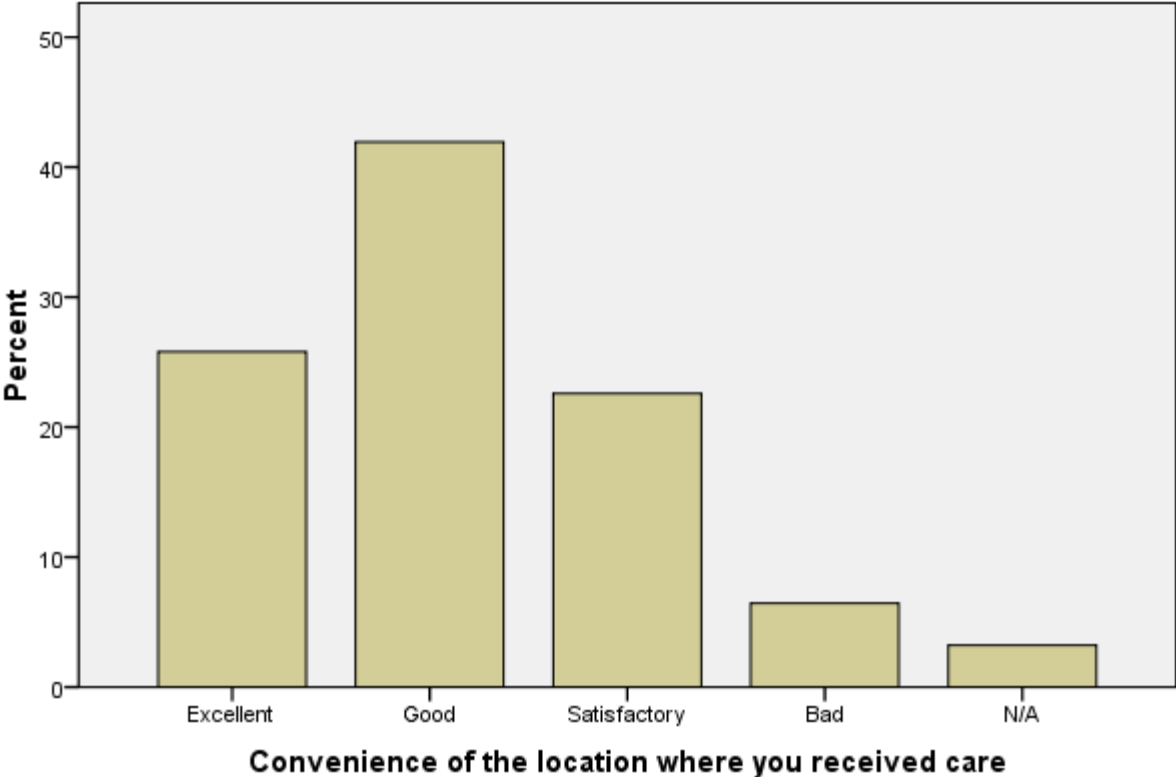
The knowledge and competence of the attending provider

The ultimate impact attending provider's care has had upon your health and life

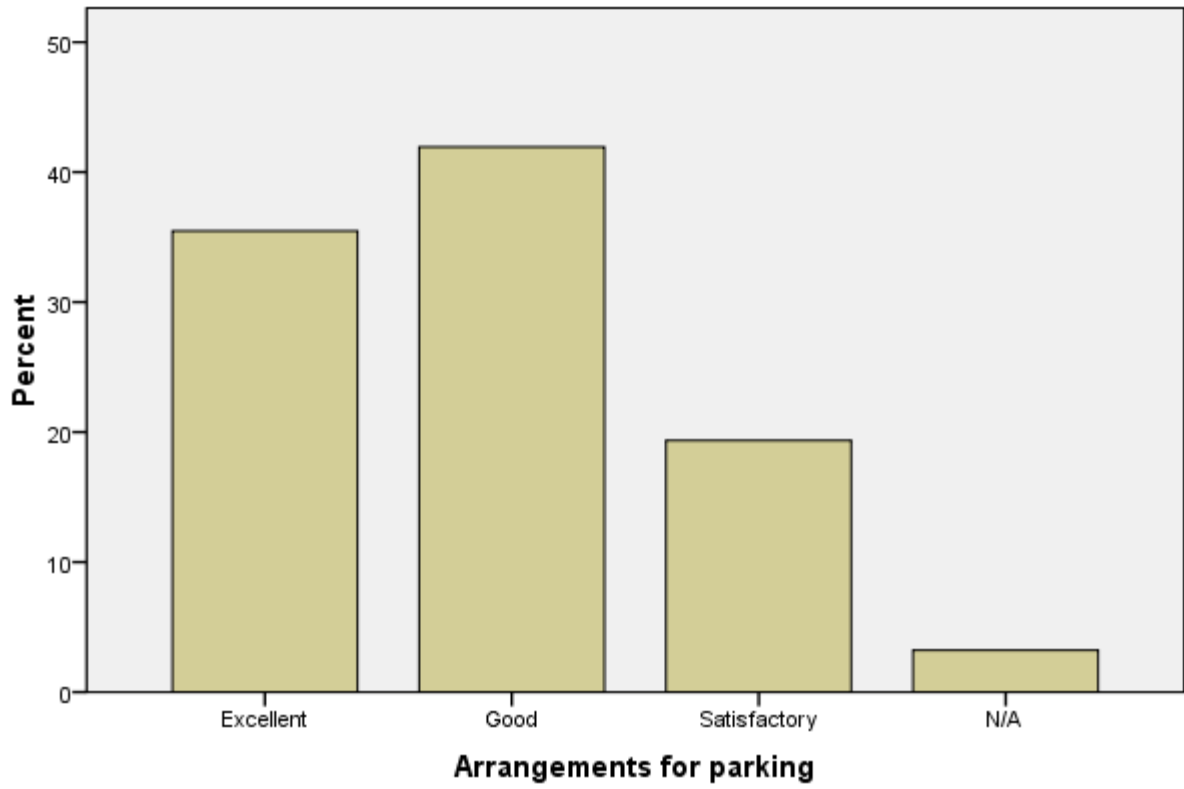


The ultimate impact attending provider's care has had upon your health and life

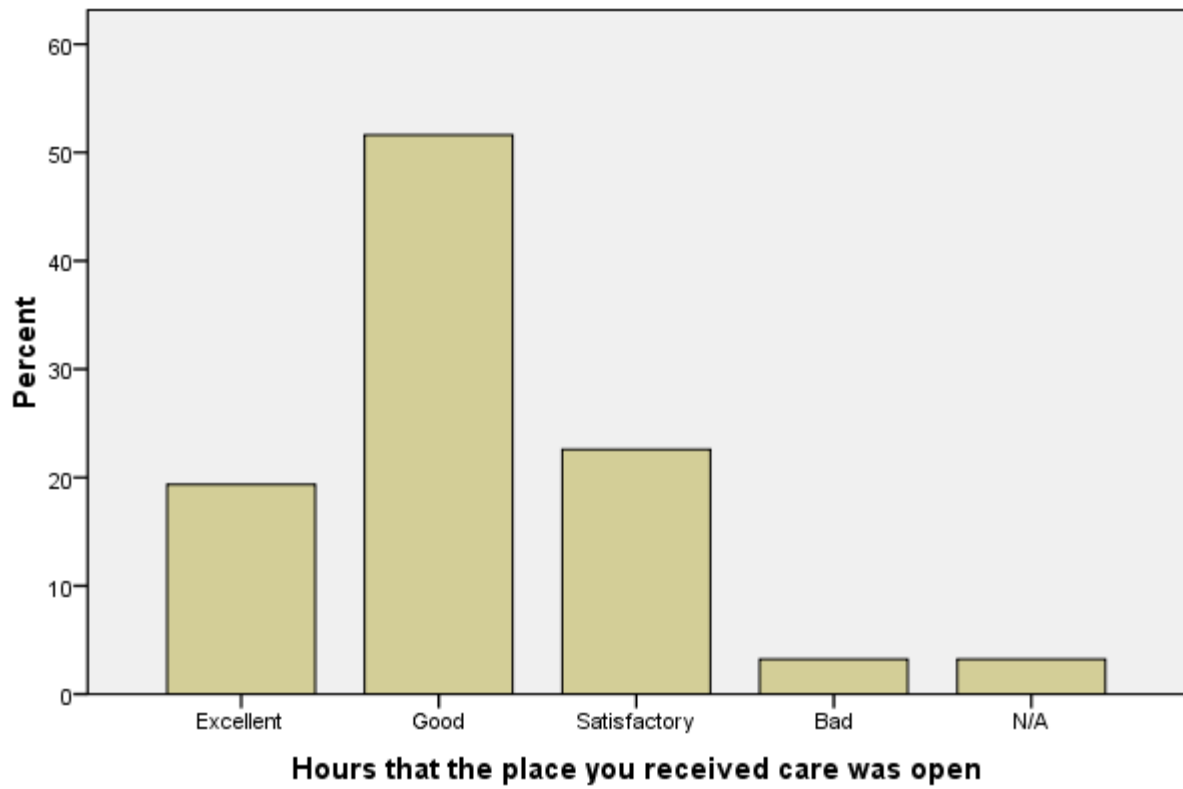
Convenience of the location where you received care



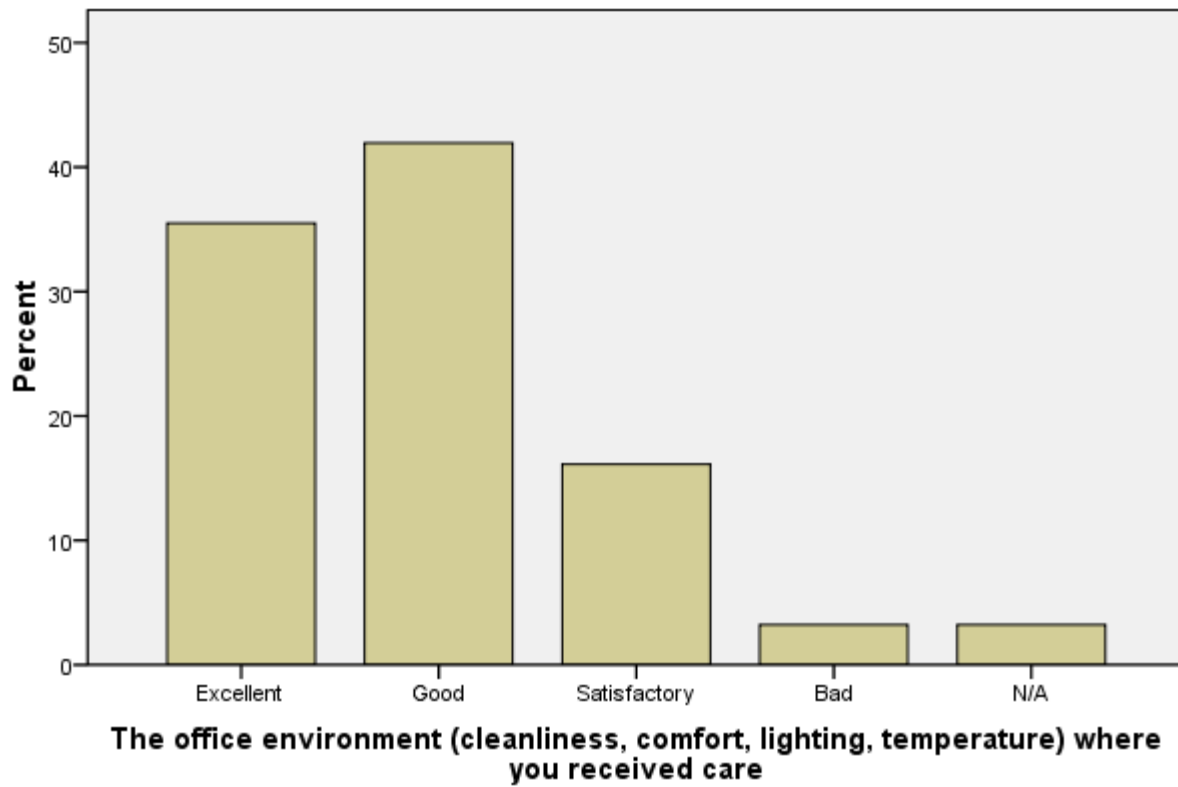
Arrangements for parking



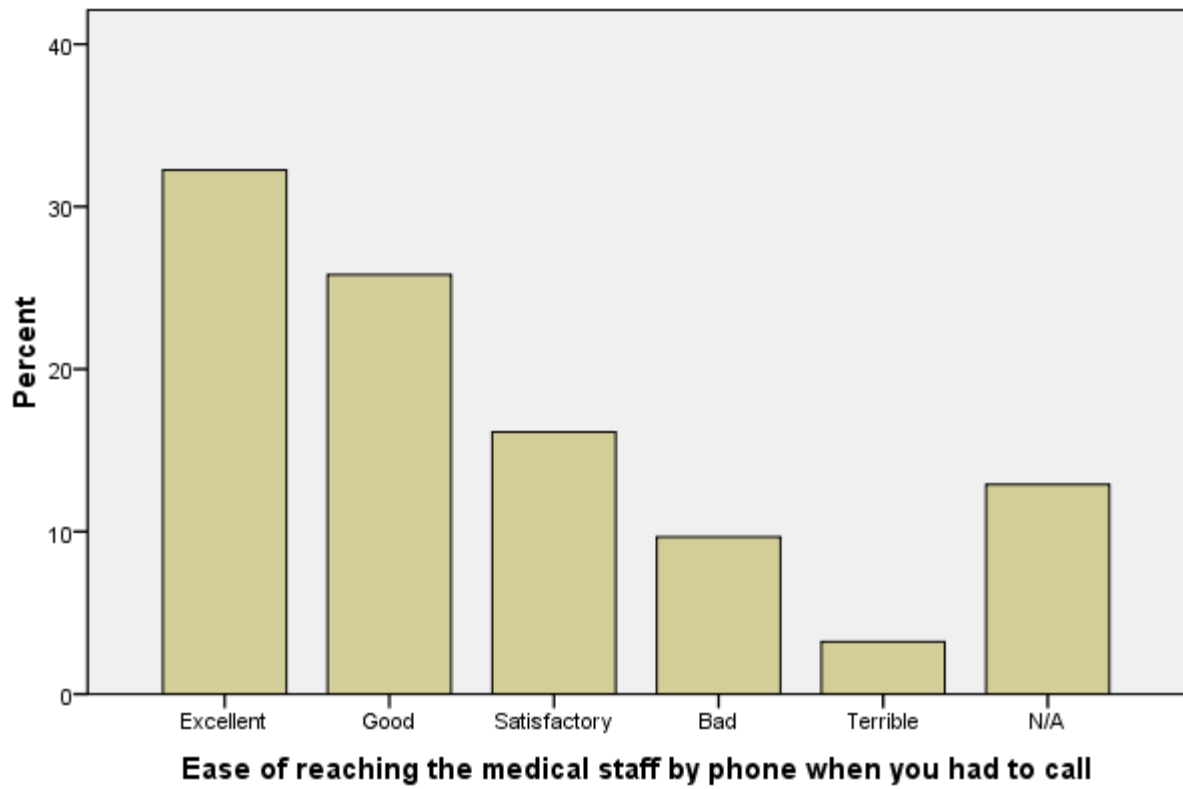
Hours that the place you received care was open



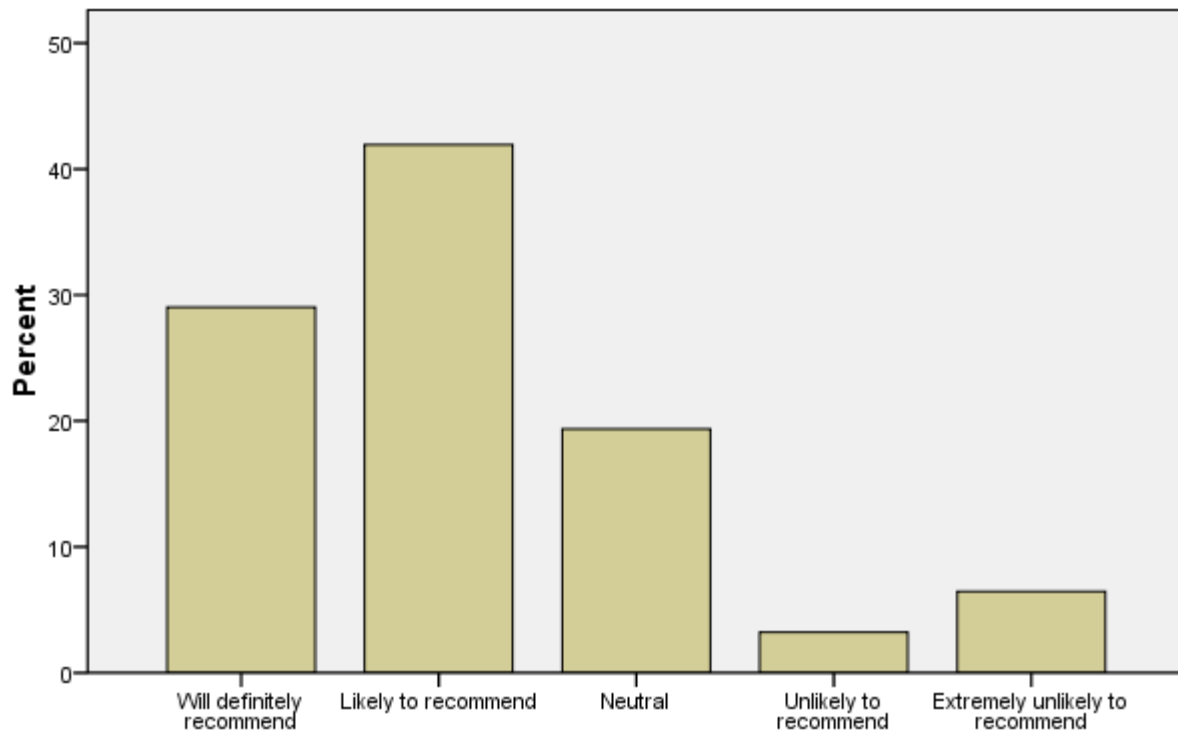
The office environment (cleanliness, comfort, lighting, temperature) where you received care



Ease of reaching the medical staff by phone when you had to call

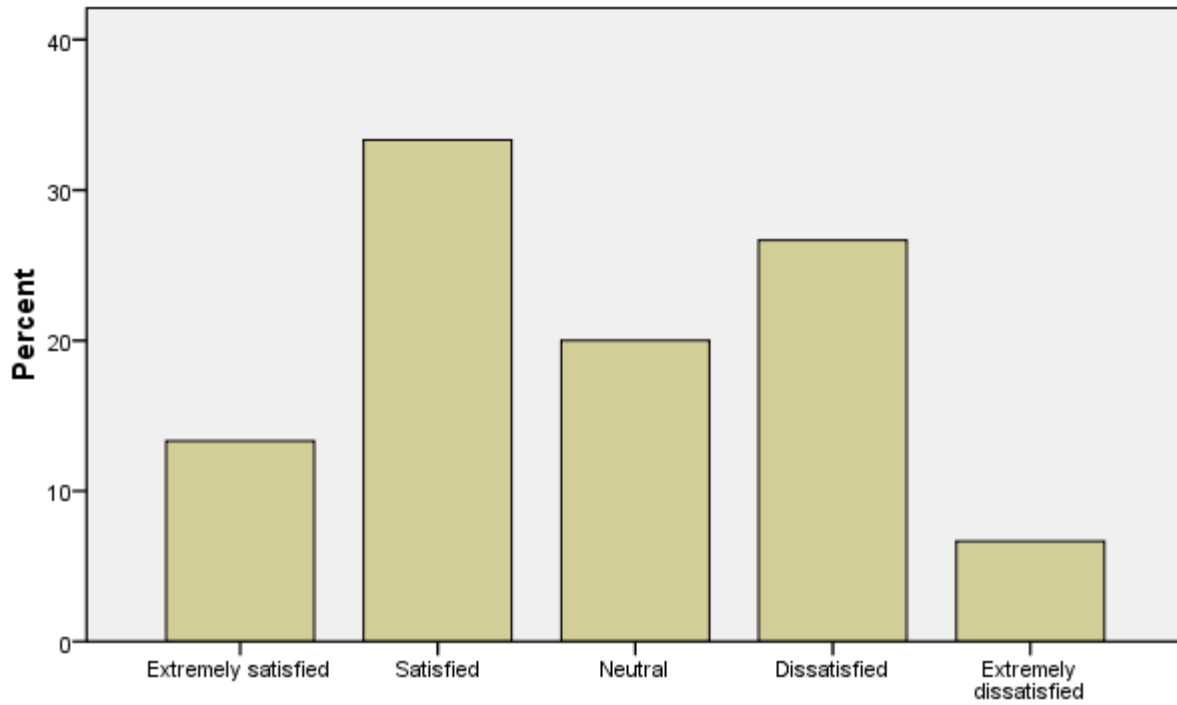


27. Would you recommend this care facility/provider to others?



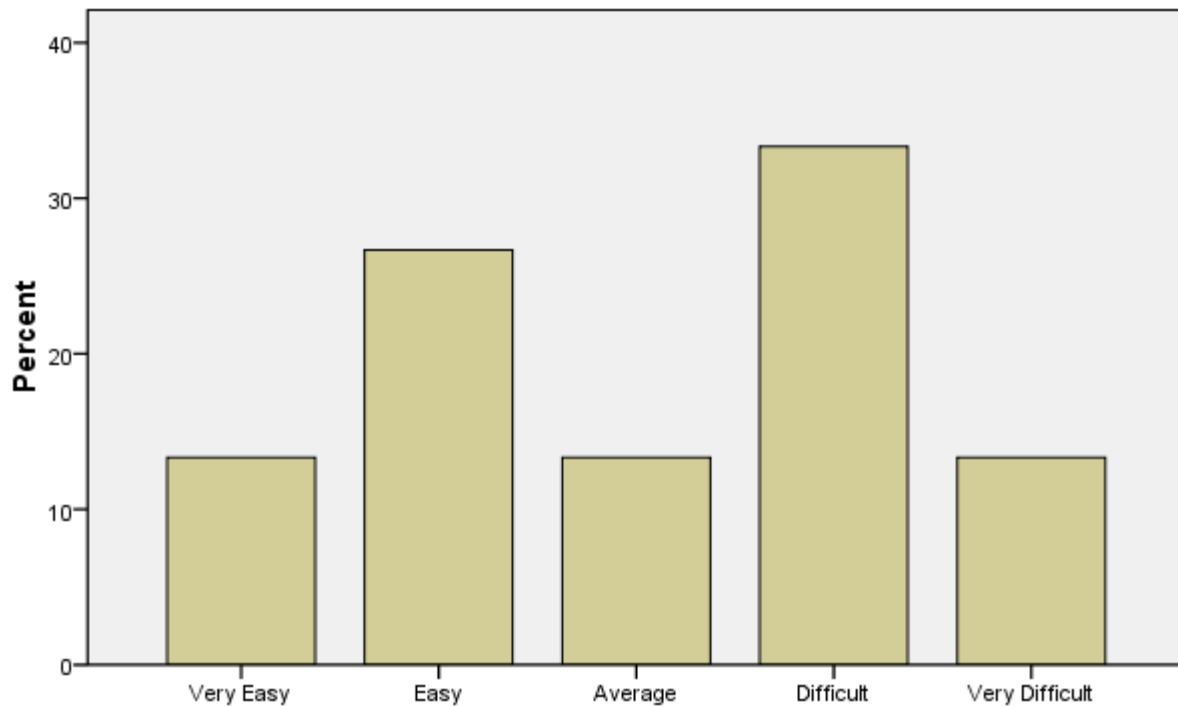
27. Would you recommend this care facility/provider to others?

29. How satisfied are you with the services you have received at the MCRHS location you went to most recently?



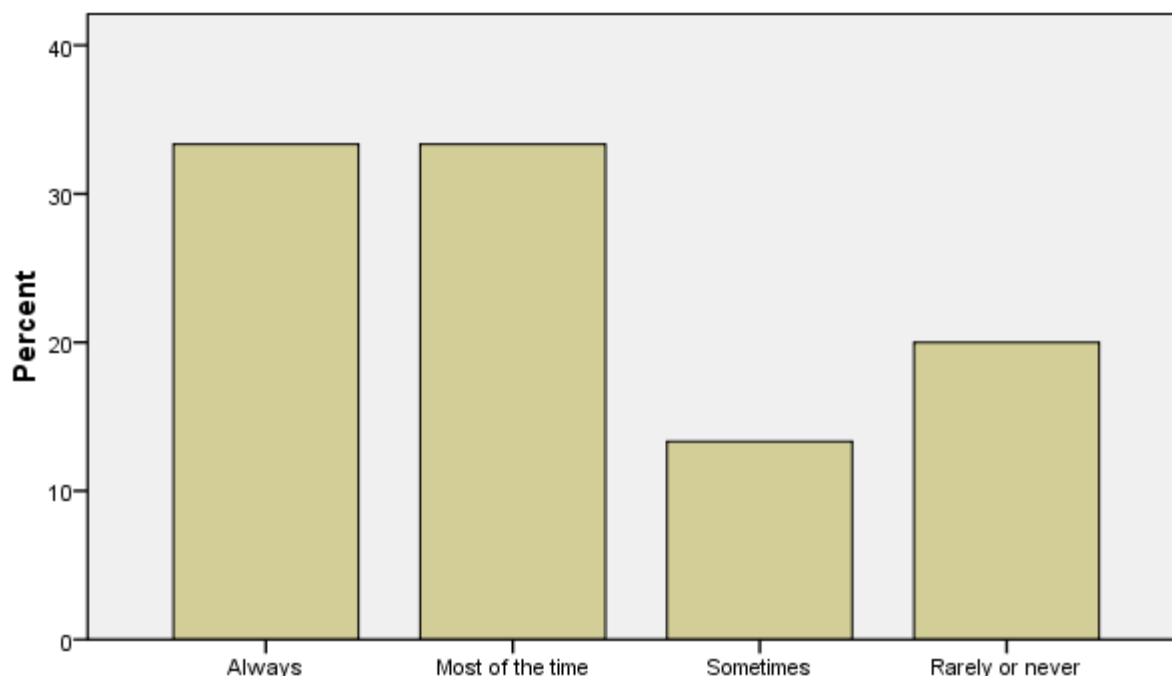
29. How satisfied are you with the services you have received at the MCRHS location you went to most recently?

30. How difficult or easy was it to actually obtain health care services from the MCRHS location that you went to most recently?



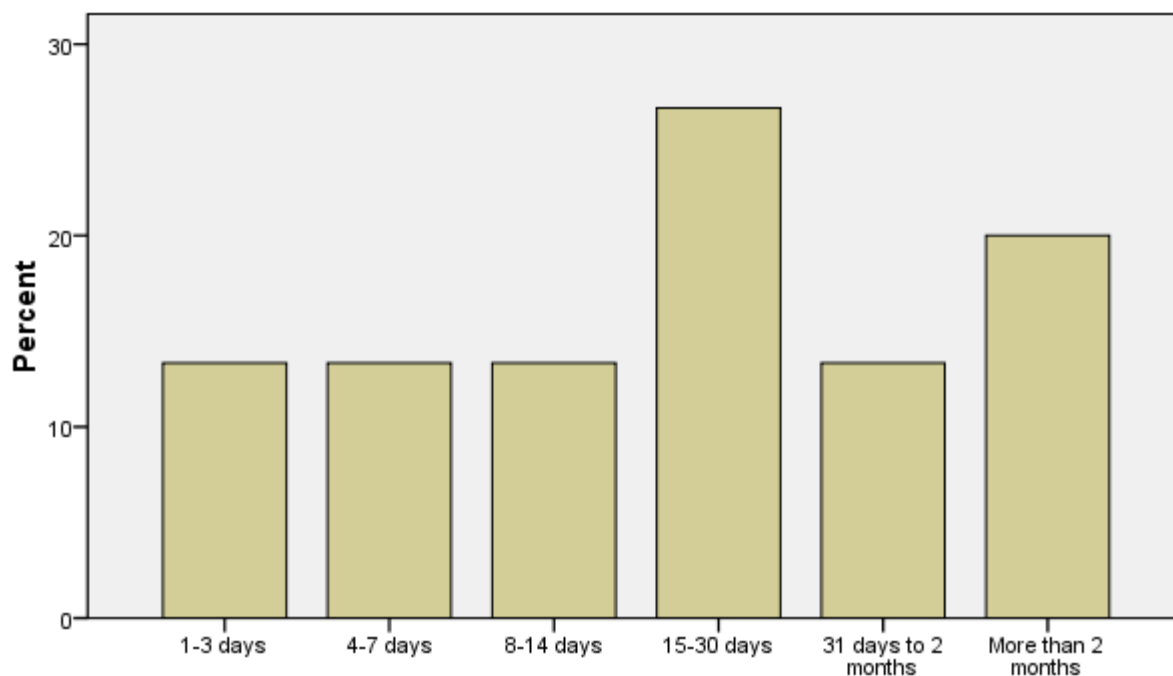
30. How difficult or easy was it to actually obtain health care services from the MCRHS location that you went to most recently?

31. When you go for routine scheduled health care (such as a physical, regular check-up or a follow-up), how often do you see the same doctor at the MCRHS location?



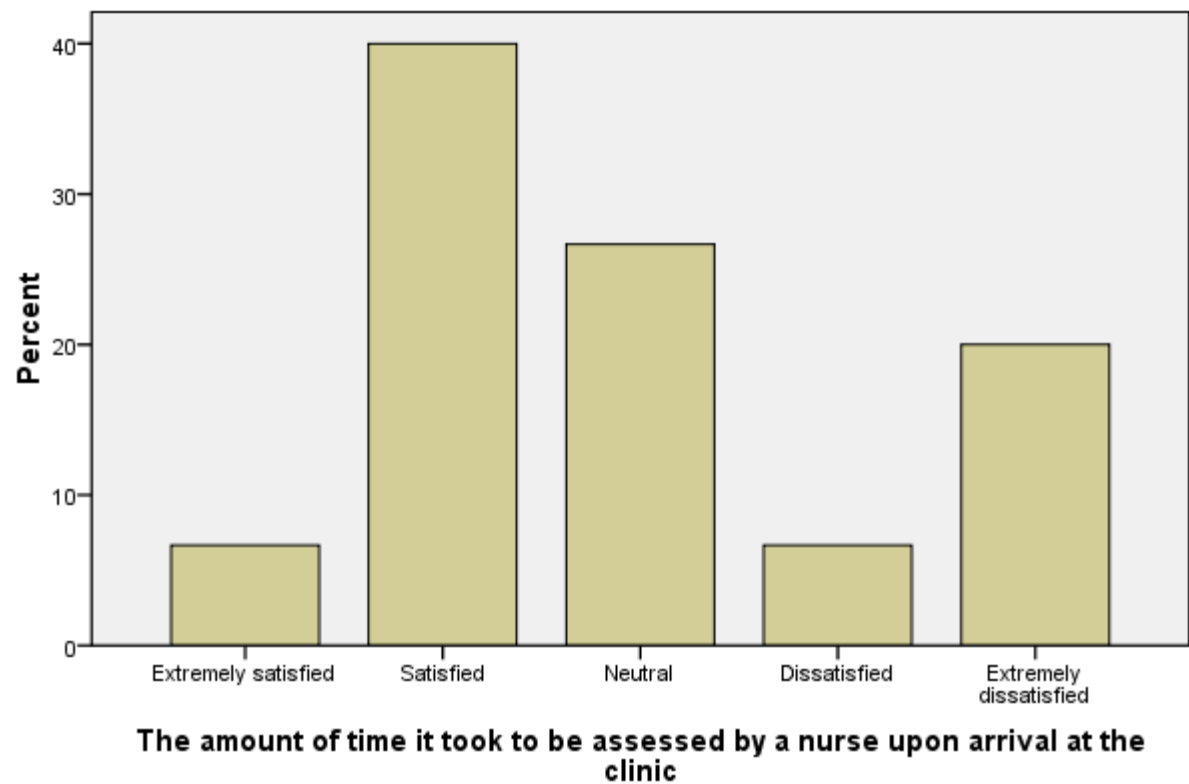
31. When you go for routine scheduled health care (such as a physical, regular check-up or a follow-up), how often do you see the same doctor at the MCRHS location?

32. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for routine scheduled care (such as a physical or regular check-up)?

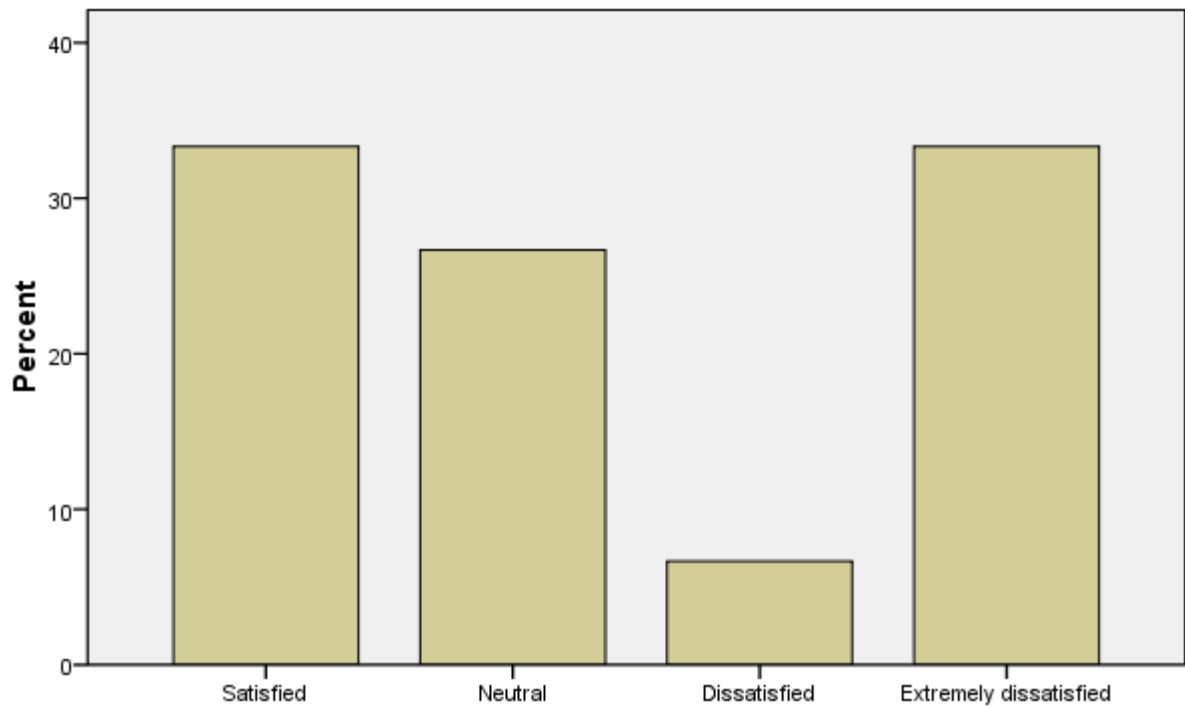


32. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for routine scheduled care (such as a physical or regular check-up)?

The amount of time it took to be assessed by a nurse upon arrival at the clinic

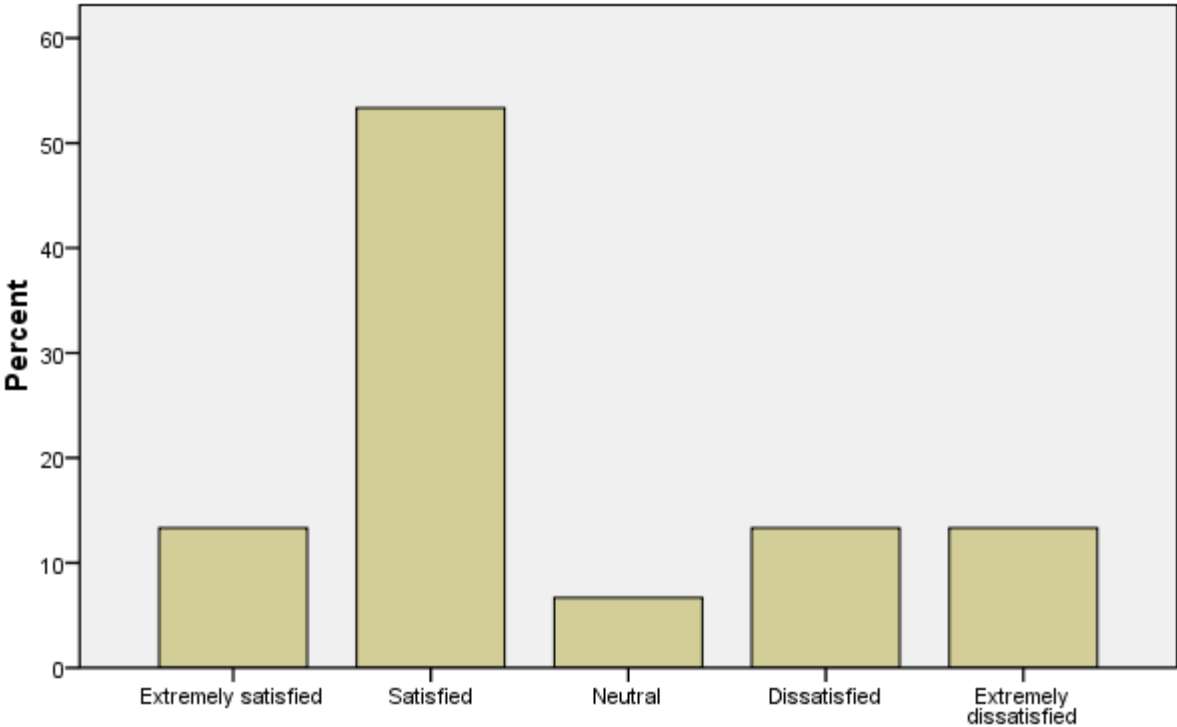


The amount of time it took to see a doctor after having been first assessed by a nurse



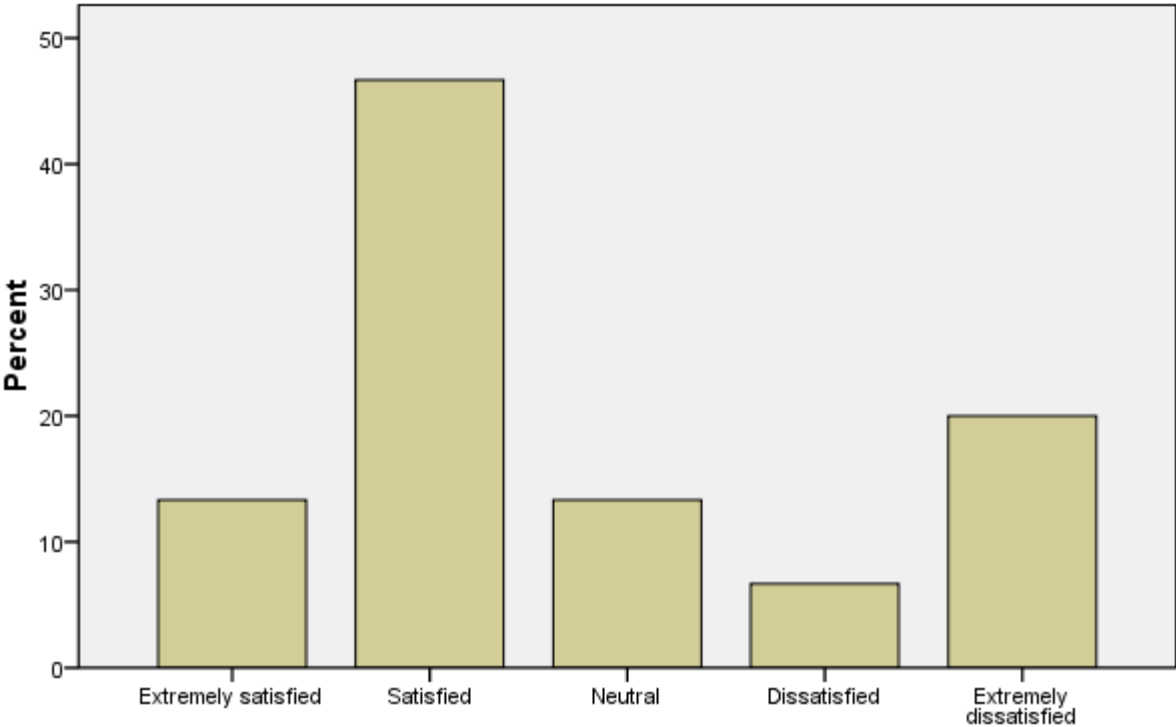
The amount of time it took to see a doctor after having been first assessed by a nurse

The courtesy and respect you received from clinic staff



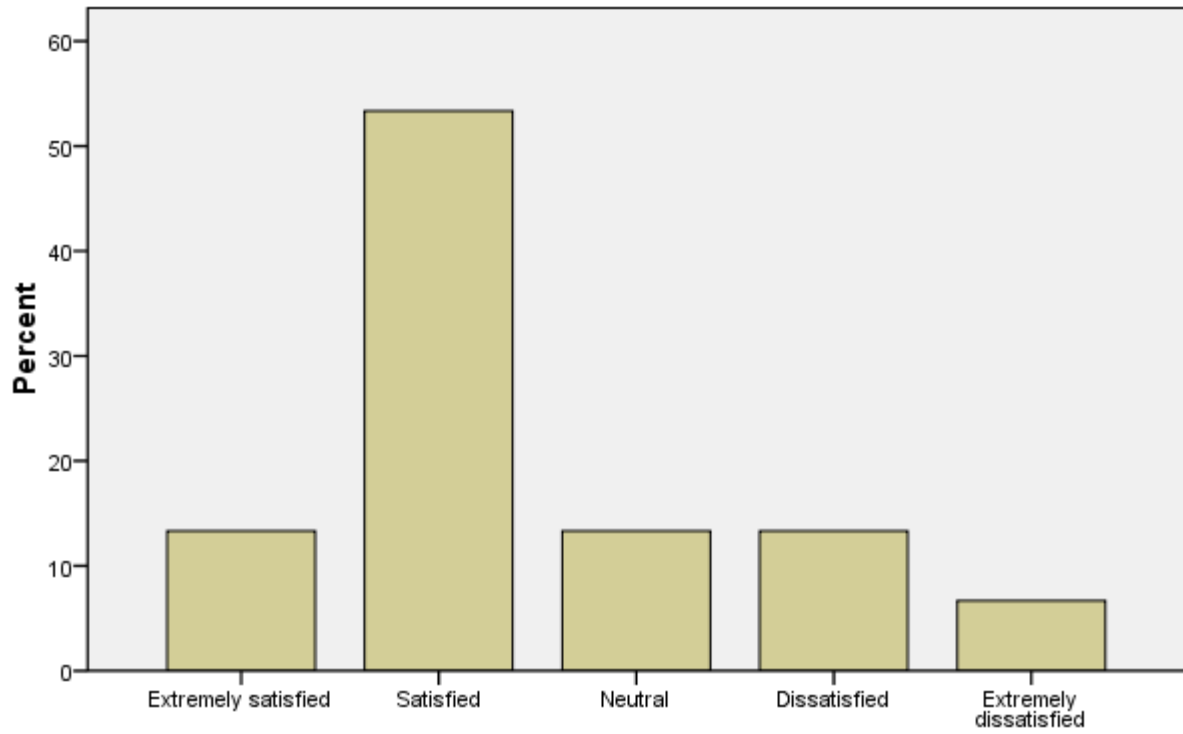
The courtesy and respect you received from clinic staff

The attention given to your health care concerns by the attending provider



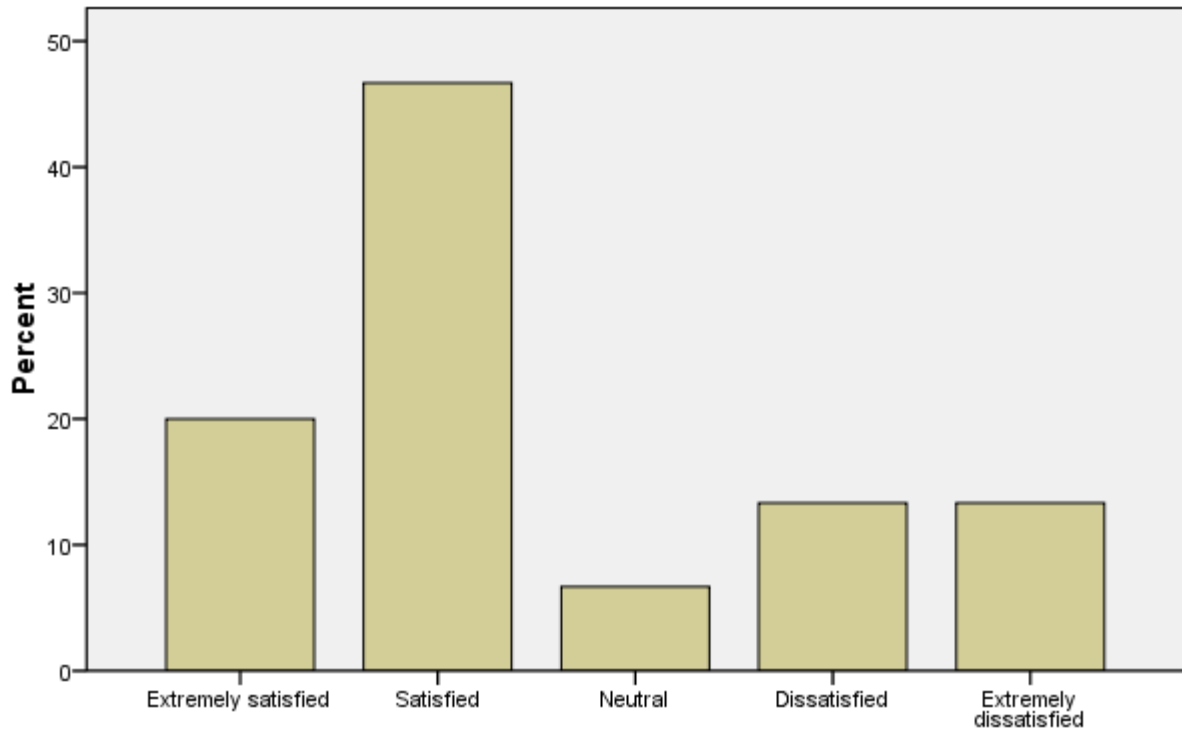
The attention given to your health care concerns by the attending provider

Explaining things to you in a way you could understand



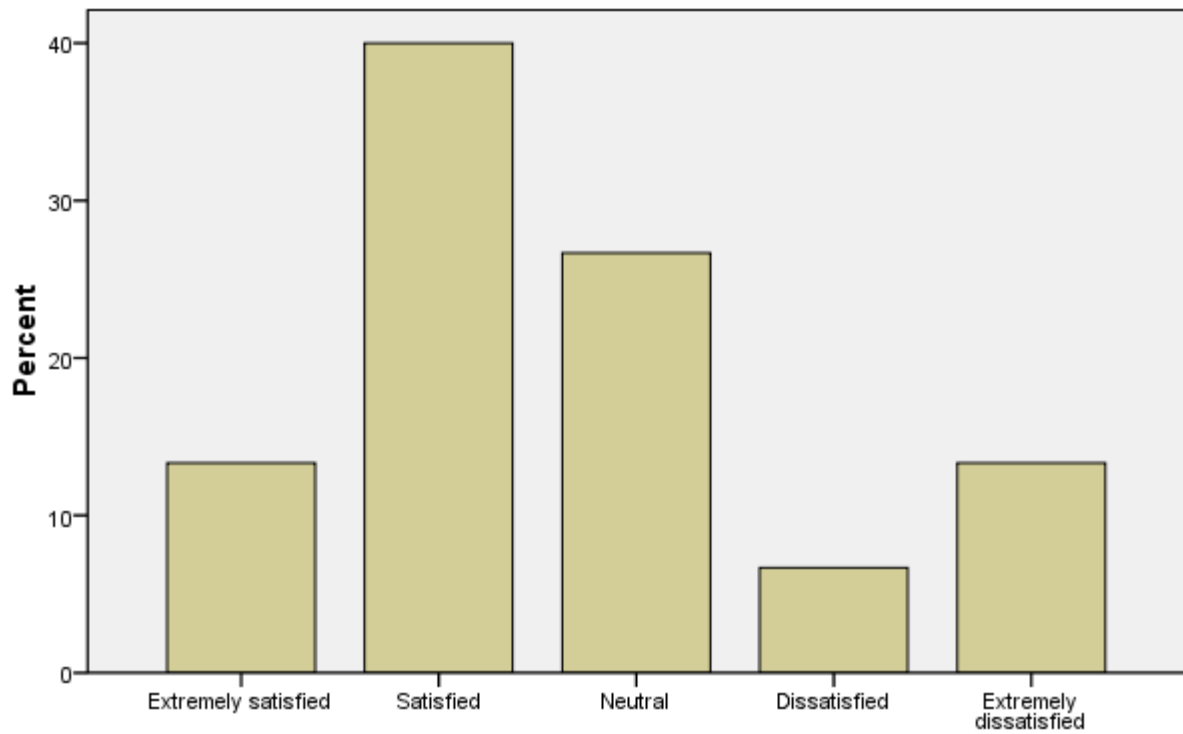
Explaining things to you in a way you could understand

Spending enough time with you during the visit



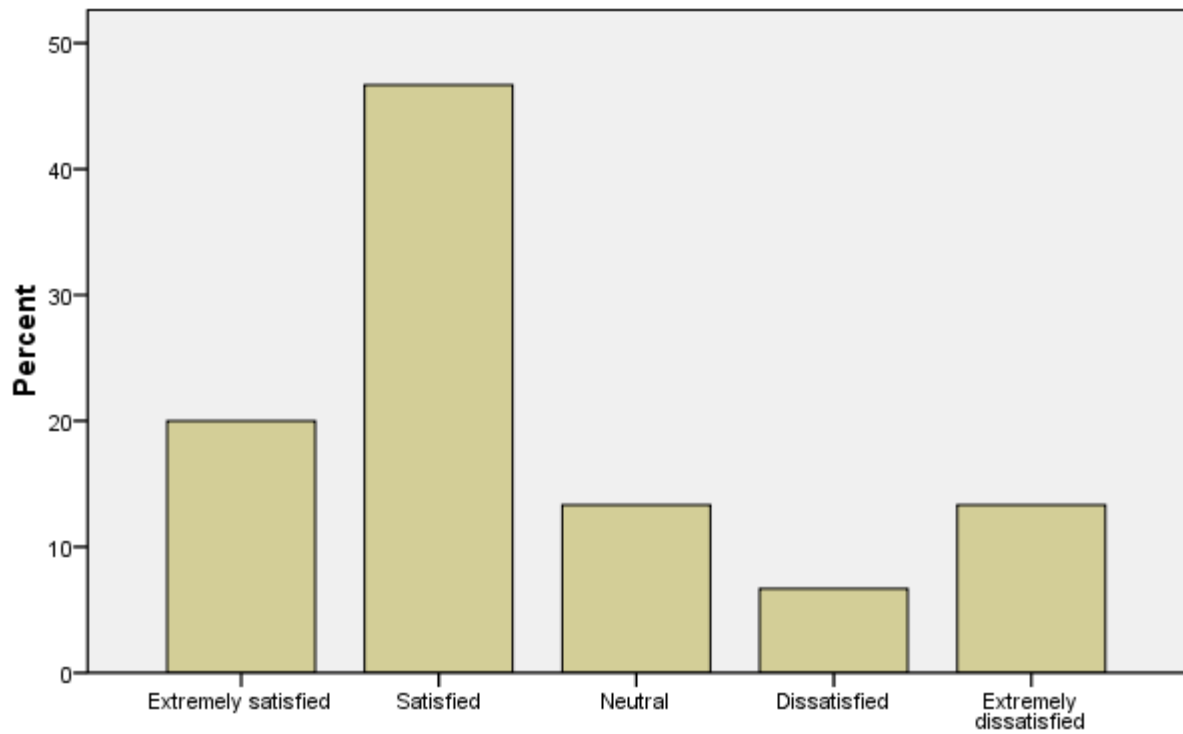
Spending enough time with you during the visit

The care, tests or treatment options you were offered



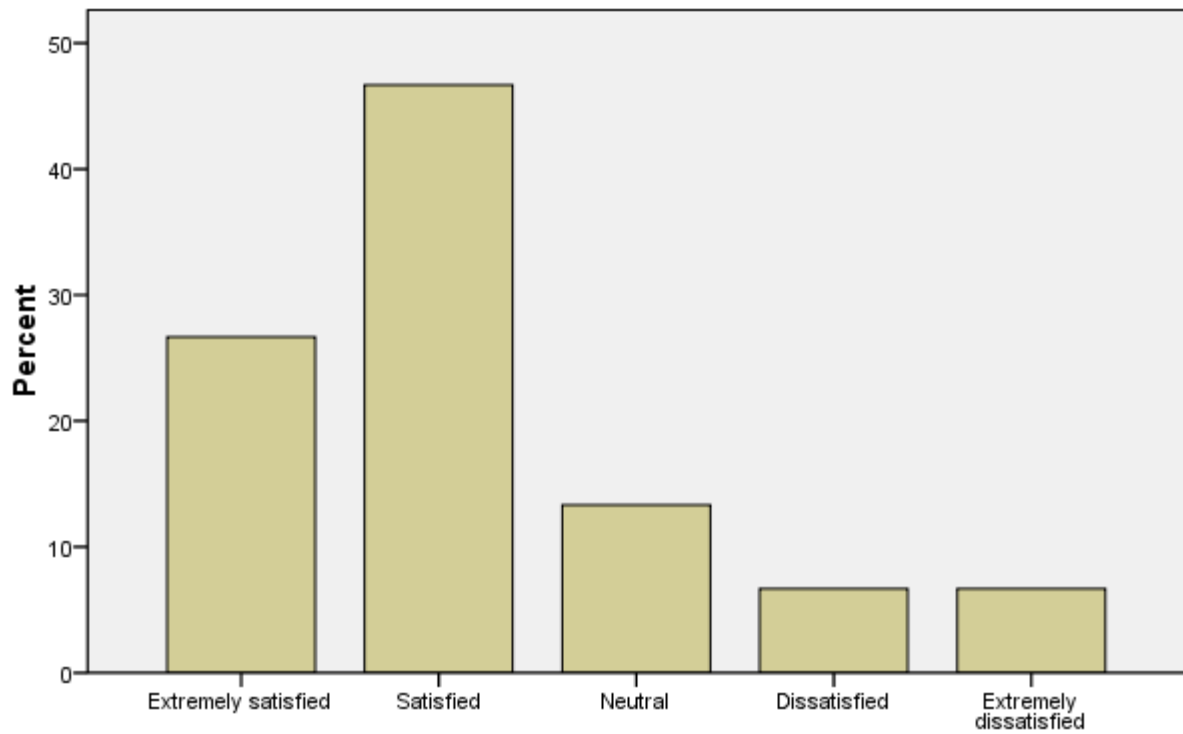
The care, tests or treatment options you were offered

The level of involvement you had in decisions about your health care



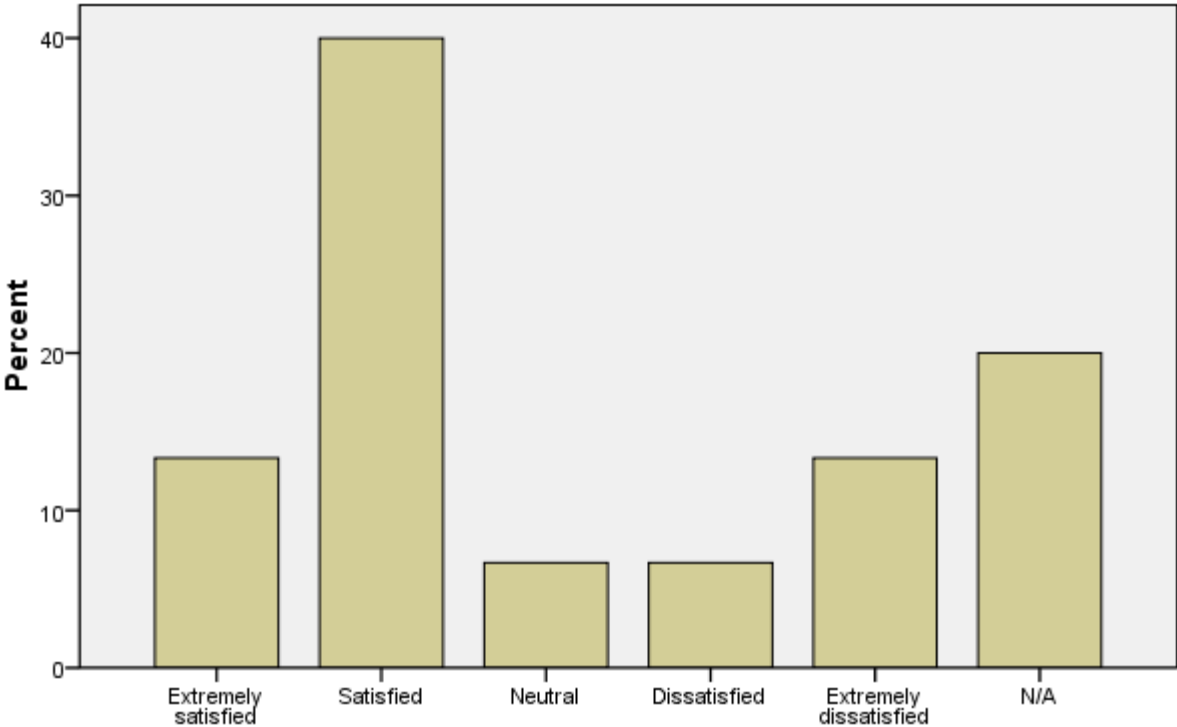
The level of involvement you had in decisions about your health care

The courtesy and respect you received from the attending provider



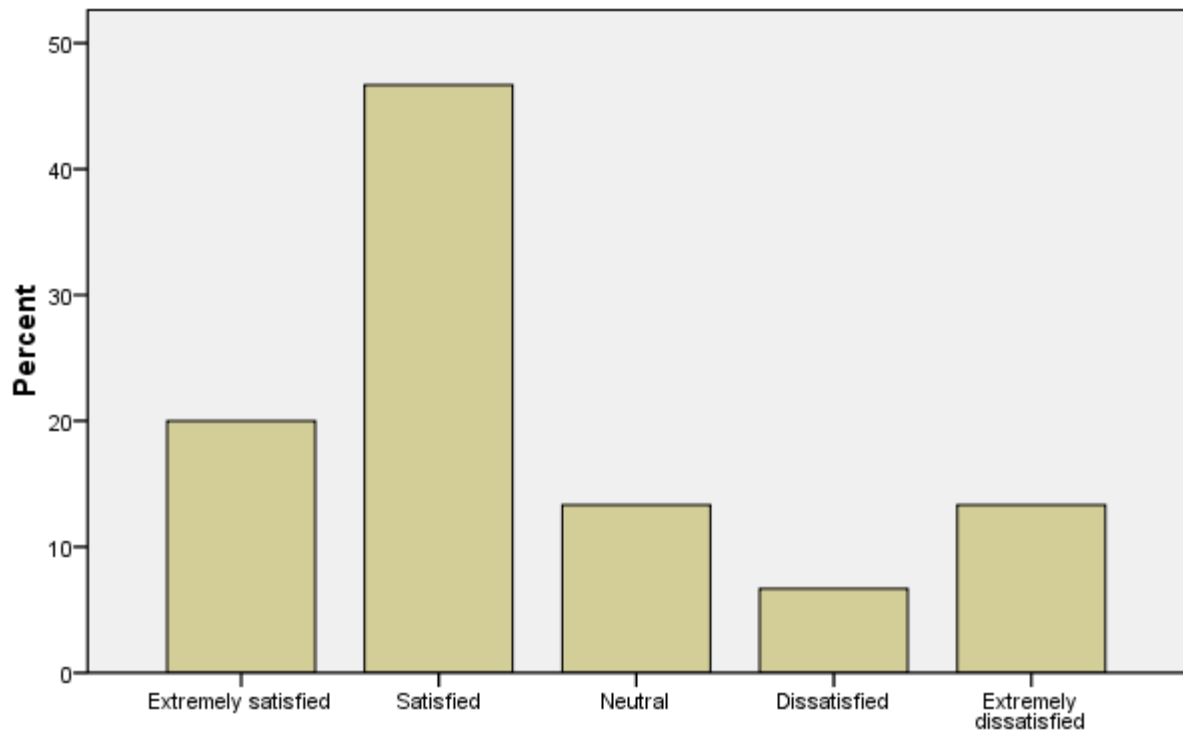
The courtesy and respect you received from the attending provider

The ability to refer you to a specialist in a timely manner



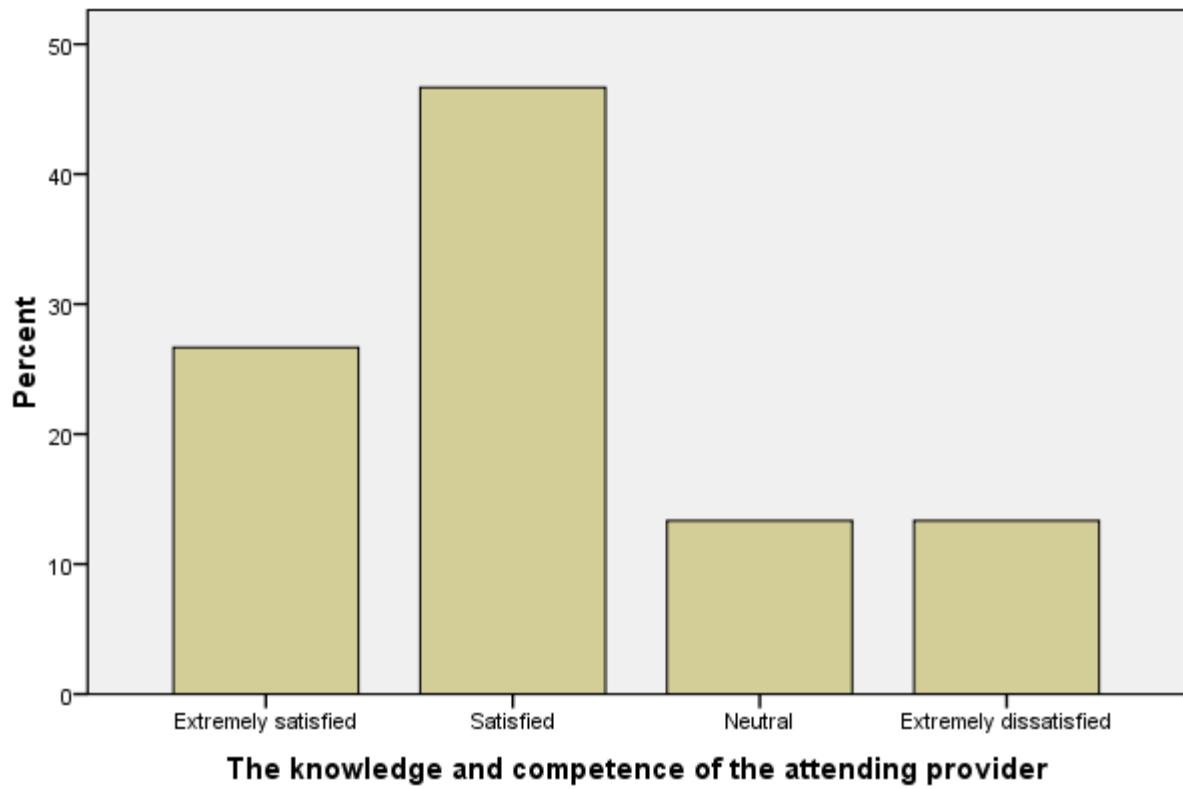
The ability to refer you to a specialist in a timely manner

The thoroughness of examination the attending provider conducted

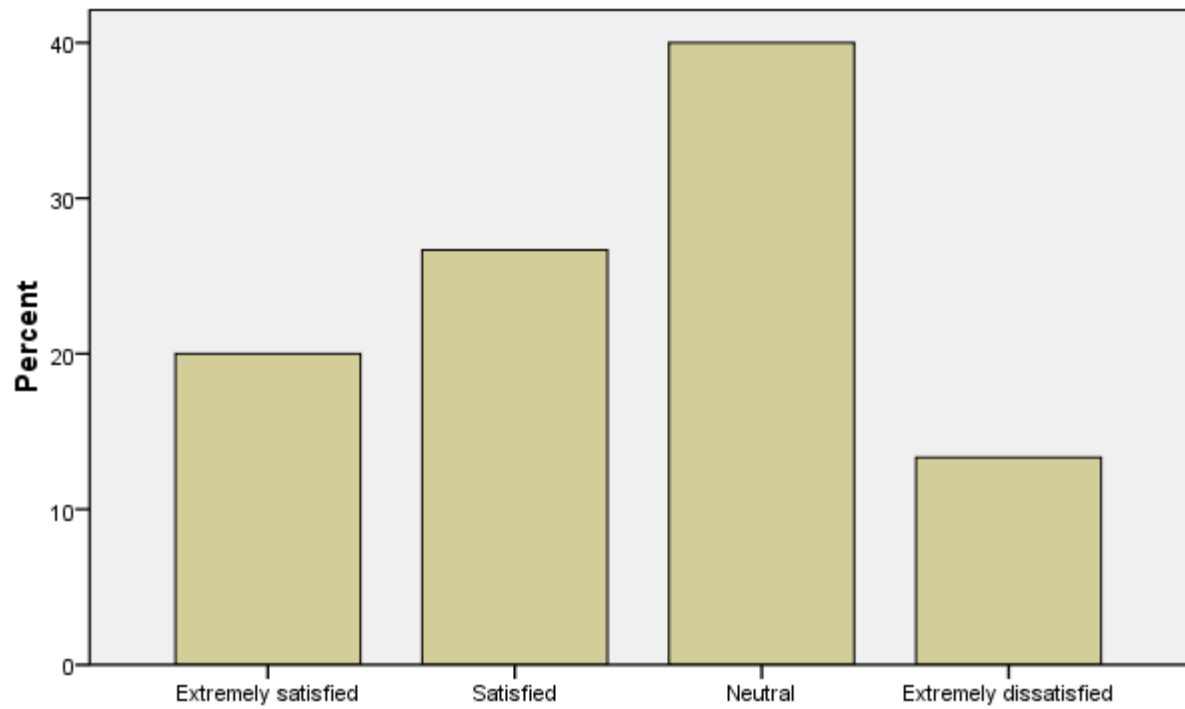


The thoroughness of examination the attending provider conducted

The knowledge and competence of the attending provider

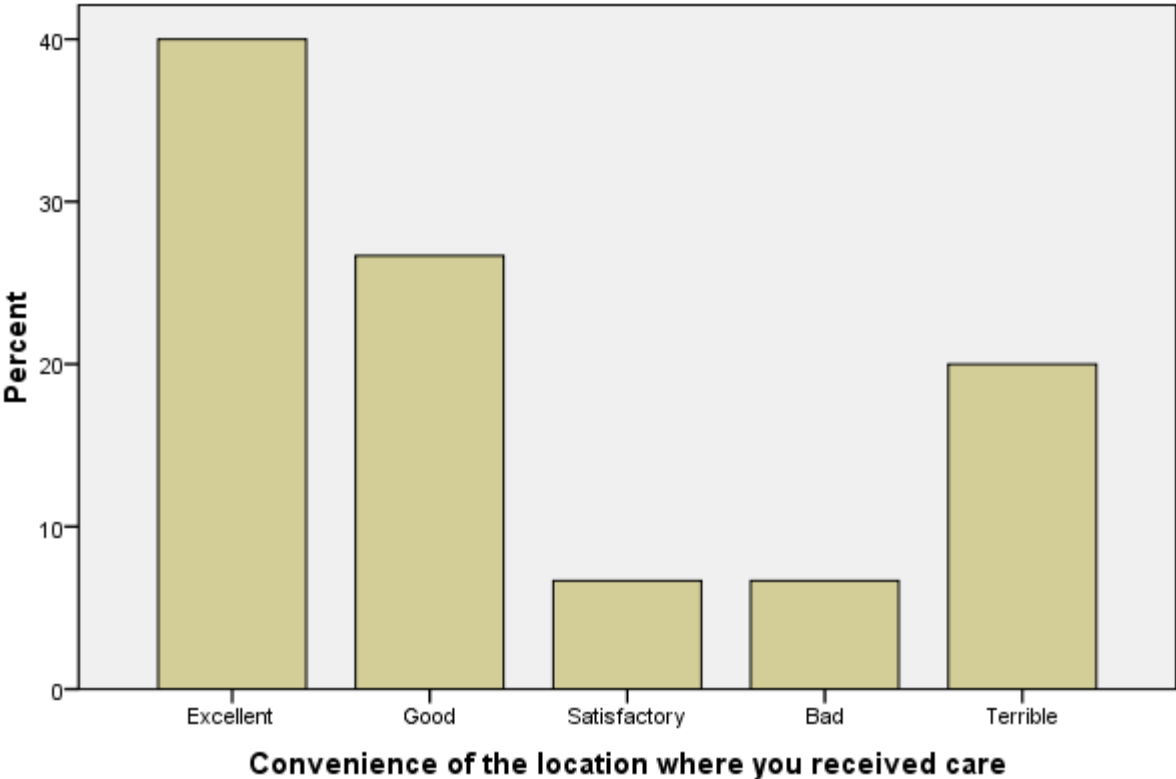


The ultimate impact attending provider's care has had upon your health and life

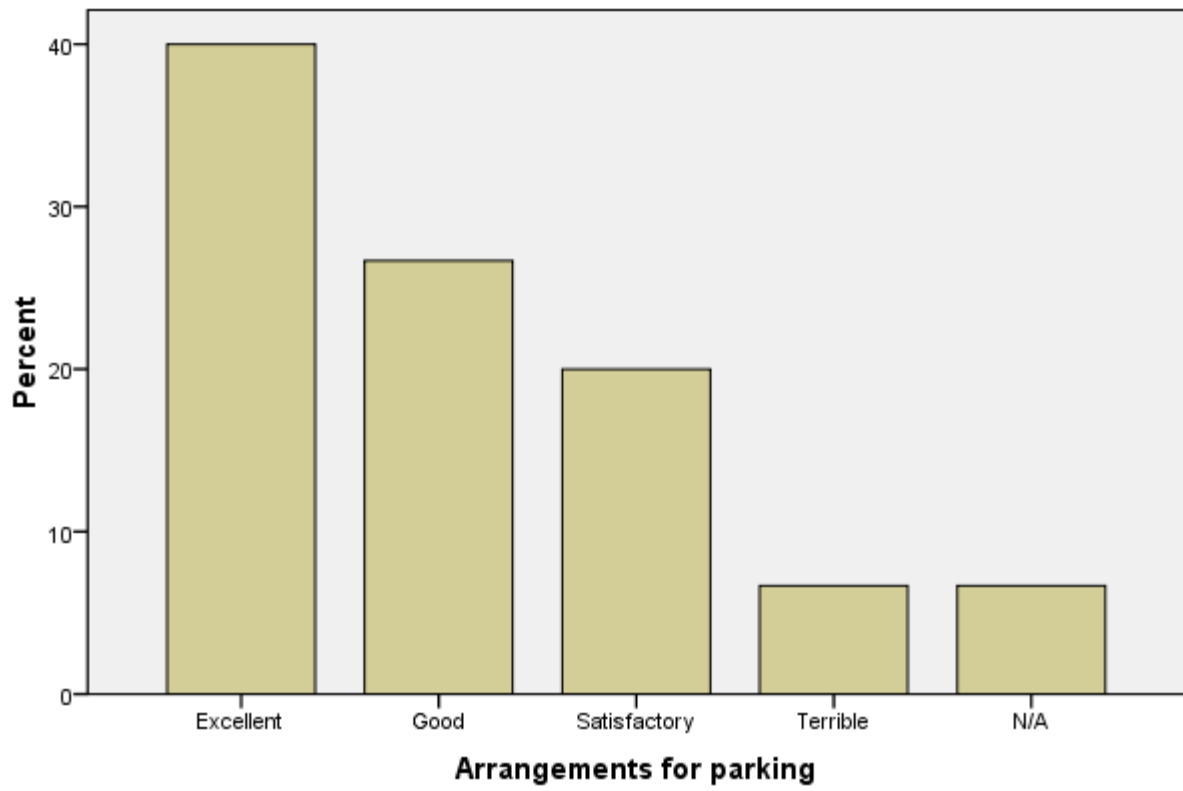


The ultimate impact attending provider's care has had upon your health and life

Convenience of the location where you received care



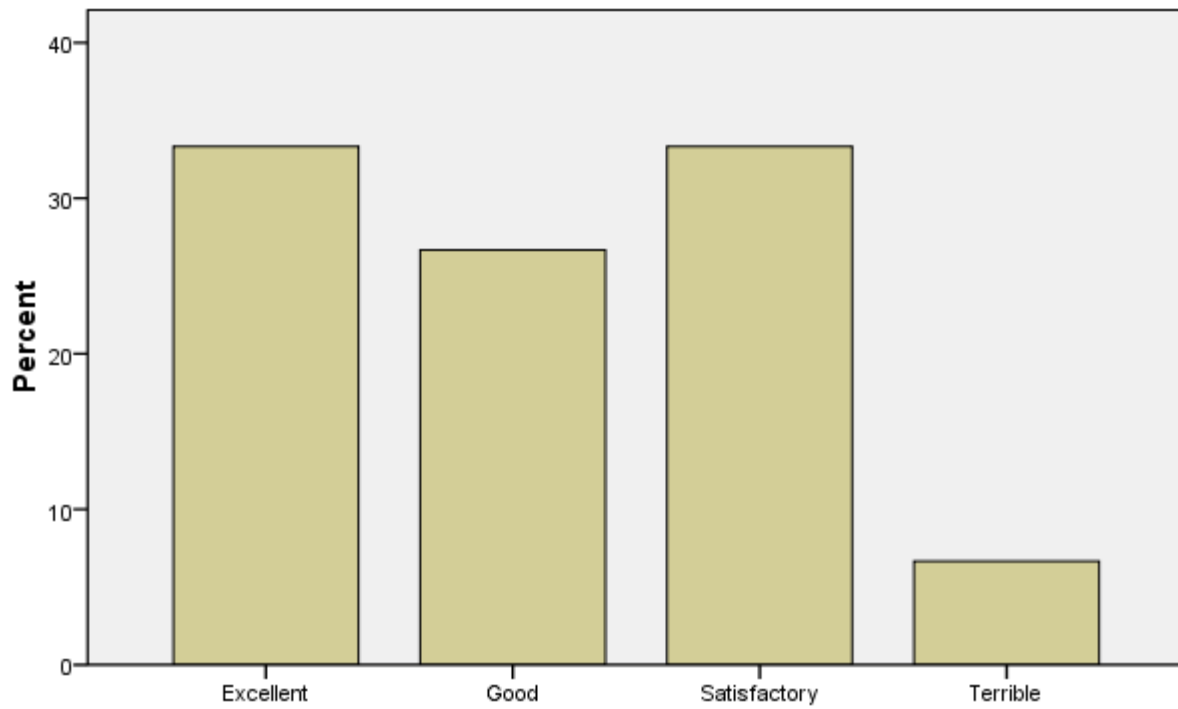
Arrangements for parking



Hours that the place you received care was open

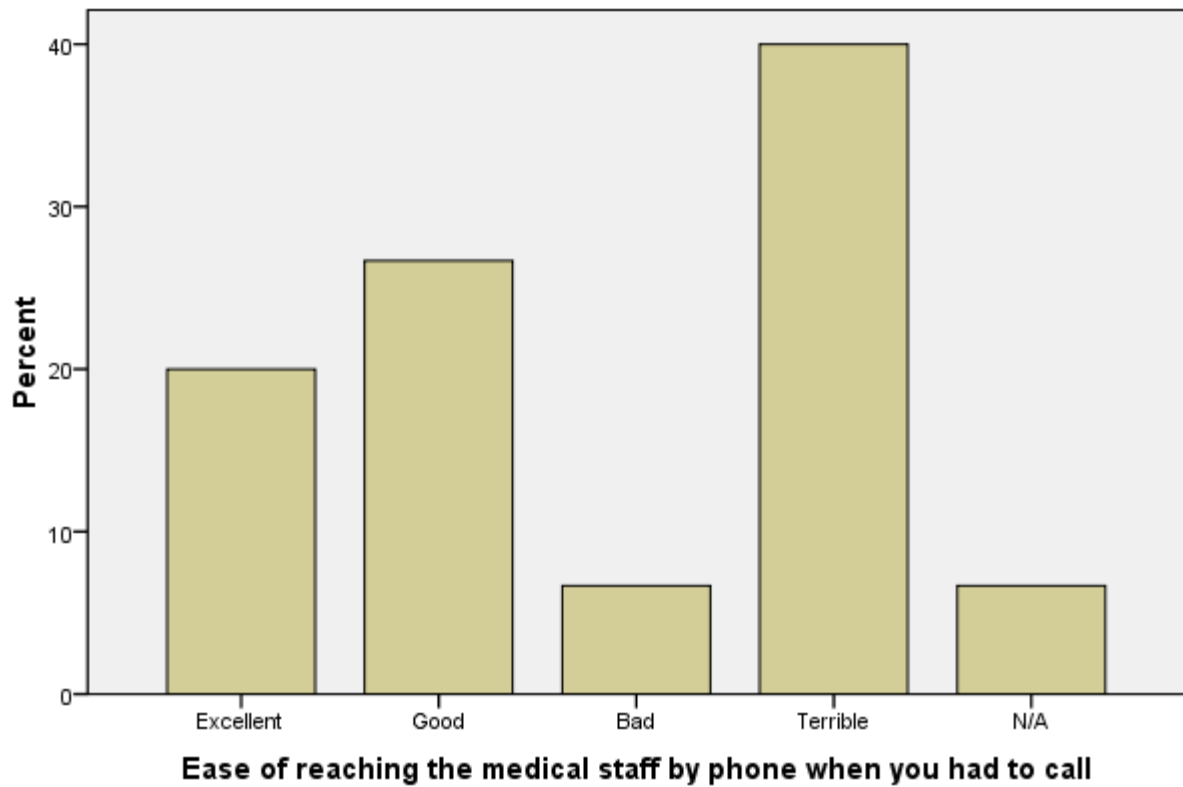


The office environment (cleanliness, comfort, lighting, temperature) where you received care

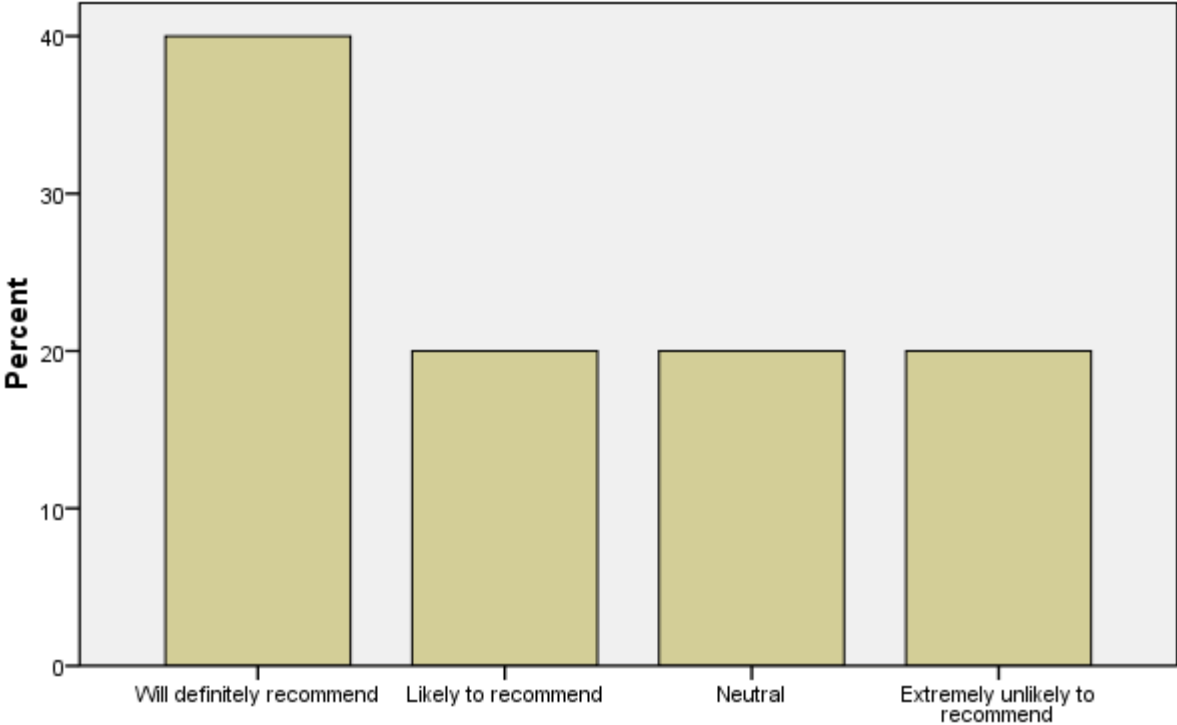


The office environment (cleanliness, comfort, lighting, temperature) where you received care

Ease of reaching the medical staff by phone when you had to call

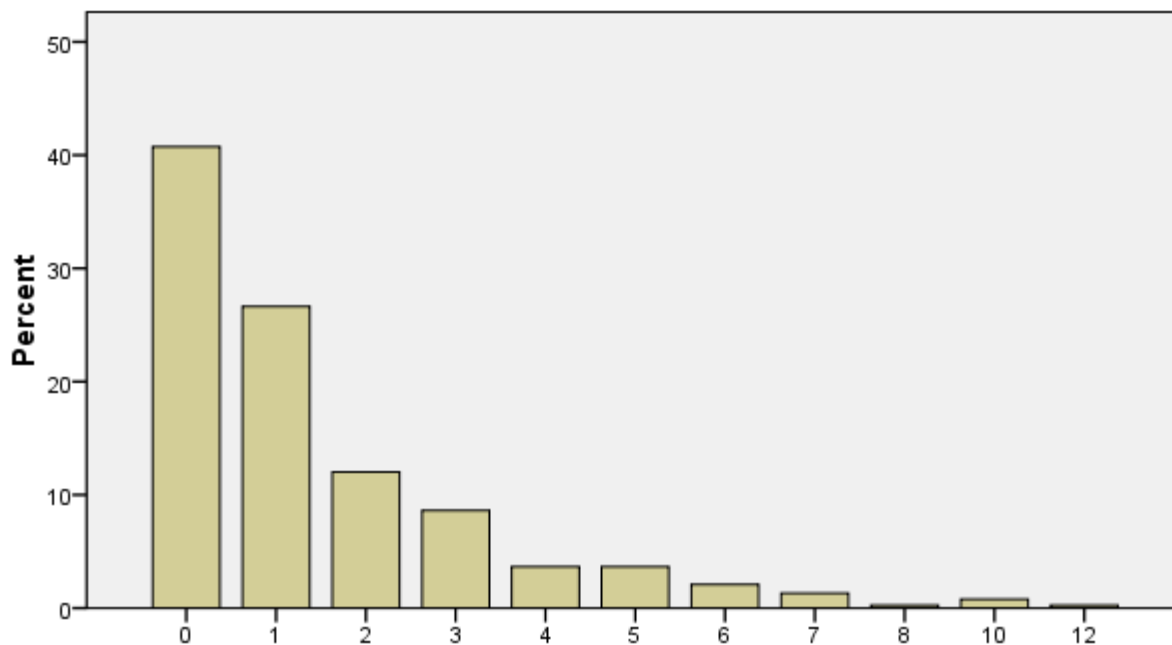


36. Would you recommend this facility to others?



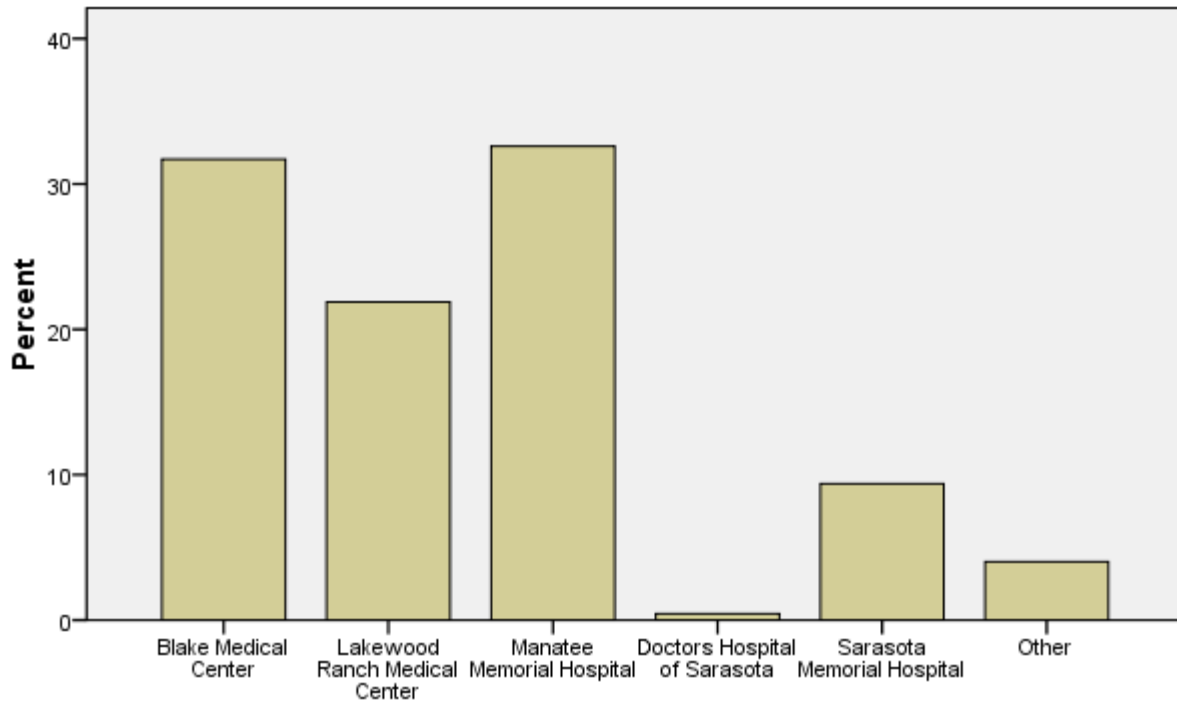
36. Would you recommend this facility to others?

37. In the past three years how many times did you or your close family member had to use Emergency Department service at a hospital. (Please enter 0 if you did not use Hospital Emergency Department in the past 3 years)



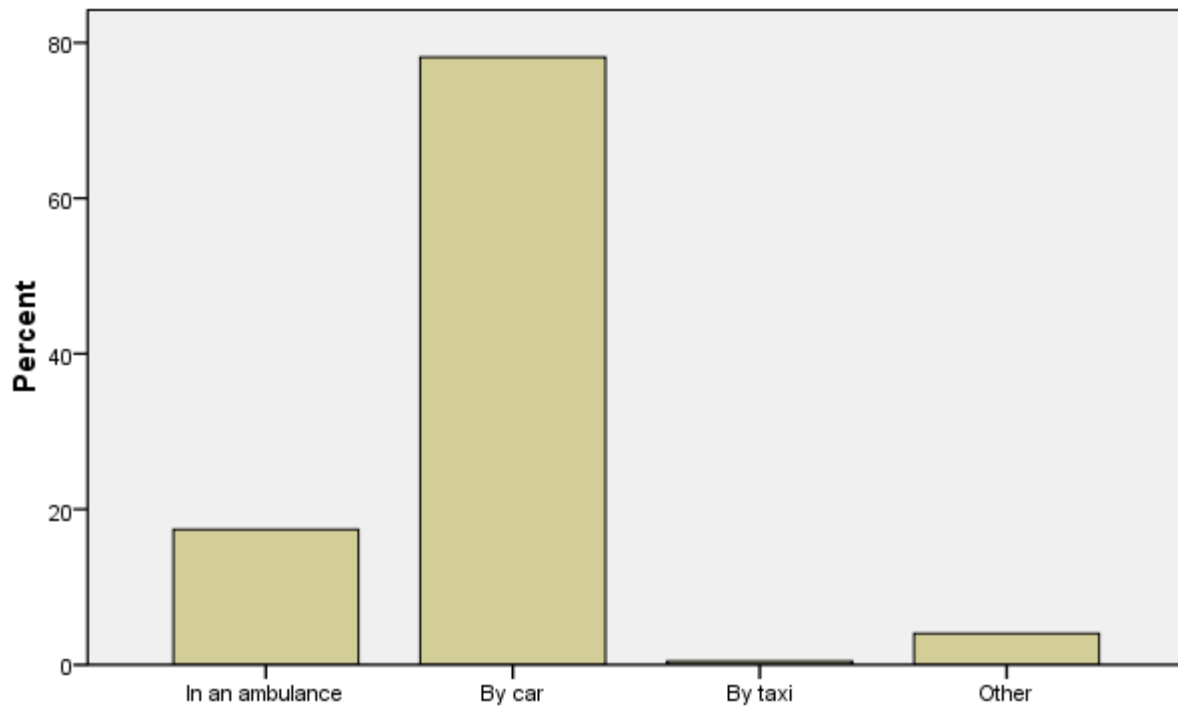
37. In the past three years how many times did you or your close family member had to use Emergency Department service at a hospital. (Please enter 0 if you did not use Hospital Emergency Department in the past 3 years)

38. In which Hospital did you use the emergency department services you most recently accessed?



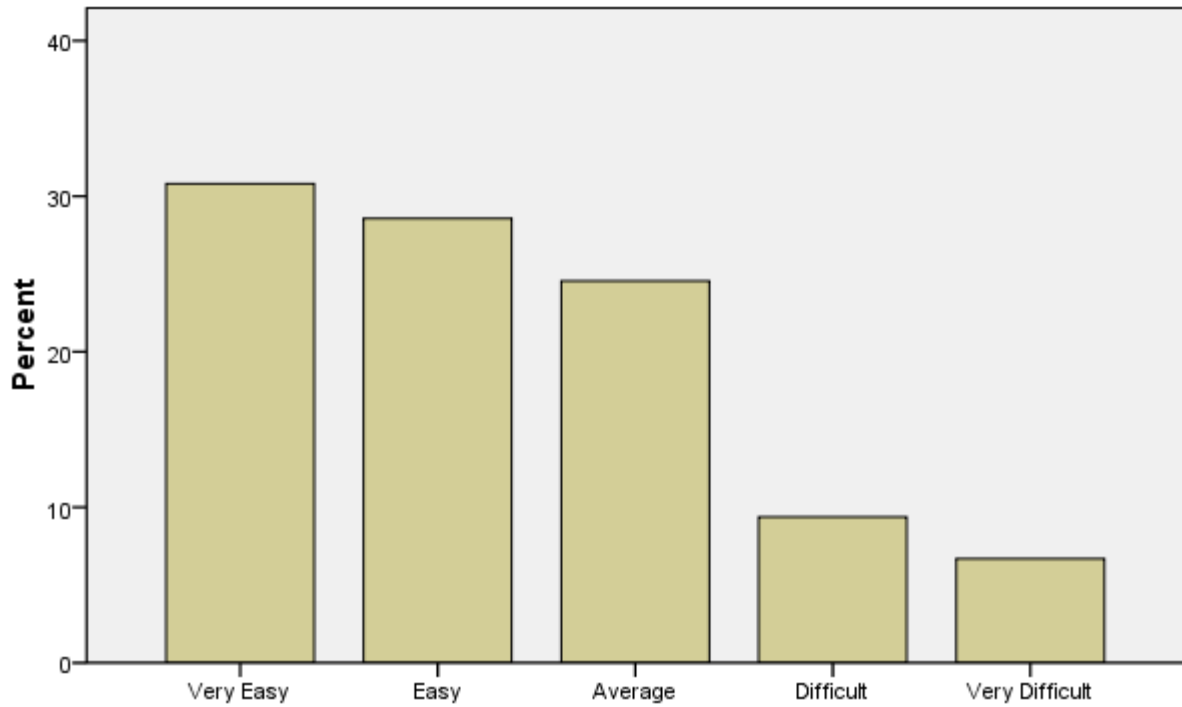
38. In which Hospital did you use the emergency department services you most recently accessed?

39. How did you or your close family member travel to the hospital Emergency Department?



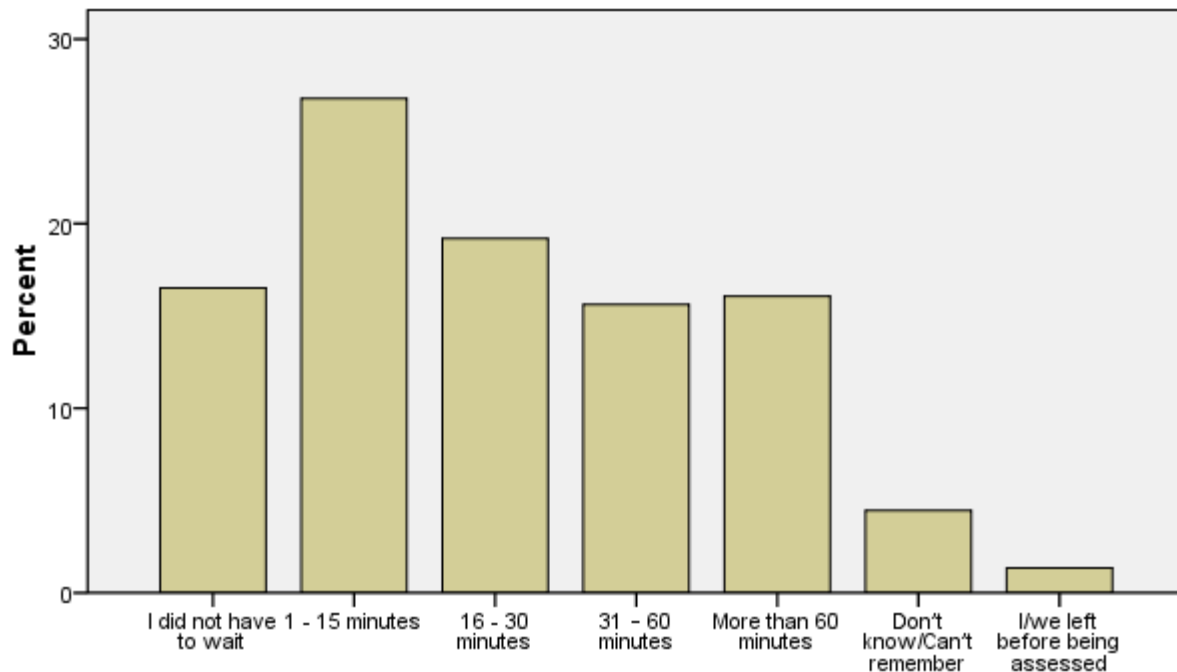
39. How did you or your close family member travel to the hospital Emergency Department?

40. How difficult or easy was it to actually obtain the emergency medical services you or your close family member needed?



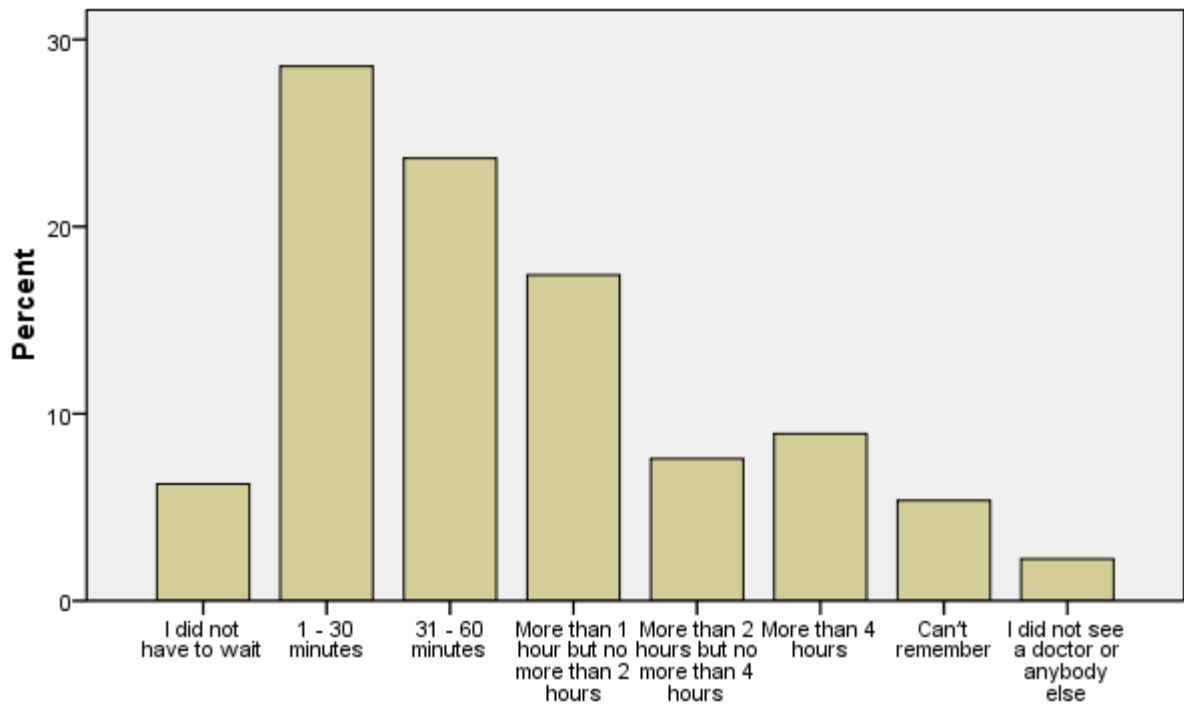
40. How difficult or easy was it to actually obtain the emergency medical services you or your close family member needed?

41. Following your arrival in the Emergency Department, how long did you or your close family member had to wait for a nurse to assess your condition/priority?



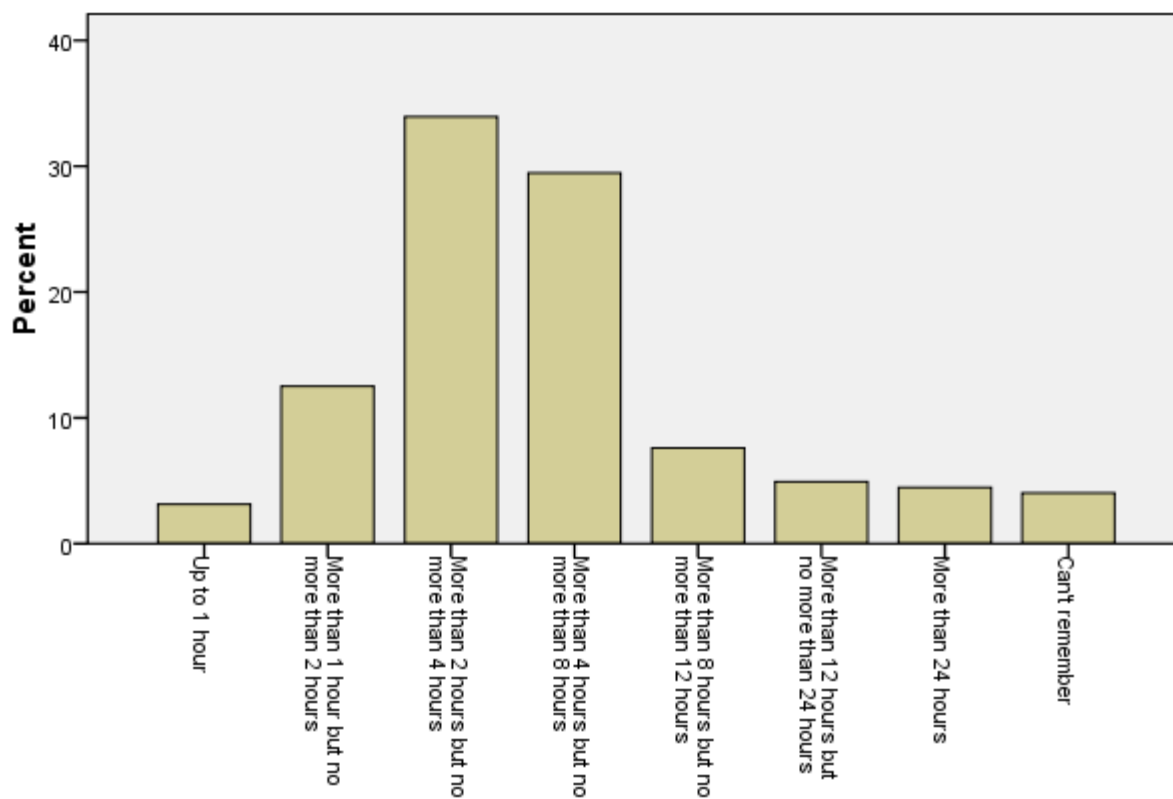
41. Following your arrival in the Emergency Department, how long did you or your close family member had to wait for a nurse to assess your condition/priority?

42. Following your arrival in the Emergency Department, how long did you or your close family member had to wait before being examined by a doctor?

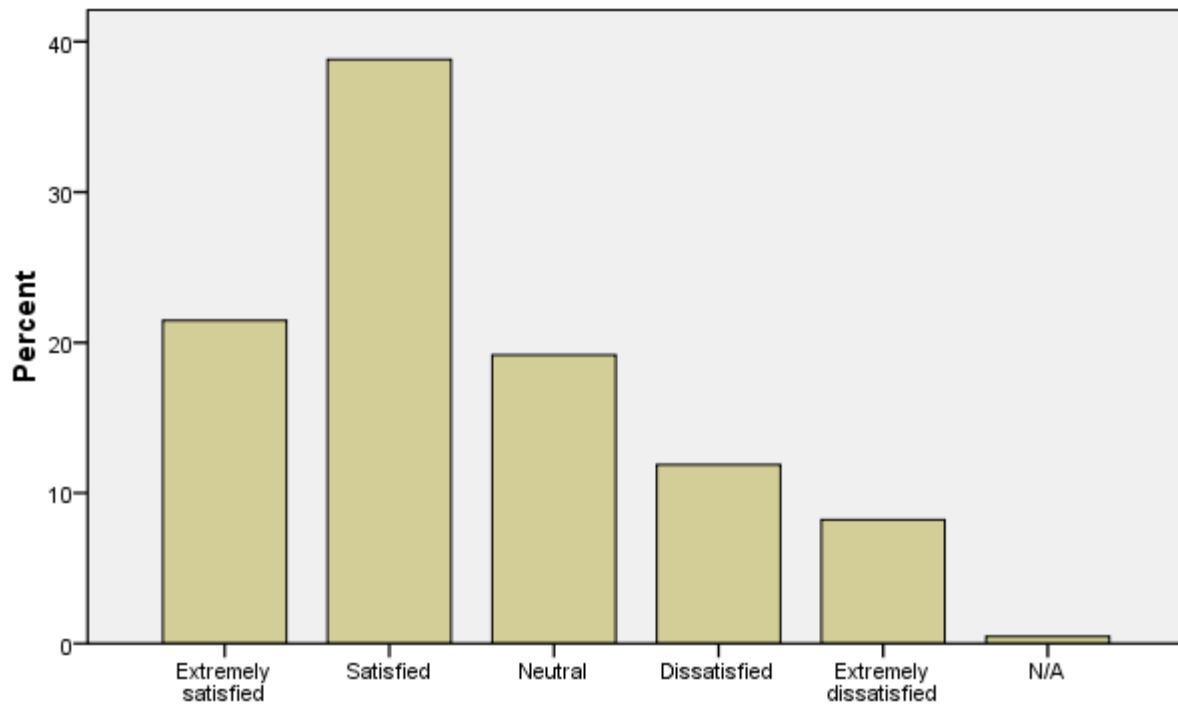


42. Following your arrival in the Emergency Department, how long did you or your close family member had to wait before being examined by a doctor?

43. Overall, how long did your visit to the hospital Emergency Department last?

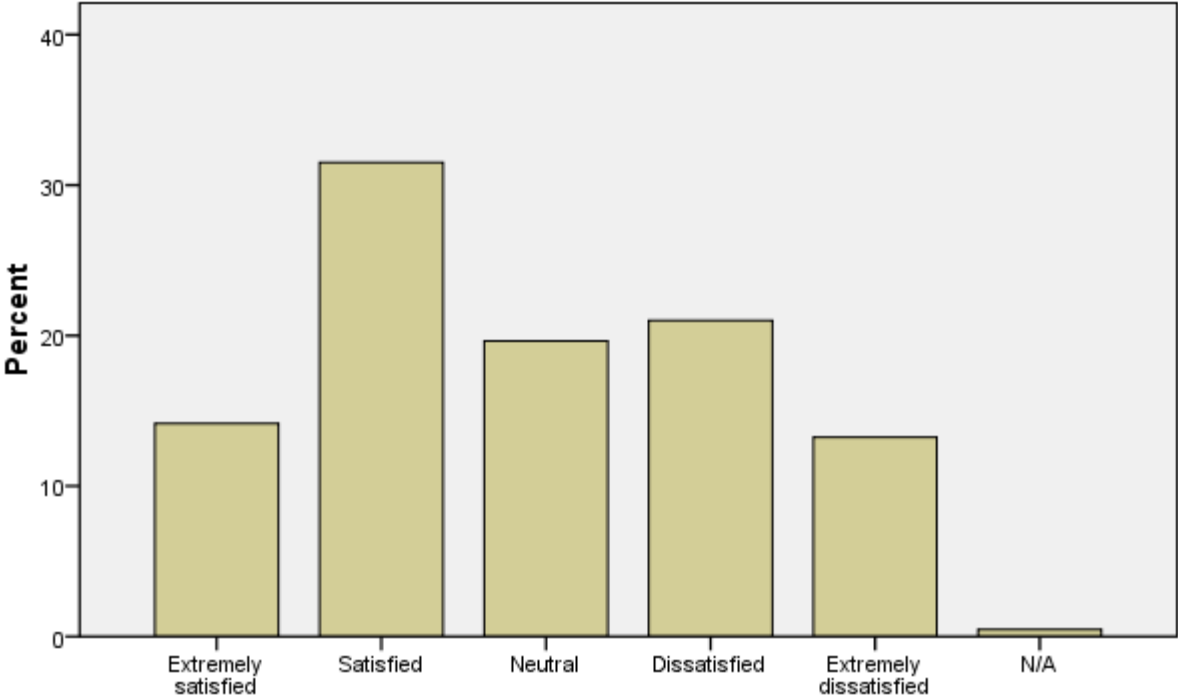


The amount of time it took to be assessed by a nurse upon arrival in the emergency room



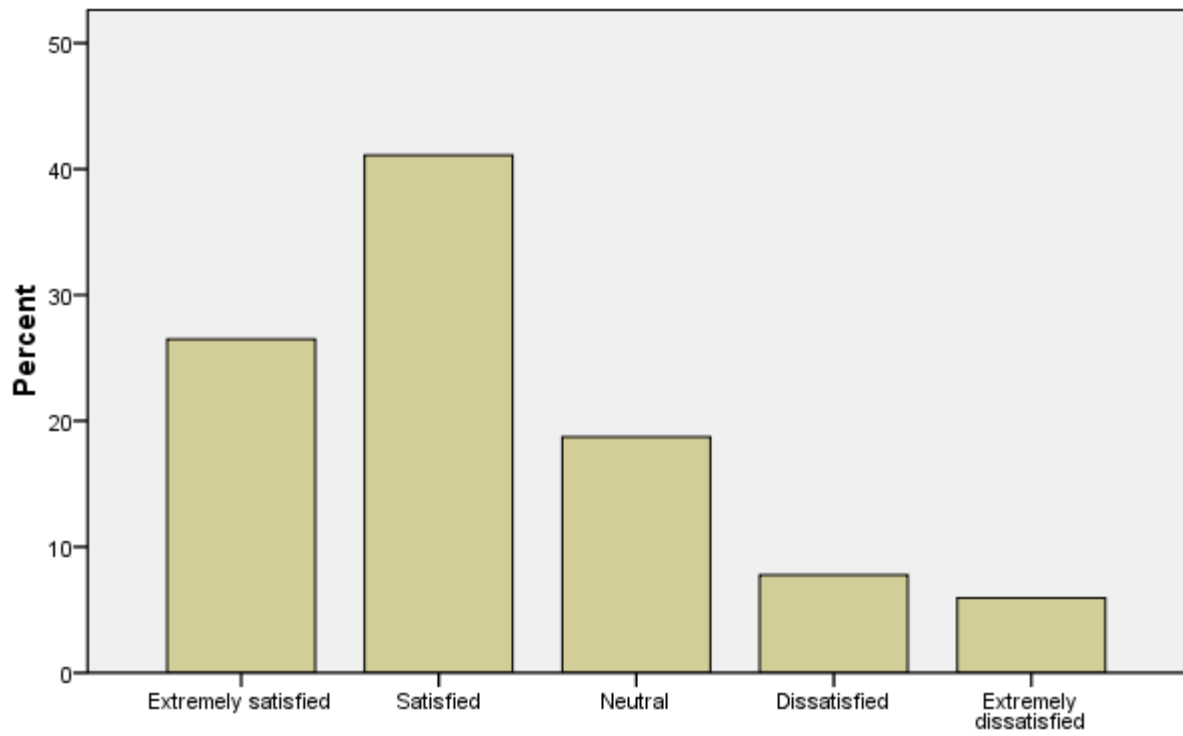
The amount of time it took to be assessed by a nurse upon arrival in the emergency room

The amount of time it took to see a doctor after having been assessed by a nurse



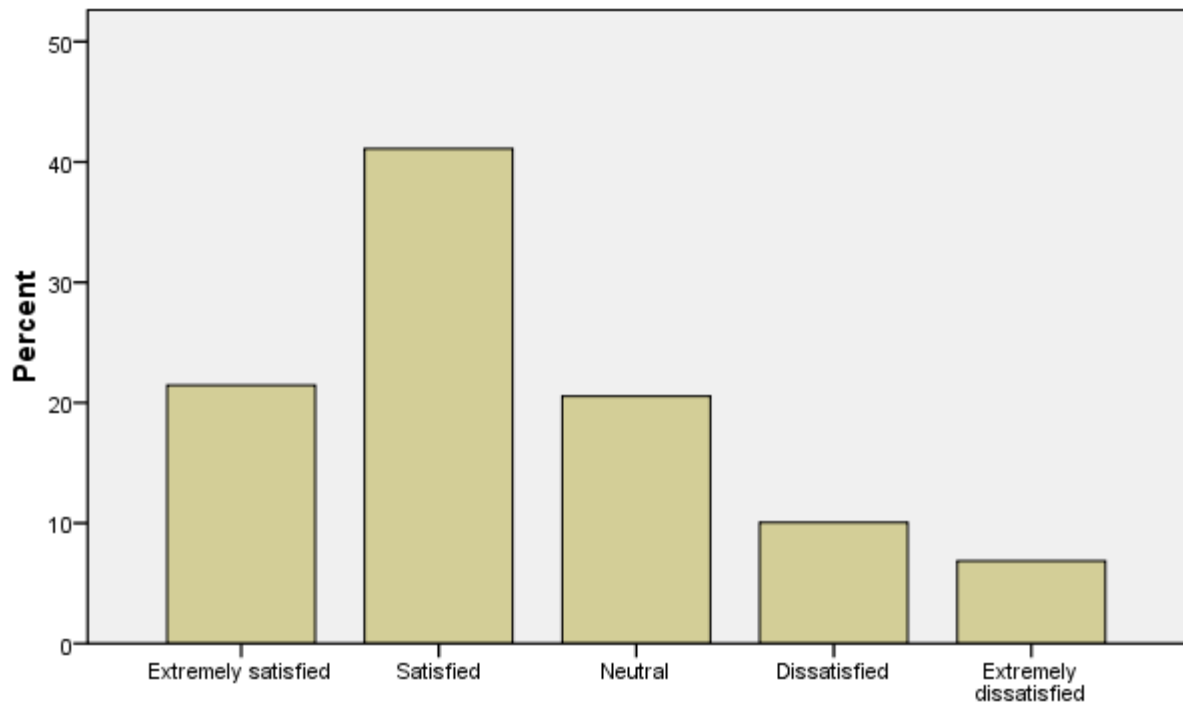
The amount of time it took to see a doctor after having been assessed by a nurse

The courtesy and respect you received from emergency room staff



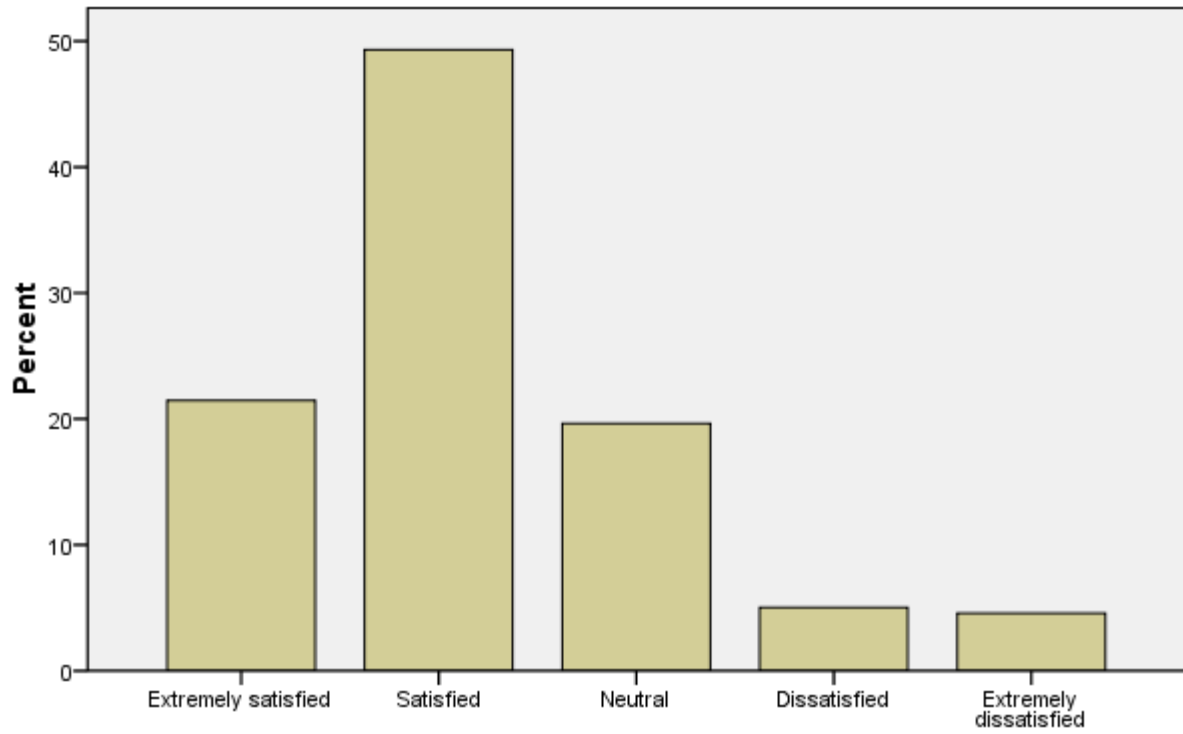
The courtesy and respect you received from emergency room staff

The attention given to your health care concerns by the emergency room staff



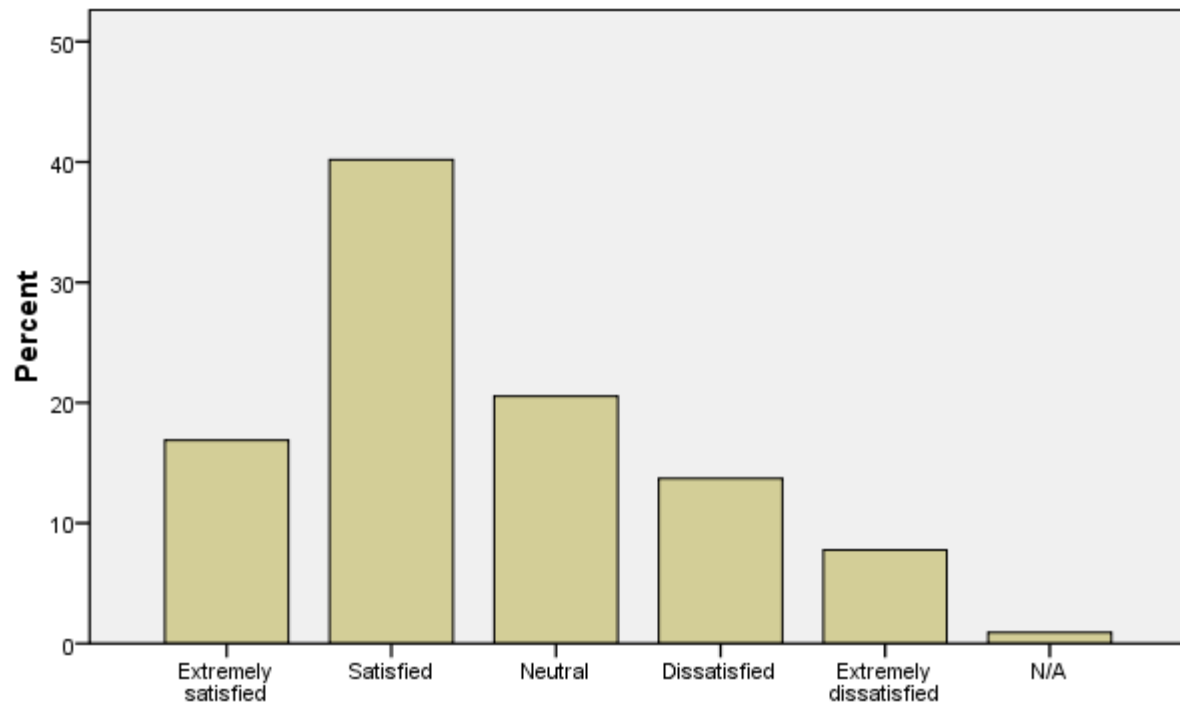
The attention given to your health care concerns by the emergency room staff

Explaining things to you in a way you could understand



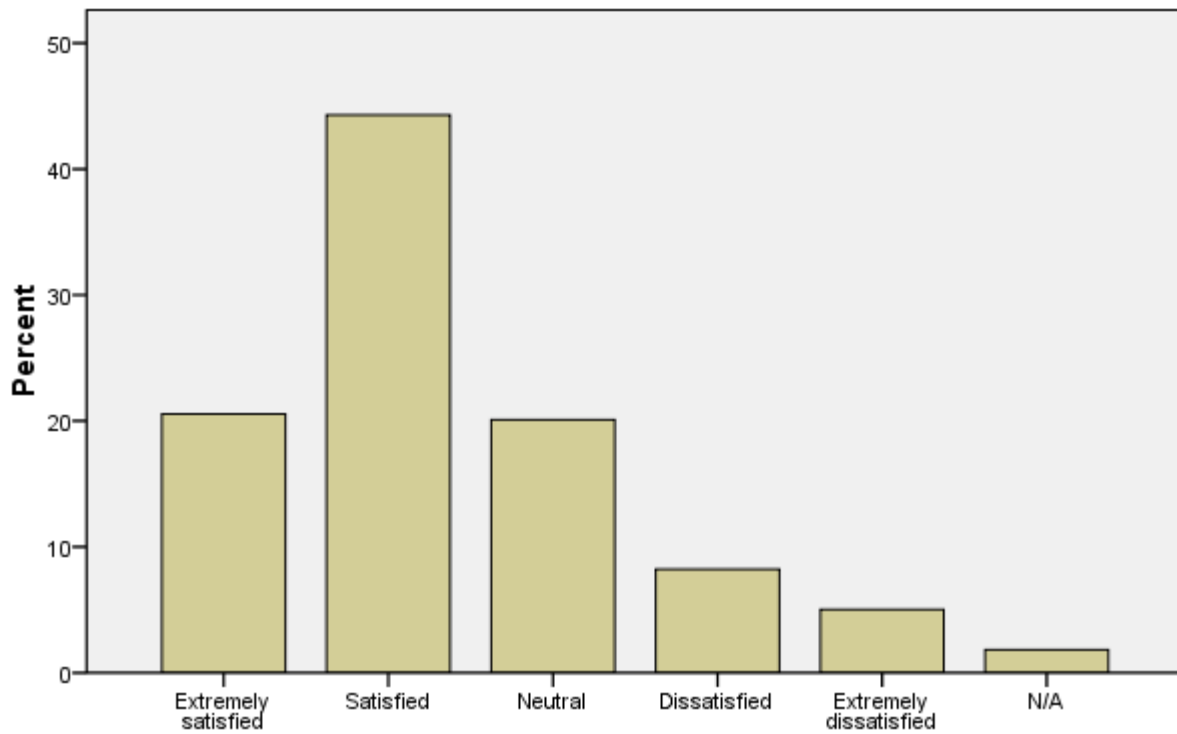
Explaining things to you in a way you could understand

The amount of time the emergency room doctor spent with you during your treatment



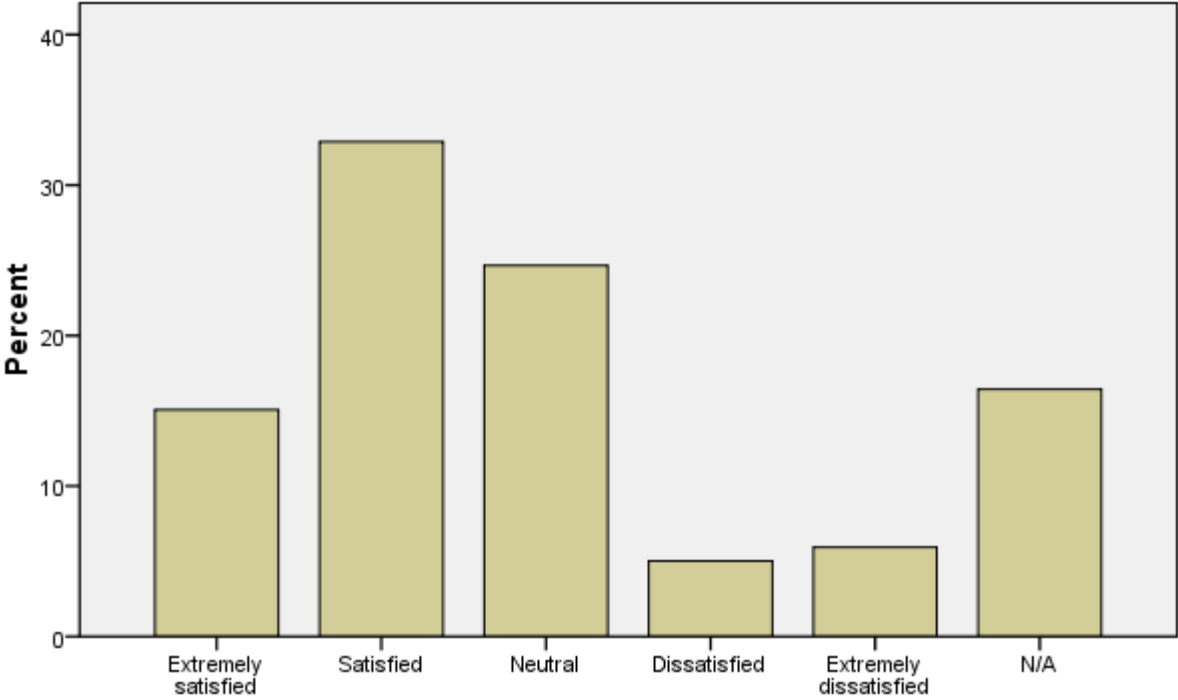
The amount of time the emergency room doctor spent with you during your treatment

The help received from other staff assisting doctors in the emergency room



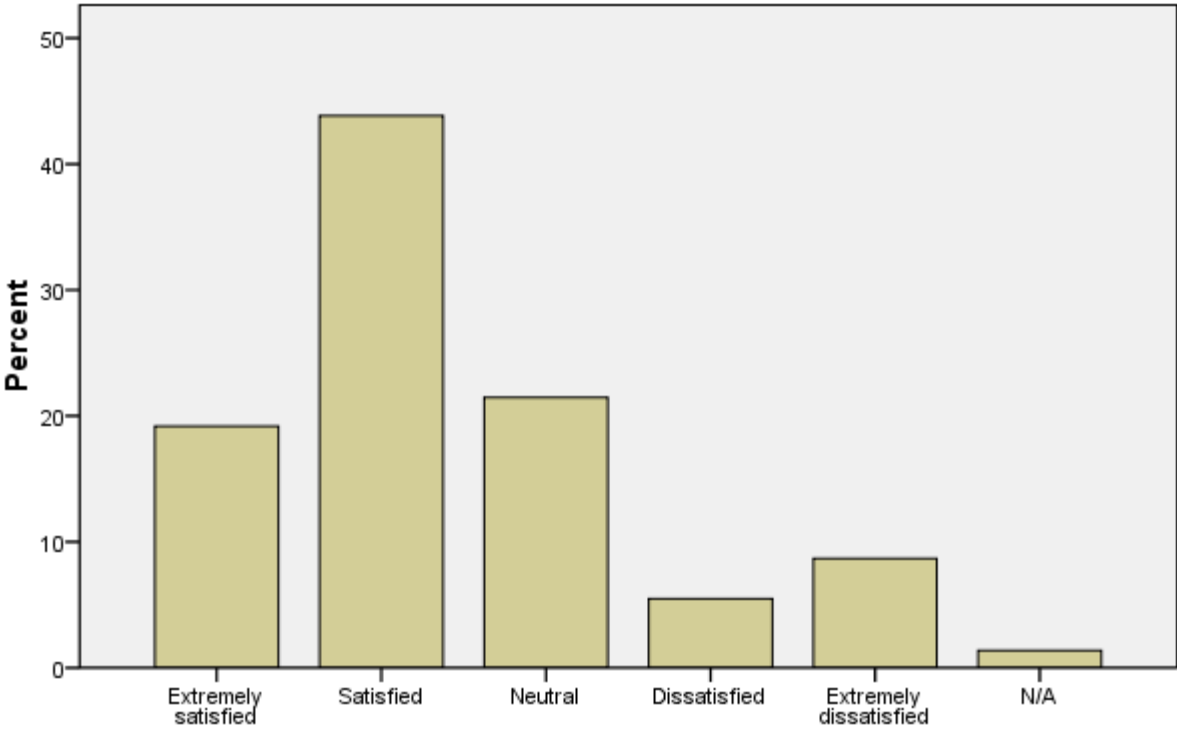
The help received from other staff assisting doctors in the emergency room

The ability of the emergency room staff to refer you to a specialist in a timely manner



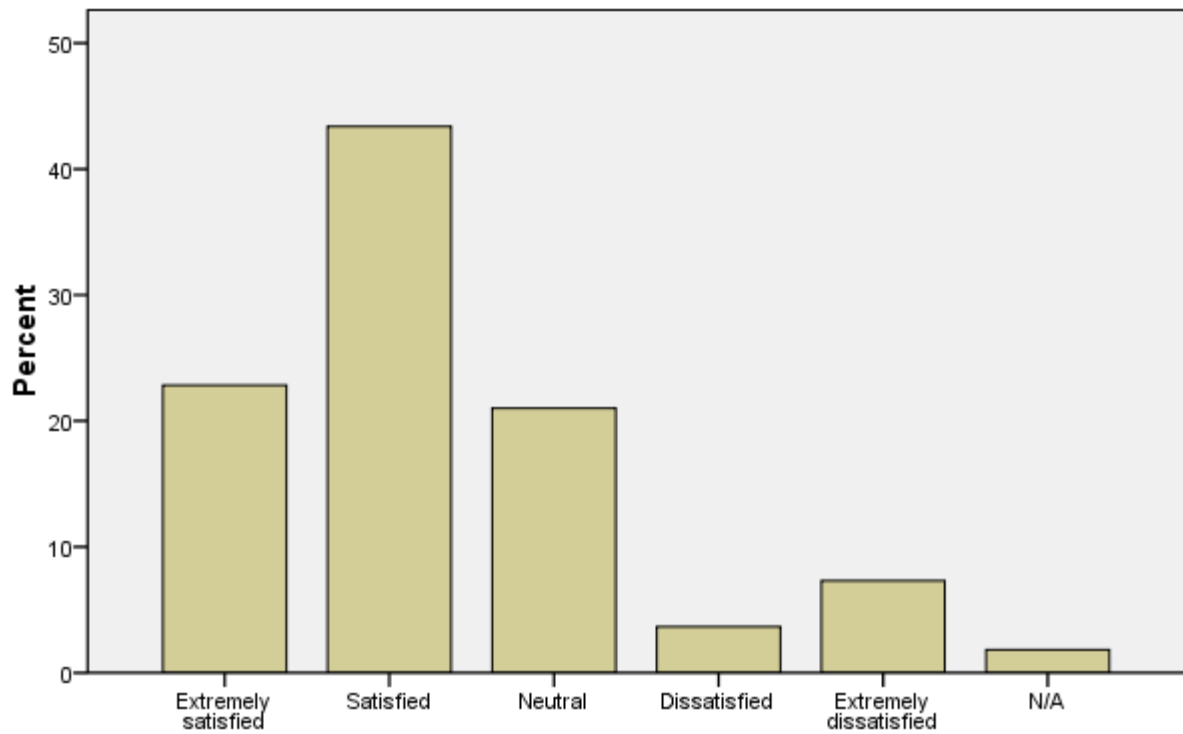
The ability of the emergency room staff to refer you to a specialist in a timely manner

The thoroughness of examinations the emergency room doctor conducted



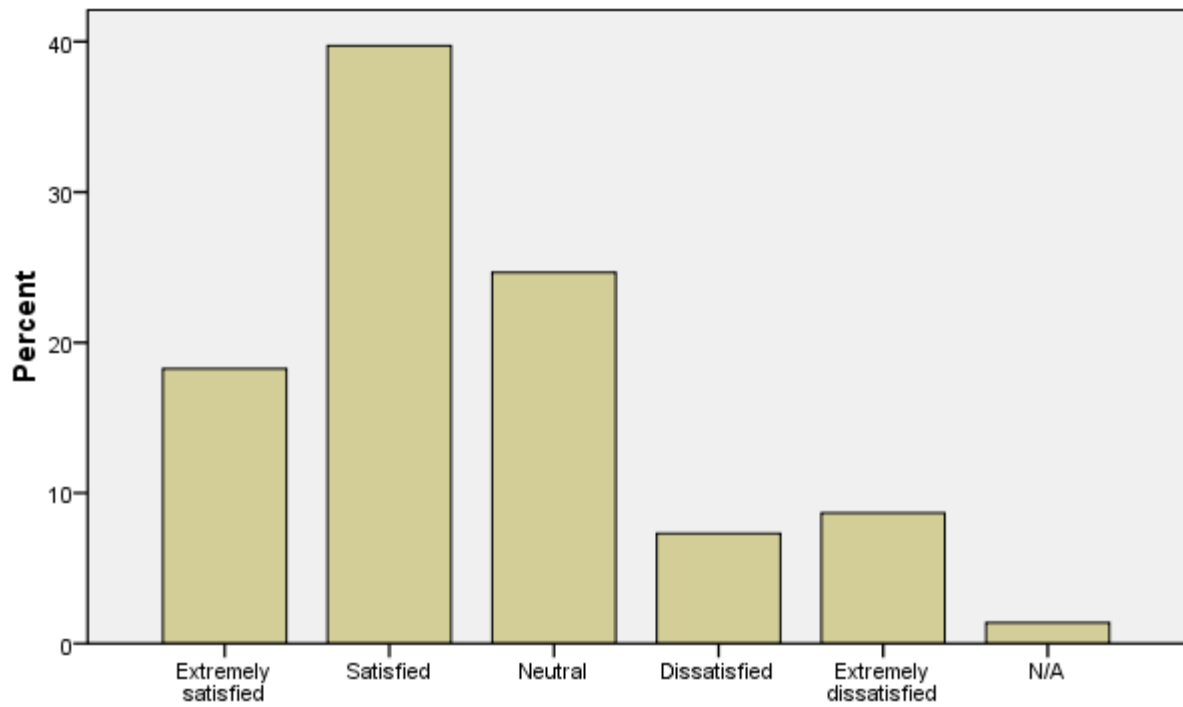
The thoroughness of examinations the emergency room doctor conducted

The knowledge and competence of the emergency room doctor



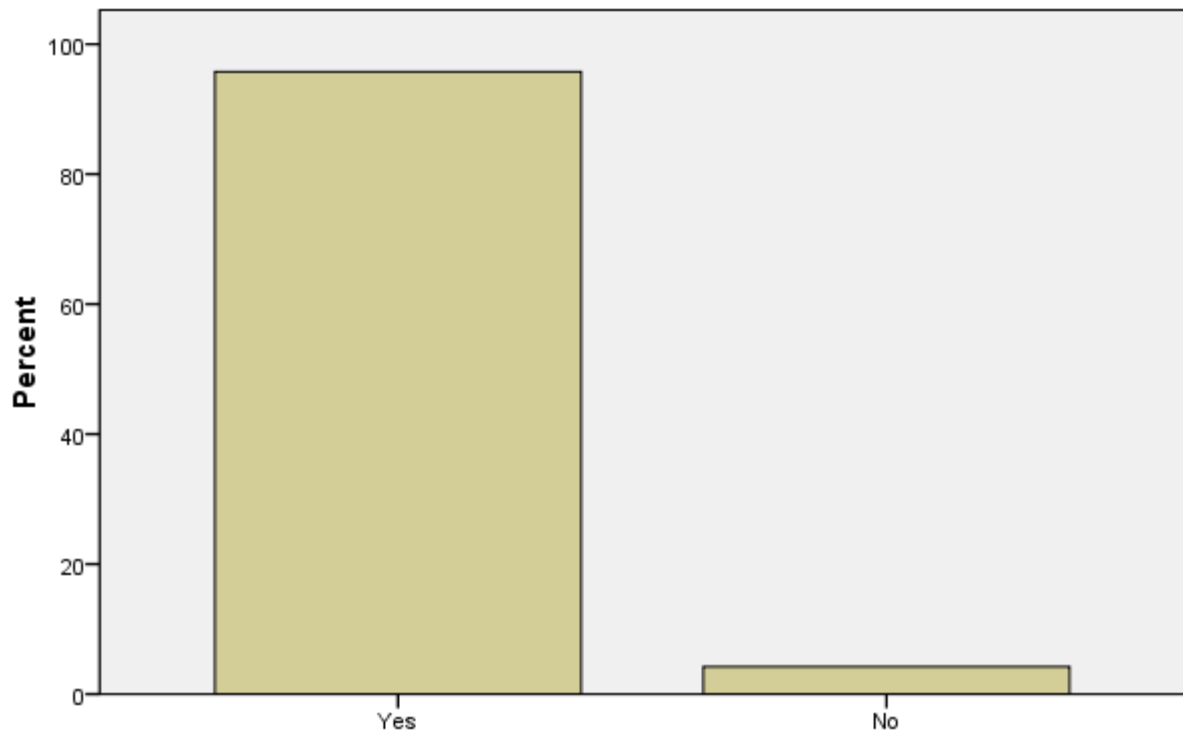
The knowledge and competence of the emergency room doctor

The ultimate impact the emergency room care has had upon your health and life



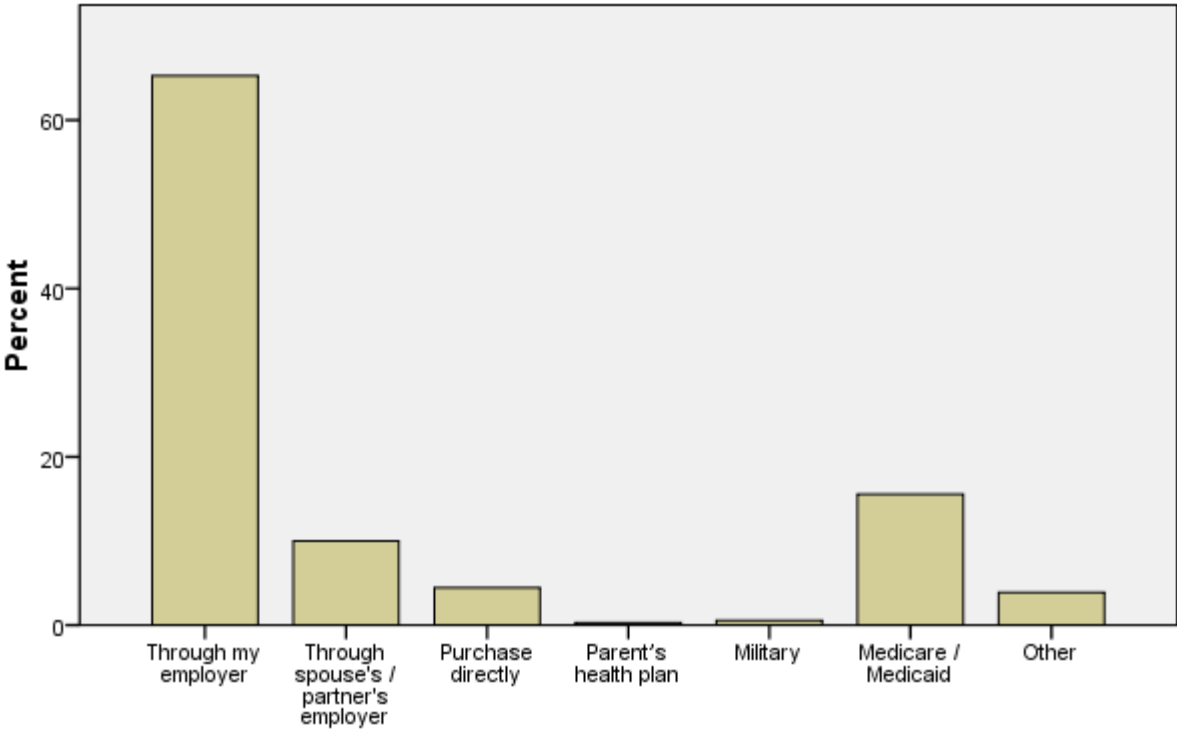
The ultimate impact the emergency room care has had upon your health and life

45. Do you currently have Health Insurance coverage?



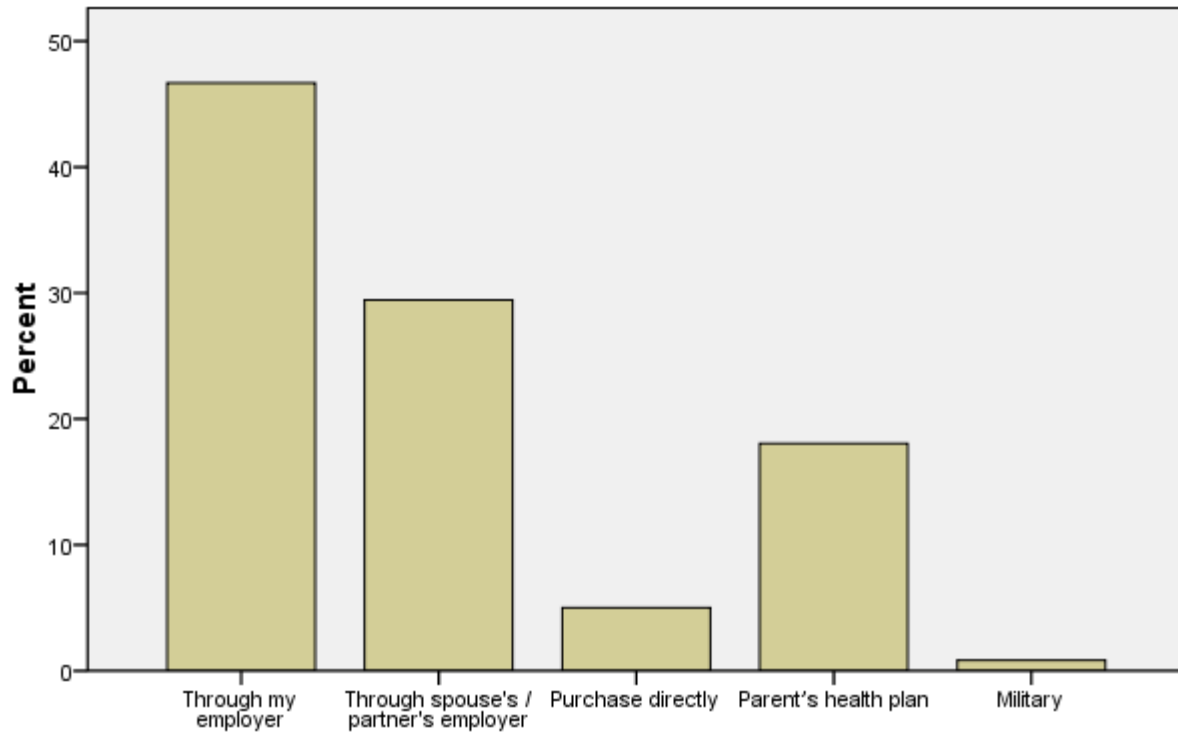
45. Do you currently have Health Insurance coverage?

46. What is your current source for Health insurance?



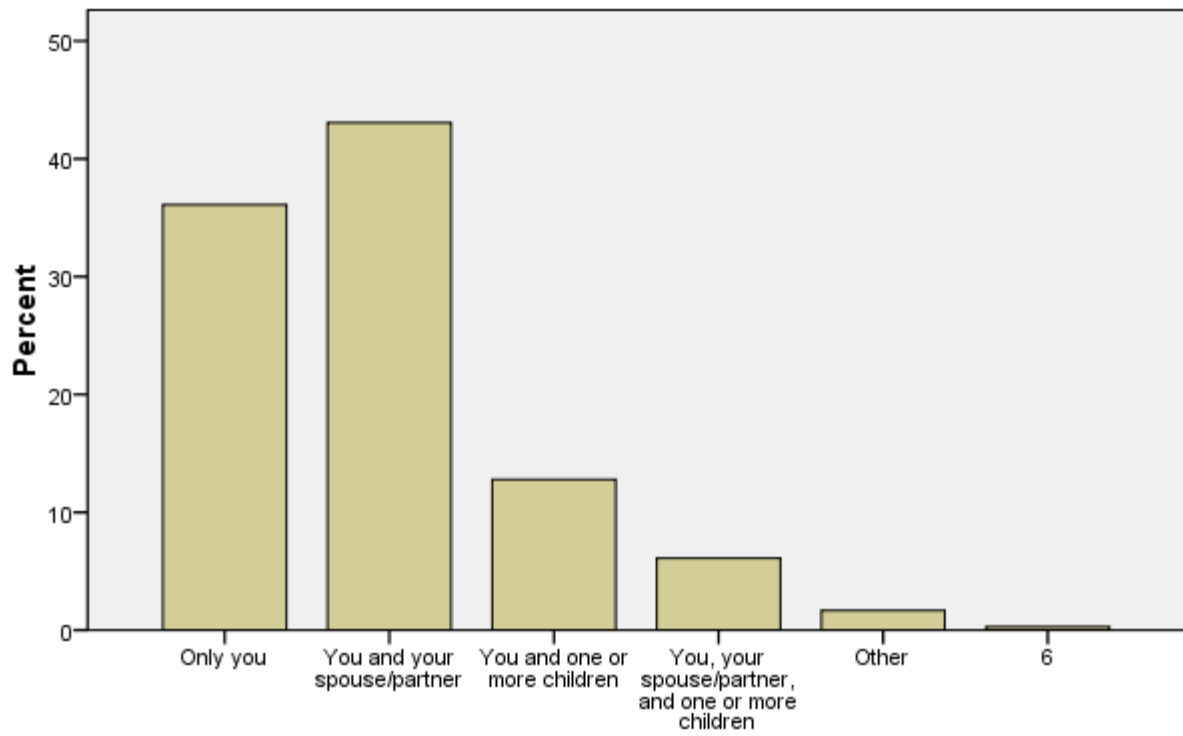
46. What is your current source for Health insurance?

47. Who in your household is covered by your health plan?



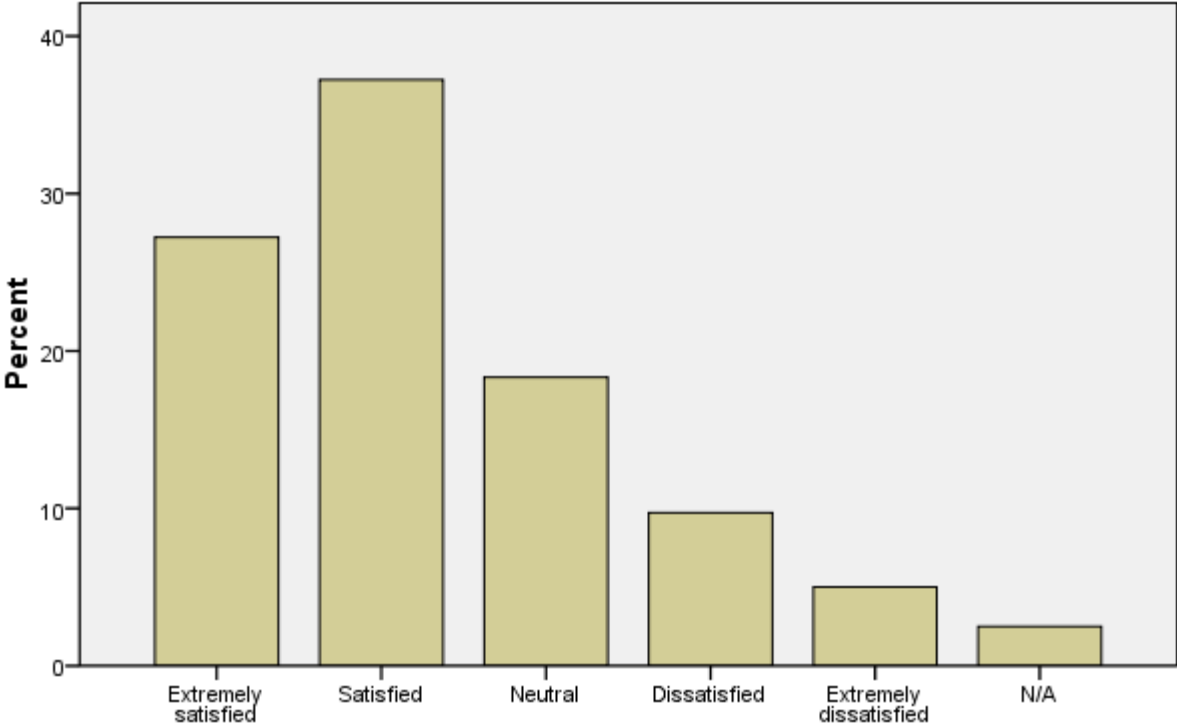
47. Who in your household is covered by your health plan?

Level of Insurance coverage



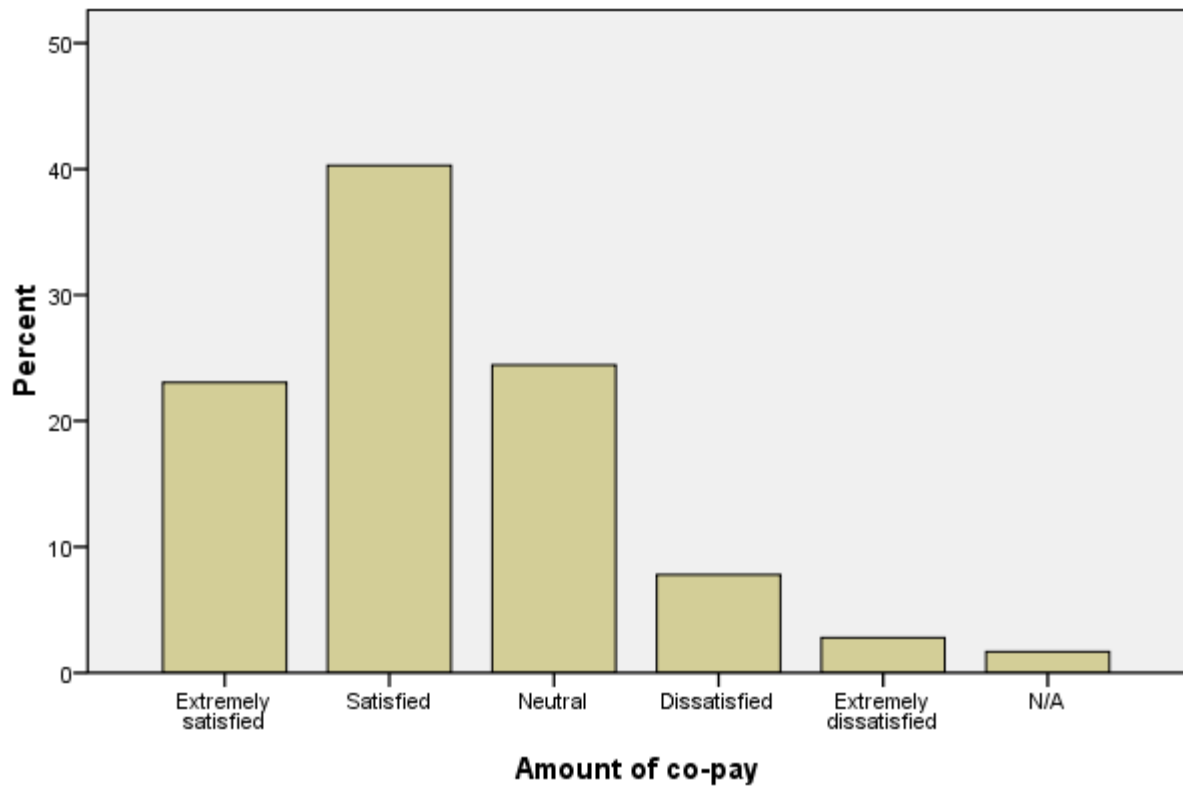
Level of Insurance coverage

The efficiency of the billing process

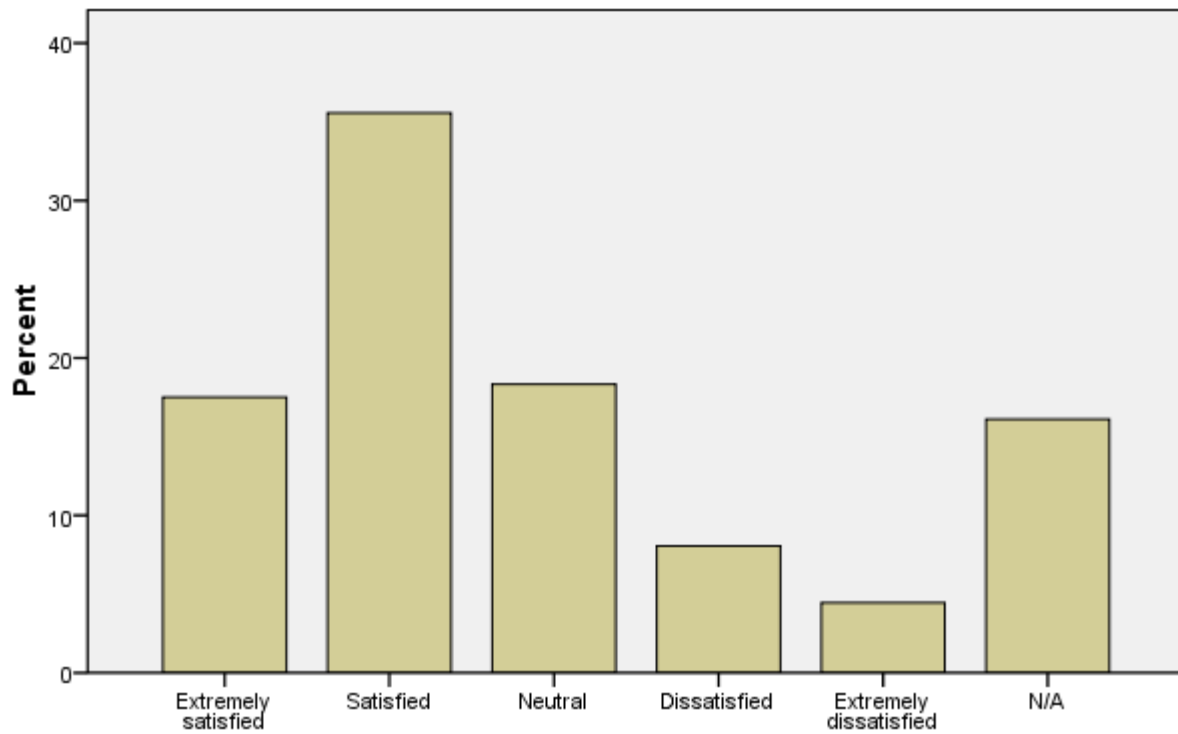


The efficiency of the billing process

Amount of co-pay

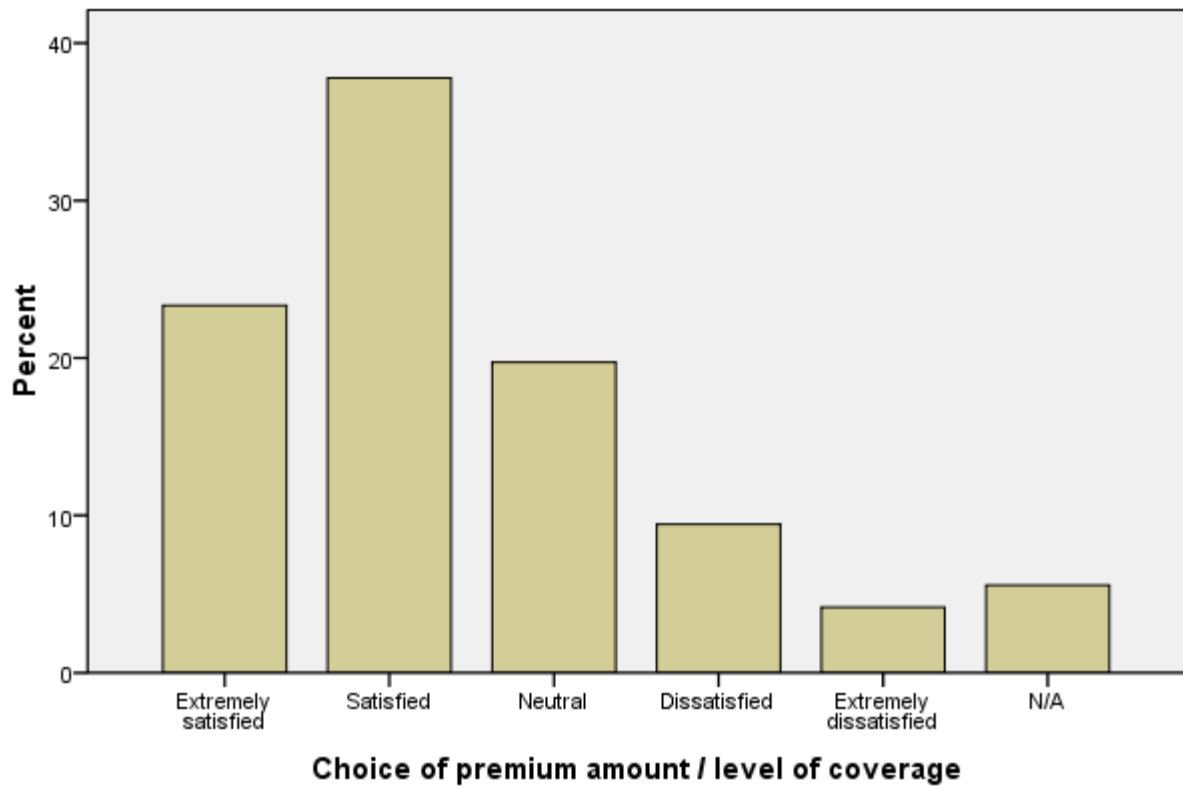


The need to seek insurance approval prior to seeking treatment

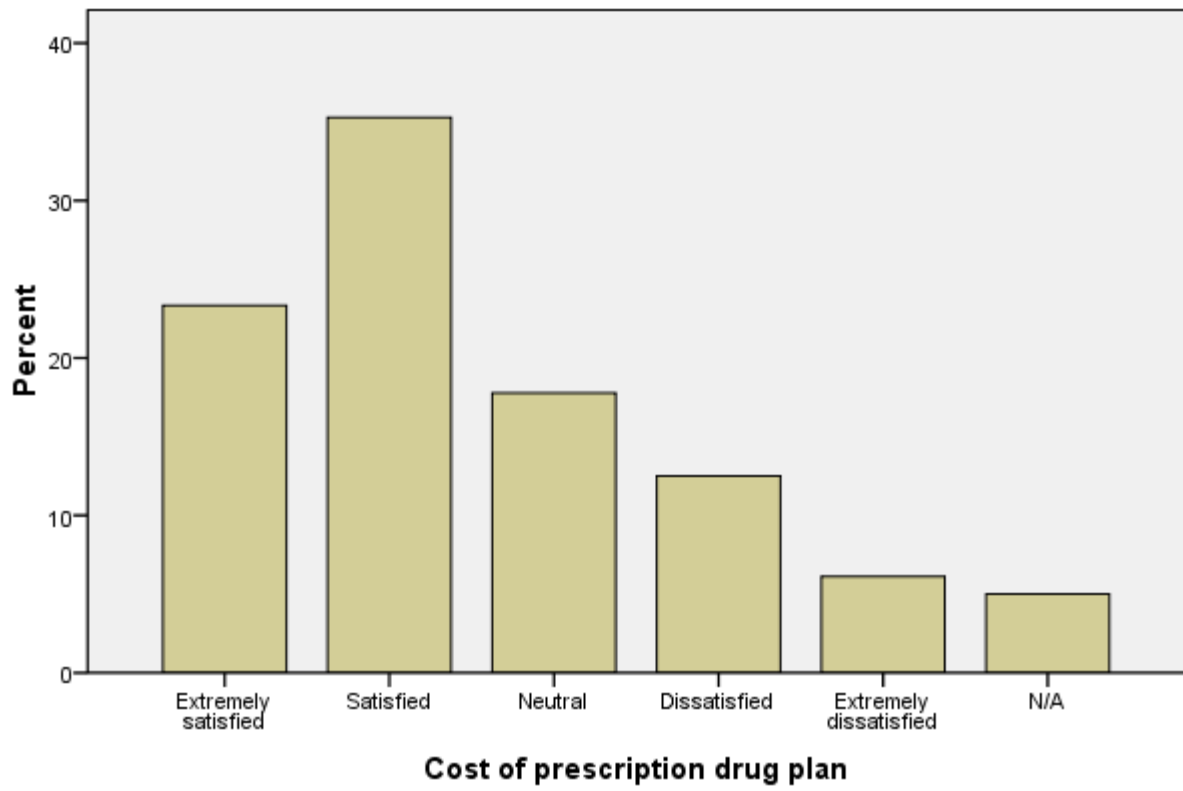


The need to seek insurance approval prior to seeking treatment

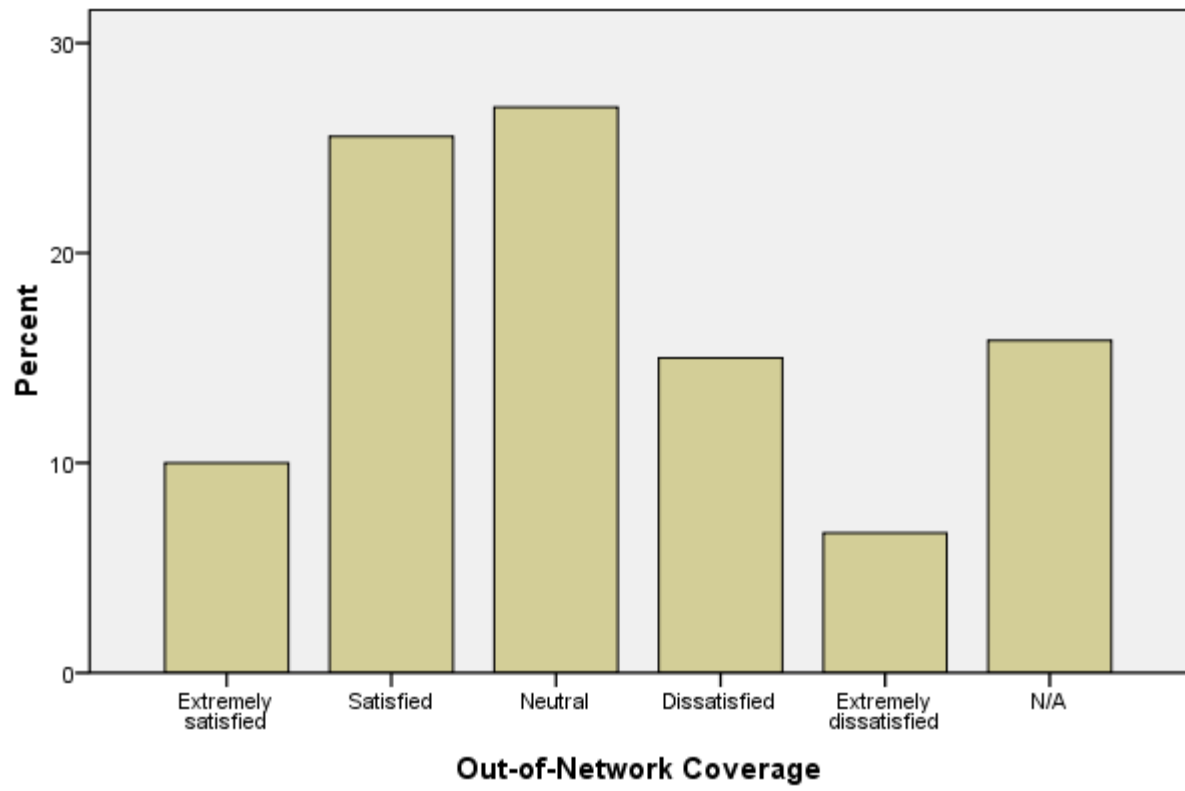
Choice of premium amount / level of coverage



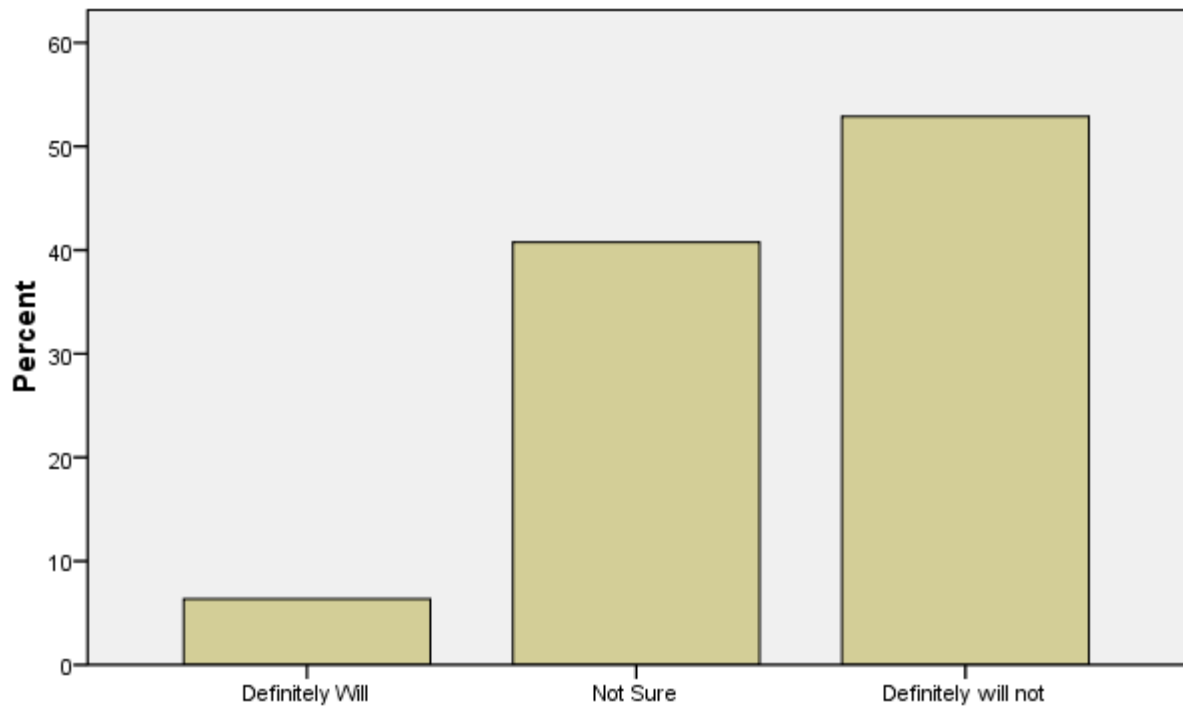
Cost of prescription drug plan



Out-of-Network Coverage

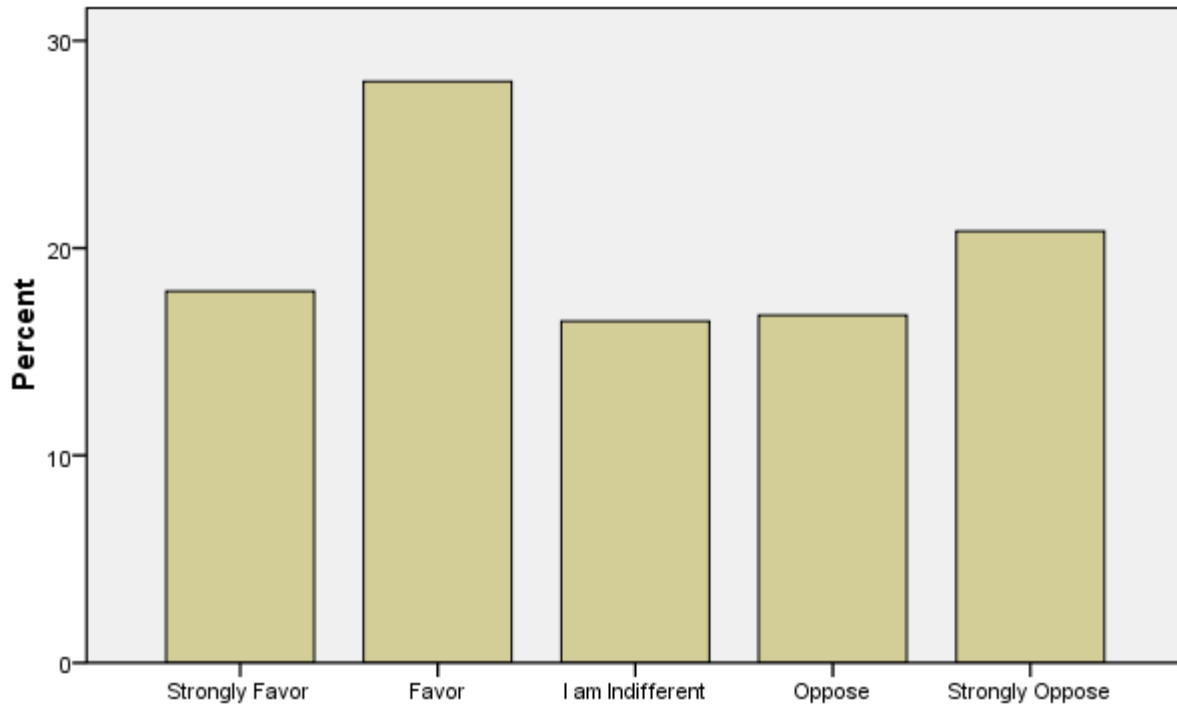


50. Do you plan to switch to a different health plan when you next have an opportunity?



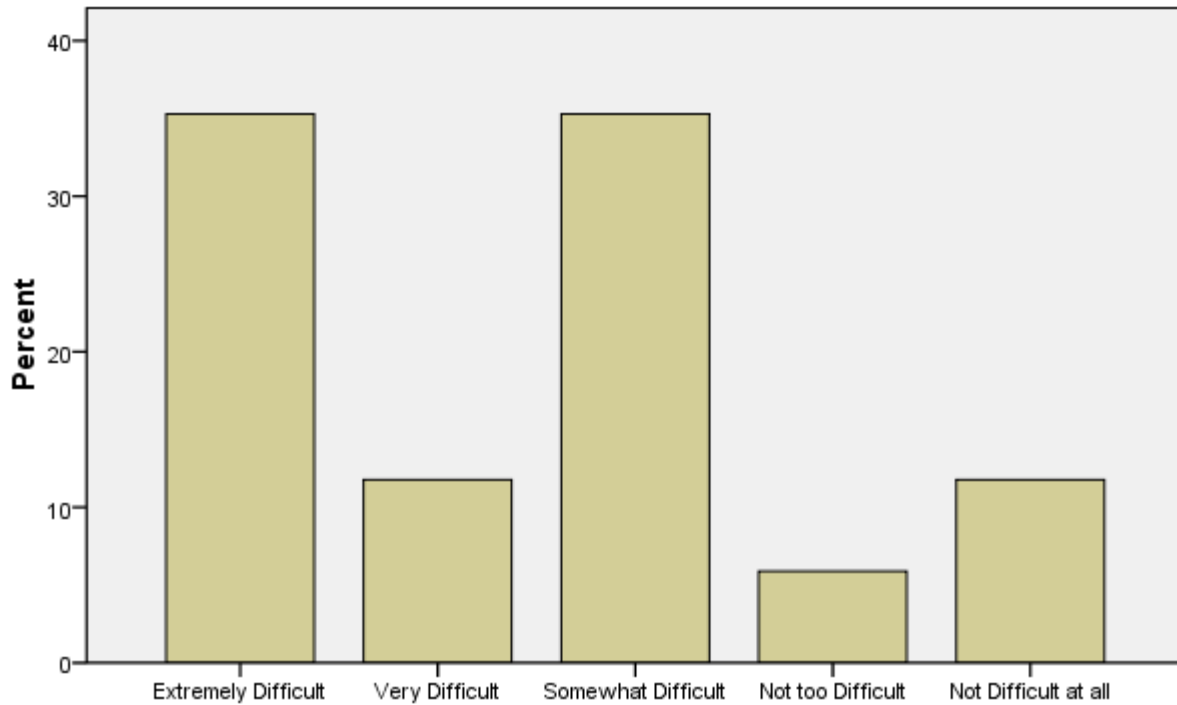
50. Do you plan to switch to a different health plan when you next have an opportunity?

52. How would you feel if Manatee County Government Guaranteed health insurance for all residents, even if it means raising taxes?



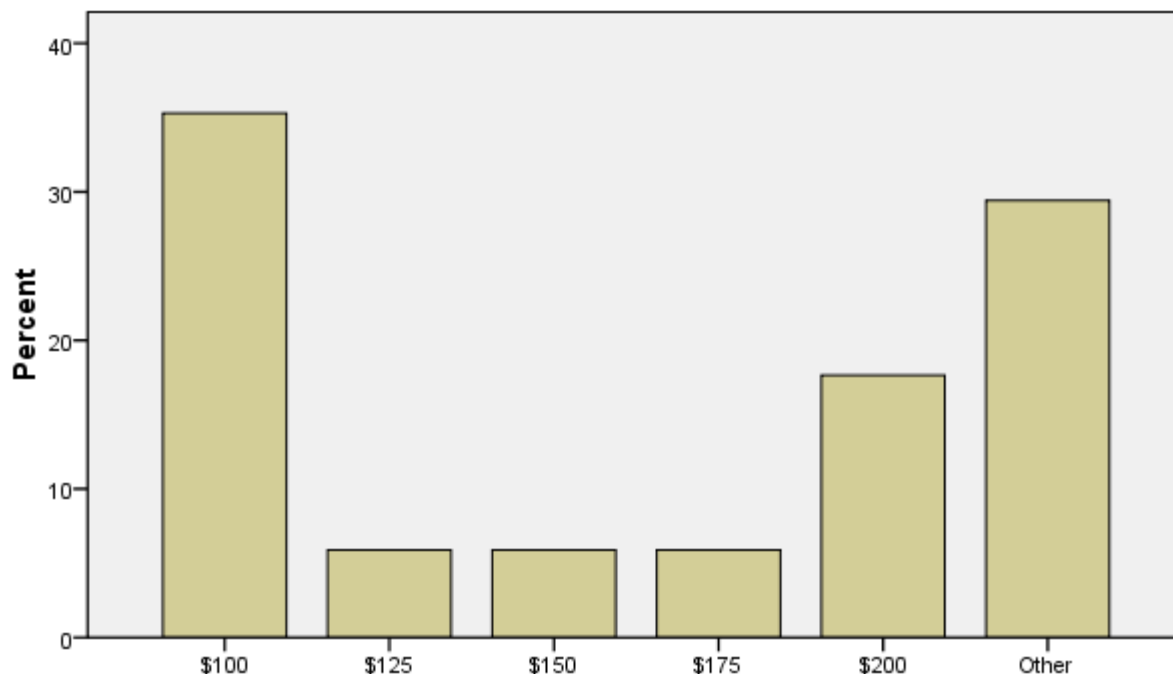
52. How would you feel if Manatee County Government Guaranteed health insurance for all residents, even if it means raising taxes?

55. How difficult has it been for you to recieve health care services with no insurance coverage?



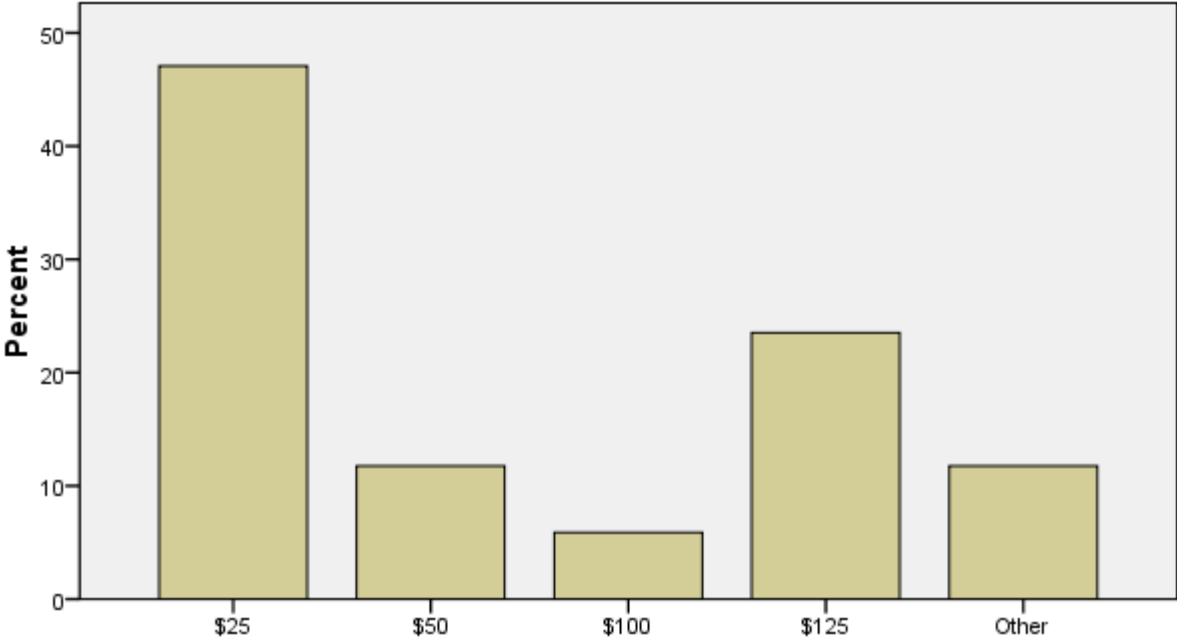
55. How difficult has it been for you to recieve health care services with no insurance coverage?

56. Comprehensive health insurance: Which covers most people's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery.



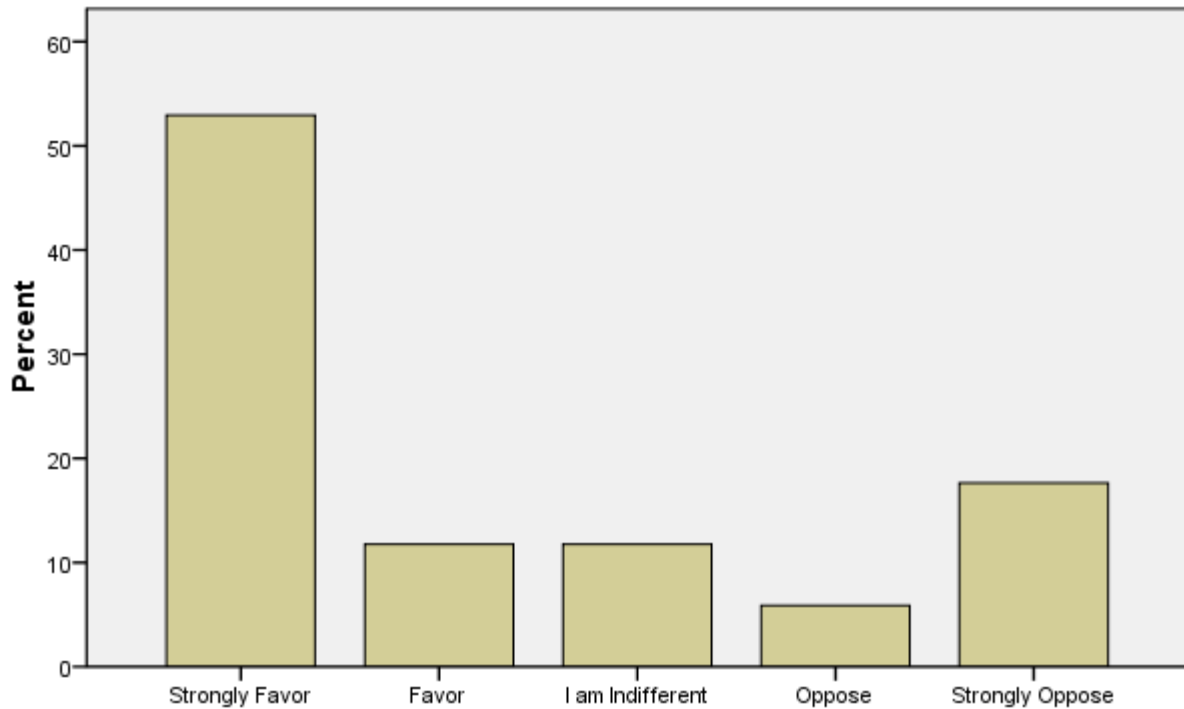
56. Comprehensive health insurance: Which covers most people's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery.

57. Catastrophic health insurance: This type of insurance is less expensive but only covers major medical situations like broken bones, accidents and surgery, but will not cover routine things like the comprehensive health insurance.



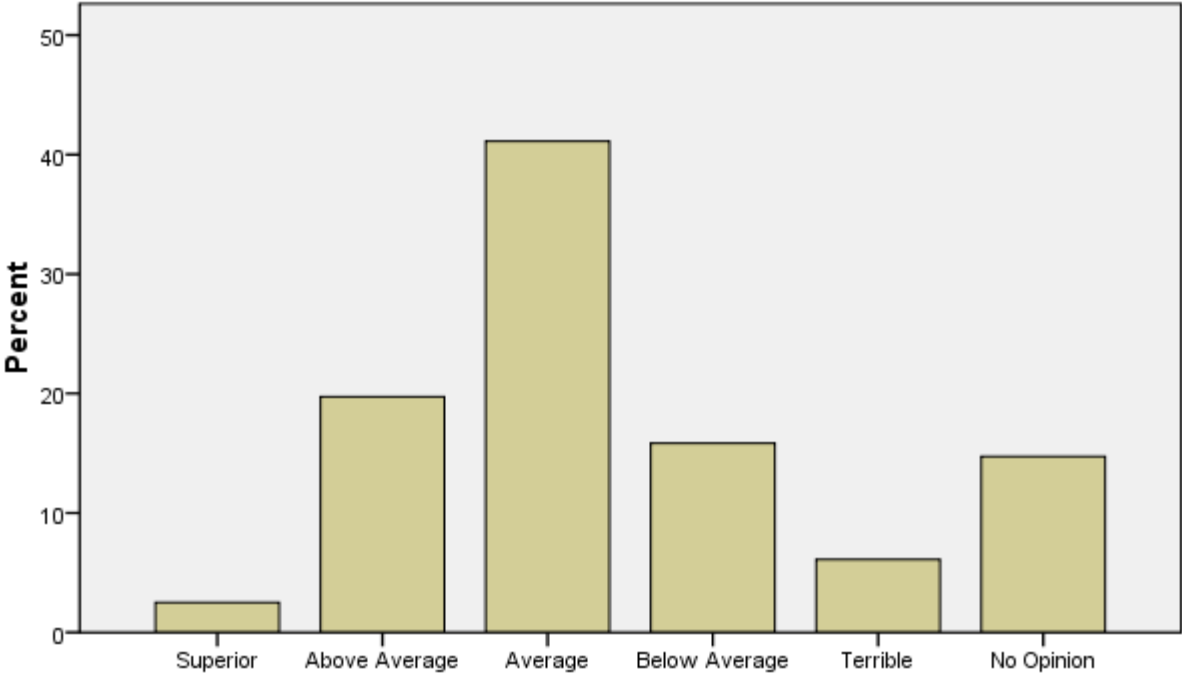
57. Catastrophic health insurance: This type of insurance is less expensive but only covers major medical situations like broken bones, accidents and surgery, but will not cover routine things like the comprehensive health insurance.

58. How would you feel if Manatee County Government Guaranteed health insurance for all residents, even if it means raising taxes?



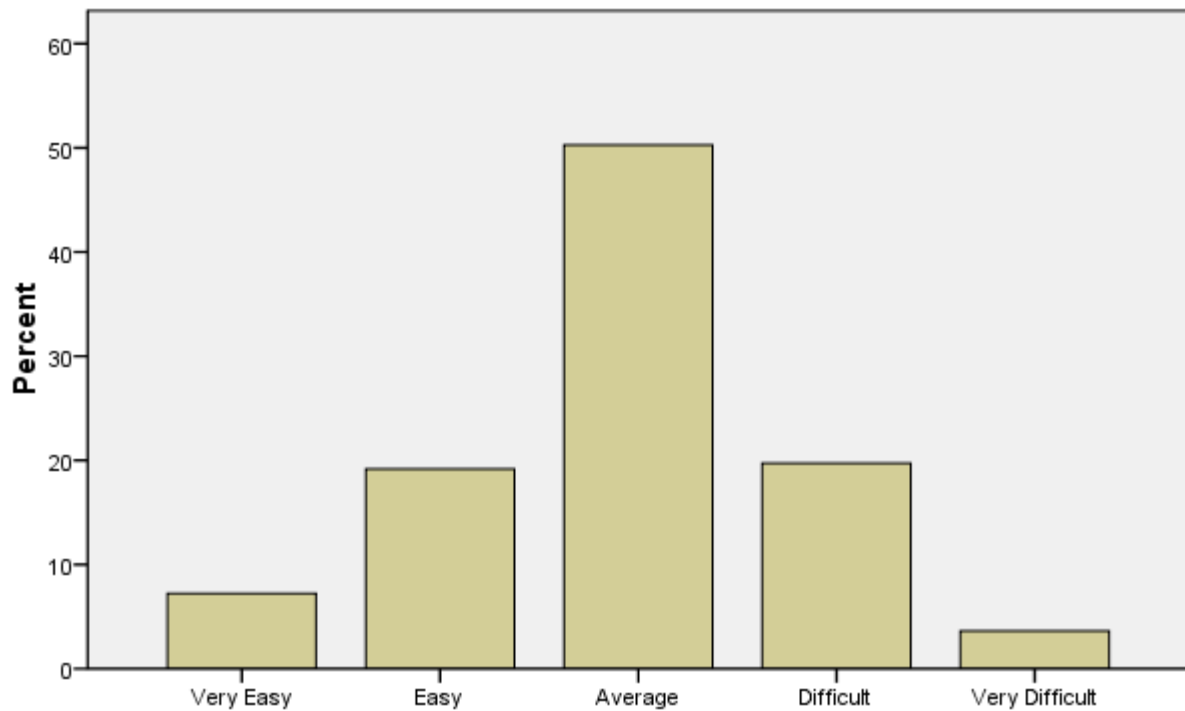
58. How would you feel if Manatee County Government Guaranteed health insurance for all residents, even if it means raising taxes?

59. Thinking broadly about availability, accesibility, and the quality of health care services in Manatee County, how would you describe the Manatee County Administration's overall performance?



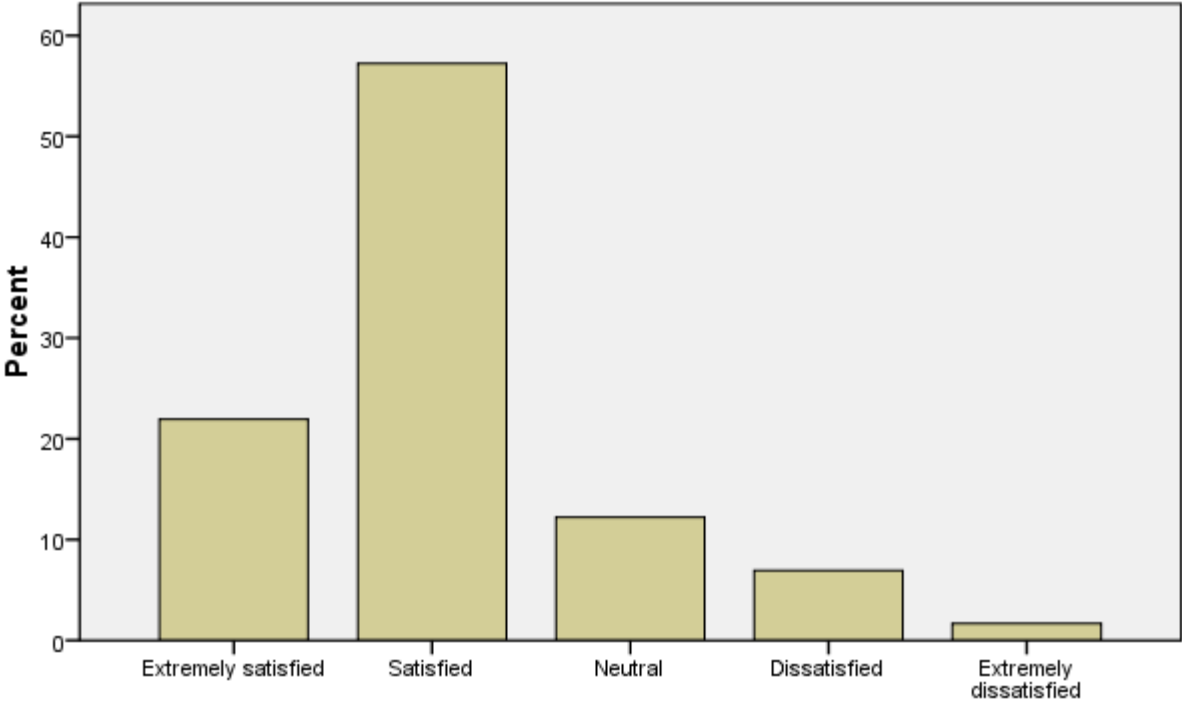
59. Thinking broadly about availability, accesibility, and the quality of health care services in Manatee County, how would you describe the Manatee County Administration's overall performance?

60. How difficult or easy do you think it is for Manatee County residents to access health care services they need?



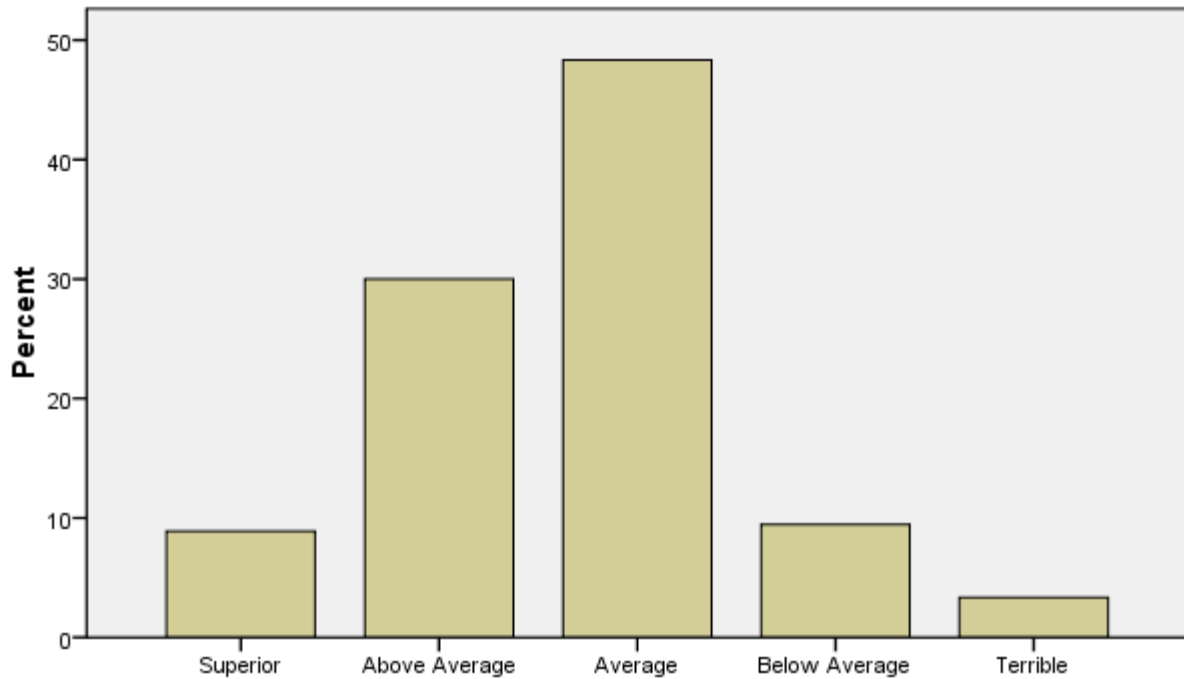
60. How difficult or easy do you think it is for Manatee County residents to access health care services they need?

61. Based on your past three years personal experiences, how satisfied are you with the health care services you have received?



61. Based on your past three years personal experiences, how satisfied are you with the health care services you have received?

62. Thinking about the health care services you have received in Manatee County within the past three years, how well all the health care professionals coordinated their efforts to serve your needs?

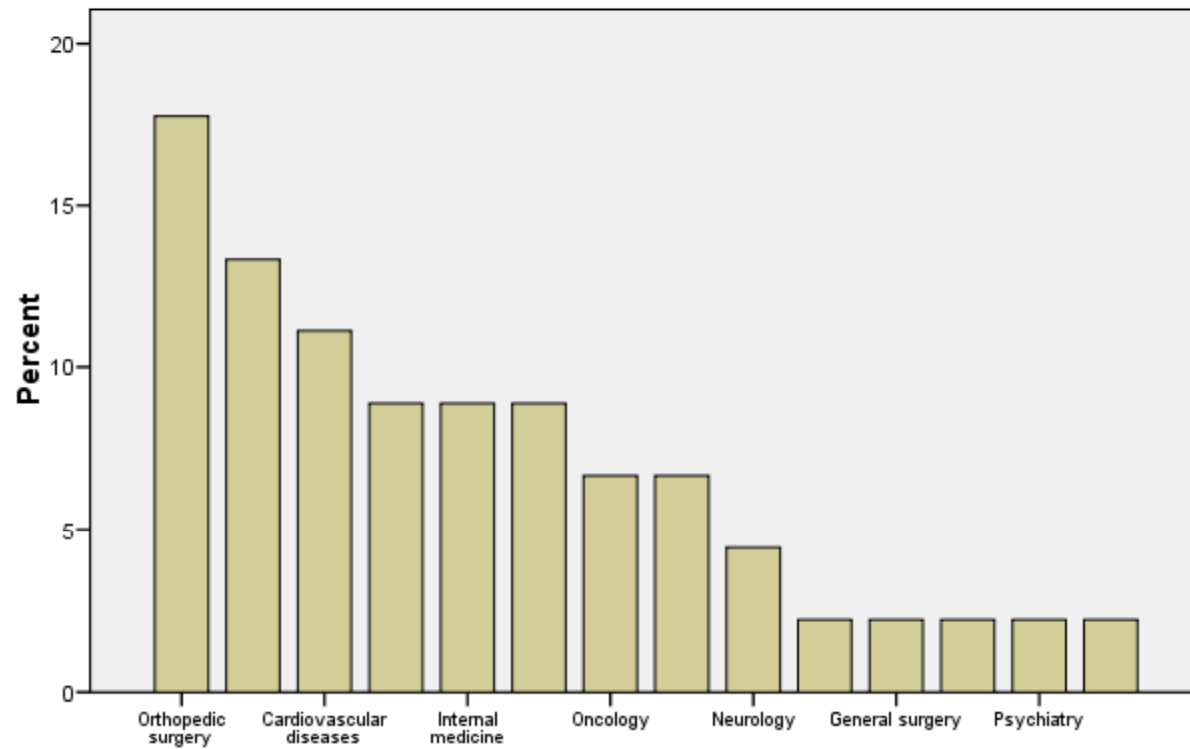


62. Thinking about the health care services you have received in Manatee County within the past three years, how well all the health care professionals coordinated their efforts to serve your needs?

Survey Data

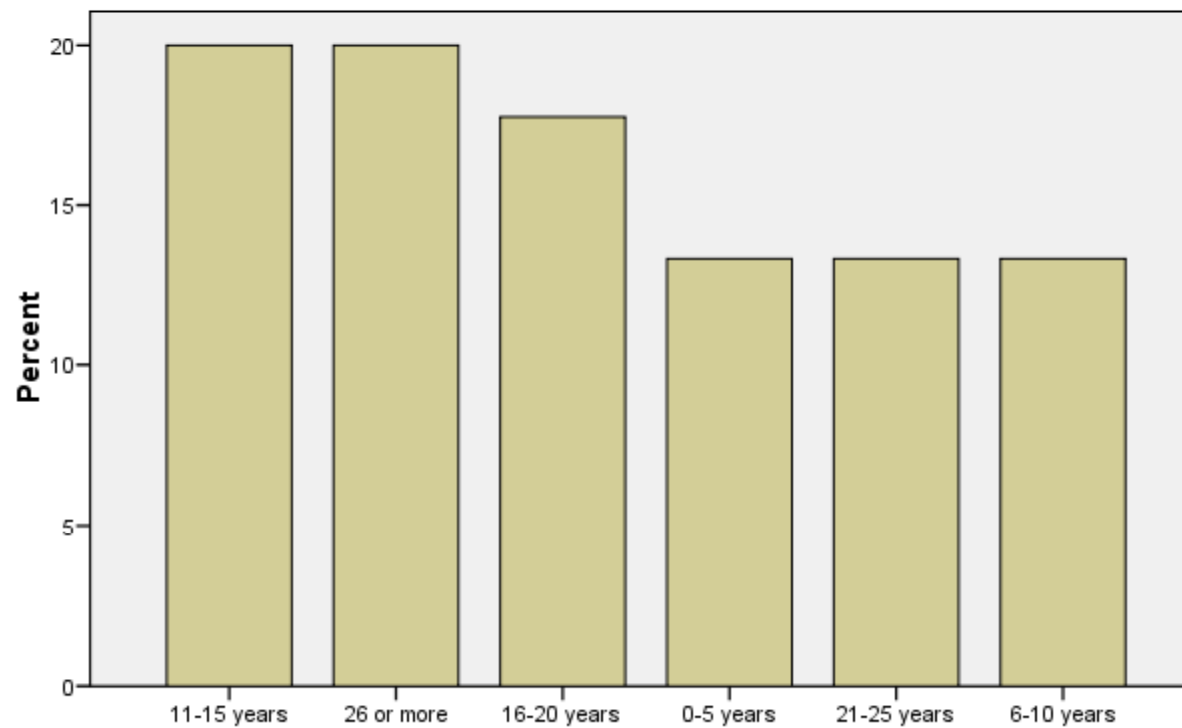
Physicians

4. What is your specialty?



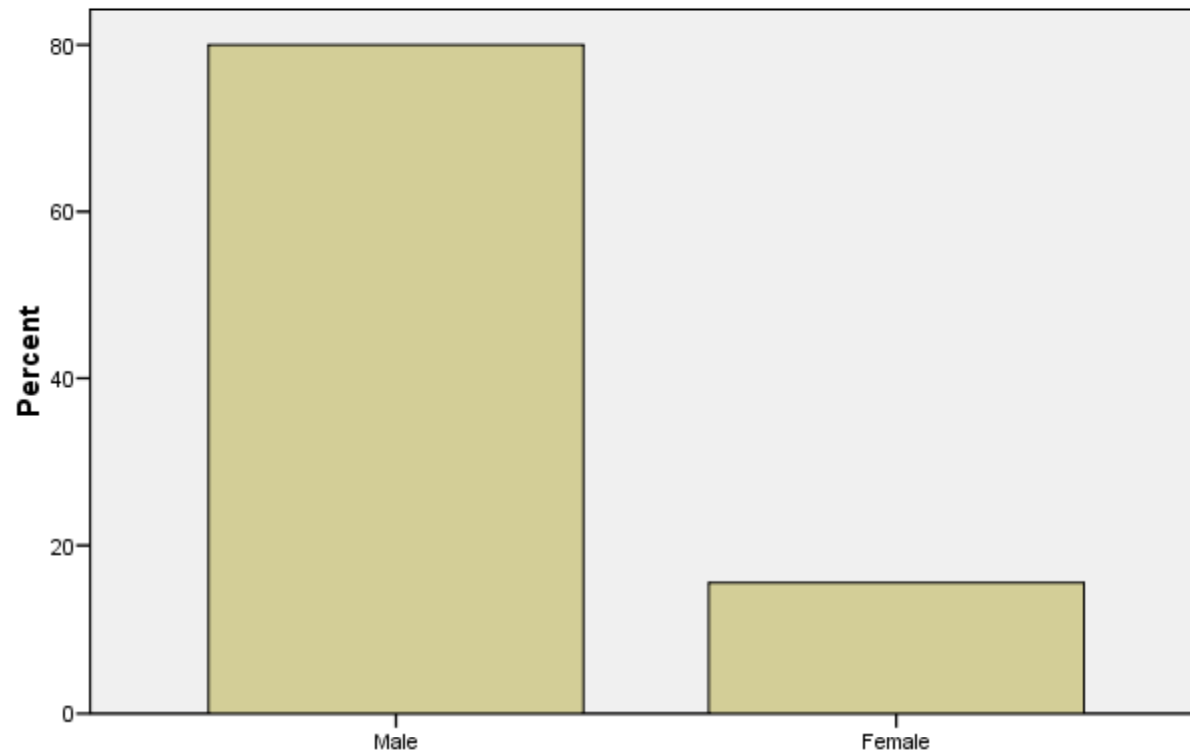
4. What is your specialty?

5. How many years have you been a practicing medicine (post residency/fellowship)?



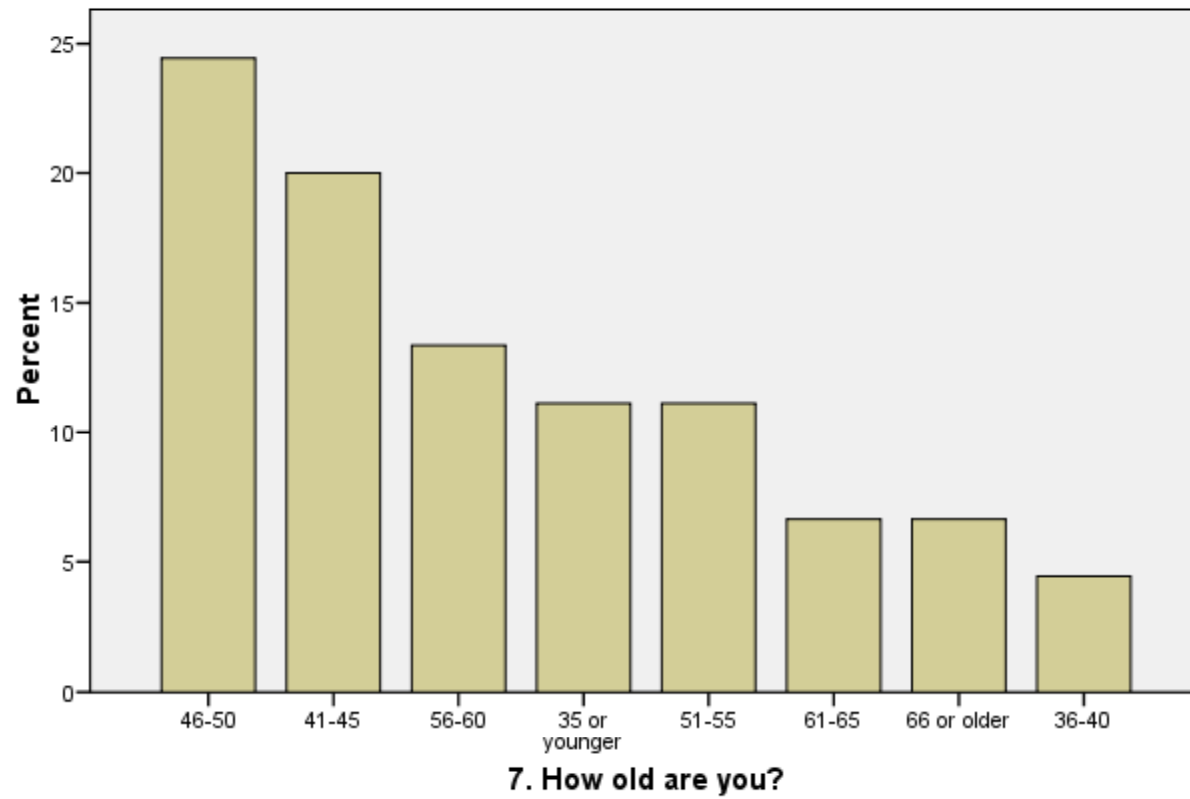
5. How many years have you been a practicing medicine (post residency/fellowship)?

6. What is your gender?

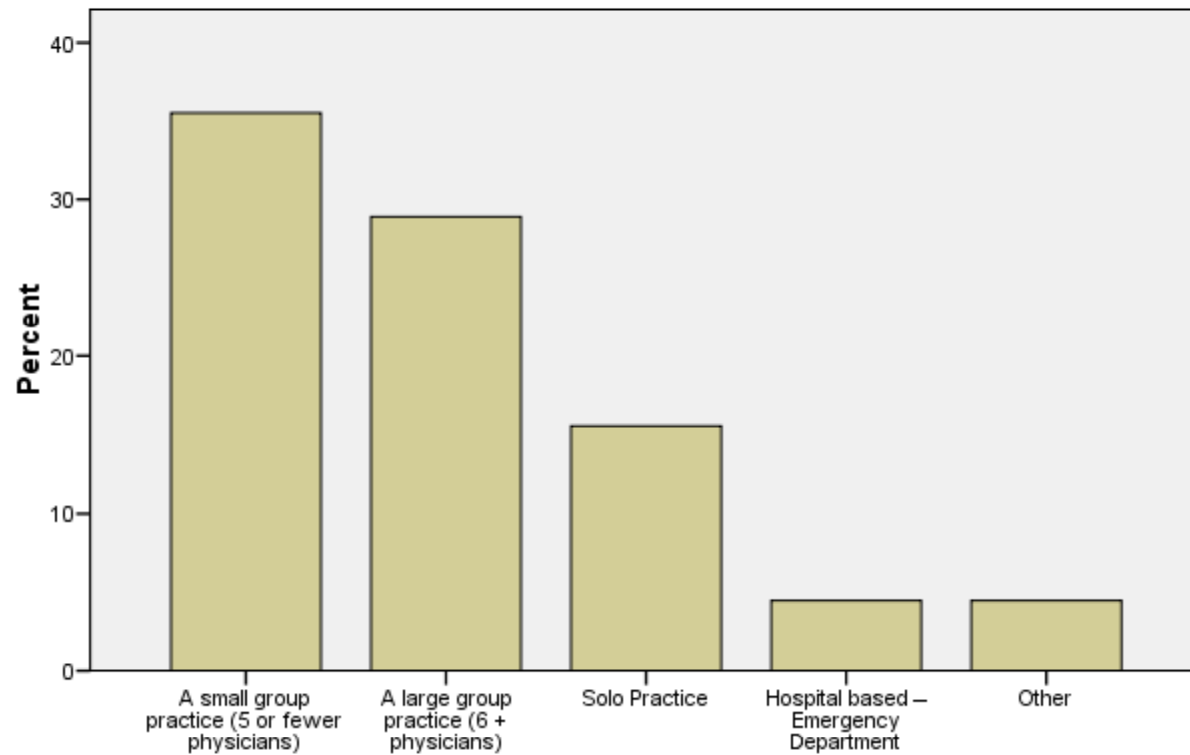


6. What is your gender?

7. How old are you?

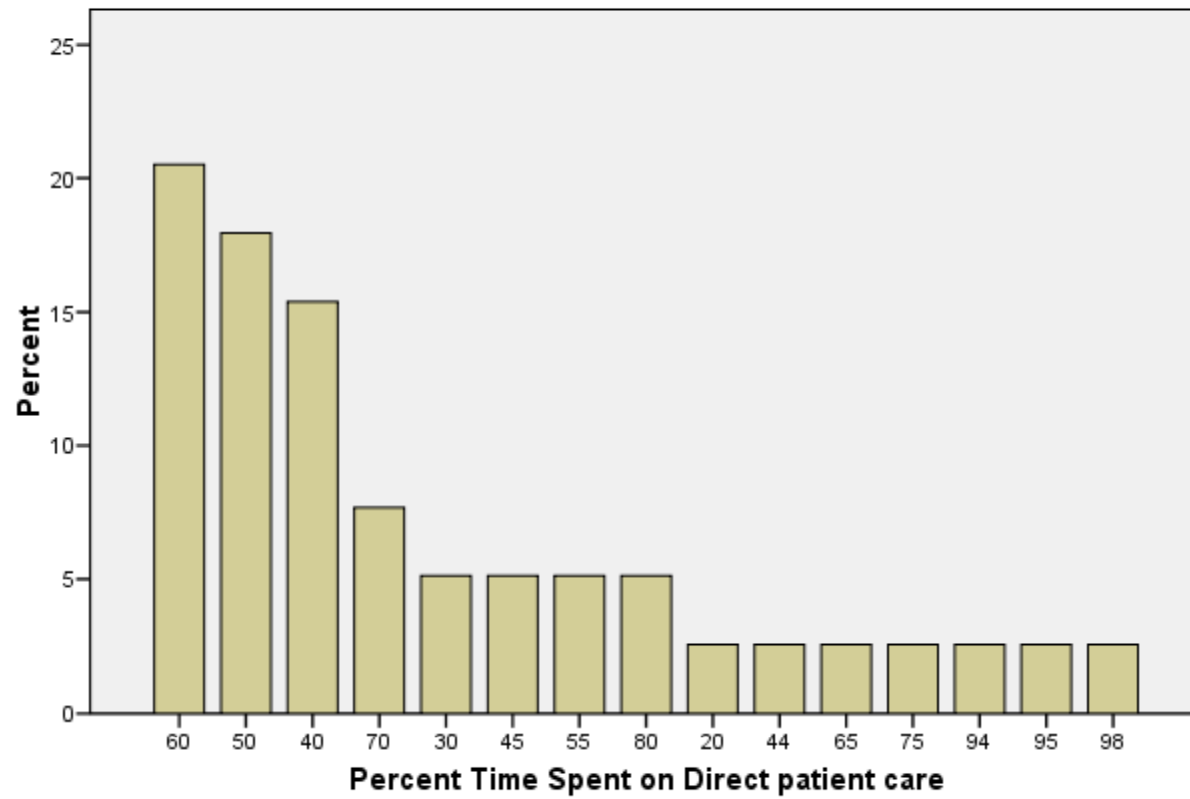


9. Please select the category which best describe your practice setting.

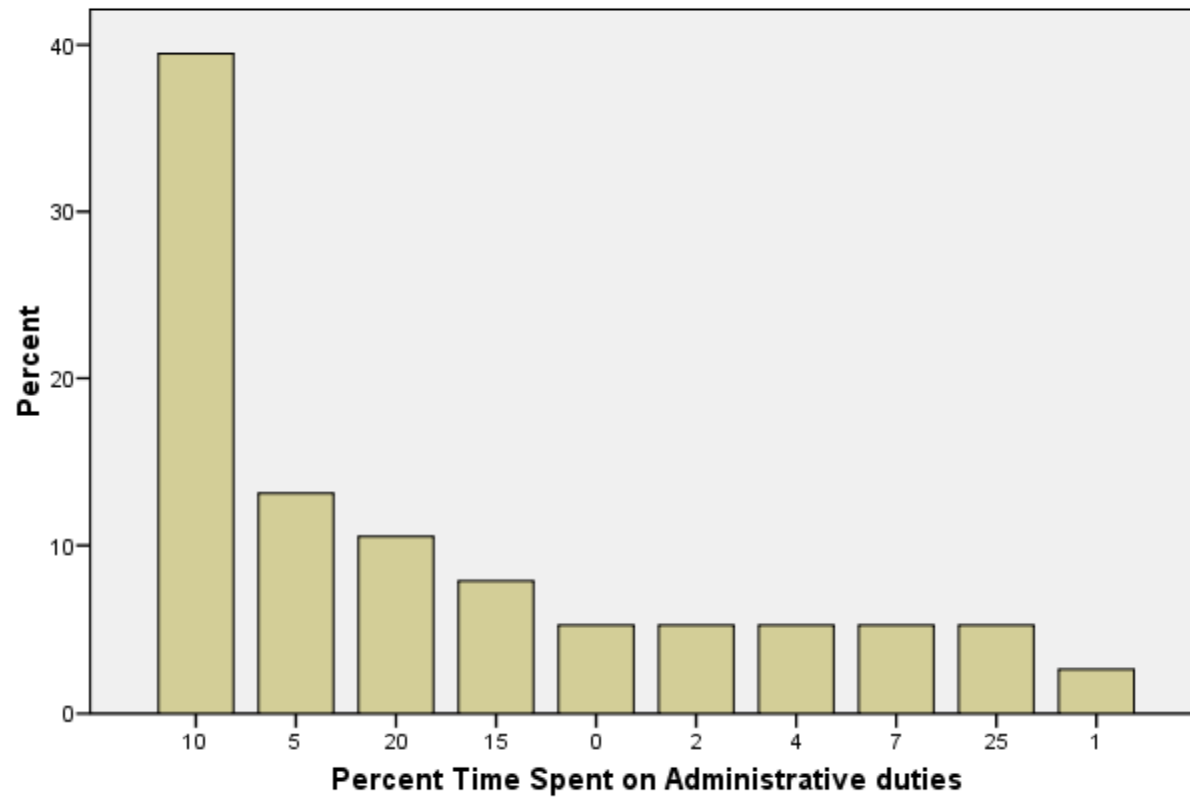


9. Please select the category which best describe your practice setting.

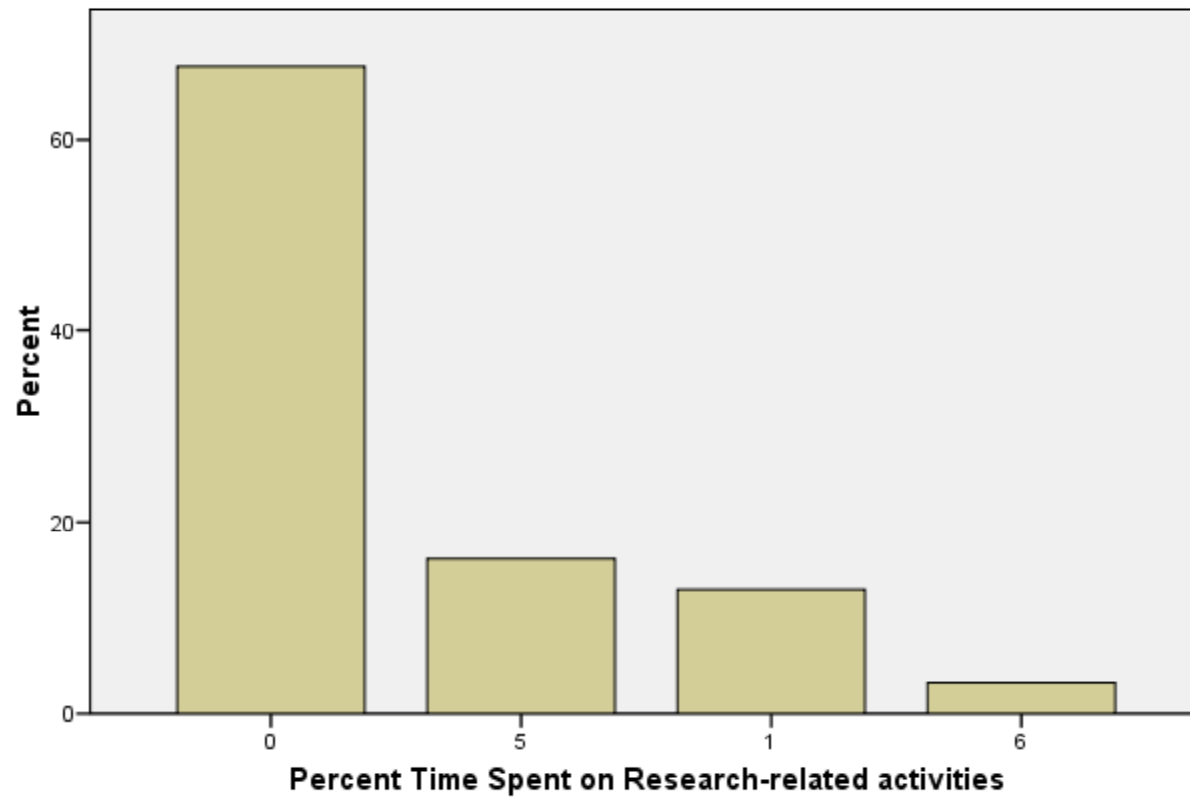
Percent Time Spent on Direct patient care



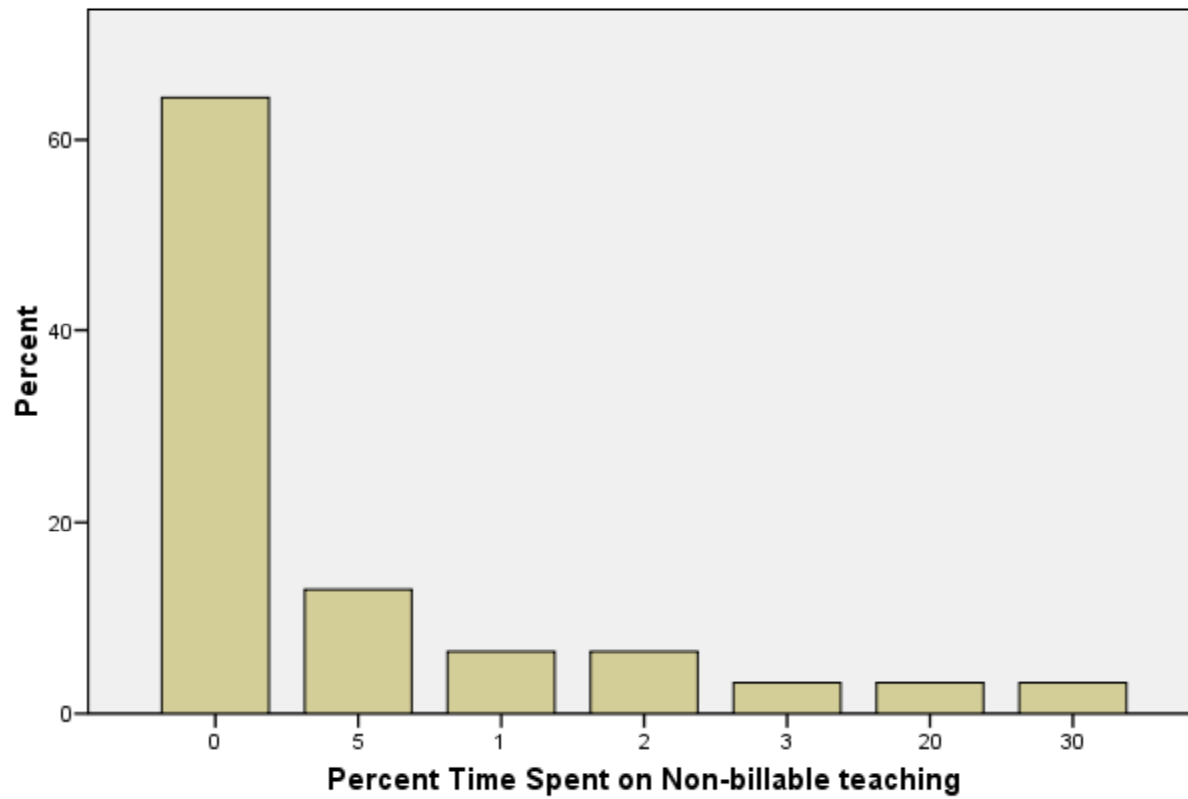
Percent Time Spent on Administrative duties



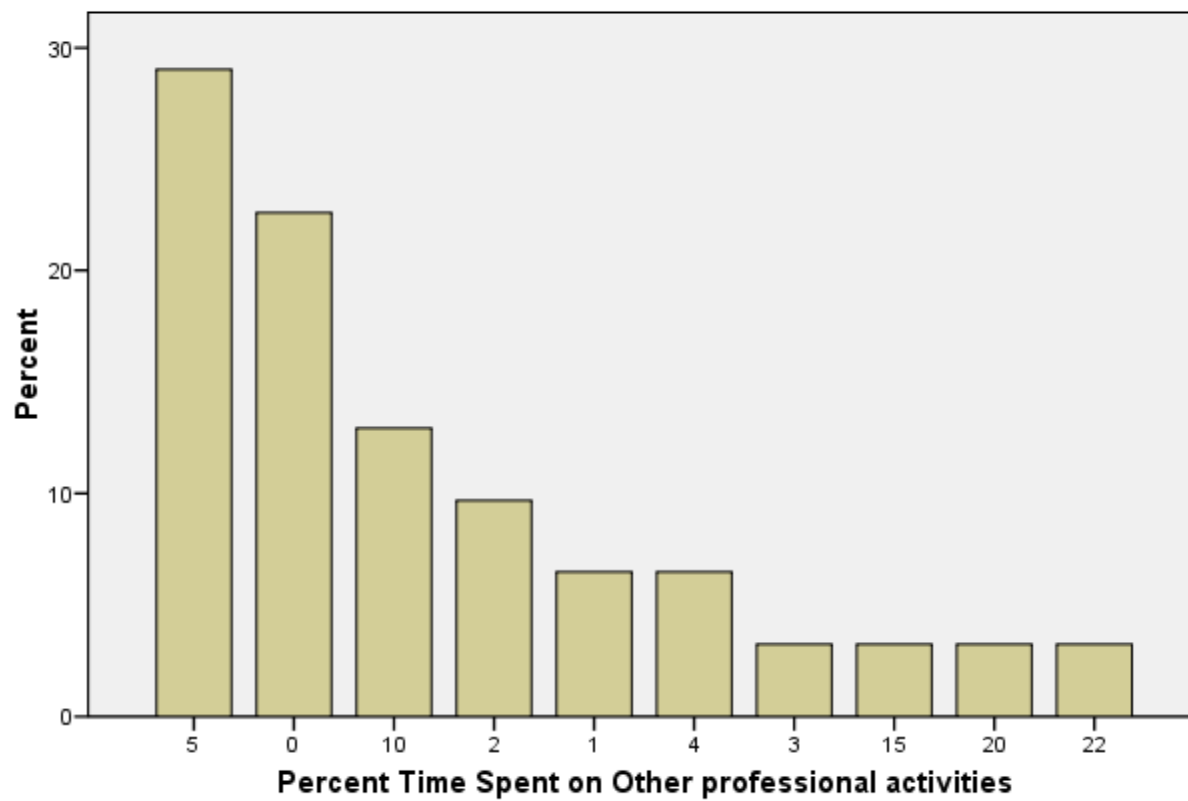
Percent Time Spent on Research-related activities



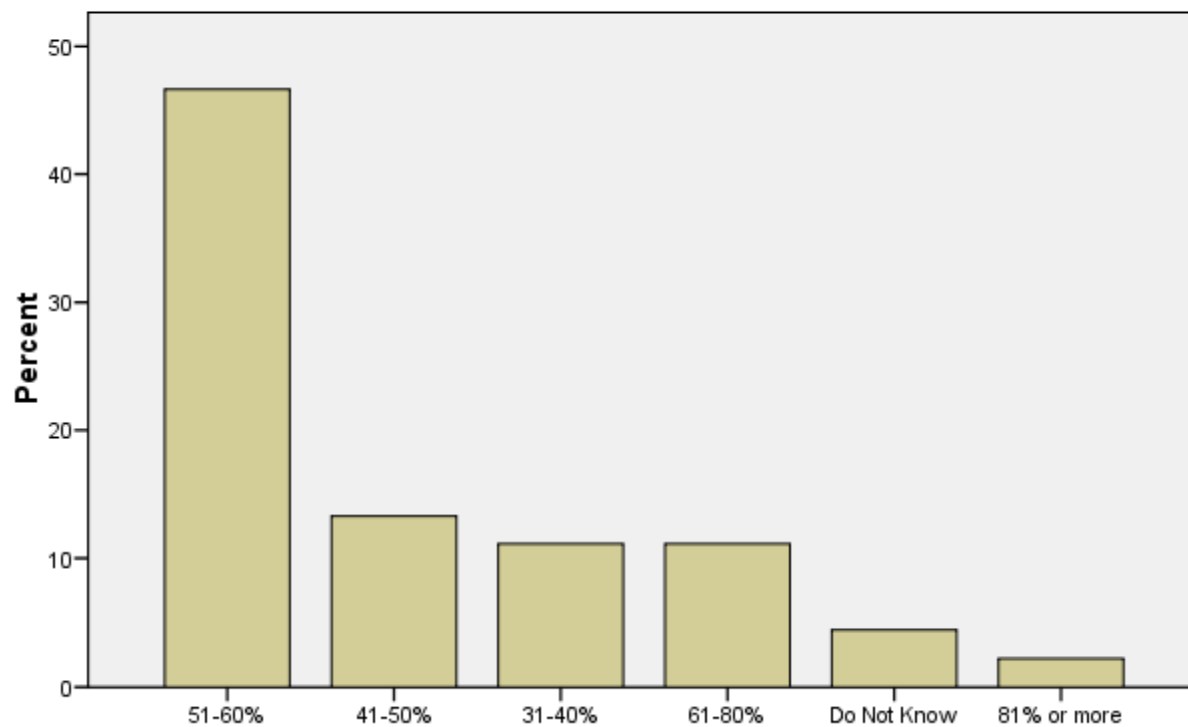
Percent Time Spent on Non-billable teaching



Percent Time Spent on Other professional activities

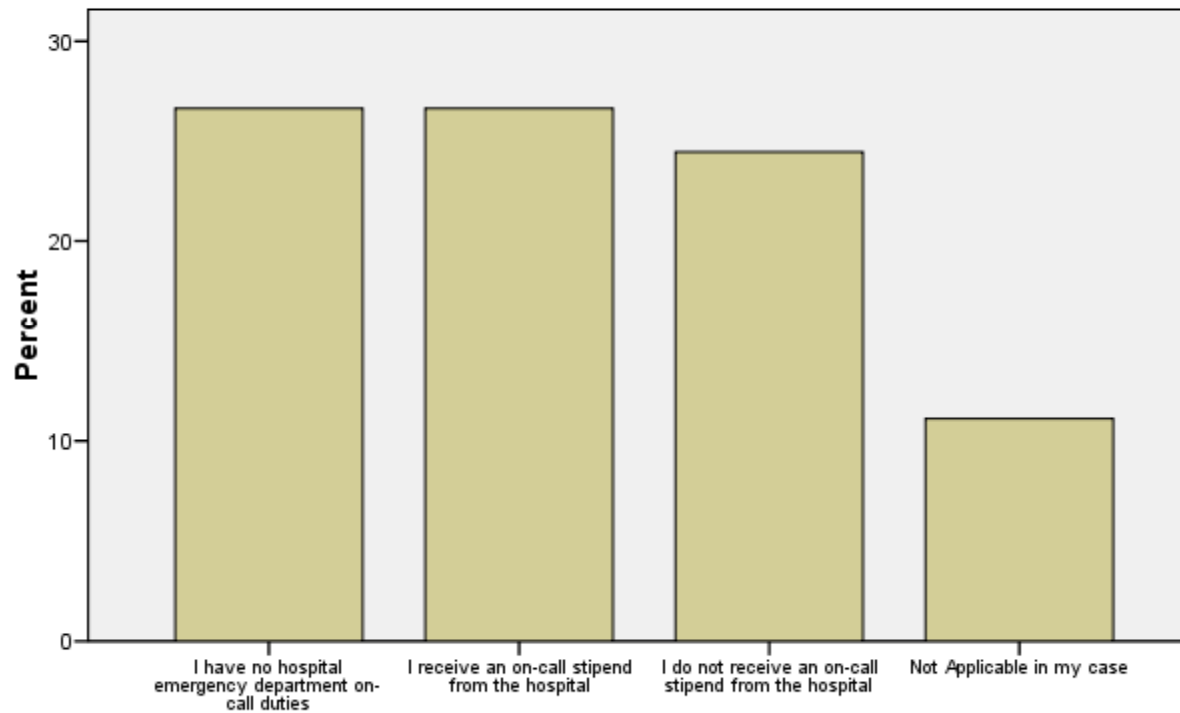


14. What percent of your practice income was spent on operational cost last year?



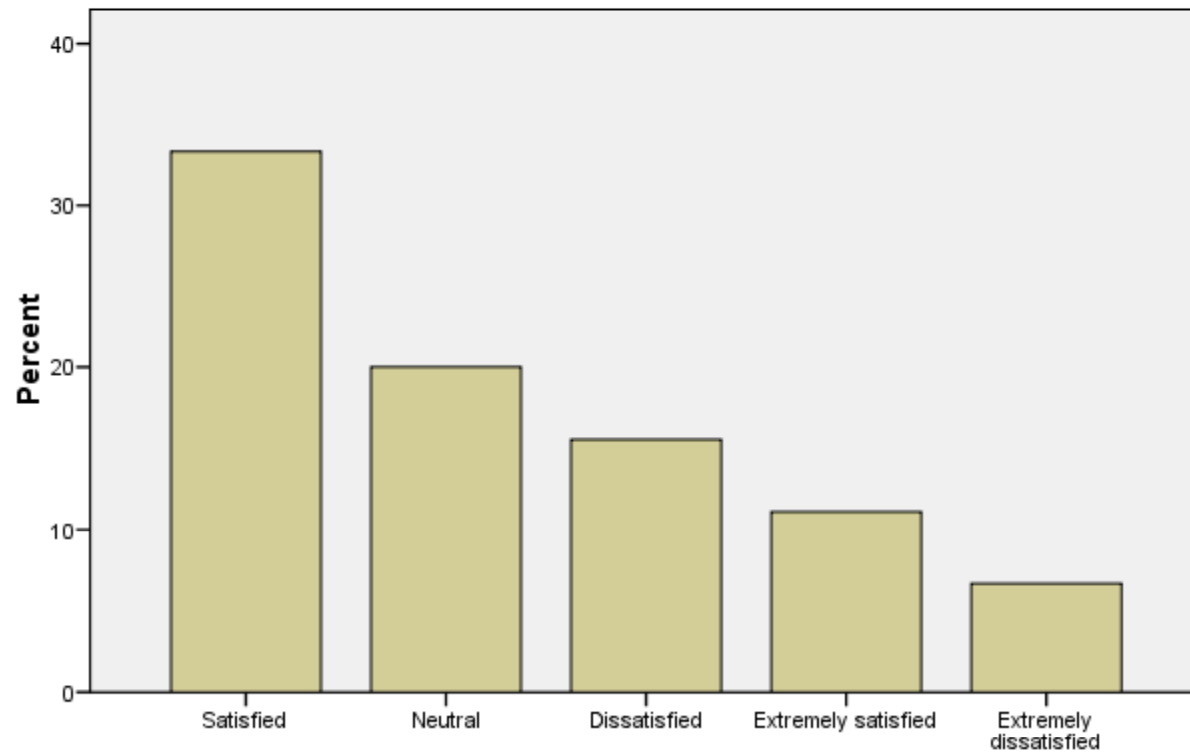
14. What percent of your practice income was spent on operational cost last year?

15. Which of the following describes your current Emergency Department on-call arrangement?



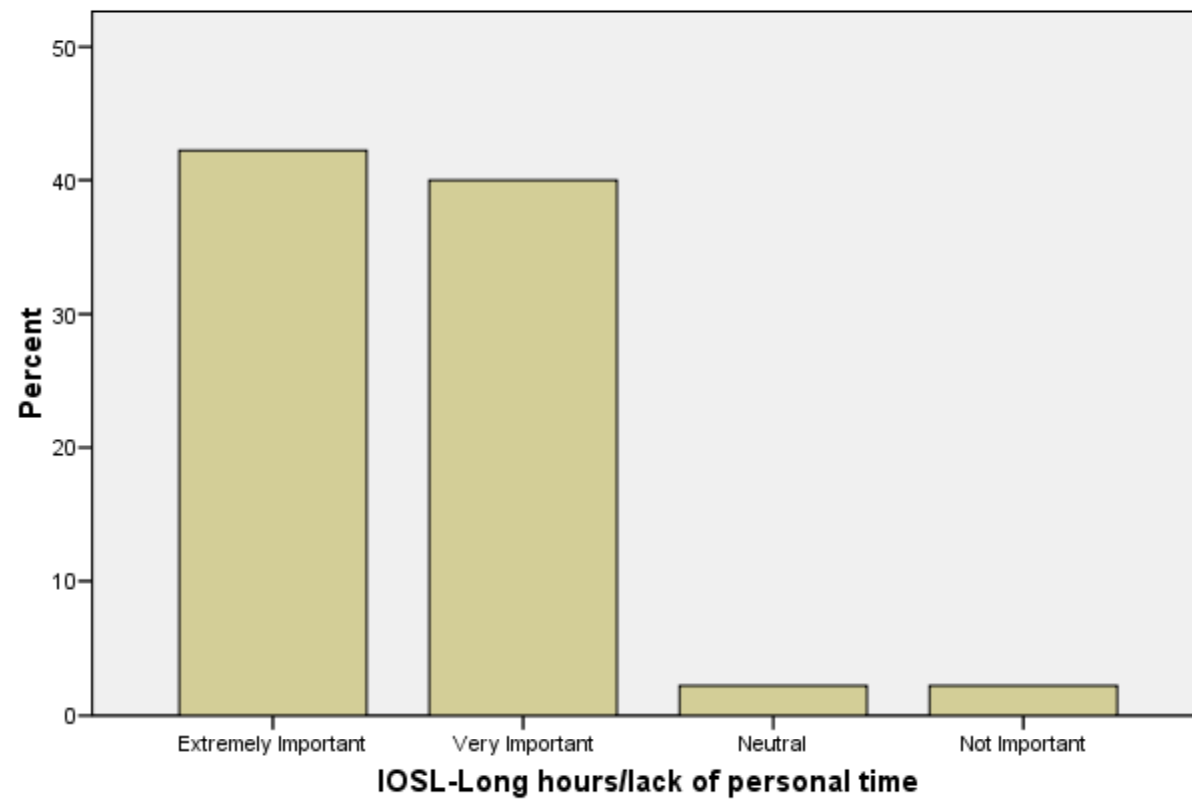
15. Which of the following describes your current Emergency Department on-call arrangement?

16. Overall, how satisfied are you with your current medical practice?

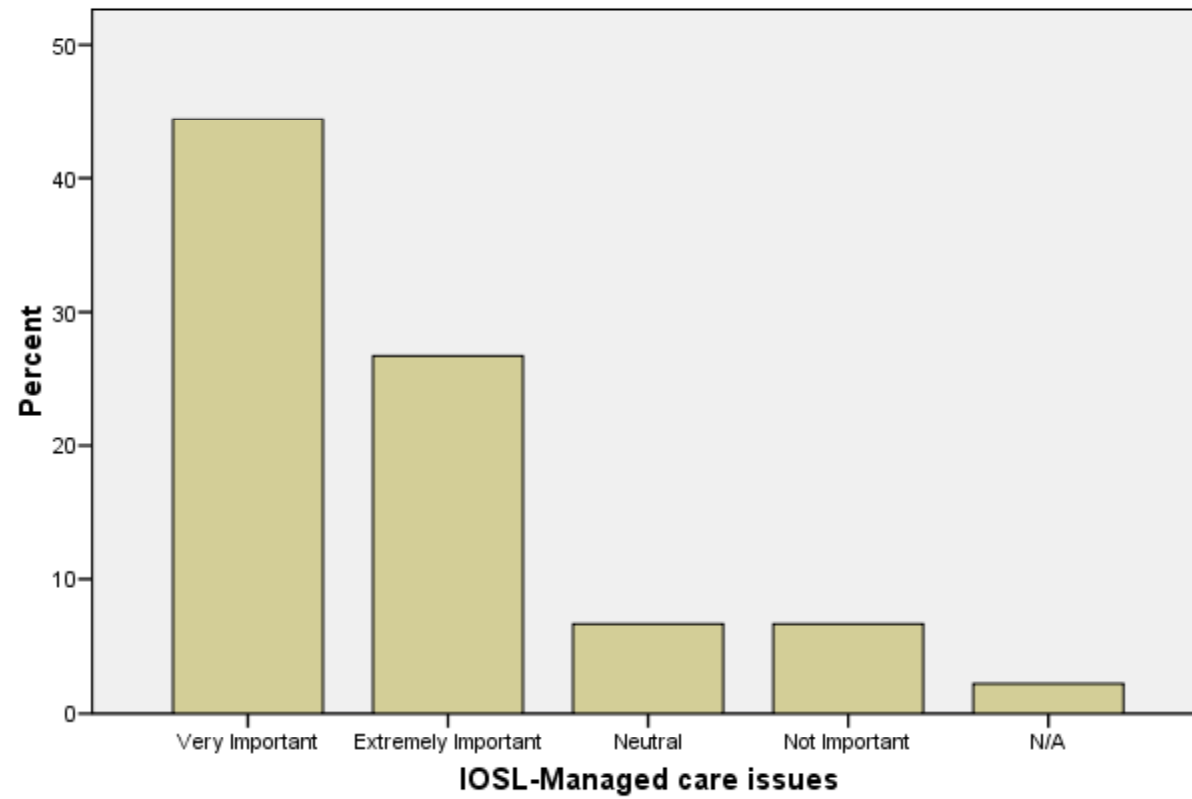


16. Overall, how satisfied are you with your current medical practice?

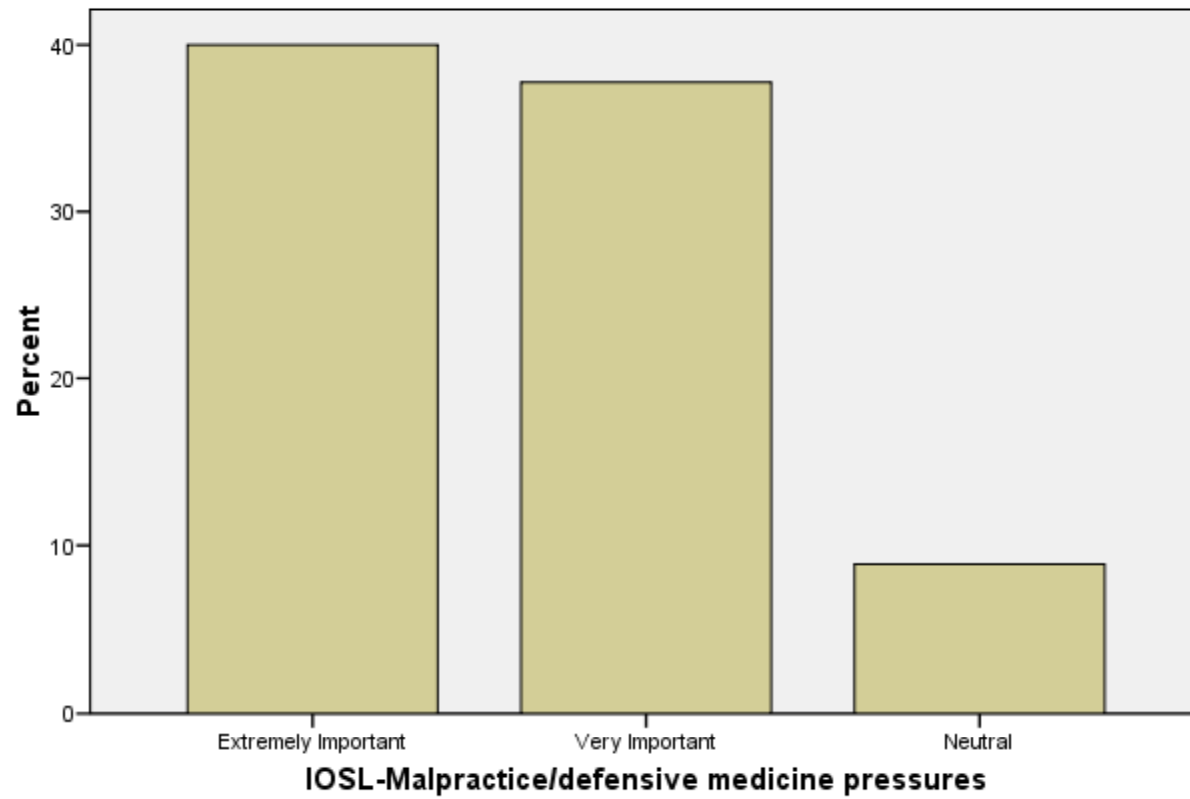
IOSL-Long hours/lack of personal time



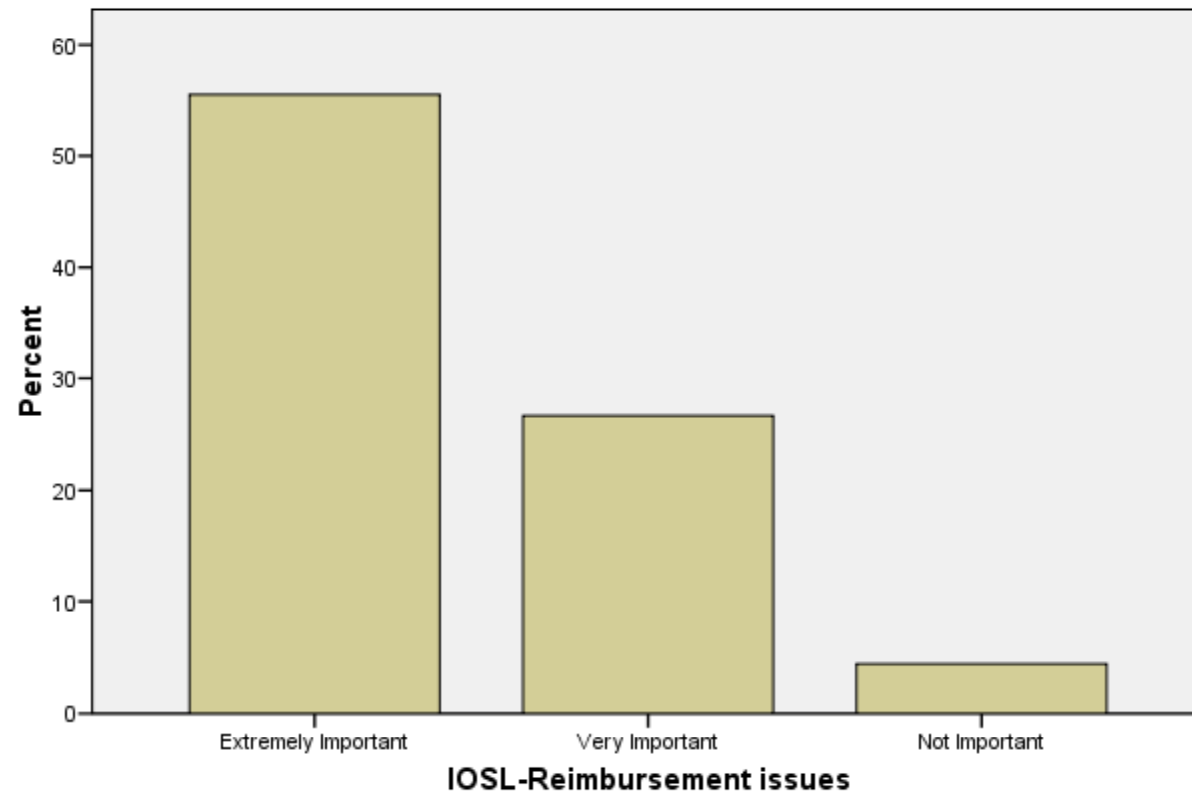
IOSL-Managed care issues



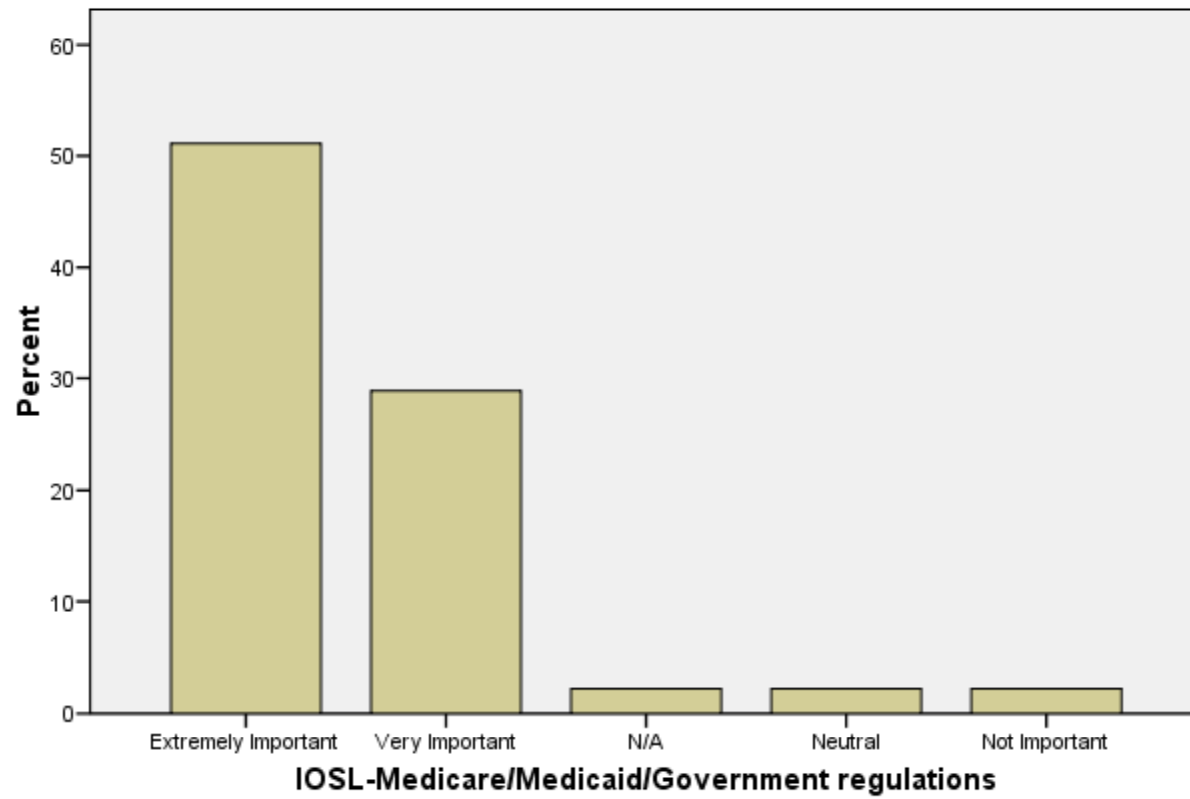
IOSL-Malpractice/defensive medicine pressures



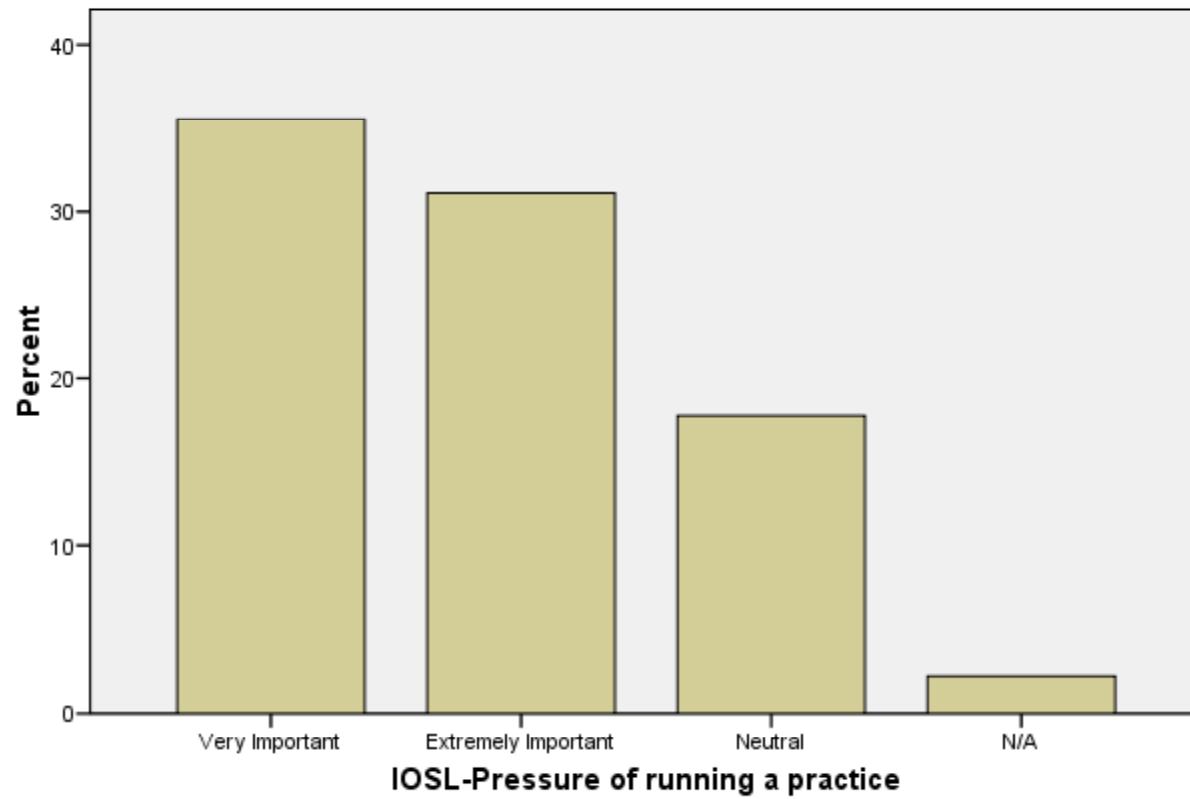
IOSL-Reimbursement issues



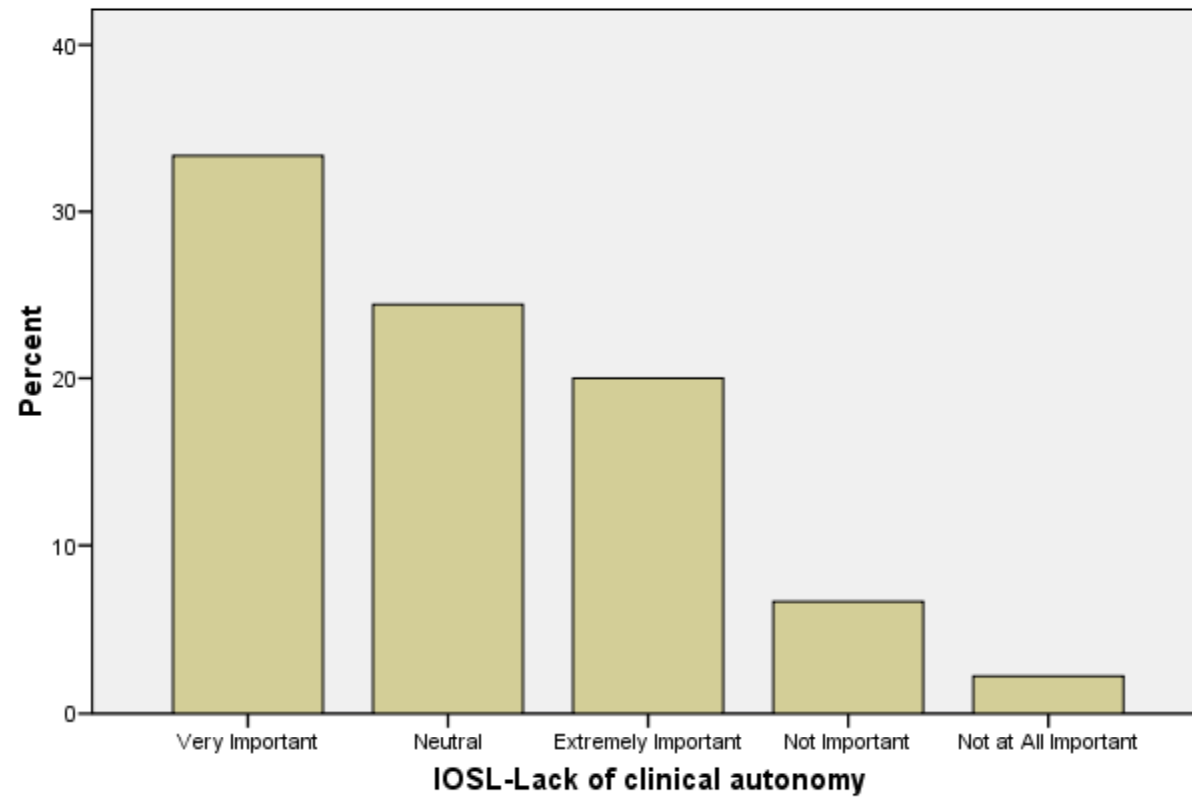
IOSL-Medicare/Medicaid/Government regulations



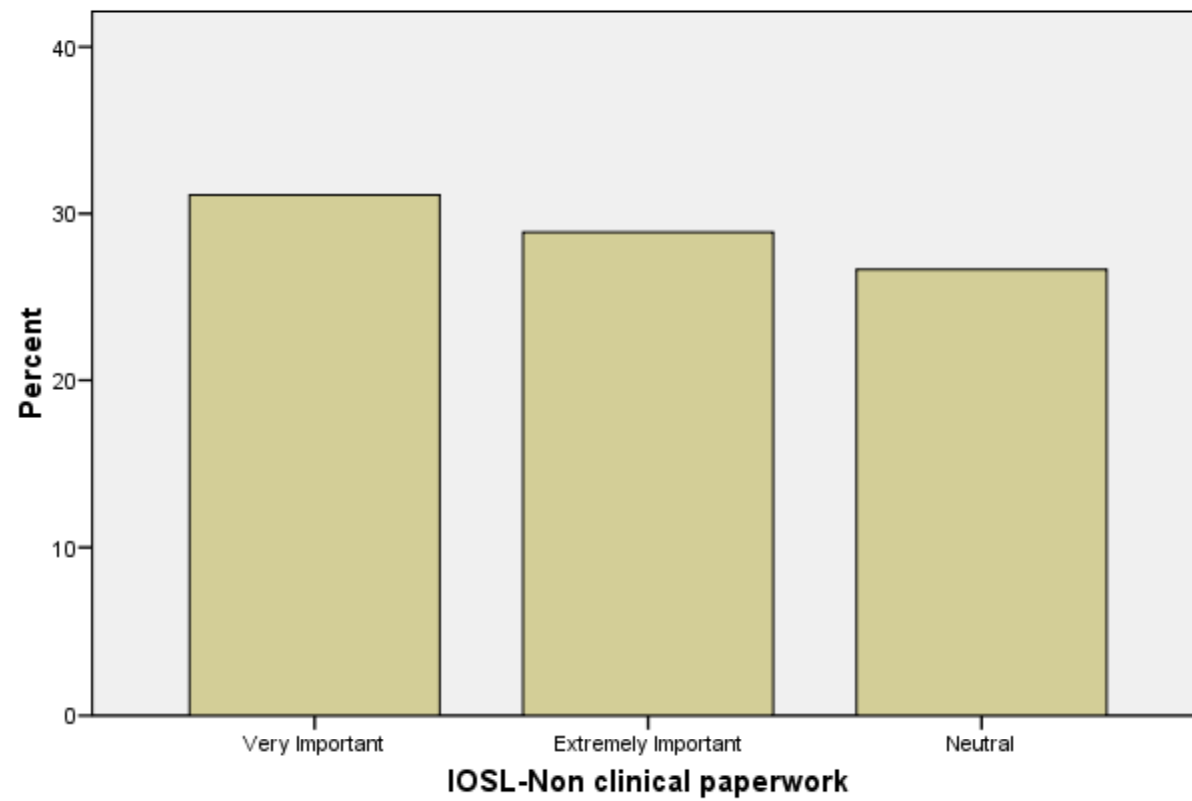
IOSL-Pressure of running a practice



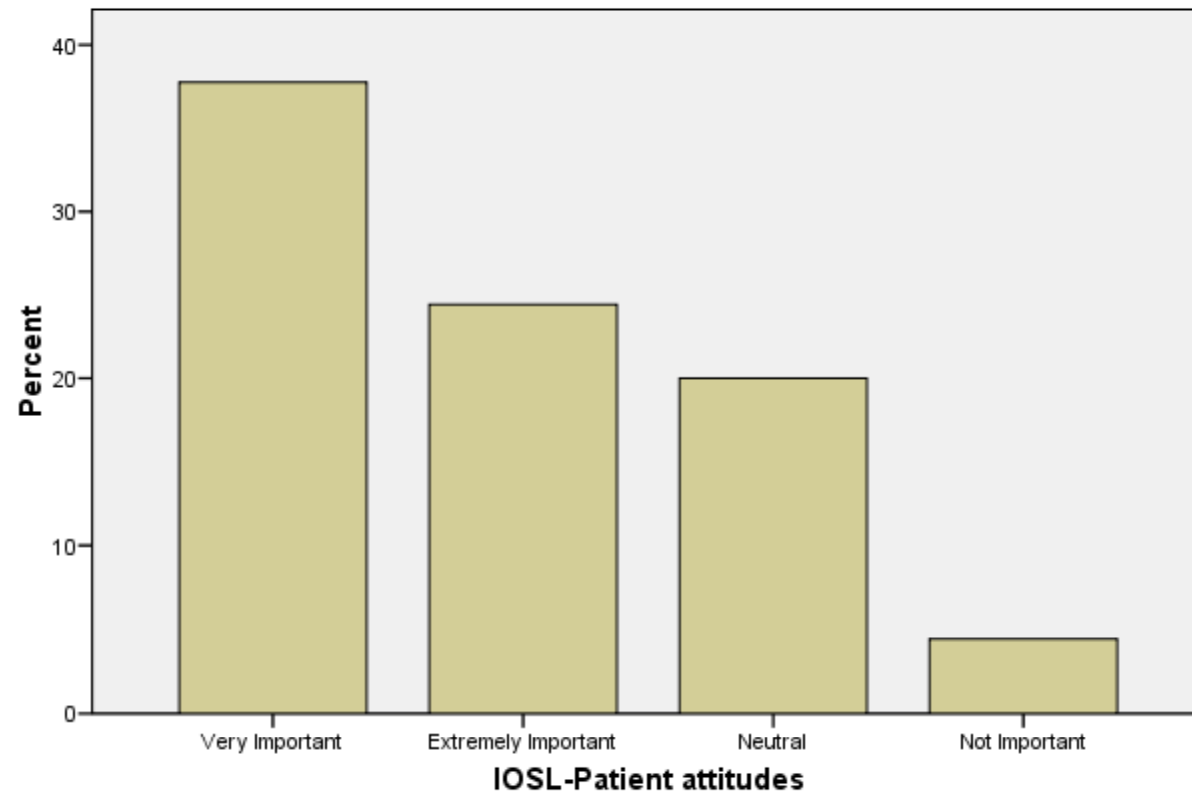
IOSL-Lack of clinical autonomy



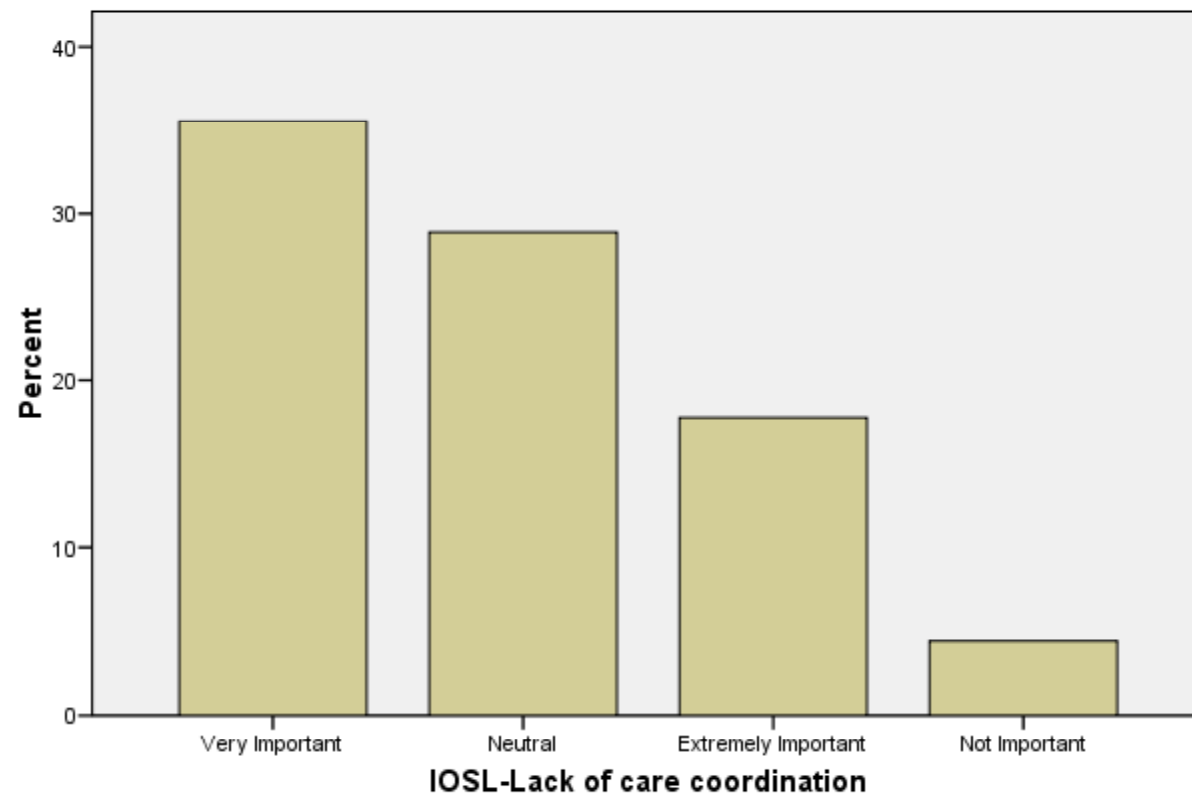
IOSL-Non clinical paperwork



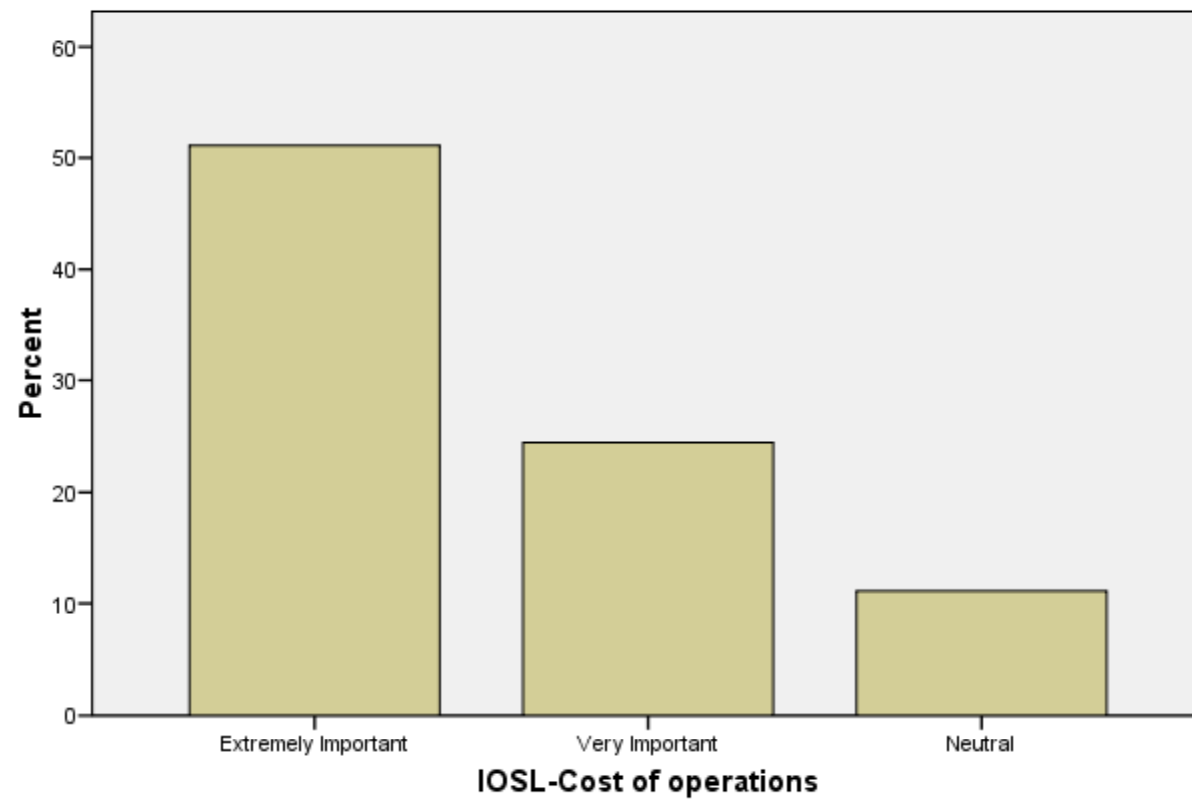
IOSL-Patient attitudes



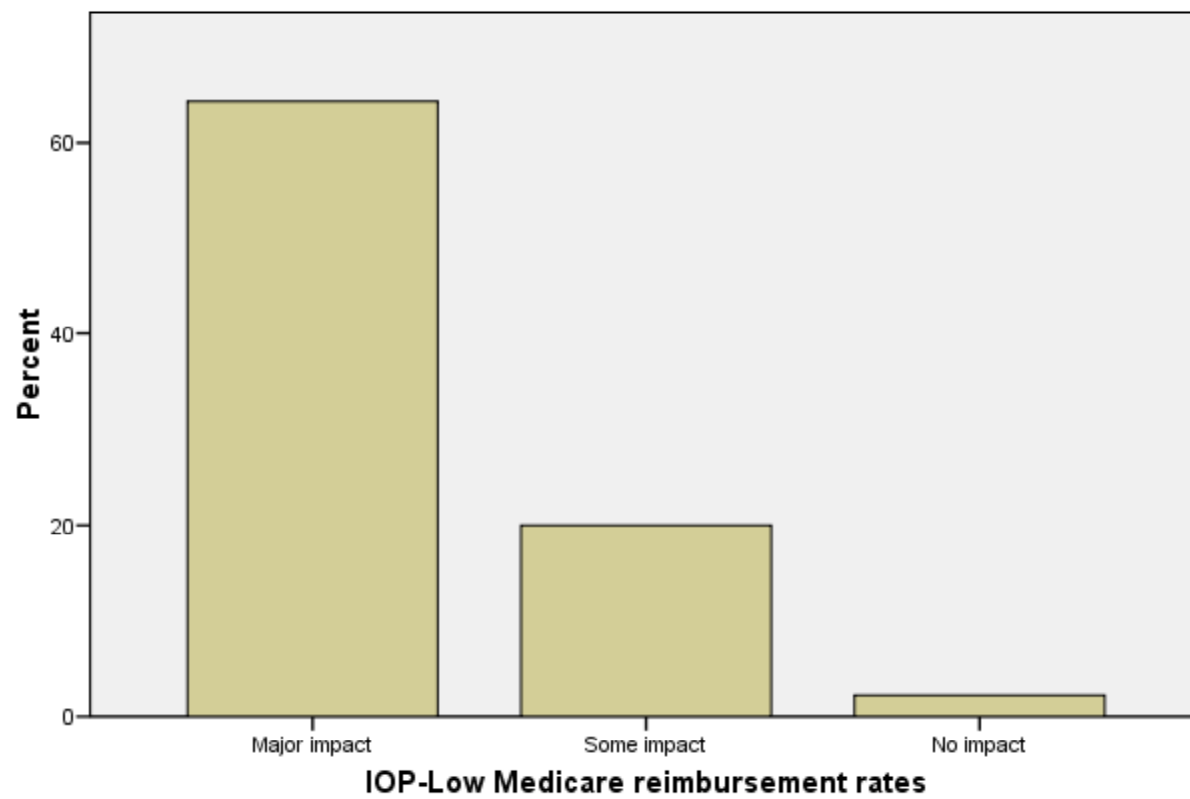
IOSL-Lack of care coordination



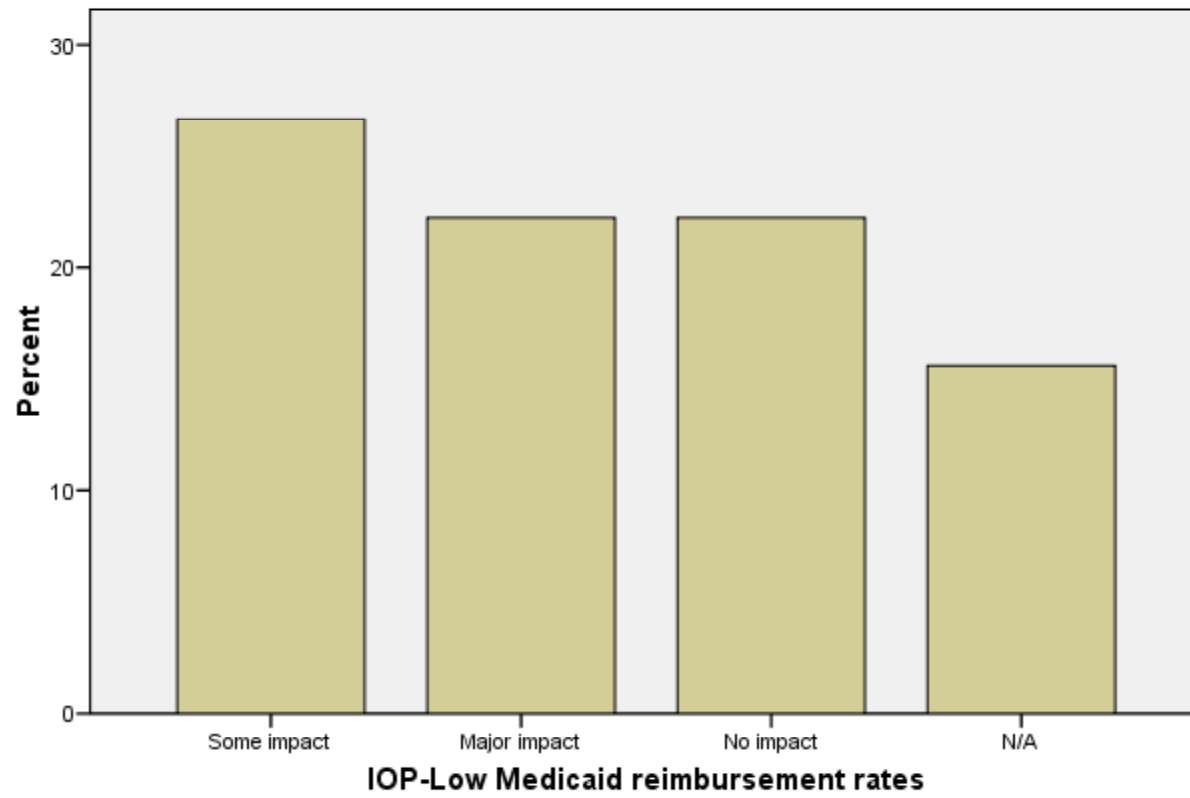
IOSL-Cost of operations



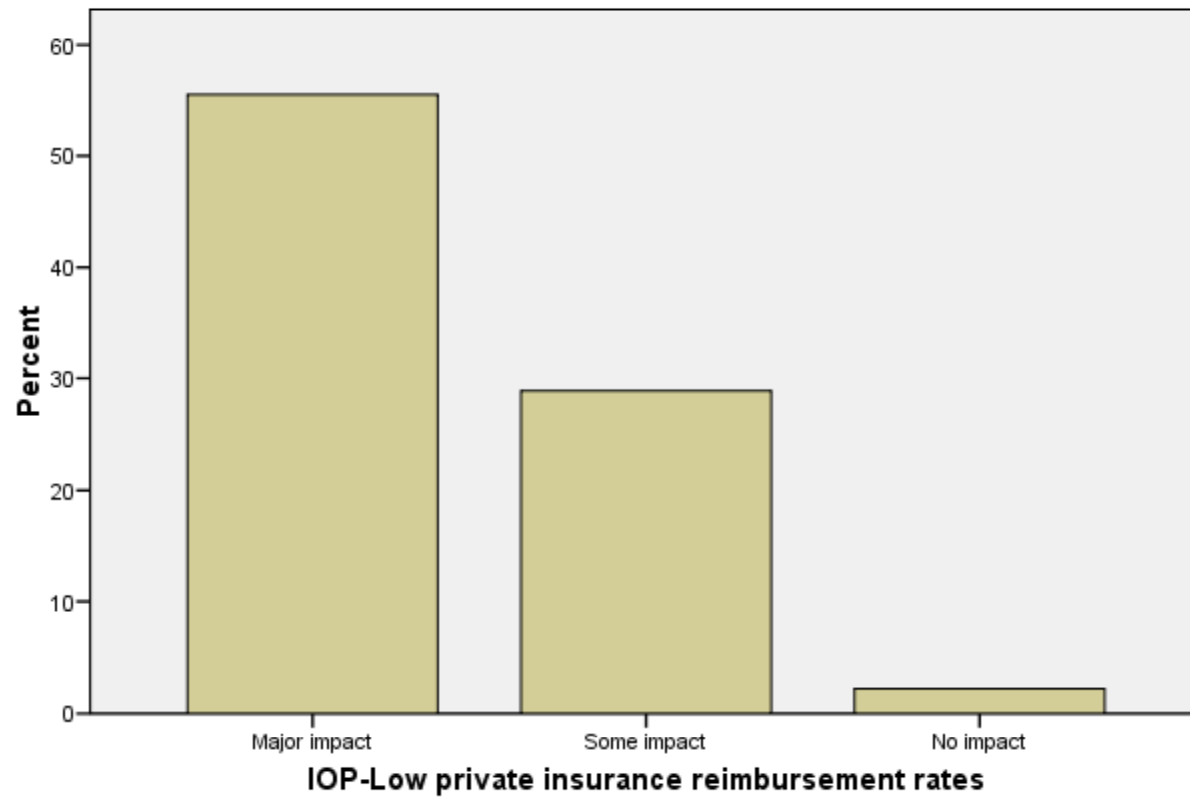
IOP-Low Medicare reimbursement rates



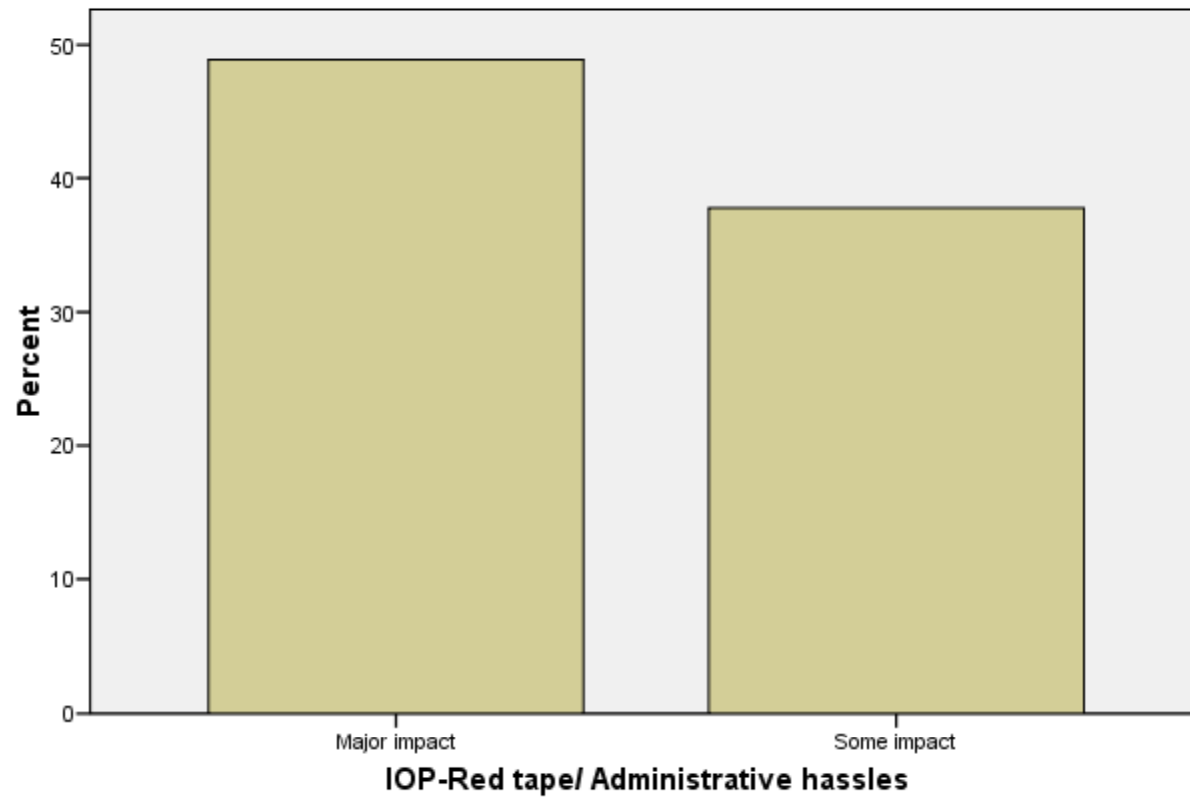
IOP-Low Medicaid reimbursement rates



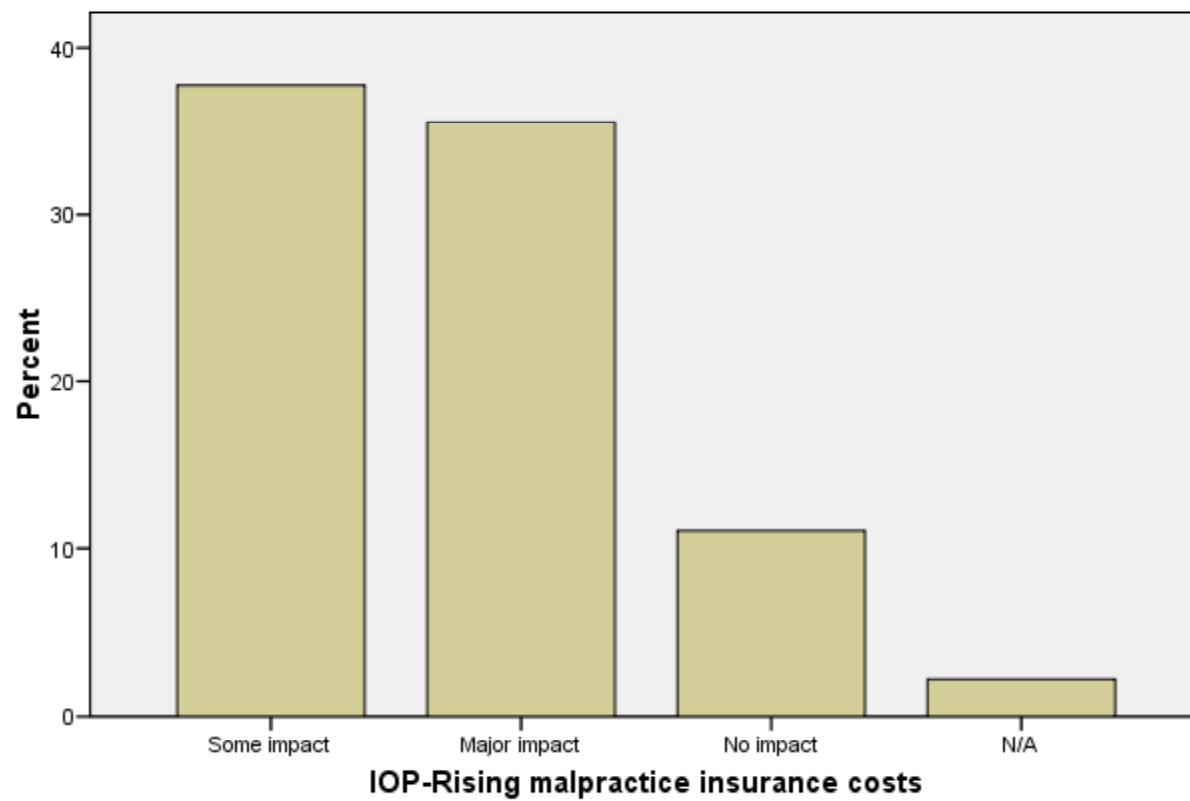
IOP-Low private insurance reimbursement rates



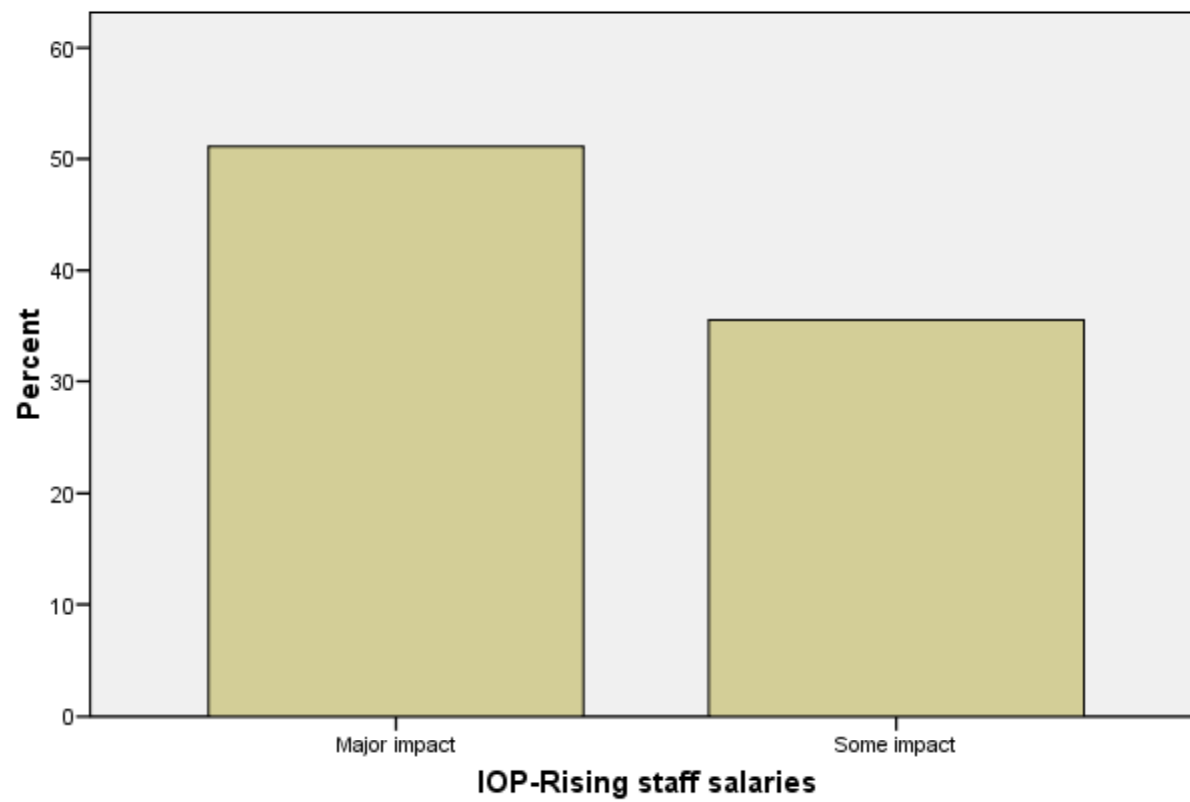
IOP-Red tape/ Administrative hassles



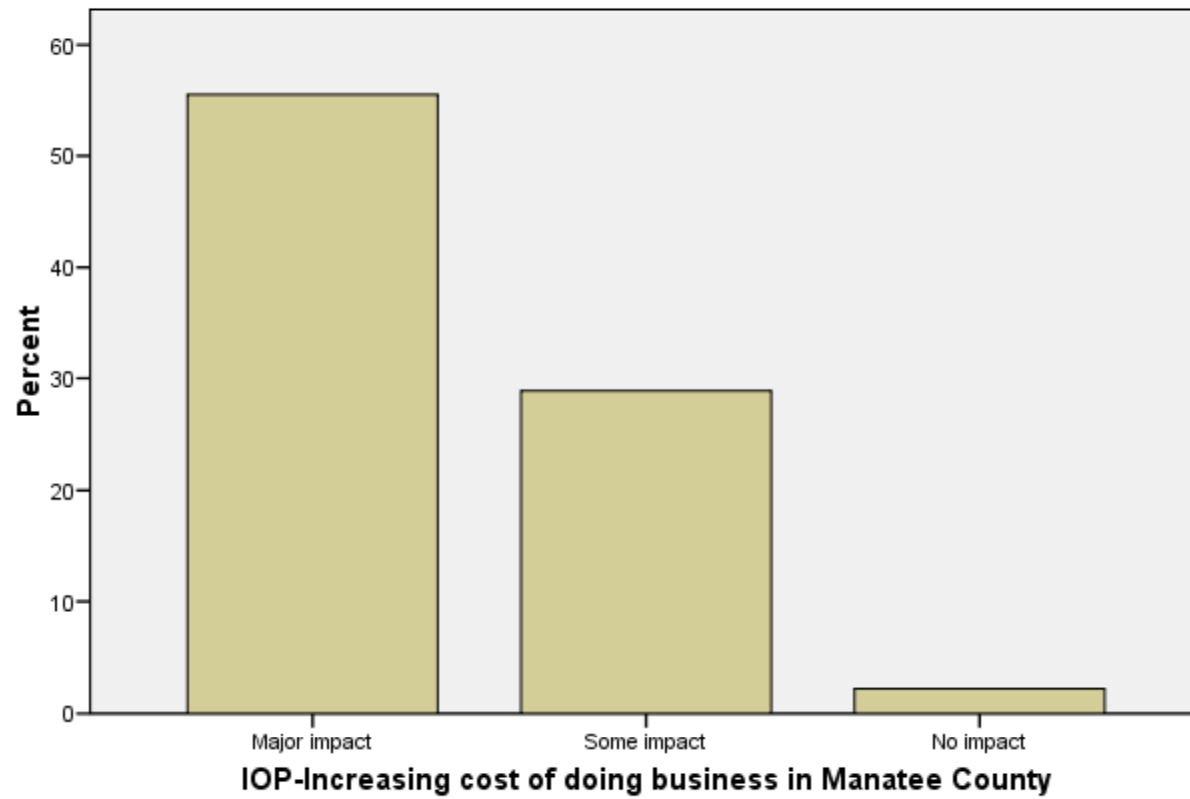
IOP-Rising malpractice insurance costs



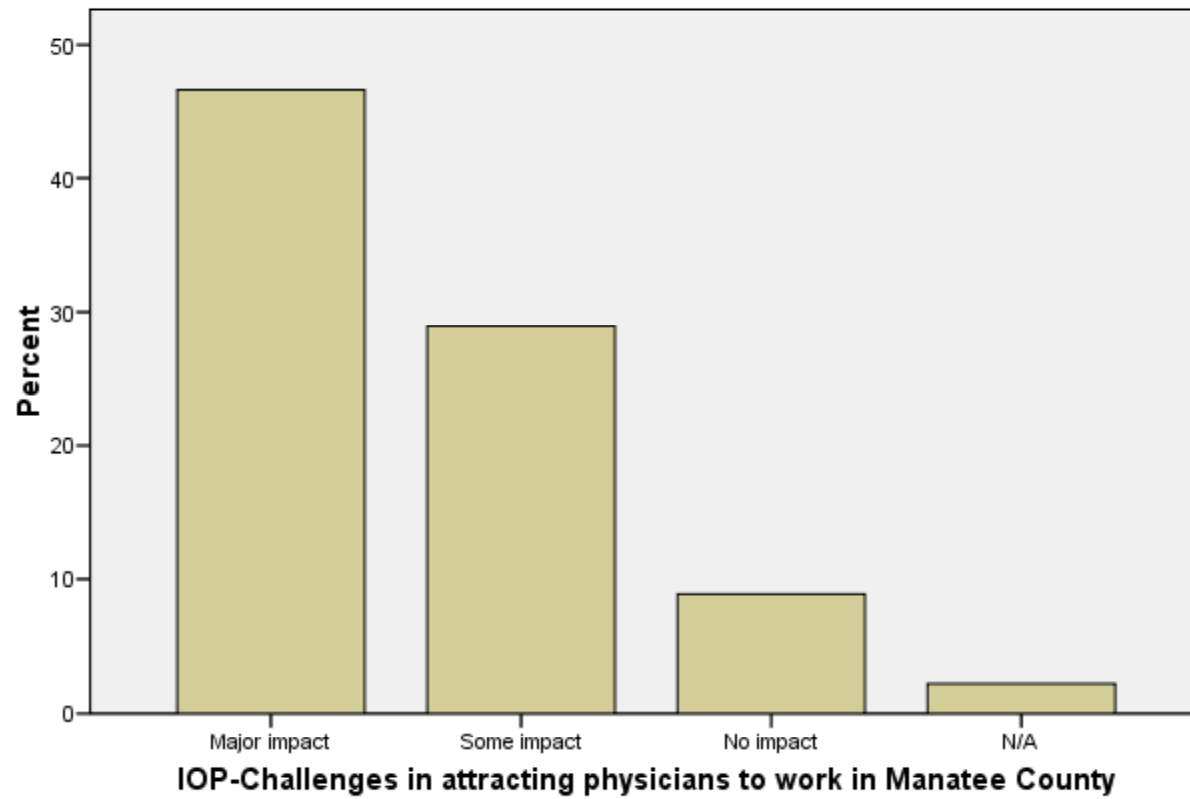
IOP-Rising staff salaries



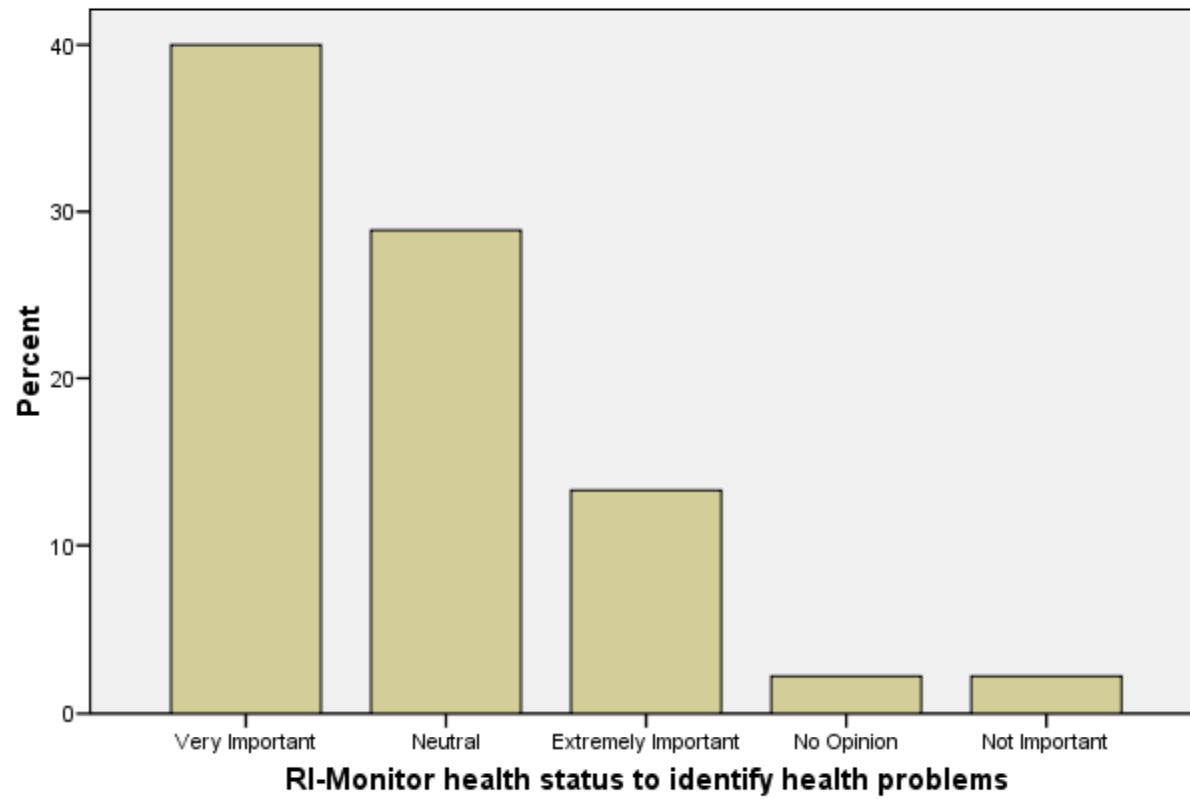
IOP-Increasing cost of doing business in Manatee County



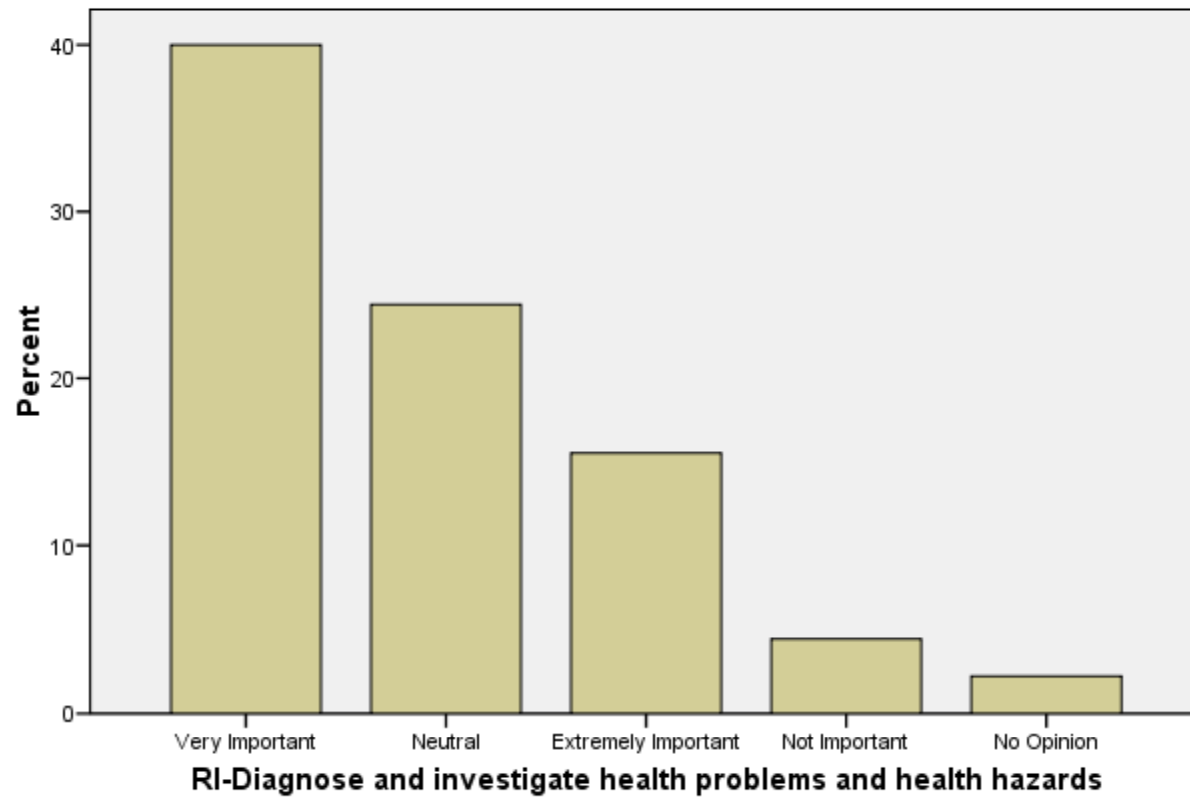
IOP-Challenges in attracting physicians to work in Manatee County



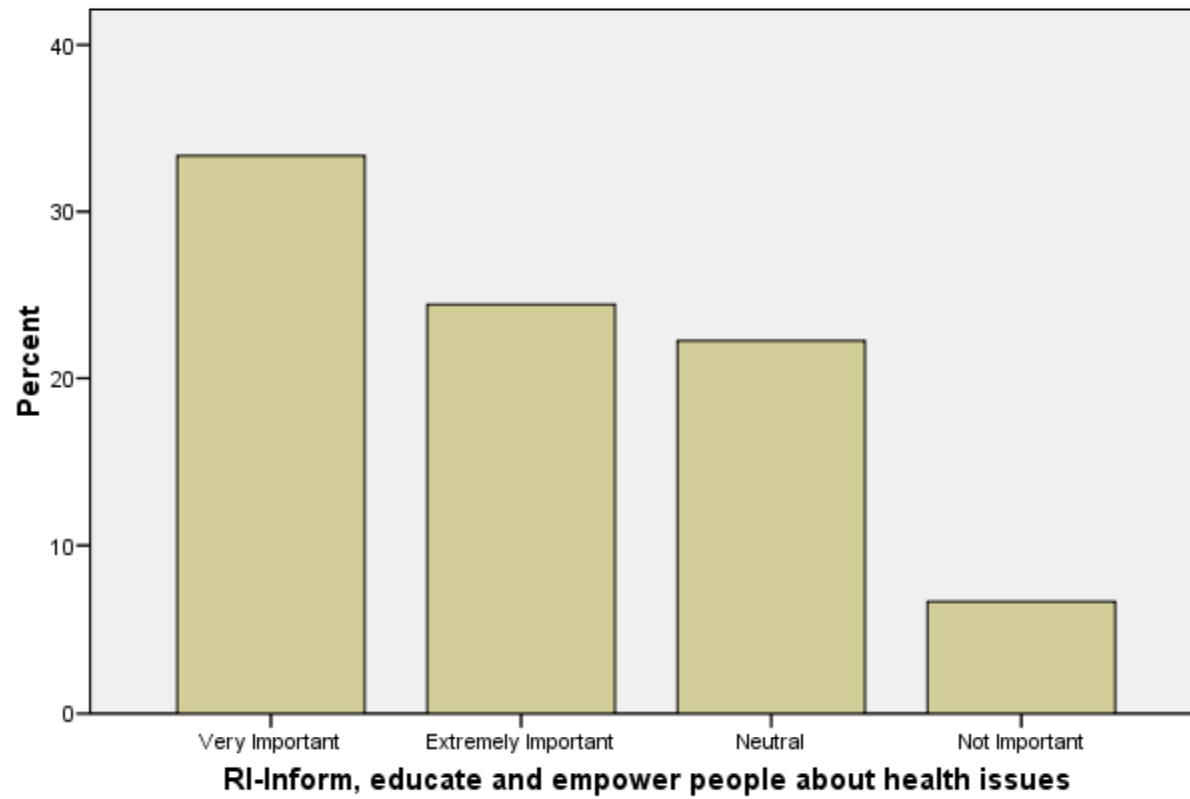
RI-Monitor health status to identify health problems



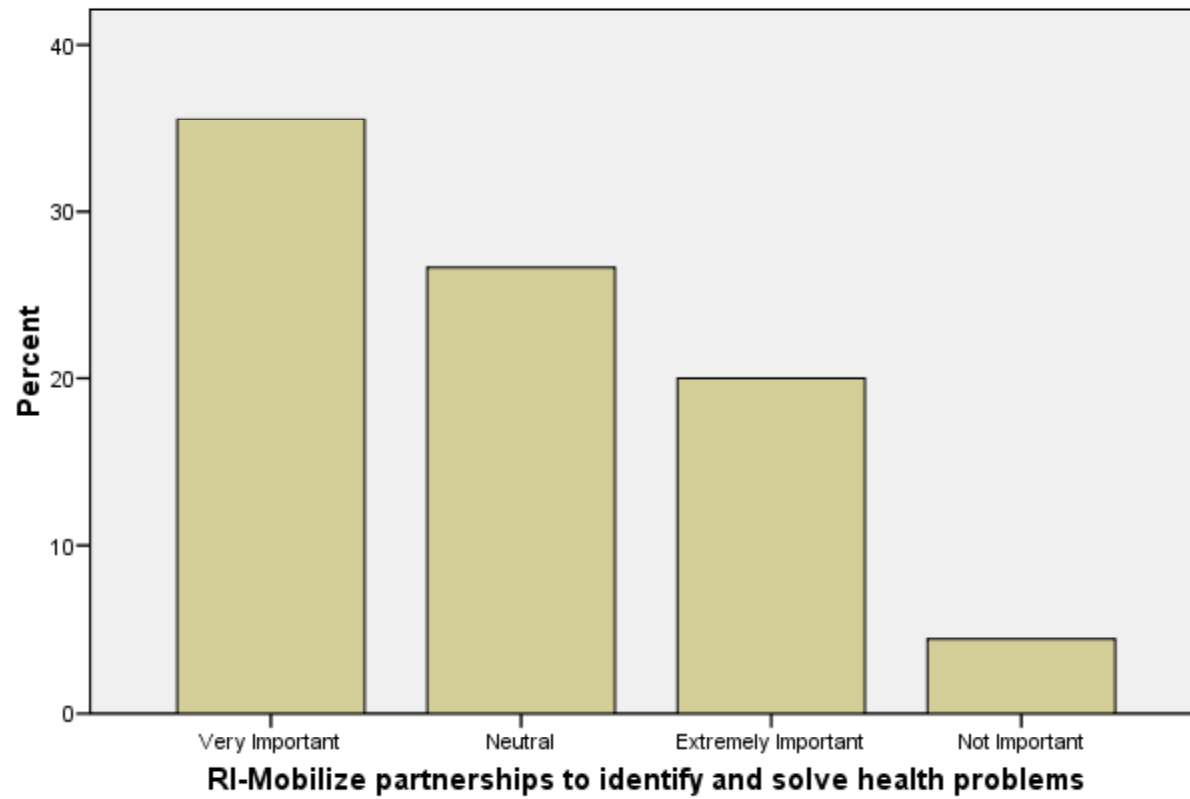
RI-Diagnose and investigate health problems and health hazards



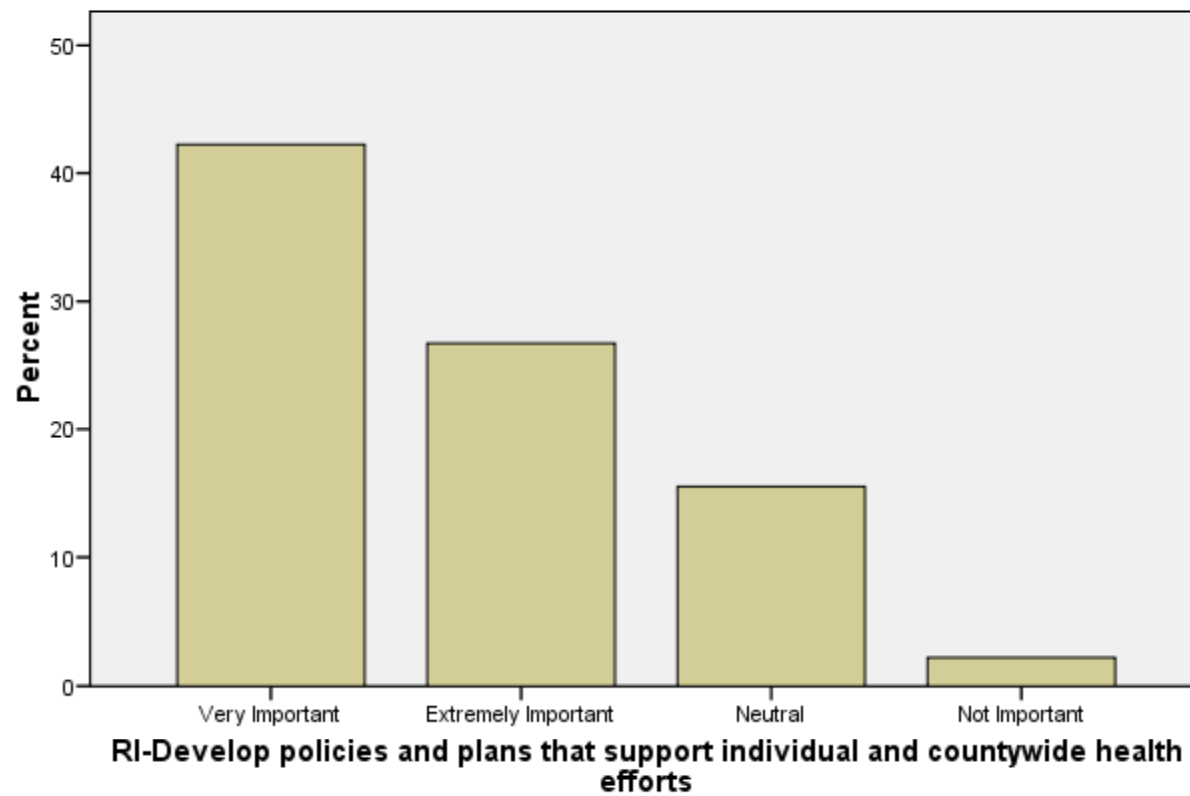
RI-Inform, educate and empower people about health issues



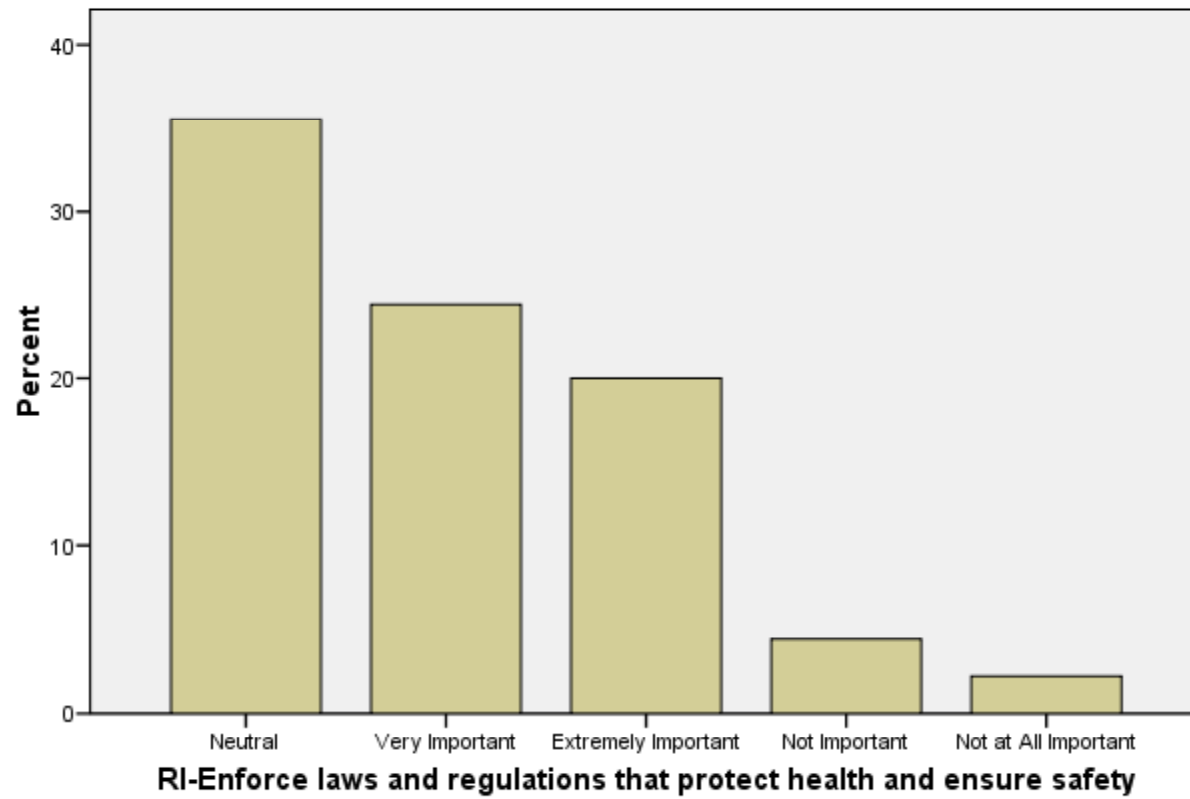
RI-Mobilize partnerships to identify and solve health problems



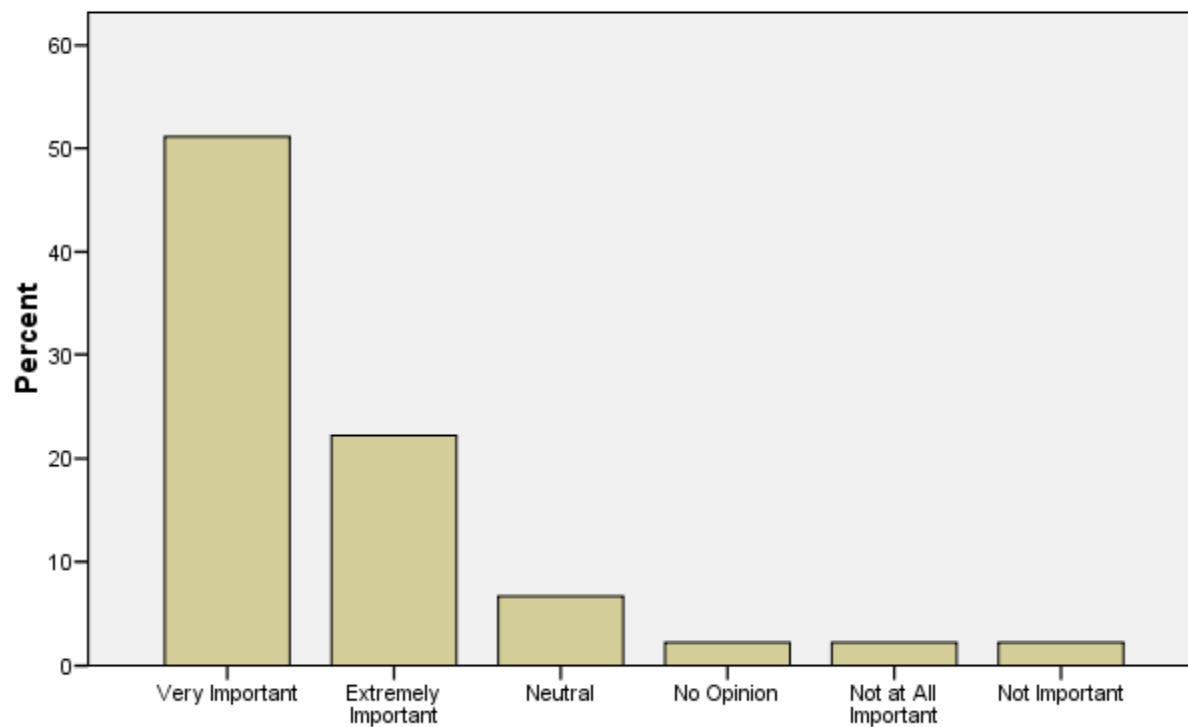
RI-Develop policies and plans that support individual and countywide health efforts



RI-Enforce laws and regulations that protect health and ensure safety

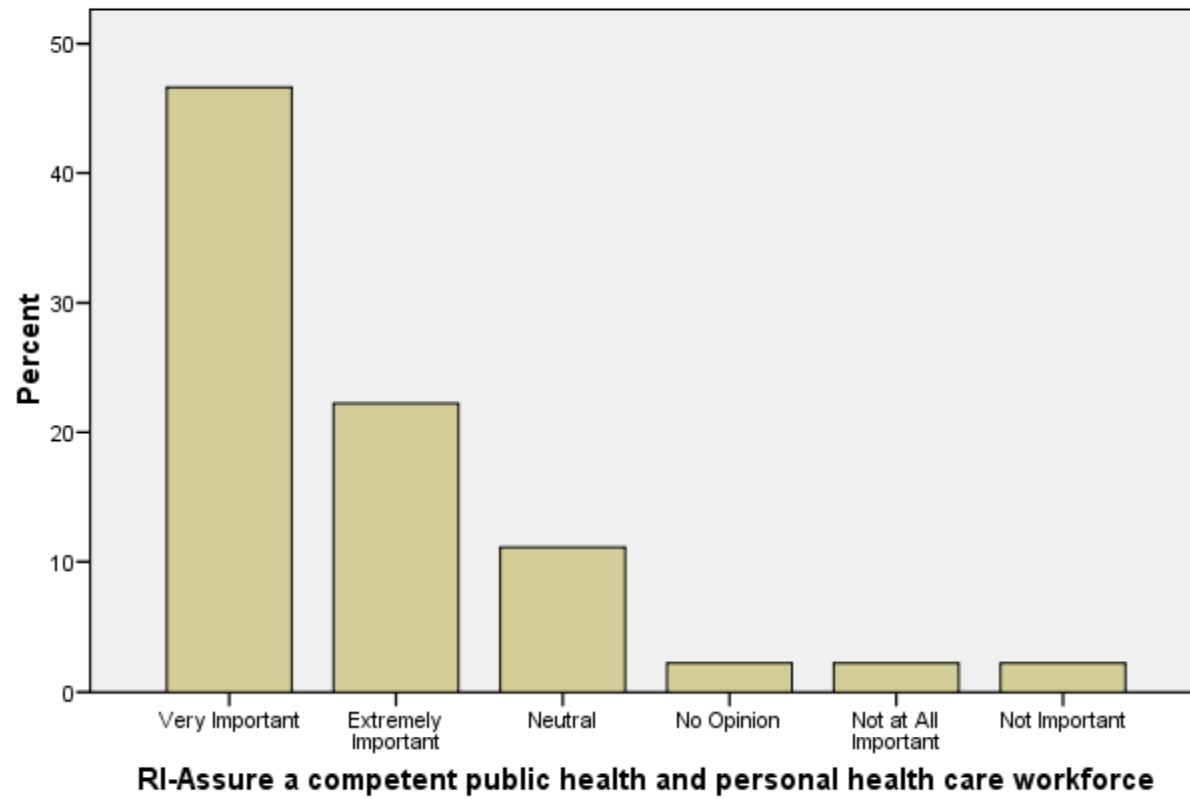


RI-Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

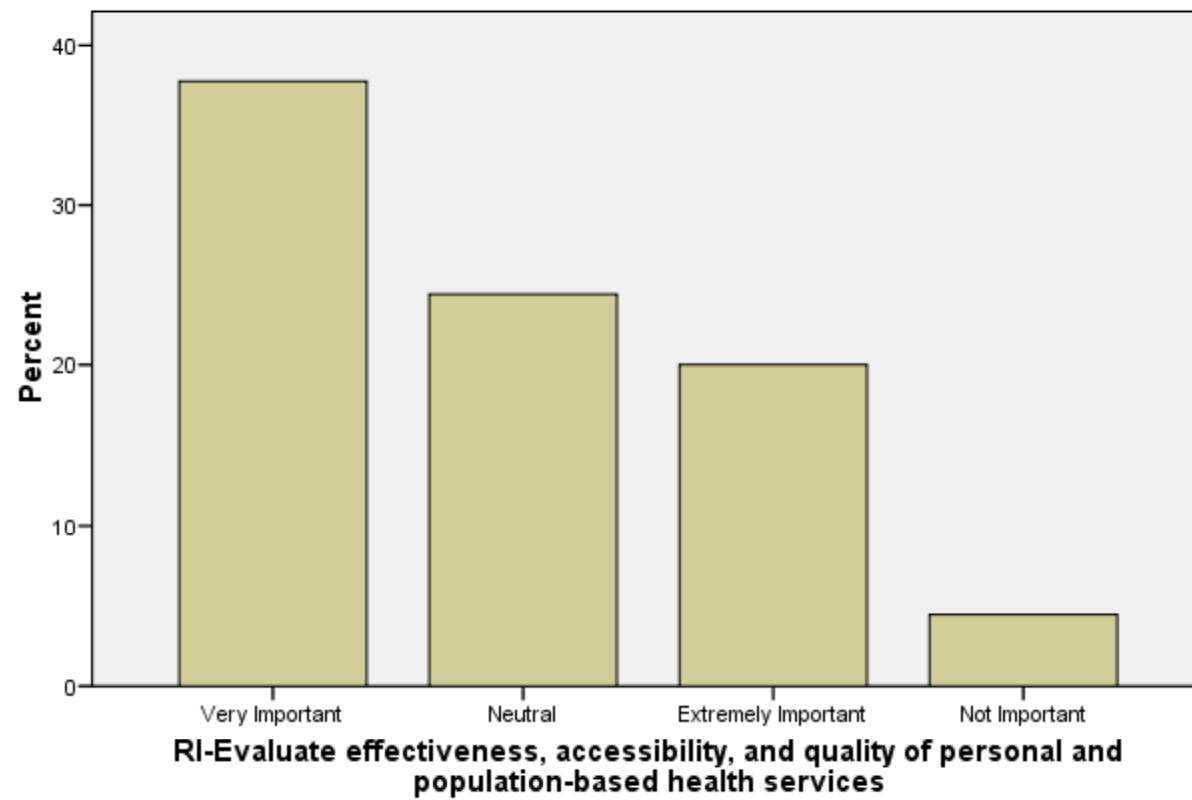


RI-Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

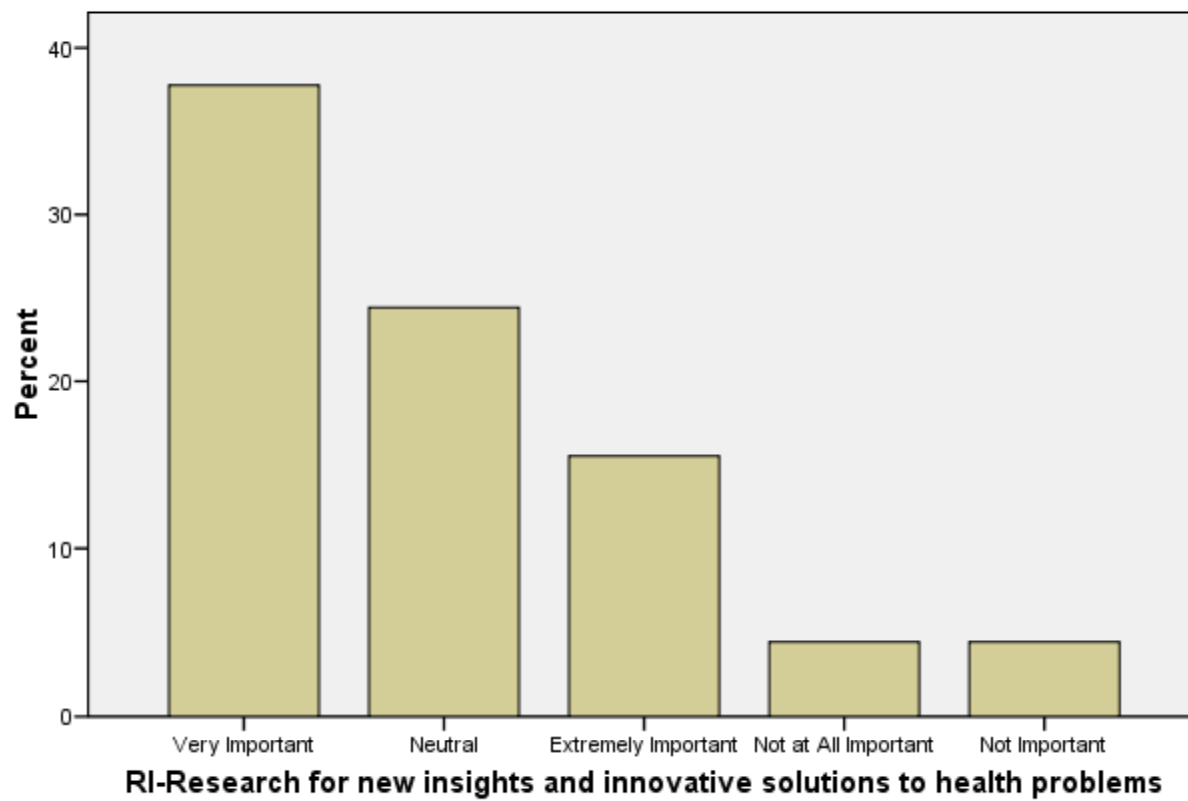
RI-Assure a competent public health and personal health care workforce



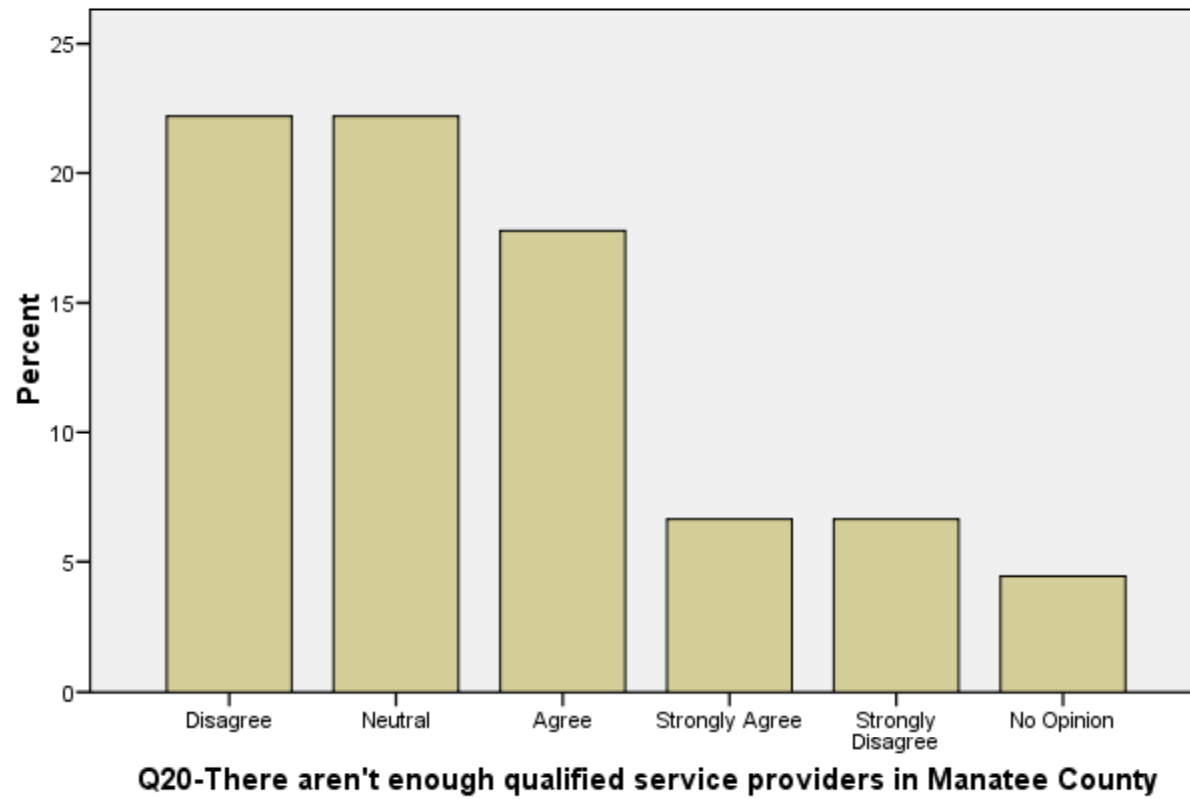
RI-Evaluate effectiveness, accessibility, and quality of personal and population-based health services



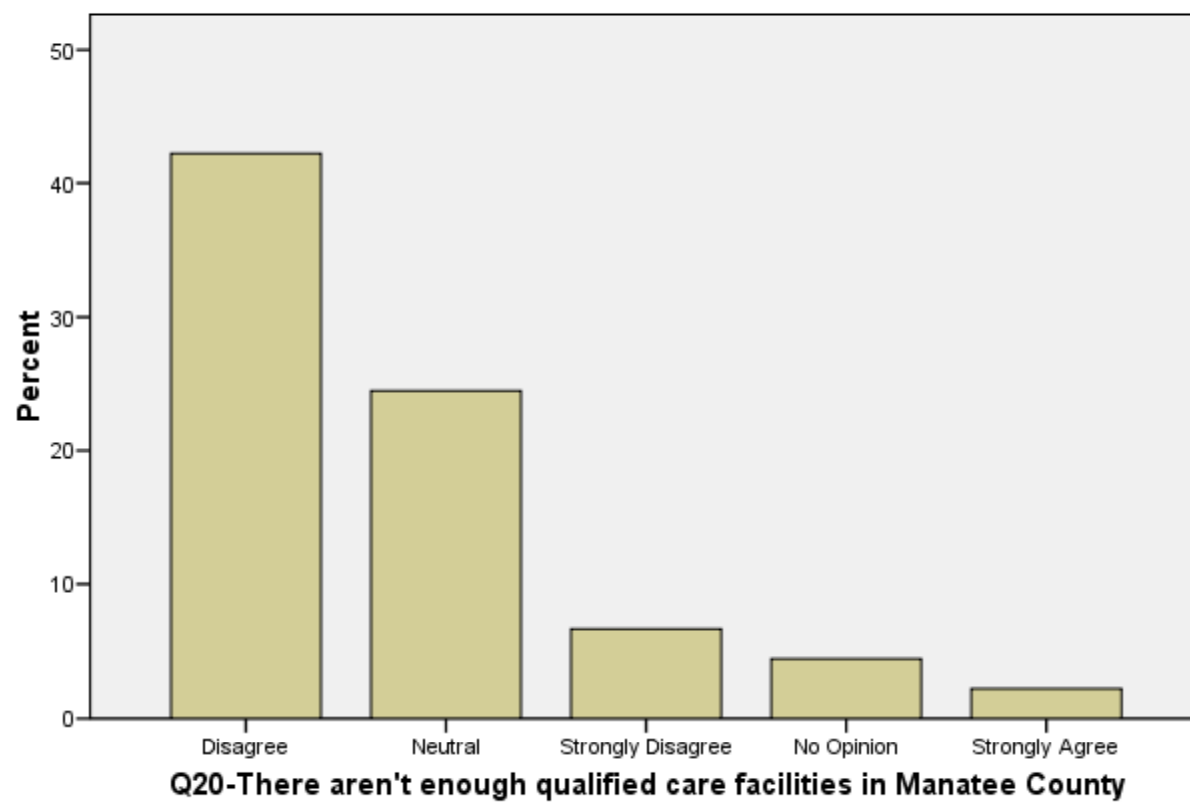
RI-Research for new insights and innovative solutions to health problems



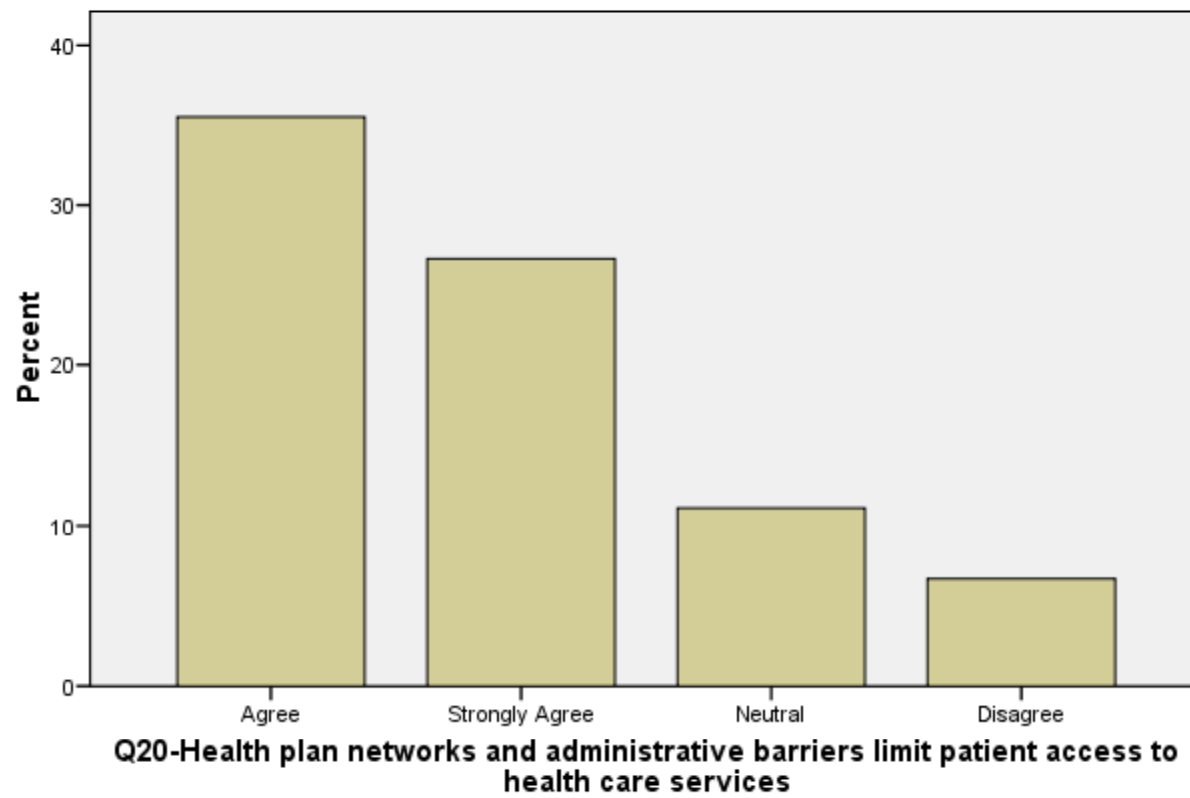
Q20-There aren't enough qualified service providers in Manatee County



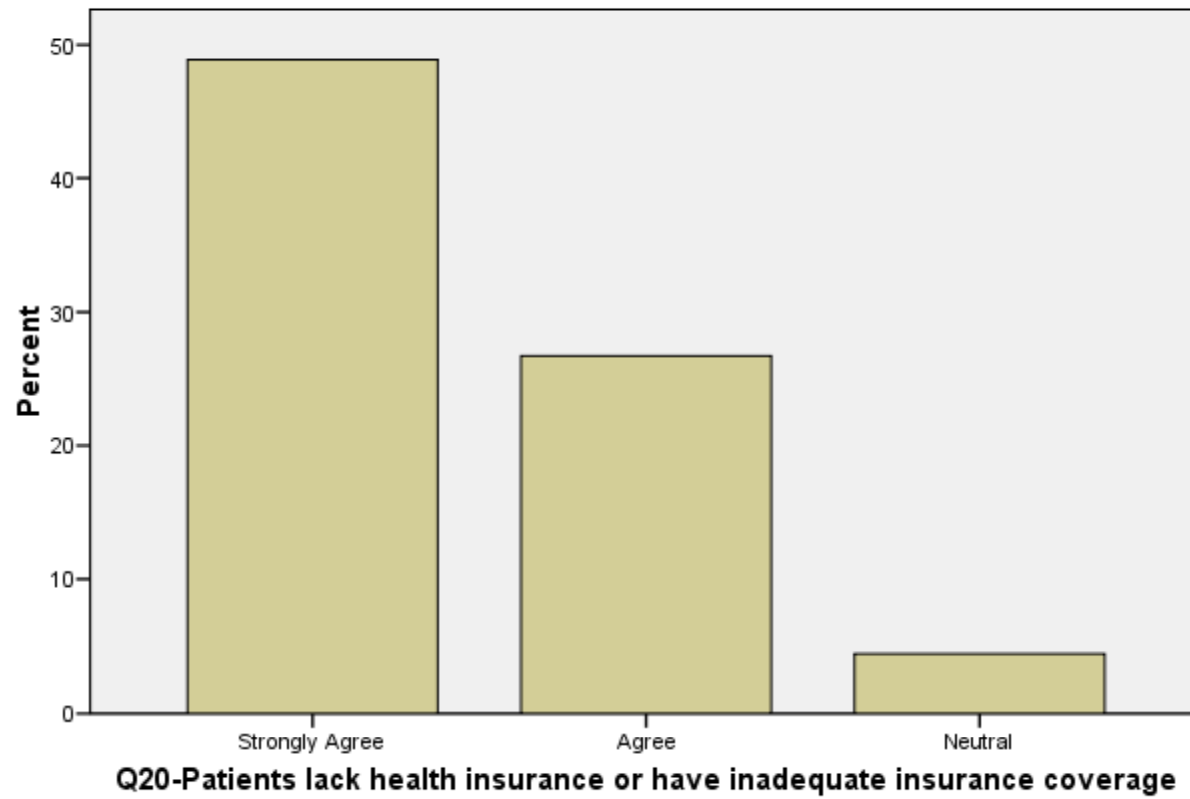
Q20-There aren't enough qualified care facilities in Manatee County



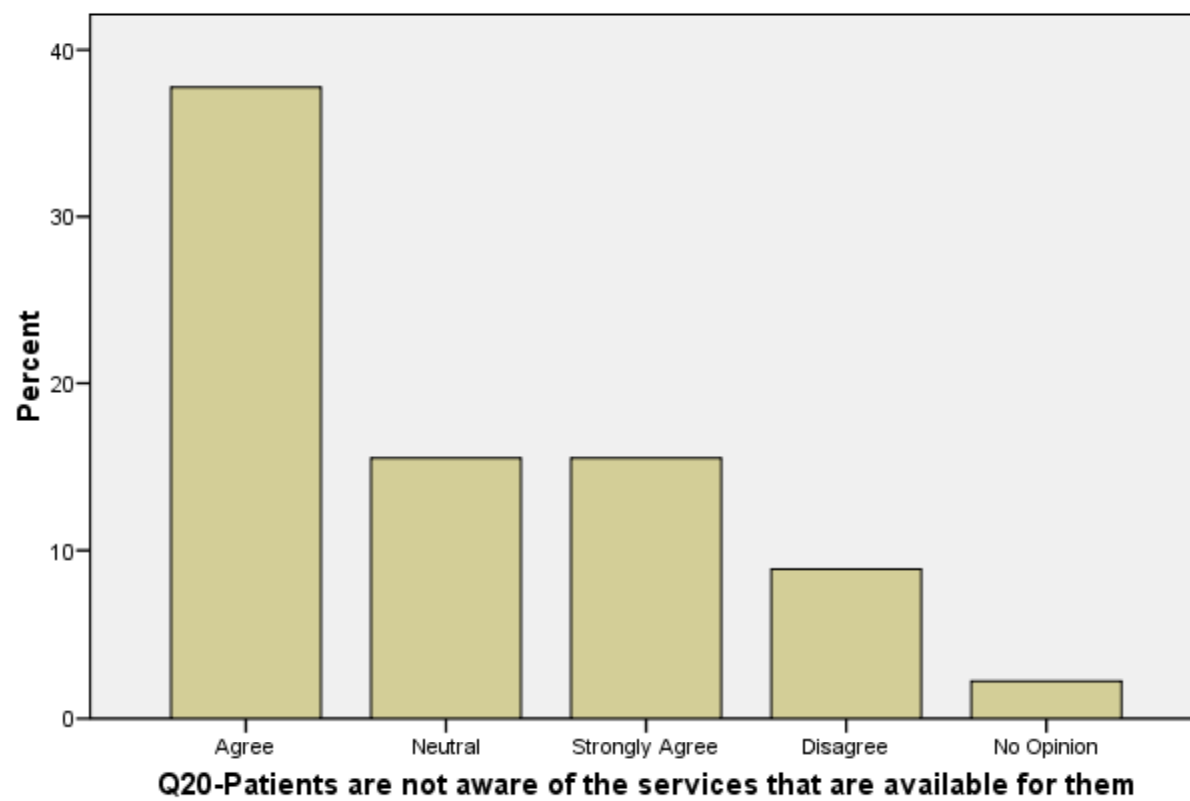
Q20-Health plan networks and administrative barriers limit patient access to health care services



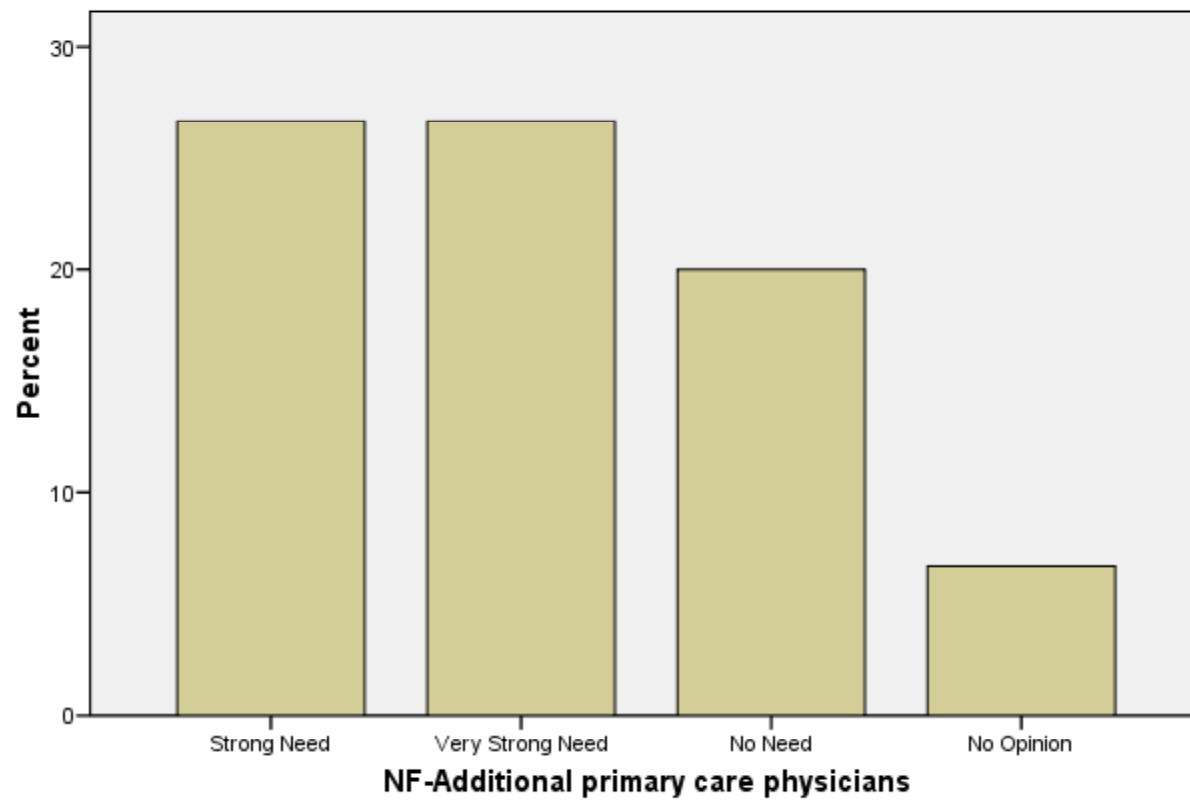
Q20-Patients lack health insurance or have inadequate insurance coverage



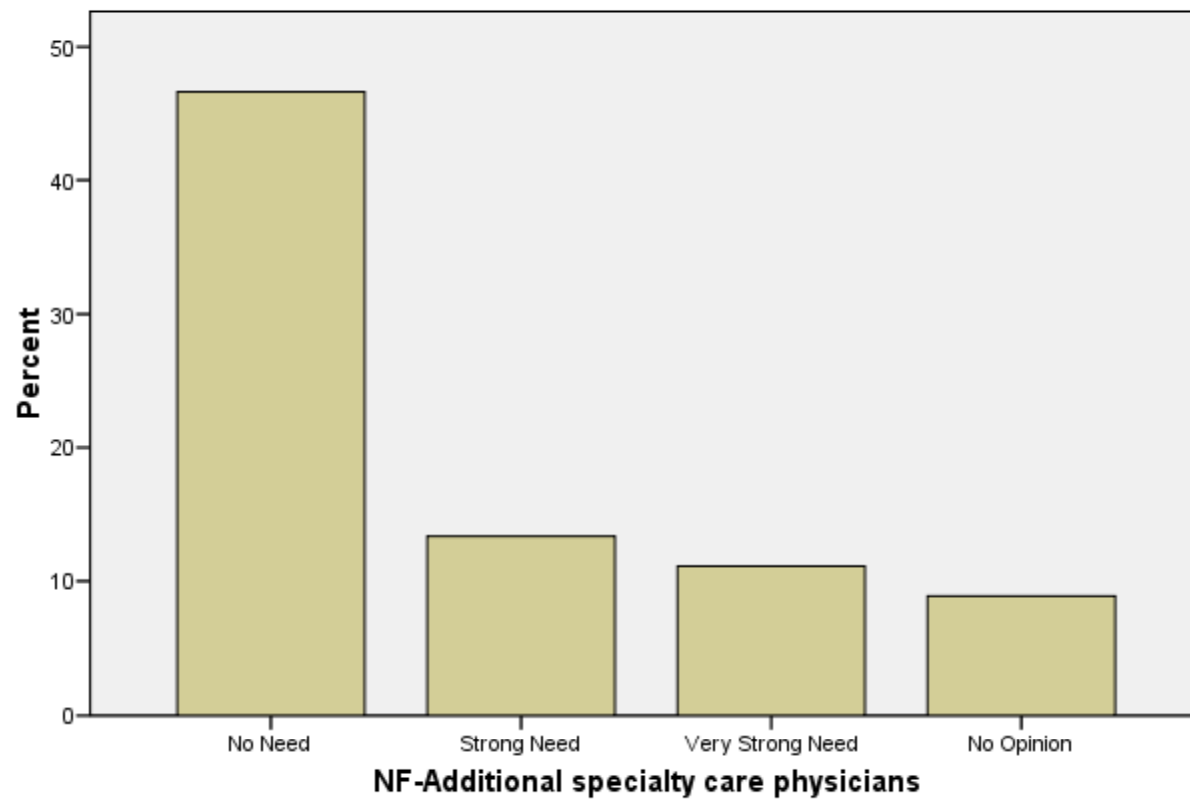
Q20-Patients are not aware of the services that are available for them



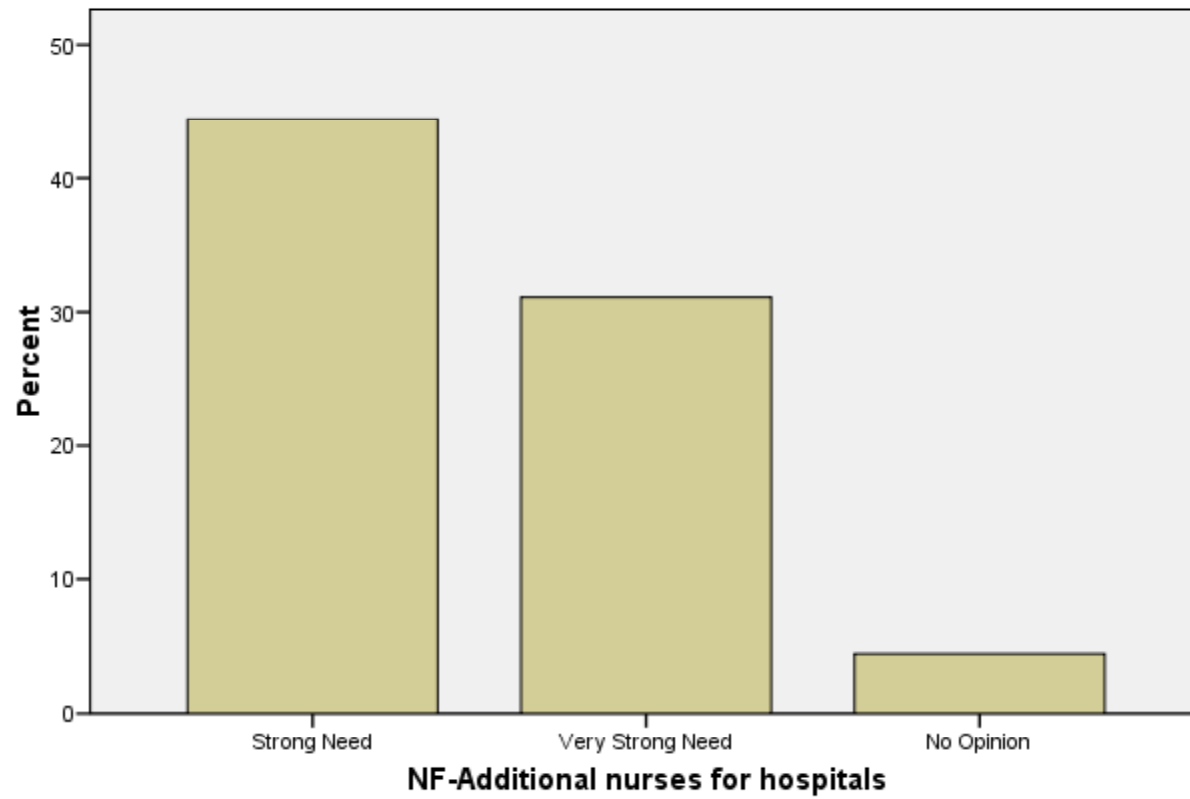
NF-Additional primary care physicians



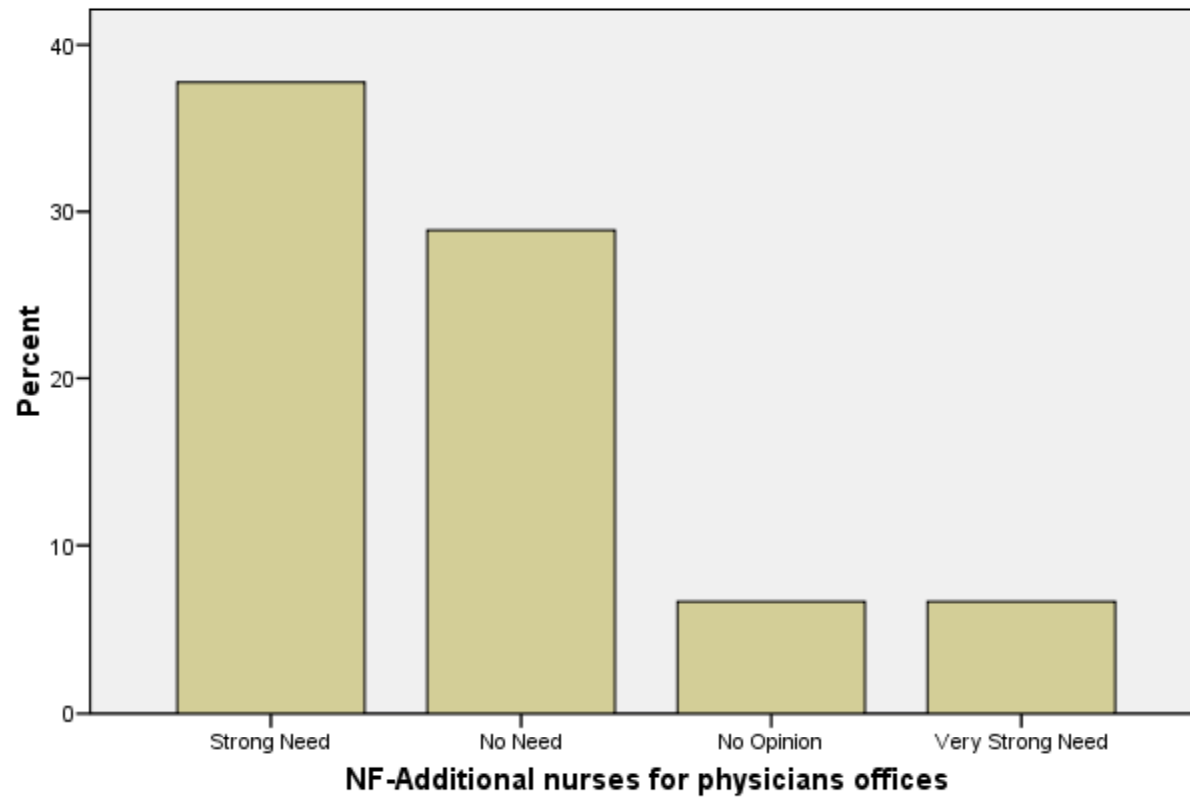
NF-Additional specialty care physicians



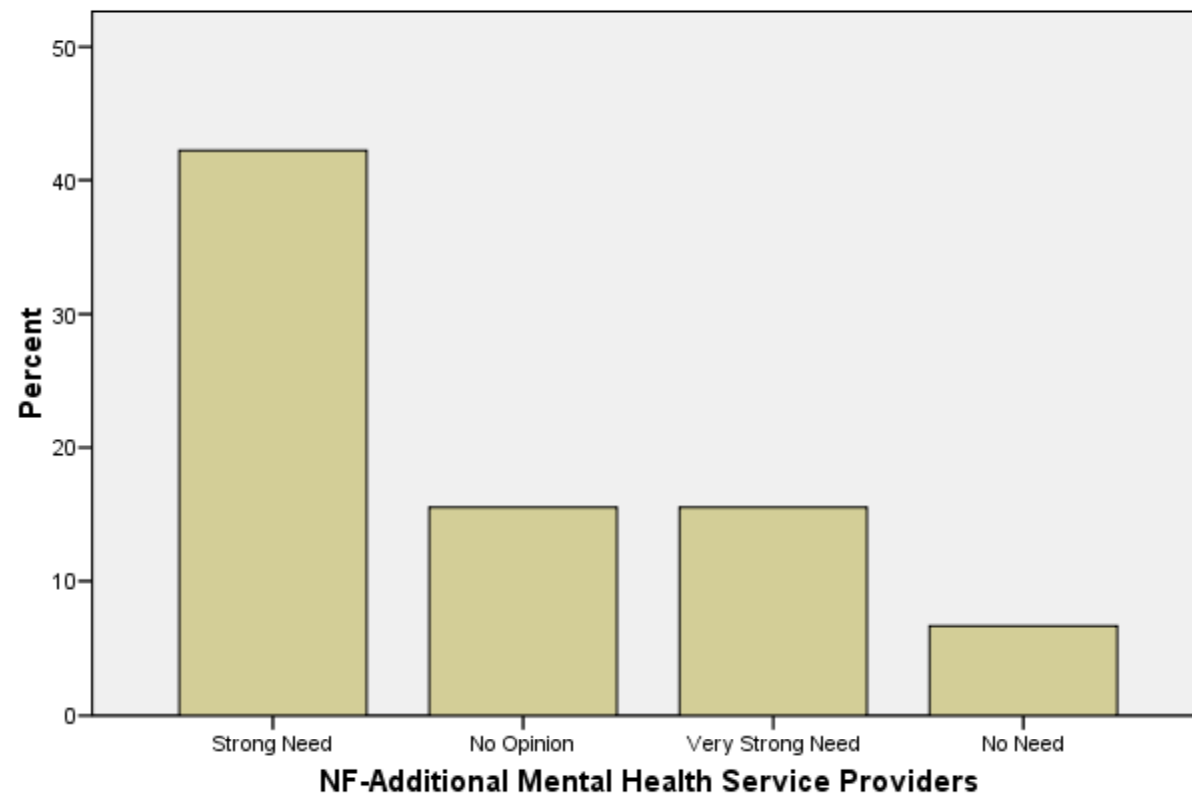
NF-Additional nurses for hospitals



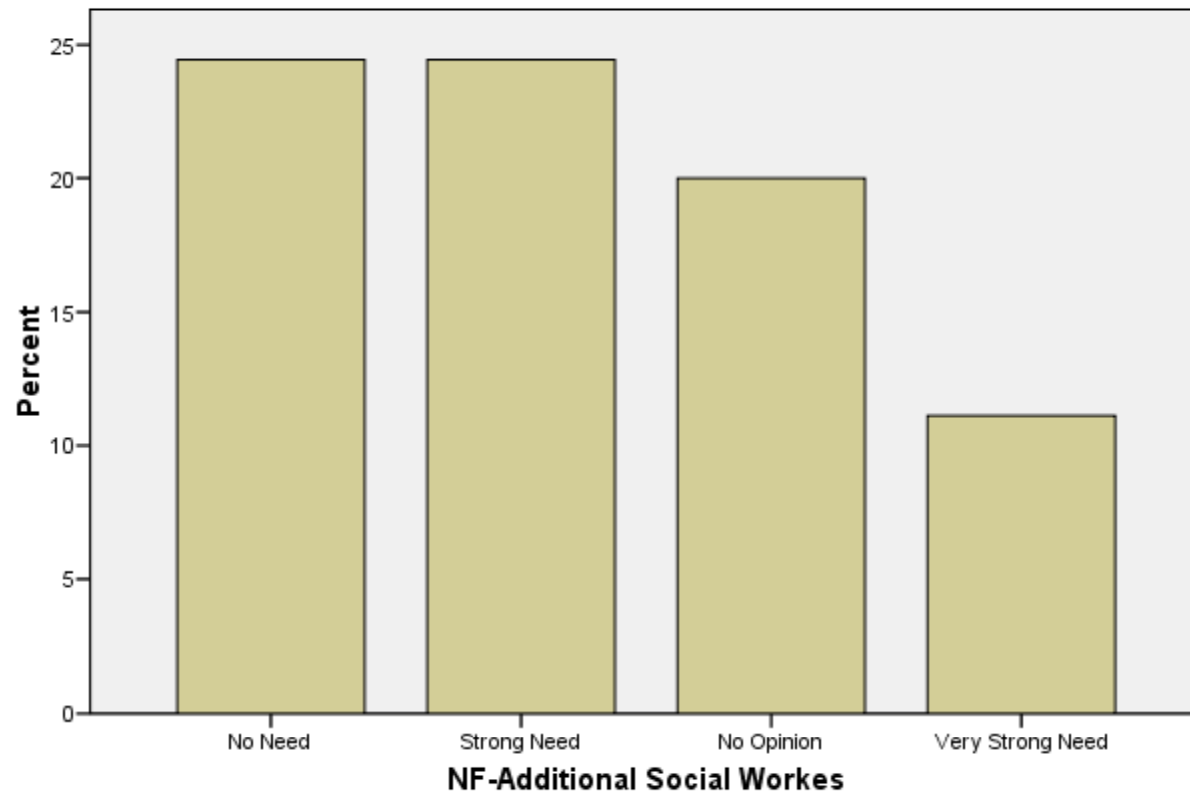
NF-Additional nurses for physicians offices



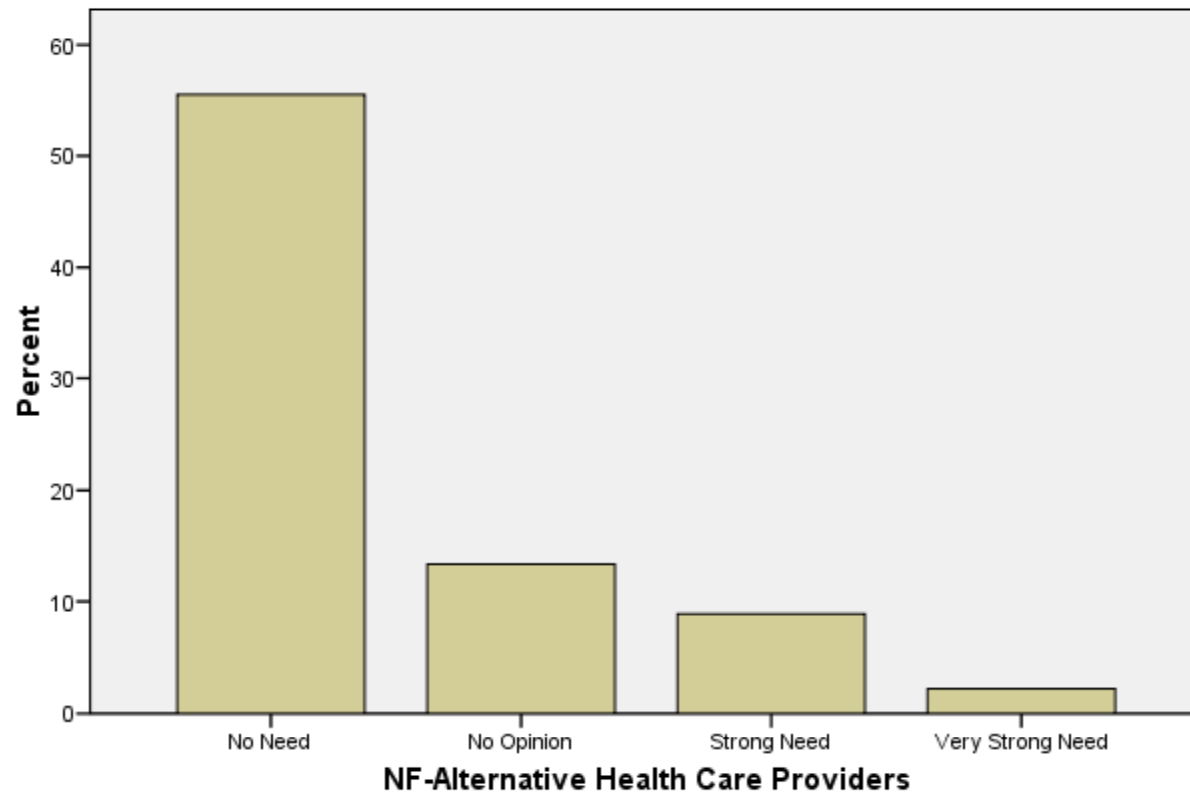
NF-Additional Mental Health Service Providers



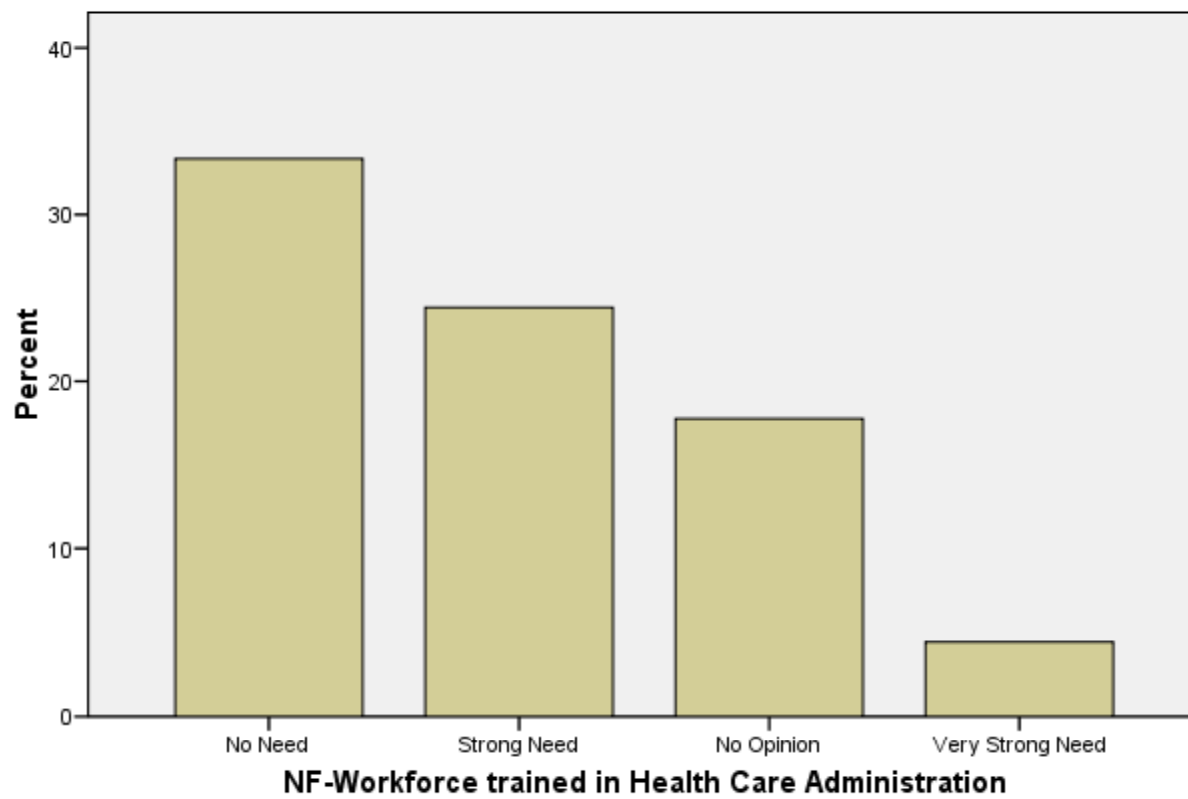
NF-Additional Social Workes



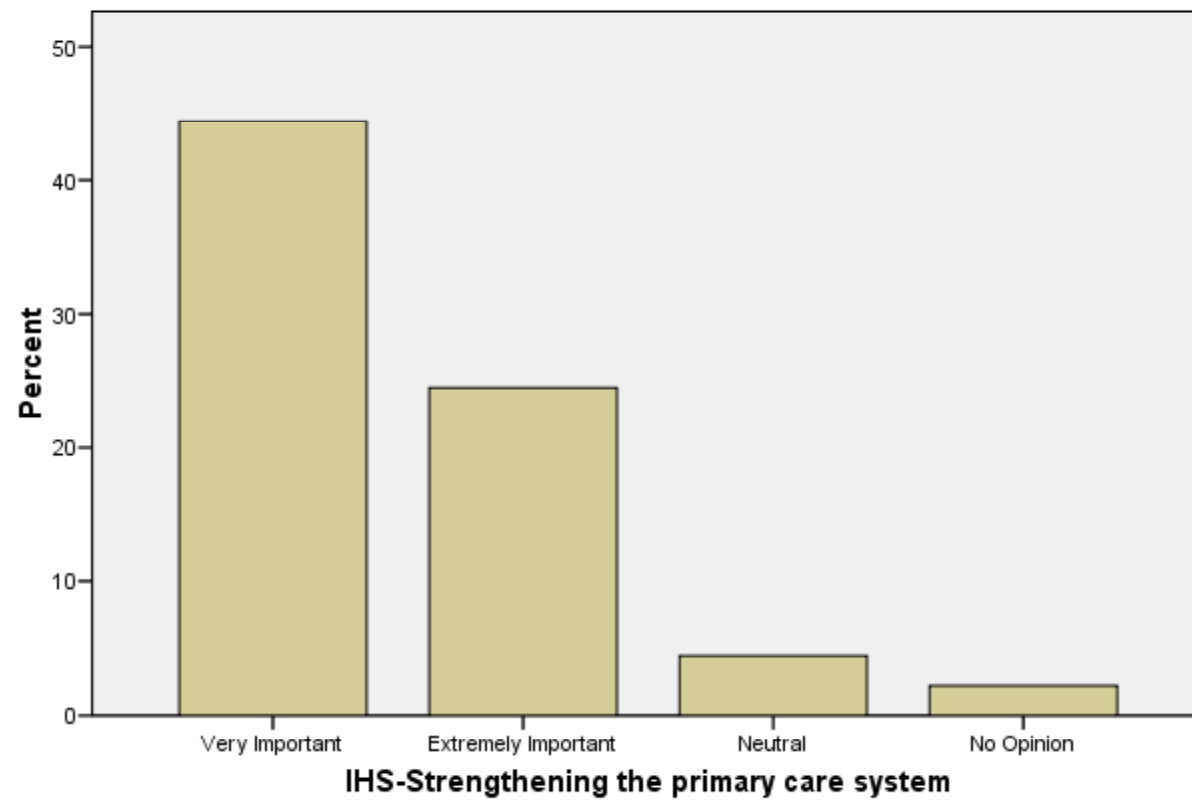
NF-Alternative Health Care Providers



NF-Workforce trained in Health Care Administration



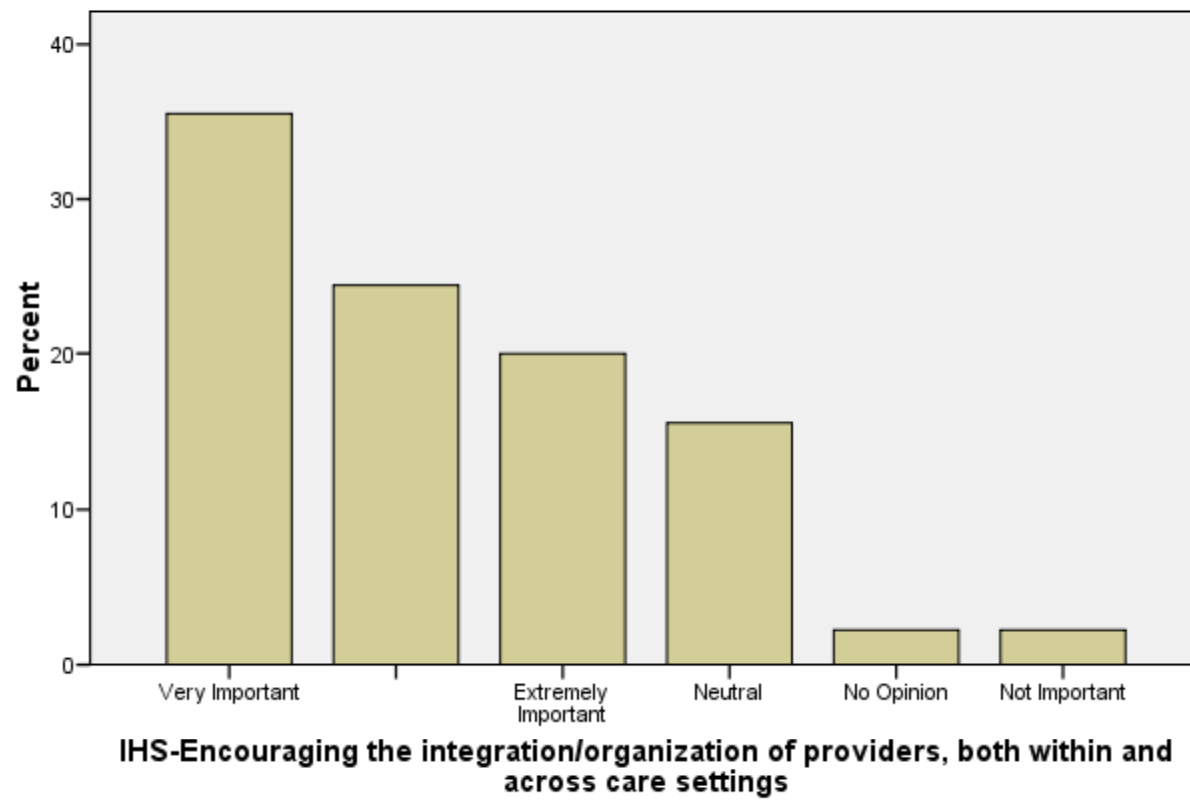
IHS-Strengthening the primary care system



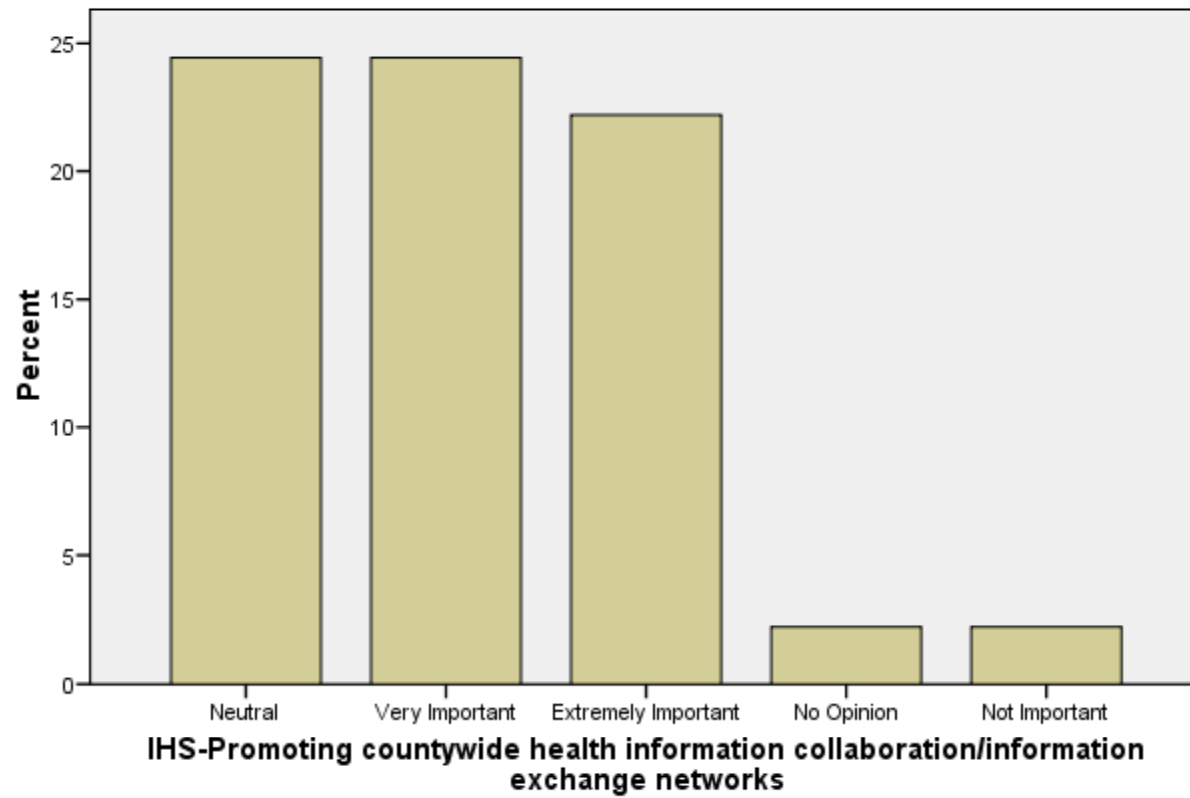
IHS-Encouraging care coordination, and the management of care transitions



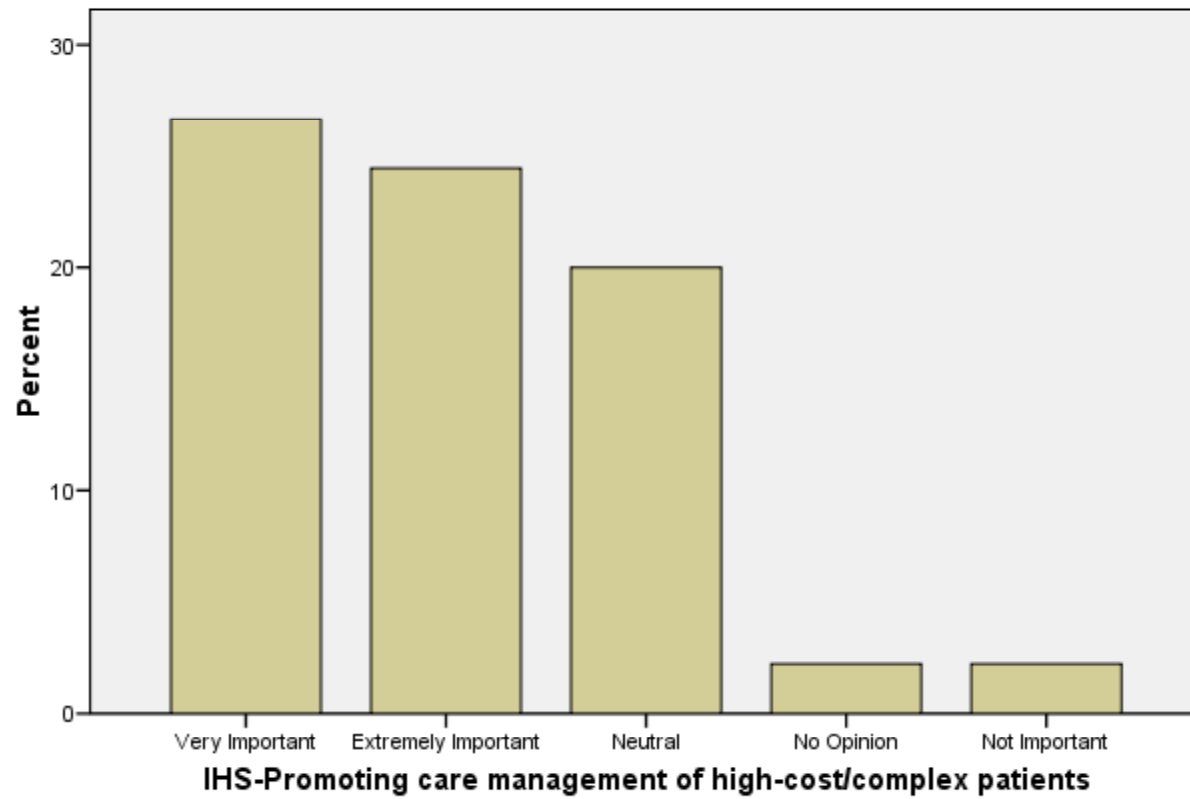
IHS-Encouraging the integration/organization of providers, both within and across care settings



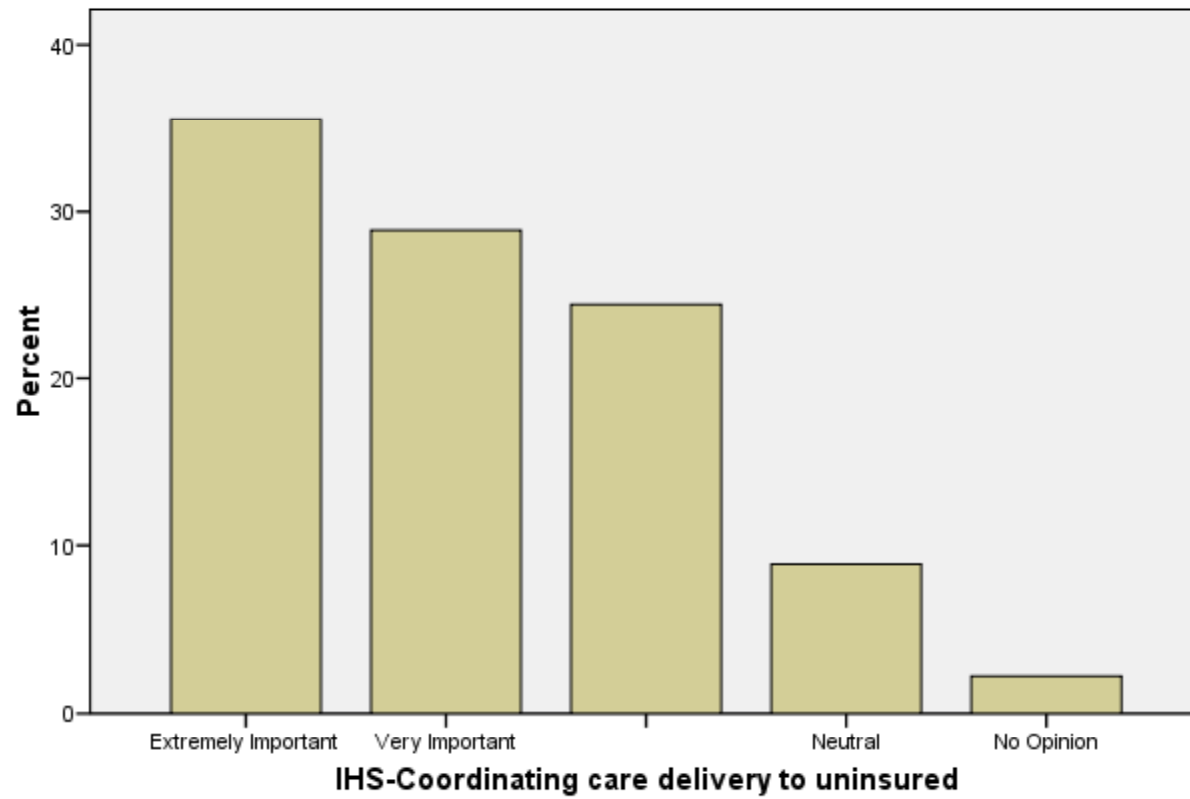
**IHS-Promoting countywide health information collaboration/information
exchange networks**



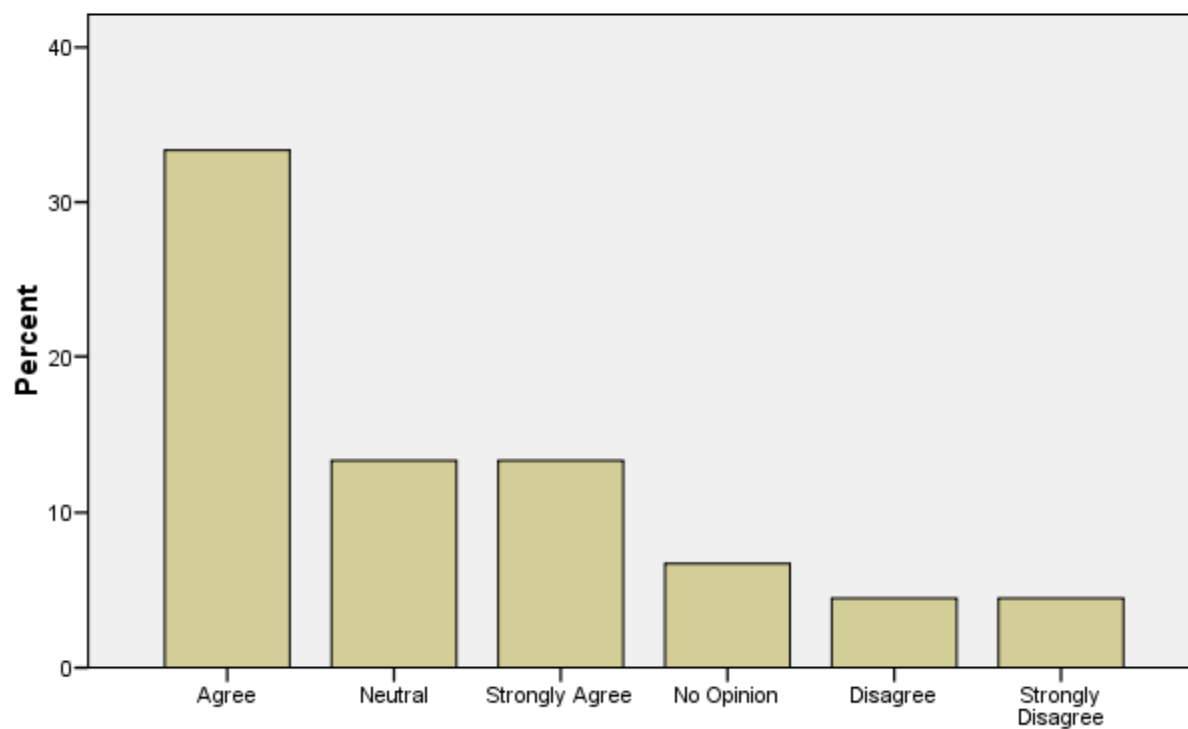
IHS-Promoting care management of high-cost/complex patients



IHS-Coordinating care delivery to uninsured

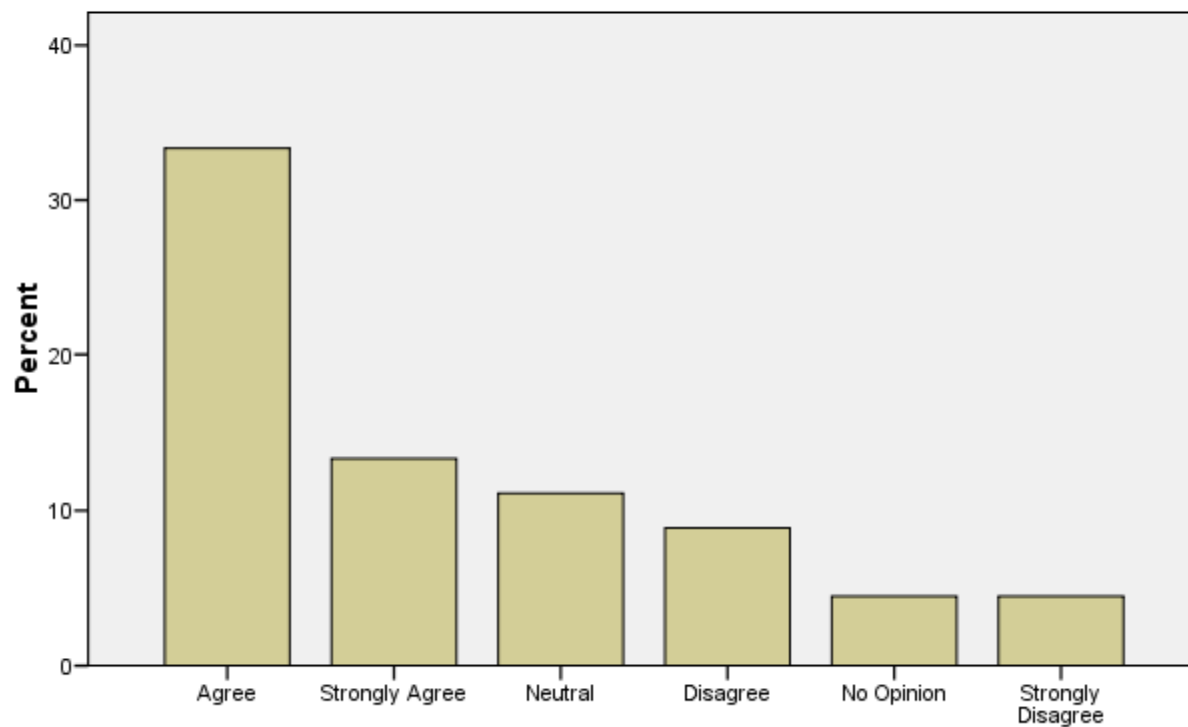


Q23-A health system that emphasizes medical homes is more likely to deliver high quality care than a system that doesn't.



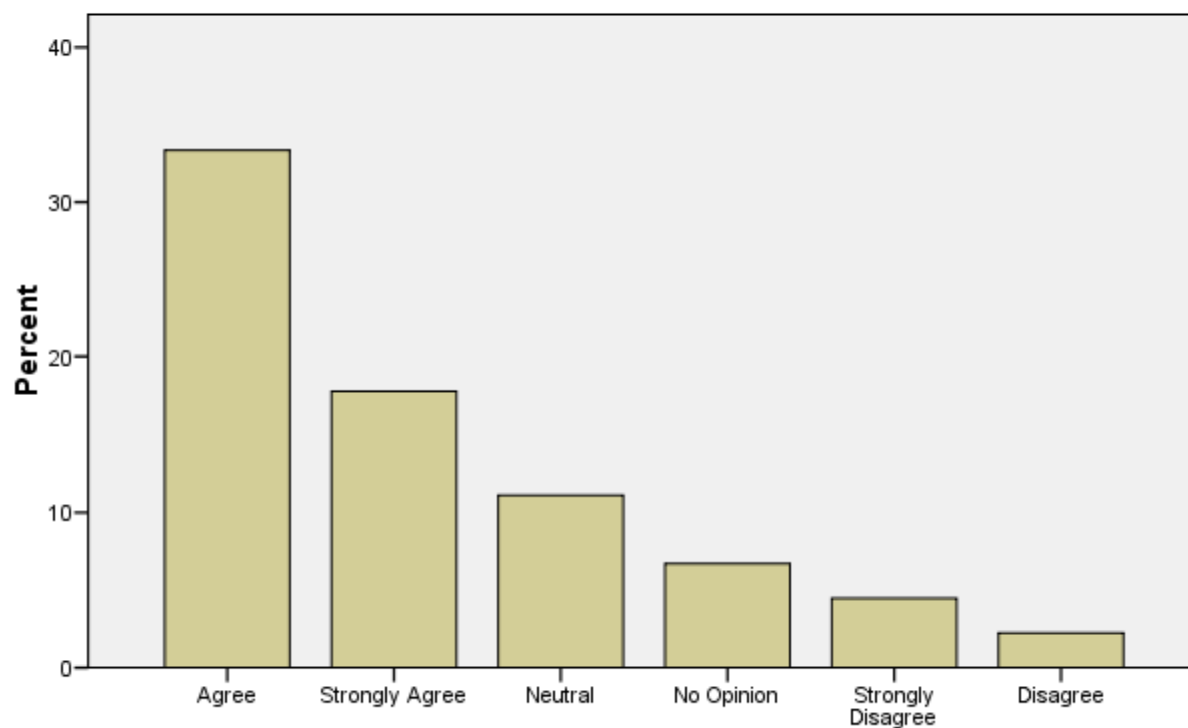
Q23-A health system that emphasizes medical homes is more likely to deliver high quality care than a system that doesn't.

Q23-A health system that emphasizes medical homes is more likely to deliver efficient care than a system that doesn't



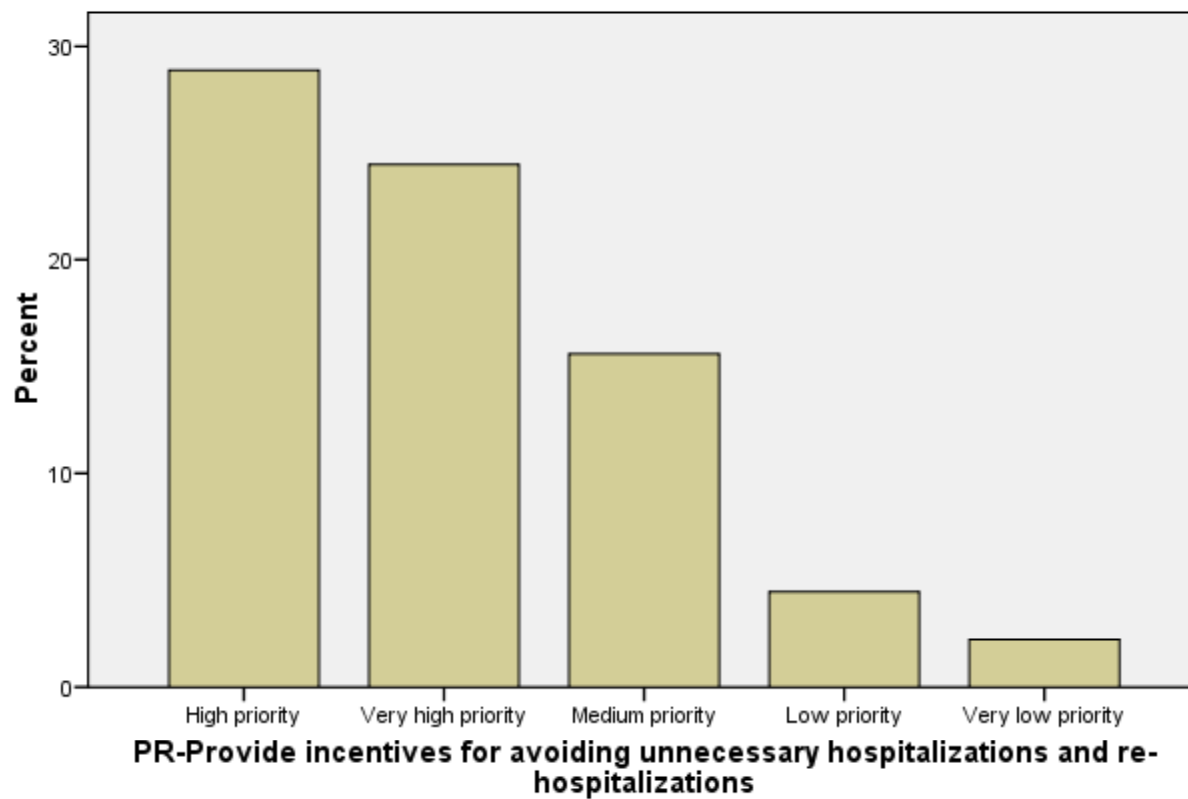
Q23-A health system that emphasizes medical homes is more likely to deliver efficient care than a system that doesn't

Q23-A health system that emphasizes medical homes is more likely to deliver patient-centered care than a system that doesn't

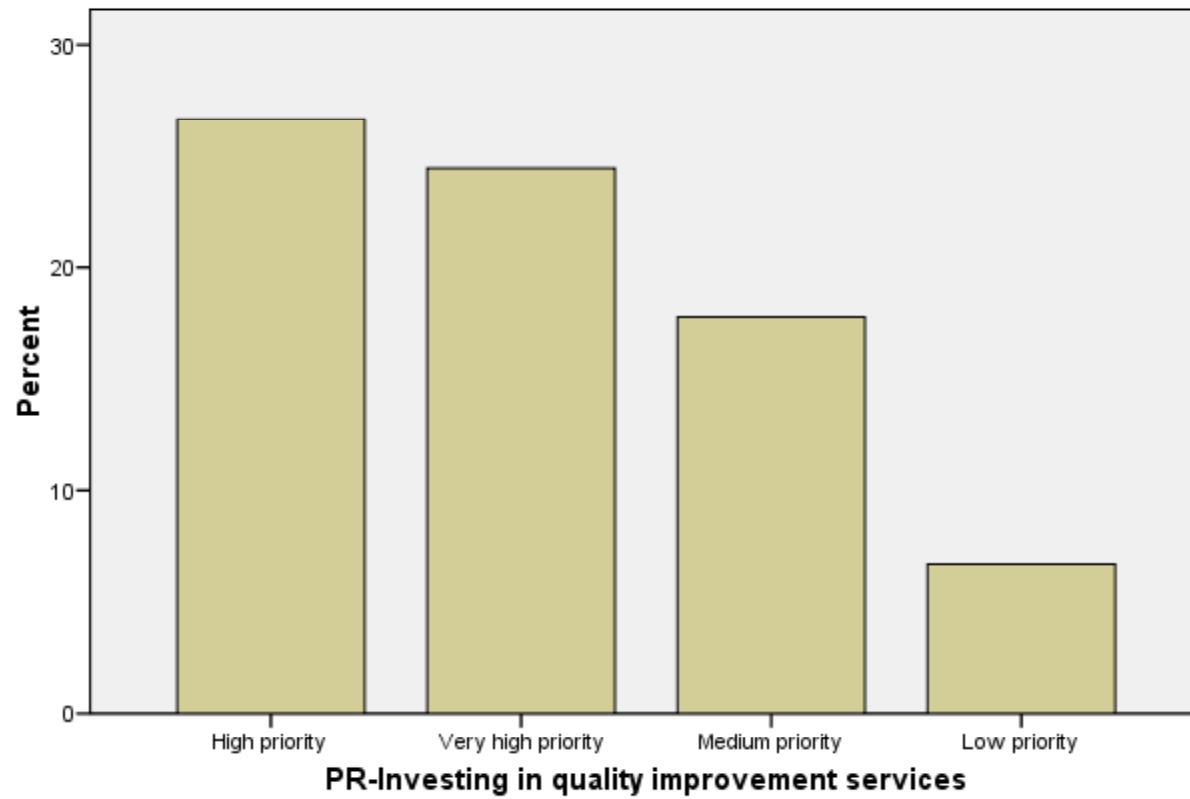


Q23-A health system that emphasizes medical homes is more likely to deliver patient-centered care than a system that doesn't

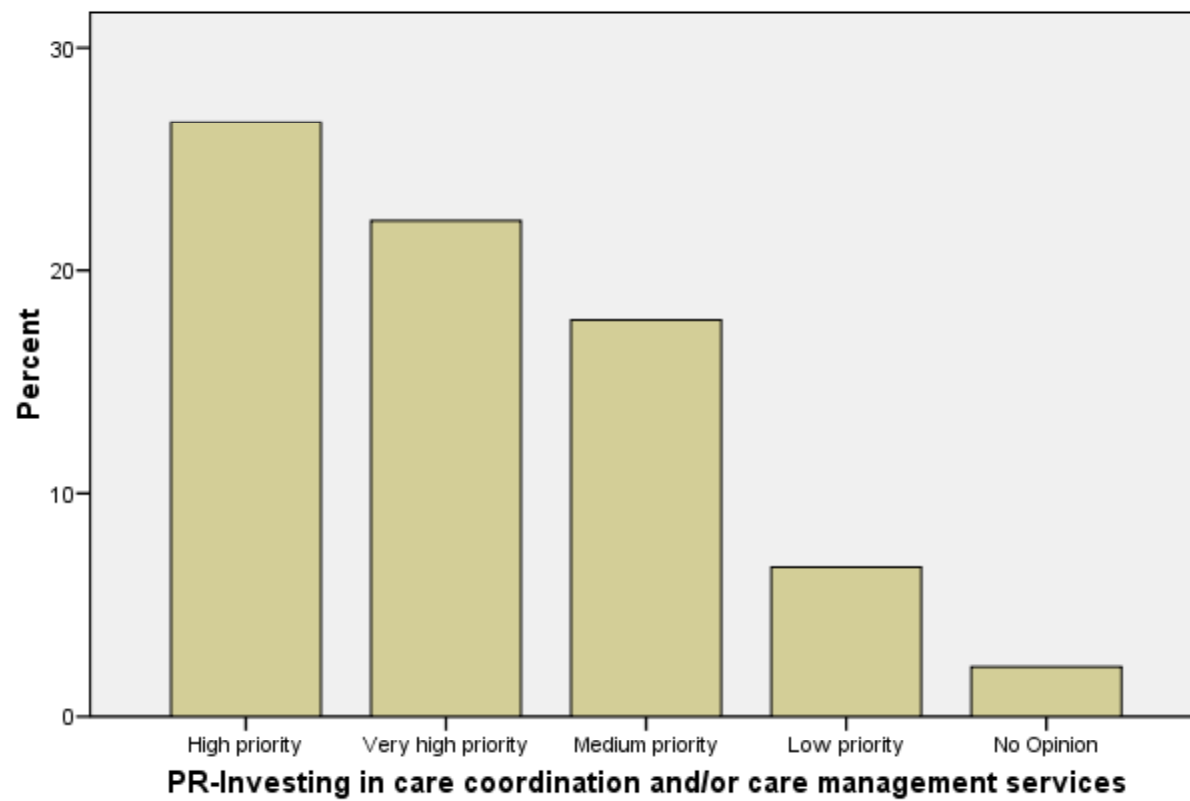
PR-Provide incentives for avoiding unnecessary hospitalizations and re-hospitalizations



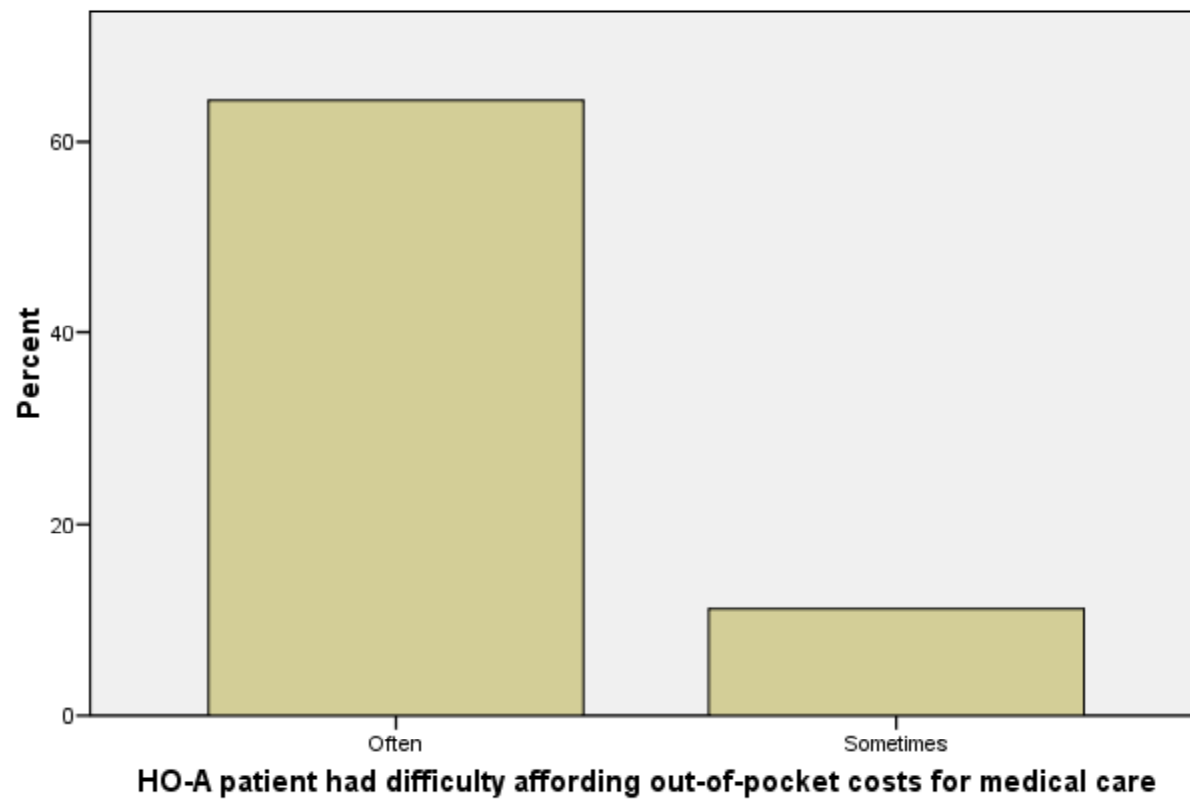
PR-Investing in quality improvement services



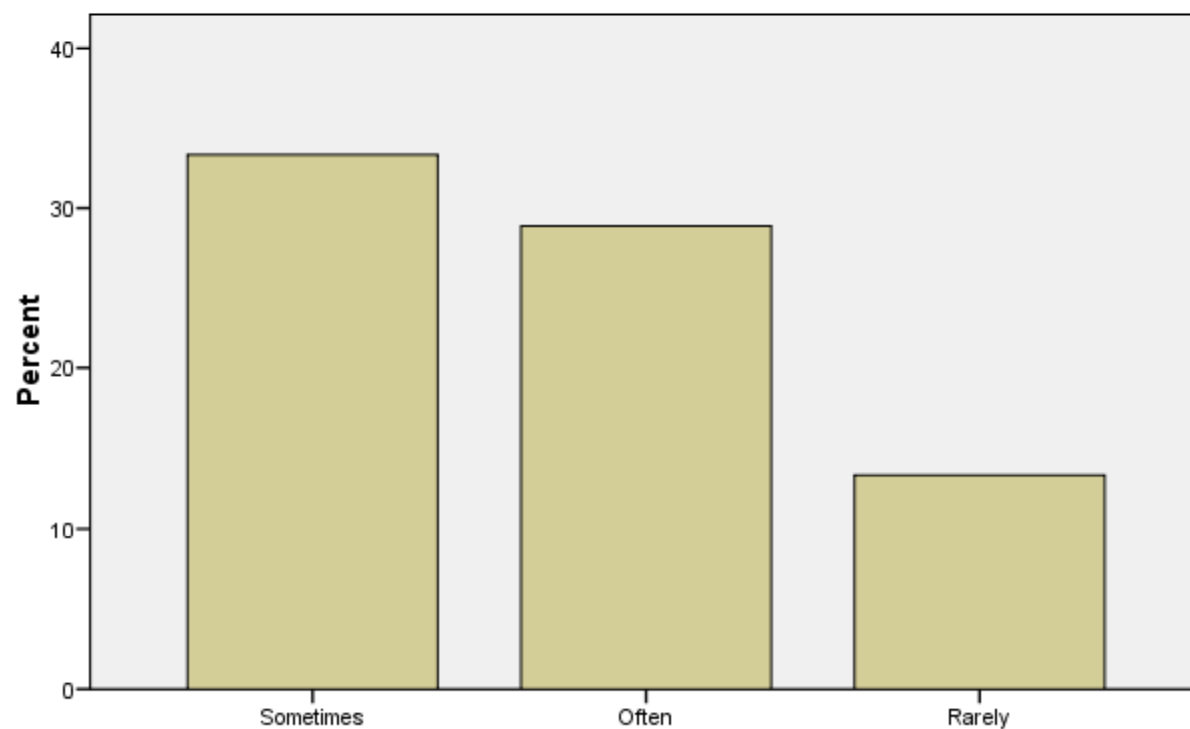
PR-Investing in care coordination and/or care management services



HO-A patient had difficulty affording out-of-pocket costs for medical care

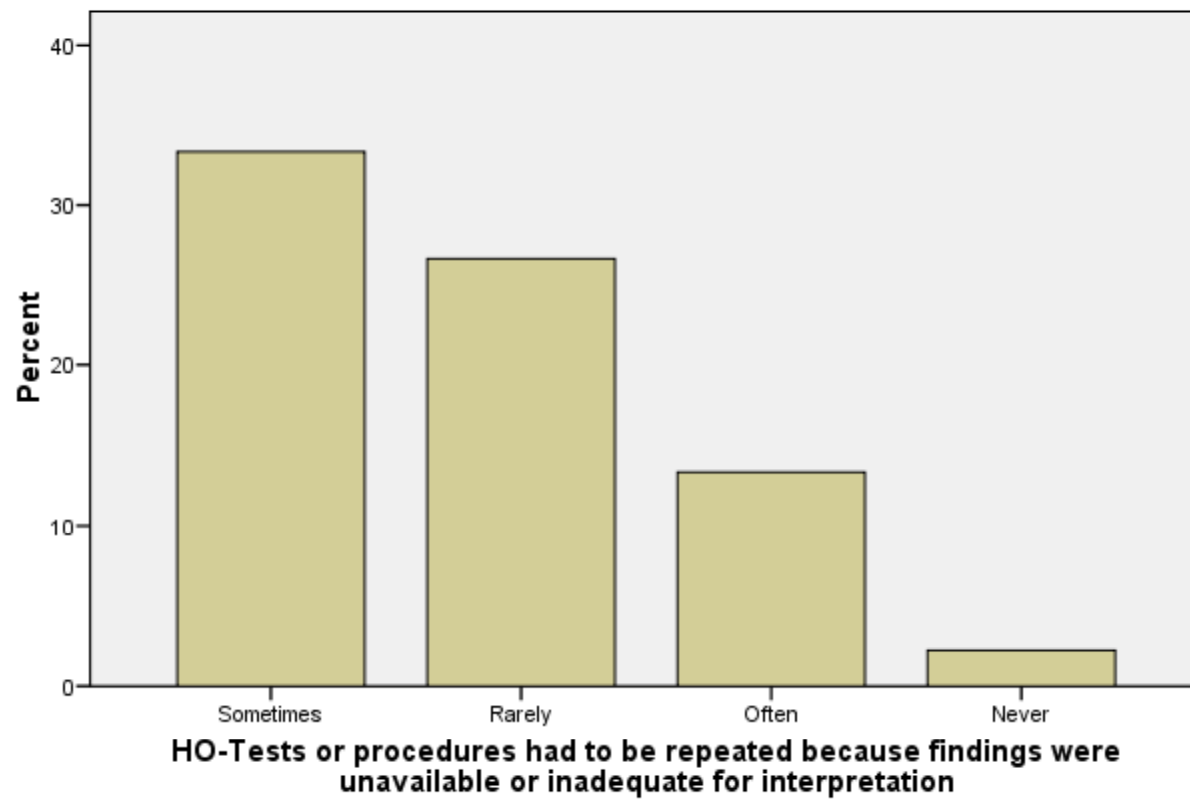


HO-A patient's medical record(s), test results, or other relevant clinical information were not available at the time of the patient's scheduled visit

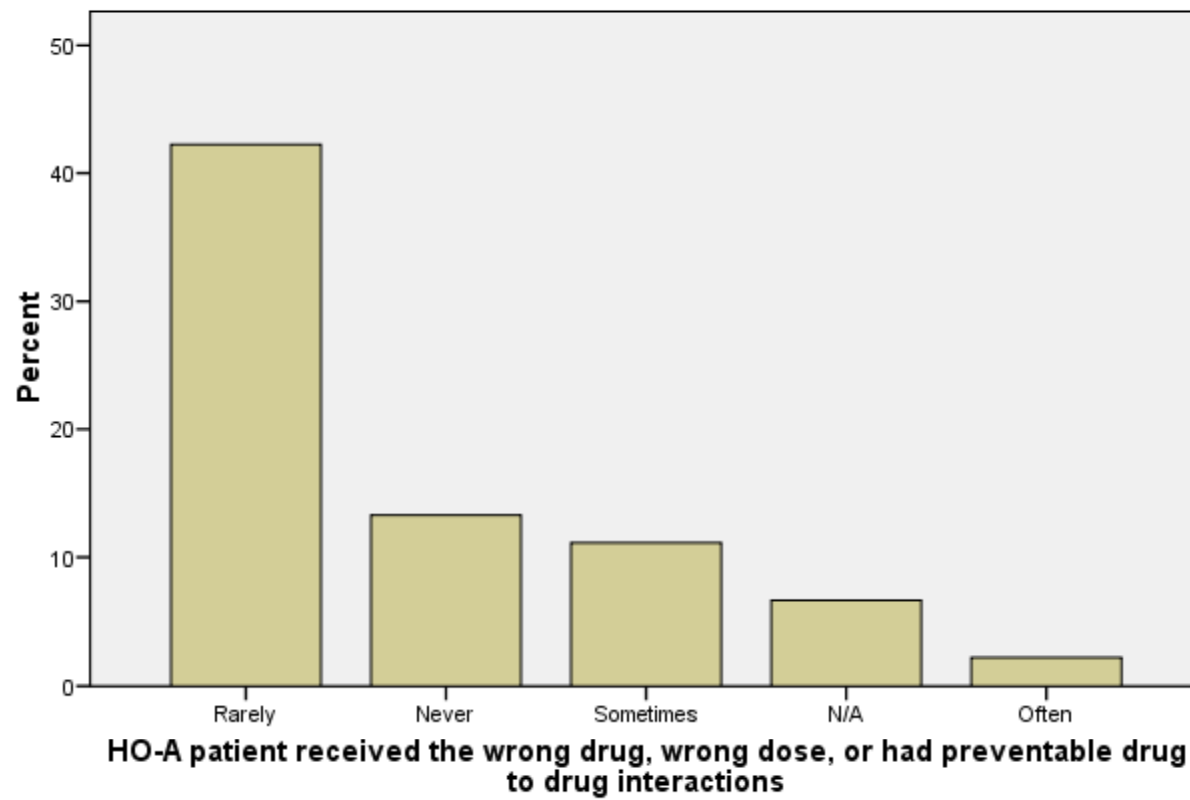


HO-A patient's medical record(s), test results, or other relevant clinical information were not available at the time of the patient's scheduled visit

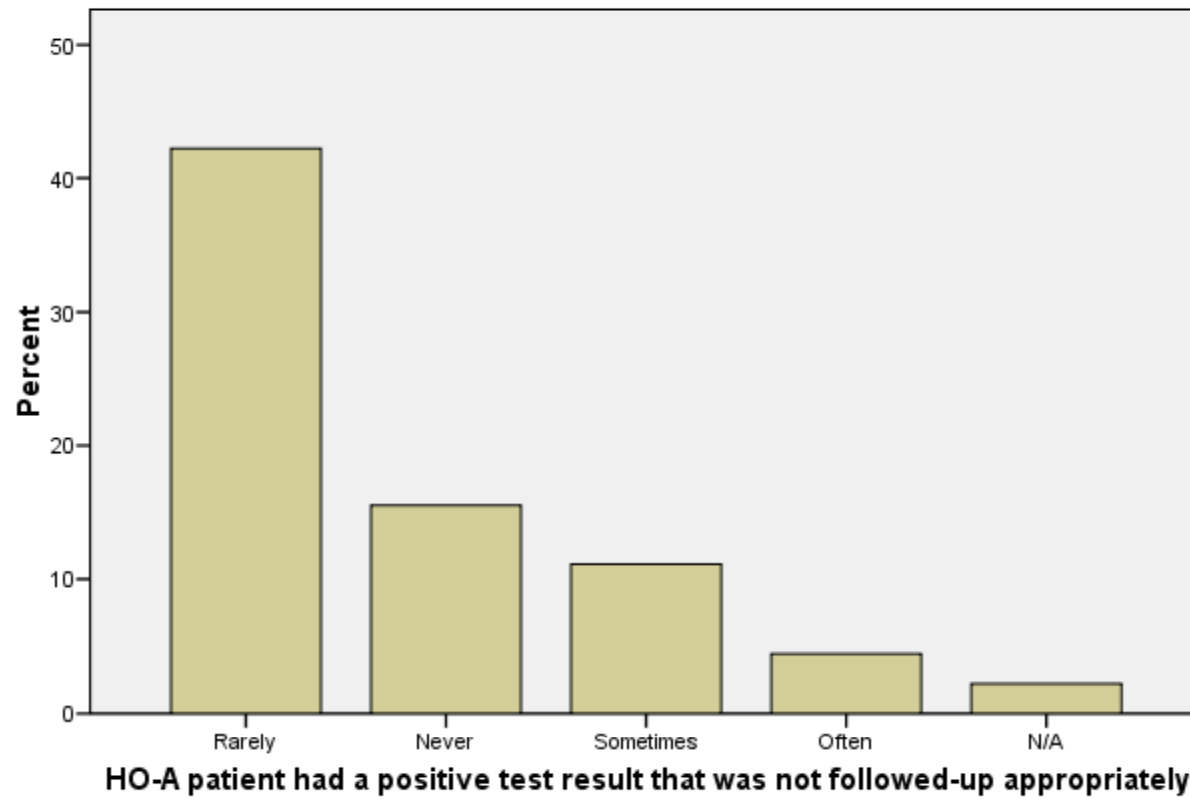
**HO-Tests or procedures had to be repeated because findings were
unavailable or inadequate for interpretation**



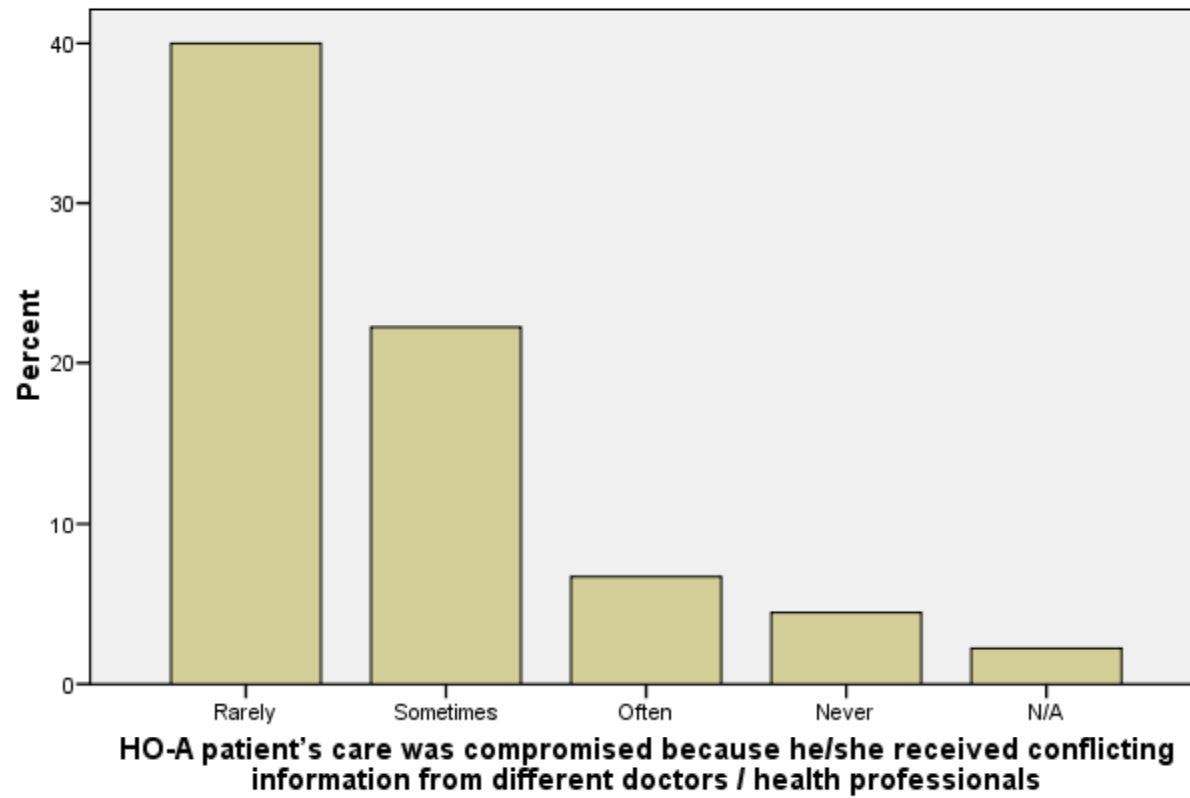
HO-A patient received the wrong drug, wrong dose, or had preventable drug to drug interactions



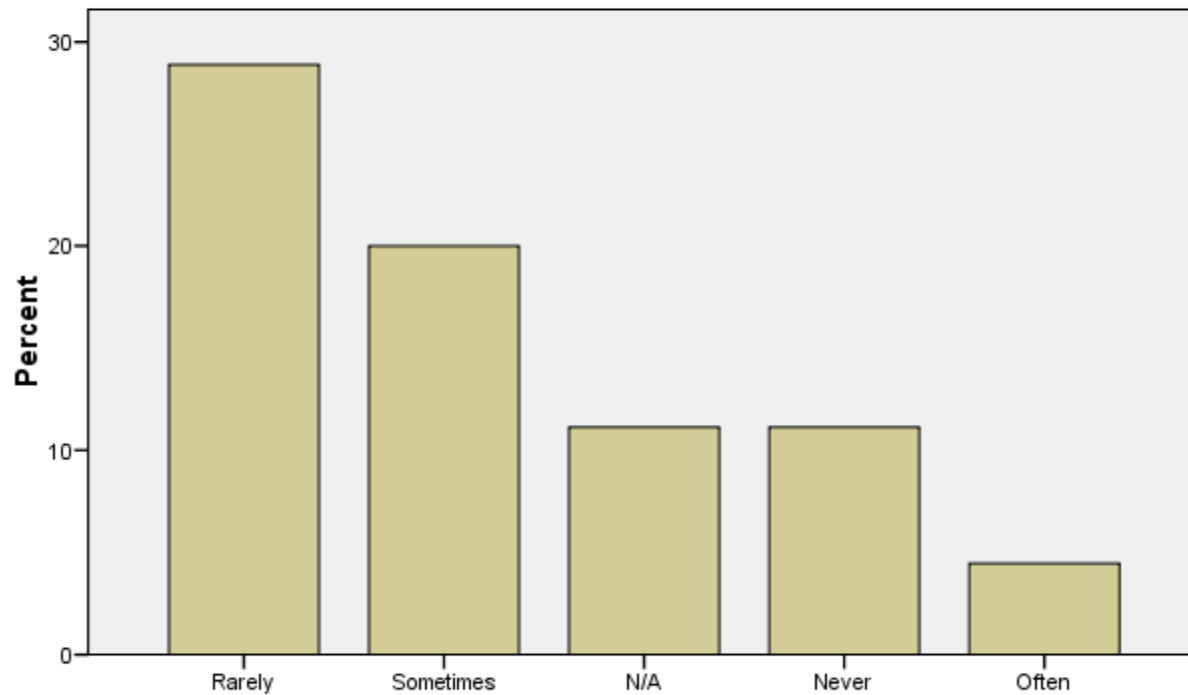
HO-A patient had a positive test result that was not followed-up appropriately



HO-A patient's care was compromised because he/she received conflicting information from different doctors / health professionals

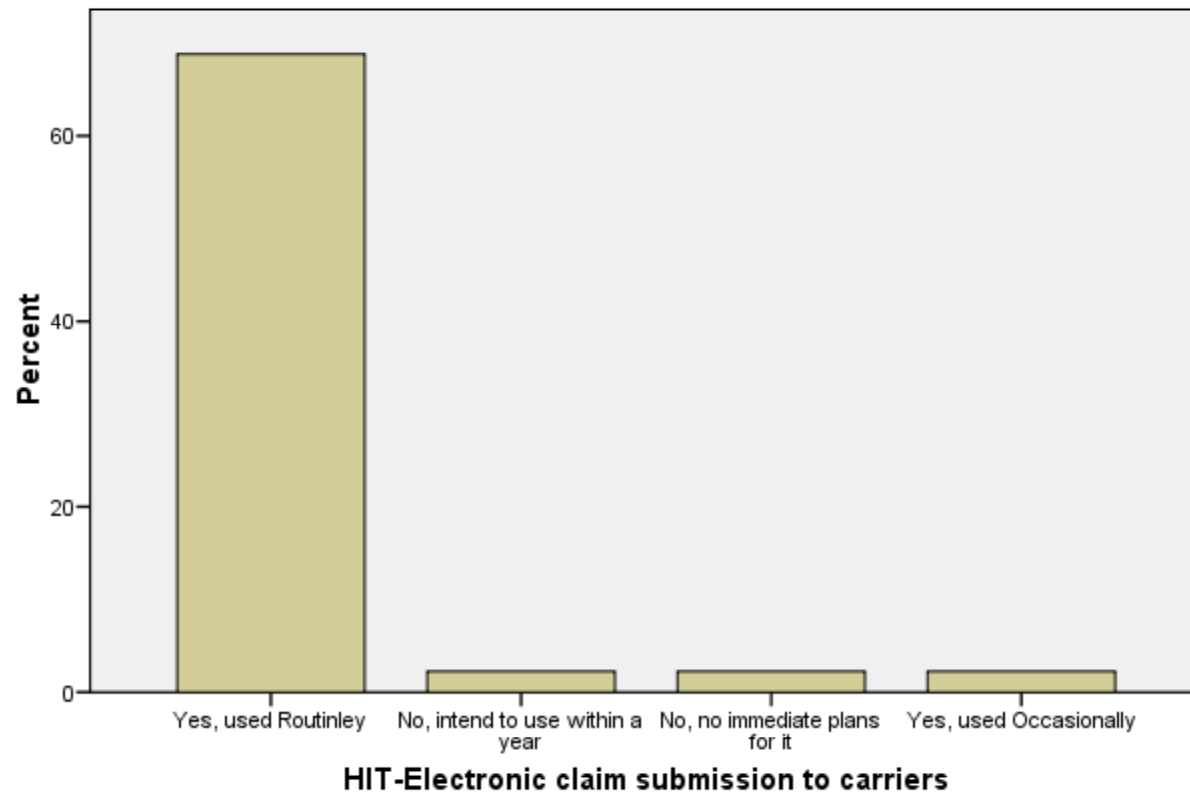


HO-A patient experienced a problem following discharge from a hospital because his/her physician did not receive needed information from the hospital in a timely manner

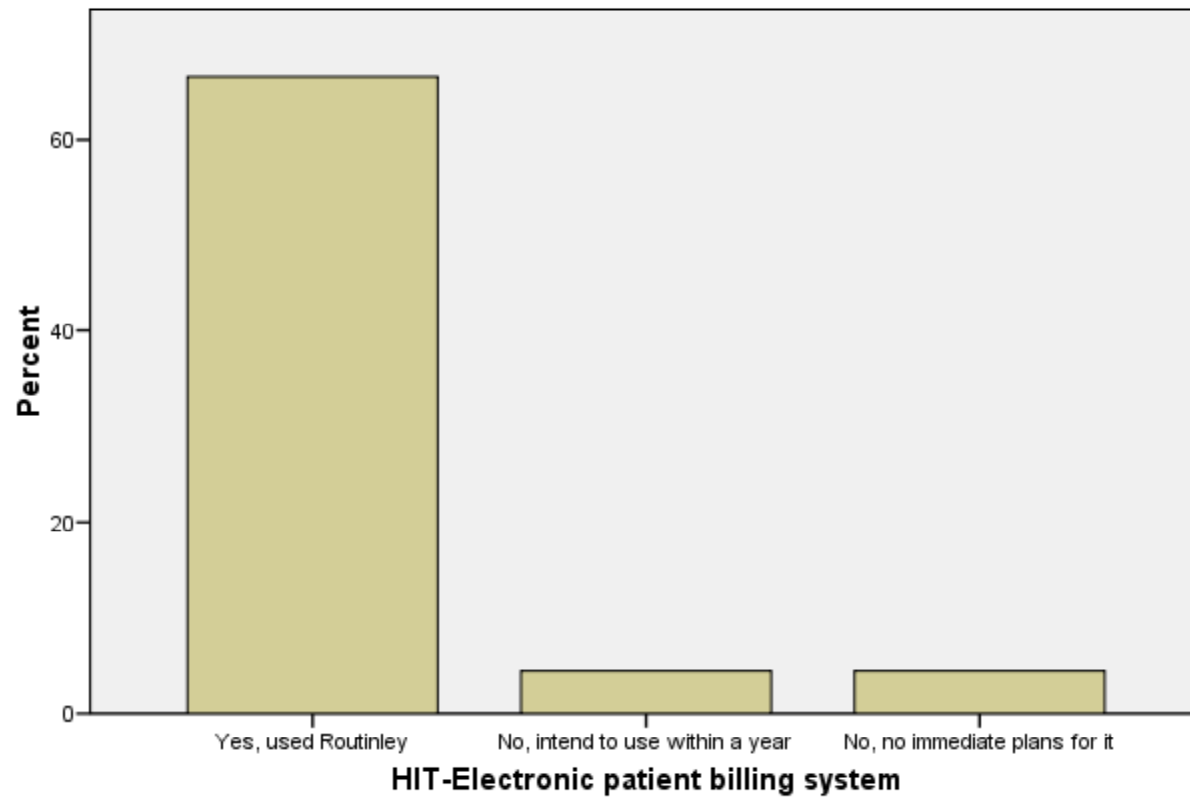


HO-A patient experienced a problem following discharge from a hospital because his/her physician did not receive needed information from the hospital in a timely manner

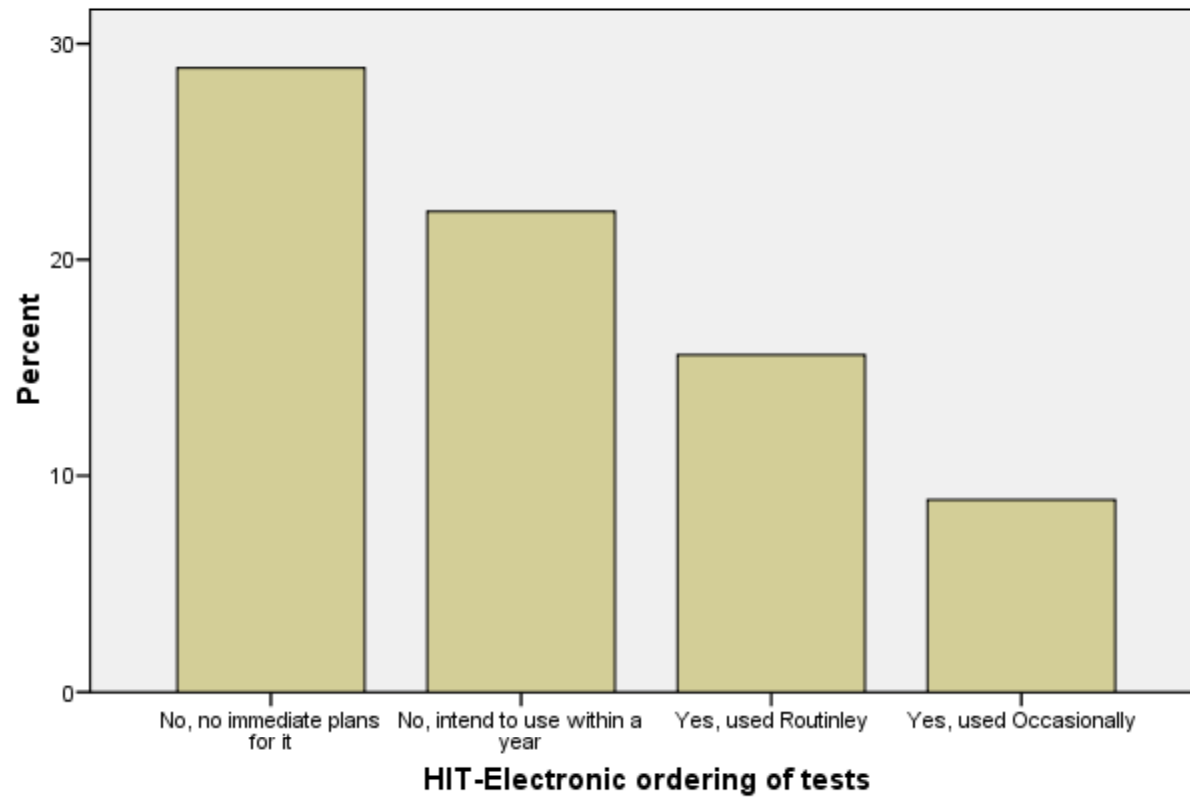
HIT-Electronic claim submission to carriers



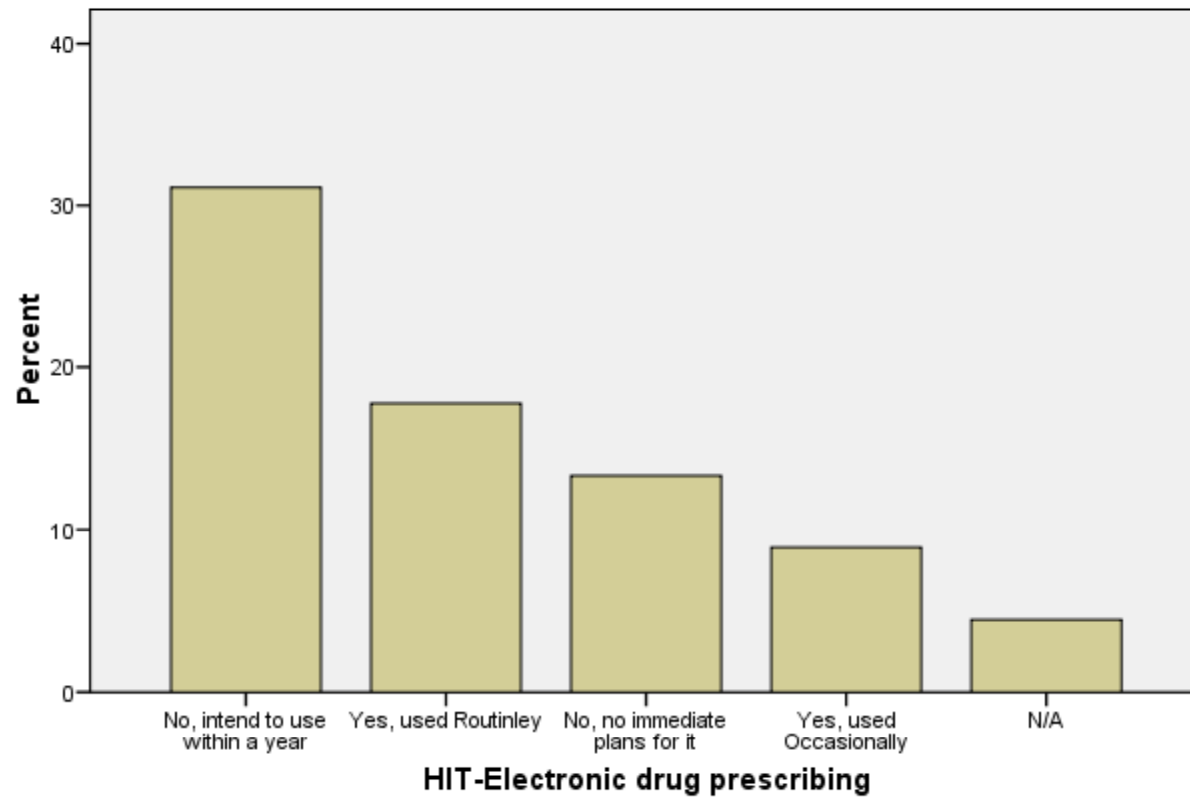
HIT-Electronic patient billing system



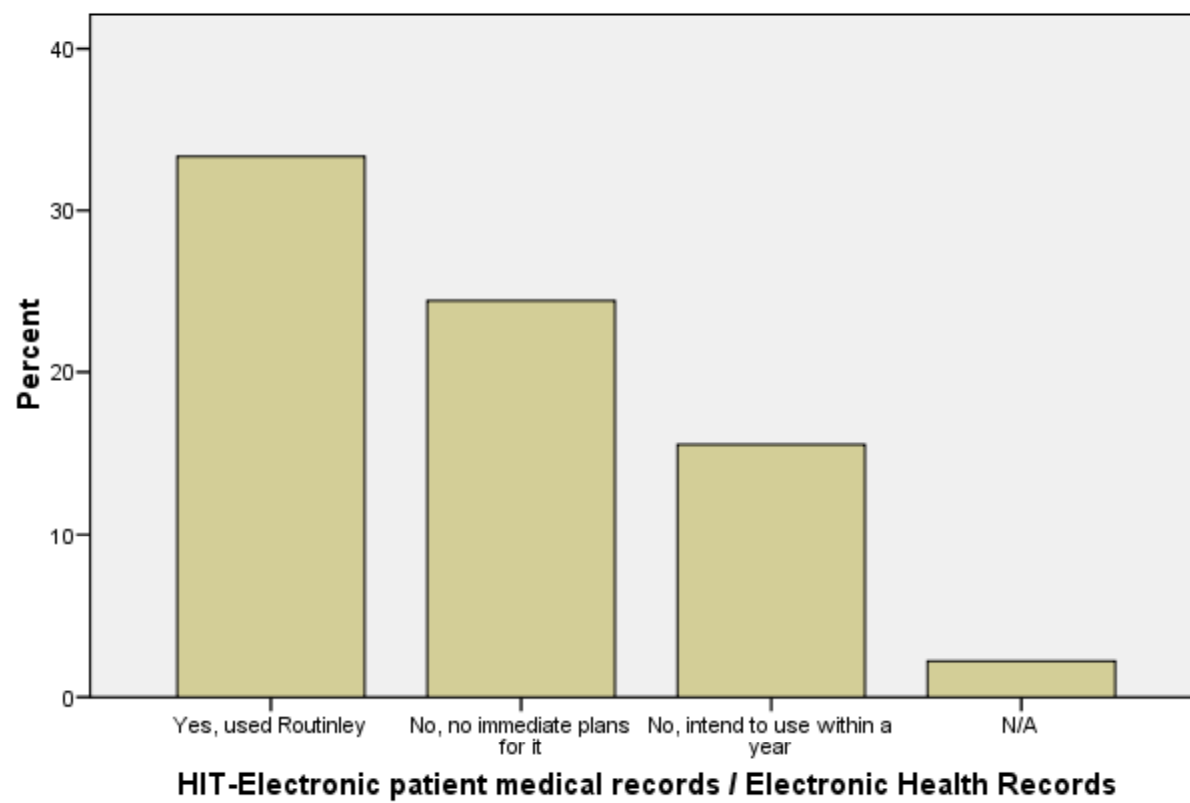
HIT-Electronic ordering of tests



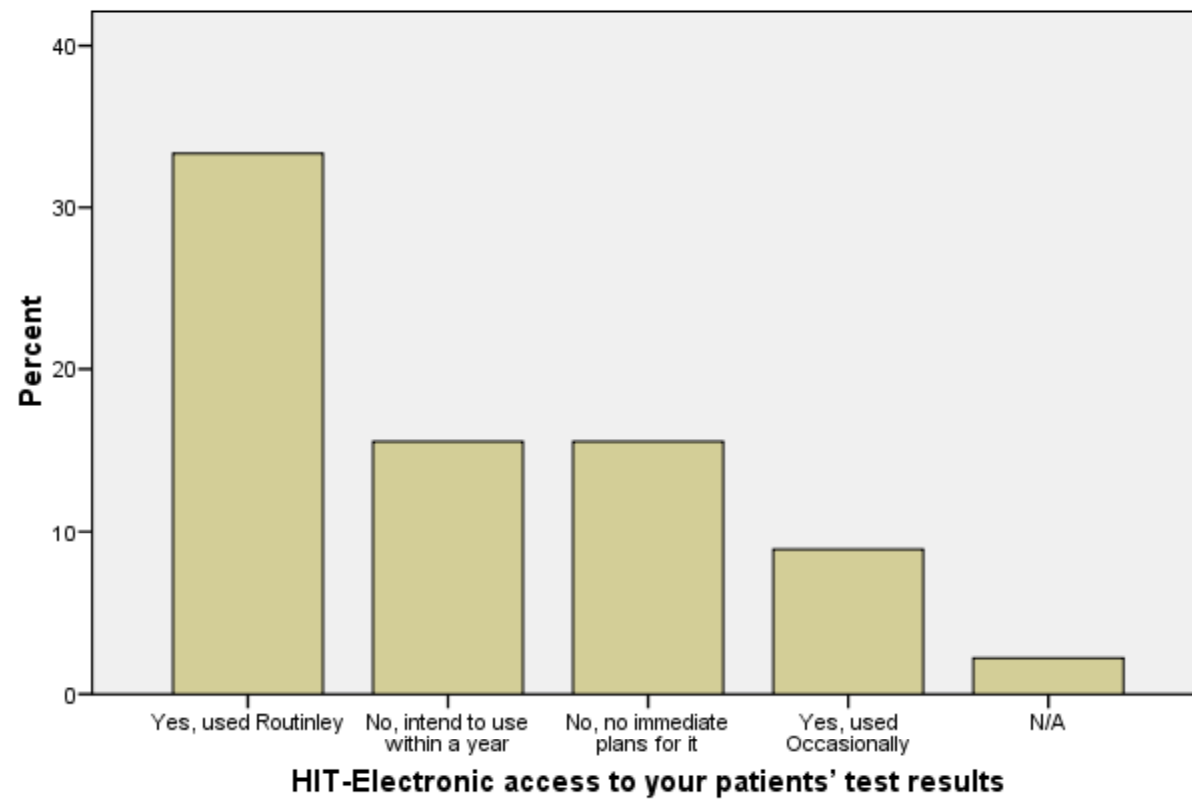
HIT-Electronic drug prescribing



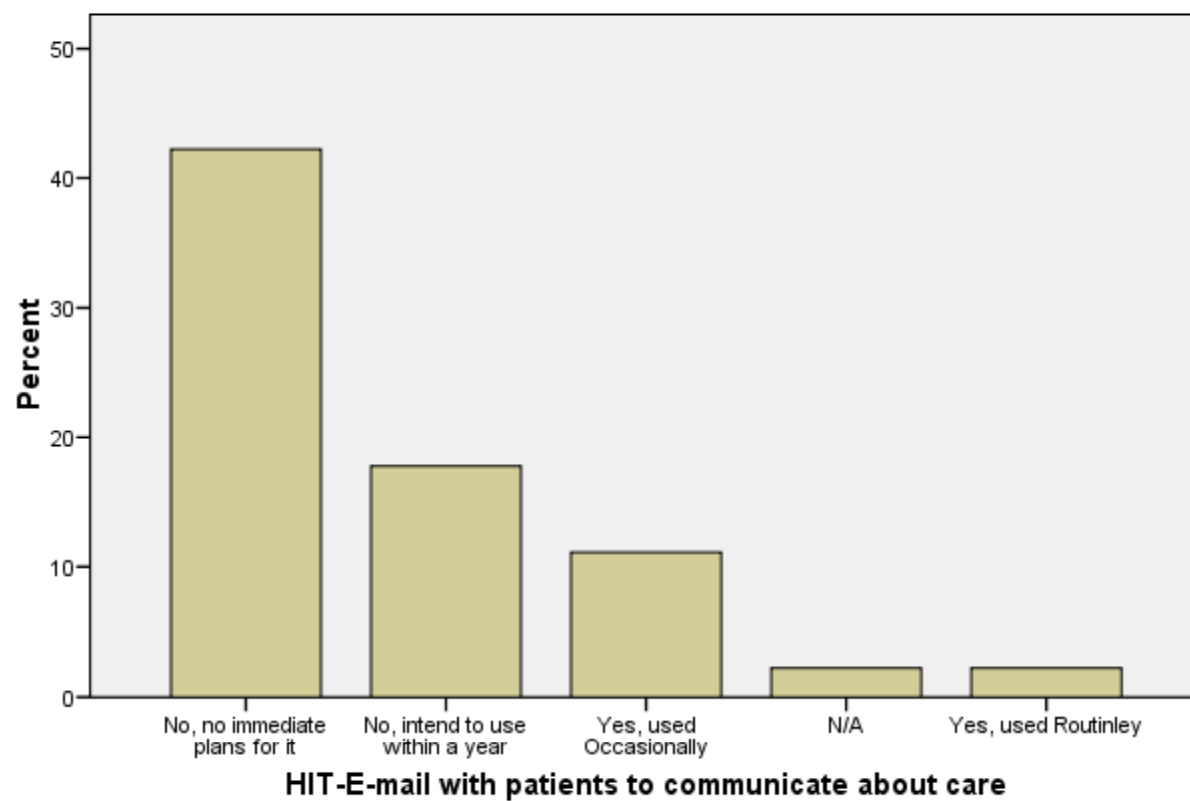
HIT-Electronic patient medical records / Electronic Health Records



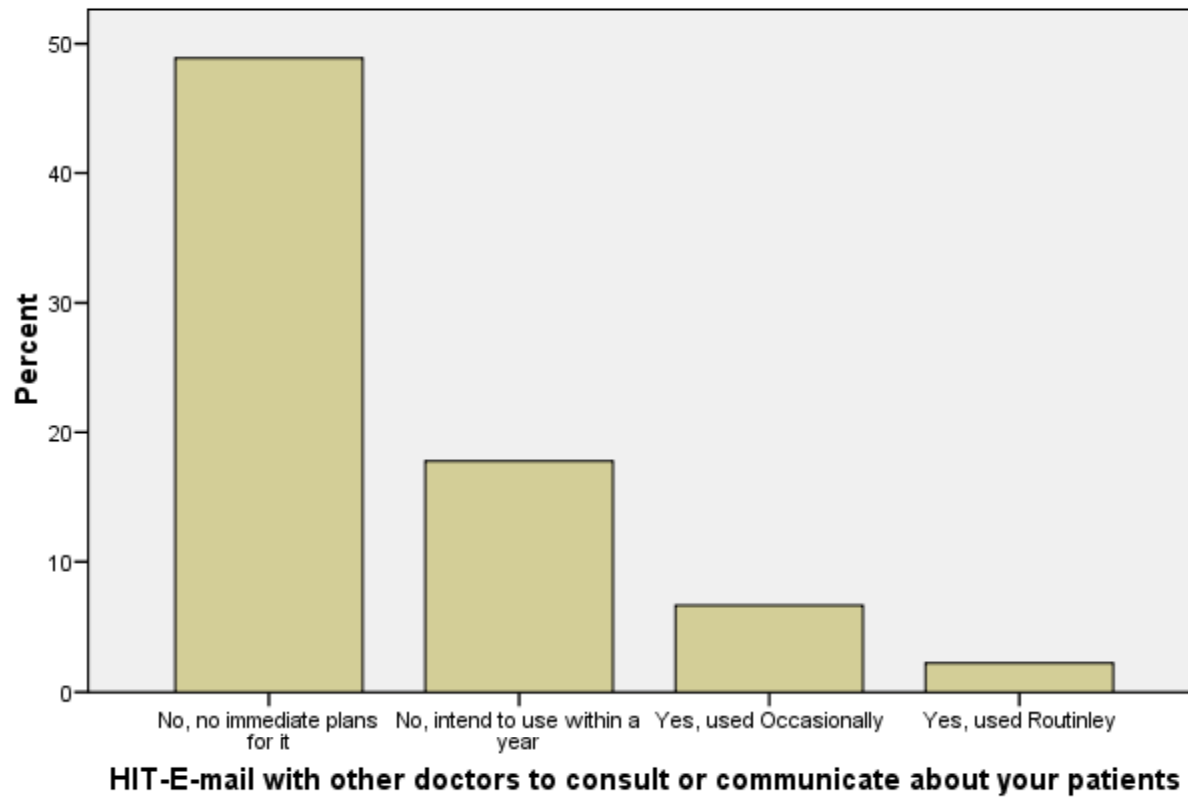
HIT-Electronic access to your patients' test results



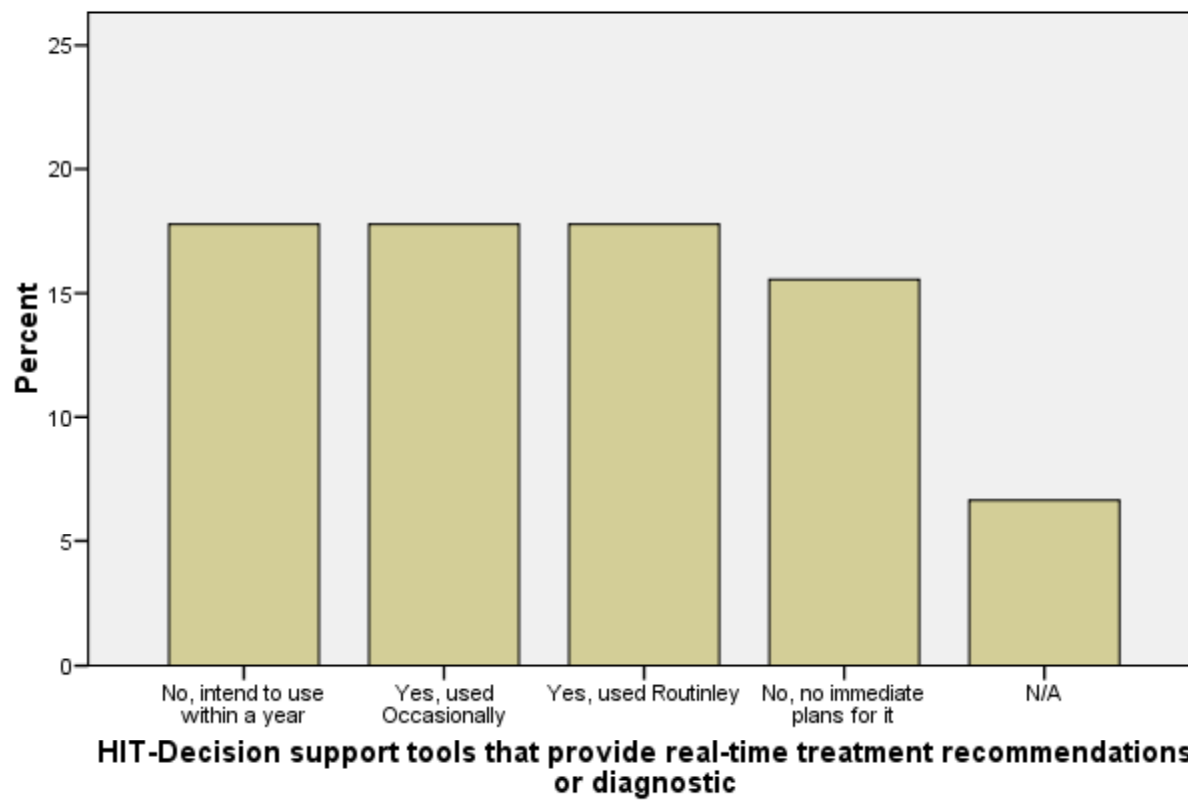
HIT-E-mail with patients to communicate about care



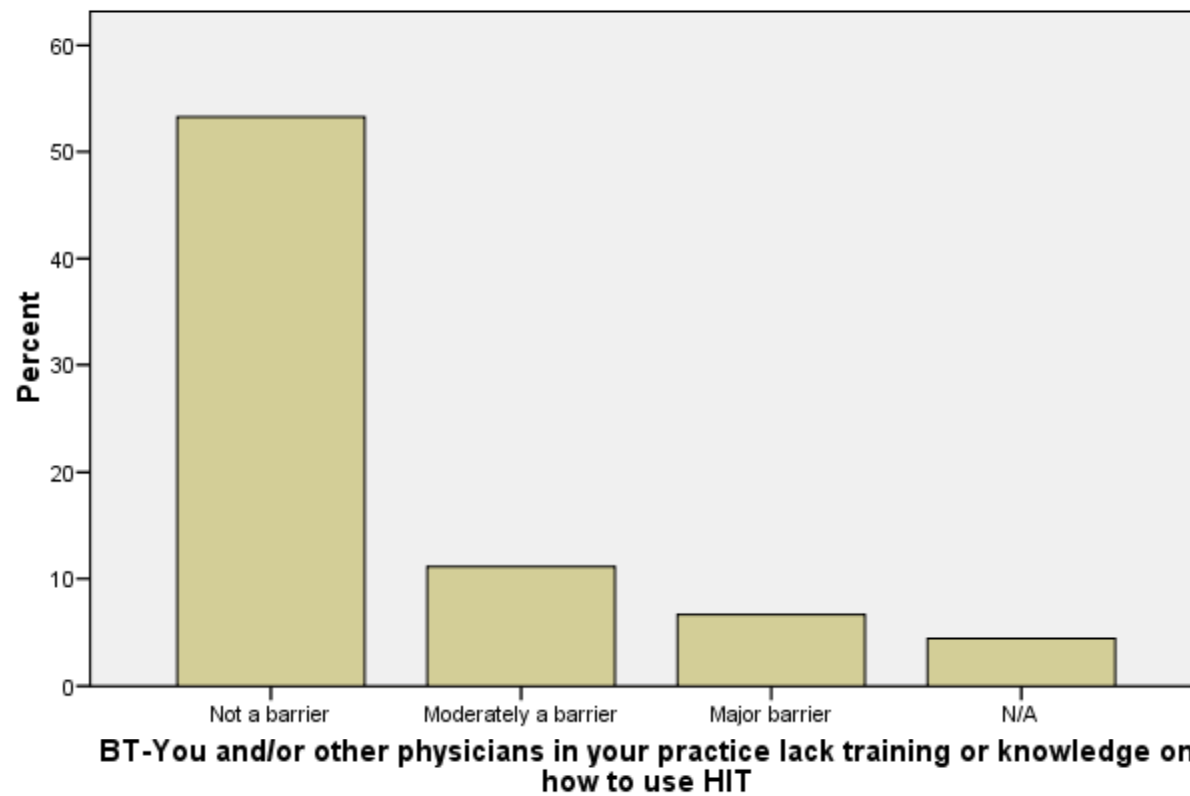
HIT-E-mail with other doctors to consult or communicate about your patients



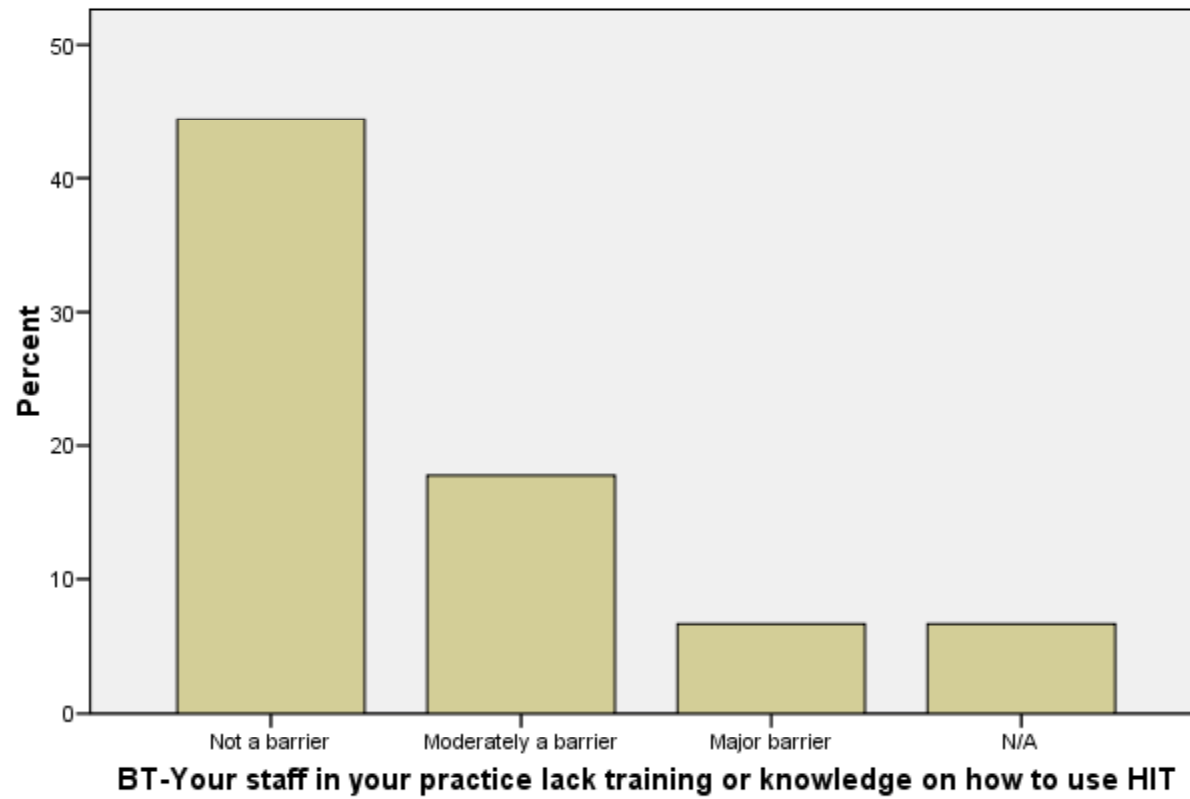
HIT-Decision support tools that provide real-time treatment recommendations or diagnostic



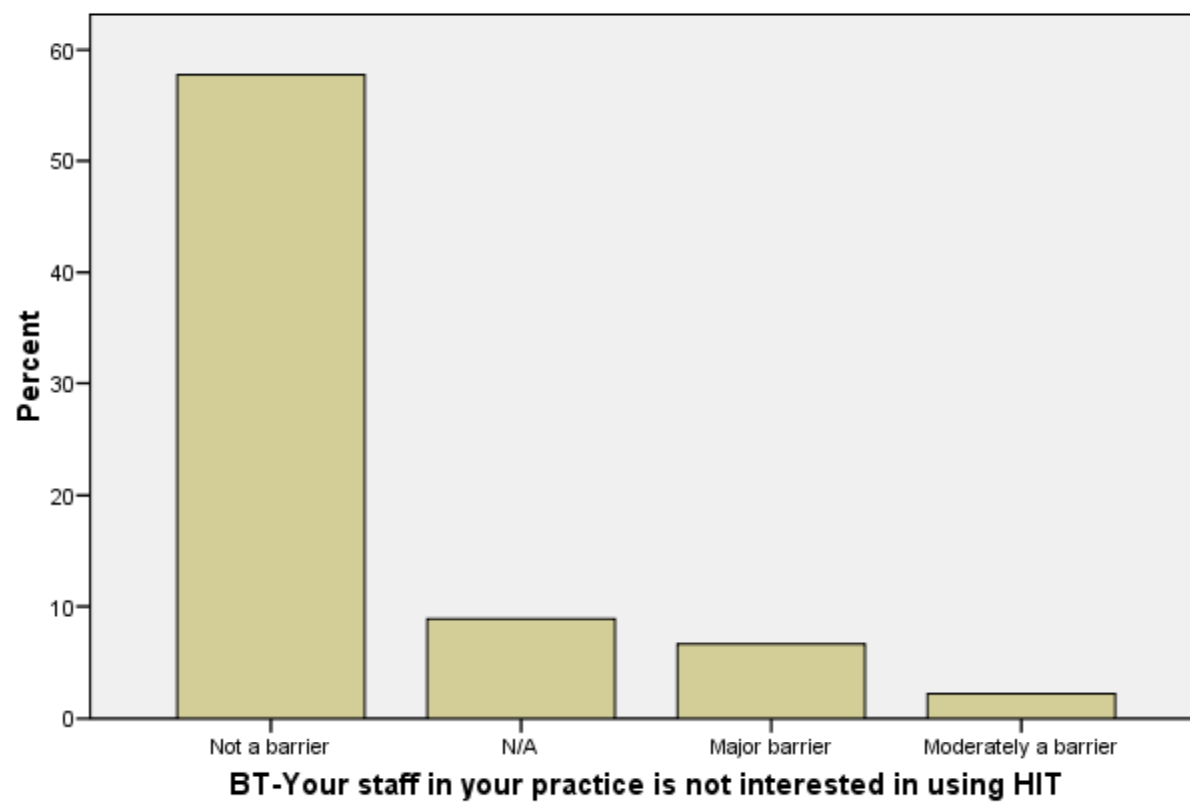
BT-You and/or other physicians in your practice lack training or knowledge on how to use HIT



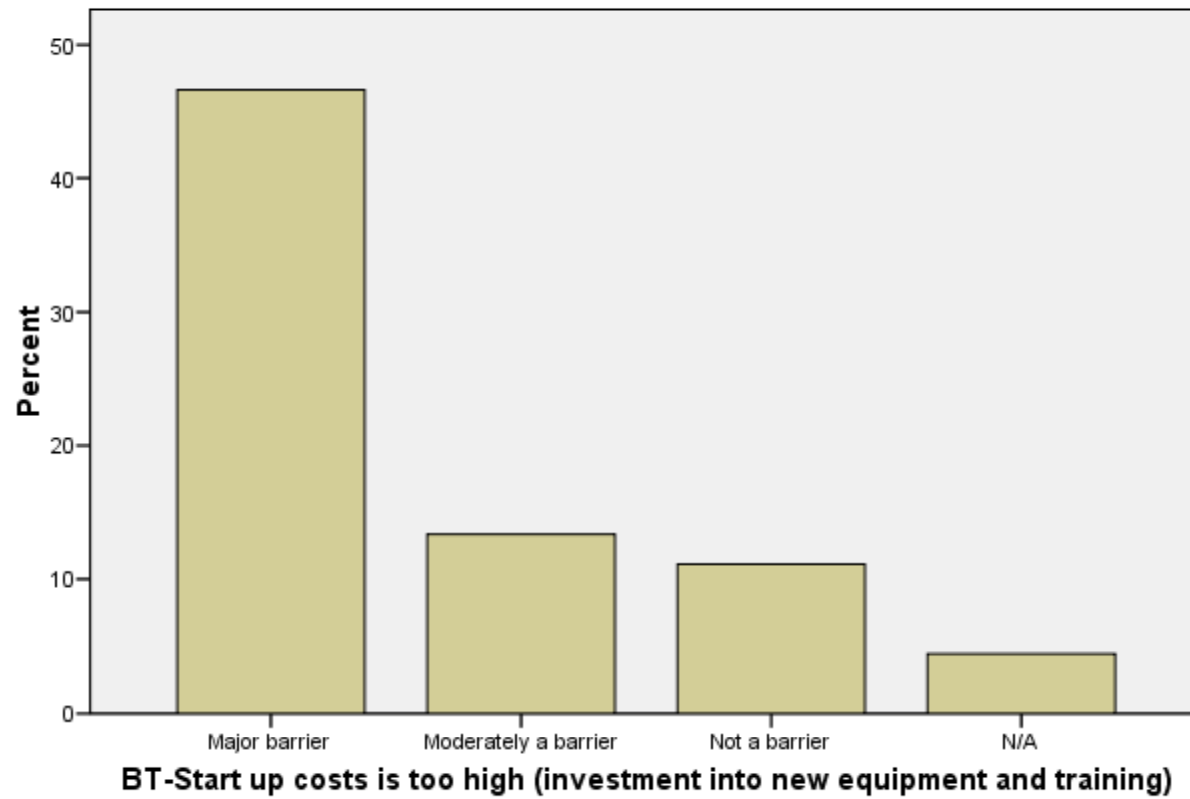
BT-Your staff in your practice lack training or knowledge on how to use HIT



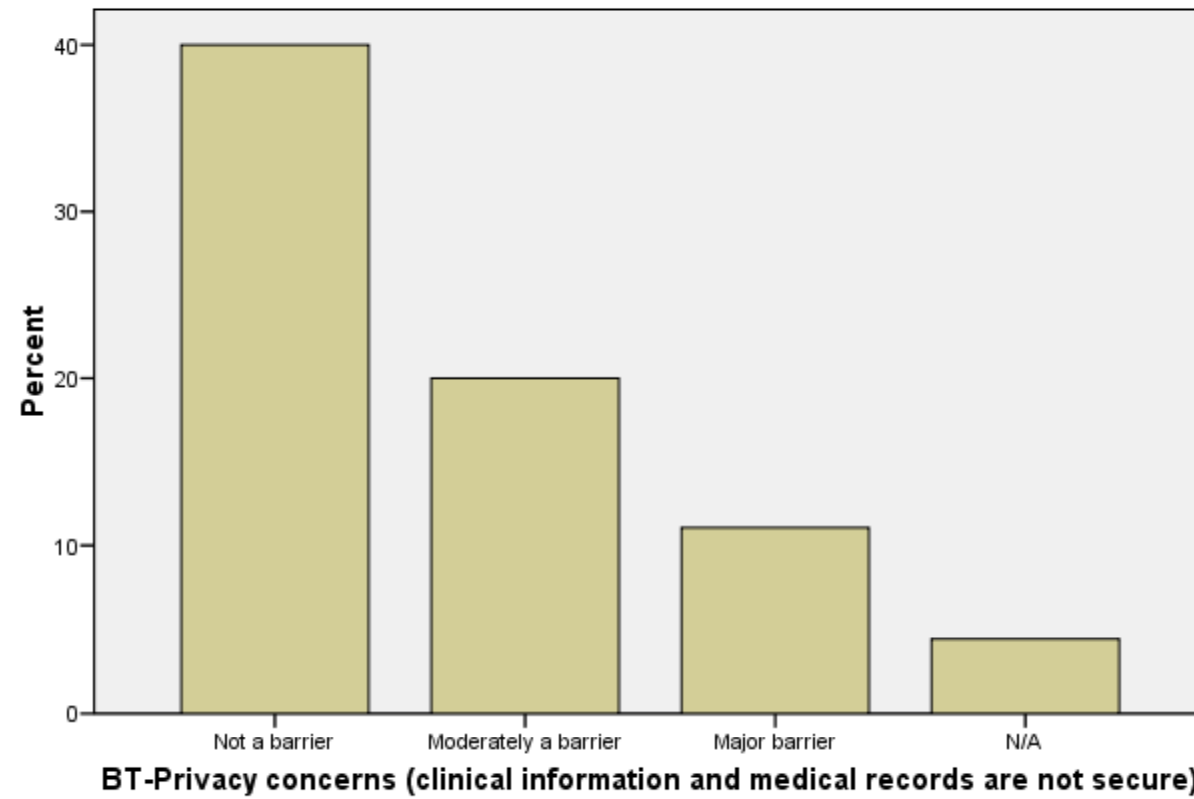
BT-Your staff in your practice is not interested in using HIT



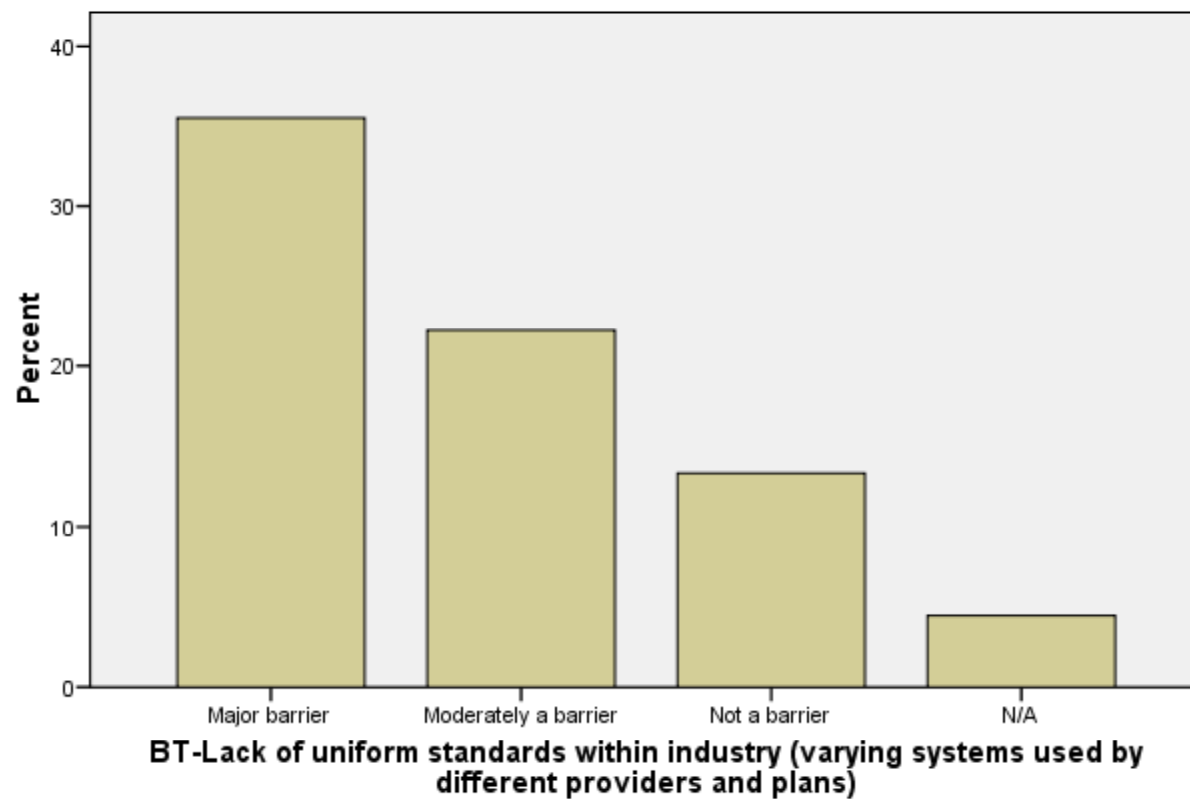
BT-Start up costs is too high (investment into new equipment and training)



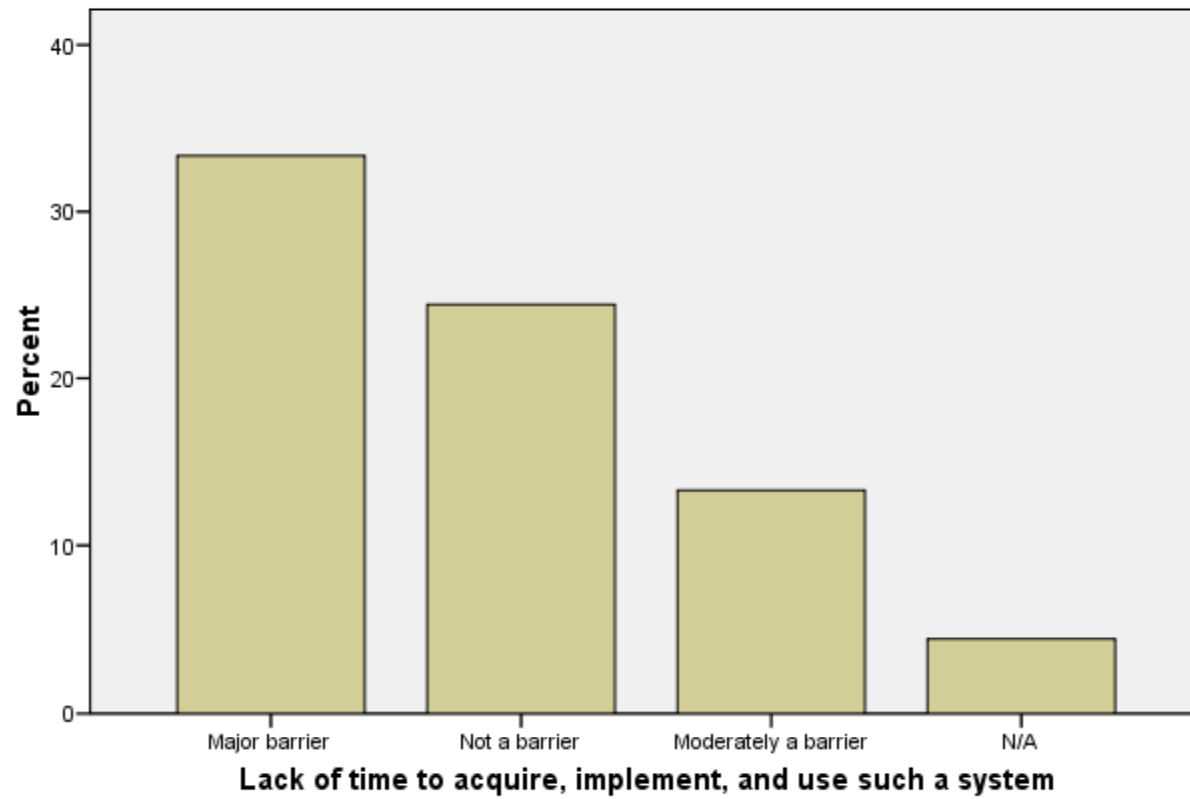
BT-Privacy concerns (clinical information and medical records are not secure)



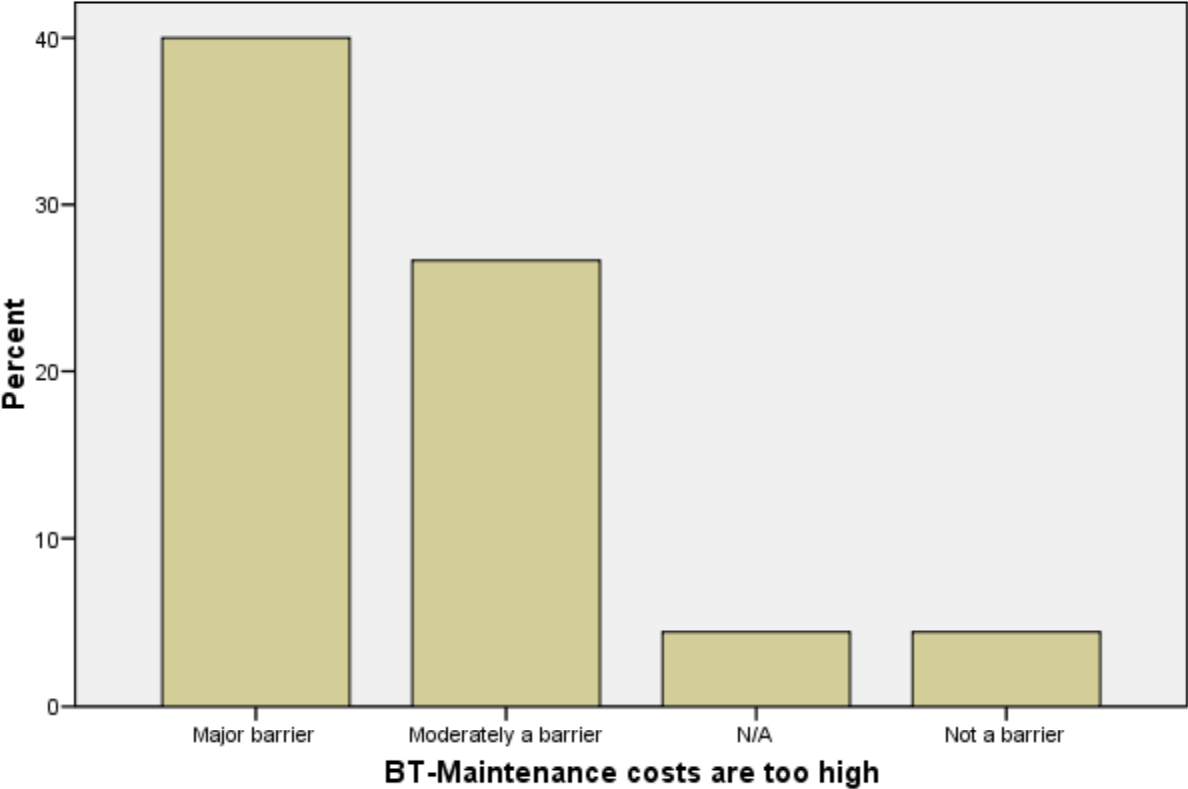
BT-Lack of uniform standards within industry (varying systems used by different providers and plans)



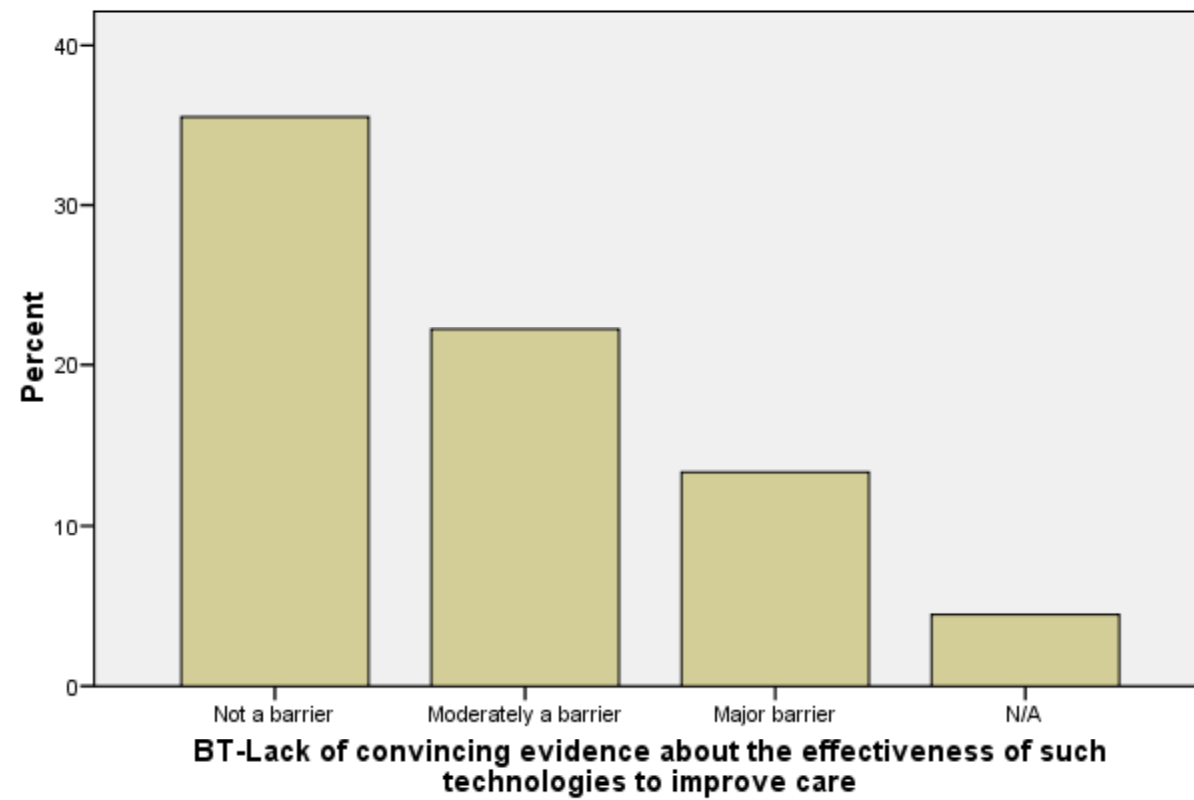
Lack of time to acquire, implement, and use such a system



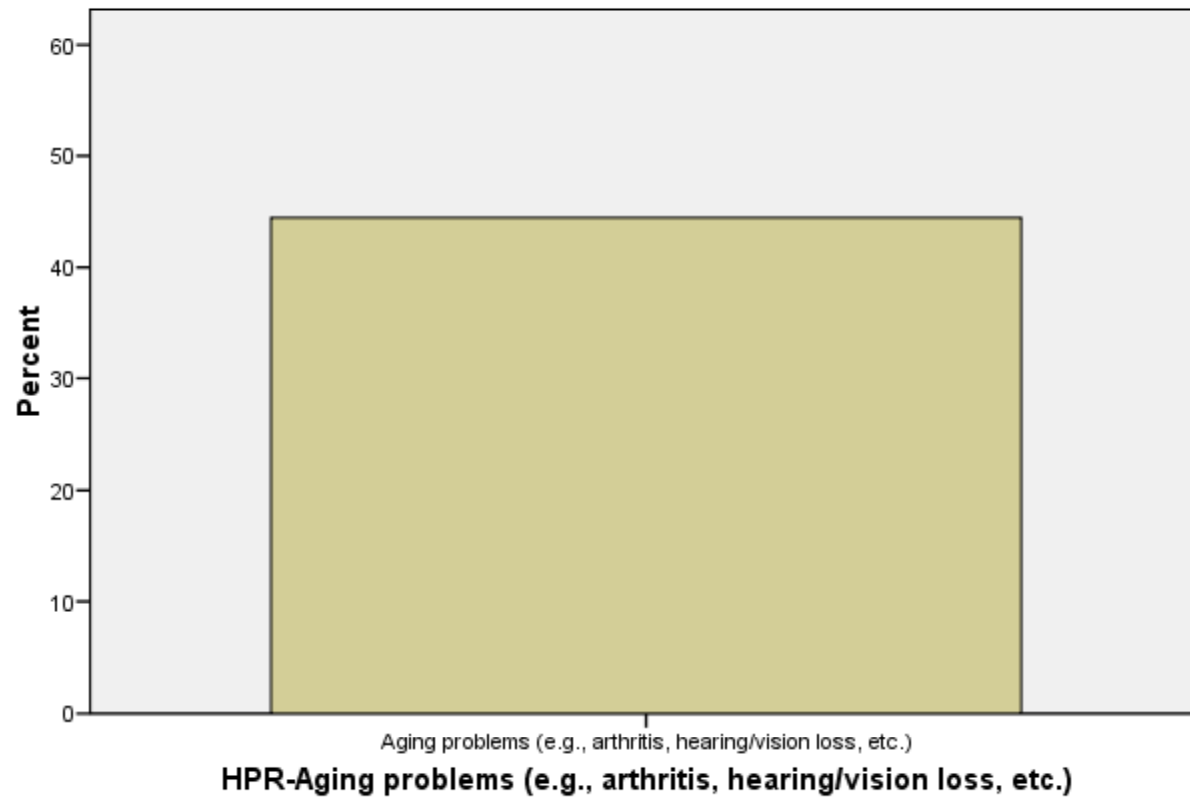
BT-Maintenance costs are too high



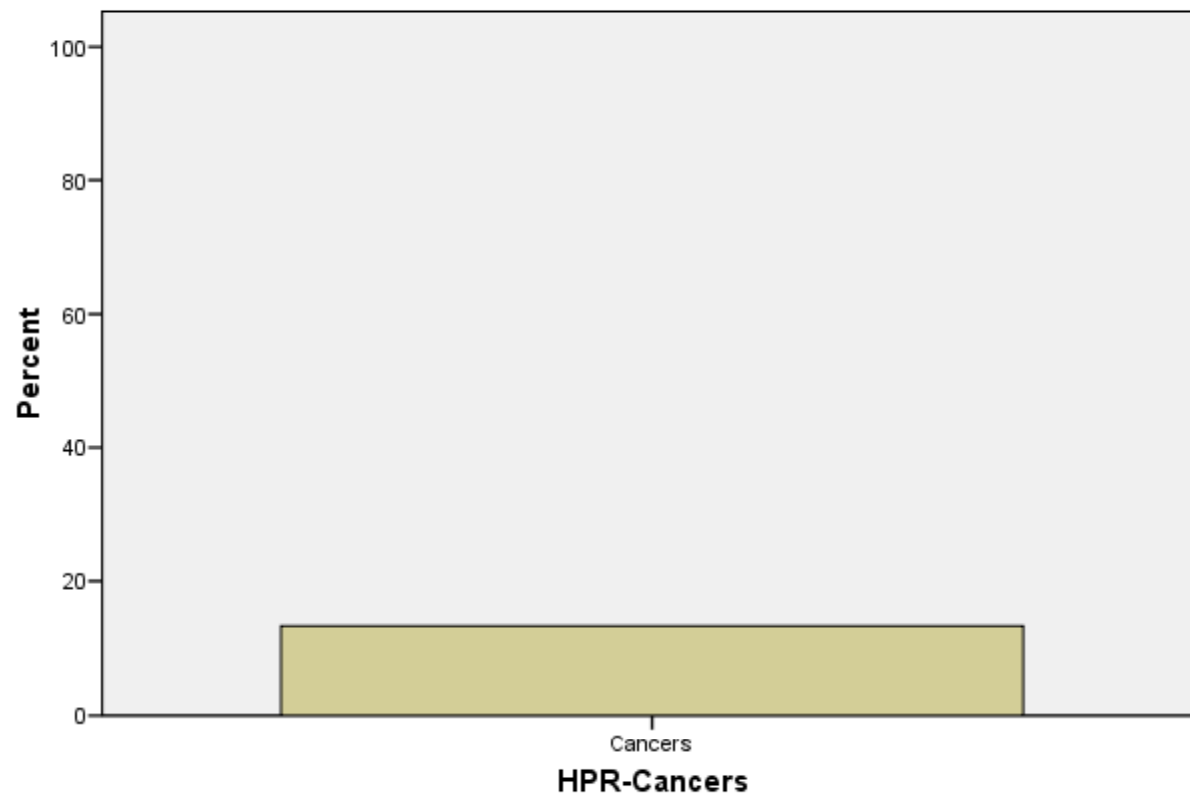
BT-Lack of convincing evidence about the effectiveness of such technologies to improve care



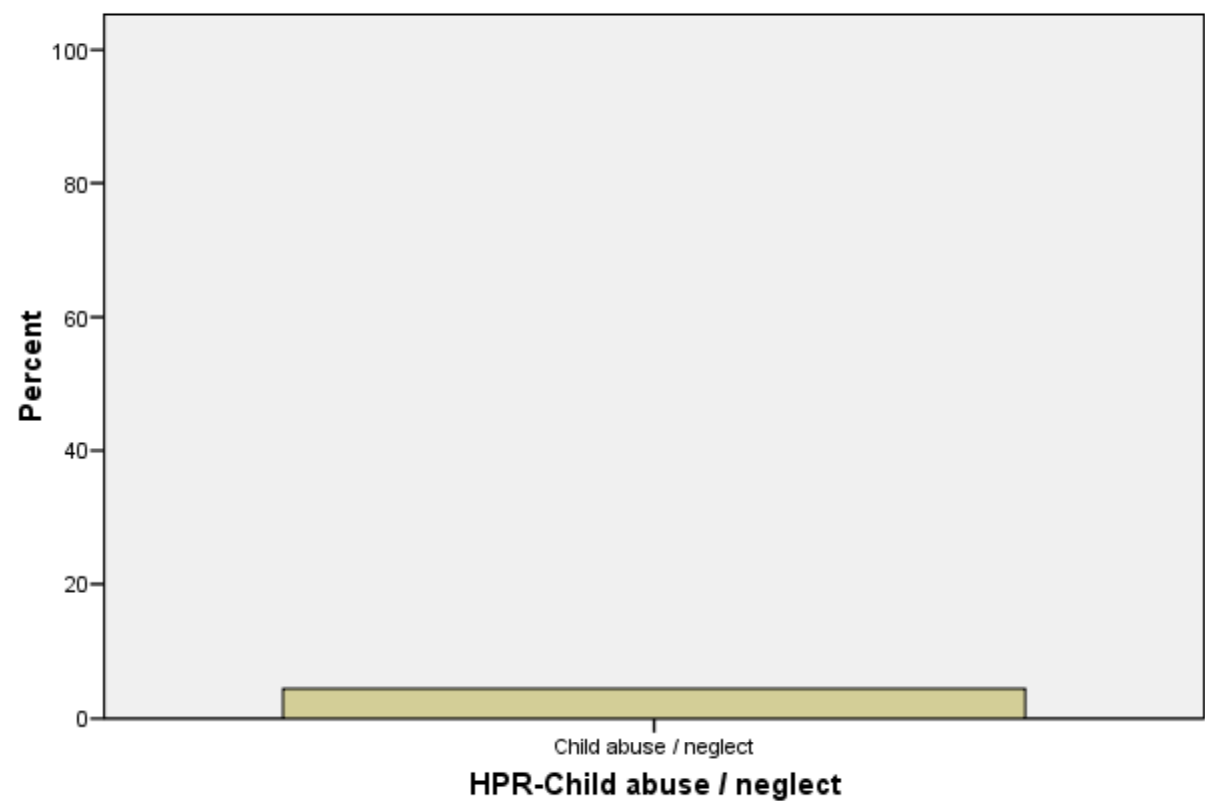
HPR-Aging problems (e.g., arthritis, hearing/vision loss, etc.)



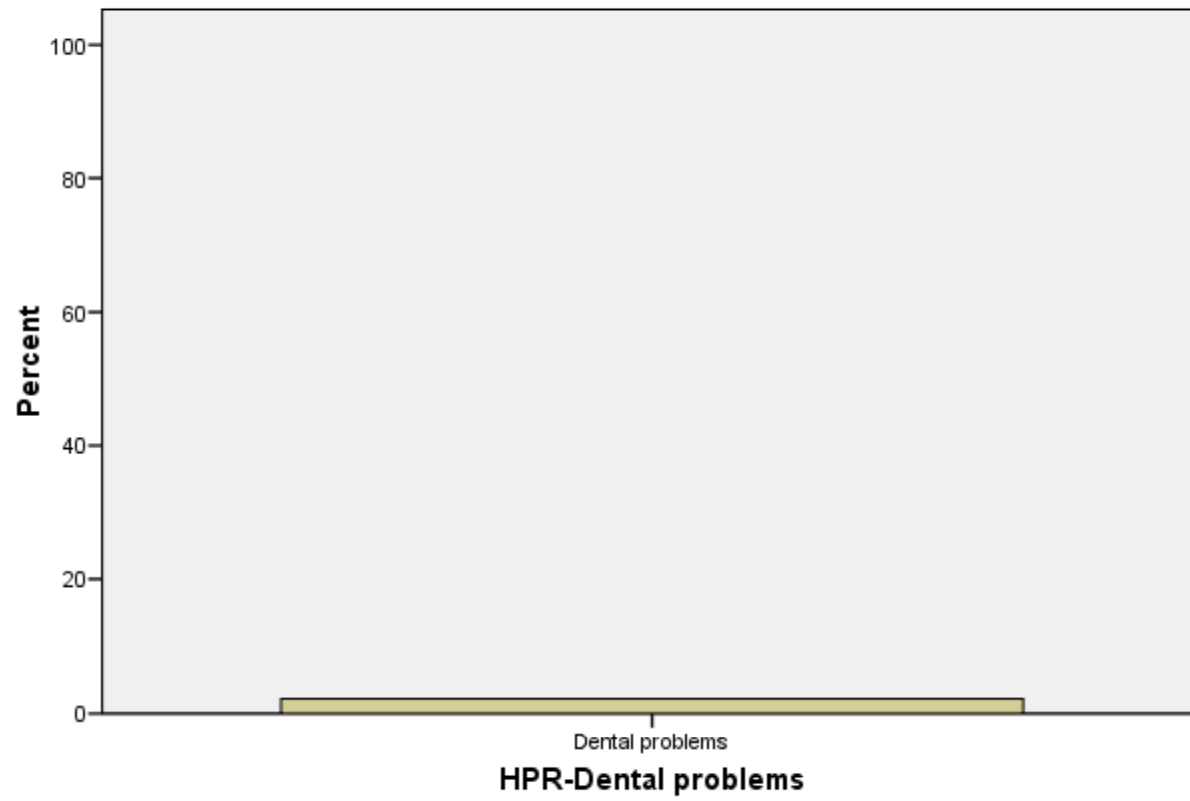
HPR-Cancers



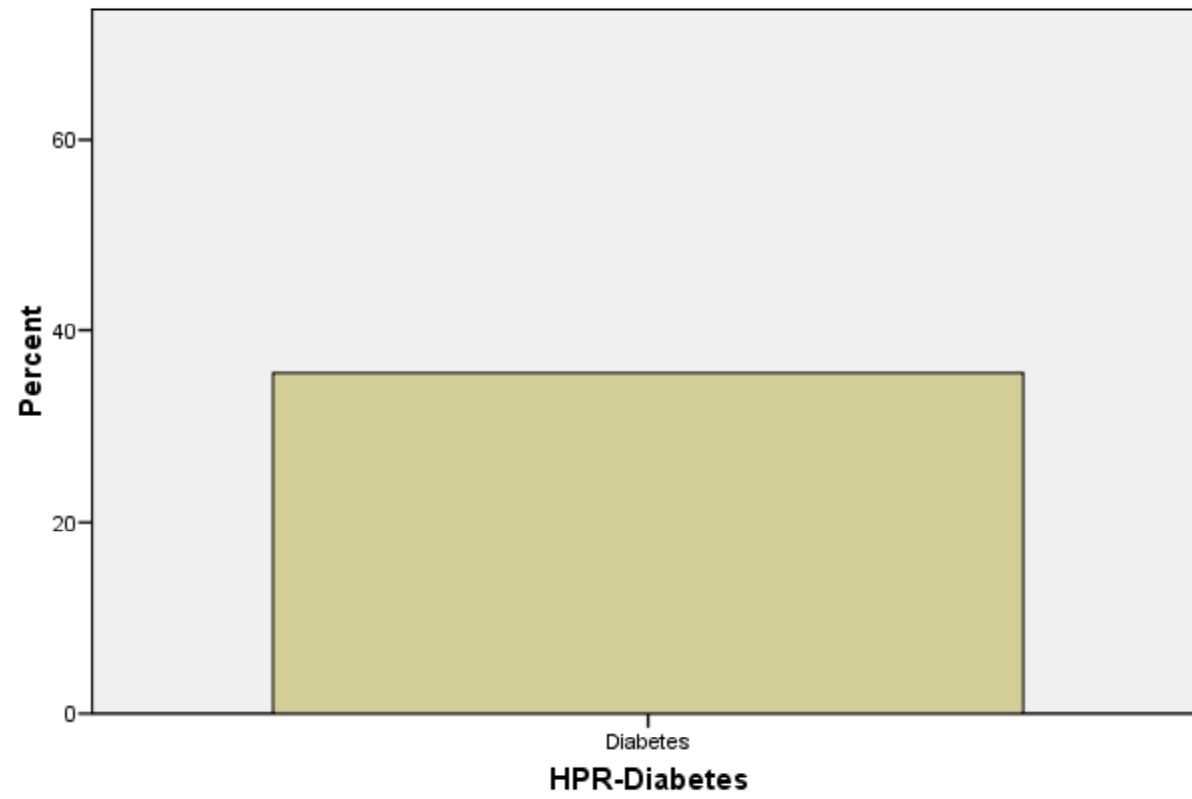
HPR-Child abuse / neglect



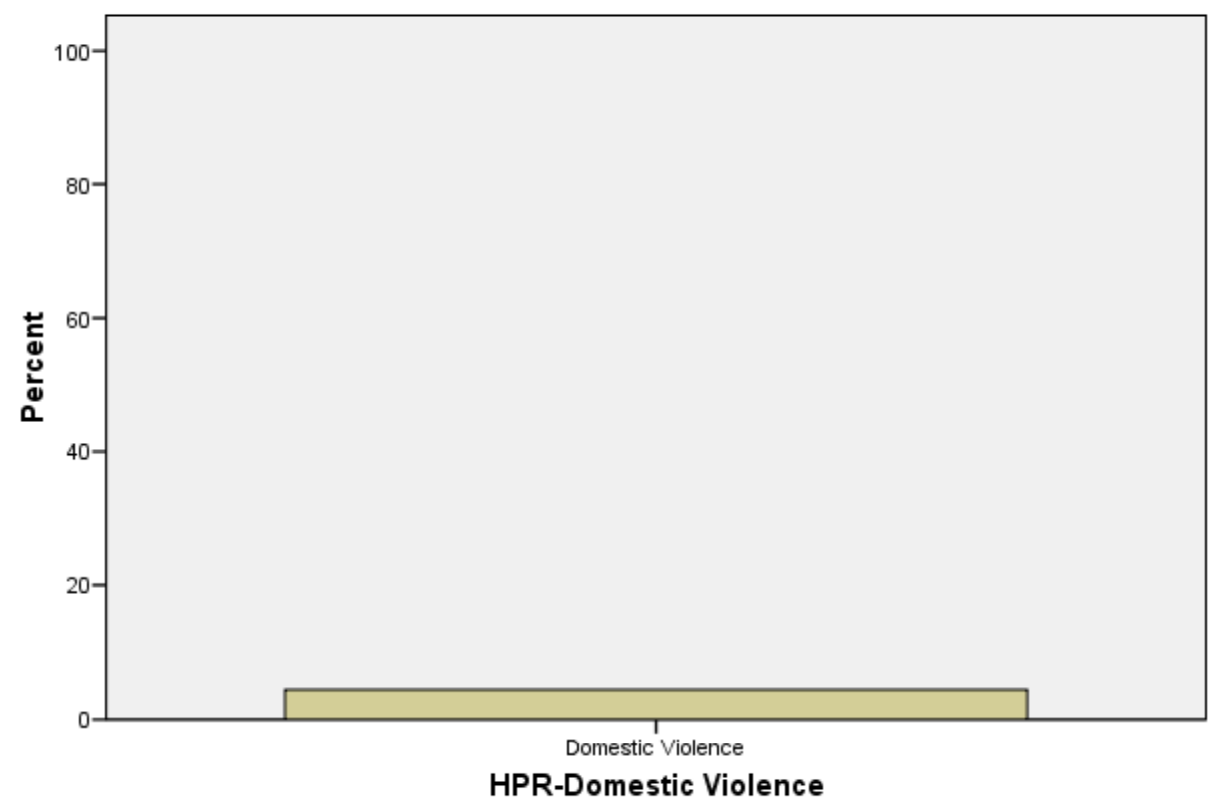
HPR-Dental problems



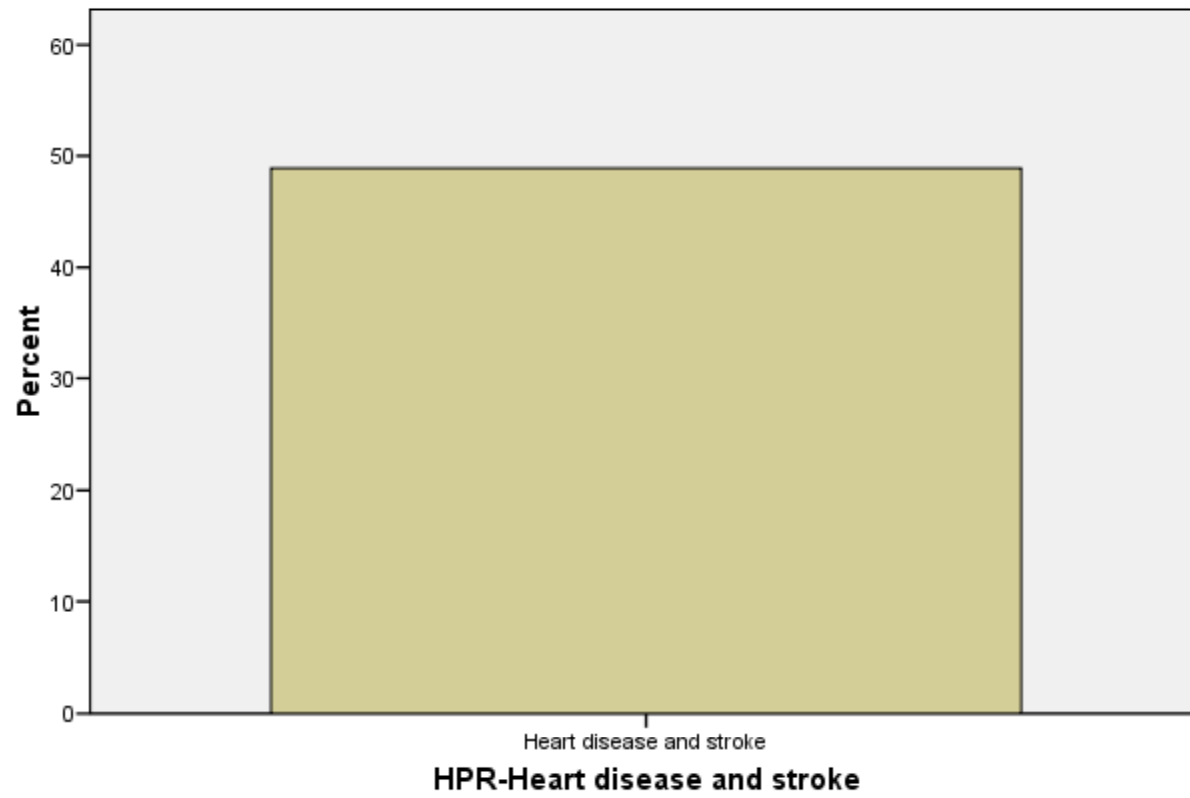
HPR-Diabetes



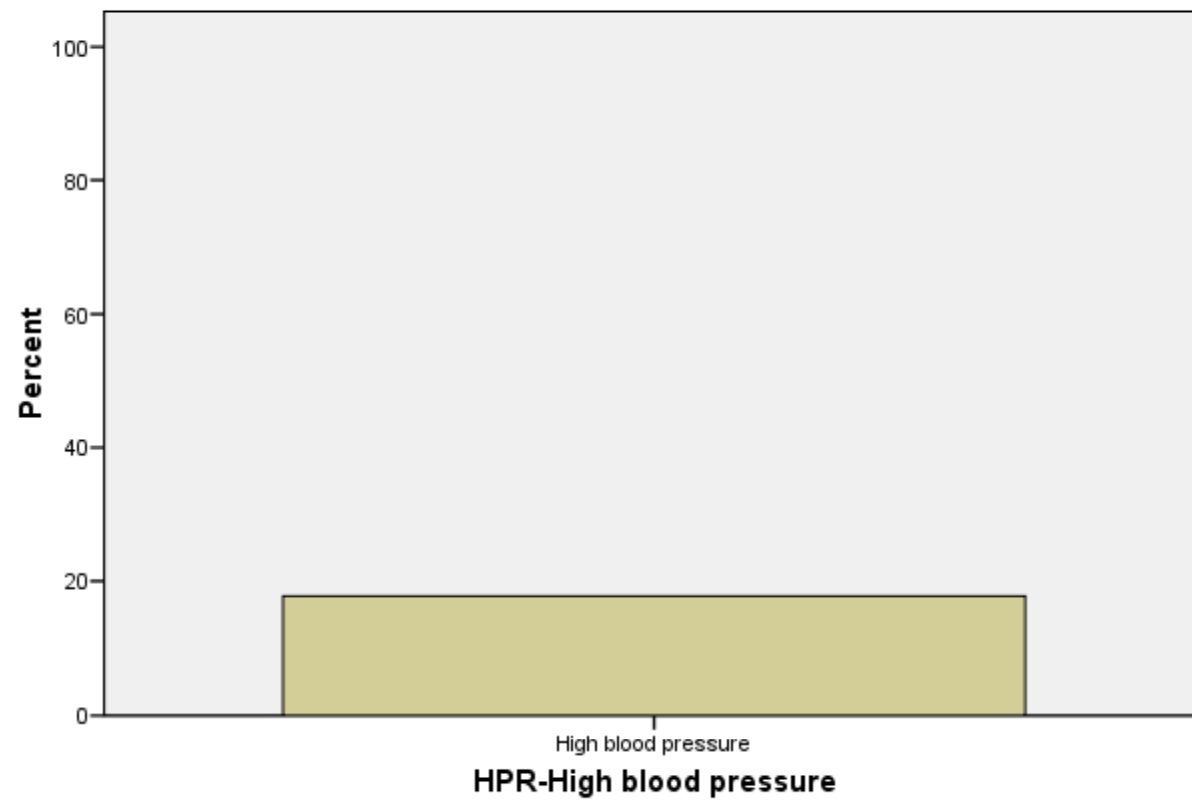
HPR-Domestic Violence



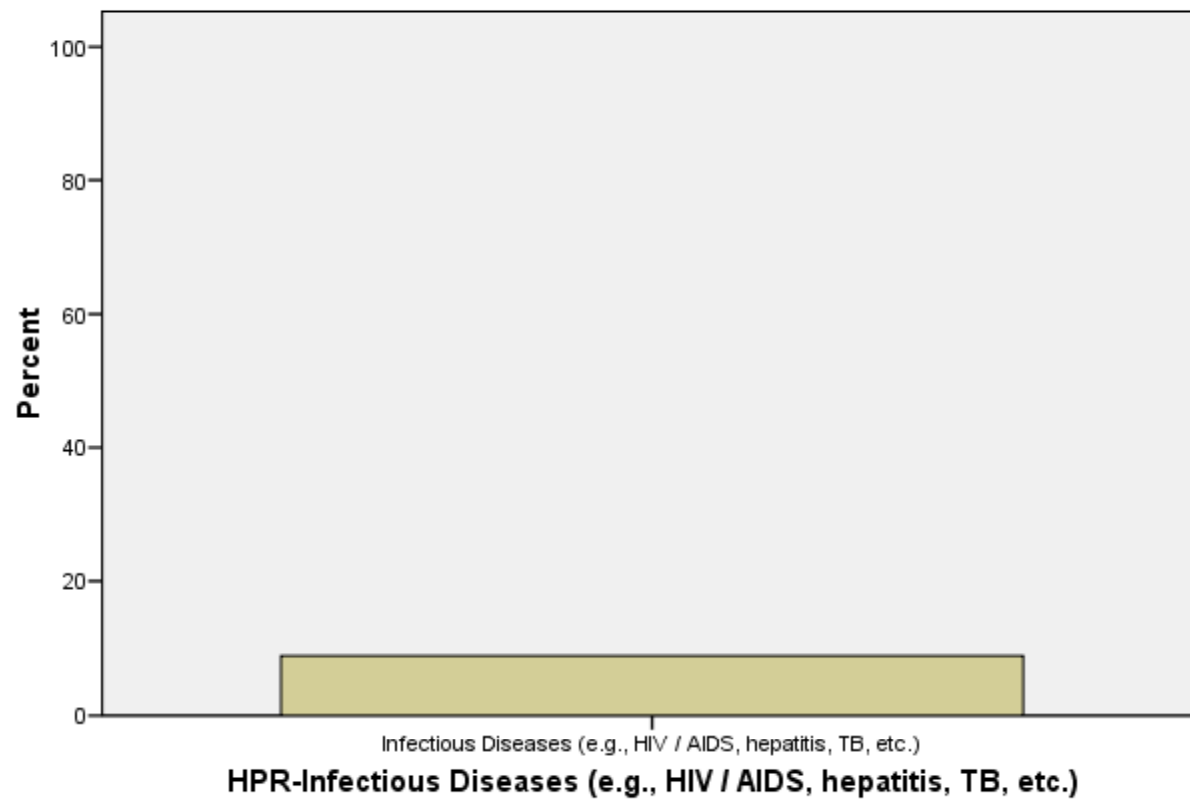
HPR-Heart disease and stroke



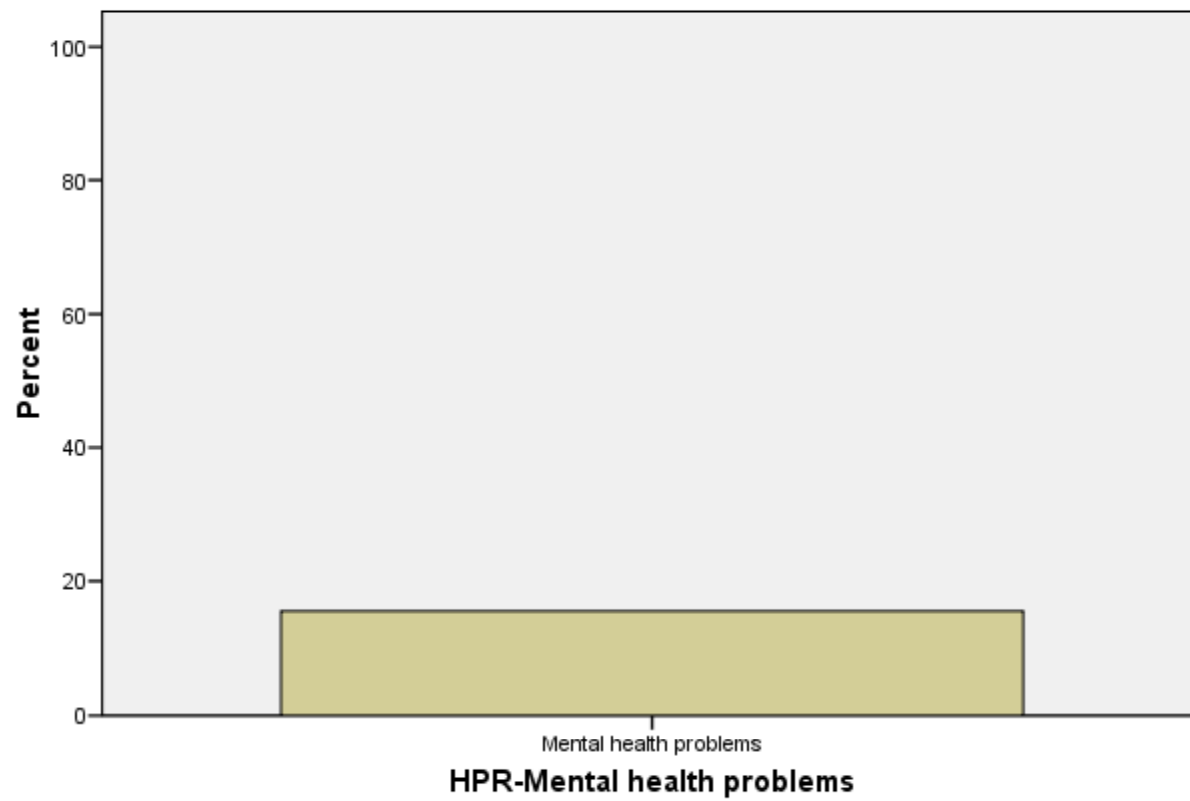
HPR-High blood pressure



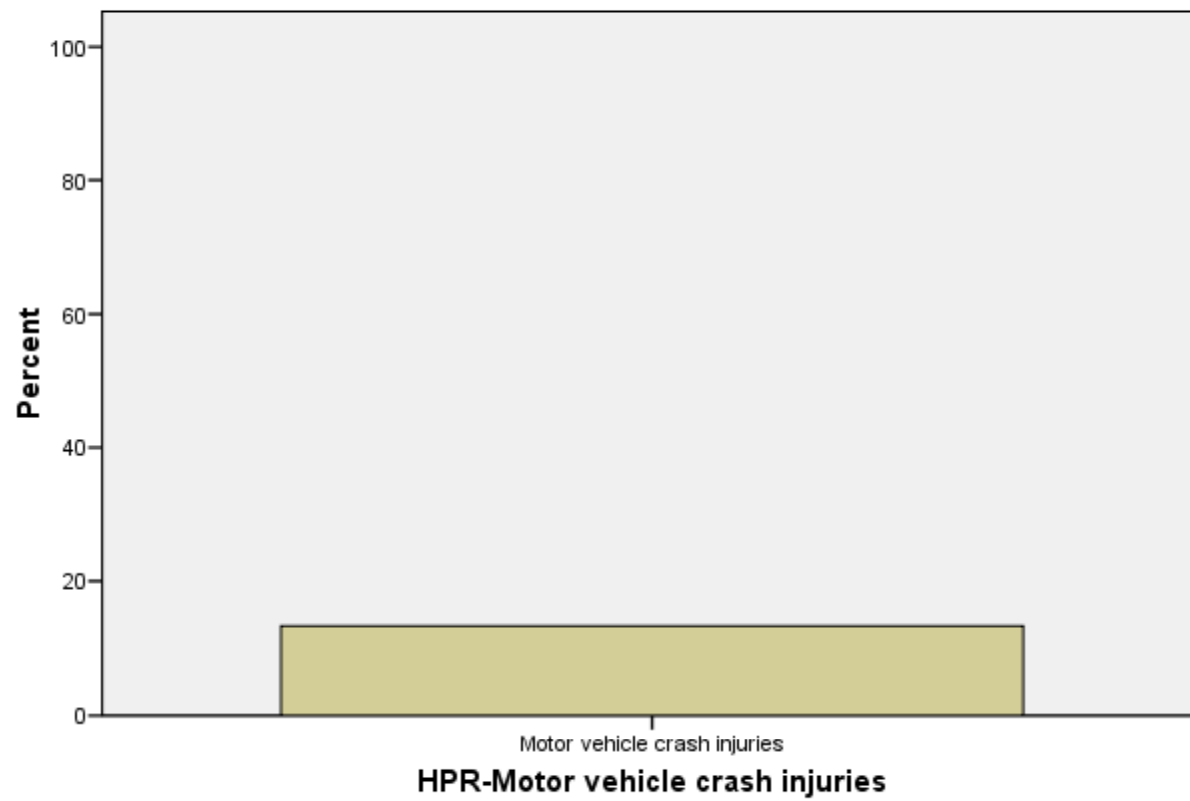
HPR-Infectious Diseases (e.g., HIV / AIDS, hepatitis, TB, etc.)



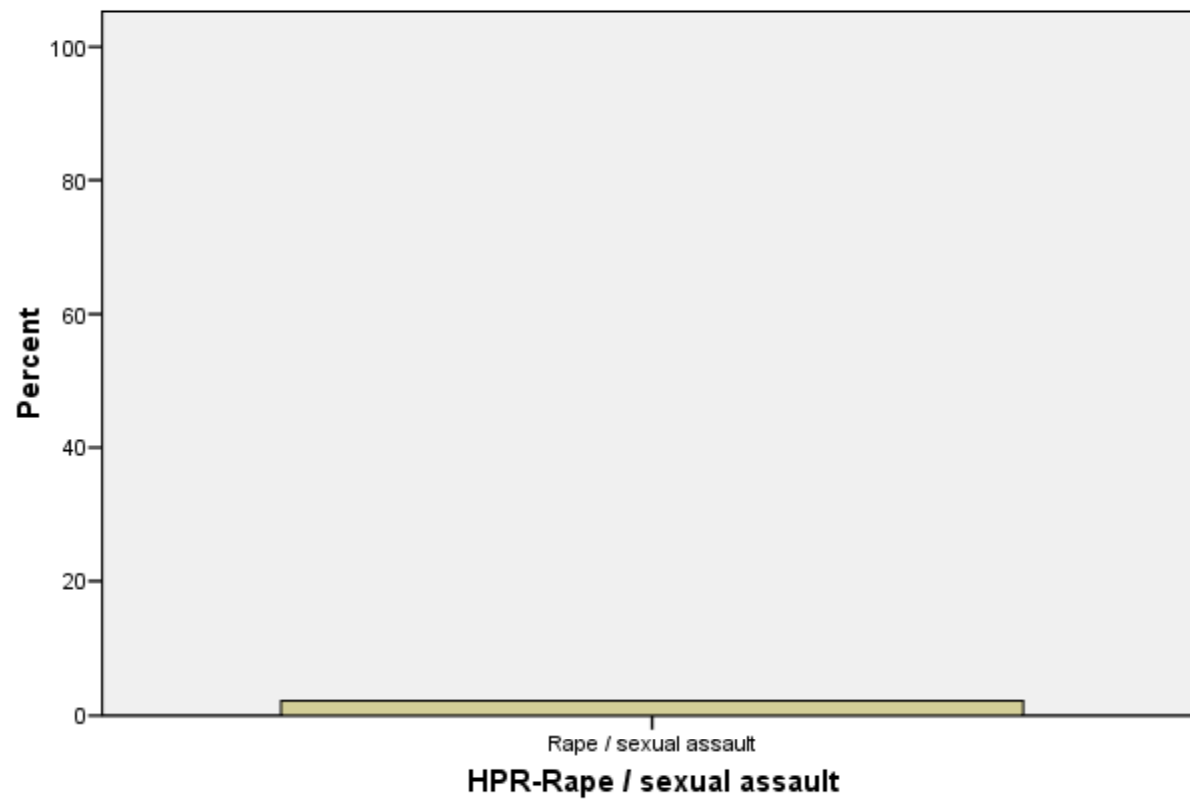
HPR-Mental health problems



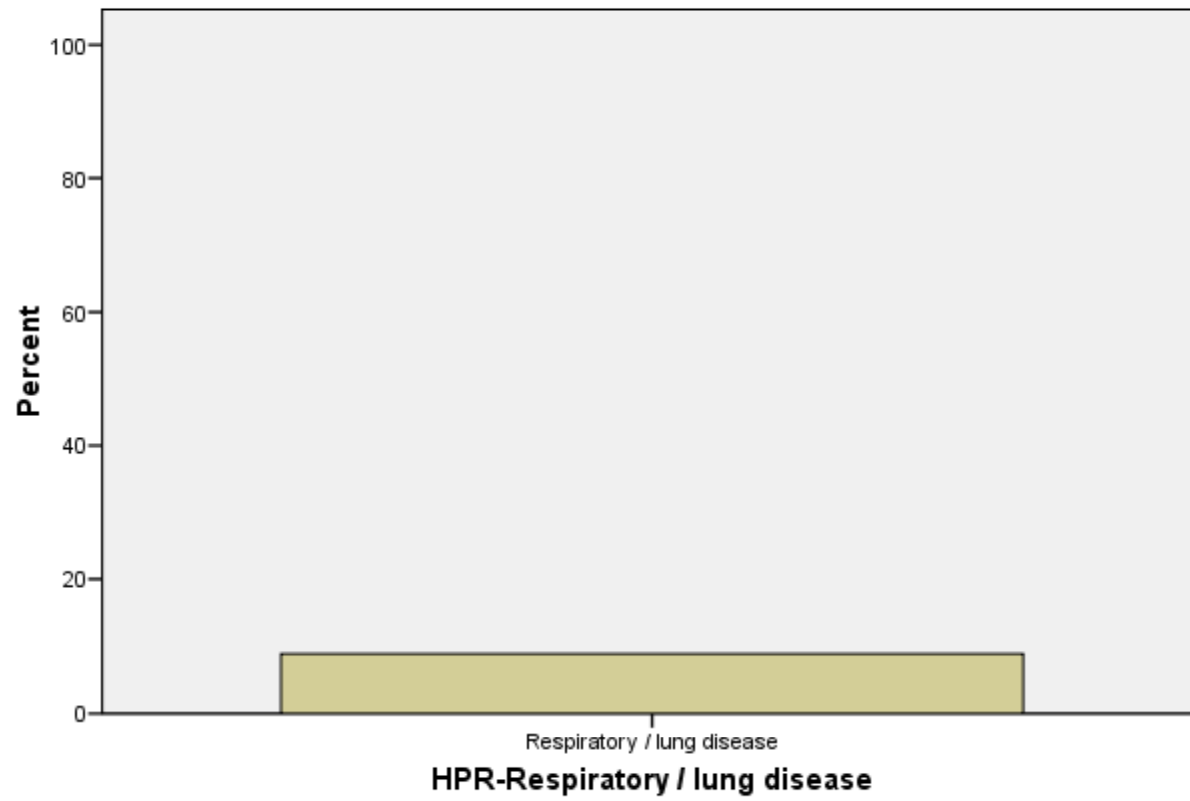
HPR-Motor vehicle crash injuries



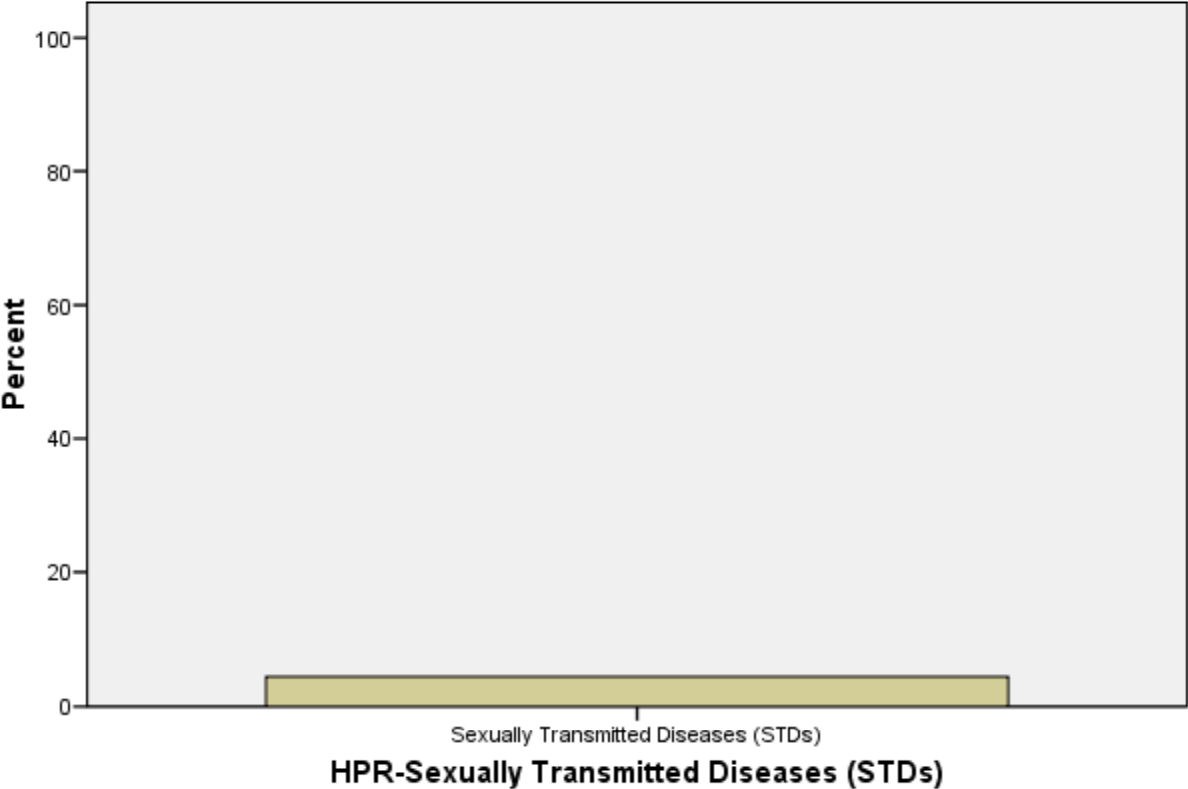
HPR-Rape / sexual assault



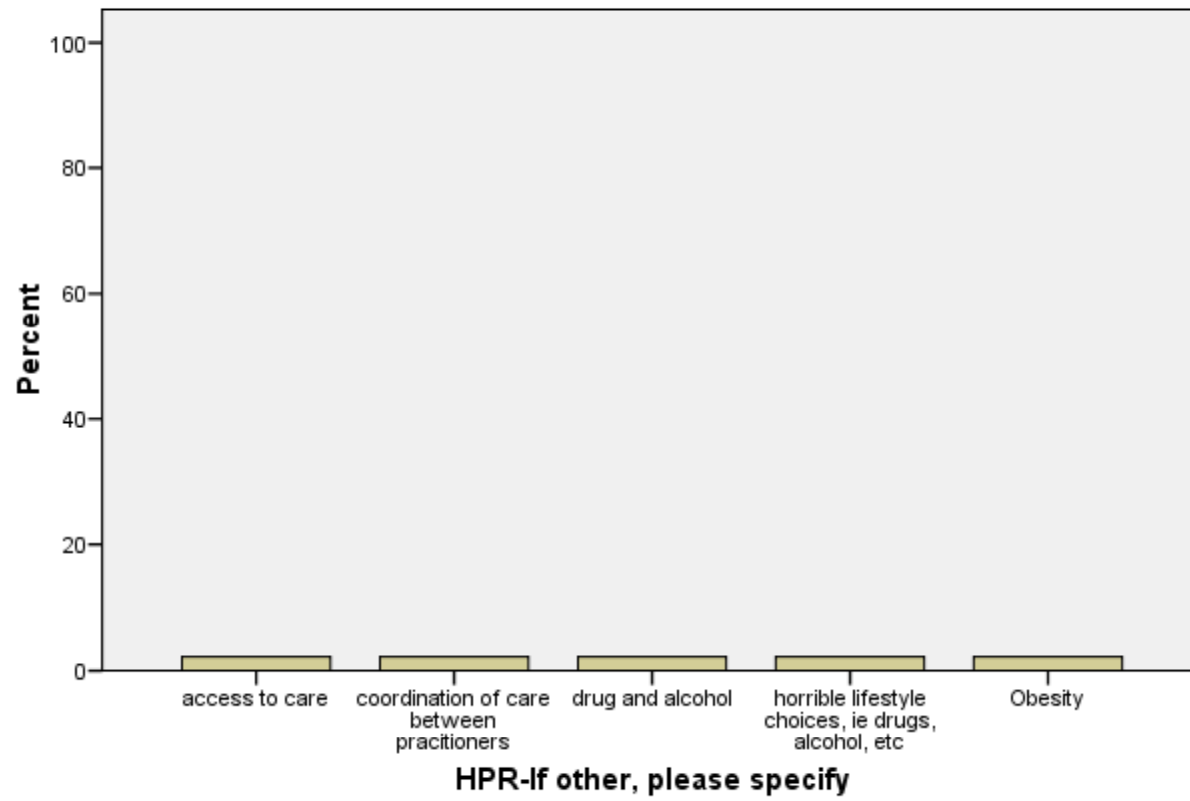
HPR-Respiratory / lung disease



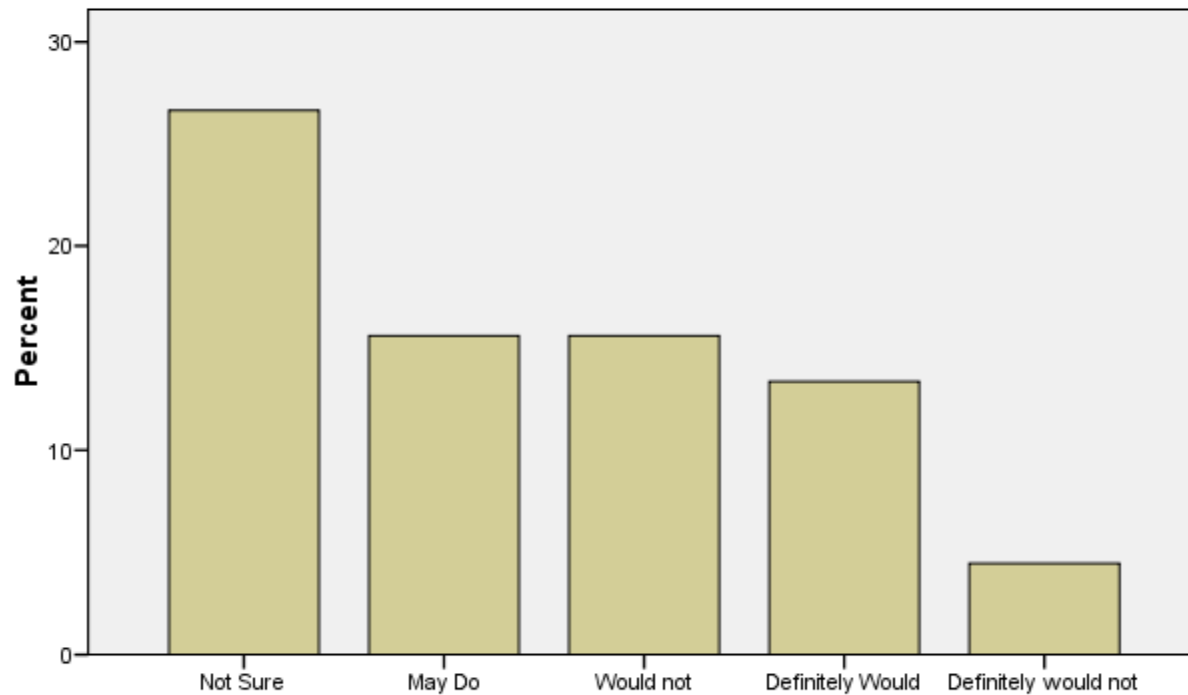
HPR-Sexually Transmitted Diseases (STDs)



HPR-If other, please specify

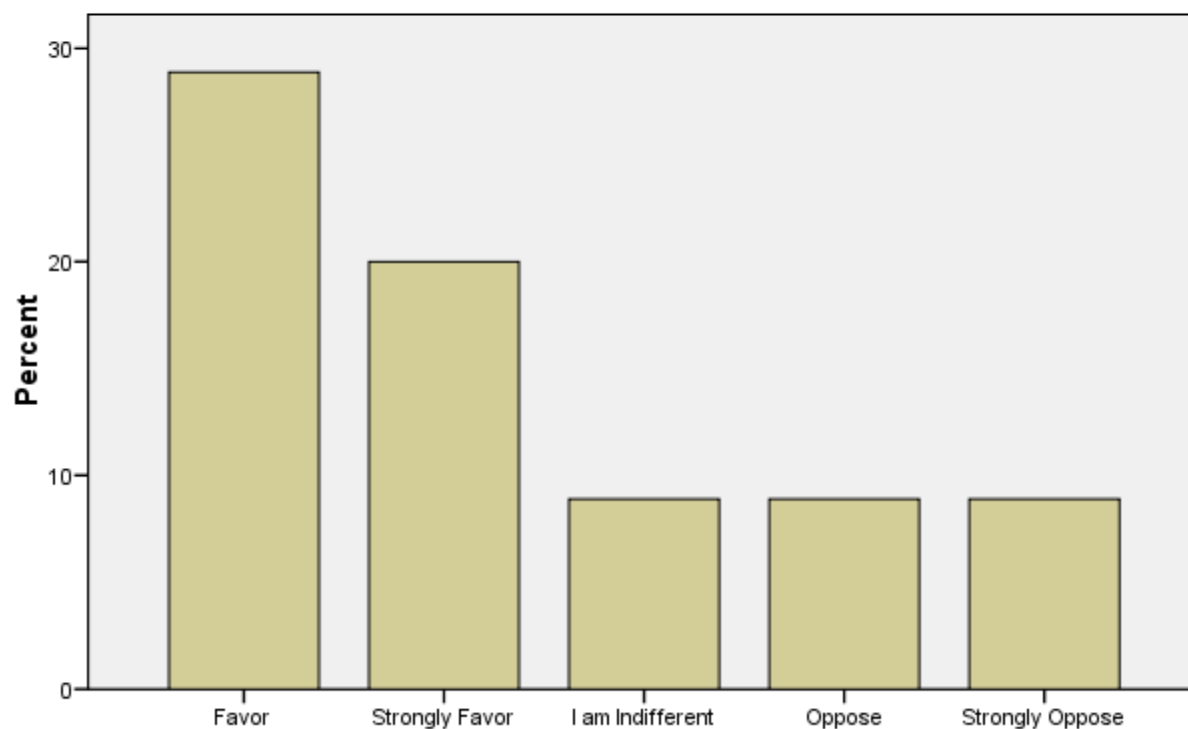


29. Would you support the creation of a new public-private entity that would coordinate the health care delivery efforts and set a quality of care agenda for Manatee County?



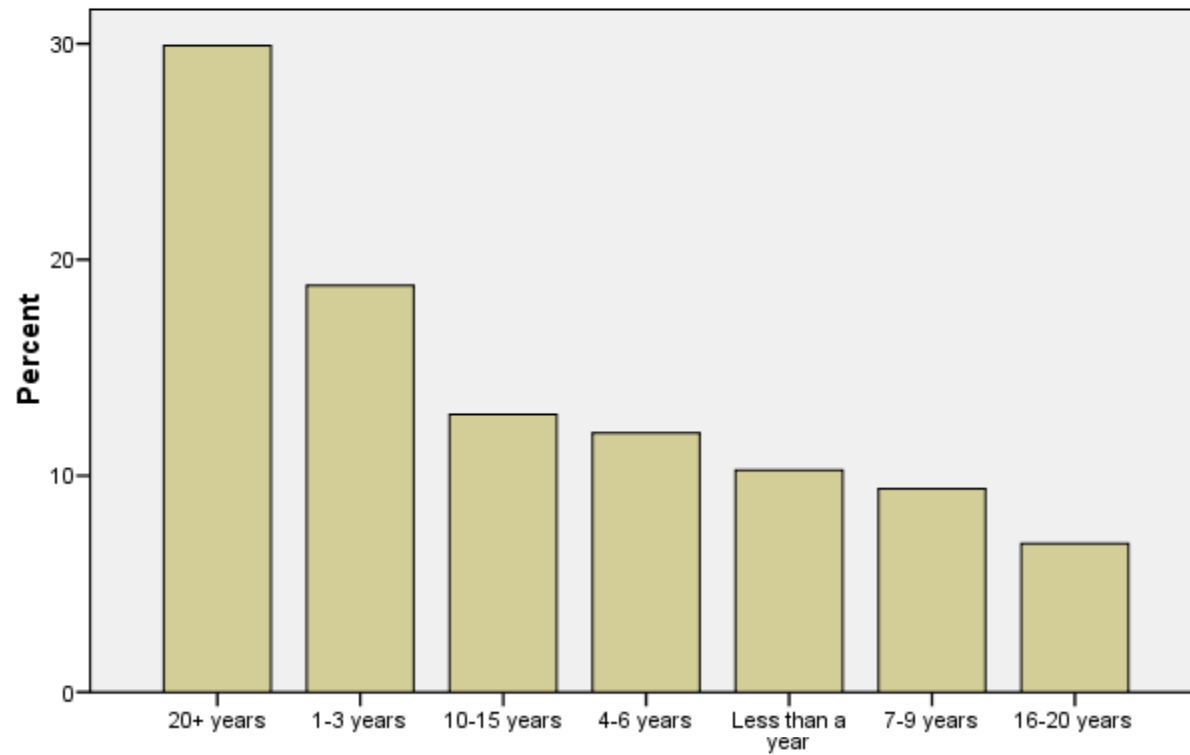
29. Would you support the creation of a new public-private entity that would coordinate the health care delivery efforts and set a quality of care agenda for Manatee County?

30. How would you feel if Manatee County Government guaranteed health insurance for all residents, even if it means raising taxes?



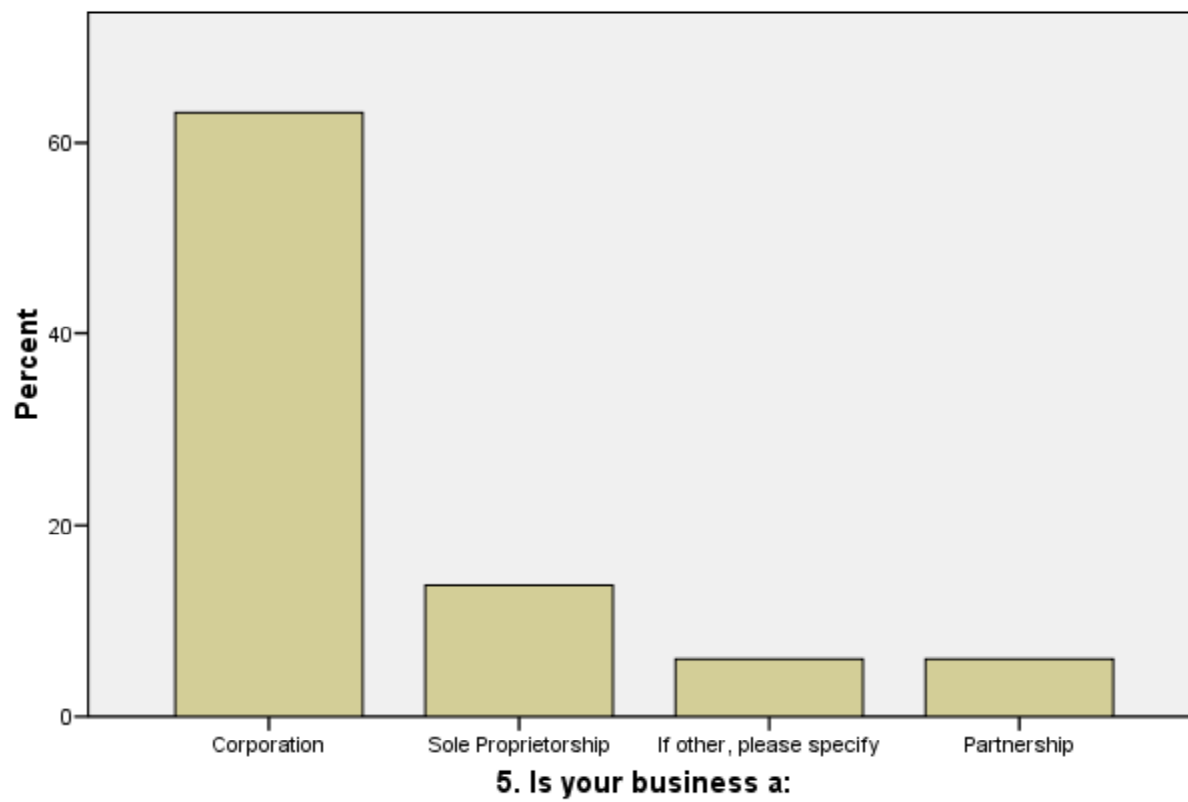
30. How would you feel if Manatee County Government guaranteed health insurance for all residents, even if it means raising taxes?

4. How many years have you been in business in Manatee County?

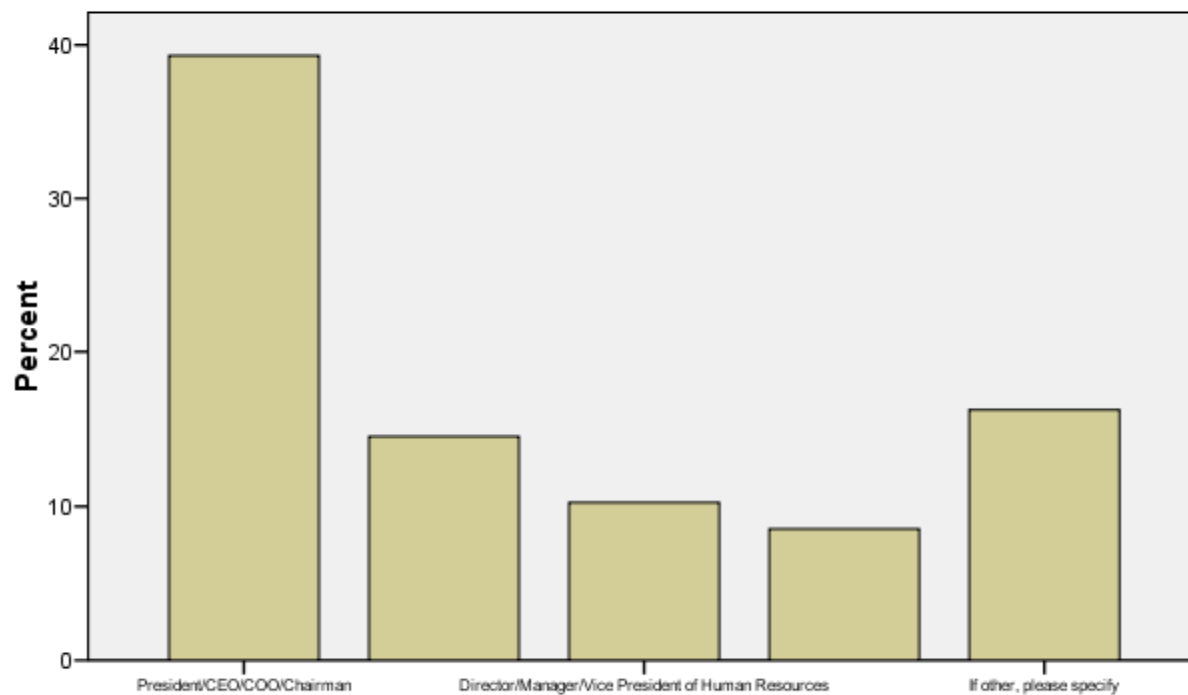


4. How many years have you been in business in Manatee County?

5. Is your business a:

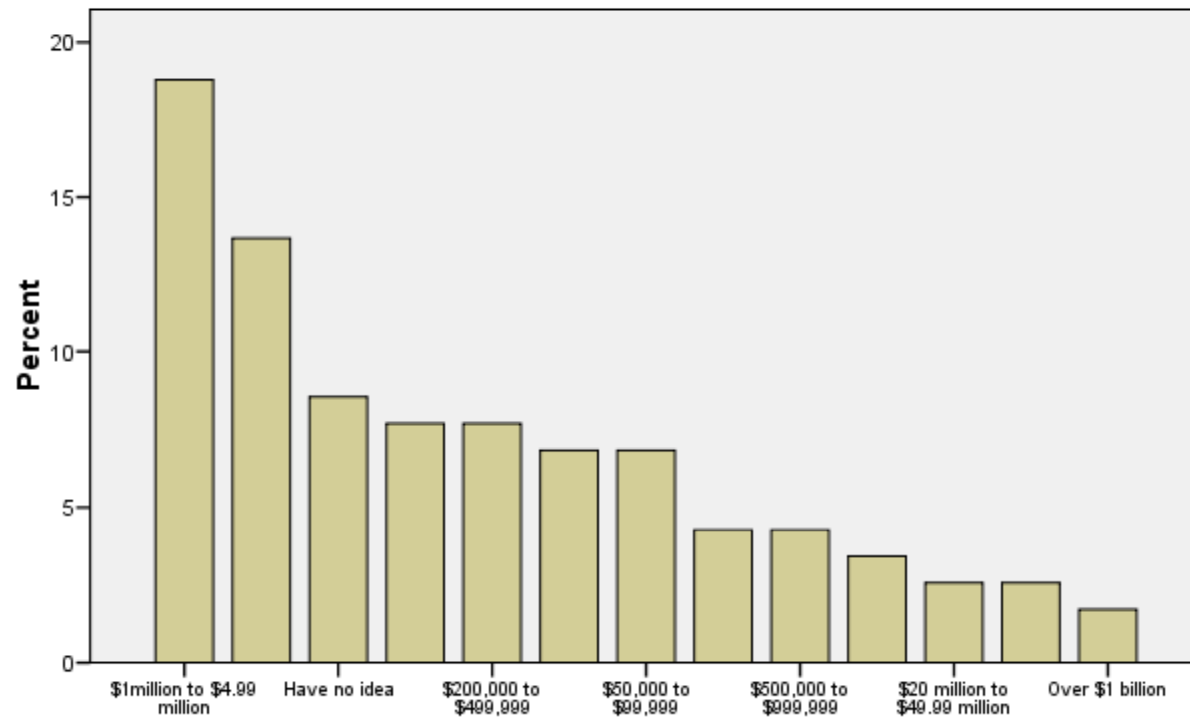


6. What is your role within your company? (Choose the one best characterizes your position in the company)



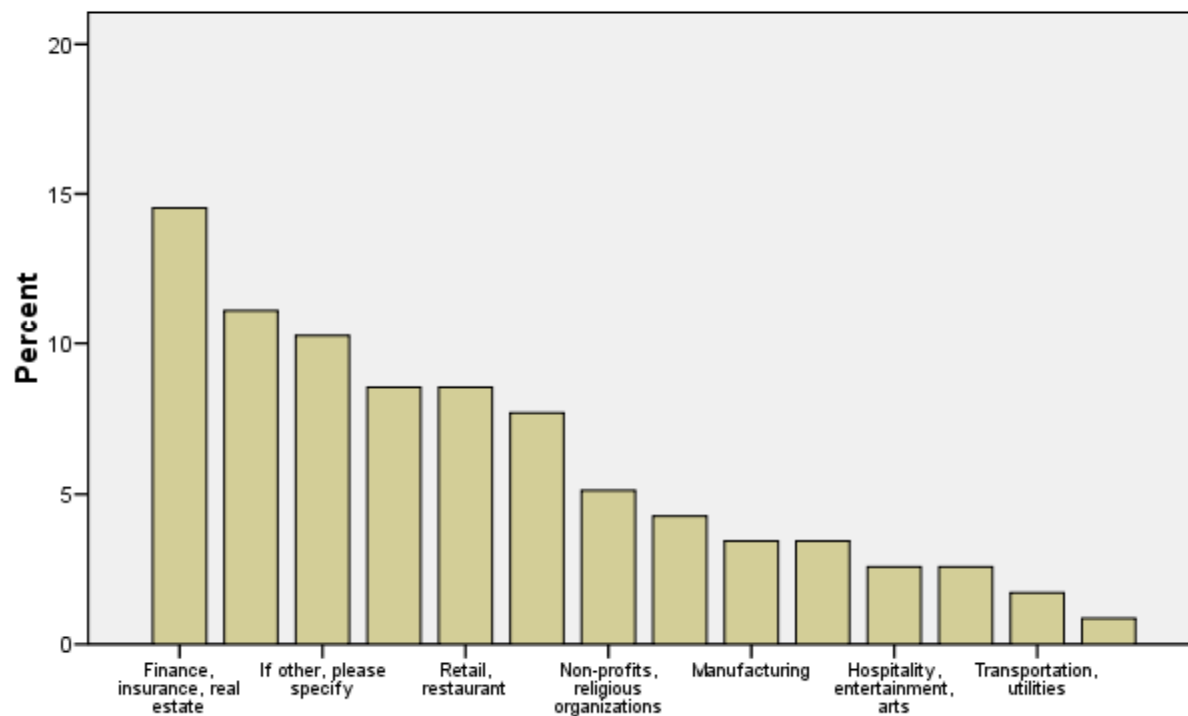
6. What is your role within your company? (Choose the one best characterizes your position in the company)

7. What is your company's annual income?



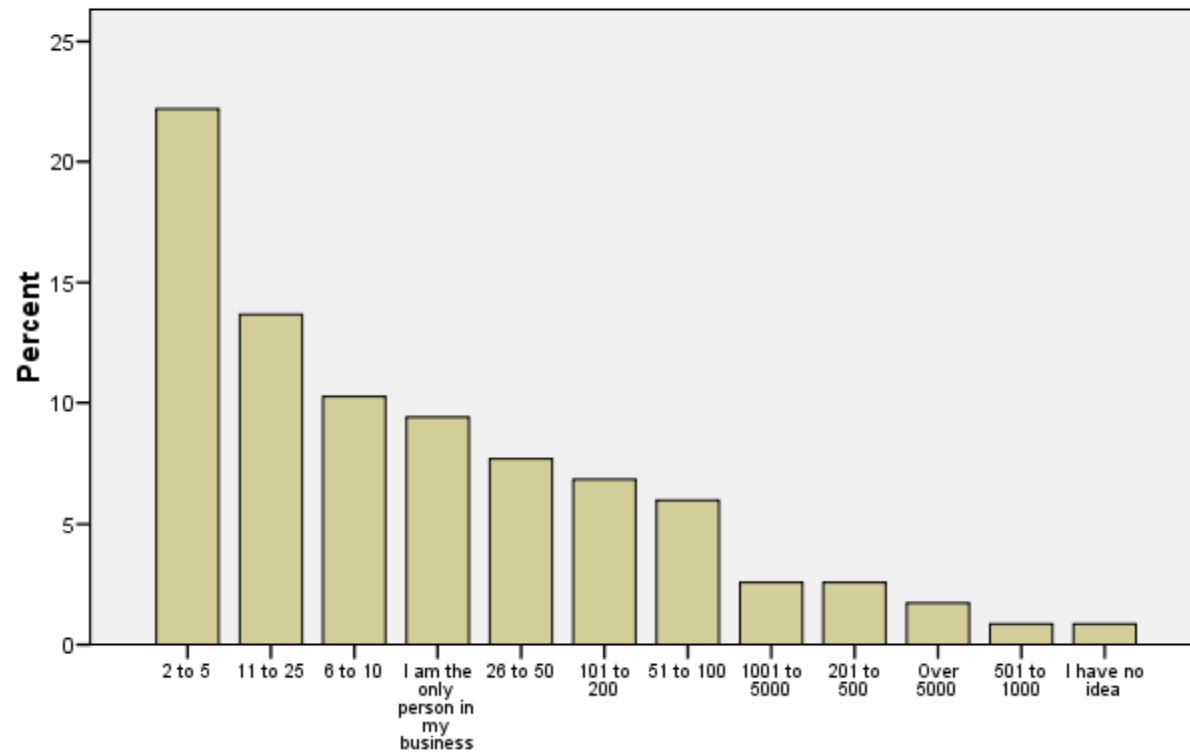
7. What is your company's annual income?

8. Which of the following best describes the industry in which you work (or used to work)?



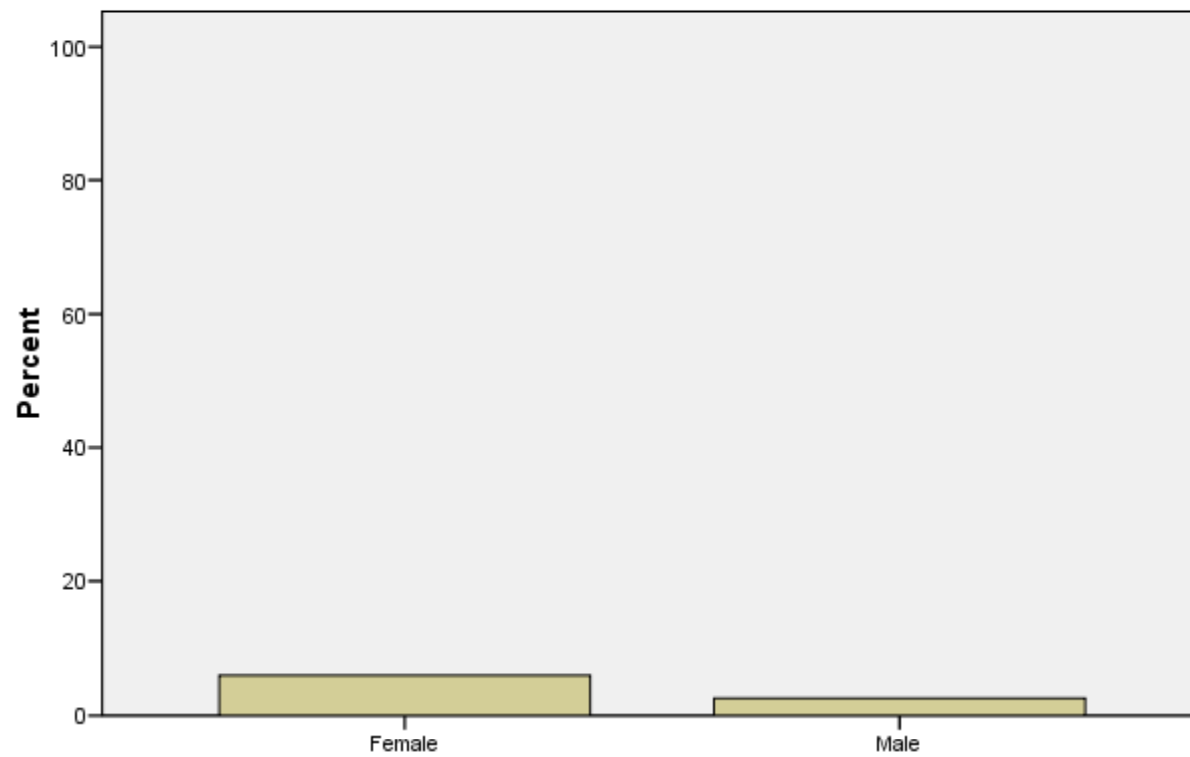
8. Which of the following best describes the industry in which you work (or used to work)?

9. How many full and part time employees do you have?



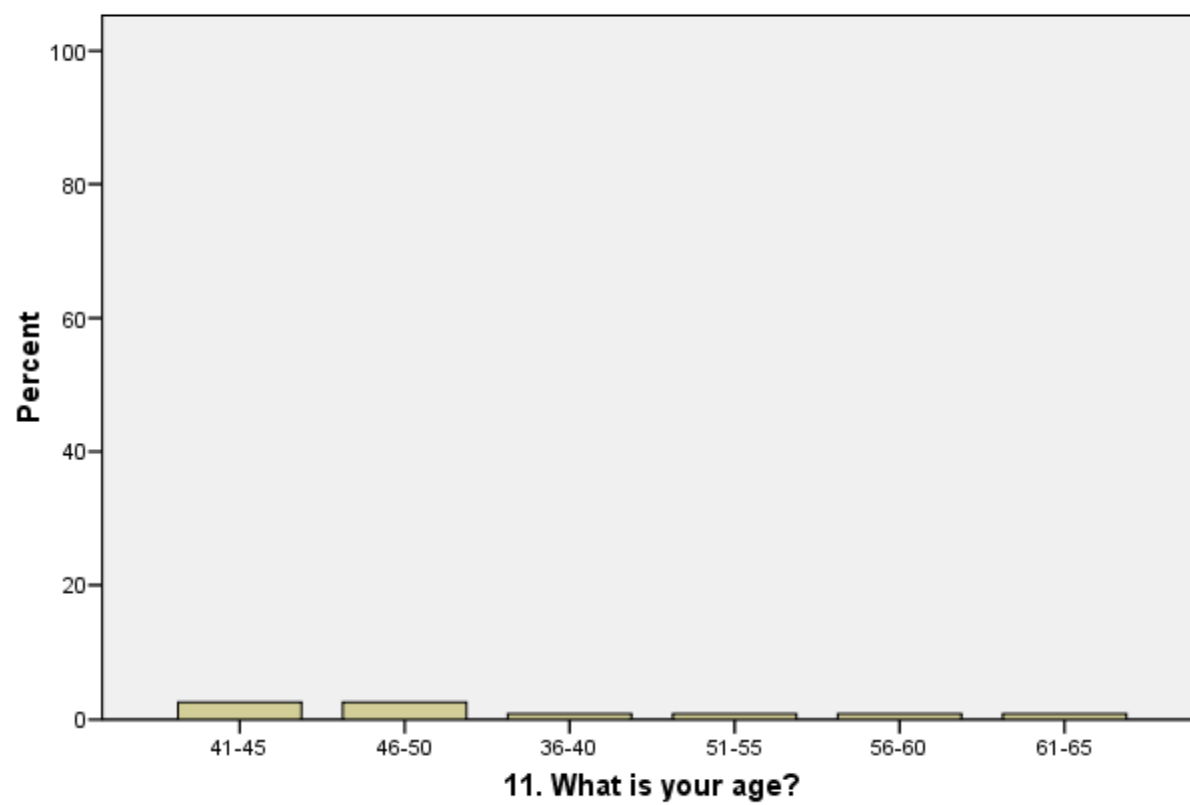
9. How many full and part time employees do you have?

10. What is your gender?

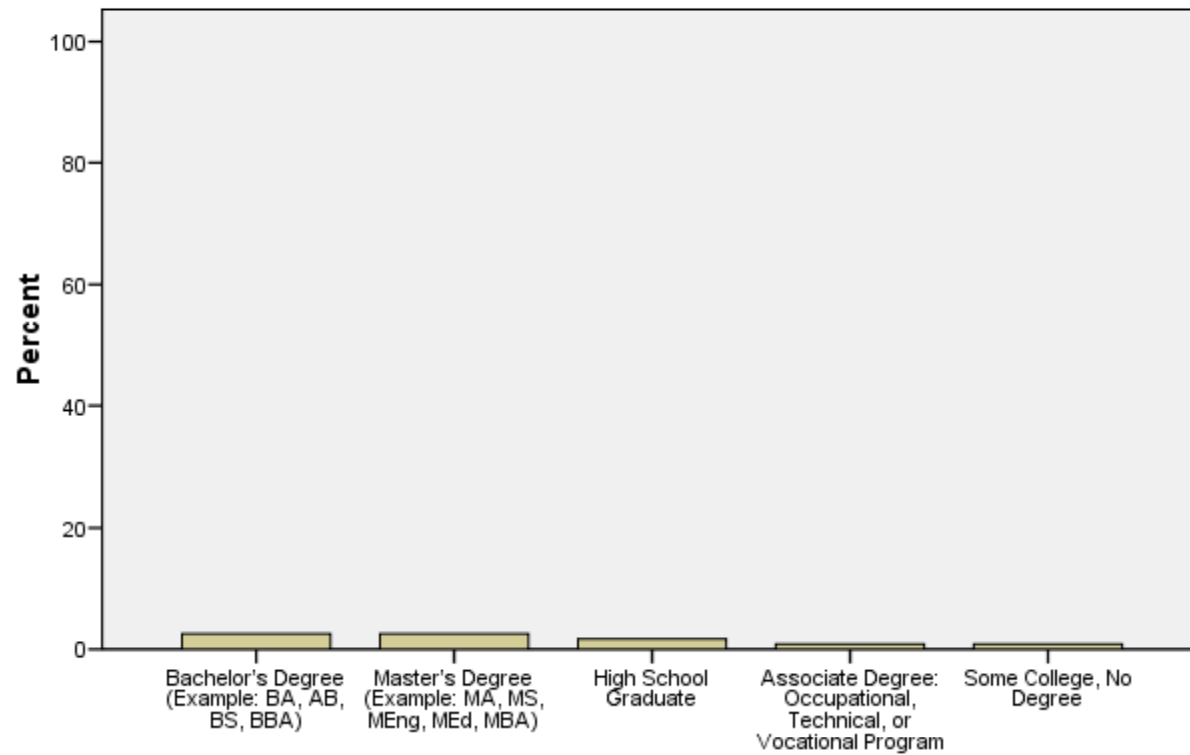


10. What is your gender?

11. What is your age?

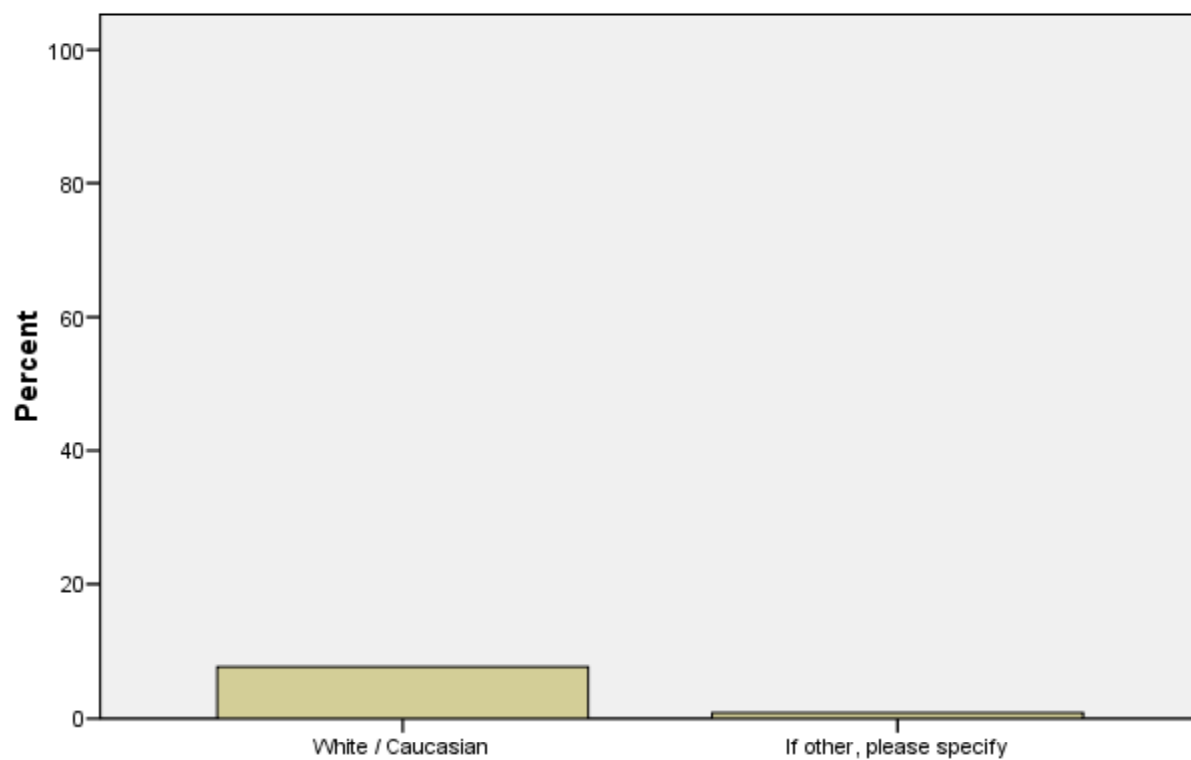


12. What is the highest level of education attained?



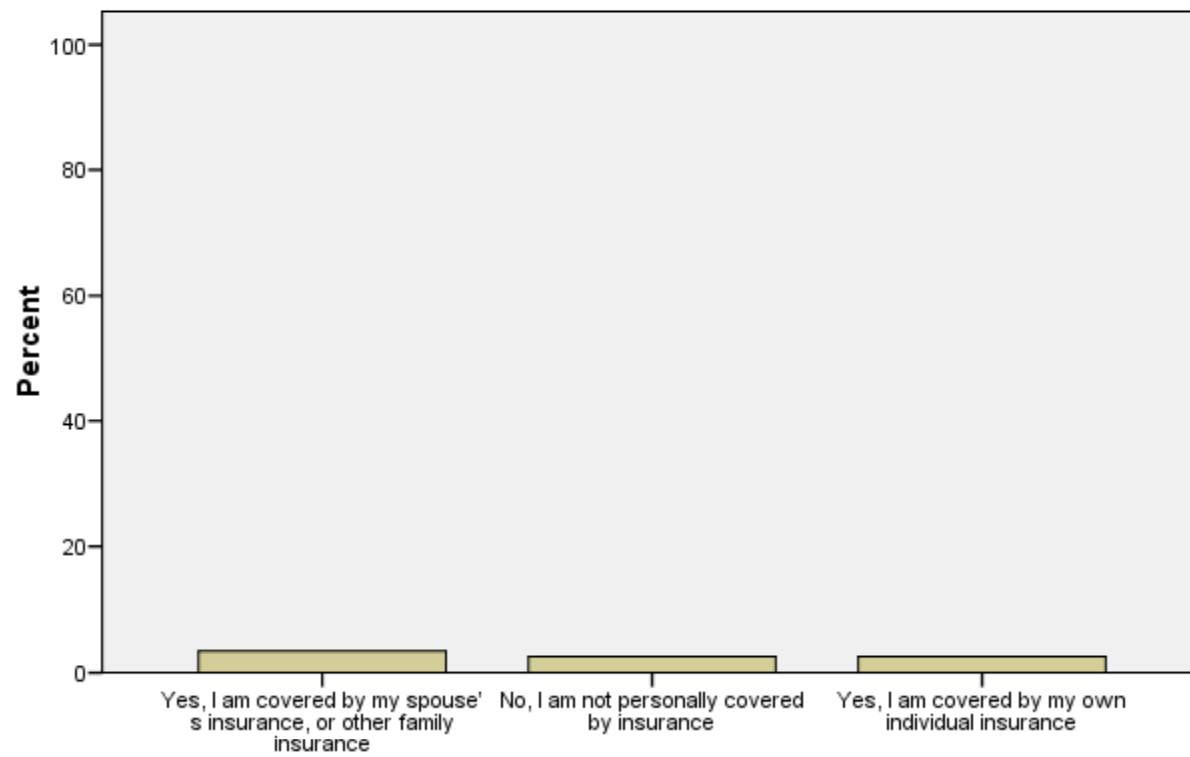
12. What is the highest level of education attained?

13. What is your race or ethnicity?



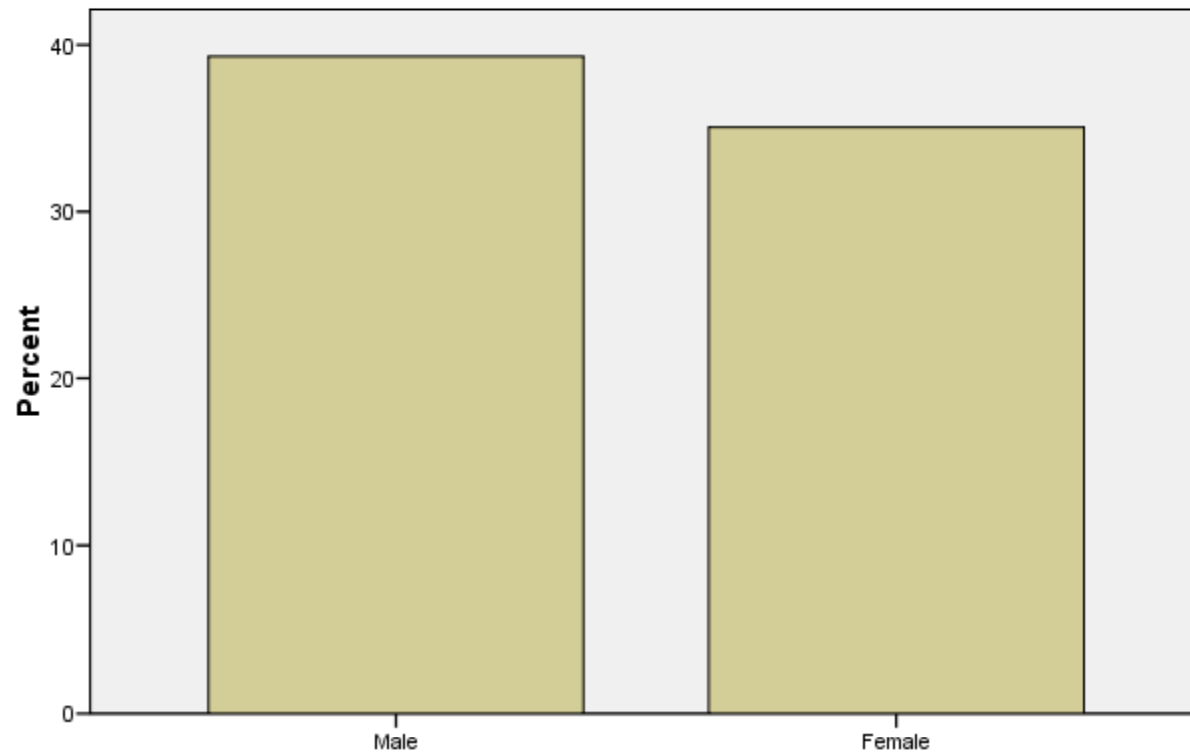
13. What is your race or ethnicity?

14. Are you personally covered by health insurance?



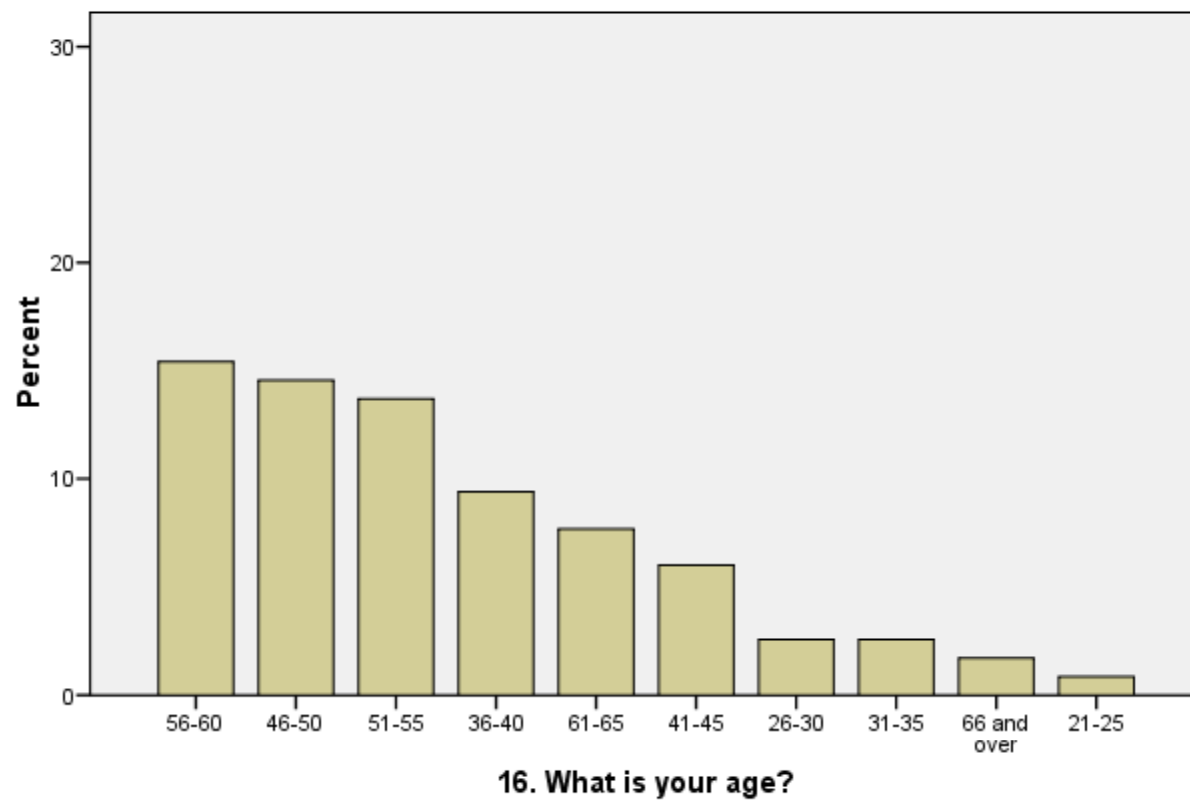
14. Are you personally covered by health insurance?

15. What is your gender?

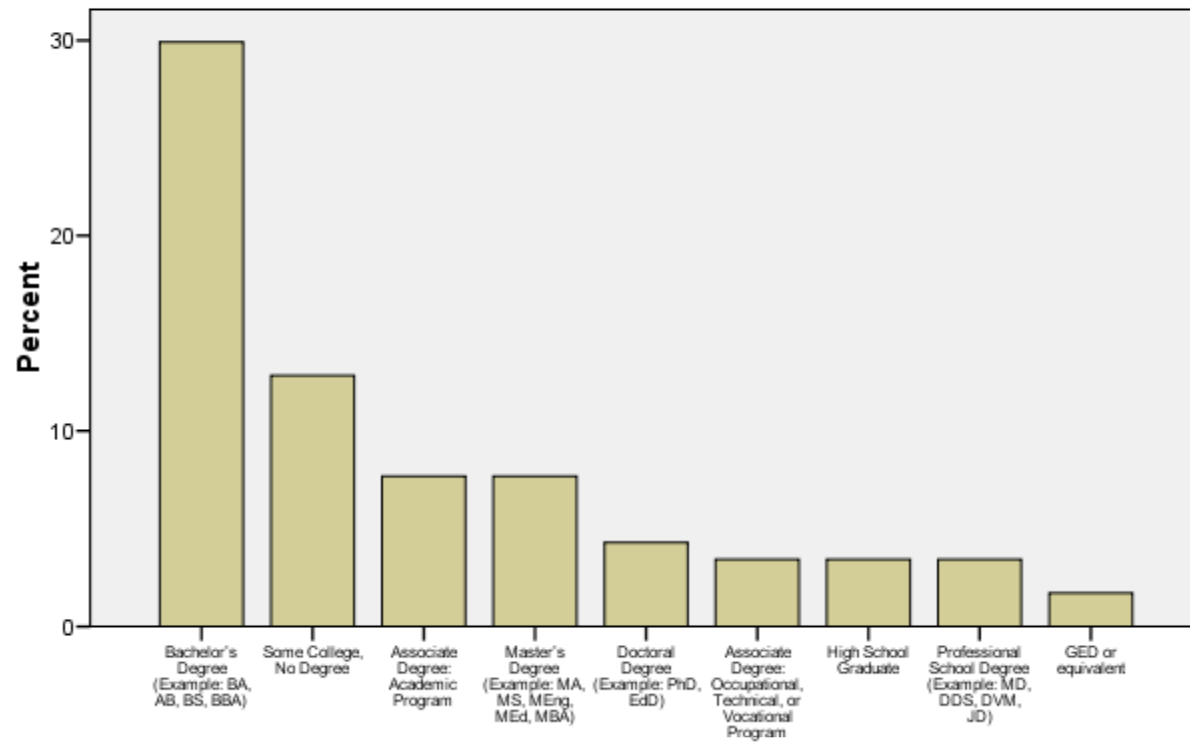


15. What is your gender?

16. What is your age?

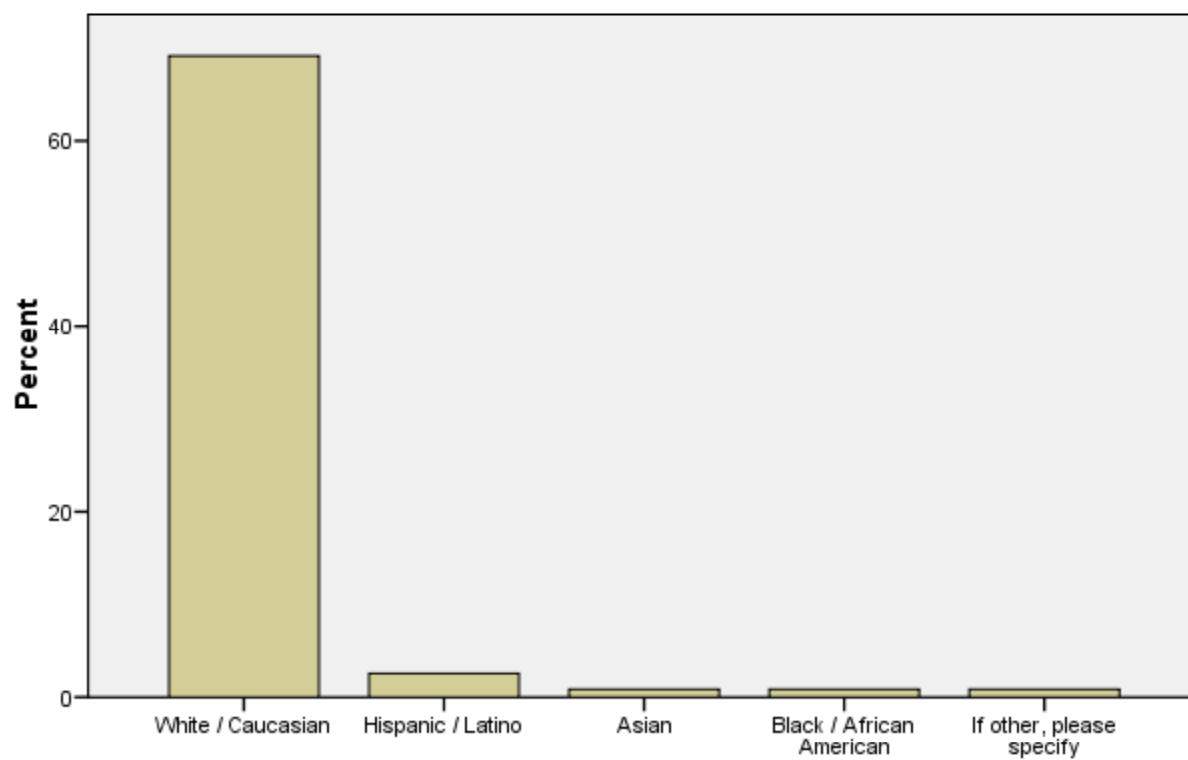


17. What is the highest level of education attained?



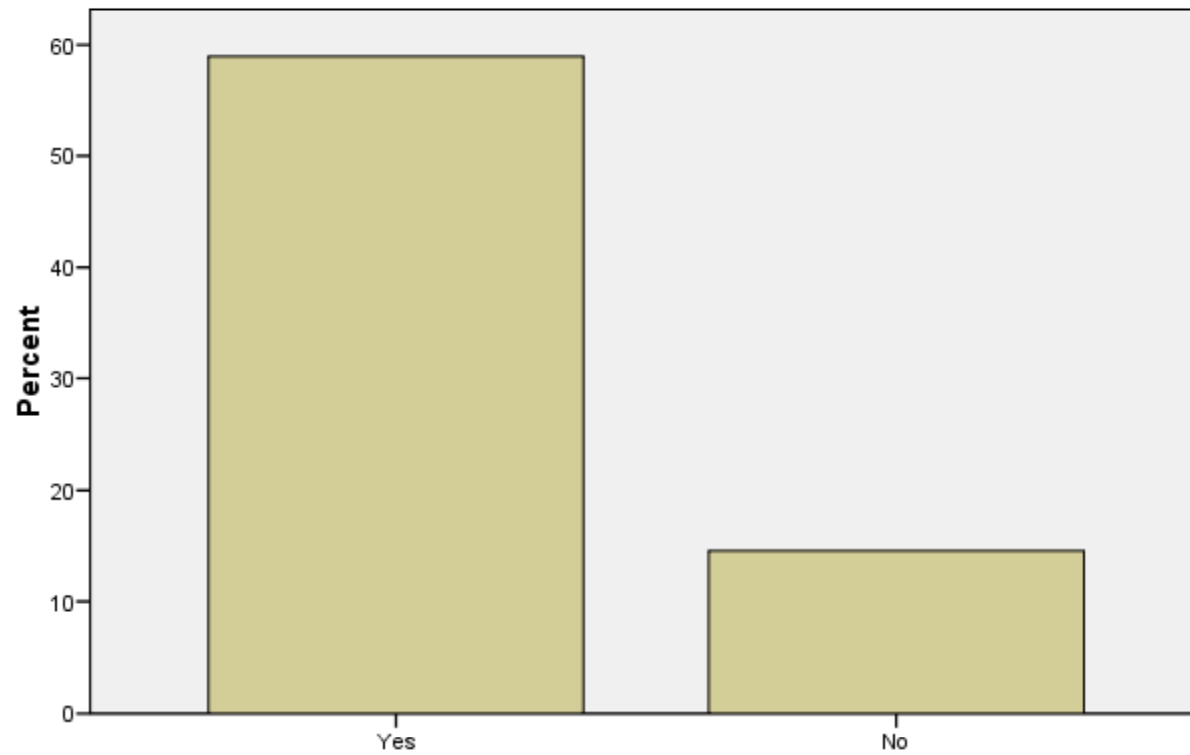
17. What is the highest level of education attained?

18. What is your race or ethnicity?



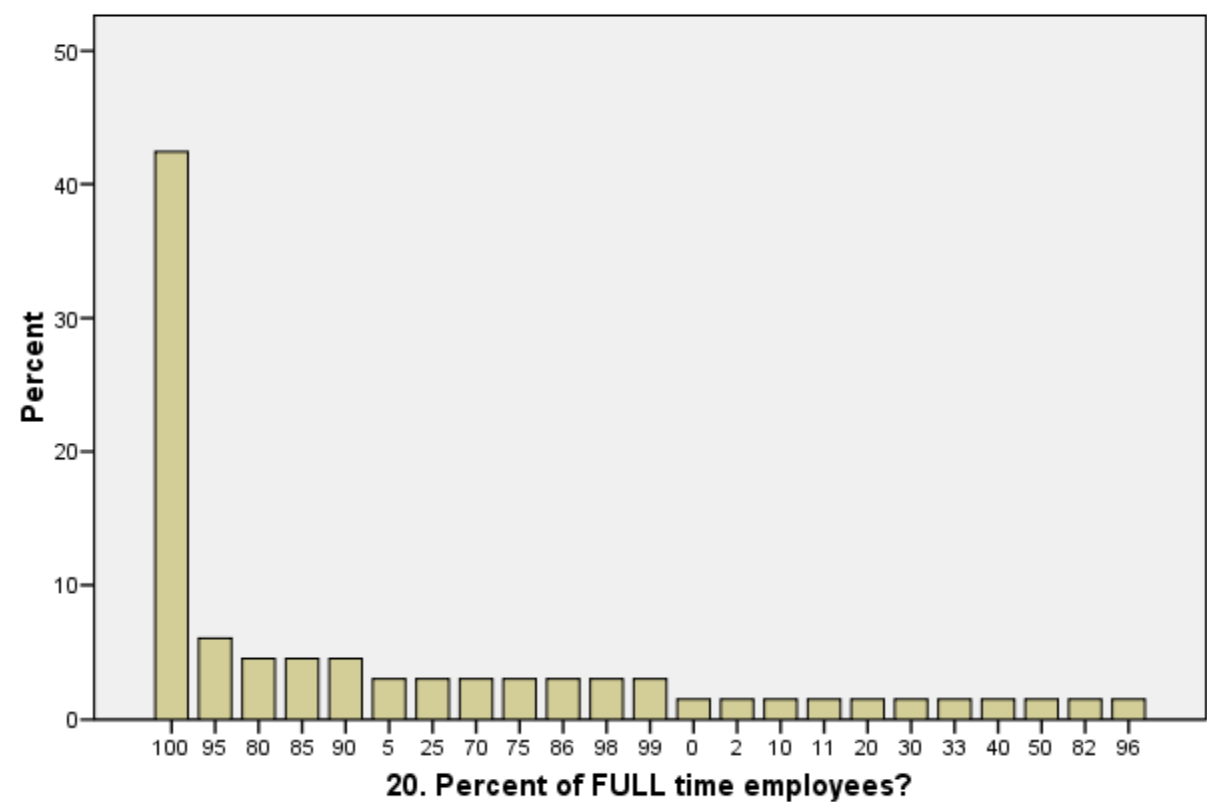
18. What is your race or ethnicity?

19. Do you offer health insurance to ANY of your employees?

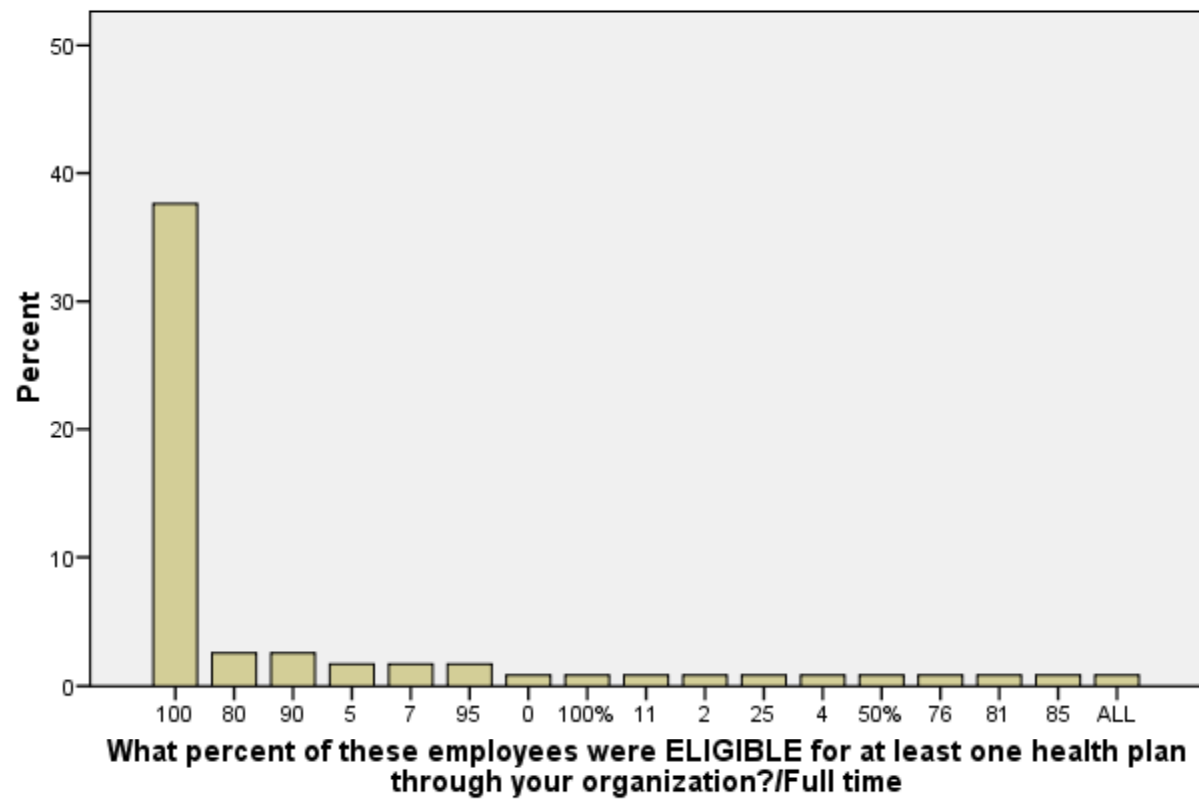


19. Do you offer health insurance to ANY of your employees?

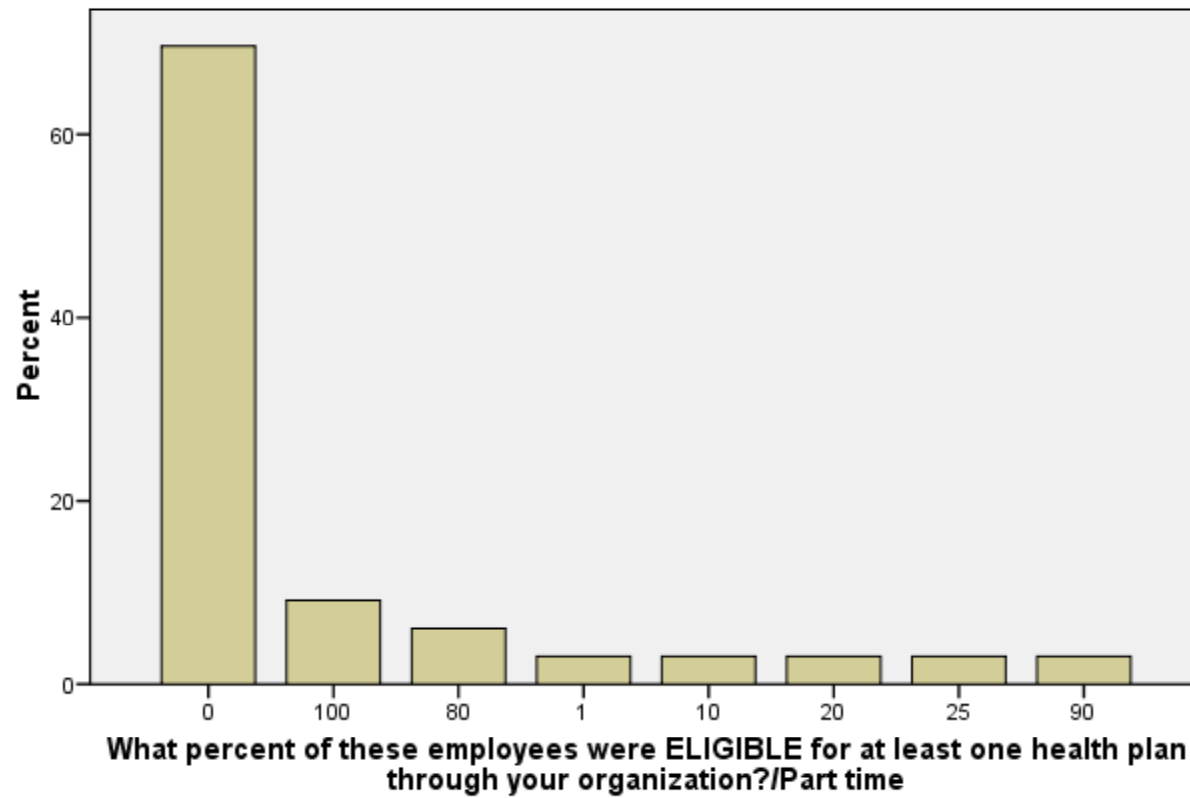
20. Percent of FULL time employees?



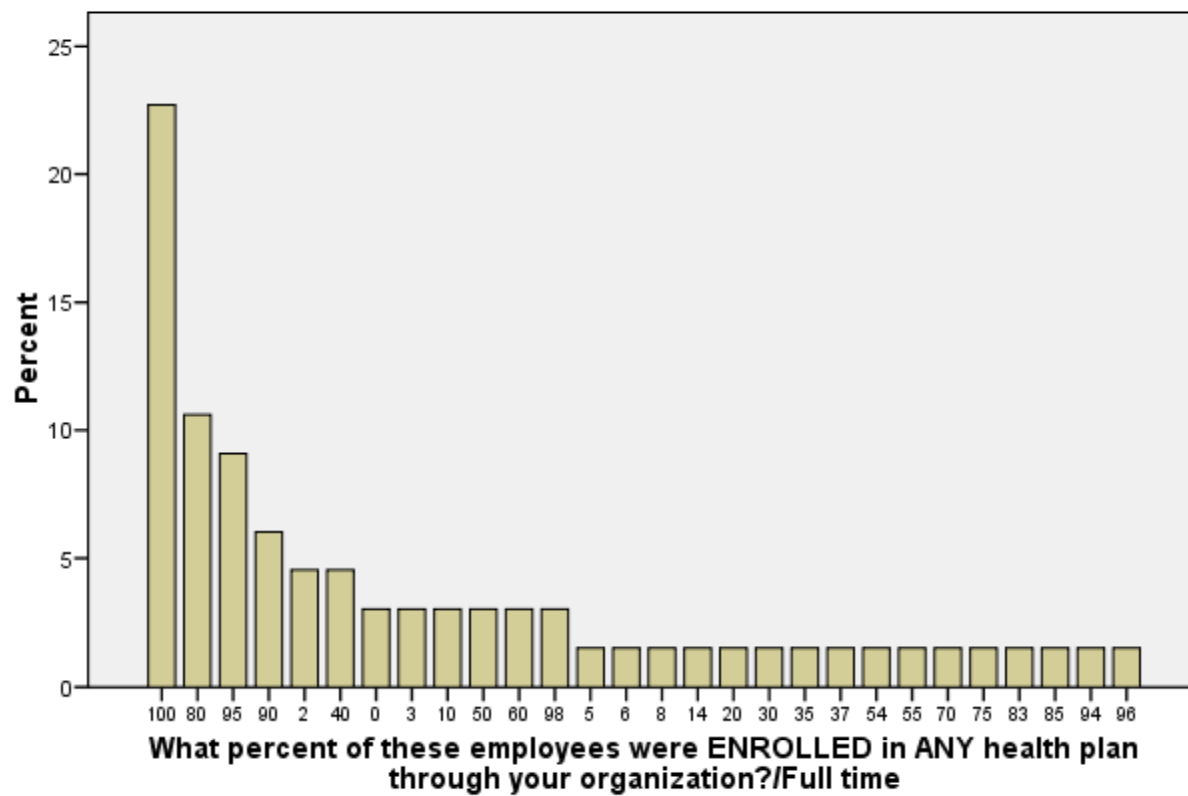
What percent of these employees were ELIGIBLE for at least one health plan through your organization?/Full time



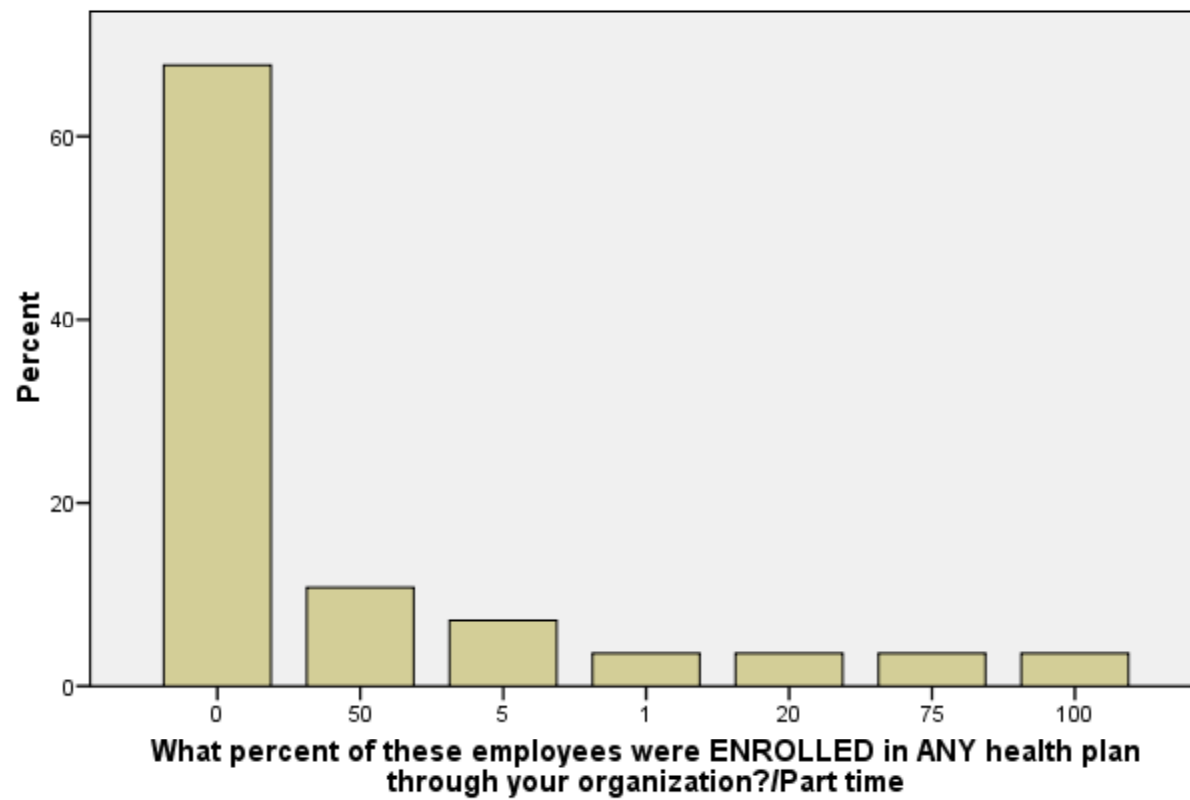
What percent of these employees were ELIGIBLE for at least one health plan through your organization?/Part time

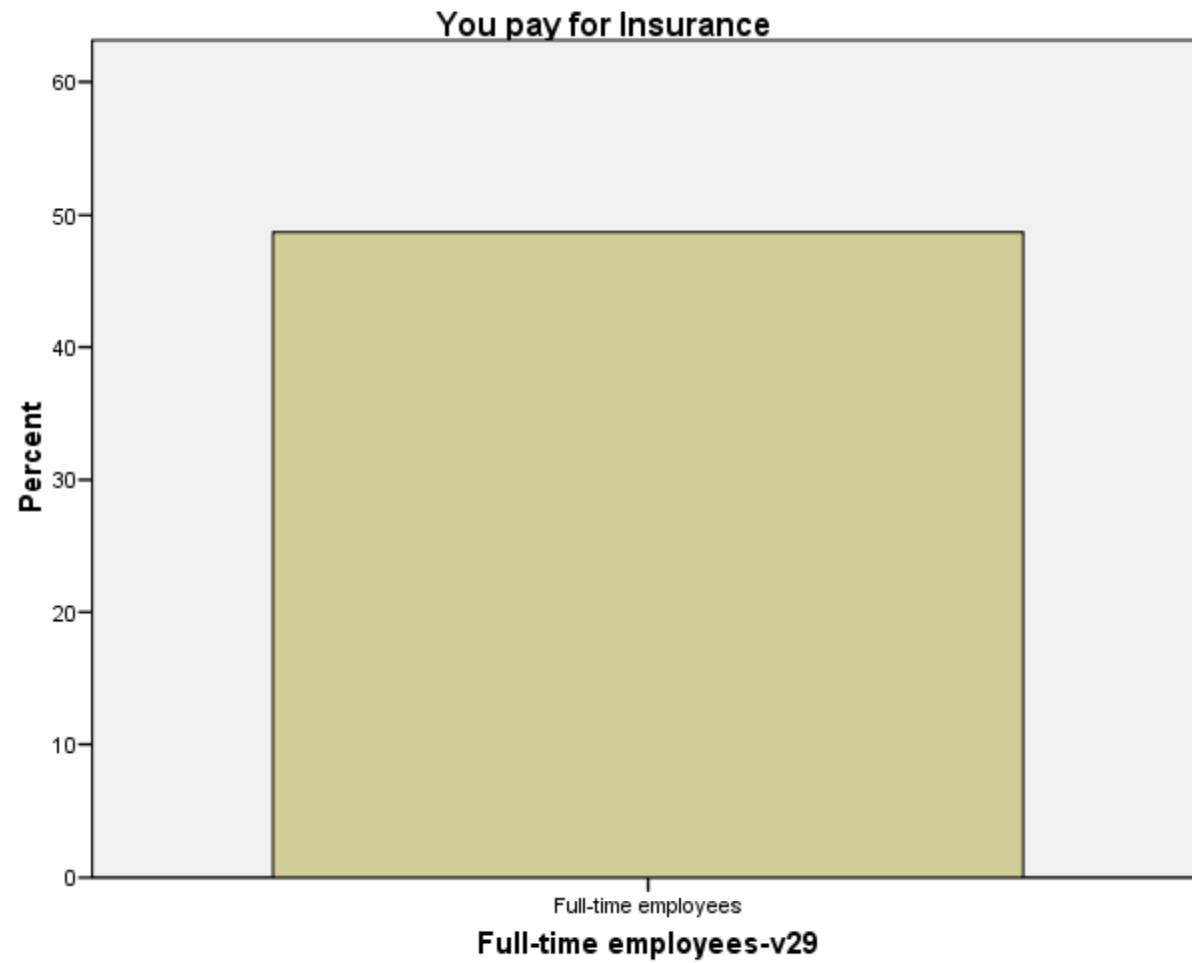


What percent of these employees were ENROLLED in ANY health plan through your organization?/Full time



What percent of these employees were ENROLLED in ANY health plan through your organization?/Part time

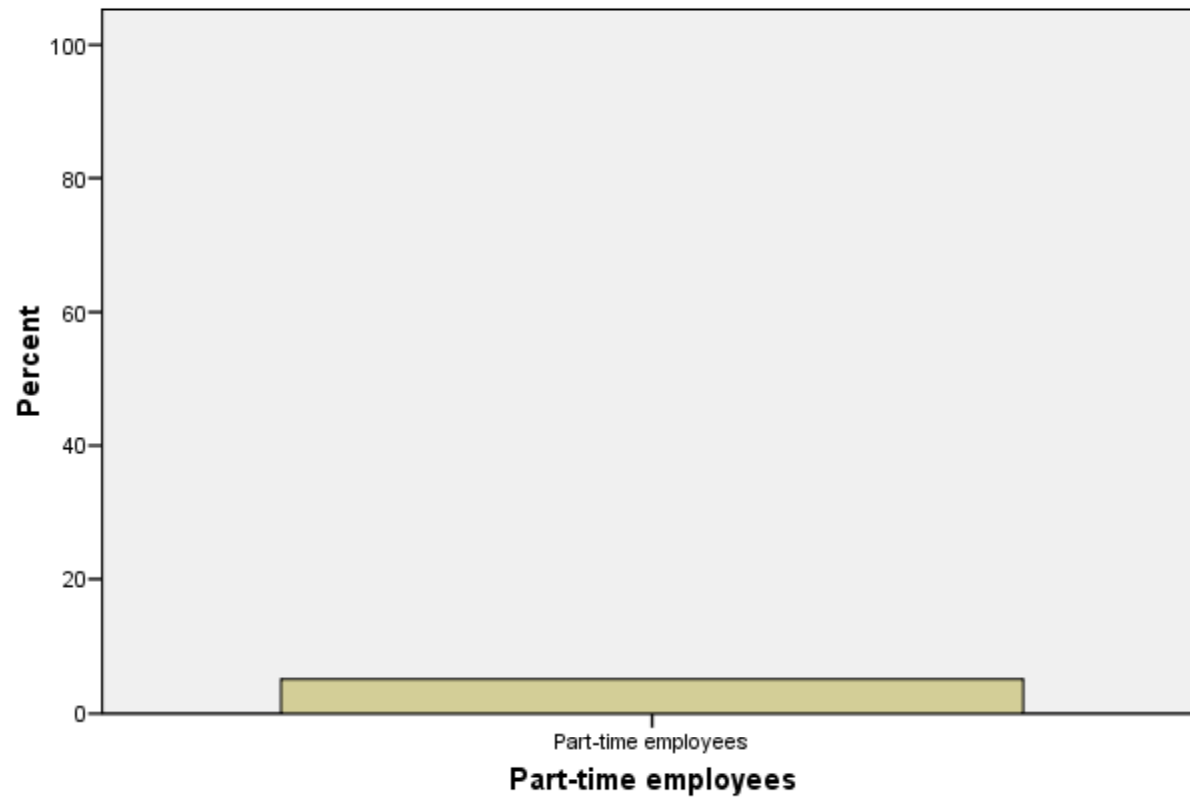




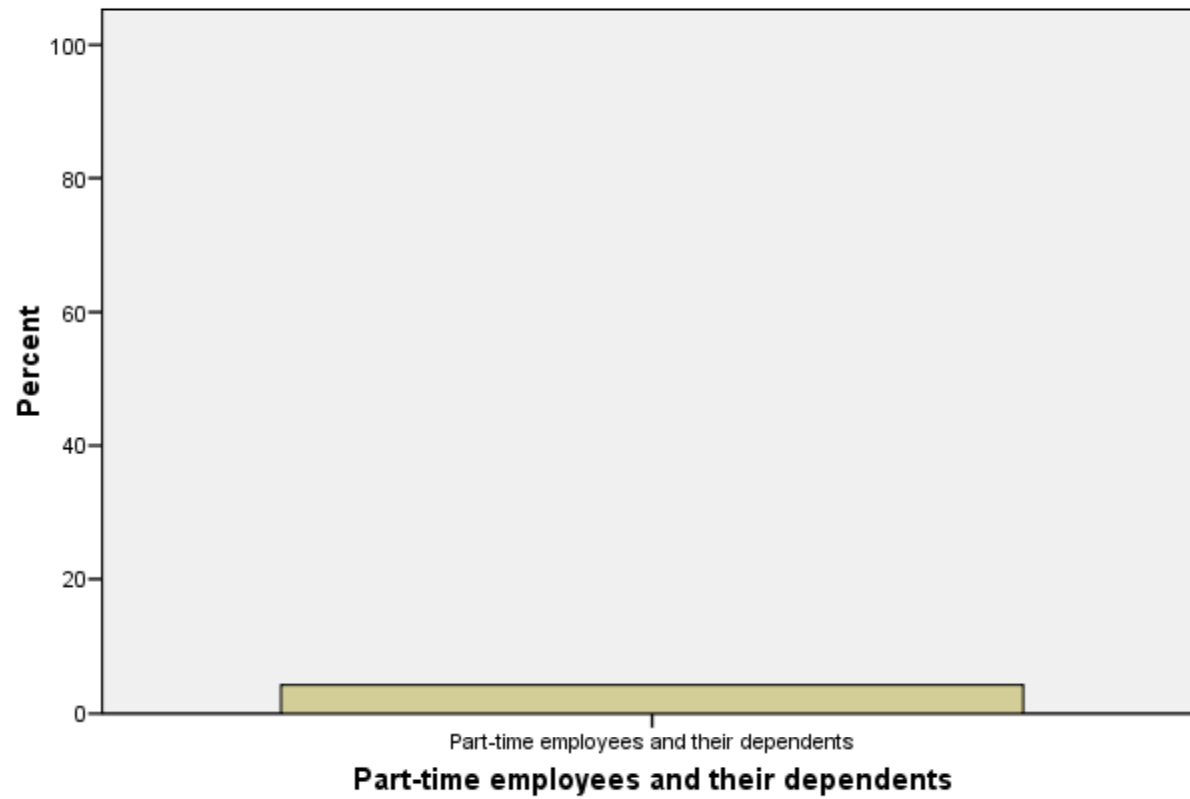
Full-time employees and their dependents



Part-time employees



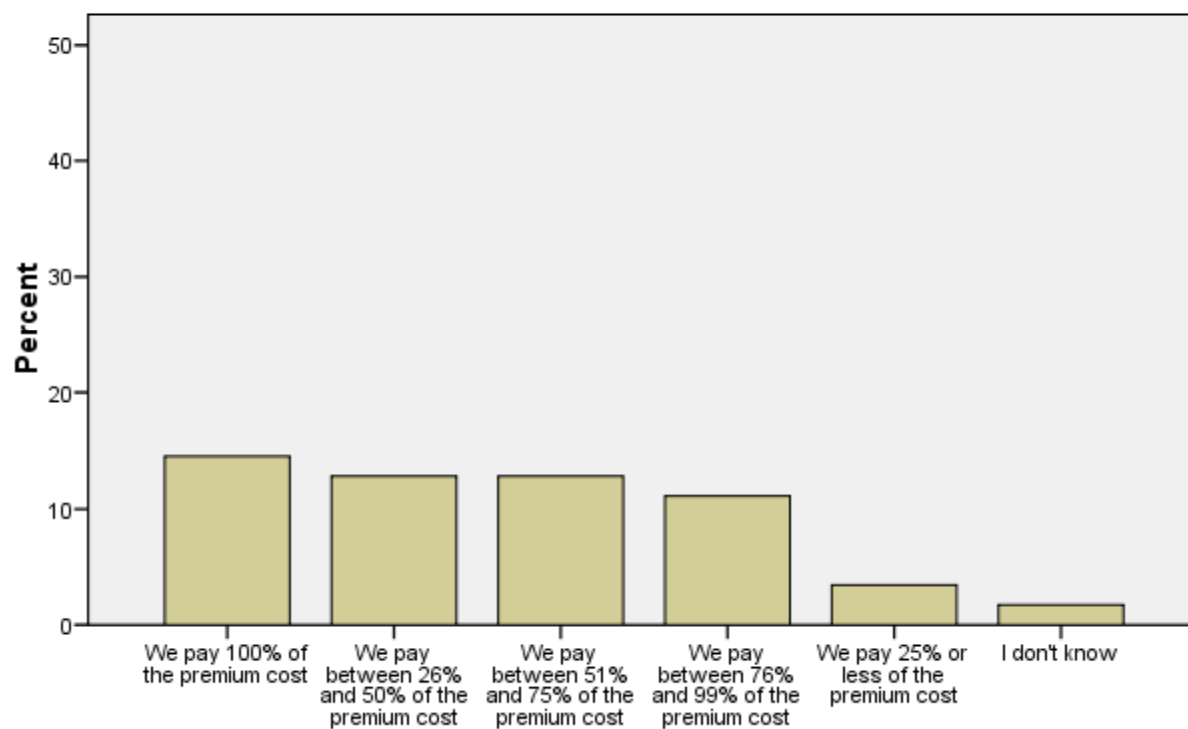
Part-time employees and their dependents



I am not so sure

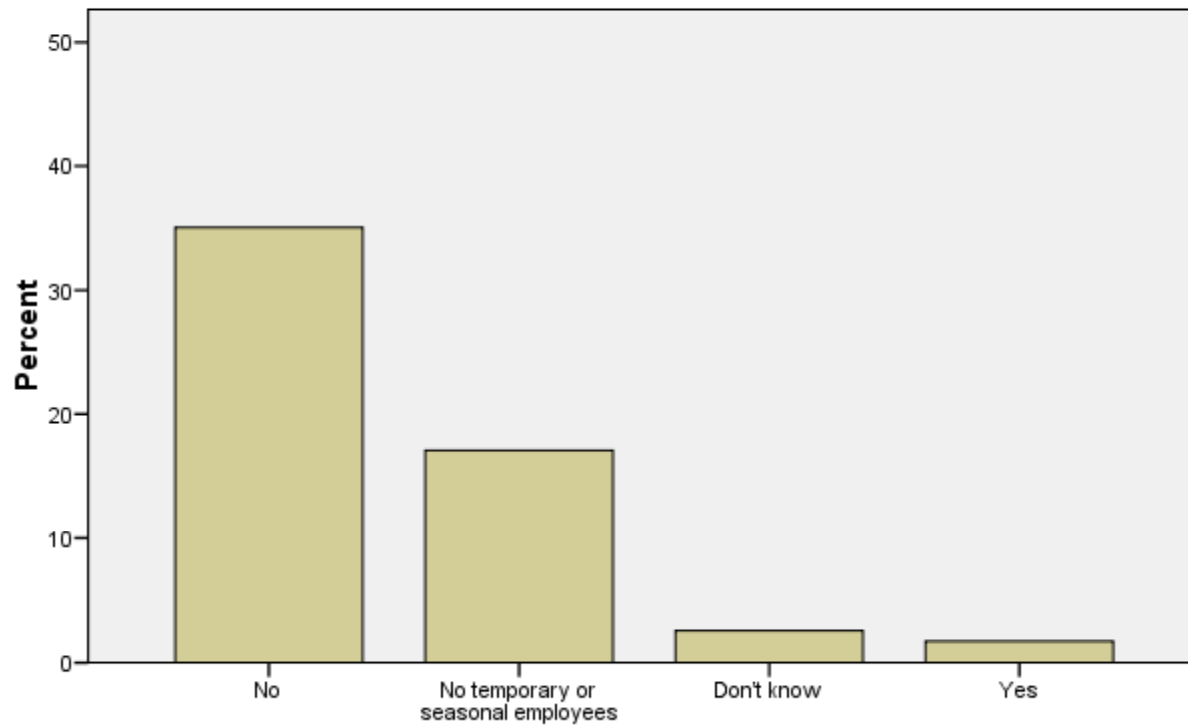


23. What percentage of your employees' health insurance premiums do you pay for?



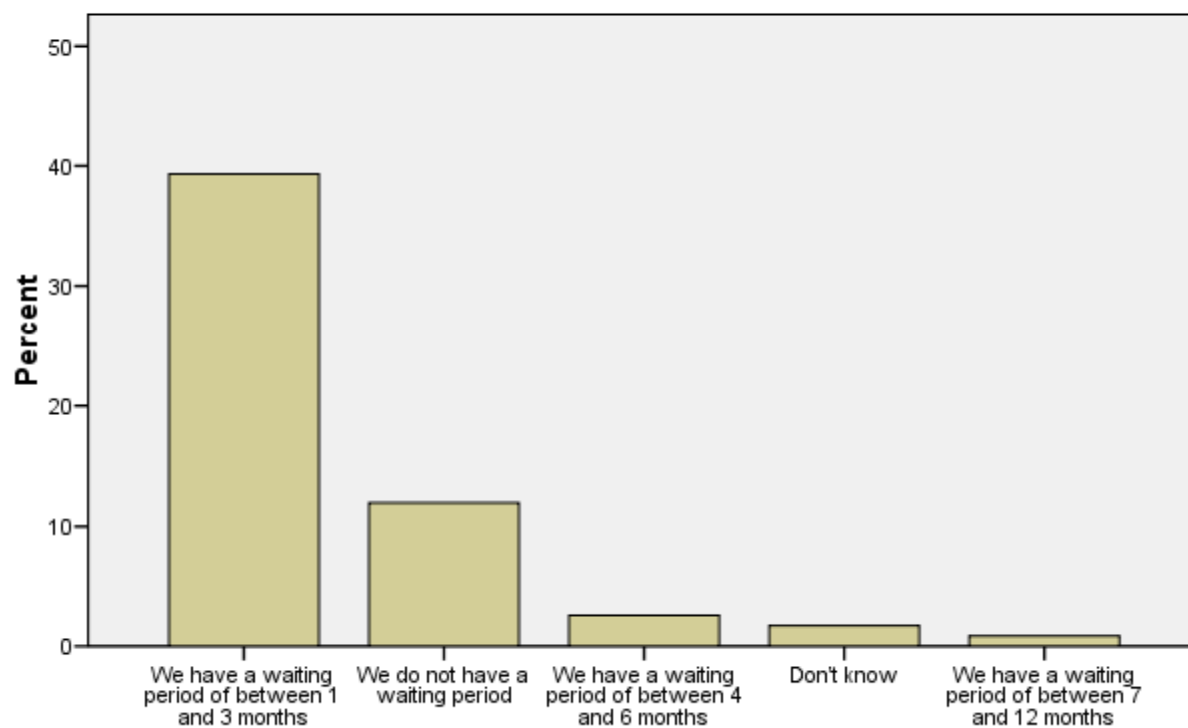
23. What percentage of your employees' health insurance premiums do you pay for?

24. Did your organization offer health insurance to its temporary or seasonal employees?



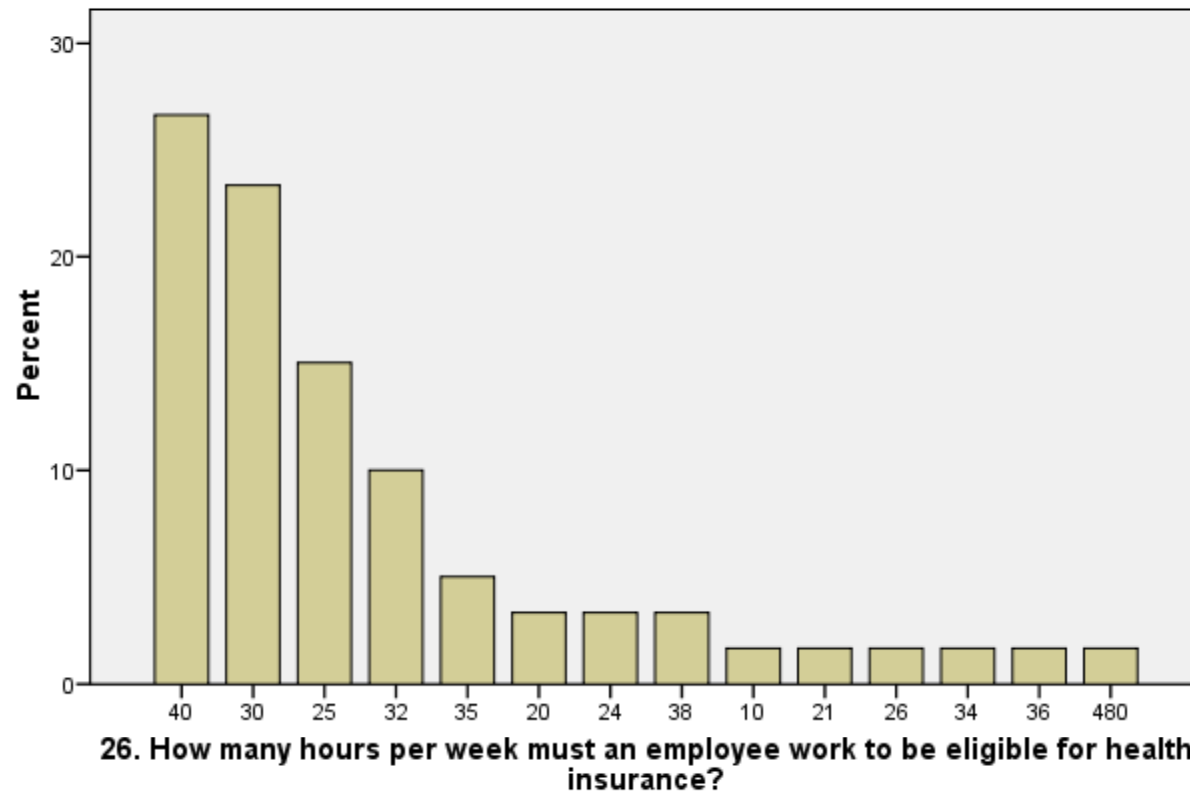
24. Did your organization offer health insurance to its temporary or seasonal employees?

25. How long is the waiting period before new employees become eligible for health coverage?

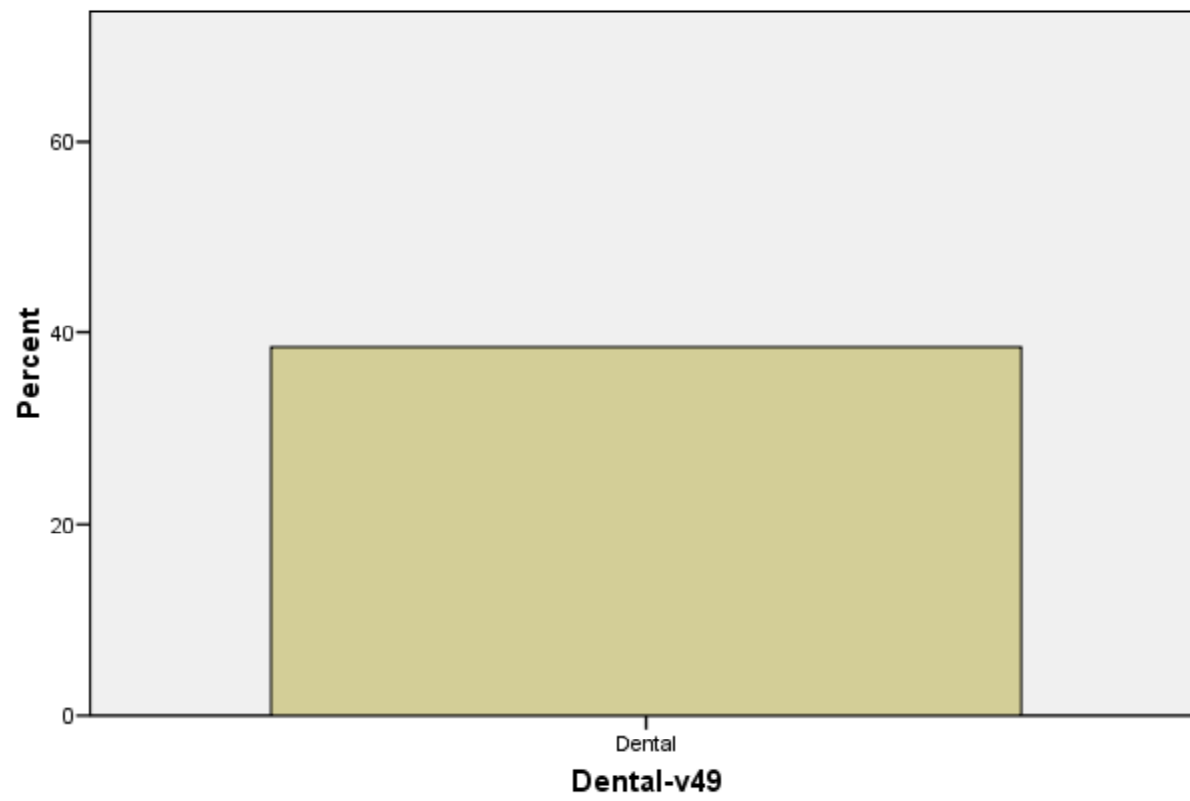


25. How long is the waiting period before new employees become eligible for health coverage?

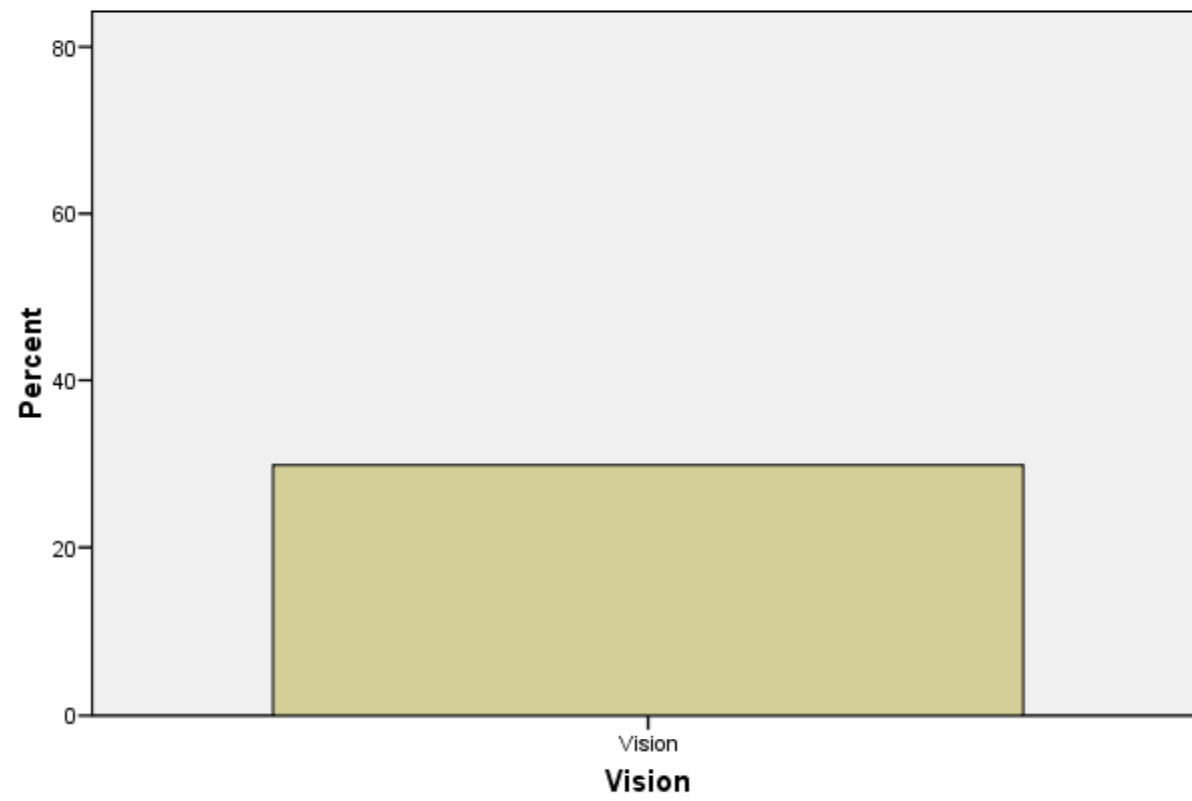
26. How many hours per week must an employee work to be eligible for health insurance?



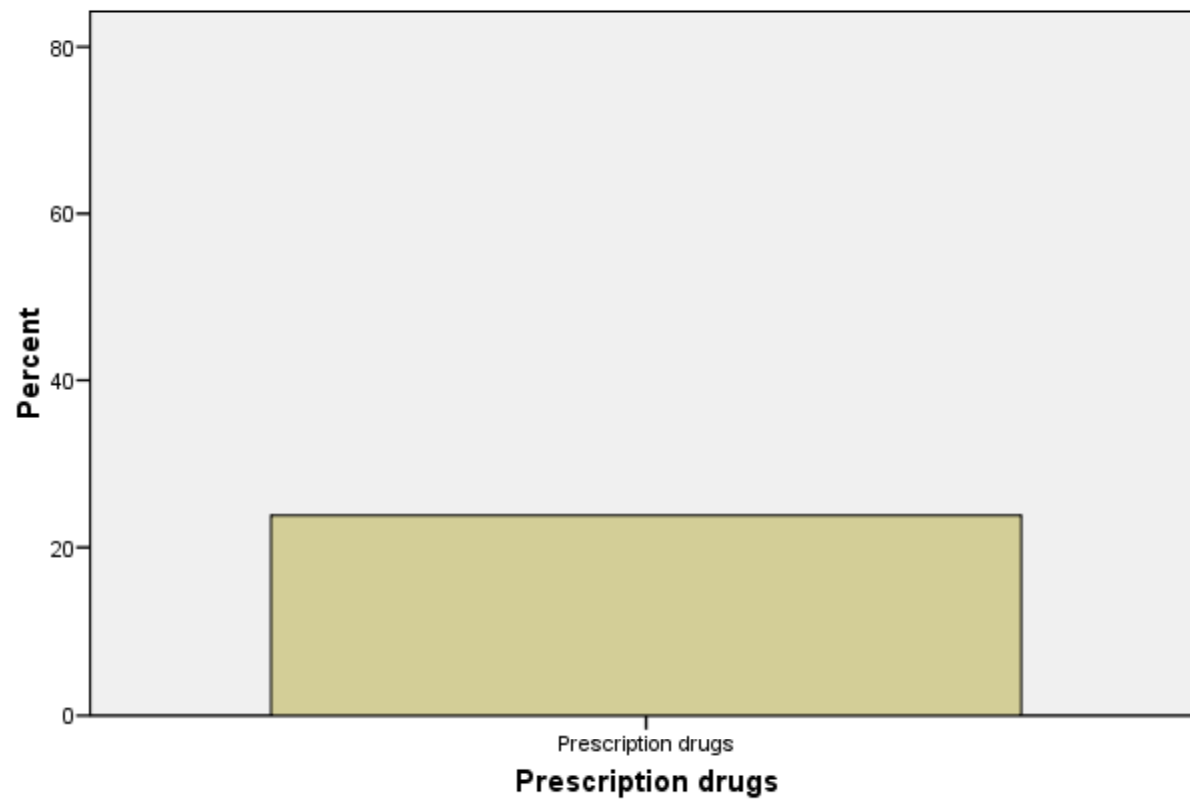
Dental-v49



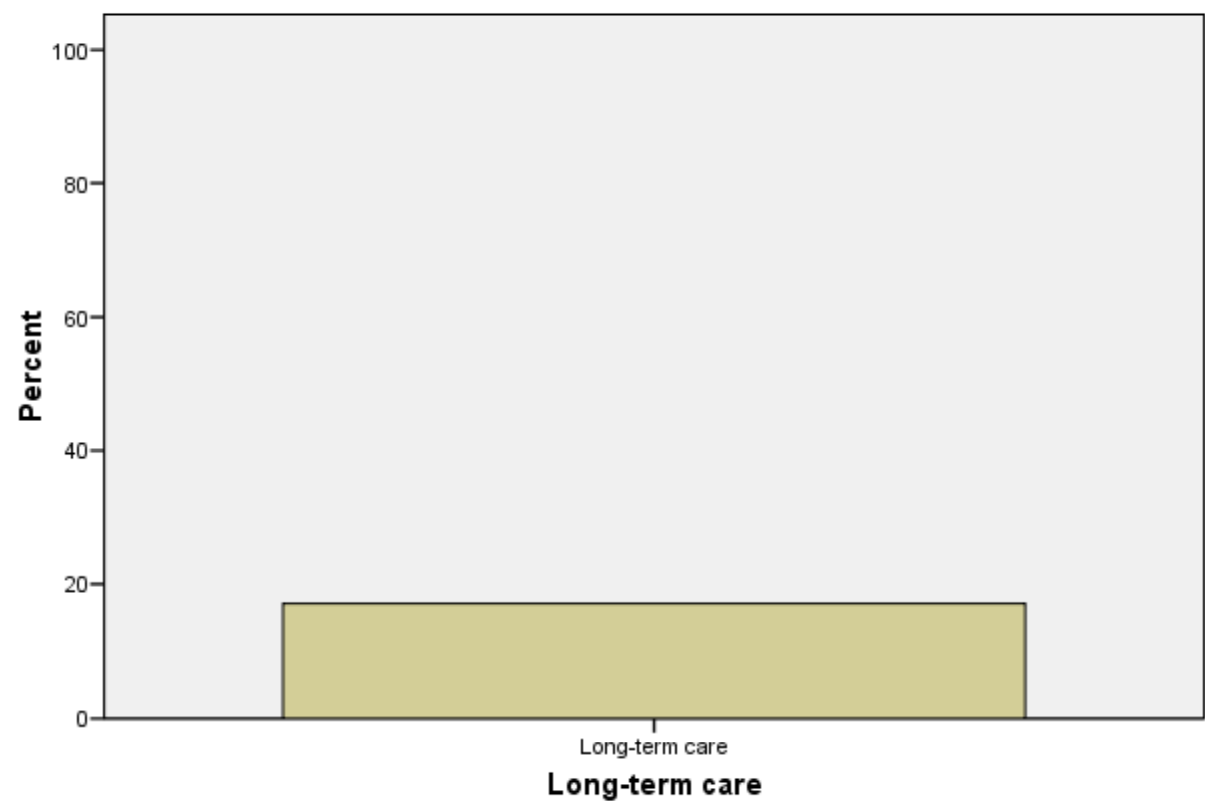
Vision



Prescription drugs



Long-term care



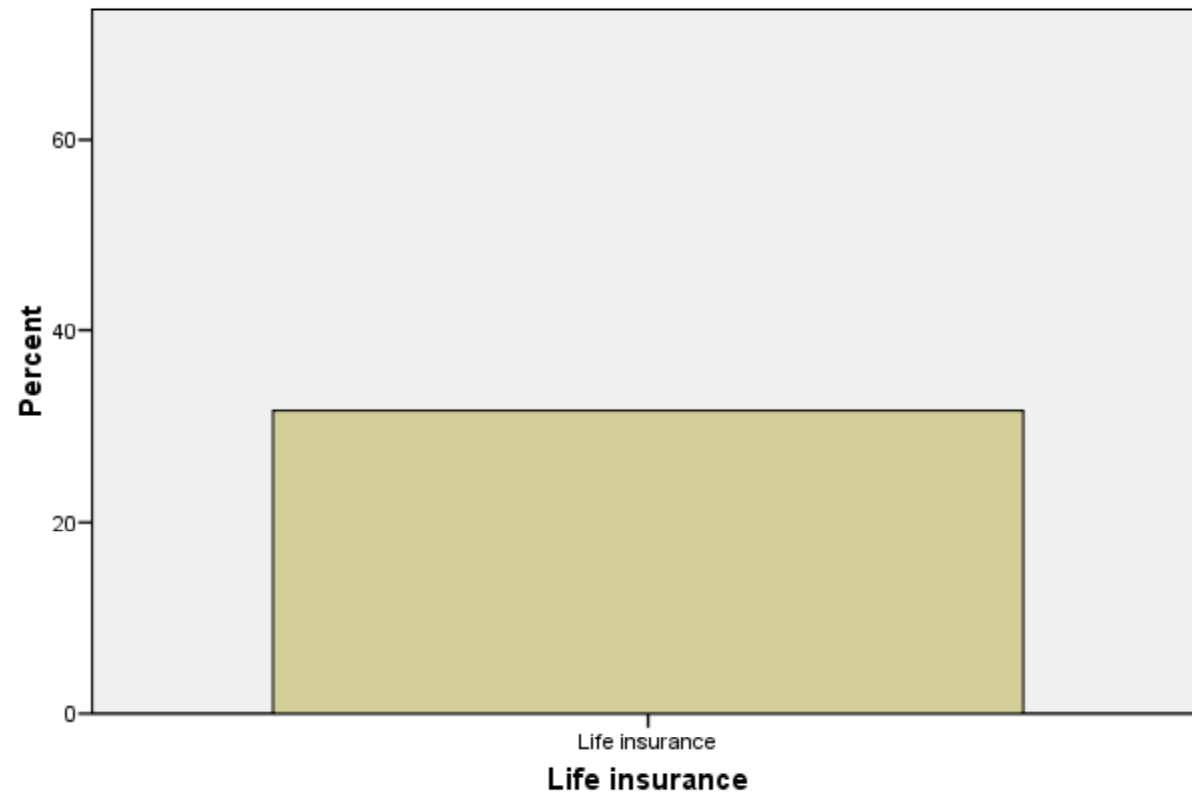
Paid vacationv24



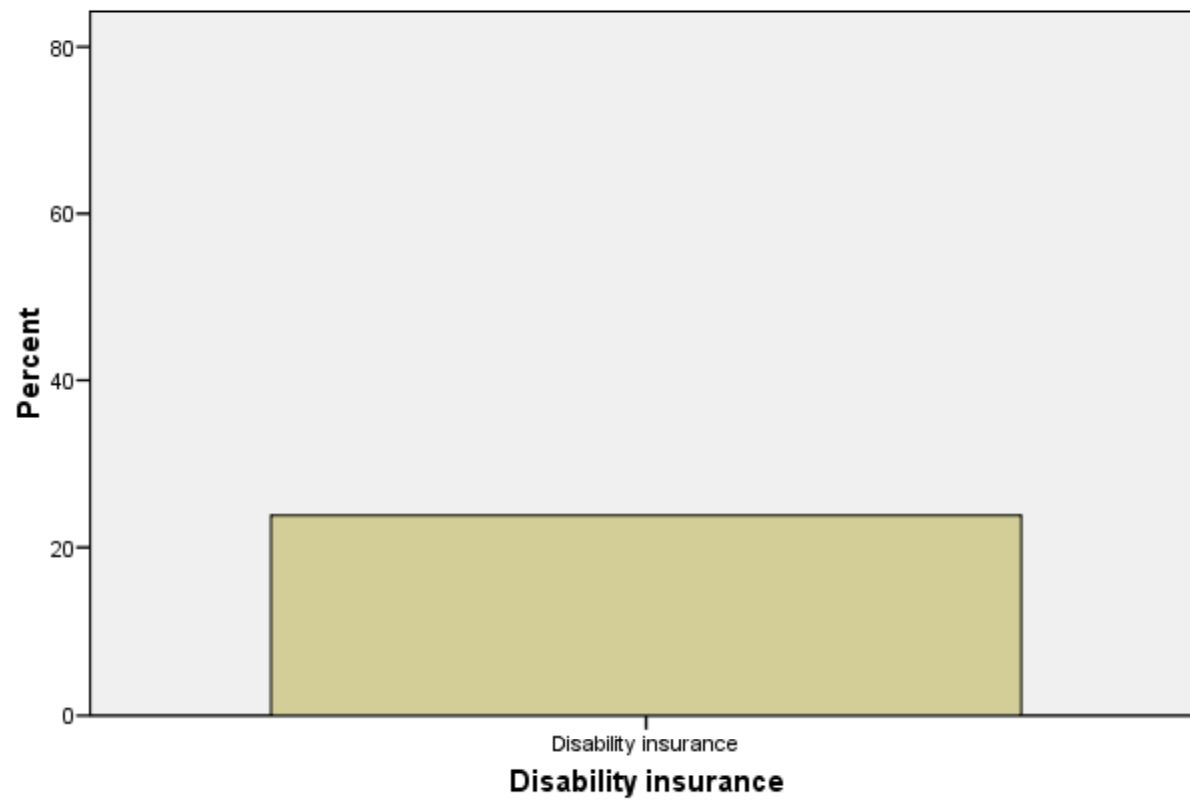
Paid sick leave



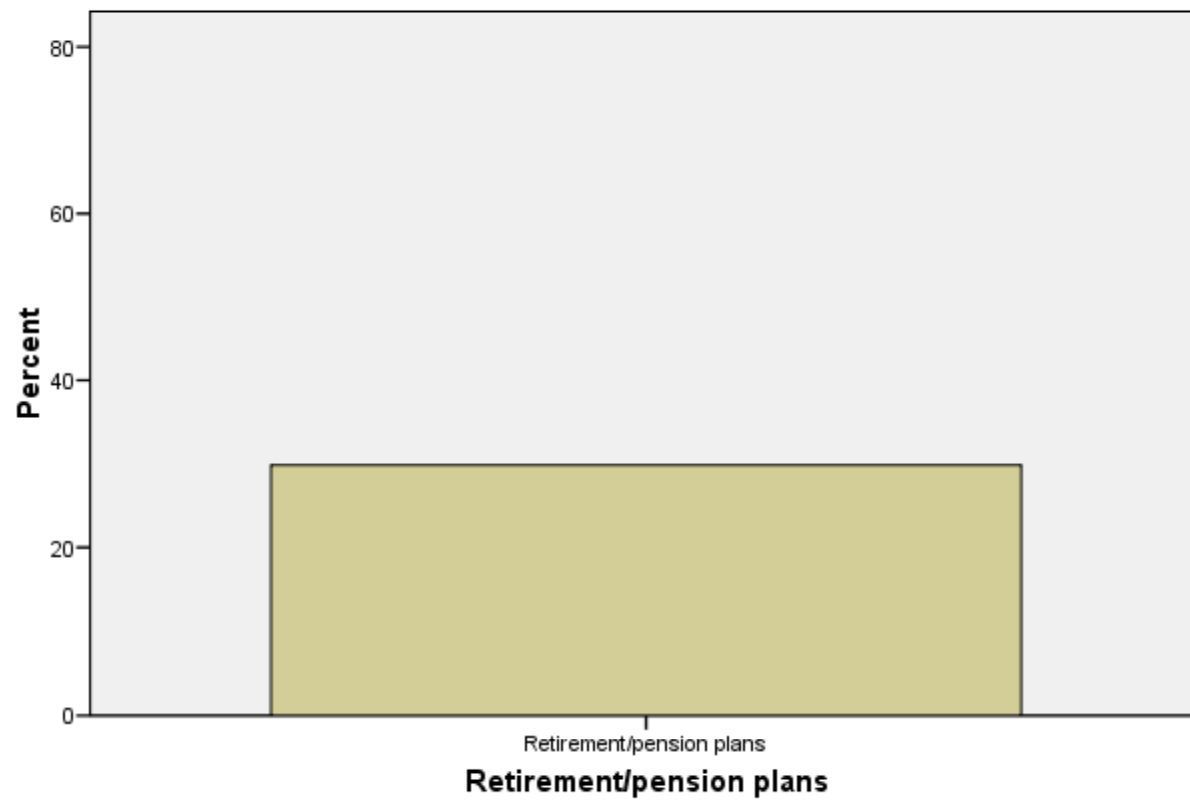
Life insurance



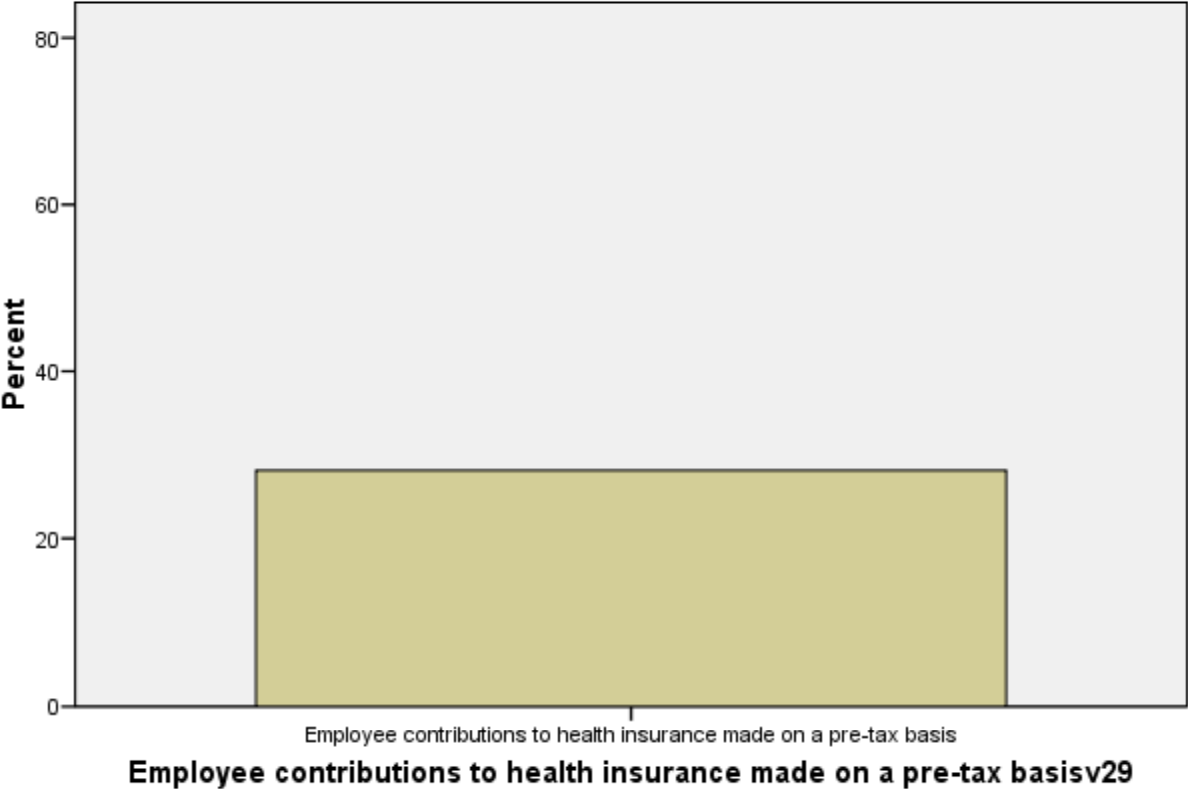
Disability insurance



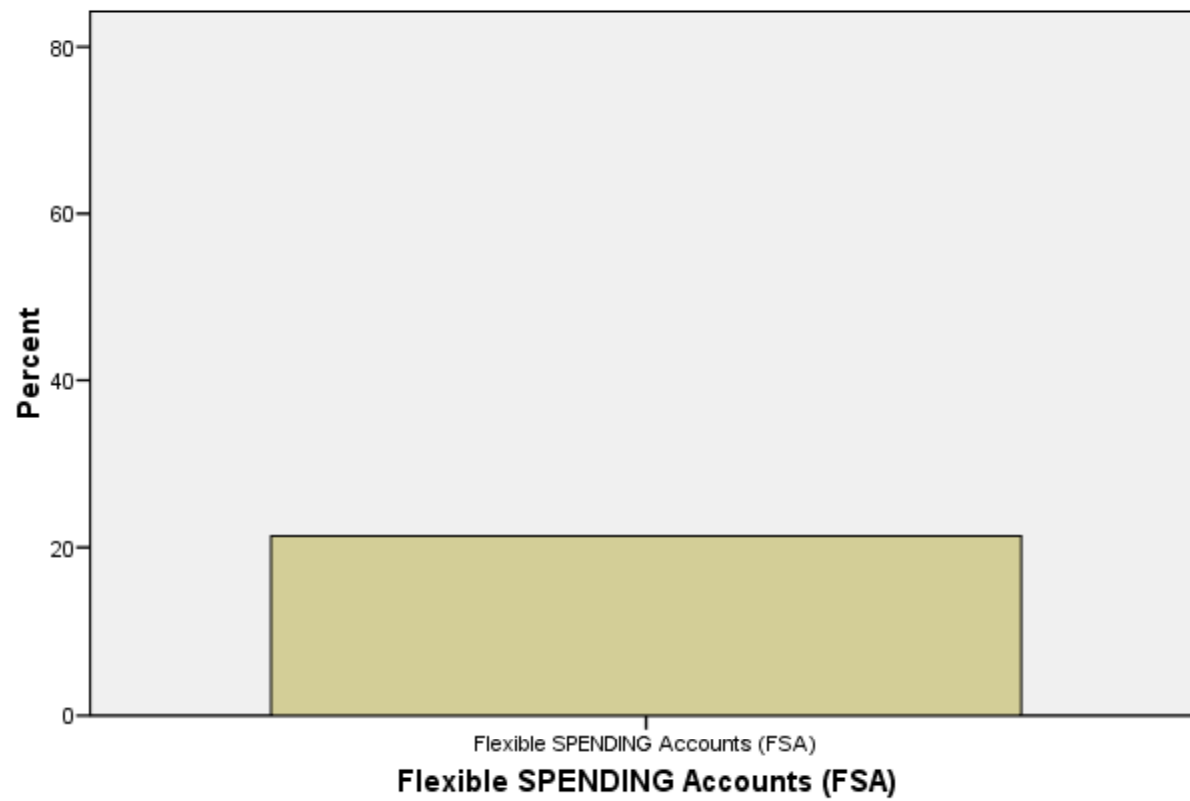
Retirement/pension plans



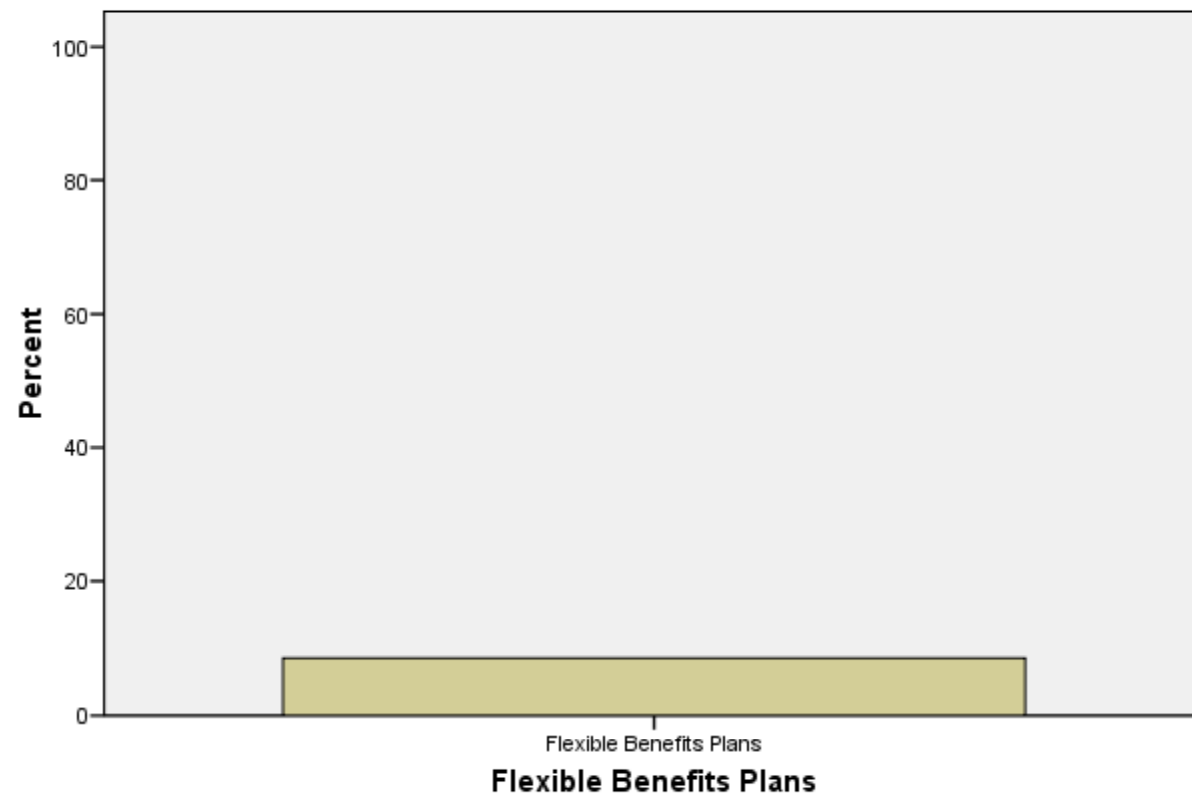
Employee contributions to health insurance made on a pre-tax basisv29



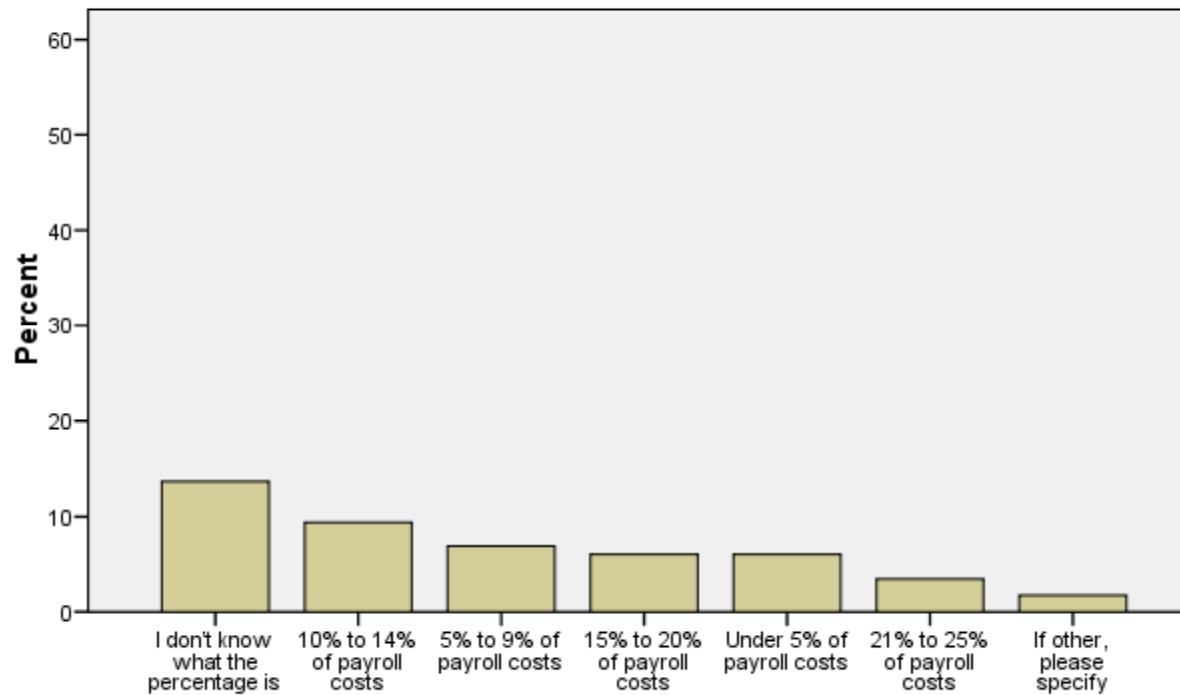
Flexible SPENDING Accounts (FSA)



Flexible Benefits Plans

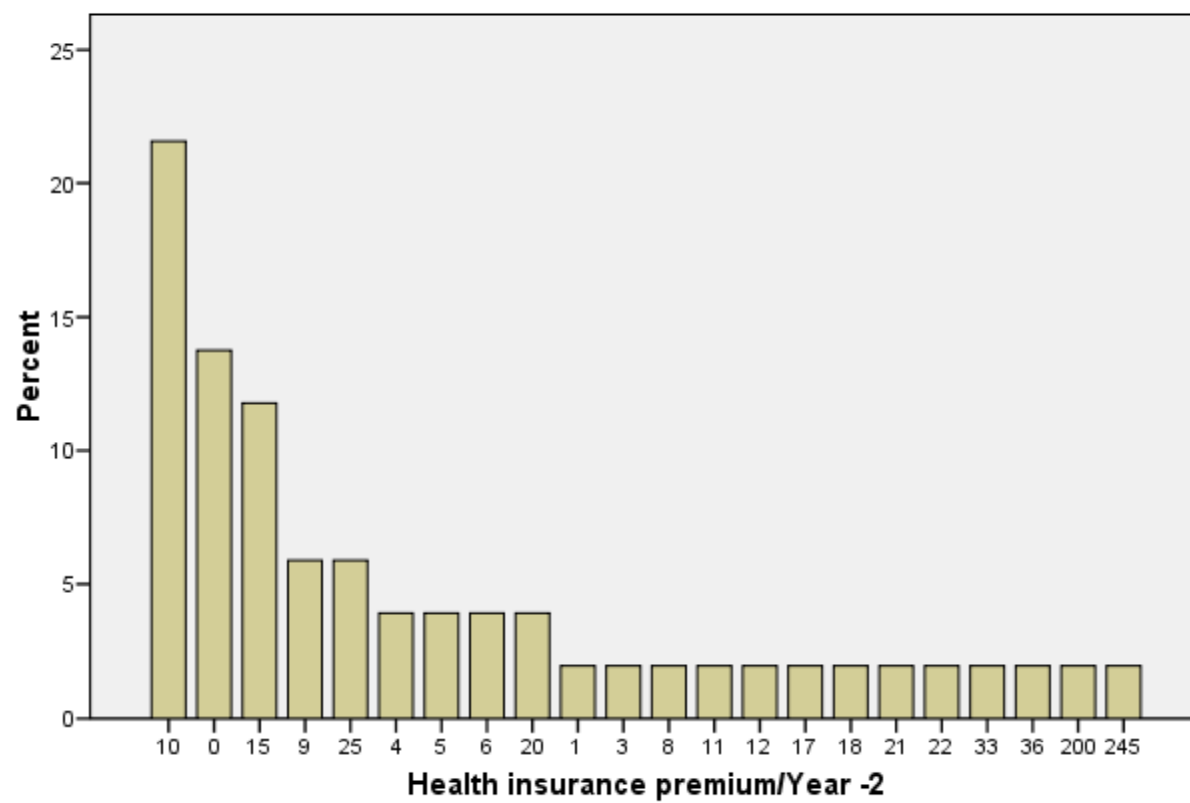


30. What do you estimate you currently pay for health insurance premiums in your company as a percentage of total PAYROLL costs (including taxes, benefits, etc.)?

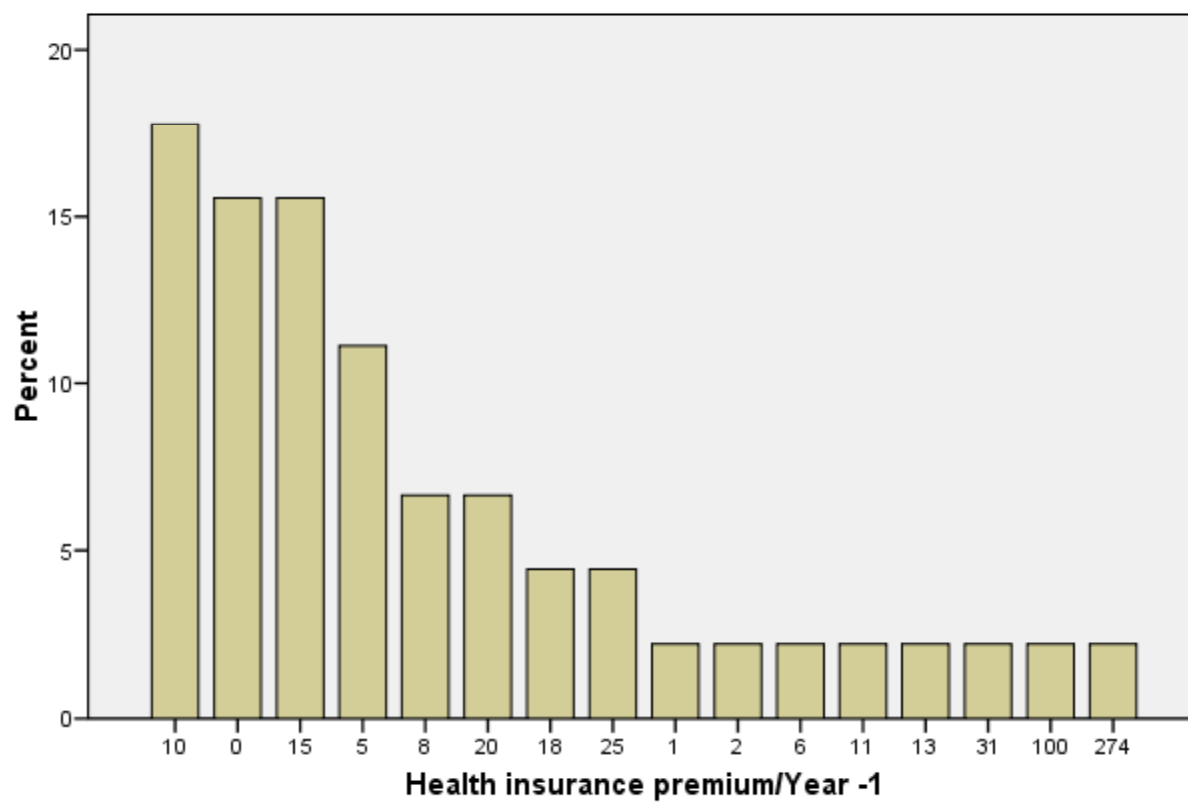


30. What do you estimate you currently pay for health insurance premiums in your company as a percentage of total PAYROLL costs (including taxes, benefits, etc.)?

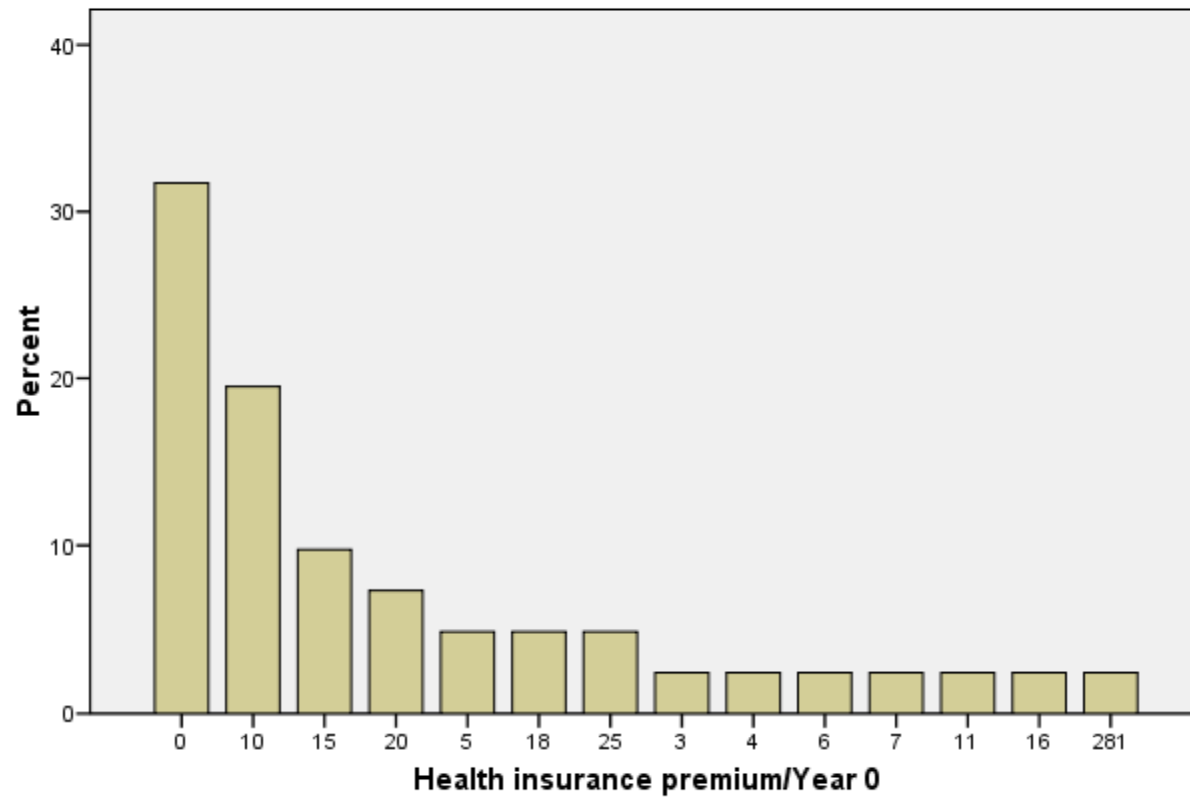
Health insurance premium/Year -2



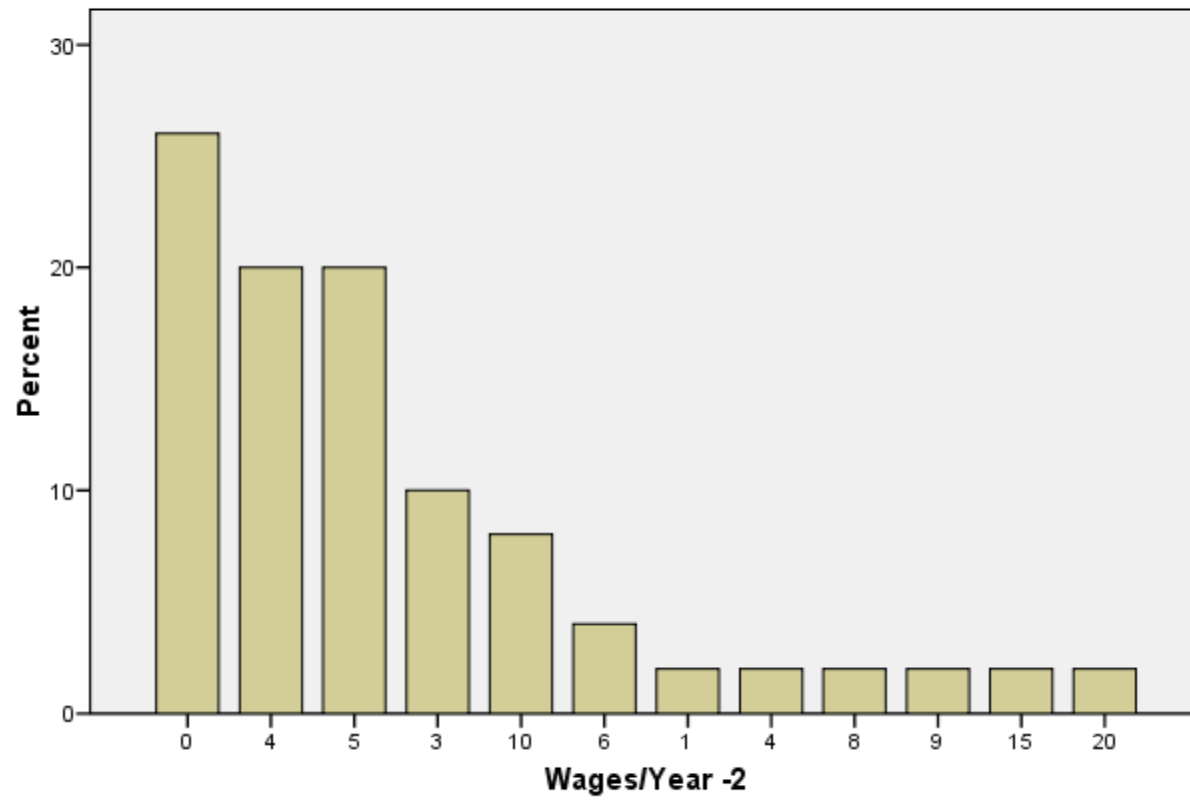
Health insurance premium/Year -1



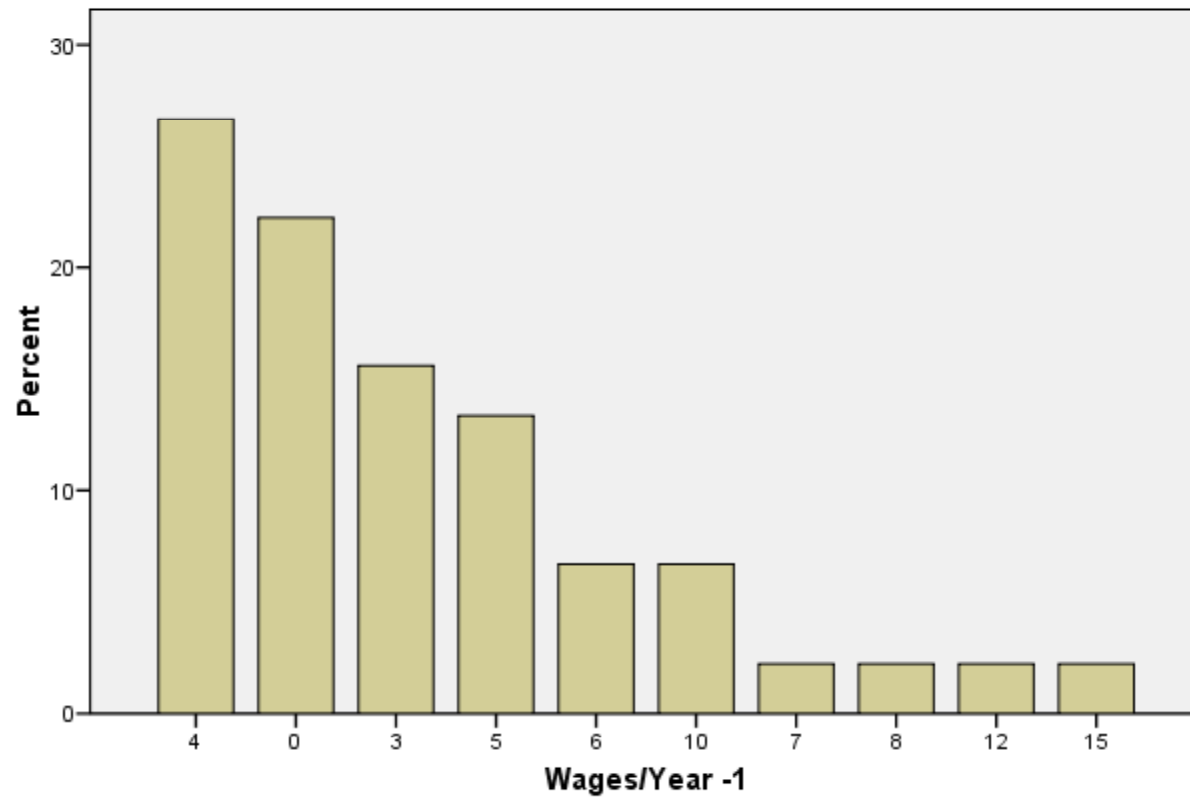
Health insurance premium/Year 0



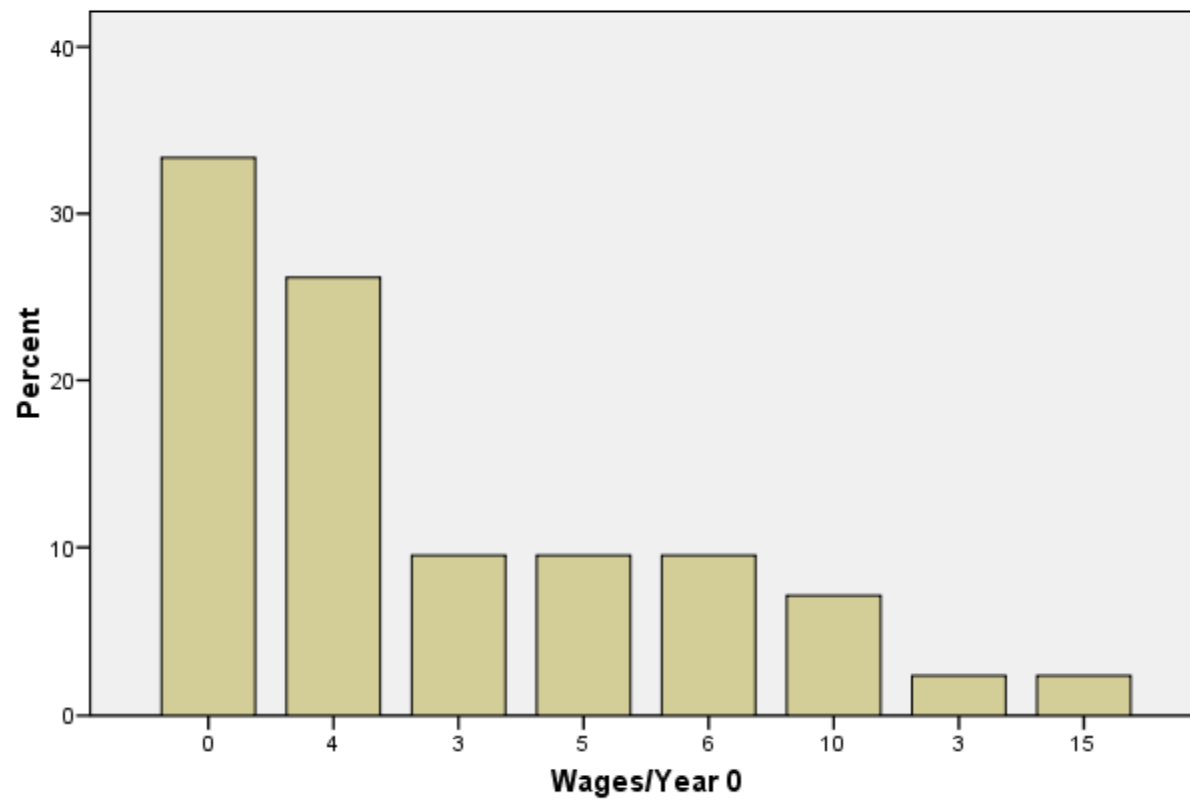
Wages/Year -2



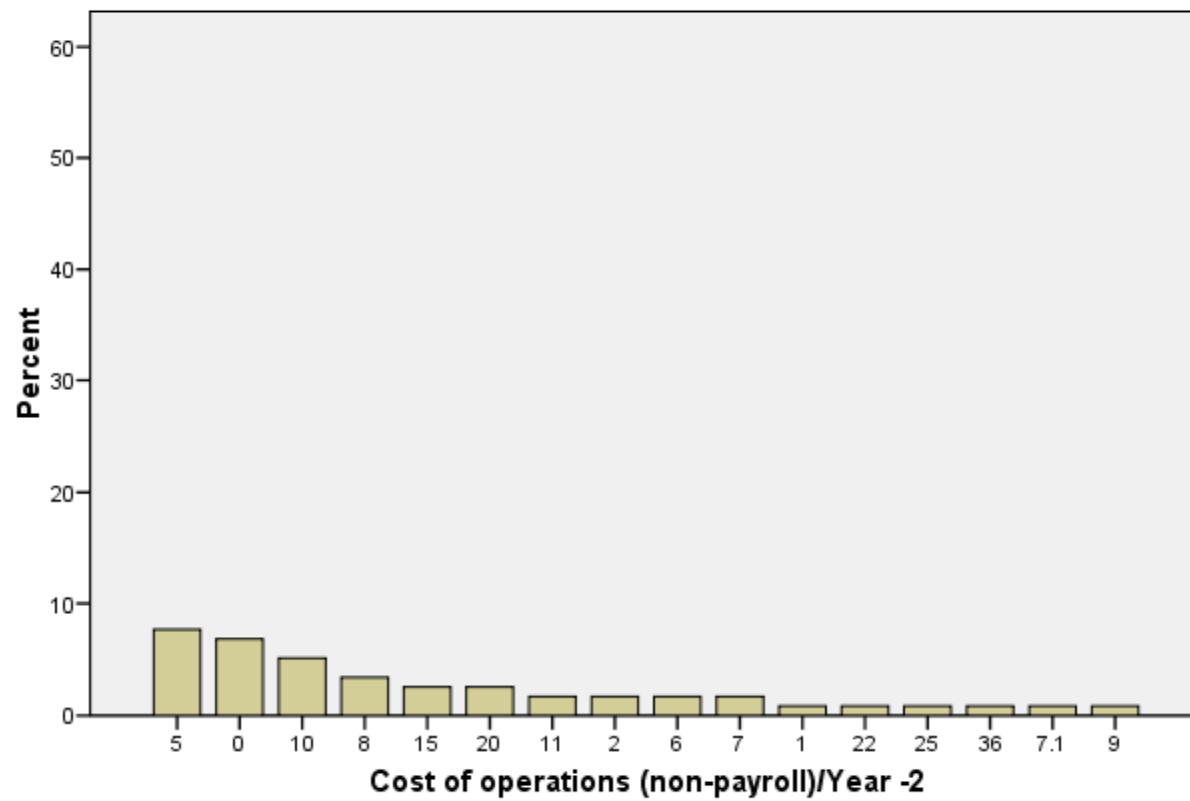
Wages/Year -1



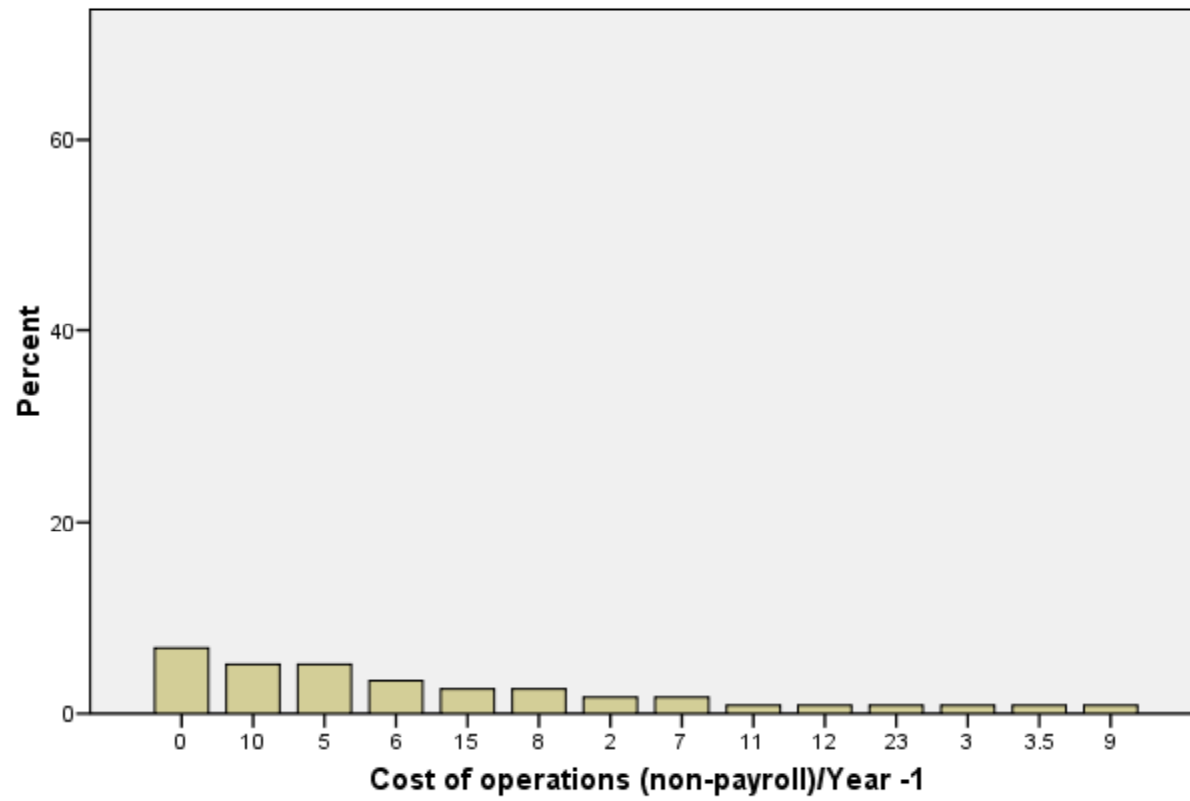
Wages/Year 0



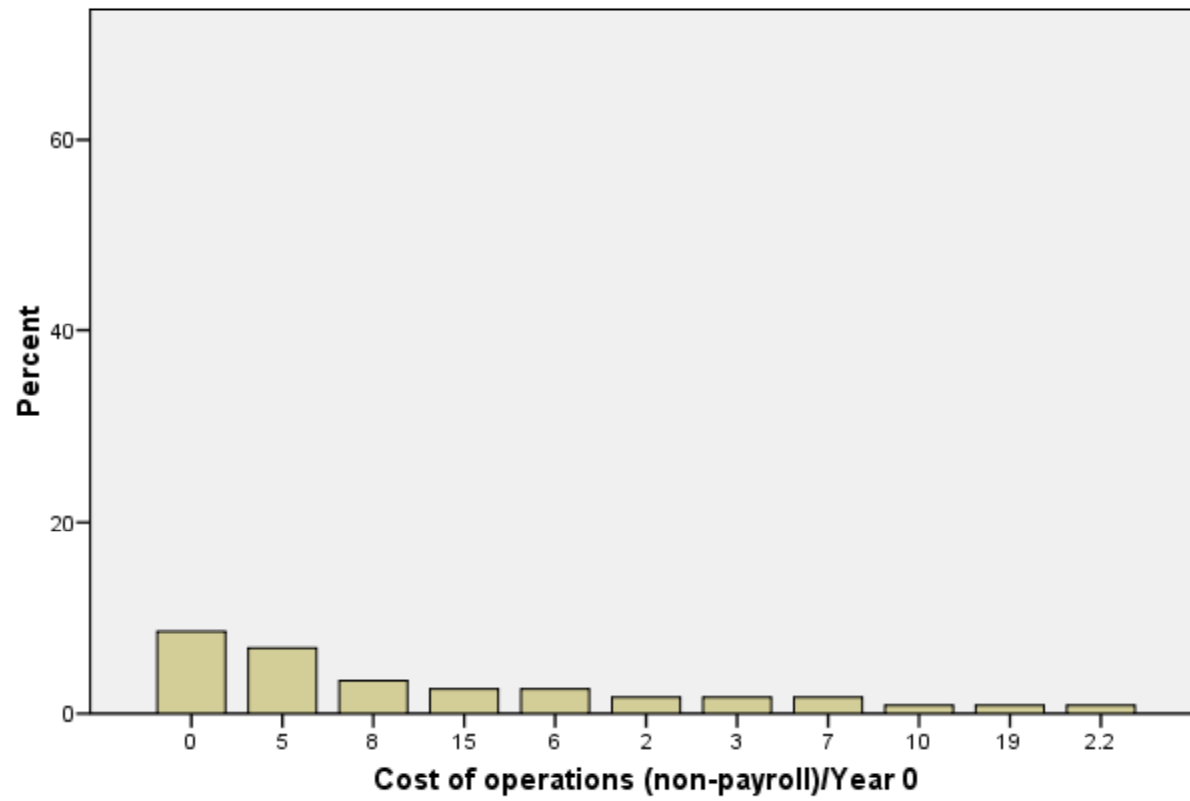
Cost of operations (non-payroll)/Year -2



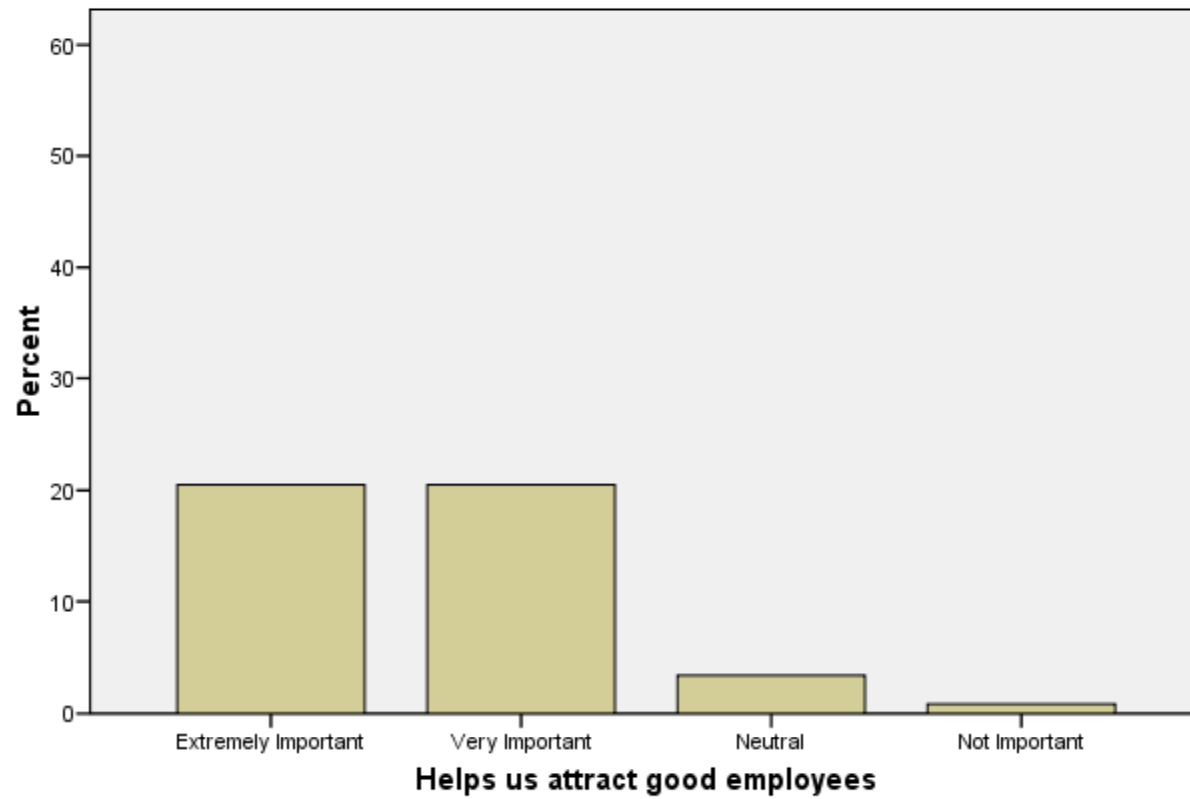
Cost of operations (non-payroll)/Year -1



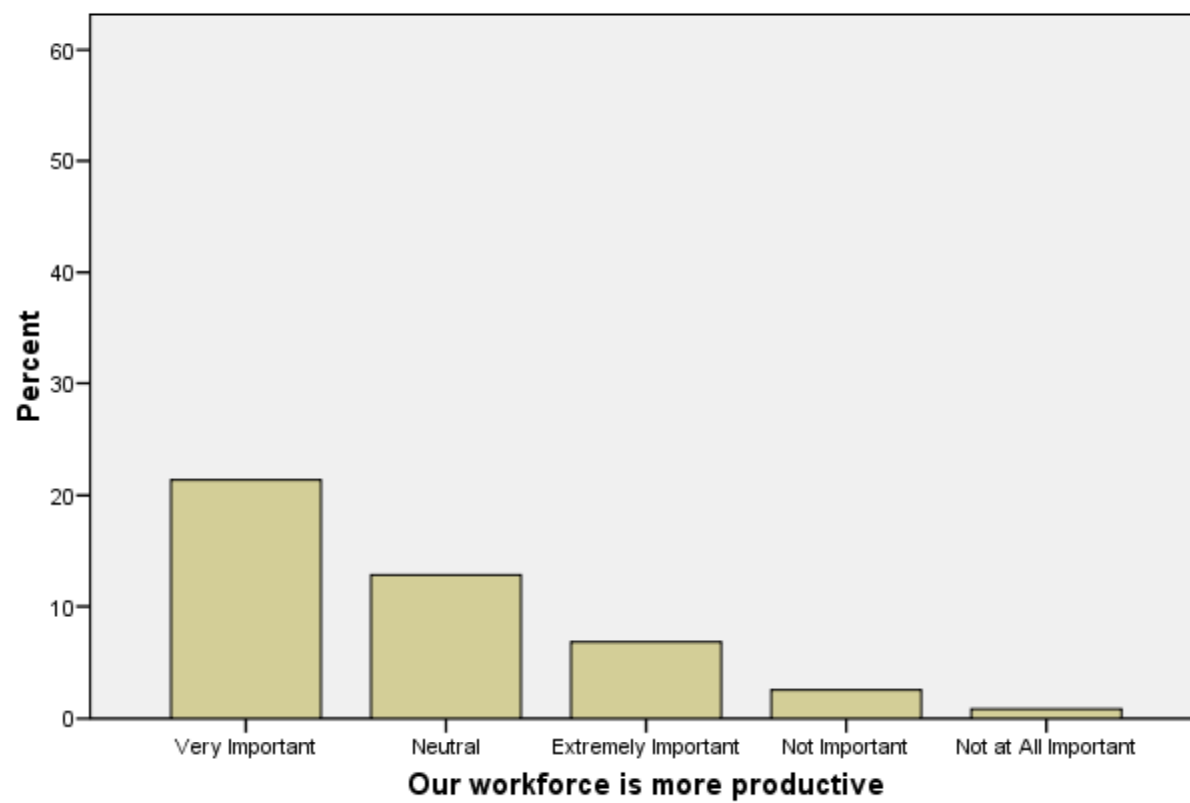
Cost of operations (non-payroll)/Year 0



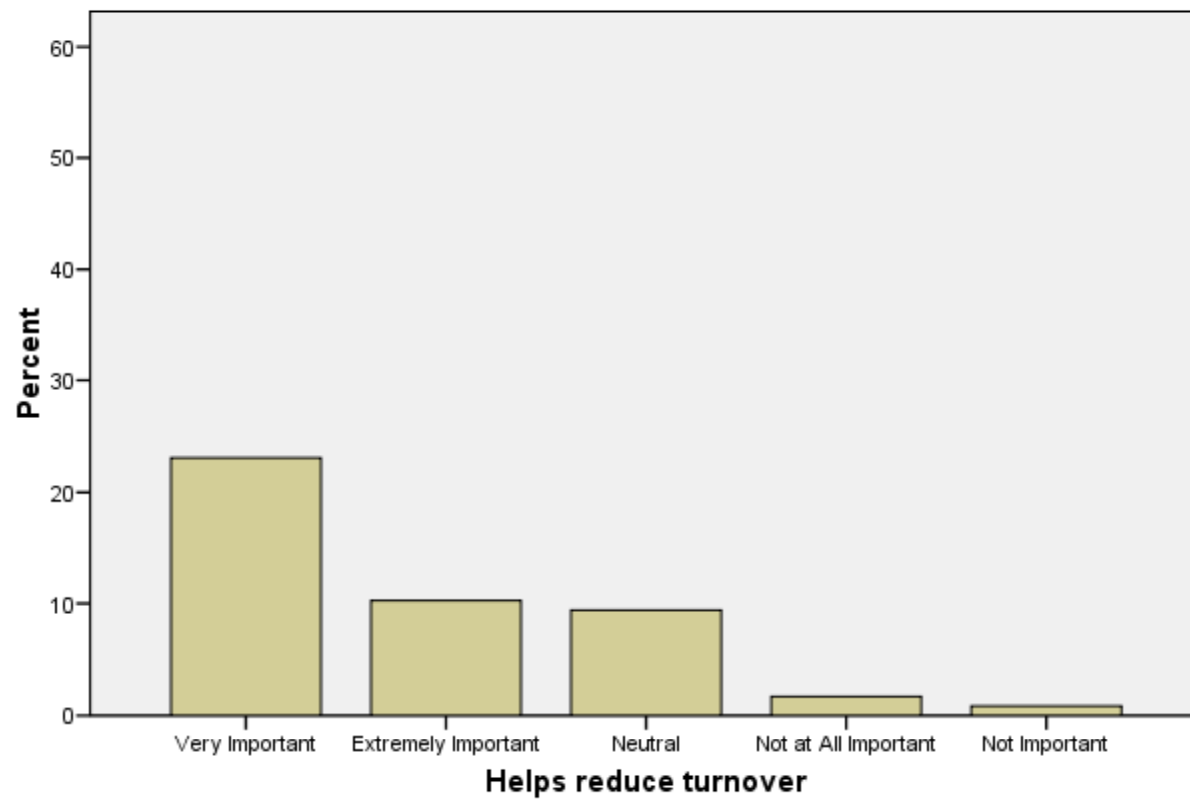
Helps us attract good employees



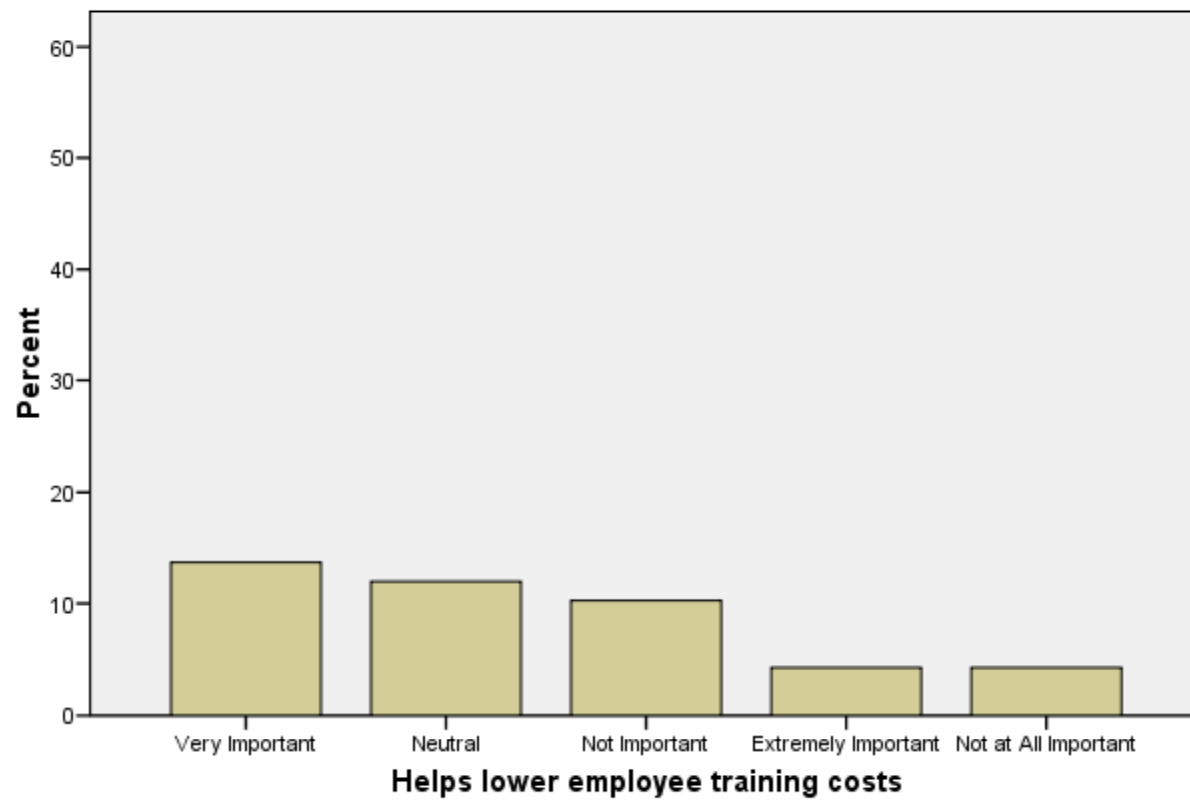
Our workforce is more productive



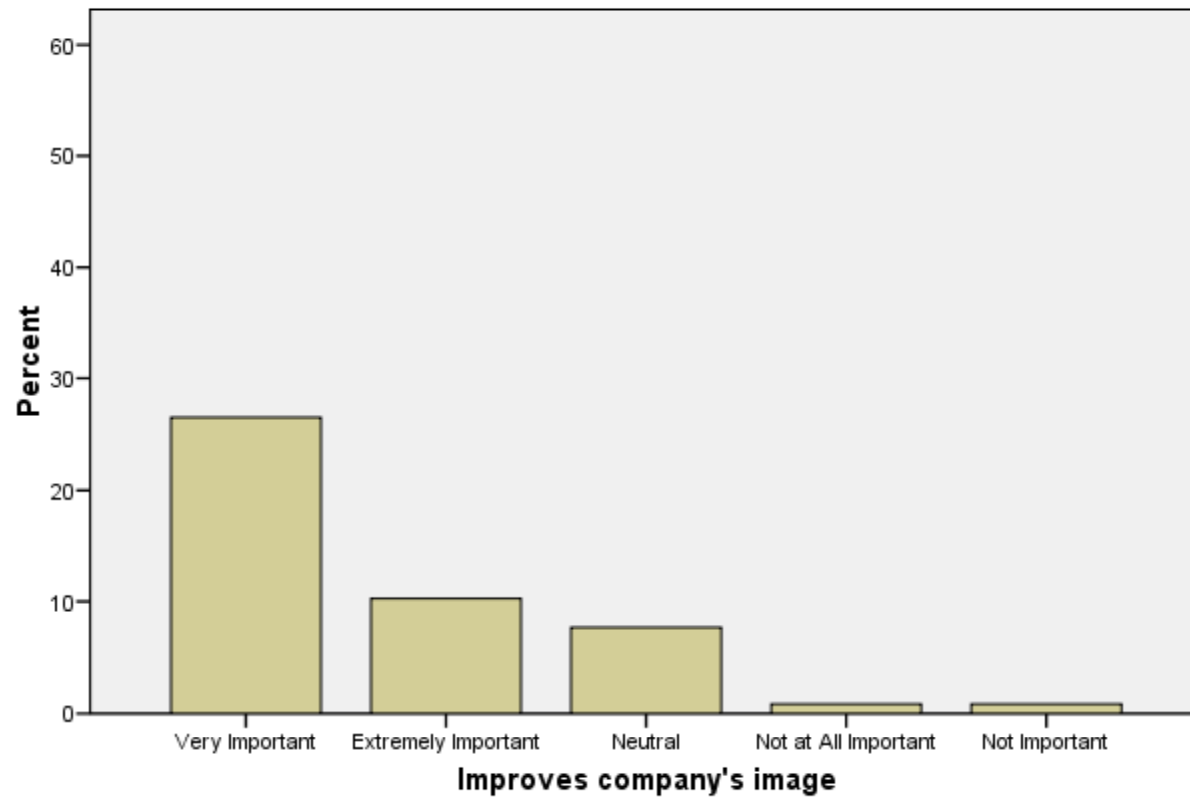
Helps reduce turnover



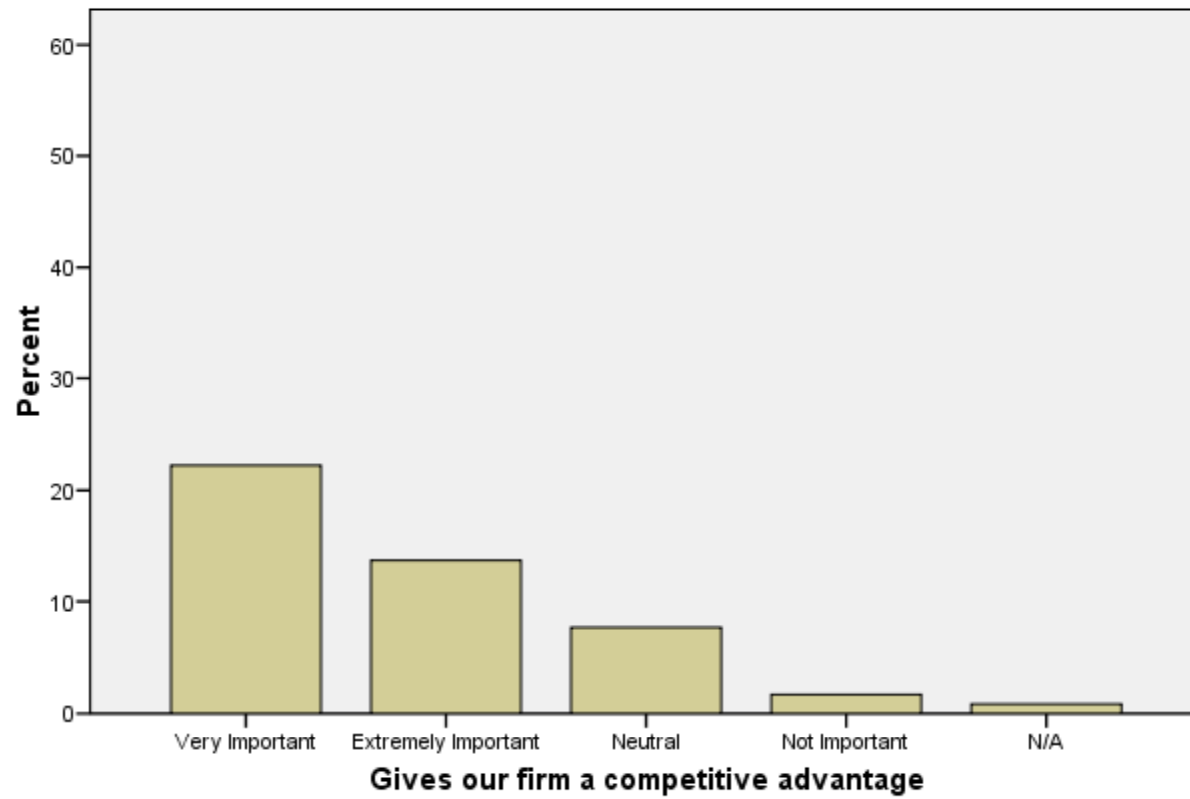
Helps lower employee training costs



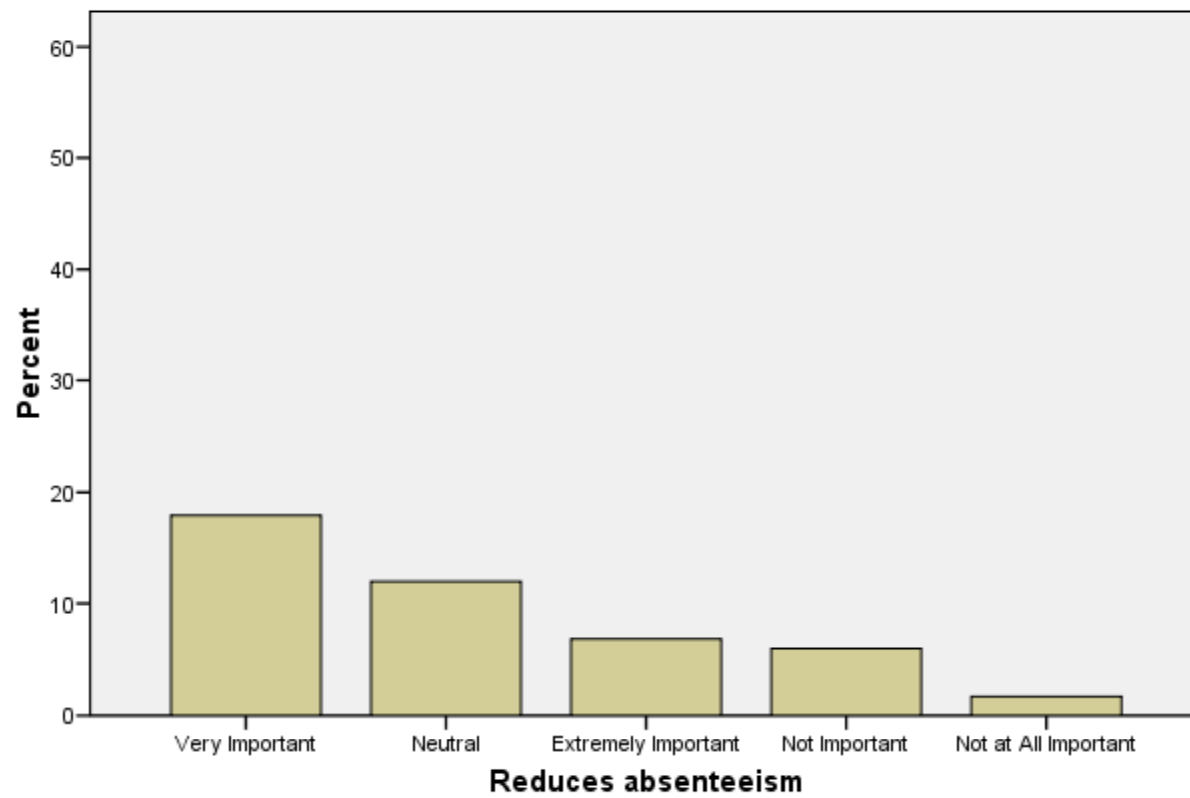
Improves company's image



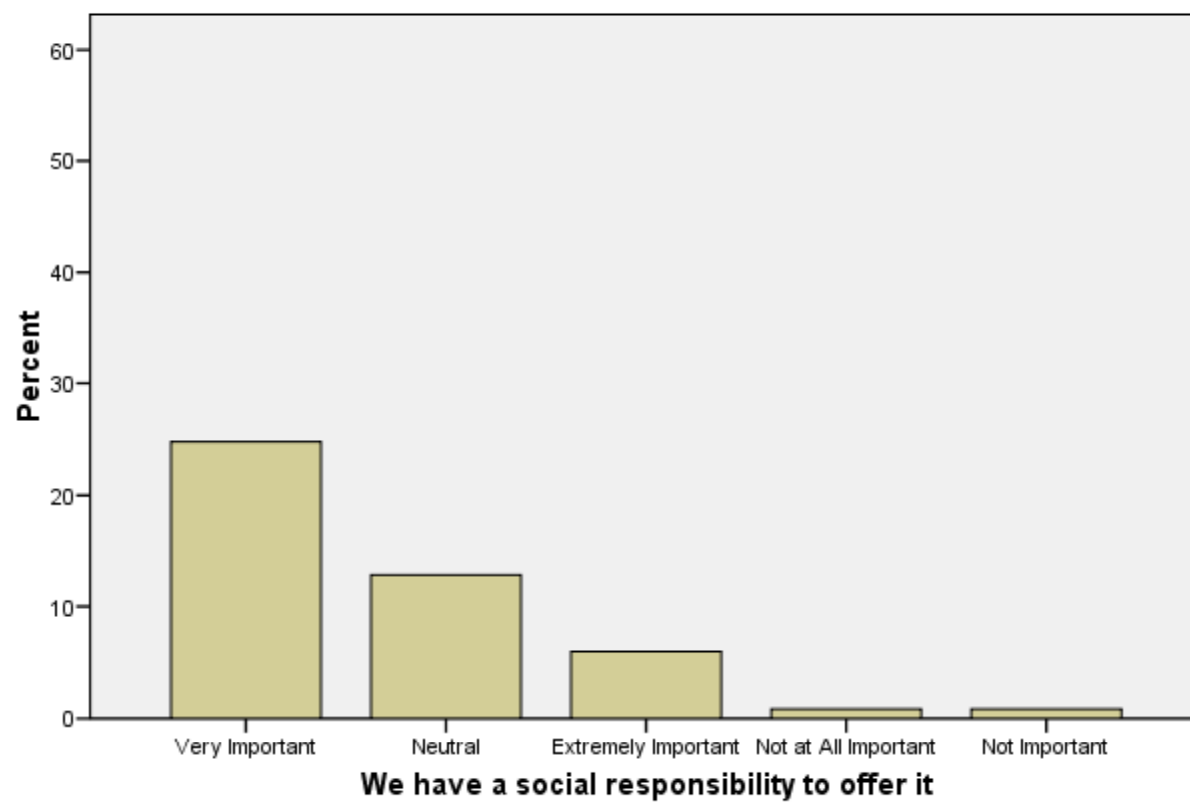
Gives our firm a competitive advantage



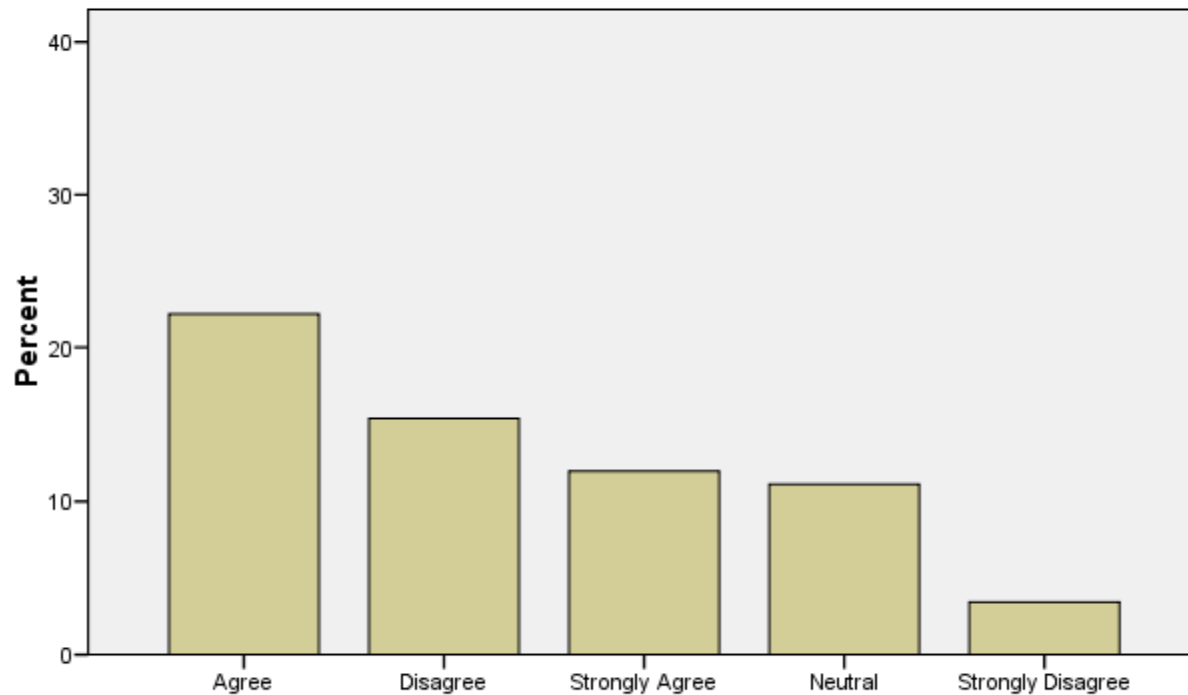
Reduces absenteeism



We have a social responsibility to offer it

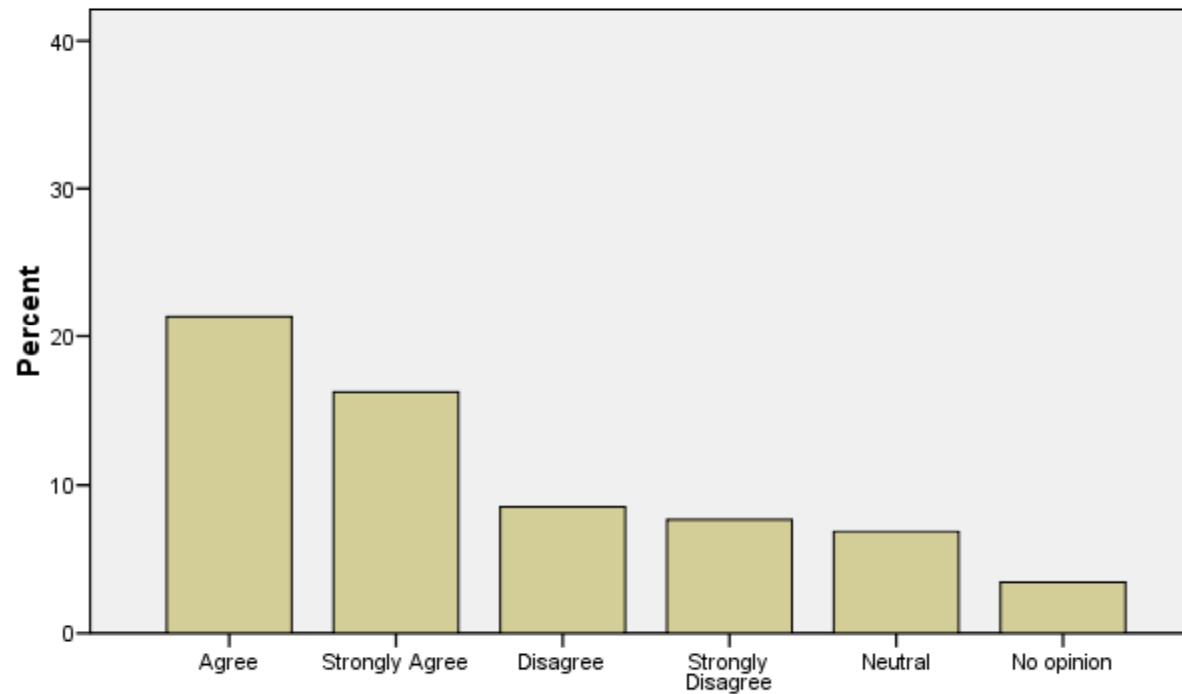


34. In order to make health care more affordable it is important to share the responsibility for financing it among individuals, employers, and Manatee County government.



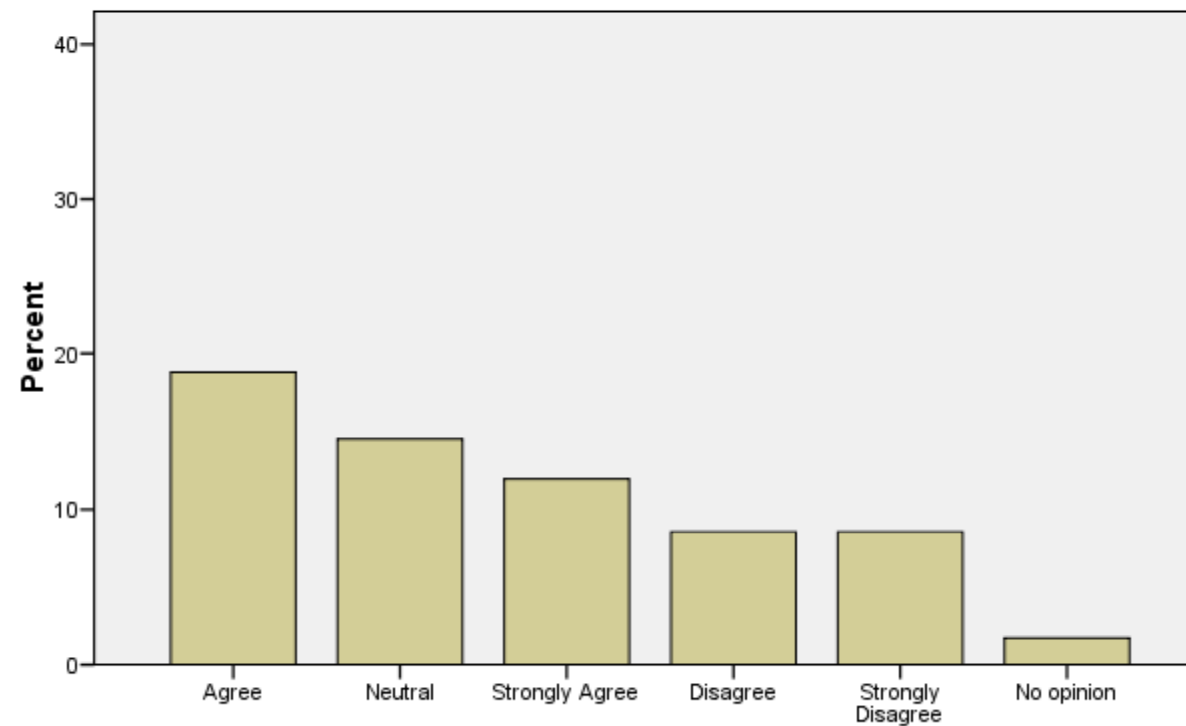
34. In order to make health care more affordable it is important to share the responsibility for financing it among individuals, employers, and Manatee County government.

35. I would be interested in reforms that gave my business the ability to simply pay a fee to a countywide pool that would negotiate down costs, and that would then provide coverage to my workers at favorable rates.



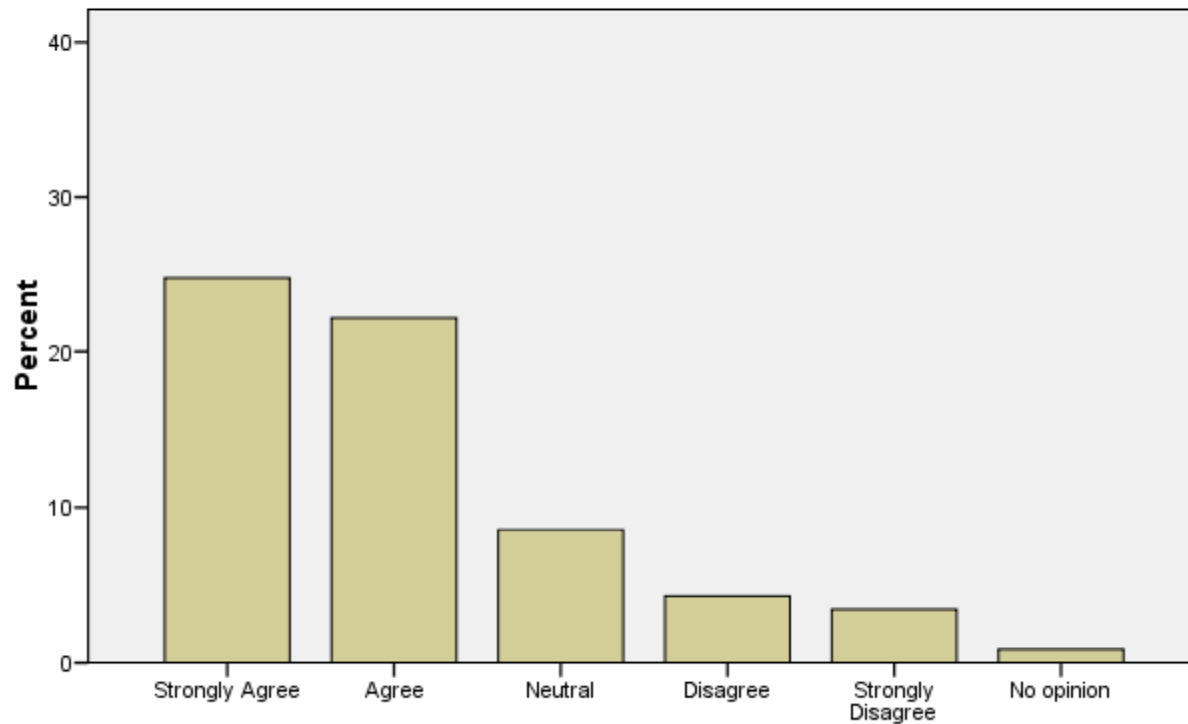
35. I would be interested in reforms that gave my business the ability to simply pay a fee to a countywide pool that would negotiate down costs, and that would then provide coverage to my workers at favorable rates.

36. Government should get out of the way and let insurers and the free market keep health care affordable and accessible.



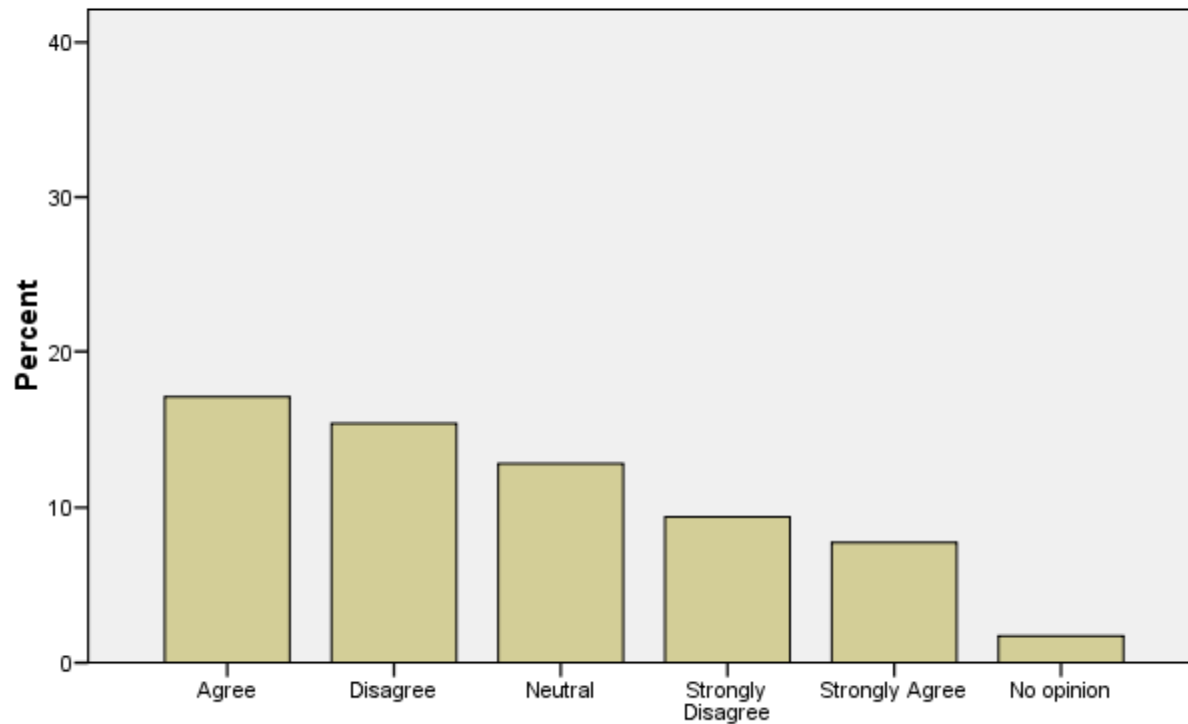
36. Government should get out of the way and let insurers and the free market keep health care affordable and accessible.

37. Health insurers and prescription drug companies are making health care unaffordable because they are so big and powerful they can dictate prices.



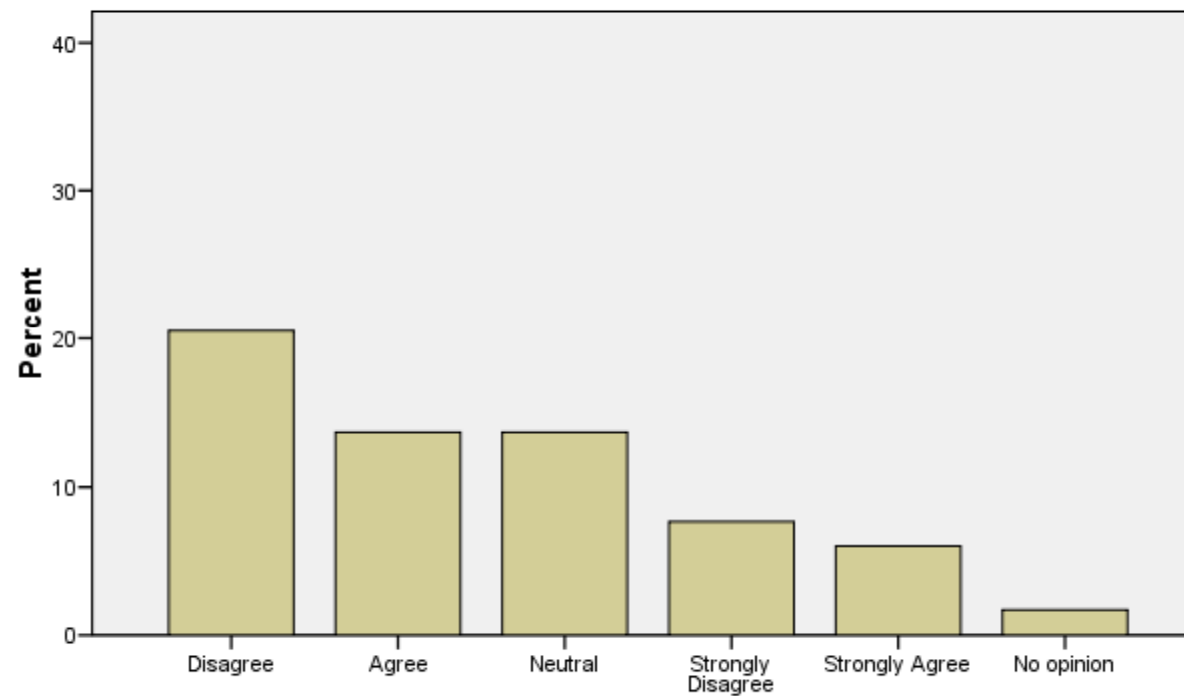
37. Health insurers and prescription drug companies are making health care unaffordable because they are so big and powerful they can dictate prices.

38. I would support a 1 percent sales or income tax to fund a countywide health insurance plan to help make health care more affordable.



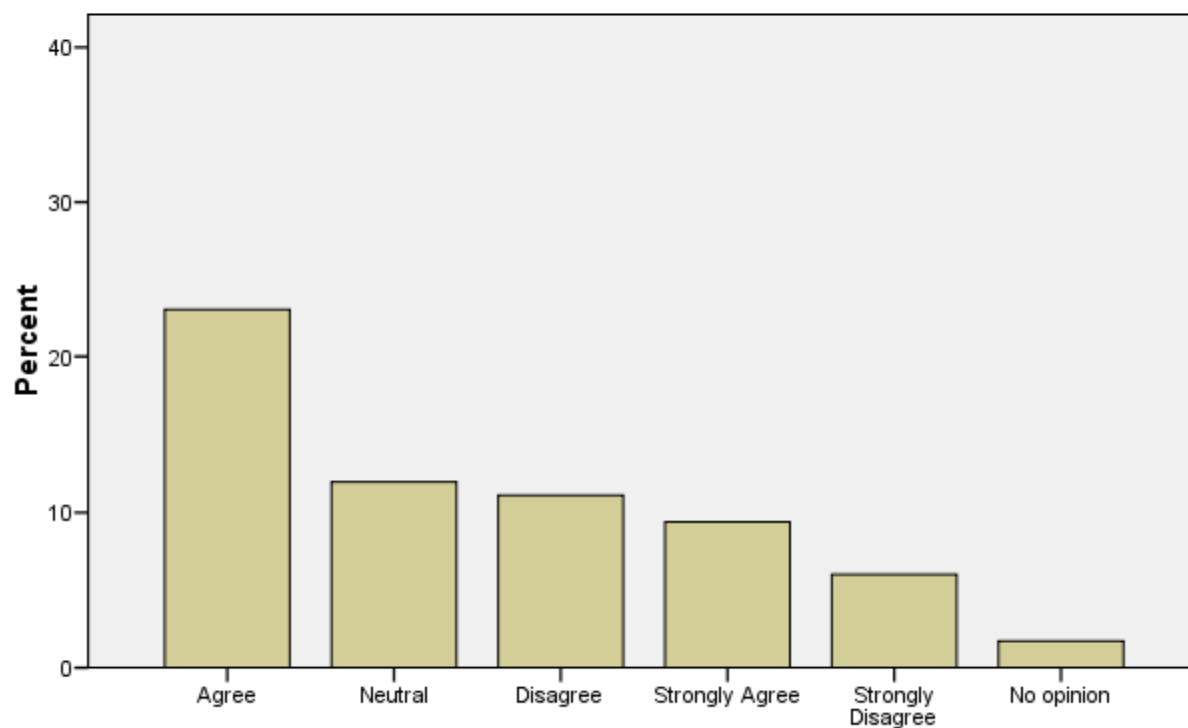
38. I would support a 1 percent sales or income tax to fund a countywide health insurance plan to help make health care more affordable.

39. It's unfair that employers who provide coverage have to compete with those that don't have those health care expenses. All Employers should pay a minimum coverage fee.



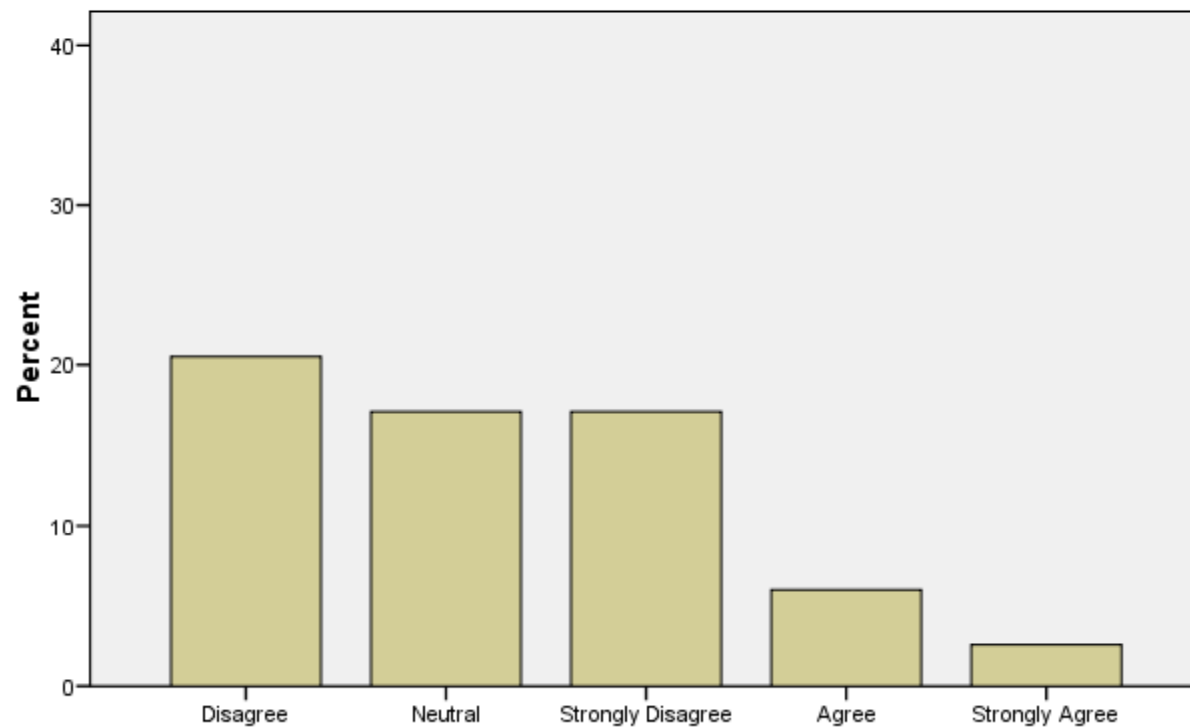
39. It's unfair that employers who provide coverage have to compete with those that don't have those health care expenses. All Employers should pay a minimum coverage fee.

40. Making sure the uninsured are covered would decrease the hidden costs that we all pay in premiums and taxes.



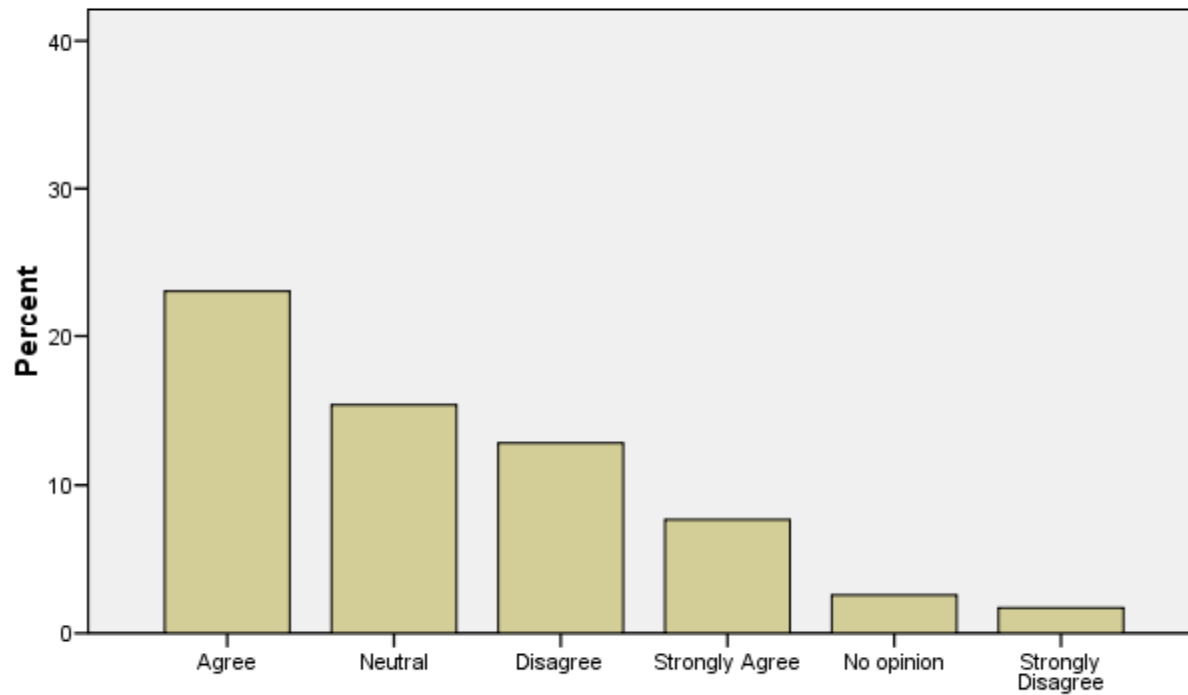
40. Making sure the uninsured are covered would decrease the hidden costs that we all pay in premiums and taxes.

41. Health care coverage is a societal issue, and should not fall on employers or individuals, but on government to provide it.



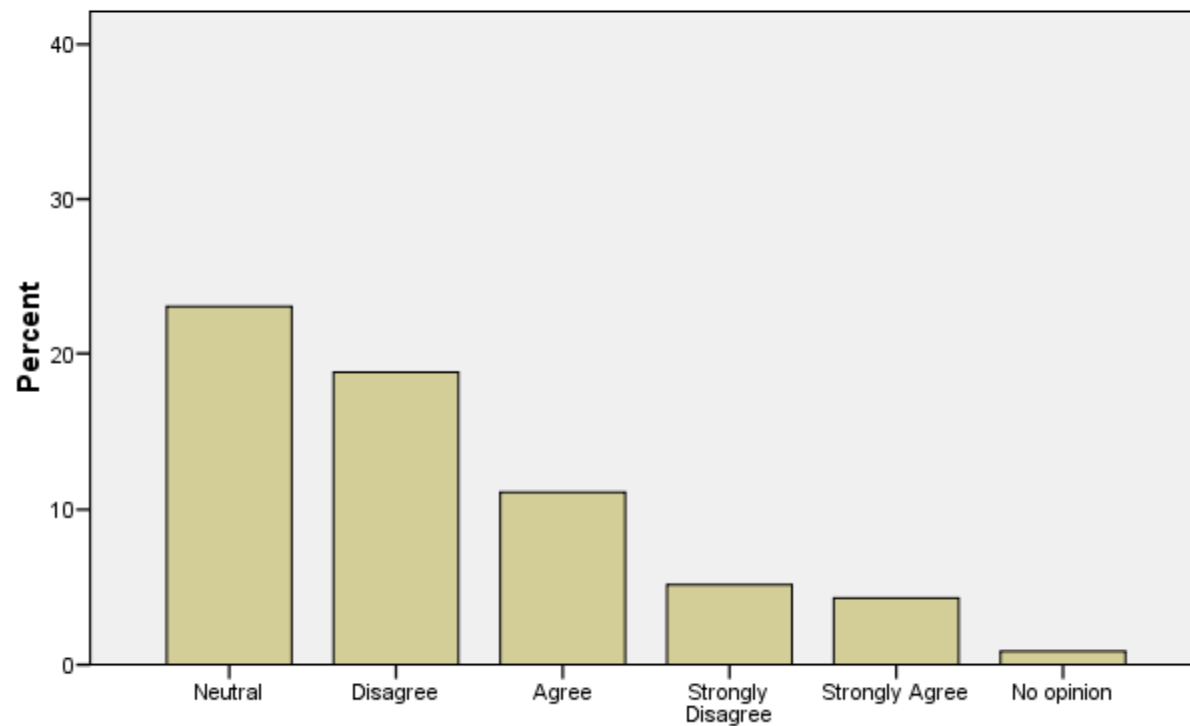
41. Health care coverage is a societal issue, and should not fall on employers or individuals, but on government to provide it.

42. More people would become entrepreneurs and start businesses if they knew that they could get health insurance despite their pre-existing health conditions.



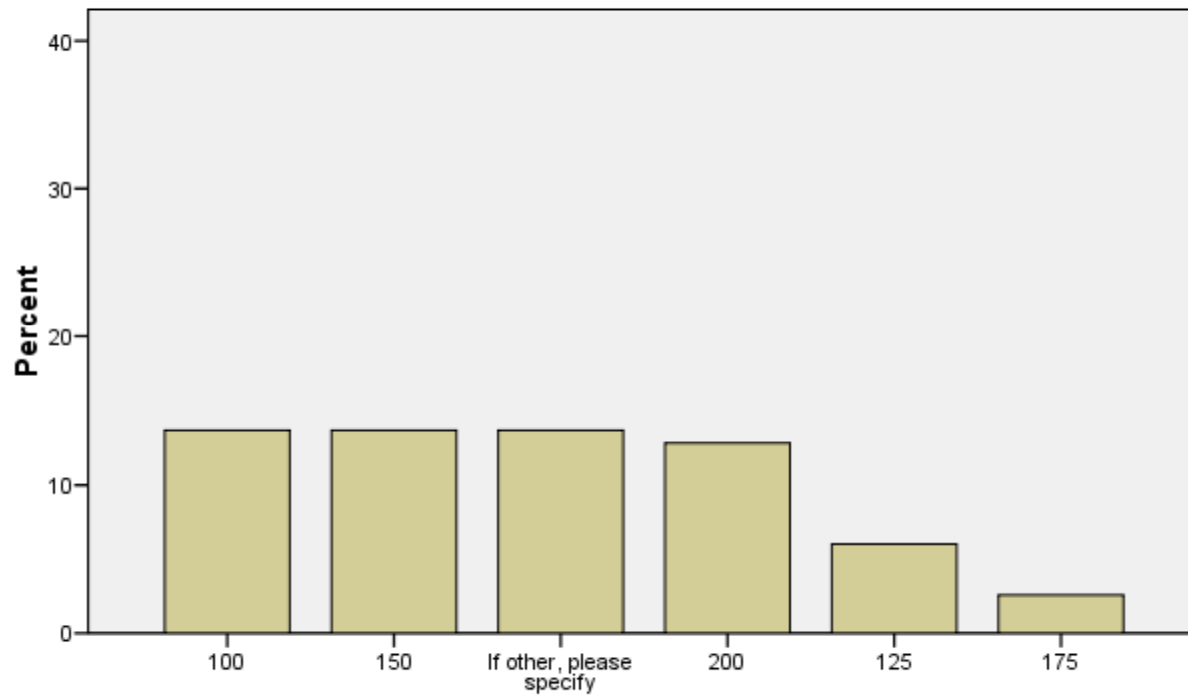
42. More people would become entrepreneurs and start businesses if they knew that they could get health insurance despite their pre-existing health conditions.

43. Health care should be the responsibility of individuals, not employers or government.



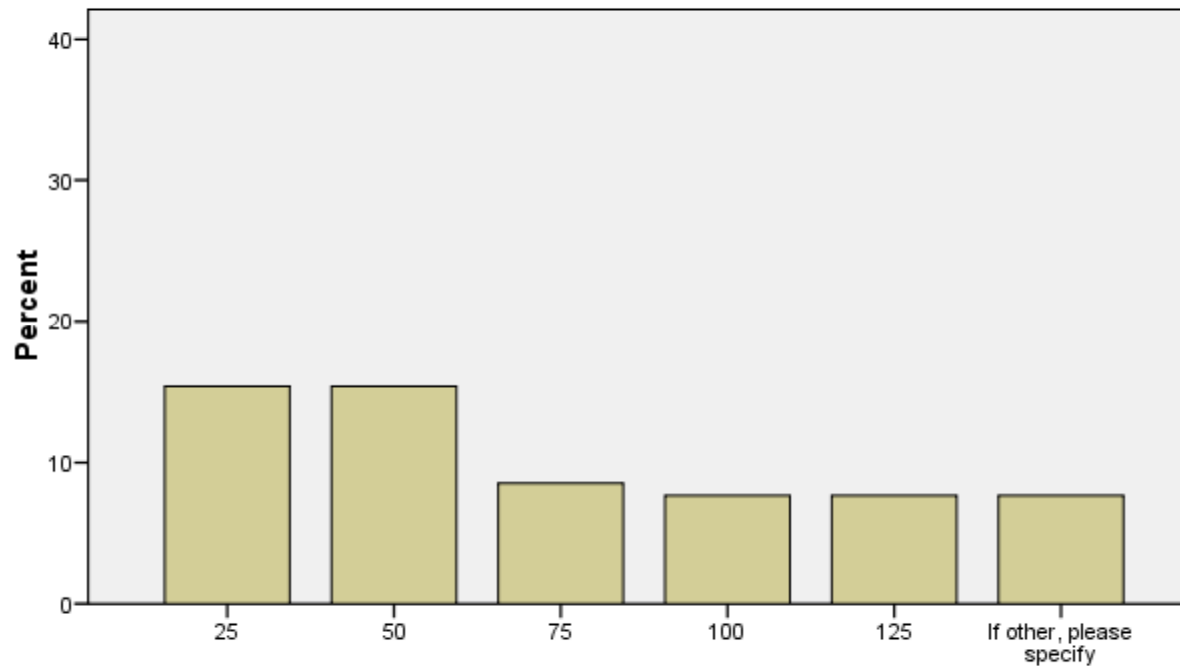
43. Health care should be the responsibility of individuals, not employers or government.

44. Comprehensive health insurance: This plan covers most people's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery.



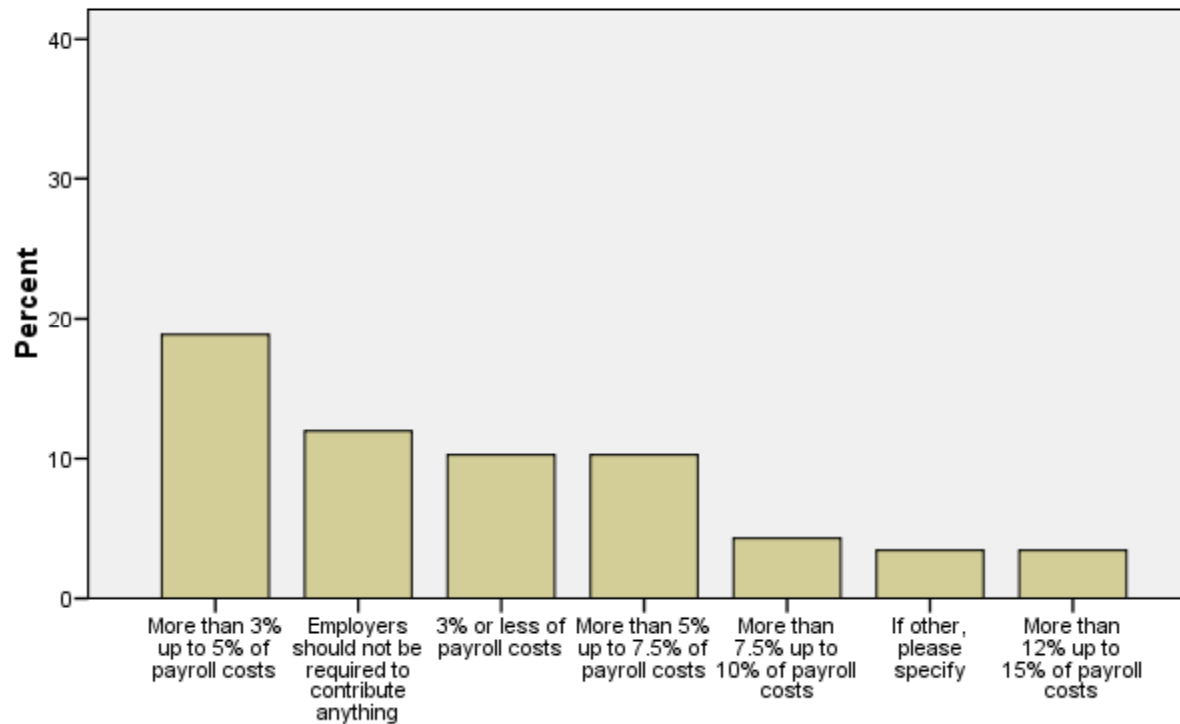
44. Comprehensive health insurance: This plan covers most people's health care needs, including the costs of vaccinations, drugs, and routine office visits, as well as major health issues such as broken bones and surgery.

45. Catastrophic health insurance: This type of insurance is less expensive but only covers major medical situations like broken bones, accidents and surgery, but will not cover routine things like the comprehensive health insurance.



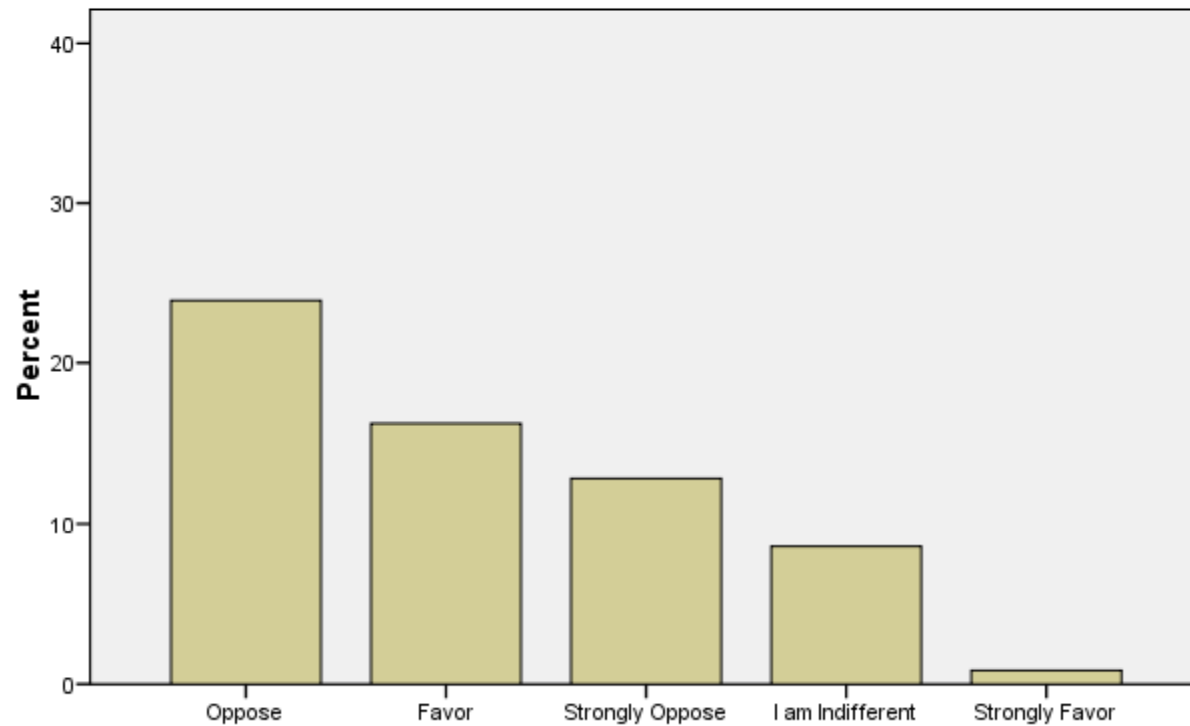
45. Catastrophic health insurance: This type of insurance is less expensive but only covers major medical situations like broken bones, accidents and surgery, but will not cover routine things like the comprehensive health insurance.

46. For you to offer health insurance, what percentage of your payroll costs do you think would be a reasonable amount to pay to cover your employees?



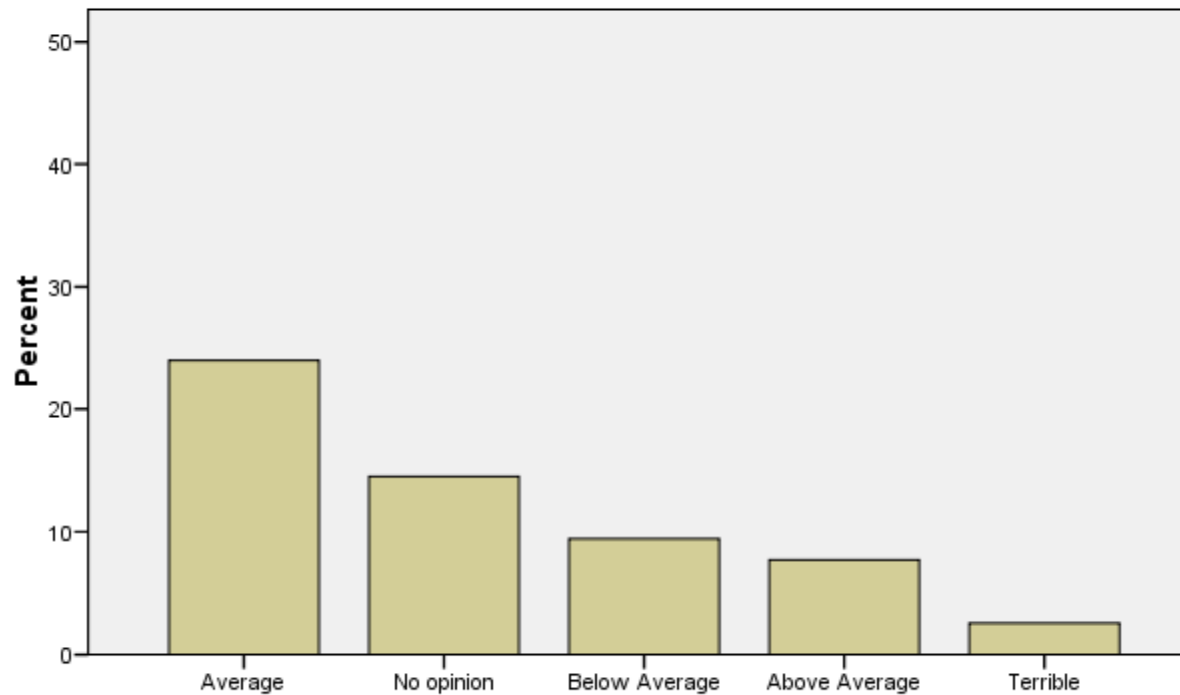
46. For you to offer health insurance, what percentage of your payroll costs do you think would be a reasonable amount to pay to cover your employees?

47. How would you feel if Manatee County government guaranteed health insurance for all residents, even if it means raising taxes?



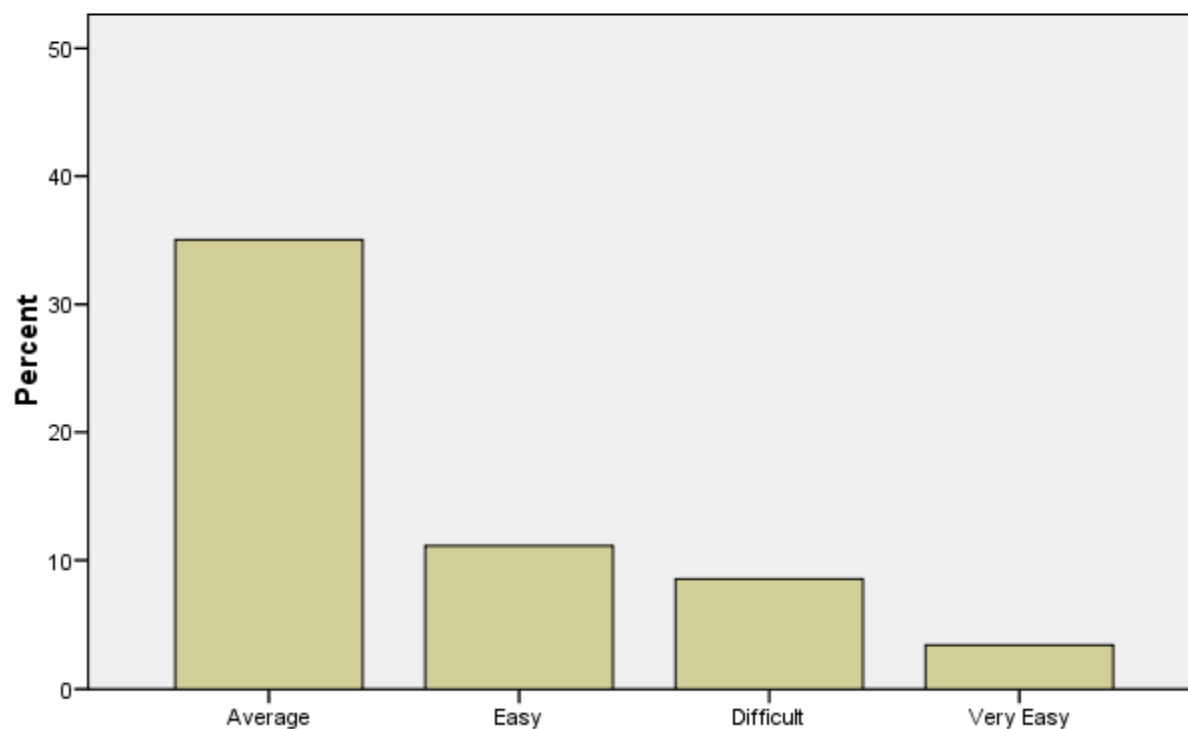
47. How would you feel if Manatee County government guaranteed health insurance for all residents, even if it means raising taxes?

48. Thinking broadly about availability, accessibility, and the quality of health care services in Manatee County, how would you describe the county government's overall performance?



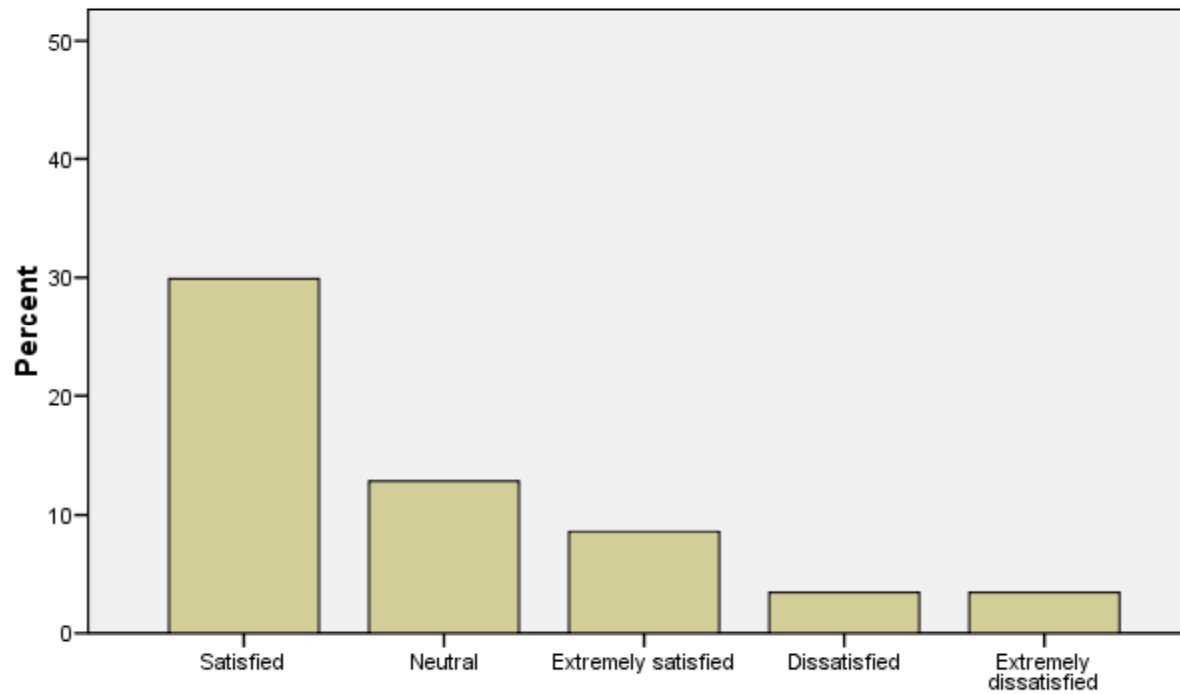
48. Thinking broadly about availability, accessibility, and the quality of health care services in Manatee County, how would you describe the county government's overall performance?

49. How difficult or easy do you think it is for Manatee County residents to access health care services they need?



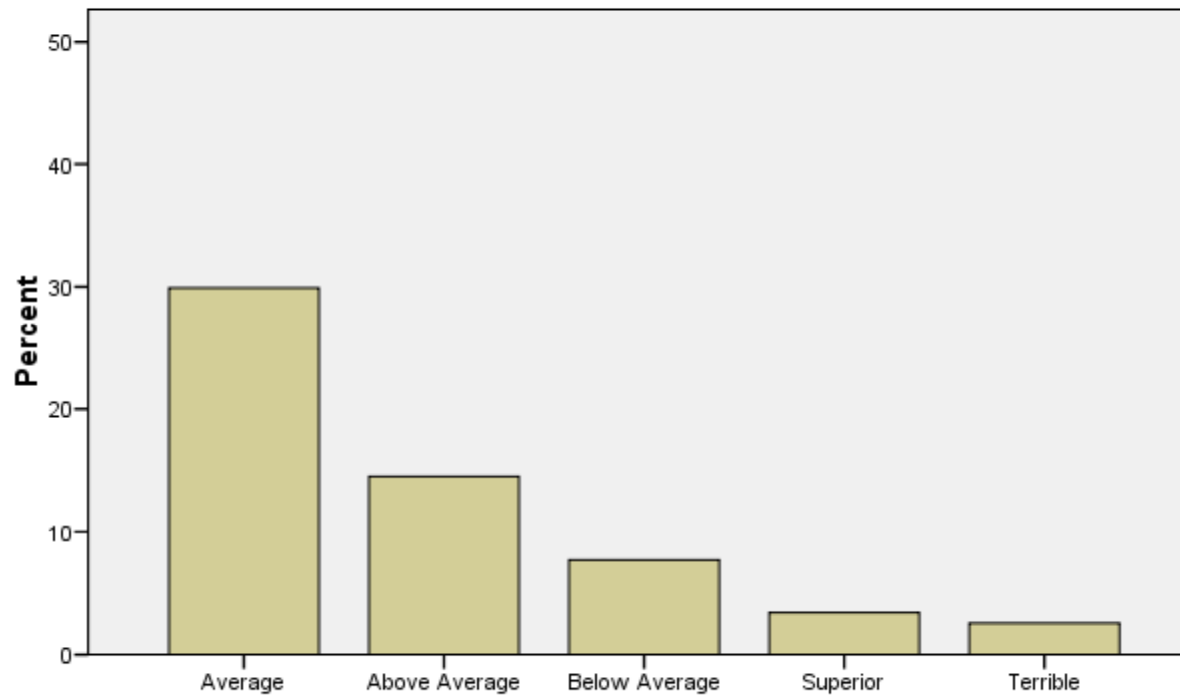
49. How difficult or easy do you think it is for Manatee County residents to access health care services they need?

50. Reflecting on your past three years' personal experiences in Manatee County, how satisfied are you with the health care services you have received?



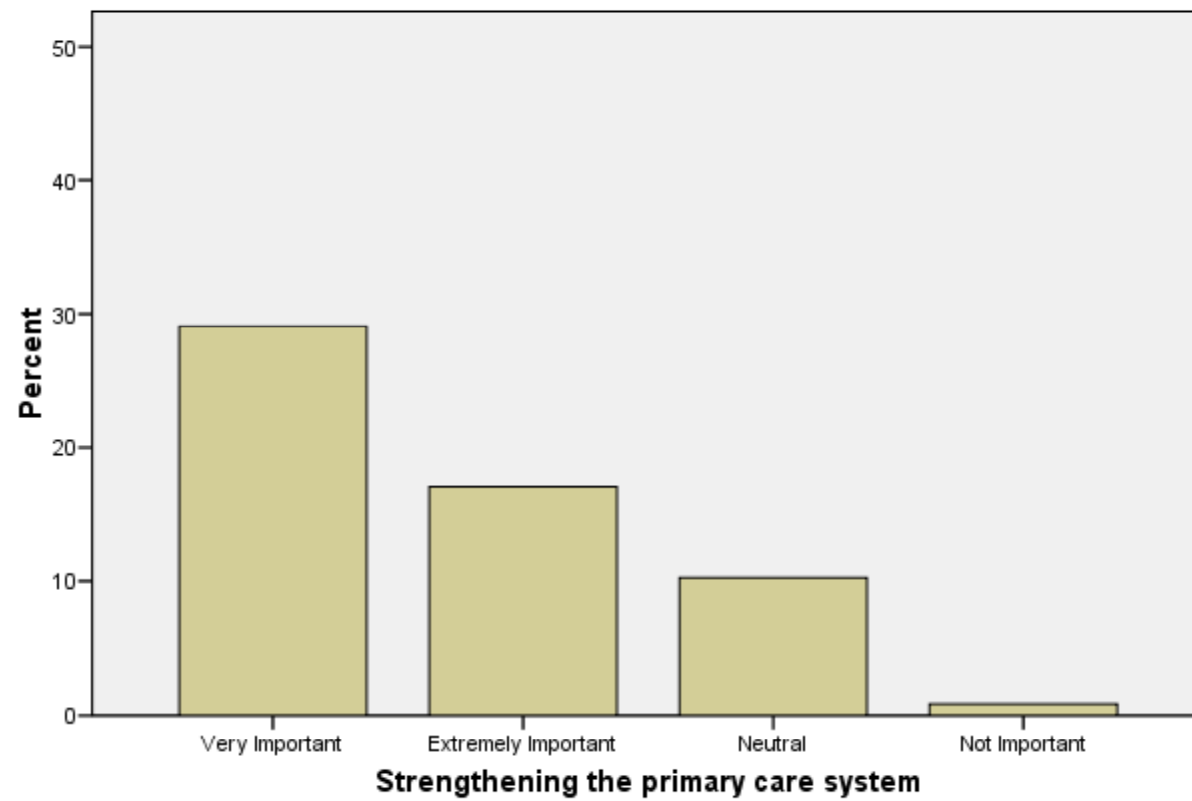
50. Reflecting on your past three years' personal experiences in Manatee County, how satisfied are you with the health care services you have received?

51. Thinking about the health care services you have received in Manatee County within the past three years, how well all the health care professionals coordinated their efforts to serve your needs?

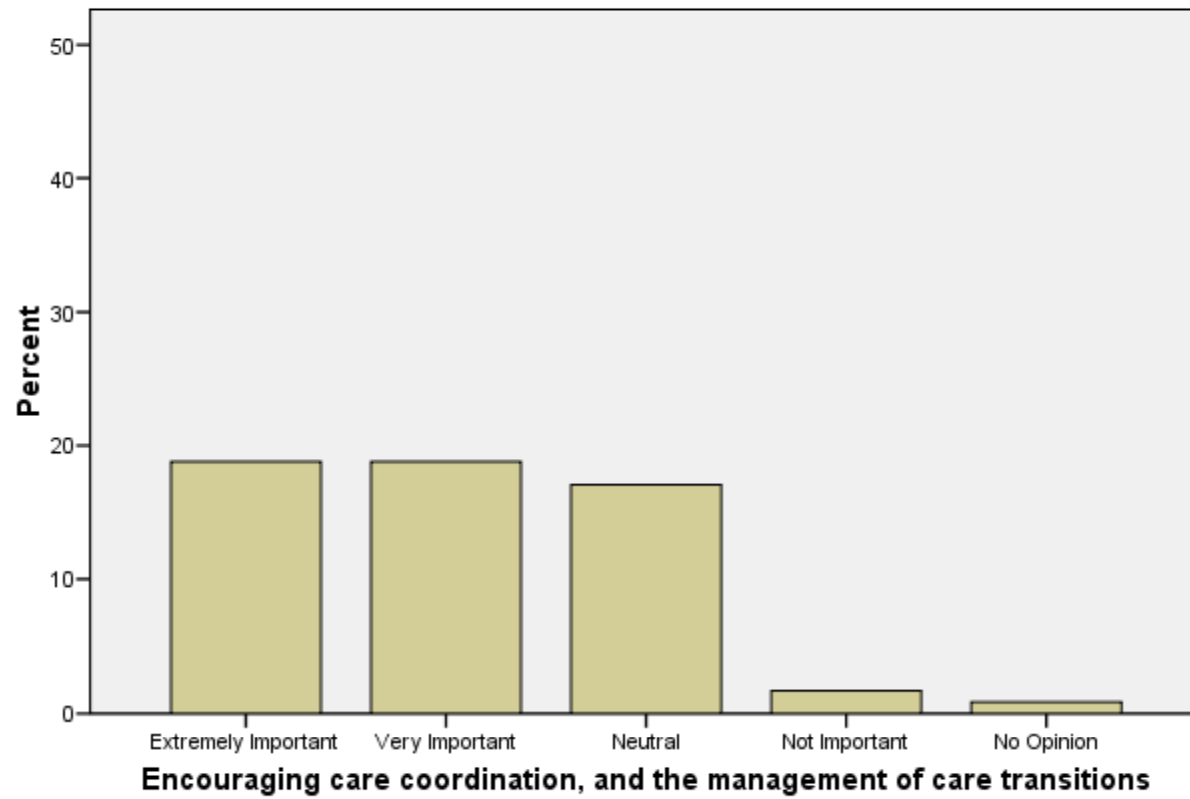


51. Thinking about the health care services you have received in Manatee County within the past three years, how well all the health care professionals coordinated their efforts to serve your needs?

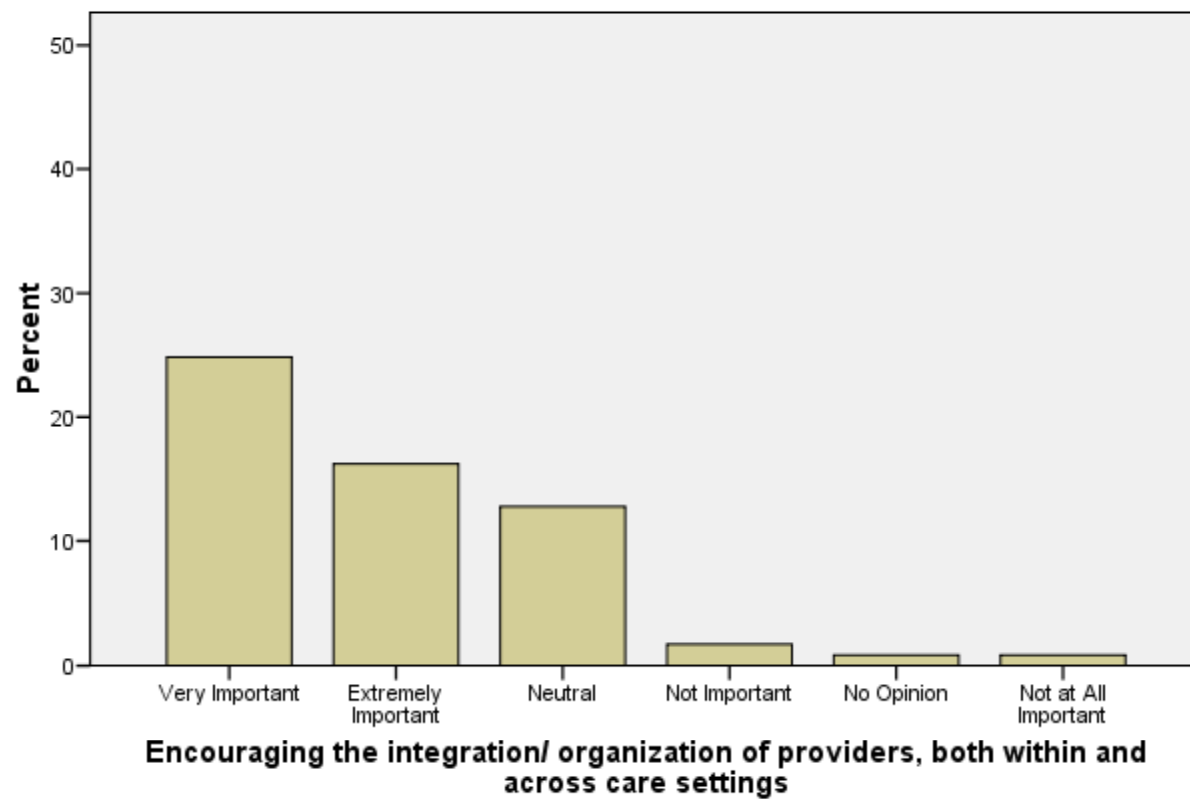
Strengthening the primary care system



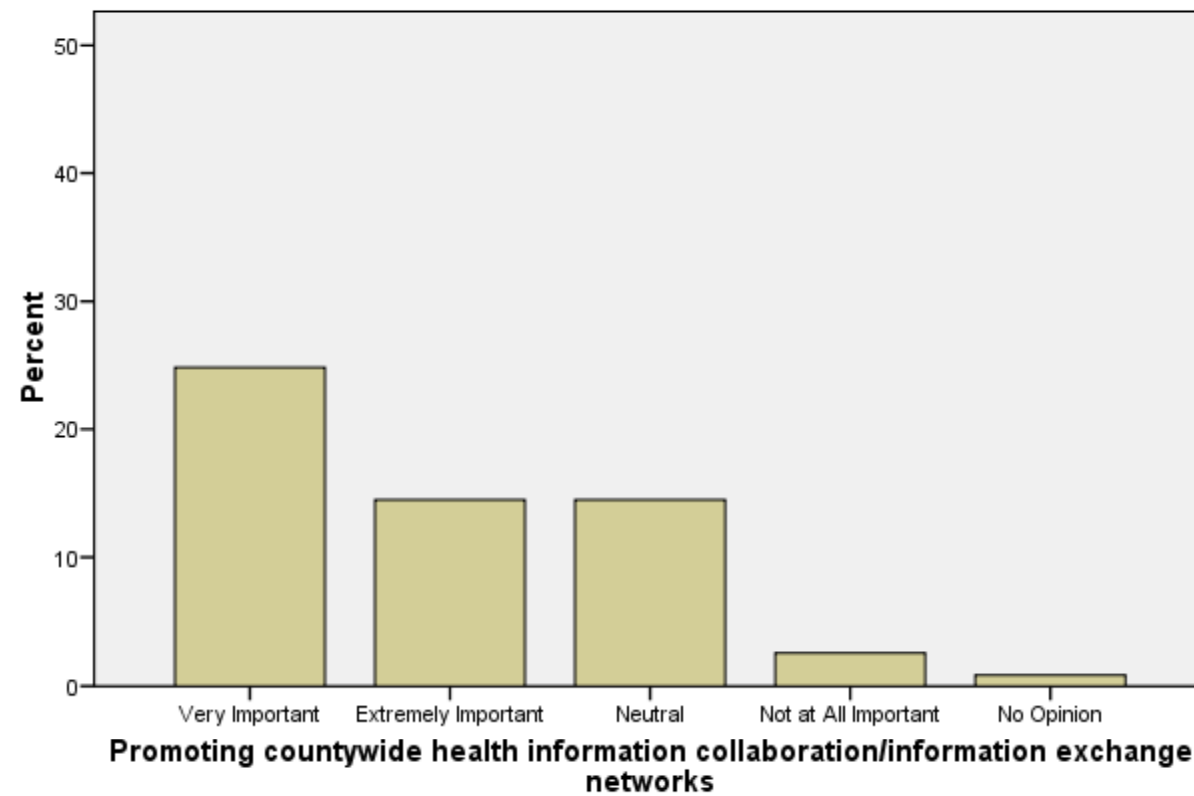
Encouraging care coordination, and the management of care transitions



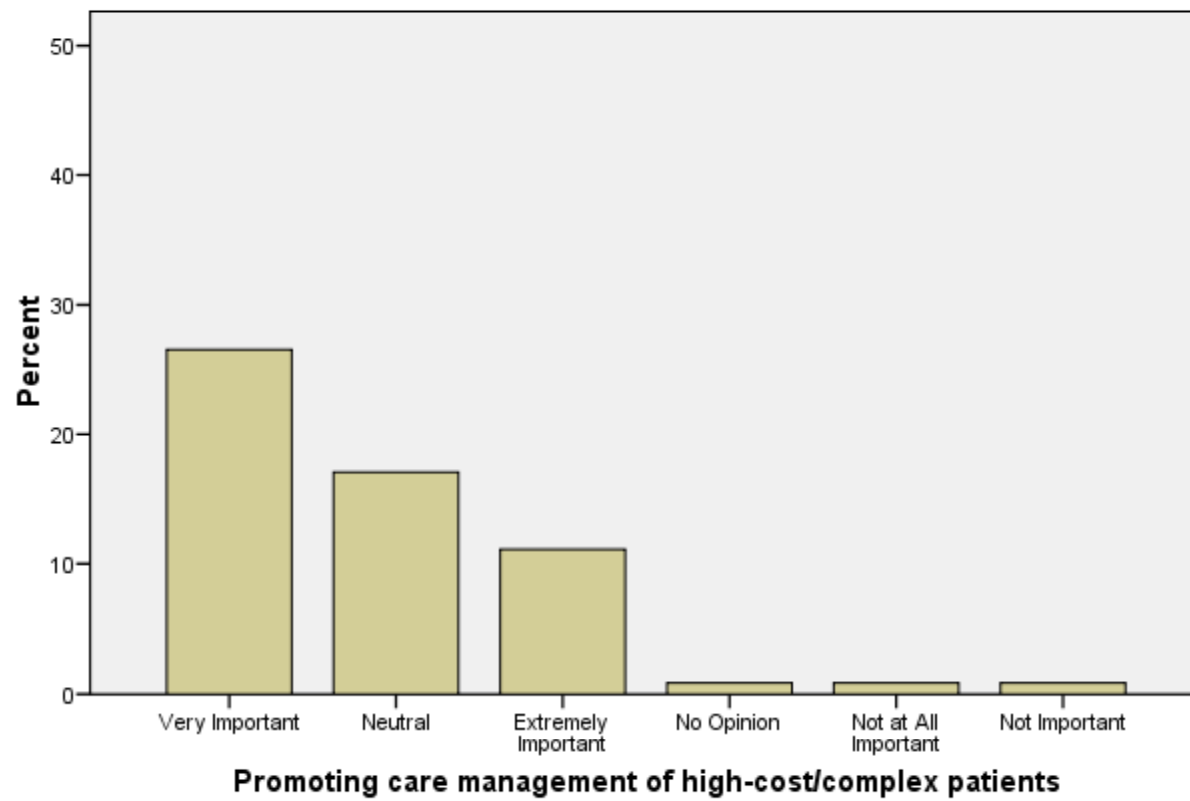
Encouraging the integration/ organization of providers, both within and across care settings



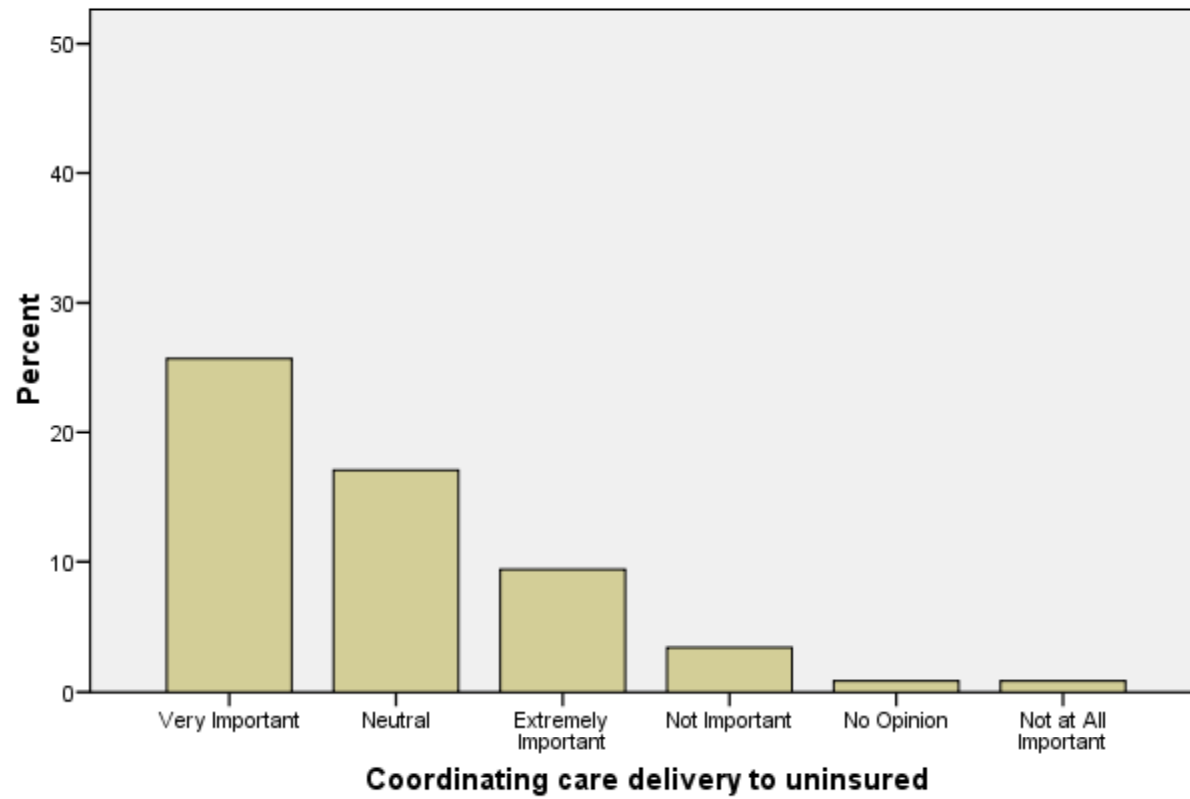
Promoting countywide health information collaboration/information exchange networks



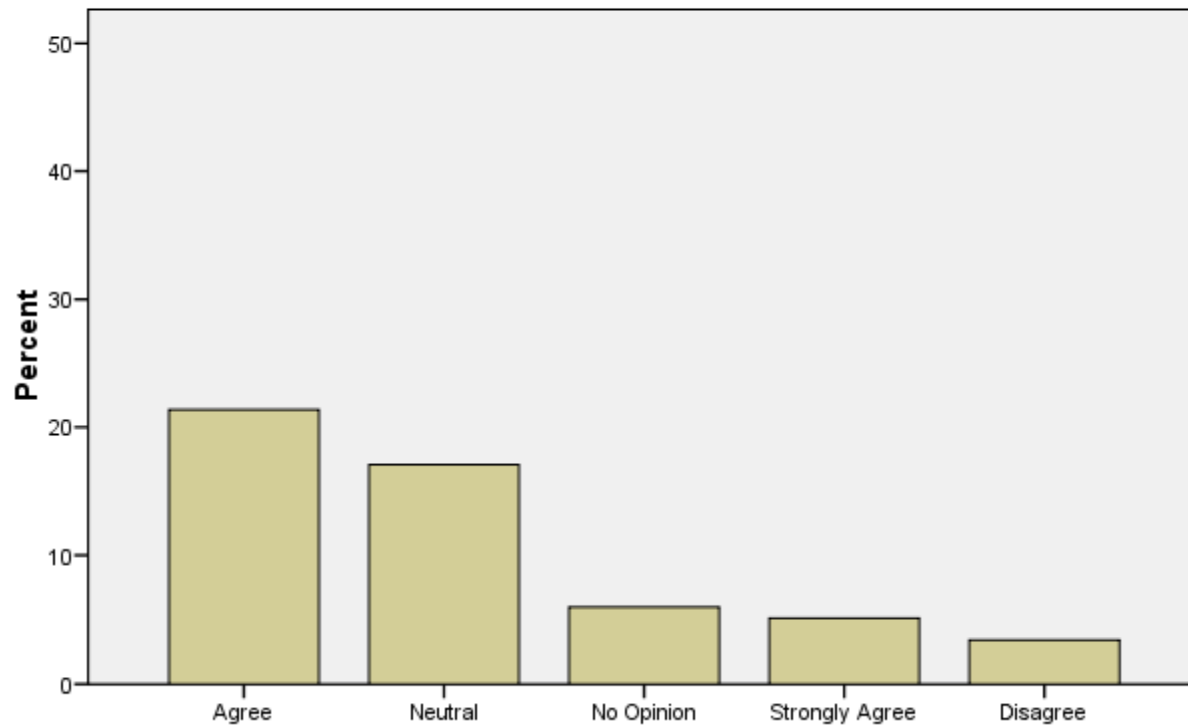
Promoting care management of high-cost/complex patients



Coordinating care delivery to uninsured

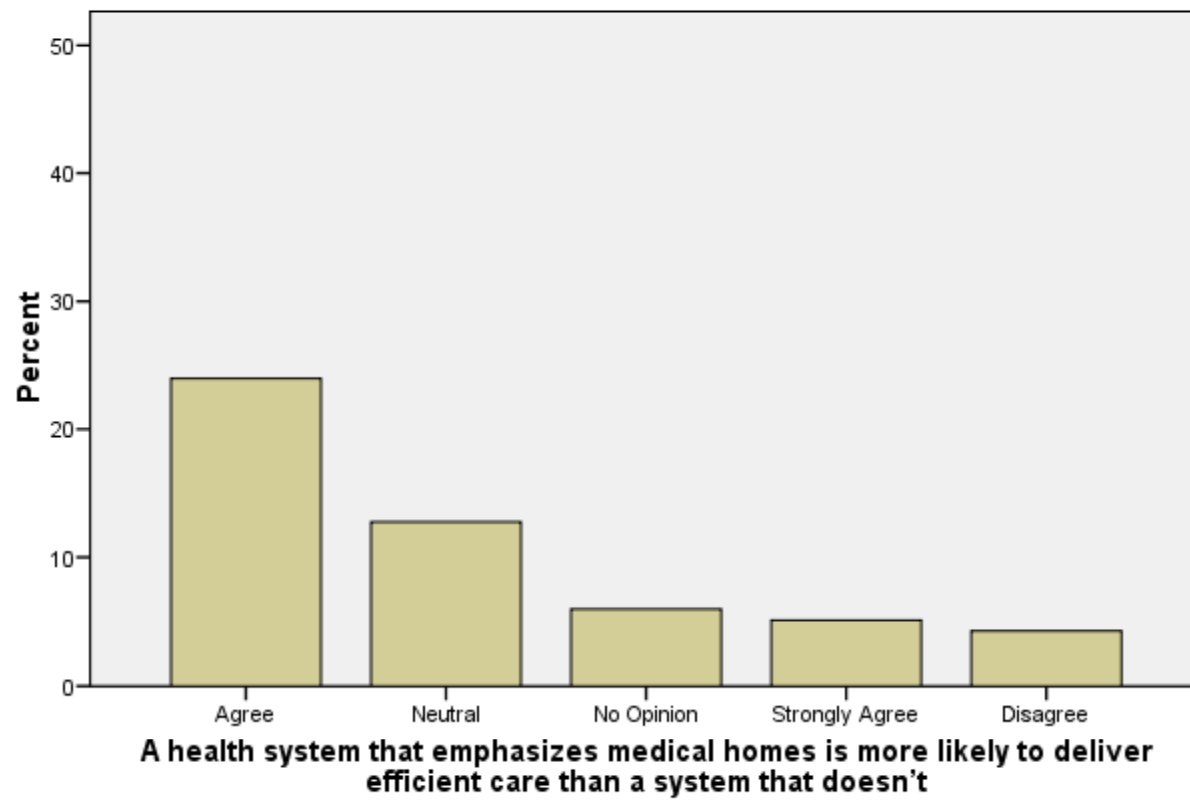


A health system that emphasizes medical homes is more likely to deliver high quality care than a system that doesn't.

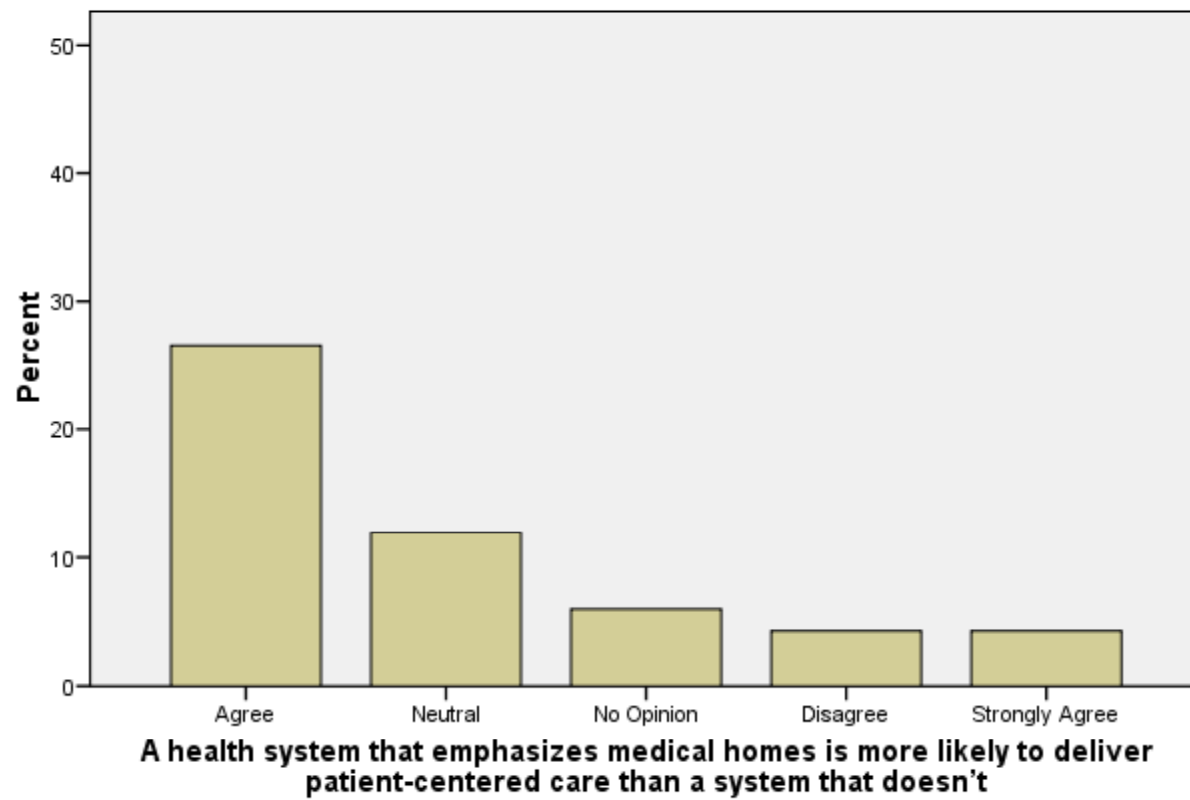


A health system that emphasizes medical homes is more likely to deliver high quality care than a system that doesn't.

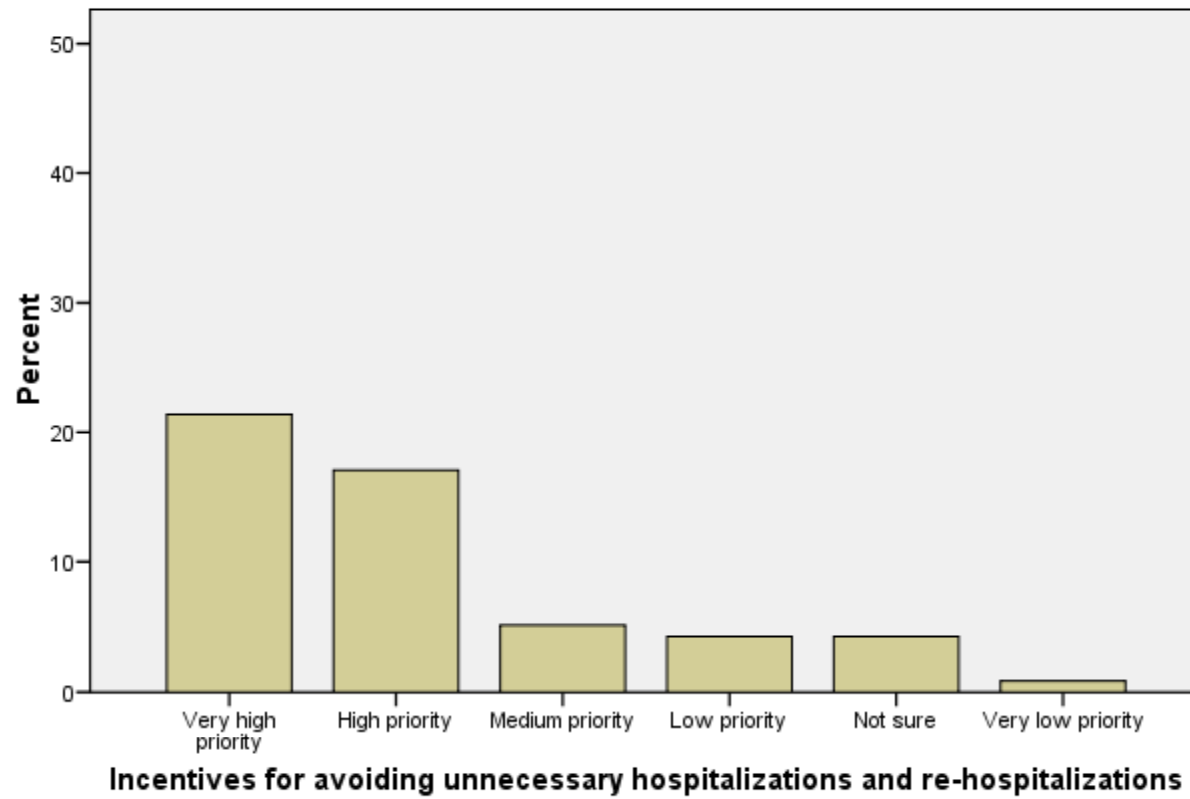
A health system that emphasizes medical homes is more likely to deliver efficient care than a system that doesn't



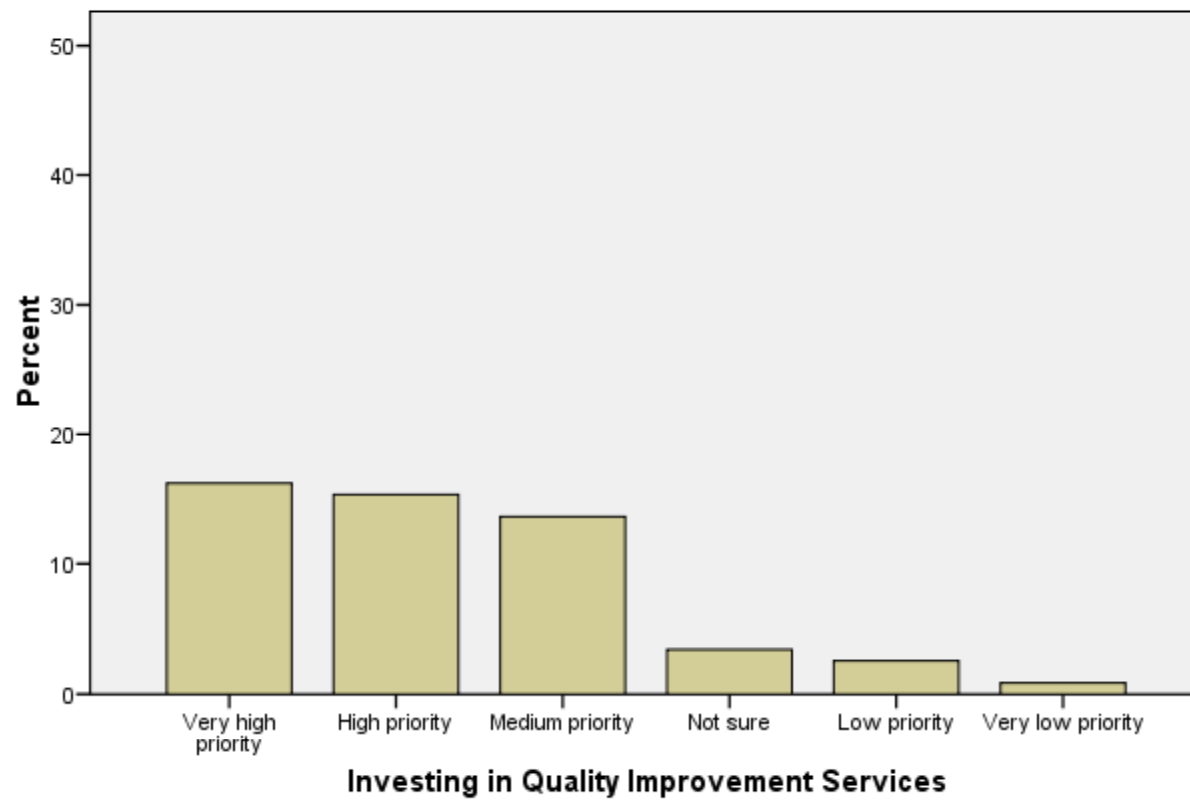
A health system that emphasizes medical homes is more likely to deliver patient-centered care than a system that doesn't



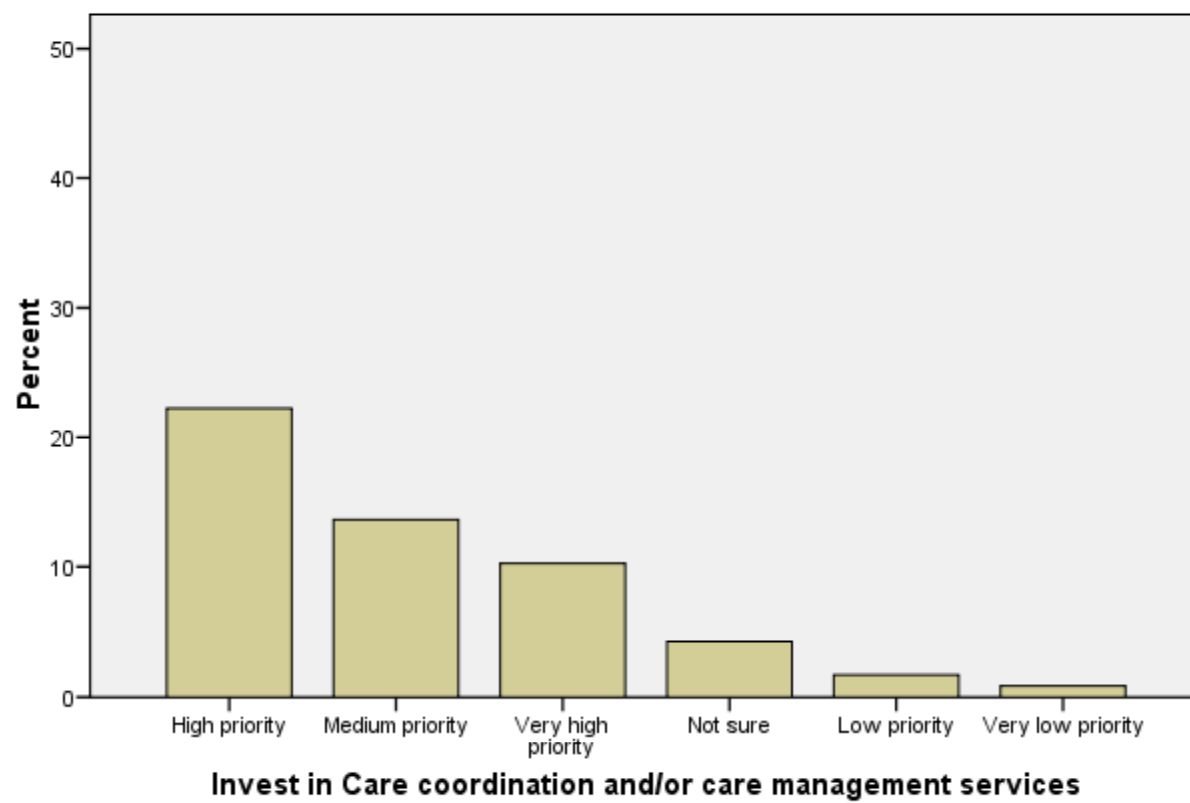
Incentives for avoiding unnecessary hospitalizations and re-hospitalizations



Investing in Quality Improvement Services



Invest in Care coordination and/or care management services



Appendix D: Focus Groups

1. Introduction

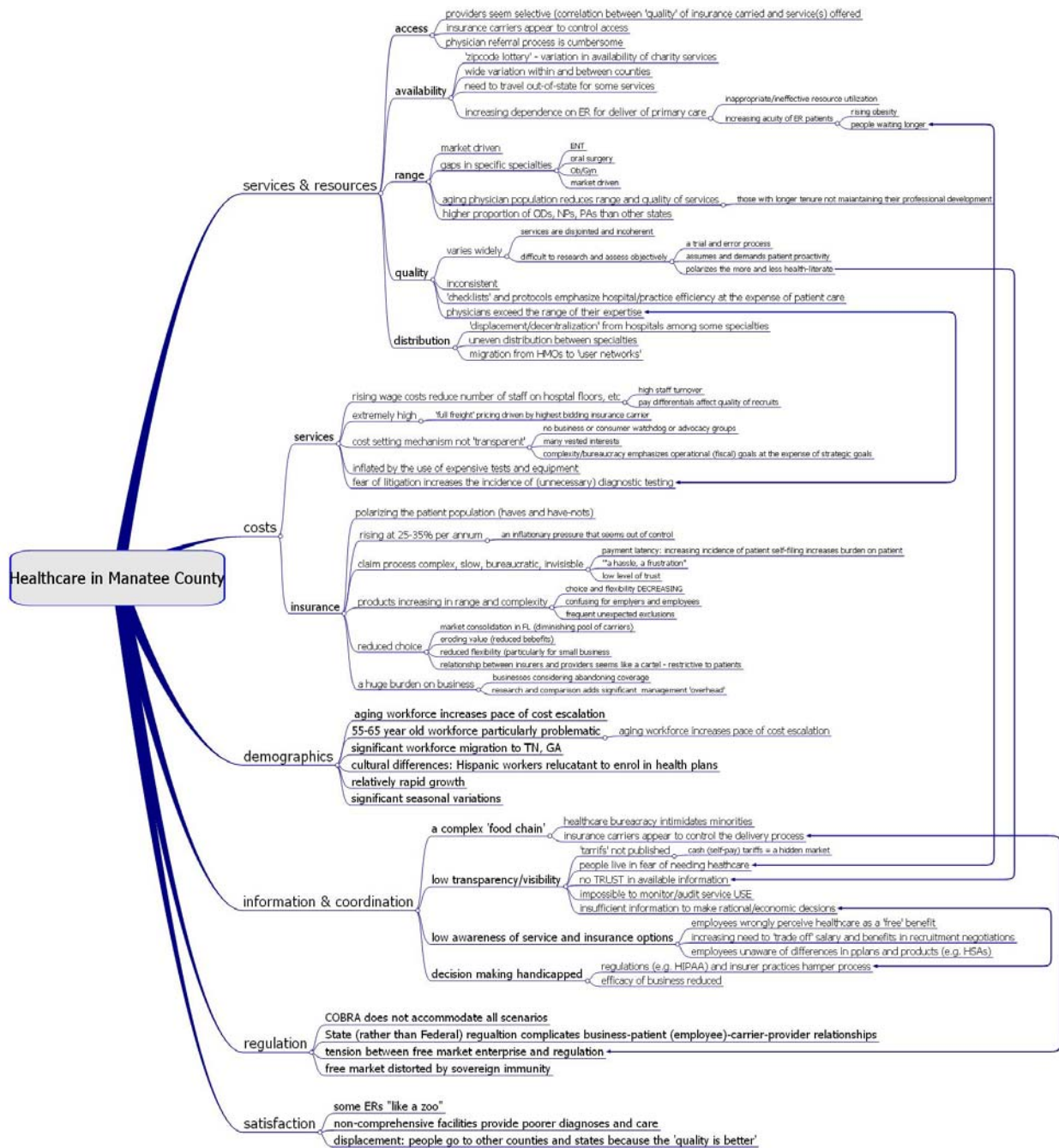
The Focus Group is a well established qualitative research technique that provides a forum for discussion: questions are asked in an interactive group setting where the participants are free to talk with other group members. We used focus groups in the early phases of this research as a means identify and prioritize the issues foremost in the minds of the various constituent groups involved in the delivery, use and administration of healthcare services in the county.

Over a period of 10 weeks, 8 focus groups were held in locations throughout the county. Membership of the groups was overseen by the research team to ensure that the constituent groups were equally represented. Each focus group was facilitated by a member of the research team, and each relied on the same set of initial questions, set out in the Focus Group Guide at the end of this Appendix. These preparatory steps enabled us to exploit the major strength of this method - its high 'apparent validity'. The idea of the group is easy to understand and so the results are readily believable.

The use of trained moderators minimized the risks of participants feeling 'pressured' by others: it also mitigated the risk of 'groupthink'. The focus group discussions were recorded using both video and audio recorders. The recordings were used to transcribe and analyze the dialogue from each discussion. Content analysis was used to identify the issues and concerns discussed into a series of topics or themes that provided a loose typology. This method of analysis proved fruitful and effective in identifying participants' concerns and priorities.

2. Summary of Findings

The diagram overleaf provides a summary of the focus group discussions. The tree-like structure of this diagram is used to associate similar observations and comments, enabling their interdependence to be visualized. The diagram is a Concept Map or 'Mind Map'.



Similar maps were produced following analysis of the data from each focus group: not all are included here in the interests of space. The original audio and video recordings and transcripts are retained in a secure location by the research team.

3. Focus Group Guide

Date	
Time	
Location	
Number of participants	
IC Forms completed	<input type="checkbox"/>
Tape identifier(s)	
Moderator	

Welcome

We are studying factors that affect the delivery of healthcare in this county. We would like to hear your thoughts on issues that affect and concern you. The discussion will be informal and will last about 90 minutes.

The tape recording will be used to help me summarize the discussion. No names will be used and the record will be kept completely confidential. My colleagues and I will use only summarized information in our work.

Delivery System

I would like to begin by asking you to share your thoughts on the range and quality of services that you use....

...potential supplements/stimuli

are the services easily accessible?

are there other services that you are aware of but do not use?

are there other services that are not available that you would like?

how has the range of services changed in the last five years?

how has the accessibility of services changed in the last five years?

how has the quality of services changed in the last five years?

Health Care Organizing and Financing

How does affordability affect your use of healthcare services?

...potential supplements/stimuli

have costs changed significantly?

has the proportion of your income devoted to healthcare changed?

is insurance coverage an issue for you?

have changes to state and federal insurance programs affected you?

Challenges to MCHCS

What changes have you noticed in the county's population?

...potential supplements/stimuli

changes to the 'mix' of ages?

changes in the number of families?

Have changes in technology affected your use of or access to healthcare?

...potential supplements/stimuli

do you use Web MD or similar on-line services?

do you use the internet to fill prescriptions?

have you used the internet to find lower cost treatment or prescription options?

What do you think are the major trends in healthcare?

Healthcare Resources

How well resourced is healthcare in this county?

...potential supplements/stimuli

are there enough primary care doctors?

...hospitals?

...dentists?

...specialist providers that you need?

Does the use of technology affect your healthcare?

...potential supplements/stimuli

what are the benefits?

what are the disadvantages?

what are your thoughts on the sharing of personal information?

End:

Thank you for your time!