

4 December 2009

Board of Directors

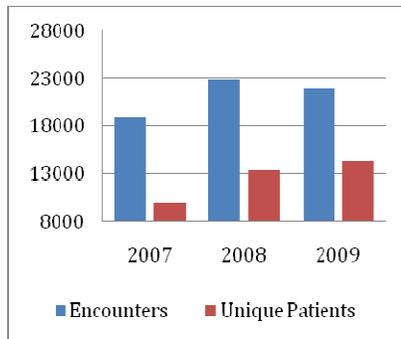
- Herschel L. Abbott, Jr
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- Colleen Frampton, RN
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Testimony before the House Oversight Committee

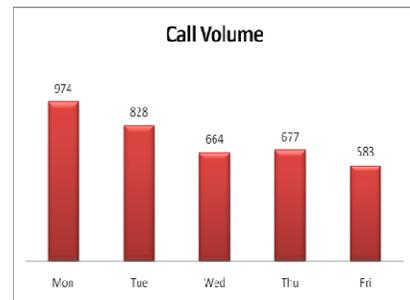
I would like to thank the Chairman and the members of the committee for your continued interest in the health care situation in post Katrina New Orleans, and for the opportunity to appear before this committee.

St. Thomas Community Health Center was started in 1987 as a community based health center in one of the country’s oldest housing developments. For the 18 years prior to Hurricane Katrina, its focus was the Irish Channel neighborhood, and its programs were structured by the availability of private and public grants. The budget was small and services were limited. After Hurricane Katrina, through the generosity of many, the clinic reopened to provide health care for returning citizens, as the large safety net State Charity Hospital and its clinics were still closed. With the funding from the Primary Care Access and Stabilization Grant, St. Thomas has become one of the community’s largest, and most comprehensive primary care centers.



St. Thomas CHC now has a staff of 45 people including 2 primary care physicians, 3 nurse practitioners, and 3 Licensed clinical social workers. It has an annual operating budget of \$4.5 million dollars, and serves an annual patient base of over 14,000 patients. For each of the last two years, St. Thomas has provided over 22,000 patient visits per year.

We use an open access appointment model, but are still not able to see everyone who would like to be seen. Prior to Katrina we saw patients from 3-5 zip codes. Last year, we saw patients from 252 zip codes and 3 states. When the daily phone calls to the clinic were measure, on a Monday, there were 972 phone calls between 7:30 AM and 11:30 AM.





In addition to Primary Care, collaborations have been made with specialty providers so that St. Thomas provides Cardiology, Rheumatology, Nephrology, Gynecology, Optometry, Mammography and Mental Health. Providing specialty care in a primary care setting has enhanced the clinic's ability to provide coordinated, patient centered care in a cost effective way. We are also a training site for medical students, residents and nurse practitioners.

As part of the CDC National Breast and Cervical Early Detection Program, administered by the LSU School of Public Health, St. Thomas provides breast cancer early detection with digital mammography and ultrasound. After Katrina, the clinic was the only mammography site for uninsured women for over a year, and it continues to be one of only two sites in the region for uninsured women.

Through a unique collaboration with the Ochsner Clinic Foundation, the Association of Black Cardiologists, Astra Zeneca pharmaceutical Company, and others, St. Thomas provides interventional cardiovascular care for the prevention and treatment of heart attacks and strokes for patients with no health insurance. We receive referrals from the other safety net clinics in New Orleans, as well as local emergency rooms and private providers for this cardiovascular care that would otherwise be unavailable or delayed for months for the uninsured. Included in my written testimony is a copy of a tracing showing an implantable defibrillator functioning to save the life of a 52 year old working family man with 2 children (see appendix). We have installed 14 such implantable defibrillators, usually costing \$50,000 each, in our uninsured patients with both the units and the Cardiologist's time, being donated to St. Thomas.

Through collaboration with the Eye Ear Nose and Throat foundation, St. Thomas provides screening and treatment for diabetic retinopathy and glaucoma, and treatment for ear nose and throat cancer. Patients are also provided eye exams and glasses at low cost.

All of the specialty care services available at St. Thomas are also offered to all patients of any of other safety net clinics in the New Orleans community.

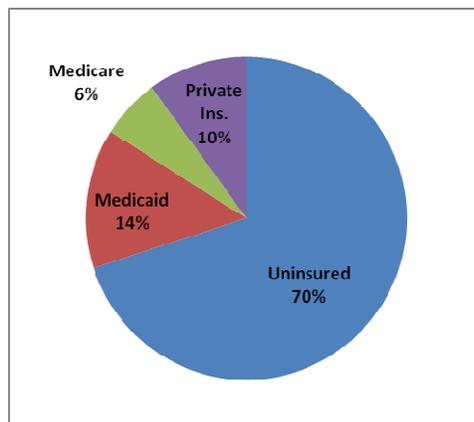
1020 St. Andrew Street
New Orleans, LA 70130
T 504.529.5558
F 504.529.8840
www.stthomaschc.org

ST THOMAS COMMUNITY HEALTH CENTER

As a result of the infrastructure made possible by the Primary Care access and Stabilization Grant, St. Thomas received a New Grant Award to become a Federally Qualified Health Center. St. Thomas has also been recognized by the National Committee for Quality Assurance as a Level 3 Patient Centered Medical Home. Considerable system support and expertise was also provided to St Thomas by the Institute for Healthcare Improvement.



We were recently notified that St. Thomas will be recognized at the upcoming annual meeting of the American College of Physicians, a national organization of physicians who specialize in the prevention, detection and treatment of illnesses in adults. ACP is the largest medical-specialty organization and second-largest physician group in the United States, This year St. Thomas is receiving the ACP Annual Rosenthal Award for the “original approach to the delivery of health care which will increase its clinical and/or economic effectiveness”.



Although St. Thomas has become Federally Qualified Health Center, the annual FQHC grant of \$650,000 makes up only 14% of our annual \$4.5 million dollar budget. One of the main ways that being an FQHC helps provide financial stability is through its augmented re-imbursement for Medicaid and Medicare patients. Nationally, for most FQHCs, the patient demographics are 45% uninsured and 45% Medicaid. At St. Thomas, we cannot

capitalize on this augmented re-imbursement since only 14% of our population is Medicaid, with 72% being uninsured. Although the percentage of Medicaid eligible patients will likely increase in Louisiana, this will not take place for another 2 years.



Without the funds provided by the Primary Care Access and Stabilization Grant, which makes up 66% of our operating revenue, St. Thomas will revert to a shell of our present status. We would be able to support at the most, 1.8 to 2.0 providers, and none of the comprehensive care we currently offer. Most importantly, we would not be able to provide the infrastructure that would allow us to continue to meet the policy and procedure requirements to remain either a Federally Qualified Health Center or a Patient Centered Medical Home.

In the 3 year business plan, a copy of which is submitted to this committee, we expect that beginning in year 3, St. Thomas will have the increased patient revenues, including the increased Medicaid population, which could replace the funds lost from the Primary Care Access and Stabilization Grant.

In the interim, we cannot identify any other source of revenue that will allow St. Thomas Community Health Center to remain a vital health care resource in the community. We similarly do not see any other safety net site in the region which would be able to absorb the patients and provide the care they need.

Hurricane Katrina created a whole new population of uninsured patients when the storm took away people's homes jobs and health insurance. The PCASG grant has allowed us to begin to restructure the health care delivery system in the state. We feel optimistic about the sustainability of clinics like St. Thomas if we have another 2-3 years for the recovery to continue, especially with the anticipated increase in Medicaid eligible patients. But for the present, if there is no funding to bridge the gap for the next 2-3 years, many of our patients will revert to essentially the same situation they found themselves in immediately post Katrina, and that is the only source of primary care to be delivered in the hospital emergency rooms.

Donald T. Erwin, M.D.
CEO
St. Thomas Community Health Center

1. DATE ISSUED: 02/26/2009		2. PROGRAM CFDA: 93.703		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) American Recovery and Reinvestment Act of 2009					
3. SUPERCEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4a. AWARD NO.: 1 H8ACS11412-01-00		4b. GRANT NO.: H8ACS11412	5. FORMER GRANT NO.:						
6. PROJECT PERIOD: FROM: 03/01/2009 THROUGH: 02/28/2011									
7. BUDGET PERIOD: FROM: 03/01/2009 THROUGH: 02/28/2010									
8. TITLE OF PROJECT (OR PROGRAM): Recovery Act Health Center Cluster Program									
9. GRANTEE NAME AND ADDRESS: St. Thomas Community Health Center, Inc. 1020 Andres Street New Orleans, LA 70130-0001 UDS # 06E00020			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Donald T Erwin St. Thomas Community Health Center, Inc. 1020 Andrew Street New Orleans, LA 70130						
11. APPROVED BUDGET: (Excludes Direct Assistance) [] Grant Funds Only [X] Total project costs including grant funds and all other financial participation a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 0.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 7,023,104.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 7,023,104.00 i. Less Non-Federal Resources: \$ 5,723,104.00 ii. Federal Share: \$ 1,300,000.00			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE a. Authorized Financial Assistance This Period \$ 1,300,000.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 1,300,000.00						
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)									
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not Applicable</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$ 0.00 b. Less Unawarded Balance of Current Year's Funds \$ 0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00									
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$ 4,383,870.00									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.									
REMARKS: (Other Terms and Conditions Attached [X] Yes [] No)									
<i>Electronically signed by Helen Harpold, Grants Management Officer on: 02/26/2009</i>									
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1141958494A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
09-3981150	93.703	H8ACS11412RP	\$ 1,300,000.00	\$ 0.00	N/A				



PHYSICIAN PRACTICE CONNECTIONS
PATIENT-CENTERED MEDICAL HOME

Certificate of Recognition

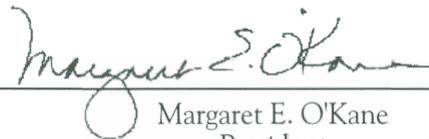
National Committee for Quality Assurance commends

St. Thomas Community Health Center
Recognized – Level 3

on Achievement of Recognition for Systematic use
of Patient-Centered, Coordinated Care Management Processes

Awarded from: January 29, 2009 to: January 29, 2012





Margaret E. O'Kane
President

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

November 2, 2009

Donald T. Erwin, MD, FACP
904 Webster St.
New Orleans ,LA 70118

Dear Doctor Erwin:

As Chair of the Awards Committee of the American College of Physicians, I am pleased to inform you that, based on the recommendation of my Committee, the Board of Regents has voted to elect you as our 2010 recipient of the **Richard and Hinda Rosenthal Award #2 from The Rosenthal Family Foundation**. The competition for this award was extremely stiff but your contributions were the most outstanding. Enclosed is a copy of the award description and a list of past recipients from the ACP Awards and Masterships Booklet.

Your award will be presented on Thursday, April 22, 2010 at our Convocation Ceremony during Internal Medicine 2010 in Toronto, Ontario, Canada. The ceremony will be held at 6:30 p.m. in Hall A of the Metro Toronto Convention Center.

Enclosed you will find more detailed information and the forms that need to be completed if you will be attending Convocation. Please return them to Meghann Williams, Coordinator, Governance Relations (800-523-1546, ext. 2714, 215-351-2714, or by e-mail at mewilliams@acponline.org) **as soon as possible but no later than December 1, 2009**.

Again, congratulations. We look forward to acknowledging your stellar career. We look forward to hearing from you soon.

Sincerely,



Faith T. Fitzgerald, MD, MACP
Chair, Awards Committee

Encl.: Instruction sheet
Background Information Update Form
Flyer about Convocation
Regalia form and measuring tape
Return envelope

St. Thomas Community Health Center, Inc. - 3 years Budget

	2007 TOTAL	2008 TOTAL	Est. Yr 1 (2009) TOTAL	Budget 2010	Budget 2011
Total Revenue	\$ 3,809,023	\$ 5,673,309	\$ 5,348,107	\$ 4,876,120	\$ 5,661,387
TTL DIRECT EXP	\$ 3,331,535	\$ 4,181,657	\$ 5,228,752	\$ 4,876,120	\$ 5,661,387
EXCESS REV/EXP	\$ 477,488	\$ 1,491,652	\$ 119,355	0	0

	2007	2008	Est./Bud 2009	Budget 2010	Budget 2011
Grant \$	\$ -	\$ -	\$ 650,000	\$ 650,000	\$ 650,000
Total Revenue	\$ 3,809,023	\$ 5,673,309	\$ 4,139,176	\$ 4,876,120	\$ 5,661,387
Expenses	\$ 3,331,535	\$ 4,181,657	\$ 4,139,176	\$ 4,876,120	\$ 5,661,387
Encounters	18,958	22,849	21,200	29,244	35,303
Cost/Enc	\$ 175.73	\$ 183.01	\$ 195.24	\$ 166.74	\$ 160.36
Rev/Enc	\$ 200.92	\$ 248.30	\$ 195.24		
Grant \$/Enc			\$ 30.66	\$ 22.23	\$ 18.41
Users	10,022	13,474	12,114	16,247	19,613
Cost per User	\$ 332	\$ 310.35	\$ 341.68	\$ 300.13	\$ 288.66
Grant \$/User			\$ 53.66	\$ 40.01	\$ 33.14
Total Clinic Encounters	18,958	22,849	21,200	29,244	35,303
Users	10,022	13,474	12,114	17,202	20,767

Tachy Episode 1 of 1 Date/Time: May 25, 2009 6:27 pm Type: VT (Therapy Delivered) Episode Duration: 0:08

Diagnosis: VT

Time to Diagnosis: 3.50 sec CL 300 ms/200 bpm

Rate Branch:

Classification:

VT (V > A) Rate Branch (VT Indicated)

No Alerts

Therapy:

Results:

ATP

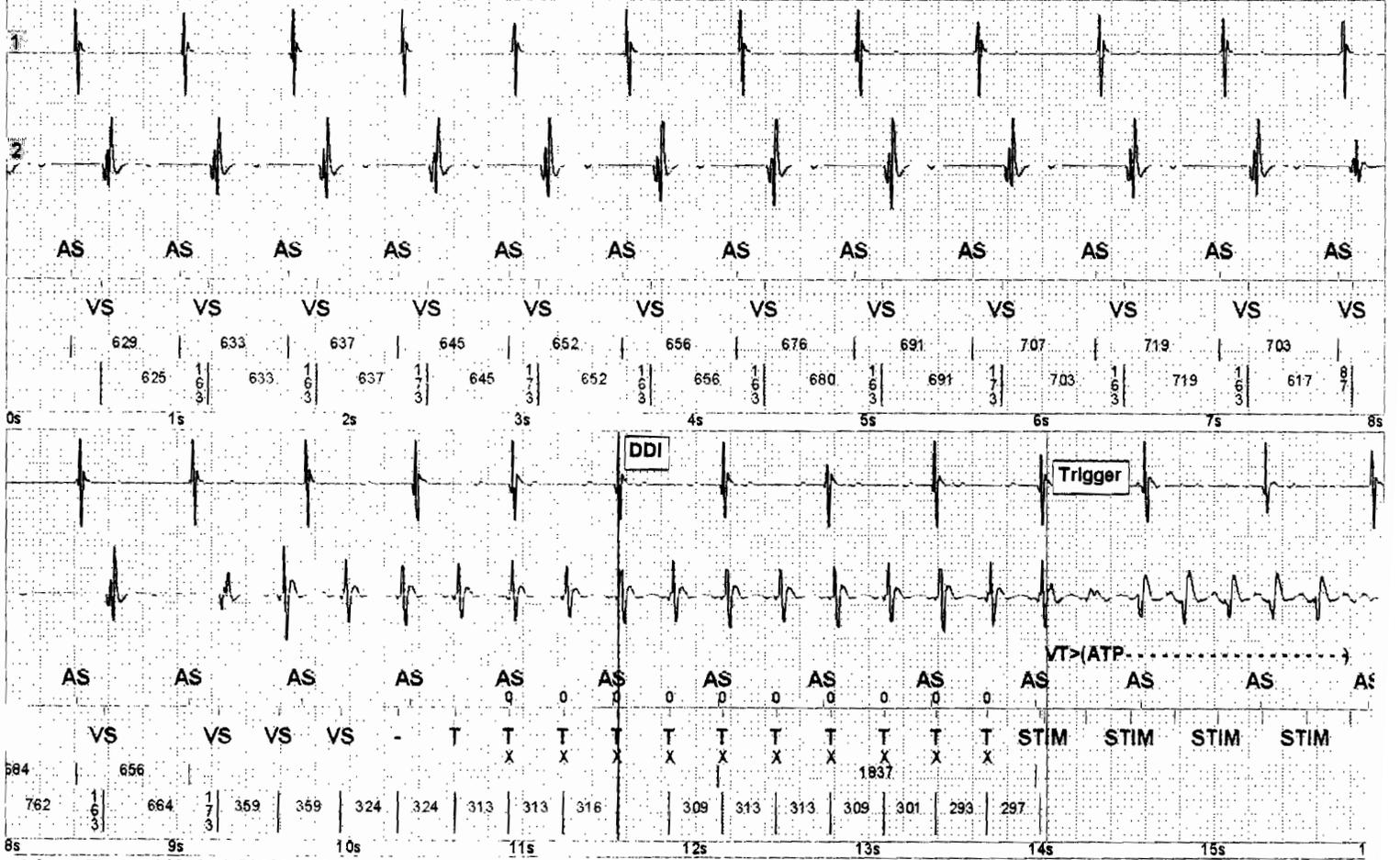
Below Rate Detection (CL 690 ms)

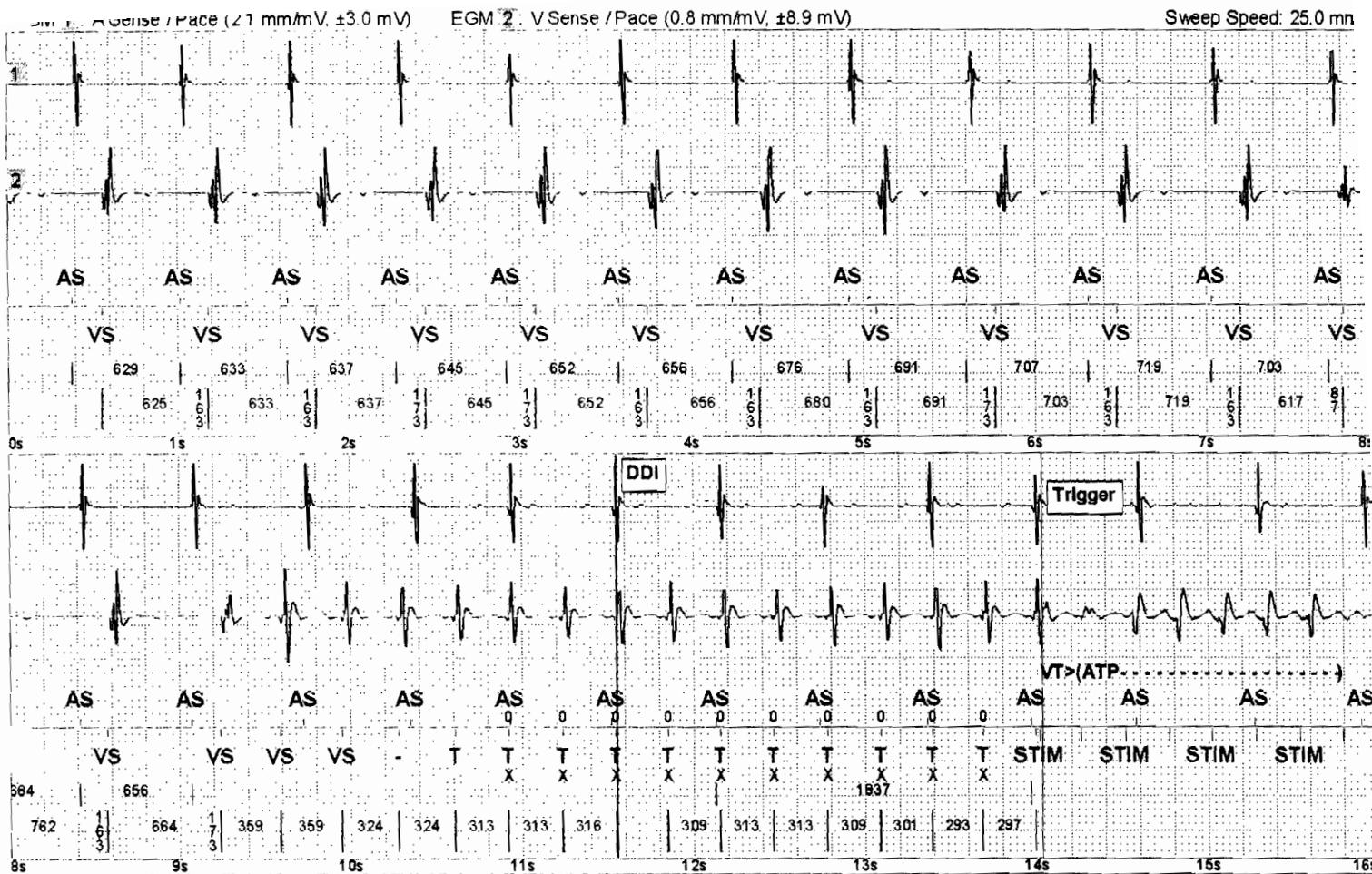
ATP Therapy Details: VT

Successful BCL: 252 ms

Burst 1: 252, 252, 252, 252, 252, 252, 252 ms

AM 1: A Sense / Pace (2.1 mm/mV, ±3.0 mV) EGM 2: V Sense / Pace (0.8 mm/mV, ±8.9 mV) Sweep Speed: 25.0 mm/s





Atlas® II+ DR V-268 (#458628 pr73.0)
 Merlin™ PCS (#30332, 3330 v6.9.1)

ST JUDE MEDICAL

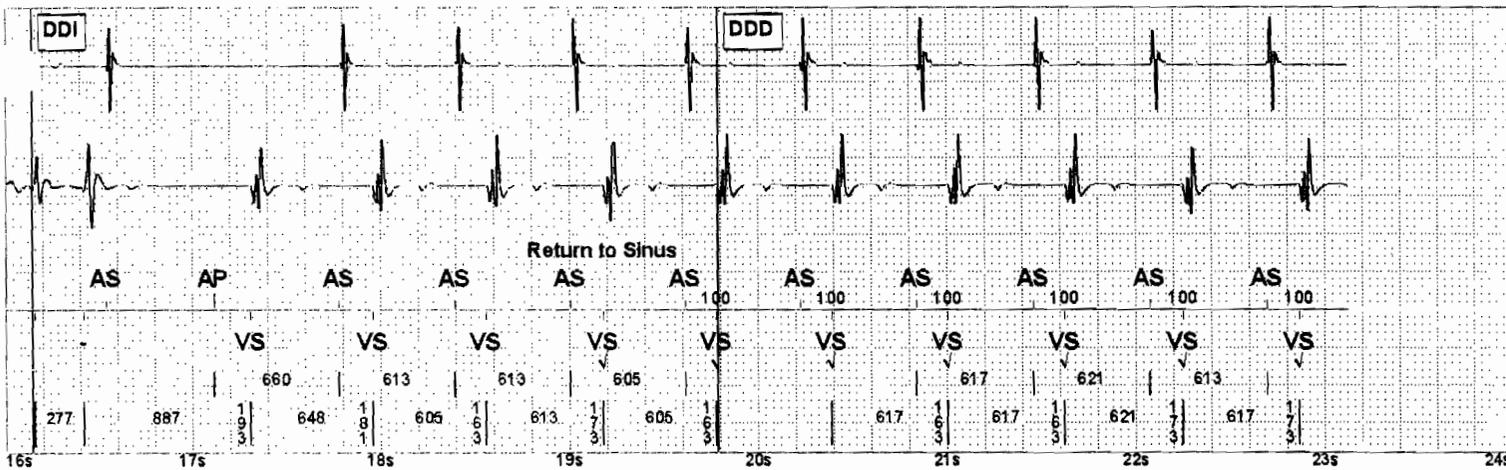
Tachy Episode page 1 of 2
 Jun 16, 2009 9:44 am

Page 2 of 2

Atlas® II+ DR V-268 (#458628 pr73.0)

Tachy Episode

Jun 16, 2009 9:44 am



Atlas® II+ DR V-268 (#458628 pr73.0)
 Merlin™ PCS (#30332, 3330 v6.9.1)

ST JUDE MEDICAL

Tachy Episode page 2 of 2
 Jun 16, 2009 9:44 am