

How should Fulton County respond to Wellstar closures and address the public health emergency?

Prepared for \_\_\_\_\_

April 12, 2023



# Agenda

- ▶ **Context:** Why have Fulton County and MSM come together today?
- ▶ **Current State:** What is the current state of healthcare and social service access in Fulton County?
  - How did the Wellstar closures exacerbate existing access to care challenges?
- ▶ **Path Forward:** How should we collectively respond?

# The closure of Wellstar hospitals, Atlanta Medical Center South in May 2022 and Atlanta Medical Center (AMC) in November 2022, has created a public health emergency in Fulton County

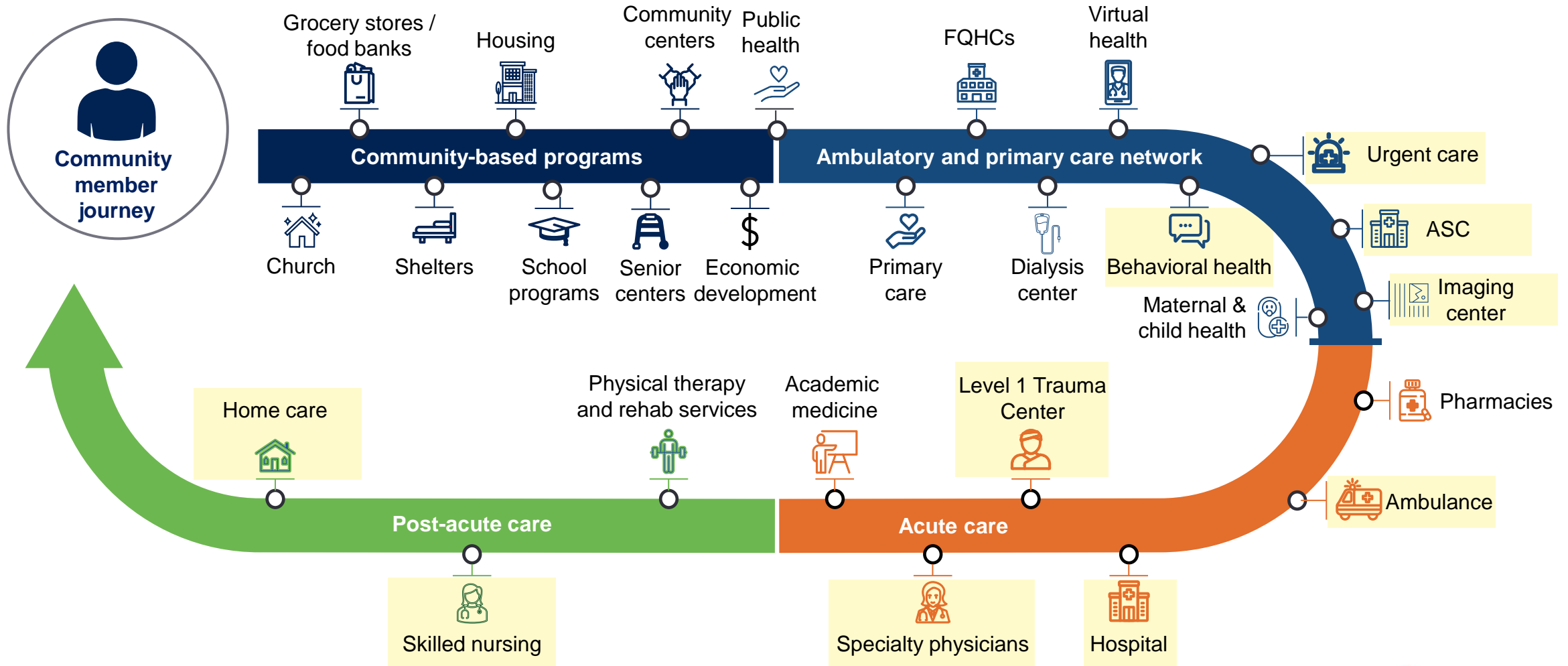
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- ▶ In 2022, Wellstar shut down two hospitals in Fulton County:
  - May 2022: Atlanta Medical Center South, sole acute care facility in South Fulton, was forced to limit offerings to urgent care and rehab
  - November 2022: Atlanta Medical Center, a 460-bed hospital in Central Fulton, operational for 100+ years shut down
    - Atlanta Medical Center mainly served Central and South Fulton, with high share of medically, economically and socially underserved populations
- ▶ Limited communication on how patients could seek care after the shut down resulted in unrest and disruption that continues today
  - Most county facilities operate near-capacity (e.g., Grady operates at 106% of inpatient utilization<sup>1</sup>)
- ▶ Fulton County has had long-standing issues with equitable access to health and social services
  - Like peers, healthcare access worsened during COVID; Fulton is just recovering only to be thrust into another health emergency
- ▶ County leadership and Morehouse School of Medicine leaders are partnering to address this emergency by:
  - Conducting a summary of unmet needs through market research and direct community input
  - Forming a healthcare delivery and support services plan to address gaps from closure and structural inequities

1. Data directly from hospital source

AMC South and AMC were crucial to the care continuum within Fulton County, in particular connecting South and Central Fulton residents to a variety of care services

Continuum of Healthcare Landscape



Services that were accessible to Central and South Fulton residents through Wellstar

To overcome this public health emergency, Fulton County and MSM have partnered to assess the current state of healthcare services and develop a go-forward plan to address identified gaps

### Project Goals

- ▶ Fulton County Government and Morehouse School of Medicine (MSM) partnered to meet the following objectives:
  - **Define Fulton County population, and understand healthcare, community, and social services needs of residents**, including conditions of where Fulton County residents live, work, and play (i.e., social determinants of health)
  - Understand **barriers to accessing care** at the right setting and the right time
  - Design **solutions that include facilities and/or services** to address gaps
  - Estimate **resource, timeline, and investment needs** to execute solutions

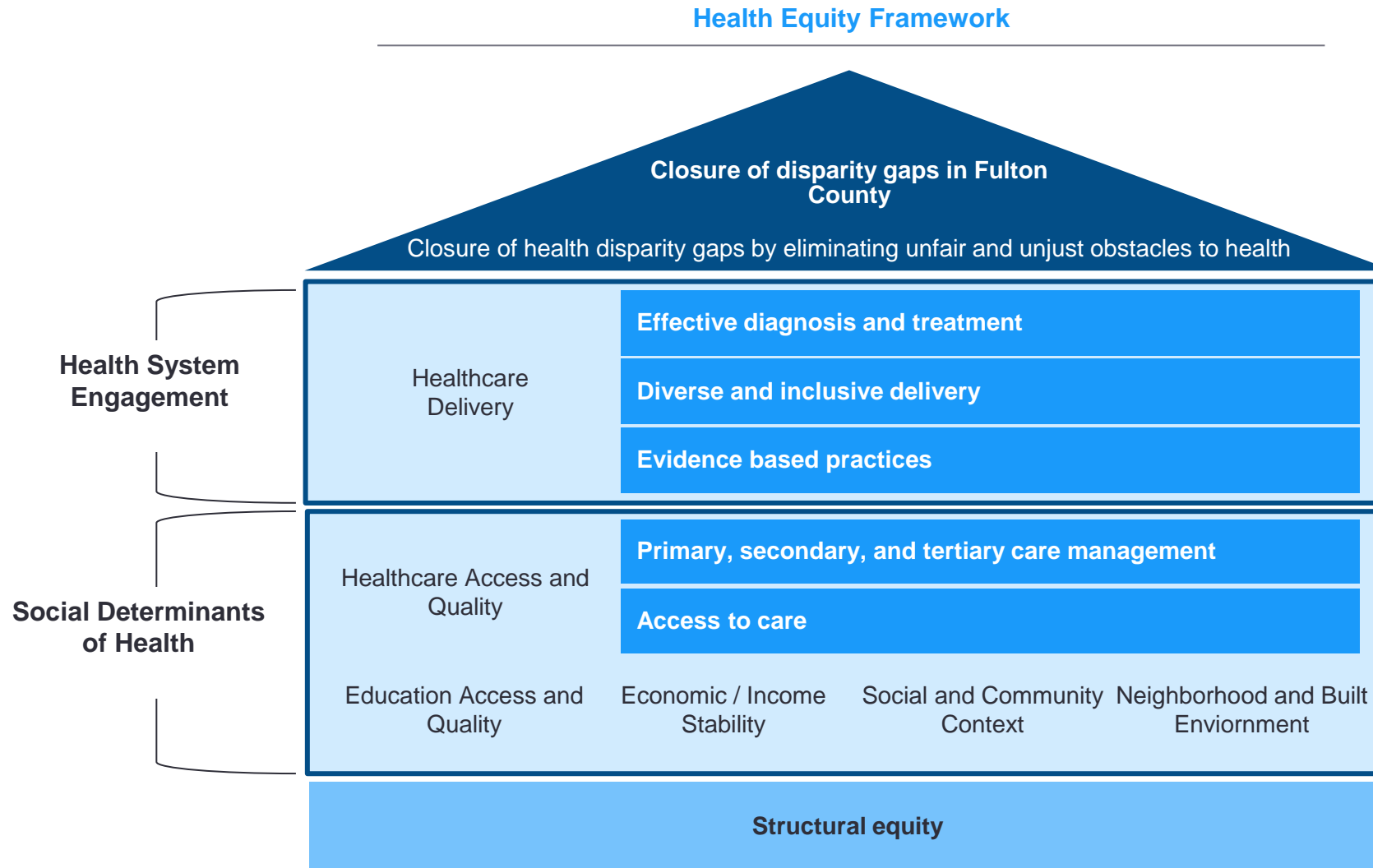
### Project Approach

- ▶ Leveraged **patient-centric lens that focuses on social determinants of health (SDoH)** to assess current state
- ▶ Undertook 7-week analysis leveraging analytics, primary and secondary research to determine state of healthcare in Fulton versus local and national peers

### Fulton County & MSM Public Health Priorities

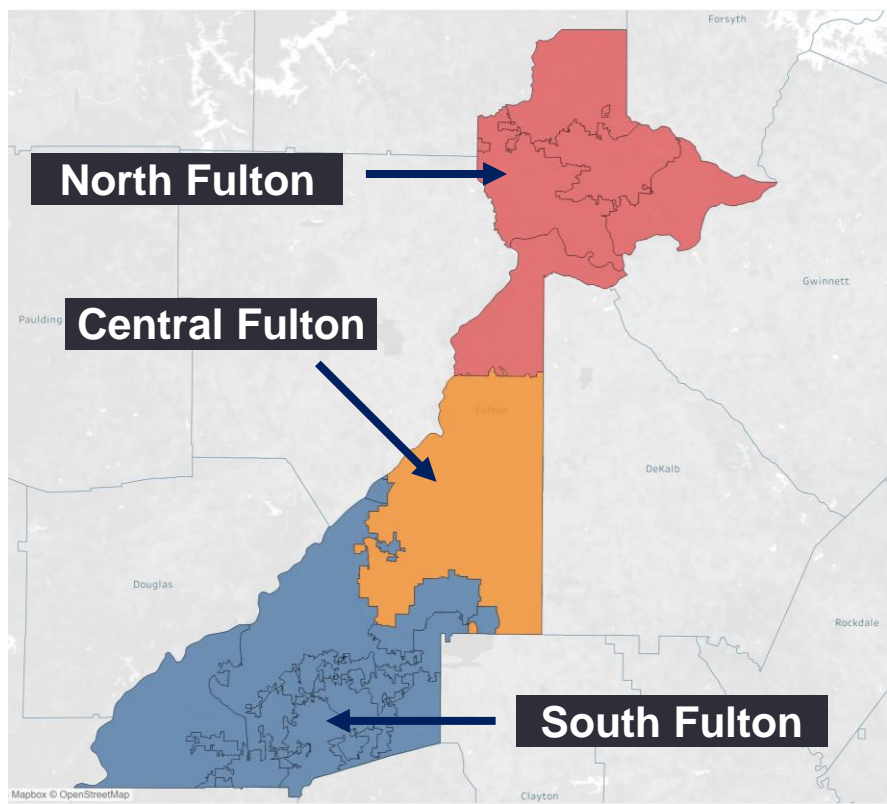
- ▶ **Stabilize existing safety net hospital financial viability**
- ▶ **Leverage current providers for new capabilities**
- ▶ **Establish partnerships for new care delivery network**
- ▶ **Prepare to advocate for closing the coverage gap**

The future health ecosystem in Fulton County will address unmet needs, support health equity aims and whole patient care to create an environment anchored in patient choice and wellbeing



## What is the current state of healthcare and social service access in Fulton County?

Fulton County was segmented into 3 regions, each with distinct demographic groups and health outcomes; life expectancy in Central and South Fulton is 5 years lower than North Fulton



		North Fulton	Central Fulton	South Fulton
		354k (34%) 37% non-White	455k (44%) 54% non-White	234k (22%) 91% non-White
<b>Health outcomes</b>	<i>Life expectancy</i>	82 years	77 years	77 years
		<span style="font-size: 2em; color: red;">↔ 5 years ↔</span>		
<b>Healthcare access</b>	<i>Insurance coverage</i>	5% Medicaid 11% uninsured	14% Medicaid 15% uninsured	20% Medicaid 15% uninsured
	<i>Major care sites</i>	Wellstar, Emory	Grady, Piedmont, Northside, Emory	No major site of care
<b>Economic</b>	<i>Relative household income</i>	\$46k above national median	\$15k above national median	\$18k below national median
<b>Social</b>	<i>Community and social needs assessment</i>	Stronger community and social supports	High unmet needs on community and social supports	

1. North Fulton zip codes: Zip codes North of I-285

2. Central Fulton zip codes: Zip codes within the I-285 perimeter excluding those tangential to the airport

3. South Fulton zip codes: Zip codes South and West of the I-285 perimeter including zip codes tangential

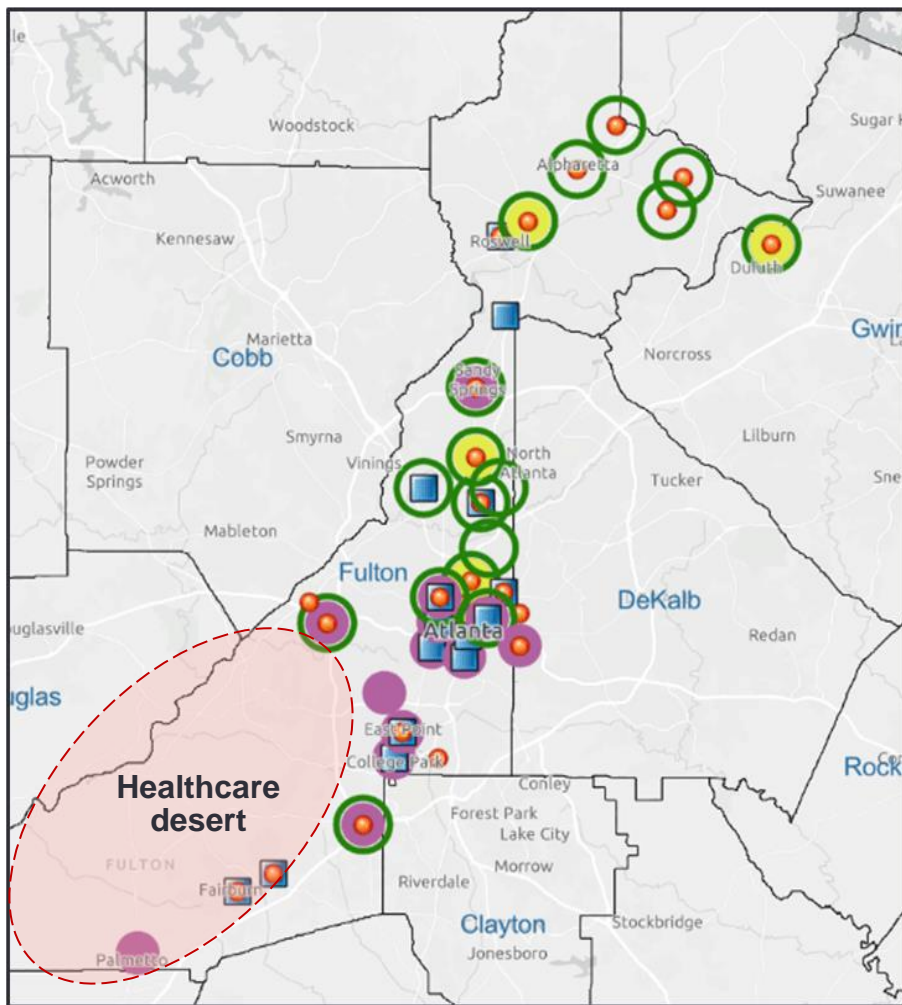
to the airport

4. Community and Social needs assessment based on reported CVI and SNI scores; CNI scores indicate barriers to healthcare and SVI score is indicative of a vulnerable population

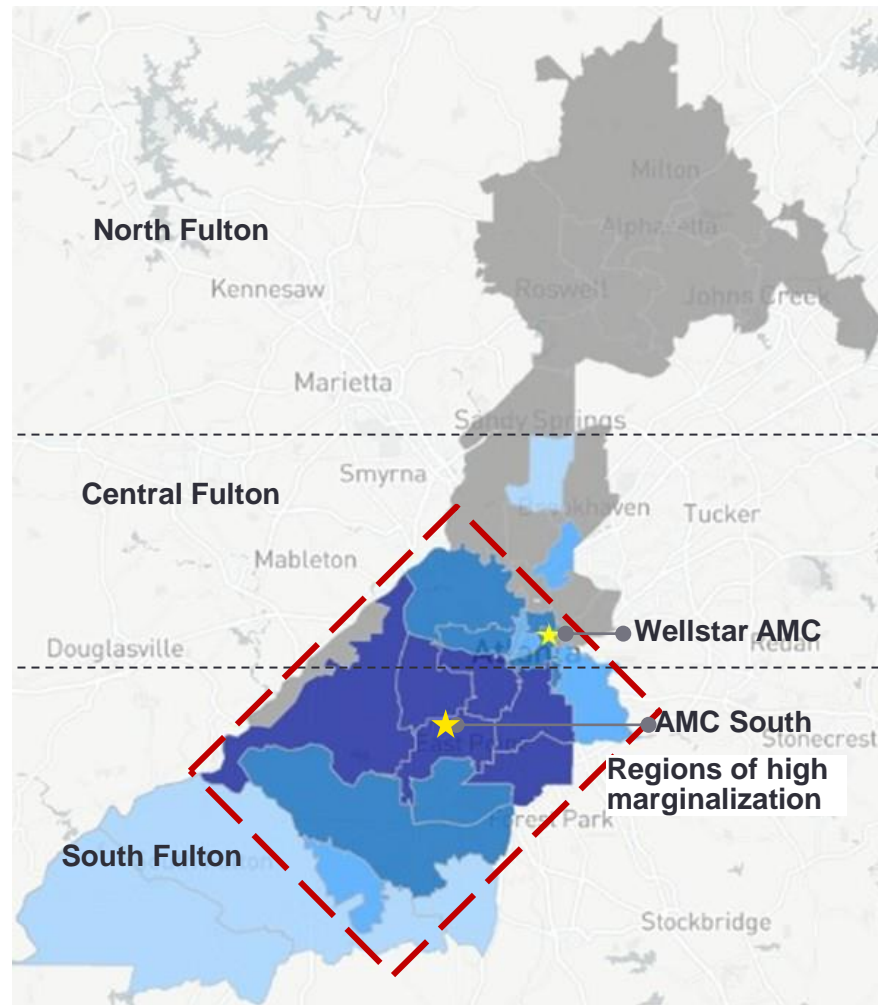
What is the current state of healthcare and social service access in Fulton County?

Poor health outcomes in C. and S. Fulton are driven by limited access to healthcare facilities and services and social and community services; these issues predate the Wellstar closure

**A** Fulton County Healthcare Desert



**B** Fulton County Regions with High Marginalization



Level of marginalization Low High

Highly marginalized regions have high prevalence of following populations:

- ▶ *Medically underserved:* Lack access to physicians and low insurance coverage
- ▶ *Economically underserved:* High poverty rates and unemployment
- ▶ *Socially vulnerable:* Low-income levels and low access to social services (e.g., transportation)

Sources: Census Bureau, American Community Survey 2021 5-year estimates, Health Resources & Services Administration, Centers for Disease Control (CDC)



A

The healthcare desert in South Fulton, characterized by limited sites of care and low access to primary care and specialty physicians, creates physical barriers to residents accessing care

Region	% of population	Sites of care per 100,000 residents					Total
		Urgent Care	Ambulatory Surgery Centers	FQHC	Short-term Acute Care Hospitals	Post-Acute Care	
Central	44%	4*	11	7	2**	4	28
North	33%	7	12	<1	<1	1	<22
South	22%	3	<1	4	0	2	<10
<b>Total</b>	<b>100%</b>	<b>50</b>	<b>97</b>	<b>42</b>	<b>9</b>	<b>29</b>	

Limited to no sites of care in South Fulton

- ▶ North and South Fulton have lower sites of care per capita, often requiring travel for care
- ▶ Given SDoH disparities in South Fulton residents, they often face:
  - Physical barriers (e.g., transport)
  - Situational barriers (e.g., insurance coverage)
  - Mental barriers (e.g., feeling of “not fitting in”)






Specialty	Typical Conditions Treated	Physicians by region		
		North	Central	South
Cardiology	Heart Disease	71	214	0
Oncology	Cancer	32	187	2
Pulmonology	Respiratory Diseases	35	62	0
Infectious Disease Specialist	HIV / AIDS	9	116	0
Mental Health	Substance abuse	230	358	30
Neonatal	Infant deaths	11	78	6

Limited physician specialists in South Fulton at existing sites of care

- ▶ There is a high concentration of specialists in North and Central Fulton
- ▶ South Fulton residents face onus of needing to travel to access specialists

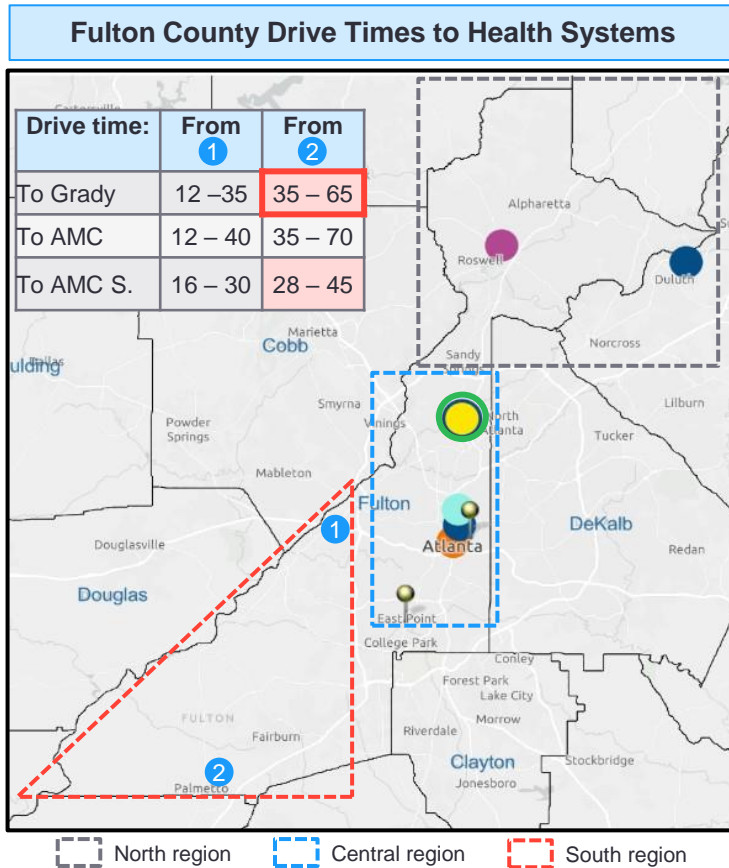
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C. and S. Fulton residents also have disparities in social determinants – including lower education attainment and limited access to housing, which further increases risks for poor health outcomes

Social Determinants of Health Domains	Healthcare Access & Quality 	Education Access & Quality 	Economic Stability 	Social & Community Context 	Neighborhood & Built Environment 
Elements of SDoH	<ul style="list-style-type: none"> <li>▶ Capacity and access to healthcare facilities and community health care</li> <li>▶ Access to necessary relevant clinicians</li> <li>▶ Access to health insurance</li> </ul>	<ul style="list-style-type: none"> <li>▶ Higher education attainment</li> <li>▶ Internet and computer access</li> </ul>	<ul style="list-style-type: none"> <li>▶ Employment</li> <li>▶ Household income</li> </ul>	<ul style="list-style-type: none"> <li>▶ Social Vulnerability Index (SVI)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Housing access</li> <li>▶ Transportation</li> <li>▶ Food access and proximity to grocery stores</li> </ul>
Fulton County Findings	<ul style="list-style-type: none"> <li>▶ 12 zip codes are medically underserved (high prevalence of under insured residents)                             <ul style="list-style-type: none"> <li>– 8 of 12 are within 5-miles of closed hospitals</li> </ul> </li> <li>▶ No acute care or ER in S. Fulton; residents travel ~30 minutes to acute care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Low levels of education                             <ul style="list-style-type: none"> <li>– ~50% lack college degree; ~70% S. Fulton</li> </ul> </li> <li>▶ Most of the county has access to internet and computers; however, “internet desert” overlaps with health provider desert</li> </ul>	<ul style="list-style-type: none"> <li>▶ 1 in 3 zip codes are economically marginalized</li> <li>▶ Unemployment: ~6%; ~8% in S. Fulton</li> <li>▶ ~14% Fulton County residents live in poverty;                             <ul style="list-style-type: none"> <li>– Higher in S. Fulton (16%) and Central (17%) Fulton</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▶ 1 in 4 zip codes are socially marginalized (below median income with disabilities, no access to car and unemployed)</li> </ul>	<ul style="list-style-type: none"> <li>▶ ~20% of zip codes are housing unstable, meaning larger renting populations and below average median incomes</li> <li>▶ Limited, inconvenient public transportation infrastructure; connectivity to care services extremely limited</li> <li>▶ Access to grocery stores for low-income residents is below the national average</li> <li>▶ Fast food restaurants per 100K residents significantly higher in Fulton (122) than nationally (77)</li> </ul>

# Closure of the two Wellstar AMC hospitals left residents of South Fulton without access to care in the vicinity; wait times are higher than national standards and facilities are near capacity

## Impact of Wellstar Closures: Utilization, Wait Times, Resident Feedback



### Fulton County Health System Capacity

	Legend	Hospital name	Bed size <sup>1</sup>	Bed utilization <sup>1,6</sup>	Avg. mins in ED <sup>2</sup>
Closed hospitals		Wellstar Atlanta Medical Center	466	71% <sup>3</sup>	178
		Wellstar Atlanta Medical Center South	198	NA	NA
Short-term acute care hospitals		Wellstar North Fulton Hospital	169	63%	196
		Emory Johns Creek Hospital	110	87%	213
		Northside Hospital Atlanta	721	65%	202
		Emory Saint Josephs Hospital	364	80%	240
		Piedmont Atlanta Hospital	488	100% <sup>3</sup>	219
		Emory University Hospital Midtown	534	75%	314
		Grady Memorial Hospital	652	106% <sup>3</sup>	375

Wait times higher than GA average wait time

- ▶ Residents in southern regions of the county that will now seek care at a facility in C. or N. Fulton will have an increased drive time of ~10 to ~20 min
  - ▶ Wait times at hospitals in Fulton exceed national standards, and several exceed the Georgia state as well, indicative of the overcrowding resulting from closure of hospitals
- “ Walk-ins doubled and haven't stopped since [Wellstar shut down]” CEO, FQHC
- “ Any time of day or night, [Grady's] ER is packed” County Resident

**Wait times:**

- ▶ GA average: **215 min**
- ▶ National Average: **188 min**

1. Definitive Healthcare unless otherwise noted
2. Wait times from Medicare.gov, as of Jan 2023; does not include Psych / mental health patients
3. Data directly from hospital source
4. Green dots represent pediatric hospitals which have been excluded from the table

5. Per Google maps; minimum drive time based on weekend morning; maximum drive time based on weekday afternoon rush hour
6. Utilization in red shows entities with higher than optimal utilization red; GA state guidance suggests optimal occupancy rate of 75% in non-rural regions

## How should we collectively respond?

To transform healthcare in the county, initiatives will be launched under five solutions, focused on increasing healthcare and community resources and reducing financial, tech and cultural barriers

### Transformation solutions

<p><b>Redistribute assets to enhance health access</b></p>	<p><b>Enhance care delivery efforts to treat the whole patient</b></p>	<p><b>Establish enabling technology to support patients</b></p>	<p><b>Reduce financial barriers to care delivery</b></p>	<p><b>Remove cultural barriers to care access and delivery</b></p>
<p><i>Ensure sufficient sites of care, physicians, and programs available within reasonable travel distance to meet resident health needs</i></p>	<p><i>Redesign care delivery for county residents by removing existing silos across the healthcare ecosystem</i></p>	<p><i>Develop technology infrastructure that increases access to and sharing of patient data and removes barriers to patient adoption of telehealth</i></p>	<p><i>Reduce financial roadblocks that prevent patients from accessing care</i></p>	<p><i>Build a workforce that reflects the residents and remove cultural barriers to care that prevent residents from seeking needed care</i></p>

### Illustrative impact

Improved health outcomes (e.g., higher life expectancy, higher quality of life)

**Long-term goals**

- ▶ Higher per capita sites of care
- ▶ Lower drive time to care

- ▶ Higher ROI from community services

- ▶ % adoption of telehealth / virtual health services

- ▶ % residents uninsured

- ▶ % healthcare workers from under-represented minorities
- ▶ % healthcare workers from or trained in Fulton County

**Near-term KPIs**

- ▶ Higher MD to patient ratio
- ▶ Lower avoidable admissions, ED visits

- ▶ Increase #, spend on community programs
- ▶ Higher CHW to patient ratio

- ▶ % residents with broadband
- ▶ % residents with device access

- ▶ # residents accessing health insurance marketplace via CHW support

- ▶ Increase in scholarships / GME seats / loan forgiveness programs to "local" talent

# Transformation efforts will combine immediate term action with longer-term sustainable plans to ensure that pressing needs are met while future health ecosystem is developed

## Timeline of Priority Initiatives: Planning and Realization



◆ Milestone indicating launch / activation of new service or resources

End of "Now"

End of "Near"  
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## Next Steps

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- ▶ Socialize assessment findings and proposed solution with key stakeholders within Fulton County
- ▶ Develop a detailed, tangible plan associated with the proposed solutions to tackle the issues identified
- ▶ Estimate investment and resource needs, including people, process and technology investments
- ▶ Define a governance structure to establish health equity as a priority for the county, and track proposed plan
- ▶ Establish a communication plan to keep the community updated about key activities and initiatives