



Strategic Planning Project

Work Session #2 Presentation

December 12, 2006



* Partial underwriter of project costs.

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I. Introduction

Project Objectives

- I. To determine the optimal location and configuration of all MHM owned and funded clinics to best fulfill the mission of Methodist Healthcare Ministries within the context of:
 - Current and projected demographic and socioeconomic trends; and
 - Strategic direction of all MHM owned and funded Community Health Clinics.
- II. To develop a data-driven framework for rationalizing resource allocation of all Partner Organizations. This includes analysis of socioeconomic/demographic trends in the San Antonio MSA and development of a Demand Analysis model for projecting the healthcare needs of the targeted population.
- III. To work with MHM and the leadership of organizations funded by MHM to develop consensus on the coordination and prioritization of facility projects.

I. Introduction

Agenda

- Dental Analysis
 - Approach & Use Rates
 - 2005 Estimated Low-Income / Uninsured Volumes
 - 2005 Estimated Utilization Rate by Partner Organization
 - Projected Growth in Volumes 2005 Through 2016
 - By Age Cohort
 - By Location
 - By Specialty
 - By Scenario
- Emergency Services Analysis
 - Approach & Use Rates
 - Projected Growth in Volumes 2005 Through 2016
 - By Age Cohort
 - By Location
- Discussion
 - Summary of Work Session #1
 - Topics for Discussion
 - Prioritization of Facility Projects
 - Coordination of Future Planning Efforts

I. Introduction

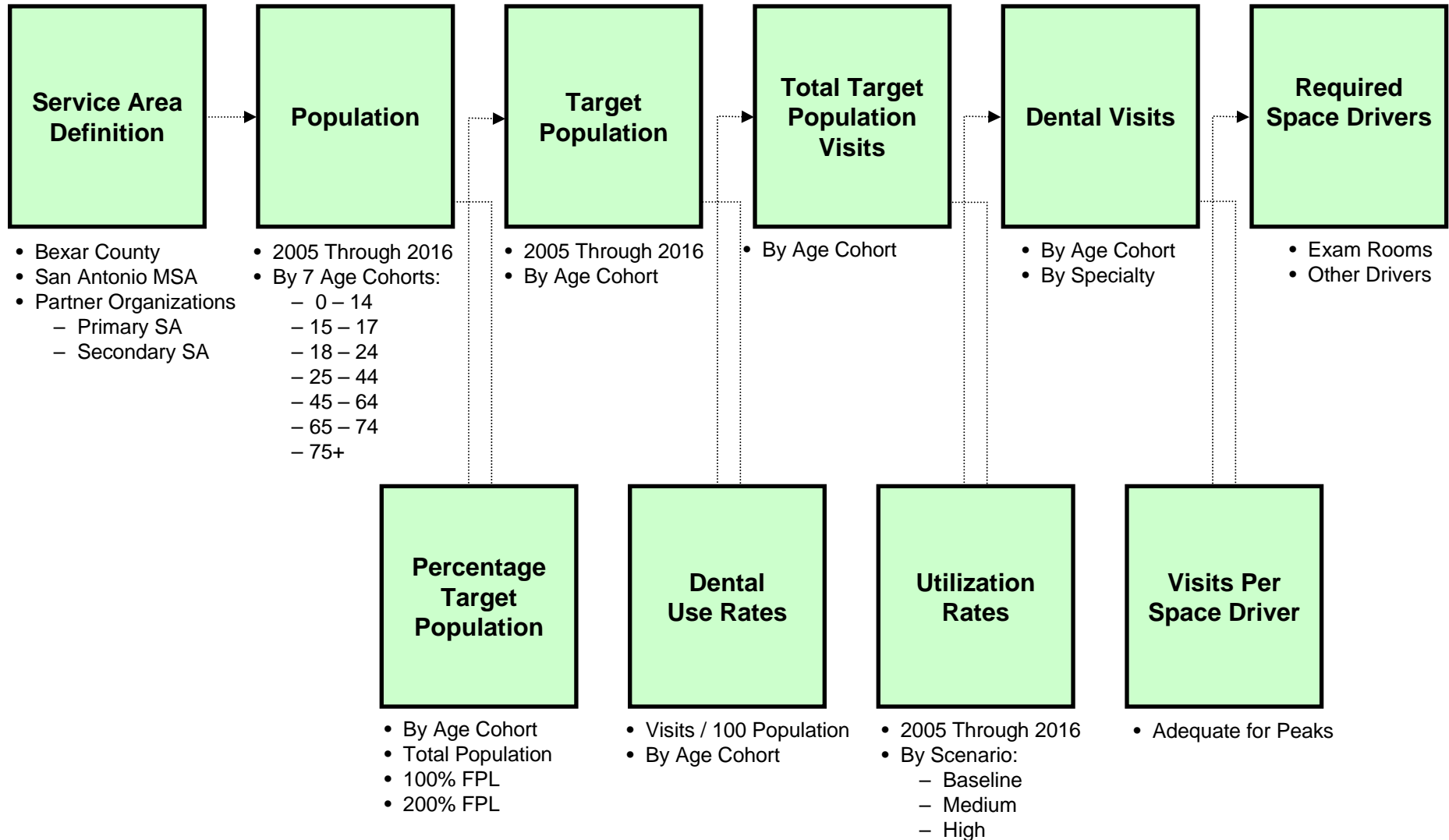
Next Steps

Final Report

- Executive Summary
 - 10 – 12 Pages of Text & Selected Graphs
 - Objectives
 - Process
 - Key Findings
 - Recommendations
- Consolidated Slides From Work Sessions #1 & #2
- Will Address
 - Feedback from both Worksessions
 - Additional analysis as required

II. Dental Analysis

Demand Analysis Approach



II. Dental Analysis

Data Sources

Demographics

- Claritas 2000, 2006, & 2011
- U.S. Census Bureau

Use Rates

- Centers for Disease Control and Prevention / National Center for Health Statistics
 - National Health Interview Survey (NHIS) - 2001
 - http://drc.hhs.gov/report/dqs_tables/4.htm
- National Dental Visits Per 100 Population by Age Cohort

Age Cohort	NHIS 2001
2 - 4 Years	42.20
5 - 14 Years	80.70
15 - 24 Years	66.20
25 - 34 Years	61.80
35 - 44 Years	66.30
45 - 54 Years	67.90
55 - 64 Years	65.10
65 - 74 Years	58.70
75 - 84 Years	55.00
85+ Years	47.70
Total Population	65.70

Dental Visits

- CommuniCare
- CentroMed
- Methodist Healthcare Ministries
- Daughters of Charity

II. Dental Analysis

Utilization Rates

Utilization Rates Methodology

<div>Partner Organization Dental Visits</div> <div><ul style="list-style-type: none">- Bexar County- MSA Excluding Bexar County</div>	=	<div>Utilization Rates</div> <div>(Percentage of Expected Visits by Organization)</div>
<div>Estimated Total Visits – 200% FPL</div> <div><ul style="list-style-type: none">- Bexar County- MSA Excluding Bexar County</div>		

Notes on Utilization Rate:

- No database of actual dental visits is available
- Denominator is based on estimates developed by applying nationally recognized use rates to the 200% population
- In lieu of actual data, approach estimates the closest proxy for utilization

II. Dental Analysis

Dental Visits by Patient Origin⁽¹⁾

- 2005 Dental Visits by Patient Origin

Partner Organization	Bexar County	MSA Excluding Bexar County	Outside of MSA	Total
CommuniCare	26,578	274	121	26,973
CentroMed	21,252	1,965	424	23,641
Methodist Healthcare Ministries	10,951	634	196	11,781
Daughters of Charity	3,764	233	126	4,123
Total - Partner Organizations	62,545	3,106	867	66,518

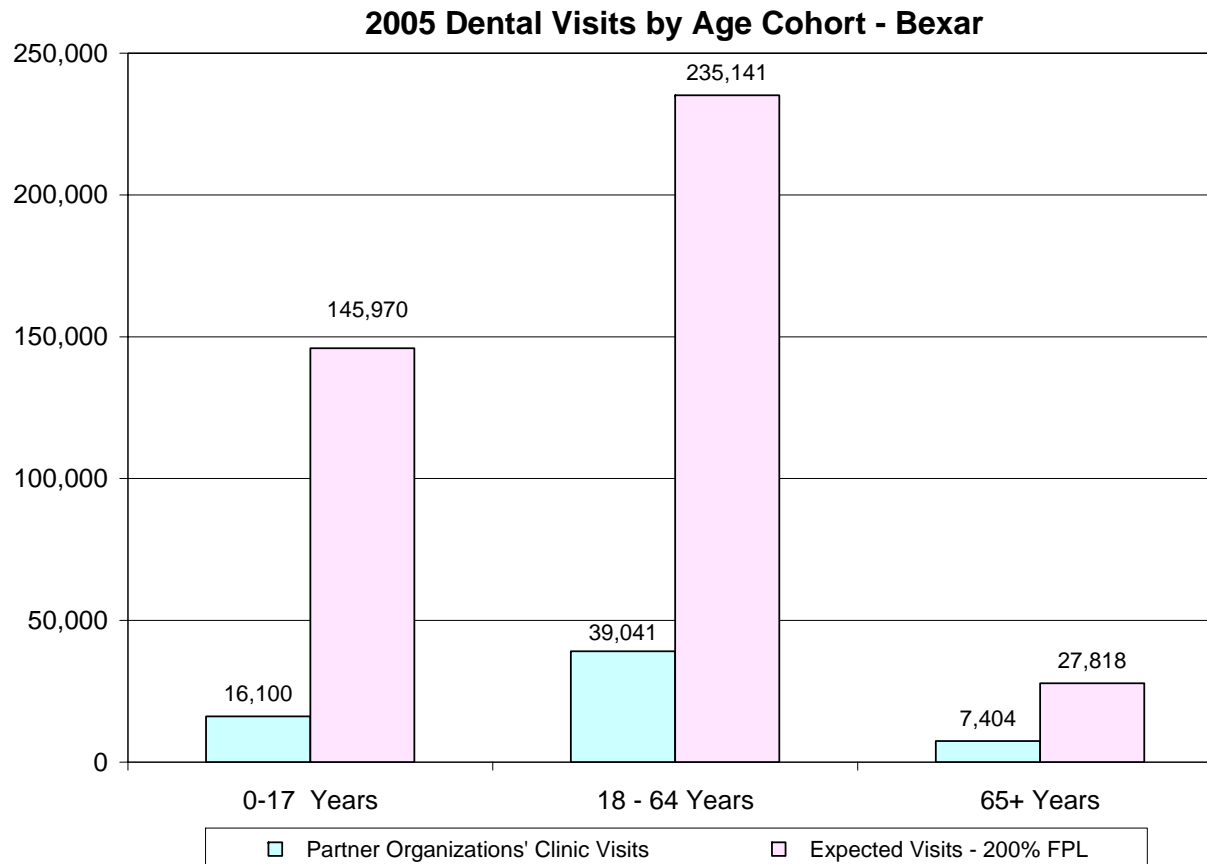
- 2005 Percentage of Dental Visits by Patient Origin

Partner Organization	Bexar County	MSA Excluding Bexar County	Outside of MSA	Total
CommuniCare	98.5%	1.0%	0.4%	100.0%
CentroMed	89.9%	8.3%	1.8%	100.0%
Methodist Healthcare Ministries	93.0%	5.4%	1.7%	100.0%
Daughters of Charity	91.3%	5.6%	3.1%	100.0%
Total - Partner Organizations	94.0%	4.7%	1.3%	100.0%

(1) Source: Partner Organizations' databases.

II. Dental Analysis

Dental Visits & Utilization by Age Cohort – Bexar County⁽¹⁾



- Partner Organizations account for 15.3% of the expected visits for the 200% FPL population of Bexar County
- Utilization varies significantly by age cohort:
 - 11.0% of expected volumes from 0 – 17 age cohort
 - 16.6% of expected volumes from 18 – 64 cohort
 - 26.6% of expected volumes from 65+ age cohort

(1) Source: Partner Organizations' databases.

II. Dental Analysis

Dental Visits & Utilization by Age Cohort – Bexar County⁽¹⁾

- 2005 Market Dental Visits - Bexar County

Partner Organization	0-17 Years	18 - 64 Years	65+ Years	Total
CommuniCare	4,212	18,176	4,190	26,578
CentroMed	8,709	11,086	1,457	21,252
Methodist Healthcare Ministries	2,807	6,826	1,318	10,951
Daughters of Charity	372	2,952	440	3,764
Total - Partner Organizations	16,100	39,041	7,404	62,545
Total Expected Market - 200% FPL	145,970	235,141	27,818	408,929
Variance	129,871	196,100	20,414	346,385

- 2005 Utilization – Bexar County

Partner Organization	0-17 Years	18 - 64 Years	65+ Years	Total
CommuniCare	2.9%	7.7%	15.1%	6.5%
CentroMed	6.0%	4.7%	5.2%	5.2%
Methodist Healthcare Ministries	1.9%	2.9%	4.7%	2.7%
Daughters of Charity	0.3%	1.3%	1.6%	0.9%
Total - Partner Organizations	11.0%	16.6%	26.6%	15.3%
Total - Other	89.0%	83.4%	73.4%	84.7%

(1) Source: Partner Organizations' databases.

II. Dental Analysis

Key Issues

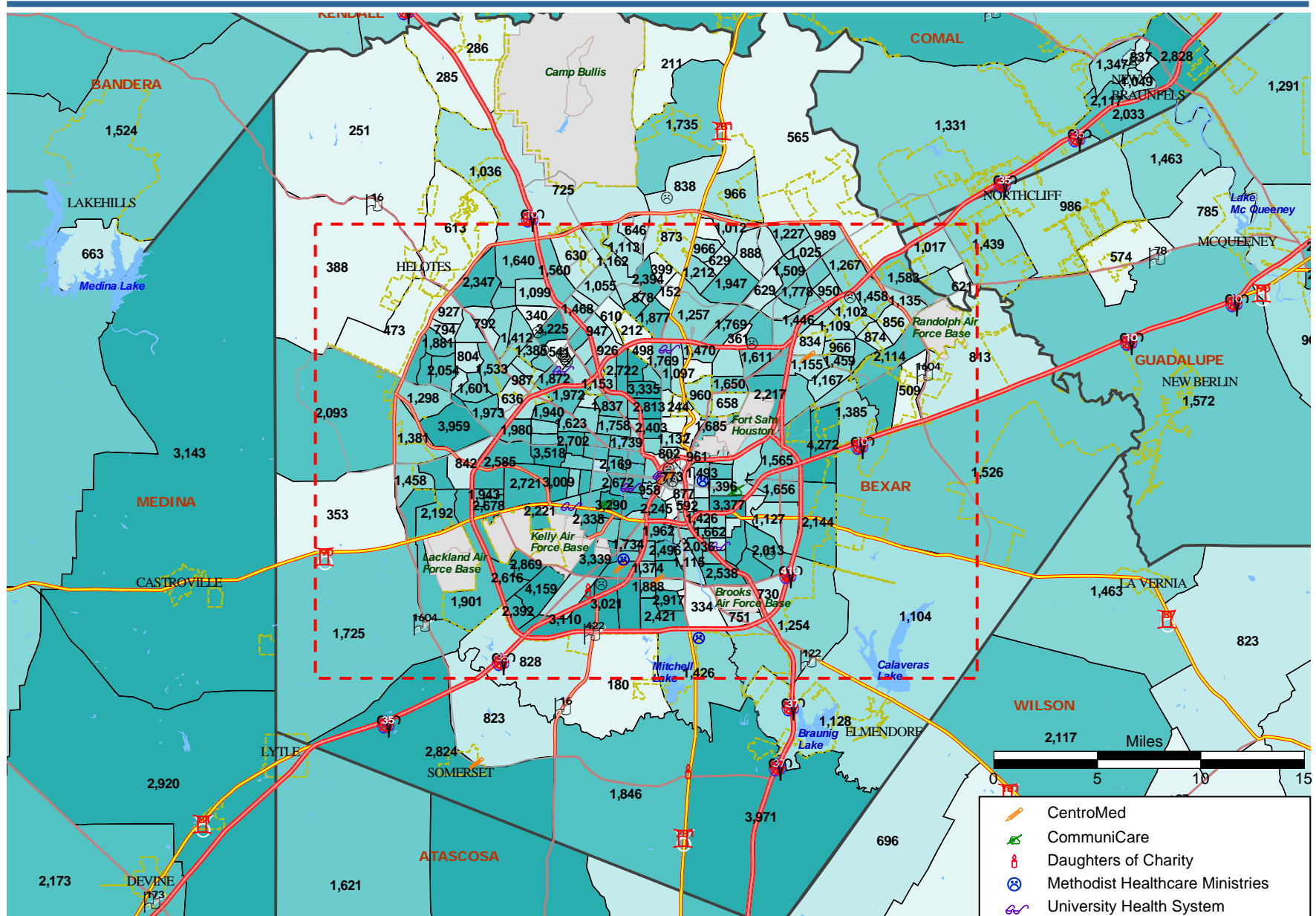
- From which areas of Bexar County do the Partner Organizations' dental visits originate?
- What do these volumes represent in terms of expected volumes?

Following Slides Map:

- Dental Visits of Individual Partner Organizations
- Utilization Rates of Individual Partner Organizations

II. Dental Analysis

2005 Estimated Dental Visits at 200% FPL⁽¹⁾

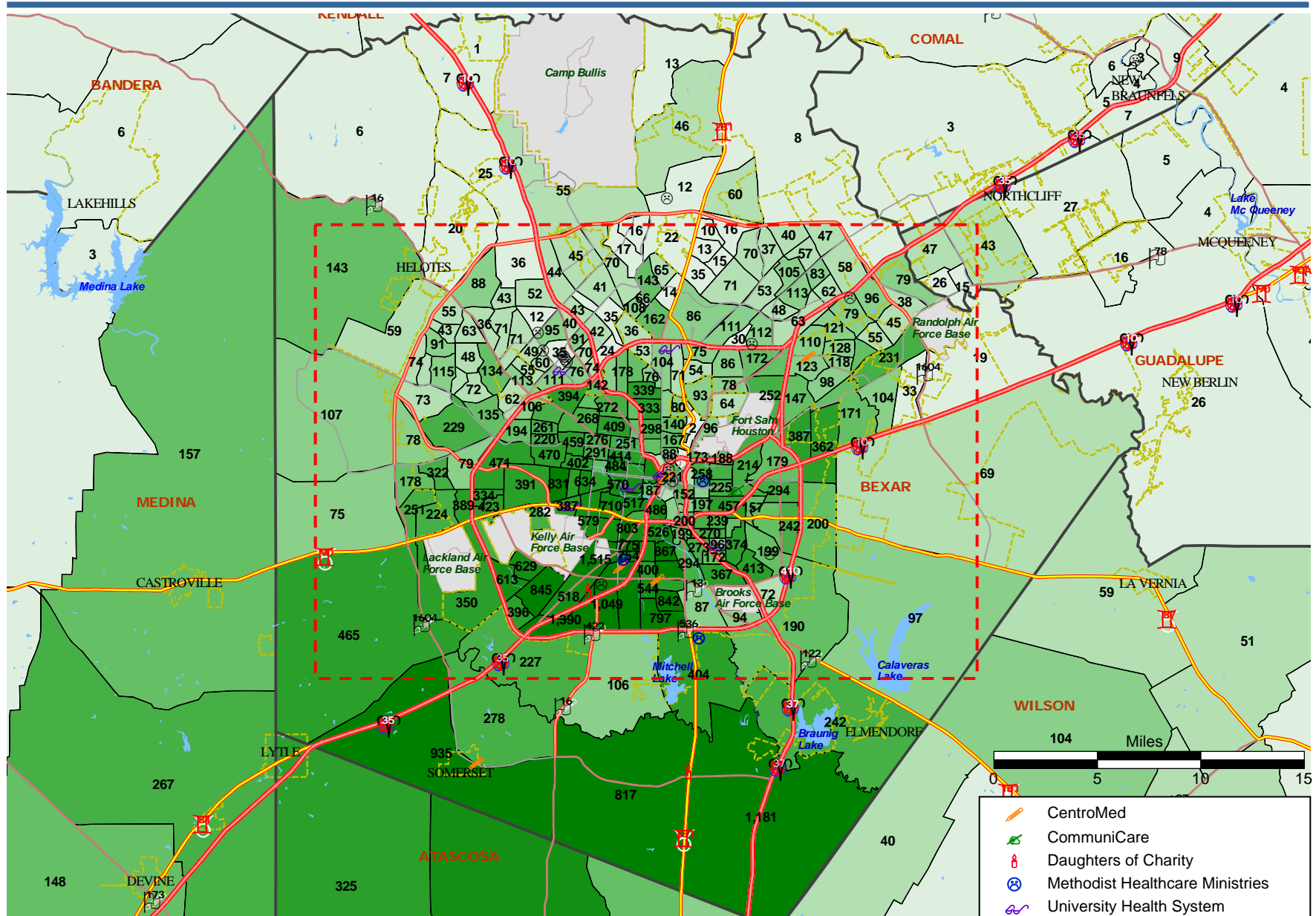


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

2005 Partner Organizations' Dental Visits⁽¹⁾

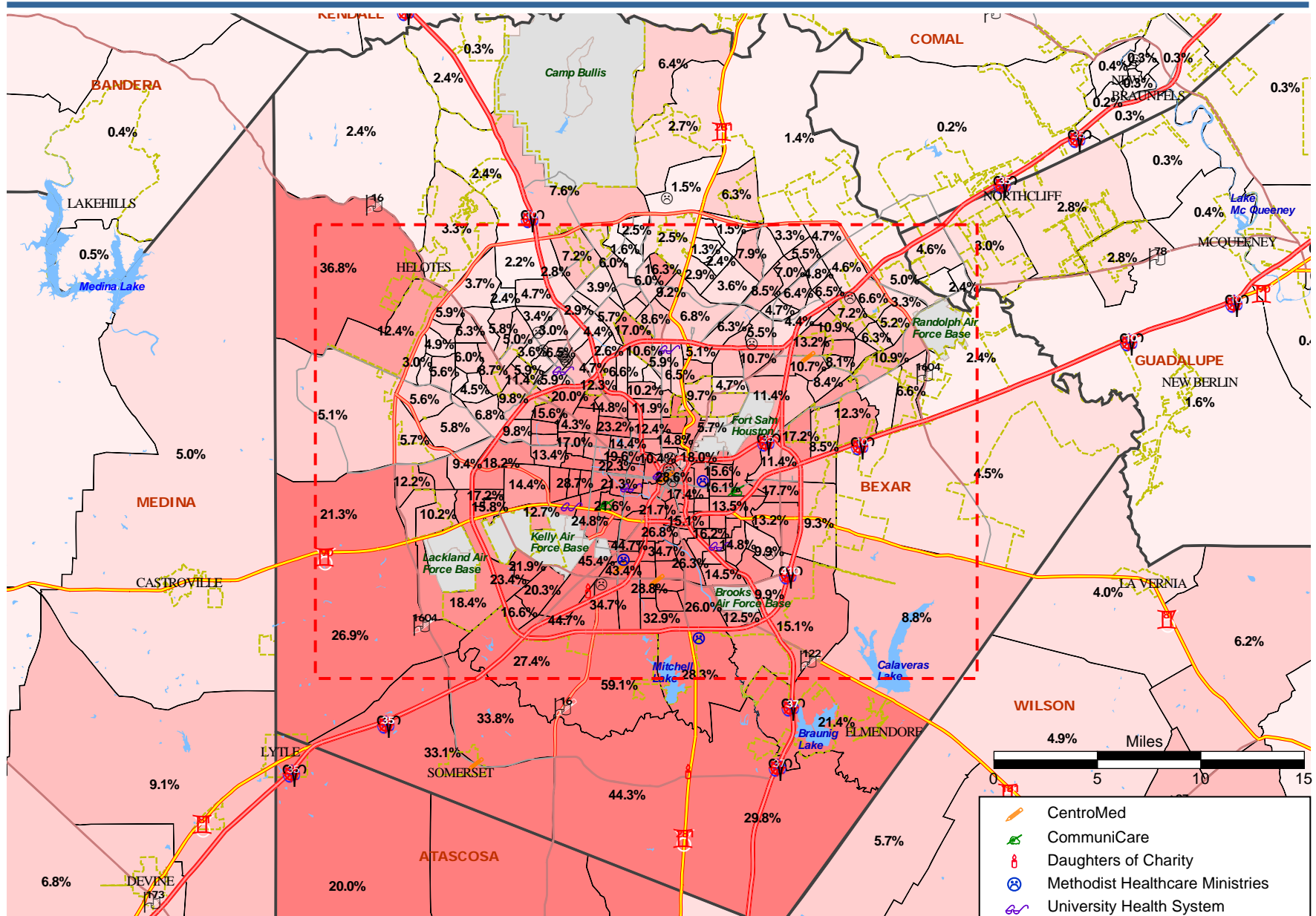


(1) Source: Partner Organizations' databases.



II. Dental Analysis

2005 Partner Organizations' Dental Utilization Rates⁽¹⁾



(1) Source: Partner Organizations' databases.



II. Dental Analysis

Demand Analysis

Key Issues

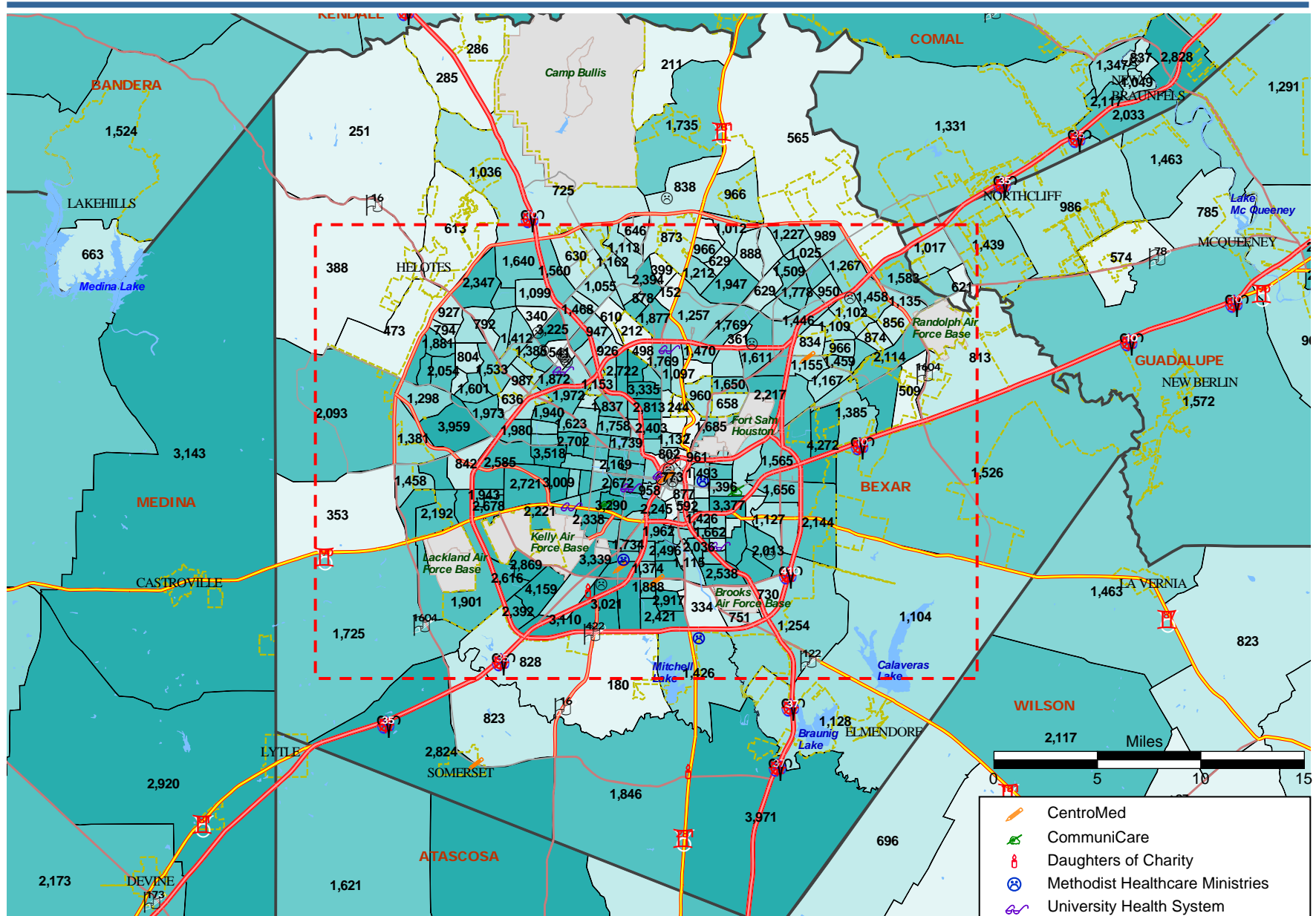
- What is the expected future growth in demand in Bexar County and the MSA?
 - From 2005 through 2016
 - By Age Cohort
- Where is the growth expected to occur?

Following Slides:

- Map projected demand growth from 2005 through 2016
 - Total Visits Increase
 - Percentage Increase
- Quantify Bexar County and MSA total demand from 2005 through 2016

II. Dental Analysis

2005 Estimated Dental Visits at 200% FPL⁽¹⁾

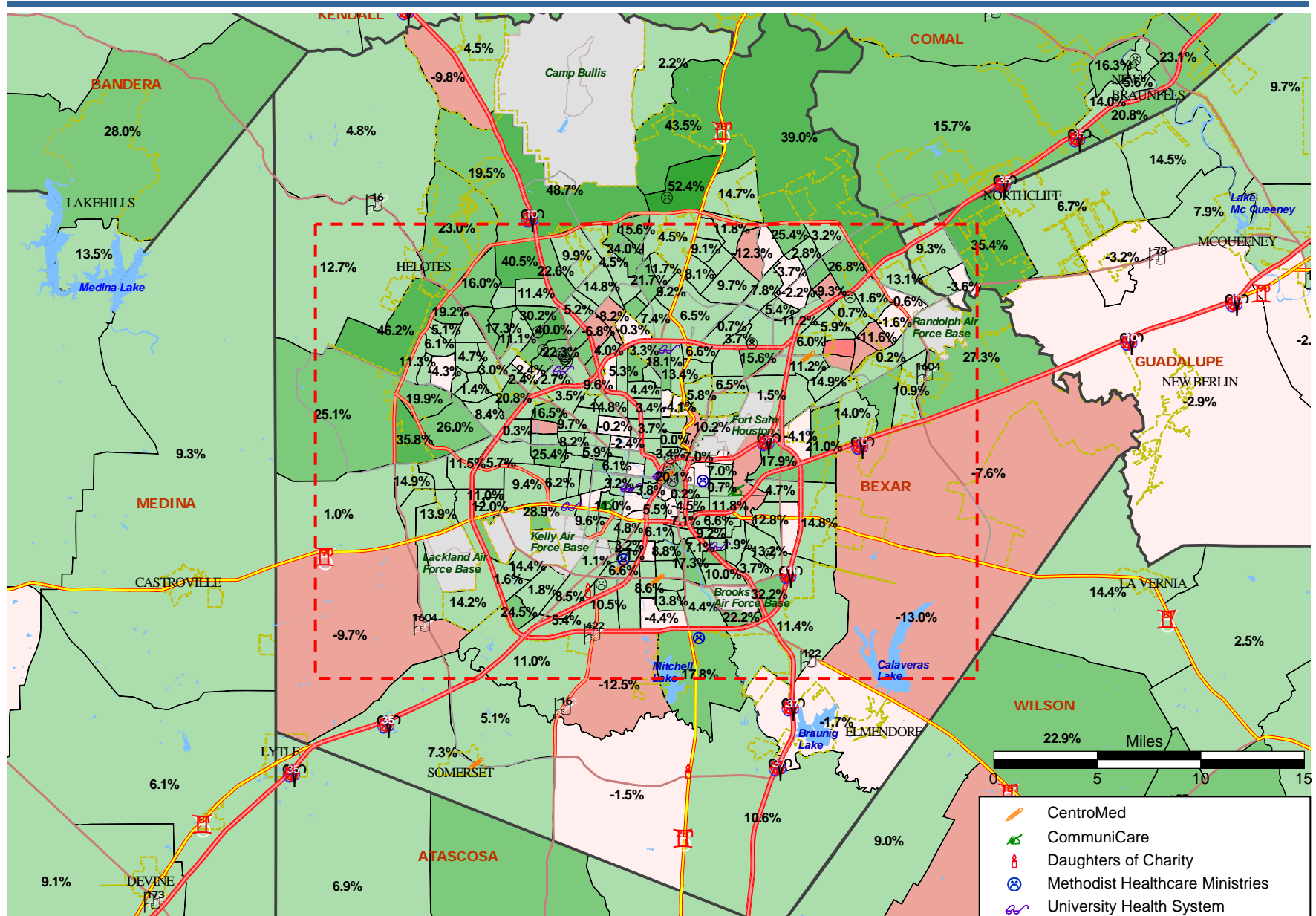


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾

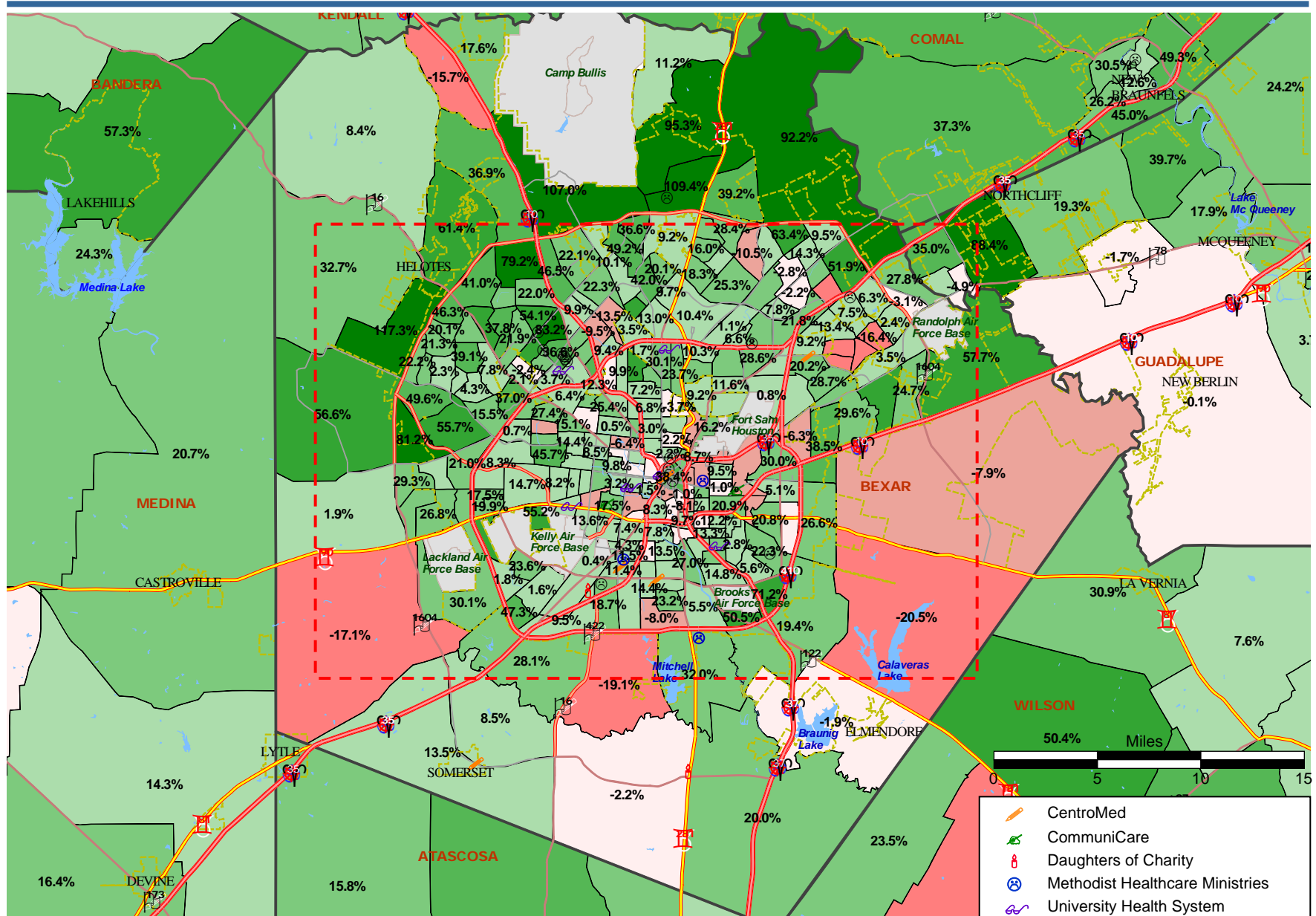


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾

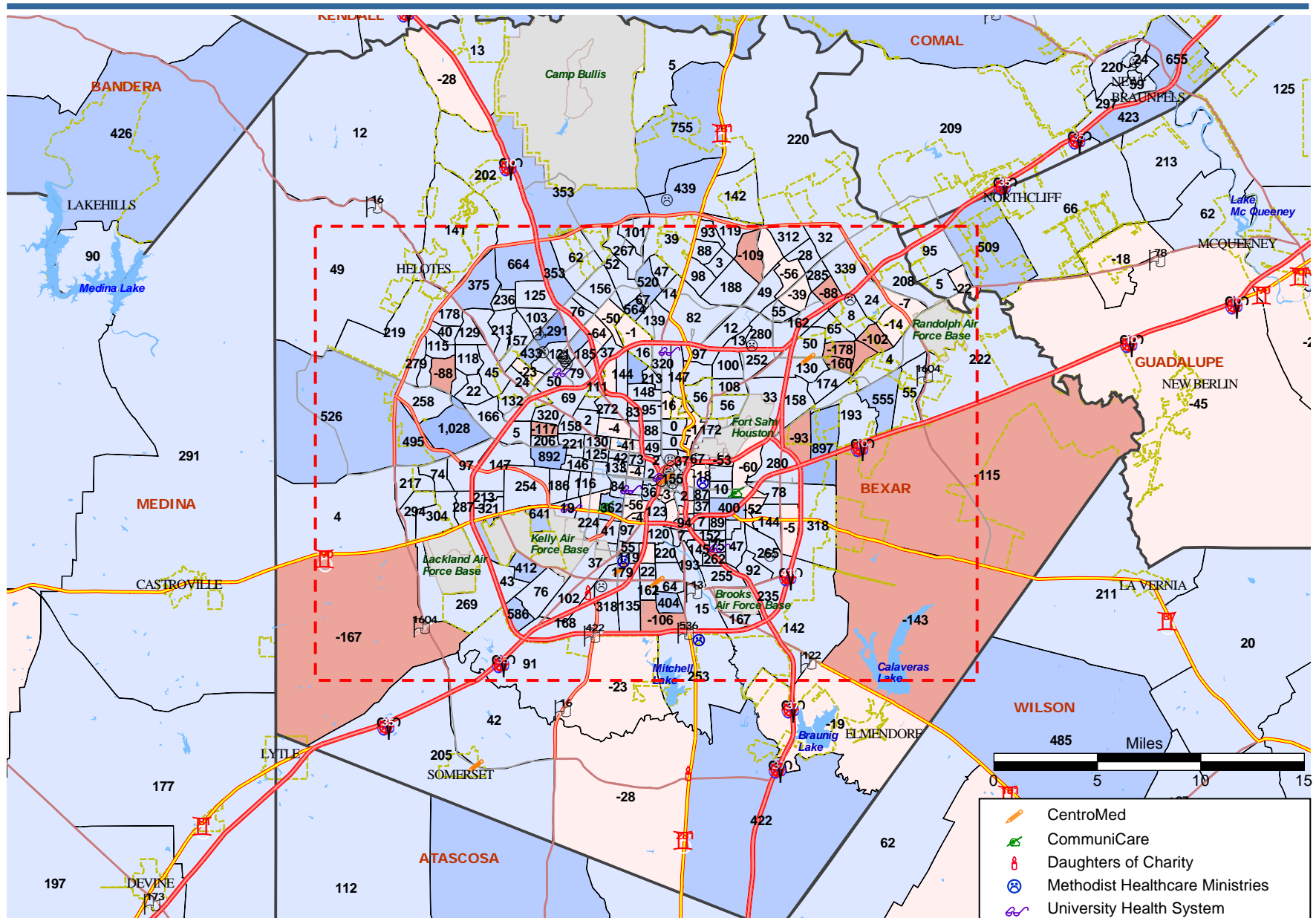


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾

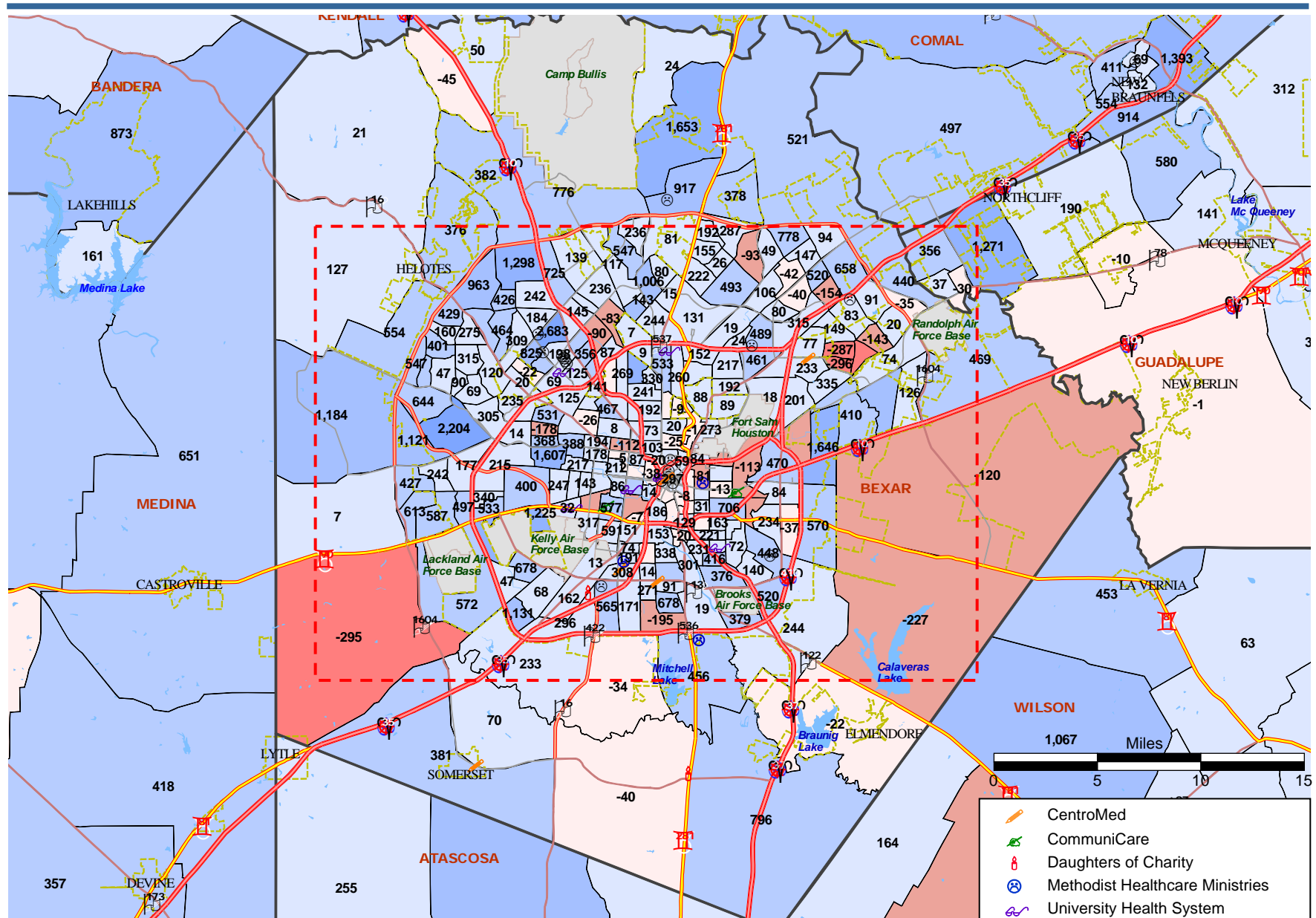


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾

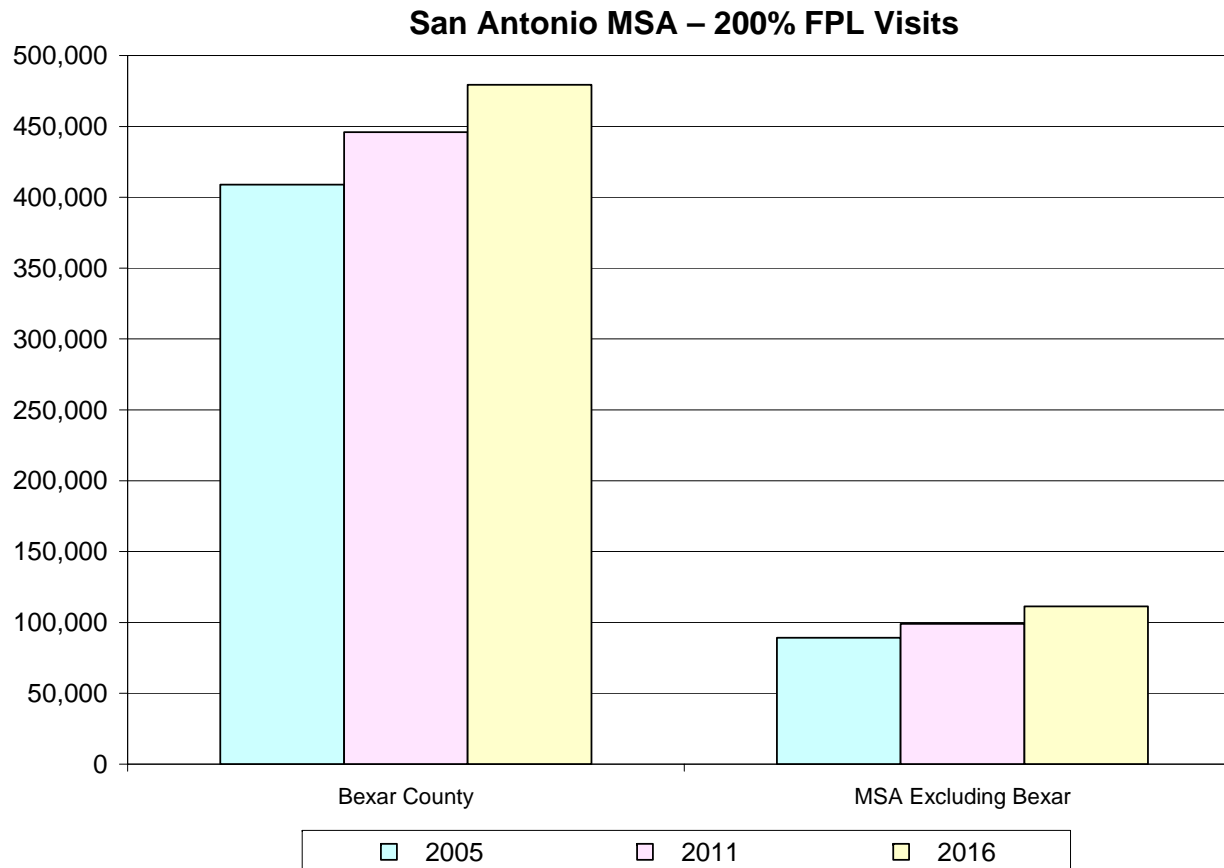


(1) Source: Capital Healthcare Planning estimated volumes.



II. Dental Analysis

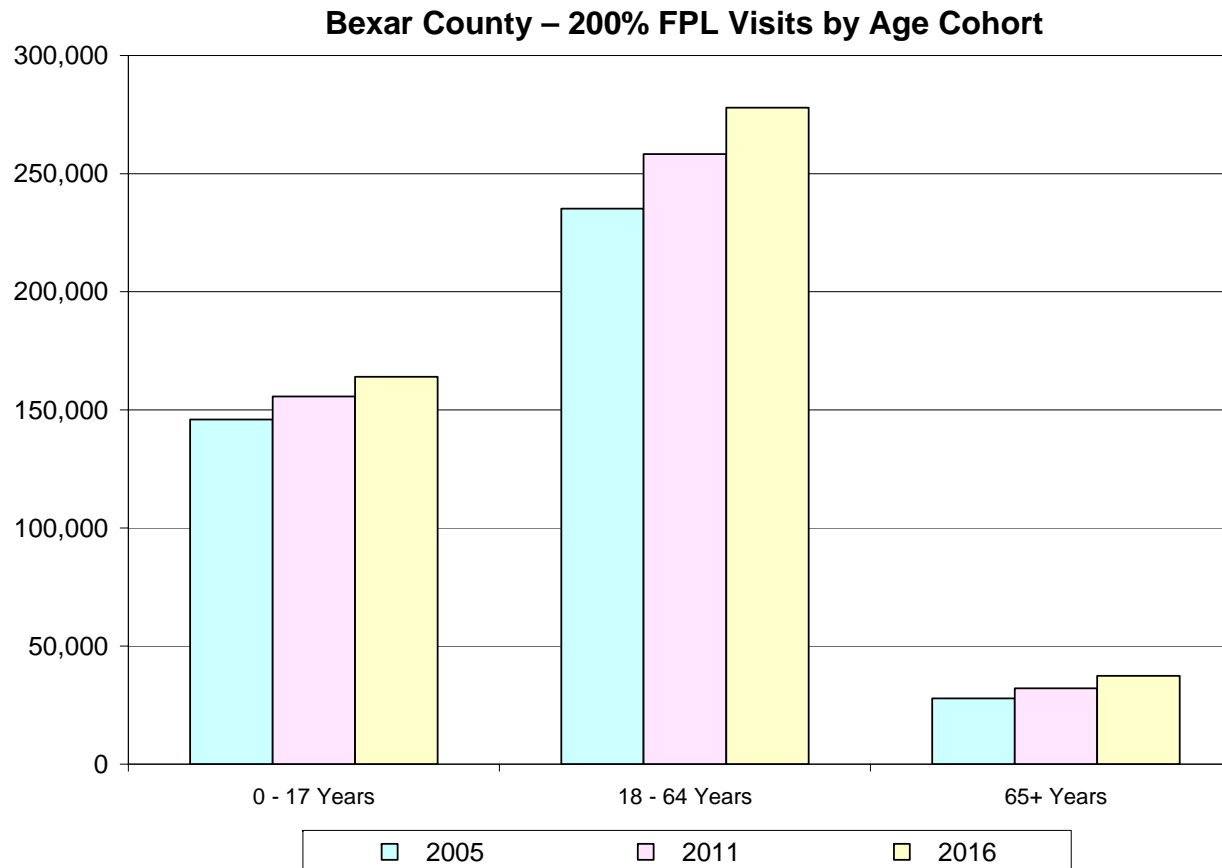
San Antonio MSA – 200% FPL Visits



Service Area	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
Bexar County	408,929	446,047	479,375	9.1%	37,117	17.2%	70,446
MSA Excluding Bexar	89,238	99,021	111,414	11.0%	9,783	24.9%	22,176
Total San Antonio MSA	498,167	545,068	590,789	9.4%	46,900	18.6%	92,622

II. Dental Analysis

Bexar County – 200% FPL Visits by Age



Age Cohort	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
0 - 17 Years	145,970	155,652	164,043	6.6%	9,682	12.4%	18,073
18 - 64 Years	235,141	258,304	277,877	9.9%	23,163	18.2%	42,736
65+ Years	27,818	32,090	37,455	15.4%	4,272	34.6%	9,637
Total San Antonio MSA	408,929	446,047	479,375	9.1%	37,117	17.2%	70,446

II. Dental Analysis

Dentist Requirements

- Dentist requirements dependent upon the staffing models of individual Partner Organizations
 - Dentists
 - Dental Hygienists

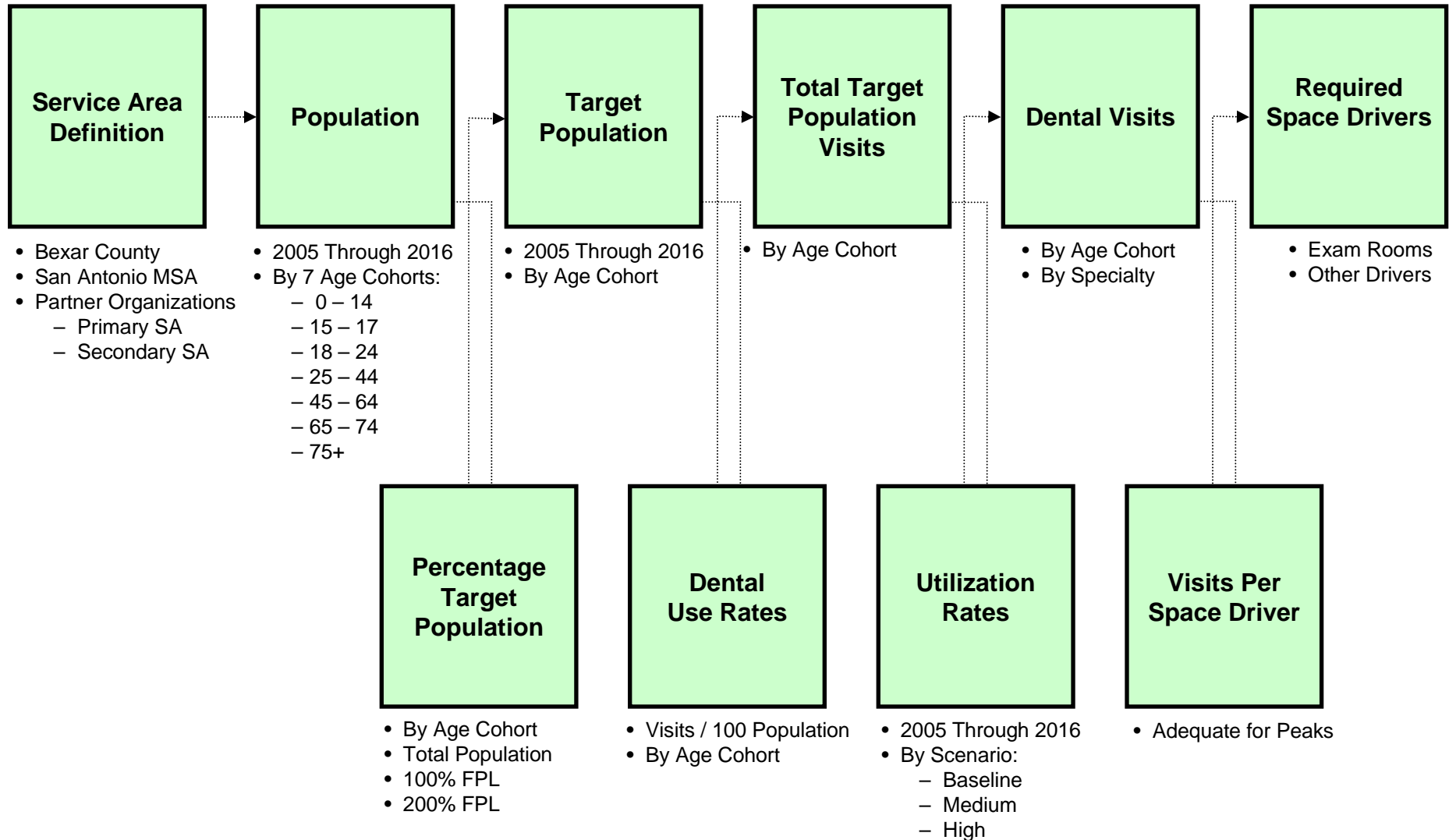
- American Dental Association (ADA) Survey:

Dentist	Visits Per Year
Average Generalist Dentist Without Hygienists	2,614
Average Generalist Dentist	3,888
Average Generalist Dentist With At Least 1 Hygienist	4,559

- Using the ADA benchmarks as a guideline, significant Dentist recruiting will be required to meet incremental 2005 to 2016 demand in Bexar County:
 - Average Generalist Dentist Without Hygienists +26.9
 - Average Generalist Dentist +18.1
 - Average Generalist Dentist With At Least 1 Hygienist + 15.5

II. Dental Analysis

Demand Analysis Approach



II. Dental Analysis

Scenario Definitions

Utilization Rate

- **Baseline Scenario**
 - No changes to the 2005 utilization rates of Partner Organizations
 - Applies to Bexar County and MSA excluding Bexar County
 - Outside of MSA visits remain constant at 2005 volumes
- **Medium Scenario**
 - Bexar County utilization increases 1.0%... from 15.3% to 16.3%
 - Utilization increases among Partner Organizations proportionate to 2005
 - Utilization increases occur between 2005 and 2011
 - MSA utilization outside of Bexar remains unchanged from 2005
 - Outside of MSA visits remain constant at 2005 volumes
- **High Scenario**
 - Bexar County utilization increases 2.0%... from 15.3% to 17.3%
 - Utilization increases among Partner Organizations proportionate to 2005
 - Utilization increases occur between 2005 and 2011
 - MSA utilization outside of Bexar remains unchanged from 2005
 - Outside of MSA visits remain constant at 2005 volumes

Variable Factors

Use Rates

- CDC / NCIS 2001 use rates by Age Cohort applied to all Scenarios

Population:

- 2005 through 2016 population by age cohort applied to all Scenarios

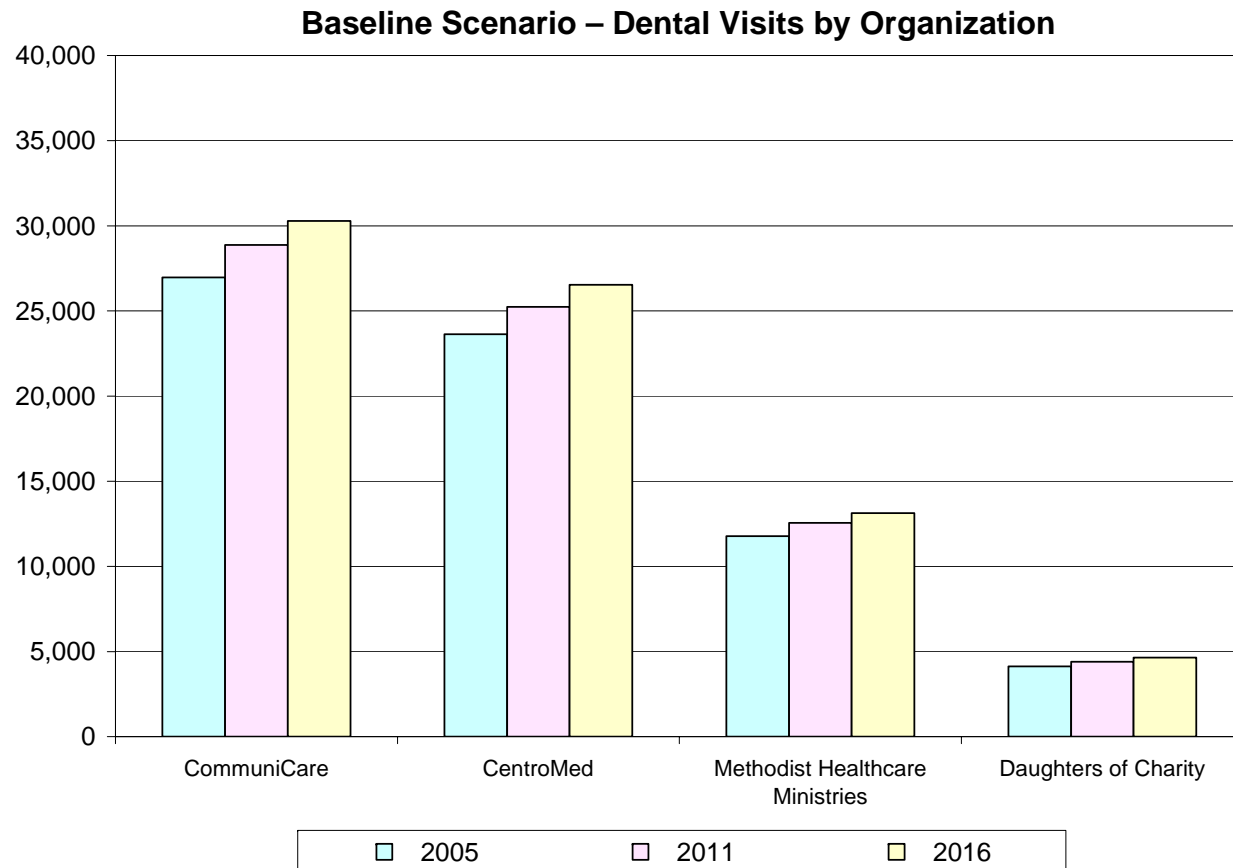
Constant Factors

Poverty Rates

- 200% FPL is proxy for uninsured population
- No changes to 2003 Poverty Rates in Bexar / MSA Counties

II. Dental Analysis

Baseline Scenario

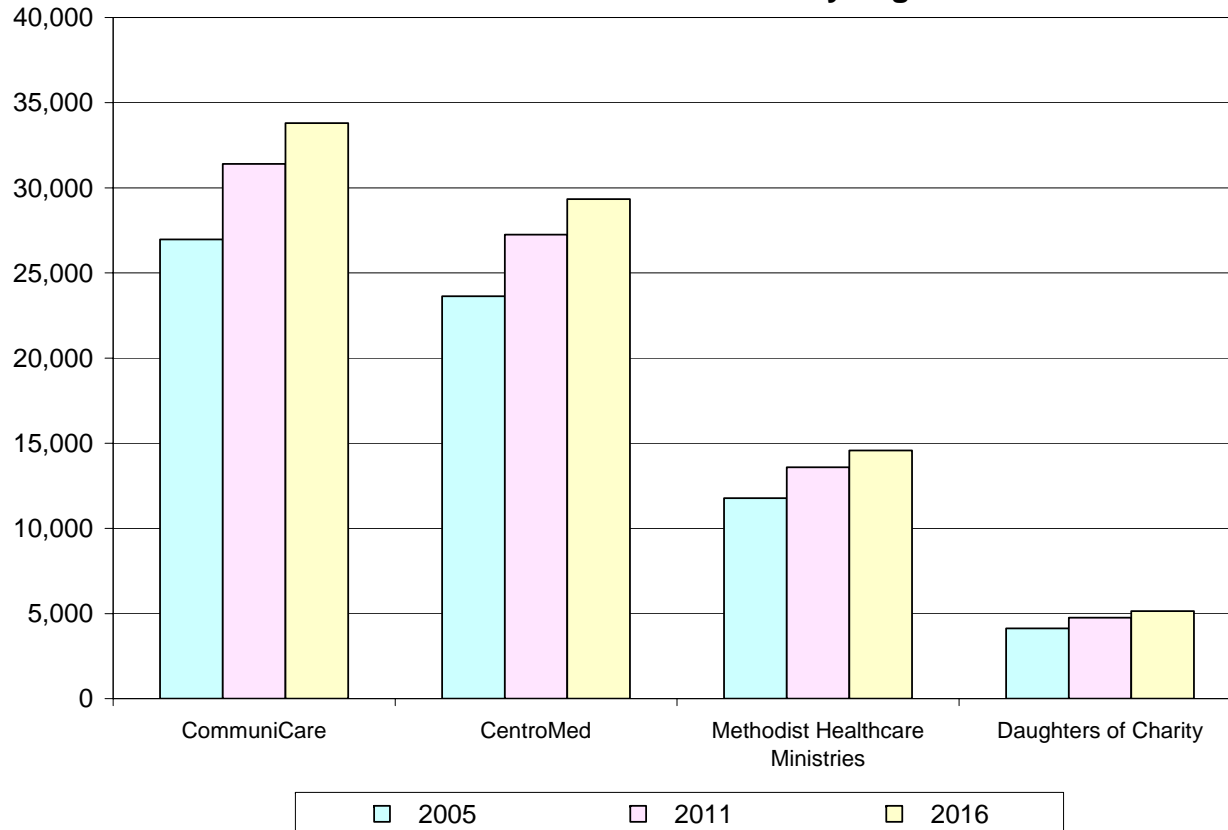


Partner Organization	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
CommuniCare	26,973	28,876	30,290	7.1%	1,903	12.3%	3,317
CentroMed	23,641	25,234	26,539	6.7%	1,593	12.3%	2,898
Methodist Healthcare Ministries	11,781	12,559	13,134	6.6%	778	11.5%	1,353
Daughters of Charity	4,123	4,406	4,639	6.9%	283	12.5%	516
Total	66,518	71,075	74,603	6.9%	4,557	12.2%	8,085

II. Dental Analysis

Medium Scenario

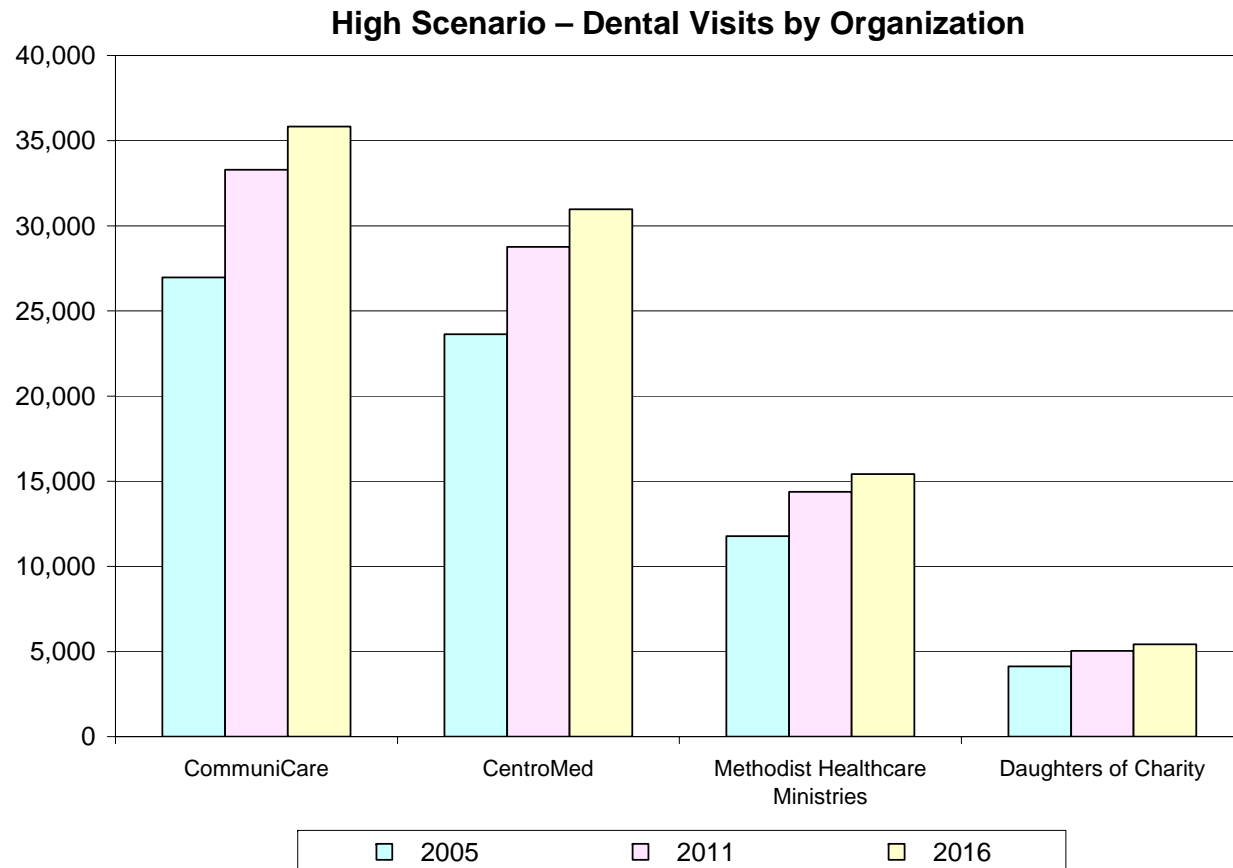
Medium Scenario – Dental Visits by Organization



Partner Organization	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
CommuniCare	26,973	31,397	33,793	16.4%	4,424	25.3%	6,820
CentroMed	23,641	27,250	29,340	15.3%	3,609	24.1%	5,699
Methodist Healthcare Ministries	11,781	13,598	14,577	15.4%	1,817	23.7%	2,796
Daughters of Charity	4,123	4,763	5,135	15.5%	640	24.6%	1,012
Total	66,518	77,008	82,846	15.8%	10,490	24.5%	16,328

II. Dental Analysis

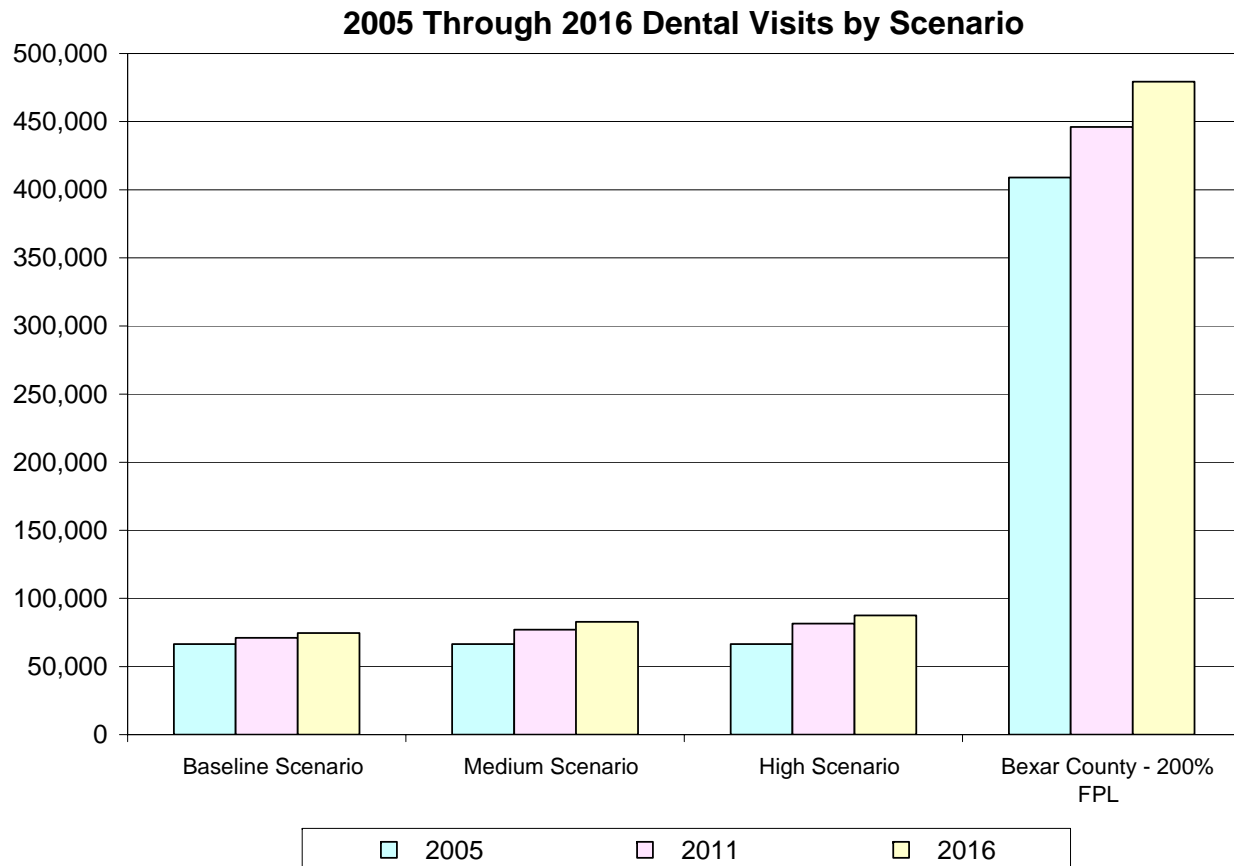
High Scenario



Partner Organization	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
CommuniCare	26,973	33,293	35,830	23.4%	6,320	32.8%	8,857
CentroMed	23,641	28,765	30,969	21.7%	5,124	31.0%	7,328
Methodist Healthcare Ministries	11,781	14,379	15,417	22.1%	2,598	30.9%	3,636
Daughters of Charity	4,123	5,031	5,424	22.0%	908	31.5%	1,301
Total	66,518	81,469	87,639	22.5%	14,951	31.8%	21,121

II. Dental Analysis

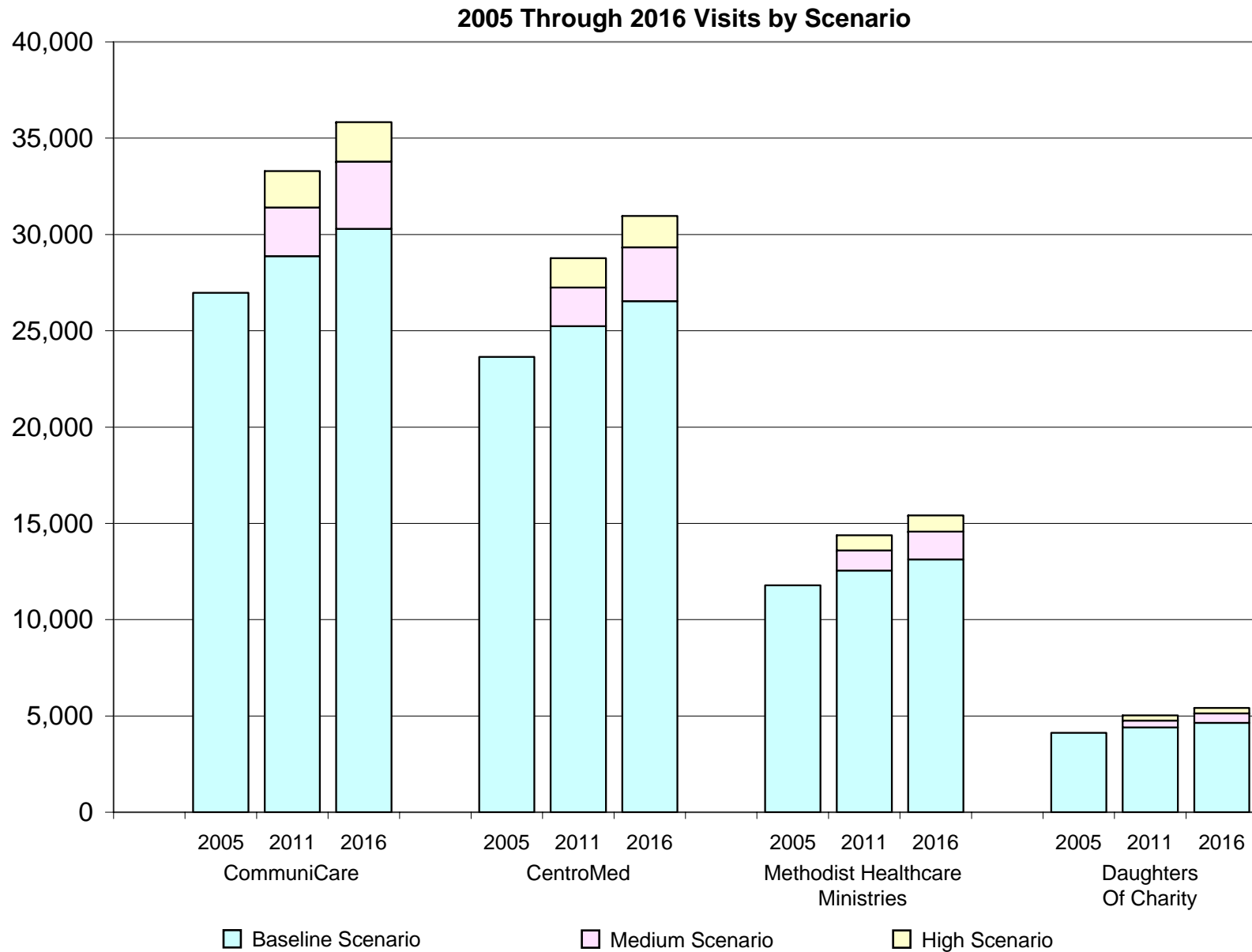
Scenario Summary



Scenario	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
Baseline Scenario	66,518	71,075	74,603	6.9%	4,557	12.2%	8,085
Medium Scenario	66,518	77,008	82,846	15.8%	10,490	24.5%	16,328
High Scenario	66,518	81,469	87,639	22.5%	14,951	31.8%	21,121
Bexar County - 200% FPL	408,929	446,047	479,375	9.1%	37,117	17.2%	70,446

II. Dental Analysis

Scenario Summary



II. Dental Analysis

Summary

Utilization Rate

- Partner Organizations' 2005 volumes were 15.3% of expected 200% FPL visits in Bexar County
 - Expected 200% FPL Visits 408,929
 - Partner Organizations' Visits 62,545
 - Utilization Rate 15.3%

Projected Volumes

- Bexar County projected to experience large increases in Dental demand for the 200% FPL population

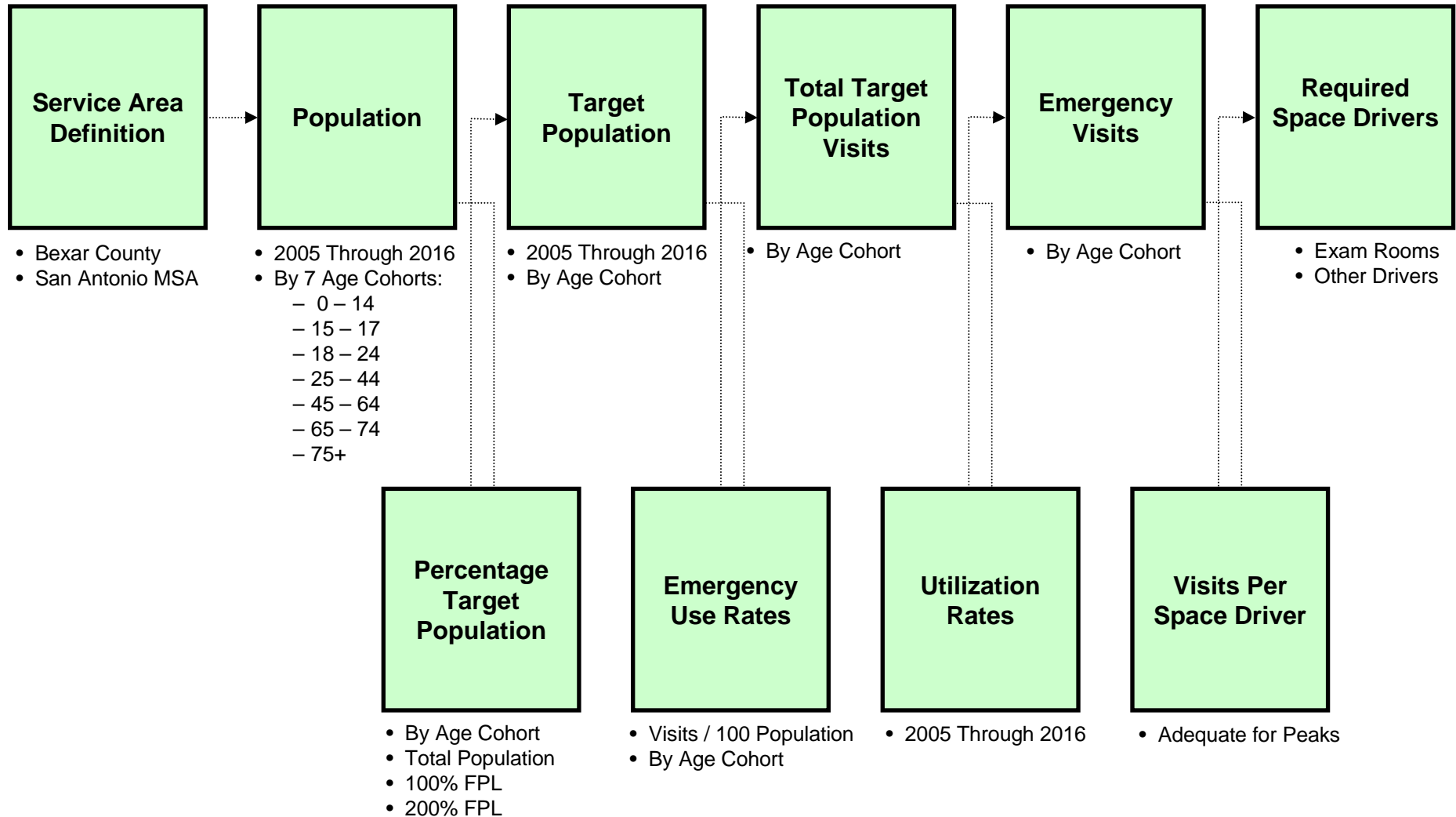
	<u>Incremental Visits</u>	<u>% Increase</u>
– CY 2005 - 2011	37,117	9.1%
– CY 2005 - 2016	70,446	17.2%
- Most incremental demand will occur in the 18 – 64 age cohort and will be concentrated in the northern half of Bexar County outside of Loop 410

Demand Analysis

- Under the defined Scenarios, the Partner Organizations would need to significantly expand capacity
 - Baseline Scenario + 8,085 visits... +12.2%
 - Medium Scenario: +16,328 visits... +24.5%
 - High Scenario: +21,121 visits... +31.8%

III. Emergency Analysis

Demand Analysis Approach



III. Emergency Analysis

Data Sources

Demographics

- Claritas 2000, 2006, & 2011
- U.S. Census Bureau

Use Rates

- Medstat Bexar County Estimates - 2003
- Emergency Visits Per 100 Population by Age Cohort

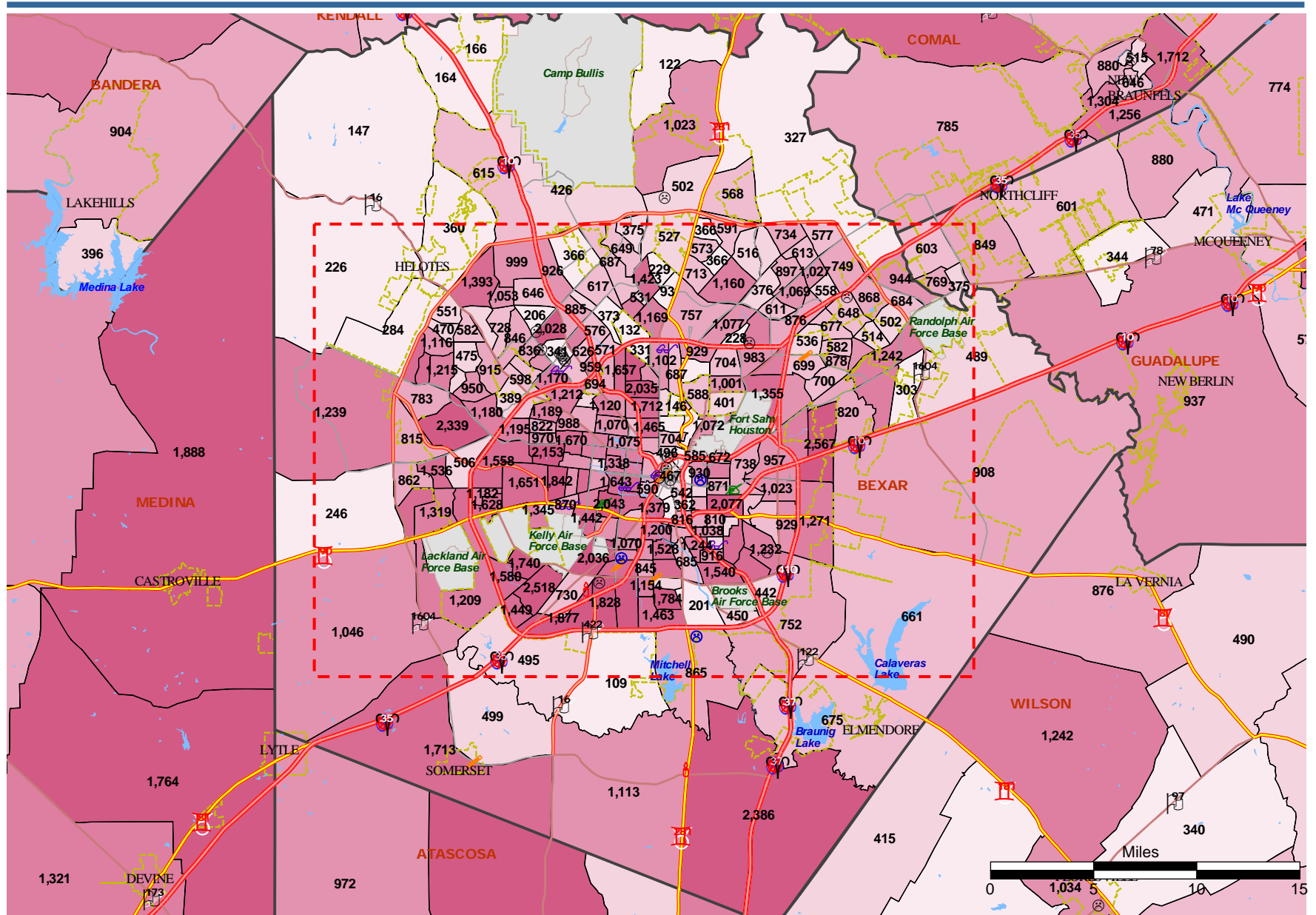
Age Cohort	Medstat Bexar County Estimate
0 - 14 Years	39.50
15 - 17 Years	42.80
18 - 24 Years	42.80
25 - 44 Years	38.73
45 - 64 Years	29.82
65 - 74 Years	38.24
75+ Years	62.16

Other Sources

- Access to Care for the Uninsured (ACU)
- Reporting Organizations:
 - Methodist Healthcare System
 - Baptist Health System
 - CHRISTUS Santa Rosa
 - University Health System
- Non-Reporting Organizations:
 - Southwest General Hospital
 - Nix Health Care System

III. Emergency Analysis

2005 Estimated Emergency Visits at 200% FPL⁽¹⁾

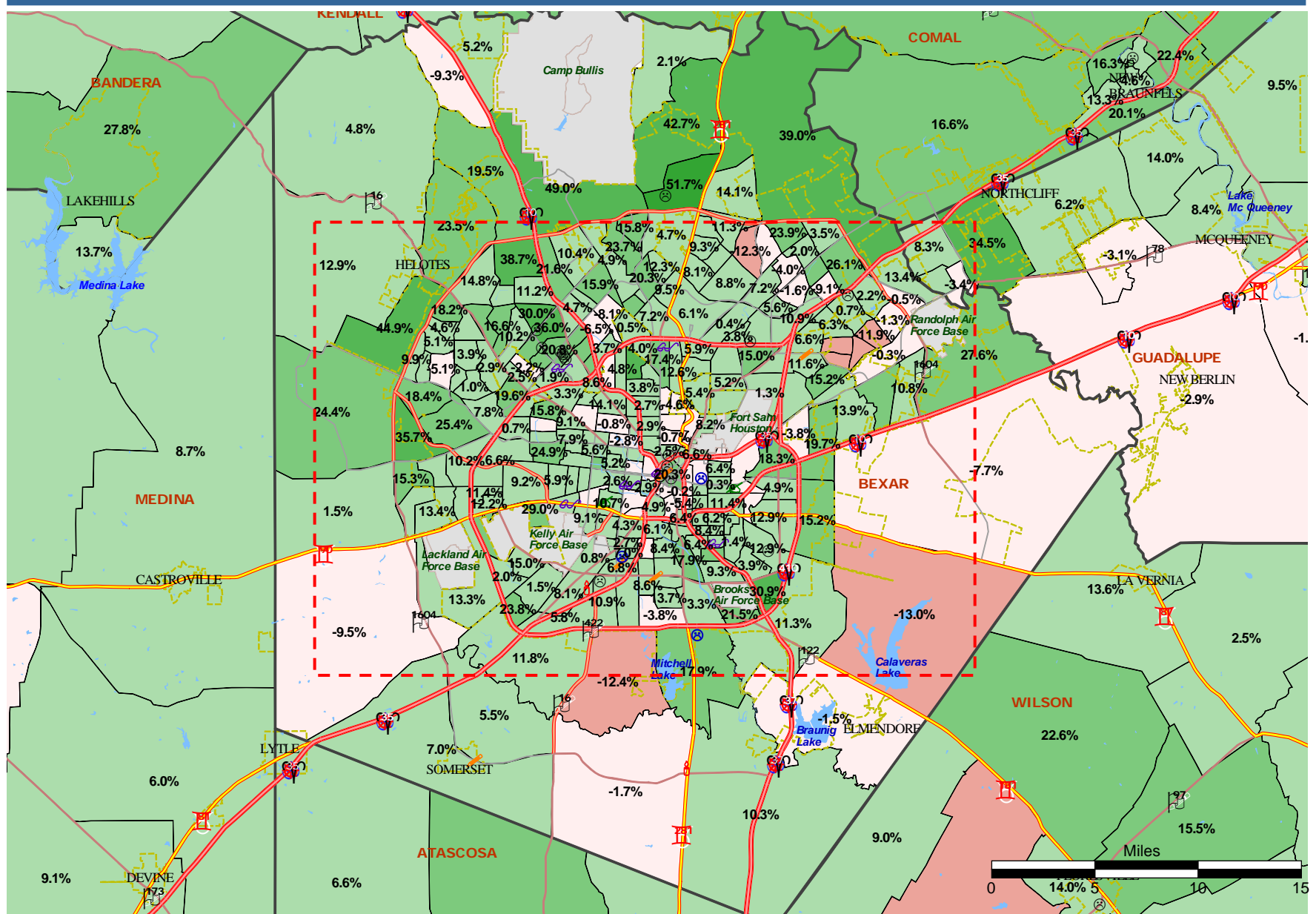


(1) Source: Capital Healthcare Planning estimated volumes.



III. Emergency Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾

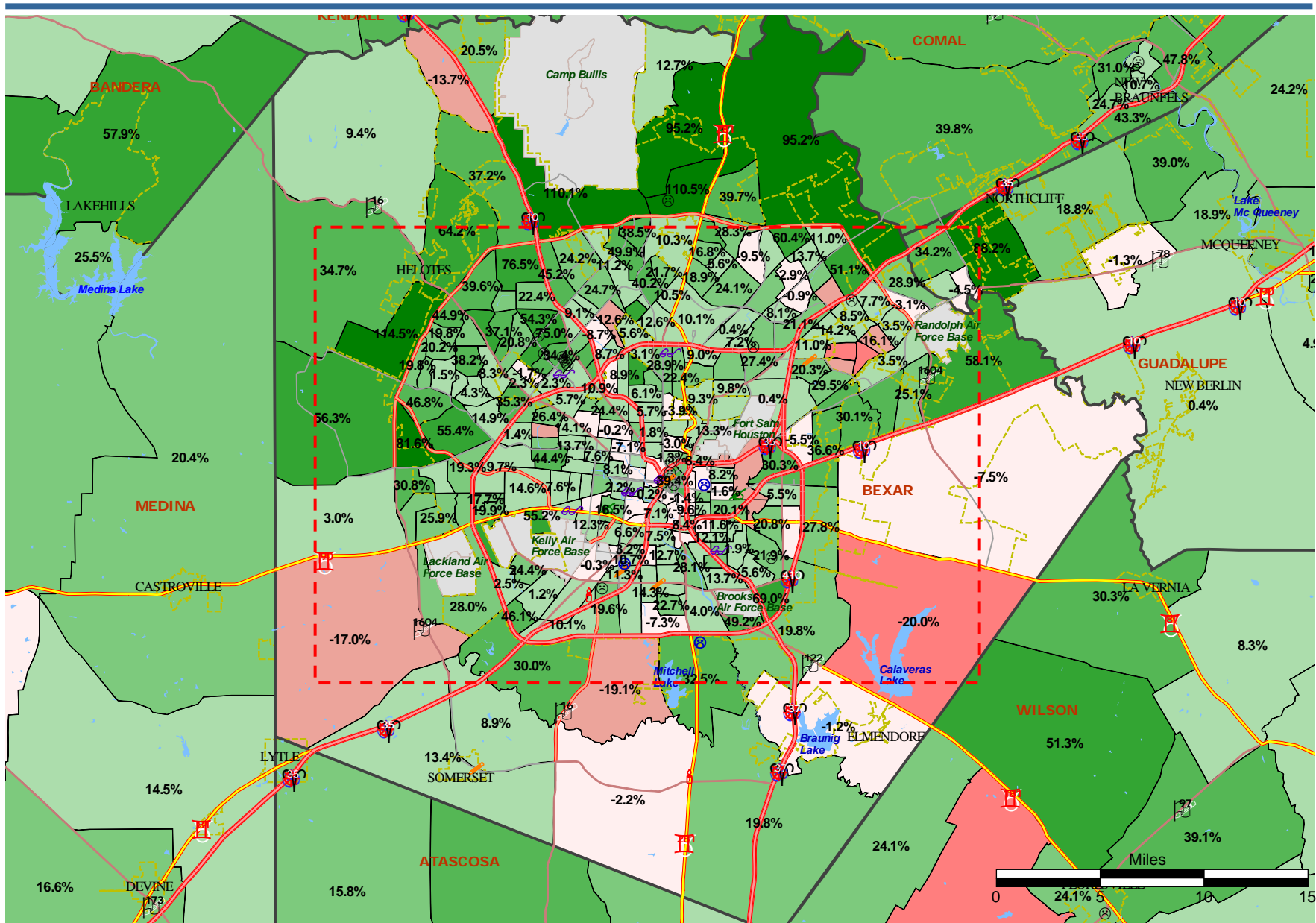


(1) Source: Capital Healthcare Planning estimated volumes.



III. Emergency Analysis

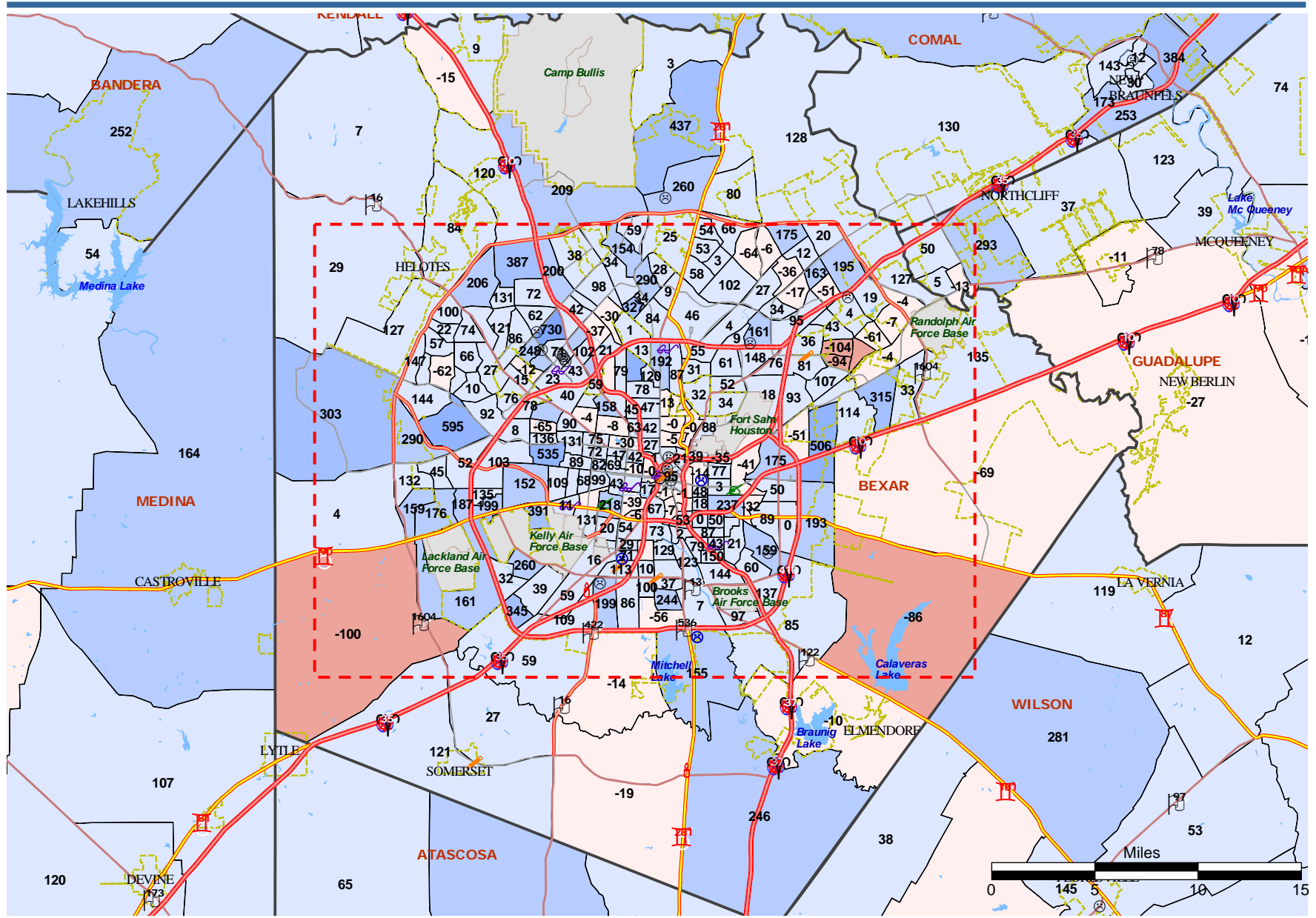
Percentage Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



(1) Source: Capital Healthcare Planning estimated volumes.

III. Emergency Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾

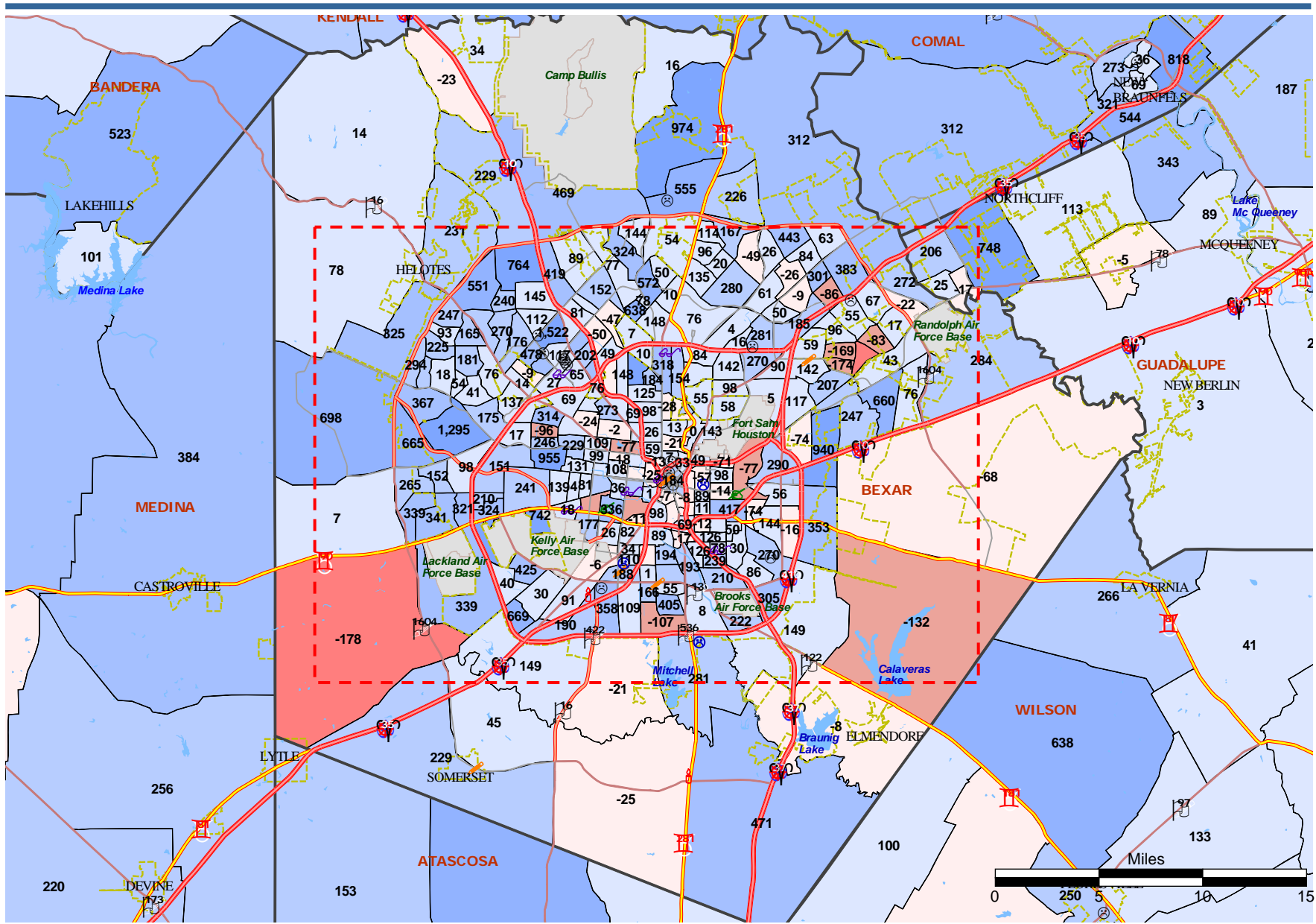


(1) Source: Capital Healthcare Planning estimated volumes.



III. Emergency Analysis

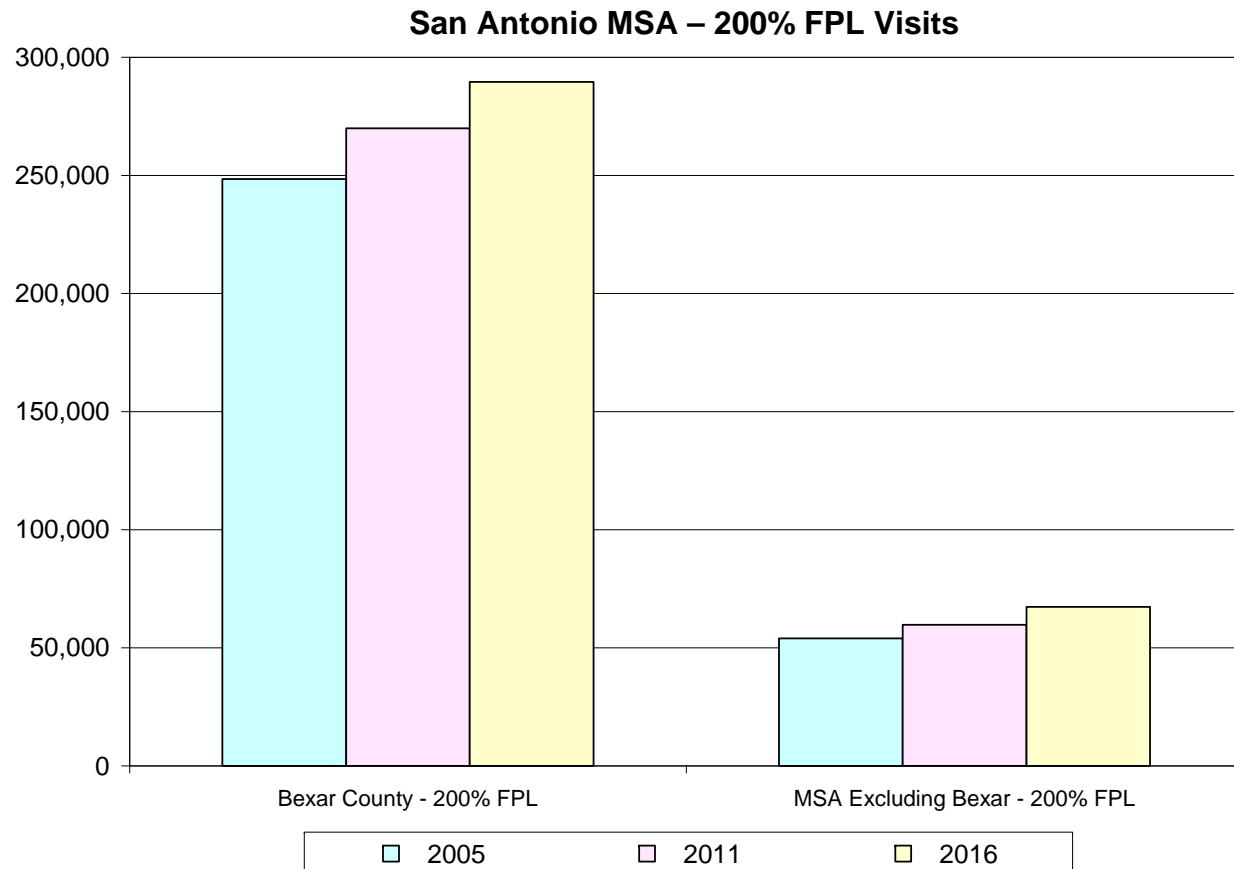
Absolute Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



(1) Source: Capital Healthcare Planning estimated volumes.

III. Emergency Analysis

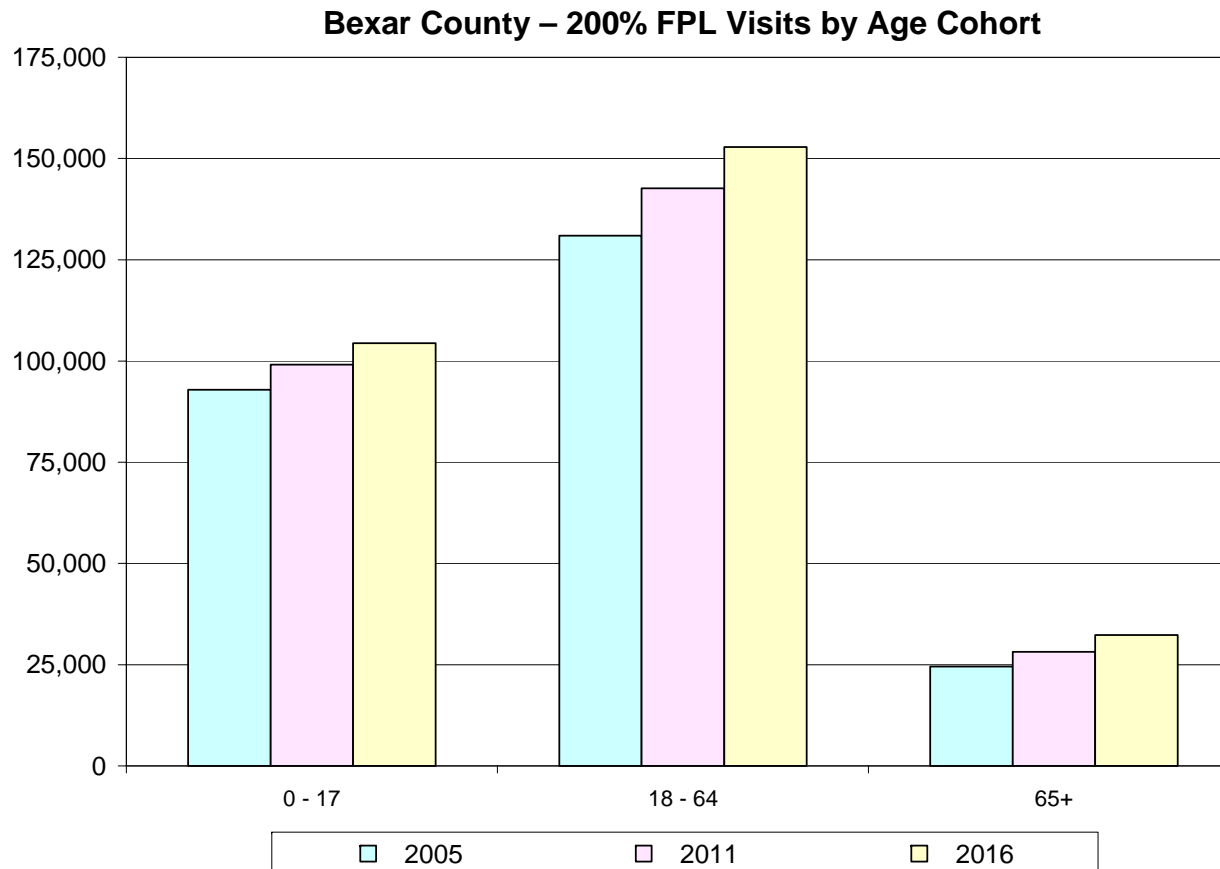
San Antonio MSA – 200% FPL Visits



Service Area	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
Bexar County - 200% FPL	248,438	269,938	289,615	8.7%	21,500	16.6%	41,177
MSA Excluding Bexar - 200% FPL	53,964	59,757	67,346	10.7%	5,792	24.8%	13,381
Total San Antonio MSA	302,402	329,695	356,961	9.0%	27,292	18.0%	54,558

III. Emergency Analysis

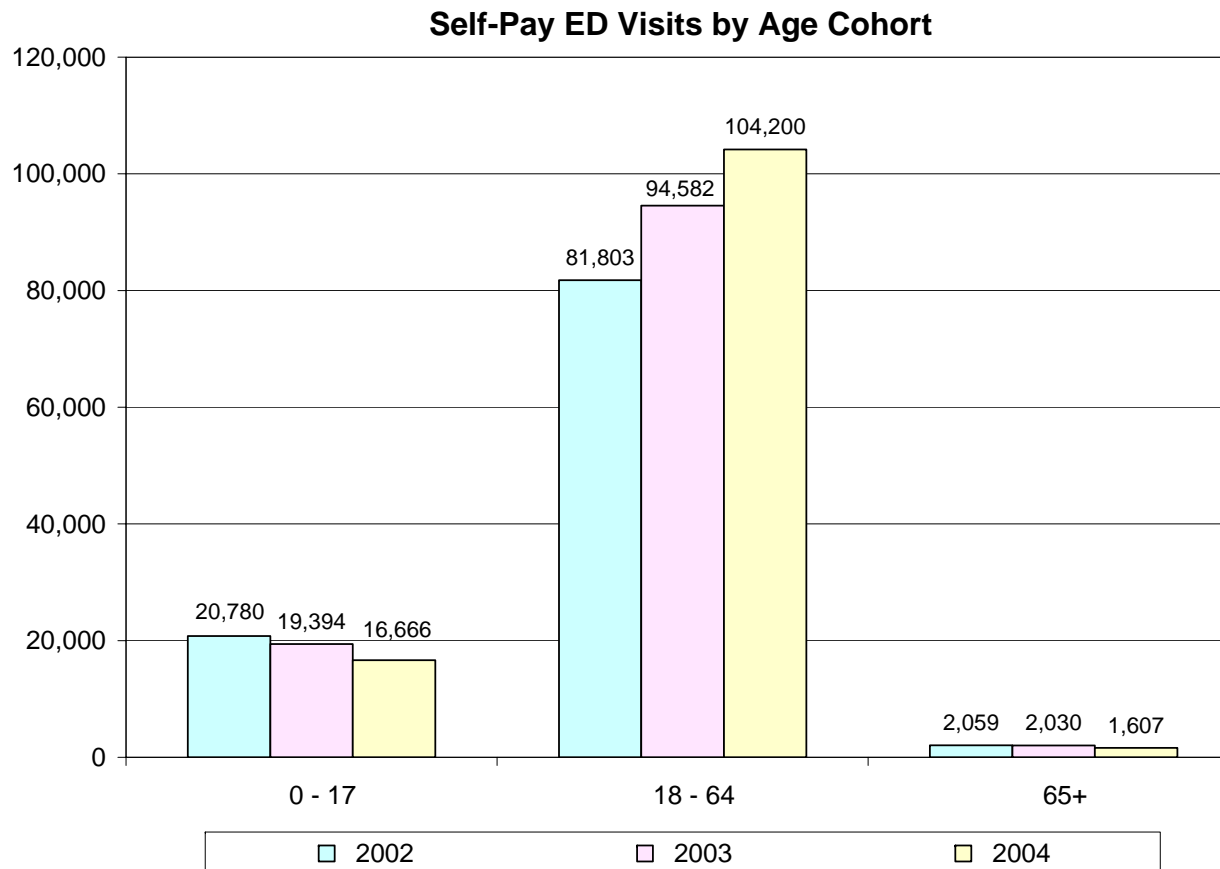
Bexar County – 200% FPL Visits by Age



Age Cohort	2005	2011	2016	% Increase 2005 - 2011	Variance 2005 - 2011	% Increase 2005 - 2016	Variance 2005 - 2016
0 - 17	92,935	99,097	104,434	6.6%	6,162	12.4%	11,499
18 - 64	130,954	142,638	152,823	8.9%	11,684	16.7%	21,869
65+	24,548	28,202	32,358	14.9%	3,654	31.8%	7,810
Total Bexar County	248,438	269,938	289,615	8.7%	21,500	16.6%	41,177

III. Emergency Analysis

Summary – ACU Data⁽¹⁾

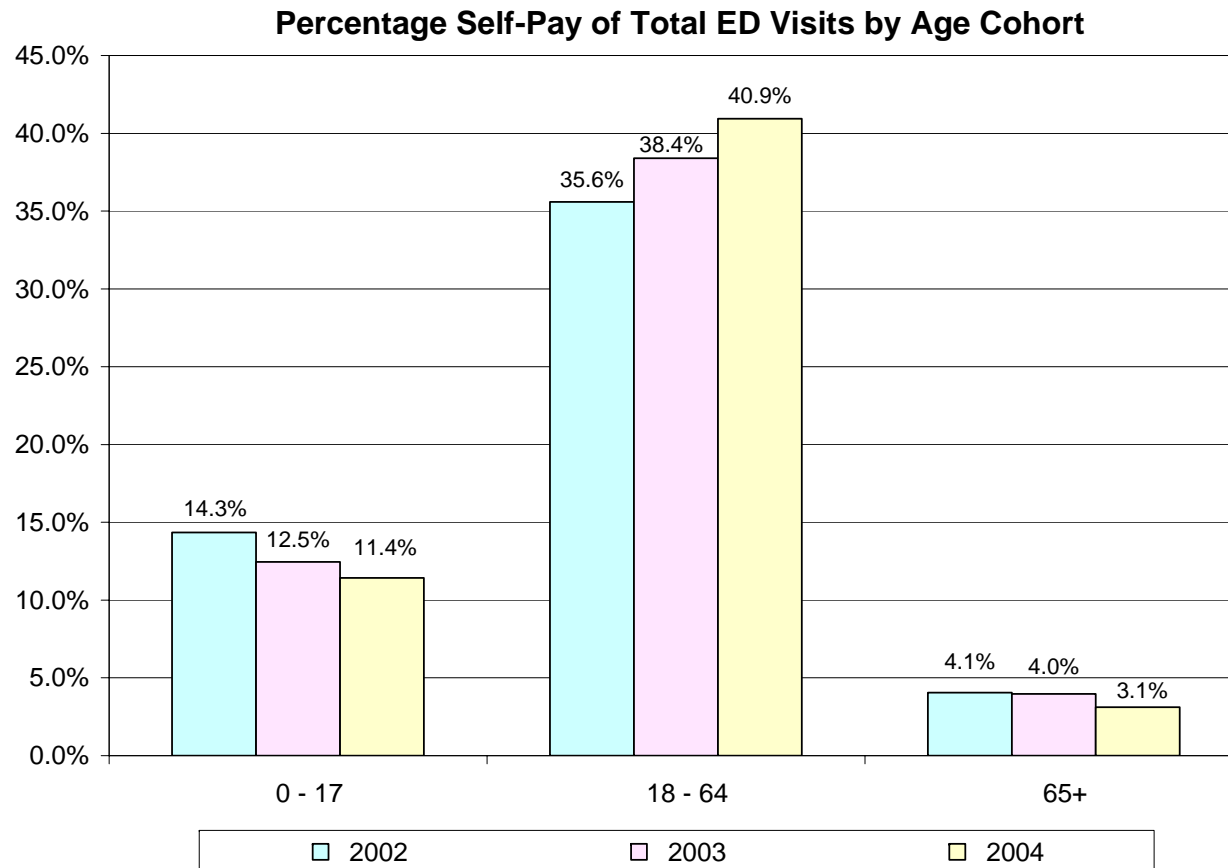


- Extremely high growth in Self-Pay Visits for 18 – 64 Age Cohort
 - 27.4% increase from 2002 – 2004... +22,397 visits
- Much lower volumes and negative or flat growth in 0 – 17 and 65+ Age Cohorts

(1) Source: Summary information from Access to Care for the Uninsured; excludes ED visits admitted to hospital.

III. Emergency Analysis

Summary – ACU Data⁽¹⁾

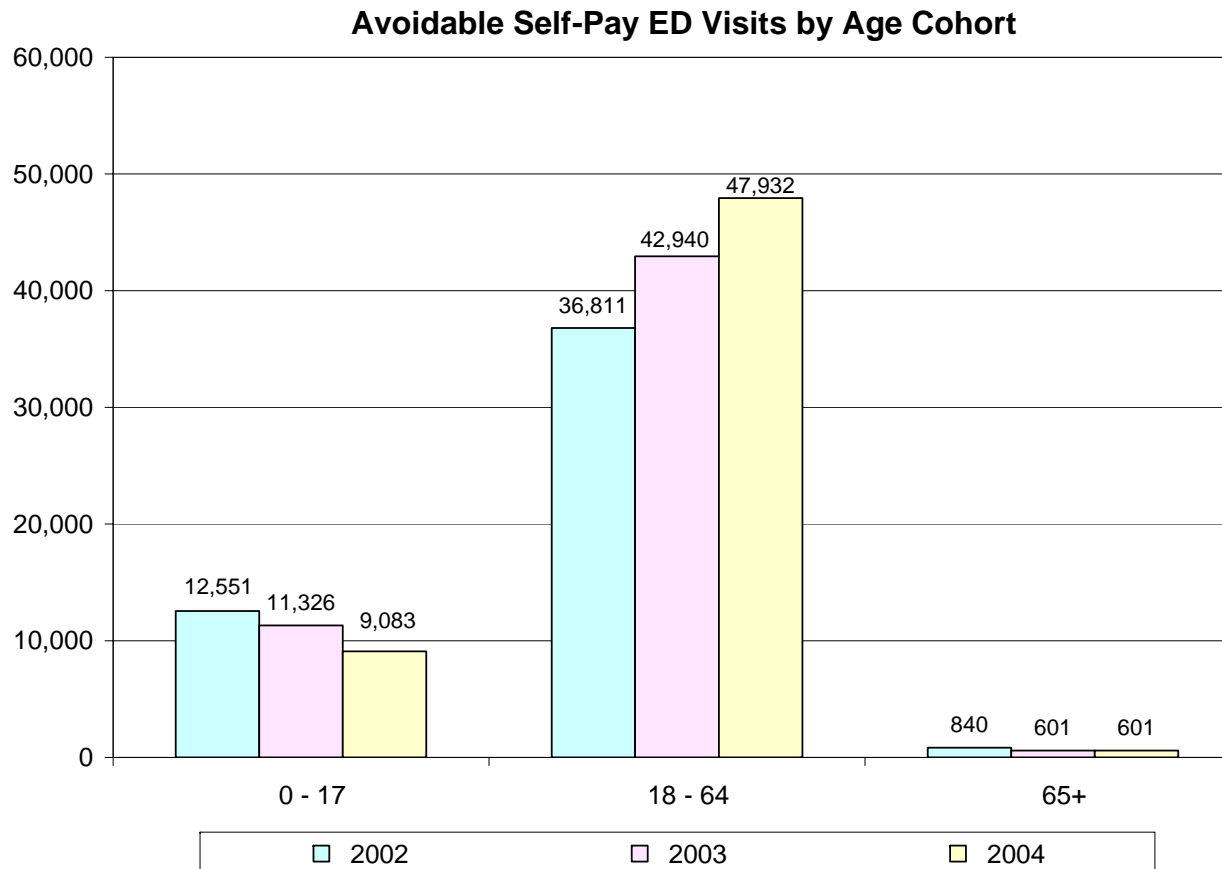


- Self-Pay accounts for nearly 41% of all Emergency visits in 18 – 64 Age Cohort
 - +5.3% Growth 2002 - 2004
- 0 – 17 and 65+ Self-Pay visits as a percentage of total have declined from 2002 - 2004

(1) Source: Summary information from Access to Care for the Uninsured; excludes ED visits admitted to hospital.

III. Emergency Analysis

Summary – ACU Data⁽¹⁾

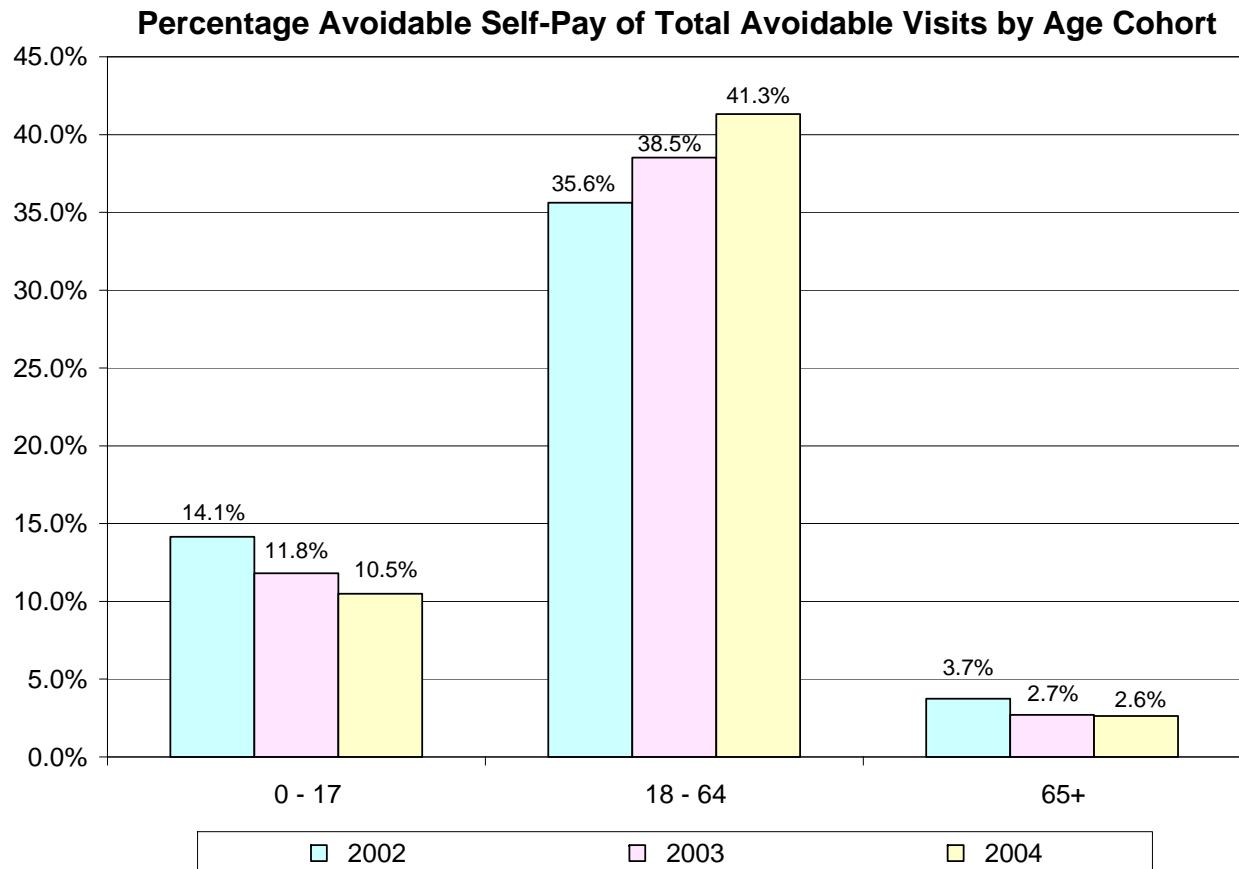


- Extremely high growth in Avoidable Self-Pay Visits for 18 – 64 Age Cohort
 - 30.2% increase from 2002 – 2004... +11,121 visits
- Avoidable Visits Categories:
 - Non-Emergent
 - Primary Care Treatable
 - ED Care Needed; Preventable/Avoidable

(1) Source: Summary information from Access to Care for the Uninsured; excludes ED visits admitted to hospital.

III. Emergency Analysis

Summary – ACU Data⁽¹⁾



- 41.3% of all Self-Pay Emergency visits were avoidable in 18 – 64 Age Cohort... +5.7% Growth 2002 – 2004
- Much lower volumes and negative or flat growth in 0 – 17 and 65+ Age Cohorts

(1) Source: Summary information from Access to Care for the Uninsured; excludes ED visits admitted to hospital.

III. Emergency Analysis

Summary

Projected Volumes

- Bexar County projected to experience large increases in Emergency demand for 200% FPL population

	<u>Incremental Visits</u>	<u>% Increase</u>
– CY 2005 - 2011	21,500	8.7%
– CY 2005 - 2016	41,177	16.6%
- Most incremental demand will occur in the 18 – 64 age cohort and will be concentrated in the northern half of Bexar County outside of Loop 410

Self-Pay Volumes⁽¹⁾

- Self-Pay accounts for a significant percentage of Emergency visits in Bexar County

<u>Age Cohort</u>	<u>Self-Pay Visits</u>	<u>% of Total Visits</u>
– 0 – 17	16,666	11.4%
– 18 – 64	104,200	40.9%
– <u>65+</u>	<u>1,607</u>	<u>3.1%</u>
– Total	122,473	27.1%
- Avoidable Self-Pay visits in Bexar County are a significant percentage of total avoidable volumes

<u>Age Cohort</u>	<u>Avoidable Self-Pay Visits</u>	<u>% of Total Avoidable Visits</u>
– 0 – 17	9,083	10.5%
– 18 – 64	47,932	41.3%
– <u>65+</u>	<u>601</u>	<u>2.6%</u>
– Total	57,616	25.5%

(1) Source: 2004 Summary information from Access to Care for the Uninsured; excludes ED visits admitted to hospital.

IV. Discussion

Summary – From Work Session #1

- There is currently a large unmet need for Primary Care for the 200% FPL population
 - Most areas of Bexar County have some degree of unmet needs
 - Varies significantly by location
- Underutilization of Primary Care by target population results in:
 - Higher healthcare costs to community, both short-term and long-term
 - Over-utilization of Emergency Services
 - Less Preventive Care
 - Less Early Detection and Treatment of Disease
 - Lower quality of life
- Very strong incremental demand for Bexar County projected over the next 10 years across all age cohorts, especially in the 18 – 64 age group
 - To maintain current utilization of 40.6%, Partner Organizations will need to expand capacity significantly
 - To improve utilization in Bexar County to 45% or 50%, even larger commitments of resources will be required
- Existing clinic locations:
 - Positioned to serve current target population within Loop 410
 - Considerable overlap of Service Areas and close proximity of Clinic sites
 - Not as well positioned to accommodate much of future growth

IV. Discussion

Planned / Potential Projects

- CentroMed Community Health Center - South
 - Relocate staffing and services from Southside Clinic
 - Alleviate overcrowding at South Park Clinic
- Daughters of Charity Facility Expansion - De Paul Clinic
 - Expand dental capacity and child care services
- CommuniCare - Potential New Clinic
 - Renovation/improved space utilization at Barrio Family Health Center
 - Potential new facility in northwestern region of FQHC service area
- University Health System
 - UHS Downtown Clinic (Brady Green)
 - In planning stages for expansion and renovation
 - Imaging, Other Diagnostics, and Specialty Outpatient Services
 - Metropolitan Health District
- Methodist Healthcare Ministries - Evaluation of Existing Clinics
 - Potential relocation of dental services from Villa Coronado to Wesley Columbia Heights
 - Expansion at Wesley Columbia Heights to increase dental and medical services

IV. Discussion

Topics

- 1) What are the best strategies for ensuring greatest coverage in the most cost effective manner of the low-income uninsured? Potential options include:
 - A. Increased Capacity For:
 - Preventive / Primary Care
 - Dental Care
 - B. Improved Accessibility
 - New Clinics in High Growth Areas
 - Expanding / Renovating Existing Clinics
 - C. Developing Public Awareness / Education Programs
 - Educating Public About Current Clinics & Programs
 - Services / Locations
 - Available Regardless of Citizenship or Insurance Status
 - Sliding Scale Fees for the Low-Income
 - Emphasizing Importance of Preventive Care
 - Distinguishing Between Emergent, Urgent, and Primary Care
 - D. Expansion of Funding

IV. Discussion

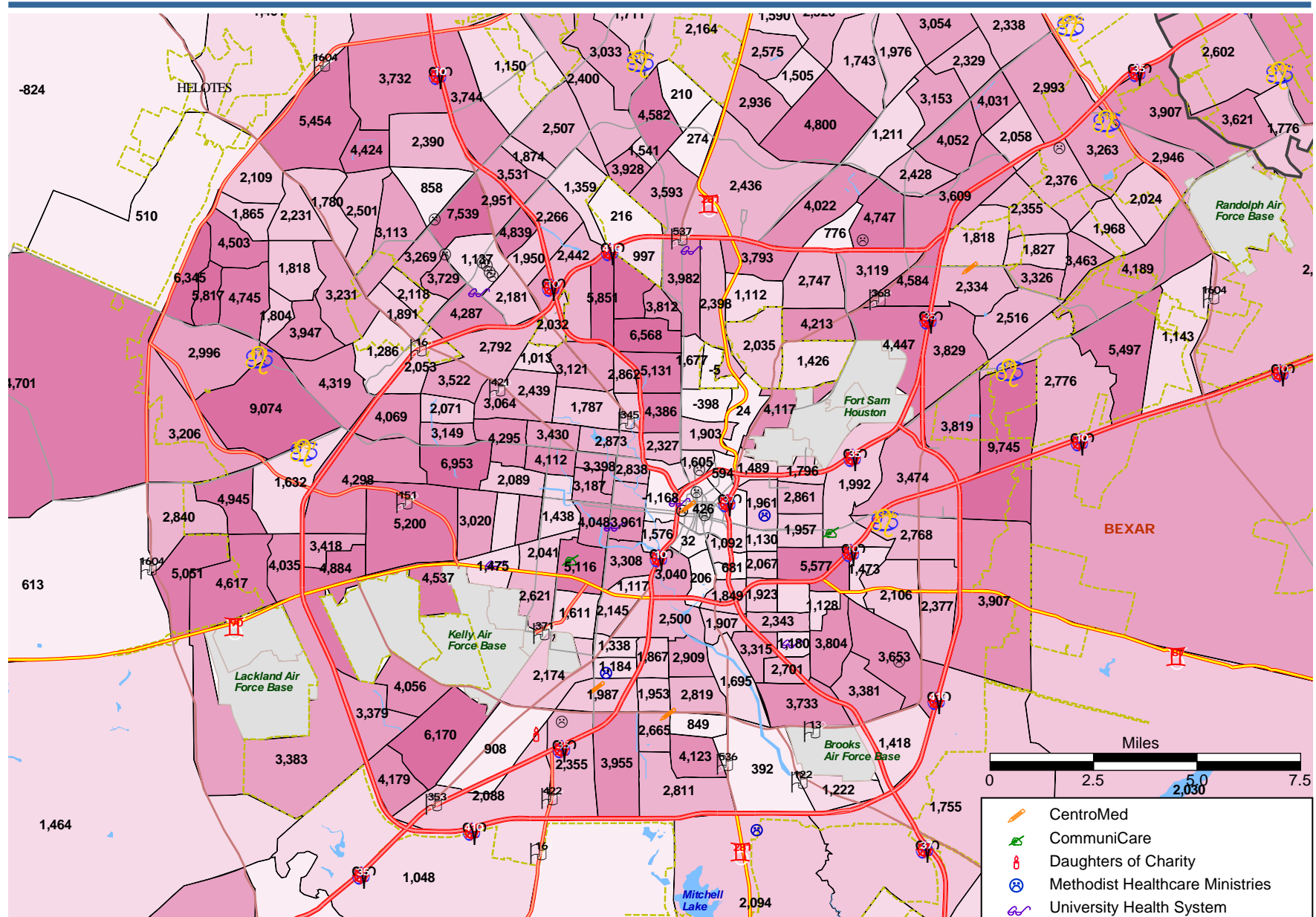
Topics

- 2) How can the Partner Organizations work together to better serve the community?
 - A. Potential framework for joint planning?
 - B. Potential opportunities for partnership?
 - Between the Partnership Organizations
 - With Hospitals in the San Antonio MSA
 - Other organizations (Metro Clinics, The Community Clinic, Christian Dental)
 - C. Other programs such as ACU to coordinate clinical operations among Partner Organizations
- 3) How should we relay our message to the community?
 - A. What is the message we need to communicate?
 - B. How should it be released?
 - Press Release
 - Presentations
 - Website
 - C. To whom should we convey the message?
 - Bexar County / San Antonio
 - Hospitals / Systems
 - State
 - D. What should we ask for?
 - Funding
 - Capital Projects
 - Operating Expenses
 - Cooperation / Operating Relationships
 - Other?

- Beginning of hyperlinked slides

I. Introduction

2005 Visits Not Seen at Partner Organizations' Clinics



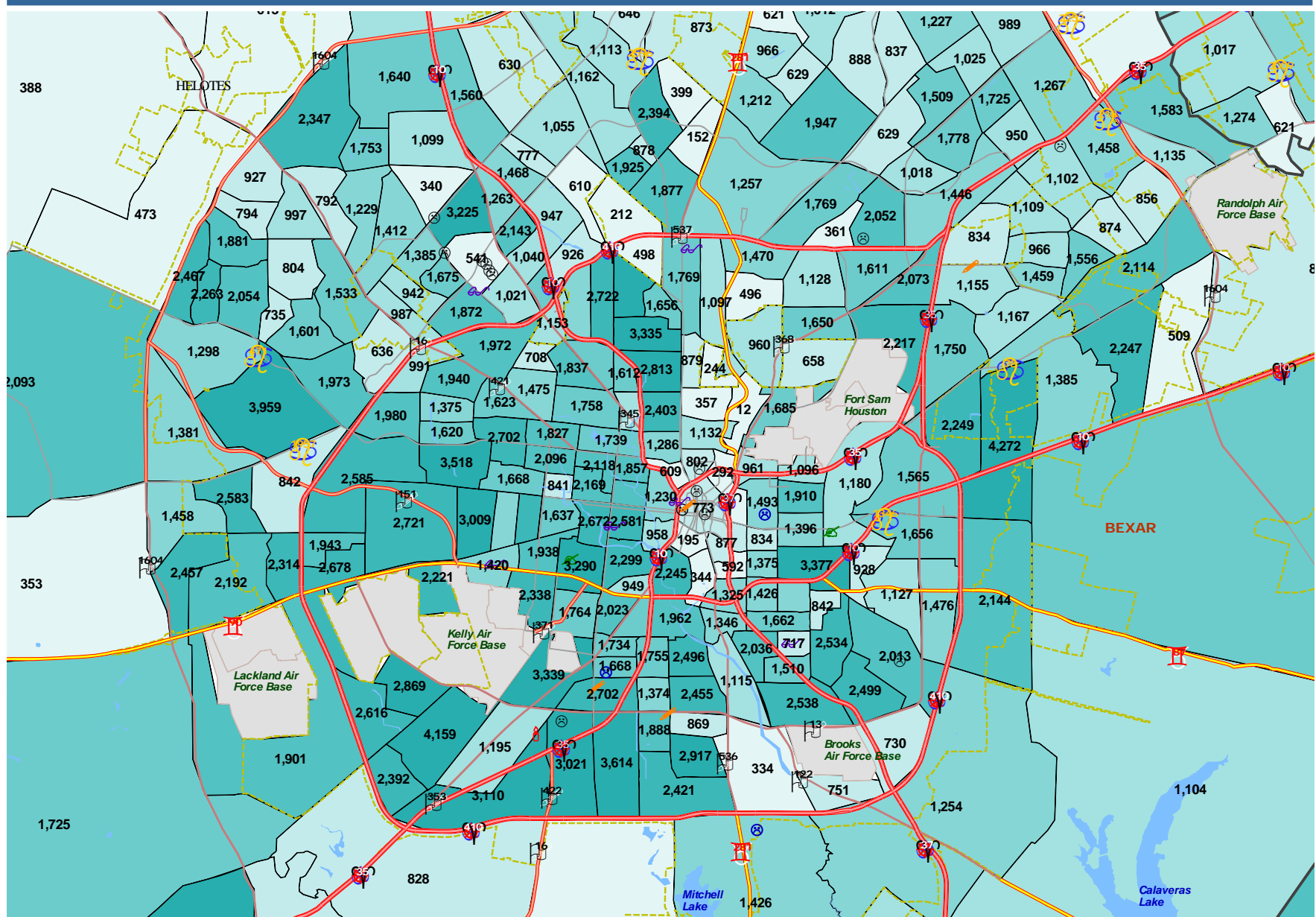
(1) Source: Partner Organizations' Databases.



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II. Dental Analysis

2005 Estimated Dental Visits at 200% FPL⁽¹⁾



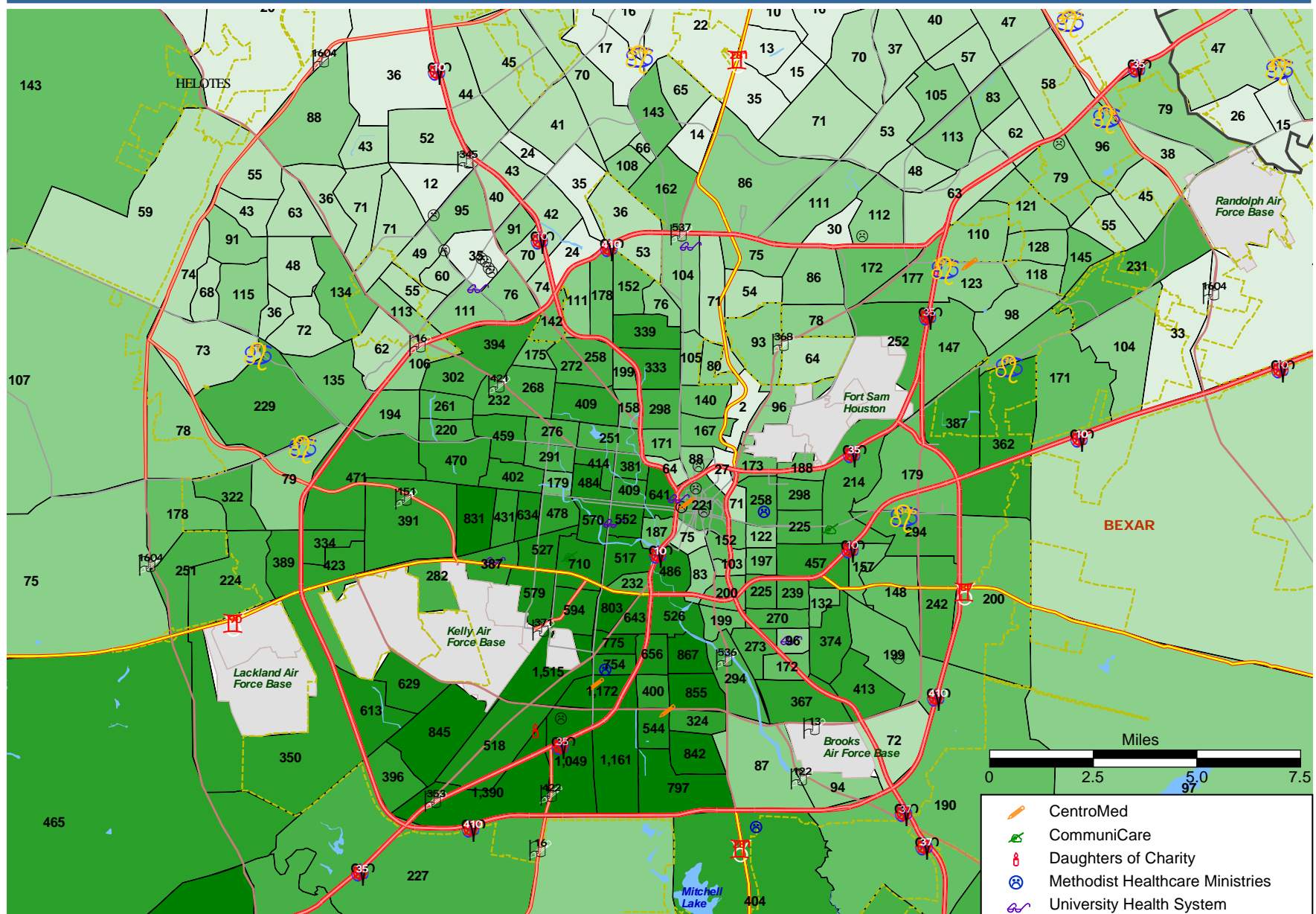
(1) Source: Capital Healthcare Planning estimated volumes.



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II. Dental Analysis

2005 Partner Organizations' Dental Visits⁽¹⁾



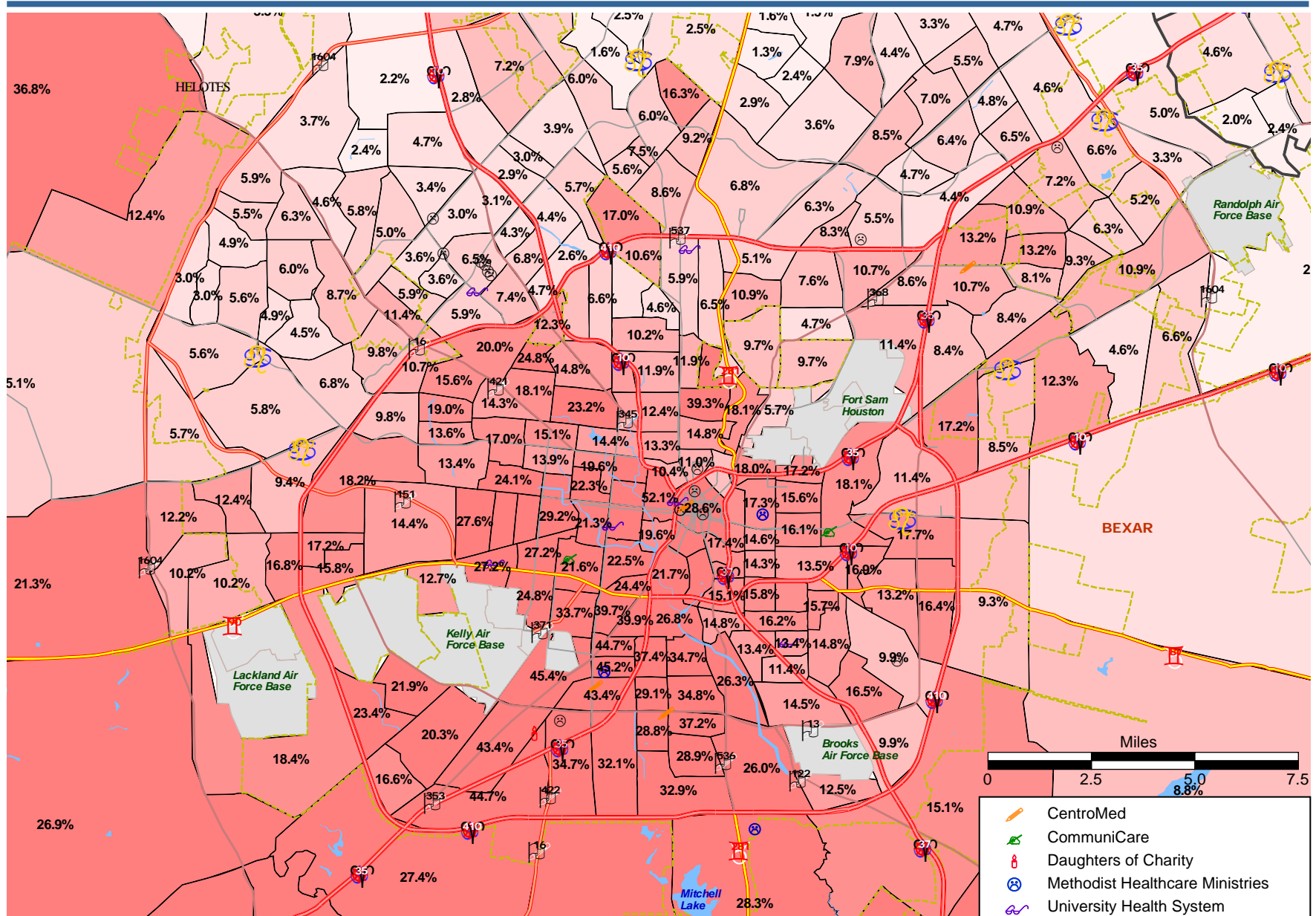
(1) Source: Partner Organizations' databases.



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II. Dental Analysis

2005 Partner Organizations' Dental Utilization Rates⁽¹⁾

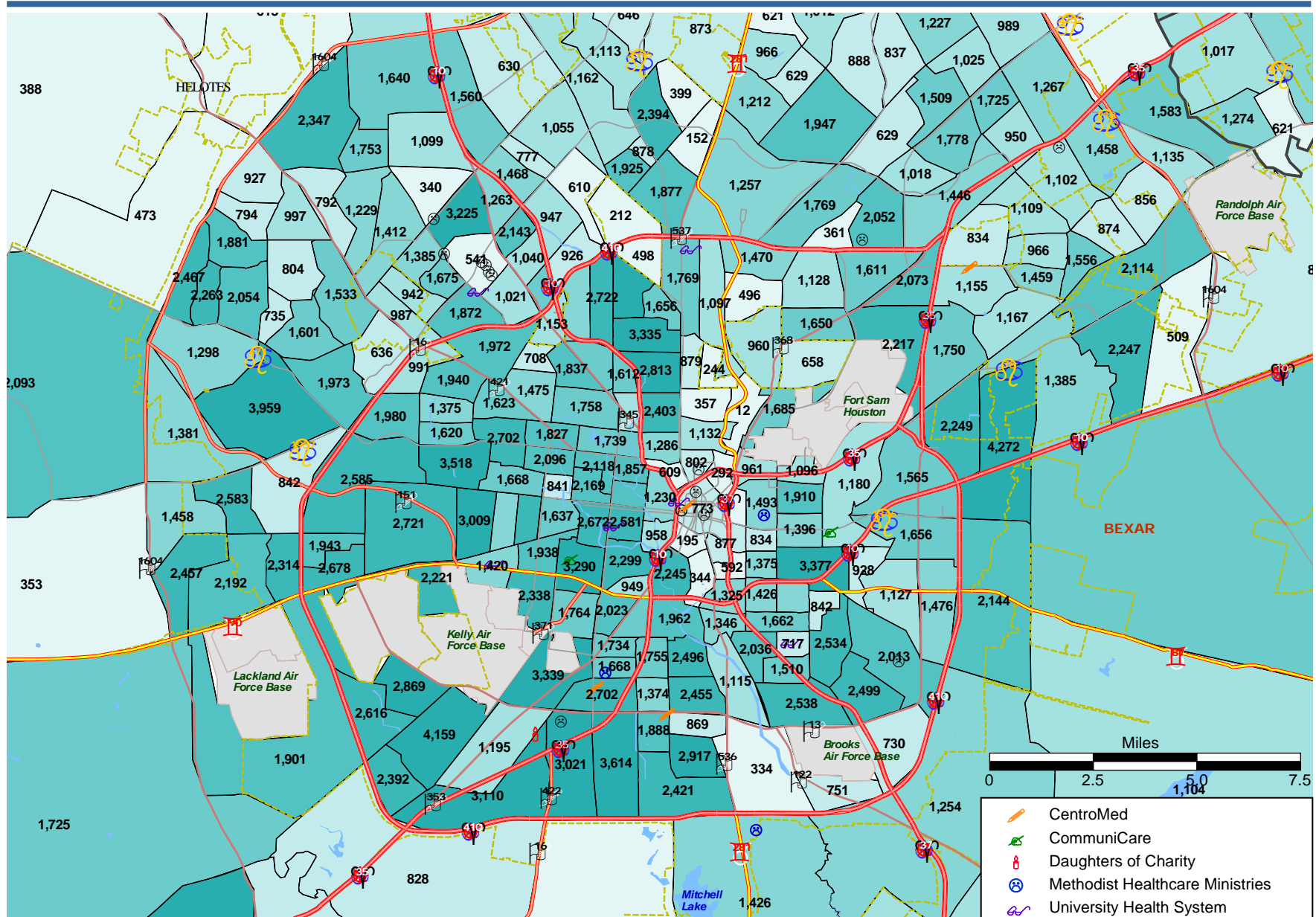


(1) Source: Partner Organizations' databases.



II. Dental Analysis

2005 Estimated Dental Visits at 200% FPL⁽¹⁾



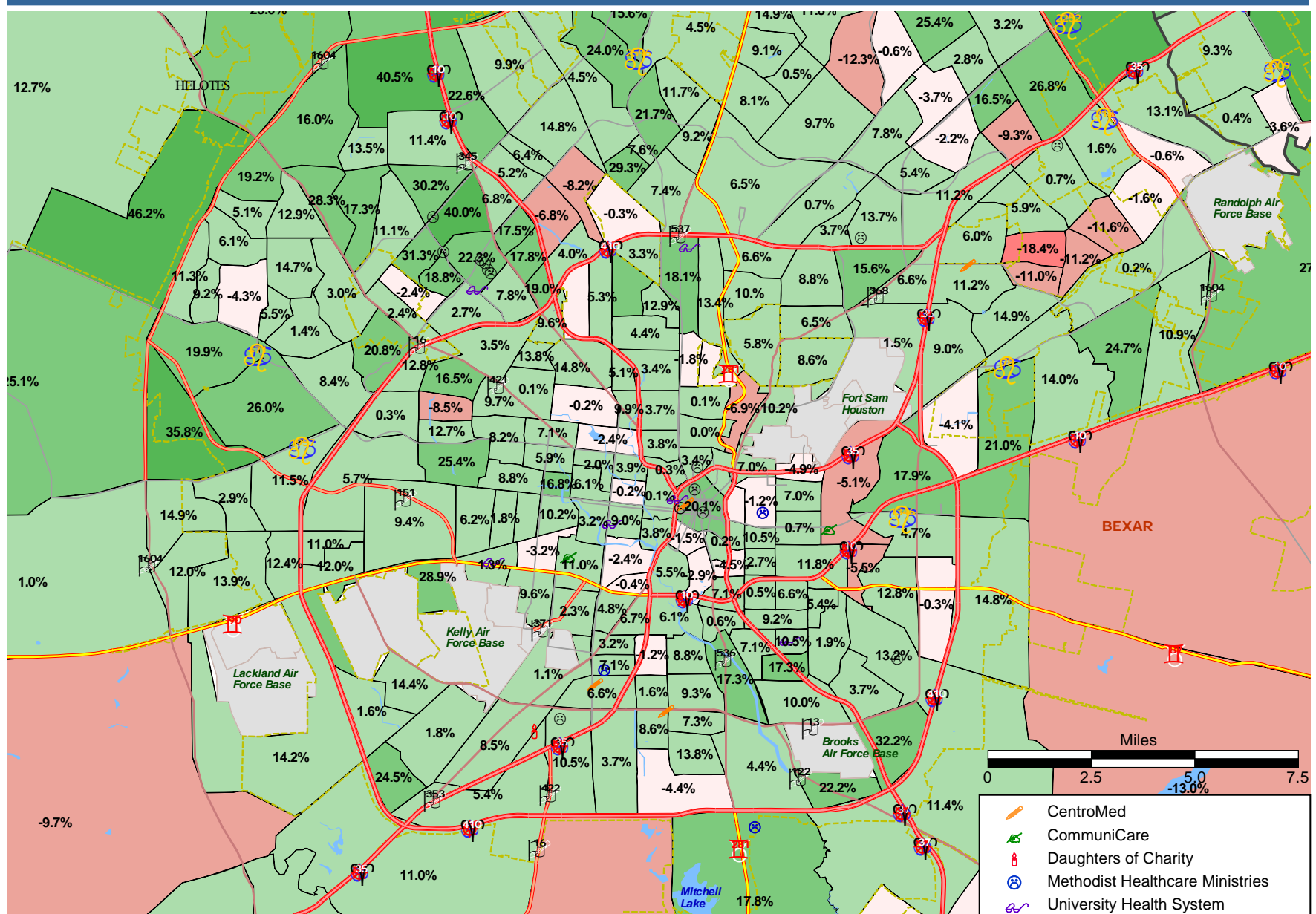
(1) Source: Capital Healthcare Planning estimated volumes.



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II. Dental Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾



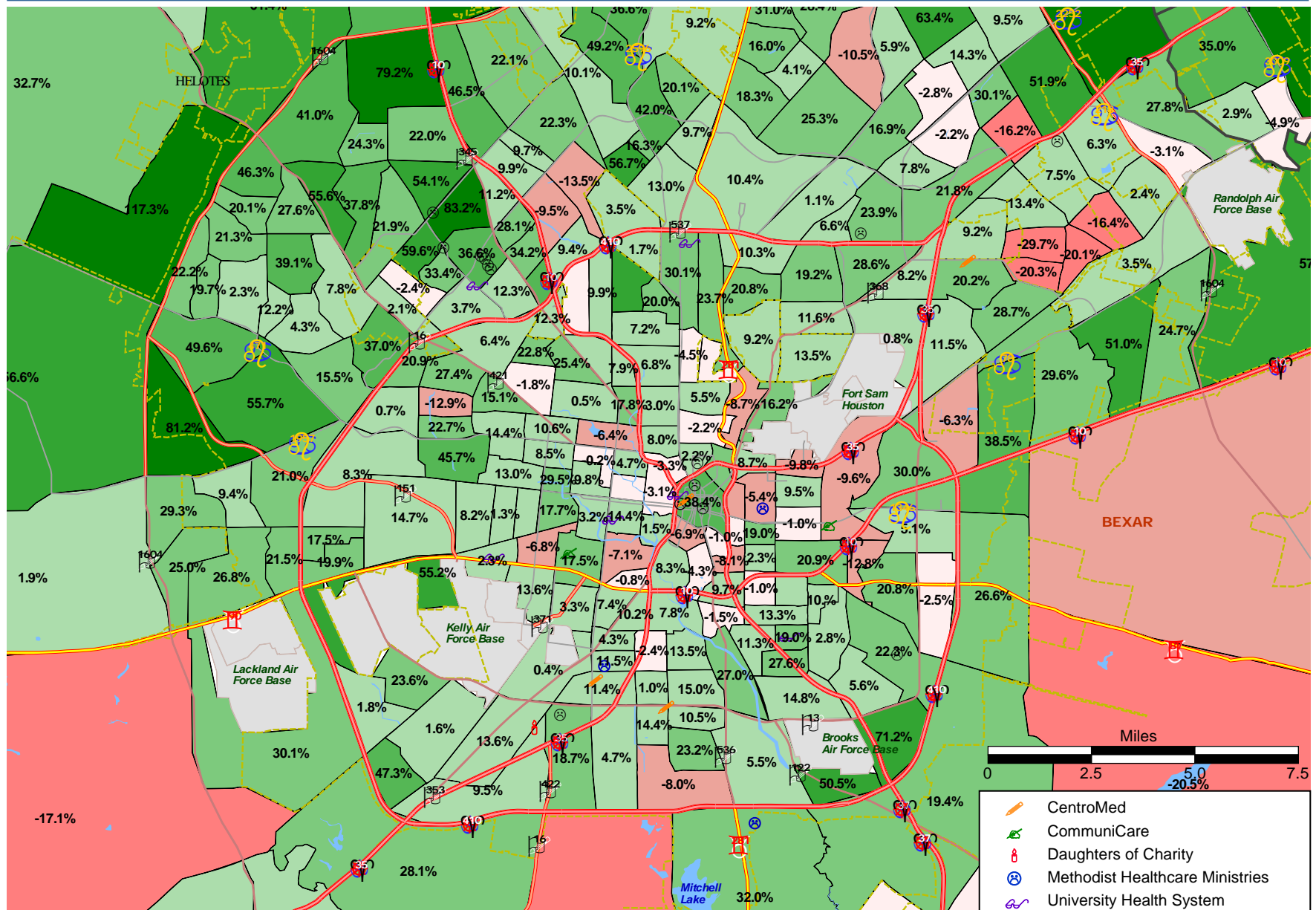
(1) Source: Capital Healthcare Planning estimated volumes.



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II. Dental Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



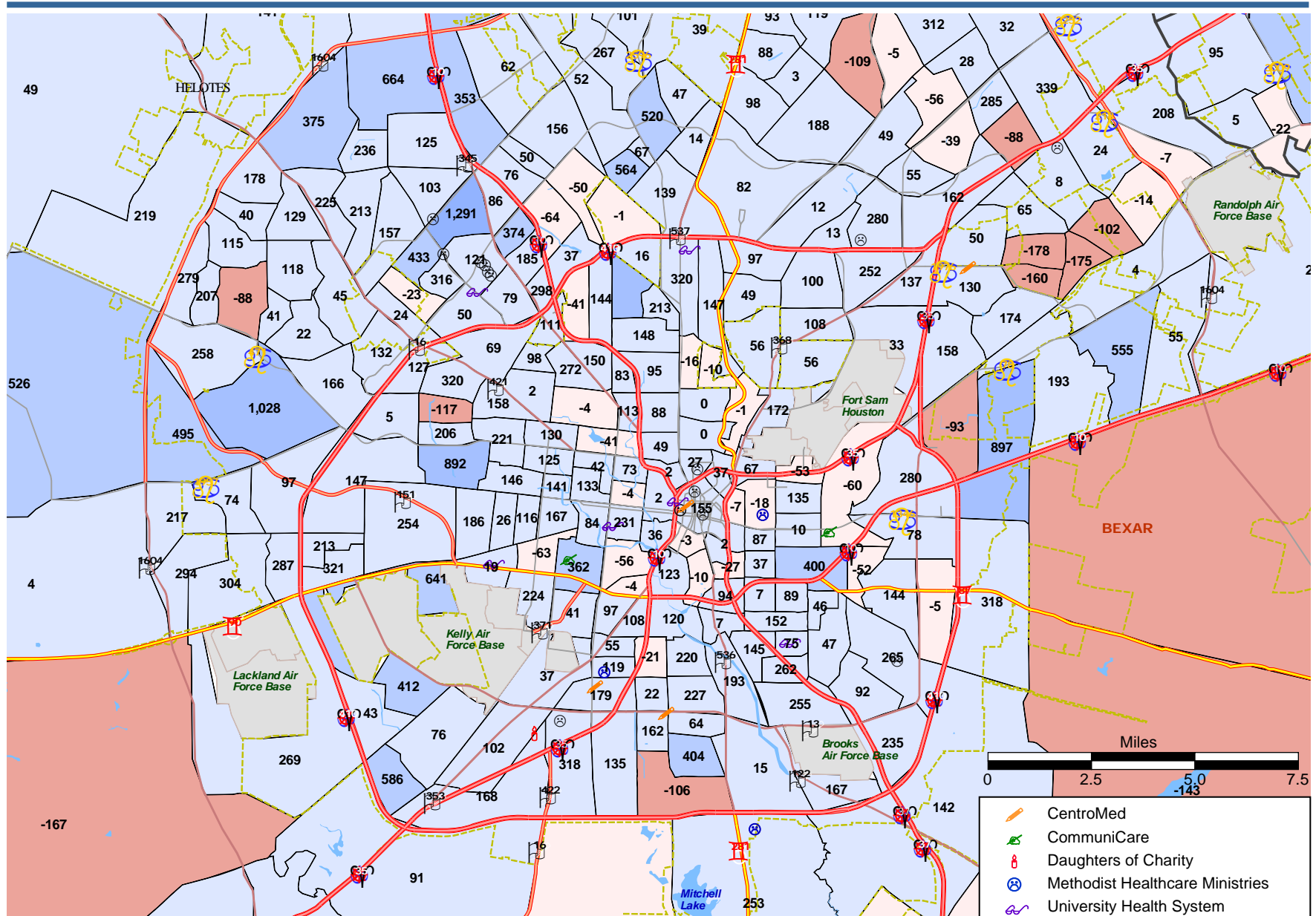
(1) Source: Capital Healthcare Planning estimated volumes.



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II. Dental Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾



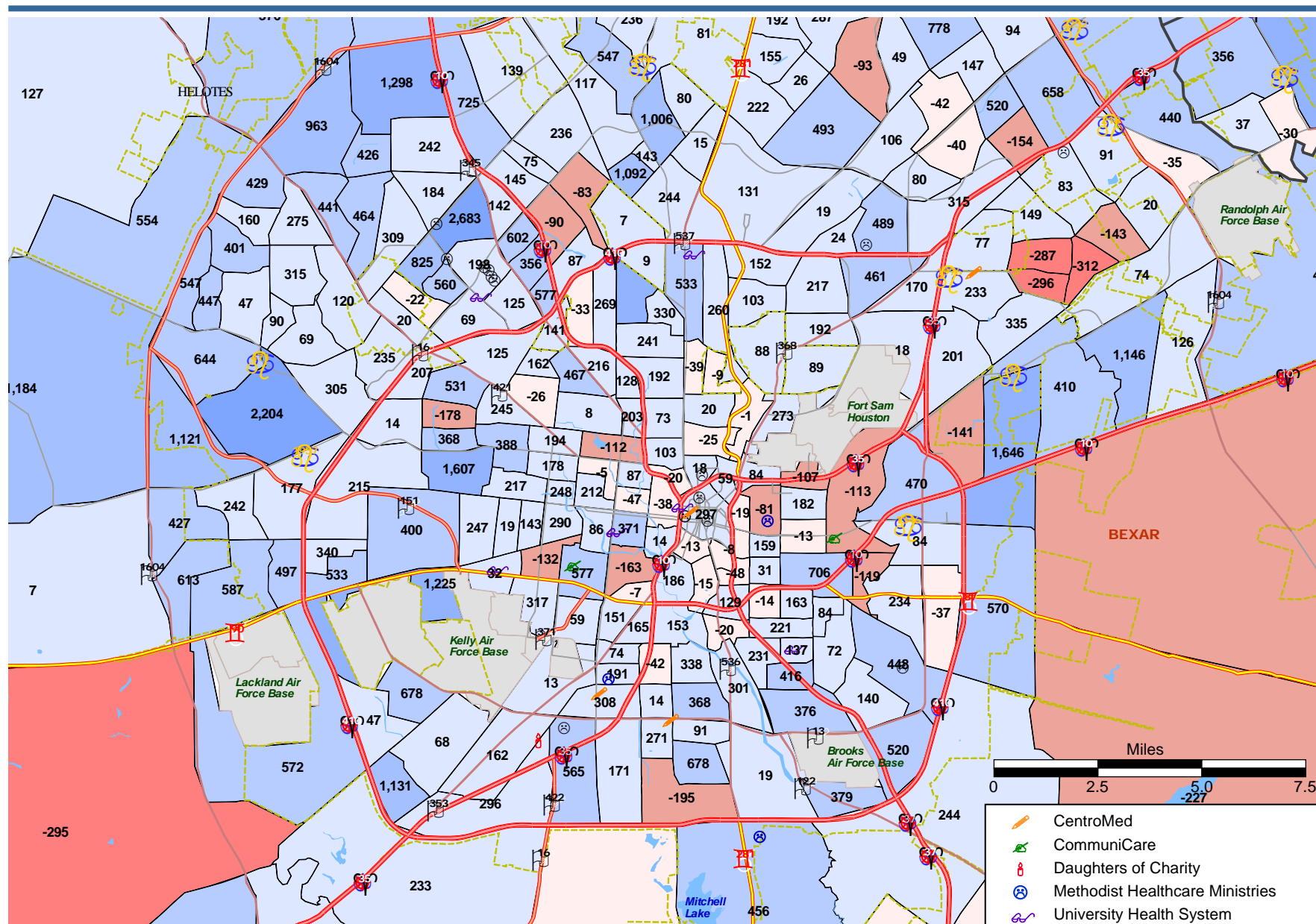
(1) Source: Capital Healthcare Planning estimated volumes.



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II. Dental Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



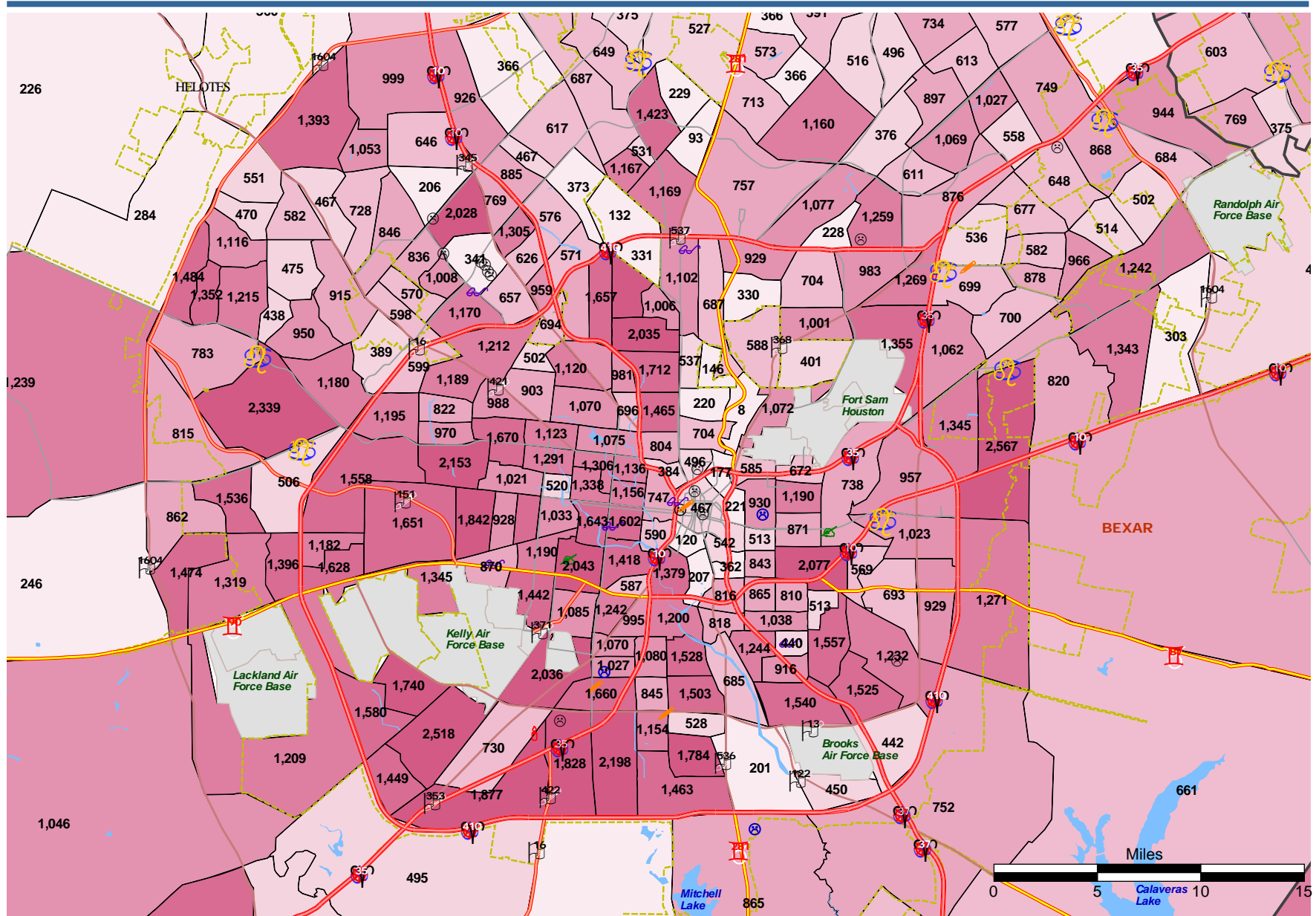
(1) Source: Capital Healthcare Planning estimated volumes.

III. Emergency Analysis

2005 Estimated Emergency Visits at 200% FPL⁽¹⁾

III. Emergency Analysis

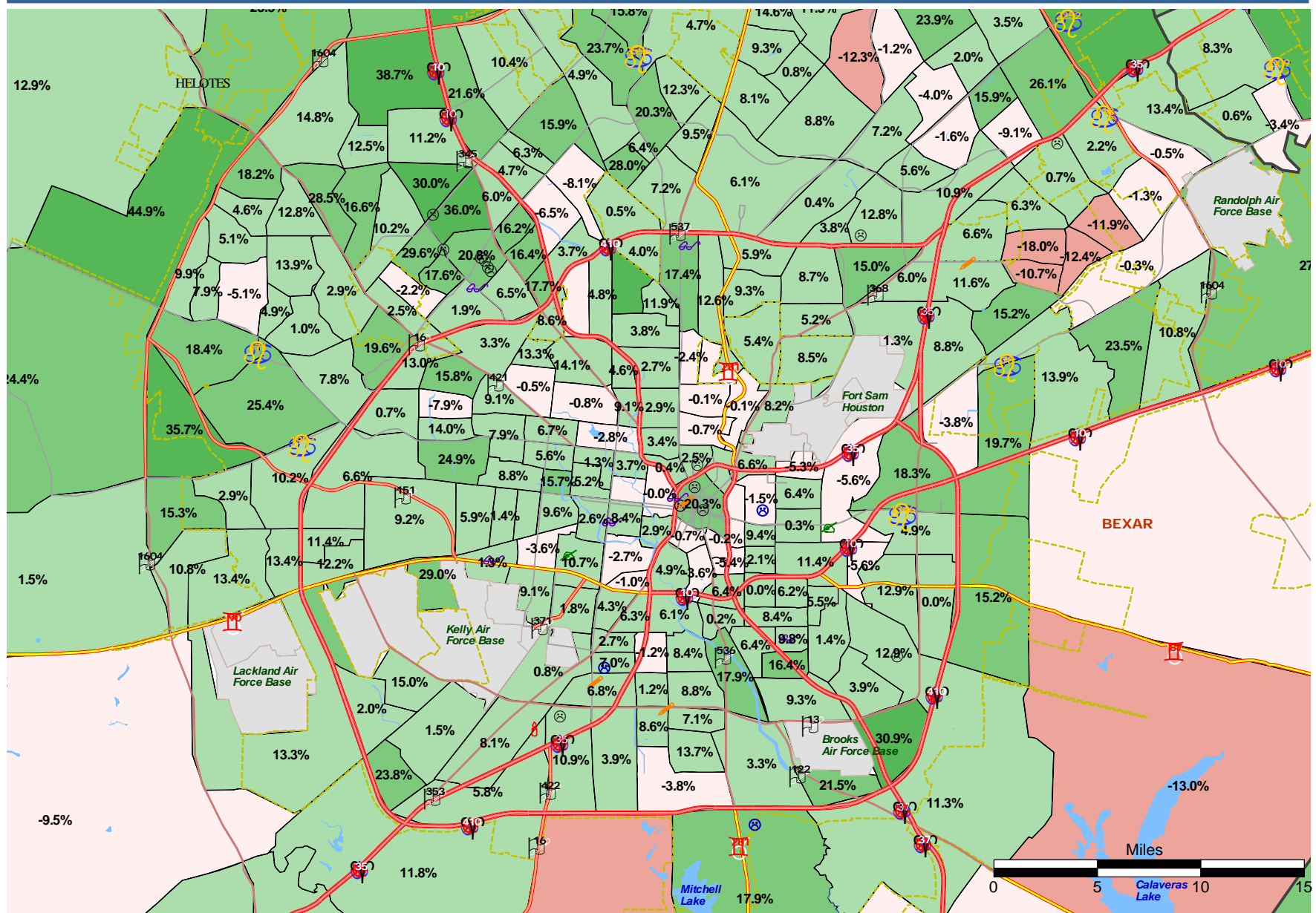
2005 Estimated Emergency Visits at 200% FPL⁽¹⁾



(1) Source: Capital Healthcare Planning estimated volumes.

III. Emergency Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾



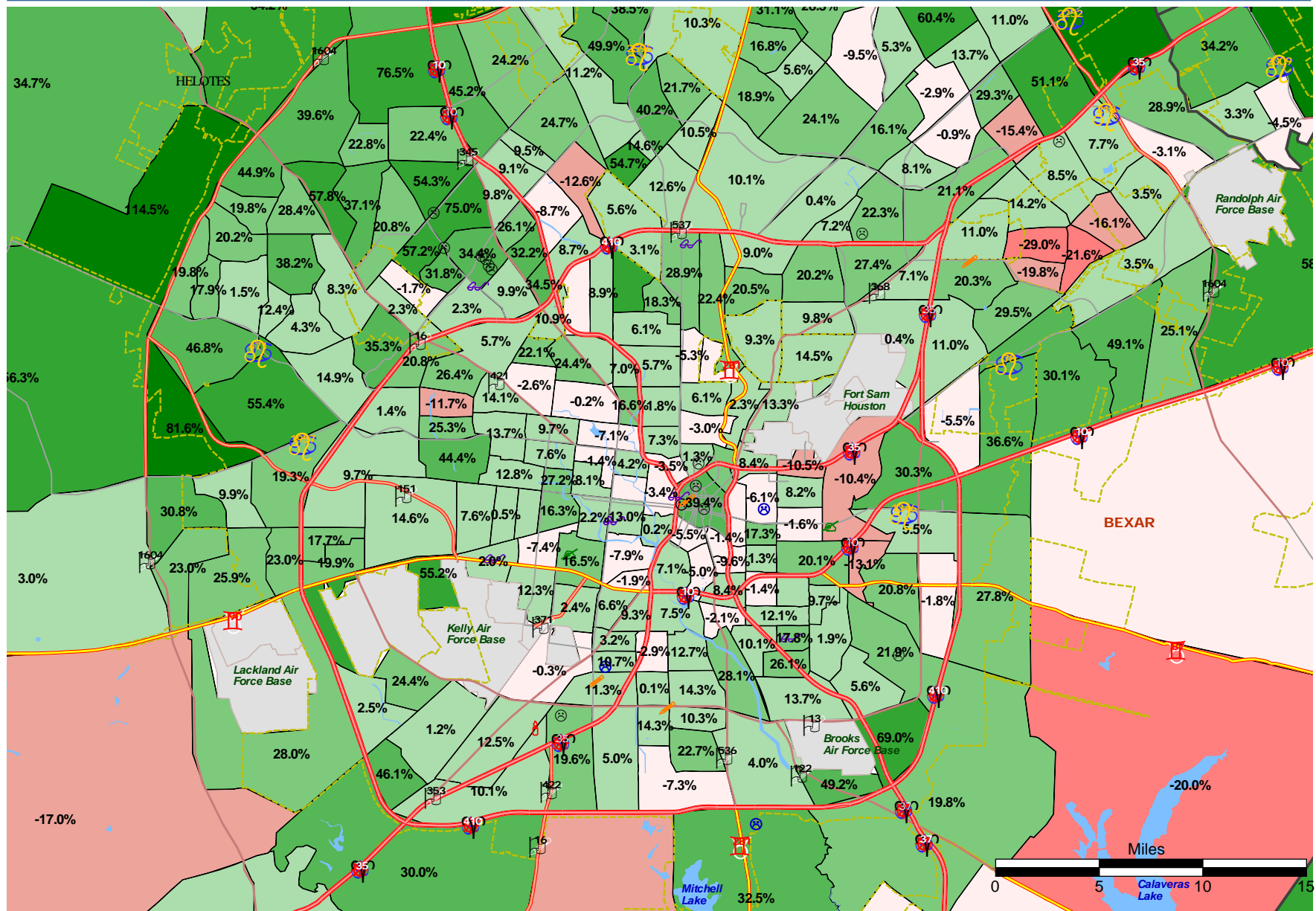
(1) Source: Capital Healthcare Planning estimated volumes.



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III. Emergency Analysis

Percentage Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



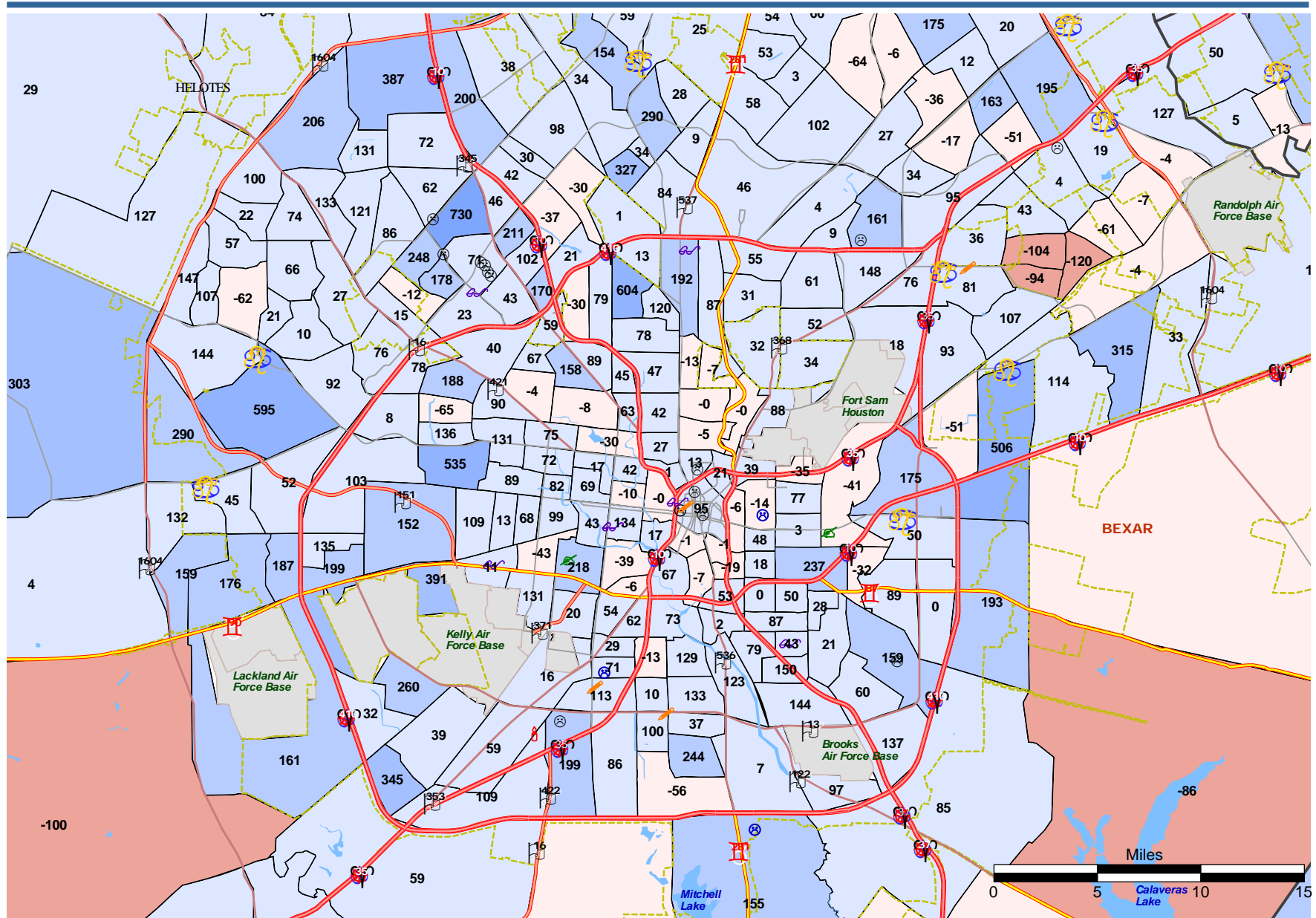
(1) Source: Capital Healthcare Planning estimated volumes.



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III. Emergency Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2011⁽¹⁾



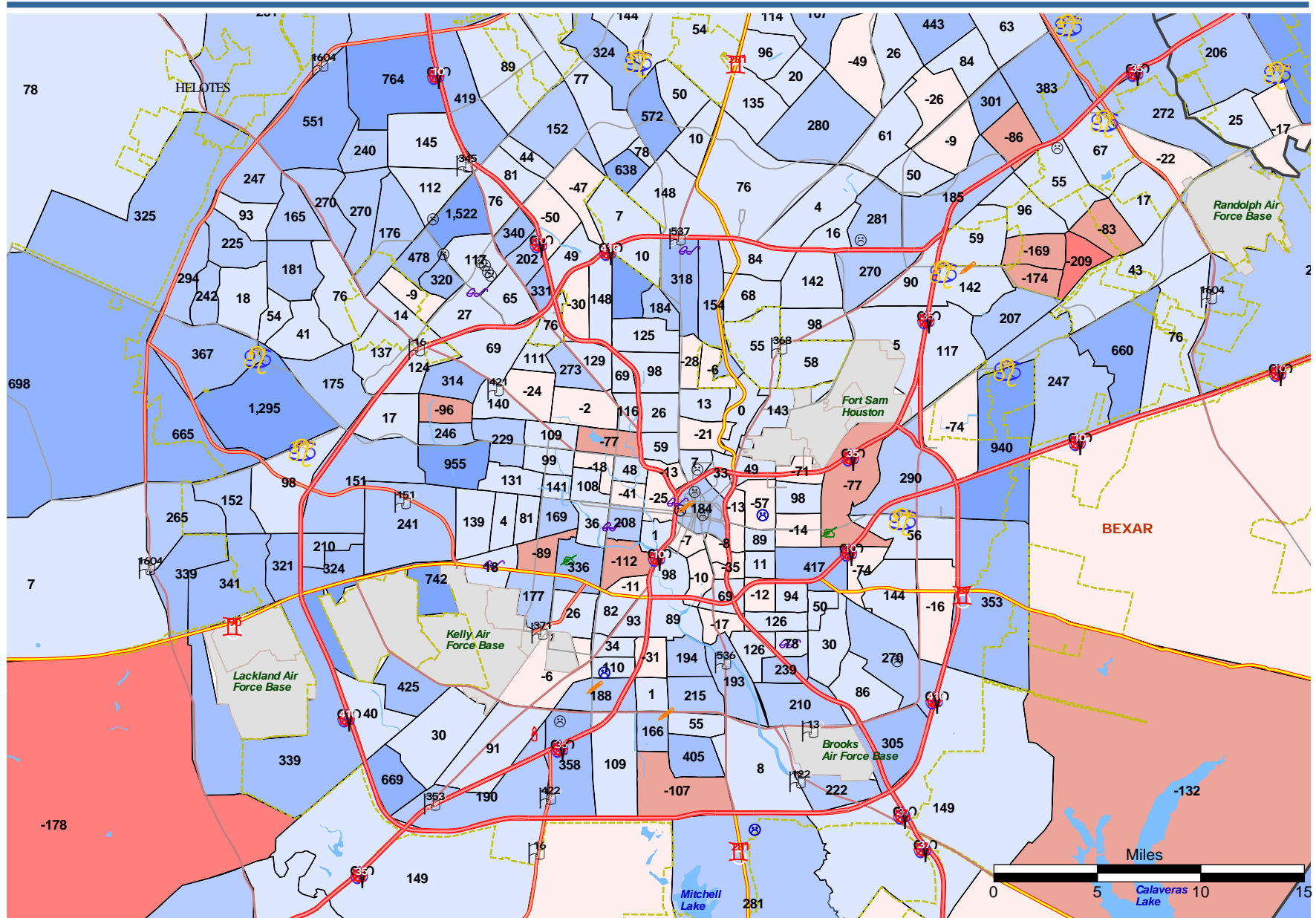
(1) Source: Capital Healthcare Planning estimated volumes.



CAPITAL
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III. Emergency Analysis

Absolute Growth in Estimated Visits at 200% FPL 2005 - 2016⁽¹⁾



(1) Source: Capital Healthcare Planning estimated volumes.

