Seattle King County Public Health Community Health Centers Harborview Medical Center Health System

Seattle King County, Washington MSA

OPERATIONAL

Seattle King County safety net consists of a large number of different safety net providers and organizations:

- Harborview Medical Center / Pioneer Square Clinic:
  - Owned by King County
  - Governed by a county-appointed board of trustees
  - Managed and staffed by UW Medicine, which provided over $150 million of charity care as measured by foregone charges, with Harborview Medical Center accounting for 80% of this amount.
  - Based on Department of Health information, Harborview provides 46% of charity care provided by King County hospitals ($124 million in 2007) and 21% of the total provided statewide.
- Community Health Centers of King County (CHCKC)
- Puget Sound Neighborhood Health Centers (PSNHC)
- International Community Health Services (ICHS)
- SeaMar Community Health Centers (SeaMar CHCs)
- Country Doctor Community Health Center (CDCHC)
- Seattle Indian Health Board (SIHB)
- Odessa Brown Pediatric Clinic
- Pacific Medical Centers
- Public Health Seattle King County Clinics
- University of Washington Neighborhood Clinics

Other contributors to the safety net include:

- Community Health Plan-managed care network created by FQHCs in Washington.
- King County Project Access-created in 2005 for specialty care for low-income uninsured patients who are <200% Federal Poverty Level, live in King County, are uninsured and not eligible for Medicaid or Medicare.

  - Typically, enrollees get their primary care in the community health centers or public health clinics in King County. When their primary care physician determines that the enrollee has a medical need to see a specialist, KCPA links them with the appropriate specialist and sees that they have the help needed to make their appointments and follow through on required medical care. KCPA provides case management services to enrollees.
- Molina Healthcare of Washington
  - Regional HMO serving members of public health insurance programs (e.g., Medicaid, Medicare, SCHIP, etc.)

MORE ON HARBORVIEW

Services/Areas of Emphasis

- Only Level I adult and pediatric trauma center and regional burn center serving Washington, Alaska, Montana, and Idaho.
- Centers of Emphasis for neurosciences, trauma, burns, reconstruction and rehabilitation, mentally ill and medically vulnerable, and AIDS/STD treatment.

Patient Volume

- Licensed beds: 413 (Highest occupancy rate [99% in 2007] of any hospital in the region.)
- Nearly 76,500 Emergency Department visits in 2007.
- More than 18,500 inpatient admissions in 2007.
- More than 218,200 outpatient clinic visits in 2007.
- More than 12,500 surgery cases in 200.
- Employees: 4,143.
- Physicians: 413 active medical staff .

FINANCIALS

From UW annual report:

Harborview Medical Center

2008 Net clinical revenue from patient services (in $000s)

- 2007 (Unaudited).....$588,194
- 2008 (Audited).....$531,868

FY 2008 Net operating income: $16.3 million (2.6% operating margin)

Ratio/Indicator	Moody's "A"	UW Medical Center	Harborview Medical Center
Operating margin	2.6%	4.1%	2.6%
Debt to capitalization	35.3%	19.4%	1.3%
Days cash on hand	180	105.9	105.1
Days in A/R (net)	50.1	53.7	62.3

* The Harborview debt to capitalization number reflects the capital support provided by King County through voter-approved general obligation bonds.

FY 2008 Clinical activity for Harborview Medical Center

Statistic	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Admissions & short stays	22,336	22,973	22,439	21,147	21,764
Patient Days	131,355	125,189	129,831	133,345	136,662
Outpatient visits	221,413	221,159	223,916	218,229	230,315
Emergency visits	87,634	79,112	81,073	76,491	68,987
Average Length of Stay	6.9 days	6.8 days	6.9 days	7.2 days	7.4 days

SIMILARITIES TO NASHVILLE

- Academic medical center with some outpatient charity care, but its specific contribution to charity care is unclear.
- Linked to county government.
- Strategic planning to create a more cohesive system is underway.
- Includes Project Access, like Bridges to Care, but for specialists only.

DIFFERENCES FROM NASHVILLE

- Larger, more complex safety net and hospital system addressing a wider variety of diverse patient needs.
- More prestigious teaching program that encompasses other states as well.
- Significant and broad community participation in planning and providing for safety net.

OTHER NOTABLE FACTS/ISSUES

- Public Health Seattle King County initiated a safety net strategic planning process (first report published February 2008).
- Indicated consideration of folding public health clinics into the FQHCs.