Broward County Health Care Plan

Cardiovascular disease is the leading cause of death globally and in Broward County. Approximately 1 in every 2 people in the United States suffers from some type of cardiovascular disease. Approximately 900,000 Americans die from cardiovascular disease each year, which is equivalent to 1 in every 3 deaths.[1] Heart disease is the leading cause of death in the United States and in Florida.[2] Coronary artery disease (CAD) is the most common type of heart disease in the United States.[3] Sudden cardiac death is the first sign of heart disease in more than half of patients with CAD.

The Broward County Health Care Plan ("Plan") provides innovative, cost-effective methods of screening to detect CAD and to help combat the number one cause of death in Broward County. Current standards of care for detecting heart disease are insufficient, resulting in ineffective screening strategies in asymptomatic individuals and overutilization of invasive cardiac testing in symptomatic individuals. Too often individuals presenting to emergency departments with chest pain are sent home despite undetected imminent cardiac risk. Coronary computed tomography (CT) is a noninvasive, cost-effective method of detecting CAD.

In addition to providing innovative cardiac screening services to all Broward County residents, this Plan provides (i) a broad range of primary and preventive care services for indigent and medically poor populations of Broward County residents; and (ii) a second phase that will expand preventive and diagnostic screening services to include the most prevalent types of cancer.

1. Specific Recommended Services to be provided:

a. Primary Care and Preventive Care

The primary care and preventive care services under this part of the Plan will be available to Broward County residents who are indigent or medically poor.

This part of the Plan provides for a broad range of primary and preventive care for persons who are indigent or medically poor. The primary and preventive services provided under this part of the Plan will include the primary care services currently funded by the County, and will expand the primary and preventive services funded for indigent and medically poor persons, including to provide Cardiovascular Disease Prevention Clinics for clinical assessment of cardiac health and risk stratification.

These Cardiovascular Disease Prevention Clinics would increase access to primary care and preventive care aimed at cardiovascular health, particularly to those with greater social stress. Cardiovascular risk evaluation and treatment will be protocol driven and thus improve quality and consistency of care. All eligible adults (indigent or medically poor) between the ages of

[1] https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html.
[2] https://www.cdc.gov/nchs/fastats/deaths.htm; https://www.cdc.gov/nchs/state-stats/states/fl.html
[3] https://www.cdc.gov/heart-disease/about/coronary-artery-disease.html.

18 – 75 years old without established cardiovascular disease should undergo cardiovascular risk assessment at a Cardiovascular Disease Prevention Clinic. Appropriate individuals will be referred for subclinical atherosclerosis imaging – either calcium scoring (CAC) or a coronary CT angiography (CCTA) – at an Imaging Facility (detailed below) based upon relevant factors such as age, gender, risk factors, and symptoms, as shown in the diagram below.

The Cardiovascular Disease Prevention Clinics will provide follow-up care and treatment for the prevention of CAD consonant with national guidelines, including advising on diet, physical activity, and tobacco use.

The clinics and the imaging facilities (detailed in the following section) must be sited in a manner to ensure accessibility for the persons utilizing the services, with special emphasis on accessibility for persons who are indigent or medically poor. The locations of the clinics and the imaging facilities must be based on consideration of at least the following factors: accessibility for users (including consideration of issues such as public transportation, childcare, and hours of operation); current location of primary care clinics (included publicly-funded primary care provided by local hospitals and federally qualified health centers); location of and proximity to high-risk populations; current utilization rates of existing clinics; current screen capabilities of existing clinics; ability to expand current clinics to include screening technologies (including physical footprint, financial abilities, current patient utilization numbers, etc.). Locations to be utilized may include existing primary care clinics, federally qualified health centers, cardiology offices, newly established prevention clinics, or other locations identified by the Plan administrators. A significant emphasis should be placed on healthcare literacy and facilitating community understanding and appreciation for the value of prevention care at these clinics.

b. Imaging Facilities:

The imaging facilities and imaging services under this part of the Plan will be available to all Broward County residents (not merely residents who are indigent or medically poor) for preventive care but only to the extent such facilities and services are not covered under existing private or public medical care or coverage.

Imaging services with Calcium Score testing (CAC) and Coronary CT Angiography (CCTA) will be provided that meet or exceed the following criteria:

- For CAC testing, multi-detector CT scanners (MDCT) that are at least 64-slice or above in order to ensure sufficient image quality and minimize radiation dose.
- For Coronary CT Angiography (CCTA) testing, multi-detector CT scanners that are at least 256-slice are recommended to achieve superior image quality, better diagnostic accuracy, and to minimize exposure to radiation dose.

These technologies can be sited at clinics or at standalone facilities, or implemented as mobile units, or a combination of the foregoing, depending on a number of factors, including existing clinic capabilities, expansion opportunities, target locations and populations, and how the program is administered. A detailed review should be undertaken of the current location,

capabilities, and utilization of existing scanning equipment at available facilities. Special care should be taken to tailor the quantity and capabilities of the scanning equipment to the expected needs of and projected utilization by the local community, so as to avoid financial exposure in the acquisition of underutilized equipment (e.g., overburdening health care facilities with additional costs not offset by appropriate utilization) and appropriate allocation of technology and funding to permit the intended medical benefits to reach all areas of the population, with special emphasis on the indigent and medically poor communities.

Financial considerations include whether to utilize existing imaging equipment (depending upon availability and capability at existing locations), provide new imaging equipment, or provide funding toward to acquisition of new imaging equipment. A market and economic analysis should be done to determine the appropriate method of ensuring the necessary imaging equipment is available and appropriately utilized. One method would be to allow market forces to provide for the acquisition of the necessary equipment based upon public funding of the services to be provided utilizing that equipment (e.g., reimbursement for services based upon a percentage of the Medicare fee schedule); under this approach, the medical market would adjust to the implementation of this Plan and the associated funding for primary and preventive cardiac health services, and the medical community would provide the equipment and services, assume the associated capital obligation, and reap the associated tax benefits. Another method would be for the County to fund the needed technology, whether through direct acquisition and distribution or through the provision of funding to the medical facilities to acquire the equipment. Under this method, the County could incentivize the placement of the imaging equipment in appropriate locations by enhanced funding to medical facilities in the desired locations.

c. Hospital Care

The hospital care services under this part of the Plan will be available to Broward County residents who are indigent or medically poor.

One of the goals of this Plan is to ensure that local hospitals treating patients presenting with acute chest pain have adequate imaging technologies, including a cardiac capable MDCT scanner, as well as adequate and trained staff for CCTA interpretation as delineated above for proper triage and a cardiac catheterization lab in case the need of percutaneous coronary intervention is required. The local assessment of the location of existing imaging equipment should include confirmation that the local hospitals have a sufficient number and sophistication of cardiac capable MDCT scanners.

Chest pain and other symptoms suggestive of obstructive CAD (e.g., shortness of breath) are among most common presentations in both hospital setting/emergency department and outpatient clinics (internal medicine, primary care, family medicine and cardiology). For patients presenting with chest pain or angina to the Emergency Department or to the hospital setting, CCTA will be the first line strategy prioritized for low to intermediate risk patients.

The Plan includes the statutorily required funding requirement of $6.5 million annually to a Level I Trauma Center in Broward County. There are two Level I Trauma Centers in Broward County: Broward Health Medical Center (affiliated with North Broward Hospital District), and Memorial Regional (affiliated with South Broward Hospital District). These trauma centers will provide ongoing trauma services for the residents and visitors, including the local indigent and medically poor, needing such services.

2. Funding Methodologies Reimbursement Agreements

The funding methodologies and reimbursement strategies contemplated would utilize existing healthcare plans and programs, both private and public, and existing primary care public funding. For the services covered under Section 1(a) and 1(c) above (primary and preventive care; hospital services), the funding methodologies would include and expand upon current funding arrangements with local hospitals and services providers.

For the services covered under Section 1(b) above (imaging facilities and imaging services), the funding methodology will be to provide funding for preventive screenings solely to the extent such services are not covered by existing private or public health care or insurance. Typically, public and private health insurance does not cover the preventive CAC and CCTA screening called for in this Plan; therefore, the implementation of this Plan would expand reimbursement for these preventive services for persons who are indigent or medically poor to include the recommended cardiac primary and prevention services and screening detailed herein, but only to the extent such services are not covered by existing public or private insurance or other funding. The patient's existing coverage (if any), whether public or private, would be the initial payor, to the extent such services are covered; the Plan funding would be utilized only if the patient's existing coverage is insufficient and/or there is no coverage for the preventive services. Special attention should be directed during Plan implementation to ensure healthcare plans are not negatively incentivized to exclude coverage from private healthcare plans.

In addition, for all Broward residents, this Plan would provide for the availability of screening equipment at convenient locations throughout the County and qualified professionals to assess the scores and risk profiles of the target population. To provide for the availability of the screening equipment, possible options include incentivizing procurement of the equipment by locations (e.g., through reimbursement for screening services), funding some or all of the cost of the acquisition by the locations, or County procurement of the necessary equipment; the administrators of the Plan would determine the appropriate method for ensuring the availability of the equipment, which may vary based upon the location at issue.

Applicable agreements will include reimbursement methodologies that take into account the cost of services rendered to eligible patients and are structured to allocate higher reimbursement rates to facilities, including hospitals, that will provide a higher proportion of care to indigent or medically poor patients, provide other incentives to promote the delivery of charity care, facilities that invest in the technology needed to achieve better imaging services, recognize the level of responsiveness to medical needs in trauma cases, and facilities that will provide superior services

with better quality care and superior outcomes, including through promoting care coordination and appropriate case management. These agreements should also promote the use of these advancement technologies for cardiac health care in medical services and include appropriate mechanisms for cost containment. To effectuate the foregoing, the County could negotiate an agreement with a single healthcare plan administrator or negotiate agreements with the applicable healthcare plans. Any hospitals owned and operated by government entities must, as a condition of receiving funds under this Plan, afford public access equal to that required of public meetings under Section 286.011, Florida Statutes.

3. Preventive and Early Diagnosis of Cancer

Cancer is the second leading cause of death, after heart disease, in the United States in 2019. Lung cancer was the leading cause of cancer death, followed by cancers of the colon and rectum, pancreas, female breast, prostate, and liver and intrahepatic bile duct. One of the most effective ways to reduce cancer morbidity and mortality is through early detection and treatment. Increasing awareness and use of the available screening technologies for breast, cervical, colorectal, and lung cancer can contribute to increased survival and fewer deaths. Therefore, the second phase of the Plan will focus on the preventive and diagnostic cancer screening to address the number two leading cause of death for Broward County residents, with particular emphases on implementing innovative programs to facilitate outreach, such as mobile screenings as a cost-effective alternative to traditional methods of service delivery, and on improving the efficacy of screenings, such as through a preventive care program utilizing advanced technology.

4. Eligible Populations and Recommended Funding Allocations

All utilization of the surtax-generated funding must be consistent with the requirements of Section 212.055(4), Florida Statutes, and all other applicable law. The funding allocations set forth herein are the initial allocations of the funds; allocations and uses will vary as this Plan is amended from time to time. Designated staff and medical personnel will periodically evaluate the Plan and the allocation of funds and recommend appropriate amendments and adjustments for consideration by the Board of County Commissioners. The version of the Plan most recently approved by the Board will be the operative Plan at any given moment.

a. Eligible Populations

“Indigent” means persons who are qualified by Broward County as meeting all of the following criteria: (i) gross family unit income is below the poverty level for a household of that size; (ii) not eligible to participate in any other state or federal program which provides hospital care (i.e., Medicaid or Medicare); (iii) family unit's assets do not exceed the established limits; (iv) has either no or inadequate private insurance; and (v) does not reside in a public institution as defined under the medical assistance program under Title XIX of the Social Security Act.

“Medically poor” means persons who are qualified by Broward County as having insufficient income, resources, and assets to provide the needed medical care without using resources

required to meet basic needs for shelter, food, clothing, and personal expenses; or not being eligible for any other state or federal program, or having medical needs that are not covered by any such program; or having insufficient third-party insurance coverage.

"Broward County resident" means persons who are indigent, medically poor, or to the extent otherwise approved by Broward County for participation in the innovative health care programs set forth herein, provided such persons have established, and currently maintain, Broward County as their domicile (i.e., primary residence) as demonstrated by homestead status, election registration, or other documentation as determined appropriate by the Plan administrators. An applicant that demonstrates uninterrupted residency in Broward County for the twelve (12) months immediately preceding the date of the application for qualification shall be presumed to be a Broward County resident, absent clear evidence to the contrary.

For any person eligible for services under this Plan who is indigent, medically poor, or a Broward County resident, this Plan and Broward County shall serve as the payor of last resort; funding will be provided under this Plan only to the extent the applicable services are not covered by existing private or public medical care or insurance.

b. Funding Allocations

Based upon the health care needs of Broward County, with special emphasis on the needs of the indigent and medically poor, the recommended allocation of surtax funding to the above-referenced services and program is as set forth below. In accordance with state law, the total funds (100%) allocated under this proposal shall be equal to 95% of the projected proceeds of the .25% healthcare surtax, as required by Section 129.01, Florida Statutes.

Description	**Allocation**
Primary Care Clinics/Cardiovascular Disease Prevention Clinics	**35%**
Imaging Facilities	**40%** plus any unused allocation from the other categories
Hospital Services	**20%**
Continuity and Coordination of Care/Monitoring and Data Analysis	**5%**