

ITEM #77₍₅₎, 78 and 79

**ADDITIONAL MATERIAL
REGULAR MEETING**

JANUARY 25, 2022

**SUBMITTED AT THE REQUEST OF
COMMISSIONER MARK BOGEN**

From: Harrod, Rene <RHARROD@broward.org>

Sent: Wednesday, January 19, 2022 5:50 PM

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Subject: Answers to Nonlegal Questions Regarding the Proposed Broward County Preventive Health Care Program

Mayor, Vice-Mayor, and Commissioners,

At the request of Commissioner Bogen, attached please find answers to nonlegal questions raised in connection with the proposed Preventive Health Care Program (Items 77, 78, and 79 on the January 25, 2022, agenda). These answers are in addition to the legal answers

provided by the Office of the County Attorney.

Be safe,
Rene.



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QUESTIONS SUBMITTED FOR THE
BROWARD COUNTY PREVENTIVE HEALTH CARE PROGRAM

1. What clinics will be utilized?

All licensed facilities in Broward County that provide cardiac or cancer screening will be utilized (subject to their approval). The licensed facilities that provide indigent care will also be utilized.

2. Are new clinics needed?

It is not expected that new clinics will be needed. However, we do expect to set up a variety of mobile clinics in neighborhoods or cities where sufficient access would not otherwise be available.

3. How will the population become aware of the services offered?

We expect to promote this in a variety of ways. First, by educating the public of the importance of these services. Education will be an important component. Second, distributing information throughout Broward County at local venues (churches, clubs, religious organizations, charitable organizations, schools for kids to bring home, locally elected officials, public service announcements, press releases, etc.).

4. What parameters are required to participate? Available to all?

The eligibility criteria for each test will be established according to current accepted guidelines published by major U.S. medical organizations. Subject to those medically-established guidelines, the screening services will be available to all Broward residents. All other services will be available to all Broward residents who meet the statutory or Plan eligibility requirements.

5. Would this overwhelm the system? Will the County be required to build out facilities?

No, this will not overwhelm the current system. There are many facilities in Broward County that can absorb the demand. With that said, there may be certain neighborhoods where access is limited. We expect to utilize mobile clinics to reach those neighborhoods.

6. How will people be qualified?

Eligibility for each test will be based on established medical criteria. Income screening where applicable will be performed by qualified staff or we will contract for such services.

7. What is the demonstrated need for the cardiac services provided under this plan?

Please see Exhibit 2 to Item 78, pp. 1-4.

8. Are the cardiac or cancer tests covered by public or private insurance?

When it comes to preventive screening, these tests are not covered by insurance. The only preventive tests that are covered by insurance are mammograms and colonoscopies. However, certain insurance companies now only cover mammograms once every two years and other insurance companies only cover mammograms for those 40 years and older.

With respect for cardiac screening (Calcium score or Cardiac CTA), these tests are only covered when the patient has chest pain and/or an abnormal or inconclusive stress test. With respect to cancer screening, these tests are only covered when the patient has certain symptoms. However, when the patient has no complaints or symptoms, preventive screening is not covered by insurance.

9. Is there substantial evidence that preventive/diagnostic testing has a greater health impact than addressing basic health needs and primary care?

Yes, there is evidence that preventive/diagnostic testing has a great health impact. The services provided through the surtax would provide preventive/diagnostic testing to all residents and primary care to eligible individuals. The services are not limited to the health screenings.

10. Would the proceeds be used as dollars of last resort if there is an available insurance coverage or public program?

Yes.

11. What imaging technology is currently available? How many machines are available in Broward County currently?

CT scan machines are widespread in the county, including at both NBHD and SBHD. There are approximately 100 machines in service.

12. Do you expect to need more machines?

Not at this time. If the technology improves, we may want to consider upgrading some machines.

13. What is the level of current utilization? Are the machines fully utilized or sitting idle?

Utilization varies by facility. Certain facilities underutilize their machines while others have greater utilization.

14. If more equipment is needed, is the County buying the equipment? Or just reimbursing the cost of the scans?

Both options can be utilized depending on which is more cost-effective, efficient, and market-appropriate.

15. How often are scans needed?

The frequency will be determined based upon medical guidance and include consideration of the type of test and risk factors related to the patient.

16. Logistically, how many people would be processed in a month for cardiac screening?

With respect to cardiac services, we can potentially process an estimated 20,000 calcium scores and 6,000 CT's/month.

17. Do you use the same machine for cardiac and cancer?

CT machines can be used for heart and certain cancer screenings. We will also be offering scans with ultrasound.

18. Does the cost of the test also include the cost for reading the test?

Yes. We plan on buying capacity through a capitation agreement. In other words, we will not be paying for each test taken by a Broward resident but rather for the capacity to provide and read the anticipated total number of tests needed.

19. Does the County currently fund hospital care for anyone?

Yes, the County has current programs to fund indigent care and for certain inmate medical costs. For example, Broward County funds a total of \$13 million each year to Broward Health and Memorial Healthcare for primary care.

20. Can a significant amount of money raised each year be used by a small percentage of the population?

No. The use of capitation agreements would prevent this result.

21. How is the funding allocated between the clinics and imaging centers so we can ensure it is equitably divided?

Funding will be allocated according to the Preventive Health Care Program Plan, and the Plan is subject to periodic adjustments based upon demonstrated need and guidance of experts.

22. Does the surtax funding become a collateral source that offsets what is otherwise covered under Medicare?

Currently, cardiac scans are not covered by Medicare. Preventive cardiac screenings are not covered by public or private insurance. Besides mammograms and colonoscopies, preventive cancer screenings are not covered by public or private insurance. Thus, the availability of the surtax proceeds will not detract from other public or private funding sources.

23. Are we double funding indigent care?

No, the surtax proceeds can be used in lieu of applicable general revenue funding.

24. Would a referral by a doctor be required before someone can get a test?

Criteria will be established by medical experts to determine whether and which tests may be required to have a medical referral.

25. After screening, where do the results go and who reads them?

This will be handled as in all other doctor-patient relationships.

26. If a screening shows a person needs to see a doctor, who covers that cost?

If public or private insurance does not cover the service, then we would expect the patient would then fit the statutory definition of indigent or medically poor and therefore be covered by the program through a capitation agreement.

27. Is medication covered by the program?

Medication is generally covered by private insurance or governmental programs. If neither source is available, surtax proceeds could be used.

28. If a person needs open heart surgery or cancer treatment, who covers that cost?

If insurance does not cover the cost, then the program will provide for surgical services for eligible individuals through a capitation agreement to provide capacity.

29. If the fund runs out of money, what happens? Does the County pay the bill?

No, the County is not required to supplement funding. Funding for the program will be limited to the surtax proceeds.

30. How will plan be administered? One administrator and one doctor?

This will be determined based on operational needs.

31. Are we creating a department? Who pays for those costs?

We anticipate we will create a County agency that is funded by the surtax.

32. What is the oversight mechanism? Will there be an oversight board like the penny tax?

We are creating an Advisory Board to provide input, guidance, and oversight.