EXECUTIVE ORDER NO. 3-91
DISTRICT HEALTH CENTERS

WHEREAS, Since 1929 a variety of studies, starting with the Philadelphia Hospital and Health Survey, have called for the creation and maintenance of a network of neighborhood-based health centers to serve the citizens of Philadelphia. Responding to and acknowledging the need for such District Health Centers, the Philadelphia Home Rule Charter, §5-300, establishes the clear and ongoing responsibility of the City of "establish, maintain and operate District Health Center, stations and clinics, laboratories and other health facilities;" and

WHEREAS, These District Health Centers provide traditional public health services and comprehensive primary health care to all Philadelphians who seek these services. The District Health Centers guarantee to residents of Philadelphia that health care is a right and not a privilege reserved to those who can afford to pay. They have brought quality health care to all our neighborhoods and are the backbone of public health protection in Philadelphia; and

WHEREAS, As of Fiscal Year 1990, 113,000 individuals, 7% of the population of Philadelphia, used services provided at the District Health Centers. These persons made over 323,000 patient visits to the District Health Centers; and

WHEREAS, The District Health Centers welcome medically underserved persons into early, continuous and preventive health care, and provide such care in reference solely to medical criteria

without reference to financial criteria. Persons using the District Health Centers are a vulnerable population. In Fiscal Year 1990, 88,300 of the people who used the district health centers had incomes at or below the poverty level. In that same year more than 72,600 of District Health Center patients had no health care insurance and an additional 26,300 relied on Medicare and/or Medicaid. The persons using the District Health Centers are poorer than most Philadelphians and have far less access to health services. They are six times more likely to be uninsured than the rest of the Philadelphia population; and

WHEREAS, The Family Medical Care Program in the District Health Centers not only saves lives; it saves Philadelphia considerable dollars. While the cost of providing primary pediatric and internal medicine services to sick and frail populations is high, the cost of not providing such services is much higher. Persons admitted into area hospitals through emergency rooms who have not received the types of services that are provided to patients in the Family Medical Care Program cost much more to the taxpayers and result in increasing uncompensated care costs to hospitals. Persons who do not have access to basic, comprehensive, primary medical care often require long hospital stays, followed by supervised convalescence; and

WHEREAS, Persons with Acquired Immune Deficiency Syndrome (AIDS) or who are known to be infected with the Human Immunodeficiency Virus frequently have difficulty in obtaining medical and dental treatment and, therefore often turn to the

District Health Centers for treatment; and

WHEREAS, District Health Centers provide prenatal and family planning services throughout the city. These services are in short supply in many poor neighborhoods and are critical to Philadelphia's ongoing efforts to reduce its high infant mortality rate. Philadelphia would have an even higher rate of infant deaths without these services; and

WHEREAS, District Health Centers provide preventive, primary dental health services to many persons who would not otherwise have them available for economic and non-economic reasons: children, pregnant women, persons with AIDS or Human Immunodeficiency Virus, and others; and

WHEREAS, District Health Centers have arrangements with other City services, programs and agencies to welcome persons with multiple health needs and other persons who historically have only limited access to doctors' offices and hospital outpatient programs: chronically mentally ill persons, persons with mental retardation, homeless persons, drug and alcohol using persons, persons with AIDS and persons with communicable diseases including sexually transmitted diseases and tuberculosis; and

WHEREAS, The services provided by the District Health Centers are not only irreplaceable; they are life saving. The District Health Centers provide preventive and primary health care which reduces the number of costly and inappropriate visits to already overburdened hospital emergency rooms, again preventing an increase in the uncompensated care costs for hospitals; and

WHEREAS, It is the policy of the City of Philadelphia to continue to operate the District Health Centers throughout the City, to establish minimum services to be rendered, and to establish various mechanisms and procedures to monitor Health Center performance,

NOW THEREFORE, I, W. Wilson Goode, by the powers vested in me by the Philadelphia Home Rule Charter, do hereby **ORDER** that the City's District Health Centers operate in the following manner:

SECTION 1. DEFINITIONS

(1) **Emergency Condition.** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy.

(2) **Urgent Condition.** A medical condition which, if untreated within two to twenty-four hours, could reasonably be expected to result in one or more emergency conditions.

(3) **District Health Centers.** The District Health Centers currently directly operated by the Department of Public Health, and required to be directly operated and maintained in the future as set forth in this Order.

(4) **Poverty Level.** The level of income identified as the "Poverty Income Guideline" developed and updated annually by the United States Department of Health and Human Services.

(5) **Services Mandate.** The level of services required to be provided by and/or through the District Health Centers under this

order.

(6) **Ambulatory Specialty Services.** Ambulatory medical services provided to a patient by a medical specialist upon referral of such patient by District Health Center professional personnel.

(7) **Ambulatory Health Services Administration.** The administrative component of the District Health Centers which is responsible for the operation of the District Health Centers.

(8) **Formulary.** The list of medications, medical products and supplies approved by the Medical Director and the Administration of the District Health Centers.

(9) **Special request medications.** Those medications which are non-formulary and requested by physicians on a case-by-case basis.

SECTION 2. Operation and Function of District Health Centers.

(1) The Health Department shall continue at a minimum to maintain and directly operate a system of at least nine (9) District Health centers at which each of the following services shall be offered in a manner that makes available to citizens of the City the following services, except that one District Health Center may provide only sexually transmitted disease services:

(a) a Family Medical Care Program providing the following pediatric and internal medicine ambulatory services to all individual and family enrollees:

(.1) completion of a medical history and provision of an initial complete physical examination;

(.2) continuity of care for each individual by the

assignment of a single physician to provide, or supervise the provision of, all medical services in the Family Medical Care Program;

(.3) laboratory test, EKG, and radiological services, as needed;

(.4) immunizations for children and adults with appropriate consent, on a walk-in basis as needed;

(.5) medical services for the diagnosis and treatment of disease, and other preventive, counseling, and therapeutic or other services needed to maintain and promote good health, provided that:

(a) treatment at a District Health Center or referral to an appropriate cooperating hospital for emergency conditions shall be available on an immediate basis, and for urgent conditions shall be available no later than 24 hours from the time of request;

(b) all other appointments shall be available on average no later than fourteen (14) days after the date of the request;

(.6) referral for needed in-patient services to an appropriate hospital facility;

(.7) same-day provision of required formulary medication on-site by a State-licensed pharmacist, through a pharmacy at each District Health Center participating in the Family Medical Care Program open for the receipt and dispensing of patient prescriptions during daytime hours of District Health Center operation with suitable arrangements for emergencies and other

urgent cases occurring at other times of District Health Center service, and provision of special order medication on-site by a State-licensed pharmacist with approval by the Clinical Director and Pharmacy Director, as soon as possible, and in any event within seventy-two (72) hours of its being ordered;

(.8) mental health, mental retardation, drug and alcohol and related social services on-site or by referral;

(.9) nutritional counseling for patients determined to be suffering from or determined to be at high risk for illnesses for which nutrition has impact;

(.10) referral to the Special Supplemental Food Program for Women, Infants and Children (WIC);

(.11) ambulatory specialty services through arrangements with a hospital facility reasonably accessible to the referred enrollee;

(.12) referral for visiting nursing care services for patients as needed;

(.13) professional social work services on-site including referrals to other outside agency services;

(.14) trained personnel and supplies for on-site administration of basic emergency medical stabilization.

(b) Women's Health Program, including prenatal, obstetrics, gynecological and family planning and providing the following services in any District Health Center which is not limited to the diagnosis and treatment of Sexually Transmitted Disease:

(.1) Completion of a medical history and provision of an

initial comprehensive physical examination and, for those receiving prenatal obstetrical care, a risk assessment including identification of high risk factors (by obstetrical or medical history) that may require special management;

(.2) Papanicolaou smears and follow-up;

(.3) Laboratory tests as needed;

(.4) Pregnancy tests;

(.5) Reproductive health including family planning counseling;

(.6) Contraceptive medicine and supplies;

(.7) Routine gynecological care;

(.8) Referral to needed in-patient services at an appropriate hospital facility on a timely basis;

(.9) Same-day provision of required formulary medication on site by a State licensed pharmacist, through a pharmacy at each District Health Center which is open during daytime hours with suitable arrangements for emergencies and other urgent cases occurring at other times of District Health Center service;

(.10) Complete prenatal medical care, including history and examination, laboratory tests, procedures and medication, in as many visits as may be needed to provide comprehensive prenatal care;

(.11) appointments shall be available an average of no later than fourteen (14) days after the date of request;

(.12) professional social work services on-site including at

least two (2) assessments during pregnancy (including one during last trimester) and on-going assistance for patients requiring follow-up;

(.13) for prenatal patients, assistance in applying for Medicaid and determination of presumptive eligibility for Medicaid;

(.14) professional nutrition services on-site including at least two counseling sessions during pregnancy, and on-going assistance for patients requiring follow-up;

(.15) complete postpartum medical care for postpartum patients;

(.16) referral for supplemental food through the Women Infant and Children (WIC) program for pregnant women, new mothers and breast feeding women.

(c) A Dental Program providing preventive, primary dental services for all children under 18 years of age, pregnant women, and patients who, due to their infection with Human Immunodeficiency Virus or for other non-economic reasons, cannot purchase or obtain dental care from any other reasonably accessible source; and providing such services for all other adults on an as available basis.

(d) A Sexually Transmitted Disease program providing comprehensive diagnosis, counseling and treatment services on a same day walk-in basis for all residents requesting such services.

(2) The Health Department shall operate a comprehensive system for billing and collecting from third-party payers for the costs of any services provided at the District Health Centers for

which such payers may be held responsible, as set forth more fully in subsection 5(1) below.

(3) The Health Department shall directly operate each of the District Health Centers with sufficient and appropriate clinical and administrative staff so that all clinical and administrative services identified in this section can be fully provided and the services mandate is complied with.

(4) For each of the services described in the subsection 2(1), there shall be a quality assurance mechanism in accordance with contemporary professional standards.

(5) The Pharmacy and Therapeutic Committee serving the District Health Centers shall review the pharmaceutical formulary at lest annually.

SECTION 3. Availability of District Health Center Care.

(1) The District Health Centers shall continue to be located at such locations as to make them readily accessible by walking or public transportation to those citizens who, because of their economic or other circumstances, are most likely to utilize their services.

(2) Each District Health Center shall be open to the public at least eight and one-half (8.5) hours every day from Monday through Friday. When the District Health Centers are closed, services shall be provided, or otherwise arranged, by on-call physicians utilizing contracted hospital emergency services.

(3) The Health Department shall maintain an adequate supply of essential products, including formulary products, and shall

ensure availability of "special request" medications, so as to ensure daily access to needed medications at all District Health Centers.

(4) The Health Department shall maintain the District Health Center facilities, including the making of necessary repairs to ensure the continual operation of the centers with regard to the physical safety and comfort of the patients and staff, and to maintain the efficiency and quality of the services provided.

SECTION 4. Non-Discrimination.

All District Health Center services shall be provided without discrimination on the basis of race, religion, color, nationality, national origin, sex, sexual orientation, age, handicap, type of illness, or financial status.

SECTION 5. Charge for Services.

(1) The City shall bill all third party payers for all services to the maximum extent possible, and shall collect fees directly from patients pursuant to a sliding scale established by the Health Department by regulation for those services not required to be provided without charge (listed below), provided, however, that no person shall be denied services for failure to pay a bill, and provided further that no collection activity shall be initiated against any patient in connection with any such bill other than the mailing of non-threatening reminder notices which are literacy appropriate, unless such patient, known to have or to be eligible for third party health insurance, fails to cooperate with the billing process.

(2) No patient charges shall be assessed for:

(a) diagnosis and treatment of sexually transmitted disease and tuberculosis;

(b) immunizations, including the visits associated with such services;

(c) prenatal and post-partum care; and

(d) family planning for persons under 18 years of age.

SECTION 6. Effective Date.

This order shall be effective immediately.

3 October 1991
Date

W. Wilson Goode
W. WILSON GOODE, MAYOR