

## Executive Summary – December 2015

Prepared by the Center for Community Health and Evaluation



### Background

Sierra Health Foundation (Sierra Health) launched the Clinic Capacity Building Program in 2013 as part of the Sacramento Region Health Care Partnership. The goal of the Clinic Capacity Building Program was to respond to the anticipated growth in demand (i.e., number of patients) created by the implementation of the Affordable Care Act by strengthening community health centers' administrative and operational capacity. The program aimed to improve clinic leadership, care quality and financial sustainability, thereby increasing the number of high performing Federally Qualified Health Centers in the region.

In May 2013, nine community health centers serving El Dorado, Placer, Sacramento, and Yolo Counties participated in the planning and assessment phase. In October 2013, Sierra Health awarded \$1.4 million in implementation grant funding to five of these community health centers: Cares Community Health, Chapa-De Indian Health Program, Elica Health Centers, WellSpace Health, and Winters Healthcare. Each community health center received a two-year grant of up to \$300,000 to implement changes to increase clinic capacity and improve quality and coordination of patient care in the Sacramento region. In addition to grant funding, the implementation phase included training and opportunities for peer learning and exchange through the Safety Net Learning Institute (co-sponsored by local health systems), CEO luncheons and Board receptions.

In July 2014, Sierra Health contracted with the Center for Community Health and Evaluation (CCHE) to evaluate the effectiveness of its Clinic Capacity Building Program. The goal of the evaluation was to assess the effectiveness of the Clinic Capacity Building program and contribution of the program to changes in capacity among the five grantees. This is the Executive Summary of the final evaluation report, which was submitted to Sierra Health in December 2015.

### Capacity Building Accomplishments

Grantees indicated that funding provided general operating-like support. This funding gave them the flexibility to undertake strategic priorities to respond to increased demand created by health care reform and the expansion of Medi-Cal. During the past two years, all health centers served more patients, expanded their workforce, increased clinic efficiencies, and innovated around provision of care. Health centers reported accomplishments in six areas:

**Delivering care differently:** Health centers implemented new models for providing care to their patients. They focused on becoming Patient-Centered Medical Homes and implemented components of team-based and integrated care delivery.

**Improving clinic efficiency:** Health centers worked to maximize the use of existing capacity. Some health centers reported decreases in unfilled appointment rates (missed opportunities) and/or cycle time, which indicated greater efficiency.

**Increasing supply of appointments:** Health centers expanded the number of appointments available, mostly through adding exam rooms or hiring more clinical staff. While health centers successfully expanded, the supply of appointments continued to be inadequate to meet demand.

**Strengthening governance and operations:** Health centers strengthened internal processes and operations, which resulted in increased financial stability and a higher proportion of patient net service revenue.

**Driving quality improvement with data:** Health centers recognized the importance of access to high quality data to drive their improvement efforts. They worked to maximize the use of their health information technology, purchased system add-ons to increase functionality, used reporting tools to make data more accessible, and hired data analytics staff to increase clinic capacity.

**Engaging patients in care:** Health centers engaged current and potential patients through monitoring patient satisfaction, implementing patient-centered care models, and doing outreach to both reach prospective patients and as well as to provide convenient care in the community.

## Program Participation

Grantees appreciated that the grant provided them with dedicated time, funding and a structure for capacity building and quality improvement. They indicated that the additional support provided through the grant—Safety Net Learning Institute, CEO luncheons, and Board receptions—added value and promoted collaboration. Yet, they also expressed some difficulty devoting the time for the “right people” to participate in the midst of all of the changes occurring in their health centers.

## Challenges

Grantee leadership demonstrated commitment to growth and sustainability, while trying to address challenges of aligning workforce, patient demand, and infrastructure limitations. The dynamics of trying to align supply and demand was further complicated by the constraints of unfamiliar and often unresponsive regulatory processes. Although all health centers increased their capacity and were serving greater numbers of patients, clinic leaders noted a myriad of challenges their organizations faced in the process. Challenges included:

- Recruiting and retaining a qualified workforce
- Managing complex new patients
- Managing and leading change
- Navigating uncharted territory and regulatory roadblocks
- Remodeling and expanding clinic space
- Adopting new technology
- Leveraging opportunities for collaboration among safety net partners in the region

## Considerations for Sacramento’s Safety Net

In Sacramento, the demand for health care services continued to outweigh supply. Grantees and health system representatives perceived the lack of collaboration among safety net providers to be a significant challenge preventing them from effectively meeting demand. Both community health centers and health systems recognized that the health centers needed a sustainable support structure and a neutral convener to promote collaboration. A clinic consortium or convener would be beneficial to:

- Provide leadership and a vision for a regional safety net system
- Provide forums for collaboration, partnership and peer exchange
- Create an infrastructure to support ongoing capacity building at the clinics
- Support and develop clinic leadership

The health systems operating in the region—Dignity, Kaiser Permanente, Sutter, and UC Davis—saw themselves as partners in strengthening the safety net; however, they had different interests and processes for supporting the community health centers in the region. There was some coordination among health systems and other local funders—like Sierra Health—but health system representatives reported that consistent and reliable communication among funders was lacking and the region would benefit from a more coordinated funding approach. The health systems saw Sierra Health as a key player in the region and an important partner to continue strengthening the capacity of the safety net.