Sacramento Region Health Care Partnership
Regional Strategic Planning Meeting

“Creating Capacity for the 21st Century”

April 30, 2012
REGIONAL MEETINGS

APRIL 16th SESSION
• Rollout of Detailed Market Analysis
• Present Feedback
  ✓ Top five (5) areas for focus by the region
  ✓ Benefits/Challenges
• Respond to Top Areas
  ✓ Where are the gaps?
  ✓ What are the benefits/challenges?
  ✓ What are the risks/threats?
  ✓ What are the success factors needed to implement?

APRIL 30th SESSION
• Present SWOT Analysis by Opportunity
• Complete SWOT Analysis
• Design SMART Goals for each opportunity via group process
• Group consensus on Goal Statement
• Develop action necessary to achieve
• Notify participants re: online survey purpose & deadline

MAY 16TH
• Present DRAFT Strategic Planning Document
• Implementation Development
• Strategic plan leadership (who)
• Resources/Budget (what)
• Timeline (when)
• Communications (how)

MAY 21ST
• Present DRAFT Strategic Planning Document
• Implementation Development
• Strategic plan leadership (who)
• Resources/Budget (what)
• Timeline (when)
• Communications (how)

MAY 7TH
• Present online survey results (depending on response rate may need to do mini prioritization exercise)
• Identify who, what, how & success measures for priority items via group process
• This is the reality check session where individuals with content knowledge & experience discuss what factors are needed for success & resources available with stakeholders in roundtable discussions

-input from the community, written by the consulting planning team

validate draft with advisory group

draft strategic plan

survey

rollout strategic plan

community wide meeting

congresswoman matsui

and key policy makers

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Emerging Regional Areas
Sacramento, El Dorado, Placer and Yolo Counties

- Leadership
- Collaboration
- Expansion, retention of workforce training
- Primary care safety net and specialty care capacity
- Care coordination for patients
  - Identifying strategies to reduce patients unnecessarily visiting the ED
  - Better partnerships between hospitals and community health centers
- Building capacity
- IT – Communication integration
- Funding
- Culturally appropriate patient education on consumer utilization choices
<table>
<thead>
<tr>
<th>Topic</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>A key organization(s) or person(s) that will facilitate goal setting, measures of success, recognition and adoption of best practices and funding sources and that will bring mentoring and technical support to the region to assure the goals of the planned strategic plan and beyond are met and exceeded for the primary care safety net.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>(1) cooperation among CHCs, (2) coordinated strategies from funding sources (i.e., health systems, etc.) and (3) cooperative opportunities resulting in better care, lower costs and more leveraged coverage of care</td>
</tr>
<tr>
<td>Expansion/Retention of the Workforce</td>
<td>(1) workforce for staffing CHCs, (2) strategies that are within the control of time and resources for this project and (3) cooperative opportunities which can be accomplished with limited resources</td>
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<td>Topic</td>
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<tr>
<td>Primary Care/Specialty Network</td>
<td>(1) primary care physicians and providers (NPs and PAs) in sufficient capacity to meet or exceed safety net demand, (2) strategies for specialty carefully leveraged through best and promising practices (3) access to both categories in a timely manner is achieved</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>(1) interface between care givers (i.e., CHCs, hospitals, access portals, etc.) is optimized, (2) strategies for case management and chronic disease is fully embraced between these entities and (3) metrics in place to measure outcomes and to adjust performance</td>
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<tr>
<td>Building Capacity</td>
<td>Sufficient physical, workforce and financial resources to meet all the needs of the safety net into the future particularly with regard to ACA</td>
</tr>
<tr>
<td>Funding</td>
<td>(1) reimbursement rates, (2) payor mix, and (3) Medi-Cal contract access</td>
</tr>
<tr>
<td>IT/Care Coordination</td>
<td>(1) IT capability designed to inform and coordinate care amongst all regional care givers and other key providers, (2) IT systems that can access best and promising practices (i.e., CHCs, Stanford and Kaiser care management pathways, etc.) and (3) operational care coordination to assure the best care and case coordination practices are optimized</td>
</tr>
</tbody>
</table>
SWOT Analysis

Presented by
The Abaris Group
Leadership

[Defined as: key organization(s) or person(s) that will facilitate goal setting, measures of success, recognition and adoption of best practices and funding sources that will bring mentoring and technical support to the region to assure the goals of the planned strategic plan and beyond are met and exceeded for the primary care safety net.]

Strengths

• Network of CHC consortiums in place
• Leadership shown by the foundations that have underwritten this initiative
• Hospitals that are supportive
• Engaged stakeholder group

Opportunities

• No existing structure that would distract from a “zero-base” start to this topic
• Tremendous potential yield to meet all goals with an effective leadership structure
• Significant acceleration of capacity building goals could be achieved with such leadership
Collaboration

[Defined as: (1) cooperation among CHCs, (2) coordinated strategies from funding sources (i.e., health systems, etc.) and (3) cooperative opportunities resulting in better care, lower costs and more leveraged coverage of care]

**Strengths**

- Some FQHCs meet and share regularly
- Network of clinic consortiums (i.e., Central Valley Cooperative, Capitol Community Health Network, Redwood Community Health Coalition, etc)
- Access El Dorado, Placer Collaborative Network, Future of the Safety Net Yolo County,
- Supportive local medical society
- Supportive health systems
- There are other good collaboration models in region that can be learn from (i.e., hospital and clinic collaboratives)

**Opportunities**

- Convening health care stakeholders for knowledge sharing
- Expand collaboration outside HC (healthcare) arena to include business community
- Sighting of HC facilities are not by transportation or the transportation hours do not correspond with the facility
- Collective desire to identify and implement strategies to reduce unnecessary ED visits
- Willingness to establish new partnerships and shared visions between hospitals and CHCs
- Shared services/group purchasing
Expansion, Retention of Workforce

[Defined as: (1) workforce for staffing CHCs, (2) strategies that are within the control of time and resources for this project and (3) cooperative opportunities which can be accomplished with limited resources]

Strengths
- Great training capabilities in this region capable of meeting a wide range of needs (i.e., physician, nurse practitioner, pharmacy, medical assistants, etc.) and the potential to bring some of these experts to the CHC arena
- Lessons learned from SHF application from CMS workforce proposal prep. re: allied health, education and community health workers

Opportunities
- Coordinate training resources in the region
- HRSA pushing pharmaceutical, use school of pharmacy to assist CHCs with meds
- Ability to leverage training resources at low cost
- Telemedicine presence is strong for leveraging skilled practitioners
Primary Care & Specialist Coverage

[Defined as: (1) primary care physicians and providers (NPs and PAs) in sufficient capacity to meet or exceed safety net demand, (2) strategies for specialty carefully leveraged through best and promising practices (3) access to both categories in a timely manner is achieved]]

Strengths

• CHCs have the ability to employ primary care providers
• Small but significant number of private practitioners willing to see safety-net patients
• Some CHCs have deployed best practices to obtain limited specialty care access
• Many national models for achieving “leveraged” specialty care coverage

Opportunities

• Possibility of virtual “homes”, creative thinking, and telehealth
• Prevention is also needed at many fundamental levels
• Telehealth can address some specialty care access
• Best practices to leverage specialists
Care Coordination

[Defined as: (1) interface between care givers (i.e., CHCs, hospitals, access portals, etc.) is optimized, (2) strategies for case management and chronic disease is fully embraced between these entities and (3) metrics in place to measure outcomes and to adjust performance]

**Strengths**
- Hospitals and CHC “T³” program
- Grant funding is available and has been utilized to a certain extent for this issue in the region

**Opportunities**
- Community Based Care Transition Program – CMS, prevent readmits w/in 30-days.
- Accountable Care Organizations
- Reduce unnecessary ED visits through education, promotores and partnering with faith based/community organizations
Building Capacity

[Defined as: sufficient physical, workforce and financial resources to meet all the needs of the safety net into the future particularly with regard to ACA]

**Strengths**
- Network of CHCs with nearly half that are FQHCs or look-alikes
- Engaged stakeholder group
- Hospitals that are supportive and are key funding sources
- Significant building and capital expansion plans under development for the CHC
- Many CHCs have additional physical capacity

**Opportunities**
- Identify building space/facilities to expand operations
- Funding for remodeling and renovations for building space/facilities
- Coordination with community clinics initiative
- ACA capacity grants
Funding

[Defined as: (1) reimbursement rates, (2) payor mix, and (3) Medi-Cal contract access]

**Strengths**
- None identified

**Opportunities**
- Important incentives that ties funds to “health” or outcome rather than service delivery
- Apply for federal designations (i.e., MUAs, HPSAs, etc.)
- Incentive payments are available for certain MUAs/HPSAs. Need to determine if they are being drawn down
- Willingness to collaborate and come together with a united voice
- Willingness to map all safety net assets, where funding has been lost, key programs dropped, looking for gaps
- Move to value-based purchasing and purchasing cooperation between all CHCs (FQHC or not) and training.
- Expansion in newly insured under ACA.
IT/Communication Integration

[Defined as: (1) IT capability designed to inform and coordinate care amongst all regional care givers and other key providers, (2) IT systems that can access best/promising practices (i.e., CHCs, Stanford and Kaiser care management pathways, etc.) and (3) operational care coordination to assure the best care and case coordination practices are optimized]

**Strengths**
- All hospitals and most CHCs have made a substantial commitment to IT/EHR
- Federal and local support likely available
- Healthy Living Map
- Using telehealth in El Dorado County for complex chronic diseases

**Opportunities**
- Included this in the recent community CMS Innovations grant
- Excellent IT development resource (CalHIPSO & Redwood Empire, etc.)
- Cloud technology
- Expand provider directory on healthy living map to all four counties
- Web or mobile technology
Questions
SMART Goals

• To achieve the implementation of Health Reform in the Sacramento Region

• Specific: Goal must be clear and unambiguous

• Measurable: Clear data point that is pre/post-measureable

• Attainable: Goals must be realistic (high leverage and high yield) and attainable (within 18 to 24 months)

• Relevant or Realistic: Goals must be an important tool in reaching the strategic plan

• Time-bound: Goals must have starting points, ending points, and fixed durations
Small Groups

- Create a SMART Goal
- Individuals fill out the worksheet
- Table Discussion
  - Please identify a facilitator, timekeeper and note taker

- Table Discussion Process
  - Come to an agreement on the goal statement
  - Fill out master worksheet
  - Be prepared to present to the group

- Questions
Thank You!