Preparing for Transformation:
Rethinking, Revitalizing and Reforming the Sacramento Region’s Health Care System
A Strategic Plan for the Sacramento Region

SIERRA HEALTH FOUNDATION
An Endowment for Northern California

SACRAMENTO REGION
HEALTH CARE PARTNERSHIP/2012
A Sierra Health Foundation initiative
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Letter from the Funders

Dear Colleagues,

In 2011, Sierra Health Foundation launched the Sacramento Region Health Care Partnership with the goal of finding ways to improve access, care coordination and the quality of the region’s primary care system, with a specific focus on community health centers. Partners in this initiative included leaders from community clinics, health systems, health plans, associations and counties, as well as physicians, policymakers and others. The timing was right, as the implementation of the Affordable Care Act in 2014 offers an unprecedented opportunity to extend health insurance coverage to those currently uninsured.

In order to fully realize the opportunities of the ACA, we need to understand both the strengths and the weaknesses of the current regional system that serves residents of El Dorado, Placer, Sacramento and Yolo counties. Accordingly, the Partnership commissioned two studies: a market analysis that identifies the current service capacity within the primary care safety net, and a strategic plan to develop an integrated health care delivery system model that efficiently links community health clinics to regional providers, thus expanding access to high quality and culturally sensitive services for low-income adults and children in our region. The California Endowment and Sacramento Region Community Foundation were funding partners for the market analysis and strategic planning process.

We are pleased to share with you the market analysis and the strategic plan, which illuminate what we can do as a region to prepare for the transformative impacts of health care reform. The stresses on our regional safety net are substantial; at the same time, we are galvanized by the vision of a collaborative, accessible, high quality and culturally competent primary care health system that is outcome-based and sustainable. That is a vision we can and must support, individually and collectively.

We offer these reports to inspire conversation and action about the ways to create a high quality patient care system that will be ready, willing and able to serve our newly insured residents. This is a time of tremendous challenge and opportunity, and we must take wise steps together as we create a stronger and wider safety net to effectively serve all of our residents.

Sincerely,

Chet P. Hewitt
President and CEO
Sierra Health Foundation

Dr. Robert K. Ross
President and CEO
The California Endowment

Ruth Blank
CEO
Sacramento Region Community Foundation
Dear Members of the Sacramento Region Health Care Partnership,

The Patient Protection and Affordable Care Act (ACA), passed by Congress and signed into law by President Obama on March 23, 2010, is a major step forward in expanding access to affordable and quality health care to all. This law also provides a unique opportunity for our community to review and improve its approach to strengthening our health care safety net, so that we can ensure Sacramento residents are receiving the care they need.

During the 111th Congress, while debates took place on the health reform law that would become the ACA, I convened a number of meetings with local stakeholders, providers, clinics and hospitals groups to get feedback on what was needed to ensure health care reform met the needs of both patients and providers. Recognizing that further discussions were needed, Sierra Health Foundation launched the Sacramento Region Health Care Partnership to strengthen Sacramento County’s health care safety net and examine the region’s preparedness for the implementation of the ACA and I thank each of you for your input in this process.

The Market Analysis and Strategic Plan composed by this Partnership identify the strengths, weaknesses, opportunities and challenges to the region’s safety net. It offers suggestions on how to improve access, care coordination and the quality of our region’s primary care system. With these insights, I hope we can better meet our communities’ current health care needs, while simultaneously preparing ourselves for vastly increased demand once the ACA is fully implemented in 2014 and thousands more start using our region’s health care system.

I am pleased that our region’s providers, clinics, hospital systems, non-profits, county agencies and community organizations have dedicated their time and energy to this initiative. Working together, I know we can improve the capacity of our region’s safety net, ensuring all in our community have access to quality, affordable health care. Thank you for your work on this endeavor.

Sincerely,

[Signature]
DORIS O. MATSUI
Member of Congress
Executive Summary

The Patient Protection and Affordable Care Act (ACA) offers an unprecedented opportunity to rethink, revitalize and reform Sacramento’s regional health care system.

The primary care safety net of El Dorado, Placer, Sacramento and Yolo counties in Northern California is comprised of a diverse group of organizations, including community health centers, hospitals, health plans, counties and nonprofit agencies. The primary care safety net has been described regionally as strained, inefficient and inadequate to meet the growing needs of the community.

To absorb the anticipated influx of 227,500 newly insured residents under the Affordable Care Act in 2014, the Sacramento Region must address the safety net’s many vulnerabilities and inadequacies while building on its strengths.

We must work together to close the gaps between residents’ needs and the system’s ability to meet them efficiently.

The Sacramento Region Health Care Partnership convened health care and civic leaders to address this challenge. Through this initiative, they identified resources (ACA and other) that the region can apply to bolster safety net functioning to better meet current and looming resident demands.

About the Sacramento Region Health Care Partnership

At the request of several community stakeholders, in 2011 Sierra Health Foundation launched the Sacramento Region Health Care Partnership. The initiative grew out of conversations with policymakers, health systems and community health centers, who approached Sierra Health Foundation to serve as intermediary in preparing the Sacramento Region to implement health reform. The Health Care Partnership creates the region's first coordinated philanthropic, county agency, nonprofit provider and community health center effort focused solely on regional health care reform preparedness and implementation.

The Health Care Partnership’s Goal

The Sacramento Region Health Care Partnership’s goal is to find ways to improve access, care coordination and quality of the region’s safety net primary care system through community-driven input. The Health Care Partnership’s ultimate vision is to increase and improve primary care access and quality for individuals and families in low-income communities and communities of color in El Dorado, Placer, Sacramento and Yolo counties.

How the Market Analysis Informs this Strategic Plan

The Sacramento Region Health Care Partnership brought together stakeholder groups from the Sacramento Region to prepare for implementation of the Affordable Care Act. The group was supported by a team of expert industry consultants to:

• assess the current capacity and forecasted demand for primary care safety net services,
• measure the impact of health reform on the region and its safety net,
• facilitate and develop a strategic plan to help ensure readiness for health reform, and
• improve health access and services for safety net populations.

The first deliverable for this project was a comprehensive safety net market assessment report, which was concluded in April 2012.

The regional strategic plan was developed by the same stakeholder-consulting team between April and May 2012. The market analysis findings informed the development of the strategic plan.

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1 Sacramento Region Health Care Safety Net Market Assessment Report, April 2012, The Abaris Group, Martinez, CA
Sacramento Region’s Current Safety Net

The Sacramento Region Health Care Partnership’s market analysis identified 10 critical issues impacting safety net performance and sustainability:

1. **Rethink Primary Care.** While the current safety net in the region has many challenges, the advent of ACA allows the community the opportunity to rethink its approach to primary care as currently provided by the safety net.

2. **Growing Demand.** 227,500 non-elderly adults and children will be eligible for health care coverage under ACA. The safety net population is growing and will continue to grow naturally. Demand will accelerate with the advent of ACA.

3. **Sicker Citizens.** Community health indicators predict the newly insured population will be sicker than the existing publicly insured patient population and have significantly higher levels of chronic diseases and risk factors such as asthma, diabetes, high blood pressure, obesity, smoking, and previously unmet needs for health care and/or mental health/alcohol or drug help.

4. **Maxed Out Capacity.** The primary care capacity of community health centers and emergency departments to treat the safety net population has grown, but without further efforts will likely reach capacity prior to 2016.

5. **Regional Capacity Below Average.** The number of community health centers in the Sacramento Region has grown, but falls significantly short of many other similar-sized regions in California.

6. **More Medi-Cal Payments.** Approximately 60 percent of the newly insured patients will be insured by Medi-Cal, making it the second largest payer source in the Sacramento Region.

7. **Overuse of High Cost Hospital and Emergency Department Services.** Currently, the safety net is overly dependent on expensive hospitals, and emergency departments, in particular, for outpatient care.

8. **Financially Challenged Community Health Centers.** Roughly half of the region’s community health centers are financially challenged, with expenses consistently exceeding revenues.

9. **Limited Federally Qualified Health Centers.** The number and location of federally qualified health centers (FQHCs) in the region is lower than the state average and other regions. Many community health centers are not able to take advantage of financial incentives afforded to FQHCs.

10. **Lack of Coordinated Leadership.** The current health care safety net lacks a lead agency, coordination and integration.

The Successful Safety Net

Sacramento Region stakeholders recommended principles of a successful safety net, which include:

- Strong collaboration, coordination and integration of health care services
- An accessible, affordable and equitable clinical, behavioral/mental health safety net system
- A strong consumer voice and real consumer choice
- Prevention-focused incentives and education
- Use of evidence-based and practice-based approaches
- A geographic focus that balances local and regional concerns
- Cost-effective and financially sustainable providers
- Unobstructed consumer access to safety net providers
- Shared data, training and technology system design

Developing a Stronger, Healthier Regional Safety Net

Although all of the identified emerging topic areas are important to the region’s safety net and all deserve to be addressed, the Sacramento Region has a window of only 18 to 24 months to prepare for health reform implementation.

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2 Oct 19, 2011 Sacramento Region Health Care Partnership notes
Accordingly, the list was narrowed by the region’s stakeholders to the four most immediately actionable areas:

1. Better care coordination for patients
2. Better collaboration among providers
3. Capacity building for providers
4. Better primary care/specialty care integration

Individually and collectively, these four focus areas offer immediate opportunities to create real, meaningful and measurable improvement in the region’s safety net.

Regional Strategic Planning Direction

Following is a graphic depiction of the four topic areas in their current state and in their future state, once the safety net is transformed by coordinated and evidenced-based strategies to a more successful version. The future primary care system capitalizes on the opportunities created by the implementation of health reform.

<table>
<thead>
<tr>
<th>Current Primary Care System</th>
<th>Future Primary Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to Strategic Plan Implementation</td>
<td>After Strategic Plan Implementation (18-24 months beginning September 2012)</td>
</tr>
<tr>
<td><strong>Care Coordination:</strong> The provision of patient care (i.e., primary and chronic disease)</td>
<td><strong>Care Coordination:</strong> Evidence-based practices for primary care and chronic disease management will be coordinated and implemented so that patients will achieve the best outcomes possible.</td>
</tr>
<tr>
<td>lacks coordination, reducing the likelihood that services, care and health resources are</td>
<td></td>
</tr>
<tr>
<td>efficiently used to create the best outcomes possible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Collaboration:</strong> A regional integrated delivery system framework provides the</td>
</tr>
<tr>
<td></td>
<td>infrastructure and aligned funding incentives to improve patient accessibility and quality</td>
</tr>
<tr>
<td><strong>Collaboration:</strong> In some parts of the region, the health care system is fragmented.</td>
<td>of care. Increased collaboration increases cooperation and limits inappropriate and</td>
</tr>
<tr>
<td>Coordination among all sites that provide health care is lacking, with minimal sharing of</td>
<td>inefficient competition among stakeholders.</td>
</tr>
<tr>
<td>patient care plans, methodologies or resources, resulting in inconsistent patient care</td>
<td></td>
</tr>
<tr>
<td>access (i.e., primary, chronic disease and specialty care) and gaps in service delivery.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Capacity:</strong> Capacity building will be designed in a strategic and coordinated manner</td>
</tr>
<tr>
<td><strong>Capacity:</strong> Current capacity is not consistent across providers. The safety net is</td>
<td>that allows for full implementation of cost effectiveness, best practices, technology</td>
</tr>
<tr>
<td>vulnerable to rising demand and limited by provider shortages and a lack of best and</td>
<td>where needed and improved access.</td>
</tr>
<tr>
<td>promising practices.</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care/Specialty Care Network:</strong> There are limited specialty care providers for</td>
<td><strong>Primary Care/Specialty Care Network:</strong> Safety net providers will refer patients to</td>
</tr>
<tr>
<td>those without a payer source, often leading to unnecessary emergency department care.</td>
<td>timely, appropriate specialty care within a financially sustainable system.</td>
</tr>
</tbody>
</table>
1. Care Coordination

Successful care coordination involves the proper systems, access, communications and continuity to ensure that a patient receives the appropriate quality of care among different providers and settings. Care coordination standards will provide the structure, process and outcome measures required to assess progress toward care coordination goals and to evaluate access, continuity, communication and tracking of patients across providers and settings.³

Care Coordination Goal

By January 1, 2014, safety net providers will meet agreed-upon quality indicators for mental health, substance abuse, dental care and chronic disease management through effective care coordination/care management.

CARE MANAGEMENT – QUALITY

Improving health care service quality involves a combination of care management and evidence-based practices found in quality improvement programs. “Care management” is defined as programs [that] apply systems, science, incentives and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively.⁴

Five Care Management–Quality Action Steps were identified.

PATIENT NAVIGATION

There is growing interest in patient navigation as a vital resource for consumers overcoming barriers to accessing care. A “patient navigator” is a person or organization who assists underserved populations with culturally appropriate information and helps patients access health services and education regarding overall health.⁵

Three Patient Navigation Action Steps were identified.

PATIENT-CENTERED HEALTH HOME

A health home as defined by Section 2703 of the Affordable Care Act is a person-centered system of health care that facilitates access to and coordination of the full array of primary and acute physical health services, behavioral health care and long-term community-based services and supports.⁶ The model aims to improve health care quality and clinical outcomes and the patient care experience, while also reducing per capita costs through more cost-effective care.⁷

Three Patient-Centered Health Home Action Steps were identified.

2. Collaboration

Collaboration and cooperation among safety net providers is critical to maximizing resources and efficiencies in the health care system in underserved areas. As providers seek new opportunities to create access to high quality, coordinated care for more patients under the Affordable Care Act, collaboration will become even more important.

Collaboration Goal

By June 2013, safety net providers will have effectively contracted with or made arrangements with health plans/managed care organizations and/or hospital systems to provide seamless patient-centered care. This includes primary, secondary, tertiary and behavioral health care. These arrangements will strengthen the quality of care and financial sustainability of the safety net once the Affordable Care Act is implemented and funding begins to flow through these organizations.

Seven Collaboration Action Steps were identified.

⁴ 2007 Center for Health Care Strategies, Inc. Care Management Definition and Framework
3. Capacity Building

Serving an additional 227,500 consumers seeking care as a result of the Affordable Care Act will require increased capacity throughout the region’s safety net. The capacity building action steps focus on workforce development, technical assistance and tools to improve the quality of the patient experience.

Capacity Building Goal

By January 2014, the safety net will have sufficient workforce capacity to meet the needs of existing and newly insured patients covered under the Affordable Care Act.

Six Capacity Building Action Steps were identified.

4. Primary Care/Specialty Care Integration

The model of a patient-centered health home is premised on a personal physician who works with the patient and their care team to coordinate all health services. Success of this model requires integration of specialty care and primary care functions to provide integrated, patient-centered care.

Primary Care/Specialty Care Integration Goal

By January 2014, primary care physicians and other providers will meet safety net patient demand, reduce unnecessary specialty care referrals, treat conditions at the lowest most appropriate level of care, and create a sustainable financing system that will support patients’ access to specialty care in the Sacramento Region.

Three Network Integration Action Steps were identified.

What’s Next

Implementation is an essential part of the strategic planning process. All those who are committed to improving health generally, as well as policymakers at every level of government, are needed to make safety net transformation a top priority. The Sacramento Region can seize the opportunity of federal health care reform to fundamentally strengthen health care quality and access. It will take a sustained, concerted effort to fully realize the opportunities of the Affordable Care Act and this strategic plan.

The decisions made today will set the direction for health care delivery in the Sacramento Region for generations to come.

There are four immediate steps that should be undertaken to start building a regional framework:

Step 1 — Preparation

This is an ambitious work plan for the Sacramento Region. Before we can proceed, we need to know:

• Is there a key champion, or champions, who will lead this effort in our region and bring other leaders to the table?
• Are there resources (staff, funding, etc.) that will support these leaders?
• Are the right organizations signed on as partners?
• Will the political and fiscal environment support this effort in both the short and long term?
• Do the region’s leaders agree on what they want to accomplish?
• Is there a real appreciation of what it will take to get these efforts up and running?
• Do we have the funding and other resources to carry out the planning and program development?

The Sacramento Region Health Care Partnership must affirmatively answer these questions and establish a functioning, funded planning coalition to make an informed decision to proceed with the projects outlined in this plan.
Step 2 — Analysis and Design

Decisions regarding the form the region's collective effort will take must be based on a clear understanding of need, existing services, the political environment, cost estimates and financing options.

_The Sacramento Region Health Care Partnership should generate: 1) a design document that describes the target population(s), the financing models to be used, the program requirements, and the planned structure for governance and administration; and 2) a cost estimate for the proposed program designs relative to the funds expected to be available._

Step 3 — Implementation Vision

We must have a strategic vision of “how to change” in order to achieve the vision of “what to change.” A shared vision lets everyone know what the end result should be and why it is important. This step involves clarifying exactly how the elements of the strategic plan implementation will work.

_The Sacramento Region Health Care Partnership should generate a business plan for the strategic plan that includes all financial, operational and implementation details for the plan’s program components._

Step 4 — Implementation Team

An implementation team composed of stakeholders who understand the plan's purpose and implementation process will be needed to shepherd this plan from concept to reality. A small group supported by, and reporting to, a steering committee that can encourage progress and field questions or address problems as they arise would serve this purpose.

_The Sacramento Region Health Care Partnership should develop a small team that has senior leadership, strong financial skills and experience, and professional support to implement the strategic plan recommendations._

Conclusion

We launched the Sacramento Region Health Care Partnership in 2011 with the goal of finding ways to improve access, care coordination and the quality of the region’s primary care system, focusing specifically on the safety net. The completion of the market analysis and strategic plan now offers us a road map to achieve that goal of creating a stronger safety net to serve all residents of El Dorado, Placer, Sacramento and Yolo counties.

Certainly, the challenges facing our region are tremendous, but the transformative opportunities sparked by the Affordable Care Act are equally great. This strategic plan spells out the steps we must take, individually and collectively, to achieve the vision of health care reform.

We will need to work together and seize this unprecedented opportunity to create a collaborative, accessible, high quality and culturally competent primary care health system. Regional success is within reach, if we reach for it together. The potential rewards are immeasurable: a healthier and brighter future for all.
Preparing for Transformation

By rethinking, revitalizing and reforming the health care safety net in the four counties of the Sacramento Region, together we will create a coordinated and integrated 21st-century patient care system for the medically underserved.

The Patient Protection and Affordable Care Act (ACA) offers an unprecedented opportunity to rethink, revitalize and reform the Sacramento Region’s health care system. The primary care safety net of El Dorado, Placer, Sacramento and Yolo counties in Northern California is comprised of a diverse group of organizations, including community health centers, hospitals, health plans, counties and nonprofit agencies. It has been described as strained, inefficient and inadequate. To absorb the anticipated influx of 227,500 newly insured residents under the Affordable Care Act in 2014, the Sacramento Region must address its safety net’s many vulnerabilities and inadequacies, while building on its strengths. We must work together to close the gaps between residents’ needs and the system’s ability to meet them efficiently.

The Sacramento Region Health Care Partnership convened health care and civic leaders to address this challenge. Through this initiative, the Sacramento Region Health Care Partnership has identified resources the region can apply to bolster safety net functioning to better meet current and looming resident demands.

By planning and taking action, as informed by the Sacramento Region’s Market Analysis, we can better meet the Sacramento Region’s health care needs today, while preparing ourselves for vastly increased demand under health reform.

Health Reform Brings Opportunities for Improvement

In the Sacramento Region – El Dorado, Placer, Sacramento and Yolo counties – a projected 227,500 non-elderly adults and children will be eligible for health coverage through expanded Medi-Cal benefits or subsidized private insurance (health care exchanges). Without action, many of these newly insured residents will enter an overwhelmed and already fragmented safety net system.

The Affordable Care Act (ACA) permanently authorizes and expands Community Health Centers and the National Health Services Corps. It provides a total of $1.5 billion in new funding through 2015 to train more primary care providers via scholarships and loan repayment assistance.

ACA investments will double community health center capacity. Through federal programs and grants to states, the health reform law will help expand the nation’s health workforce – physicians, nurses and public health professionals – through scholarships and local repayment assistance.

The ACA also aims to improve the diversity of the health care workforce to assure care that is appropriate for the entire population.

In short, the ACA provides many opportunities to strengthen the safety net, but also poses real challenges. Meeting the vastly increased demand for health care services is no small task.

With this strategic plan, we identify and quantify action steps to prepare our region’s primary care safety net for successful implementation of the Affordable Care Act.

About the Sacramento Region Health Care Partnership

At the request of several community stakeholders, in 2011 Sierra Health Foundation launched the Sacramento Region Health Care Partnership. The initiative grew out of conversations with policymakers, health systems and community health centers, who approached Sierra Health Foundation to serve as intermediary in preparing the Sacramento Region to implement health reform. The Sacramento Region Health Care Partnership creates the region’s first coordinated philanthropic, county agency,
nonprofit provider and community health center effort focused solely on regional health care reform preparedness and implementation.

The Sacramento Region Health Care Partnership includes a broad range of health care partners and leaders throughout the Sacramento Region from community health centers, health systems, health plans, associations and counties, as well as physicians, policymakers and other nonprofits that work within the safety net. Sierra Health Foundation, The California Endowment and Sacramento Region Community Foundation are funding partners of the market analysis and regional strategic plan.

The Sacramento Region Health Care Partnership’s Goal

The Sacramento Region Health Care Partnership’s goal is to find ways to improve access, care coordination and quality of the region’s safety net primary care system through community-driven input. The Health Care Partnership’s ultimate vision is to increase and improve primary care access and quality for individuals and families in low-income communities and communities of color in El Dorado, Placer, Sacramento and Yolo counties. Better access to primary care will lower the cost of health care overall, more effectively allocate health care resources (e.g., reduce expensive, unnecessary acute care responses to preventable chronic disease) and improve public health in the Sacramento Region.

Project Overview

Identifying and pursuing opportunities to optimize the region’s safety net system

Strategic Plan Goal

Develop a regional strategic plan for an integrated health care delivery system that efficiently links community health centers to regional health systems to expand access to high quality services for low-income adults and children in the Sacramento Region.

Strategic Plan Vision

To create a collaborative, accessible, high quality and culturally competent primary care health system in the Sacramento Region of El Dorado, Placer, Sacramento and Yolo counties that is outcome-based and sustainable.

How the Market Analysis Informs this Strategic Plan

The Sacramento Region Health Care Partnership brought together stakeholder groups from the Sacramento Region to prepare for implementation of the Affordable Care Act. The group was supported by a team of expert industry consultants to:

- assess the current capacity and forecasted demand for primary care safety net services,
- measure the impact of health reform on the region and its safety net,
- facilitate and develop a strategic plan to help ensure readiness for health reform, and
- improve health access and services for safety net populations.

The market analysis focused on community health centers, health systems, health care providers and nonprofits that are part of the entire engine that serves the Sacramento Region’s safety net. The purpose of the analysis was to benchmark the current and forecasted capacity of the primary care safety net to prepare the Sacramento Region for Affordable Care Act implementation.

This strategic plan was created based on input from stakeholders representing a cross-section of safety net system leaders, health systems, counties and community physicians and consumers of community health centers services in the Sacramento Region.
Sacramento Region Health Care Partnership Phase I Process and Deliverables

Research on the Sacramento Region’s safety net began in October 2011, with a convening of system stakeholders and thought leaders. Participants in this and subsequent meetings included health care providers, health system representatives, government officials, elected government members and various nonprofits – all with a desire to see improvement in the current primary care safety net service delivery system for the four-county region.

The first deliverable for this project was a comprehensive safety net market assessment report, which was concluded in April 2012\(^8\). The published market analysis is a companion document to this strategic plan. These reports are posted online at www.sierrahealth.org/healthcarepartnership.

The regional strategic plan was developed by the same stakeholder-consultant team between April and May 2012. The market analysis findings informed the development of the strategic plan.

Project Timeline and Process

The chart below shows the development process and timeline for the Sacramento Region safety net market analysis and strategic plan.

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\(^8\) Sacramento Region Health Care Safety Net Market Assessment Report, April 2012, The Abaris Group, Martinez, CA
Sacramento Region’s Current Safety Net

The safety net is characterized by a fragmented group of small and financially fragile health centers that together offer limited outpatient capacity.9

Previous studies have identified specific challenges facing the Sacramento Region’s safety net:
• Underdeveloped administrative and service delivery capacity
• Limited access to medical specialists and dental care
• Insufficient linguistic and cultural resources
• Transportation barriers for residents
• Budget reductions that have led to closure of many primary care clinics

In 2010, a joint venture by four local hospital systems conducted a Community Needs Assessment of the Greater Sacramento Region. The report highlighted challenges and needs within the underserved populations, identifying these major obstacles that hindered or prevented access to health care among the underserved population:10
• affordability of health care services, especially health insurance,
• locating physicians, specialists, dentists, mental/behavioral health and other providers who accept Medi-Cal and/or work at reduced rates,
• navigating a complex and inefficient safety net and related social services system, and
• cultural barriers, including language and social customs.

10 Stressors and Strengths Driving Regional Safety Net Performance

The Sacramento Region Health Care Partnership’s market analysis identified 10 critical issues impacting safety net performance and sustainability:

1. **Rethink Primary Care.** While the current safety net in the region has many challenges, the advent of ACA allows the community the opportunity to rethink its approach to primary care as currently provided by the safety net.

2. **Growing Demand.** 227,500 non-elderly adults and children will be eligible for health care coverage under ACA. The safety net population is growing and will continue to grow naturally. Demand will accelerate with the advent of ACA.

3. **Sicker Citizens.** Community health indicators predict the newly insured population will be sicker than the existing publicly insured patient population and have significantly higher levels of chronic diseases and risk factors such as asthma, diabetes, high blood pressure, obesity, smoking, and previously unmet needs for health care and/or mental health/alcohol or drug help.

4. **Maxed Out Capacity.** The primary care capacity of community health centers and emergency departments to treat the safety net population has grown, but without further efforts will likely reach capacity prior to 2016.

5. **Regional Capacity Below Average.** The number of community health centers in the Sacramento Region has grown, but falls significantly short of many other similar-sized regions in California.

6. **More Medi-Cal Payments.** Approximately 60 percent of the newly insured patients will be insured by Medi-Cal, making it the second largest payer source in the Sacramento Region.

7. **Overuse of High Cost Hospital and Emergency Department Services.** Currently, the safety net is overly dependent on expensive hospitals, and emergency departments, in particular, for outpatient care.

8. **Financially Challenged Community Health Centers.** Roughly half of the region’s community health centers are financially challenged, with expenses consistently exceeding revenues.

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9. **Limited Federally Qualified Health Centers.** The number and location of federally qualified health centers (FQHCs) in the region is lower than the state average and other regions. Many community health centers are not able to take advantage of financial incentives afforded to FQHCs.

10. **Lack of Coordinated Leadership.** The current health care safety net lacks a lead agency, coordination and integration.

**The Successful Safety Net**

Sacramento Region stakeholders recommended principles of a successful safety net, which include: 11

- Strong collaboration, coordination and integration of health care services
- An accessible, affordable and equitable clinical, behavioral/mental health safety net system
- A strong consumer voice and real consumer choice
- Prevention-focused incentives and education
- Use of evidence-based and practice-based approaches
- A geographic focus that balances local and regional concerns
- Cost-effective and financially sustainable providers
- Unobstructed consumer access to safety net providers
- Shared data, training and technology system design

- Stakeholders acknowledge that collaboration and leadership are the largest missing components.
- There is a strong willingness to begin a process to solve these key issues.

**All Health Care is Local**

When developing any regional community health care system, it is wise to keep in mind that all health care is local. Within the Sacramento Region, each community is unique. However, there are common themes of challenges and opportunities, which, when addressed collectively as a region, will improve the quality of services for consumers.

**Removing Patient Obstacles**

Conventional wisdom holds that good health requires personal responsibility and a societal commitment to removing obstacles that prevent people from leading healthy lives. Improving community health requires a combination of prevention and access to health care for residents on one side, and a well-developed and evidence-based health delivery system on the other.

The recommendations in this plan address the key obstacles with small but actionable steps to move forward, allowing projects to leverage existing funding sources, develop new opportunities and foster collaboration to address the needs of the community.

**Leadership Enhances Coordination, Collaboration**

The market analysis of the Sacramento Region identified a lack of coordinated leadership, which represents a significant challenge. No single stakeholder, entity or group can address all of these needs effectively or efficiently alone. The Sacramento Region has an abundance of excellent health care organizations and other key groups that are willing to work together to support this effort. Stakeholder cooperation and collaboration is the cornerstone of this strategic plan.

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11 Oct. 19, 2011 Sacramento Region Health Care Partnership notes
How the Consultant Team Set Strategic Plan Goals

After significant input and discussion regarding the market analysis data in El Dorado, Placer, Sacramento and Yolo counties, each county identified topics to work on regionally in preparation for health reform. The Sacramento Region Health Care Partnership stakeholders prioritized the list of 10 key focus areas from the regional meetings to four topic areas to be addressed in the strategic plan.

Although all of these emerging regional topic areas are important to the region’s safety net, and all deserve to be addressed, the Sacramento Region has a window of only 18 to 24 months to prepare for health reform implementation. Accordingly, the list was narrowed to the four most immediately actionable areas:

- Better care coordination for patients
- Better collaboration among providers
- Capacity building for providers
- Better primary care/specialty care integration

Individually and collectively, these four focus areas offer immediate opportunities to create real, meaningful and measurable improvement in the region’s safety net.

### Emerging Regional Topic Areas

| 1. Collaboration |
| 2. Funding       |
| 3. Workforce expansion, retention, training |
| 4. Capacity building |
| 5. Care coordination |
| 6. Primary care/specialty care integration |
| 7. IT-communication integration |
| 8. Reduce unnecessary emergency department visits |
| 9. Partnerships between hospitals and community health centers |
| 10. Culturally appropriate patient education on consumer choices |

### Regional Topic Areas Addressed in Strategic Plan

1. Care coordination
2. Collaboration
3. Capacity building
4. Primary care/specialty care integration

### SMART Goals

The concept of SMART Goals was introduced during the strategic planning process to provide structure in developing well-focused and achievable goals:

**Specific:** Goals must be clear and unambiguous

**Measurable:** Clear data point that is pre- and post-measurable

**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

With these goal-setting definitions in mind, the community developed SMART Goals for the four key topic areas endorsed by the stakeholders.
Developing a Stronger, Healthier Regional Safety Net

Regional Strategic Planning Direction

Below is a before-and-after snapshot of the Sacramento Region’s primary care safety net.

The chart provides an overview of the four topic areas in their current state and in their future state, once the safety net is transformed by coordinated and evidenced-based strategies to a more successful version. The current state is based on the findings of the market analysis. The future state is the Sacramento Region’s vision of improved care delivery that will result from strategic plan implementation. The future primary care system capitalizes on the opportunities created by the implementation of health reform.

<table>
<thead>
<tr>
<th>Current Primary Care System</th>
<th>Future Primary Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Coordination:</strong> The provision of patient care (i.e., primary and chronic disease) lacks coordination, reducing the likelihood that services, care and health resources are efficiently used to create the best outcomes possible.</td>
<td><strong>Care Coordination:</strong> Evidence-based practices for primary care and chronic disease management will be coordinated and implemented so that patients will achieve the best outcomes possible.</td>
</tr>
<tr>
<td><strong>Collaboration:</strong> In some parts of the region, the health care system is fragmented. Coordination among all sites that provide health care is lacking, with minimal sharing of patient care plans, methodologies or resources, resulting in inconsistent patient care access (i.e., primary, chronic disease and specialty care) and gaps in service delivery.</td>
<td><strong>Collaboration:</strong> A regional integrated delivery system framework provides the infrastructure and aligned funding incentives to improve patient accessibility and quality of care. Increased collaboration increases cooperation and limits inappropriate and inefficient competition among stakeholders.</td>
</tr>
<tr>
<td><strong>Capacity:</strong> Current capacity is not consistent across providers. The safety net is vulnerable to rising demand and limited by provider shortages and a lack of best and promising practices.</td>
<td><strong>Capacity:</strong> Capacity building will be designed in a strategic and coordinated manner that allows for full implementation of cost effectiveness, best practices, technology where needed and improved access.</td>
</tr>
<tr>
<td><strong>Primary Care/Specialty Care Network:</strong> There are limited specialty care providers for those without a payer source, often leading to unnecessary emergency department care.</td>
<td><strong>Primary Care/Specialty Care Network:</strong> Safety net providers will refer patients to timely, appropriate specialty care within a financially sustainable system.</td>
</tr>
</tbody>
</table>
The following sections describe the Sacramento Region Health Care Partnership’s proposed goals, tasks and timeframes for addressing the four core improvement areas.

**Care Coordination**

*Adopting a systemic approach to seamlessly delivered patient care*

Successful care coordination involves the proper systems, access, communications and continuity to ensure that a patient receives the appropriate quality of care among different providers and settings. When care is poorly coordinated—with inaccurate transmission of information, inadequate communication and inappropriate follow-up care—patients who see multiple physicians and care providers can face medication errors, hospital re-admissions and avoidable emergency department visits. The National Quality Forum defined care coordination as a “function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions and sites are met over time.”

Care coordination standards will provide the structure, process and outcome measures required to assess progress toward care coordination goals and to evaluate access, continuity, communication and tracking of patients across providers and settings.

**Care Coordination Goal**

*By January 1, 2014, safety net providers will meet agreed-upon quality indicators for mental health, substance abuse, dental care and chronic disease management through effective care coordination/care management.*

**CARE MANAGEMENT – QUALITY**

Improving health care service quality involves a combination of care management and evidence-based practices found in quality improvement programs. “Care management” is defined as programs [that] apply systems, science, incentives and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively.

**Action Steps:**

Identify common goals among partners specific to care management targets. Identify best practices, such as the Triple AIM program. Reach agreement for the selected practices. Common goals include improving the patient experience of care (including quality and satisfaction), improving the health of specific populations and reducing the per capita cost of health care.

1. Identify evidence-based tools for providers to more easily communicate and collaborate, thus supporting providers to give patients the best care possible.

2. Support safety net providers through training on quality improvement and process improvement so that they can implement the care management models.

3. Adopt appropriate clinical care delivery pathways to preventive chronic care management and patient empowerment.

4. Through technology and collaborative measures, develop and implement “load-leveling” models across the community health centers for peak patient intake.

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15 2007 Center for Health Care Strategies, Inc. Care Management Definition and Framework.

16 The Institute for Healthcare Improvement developed a framework to optimize health system performance. The design consists of three dimensions called the Triple Aim: 1) Improve the patient experience of care, 2) Improve the health of populations, and 3) Reduce the per capita cost of health care.
PATIENT NAVIGATION

There is growing interest in patient navigation as a vital resource for consumers overcoming barriers to accessing care. A patient navigator is a person or organization who assists underserved populations with culturally appropriate information and helps patients access health services and education regarding overall health.  

Action Steps:

1. Determine a financially sustainable regional model that supports patient navigators, “promotores” and care managers to link patients to appropriate care and promote community-based health education and prevention in a manner that is culturally and linguistically appropriate.

2. Take an inventory of current best practices specific to each county or health system's population needs and use people who can educate, connect with and support patients to reduce inappropriate emergency department use, repeat hospitalizations, ambulatory care-sensitive admissions, etc.

3. Agree on a web-based system that can be used by multiple partners to support health literacy. This technology may be available through patient portals.

PATIENT-CENTERED HEALTH HOME

A health home as defined by Section 2703 of the Affordable Care Act is a person-centered system of health care that facilitates access to and coordination of the full array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports. The patient-centered health home (PCHH) model of service delivery expands on the traditional medical home models that many states have developed in their Medicaid programs, building additional linkages and enhancing coordination and integration of medical and behavioral health care to better meet the needs of people with multiple chronic illnesses. The model aims to improve health care quality and clinical outcomes and the patient care experience, while reducing per capita costs through more cost-effective care.

Action Steps:

1. Identify safety net providers that have the potential to be certified as a patient-centered health home (PCHH).

2. Identify existing training programs that support PCHH certification, so that interested community health centers may participate.

3. Identify financing strategies to mitigate loss of revenue due to provider unavailability for patient care during PCHH certification training sessions.


18 The Henry J. Kaiser Family Foundation: Focus on Health Reform Medicaid’s New “Health Home” Option, Jan. 2011

19 The Henry J. Kaiser Family Foundation: Focus on Health Reform Medicaid’s New “Health Home” Option, Jan. 2011

Collaboration

Health centers surveyed seek decreased competition, increased collaboration.

Collaboration and cooperation among safety net providers is critical to maximizing resources and efficiencies in the health care system in underserved areas. As providers seek new opportunities to create access to high quality, coordinated care for more patients under ACA, collaboration will become even more important. Collaboration and care coordination can be especially critical in rural areas, which face unique challenges in providing an integrated system of care due to a number of factors. Challenges include attracting clinicians and difficulty achieving economies of scale in service delivery. Collaboration helps reduce geographic and other access barriers between providers and patients. In addition to filling care gaps, contracting with existing providers may also help avoid duplication of infrastructure and services.

Collaboration Goal

By June 2013, safety net providers will have effectively contracted with or made arrangements with health plans/managed care organizations and/or hospital systems to provide seamless patient-centered care. This includes primary, secondary, tertiary and behavioral health care. These arrangements will strengthen the quality care and financial sustainability of the safety net once ACA is implemented and funding begins to flow through these organizations.

Action Steps:

1. Identify technical assistance needs and remove obstacles for safety net providers so they can negotiate contracts with health plans/managed care organizations and/or hospital systems.
2. To reduce administrative costs, develop a (or coordinate with an existing) primary care “innovation center” to provide technical assistance and group purchasing (e.g., financial, human resource, legal, payroll, supplies acquisition, federal designations, etc.) to community health centers.
3. Coordinate this strategic plan with the Sacramento Medi-Cal Managed Care Stakeholder Advisory Committee’s efforts to study, define options and improve the existing Geographic Managed Care (GMC) model.
4. Coordinate this strategic plan with Low Income Health Program (LIHP) efforts in Sacramento and Placer counties, as well as with the County Medical Services Program (CMSP) representing Yolo and El Dorado counties to establish enrollment and care pathway models.
5. Through Local Extension Centers (LECs), safety net providers will use a common regional information technology to exchange health information to more effectively collaborate among institutions to repatriate patients to their health home.
6. Create a forum or joint operations team for safety net providers to meet with partner providers every month. These forums will identify funding opportunities; discuss collaborative models to improve operational, financial and utilization management issues; and come up with solutions.
7. Create or expand inventory of resources for the health care safety net patients and health providers on delivery options and other key areas.
**Capacity Building**

*Staffing up to meet increased demand under ACA*

Serving an additional 227,500 consumers seeking care as a result of the Affordable Care Act will require increased capacity throughout the region’s safety net. Conversations with safety net leaders and physicians showed that they are already thinking about how best to meet increasing demand, and many are taking steps to prepare for the Affordable Care Act by increasing staff and physical infrastructure and pursuing financial resources. The capacity building action steps focus on workforce development, technical assistance and tools to improve the quality of the patient experience.

**Capacity Building Goal**

*By January 2014, the safety net will have sufficient workforce capacity to meet the needs of existing and newly insured patients covered under the Affordable Care Act.*

**Action Steps:**

1. Provide technical assistance and coaching for safety net providers to strengthen access and improve clinic throughput.

2. Provide technical assistance to ensure that the primary care workforce is maximized (through operational improvements and leveraging a diverse group of nurse practitioners and community health workers) to meet future demand projections.

3. Create partnerships with educational and training institutions to support a workforce development plan for safety net providers. This includes developing recruitment strategies and providing mentoring and on-site internship/field practicum opportunities at safety net sites.

4. Make technical assistance available to safety net providers so that they have the tools to improve the patient experience, making them providers of choice.

5. Increase information and linkages to transportation resources in the Sacramento Region. Evaluate policy opportunities and define operational strategies to plan for the future transportation needs of safety net consumers.

6. Create alternative pathways using information technology to connect consumers with safety net providers.
Primary Care/Specialty Care Integration

*Health information exchange facilitates cross-organizational patient data sharing.*

The model of a patient-centered health home is premised on a personal physician who works with patients and their care teams to coordinate all health services. Success of this model requires integration of specialty care and primary care functions to provide integrated, patient-centered care. The Sacramento Region’s efforts in this area focus on innovations to better link primary care and specialty care providers (especially technology-based information sharing) to help improve continuity of care and information transfer, while reducing specialty care referrals for conditions that could be treated by a primary care clinician. At the same time, integration efforts seek to facilitate patient access to appropriate specialty care, which has been lacking in the Sacramento Region.

**Network Integration Goal**

*By January 2014, primary care physicians and other providers will meet safety net patient demand, reduce unnecessary specialty care referrals, treat conditions at the lowest and most appropriate level of care, and create a sustainable financing system that will support patients’ access to specialty care in the Sacramento Region.*

**Action Steps:**

1. Create a specialty regional care network that includes specialists and community health center physicians.
2. Identify best practices from those hospitals systems that have reduced demand for specialty care referrals. Consider ideas such as:
   - i. Telemedicine for primary, dental and mental health services as well as specialty care.
   - ii. Develop a map showing locations of specialists in the region by specialty.
   - iii. Share information and connect patient navigators and consumers with networks of specialty providers in the region.
3. Identify and address other barriers impacting patients’ access to care, such as transportation.
What’s Next

The urgency to prepare the Sacramento Region safety net to respond to needs of the newly eligible consumers is reflected in this strategic plan. A strategic plan is of little use without a means of putting it into action. In fact, an implementation plan including a process and a timeline is an essential part of the strategic planning process. We have a short timeframe to take advantage of what the Affordable Care Act offers (some of which is already in process) and address immediate questions posed by our region’s strained health care dynamics.

Right now we have the opportunity to make meaningful changes in our region in a way that will:
• transform people’s lives through better health care, and
• provide the peace of mind that comes with good health and well-being.

The decisions made today will set the direction for health care delivery in the Sacramento Region for generations to come. However, given the Sacramento Region’s challenging environment, realizing this opportunity will not be easy. To be successful, the regional community will need to come together and work together to expand public awareness and support, transform public agencies, and create new and innovative public policies.

Meeting These Regional Health Care Challenges – Together

What must be done to help the Sacramento Region seize this unprecedented opportunity and meet its challenges? All those who are committed to improving health generally, as well as policymakers at every level of government, are needed to make safety net transformation a top priority. The Sacramento Region has a demonstrated history of tackling tough policy issues and creating models that not only work here, but are adopted by others nationally. To continue being trendsetters in the health care arena, health care stakeholders in the Sacramento Region must recommit to leadership. Health care stakeholders must propel the Sacramento Region to seize the opportunity of the Affordable Care Act to fundamentally strengthen health care quality and access, while addressing the long-standing issues that have prevented this reality. The transformative changes needed in the region and afforded by ACA implementation will improve the lives of children, families and the region’s communities.

In practical terms, it will take a sustained, concerted effort for the Sacramento Region to fully realize the opportunities of the Affordable Care Act and this strategic plan. Here are four immediate steps that should be undertaken to start building a regional framework:

Step 1—Preparation

This is an ambitious work plan for the Sacramento Region. All who have contributed to developing this plan recognize the magnitude of change required to achieve these goals. Improving provider coordination, increasing consumer access to quality services, and implementing information exchanges within and across established systems of care to promote wellness is a considerable undertaking. Add to this the complexity of a safety net system that operates under rigid payment rules unconnected to quality and largely reliant on informal referral relationships, and systemic change becomes an even more formidable challenge.

Such monumental health systems changes are more likely to succeed if the plan meets certain criteria from the outset. Before we can proceed, we need to know:
• Is there a key champion, or champions, who will lead this effort in our region and bring other leaders to the table?
• Are there resources (staff, funding, etc.) that will support the efforts of these leaders?
• Are the right organizations signed on as partners?
• Will the political and fiscal environment support this effort in both the short and long term?
• Do the region’s leaders agree on what they want to accomplish?
• Is there a real appreciation for what it will take to get these efforts up and running?
• Do we have the funding and other resources to carry out the planning and program development?

_The Sacramento Region Health Care Partnership must affirmatively answer these questions and establish a functioning, funded planning coalition to make an informed decision to proceed with the projects outlined in this plan._

**Step 2 — Analysis and Design**

Decisions regarding the form the region’s collective effort will take must be based on a clear understanding of need, existing services, the political environment, cost estimates and financing options. We must:

- Understand and agree on what the strategic plan is (and is not).
- Highlight any plan elements that might be especially challenging.
- Identify any elements that might be unrealistic or excessive in cost (time and/or money).
- Keep other alternative ideas in mind, in case the original approach proves unsuccessful.

The Sacramento Region Health Care Partnership must soberly face decisions on how to proceed. How does the Sacramento Region Health Care Partnership collectively think its strategic design, including the financing plan, can best succeed? Is there enough senior leadership investment and community support for its proposal? Does it need to revisit its design, and perhaps even its program objectives?

_The Sacramento Region Health Care Partnership should generate: 1) a design document that describes the target population(s), the financing models to be used, the program requirements, and the planned structure for governance and administration; and 2) a cost estimate for the proposed program designs relative to the funds expected to be available._

**Step 3 — Implementation Vision**

The strategic plan vision is the overarching guide star for the Sacramento Region Health Care Partnership’s efforts. There must be a statement of goals and a step-by-step outline of responsibilities and tasks. In short, the Sacramento Region Health Care Partnership must have a tactical vision of “how to change” in order to achieve its vision of “what to change.” The program design created in Step 2, for example, will describe identified targets. In Step 3, the Sacramento Region Health Care Partnership stakeholders will determine the steps needed to get its targeted efforts up and running.

Having an implementation vision allows the Sacramento Region Health Care Partnership to collectively be certain about its strategy so stakeholders can communicate it consistently. A shared vision lets everyone know what the end result should be and why it is important. It provides a clear image of what the strategic plan is intended to accomplish. This step involves clarifying exactly how the elements of the strategic plan implementation will work.

_The Sacramento Region Health Care Partnership should generate a business plan for the strategic plan’s components that includes all financial, operational and implementation details for the plan’s program components._

**Step 4 — Implementation Team**

In order to actually begin work on any element of this plan, there will need to be willing participants. The Sacramento Region Health Care Partnership will need to assemble an implementation team to implement the strategic plan’s components. This team should be composed of stakeholders who understand the plan’s purpose and implementation process. They will need to bring together the right skills, experiences and interests to match identified content areas. To ensure an efficient and effective process, a small group supported by, and reporting to, a steering committee that can encourage progress and field questions or address problems as they arise would be the best approach.

_The Sacramento Region Health Care Partnership should develop a small team that has senior leadership, strong financial skills and experience, and professional support to implement the strategic plan recommendations._
Conclusion

We launched the Sacramento Region Health Care Partnership in 2011 with the goal of finding ways to improve access, care coordination and the quality of the region’s primary care system, focusing specifically on the safety net. The completion of the market analysis and strategic plan now offers us a road map to achieve that goal of creating a stronger safety net to serve all residents of El Dorado, Placer, Sacramento and Yolo counties.

Certainly, the challenges facing our region are tremendous, but the transformative opportunities sparked by the Affordable Care Act are equally great. This strategic plan spells out the steps we must take, individually and collectively, to achieve the vision of health care reform.

We will need to work together and seize this unprecedented opportunity to create a collaborative, accessible, high quality and culturally competent primary care health system. Regional success is within reach, if we reach for it together. The potential rewards are immeasurable: a healthier and brighter future for all.