Sacramento Region Health Care Partnership
Community Health Center Site Visits and Interviews

As part of the Sacramento Region Healthcare Partnership (SRHCP) project, an on-site survey was conducted at 18 community health centers (CHCs) and three phone surveys throughout the region for a total of 21 health center surveys completed. The CHCs were selected as representative samples of the CHCs in the four-county region. The health centers in the SRHCP project have a long history of providing primary and behavioral health care in the region.

Methodology
The Abaris Group and Hatches Consulting, members of the consulting team, conducted the surveys, each taking approximately 1.5 hours. The survey was distributed to each participant in advance. Given the nature of the survey, a respondent could respond to a question with more than one answer.

Results
CHC strengths
Most (75.8 percent) respondents said that they “strongly agree” or “agree” to their health center’s strength regarding questions on their organization’s structure, leadership and financial plans.

CHC difficulties
However, nearly half (47 percent) said they had anywhere from “extreme,” “considerable” or “moderate difficulty” with recruitment, negotiating contracts with health plans or IPAs and participating in “pay-for-performance” programs.

ACA preparedness
With respect to preparedness for ACA, there is a dichotomy in the responses. Many (58 percent) said they were “definitely” to “mostly ready.” However, in a number of other questions pertaining to ACA implementation, there were many comments indicating clear questions about how ACA would impact the health center’s response and their patients. When asked about future expansion plans, 12 of 18 (66 percent) respondents said they had plans for expanding their capacity or have existing capacity to expand their services. However, many of these clinics did not have the primary care physicians to staff the expansions.

Not surprisingly, most health centers surveyed mentioned the “lack of specialty care” as a predominant issue facing the community health centers. Fifteen of the community health center sites have a quality improvement (QI) program in place. There is also a wide variety of QI data collected. Several organizations have clinical practice guidelines in place.

While specialists and hospital admissions are reported to the CHCs, ED visits are not. All but one of the respondents has either implemented, are considering or in the process of implementing an electronic medical record (EMR). Finally, 72 percent of community health centers have a wait time for an appointment of less than one week.
Open-ended questions
A series of 12 additional open-ended questions were developed to further probe the community health centers on previous answers given. The questions ranged from “what keeps you up at night” to whether the CHC has “considered becoming a Federally Qualified Health Center.” The responses were grouped by similar responses in order to rank the answers.

The most frequent topic that most CHCs mentioned was the need for additional funding and tangential issues like low reimbursement rates, etc. They worry the most about funding and have said that funding, billing and coding help are their areas of greatest need. Their greatest strength was their dedicated staff.

Several community health centers said that the safety net is broken and to fix it would require collaboration, partnership and a reduction in competition. All but one community health center said they work with the other community health centers in the region, and all said they have some level of partnership with schools, hospitals and other CHCs.

Of the 18 community health centers interviewed, there were five Federally Qualified Health Centers (FQHC), six are in the process or seriously considering FQHC status, and five said such a designation does not meet their mission, or they were not qualified, or they had considered it, but were no longer considering such a designation.

Finally, respondents were asked in general if they had any other comments regarding the health care safety net. The predominant comments centered around the need for additional community health center capacity, the need for less competition and an increase in collaboration among all stakeholders.

Key community health center survey observations

- Many community health centers (CHC) believe they have the leadership, financial and management infrastructure to manage their business.
- Most CHCs indicate they are ready for health reform; however, many questions on ACA impact remain, but require help with “billing, education and funding streams.”
- The lack of specialty access and reimbursement affects many CHCs.
- A large majority of those surveyed feel that reduced competition and increased collaboration would make a more effective safety net delivery system.
- All but one community health center indicated improving the safety net will require “partnership/collaboration and reduced competition.”