Sacramento Region Health Care Partnership
Community Physician Discussion Group Interviews

As a part of the market assessment, Public Health Institute, a member of this project’s consulting team, led a guided discussion with 10 primary care physicians practicing in the Sacramento Region. The primary purpose of the discussion was to capture the safety net physician perspective on the challenges and opportunities resulting from an estimated 227,000 residents of the Sacramento Region becoming eligible for health coverage.

The group was composed of four private practice (PMD) and three community health center (CHC) physicians, one integrated health system physician, one medical group administrator and one county health officer.

The objectives of the discussion group were to:

- Increase awareness of health reform’s impact on the Sacramento Region safety net’s characteristics;
- Identify opportunities to improve health care quality, access, coordination and communication;
- Identify enabling services for low-income populations in order to improve health outcomes; and
- Highlight collaboration opportunities to support effective health reform implementation.

Methodology
The discussion process was designed to meet the objectives above and American Academy of Family Physicians criteria for continuing medical education credits. As a result, the meeting combined lecture, question and answer, and roundtable discussion formats.

The first meeting segment was a brief lecture regarding market analysis data highlights. In the second segment, participants were asked questions similar to questions asked from the CHC survey topics: the health care workforce, care coordination, communication between care providers/sites and access related to primary care health home practices that reduce inappropriate emergency department use.

Next, physicians were asked to write what services were needed for low-income patients to improve health outcomes in that population. Responses were written on Post-It notes and placed under the following categories:

- self-management,
- specialties,
- psycho-social services,
- physician support, and
- culturally and linguistically appropriate services.

Finally, there was an open exchange where physicians were asked to share insights, opinions and suggestions regarding the impact of health reform on the regional safety net.
Results

**Workforce: Options to expand capacity**

- Three PMD practices used nurse practitioners (NPs) and/or physician assistants (PAs) and participated in a medical residency rotation program. One community health center also participated in a medical residency rotation program.
- Two PMD practices and one CHC were engaged in workforce development pipeline activities related to identifying existing staff that may be candidates for additional training as NPs or PAs.
- Three physician participants mentioned that their practices would probably consider expanding hours or increasing staff to accommodate higher demand.
- One CHC physician indicated that expanding hours or increasing staff would probably be considered to meet additional demand.

**Access: Practices that can reduce inappropriate emergency department utilization**

- Five physician participants, including the medical group administrator and one community health center physician reported that their practice settings offered same-day or drop-in appointments and an after-hours triage function that allows patients to speak to a physician.
- Two physician participants and one CHC physician noted that their practice settings utilized a nurse advice line.
- Two physician participants offered evening and weekend appointments.

**Funding issues**

- Low reimbursement by payers, increasing operating expenses and lack of payment sources for undocumented patients are barriers to adding staff.
- Participants commented that some physicians offer pro-bono or low-cost services; however, it is difficult to provide free care consistently.
- Pediatric coverage and payment sources are adequate, so a surge in demand is not anticipated.

**Improving specialty care coordination and communication with specialists**

- Five physician participants, including the medical group administrator, usually or often received reports from specialists or were notified by a hospital of an admission.
- Physicians noted that receipt of reports from specialists, emergency departments and hospitals regarding admissions are highly system dependent. If the physician is in an integrated delivery system, reports tend to be timely. However, if the physician is not part of a health system or an affiliated practice, timely reports are probably rare.
- Community health center physicians noted that reports are rarely or never received for uninsured patients from emergency departments or hospitals regarding an admission.
- Health information exchange is necessary in the region to improve coordination and communication by facilitating cross-organizational patient data sharing.
**Enabling services for low-income populations**

Physicians identified the need for the following enabling services in order to improve clinical outcomes.

**Self-Management**
- Access to healthy food
- Nutrition education
- Community outreach to inform patients of services
- In-home evaluation of difficult cases

**Specialties**
- Early prenatal care
- Oral health
- Health coverage for specialties that are geographically close to where patients live
- Podiatry
- Orthopedics

**Psycho-Social Services**
- Integration of mental health into primary care
- Prevention/intervention of substance abuse, particularly in teen population

**Culturally and Linguistically Appropriate Services**
- Cultural referral resource/source
- Additional culturally/linguistically appropriate services/training

**Physician Support**
- Medication compliance review
- Referral tracking
- Health information exchange

- Health and safety in decision making
- Promotora/navigation programs
- In-home support services
- Health information exchange
- Vision care
- Nutritionists
- Dermatology
- Nephrology
- Comprehensive wound care
- Social workers
- Behavioral health
- Timely reporting
- More follow-up
- Continuous care
- Multi-lingual health educators
- Care coordination support staff
- Culture of team-based approach to care
- Communication with hospitals over the course of a patient’s hospitalization
**Open Discussion Topics**

- Workforce shortages can be traced to education debt burden for physicians and physician extenders.
- Access to specialists is related to hospitals’ desire to avoid patient populations with health coverage, provides insufficient reimbursement for hospital-based services associated with procedures.
- Geographic managed care definition of what constitutes a network makes it hard for patients to access specialists within a reasonable distance.
- Health information exchange is needed across the region so health information systems can communicate.
- Reimbursement rates drive decisions regarding how physicians/clinics add staff to meet demand.

**Closing Comments**

The meeting was well received, with physicians stating that there should be another convening that includes decision makers from health systems and health plans to address issues raised in discussion. The silent safety net provider is acknowledged by a range of stakeholders as an unrecognized asset. The silent safety net is difficult to quantify and assess in terms of how private physicians can emerge as a unified entity in order to collectively improve quality of care that can lead to lower health care costs. As a group, physicians are not likely to dedicate a significant portion of the workday to strategic planning process meetings that include non-physician stakeholders. As a result, it is recommended that the input from the meeting be incorporated in the prioritization stage of the strategic planning process.