

# CPCA Strategy Discussions

## San Bernardino – August 10, 2016

### **Member Organizations Present:**

- Community Clinic Association of San Bernardino County: Deanna Stover, CEO; Lizbeth Bayardo, Project Manager; Chad Robinson, Project Manager; Sedy Sanchez, Project Manager, Jennifer Jimenez, intern
- Community Health Systems, Inc.: Denis Vega, Director of Community Relations; Lori Holeman, COO; Jane Biloki, Director of Finance
- Pomona Community Health Center: Ellen Silver, CEO
- Riverside San Bernardino County Indian Health: Bill Thomsen, COO

**Staff Present:** Carmela Castellano-Garcia, Christina Hicks, Val Sheehan, Ginger Smith, Mike Witte, Jodi Samuels

**Facilitator:** Nancy Shemick

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*What is the biggest challenge facing your health center today?*

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### **Workforce**

- Recruiting and retaining clinical leadership
- Licensing; rules and regulations, time it takes for change in scope/license
- Shifting workforce needs in an organization; hiring more “non-billable” staff
- Balancing training needs between today vs. tomorrow skills
- Provider burnout is challenge; how to create healthy workplaces that help retention efforts
- More people to help grow workforce
- Addressing staff development needs
- Regional – how can CCASBC help with workforce at local level?

### **Quality Care / Providing Value**

- Better communication between CHCs and counties when referring
- Dealing with DHCS to help support members
- Community relations – looking at providing whole care, especially across 3 diverse counties; balancing diversity and consistency
- Engagement of membership needs to change and get past silos
- Understanding the importance of branding; putting some “skin in the game” around branding efforts

### **Policy/Payments**

- Oversaturation in communication is not translating into increased enrollment (SB 75)

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## What is your vision for your health center in 2020?

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### **Quality/Value**

- Creating and implementing an effective whole person care model, which would include broader community collaboration
- CHCs putting patients first
- Having an “app” for patients to access the patient portal
- More technology tools for enhanced communication with consumers about services
- We have expanded the use and resources for telemedicine/virtual appointments, especially around behavioral health and other specialties (i.e. Project ECHO)
  - Behavioral health
  - Other specialties
- Better EHRs and integrated technology system(s) that offer flexibility, affordability and provide support around full roll outs
- CHCs have adopted a culture/behavior change around access care; there would be no more “triage” approach
- CHCs are seen as “safe zones” for undocumented individuals
- There exists funding for technology AND technology isn’t as expensive
- There exists improved patient care collaboration, especially among safety net providers

### **Policy/Payments**

- CHCs are successful under value-based care (buy-in to value-based payment)
- CHCs have a strong unified voice to make change

### **Workforce**

- CHCs have healthy work environments where staff feel empowered
- Association of American Medical Colleges (AAMC) supports students to work in CHCs
- CHCs are seen as employers of choice

### **Regional Association Vision**

- Growth in CCASBC membership and higher engagement

*Context Map notes are not shown here. Instead, they are being collected from each region and will be collated with all other regional discussions in order to identify statewide trends and issues that CPCA can/should address. The statewide trends will then be shared with all meeting participants in October 2016, along with aggregated suggestions for CPCA innovation in the areas of Workforce, Policy & Payments, Business Innovation, and Quality/Value. Regional context map notes will be shared, however, with RAC leadership in each area.*