CPCA Strategy Discussions
Oakland – September 8, 2016

Attendance

- ***Alameda Health Consortium***: Ralph Silber, CEO; Haleh Hatami; Njeri McGee-Tyner
- ***Asian Health Services***: Dong Suh
- ***BAART***: Michelle Kletter
- ***California Family Health Council***: Sylvia Castillo
- ***Community Health Partnerships***: Dolores Alvarado, CEO;
- ***Gardner Family Health Network***: Reymundo Espinozo, CEO;
- ***Indian Health Centers of Santa Clara Valley***: Ira Singh
- ***LifeLong Medical Care***: Marty Lynch, CEO; Porshia Mack
- ***Marin City Health and Wellness Center***: Maia Bailey; Melanie Hamburger
- ***Mayview Community Health Center***: Kelvin Quan, CEO
- ***Mission Neighborhood Health Centers***: Fernando Gomez-Benitez
- ***North East Medical Services***: Tina Jagtiani
- ***Salud Para La Gente***: Tony Balistreri; Anita Aguirre
- ***San Francisco Community Clinic Consortium***: John Gressman, CEO; Deena Lahn; Jonathan Howell; John Hunsaker
- ***Santa Cruz Community Health Centers***: Leslie Conner
- ***St. Anthony's***: Ezequiel Montejano
- ***Tiburcio Vasquez Health Center***: David Vliet, CEO, Anitha Mullangi, Andrea Schwab-Galindo
- ***Women's Community Clinic***: Carlina Hansen, CEO

Staff/Facilitator

Nancy Shemick, Carmela Castellano-Garcia, Sandy Birkman, Val Sheehan, Ginger Smith, Andie Patterson, Christina Hicks, Beth Malinowski, Deb Roth, Meghan Nousaine, Tiffany Ruvalcaba

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What is the biggest challenge facing your health center today?

Workforce

- Provider shortages; finding successful recruitment and retention strategies
- Recruiting/retaining for MAs and Dental Assistants
- Recruiting/retaining for Behavioral Health providers
- Employee development; finding opportunities and the ability to resource those opportunities
- The stress and negative impact that rapid health center expansion has had on existing workforce
- Being able to resource necessary salaries and training needs.
- The changing staff roles
- Gentrification / displacement / high cost of living (affecting patients and staff)

Operational Innovation & Effectiveness

- The ability to modernize practices and processes with the health center

Policy/Payments

- Non-FQHC reimbursement and other support
- Being able to resource non-reimbursable services that benefit patients.
- Finding resources / capacity to continue to care for adult, undocumented population

Quality/Value

- Connecting enrolled patients to care
- Having the capacity to appropriately serve our populations
- Program development needed support
- Funding and capacity to embark on IT integration efforts

What is your vision for your health center in 2020?

Quality and Value

- There exists a culture of data (stewardship, use of, accessibility, understandability)
    - There exists notable measure within data for prevention
    - Ability to integrate all of our programs into one EHR
    - Ability to easily access to data analytics that helps guide care and business plans
    - Ability to quickly cite outcomes data as part of storytelling
- We have a value-based, PCHH-primary care setting in which incentives are aligned in all aspects in health care
- We have prevented the need for High Utilizer Group Services (HUGS)
- We know where to reach our patients

Policy

- Patients are connected to all services (medical, dental, vision, behavioral, legal)
- CHCs will be financially stable with reserves, and be a thriving player in the local political scene
- CHCs will have the ability to form strong formal relationships to other providers of service areas (i.e. housing)
- There exists some stability around CHC finances and reimbursement
- Non-FQHCs are recognized and supported

Collaboration

- More collaborative and less competition with other providers
- More clarity on how to address SDOH, e.g. help people get Medi-Cal, some basic legal assistance, better connections to other support (earned income, tax credit)
- Stronger models of consolidation + collaboration
- Active partnerships to improve community health
- Patients get care any way, any time they want

Workforce

- CHCs have created/started our own medical schools (PA, DA, MA)
- There exists increased employee engagement
- There exists health center financial stability → Competitive wages → Staff satisfaction
- CHCs are places where young people can find fulfilling careers
- CHCs are able to resource competitive salaries to retain staff
- CHCs have effective and collaborative relationships with UC schools
- There exists improved access to specialty care
- Health centers are the provider/employer of choice

Operational Innovation

- There exists alternative ways of providing care (telemedicine)
- We have improved EHR systems and there is funding and support for it
- Patients are able to get appointments within a day or two
- CHCs are a one-stop shop for all care
- CHCs work together more closely, initiate strategic partnerships to face competition from corporate entities in health care
- Quality is our business
- CHC have adequate space to provide care

SDOH

- There no longer exists a lack of affordable housing
- CHCs have adopted a "Life course" approach to care - from birth to end of life. We conduct risk assessments along the way
- Our communities are made up of healthier people and families
- CHCs are a part of community pillars (library, farmer's market, cultural/art hub)
- CHCs have the ability and resources to expand services, i.e. legal
- There exists healthy food access

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.