



CPCA Strategy Discussions San Diego – September 1, 2016

Attendance

- Borrego Community Health Foundation: Gary Rotto; Brian Lorenz; Victor Manual Perez
- Clinicas de Salud Del Pueblo: Leticia Ibarra
- Family Health Care Centers of San Diego: Timothy Frasier
- Health Center Partners of Southern California: Henry Tuttle, CEO; Julie Minardi, Sparkle Barnes, Sabra Matavosky
- Imperial Beach Health Center: Constance Kirk
- La Maestra Community Health Centers: Sonia Tucker
- Neighborhood Healthcare: Tracy Ream, CEO
- North County Health Services: Irma Cota, CEO
- Operation Samahan Community Health Center: Carl Walters, CEO; Marlo Fulmore, Dirk Zirbel
- QueensCare Health Centers: Chad Vargas
- San Ysidro Health Center: Kevin Mattson, CEO

Staff

Carmela Castellano-Garcia, Robert Beaudry, Mike Witte, Val Sheehan, Ginger Smith, Cindy Keltner, Christina Hicks

What is the biggest challenge facing your health center today?

Workforce

- Recruitment & retention at various levels, especially as they relate to changing patient needs – i.e. psychiatry, geriatrics, etc.
- Low reimbursement for specialists; Access to specialists
- Training for new hires; affects productivity having staff able to be flexible with change
- Medical training not reaching pipeline soon enough

Organizational Innovation & Effectiveness

- Ability to expand facilities, issues such as OSHPD
- Challenges around CHC growth; i.e. how to educate/support board of directors; breaking down internal silos; increasing coordination across departments, etc.
- Building infrastructure for patients of tomorrow (in light of payment reform and movement towards population health). For example, current care team structure, workforce and operational infrastructure exists to service patients in the way we're reimbursed now (volume); how do we revise our systems to support the way care can be delivered tomorrow (i.e. where in-person visit may not be necessary) while still providing care today?



Quality & Value

- What does population health really mean given limited funding; how do we address?
- Increasing costs to support quality care delivery, i.e. telehealth, enables services, etc.

What is your vision for your health center in 2020?

Policy & Payment

- There exists an alignment of incentives

Workforce

- There exists adequate funding to support graduate medical education at CHCs
- There exists strong “grow your own” pipeline programs to support current patients who are considering healthcare employment opportunities
- There is an overhauled GME program that supports enhanced recruitment/retention strategies
- CHCs are partnering and leverage Teaching Health Center dollars/slots

Quality & Value

- CHCs have the ability to care for more seniors, including housing
- Health Plans share data with CHCs
- There exists a truly shared health exchange with no threat of “stealing” patients
- There exists EHR and population health reporting systems that are actually user-friendly and produce reports that improve care and health outcomes
- There exists integration of medical records (i.e. San Diego Health Connect); one place to get information.
- More technological accessible care (text, video, phone) and payment for it

Operational Innovation & Effectiveness

- There exists a partnership with Kaiser such that CHCs serve as primary care providers and Kaiser provides specialty care
- There exists a community health center owned/operated health plan
- The health center of the future is a networked organization providing access to social and other health services
- There exists integrated clinic wrap-around services located in housing complexes

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.