March 5, 2013

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: SAFETY NET CLINIC COALITION OF SANTA CRUZ COUNTY REPORT

Dear Members of the Board:

The Health Services Agency (HSA) is pleased to present to your Board the attached Safety Net Clinic Coalition (SNCC) report, SNCC Report to the Community 2012: Improving Access and Reducing Disparities in the Era of Health Care Reform.

SNCC is a program of the Health Improvement Partnership of Santa Cruz County (HIP). The coalition is comprised of eight coalition members: Cabrillo College Health Center, Diabetes Health Center, Dientes Community Dental Care, Dominican Pediatric Clinic, Planned Parenthood Mar Monte, Salud Para La Gente, Santa Cruz Women's Health Center, and the County HSA Clinics. In 2003, a federal health planning grant provided the initial funding to establish the SNCC whose work is to strengthen the integration of safety net providers and improve the health of low-income residents. Since then, the Coalition has grown and added many new services and initiatives to enhance community health.

The attached report, SNCC's third, examines the capacity of the local safety net to deliver primary care, given the anticipated addition of 8,600 newly eligible low income adults to the roles of Medi-Cal in 2014, as a result of the Patient Protection and Affordable Care Act (Source: Central California Alliance for Health projection based on University of California Los Angeles Center for Health Policy Research). The report utilizes analyses of each clinic's data and interviews with SNCC clinic leadership from which it developed findings, adopted a sixth goal to stand with five others adopted in 2010, and set updated action steps to guide the SNCC through these next few years of health care reform implementation. Key findings of the report include:
The eight SNCC member organizations operate 19 clinics, provide health services in 20 school sites, and provided 243,594 patient visits in calendar year (CY) 2011, an 18% increase over CY 2010.

The profile of SNCC patients includes: 96% are 0 to 64 years of age; 76% are at or below the federal poverty level; 53% are covered by State Medi-Cal or the Central California Alliance for Health (Alliance); and 39% who have either no or limited health coverage.

The five SNCC organizations that provide primary care services operate 10 clinics, 8 school-based health centers and provided 174,979 medical visits in CY 2011, a 2% increase over CY 2009.

These five SNCC organizations contract with the Alliance as Primary Care Providers and serve 48% of linked Alliance members in Santa Cruz County.

County Medi-Cal enrollments increased 9% between FY 2009 and FY 2012 and many of these new enrollees receive primary and perinatal care in safety net clinics, increasing the percent of clinic patients covered by Medi-Cal from 36% in CY 2009 to 48% in CY 2011.

During the same period, the percent of uninsured SNCC patients for these five SNCC organizations decreased from 53% in CY 2009 to 46% in CY 2011, a period in which the overall number of uninsured residents increased.

Federal funding for three new clinics will expand physical clinic capacity in 2014. At the same time, an additional 8,600 residents will be newly eligible for Medi-Cal. The shortage of primary care providers is expected to be the major capacity barrier in the County.

In 2014 an estimated 18,700 county residents will not be eligible to be covered by health reform and without access to primary care, will turn to emergency rooms for care.

The findings underline the importance of retaining all primary care providers in caring for low income residents. This includes the County clinics, community clinics and private practitioners, who currently provide 52% of primary care for Alliance members.

Over the last 3-years, public and private safety net clinics have focused on expanding physical capacity and improving geographic access in anticipation of coverage expansion with ACA. In 2013, SNCC members are focused on building models of team-based care, improving efficiency, and increasing provider capacity, which includes provider recruitment.

The environment in which Santa Cruz County's safety net clinics serve our community is undergoing dramatic and rapid change. The challenge of providing capacity for an estimated 32,000 newly insured through the Health Benefits Exchange in addition to the 8,600 newly eligible for Medi-Cal is monumental. SNCC member organizations are working hard to meet this challenge and to continue to provide access for those who will be left out of ACA coverage expansion. The SNCC report represents the concerted efforts of the County's safety net to plan and coordinate activities toward reaching a shared vision for a safety net system of care. Santa Cruz County is fortunate to have
among its many strengths, the SNCC’s leadership in navigate the complex terrain of health care reform.

It is, therefore, RECOMMENDED that your Board accept and file the Safety Net Clinic Coalition Report to the Community 2012: Improving Access and Reducing Disparities in the Era of Health Care Reform.

Sincerely,

Giang T. Nguyen
Health Services Agency Director

RECOMMENDED:

Susan A. Mauriello
County Administrative Officer

Attachment: Report to the Community, Safety Net Clinic Coalition of Santa Cruz County

cc: Assemblymember Mark Stone; Cabrillo College Health Center; Central California Alliance for Health; Congressmember Anna Eshoo; Congressmember Sam Farr; Diabetes Health Center; Dientes Community Dental Care; Dominican Pediatric Clinic; Drug & Alcohol Commission; Emergency Medical Care Commission; First 5 Commission; Health Improvement Partnership of Santa Cruz County; Human Services Department; Local Mental Health Board; Planned Parenthood Mar Monte; Safety Net Clinic Coalition; Salud Para La Gente; Santa Cruz Medical Society; State Senator Joe Simitian; Santa Cruz Women's Health Center
This is the third report developed from the collaborative planning activities of the Santa Cruz County Safety Net Clinic Coalition. The January 2009 report, *Safety Net Clinic Capacity in Santa Cruz County*, identified the operational challenges of the local safety net clinics. The October 2010 report documented the *Safety Net Clinic Coalition’s 2020 Vision for a Safety Net System of Care*. This report re-examines safety net capacity in the context of health care reform and recommends strategies to ensure all residents have access to the medical home envisioned in the 2010 report.

Released at HIP Council on February 14, 2013
2020 Vision for a Safety Net System of Care

The safety net of Santa Cruz County will be a comprehensive, well-coordinated system of high quality, affordable care with an easily accessible medical home for all low-income residents. The system will be built by balancing the clinical and organizational strengths of each safety net partner as well as by leveraging available dollars to ensure maximum stability. The optimum safety net system of care will:

- Prioritize primary and preventive care services in order to improve quality, improve the patient experience, and reduce costs;
- Coordinate care effectively across levels of treatment: primary care, specialty care, inpatient, skilled care, and rehabilitation;
- Provide culturally competent care;
- Build a county-wide quality improvement system to track health outcomes, and identify opportunities for improvement;
- Adopt electronic health records that will allow for connectivity to other health care and community-based organizations to promote integrated care management and effective referrals for hospital, specialty, and community based care;
- Respond to ever-changing needs of the communities and residents served;
- Provide patient choice of both public and private providers; and
- Address access on a county-wide, geographic basis.

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Executive Summary

The Health Improvement Partnership of Santa Cruz County (HIP) is a nonprofit coalition of public and private health care organizations dedicated to increasing access to care and building a stronger local health care delivery system. HIP's mission is to unite public and private health care providers and key community stakeholders to advance high-quality, high-value and patient centered care to improve the health of all members of the Santa Cruz County community.

A key component of HIP is the Safety Net Clinic Coalition (SNCC), comprised of eight public and private clinic organizations in Santa Cruz County. SNCC works to strengthen the integration of safety net providers and improve the health of low-income residents.

This is the third report developed from SNCC's planning activities. The first report, Safety Net Clinic Capacity in Santa Cruz County, January 2009, identified physical space, financial stability, provider recruitment and electronic information systems as the principal capacity issues. The second report released in October 2010 documented the Safety Net Clinic Coalition's 2020 Vision for a Safety Net System of Care. The vision included a coordinated and integrated system of patient centered medical homes and collaborative quality improvement processes.

Much has changed in the four years since SNCC's first report. At the national level, the most dramatic change in health care is the Patient Protection and Affordable Care Act (ACA) which will significantly expand health care coverage for low income adults starting in 2014 through Medicaid (in California known as Medi-Cal) and a Health Benefit Exchange ('Covered California'). In addition, the federal government has also expanded funding for Electronic Health Records, new access points for community health centers, and funding for capital construction of community clinics.

At the same time as these expansions, the national economic crisis has resulted in dramatic increases in unemployment and loss in employer-based coverage and has required cuts in State spending. Over the past few years, California has eliminated reimbursement to clinics for seasonal and migrant workers, cut adult dental coverage, and dramatically decreased rates for Adult Day Health Centers. These Medi-Cal reimbursement decreases and cuts have posed significant financial challenges for safety net clinics and the low-income patient population.

Since the first report in 2009, the landscape of Santa Cruz County's safety net has also changed. In 2009, funds from the American Recovery and Reinvestment Act allowed Salud Para La Gente to expand its Clinica del Valle del Pajaro site. Between 2009 and 2011, six of the local clinics established Electronic Health Record systems. In 2012, three clinics received Health Resources and Services Administration funding to expand their clinics. Additionally, over the past two years, SNCC members have worked collaboratively to improve care by sharing data for quality improvement, participating in HIP's Patient Centered Medical Home Initiative, and working to increase geographic access to care.

This report re-examines Santa Cruz County's safety net clinic capacity in the context of the increased demand for primary care capacity that will be created by the 2014 expansion of coverage for low income adults. The findings serve as the basis for developing SNCC's Action
Plan for 2013 - 2015 to increase access for the newly insured and to reduce disparities including for those who will continue to be uninsured.

The report methodology consists of two parts: a data-driven analysis of each clinic’s 2009 to 2011 data and interviews with clinic directors and leadership staff in summer 2012. In fall 2012, HIP staff worked individually and at meetings with SNCC members to review the data and agree on findings. In January 2013, SNCC members met to adopt Goals and an Action Steps based on the data and analysis.

The major findings of this report include:

- The eight SNCC member organizations operate 19 clinics, provide health services in 20 school sites, and provided 243,594 patient visits in CY 2011, an 18% increase over CY 2010.
- The profile of SNCC patients includes: 96% are 0 to 64 years of age; 76% are at or below the federal poverty level; 53% are covered by State Medi-Cal or the Central California Alliance for Health (Alliance); and 39% who have either no or limited health coverage.
- The five SNCC organizations that provide primary care services operate 10 clinics, 8 school-based health centers and provided 174,979 medical visits in CY 2011, a 2% increase over CY 2009.
- These five SNCC organizations contract with the Alliance as Primary Care Providers and serve 48% of linked Alliance members in Santa Cruz County.
- County Medi-Cal enrollments increased 9% between FY 2009 and FY 2012 and many of these new enrollees receive primary and perinatal care in safety net clinics, increasing the percent of clinic patients covered by Medi-Cal from 36% in CY 2009 to 48% in CY 2011.
- During the same period, the percent of uninsured SNCC patients for these five SNCC organizations decreased from 53% in CY 2009 to 46% in CY 2011, a period in which the overall number of uninsured residents increased.
- Federal funding for three new clinics will expand physical clinic capacity in 2014. At the same time, an additional 8,600 residents will be newly eligible for Medi-Cal. The shortage of primary care providers is expected to be the major capacity barrier in the County.
- In 2014 an estimated 18,700 county residents will not be eligible to be covered by health reform and without access to primary care, will turn to emergency rooms for care.

In 2010, SNCC member organizations adopted the following Goals to achieve a common vision of a safety net system of care:

1. Build a collaborative quality improvement process within SNCC.
2. Develop patient centered medical homes.
3. Increase access to urgent care and same day services.
4. Expand capacity to provide coordinated medically, socially, and behaviorally complex care.
5. Organize collaborative approaches to increase geographic access.
6. Reduce disparities through health care reform and beyond.

This Report concludes with SNCC Action Steps for 2013 to 2015, the beginning of the era of health care reform.
Section 1: Population Trends in Santa Cruz County

This section provides a profile of Santa Cruz County in order to contextualize the broader community and needs in which the safety net clinics operate.

Santa Cruz County Overview

According to the U.S. Census, Santa Cruz County has been slowly growing over the last decade. In 2011 the county’s population was estimated to be 264,298. In 2011, almost 60% of residents identified as White, 32% as Hispanic, and 5% as Asian and Pacific Islanders.¹

Santa Cruz County is a coastal county with a high cost of living. The median value of an owner-occupied house from 2007-2011 was $613,500 as compared to $421,600 for the State of California.²

Santa Cruz is the second smallest county in California, yet it includes four diverse geographic areas: the north coast; the cities of Santa Cruz, Soquel, Capitola, and Aptos; the north rural area of Bonny Doon, San Lorenzo Valley; and the agricultural south county, including Watsonville and Corralitos. These areas bring large economic and ethnic diversity to this small county.

The city of Santa Cruz, known for its tourism, is also home to the University of California Santa Cruz, the county’s largest employer. The southern tip of Santa Cruz County, the Pajaro Valley, is largely agricultural.

The low-income population is located throughout the county. The largest pockets of poverty are located in the city of Santa Cruz and the Pajaro Valley. The population of the city of Santa Cruz includes residents working in the low wage hospitality sector, and the homeless. The southern part of the county is home to a large population of agricultural workers, who, due to the

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SNCC Report to the Community 2012
seasonal nature of their work, also make up a largely low-income working class population.

Figure 1 Percentage of Poverty, Population at or below 100% of the Federal Poverty Level 06-10 (est)

Parts of Santa Cruz County are designated as Medically Underserved Areas/Populations. Medically Underserved Areas/Populations are areas or populations designated by the Health Resources and Services Administration (HRSA) as shown on the map below. Santa Cruz County’s Medically Underserved Area/Population again is concentrated in the southern tip of the county, and the northern coastal area from the City of Santa Cruz to Davenport.

Figure 2 Medically Underserved Area/Population

Source: UDS Mapper. Santa Cruz County. 12/1/12 http://www.udsmapper.org
A shortage of primary care physicians is a community-wide problem in Santa Cruz County. National data indicates that only 69% of Medicare fee-for-service beneficiaries had a usual source of health care in 2009-10, putting the Santa Cruz hospital region in the lowest quartile for this measure of primary care access for hospital regions in the United States. One of the reasons for the community-wide primary care shortage is that Santa Cruz County has a “rural” designation for ambulatory care and thus receives a lower Medicare reimbursement rate. In contrast, for hospital reimbursement, Santa Cruz County hospitals have one of the highest wage indices in the country due to high wages and cost of living. This makes it difficult to recruit physicians burdened with high student loan payments.

Using a population-to-practitioner ratio of 2,000 low income residents per practitioner accepting low income patients, Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers. As shown on the map below, the two Santa Cruz County areas that demonstrate a greater need are Freedom (zip code 95019), and the northern coastal area from the city of Santa Cruz up to the rural area of Davenport. The area around Davenport is largely open space, with no city or town to anchor providers.

Figure 3 Health Professional Shortage Area

Source: UDS Mapper. Santa Cruz County. 12/1/12 http://www.udsmapper.org

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3 Commonwealth Fund Scorecard on Local Health System Performance. 2012 Scorecard. Santa Cruz, California. http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/Local-Scorecard.aspx#indicator/ind529/fmt/740

SNCC Report to the Community 2012
Like most areas in the U.S., Santa Cruz County was affected by the 2008 economic downturn. During 2011, the unemployment rate in the southern part of the County averaged 22%.\(^4\) Foreclosures, though down from 2010, were still significant. In 2011 there were 1,150 notices of default (the first step in the foreclosure process); since 2005 there has been a 312% increase in default notices (from 279 to 1,150).\(^5\)

The number of individuals needing assistance for food dramatically increased over the past few years. The Supplemental Nutrition Assistance Program (SNAP),\(^6\) known in California as CalFresh, saw a clear and definite increase in the number of individuals needing assistance with food (see table 1).

<table>
<thead>
<tr>
<th>Table 1 Average Number of Santa Cruz County People Served by CalFresh Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 08-09</td>
</tr>
<tr>
<td>14,463</td>
</tr>
</tbody>
</table>

Source: County of Santa Cruz. Human Services Department. FY 2011-12. Annual Report

The FY 2011-12 County of Santa Cruz Human Services Department Annual Report found that “due to the lingering economic recession, CalFresh applications continued to increase in the 2011-12 fiscal year”.

The poor economy translated into a growing number of uninsured. Between 2008 and 2010 the uninsured rate in Santa Cruz County slowly increased. According to the California Health Interview Survey, the Santa Cruz County uninsured rate for individuals ages 18 to 64 grew from about 1 in 5 uninsured residents in 2008 to 1 in 4 uninsured residents in 2010. There were significant differences in the percentage of White (90%) and Hispanics (51%)

| Santa Cruz County Uninsured Rate for Age 18 - 64 |
|-----------------|--------|--------|--------|
| Male            | 22%    | 24%    | 25%    |
| Female          | 18%    | 19%    | 19%    |

\(^6\) The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program, provides financial assistance for purchasing food to low- and no-income people living in the U.S. It is a federal aid program, administered by the U.S. Department of Agriculture, though benefits are distributed by individual U.S. states.
who reported having regular health coverage.\textsuperscript{7}

Due to the economy and the increased unemployment rate, more individuals became eligible for Medi-Cal. Santa Cruz County Medi-Cal enrollment numbers have increased since 2008. From January 2008 to June 2011, Santa Cruz County Medi-Cal enrollment increased 9%, gaining almost 10,000 new enrollees.

Table 2 Santa Cruz County Medi-Cal Rates Per Quarter, 01/2008 – 06/2011

![Graph showing Medi-Cal rates per quarter from 01/2008 to 06/2011.]

Source: Department of Health Care Services. Medi-Cal Member Months: Statewide and County Pivot Tables. Santa Cruz County.

A recent University of California, Los Angeles report found that for the first time in a decade, the percentage of Californians who had employer paid health insurance fell below 50 percent in 2011.\textsuperscript{8} The report also found that public insurance programs “picked up much of the slack for private insurance, covering one in five nonelderly Californians (19.1%)”.\textsuperscript{9} Still, even with the growth in public insurance coverage, a growing segment of the population continued to go without health insurance.

Summary

Santa Cruz is a small, yet diverse county with pockets of need. The ongoing recession has exacerbated the already existing need and taken its toll. The continuing poor economy has led to increases in public assistance program enrollment including in Medi-Cal. The increases in Medi-Cal have triggered a growing demand for capacity on the part of providers. The health care safety net organizations, an essential component of the system of care for low-income patients including Medi-Cal beneficiaries, has been especially challenged as they work to meet this increased demand.

\textsuperscript{7} 2011 Santa Cruz County Community Assessment Project.
Section 2: 2011 Safety Net Clinic Utilization

In spite of Santa Cruz County’s small size it has a robust network of health care organizations dedicated to serving the low-income population. Santa Cruz safety net clinic organizations have been serving the community’s neediest residents for over 30 years. Safety net clinic organizations consist of an array of providers delivering a broad range of health care services to medically underserved, uninsured populations, and publicly insured populations. The clinics collectively demonstrate a tenacity, perseverance and steadfast commitment to the most medically marginalized in the area. Santa Cruz County is serviced by eight safety net clinic organizations (a list of the Santa Cruz safety net clinic organizations and locations can be found in Appendix I). This section presents patient and visit utilization data for the period 2010 to 2011 data for these safety net clinics. The safety net clinic organizations are part of a county-wide collaboration known as the Safety Net Clinic Coalition (SNCC) which operates under the umbrella of the Health Improvement Partnership of Santa Cruz County (HIP).

Santa Cruz County Safety Net Clinics

SNCC is comprised of the leadership and staff from public and private safety net clinics within Santa Cruz County. The mission of SNCC is to work together to strengthen our system of safety net care to improve access to care and health outcomes of low-income residents.

Public Clinic: A publicly managed and funded clinic offering primary health care services to low income patients. A public clinic can be a Federally Qualified Health Center (FQHC).

Private Clinic: A privately operated and funded clinic offering primary health care services to low income clients. Private clinics can be FQHCs, private clinics, hospital owned, and/or free clinics.

Clinic leaders work together through SNCC to develop solutions to address common challenges, coordinate care, share expertise and best practices, and improve quality of care. SNCC is committed to working collaboratively to achieve comprehensive, accessible health care and improved outcomes for everyone in the county.

In 2012, the eight SNCC clinic organizations provided services in 19 sites and brought health services to 20 local schools.

Three of the local safety net clinic organizations are officially designated FQHCs: Salud Para La Gente, a designated Migrant and Community Health Center; Santa Cruz County Health Services Agency, a designated Homeless Health Center; and Santa Cruz Women’s Health Center, a Community Health Center (a designation received in 2012).

Note: This section does not include data and information on RotaCare and Dominican Mobile clinic.
Federally Qualified Health Center: An FQHC is a reimbursement designation from the Bureau of Primary Health Care. FQHC’s must:

- Be located in a federally designated medically underserved area or serve medically underserved populations;
- Provide comprehensive primary care including oral, and mental health;
- Adjust charges for health services on a sliding fee schedule according to patient income; and
- Be governed by a community board of which a majority of members are patients.

Members of the Safety Net Clinic Coalition (SNCC) are:

Cabrillo College Health Center. 6500 Soquel Drive. Aptos, CA 95003

Diabetes Health Center. 85 Nielson Street. Watsonville, CA 95076

Dientes Community Dental Care. 1830 Commercial Way. Santa Cruz, CA 95065
- School Based Health Services in the following schools: Alianza Elementary/Middle; Amesti Elementary; Ann Soldo Elementary; Branciforte Middle; Calabasas Elementary; Del Mar Elementary; Gault Elementary; Green Acres Elementary; Landmark Elementary; Live Oak Elementary; and Radcliff Elementary

Dominican Pediatric Clinic. 610 Frederick St 3rd Floor. Santa Cruz, CA 95062

Planned Parenthood Mar Monte
- Watsonville Clinic. 398 South Green Valley Road. Watsonville, CA 95076
- Westside Clinic. 1119 Pacific Avenue #200. Santa Cruz, CA 95060

Salud Para La Gente
- Salud Para La Gente Main. 204 East Beach Street. Watsonville, CA 95076
- Clinica del Valle del Pajaro. 45 Nielson Street. Watsonville, CA 95076
- Green Valley Clinic. 280 Green Valley Road Building 1. Freedom, CA 95019
- Beach Flats. 302 Riverside Avenue. Santa Cruz, CA 95060
- Elderday. 100 Pioneer Street. Santa Cruz, CA 95060
- School Based Health Centers: Freedom Elementary School; H. A. Hyde Elementary School; MacQuiddy Elementary School; Mintie White Elementary School; Starlight Elementary School; Cesar Chavez Middle School; Pajaro Middle School; and Pajaro Valley High School

Santa Cruz County Health Services Agency Clinics
- Emeline Clinic. 1080 Emeline Avenue. Santa Cruz, CA 95060
- Homeless Persons Health Project. 115 Coral Street. Santa Cruz, CA 95060
- Crestview Clinic. 9 Crestview Drive. Watsonville, CA 95076

Santa Cruz Women’s Health Center. 250 Locust Street. Santa Cruz, CA 95060
School Based Health Centers: SBHCs exist at the intersection of education and health and are the glue that prevents children from falling through the cracks. They can provide primary health, dental care, mental health and counseling, family outreach, and chronic illness management. SBHCs:
- Are located in schools or on school grounds;
- Are largely dependent on a parent clinic for oversight and many times financial subsidies;
- Work cooperatively within the school to become an integral part of the school;
- Employ a multidisciplinary team of providers to care for the students: nurse practitioners, registered nurses, physician assistants, social workers, physicians, alcohol and drug counselors, dental support staff, dentists, and other health professionals; and
- Have been proven effective models of care delivery for children.

National Assembly of School-Based Health Care

Although not an official SNCC member, the RotaCare Clinic serves the Live Oak area and surrounding community in the mid-county area and has become an increasingly important participant in the Santa Cruz safety net health care system. The RotaCare Clinic is open one evening a week and with the help of volunteer medical providers, offers services for minor illnesses and injuries as well as referrals and prescriptions. RotaCare is a free mobile clinic visiting rural areas of Santa Cruz County including underserved communities on the north coast and San Lorenzo Valley.

2011 Safety Net Clinic Utilization

This section looks at 2011 safety net clinic organization data. 2011 again represented a roller coaster of changes for the safety net clinic organizations—clinics worked collaboratively to advance the development of patient centered medical homes and to prepare for implementation of the Central California Alliance Health (Alliance) Care Based Incentive program; but the year also brought challenges through funding cuts and pending payment reform changes. Regardless, during the 2011 reporting year, Santa Cruz County safety net clinics provided 243,594 visits! This number represents an increase of almost 18% over 2010 visits. This increase represents a huge success for the safety nets who worked to improve care and expand visit capacity.

Safety Net Patient Profile
- 76% earn less than 100% of the FPL
- 53% Medi-Cal/Alliance members
- 39% Uninsured
- 21% Farm workers
- 65% Hispanic
- 38% Under age 19
- 58% Age 20 – 64
- 4% Age 65 or older

11 The Central California Alliance for Health is the county organized health system.
12 Care Based Incentives (CBI) is a program designed to compensate Alliance Primary Care Providers (PCPs) for efforts undertaken to improve the access, quality and efficiency of care provided to eligible Alliance members. CBI also rewards members for actively engaging in their care.
SNCC patients were seen for a variety of reasons; however, they overwhelmingly represented patients needing primary care. Overall visits were divided as follows: 75% medical; 22% dental; 2% health education; less than 1% nutrition; and less than 1% mental health.

Patient demographics largely continued to mirror past year’s patient age trends, with more female patients (64% to 36% respectively). The 20 – 64 year olds continued to be the largest population seen in the safety net. It should be noted that the 0 – 19 year old patient population continued to grow for a fourth consecutive year. The growth in the 0 – 19 year old patient population may be due in part to the growth in school services offered by Dientes Community Dental Clinic and Salud Para La Gente (see a complete list and information of school services in Appendix I); together these two organizations bring health services to 20 local schools.

Table 3 Safety Net Clinic Gender Data, 2010-2011

<table>
<thead>
<tr>
<th></th>
<th>Female 2010</th>
<th>Female 2011</th>
<th>Male 2010</th>
<th>Male 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>25000</td>
<td>30000</td>
<td>15000</td>
<td>10000</td>
</tr>
<tr>
<td>20-64</td>
<td>20000</td>
<td>25000</td>
<td>10000</td>
<td>7500</td>
</tr>
<tr>
<td>65+</td>
<td>10000</td>
<td>15000</td>
<td>5000</td>
<td>3500</td>
</tr>
</tbody>
</table>

Source: 2010-2011 Self-Reported SNCC Clinic Utilization Data

Recognizing that safety nets serve the neediest of the county’s residents is essential. Over one half of safety net clinic patients seen in 2011 were covered by Medi-Cal (this number includes both State Medi-Cal recipients and Alliance members). 39% of patients seen by SNCC organizations were uninsured.

In 2011, the majority of safety net clinic patients, 76%, were under 100% of the Federal Poverty Level designation. An additional 13% were between 100% and 200% of the Federal Poverty Level. **In total, almost 90% of safety net clinic patients had incomes under 200% of the Federal Poverty level**—meaning for a couple with two children they made less than $44,700 a year.

This past year again represented an increase in both patients and visits in Santa Cruz’s safety net. Between 2010 and 2011, Santa Cruz County safety nets saw a 9% increase in the number of patients served.
### Table 4 Patients by Clinic, 13, 14 2010 – 2011

<table>
<thead>
<tr>
<th>Clinic</th>
<th>2010 Patients</th>
<th>2011 Patients</th>
<th>Δ%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabrillo Health Center</td>
<td>2,340</td>
<td>3,893</td>
<td>66.4%</td>
</tr>
<tr>
<td>Diabetes Health Center</td>
<td>805</td>
<td>827</td>
<td>2.7%</td>
</tr>
<tr>
<td>Dientes Community Dental Care</td>
<td>6,812</td>
<td>7,068</td>
<td>3.8%</td>
</tr>
<tr>
<td>Dominican Hospital Pediatric Clinic</td>
<td>1,561</td>
<td>1,630</td>
<td>4.4%</td>
</tr>
<tr>
<td>HSA – Coral Street HPHP</td>
<td>5,920</td>
<td>5,739</td>
<td>-3.1%</td>
</tr>
<tr>
<td>HSA – Emeline</td>
<td>3,952</td>
<td>4,148</td>
<td>5.0%</td>
</tr>
<tr>
<td>HSA – Watsonville</td>
<td>1,459</td>
<td>1,480</td>
<td>1.4%</td>
</tr>
<tr>
<td>Planned Parenthood – Watsonville</td>
<td>6,881</td>
<td>6,762</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Planned Parenthood – Westside</td>
<td>10,880</td>
<td>10,566</td>
<td>-2.9%</td>
</tr>
<tr>
<td>Salud Para La Gente – Main</td>
<td>14,990</td>
<td>16,916</td>
<td>12.8%</td>
</tr>
<tr>
<td>Salud Para La Gente – Clinica del Valle del Pajaro</td>
<td>5,057</td>
<td>7,976</td>
<td>57.7%</td>
</tr>
<tr>
<td>Salud Para La Gente – Beach Flats</td>
<td>1,268</td>
<td>1,572</td>
<td>24.0%</td>
</tr>
<tr>
<td>Santa Cruz Women’s Health Center</td>
<td>5,697</td>
<td>5,222</td>
<td>-8.3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>--</strong></td>
<td><strong>--</strong></td>
<td><strong>9.0%</strong></td>
</tr>
</tbody>
</table>

Source: 2010-2011 Self-Reported SNCC Clinic Utilization Data

2011 also brought an increase in the number of visits the safety net clinics saw—almost 37,400 more visits, close to an 18% increase from 2010.

### Table 5 Visits by Clinic, 15, 16 2010 – 2011

<table>
<thead>
<tr>
<th>Clinic</th>
<th>2010 Visits</th>
<th>2011 Visits</th>
<th>Δ%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabrillo Health Center</td>
<td>5,803</td>
<td>6,397</td>
<td>10%</td>
</tr>
<tr>
<td>Diabetes Health Center</td>
<td>1,713</td>
<td>1,735</td>
<td>1%</td>
</tr>
<tr>
<td>Dientes Community Dental Care</td>
<td>18,594</td>
<td>19,143</td>
<td>3%</td>
</tr>
<tr>
<td>Dominican Hospital Pediatrics Clinic</td>
<td>7,064</td>
<td>7,102</td>
<td>1%</td>
</tr>
<tr>
<td>HSA – Coral Street HPHP</td>
<td>5,174</td>
<td>4,842</td>
<td>-6%</td>
</tr>
<tr>
<td>HSA – Emeline</td>
<td>15,153</td>
<td>15,198</td>
<td>0</td>
</tr>
<tr>
<td>HSA – Watsonville</td>
<td>17,897</td>
<td>17,274</td>
<td>-3%</td>
</tr>
<tr>
<td>Planned Parenthood – Watsonville</td>
<td>16,696</td>
<td>15,784</td>
<td>-5%</td>
</tr>
<tr>
<td>Planned Parenthood – Westside</td>
<td>22,524</td>
<td>21,588</td>
<td>-4%</td>
</tr>
<tr>
<td>Salud Para La Gente – Main</td>
<td>59,095</td>
<td>77,407</td>
<td>31%</td>
</tr>
<tr>
<td>Salud Para La Gente – Clinica del Valle del Pajaro</td>
<td>14,808</td>
<td>30,550</td>
<td>106%</td>
</tr>
<tr>
<td>Salud Para La Gente – Beach Flats</td>
<td>2,647</td>
<td>5,337</td>
<td>102%</td>
</tr>
<tr>
<td>Santa Cruz Women’s Health Center</td>
<td>17,718</td>
<td>18,614</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>204,886</strong></td>
<td><strong>240,971</strong></td>
<td><strong>18%</strong></td>
</tr>
</tbody>
</table>

Source: 2010-2011 Self-Reported SNCC Clinic Utilization Data

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13 Dientes Community Dental Care and Salud Para La Gente-Main both included School Based Health Center patient numbers.
14 Salud Para La Gente Main numbers include the Green Valle Clinic numbers.
15 Dientes Community Dental Care and Salud Para La Gente-Main both included School Based Health Center visit numbers.
16 Salud Para La Gente Main numbers include the Green Valle Clinic numbers.
As seen in table 5, the majority of the increase in visits was seen at Salud Para La Gente’s Clinica del Valle del Pajaro site. The growth at Clinica del Valle del Pajaro was due to its 2009 American Recovery and Reinvestment Act funding which allowed the site to construct 10 additional exam rooms and begin offering prenatal and dental services at the site.

Clinics Work to Advance Patient Centered Medical Homes

SNCC Executive Directors have met regularly to discuss safety net clinic challenges and improve care since 2002. In 2010, SNCC Medical Directors began meeting quarterly to work on quality improvement initiatives. SNCC Medical Directors openly share clinic performance data from the Alliance, as a way to share best practices and identify opportunities for improvement.

HIP’s Patient Centered Medical Home (PCMH) Initiative began in January 2011 and is a community-wide effort to advance patient-centered medical homes among all County providers. SNCC members participated in a two-year PCMH Breakthrough Series working together to improve preventive care, quality and the integration of services. The PCMH Breakthrough Series follows the Institute for Healthcare Improvement’s model that includes learning sessions, webinars and direct clinic team coaching. SNCC clinics established 14 quality improvement teams to strengthen clinic capacity and provide medical homes through individualized improvement projects coached by HIP staff and outside experts.

The PCMH Initiative strives to implement the following components:

- **Empanelment**: linking patients to a provider or care team.
- **Team-Based Care**: care teams work together to provide quality care to all patients.
- **Patient Centered Care**: patients are encouraged to take an active role in their care.
- **Enhanced Access**: structuring clinic hours to reflect appointment demand.
- **Care Coordination**: integrating all services and partnering with community resources.
- **Effective Leadership**: leadership committed to supporting a culture of quality improvement.
- **Quality Improvement**: training staff in improvement methods, using data to track progress.
- **Organized, Evidence-Based Care**: utilizing evidence-based care.

Figure 4 SNCC’s PCMH Initiative Learning Session 1

Source: May 27, 2011. Chaminade Resort and Spa

SNCC Report to the Community 2012
Progress is tracked based on the Alliance’s Care Based Incentive program outcomes. Progress is also measured by determining whether medical homes are established within SNCC clinics.

In 2013 HIP’s PCMH Initiative will focus on team based care and efficiency. HIP is partnering with the UCSF Center for Excellence in Primary Care to offer provider education programs on ‘share the care’\textsuperscript{17} and to develop a Medical Assistant Health Coach training program at Cabrillo College. The provider education programs are open to all primary care providers and staff. SNCC Medical Assistants and Clinic Managers will participate in the pilot training programs with the expectation that this Cabrillo College training program will be offered for all health care providers and medical assistants in Fall 2013. Several SNCC clinics are also working on improvement measures through work with Coleman Associates.\textsuperscript{18}

**Electronic Health Record Systems**

Spurred on by federal tax incentives and the need to better serve patients many local safety net clinic organizations moved to implement Electronic Health Record (EHR) systems. As of this report, six of the eight SNCC clinic organizations have established EHRs. The Santa Cruz County Health Services Agency has been the most progressive with the full implementation of its Epic healthcare software at all three of its sites in 2006.

The diversity of EHR systems across SNCC organizations includes six different software vendors: Epic; Vitera Intergy; NextGen; eClinicalWorks; Dentrix; and AllScripts. SNCC EHR systems vary depending upon the services offered by each clinic and the clinic’s need to communicate between providers and sites. Initially, clinics found it difficult to adopt new EHR systems, but the consensus is that once established the systems contribute a to efficiency, improved work flow and quality of care.

Currently none of the safety net clinic EHR systems interface. SNCC member organizations continue to explore methods to improve exchange of patient information with each other, the Alliance, hospitals, specialists and other community-based organizations to which the clinics refer patients.

**Utilization Numbers Interpreted in the Trenches**

In order to get the on the ground understanding of what utilization numbers meant within the clinics, Executive Directors and leadership teams were interviewed. The interviews addressed: current and emerging issues felt by each organization; changes to coverage and reimbursements and their impact on clinic efficiency; and strengths and weaknesses as recognized by each organization’s leaders.

\textsuperscript{17} Share the Care refers to the health model of reallocating responsibilities so that all clinical team members (doctor, Medical Assistant, etc.) share responsibility for and contribute meaningfully to the health of their patients. The patient is the team’s responsibility, not the clinician’s. Share the care means less work/time for the doctor and more equal work among the entire team. Training on this model is provided by the UCSF Center for Excellence in Primary Care.

\textsuperscript{18} Coleman Associates is a private firm focused on patient redesign workshops that include working with staff and managers on tested tactics and proven methods to improve the patient experience.

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SNCC Report to the Community 2012
Safety net clinics spoke of the following achievements:

- **New patient centered models of care.** Clinics reiterated their investment in the patient’s experience of care. Clinics cited their commitment to becoming patient centered medical homes. They also stressed their increased focus on strategic planning around patient needs.

- **Electronic Health Record Implementation.** Clinics have placed a large emphasis on developing their EHR. EHR implementation required time, dedication and support from staff at all levels but has led to improved patient care.

In addition to discussing the merits and accomplishments that had been achieved during 2011-12, safety net clinics echoed previous challenges in serving the most complex patients. Though SNCC members bring together different clinic organizations, many of their challenges were echoed among them. During interviews the most recurrent issues brought up by clinics were:

- **Physical Capacity Concerns.** Facilities were described as “cramped” for providers, staff, and administrators. Space limitations within existing facilities meant cramped space for staff but also limited ability to increase providers and consequently patient capacity. Across an overwhelming majority of the clinics, physical space capacity was mentioned as the primary reason they would not increase provider and correspondingly patient capacity.

- **Concern over Reimbursements.** Safety net clinics work within slim financial margins, striving to meet the complex health care needs of their patients, both insured and uninsured. Decreases in Medi-Cal reimbursement are a continuing concern. Beginning in 2009-10, the state Legislature eliminated 10 Medi-Cal benefits from coverage, including adult dental care, podiatry, and psychology services. In 2012 Adult Day Health Center funding was severely cut. Beginning in 2013 a new list of cuts and reductions will again take place, Healthy Families program children will be transitioned to Medi-Cal, lowering the provider reimbursement rates and State Medi-Cal reimbursement rates will be cut by 10%. Cutbacks in community services affect the safety net clinics and jeopardize their ability to improve the health and reduce disparities for the low income population.

**Summary**

2011 brought increased patient numbers and increased visit numbers to the Santa Cruz safety net clinics. Clinics were able to see 9% more patients than in 2010. In addition, clinics had 243,594 visits, almost 18% more than 2010. The safety net patient profile continued to represent the most medically vulnerable residents in the county—almost 90% of patients had incomes under 200% of the Federal Poverty Level; about half were on public insurance programs and 39% were uninsured. Despite these challenges SNCC members led the way in advancing a system of Patient Centered Medical Homes.

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Section 3:

Primary Care Trends 2009 – 2011

This section looks at primary care utilization trends including visit type and payor source between 2009 and 2011. Analysis in this section is based on safety net clinic organizations offering primary medical care services. Data comes from self-reported calendar year reports.

Five of the eight SNCC member organizations provide primary medical care and are contracted primary care providers for the Alliance. In addition, Salud Para La Gente provides primary medical care at their school-based clinic sites. SNCC organizations and clinics providing primary medical care are:

- Dominican Pediatrics
- Planned Parenthood Mar Monte
  - Watsonville Clinic
  - Westside Clinic
- Salud Para La Gente
  - Main Clinic
  - Clinica del Valle del Pajaro
- Green Valley Clinic
- Beach Flats Clinic
- School-Based Health Centers
- Santa Cruz County Health Services Agency
  - Emeline Health Center
  - Homeless Persons Health Project
  - Watsonville Crestview Health Center
- Santa Cruz Women’s Health Center

During the past few years safety net clinics have been working diligently to increase efficiency as well as improve patient care. The various advances described earlier (PCMH Initiative, EHR implementation, etc.) allowed clinics to restructure how they saw patients, improve care, and increase capacity. As was noted in Section 2, 2011 Safety Net Clinic Utilization, both the number of safety net patients as well as the number of safety net visits increased during the 2011 calendar year. However, closer examination of utilization rates from the past few years points to an interesting tale of safety net growth.
Patient and Visit Trends

Among the safety net organizations providing medical primary care services, the number of unduplicated patients has grown since 2009. Between 2009 and 2010 the number of unduplicated patients decreased slightly, but on average, there was an only a 6% increase in the number of patients.

Total visits grew as well (see blue line in table 6 below). Total visits were defined as all services offered at the 5 organizations listed previously, including vision, dental, mental health, nutrition, etc. Between the years 2009 to 2010 there was a 1% decrease. Between 2010 and 2011, there was an 8% increase. Between 2009 and 2011 there was a 6% increase in the number of total visits at the above listed primary care safety net clinic organizations.

Table 6 Total Visits vs. Primary Medical Care Visit Trends, 2009 - 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Visits</th>
<th>Primary Care Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1,500,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>2010</td>
<td>1,600,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>2011</td>
<td>1,700,000</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

Source: 2009-2011 Self-Reported SNCC Clinic Utilization Data

Primary medical care visits were then disaggregated from total visits and analyzed independently. All visits for non-medical services were omitted from the data for the purpose of only calculating primary medical care visits. Specifically, all dental, nutrition, mental health, and Adult Day Health Center visits were omitted from this analysis. When disaggregated, the primary medical care visit numbers did not increase at as fast a rate as total visits (see red line in table 6 above). Between the years 2009 and 2010, primary care medical visits decreased 1%. 2010 to 2011 saw an increase of 4% in visits. Overall between 2009 and 2011 primary medical care visits increased at a rate of less than 2%.

The slow rate of increase among primary care visits (<2% increase between 2009-2011) compared to overall total visits (6% increase between 2009-2011) in table 6 means that the majority of the increase in visits was due to visits other than primary medical care, including dental, nutrition, and mental health. One possible explanation for the minimal increase in primary medical care visits compared to overall total visits may reflect an early indication of the emerging shortage of primary providers as the primary care capacity issue.

The dip in utilization between 2009 and 2010 may be attributable to clinics adjusting to State
cuts, furlough days, and loss in productivity due to the initial implementation of Electronic Health Records. In 2011 clinics began working on increasing efficiency and access including the HIP PCMH Initiative.

**Payor Trends**

Next, patient payor trends were analyzed. From 2008 to 2011, the uninsured rate nationally, state-wide, and locally was inching its way up as a result of the ongoing recession. The U.S. Census found since 2008 both males and females have seen an increase in health insurance loss. In 2010 one in four men ages 18 to 64 were uninsured and almost one in five women.

As was noted earlier, the poor economy also led to an increase in the Santa Cruz County Medi-Cal rates. During the same time period as above, from FY 2008/09 to FY 2011/12, Santa Cruz County Medi-Cal rates increased at a rate of 9% (see table 8).

<table>
<thead>
<tr>
<th>Santa Cruz County Uninsured Rate for Age 18 – 64</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

Table 8 Average Number of Medi-Cal People Served Monthly

<table>
<thead>
<tr>
<th></th>
<th>FY 08-09</th>
<th>FY 09-10</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34,228</td>
<td>36,169</td>
<td>36,864</td>
<td>37,410</td>
</tr>
</tbody>
</table>

Source: County of Santa Cruz. Human Services Department. FY 2011-12. Annual Report

The growth of Medi-Cal recipients brought a surge of new low-income patients to Santa Cruz County’s safety net health care system including safety net clinics and private practices.

Over the last decade, safety net clinics have increased the number of linked Alliance members from 9,503 to 12,190 (a 4% increase); while the number of Alliance members linked to private practices has stayed the same (see table 9). In 2012 48% of linked Alliance members were assigned to safety net clinics for primary care medical services.

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22 County of Santa Cruz. Human Services Department. FY 2011-12. Annual Report
Table 9 Santa Cruz County CCAH Enrolled Med-Cal Members by Primary Care Provider

<table>
<thead>
<tr>
<th>Type of Primary Care Provider</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Net Clinic</td>
<td>9,503</td>
<td>10,534</td>
<td>11,468</td>
<td>11,956</td>
<td>12,717</td>
<td>14,582</td>
<td>13,160</td>
<td>12,190</td>
</tr>
<tr>
<td>Private Practice</td>
<td>13,230</td>
<td>13,631</td>
<td>14,308</td>
<td>14,356</td>
<td>14,929</td>
<td>15,178</td>
<td>10,798</td>
<td>13,289</td>
</tr>
<tr>
<td>Administrative Members (Not Linked)</td>
<td>3,329</td>
<td>3,822</td>
<td>3,877</td>
<td>3,675</td>
<td>3,769</td>
<td>3,801</td>
<td>9,785</td>
<td>10,224</td>
</tr>
<tr>
<td>Total CCAH Medi-Cal Members</td>
<td>26,062</td>
<td>27,987</td>
<td>29,646</td>
<td>29,987</td>
<td>31,415</td>
<td>33,561</td>
<td>33,743</td>
<td>35,703</td>
</tr>
</tbody>
</table>


Safety net clinics also serve many State Medi-Cal patients (e.g. pregnancy only Medi-Cal), another population that has increased over the last decade. Since CY 2009, clinics increased their combined State and Alliance Medi-Cal population from 36% of total patients in CY 2009 to 48% in CY 2011 (see red line in table 7 below). In short, safety net clinics worked hard to expand access for all Medi-Cal patients.

Self-reported SNCC utilization data appears to indicate that although access for Medi-Cal patients in clinics increased; access for other patients, specifically the uninsured decreased. During the same period, the percent of uninsured SNCC patients for these five SNCC organizations decreased from 53% of total patients in CY 2009 to 46% in CY 2011 (see blue line in table 7 below), a period in which the overall number of uninsured county-wide increased. The following graph trends the percent of uninsured and Medi-Cal patients at safety net clinics providing primary care between 2009 and 2011.

Table 7 Percentage of Uninsured and Medi-Cal patients at Primary Care Safety Nets, 2009 – 2011

[Graph showing trends of uninsured and Medi-Cal patients]

Source: 2009-2011 Self-Reported SNCC Clinic Utilization Data

23 Central California Alliance for Health changed their patient designation in 2011. The number of administrative members increased due to this change. Reported enrollment is as of April 30 of each year.
For the purpose of this analysis uninsured patients include patients who have no third party coverage and/or qualify only for episodic coverage for specific conditions. The primary examples of episodic coverage are Santa Cruz County’s MediCruz program for medically indigent adults and the federal Family PACT program. In 2009 SNCC members decided to count episodic coverage as being uninsured because research has found that episodically insured individuals mirrored uninsured patient behavior more than insured person’s behaviors—meaning the uninsured do not access health services with the same regularity as fully insured individuals. Clinics struggle to provide full primary care services to patients with limited episodic coverage further taxing their limited donation and grant funding for the uninsured.

Summary

This section looked at utilization trends at five SNCC organizations that provide primary medical care in Santa Cruz County, and found that, since 2009 there was only a 2% increase in primary care medical visits due to a variety of factors including clinic capacity.

A second finding was the trend in payor mix. Between 2009 and 2011 clinics served more Medi-Cal patients. Because of challenges in safety net clinic capacity, the increase in Medi-Cal patients seems to have led to a decrease in access for uninsured patients.

As described in Section 2 of this report, the safety net clinic patient population is very low-income with many psychosocial needs. The data in this Section illustrates the disparity in access to care for the uninsured versus the insured. A 2012 national study found that the uninsured: are less likely to have a usual source of care outside of the emergency room; often go without screenings and preventive care; often delay or forgo needed medical care; are sicker and die earlier than those who have insurance; and pay more for medical care. ACA will expand comprehensive coverage for many low income residents and will require a corresponding increase in safety net capacity to help serve this patient population. In addition we need to build capacity and strengthen the safety net clinic system to provide care for County residents who will remain uninsured including those who do not obtain coverage from the health insurance exchange and those who are not be eligible for ACA coverage.

Section 4: Changes on the Horizon

The next few years are expected to bring dramatic changes to the national and local health care system. This section looks at two of those changes: health care reform and clinic expansions.

Patient Protection and Affordable Care Act

In 2014 the Patient Protection and Affordable Care Act (ACA)\(^{26}\) will significantly expand eligibility for health care coverage. Although changes in coverage have been occurring since the ACA's passage in 2010, the largest coverage expansion will occur in 2014. In 2014 the health insurance exchanges, including Covered California, will begin offering insurance for the uninsured, the Medi-Cal income thresholds will increase, and many for whom insurance was previously unattainable will be able to be insured.

California has moved extremely quickly to take advantage of the ACA changes and leverage federal funds to increase the number of insured Californians and reduce health disparities. Locally, health care reform will radically change Santa Cruz County (see table 10 below).

Table 10 Santa Cruz County Residents by Coverage

<table>
<thead>
<tr>
<th>2012 Actuals</th>
<th>2014 Eligibles</th>
</tr>
</thead>
<tbody>
<tr>
<td>54%</td>
<td>52%</td>
</tr>
<tr>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

\(^{26}\) The Patient Protection and Affordable Care Act (PPACA) (or the federal health care law), is a United States federal statute signed into law by President Barack Obama on March 23, 2010.
Projections estimate that in Santa Cruz County 8,600 low income adults will be eligible to enroll in Medi-Cal and will become Alliance members. In addition, 32,700 uninsured adults and children will be eligible to purchase coverage, many with federal subsidies, on the California Health Benefit Exchange, ‘California Covered’. Finally it is also estimated that almost 19,000 County residents will not be eligible for coverage and will remain uninsured.

Table 11 Santa Cruz County Health Care Reform Projections

<table>
<thead>
<tr>
<th></th>
<th>2012 Actuals</th>
<th></th>
<th>2014 Eligibles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>% of Pop</td>
<td>#</td>
<td>% of Pop</td>
</tr>
<tr>
<td>Medi-Cal (0 to 64 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 18 years</td>
<td>21,000</td>
<td>38%</td>
<td>21,000</td>
<td>38%</td>
</tr>
<tr>
<td>19 to 64 years</td>
<td>17,500</td>
<td>10%</td>
<td>26,100</td>
<td>15%</td>
</tr>
<tr>
<td>Uninsured (0 to 64)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 18 years</td>
<td>2,400</td>
<td>4%</td>
<td>2,000</td>
<td>4%</td>
</tr>
<tr>
<td>19 to 64</td>
<td>41,100</td>
<td>23%</td>
<td>16,700</td>
<td>9%</td>
</tr>
<tr>
<td>Exchange</td>
<td>0</td>
<td>0%</td>
<td>32,700</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: U.C.L.A Center for Health Policy Research. Adults Health Profiles
U.C. Berkeley Labor Center. 3/22/12. Health Insurance Coverage in California under the Affordable Care Act. Presentation to the California Health Benefit Exchange Board

It is important to note that these figures are estimates of the number of individuals who are eligible for coverage in 2014, not the number of newly covered individuals. What percent of eligible residents sign up for coverage, especially in 2014, is dependent on a number of factors including the strength of local education and outreach, the attractiveness of the benefit package to the uninsured, and the capacity of the local health care system to serve newly insured individuals.

There are differences of opinion on how many uninsured adults will enroll in coverage in 2014—30%, 50%. Experience with the County’s Low Income Health Program demonstrated that the first to sign-up are uninsured individuals with chronic health care conditions and pent up demand for services including surgical procedures. Regardless of the numbers, the ACA coverage expansion will have huge implications for all health care providers starting in 2014. Expanding and strengthening the safety net clinic system is an essential component to maximizing the impact of the ACA to improve access to care for all residents.

27 California Department of Health Care Services. Medi-Cal Beneficiary County Pivot Table - Most Recent 24 Months.
28 Central California Alliance for Health projections based on UCLA Center for Health Policy research 4/14/10
29 UCLA Center for Health Policy Research. Health Profiles
30 Public Policy Institute of California. Counting California’s Unauthorized Immigrants
31 Georgia Health Policy Center. Basic Components of Health Care Reform

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New Opportunities for Santa Cruz County’s Safety Net Capacity

In addition to increases in the Medi-Cal income threshold and the newly established insurance marketplaces, health care reform also opened new funding revenues to strengthen the health care safety net. In 2012, three local clinics received federal funding for facility expansion from the Health Resources Services Administration (HRSA)—Salud Para La Gente; Santa Cruz Health Services Agency; and the Santa Cruz Women’s Health Center. The clinics expressed optimism that the new and/or expanded sites would increase access and capacity to thousands of new primary care patients. The clinic directors spoke of utilizing their funds as clean slates to reorganize and maximize the number of patient rooms per provider, expand shared provider-staff space, and increase administrative space.

These new sites will bring expanded services to Watsonville through Salud Para La Gente’s redesigned Main Clinic, and Santa Cruz County Health Services Agency’s Homeless Persons Health Project, as well as new services to the Live Oak community through Santa Cruz Women’s Health Center’s new site.

Salud Para La Gente’s Main Clinic will undergo complete renovation. The expansion is projected to begin in May 2013, and to be completed by April 2014. Funds will bring an estimated 16 new patient exam rooms for medical, pediatric dental, mental health and outreach services. The clinic expects to be able to serve approximately 2,000 new patients, and offer 6,000 additional visits annually.

The Santa Cruz County Health Services Agency will renovate its Watsonville clinic site. The Health Services Agency anticipates adding 5 new medical rooms. Funds will allow a projected 1,700 unduplicated homeless primary care patients to be seen at this new site annually; 700 of whom will be new homeless patients. The clinic expects to offer approximately 6,400 annual primary care visits, and by co-locating with Dientes Community Dental Care, 4,000 dental care visits to homeless adults and children annually.

Santa Cruz Women’s Health Center will open a new site in Live Oak. The clinic anticipates adding an additional 2,500 patients once at full capacity in May 2014, and an additional 8,750 visits per year once at full capacity.

These developments will alleviate a longstanding issue of inadequate physical capacity and need for a clinic site in the Live Oak area. However, the safety net clinic recognize that building additional physical space will not solve the community-wide issue of primary care physician shortage and that recruiting providers to deliver care in the expanded space will become the major challenge of 2014.

Summary

The future of health care is expected to bring new and exciting changes. ACA coverage expansion promises to bring an influx of newly insured patients through Medi-Cal and the California Health Benefit Exchange “California Covered” to the health care system.

Locally, the infusion of federal funds will dramatically change the physical capacity of Santa Cruz
County’s safety net clinics. The strategic placing of these new and expanded sites will bring access to previous geographically designated at need areas—mainly Watsonville, and the Live Oak area.

These new and expanded sites will help Santa Cruz County meet the need of health care reform’s expansion. However, federal money will pay for capital and renovations only, and do not offer provider funds. While the physical landscape of Santa Cruz will drastically change due to the new sites, county health leaders will have to work on increasing provider capacity.
Section 5:
Will there be enough Capacity?

The question people continue to ask is: *Will there be enough capacity? Will the increase in patients the match space available?* Capacity is complicated and can refer to the maximum amount or number that can be contained or accommodated; it can be defined by the number of providers, physical space constraints, and/or financial ability to take on a patient type.

To better understand capacity, this section looks at two ways of explaining capacity. The first looks at capacity projections by the Alliance. The second uses Health Resources and Services Administration information and formula to understand the capacity needs of the low income population, including the remaining uninsured.

Central California Alliance for Health Capacity Projections

As the Medi-Cal managed care plan for Santa Cruz County, the Alliance's answer to the question will there be enough primary care capacity for the expanded Alliance Medi-Cal members is a critical part of the community analysis.

In October 2012, the Alliance studied what the future held for its service area given the anticipated 2014 growth projections from health care reform. The question it asked was: what percent of additional capacity is there per year among the Alliance network?

Alliance measured capacity based on a ratio of 1 FTE primary care physician: 2,000 linked members, and 1 FTE mid-level provider: 1,000 linked members. The Alliance's capacity estimates are based on a conservative 30% of eligible new enrollees actually enrolling through the new ACA expanded eligibility criteria.

Based on this analysis, in 2012 the Alliance estimates 28% open capacity for growth. The cushion diminishes slowly each consecutive year (see table 12 below).

![Table 12 Santa Cruz Medi-Cal: Members v. Remaining Capacity](image.png)

Source: Central California Alliance for Health. Coverage Capacity presentation to Alliance Board 2012.
The Alliance projections estimate that from a 28% capacity cushion in 2012, Santa Cruz County will have an estimated 11% cushion of growth for Medi-Cal eligible individuals entering into the system in 2015.

The Alliance found that capacity is complex. These projections are based on a conservative 30% enrollment of eligible individuals—if all eligible Medi-Cal individuals enrolled, its network would not be able to meet the demand. If current enrollment trends continue and only about 30% of eligible individuals enroll, the analysis finds that there will be enough capacity to meet the Medi-Cal demand locally.

The Alliance makes the point that this is an analysis based only on numbers of Medi-Cal patients, not on all patients. Continued work to improve all low-income patient capacity is critical in order to ensure appropriate and efficient access to care for the growing need.

**Health Resources and Services Administration Findings**

The Health Resources and Services Administration (HRSA) regularly collects utilization data from FQHCs and compares it with local population health data. This sub-section looks at information from HRSA’s UDS Mapper data base. UDS Mapper data evaluates the geographic reach, penetration, and growth of FQHC’s. Information is divided into Zip Code Tabulation Areas (ZCTA). Santa Cruz County is made up of 8 ZCTAs.

Table 13 Santa Cruz County FQHC Patient Share, 2011

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>95076</td>
<td>Watsonville</td>
<td>4</td>
<td>SALUD PARA LA GENTE</td>
<td>91%</td>
<td>17,647</td>
<td>51%</td>
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<tr>
<td>95073</td>
<td>Soquel</td>
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<td>SANTA CRUZ COUNTY</td>
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<td>1,998</td>
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<tr>
<td>95066</td>
<td>Scotts Valley</td>
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<td>SANTA CRUZ COUNTY</td>
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<td>95065</td>
<td>Santa Cruz</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>61%</td>
<td>1,281</td>
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<td>95064</td>
<td>Santa Cruz</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>52%</td>
<td>475</td>
<td>6%</td>
</tr>
<tr>
<td>95062</td>
<td>Santa Cruz</td>
<td>3</td>
<td>SANTA CRUZ COUNTY</td>
<td>56%</td>
<td>10,038</td>
<td>12%</td>
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<tr>
<td>95060</td>
<td>Santa Cruz</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>74%</td>
<td>12,042</td>
<td>20%</td>
</tr>
<tr>
<td>95018</td>
<td>Felton</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>72%</td>
<td>996</td>
<td>19%</td>
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<tr>
<td>95017</td>
<td>Davenport</td>
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<td>SANTA CRUZ COUNTY</td>
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<td>95</td>
<td>31%</td>
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<tr>
<td>95010</td>
<td>Capitola</td>
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<td>SANTA CRUZ COUNTY</td>
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<td>95006</td>
<td>Boulder</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>85%</td>
<td>1,342</td>
<td>14%</td>
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<tr>
<td>95005</td>
<td>Ben Lomond</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>87%</td>
<td>1,065</td>
<td>14%</td>
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<tr>
<td>95003</td>
<td>Aptos</td>
<td>2</td>
<td>SANTA CRUZ COUNTY</td>
<td>55%</td>
<td>3,920</td>
<td>12%</td>
</tr>
</tbody>
</table>

**SUMMARY:** 54,230 32%

Source: UDS Mapper. Santa Cruz County. 12/1/12 [http://www.udsmapper.org](http://www.udsmapper.org)

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32 UDS Mapper assists in evaluating the geographic reach, penetration, and growth of the Section 330-funded Health Center Program and its relationship to other federally-linked health resources. Data presented is based on data within the Uniform Data System (UDS).

33 Santa Cruz County’s ZCTAs include: 95076; 95073; 95066; 95065; 95064; 95062; 95060; 95018; 95017; 95010; 95006; 95005; 95003
HRSA’s UDS Mapper is 2011 data when Santa Cruz County had only two FQHCs—Salud Para La Gente and the Santa Cruz County Health Services Agency. Note that the data is reported by all FQHCs and so includes patients from Santa Cruz County zip codes seen by FQHCs in surrounding counties. In south Santa Cruz County, Salud Para La Gente has a 91% share of the patients seen by FQHCs. In north Santa Cruz County, Santa Cruz County Health Services Agency sees the largest share of low income patients served by FQHCs—see table 13 above.

2011 FQHC utilization reports finds that of the approximately 80,000 low-income county residents, Santa Cruz County based FQHC’s serve about 32% of the low-income population, leaving 54,000 low-income residents who received care from other safety net clinics, private providers or went without care. Unfortunately the number of patients who did not receive care is not possible to determine from the UDS data.

In order to evaluate the area of greatest need, the UDS Mapper geographically charts uninsured populations. When Santa Cruz County is looked at for uninsured patients, there is an uneven distribution of uninsured. South Santa Cruz County overwhelmingly represents the area with the highest percentage of uninsured patients. Note: U.C. Santa Cruz (zip code 95064) also looks as if it has a large number of uninsured patients, this could be due to the way Student Health Insurance is categorized.

Figure 4 More that 20% of the Population is Uninsured

Source: UDS Mapper. Santa Cruz County. 12/1/12 http://www.udsmapper.org

Despite the limitations, the HRSA’s UDS Mapper data, especially with additional data from Santa Cruz Women’s Health Center in 2012, is an important data source for understanding the market served by FQHCs. It underlines the need for a diverse network of safety net providers in Santa Cruz County.

34 Santa Cruz County currently has 3 FQHC’s—Salud Para La Gente, Santa Cruz Health Services Agency and Santa Cruz Women’s Health Center. Santa Cruz Women’s Health Center became a Federally Qualified Health Center in June 2012 and is therefore not included in the analysis.
Primary Care Providers Needed

The two previous subsections serve to show that the work and reach of Santa Cruz County's safety net clinics continues and will only grow in 2014 and beyond. This subsection attempts to translate the discussion above into actual provider need.

Methods for calculating existing and new capacity vary. The standard equation for a private practice estimates that patients see their primary care doctor about 3.25 times per year.\(^{35}\) Recent safety net clinic utilization trend research estimates visits per patient per year to be closer to 3.72.\(^{36}\) HRSA uses an estimate of 2,000 patients per provider case load to measure capacity. These various forms of measurement indicate that provider capacity falls on a spectrum. Putting together the visits/patient and patients/provider translates into 6,500 to 7,500 new visits a year for 2,000 primary care patients. Clearly this is more visits than a single primary care physician, even Dr. Welby, can do. It points again to the importance of the expanding the use of nurse practitioners and physician’s assistants as well as team-based care.

Based on HRSA’s provider calculation (2,000:1), inputting the new Medi-Cal eligible enrollees (8,600), county-wide about 4.5 FTE provider teams will be needed to serve the new Medi-Cal patients. Using the same equation for the Health Benefit Exchange enrollees (32,700), an additional 16.5 FTE provider teams will be needed.

- Fifty years ago, half of the doctors in America practiced primary care, but today fewer than one in three of them do.\(^ {37}\)
- The average primary care physician in the U.S. is 47 years old, and one-quarter are nearing retirement.\(^ {38}\)
- In 2011, about 17,000 doctors graduated from American medical schools.\(^ {39}\) Despite the fact that over half of patient visits are for primary care, only 7 percent of the nation’s medical school graduates now choose a primary care career.\(^ {40}\)
- Between 1965 and 1992, the primary care physician-to-population ratio grew by only 14 percent, while the specialist-to-population ratio exploded by 120 percent.\(^ {41}\)

\(^{35}\) Qualis SNMHI "Empanelment Part 2" Guide. Mark Murray (p.8), Based on the National Center for Health Statistics (NCHS). NCHS visits/patient/year rates are based on data spanning all practice environments and patient populations. Visits per patient per year rates are: 3.19 (overall); 4.5 (internal medicine); 3.25 (family practice); and 2.8 (pediatrics)
\(^{36}\) Carolyn Shepherd, M.D. Clinica Campesina, Colorado. Primary Care Teams. Note: Safety net average visit estimates include medical, and some OB, but excludes dental, behavioral health, and other non-medical services
\(^{38}\) American Academy of Family Physicians [AAFP]. See note 36
Summary

Safety net clinic capacity is a complex issue that can mean very different things from providers to space to financial constraints of serving a certain type of patient. Nationally, a shortage of primary care physicians has been identified as a long standing problem, exacerbated by coverage expansion from health care reform. According to the American Association of Medical Colleges, the United States will be short some 45,000 primary care physicians by 2020. Locally, this predicament is even worse. For over a decade Santa Cruz County health leaders have identified and been working on this issue. This local primary care shortage is exacerbated by the county’s rural designation and lower reimbursement rate. In 2014 health care reform will make health insurance available to some 40,000 new county residents through Medi-Cal expansion and the California Benefits Exchange ‘California Covered’ insurance subsidies. With health care reform this gap in primary care will only multiply. While 21 new FTE providers may not appear a large feat, recruitment and retention of 21 new providers—within the current context of an already existing provider shortage—will require careful planning, extensive work and ongoing commitment.

According to the Alliance, if considering only new Medi-Cal patients, the safety net and Medi-Cal serving private providers appear to have enough capacity. However, in addition to Medi-Cal patients, the county will also have to make capacity for the new Health Benefit Exchange enrollees, as well as those who will remain residually uninsured. How this increased patient demand translates into the multiple types of patients clinics serve (Medi-Cal, privately insured, episodically insured, as well as the uninsured) is difficult to weave into a simple explanation based on numbers alone. What is clear is that more safety net clinic provider capacity will be critical in order to serve all low-income patients, including both the newly insured as well as the residually uninsured.

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42 AAMC Center for Workforce Studies, June 2010 Analysis
Section 6:
Goals and Action Steps 2013 - 2015

SNCCs Report to the Community: 2020 Vision for a Safety Net System of Care, October 2010, established a vision of an integrated safety net system of patient centered medical homes to serve all low income residents of Santa Cruz County. The 2010 Report also defined five goals and action steps to achieve this vision. The five goals are:

1. Build a collaborative quality improvement process within SNCC.
2. Develop patient centered medical homes.
3. Increase access to urgent care and same day services.
4. Expand capacity to provide coordinated medically, socially, and behaviorally complex care.
5. Organize collaborative approaches to increasing geographic access.

Based on the experience of the last two years, the capacity analysis included in this report, and collaborative discussion among SNCC member organizations, this section updates the action steps for each goal for the period 2013 to 2015.

In 2013-2015, the overarching goal for HIP is to maximize the impact of ACA coverage expansion on the health of our entire community and on every patient’s experience of care, without increasing the cost of care.

Recognizing that the ACA will not achieve universal coverage and that disparities in access will remain, we have added a sixth goal for this report:

6. Reduce disparities in access to care through health care reform and beyond.

Goal #1: Collaborative Quality Improvement

Build a collaborative quality improvement process within the safety net clinic coalition

Arguably the most important single component of HIP’s portfolio of activities to advance patient centered medical homes is the quarterly meeting of the SNCC Medical Directors for the purpose of sharing data from the Alliance’s CBI program and best practices to achieve critical outcomes including the reduction in avoidable emergency room visits. The anticipated 2014 expansion of Alliance members linked to safety net clinics will make this component more critical for safety net clinic members and for the safety net system of care. However, over the last two years there has been growing recognition of the limitations of claims based data and an interest in working collaboratively to share quality data generated by the electronic health records now available in most provider settings, including safety net clinics. Finally, the interdependence of safety net clinics and private practitioners to provide access to care for Medi-Cal beneficiaries has led to an interest in expanding collaborative quality improvement activities to all safety net providers, including private practitioners.
• **Share QI Data.** Continue to review and discuss quality metrics provided by the Alliance for its members who are safety net clinic patients. Where certain providers have achieved superior outcomes, best practices can be shared to guide improvement in other clinics. For issues that are common to all clinics, such as reducing preventable hospitalizations, clinics may find it more effective to work together on quality initiatives.

**Expand QI Data.** Develop common definitions for patient outcome measures that are derived from EHR reports, or other clinical data sources as appropriate. Share new measures at the SNCC Medical Directors meeting.

**Expand QI Collaboration.** Invite private practitioners who contract with the Alliance to provide primary care to participate annually in sharing CBI at a SNCC Medical Directors meeting.

**Share Lessons Learned to Improve Efficiency.** Share lessons learned from the performance improvement undertaken by individual SNCC members, including clinics participating in Coleman Associates' various performance improvement activities and workshops.

**Goal #2: Patient Centered Medical Homes**

*Develop patient centered medical homes as a way to increase preventive care, improve quality, and integrate and coordinate critically needed mental health and other services.*

As described above, HIP led a PCMH Initiative with 10-clinic teams in 2011 and with 14-clinic teams in 2012. All SNCC member clinic organizations participated in at least one year of the Initiative and made significant progress in developing data-driven quality improvement programs in their clinics, as well as in advancing the components of a PCMH. All clinics recognized that they have considerable work to do to become a PCMH. In 2013, with funding from the Blue Shield of California Foundation, HIP’s PCMH Initiative will host a two-part community provider education program on team-based care and work with Cabrillo College to launch training for Medical Assistants to serve as Health Coaches.

**Advance PCMHs.** Continue work on individual improvement projects to advance the development of patient-centered medical homes, including continuation of the 2011-2012 PCMH Initiative teams, and work with efficiency consultants (as appropriate). Actively participate in HIP’s 2013 community education program on team-based care.

**Develop Workforce.** Develop the safety net workforce through participation in the 2013 Cabrillo College Health Coach Training. Actively work on “share the care” improvements, as well as PCMH efforts.

• **Interoperable health information technology.** Strengthen data sharing capabilities and electronic connectivity within individual clinics, among clinics, and with other health care organizations in the county.

• **Integrated behavioral health.** Continue to develop existing best practices for partnerships between behavioral health and primary care clinics. Such partnerships involve a bi-directional approach for clearly identified target populations, ensuring appropriate primary
care services in behavioral health settings as well as behavioral health services in primary care settings. Enhance collaboration with County Mental Health and Substance Abuse on implementing an integrated system of behavioral health and primary care.

Goal #3: Avoiding Emergency Room Use

Increase access to urgent care and same-day services to reduce inappropriate emergency room use and direct patients to primary care.

As noted above, enhanced access to primary care is a hallmark of the PCMH. This enhancement includes systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician and practice staff. Dominican Hospital data show that many patients who are linked to safety net clinics are utilizing emergency room services during the day, for conditions that could be treated in the clinics. The 2011 CAP survey reported that nearly 27% of respondents said the emergency room is their regular source of care – a similar rate to the 2009 survey.43

- **Increase same-day access.** Increase health access at all clinics by exploring best practices, sharing experiences among clinics and identifying consulting resources such as Coleman Associates, particularly as they relate to open-access scheduling of patients to accommodate same-day care needs.

- **Increase urgent care.** Increase urgent care services through new partnerships with hospitals and medical groups in all areas of Santa Cruz County.

- **Develop new emergency room diversion strategies.** Work on developing new emergency room diversion strategies including expanding Project Connect’s successful case management model and designing a community case conference structure. Explore the potential for developing resources for a collaborative mobile emergency mental health response capability.

Goal #4: Capacity for Complex Patient

Expand capacity to provide and coordinate complex care, particularly for the medically, socially, and psychologically complex patient.

SNCC clinics identified patients with both medical complexity (patients with multiple chronic conditions or coexisting mental health conditions) and nonmedical complexity (language barriers, unstable home situations, and socioeconomic issues) as requiring more coordinated care. Clinics need to coordinate with a range of referral services including medical specialty care and behavioral health services. Clinics are particularly challenged in identifying and referring uninsured patients to specialty services and substance abuse services.

- **Expand partnerships.** Increase collaboration among SNCC clinics, County Mental Health/Alcohol and Drug Services and the Alliance to decrease barriers to mental health and

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substance abuse services in primary care and to expand the provision of integrated behavioral health services at all clinic sites.

**NEW Expand Health Navigator Team.** Expand the existing interagency Health Navigator Team that includes nurses, social workers, and clinic-based staff to improve access to and coordination of care for complex patients with a focus on newly insured and uninsured adults. Use lessons learned to improve care for complex patients including those who will remain uninsured after 2014.

- **Improve exchange of patient information.** Improve cross-agency communication among clinics, specialists and hospitals to support referrals and receipt of consultation and discharge reports.

**Goal #5: Geographic Collaboration**

Organize collaborative approaches to increasing access on a geographic basis (including dental and mental health services) for high-need populations and neighborhoods in the county.

While zip code should not pre-determine an individual's health status, data reveal significant health care disparities that fall along geographic lines within the County. There are distinct differences between North and South County access and outcomes, and there are pockets of need in specific neighborhoods. Over the last two years SNCC members have made significant progress in expanding geographic access through expansion of school-based clinics, the new federally funded health sites discussed in Section 4, and RotaCare as well as the Dominican Mobile Van. Social service agencies have also expanded geographic access. For example Community Bridges has organized a network of Family Resource centers throughout the county.

- **Collect and utilize disparities data.** Introduce collection of new data (such as the Health Adjusted Life Expectancy (HALE)) to report disparities in terms of quality of life rather than solely length of life. Use the data to develop strategies to reduce disparities, and to assess our progress over time.

**NEW Increase SNCC membership.** Invite Rotacare, Dominican Mobile van and UCSC Student Health Center to join SNCC and to work to improve collaboration among public and private safety net providers offering services in the same geographic areas.
Goal #6: Reduce disparities through health care reform and beyond

Work to maximize ACA enrollment while simultaneously working to reduce disparities in access to health care for the persons who remain uninsured.

- **Advance collaborative outreach efforts to maximize health reform benefits.** Support efforts to work across county and agency borders, to provide seamless and effective outreach and enrollment and to maximize the number of uninsured residents who receive coverage under health reform.

- **Partner to maximize health reform education and knowledge.** Facilitate a community dialogue about ACA, including educating clinic staff, patients and board members on the potential strategies for decreasing the uninsured in Santa Cruz County. Participate in HIP's work to engage the community, including business leaders, in developing strategies to ensure access to care for individuals who remain uninsured.

- **Continue efforts to improve access and care for the uninsured.** SNCC will continue to support efforts and dialogue to improve access and care for the uninsured population, both through existing programs such as the Healthy Kids Health Plan, as well as through other innovative models such as new hourly wage health plans.

- **Increase dental care capacity.** SNCC will study, advocate and plan on how to expand dental services for low-income residents. In 2013, SNCC will focus collaborative planning efforts on improving dental access for all low income residents.

- **Advocate for payment reform.** Work to reduce the barriers to serving the low-income population, specifically by advocating for new payment reform structures that support preventative and person-centered care.
The Health Improvement Partnership would like to give special thank you to its Safety Net Clinic Coalition for its participation in this report, and continued collaborative efforts.

Eleanor Littman RN, MSN, Executive Director
Laurie Mireles PhD, Policy and Outreach Director
Jordan Turetsky MPH, Program Coordinator
Margareta Brandt, Program Analyst
Wendy Adler, Finance and Human Resources Manager
Barbara Palla MD, Consulting Physician
Nick Duval, Student Intern
## Appendix I
### Safety Net Clinics, Locations, and Services

#### South Santa Cruz County Clinics

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Services</th>
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<tbody>
<tr>
<td>Cabrillo College:</td>
<td>• Urgent Care</td>
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<tr>
<td>Student Resource Center</td>
<td>• Mental Health</td>
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<tr>
<td>318 Union Street</td>
<td>• IZs</td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td>• Adults only</td>
</tr>
<tr>
<td>Tuesday: 9:00 am – 12:00 pm</td>
<td>• First Aid</td>
</tr>
<tr>
<td>Thursday: 10:30 am – 1:30 pm</td>
<td>• Health Screens</td>
</tr>
<tr>
<td>County Clinic South</td>
<td></td>
</tr>
<tr>
<td>Watsonville Health Center</td>
<td></td>
</tr>
<tr>
<td>9 Crestview Drive</td>
<td></td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td></td>
</tr>
<tr>
<td>P: 831-763-8400; F: 831-763-8081</td>
<td></td>
</tr>
<tr>
<td>Monday – Thursday: 7:30 am – 7:30 pm</td>
<td></td>
</tr>
<tr>
<td>Friday: 7:30 – 5:00 pm</td>
<td></td>
</tr>
<tr>
<td>Diabetes Health Center</td>
<td>• Primary Care Services</td>
</tr>
<tr>
<td>85 Nielson Street, Suite 201</td>
<td>• Immunizations</td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td>• Health Benefits Advocacy</td>
</tr>
<tr>
<td>P: 831-763-6445; F: 831-724-0877</td>
<td>• Pediatrics/CHDP</td>
</tr>
<tr>
<td>Monday – Friday: 8:00 am – 5:00 pm</td>
<td>• HIV Prevention/Care</td>
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<tr>
<td>Planned Parenthood</td>
<td>• Laboratory</td>
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<tr>
<td>Watsonville Health Center</td>
<td>• BCEDP/CDP</td>
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<tr>
<td>398 S. Green Valley Rd.</td>
<td>• Family Planning</td>
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<td>Watsonville, CA 95076</td>
<td>• Radiology</td>
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<td>P: 831-786-2000; F: 831-724-7438</td>
<td>• Retinal Screening</td>
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<td>Monday – Friday: 8:45 am – 5:30 pm</td>
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<td>Salud Para La Gente</td>
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<tr>
<td>Main Clinic</td>
<td>• Primary Care Services</td>
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<tr>
<td>204 East Beach Street, Bldg A</td>
<td>• Internal Medicine</td>
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<tr>
<td>Watsonville, CA 95076</td>
<td>• Family Practice</td>
</tr>
<tr>
<td>P: 831-728-0222; F: 831-724-2011</td>
<td>• Pediatrics</td>
</tr>
<tr>
<td>Monday - Friday 8:30 am – 7:00 pm</td>
<td>• OB/GYN</td>
</tr>
<tr>
<td>Saturday 7:30 am – 5:00 pm</td>
<td>• Family Planning</td>
</tr>
<tr>
<td>Salud Para La Gente</td>
<td>• Comprehensive Perinatal Services Program</td>
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<tr>
<td>Green Valley Clinic</td>
<td>• Dental Care</td>
</tr>
<tr>
<td>280 Green Valley Road, Bldg 1</td>
<td>• Eye Clinic/Optometry</td>
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<tr>
<td>Freedom, CA 95019</td>
<td>• Health &amp; Wellness Promotion; Preventive Care</td>
</tr>
<tr>
<td>P: 831-728-0222; F: 831-722-0526</td>
<td>• Health Benefits Advocacy</td>
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<tr>
<td>Monday – Thursday 1:30 pm – 6:00 pm</td>
<td>• Laboratory</td>
</tr>
<tr>
<td>Friday: 9:00 am – 1:00 pm</td>
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</tr>
<tr>
<td>Salud Para La Gente</td>
<td></td>
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<tr>
<td>Clinica del Valle del Pajaro</td>
<td>• OB/GYN</td>
</tr>
<tr>
<td>45 Nielson Street</td>
<td>• Comprehensive Perinatal Services Program</td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td>• Women’s Health</td>
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<tr>
<td>P: 831-728-0222; F: 831-761-1677</td>
<td>• Family Planning</td>
</tr>
<tr>
<td>Monday – Friday 8:30 am – 6:00 pm</td>
<td>• Laboratorv</td>
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<tr>
<td></td>
<td>• Health &amp; Wellness Promotion; Preventive Care</td>
</tr>
<tr>
<td></td>
<td>• Health Benefits Advocacy</td>
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<tr>
<td></td>
<td>• Nutrition</td>
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<tr>
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<td>• Behavior Health</td>
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SNCC Report to the Community 2012
## North Santa Cruz County Clinics

<table>
<thead>
<tr>
<th>Clinic Name</th>
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<tbody>
<tr>
<td>Cabrillo College: Student Health Services, Room 912 6500 Soquel Drive, Aptos, CA 95003</td>
<td>Urgent Care  Mental Health  lzs  Adults only  First Aid  Health Screens</td>
</tr>
<tr>
<td>County Clinic: Coral Street Clinic Homeless Persons Health Project (HPHP) 115-A Coral Street, Santa Cruz, CA 95060</td>
<td>Urgent Care &amp; Primary Care  Integrated Case Management  Care for Mental Health and Substance Abuse Disorders  Health Benefits Advocacy  Counseling</td>
</tr>
<tr>
<td>County Clinic North: Emeline Clinic 1080 Emeline Avenue Santa Cruz, CA 95060</td>
<td>Primary Care Services  Walk-in immunizations  Health Benefits Advocacy  Pediatrics/CDDP/Rheumatology  Orthopedics  Family Planning  Laboratory, Radiology and Pharmacy  Mental Health and Substance Abuse Services</td>
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<tr>
<td>Dientes Community Dental Care 1830 Commercial Way Santa Cruz, CA 95065</td>
<td>Pediatric Dentistry (licensed Pedodontists)  General dentistry – fillings, crowns, bridges, dentures  Endodontics (root canals)  Oral surgery (extractions)  Hygiene (cleanings)  Periodontics (root planings)  Emergency dental care</td>
</tr>
<tr>
<td>Dominican Pediatric Clinic 610 Frederick Street Santa Cruz, CA 95062</td>
<td>Pediatric Services  OB/GYN  Prenatal Services</td>
</tr>
<tr>
<td>Planned Parenthood: Westside Health Center 1119 Pacific Avenue Suite 200 Santa Cruz, CA 95060</td>
<td>Family Planning  Primary Care Services  Health Prevention and Promotion  Pediatrics  Abortion Services  Transgender Care  Health Benefits Advocacy  Health Prevention &amp; Promotion  Laboratory  BCEP/CDP</td>
</tr>
<tr>
<td>Planned Parenthood: Beach Flats Clinic 302 Riverside Avenue Santa Cruz, CA 95060</td>
<td>Primary Care Services  Women's Health  Pediatrics  Family Planning  Dental Care</td>
</tr>
<tr>
<td>Planned Parenthood: Elderday Adult Day Health Care 100 Pioneer Street, Suite C Santa Cruz, CA 95060</td>
<td>Nursing Care  Nutrition  Increased Socialization  Physical Therapy  Occupational Therapy  Podiatry  Mental Health</td>
</tr>
<tr>
<td>Santa Cruz Women's Health Center 250 Locust Street Santa Cruz, CA 95060</td>
<td>Family Planning  Primary Care Services for Women/Children  Health Benefits Advocacy  Health Prevention and Promotion  Gynecology &amp; Prenatal Care  Pediatrics  Acupuncture, Chiropicrtic, Naturopathy, Massage</td>
</tr>
</tbody>
</table>
# School Based Clinics

<table>
<thead>
<tr>
<th>School Information – Salud Para La Gente</th>
<th>School Information – Dientes Dental Care</th>
<th>School Information – Salud Para La Gente</th>
<th>School Information – Dientes Dental Care</th>
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<tbody>
<tr>
<td><strong>Mintie White Elementary</strong></td>
<td><strong>Freedom Elementary</strong></td>
<td><strong>Live Oak Elementary</strong></td>
<td><strong>Ann Soldo Elementary</strong></td>
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<tr>
<td>515 Palm Avenue</td>
<td>25 Holly Drive</td>
<td>1916 Capitola Road</td>
<td>1140 Menasco Drive</td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td>Freedom, CA 95019</td>
<td>Santa Cruz, CA 95062</td>
<td>Watsonville, CA 95076</td>
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<tr>
<td>831-728-6321</td>
<td>831-728-6200</td>
<td>831-475-2000</td>
<td>831-786-1310</td>
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<tr>
<td>831-728-6450 FAX</td>
<td>831-761-6196 FAX</td>
<td></td>
<td>831-786-1314 FAX</td>
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<tr>
<td>Monday 2:00 – 6:00 pm</td>
<td>Friday 2:00 – 6:00 pm</td>
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<tr>
<td><strong>Starlight Elementary</strong></td>
<td><strong>Cesar Chavez Middle School</strong></td>
<td><strong>Gault Elementary</strong></td>
<td><strong>Calabasas Elementary</strong></td>
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<tr>
<td>225 Hammer Drive</td>
<td>440 Arthur Road</td>
<td>1320 Seabright Avenue</td>
<td>202 Calabasas Road</td>
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<tr>
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<tr>
<td>831-728-6979</td>
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<td>831-728-6368</td>
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<td>831-761-6102 FAX</td>
<td>831-728-6477 FAX</td>
<td>831-427-4812 FAX</td>
<td>831-763-4655 FAX</td>
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<tr>
<td>Tuesday 2:00 – 6:00 pm</td>
<td>Monday – Friday 9:00 am – 1:00 pm</td>
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<tr>
<td><strong>H.A. Hyde Elementary</strong></td>
<td><strong>Pajaro Middle School</strong></td>
<td><strong>Alianza Elementary</strong></td>
<td><strong>Landmark Elementary</strong></td>
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<tr>
<td>125 Alta Vista Avenue</td>
<td>250 Salinas Road</td>
<td>115 Casserly Road</td>
<td>235 Ohlone Park Way</td>
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<td>831-728-6211 FAX</td>
<td>831-728-6219 FAX</td>
<td>831-728-6947 FAX</td>
<td>831-761-6100 FAX</td>
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<tr>
<td>Wednesday 2:00 – 6:00 pm</td>
<td>Monday – Friday 9:00 am – 1:00 pm</td>
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<tr>
<td><strong>MacQuiddy Elementary</strong></td>
<td><strong>Pajaro Valley High School</strong></td>
<td><strong>Amesti Elementary</strong></td>
<td><strong>Radcliff Elementary</strong></td>
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<tr>
<td>330 Martinelli Street</td>
<td>500 Harkins Slough Road</td>
<td>25 Amesti Road</td>
<td>550 Rodriguez Street</td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
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<tr>
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<td>831-728-6469</td>
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<td>831-728-6276 FAX</td>
<td>831-728-6260</td>
<td>831-728-8171 FAX</td>
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<td>Thursday 2:00 – 6:00 pm</td>
<td>Monday – Friday 12:00 – 4:00 pm</td>
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SNCC Report to the Community 2012
Appendix II
Third Next Available Appointment

An appointment survey was conducted in the Fall 2012 to see how long it was taking clinics to serve new uninsured patients. HIP staff member was the mystery shopper calling clinics and asking for the next available health maintenance appointment and then declining the first two appointments to determine the third next available. A third next available appointment is the average length of time in days between the day a patient makes a request for an appointment and the third available appointment for a new patient physical or routine exam. The third next available appointment is used rather than the 'next available appointment' since it is a more accurate reflection of true appointment availability.

The graph shows the results of the survey for 6 clinics indicating the number of calendar days (including weekends and days off) until the third next available appointment for an uninsured individual new to the clinic.

For the third next available appointment survey, 10 sites were surveyed. Four clinics were unable to provide a third available appointment date (for various reasons). One clinic was not accepting new patients, one clinic would not make an appointment for a physical without the patient first coming to the clinic as a walk-in patient, one clinic specified that there were different appointment dates available depending on insurance coverage, and a fourth clinic was unable to be reached.

Of the six clinics who did give dates for the third available appointment, wait times varied dramatically; while three clinics were able to see a new patient within ten days, one clinic took almost two weeks, another took 40 days, and one clinic could not see a new patient for a routine visit for over 50 days.
Appendix III
Access to Health Care

Individuals without a dependable source of care reported more difficulties obtaining needed care, receiving fewer preventive health services, were more likely to wait to get treatment until their condition is worse, and were more likely to require hospitalization.22

Ninety-one percent of Caucasian CAP survey respondents reported having a regular source of health care in 2011, as compared to only 68% of Latinos, a statistically significant difference. Caucasian respondents were significantly more likely than Latino respondents to go to a private practice, the emergency room, or urgent care clinics for their regular source of health care while Latino respondents were significantly more likely than Caucasian respondents to go to community clinics for their regular source of health care. In addition, 13% of Latino respondents needed health care but were unable to receive it, the top reason being that it was too expensive.

Do you have a regular source of health care? (Respondents answering “Yes”) By Ethnicity

SNCC Report to the Community 2012