Partnering With Safety Net Clinics: Chaos, Contemplation, and Considerations

Kaiser Permanente Southern California HEAL Initiative
Virtual Brown Bag Learning Series

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Today’s Purpose

Partnering with Safety Net Clinics: Chaos, Contemplation, and Considerations

- Review of Safety Net Clinic fundamentals – i.e., different types of clinics; who they serve; financial, regulatory, and operational drivers that are impacting their work
- Discuss opportunities for a Common Agenda with healthcare providers, safety net clinics – opportunities for shared mission and motivation

Today’s Agenda

- Introductions: Who’s in the Room?
- Invited Speaker: Bridget Hogan Cole, MPH
- Safety Net Clinics 101 – Partnering Considerations
- Discussion
Bridget Hogan Cole, MPH

- More than 20 years experience in public health, organizational development, quality and process improvement, project implementation, grants management

- Focus – safety net clinics, public health systems, hospitals, and healthcare organizations

- Implemented programs regionally and throughout the state

- Currently working on 4 quality improvement and access initiatives with community clinics, public hospitals, county agencies

Safety Net Clinics - 101

- Types – community health centers, free clinics, rural health centers, public health clinics, FQHC look-alikes, and FQHC clinics

- Patients – Uninsured, “Under-Insured”, regardless of ability to pay

- Drivers – Mission, Motivations, (Money) Funding

CHAOS – The Alphabet Soup

- ACA/OBAMACARE
- HEDIS
- UDS
- PPS/P4P
- EHR – electronic health records
- ACOs
- PCMH/PMHH
- MU: Meaningful Use
- DATA Soup – atC, BP, BMI, LDL, HDL
- NAP/FQHC Status
- NCQA
**Partnering with Safety Net Clinics**

"Chaos, Contemplation, and Considerations"

Considerations Toward the Common Agenda

- HEAL and Health Care Providers – Similar focus:
  - Community Action Plans (CAPs)
    - Strategies/Interventions with patients, their families, caregivers, communities
    - Looking for impact
      - ...toward tangible behavioral changes
      - ...toward improving overall Health
  - Consider...who, when, WIIFM

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**Drivers of Health**

- Personal Behaviors 40%
- Family History and Genetics 30%
- Environmental and Social Factors 20%
- Medical Care 10%

- Source: McGinnis et al, Health Affairs, 2002

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**Considerations – Safety Net Clinics/Partners**

- Who?
  - Which clinics, healthcare providers in your Zone?
  - Do your target populations use this clinic/provider?
  - Who at the clinic do we partner with?
    - Provider Champion
    - Administration
    - Care Team Member – health educator, case manager, MA, RN
  - Other “health” partners – consortia, public clinic, MD
Considerations – Safety Net Clinics/Partners

- **When?**
  - When in the interaction with patients/caregivers?
  - “Encounter” (patient-and-provider) – scheduled for 15 minutes
  - Entire experience - >1 hour

- Leverage other interactions that happen while the patient is in the environment
  - Materials/videos in waiting areas
  - Education between other “care team” members and the patient
  - Takeaways, referrals, reference materials

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Considerations – Safety Net Clinics/Partners

- **WIIFM - Motivation?**
  - Given the CHAOS – The Alphabet Soup...
  - Where is the common agenda?
  - Where are common motivations?

  - Consider existing programs:
    - Where clinics are already engaging in interventions that align
    - Where they are “required” to track data that aligns
    - Where they may be incentivized to partner with the effort

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Considerations – Safety Net Clinics/Partners

- **WIIFM - Motivation?**
  - Examples of existing programs:
    - **Meaningful Use Reporting**
      - Reporting requirements associated with electronic health records systems
      - Results in federal funding – incentive dollars, stipends
    - Two “core” measures in Meaningful Use that require tracking and reporting BMI
Considerations – Safety Net Clinics/Partners

- WIIFM - Motivation?
  - Examples of existing programs:
    - Patient-Centered Medical Home (PCMH) Certification:
      - Certification program that clinics are pursuing
      - Demonstrate - improved quality of care delivery, integrated services, data tracking
      - While there isn't currently a "financial" incentive for PCMH certification - considered as a proxy for being a "provider of choice", a proxy for future payment reform demonstrations
      - Two Sections of PCMH correlate to HEAL
        - Section 5 – Improve Clinic Outcomes
        - Section 6 – Quality Improvement Project

Discussion

What partners are you pursuing?

What strategies are you considering in Health Settings?

Who are you engaging within your health partner organizations?

Are there existing efforts that your HEAL work can be linked to?

Resources

- Community Clinic Consortia
  - Los Angeles – www.ccalac.org
  - Orange County – www.coccc.org
  - San Diego (San Diego, Imperial, Riverside Counties) – www.ccc-sd.org
  - San Bernardino County – www.communityclinicassociation.org

- CalHIPSO
  - Information on Meaningful Use measures and the work throughout the state
    - www.calhipso.org

- National Council on Quality Assurance (NCQA)
  - Patient Centered Medical Home References - www.ncqa.org/EducationEvents/SeminarsandWebinars/PCMHContentExpertCertification.aspx

- Bridget Hogan Cole – bcole@communitypartners.org
Thank You for Participating!

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