California Clinic Consortia Policy Gains and Program Outcomes: Strengthening California's Health Care Safety Net to Meet the Needs of the Medically Underserved

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INTRODUCTION

From 2001 to 2009, nineteen California clinic consortia were funded under The California Endowment's (The Endowment) Clinic Consortia Policy and Advocacy Program (Program) to expand their policy advocacy activities on behalf of member clinics and their target populations, pursue partnerships with health and non-health organizations, and support clinic quality improvement activities. Additionally, grantees focused on securing local funding under the Mental Health Services Act (MHSA) and integrating mental health services in a primary care setting during the latter years of the Program. As described in the Program Logic Model (see **Figure 1**), the Program is based on the theory that staffing and resources dedicated to policy advocacy and technical assistance will increase the collective influence of clinics and strengthen a broad base for long-term support of clinic policy issues. These activities are anticipated to contribute to improved health outcomes for target populations.

To assess the achievement of the outcomes detailed in the Logic Model and Program success overall, UCSF developed 17 case studies (see **Figure 2**) that highlighted grantee initiatives demonstrating achievement of longer-term outcomes of the Program: increased services for the underserved and uninsured and improved health outcomes for targeted communities and populations. These case studies also illustrate the linkages between short-term Program outcomes and longer-term outcomes, such as grantee education activities that contribute to increased policymaker awareness of the role of community clinics and consequently support for policies or programs that increase access to care for clinic target populations.

Figure 1: Program Logic Model

This Issue Brief summariazes the evaluation findings by Program outcome, including the perspectives of clinics, partner organizations, and decision makers. The implications of the findings for overall Program success also are discussed.

METHODS

To characterize the 17 initiatives, UCSF staff conducted open-ended interviews in 2010 with decision makers, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their level of involvement, the stakeholders involved, challenges encountered, and benefits to clinics and their target populations. The initiatives are listed in the box below. (*Please note that lobbying activities were not funded under this program and are assumed to be funded by other funding sources*.)

Figure 2: Grantee Case Studies

Federal, State and Local Policy Initiatives:

- *Alameda Health Consortium (AHC):* Securing Mental Health Services Act Funding in Alameda County, CA.
- *California Family Health Council (CFHC):* Securing Title X Funding on Behalf of Medically Underserved Californians;
- *California Planned Parenthood Education Fund (CPPEF):* Securing Increased Medi-Cal Funding for Family Planning Services;
- *California Primary Care Association (CPCA):* Strengthening and Implementing The Community Clinic Grant Program of 2005
- *Coalition of Orange County Community Clinics (COCCC):* Planning and Implementing a Medi-Cal Auto-Assignment Policy
- *Community Clinic Association of Los Angeles County (CCALAC):* Expanding Private-Public Partnership Program (PPP) Funding for Clinics
- *Community Clinic Consortium Serving Contra Costa and Solano Counties (C3):* Sustaining Access to Health Care in the Face of County Budget Cuts

Local Programs Initiatives to Expand Clinic Capacity:

- *Alliance for Rural Community Health (ARCH):* Expanding Coverage for Uninsured Children
- *California Rural Indian Health Board (CRIHB):* Using Research to Inform Indian Health Care Advocacy
- *Capitol Community Health Network (CCHN):* Expanding Insurance Coverage to the Homeless
- *Central Valley Health Network (CVHN):* Advocating for Nutrition Education for the Medically Underserved
- *Community Health Partnership, Inc (CHP):* Development and Administration of The Patient Advocacy Program
- *Council of Community Clinics (CCC)*: Mental Health and Primary Care Services Integration
- *North Coast Clinics Network (NCCN):* Securing Health Professional Shortage Area (HPSA) Designations
- *Redwood Community Health Coalition (RCHC):* Clinic-Based Enrollment in Health Insurance Programs
- *San Francisco Community Clinic Consortium (SFCCC):* Planning and Implementing Healthy San Francisco
- *Shasta Consortium of Community Health Centers (SCCHC):* The Mental Health Assessment and Redesign Collaborative (MHARC)

FINDINGS

Overall, the Program afforded grantees the opportunity to engage in diverse policy and program initiatives that greatly expanded clinic services and improved access to care for medically underserved Californians. Moreover, many of these initiatives contributed to a strengthened health care safety net, such as facilitating adoption of the medical home and strengthening public/private partnerships to expand coverage (insurance and services). The findings by Program outcome are:

Outcome 1 - increased grantee capacity in policy advocacy: The Program was an important means for creating and maintaining advocacy expertise, allowing grantees to expand the depth and breadth of their policy and advocacy activities, such as sustained involvement on a policy initiative. The analysis of the advocacy undertaken for the 17 initiatives indicates that most grantees (11) leveraged and expanded their in-house technical expertise, including planning and meeting facilitation, data analysis, and partnership development. Many grantees (6) spoke to enhanced visibility as a leader or key stakeholder in their communities. For some grantees (4), the initiative was an opportunity to expand into a new policy arena, such as nutrition, the homeless, and mental health. Last, nearly all grantees mobilized member clinics to be more involved in the initiative and three grantees created potent advocacy networks that can be used in future policy efforts. All grantees have been able to provide a collective voice to their individual clinic members.

Outcome 2 - increased policymaker awareness of the safety net and clinic policy issues: During the course of the Program, clinic consortia developed a "tool-kit" of effective activities to educate decision makers. All grantees (17) educated decision makers, such as using fact sheets and/or providing testimony. Many (7) worked directly with decision makers to achieve a policy goal or secure funding for clinics through in-person meetings and participation on committees and work groups. A few grantees (3) described using the media to educate policymakers and the broader community about the role of clinics, such as newspaper coverage of the importance of clinics in supporting the safety net. Decision makers interviewed for these cases listed several consortia attributes that they thought contributed to the success of the initiative, including in-depth knowledge of both clinic and policy issues, as well as technical expertise in funding and clinic operations:

"The consortium was really good about going to meet with county staff about how this could be a win-win, reaching out to the public, working with community groups to promote and support the initiative, and was very helpful in providing data and fact sheets."

Outcome 3 - increased policymaker support for clinic funding: Most grantees (13) were able to secure some form of monetary support from either local, state or federal decision makers. Seven grantees were successful at either maintaining existing funding or receiving new funding, such as expansion of Medi-Cal provider reimbursement rates. Four grantees secured county contracts for member clinics, and two grantees received county in-kind support, such as staff time, office space, or training. Policymaker support can also be non-monetary. Four grantees received letters of support for their policy position and/or help in convening stakeholders.

Federal Funding Secured:

- Title X funding for reproductive health services was increased by 3% in 2008 and 2009 (CFHC)
- Tribal Health Programs received a 13% increase in funding in the 2010 HIS budget (CRIHB)

State Funding Secured:

- Passage of SB 94 - an increase in Medi-Cal provider reimbursement rates for family planning services (CPPEF)
- $40M allocated to 146 community clinics under The Community Clinic Grant Program of 2005 (CPCA)

County Funding Secured:

- Four clinics will receive $2.3M in Mental Health Services Act (MHSA) funding in Alameda County (AHC)
- Mendocino Board of Supervisors provided $240,000 in general fund support for Healthy Kids Mendocino (ARCH)
- Los Angeles County expanded the Public Private Partnership Program by $46M in 2010, benefiting 18 clinics (CCALAC)
- Contra Costa County paid 45 clinics $1.5M to provide services to upwards of 5,000 uninsured undocumented immigrants (3C)
- San Diego County awarded the Council of Community Clinics $1.8M for three years to administer MHSA funding for 9 clinics (CCC)

Outcome 4 – strengthened clinic operations: For many grantees (10), the funding described above was targeted to expand clinic services, either infrastructure or services, including mental health and family planning. However, grantees and clinics also described expansions in other clinic functions, such as expanded outreach and enrollment, by housing Certified Application Assistors (CAAs), and increased coordination of services, such as adoption of the medical home model. The benefits to clinics of these additional areas of expertise are significant:

- Expanded capacity to serve new patients;
- Expanded reimbursement for uninsured patients; and
- Reconfiguring of services to better meet needs of target populations, such as co-location of mental health and primary care services.

Clinic Experience*:* The Vietnamese Community of Orange County Inc.'s Asian Health Center had a low percentage of Medi-Cal patients—5 percent of all patient encounters. Under the *Medi-Cal auto assignment process* spear-headed by the Council of Orange County Community Clinics (COCCC), patient encounters increased from 26 in 2007 to 174 encounters in 2008; reimbursement increased from $51 to $115 per encounter. Increased utilization from the auto assignment process has enabled the Center to expand its front-line role in meeting the health care needs of Vietnamese Americans. This was also a positive step to strengthening operations and expanding access, including implementing strategies to enhance Medi-Cal retention and modest salary increases for critical positions.

Outcome 5 - increased services for the underserved and uninsured: The expectation is that funding for clinics will result in expanded services and consequently increased utilization of clinic services by the clinic target population. For grantee initiatives that were launched early in the grant (2004-2006), there is good evidence that more Californians have insurance coverage and are using services to which they have access. Many initiatives (10) were able to demonstrate increased access to care and/or utilization of clinic services, such as increased well-child visits and increased Medi-Cal patients being seen by community clinics. Some grantee initiatives were able to demonstrate improved health status for clinic target populations, such as lowered depression scores and a reduction in unwanted teen pregnancies. Additionally, clinics report the funding secured on their behalf by clinic consortia enabled them to serve more patients as well as reduce the barriers to care.

Increased insurance coverage:

- The number of uninsured children in Mendocino County was reduced from 16 percent to 8 percent from 2005-2007 (ARCH)
- A centralized training and coordination program was launched in Sacramento County in 2009 to enroll homeless individuals in Supplemental Security Income program, the first step toward enrollment in Medi-Cal, the state's Medicaid program (CCHN)
- Certified Application Assistors (CAAs) in Sonoma County have processed over 83,000 applications for children and adults in N. California since 1998 (25,000 per year). Approximately 9,000 children were enrolled in public and private insurance in Sonoma County from 2005 to 2009 (RCHC)

Increased utilization of clinic services:

- There has been an increase of 70,000 clinic clients since the Medi-Cal provider reimbursement rate increase went into effect (CPPEF)
- It is estimated that the $40M in clinic infrastructure funding under The Community Clinic Grant resulted in 700,000 visits (CPCA)
- The $46M in new funding for community clinics in Los Angeles County will provide an additional 401,163 encounters (CCALAC)
- 5,000 undocumented immigrants retained access to primary care services in Contra Costa County (3C)
- Securing HPSA designations resulted in 36,655 patient visits in rural N. California (NCCN)
- The number of Medi-Cal clients served by community clinics in Orange County increased from 8 percent to 17 percent (COCCC)
- Community clinics in San Francisco serve as the medical home for 21,982 Healthy San Francisco participants (43 percent) (SFCCC)

Outcome 6 – improved health outcomes for targeted communities and populations: Although demonstrating a community-wide achievement is perhaps the most challenging outcome to assess due to the long time horizon required to see health improvements across a population, many initiatives (7) showed evidence of a strengthened safety net that better meets the needs of the community. For example, some consortia (4) were able to strengthen the relationship between clinics and patients via the creation of a patient-centered medical home (4) and increased availability of mental health services (2) that better meet the needs of consumers. Five initiatives were able to demonstrate improved health status for clinic target populations, including lowered depression scores and a reduction in unwanted teen pregnancies. Two initiatives demonstrated other community wide outcomes, including increased use of preventive services by newly insured children and decreased use of the ER. Decision makers and partner organizations also spoke to county or system-wide changes and the benefits to the community, including the preservation of services in the face of budget cuts, the increasingly important role of clinics in providing care for the uninsured, as well as the targeting of people to the right place for care.

DISCUSSION

The analysis of the evaluation findings by Program outcomes suggests that the initiatives have had far reaching impacts and are addressing health care needs in many California communities. Through strengthening the health care safety net, securing critical clinic funding, and increasing access to care, grantees have "stepped up to the plate" in ways that individual clinics could not do on their own. The Program has afforded clinic consortia the capacity to become visible and credible voices in new policy arenas, as well as sustain their involvement from policy development to program implementation, including administration of MHSA and other county funds, working with clinics to participate in Healthy San Francisco and Healthy Kids insurance programs, and providing support to enroll uninsured Californians in public and private health insurance. In many cases, advocacy continues to

be an important component in grantee programs, protecting them from regulatory challenges. as well as sustaining policymaker support. However, these gains did not come easily. A comparison of the ***challenges*** that occurred during these initiatives surfaces key barriers that organizations need to overcome:

- **County-level policymaking requires ongoing and active participation** and success is not guaranteed. For example, securing MHSA funding was time-consuming and participation in the process did not always yield success;
- **Some grantee initiatives are vulnerable to cuts in the face of local and state budget deficits.** For example, the insurance coverage expansions, such as the Healthy Kids Mendocino program, may face cutbacks in the near future;
- **Even political allies require sustained education by advocates**, such as making sure that decision makers are fully educated about the impacts of policies on clinics and their target populations, as well as the gains, including cost-savings to the state and/or counties;
- **Significant resources, such as multiple staff and technical expertise, are required** to launch and sustain many of these initiatives. Other resources, such as county in-kind assistance and private funding, also are critical; and
- **Ongoing vigilance is required to address federal and state policy changes** that could negatively or positively impact patient access to clinic services and/or funding to clinics. For example, coverage expansions are well positioned to be involved with implementing provisions of the Patient Protection and Affordability Act, such as adoption of Accountable Care Organization (ACO) and a shift to integrated health care safety nets.

In the face of these significant challenges, grantees marshaled their advocacy expertise and relationships with stakeholders (particularly member clinics) to undertake initiatives that can serve as models for others. ***Facilitating factors*** for these policy and program initiatives include:

- The **ability to "wear multiple hats" and be involved in all facets of an initiative**, be it working with the media, facilitating community-based work groups, or advising in the development of county contracts with member clinics;
- **Ongoing participation and maintenance of effort is important for shoring up relationships** with other stakeholders, continually cultivating partnerships and coalitions, as well as representing member clinics that do not have the staff to participate. Devising a process that tries to meet partner needs as well as address conflicts as they arise is critical; and
- **Supporting member clinics so they are effective advocates** is important for educating decision makers as well as informing clinics of patient and community health care needs.

No one factor dominated, and in all likelihood a combination of some or all of the above factors was important to the outcomes of an initiative.

THE FUTURE

Many clinic consortia are likely to sustain their activities in areas where they forged new partnerships and expertise. Moreover, some consortia have developed sustainable approaches that can be applied to future endeavors, such as housing a research infrastructure, creating a member clinic advocacy network, and securing county contracts to continue providing services to member clinics. Some initiatives, such as the one-time funding for clinic services for the undocumented immigrants in Contra Costa County, have a limited time horizon. However, they may lead to future opportunities, such as being well positioned to secure new funding or form joint partnerships. Strengthening and leveraging relationships with decision makers lays the groundwork for future opportunities. These connections may benefit organizations when they least expect it.

CONCLUSIONS

The Clinic Consortia Policy and Advocacy Program was an opportunity to expand and parlay advocacy, technical expertise, and strategic partnerships into policies and programs to meet the health care needs of California's medically underserved. The evaluation findings from the 17 initiatives speak to the achievement of longer-term outcomes. Nearly all grantees made significant progress in achieving the first five outcomes, resulting in a strengthened safety net in many communities as well as access to care for millions of people. While it is too early to tell whether many initiatives have resulted in community-wide improved health outcomes, there is strong evidence that many initiatives are headed in this direction.

Moreover, grantees have in-house expertise that they can apply to future policy issues, including a patient advocate infrastructure, technical expertise in insurance coverage and the medical home, and working relationships with decision makers and stakeholders. These assets will serve them and their constituents well as the state implements federal health care reform provisions targeting clinics and the uninsured, such as expanded funding for clinics and adoption of the insurance exchange. These opportunities will be pitted against the challenges of a large state budget shortfall and growing number of uninsured patients. However, collectively and individually, California's clinic consortia have the capacity to develop and advocate for wide-ranging solutions, serving as a vehicle for effective change at the federal, state and local levels.

FOR COPIES OF THE 17 CASE STUDIES AND RELATED DOCUEMNTS:
http://ihps.medschool.ucsf.edu/News/california_endowment.aspx

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