

community clinic case studies

executive
summary

Prepared by:



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introduction to case studies

In 2010, Blue Shield of California Foundation (BSCF) engaged LFA Group: Learning for Action to explore the extent to which various core capacities affect access to care and quality of care in California's community clinics. LFA conducted in-depth interviews with 54 staff from 21 BSCF grantee clinics to study these issues. The results from this research are presented in three case study documents that detail the impact on access to care and quality of care from the below.

- **Collaboration**
- **Financial health**
- **Professional development**



This document highlights the key findings from all three case studies and presents information about how clinics can increase the access to and quality of care by strengthening their capacities in each area. It also raises questions for the field and presents a vision for how these capacities are expected to impact clinics in the future, given the passage of the Patient Protection and Affordable Care Act of 2010 (ACA), also known as healthcare reform.

background and context

California community clinics have experienced significant stress in the past several years. The national recession and state budget crisis have increased the number of unemployed people in the state who seek care in community clinics, while funding for clinic services has simultaneously been cut: Medi-Cal payments to clinics were delayed in 2008, 2009, and 2010; Medi-Cal benefits (such as adult dental, optometry, and podiatry) were eliminated; and other funding programs (including the Expanded Access to Primary Care Program, the Rural Health Services Delivery Program, the Seasonal Agricultural and Migratory Workers Program, and the Indian Health Program) lost funding in an effort to salvage the state budget.

Clinics are also preparing to face new challenges with the implementation of healthcare reform. Once the ACA is fully implemented (beginning in 2014), estimates are that 94 percent of Californians will be insured (through their employers, Medi-Cal, or through the new health insurance exchange).¹ Enrollment in Medi-Cal is expected to increase by 1.7 million people, while an additional 4 million people are expected to enroll in coverage through the exchange.²

Expanding health coverage for many clinic patients means increased demand for care in clinics. If clinics are to thrive in this new healthcare environment, they will need to operate efficiently, provide high-quality care to more patients, and document and report these practices.

Access to care: The timely use of personal health services to achieve the best health outcomes.

Quality of care: The extent to which care is effective, safe, timely, patient-centered, culturally competent, equitable, and efficient.

¹ California HealthCare Foundation "The Affordable Care Act: What Californians Should Know" (May 2010).

² P. Long, and J. Gruber, "Projecting The Impact Of The Affordable Care Act On California," *Health Affairs*, 30 (1) (2010): 63-70.

key findings

LFA's research reveals that three types of clinic capacity – collaboration, financial health, and professional development – contribute importantly to the accessibility and quality of care that clinics provide. Clinics were able to describe how access to care and quality of care improved when they collaborated with others, maintained a strong financial position, and provided professional development opportunities for their staff. The case studies describe what collaboration, financial health, and professional development looked like in a range of California community clinics in 2010, and provide examples of how each capacity affects access to care and quality of care.

Barring policy changes at the federal level, full implementation of healthcare reform is only three years away, and clinics are urged to examine their capacities and strengthen their operations in these areas now. Those clinics that delay or are unable to improve capacity in these areas may not be well positioned to address the challenges of healthcare reform.

collaboration

- **Collaboration streamlines referral processes, thus increasing patient access to care.** Collaborating partners' knowledge of one another's scope, hours, payer types accepted, and scheduling processes facilitates referrals between providers. This ensures that patients are able to receive a full scope of services with greater continuity.
- **Collaborative partners share information and resources that enable improvements in quality and access.** Clinics share best practices around Health Information Technology (HIT) implementation and use, registration and billing, and clinic operations, making care more effective, timely, and accessible. High-performing consortia provide members with training, technical assistance, and resources that support

access and quality of care. Clinics also combine resources by applying jointly for grants or sharing costs for HIT systems and equipment. Resource sharing enlarges the pool of resources available to implement initiatives that contribute to access and quality.

- **Electronic information exchange is essential to meaningful**

collaboration. As clinics adopt electronic health records, they are increasingly able to share clinical information. Access to electronic patient records enables providers to make informed medical decisions for patients whose care is delivered at multiple sites, thus improving the quality of care.

financial health

- **Financial health has a direct effect on access and quality.** When clinics are in good financial health, they are able to make investments in areas that improve access and quality of care, such as hiring additional providers, expanding clinic hours, purchasing up-to-date medical equipment, and investing in information technology.

- **An optimal payer mix and strong financial capacity contribute to a clinic's financial health.** Clinics with optimal payer mixes and strong financial capacity maintain better financial health than clinics with sub-optimal payer mixes and weaker financial capacity.

- **Clinics that can budget and forecast operate stably and efficiently.** Clinics that forecast revenues and expenses accurately – and adjust finances accordingly – are able to identify when the clinic can invest in quality and access improvements, as well as identify when they need to cut expenses.

professional development

- **Professional development provides clinical staff with training on best practices, ensuring high-quality care.** Without exposure to trends in the field and new procedures through continuing education, conferences, and other types of trainings, medical staff cannot keep abreast of best practices in the field and provide patients with high-quality care. Having up-to-date knowledge increases the effectiveness, safety, and efficiency of care.

- **Training for clinical staff increases access to care by allowing providers to offer more procedures in the clinic.** When a clinic is able to offer a wider range of procedures, they do not need to refer their patients to specialists or hospitals as frequently. Offering procedures in the clinic ensures that patients have access to these services more quickly.
- **Well-trained front office staff can help clinics run efficiently, increasing access to care.** Front office staff who are able to move patients quickly through the clinic and book appointments for the appropriate amount of time increase the clinic's efficiency, resulting in a more positive patient experience, increased access to care, and improved health outcomes in the long run.

implications

Healthcare reform could contribute to improved access to care and quality of care if clinics are adequately prepared. This vision is bold, and increasing clinic capacity in these areas is not easy – it demands resources, both in staff time and financial investments. However, the clinic field stands to benefit from this analysis in a challenging, post-healthcare reform environment.

Collaboration. Clinics are urged to establish meaningful collaborations with hospitals, county health systems, and other clinics that will increase access to care and quality of care for their patients. To sustain collaborative efforts in an environment with competing demands for a clinic's time and resources, clinics need to make collaboration a priority within their organizations. Consortia should strive to provide services and supports to members, particularly those functions unique to consortia that informal collaborations among clinics do not satisfy. Member clinics value the advocacy efforts and trainings organized through their consortium. Consortia add value to clinics by supporting these important activities.

Financial health. While financial health is always important for clinics, it will become even more vital in a post-healthcare reform environment. Many clinics will see a change in their payer mix as previously uninsured patients will be covered by Medi-Cal or through the health insurance exchange, which will reimburse qualified clinics at Federally Qualified Health Center rates. However, clinics will need to position themselves competitively once patients are insured and have a greater selection of providers to choose from. Clinics will need to build their capacity to forecast and plan for the changes in demand for services. Further, they will need to determine if and when they have the capacity to increase staffing, update medical equipment, and invest in information technology.

Professional development. Given the direct links that professional development has to quality of care and access to care, and the impending need for additional providers and clinic staff that healthcare reform will create, community clinics should actively support professional development. Clinics should designate resources for (including paid time off) professional development for all levels of staff, not just continuing education for licensed providers. They should develop policies that put their intentions and resource allocations into writing.

questions for the field

The case studies provide concrete examples of how clinics are enhancing their access to care and quality of care by engaging in meaningful collaborations, maintaining good financial health, and providing robust professional development. However, there are still many unanswered questions for the field – and much work to be done to ensure that clinics are strong and prepared to thrive in a post-healthcare reform environment.

collaboration

- **What incentives do clinics need to collaborate intensely with each other and other safety net providers?** Collaboration may become near necessity as community clinics adapt to increased demands in a post-reform environment. Collaboration will likely provide needed supports for clinics to be financially viable, to maintain standards of quality, and to participate in networks needed to maintain open access to a full scope of care. The field of community clinics should also consider how to remove barriers that impede collaboration and what incentives will promote effective collaborations within the safety net and with new partners. Models of care such as Accountable Care Organizations and payment systems that are restructured to incentivize collaboration provide examples of how the field may adapt to promote effective collaboration.
- **Are new consortia sustainable? Should high functioning consortia expand to provide their high-quality member services to expanded regions?** High-functioning consortia play an important role in providing technical assistance, training, and financial resources to clinics. Not all consortia have the same resources, and new consortia may not be able to provide support equal to their high-performing counterparts. An important consideration for the field is whether high-performing consortia can expand to be able to provide support to wider regions and accept more members in a time when the support is most critical. The field should also consider whether consortia should specialize in areas of expertise and technical assistance support in order to refine their service offerings and maximize efficiencies.

financial health

- **What investments can clinics make that will have the greatest impact on quality of care?** With an increasing number of Medi-Cal patients and patients insured through the health insurance exchange, clinics that are most successful will serve a greater number of patients and bring in more revenue. To remain competitive in the future, clinics are urged to use the potential increased revenue and invest in infrastructure, technology, trainings, or other aspects that will increase quality. However, the most effective strategies for increasing the quality of care may vary by clinic and should be explored prior to 2014.
- **What can the field do to help clinics increase their financial capacity?** While some clinics already have skilled staff and effective financial planning systems in place, those who do not will need to improve staff skills and knowledge, and develop systems before healthcare reform is fully implemented. This creates a need for either targeted development and support for clinics with lower levels of financial capacity, or for mergers and consolidations with higher-performing clinics. Unbiased assessments of clinic viability should be considered at a local/regional level.

professional development

- **How can the field change existing structures and incentives to encourage clinics to increase the amount of professional development they offer?** Clinics mentioned real barriers to providing professional development to their staff. However, it appears that the role of clinic consortia can be meaningful in this area. A consortium can provide and/or research trainings that will create the most value for their members, freeing individual clinics from having to research professional development opportunities.
- **How can the field measure the impact of professional development on access and quality?** This case study gathered qualitative information about the impact of professional development on a small sample of clinics. BSCF funds and is currently evaluating the Clinic Leadership Institute, which provides professional development to emerging leaders in the clinic field. Results from that evaluation will quantitatively analyze the impact of program participation on the individual, the clinic, and the field.

Blue Shield of California Foundation

50 Beale Street
San Francisco, CA 94105

blueshieldcafoundation.org
email: bscf@blueshieldcafoundation.org