

Clinic Consortia Leadership in Health Care Reform Annual Report 2014 ♦ EXECUTIVE SUMMARY

The Regional Associations of California (RAC) serves as a coalition of regional and statewide clinic consortia providing strategic planning, local advocacy, and network based infrastructure for community clinics and health centers serving underserved and uninsured populations in California. RAC's 17 statewide and regional networks represent nearly 900 community clinics and health centers and 5 million patients.

Clinic consortia are playing a critical leadership role in the implementation of health care reform and fostering innovation within clinics and health centers and broader local delivery systems. During the past two years, consortia have been leading local efforts to prepare community clinics and health centers and local health delivery systems for full implementation of the Affordable Care Act (ACA). As a neutral convener, consortia facilitate communication and coordination across the health care system.

Our Goals

1

Informing
implementation of
the Affordable Care
Act in California

Clinic consortia are leading efforts to achieve true transformation in health care.

Impact:

- ♦ Built a robust health center **outreach and enrollment** infrastructure responsible for 1 in 5 enrollments in ACA coverage
- ♦ Advanced **quality** in patient care by supporting adoption of best practices, including patient centered medical home and Kaiser Permanente's ALL HEART / PHASE initiatives
- ♦ Engaged health centers in planning for **payment reform** through regional Payment Reform Roadshows
- ♦ Advocated for county coverage for the **remaining uninsured**; consortia advocacy helped create My Health L.A., which provides access to care for low-income individuals and families ineligible for other coverage

2

Enhancing clinic
consortia operations

The shifts taking shape in the health care environment require clinic consortia to adapt and evolve. RAC has been engaging in strategic planning to ensure that all RAC members are highly effective.

Impact:

- ♦ Increased collaboration among regional and statewide clinic consortia, maximizing resources and leveraging expertise
- ♦ Development of new consortia services and programs in alignment with the ACA

3

Building Effective
Relationships with
California Health
Fundors

Clinic consortia benefit from effective collaborations with California health funders who serve as key thought partners in ACA implementation. RAC meets with health funders to share current priorities, challenges and identify opportunities for partnership and collaboration.

Impact:

- ♦ As a result of strategic partnerships and sustained support from California health funders, clinic consortia have been in a position to advance and inform ACA implementation

Clinic Consortia Leadership in Health Care Reform RAC Annual Report 2014

The Regional Associations of California (RAC) serves as a coalition of regional and statewide clinic consortia providing strategic planning, local advocacy, and network based infrastructure for community clinics and health centers serving underserved and uninsured populations in California. RAC's networks represent nearly 900 community clinics and health centers and 5 million patients.

RAC Membership:

Northern California

Alliance for Rural Community Health
Health Alliance of Northern California
North Coast Clinics Network

Bay Area

Alameda Health Consortium
Community Clinic Consortium Contra Costa and Solano
Community Health Partnership
Redwood Community Health
San Francisco Community Clinic Consortium

Central Valley

Capitol Health Network
Central Valley Health Network

Southern California

Coalition of Orange County Community Health Centers
Community Clinic Association of Los Angeles County
Community Clinic Association of San Bernardino County
Council of Community Clinics

Statewide

California Consortium for Urban Indian Health
California Family Health Council
California Primary Care Association

Clinic consortia are playing a critical leadership role in the implementation of health care reform and fostering innovation within clinics and health centers and broader local delivery systems. During the past two years, Clinic Consortia have been leading local efforts to prepare community clinics and health centers and local health delivery systems for full implementation of the Affordable Care Act (ACA). As a neutral convener, consortia can help ensure that all stakeholders, including health centers, health system partners and counties, involved in these transitions are communicating with one another and coordinating their activities.

RAC fosters deep collaborations and partnership among regional clinic consortia and shares best practices for replication among clinics and regional clinic consortia. The presence of this statewide infrastructure, which includes the California Primary Care Association, other statewide clinic consortia, and regional clinic consortia, enhances local level ACA implementation efforts and helps position health centers as providers of choice in local delivery systems.

The health care environment has been changing dramatically during the past two years. RAC has been focused on clearly defined goals that aim to strengthen regional clinic consortia and statewide associations and maximize expertise and resources to support California's community clinics and health centers.

RAC's goals in 2013 and 2014 are grouped into three strategic areas of focus, which include:

- 1. Informing implementation of the Affordable Care Act in California**
- 2. Enhancing clinic consortia operations**
- 3. Building effective relationships with California health funders**

As a statewide coalition, RAC supports the work of clinic consortia through strategic thinking, peer support and technical assistance, shared services, dissemination of best practices across regions, and collective action. This report provides updates on our collective accomplishments and achievements over the last two years.

Goal Area **1** Informing Implementation of the Affordable Care Act in California

California's clinic consortia have been active leaders in local and state health care reform efforts for nearly a decade. Consortia have served in a number of roles providing policy analysis, facilitating local partnerships, and influencing ACA implementation and policy decisions at the local, state, and national levels.

The ability of clinic consortia to influence ACA implementation at the local level is due to a sustained effort over many years to provide leadership and amplify the collective efforts of community clinic and health centers to meet the needs of underserved and uninsured populations.

In order to effectively lead health center members through this period of significant transition, RAC developed a series of issue briefs that explore some of the key challenges on the road to ACA implementation in California and identify strategies to address these issues at the local, regional and statewide levels.

The strategies outlined in these papers address four main areas of focus:

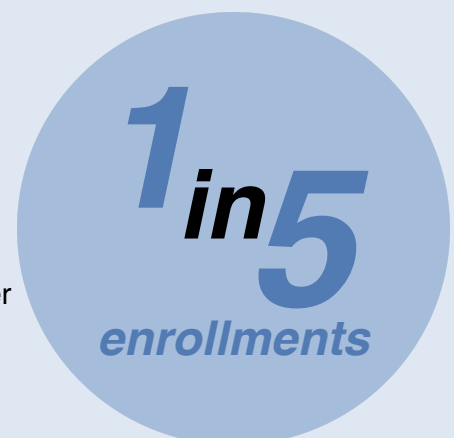
- ◆ Developing the health center workforce
- ◆ Outreach and enrollment to diverse communities
- ◆ Ensuring access to care for the remaining uninsured
- ◆ Utilizing health center data to advance payment reform and the triple aim

In addition to providing vision to health center and health system transformation, clinic consortia are building relationships with health system partners to advance transformation in health care. Some of the key activities RAC has been leading include:

- ◆ Preparing health centers to shift from volume to value-based health care under alternative payment methodologies
- ◆ Building robust outreach and enrollment infrastructure through the health center network to move individuals and families into affordable health care coverage
- ◆ Informing implementation of Covered California and the Medi-Cal expansion to troubleshoot problems that arise and monitor assignment trends into community-based health homes
- ◆ Monitoring county responses to ACA implementation and ensuring access to care for all, including individuals who remain uninsured

RAC Collective Impact in ACA Implementation: *Maximizing Health Coverage*

Community clinics and health centers, regional clinic consortia, and the statewide associations played a central role in building a statewide infrastructure of Certified Enrollment Counselors (CECs) that assisted individuals and families enroll in coverage through Covered California. A total of **1,383** clinic consortia and health center based CECs assisted with 1 in 5 Covered California and Medi-Cal enrollments during the first open enrollment period. This included assistance on **43,255** Covered California plan enrollments and **95,819** Medi-Cal applications.



ACA Implementation Case Studies: Leveraging a Statewide Network to Transform Local Health Delivery Systems

The brief case studies below highlight the considerable impact of clinic consortia in transforming health care systems. The impact of this work is magnified by the statewide network available to consortia through RAC.

Advocacy for Effective Health Delivery System

Design: Regional clinic consortia advocacy for effective health care delivery systems ensures access to care for all in the community. A signature accomplishment is the success of clinic consortia in rural Northern California in advocating for a County Organized Health System (COHS) under the Medi-Cal managed care expansion.

Health Alliance of Northern California and North Coast Clinics Network worked collaboratively with regional partners to research managed care models and identified the COHS as the best fit. The clinic consortia led a grass roots advocacy campaign, which mobilized over 500 community stakeholders, to provide input to the State in the expansion plan. The consortia obtained resolutions by 7 local Boards of Supervisors and garnered bipartisan state legislator support. The consortia continue to advocate for a well-designed delivery system with the Medi-Cal managed care plan.

IMPACT: *Effective County Organized Health System Established for the eight-county Northern California region*

Transforming Patient Care to Advance the Triple Aim:

An important focus of clinic consortia has been assisting health centers to transform patient care, redesign care teams, achieve recognition as Patient Centered Medical Homes, and adopt electronic health records and other health IT systems that enable the use of data to improve health outcomes, enhance the experience of care, and reduce health care costs.

Consortia are facilitating integration of evidence-based clinical practices. In Southern California, Kaiser Permanente Community Benefit supported the Council of Community Clinics in leading the ALL HEART Initiative, a best practice that improves health outcomes of patients with diabetes or other cardiovascular disease risks by adopting a proven clinical protocol. The consortia provides training and technical assistance to participating clinics. PHASE was launched as a similar initiative in Northern California. More than 46 health centers have adopted the clinical best practice.

IMPACT: *Improved health outcomes for low-income patients with diabetes*

Engaging Health Centers in Planning for Payment Reform: Clinic consortia played an important role in engaging health centers in discussions regarding the evolving landscape of payment reform nationally and in California. Between May and December 2014 consortia conducted seven regional Payment Reform Roadshows. These events provided education and an open forum for nearly 150 participants from health centers and local partners to discuss payment reform and engage in planning for a payment reform pilot program.

IMPACT: *Health centers in select counties are preparing to serve as pilot test sites for an alternative payment model that moves from volume to value*

Leadership in Health Care Delivery System Transformation: A critical focus of clinic consortia during ACA implementation has been ensuring access to coverage and health care for all, including individuals and families that remain uninsured. Community Clinic Association of Los Angeles County has helped to foster a partnership between community clinics and health centers and the Los Angeles Department of Health Services over many years to provide care to low-income, uninsured residents. CCALAC's advocacy helped to create the My Health L.A. program, which provides a coordinated and comprehensive health care program for county residents with incomes up to 138% of poverty who are ineligible for other coverage options.

IMPACT: *Access to comprehensive health care for low-income individuals in Los Angeles County who are not eligible for coverage under the ACA*

Goal Area 2 Enhancing Clinic Consortia Operations

The dramatic shifts taking shape in the health care environment also require clinic consortia to adapt and evolve. RAC has been engaging in strategic planning to ensure that all members are highly effective regional clinic associations. To better understand and adapt to the changing environment, RAC has explored three key areas:

- ◆ Monitoring the changing roles of clinic consortia as the ACA is implemented
- ◆ Sharing strategies and new opportunities for consortia services under the ACA
- ◆ Building collaborations and partnerships between clinic consortia to maximize the use of existing resources

RAC conducted surveys in 2013 and 2014 to better understand the existing infrastructure of consortia. Figures 1-2 illustrate the profile of consortia.

RAC convened consortia staff in statewide meetings to build collaboration, engage in collective strategic planning and to share best practices. Consortia statewide meetings have focused on best practices in quality improvement, workforce development, communications, and member engagement in ACA initiatives.

Impact: *Increased collaboration among regional and statewide consortia, maximizing resources and leveraging expertise*

Consortia Programs and Services: Survey results show that the most common activities across consortia are engaging in state level advocacy on behalf of health centers, monitoring and/or advocating for systems to link Medi-Cal patients to medical homes; and offering education and training on best practices in quality improvement, clinical practice, and health center operations.

The survey identified areas of new development in response to the changing health care environment. This included:

- ◆ Planning new services related to development of Accountable Care Organizations (ACOs)
- ◆ Developing Independent Practice Associations (IPAs)
- ◆ Exploring other network infrastructures to support success in managed care.

Figure 1. Clinic Consortia by Type
Clinic Consortia Survey, 2013

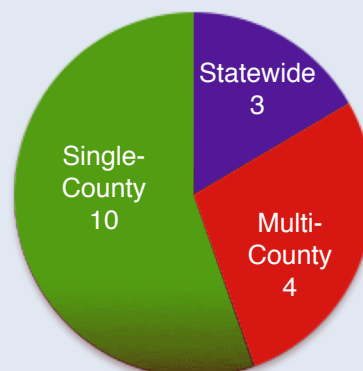
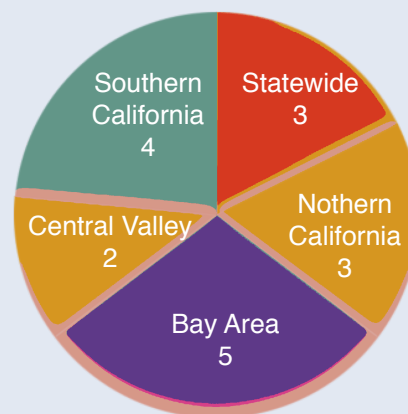


Figure 2. Clinic Consortia by Region
Clinic Consortia Survey, 2013



These areas of development reflect the changing roles of clinic consortia in supporting health centers to operate in an increasing complex managed care environment.

A second survey conducted in 2014 took a deeper look at clinic consortia programs and services that support health center transformation. Key areas of training and technical assistance include: outreach, enrollment and renewal of health coverage, compliance with federal grant requirements for health centers, development of data dashboards and quality reports, clinical best practices, and peer networking to support patient care transformation and health center financial health.

Goal Area

3

**Building Effective Relationships
with California Health Funders**

Clinic consortia benefit from effective collaborations with California health funders, who serve as critical partners in our work. California's health funders are comprised of industry leaders and serve as key thought partners with RAC in informing change in the evolving health care environment. The capacity of clinic consortia to impact California's health care safety net described in this report has been made possible not only through generous and long-term commitments by health funders, but through these partnerships, which strategically position consortia to have greater impact on health centers and health delivery systems.

RAC meets with California health funders to monitor changes under ACA implementation and to look ahead and collectively position community clinics and health centers to be providers and employers of choice in the health care marketplace. RAC is deeply appreciative of the sustained and significant investment by California's health funders and contributions of other partners into this statewide network of community clinics and health centers and clinic consortia.

IMPACT: *As a result of strategic partnerships and sustained support from California health funders and other partners, clinic consortia have been in a position to advance and inform ACA implementation.*

RAC would like to express our appreciation to these key funders and partners, who include:

- ◆ Blue Shield of California Foundation
- ◆ Bureau of Primary Health Care
- ◆ The California Endowment
- ◆ California HealthCare Foundation
- ◆ The California Wellness Foundation
- ◆ Center for Care Innovations
- ◆ Kaiser Permanente Community Benefit, Northern California
- ◆ Kaiser Permanente Community Benefit, Southern California

As the health care environment continues to evolve, these strategic relationships are imperative to the continued existence of community clinics and health centers throughout California. RAC looks forward to continuing our collective work to realize the vision of access to affordable, high-quality health care for all.

For more information on the Regional Associations of California please contact Heather Wright at hwright@cpcra.org or (916) 440-8170.