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September 22, 2006

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Executive Director

TO: Contra Costa County Site Visit Participants

FROM: Stuart Drown
Executive Director

SUBJECT: Summary of Contra Costa County Site Visit

Thank you for participating in the Commission's site visit in Contra Costa County on September 11, 2006. The tours of health facilities and the advisory panel meeting were intended to provide an overview of community-based strategies to address the health and health care needs of residents.

This document is intended to capture the information presented during the site visit. The information presented here does not represent the perspectives or conclusions of the Little Hoover Commission. Rather, this summary is intended to provide a record of the tours and advisory panel meeting along with an opportunity for participants to clarify or amplify those issues discussed.

As part of its project on health care, the Commission has scheduled public hearings for Thursday, September 28, 2006, and Thursday, January 25, 2006, in the State Capitol in Sacramento. The Commission also will convene additional site visits and advisory panel meetings throughout the fall, including a site visit in Los Angeles County on October 17, 2006.

Site Visit – September 11, 2006

On September 11, 2006, the Little Hoover Commission conducted a site visit in Contra Costa County. As part of the site visit, the subcommittee toured three health facilities and held an advisory panel meeting.

The tours of a county clinic, a community clinic and the county hospital were intended to explore the operations of publicly-funded health care. The advisory panel meeting explored the adequacy and efficiency of the publicly-funded health system relative to community needs.

The subcommittee visited the Pittsburg Health Center, the La Clínica Pittsburg Medical Clinic, and the Contra Costa Regional Medical Center. Participants included county directors and administrators, hospital and clinic administrators, providers, a health plan director, legislative staff, a public hospital advocate, and others from Contra Costa County, Solano County and San Francisco.

Five themes emerged during the tours and the meeting:

- State health policy should prioritize health outcomes.
- Health coverage does not ensure access to care, and many receive care without insurance.
- The application process for Medi-Cal and the Healthy Families program hampers counties' ability to enroll people quickly and efficiently.
- County successes are attributed to local innovation and collaboration.
- Leadership is essential to positive outcomes.

State health policy should prioritize health outcomes.

Participants described state reimbursement policies that they said impede the ability of communities to achieve health outcomes. Instead of promoting prevention and cost-effective practices, many reimbursement policies promote costly, inefficient services. The following examples were cited:

- Reimbursement codes do not exist for newer practices that can more efficiently and effectively meet the needs of patients such as group visits, team treatment and chronic condition care.
- Visits to registered nurses are not reimbursable, even when care can more effectively be provided by a registered nurse than of a doctor.
- Registered dental assistants cannot be reimbursed for placing sealants on children's teeth without a prescription though they are authorized to do so.
- Instead of increasing the number of specialists at San Francisco General Hospital to meet increasing demand, local officials have attempted to reduce referrals to specialists by providing triage advice to primary care doctors, but the triage consultation is not reimbursable.
- A provider may refer a patient to a second provider to better meet the patient's needs, but Medi-Cal will only reimburse one visit for an individual patient each day. This is especially problematic for mental health needs which could require immediate attention, but also a major inconvenience for people who need to arrange sitters, transportation and time off from work.
- Some Medi-Cal beneficiaries also are eligible for Medicare, but information technology barriers at the State level prevent simultaneous enrollment in two managed care programs. Medicare beneficiaries who also are eligible for Medi-Cal only can be enrolled in fee-for-service Medi-Cal, preventing potential benefits of managed care and incurring additional administration and other costs.
- Specialists receive large reimbursements for performing procedures, but none for consultations — creating the incentive to perform procedures that might not be necessary.

Participants called for greater leadership from state health officials, suggesting, for example, that the State continually evaluate and revise reimbursement rules to ensure that policies support local efforts to achieve health outcomes, spur innovation and reduce costs. Participants mentioned legislation was passed in 2003 to create a cost

containment commission to improve health care quality and lower costs, but the commission has not been established. Participants emphasized the importance of preventative care to shrink future hospital, emergency department and nursing home costs. They noted that health care reform is not a question of whether the State can afford to make changes, but rather is a matter of how State priorities are aligned.

Health coverage does not ensure access to care, and many receive care without insurance.

Participants stated that having health insurance does not guarantee access to health care services. There is only one dentist in east Contra Costa County who accepts Medi-Cal clients because the reimbursement rates are so low and the paperwork so burdensome. Vision services are offered at only one of the 23 La Clínica de la Raza community clinic sites throughout Alameda, Solano and Contra Costa counties. Patients in publicly-funded programs commonly have to wait one year to see a specialist.

Many uninsured residents are able to get health care despite their lack of coverage. The Contra Costa Head Start Program is required to place all clients in a medical home, defined as being enrolled in a health coverage plan, but many residents get their care through community clinics. Although these residents are receiving care, they do not have coverage. In San Francisco, the recently approved ordinance provides residents access to health services within San Francisco, though it does not provide health coverage.

Participants said the most desirable outcome of State policy should be to achieve healthy communities through access to health care.

The application process for Medi-Cal and the Healthy Families program hampers counties' ability to enroll people quickly and efficiently.

The application process for Medi-Cal and Healthy Families is complex. There are more than 100 ways someone could be eligible for Medi-Cal. It typically takes about four months to enroll, and enrollment must be reviewed or renewed every six months. Participants speculated that the bureaucratic application process is intended to discourage individuals from enrolling.

Participants advocated a family-centered application process, suggesting a single application for all publicly-funded programs. Currently a parent of three children may have to use three separate sets of forms because each child might qualify for coverage through a different program.

In the current system, there is no feedback loop that allows a county to know whether residents who apply for state-funded coverage are accepted or denied. Counties, therefore, do not know whether their efforts to assist residents in applying for coverage result in health coverage. Participants called for a tracking system that would allow administrators to know when individuals submitted an application, whether and when they were enrolled, the reasons for denial of coverage, when the individual sought care, and what the result was of that care.

County successes are attributed to local innovation and collaboration.

The Contra Costa Health Plan (CCHP) serves more than 65,000 people in the county. It was the first federally-qualified, state-licensed, county-sponsored HMO in the nation, and the first county-sponsored health plan in California to offer Medi-Cal Managed Care coverage. CCHP members include county employees; employer groups; Medi-Cal, Medicare and Healthy Families beneficiaries; individuals; and, families.

Memorandums of Understanding between the county and community providers enable community clinics to serve Medi-Cal and CCHP beneficiaries and allow community clinics to send clients to the county hospital for specialty care including deliveries. Residents are trained as outreach workers to educate their friends and neighbors about healthy living and the health services available in the county. The two school-based clinics in Contra Costa were established through Memorandums of Understanding between the school districts and the community clinics. A third school-based clinic is planned.

Participants noted that though the programs in Contra Costa have been successful in improving residents' access to health care, Contra Costa's programs could not effectively be replicated statewide. Each county is unique and one size does not fit all. Participants also said the responsibility for improving access to health care should not be borne entirely by one entity such as the county government.

Instead, true health care reform requires the cooperation of many groups, agencies and individuals. Participants advised that the state should base its health care reform efforts on existing local successes rather than attempt to completely overhaul existing systems.

Leadership is essential to positive outcomes.

The site visit demonstrated the importance of leadership in achieving health outcomes. Leaders in the county health department, county health plans, and the county and community health facilities keep local policies focused on health outcomes – achieving them and improving them.

In Contra Costa, the development of CCHP required the leadership and dedication of passionate individuals in the community. In San Francisco, reforms are being attempted as much of the rest of the State remains gridlocked. In Solano County, achieving close to 100 percent coverage for children was the result of innovative efforts on the part of strong leaders.

Participants emphasized that because each county is unique, strong leaders are needed at every level of the service delivery chain to ensure that policies and practices are focused on achieving health outcomes. Participants lamented, however, what they called a lack of State leadership and frustration that there is no single strong State leader responsible for aligning policy with desired outcomes.

PARTICIPANTS

Community Health and Health Care: The Role of Publicly-funded Programs Contra Costa County Site Visit

Tour Participants

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