

# Alameda County Board of Supervisors Health Committee's Community Dialogue on Preparing for Health Reform

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Session 4: February 27, 2012

This session focused on preparing the primary care system for health reform. The discussion included new models for delivering primary care, such as patient centered medical homes, and new competition for patients among providers. This was part of a [13-month series](#) on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. Speakers included:

- **Dr. Tom Bodenheimer**, Center for Excellence in Primary care at the University of California, San Francisco
- **Tangerine Brigham**, Director of Healthy San Francisco
- **Dr. Samuel Dong**, Oakland solo practitioner internist
- **Ralph Silber**, Executive Director, Alameda Health Consortium
- **Sherry Hirota**, Chair of Board of Directors, Alameda Health Consortium, Asian Health Services
- **Dr. Patricia Zayas**, medical director at La Clinica.

## Primary Care in Crisis

Dr. Tom Bodenheimer began by providing an overview of the state of primary care. California, like most of the United States, he said, has an adult primary care crisis that likely will worsen after health reform when more people have health insurance.

“The ACA creates enormous expectations and greater demand, but it doesn’t create greater capacity,” Bodenheimer said. “The demand-capacity imbalance is going to get worse. We have to increase capacity by having non-clinicians doing more care.”

Fewer medical school graduates are going into primary care and professional burnout is high, he said. These factors contribute to the serious primary care workforce shortage. A high-performing health system should have lots of primary care, a few specialists, and very few hospitals. The current system’s structure is flipped. Focusing on practice-level changes is the best hope for improving

primary care performance and address the supply-demand disparity, he said. Through his research, Bodenheimer has identified 10 building blocks of high-performing primary care. They are:

1. Shared mission (vision) and concrete goals
2. Data driven improvement
3. Empanelment and panel size management
4. Team-based care
5. Population-based management
6. Continuity of care
7. Prompt access to care
8. Template of future: escape from 15-minute visit
9. Coordination of Care
10. Conscious and trained leadership

Workforce development is not keeping pace with the move toward team-based care delivery, Bodenheimer said. For example, adding training to medical assistant programs on things like health coaching and patient care management, could greatly increase their skills and reduce the burden on the primary care practitioner. Additionally, he said, expanding nurse practitioner programs would likely produce the most new primary care practitioners. Bodenheimer recommended the [Safety Net Medical Consortium](#) as a good resource to learn more about transforming models of primary care delivery.

## Lessons from Health San Francisco

Next, Tangerine Brigham spoke about [Healthy San Francisco](#), which launched in 2006 to expand access to health care services to the city's 73,000 uninsured adults. The program is not health insurance but provides access to "cradle-to-grave" services from a range of public and private providers.

Primary care is the program's foundation. Core to the launching the program were reforming the local delivery system and building patient-centered medical homes, Brigham said. Upon enrollment in Healthy San Francisco, each new participant had to choose a medical home. This was an early challenge for providers and participants, but was critical to promoting provider-patient relationships that lead to high quality care. Public clinic hours also expanded to evenings and weekends. "We will never have an adequate supply of providers so we have to change the way we practice medicine," Brigham said.

This six-year learning process, will help the city's public delivery system retain the thousands of currently uninsured individuals who will have health insurance coverage after 2014 and can choose where they receive care. "We are focused on developing a system where we are a provider of choice. When someone will

have to make a decision under health reform about who to select, we want them to continue choosing to seek care with us.”

## **The Future of the Solo Practitioner**

Dr. Samuel Dong, a solo practitioner in Oakland, described the changing landscape of primary care. The solo practice is a waning mode of practice, as younger doctors choose to work for large medical foundations or organizations, such as Kaiser Permanente. “Our biggest challenge is replacing ourselves,” he said.

Dong described the regulatory and paperwork burdens that seem to be increasing, along with diminishing reimbursements. Health reform adds to these burdens, which may overwhelm small practices like his. Some older physicians may choose to retire early, rather than invest in new modes of practice, such as electronic medical records, Dong said. If there is a wave of early retirement, that only will contribute to the primary care shortage. “There is a generational shift in practice occurring,” he said.

## **Building a Strong Safety-Net Clinic Network**

Ralph Silber described the Alameda Health Consortium’s member clinics’ ongoing work to develop a high-performing health care delivery system. The consortium includes eight health centers that serve more than 160,000 low-income people in Alameda County. The consortium clinics are focused on enrolling people into the new Low-Income Health Plan, called Health PAC, which is the precursor to the 2014 Medi-Cal expansion. The clinics employ 80 people who focus on helping people enroll and keep their coverage. Already 70,000 people have enrolled in HealthPAC, helping the county draw down federal money to support service expansion.

“We’re not just trying to see more people,” he said. “We’re trying to fundamentally change how we interface with patients in our communities.”

The consortium clinics collaborated with the Alameda County Medical Center Clinics to implement the same electronic health record system – NextGen. We can communicate across all the clinics. This should allow for interoperability between systems and improve the patient experience. The implementation is a huge financial commitment and operational undertaking, Silber said. The clinics already closely track quality measures, but the move to an electronic records system will allow for even greater quality monitoring.

## Local Clinic Experience

Sherry Hirota and Dr. Patricia Zayas described specific clinic efforts to improve primary care. Hirota described Asian Health Services' efforts to expand its clinical capacity to see more patients, but various financial and operational challenges often make it difficult. Zayas described how team-based care improves care quality and ultimately patient health. She shared the story of an individual patient and described how the clinic's care team responded to meet her needs. La Clinica has been adopting the 10 building blocks Bodenheimer described and as a result has seen a significant positive impact on measures of patient health.

## Public Comments

Dr. Evan Seevak, Medical Director, from the Ambulatory Division at Alameda County Medical Center, described the public clinic system's efforts to improve care delivery and expand access, particularly in preparation for health implementation in 2014. The clinics are trying to expand their space, have expanded hours, and are "working to increase efficiency and do more team-based care," he said.

Dr. Damon Francis, director of the Urban Male Health Initiative, reminded everyone that in their efforts to improve the health care delivery system, they must remain focused on reducing racial disparities in health.

Amy Lam, director at Street Level Health Project, described her organization's efforts to provide episodic care to people who are uninsured and often are undocumented. They try, when possible, to link these people into the health care system.