

BSCF Strategic Dialogue San Diego (June 28 2011)
Draft Summary

On June 28 2011, an invited group of 28 San Diegans – including community clinic directors and staff, health care advocates, civic leaders, government officials, policy experts, faith leaders, community leaders, media, and clinic patients – attended a dialogue to discuss the future of community clinics in San Diego.

The meeting was sponsored by the Blue Shield of California Foundation and conducted by Viewpoint Learning. Its goal was to understand clinics' current and future role in the health of the community and to identify specific challenges and opportunities facing San Diego's community clinics under health care reform.

After introductions and a brief background presentation, participants identified trends and changes that have shaped the current situation, specific challenges and opportunities facing clinics, as well as likely outcomes if nothing changes. They then worked to identify practical steps that clinics could take to achieve the following objectives:

- Attract and keep the newly insured, who will now have more choices;
- Build capacity and financial stability;
- Help to improve the health of the community.

Participants began by raising a few key questions:

HOW ARE CLINICS PERCEIVED? What can clinics build on and what will they need to overcome?

- Do people know what a community clinic is? Do clinics risk being marked by the stigma around county/public clinics?
- Quality of care: Some people may believe that a community clinic is not as good as private doctor; how to make clear people can get first class treatment at their home clinic?
- What do people want?
 - Respect & good customer service: when people feel well treated they want to stay
 - Time with doctor – Focus groups indicate that when people get this they don't want to go elsewhere
 - Sore spots: Waiting, collecting too much personal information, high provider turnover, providers who are rushed or abrupt
- Many clinics have deep roots in the community, and their presence through the years has built trust (can really help when it comes to wellness & prevention). But building and maintaining that trust requires significant community engagement.

HOW CAN CLINICS ADAPT TO COMING CHANGES?

- **There were two distinct world views shaping how participants viewed the coming changes. Briefly put, will clinics face feast or famine in the wake of the Affordable Care Act (ACA)?**
 - Some said famine: ACA will lead to drop in clinic usage and revenues as the newly insured seek care elsewhere leaving clinics disproportionately serving the uninsured and undocumented.

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- Some said feast: ACA will lead to an increase in clinic usage and revenues, as the upsurge in the number of insured means more demand across the board and reimbursement rates increase. Several also noted that many served by clinics will have few realistic alternatives even if they do wish to go elsewhere.
- *But regardless of which outcome proves more accurate, participants agreed that clinics will have to make changes to attract and retain patients, become more financially stable, and improve the health of the communities they serve. And in many cases these changes are the same no matter what.*

PRACTICAL STEPS: WHAT NEEDS TO BE DONE?

• Clinics currently operating in silos – more inclined to compete for scarce resources than cooperate

- Prevents clinics from sharing best practices, specialists, health outcomes data, etc,
- Lack of unity makes clinics less effective as force for advocacy
- Don't let opportunity for collaboration be lost

• Increasing Capacity/ Financial Stability

- Need to invest in skilled financial management
- Develop shared outcomes metrics and share best financial practices (Planned Parenthood was held up as a particularly good example)
- Strengthen technology & remote/telemedicine
- Create partnerships at schools, other sites
- Change compensation structures to support new partnerships, telemedicine, alternative/holistic treatments
- *Many of these steps will require policy change at the state level, which in turn will require articulate and outspoken support from a range of leaders*

• Clinics can attract/keep the newly insured, and improve community health, by maximizing their role in their communities

- Clinics are a vital part of community. Need to maximize integration of clinics with community in general.
- Outreach, outreach, outreach. Through schools, community events, community media etc.
- **VALUE-ADDED:** Community clinics don't provide "just" health care – they also address broader community needs (e.g. La Maestra). Clinics will do well to emphasize & expand these services. For example:
 - Health & wellness classes (exercise, parenting, nutrition, cooking)
 - But also classes and services that address broader community needs (microfinance, English lessons)

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- These are “value-added” services that will bring people to the clinic when they need health care
- Importance of marketing/branding – and this is not just what you say about yourself, it’s what you **do**. Requires understanding the clinic clientele and community: what are their needs and their top priorities?
- Clinics should play to their strengths – things they do, relationships they have, that other providers don’t.
 - E.g. recognize importance of complementary medicine & holistic approaches in community
- Patients are invaluable resource – can be best advocates for clinics & help create constituency to support clinics’ role in community.
 - Take steps to really hear from community in ongoing way– need engagement & a 2-way conversation about community needs and priorities

In their closing remarks, several participants underscored the regulatory obstacles to change and the need for effective advocacy at the state level to remove them.

Participants agreed that clinics’ greatest strength is that they are rooted in the community: strengthening those relationships will be key to their future success. Many said they were inspired and energized by the diversity of perspectives in the room and the common commitment to helping clinics fulfill their potential and serve their communities. They appreciated the opportunity to come together in this forum and thanked BSCF and the San Diego Council of Community Clinics for making it possible. Several raised the concern that there is often a gap between discussion and implementation, and they stressed the need to maintain and build on the momentum created in the dialogue.