

Sustaining Access to Health Care in the Face of County Budget Cuts

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May 2010

SUMMARY

This case study describes how the Community Clinic Consortium serving Contra Costa and Solano Counties (The Consortium), helped secure the unanimous vote of the Contra Costa County Board of Supervisors in April 2009 to appropriate \$1.5 million to nonprofit community clinics for the provision of primary care services for undocumented immigrants. The benefits of this initiative include increased access to primary care and increased integration of the health care safety net. Several key findings emerge from the analysis of this case study:

- Approximately 5,000 undocumented immigrants retained access to health care and were all referred to community clinics by the end of the contract in April 2010;
- A successful consortium/county partnership can result in policy decisions that help maintain access to care for vulnerable populations during periods of serious budget shortfalls; and
- A local or county-level clinic organization that knows the “terrain” is an effective means for achieving local policy victories to help sustain access to care.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as “consortia”) through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, eighteen grantees were refunded for three years to undertake or continue a similar set of activities. To achieve their goals, many consortia focus on policies and issues at the federal, state, and local levels to increase or maintain clinic financial stability and increase access to

care for community clinic target populations. Additionally, many consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Expand their expertise in new services and areas of activity; and
- Strengthen the local or regional health care delivery system.

The Community Clinic Consortium serving Contra Costa and Solano Counties (Consortium) has four member clinics (Brookside Community Health Center, Community Medical Centers, La Clínica de La Raza, and Planned Parenthood: Shasta-Diablo). Member clinics operate twenty-three clinic sites and provide over 220,000 visits per year to approximately 90,000 patients.

The Consortium’s success in securing a service contract between Contra Costa County and its member clinics illustrates the role that clinic consortia can play in improving the healthcare delivery system for low-income, at-risk populations. It is also an example of successful partnerships between private, nonprofit community clinics and county governments – partnerships that may take on increasing importance as local jurisdictions throughout the state struggle to maintain healthcare services during periods of serious budget shortfalls.

METHODS

UCSF staff conducted open-ended interviews in 2009 with decision makers, clinic consortia staff, and partner organizations that were involved with the initiative. Informants were asked to describe their involvement in the initiative, the stakeholders involved, challenges encountered, and benefits to clinics and their target

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

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populations. *(Please note that lobbying activities were not funded under this program, and are assumed to be funded by other funding sources.)*

FINDINGS

ISSUE: ELIMINATION OF COVERAGE FOR UNDOCUMENTED IMMIGRANTS

Contra Costa County has historically offered health care access to its uninsured residents (13 percent of county residents) through the “Basic Health Care” program or BHC. Specifically, the BHC has provided low-income county residents access to a network of 10 county-operated health centers and the county-operated public hospital. The program covers primary and specialty services, inpatient hospital care, and prescription drugs and is virtually free to all enrollees. The recent economic downturn has had an enormous impact on the county budget. In March 2009, the Contra Costa Health Services department (CCHS) proposed eliminating coverage for an estimated 5,500 undocumented immigrant adults under the BHC program, resulting in an annual savings of \$6 million. It was assumed that ending coverage for the adult undocumented patients would deter them from seeking care from county-operated health centers and the county’s health system would gain capacity for patient visits that could be reimbursed by insurance programs. The county would continue to provide coverage for low-income undocumented children, and would provide a narrow band of free services to undocumented adults covered by the state Medi-Cal program.

PROMISING SOLUTION: ADVOCACY TO PRESERVE COVERAGE FOR IMMIGRANTS

The Consortium immediately took the lead in organizing a multi-faceted grassroots advocacy campaign to prevent exclusion of undocumented adults from the BHC program. Its activities included traditional grassroots advocacy, media outreach, as well as closed-door negotiations with county administrators all in an effort to convince the Board of Supervisors to maintain funding for this program.

MAJOR MILESTONES:

The Consortium produced a fact sheet to describe the impacts of the proposed eligibility restriction and present arguments about why blocking access to primary care through a coverage exclusion would be a “false savings.” These talking points became the standard script for all opponents throughout the campaign. Its message points emphasized that the exclusion would result in increased hospital emergency room (ER) visits. ER visits cost much more than primary care clinic visits, and the local ERs were already overwhelmed by uninsured patients. Second, it argued that citizenship screening is not only expensive (\$500,000 per year), but it forces eligible citizens out of health programs because they lack the necessary documentation. A third argument was that the exclusion would be bad for public health because protecting the health of entire communities means preventing the spread of disease, including dangerous epidemics. Thus, the Board’s decision to save county funds would weaken the

health care safety net relied on by all low-income county residents – citizens and undocumented alike.

Additionally, the Consortium coordinated a multi-pronged campaign to battle the proposed cuts to the BHC. It organized a broad network of county doctors, nonprofit providers of social services, clergy, immigrant rights groups, city council members, health educators, patients, and patient advocacy groups to demonstrate that opposition to the BHC exclusion was widespread throughout the county. It played “quarterback” to this ad-hoc coalition of stakeholders, providing direction on when and how to advocate against the county’s proposal. The Consortium made presentations at community meetings, contacted advocacy leaders directly, and chronicled the county budget negotiations on its weblog, Hub and Spoke.

The Consortium also partnered with medical providers in the county’s health center/hospital system who objected on public health and moral grounds to the proposed cuts. The Consortium provided materials, information, and logistical support to these county doctors as they staged a well-covered press conference on the grounds of the county hospital.

Finally, the Consortium scheduled meetings with each County Supervisor to discuss community clinic concerns and to present a range of cost-cutting alternatives to the proposed BHC exclusion. The Consortium also coordinated the broader coalition’s public comments at multiple meetings of the entire Board of Supervisors. It was successful in elevating the issue to the top of county budget discussions. The Supervisors agreed that cutting off a population of patients from access to health care was bad public health policy, and should be avoided if possible. However, the Supervisors also reiterated that the county’s budget shortfall forced them and the Health Department to make deep cuts to services – like health care to undocumented immigrants – that they believed were not mandated to be provided by state law.

In response, the Consortium developed a “Plan B” strategy for the county to contract with community clinics to provide primary healthcare services to undocumented adults. The new proposal would protect public health, stave off a flood of patients into area ERs, and bolster the nonprofit community clinics that would have been strained in providing services to thousands of additional uninsured patients without compensation.

In March 2009, as anticipated, the Contra Costa Board of Supervisors voted to adopt the Health Department’s proposed elimination of BHC coverage for undocumented adult patients. However, the Board voted unanimously in April 2009 to take \$1.5 million from its reserves to reimburse community clinics for services to undocumented adults. The resulting contract between the county’s Health Department and the community clinics

provided each of the three clinics \$100,000 in start-up funding and dedicated the balance of the funds to reimbursing clinics for patient visits at the rate of \$100 per visit. Moreover, the Board directed the Health Department to work with community clinics and other community providers to find innovative ways to deliver medical services to low-income residents.

Partnerships and collaborations: Over the past decade, the Consortium has established successful partnerships with key county stakeholders that it could leverage in this initiative. For example, during this effort the Consortium met with core supporters on the Board of Supervisors to propose alternatives to the health department's proposal. In addition, it enlisted support of local State Legislators, two of whom contacted County Supervisors to express their opposition to the proposal.

Another important partnership was with the Human Services Alliance of Contra Costa, a coalition of health and social service nonprofits that contract with the county. The Consortium asked the Alliance to jointly advocate to protest the county's plan. The Alliance participated in strategy meetings, attended key Board meetings, testified against the county's proposed health coverage reductions, and communicated with its members about the scope and impact of the issue.

Partner Perspective: [The Consortium] has become an invaluable partner in formulating advocacy strategies, galvanizing community support, and mobilizing diverse stakeholders to take action. This has been particularly true around health funding/budget issues, and around encouraging increased collaboration between public, private and community-based health care providers to better serve the needs of low-income and under-served populations. –*The Human Services Alliance of Contra Costa*

In addition, the Consortium rallied community organizations, including the local PICO affiliate, and city council members to lobby individual Supervisors. For example, the Contra Costa Interfaith Supporting Community Organization (CCISCO) organized patient advocates to argue for the rights of the uninsured. Finally, the California Immigrant Policy Center, a non-partisan, non-profit statewide organization that seeks to inform public debate and policy decisions on issues affecting the state's immigrants and their families, provided crucial research and information, helping the Consortium frame the issue and develop its messaging.

Overcoming challenges: Although there was no organized opposition to the use of county general fund reserves to reimburse community clinics, there were individual constituents who telephoned and wrote letters demanding to know why services were being provided to the undocumented in the first place. Thus the budget discussions provided an opportunity for some to argue against any government services for undocumented immigrants.

Additional challenges face the Consortium. As the appropriated funds from the General Fund reserves diminish, community clinics will be expected to continue caring for the undocumented adult population without the same level of county support. Also, the \$1.5 million that the Board of Supervisors dedicated to preserving primary care access did not cover specialty care or hospital care services for undocumented adults, as these fall beyond the scope of community clinic services. The Consortium is working with its member clinics to address this gap under a Specialty Care Access grant provided by Kaiser. Among other aspects of the grant, the Consortium facilitates certain patient referrals from member clinics to a well-established volunteer surgery program, Operation Access.

ACCOMPLISHMENTS AND BENEFITS

Through its involvement in maintaining access to care on behalf of uninsured adults, the Consortium was able to achieve an unanticipated local policy win benefiting member clinics and their target populations. Using the grant Logic Model, the short and long-term outcomes of planning and advocating for funding for community clinics include the following:

Increased grantee capacity in policy advocacy: The BHC campaign required the Consortium to build a network of supporters that continues to form the core of the organization's ongoing grassroots advocacy. For example, several of the same groups that worked together on the 2009 BHC campaign came back together to fight against disproportionate health department cuts in 2010 – with the Consortium again playing a leadership role.

Increased policymaker awareness of safety net and clinic policy issues: Consortium advocacy efforts brought the needs of the uninsured population front and center to the Board of Supervisors via coverage in the media, meetings, fact sheets, and testimony. The Consortium put the Board on notice that when it attempts to reduce services to vulnerable members of the undocumented, the community will rally to maintain access care. Particularly in this time of dire budget cuts, this constant focus is vital to preserving the safety net.

Policymaker Perspective: The Consortium was great about meeting with county staff and reaching out to the public and community groups to present information about how this proposal could be a win-win. They were very helpful in providing data and fact sheets. - *Chief of Staff for Supervisor Susan Bonilla, Contra Costa County, District 4*

Increased policymaker support of safety net and clinic policy issues: The Board of Supervisors demonstrated its support for community clinics by voting unanimously to use \$1.5 million in one-time funding from county reserves.

Strengthened clinic operations: The Consortium worked with clinic and county physicians on patient transfer and

continuity of care issues, resulting in both groups exchanging lists of phone/pager numbers for direct clinician-to-clinician communication. As this report went to print, the Consortium was in the process of setting up a second major County/community clinic provider meeting to establish protocols for transferring high-need patients between systems appropriately. In addition, county medical residents interested in continuing to provide services to the immigrant population have reached out to the Consortium in order to explore whether community clinics can be formally incorporated into the county's residency program.

Clinic Perspective: La Clinica de La Raza is a safety net provider in all communities where we are located. Many of the patients affected by the decision would come to our sites seeking services. This funding will help soften the loss of coverage and defray patient costs. La Clinica is expected to serve about 2/3 of the 5,500-6,000 patients impacted.

Increased services for the underserved and uninsured: As of January 2010, undocumented adults no longer eligible for the BHC program had made over 2,500 visits to nonprofit community clinics and were averaging between 10-12 visits per day, demonstrating significant access to primary care services. To encourage access, community clinics agreed to waive patient fees for these visits, accepting the \$100/visit county reimbursement as payment in full despite the relative complexity of the patient presenting medical conditions.

Improved health outcomes for targeted communities and populations: The preservation of primary healthcare services will help undocumented immigrants access and utilize other services (such as family support, job training, conflict resolution, and mental health) to support the well-being and advancement of themselves and their families.

FACTORS FOR SUCCESS

The Consortium worked effectively both behind the scenes and in the public eye to advance the cause of equal access. Through its participation in numerous local health-related coalitions and activities, it was able to create a groundswell of support. Another key factor was the successful use of media advocacy. Its ongoing relationships with local reporters resulted in extensive coverage of the proposed cuts. In March 2009, *The Contra Costa Times* published an article, quoting the Consortium's Executive Director. Additionally, the Consortium provided regular updates to a wide audience through its policy blog, "Hub & Spoke", an audience including County physicians opposed to the proposed cuts.

Lessons Learned

Successful consortium/county partnerships can lead to funding and policy decisions that help sustain access to care during periods of serious budget shortfalls. The analysis of the role played by the Consortium speaks to the value of increasing understanding and awareness of the needs of the uninsured and the contributions of community clinics in meeting these needs.

THE FUTURE

Challenges and opportunities characterize the future of healthcare services in Contra Costa County. Because the Board of Supervisors appropriated the \$1.5 million in General Fund reserves on a one-time basis, as the available funds diminish, community clinics will be expected to continue caring for the undocumented adult population without the same level of county support. Also, as noted above, the \$1.5 million did not cover specialty care or hospital care services for undocumented adults. Working with a volunteer surgery program called Operation Access, the Consortium has begun a multi-year project to address the problem by increasing the number of specialists serving uninsured patients.

These challenges notwithstanding, stakeholders including the Consortium are optimistic about the future. In appropriating funding to sustain services to undocumented immigrants, the Supervisors facilitated systemic change, including a closer integration of community providers and the county's own health delivery system. The service contract between community clinics and the Health Services department appears to lay the groundwork for such ongoing system change, which stakeholders hope will provide a seamless and stronger health care safety net for low-income Contra Costa residents, regardless of immigration status.

CONCLUSIONS

Achieving a local policy "win" to fund clinics during economic hard-times can be difficult. Using a multi-faceted advocacy approach, the Consortium "made lemonade out of lemons," ensuring access to care for thousands of people slated to lose coverage. It provided a rallying point for others to join the campaign. The Consortium showed moral courage by standing up for its core tenet of equal access to health services as a right, as well as political savoir faire in educating decision makers and providing a "win/win" solution that has potential long-term ramifications.

FOR MORE INFORMATION

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