



## HEALTH CARE

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## FACING COVID-19 AS A COMMUNITY

### Business Nexus

At the onset of the COVID-19 pandemic, despite a rapidly changing environment, and the elimination of non-emergency surgeries, hospitals, the health systems, FQHCs and other providers came together immediately responding to the public health emergency to assist some of the most vulnerable among us. The region's health care sector has played a significant role in improving the overall health of the community for decades and continues to do so even at the forefront of the pandemic.

### Collaboration in the Sacramento Region

The region's health care sector has played a significant role in improving the overall health of the community for decades. The region's health care sector includes four not-for-profit health systems, twenty-four hospitals, affiliated health plans, other providers across the spectrum of care, a growing bio-science industry cluster, and local community-based organizations (CBOs). An engaged health care industry strengthens the region's business environment, creating a more vibrant community. Through a longstanding tradition of pooling resources to address the medical, mental health, and social service needs of special populations in California's Capital Region, Dignity Health, Kaiser Permanente, Sutter Health Valley Area, UC Davis Health, Federally Qualified Health Centers (FQHC), Sierra Sacramento Valley Medical Society (SSVMS) and community-based organizations have created unique collaborative partnerships and shared solutions to reduce community-wide health needs.

### Not-for-Profit Health Systems' Commitment to the Sacramento Region

Not-for-profit hospitals are exempt from federal corporate income tax and are required to meet a community benefit standard described in the Internal Revenue Service Revenue Rulings. By law and by mission, hospitals treat each person who comes through the doors. While hospitals in California initially saw an expected decline in charity care as Medicaid expanded, charity care has consistently increased after the elimination of the individual mandate and other policies enacted after 2016.



Since 1996, the four not-for-profit health systems in the region have worked in partnership to conduct community health needs assessments (CHNA) with a shared vision toward increasing health equity. As the process evolved, the health systems adopted a data-driven, outcome-oriented, systematic approach toward assessing key determinants of health status in such areas as prevention, access, chronic disease, mental health and substance abuse, and the social determinants of health. The process exceeds the federal requirements and actively solicits input from health plans, community-based organizations, civic and business groups, government representatives, and educational institutions. Collaborating creates efficiencies and allows for more robust data gathering and analysis. The four health systems work strategically to develop innovative solutions, build regional capacity, and improve individual health outcomes without duplicating efforts.

Combined, the four not-for-profit health systems in the region reinvest approximately \$1.5 billion of community benefit in services for the uninsured and underserved, including charity care and unreimbursed medical costs from Medicare and Medicaid (Medi-Cal). California's Medicaid program (Medi-Cal) reimburses providers well below the costs hospitals incur. In addition, rates paid to physicians pursuant to Medicaid are one of the lowest in the nation. The continued underfunding impacts the overall health delivery system and creates a cost shift to business through higher commercial insurance rates. In addition to the unreimbursed costs for medical care, the four health systems underwrite more than \$200 million in annual support for medical research, community education, and direct program services.

### Facing COVID Together

At the onset of the COVID-19 pandemic, despite a rapidly changing environment, and the elimination of non-emergency surgeries, hospitals, the health systems, FQHCs and other providers came together immediately responding to the public health emergency to assist some of the most vulnerable among us. From investments in CBOs to deliver food to homebound individuals, to the development of a centralized referral hub to place individuals experiencing homelessness into secure shelter, hospital systems and physicians have worked together to mobilize resources to support the broader community. Initiatives include investing in community health clinics to increase vaccine capacity and capabilities, provide vaccine education campaigns that focused on some of the most at-risk populations, and work with County-led vaccine equity task forces that enabled the systems to donate vaccine and clinical staff towards community vaccine efforts.

### COVID Impacts on the Health Care Workforce

COVID-19 has, and continues to have, a profound impact on the mental health and physical well-being of those working in health care. The American Medical Association conducted a survey of 20,947 physicians and other health care workers and found that 61% of those surveyed felt high fear of exposing themselves or their families to COVID-19 while 38% self-reported experiencing anxiety or depression. Another 43% suffered from work overload and 49% had burnout. Certain allied health professionals reported the highest rates—in the 60% range. Self-reported mental health symptoms of increased anxiety and depression were also prevalent among these health workers—in the 50% range. Stress scores were highest among women, Black and Latinx health care workers. The impact is



tremendous, especially since there are already considerable health care workforce shortages in the region.

To help address physician burnout and well-being in the Sacramento region, the Sierra Sacramento Valley Medical Society (SSVMS) created the Joy of Medicine program. Through a collaboration of medical groups and private practice physicians, the Joy of Medicine program helps physicians through education, advocacy, programs, events, and services designed to nurture individual well-being and collegiality. SSVMS has seen a decrease in overall burnout by 2% by working together and supporting systemic changes. Despite the negative impact the COVID-19 pandemic has on physician well-being, Sacramento physician's burnout levels did not worsen, but improved in 2020. Nevertheless, physicians express fatigue and increased burnout related to the increase in hospitalizations of unvaccinated individuals.

### Supporting Federally Qualified Health Centers and Community-Based Care

Through direct financial support, program support, shared staffing, loaned office space, equipment donations, and other joint ventures, the region's not-for-profit health systems support local community clinics, including the establishment and expansion of Federally Qualified Health Centers (FQHCs) such as WellSpace Health, Elica Health, One Community Health, Sacramento Native American Health Center, and CommuniCare Health Centers. The FQHCs and community clinics provide integrated care to meet physical and mental health needs, as well as addiction treatment and dental care. Combined, community clinics provide more than 600,000 patient care visits annually.

### Connecting People to Health Coverage and Care

With significant support for the area's four health systems, Sacramento Covered plays a pivotal role in connecting area residents to health coverage, care, and services. Founded in 1998, Sacramento Covered has grown to develop and implement an innovative peer-driven, one-on-one, data-informed approach to connecting our community's most vulnerable to needed health, behavioral health, social services, and community resources.

With a field-based approach and a reliance on culturally competent Community Health Workers, Health Navigators and Patient Navigators, Sacramento Covered supports its clients as they make their health care journey to gain coverage, build lasting relationships with providers and self-manage their care. This patient-centered approach includes connecting clients to nutrition programs, assists in securing stable shelter and arranging transportation to and from health appointments.

In 2020, Sacramento Covered provided more than 221,000 services across its programs, services that contributed to a 51% reduction in Emergency Department readmission rates. Sacramento Covered navigators meet clients anywhere, whether that's in a hospital Emergency Department, at a community health fair, on a riverbank, or in the nonprofit's office, and provide the support needed to help its clients lead a healthy, productive life.

## Helping Local Homeless Transition to Independence

The four not-for-profit health systems recognize that they play a critical role in helping the community end homelessness. The health systems have embraced this role understanding that promoting positive health outcomes – and advancing the overall health and well-being of their communities— extends beyond the delivery of medical care. Through public and private partnerships and initiatives led by Sacramento Steps Forward and national organizations, Community Solutions (CS) and Institute for Healthcare Improvement (IHI), the hospital systems have invested in programs such as Built for Zero and a Healthcare and Homelessness two-year pilot.

Sacramento is one of 80 counties and cities in the Built for Zero footprint proving it is possible to measurably end homelessness, one population at a time. The footprint is a proven data-driven methodology that has changed how local systems work and the impact they can achieve. Built for Zero communities work to measurably end homelessness by achieving functional zero, a dynamic end state that indicates that a community is continuously ending homelessness for a population. In Sacramento, the health systems and cross-sector stakeholders are working with CS and IHI to implement a two-year pilot program to end chronic homelessness in Sacramento. The health systems will focus on improving its role as anchor institutions to affect population-level outcomes for this target population (including reductions in homelessness, lower health care costs, and improved population health).

In addition, the four not-for-profit health systems have continued their commitment to the Interim Care Program (ICP), which was developed and funded by the four health systems and the County of Sacramento in 2005 as a response to the medical and shelter needs of homeless individuals upon discharge from the hospital. ICP provides shelter, food, restorative rest, health care coordination and case management services in a unique partnership among the health systems, government entities and FQHC partners. In 2020, ICP served 471 clients; there were 747 counts of patients connected with a medical home, 510 received new sources of income while in ICP and 89 patients left ICP for transitional or permanent housing to help break a cycle of homelessness and improve health outcomes.

## Public Private Partnerships for Good

Over the last several years, health care, housing, and nonprofit leaders have partnered with the City of Sacramento on an ambitious state pilot program called Whole Person Care, an initiative to provide Medi-Cal beneficiaries who are homeless or at risk of homelessness with the coordination of health, behavioral health, and social services.

Called Pathways to Health + Home, the program brought together local hospitals, community clinics, homeless services, housing providers, first responders and community-based organizations with a goal to create an integrated system of care. The partners created systems to coordinate care in real-time and evaluate health and housing outcomes.

The program's aim was to enroll at least 3,250 unduplicated individuals experiencing homelessness or at-risk of homelessness from Nov. 1, 2017 to June 30, 2021, and to house 2,000 people by 2020.

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The City of Sacramento, with significant financial community benefit funding from the four not-for-profit health systems, contributed more than \$32 million, which was matched by 1115 Medicaid waiver funds for a total investment of more than \$64 million.

While a final assessment is being conducted, initial findings from the first two years of the program saw Pathways to Health + Home provide more than 47,000 instances of care coordination, housing coordination and support services to individuals experiencing homelessness.

California is now using what it learned from the individual Whole Person Care (WPC) initiatives and from a pilot called the Health Homes Program (HHP), to transition WHC and HHP participants into a new program called California Advancing and Innovating Medi-Cal (CalAIM).

Given the work already done in Sacramento, our region is exceptionally well positioned to meet the goals of CalAIM, which are to:

- Identify and manage Medi-Cal member risk and need through whole person care approaches and addressing social determinants of health.
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
- Improve quality outcomes, reduce health disparities, and drive deliver system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

## Volunteering Medical Expertise for Patients in Need and the Undocumented

One of the region's longest-running collaborative projects, the Sierra Sacramento Valley Medical Society's Sacramento Physician's Initiative to Reach out, Innovate and Teach (SPIRIT) program recruits volunteer physicians to provide free primary care and specialty medical services to the communities uninsured. With support from the health systems, SPIRIT has helped more than 54,550 patients receive treatment – including over 1,300 surgeries. Since its inception, SPIRIT has donated back to the community more than \$12 million in services throughout California's Capital Region since the program began. In the past two years, donated services have expanded to include diagnostic colonoscopies, upper endoscopies, vision exams with prescription glasses, pulmonary function tests, dermatology and urogynecology.

## COVID Impacts on Mental Health

The pandemic and its economic impact have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. According to the Kaiser Family Foundation, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019.

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The surging crises of mental illness, substance use, and homelessness are devastating our community and are dramatically affecting health care providers, particularly hospitals and counties. These issues topped the list of challenges before the onset of the pandemic and have been further exacerbated by it. Currently, patients with mental health needs often present to already over-crowded hospital emergency departments (ED), where they may wait for long periods of time for evaluations, referrals to lower levels of care, or are sometimes even admitted due to lack of alternatives. This is not an ideal approach to recovery for these individuals. Moreover, the volume of patients boarding in EDs contributes to systemic problems as well, such as high ambulance patient offload times and increasing use of ambulance diversion protocols. Emergency medical service (EMS) providers and EDs are strained. Additionally, law enforcement personnel currently serve too often as transportation and security services for individuals on involuntary holds. Law enforcement agencies and hospitals are the often the default systems for intoxicated individuals. Jails have unintentionally evolved into the largest behavioral health residential treatment facilities in every community.

Fortunately, Sacramento's behavioral health treatment system has expanded and improved care in significant ways over the last half decade. This progress has included development of the Mental Health Urgent Care Clinic, multiple crisis residential programs, the Mercy San Juan Crisis Stabilization Unit, the Substance Use Respite and Engagement Center, and the soon-to-be-opened Sacramento Behavioral Healthcare Hospital. Nevertheless, the number of people needing help and the disjointed nature of existing programs and facilities demand a new approach. Much more communication, cooperation, and collaboration are required to transform our patchwork of systems into a single system of care that is aligned, inclusive, accessible, consistently high quality, payor agnostic, and cost-effective. Health care leaders across the region continue to meet to collaboratively address the behavioral health needs of the community, including youth and families throughout the COVID-19 pandemic.

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