



HEALTH CARE

Team Leaders: Richard Robinson, Kaiser Permanente: Richard.J1.Robinson@kp.org
Michelle Odell, Kaiser Permanente: Michelle.H.Odell@kp.org
Jennifer Ablog, Kaiser Permanente: Jennifer.K.Ablog@kp.org

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, Federally Qualified Health Centers (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 bioscience 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

2022 Capitol-to-Capitol

For additional information, please contact, Director of Public Policy & Advocacy, Brandon Black at (916) 468-3509 | bblack@metrochamber.org | www.metrochamber.org

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 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 shelters, 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, providing vaccine education campaigns that focus on some of the most at-risk populations, and working with County-led vaccine equity task forces that enable the systems to donate vaccine and clinical staff towards community vaccine efforts.

COVID-19 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 surveyed 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 physicians' 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.

Using the Community Health Worker Model to Act Quickly During COVID Onset

Sacramento Covered is a nonprofit organization that champions the Community Health Worker model to reach people where they are and connect them to the care and support services they need to live healthier lives. Founded in 1998, Sacramento Covered receives significant support from the area's four health systems.

During the early days of COVID-19, when little was known about the virus, Sacramento Covered remained fully operational. The program served as a distribution center delivering PPE supplies from Sacramento County to other social service agencies. Sacramento Covered, with support from partners, also was quickly in the field to reach the most vulnerable with trusted information, supplies, and food. In the first 10 weeks of the pandemic, Sacramento Covered – working with a restaurant that was closed due to the pandemic – delivered 21,000 healthy and nutritious meals to at-risk individuals.

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

2022 Capitol-to-Capitol

For additional information, please contact, Director of Public Policy & Advocacy, Brandon Black at (916) 468-3509 | bblack@metrochamber.org | www.metrochamber.org



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 their 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 individuals experiencing homelessness 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 2021, ICP served 434 clients; there were 703 counts of patients connected with a medical home, (this includes PCP, SPCP, BH, Vision, and dental), 690 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.

Embracing a Whole Person Care Approach

With support from the four health systems and other partners, Sacramento Covered played a critical role in the success of the City of Sacramento’s Whole Person Care (WPC) pilot project, and the region’s Health Homes Program (HHP) pilot.

For each, Sacramento Covered worked with health systems, health plans, federally qualified health centers, other community-based organizations, and government entities to dramatically improve the lives of homeless and at-risk individuals by addressing social determinants of health.

The success of our area’s pilots, coupled with learnings from pilots in other parts of the state, laid the foundation for CalAIM – California Innovating and Advancing Medi-Cal – a redesign of the state’s Medicaid program that looks to provide patient-centered coordinated medical and behavioral health care, as well as needed community supports.

By having community health workers in the field, hospital navigators in emergency rooms, and health navigators at local events, Sacramento experienced a 43% reduction in Emergency Department

2022 Capitol-to-Capitol

For additional information, please contact, Director of Public Policy & Advocacy, Brandon Black at (916) 468-3509 | bblack@metrochamber.org | www.metrochamber.org

utilization among WPC participants and a 45% decrease in hospital inpatient utilization for clients who had completed the WPC program.

Volunteering Medical Expertise for Patients in Need

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 community's 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-19 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.

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 overcrowded 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 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 the development of the Mental Health Urgent Care Clinic, multiple crises 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

2022 Capitol-to-Capitol

For additional information, please contact, Director of Public Policy & Advocacy, Brandon Black at (916) 468-3509 | bblack@metrochamber.org | www.metrochamber.org

CA — CAP TO CAP — DC

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.

Since 2016, the Hospital Council has convened a coalition of health systems, EMS providers, and Sacramento County's health leaders to create Sacramento Mobile Integrated Healthcare (SacMIH). This model of care pairs an advanced level practitioner with a paramedic to address the root causes of patient health challenges, improve patient case management, and maximize the capacity of the system to meet patient demand. SacMIH responds to behavioral health calls and proactively contacts high utilizers of the 911 system. Sacramento Metro Fire District launched the first SacMIH unit in November 2021. Already, the program has proactively reached out to hundreds of patients with a history of high EMS utilization. Since the engagement, there has been a drop in 911 calls made by each of those patients as they are now able to receive the help they need in a more appropriate and beneficial manner. As the program gains traction, the partners expect it to be an increasingly effective way of preempting behavioral health crises.

2022 Capitol-to-Capitol

For additional information, please contact, Director of Public Policy & Advocacy, Brandon Black at (916) 468-3509 | bblack@metrochamber.org | www.metrochamber.org