

HEALTH CARE TEAM

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COLLABORATION IN THE SACRAMENTO REGION

BACKGROUND

The region's health care sector – which 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) – has played a significant role in improving the overall health of the Sacramento community for decades. In addition to providing preventive, primary, specialty and lifesaving care, an engaged health care industry creates jobs, strengthens the region's economy and provides critical community investments. In addition, through a longstanding tradition of collaborating to address the medical, mental health, and social service needs of the underserved, our network of health systems, Federally Qualified Health Centers (FQHC), service providers and CBOs have created unique innovative partnerships, joint investments, and shared solutions to bring resources, build infrastructure and develop targeted programs to improve overall community health in the greater Sacramento region.

Never was this tradition of collaboration more evident or critical than at the onset of the COVID-19 pandemic. Despite a rapidly changing environment and unimaginable challenges to the health care delivery system, basic services and the broader community, this collective system of care came together to immediately respond to the public health emergency to help the most vulnerable among us. As we find ourselves in the wake of the pandemic and moving into a period of recovery, the unique and impactful collaborative relationships between these critical health care entities are now more important than ever, with each organization serving as a vital cog in a larger system of care. In the greater Sacramento Region, the continuum of care works together to:

- Invest billions of dollars in the broader community through cash and in-kind donations, research, and providing care for the underserved.

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- Develop strategies to support our current health care workforce in the wake of the COVID-19 pandemic, while creating opportunities to grow our career development pipelines to train our future health care professionals.
- Devote millions of dollars to support the growth – both programmatic and brick-and-mortar – of our local FQHCs, which are critically important components of our network of care.
- Collaborate around best practices to treat individuals experiencing homelessness and wrap them with the medical and social services needed to help transition them off the streets to a more stable environment.
- Provide support to transformative local non-profits that advance health and community initiatives.
- Work in collaboration with health partners, CBOs, FQHCs and local jurisdictions to create and expand creative solutions to better address growing mental and behavioral health needs in our community.

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 of its Emergency Department. 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 diseases, mental health and substance abuse, and the social determinants of health. 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 more than \$1.9 billion dollars 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. This continued underfunding impacts the overall health delivery system and creates a cost shift to business through higher commercial insurance rates.

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Healthcare Worker Burnout and Workforce Development

COVID-19 had, 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 63% 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, of about 60%. Self-reported mental health symptoms of increased anxiety and depression also afflicted about 50% of these health workers. Stress scores were highest among women, Black and Latino 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. Notably, the program has provided more than 1,000 free anonymous counseling sessions to more than 250 physicians. The negative impact the COVID-19 pandemic has had on physician well-being was reflected in SSVMS' 2022 physician survey. Physician burnout in the Sacramento region has increased to 44%. While that is nearly a third lower than the national physician burnout average of 63%, additional resources are needed to effectuate systemic changes. Young physicians are cutting back hours, physicians are retiring early, and some resident physicians are leaving the field before they even get started.

The California Health Workforce Commission says that the state will face an extreme shortage of healthcare workers by 2030. This deficiency can be attributed to the Sacramento region's rapidly expansion, an aging population that will have higher healthcare demands, and an aging workforce with more than a third of doctors and nurses over the age of 55. The COVID-19 pandemic has greatly exacerbated this issue. To help rebuild the local healthcare workforce pipeline, SSVMS partnered with local health systems and school districts to create the Future of Medicine program to educate high school students to various careers in medicine including physicians, nurses, medical assistants, health administrators, technicians, pharmacists, public health managers, mental health providers, and more. The students receive 40 hours of job-shadowing opportunities, 8 hours of in-depth career exploration opportunities and participate in three field trips. Since 2021, the program has graduated 175 students, with 50% coming from underserved, Title I schools.

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

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community clinics, including the establishment and expansion of Federally Qualified Health Centers (FQHCs). 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.

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 three-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, in partnership with Sacramento Steps Forward, are working with CS and IHI on a three-year pilot program focused on transforming the ways health systems can help reduce chronic homelessness in our community, with a focus on building racially equitable systems that are expedient, coordinated, and oriented towards tangible and measurable results. This pilot aligns with the efforts of Sacramento County, Sacramento Steps Forward, and the City of Sacramento to drive population reductions in homelessness by moving from a programmatic approach to a systems-level response. The pilot seeks to align and support a homelessness response in Sacramento that works: for the unhoused, and for businesses, neighborhoods, and the community at large.

In addition, WellSpace Health, in collaboration with Dignity Health, Kaiser Permanente, Sutter Health, and UC Davis Health, came together to open the Gregory Bunker Care Transitions Center of Excellence in June 2022. The “Bunker” is a new recuperative care center that provides healthcare and case management services to people who are experiencing homelessness and are transitioning from a hospital back into the community. The new center expands a nationally recognized Recuperative Care Program that has been funded by all four local health systems since its inception in 2005 and until now, co-located in local shelters. In 2022, the center served 594 clients and modeled integrated care through 368 medical referrals, 356 behavioral health referrals, and 206 dental or vision referrals. Patients were also provided 498 housing referrals while being supported

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with basic needs, income assistance, transportation, crisis services and other support.

Sacramento Covered

Sacramento Covered is a nonprofit organization founded in 1998 and operates with the support of the four leading health systems in the Sacramento region. The organization implements and champions the community health worker model, providing comprehensive and personalized support to each client. Utilizing this innovative approach, Sacramento Covered meets clients where they are and helps them navigate complex systems to get necessary health and social care.

Through intensive outreach and engagement, Sacramento Covered's community health workers coordinate access to a wide range of services, including medical, behavioral, dental, vision, housing, and social services. Providing an average of up to 14 services per client, they meet with clients in a variety of settings, including hospitals, prisons, employment centers, shelters, clinics, and more. Community health workers also provide personalized case management services to individuals with complex health and social needs, such as homelessness, past incarceration, chronic illness, and substance use disorders. In the last year, Sacramento Covered has provided over 124,000 services to the community.

The success of our area's Whole Person Care (WPC) and Health Homes 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 (ED) 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 55,000 patients receive treatment: including more than 1,500 surgeries. Since its inception, SPIRIT has donated more than \$13 million in services throughout California's Capital Region. New this year, to strengthen partnerships and improve access to care for low-income patients, SPIRIT is expanding its services by recruiting retired physicians to work part-time or volunteer at FQHCs. Also, SPIRIT is working with patient navigators staffed in local emergency rooms to divert uninsured patients in need of non-emergent specialty care, thus reducing the impact on the region's emergency departments.

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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 1 in 10 adults who reported these symptoms from January to June 2019.

Currently, patients with mental health needs often go to already overcrowded hospital EDs, where they may wait for long periods of time for evaluations or 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, 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 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.

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 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. In its first year of operation, the SacMIH unit saw 138 patients, who had 193 encounters/incidents with 754

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interactions total. Among the high u of the 911 system who were touched by this program, they showed a 44% decrease in 911 utilization and SacMIH was also able to reduce transports by 42%.

While the pandemic has caused many people to delay needed health care, first-line responders are now seeing many more people call 911 for non-emergency care. In fact, one of Sacramento's busiest EDs has seen a 300% increase in patients arriving via ambulance at the lowest level (least sick) assessment, and over half of patients arriving are not sick enough to be admitted to the hospital for further care. The number of 911 calls for ambulances has increased regionally in the last year. To alleviate strain on the overall emergency medical system, the Hospital Council, local emergency services, and the four major hospital systems launched a campaign with the goal, "Get the right care, in the right place, at the right time," to help educate the community about the appropriate use of the 911 system and EDs and engage key stakeholders on the issue. More appropriate use of this system means first responders and hospitals can better serve patients and the wider the community as efficiently as possible.

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