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SACRAMENTO, CA WASHINGTON, D.C.

HEALTH CARE

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COLLABORATION IN THE CAPITAL REGION

In the Capital Region, each health care entity plays a vital role in the collaborative continuum of care by:

- Investing billions of dollars in the broader community through cash and in-kind donations, research, and care for the underserved.
- Developing strategies to support our current health care workforce in the wake of COVID-19 while creating opportunities to grow our career development pipelines to train our future health care professionals.
- Devoting millions of dollars to support the growth – both programmatic and brick-and-mortar – of our local FQHCs, which are critically important to our network of care.
- Collaborating 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.
- Providing support to transformative local non-profits that advance health and community initiatives.
- Working 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.

Business Nexus

The health care sector is a major employer and community partner in California's Capital Region. With four nonprofit health systems, 24 hospitals, five Federally Qualified Health Center (FQHC) systems operating 47 community health centers, affiliated health plans, other providers across the spectrum of care, a growing bioscience industry cluster, and local community-based organizations (CBOs), the region's health care sector has played a significant role in improving the overall health of the greater Sacramento community for decades. In addition to providing preventive, primary, specialty and lifesaving care, our health care industry creates jobs, strengthens the region's economy, and provides critical community investments. Through a tradition of collaborating to address the medical, mental health, and social service needs for the underserved, our network of health systems, FQHCs, service providers, and CBOs have created innovative partnerships, joint investments, and shared solutions to bring resources, build infrastructure and develop targeted programs to improve overall community health across California's Capital Region.

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Despite a rapidly changing environment and unimaginable challenges to the health care delivery system and to the broader community, this collective system of care came together to immediately help our families, communities and the most vulnerable during COVID-19. As we move toward a period of recovery, our health care sector is focused on bolstering health equity and population health in our underserved communities.

Background

Nonprofit Health Systems' Commitment to California's Capital Region

Since 1996, the four nonprofit 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 and outcome-oriented 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.

Combined, the four 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 California's Medicaid (Medi-Cal) program. Medi-Cal reimburses providers well below the costs that hospitals incur. In addition, rates paid to physicians pursuant to Medicaid are one of the lowest in the nation.

Health Care Worker Burnout and Workforce Development

COVID-19 had, and continues to have, a profound impact on the mental and physical health of health care workers. The American Medical Association surveyed 20,947 physicians and other health care workers and found that 63 percent of those surveyed felt high fear of exposing themselves or their families to COVID-19 while 38 percent self-reported experiencing anxiety or depression. Another 43 percent suffered from work overload and 49 percent had burnout. In the most recent Mayo Clinic Proceedings survey, 25.6 percent of physicians told researchers that it was "likely" or "definite" that they would leave their current practice in the next 24 months. Certain allied health professionals reported the highest rates at about 60 percent. Self-reported mental health symptoms of increased anxiety and depression were also prevalent among these health workers at about 50 percent. Stress scores were highest among women, Black and Hispanic health care workers.

To help address physician burnout and well-being in our 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 most recent bi-annual survey of physician well being conducted by SSVMS indicated that 44 percent of physicians practicing medicine in the Capital Region were positive for burnout and reported becoming more callous toward people since taking the job, which is an increase of 11 percentage points since the 2020 survey.

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While Sacramento area physicians report lower burnout rates than the national average (44 to 63 percent), 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 California will face an extreme shortage of health care workers by 2030. Yet, the Capital Region has a rapidly expanding population and an aging health care workforce. To help rebuild the local health care workforce pipeline, SSVMS partnered with local health systems and school districts to create the Future of Medicine program to educate high school students across 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, eight hours of in-depth career exploration opportunities and three field trips. Since 2021, the program has graduated 175 students, with 50 percent coming from underserved, Title I schools.

Federally Qualified Health Centers and Community-Based Care

FQHCs are federally funded nonprofit health centers dedicated to underserved people and neighborhoods. Sacramento's five FQHC systems provide integrated care to meet physical and mental health needs, as well as addiction treatment and dental care, through more than 600,000 patient care visits annually. In addition, local FQHCs have partnered with health systems and each other to build a more robust specialty health care system and stretch care beyond the traditional four walls by meeting patients where they are. FQHC patients are primarily covered by Medi-Cal or Medicare or are uninsured. Through direct financial support, program support, shared staffing, loaned office space, equipment donations, and other joint ventures, the region's nonprofit health systems support local clinics.

Helping Local Residents Experiencing Homelessness Transition to Independence

The four health systems recognize that they play a critical role in helping the community end homelessness. Through public and private partnerships and initiatives led by Sacramento Steps Forward and national organizations, Community Solutions and Institute for Healthcare Improvement, the hospital systems have invested in programs such as Built for Zero, Healthcare and Homeless pilot, and a regional funders collaborative.

Sacramento and Placer are some of the 80 counties and combined cities in the Built for Zero footprint that prove it is possible to measurably end homelessness, one population at a time. 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.

Funds will be used to provide operational funding to local service agencies for large-scale proposals designed to accelerate housing placements, prevent individuals from becoming homeless, or enhance service provider capacity, in alignment with the regionally coordinated Homelessness Action Plan.

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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 recuperative care center that provides health care and case management services to people who are experiencing homelessness and are transitioning from hospitals back into the community. The center expands a nationally recognized Recuperative Care Program that has been funded by all four local health systems since its inception in 2005 and was, 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 with basic needs, income assistance, transportation, crisis services, and other support.

Community HealthWorks

Community HealthWorks (formerly Sacramento Covered) is a nonprofit organization founded in 1998 that operates with the support of the four leading health systems in California’s Capital Region. The organization implements and champions the community health worker model, providing comprehensive and personalized support to each client. Through this innovative approach, community health workers meet clients where they are and coordinate access to a wide range of services, including medical, behavioral, dental, vision, housing, and social services. 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 2023, Community HealthWorks served 25,605 clients and provided more than 171,000 services to the community, including 781 housing placements for unsheltered clients. These were primarily served through California’s new CalAIM program.

Volunteering Medical Expertise for Patients in Need

One of the region’s longest-running collaborative projects, the SSVMS 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 four health systems, SPIRIT has helped more than 55,000 patients receive treatment, including more than 1,600 surgeries and has donated back to the community more than \$14 million in services throughout the Capital Region. To improve access to care for low-income patients, SPIRIT is expanding its services by recruiting retired physicians to work part-time and/or volunteer at FQHCs and works with patient navigators staffed in local emergency rooms to divert uninsured patients in need of non-emergent specialty care, thereby reducing the impact on the region’s emergency departments.

COVID-19 Impacts on Mental Health

COVID-19 and its economic impacts have impaired 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 four in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, up from one in 10. Currently, patients with mental health needs already overcrowd hospital emergency departments (EDs). The ED is not an ideal approach to recovery for these individuals and often not the right setting for them to receive care. Moreover, the volume of patients boarding in EDs contributes to systemic problems, such as higher ambulance patient offload times and increasing use of ambulance diversion protocols.

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The region'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 Dignity Health Mercy San Juan Medical Center Crisis Stabilization Unit, the Crisis Receiving for Behavioral Health program, 988 Suicide and Crisis Lifeline, 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 the patchwork of systems into a single system of care that is aligned, inclusive, accessible, high quality, payor agnostic, and cost-effective.

While COVID-19 has caused many people to delay needed health care, first-line responders are now seeing many more people call 911 for non-emergency care with more than 100,000 calls, texts, and chats to the local 988 crisis center last year. In fact, one of the region's busiest EDs has seen a 300 percent increase in patients arriving via ambulance at the lowest level (least sick) assessment. To alleviate strain on the overall emergency medical system, the Hospital Council, local emergency services, and the four major hospital systems launched a public awareness 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 to engage key stakeholders on the issue. More appropriate use of this system means first responders and hospitals can better serve patients and the community as efficiently as possible.

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