



Section I

Recommendations and Next Steps

RECOMMENDATIONS

The Coalition of Orange County Community Clinics (COCCC) is dedicated to building and strengthening a community-wide system of comprehensive, high-quality, accessible and affordable health care. In their leadership capacity, the Board of Directors of COCCC and member clinics have undertaken a planning initiative to design a health care delivery system to meet the current and future needs of the uninsured and underinsured populations residing in the County. This Needs Assessment includes an analysis of services currently provided and identifies gaps in the current system. On the basis of these gaps in service to the Target and Safety Net Populations in Orange County, a number of strategic and tactical actions have been identified that are necessary to advance efforts to fully serve these populations. For ease of review, these strategic and tactical actions have been consolidated on the following pages under the following umbrella categories:

Service Expansion

System of Care Design

Funding Sustainability

Advocacy and Leadership

Service Expansion

The magnitude of the challenge of increasing capacity of health care services to the Community Clinics' Target Population is daunting. This report estimates the number of additional patients that must be served in each of the four regions, if the Community Clinics are to reach a 50% market penetration rate to be between **163,000** and **230,000**. This is an increase in service capacity of between **170%** and **245%**. When examined on an age basis, service capacity to children and adolescents must be increased by about 100%, while services to adults must be increased by nearly **285%**.

The following are the principal strategies and actions recommended for the Coalition in this area.

- Increase services to Adults in the Target Population between 140% in the West to nearly 940% in the North Region to reach a market penetration rate of 50%.
- Increase Pediatric and Adolescent services in the North and South Regions by approximately 200% and the Western Region by more than 100% to reach a Target Population market penetration rate of 50%.
- Continue the current COCCC initiatives to improve the availability of adequate dental services for the Target Population. Increase all dental services in the Western Region, and, in the Central and South Regions, increase the level of dental service to the Pediatric and Adolescent populations.
- Direct additional resources toward sex education and pregnancy prevention programs for adolescents and teens through greater collaboration amongst Community Clinics, schools, churches, and social/civic organizations to develop culturally sensitive and effective services. Place special emphasis on Latino adolescents due to the expected explosion of this age group. (See also Section F on the Special Assessment of Adolescent Health Care Needs).
- Increase the focus on education, detection and treatment of sexually transmitted diseases among adolescents including HIV and Chlamydia.

Service Expansion (continued)

- Continue to modify hours of operation at individual Community Clinics to meet the needs of patients. This needs to be a component of all expansion planning.
- Conduct detailed market analyses in the following geographic areas identified with high concentrations of Target Populations to determine precise needs for expansion of Community Clinics' services (see Section G):

Central Region

- * Santa Ana – Zip Code 92704
- * Tustin and Vicinity – Zip Codes 92780 & 92869
- * Orange and Vicinity – Zip Codes 92867 and 92869
- * Greater Santa Ana Vicinity – Zip Codes 92701, 92703, 92704, 92705, 92706, and 92707

South Region

- * Aliso Viejo, Laguna Hills and Mission Viejo - Zip Codes 92653, 92679 and 92688
- * Lake Forest – Zip Code 92630
- * Costa Mesa – Zip Codes 92626 and 92627
- * San Juan Capistrano/San Clemente Vicinity - Zip Codes 92672, 92673 and 92675

North Region

- * Anaheim – Zip Codes 92802, 92804, and 92805
- * La Habra – Zip Code 90631
- * Placentia and Vicinity – Zip Code 92870
- * Greater Buena Park Vicinity – Zip Codes 90620 and 90621

Western Region

- * Westminster – Zip Code 92683
- * Garden Grove through Stanton – Zip Codes 92844, 92840 and 92841
- * Cypress – Zip Code 90630
- * Seal Beach – Zip Code 90740
- * Huntington Beach and Fountain Valley – Zip Codes

System of Care Design

Unlike other counties in California, Orange County does not have a county-owned system of care. The current “system “ is a patchwork of discontinuous services supported by a myriad of funding mechanisms and delivered by varied combinations of public and private hospitals and non-profit Community Clinics. This assessment effort and subsequent planning effort will be used to design a system of care for the Target Populations in Orange County.

The following are the principal strategies and actions recommended for the Coalition in this area.

- Aggressively pursue the ability to provide accessible, affordable specialty services to the target population, focusing first on Cardiology, Endocrinology, Oncology, Ophthalmology, Urgent Care and OB-GYN. Include in this initiative efforts to actively engage leaders of the medical community to develop a reliable system of specialty care, dental care, and mental health care for the Target Population
- Include in program design for older adults increased awareness and attention to the pharmacological challenges of this population and strengthened linkage between the physical health and mental health components, particularly in the areas of Alzheimer’s and dementia and expanding mobile services.
- Confront the underlying inferences of substandard quality relevant to the utilization of mid-level care providers and document the level of quality of care provided by these mid-level practitioners (see Section H of this report for further discussion of this subject).
- Include in the system of care design a care management (case management) program to ensure tracking and follow-up on delivery of specialty services and health status—particularly for chronically and terminally ill patients.
- Develop criteria for the provision of preventive health services to achieve a basic level of standardization across all Clinics and Regions.

System of Care Design (continued)

- Increase efforts of collaboration with ethnically-based advocacy groups and other key stakeholder to:
 - Develop innovative programs for attracting bilingual persons into staff/volunteer roles in the Clinics,
 - Inspire pursuit of education/careers in health care,
 - Assist Clinic staff in developing greater cultural sensitivity,
 - Identify effective ways of overcoming ethnicity-based barriers to service delivery, and
 - Develop a multitude of health information and health education material in various languages that is culturally sensitive and at an appropriate literacy level. This process should include evaluation of all commercially available literature, evaluation and redesign of all forms, questionnaires, and other materials given to patients, and actual development and production of patient education material that can be used across the System of Care.
- Proactively confront the “image” issue through initiatives to:
 - Adopt quality of care standards, and focus energy and expertise on continued development of a process for measuring and improving quality of care.
 - Continue implementation and enhancement of the initiative to develop the infrastructure to support collection and collation of data, and production and presentation of information regarding the quality of care and patient satisfaction.
 - Ensure uniform, appropriate and effective involvement of qualified physicians to provide Medical Director oversight and protocols to mid-level practitioners.

System of Care Design (continued)

- The Coalition should work with the Community Clinics to:
 - Provide the necessary administrative infrastructures at the Coalition level to assist Community Clinics in pursuing all potential revenue sources and to train and support Community Clinic financial and managerial operations.

Funding Sustainability

A crucial ingredient in the ability of the Community Clinics to meet the health care needs of the Safety Net and Target Populations is the ability to achieve sustainable funding and recurring revenue streams. The capital and financial infrastructure to achieve increases in service capacity, to enhance advocacy and design a comprehensive, high-quality system of care will require a significant investment and continuing support from government and private sources. While availability of Measure H funds are important to the achievement of the Coalition's service goals, the gaps that exist cannot be adequately addressed unless there are other significant, ongoing sustainable funding sources.

The following are the principal strategies and actions recommended for the Coalition in this area.

- Maintain/escalate current efforts by the Coalition, and other key stakeholders in the delivery of care to the Target Population, to cause state and local governments to address the myriad of issues related to effective coverage of the Safety Net population's health care needs. These are not issues that will easily be resolved, but persistence is essential. The recent decision to include qualifying adults in Healthy Families is evidence of success over time.
- Employ aggressive strategies to obtain sufficient sustainable sources of funding to support the growth and development plan of the Community Clinics as they fulfill their role in implementing a system of care (see Section H of this report for further discussion of funding issues). Strategies should include, amongst others, pursuit of grant funds, federal funds through FQHC/330 Look-Alike qualification, and pursuit of contracts with third-parties.
- Seize a leadership role for obtaining funding for the outreach, education and provision of medical care to these vulnerable adolescent and teen populations.
- Participate actively with advocacy groups and other health care providers in efforts to obtain funding for the outreach, education and provision of medical care to the vulnerable older adult populations.
- Urge and work with county officials to secure increased designation of Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP) as a means of leveraging federal funding for delivery of services to the Target Population through qualification of additional Community Clinics as FQHCs and 330 Look-Alike clinics.

Advocacy and Leadership

Community Clinics are an essential component of the health care Safety Net. Because of their mission, they are often the only place for vulnerable populations to turn to receive needed health care services. The Coalition must play an instrumental role in giving voice to the needs of these populations.

The following are the principal strategies and actions recommended for the Coalition in this area.

- Assume a leadership role in establishing collaborative solutions with schools, churches and other social/civic organizations to develop a specific plan for reaching the ethnic groups served to stress the importance of preventive health services while being culturally sensitive. Find creative solutions to introduce and effect change in adolescent use of preventive health services.
- Become the principal advocate for addressing the health care needs of adolescents and teens.
- Participate with advocacy groups and other health care providers to design and execute a comprehensive series of solutions to meet the wide range of health care needs of the older adult population including awareness and attention to the pharmacological challenges of this population, strengthening linkages between the physical health and mental health components (particularly in the areas of Alzheimer's and dementia), and other outreach and communication strategies. Include in this initiative efforts to document the uninsured older adult population and clarify specific health care needs.
- Work to ensure that initiatives evaluate alternative solutions to the transportation barriers experienced by older adults, including expansion of mobile services and other outreach and communication strategies.
- Escalate efforts, through individual Community Clinics and other allies identified and enlisted by the Coalition, to cause local governments to address the transportation needs of the indigent population of Orange County. This barrier must be addressed to fully realize the potential of a coordinated system of care.

Advocacy and Leadership (continued)

- Establish dialogue with the business community to explore ways of addressing the issue of employer-based and affordable basic private coverage for the working poor who are a significant component of the Target Population. Enlist the active participation of other key stakeholders in the delivery of care to the Safety Net Population.
- Initiate an information campaign to gain recognition of the fact that enrollment in Healthy Families and other forms of health care coverage does not ensure access to care. Other barriers identified in this report, such as transportation, service capacity, and hours of operation—to name a few—must be addressed as well before patients can readily access health care services.
- Implement a “public information” campaign that promotes the standards and performance of the Community Clinics.
 - Continue implementation and enhancement of the initiative to develop the infrastructure to support collection and collation of data, and production and presentation of information regarding the quality of care and patient satisfaction.
 - Ensure uniform, appropriate and effective involvement of qualified physicians to provide Medical Director oversight and protocols to mid-level practitioners.

NEXT STEPS

The Clinic Network Development Task Force needs to move forward with adoption of the Needs Assessment by the Coalition Board of Directors and endorsement by community leaders and key stakeholders. At the same time, the Task Force must commence examining and selecting a model system of care that will enable the Coalition to advance implementation of the initiatives and action recommendations set forth in this report. The System of Care model will be instrumental in determining how these strategies will be implemented. The next steps in this process for the Task Force are to:

1. Submit the Needs Assessment report to the COCCC Board of Directors for adoption as a framework for action.
2. Present the Needs Assessment report to all key stakeholders to gain support and commitment for participation in the implementation process once the Coalition has established its model System of Care (Phase II of this project).
3. Review care delivery straw man models to be developed by *pmpm*[®] and determine the structure, linkages, and processes that will work best for COCCC within the Orange County health care services delivery environment.
4. Obtain input from key stakeholders regarding the preferred models for the COCCC System of Care, and determine what they will endorse and champion in the community.
5. Submit a recommended System of Care to the COCCC Board of Directors for adoption. The plan for the System of Care will include a work plan for commencing Phase III—development of implementation strategies for service and organizational initiatives emanating from this Needs Assessment.
6. Form multi-entity task forces, within the structure established by the COCCC System of Care, with representation from constituencies such as HCA, Prop 10 Commission, OCMA, and others to pursue implementation strategies for each of the initiatives identified in the Needs Assessment.

Conclusion

This System of Care Needs Assessment report includes the conclusions reached by *pmpm*[®] based on the data available at a given point in time, and sets forth the recommendations made to the Clinic Network Development Task Force and the Board of Directors of the Coalition of Orange County Community Clinics. These recommended actions are intended to address current gaps in the provision of specific services to the Target Population as well as the availability (distribution) of service sites across the County. The health care needs of the special populations of adolescents/teens and older adults have been specifically addressed, as have the barriers to accessing and delivering health care services to the Target Population.

pmpm[®] strongly encourages the Coalition to seize the leadership role in orchestrating a full-scale collaborative effort to follow through on the recommendations and work plan presented in this report. While the Coalition is fully capable and willing to take a lead in the development of a system of care, achieving a successful result will depend on the collaboration and dedication of all of the key stakeholders vital to the delivery of health care services to the Target Population.