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Tri-City Health Center Upgrades to Meet New Challenges

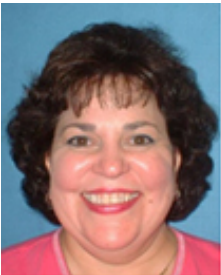
Times are tough for California's community clinics. New patients are flooding in while existing resources dry up. But for Tri-City Health Center (TCHC) in Southern Alameda County, the answer to tough times is to become more organized, efficient and proactive.

"Our clinic is not in a crisis—but the *overall healthcare system* is," says TCHC CEO and Executive Director Kathy Lievre. Kathy has been the chief administrator of TCHC for five years. Before that, she spent five years in operations at the clinic. Trained as a nurse, she has 25 years experience in healthcare.

"We aren't turning patients away, but appointments are backing up and we're struggling to meet emerging needs while maintaining care to existing patients."

"There are always lots of challenges in meeting our needs with available resources, but the past year has been especially difficult," she says, citing a 70-percent increase in the number of self-paid patients in the past year. TCHC, which handles more than 70,000 patient visits annually, has seen a 22-percent increase in uninsured patients in the same period.

"These are patients who are now paying on a sliding-fee scale," she says. "The result is a serious net-revenue decline for us, in the neighborhood of \$500,000 so far."



Kathy Lievre
Executive Director and CEO,
Tri-City Health Center

More alarmingly, specific programs have been cut in California that will impact community health in profound ways. Adult dental services have been cut from Medi-Cal as of July 1. "This could have serious long-term health consequences for many people," Kathy says.

Furthermore, the state has eliminated HIV prevention and testing services. "We can expect a resurgence of HIV because of this. How can we get these programs back politically?" she asks.

Information System Upgrade

A bright spot is TCHC's new information system for tracking patients. "Our old system of manual tracking was overwhelming us with paperwork and it wasn't working very well," Kathy recalls. "We started by getting tracking software for complaints. Then we moved on to electronic health records. Now we're piloting software that tracks treatment. This is the most complex system upgrade because of the complex algorithms you need."

"We're seeing tremendous systems improvements. The investment has been about \$50,000, roughly the cost of one staff member. The business case is strong. We used to spend so

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much time backtracking, especially so with the providers, that we're gaining efficiency throughout the system."

The clinic started in Fremont in the 1970s as a family planning clinic, an offshoot of an Oakland clinic, gradually evolving into a comprehensive primary care clinic. In 2000 the clinic began to grow dramatically, partially in response to the HIV epidemic. With Ryan White Care Act funding from the federal Health Resources and Services Administration (HRSA), TCHC met the challenges of HIV while growing to meet the needs of the surrounding communities.

Southern Alameda County is unusual in several respects. Geographically large (Fremont alone comprises 92 square miles), it appears from the outside to be a middle-class, suburban area, but it has the kind of poverty associated with urban centers. Ninety-eight percent of TCHC's patients are below the 200-percent federal poverty level; 78 percent are below the 100-percent level.

The diversity of the patient population is enormous. Southern Alameda County is one of the most diverse areas in the nation, with large Latino, Chinese and Indian populations, the largest Afghan community outside of Afghanistan, and many other cultural groups.

"We cope with the diversity by focusing on four or five primary languages," says Kathy. "We hire people from the communities. Our staff is just as diverse as the communities we serve. About 90 percent of our providers are bilingual, as well as culturally competent."

So far, TCHC hasn't faced big problems recruiting and retaining physicians and other healthcare staff. "But we would like to recruit an OB-GYN and more bicultural Latinos on the staff," Kathy says.

Rules Expanded on Practicing after Retirement

Qualified physicians insured under certain NORCAL Mutual non-clinic policies are eligible for a waiver of their tail coverage premium when they retire completely from the practice of medicine at age 55 or older and satisfy additional criteria. In limited situations following retirement, physicians can provide professional services and still qualify for this benefit. Until now, however, compensated services provided on behalf of nonprofit clinics did not qualify.

Effective immediately, physicians otherwise qualified to receive this retirement benefit may provide services on behalf of nonprofit community, free, migratory worker, rural health, or American Indian/Native American clinics and still receive the waiver. Please be advised that these physicians must be added to a clinic's policy in order to be covered by NORCAL Mutual for services provided on behalf of the clinics.

NORCAL Mutual believes this change should enhance a clinic's ability to attract physicians. These changes stem in part from ongoing input from our key constituents, including community clinics participating in NORCAL Mutual's CPG program and Chapman and Associates, the broker for the program. Please contact Chapman and Associates if you have any questions.

One Response to Hard Times—Restructuring

A June 2009 Issue Brief of the California HealthCare Foundation (CHCF) explores California community clinics' experience with various types of partnerships, including administrative consolidation and merger. "Strategic Restructuring for Community Clinics" examines what opportunities strategic restructuring might offer clinics seeking to strengthen their positions during the current recession and remain viable in the years to come.

The brief includes mini-case-study examples, including the following CPG clinics:

- Clinica Sierra Vista
- Lifelong Medical Care
- Mountain Valleys Health Centers
- Southwest Community Health Center



The brief is available at the CHCF website:
<http://www.chcf.org/topics/view.cfm?itemid=133958>

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Every physician endorsed onto your policy is entitled to his or her own online MyNORCAL account at NORCAL Mutual (www.norcalmutual.com). All they have to do is call our Policyholder Services team at (877) 443-7232. We will provide them with a unique Client ID with which to set up their account.

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By regularly providing NORCAL Mutual an updated roster of your physicians, you will enable us to provide valuable risk-management resources directly to your physicians, including our annual CME catalog and the monthly *Claims Rx* publication.