

CMIC CLINIC COMMUNITY NEWS

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Featured Community Clinic— Clinica Sierra Vista

A Conversation with Stephen Schilling, CEO of Clinica Sierra Vista

Stephen Schilling has been in charge of Clinica Sierra Vista (CSV) in Kern, Fresno and Inyo counties for 35 years, gradually building it into the largest community health network in the state, with more than 900 employees and an extraordinary range of services. The 24 locations spread out from urban and suburban Bakersfield, across the vast fields of the southern San Joaquin Valley, to remote sites in Death Valley and Sequoia National Forest.

Why so many sites? "Our goal is to bring the services to the people," Schilling says. "We need to be near our patients, if we're really going to serve them."



"We're the 'go-to' agency in Kern County," he adds, "with a philosophy of openness to opportunity and need, even beyond our own borders. As public agencies and philanthropies have gotten to know us over the years and have grown to respect the work we do, they have presented us with more opportunities."

The latest example is the October purchase of eight sites of the Sequoia Community Health Foundation in Fresno—even though Kern and Fresno counties are separated by Kings and Tulare counties.

"They would have shut down," Schilling says. "It was the largest safety-net provider in Fresno—48,000 users would have had to look for another source of healthcare."

Stephen Schilling has served as CEO of Clinica Sierra Vista for the past 35 years.

Sequoia had declared bankruptcy, after 30 years of service to a community in dire need of healthcare. An October 2005 Brookings Institution report, "Katrina's Window: Confronting Concentrated Poverty Across America," found that Fresno County had the highest concentration of poverty in the nation, with 43 percent of residents living

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in “extreme poverty neighborhoods,” and 29 percent of children living in poverty, next to last place among the state’s 58 counties.

So CSV stepped in. “Our philosophy is that the needs you see at a distance are just as worthwhile as those you’re currently addressing,” Schilling says. “Rather than be content with our borders, we look beyond.”

Wide range of services

In addition to an unusual number of sites, CSV offers an extraordinary range of services. “I don’t know another community clinic network that offers as diverse a range of services as we do,” Schilling says. “It makes a difference in the total quality of care—it enhances the core physical and dental services.”

But how do you recruit physicians and other health professionals to an agricultural region better known for air pollution than tourist attractions?

“Recruiting is a huge problem for us,” Schilling admits. “We’re chronically short of providers, and it gets harder all the time. We work constantly at it.”

But once they try working in the Valley, many providers find it rewarding. “Most of our people feel a sense of accomplishment about working in this challenging environment,” Schilling says. “We face some of the toughest problems in America. Oddly, this keeps us here.”

He thinks many providers come to the Valley to get away from the hassles of managed care, or lack of control over, or connection to, one’s practice.

“It’s not for everyone, but there’s pride in surviving the challenges. When you’re at ground zero, you get a feeling about your contribution that’s kind of spiritual. Why else would you do it?”

Community Health Alliance of Pasadena featured in report on electronic health records

One of the CPG clinics, Community Health Alliance of Pasadena (CHAP), was one of three clinics featured in a recent report on the adoption of electronic health records (EHRs) by community clinics in California. Prepared by the California HealthCare Foundation, the report explores the benefits EHRs hold for clinics and the barriers that must be overcome.

CHAP is one of two community clinics in Pasadena, playing a vital role in serving the uninsured and underinsured. The clinic serves over 8,000 patients annually, for an encounter total in excess of 29,000.

CHAP initiated and launched EHR in 2007, starting with no IT team and limited experience with IT. To learn how CHAP achieved EHR, including how it convinced its board of directors of the need and raised the funds, download “For the Record: EHR Adoption in the Safety Net” (February 2009) at <http://www.chcf.org/topics/view.cfm?itemID=133862>.

Two CPG clinics featured in study of chronic disease management systems

Two CPG clinics, South Central Family Health Center and San Ysidro Health Center, were among four profiled in a recent study on the value in using chronic disease management systems (CDMSs) for population-based care management. A CDMS tracks multiple chronic conditions such as asthma, diabetes, hypertension, and depression. It can collect and present data for thousands of patients at a time.

Located in Los Angeles, South Central Family Health Center faces a near-epidemic of diabetes. Since April 2004, the clinic has participated in a CDMS through the federal Health Disparities Collaborative, using the Patient Electronic Care System (PECS) as its registry. It plans to upgrade the system and expand it other chronic conditions, as a



step toward eventual implementation of electronic health records.

San Ysidro Health Center is a nine-site federally qualified health center serving more than 65,000 patients annually in the greater San Diego area. For a year and a half it has used PECS to manage diabetes patients at its main clinic.

To learn more about CDMS implementation—and the non-technical challenges, such as provider adaptation of new technology—see "Tools for Clinics: Four Health Centers Use Chronic Disease Management Systems" at the California HealthCare Foundation website: <http://www.chcf.org/topics/view.cfm?itemID=133825>.