



FORCES FOR CHANGE:

A LANDSCAPE OF THE STATEWIDE
AND REGIONAL CLINIC CONSORTIA IN CALIFORNIA
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EXECUTIVE SUMMARY

California has a long history of statewide and regional clinic consortia serving its wide array of safety-net clinics: community health centers and community clinics, Planned Parenthood, and tribal and urban Indian Health organizations, collectively referred to as CCHC. Through an extensive and unique system that has been developed and refined over time, services and collaborative opportunities offered by the consortia are comprehensive, driven by member needs, and reflect the state's broad geography and policy environments. The statewide and regional clinic consortia have made important contributions to the success of CCHCs over the last 20 years.

Both the statewide and regional clinic consortia have long been financially supported by a variety of funders. Five funders — the Blue Shield of California Foundation, The California Endowment, The California Wellness Foundation, and Kaiser Permanente Community Benefit Northern California and Southern California — have funded ongoing infrastructure and operations for the statewide and regional consortia. Together, they have a shared history of commitment and have allocated millions of dollars over the last 25 years to help develop and sustain consortia operations, infrastructure, and activities. In addition, other funders, including the California Health Care Foundation (CHCF), have provided specific project support.

In 2017, CHCF and The California Wellness Foundation initiated this inquiry to document the breadth, scope, and recent work of statewide and regional clinic consortia. The California Endowment and Kaiser Permanente Community Benefit Northern California and Southern California joined as collaborative partners. Consortia CEOs participated throughout as advisors, reviewers, and historians. A project advisory group was created to review data collection tools and provide feedback on draft versions of this report and related issues. A range of data was collected through consortia staff directly, consortia surveys, publicly available data, and on-site interviews with consortia CEOs and senior staff. The authors also reviewed a series of reports and evaluations produced over the last 20 years regarding clinic consortia.

This report seeks to portray and highlight a comprehensive landscape: who the statewide and regional consortia are; their members, leadership, and staffing; and how their services are delivered and financed. The report documents how consortia work to advance access to health center services, ensure high-quality performance, and offer operational support to their members and communities. It describes select changes and evolution over time and concludes by recommending a series of strategic opportunities to further strengthen consortia impact.

As of 2018, there are five statewide clinic consortia and thirteen regional consortia that together represent 233 community clinics and health centers operating over 1,300 sites across the state. Consortia represent the vast majority of CCHCs and range in size from 3 to 177 health center members. Almost half of their members have been associated with a consortium for over 20 years. Collectively, the community clinics and health centers belonging to consortia provide care

to over 6.5 million patients. In addition, data collection and analysis revealed the following key findings about consortia:

- Two-thirds of regional consortia have fewer than ten full-time employees (FTEs). Statewide consortia range in size from 6 to 86 FTEs on staff. The mean tenure for senior staff positions indicates stable staffing. CEOs of regional consortia have a median tenure of six years — the same as the average tenure for the CEO of small- to mid-sized nonprofits. The tenure of CEOs for statewide consortia has historically been over 20 years, with recent CEO changes among two longstanding statewide consortium leaders.
- All regional consortia have full dues-paying members; most are Federally Qualified Health Centers (FQHC) or FQHC Look-Alike health centers. Three of the statewide consortia have dues-paying full members; one has dues-paying associates; and one has no membership. Two of the statewide consortia with dues have flat yearly rates, and the other charges a fee based on health center gross revenue.
- The statewide and regional consortia vary in financial strength. Most of the consortia depend heavily on grants to conduct their work, have steadily increased member dues and other fees over time to represent a larger percentage of their income, and generally perform well on standard financial indicators.
- Five of the statewide and regional consortia have developed subsidiary entities to support members and patients in various ways. Several of the subsidiaries emerged specifically to play a role in their county or region's Medi-Cal managed care environment. Each subsidiary organization is wholly owned by the parent consortium, has separate membership criteria, and may be larger than its parent consortium in both revenue and staffing. Some staff are shared across the affiliated organizations.

Consortia provide a wide range of services — and their breadth has been growing. Below are the primary areas of activity across statewide and regional consortia that emerged from the data:

1. **Policy and Advocacy:** All consortia consistently prioritize and conduct large amounts of policy and advocacy at multiple levels. 2017 was a high-water mark of effort for county, state, and national policy efforts. Both statewide and regional consortia staff reported significant effort related to thwarting the repeal of the Affordable Care Act (ACA) and protecting Medi-Cal, immigration, and the remaining uninsured. Consortia report significant efforts to mobilize their members and collaborate across the state to develop messages and materials and advocate for vulnerable communities.
2. **Access to Care:** Both statewide and regional consortia prioritize and provide services supporting access to care for the state's underserved residents. Consortia frequently address the remaining uninsured and specialty care as part of these initiatives.
3. **Delivery System Transformation:** Regional consortia consistently lead or participate in formal partnerships with health care organizations such as health plans, hospitals, and county systems. They provide a strong voice that represents members at the county and regional level. Statewide consortia are active with state organizations such as the Department of Public Health and the Department of Health Care Services.
4. **Data-Sharing, Quality Improvement, and Social Determinants of Health:** All consortia report involvement in health information exchange and data-sharing activities. Data-sharing is often focused on quality metrics and clinical/operational quality improvement. Consortia also report increasing participation in local efforts to address social determinants of health.

Consortia have grown, expanded, and adjusted their activities based on the environment, shepherding CCHCs through a turbulent era. They have supported their members as they

expanded to meet the increasing demand for primary care, behavioral health, and oral health across the state. The opportunity for coverage expansion through the ACA via both Medi-Cal and Covered California is a success story for CCHCs and their patients, thanks in part to the efforts of consortia and the relationships that have developed through consortia participation.

Yet there is more to be done. The current federal environment has created an elevated level of uncertainty and instability for CCHCs, their consortia, and their patients. Threats to federal funding, hostile immigration policies and enforcement, and repeated congressional attempts to repeal the ACA and undermine Medicaid require carefully tailored strategies, communication efforts, and strong and effective advocacy to protect access. In addition, new forces beyond the purview of CCHCs, such as workforce shortages and value-based payment reform, have major implications for CCHCs; they create difficult dynamics between the regulated world of CCHCs and the need for innovation and change. Clinic consortia offer valuable forums for strategic discussions, provide quality improvement and technical assistance, and advocate for the specialized needs of CCHCs in this transitional period. Their capacity for quality improvement, data analysis, and understanding of social determinants of health are hallmarks of recent consortia activity that will continue to transform CCHCs in the future.

These strategic opportunities are a starting place for additional exploration to spur even stronger and bolder alliances on behalf of communities that continue to experience the greatest health disparities. They are focused on the ability of statewide and regional consortia to provide beneficial value-added services to their members, and would benefit from additional dialogue, targeted funding, and planning support to more fully examine their potential and risks.

1. **Policy Advocacy and Communication:** Local communities, regional collaborations, and statewide efforts have benefited from the consortia's focus on policy and their capacity to organize, develop, and share effective advocacy communications across the state. These efforts will need to expand to include new partners, stakeholders, and methods if they are to address multiple simultaneous threats effectively.
2. **Safety-Net Collaboration and Partnerships:** Consortia have demonstrated effective leadership in bringing together CCHCs and other safety-net providers to work together on common issues. Safety-net collaboration should be a key activity for every consortium. Efforts should support work on social determinants of health and other opportunities to improve the lives of patients and communities. While some collaboration between statewide clinic consortia and other safety-net organizations exists, greater alignment and more formalized partnerships could produce positive impact.
3. **Social Determinants of Health:** The willingness of hospitals, providers, and payers to engage in policy and system change that address social determinants is growing, as is the expectation that primary care providers address these factors. CCHC efforts to address social determinants as part of their mission to reduce inequity in health outcomes is strengthened by the consortia's capacity to collect and exchange meaningful data and engage partners in quality improvement efforts. Consortia are leading collaborations across health and social service entities, and offer myriad lessons learned about engaging residents and addressing the root causes of poor health. Consortia are well-positioned to ensure community efforts embrace best practices and prevent disease by modifying the social determinants of health or 'upstream' factors, as well as ensuring access to comprehensive and high quality health care services.
4. **Value-Based Care, Including Clinical Quality and Managed Care:** The goal of increasing the value and quality of health care services is driving transformation for all health providers and has profound implications for the way CCHCs operate and are paid. Improved quality increasingly leads to improved financial strength for CCHCs and better health for consumers. Although many clinic consortia are already strategically situated for

these conversations, there is a continued opportunity to expand and deepen their efforts through quality improvement, information technology, data-sharing activities, and new organizational entities.

- 5. Workforce Development Initiatives:** Maintaining the health care workforce is a longstanding and increasingly important challenge for CCHCs. There are many forces in the environment that influence their ability to recruit and retain staff, and providers and consortia have been challenged to identify the most appropriate strategies to use in this area. A series of strategic dialogues between CCHCs and consortia could align and expand efforts at the state and local policy levels. These discussions could strengthen the work that the California Primary Care Association has already accomplished to organize statewide workforce discussions and to highlight the success regional consortia have had in this area.

California's community clinic consortia, both statewide and regional, have leveraged passionate leadership, engaged members, and effective strategies to help the community clinic field thrive amidst constant challenge and change. Collectively, California's consortia provide a powerful and coordinated policy and advocacy presence. They have helped clinics serve their patients and communities more effectively. With ongoing support from partners and allies, there is little question that they will continue to adapt and serve low-income Californians successfully in the coming decades.

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