



# Solano County

## Board of Supervisors

### Minute Order

March 26, 2013

File Reference No. 13-0225

**RE:** Accept a presentation on the Federal Patient Protection and Affordable Care Act Implementation in Solano County

*Patrick Duterte, Director of Health and Social Services, noted that representatives from local hospitals, community clinics and the Solano Napa Medical Society, as well as the Partnership Health Plan of California, the County Medical Services Program (CMSP), and the Solano Economic Development Corporation were present to provide their perspective on the local impact of the healthcare reform initiative.*

*Moira Sullivan, Assistant Director of Health and Social Services, noted that on February 19, 2013, the Board received a presentation from the County Supervisors Association of California (CSAC) and the Solano County Department of Health and Social Services regarding the Affordable Care Act (ACA) implementation in California which focused on the role of counties in the healthcare delivery system, especially related to Medi-Cal and safety net services.*

*Ms. Sullivan noted that the ACA would provide medical coverage to all Americans and was a mandate for individuals to have health insurance, either public or private, with the goal of improved access to healthcare. Ms. Sullivan reviewed those who would be covered under the ACA federal guidelines which included individuals or a family at 138% of the federal poverty level (FPL); individuals or a family at 400% of the FPL would qualify for subsidized private coverage through the insurance exchange; and individuals or a family above 400% of the FPL would be required to buy private coverage, subject to market rates. Ms. Sullivan noted that 35 counties participated in the County Medical Services Program (CMSP) which was county operated and that their Initiative to expand the program "Path to Health" would include individual up to 200 percent of the federal poverty level. It was noted that a majority of the CMSP clients would become eligible for Medi-Cal under the expansion of the Medi-Cal program in 2014. It was noted that "Covered California" was a Health Care Exchange which would assist individuals and businesses in purchasing health insurance.*

*Ms. Sullivan reported that currently 74,000 individuals in Solano County were enrolled in Medi-Cal and that public outreach efforts have been conducted to ensure that those eligible for Medi-Cal were enrolled to access healthcare services when needed. Ms. Sullivan noted that approximately 7,100 individuals were currently enrolled in CMSP.*

*Carl Thomas, Coalition for Better Health, noted that they were established in 1988 to improve health outcomes of the residents of Solano County and that their key program was the Solano Kids Insurance Program. Mr. Thomas reported that they were engaging with Covered California who was their State benefit exchange and that Covered California had put out an RFP for outreach and education that the Coalition for Better Health had applied and were hoping to receive that funding. Mr. Thomas noted that the Coalition would be working together through the implementation of the ACA and felt that they had the flexibility to react quickly to changes. Mr. Thomas noted that, to be successful, their efforts would be focused on getting coverage for all those who qualified. Mr. Thomas noted that with the implementation of the ACA, it was important that there was access to healthcare and capacity to address the needs. In addition, they would be reviewing new care models and focus on their areas of efficiencies. Mr. Thomas noted that he felt that the Coalition was well positioned to focus on prevention and encouraging healthy behaviors in the community.*

*Bela Matyas, County Health Officer, reviewed the health services provided by Solano County in a number of clinics throughout the County and that their goal was to serve as a safety net for the residents of the County who were in need of these types of services. Dr. Matyas noted that currently, Solano County was serving 50,000 residents and felt that the County was physically well positioned to provide services with the expansions anticipated under Healthcare Reform. Dr. Matyas noted that Solano County had new clinic sites in Vallejo, Fairfield, and Vacaville with room for expansion; however, the challenge would be the ability to recruit providers. Dr. Matyas noted that, as a governmental agency, the County would have the ability to receive community transformation grant funding under the ACA and had the ability to use those funds toward providing greater emphasis on clinical preventive services. Dr. Matyas noted that there would be a shift from the provision of care in a hospital environment to the provision in a primary care environment with greater focus on prevention.*

*Alvaro Fuentes, Community Clinic Consortium, noted that they represented community health centers in Solano County who provided primary care services, behavioral health and other ancillary services to the most needy population in the County. Mr. Fuentes noted that approximately 38% of their clients were uninsured. Mr. Fuentes noted that in anticipation of the ACA, they made significant investments including electronic medical records to ensure that the necessary infrastructure was in place to have the ability to meet the needs of the expanded Medi-Care population and to qualify and quantify the value of health care services provided. Mr. Fuentes noted that partnerships were critical in providing access to specialty services to this population in an effort to minimize the cost of services to the entire delivery system. Mr. Fuentes noted that they would be challenged with attracting and retaining an adequate number of healthcare providers due to the expected increase in this population and that they would also be challenged with providing services to those remaining uninsured.*

*Terry Glubka, Sutter Solano Hospital, noted that there had been a growing need for healthcare and that the use of emergency room treatment had escalated. Ms. Glubka reviewed opportunities and challenges for Non-Profit Hospitals serving*

*Solano County with the implementation of the ACA which included the expansion of coverage and access to care and a decrease in reimbursement costs; shortage of healthcare providers to serve the growing population; need for enrollment and registration under the ACA; need for partnerships to provide access to the required medical care and wrap around services; and impacts on hospital emergency rooms.*

*Elnora Cameron, North Bay Health Care, noted that the healthcare plans offered under Covered California were richer in benefits than most healthcare plans today for less cost which were not expected to hold. It was noted that if the cost of healthcare benefits increased, there would be an increased use of the emergency room visits and less access to specialty care. Ms. Cameron noted that the national focus on changing healthcare was to make it less costly and more efficient; focus on prevention; and utilize partnerships to provide the necessary healthcare services. Ms. Cameron noted that they would continue to be vigilant on the changes in the ACA; prepared to be flexible; and prepared to make changes.*

*Max Villalobos, Kaiser Permanente, noted that he felt that the ACA was consistent with their integrated delivery of healthcare system and their belief that everyone was entitled to quality healthcare. Mr. Villalobos noted that he felt that many more individuals would have the opportunity to receive that care under the ACA. Mr. Villalobos noted that their focus was on quality, prevention and wellness and that it would be important to partner with other healthcare providers to provide quality healthcare to the expanded population. Mr. Villalobos noted that their integrated health system allowed them to leverage their resources to address the needs of primary and specialty care. Mr. Villalobos noted that they were partnering with UC San Francisco, Drexel University, and Touro University to open a new innovative family medicine residency program opening in July, 2014 to help ensure that they had a strong physician workforce in the future and to address the shortage of primary care physicians, strengthen community partnerships, and practice in the community.*

*Carl Thomas, representing Local Providers, provided an overview of current providers and the needs of future providers. Mr. Thomas noted that a significant investment was required to automate health records and that older physicians may be moved into an early retirement in lieu of the investment. Mr. Thomas further noted that it was important to remain competitive in order to attract new physicians into the community.*

*Dr. Michael Clearfield, Touro University, noted that their curriculum was community oriented with a focus on Public Health with primary care. Dr. Clearfield noted that their University provided 135 primary care physicians each year and that they were affiliated with the County's clinics. Dr. Clearfield noted that future healthcare would need to address an aging population and chronic disease and that their students were being schooled in public health; preventive healthcare practices; and improved patients adherence/compliance and doctor/patient bond.*

*Jack Horn, Partnership HealthPlan of California, noted that Partnership HealthPlan was established in 1994 as the County Organized Health System for Medi-Cal*

*clients. Mr. Horn noted that their challenges for the ACA would be the rapid growth in enrollment and specialty physician services. Mr. Horn encourage the continued support of community clinics, care for the undocumented not covered under the ACA, eligibility outreach, and behavioral health.*

*Lee Kemper, County Medical Services Program (CMSP), noted that CMSP was established by California Law in 1982 when the medically indigent population was eliminated from Medi-Cal and counties were given the opportunity to contract back with the State through realignment funding. Mr. Kemper discussed enrollment, entitlement and eligibility challenges that they were anticipating with the implementation of the ACA and the possible gaps in services.*

*Bela Matyas, County Health Officer, noted that mental health and substance abuse services were currently provided under Medi-Cal; however, these services were underfunded relative to the needs of the community. Dr. Matyas noted that there was concern that under the ACA the necessary level of services would not be available.*

*The Board expressed concern that the ACA and its impacts on the County were unclear and concern that there would be a gap in the services required and the healthcare providers available.*

**Received**