

Community Health Center Evolution

What a long strange trip it's been...



Allison Coleman, CEO

CPCA Annual Conference

Strategic Leadership Session

October 18, 2019

“

Sometimes the light's all shinin' on me
Other times I can barely see
Lately it occurs to me
What a long, strange trip it's been

”

- Jerry Garcia

Evolution



Elston Electric Company
MORE INFO



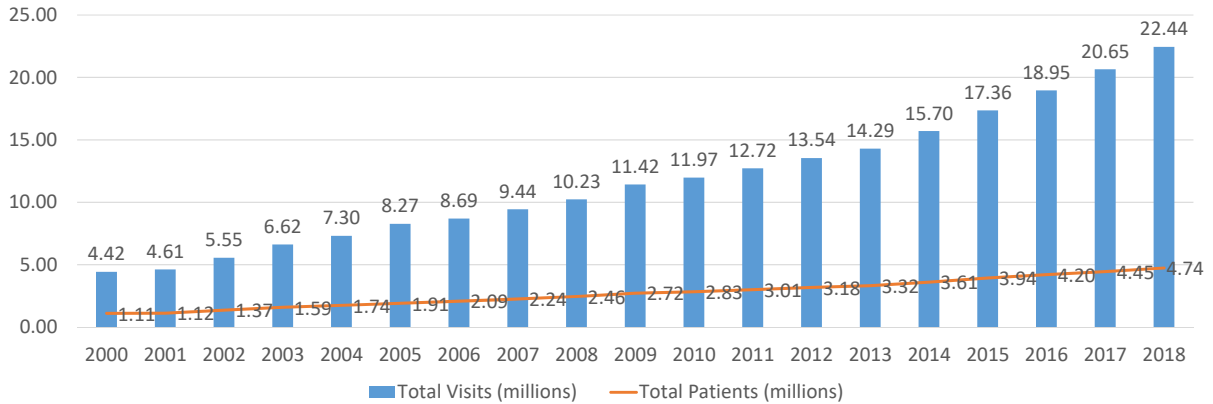
As a group, CA FQHCs achieved striking levels of growth from 2000 - 2018

Total Patients and Visits by Year



CA FQHCs Total Patients and Visits: Growth Trends

Years 2000-2018 = Section 330 | Public Entities Excluded



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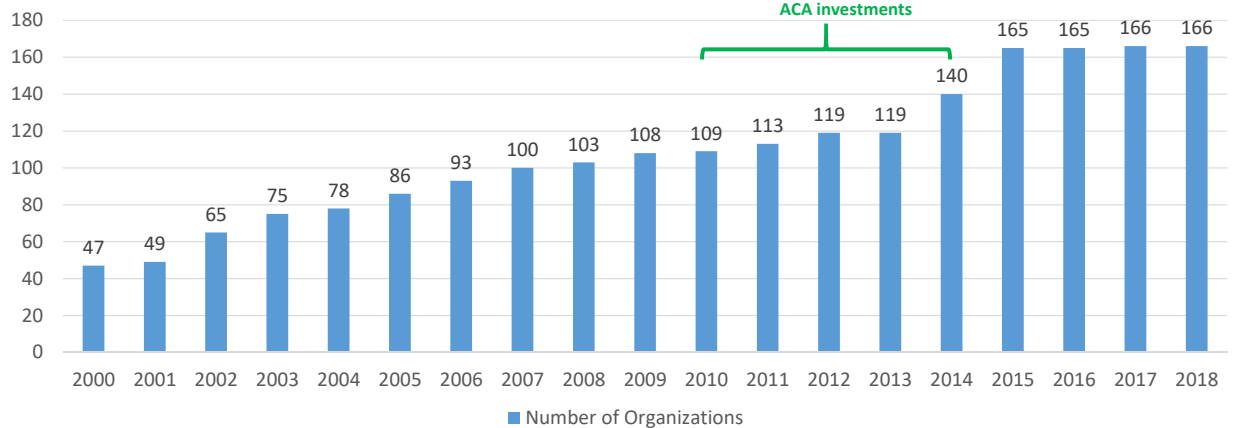
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Number of Organizations by Year



CA FQHCs Number of Organizations

Years 2000-2018 = Section 330 | Public Entities Excluded



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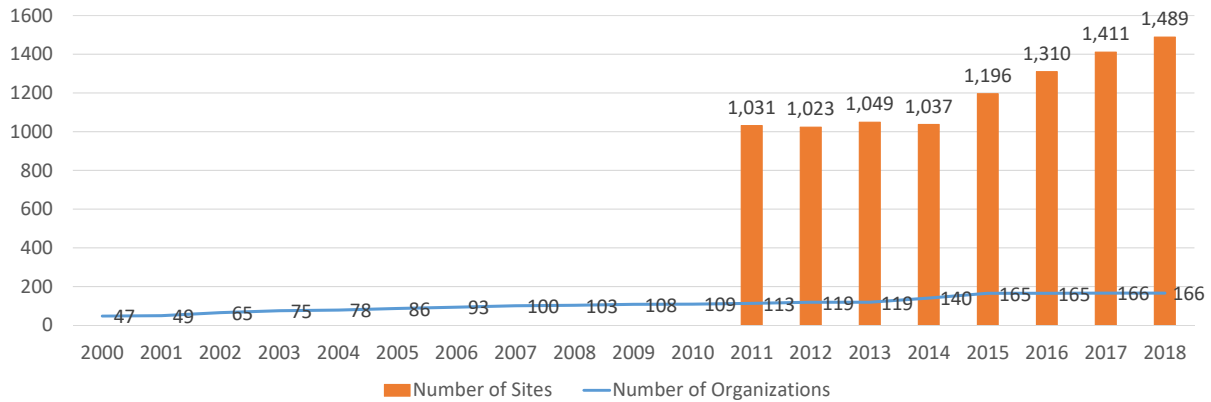
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Number of Sites per Year



CA FQHC's Number of Sites: (and Organizations) Growth Trends

Years 2000-2010 = No Site Data | Years 2011-2018 = Section 330 | Public Entities Excluded



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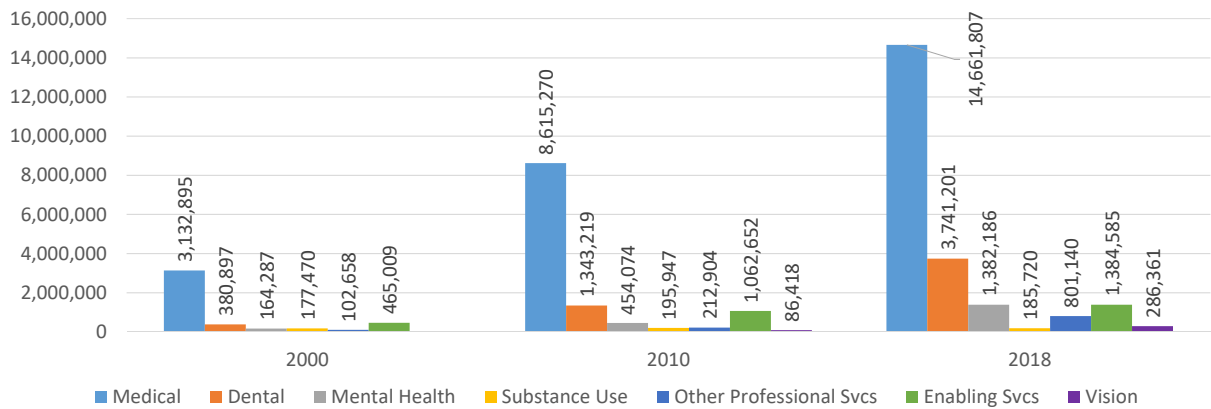
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Comprehensive Services by Year: 2000, 2010 & 2018



CA FQHCs Comprehensive Services: (Visits)

Year 2000 = Section 330 (No Vision) | Years 2010 & 2018 = Section 330 | Public Entities Excluded



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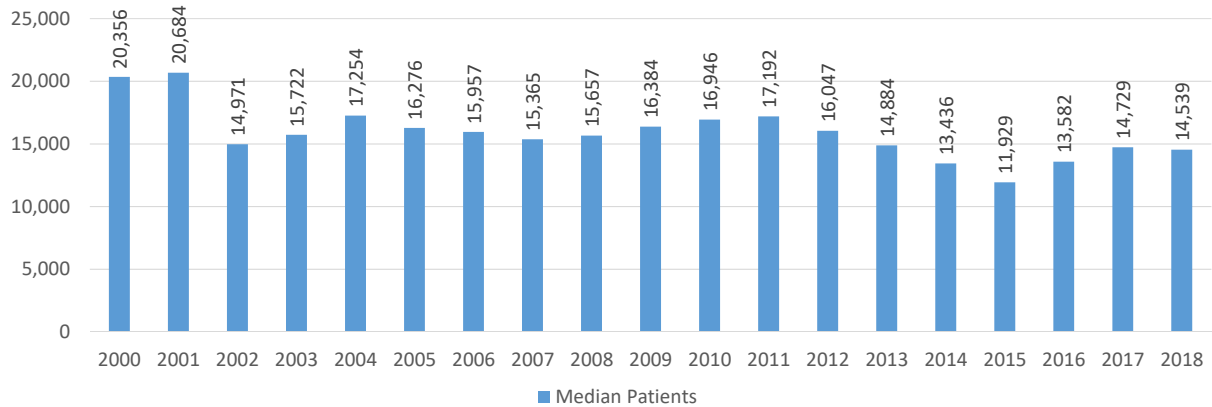
*Sector growth driven by growth in # of organizations;
but only larger organizations gain scale*

Median Patients by Year



CA FQHCs Median Patients

Years 2000-2018 = Section 330 | Public Entities Excluded

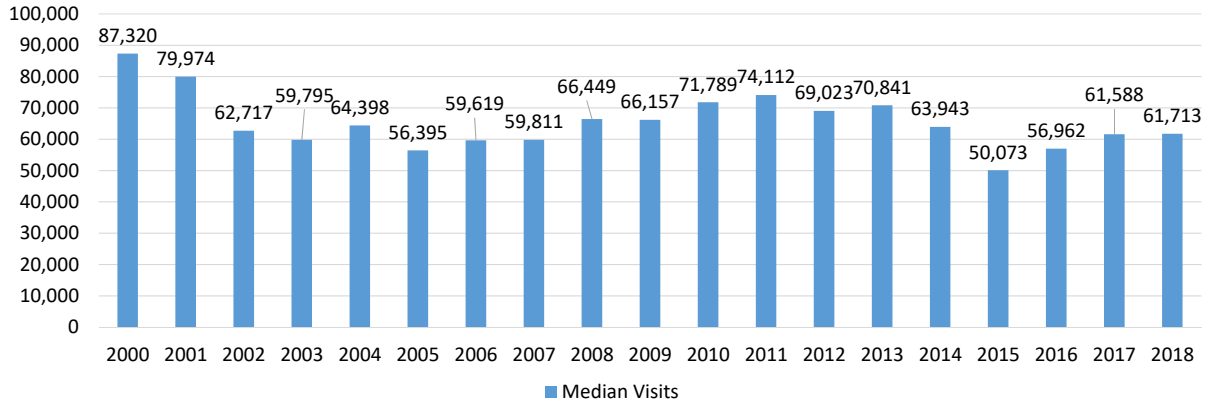


Median Visits by Year



CA FQHCs Median Visits

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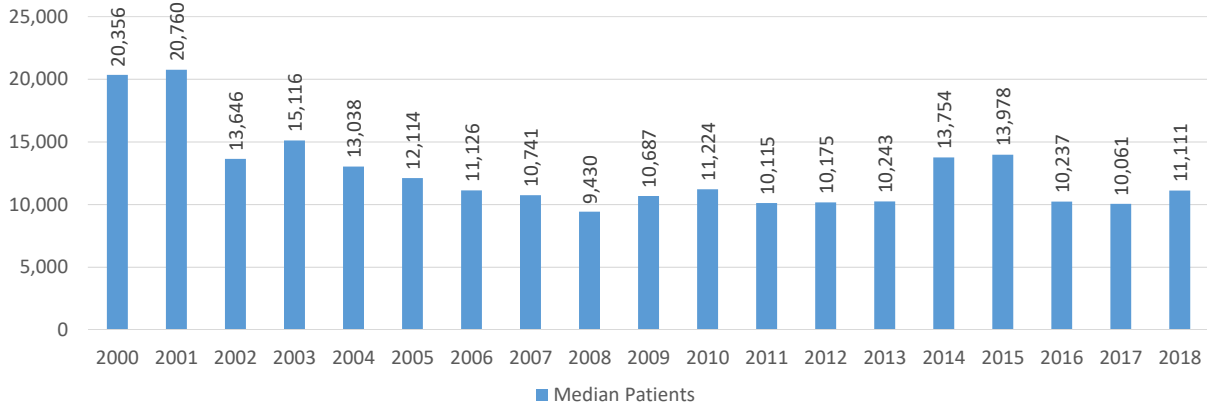
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Median Patients by Year: Rural



CA FQHCs Median Patients: Rural

Years 2000-2018 = Section 330 | Public Entities Excluded

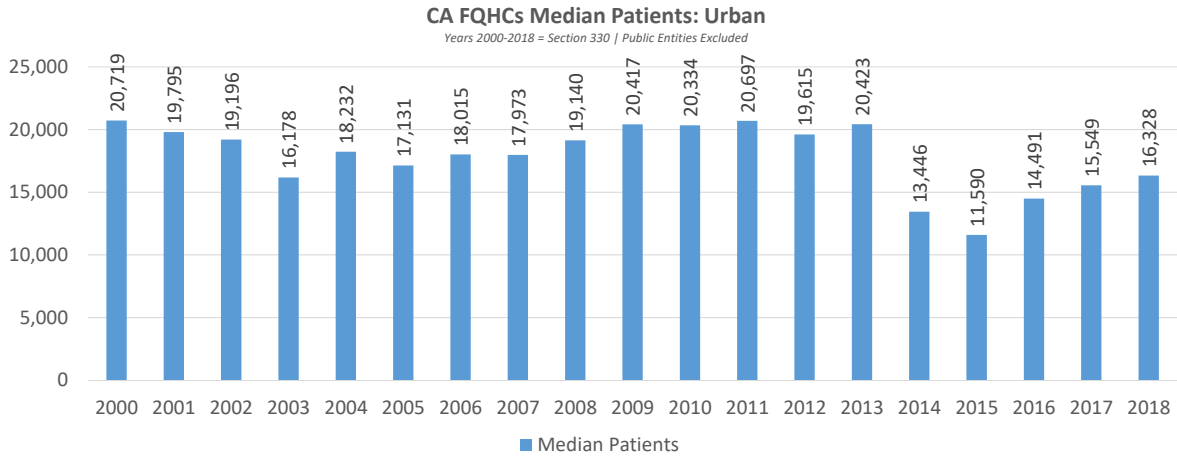


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Median Patients by Year: Urban

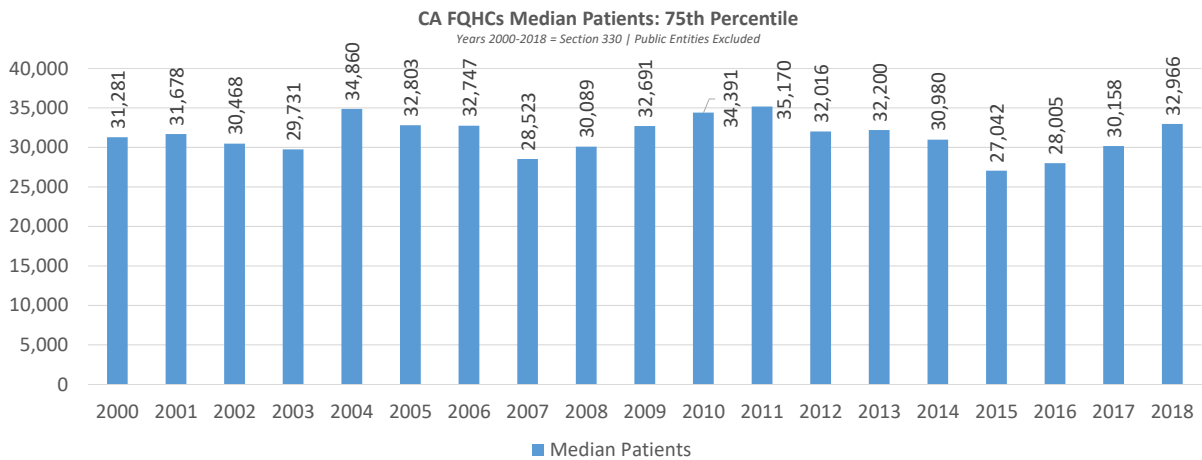


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Median Patients by Year: 75th Percentile

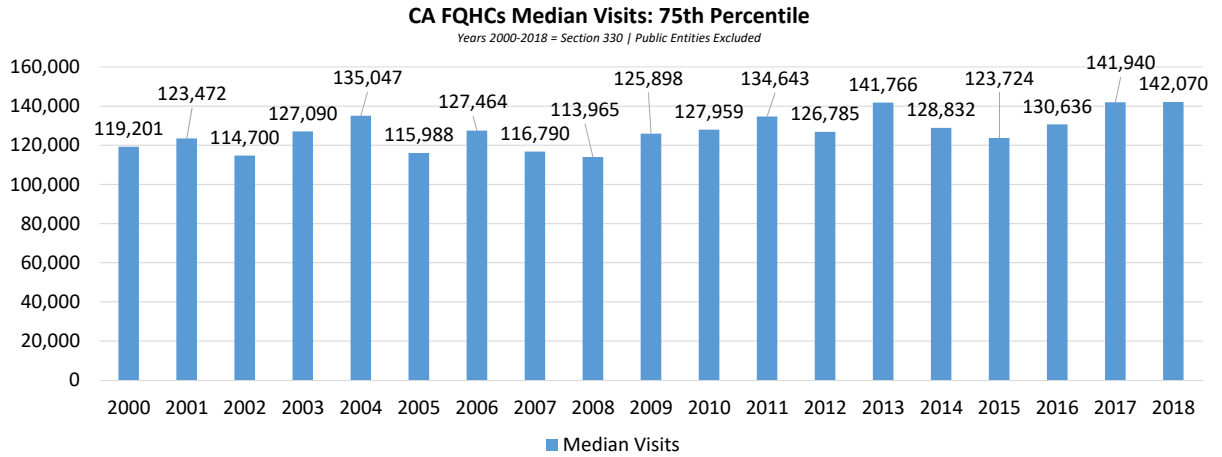


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Median Visits by Year:
75th Percentile



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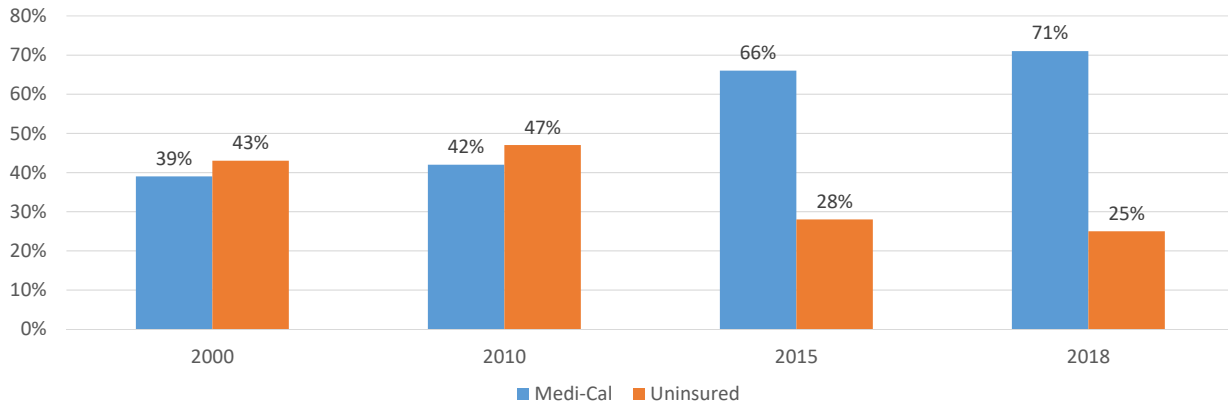
*CA FQHCs are financially more robust;
Medi-Cal and federal investments are huge
drivers*

Payer Mix: 2000, 2010, 2015 & 2018



CA FQHCs Payer Mix: Medi-Cal & Uninsured

Years 2000, 2010, 2015 & 2018 = Section 330 | Public Entities Excluded



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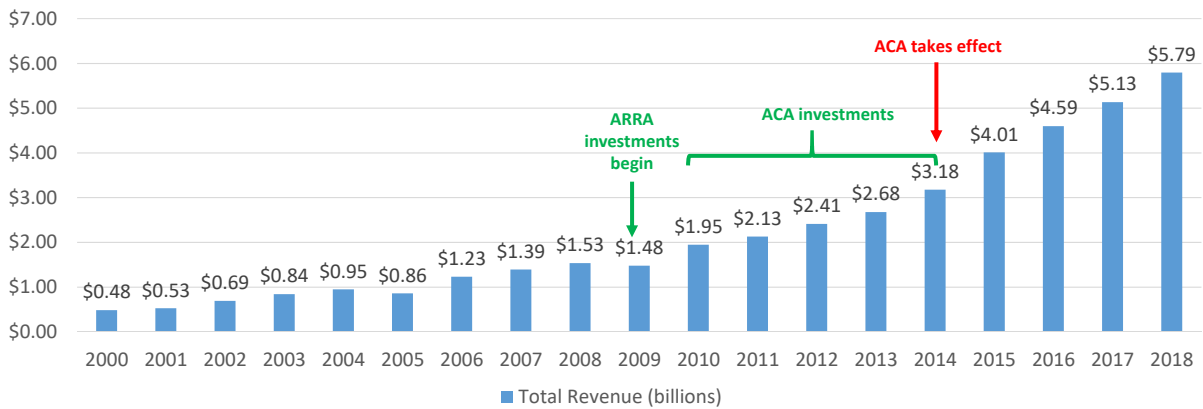
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Total Revenue by Year



CA FQHCs Total Revenue

Years 2000-2018 = Section 330 | Public Entities Excluded



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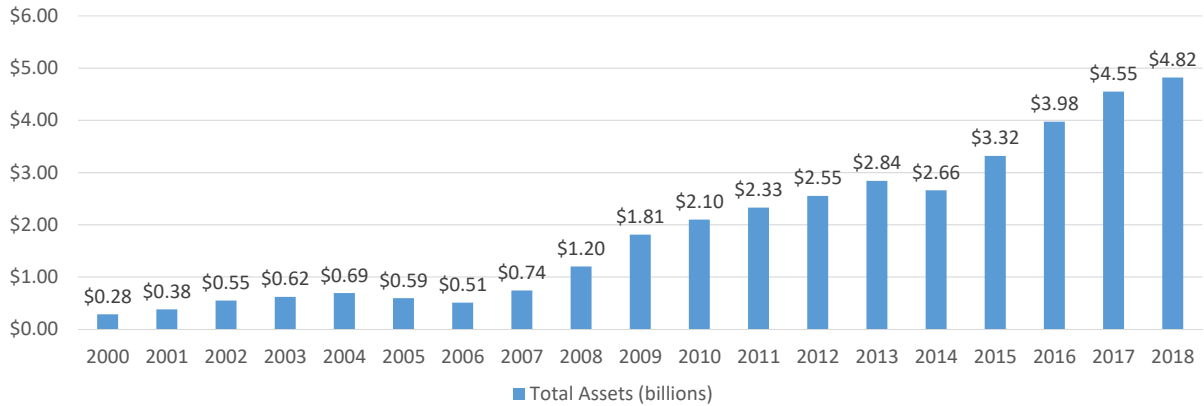
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Total Assets by Year



CA FQHCs Total Assets

Years 2000-2018 = Section 330 | Public Entities Excluded



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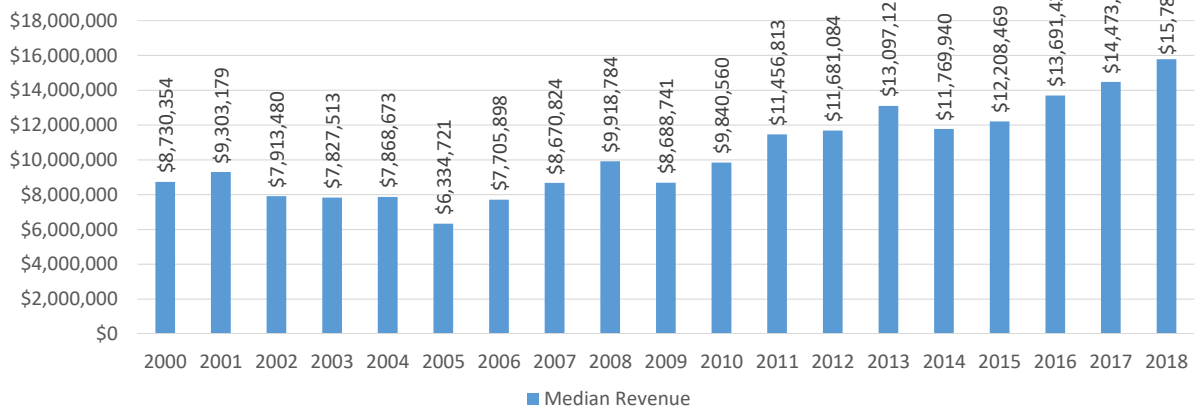
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Median Revenue by Year



CA FQHCs Median Revenue

Years 2000-2018 = Section 330 | Public Entities Excluded



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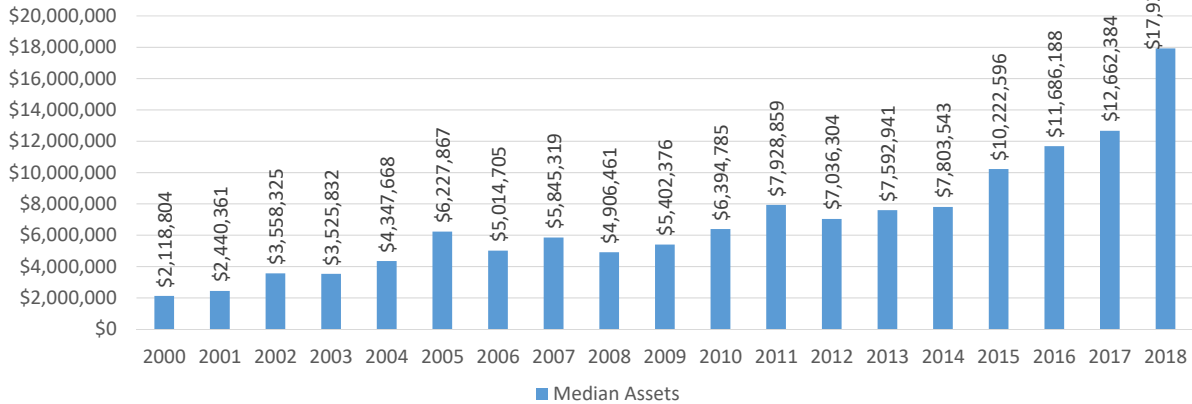
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Median Assets by Year



CA FQHCs Median Assets

Years 2000-2018 = Section 330 | Public Entities Excluded



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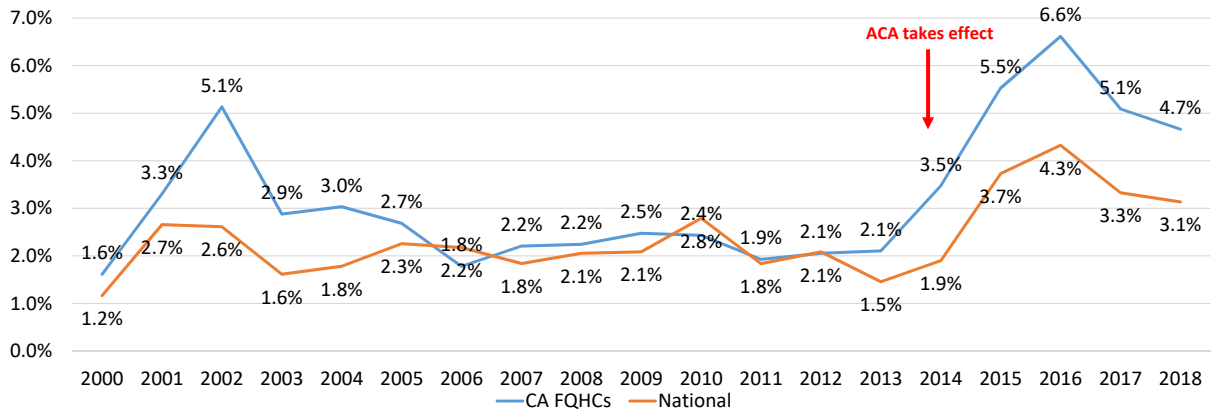
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Median Operating Margin by Year



CA FQHCs & National Median Operating Margin

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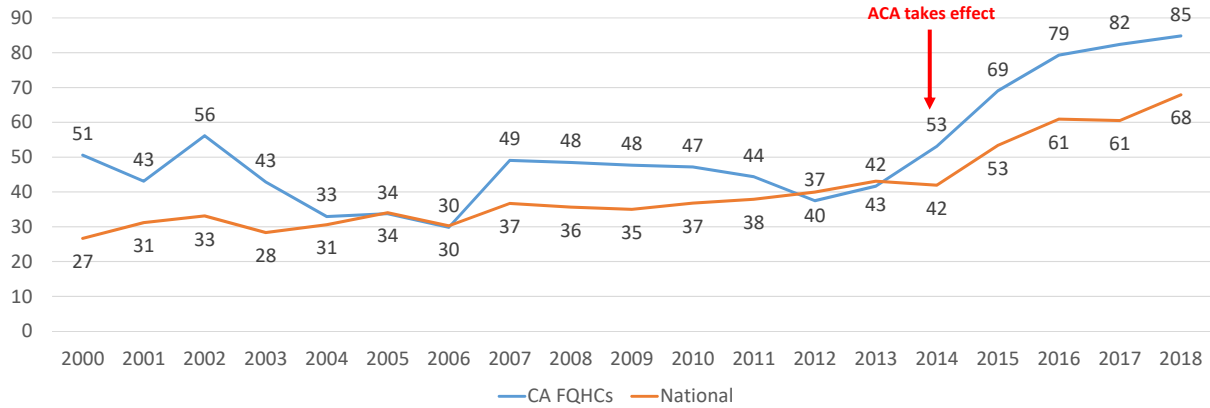
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Median Days Cash on Hand by Year



CA FQHCs & National Median Days Cash on Hand

Years 2000-2018 = Section 330 | Public Entities Excluded

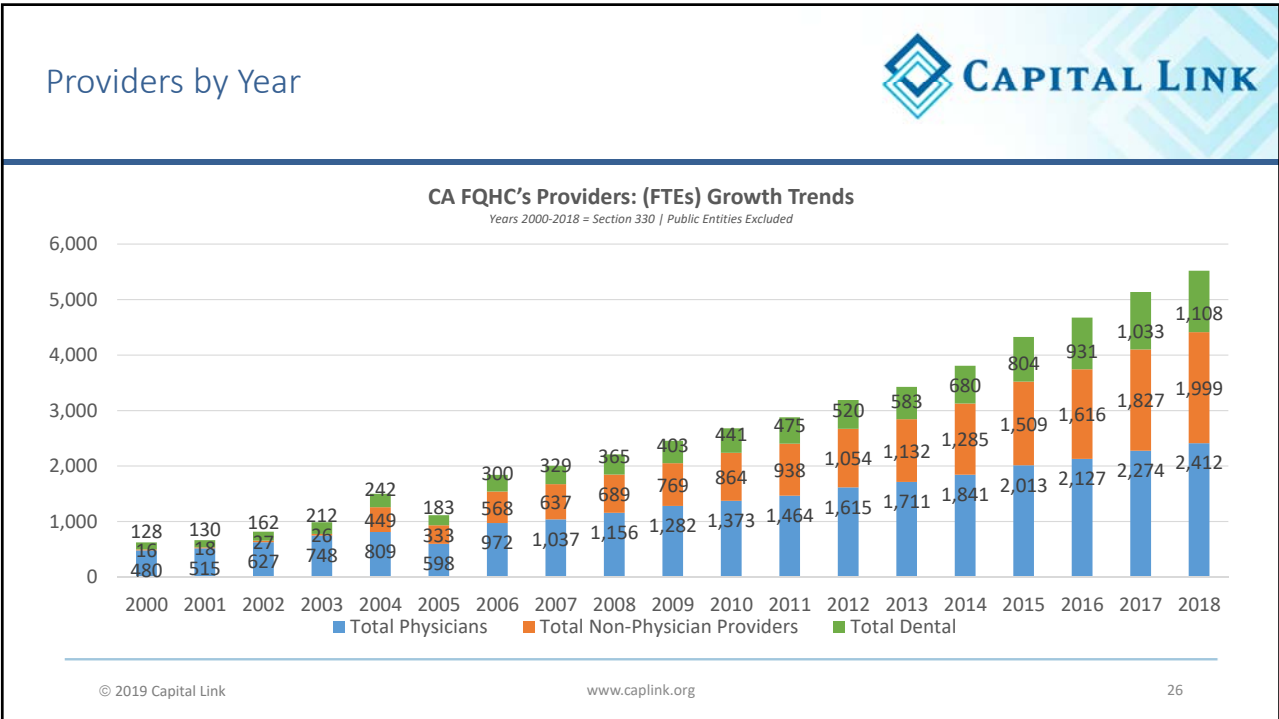
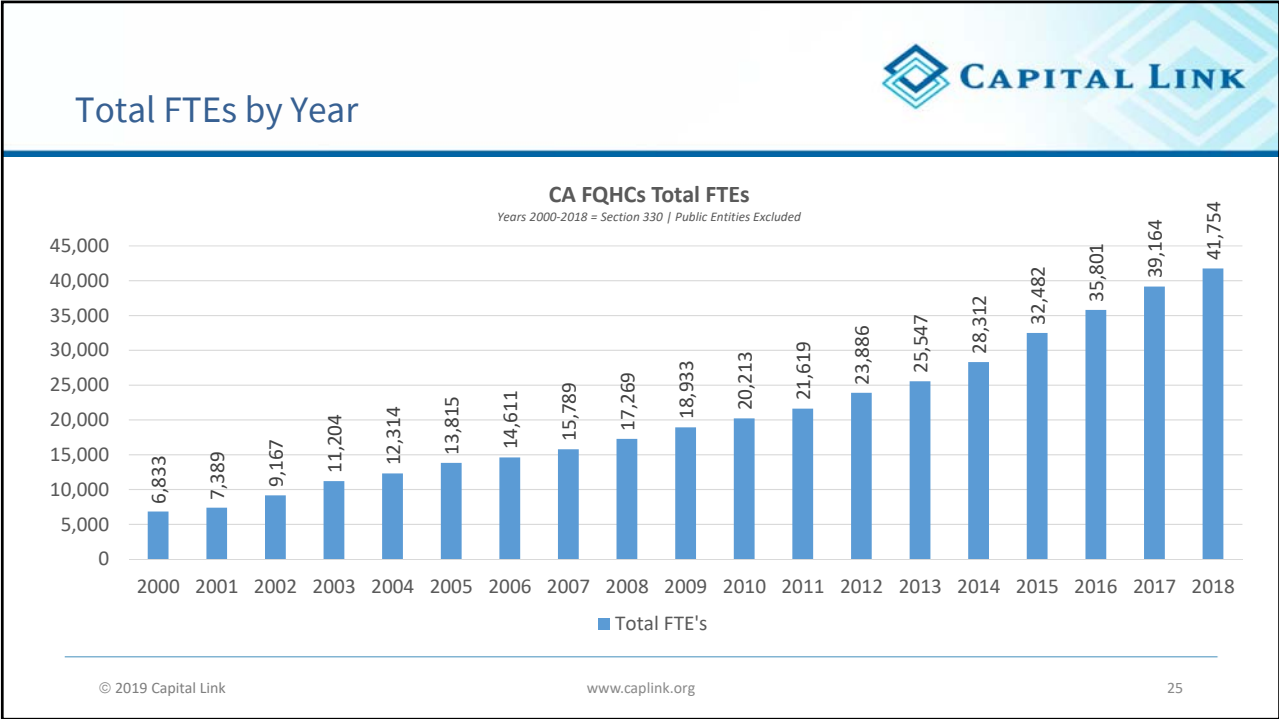


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Key Assets and Challenges

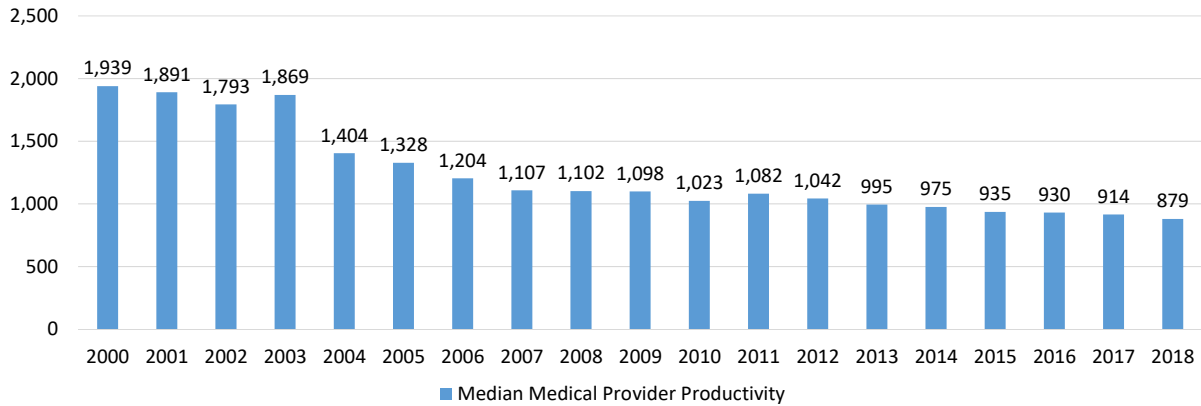


Median Medical Provider Productivity by Year



CA FQHCs Median Medical Provider Productivity

Years 2000-2018 = Section 330 | Public Entities Excluded



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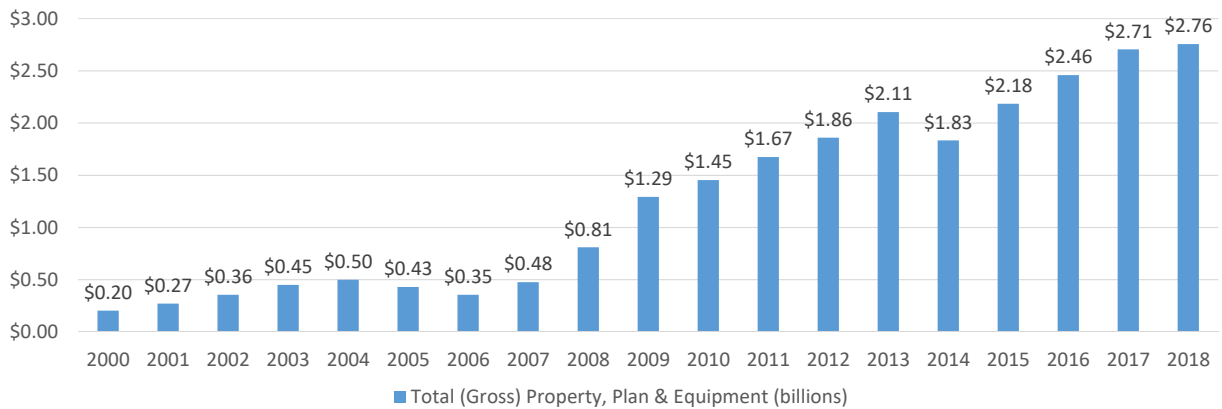
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Total (Gross) Property, Plant & Equipment by Year



CA FQHCs Total (Gross) Property, Plant, & Equipment

Years 2000-2018 = Section 330 | Public Entities Excluded



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Contact Us



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La Clínica de La Raza

One health center's perspective
Anita Addison
Chief of Planning & Strategic Advancement



1

About La Clínica

- Founded in 1971 by students and activists
- Based in Oakland's Fruitvale District, but has greatly expanded over the years



2

La Clínica's Approach to Health Care – Strategic Guiding Principles

- Holistic: physical, economic, psychological, and social needs of the community
- Community/neighborhood focused
- Individual and Community Empowerment
- Social justice/advocacy
- Collaboration & Partnership
- Responsiveness to Changing Environment and New Market Opportunities



3

At a Glance: Where are We Now Compared to Back Then?

In CY 2000

- 18,696 patients,
 - 85% Latino
- Medical, Dental, Vision, BH, HE, Lab, Pharmacy, X-ray
- \$19M operating budget
 - HRSA Grant = 20% of total funding

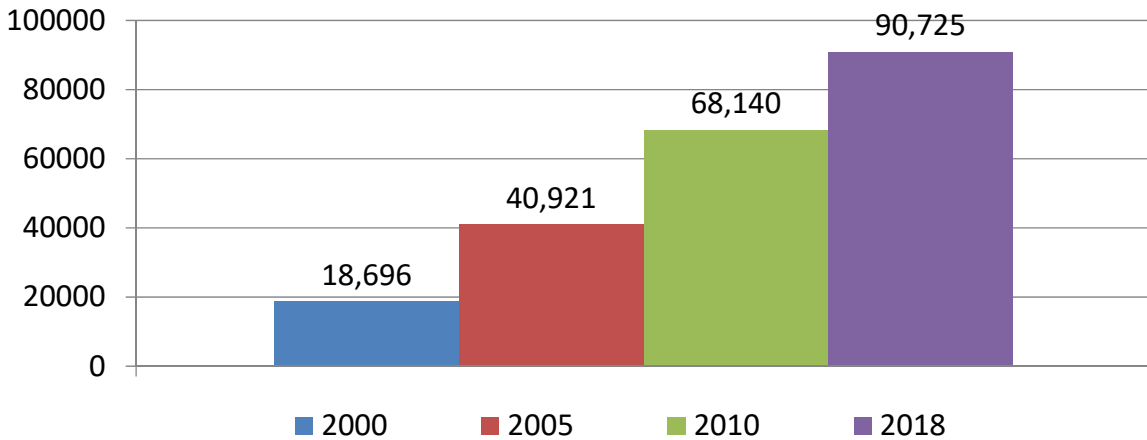
In CY 2018

- 90,725 patients,
 - 66% Latino
- Medical, Dental, Vision, BH, HE, Lab, Pharmacy, X-ray
- \$109 M operating budget
 - HRSA Grant = 8% of budget



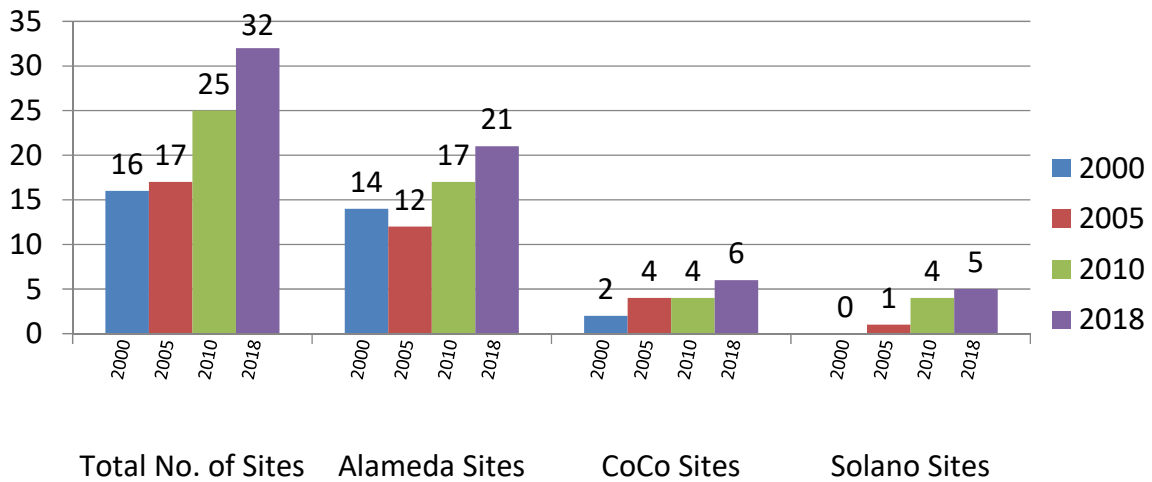
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Patient Growth



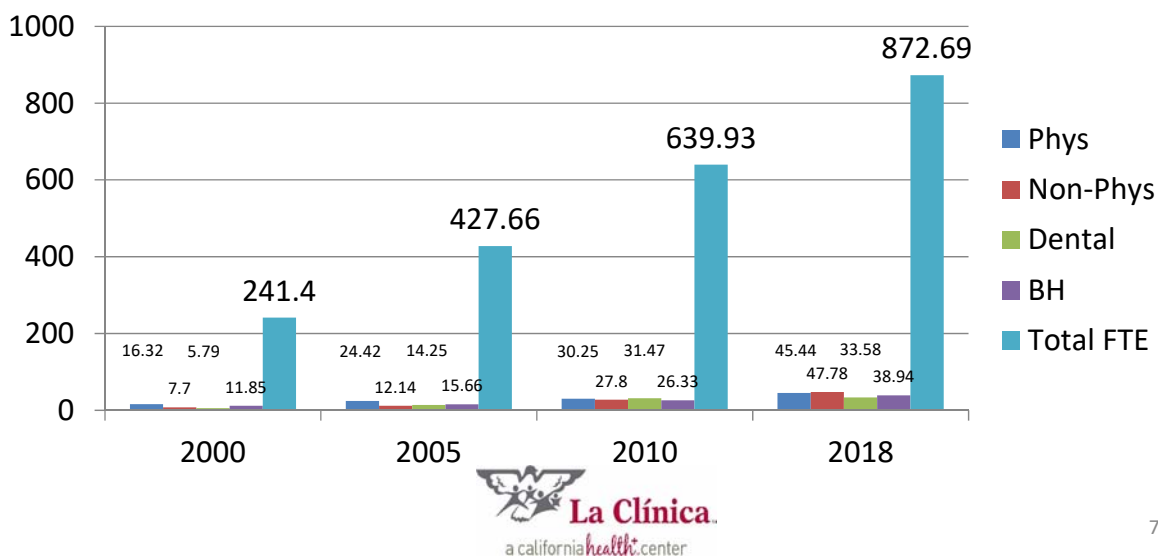
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Growth in Number of Sites



6

FTE Growth



7

Some Major Drivers to this Growth

- Growing Patient Demand at Existing, Expanded, or New Sites
- Adding new sites previously operated by others with an existing patient population, e.g., hospital-run clinics
- Opening new sites at the invitation of others with an existing client base, e.g., schools



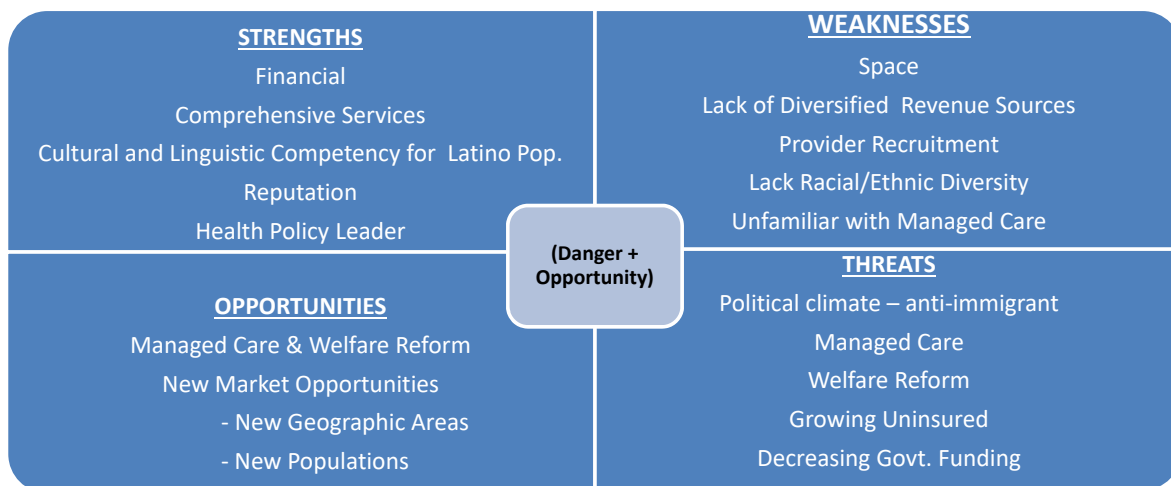
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STRATEGIC PATHWAYS – THEN AND NOW



SWOTs Then (1997-2002)

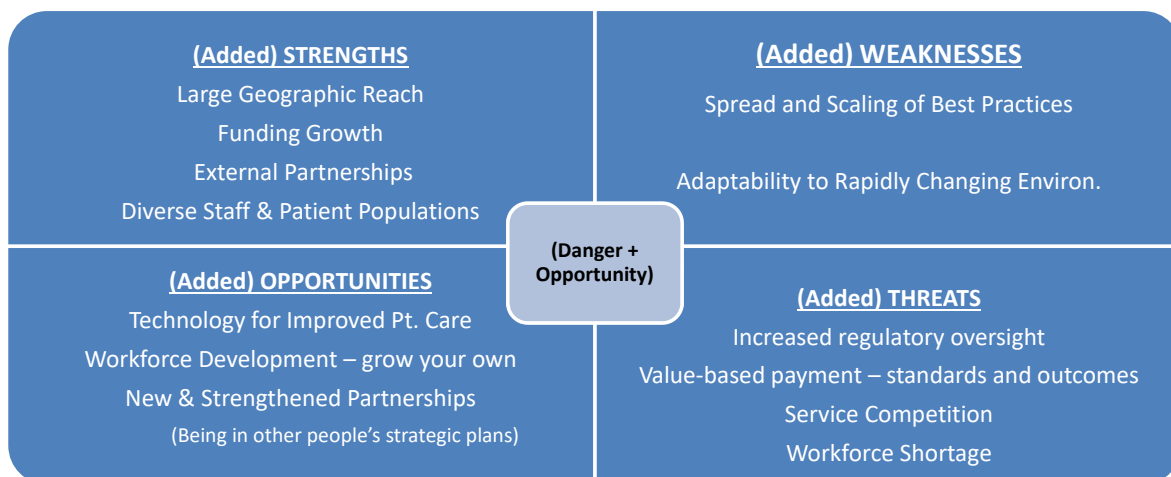


Major Strategic Initiatives During This Time

- Health Care Reform
 - Alameda Health Consortium – created Community Health Center Network as a managed care services organization
 - First effort to look at Medi-Cal Patient marketing, Healthy Families (and by the way, Fear of Public Charge was dissuading immigrant communities to enroll)
- Market Share
 - Opened sites in Contra Costa County, with help from the HRSA – New Access Point
 - Added new high school-based clinic in Oakland
 - Expanded Oakland dental site and optometry site
 - Committed to building 40,000 sf replacement and expansion site as part of the Fruitvale Transit Village in Oakland



SWOTs Now (2015-2020)



Major Strategic Initiatives During This Time

- Health Care Reform
 - Workforce Development and Training Partnerships
 - Care Team-based Model of Care
 - Shift to Focus on Clinical Outcomes
 - Social Determinants of Health – PRAPARE
 - Taking advantage of long tradition of community health worker/promotores programs and education model – now being recognized
 - Patient-centered Medical Home Recognition

- Market Share
 - Added first school-based clinic in Vallejo
 - Assumed management of private pediatric practice in East Oakland
 - Committed to building 26,000 sf replacement and expansion site in downtown Vallejo
 - Partnerships – track record and reputation brought opportunities



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So Here We Are – Older, but Wiser?



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Yes, at least Wiser!



Summary

- The core values and framework for our work have not changed.
 - Equity, advocacy, holistic approach, new opportunities, partnerships and collaboration
- The environment has evolved in some respect, yet remained the same, e.g., cyclical external threats on core patient populations.
- Longstanding service comprehensiveness - dental, behavioral health, vision, community health education, health promoters - has served us well as health care has evolved to recognize importance of social determinants of health in improving outcomes and reducing cost.
- There is greater validation for the community health center model of care, yet continuing pressure to remain competitive and relevant in this new era.

Thank You!

Anita Addison
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LOOKING BACK RACING FORWARD

'WE'VE COME A LONG WAY'

Bobbie Wunsch, Founder and Partner
Pacific Health Consulting Group
bwunsch@pachealth.org

OUR FOUNDATION and OUR FUTURE

- Community-based**
- Comprehensive services**
- Population health**
- Market share**
- Value-based**
- Leadership**
- Support and recognition**