

# Casting a Wide Blanket

## Moving Beyond Safety Nets for Sacramento's Underserved

By A. Jonathan Porteus, PhD, CEO of The Effort, Inc.



*DIEGO INCHED OUT ONTO THE LEDGE. The heat was unbearable: he had to jump. Below him a voice, maybe two voices, called up from the dark. "Jump. Jump. It's your only chance. We are holding a net!" The flames appeared from nowhere and he'd watched them grow, helpless. Panicked reflection, a wish to blink and have it all go away. Now his only chance was to fall into the unknown hoping the safety net would hold him. He jumped.*

For those of us in the caring professions, each day brings examples of health issues that have spun out of control. Often these issues are graver than they were to begin with, and our treatment options become more assertive and costly. A casual peek on any given night in a local emergency department shows us the abundance of undocumented, uninsured, poor, and working poor, who — like Diego above — walk the ledge until it is time to jump for help. And often they are not sure how much to trust the net below. The time has come for us to move beyond these "safety nets."

According to a March 2012 Sutter-commissioned Valley Vision study, Sacramento County alone has a treatment capacity shortfall of primary care services leaving 82,000 persons with Medi-Cal without access to health care.

Our current safety net consists of multiple organizations, most with a clinical specialty or cultural niche focus, that have traditionally functioned in relative isolation. In recent months, the Sierra Health Foundation has convened a "Healthy Sacramento Coalition" bringing this diverse group together. This is timely as a January market analysis by their team of consultants predicts a tsunami of 220,000 persons in the Sacramento region who will convert from uninsured to Medi-

Cal with the advent of health care reform. We must act quickly to secure facilities and ensure a workforce to provide medical homes in a relatively short time. I am encouraged by the community-wide conversation, as well as programs like the county's Low Income Health Program that will increase coverage for up to 8,000 currently medically indigent people.

Here at The Effort, we are stepping up our role in the community. The Effort is the largest local Federally Qualified Health Center (FQHC) with four full-scope Health Centers serving core medically underserved areas in Sacramento on a North-South axis from North Highlands to Midtown, to Oak Park, and South Sacramento. Using recent Geographic Information Systems (GIS) data to map each nexus of need for health access, a fifth Health Center opened in Roseville in March and will be followed in short order by Health Centers in Folsom, Rancho Cordova, downtown Sacramento, and Citrus Heights. A detailed map of The Effort's current locations can be found at [http://www.theeffort.org/loc\\_map\\_and\\_service\\_guide.htm](http://www.theeffort.org/loc_map_and_service_guide.htm).

### Dental Clinics None Too Soon

Our Health Centers provide pediatric and adult primary care, women's health services, and prenatal services (most notably our "centering pregnancy" model and Comprehensive Perinatal Services Program). In addition, the third of four First 5-funded state-of-the-art children's dental clinics will be completed this July, and the fourth should start serving the eastern part of Sacramento County by mid-2013. The dental clinics came not a moment too soon, given the miserable state of the local Medi-Cal-funded children's dental network.<sup>1</sup> Assemblyman Dr. Richard Pan and State Senator Darrell Steinberg

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have been very supportive of our cause.

The Effort is also a well-known regional behavioral health provider. Poor access to mental health services is a major driver of health care costs and ED visits. Our Health Centers use an Integrated Behavioral Health model to extend the capacity of a generalist practice. The model also addresses the fact that the average life expectancy for a person with a mental illness is 25 years shorter than for a person without one, largely due to silos of care.

Many of our Health Center locations offer synergistic access to other services, including: County-contracted child, adolescent, and family counseling services; behavioral health counseling and psychiatry; evidence-based home visitation and family resource center services through our role as a founding partner in the Birth and Beyond network;<sup>2</sup> and Youth Development programs including street outreach and gang prevention.<sup>3</sup>

Innovation is at the core of many Effort programs. For example, The Effort's partnership with Sutter Health led to the acclaimed T3 model (Triage — Transport — Treat), successfully supporting frequent non-urgent ED visitors into "whole person" coordinated care in a Health Center medical home and providing assertive case management to meet other needs (e.g. benefits acquisition, housing for the homeless, etc). The result: a 65 percent reduction in ED utilization.

Targeting coordinated care to these daily ED patrons makes sense on all levels from giving humanistic care to saving health care dollars and promoting sustainable preventive and primary care services. Our results are comparable to ED reductions seen in a recently-published study of a North Carolina program where high risk, uninsured patients were assigned to a primary care interdisciplinary team.<sup>4</sup> Their study also references many other studies showing how proactive outreach can curtail costs and utilization. Dr. Aytul Gawande drives home the point in his *New Yorker* article, "The Hot-Spotters."<sup>5</sup>

Our service to homeless members of this cohort led us to build satellite FQHC clinics

within affordable housing settings (providing immediate and preventive care). We figured that medical homes work best when coupled with real homes. A full scope Health Center is built into the new multi-story affordable housing complex going up in downtown Sacramento at 7<sup>th</sup> and H Streets.

Another partnership program of ours, the Interim Care Program (ICP), serves all four regional health systems by providing safe hospital discharge for persons who are homeless. Patients are discharged to The Effort's FQHC satellite within the Salvation Army where they receive health access and assertive case management. Over 800 ICP discharges have yielded over 20,000 bed days in this successful and cost-effective program, and copies of it have sprung up elsewhere. We have a YouTube video explaining the process to discharge planners.<sup>6</sup>

### **The Name Says It All**

All of these services emerge from our "Health Access and Case Management" division. The name says it all. Kaiser CEO, George Halvorson, describes the need for "connectors" in his 2009 book, *Health Care Will Not Reform Itself*, and these programs exemplify his vision. So in another program, we have partnered with Sutter to create a Navigator program serving Sutter General and Memorial EDs. Seven days a week, we approach all users of the ED (not just the non-urgent, frequent users targeted in the T3 model) to ensure that they have access to health care, benefits, and any other ancillary services in the community.<sup>7</sup>

The growth of The Effort has been nurtured by partnership, the generosity and support of the health systems, and programs such as SPIRIT through the Sierra Sacramento Valley Medical Society. As our Health Center network expands, there are also increased opportunities for volunteerism and pedagogical relationships. Providing a community-level opportunity to serve, as well as to learn, is vital for our next generation of physicians. The Effort's collaboratives with UC Davis exemplify this pedagogical synergy and workforce development, be it through the Pediatric

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Residency partnership, community fellowship, or the two student-run clinics hosted in our facilities on Saturdays (Clinica Tepati and Imani Clinic). An expansion of these partnerships provides crucial settings for training, the groundwork for a Teaching Health Center, and exposure to this very meaningful workplace for an emerging primary care workforce. Of note, The Effort is a National Health Service Corps provider and therefore able to accelerate loan repayment while paying a competitive salary.

An exciting future looms, one promising to relieve some of the burden of health access for low-income patients, with critical inter-relationships between systems of care, with opportunities for enhancing quality, and opportunities for workforce incubation. Feel free to contact me if you would like to participate in our mission, or learn more about us at [www.theeffort.org](http://www.theeffort.org).

Through our shared hard work and investment, I envision that our proverbial

“safety net” will morph into something more substantial — perhaps a “safety blanket.” Who wouldn’t want a blanket?

*Diego smelled burning. Flames had appeared from nowhere. He quickly threw a fire blanket over them, thinking “good thing everyone has one of these.” He called maintenance and then set to work cleaning up and figuring out what had caused the fire and how to prevent another one.*

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- 1 *The Sacramento Bee* 2/14/12 (Editorial: Dental plan for poor kids is a mess, <http://www.sacbee.com/2012/02/14/4261500/dental-plan-for-poor-kids-is-a.html#storylink=misearch>)
- 2 *The Sacramento Bee* 2/28/12. Science-based parenting classes helps moms and dads deal with discipline, <http://www.sacbee.com/2012/02/28/4295448/science-based-parenting-classes.html#storylink=misearch>
- 3 *The Sacramento Bee* 7/17/11 and Capital Public Radio 4/4/12. East Bay gunshot victim a success story for Sacramento intervention program, <http://www.sacbee.com/2011/07/17/3774589/east-bay-gunshot-victim-a-success.html#storylink=misearch>, ER becomes turning point for young victims <http://www.capradio.org/articles/2012/04/04/er-becomes-turning-point-for-young-victims>.
- 4 Crane S et al. Reducing utilization by uninsured frequent users of the emergency department. *J Am Board Fam Med.* 2012;25(2):184-191.  
[http://www.newyorker.com/reporting/2011/01/24/110124fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande).
- 5 Type “ICP Referral” in YouTube and you can see The Effort team explaining the program to discharge planners.
- 6 See the 3/23/12 feature in *The Sacramento Bee* for a deeper description. Sutter “navigators” steer routine patients out of emergency rooms. <http://www.sacbee.com/2012/03/23/4359992/sutter-navigators-steer-routine.html#storylink=misearch>.

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