Foundations Aim To Strengthen And Improve The Safety Net

The safety net is the default system of care for many low-income Americans who have no or limited health insurance; for many people enrolled in Medicaid; and for other vulnerable groups, including people with HIV/AIDS, people with serious mental illnesses, the homeless, and former prisoners.

Safety-net providers typically include public hospitals, community health centers, local health departments, and school-based health centers. In some localities, private physicians and teaching hospitals are other examples in the provider mix. One characteristic of such providers is that they are willing to treat patients regardless of their ability to pay for services, according to the Institute of Medicine’s 2000 report, America’s Health Care Safety Net: Intact But Endangered.

As reflected in this thematic issue of Health Affairs, the safety net faces both opportunities and challenges as a consequence of the Affordable Care Act and the Supreme Court decision on that law in June 2012. Following is a selected sampling of foundation efforts to help safety-net providers and populations.

Community Clinics

The Commonwealth Fund, Qualis Health, and the MacColl Center for Health Care Innovation at the Group Health Research Institute are the main partners of the five-year Safety Net Medical Home Initiative. This demonstration project, which began in May 2008, has been helping sixty-five primary care safety-net sites in five regions (Colorado, Idaho, Massachusetts, Oregon, and Pittsburgh) to “become high-performing patient-centered medical homes,” according to the initiative’s website.

In this medical home model, “patients receive well-coordinated services and enhanced access” to a team of health professionals. Clinicians use health information technology, engage patients as partners in their own care, and continuously strive to improve the quality of care at their practices. The initiative has published resources and tools to help practices understand and implement the medical home model; these materials are in the public domain.

Commonwealth and eight co-funders—Blue Cross Blue Shield of Massachusetts Foundation, Boston Foundation, Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, Blue Cross of Idaho Foundation for Health, Beth Israel Deaconess Medical Center, and Partners HealthCare—support the initiative. Commonwealth has invested a total of $6.8 million in this effort, including a final one-year $1.62 million grant awarded in April 2012. Grants fund practice coaches, who help safety-net providers adapt to the medical home model; technical assistance; the development of publications and tools; and policy work (all partners are expected to participate in Medicaid and other policy-reform efforts in their regions). Under separate Commonwealth funding, Marshall Chin and colleagues at the University of Chicago are evaluating the initiative.

The RCHN Community Health Foundation, based in New York City, concentrates on three topics that are important to community health centers and their clients: access to health care, affordable prescription drugs, and health information technology. Among the foundation’s initiatives is the Geiger Gibson/RCHN Community Health Foundation Research Collaborative, which is based at George Washington University and directed by Sara Rosenbaum. In March 2012 it published a policy brief on the “Role of Community Health Centers in Providing Services to Low-Income Women.”

In 2011 Sierra Health Foundation launched the Sacramento Region Health Care Partnership, an effort to strengthen the safety net for primary care in the counties (El Dorado, Placer, Sacramento, and Yolo) surrounding California’s capital city. The goal “is to find ways to improve access, care coordination and quality of the region’s primary care system, with a specific focus on community health centers,” Sierra’s website says. The partnership, which was launched in response to the Affordable Care Act and local challenges, has just completed its first phase, a market analysis of safety-net service capacity, which is slated for release in August 2012.

In response to the market analysis data, the partnership will next come up with a strategic plan to develop an integrated delivery system model, in which community health centers are linked to regional care providers. The California Endowment and Sacramento Region Community Foundation are cofounders of the market analysis and strategic plan.

Community Health Centers Leveraging the Social Determinants of Health, a report released in March 2012 by the Institute for Alternative Futures, was funded by the Kresge Foundation. The study shows how community health centers “are reaching beyond clinical care to shape the health of their patients by changing community conditions,” according to a press release.

Among the examples mentioned in the report is a center in Wisconsin that reduced the prevalence of lead poisoning among children from 34 percent in 1996 to 1.8 percent in 2011. That center also “took the lead” in redeveloping 300 acres of brownfields and developing walking trails. Among the report’s recommendations was that philanthropy should build bridges between social determinants of health and the clinical setting. This means educating other funders about the role of social determinants of health in health outcomes and about specific steps to address these factors.

<GrantWatch Blog>
Training And Mentoring Of Clinic Staffs

The Blue Shield of California Foundation recently awarded more than $2 million in funding to the University of California, San Francisco, Center for the Health Professions for three purposes. This grant supports leadership, training, and professional development for a sixth cohort of the Clinic Leadership Institute’s Emerging Leaders program for community health center staffers across California who show high potential to be leaders.

“The next wave” of leaders “will need a whole new set of skills to succeed in an era where the technology, finances, and fundamental strategies for providing health care are all experiencing profound changes,” foundation president and CEO Peter Long said in a June 25, 2012, press release. Centers will need to improve quality of services and deliver them more efficiently “amid challenging state budget cuts,” the release explained. The grant also includes money for a professional network for alumni of the program as well as for mentoring for new CEOs and chief financial officers “as they replace retiring, longstanding clinic leaders.”

The California HealthCare Foundation recently expanded its Encore Fellows in California Community Clinics program, which matches “experienced professionals with clinics hungry for organizational and managerial expertise,” the foundation’s Sophia Chang explained in a June 2012 press release. California HealthCare initially awarded a $500,000 grant for the program, which is affiliated with Civic Ventures, a San Francisco–based think tank. The foundation recently committed an additional $465,000 for program expansion.

The program’s first cohort had sixteen fellows, and the second cohort is expected to have thirty fellows. With more patients and reduced government payments, clinics must improve overall performance, the release explained. Chang added that clinics face changes because of “health reform and the poor state of the economy.” The fellows, who are professionals at or near retirement, work half time for one year at a clinic; for example, they might help with health information technology adoption. Clinics that host fellows pay them a stipend.

Safety-Net Hospitals

The Gordon and Betty Moore Foundation awarded a $690,000 grant for Highland Hospital, a safety-net hospital in Oakland, California, to reduce the incidence of preventable readmissions there. Affiliated with Alameda County Medical Center (the grantee), Highland will use an evidence-based model—implemented by a multidisciplinary team, including nurses—to focus on high-risk patients who are being discharged without adequate support at home. Enhanced teaching and coaching of patients and their at-home caregivers, including the use of specific care plans, prescheduled follow-up appointments, and “a secure handoff to their primary care providers” will be used, Lyn Berry, chief of medical staff for the center, said in a June 2012 press release.

“The Health of Safety-Net Hospitals: How Are They Faring? What’s the Outlook?” was the subject of a June 4, 2012, Capitol Hill briefing cosponsored by the Alliance for Health Reform and the Commonwealth Fund. The subject was hospitals’ current financial situation and their outlook on regulatory changes resulting from the federal health reform law. Pamela Riley of Commonwealth pointed out that hospitals may have increased revenue from Medicaid, but “they face drastic cuts in disproportionate share hospital (DSH) payments”—the current model used by the Centers for Medicare and Medicaid Services to help offset the uncompensated care provided by safety-net hospitals—says an Alliance summary. A webcast of the event, prepared by the Henry J. Kaiser Family Foundation, is available.

The Waiting Room, a documentary film, received funding from the John D. and Catherine T. MacArthur Foundation, the San Francisco Foundation, the Corporation for Public Broadcasting, and others. Coproduced by Open’hood and Independent Television Service, in association with Peer Review Films, the film goes “behind the doors” of an emergency department waiting room at Highland Hospital in Oakland, characterized as “a safety-net hospital fighting for survival” while weathering “a persistent economic downtown,” says a synopsis. Some 250 patients, mostly uninsured, crowd into its emergency department daily. The film will have a national theatrical release starting in September 2012 and will air on Public Broadcasting Service stations in January 2013.

The Robert Wood Johnson Foundation reported results of a more than $1.2 million grant it awarded to the Medical Center of Louisiana Foundation for technical assistance in designing a new, post–Hurricane Katrina, safety-net medical center in New Orleans to replace Charity Hospital. Louisiana State University’s Health Care Services Division subcontracted with the Georgia Institute of Technology “to apply evidence-based design principles” to create a “new top-quality hospital,” the foundation said in a January 2012 grant report. This type of design uses “research-based best practices to improve the quality and safety of patient care and the workplace.” The team completed architectural plans for the hospital, and ground has been broken. The hospital is scheduled to open in 2015, the report says.

Oral Health Care

The DentaQuest Foundation issued a request for proposals from primary care associations for the second year of its Strengthening the Oral Health Safety Net Initiative, which seeks to help uninsured and underserved Americans. Up to four state or regional associations will be selected in August 2012 for up to $100,000 each for 2012–13, and each of those associations, along with up to five affiliated safety-net dental programs, will receive technical assistance on practice improvement. The initiative’s intent is to prepare community health centers for health reform in 2014, when “nearly every child in the U.S. will have access to dental care, many for the first time,” Ralph Fuccillo, president of the foundation, said in a
June 2012 press release. The objective is to increase centers’ expertise and capacity. The National Association of Community Health Centers and five primary care groups are partnering on this initiative.

Key Personnel Changes

Gabriela Alcalde has been named health policy officer at the Foundation for a Healthy Kentucky. Her past positions include executive director of the Kentucky Health Justice Network and policy consultant to the National Conference of State Legislatures’ Forum for State Health Policy Leadership.

Kim Crichton, senior program officer for policy at the Maine Health Access Foundation, left the foundation in June 2012, after working there for nine years. She has “decided to strike out on [her] own as a consultant,” she wrote in an e-mail message. She hopes to help other foundations to maximize “the impact of their work with equitable, innovative, and collaborative approaches toward social and policy change.”

Sara Gould, formerly the Atlantic Philanthropies senior fellow at the Foundation Center, has been named associate director of the Caring across Generations campaign as well as director of its Care Fund. She is working with this 200-member coalition and its current funders (including Atlantic, the Ford Foundation, and the Open Society Foundations) “to strengthen the nation’s long-term care system by changing how the [United States] supports the aging population and people with disabilities,” according to an April 2012 press release. The goal is to improve conditions for home care workers and people who receive their services. Gould is a former president and CEO of the Ms. Foundation for Women.

Celeste Reid Lee has been appointed senior director of grant making at the Blue Cross Blue Shield of Massachusetts Foundation. This position entails overseeing all of the funder’s grants programs, including a new program that supports innovative approaches to making health care more affordable. Lee returned to the foundation in April 2012 after several years as a senior director of member, account, and provider enrollment at the Blue Cross Blue Shield of Massachusetts health plan. When she worked at the foundation previously, she was director of community health programs.

Craig Martinez was appointed the California Endowment’s program manager for healthier neighborhoods. He is charged with working “toward policy and systems changes that will result in improved neighborhood environments” that support good health, according to an April 2012 press release. Martinez most recently served as a health policy adviser in the Majority (Democrat) Health Policy Office of the Senate Health, Education, Labor, and Pensions Committee. His legislative portfolio on Capitol Hill included health disparities, HIV/AIDS, mental health, and public health.

Robert Phillips joined the Sierra Health Foundation in March 2012 as its director of health programs. In this position, he leads the foundation’s newly established Health Unit, which includes the Sacramento Region Health Care Partnership (mentioned above). Before this, Phillips was a senior fellow and director of health and human services at the California Endowment.

Larry Tobias, vice president for programs at the Sunflower Foundation, retired in June 2012. He worked at the foundation, located in Topeka, Kansas, for more than ten years. He remained at the foundation as a part-time adviser through July 2012.

CRAIG MARTINEZ was appointed the California Endowment’s program manager for healthier neighborhoods. He is charged with working “toward policy and systems changes that will result in improved neighborhood environments” that support good health, according to an April 2012 press release. Martinez most recently served as a health policy adviser in the Majority (Democrat) Health Policy Office of the Senate Health, Education, Labor, and Pensions Committee. His legislative portfolio on Capitol Hill included health disparities, HIV/AIDS, mental health, and public health.