



Twenty-Five Years of Service

PARTNERSHIPS... THE ROAD TO SUCCESS FOR IMPROVED CLINICAL
OUTCOMES

&

INCREASED PROVIDER SATISFACTION

FEBRUARY 1, 2008

ABOUT SFCCC

THE BEGINNING

The San Francisco Community Clinic Consortium (SFCCC) is a non profit health care organization that was established by its Partner Health Clinics in 1982. The SFCCC ten partner clinics provide quality, culturally and linguistically appropriate primary health care for more than 70,000 San Franciscans each year.

ABOUT SFCCC

SFCCC MISSION STATEMENT

The San Francisco Community Clinic Consortium develops programs and advocates for policies that increase access to community-based primary care for all San Franciscans, targeting the uninsured and underserved.

VISION OF OUR PARTNERSHIPS

SFCCC, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AND THE UNIVERSITY OF CALIFORNIA, SCHOOLS OF MEDICINE & PHARMACY HAVE A SHARED VISION TO :

IMPROVE INDIVIDUAL PATIENT HEALTH, COMMUNITY HEALTH AND INCREASE PROVIDER RETENTION AND SATISFACTION USING SHARED HEALTH INFORMATION TECHNOLOGY AS A TOOL NOT A PRODUCT OR GOAL.

***HOLD ON! THE PARTNESHIP IS GREATER THAN
JUST THESE THREE INSTITUTIONS...
IT INCLUDES...***

**OUR 10 NON PROFIT COMMUNITY HEALTH
CENTERS...SFCCC PARTNERS & THEIR
VISIONARY STAFF**

- KAISER PERMANENTE OF NORTHERN CALIFORNIA & SAN FRANCISCO, Funder & Technical Guidance
 - BLUE SHIELD OF CALIFORNIA, Funder
 - THE CALIFORNIA ENDOWMENT, Funder
- THE CALIFORNIA HEALTHCARE FOUNDATION, Funder
- THE CALIFORNIA WELLNESS FOUNDATION, Funder
 - MC KESSON FOUNDATION, Funder
 - CAL RHIO, Funder

- HRSA: BUREAU OF PRIMARY CARE, HIV/AIDS BUREAU, BUREAU OF HEALTH PROFESSIONS (AHEC), Funder, Support for technical support including Peer to Peer onsite and site visit to other networks, networking /sharing learning conferences.

OTHER NETWORKS FROM CALIFORNIA AND ACROSS THE COUNTRY, esp. HEALTHNET (Boston), COMMUNITY HEALTH ACCESS NETWORK (New Hampshire) COMMUNITY HEALTH INTERGRATED PARTNERSHIP (Maryland) & HEALTH CHOICE NETWORK (Miami)...

SFCCC CONSIDERS THEM ALL PARTNERS BECAUSE THEY ALL SHARED THEIR...SUCSESSES...CHALLENGES...FAILURES...RENEWED ATTEMPTS...

THEIR DREAMS FOR TODAY AND TOMORROW.

THEY GAVE US HOPE & INSPIRATION.

***OH YES...ONE OTHER GROUP OF
PARTNERS...***

- **YOU! BY ASKING QUESTIONS, VISITING US
AND CHALLENGING US TO THINK
THROUGH AND EXPLAIN OUR WORK AND
THE THOUGHTS BEHIND IT LIKE TODAY!**

SO ASK YOUR QUESTIONS!

PARTNERSHIP DEFINED

FOR SFCCC PARTNERHSIPS IS NOT JUST THE PARTIES INVOLVED IN THE HIT/HIE CONNECTIONS. WE NEEDED, AND TODAY NEED, THE SUPPORT AND BELIEF IN OUR PROJECT...FROM EACH OF THESE PARTNERS!

THEY PROVIDE US WITH GUIDANCE THROUGH VISITS, ONE ON ONE CONVERSATIONS, SMALL GROUP CONVERSATIONS WITH THEIR PARTNERS & STAFF, CONFERENCE CALLS AND EMAILS.

THEY NEVER DENY AN ANSWER & ALWAYS RESPOND! THEY BUILT A COMMUNITY FOR US TO CREATE THIS HIT/HIE NETWORK!

THANK YOU PARTNERS!

WHAT ARE THE POSSIBILITIES?

***THE OLD CLICHE...THE POSSIBILITIES ARE
ENDLESS...***

IN 1999 WHEN WE STARTED TO CREATE AND SHARE ACCESS
TO AN ELECTRONIC HEALTH RECORD, WE DID NOT NOR
COULD WE IMAGINE WE WOULD BE WHERE WE ARE
TODAY!

TODAY WE HAVE...

ELECTRONIC HEALTH RECORD

A SHARED EMR SYSTEM, THAT WHILE WE WILL NEED AN
UPGRADE, OUR PROVIDER STAFF ACCESS: ER NOTES,
SPECIALTY CARE REPORTS, AND CLINICAL
NOTES/DISCHARGE SUMMARIES FROM INPATIENT CARE.

IMPACT?

- **IMPROVED COORDINATION OF CARE
DUE TO:**
 - **TIMELY REPORTS;**
 - **ABILITY TO READ REPORTS;**
- **GREATER PROVIDER SATISFACTION...HELPS IN RETENTION;**
- **ELIMINATION OF TOTAL DEPENDANCE ON PATIENT SELF
REPORTING;**
 - **GREATER PATIENT SATISFACTION; AND**
 - **MOVEMENT TOWARD IMPROVED CLINICAL AND
POPULATIONS OUTCOMES.**

INCREASED ACCESS TO SPECIALTY CARE SERVICES; E-CONSULT: A HIT/HIE SYSTEM THAT FACILITATES AND SUPPORT THE PRIMARY CARE PROVIDER

THROUGH E-CONSULT WE CAN PROFILE A PATIENT NEEDING SPECIALTY CARE CONSULT OR CARE AND THEN RECEIVE SPECIALIST GUIDANCE ON:

- ADDITIONAL TESTING NEEDED BEFORE FURTHER REFERRAL OR DIAGNOSIS;**
- TREATMENT PLAN FOR PRIMARY PROVIDER TO INITIATE TREATMENT REDUCING THE NEED FOR REFERRAL, BUT WITH SPECIALIST CLINICAL SUPPORT.**
- HAVE THE PATIENT FULLY PREPARED TO SEE A SPECIALIST WITH ALL REQUIRED LABORATORY, X-RAY, MRI, etc. & COMPLETED REFERRAL BASED ON ESTABLISHED REFERRAL PROTOCOL THAT CAN BE READ, MAXIMIZING SPECIALIST TIME AND INCREASING PATIENT SATISFACTION.**

IMPACT?

- **IMPROVED PATIENT INFORMATION BOTH WAYS;**
- **LIMITED RESOURCES FOR PRIMARY CARE AND SPECIALTY CARE MAXIMIZED;**
 - **DECREASED WAITING TIME FOR GI APPOINTMENTS TIME REDUCED FROM 9 TO 6 WEEKS!;**
 - **DECREASED STAFF TIME ON TRACKING REPORTS;**
- **PRIMARY CARE PROVIDER ABLE TO MANAGE PATIENTS IN PATIENT MEDICAL HOME, COMMUNITY SETTING;**
 - **DECREASED DEPENDENCE ON PATIENT FOR SELF REPORT;**
 - **ENHANCED PROVIDER SATISFACTION;**
- **ABILITY TO MEET NEW PROVIDERS EXPECTATIONS OF PRACTICE, I.E. HIT/HIE;**
 - **IMPROVED PATIENT SATISFACTION.**

ANOTHER SUCCESS TO CELEBRATE AND BUILD THE NEXT PROJECT!

SHARED CLINICAL TRACKING SYSTEM CITY WIDE FOR THE SAFETY NET

THROUGH CLINICAL COLLABORATIONS TO TARGETING DIABETES, THE
CONCEPT DEVELOPED...IMPROVE CLINICAL OUTCOMES OF CHRONIC
DISEASES INITIALLY

LET'S STRIVE TO USE ONE CLINICAL TRACKING SYSTEM!

- CURRENTLY INSTALLING i2i DISEASE REGISTRY FOR DIABETES;**
 - DEVELOPED COMMON DEFINITIONS;**
 - DEVELOPED COMMON PROTOCOLS FOR TRACKING;**
- WORKING WITH COMMERCIAL AND PUBLIC HOSPITAL LABORATORY TO
AUTOMATICALLY FILE ELECTRONIC LAB RESULTS INTO REGISTRY;**
- WORKING TO ESTABLISH PROTOCOLS FOR PATIENTS WHO USE MORE
THAN ONE CLINIC.**

IMPACT?

- **EASE FOR PCP TO ACCESS INFORMATION**
 - **FACILITATED CLINICAL TRACKING**
- **COORDINATED CARE WITHIN SAFETY NET**
 - **SINGLE APPROACH TO CARE**
 - **IMPROVED PROVIDER SATISFACTION**
- **MAXIMIZED RESOURCES THROUGH SINGLE PURCHASE**
- **ADVANCING A SHARED VISION FOR THE CITY SAFETY NET SYSTEM**

OTHER MAJOR PROJECTS...

- **TELE PHARMACY & TELE PHARMACY DISPENSING THAT SUPPORTS PATIENT EDUCATION SYSTEM THAT SUPPORTS PATIENT EDUCATION, PROVIDER SERVICES AND PHARMACY STUDENT EDUCATION**
- **ONE E-APP, A PROGRAM THT CLINICS USE TO ESTABLISH PATIENT ELIGIBILITY FOR GOVERNMENT SPONSORED PROGRAMS IN A ONE SHOP ELIGIBILITY SYSTEM WHILE MAXIMIZING THIRD PARTY PAYMENT FOR PROVIDERS**

AND THE FUTURE...

- **VIDEO TELECONFERENCING FOR PATIENT SERVICES, PROVIDER EDUCATION, STAFF EDUCATION**
 - **WHATEVER OUR IMAGINATION WILL ALLOW!**

BENEFITS FROM THE PARTNERSHIP

RECAP...

FOR THE PATIENT...

- **INCREASED PATIENT SATISFACTION**
- **MEETING PATIENT EXPECTATIONS OF CARE**
- **REDUCTION OF PATIENT'S TRAVEL TO GO TO MULTIPLE LOCATIONS FOR APPOINTMENTS...**
- **MAXIMIZE UTILIZATION OF A PATIENT'S MEDICAL HOME WHICH IS OF HIS/HER OWN LANGUAGE AND CULTURE.**
- **IMPROVED COORDINATED CARE ON A TIMELY AND ACCURATE BASIS**
- **IMPROVED CLINICAL OUTCOMES**

FOR THE PROVIDERS...

- INCREASED SATISFACTION WITH THE CARE THEY ARE PROVIDING
- INCREASED ACCESS TO PATIENT INFORMATION THAT IS TIMELY & ACCURATE
- INCREASED ABILITY TO RETAIN THEIR PATIENTS IN THEIR PRACTICE
- INCREASED FEELINGS AND KNOWLEDGE OF SUPPORT BY SPECIALISTS
- DECREASED DOWNTIME EXPERIENCED WHILE WAITING FOR TEST RESULTS AND CONSULTATIONS
- DECREASED ER REFERRALS FOR SPECIALTY CARE AND PREVENTITIVE CARE
- OPPORTUNITY TO SHAPE THE FUTURE OF HEALTH CARE SERVICES...HIT/HIE, DELIVERY SYSTEMS THROUGH ONGOING INPUT AND SYSTEM DESIGN
- PRIDE IN THEIR WORK AND PRIDE IN THEIR WORK SETTING BEING FIRST CLASS

FOR RESIDENTS & STUDENTS...

- MEANINGFUL EXPERIENCE IN SAFETY NET SETTINGS THAT SUPPORT THEIR FUTURE WORK IN SAFETY NET SETTINGS
- TRAINING & TEACHING BY LEADING SAFETY NET PROVIDERS COMMITTED TO THE SAFETY NET & TEACHING.
- EXPOSURE TO CUTTING EDGE TECHNOLOGY NOT FOUND IN MANY PRIVATE SETTINGS
- OPPORTUNITY TO HELP SHAPE THE FUTURE OF HEALTH CARE DELIVERY

FOR THE INSTITUTIONAL PROVIDERS...HEALTH CENTERS, HOSPITALS, ACADEMIC CENTERS

- PROVIDER FACULTY RETENTION AND HIGHER LEVEL OF SATISFACTION
- TOOL FOR PROVIDER/FACULTY RECRUITMENT&PLACEMENT OF STUDENTS AND RESIDENTS
 - SHARING OF COST OF NEW TECHNOLOGY
- OPPORTUNITY TO SHAPE GOVERNMENT & PRIVATE HEALTH CARE POLICY & LEGISLATION
 - SHARING OF COSTS OF OPERATIONS
 - MAXIMIZING THIRD PARTY REVENUES
- SHARE WITH THE COMMUNITY & LEADERS THAT THE SAFETY NET IS A LEADER IN HEALTHCARE
- ACHIEVE THEIR MISSION TO IMPROVE PATIENT HEALTH AND COMMUNITY HEALTH

- PERSONAL SATISFACTION THAT AS HEALTH CARE LEADER THEIR LEADERSHIP MAKE A DIFFERENCE

FOR PRIVATE PARTNERS

- A CHANCE TO SHARE THEIR EXPERTISE & LESSONS LEARNED WITH A SYSTEM THAT *MOST REALLY DO CARE ABOUT!*
- MEET THEIR SOCIAL MISSION THROUGH FINANCIAL SUPPORT
- SHARE THEIR EXCITEMENT WITH OTHER PRIVATE LEADERS AND GARNER SUPPORT FOR THE SAFETY NET

FOR GOVERNMENT...

- TO SUPPORT THE DESIGN OF A HEALTH CARE SYSTEM THAT WILL IMPROVE THE HEALTH OF THE UNINSURED, SOCIETY'S MOST NEEDY, AND THAT WILL SHAPE THE HEALTH CARE DELIVERY SYSTEM OF THE ENTIRE COUNTRY
- TO MEET THE COUNTRY'S GOAL TO HAVE ALL AMERICANS WITH IMPROVED HEALTH OUTCOMES THROUGH THEIR MEDICAL HOME
 - TO REDUCE COSTS OF HEALTH CARE
- TO HAVE A HEALTHY AMERICA AND A HEALTHY WORLD

REMEMBER...HEALTH CARE IS FILLED WITH POLITICS...WE ARE EACH HERE TO PROTECT OUR VESTED INTEREST...SO KNOW YOUR PARTNER... WHAT IS THEIR POLITICAL REALITY...WHAT IS THEIR WORK ENVIRONMENT...?

BUT ALSO REMEMBER...

ROME WAS NOT BUILT IN A DAY...BUT IT WAS BUILT AND IT TOOK...

COLLABORATION, NEGOTIATION, TIME.

IT TOOK US 2 YEARS AND MULTIPLE DRAFTS OF THE CONTRACT TO DO THE CONNECTION, BUT WE...

- CREATED A COMMON MISSION AND PLAN...IN WRITING THAT WAS REVISED, REVISED, REVISED AND IS EVEN REVISED TODAY
 - CREATED A COMMON LANGUAGE SYSTEM
 - EDUCATED OUR 400 CONSISTUENTS
 - BUILT ALLIES
 - TALKED
 - LISTENED

AND...

- HAD MEETINGS...THE ONLY WAY YOU CAN COMMUNICATE EFFECTIVELY IS IN MEETINGS...EMAILS DO NOT CUT IT!!!

SORRY!

- RESPONDED WITH PATIENCE AND UNDERSTANDING OF CONCERNS AND FEARS

- BUILT EACH OTHER UP ON OUR CHALLENGES

- CELEBRATED OUR SUCCESSES

- KEPT THE VISION AND BELIEF ON PAPER IN FRONT OF US

- AND ACHIEVED OUR PARTNERSHIP VISION

AND AS FOR THE HARD PARTNERS...

REMEMBER ONCE AGAIN...ROME WAS NOT BUILT IN A DAY...

SO WE...

HAVE DELAYED THE HARD PARTNERS...WORKING SLOWLY TO BRING THEM ON, YUP SOME OF OUR OWN...

WE WENT FOR THOSE THAT WERE READY, WILLING AND ABLE...

BUT...

WE KEEP RETURNING THE HARD PARTNERS...

AND WITH THE HARD PARTNERS...

WE ARE USING THE SUCCESSES TO EDUCATE AND ARE...

***BRINGING PRESSURE...ADMINISTRATIVE, COMMUNITY...POLICY
LEADERS AND ELECTED LEADERS TO ADDRESS THE ISSUES!***

***BUT WE ARE ALWAYS LOOKING FOR THE NEWEST LEVEL OF
“LOW HANGING FRUIT” THERE IS SO MUCH NEED AND
INTEREST...WE BUILD ON INTEREST.***

AND ONE LAST FINAL WORD...THE MOST IMPORTANT WORD...

REMEMBER TO CELEBRATE EVERY LITTLE AND BIG SUCCESS!

REMEMBER...

HIT/HIE SUPPORTS CLINICAL CARE...

***IT IS NOT THE END OF THE GOAL...GOOD CLINICAL CARE IS THE
GOAL***

***IT IS THE JOURNEY OF MULTIPLE NOT SINGLE PARTNERSHIPS
THAT WILL GET US THERE...FOR THE END IS ALWAYS
CHANGING...SO ALWAYS BE LOOKING FOR NEW AND EXPANDED
PARTNERSHIPS AND DO NOT FORGET...***

TO CELEBRATE YOUR SUCCESS!

THANK YOU

We at the San Francisco Community Clinic Consortium (SFCCC) thank you for taking time to learn more about our organization, our partner clinics, and our programs.

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