

**County of Santa Clara**  
**Santa Clara Valley Health & Hospital System**  
Valley Medical Center  
Ambulatory and Managed Care



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HHS13 060909

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DATE: June 9, 2009

TO: Board of Supervisors

FROM:   
Kim Roberts  
SCVHHS - Chief Executive Officer

SUBJECT: Various Actions Relating to Grant Award from El Camino Hospital

**RECOMMENDED ACTION**

Consider recommendations relating to grant award from El Camino Hospital.

Possible action:

- a. Accept grant funding from El Camino Hospital in the amount of \$1,236,000.
- b. Approve delegation of authority to Executive Director, Santa Clara Valley Medical Center - Ambulatory and Managed Care, or designee, to execute agreement and subsequent amendments with El Camino Hospital relating to primary care and dental services at Valley Health Center Sunnyvale not to exceed \$1,236,000 for period July 1, 2009 through June 30, 2012, following approval by County Counsel as to form and legality, and approval by the Office of the County Executive. Delegation of authority shall expire on June 30, 2012.

## **FISCAL IMPLICATIONS**

There is no impact to the General Fund as a result of this action. The grant award is included in the FY10 budget.

## **CONTRACT HISTORY**

There are no prior contracts with El Camino Hospital.

## **REASONS FOR RECOMMENDATION**

The three-year grant from El Camino Hospital (ECH) will provide funding to develop an Integrated Primary Care (IPC) team at Valley Health Center (VHC) Sunnyvale to integrate primary care and behavioral health services for low income adult patients with interacting chronic medical conditions and behavioral health problems. The team, consisting of primary care providers, nurse practitioner, care manager, medical assistants, and health services representatives, will work in concert to assess, educate, coordinate care and provide self-management support for patients with chronic conditions.

The Integrated Primary Care team at VHC Sunnyvale will replicate and expand the “primary care redesign” that Ambulatory and Managed Care has successfully used to improve the delivery of care Valley Health Center Silver Creek. The redesign is a shift in care from systems that are reactive and inaccessible to one that is proactive, easily accessible, patient-centric and outcomes driven. Central to the redesign is a “medical home” for patients, with patients having easy access to a multidisciplinary team of health providers. A panel registry would be developed as a population management tool and an electronic medical record is already underway to facilitate better efficiency. The department aims to apply these successful redesign concepts to put in place an expanded chronic disease care model at VHC Sunnyvale.

The funding will also support a dental program at VHC Sunnyvale. Two new dental operatories staffed by existing dentist and dental assistant positions will provide for a comprehensive dental treatment to children and adult patients for 40 hours per week.

This project will mark the beginning of providing both adult primary care and adult dental services at VHC Sunnyvale. Moreover, this partnership between El Camino Hospital and Santa Clara Valley Medical Center has all the elements needed to reach the most vulnerable population in North County. It is a strong model for building effective collaboration that targets the most pressing health needs of the community.

## **BACKGROUND**

The recently constructed VHC Sunnyvale is an ideal setting for Integrated Primary Care team because of its focus on co-located primary care, mental health, public health and dental services. The patients are residents of neighborhoods in Sunnyvale, Mountain View and Santa Clara where 54,448 persons, including many Asian and Latino immigrants, live below 200% of the federal poverty level. (Source: American Community Survey.) These patients have high rates of chronic diseases exacerbated by lack of consistent care and stress associated with economic hardship, social isolation and cultural displacement.

The goals of the VHC Sunnyvale IPC team are to:

- Increase patient access to “medical homes”.
- Improve the health status and outcomes of patients with interrelated chronic conditions.
- Implement a pro-active, patient centered care management process.
- Decrease unnecessary emergency department and in-patient hospital utilization.

VHC Sunnyvale will carry out the following grant activities for primary care services in order to achieve the goals described above:

Triage: All adult primary care visits to VHC Sunnyvale will include a screening for chronic conditions. When patients are at high risk for or diagnosed with diabetes or other chronic illnesses, primary care staff will use a validated brief screening tool to conduct an assessment for depression/anxiety.

Engagement: Staff will use a “warm hand-off” procedure to promptly connect chronic disease patients who have depression/anxiety symptoms with the IPC team. The primary care physician (PCP) will provide education on the interaction of chronic diseases and depression/anxiety while support staff arrange for an IPC team member to meet patients. The IPC team member will explain IPC services and schedule a structured assessment. Motivational interviewing techniques will engage patients and explore their health concerns and goals.

Assessment and care planning: In-depth medical and psychosocial assessments will be the basis for further triage of patients into groups that define appropriate service intensity. Assessment will guide the development of individualized integrated care plans for each patient with components including primary care and indicated specialty care referrals; behavioral health interventions (such as individual, family and group counseling by IPC clinical social workers, psychologists and psychiatric care for patients with major depression/anxiety); medications; self management; and community support activities.

Self-management support: The IPC team will deliver and reinforce self-management education and support through one-to-one and group education during planned visits and follow-up telephone contacts for all patients. There will be home visits by community health workers/promotores for patients needing more intensive services, including socially isolated patients and patients having problems adhering to care plans.

Care coordination and follow-up: The IPC team will work together through ongoing consultation and case conferences to simultaneously address patients’ medical conditions and behavioral health problems. Based on each patient’s needs, a nurse, care manager, or community health worker/promotore will be designated to be responsible for active follow-up

with the patient after each visit and at regular intervals between visits.

The goals of the dental program under the grant award include:

- Providing access to dental services to medically underserved patients in North County.
- Providing dental services to patients that will improve their overall health status.
- Providing dental services for higher risk patients to prevent emergency room dental visits.

The grant activities relating to dental services at VHC Sunnyvale include both preventative dental care and treatment for existing dental needs. Initial appointments at the dental clinic for exam and x-rays will be done to evaluate the patient's oral health and the development of a treatment plan. If the patient has immediate needs, such as an abscess or other dental pain, these will be taken care of at the initial appointment. The treatment plan will consist of recommendations that are reviewed with the patient and/or patient's family. Each patient's medical status will be assessed in order to develop an appropriate treatment plan. The focus of the treatment plan will be to alleviate pain, restore function and prevent further disease.

### **CONSEQUENCES OF NEGATIVE ACTION**

Failure to approve the recommended action may impact the department's ability to accept the funds which would limit an opportunity to expand services at VHC Sunnyvale.