

UC Davis Health and the Sacramento County Safety Net: Fiscal Year 2020 Update and Landscape

UC Davis Health has a unique dual mission in the Sacramento market and across its 33-county catchment area. The University of California trains nearly one-half of all medical students and residents in California, and UC Davis Health provides both the region's highest quality and most specialized health care services, while acting as an important and disproportionate share provider of the region's health care safety net for medically underserved populations.

In Fiscal Year (FY) 2020, UC Davis Health continued its commitment to ensuring the existence of a robust health care safety net for historically marginalized populations in both Sacramento County and throughout Northern California. This commitment was not slowed by the challenge of a global pandemic that impacted every corner of the system's operations, both urban and rural.

This short report serves as an overview of the health system's commitment to serving the underserved in FY 2020. It also provides background into the challenging health care payment and policy landscape in which the system operates, and challenges common myths about UC Davis Health access for underserved populations and health care prices.

Method: This report was compiled from outreach to approximately 25 UC Davis Health leaders and stakeholders. It was informed by the author's extensive research into the state of and perspectives on the UC Davis Health safety net dating back to 2018.

For more information on UC Davis Health's work in the safety net space, visit the [UC Davis Health Newsroom](#) or read the [2019 Community Health Needs Assessment](#) and the corresponding [Implementation Plan](#).

Special thanks to the UC Davis Health stakeholders who contributed to this report update: Amy Jouan, Candace Sadorra, Ellen Brown, Kim Corgiat, Steve Telliano, Tammy Trovatten, and Tim Maurice; and to those from outside organizations: Leslie Springer (Bender Court Crisis Residential Center), Lindsay Coates (SPIRIT), and Susmita Mishra (Sacramento County Health Center). Research completed by Elizabeth Keating, October 2020.

Medi-Cal Fast Facts: FY 2020

Medi-Cal volumes have consistently made up the largest portion of UC Davis Medical Center’s total discharges, with percentages that have been consistent since at least 2017. This number has remained consistent even as Medi-Cal contracts held with the health system have varied based upon health plan willingness to contract with UC Davis Health.

Discharge Days by Payor								
FY	2017		2018		2019		2020	
Payor	Total	% Total Days	Total	% Total Days	Total	% Total Days	Total	% Total Days
Medi-Cal	77,820	39.76%	79,946	40.56%	80,368	41.39%	79,433	40.79%
Medicare	66,581	34.02%	68,631	34.82%	69,203	35.64%	70,774	36.35%
Commercial	50,511	25.81%	47,641	24.17%	43,744	22.53%	43,686	22.44%
All Other	824	0.42%	866	0.44%	864	0.44%	828	0.43%
Total	195,736	100.00%	197,084	100.00%	194,179	100.00%	194,721	100.00%

In addition, visits by Medi-Cal members to the UC Davis Health Emergency Department remained consistent in FY 2020, with only a seven percent decline that can be attributed to pandemic-driven drops in volume across the health care system nationally.

Emergency Department visits by Medi-Cal Patients FY 2014–2020								
FY		2014	2015	2016	2017	2018	2019	2020
Inpatient	Trauma	1,051	1,164	1,205	1,321	1,380	1,123	1,122
	Non-Trauma	5,890	5,829	6,402	7,195	7,566	6,956	6,956
Outpatient	Trauma	972	1,127	322	341	293	313	349
	Non-Trauma	23,687	30,112	31,862	32,509	33,132	31,308	28,772
Total		31,600	38,232	39,791	41,366	42,371	39,308	37,199

As in past years, many departments beyond Emergency Medicine provided care for Medi-Cal patients, demonstrating a commitment that has increased since 2018.

Highlights include:

Department	Adults	Percent Change since FY 2018
Primary Care Faculty Visits	3,474	39%
Surgeries	4,612	13%
Specialty Visits (non-emergency)	36,167	36%

Top departments: Adults

- 3,587 visits — Hematology
- 3,064 visits — Ellison OB/GYN
- Over 2,000 each: Family practice, ophthalmology, orthopedics, and otolaryngology

Top departments: Pediatrics

- 2,197 visits — Ophthalmology
- 1,962 visits — Gastroenterology
- Over 1,500 each: Hematology, primary clinic, otolaryngology and orthopedics

UC Davis Health and Telemedicine

One of the health system’s groundbreaking means of increasing access to care for underserved populations is via its contracts to provide specialty consults to rural hospitals outside of Sacramento, essentially supporting all of rural Northern California. In FY 2020, these partnerships grew and were featured in *NEJM Catalyst* as a national example for others to follow. Overall, 84 specialists across 27 specialties provided 1,504 consults to 49 facilities across 21 counties. Of these, 1,265 were performed synchronously (in real time), meaning UC Davis Health physicians were able to have direct interactions with the patients.

Interestingly, even with the new partnerships, rural telehealth consults declined slightly in FY 2020 due to referring clinics limiting access for more than one-third of the year due to the global pandemic.

However, also largely due to the changes in care delivery caused by the pandemic, video visits between UC Davis Health providers and patients increased by nearly 1,000 percent, to a total of 59,767 video visits, of which 6,301 visits, or 8 percent, were Medi-Cal patients.

UC Davis Health and Federally Qualified Health Centers (FQHCs)

UC Davis Health supports care provided in multiple Federally Qualified Health Centers (FQHCs) across the greater Sacramento area, including the Sacramento County Primary Care Clinic (SCPCC). Providing patient care outside of the traditional medical center setting is one-way UC Davis Health invests in health equity using its finite resources. UC Davis Health operates under a system-wide belief that health

equity can best be derived from partnerships with other health systems and clinics to increase patient access across Northern California, delivering quality care in more convenient locations. Of note, these partnerships support and amplify community clinics, which have an important history and a vital place in the communities they serve. UC Davis Health believes investing in a shared workforce, infrastructure and education will improve access and quality for everyone.

In FY2021, approximately 18 FTE physicians and advanced practice clinicians will oversee the training of residents and medical students in this clinic adjacent to the UC Davis Health campus and at three FQHCs in Sacramento, providing care to patients with Medi-Cal with more than double the number of FTEs in FY 2018. Through these expanded FQHC training opportunities, learners are providing care to diverse patient populations in culturally competent community-based settings, and patients are connected to high-quality UC Davis Health clinicians and services.

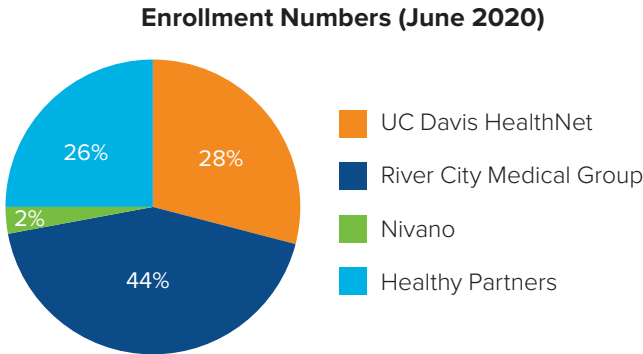
In addition to staffing support for the FQHCs, UC Davis Health provided \$250,000 to the Sacramento Native American Health Center (SNAHC) in FY2020 to support tenant improvements in their new clinic in an area of South Sacramento identified as a Community of Concern in the 2019 CHNA.

Sacramento County Primary Care Clinic: An FQHC Case Study

In addition to care provided at UC Davis Medical Center, UC Davis Health faculty physicians and residents provide the majority of primary and specialty care services to patients who access care at the Sacramento County Primary Care Clinic (SCPCC). In 2020, the clinic will be staffed by the equivalent of over 12 UC Davis faculty FTE and nearly 40 residents. Just two additional county clinicians staff this facility, meaning UC Davis Health clinicians provide the overwhelming majority of clinical care at this easy-to-access facility. In 2020, providers from the School of Nursing joined the patient care team, dedicating time from two faculty members and 3 – 4 students. Only one additional (non-UCDH) nurse is on staff at the clinic.

In FY 2020, the SCPCC provided 35,000 visits for Medi-Cal, uninsured, Medicare and refugee populations, representing nearly 11,000 unique patients. Twenty-eight percent of these patients were HealthNet members, and 26 percent were via Healthy Partners, a county program that provides primary and preventative health care services to low-income, undocumented adults in Sacramento County.

Patient Type	Enrollment Numbers (June 2020)
UC Davis HealthNet	3,971
River City Medical Group	6,055
Nivano	256
Healthy Partners	3,583
Unduplicated Patients	13,865



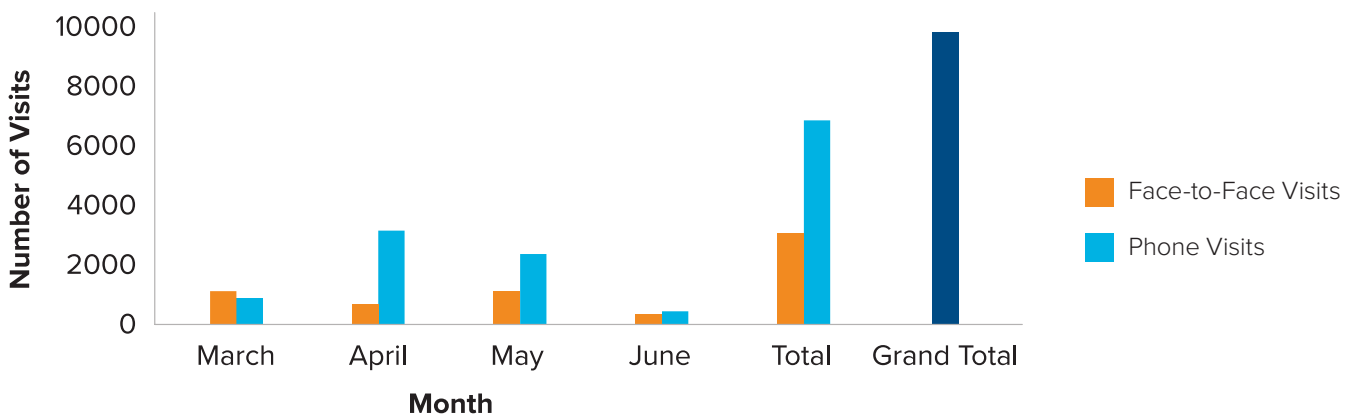
Source: Strategic Alliance presentation, October 2020

This partnership has improved specialty access for patients considerably. Even with specialists only on-site one or two half-days per month, referred patients are seen by specialists within one to ten days, as opposed to the one to three months it can take to get an appointment with a specialist externally.

The clinic was able to preserve access during pandemic protocols, shifting to predominantly providing care over the phone in April and May 2020, then returning to a more even mix of in-person and telephone visits in June.

Face-to-Face Visits		Phone Visits	
March	1,045	March	879
April	642	April	3,052
May	993	May	2,296
June	297	June	434
Total	2,977	Total	6,661
Grand Total: 9,638			

Face-to-Face Visits vs. Phone Visits (03/2020 – 06/2020)



Source: Strategic Alliance presentation, October 2020

Part of the appeal for patients is a wide breadth of community partnerships in place at the SPCCC to provide resources on-site for transportation, health coverage, CalFresh, housing and legal services. Patients without insurance can also be enrolled into health care coverage. For example, between June 2019 and August 2020, 429 patients were served by SacCovered on site at the clinic, receiving education and counseling about their eligibility for public insurance programs, and assistance with signing up, if appropriate. (Some of these services are on hold in 2020 due to the pandemic.) Of note, 80 percent of the clinic’s budget is dedicated to either staffing (41 percent) or the cost of providing care to Healthy Partners patients (39 percent).

Future plans for collaboration with the SCPCC involve integrating services from the UC Davis Health MIND Institute as well as increased focus on supporting homeless, transgender and foster care populations.

UC Davis Health Safety Net Contributions

- **Student-Run Clinics** provided 8,015 visits. To support these visits, the UC Davis Health Pathology Department absorbed nearly \$810,000 in lab costs. Of note, these clinics continued to operate during the pandemic, including a shift to telephone appointments.
- **The Bender Court Crisis Residential Center** supported 92 patients who were experiencing mental health crises and wanted to avoid a psychiatric hospitalization. Average length of stay was 12.6 days. Of the 92 patients, 85 were discharged with an ongoing treatment plan and the patient satisfaction rate was 89 percent.
- **Whole Person Care/Pathways** is a four-year pilot operated by the City of Sacramento that brings together health systems, community clinics, health plans, homeless services and housing providers, first responders, and community-based organizations to create an integrated system of care and improve the health, quality of life and housing stability for individuals experiencing homelessness. In addition to providing \$250,000 in annual support, UC Davis Health refers eligible individuals into the program and participates on program committees. The pilot is scheduled to end on December 31, 2020; however, the state Department of Health Care Services has requested a year-long extension of the current Medi-Cal waiver that includes the Whole Person Care pilot.
- **The Interim Care Program (ICP)** is a collaborative of four Sacramento health care systems and WellSpace Health, that provides respite-care, case management, and other services for homeless patients discharged from hospitals. UC Davis Health provides \$115,000 annually in ongoing financial support for the operations of the ICP program and recently committed financial resources to the long-term sustainability of the ICP program.
- **Anchor Institution Mission programs:** UC Davis Health funds several grassroots initiatives in its immediate Oak Park neighborhood. These include: the Food Literacy Center, which uses the funding to bring food literacy classes to the Oak Park neighborhood; and, Her Health First, where faculty physicians are engaged in developing a curriculum for peer mentors to support the health outcomes of black infants and mothers. Several of these are connected to the UC Davis Health goal of being an Anchor Institution in the community.
- **Sacramento Physicians Initiative to Reach Out, Innovate and Teach (SPIRIT):** UC Davis Health expanded its partnership with SPIRIT in FY 2020. The program provides free surgeries for uninsured (mostly undocumented) individuals who are referred from a medical home, including patients who utilize UC Davis Health's medical student-run clinics. Since the expansion, UC Davis Health has provided 41 gastroenterology procedures to SPIRIT patients at no cost to the patient, including interpretation services for non-English speaking patients — with the expectation the medical center treats up to five patients per month. UC Davis Health has continued to provide access to care for SPIRIT's patients in need of gastroenterology services during the pandemic.

UC Davis Health and the Pandemic Response for Safety Net Services: The Coronavirus pandemic created multiple unique opportunities for the health system to expand its commitment to the safety net.

These contributions include:

- The UC Davis Center for Reducing Health Disparities and the Clinical and Translational Science Center received a \$2.3 million NIH grant in collaboration with University of Florida and University of Michigan to train promotoras in critical research methods that will help slow the spread of COVID-19 in vulnerable communities.
- UC Davis Health partnered with the Sacramento County Department of Public Health to provide free COVID-19 screenings to underserved communities. UC Davis Health residents also volunteered with local fire departments on paramedic units deployed by the County Health Public Officer to provide COVID-19 screenings in congregate living facilities.
- Provision of PPE and needed supplies: UC Davis Health contributed funds in a partnership with community organizations to improve communication and outreach to the region's Latinx communities and provided \$45,000 to two community organizations to acquire PPE, conduct enhanced outreach and provide meals to people experiencing homelessness. Additionally, the health system donated medical supplies including PPE to two Navajo Nations hospitals caring for Indigenous communities hard hit by the COVID-19 pandemic.

Partnering = Providing Primary Care Services to More Medi-Cal Patients

UC Davis Health's role as a provider for safety net services, including for Medi-Cal beneficiaries, is complicated by a lack of willingness of most health plans to contract with UC Davis for primary care services, due to the adverse patient selection caused by the relationship. While nearly 3 out of 4 Medi-Cal beneficiaries can access UC Davis Health for specialty care, assignment to a UC Davis Health primary care provider is more challenging, due to a limited number of health plans willing to include UC Davis in their primary care network. To work around this barrier, UC Davis Health has developed partnerships with Sacramento County's Primary Care Clinic and other FQHCs to serve the primary care needs of these patients, in locations that are more convenient and offer additional services beyond just health care.

These partnerships allow UC Davis Health work around this roadblock and still see larger numbers of Medi-Cal patients, without making them travel to the crowded downtown Sacramento Campus of UC Davis and in settings where the patients themselves have indicated they would rather receive their health services.