

Process for HP Specialty Development
December 7, 2016

Planning and Development

1. Priority was for primary care over depth of specialty services due to cost.
2. Coverage for emergency services and hospital based care was too costly to include as a benefit.
There is a restricted Medi-Cal benefit for emergency services.
3. Hospital partners and the Medical Society confirmed that they are committed to serve the population and their systems would increase contributions.
4. Planning for this limited benefit program is an ongoing process. *Services will continue to be added in 2017.*

SPIRIT (Donated Services)

1. SPIRIT infrastructure, reduced when numbers of County Medically Indigent transitioned to Medi-Cal reduced dramatically. SPIRIT partners needed to recruit new physicians, re-establish relationships and an infrastructure.
2. Gradually identified disease-specific or population based services the patients needed and SPIRIT sought volunteers to provide these services. Hospitals stated physicians wanted a Saturday Clinic versus weekday clinics.
3. Collaborative Clinic idea was considered and piloted:
 - Determine and recruit for services suitable to office based setting.
 - Economy of scale needed: i.e. enough providers with enough patients.
 - Involved process administratively including credentialing, privileging, and orienting new providers.
4. Pilot has been very successful, popular amongst providers, patients and staff.
5. Agreed to schedule once per quarter as long as condition of economy as noted could be met.

EHS (Contract)

1. Started with imaging: easy to purchase, required for primary care and specialist physicians.
2. With experience, began to consider purchasing specialty needs unavailable through SPIRIT.
3. Learned that many specialists especially those for complex conditions are unwilling to provide specialty care to patients who do not have a full health benefit ensuring that care is available to treat discovered illness and conditions (including planned hospitalization).
4. Continuing to add outpatient consultation services based on patients need and that specialists are willing to provide.

UCD Internal Medicine (Contract)

1. UCD has provided limited specialty care at the County Health Center for health center patients for many years through a contract with Department of Internal Medicine.
2. Specialty care includes: Rheumatology, Nephrology, and Muscular-skeletal.