

Community Benefit Plan Progress Report, 2011

Based on the Community Benefit Plan 2011 – 2013

Responding to the 2011 Needs Assessment



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Sutter Medical Center of Santa Rosa Community Benefit Progress Report Prepared and Submitted by:

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Sutter Health:

Building Healthier Communities and Caring for Those in Need

Sutter Medical Center of Santa Rosa is affiliated with Sutter Health, a not-for-profit network of 48,000 physicians, employees, and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating for a more integrated, seamless and affordable approach to caring for patients.

It's better for patients:

We believe this community-owned, not-for-profit approach to health care best serves our patients and our communities – for multiple reasons. First of all, it's good for patients. According to the Journal of General Internal Medicine (April 2000), patients treated at for-profit or government-owned hospitals were two-to-four times more likely to suffer preventable adverse events than patients treated at not-for-profit institutions.

Our stockholders are our communities:

Investor-owned, for-profit health systems have a financial incentive to avoid caring for uninsured and underinsured patients. They also have a financial incentive to avoid hard-to-serve populations and "undesirable" geographic areas such as rural areas. In many Northern California's underserved rural locales, Sutter Health is the only provider of hospital and emergency medical services in the community.

Providing charity care and special programs to communities:

Our communities' support helps us expand services, introduce new programs and improve medical technology. Across our network, every Sutter hospital, physician organization and clinic has a special story to tell about fulfilling vital community needs.

Our Commitment to Community Benefit: Meeting the health care needs of our communities is the cornerstone of Sutter Health's not-for-profit mission. This includes directly serving those who cannot afford to pay for health care and supporting programs and services that help those in financial need.

In 2011, our network of physician organizations, hospitals and other health care providers invested a record \$756 million in benefits to the poor and underserved and the broader community. This includes:

- The cost of providing charity care
- The unpaid costs of participating in Medi-Cal
- Investments in medical research, health education and community-based public benefit programs such as school-based clinics and prenatal care for patients.

Sutter Health now provides \$2.7 million in charity care per week.

Executive Summary

Sutter Medical Center of Santa Rosa (SMCSR) has a long tradition of giving back to the community we serve. From our roots as the county hospital, we have always been the safety net provider for the poor and under-served in Sonoma and other outlying counties. Ensuring access to health care through our charity care program means that people in our community do not need to make the choice between feeding their families and getting necessary medical services.

We are also committed to supporting the great work of other organizations in our community that are committed to improving the health and well-being of our neighbors and we are actively engaged in a variety of efforts to address issues such as:

- Children’s Health Coverage
- Oral Health
- Healthcare workforce diversity
- Latino Health

Every three years, SMCSR participates in a comprehensive community health needs assessment with our colleagues at the other major hospitals and the Department of Health Services. In the last dozen years, this collaboration has not only produced high quality overviews of the health of our community, it has also resulted in a trusting, productive cooperative that has put aside the natural competition between our organizations to focus on innovative and effective solutions to the health and quality of life challenges faced by so many in our community.

2011 highlights for SMCSR include:

- 50% increase in charity care
- Inaugural year of participation in Operation Access
- Participation in the Oral Health Taskforce
- Support of our local Catholic Charities medical respite shelter

We remain focused on our community benefit priorities as outlined in our current community benefit plan and will not amending our plan for the coming year.

2011 Community Benefit Value	Sutter West Bay Hospitals
Benefits for the Poor and Underserved	\$106,814,981
Benefits for the Broader Community	\$64,295,216
Total Quantifiable Community Benefit	\$171,110,197

The financial numbers above reflect the community benefit values for Sutter West Bay Hospitals (SWBH), the legal entity that includes Sutter Medical Center of Santa Rosa. Other Sutter Health affiliates that are a part of SWBH are Novato Community Hospital, California Pacific Medical Center (including St. Luke’s Hospital), and Sutter Lakeside Hospital.

I. 2011 Progress Report on Community Benefit Plan

The following pages will provide a progress report on the community benefit programs and activities conducted during the reporting year at Sutter Medical Center of Santa Rosa. These programs were created in response to the 2011 Community Needs Assessment – a collaborative report that helps our partners, other health providers, public agencies and leaders identify and prioritize needs as they relate to the health of our communities.

The priority needs for Sutter Medical Center of Santa Rosa are:

1. Access to Healthcare/culturally appropriate health care
2. Healthcare Workforce Development
3. Children's Oral Health

For more information about the **2011 Community Needs Assessment**, including quantitative and qualitative data, please visit our website at www.suttersantarosa.org or www.healthysonoma.org

For more information on the **Community Benefit Plan 2011 – 2014** that this progress report pertains to, visit our website at www.suttersantarosa.org or www.healthysonoma.org.

Priority Need 1: Access to Healthcare	
Link to Community Needs Assessment	Identify and enroll all uninsured children in health coverage based on eligibility.
Program Description	Healthy Kids Sonoma County is a locally developed program that provides comprehensive health insurance for children of low income families. Countywide outreach efforts connect families to Healthy Kids services through a centralized referral line. Certified application assistors help families enroll their children into an affordable health insurance program.
Goals and Objectives	<ul style="list-style-type: none"> • Strengthen Enrollment and retention system • Focus on outreach and enrollment for 0-5 kids • Increase access to oral health coverage • Access to nutritious foods
Strategy	<ul style="list-style-type: none"> • Station Application Assistors at Medi-Cal office to make it easier for families to apply • Dedicated staff at WIC office for 0-5 enrollment • Develop Oral Health Task Force to indentify gaps and strategies to increase access to oral health that can be implemented within 3 years. • Increase Cal-Fresh applications among low-income families
Baseline Information	This group was established in 2003 to develop strategies to increase outreach and enrollment in public health insurance programs and to fund premiums for an insurance product for those children not eligible for these programs. The number of completely unfunded children has decreased significantly as a result of these efforts but focus is still needed on outreach and retention.
Affiliate’s Contribution or Program Expense	Community Benefit Lead sits on steering committee for Healthy Kids and either SMCSR or SPMF contribute \$25,000 annually.
Results	In 2011: <ul style="list-style-type: none"> • 12,549 applications/renewals for insurance coverage • 24% increase over 2010 • Completed work plan for Oral Health Task force • 2,000 Cal-Fresh applications
Amendment to Community Benefit Plan	n/a

Priority Need 1: Access to Healthcare	
Link to Community Needs Assessment	Operation Access (OA) provides access to surgical and specialty care for uninsured and underinsured people.
Program Description	Since 1993, OA has served more than 7500 low income people, uninsured workers, and self-employed persons in six northern California counties. The staff at OA recruits the medical providers and hospitals, screen referred patients, and case manage all cases from referral through post-operative recovery.
Goals and Objectives	In Sonoma County, 2011 goals/objectives included: <ul style="list-style-type: none"> • Provide 135-175 services in Sonoma County (from all participating providers collectively) • Maintain/expand network of active volunteer providers/hospitals • Develop recognition initiatives
Strategy	<ul style="list-style-type: none"> • Cultivate strong hospital relationships • Utilize, retain, and recognize current volunteers • Adhere to well-defined eligibility guidelines • Provide culturally competent and efficient case management
Baseline Information	In 2011 alone, there were 300 people referred to OA that needed surgical or specialty medical care that they cannot access to lack of any or adequate health insurance. These are procedures that would not be covered by Medi-Cal or other public programs
Affiliate's Contribution or Program Expense	Sutter Medical Center provided \$175,142 in waived hospital charges for 12 surgical procedures and 1 radiology procedure in 2011. Additionally, four of our surgeons donated their time.
Results	<ul style="list-style-type: none"> • 10% increase in services provided (over previous year) • 90% of patients report improved health, quality of life, and ability to work • 90% overall volunteer satisfaction • Maintained or increased scope of services.
Amendment to Community Benefit Plan	n/a

Priority Need 2: Healthcare Workforce Development

<p>Link to Community Needs Assessment</p>	<p>Ensuring that Sonoma County has a robust pipeline of highly skilled and culturally diverse/competent health care professionals.</p>
<p>Program Description</p>	<p>Formed in 2001, the Healthcare Workforce Development Roundtable is a consortium of over 30 healthcare providers, which also includes Kaiser Permanente and St. Joseph Health Systems, the Sonoma County Office of Education, post-secondary education institutions, local government and community based organizations. For the last eleven years, the Roundtable has been working to promote healthcare careers in the community with a focus on increasing diversity in the health professions in order to create a more culturally competent healthcare workforce. SRJC’s Healthcare Workforce Development Program (HWDP) was established in 2005 as the realization of the goals, objectives and dreams of the Roundtable. HWDP has been serving the underrepresented, economically/educationally disadvantaged populations of Sonoma County for the last seven years</p>
<p>Goals and Objectives</p> <p>Strategy</p>	<ul style="list-style-type: none"> ● Increase # of students completing the Health Careers pipeline program by 50% ● Increase # of students in the College Academic Prep course by 20% ● 100% of Summer Health Institute students who begin course will complete ● No student turned away for services at the HOPE center ● Helping low socioeconomic & disadvantage students by introducing them to the possibilities in the health professions ● Reach out to bilingual and bicultural students that represent our community demographics. ● Support first generation college and college bound students. ● Provide a counselor on the project to develop educational plans, as well as implement other success strategies through counseling and student support services. ● Support dislocated workers ● Support re-entry students. ● Provide support to Nursing and Allied Health students ● Provide outreach to local middle school, high school students & SRJC campus community
<p>Baseline Information</p>	<p>Sonoma County has been experiencing a significant growth of our Latino population yet the health care workforce does not yet reflect that diversity. Access to health care includes having health care providers that can speak the language and understand the cultural beliefs and traditions of their patients. Increasing the diversity in our local health care workforce means better care for all. SMCSR was one of the founding partners of the Healthcare Workforce Development program because we are committed to filling our workforce pipeline with skilled, culturally diverse professionals.</p>

Affiliate's Contribution or Program Expense	Community benefit lead staffer serves on the Roundtable committee and coordinates all student opportunities during the Summer program and for the mentoring component of the Pipeline program.
Results	<ul style="list-style-type: none"> • # of students in Pipeline program 2011 over 2010: 32/11 (nearly 300% increase) • # of students served by College Academic Prep program 2011 over 2010: 45/30 (50%) • 21 of 22 students graduated from Summer program (95%-didn't make 100% goal) • No student turned away in HOPE center for services!
Amendment to Community Benefit Plan	n/a

Priority Need 2: Healthcare Workforce Development

Link to Community Needs Assessment	Ensuring that Sonoma County has a robust pipeline of highly skilled family physicians
Program Description	SMCSR has sponsored the Santa Rosa Family Medicine Residency program for more than 40 years. In a region where the cost of living outpaces the compensation for primary care providers, recruiting family physicians from outside the area is extremely challenging. Each year, we graduate 12 family physicians, many of whom stay and practice in Sonoma County, many of those in community health clinics that primarily serve the poor and uninsured. This program is one of the top-rated in the nation.
Goals and Objectives	<ul style="list-style-type: none"> • Residents to provide 27,000 outpatient visits to low-income patients as part of their training • All graduates pass their board exams • Program maintains full accreditation • Program stays on budget
Strategy	<ul style="list-style-type: none"> • Each winter, applications are received, interviews conducted and “matches” made to select the upcoming class of 12 interns. • Selection criteria include an emphasis on cultural competence and a primary interest in serving • underserved populations • The program partners with UCSF to provide faculty instructors
Affiliate’s Contribution or Program Expense	The total cost (less GME reimbursement) to administer the program in 2011 was \$9,892,483.
Results	Currently, about 50% of the practicing family medicine physicians in Sonoma County are graduates of this program and about 75% of the doctors who staff our FQHC clinics are graduates. This program is a crucial element in building capacity to meet the increasing demand for primary care doctors, which will increase significantly as Health Care Reform approaches.
Amendment to Community Benefit Plan	n/a

Priority Need 3: Children’s Oral Health	
Link to Community Needs Assessment	Sonoma County Oral Health Task Force
Program Description	<p>The Oral Health Task Force (Jan-May, 2011) was a convening leaders from the medical, dental, and public health communities, with advocates for children, seniors, and people with disabilities to create a roadmap for oral health improvement in Sonoma County. The group analyzed the current system and gaps, and made recommendations, which focused on concrete, local strategies that can have significant positive impact on the oral health status of low-income children and adults be substantially implemented within a three-year timeframe, and be implemented with current resources or resources likely to be available within the near future.</p> <p>Other strategies such as publicly funded dental insurance for low-income adults or fluoridation of the public water supply were <i>not</i> considered because they cannot be accomplished within the three-year timeframe or with local efforts alone.</p>
Goals and Objectives	<ol style="list-style-type: none"> 1. Increase Access to Basic Dental Care 2. Integrate Dental & Medical Care. 3. Educate Pregnant Women About the Importance of Oral Health 4. Promote Promising Models of Dental Care 5. Collect Data to Measure the Oral Health Status of Sonoma County
Strategy	Each strategy is being championed by a group of key stakeholders who will develop a realistic plan that can be implemented soon with a goal of “moving the dial” within three years.
Baseline Information	Sonoma County ranks in the bottom third of California (44 th of 58 counties) for the number of children with dental insurance. California children’s dental health was ranked third from the bottom in the National Survey of Children’s Health, above only Arizona and Texas. A 2009 survey found that low-income kindergarteners and 3 rd -graders in Sonoma County had more than twice the level of untreated decay as more affluent children (21% vs. 9%) Too many of our children require costly hospital dentistry. In 2010, over 838 low-income Sonoma County children received hospital dentistry services at the Pediatric Dental Initiative (PDI) Surgery Center, to treat caries that were either so numerous or so severe that they could not be treated without general anesthesia.
Affiliate’s Contribution or Program Expense	<ul style="list-style-type: none"> • The consultants hired to facilitate the work of the taskforce and prepare all reports were paid for by the three main hospitals, including SMCSR. • The community benefit lead was a participant in the taskforce
Results	The workgroup convened monthly for six months and delivered a three-year work plan with the goal of “moving the dial” on 5 key strategies to improve the quality and access of oral health prevention and services.
Amendment to Community Benefit Plan	n/a

II. 2011 Community Benefit Values

Sutter Health affiliates and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit value for Sutter Medical Center of Santa Rosa is calculated in two categories: **Benefits for the Poor and Underserved** and **Benefits for the Broader Community**. Below are definitions for each community benefit activity:

Benefits to the Poor and Underserved

- **Traditional Charity Care** – Free or discounted health care services provided to the uninsured and underinsured populations.
- **Unreimbursed Cost to Medi-Cal** – The “shortfall” created when the facility receives payment below the costs of treating public beneficiaries.

Benefits for the Broader Community

- **Non-Billed Services** – Activities with no individual patient bill, therefore no deduction from revenue is shown in the traditional statement of revenues and expenses.
- **Cash Donations and In-Kind Donations** – Dollars and other items such as staff time and supplies donated by a facility to a community-based program or agency.
- **Education & Research** – All community, patient, and medical education such as community lectures, nursing student rotations and physician/clinician training.

Community Benefit Summary 2011

Sutter Health West Bay Hospitals

Benefits for the Poor and Underserved	Community Benefit
Traditional Charity Care	\$24,624,802
Unreimbursed costs of Public Programs	
Medi-Cal	\$66,994,914
Other Public Programs	\$4,493,646
Other Benefits for the Poor and Underserved	\$10,701,619
Total Quantifiable Benefits for the Poor and Underserved	\$106,814,981

Benefits for the Broader Community	Community Benefit
Nonbilled Services	\$2,162,920
Education and Research	\$61,299,318
Cash and in-kind donations	\$777,071
Other Community Benefits	\$55,907
Total Quantifiable Benefits for the Broader Community	\$64,295,216

The financial information above reflects the community benefit values for Sutter Health West Bay Hospitals. This includes the total benefits for the poor and underserved and broader community for the following hospitals:

- Sutter Medical Center of Santa Rosa
- Novato Community Hospital
- California Pacific Medical Center (including St. Luke's Hospital)
- Sutter Lakeside Hospital

For further detail regarding the community benefit values for Sutter Medical Center of Santa Rosa specifically, please contact Penny Vanderwolk at (707) 576-4009 or Vanderp@sutterhealth.org.

III. 2011 List of Community Partners

At times, Sutter Medical Center of Santa Rosa community benefit efforts may involve investing in partnerships that fundamentally improve community health. In doing so, we acknowledge that our role goes beyond providing care or a service to supporting those organizations that have shown measurable impact in meeting an identified community need.

We are proud to support the following community organizations as we work collaboratively to help create healthier communities.

American Heart Association
American Red Cross
Catholic Charities-Homeless Medical Respite Shelter
Healthy Kids Sonoma County
Kaiser Permanente
Latino Service Providers
March of Dimes
Northern California Center for Well-Being
Operation Access
Pediatric Dental Initiative
Redwood Community Health Coalition
Santa Rosa Junior College Healthcare Workforce Development Roundtable
Sonoma County Department of Health Services
Sonoma Health Alliance
St. Joseph's Health System-Sonoma County
West County Health Centers
YWCA