

Quarter/Dates of Activity: Q1 July 2007 through September 2007
Seed Grant: San Joaquin Valley Health Enterprise Zone Project
Grantee Organization: Central Valley Health Policy Institute, California State University, Fresno
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Description of this Quarter's Activity and Impact on Partnership Goals and Objectives

All first quarter activities listed on the project work plan have been successfully implemented. A regional health enterprise task force has been identified. In order to be responsive and flexible to the project process we have recently added members based on the suggestions of the Public Health Partnership, the lead organization in this effort. Another addition may occur due to the changes at the Tulare Chamber of Commerce.

We have successfully established a consulting team from related CPSJV work groups including Barbara Patrick from the Advanced Communications Services and Information Technology work group; Bobby Kahn from the Economic Development work group; Cheri Cruz from the Higher Education work group; Walt Buster, Marcy Masumoto and Amy Arambula from the K-12 Education work group and Manjit Atwal from the Workforce Development work group. The work plan for this group includes acting as a resource for questions or concerns and providing feedback/input on the project as appropriate. The consulting team members will also be asked to help us identify and connect with expert contacts to interview. There will be no exclusive meeting for the consulting team; instead we would ask to be placed on the agenda of the workgroup meetings once per quarter and would solicit input formally at this time. The consulting team will also be invited to all stakeholder meetings for added opportunity to respond to the project as it develops, if their schedule permits. We would also hope that this activity would include a mutual exchange of information and prevent replicating work that has already been completed.

The literature has been equivocal at best in documenting the effectiveness of Enterprise Zones so the project staff has spent significant effort in researching and conducting interviews with experienced contacts on Health Enterprise models, community responsibility models and Health Enterprise legislation on both a national and state level. That effort is continuing however, research to date implies that financial incentives alone may not be sufficient to encourage new health businesses/providers in underserved areas. A new focus has begun to investigate the regulatory and financial barriers for starting new physician practices.

This quarter we also held our first San Joaquin Valley Health Enterprise Zone Task force meeting. The meeting provided significant input and strategic direction to the project staff. Participants in the meeting included five project staff, 17 task force members, 4 Public Health Partnership members and 3 consulting team members. Follow-up meeting information has been distributed to all participants (attending and not attending) including a cover letter with next steps, the power point presentation, a meeting summary and a comprehensive participant contact list. Key questions were identified by the participants, which included:

1. How should the problem of health professional shortages be defined (what disciplines, what health and demographic indicators, etc.)?;
2. What are the financial and regulatory barriers to establishing a new medical practice?;
3. Are there state and national health business models that have resulted in documented increases in health access; and
4. What economic incentives have proven results in recruiting and retaining physicians?

The San Joaquin Valley Health Enterprise Zone Project is responsive to the Health and Human Services Work Group Goal 2: "Enhance access to appropriate health care services and improved public health management" and its activities support Objective A under Goal 2: "Provide incentives for difficult-to-recruit health and medical professionals. This quarter we have increased our understanding of the complexity of the idea of "incentives". There are many examples of economic incentives; however, it is unclear as to their effectiveness, feasibility and sustainability. It is critical that we research, through best practices and expert interviews, local, state and federal strategies as well as economic, regulatory and financial strategies. Incentives must also be politically acceptable so that the potential loss of revenue through tax credits or loan forgiveness fully justifies the improvement in health and overall community well-being.

Planned Activities for next 3-6 months

Scheduled activities this month include the following:

October 10: Present update at the monthly Public Health Partnership meeting.

Week of October 15: Schedule and speak with Marcy Masumoto, Project Manager for the K-12 Education Work Group to discuss overlapping interests in developing programs for medical support staff.

October 22: Meeting with Kaweah Delta Health Care District and their Legislative Advocates, CJ Strategies, to discuss federal strategies for recruiting and retaining physicians in shortage areas.

October 24 (tentative): Meet with the Tulare/Kings Hospital Council to present and receive feedback on the HEZ concept.

October 30: Meet with the California Program on Access to Care (out of the University of California Office of the President), Gilbert Ojeda to discuss the HEZ concept.

November 1 (tentative): Meet with the Fresno/Madera Hospital Council to present and receive feedback on the HEZ concept.

March 2008: Second task force meeting

Specific activities over the next two quarters involve scheduling presentations with valley medical societies, the UCSF Family Practice residents, the regional federal department directors (through Rollie Smith) and the Central California Economic Development Corporation. We also plan to schedule time with Maureen Larkin, Director of Physician Recruiting at Adventist Health in Hanford to discuss their success in recruiting physicians.

Other “next steps” include meeting with regional representatives from the state legislature, from the eight counties’ Board of Supervisors as well as city government representatives. There is also needed follow-up on initial contacts made in the first quarter that will be completed in the second quarter.

We think that these contacts will create a “cascade effect” in connecting us with other important experts and stakeholders. As we continue to more clearly define the problem and develop potential parameters for the San Joaquin Valley concept of a Health Enterprise Zone this network of stakeholders and experts will be critical in shaping the final product.

Research activities will also continue. We are currently reviewing Tulare County’s proposal for a Healthcare Incentive Zone and will access and review a workforce document produced by San Joaquin County. We are analyzing Physician-Related Data Resource data to calculate specific population rates for identified physician specialists to better define the problem of access in the valley. This work should be completed by the end of October.

Finally, the culmination of efforts in the first three quarters will be a report summarizing findings and outlining recommendations for review by the task force.

Challenges/Problems/Bottlenecks/Feedback

Challenges: A major challenge is to develop consensus on how the problem should be defined. There remain varying viewpoints on whether the Health Enterprise Zone designation should focus specifically on primary care, specialty care, dental care, or allied health care and/or have a broader, more inclusive focus. Another challenge is the limited existence and outcomes data on Health Enterprise Zone models. Finally, it is challenging to be inclusive in our approach due to the scope of interest in this project. We have attempted to stay open and flexible to all participant suggestions and requests to add members to the task force. It is critical to the success of this project and the potential for a legislative result that all the counties and interests feel that they are adequately represented.

Problems/Bottlenecks: To date the project has not encountered either problems or bottlenecks as everyone we have contacted has been eager to participate and share. There is some difficulty in contacting out-of-state legislators and stakeholders in HEZ legislation but we will continue to be persistent in following-through with those contacts.

Feedback: Feedback from the first task force meeting was very positive. There was some concern voiced regarding task force representation which has been addressed. Task force members have been proactive in providing contacts for further interviews and consulting team members have offered to support the project as needed. Other comments included voicing a need for an interim task force meeting prior to the scheduled March meeting which has been taken under advisement. At their request, we will provide updates to the Public Health Partnership at their monthly meetings.

If you have coordinated any outreach, please describe briefly.

The Health Enterprise Zone concept is intriguing to a variety of interest groups and as a result, gradually we are developing a network of contacts that are not directly involved with the project itself both in state and out of state. Direct community outreach is scheduled for the third through fifth quarter. We have been responsive to additional requests for project updates including requests from David Quackenbush, CEO of the Central Valley Health Network; Adam Francis, Legislative Assistant at the California Academy of Family Physicians; and Will Ing, Special Assistant To The Secretary of the California Health and Human Services Agency; and Jon Haubert, a governmental affairs consultant for Kaweah Delta Health Care District.