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Upfront: That's Community Clinics—with an 's'
For the county's uninsured, Marin Community Clinics are a lifesaver

by Peter Seidman

While stories about Sutter Health, Kaiser and Marin General Hospital dominated healthcare news, another major participant in Marin healthcare often went about its business without mention for the past 35 years.

"When you think about healthcare in Marin County," says John Shen, executive director of the Marin Community Clinics, "you think about Kaiser and those private physicians in the Sutter system. We are the third one." That's no exaggeration. Shen heads an organization that counts about 14,000 patients in its client roster. Medical staff at the Community Clinics provided services for about 50,000 patient visits in 2006. "We are really the healthcare system for the Medi-Cal population, people who don't have insurance," says Shen. "That's a lot of people in Marin County." He says estimates of the low-income and uninsured populations who need healthcare range between 37,000 and 42,000 people.

The numbers of patients seeking services at the Community Clinics have increased during the last five years, pointing to a need that shows no signs of abating. To help meet that need, this week the Community Clinics embarked on a "groundbreaking" for a new clinic in San Rafael. Located at 3110 Kerner Boulevard, it will be the cornerstone of a new county healthcare campus, which will be located in five adjacent buildings—3230, 3240, 3260 and 3270 Kerner—formerly occupied by Lucasfilm's Industrial Light & Magic. The Community Clinics building is just down the street.

The "groundbreaking," which took place Wednesday, is something of a misnomer, says Shen. The event actually marks the start of a remodeling project that will turn 3110 Kerner into a critical piece of the clinics' healthcare delivery system. The organization now has two locations that provide services. Three mobile units, trailers really, in the back of Marin General Hospital have served patients in southern and central Marin. Services are also provided at 400 Professional Drive in Novato. But need has outstripped space. And demographics have increasingly shown the need for a site between the current Greenbrae and Novato locations. (Some who are focused on healthcare for low-income Marin residents say Marin City also could use a clinic location, whether as part of this program or some other provider.)

The term Community Clinics, with the plural emphasized, is significant. The organization recently changed its name, adding the "s" to signify that, especially with the new Kerner site, it has become, in the words of Shen, a three-site "full-functioning community health center."

The Greenbrae facility on the back lot at Marin General has been coping with an increasing patient load that has led to overcrowding. About 4,000 patients at the Greenbrae facility come from the San Rafael area, according to Shen. A significant portion of those patients

live in the Canal district. "We have about 2,000 to 3,000 people from the Canal coming to us for services, many kids and families." The new clinic will provide a larger and much more convenient location for Canal residents, as well as many other residents in central Marin. In addition to increasing access for central Marin residents, the new clinic should reduce the overcrowding in Greenbrae. Money raised during a capital fundraising campaign for the Kerner site also will be used to improve Greenbrae services.

The Kerner clinic will offer pediatric services and internal medicine in 18 exam rooms, "which is a bit bigger than the three trailers that we have" in Greenbrae, says Shen. In addition, the new clinic will have six dental chairs, providing a dentistry practice the Community Clinics have long wanted to expand. The new site also will be home to a women's health program and mental health services.

To fund the opening of the new site, last summer the Community Clinics launched an ambitious capital fundraising campaign. Some of the money raised will be used to move the facility in Novato to a new and larger space. The current Novato setting, which has 10 examination rooms, is not in the most accessible location, says Shen, and the Community Clinics hope to find a site on Novato or Redwood boulevards that will provide easier access for patients.

To fund its growth, the Community Clinics set a target of \$9.8 million for the Kerner and new Novato sites, as well as for the improvements in Greenbrae. "This is an amazing story," says Shen. "We have been working since starting in a church building to our current two clinics, and nobody knows us except people who use us." Until now, the organization never has conducted a fundraising campaign, he adds. The Community Clinics are part of a national healthcare delivery system aimed at providing care for low-income and publicly insured patients, as well as those who have no insurance. The Community Clinics receive three-fourths of their funding from federal and state reimbursements, along with grants and funding from federal, state and county health programs. As a federally qualified health clinic, for example, the Community Clinics receive a larger reimbursement for patient care than private physicians. When a patient eligible for Medi-Cal comes to the Community Clinics, the organization receives a reimbursement of between \$100 (for patients in Novato) and \$137 (for patients in Greenbrae). That is considerably larger than the reimbursement a private doctor would receive after seeing a Medi-Cal patient. The private doctor, says Shen, "would receive \$20, maybe \$40."

In exchange for taking care of publicly insured patients, organizations like the Community Clinics receive the higher reimbursement to continue providing those services. The different reimbursement rates also explain why so many private doctors would rather not treat publicly insured patients. That's just one of the issues involved in the continuing debate over whether (and how) healthcare should be guaranteed in California and across the country.

While that debate has simmered, the Community Clinics have been working quietly and with success to provide much-needed care. And while the organization has toiled in a certain amount of anonymity, the results of its first capital fundraising campaign have shown that some members of the Marin community understand the vital role the Community Clinics have played in delivering healthcare in the county. Since the organization began reaching out in July, \$7.25 million has been donated. "This is just amazing support from the community," says Shen. "I have been in healthcare for the past 25 years, and I have never seen this kind of money. There are a lot of very generous individuals. One family contributed \$1 million; another family contributed \$750,000." The Community Clinics planned to release the names of contributors after the "groundbreaking" ceremony.

Grace Hughes is chair of the capital campaign (a segment of the fundraising campaign). She notes that the largest donor is the county, which has provided a financing deal for the building that amounts to a \$1.3-million contribution. The Marin Community Foundation contributed \$1 million. Kaiser and Sutter Health also made substantial contributions. Just 72 donors have contributed to the total \$7.25 million raised to date, says Hughes, the former president of the Marin Airporter. (She's still chairwoman of the board at the company she calls "my baby.")

In bringing the Marin Airporter from a small operation to one of the major transportation services in the North Bay, Hughes has seen the critical need for employee healthcare delivery. "It's extraordinary. The small- to medium-size businesses are really strapped, and I can speak from experience." Hughes notes that businesses must, under law, provide workers' compensation benefits and often cannot afford to add on other health benefits after they meet that requirement. And even when a business can provide coverage, "it's very seldom that they can provide coverage for families." That leaves a significant number of working people out in the healthcare cold. Many workers in the service industries—and their families—fall in that unenviable category. She notes that the construction industry also is strained when it comes to providing healthcare coverage. He says it's not unusual for a foreman to bring construction workers to the Community Clinics.

"Every time I go in the small businesses that we all use for services in this community," says Hughes, "I see that each person there is a clinic patient or a potential clinic patient."

Of the \$7.25 million raised so far, more than half has come from individual donors, according to Elliot Levin. He's owner and partner of the Partnership Resources Group, which helps organize and manage fundraising campaigns and has been active in Marin County. The fundraising totals so far are "remarkable," says Levin. "It attests to the pent-up desire in the community to offer the kind of services provided at the clinics. It's fair to say that people have responded admirably." There's more to raise in order to reach the \$9.8 million target, and the last stages of fundraising often are the toughest. But Levin is optimistic the organization can meet the fundraising target by spring. Money for the Kerner clinic already is secure. She says that if all goes well, the site can open for patients in the summer.

In addition to the approximately 20 paid doctors on staff, the organization has found a new source of medical expertise. During the capital campaign, the Community Clinics discovered a number of retired doctors who still have their credentials and expressed an interest in volunteering with the Community Clinics. The doctors formerly practiced at Bay Area hospitals and can provide much needed additional patient care and know-how (and perhaps a donation or two). Toward that end, says She, the Community Clinics are forming a new specialty network that could provide a much-needed resource for patients who seek healthcare at the Community Clinics and need to see a specialist after they see a primary care doctor.

Providing primary care for the county's publicly insured, uninsured and low-income residents makes the new clinic a key part of the county's new healthcare campus. The site will be home to many county health services that now are spread out among different locations—which makes it difficult for patients and clients to access services. The county's aim to provide a healthcare campus similar to those at hospitals is an ambitious plan funded entirely through Marin's portion of the settlement from a lawsuit won against tobacco companies. A Marin Grand Jury report in April states that the healthcare campus project, now pegged at \$72 million, is excessive and will not provide enough benefit for the expense.

But that's not how many healthcare professionals see the situation. "The idea is to have primary care that enables families to get screenings, to get immunizations," says Larry Meredith, director of health and human services for the county. The idea is to enable them to have easy access to a healthcare provider so that an injury or illness can be treated early on. The goal is to keep people out of emergency rooms, which must not conduct a "wallet biopsy" before treating patients. Treating publicly insured and uninsured patients before they need emergency-room service explains why community hospitals receive support from many hospitals (and why many say they should receive more support from hospitals). The county plan to consolidate current services should begin in the spring. It will take about six months before the campus is fully occupied.

In addition to providing relatively routine primary medical care, the county healthcare campus will serve as a central location for programs such as mental health services and Medi-Cal registration. The model for the new healthcare campus is not unlike that seen on the campus of a teaching hospital. "We're going to be fostering partnerships that include wellness, well-being and self-sufficiency," says Meredith. "What we're seeking to do is work with people so they can change their life trajectory. We want to put a special emphasis on kids and families."

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