CALIFORNIA’S TITLE X PROVIDER NETWORK:

Moving Forward
in an evolving health care landscape

2015
HEALTH CARE REFORM SURVEY RESULTS
Title X in California

California Family Health Council (CFHC) champions and promotes quality sexual and reproductive health care for all. For over 40 years, CFHC has been funded by the Office of Population Affairs to administer the Title X federal family program in the state of California—the largest Title X system in the country, serving over 25% of the Title X patient population nationwide. CFHC distributes Title X funding to more than 60 health care organizations that collectively provide family planning and related services to over one million women, men and teens at over 340 health centers in 38 of California’s 58 counties.

Title X providers in California are vital access points for the low-income women, men and teens that rely on them for quality sexual and reproductive health and related services. In 2014, 75% of the patients served by California’s Title X network lived at or below the federal poverty level ($11,670 annual income or less for an individual) and remained uninsured.

CFHC’s Title X network of community providers is the most diverse in the country. Members of CFHC’s Title X network include federally qualified health centers, city and county health departments, Planned Parenthood affiliates and stand-alone family planning/women’s health centers, school-based clinics, hospitals, and universities. According to the Guttmacher Institute, these health centers help avert more than 275,000 unintended pregnancies each year and provide primary and preventive health care, including life saving breast and cervical cancer screenings, birth control, HIV testing, and STD testing and treatment.

The Impact of Health Care Reform on Title X Providers + Patients

In 2012, CFHC released Health Center Readiness in a Changing Health Care Economy. The report provided a snapshot of CFHC’s Title X provider network’s overall readiness for changes to the health care economy and delivery system that were expected as a result of the federal health reform law. The report identified areas where training and technical assistance might be needed to support California’s Title X funded health care organizations moving forward. CFHC conducted a follow-up survey and report in 2013 to determine if progress had been made as full health care reform implementation quickly approached. The survey results highlighted improvements that were made and indicated where action and support were still needed.

This report will provide a snapshot of results from a new survey conducted in early 2015 and demonstrate how California’s Title X provider network has moved forward to adapt to current shifts in the health care delivery system. The report will also identify the action steps needed to keep California’s family planning safety-net intact for the millions of Californians that will continue to gain new health care coverage, churn in and out of coverage and remain uninsured in the years to come.
Methodology

An invitation was sent to the CEO or equivalent at the 63 organizations (Delegate Agencies) receiving Title X funding in California in February of 2015. Reminders were sent to agencies that did not initially respond. Responses were collected between March and April 2015. A 41-question online survey, designed to be completed in less than 15 minutes, was implemented on SurveyMonkey.com. Questions covered a range of topics related to health care reform including finance and operations, level of integration into local and regional health care delivery networks, changes in service provision, workforce shortages, quality improvement activities, and health information technology. Some questions that remained relevant were repeated from the previous CFHC surveys or modified or deleted based on findings from the 2013 survey. New health care reform indicators were included as needed to represent current and foreseen shifts in California's health care landscape.

Survey Respondents

Sixty-two (62) of the 63 Delegate Agencies (98%) completed the online survey, representing 338 health centers. Participation rates were similar to previous years, with 92% and 93% survey completion rates in 2012 and 2013, respectively.

Respondents reflected the diversity of CFHC’s Title X provider network (Figure 1). Over time, the mix of agency and health center types has remained consistent. In 2012, 58% (42 agencies) of all respondents were federally qualified health centers (FQHCs) or look-alikes, and in 2015 61% (38 agencies) were FQHCs.
Twenty (20) of the health centers that responded to the survey were school-based. Eighteen (18) of the 20 school-based respondents were part of a FQHC.

Planned Parenthood affiliates made up 11% (7 agencies) of all survey respondents and 8% (5 agencies) represent stand-alone family planning/women’s health centers. Fifteen percent (9 agencies) of all survey respondents represented city and county health departments.

Twenty-six percent (26%) of all surveys were completed by the agency’s Title X Program Administrator. The rest were completed by the CEO or Executive Director (23%), the Chief Operations Officer (8%), the Director of Nursing (7%), the Chief Financial Officer (3%), or another senior staff member (34%).

Responding agencies serve patients throughout California (Figure 2). Thirty-seven percent were from Los Angeles County (37% - 23 agencies). Central California (10% - 6 agencies) and Northern California (11% - 7 agencies) regions had the fewest respondents due to the low number of Title X Delegate Agencies in those areas.

### Results

**Adapting to a Changing Health Care Economy + Environment**

Most respondents felt that they were adapting well to the changes brought about by health care reform (Figure 3). Nearly one-third of all agencies said they were adapting Very Well (31% - 19 agencies), two-thirds said they were adapting Well (63% - 39 agencies). Seven percent said they were adapting Not Very Well (7% - 4 agencies). There weren’t any agencies (0%) that self-reported that they were adapting Not at all Well. Planned Parenthood affiliates and other stand-alone family planning/women’s health centers were less likely to rate themselves as Very Well prepared (0%) than city/county health departments (30% - 3 agencies) or FQHCs (42% - 16 agencies).

**Strategic Priorities for Title X Health Centers in California**

Agencies were asked to list their organization’s top three strategic priorities over the next few years.
Seventy percent (39 agencies) of survey respondents reported that increasing access and improving patient experience at their health centers were strategic priorities. Sixty-one percent (34 agencies) named expansion of services as a strategic priority. Clinical care transformation and quality improvement (36% - 20 agencies), staff recruitment and development (34% - 19 agencies) and financial sustainability (30% - 17 agencies) were other strategic priorities frequently listed.

**Finance + Operations**

**Changes in Payor Mix**

Seventy-nine percent of survey respondents reported a decrease in uninsured patients since 2013 (79% - 42 agencies) (Figure 4). Sixty-one percent of agencies (61% - 31 agencies) reported a decrease in patients served and reimbursed under California’s Family Planning, Access, Care, and Treatment (Family PACT) Program. Cash patient volume did not change as dramatically, but 40% of agencies (17 agencies) reported a decrease. The vast majority of agencies reported an increase in Medi-Cal patients (91% - 49 agencies). Over half saw no change in the number of patients with private health plans (61% - 19 agencies). Eighty-six percent (32 agencies) reported an increase in patients served with a health plan purchased through a Qualified Health Plan in California’s state-based health insurance marketplace, Covered California, although the majority reported increases of less than 10%.

**Contracting + Coverage of Costs of Providing Care**

Most agencies are contracting with either Qualified Health Plans (QHP) in Covered California or other private plans (Figure 5). Almost three-quarters of survey respondents had contracts with Covered California QHPs (72% - 43 agencies) and over half had contracted with other private plans (59% - 35 agencies). A sizable minority had no plans to contract with Covered California QHPs (17% - 10 agencies) or other private plans (24% - 14 agencies).

Most of the contracts fell short of covering the full cost of providing care (Figure 6). Seventy-nine percent
California’s Title X Provider Network: Moving Forward in an Evolving Health Care Landscape

(79%) of all contracts with Covered California QHPs (34 out of 43 agencies) and 77% of all other private plans (27 out of 35 agencies) did not cover the full costs of providing care.

Billing Private Insurance

Three-quarters of agencies reported billing private insurance companies for services (75% - 44 agencies), up from 69% in 2013 (Figure 7). One agency (2%) was planning to do so. Eight percent were considering whether to do so (8% - 5 agencies), while 15% (9 agencies) had no current plans. The nine agencies with no current plans included five FQHC’s, three city or county health departments and one stand-alone family planning/women’s health center.

Reimbursement Delays

Title X providers reported mixed results in the timeliness of receiving reimbursement from each payor (Figure 8). Less than half of survey respondents reported that they had not experienced delays in receiving reimbursement from Family PACT (44% - 24 agencies) but 16% (9 agencies) reported experiencing frequent delays. Similarly, over one-third of respondents reported that they had not experienced delays in payment from Medi-Cal Managed Care (35% - 19 agencies) but 20% (11 agencies) reported frequent delays.

Reimbursement delays were reported more frequently from Covered California’s QHPs than from any other payor. Seventy-two percent (26 agencies) of respondents reported occasional or frequent reimbursement delays from QHPs.
Wrongful Denials

Most survey respondents reported experiencing occasional or frequent wrongful denials from all payors (Figure 9). Over 60% of all respondents reported frequently experiencing wrongful denials from the Family PACT program. Sixty-eight percent reported occasional or frequent wrongful denials from Covered California QHPs and other private plans. Sixty-nine percent reported occasional or frequent wrongful denials from Medi-Cal Managed Care plans.

Established Partnerships in Local Health Care Delivery Networks

As essential community providers and vital access points for care in the communities they serve, it is critical for Title X providers to be integrated into their regional and local health care delivery networks. Most survey respondents reported that they did not have many established partnerships but 55% (32 agencies) reported having a partnership with a local hospital (Figure 10). Another 12% (7 agencies) planned to partner with a hospital, while 9% (5 agencies) were undecided. Over one-quarter of respondents reported partnering with an FQHC (28% - 16 agencies), 18% (10 agencies) reported partnering with a Planned Parenthood or other stand-alone family planning/women’s health center, and 16% (8 agencies) reported partnering with another integrated network. Only five percent of survey respondents reported currently partnering with an Accountable Care Organization (ACO) (5% - 3 FQHC agencies). This is a decrease from 2013, when 10% (7 agencies) partnered with ACOs. Another 15% (9 agencies) planned to partner with an ACO, while 31% (18 agencies) were undecided. Nearly half of all respondents had no plans to do so (49% - 29 agencies). City and county health departments were the least likely to be planning or considering partnering with an ACO. Eighty-six percent of city and county health departments in the Title X network reported having no plans to do so.
Service Providers

Becoming a Patient Centered Medical Home

Almost half of all Title X providers in California are recognized as a patient centered medical home (PCMH) (49% - 30 agencies) (Figure 11). Out of the 30 survey respondents that have PCMH recognition, 90% (27 agencies) were FQHCs, 7% (2 agencies) were city/county health departments, and 3% (1 agency) represented a Planned Parenthood affiliate. Twenty-one percent of all agencies were planning to become a PCMH (21% - 13 agencies). Five percent were undecided (5% - 3 agencies) and 25% (15 agencies) had no plans to become a PCMH. Since 2012, agencies have made progress toward becoming PCMH's. Between 2012 and 2015, the number of agencies that became PCMH's increased from 10% to 39%, and the number of agencies that were undecided about becoming a PCMH decreased from 25% to only 5%.

Providing Primary Care

Eighty-two percent of agencies reported currently providing primary care (82% - 51 agencies) (Figure 12). Of those not currently doing so, 8% (5 agencies) were considering whether to provide primary care in the future and 10% (6 agencies) had no plans to do so.

Since 2013, there has been significant movement in the provision of primary care among non-FQHC Title X providers (Figure 13). In 2013, 34% (10 agencies) were currently offering primary care. In 2015, the number has leapt to 54% (13 agencies). Of those not currently providing primary care, 21% (5 agencies) were considering whether to do so, and 25% (5 agencies — 4 city/county health departments and one university-based health center) had no plans to do so.

Of the 27 agencies with current PCMH National Committee for Quality Assurance (NCQA) recognition, 44% (12 agencies) have achieved Level 3 status, 44% (12 agencies) have achieved Level 2 status, and 11% (3 agencies) have achieved Level 1 status.
New or Expanded Services

The biggest shift in service expansion is related to the provision of behavioral health care (Figure 14). Over half of all agencies have expanded existing behavioral health services (52% - 32 agencies) and 15% (9 agencies) have added behavioral health services to their practice.

Utilization of Women’s Preventive Services

The Affordable Care Act (ACA) increased access to eight women's preventive health care services by eliminating co-pays and other cost sharing requirements for women in new and non-grandfathered health insurance plans. Most agencies have either seen an increase or no change in the utilization of women's preventive services since 2013, when implementation of the women's preventive service amendment in the ACA took effect. Nearly half of all agencies reported an increase in HIV screening and counseling (48% - 20 agencies), gestational diabetes screening (46% - 13 agencies), and breastfeeding support and supplies (45% - 14 agencies) (Figure 15). Approximately half of all survey respondents did not see any change in patient utilization of preventive services like contraceptive counseling and supplies (47%), STI counseling (50%) and interpersonal/domestic violence screening (56%).

There has also been a significant expansion of primary care services in California’s Title X network, with nearly half of all agencies offering primary care (44% - 27 agencies), and 11% (7 agencies) adding primary care services.

Survey respondents also reported adding dental services and home visits for maternal and child health and expanding prenatal care.
Workforce Shortages

More than half of all respondents reported current workforce shortages (61% - 38 agencies). Twenty-one percent (13 agencies) expected to experience shortages in the next three years (Figure 16). Current workforce shortages increased by 7%, from 54% in 2013 (38 agencies). Only 18% of agencies (11 agencies) did not expect to experience workforce shortages. Workforce shortages were most prevalent in Los Angeles County, where 74% of agencies (17 agencies) reported experiencing shortages, and only 9% (2 agencies) did not expect a shortage in the future.

Most of the current or expected shortages were clinical positions (Figure 17). Eighty-six percent of respondents had or expected physician shortages (86% - 43 agencies) and 79% (37 agencies) either experienced or expected a shortage of Nurse Practitioners. Over two-thirds were also experiencing or expecting shortages among Registered Nurses (67% - 30 agencies) and over half experienced or were expecting shortages among Physician Assistants (54% - 25 agencies). Half of all agencies reported current or expected shortages in health information technology (HIT) positions (51% - 23 agencies).

The percentage of agencies with current or expected physician workforce shortages increased from 75% (43 agencies) in 2013 to 86% (43 agencies) in 2015, shortages in Nurse Practitioners increased from 61% (35 agencies) in 2013 to 79% (37 agencies) in 2015. Shortages among Registered Nurses, Physician Assistants, HIT positions and administrator/management positions more than doubled between 2013 and 2015.

Quality Improvement Activities

Nearly all agencies were currently conducting or planning to conduct key quality improvement (QI) activities. Eighty-four percent were currently working on improving individual provider performance
(84% - 52 agencies), making it the most widespread of the QI practices reported (Figure 18). It was also the activity with the largest increase from 2013, when only 53% (37 agencies) of survey respondents reported actively working to improve clinician performance.

The number of agencies providing point of care alerts also increased from 47% (33 agencies) in 2013 to over three-quarters (77% - 48 agencies). Patient reminder notices are now being sent by over three-quarters of agencies (76% - 47 agencies), an increase from about half in 2013 (48% - 33 agencies).

When asked how effective their QI efforts were at improving patient outcomes, more than half were confident of their impact. Fifty-four percent (33 agencies) of survey respondents reported that their QI programs were Extremely or Very Effective (Figure 19). Only three percent (3% - 2 agencies) of agencies said their QI programs were only Slightly effective and no respondents reported that their QI efforts were Not at All effective at improving patient outcomes.

In 2015, 90% (54 agencies) of all agencies had an EHR system, a significant increase from the 63% (44 agencies) that had one in 2013 and 47% (34 agencies) in 2012 (Figure 20). Of the remaining agencies, 3% (2 agencies) were currently implementing EHR or negotiating a contract, 2% (1 agency) were in the process of evaluating their options, 3% (2 agencies) planned to implement an EHR system in the next 1-2 years, and 2% (1 agency) did not plan to do so for at least two years.
Agencies reported the type of EHR system that they either had already implemented or planned to purchase. Nearly half of all agencies had chosen NextGen (49% - 28 agencies), with another 21% (12 agencies) selecting eClinical-Works. NextGen was the most popular product in all regions except for Northern California, where eClinicalWorks and Epic were each chosen by 40% of the providers in the region (4 agencies) and Central California, where eClinicalWorks and GE Centricity were each chosen by 40% (4 agencies).

**Implementing Health Information Exchanges (HIE)**

Since 2013, little progress has been made with health information exchange (HIE) activities. In fact, the current Title X network appears to be doing slightly less HIE activities than the network conducted in 2013. For example, in 2013, 67% of all respondents were currently or planning to engage in electronic public health department reporting. This year, only 48% of all agencies reported that they were currently or planning to do so.

Nearly all of the survey respondents reported that they had implemented or planned to implement an interface for some type of HIE system (Figure 21). The most common type of HIE continued to be the exchange of lab results. Ninety-three percent of all respondents (52 agencies) currently had or planned to have the capacity to exchange lab data. E-prescribing was equally prevalent (93% - 53 agencies), followed by immunization registry (83% - 48 agencies), provider referrals (73% - 40 agencies) and centralized appointments and scheduling (70% - 39 agencies). The least prevalent types of HIE were scheduling for specialty care (67% - 36 agencies) and public health department reporting (49% - 27 agencies).

Several factors may have caused Title X funded agencies in California to scale back their HIE work, including the overall difficulty of implementation, the need to transition from practice management system HIE to EHR HIE, the incorporation of HIE into some EHR products, and competing priorities such as the implementation of patient portals.
Technical Assistance Needs

Agencies noted several areas where additional training and technical assistance were needed. Improving clinic efficiency/workflow redesign was most frequently cited as a need, with 60% of respondents (34 agencies) noting a need for online or in-person training or one-on-one technical assistance in this area. Nearly half of all survey respondents (47% - 27 agencies) also noted a need for assistance in using data to improve quality. Forty-one percent (24 agencies) reported needing assistance in integrating family planning into primary care. Nearly one-third of all survey respondents noted a need for assistance in other areas surveyed, including generating reports and pulling clinical or operational data from their EHR systems, using patient satisfaction and experience tools (39% - 22 agencies), modifying EHR templates (38% - 22 agencies), implementing quality improvement activities (37% - 21 agencies), and obtaining Patient Centered Specialty Care recognition (33% - 19 agencies).

### FIGURE 22. PERCENTAGE OF AGENCIES NEEDING TRAINING OR TECHNICAL ASSISTANCE

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Clinic Efficiency/Workflow Redesign</td>
<td>60%</td>
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<tr>
<td>Using Data to Improve Quality</td>
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<tr>
<td>Integrating Family Planning into Primary Care</td>
<td>41%</td>
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<tr>
<td>Generating Reports with Clinical/Operational Data</td>
<td>39%</td>
</tr>
<tr>
<td>Using Patient Satisfaction/Experience Tools</td>
<td>39%</td>
</tr>
<tr>
<td>Modifying EHR Templates</td>
<td>38%</td>
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<tr>
<td>Implementing Quality Improvement Activities</td>
<td>37%</td>
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<tr>
<td>Obtaining Patient Centered Specialty Care Recognition</td>
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</tr>
<tr>
<td>Other Area(s)</td>
<td>9%</td>
</tr>
</tbody>
</table>

Conclusion

The 2015 survey findings provide a snapshot of the health care landscape in California and how the state’s Title X providers are moving forward to adapt to changes in an evolving health care delivery system. The survey results show where significant shifts and progress have been made and affirm the important role that Title X providers continue to play in the health and wellness of the communities they serve. The survey results also give members of CFHC’s Title X provider network an opportunity to see how they are progressing in relation to their peers and gain insight on what additional actions they might consider to enhance their long-term sustainability and capacity to provide quality sexual and reproductive health care and related services to their insured and uninsured patient populations.
These survey findings can also help inform the sexual and reproductive health field regarding the training, technical assistance and public policies that are needed to protect the family planning safety-net now and in the future.

**Summary of Survey Findings**

**Areas of strength among California’s Title X network include:**
- Reported ability to adapt to the changes brought about by health care reform
- Commitment to quality improvement activities, particularly provider performance improvement
- Electronic health record implementation

**Significant progress has been made to:**
- Expand services, particularly the enhancement or addition of behavioral health care and primary care
- Secure recognition as a Patient Centered Medical Home
- Bill third party payers

**Additional attention and action is needed to:**
- Address current and expected workforce shortages
- Enhance the establishment of official partnerships and greater integration into local health care delivery systems
- Ensure Title X providers receive reimbursement that covers the cost of care
- Reduce the frequency in delays in reimbursement and the number of wrongful denials from all payors

As reflected above and throughout the report, since 2012, members of CFHC’s diverse Title X provider network have made significant and positive adjustments to their clinical operations and business models to adapt to changes in the health care landscape and economy. However, Title X providers need further support to ensure that they can continue being a source of care over the long-term for California’s low-income women, men and teens seeking quality sexual and reproductive health care services.

**Recommendations**

To ensure the long-term sustainability of California’s Title X provider network, the state’s family planning safety-net, community organizations, health providers, government, funders and insurance plans must collaborate to:

1. **Provide additional training and technical assistance to build Title X provider capacity to:**
   - Improve clinic efficiency and workflow redesign
   - Better integrate family planning services into primary care
   - Generate and utilize clinical and operational data to improve care and health outcomes
   - Implement quality improvement and patient satisfaction activities
2. Enact public policies that:

- Preserve Title X and support the delivery of quality sexual and reproductive health care
- Create equal access to quality sexual and reproductive health care regardless of insurance coverage
- Require timely and adequate reimbursement rates that cover the costs of providing care
- Address workforce shortages

3. Support innovative projects that seek to:

- Ensure access to quality sexual and reproductive health care for all in diverse settings
- Position members of the Title X family planning safety-net as providers of choice
- Leverage technology and pooled resources to collect and share data and encourage partnerships
- Promote and share best practices and peer-to-peer learning

To make the vision of health care reform a reality in California and across the country, members of the state and nation’s Title X provider network must remain vital access points for the millions of low-income women, men and teens that depend on them each year for the health care they need to plan their families and their futures.

CFHC will continue to provide training and technical assistance, advocate for public policies and forge strategic alliances to protect the family planning safety-net and promote access to quality sexual and reproductive health care for all in California and beyond.

About CFHC

CFHC champions and promotes quality sexual and reproductive health care for all. CFHC achieves its mission through an umbrella of services including advanced clinical research, provider training, patient education and consumer awareness, public policy and clinic support initiatives. As the administrator of California’s Title X federal family planning program—the nation’s largest Title X system—CFHC partners with a diverse Title X provider network that collectively serves more than one million women, men and teens each year at over 340 health centers in 38 of California’s 58 counties.

For more information

Contact: info@cfhc.org
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