

City of San José

Coyote Valley Specific Plan

Summary of Medical Services Focus Group Meeting #1

October 12, 2005

200 E. Santa Clara Street, Room T332

Medical Services Focus Group Members Present

Sarah Muller (Working Partnerships), Robin Roche (Santa Clara Valley Health and Hospital Systems), Reymundo Espinoza (Gardner Family Health Network), Rhonda McClinton-Brown (Community Health Partnership), Andrew Barna (Daughters of Charity), and Vivian Smith (Saint Louise Hospital).

City Staff Present

Joe Cogan (Council District 1), Sal Yakubu (PBCE), Susan Walsh (PBCE), Sylvia Do (PBCE), Perihan Ozdemir (PBCE), and Regina Mancera (PBCE).

Consultants Present

Roger Shanks (Dahlin Group), Darin Smith (Economic and Planning Systems), and Eileen Goodwin (Apex Strategies).

1. Welcome and Agenda Review

The medical services focus group meeting convened at 3:00 p.m. with 16 people in attendance. Eileen Goodwin of Apex Strategies provided an overview of the agenda. The purpose of the meeting was to discuss options for planning, implementing, and financing medical service facilities for the Coyote Valley Specific Plan (CVSP).

2. Update on CVSP

Sal Yakubu, Principal Planner with the Planning, Building and Code Enforcement Department, provided an overview of the CVSP.

3. Discussion of Key Community Medical Services

Darin Smith, with Economic and Planning Systems (EPS), discussed the potential housing yield of the CVSP, including affordable housing, and the demographic (population) and economic assumptions and projections for Coyote Valley.

Sarah Muller of Working Partnerships explained the major items discussed in *Building for a Healthy Community: A Proposal for Community Health Clinics*. The goal is to provide health care facilities in Coyote Valley to meet the community's own demand. Coyote Valley would need two primary health care clinics since San Jose currently has a ratio of two clinics for every 80,000 residents.

Following these introductory remarks, the focus group discussed various issues related to the provision of community health care clinics in Coyote Valley. The issues include:

a) Demand

- Who currently serves the uninsured? *The County currently serves 90 percent of the County's indigents.*
- 20 percent of Coyote Valley's 70,000 residents will be uninsured. Need to plan for these 14,000 residents.
- It is essential to bridge the gap between the insured and the uninsured/underinsured.
- The County and Community Health Partnership can provide data regarding the extent of the gap. ("Gap" refers to the uninsured and underinsured.)
- It is not possible to predict gaps or needs.
- Coyote Valley clinics will also draw patients from outside of the community.

b) Management

- Suggested doing a request for proposals (RFP) for health care providers.
- Public or private providers may serve the indigent.
- Public health care clinics may be more accessible than private facilities.
- Does the County's Strategic Facilities Plan account for the new projected Coyote valley Population? *The County's Plan does not take the projected Coyote Valley population growth into consideration.*
- Community Health Partnership serves the uninsured and under-insured.
- This needs to be a collaborative effort.
- Concerned that public health care providers will continue to "build their empires."
- Private not-for-profit medical providers serve everyone.
- Daughters of Charity and O'Connor Hospital see Coyote Valley as a potential growth area.
- The market affects private providers. The market changes every year and is unpredictable.
- Private physicians could serve the uninsured.

- It would take years to get physicians into Coyote Valley. Physicians may live in Coyote Valley, but they will not immediately work there.
- Private providers will serve 80 percent of the population, 40 percent of which would be served by Kaiser Permanente. The remaining 20 percent of the population would need a safety net.
- Need to look at providers located outside of Coyote Valley.
- Should not try to determine potential providers in advance; it will evolve.

c) Criteria

- Two clinics is a good number to start thinking about.
- Facilities should have a comprehensive program. Also need to provide services such as dental, mental health, vision, pharmacy, labs, and WIC (women-infant-children).
- Need one principal care provider (PCP) per 2,000 residents. Need one physician per 4,000 to 5,000 residents.
- One 20,000 square foot facility may be appropriate for one-stop medical services.
- May need to have more than one facility. Facilities do not need to be of the same size.
- Community-based facilities should be located near transit, schools and affordable housing.
- Need to consider school-based clinics even though they may not meet all of the community's needs. Examples include Washington School, San Jose Academy, Overfelt High School, Independence High School, and Gilroy.

d) Timing and Phasing

- It is best to build a facility now even if there is not a population mass. Suggested opening a small facility now and expanding it in the future.
- It is cheaper to build a facility now and not use it than to wait and build it later on.
- If you build a facility before there is a demand, it will fail.
- Need to plan for the first facility to ensure that there are health care services. The second facility could be developed later, as needed.
- If you open only one type of facility, it will fail.
- Do not need to reserve sites for health care clinics now. The Plan provides adequate spaces for such uses.
- Need to develop a baseline criteria (i.e. what is the population that will trigger the need for a community health care clinic?).

e) Costs and Financing

- What resources are available to build the first facility?
- Primary care clinics cost \$400 per square foot.
- Community clinics generally do not have funding for construction.
- The County does not have any funding resources. For eight of the last ten years, County budgets have been cut for both capital and operational needs.

- The County does not build facilities to only serve the uninsured. It is not economically feasible because there would not be enough funds to support operating costs.
- A major cost is operation and maintenance of the facility.

The following outline was suggested for analyzing the provision of health care clinics in Coyote Valley:

- Identify the goals.
- Address 100 percent of the community.
- Assess the need (public versus private).
- Determine the resources that are currently available to serve the gap.
- Develop an approach to fill in the gap.

4. Next Steps/Adjourn

The next medical focus group meeting would take place after the next Task Force meeting on October 24, 2005. In the interim, there will be some off-line discussions with focus group members to establish the extent of the gap and the needs and costs associated with filling the gap.