Planning a Capital Project
To Facilitate Integrated Care

A First Steps Overview

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www.caplink.org

CAPITAL LINK

Launched in 1995, Nonprofit
HRSA National Training and Technical Assistance Partner
Offices in CA, CO, FL, MA, and WV

Plan for health center sustainability and growth

Help health centers access capital

Improve and optimize health center operations and financial management

Articulate health center value

25+ years of experience

Worked with **45+** PCAs/HCCNs and regional consortia

ASSISTED **2/3rds** OF HEALTH CENTERS NATIONALLY

LEVERAGED **$1.25 billion**

FOR **235+** HEALTH CENTER PROJECTS

TOTALING OVER **$1.5 billion**

Capital Planning Principles

When to Plan What?
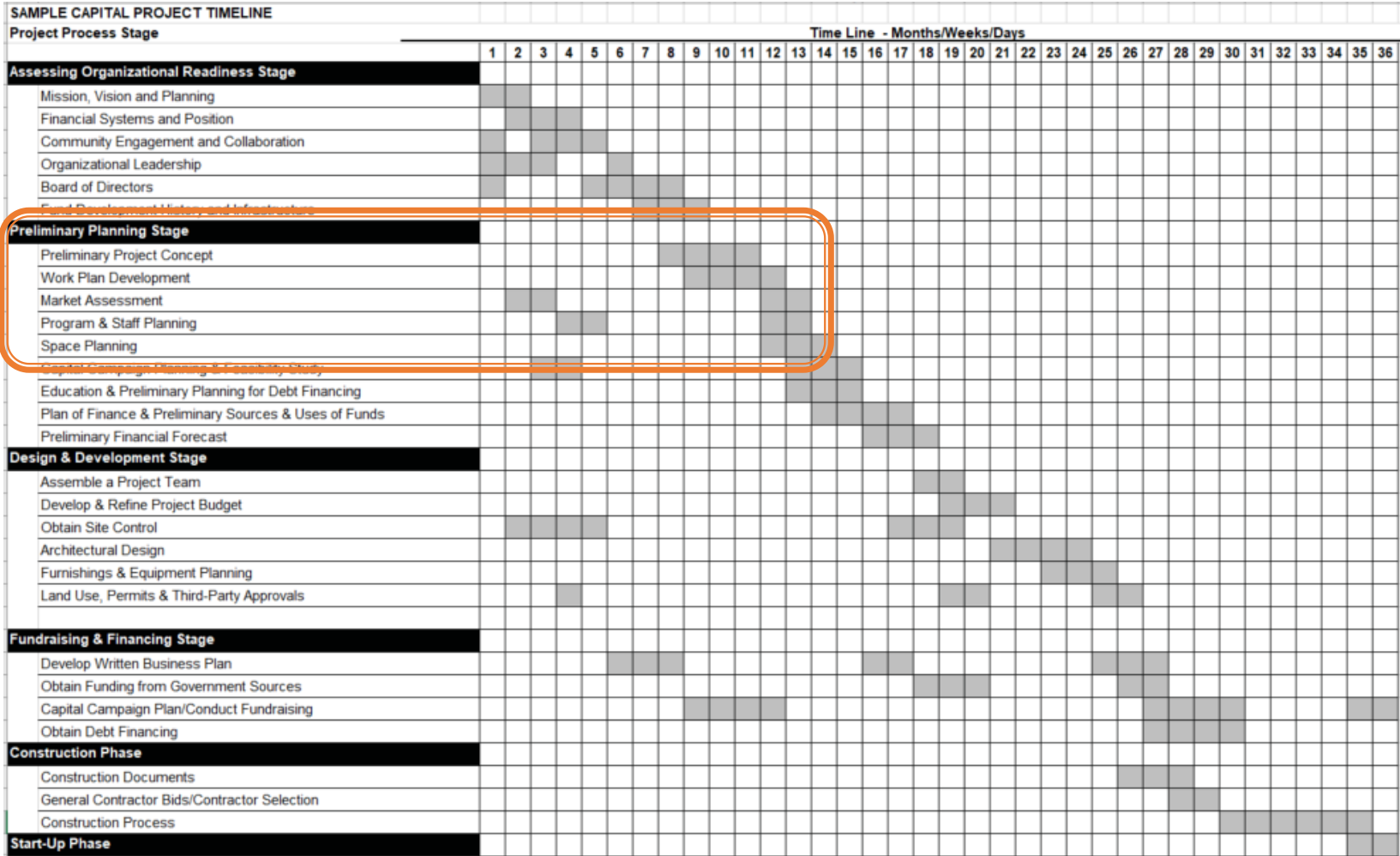
SAMPLE CAPITAL PROJECT TIMELINE

Functional Program

Facility Response

Program of Services → Operational Model → Staffing Model

Assessment
- Internal
- External

Program Plan
- Established
- Enhanced

Operational Plan
- Organizational
- Clinical

Staffing Plan
- Functional Teams
- Required Skills
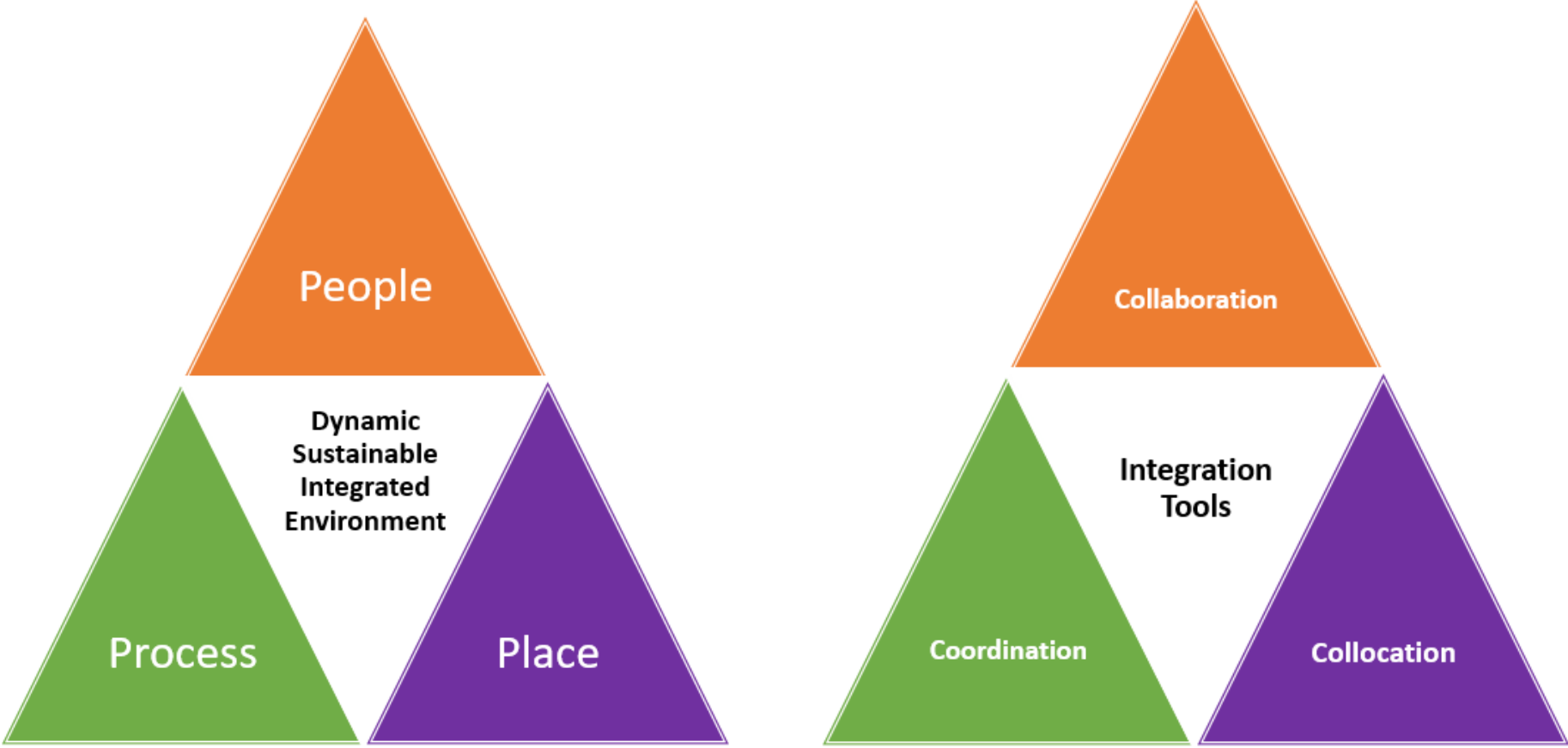
Facility Plan
- Required spaces
- Optimal site
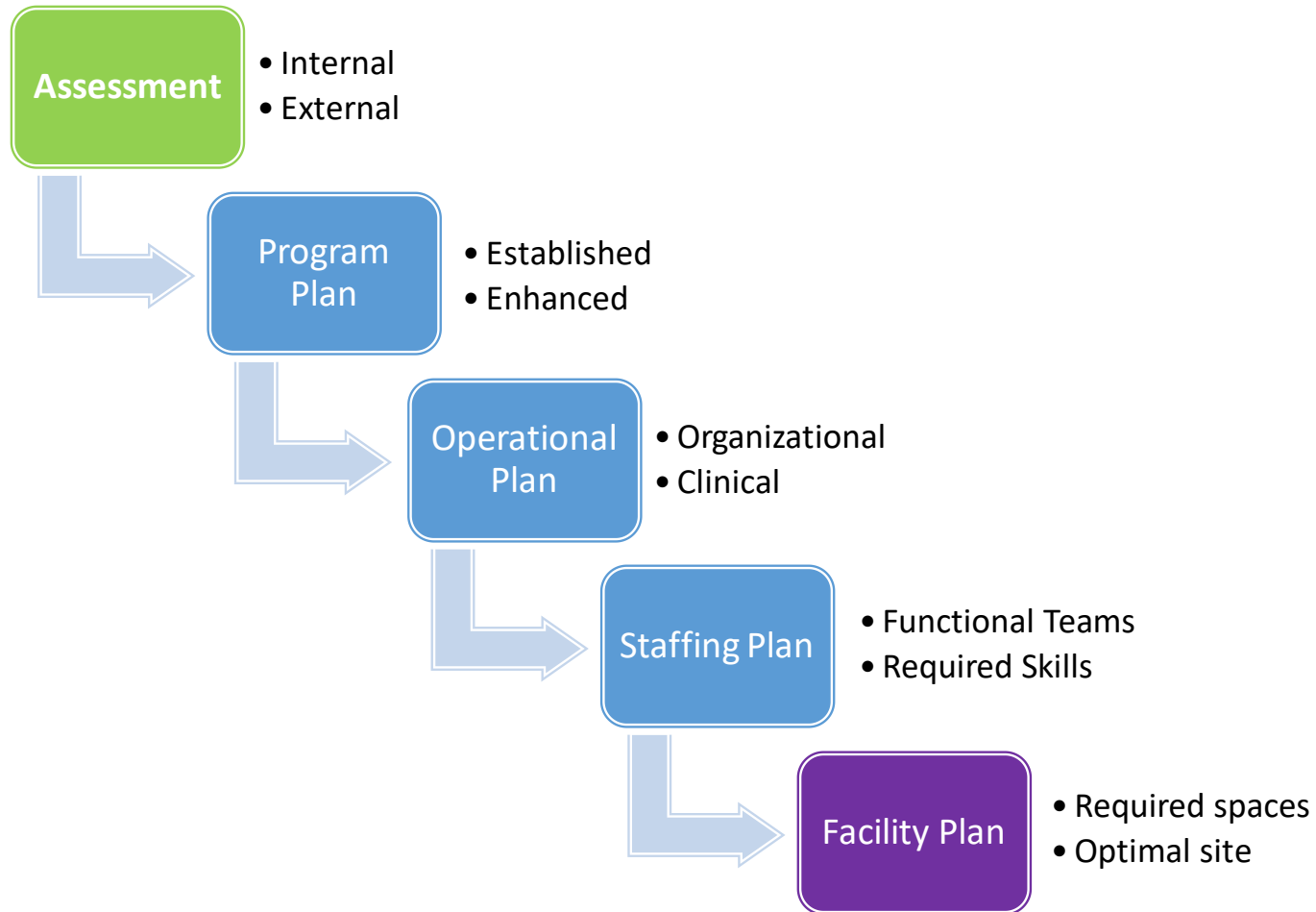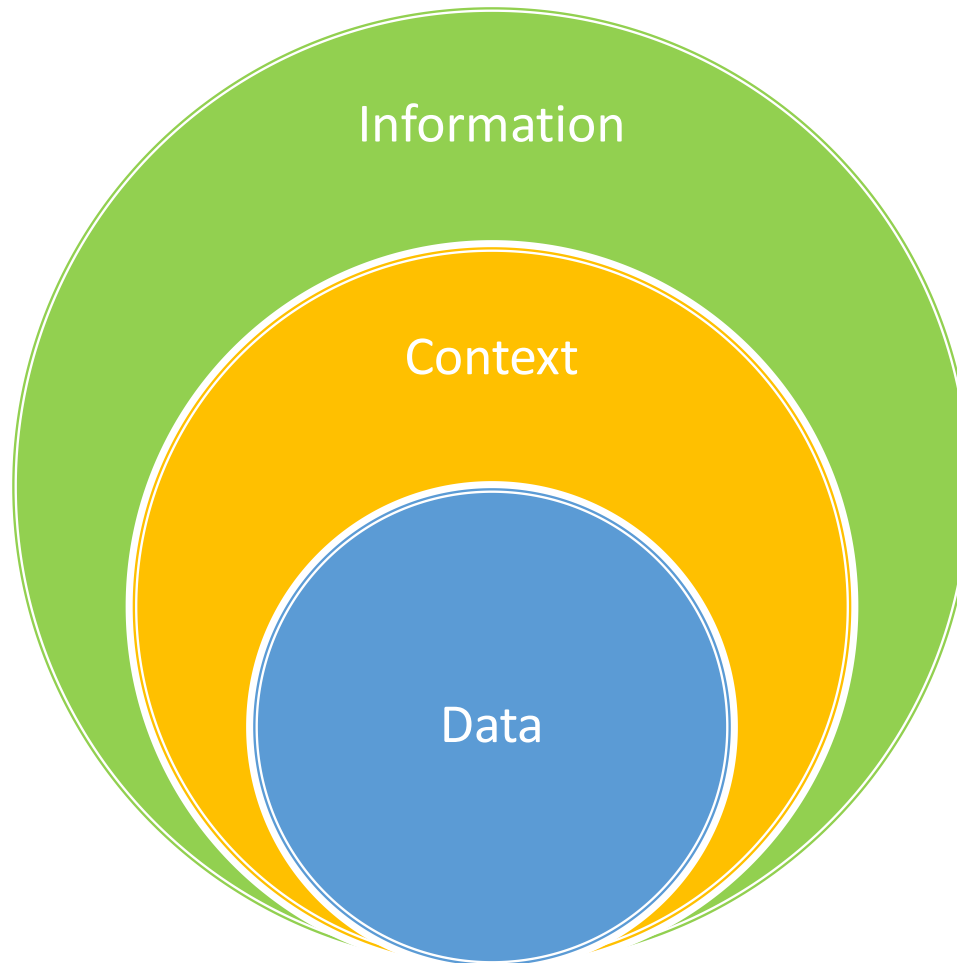
Hypothesis

Data

Interpretation Within

Our Context
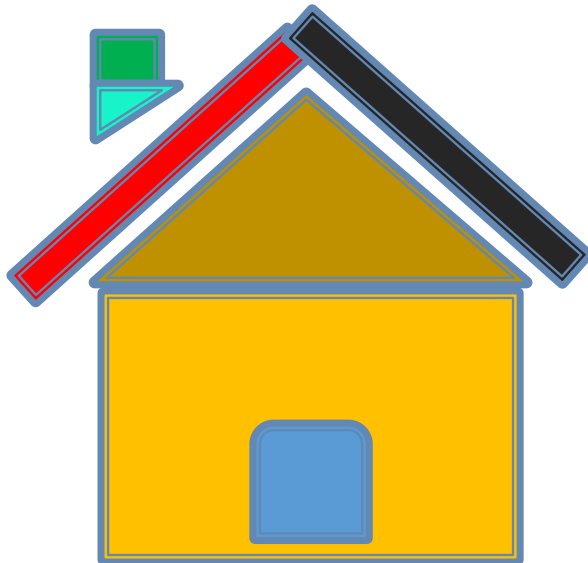
Interpretation Within

An Alternate Context

Looking Inward

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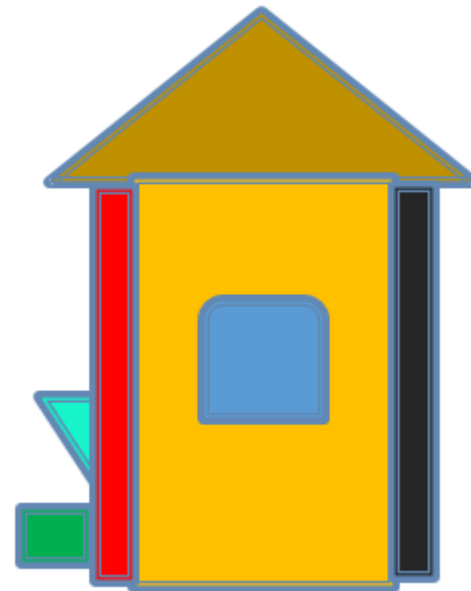
- How can we develop a truly open door to our community?
- How can we expand our capacity to respond to requests?
- How can we make it so that every patient wants to return?
- How can we fulfill this patient's request?

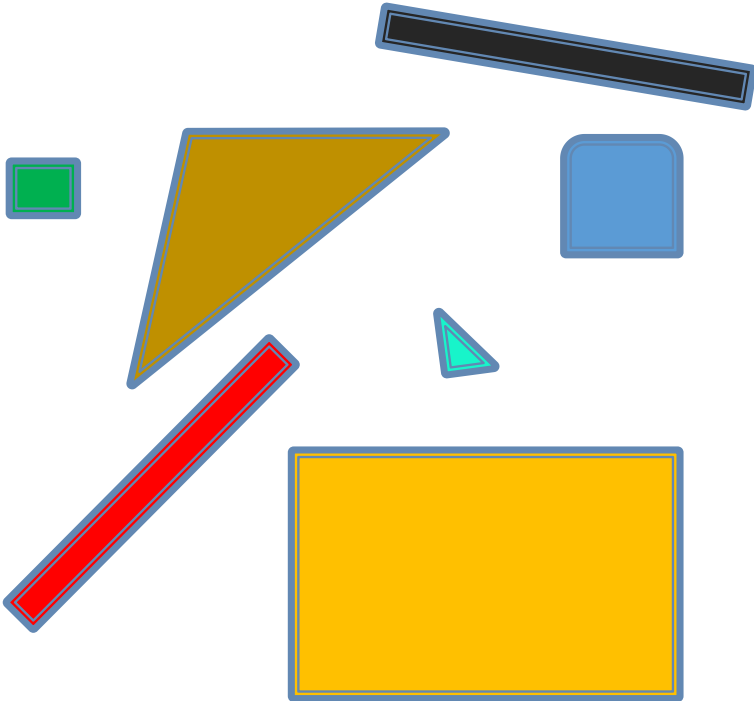*"What I really want is that when I walk in the door of the clinic I breathe out and feel my body relax. Instead, I always feel myself taking a deep breath and holding it – bracing myself as I go in."*

Female patient, mid-forties

Analyzing Engagement Barriers

How often?

How many?

How great?

How feasible?

How *powerful*?
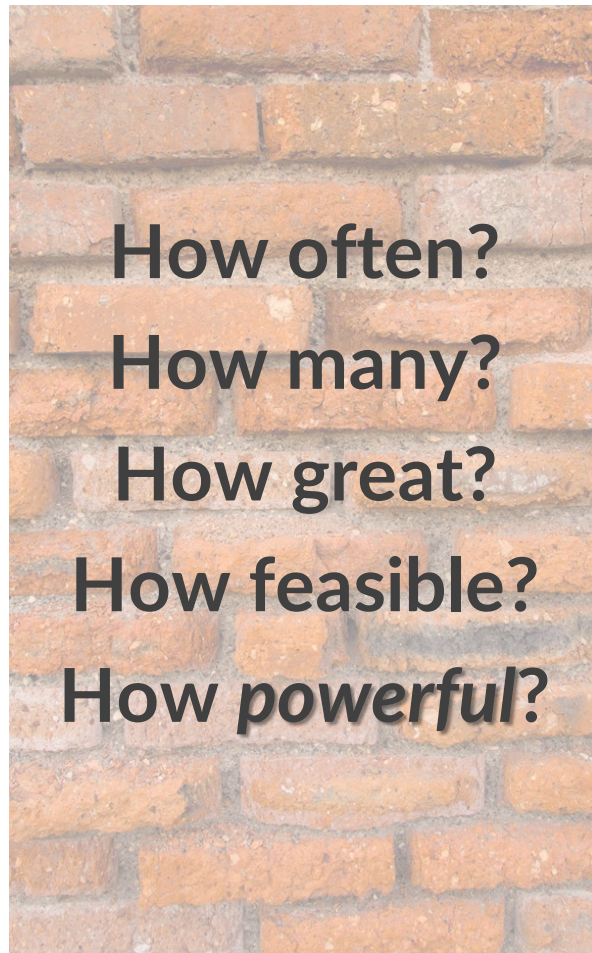
- Interview front line staff
  - My _____ says ....
- Observe patient behavior
  - Friday night at Wal-Mart
- Consult community "informants"
  - Board members
  - Collaborating agencies
  - Hands-on community leaders
- Identify community norms
  - The spaces patients make
  - The spaces patients navigate
- Tally your demographic data

We tally patients by age, gender, religious preference, zip code, race/ethnicity and preferred language…

Danger: Slicing…but not dicing

- Age and gender?

- Race/ethnicity and preferred language?

- Age and preferred language?

- *What about age, diagnosis and visits per year?*

- *What about distance from site and kept appointments?*

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List all Elements of Your **Current** Program of Services:

Example: **Prenatal Care and Delivery**

Pre – Pregnancy Screening

Relational Counseling

High Risk Case Management

Prenatal/Postnatal Exams

Childbirth Education

Mommy and Me Closet

Hospital Delivery

Post-Partum Home Visits

Lactation Consultation

High School Parenting Support Group

Evaluating Your Program Elements

Why did we start this?

Is our reason still relevant?

How effective are we being?

Can the cost be supported?

Maintaining Relationships:
Integrated Care Team Exercise

Who are our patients?

- Who are the patients who have stayed?
- Who are the patients we have lost?
- Who are the patients who have returned?

What do our patients need us to be to build and maintain relationship?

What do our patients need from us to be successful in carrying out their plan of care?

Exploring Our Permeable Edges-
External Referrals

Requests

- # of External referral requests by service/demographic
- #/% Lack of internal capacity/opportunity
- #/% Confirmed clinical appropriateness
- External response to requests

Completions

- #/% Successful closing of the loop
- Gap in time from request to appt by service type
- Cost implications: health center, patient
- Collaborative Care Patients vs. Lost Patients

Experience

- They will never go…
- They will never go there…
- Do I have to go there…
- I am glad I went there…

- We have a pretty good system of communication from idea to implementation

- We recognize some issues with our communication and address them throughout planning to ensure cooperation

- We have some issues with our communication and are "working on them"

- We often feel frustrated during project development and even implementation because better planning and communication would have helped avoid pitfalls

- What? I wasn't listening…

- Why assess your market?

- What is your perceived market?

- Market may be: geography, specific population, service type

- There is A LOT of data out there

- Challenge your perception

Typical External Assessment Components

POLL 2: Use of Market Data
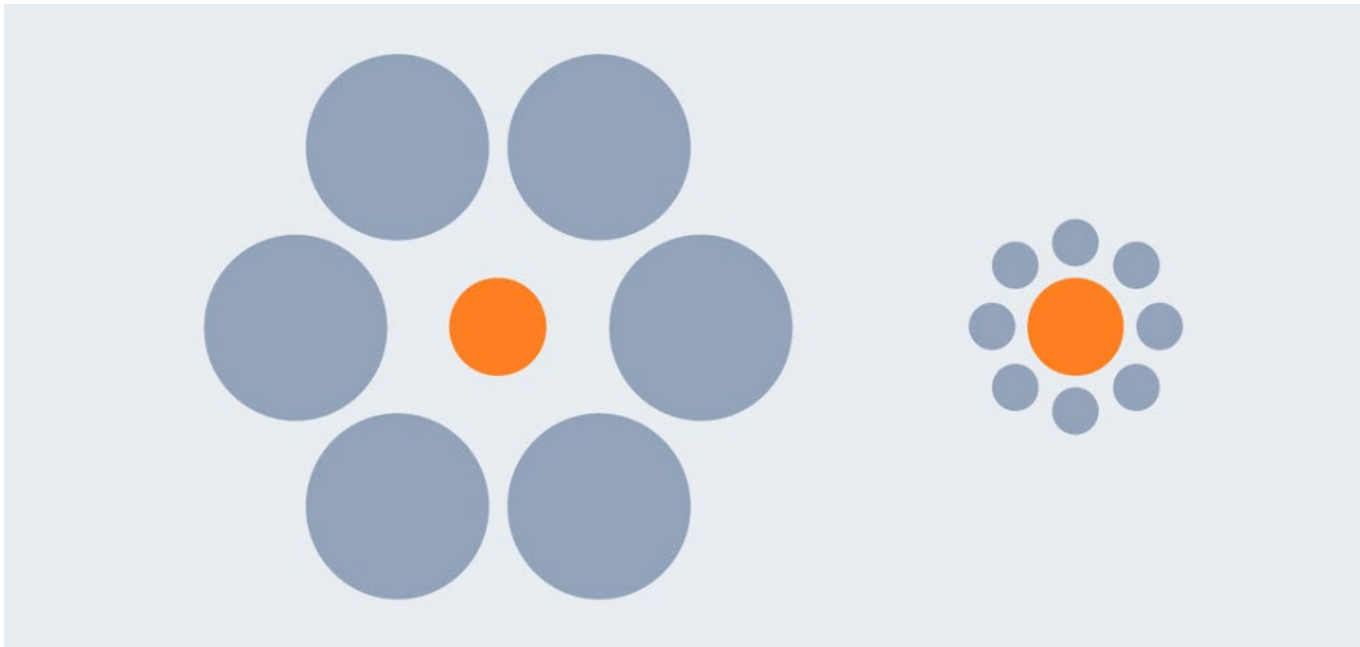
- We always collect and consider market data prior to and during expansion discussions and implementation

- We routinely gather market data that helps inform our decisions

- When a need or question is identified we try to locate/reference appropriate market data

- As an organization we have a general Market/Needs Assessment conducted on a regular basis

- We occasionally collect and present market data when requested by HRSA, partners, etc

- Market data?

- Examine and map patient origin

- Approximately 75% is considered Primary Service Area

- Next 10-15% is Secondary

- Similar to HRSA UDS Service Area Map and UDSMAPPER
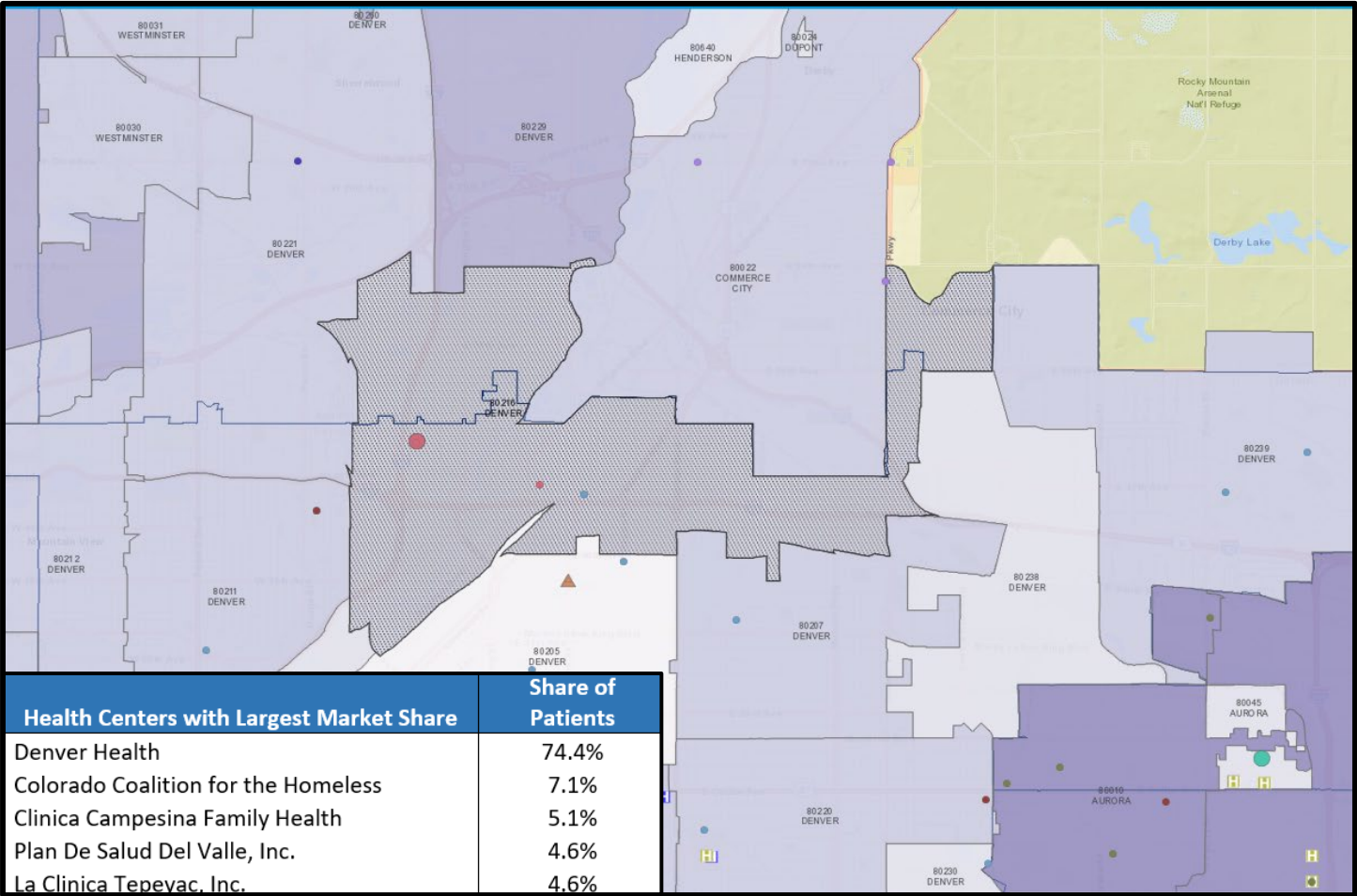

data.**HRSA**.gov
Denver, Colorado

Service Area Map   **Total Patients Served:** 8,753

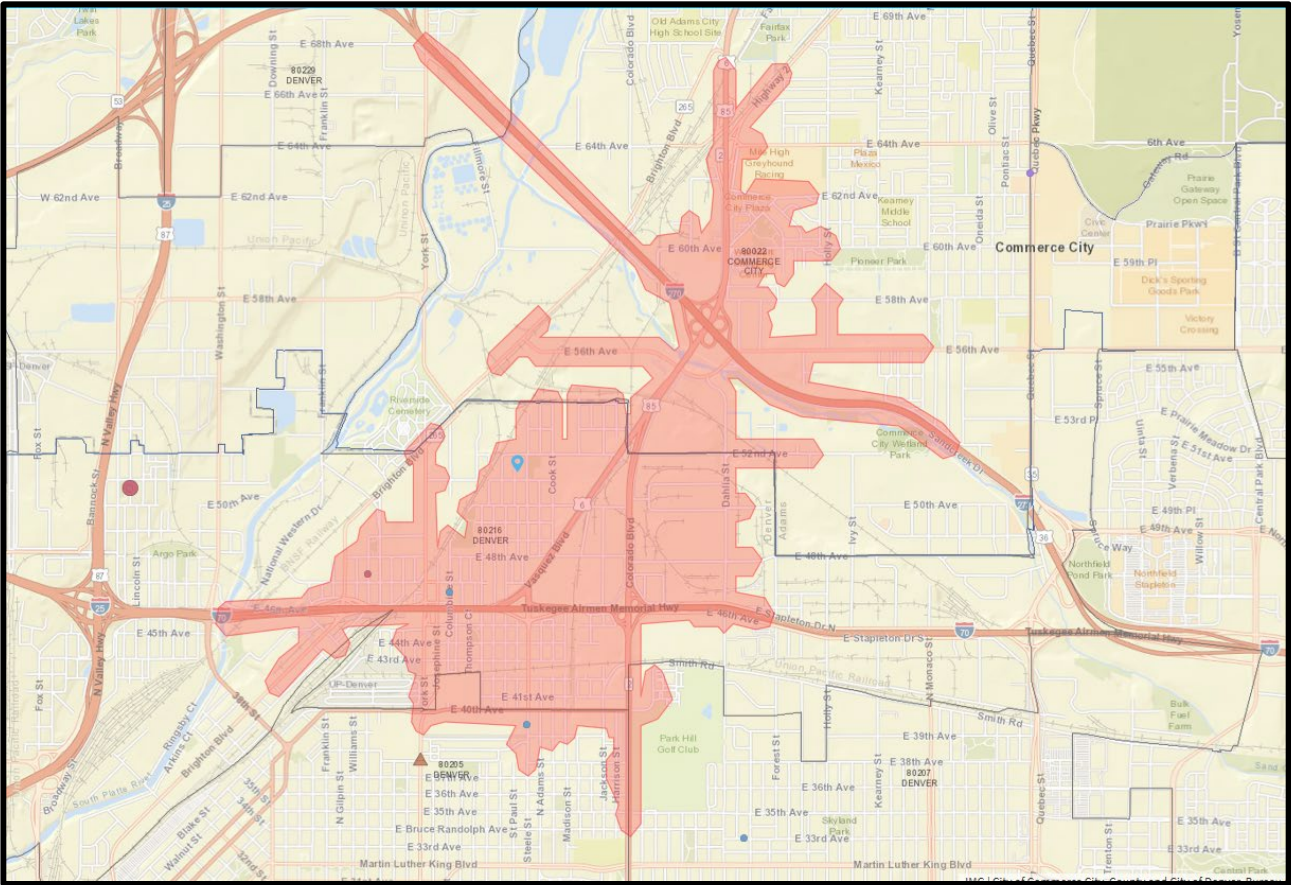# Define Market Service Area: UDSMapper

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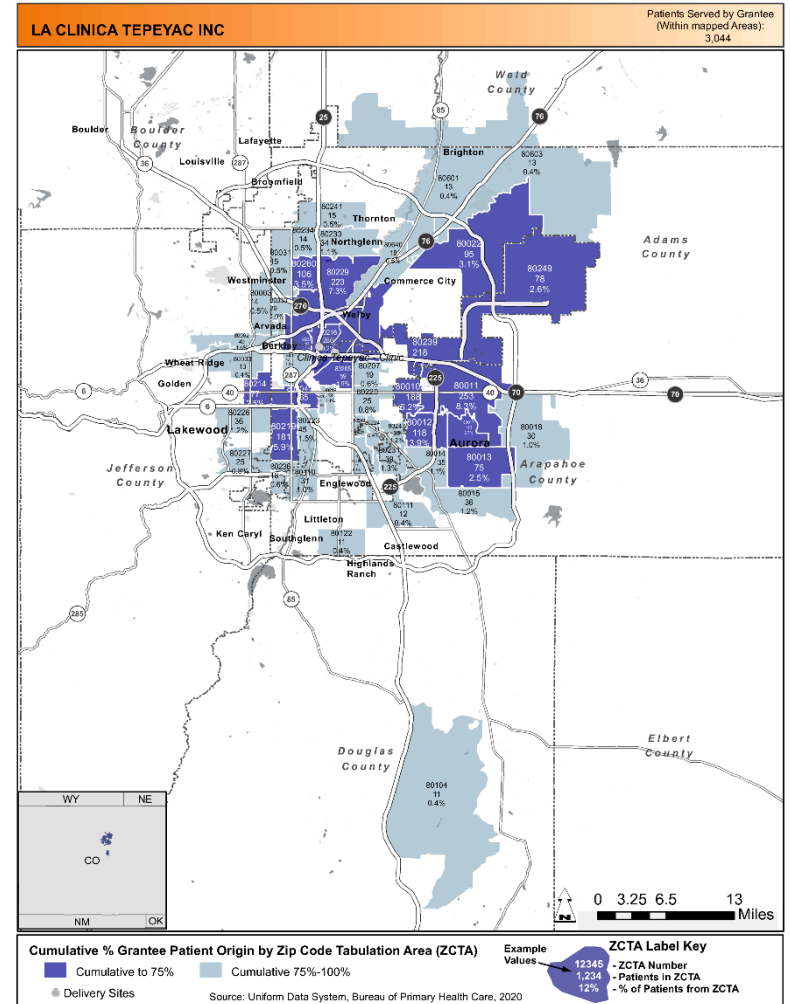
- Basic mapping to present geographical place & surroundings
  - Establish basic population segments
  - Total - Low-Income – Unserved Low-Income

Zip Code 80216	
Population Total 2017	12,461
Population Low-Income 2017	6,429
Health Center Patients 2018	5,923
Penetration of Total Population	47.50%
Penetration of Low-Income Population	92.3%
Health Center Count	9
Dominant Health Center	Denver Health

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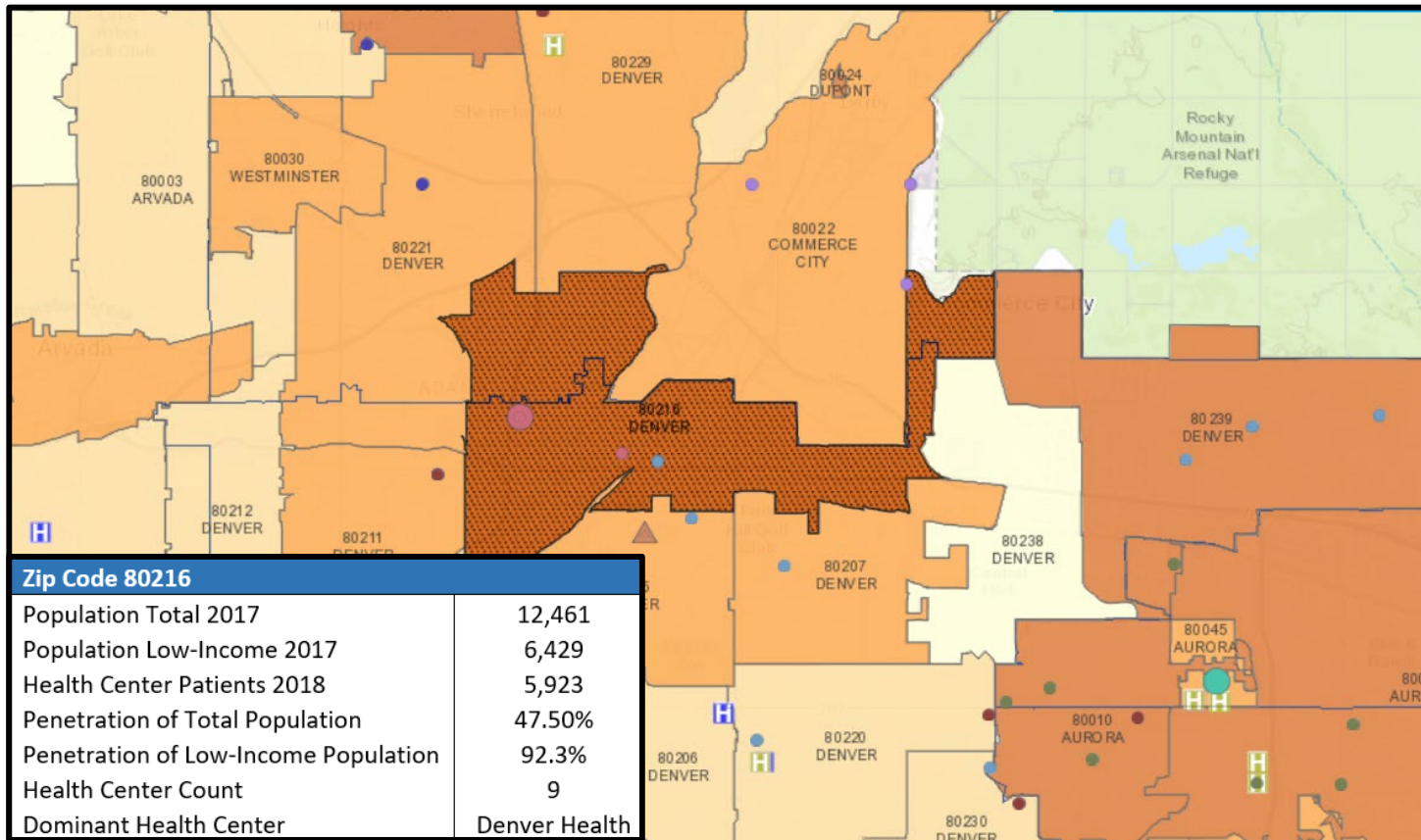
- Low-Income Residents Not Served by a Health Center

Health Centers with Largest Market Share	Share of Patients
Denver Health	74.4%
Colorado Coalition for the Homeless	7.1%
Clinica Campesina Family Health	5.1%
Plan De Salud Del Valle, Inc.	4.6%
La Clinica Tepeyac, Inc.	4.6%

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- 15 minute drive time from zip code 80216 in Denver, Colorado

  … with traffic consideration

- Compare state, county, metropolitan areas, cities, zip codes, etc.
  - Populations
  - Race
  - Income Ratios
  - Education
  - Language
  - Disabilities

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- Geographies by census block, tract, zip code, county, state, etc.

POPULATION
1,575,522

MEDIAN HOUSEHOLD INCOME
$43,744

POVERTY RATE
24.9%

BACHELOR'S DEGREE OR HIGHER
28.6%

Age and Sex
34.3 +/- 0.2
Median age in Philadelphia County, Pennsylvania

37.9 +/- 0.1
Median age in the United States

Table: DP05
Table Survey/Program: 2018 American Community Survey 5-Year Estimates

Population by Age Range in Philadelphia County, Pennsylvania

Under 5 years - 6.8%

18 years and older - 78.0%

65 years and older - 13.2%

0   10   20   30   40   50   60   70   80

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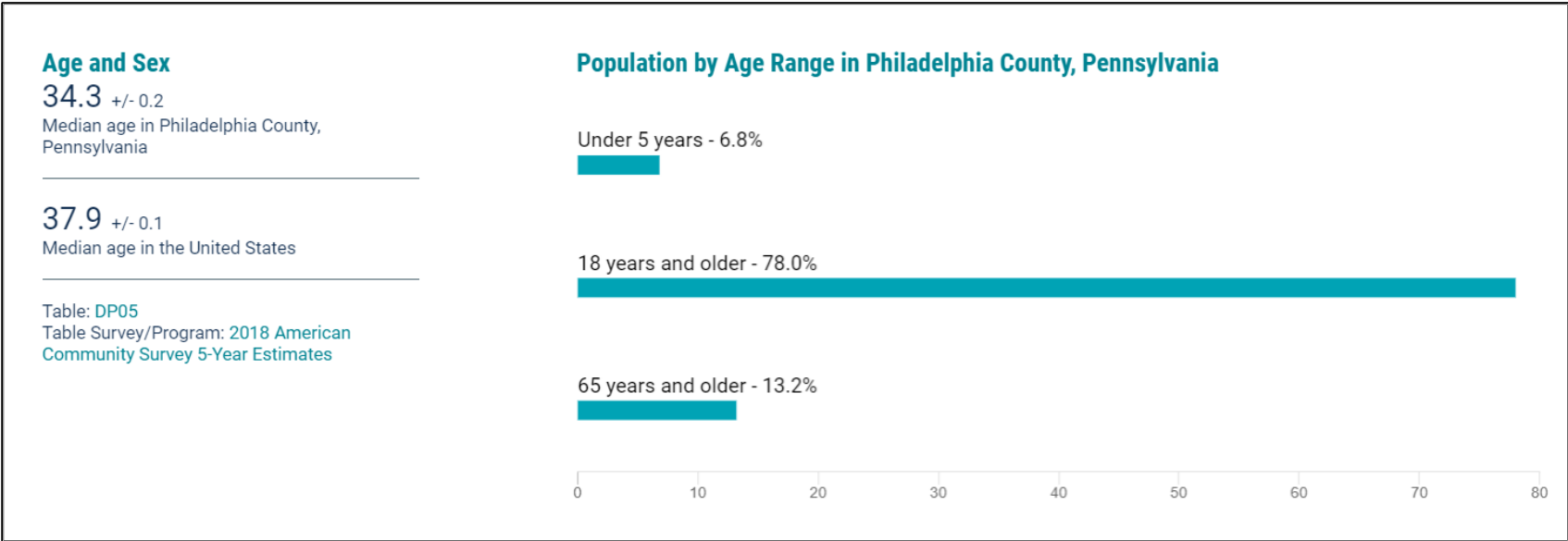
- Veterans, SNAP, family structure, poverty, language, housing, transportation, businesses (county and zip code business patterns), disability, origins, etc.

- SDOH: Pulse Survey

Delayed Medical Care
Percentage of adults in households who delayed getting medical care because of the COVID-19 pandemic in the last 4 weeks

Source: U.S. Census Bureau, Household Pulse Survey
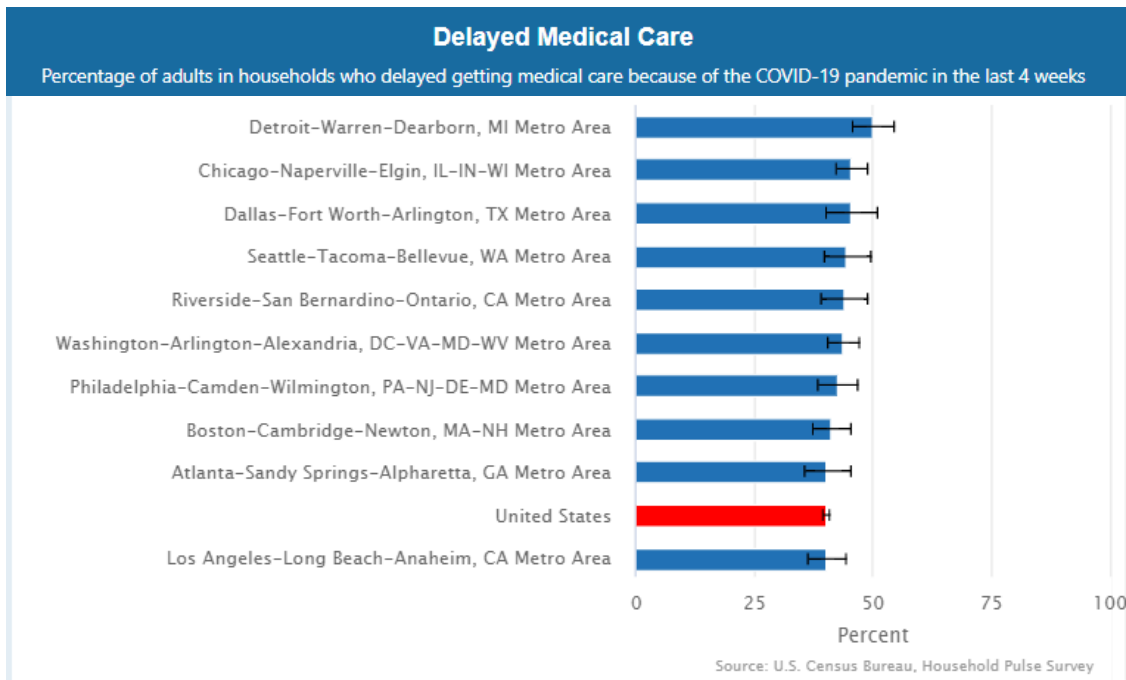
Choose Estimate

Estimate

> Education (5)
> Employment (3)
> Food Sufficiency and Security (2)
> Health (5)
> Housing (4)
> Spending (2)
> Transportation (3)

Demographics & Economic Indictors
City Health Dashboard

- Compare state, county, metropolitan areas, cities, zip codes, etc.
    - General health indicators
- Other health providers and facilities
- Health Professional Shortage Areas (HPSA) and MUA/Ps
- Health Disparities
- Selected Workforce Considerations

Medical Needs of Service Area
Health Related Establishments by Service Area

2019 Health Care Establishments Ratio per 100,000 population	Service Area	State	US
Offices of Physicians	47.7	79.1	67.8
Offices of Dentists	22.8	34.1	41.5
Offices of Mental Health Practitioners	0.4	7.0	7.7
Offices of Optometrists	4.9	5.0	6.8
Outpatient Care Centers	2.6	17.5	13.8
Medical and Diagnostic Laboratories	0.8	5.0	5.1
Home Health Care Services	3.9	10.8	10.2
Other Ambulatory Health Care Srvc.	0.3	4.3	3.5
Nursing Care Facilities (Skilled Nursing Facilities)	0.9	6.4	5.1
Continuing Care Retirement Communities/ Assisted Living	1.1	3.1	7.7
Individual and Family Services	1.7	23.0	22.1

www.census.data.gov   Table CB1900CBP

Medical Needs of Service Area
County Health Rankings

www.countyhealthrankings.org

Medical Needs of Service Area
County Health Rankings
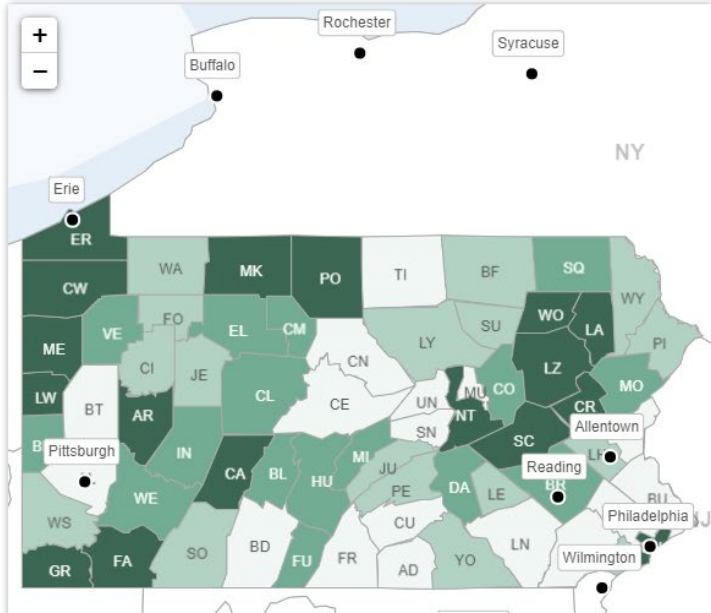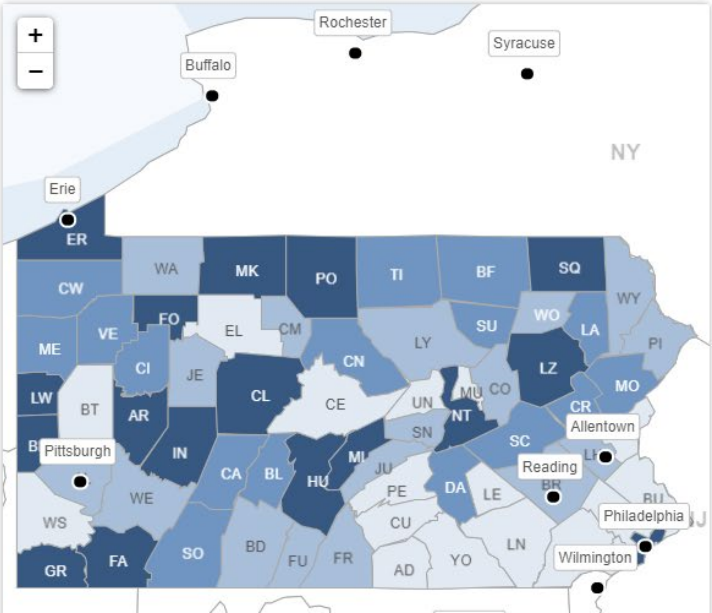
- Providers by County
  - Primary Care
  - Dentists
  - Mental Health

Top U.S. Performers:	1,030:1 (90th percentile)
Range in Pennsylvania (Min-Max):	4,940:1-180:1
Overall in Pennsylvania:	1,230:1

Primary Care Physicians Ratio			
County	# Primary Care Physicians	County Value	Trend
Adams	54	1,900:1	
Allegheny	1,368	890:1	
Armstrong	28	2,330:1	
Beaver	70	2,350:1	
Bedford	12	4,010:1	

www.countyhealthrankings.org

Medical Needs of Service Area
Health Disparities

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- Health statistics by age, sex, race, and ethnicity
  - Mortality Rates
  - Incidence Rates
  - Socio-Demographics
  - Screening & Risk Factors

U.S. Department of Health & Human Services

NIH | National Institute on Minority Health and Health Disparities

| Mortality | Incidence | Functioning | Socio-Demographics | Screening & Risk Factors |

Age-Adjusted Mortality Rates by Cause of Death (2014-2018)	Ohio Rate	USA Rate	Map	Table	Historical Trends Graph	5-Year Rate Change Graph	Rate/Trend Comparison by Cause of Death	Rate/Trend Comparison by Area
Accidents & Adverse Effects	62.4	45.7						
All Causes of Death	830.9	728.8						
Alzheimer's Disease	32.1	29.4						
Cancer	172.3	155.5						
Cerebrovascular Diseases	41.3	37.3						
Chronic Liver Disease & Cirrhosis	10.7	10.8						

[Data Portal - HDPulse (nih.gov)](https://nih.gov)
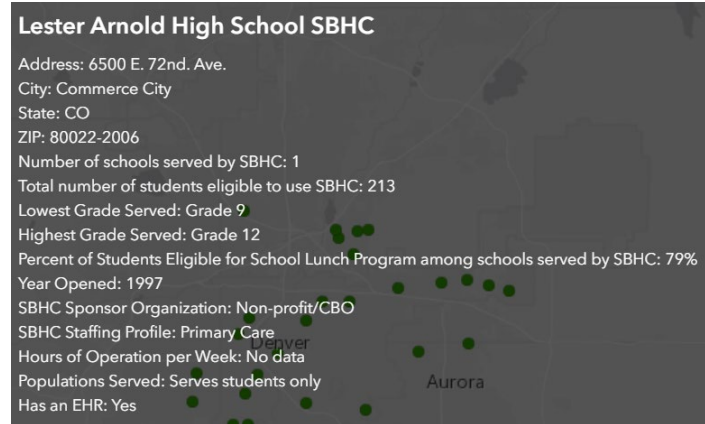
- School Based Health Alliance Child Health & Education Mapping Tool:
  http://data.sbh4all.org/sbhadb/maps/
  - SBHCs & School Characteristics
  - Provider Teams
  - Population Served
  - Delivery Model
  - Hours of Operation

Lester Arnold High School SBHC

Address: 6500 E. 72nd. Ave.
City: Commerce City
State: CO
ZIP: 80022-2006
Number of schools served by SBHC: 1
Total number of students eligible to use SBHC: 213
Lowest Grade Served: Grade 9
Highest Grade Served: Grade 12
Percent of Students Eligible for School Lunch Program among schools served by SBHC: 79%
Year Opened: 1997
SBHC Sponsor Organization: Non-profit/CBO
SBHC Staffing Profile: Primary Care
Hours of Operation per Week: No data
Populations Served: Serves students only
Has an EHR: Yes

- Health Professional Shortage Areas: HPSA Find (hrsa.gov)
  - HPSA Designation Regions
  - HPSA Scores
  - Medical, Dental, Mental Health
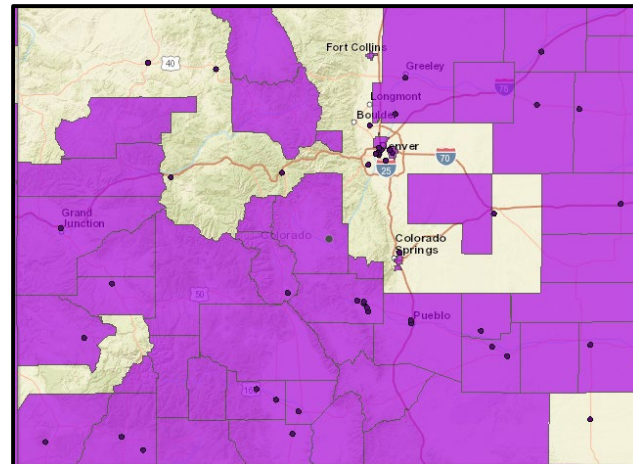
- Evaluate service area market share
  - Total population and low income population
  - Payer mix
- Population Projections
  - Anticipate changing demographics and their effect
- Estimating potential patients, visits, providers, capital needs

"An organization is considering increasing its low income population market share by 20%.

How many more patients, visits, and providers would that mean?"

Expansion Considerations: Scenarios 101

	Scenario 1	
Number of new patients	2,000	
Provider FTE productivity/Patients per FTE	500	
Additional provider FTE needed	4.0	
Support staff per provider FTE	2.3	
Total FTE needed	13.2	
Estimated square footage per provider FTE	1,100	
Total additional square footage needed	4,400	
Cost per Square Foot?	$180	
Estimated Construction Cost	$792,000	
Hard Costs (construction, etc)	$ 792,000	70% of Total
Soft Costs	$ 170,000	15% of Total
Furniture, Fixtures, & Equipment (FF&E)	$ 170,000	15% of Total
Total Facility Cost	$1,132,000	

External Assessment Resources

- UDSMAPPER and HealthLandscape: www.udsmapper.org

- US Census Data: www.census.data.gov

- US Census QuickFacts: www.census.gov/quickfacts

- County Health Rankings: www.countyhealthrankings.org

- Policy Map: www.policymap.com

- Health Disparities: Quick Profiles - HDPulse (nih.gov)

- The United States Prosperity Index: www.usprosperity.net

- HRSA's Data Warehouse and Area Health Resource Files: www.data.hrsa.gov

- CDC/Nat'l Center for Health Statistics (FastStats): www.cdc.gov/nchs/fastats/default.htm

- School Based Health Alliance: School-Based Health Alliance - Redefining Health (sbh4all.org)

- Capital Link Publications and Toolkits: https://www.caplink.org/index.php/resources

- US SBA's Market Analysis:
  https://www.sba.gov/tools/sba-learning-center/training/market-research

- United Health Foundation, America's Health Rankings: https://www.americashealthrankings.org/

Looking Ahead

POLL 3: Where are You in Project Planning?

- Just exploring ideas and concepts, preparing for "the next thing"

- The health center has a project idea and decided to move forward with pre-planning

- Continued defining of planning thus far, perhaps due to HRSA capital grant(s)

- Initial ideas are in place – pre-planning well underway

- Beyond pre-planning – talking/working with architects, contractors, financing, etc

- Moving forward with project, just making sure we're not missing anything significant

Never Shortchange the Assessment Process

Assessment
- Internal
- External

Program Plan
- Established
- Enhanced

Operational Plan
- Organizational
- Clinical

Staffing Plan
- Functional Teams
- Required Skills

Facility Plan
- Required spaces
- Optimal site

Develop A Strategic Response Plan

Clarify Current State

- Internal
- External

Organize Opportunities

- Facilitator
- Provider
- Advocate

Acknowledge Challenges

- Guiding Principles
- Project Priorities
- Decision Filters

Develop a Plan

Contact Us

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