California Health Care in Crisis

Patient Access to Care, Jobs Threatened as Communities Face Grueling Hospital Financial Conditions



Communities Are Already Hurting



WSJ https://www.wsj.com > articles > safety-net-hospital-owner-pipeline-health-files-for-bankruptcy-...

Safety-Net Hospital Owner Pipeline Health Files for Bankruptcy

Oct 3, 2022 · Jonathan Randles. Oct. 3, 20

https://www.latimes.com > california > story > 2021-03-28 > I-a-is-united-against-the-closure-of-...

Closure of L.A. hospital is latest in troubling trend, some say - Los ...

https://calmatters.org > health > 2023 > 01 > hospital-closure

ment of Olympia Medical Center's sale and

After Madera's hospital closure, could others follow? - CalMatters

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ss of eliminating 7% of its workforce to

CommonSpirit posts \$1.3B annual operating loss

Spirit attribut

https://www.santacruzsentinel.com > 2022 > 02 > 23 > bankruptcy-court-approves-sale-of-wats...

Bankruptcy court approves sale of Watsonville Hospital to health car...

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As hospitals are forced to make cuts or close outright (between January 2013 and February 2020, three rural hospitals in California closed and 13 are currently at risk of closure), patients are even further harmed. Notes: Rural closures increase inpatient mortality by 8.7%; Medicaid patients and racial minorities are relatively worse affected by rural closures (11.3% and 12.6%, respectively)

Following rural hospital closures, patients must go to nearby, already-overcrowded hospitals. The distance patients must travel to access basic inpatient services increases by 20 miles; for specialty services like treatment for substance use disorders, distance increases by almost 40 miles.

Resources to Pay for Care Aren't Keeping Pace with Costs



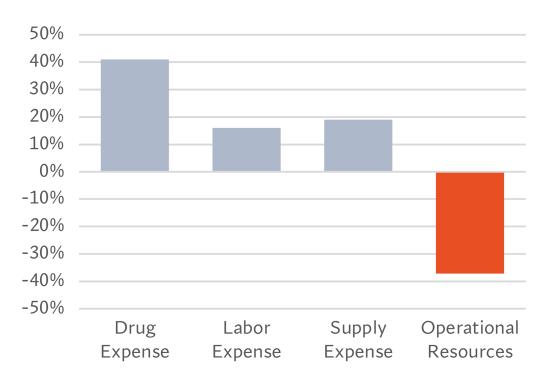
As expenses rise, resources to care for patients are falling short.

Inflation drains resources for patient care.

From 2019 to 2021:

- Labor expenses rose 16%.
- Pharmaceutical costs grew by 41%.
- Medical supply expenses jumped 19%.

Cost to care for Californians sees record inflation from 2019 to 2021



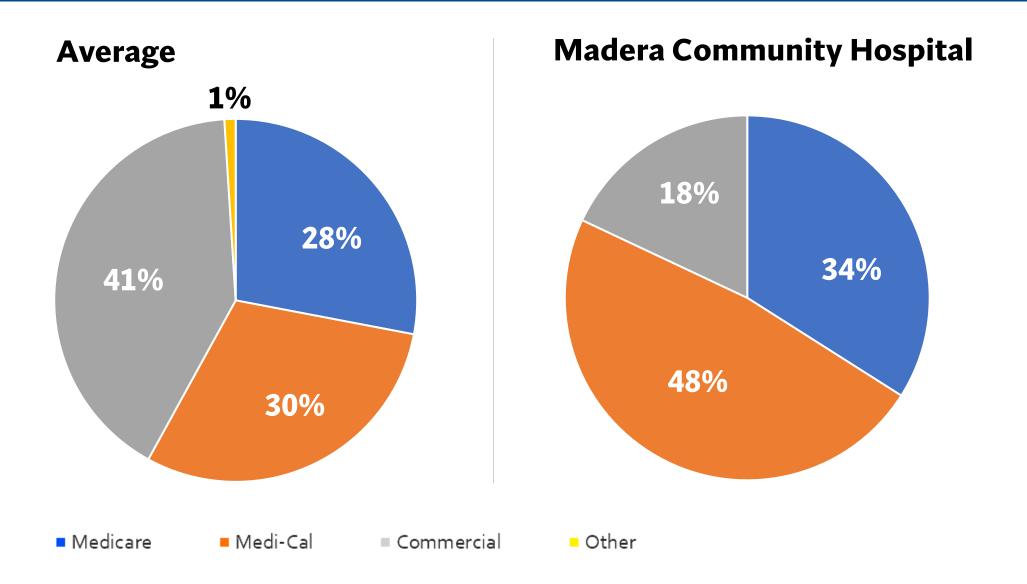
A Structural Problem with Health Care Funding



- The state of California pays hospitals 74 cents for each \$1 of care for MediCal patients
- The federal government pays hospitals 75 cents for each \$1 of care for Medicare patients
- 73% of patients in the average hospitals in California have Medicare or MediCal
- Every day, 51% of hospitals in California lose money providing care for patients.

Current Environment — Fixed Revenue





Kaweah Delta Health Care District ("Kaweah Health")





Kaweah Health ("Then") — A Model of High-Quality Care



- 613 licensed beds
- **5,200 employees** and 700+ providers
- 73-bed emergency department and level III trauma center
- Accredited teaching hospital
- Healthgrades 2023 Top 100 U.S. hospitals
- Healthgrades 2023 Top 50 U.S. cardiac surgery programs (six years in a row)
- U.S. News & World Report's highest performing maternal/child health programs
- Contribute \$1.12 billion in annual economic impact to Tulare County
- A3 credit rating by Moody's Investors Service

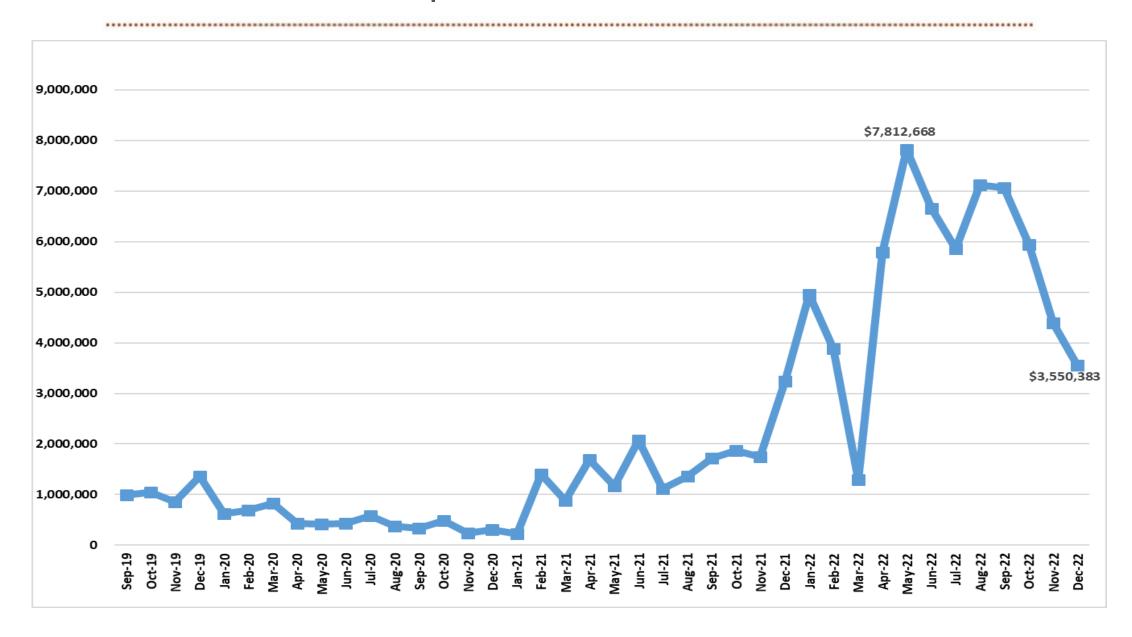
- Serve population of 600,000 in Tulare and Kings Counties
- Tulare County ranks #1 in Medi-Cal enrollment as % of population
- In 2020, Tulare County ranked 53rd in health outcomes and 56th in health factors
- 81,000 ED visits
- 112,000 urgent care visits
- 124,000 rural health clinic visits
- 4,500 babies delivered
- 10,000+ surgeries
- Leapfrog "A" safety rating

Kaweah Health ("Now") — A Community at Risk



- \$136 million cumulative operating loss from March 2020 through December 2022
- Offset in part by \$61 million in federal Provider Relief Funds
- Days cash on hand down from 141 in June 2019 to 83 in December 2022
- Moody's downgrade from A3 to Ba1
- Turned down by 50+ banks for line of credit
- Laid off 130+ employees with 90-100 more coming by February
- Closed 22-bed skilled nursing unit, outpatient neurosurgery clinic & diabetes education clinic
- Planning to end or limit many elective Medi-Cal surgeries & procedures
- 10-20% pay cuts for all leaders and no 401(k) plan match for all employees

Contract Labor Expense



What's Needed



Support the care hospitals deliver to patients and communities

The problems are complex, but solutions are within reach:



Improve state investment in Medi-Cal

- to address systemic challenges for disadvantaged people and generate greater stability in resources for health care



Protect and enhance Medicare funding – to safeguard health care for seniors and stabilize a shaky foundation of health care resources for all



Enhance workforce investment – to build
the pipeline of clinical
professionals to support
growing demand



Lower the cost of prescription drugs – to reduce a major expense that is beyond the control of hospitals and other health care providers

Questions



Online Questions/Comments: Submit questions or comments in the Chat box at the bottom of your screen, press enter.

Audio Questions/Comments: Select "Raise Hand" at the bottom of your screen and your line will be unmuted. If listening by phone only, press *9.

Resources



- https://www.kaufmanhall.com/insights/national-hospital-flash-report-november-2022
- https://www.beckershospitalreview.com/care-coordination/18-hospitals-scaling-back-care.html
- https://jamanetwork.com/channels/health-forum/fullarticle/2760166
- https://www.kff.org/report-section/a-look-at-rural-hospital-closures-and-implications-for-access-to-care-three-case-studies-issue-brief/
- https://www.latimes.com/california/story/2022-10-10/separate-and-unequal-critics-say-newsoms-pricey-medicaid-reforms-leave-most-patients-behind
- https://calhospital.org/time-to-eliminate-medi-cals-health-care-caste-system/
- https://www.fitchratings.com/research/us-public-finance/fitch-ratings-revises-us-nfp-hospitals-sector-outlook-to-deteriorating-16-08-2022



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