

## The Sunnyside Health and Wellness Center: Creating a New Clinic from Scratch

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The need for high quality affordable health care is growing significantly in Clackamas County, Oregon. Many county residents are doing without adequate health care or showing up in emergency rooms with acute medical crises that are significantly more costly to treat than early prevention and treatment.

In order to address this growing need, the Clackamas County FQHC (Federally Qualified Health Center) will open a second primary care clinic to supplement the existing

Beavercreek Clinic in Oregon City. The new clinic will be located in the Sunnyside area, near the Kaiser Sunnyside Hospital. It will integrate medical, dental, behavioral, and public health care in one facility that is easily accessible for people using public transit.

The new clinic will help to meet significant need in the county for additional primary care services, focusing on serving Medicaid, Medicare, and uninsured patients, but also accepting commercially insured patients. It is anticipated that the Clinic will serve 8,000 to 10,000 new patients per year by the end of its third year of operation.

Integrating multiple primary care services is known as a patient-centered health home model, and follows the latest best practices in health care delivery. Research shows that integrating primary medical care with behavioral health, dental, and public health care provides much better health outcomes than a more segregated approach.

Currently, Clackamas County is working to hire a full complement of staff, including nurses, physicians, and a range of technicians and assis-

tants. Employment information is available at <http://www.clackamas.us/des/sunnyside.jsp>. Please visit the website to learn more about our hiring efforts.

As a public agency, Clackamas County Health, Housing, and Human Services (H3S) is no stranger to budget challenges. Building and staffing the Sunnyside Health and Wellness Center has necessarily been conducted on a tight budget, and compromise has been important. However, the design team overseeing the start up process has been committed to adopting as many evidence-based design (EBD) principles and best practices as possible.

### **The Site**

We searched extensively for an appropriate site that would improve access to our patients in North Clackamas County. The location selected had the advantages of having excellent public transportation access, close to where our patients and potential patients live, good visibility from the street for wayfinding, and reasonable cost to remodel, having been medical space previously.

## Structure/Skin

Since the clinic project is remodeling an existing building, we have not been able to make significant changes to the structure or skin of the building. The site does have excellent locations for signage, however, which we are taking good advantage of in order to improve wayfinding. Internally the center has been carefully designed using soothing and pleasant color schemes combined with therapeutic art work to encourage a healing environment.

## Services

We were very deliberate in designing the services our patients need in this space. Our integrated clinic services include primary medical, behavioral health and addictions care, dental care, immunization services, and family planning. These services are the core of our patient centered health home model. Additionally, we will improve access to services by offering our patients extensive afterhours and same day appointments.

## Space plan

EBD principles followed in our space planning include; use of lean design principles to reduce the number of steps used in day to day activities, space to support community activities, universal signage, lighting, colors, and art work to improve wayfinding, group rooms, wireless technology, warm handoff zones, patient hosts, shared offices for team providers, and flexible staff-

ing patterns. The space design allows us to build care teams around patient needs and serve each patient more efficiently and effectively.

## Staffing

We are staffing the clinic with six medical care providers, providing access to services 55 hours per week. Along with these medical providers, two behavioral health providers, two dentists, one hygienist, four RN's, one lab tech, six EFDA, and 14 CMAs round out our clinical staff. Most of the staff is involved in direct patient service roles, with one nursing manager, one office manager, one team assistant, and an outreach person in supporting roles. Staff members will be organized into teams to ensure that patients receive the full continuum of care from an integrated group of professionals. One unique aspect of the staffing plan is that the CMA's will serve an extended role as both reception and as host throughout a patient's visit. This will provide greater flexibility, consistency for patients, and less stress through the visit.

## Patient Mix

Nearly all of our patients are below 200% of poverty, and that is our core demographic. About 40% of our patients are Hispanic, and prefer Spanish as their most comfortable language. We also serve a growing population of Russian speaking, Eastern European, and Asian patients. In order to accommodate our patients our CMA's are all bi-lingual, and we have phone interpre-

tation available in each exam room. Our payer mix changes from day to day, month to month, but is roughly 55% Medicaid, 30% uninsured, 9% Medicare, and 7% private commercial Insurance.

Creating a new clinic from scratch is a challenging and fascinating undertaking. We think that by organizing the new clinic around evidence-based design principles, we will be able to create a clinic that has better health outcomes and offers a more pleasant experience for our patients. Patients can call one number (503) 655-8471 to get signed up, or to make an appointment. Current patients who would like to make an appointment can simply call the same day.

Our goal is a healing patient experience reinforced by consistent physical and operational best practices that support each individual patient's health. We have worked hard to learn from the best ideas available, and look forward to seeing our efforts put into practice when the clinic opens February 13th of 2012.

*Dave Edwards has worked in healthcare since 1983, working in primary care, elder health care, specialty care, integrated delivery systems, and a number of shorter term consulting engagements around the world. He has been the Director of Primary Care for Clackamas County, Oregon's H3S Department since 2010. Before that he was VP of Finance for the Southeast Alaska Regional Health Consortium (SEARHC) based in Juneau, AK.*

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