



California Association
of Public Hospitals
and Health Systems

CAPH members include county-owned and operated facilities and University of California medical centers:

Alameda County

Alameda Health System

Contra Costa County

Contra Costa Health Services

Contra Costa Regional Medical Center

Kern County

Kern Medical Center

Los Angeles County

Los Angeles County Department of Health Services

Harbor/UCLA Medical Center

LAC+USC Medical Center

Olive View/UCLA Medical Center

Rancho Los Amigos National Rehabilitation Center

Monterey County

Natividad Medical Center

Riverside County

Riverside County Regional Medical Center

San Bernardino County

Arrowhead Regional Medical Center

San Francisco County

San Francisco Department of Public Health

San Francisco General Hospital

Laguna Honda Hospital and Rehabilitation Center

San Joaquin County

San Joaquin County Health Care Services

San Joaquin General Hospital

San Mateo County

San Mateo County Health Services Agency

San Mateo Medical Center

Santa Clara County

Santa Clara Valley Health & Hospital System

Santa Clara Valley Medical Center

Ventura County

Ventura County Health Care Agency

Ventura County Medical Center

University of California

UC Health

UC Davis Medical Center

UC Irvine Medical Center

UC San Diego Medical Center

UC San Francisco Medical Center

UCLA Medical Center, Santa Monica

Ronald Reagan UCLA Medical Center

The California Association of Public Hospitals and Health Systems Celebrating 30 Years

In 1983, a group of California public health care system executives united in the passionate belief that everyone deserves an equal opportunity to enjoy good health, and an association was born. As we reflect back on CAPH's 30th anniversary and prepare for the road ahead, we celebrate the many steps forward in realizing this collective vision and pause to recognize the remarkable commitment and creativity that have brought us to this point.

In the early years, CAPH quickly developed a strong track record of effective advocacy to preserve the strength and integrity of the safety net on behalf of the millions of low-income Californians whose health depends on it. Fighting repeated assaults on essential funding for public health care systems, CAPH worked tirelessly to ensure the availability and reliability of key funding streams despite continually shifting political and economic environments. Even with perpetual fiscal challenges, California's public health care systems have recognized the need to transform their delivery systems and have invested significant time, staff and financial resources in the work needed to become integrated systems of care. Their dedication to this pursuit was embodied in the establishment of CAPH's affiliate, the California Health Care Safety Net Institute (SNI), which for more than 14 years has helped member systems reduce health disparities, enhance quality of care, and pioneer innovative approaches for enriching the patient experience.

Decades of successful advocacy and demonstrated value positioned CAPH and its members to play a pivotal role in making health care reform a success in California, laying the groundwork in recent years by leading early coverage expansion efforts, and ambitiously pursuing multiple delivery system improvements to achieve the Triple Aim of providing better care with greater efficiency to improve the overall health of the communities we serve.

While we have made great strides, our ability to deliver high quality care to all in need will continue to be tested. In the coming years, CAPH will help California's public health care systems rise to the challenges of uncertainty and heightening expectations by boldly embracing change and accountability on the shared journey of continuous performance improvement. Together we will navigate a new era in health care, harnessing every opportunity to provide the best care for every patient every day.

The California Association of Public Hospitals (CAPH) is founded with Carol Emmott as President & CEO.

In CAPH's first major victory, the California Legislature makes a \$50 million augmentation to the underfunded MIA program.

Voters approve Prop 99, devoting new cigarette tax revenues to a variety of health programs. CAPH helps to craft the initiative and ensure its placement on the ballot. During implementation, CAPH works to ensure funds support uncompensated care.



1983

1985

1988

1989

1990



CAPH-sponsored SB 1732 is signed into law, providing critical funding for the renovation and replacement of outdated public health care system facilities throughout the state.

In response to overwhelming patient demand at public health care systems, CAPH and Los Angeles County work in partnership with the Legislature and federal government to enact SB 1255, establishing a new funding source for essential obstetrics, emergency and trauma services.

Mary Pittman becomes 2nd CAPH President & CEO.

California's Medicaid Disproportionate Share Hospital (DSH) program (SB 855) is created to generate new federal funding for health care systems that serve the greatest numbers of Medi-Cal and uninsured patients. CAPH worked in close collaboration with Los Angeles County to enact this landmark program, which currently generates roughly \$1.1 billion annually for California's public health care systems.

The Robert Wood Johnson Foundation funds a \$1.3 million grant to provide quality management training and technical assistance to hospital system administrators and clinicians. The eight-year project becomes the foundation for the establishment of quality management infrastructure in California's public health care systems.

CAPH leads the effort to ensure the protection of safety net patients and providers during the state's establishment of Medi-Cal managed care, including advocating for the formation of the Two Plan model and the Local Initiatives.

CAPH is the first to sponsor legislation (SB 1036) to eliminate burdensome paperwork requirements and allow 12-month continuous coverage for Medi-Cal-eligible children. A version of this proposed change in policy was eventually signed into law in 1999.

State Child Health Insurance Program (SCHIP)/Healthy Families is established.

1991

1993

1995

1997

"Realignment" is enacted, dedicating state revenue to county indigent services.

CAPH helps defeat a federal Medicaid block grant proposal.

Denny Martin becomes 3rd CAPH President & CEO.

Due to tremendous pressures and strain placed on the Medicaid DSH program, CAPH works at the state and federal levels to avert a crisis and successfully develop and implement a multi-pronged stabilization plan.

CAPH changes its name to the California Association of Public Hospitals and Health Systems.





The State enacts AB 915, making it possible for local public agencies and health facilities to obtain federal matching funds for the unreimbursed costs of providing hospital outpatient services to Medi-Cal patients. CAPH strongly supports the bill, and leads an effort working with the State to gain federal approval.

CAPH successfully helps advocate for the implementation of the prospective payment system (PPS) for federally qualified health centers.

CAPH fights a proposed reduction of the federal Medicaid upper payment limit.

1998

1999

2000

2001

2002

Three UC Medical Centers join the association:
UC Davis, UC Irvine, and UC San Diego.

The California Health Care Safety Net Institute (SNI) is established with Wendy Jameson as Executive Director. As the quality improvement partner of CAPH, SNI helps public health care systems achieve their full potential as truly integrated delivery systems – where every patient can access the right care, at the right place, at the right time.

SNI partners with CAPH members to launch the Child Passenger Safety Initiative. The project provides and fits child safety seats for 10,000 low-income children and trains thousands of health care and social services staff, resulting in increased use—and decreased misuse—of car seats among families served by public health care systems.

SNI partners with CAPH members to host a series of Best Practices Forums on key issues facing public health care systems, including the challenges of recruiting and sustaining a highly qualified nursing workforce and assuring language access to health care services for Limited English Proficient patients.



Governor Schwarzenegger proposes a new health reform package and designates 2007 as “Year of Health Reform”. CAPH works closely with statewide leaders to shape California’s approach, which includes a “Local Coverage Option” for low-income patients to receive integrated care in public health care systems.

Melissa Stafford Jones becomes 4th CAPH President & CEO.

In partnership with the California HealthCare Foundation and UCSF, SNI launches a five-year initiative to develop new, sustainable palliative care programs in California’s public health care systems and support expansion and enhancement of existing programs, with an emphasis on reaching diverse communities and reducing health disparities.

2004

Starting in 2004, SNI offers a robust series of primary care improvement and chronic condition management initiatives to improve operational efficiency and ensure patients better access to appropriate levels of care.

The State and CMS agree to a five-year Medicaid waiver, launching a major overhaul to public health system financing and establishing the Health Care Coverage Initiatives (HCCI) that will expand coverage to low-income residents in 8 public health care system counties.

2005

Three CAPH members found the Health Care Interpreter Network (HCIN) and CAPH/SNI releases Model Hospital Policies & Procedures for Language Access, highlighting public health care systems as national leaders in expanding language access through onsite interpreters, multi-lingual staff, and remote video and voice technologies.

Building on the success of SNI-supported initiatives to improve primary care, 10 HCCI launch with medical homes as the linchpin of the program.

2007

2008



The American Recovery and Reinvestment Act includes enhanced FMAP, providing critical funding for public health care systems to help meet increased demand for services and offset severe financial strain due to the recession.



Patient Protection and Affordable Care Act (ACA) is signed into law.

SNI launches the Patient Experience Transformation Initiative to help measure, understand and improve the care experience. These efforts result in the appointment of new senior leaders accountable for patient experience, demonstrating public health care systems' passion and commitment for putting patients at the center of their own care.

CAPH works closely with the State on legislation to implement the ACA in California, including efforts to ensure a seamless transition for LIHP enrollees into Medi-Cal and the new state Exchange, Covered California. As part of California's decision to pursue Medicaid expansion, counties and the State renegotiate the 1991 Realignment agreement.

The medical centers of UC San Francisco and UCLA join the association.

Dr. David Lown becomes 2nd SNI Executive Director.

Erica Murray is appointed 5th CAPH President & CEO.

2009

2010

2011

2012

2013

California reaches a groundbreaking 1115 Medicaid waiver agreement with CMS, laying the foundation for the implementation of health reform in 2014. Under the waiver California becomes an early adopter of Medicaid expansion, converting and expanding the HCCI program to the Low Income Health Program (LIHP), enrolling more than 670,000 individuals and assigning them to a medical home. In addition, the Delivery System Reform Incentive Program (DSRIP) is created, a federal pay-for-performance initiative offering California's 21 public health care systems an unprecedented opportunity to improve patient outcomes through more integrated and organized care delivery.

Starting with Texas, CMS begins approving incentive programs similar to California's DSRIP in other states.

U.S. Supreme Court upholds the constitutionality of the ACA.

100% of California's public health care systems have established palliative care programs. These systems now serve as a model for other providers seeking to enhance the quality of life of patients facing serious illness.

Open enrollment starts in Covered California. CAPH supports development of a Bridge Plan to promote greater affordability for low-income consumers, improve continuity of care for individuals transitioning between Medi-Cal and Covered California, and increase participation of Medi-Cal managed care plans and safety net providers.



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