



Outside the Box: Case Studies in Creative Clinic Design

Introduction and Background

From hands-on healthy cooking classes to exercise programs and public education sessions, community health centers (CHCs) are using opportunities of new construction to become more deeply integrated into their communities and fill needs that go beyond primary care.

This issue brief examines the need for and role of well-conceived facilities within the safety-net system and highlights two rural California clinics that used outside-the-box thinking to create buildings that support new models of care: Hill Country Health and Wellness Center in Round Mountain, and Open Door's Del Norte Community Health Center in Crescent City. Clinic leaders, architects, and community members were interviewed to learn how these facilities were conceived and built and how they serve their communities' needs for health, education, jobs, and more.

The new facilities represent a significant step for the long-established safety-net clinic system in California. "The first 30 to 40 years of the CHC movement were about establishing our presence as reliable and quality providers of primary care," said Herrmann Spetzler, CEO of Open Door Community Health Centers headquartered in Arcata. "Many of our facilities are converted from whatever it is that we could get." Nationally, most health centers "operate in buildings more than 20 years old, with some as old as 110 years," according to the March 2008 *Access Capital* report prepared by the National Association of

Community Health Centers, Capital Link, and Community Health Ventures.

Spetzler believes that if CHCs are to be successful in recruiting the next generation of providers, "it is absolutely crucial for us to take the next step and create modern facilities that are designed to deliver good health care and allow us to implement best practices. The next 20 years," he added, "have to be about creating the physical plants that will sustain this quality primary care delivery system."

The cost implications were summarized in the *Access Capital* report. Nationally, health centers need \$4.4 billion to sustain, renovate, or upgrade existing facilities, it said. With accelerated growth, the overall health center capital needs are in excess of \$10.5 billion through 2015.

The health care reform package signed into law on March 23, 2010, contains \$1.5 billion in funding, beginning in fiscal year 2011, to help health centers meet their capital needs. Federal stimulus funds provided by the American Recovery and Reinvestment Act of 2009 are also helping. The legislation set aside \$1.5 billion to Federally Qualified (Community) Health Centers (FQHC/CHC) and CHC-controlled networks for facility construction and renovation, equipment, and acquisition of health information technology. Of this amount, California health centers received nearly \$175 million in capital improvement and facility investment awards, according to *The Economic Stimulus: Gauging the Early Effects of ARRA Funding on Health Centers and Medically Underserved Populations and Communities*, a

February 16, 2010, policy research brief from the U.S. Department of Health Policy.

Making the best use of these funds will support health care's "shift from a care-centric and disease-centric model to a wellness and patient-centered model," said Anjali Joseph, Ph.D., of The Center for Health Design in Concord, California, a research, education, and advocacy organization of health care and design professionals that examines issues involved in designing safety-net clinics as well as hospitals and other types of health care facilities. Joseph is a co-author of *Improving the Patient Experience: Best Practices for Safety-Net Clinic Redesign*, a report published by California HealthCare Foundation in March 2009.¹

The shift to a wellness model "has implications for the way care is provided and, hence, the physical environment," said Joseph. "It's very difficult to manage these new care processes in an old, traditional model of clinic design." Joseph and Keller offered observations on how CHCs are supporting new health care models aimed at better efficiency and meeting a community's interlinking needs. Some of the ways they see CHCs being innovative include:

- Involving community members in the planning process;
- Supplementing clinical areas with kitchens, libraries, and other spaces that enable community outreach programs ranging from healthy cooking classes to art education;
- Building facilities certified to the U.S. Green Building Council's Leadership in Environment Engineering and Design (LEED) Green Building Rating System and using that process to educate communities about sustainability, non-toxic building materials, and other green building issues;

- Incorporating standardized exam rooms and other evidence-based planning and design features that are more often found in acute care settings;
- Building larger exam rooms to accommodate multidisciplinary care;
- Building meeting rooms to accommodate group sessions between a patient, family members, and multiple providers; and
- Incorporating telemedicine to provide care from specialists outside the clinic's walls.

Two case studies offer real-life examples of safety-net clinics that have put these notions into action.

Case Study:

HILL COUNTRY HEALTH AND WELLNESS CENTER

Hill Country's expansion, completed early in 2009, tripled the clinic's capacity and helped realize a long-held dream to serve as a community anchor as well as a health care provider.

The project increased clinic space from 8,000 to 20,500 square feet. It expanded medical, dental, and behavioral health areas and incorporated new community spaces including a commercial kitchen/café, library, classroom, large multipurpose room, and more. The project included a secondary 3,400-square-foot building with a teen center.

The clinic's aspirations date to 1982 when a group of friends got together to begin planning a clinic for residents of the rural town of Round Mountain and surrounding communities. At the time, Round Mountain's infrastructure consisted of a post office, gas station, school, small store, and a café. After three years of fund-raising events that included more than a dozen ravioli dinners and countless bake sales, the friends saw the opening of the clinic's first facility—a 1,500-square-foot, double-wide trailer.

“Our commitment from the beginning was broader than just health care,” recalled Hill Country CEO Lynn Dorroh. “We saw the clinic as a way to solidify the community, connect a far-flung set of people, provide local jobs, and provide needed health care.”

By 2004, Hill Country was providing medical, dental, and behavioral health services, including psychiatry by telemedicine, out of an 8,000-square-foot facility. Much of the building had been hastily constructed from lumber kits after the 1992 Fountain Fire destroyed the original trailer and a twin trailer added in the late 1980s for dental services.

Hill Country Health and Wellness Center



Photo: Celeste White

The clinic’s core service area included 4,600 people scattered among four tiny mountain communities over 5,000 square miles. Additionally, Hill Country was the only provider of dental and behavioral health services within 200 miles for people who couldn’t afford private health services. Another 850 patients drove the 45 minutes from Redding, seeking what Dorroh described as “our lower key, more personal, more holistic way of providing care.”

The clinic was bursting at the seams. “Staff were almost sitting on top of each other,” said Dorroh. Wait times for dental appointments averaged 12 to 18 months.

Then, Hill Country received a \$250,000 capital grant from the Tides Foundation and a \$250,000 grant from the California Hospital Facilities Financing Authority. Those funds, combined with cash from the clinic’s own reserve, gave Hill Country enough seed money to initiate the expansion. The clinic borrowed \$5.25 million through a state-regulated, tax-exempt bond program that had been set up for California safety-net clinics as a result of the Wellpoint/Anthem merger.

A Bigger and Greener Vision

Hill Country’s leaders initially viewed the project as a dental expansion; by adding dental chairs they could significantly reduce wait times for appointments and generate revenue. But by spring, 2005, the leaders were revisualizing the building effort with the help of Trilogy, a Redding architecture firm. James Theimer, principal architect at Trilogy, helped the clinic’s management team expand their thinking and set new goals.

“James did a brilliant job of getting us to visualize what we really wanted, which was not just to do what was right out in front of us or what was most expedient in terms of need,” recalled Richard Hardie, Hill Country’s deputy director and CFO. “We realized that we could just do a dental expansion, or we could create a facility that would allow us to do a lot of the things that we’d all dreamed about.” Clinic leaders wanted to create facilities that reflected their philosophy of wellness. Said Theimer, the building must “not only be about making people better when they’re sick, but also about keeping people healthy.”

Hill Country leaders wanted a building that did not look or feel like a clinic. They envisioned a warm and inviting community hub—a place where people would come for activities or just to spend time and connect with other

people. The facility must help people feel good from the moment they came in the door.

In addition, “It needed to be a really green building,” emphasized Dorroh. In fact, Trilogy was chosen largely because the clinic’s management and board of directors wanted a LEED-certified building.² Trilogy had more green building experience than any other firm in the region.

“We wanted it to raise the bar for this community, so that the building itself and what happens inside it would become a definition of Round Mountain and a catalyst for economic development in our town,” said Dorroh. “We wanted people all over the county and state to say, ‘There is really great stuff happening in Round Mountain. Let’s go check it out.’”

Soliciting Staff and Community Input

To ensure that the expansion would fulfill the community’s biggest needs, Dorroh and Hardie organized meetings and used written surveys to solicit input from the clinic’s board of directors, staff, patients, and community members, including local teens. They received informal input daily. “Many people who work at the clinic live in the community,” said Dorroh. “It’s not a quiet group. Everybody feels like they have a voice. All day long, every day, people are coming in and saying, ‘You people need X.’”

The resulting wish list included the following:

- LEED-certified building incorporating as many renewable resources, non-toxic materials, and recycled materials as possible;
- Warm, inviting, comfortable environment;
- Expanded medical, dental, and behavioral health departments;
- Efficient flow throughout the building;

- Visual consistency between existing and new structures;
- Statement-making color palette;
- Sufficient storage space;
- Places to meet and have activities ranging from educational workshops to exhibits;
- Space for adult day health care;
- Kitchen/café producing healthy meals and where local gardeners could do canning;
- Library with computers and Internet access;
- Outdoor courtyard for activities;
- Walking path for exercise;
- Children’s play area;
- A place for teens to play games, get homework help, and be safe; and
- A swimming pool.

“We realized as we went through the process that we were going to do a \$5 to \$6 million expansion where we’d have rooms for yoga classes, dance classes, diabetic education, and dinners,” said Hardie. “We figured that while we were at it we might as well build a kitchen so that we can provide healthy meals for staff and start a nutrition program. We let ourselves really think about what we wanted to do. That’s how we got to the point where we were ready for James to draw some plans for a building that was more about being a community center and less about being a dental expansion.”

Because Hill Country is located in the middle of a large, underserved geographical area, “people travel long distances to come to this clinic,” pointed out Theimer. In terms of the architecture, “this meant having a big space where people could meet and engage in different activities. On a very basic level, the design goals were about creating a community center — having very

flexible places and spaces from big to medium to small to intimate for Hill Country to do as many programmatic things as they possibly could.”

Added Dorroh, “We included everything that we could financially afford. The participation of the different groups and agencies really helped us do it right. The one thing that we didn’t include, which everybody still wants, is a swimming pool,” she said. “That’s for another day.”

From Ideas to Reality

Theimer used the analogy of a convention center/hotel to describe the concept behind Hill Country’s new lobby. “In the typical convention center/hotel model, a big walkway or oversized lobby connects on one side to the hotel and on the other side to an exhibit hall,” he said. “That center area is a very important space. It’s used for exhibits and receptions. We tried to create the same thing in this building because two different things could be occurring at the same time. There might be a health expo going on in the lobby while people are also coming in because they’re sick or for check-ups or to get their teeth cleaned.”

The new lobby features a series of waiting areas including a children’s play area. It connects on one side to a newly constructed wing that includes a 1,600-square-foot multipurpose great room with a commercial kitchen and café, 400-square-foot classroom, library with computers and Internet access, and a large outdoor courtyard. On the other side, the lobby connects to existing clinical spaces as well as three new dental operatories, an expanded mental health suite, new medical exam rooms for visiting specialists, and new rooms for complementary health services such as acupuncture and massage therapy.

“The flow of the building works really, really well,” said Hardie. “People come in through large sliding glass doors and walk into a big beautiful lobby with beautiful art by local artists and photographers. There are really nice signs that say if you go down this hall you go to medical, and

if you walk over here you go to dental, and if you walk across the lobby you go to behavioral health.”

The glass doors, large operable windows, and clerestory windows make for an airy, light-filled building. A color palette of vibrant earth tones infuses the building and satisfies the owner’s requirement for “anything but off-whites.”

The building has been registered for LEED certification, which is pending. Among the building’s green features:

- Photovoltaic system on the roof;
- Solar water heater;
- Automatic lighting controls;
- Non-toxic building materials;
- No-VOC (volatile organic compounds) paint;
- Flooring made from cork, bamboo, recycled carpet, and recycled rubber;
- Dual-flush toilets and low-flow fixtures in restrooms;
- Drought-resistant landscaping;
- Rainwater catchment system for irrigating the four-acre site; and
- Ecohibit—Trilogy’s term for an educational display that is planned for inside the lobby to teach visitors about the importance of a healthy planet, a healthy community, and a healthy body—and how this building contributes to all three.

Focus on Community

To reflect its expanded role in keeping the community healthy and thriving, the clinic, which had been called Hill Country Community Clinic, changed its name to Hill Country Health and Wellness Center.

Hardie described some of the ways the organization is fulfilling that promise. “People are eating better,” he

noted. “Our kitchen produces high quality, nutritious food, and there’s been a big increase in awareness of nutrition among our staff.

“The same is true for our patients, too,” Hardie added. “For instance, we’re doing a diabetes initiative with a cohort of 25 diabetic patients. They are getting acupuncture and foot reflexology. They’re participating in a monthly, healthy luncheon that includes an educational component and a physical activity. They’re seeing a nutrition counselor, a nurse practitioner, and a podiatrist.”

Hardie also pointed to other ongoing activities. “We can have a smoking cessation program going in one room, an Alcoholics Anonymous meeting in the classroom, and an exercise program in the great room—all between 5 and 7 o’clock at night,” he said. “We have yoga classes two nights a week and gentle movement programs for seniors in the morning. None of that was possible before.”

While people are visiting the clinic they can go to the kitchen/café and get a healthy snack, relax in the lobby while their kids have fun in the play area, or go to the library to read, work on a computer, or surf the Web.

Dorroh can name nearly two dozen patients whose lives have changed significantly as a result of the clinic’s expansion, noting that these patients were previously unable to leave their homes due to chronic disease or depression. “Many of these people needed more human contact and meaningful activities. Now we’ve got the space to invite people in, and we have a volunteer program that engages a lot of people in different activities that help the clinic and make them feel better too. Maybe they’re only working eight hours a week, but they’re doing something that’s valuable to us, they’re contributing, they’re getting out, and they have friends. It’s a significant change.”

Terri Orwig, a licensed vocational nurse and the clinic’s integrated services coordinator, described the center’s three rooms for massage therapy and body work. “Having those wonderful cork floors, very soft lighting, soft colors, and a cocoon-like feeling in those rooms enables us to offer people more feel-good kinds of visits,” she said.

Partnering with Local Organizations

The expanded facility has made it possible for Hill Country to offer health promotion activities and educational workshops, either by itself or in partnership with other organizations.

For example, Acorn Community Enterprises, a small, local, family resource center, is partnering with the clinic on public education forums featuring topics that are relevant for area ranchers and farmers. Neither Acorn nor the clinic had space to be able to do this before.

In addition, Acorn and Hill Country co-facilitate a teen group that helps kids better themselves and their communities. The clinic’s new teen center was built with input from this group. Completed in February 2010, the teen center is currently being furnished. Plans include pool tables, foosball tables, computers with Internet access, a large outdoor patio with basketball hoops, and more. A community radio station is also planned. The station would be located upstairs from the teen center and would provide a way for the kids to get some work experience.

“The teen center was put into the expansion plans because it’s a real community need,” said Staci Wadley, Acorn’s executive director. “There’s a new teen center committee that’s going to help steer the center from the teens’ point of view. They’ll have input into the policies and direction of the center.”

Change Challenges Staff

While Hill Country's expansion brought positive changes to people's lives, it was also the latest in a series of changes impacting staff and, for some, it proved challenging.

"We got our Section 330 grant [designation as a federally qualified health center] on December 1, 2004, and things have exploded since then," Hardie explained.

"Within a five-year period we went from 18 employees to 75 employees, from a \$1 million budget to a \$4.5 million budget, and from an 8,000-square-foot building to a 20,500-square-foot building."

When the building expanded, the clinic went from centralized check-in to separate check-ins for medical, dental, and behavioral health services, which are all located in different parts of the building. Employees no longer had all of the informal conversation, collaboration, and coordination they were used to, and they missed each other. In addition, they no longer had easy daily access to Dorroh and Hardie, who had become more involved in statewide politics and were spending more time in Sacramento.

To help staff through the change process, Hill Country hired a change management consultant, who conducted focus groups to understand staff concerns and help them see that their discomfort was normal. She guided them in the creation of a transition team that includes representatives from different departments. The team meets twice a month to report and discuss change-related issues. Dorroh and Hardie attend those meetings, which Hardie describes as "open, informal, comfortable meetings—and the kitchen provides a free lunch."

The consultant also taught staff how to use a new tool to stay connected—an intranet system where people can post announcements. "It's everybody's responsibility to look on the intranet every day and see what's new, what's happening," said Orwig. "That's been a really good thing because even when we saw each other every day, we

didn't always know what was happening in the different departments.

"Change is hard for some people, and it just took some getting used to," added Orwig. "Everybody really does love the new facility."

Measurable Results

Hill Country is looking at how to quantify the impact of the expanded facility and new programs. There are already some measurable results:

- **More patients.** Fifty-six percent of 777 new patients in the last three years came after February 2009 when the expansion was completed;
- **Increased revenue.** The expanded behavioral health department has become one of the major revenue generators for the clinic. Behavioral health revenue in 2009 was \$713,900, up from \$371,730 in 2007;
- **Less waiting.** Wait times for dental appointments have been cut by two-thirds; and
- **Recruiting is easier.** One dentist and two psychiatric nurse practitioners cited Hill Country's expanded dental and behavior health departments as primary reasons for accepting jobs there.

Hill Country is in the early stages of using its many new spaces for health and wellness related programs. Management and staff say they are excited by the possibilities. "We think of our program as having three goals," said Dorroh. "To get people moving. To help people learn how to eat well and gain access to healthy food in a place where that's not very easy. And to connect people with each other. In each of those categories, there are a million things that we might do."

Case Study:

DEL NORTE COMMUNITY HEALTH CENTER

Of the 56 California counties surveyed for health outcomes in the 2010 *County Health Rankings* report, Del Norte County ranked last.³ Open Door Community Health Centers, which operates ten clinics serving two counties along California's North Coast, is working to change that. In June 2007, Open Door's Del Norte Community Health Center moved from an inefficient, overcrowded facility to the first new building on what is being developed as an 11-acre, community wellness campus.

Owned by the Del Norte Healthcare District, the campus is envisioned as a one-stop shop for wellness services, with the CHC as the anchor tenant on the campus. When more health organizations bring their services to the property, the partners will work together to provide integrated, whole-person care for the 30,000 people living throughout Del Norte County and surrounding communities.

The Del Norte CHC occupies three-quarters of the space in a 20,373-square-foot building. The building doubled the clinic's medical and dental capacity and enabled a shift to new models of care including population-based medicine, telemedicine, and electronic medical records. A large community conference room and offices for health service partners occupy the remainder of the building.

Creating the Vision

Open Door, which brought primary care to Crescent City in 1990, found that by 1999 its clinic was bursting at the seams. Operations Director Cheyenne Spetzler asked the Del Norte Healthcare District for help building a new facility. "The district's directors were pretty enthusiastic about the idea," she recalled. "Then Herrmann (Open Door CEO Herrmann Spetzler) and some other folks got into the game and said, 'Don't just do something ordinary. Do something that will transform the health of the people in Crescent City.'"

Clarke Moore, a district director, organized a health summit. His goal was to pull all of the significant players in the community out of their respective silos and get them thinking and talking about how to build a healthier Del Norte County. That initiated over ten years of collaboration with numerous partners to bring the wellness campus vision to life. Summit participants, in addition to Open Door and the Healthcare District, included: Sutter Coast Hospital, private physicians, the county's department of health and human services, Medi-Cal, Del Norte County Unified School District, College of the Redwoods, First 5 California (also known as California Children and Families Commission), Area 1 Agency on Aging, private businesses, nonprofit organizations, and others. Together, they defined their community's needs.

Del Norte Community Health Center



Photo: Cathy Kelly Architectural Photography

"The view right from the beginning was very holistic," observed Moore. "Everyone understood that improving health isn't just about going to a doctor's office, but that it's also about improving employment, housing, public health, and education."

The community wellness campus vision emerged during that summit. “The idea for the campus is one of co-location,” said Herrmann Spetzler. “We want to bring the talents that are already within the community to the campus and utilize all of those skills to change the health quotient of our patients.” He offered examples of what could be:

- Medical, dental, behavioral health, and telemedicine services provided by the Del Norte CHC;
- Senior resource center and adult day health care center managed by the Area 1 Agency on Aging with the CHC contributing services to the health component;
- Child day care services managed by the Del Norte Child Care Council with the CHC contributing services to a sick-child care component;
- Large teaching kitchen run by the Del Norte County Unified School District and College of the Redwoods to promote healthy eating in the schools and throughout the community. The CHC would assist to teach diabetic patients how to prepare nutritious meals for themselves;
- Community gardens managed by the Community Assistance Network for teaching patients and non-patients how to grow some of their own food and to be able to use some of that food in the teaching kitchen;
- Community teleconference room to foster distance learning in health subjects between the local College of the Redwoods and Humboldt State University 100 miles away;
- Outdoor playground for children encircled by an exercise path, so that patients can do prescribed activities while watching their children play in a safe area; and

- A tool for growing the community’s own labor force, with school children visiting the campus to learn about jobs in the local health industry.

Designing for Healing

The Del Norte Healthcare District financed the approximately \$6 million price tag for the land and the building partially through the sale of two properties that were no longer needed and with a U.S. Department of Agriculture loan.

HMR Architects in Sacramento designed Open Door’s new facility. “Open Door wanted a space that would work as part of the healing process,” said HMR Principal Kevin Pressey, AIA. “The space had to be functional and efficient for their care processes. Going beyond that, we looked at how all of the materials, colors, and other elements within the spaces could become part of the healing program as well.”

In contrast to the clinic’s previous homes—a three-bedroom house followed by remodeled doctors’ offices—the new, bigger facility was designed to meet Open Door’s specific needs now and in the future:

- **Growth.** Open Door gained eight more medical exam rooms and two more dental operatories. Also new are an exam room for telemedicine, an office with telehealth equipment, and space for visiting providers;
- **Efficiency.** Medical and dental clinics are separated, and each clinic has its own check-in and waiting area. Within the medical clinic there are distinct zones for medical services, behavioral health services, administration, and record-keeping. A sterilization room, medication room, and laboratory are centrally located. Meeting spaces are spread throughout the building;
- **Pods.** The medical clinic’s pod-based design marks the CHC’s shift from a traditional model of clinic care to a new model of population-based medicine.

“Pods, with their teams of providers focused on specific patients, help a lot with chronic health care management and enable better outcomes for our patients,” said Herrmann Spetzler; and

- **Electronic medical records.** “A big up-side of electronic medical records is that it forces a standardization of communication,” added Herrmann Spetzler. “This focused communication model is the direction that health care is going to go in the future.”

Many building elements have been woven into a healing-focused design:

- **Atrium.** The grand entry/main waiting area is suffused with natural light;
- **Size.** Spaces are appropriately sized for the clinic’s activities and to help people feel comfortable;
- **Colors.** Warm and cool colors are balanced for emotional effect. For example, cooler colors keep the tone down in behavioral health areas. Brighter colors pump energy into conference rooms and corridors;
- **Lighting.** The grand atrium and skylights help bring daylight into the center of the building;
- **Materials.** An array of flooring materials, baseboards, chair rails, and colors break up long corridors and give dimension and texture to walls; and
- **Nurses’ stations.** These warm, functional, visually striking work areas punctuate long corridors and give nurses interesting spaces in which to work.

By virtue of the clinic’s expansion, the Del Norte CHC has been able to provide services to many more people than before, accept more walk-in patients, and reduce wait times for appointments.

In 2009, the CHC logged 33,749 billable visits, up from 24,238 in 2006—the clinic’s last full year in its previous location. The clinic is projecting 40,000 billable visits in 2010.

“We’ve worked really hard to make sure that this facility meets our providers’ needs,” said Cheyenne Spetzler. “Even though this is a rural community without a lot of resources, our providers still have a lot. They have a real meds room, a big room that stocks all of the immunizations, a nice laboratory, good equipment, and relatively new equipment. When we first opened in this new location, the staff were in tears,” she added. “They said, ‘I cannot believe that somebody did something this beautiful for us.’ Patients said essentially the same words. Our patients are poor, and I don’t think they get a lot of respect. So, if you can do something that’s extraordinary and respectful for them, they feel better about their lives and about themselves.”

Cheyenne Spetzler stressed the community’s strong desire for a wellness campus. “One of the most amazing things that happened over the course of this whole project was how all of the groups with Community Development Block Grant funds (from the U.S. Department of Housing and Urban Development) contributed that money to make the wellness center happen,” she said. “They crafted together \$500,000 to get something great for their community.”

The California Endowment (TCE) noticed. In 2009, TCE chose Del Norte County and adjacent Tribal Lands as a partner in its new ten-year strategic initiative, Building Healthy Communities. According to Laura Olson, a program officer at TCE, this reflected “the excellent collaborative work already in progress there.”

Lessons Learned

The Hill Country Health and Wellness Center and the Del Norte Community Health Center building projects were not without challenges. What did senior management learn from the experiences?

It takes longer, costs more, and is harder than you might think. Financing can be delayed. Vendors can go bankrupt. Material costs can skyrocket. Project managers can quit. Building codes can change, and there's no guarantee that what you already built will be grandfathered into the new codes.

Hire experienced environmental consultants. The environmental permitting process is onerous and expensive. Hire an environmental consultant who understands all of the regulatory issues involved with getting your project built and who can start tackling the issues early.

Hire a dedicated project manager. Unless you have the construction expertise and skills in-house, don't try to manage the job yourself. Hire a dedicated project manager who will serve as your advocate.

Choose a general contractor carefully. Research the contractor's financial stability, building history, and success rate. Look at how many lawsuits they might have been involved in against clients.

Write joint checks. Writing joint checks to the general contractor or construction manager and subcontractors ensures that everyone gets paid.

Keep communicating. Make sure your board of directors, staff, patients, community, and consultants are on the same page before the project starts, and keep the communication flowing throughout. Construction projects are hard on everyone. Maintaining open lines of communication helps keep staff morale up and enables you to address issues early.

Being scared is part of the process. "The idea of trying to raise \$6 million and build a 20,000-square-foot building was daunting, to say the very least, and it was

way past anything that any of us had ever done," recalled Hardie. "We looked at each other and cried every once in a while, 'What the heck have we gotten ourselves into?'"

Collaboration helps and hinders. Nearly eight years after Open Door asked the Del Norte Healthcare District for help building a new clinic, the Del Norte CHC moved into its new home. Herrmann Spetzler attributes much of the delay to the same collaborative process that gave birth to the community wellness campus concept. "The community process is very expensive and endless, and it doesn't always have a result," he said. "If you're going to do this, there has to be a clear process for people to buy into the vision, and then the individual partners need to be given the freedom to go ahead and do their component. In our case, there were too many players at the table, and too many decisionmakers who weren't able to make decisions at the table. Had we had a clearer process and the freedom to move ahead on our own, we could have built our clinic four or five years sooner, and we probably could have saved a million bucks."

Expect the unexpected. Hill Country's project started as a dental expansion. Shortly after the project was complete, state law eliminated most adult dental services as a Medi-Cal benefit and the prospect of increased dental revenue vanished. On the other hand, the expanded behavioral health department became a major revenue generator for the clinic.

FOR MORE INFORMATION ABOUT...

The latest thinking in safety-net clinic building design, visit clinicdesign.healthdesign.org.

Hill Country Health and Wellness Center, visit www.hillcountryclinic.org.

Open Door's Del Norte Community Health Center, visit www.opendoorhealth.com.

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ABOUT THE FOUNDATION

The California HealthCare Foundation is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, our goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford. For more information, visit www.chcf.org.

ENDNOTES

1. *Improving the Patient Experience: Best Practices for Safety-Net Clinic Redesign*, was co-authored by Anjali Joseph, Ph.D., Amy Keller, M. Arch., and Gowri Betrabet Gulwadi, Ph.D. See www.chcf.org.
2. LEED was developed by the [U.S. Green Building Council \(USGBC\)](http://www.usgbc.org) to provide a framework for identifying and implementing practical and measurable green building design, construction, and operations.
3. Published by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.