

From: [Board Of Supervisors](#)
To: [Jesseka Rodriguez](#)
Subject: FW: HSA Clinicians and Psychiatrists concerns regarding elimination of lab, radiology, and mental health services
Date: Thursday, May 15, 2025 11:01:00 AM

From: John Lipson <[REDACTED]>
Sent: Wednesday, May 14, 2025 10:01 AM
To: Board Of Supervisors <boardofsupervisors@santacruzcountycalifornia.gov>
Subject: HSA Clinicians and Psychiatrists concerns regarding elimination of lab, radiology, and mental health services

May 14, 2025

Dear Members of the Board of Supervisors,

We are the Clinic Physicians and Psychiatrists of Santa Cruz County, serving at Santa Cruz Health Center, Watsonville Health Center, and the Homeless Persons Health Project. We are writing to you, along with our Nurse Practitioner and Physician Assistant colleagues, to express our serious clinical concerns and strong disagreement with HSA Management's proposal to eliminate our Laboratory and Radiology services and decrease our Mental Health Care services. We have repeatedly asked HSA Management to discuss our concerns, offering in good faith to address the many negative consequences of this proposal, but they have rejected us at every attempt.

We, too, are very concerned about the County's budget crisis and need to achieve a balanced budget, and we have offered to help achieve that goal. **However, HSA Management's proposal will not meet that goal, and will actually worsen the budget crisis.** In addition, this proposal will render us unable to care for our patients to the standard necessary to meet even their minimum needs, increasing costs and putting medical providers at increased liability.

We fully acknowledge and support HSA Management's responsibility and duty as stewards of the HSA Budget, and in no way aim to usurp that role. However, we are medical and mental health providers with years of training and experience--individually and collectively--that HSA Management does not have, and their proposal directly affects clinical care. With due respect, HSA Management does not fully grasp the clinical necessity of having these tools on-site and readily available, and we simply cannot do our jobs without them. In addition, as we have expressed to them, cutting these services will cause HSA to lose income because they are so necessary for our patients.

HSA Management only told us of this proposal on April 22, 2025, giving us very little time to address concerns that they had not considered. It was immediately clear to

us that **this proposal will undermine their goal of balancing the budget, in addition to clinical and liability considerations.** Clinicians and UAPD quickly reached out to Management with these concerns and repeatedly expressed individual and collective willingness to work with them to address these concerns. Management's only response was to direct us to address it through the Union--which we did--only to be told by County Personnel that we cannot address this issue because they claim it is not "within the scope of bargaining since the decision to close lab/radiology does not directly affect wages, hours and working conditions of the Clinic Physicians and Psychiatrists." While we strongly disagree with this assessment, our concerns are specifically clinical and pertain to the budget crisis. Therefore, we are writing to you directly.

At the end of this letter, we have attached some of the specific issues that we brought to HSA Management. We hope this attachment can help the each of you better understand the consequences of the proposal, consequences which HSA Management has not addressed.

Here is a brief summary of issues:

- 1) Our patient population is medically and psychosocially very complex, not comparable to a population at community or private clinics, and our patients' medical and mental health needs cannot be addressed without these services on-site.
- 2) We will lose many patients who come to County clinics only because we have these services. We know this because so many of our patients have expressly stated that is why they use our clinics. This, obviously, will cause us to lose income-generating visits.
- 3) We will fail to meet revenue-generating incentives and practice standards because many patients cannot do labs off site and because we will lose many patients to other clinics.
- 4) Management has stated that these services do not bring in revenue and, therefore, should be eliminated. We strongly disagree. There are many positions in HSA that do not generate revenue, from the lowest pay-grade to upper management. Lab, radiology, and mental health indirectly generate more revenue than many--perhaps all--of these other positions.
- 5) Providers at the County care for high risk patients, many of them in unstable medical and mental health conditions, and unstable socially. Without services readily accessible we will have worse patient outcomes and more adverse events. It will increase the risk of liability and licensing board discipline for providers, which would also cost the County.
- 6) The County has almost no ability to customize the electronic health record (EHR) that we use for patient management. On-site access to lab and radiology staff is essential to enabling us to order labs and imaging specifically for our EHR.

7) A huge number of our patients need mental health services and the complexity of their care is beyond the scope of clinic providers. The loss of mental health providers to manage medications and/or provide therapy will lead to significantly worse outcomes for patients, in their mental health and medical care.

These points are a brief, but incomplete, summary of our concerns, and we hope that you will have the opportunity to read some of the questions we have asked management, which we included at the end of this letter.

We thank you for your consideration of our concerns and ask that you do not hesitate to reach out to us. All of us are available to clarify or explain any of these issues or address any further questions any of you may have at any time.

Our goal is only to help the County address the budget crisis and meet our patients needs. We each stand willing and ready to help the Board and HSA Management in any way we can, and hope that our clinical expertise and experience can be of use to each of you as you address this crisis.

Sincerely,

Dimitri Bacos, MD
Robin Brooks, MD
Robert Brown, MD
Jessica Divine, MD
Jacob Ginsberg, DO
Anniken Hansen, MD
Renee Hook, DO
John Lipson, MD
Minoo Sarkarati, MD
Benjamin Ramsden-Stein, MD
Amanda Torczynski, MD
Cagri Yazgan, MD
Tim Jenkins, Senior Representative, Union of American Physicians and Dentists

Heather Couch, NP
Alexander Friedman, PA
Jessica Garcia, PA
Julie Gorshe, PA
Jason Johnston, PA
Marion Jordan, PA
Cayley Lanctot, NP
Alejandra Leliaert, PA
Heather Love, NP
Michael O'Connor, NP
James Reggio, NP
Willibaldo Reyes, PA
Andria Watson, NP

Brian Whiteside, NP

Attachment: List of concerns from Clinicians/Psychiatrists to HSA Management

ATTACHMENT

Specific Concerns Raised by Clinical Staff to HSA Management (this is not an exhaustive list of all questions voiced by providers and our coworkers, and some are edited for clarity and length)

- 1) We are concerned about all clinics' ability to meet CCAH Care Based Incentives if we lose access to lab services and radiology on site. This is a major source of income, and we will no longer meet these incentives if we don't have lab and radiology services accessible.
- 2) Barriers are already so high for all our patients, especially at HPHP. The vast majority of these patients will not go to another site for urgent lab work, or labs that need special handling, and therefore can't be drawn by one of our MA phlebotomists and sent over to Quest. It is hard enough just to get my patients at HPHP to go to Emeline for urgent radiology to avoid ED visits.
- 3) Staffing an ortho clinic without instant access to x-ray is not efficacious and may compromise our ability to continue to provide this service in the long term.
- 4) An increase in the "no show" rate based on patient perceived lower service quality and access to care.
- 5) This will increase the risk of our patients missing their follow up visits because of the burden on our patients to go elsewhere to get labs and X-rays.
- 6) The electronic health record (EHR) has endless order options, but the majority are not available to us. The lab staff are the only ones able to help us. How will management ensure that the EHR is tailored exactly to what we need if we don't have lab staff?
- 7) There are labs that we order only rarely and have to talk to lab personnel to get those labs added on to the EHR. Who will we turn to in this situation?
- 8) How will we deal with our urgent care model? We often need to send patients directly to the lab since some of these are acutely ill patients with potentially life threatening conditions. Will we turn away these people and send them to urgent care clinics and the ER?
- 9) How will we have adequate staff to interface with an outside lab directly? Clinicians and medical assistants cannot do this and run a clinic at the same time. As it is now, we can call the lab and get direct help.
- 10) How will management ensure that we do not see patients with acute conditions that require imaging? We will not be able to do an adequate assessment and will delay their care only to send them elsewhere.
- 11) How will clinicians be able to view the images that we order? We are responsible

and liable for images that we order and need to see X Rays that we order. Further, it erodes clinicians' skills to not be able to review imaging.

12) Many of our patients are homeless, have no transportation, or unstable economically and psychosocially. Many of our patients voice fear of other clinics/medical establishments for a host of good reasons. We care for many vulnerable and resource-restricted residents. Many of them simply can't get to a lab or imaging center off site.

13) Many community clinics do not have lab services nor Xray on site. However, they do not provide for the large number of marginalized and medically complex patients we do (indeed, many patients have left the local small community clinics to come here because we can do so much more).

14) If Watsonville no longer has psychiatry on site, how will the patients who need to see them in person be cared for?

15) Primary care physicians lack the expertise to manage patients that require psychiatry. Telehealth is often not viable for these patients. This is risking harm for patients and putting clinicians in unsustainable and risky positions.

16) At an outside lab, patients will have to make an appointment, and usually a week or two out from scheduling is the norm.

1. If a "walk in" appointment is needed a typical wait of 1 to 3 hours *without* a guarantee to be drawn or seen is also the norm.
2. Rescheduling follow-up appointments due to delays in Lab work will be rampant.
3. Patient frustration will increase due to "commercial attitude" of inexperienced staff in handling the special needs of our patient population, resulting in patient refusal to get labs done.

17) Per our lab supervisor: "I must say that I worked with over 300 phlebotomists in Northern California when I was a Regional Trainer at Quest and ALL the Lab Staff here are, by far, in the Highest Tier in skill, customer service, and compassion for our patients!!!!!!!"

18) There will be no direct contact (a knowledgeable person who understands testing needs) for questions regarding what collection supplies to use, what transport temperature to send a specimen in for testing, and what source can or cannot be collected for a specific test etc...

19). Orders will need to be placed differently in our EHR than the process currently being used now, what is the process to set this up and deal with problems?

20) How will the daily communications from the Reference Lab be resolved with regards to the tests and orders that are in question, which delay or prevent results from being reported.

21) How are the changes to the tests at our reference Lab (they are in constant flux

with changing test codes, specimen requirements, methodology etc...) to be constantly updated in the EHR so that providers are ordering correctly, or who would know if a test is available to order that a provider would need that may not be clearly available in the EHR?

22) How are we to handle specimens that may need to be collected in the clinic during an Office Visit? This includes specialized knowledge of correct equipment for different collection types and correctly storing and transporting specimens.

22) "I question the ability for us to maintain, if this is passed, what our Mission is here at Santa Cruz County Health Services Agency which is to 'Promote and ensure a healthy community and environment by providing education, outreach and comprehensive health services in an inclusive and accessible manner.'"