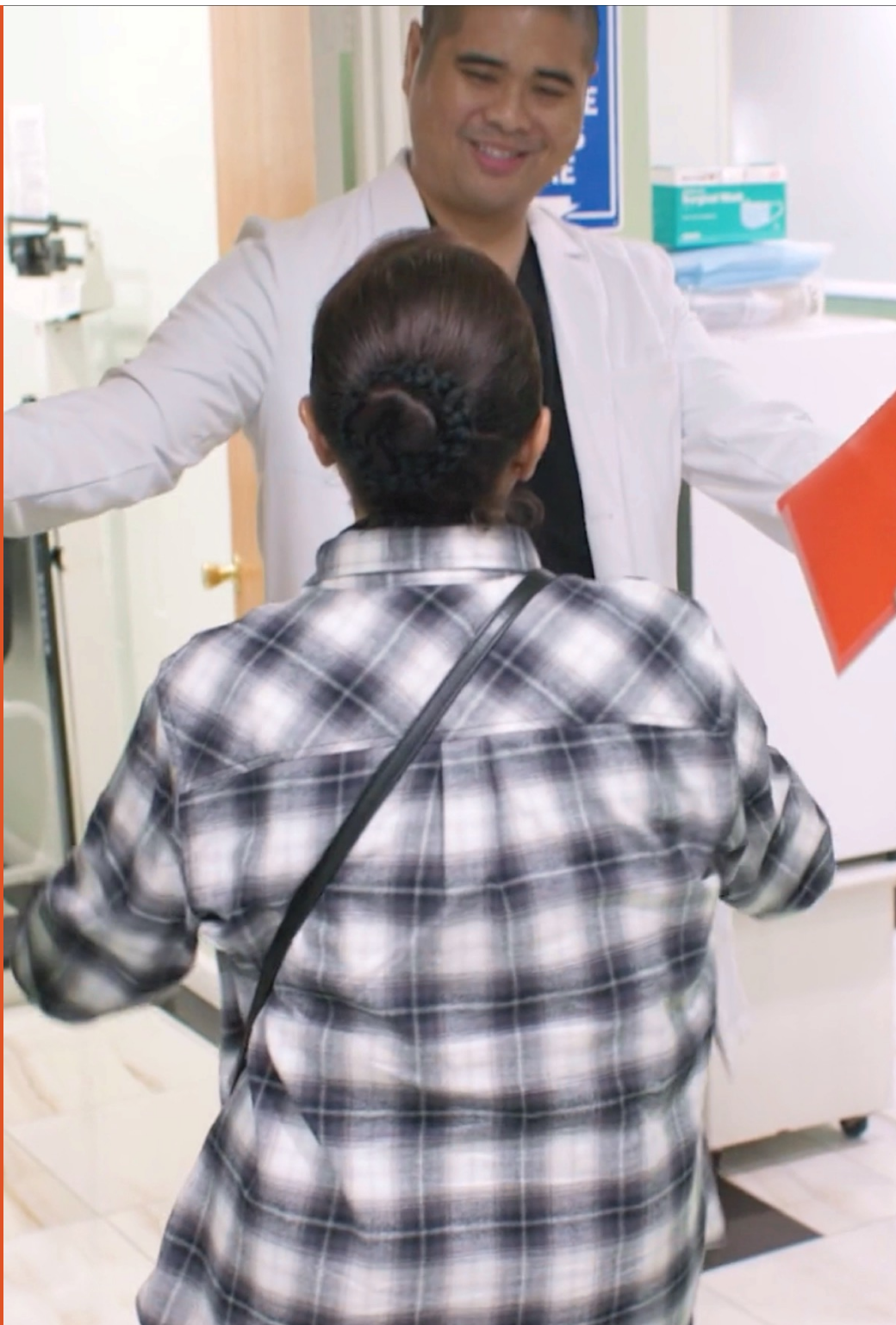




California's Hidden Safety Net: Strengthening Small Practices Serving Medi-Cal Patients

Photo: Tweedy Medical Group, South Gate

Small Practices Profile

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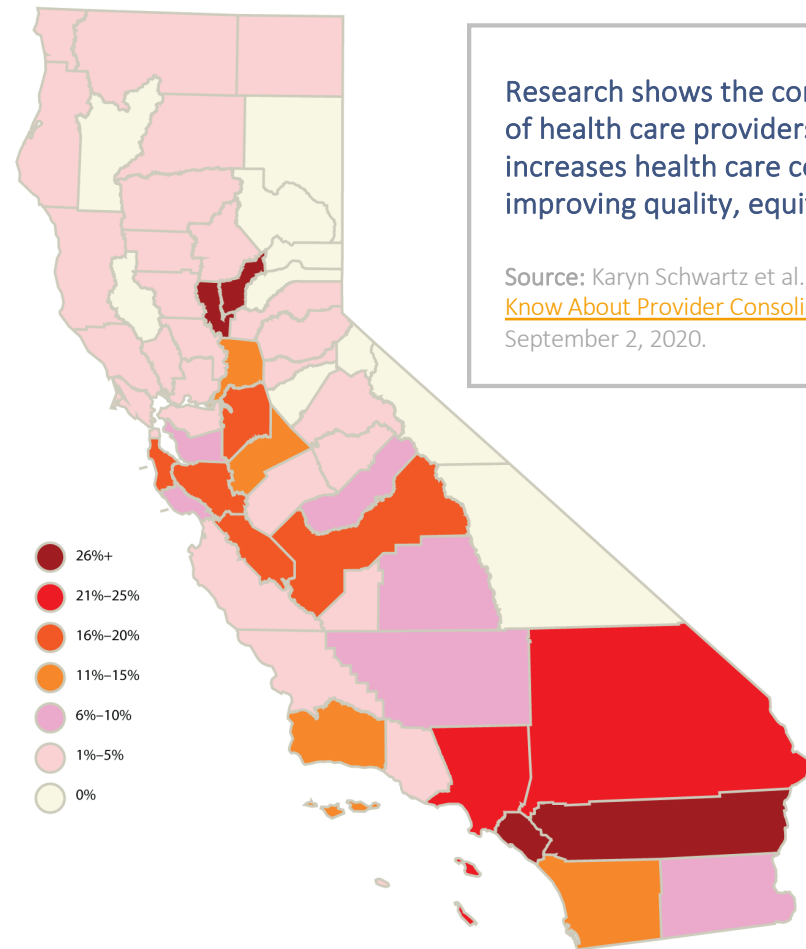
Non-FQHC primary care visits by Medi-Cal enrollees to small practices in 2022

15%

Percentage of total non-FQHC primary care visits by Medi-Cal enrollees to small practices in 2022

- Defined as 1-3 National Provider Identifiers (NPI)
- Historically overlooked — assumed too small to change
- Community-based, culturally concordant care
- Lower rates of preventable hospital admissions¹
- Lower burnout rates²

Percentage of Primary Care Visits at Small Practices (non-FQHC), 2022³



¹ Jill M. Yegian, [Strengthening Independent Primary Care Practice in California: Understanding Small Practice Perspectives](#) (Explainer Brief), CHCF, November 2024.

² Batel Blechter et al., "[Correlates of Burnout in Small Independent Primary Care Practices in an Urban Setting](#)," *Journal of the American Board of Family Medicine* 31, no. 4: 529–36.

³ [Understanding California's Safety Net](#) (RRA 3844-1). RAND Corporation, September 2025.



Introducing EQuIP-LA

EQuIP-LA (Equity and Quality at Independent Practices in Los Angeles) was a two-year quality improvement initiative at 31 small, independent primary care practices serving over 50,000 Medi-Cal enrollees across LA County.

Goals

- 1 Build capacity within small independent practices to implement an equity-centered approach to quality improvement.
- 2 Strengthen practice capabilities needed for delivering advanced primary care (PDF).
- 3 Improve health outcomes and health equity in three priority clinical outcomes areas:
 - Diabetes care
 - Hypertension management
 - Colorectal cancer screening

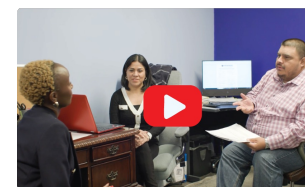
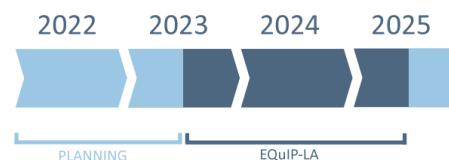
Why Small Independent Practices?

Focus on a segment of the delivery system that:

- Cares for millions of Medi-Cal members
- Often performs below Medi-Cal Minimum Performance Levels
- Historically is not targeted for improvement initiatives, with the exception of the Equity and Practice Transformation program

The California Quality Collaborative deployed a community-based training and technical assistance model to test a scalable model that also built IPA capacity and sustainability.

Timeline



Interventions

- 1 Train-the-trainer coaching to IPAs, who coached practices
 - Implementation milestone assessments
 - Performance data
 - Patient engagement and voice
 - Equity-centered quality improvement
- 2 Funding to providers and IPA
- 3 Data-related support
- 4 Learning events

Partners



HEALTH EQUITY ADVISOR



EVALUATOR



PROGRAM IMPLEMENTER



PROGRAM ADMINISTRATOR



PATIENT ENGAGEMENT ADVISOR

Practices

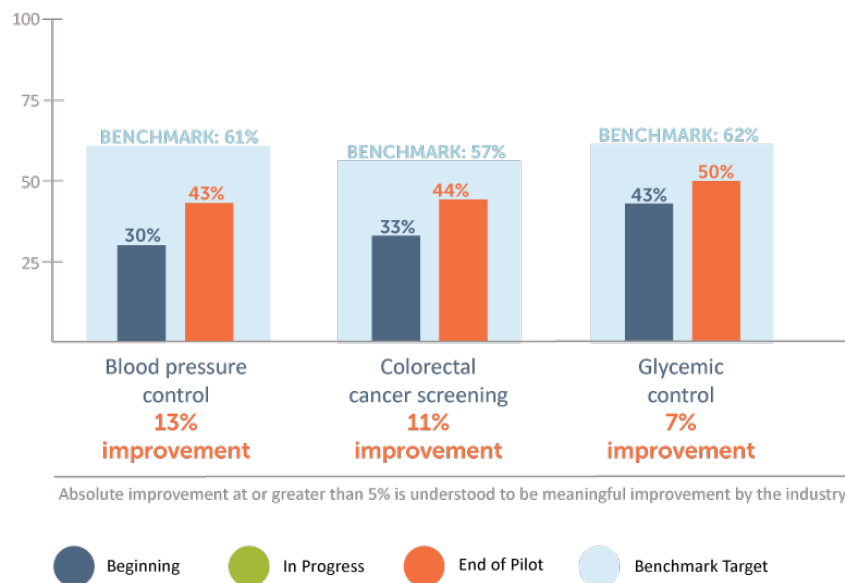


Significant Improvements

The program achieved statistically significant improvements ($p < .01$) for all three clinical measures and contributed to closing the gap on performance benchmarks.

EQuIP-LA strengthened practices' and IPAs' quality improvement capabilities to sustainably improve quality of care and to reduce care gaps by building primary care capabilities at both types of organizations.

Improvements in Clinical Measures

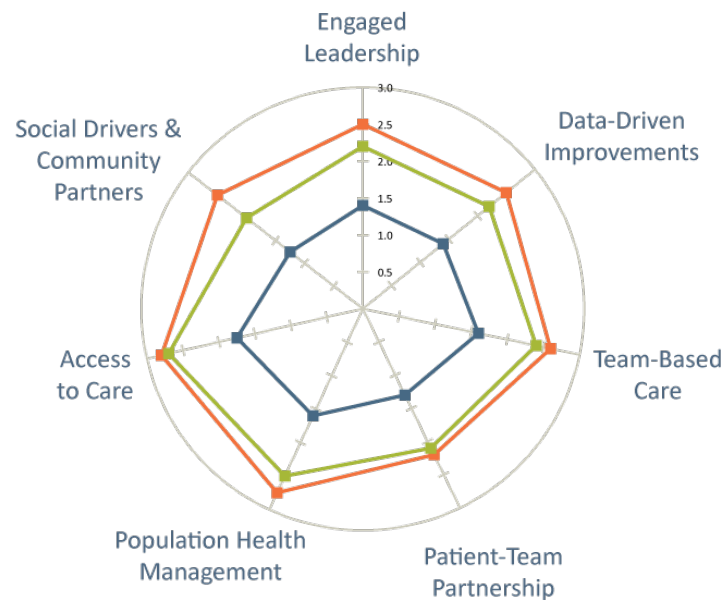


Number of Practices Meeting Benchmark Targets

	Start	End	Growth by Percentage Points
Blood pressure control	13%	35%	+22
Colorectal cancer screening	0%	23%	+23
Glycemic control	26%	29%	+3

CBP ($n = 31$); COL ($n = 31$); GSD, A1c $>9\%$ ($n = 31$)

Score Growth Over Seven Domains



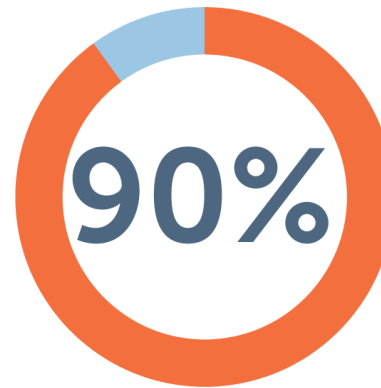
Most effective strategies

- 1 Workflows to reduce care gaps, such as patient outreach and proactively reviewing charts and care gap reports
- 2 Training on quality improvement fundamentals
- 3 Advancing data capabilities, such as navigating platforms, using care gap reports, analyzing and stratifying data
- 4 Applying health equity concepts like stratifying data by race and ethnicity

“The other staff see how we onboarded with this. Now they are trained on [the workflow] with patients to ensure all those things are done — compliance, diet, exercise, etc. It’s become a habit already for the employees to discuss with patients, so it’s just going to be an ongoing thing.

—Participant

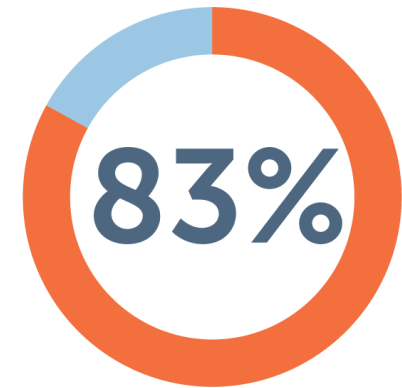
Participant Experience



practices who reported high satisfaction with the EQUIP-LA program

“[EQUIP-LA] was a good way for us to develop best practices and understand what is happening at the practices, so we can improve our quality scores and not be put on corrective action plans with the health plans.

—Participant



practices who almost always collect patient ethnicity and race data

“This program has introduced [to us] that equity can be data driven, knowing who your patients are and the importance of having a functional electronic health record [for population health management].

—Participant

What We Learned

Program Design

- **Train-the-trainer success** evidenced by lasting skills at provider organizations.
- **Data drives progress** for quality improvement.
- **Tailored support is key.** Recognize that each practice is unique.
- **Build trust first.** Allocate time.
- **Set realistic goals.** Some practices are new to an equity journey — adjust expectations accordingly.
- **Center equity early.** Clear partner alignment from the start matters.
- **Keep the program design simple.**

Strengths and Challenges of Small Independent Practices

Eager to improve. Despite limited resources, practices were motivated and quick to adopt high-impact changes.

Complex operations. Many were contracted with multiple IPAs (avg. 4, up to 9), creating heavy administrative burdens.

Early-stage capabilities. Baseline data showed most were just beginning to build foundational advanced primary care skills.

Staffing strains. Shortages and turnover were the most common and disruptive barriers.

Health plan incentives. Short-term QI investments boosted confidence in accessing future health plan incentives.

Recommendations for the Field

Support quality improvement. Short-term investments in supporting flexible quality improvement coaching efforts at practices may have long-term benefits. At the end of EQuIP-LA, practices reported feeling more confident that they could access health plan or IPA incentive programs in the future.

Streamline clinical practice through reducing administrative burden. Independent practices face competing demands of patient care and administrative tasks such as prior authorizations, referrals, and quality reporting — often across inconsistent systems — while hiring staff to manage these burdens increases labor costs.

Include independent practices in policy and purchasing decisions to avoid unintended harm and to strengthen their role in the primary care system.

See [more recommendations \(PDF\)](#).
California Health Care Foundation

Momentum for Small Practices

The Equity Practice Transformation (EPT) Program is a \$140 million statewide initiative (2024–27) led by the PopHealth Learning Center. EPT supports 198 Medi-Cal-serving primary care practices in advancing equity. A third (34%) of participating practice are small, with three or fewer providers.

Interim Results

Small practices have higher rates of meeting milestones than non-small practices:

Practices Meeting Milestone	Small	Non-Small
Empanelment (90% of patients paneled)	40%	27%
Continuity (70% continuity)	48%	27%
Access (<10 days to third next available appointment)	72%	47%

Source: “[Webinar Archive](#),” PopHealth Learning Center.