

Healthy San Francisco: Program Update

**San Francisco Health Commission
August 19, 2008**

Program Update

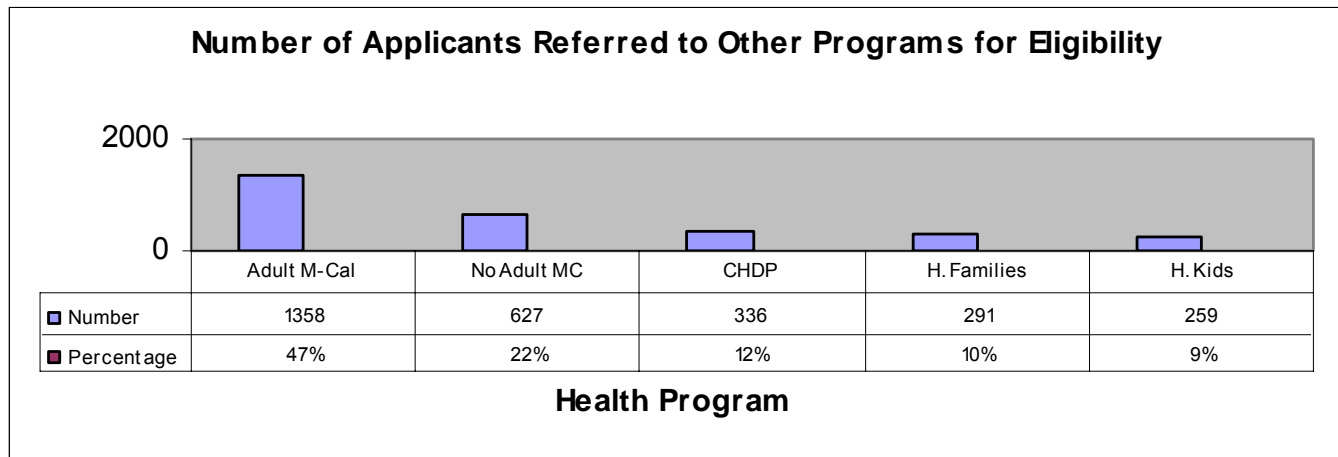
- Program Activities from July 2007 to present
- Upcoming 2008-09 Activities

Communications and Outreach

- ❑ Focus on in-reach, not marketing
- ❑ High level activities
 - Website developed July 2006; enhanced in October 2007; averages 9,344 monthly visitors (Oct. 2007- June 2008)
 - Dedicated, multi-lingual Inquiry Call Center (ICC) replaced with City's 3-1-1 in January 2008 replacing ICC; 3-1-1 averages 302 HSF calls per month (calendar year 2008)
 - Written materials developed in English, Chinese and Spanish languages
 - DPH staff did over 60 external and internal presentations

Enrollment – 28,500 Applications

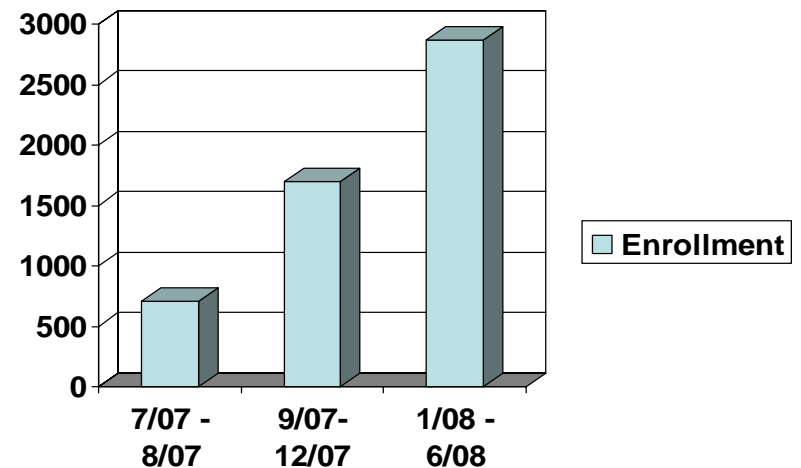
- ❑ Over 100 HSF application assistors at the DPH, SFCCC and SFHP using One-e-App
- ❑ 27,100 HSF applications processed
- ❑ 5% of all applications (9% of all applicants) processed are for other health programs



Enrollment – HSF Participation

- ❑ 27,395 participants as of August 11, 2008
 - 37% of 73,000 estimated uninsured SF adults
 - 46% of 60,000 estimated HSF population

❑ Average monthly enrollment increased steadily during first program year



Enrollment – Demographics

- 26% reside in the Excelsior or Mission
- 16% are homeless individuals
- 76% incomes below 100% FPL; 24% above 100% FPL
- 51% male; 49% female
- 38% Asian/PI; 24% Hispanic; 15% White; 9% Afr-Amer.; 2% Other; 12% Not Provided
- 7% under 25 years old; 65% b/w 25 - 54 years of age; 28% b/w 55 - 64 years of age

Program Disenrollments

- ❑ Participants are disenrolled:
 - if they no longer meet program eligibility requirements or at their request
 - receive notification of their disenrollment

- ❑ The disenrollment rate is 6.5% (1,721 current disenrollments/29,116 enrollments)

- ❑ Disenrollment reasons are tracked (% of current disenrollments)
 - 48% no longer met program eligibility

 - 42% participation fee related

 - 8% did not complete annual renewal

 - 2% other reasons

Almost Half of Disenrollments are Due to Program Eligibility

<i>Disenrollment Reason</i>	<i>Percentage</i>
Obtained Public Coverage	56%
Aged Out (65 and Over)	22%
Obtained Employer-Sponsored Coverage	12%
No Longer a SF Resident	6%
Obtained Private Coverage	4%

Disenrollments Due to Insufficient Payment of Participation Fee

FPL	Total No. of HSF Participants by FPL	% of Participants in FPL	Insufficient Payment Disenrollments by FPL	Disenrollments as % Participants in FPL Category
0-100%	20,780	76%	0	0%
101-150%	2,875	10%	285	10%
151-200%	2,214	8%	213	10%
201-250%	907	3%	123	14%
251-300%	570	2%	80	14%
≥ 301%	29	Less than 1%	0	0%
	27,395		701	

- ❑ Disenrollment due to insufficient payment of participation fee is not related to income level, but may relate to ability to pay.

Difficult to Know Reasons for Insufficient Payment Disenrollments

- ❑ For some people, disenrollment may reflect the fact that they already received the services they needed.
- ❑ Some may find participation fee costly. If participant's income is reduced, then can be re-evaluated for potential lowering of participation fee.
- ❑ Some people became qualified for public insurance prior to their participation fee being due. Therefore, recorded "insufficient payment" disenrollment may not accurately reflect true reason for disenrollment.
- ❑ Disenrolled persons are eligible for HSF re-enrollment or if they choose not to re-enroll in HSF can access services as self-pay.

Fee Structure

- ❑ Participants pay:
 - participation fee to remain enrolled in program
 - point-of-service fees when accessing services
 - cost of care delivered outside HSF provider network

- ❑ Affordability impacts access – fees are tied to income and family size
 - Subsidy to those with incomes at or below 500% FPL
 - Fees are less than 5% of a household income

Income Level	GA/HmIs	0 - 100%	101 – 200%	201 – 300%	301 - 400%	401 - 500%	501% - Over
Fees as a Percent of Income	0%	0%	2.30%	2.90%	3.90%	4.40%	5.20%

Participation Fee and Point-of-Service Fee Activity

□ Participation fee payments Collected

- ≈ \$568,000 as of June 30, 2008
- Payment rate is over 80% and rates are averaging 5% - 7% higher for participants between 101% - 200% FPL versus those between 201% - 300% FPL

□ For DPH, most of 2007-08 used to develop infrastructure for collection of POS fees. Fees collected:

- January 2008 to July 2008: \$7,657/month (excluding pharmacy)
- Fiscal Year 2008-09 as of July 31, 2008: \$17,755/month (excluding pharmacy)

Service Utilization and Cost of Care

- ❑ Department is collecting utilization and cost data from HSF providers. Will use data to analyze utilization, access, HEDIS measures and quality of care.
- ❑ To make reasonable conclusions regarding cost and utilization, the Department needs at least 16 months of this data (starting from the September 2007 program expansion)
- ❑ Current limitations on providing utilization and cost data
 - Population size of a little over 27,000
 - Participation concentrated on very low income residents
 - Enrollment primarily taking place at the point of service
 - Potential for “pent-up” demand

Provider Network and Clinical Capacity

- ❑ All 27 HSF primary care medical homes have HSF participants
 - 59% select a DPH medical home
 - 41% select a SFCCC medical home

- ❑ Monitor clinical capacity several ways
 - Track “existing” (84%) versus “new” (16%) participants
 - Survey clinics twice a month for “open” versus “closed” to accepting new participants
 - Give clinics monthly enrollment summaries

Provider Network Expansion

- In September 2008, provider network will expand in the following manner:
 - adding a new primary care medical home (Sister Mary Philippa Clinic)
 - adding an independent, private physician's group and associated hospital (Chinese Community Health Care Association and Chinese Hospital)
 - increasing the number of hospitals participating in HSF from 1 to 5
 - ❖ Saint Francis – inpatient services to those with Glide Health Services
 - ❖ St. Mary's – inpatient services to those with Sister Mary Philippa Clinic
 - ❖ California Pacific Medical Center (California, Davies and St. Luke's) – inpatient services to those with North East Medical Services
 - ❖ UCSF Medical Center – will provide referral-based diagnostic imaging services at China Basin facility for HSF participants

Selected Clinical Activities

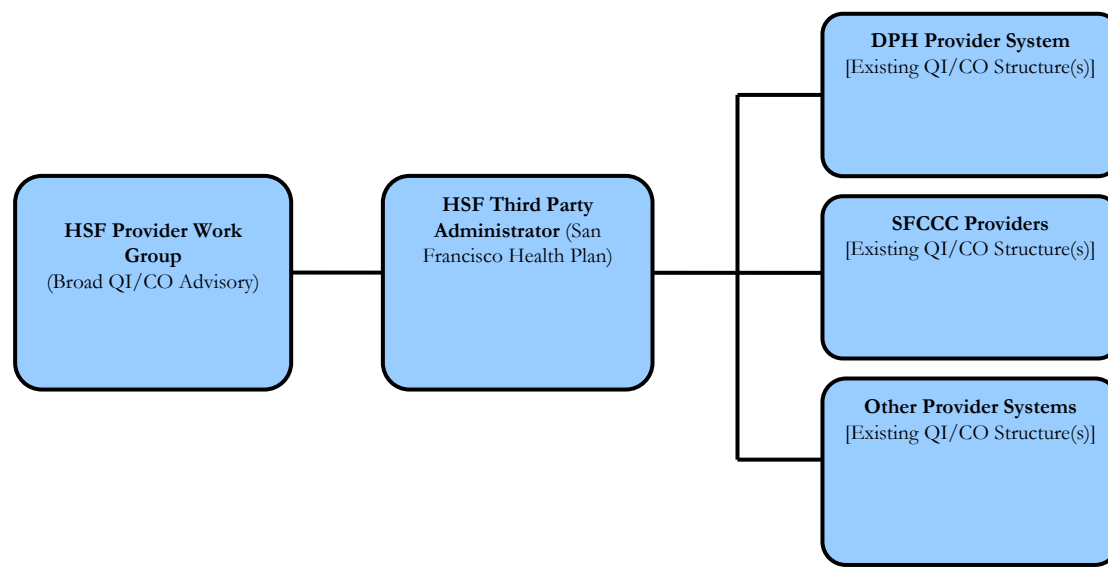
- ❑ Health Promotion: Issued first HSF Preventive Health Care brochure in Spring 2008

- ❑ Chronic Care Redesign (Primary/Specialty Collaboration and Primary Care Resident Clinic Continuity)
 - Family Health Center (back pain, diabetes, mental health w/i primary care)
 - General Medicine Clinic (asthma/COPD, heart failure, resident continuity)

- ❑ Innovations in Health Care Seminars: Held in concert with California HealthCare Foundation
 - Retail or Convenient Care Clinics
 - Improving Access to Specialty Care Services in the Safety Net
 - Managing Populations and Patients Managing Themselves
 - Telemedicine and Telehealth

HSF Quality Improvement and Clinical Oversight Structure

- ❑ Created QI/CO function to help ensure that services provided to HSF participants are quality and promote access; focus of QI/CO effort will be on adult preventive care



Customer Service

❑ Call Center

- Avg. number of calls per month – 1,695 (2008)
- Volume increased 66% from 1st to 2nd quarter (2008)
- 85% of calls responded to in less than 30 seconds (2nd quarter 2008)

❑ Callers

- 57% participants; 24% potential participants; 14% employers; 5% providers

❑ Participant Calls

- Calls per 1,000 participants per month averages 50 - 56
- Languages: 62% English, 21% Spanish, 17% Chinese

Participant Complaints

- ❑ During fiscal year 2007-08, 168 participant complaints
 - 97% of complaints resolved within 60 days
 - 76% resulted in a change of medical home
 - 3.4 complaints per 1,000 participants

Category	Number	Percent
Enrollment Issue (Medical Home Selection)	74	44%
Access Issue	28	17%
Quality of Service	27	16%
Participant Fee Billing	12	7%
Quality of Care	7	4%
Pharmacy	7	4%
Point of Service Fees	4	2%
Coverage Interpretation	3	2%
Other	3	2%
Participant Materials	2	1%
ESR	1	1%
All Categories	168	100%

Employers are Selecting City Option

- ❑ Employer Spending Requirement (ESR) went into effect in January 2008. If an employer selects City Option, then their employee receives either:
 - Healthy San Francisco or
 - Medical Reimbursement Account

- ❑ 950 employers have selected the City Option as of early August 2008

- ❑ In total, \$17.5 million in health care expenditures committed for 26,000 employees
 - One-half are potentially eligible for HSF
 - One-half will receive a MRA

2007-08 Budget Overview

- ❑ New program augmentations of \$15.74 million exceeded new program revenues of \$14.49 with a resulting difference of \$1.25 million
- ❑ Over next few months, DPH will compare new and existing expenditures to new and existing revenues to estimate cost of program

Health Care Coverage Initiative (HCCI) -- \$73.1 million

- ❑ For 3 years for subset of HSF participants:
 - Age Restriction: 19 – 64 years of age
 - Legal Status Restriction: Citizen (US born or naturalized) or Legal Immigrant (at least 5 years)
 - Identification Restriction: Government-issued ID
 - Income Restriction: = or < 200% FPL
 - DPH Medical Home Requirement

- ❑ Challenge of collecting required identification and citizenship documentation
 - Similar experiences in most other counties
 - ≈ 5,500 HSF participants have HCCI designation

- ❑ Funding based on enrollment and service utilization
 - DPH has received no HCCI funding; neither has any other HCCI county
 - Will receive 2007-08 funding, but in 2008-09; less than allocation

Evaluation

- ❑ Evaluation of the program will be complex given the varied goals of the program
 - Each goal will need a somewhat different evaluation strategy
 - Not all goals can be evaluated at the same chronologic time

- ❑ Outline of evaluation strategy
 - Defines evaluation goals, the metrics for measuring those goals and data collection efforts to obtain the data for evaluating the different goals

- ❑ HSF Evaluation Committee established to provide guidance, in addition to internal evaluation expertise

Evaluation Activities to Date

- Secured agreement from the Kaiser Family Foundation to do and fund a patient satisfaction survey for early participants
- Met with the UCLA evaluation team in July 2008 to discuss the Health Care Coverage Initiative evaluation
- Submitting grant proposals to various foundations
- Working with the California HealthCare Foundation to revise and fund One-e-App to add health status questions into the application process for evaluation purposes

Enrollment Projections (at end of 2009)

- Anticipate monthly enrollment will stay constant over most of year with tapering off towards end of the fiscal year
- Estimated enrollment projections take into account disenrollment and non-renewals
- Hope to be near maximum estimated enrollment of 60,000 at end of 2009

Upcoming Program Activities

- ❑ DPH New Patient Appointment Unit to better connect new patients with their first primary care appointment
 - Currently in pilot phase at Urgent Care Clinic and Castro Mission Health Center
 - Expansion to all DPH primary care medical homes scheduled for September 15, 2008

- ❑ Program Income Eligibility Expansion is slated for late January 2009
 - Will be raised to those with incomes at or below 500% FPL (\$52,000 for one person; \$106,000 for a family of four)
 - State data estimates 14,500 residents between 300% -- 500%FPL
 - Expansion strategy may be reconsidered based on enrollment trends and Court ruling in GGRA lawsuit

Upcoming Program Activities

- ❑ Clinical Components – Disease Management
 - Target population – Participants with asthma, diabetes, hyperlipidemia, hypertension
 - Use encounter data to identify potential participants
 - Teamlet model uses telephone disease management and health education mailings

- ❑ OEA Enhancements – Interface with Human Services Agency
 - DPH and the Human Services Agency will partner to create this “two-way interface” in San Francisco between One-e-App and CalWIN
 - ❖ HSA is lead agency on interface

Summary

- ❑ Pilot, launch and incremental expansion of HSF fiscal year 2007-08 has gone relatively smoothly
- ❑ In second year will increase focus on program features and evaluation