Healthy San Francisco Overview

Preparing the Primary Care System for Health Reform

Alameda County Board of Supervisors – Health Committee

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San Francisco’s Approach to Address Uninsured Problem

- **Context:** Estimated 64,000 uninsured adults San Francisco residents (2009 CHIS)

- **Framework:** *San Francisco Health Care Security Ordinance*
  - Employer Spending Requirement
  - Healthy San Francisco

- **Healthy San Francisco (HSF) provides universal, comprehensive, affordable health care to uninsured**
  - Weaves together existing health care safety net into coordinated system of public/non-profit/private providers
HSF is Local Health Reform

- HSF is an access program - not health insurance

Program goals
- Expand access to care
- Ensure quality of care
- Promote appropriate levels of care
- Improve participant satisfaction
- Make system improvements
Enrollment & Service Delivery System Trends (FY 2010-11)

- HSF served 85% of the estimated 64,000 uninsured adult

- In first 4 years, HSF served over 100,237 adults

- Number of HSF primary care medical homes has increased each year

- At any one time, 68% of HSF medical homes were open to new participants
Key HSF Program Results

- More than 85% of participants remain in program for at least 12 months
- 91% of participants rated care as good or excellent
- 90% of renewing participants reported no delay seeking care or filling a prescription in past 12 months
- For those enrolled for at least 12 continuous months, 80% received at least one service
- Levels of primary care use, including preventive care, are high (71%)
- Declining emergency department use over time and decline in percentage of potentially avoidable hospitalizations at SFGH
Key HSF Feature – Medical Home

- Delivery system is built on a strong foundation of primary care

- Participants select a primary care medical home at enrollment
  - Challenge for both providers and participants
  - Intended to make care more efficient and improve quality, increase preventive care and enhance patient satisfaction

- Participants report being more likely to have a usual source of care over time
HSF Faces Same Challenges Experienced by Other Delivery Systems – Capacity Constraints

- May never have adequate supply of providers (primary or specialty)
- Restructure health care delivery and payment/financial incentives

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<th>Primary Care</th>
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<td>• Continue to invest in improvements to improve primary care access and efficiency</td>
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<td>• Examples: team-based care, patient care experience, same day access, after hours access, P4P, non-physician providers, nurse advice line</td>
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<th>Specialty Access</th>
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<td>• Continue to invest in improvements to expand specialty access</td>
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<td>• Examples: non face-to-face physician-patient visits, telemedicine</td>
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Lessons Learned

- Changing behavior at all levels -- clients, providers, clinic staff
- Undertake analysis of supply and demand – know your capacity
- Utilize existing health delivery system and infrastructure
- Solidify community partnerships with non-profit/private providers to ensure access and administrative partners
- Maintain ongoing focus on improving efficiency, quality and access
- Become a provider of choice
- Manage expectations
HSF Has Prepared San Francisco For Health Reform

- Centralized system of enrolling and tracking uninsured
- Leveraging existing resources and organizing delivery system to expand access to new and existing uninsured
- Positioned providers to compete successfully in a more competitive health care landscape
- Medical home model and increased provider accountability has contributed to quality improvement
- Long-term cost savings due to fewer ED visits and potentially avoidable hospitalizations – short-term costs of preventive and primary care services may increase as uninsured become more connected to medical home
QUESTIONS
(www.healthysanfrancisco.org)