| DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | |
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| FY 2007-08 BUDGET | | | | | | | | | |
| Status | Item | Div | Description | FTE's Change | Position Change (Annual Number) | Expend Incr/(Decr) | Revenues Incr/(Decr) | General Fund | Comment |
| HAP | | | | | | | | | |
| | Clinical Expansion | | | | | | | | |
| New | F1 | PC | HAP Expansion -- Primary Care | 17.63 | 23.50 | 1,998,162 | 3,000 | 1,995,162 | To expand primary care services, the SF Department of Public Health- COPC proposes to expand clinic hours of operation to include expansion within existing hours, evenings and weekends depending on the infrastructure capacity of each site. In addition to the expanded hours, primary care plans to re-engineer how Primary Care services are delivered. Planned models will combine Teamlet, group visits and Patient Visit redesign. These models will improve efficiency, productivity and enable us to absorb more clients than we would otherwise do with our current system of delivery. |
| New | F2 | GH | HAP Family Health Center Evening Clinic Expansion | 6.60 | 8.80 | 887,854 | 384,836 | 503,018 | During the current fiscal year, we expect to care for over 8,000 unduplicated patients in approximately 40,000 visits. Because of new clinical programs, services, and additional providers in clinic, we expect to increase our annual encounters 5-10% over FY 05-06. Because of this growth, we are now fully using our entire clinic space, which includes 35 exam rooms. In order to accept a significant number of new patients and to accommodate the needs of our existing patients while avoiding longer wait times for appointments, we need to expand clinic hours into the evening on weekdays |
| New | F3 | GH | HAP General Medicine Clinic Evening Clinic Expansion | 6.21 | 8.28 | 881,394 | 291,426 | 589,968 | SFGH General Medicine Clinic expansion of clinic hours to include regular evening primary care appointments. We are at full capacity during regular daytime hours and currently have a Tuesday evening clinic, which is lightly staffed and has no dedicated support staff. Adding more evening sessions on Monday, Wednesday, and Thursday, redistributong current Tuesday evening providers across the four evening clinics, and adding four NP providers for a maximum of six providers each evening is proposed. Adding an attending physician each evening to provide consultation for the NP and nursing staff is requested. Support staff for each clinic includes an RN, 2 MEAs, a clerk, and an eligibility / registration worker. Given the heavy burden of chronic illness among our patients, the evening clinic hours expansion will strengthen and expand our chronic illness management programs including medical group visits in 3 languages, expanded telephone disease management, nurse case management and registry-based care |

Attachment A

| DEPARTMENT OF PUBLIC HEALTH<br>FY 2007-08 BUDGET | | | | | | | | | |
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| Status | Item | Div | Description | FTE's Change | Position Change (Annual Number) | Expend Incr/(Decr) | Revenues Incr/(Decr) | General Fund | Comment |
| New | F4 | SFGH | HAP Video Medical Interpretation | 1.50 | 2.00 | 361,896 | 0 | 361,896 | Expansion of SFGH's video medical interpretation to HAP members within COPC and the Department's mental health clinics. |
| New | F5 | PC | Clinical Information System | | | 180,606 | 0 | 180,606 | Implementation of the HAP will required enhanced clinical and financial reporting and the development, production and distribution of reports required for primary care, preventive care and the utilization of other services. |
| New | F6 | GH | HAP Pharmaceuticals | 1.31 | 1.75 | 1,496,238 | | 1,496,238 | PH anticipates that an additional 10,000 clients will need pharmaceuticals under HAP and utilize DPH's pharmacy. An increase of $1,267,000 in prescription drug costs is projected for the increased population. An additional $229,238 is for additional staffing (1.31 FTE clinical pharmacist) to address increase in workload anticipated by increase in patient and prescription volume. |
| New | F7 | CBHS | HAP Expansion -- Behavioral Health | 4.20 | 5.60 | 2,204,909 | 0 | 2,204,909 | An estimated 2,688 new clients would require either the Standard Benefit (2,560 clients) or the Specialty Benefit (128 clients). For those needing the standard benefit (128) under HAP, the estimated number of visits annually is six (6) per person. While it is assumed that the SMI population represents two percent of the projected population (of 32,000 potential new clients), or 640 clients, it is also assumed that one percent of these individuals, or 340 are existing clients. Of the remaining 340 potential new clients, it is assumed that an estimated 60% (182) are assumed eligible for Medi-Cal, leaving 128 (40%) needing HAP coverage. For those needing the specialty benefit (128) under HAP, the estimated number of visits annually is 28. |
| New | F8 | GH | HAP Ancillary/Diagnostics Summary All Out-Patient Areas | 4.35 | 5.80 | 1,470,535 | 15,766 | 1,454,769 | In preparation for providing services to an estimated 6,500 additional HAP enrollees in Year 1, additional resources are required in all areas of out-patient diagnostic and ancillary services to include: Pathology, Clinical Laboratory, Radiology, Nuclear Medicine, Pulmonary Function, GI Procedures, Medical Social Services/DMW, EKG/ECG, Physical Therapy/Occupational Therapy, Pre-Op Anesthesia Clinic |

7.10

| DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | |
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| FY 2007-08 BUDGET | | | | | | | | | |
| Status | Item | Div | Description | FTE's Change | Position Change (Annual Number) | Expend Incr/(Decr) | Revenues Incr/(Decr) | General Fund | Comment |
| New | F9 | GH | HAP-Department of Medicine Subspecialty Wait Times | 3.73 | 4.97 | 987,373 | 106,875 | 880,498 | We are requesting resources to increase capacity in medical subspecialty clinics to address the current needs of CHN and consortium patients, as well as new capacity expected for new HAP enrollees. The need for subspecialty care for patients who are already in the referral base exceeds current capacity, as demonstrated by wait times that far exceed the standard of care in the community. |
| New | F10 | GH | HAP Surgical Specialties Expansion- Nurse Practitioners for eReferral | 1.20 | 1.60 | 1,085,469 | 36,697 | 1,048,772 | Implementation of an internet-based system (eReferral) for efficiently managing outpatient consultation requests at selected specialty clinics. This program will increase access to specialty appointments and result in: 1. Improved allocation of specialty appointments, 2. More optimal utilization of clinic visits, 3. Improved communication between referring providers and specialty clinics, and 4. Better matching of specialty services with available resources based on evidence-based policies and guidelines. This program provides for surgical specialists(MD's) to train Nurse Practitioners to review 100% of referrals as to their appropriateness and priority. By doing so, we have found that 30 % of referrals are unnecessary and do not need to be scheduled, i.e. "eliminating unnecessary appointments and costs to the system". As a result, the "real" and appropriate appointments are made sooner, thereby decreasing wait times for the next available appointment |
| New | F11 | GH | HAP Inpatient Costs | 3.52 | 4.69 | 1,083,432 | 11,791 | 1,071,641 | Based on previous studies conducted and HAP focus on primary care and prevention, SFGH anticipates 160 inpatient days for each 1,000 new HAP enrollees, for a total of approximately 1,100 additional inpatient days. Hospitalist services will be developed in order to care for the patients on the medicine wards and on clinical services requesting medical consultation. This reduces the reliance on volunteers to adequately staff the inpatient wards with medical attending physicians and responds to the reduction in house staff duty hours, which has impacted the medical services. |
| | | **Total Clinical Expansion** | | **50.24** | **66.99** | **12,637,867** | **850,391** | **11,787,477** | |

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| | Delivery System Innovation | | | | | | | | |
| New | F12 | GH | HAP Expansion -- Family Health Chronic Care Redesign | 11.70 | 15.60 | 1,835,657 | 979,510 | 856,147 | The SFGH Family Health Center will be the lead primary care clinic for 3 chronic care initiatives, which bring much needed specialty care to the patient in his/her primary care clinic: 1) Diabetes-Endocrine; 2) Back Pain-Orthopedics; 3) Mental Health-Primary Care Interface. These projects are designed to improve care for patients with these chronic conditions in FHC and selected other primary care clinics, including GMC. Will use the chronic care expansion initiative to expand our new chronic illness management programs, including group-based care, telephone disease management, registry-based care, a new model of team-base care using Health Workers, and nurse case management. The interdisciplinary models will allow us to see more patients efficiently and effectively. These new initiatives will also improve access to specialty care for many of our complicated patients with these chronic conditions, and will enhance the ability of care teams to collaborate in the care of patients. Project an additional 11,665 patient encounters per year. |
| New | F13 | GH | General Medicine Clinic Continuity & Chronic Care Redesign | 9.47 | 12.63 | 1,310,482 | 628,937 | 681,545 | Utilizes nurse practictioners (NPs) as continuity providers who will provide the "team glue" for a team of residents, attending physicians, and nursing staff. NPs will see team patients as drop-ins or on scheduled visits in the absence of the resident primary care provider, thus providing more continuity and better "hand offs" for ill patients. GMC be the lead primary care clinic for 2 chronic care projects (Heart Failure and Asthma/COPD [chronic obstructive pulmonary disease]). NPs will be intensively trained in heart failure and asthma and supported by part-time specialty physicians. NPs and support staff will collaborate with the patient's primary care provider in medication management, group visits, and intensive support of patient self-management. Staff will also participate in population management, such as use of registries. All projects utilize FQHC billable providers to help attain financial self-sufficiency. |
| | | **Total Delivery System Innovation** | | **21.17** | **28.23** | **3,146,139** | **1,608,447** | **1,537,692** | |

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| | Patient Access | | | | | | | | |
| New | F14 | GH | HAP Eligibility Costs | 14.83 | 23.47 | 1,267,615 | 0 | 1,267,615 | The Health Access Program is expected to enroll approximately 43,000 patients in the first year. Most of the screening, enrollment and follow up will be done by the eligibility staff currently serving the Community Primary Care clinics and the SFGH campus. Currently, screening of outpatients for other third party coverage is done on a limited basis, depending on the clinic and demographics of the patient population. We anticipate a more thorough screening process under HAP, with the use of screening and enrollment software, such as One-E-App. In addition, currently there is little follow up on incomplete sliding scale applications. Under HAP, we are planning on more follow up activities, such as letters and phone calls |
| New | F15 | PHP Admin | Private Provider contracts | 0 | 0 | 3,209,541 | 0 | 3,209,541 | The Health Access Program is based on a model that expands access to services by developing a broader network of providers serving the uninsured population. While the private provider network has not been finalized, the expenses associated with having the following providers in the network were calculated: Kaiser, Chinese Community Health Care Association and health centers within the San Francisco Community Clinic Consortium. The budget estimate assumes both Kaiser and Chinese Community are willing to accept 1,000 uninsured clients each and accept full-risk capitation beginning January 2008. Budget estimate assumes that 75% of projected San Francisco Community Clinic Consortium population participates and that the clinics are capitated for primary care services only beginning in September 2007. |
| New | F16 | PC | Centralized Access to Health Care | 2.63 | 3.50 | 263,092 | 0 | 263,092 | Currently patients leaving the Urgent care clinic, ER, etc. are given a list of health centers to call for follow-up appointments. Many do not follow through partly because they have to call several health centers to be able to find a clinic with appointments availabaility. Similarly individuals from the community have to call several clinics to find available slots. Both patients and discharge coordinators would only be needed to call once centralized number. The health centers will be able to manage appointments more efficiently and thereby improve access. |
| | | Total Patient Access | | 17.46 | 26.97 | 4,740,248 | - | 4,740,248 | |

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| | **Administration** | | | | | | | | |
| New | F17 | Admin | San Francisco Health Plan Vendor | 0 | 0 | 4,159,227 | 0 | 4,159,227 | The Department of Public Health will contract with the San Francisco Health Plan to administer aspects of the Health Access Program. Services will include premium billing, quality improvement, customer services, provider network development, some case management and health promotion and eligibility functions. |
| New | F18 | Admin | Information Systems | 2.00 | 2.00 | 717,129 | 0 | 717,129 | Professional services for information systems enhancements related to Invision, Echo, OEA and Avaya systems. |
| New | F19 | Admin | HAP Administration | 1.50 | 2.00 | 110,565 | 0 | 110,565 | Administrative support staff for HAP program and help ensure timely submission of state, local and private funder reports. Includes additional administrative support for human resources. |
| | | **Subtotal Administration** | | **3.50** | **4.00** | **4,986,921** | - | **4,986,921** | |
| | **Revenues** | | | | | | | | |
| New | F20 | Admin | Health Access Program Revenue | | | | 23,087,369 | (23,087,369) | Revenue sources are: (1) Health Care Coverage Initiative (services and administrative revenue) -- $18,282,369 with conservative assumption of 90% claiming ability for services during the time period of September 2007- June 2008, (2) participant enrollment fees -- $4,755,000 and (3) point of services fees -- $50,000 |
| | | **Subtotal Revenues** | | - | - | - | **23,087,369** | **(23,087,369)** | |
| | **TOTAL HAP** | | | **92.37** | **126.19** | **25,511,175** | **25,546,207** | **(35,031)** | |