

HEALTHY SAN FRANCISCO



Background

As reported in the 2005-06 annual report, Mayor Newsom and Supervisor Ammiano both worked on proposals to expand healthcare coverage in San Francisco. Supervisor Ammiano's legislation focused on an employer health spending mandate. The Mayor appointed a Universal Healthcare Council which recommended expanding access to health services to the approximately 82,000 uninsured in San Francisco. These two parallel efforts resulted in a combined ordinance called the San Francisco Health Care Security Ordinance which was unanimously adopted by the Board of Supervisors and signed into law in August 2006.

The two features of the Ordinance were the Employer Spending Requirement and the Health Access Program (HAP). The Employer Spending Requirement mandates that large and medium-sized businesses pay health care expenditures for designated employees. Employers can fulfill this requirement in a variety of ways including providing health insurance or HAP. At the time of passage, both components of the program were scheduled to begin July 1, 2007. HAP was renamed Healthy San Francisco in April 2007. The Employer Spending Requirement is administered by the San Francisco Office of Labor Standards Enforcement and Healthy San Francisco is administered by the San Francisco Department of Public Health.



Supervisors' Dufty & Ammiano, Mayor Newsom and Mitch Katz at press conference announcing HSF kick-off

Currently, uninsured residents must navigate a fragmented safety net system to receive services – this can create barriers to care and inefficiency. Often times, uninsured residents have no idea where to go to obtain services and how much those services might cost. As a result, many uninsured residents simply go without having needed care. Healthy San Francisco is an

innovative program designed to make healthcare services accessible and affordable to uninsured San Francisco residents. It strengthens the existing health care safety net (both public and non-profit providers). It will enable the safety net system to function as a coordinated whole and reduce the barriers that uninsured individuals experience when they try to obtain services. It focuses on primary care and prevention, and functions in an integrated manner to improve health care utilization and quality of care. Healthy San Francisco relies on an access model and is not insurance.

Healthy San Francisco focuses on the adult population because this represents the most pressing need. There are an estimated 82,000 uninsured adults residing in San Francisco. According to State-wide survey information, San Francisco has health insurance coverage through its Healthy Kids/Young Adults Initiative for 99% of all residents under the age of 18. To address the issues of access to care, it is critical to focus on the adult population and HSF allows this to happen.

Healthy San Francisco is being highlighted in a chapter of its own for a number of reasons: HSF is the Department’s signature program; it is redefining the way DPH provides services; once fully implemented, parts of it will fulfill and support all of the Department’s goals and many of its objectives. While primarily at this time HSF is targeted to Goal 1- San Franciscans have access to the health services they need - it has the potential to impact the following goals and objectives:

- GOAL 1**
San Franciscans have access to the health services they need
OBJECTIVES
 - Improve health outcomes among San Francisco residents
 - Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods
 - Decrease the rate of uninsurance among San Francisco residents
 - Provide a comprehensive array of quality and culturally competent services
 - Improve integration of services

- GOAL 2**
Disease and injury are prevented
OBJECTIVES
 - Decrease injury and disease among San Francisco residents
 - Decrease injury and disease among the Department’s target populations
 - Integrate prevention activities into program design throughout the Department
 - Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education) especially for low income, uninsured, under-insured, and homeless populations

- GOAL 3**
Services, programs and facilities are cost-effective and resources are maximized
OBJECTIVES
 - Ensure the public health infrastructure
 - Maximize external funding sources (e.g., grants, fees, federal financial participation)
 - Maintain efficiency throughout the Department
 - Increase the use of data to guide program development, reorganization, reprioritization, reduction or elimination, and to assess the impacts of programs on health status

- GOAL 4**
Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services
OBJECTIVES
 - Recognize and accommodate cultural and linguistic differences among resident
 - Pursue State and federal health policy changes consistent with Department priorities
 - Enhance the Department’s relationship with community groups
 - Partner with other providers on health issues of common concern
 - Work with business to improve the health of San Franciscans

Roles of Advisory Group and Departments

Implementing a city-wide effort to expand access to health services to uninsured adults requires a collaborative planning process comprised of representatives from health care, business, labor, advocacy organizations, philanthropy, research and other disciplines. The HSF Advisory Council was formed to help guide the development, planning and implementation of Healthy San Francisco. The Advisory Council provides expert consultation on: implementation of employer

spending mandate, membership, benefits, provider network, utilization, costs, and evaluation. With the approval of the Mayor and the Board of Supervisors, the following individuals were appointed to the Advisory Council are:

Maya Altman, Health Plan of San Mateo
 Tangerine Brigham, Dept. of Public Health (formerly of San Francisco Foundation)
 Martin Brotman, MD, California Pacific Medical Center and St. Luke's
 Lloyd Dean, Catholic Healthcare West (co-chair)
 Steve Falk, Chamber of Commerce
 Jean Fraser, San Francisco Health Plan
 Gordon Fung, President of San Francisco Medical Society
 Barbara Garcia, Deputy Director, Community Health Programs, SFDPH
 David Grant, Senior Action Network
 Crystal Hayling, Blue Shield of California Foundation
 Mitchell Katz, M.D., Department of Public Health (co-chair)
 Paul Kumar, SEIU Local 790 (now SEIU 1021)
 Mark Laret, UCSF Medical Center (no longer a council member)
 Donna Levitt, Office of Labor Standards Enforcement
 Ian Lewis, Local 2
 Carolene Marks, Commissioner, Status of Women
 Eleanor Milroy, Bay Area Organizing Committee
 Josie Mooney, SEIU Local 790 (now SEIU 1021)
 Christine Robisch, Kaiser Permanente
 Mark Smith, MD, MBA, California HealthCare Foundation
 Peg Stevenson, Controller's Office
 Jordana Thigpen, Small Business Owner
 Julia Velson, San Francisco Organizing Project
 Kevin Westlye, Golden Gate Restaurant Association
 Sophie Wong, San Francisco Community Clinic Consortium

The Department has two distinct roles – oversight of the entire implementation of HSF and as a provider within the HSF provider network. As part of HSF's overall effort to improve the system of care for uninsured persons, the Department contracted the San Francisco Health Plan to provide certain administrative functions for HSF given their extensive expertise in improving health care delivery to uninsured populations. The Department previously partnered with the San Francisco Health Plan on the implementation of Healthy Workers and Health Kids/Young Adults. The health plan will provide such administrative services as:

- Communications (for participants, providers and public)
- Customer service/call center
- Enrollment and eligibility for employer-related participation
- Participant billing of participation fees
- Provider relations, education and network development
- Quality improvement and monitoring

Key Program Features

Implementation of Healthy San Francisco changes both the way uninsured persons enter the health care safety net system and their experiences while in the system. Key features of HSF are:

- **Comprehensive Services:** HSF participants will have access to primary care, preventive, specialty, urgent, emergency, mental health, substance abuse, laboratory, inpatient diagnostic, and pharmaceuticals services.
- **Medical Home:** Every HSF participant will select a primary care clinic as their medical home – a designated place where participants can go to receive primary and preventive care and gain access to other needed services. This will enable participants to develop and maintain vital provider/patient relationships that can help enable, encourage and ensure that residents have access to care. Services will be more effectively coordinated and easier for participants to navigate through the provision of a primary care medical home.
- **Coordinated Provider Network:** HSF participants will have access to a coordinated network of primary care clinics within the Department and the San Francisco Community Clinic Consortium. A total of 22 primary care clinics at 27 different locations are participating in HSF.
- **Streamlined Eligibility and Enrollment:** HSF eliminates the varied, confusing and often conflicting eligibility and enrollment rules and procedures used by different safety net systems. The Department invested in a web-based eligibility and enrollment system (One-e-App) to enroll uninsured residents into HSF and determine eligibility for public health insurance programs (such as Medi-Cal). One-e-App provides a cost-effective, one-stop approach that improves the efficiency and user-friendliness for families seeking access to health care. One-E-App increases the probability of finding a payer for services provided to low-income persons, reduces time to process multiple applications for benefits and creates a county-wide database of the number of uninsured residents. All primary care medical homes have access to One-e-App and staff trained to assist individuals in the application process. One-e-App is not an electronic medical record and does not contain clinical information.
- **Customer Service Center:** HSF participants have access to a dedicated customer service center that can provide information on how HSF works, send participants program information, and/or assist participants with a problem they may have. All participants receive a Healthy San Francisco Participant Handbook which outlines the program and provides information on how to contact customer service.

Financing

HSF is financed through a combination of the City and County of San Francisco contributions, other public sources and contributions from participants and employers. HSF continues to leverage current state and federal funding that supports services to uninsured persons. To support HSF, the Department received a three-year funding award in the amount of \$73.1 million from the federal government under the Health Care Coverage Initiative. These funds will expand capacity to provide services to HSF participants who have medical homes within the Department.

Phased Implementation

With an estimated 82,000 uninsured adult residents, a phased implementation is critical for a program of this complexity and scale. It also provides opportunity to make adjustments and modifications in the program as appropriate. It will take 18 – 24 months to fully implement

HSF. Full implementation of HSF may not result in all uninsured residents participating in the program because HSF is voluntary. Uninsured residents who may not need or value access to health services may elect not to enroll in HSF.

Looking ahead to 2007-08, HSF implementation will be in the following manner. By the end of this fiscal year, it is estimated that approximately 46,000 residents will be HSF participants.

Debut Phase

Healthy San Francisco successfully debuted July 2, 2007 at Chinatown Public Health Center (CPHC) and North East Medical Services (NEMS). The purpose of the debut was to provide information that could be useful in expanding HSF to additional clinic sites. At the end of the debut, there were 1, 800 uninsured residents enrolled in the program – far exceeding the enrollment projections of 600 – 1,000 participants.

September 2007 Expansion

The Department will expand HSF beyond the two debut clinics to a total of 22 clinics at 27 sites – encompassing a majority of both the Department and San Francisco Community Clinic Consortium clinics. Each clinic serves as a primary care medical home. Initial enrollment will be limited to current users and the most vulnerable in our community – those with incomes at or below the federal poverty level.

November 2007 Expansion

The Department will expand HSF to those with incomes above the 100% federal poverty level. HSF will still be available at the 22 clinics within the Department and San Francisco Community Clinic Consortium clinics. Enrollment will be limited to those who are current patients of the clinics.

January 2008 Expansion

Uninsured individuals who are not current patients of the clinics will be able to enroll in the program. Individuals must meet all eligibility requirements.

In addition, the Employer Spending Requirement (ESR) is scheduled to take effect on January 1, 2008 for certain businesses. Employers may select HSF as their vehicle for meeting this local mandate. In those instances, their employees would enroll into HSF.

During the 2006-07 fiscal year, the Golden Gate Restaurant Association filed a federal lawsuit challenging the Health Care Security Ordinance on the grounds that it conflicts with the federal Employee Retirement Income Security Act (ERISA) which establishes national standards for pension and health plans in private industry. GGRA is challenging the Employer Spending Requirement (ESR) and not the Healthy San Francisco Program. A hearing is scheduled before the federal courts in late 2007. The outcome of this lawsuit will determine whether the ESR is or is not implemented on January 1, 2008

Conclusion

The experience of the debut provided strong evidence of the public's interest in being part of an organized health care delivery system. The Department's goal is to use HSF as an opportunity to re-envision its health care delivery system.