

San Francisco Health Reform Task Force Framework

BACKGROUND

On March 23, 2010, the President signed H.R. 3590, the Patient Protection and Affordable Care Act (PPACA), which makes substantial reforms to the U.S. health care system. The PPACA requires most U.S. citizens and legal residents to have health insurance. To help individuals meet that requirement, the PPACA expands eligibility for Medicaid and creates new requirements for private health insurance providers to make health insurance more accessible and affordable. In addition, the PPACA makes investments in public health, including prevention and wellness programs, and the healthcare workforce. The numerous components of the PPACA will be phased in over the next ten years.

For California, implementation of PPACA has another dimension related to the State's Section 1115 Medicaid Waiver. The current waiver, which provides funding to the safety-net hospitals and expands access to health care for low-income uninsured individuals in select counties, is scheduled to expire on August 31, 2010. The concept for the waiver renewal includes several targeted initiatives including safety net hospital financing, managed Medi-Cal for seniors and persons with disabilities, integration of behavioral and physical health, and expansion of coverage for low-income, uninsured, which the State believes helps "prepare for federal Health Reform and enhance the delivery system for the uninsured."

In response to passage of the PPACA, Mayor Newsom announced the creation of a Health Reform Task Force (Task Force) to analyze the impact of health reform on San Francisco. On April 15, 2010, the Department of Public Health (DPH) provided an overview of the PPACA to the Health Commission and provided preliminary information about the Task Force.

Though many details about the implementation of the PPACA are still unknown, more information about the general direction of implementation and the implications has become available. DPH has been gathering and reviewing this information and conducting the analytic work necessary to inform the work of the Task Force. The preliminary background analyses are now close to completion and DPH is ready to move ahead with the work of the Task Force.

MISSION

The Health Reform Task Force will have the following charge:

To plan for a San Francisco health care safety net that thrives under Health Reform and the State's Section 1115 Medicaid Waiver.

DEFINITION OF HEALTH CARE SAFETY NET

In 2000, the Institute of Medicine (IOM) defined the health care safety net as:

Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients.¹

The IOM also recognized that there is a subset of "core safety net providers:"

These providers have two distinguishing characteristics: (1) by legal mandate or explicitly adopted mission they maintain an "open door," offering access to services to patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.²

¹ "America's Health Care Safety Net: Intact but Endangered," Institute of Medicine, 2000.

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San Francisco's health care safety net is composed of public, private and non-profit organizations that provide health care services to uninsured, underinsured and vulnerable people. These providers include:

- Primary Care Clinics
- The Department of Public Health
- Hospital Emergency Departments
- Community Behavioral Health Providers
- Community Long-Term Care Providers

In addition to these core safety net providers of safety net services, many private providers supplement the safety net through their individual contribution of charitable services and care, doing so with little or no expectation of compensation.

SCOPE OF WORK

The Task Force will evaluate and answer policy questions in the following key areas:

1. **Local Programs:** What changes, if any, will need to be made to San Francisco's health care programs (e.g., Healthy Kids, Healthy San Francisco, Healthy Workers)?
2. **Enrollment:** How do we maximize enrollment of low-income populations into Medi-Cal and subsidized private health insurance?
 - What are the most successful models for Medi-Cal insurance enrollment?
 - How do we best leverage experience with Healthy San Francisco to transition enrollment to Medi-Cal or subsidized private insurance health insurance acquired through the exchange?
3. **Capacity:** How do we ensure sufficient capacity of high quality services within the safety net system to care for more insured San Franciscans?
 - How do we attract new providers into the safety net system?
 - How do we attract and maintain insured patients?
 - With seniors and persons with disabilities moving into managed care, how do we improve care coordination?
 - How do we meet the increasing demand for long-term care services that will be needed by San Francisco's aging low-income population?
4. **Infrastructure:** How do we meet the needs for infrastructure, including health information technology?
5. **Economics:** How do we ensure a viable economic model given Medicaid rates and decreasing disproportionate share hospital dollars?

OBJECTIVES

This Task Force will advise the Mayor, the Board of Supervisors, and the Health Commission:

1. To recommend changes to local programs to better position San Francisco's health care safety net for implementation of the PPACA; and
2. To make policy recommendations related to State and/or Federal implementation of the PPACA that would enhance the health care received by low-income San Franciscans.

GUIDING PRINCIPLES

The Department of Public Health envisions a local public health system that operates with the health care safety net at the center, focused on the uninsured and publicly-insured. The regulatory functions of the health department surround that safety net for the benefit of all San Franciscans.

Vision



Goals

A successful health care safety net would include each of the following components:

- **Access:** Geographically distributed services are highly accessible.
- **Quality:** Services are patient-centered and fully integrated system-wide.
- **Cost-effectiveness:** Resources are maximized.
- **Partnership:** Care is provided through a combination of public resources and community partnerships.
- **Workforce:** A broad array of providers are attracted to and retained in the system.

MEMBERSHIP

The Task Force will be chaired by Dr. Katz. Members will be appointed and will include representation from the following groups:

- Department of Public Health
- Healthy San Francisco
- Human Services Agency
- Hospital Council of Northern and Central California
- San Francisco Community Clinic Consortium
- San Francisco Health Plan
- San Francisco Medical Society
- In-Home Supportive Services
- Long-Term Care Coordinating Council
- San Francisco Mental Health Board
- Independent Living Resource Center
- Patient advocates
- Organized labor
- Business community

MEETINGS

The task force will convene its first meeting in September 2010. It is anticipated that the Task Force will meet monthly for approximately seven months. The first meeting will be an overview of Health Reform and the 1115 Waiver, as well as a discussion of the purpose of the Task Force. The next five monthly meetings will be devoted to each of the issue areas identified in the Scope of Work. The final meeting will be a review of the recommendations made by the Task Force throughout its process. After that, the Task Force will be convened as-needed until PPACA is more fully implemented in 2014.

The Health Commission will receive updates every three months. All meetings will be open to the public.