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SFHN Primary Care Implementation of State Medi-Cal Waivers

San Francisco Health Commission
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Hali Hammer
Director of Primary Care

Appreciation to Patrick Oh, Alice Chen, Reena Gupta, Valerie Inouye, and Colleen Chawla

Medi-Cal 2020

We will leverage the new statewide waiver programs to align care, finances, and clinical outcomes

- New programs significantly shift focus from inpatient to outpatient care
  - Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
  - Global Payment Program (GPP)
  - Whole Person Care
  - Dental Transformation Initiative

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PRIME and GPP components of the Medi-Cal 1115 waiver program

PRIME

- **P**ublic Hospital **R**edesign and **I**ncentives in **Me**di-Cal
- Project Lead: Patrick Oh, Executive Sponsor: Alice Chen
- Builds on the success of DSRIP (key incentive program of the last waiver 2010-2015)
- “Improve the quality and value of care provided by California’s safety net hospitals and hospital systems.”

GPP

- **G**lobal **P**ayment **P**rogram
- Project Lead: Valerie Inouye
- Combines Safety Net Care Pool (SNCP) and Medi-Cal Disproportionate Share Hospital (DSH) funding
- Payment reform program for the remaining uninsured.
- Incentivizes care at the **right time, right place, and right care.**

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PRIME as an extension of DSRIP

Delivery System Reform Incentive Program (DSRIP)

SFDPH received over $200 Million in incentives over last 5 years

- Milestones achieved (but not limited to):
  - Expanded primary care capacity
  - Specialty care access and care redesign
  - Established the Quality Data Center
  - Expanded medical homes, including Behavioral Health Homes
  - Implemented Primary Care Behavioral Health integration throughout all PC health centers
  - New focus on patient experience and access
  - Transitioned HIV QI approach from pure reporting to population health improvement
  - Established Centralized Call Center, including New Patient Appointment Unit and Nurse Advice Line

Key differences between DSRIP and PRIME

PRIME

- standardizes projects across counties
- is outcomes focused, does not incentivize process improvements
- provides no new funding relative to DSRIP → SFDPH MUST achieve all metrics for each project in order to receive same level of funding, which starts at $34M / year
- 10% & 15% $ cuts in years 4 and 5
- eligible population includes seen as well as enrolled (whom we refer to as **ENYS** or Enrolled but Not Yet Seen)
- incentivizes for improvement over our own baseline: 10% gap closure relative to Medicaid 90th percentile

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PRIME planning process

Key tactic from the SFHN strategic plan:

Leveraging the waivers to align care, finances, and clinical outcomes

PRIME planning process to date:

- Appointed PRIME Project Lead (Patrick Oh), Executive Sponsor (Alice Chen), and steering committee
- Developed standard roles across 9 projects
- Identified clinical leads, data analysts, and executive sponsors through alignment with existing QI work
- Met with key stakeholders to choose 3 optional projects using structured scoring system
- Developing data definitions for each of 57+ metrics
- In process of repurposing existing PC and ZSFG vacancies to fill gaps (ie project management, telephone outreach)
- PRIME kick-off on May 31

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7 required projects

Domain/Project	Leads
Outpatient Delivery System Transformation & Prevention	
Integration of Behavioral Health and Primary Care	Susan Scheidt, Chris Weyer Jamora, David Silven
Primary Care Redesign	Ellen Chen, Reena Gupta, RN TBD
SOGI/REAL Data Collection	Lisa Golden
Specialty Care Redesign	Lukejohn Day, Rosaly Ferrer, Delphine Tuot
Targeted High Risk or High Cost Populations	
Improvements in Perinatal Care	Margy Hutchison & Ana Delgado
Care Transitions: Integrating Post-Acute Care	Todd May & Michelle Schneidermann
Complex Care Management for High Risk Patients	Anna Robert

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SFDPH's choice of 3 additional optional projects

SFHN selected one project from each optional domain

- Domain 1: Outpatient Delivery System Transformation and Prevention
  - Patient Safety in the Ambulatory Setting
  - **Million Hearts Initiative (Ellen Chen)**
  - Prevention: Cancer Screening and Follow-up
  - Prevention: Obesity Prevention and Healthier Foods Initiative
- Domain 2: Target High Risk or High Cost Pop.
  - Integrated Health Home for Foster Children
  - Transition to Integrated Care: Post Incarceration
  - **Chronic Non-Malignant Pain Management (Barb Wismer)**
  - Comprehensive Advanced Illness Planning & Care
- Domain 3: Resource Utilization Efficiency
  - Antibiotic Stewardship
  - Resource Stewardship: High Cost Imaging
  - **Resource Stewardship: Therapies Involving High Cost Pharmaceuticals (David Woods)**
  - Resource Stewardship: Blood Products

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Examples of PRIME metrics

Over 57 measures for PRIME

Sample metrics:

- Tobacco assessment & counseling
- All-cause readmissions
- Breastfeeding
- Depression screening
- Screening and counselling for alcohol and drug use (SBIRT)
- Controlling hypertension
- Diabetes control
- Patient experience
- Reducing health disparities
- Accurate collection of race, ethnicity, language, sexual orientation, and gender identity data

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Global Payment Program (GPP) for the uninsured

- Combines Disproportionate Share Hospital (DSH) and Safety Net Care Pool (SNCP) programs
- Available to designated public hospitals
- Point-based bundled payment for services provided to uninsured (a steadily declining population in the SFHN)
- SFGH past 5 year average annual share of DSH and SNCP ~ $100 M
- Funding for years 2-5 contingent upon study

GPP Component	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
DSH	$1,203 M	$1,227 M	$1,055 M	$982 M	$909 M
SNCP	$236 M	?	?	?	?

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Global Payment Program

- Earn dollars through points instead of costs
- Points will value outpatient higher and IP/ER lower over time
- Each public hospital system establishes a point threshold

Category	FY 14-15 Uninsured Units	Point Value	Units x Point Value
Inpatient days	1,000	800	800,000
ER Visits	3,000	200	600,000
OP Visits	12,000	100	1,200,000
MH Case Mgt.	23,000	35	805,000
Total			3,405,000

SFDPH threshold FY15-16

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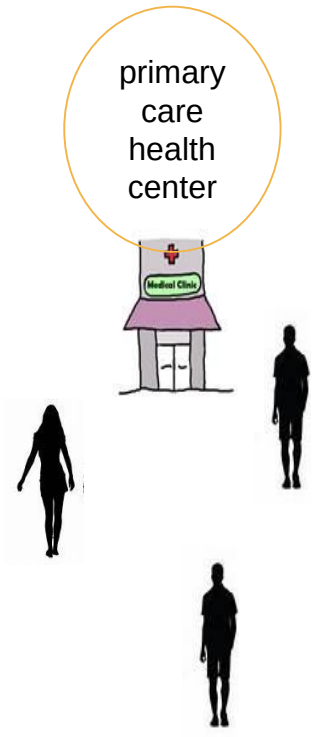
Incentivizes complementary services

- Credit for complementary services not traditionally reimbursed
- Examples of complementary services
    - Nurse visits
    - Health education
    - Telephone consultation with PCP (certain limitations)
    - Telephone nurse advice
    - eReferral
    - Respite and sobering visits
    - Group-based care
- Complementary services not used in establishing threshold, but can be used to score points toward meeting threshold

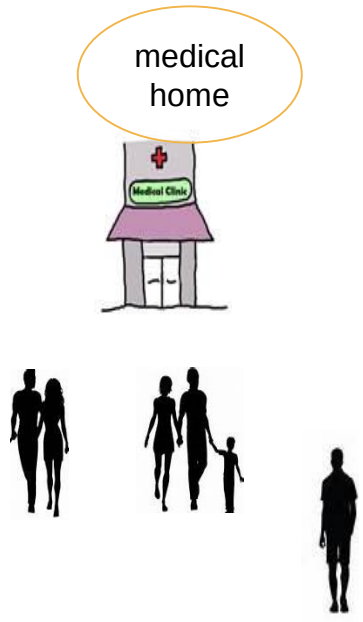
SFDPH-SFHN and Waiver Progression

High quality care for the individuals who present for care



quality management

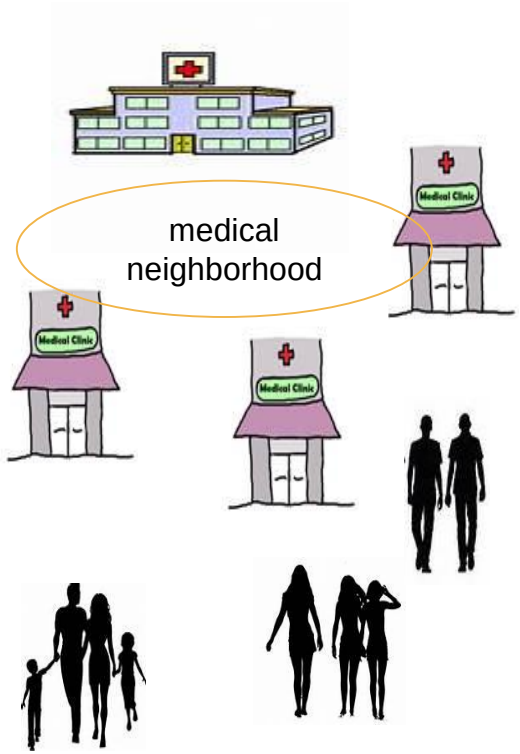
Medical home, population health approach for all active patients



PC based pop health approach to QI

HSF

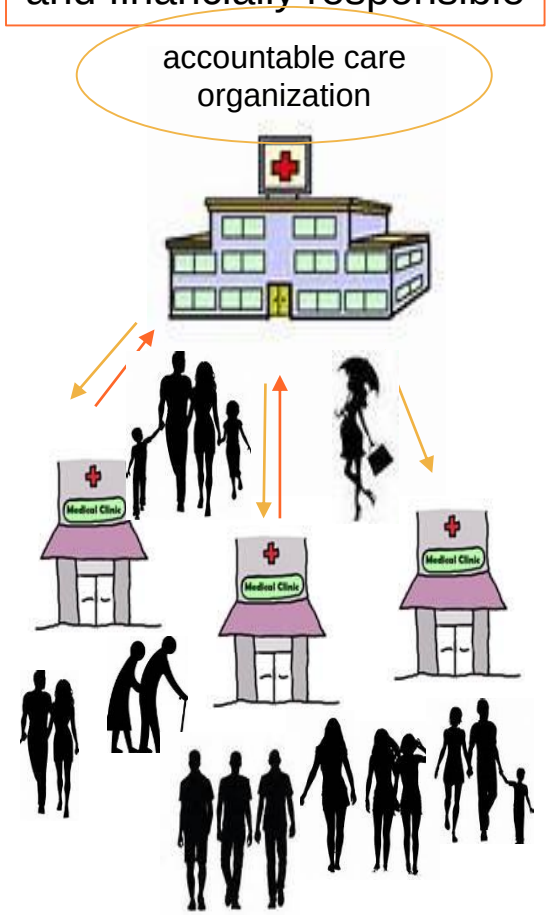
Integrated delivery system for patients who present for care



shared responsibility for patient care

DSRIP

Integrated care for the enrolled population for whom we are clinically and financially responsible



quality and cost data linked to improvement infrastructure

PRIME/GPP

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PRIME and GPP next steps for Primary Care

- Measuring PRIME baseline performance for all measures
- Developing data stewardship and reporting systems
- Forming project teams
- Defining PRIME and GPP project plans and roles
- Developing communications plan
- Standardizing coding for common, high point GPP-eligible non-provider visits, with a focus on provider telephone visits, nurse visits, pharmacy, and nutrition visits
- Building new systems and process for outreach to enrolled and not yet seen
- Collecting encounter level detail for GPP-eligible visits
- Aligning with other Primary Care initiatives aimed at implementing Lean, building our workforce, and achieving our vision

Vision for SFHN Primary Care