

SAN FRANCISCO

# Whole Person Care Health Commission Update

Hali Hammer, MD  
Director Ambulatory Care

Amber Reed  
Acting Director, Whole Person Care

Barry Zevin, MD  
Medical Director, Whole Person Integrated Care: Street Medicine,  
Shelter Health, and Urgent Care

**August 18, 2020**



## OUTLINE

**San Francisco Whole Person Care Overview**

**Innovations in Data Sharing Technology**

**Innovations in Care Coordination Services**

**Sustainability: Beyond 2020 Waiver**

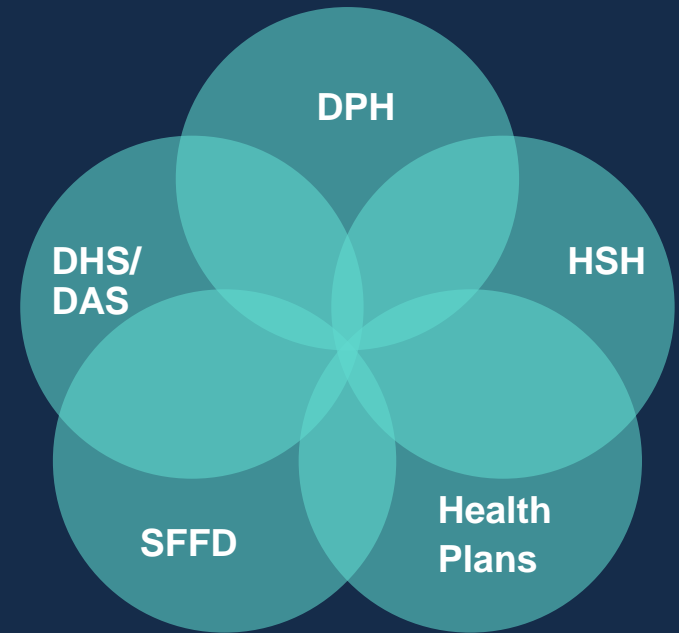
## SAN FRANCISCO WHOLE PERSON CARE OVERVIEW

### Innovations in Technology

- A platform to share comprehensive, integrated data that provides context for all our shared clients

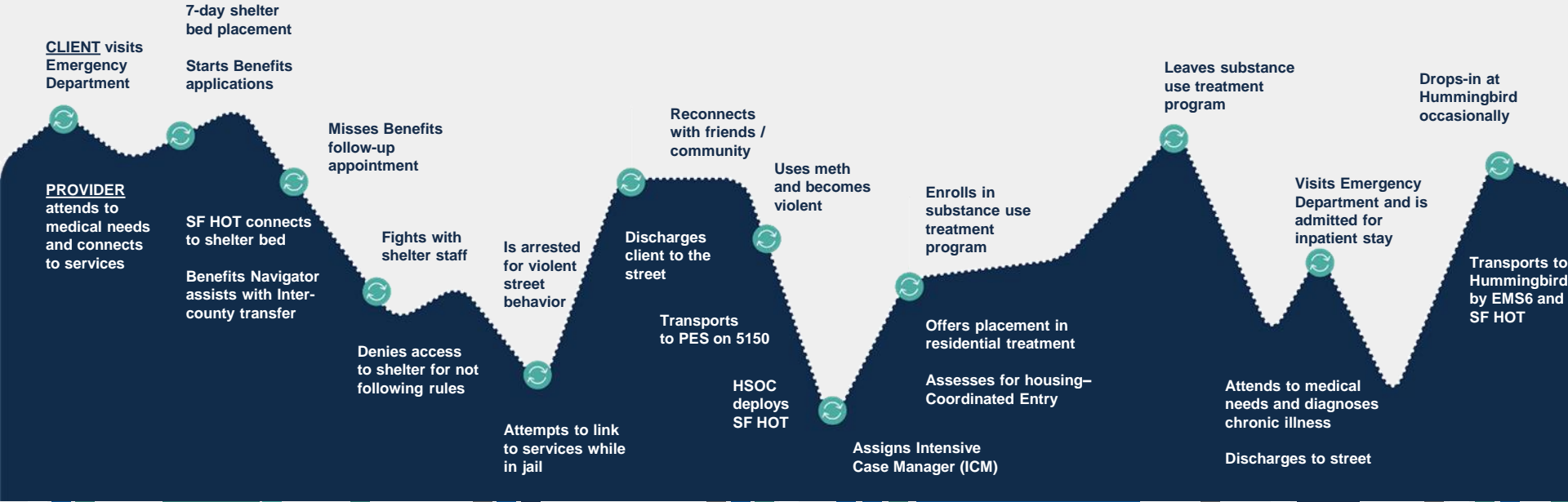
### Innovations in Services

- A structure (people and policies) to care for the highest risk and highest utilizing clients across the City's ecosystem of services



**Shared Governance**

# WHOLE PERSON CARE OPPORTUNITY



## INNOVATIONS IN DATA SHARING TECHNOLOGY

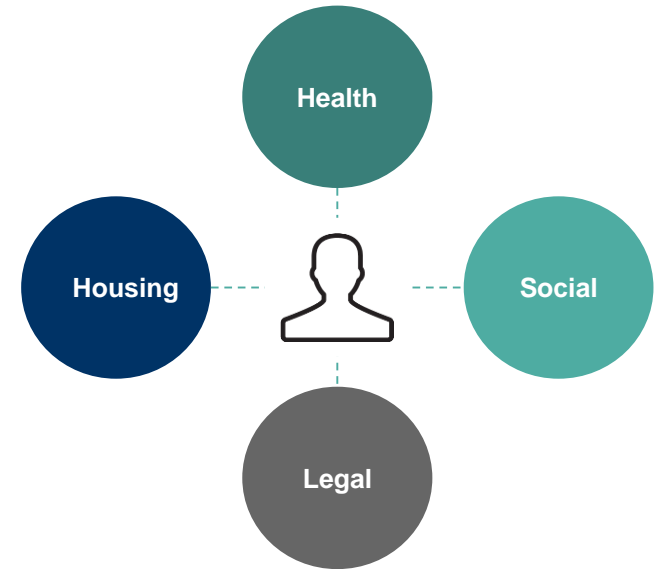
# Transition to Epic

### Accomplishments

- Identified client, provider, and department requirements for a data sharing solution to support interagency care coordination across the City.
- Partnering with DPH IT to select and plan for the implementation of Epic's Care Coordination Management (CCM) toolset.

### In Progress

- Transition integrated health, housing and social data to Epic.
- Install and launch DPH's Epic care coordination tools for Whole Person Integrated Care (WPIC) programs.
- Expand access to CareLink to non-dph partners working with WPIC clients.
- Implement data sharing agreements and protocols.



**Whole Person Care Summary**  
Holistic Client Record

# WPC Impact on COVID-19 response

## Example

- Leverage integrated data to identify individuals at higher-risk for COVID-19 complications for placement in alternative housing settings.
- Provide information to inform policy and planning decisions (for example Project Room Key funds for implementation).
- Produce a daily census for frontline providers and staff enabling targeted outreach and linkage to health, housing and social services in alternative settings (like SIPs and I/Q sites).
- Track, aggregate and report on coordinated models of care in SIPs.

### People Experiencing Homelessness (PEH) (flagged in CCMS in last 12 months)



### PEH: Unsheltered (Homeless outdoors or not otherwise specified)



### PEH: Sheltered (Homeless shelter system, treatment, hotel room)



# Shared Priority Project

## Accomplishments

- Launched the Shared Priority project adopting a “whatever it takes” approach to place SF’s most vulnerable clients experiencing homelessness into housing or other safe settings.
- Convened a “system response” committee to identify and problem-solve system barriers and delivered bi-weekly project dashboard to monitor progress.

## In Progress

- The Shared Priority care coordination team continues to meet weekly to identify, engage, and prioritize vulnerable clients for health, housing and social services.
- The use of integrated data to target interventions and identify hard to link individuals.
- Monitoring of the Share Priority cohort for future evaluation and the development of systems recommendations.

# Shared Priority Bi-Weekly Dashboard

8-11-2020

## Population

237 individuals  
6 no service util/SP contact since start of project  
13 deceased

## Case Managed

56 start  
119 currently

## Housed

6 start  
3 lost housing  
126 currently

## LPS Conserved

3 currently

## Urgent/Emergent Services



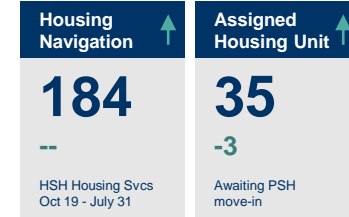
## Living Situation



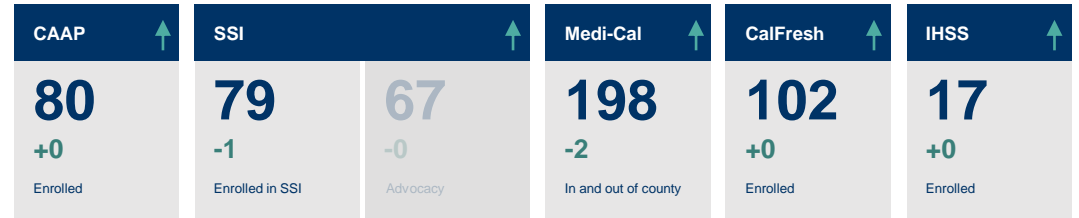
## Engagement



## Housing Process



## Benefits



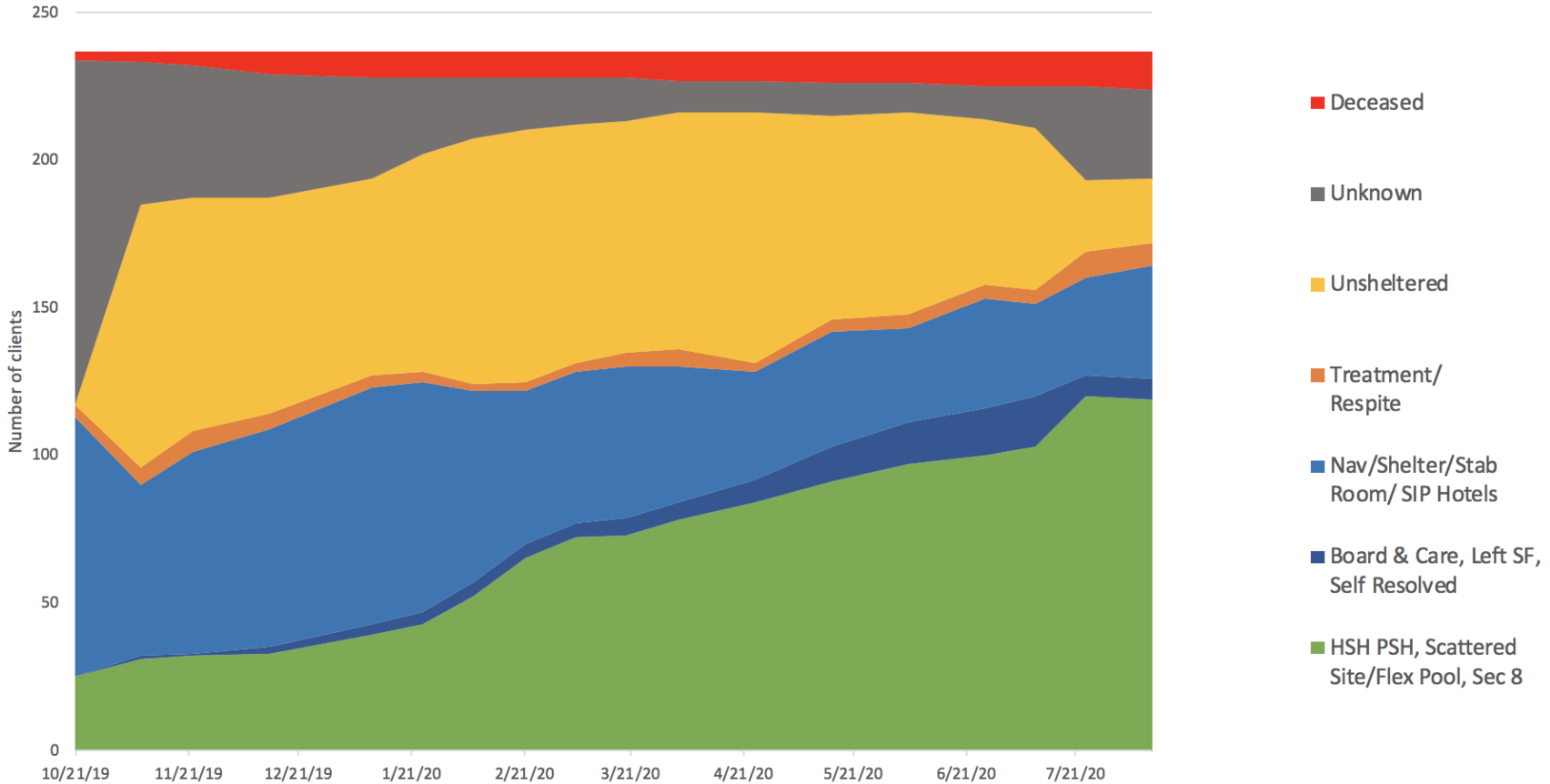
↑ ↓ INDICATES FAVORABLE DIRECTION    +/- CHANGE SINCE PREVIOUS 2 WEEK REPORTING PERIOD

NO UPDATE SINCE PREVIOUS 2 WEEK REPORTING PERIOD



# Shared Priority Clients Documented Housing Situation

Source: Shared Priority Dashboard as of 8/14/20



## INTERAGENCY SYSTEM RESPONSE

# WPC Impact on COVID-19 response



### Example

- Learnings from Whole Person Care have informed the model of care for Shelter In Place hotels (SIPs) and outreach work with unsheltered people experiencing homelessness.
- Implemented large-scale medical and nursing services within HSH/HSA established SIPs.
- Relied on available WPC data to identify and locate clients who were vulnerable quickly.
- Established relationships with partner agencies and organizations provide were foundational to working together efficiently and effectively.



HICT



## First Response High Intensity Care Team

(EMS6, Street Medicine & SFHOT)

### Alert!

This individual is a Shared Priority client and is high priority for housing, health, and human services. Contact High Intensity Care Team at 415-816-6739 / [fireems6@sfgov.org](mailto:fireems6@sfgov.org) to coordinate next steps/discharge planning.

# Future of SF Whole Person Care

## WAIVER

- DHCS is pushing to extend the 1115 Waiver for WPC through 2021. CalAIM implementation is delayed (expected Jan 2022).

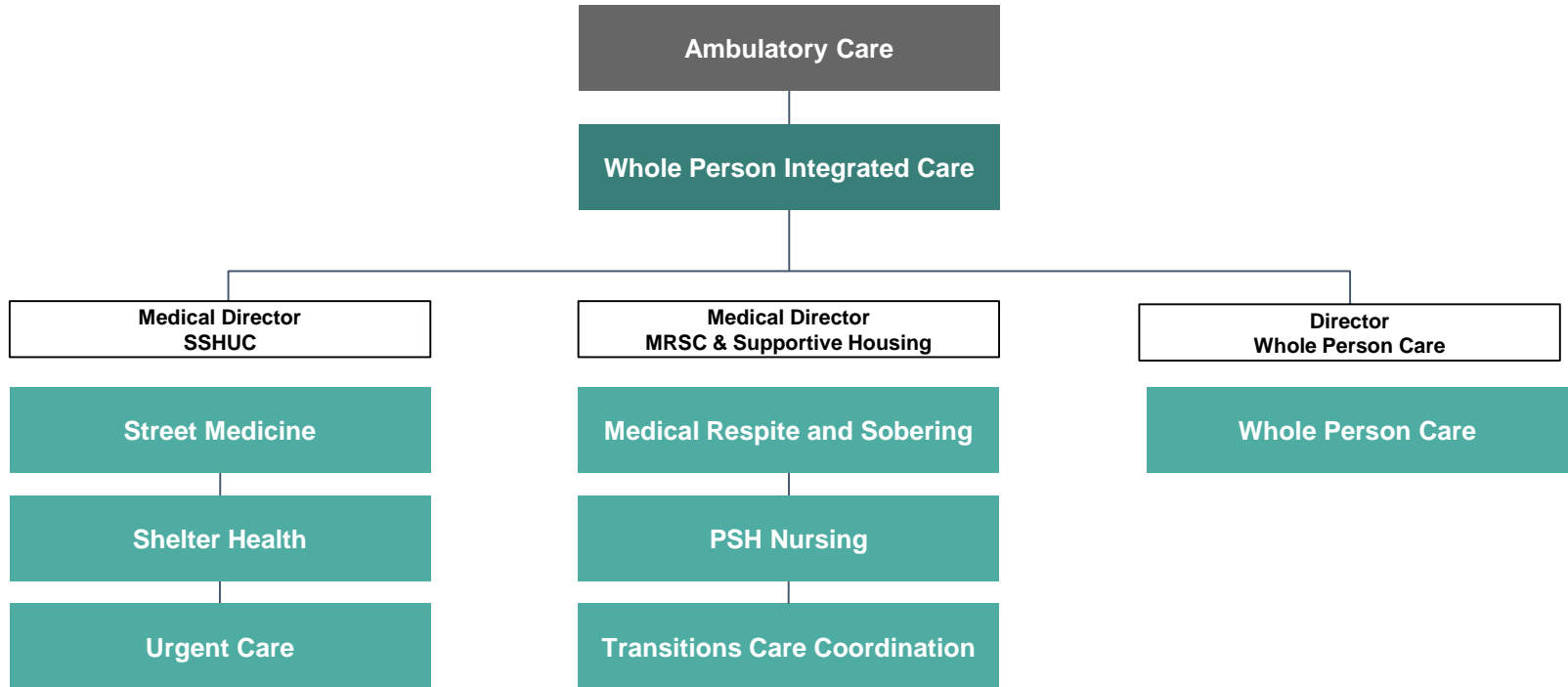
## SERVICE DELIVERY

- Whole Person Integrated Care (WPIC) is on track to open our new health resource center on Stevenson Street in November 2021.
- Merging Urgent Care and Street Medicine's Open Access Clinic was accelerated by COVID-19 response
- High Intensity Care Team collaboration has been expanded and accelerated during this time and will continue to serve shared clients

## TECHNOLOGY

- Transition of integrated data and reporting from CCMS to an Epic environment
- Shared Priority serves as a model for citywide care coordination as we implement Epic's Coordinated Care Management toolset
- Expand access to Epic CareLink for care coordination teams and street-based providers across the city

# Future of Whole Person Care





**Questions?**

# Thank you to all our WPC partners!

Department of  
Public Health  
(DPH)

Department of  
Homelessness  
and Supportive  
Housing  
(HSH)

Department of  
Human Services  
(DHS)

Department of  
Aging and Adult  
Services  
(DAS)

Fire Department  
Emergency  
Medical Services  
(SFFD EMS)