Optimizing Access, Capacity, and Panel Size in SFHN Primary Care

Report to the SF Health Commission
Finance and Planning Committee
June 3, 2014
Hali Hammer, Director of Primary Care
Albert Yu, Ambulatory Care Director
The Vision of SFHN Ambulatory Care

- Any door is the right door to receive seamless, coordinated, quality and appropriate care
- Every staff behind any door is accountable to SFHN’s entire patient population
- Every staff behind any door is empowered to excel, innovate, teach, and celebrate
Vision for SFHN Primary Care

- Improve the health of the patients we serve
- Ensure excellent patient experience
- Optimize access, operations, and cost-effectiveness
- Build a foundation of a healthy, engaged, and sustained primary care workforce
Strategic priorities for SFHN Primary Care 2014

• Ensure prompt *access* to care for all our patients
• Improve the *health* of the people we serve
• Guarantee an optimal *experience* for each patient and family who comes to us for care
• Create an *operational infrastructure* which supports excellent patient care and a healthy work environment
• Build a *workforce* which is valued, does their best work every day, and upholds our mission in every interaction
• Ensure *sustainability* through
  – maximizing revenue,
  – growing our patient population, and
  – reducing waste
Strategic priorities for SFHN Primary Care 2014

Ensure prompt *access* to care for all our patients
Strategic priorities for SFHN Primary Care 2014

Ensure prompt *access* to care for all our patients

- No waiting lists for new patients
- Patients rate access to routine appointments highly
- Same day access, usually in the medical home
- Prompt access to appointments, advice, and management of common problems over the phone
NPAU Waiting List Trends Starting 10/25/2012
Access to Same Day Urgent Appointments

- In the medical home
- With the Telephone Access (TAPS) provider
- In the SFGH Urgent Care Center

Weekly access dashboard for each medical home
### San Francisco Health Network Primary Care Weekly New Patient and Urgent Appt Access Report

**Date**: 5/22/2014

<table>
<thead>
<tr>
<th>New Patient Access Status</th>
<th>New Patient Waiting List</th>
<th>New Patient Appts Available</th>
<th># New Patient Appts Made in April</th>
<th># of NAL Urgent Appts Needed</th>
<th>% PCMH or Telephone Provider Appt, Week Before</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHC</td>
<td>4</td>
<td>0</td>
<td>41</td>
<td>30</td>
<td>67%</td>
</tr>
<tr>
<td>CPHC</td>
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<td>85</td>
<td>77</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>FHC</td>
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<td>0</td>
<td>160</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
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<td>N/A</td>
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<tr>
<td>MHHC</td>
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<td>68</td>
<td>6</td>
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</tr>
<tr>
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<tr>
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<tr>
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</tr>
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<td>SEHC</td>
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<td>70</td>
<td>19</td>
<td>58%</td>
</tr>
<tr>
<td>TWUHC</td>
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<td>130</td>
<td>46</td>
<td>4</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Green Flag**: Keep up the good work

**Yellow Flag**: Caution; if you feel you need centralized support or are headed toward a red flag please contact PC Admin team within a week.

**Red Flag**: Crisis zone; plan of action, including an ask for any centralized support is due to PC Admin team Monday by 3PM.

### Triage of NAL Urgent calls: 5/19/14-5/22/14

<table>
<thead>
<tr>
<th># of NAL Urgent Appts Needed</th>
<th># Of PCMH Appts</th>
<th># Of Telephone Provider Visits</th>
<th># Of SFGH UC Appts</th>
<th># Referred To TWUHC UC</th>
<th># Referred to PCMH Drop-in</th>
<th># Referred to SFGH Urgent Care Drop-in</th>
<th># Referred To 6M</th>
<th>% PCMH or Telephone Provider Appt</th>
<th>% PCMH, Telephone Provider or Urgent Care Appt</th>
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<tbody>
<tr>
<td>CMHC</td>
<td>30</td>
<td>16</td>
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<tr>
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<tr>
<td>FHC</td>
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<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>GMC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>MHHC</td>
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<td>100%</td>
</tr>
<tr>
<td>PHHC</td>
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<td>4</td>
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<td>80%</td>
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<tr>
<td>SAHC</td>
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</tr>
<tr>
<td>SEHC</td>
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<tr>
<td>TWUHC</td>
<td>4</td>
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<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>112</strong></td>
<td><strong>60</strong></td>
<td><strong>24</strong></td>
<td><strong>6</strong></td>
<td><strong>16</strong></td>
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<td><strong>0</strong></td>
<td><strong>75%</strong></td>
<td><strong>75%</strong></td>
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</tbody>
</table>

*These columns are the same for now because there are no appts at Urgent Care*
• Ensure *sustainability* through
  – maximizing revenue,
  – growing our patient population, and
  – reducing waste

• Reduce unbillable accounts

• **Meet patient panel targets: through use of a dynamic clinic capacity calculator**

• Nurses, pharmacists, and all staff work as members of a coordinated care team and at the top of their license
Where did the calculator tool come from?
HMA Consultants => Ambulatory Care Workgroup

- **OBJECTIVE 1.1 – achieve panel size targets for all PCMH teams in the integrated SFDPH-PC**
  - Standard panel size target(weighted) for all PCMH teams
  - Standard tool for assessing capacity for monthly enrollment by SFHP (HSF, Medi-Cal, and Healthy Workers)

- Target TOTAL panel size for a PCC will be:
  - Base of 1200 ACTIVE patients (adjusted) per clinical FTE PLUS
  - An additional 300 enrolled-not-yet-seen (ENYS*, aka Shadow panel) patients per clinical FTE at that PCC.
  - This will result in prospectively weighted panels of 1350 patient-equivalents per FTE throughout system

*Assumption: approximately 50% of ENYS can be expected to generate demand for PC services. This assumption will be tested by measurement
Enrollment Capacity Calculator Tool

• This tool is a standard approach to measuring PC capacity which is tied closely to SFHN Primary Care integration

• The monthly calculation of enrollment capacity for each HC is based on HC specific data, updated monthly

• SFHP enrolls new patients at each PCC up to a numeric cap for each payer category that is determined by the calculator tool

• Big change from previous method of opening and closing clinics based on mostly snapshots of capacity and done differently at hospital-based vs. community-based health centers

• Tied inextricably now to achieving access targets (new patient, routine appointments, and same day care in the medical home)

• Implemented: JANUARY 2014
Enrollment Capacity Calculator Tool

• Capacity calculation based on monthly update of PCC’s weighted panel + an assumption of the % of ENYS (shadow panel) that will generate demand for appts

• Capacity tool expanded beyond COPC7 to CSS+ TWUHC+ GMC + FHC

• Patient weighting algorithm expanded to include CSS+ GMC+FHC

• New factors added to better reflect true capacity (space, clinical time allocation, patient complexity, academic model, support staff ratios)

• Goals set for enrollment payor mix, which will (over time) result in reaching goals for patient panel mix that can better support sustainability
Enrollment Capacity Calculator Tool

- Variable factors updated, entered monthly, to reflect true capacity

- Each HC is responsible for monthly validation of their own variables (provider and staff FTEs)

- Calculation tool run and delivered to SFHP on the 15th of every month. For each HC:
  - # of new enrollees by payer source for the upcoming month
  - # of new patient appts that each HC should create in the upcoming month

- SFHP enrolls up to the CAP for each payor source in that month

- With Primary Care leadership support, each HC is responsible for creating sufficient new patient capacity based on results of calculator
<table>
<thead>
<tr>
<th>Clinic Adjuster</th>
<th>Attrition</th>
<th>Weighted active panel from AH</th>
<th>CTE</th>
<th>Enrolled but not yet seen</th>
<th>Number of new patient appointments at center in the following month</th>
<th>Total DPHPC number new patient appts needed in month (not counting Medi-Cal minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASTRO MISSION</td>
<td>20%</td>
<td>4819</td>
<td>3.9</td>
<td>1258</td>
<td>0 0 0 0 0 0 0 189</td>
<td>1413 1118 1735 1990 1063 1400 0 0 0 0 0 0 189 0 0 0 0 0 0 189</td>
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<tr>
<td>CHINATOWN</td>
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<td>5201</td>
<td>5.31</td>
<td>1422</td>
<td>202 223 206 325 154 202</td>
<td>5201 5134 5169 5291 5657 5656 5201 5134 5169 5291 5657 5656 5201 5134 5169 5291 5657 5656 5201 5134 5169 5291 5657 5656 5201 5134 5169 5291 5657 5656</td>
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<tr>
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<td>2.9</td>
<td>1289</td>
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<tr>
<td>OCEAN PARK</td>
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<td>1204</td>
<td>134 97 192 288 221 271</td>
<td>3570 3553 3515 3482 3709 3714 3570 3553 3515 3482 3709 3714 3570 3553 3515 3482 3709 3714</td>
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<tr>
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<td>3.65</td>
<td>1206</td>
<td>237 0 475 250 254 266</td>
<td>3023 2986 2958 2948 3070 3097 3023 2986 2958 2948 3070 3097 3023 2986 2958 2948 3070 3097</td>
</tr>
</tbody>
</table>

MAXINE HALL: 18%

OCEAN PARK: 14%

POTRERO HILL: 24%