HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 17, 2009
At
4:00 p.m.
101 GROVE STREET, ROOM 300 or ROOM 302
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:09 p.m.

Present: Commissioner James M. Illig, President
Commissioner Sonia E. Melara, Vice President
Commissioner Margine A. Sako
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner Edward A. Chow, M.D. (excused)

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 3, 2009

Action Taken: The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) approved the minutes of March 3, 2009 without modifications.

3) DIRECTOR'S REPORT

Golden Gate Restaurant Association Lawsuit
On March 9, 2009, the US Ninth Circuit Court of Appeals declined the Golden Gate Restaurant Association's petition for "Rehearing En Banc." The petition asked the full panel of judges in the

Ninth Circuit to review the decision of the Ninth Circuit's three-judge panel September 2008 unanimous ruling that the Employer Spending Requirement enacted under the Ordinance was not pre-empted by federal law. As of the writing of this report, it is the Department's understanding that Golden Gate Restaurant Association will seek further legal review in the United States Supreme Court.

World TB Day

This year's World TB Day will be observed on Tuesday, March 24 at Magnet in the Castro. Building on the recent episode that resulted in TB screening of over 100 individuals who worked at bars and businesses in the Castro, TB officials from throughout the Bay Area will be hosting a press conference to highlight the on-going threat the disease holds over any community at any time. A potential outbreak of TB in the Castro was especially troubling given the number of individuals in the community who are also HIV+. Fortunately, none of the employees who may have been exposed to TB tested positive. The incident gave the TB Control staff the opportunity to work with Supervisor Bevan Dufty, staff from Magnet and a number of bar and business owners in organizing a screening process that was both challenging and ultimately successful. Magnet is a gay men's health and community center located in the Castro, a program of the San Francisco AIDS Foundation.

"Pick Me" Contest Winners Celebrate

Student artists from the San Francisco Unified School District were challenged by the San Francisco County Nutrition Action Plan Committee (CNAP) to submit art work that would encourage people to eat more fruits and vegetables and to increase daily physical activity. The best of the submissions were transformed into color posters that are currently on display on Muni buses targeting low income residents. The 10 student artists will be recognized at a press conference on Thursday, March 26 at the Sports Basement, 15th & Bryant St. Representatives from the USDA, members of the CNAP and staff from the DPH feeling Good Project will be participating in the event.

Tapestries on Display at LHH

Four tapestries depicting the history of Laguna Honda Hospital went on display in the hospital's lobby this month. The tapestries were designed by San Francisco artist Lewis DeSoto. They are part of a series of a dozen tapestries that will hang in the new hospital when it opens in spring of 2010. Funding for the project was provided by the San Francisco Arts Commission through the city's Two Percent for Art program, which provides art funding from the capital costs of new construction. The tapestries were woven in Bruges, Belgium and are meant to be touched as well as seen to provide access to the art for Laguna Honda's sight-impaired residents.

LHH Study to Begin in Collaboration with UCSF

The Laguna Honda Foundation announced this week that it would fund a research study by the hospital's infection control nursing staff to gauge the therapeutic impact of silver coated catheters on residents who require chronic urinary catheterization. The study is being done in collaboration with the University California San Francisco (UCSF.)

Project Family Connect Needs Volunteers

Volunteers are needed to help with the next Project Homeless Connect, which has been redesigned into a special "Project Family Connect" on **Wednesday, April 8, 10 a.m. – 3 p.m.** at Bill Graham Civic Auditorium.

The April Homeless Connect event and its activities are focused on San Francisco families, youth and children in-need or homeless. It is estimated that in San Francisco alone, more than 1,600 students are homeless. This special Family Connect is sponsored by the John Burton Foundation for Children Without Homes. Throughout the day Bill Graham Civic Auditorium will be transformed into a one-stop-shop of services including medical treatment, dental screens, housing information, food and much more.

If the Commissioners have not had the opportunity to volunteer for one of these events, I urge you to consider helping families and children at this special Project Family Connect. To volunteer, please register at www.ProjectHomelessConnect.com, or call 255-3674.

New Assignments at SFGH

In preparing for her new role as CEO at SFGH, Sue Currin had announced that Sharon McCole-Wicher has been appointed Interim Chief Nursing Officer and Patti O'Connor will serve as the Interim Nursing Director, Emergency Department. Ms. McCole-Wicher has been the Nursing Director for Acute Psychiatry, PES and the Behavioral Health Center for the past 11 years. Ms. O'Connor will continue in her role as the Trauma Program Manager along with her new responsibilities.

Communicable Disease and Control Prevention Website Update

The Communicable Disease Control Prevention (CDCP) has once again updated its website to respond to the current issues that are influencing the local communicable disease health agenda and capturing the attention of the public.

Check out Dr. Yeva Johnson's video demonstration on **how to put on and remove a face mask** www.sfcdcp.org/facemask.html. **A new seasonal flu video** can be found at www.sfcdcp.org/influenza.html and **pandemic flu flyers** in **Chinese** and **Spanish** are available for downloading and sharing at www.sfcdcp.org/PandemicFacts.html.

In February the CDCP website had 5,724 visitors (14% more than in January). 78% of these were new visitors to the site. In total they looked at 15,583 web pages.

April is Donate Life Month

April is Donate Life Month, an opportunity to consider that more than 100,000 people are waiting for a lifesaving organ or tissue transplant. Of those patients, 20,000 live in California.

In 2004, the Department of Motor Vehicles discontinued the pink dot sticker that previously appeared on licenses of donors in favor of a state registry system. Now if you want to designate yourself as a donor, you must either register online or indicate "Yes!" next time you renew your driver's license.

To register on-line, go to www.donateLIFEcalifornia.org/**SFDPH**. We will be able to track the number of donors from DPH who register through this on-line system. Taking a couple minutes to become an organ and tissue donor can mean a lifetime to someone else. Learn more about organ and tissue donation at www.donateLIFEcalifornia.org.

Nettie Award Presented to DPH
The San Francisco Department of Public Health received the 2008 Nettie Award for "bold leadership in HIV testing and partner services." The President of Beyond AIDS, Dr. Ron Hattis, presented the award to Barbara Garcia and members of the Population Health and Prevention Division. Dr. Hattis recognized the specific accomplishments of Jeff Klausner, MD, Director of STD Prevention and Control Services, for his ability to document the benefits of routine HIV testing in medical care settings and implement partner notification services among persons newly-identified with HIV infection.

The Nettie Award is named after New York State Congresswoman Nettie Mayersohn, a longtime champion for rational and sound public health policy in the fight against AIDS.

Volunteers for Mass Prophylaxis Exercise
We're still looking for volunteer patients to come through our regional mass prophylaxis dispensing exercise on Thursday, March 19th at the Oakland Coliseum. The more people we have coming through, the better we are able to test our model. Two models are being tested that day: San Francisco's and Alameda County's. Anyone who is interested in coming through as a patient should arrive at the Oakland Coliseum at about 9:30 a.m. – they will be finished by 2 p.m. Lunch is included. This is a first of its kind exercise and volunteers need only come with a willingness to be helpful. No special skills are required.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

MARCH 2009

Health Commission - Director of Health Report

(03/09/09 MEC)

	03/09	07/08 to 06/09
New Appointments	**12**	**200**
Reinstatements		**1**
Reappointments	**23**	**343**
Delinquencies:	**0**	**0**
Reappointment Denials:	**0**	**0**
Resigned/Retired:	**29**	**167**
Disciplinary Actions	**0**	**0**
Restriction/Limitation-Privileges	**0**	**0**
Deceased		**2**
Changes in Privileges		
Additions	**7**	**50**
Voluntary Relinquishments	**2**	**28**
Proctorship Completed	**21**	**174**
Proctorship Extension	**0**	**0**

Current Statistics – as of 03/09/09	
Active Staff	**505**
Courtesy Staff	**601**
Affiliate Professionals (non-physicians)	**247**
TOTAL MEMBERS	**1353**

Applications In Process	**9**
Applications Withdrawn Month of March 2009	**0**
SFGH Reappointments in Process 04/2009 to 07/2009	**213**

4) GENERAL PUBLIC COMMENT

Judith Mayer spoke on behalf of the National Alliance of Mental Illness and said that she believes that Dr. Katz does not believe that mental health is a core service and she believes that many people with mental illness will not get proper care and treatment through Healthy San Francisco.

5) CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT

Commissioner Sonia E. Melara reported on the actions of the Citywide Health Planning & Effectiveness Committee.

Commissioner Comments/Requests for Follow-Up:

Commissioner Tierney moved that the Department report on how crystal methamphetamine service cuts in the FY 2009-10 budget year are anticipated to affect syphilis and HIV prevention and incidence in San Francisco. Barbara Garcia, Deputy Director of Health, Director of Community Programs agreed to report back to the Commission.

6) HEALTHY SAN FRANCISCO: COST AND SERVICE DATA REPORT

Tangerine Brigham, Deputy Director of Health, Director of Healthy San Francisco presented the cost and service data report for Healthy San Francisco. A copy of her presentation is attached and incorporated as a part of these minutes.

Commissioner Comments/Requests for Follow-Up:

Commissioner Waters asked about the need for $11 million for the SFCCC to participate in HSF and that State pass-through funds were returned to the State. She also noted that there are concerns about the availability of data from the third party administrator, and the administrative burden it creates to provide that data to the administrator. Ms. Brigham responded first to the need for $11 million. She noted that only 20 percent of the clients the Consortium clinics have enrolled to date are new clients to them. The other 80 percent are existing clients they were seeing prior to the start of the program. As to the Health Care Coverage Initiative, to capture revenue from the Initiative, patients must be eligible for funding under the Initiative as to income and documentation. All of the nine counties participating in the Initiative sent money back to the State in the first year. In addition the federal government requires that the provider meet the point-of-service fee structure dictated by the grant and that enrollment be done by a public entity, which represent additional hurdles to accessing the funds. As to communication with the administrator (SFHP), there is varied ability of the clinics to provide electronic data in the specified format. The Department funded a consultant to determine how the clinics could submit electronic data in the appropriate format. Not all clinics were able to do so. By 2009-10, she expects that all of the clinics will be able to provide electronic data to the warehouse.

Commissioner Waters asked about the ability of the Consortium clinics to access behavioral health funds through the Department. Ms. Brigham responded that private providers, including Consortium clinics, can provide those services and get funds, however, federal restrictions through the FQHC program limit clinics from billing twice in one day for services.

Commissioner Waters noted that there is disparity of knowledge in the Consortium about how financing is handled. Ms. Brigham responded that the Department meets monthly with SFHP and the Consortium, which includes financing. She noted that reimbursement is not cost based.

Commissioner Waters asked about the feasibility of including at least a few questions on health behaviors of participants. Ms. Brigham responded that it is possible.

Commissioner Tierney asked about accessing community behavioral health services through the medical home model. Ms. Brigham responded that services can be obtained either through DPH's CBHS program or through the patient's medical home, if the medical home offers behavioral health services.

Commissioner Tierney asked about reimbursement for start-up costs for the clinics versus for the other partners, such as SFHP. Ms. Brigham responded that clinical reimbursement is based on number of individuals who choose a clinic as a medical home and not based on encounters. As to administrative costs, the City is providing funds separately for the clinics to set up their IT and reporting costs. In addition, the Consortium is funded for a number of administrative costs.

Commissioner Tierney asked about the availability of Stimulus Funds for HSF. Ms. Brigham responded that we the Department is working to get funds to set up the ambulatory electronic health record for the Department and for the Consortium clinics, and for evaluation through the Stimulus package.

Commissioner Tierney asked about the planning group of the evaluation. Ms. Brigham responded that there is an evaluation committee which includes members of the Consortium and SFHP, which has had input into the questions being asked. There will also be opportunities for hospitals to participate.

Commissioner Melara asked about the impact of HSF on citywide health delivery, including charity care and ED utilization. She asked whether demographic information will be collected. Ms. Brigham responded in the affirmative. Commissioner Melara asked whether by enrolling more people, overall costs will decrease. Ms. Brigham responded that she is looking at cost-effectiveness as opposed to total costs.

Commissioner Sanchez noted that the quality of data acquired in the evaluation will be important. Based on our ability to acquire quality data may influence the pool of foundations who might be interested in participating, including an opportunity for a local forum on this national model program. He commended Ms. Brigham and her staff on laying such a solid foundation for data collection.

Commissioner Sako asked diversion of clients to Medi-Cal. Ms. Brigham said that between 2,500 to 3,000 applicants were diverted to Medi-Cal. With improvements in One-e-App, there will be increased opportunities to enroll in Medi-Cal. Currently Medi-Cal applications need to be done by paper and can take up to 45 days for determination.

Commissioner Sako asked about the data provided on the average number of mental health visits, and whether that average included only behavioral health clients. Ms. Brigham responded that the number in the report covers all HSF enrollees, not just mental health clients.

Commissioner Sako asked whether mammography visits were included in the number of radiology visits. Ms. Brigham responded that the numbers presented only include services paid through HSF, and many mammography visits are paid through State programs, and therefore would not be reported in the HSF report.

Commissioner Sako asked for a standard measure for what is being provided and paid through private versus DPH clinics and providers. Ms. Brigham responded that with the increased ability to collect data through the Consortium clinics, it will be possible to present that data.

Commissioner Sako asked about the ability to maximize the Coverage Initiative Funds. Ms. Brigham responded that the Department will be maximizing its ability to collect funds through this initiative.

Commissioner Illig stated that HSF is both the Department and its partners. He asked whether 40 percent of the medical homes are private providers. Ms. Brigham responded in the affirmative. In addition about 53 percent have chosen DPH providers. Commissioner Illig responded that the Consortium clinics may therefore have a good claim to 40 percent of the funds.

Commissioner Illig asked whether 60 percent of the employed participants are choosing Consortium clinics. Ms. Brigham responded that was true prior to the expansion to other providers (Chinese and Sister Mary Phillipa), but that number may have changed since the expansion to those providers.

Commissioner Illig noted that it's important to include all of the cost and utilization data of the Consortium clinics as well as the DPH clinics. Ms. Brigham responded that once all of the clinics are able to provide data into the data warehouse, it will be possible to do this.

Commissioner Illig asked whether the data from the Department's prior "uninsured" classification could be the base level data for pre-HSF. Ms. Brigham responded that this would not be a complete data set, since none of the Consortium clinic costs or utilization would be included.

Commissioner Illig noted the Commission's concerns that there is a pre-HSF and post-HSF measurement of health seeking behaviors included in the evaluation. He added that it's important that the HSF enrollees between 100 percent and 200 percent FPL, and the effects of the point-of-service and participation fees also be evaluated. Ms. Brigham responded that there have not been significant complaints about participation fees, but where there have been complaints, most have been related to point-of-service fees at the Consortium clinics, which are higher than at DPH clinics.

Commissioner Illig asked why 48 percent of enrollees have no primary care visits within the first year. Ms. Brigham responded that not all enrollees enroll because they need services, but for the security of coverage. She added that there are other metrics that the Department is looking at regarding access to care, including number of providers who are accepting new patients, the length of time it takes to get an appointment, and complaints regarding access to care.

Commissioner Melara noted the importance of encouraging a general access women's clinic. Ms. Brigham responded that the DPH Women's Clinic is not currently a full-scope medical home, although they are going through a strategic planning process.

The Commission requested a follow-up from Ms. Brigham by September 2009.

Public Comment:

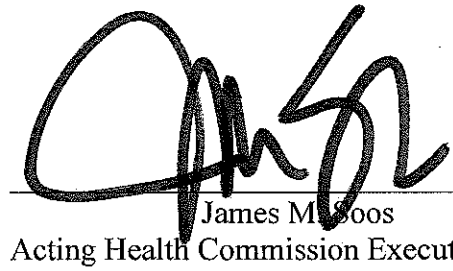
Dick Hodgson of the San Francisco Community Clinic Consortium commended Ms. Brigham and her staff on the presentation. He noted that there are nine Consortium clinics participating in the program, and he hopes that all of them can be contained in the next report. He added that the total cost of the program should include all of the clinic cost data as clinics are putting more resources into the program than they are receiving from the City. He also requested that capacity data be presented in the future.

7) OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:14 p.m. in memory of Commissioner Edward A. Chow's mother, who passed away today.



James M. Soos
Acting Health Commission Executive Secretary

Attachments: (1)

Healthy San Francisco: Preliminary Services and Cost Data

San Francisco Health Commission
March 17, 2009

Healthy San Francisco

Presentation Outline

- ❑ Enrollment
- ❑ Services Data
- ❑ Cost Data
- ❑ Evaluation

Healthy San Francisco

High Level Enrollment Data

- ❑ As of March 13, 2009, 37,440 uninsured adults participating in HSF
  - ➢ 62% of the estimated 60,000 uninsured adults in San Francisco)
- ❑ HSF serving uninsured who were not previous users of the health care delivery system
  - ➢ 24% of program participants are new safety net patients
  - ➢ 76% of program participants are existing safety net patients

Healthy San Francisco

Services Data – Data Warehouse

- ❑ HSF maintains a clinical data warehouse.
- ❑ The primary function of the HSF Data Warehouse is for analysis and reporting of clinical data. The Department's data warehouse requirements are:
  - ➢ secure data collection
  - ➢ transmission protocols and processing
  - ➢ data quality
  - ➢ development and maintenance of data standards
- ❑ Managed by the program's third-party administrator, the San Francisco Health Plan (SFHP).
  - ➢ SFHP oversees the collection and analysis of all encounter data from entities in the provider network.
- ❑ SFHP provides Department with quarterly and ad hoc reports.

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Context for Services Data Results

- ❑ No comprehensive pre-HSF utilization database that can be used as a baseline.
- ❑ Based on enrollment for the time period July 2007 to December 2008, unless otherwise noted.
- ❑ Most of the encounter data (90%) is concentrated in two medical home systems (the Department of Public Health and North East Medical Services).
  - ➢ 80% of program participants within these two systems
- ❑ The hospitalization, emergency department and urgent care data includes all HSF participants, but admissions to hospitals other than SF General Hospital are not yet captured.

Healthy San Francisco

Context for Services Data Results

- ❑ The majority of initial HSF enrollment occurs at the point of service when participants are receiving or will soon receive a service.
- ❑ It is not entirely reasonable to expect or witness system-wide affects of participant behavior in the first year of the program.
- ❑ Over 70% of HSF participants have incomes at or below 100% FPL reflecting the targeted phase-in approach to initially enroll the most vulnerable into the program.
- ❑ This is the first set of services data on HSF. It will be refined over time as the program progresses.

Healthy San Francisco

HSF Provider Data Submission

- HSF provider grant agreements specify submission of utilization/ encounter data on a monthly basis to SFHP
- Data elements include, but not limited to:
  - Participant identification number
  - Encounter identification number (an identifier created each time a participant receives a service)
  - Service date
  - Procedure code (a code used to identify a specific service rendered [the "what happened code"])
  - Quantity of procedure
  - ICD-9 code (the specific diagnosis that the participant presents when seeing a clinician [the "why the participant got the service code"])
  - Place of service code
  - Rendering provider information (name, identification number)
- Electronic format and HIPAA compliant

Healthy San Francisco

Data Results

- Reported in rates per 1,000 participants per year
  - Standard measure for reporting and comparing utilization
  - Calculation is A multiplied by B:
    - A: # of "things" in a month ÷ # of participants in a month
    - B: 1,000 * 12 (# of months) = 12,000

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Utilization Data

Service Utilization	FY 2007-08 Actual	FY 2008-09 Annualized
Average visits per participant per year	3.93	3.05
Outpatient laboratory services per participant per year	1.47	1.1
Outpatient radiology services per participant per year	0.55	0.41
Surgical procedures (inpatient & outpatient) per participant per year	0.19	0.15
Average number of prescriptions per participant per year	8.75	6.45
Hospital admissions per 1,000 participants	28.2	38.4
Number of hospital days 1,000 participants	103	61
Average length of stay - hospitalization	3.64	3.34
ED visits per 1,000 participants	175	128
Urgent care visits per 1,000 participants	134	131
Average mental health visits per participant (CBHS data only)	1.53	1.33
Average mental health visits per participant (DPH and NEMS)	1.59	1.35
Average substance abuse visits per participant (CBHS data only)	0.6	0.56

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Utilization Data

- Utilization expected to remain constant or decrease from 2007-08 to 2008-09
- Data indicates that 7.3% of the ED visits were avoidable
  - Lower (14.8%) in comparison to San Francisco Health Plan data for adults Medi-Cal recipients
- Data indicates average number of office visits is higher than the average number of emergency department or urgent care visits

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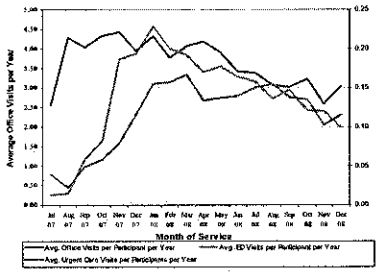
ED, Office and Urgent Care Visit Comparison



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Comparison of HSF Utilization Data to Public Health Insurance Utilization Data

Service Category	Healthy Workers	Medi-Cal (Adults Only)
Hospital Admissions per 1,000	HSF is Lower Than HW	HSF is Lower Than M-Cal
Number of Hospital Days per 1,000	HSF is Lower Than HW	HSF is Lower Than M-Cal
Avg Length of Stay–Hospitalization	HSF is Lower Than HW	HSF is Lower Than M-Cal
ED Visits per 1,000	HSF is Higher Than HW	HSF is Similar to or Lower Than M-Cal

- Hospital utilization among HSF participants is lower than that found within the Healthy Workers and Medi-Cal populations.
- Emergency department visits were higher among HSF participants than for Healthy Workers members and similar to/lower than rates experienced in the Medi-Cal population.
  - ED use may reflect fact that 14% of HSF participants are homeless

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Frequency of Visits/Services – Percentage of Participants

Utilization Category	None	1 – 4	5 – 9	10+
Avg Primary and Specialty Office Visits	48%	41%	9%	2%
Outpatient Laboratory	62%	36%	2%	--

Utilization Category	None	1 – 2	3+
Outpatient Radiology Services	82%	16%	2%
Surgical Procedures (Inpatient and Outpatient)	93%	7%	0.60%

Utilization Category	None	1 – 10	11 – 30	31+
Avg # of Prescriptions	58%	31%	9%	2%

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Frequency of Visits/Services – Percentage of Participants

Utilization Category	Within 30 days	W/i 31 – 60 days	None w/i 60 days
Initial Office/Well Visits wi/ 60 days	23%	10%	67%

- HSF attempts to ensure that new participants receive their first clinical appointment within 60 days of calling for an appointment.
- The lack of a visit within 60 days does not denote an access to care issue.

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Disease Prevalence

- Data reveals that 24% of the HSF population (unique participants) has at least one of the following chronic diseases:
  - asthma (less than 1%)
  - diabetes (7%)
  - hyperlipidemia (12%)
  - hypertension (16%)

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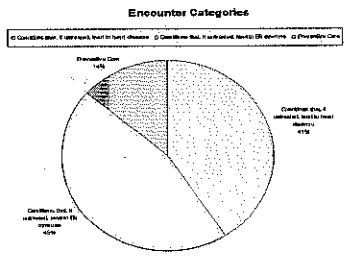
Encounter Data by Top 20 Primary Reasons



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Quality and Access Measures

- The Department will monitor the quality of care provided within HSF using the Healthcare Effectiveness Data and Information Set (HEDIS).
- HEDIS incorporates a continuous enrollment requirement – essentially the number of years that a participant must be enrolled in the health plan in order to report on the measurement.
- HSF has not been in existence long enough (less than two years) for any number of program participants to meet the continuous enrollment requirement.
  - Attempting to derive these HEDIS measures for a current HSF population that does not meet the key enrollment criteria would be neither meaningful nor statistically valid.
- Department will provide HEDIS measures once continuous enrollment requirement met.

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HSF Financial Data

- No budget division for Healthy San Francisco.
  - Tracks expenditures through the HSF financial class
  - Division expenditures combined for HSF financial overview
- HSF financial data is comprised of two components:
  - incremental expenditures and revenues and
  - total expenditures and revenues.
- HSF cost comparison to purchase of health insurance.

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HSF Incremental Expenditures and Revenues

	2006-07 Start-Up	2007-08 Actual	2008-09 Estimated
Total Participant Months	0	126,268	403,864
Total Revenue	$4,866,402	$12,113,382	$32,747,893
Total Expenditures	$4,866,402	$16,450,215	$29,471,925

- During the first year of implementation (2007-08), HSF incremental expenditures exceeded revenue. This was not unexpected given necessary ramp-up and the number of participant months during the first year.
- For 2008-09, anticipated revenue will exceed anticipated expenditures. This does not result in surplus for HSF. These dollars help fund the prior year's shortfall.
- In 2008-09, the Department funded provider reimbursements at $7.9 million, University of California, San Francisco at $4.1 million, San Francisco Health Plan at $5.1 million and an additional $1.1 million for behavioral health providers.

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HSF Total Expenditures and Revenues

	2006-07 Start-Up	2007-08 Actual	2008-09 Estimated
Total Participant Months	0	126,268	403,864
Total Revenue	$4,866,402	$12,113,382	$32,747,893
Total Expenditures	$4,866,402	$45,998,875	$113,229,211
Revenues Less Expenditures	$0	($33,885,493)	($80,481,318)
Per Participant Expenditure		$364	$280
Per Participant Revenue		$96	$81
General Fund Subsidy		($268)	($199)

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HSF Total Expenditures and Revenues

- The total expenditures and revenues include both incremental costs and existing costs for all services and administrative costs.
- The financial data indicate that for 2008-09, estimated expenditures for HSF will be $113.2 million with revenue of $32.7 million and a General Fund subsidy of $80.5 million (the difference between expenditures and revenues).
- Based on estimated participant months, the monthly estimated per participant cost is $280. On an annual basis this would equate to $3,360.

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Total Estimated Costs of Serving Indigent & Uninsured (FY 2008-09)

- Department provides services to individuals ineligible not in HSF and provides services that are not in the HSF scope of benefits.
- These costs estimated at $64,055,000 for 2008-09.

Uninsured Patient Population	Estimated Cost
HSF Uninsured Population	$113,229,000
Non-HSF Uninsured Population	$64,055,000
Entire Uninsured Population	$177,284,000

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HSF Cost Comparison to Health Insurance

- Interest in determining how HSF's anticipated health care services costs compared to health insurance that an uninsured resident might purchase on the individual market.
- Compared HSF program to individual health insurance plans offered by Kaiser Permanente and Anthem/Blue Cross.
  - Chose two high quality health plans for the comparison.
  - Demonstrate that as a result of HSF not being insurance, Department able to provide access to services at a cost that is affordable for the City and County of San Francisco.
  - Not designed to question the benefits or premiums of the health plans.
- Limitations of this type of comparative analysis – principally because HSF is not health insurance. Department unable to find an appropriate comparable individual market health insurance product that:
  - Bases health care premiums on income and not age and gender.
  - Is not portable.
  - Does not take into account pre-existing conditions.

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HSF/Health Insurance Comparison on Participant Level

- Data indicate that out-of-pocket costs under HSF are less than those under individually purchased health insurance. The costs are less because HSF:
  - has lower point-of-service (called co-payments in health insurance terminology) and participation fees (called premiums in health insurance terminology),
  - does not price according to age and gender and
  - does not take into account pre-existing medical conditions.

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HSF/Health Insurance Comparison on Program Level

	KP-25 (45 year old; Fe/Male Avg.)	Blue Cross-HMO (45 year old; Female or Male)	HSF (Fee not age/ gender based)
Monthly Anticipated Cost	$388	$618	$280
No. of HSF Participants (assuming no participants have a pre-existing medical condition)	37,000	37,000	37,000
Estimated Monthly Cost	$14,356,000	$22,866,000	$10,360,000
Estimated Annual Cost	$172,272,000	$274,392,000	$124,320,000

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HSF/Health Insurance Comparison on Program Level

- If Department were to attempt to subsidize health insurance for all HSF participants, the costs would be significantly higher:
  - $47.95 million with the comparable Kaiser product
  - $150.07 million with the comparable Blue Cross/Anthem
- These costs could be lower or higher than what is stated here:
  - lower because costs do not taken into account any discounts from group purchase of coverage for this population
  - higher because data does not reflect potential increased costs for those with pre-existing conditions
- Mystery shopping revealed higher rates for those with pre-existing conditions or inability to obtain health insurance

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Evaluation

- Evaluate HSF to determine if it is achieving its goals to improve access to health services for uninsured adults in a non-health insurance model.
- Multi-pronged approach that takes into account the need to have evaluative information:
  - on the early aspects of the program,
  - on an ongoing basis and
  - both within and outside a formal evaluation process.

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Evaluation Components

- Participant Satisfaction Survey
  - Telephone survey is designed to ascertain the experience of early HSF enrollees.
  - Questions are in the areas of: enrollment process, knowledge and understanding of HSF, uninsured status, satisfaction with HSF, health status, access to care and health care utilization.
  - Survey is conducted by Kaiser Family Foundation.
- Applicant Health Access Questionnaire
  - HSF eligibility/ enrollment system (One-e-App) was enhanced to include a questionnaire.
  - Participants complete the survey questions at the time of initial enrollment and renewal.
  - Will capture applicants' pre- and post- Healthy San Francisco health access experience in a quantifiable fashion.
  - Enhancement funded by the California HealthCare Foundation.

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Evaluation RFP

- On March 19, 2009, the Department will release a Request for Proposals to retain an evaluation consultant. Bids are due April 16, 2009.
- The evaluation will be structured to provide formative findings, in addition to a summative analysis.
- Specific evaluation activities include examining utilization, administrative and financial data. The evaluation will also focus on the lessons learned and replicability.
- Funding: City and County funding, Blue Shield of California Foundation and The California Endowment for the evaluation. In addition, the Commonwealth Fund has provided conditional grant funding.

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Questions

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