

# Healthy San Francisco Overview

**Preparing the Primary Care System for Health Reform**

**Alameda County Board of Supervisors – Health  
Committee**

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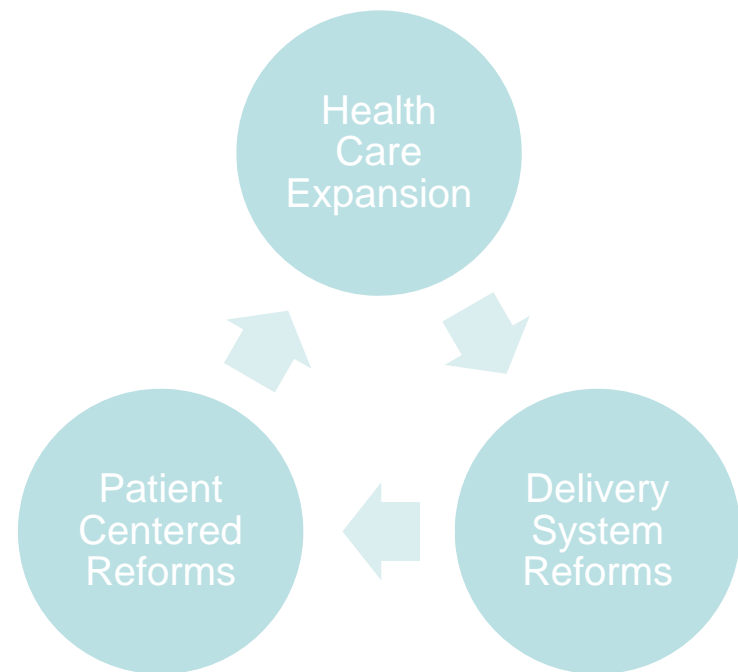


# ***San Francisco's Approach to Address Uninsured Problem***

- ❑ Context: Estimated 64,000 uninsured adults San Francisco residents (2009 CHIS)
  
- ❑ Framework: *San Francisco Health Care Security Ordinance*
  - Employer Spending Requirement
  - Healthy San Francisco
  
- ❑ Healthy San Francisco (HSF) provides universal, comprehensive, affordable health care to uninsured
  - Weaves together existing health care safety net into coordinated system of public/non-profit/private providers

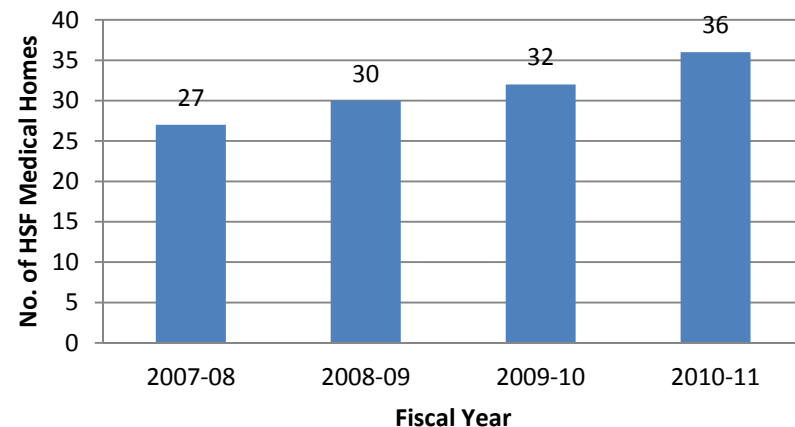
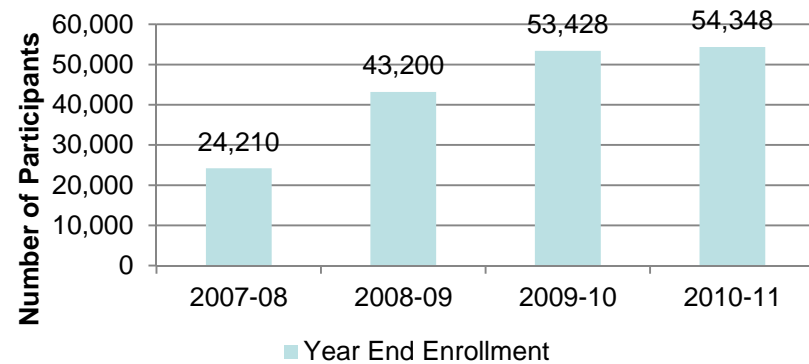
# ***HSF is Local Health Reform***

- ❑ HSF is an access program - not health insurance
  
- ❑ Program goals
  - Expand access to care
  - Ensure quality of care
  - Promote appropriate levels of care
  - Improve participant satisfaction
  - Make system improvements



# Enrollment & Service Delivery System Trends (FY 2010-11)

- ❑ HSF served 85% of the estimated 64,000 uninsured adult
- ❑ In first 4 years, HSF served over 100,237 adults
- ❑ Number of HSF primary care medical homes has increased each year
- ❑ At any one time, 68% of HSF medical homes were open to new participants



# Key HSF Program Results

More than 85% of participants remain in program for at least 12 months

91% of participants rated care as good or excellent

90% of renewing participants reported no delay seeking care or filling a prescription in past 12 months

For those enrolled for at least 12 continuous months, 80% received at least one service

Levels of primary care use, including preventive care, are high (71%)

Declining emergency department use over time and decline in percentage of potentially avoidable hospitalizations at SFGH

# ***Key HSF Feature – Medical Home***

- ❑ Delivery system is built on a strong foundation of primary care
  
- ❑ Participants select a primary care medical home at enrollment
  - Challenge for both providers and participants
  - Intended to make care more efficient and improve quality, increase preventive care and enhance patient satisfaction
  
- ❑ Participants report being more likely to have a usual source of care over time

# ***HSF Faces Same Challenges Experienced by Other Delivery Systems – Capacity Constraints***

- May never have adequate supply of providers (primary or specialty)
- Restructure health care delivery and payment/financial incentives

## Primary Care

- Continue to invest in improvements to improve primary care access and efficiency
- Examples: team-based care, patient care experience, same day access, after hours access, P4P, non-physician providers, nurse advice line

## Specialty Access

- Continue to invest in improvements to expand specialty access
- Examples: non face-to-face physician-patient visits, telemedicine

# ***Lessons Learned***

- Changing behavior at all levels -- clients, providers, clinic staff
- Undertake analysis of supply and demand – know your capacity
- Utilize existing health delivery system and infrastructure
- Solidify community partnerships with non-profit/private providers to ensure access and administrative partners
- Maintain ongoing focus on improving efficiency, quality and access
- Become a provider of choice
- Manage expectations



# ***HSF Has Prepared San Francisco For Health Reform***

Centralized system of enrolling and tracking uninsured

Leveraging existing resources and organizing delivery system to expand access to new and existing uninsured

Positioned providers to compete successfully in a more competitive health care landscape

Medical home model and increased provider accountability has contributed to quality improvement

Long-term cost savings due to fewer ED visits and potentially avoidable hospitalizations – short-term costs of preventive and primary care services may increase as uninsured become more connected to medical home

# QUESTIONS

([www.healthysanfrancisco.org](http://www.healthysanfrancisco.org))

