

Transforming Safety-Nets into Coordinated Systems of Care in Preparation for Health Reform: Lessons of Healthy San Francisco

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Challenges of health reform for safety-net systems

- ❖ Safety-Nets evolved for people with no choice
 - Care provided in silos
 - Difficult making referrals for specialty care
 - Deficiencies in customer service
 - Duplicative eligibility procedures
 - Inadequate infrastructure, especially IT for managing a defined population

Impact of health reform

In 2014, 23 million uninsured Americans will receive Medicaid.
Will they stay with the safety-net?



If we lose all paying patients how will we afford to care for those excluded from health reform?

- ❖ Undocumented
- ❖ Persons who cannot afford premiums
- ❖ Invincible: less expensive to pay penalty

Healthy San Francisco

Begun in 2007, prior to health reform Healthy San Francisco is

- ❖ A comprehensive medical care program for uninsured San Francisco adults (uninsured children already covered in SF).
- ❖ Not insurance
 - Restructuring of county indigent health system to encourage preventive care and continuity in primary care
 - No out of county services

What does Healthy San Francisco provide?

- ❖ Outpatient, inpatient, laboratory, behavioral health, and pharmacy services
- ❖ Choice of medical homes
- ❖ Broad-based network of providers
- ❖ Affordable fee structure
- ❖ Common eligibility and enrollment system
- ❖ Identification card
- ❖ Participant handbook
- ❖ Centralized customer service



Participant Handbook

[PARTICIPANT NAME]
Participant ID #:
DOB:

Language:

Medical Home:
Medical Home Address:
Medical Home Phone:

Healthy San Francisco is NOT insurance and will not cover any services outside the participant's Healthy San Francisco network—including emergency care.

This card is for identification only. It does not guarantee eligibility in Healthy San Francisco.

www.healthysanfrancisco.org
(415) 615-4555



Who is eligible for Healthy San Francisco?

❖ Eligibility

- be an adult,
 - live in San Francisco,
 - be uninsured for at least 90 days, and
 - ineligible for public insurance programs.
- ❖ A resident may join via their employer or self-enrollment.
- ❖ No exclusions for prior conditions or immigrant status.

How many people does Healthy San Francisco serve?

- ❖ 80,000 uninsured San Francisco adults (California Health Interview Survey).
 - Currently enrolled: 53,000

Healthy San Francisco Network

❖ Primary Care Homes

- 14 Public (City-run) health clinics
- 8 Private non-profit community clinics
- 1 Private hospital-based clinic
- 1 Private physicians association
- 1 Non-profit Health Plan (Kaiser Permanente)

❖ Hospitals

- Primary Hospital: Public Hospital
- Three non-profit hospital systems participating by linking with a primary care home.
- University of California, SF providing radiologic back-up.

Financing Healthy San Francisco (2008-09)

Existing County Safety Net Spending	\$90 million
Federal/State Coverage Initiative	\$19 million
Participant Contribution	\$3 million
Employer Spending Requirement	\$14 million
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	\$126 million

Cost per member per month = \$298.00

Healthy San Francisco Participant Fees

	% Federal Poverty Level				
	0-100%	101-200%	201-300%	301-400%	401-500%
Quarterly Participant Fee	\$0	\$60	\$150	\$300	\$450
Fee as percent of income	0%	2.3%	2.9%	3.9%	4.4%

Evaluation of Healthy San Francisco

First major evaluation performed by Kaiser Family Foundation

- ❖ 94% of enrollees are satisfied.
- ❖ 92% would recommend to a friend to join HSF.
- ❖ 41% report that their health needs are being better met now than before HSF.

Improved access to care

	HSF	SF Uninsured	US Uninsured
Usual source of care	86%	60%	48%
Any outpatient use during 12-month period	78%	76%	47%

Decreased inappropriate emergency department use

- ❖ For HSF enrollees, 8.9% of ED visits were judged to be unnecessary compared to 17% of visits by California Medicaid managed care recipients.

Lessons for safety-nets for health reform

- ❖ Invest in information technology
- ❖ Establish primary care homes
- ❖ Coordinate care
- ❖ Improve customer service

Invest in information technology

- ❖ Web-based eligibility system to maximize public entitlement.
 - 11% of HSF applications resulted in patient or family member receiving public benefit.
- ❖ System of record enables matching demand and supply across the safety-net.
- ❖ System of record necessary for accountability.

Establish primary care homes

- ❖ Reduce duplication.
- ❖ Improve coordination of care.
- ❖ Increase accountability.
- ❖ Decrease avoidable emergency department visits and hospitalization.

Coordinate care

- ❖ HSF matches care community clinics with hospitals.
- ❖ Community clinics ideal sites for primary care homes but lack sufficient specialty care.
- ❖ Hospitals have patients in ED or in the hospital on administrative days who lack primary care.

Improve customer service

❖ HSF

- Dedicated multilingual customer assistance line.
- Participant materials and membership cards.
- Transparent participation fees instead of sliding scale.

Clouds on the health reform horizon



- ❖ Decrease in disproportionate share dollars.
- ❖ Decrease in Medicaid rates.
- ❖ Maintaining philanthropic support.
- ❖ Maintaining local support for undocumented persons.

Assets of safety-nets in health reform

- ❖ Cultural and linguistic competency.
- ❖ Supportive services (mental health, substance treatment).
- ❖ Know how to do more for less.
- ❖ Good at working in teams and utilizing full range of health care professionals.

