

Healthy San Francisco Program: Providing Universal Access to Care

Many Faces One Voice Conference (Susan G. Komen for the Cure)

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60,000 Uninsured Adults in San Francisco

- ❑ Problem faced by uninsured persons
 - Less access to medical care
 - Present at later stages of illness
 - Have greater mortality and morbidity due to illness
 - Uncoordinated health care delivery system

San Francisco Options to Address Uninsured Problem

- ❑ Subsidizing insurance
 - Several models to provide health insurance in public and private sector
 - Issue is cost
 - ❖ If not subsidized sufficiently, low-income people cannot afford it
 - ❖ If subsidized fully, financially unsustainable

- ❑ Requiring employers to spend money on health care
 - Differs from requiring employers to offer health insurance
 - Addresses core concept of shared responsibility

- ❑ Creating a health care system for uninsured people
 - Improve the delivery of care to uninsured persons through comprehensive services

Health Care Security Ordinance

- ❑ *Employer Spending Requirement* to address employment-based access to health services (effective January 2008) (www.sfgov.org/site/olse_index.asp?id=45168)
- ❑ *Healthy San Francisco Program* to improve care to uninsured residents (www.healthysanfrancisco.org) – began July 2007 as pilot

What is Healthy San Francisco?

- ❑ Provides universal, comprehensive, affordable health care to uninsured adults residents
- ❑ Weaves together existing health care safety net into a single, coordinated delivery system of public, non-profit, and private providers
- ❑ Is not a health insurance program
 - Restructuring of county indigent health system
 - No out-of-county services
 - Income-based fee structure for participants
 - Ineligible for HSF if eligible for state/federally funded insurance

HSF Eligibility

- ❑ Participants must
 - be an adult (aged 18 – 64)
 - live in San Francisco
 - be uninsured
 - be ineligible for public insurance programs

- ❑ Can enroll regardless of immigration status or existence of prior medical conditions

- ❑ Eligibility is not affected by employment status – applicant can be unemployed, self-employed or participate via employer

HSF Services

INCLUDED

- Preventive care
- Primary care
- Specialty care
- Hospital care
- Emergency care
- Pharmacy
- DME
- Mental Health
- Substance Abuse

EXCLUDED

- Cosmetic Services
- Infertility Treatment
- Organ Transplants
- Allergy Testing
- Dental, Vision
- Long-term care

HSF Provider Network

□ Primary Care Homes

- 14 public health clinics
- 8 private non-profit community clinics
- 1 private, non-profit hospital-based clinic
- 1 private physicians' association
- 1 non-profit health plan (Kaiser effective July 2009)

□ Hospitals

- 1 public hospital (SFGH)
- 4 non-profit hospitals participating – linked to a primary care home
- 1 university hospital providing radiologic services (UCSF)



HSF Participant Costs

- ❑ HSF participants with incomes over 100% FPL pay program fees
- ❑ Participant Fee: a fee to remain enrolled in HSF

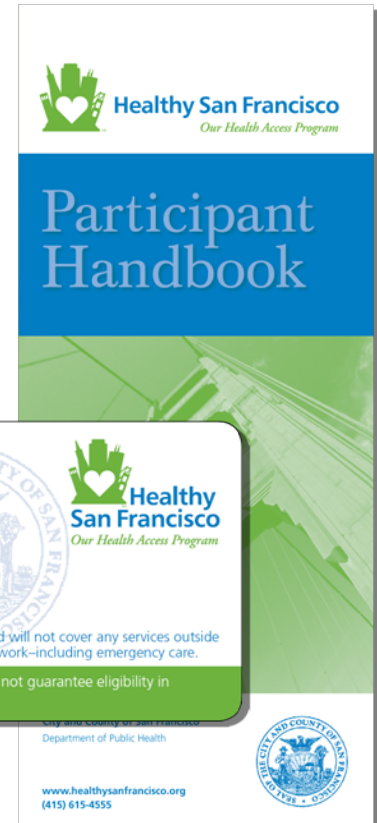
FPL	GA/ Hmls	0 – 100%	101 – 200%	201 – 300%	301 – 400%	401 – 500%
Qrt Fee	\$0	\$0	\$60	\$150	\$300	\$450
Mnth Fee	\$0	\$0	\$20	\$50	\$100	\$150

- ❑ Point of Service Fees: a fee for medical care that is paid at the time of service (varies by service and medical home system)
- ❑ All participants pay for care provided outside HSF network
- ❑ Program recognizes that affordability impacts access – combined program fees are less than 5% of a household income

Income Level	GA/ Hmls	0 - 100%	101 – 200%	201 – 300%	301 - 400%	401 - 500%
All Fees as % of Income	0%	0%	2.30%	2.90%	3.90%	4.40%

For participants, HSF feels like an organized health care program

- Broad-based provider network
- Choice of medical homes
- Comprehensive services
- Affordable fee structure
- Common eligibility and enrollment system
- Identification card
- Participant handbook
- Centralized customer service



HSF Enrollment – Demographics of 42,000 Participants

- 70% below 100% FPL; 22% are 101%-200% FPL; 7% above 200% FPL
- 52% male; 48% female
- 40% Asian/Pacific Islander; 24% Hispanic; 18% White; 9% African Amer.; < 1% Native Amer.; 3% Other; 6% Not Provided
- 11% under 25 years old; 40% b/w 25 - 44 years old; 24% b/w 45 - 54 years old; 25% b/w 55 - 64 years old
- 49% English; 27% Cantonese/Mandarin; 19% Spanish; 1% Vietnamese; 1% Filipino (Tagalog/Ilocano); 3% Other
- 14% are homeless individuals

Initial HSF Services Data (Year One to Year Two)

- ❑ The 20 top primary reasons for clinic visits among participants:
 - 14% for preventive care
 - 41% for conditions that, if left untreated, would lead to heart disease
 - 45% for conditions that, if left untreated, would lead to ER overuse

- ❑ 7.3% of the ED visits to date were avoidable
 - Lower (14.8%) than rates for a San Francisco-based public HMO serving adult Medi-Cal (Medicaid) recipients.

- ❑ 37% ↓ in ED visits per 1,000 participants from 175 to 128

- ❑ Hospital utilization among HSF participants is lower than that found within two similar public health insurance programs (Healthy Workers and Medi-Cal [Medicaid])

- ❑ The average number of office visits is 300% greater than that of ED or urgent care visits

Initial HSF Cost Data

- ❑ Based on Department of Public Health expenditures (fiscal year 2008-09), the estimated per participant cost is
 - \$280 per month or
 - \$3,360 annually

- ❑ Estimated City and County cost to provide HSF is less than the estimated cost of providing HSF program participants with health insurance

- ❑ A cost comparison of HSF with two California health insurance plans found monthly estimated premium costs of \$388 and \$618 per month
 - Costs are 39% (at \$388/month) to 120% (at \$618/month) higher than HSF at estimated \$280/month

HSF Highlights to Date

- ❑ **Uninsured Residents Voluntarily Enroll in Program:** Over 42,000 uninsured residents are enrolled in the program – 70% of estimated 60,000 uninsured adults.
- ❑ **Program has Expanded Access:** To date, 27% of all those enrolled were not previous users of the health care delivery system (within last two years).
- ❑ **Public Health Insurance Enrollment:** Identified uninsured residents eligible for, but not enrolled in public health insurance -- approximately 4,600 residents.
- ❑ **Achieved a Broad Network of Providers:** A variety of providers choose to participate, and in doing so, help guarantee participant choice and access to care.
- ❑ **Reduced Barriers to Entry through a Common Eligibility and Enrollment System:** Implemented a County-wide eligibility and enrollment system shared by all providers. Have an actual unduplicated count of the number of uninsured.
- ❑ **Employers Offer City Option to Employees:** Over 950 employers have selected the City Option (HSF & MRA).

Generalizable HSF Features

- ❑ Aspects of HSF model can be replicated, but not a cookie cutter approach
- ❑ Most critical feature imbedded in HSF is for an urban area to identify all of the existing safety net providers (public and private) and knit them together into a comprehensive health care delivery system
- ❑ Other features
 - Focus on primary care medical home to reduce duplication and improve coordination
 - Centralized eligibility system to maximize public entitlement and reduce barriers to entry
 - Non-insurance (care) model that can potentially result in lower costs and leverage federal/state funds for localities
 - Establishment of predictable and affordable participation fees
 - Public-private partnership to maximize available resources

HSF is Health Reform

- ❑ HSF is health care reform at the local government level
 - Options available to local government are more limited than those available to either state or federal government
- ❑ HSF is part of a comprehensive effort by the City and County of San Francisco to address lack of health care coverage – Health Care Security Ordinance (which includes Employer Spending Requirement)
- ❑ HSF accomplishes universal access without relying on the creation of a publicly-funded, local health insurance product
 - Acknowledges that health insurance is not the only mechanism to improve and/or expand access to health care

HSF Intersection with Federal Health Reform

- ❑ Final form of health reform legislation remains unclear at this time, but some principles appear to include:
 - Increase innovation and use of technology to decrease costs
 - Enhanced prevention and medical homes to decrease costs
 - Medicaid expansion for those up to a certain income level regardless of disability status
 - Insurance reforms that prohibit exclusions due to pre-existing conditions
 - Affordability – individual subsidies and/or out-of-pocket caps
 - Shared financial responsibility – government, employers, individuals

- ❑ Even under a reformed system with coverage for all, there may still be those who are uninsured (e.g., undocumented)
 - As a result, a program such as HSF will still be needed for this underserved population and potentially others
 - Underscores the continued importance of local government in provision of access to care

QUESTIONS

