

Healthy San Francisco: Future of Universal Health Care in San Francisco

San Francisco Planning + Urban Research Association

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February 4, 2010



Outline

- ☐ Context
- ☐ Program Basics
- ☐ Program Experience to Date
- ☐ Lessons, Challenges, Opportunities and Health Care Reform

CONTEXT

Provision of Care to Uninsured is Haphazard

- ❑ 60,000 uninsured adults in San Francisco (2007 estimate from California Health Interview Survey)
 - Less access to medical care -- present at later stages of illness; greater mortality and morbidity due to illness
 - Uncoordinated health care delivery system
- ❑ Public health insurance (e.g., Medicaid) leaves many uninsured – most poor people ineligible
- ❑ Efforts to fill health insurance gap:
 - California law that counties provide medically necessary treatment to the indigent and incapacitated
 - Access to community-based health centers
 - Federal law that hospital emergency depts. give treatment before seeking payment
 - State and federal funds to safety net and traditional providers to deliver care to underserved populations and communities

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

❑ San Francisco 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 (debuted July 2007)

PROGRAM BASICS

Healthy San Francisco

- ❑ HSF is a program that provides universal, comprehensive, affordable health care to uninsured
 - Universal – eligible regardless of employment status, immigration status or pre-existing conditions
 - Comprehensive – services include, primary, specialty, x-ray, pharmacy, emergency, hospital, behavioral health, etc.
 - Affordable – fees are based on income and family size, and participants at or below poverty level pay no program fees
- ❑ It weaves together existing health care safety net into a coordinated system of public/non-profit/private providers
- ❑ A local effort to improve access to care for uninsured adult

HSF is Not Health Insurance

- ❑ HSF is an access program, not insurance because:
 - Restructuring of county indigent health system
 - No out-of-county services
 - Income-based fee structure for participants
 - Ineligible for HSF if eligible for public insurance
- ❑ HSF is not regulated by the a State agency
 - Service providers are licensed
- ❑ County residents enrolled in HSF are still uninsured
 - HSF does not reduce the number of uninsured

HSF Program Goals

- ☐ Expand Access to Care
- ☐ Ensure Quality of Care
- ☐ Promote Appropriate Levels of Care
- ☐ Make System Improvements

HSF Eligibility

- ☐ Participants must
 - be adults (aged 18 – 64)
 - live in San Francisco
 - be uninsured
 - be ineligible for public health 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
- ☐ For persons with income at or below 500% of the Federal

HSF Enrollment Process

- ❑ Single city-wide enrollment and eligibility system via One-E-App
- ❑ Ability to enroll at various medical homes or at centralized enrollment centers – over 100 certified application assistors
- ❑ Enrollment process takes 30 – 60 minutes; applicant is approved the same day if they bring all supporting documents
- ❑ Applicant selects primary care medical home
- ❑ Benefits to system
 - Single unduplicated count of uninsured patients using the system
 - Centralized system for verifying HSF eligibility
 - Eligibility determination for public health insurance (Medicaid)

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 (DPH)
- 8 private non-profit community clinics (SFCCC)
- 1 private, non-profit hospital clinic (Sr. Mary Philippa)
- 1 private physicians' association (CCHCA)
- 1 non-profit health plan (Kaiser)

❑ Hospitals

- 1 public hospital (SFGH)
- 3 non-profit hospital systems – linked to medical homes (Chinese, CHW, CPMC)
- 1 university hospital providing radiologic services (UCSF)



HSF Participant Costs

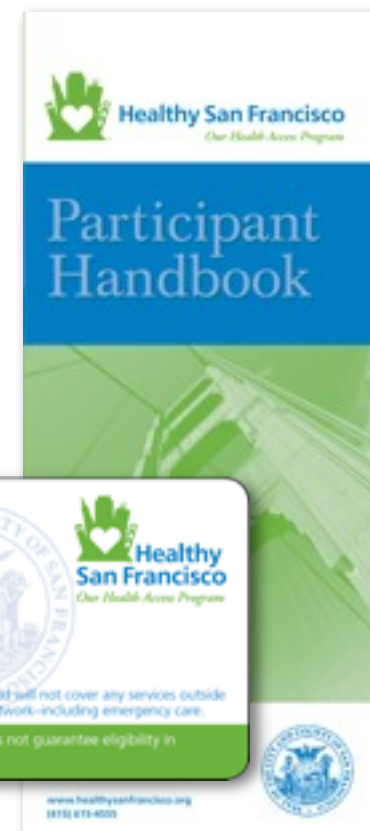
- ☐ Program recognizes that affordability impacts access
- ☐ HSF participants with incomes over 100% FPL pay program fees
- ☐ Participant Fee: a fee to remain enrolled in HSF

Income	GA/Hmls	0-100%	101-200%	201-300%	301-400%	401-500%
Qrt. Fee	\$0	\$0	\$60	\$150	\$300	\$450
Mn. 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

For Participants, HSF is an Organized Health Care Program

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



PROGRAM EXPERIENCE TO DATE

Current HSF Enrollment \approx 50,000 Participants (83% of 60,000 Uninsured Adults)

- ❑ **Age:** 10% under 25 years old; 42% b/w 25 - 44 years old; 24% b/w 45 - 54 years old; 24% b/w 55 - 64 years old
- ❑ **Ethnicity:** 39% Asian/Pacific Islander; 24% Hispanic; 19% White; 9% African American; less than 1% Native American; 3% Other; 5% Not Provided
- ❑ **Gender:** 53% male; 47% female
- ❑ **Housing:** 15% are homeless individuals (street, shelters, doubled up)
- ❑ **Income:** 69% below 100% FPL; 23% are 101%-200% FPL; 7% between 201-300% FPL; less than 1% above 300% FPL
- ❑ **Primary Language:** 52% English; 26% Cantonese/Mandarin; 18% Spanish; 1% Vietnamese; 1% Filipino (Tagalog/Ilocano); 2% Other
- ❑ **Users of Health Care:** 76% existing patients; 24% new clients (self-reported)

Promising Survey Results – HSF Meeting Participant Needs

- ❑ *Survey of Healthy San Francisco Participants* – independent report funded, designed, conducted, and analyzed by researchers at the Kaiser Family Foundation (August 2009)
 - 96% indicated helpful enrollment process
 - 94% indicated satisfaction with the program
 - 92% indicated enrolled in HSF because could not afford health insurance
 - 90% indicated improvements in health needs being met
 - 86% indicated a usual source of care
 - 44% indicated paying less for health care

Participant Survey Results (cont'd)

- ❑ Survey uncovered following challenges cited by participants:
 - Misperception that HSF is health insurance and that services are available outside San Francisco
 - Small but notable shares of participants report problems with delaying or skipping care
 - Educational challenges for those in poorer health and those who do not have English as their primary language

- ❑ Recommended program improvements:
 - streamlining the appointment process and
 - providing additional services (dental and vision care)

Initial HSF Services Data (Year One to Year Two)

- ❑ The 20 top primary reasons (by encounter) for clinic visits:
 - 14% for preventive care
 - 86% for conditions that, if left untreated, would lead to heart disease or hospital emergency department overuse
- ❑ 27% decrease in ED visits per 1,000 participants
- ❑ 7.9% of the ED visits to date were avoidable (i.e., for medical conditions that could have been treated in primary care clinic)
- ❑ Hospital utilization among HSF participants is lower than that found within two similar public health insurance programs in SF
- ❑ In quality/access, HSF exceeds the National Medical Average in

HSF Financing and Costs (Fiscal Year 2008-09)

❑ Financing

- Existing City and County General Fund
- Leverage existing State funding sources
- New revenues from federal government, employers and participants

❑ Costs

- HSF expenditures incurred by the Department were \$126 million (\$90 million in General Fund and \$36 million in revenue)
- Department's monthly estimated per participant cost was \$298

❑ Provision of health insurance to uninsured residents would cost the City and County more money

- Examination of two California health insurance plans provided premiums of \$388 and \$618

LESSONS, CHALLENGES, OPPORTUNITIES AND HEALTH CARE REFORM

Lessons Learned and Challenges

☐ Program Development

- Phased implementation
- Manage expectations
- Existing safety net delivery system and infrastructure
- External interest in conclusive data in initial years -- may be premature

☐ Community Partnership

- Valuable partnerships with non-profit/private providers to ensure access
- Instrumental administrative partners

☐ Participants

- Appreciate/respond positively to medical homes and usual source of care
- Targeted strategies needed to promote on-time program renewals
- Continually participant education on program basics – not insurance

☐ Service Delivery Network

- Continued focus on efforts to improve efficiency and ensure access to care

HSF Has Components Debated at National Level

- ☐ Provides care regardless of uninsured person's employment status or pre-existing health condition
- ☐ Provides comprehensive services and a choice of providers
- ☐ Promotes prevention, wellness and primary care to help reduce health care costs
- ☐ Offers affordable fees for participants (based on income)
- ☐ Instills shared financial responsibility with funding from government, business and participants

San Francisco's Efforts Inform National Health Care Debate

- ❑ Uninsured persons will join a health access/coverage initiative, even a voluntary one such as Healthy San Francisco which is not health insurance:
 - If out-of-pocket costs are affordable
 - If coverage is comprehensive services
 - If network of providers is broad and culturally competent
- ❑ A publicly administered health care option does not disrupt the health insurance market and data suggests that satisfaction is high
- ❑ An employer spending requirement can work:
 - No significant documented loss of jobs
 - Feedback from San Francisco customers paying restaurant surcharges generally positive

HSF Needed -- Even if a National Health Care Reform Bill Passes

- ❑ San Francisco wants health care reform that expands eligibility for public health insurance, eliminates exclusions for pre-existing conditions, etc. -- will reduce the number of uninsured residents
- ❑ Unclear what outcome of national debate will be, but even if passage, will not be comprehensive; San Francisco will still need Healthy San Francisco
 - No federal bill contemplates covering the undocumented
 - Affordability provisions may be insufficient for individual mandate
 - The provisions of any bill would not go into effect for a few years
- ❑ Other localities should consider revamping their health care safety nets to improve access for the uninsured

HSF Features – Replicability in Other Localities

- ❑ Replicable, 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 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

Contributing Factors to HSF's Development

- ❑ San Francisco's environment made effort doable
 - Political will
 - City and County government structure
 - Public interest and mandate
 - City and County commitment to serving uninsured (financial resources and services)
 - Existing health care safety net system and willing provider community
 - Geographic boundaries
 - Strong administrative partners

Stay Informed

❑ Healthy San Francisco

- 3-1-1: information on where to enroll
- Website (www.healthysanfrancisco.org)

❑ Employer Spending Requirement

- Inquiries: e-mail HCSO@sfgov.org or call 554-7892
- Web (www.sfgsa.org/index.aspx?page=418)

QUESTIONS

