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](http://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

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- 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 ≈ 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.healthy-sanfrancisco.org](http://www.healthy-sanfrancisco.org))

- **Employer Spending Requirement**
  - Inquiries: e-mail **HCSO@sfgov.org** or call 554-7892
QUESTIONS