Healthy San Francisco:
Community Clinics Partnering for Systems Change

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SUMMARY

This case study describes the role of the San Francisco Community Clinic Consortium (SFCCC) in planning and launching *Healthy San Francisco*, an initiative to expand access to health care services for uninsured adults who reside in San Francisco, CA. Launched in 2007, the benefits of the *Healthy San Francisco* program include increased participant use of less expensive primary care services and a better functioning health care delivery system. The following are key findings that emerge from the analysis of this initiative:

- Partnering with stakeholders to coordinate health care services on behalf of multiple clinics results in tangible benefits to clinics and their target populations;
- It is critical to combine technical expertise in clinic operations with advocacy expertise in educating decision makers and working with public agencies; and
- Expanding access to care for low-income uninsured adults has broader applications, including piloting innovations (such as the medical home) that may have some bearing on state and federal policy discussions.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities.

To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California's safety net, such as averting cuts to statewide and local public funding.

The San Francisco Community Clinic Consortium (SFCCC) is a network of 10 member clinics including three Federally Qualified Health Centers (FQHCs), one Native American Health Center, and two free clinics. Member clinics operate 17 sites of care. In 2007, SFCCC member clinics provided over 300,000 medical and dental visits for nearly 72,000 patients, about 10 percent of the city's population.

This Case Study is an example of a successful effort to plan and launch a city-wide health care delivery program to meet the health care needs of uninsured adults. It illustrates the role of SFCCC in conducting local advocacy, partnering with public and private stakeholders, and coordinating primary care services.

METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations.

FINDINGS

ISSUE: ACHIEVING UNIVERSAL COVERAGE FOR LOW-INCOME ADULTS

Universal coverage has been a long-time policy goal of San Francisco. In 1998, the City passed *Measure J: Universal Health Care Declaration of Policy City of San Francisco* to expand health insurance coverage and access to primary care to uninsured San Franciscans. This was followed by several ordinances to expand health insurance coverage to children, young and low-income parents, employees of city and county contractors, and the uninsured. However, gaps remained and an estimated 73,000 people were uninsured in 2005.

PROMISING SOLUTION: ONGOING AND ACTIVE INVOLVEMENT

SFCCC has long focused on increasing public awareness of the uninsured and shoring up the City's health care safety net, including supporting local policies to expand funding to clinics and launching new programs to increase access to care for San Francisco's vulnerable populations, such as the homeless. It was a natural partner for developing viable solutions to covering uninsured adults, many of who were already being seen by SFCCC's member clinics. In early 2005, SFCCC worked with Supervisor Tom Ammiano to develop a proposal to provide city funding to cover 56,000 working uninsured San Franciscans. In early 2006, SFCCC staff worked with Mayor Newsom's Planning Council to develop a defined benefits health coverage proposal that relied heavily on community health center prevention and primary care services. Mayor Newsom unveiled his framework, the *Mayor's Universal Health Care Plan* to provide care to San Francisco's uninsured residents. Later that year, SFCCC co-sponsored a press conference announcing the defined benefits planning committee and proposal for a supplemental $51.6 million in City funding for the City's health care system, including $3 million for community clinics.

In 2006, the City passed the *San Francisco Health Care Security Ordinance*, which included an employer mandate or shared responsibility spending requirement and an affordable citywide *Health Access Program* to provide low-cost primary care services. It is not a health insurance program and its intent is to provide comprehensive health care services to San Francisco's medically indigent population who are ineligible for public insurance programs, such as Medi-Cal.

Stakeholders involved in the planning of the *Health Access Program* had to tackle the tough issues of coordinating the City's health care safety net providers, attracting and enrolling a diverse patient population, and developing a sustainable financing mechanism. SFCCC was an active player, participating in multiple committees, involving clinic leadership, and providing data analysis on the benefit package and eligible populations. SFCCC staff and representatives from SFCCC member clinics participated on the Planning Council as well as the data, behavioral health services and One-e-App communications/marketing committees. SFCCC also established an oversight committee with the San Francisco Department of Public Health (SFDPH) and the San Francisco Health Plan (Medi-Cal managed care plan) to ensure that SFCCC member clinics would be included in the program. *Healthy San Francisco* was launched July 2, 2007 at one SFCCC member clinic—North East Medical Services (NEMS)—and a City clinic. NEMS reported enrolling 900 uninsured residents in the first month. The other seven SFCCC clinics launched in September 2007 and by July 2008 eight SFCCC member clinics were participating in *Healthy San Francisco*.

MAJOR MILESTONES: SFCCC RISES TO THE OPPORTUNITY

SFCCC played a key role in achieving full program operation. *Healthy San Francisco* was a major departure from the way in which health care services had been provided and received. Because of the program's complexity, an incremental approach to implementation was adopted, such as enrolling a sub-set of the target population first. A key milestone was to coordinate a fragmented delivery system and develop a public/private safety net partnership involving public health services and community based non-profit services. Additionally, enrollment for *Healthy San Francisco* occurs at all the sites where care is delivered and eligible participants may retain a clinic where they are current patients. SFCCC worked with clinics to adopt One-e-App, a web-based eligibility determination and enrollment system that can also screen for other programs, such as Medi-Cal. Each clinic has maintained One-e-App at its site. SFCCC tracks the deliverables reported monthly by clinics – number of new enrollments and enrollments maintained.

SFCCC also serves as the fiscal agent and negotiates the total funding for member clinics with the City. In turn, SFCCC negotiates individual contracts with each clinic or a base amount plus an additional amount based on patient volume. In FY 2007, it secured $1.4 million for the first year of clinic participation in *Healthy San Francisco*. It almost doubled this amount—$2.9 million—for FY 2008 and 2009. (The total program cost for FY 2008-09 was $126 million.) Last, SFCCC knowledge of clinic target populations and how they relate to the program is critical for facilitating enrollment and proper utilization of services. SFCCC administers a contract for participating clinics to fund the enrollment and maintenance of enrollment in community clinics.

Healthy San Francisco has been SFCCC's primary local activity for the last two years. Upwards of three SFCCC staff were involved on a part-time basis during the planning stage, including committee participation. During the implementation stage, additional funding ($2.9 million from the City) and staffing were required to conduct enrollment and eligibility activities, such as clinic training. Funding from patient care is provided from traditional clinic sources, such as Expanded Access to Primary Care (EAPC) funding and private funding.

Partnerships and collaborations: Political support provided the initial impetus for change, followed by broad-based participation on many committees. Participating individuals and organizations cut across many sectors, such as health care providers, public health, employers, consumers, and labor. While SFCCC was one of many partners, it was the primary voice on behalf of non-City community clinics. The SFDPH developed the proposal to organize the program's primary care medical homes and took a leadership role in transforming the core principals of coverage for the uninsured, identifying new funding sources, and coordinating care into a viable program. The San Francisco Health Plan, a Medi-Cal managed care plan, is the third party administrator. Other providers, including California Pacific Medical Center, Sister Mary Philipa, Chinese Health Care Association, and St. Francis, are key partners. In 2009, Kaiser Permanente agreed to enroll 3,000 people in to the Program.

Overcoming challenges: SFCCC has been successful in securing funding for all member clinics. However, SFCCC and member clinics have been challenged by higher-than-anticipated costs of implementation, such as the training and adoption of One-e-App by member clinics. Moreover, there is a requirement that each clinic must meet 85 percent of its enrollment target over the course of the year. A participant can enroll, have his or her services covered, be disenrolled, such as for eligibility reasons, and then re-enroll at the next visit. Disenrollments are subtracted from enrollments and the clinic loses money and is at risk for not reaching its enrollment target.

Another challenge has been getting the population served to participate in the medical home model. Prior to implementation, patients could go to any clinic whenever they wanted. People still want the option to go somewhere else and not wait for their appointment. In most cases, patients will be redirected to their medical home if it is not an emergency situation. Last, coordinating IT is an ongoing process – not all of the systems talk to one another.

ACCOMPLISHMENTS AND BENEFITS

As of March 2010, there were 51,541 participants enrolled in *Healthy San Francisco*, suggesting the program is making significant inroads in achieving its goal of reducing the estimated 60,000 uninsured adults. The short and long-term outcomes of SFCCC's involvement in the planning and implementation of *Healthy San Francisco* include:

Expanded SFCCC advocacy capacity: *Healthy San Francisco* was an opportunity for SFCCC to build on its involvement in local safety net initiatives. Second, SFCCC expanded its policy expertise by focusing on access to care for uninsured adults, a hard-to-solve policy issue.

***Increased policymaker awareness of safety net and clinic policy issues*:** SFCCC's committee involvement "put it on the map" and increased the visibility of its experience with public/private partnerships. Moreover, SFCCC's strong connections with San Francisco's leadership—the Board of Supervisors and the Mayor—helped to increase decision maker awareness of the role of clinics in meeting the needs of the uninsured. Last, the program attracted a lot of media attention and SFCCC fielded inquiries from across the nation.

Increased policymaker support of safety net and clinic policy issues: The City has maintained its financial and political commitment to *Healthy San Francisco* and has increased the funding to the program despite a budget shortfall. The program has great political currency and city decision makers have gone to great lengths to hold up *Healthy San Francisco* as a model for national health care reform.

Strengthened clinic operations: While many program participants were already receiving services from SFCCC member clinics, clinics are playing a larger role in linking these people to an integrated system of care. SFCCC member clinics have gained expertise in using One-e-App to enroll participants as well as track patients, including visits to multiple clinics by patients. Each clinic has its own CAA(s) depending on the size of its patient population that also enrolls people in other programs. Last, as medical homes, clinics are able to reduce duplication of services, monitor patient use of services, and improve coordination of services with other providers, such as San Francisco General Hospital.

Clinic Experience: North East Medical Services (NEMS). One of the first two clinics to participate in *Healthy San Francisco*, NEMS provides services to approximately 11,975 program participants at four clinic sites. About 25 percent (3,001) of these patients were patients who had no prior visits to the clinic in two years. Due in part to the increase in patients, NEMS is expanding its facilities and has opened a new clinic site in 2009 and added more primary care providers. The program is also a vehicle for streamlining clinic operations, such as monitoring utilization and reduced patient wait. Last, the clinic can emphasize preventive care, such as regular check-ups, now that participant ability to pay is no longer a barrier.

In addition to enrolling uninsured San Franciscans and providing comprehensive primary care services, clinics serve as a medical home and provide preventive and routine care, such as screenings and check-ups. The medical home also helps participants navigate the health care delivery system and coordinates access to specialty, inpatient, pharmacy, ancillary, and behavioral health services. SFCCC provides technical assistance to clinics, such as defining what services are required by a medical home and developing the medical homes on behalf of its participating clinics (note: *Healthy San Francisco* has a standard benefit package and clinics may do inter-clinic contracting to provide these services). SFCCC member clinics serve as the medical home for 21,982 (42.65 percent) participants as of March 2010 (1). (see **Table 1**)

Table 1: SFCCC Member Clinic Medical Homes, 3/26/2010

Clinic	Program Participants to Date	% of Program Total	% of SFCCC Total
Glide Health Services	1,435	2.78%	6.53%
Haight Ashbury Free Medical Clinic/Integrated Care Center	1,334	2.59%	6.07%
Lyon-Martin	888	1.72%	4.04%
Mission Neighborhood (2 sites)	2,868	5.56%	13.04%
Native American Health Center	343	.67%	1.56%
NEMS (4 sites)	11,975	23.24%	54.48%
Saint Another Free Medical Clinic	1,526	2.96%	6.94%
South of Market Health Center (2 sites)	1,613	3.13%	7.33%

Increased services for the underserved and uninsured: *Healthy San Francisco* is a portal to other public programs, such as Medi-Cal, which is a key payer for clinic services. As of June 2009, 5,211 applicants (out of 52,572 or 9.9 percent) had been identified as eligible for other public insurance programs (2). Last, the program continues to expand, increasing access to care for uninsured San Franciscans. Since 2007, the program has expanded eligibility from 300 percent to 500 percent of FPL.

Improved health outcomes for targeted communities and populations: Data collected by SFDPH and the Kaiser Family Foundation suggest that the program is reaching the people it was intended to serve and by in large these people are satisfied with the program (3). Participants are using the program correctly and their health care needs are being met. Additionally, in 2010, 22 percent of all those enrolled were not previous users of the health care delivery system, suggesting that access to care has expanded for the uninsured. Last, *Healthy San Francisco* is developing a centralized information service to which providers must submit their service data, laying the groundwork for effective planning.

FACTORS FOR SUCCESS:

San Francisco's long-time commitment to universal coverage required a similar commitment among stakeholders to realize the City's policy objective. SFCCC was already on board with the core concepts, such as use of a medical home and the access to specialty care for clinic patients. It was at the table early on and it mustered significant expertise and staffing to partner in the launch of a very complex program. Additionally, SFCCC continues to be a good policy partner with the Board of Supervisors, Mayor's Office, and Health Commission with which it has had long-time involvement on other local health issues.

LESSONS LEARNED:

Planning and implementing a multi-faceted health care program for an underserved population that does not have secure finding is no easy task. For SFCCC clinics, the major challenges have been adoption of a new IT system and securing adequate funding to cover patient care costs. Last, the program would not be feasible without the participation of clinics. They represent 42 percent of the total medical homes.

THE FUTURE:

SFCCC continues to play a role in fine-tuning *Healthy San Francisco* and related policy issues. SFCCC's role as a major player has had many positive outcomes, such as improved visibility, strengthened partnerships with City decision makers and agencies, and repositioning of clinics as key providers. Under health care reform, there will still be people who will still need health care, such as undocumented immigrants.

CONCLUSIONS

SFCCC's involvement with *Healthy San Francisco* has resulted in expanding access to care for a population that defies ready solutions. Commitment coupled with political savoir-faire and technical expertise was essential for applying innovative solutions to an intractable problem. Additionally, SFCCC's expertise in areas such as the medical home, IT and data systems, and enrollment have great relevancy to the federal health care reform proposals.

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