



**Providing Universal  
Access to Care:  
Healthy  
San Francisco**

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**Problem of the uninsured**

- ❖ Uninsured persons have:
  - Less access to medical care
  - Present at later stages of illness
  - Have greater mortality and morbidity due to illness.

**Number of uninsured increasing**

- ❖ 47 million uninsured in United States
- ❖ 6.5 million uninsured in California
- ❖ 73,000 million uninsured in San Francisco

**San Francisco's answer: Healthy San Francisco**

- ❖ 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 services are provided under Healthy San Francisco?**

- ❖ A primary care home
- ❖ Preventive care, primary care, specialty care, urgent and emergency care, behavioral health, laboratory, inpatient hospitalization, x-ray and pharmaceuticals.

**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 will Healthy San Francisco serve?

- ❖ 73,000 uninsured San Francisco adults (California Health Interview Survey).
  - Currently enrolled: 32,000
  - Expected enrollment: 60,000

## 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

## Healthy San Francisco Network

- ❖ Primary Hospital
  - SFGH (county)
- ❖ Linked with a primary care home
  - California Pacific Medical Center (private)
  - Saint Frances (private)
  - St. Mary's (private)
  - Chinese Hospital (private)
- ❖ Providing radiologic services
  - UCSF (State government)

## Key access innovations

- ❖ One-e-app — Unified registration and system of record for all sites. Screening for other public benefits.
- ❖ E-referral — for specialty care.
- ❖ Clinic redesign — Focus on team approach, disease registries, group education.

## Cost of Healthy San Francisco

- ❖ Full enrollment of 60,000 (82% of the uninsured) = \$171 million (2006 cost data).

## How will Healthy San Francisco be funded?

- ❖ Contributions by
  - Participants
  - Employers
  - City & County
  - Federal and State funding

## Healthy San Francisco Participant Fees

	% Federal Poverty Level					
	0-100%	101-200%	201-300%	301-400%	401-500%	501%+
Quarterly Participant Fee	\$0	\$60	\$150	\$300	\$450	\$675
Fee as percent of income	0%	2.3%	2.9%	3.9%	4.4%	5.2%

## Healthy San Francisco Point-of-Service Fees

Service	Family Income ≤100% of FPL	Family Income 101-500% of FPL	Family Income >500% of FPL
	\$		
Outpatient primary care	0	10	20
Urgent care	0	20	50
Radiology or physical or occupational therapy	0	20	50
Specialty care	0	20	50
Pharmacy use	0	5 or 25	25 or 50
Emergency department care	25	50	1000
Same-day surgery	0	100	2000
Hospitalization	0	200/admission	350/admission

## Employer Health Spending Requirement

Business Size		Rate Schedule		
		01/09/08	04/01/08	01/01/09
Large	100+ Employees	\$1.76/hour		\$1.85/hour
	50-99 Employees	\$1.17/hour		\$1.23/hour
Medium	20-49 Employees	Not Applicable	\$1.17/hour	
Small	1-19 Employees	Not Applicable		

## Employer choices

- ❖ Employers may spend \$\$ on:
  - Insurance
  - Medical savings account
  - Reimbursement from expenses
  - Healthy San Francisco

## Early Employer Experience with HSF

- ❖ Over 700 businesses have chosen city option
- ❖ 31,432 employees
  - 15,638 HSF
  - 15,794 non-SF residents (receive medical reimbursement accounts)
- ❖ \$26 million (3rd quarter for large; 2<sup>nd</sup> quarter small)

## Court Challenge to Employer Spending Requirement

- ❖ Restaurant Association filed lawsuit that employer spending mandate violated Employee Retirement and Income Security Act (ERISA).
- ❖ District court ruled in favor of Association and barred implementation of spending mandate.
- ❖ Ninth Circuit Appeals Court ruled that employer spending mandate does not violate ERISA.

## Financing Healthy San Francisco

❖ Estimated Individual contribution	\$ 6 million
❖ Estimated Employer contribution	\$20 million
❖ Redirecting of existing county funds for uninsured	\$123 million
❖ Federal health care expansion award	\$24 million
❖ Federal/State sources	\$14 million
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	\$187 million

## State & Federal Contribution

- ❖ Ability to tap into:
  - Medicaid
  - Medicare
  - AIDS Drug Assistance Program
  - Ryan White (CARE) funding
  - California Breast and Cervical Cancer Control Program
  - Maternal Child Health Program

## Generalizability of Healthy San Francisco

Generalizable features of Healthy San Francisco include:

- ❖ Focus on primary care home to reduce duplication and improve coordination
- ❖ Centralized eligibility system to maximize public entitlement
- ❖ Centralized system of record to create accountability and increase coordination
- ❖ Non-insurance (care) model lowers costs and protects federal and state funds for counties
- ❖ Establishment of predictable affordable participation fees (not charity)
- ❖ Public-private partnership maximizes available resources

## Evaluation of Healthy San Francisco

- ❖ Participation
  - Percent of uninsured
  - Distribution of participants compared to uninsured
- ❖ Access
  - Establishment of medical homes
  - Use of emergency department
  - Not avoiding care due to inability to pay

## Evaluation of Healthy San Francisco

- ❖ Quality
  - HEDIS measures
- ❖ Utilization
  - Outpatient visits
  - Prescriptions
- ❖ Financial viability of program
  - Cost per enrollee
  - Need for supplementary general funds