Health Care Services Master Plan Task Force

Optional Issue Meeting Minutes: Federal Health Care Reform and 1115 Medicaid Waiver

October 27, 2011 – 2 pm to 4:30 pm, San Francisco City Hall, Room 305

Key themes and potential recommendations from Task Force discussion:

- Outreach and education for hard-to-reach populations and underserved communities. Under Health Reform, more people will be insured but disparities in access will still exist. Possible recommendations include mobile access, partnerships with community-based organizations, and public/private partnerships.
- Provider supply and expanded clinic capacity. While San Francisco exceeds national benchmarks for primary care physician supply, only a limited number of providers serve those on Medi-Cal and those who are uninsured. This lack of primary care providers serving San Francisco's vulnerable populations is expected to grow. Possible recommendations include expanding the supply of providers willing to serve these populations through partnering with universities and by leveraging electronic telemedicine.
- Mental health integration. The 1115 waiver may pose challenges to San Francisco's efforts to integrate mental health with primary care. Possible recommendations included incentivizing integrated care, addressing wellness for future health facilities, and support for a potential innovation project to focus on severe mental illness outside of a managed, physical health care model.
- Long term care may be at risk as a "carve out" service that will continue to be paid separately under Medi-Cal (i.e., not under managed care). Task force members suggested that it may be beneficial to include long term care in considerations of land use needs.
- Technology. Computerized resources need to be able to communicate important patient information, which is being addressed through the new San Francisco Health Information Exchange. Additionally, technology can play an important role in bringing services to people rather than people to services.

1. **Opening remarks** from Roma Guy Task Force Co-Chair. Dr. Tomás Aragón was unable to attend due to Occupy SF planning.

2. **Agenda review: Clare Nolan, Harder and Company.** Ms. Nolan reviewed the agenda and key themes from September's community meeting.

3. **Overview of Federal Health Care Reform and 1115 Medicaid Waiver: Lori Cook, Department of Public Health.** Ms. Cook provided an overview of Health Reform and the 1115 waiver with a focus on access and

the underserved, outlined San Francisco's opportunities and challenges in responding to patient demand under Health Reform, and initiated a discussion of policy considerations – specific to the HCSMP as well as to broader health planning efforts – relevant to preparing San Francisco for Health Reform.

4. **Task Force Discussion: Clare Nolan, Harder and Company.** Ms. Nolan noted the range of experience in the room in terms of knowledge about the issue at hand and instructed Task Force members to start with clarifying questions about the presentation before moving on to discussion questions:

Q: Will all seniors and persons with disabilities (SPDs) go into the San Francisco Health Plan?
A: They are limited to a two-plan model: San Francisco Health Plan and Anthem Blue Cross.

Q: Will eligible Healthy San Francisco participants keep their current medical homes or will there be a shift?
A: It depends on what they are eligible for and whether the plan contracts with those providers; there could be continuity of care issues.

Q: How do the 1115 standards apply to San Francisco's specialty care clinics?
A: The Low-Income Health Program, which was created by the 1115 waiver, comprises DPH facilities only, pursuant to the terms of the waiver. Thus, the standards related to timely access of primary and specialty services imposed by the waiver are applicable only to DPH facilities. There are additional timely access standards imposed by the Medi-Cal program, which will impact not only DPH but also other Medi-Cal providers.

Q: Is the basic health plan for individuals or for families and is the income limit based upon family income or individual income?
A: Under current rules, low-income children and families are eligible for coverage under Medi-Cal and the State Children's Health Insurance Program (SCHIP). That could change if California were to implement a basic health plan. Income eligibility for the basic health plan would be based on family income.

Q: What is the relationship between San Francisco Provides Access to Health Care (SF PATH) and Healthy San Francisco?
A: SF PATH was created under the 1115 waiver as a transition program for uninsured individuals who will become eligible for Medi-Cal in 2014. However, since implementation of the waiver it has been determined that all clients accessing health care services through Ryan White CARE Act funded programs must be screened for eligibility into SFPATH. If a current Ryan White CARE Act health services recipient meets eligibility criteria for SFPATH, that person must be disenrolled from Ryan White services and be enrolled in SFPATH. This is based on the status of the Ryan White CARE Act as a payer of last resort and thus to be eligible for Ryan White health services participants must be ineligible for other health care programs. The unfortunate consequence is that individuals who are already receiving health care services (through Ryan White) will be moved into the Low-Income Health Program (LIHP), and the LIHP will be less available for persons without any access to health services. Because of the high cost of caring for persons living with HIV due in large part to the cost of medication, the income limit for SFPATH, which was once set at 133% of the federal poverty level, had to be reduced to 25% of the federal poverty level in order to make the program affordable for San Francisco. SF PATH serves:

- New enrollees with incomes up to 25% of the Federal Poverty Level (FPL).

- Some Healthy San Francisco participants with incomes up to 200% FPL. (This applies only to those enrolled in Healthy San Francisco prior to SF PATH's creation.)

To learn more about this, please see Page 6 of the HCSMP Task Force briefing paper on Health Reform and California's 1115 Waiver.

Q: Is there competition between the San Francisco Health Plan and Healthy San Francisco?
A: They are two different types of entities. San Francisco Health Plan is a health plan and also provides administrative services for Healthy San Francisco. Healthy San Francisco is a program for uninsured individuals. Participants in Healthy San Francisco will transition from the program into health insurance as they become eligible.

Q: Healthy San Francisco has employer compliance requirements. Employers with fewer than 100 employees as of 2014 will have access to the California Health Benefit Exchange – will they also have access to Healthy San Francisco?
A: Health Reform does not create a mandate on employers, but there is an incentive for employers to offer insurance as Health Reform imposes a penalty on employers if their employees access subsidies through the exchange. There is currently no change being contemplated for the Healthy San Francisco program, so employers can retain participation in Healthy San Francisco if they choose to do so.

Q: Is there an opportunity within the current 1115 waiver for a county to do something different related to the treatment of patients with behavioral health service needs and, if not, could the waiver be amended?
A: Colleen Chawla, Director of Policy and Planning at SFDPH, responded that would not be possible in the context of the current 1115 waiver. However, she reminded members that though the Task Force's purpose is to generate recommendations that may be used to help make land use decisions for health care projects, the Task Force may well wish to make broader policy recommendations, making the most of the experience and insight of the Task Force members as they discuss these important issues. This issue related to targeted treatment of behavioral health patients might be a good example of a broader policy recommendation. As an example, the Task Force could recommend that the City utilize its advocacy resources to support a behavioral health care demonstration project in San Francisco. As far as making Health Care Services Master Plan-specific recommendations, Task Force members could consider recommendations that incentivize the kinds of land use projects that meet identified health care needs.

Ms. Nolan provided guiding questions and facilitated the discussion among Task Force members, reminding them to focus on health care reform and the waiver:

- How will these policy changes impact access to health care services in San Francisco?
- What might the impact be on the expanded Medi-Cal population and the uninsured?
- How will the proposed changes impact access to health care services in the future for San Francisco's vulnerable populations?

Some of the common themes that emerged from the Task Force member discussion include:

Outreach and Education

- Disparities exist in the availability of primary care physicians (PCPs) per 100,000 by zip code. Health Professional Shortage Areas (HPSAs) only refer to institutions; Medically Underserved Areas (MUAs) in San Francisco are designated by census tract. Access issues may remain even in areas not designated as HPSAs or MUAs because residents may not be able afford care even though it is available.
- The general public knows little about health care reform. How should this information be conveyed so that people understand what options they might have.
- Changes that are already rolling out (e.g., wait times, capacity in clinics that serve Medi-Cal and uninsured, disruption in continuity of care) may have potential lessons for outreach and education.
- More mobile sites or sites in the community, including non-medical sites, are needed to enroll people and explain the process rather than people having to go to specific site(s) to enroll.
- Mobile enrollment is especially important for underserved populations that cannot make it to "brick and mortar" places. Current technology allows for that and there are models in the state.
- Ms. Guy highlighted the importance of connectivity and modern communication systems that can go to people where they are instead of bringing them to large institutions. She also expressed the need to look at people who are eligible but not enrolled and figure out how to reach them.
- Community violence, trauma, emotional suffering related to shootings (especially for young people with absent parents), and reintegrating back into community are all concerns. More assistance in dealing with these issues is needed, and the approach should be twofold: (1) access for certain hard to reach populations through mobile sites, and (2) the role of prevention in helping with stressful issues that impact health over time; wellness; partnerships with CBOs that may be able to address needs.
- Working with liaisons in the nonprofit sector may be an effective strategy for outreach and education.

Provider Supply

- Given the anticipated lack of physicians serving those on Medi-Cal and the uninsured, medical training institutions could incentivize using students to fill service gaps; they may attract providers to serve specific populations and to practice primary care.
- It is important to understand the logistics of current residency programs and that Medi-Cal does not incentivize universities to maintain or expand residency programs. The treatment of Medi-Cal patients could be incentivized.
- San Francisco physicians are excited that more people will have health insurance but there will be pent up demand.
- Caution should be exercised when using residents and medical students for underserved population in the same way we would use highly trained physicians (i.e., workforce development approach versus using them as substitutes).
- There are disparities in how Medi-Cal reimburses qualified clinics versus individual doctors. The Medi-Cal primary care reimbursement rate in California is 49th in the nation, though in 2013 and 2014, primary care will be reimbursed at a rate that is equal that of Medicare.
- Accountable Care Organizations (ACOs) might change the landscape and give more capacity to providers. ACOs bring more people into the system but not more resources, so existing resources (e.g., integrating mental health and primary care is more efficient and raises quality of care) need to be used more efficiently. Incentivizing the health care community to work together more efficiently will enable more people to be served with the existing resources. Incentivize efficiencies for the health care system to work together instead of penalizing projects in areas that already have a high level of resources. San Francisco has a high concentration of health care and nonprofit systems in its favor.

- Resources should be computerized and able to talk to each other. Electronic records, interoperability, and facilitating coordination among primary care teams and with specialty providers should be incentivized. Regarding the 1115 standard and specialty care, consultations could be facilitated by telemedicine or interoperable records instead of in-person visits. Using electronic health records and telemedicine are ways to help bridge the provider supply gap.

Mental Health Integration

- The 1115 waiver may not be consistent to San Francisco's efforts to integrate mental health, primary care, and substance abuse treatment. The 1115 waiver dissects the health care needs of different populations in a way that San Francisco was moving away from. Another model would have been to carve out the entire health care experience for the severely mentally ill/dually diagnosed population instead of dealing primarily with their primary needs care and leaving mental health care to the safety net. 24-hour mental health care alternatives in the community are needed.
- Ways that San Francisco can try a pilot approach and start combing siloed revenues to address hard-to-reach populations (e.g., seniors and people with disabilities) should be identified.
- Substance abuse and mental health care integration could be a demonstration project. Wellness has an important relationship to managing chronic diseases. Many people dealing with chronic illness are looking for support services. Could that be a demonstration project? A wellness component in the community should be incentivized for new facilities.
- Mental health issues may get in the way of chronic disease self management, for example for diabetes.
- Community-based clinics should provide wellness services that address the needs of multiply-diagnosed clients. Wellness includes mental health, substance abuse, and homelessness. San Francisco should leverage its medical and community-based resources.
- The development and expansion of new program models to combine primary care and mental health for vulnerable populations in specific areas should be encouraged. The Planning Commission should be pushed to make zoning changes to incentivize innovative partnerships that focus on integration and public/private partnerships.

Long-Term Care

- A "carve out" is list of services under managed care that will continue to be paid on a fee-for-service basis under Medi-Cal. There is uncertainty around how primary care will interface with carve out services, such as long-term care. The State's elimination of adult day health care is a recent example of the reduction of community-based long-term care services for the Medi-Cal population. Beneficiaries of this service will now be transitioned to managed care. Ensuring that people can remain at home is very important for the health of the population.
- The Task Force is charged with identifying health care needs for the San Francisco Health Commission and Planning Commissions to consider when reviewing facility proposals and, although Health Reform does not specifically address long-term care, it can be a part of a land use look at needs.

Other

- The granting of certain city privileges like use permits is a form of revenue and allows for city priorities to be expressed. The question the Task Force should answer is how can granted privileges be leveraged as a way to express health care priorities?

- The San Francisco Medical Society has been working with other providers to establish a health information exchange that will allow providers to have access to patient health information that will increase the quality of patient care.
- Several members noted that they found the meeting discussion very productive, and have a better sense of the types of recommendations that the Task Force could put forward.

5. **Public comment.** One person participated in public comment, advocating for CBO partnerships for outreach and education, enrolling underserved communities, and educating them about available services. She said that many organizations are working with underserved populations and that, with the Latino community specifically, trust is a big issue and once you have that you can help them navigate the health care system and connect them to programs they are eligible for and services that they need. She added that the discussion is great, it is wonderful that DPH is leading the effort, and that outreach and education are key.

6. **Closing comments and next steps: Roma Guy and Clare Nolan.** Ms. Guy said that the Task Force's challenge is to look for where the access points should be and what the health trends are, and that this is just one component of many. Ms. Nolan summarized key themes from the Task Force discussion, asked members to complete a meeting evaluation, and noted that then next meeting will focus on Chinatown, the Tenderloin, South of Market, and Civic Center, and will be on Saturday, December 3rd, from 10am to 12:30pm (the date that worked for most Task Force members) at Gordon Lau Elementary School Cafeteria (950 Clay Street).

Task Force Members

Members in Attendance

Name	Representing
Roma Guy, Task Force Co-Chair	At-Large Seat
Margaret Baran	Long-Term Care Coordinating Council
Michael Bennett	At-Large Seat
Aine Casey	Independent Living Resource Center
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Jay Harris (Alternate: Melissa White)	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Lucy Johns	At-Large Seat
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Judy Li	California Pacific Medical Center
Kim Tavaglione	California Nurses Association
Randy Wittorp (Alternate: Elizabeth Ferber)	Kaiser Permanente

Members Not in Attendance

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Brian Basinger	AIDS Housing Alliance
Eddie Chan	Northeast Medical Services
James Chionsini	Planning for Elders in the Central City
Sue Currin	San Francisco General Hospital and Trauma Center
Masen Davis	Transgender Law Center
Regina Dick-Endrizzi	Small Business
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Claudia Flores	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Paul Kumar	National Union of Healthcare Workers
Le Tim Ly	Chinese Progressive Association
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Curtiss Sarikey	San Francisco Unified School District
Ellen Shaffer	Individual Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco
Abbie Yant	St. Francis Memorial Hospital