

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
| X Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu 255-3524

PROGRAM / INITIATIVE TITLE: **HAP Expansion – Primary Care**

AMOUNT: **\$1,998,162**

TARGETED CLIENTS: Patients needing community based primary care services

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In response to the Mayor's call to expand primary care services, the SF Department of Public Health-COPC proposes to expand clinic hours of operation to include expansion within existing hours, evenings and weekends depending on the infrastructure capacity of each site. In addition to the expanded hours, primary care plans to re-engineer how Primary Care services are delivered. Planned models will combine Teamlet, group visits and Patient Visit redesign. These models will improve efficiency, productivity and enable us to absorb more clients than we would otherwise do with our current system of delivery.

The current request is divided into subsets:

Primary Care Clinical and Psychosocial Services expansion

Using the Primary Care staffing baseline established in 2005 of 3.5 provider per site; as well as 1200 panel size per provider (please note that we are also factoring in existing staff) with .90 RN, 1.6 clinical support staff and .9 operational staff per provider, COPC will need the following staffing levels (annualized) and ratios to absorb 5,000 new patients.

Providers

2.0 FTE MDs, 1.5 FTE NP, .5 FTE Dentist, 1.0 FTE Psychiatrists, and .5 FTE psychologists provider staff. These number and types of providers will enable us to increase access to both Primary care and Psychosocial services, reduce waiting time (which is currently about 75 days in some clinics) provider will provide primary care, and the mental health staff will provide psychosocial services.

Clinical support staff

7.0 FTE MEAs, 1.0 FTE Social Workers, 1.0 Nutritionists, and 1.0 Nurses.

Operation support staff

1.0 FTE Medical Records Technicians, .5 FTE Coder, 1.0 FTE Eligibility workers, 1.0 FTE clerk typists, .5 FTE Porters and .5 FTE Security.

Patient Education and Employee Wellness

In order to provide a comprehensive set of services that improves patient outcomes, a Patient Education and Employee Wellness unit will be established. It will include .50 FTE Patient Health Educators, .5 FTE Health workers, .5 FTE Industrial hygienist, and .5 FTE Employee Assistance Counselor. The unit will establish comprehensive patient education services, working with providers and patients. They will develop, coordinate and provide patient education classes, coordinate support groups, and develop health education materials. Within the same unit, health programs will be developed specifically for

participating businesses and will work with employees on stress management, safety in the work place, exercise program, etc.

QI Support:

1.0 FTE Epidemiologist and .5 FTE Health Program Planner are being requested to provide QI support. SF DPH is grappling with the imperative to redesign primary care into a proactive, population based system capable of managing the diverse health needs of our target populations. Positions will be used in various QI activities that must support HAP and as well as build an efficient Primary care system. Utilization and Patient characteristics reports will be needed to assess capacity and access, track provider productivity and patient utilization of services, and target services to patient demographics and diagnoses. Data will also be useful for grants and budget request justification, and continued SFHAP planning. Payor source, including HAP, will be part of our reports, and thus can provide ongoing evaluation of volume, access and quality of care in the HAP program after implementation. Staff will work with the San Francisco Health Plan, who will manage the HAP enrollees, to integrate our data with their QI activities in the most effective way possible.

JUSTIFICATION: (required by the Mayor's Office)

In order to absorb new clients, we need to expand within existing clinic hours, evenings, and/or weekends.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

COPC has the potential of absorbing 5,000 new patients which would translate to about 18,000 visits annually.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

HAP reimbursement rate and potential revenue is yet to be determined. Operating expenses are expected to increase by \$1,998,162 for 5,000 clients

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 17.63 FTEs for FY0708 and annualized to 23.5 FTE's ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: HAP Expansion - Primary Care +5,000

Sources:	FY 2007-08 (9 months)	Ongoing
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 1,983,162	\$ 2,644,217
Operating Expenses	15,000	20,000
Subtotal Uses	1,998,162	2,664,217
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,998,162	\$ 2,664,217
Total FTE's	17.63	23.50

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 months)
2328	Nurse Practitioner	1.13	\$ 164,284
2210	Dentist	0.38	\$ 49,628
2430	Medical Evaluation Assistant	5.25	\$ 277,568
2903	Eligibility Worker	0.38	\$ 21,221
2908	Hospital Eligibility Worker	0.38	\$ 24,161
2232	Sr. Psychiatrist	0.75	\$ 126,672
2574	Clinical Psychologist	0.38	\$ 33,833
2920	Medical Social Worker	0.75	\$ 58,860
2846	Nutritionist	0.75	\$ 62,797
2230	Physician Specialist	1.50	\$ 229,788
2320	Registered Nurses	0.75	\$ 83,703
1424	Sr. Clerk Typist	0.75	\$ 35,276
2585	Health Worker I	0.38	\$ 17,209
2112	Medical Records Technicians	0.75	\$ 44,909
2110	Coder	0.38	\$ 20,189
2594	Employee Assistant Counselor	0.38	\$ 32,068
2818	Health Program Planner	0.38	\$ 27,963
2822	Health Educator	0.38	\$ 31,398
6138	Industrial Hygienist	0.38	\$ 39,546
8202	Security	0.38	\$ 16,283
2802	Epidemiologist 1	0.75	\$ 53,781
2736	Porter	0.38	\$ 17,877
			1,469,009
	Fringes (35%)		514,153
		17.63	1,983,162

Operating Expenses

Index Code	Character/Subobject Code	
HCHAPADMINGF	040/04000 Materials & Supplies	\$ 15,000

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **HAP Family Health Center Evening Clinic Expansion**

GENERAL FUND: **\$503,018**

TARGETED CLIENTS: Patients needing primary care services of the Family Health Center

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In response to the need to expand primary care services of the SF Department of Public Health to accommodate the anticipated influx of patient with the new Health Access Plan, the SFGH Family Health Center proposes to expand clinic hours of operation to include evening primary care appointments. Because we are at capacity, in terms of full use of our clinic space during regular daytime hours (8:30-5:00 M-F), the only way for us to accommodate additional primary care patients is to expand hours of operation. We propose to add evening sessions (5-9 pm) Monday through Thursday evenings. This increase of 16 hours per week will meet the expressed preferences of patients in our target groups (young working families and families with school-aged children) to open appointments outside of regular school and work hours. It will also accommodate new patients who may be more likely to be employed and thus more likely to attend an evening clinic. We propose to pilot an evening clinic with 4-5 providers each evening.

We project that the additional 16 hours per week will be provided by a combination of FNP's, faculty physicians, and residents. There will be an attending physician on at all times to supervise the residents and provide consultation for the FNP's and nursing staff. The support staff will include an RN, 2 MEAs, Clerk, Health Worker, and Registration/Eligibility Worker. We will need to have security on-site during the evening. To enable us to see the additional primary care patients, we will need an additional 0.8 FTE nurse practitioner (2 per session) and 0.4 FTE faculty (1 per evening attending and 1 seeing patients). We propose using the evening clinic hours expansion initiative to expand some of our new chronic illness management programs, including group-based care, telephone disease management, registry-based care, a new model of team-base care using Health Workers, and nurse case management. Some evenings, for instance, may be devoted to group medical care, with a physician or FNP managing a group of patients in collaboration with an RN, MEA or HW trained in chronic illness self-management and group facilitation. Similarly, because some of our patients enrolled in a telephone diabetes management program may only be reachable in the evening, some of the RN time may be spent doing telephone care management. Health Workers and MEAs will function in our new "teamlet" model of care, which entails an MEA or HW working with the physician or NP to assume much of the education and self-management support functions for individual patients.

There will be some relocation of existing clinic personnel and supplies to accommodate the new evening clinic on Ward 81.

JUSTIFICATION: (required by the Mayor's Office)

During the current fiscal year, we expect to care for over 8,000 unduplicated patients in approximately 40,000 visits. Because of new clinical programs, services, and additional providers in clinic, we expect to increase our annual encounters 5-10% over FY 05-06. Because of this growth, we are now fully using our entire clinic space, which includes 35 exam rooms. In order to accept a significant number of new patients and to accommodate the needs of our existing patients while avoiding longer wait times for appointments, we need to expand clinic hours into the evening on weekdays.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

We project approximately 30 additional PCPs encounters each evening, or a total of 120 per week. While these new appointment slots may be taken by many of our existing patients, this will significantly improve our capacity to open new patient appointments as well. With this new program, our goal will be to have 6,000 PC encounters during the evening in the first year, and open 1,500 appointments for new patients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Net patient revenues are expected to increase by \$384,836 the first year and \$513,115 ongoing. Operating expenses are expected to increase by \$887,854 the first year and \$1,174,505 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 6.6 FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: HAP Family Health Center Evening Clinic Expansion

		FY 2007-08 (9 Months)	Ongoing
Sources:			
	Outpatient revenues - Other	6,975	9,300
	Outpatient revenues - Medicare, Medi-cal	377,861	503,815
Subtotal Sources		\$ 384,836	\$ 513,115
Uses:			
	Salaries and Fringes	638,779	851,705
	Non Personnel Services	195,228	260,304
	Materials and Supplies	41,250	55,000
	Sheriff Work order	12,597	16,796
Subtotal Uses		\$ 887,854	\$ 1,183,805
Net General Fund Subsidy Required (Uses less Sources)		\$ 503,018	\$ 670,690
Total FTE's		6.60	8.80

New Positions (List positions by Class, Title and FTE)

Class	Title(includes backfill leave time)	FTE's	(9 Months)
2430	Medical Exam Assistant	1.00	52,870
2320	Registered Nurse	0.50	55,588
2908	Eligibility Worker	0.50	28,294
2903	Registration Worker	0.50	28,294
1428	Unit Clerk	0.50	27,627
2586	Health Worker II-Intrepreter (1 per 3,000 visits)	2.10	108,608
2328	Nurse Practitioner	1.00	146,030
2586	Health Worker II	0.50	25,859
		6.60	473,169
	Fringe (35%)		165,609
	Total	\$	638,779

Operating Expenses

Index Code		
HGHLTHACCES	021/02700 Professional Svcs (UCSF Affiliation Agreement)	195,228
HGHLTHACCES	Medical Supplies	41,250
HGHLTHACCES	081SH Sheriff Work Order	12,597

Facilities Maintenance, and Equipment (List by each items by count and amount)

*Need to add cost of converting 2 Orange Team rooms to exam rooms. This will require relocating FHC Medical Records to 91 old Superior Court hallway

2007-2008 Program Change Request

DEPARTMENT NAME:

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|--|--|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **HAP General Medicine Clinic Evening Clinic Expansion**

AMOUNT: **\$589,968**

TARGETED CLIENTS: Patients needing primary care services of the General Medicine Clinic

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In response to the Mayor's call to expand primary care services of the SF Department of Public Health, the SFGH General Medicine Clinic proposes to expand clinic hours of operation to include regular evening primary care appointments. Because we are operating at full capacity during regular daytime hours, the only way to accommodate additional primary care patients is to expand our hours of operation. We currently have a Tuesday evening clinic, which is lightly staffed and has no dedicated support staff. We propose to add additional evening sessions on Monday, Wednesday, and Thursday, redistribute our current Tuesday evening providers across the four evening clinics, and add four NP providers for a maximum of six providers each evening. We will also need to add an attending physician each evening to provide consultation for the NP and nursing staff. Support staff for each clinic will include an RN, two MEAs, a clerk, and an eligibility/registration worker.

In addition, given the heavy burden of chronic illness among our patients, we propose using the evening clinic hours expansion initiative to strengthen and expand our chronic illness management programs. This would include offering medical group visits in three languages, expanded telephone disease management, nurse case management and registry-based care. Additional staffing for the medical group visits would include physician (0.1 FTE), MEA (0.1 FTE), and LCSW (0.1 FTE) time. Additional staffing for nurse case management and telephone disease management would include RN (0.4 FTE) time. Additional staffing for registry-based care would include physician (0.1 FTE) and MEA (0.4 FTE) time.

JUSTIFICATION: (required by the Mayor's Office)

During the current fiscal year, we expect to care for about 5,400 unduplicated patients in over 25,000 visits per year (approximately 15,000 will be with a provider). Because of our limited number of exam rooms (18), in order to accept a significant number of new patients, we need to expand clinic hours into the evenings. Medical group visits have been shown to improve patient and provider satisfaction, increase patient access and self-efficacy, and in certain settings, improve the use of primary care while reducing emergency, hospital and specialty care. The automated telephone diabetes management program we are implementing has also been shown to increase patient engagement and self-efficacy, particularly among low-literacy and limited English proficient patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

We project 24 additional primary care encounters each evening, or a total of 96 per week. While some of these new appointment slots may be taken by our existing patients, the additional encounters will

significantly improve our capacity to open new patient appointments. With this new program, our goal will be to have approximately 4,800 additional evening provider encounters during the first year, with approximately 500 of these allotted for new patient appointments. We anticipate offering three separate medical group visits for English, Cantonese, and Spanish speakers on a monthly basis throughout the year which will produce an additional 360 visits per year (assuming 10 participants per group).

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$291,426 the first year and \$388,568 ongoing. Expenses are expected to increase by \$881,394 the first year and \$1,175,192 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 6.2 FTEs

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: HAP General Medicine Clinic Evening Clinic Expansion

	FY 2007-08 (9 Months)	Ongoing
Sources:		
Outpatient revenues- Other	2,325	3,100
Outpatient revenues- Medicare and Medi-cal	289,101	385,468
Subtotal Sources	\$ 291,426	\$ 388,568
Uses:		
Salaries and Fringes	738,447	984,596
Non Personnel Services	89,100	118,800
Materials and Supplies	41,250	55,000
Sheriff Workorder	12,597	16,796
Subtotal Uses	\$ 881,394	\$ 1,175,192
Net General Fund Subsidy Required (Uses less Sources)	\$ 589,968	\$ 786,624
Total FTE's	6.21	8.28

New Positions (List positions by Class, Title and FTE)

Class	Title (includes backfill leave time)	FTE's	(9 Months)
2430	Medical Exam Assistant	1.17	61,858
2320	Registered Nurse	0.72	80,047
2903	Registration Worker(10 min /visit)	0.36	20,372
2908	Eligibility Worker(10 min visit)	0.36	20,372
1428	Unit Clerk	0.36	19,891
256	Health Worker II- Intrepreter(1.0 FTE per 3,000 visits)	1.35	74,592
2328	Nurse Practitioner	1.8	262,854
2920	Social Worker(LCSW)	0.09	7,013
		6.21	546,998
	Fringe (35%)		191,449
	Total		\$ 738,446.7

Operating Expenses

Index Code

HGHHLTHACCES	021/02700 Professional Services (UC Main Affiliation)	\$	89,100
HGHHLTHACCES	040/04000 Medical Supplies	\$	41,250
HGHHLTHACCES	081SH Sheriff Work Order	\$	12,597

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|--|--|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: **Roland Pickens, 206-3528**

PROGRAM / INITIATIVE TITLE: **HAP Video Medical Interpretation (VMI) Deployment from SFGHMC to COPC and Mental Health**

GENERAL FUND: \$361,896

TARGETED CLIENTS: HAP members requiring Language Access/Interpreter Services

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Provide professionally trained and certified medical interpreters to provide language access for non/limited-English speaking patients seeking care at Community Oriented Primary Care (COPC) and Mental Health Clinic Sites. At San Francisco General Hospital Medical Center (SFGHMC), professionally trained and certified medical interpreters provide language access services to in-patients and out-patients. This initiative would expand these professional services to the other parts of the CHN. Currently, in all DPH sites other than SFGHMC, non/limited-English speaking patients must use either a family member/friend or sometimes DPH staff who may not have the medical expertise to provide medical interpreter services. SFGHMC has utilized professional medical interpreters for many years. These interpreters are assigned to be present at the patient visit/bed-side to provide face-to-face interpretation services. Over the past year, SFGHMC has expanded the face-to-face service by providing Video Medical Interpretation (VMI) via a centralized call center at the (CHN Headquarters Bldg (where interpreters are located), along with complimentary video monitors located in patient exam rooms at various clinic sites. This video program is more efficient in that it keeps the interpreters seated at a central video monitor, where they are called by the doctor in the patient exam room to provide medical interpretation via a video monitor. By eliminating the travel time for face-to-face interpretations, more interpretations are able to be done.

JUSTIFICATION: (required by the Mayor's Office)

In order to spread VMI from San Francisco General Hospital Medical Center to the community-oriented primary care clinics and mental health clinics, information technology staff positions and program coordination consulting services are needed. Current DPH staff is not sufficient to implement this expansion of video language interpretation services. VMI staff will meet with clinics to train them on how to access VMI services and information technology consultants will provide VMI systems monitoring and trouble shooting/service calls to ensure system readiness and functional operation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Projected HAP Volume

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Estimated expenses for 2007-08 are \$361,896 with no associated revenue.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 1.5 FTE's in 2007-08 and 2 FTE ongoing

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: HAP Video Medical interpretation(VMI) Deployment From SFGHMC to COPC and Mental Health

Sources:		FY 2007-08	Ongoing
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 233,896	\$ 311,861
	Operating Expenses	128,000	170,667
Subtotal Uses		361,896	482,527
Net General Fund Subsidy Required (Uses less Sources)		\$ 361,896	\$ 482,527
Total FTE's		1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
1054	Principal IS Business Analyst - Clinic IT/Chronic Care Support	1.50	\$ 173,256
			173,256
	Fringes (35%)		60,640
		1.50	\$ 233,896

Operating Expenses

Index Code	Character/Subobject Code	
HGHHLTHACCES	021/02700 Professional Svcs (Health Access VMI Program Coordination/Implementation):	
	- 40 hours per clinic site(16), 60 hrs Prog Coordination @ \$90 per hour	63,000
	- Quest IT Services, VMI Help Desk,/ Systems Monitoring	65,000
		\$ 128,000

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
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☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☒ Administration

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Michael Drennan/255.3402

PROGRAM / INITIATIVE TITLE: **HAP – Clinical Information Systems**

GENERAL FUND: **\$180,606**

TARGETED CLIENTS: 0

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Expands the Department's disease registry to include multiple conditions and permit systemic report generation and detailed analysis that will improve primary care delivery.

JUSTIFICATION: (required by the Mayor's Office)

The Department received a 9-month grant to improve the quality of primary care through the systematic collection and analysis of primary care quality indicators. The grant ends on December 15, 2007. Funding is needed to continue primary care clinical information systems work after the grant ends. The funds will support staff (1053 IS Business Analyst – Senior, 1054 IS Business Analyst – Principal, 2119 Health Care Analyst) needed to create a comprehensive system to measure and monitor primary care services and patient outcomes in a county wide safety net system under the Health Access Program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increased expenses of \$180,606 in salary and benefits for a 6-month period.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

INITIATIVE TITLE: Health Access Clinical Information Systems

New Positions (List positions by Class, Title and FTE)

Operating Expenses

Index Code	Character/Subobject Code
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M/Budget/FY 06-07/HAP Clinical Information Systems

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
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☐

DPH SECTION: SFGH/CHN

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe, 206-2325

PROGRAM / INITIATIVE TITLE: **HAP Pharmaceutical costs**

GENERAL FUND: **\$1,496,238**

TARGETED CLIENTS: Patients eligible for HAP who chose CHN for their healthcare benefit

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Health Access Program (HAP), which will provide access to healthcare for all persons employed in San Francisco, is scheduled to begin in July 2007. Although not confirmed, it is estimated that 82,000 people will be eligible for HAP, and it is further assumed that 60% of those eligible to participate are already in the CHN health network. The remaining 40% may already have healthcare coverage from non-CHN providers, or they may become new patients of the CHN. Prescription benefits will be provided through HAP, and the increased cost of providing pharmaceuticals for this benefit will depend on the number of new patients entering the CHN health network.

JUSTIFICATION: (required by the Mayor's Office)

DPH anticipates that an additional 10,000 clients will need pharmaceuticals under HAP (those with DPH providers and those with non-profit, private community providers) and will utilize DPH's pharmacy. An increase of \$1,267,000 in prescription drug costs is projected for the increase in new clients. An additional \$229,238 is for additional staffing (1.31 FTE clinical pharmacist) to address increase in workload anticipated by increase in patient and prescription volume.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Estimated 10,000 patients eligible for HAP and who utilize DPH pharmacy in the first year.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in pharmaceutical costs of \$1,267,000 and labor cost of \$229,238 for a total increase in expense of \$1,496,238 in FY 07-08. No change in pharmacy revenue.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase workforce by 1.31 FTE 2454 clinical pharmacist in FY07/08 and 1.75 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: HAP Pharmaceutical Costs

Sources:		FY 2007-08 (9 Months)	Ongoing
		\$ -	\$ -
Subtotal Sources		-	-
Uses:	Salaries and Fringe	\$ 229,238	\$ 305,651
	Operating Expenses	\$ 1,267,000	\$ 1,267,000
Subtotal Uses		1,496,238	1,572,651
Net General Fund Subsidy Required (Uses less Sources)		\$ 1,496,238	\$ 1,572,651
Total FTE's		1.31	1.75

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 months)
2454	Clinical Pharmacist	1.31	\$ 169,806
	Fringes (35%)		\$ 59,432
			\$ 229,238

Operating Expenses

Index Code	Character/Subobject Code	
HGHHLTHACCES /		
CHGHAP	040/04961 Pharmaceutical supplies	\$ 1,267,000

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

DPH SECTION: Community Behavioral Health Services (CBHS)

PROGRAM CONTACT NAME/PHONE: Bob Cabaj, 255-3447

PROGRAM / INITIATIVE TITLE: **Health Access Program (HAP) Behavioral Health**

GENERAL FUND: **\$2,204,909**

TARGETED CLIENTS: 2,688 new clients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Funding is requested to provide Standard Community Behavioral Health Services (CBHS) benefit and Specialty CBHS benefit to HAP participants. Under HAP, behavioral health services are administered by DPH.

JUSTIFICATION: (required by the Mayor's Office)

Behavioral health services (mental health and substance abuse) are critical components in the HAP scope of services. Benefits would be provided in three levels corresponding to the degree the patient is disabled by mental illness or substance abuse. The initial screening and provision of services will occur within Primary Care. If the Primary Care clinic is unable to manage the patient's needs, the patient will be referred to CBHS' Central Access Unit for assessment and authorization to either a Standard or Specialty CBHS Benefit. For the Standard Benefit, the outpatient services would primarily be provided by the Private Provider Network (PPN), with some group therapy being available in the existing civil service and non-profit clinics on an after-hours/weekend basis. Patients who are determined to be (1) severely and persistently mentally ill or (2) have a severe and persistent substance abuse disorder, will be authorized for a Specialty CBHS Benefit and will receive services from the CBHS civil service clinics, or non-profit providers.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

An estimated 2,688 new clients would require either the Standard Benefit (2,560 clients) or the Specialty Benefit (128 clients). For those needing the standard benefit (128) under HAP, the estimated number of visits annually is six (6) per person. While it is assumed that the SMI population represents two percent of the projected population (of 32,000 potential new clients), or 640 clients, it is also assumed that one percent of these individuals, or 340 are existing clients. Of the remaining 340 potential new clients, it is assumed that an estimated 60% (182) are assumed eligible for Medi-Cal, leaving 128 (40%) needing HAP coverage. For those needing the specialty benefit (128) under HAP, the estimated number of visits annually is 28.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increased expenses of \$1,617,184 and salary costs of at \$587,725 for a total of \$2,204,909.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase of 4.2 FTE (5.6 FTE for 12 mos.); .75 FTE 1636 Billing Clerk; 2.25 FTE 2930 Psychiatric Social Worker; and 1.2 FTE 2232 Physician Specialist (Psychiatrist).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Health Access Program (HAP) Behavioral Health

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 587,725	\$ 783,633
	-	-
Professional Services- Private Provider Network	\$ 952,320	952,320
Professional Services- Non-Profits	\$ 164,864	\$ 164,864
Professional Services- Pharmacy	\$ 500,000	\$ 500,000
Subtotal Uses	2,204,909	2,400,817
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,204,909	\$ 2,400,817
Total FTE's	4.2	5.6

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
1636	Billing Clerk	0.75	\$ 45,725
2232	Physician Specialist	1.20	213,627
2930	Pyschiatric Social Worker	2.25	175,999
			435,352
	Fringe (35%)		152,373
		4.20	\$ 587,725

Operating Expenses

Index Code Character/Subobject Code

HMHMOPMGDCAR / 021 Professional Services-	-	\$ 952,320
HMHMCC730515/ 021 Professional Services		164,864
HMHMCC730515/ 021 Professional Services- Pharmacy	\$	500,000
Facilities Maintenance, and Equipment (List by each items by count and amount)	\$	1,617,184

\$ -

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ Mental Health
☐ Substance Abuse

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528
PROGRAM / INITIATIVE TITLE: **HAP Ancillary/Diagnostics**
AMOUNT: **\$1,454,769**

TARGETED CLIENTS: Increasing Access to Specialty Services for HAP enrollees

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In preparation for providing services to an estimated new HAP enrollees in Year 1. Of estimated 10,000 potential new clients (both within DPH and from other private providers who use DPH to provide ancillary and diagnostic services), 65% are anticipated to need services in this area. Additional resources are required in all areas of out-patient diagnostic and ancillary services, specifically: Pathology, Clinical Laboratory, Radiology, Nuclear Medicine, Pulmonary Function, GI Procedures, Medical Social Services/DMW, EKG/ECG, Physical Therapy/Occupational Therapy, Pre-Op Anesthesia Clinic.

JUSTIFICATION: (required by the Mayor's Office)

Current budgets do not support the projected 10,000 new HAP enrollees who may use out-patient diagnostic and ancillary services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Approximately 6,500 new HAP enrollees.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$15,766 the first year and \$21,021 ongoing. Expenses are expected to increase by \$1,470,535 the first year and \$1,939,692 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 4.35 FTE's.

ATTACHMENT B
SUMMARY OF PROGRAM COST
INITIATIVE TITLE: HAP Ancillary/Diagnostic - Summary All Outpatient Areas

Sources:	FY 2007-08 (9 Months)	Ongoing
Other Patient Revenue	15,766	21,021
Subtotal Sources	15,766	21,021
Uses:		
Salaries and Fringes	\$ 625,634	\$ 834,178
Operating Expenses	844,901	1,126,535
Subtotal Uses	1,470,535	1,960,713
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,454,769	\$ 1,939,692
Total FTE's	4.35	5.80

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
2430	MEA(Periop-Anesthesia)	0.90	47,650
2320	Registered Nurse (Radiology)	0.75	83,703
2469	Diagnostic Imaging Tech III (Radiology)	0.90	89,139
2470	Diagnostic Imaging Tech IV (Radiology .90)	0.90	90,720
2587	Health Worker III (SFCCC Patient Navigator .90)	0.90	51,000
P103	Per Diem Nurse(Radiology .28, GI .07)		48,827
Temp M	As-Needed 2920 Medical Social Worker (Med Social Services .27)		21,219
Temp M	As-Needed 2432 EKG Technician (EKG .27)		17,339
Temp M	As-Needed 2556 Physical Therapist (Rehab .27)		26,965
			<hr/> 476,561
	Fringes (35% for perm positions & 7.95% for Temp)		149,072
		4.35	<hr/> \$ 625,634

Operating Expenses

Index Code	Character/Subobject Code	
HGHHLTHACCES	040/04000 Materials & Supplies	421,965
HGHHLTHACCES	021/02700 Professional Services (UC)	422,936

\$ 844,901

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: SFGH – Department of Medicine

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **HAP-Department of Medicine Subspecialty Wait Times**

GENERAL FUND: **\$880,498**

TARGETED CLIENTS: All patients requesting care in gastroenterology, endocrinology, nephrology, pulmonary, and rheumatology

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

We are requesting resources to increase capacity in medical subspecialty clinics to address the current needs of CHN and consortium patients, as well as new capacity expected for new HAP enrollees. The need for subspecialty care for patients who are already in the referral base exceeds current capacity, as demonstrated by wait times that far exceed the standard of care in the community.

JUSTIFICATION: (required by the Mayor's Office)

(1) Gastroenterology: Current resources permit us to treat less than 1% of patients with hepatitis C and patients with positive screening tests for colon cancer (FOBT) need to wait more than 5 months for a definitive colonoscopy procedure, which impacts patient survival rates.

(2) Other Specialties: Wait times for scheduled appointments have increased to what we believe are unacceptable levels for four specialties: the wait time is 204 days in Endocrinology, 184 days in Nephrology, 120 days in Pulmonary, and 205 days in Rheumatology.

An additional physician FTE is needed in each of the specialties to reduce wait times to acceptable levels. Partial funding for less than a full FTE does not allow the Department to increase coverage, as the Department has no other resources to supplement the dollars necessary to recruit a full-time faculty. Moreover, the Department's current faculty are fully utilized, so they have no capacity to increase coverage.

The eReferral program that was implemented successfully in GI will eventually be rolled out to some of the other subspecialty clinics; however, even with better screening for needed appointments, the wait times for patients will still be long. Expanding capacity in these clinics will also allow the clinics to more easily integrate any modest increases in demand as a result of any new HAP enrollees.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Each of the five specialties will be able to increase volume by approximately 500 visits/year.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Hospital revenues are expected to increase by \$106,875 the first year. Operating expenses are expected to increase by \$987,373 with general fund subsidy of \$880,498 the first year.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increasing by 3.73 FTEs in FY 07/08 and 4.97 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: HAP - Department of Medicine Subspecialty Wait Times

	FY 2007-08 (9 Months)	Ongoing
Sources:		
Outpatient revenues	106,875	142,500
Subtotal Sources	106,875	142,500
Uses:		
Salaries & Fringes	\$ 328,025	\$ 437,367
Operating Expenses	\$ 659,347	\$ 879,130
Subtotal Uses	987,373	1,316,497
Net General Fund Subsidy Required (Uses less Sources)	\$ 880,498	\$ 1,173,997
Total FTE's	3.73	4.97

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
2430	MEA	1.80	95,298
P103	Per Diem Registered Nurse	0.49	68,008
1428	Unit Clerk	1.44	79,675
		<u>3.73</u>	<u>242,982</u>
	Fringes (35%)		85,044
			<u>\$ 328,025</u>

Operating Expenses

Index Code	Character/Subobject Code	
HGHLTHACCES	021/02700 Professional Services (UC)	\$ 659,347

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ Mental Health
☐ Substance Abuse

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **HAP Surgical Specialties Expansion- Nurse Practitioners for eReferral**

AMOUNT: \$1,048,772

TARGETED CLIENTS: Increasing Access to Specialty Services for HAP enrollees

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Implementation of an internet-based system (eReferral) for efficiently managing outpatient consultation requests at selected specialty clinics. This program will increase access to specialty appointments and result in:

1. Improved allocation of specialty appointments
2. More optimal utilization of clinic visits
3. Improved communication between referring providers and specialty clinics
4. Better matching of specialty services with available resources based on evidence-based policies and guidelines

This program provides for surgical specialists (MD's) to train Nurse Practitioners to review 100% of referrals as to their appropriateness and priority. By doing so, we have found that 30 % of referrals are unnecessary and do not need to be scheduled, i.e. "eliminating unnecessary appointments and costs to the system". As a result, the "real" and appropriate appointments are made sooner, thereby decreasing wait times for the next available appointment.

Pending approval of this City Budget initiative, the San Francisco Health Plan (SFHP) will provide matching initial funding in the amount of \$800,000, beginning July 1, 2007. The SFHP funding provides salary support to the Surgeons who must make the initial investment of time to train the Nurse Practitioners on how to conduct an electronic review of surgical referrals and to set-up the electronic screening/review templates that will be used by the Nurse Practitioners.

JUSTIFICATION: (required by the Mayor's Office)

Wait times for the next available appointment in key surgical specialty clinics will need to decrease in order to meet the requirements of the HAP. Current wait times include:

1. Ophthalmology = 72 Days
2. Neurology = 60 Days
3. Dermatology = 40 Days
4. Optometry = 40 Days

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Improvements in wait times in all surgical specialty clinics to 30 days or less for next available appointment.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$36,697 the first year and \$48,929 thereafter. Expenses are expected to increase by \$1,085,469 the first year and \$1,447,292 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase by 1.20 FTE's

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: HAP Specialties Expansion - Nurse Practitioners for eReferral

		FY 2007-08 (9 Months)	Ongoing
Sources:			
	Medicare Revenue	18,348	24,464
	Medi-Cal Revenue	18,348	24,464
Subtotal Sources		\$ 36,697	\$ 48,929
Uses:			
	Salaries and Fringes	\$ 128,589	\$ 171,452
	Professional Services (UC)	\$ 956,880	\$ 1,275,840
	Non Personnel Services	\$ -	\$ -
Subtotal Uses		\$ 1,085,469	\$ 1,447,292
Net General Fund Subsidy Required (Uses less Sources)		\$ 1,048,772	\$ 1,398,363
Total FTE's		1.20	1.60

New Positions (List positions by Class, Title and FTE)

Class	Title (includes backfill leave time)	FTE's	(9 Months)
2908	Eligibility Worker (Out-Of-County 11am-7am shift)	1.20	95,251
		1.20	95,251
	Fringe (35%)		33,338
	Total		128,589

Operating Expenses

Index Code			
HGHHLTHACCES	021/02700 Professional Services (UC - MD & NPs)	\$	956,880

Facilities Maintenance, and Equipment (List by each items by count and amount)