Public Hospitals:

Essential partners in improving health care access

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Overview

- My personal commitment to health access
- Public hospitals: delivering essential care and ensuring access
- What drives public hospitals to innovate and expand access?
- Public hospitals – not waiting for health reform
- Spotlight on “Healthy San Francisco,” a Health Access Program
- What does this mean for health reform?
What do public hospitals deliver?

*Essential patient services*

In America’s cities, public hospitals care for:

- One out of four emergency room patients
- One out of four babies born
- One-third of all outpatient visits
- One out of five people hospitalized

Public hospitals operate:

- Almost half of all Level 1 Trauma Centers
- Two-thirds of all burn care beds
What do public hospitals deliver?

*Care for the uninsured and underinsured*

Source: NAPH Hospital Characteristics Survey, FY 2004
What drives public hospitals to innovate?

Patient need

- Patient need for services
  - specialty care, primary care, culturally sensitive care, social work services, etc.
- Emergency room overcrowding
What drives public hospitals to innovate?

Heavy reliance on government funding

Source: NAPH Hospital Characteristics Survey, 2004
What drives public hospitals to innovate?

Maintaining viability

Source: AHA Annual Survey 2004; NAPH Hospital Characteristics Survey, 2004
Public hospitals: Not waiting for health reform

- Public hospitals are expanding access now
  - Treating patients when there are public and private coverage gaps (enrollment lags, waiting periods, etc.)
  - Meeting patient needs when key health services are “not covered” or inaccessible (dental care, mental health services, etc.)
- Always increasing efficiency – critical to improving patient access
- Improving individual health outcomes and overall community health
Public hospitals: Not waiting for health reform

Health Access Programs – Key Examples

- Health Advantage, Indianapolis
- Parkland HEALTHplus, Dallas
- TrustCare, Miami (now Health Flex)
- Healthy San Francisco

Common elements:
- Access programs vs. insurance coverage programs
- Incremental changes
- Local customization, rather than a “one size fits all” approach
- Patient needs are:
  - Diverse – racially, socio-economically, linguistically
  - Chronic care management essential
Spotlight: Healthy San Francisco

Healthy San Francisco
Our Health Access Program
Healthy San Francisco: Impetus

Public health insurance leaves many uninsured

[Diagram showing different healthcare coverage levels based on Federal Poverty Level (FPL)]

National Association of Public Hospitals and Health Systems
Healthy San Francisco: Vision

- Integrated health care safety net
- Access to comprehensive services with a focus on primary care and prevention
- Common eligibility and enrollment system
- Enhanced knowledge of services and costs
- Improve access to health data
- Optimize/leverage financial resources
Healthy San Francisco: Key Components

- Program to provide health care for uninsured residents, regardless of:
  - employment
  - immigration status
  - pre-existing conditions
- Uses a “medical home” model with primary care clinic providers
- Provide medical services with emphasis on wellness and preventive care
Healthy San Francisco: Health Access, Not Health Insurance

- Restructuring county indigent health system (i.e., sliding scale)
- SF City and County is the payer of last resort; health plan partner bears no financial risk
- No out-of-county services
- Income-based fee structure for participants
- Individuals are ineligible for HSF if eligible for state/federally funded programs
# Healthy San Francisco: Eligibility

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Eligibility Requirement</th>
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<tbody>
<tr>
<td>Insurance Status</td>
<td>Uninsured</td>
</tr>
<tr>
<td>Residency</td>
<td>San Francisco resident (provide proof of residency) irrespective of immigration status</td>
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<tr>
<td>Income</td>
<td>- Persons at or below 500% of the Federal Poverty Level (FPL) eligible for subsidy</td>
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<tr>
<td></td>
<td>- Persons above 500% FPL ineligible for subsidy</td>
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<tr>
<td>Age</td>
<td>Persons between the ages of 18 – 64</td>
</tr>
<tr>
<td>Public Insurance Eligibility</td>
<td>Must apply for and be found ineligible for coverage in other publicly-funded health insurance</td>
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Healthy San Francisco: Anticipated Costs and Financing

- Cost estimate if all 82,000 uninsured San Franciscans participate
  - $201 million (in 2006 dollars based on an actuarial analysis)
  - Actual experience will help refine cost estimate
- Healthy San Francisco financed via a combination of:
  - City and County of San Francisco contributions
  - Participant contributions/fees (estimated $225 a year)
  - Other public sources
  - Employer contributions (via Employer Spending Requirement for those who select HSF)
Healthy San Francisco: Services

**INCLUDED**
- Primary care
- Specialty care
- Hospital stays at SF General Hospital
- Emergency care at SF General Hospital
- Pharmacy
- Durable medical equipment
- Mental Health
- Substance Abuse

**EXCLUDED**
- Emergency care not at SF General Hospital
- Hospital care not at SF General Hospital
- Cosmetic Services
- Infertility Treatment
- Organ Transplants
- Allergy Testing
- Dental, Vision
- Long-term care
**Healthy San Francisco:**

**Participating Health Care Providers**

San Francisco General Hospital is a key component of Healthy San Francisco – the **ONLY** hospital participant

**Primary care**
- 22 primary care clinics at 27 sites (i.e., medical homes)
- San Francisco General Hospital
- Community Behavioral Health Services

**Specialty care**
- San Francisco General Hospital

**Hospital care**
- San Francisco General Hospital only, even in an emergency
- All SF hospitals have been asked to allow HSF participants to access their charity care programs

**Pharmacy**
- San Francisco General Hospital Pharmacy
- Rite-Aide affiliated with each clinic
Healthy San Francisco:
Patients view themselves as “members”

- Participants can get services immediately after enrolling

- A week or two after enrollment, participants get:
  - ID card with medical home
  - Participant handbook
  - Access to customer service call center to help them with questions/concerns

- As a result, it’s important not to confuse/mislead participants, providers, and the public – Healthy San Francisco is NOT insurance
Healthy San Francisco: Lessons learned to date

- Debut and expansion have gone relatively smoothly
- San Francisco’s environment makes effort doable
  - Political will
  - Public mandate
  - Financial resources
  - Safety net provider system
  - Geographic boundaries
- Too early to say if Healthy San Francisco is a success on all measures
- Role of public hospitals and clinics is critical – no other hospitals have participated to date
Implications for state and national “health reform”

- We don’t have to wait for state and national reform
- “Coverage” is not the whole answer; access to care is key
- Public hospitals and local communities are laboratories for change AND essential partners in reform
- Building blocks for policy changes are in our local experiments
The role of public hospitals:
In local experiments, state & national reform

1. **Facilitate access**
   - Enroll eligible patients in public coverage
   - Help patients navigate complex system
   - Care for patients during public and private coverage gaps
   - Deliver “uncovered” critical services

2. **Provide continuous care; keep patients healthy and out of hospital**
   - Patients access primary and specialty care in clinics throughout their communities
   - Public hospitals provide more than three times the outpatient visits than a typical hospital
   - 89 public hospitals provide 29 million non-emergency outpatient visits
The role of public hospitals:
In local experiments, state & national reform

3. Meet unique patient needs
   - Deliver culturally sensitive care and language access
   - Reduce health disparities
   - Tackle barriers to care via social work services, transportation solutions, etc.

4. Continue innovating and driving down costs
   - Manage chronic conditions and reduce diabetes, hypertension, and asthma treatment costs
   - Avert emergency care

5. Maintain a strong health care foundation
   - Prepare the health care workforce, including the training of 13,000 medical and dental residents annually
   - Ensure that the workforce can meet demand with expanded access and coverage