



Quality and Performance Improvement 2010 Program Evaluation

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Executive Summary

In working toward our strategic goals, SFHP made significant accomplishments in 2010 and identified key areas for improvement for 2011:

Quality Care and Access:

Accomplishments:

- SFHP reported significant improvements in our HEDIS measures for MY 2009. A total of 17 measures for Medi-Cal (out of 22) and 10 measures (out of 11) for Healthy Families were in the 90th percentile, compared to 11 (out of 17) and 10 measures (out of 11) for Medi-Cal and Healthy Families for MY 2008, respectively.
- SFHP was awarded the Gold Award for Quality by the California Department of Health Care Services for the third year in a row.
- Maintained high levels of call completion rates (over 80%) for all member incentive programs.
- Increased the percent of incentives provided to adolescents for receiving a well visit within recommended timeframes from 26% in 2009 to 29% in 2010. Almost doubled the percent of incentives provided to diabetics who completed 6 necessary screenings from 7% in 2009 to 13% in 2010.
- Increased the percentage of providers that reported member incentives are useful, 80% in 2010 compared to 44% in 2009.
- Demonstrated significant improvement in all four diabetes indicators (HbA1c and LDL testing; HbA1c poor control and LDL good control) through our Strength in Numbers program.

Areas for Improvement:

- Increase the percentage of members utilizing the following incentive programs:
 - Immunizations decreased in 2010, where 6% of members received an incentive for completing all required immunizations compared to 15% in 2009. The drop in rates is likely due to an increase in the number of immunizations required to receive the incentive in 2010.
 - Well child member incentives decreased from 41% in 2009 to 38% in 2010.

Exemplary Service

Accomplishments:

- SFHP customer service call center maintained a low call abandonment rate of 0.3% compared to the industry benchmark of 5%.
- SFHP demonstrated improvements in patient satisfaction for our Healthy Workers members:

- Satisfaction with primary care provider or clinic increased from 85% in 2009 to 86% in 2010.
- Satisfaction with specialist increased from 77% in 2009 to 81% in 2010.
- Satisfaction with Pharmacists increased from 64% in 2009 to 71% in 2010.
- Two patient experience pilots demonstrated favorable outcomes in only 6 months:
 - Four clinics participating in an access pilot reduced their appointment wait times by 50% from baseline.
 - Five clinics participating in a pilot aimed at improving provider-patient communication demonstrated significant improvements in the CAHPS questions related to provider-patient interactions.
- SFHP demonstrated a decline in access related grievances from 2009 (23% to 8%) and closed 100% of grievances within 30 days.
- SFHP providers reported a 20% increase from 2008 in satisfaction with SFHP overall reaching 80% in 2010.
- SFHP exceeded industry turn-around times for both routine and urgent medical authorizations by more than 90%.

Areas for Improvement

- SFHP scored significantly lower than the statewide average for Medi-Cal members in the following CAHPS (measure of patient experience) global ratings and composites:
 - Rating of health plan
 - Rating of health care
 - Rating of personal doctor
 - Rating of specialist seen most often
 - Getting needed care and getting care quickly
 - How well doctors communicate
 - Customer Service

Financial Viability

Accomplishments

- 25 Safety Net medical homes participate in Strength in Numbers and received incentives for reaching performance targets in diabetes and chronic care measures, reaching over 95% of our Healthy San Francisco participants and more than 50% of SFHP membership.
- SFHP raised more than \$350,000 in grant monies to support re-design projects for the San Francisco Safety Net clinics.
- In 2010, almost 85% of prescriptions were filled with generic medications and the average cost per prescription was \$29.31 compared to \$31.38 in 2008.
- Acute hospital admissions and bed days per 1000 have remained stable the past 3 years.

Areas for Improvement

- Although slightly lower than state averages, SFHP ER rate increases from year-to year, especially among our Medi-cal and Healthy Workers members. 2011 will focus on improving our ER rates by targeting hospitals with the highest ER rates.
- Acute hospital admission rates for Medi-Cal have remained steady; however, they are slightly higher than the Medicaid reported average.

Introduction

The goal of SFHP's Quality Improvement Program is to assure high-quality care and services for our members by aggressively seeking opportunities to improve the performance of our health care delivery system. This report is a summary of activities that SFHP completed in 2010 to monitor and improve the health care delivery system for our members. It highlights our successes, examines lessons learned, and outlines our next steps.

In 2010, the SFHP Governing Board reviewed and approved the following four strategic goals:

1. **Universal Coverage:** Achieve universal access to health care for all San Francisco residents by partnering with the City/County, Public Health System and community resources.
2. **Quality Care and Access:** Improve the quality of health care received by our members and participants.
3. **Exemplary Service:** Offer exemplary service and support to our members, participants, purchasers, physicians and other health care providers.
4. **Financial Viability:** Sustain and strengthen the financial viability of the health plan and safety-net providers.

I. Improving the Health Status of SFHP Members

Promoting Preventive Care

Our goal is to be among the top ten percent of health plans nationwide for measures showing that our members are getting the right care at the right time. We have programs for members to remind and encourage them to seek care. In addition, we have programs for providers to help them keep track and bring in patients overdue for services. Our efforts have been successful as measured by our HEDIS results on key preventive care measures. While most of our programs have been in place for several years, we continue to look for ways to make our interventions more effective and find new opportunities for improvement. Below is a summary of our preventive health programs:

Preventive Care for Infants and Toddlers

- **Immunization reminder card:** Families with children turning five and eight months of age receive an immunization reminder card with educational messages about vaccinations. SFHP mailed a total of 3,436 reminders in 2010.
- **Immunization member incentive:** We mail families with children turning 13 and 17 months an offer to receive a \$50 gift card for completing all immunizations on time. **Measure - Response rate: 6% (represents the percent of complete submissions returned)**
- **Immunization reminder phone blasts:** Families receive three recorded telephone calls when their child turns 12, 13, 17, and 22 months, reminding them of upcoming well-visits and immunizations.
Measure - Call completion rate: 87%
- **Outreach to families for immunizations and well-baby check-ups:** We do reminder calls for well child checks and immunizations targeted to families with children under the age of two, who are either assigned to the Department of Public Health clinics or to clinics using the California Immunization Registry. Parents are also sent reminder cards showing which immunizations their children need to have in order to earn the \$50 gift card incentive.
- **Patient Roster for Quality Improvement and Outreach lists:** Upon providers' request and at the Plan Collaborating with Providers Meetings (PCPM) we send monthly outreach lists to PCPs with the names of members due for well-checks and immunizations. During 2010 we distributed lists to 20 providers.

- **Targeted outreach to African American families:** In response to data that shows that our African American members have lower than average well-baby and immunization rates, we call all newly enrolled African American families with children under the age of two to promote well-checks and immunizations. We also work with the families to help ensure that all members are assigned to a PCP of their choice.
- **Pediatric Oral Health Resource Guide** – A very useful “Oral Health for Infants & Toddlers Guide for Medical Providers” was developed in 2010 by Rose Clifford, RDH, BS, of San Francisco Department of Public Health in collaboration with Gayle Duke, RDH, MS, Dental Hygienists Consultant, and the State/Local CHDP Dental Subcommittees. The SFHP Quality Improvement Committee reviewed the guide and agreed that it would be very valuable to laminate and distribute it to Pediatric and Family Practice Providers. SFHP distributed these guides at various meetings with clinic staff at sites that provide pediatric care during Fall 2010. The clinics were instructed to keep a laminated guide in each exam room as a quick reference tool.

Annual Check-ups for Children and Adolescents

- **Well-adolescent visit member incentive:** Our teen members receive a birthday card from SFHP offering them movie tickets or a \$15 gift card for getting an annual check-up.
Measure – Response rate: 29% (represents the percent of complete submissions returned)
- **Well-adolescent visit phone blast:** Along with the birthday card, teens receive a recorded telephone message encouraging them to see their doctor and take advantage of our member incentive.
Measure – Call completion rate: 79%
- **Well-adolescent “robo” calls:** In November, SFHP used automated calls to teens, ages 12 to 21 that did not have an annual visit per claims and encounter data, to encourage them to come in for a visit before year end.
Measure – Call completion rate: 79% (represents the percent of complete calls for those identified)
- **Well-adolescent visit provider incentive:** We offer provider sites \$20 for each comprehensive well-adolescent visit. We also provide clinics with outreach lists of teens due for check-ups.
Measure – Sites that participated: 15
- **Well-adolescent visit summer campaign:** We worked with the San Francisco Unified School District to distribute posters encouraging teens to see their doctor for a check-up over the

summer. All teen members were sent a flyer that encouraged them to make an appointment and reminded them about the incentive that is available.

- **Well-adolescent visit raffle:** Every year we hold a raffle for a laptop and an iPod for teens that saw their doctor during the calendar year. Teens are informed of the raffle through the member incentive offer and an additional mailing at the beginning of summer.
- **Targeted provider site support for adolescent outreach:** SFHP encourages clinics to open teen clinics in response to our provider incentive program. We provided additional support for these clinics by giving them movie tickets and goody bags to distribute at visits.
- **Well-child visit member incentive:** Families with a child between three and six receive a birthday card from SFHP, offering them a \$25 gift card for bringing their child in for an annual check-up.

Measure – Response rate: 38% (represents the percent of complete submissions returned)

- **Well-child visit phone blast:** Along with the birthday card, families receive a recorded telephone message encouraging them to take their child to the doctor and take advantage of our member incentive.

Measure – Call completion rate: 80%

- **Patient Roster for Quality Improvement and Outreach List:** In November, all providers who had at least one SFHP member who was due for an adolescent or well child visit per HEDIS specifications received an outreach list and a follow-up call to encourage them to bring these patients in for their well exams. More frequent lists are available to providers upon request.

Preventive Health for Women

- **Well-woman preventive health mailing:** Upon enrollment and then once per year, our female members aged 27 and over receive a brochure with preventive health care guidelines for women and health education messages. The mailer also includes a promotion for our prenatal incentive program for members who may be pregnant.

The well woman mailer was revised in 2010 to combine the information here with the information provided in the young-woman preventive health mailing.

- **Young-woman preventive health mailing:** Members between 16 and 26 years old receive a mailing similar to our well-woman mailing upon enrollment and annually thereafter. The mailing includes additional health information for younger women and a promotion for our

prenatal incentive program for members who may be pregnant. In 2010, the information in this mailer was combined with the information in the well woman mailer. In 2011, this mailer will be discontinued.

- ***Pap smear reminder card:*** Members overdue for a pap smear, according to our encounter data, receive a reminder card encouraging them to check with their doctor about when they should be screened.
- ***Mammogram reminder card:*** Members overdue for a mammogram, according to our encounter data, receive a reminder card encouraging them to check with their doctor about when they should be screened. Due to changes in clinical guidelines in 2010, it was decided by the QIC that the mailer should only be sent to women 50 years old and over.
- ***Timely prenatal care incentive program:*** SFHP offers a \$50 gift card to women who seek prenatal care early in their pregnancy. Included in our well-woman and young-woman preventive health mailings is a message about our prenatal incentive program. In 2010, we conducted a pilot program that expanded this incentive program to include a postpartum outreach call to members identified by encounter data as having recently delivered. Members were offered a \$25 gift card for visiting their provider within three to eight weeks after delivery. The pilot was successful and received positive feedback. In 2011, the program will become the Your Body, Your Baby program and include both \$25 gift card for receiving timely prenatal care and a \$25 gift card for receiving timely postpartum care.
Measure: 82% of the returned the cards were in compliance with HEDIS specifications.
- ***Patient Roster for Quality Improvement and Outreach List:*** In November, all providers who had at least one SFHP member who was due for a pap smear per HEDIS specifications received an outreach list and a follow-up call to encourage them to bring these patients in for their well exams. More frequent lists are available to providers upon request.



HEDIS Results for Preventive Care Measures

2009 Measurement Year (MY)

We made improvements in most measures for our Medi-Cal line of business. 17 out of 22 measures this year (those highlighted in yellow) were in the 90th percentile. The table below shows our Medi-Cal results compared to last year and the 90th percentile. The scores highlighted in orange are the indicators used by the State Department of Health Care Services to calculate the percentage of the Medi-Cal enrollees that do not choose a health plan that will be auto-assigned to SFHP.

| Measure | 2009 | 2008 | 2009 Medicaid National 90% Percentile |
|--|---------|-------|---------------------------------------|
| Appropriate Treatment for Children w/URI | 97.16% | 95.3% | 94.5% |
| Breast Cancer Screening 42-69 | 60.27% | 55.8% | 63.0% |
| Cervical Cancer Screening | 79.67% | 80.6% | 79.5% |
| Checkups After Delivery | 66.36% | 69.5% | 72.7% |
| Childhood Immunizations with Prevnar | 87.04 % | 90.3% | 80.6% |
| Diabetes Eye Exams | 67.75% | 73.1% | 70.8% |
| Diabetes HbA1c | 89.71% | 89.5% | 89.3% |
| Diabetes LDL | 82.56% | 80.8% | 82.5% |
| Diabetes Monitoring for Nephropathy | 85.93% | 87.1% | 85.4% |
| Diabetic Blood Pressure Control (140/90) | 74.10% | NR | 71.2% |
| Diabetes HbA1c Poor Control** (a lower rate is better) | 21.78% | 25.9% | 29.2% |
| Diabetes HbA1c Good Control (<8) | 57.98% | 61.5% | 60.1% |
| Diabetes LDL Good Control | 45.97% | 47.4% | 44.7% |
| Appropriate Treatment for Adults w/Acute Bronchitis | 46.64% | 32.2% | 33.4% |
| Timeliness of Prenatal Care | 88.79 | 92.3% | 92.2% |
| Well-Adolescent | 60.65 | 52.4% | 59.4% |
| Well-Baby | 91.44 | 80.1% | 75.0% |
| Well-Child | 86.57 | 82.4% | 80.3% |
| Low Back Imaging | 85.07 | NR | 81.6% |
| Well Child Care BMI Measurement | 72.69% | NR | 47.4% |
| Well Child Care Nutrition Counseling | 74.54% | NR | 64.0% |
| Well Child Care Physical Activity Counseling | 55.79% | NR | 51.6% |

NR= Not Reported


-  =Auto-assignment measure
-  =SFHP in 90th Percentile

HEDIS Results for Healthy Families 2009 Measurement Year (MY)

We maintained our performance in the Healthy Families line of business. Ten Healthy Families measures were in the 90th percentile.

| Measure | 2009 | 2008 | 2009 Medicaid National 90% Percentile |
|---|--------|-------|---------------------------------------|
| Asthma all ages | 100% | 93.8% | 91.9% |
| Childhood Immunizations w/Prevnar | 88.79% | 93.1% | 78.2% |
| Lead Screening in Children | NR | 79.3% | 84.0% |
| Children's Access to PCPs 12-24 months | 100% | 98.8% | 98.4% |
| Children's Access to PCPs 25 months to 6 years | 93.4% | 94.9% | 92.0% |
| Children's Access to PCPs 7 to 11 years | 95.20% | 94.8% | 94.1% |
| Children's Access to PCPs 12 to 19 years | 93.95% | 93.6% | 91.9% |
| Appropriate Treatment for Children w/URI | 94.98% | 94.9% | 94.1% |
| Appropriate Testing for Children with Pharyngitis | 76.64% | 16.8% | 77.3% |
| Well-Adolescent | 74.07% | 69.7% | 56.7% |
| Well-Baby | 90% | 87.1% | 73.7% |
| Well Child | 90.05% | 88.9% | 78.9% |

NR = Not Reported

 = SFHP in 90th Percentile

Improving Chronic Care

Improving chronic care is a top priority for SFHP. We make available health education materials and supplies to our members and providers to ensure that they have the tools needed to manage and prevent chronic conditions. We also offer education and technical assistance to providers to improve their systems for chronic care management. Member incentives also play a key role in our improvement efforts. Both members and providers find that incentives help ensure that necessary screenings are completed every year. Below is a summary of the programs in place in 2010:

Diabetes

- **Diabetes clinical guidelines, resources and best practices:** SFHP clinical guidelines and resources, developed with the guidance of our Physician Advisory Committee, are posted on the SFHP website.
- **Diabetes member reminder card:** Annually, all members with diabetes are sent a diabetes reminder card and information about our Diabetes Incentive Program which encourages them to complete screening tests including HbA1c, LDL cholesterol, monitoring for nephropathy, foot exam, blood pressure, and eye exam.
- **Member incentives for completing screenings:** In 2010, we continued to offer a \$25 gift card for completing six regular screenings within the calendar year:
 - HbA1c
 - LDL
 - Eye exam
 - Foot exam
 - Monitoring for Nephropathy (Urine micro albumin screening or prescription for ACE/ARB, or other evidence of medical attention for nephropathy)
 - Blood pressure

Response rate: 13% of the members returned their cards

Compliance Rate: 51% of the members who had their tests completed during the calendar year

- **Outreach calls to members with diabetes:** SFHP conducted after-hours coordinator calls to our members with diabetes who had not yet completed all necessary exams in 2010. SFHP identified diabetic eye exams and LDL screening as two target areas for improvement through this member intervention. The calls focused on encouraging members to complete regular screening tests. The goals of this program are to:
 - Improve members' health
 - Improve HEDIS scores on diabetes care measures:
 - Blood pressure
 - HbA1c
 - Cholesterol
 - Nephropathy
 - Diabetic eye exams

Several improvements were identified through these outreach efforts in 2010 compared to 2009. Overall, the outreach call team reported that members were more aware about

diabetes and the tests they need to get thus leading to less time spent on each call. The outreach team was able to reach significantly more members during the outreach calls conducted in 2010 than in 2009.

| Measure | 2009 | 2010 |
|------------------------------|------------|-------------|
| Call Attempts | 554 | 2528 |
| Total # of hours | 110 | 230 |
| Number of Successful Calls | 210 | 748 |
| Attempts per hour | 5.0 | 11.0 |
| Successful Calls per hour | 1.9 | 3.3 |
| Total # of new card requests | 158 | 404 |

Measure – Call completion rate: 86%

- **Eye exam reminder card:** SFHP members with diabetes, who did not have an eye exam in the past 12 months, were sent a reminder card along with the information about the Diabetes Incentive Program. The card reminded them of the importance for patients with diabetes to get an annual eye exam and information about how to schedule an appointment.

SMART Steps Automated Telephone Self Management

By the end of December 2010 the SMART (Self-management and Automated Real Time support) Steps program enrolled a total of 361 MediCal and Healthy Workers members who were patients at four SFDPH clinics: SFGH Family Health; SFGH General Medicine; Ocean Park Clinic; and Chinatown Public Health Clinic. Of these enrollees, 246 people completed their participation in the entire year-long program. The remaining 115 participants are divided between those who are in the midst of currently completing their participation, those who decided to withdraw from the study or those who lost their eligibility with SFHP and therefore could not continue to participate. We will have a final count of participant completion in late summer 2011.

Process improvements over the past year included training two additional bilingual care coordinators as SMART Steps health coaches for our Spanish and Cantonese monolingual speakers as well as implementing training sessions to improve database documentation consistency and quality. The SFHP Provider Survey from October 2010 revealed that 75% of the surveyed SFHP providers involved with SMART Steps felt that this program has helped their patients improve self management and health promotion practices.

Hypertension and Hyperlipidemia

Know Your Numbers mailer: In 2010, we continued mailing an education flyer called “Know Your Numbers” to our members with diabetes, hypertension, hyperlipidemia and/or heart disease. The mailer encourages members to know their blood pressure and cholesterol levels and provides helpful information on how to stay healthy.

Asthma

- **Member health education:** Health education materials related to asthma are available in the member and provider sections of our website in Cantonese, English, Spanish and Vietnamese.
- **Asthma supplies:** Upon request SFHP supplies provider practices with free spacers, peak flow meters, hypoallergenic pillow cases and mattress cover sets in multiple sizes to distribute to SFHP members with asthma.
- **Asthma Task Force:** the Coordinator of Health Education and Cultural Linguistic Services is a member of the San Francisco Asthma Task Force Clinical Committee, and participates in the planning of programs and provider trainings aimed at improving the management of asthma among San Francisco residents. In November 5, 2010, The SF Asthma Task Force hosted its annual Networking Forum, “Making the Patient Part of the Team” which was advertised to providers in San Francisco and included sessions conducted by experts on the following topics:
 - Making the Patient a Part of the Team: Really Talking with and Hearing Patients to Improve Self-Management, Symptom Monitoring, Asthma Control—LEARN Model
 - Quality Improvement 101: Putting it to Work
 - Asthma Masqueraders: Differential Diagnosis Adults
 - Asthma Masqueraders: Differential Diagnosis Children and Teens

Strength in Numbers Program:

This program engages primary care clinics in the SFHP and Healthy San Francisco (HSF) provider networks to share quality data and improve performance on key population health and access measures. Through this program, participating clinics receive financial incentives linked to performance in key diabetes and chronic care measures as well as technical assistance in the form of trainings to support population management activities.

Required measures for the 2010 program were HbA1c and LDL testing and control, and every medical home selected an additional chronic care or prevention project, depending on their

population. Examples include chronic pain (a driver of high emergency room overuse), hepatitis B and C, depression, colorectal cancer screening, among others. Every medical home received the following interventions:

- Incentive payments based on performance in chronic disease measurements. Incentives were paid quarterly, dependent on level of improvement achieved in chronic care measures over their own baseline.
- Centralized purchasing and distribution of health education equipment, incentive gift cards, and materials, to support chronic care interventions in the medical home.
- Technical assistance to improve integration of registries into care: Health coaching and panel management trainings (every medical home was required to bring one nurse manager and two support staff to an eight-hour training).

The first wave of the program, in 2009 and 2010, used clinics’ self-reported data as a means to engage clinics in quality reporting and focus on clinic-level ownership of their improvement data. This was effective, yet it did lead to data validation concerns during the program evaluation at the end of 2010. Therefore, SFHP reported self –reported data from the clinics (table B below) and the program evaluation utilized central registry data for the 10 Department of Public Health participating clinics (these clinics represented about 50% of the individuals impacted by the program). For these 10 clinics, it was found that there were statistically significant improvements during the 2009-2010 program in three of the four diabetes measures, an impressive success. (See table A below.)

Table A: Aggregate Rates of Absolute Improvement for 10 Dept of Public Health Clinics’ Patients

| Measure | Baseline Rate | Post Intervention Rate | Absolute Improvement | Improvement from Baseline |
|----------------------------------|---------------|------------------------|----------------------|---------------------------|
| HbA1c Test within 12 mo | 78.8% | 85.1% | 6.3* | 7.9% |
| LDL Test within 12 mo | 69.7% | 74.4% | 4.7* | 6.7% |
| HbA1c ≥ 9 (lower is better) | 19.7% | 16.3% | 3.4* | 17.3% |
| LDL <100 | 61.1% | 61.1% | 0.0% | 0.0% |

An (*) indicates a statistically significant result ($p \leq .01$). Chi-square test was used to determine statistical significance.

Table B: Percentage of 16 Medical Homes Achieving Performance Targets by Diabetes Measure using Self-Reported Data (includes data as of December 2010)

| Performance Target | 10% | 25% | 50% | Threshold |
|--------------------|-------|-------|-------|-----------|
| Measures | | | | |
| HbA1c Testing | 18.8% | 0% | 12.5% | 56.3% |
| LDL Testing | 12.5% | 12.5% | 12.5% | 18.8% |
| HbA1c Poor Control | 25% | 31.3% | 6.3% | 87.5% |
| LDL Good Control | 31.3% | 6% | 12.5% | 93.8% |

HEDIS Results for Chronic Care Indicators 2009 Measurement Year (MY)

SFHP reached the 90th percentile in all diabetes measures with the exception of the diabetes eye exam, LDL good control, and diabetes HbA1c good control <8. SFHP expects improvement in these measures for 2011 (MY 2010) based on preliminary administrative data.

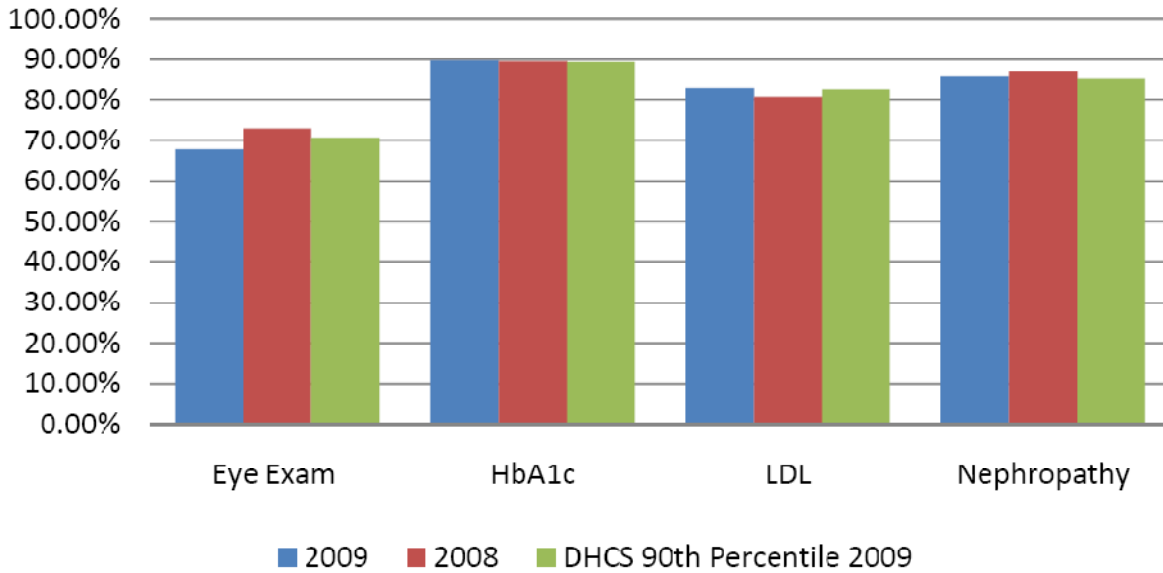
| | Measure | 2009 | 2008 | 2009 Medicaid National 90th Percentile |
|----|-------------|-------|-------|--|
| MC | Eye Exam | 67.7% | 73.1% | 70.8% |
| MC | HbA1c | 89.7% | 89.5% | 89.3% |
| MC | LDL | 82.8% | 80.8% | 82.5% |
| MC | Nephropathy | 85.9% | 87.1% | 85.4% |

| | Measure | 2009 | 2008 | 2009 Medicaid National 90th Percentile |
|----|-------------------------|-------|-------|--|
| MC | HbA1c Poor Control (>9) | 21.8% | 25.9% | 29.2% |
| MC | HbA1c Good Control (<8) | 57.9% | 61.5% | 60.1% |
| MC | LDL Good Control (<100) | 45.9% | 47.4% | 44.7% |

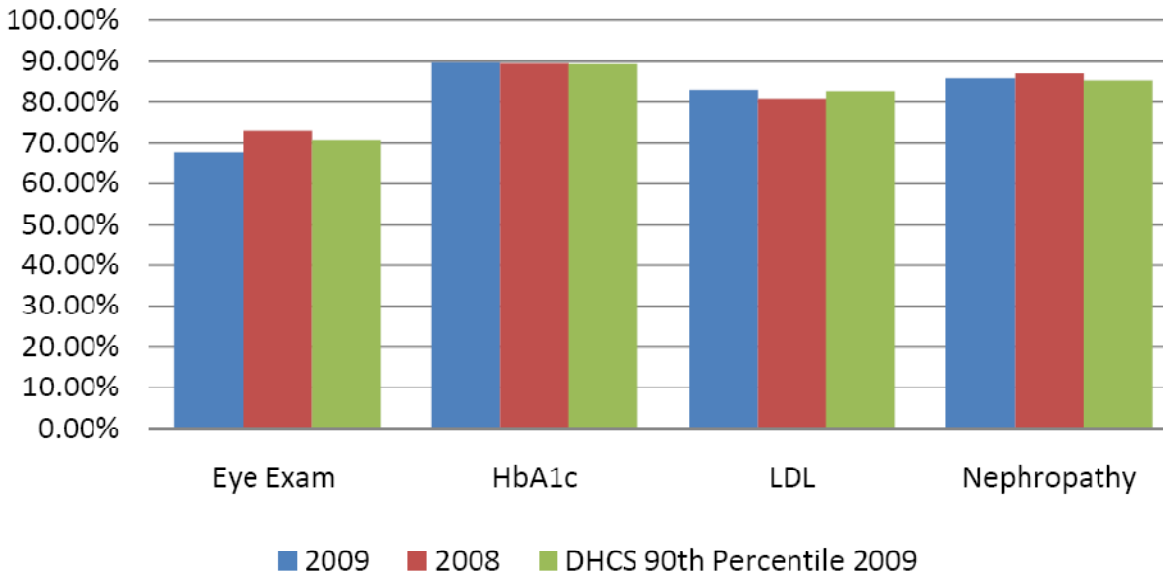
| | |
|--|--------------------------|
| | =Auto-assignment measure |
| | =SFHP in 90th Percentile |
| | =Retired Measure |

** Medicaid 90th Percentile is based on top 10% of all Medicaid plans nationally using MY 2008.

HEDIS Rates for Diabetes Screenings



HEDIS Rates for Diabetes Screenings



II. Providing Excellent Member Services

One of SFHP's main goals is to offer exemplary services and support to our members, participants, and providers. The Customer Services Department helps members understand and take full advantage of their health plan benefits. Members can contact SFHP Customer Services by phone, fax, TDD/TTY, email, mail, or in person. By contacting Customer Services, members can get assistance with ID cards, PCP changes, covered benefits, medical bills, grievances, access to doctors, enrollment, renewal, dis-enrollment, etc. We represent a safety net for any member who needs help.

Providing Excellent Telephone Services

Our members find it easiest to reach us by telephone. Therefore, we are committed to ensuring that we provide excellent customer services over the phone. We installed a new phone system on 12/3/10 to provide better distribution, tracking, and monitoring of calls. We monitor our performance in several ways and continue to work on improving our processes.

Call Center Performance

We received 54,935 incoming calls through our telephone automated distribution system in 2010. We met or exceeded our performance standards.

- Our service level was 98.2%, exceeding our goal of 90% by 8.2%. We continuously improve in this area.
- The industry benchmark for abandonment rate is 5%; SFHP average abandonment rate in 2010 was 0.3%.
- We maintained language coverage in our threshold languages. Our Customer Service team speaks various languages such as English, Cantonese, Mandarin, Spanish, Russian, Vietnamese, and Burmese.

With the new phone system, our wallboard is able to display more information:

- Total call volume handled
- Abandonment rate
- Total abandoned calls
- Service level
- Calls waiting in different language queues
- Number of agents available at each language queue
- Message board

The new phone system provides the following benefits to improve customer service:

- Customer Service staff can be assigned to different queues by the supervisor based on the volume of calls and calls waiting in queues at real time so that members' calls can be answered promptly.
- Provide current queue status information to staff members so that they can take action appropriately to handle calls.
- Different levels of alerts are set with assigned colors. Staff can be informed easily about the current status which motivates staff to handle incoming calls more efficiently and promptly.
- Management can react to unusual situations and adjust customer service staff skill level to take care of calls accordingly and effectively.

Customer Service Department Annual Member Satisfaction Survey

The Customer Services Department conducted its ninth annual member satisfaction survey in the last quarter of 2010. The purpose of this survey is to assess the level of satisfaction with the services provided by the Customer Service Department and to improve our services based on feedback from members.

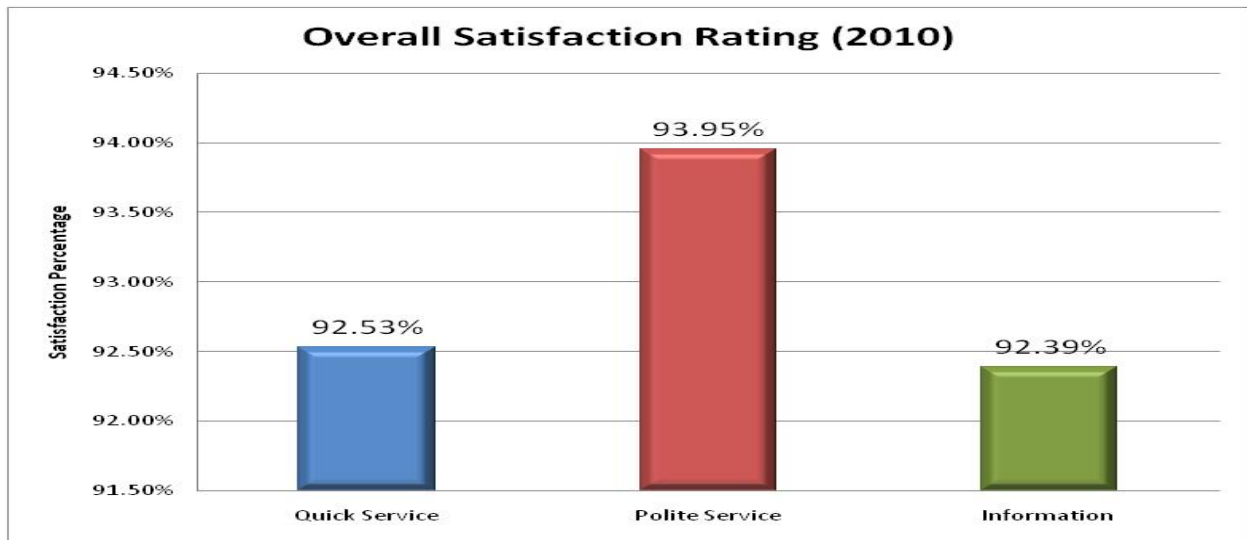
The survey was conducted in English, Spanish and Chinese. Members responded to the following statements regarding recent interactions with SFHP Customer Services staff with a "yes," "no," or "not sure".

- My call to SFHP Customer Service Call Center was answered quickly.
- I received polite service from the Call Center Representative.
- I received the information that I needed.

We sent 6,256 survey cards to members who contacted Customer Service by phone during the months of October through December 2010. The return rate of survey cards was 14%.

For all lines of business, the overall member satisfaction rate for all language groups was 93.4%. Spanish speaking members had the highest satisfaction rate with an average of 95.3%. Among all lines of business, Healthy Kids members were the most satisfied, with an average satisfaction rate of 96.5% representing a 0.3% increase.

The results were consistent with those achieved in previous years. We have been getting excellent results from this survey through the years. These very positive responses from our members indicated that they were highly satisfied with the services they received from the SFHP Customer Services team in 2010.



Ensuring Member Satisfaction

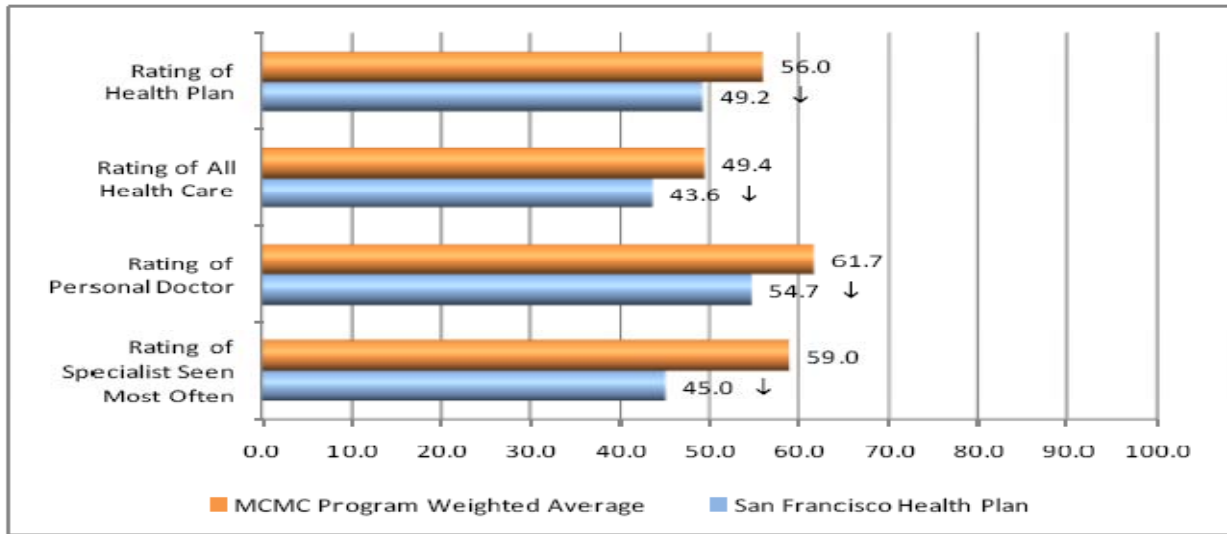
Measuring the Member Experience

Member satisfaction surveys assist us in evaluating our members' experiences with SFHP and with our health care delivery system. Member experience was measured in 2010 for our Medi-Cal and Healthy Workers members. For Medi-Cal, we participated in a State-sponsored member satisfaction survey using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool. The surveys were administered by an external vendor (HSAG). No survey evaluating Healthy Families' patients was administered in 2010; this survey is scheduled for 2011.

An analysis of our Medi-Cal CAHPS data show the following (reported experiences in 2010):

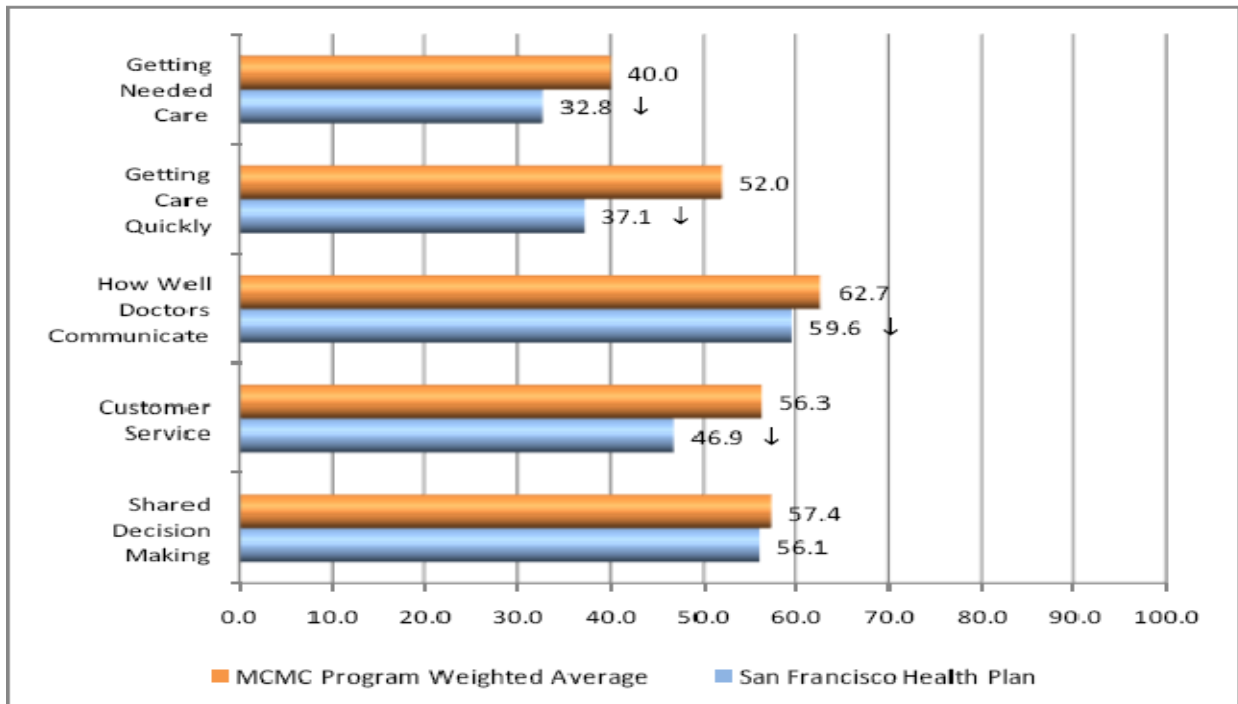
| Plan Name | Total Sample | Ineligible Records | Eligible Sample | Total Respondents | Response Rate |
|---------------------------|--------------|--------------------|-----------------|-------------------|---------------|
| Adult | | | | | |
| MCMC Program | 48,600 | 3,184 | 45,416 | 16,645 | 36.65% |
| San Francisco Health Plan | 1,350 | 229 | 1,121 | 519 | 46.30% |
| Child | | | | | |
| MCMC Program | 59,400 | 2,293 | 57,107 | 22,010 | 38.54% |
| San Francisco Health Plan | 1,650 | 177 | 1,473 | 683 | 46.37% |

The following table shows global ratings where the member selected the top box, "9 or 10", "Always" or "Definitely Yes". Children and adults are combined.



Statistical Significance Note: ↑ indicates the score is significantly higher than the MCMC Program average
 ↓ indicates the score is significantly lower than the MCMC Program average

The following table shows composite ratings where the member selected the top box, “Always” or “Definitely Yes”. Children and adults are combined.



Statistical Significance Note: ↑ indicates the score is significantly higher than the MCMC Program average
 ↓ indicates the score is significantly lower than the MCMC Program average

| Key Drivers of Satisfaction | |
|---|--|
| Rating of All Health Care | |
| Respondents reported that it was often not easy to obtain appointments with specialists. | |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | |
| Respondents reported that when they needed care right away, they did not receive care as quickly as they thought they needed it. | |
| Customer Service | |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | |
| Getting Needed Care | |
| Respondents reported that it was often not easy to obtain appointments with specialists. | |
| Respondents reported that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed. | |

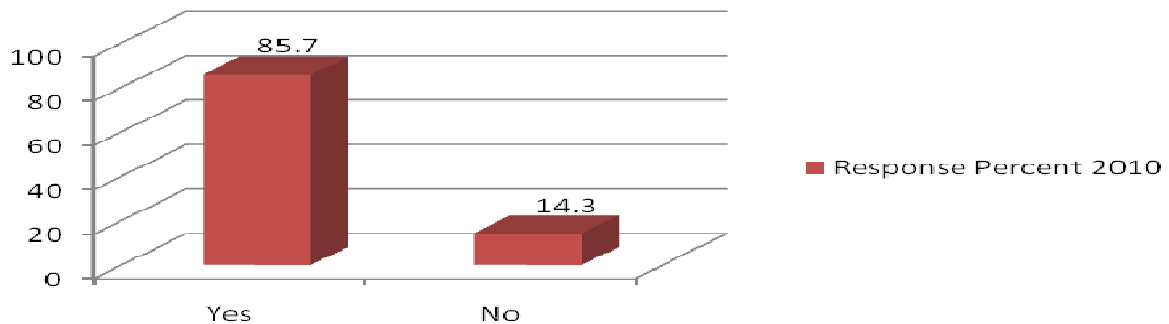
Healthy Workers Satisfaction Survey

A home-grown survey was administered in June 2010 to a random sample of 1,000 members. Two hundred and nine (209) out of a 1,000 surveyed members responded, yielding a 20.9% response rate. This rate is nearly identical to that achieved in 2009 (21.2%).

Members were contacted by mail and surveys were provided in English, Chinese, Russian and Spanish, the four most frequently spoken languages in the program. Survey questions addressed utilization of and satisfaction with four key service domains: Medical, Pharmacy, Vision, and SFHP Member Services. Survey structure consisted of 20% open-ended questions and 80% questions requiring yes or no feedback and permitting optional space for freeform feedback. Responses were incentivized using a drawing for a \$100 gift card; completed surveys qualified respondents for entry in the drawing.

In 2010, the Healthy Workers survey was expanded to assess members' overall satisfaction with the program. Members reported highest overall satisfaction with SFHP Customer Service, and lowest with vision services. 85.7% of HW members reported satisfaction with the HW program overall. Graphic results are displayed below.

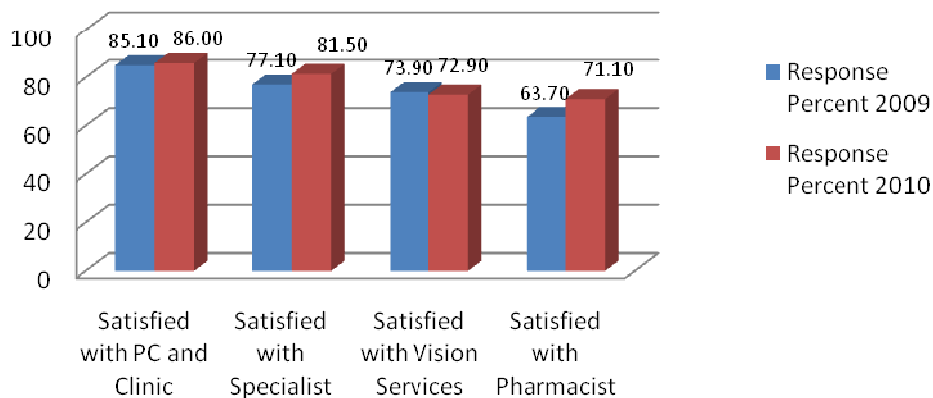
Overall, are you satisfied with the Healthy Workers program?



Satisfaction by Service Domain

Overall satisfaction with primary care sites and providers has improved, as has satisfaction with specialty care and pharmacy services from 2009. Satisfaction with vision services has declined. Towards the end of 2010, SFHP started regular communication with VSP, our vision services provider to identify areas for improvement. These will be reported in our 2011 work plan and evaluation.

Reported % of Members Who Accessed Service in the Past 12 Months and Reported Satisfaction



Translating CAHPS and Patient Satisfaction Data into Action

Our trended member satisfaction results, as measured by the CAHPS survey, show room for improvement, particularly in the areas of provider-patient communication, shared decision making and access to appointments. Our results have been consistently below average for both Healthy Families and Medi-Cal.

In response to our CAHPS scores, in March 2010, the San Francisco Health Plan launched two year-long collaboratives aimed at improving two key dimensions of the patient experience: access to care and communication. The access collaborative, “Optimizing the Primary Care Experience (OPCE),” focuses on improving access to appointments and office efficiency during appointments. Four clinics are participating and the collaborative is led by expert Dr. Mark Murray. The goals of the OPCE project are to:

- 1) Reduce waiting times both for and at appointment services.
- 2) Optimize health outcomes by improving clinical care delivery.

The second collaborative, “Patient-Centered Communication (PCC),” focuses on enhancing the provider/staff patient relationship so that patients feel their most important concerns are addressed during their visit. Five clinics are participating. Communication technique trainings are led by the Institute for Healthcare Communication. The goals of the PCC project are to:

- 1) Optimize health outcomes by improving communication and shared decision-making.
- 2) Improve provider, staff and patient satisfaction.

The projects will end in March 2011.

Collaborative Structure

All collaborative teams attended two onsite learning sessions and trainings. OPCE learning sessions covered changes to balance supply and demand, effective scheduling techniques, and changes to improve office flow during the patient appointment. PCC trainings featured key communication techniques for providers and staff: agendas setting, huddles, warm greetings, and teamwork techniques. Both collaboratives offered intensive coaching by experienced improvement advisors and monthly teleconferences addressing specific content areas.

All collaborative teams submitted monthly progress reports and participated in a quarterly staff satisfaction survey. Seven of the nine clinics administered a standardized patient experience survey which measured patients’ reported experiences with their providers and staff. The survey questions focus on key measures relevant to the goals of the collaborative: access to care, communication with the provider, and communication with the staff.

Results:

Access Track: using standardized measures and a reporting template, collecting data monthly.

- 100% of the 4 clinics participating in the access track set measureable goals and are tracking Third Next Available Appointment (TNAA), daily demand, supply and activity using a standardized template which displays data in run charts.
- All four clinics have demonstrated at least a 50% reduction in appointment wait times from baseline as of December 2010.

Communication Track - using a standardized survey and methodology for collecting patient data at three points in time – baseline, 3 months post intervention, and 6 months post intervention.

- Project-wide results from the visit-based CAHPS survey showed improvement from baseline in all provider communication and composite measures, staff communication and composite measures, and in global measures such as overall rating of provider and recommending clinic to family and friends. All five clinics improved at least 5% in two measures. There were four statistically significant improvements ($p < .10$): doctor spends enough time, doctor's explanations are understandable, doctor provides easy to understand instructions, and clerks and receptionists are helpful.
- Four out of the five clinics improved in more than 50% of the measures from baseline; one clinic improved in all measures; followed by two clinics that improved in 75% of the measures.

Both Tracks

- The project has reached over 14,000 SFHP members (more than 25% of our membership) and 21,000 HSF participants (more than one-third of HSF participants).
- 100% of clinics improved at least 10% from baseline in at least one measure from the most recent clinic site satisfaction survey (11/4/10-11/25/10).
- All clinics use daily huddles and have team meetings at least monthly.

SFHP plans to spread the trainings to more providers so that we can eventually impact our future CAHPS scores.

Monitoring Member Grievances

SFHP monitors grievances on a quarterly basis to identify trends and problems. Our quarterly reports help us look for ways to improve the service to our members. In addition to looking for trends in our grievances, we also monitor the way we handle grievances for timely and regulatory compliance. Our goal is to provide excellent service and, at a minimum, meet DMHC standards for responding to and resolving grievances (response within 30 days). Below is an overview of the grievances received in 2010 and key indicators showing our compliance with regulatory standards:

- 175 member grievances were processed by SFHP and Kaiser.
- 111 of these grievances were non-delegated and handled directly by SFHP.
- 27 grievances (24%) handled by SFHP were resolved by the next business day.
- 100% of non-exempt grievances met state regulatory requirements for timeliness of resolution letters sent within 30 days.
- 5 grievances (5%) handled by SFHP had a Cultural and Linguistic Component.

Tracking and Trending Grievances

In order to identify patterns and changes in our grievances, we report grievance rates by line of business, medical group, and grievance category. Healthy Workers continues to have the highest rate per 1000 members per month. Healthy Families has shown a decrease in the grievance rate, while Healthy Kids has increased. Medi-Cal has decreased by 15%. The top three categories are Denials/Refusals, Access, and Quality of Service. Below are the grievance statistics for 2010 and the highlights from our analysis.

The **Lines of Business** ranked by grievances per 1000 members per month:

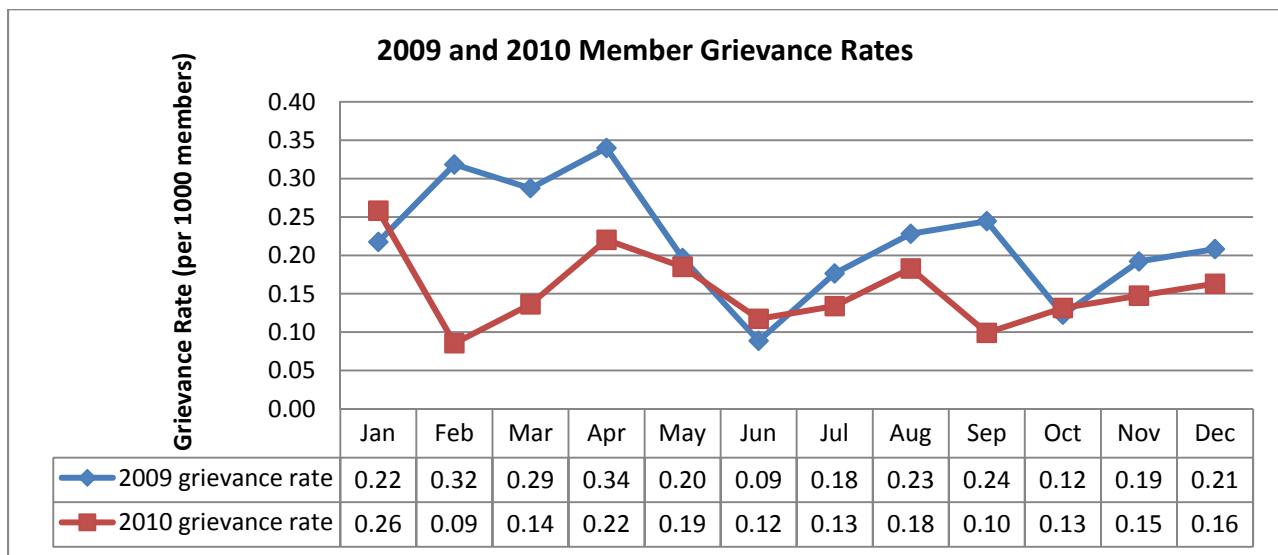
| Line of Business | 2009 Grievance Rate | 2010 Grievance Rate |
|------------------|---------------------|---------------------|
| Healthy Workers | 0.42 | 0.21 |
| Medi-Cal | 0.19 | 0.16 |
| Healthy Kids | 0.09 | 0.16 |
| Healthy Families | 0.14 | 0.06 |

The **Medical Groups** (SFHP & Kaiser) ranked by grievances per 1000 members per month:

| Medical Groups | 2009 Grievance Rate | 2010 Grievance Rates |
|---|---------------------|----------------------|
| Kaiser Permanente | 1.53 | 1.93 |
| University of California San Francisco | 0.52 | 0.40 |
| Hills Physicians | 0.32 | 0.21 |
| Community Health Network | 0.24 | 0.16 |
| Chinese Community Health Care Association | 0.15 | 0.12 |
| North East Medical Services | 0.04 | 0.08 |

Grievances handled by SFHP by grievance category:

| Category | 2009 Grievances | 2009 % of Total | 2010 Grievances | 2010 % of Total |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
| Denials/Refusals | 48 | 33% | 54 | 49% |
| Quality of Service | 39 | 27% | 26 | 23% |
| Access | 34 | 23% | 9 | 8% |
| Quality of Medical Care | 8 | 5% | 7 | 6% |
| Billing | 4 | 3% | 6 | 5% |
| Enrollment | 5 | 3% | 5 | 5% |
| Benefits/Coverage | 6 | 4% | 2 | 2% |
| Other | 2 | 1% | 1 | 1% |
| Cultural and Linguistic | 1 | 1% | 1 | 1% |
| Total | 147 | 100% | 111 | 100% |



Important Findings of 2010

- In 2008 access related grievances were the top category and then in 2009 these decreased by 20%. In 2010 access-related grievances decreased by 74% from 2009.
- Denials/Refusals remain the top category and increased by 13% from 2009.

III. Ensuring Access to an Excellent Provider Network

The Provider Relations Department focused on maintaining a strong provider/health plan partnership to support our goal to improve quality of care and access to care. Provider Relations conducted Joint Administrative Meetings with all the medical groups' administrative staff; in addition to orienting two newly contracted medical groups (Hill Physicians and Brown & Toland Physicians) to the network. As part of our commitment to continuous quality improvement, the Provider Relations Department measures its performance through regular monitoring of network capacity, access, and provider satisfaction. Summaries of these monitoring activities are below.

Provider Satisfaction Survey

Annually, SFHP conducts a Provider Satisfaction Survey to gather information about network provider issues and concerns with SFHP and our members. Similar to 2009, the survey was evaluated by our Physician Advisory Committee, and SFHP staff eliminated questions that would not yield actionable feedback. 173 out of 404 PCPs and clinics returned surveys. The response rate for the survey has almost doubled over the last two years. In 2010, the response rate was 43% compared to 38% in 2009 and 24% in 2008. The significant increase in responses is attributed to our increasing efforts to improve the relationship between SFHP and providers, an expanded offering of programs and collaborative projects, a shorter survey design, and the use of an email survey for ease of completion through the internet. No surveys were returned due to incorrect mailing addresses, reflective of the accuracy of our provider contact information. Kaiser and Brown & Toland were excluded from the survey. Kaiser is fully delegated for all functions and Brown & Toland joined the plan in November 2010. Even after excluding Kaiser and Brown and Toland our survey covered providers serving 95% of our members. Below are response rates by medical group.

| Medical Group | Number of Responses | Response Percentage |
|---|---------------------|---------------------|
| Community Health Network (CHN) | 106 | 20.0% |
| Chinese Community Health Care Association (CCHCA) | 12 | 3.7% |
| North East Medical Services (NEMS) | 15 | 5.4% |
| University of California, San Francisco (UCSF) | 24 | 10.5% |
| Hill (HILL; formerly Physicians Integrated Medical Group) | 15 | 3.4% |
| Total | 173 | 43% |

In general, providers report high satisfaction (79.5%) with SFHP. Overall satisfaction with SFHP increased by 8% from 2009 and by 20% from 2008 to 2010. We believe this is due to increased

visibility with providers, in terms of outreach, provider meetings, collaborative projects, and continuing efforts to provide exemplary service.

The following is a summary of other key findings:

Strengths:

- Increase in the number of providers who stated that member incentive programs are useful (from 44% to 80%).
- High level of satisfaction with Customer Services, Provider Relations, Clinic/Provider Visits, reports received (HEDIS, ER overutilizers, and outreach lists) and the Informed Provider Newsletter.
- Providers find value in programs where seed money is provided to develop and implement clinic-based quality improvement projects.
- For those utilizing SMART steps and Strength in Numbers programs, high levels of satisfaction were expressed.
- In general, providers are very satisfied with San Francisco Health Plan.

Areas for Improvement:

- Neutrality or dissatisfaction with the pharmacy prior authorization process.
- Low utilization of the SFHP public website and provider secure website.

Each year, SFHP works to improve our provider relations efforts to continue to improve satisfaction with the plan.

Provider Network Access Monitoring

SFHP closely monitors the adequacy of our provider network to ensure that our members have access to the care they need in a timely manner. We measure network access in a variety of ways to assess language capacity, wait times, and availability of specialists and PCPs. In 2010 SFHP updated its policies and procedures regarding network access to reflect the new changes in the access standard regulations. SFHP joined the ICE (Industry Collaboration Effort) Workgroup to develop a standard methodology and survey tool for monitoring Providers' Availability.

Access to Primary Care Providers

In 2010, we added two new medical groups to our network. PIMG transitioned to Hill Physicians in August 2010 and Brown & Toland joined SFHP in November 2010. Our stable network of PCPs is more than adequate to care for our approximately 61,000 members. Regulatory requirements set forth in our Knox Keene license guide our accessibility standards. State regulations require that a primary care physician panel should contain no more than 2000 patients. While our ratio of members to PCPs falls well within those standards, we cannot accurately measure panel size because our PCPs see patients from several different payors as well as care for the uninsured. Below is a table that shows a snapshot of our PCP and member counts:

| Medical Group | # Members < age 18 | # PCPs caring for children | # Members > age 18 | # PCPs caring for adults |
|---------------|--------------------|----------------------------|--------------------|--------------------------|
| BTP | 238 | 28 | 74 | 30 |
| CCHCA | 5,590 | 34 | 3,664 | 52 |
| UCSF | 3,277 | 53 | 1,836 | 72 |
| NEMS | 7,836 | 59 | 4,718 | 51 |
| PIMG / HILL | 3,648 | 26 | 1,745 | 25 |
| CHN | 10,420 | 188 | 15,877 | 238 |

Note: PCPs caring for children include physician and mid-level PCP's designated as adolescent medicine, family medicine, family practice, general practice, pediatric adolescent medicine, or pediatrics. PCPs caring for adults include physician and mid-level PCP's designated as family medicine, family practice, general practice, geriatric medicine, internal medicine, or OB/GYN.

Access to Specialists

We regularly monitor the number of physicians in our network in specialty areas that our members access the most. In San Francisco, UCSF provides the bulk of specialty care even for those members who are assigned to other medical groups. The table below shows that each of our medical groups had specialists in all of the key areas in 2010:

| Specialty | BTP | CCHCA | CHN | NEMS | PIMG /HILL | UCSF | Grand Total |
|------------------|-----|-------|-----|------|------------|------|-------------|
| Cardiology | 9 | 8 | 6 | 1 | 5 | 9 | 38 |
| Endocrinology | 5 | 2 | 7 | 1 | 1 | 12 | 28 |
| Gastroenterology | 16 | 11 | 4 | 6 | 3 | 15 | 55 |
| OBGYN | 26 | 14 | 58 | 12 | 9 | 67 | 186 |

| | | | | | | | |
|--------------------|-----------|-----------|------------|-----------|-----------|------------|------------|
| Ophthalmology | 6 | 9 | 6 | 14 | 13 | 90 | 138 |
| Pulmonary Disease | 12 | 5 | 7 | 4 | 7 | 21 | 56 |
| Radiology | 0 | 6 | 16 | 5 | 1 | 51 | 79 |
| Grand Total | 74 | 55 | 104 | 43 | 39 | 265 | 580 |

PCP Language Concordance

SFHP works to ensure that our members have access to primary care providers that speak their language or have access to interpreter services. We monitor the number of PCPs who speak Chinese, Spanish, Vietnamese and Russian because they are the most common non-English languages spoken by our members. Members are encouraged to choose a PCP when they enroll, but if they do not choose a PCP, our systems help optimize the number of patients who are assigned to a PCP that speaks their language. The table below shows that the SFHP provider network had PCPs who speak each of the predominant languages at the end of 2010:

| Medical Group | # Chinese Speaking PCPs (Cantonese, Mandarin or Both) | # Spanish speaking PCPs | # Vietnamese speaking PCPs | # Russian speaking PCPs |
|---------------|---|-------------------------|----------------------------|-------------------------|
| BTP | 18 | 15 | 3 | 3 |
| CCHCA | 63 | 6 | 6 | 0 |
| CHN | 25 | 154 | 11 | 1 |
| NEMS | 57 | 9 | 6 | 2 |
| PIMG/HILL | 5 | 26 | 1 | 5 |
| UCSF | 6 | 26 | 2 | 1 |
| Totals | 174 | 236 | 29 | 12 |

Wait Times for Key Specialty Areas at SFGH

In 2010 we collected data from our DPH clinics about wait times for appointments for specialty consults and diagnostic testing as a method of measuring access for CHN members. Each month data was collected through a DPH survey of specialty clinics and diagnostic testing centers for CHN. We continue to receive monthly wait time surveys from SFGH and those survey results are monitored for access issues. In addition, CHN was able to add 3rd next available appointment to the standard report in 2010, which greatly increased the ability to analyze the data.

Nurse Advice Line

To meet the following DMHC Triage and Screening standard for member calls, SFHP implemented a 24 hours a day 7 days a week, including holidays, toll free Nurse Advice Line. We realized that in our providers' busy practices, that sometimes it is impractical for the provider, registered nurse or qualified health provider to return and screen a call within 30 minutes of the members call to the office or answering service.

| Access Measure* | Standard/Performance Goal |
|---|---|
| Triage or Screening (by phone) ¹ | Provide or arrange for the provision 24/7 |

¹ Triage or Screening as defined by DMHC means the assessment of an enrollee's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within his or her scope of practice and who is trained to screen or triage an enrollee who may need care, for the purpose of determining the urgency of the enrollee's need for care.

On December 6, 2010, SFHP made available to all of our members a toll-free, 24/7 Nurse Advice Line (NAL) that is available in their preferred language through a contract with nationally recognized Nurse Response.

The NAL is aimed to be a back-up to primary care, not a replacement. Within a few minutes after the NAL has received and triaged the call, the office and medical group case management department will receive notification via fax with a *Triage Detail Report*. This report includes the patient's contact information, call reason, screening question response, and advice or information given during the call.

If the member calling is assigned to Kaiser or one of the clinics that has a call center/nurse advice system already, a warm hand off will be conducted to make sure that the member is connected with that service and gets their issue addressed.

SFHP will be informing our members that they can call **SFHP's Nurse Advice Line at (877) 977-3397** in the following situations:

- If they are unable to reach their doctor during the day or after hours.
- To speak with a trained registered nurse to answer health questions, give advice, and instruct them to go to the emergency room, urgent care center, or contact their provider after being triaged with standardized McKesson protocols.

The NAL phone number will be included on the back of members' SFHP ID cards, stickers have been generated for member materials, an article will be placed in the member newsletter, the members 2011-2012 Evidence of Coverage will include the NAL information and number, and SFHP will be sending postcards in 2011.

We receive monthly utilization statistics from Nurse Response. These will be reported to the SFHP Quality Improvement Committee and used to report to the DMHC, as required. Call protocols and procedures are being developed by SFHP's care coordination and transition staff to be able to handle follow-up from the daily call reports received.

Provider Education and Training

In 2010, in response to feedback from our Provider Satisfaction Survey, we worked to make more resources and training available to our providers.

In 2010, we expanded the content for providers on our website with the following:

- Health Education materials in our threshold languages that can be downloaded and printed for distribution in the provider office.
- Links to important member materials like Advanced Directives in threshold languages.
- Best practices in key practice areas such as access, chronic care, office management, pain management, standing orders, etc, clinical guidelines to determine authorization for CHN providers.
- Community resources for providers.

San Francisco Health Plan focused on developing educational materials and making them available to our medical groups and providers for the following programs:

Obesity Resources

- DHCS encouraged plans to promote the CMA Foundation *Obesity Provider Toolkits: Adult, Child & Adolescent and Pre/Post-Bariatric Surgery*. SFHP distributed copies of each to our medical groups and posted a link on our website.
- SFHP collected a list of pediatric and adult obesity specialists by medical group and researched the availability of scales for members weighing over 300 pounds.
- BMI wheels, pedometers, place mats with adult and child portion sizes, measuring cups, cookbooks, and more were distributed.

Cultural Competency/Cultural Awareness Trainings (CCC/CAT): Are monitored to ensure Medical groups continue to conduct or plan their own trainings for providers. SFHP conducted cultural competency trainings with Brown and Toland and Hill Physicians Medical Groups. Please see section V. *Making Health Education and Cultural and Linguistic Services Available to Members* for additional information on provider training regarding this topic.

Managed Care 101

- SFHP maintained a curriculum to inform providers about the basics of working with managed care plans.
- Content includes information about our history, lines of business, network, membership figures, benefits (medical, pharmacy, vision, dental and behavioral health), how to obtain authorizations, our website resources, health education, and more.
- We trained the providers at many clinic sites and ongoing trainings with Internal Medicine and Pediatric residents through UCSF and SFGH.

Health Coaching/Panel Management Training

As part of our Strength In Numbers Program, we offered technical assistance to all medical homes participating in the program as well as to other providers which although were not participating in the project could benefit from the principles taught in the training.

In 2010 we offered two Health Coaching / Panel Management trainings; one in January and one in March. Both trainings offered the same content. Approximately 45 staff from 18 medical homes participated in the training.

A series of surveys conducted post training indicated that:

- 100% of the participants strongly agreed or agreed that the materials provided during the training were beneficial and that course objectives were clear.
- 100% of the participants strongly agreed or agreed that they learned new ideas, strategies, resources they can use at their sites.
- 96% of the participants strongly agreed or agreed that they learned skills that they could use right away at their clinics.

A survey conducted six month post training indicated that

- 59% of the participants were doing health coaching, and 54% were doing panel management at their clinic sites.
- 52% of the panel management / coaching was done in person, 19% over the phone, and 29% in person and over the phone.

Initial Health Assessment (IHA) and Individual Health Education Behavioral Health Assessment (IHEBA)

- On a monthly basis SFHP sends providers a list of their new patients and encourages them to conduct an Initial Health Assessment. Also, new members receive a mailer encouraging them to call their providers and make an appointment within 60 days.
- Scoring of the IHEBAs during medical record reviews continued to be suspended by DHCS.
- SFHP continued to educate providers on the importance of IHAs and IHEBA screening through targeted communication through the facility site nurse reviewers, during medical record reviews, and information on our website.

IV. Medical Management

Utilization Management

SFHP and its medical groups work under a Utilization Management Program and set of policies that assure that effective and appropriate health care services are delivered to our members based on sound clinical principles. Under our QI Program, we monitor under and over-utilization, and continuity and coordination of care. We comply with strict standards for issuing denials and responding to appeals to assure member rights are protected. Quality of care is monitored, and our Quality Improvement, Physician Advisory and Peer Review Committees address instances of poor quality.

SFHP provides utilization management services for medical groups University of California San Francisco (UCSF) and Community Health Network (CHN). We monitor inpatient admissions and emergency department visits for these groups. In 2010, we continued to focus our efforts on making sure services were utilized within the member's appropriate medical group and we started onsite reviews for members admitted to UCSF Parnassus campus.

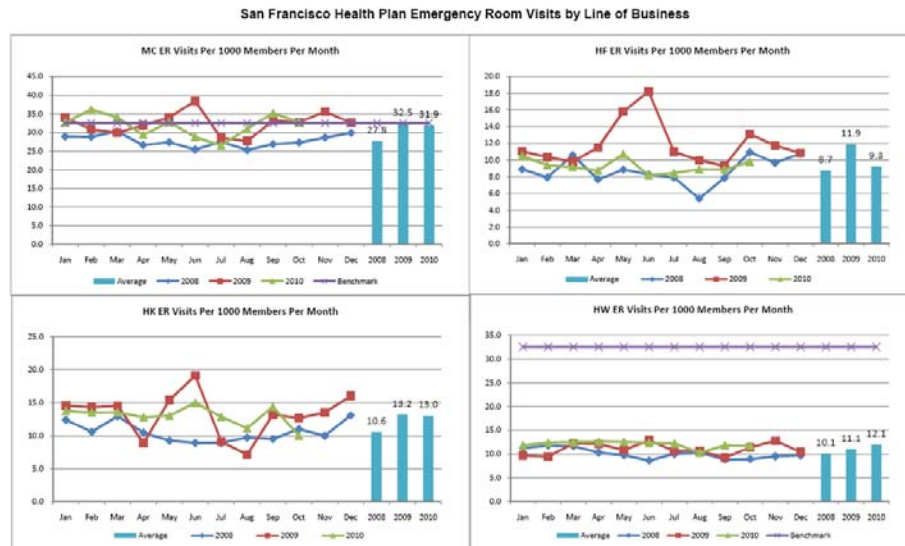
SFHP Medi-Cal member's emergency room usage is in line with the national average ER usage rate (see UM Chart 1) as reported in JAMA 2010. We are working to better understand how SFHP Medi-Cal member's emergency room utilization compares to similar populations in other managed Medi-Cal plans. The usage rate for our other lines of business is significantly lower than that of Medi-Cal members. This is most likely because the members of the other lines of business are generally younger and healthier. The annual average of ER visits per 1000 members per month for Healthy Workers increased from 10.1 in 2008 to 11.1 in 2009. The average ER utilization for 2010 (January through October) is already at 12.1. We have not been able to identify a cause for the increase in

ER utilization in the Healthy Workers program, but we will be monitoring it and identifying ways our care management programs can impact the rates in 2011.

The acute hospital admission rate for Medi-Cal members remained steady for three years, at 5.1 admits per 1000 members per month and is above the Medicaid average of 4.6 admits per 1000 members per month (see UM Chart 2). The Healthy Families acute hospital admission rate has remained steady for January through October 2010 at 0.5 admits per 1000 members per month, similar to rates in 2008 and 2009. In January through October of 2010 the Healthy Kids admission rate was 0.9 admits per 1000 members per month, which was very similar to the admission rate in 2009 (1.0 admits per 1000 members per month). This decrease from 1.5 admits per 1000 members per month in 2008 is likely attributable to the program change which eliminated benefits for Healthy Kids ages 19 through 24 years old. The admissions rates for Healthy Workers in January through October 2010 at 2.8 admits per 1000 members per month was similar to what we saw in 2008 and 2009 – 2.5 and 3.0 admits per 1000 members per month, respectively.

The acute hospital bed days per 1000 members per month has stayed relatively the same for 2008, 2009 and January through October 2010 for all lines of business. The decrease in acute hospital bed days per 1000 members per month for Healthy Kids is most likely also due to the program change which eliminated benefits for Healthy Kids ages 19 through 24 years old. SFHP will continue to monitor and analyze the data to better understand our utilization trends.

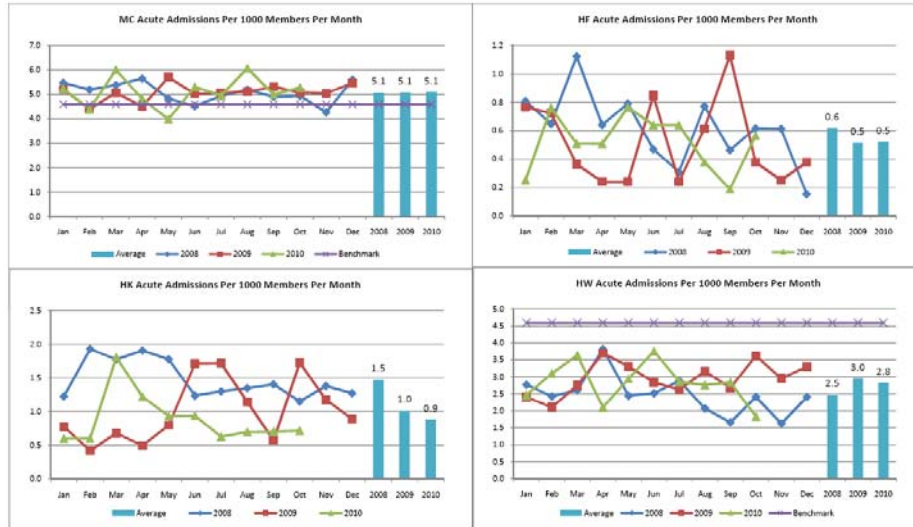
UM Chart 1



Benchmark: ER visits of 32.54 per 1000 persons per month (Trends in US Emergency Department Visits, JAMA. 2010; 304 (16): 2014-2015)
 Average Average ER visits per calendar year

UM Chart 2

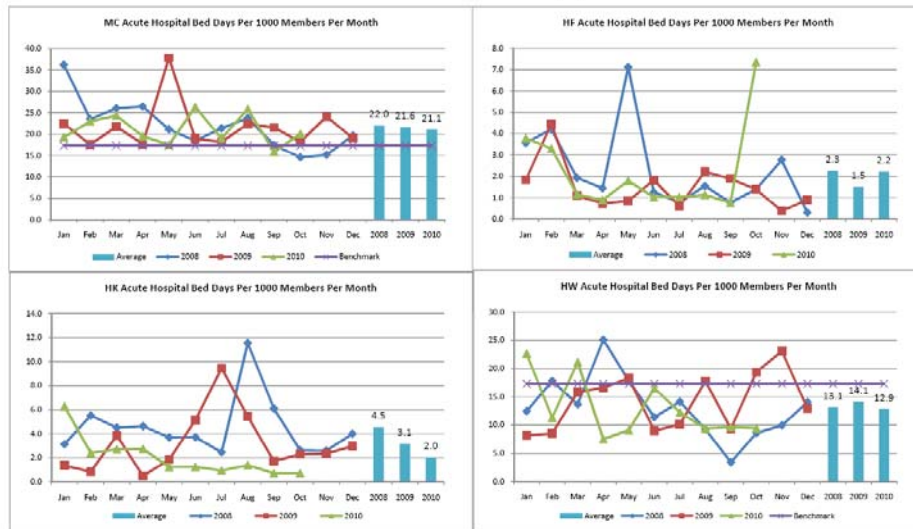
San Francisco Health Plan Acute Hospital Admissions by Line of Business



Benchmark: Admissions per 1000 of 4.6 (2009 HEDIS Use of Services Measure: Inpatient Utilization - General Hospital/Acute Care (IPU) Medi-Cal Managed Care Plans, Dates of Service in Measurement Year 2008)
 Average: Average acute admissions per calendar year

UM Chart 3

San Francisco Health Plan Acute Hospital Bed Days by Line of Business



Benchmark: Bed days per 1000 of 17.3 (2009 HEDIS Use of Services Measure: Inpatient Utilization - General Hospital/Acute Care (IPU) Medi-Cal Managed Care Plans, Dates of Service in Measurement Year 2008)
 Average: Average acute hospital bed days per calendar year

Reducing Avoidable Emergency Department Visits

In 2008 SFHP began participation in the DHCS Statewide Quality Improvement Collaborative aimed at reducing avoidable emergency department visits. At the end of 2010, we had submitted baseline data (CY2007) and data for measurement years 1 and 2 (CY2008 and CY 2009 respectively). Results are presented in the table below.

| | Baseline (measurement year 2007) | Year 1 (measurement year 2008) | Year 2 (measure year 2009) |
|--|--|--------------------------------------|----------------------------------|
| Emergency department visits per 1000 Medi-Cal members per month (using state specifications) | 22.84/1000 | 22.53/1000 | 26.28/1000 |
| Percent avoidable visits | 17.35% | 17.38% | 19.79% |

The statewide benchmark for emergency department visits per 1000 Medi-Cal members per month was 36 in CY 2008 and 18% for avoidable ER visits.

San Francisco Health Plan's rates have been trending upwards for both overall ER rates and also for avoidable ER visits. Comparisons of baseline (MY 2007) to re-measurements in both 2008 and 2009 measurement years, show statistically significant declines, despite SFHP's overall ER rates performing better than the statewide average.

Through the collaborative SFHP completed several interventions; however, the interventions were not driven by data analysis and therefore, were not as effective. Examples included distributing the brochure and flyer "Not sure it's an Emergency" in both English and Spanish and sharing ER outreach lists with providers. Minimal follow-up was done to assess the value from both providers and patients; therefore we are unclear to what extent the activities above showed value.

SFHP also conducted a short survey with members who had recently visited the St. Luke's Hospital emergency room where the highest utilization exists. This survey helped SFHP understand the reasons why members made a visit to the ER. Through this short survey we learned that members perceive that access to primary care is difficult.

In response to our increase in ER rates and our limited success with interventions tried, SFHP completed an in-depth analysis of emergency department utilization broken down by hospital,

provider group, and key member demographics and by diagnostic area to better pinpoint targeted areas for improvement. Highest utilization of ER services by MediCal members occurs at St. Luke's Hospital and Hill Physicians medical group members are frequenting the ER more than other medical groups. In early 2011, we began working with Hill Physicians Medical Group and St. Luke's Hospital to develop a strategy and QI activities aimed at reducing avoidable ER visits at this hospital.

To help support our efforts in this area SFHP assigned a Project Manager and Data Analyst, as well as a part time QI Coordinator to work on this project as one of our key department goals in 2011.

Utilization Management Notice of Action (NOA) Letter Audit

The Utilization Management Department has measures in place to ensure members receive NOA letters meeting regulatory guidelines and strict quality standards. In 2010, SFHP was audited by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS). Pharmacy and medical authorization request files were reviewed by the DMHC/DHCS auditors for medical decision, completeness, appropriate notification language and fit with member language needs. SFHP passed the audit with one minor corrective action plan – formatting of DMHC and DHCS phone numbers needed to be bolded; this was remedied. In 2010 we audited the letters internally and no errors were found. We will continue to monitor the utilization management and NOA letter process to ensure quality and efficiency.

Coordination of Care with Community Agencies and Waiver Programs

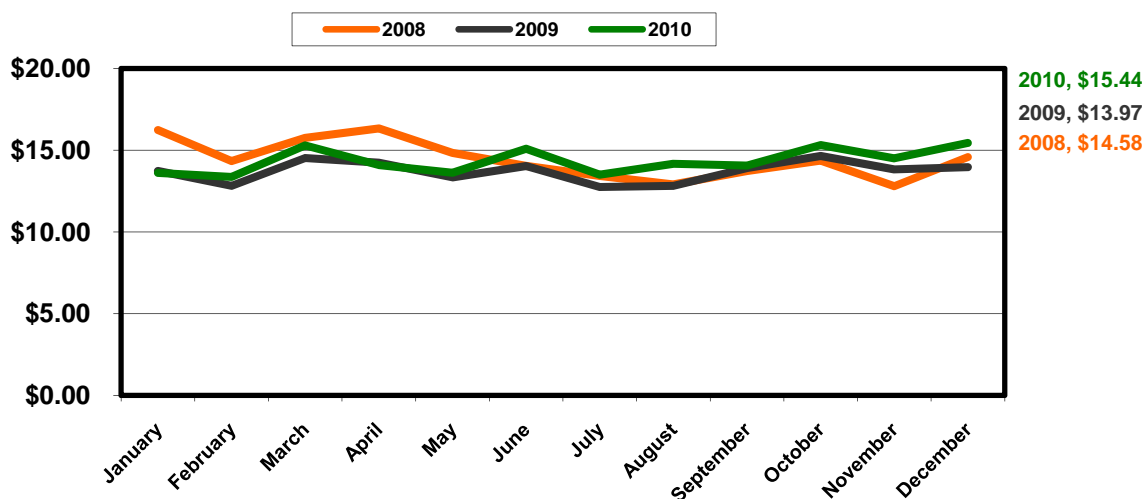
SFHP members who need specialty care are referred by their primary care practitioners to specialists and may also receive services from many agencies in the community with which SFHP has memorandums of understanding. These community programs include California Children's Services (CCS), Golden Gate Regional Center (GGRC), Early Start (ES), Women, Infants and Children (WIC), Community Behavioral Health Services, Sexually Transmitted Disease/Infections Services and the Tuberculosis-Direct Observed Therapy (TB-DOT) Assistance Program. SFHP members are also eligible for services from the federal waiver programs: HIV/AIDS Waiver Program, the Multipurpose Senior Services Program, Nursing Facility/Acute Hospital Waiver, and Home and Community Based Services Waiver for the Developmentally Disabled.

SFHP informs our members and practitioners about these services and how to access them through the SFHP Provider Referral Contacts brochure, Joint Administrative Meetings with our Medical Groups, PCP Meetings, and featured articles in our Provider Newsletters, Informed. In addition, SFHP is responsible for assuring that there is comprehensive care coordination when PCPs make referrals.

Pharmacy Services

SFHP assures the quality of its pharmacy services by offering a generous formulary, maintaining good relationships with our pharmacy providers, and overseeing the pharmacy credentialing process. Our pharmacy services and formulary are constantly reviewed and updated by our Pharmacy and Therapeutics Committee, a sub-committee of our Quality Improvement Committee. We monitor pharmacy usage monthly through cost and utilization reports. The trend for pharmacy cost per member per month (PMPM) continued to be stable and similar to previous years.

Pharmacy Cost per Member per Month (PMPM) for all Lines of Business

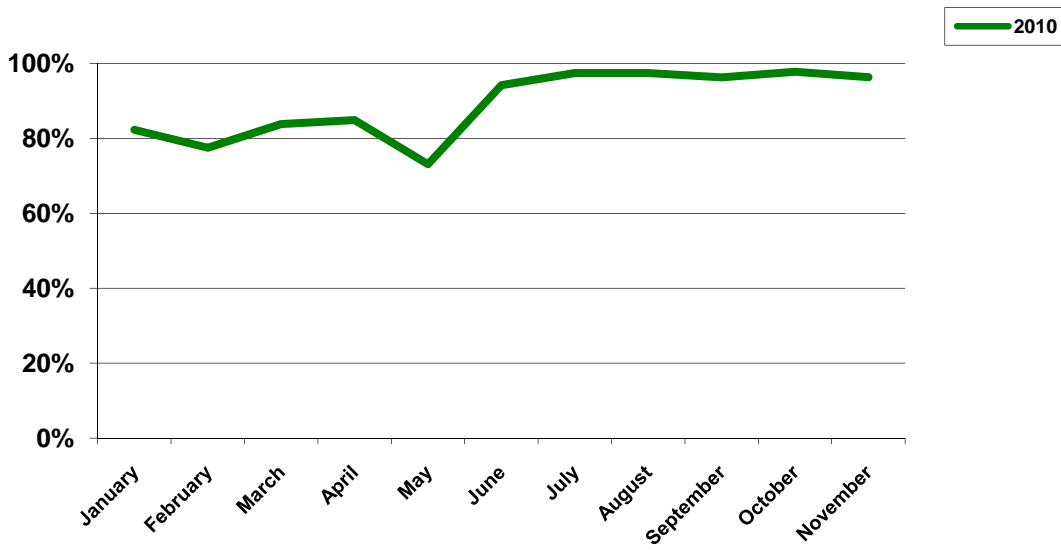


SFHP manages pharmacy costs through our generic-preferred formulary and prior authorization process. In 2010, nearly 85% of prescriptions were filled with generic medications and the average cost per prescription (all prescriptions, brand and generic) was \$29.31 (compared to \$31.38 in 2008).

In 2010, our Pharmacy and Therapeutics (P&T) Committee met four times to maintain the SFHP formulary and to add new drugs as appropriate. The Committee completed the 2010 portion of the three-year drug class rotation and reviewed medications and supplies in the following categories: ophthalmic agents, migraine prophylaxis agents, neuropathic pain agents, hypnotics, anxiolytics, contraceptives, hormonal agents and dermatological agents. Additionally, the Committee reviewed the following categories off-cycle -- gout agents, antivirals for herpes, antivirals for Hepatitis B, smoking cessation products and blood glucose monitor test strips/meters.

The SFHP pharmacy department has maintained and optimized the electronic review and filing of pharmacy prior authorization requests. In 2010 we focused on updating workflows with the pharmacy benefit management company, streamlining processes at SFHP and increasing staff capacity. As a result, we saw dramatic changes in our pharmacy turn-around time.

Pharmacy Prior Authorization Turn-Around Time - % processed within 5 calendar days



V. Making Health Education and Cultural and Linguistic Services Available to Members

Health education and cultural and linguistic competency principles are actively integrated into our quality improvement activities. In making decisions about quality improvement interventions, we examine the demographic characteristics of our member population. In response to provider recommendations and member input, we continued many existing projects in 2010.

Making Health Education Materials Available for Members and Providers

Health Education on the Web

SFHP maintains a library of health education materials in a wide range of topic areas. We make the materials available in both paper and on-line formats. Upon request, we also make materials available in alternative formats including large print, audio, or Braille. Our website includes an easy-

to-navigate repository of educational materials that providers, members, and visitors can access and print. Currently, we have on-line materials in multiple languages that address topics including asthma, diabetes, breastfeeding, and weight management. We continuously upload newly developed materials to our website for both member and provider access.

To assess website use, we measure the frequency of hits to Health Education pages. In 2010, the Health Education sections of the SFHP website (Provider, Visitor, and Member sections) were accessed a total of 23,462 times.

Provider Section (total 4,583):

- Health Education Material for Members: 1,352
- Health Education Material for Providers: 1,317
- Health Education Classes: 957
- HECP: 957

Member Section (total: 8,484):

- English: 3,640
- Spanish: 2,370
- Chinese: 2,474

Visitors Section (total: 10,395):

- English: 4,154
- Spanish: 2,548
- Chinese: 3,693

Health Education Materials downloaded from all sections (total: 41,533):

- English: 15,159
- Spanish: 13,683
- Chinese: 9,899
- Vietnamese: 2,792

Targeted Health Education Mailings

As part of our quality improvement initiatives to promote preventive care and management of chronic conditions, SFHP also proactively mails health education materials to members. We mail information and health reminders on the following health topics:

- Immunizations for 0-2 year-olds

- Well-checks for 3-6 year-olds
- Well-checks for 12-21 year-olds
- Cervical cancer screening
- Breast cancer screening
- General women’s health, ages 27+
- General young women’s health, ages 16-26
- General diabetes management, including information on exercise and nutrition
- Diabetic eye exams
- Initial health assessments
- Pregnancy education books
- “What To Do When Your Child Gets Sick” parent/caregiver education book

Our quarterly newsletter continues to be an important means for communicating health education messages to our members. The newsletter, *Your Health Matters*, regularly includes articles on topics such as child safety, member rights pertaining to language access services, wellness tips, and SFHP’s community partnerships.

Provider Health Education Toolkits

In response to the Pertussis epidemic in 2010, SFHP created Pertussis Toolkits to assist providers in spreading awareness about the importance of testing, treating and immunizing for Pertussis. The toolkits include the following items:

- Whooping Cough is on the Rise in California: Protect Your Baby (English handout for patients)
- Whooping Cough is on the Rise in California: Protect Your Baby (Spanish handout for patients)
- Pertussis Awareness Posters (English & Spanish)
- Response to Communicable Diseases: A Quick Guide for San Francisco Clinicians – Pertussis (Whooping Cough)
- Tdap or DTap: Pertussis is widespread – are your patients protected?
- July 2010 California Pertussis Update from CDPH

Health Education Compensation Program (HECP)

The purpose of HECP is to provide financial support for health education classes and counseling in the primary care setting, and to reward providers for doing health education counseling during individual and group visits.

In July of 2010 SFHP expanded the HECP program to offer funding to health education programs affiliated with our contracted providers.

The HECP program is now open to two groups:

Group 1: A total of 13 sites enrolled in the HECP program as in network primary care sites that have SFHP members assigned to them.

Group 2: A total of six organizations or programs affiliated with our contracted providers that provide individual or group education classes to SFHP members (including PCP sites with no SFHP members assigned) are participating in HECP. This group has two options for participation in HECP.

- **Option 1:** Flat rate up-front, one-time payment of \$2,500
If program is approved as qualifying for HECP, organizations receive \$2,500 up front. To qualify, programs must agree to offer classes free of charge for SFHP members; therefore any co-pays or class fees will be waived. Sites may choose this option if they offer free classes to SFHP members, but are unable to check eligibility (to confirm SFHP membership) at the time of the service.
- **Option 2:** Flat Rate, two payments of \$2,500 totaling \$5,000 for FY 2010-2011
The organization will receive \$2,500 up front as in option 1. To receive an additional \$2,500 for FY 2010-2011, organizations must submit service data by the close of the fiscal year at the end of June 2011. The site must have provided at least 50 health education services to receive an additional payment. The number of SFHP members served by the end FY 2010-2011 will be used to set payment levels in HECP for the following fiscal year.

The participating clinics submitted evidence of providing health education classes and individual counseling sessions on various topics identified by the following ICD-9 codes:

- Diabetes: 250.0
- Asthma: 493.0
- Perinatal: V22.2
- Nutrition and weight management: V65.3
- Hyperlipidemia: 272.4

- Hypertension: 401.9
- Tobacco Abuse: 305.1
- Behavioral Counseling: V65.40
- Dental hygiene/ fluoride varnish: V72.2
- Parenting/ family wellness: V61
- Other: 999.9

Three of the clinic sites also receive additional reimbursement for providing fluoride varnish services to pediatric members.

Nutrition and Physical Activity Resources: Piloting Healthy Weight Initiatives

Our most recent Health Education Group Needs Assessment indicated that the top health education needs of our members and providers are in the area of nutrition and physical activity.

Nutrition and Physical Activity Health Education Materials Dissemination

To support our provider network in providing tools for maintaining a healthy weight, SFHP has materials ranging from cookbooks to exercise bands available to our providers upon request. These materials were disseminated to clinic sites and are to be used for health education and as incentives in targeted campaigns such as a Diabetes Days and Nutrition Classes.

BMI Interventions

Since addressing the obesity epidemic is a top priority for SFHP, the new HEDIS measures fit nicely into our efforts to prevent and reduce obesity here in San Francisco. In 2010, SFHP distributed BMI wheels at meetings with Medical Group representatives for providers to use to calculate the BMI percentile of their patients. They also received information about documenting BMI, Nutrition and Physical activity counseling in the patient's chart following the new HEDIS measure specifications. In 2011, SFHP will distribute new BMI Wheels and informational packets to all primary care providers in the network.

Weight Management Train the Trainers Program: “Eat Smart, Be Active”

The Quality and Performance Improvement Department started a Healthy Weight program, “Eating Smart, Be Active”, in January 2009. The program is a field-tested nutrition education course targeted at low-income individuals and families, designed by the U.S. Department of Education. It had been shown to increase nutrition and physical activity knowledge and behaviors. This program consisted of eight small group classes taught concurrently, over an eight week period by Nutrition Education Assistants. Five clinics participated in the program. It was recommended that each clinic offer three series of this 8- week course, where SFHP would teach the first series and coach key staff at the clinic to teach the remaining two series. This is to support capacity and sustainability of the course. SFHP conducted an evaluation of the program in Spring 2010 and a summary of the findings are listed below:

- About 100 individuals attended series 1 and of these, about 10% were SFHP members.
- Improvements in knowledge pre/post were observed; however results are based on a small sample size since knowledge was re-assessed at the end of the 8 classes and less than 30% completed the series.
- The entire series (8 classes) costs about \$4,000 with each additional series, costing \$1400 (start up costs are involved when beginning a series).
- Two additional clinics expressed interest in the series but recommended adapting the content, stating that 8-classes would lose the attention of their patients.

After a review of the data, including attendance statistics, member satisfaction of the course, and a pre/post test evaluating knowledge/skills gained through the San Francisco Health Plan Healthy Weight course, it is not clear whether this course is the most effective strategy for 1) reaching a large volume of our members, 2) retaining attendance throughout the series, 3) improving knowledge about the importance of nutrition and physical activity, 4) and members applying knowledge gained to effectively manage their weight. As a result of this evaluation, it was decided along with feedback from the SFHP Quality Improvement Committee (QIC) to phase out the program in its entirety and support clinics using the program in the following ways:

- Continue to provide materials, reimbursement for food & supplies
- Roll up reimbursement rates into HECP if clinic goes beyond 3 series
- The Eat Smart Be Active Program was discontinued for new clinics, but SFHP continues to make materials available to all clinics to adapt to meet their needs.

San Francisco CHDP Program Childhood Obesity Prevention Workgroup

In 2010, SFHP continued to participate in a citywide coalition of health care providers and managed care organizations to create a way for PCPs to help families find low-cost ways to engage their children in physical activity. The coalition planned a conference on childhood obesity prevention

entitled *Childhood Obesity 2010: The Next Generation of Prevention and Management*. The conference brought health care providers and community organizations together to promote collaboration around improving nutrition and physical activity for young people.

Promoting Cultural Competency and Language Access

Cultural Awareness Training

In 2010, SFHP conducted or sponsored several Cultural Awareness Trainings open to SFHP staff and or our contracted medical groups and providers. The trainings offered in 2010 included the following:

I. Customer Service and Patient Relations: Improving Communication with Patients/Members Training

Date: February 26, 2010

Target Audience: SFHP Staff with direct member contact

Attendees: 15

Training conducted by Practice and Liability Consultants

Topics Include:

- Understanding what today's patients/customers want from medical offices
- First Impressions.
- Professional etiquette, demeanor, and business language.
- Accurate message taking, Do's and Don'ts.
- Protocols for screening calls.
- What patients remember about phone conversations.
- Handling difficult patients, specific techniques for turning the angry patient into a happy customer.
- Handling complaints.

II. Reducing African American Infant Mortality in San Francisco: A cultural competency training for providers

Date: May 27, 2010

Target Audience: SFHP Provider Network

Training conducted by Gene Ramos, Expert Consultant

Training Objectives:

- Discuss infant mortality rates and disparities in San Francisco.
- Understand and delineate three ways to improve the patient encounter in the area of race and culture.
- Name three models of effective patient communication.

- Identify next steps in developing institutional cultural awareness.

III. *Improving Personal Effectiveness through Cultural Awareness*

Date: June 10 and 11, 2010

Target Audience: SFHP Staff

Attendees: 81

Training conducted by the Coordinator of Health Education and Cultural Linguistic Services & Manager of Quality and Performance Improvement

Training Objectives:

- Define culture, and why it matters for our work with members and each other.
- Discuss how cultural factors affect health care delivery.
- Discuss how cultural factors affect our work at SFHP.

IV. *Cultural Awareness for Managers*

Date: June 17, 2010

Target Audience: SFHP Managers

Attendees: 30

Training conducted by the Coordinator of Health Education and Cultural Linguistic Services & Manager of Quality and Performance Improvement

Training Objectives:

- Review “Improving Personal Effectiveness through Cultural Awareness” presented to SFHP staff on June 10th & 11th.
- Identify responsibilities and liabilities for managers working with culturally diverse staff.
- Discuss staff management scenarios about how cultural factors affect our work at SFHP.

Language Access

SFHP monitors language access through medical group oversight audits, grievances and provider network monitoring. In addition to our regular monitoring activities, we continue to work on compliance with SB853, the legislation around language services provided by managed care organizations. SB853 requires all Department of Managed Health Care (DMHC) licensed managed care organizations to provide language assistance services to enrollees with Limited English Proficiency (LEP). The regulation stipulates that plans are compliant if they demonstrate that they are fully compliant with Medi-Cal standards and extend these standards across all lines of business. SFHP falls under these regulations and is compliant with SB853 by extending our language access policies and procedures to all of our lines of business.

Medical Joint Administrative Meeting with Contracted Medical Groups

Dates: Multiple dates throughout Fall 2010

Target Audience: Medical Group Staff

- Kaiser Foundation Health Plan – San Francisco.
- Chinese Community Health Care Association (CCHCA).
- North East Medical Services (NEMS).
- Physicians Integrated Medical Group (PIMG) and Hill Physicians Medical Group (HILL) (effective 8/1/10).
- Brown & Toland Medical Group (BTP) effective 11/1/2010.
- St. Mary's - St. Mary's Medical Staff Office with delegation for credentialing Sister Mary Philippa Health Center.

SFHP staff provided meeting attendees with Cultural and Linguistic Services Requirements toolkits. The toolkits were also advertised in the provider newsletter.

Interpreter Services Toolkit: Limited English Proficient (LEP) Members have the right to access quality interpreter services at all medical related points of contact. Included in this packet are several resources that address working with interpreters as well as determining language capability and proficiency of bilingual or multilingual office staff or providers.

- Cultural and Linguistic Services Requirements.
- Tips For Communicating Across Language Barriers.
- Tips for Working with Interpreters.
- Employee Language Skills Self-Assessment Tool.

Reducing Disparities in Care: Examining HEDIS Rates by Race/Ethnicity and Language

While we continue to make progress in improving our overall rates for almost all HEDIS measures in 2009, an analysis by race/ethnicity and language showed continued disparities in the rates for some measures.

SFHP analyzes HEDIS data to identify health care disparities. We are currently working with our Quality Improvement Committee and Member Advisory Committee to improve our data analysis process to identify health disparities and determine areas for targeted interventions. Some initial findings by focus areas from both Medi-Cal and Healthy Families LOBs are summarized below:

- Access
 - Black, Filipino and Samoan groups have the lowest rates across children's access measures.
- Prevention
 - English speaking group had the lowest rates across obesity prevention measures (BMI, Physical Activity, Nutrition Counseling).

- Chinese speaking group had the best rates for pediatric prevention measures including well checks and childhood immunizations measures.
- Women's Health
 - Prenatal and postpartum rates were lowest for English, Spanish and Chinese speaking groups.
 - Black ethnic group had the highest prenatal rate.
- Overuse
 - Chinese and Tagalog are the lowest for pediatric overuse measures (pharyngitis and URI).

SFHP is currently working with the QIC committee to improve the analysis and reporting of the HEDIS and other data sources in hopes of more timely identification of health care disparities among different language and ethnic groups.

VII. Quality Monitoring

Facility Site Review

San Francisco Health Plan (SFHP) works collaboratively and has an active Memorandum of Understanding (MOU) with Anthem Blue Cross of California to review all primary care providers and sites that are jointly contracted with the Plans in order to ensure compliance with criteria set forth by the California Department of Health Care Services (DHCS) are met. In addition, SFHP delegates and conducts ongoing oversight of these full scope (facility site and medical record) reviews and the interim monitoring activities to its medical groups.

In January 2010, SFHP delegated Kaiser Foundation Health Plan for the completion, documentation, and reporting of facility site reviews after conducting a side-by-side with their nurse reviewer and collaborating on the corrective action plan for their new Family Health Center.

The site review portion evaluates 139 criteria in the areas of access and safety, personnel, office management, clinical services, preventive services, and infection control. The medical record review portion evaluates 32 criteria in the areas of chart format, documentation, continuity and coordination of care, and preventive care. Below are summaries of the full scope (facility and medical records) and interim monitoring reviews conducted in 2010.

Summary of Facility Site Reviews (FSR)

DHCS Key for FSRs: Exempted pass: 90% or above without any critical elements

Conditional pass: 80-89%

Failed: Under 80%

| Medical Group | # Reviews in 2010 | Review Scores 90% - 100% | Review Scores 80% - 89% | Review Scores <80% |
|----------------------------------|-------------------|--------------------------|-------------------------|--------------------|
| BTP (effective 11/1/2010) | 0 | 0 | 0 | 0 |
| CCHCA | 4 + 2 (initials) | 5 | 1 | 0 |
| CHN | 2 | 2 | 0 | 0 |
| KAISER | 0 | 0 | 0 | 0 |
| PIMG/HILL | 3 | 3 | 0 | 0 |
| NEMS | 1 (initial) | 1 | 0 | 0 |
| UCSF | 2 (initials) | 2 (initials) | 0 | 0 |
| TOTALS | 14 | 13 | 1 | 0 |

Summary of Medical Record Reviews (MRR)

DHCS Key for MRRs: Exempted pass: 90%

Conditional pass: 80-89%

Failed: Under 80%

| Medical Group | # Reviews in 2010 | Review Scores 90% - 100% | Review Scores 80% - 89% | Review Scores <80% |
|----------------------------------|-------------------|--------------------------|-------------------------|--------------------|
| BTP (effective 11/1/2010) | 0 | 0 | 0 | 0 |
| CCHCA | 8 | 1 | 2 | 1 |
| CHN | 2 | 2 | 0 | 0 |
| KAISER | 0 | 0 | 0 | 0 |
| PIMG/HILL | 3 | 1 | 2 | 0 |
| NEMS | 0 | 0 | 0 | 0 |
| UCSF | 1 (initial) | 1 (initial) | 0 | 0 |
| TOTALS | 14 | 5 | 4 | 1 |

Summary:

There were 28 site and 24 record reviews completed in calendar year 2010. Three initial reviews were conducted in clinics or provider offices that had not been in our network previously. Two additional initial reviews were in offices or clinics that had moved to new addresses. One of the initial new providers was with our new medical group, Brown & Toland Physicians

One network provider received a medical record review score that was below 80%. This provider is from Chinese Community Health Care Association’s (CCHCA) network:

- This internal medicine provider scored 78% on his medical record review. The medical group closed him to new patients. He has a decreasing number of SFHP members, currently a total of 25. He is CCHCA’s only Chinese speaking provider in this part of San Francisco.

Interim Monitoring/Focused (IM) reviews are conducted at approximately 18 months following the last facility site review. There were a total of 46 completed in 2010.

Summary of Interim Monitoring (IM) Reviews

| Medical Group | # Interim Monitoring Reviews by Medical Group |
|--------------------|---|
| BTP | None to complete to date |
| CCHCA | 18 |
| CHN | 12 |
| KAISER | None to complete in 2010 |
| PIMG/HILL | 9 |
| NEMS | 4 |
| UCSF | 3 |
| 2010 TOTALS | 46 |

San Francisco Health Plan continues to distribute its Facility Site Survival Toolkit to newly contracted provider offices/clinics. In addition, the Immunization Vaccine Information Statement (VIS) binders, created for offices that did not have web access to download the CDC VISs, were sent VIS updates/revisions twice during the year. Per federal law, VIS forms must be shared with parents of children or adults before receiving immunizations and obtaining consent since they describe the purpose and side effects of the vaccines.

San Francisco Health Plan added two new nurse reviewers in 2010. They are currently in the process of becoming certified facility site review nurses for their networks: Chinese Community Health Care Association and Brown & Toland Physicians.

Medical Group Oversight Audit Results - 2010

To the degree that San Francisco Health Plan (SFHP) delegates functions to its medical groups, it implements an oversight program that makes clear the division of responsibilities. These functions are delineated annually in the Medical Group’s Responsibilities and Reporting Requirement document which is approved by the Executive Director or Chief Executive Officer at the medical group and then signed by San Francisco Health Plan’s CEO.

Through required submissions of reports, policies and procedures, work plans, etc. and through an annual medical group audit, SFHP monitors how the medical groups have implemented its delegated responsibilities.

Delegated standards are from our contracts with the Department of Health Care Services and the Department of Managed Health Care. The plan maintains ultimate responsibility for these delegated functions and has oversight of these functions.

| 2010 Delegated Audited Functions as Listed and Delineated in the Medical Group’s Responsibilities and Reporting Requirement Grids | | | | | | | |
|---|---|---------------|--------------------------|--|---------------------------------------|--------------------------------|--------|
| Network | Grievances (Member Rights & Responsibilities) | Credentialing | C&L Interpreter Services | Utilization Mgmt | DHCS Contract Requirements (Addendum) | Access Dwell/Wait Time Studies | Claims |
| Kaiser | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| CCHCA | NA | Yes | Yes | Yes | Yes | Yes | Yes |
| NEMS | NA | Yes | Yes | Yes | Yes | Yes | Yes |
| PIMG/ HILL | NA | Yes | Yes | HILL = Yes all; PIMG = Outpatient Services only | Yes | Yes | Yes |
| BTP | NA | Yes | Yes | Yes | Yes | Yes | Yes |
| CHN | NA | Yes | Yes | NA | NA | NA | NA |
| St. Mary’s | NA | Yes | Yes | NA | NA | NA | NA |
| UCSF | NA | Yes | Yes | NA | NA | NA | NA |

Note: SFHP assumed the responsibility for St. Luke’s Hospital inpatient concurrent and skilled nursing facility review in 2004, but turned it over to Hill Physicians on August 1, 2010 after their purchase of PIMG.

Medical Group Key:

Kaiser: Kaiser Foundation Health Plan – San Francisco

CCHCA: Chinese Community Health Care Association

NEMS: North East Medical Services

PIMG / HILL: Physicians Integrated Medical Group and HILL - Hill Physicians Medical Group effective 8/1/10

BTP: Brown & Toland Medical Group effective 11/1/2010

CHN: Community Health Network Medical Staff Office with delegation for credentialing

St. Mary’s: St. Mary’s Medical Staff Office with delegation for credentialing Sister Mary Philippa Health Center

UCSF: University of California San Francisco with delegation for credentialing

San Francisco Health Plan:

- Utilizes a standard industry tool to perform the quarterly and annual reviews / audits
- Meets with and offers technical support on an ongoing basis to its medical groups
- Reviews annual, biennial, and quarterly submissions
- Develops and signs off on any corrective action plans (CAP) when deficiencies are identified

Oversight Audits By Medical Groups

See Attachment 1 for detailed results

| Medical Group | Audit Date |
|-------------------------------|---|
| Kaiser Foundation Health Plan | October 25 and 26, 2010 |
| CCHCA | September 22, 2010 Claims audit: November 29, 2010 |
| NEMS | September 30, 2010 Claims audit: December 3, 2010 |
| PIMG / HILL | Precontractual onsite training – contract implementation August 1, 2010 |
| BTP | Precontractual onsite training – contract implementation November 1, 2010 |

| Credentialing only with Date of Completion (Credentialing P&Ps and Initial & Recredential Files) | Audit Date |
|---|-------------------|
| SFGH Medical Staff Office - (Community Health Network) | December 10, 2010 |
| St. Mary's Medical Staff Office (Sister Mary Philippa) | February 8, 2011 |
| UCSF Medical Staff Office (UCSF Medical Center) | December 3, 2010 |

SFHP decisions following the oversight audits in 2010:

1. After receiving our 2009 findings from the joint DHCS/DMHC review and reviewing our oversight audits that same year, SFHP emphasized the importance of training new providers utilizing the SFHP *Key Summary of Information* document within ten business days of the provider's credentialing approval date in our 2010 Responsibilities and Requirement grids.
2. New legislation, Senate Bill 853 (SB 853), containing new C&L requirements was effective January 2009. CCHCA and NEMS had deficiencies in P&Ps regarding C&L requirements identified in SB 853. *Two medical groups (CCHCA and PIMG)*, were identified for the second year, as not having a medical interpreter language proficiency/skills assessment tool to collect information on providers and office staff with direct member contact. SFHP provided CCHCA and PIMG with the industry standard ICE *Employee Language Skills Self-Assessment Tool* to assess provider's and provider office staff's speaking, reading and written proficiency in languages other than English. Medical groups were encouraged to assess their network and implement a process to assess new hires utilizing this tool by 7/1/10.

The results from the annual audits are shared with the Quality Improvement Committee . All audit deficiencies are being incorporated into the 2011 Medical Group Responsibility and Reporting Requirement grids and will be included in the 2011 oversight audit tools for Grievances, Credentialing, Utilization Management, DHS Addendum, Cultural and Linguistic Services, Claims, etc.

VIII. Quality Leadership

Physician Advisory, Peer Review, Credentialing and Quality Improvement Committee

The Physician Advisory, Peer Review, Credentialing and Quality Improvement Committee meets six times per year to conduct credentialing and peer review activities, as well as provides advice, comments and recommendations on SFHP's clinical and quality initiatives. The Committee is made up of SFHP physicians, five of our medical groups, and members. The Committee approves our QI and UM programs. In addition to providing oversight for our QI activities, the Physician Advisory, Peer Review, Credentialing and Quality Improvement Committee advises us on many topics including the following, as specified in our Policy and Procedure QI-01:

- Setting access standards for primary and specialty care.
- Analyzing our member satisfaction results and action plan.
- Reducing disparities in care as measured by HEDIS rates.
- Improvement of provider communication and site visits.
- Credentialing and recredentialing of network providers.
- Feedback to smoothly transition seniors and persons with disabilities into managed care.
- Recommend and approve preventive guidelines.
- Annually review and approve policies and procedures for Quality and Performance Improvement, Utilization Management, Care Management, Care Coordination, and Care Transitions.
- Approve clinical criteria and clinical practice guidelines used in utilization management decisions.
- Provide medical opinion regarding technological advances in consideration of benefit enhancements, inclusion and exclusion.