



**SAN FRANCISCO
HEALTH PLAN**

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SFCCC Idea Summary – Network Wide Discussion of Productivity/Access

WHO

- SFCCC represents and advocates for 10 independent Community Clinics and Health Centers in San Francisco with 16 individual sites including one mobile medical van.
- The SFCCC partnership (SFCCC with its partner clinics) provides full scope primary care services to over 72,000 San Franciscans each year (a little more than half of the estimated 130,00 patients served by the Safety Net) during over 315,000 encounters. (includes 236,000 encounters with roughly 50 MDs & 25 Mid-Levels). Together we work toward a future in which all people have access to quality, community-based health care provided in a culturally, linguistically and population-sensitive manner.
- SFCCC partner clinics are Medical Home to almost half of all Healthy San Francisco enrollees.
- We are the primary grantee for the San Francisco Health Care for the Homeless Program (encompassing a partnership between SFCCC partner clinics and the SFDPH Primary Care Clinics), one of the largest federal HCH programs in the country.
 - The Street Outreach Services (SOS) Van provides homeless clients with linkage to primary care as well as needed preventive and urgent health care services.
 - Our VET SOS program offers care to homeless animals, as a way to reach out to homeless San Franciscans.
- SFCCC is also the Ryan White Part C (Early Intervention Services) grantee for San Francisco. Patients receive comprehensive HIV medical, counseling, and referral services within their culturally appropriate community at 5 of SFCCC clinics and 2 DPH clinics.
- Since 1995, San Francisco Community Clinic Consortium has been the host site for the San Francisco Community HealthCorps (health-focused Americorps program) availing the clinics of 24 AmeriCorps and 5 VISA Volunteers each year.
- Funding: 8 of our clinics are Federally Qualified Health Centers & two are Free Clinics that do not take government funding. The 8 FOHCs also receive funding from a mix of the above mentioned federal funds, various state funding sources, some city funds (for HSF enrollment) as well as other grants and private sources.

WHAT

- SFCCC partner clinics represent a wide range of populations of focus and cultural environments as well as a staffing ratios and funding sources. Our clinics must answer to a variety of funding sources, each with its own particular requirements for services provided, patients seen and reimbursement patterns. This creates a very complex system in which clinics must balance their own economic survival, the various funder requirements and the ever growing demand for client services that is independent of payor source.

HOW

- In an effort to bring clarity & understanding of these issues to our network, as well as add to the discussion of city wide Safety Net capacity, we have initiated a comprehensive discussion, beginning with the SFCCC Medical Directors, on the following topics:
 - Productivity
 - Panel Size
 - Efficiency
 - Access
- Our plan is to consolidate national, state & local data on these topics with the data reported in our discussions, actions taken by individual clinics to address these topics, and general points of agreement among the Med Directors. From this we will develop recommendations for network wide targets and approaches to the above topics which we will take to the SFCCC Board of Directors for review and approval.

RESOURCES AND TOOLS

- 2007 UDS Roll up data (Uniformed Data Set – annual required reporting for FQHCs on clinical and operational data):
 - National - <ftp://ftp.hrsa.gov/bphc/pdf/uds/2007nationaluds.pdf> - see page 34
 - California - ftp://ftp.hrsa.gov/bphc/pdf/uds/2007/07Rollup_StateCA_08Jul2008.pdf - see page 26
- Productivity, Panel Size, Efficiency & Access question grid – see attached

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This grid is designed to help facilitate a discussion among SFCCC Medical Directors about access, productivity, panel size, and efficiency. The topic will be discussed in the March Medical Directors meeting. The questions require no written response.

Access			
<i>Does your clinic track access indicators (i.e., wait times for new appts., waiting lists, open/closed status for HSF)?</i>	<i>Does your clinic have a plan to increase access?</i>	<i>Where do discussions about access occur (i.e., staff meetings, leadership meetings, etc)?</i>	<i>Are discussions about access ad-hoc or ongoing?</i>

Productivity						
<i>Does your clinic measure provider productivity (i.e. visits per hour, per week, per year, etc.)?</i>	<i>What measurement does your clinic use?</i>	<i>If productivity is measured, are the measured #s generally agreed to be accurate and meaningful?</i>	<i>How are productivity numbers used?</i>	<i>Where do discussions about productivity occur?</i>	<i>What is the nature of those discussions (i.e., goals, expected outcomes, etc.)?</i>	<i>Does your clinic have a goal or standard or benchmark for productivity?</i>

Panel Size							
<i>Does your clinic measure panel size for the clinic and per provider?</i>	<i>What measurement does your clinic use? How are panels and provider FTEs calculated?</i>	<i>If panel size is measured, are the measured #s agreed to be accurate and meaningful?</i>	<i>How are the panel size numbers used?</i>	<i>Where do discussions about panel size occur? What is the nature of those discussions?</i>	<i>Does your clinic have a goal or standard or benchmark for panel size?</i>	<i>Does your clinic measure average visits per patient per year?</i>	<i>Are panel size measurements weighted by any kind of acuity/complexity factors? If so, how?</i>

Efficiency				
<i>Does your clinic track efficiency indicators (i.e., transit time, no-show rate, support staff/provider ratios, etc.)?</i>	<i>What efficiency indicators does your clinic use?</i>	<i>Does your clinic have some sort of plan to increase efficiency or to "restructure"?</i>	<i>Where do discussions about efficiency occur?</i>	<i>Does your clinic have a form of "open access" scheduling?</i>