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Access Enhancement Fund

Evaluation Report

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INTRODUCTION

The attached report provides a comprehensive evaluation of the ten projects funded through the San Francisco Health Plan (SFHP) Access Enhancement Fund. Remarkably, each project resulted in a measurable improvement in patient access to care.

The Access Enhancement Fund encouraged providers to propose strategies for improvement that they thought would be both achievable in their practices, and meaningful to their patients. For SFHP, this was a break from a frustrating effort to address access in the framework of contract compliance and managed-care performance standards.

SFHP was very anxious to improve access, because our members told us they faced obstacles getting the care they needed. However, providers initially were reluctant to embrace the problem and pursue improvement; they assured us they could "work the system" when a patient had an urgent medical need.

When we announced that SFHP would offer funding to providers who suggested ways to make it easier or faster for their patients to access care, we saw a sea change in provider interest, and received 42 well-developed proposals. With the help of an external review committee, we selected the ten projects featured in this evaluation.

If you would like to know more about the development and administration of the Access Enhancement Fund, please contact Ellen Kaiser. She can be reached at ekaiser@sfhp.org Rafael Gomez evaluated the projects and wrote this final report. He can be reached at rgomez@sfhp.org .

EXECUTIVE SUMMARY

In 2004, the Governing Board of the San Francisco Health Plan (SFHP) allocated $800,000 among ten projects that were designed by providers to increase access to care. The initiative, known as the Access Enhancement Fund (AEF), advanced SFHP's strategic objective to improve the quality of care received by its members. Though the ten AEF-funded projects differed widely, the collective results demonstrate a notable and positive impact on access to care for SFHP members and other patients served by the participating providers. They also provide instructive lessons for future initiatives.

Through expanded clinic hours, the addition of providers, and unique staffing models, seven grantees reported an increase in the number of appointments and visits they were able to offer patients. Four of these grantees increased access to specialty visits, two increased access to primary care, and one expanded urgent care services.

Four grantees also reported that the AEF grant led to improved medical practices and/or administrative operations that contributed to better quality of care and service. Successful strategies included the use of a telephone advice nurse, implementation of the Chronic Care Model, providing mobile ophthalmology services, and installing a telecommunications system. Four AEF projects also explicitly increased linguistic access for non-English speaking patients, primarily through the addition of bilingual providers.

A significant challenge for grant-funded projects is sustaining funded services after the expiration of initial funding. Significantly this evaluation found that nine of ten grant-funded services will be sustained beyond the term of the grant, in most cases, resulting in a permanent expansion of medical services.

BACKGROUND

Ten AEF-grant recipients were selected from forty-two proposals that were submitted after an aggressive outreach campaign among SFHP providers. The request for proposals set a broad definition of access improvement, inviting all proposals that made it faster or easier for patients to get care. A preference was set for proposals that would improve care for significant numbers of SFHP members or for subpopulations with special needs, but there was no requirement that the funds would be used to benefit SFHP members exclusively. An External Review Committee reviewed all proposals and selected a roster of ten to recommend for funding. Final funding decisions were made by the SFHP Governing Board.

The ten grant recipients represented a diversity of medical services, organizations; communities served, and proposed strategies to increase access. Grants ranged from $40,000 to $135,000 and spanned from one to two years.

Table 1. Access Enhancement Fund Grants

Organization	Grant	Amount
Valencia Health Services	Telephone Advice Nurse	$84,000
SFGH Children's Health Center	Staffing for After Hours Clinic	$134,500
Los Portales	Bilingual Physician Assistant	$75,000
SFGH Ophthalmology Clinic	Mobile Eye Van Equipment	$80,000
Sunset Health Services	Bilingual Specialty Services	$39,000
SF Hearing and Speech Center	Bilingual Speech Pathologist(s)	$69,500
SFGH Pediatric Asthma Clinic	Part-time Nurse Practitioner	$50,000
Ocean Park Health Center	Chronic Care Model	$92,000
	Spread Funds to other San Francisco Department of Public Health (DPH) clinics	$15,000
SFGH Urgent Care Clinic	Medical Equipment for Expansion	$54,500
Northeast Medical Services	Telecommunications System/Telephone Advice Nurse	$85,000
	Total Access Enhancement Fund Allocation:	***$778,500***

AEF GRANT OUTCOMES

Expanded Access to Care

AEF grantees pursued the expansion of access through a number of strategies, including adding providers, expanding hours, making capital investments, and initiating innovative medical or administrative practices. As a result, patients gained increased access to care through increased availability of appointments, decreased waiting time for visits, improved quality of care and services, and strengthened linguistic access.

Increased Number of Appointments and Decreased Waiting Time

Seven grantees reported an increase in the number of appointments and visits they were able to offer to patients. Overall, four grantees increased access to specialty visits, two increased access to primary care, and one expanded urgent care services. Specific outcomes include the following:

- *SFGH Children's Health Center:* Expanded evening and weekend hours led to 2,529 additional children/youth primary care visits over two years (ten percent increase in overall visits).

- *Los Portales:* The addition of a bilingual physician assistant led to a permanent increase of 20-25 primary care visits per day.

- *SFGH Ophthalmology Clinic:* The Mobile Eye Van conducted an additional 2,200 diabetic/glaucoma screenings and 1,186 routine eye exams at eight San Francisco Department of Public Health (DPH) clinics over two years.

- *SFGH Pediatric Asthma Clinic:* Expanded nurse practitioner staffing increased monthly visits from 41 per month to 55 per month, representing a 34 percent increase in monthly visits. Wait time for an appointment decreased from 10-12 weeks to 4-6 weeks.

- *Sunset Health Services:* Patients gained access to four hours per month of cardiology, neurology and dermatology appointments. Wait times for non-urgent appointments do not exceed one month.

- *SFGH Urgent Care Clinic:* Space and hours expansion increased daily visits from 30-35 visits per day to 80-85 visits per day, representing a 150 percent increase. The clinic also reported a decrease in the number of non-emergent cases seen at the emergency room.

- *SF Hearing and Speech Center:* Provided 290 additional child assessments/therapy sessions for Spanish and Chinese-speaking children over two years.

Improved Quality of Care and Patient Service

Several grantees also reported improved medical practices and/or administrative operations that led to improved quality of care and/or service for their patients. Improvements included the following:

- *Valencia Health Services (VHS):* As a result of funding a telephone advice nurse, VHS patients received quicker return calls, improved quality of telephone advice and support, and improved continuity of care. Wait time for a telephone advice return call decreased by 36 percent. Likewise, patients with chronic conditions or ongoing health care needs now receive case management services that include follow-up calls, referral support and telephone advice. VHS also reports improved patient triaging, as suggested by a five percent decrease in clinic visits and notable increase in the number of patients calling about a specific health problem for advice.

- *Ocean Park Health Center (OPHC) – Chronic Care Model:* Implementation of the Chronic Care Model (CCM) improved care and outcomes for diabetic patients. The percentage of patients receiving annual diabetic foot exams improved from 46 to 91 percent, and diabetic eye exams increased from 27 to 72 percent. Second, patients reported moderate improvements in diabetes self-management, including more frequent blood sugar testing, increased confidence, and the articulation of self-management goals.

- *Northeast Medical Services (NEMS):* Implementation of a new telecommunications system and organizational approach to handling calls led to improved service for patients. Outcomes include a 58 percent increase in the number of calls handled each day, a four-fold decrease in the number of abandoned calls (20 percent to 5.6 percent), decrease in average hold time from one minute to five seconds, and improved capacity to link calls to appropriate departments.

- *SFGH Ophthalmology Clinic:* As a secondary effect, new Mobile Eye Van services relieved the SFGH Ophthalmology Clinic of low priority visits (i.e. screenings) and allowed them to prioritize appointments for higher need patients. This also increased show rates since patients with low priority needs are less likely to show up for appointments.

Improved Linguistic and Cultural Access

Nearly all AEF grantees serve diverse cultural and linguistic communities. However, four AEF projects explicitly increased linguistic access for non-English speaking patients:

- *Sunset Health Services:* Start-up funding for bilingual specialists allowed this non-profit clinic, which serves a 90 percent monolingual Chinese community, to provide Chinese language cardiology, neurology, and dermatology services onsite.

- *Los Portales:* Start-up funding for an additional bilingual physician assistant increased the capacity of this small private practice to serve Spanish-speaking patients. The physician assistant currently sees 20-25 patients per day, most of whom are monolingual Spanish-speakers.

- *San Francisco Hearing and Speech Center:* AEF funding facilitated the addition of one Spanish- and one Chinese-speaking speech pathologist, and temporarily increased access for monolingual children. Outreach with various agencies, including Wu Yee's Children Services, NEMS and Mission Neighborhood Health Center generated an additional 290 visits from non-English speaking patients over two years. Though the Center has been unable to retain the Spanish-speaking speech pathologist, they have hired additional Chinese and Spanish-speaking administrative staff in response to a growing non-English speaking patient population.

- *Ocean Park Health Center (OPHC) – Chronic Care Model:* In order provide culturally and linguistically appropriate chronic care services, OPHC developed Chronic Care Model (CCM) curriculum and materials for Chinese patients. CCM cohorts are held alternately in Chinese and English. OPHC is also currently developing a Russian Metabolic Syndrome Group Visit program.

Sustainability

AEF grantees report that nine of ten grant-funded services will be sustained beyond the term of the grant. In most cases, program sustainability will result in a permanent expansion of medical services. Grantee achievements include the following:

- Five grantees leveraged AEF funds to permanently increase the number of medical providers serving their patients[1]

[1] Valencia Health Services, Sunset Health Services, Los Portales, Pediatric Asthma Clinic, Children's Health Center (partial funding)

- Two grantees utilized AEF funding to purchase capital that allowed for the permanent expansion of medical services through extended hours, mobile services, and space expansion[2]

- One grantee made permanent infrastructure and systems improvements to better manage and coordinate patient calls[3]

- One grantee used the AEF grant to develop a chronic care model (including curriculum, materials, staff training, etc.) for diabetic patients, as well as promote the model among other DPH clinics[4]

Grantee organizations have achieved sustainability through multiple strategies, including the development of self-sustaining models, securing of new resources, and targeted capital investments.

Self-Sustaining Models

AEF funding temporarily supported additional medical providers at three private practices: Los Portales, Sunset Health Services, and the San Francisco Hearing and Speech Center. In two of three cases, the agencies have been able to maintain these providers without additional resources beyond the term of the grant. The experience of these three grantees could inform future efforts to build access in a sustainable manner:

- *Los Portales:* The AEF grant subsidized a tapering proportion of a physician assistant salary with the intention of the position being self-sustaining within 12 months. In fact, the position became self-sustaining within nine months. The physician assistant now has a full panel and a contract to receive 40 percent of collections. It appears that the combination of existing demand (leading to a full panel), provider productivity, and the lower salary requirements of a mid-level provider contributed to this project's success.

- *Sunset Health Services (SHS):* AEF funding temporarily paid bilingual specialty care providers to practice part time (4 hours/month) at SHS until they could build a self-sustaining practice (estimated one year). A neurologist, dermatologist and cardiologist successfully developed a full-visit schedule within one year and thus achieved self-sustaining practices. The SHS patient payer mix includes 45 percent HMO, 30 percent Medi-Cal, 14 percent Medicare, and 11 percent other. The SHS clinic director reported that the payment mix has been adequate. Likewise, limited hours at SHS allow providers to maintain favorable overall payer mixes. Since the grant, SHS has hired a second dermatologist and one podiatrist. Start-up support was not

[2] Ophthalmology Clinic, SFGH Urgent Care Clinic
[3] Northeast Medical Services
[4] Ocean Park Health Center

needed because the very high existing demand for these providers allowed them to establish a full-visit schedule immediately.

- *SF Hearing and Speech Center:* The Center received two-year funding for a 0.5 FTE bilingual speech pathologist to extend access to underserved Spanish- and Chinese-speaking children, almost all of whom were enrolled in Medi-Cal. However, the Center states that the very low-rate of Medi-Cal reimbursement does not adequately cover the cost of speech pathologist services. Therefore, the Center is unable to maintain a speech pathologist position supported primarily by Medi-Cal payments. Further, the Center is also planning to decrease its overall proportion of Medi-Cal patients from 45 percent to 20 percent in the next year. The new payer-mix goals reflect the inability of the SF Hearing and Speech Center providers to sustain care for large proportions of patients with low-paying coverage. To place payment rates in context, Medi-Cal pays about 40 percent of private insurance rates for hearing and speech evaluation and therapy sessions.

Securing Additional Resources

In three cases, AEF grantees were able to secure additional funding to continue grant-funded activities: Valencia Health Services, SFGH Pediatric Asthma Clinic, and SFGH Children's Health Center (partial). Outcomes include the following:

- *Valencia Health Services (VHS):* VHS is a pediatric clinic managed by the UCSF School of Nursing. AEF funding supported the addition of a telephone advice nurse (nurse practitioner) to respond to telephone inquiries, triage and schedule patient visits, and provide case management services to chronically-ill and other high-need patients. As a result of improved triaging, more efficient scheduling practices, and improved quality of care, clinic management elected to fund the position permanently. They further believe that the position will support their goals of improved provider productivity, patient revenue and appointment availability.

- *SFGH Pediatric Asthma Clinic:* AEF funding provided for a 0.2 FTE nurse practitioner for two years. This significantly increased provider capacity (clinic staffed by only one paid nurse practitioner, volunteer allergists and medical students) and facilitated a 34 percent increase in monthly visits. In anticipation of the end of the grant, the clinic requested and received funding for a full-time nurse practitioner from the Asthma Task Force.

- *SFGH Children's Health Center:* AEF funding supported pediatrician (0.5 FTE) and phlebotomist/medical assistant (0.5 FTE) staffing for the after hours clinic. Noting a ten percent increase in visits, the Medical Director has sought to secure additional funding from San Francisco General Hospital to staff evening hours. Though successful in securing a 0.5 FTE pediatrician, they

have to date been unable to secure funding for the medical assistant. This may result in decreased clinic hours.

Targeted Capital Investments

In two instances, AEF funding was used to purchase additional equipment to support planned service expansions, and in one case funding facilitated improved patient telecommunication services.

- *SFGH Ophthalmology Clinic:* AEF funding primarily supported the purchase of medical equipment for the Mobile Eye Van. To date, the grantee reports that the eye van has generated enough additional visits (approximately 3,000) to self-sustain.

- *SFGH Urgent Care Clinic:* AEF funding supported the purchase of medical equipment for the expanded Urgent Care Clinic. Since occupying a new space and expanding hours, the Urgent Care Clinic has increased daily patient visits by 150 percent; from 30-35 visits to 80-85 visits per day. Since SFGH addressed staffing needs prior to the grant there is no continuing need for funding.

- *Northeast Medical Services (NEMS):* AEF funding facilitated the purchase and implementation of a new telecommunications system at this independent community health center. The implementation of a new phone system allowed NEMS to completely reorganize how patient calls are received/directed and patient visits scheduled. Overall calls increased by 58 percent, abandoned calls decreased from 20 percent to 5.6 percent, and the average wait time for assistance decreased from one minute to five seconds. Most importantly, NEMS has created a more efficient and responsive telecommunications system that better serves patient needs.

Other Approaches

- *Ocean Park Health Center (OPHC) – Chronic Care Model:* OPHC received temporary funding to staff a Chronic Care Model team (nutritionist, translator/ community educator, pharmacist and physician) and to develop a chronic care curriculum for the English- and Chinese-speaking patients with diabetes. Though staffing remains a challenge, the OPHC has established a chronic care model of care that can be shared with other clinics. This includes bilingual curriculum and materials for group medical visits and healthy living classes, among others.

- *Ocean Park Health Center (OPHC) / DPH Quality Improvement Department – Spread Funds:* Additionally, AEF funding supported a collaborative of eight

DPH clinics led by OPHC and coordinated through the DPH Quality Improvement Department. Funding primarily supported quarterly meetings and one-time clinic allocations of $1,000. One challenge is that, with the exception of OPHC, clinics have not received additional ongoing funding. Rather, the collaborative has served as a forum to educate clinics on the chronic care model and encourage each clinic to target at least one group with "population-based" care. To date, most clinics have initiated site-specific programs, including a diabetes class series, educational video. Participating clinics continue to meet quarterly.

- In order for the collaborative to sustain and evolve, the coordinator noted a continuing need for personnel support to manage collaborative activities, track chronic care issues and practices across DPH, and support population-based data tracking at DPH sites. Likewise, clinic-specific programs may merit new staffing models to support a team-based / non-traditional approach to care.

Grant Administration

Managing the selection of and ongoing administration/oversight of the AEF grants represented a new role for SFHP. Staff developed RFP materials, administered a bidders conference and coordinated proposal review by internal and external reviewers. Following grant selection, staff worked with grantees on modifications of grant activities and funding, monitored quarterly/annual reporting, and tracked grantee invoices and spending.

Though the project's outcomes far outweighed the administrative difficulties, SFHP did not anticipate the amount of administrative oversight required to manage ten separate grants. Some additional administrative activities included the following:

- Initial efforts to finalize contracts and budgets were extensive;
- Program changes necessitated frequent adjustments to the grant scopes, budgets and timetables;
- Managing compliance with quarterly/annual reporting required ongoing communication and solicitation;
- SFHP had to actively solicited invoices from grantees. Small providers had no systems in place to invoice for grants. Providers working in large systems were burdened by institutional requirements.

It is important to note that future initiatives involving multiple grantees will likewise require a notable commitment of staff time to manage the distribution and ongoing oversight of the grants.

INDIVIDUAL GRANT OUTCOMES

Though the efforts of AEF grantees produced a number of common outcomes and lessons, it is also instructive to review the experience of individual projects. The following section examines outcomes, challenges, and lessons for each funded project, as well as places each project in context.

Valencia Health Services (VHS) / Northeast Medical Services (NEMS)
Strategy: Telephone Advice Nurse

VHS and NEMS received funding to create telephone advice nurse positions. The VHS telephone advice nurse assumed responsibility for returning patient calls, triaging and scheduling patient visits, and providing telephone case management services to chronically ill and other high-need patients. NEMS elected not to hire a telephone advice nurse after an assessment that included feedback from staff, patients and other community health centers. Their reasoning is discussed below.

Improved quality and continuity of care

As a result of the telephone advice nurse, VHS patients receive quicker return calls, more quality attention from a knowledgeable provider, and improved continuity of care. A random review of charts demonstrated that the time taken to call patients back decreased by 36 percent after the advice nurse was in place. With the nurse, most calls were returned within 30 minutes, and all calls were returned within 90 minutes.

Anecdotally, VHS believes that since the advice nurse time is not stretched by multiple demands (i.e. patient visits), callers receive better quality support and attention from the provider. Likewise, the advice nurse has been able to provide ongoing telephone case management to patients with chronic conditions and ongoing health care needs. Support services include follow-up calls, referral support and availability for answering questions. As the clinical director noted, “patients now have someone they know of and can call”. According to a pre/post telephone survey, this has resulted in a large increase in the percent of patients who reported calling about a specific health problem for advice.

Improved triaging

VHS reported more efficient triaging and scheduling of visits as a result of the advice nurse. During the year of the grant, the total number of clinic visits decreased by about five percent.[5] VHS believes that this will allow them to increase their panel of patients, a goal articulated in their business plan.

Increased nurse practitioner and physician time for clinic visits

[5] partially attributable to practice management system update

Prior to the VHS advice nurse, nurse practitioners and physicians returned calls between patient visits, which meant decreased time for visits and for quality telephone patient support. The elimination of this responsibility has allowed providers to dedicate more time to patient visits.

Perceived as sustainable and efficient

Despite initial skepticism by VHS clinic management, results from the grant convinced them to make the position permanent. The telephone advice nurse is now perceived as a method for efficiently managing patient care and flow. Future goals for VHS include improving provider productivity, increasing patient revenue, and improving appointment availability.

Telephone advice an unfamiliar model of care for patients

VHS reported its greatest challenge as educating patients about how to utilize the triage nurse. This reflects reasons cited by NEMS for not creating a telephone advice nurse position. Feedback from NEMS patients and other community health centers suggested that patients generally wanted to be seen face to face, and that telephone advice would be a particular challenge for elderly patients who may not understand or know how to describe their symptoms. Though it is unclear whether telephone advice nurses are appropriate for all patient populations, it does appear that intensive patient education is a necessary component.

SFGH Children's Health Center
Strategy: *Expanded Clinic Hours*

The Children's Health Center (CHC) housed at San Francisco General Hospital (SFGH), which provides primary and urgent care services, received funding to support after-hours primary care on evenings and weekends. Specifically, the grant allowed the CHC to continue and expand after hours services begun in July 2002 (First 5 grant). It included funding for a 0.5 FTE pediatrician and a 0.5 FTE phlebotomist/medical assistant. After hours services are available Monday thru Friday from 4-8 p.m. and two Saturdays per month from 9 a.m.-1 p.m. Services also include 2-3 teen clinics per week.

Increased availability of primary care visits

Overall, the grant facilitated about a ten percent increase in the number of primary care visits at the clinic. In sum, the CHC was able to provide an additional 2,529 appointments for children over two years.

Show rates for after-hours appointments similar to overall rates

The CHC anticipated improved show rates for after-hours appointments since parents would not have to deal as much with conflicting work and school schedules. This was not the case however. Show rates for the evening clinic were comparable to overall rates in Year 1 and lower in Year 2. Compared to about a 60% show rate at the clinic overall, the after-hours clinic had a 52% show rate (58% in Year 1; 48% in Year 2). Reasons included poor show rates among teens (40%), and patient concerns about safety and transportation. The grantee noted that the promise of confidentiality makes reminder calls to teens more difficult. Historically, reminder calls increase show rates significantly.

Difficult to maintain consistent staffing levels

A primary challenge to maintaining after-hours services was maintaining consistent staffing levels. Despite, SFHP funding, the clinic relied heavily on voluntary participation from medical clinicians. Specific challenges included the following: 1) prior to Year 2, medical residents phased out of the evening clinic (20 appointments per week loss), and; 2) two staff rotated out on maternity leave and one medical assistant position remained vacant for two months.

Evening staffing cannot be maintained without additional staffing and/or reorganization of the provider mix.

The CHC Medical Director believes the after-hours clinic is sustainable, but maintaining appropriate staffing remains a challenge. The clinic has secured funding from SFGH for the 0.5 FTE pediatrician, but not for the 0.5 FTE medical assistant. Most likely, this will lead to a reduced number of evening clinics with limited phlebotomy services

New evening procedures and systems continue to evolve

One secondary challenge was the need to create a specialty referral system for the after hours clinic. With no staff support to follow-up on referrals during clinic hours, the CHC created a system to address referrals on the following day.

Patients concerned about evening safety

A third challenge was the perception of safety (or lack of) that some patients communicated. According to SFGH, this contributed to reduced show rates and hesitancy by some patients to schedule evening appointments. This concern has been raised with the SFGH administration.

Los Portales
Strategy: New Primary Care Provider Start-up Costs

AEF funds were used by one private primary care practice to support the first year of salary for a physician assistant (this approach was also used to bring in onsite specialists at another clinic). Los Portales is a small primary care practice in the Mission district that serves a predominantly Latino community. Funding was intended to support the salary for the physician assistant until he/she could establish a self-sustaining patient panel.

Physician assistant position became self-sustaining

The physician assistant was hired with a guarantee of $38/hour or 45 percent of his collections, whichever was highest. The grant subsidized a tapering proportion of the salary with the intention of the position being self-sustaining within 12 months. In fact, the position became self-sustaining within nine months. The physician assistant now has a full panel and a contract to receive 40 percent of collections (income at $9-12,000/mo). The physician assistant sees a mix of patients but has a significant proportion of self-pay patients.

Clinic capacity increased significantly

The grantee reports that the practice's capacity to see patients has doubled since the physician assistant started. The physician assistant sees about 20-25 patients per day. All patients can be seen within 24 hours and the capacity to see Spanish-speaking patients has significantly improved.

SFGH Ophthalmology Clinic
Strategy: Mobile Specialty Services

AEF funding supported the purchase of medical equipment for the Mobile Eye Van. Staffed by SFGH Ophthalmology Clinic staff (rotating basis), the eye van currently conducts regular appointments at eight DPH community clinics. The appointments are for diabetic and glaucoma screening, though vision exams are conducted for the Homeless Connect project. Services are available on set days but each clinic is responsible for developing their own procedures for scheduling patients.

Improved access to clinic appointments for high need patients

A central purpose of the eye van was to relieve the SFGH Ophthalmology Clinic of low-priority visits by conducting diabetic eye screening and glaucoma screening (for those at risk of glaucoma). Historically, the Ophthalmology Clinic has faced significant demand for appointments and has prioritized appointments for higher need patients. Likewise, low-priority visits tend to exhibit poorer show rates. The mobile eye van succeeded in

relieving the backlog of visits from the DPH clinics while allowing the Ophthalmology Clinic to increase access to appointments for higher need patients.

Increased provision of preventative care services

Since opening in 2004, the mobile eye van has served over 3,000 patients, providing 2,200 diabetic and glaucoma screenings, and 1,186 routine eye exams. The van is poised to establish annual diabetic screening visits for patients and possibly vision exams (pending the establishment of a dispensary). The next step is to support clinic efforts to schedule preventive visits.

Emphasis on continuity of care

The Mobile Eye Van differs from typical mobile medical services in that it supports continuity of care. Specifically visit records are shared with the primary care clinics following appointments to maintain in the patient file. Likewise, necessary follow-up visits are scheduled with the SFGH Ophthalmology Clinic through the van. This ensures further continuity as Ophthalmology Clinic providers are then aware of the patients' medical home and can forward visit records back to the clinic. The clinical director reports improved administrative relationships with the community clinics as a result of these efforts.

Anecdotally, the Ophthalmology Department reports improved show rates because of the link between primary care sites and the Ophthalmology clinic, the scheduling of only necessary appointments, and the availability of services at primary care sites.

Expansion of services and sites planned

Since the eye van has been able to move quickly through the backlog, they are considering expanding both the nature and amount of visits. Potential service expansions include scheduling *annual* diabetic eye and glaucoma screenings, as well as routine eye exams. Likewise, they are investigating opportunities to expand the number of clinics the van visits to include San Francisco Community Clinic Consortium (SFCCC) clinics. The challenge is around developing a shared billing and tracking system for all SFCCC clinics.

Services are sustainable

To date, the eye van appears to be sustainable. Current costs include maintenance of the van and equipment, and gas. The clinic director reported that the eye van has generated enough new visits to be self sustaining.

Sunset Health Services
Strategy: Start-up Costs for Specialty Care Providers at Private Primary Care Site

AEF funding supported start-up costs for selected specialist services at the Sunset Health Services. SHS is a not-for-profit community clinic located in the Sunset district. About 90 percent of patients are monolingual Chinese patients. At the point of application, SHS patients represented a diversity of payment sources: private HMO - 45 percent; Medi-Cal – 30 percent; Medicare – 14 percent; PPO/self pay/others – 11 percent.

In 2004, SHS used AEF funds to support private bilingual providers in *high-demand* specialties for part-time services (4 hours/month) at the clinic until the practice became self-sustaining (up to one-year). Specialties included cardiology, neurology, and dermatology.[6]

Expanded access to high-demand specialties

As stated, SHS sought to host those specialty services that were in the greatest demand by their primary care patients. SHS estimates that wait times for non-urgent specialty appointments do not exceed one month. Likewise, efforts to call patients on the day before appointments have facilitated a 95 percent show rate.

Self-sustaining specialty services

SHS correctly anticipated that specialist providers would be able to develop a full panel of patients within one year and thus achieve self-sustaining practices. The SHS clinic director reported that the payment mix is adequate, particularly noting that SFHP Medi-Cal payments (contract through CCHCA) are sustainable. In fact, SFHP membership increased from 4 to 10 percent since 2004.[7]

The model of hosting private providers for limited onsite services has proved so effective SHS has hired a second dermatologist and one podiatrist, as well as has had a couple of continuing specialists expand their hours.

San Francisco Hearing and Speech Center
Strategy: Start-up Costs for Providers at Private Specialty Clinic

The Hearing and Speech Center of Northern California provides diagnostic, rehabilitative and therapy services to children and adults. As of 2003, they reported serving 12,000 patients per year, of which 45 percent were Medi-Cal. Of its Medi-Cal population, they estimated that 80 percent, or 4,320 patients were SFHP members. In response to increases in patients speaking Chinese or Spanish, the AEF grant supported the hiring of

[6] SHS originally hired an orthopedic surgeon who left because his/her private practice became too busy. As a result, neurology and dermatology providers were hired.
[7] This is not necessarily the case with other plans. They elected to stop taking Blue Cross Medi-Cal managed care patients because of poor payment.

one Spanish-speaking and one Chinese-speaking speech pathologist, with an emphasis on seeing non-English speaking and Medi-Cal patients.

Temporary increase in access to care

The grant was pursued in response to growing demand, and the Center had no difficulty filling additional spots with monolingual/low-paying patients. Outreach activities were conducted with Wu Yee's Children's Services, NEMS, Mission Neighborhood Health Center, and Chinese pediatricians. However, the largest number of children was referred from the school district or Golden Gate Regional Center (GGRC). Overall, the Center estimates seeing about 290 new non-English speaking patients as a result of the grant, of which about half were enrolled in Medi-Cal.

High rate of no-shows

One significant challenge was the high rate of no-shows. Whereas the general show-rate is around 75 percent, Spanish and Chinese-speaking patients had a show-rate of about 25-40 percent. Staff attributed this to the early practice of counselors/medical staff making appointments rather than the families, difficulty contacting families for reminders and long wait-times for appointments (about two months). However, this poses a significant financial challenge to the Center which does not over-book due to the length of appointments.

Additional providers not sustainable without outside financial support

The Center believes it will be unable to support providers caring for SFHP patients without ongoing financial support, due to the very low-rate of reimbursement by Medi-Cal and other public programs. Currently, Medi-Cal pays about 38 percent of what private insurance pays for evaluations and 44 percent of private rates for on-going therapy. According to staff, the only way that the Center can serve more patients with low-paying coverage is if an outside funder supported some portion of speech pathologist staffing.

Long-term access for SFHP patients expected to decrease

The Center shared that maintaining more than 20 percent patients with Medi-Cal poses a significant challenge to organizational sustainability. In a recent internal study, the Center concluded that it should reduce the proportion of Medi-Cal patients from 45 percent to 20 percent, a reduction that will lead to longer wait-times for SFHP members.

SFGH Pediatric Asthma Clinic
Strategy: Start-up Costs for Specialty Care Providers

The Pediatric Asthma Clinic provides evaluations of children with asthma, as well as follow-up services by community health workers (CHWs). Patients must be referred to the Asthma Clinic by their PCP. Medical providers included only one paid nurse practitioner and volunteer allergists and rotating medical students (NPs and MDs). The AEF grant provided for an additional 0.2 FTE nurse practitioner for two years.

Increased access to care

The addition of another staff member led to increased capacity as demonstrated by increased appointments, number of visits, and decreased wait time for an appointment. Overall, the Asthma Clinic increased monthly visits from 41 per month at baseline to 55 per month during the grant – an increase of 34 percent. Likewise, wait times decreased from 10-12 weeks before the grant to 4-6 weeks during the grant.

Clinic acquired additional funding to sustain the position

In anticipation of the end of the grant, the Asthma Clinic requested funding from the Asthma Task Force, which agreed to fund a full-time nurse practitioner at the clinic (compared to the 0.2 FTE provided by the AEF). The nurse practitioner will expand clinical time but will also devote time to the following activities: 1) community outreach; 2) program coordination/set-up with community health centers, and; 3) connecting with children hospitalized (or going to the ER) with asthma-related conditions.

Increased medical providers creates parallel demand for ancillary staff

The model of care used by the Asthma Clinic involves both medical practitioners and community health workers. One challenge raised was that as the clinic increases its patient visits, there is a parallel increase in demand for ancillary staff, such as CHWs. They would like to add one more CHW because of the currently very high patient load. Typically, a CHW will contact each family after the visit and schedule home visits as needed.

Clinic remains heavily reliant on volunteers

The Asthma Clinic, as with other SFGH departments, relies heavily on the availability of volunteer nurse practitioner and medical students. Instruction is a part of the work of full-time providers and clinical time is a part of the student commitment. Changes in the availability of students could significantly affect the availability of services.

Ocean Park Health Center
Strategy: Implementation of Chronic Care Model

The Ocean Park Health Center (OPHC), a DPH community-based primary care clinic, received an AEF grant to implement the diabetes Chronic Care Model (CCM) and promote it at other DPH clinics. The chronic care model reorients care from a strictly physician-patient interaction to a team that includes a physician, nutritionist, pharmacist and translator/community health coordinator. OPHC uses a diabetes registry to identify patients newly diagnosed with diabetes, poorly-controlled, or having a poor understanding of the disease for participation in group medical visits and healthy living classes. A series of group medical visits are held monthly for six months in Cantonese and English. They include discussions, nutrition and lifestyle instruction, and patient generated action plans.

Improved diabetes care

The CCM has strengthened compliance with standards for annual diabetic foot and eye exams. In the first-year pilot cohort, 91 percent of patients received foot exams, representing an almost a 100 percent increase as a result of the grant.[8] Under the CCM, health workers initiate the foot exam by first checking the diabetes registry to see if patients are due for an exam and conducting the exam prior to the provider visit. Likewise, eye exam rates improved from 27 percent to 72 percent as a result of working with the eye van. This represents almost a 300% increase in diabetic eye screening.

Improved patient self-management

The CCM has led to moderate improvements in patient self-management. According to a survey of participants in the first two group medical visit / class series, all patients tested sugars more often, were more motivated to maintain self-management goals and almost all felt more confident about their day-to-day management of the condition.

Improved access to ongoing care

CCM has allowed patients to receive consistent ongoing diabetes care. OPHC has conducted five group medical visit program cycles; three in English and two in Cantonese. Slightly over 100 patients have participated in a group. In addition to individual visits, patients have access to monthly group visits, healthy living classes, and exercise classes.

Staffing issues and models should be considered

OPHC management noted that movement toward multidisciplinary team-based care necessitates consideration of appropriate and adequate staffing that takes into account

[8] In Year 1 a pilot cohort of up to 125 patients participated in the CCM. This represents about one-quarter of the diabetic patients identified at OPHC.

new methods of delivering care. As an example, staff shared the challenge of staffing CCM for multiple language communities (i.e. Chinese, English, Russian). Currently, OPHC relies on the flexibility of existing staff and creative staffing practices.

Innovative delivery approaches may also require additional staff training, which requires time and resources. Training needs cited by staff extended to management training to better equip medical directors/managers to coordinate innovative care programs, patient management, and clinic flow.

Ocean Park Health Center / DPH Quality Improvement Department
Strategy: Spread Funds

Initially, a portion of funding for OPHC was earmarked for promoting the Chronic Care Model (CCM) at other DPH clinics. When the clinic director assumed a new position with the DPH Quality Improvement Department, she continued to maintain responsibility for this task in her new role. The collaborative, which brings DPH clinics together for quarterly meetings and creates 'sister clinic' partnerships, has served as a forum to educate clinics on the chronic care model and support the development of new programs. AEF funding primarily supported quarterly meetings and one-time clinic allocations of $1,000.

Collaboration and sharing best-practices with other DPH clinics

Currently, eight DPH clinics are participating in an informal collaborative coordinated by the DPH Quality Improvement Department. Through quarterly meetings and partnerships (each clinic selects a 'sister clinic'), the collaborative has sought to educate clinics on the CCM, and encourage clinics to target at least one group with "population-based" care. To date, most participating clinics have initiated new CCM services. For example, the Family Health Center has created a group diabetes class series and Maxine Hall staff is shadowing the OPHC staff during group visits. The collaborative has the goal of including SFCCC clinics with the ultimate goal of shared group interventions and coordination across the safety-net.

New demands for non-clinical staffing to support spread project efforts

Staff responsible for the spread funds also commented on the need for increased personnel support for managing collaborative activities, tracking chronic care issues and data tracking across clinics, among others. Likewise, clinic-specific programs may merit new staffing models to support a team-based / non-traditional approach to care.

SFGH Urgent Care Clinic
Strategy: Space Expansion and Expanded Hours

Prior to AEF funding, SFGH decide to expand the Urgent Care Clinic to include daytime hours and expanded clinic space. The AEF grant funded the purchase of additional medical equipment for the new space.

Increased number of visits

Since expansion the clinic has increased the average daily visits from 30-35 to 80-85. As of 2005, the Urgent Care Clinic was seeing about 10 percent of total annual outpatient visits at SFGH.

Decreased inappropriate utilization

The grantee also reports that greater availability of urgent care services has led to a decrease in non-emergent cases seen in the emergency department.

Northeast Medical Services (NEMS)
Strategy: Telecommunications System Replacement Project

NEMS is the largest non-DPH community health center in San Francisco, serving at least 5,000 SFHP patients. AEF funding supported the implementation of a new telecommunications system that was to be more responsive to patient needs. Problems with the previous single operator system included erroneous forwarding, busy lines, limited voicemail and bottlenecks.

A new approach to managing patient calls

Implementation of a new telecommunications system also provided an opportunity for NEMS to reorganize the procedures, practices and staffing models used to manage patient phone calls. Planning efforts included staff focus groups and surveys, patient surveys, site visits with SFHP and other community clinics on their phone systems, and the creation of a planning team. Their efforts informed phone system components and led to a new staffing model. The 'call center' dedicates 6-10 staff exclusively to answering and directing calls, and scheduling appointments (at all clinics).

Improved call management

As a result of the new telecommunication system and organizational approach, patients now receive quicker and higher quality telephone support. NEMS has increased the number of calls handled per day by 58 percent and decreased the number of abandoned calls from 20 percent to 5.6 percent. Average hold time decreased from one minute to five seconds and departments report improved capacity to accurately direct calls to departments.