San Francisco Health Plan
Quality Improvement Program Evaluation 2008

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 undertook in 2008 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 2008, the SFHP Governing Board reexamined and expanded our strategic goals to include:

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.

In working toward our strategic goals, SFHP made some significant accomplishments in 2008:

- We reported significant improvements in our HEDIS rates and were awarded the Gold Award for Quality by the California Department of Health Care Services.

- Our Childhood Immunizations HEDIS rate is #1 among Medicaid health plans nationally.

- We partnered with the City and County of San Francisco to enroll over 30,000 uninsured people into the Healthy San Francisco Program, offering health care coverage, access to a medical home, and organized delivery of preventive and chronic care.

While we achieved a great deal in 2008, we know that we still have areas where we can improve. In 2009, we will continue to work toward partnering with the community to build a health care delivery system that places us among the best health plans in the nation.

I. Improving the Health Status of SFHP Members

Promoting Preventive Care

Promoting timely preventive care is a core component of our Quality Improvement Program. Our goal is to be among the top ten percent of health plans nationally in making sure that our members get the right care and 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 due 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.

- ***Immunization member incentive:*** We mail families with children turning 13 months an offer for a $50 gift card for completing all immunizations on time.
  Measure - Response rate: 13%

- ***Immunization reminder phone blasts:*** Families receive three recorded telephone calls when their child turns 12, 13, and 22 months, reminding them of upcoming well-visits and immunizations.
  Measure - Call completion rate: 93%

- ***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 Department of Public Health clinics or to clinics using the California Immunization Registry.
  Measure - Average number of families reached: 12

- ***Outreach lists for providers:*** We send PCPs every month outreach lists of members due for well-checks and immunizations.

- ***Support for the Bay Area immunization registry:*** We support the San Francisco Immunization Coalition in spreading the use of the Bay Area Immunization Registry by providing financial assistance to clinics implementing the registry. In 2008, our support helped UCSF Parnassus Pediatrics, one of our largest pediatric practices, to go online with the registry.

- ***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 they are assigned to a PCP of their choice.

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: 23%

- ***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: 78%

- ***Well-adolescent "live" calls:*** In a series of after-hours phone banks, SFHP staff called families with teens and encouraged them to get teen check-ups and reminded them about our member incentive.
  Measure – Call completion rate: 54%

- ***Well-adolescent visit provider incentive:*** We offer provider sites $20 for each well-adolescent visit. We also provide clinics with outreach lists of teens due for check-ups.
  Measure – Percent of eligible sites participating: 33%

- ***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.

- ***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:*** Several of our clinics opened teen clinics in response to our provider incentive program. We provided additional support for these clinics by giving them movie tickets to distribute at visits and by making outreach calls to help fill appointment slots. Over the winter school holiday, we offered clinics a pizza lunch for their staff and gift bags for teens for opening special teen clinic hours.
  Measure – Number of participating clinics: 5

- ***Well-child visit member incentive:*** Families with a child between three and six receive a birthday card from SFHP, offering them $25 gift card for bringing their child in for an annual check-up.
  Measure – Response rate: 32%

- ***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: 76%

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.

- ***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.

- ***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.

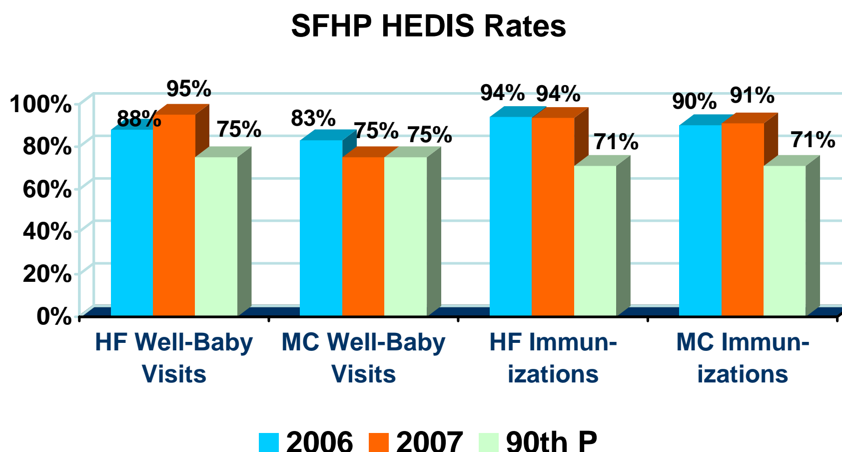
- ***Mammogram reminder card:*** Members overdue for a mammogram according to our encounter data receive a reminder card encouraging them to check with their doctor about when they should be screened.

- ***Timely prenatal care incentive program:*** We offer a $50 gift card to women who seek prenatal care early in their pregnancy. In addition to including a message about our prenatal incentive program in our well-woman and young-woman preventive health mailings, we distribute posters promoting the program to provider offices.
  Measure – Response rate: 8%

- ***Outreach lists for providers:*** We offer our providers lists of patients overdue for Pap smears and mammograms.

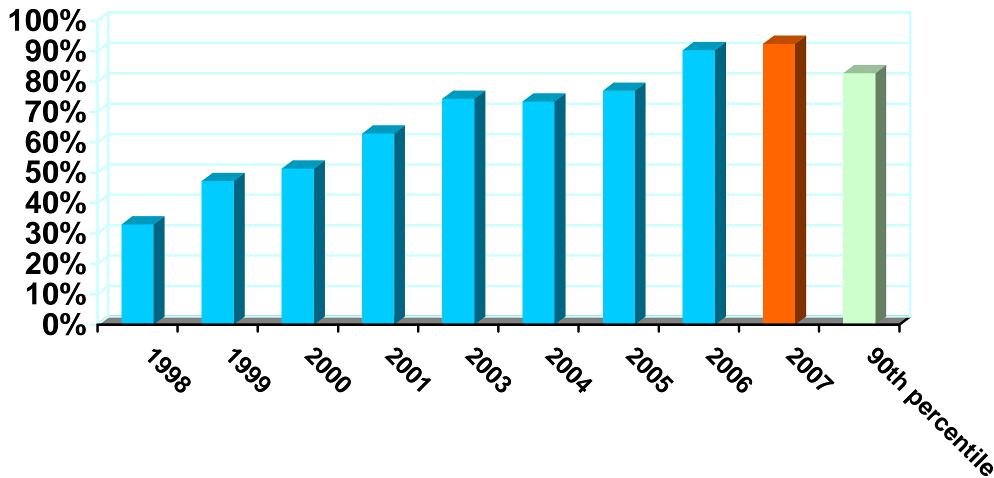
HEDIS Results for Preventive Care Measures
Our preventive health programs made a measurable difference in the care that our members receive. Eight out of nine of our preventive health HEDIS rates for our Healthy Families Program are in the national Medicaid 90th percentile. Three out of eight of the preventive health HEDIS measures for our Medi-Cal program are in the national Medicaid 90th percentile. While we have excellent results in some areas, we still have room for improvement in measures such as well-adolescent visits and prenatal and postpartum care. Below is a summary of our HEDIS results for preventive care measures.

Well-baby visits and childhood immunizations

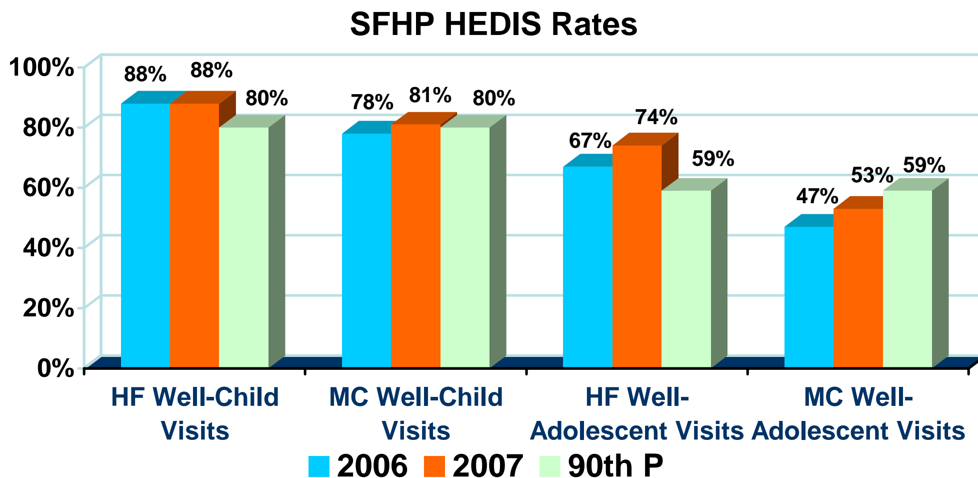


SFHP has the top immunization rate in the nation among Medicaid plans. SFHP efforts to improve immunization rates began in 1999 and, as the graph below shows, we made improvements almost every year. For the second year in a row, we reported that more than 90% of our two-year-olds had all of their shots on time. We maintained our

successful interventions in 2008 and expanded the use of the California Immunization Registry to another one of our large pediatric practices. We hope that the spread of the immunization registry will help sustain and improve our rates in subsequent years.

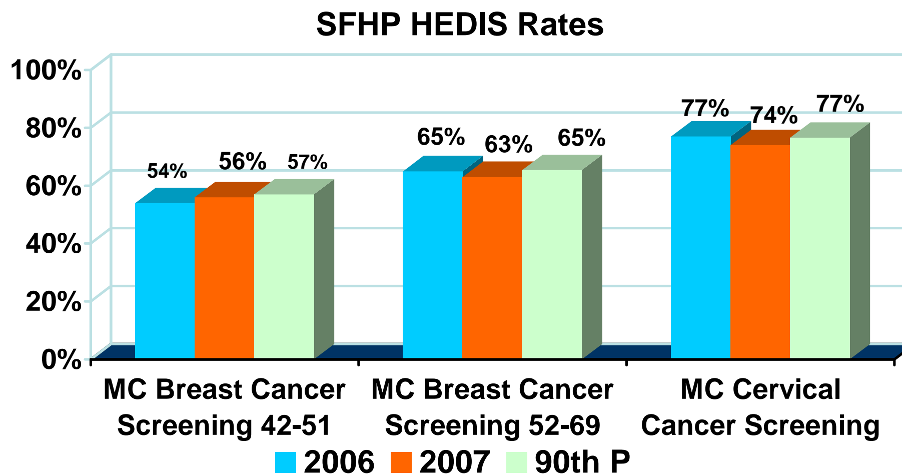


Well-Child and Well-Adolescent Visit Rates



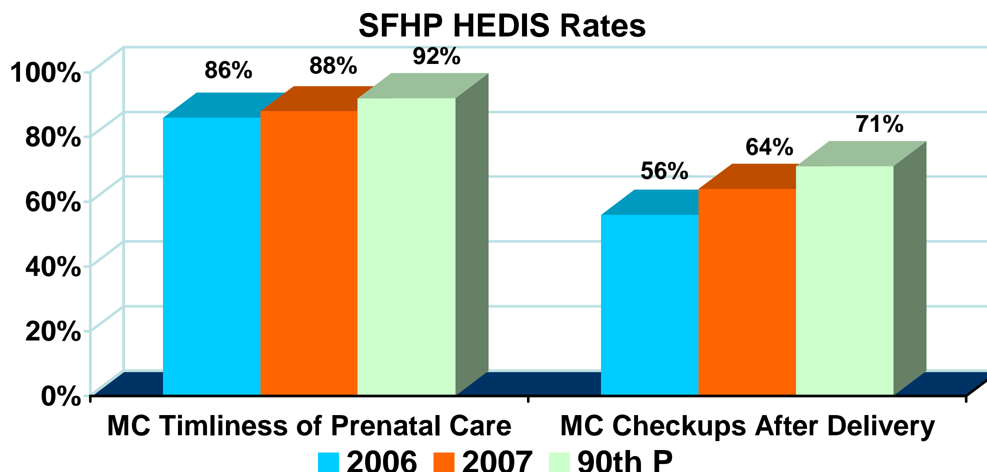
Three out of four of our well-check rates improved in 2008. Our Medi-Cal well-child visit rate is in the 90th percentile nationally and our Healthy Families well-child and well-adolescent rates are in the 95th percentile nationally. We have very popular incentive programs in place for members in both age groups. We plan to continue these programs in 2008 and focus additional resources on outreach for teen visits.

Breast Cancer and Cervical Cancer Screening Rates



We are very close to reaching the 90th percentile for our breast cancer and cervical cancer screening rates. In 2007, we implemented a member reminder for breast cancer screening and cervical cancer screening. The reminders have not had an impact on our rates yet. In 2009, we plan to survey members who were sent the reminder and ask about the helpfulness of our materials and how they could be better. Wait times for mammogram appointments in our largest provider group exceeded standards in 2008 and will impact the rates we will report in 2009. In response, we are authorizing mammograms out-of-network when access standards are exceeded in-network.

Prenatal and Postpartum Care



Our results for the timeliness of prenatal care and check-ups after delivery measures both have room for improvement. They both fall below the 70th percentile nationally. In 2007, we devoted additional resources to promoting our prenatal incentive program in

our provider offices and saw an increase in our rates reported in 2008. Our check-ups after delivery rate also improved, however we have seen fluctuations in this rate from year to year that we cannot explain. In 2009, we plan to pilot outreach calls to new mothers through our Care Management Department.

Improving Chronic Care

Chronic disease affects over 17% of our adult members and the rate is increasing. Our approach to improving chronic care is to ensure that our members and providers have the tools they need to manage chronic conditions. We do this by making health education materials and supplies available to our members and providers. We offer education and technical assistance to providers to put systems in place that improve care. 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 program in place in 2008:

Diabetes

- ***Diabetes clinical guidelines:*** SFHP clinical guidelines, developed with the guidance of our Physician Advisory Committee, are posted on our website.

- ***Diabetes member reminder card:*** Annually, we send all of our diabetic members a reminder card encouraging them to complete screening tests including HbA1c, cholesterol, microalbumin, foot exam, blood pressure, and eye exam.

- ***Nurse disease management:*** Nurse disease managers called high and moderate risk diabetics to review the following:
    - Remind members about the screening tests
    - Identify barriers in accessing care
    - Assess need for additional education

  At least three calls per patient were attempted. All calls were made during work hours.
  Measure – Call completion rate: 22%

- ***Coordinator outreach calls to members with diabetes:*** In addition to nurse calls, we also piloted after-hours coordinator calls to our members with diabetes. The calls focused on encouraging members to complete regular screening tests.
  Measure – Call completion rate: 22%

- ***Provider feedback and education:*** This year we made focused visits to 32 provider sites to review charts and offer our support to improve diabetes care. We provided a toolkit of resources including SFHP diabetes guidelines, SFHP diabetes member incentive cards, journal articles on urinary micro-albumin, diabetic flow sheets, information on point-of-service lab tests, and referral tracking tools. The visits raise awareness of our diabetes programs and help

providers identify patterns in their practices around diabetes that could be improved.

- Nearly all provider sites that did not have standard diabetic flow sheets or registries committed to using the flow sheets we provided.
- Eleven sites committed to doing outreach to patients not up-to-date with screenings.

Measure – Improvement in diabetes HEDIS rates for sites visited in 2007

	# of sites with improvement in HEDIS rates	# of sites with decline in HEDIS rates	# of sites with no change in HEDIS rates
Eye Exam	14 (54%)	7 (27%)	5 (19%)
HbA1C	13 (50%)	3 (12%)	10 (38%)
LDL	18 (69%)	4 (15%)	4 (15%)
Medical attention for nephropathy	17 (65%)	5 (19%)	4 (15%)

- ***Eye exam reminder card:*** We sent a reminder card to diabetic members who did not have an eye exam in the past 12 months. The card includes a list of optometrists that speak the same language and are located in the member's neighborhood. The card includes a tear-off response form for the eye care provider to fax or mail back to the PCP.

- ***Member incentives for completing screenings:*** In 2008, we modified our diabetes incentive program to reward outcomes as well as completed screenings. We offered a $25 gift card for completing six regular screenings:
  - HbA1c
  - LDL
  - Eye exam
  - Foot exam
  - Urine microalbumin (or prescription for ACE/ARB, or other evidence of medical attention for nephropathy)
  - Blood pressure

  Measure – Response rate: 10%

- ***Member incentives for reaching target lab levels:*** We offered an additional $25 gift card for reaching target lab levels: HbA1c of less than seven and LDL less than 100. Members could also receive a gift card by making a two-point decrease in HbA1c and a 25-point decrease in LDL.
  Measure – Response rate: 1%

- ***Diabetes backpacks:*** To assist our members in working toward lower HbA1c and LDL levels, we mailed backpacks with tools to encourage exercise and healthy eating. The backpacks contained a pedometer, a water bottle, exercise

bands with instructions, a cookbook with easy, healthy recipes, measuring spoons and cups, and health education materials.
Measure – Percent of backpacks returned: 5%

- ***Automated Telephone Self Management (ATSM):*** We partnered with UCSF and four Department of Public Health clinics to develop a program to administer automated disease support calls to members with diabetes. Members are prompted over the telephone to respond to questions about blood sugar, diet, exercise, and medication adherence. The automated calls are programmed to notify the health plan if members key in a response that causes concern. A nurse or coordinator will make follow-up calls to members with out-of-range responses. The program was delayed in 2008, but is now scheduled to launch in 2009.

- ***Point-of-service lab testing:*** We distributed information on in-office diabetes lab tests to the physicians and office managers. The in-office lab tests offer several advantages. Patients can complete diabetes lab tests at their doctor visit, eliminating the need to make a separate trip to another location. This will increase patient compliance and allow the provider to make immediate treatment decisions, as well as deliver more effective patient education.

Hypertension and Hyperlipidemia

- ***Know Your Numbers mailer:*** In 2008, we began mailing a member 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

- ***Patient profiles for PCPs:*** We sent a packet to PCPs with a cover letter reviewing the percentage of their asthma patients who were on controller medications. We included a profile for each member not on a controller medication listing recent asthma-related encounters, including ER visits and hospitalizations, and medications picked up.

- ***Member health education:*** We mailed a letter and health education materials to members with asthma who have not received controller medications. We encouraged members to talk to their providers about the medications they might need.

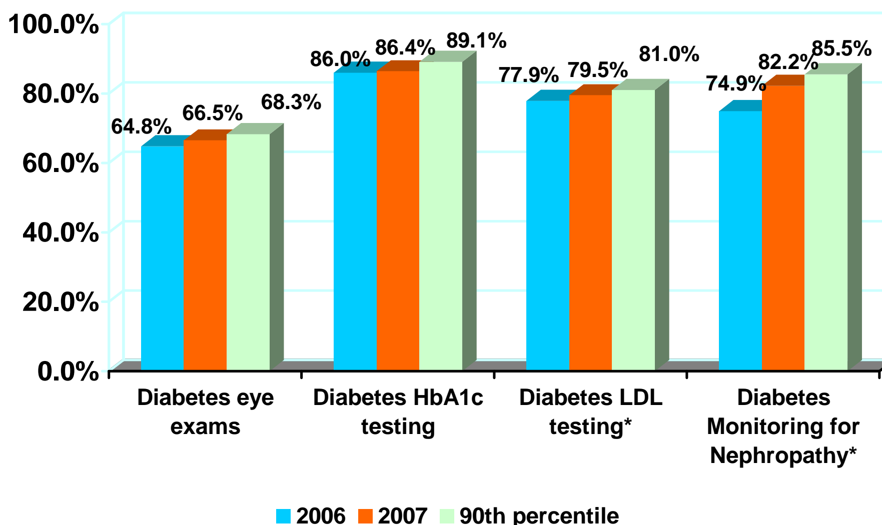
- ***Disease management of high risk members:*** Nurse Disease Managers called members with asthma who have not received controller medications. Members were encouraged to talk to their doctor about whether a controller medication would be appropriate for them.
  Measure – Percent of high-risk asthma members reached: 11%

- ***Asthma supplies:*** We supplied provider practices with free spacers, peak flow meters, and hypoallergenic mattress cover sets in multiple sizes.

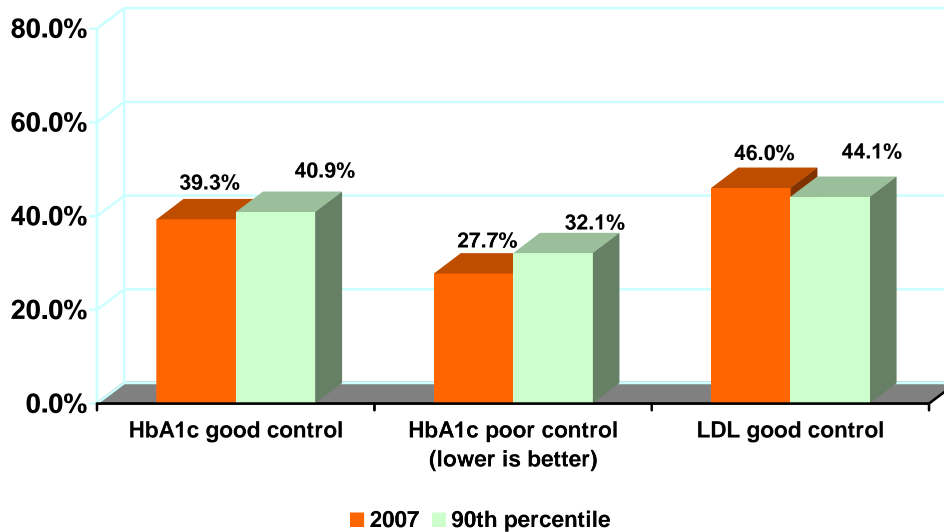
- ***Collaboration with HealthFirst asthma program:*** The HealthFirst Center at St. Luke's Hospital offers a unique program for patients with chronic conditions. The center offers intensive health education counseling and frequent follow-up calls from community health workers. Patients are followed closely and come in for regular visits to ensure their treatment program is working for them. We helped HealthFirst identify patients for the program by providing them with data on their patients and reports every six months on a set of quality indicators for asthma, diabetes and ER usage. It is too soon to evaluate the effectiveness of this program.

HEDIS Results for Chronic Care Indicators

We made improvements in diabetes care as measured by the four diabetes HEDIS measures that focus on testing. Our scores are still just short of our goal of reaching the 90th percentile nationally.

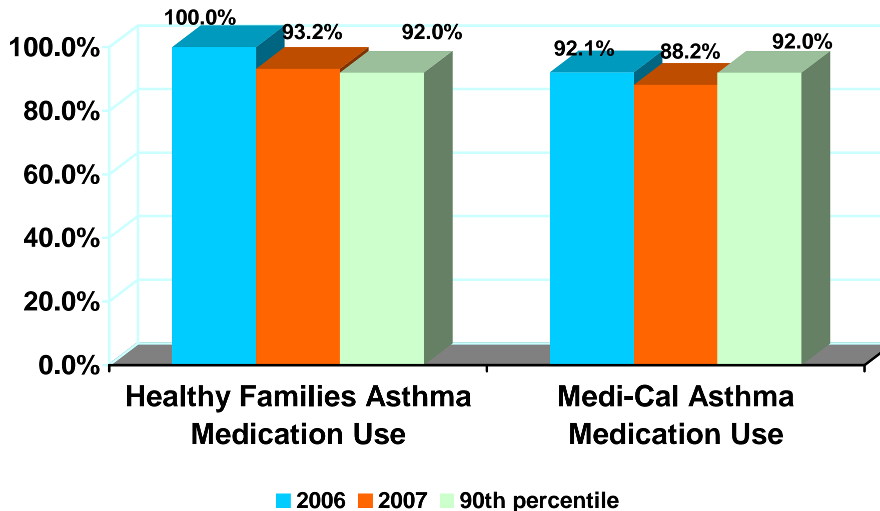


In addition to the four testing measures, we began measuring the percent of our members with diabetes lab results in "good control" and "poor control." We reported on the percentage of members with HbA1c less than seven, (good control), HbA1c greater than ten (poor control) and the percentage of members with an LDL less than 100 (good control). In our first year of reporting, two out of three of our results reached the national 90th percentile.



HEDIS Results for Asthma Care

We saw our asthma HEDIS rates drop in 2008. We discovered that our previous HEDIS software vendor miscalculated our results, inflating our scores. In the process of validating the results from our new HEDIS software vendor, we found that our 2008 results, while lower, are correct. This leaves us approximately four percentage points away from reaching the Medicaid 90th percentile for our Medi-Cal line of business.



II. Providing Excellent Member Services

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

Providing Excellent Telephone Services

By far, 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 monitored our performance in several ways and continued to work on improving our processes in 2008.

Call Center Performance
We received 59,612 incoming calls through our telephone automated distribution system in 2008. We met or exceeded our performance standards.

- We answered 92.6% of calls within 30 seconds, which exceeded our goal of 90% by 2.6 percentage points. We continuously improved in this area in the last two years.

- Having an average abandonment rate of less than 5% was our goal in 2008. Our average abandonment rate for the year was only 1.5%, well below the industry benchmark of 5%.

- We maintained language coverage in our threshold languages. Member Services Representatives provided services in English, Cantonese, Mandarin, Spanish, Russian, and Burmese.

We continued to work on ways to improve customer services. In 2008, we installed two wallboards in the Member Services work area which display call metrics in real time. The wallboards display the following information:

- Total call volume handled
- Average abandonment rate
- Total abandoned calls
- Service level

The wallboards offer the following benefits:

- Provide current information on call metrics to management so that management can react to unusual situations effectively and timely.
- Prompt Member Services staff to handle incoming calls more efficiently and quickly.
- Inform Member Services staff of the team's performance, allowing them to take speedy action to help customers and achieve goals.
- Allow staff from other departments to know the importance of customer service, and to provide assistance if it is necessary.

Telephone Satisfaction Survey

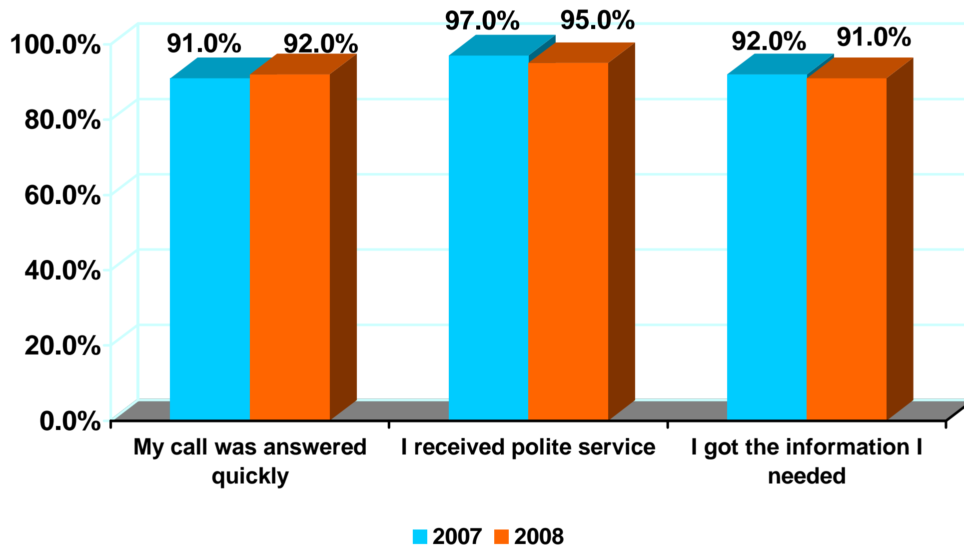
The Member Services Department conducted the seventh annual satisfaction survey in the last quarter of 2008. The purpose of this survey is to assess the level of satisfaction with the services provided by the Member Services Department and to improve our services based on feedback from members.

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

- My call was answered quickly.
- I received polite service.
- I received the information that I needed.

We sent 6,214 survey cards to members who contacted Member Services by phone during the months of October and December 2008. We received 911 cards in mail – a 14.7% return rate.

The results were very consistent with those achieved in previous years. The positive responses of our members indicated that they were highly satisfied with the services they received from the SFHP Member Services team.



Ensuring Member Satisfaction

Member satisfaction surveys are one way we monitor members experience with SFHP and with our health care delivery system. For the Healthy Families and Medi-Cal lines of business, we participate in a State-sponsored member satisfaction survey using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool. The surveys are administered by an external vendor every two years for Medi-Cal and annually for Healthy Families. For the Healthy Kids, we administer our own survey tool annually. The results from the Healthy Kids survey and the Medi-Cal and Healthy Families CAHPS survey are summarized below.

Healthy Kids Satisfaction Survey

In April 2008, 2,701 Healthy Kids households with active program members aged 0-18 were contacted by mail to participate in a satisfaction survey.[1] We asked if they had accessed four types of services: Medical, Dental, Vision, and SFHP Member Services. If so, we asked them to tell us if they were satisfied with the service they received. 564 members responded, garnering a 20.9% response rate. The feedback we received indicated a high rate of satisfaction for all services.

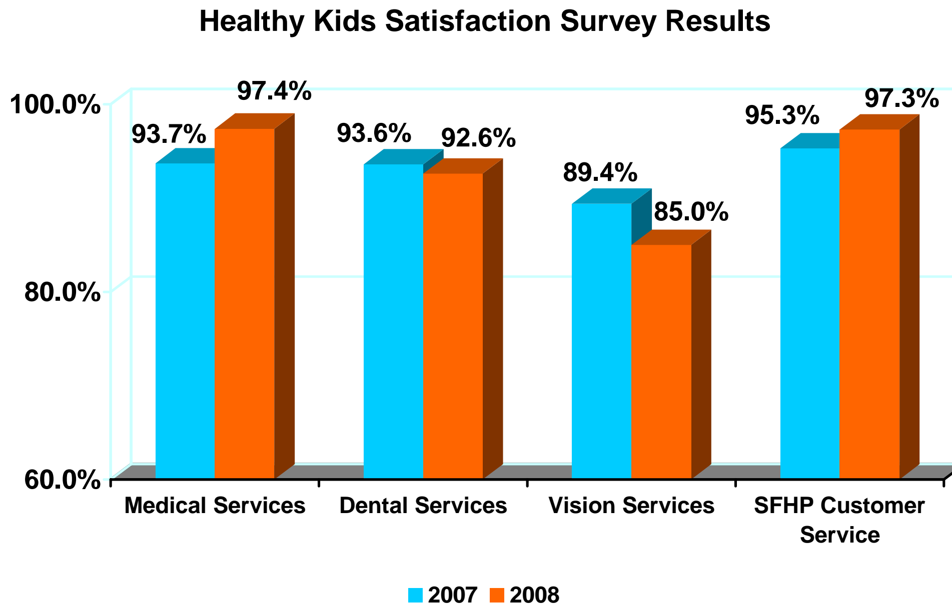
The survey asked about:

- Utilization of Healthy Kids benefits and services
- Satisfaction with Healthy Kids benefits and services

[1] Earlier in 2008, at the direction of the City of San Francisco and the Department of Public Health, SFHP began the process of ending the participation of young adults (19 to 24-year-old) in the program. Due to the fact that a cancellation of health insurance services would unfairly impact satisfaction, young adults aged 19-24 were not included in this year's survey.

- Perceived importance placed on Healthy Kids benefits and services
- Internet use and capabilities

Overall Satisfaction
Survey results have been consistently high and increased in 2008 in all areas except vision services. The most notable increases in satisfaction were in Member Services and Medical Services, the latter receiving the highest level of satisfaction since the program began.



Sixty percent of members who expressed dissatisfaction with medical services cited access and/or long wait times (in excess of one hour) as the reason for dissatisfaction.

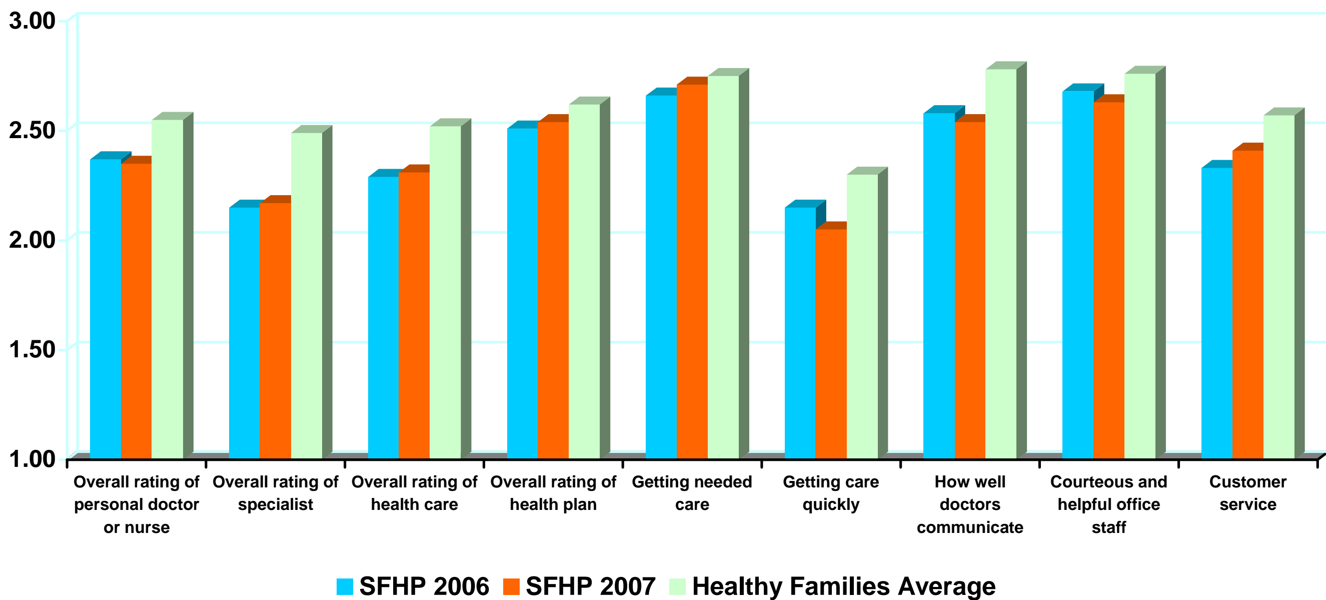
Medical Services Satisfaction
Satisfaction with medical services among member households is most commonly attributed to convenience, such as the physician and physician's staff speaking the member's language and/or having an office in the member's neighborhood. Good customer service, general medical services, and the friendliness and respect shown by the physician's staff were significant contributors to members' satisfaction with Medical Services. Access also factored heavily in a member's dissatisfaction, with long waits in the doctor's office and impolite service cited as negatives by the 80% who report dissatisfaction with care.

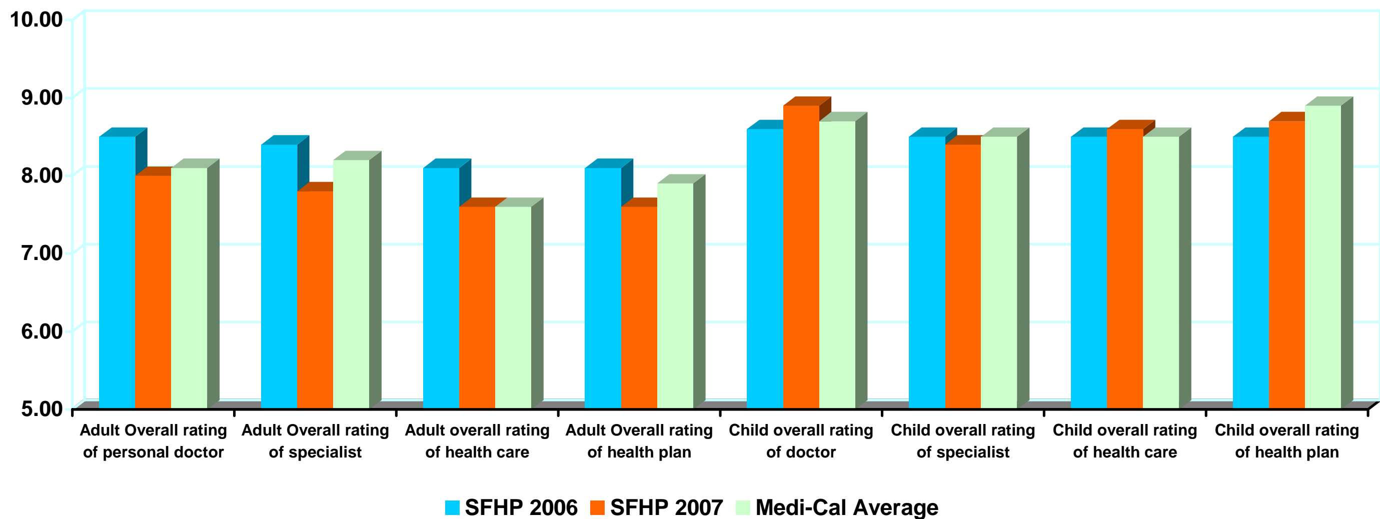
Member Services Satisfaction
Of all services experienced by members, SFHP Member Services consistently scores high. Members cited the accommodation of member services, the friendliness of the staff, and the helpful information they provide as factors in their satisfaction. Only 2.7% cited dissatisfaction, and of those, few members provided details such as not receiving assistance with an invoice, and not receiving assistance in Spanish. Past reasons for

dissatisfaction, such as long waits on hold, or long waits for member materials such as ID cards, were notably absent from comments this year.

CAHPS Results for Healthy Families and Medi-Cal

Our member satisfaction results, as measured by the CAHPS survey, show a great deal of room for improvement, particularly in our Healthy Families line of business. The CAHPS survey is administered every year for Healthy Families and every other year for Medi-Cal. Our results have been consistently below average for Healthy Families and at the State average for Medi-Cal. Our most recent results, reported in 2007, showed below average scores once again for Healthy Families and a decline in our Medi-Cal adult scores. However, our Medi-Cal results remain comparable to the Medi-Cal average in most areas. The graphs below show our Medi-Cal and Healthy Families results from the last two surveys, compared to program averages. Please note that Healthy Families results are reported on a three-point scale and the Medi-Cal results are reported on a ten-point scale.





Language Bias
As we reviewed our results for opportunities for improvement, we saw that our Healthy Families results may be biased because of the large Chinese-speaking population enrolled in the health plan. We analyzed our results for Chinese-speaking versus non-Chinese-speaking respondents, and found that for most of the CAHPS indicators, our results were at or above the Healthy Families Program average when Chinese-speaking respondents were removed. SFHP has a larger percentage of Asian and Chinese-speaking members than any other Healthy Families plan, at 58%, and 80% of survey respondents were Chinese-speaking. The next closest plan has only 13% Chinese-speaking members. A review of the literature on response bias shows that Asian and Chinese-speaking respondents tend to give lower ratings on satisfaction surveys than other respondents.[2] In 2009, we plan to bring our research to the state Healthy Families Program and Medi-Cal regulatory agencies. Our goal is to work with the state to find a way to measure member satisfaction that is fair to all health plans.

Areas for Improvement
After accounting for language bias, the CAHPS survey results showed that we have several opportunities for improvement. We identified opportunities by looking at where we fell short of the statewide average for both English and non-English speaking respondents, and where there were significant gaps between our performance and performance of other health plans. Four key areas emerged as opportunities for improvement:

- Customer service
- How well doctors communicate

[2] Kim, Minah, et.al., Adjusting Pediatric CAHPS Scores to Ensure Fair Comparison of Health Plan Performance, Journal of Medical Care, 43(1), January 2005.

- Overall rating of specialists
- Getting needed care

We convened an internal team to examine the four target areas and look for ways to improve. We collected and reviewed additional data from grievances, PCP change statistics, call center statistics, and telephone satisfaction survey results. We also identified interventions that were either already being implemented in 2008 or could be easily put into place within the next six months. These included:

1. Cultural Awareness/Working with an Interpreter Training for SFHP staff
2. Cultural Awareness/Working with an Interpreter Training for SFHP providers and office staff in two medical groups (NEMS & PIMG)
3. HMO 101 training for practice sites (Family Health Center at SFGH scheduled, others TBD)
4. Installation of grade level (readability) software on Medical Management and Marketing desktops
5. Revision of provider directory to translate proper names into Chinese
6. Inclusion of articles in member newsletters encouraging members to call us if they are dissatisfied with their medical or with health plan services.
7. Revision of provider directory to list clinic IDs for individual PCPs
8. Implementation of a call monitoring “wall board” to alert staff to time-to-answer and abandonment rates
9. Implementation of an incentive program for Member Services employees to promote member telephone satisfaction and productivity
10. Implementation of a Quality Assurance Team in Member Services in 2009 to include more structured call monitoring and ongoing staff training
11. Establishment of Exemplary Service as one of our SFHP organizational goals

The team concluded that we needed additional information from our members and providers to help us understand specific areas of dissatisfaction and what we could do to improve. We decided to hold a series of focus groups in 2009 with members and providers. At the conclusion of the focus groups, the team will reconvene and establish and action plan to improve member satisfaction.

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 timeliness and regulatory compliance. Our goal is to provide excellent service and, at a minimum, meet DMHC standards for responding to and resolving grievances. Below is an overview of the grievances received in 2008 and key indicators showing our compliance with regulatory standards:

- **196** member grievances were processed by SFHP, Kaiser, VSP, and Delta Dental.
- **133** of these grievances were non-delegated and handled directly by SFHP.

- **11** grievances (8%) 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.
- **10** grievances (8%) 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 category. We are seeing more grievances from Healthy Workers and fewer from Healthy Kids members. Grievances related to access and quality of service increased in 2008, while grievances regarding denials/refusals declined. Below are the grievance statistics for 2008 and the highlights from our analysis.

- The **Lines of Business** ranked by grievances per thousand members:

	2008 Grievance Rate	2007 Grievance Rate
Healthy Workers	4.9	2.7
Medi-Cal	3.4	3.4
Healthy Kids	2.7	3.3
Healthy Families	0.4	1.0

- The **Medical Groups (SFHP & Kaiser)** ranked by grievances per thousand members:

	2008 Grievance Rate	2007 Grievance Rate
Kaiser Permanente	16.9	17.4
University of California San Francisco	5.5	8.1
Community Health Network	2.8	1.5
Physicians Integrated Medical Group	2.5	2.7
Chinese Community Health Care Association	1.6	2.6
North East Medical Services	0.9	1.0

- Grievances handled by SFHP by grievance category

CATEGORY	2008 Grievances	2008 % of Total	2007 Grievances	2007 % of Total
Access	43	32%	28	24%
Quality of Service	40	30%	24	21%
Denials/Refusals	22	17%	37	32%
Quality of Medical Care	12	9%	2	2%
Billing	8	6%	16	14%
Enrollment	3	2%	7	6%
Benefits/Coverage	1	1%	1	1%
Cultural and Linguistic	4	3%	0	0%
TOTAL	**133**	**100%**	**115**	**100%**

Important Findings for 2008

- We are seeing an upward trend in access-related grievances. It is now our top category, replacing denial/refusals. In 2009, SFHP will convene an interdepartmental team to examine access issues in our provider network.

- We are also seeing an upward trend in grievances related to quality of service. Most of the grievances in this category represent situations where members have had to call multiple sites to obtain correct information. When members finally call the health plan, they are able to get the answers they need. In 2009, we plan further analysis of our quality of service grievances and our member satisfaction survey results to find opportunities for improvement.

III. Ensuring Access to an Excellent Provider Network

The Provider Relations Department focused on creating strong provider/health plan partnerships to support our goal to improve quality of care and access to care. In addition to Joint Administrative Meetings conducted with the medical group administrative staff, SFHP also met with the clinical and administrative staff in our doctors' offices to strengthen our collaboration on quality activities and improve access to health care. The Provider Relations Department participated in two innovative access improvement projects summarized below: the Providing Access to Health Care, our PATH project (helping us create a delivery system accessible by persons with disabilities), and eReferral. As a 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 Outreach Activities

In 2008, SFHP staff visited most sites with more than 100 members and many of those with less than 100 members. Our goals in conducting these visits were to provide information, technical assistance, and training to provider office staff. We gave providers feedback on their quality measurement results and in many cases helped them think of ways to improve. Patient Rosters for Quality Improvement, which included a list of patients who needed follow-up services and lists of diabetic and asthmatic patients, were brought to each visit. Most sites were presented with Asthma Profiles, which included a list of patients who may have persistent asthma and who are not on controller medications. In an effort to minimize avoidable ER visits, we presented ER Frequent Flyer Reports of patients who had four or more ER visits within the past 12 months.

We also visited many high-volume providers to help identify methods for improving care of our diabetic members. These visits provided SFHP staff with an invaluable opportunity to assess internal procedures in the clinic/office and to work directly with the providers on care improvement strategies. In 2008 we introduced a pilot program, Managed Care 101, at one site to educate providers and staff about managed care. In addition, SFHP delivered holiday treats baskets to providers with more than 100 members to thank them for their continued efforts.

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 2007, the survey was tailored to each medical group to capture and eliminate questions that may not yield actionable feedback. 62 out of 262 PCPs and clinics returned surveys. The response rate of 23.7% is lower than that of the 2007 survey (35.8%). This may be due to lack of provider familiarity with new Provider Relations staff at SFHP, or because the providers did not feel as compelled to provide feedback as in previous years. No surveys were returned due to incorrect mailing addresses, reflective of the accuracy of our provider contact information. We excluded Kaiser and UCSF from the survey because we do not have direct relationships with PCPs in those two groups. After excluding UCSF and Kaiser, our survey covered providers serving 87.4% of our members. Below are response rates by medical group.

Medical Group	# of Responses	# of PCPs for Medical Group	% of Response for Med. Group
Chinese Community Health Care Association (CCHCA)	12	50	24.0%
Community Health Network (CHN)	30	131	22.9%
North East Medical Services (NEMS)	10	31	32.3%
Physicians Integrated Medical Group (PIMG)	10	50	20.0%

Overall, providers are fairly satisfied with both their medical groups and with SFHP, with a few notable exceptions. The following is a summary of our key findings:

- A key concern for CHN providers continues to be access to specialists and diagnostic services, and by extension, some frustration with the SFHP utilization management process for out of network referrals.

- Comments on the SFHP formulary continue to attract some negative feedback from all medical groups, but generally the responses were favorable. A clear area for improvement, however, lies in our pharmacy denial appeal resolution process.

- Our providers are highly satisfied with the courtesy and accuracy of the information supplied by our Member Services and Provider Relations Departments.

- Providers report that if they use our website, they use it primarily to check eligibility. However, they expressed interest in accessing community resources, clinical guidelines, and related patient education materials from our provider website.

- The content most providers requested from the SFHP website is currently uploaded and available to providers. It is clear there is a need for provider education surrounding resources and information already available via the SFHP website.

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, availability of specialists in key areas, and PCP availability.

Access to Primary Care Providers
In 2008, as in previous years, there was very little change in the size and make-up of our primary care provider network. Our stable network of PCPs is more than adequate to care for our approximately 56,000 members. Regulatory requirements set forth in our Knox Keene license guide our accessibility standards. State regulations require that a primary care physician panel should be 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 our PCP and member counts at the end of 2008:

Medical Group	# Members < age 18	# PCPs caring for children	# Members > age 18	# PCPs caring for adults
CCHCA	4,729	25	3,622	46
UCSF	2,749	41	1,445	59
NEMS	6,054	22	3,934	33
PIMG	3,495	37	1,722	40
CHN	9,714	122	15,052	193

Note: PCPs caring for children include physician and mid-level PCP’s designated as adolescent medicine, family medicine, family 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 at the end of 2008.

	CCHCA	UCSF	NEMS	PIMG	CHN
Obstetrics & Gynecology	20	58	13	16	53
Cardiology	8	7	1	7	6
Endocrinology	3	10	1	1	7
Gastroenterology	10	13	6	3	4
Radiology	5	52	1	2	16
Pulmonary	5	4	4	6	7
Ophthalmology	9	81	14	16	6

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 2008:

	# Chinese speaking PCPs	# Spanish speaking PCPs	# Vietnamese speaking PCPs	# Russian speaking PCPs
CCHCA	49	2	2	0
UCSF	4	21	1	1
NEMS	20	4	4	1
PIMG	2	38	1	3
CHN	12	81	8	0
Totals	87	146	16	5

Wait Times for Key Specialty Areas at SFGH

In 2008 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 telephone survey of specialty clinics and diagnostic testing centers for CHN. The number of clinics surveyed was greatly reduced in 2008, due to most SFGH specialty clinics moving to eReferral. We

do, however, continue to receive a monthly wait time survey from SFGH and those survey results are monitored for access issues.

Provider Education and Training

In 2008, to respond to feedback from our Provider Satisfaction Survey, and to meet one of our Medical Management department goals: *improve overall communication and support for our providers*; we worked to make more resources and training available to our providers.

In 2008, we expanded the content for providers on our website with the following:

- AWARE patient education materials, to promote a decrease in the use of unnecessary antibiotics
- Health Education materials in our threshold languages that can be downloaded and printed for distribution in the provider office
- Primary care provider processes for HIV testing in the office, since written consent is no longer required for screening
- Expanded STD testing and prevention resources
- Adult and Pediatric Preventive Healthcare Guidelines – revised during 2008
- DHCS-supported Obesity Tool Kits website link (described further below)

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

1. 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.

2. Cultural Competency/Cultural Awareness Trainings (CCC/CAT):
    - SFHP sponsored a two-day training in April for our medical groups: *Addressing Health Care Disparities through Cultural Competency Trainings.*
    - SFHP developed and distributed a set of CCC/CAT slides, copies of Worlds About and Unnatural Causes that were used in the training, and materials such as “Working Effectively through an Interpreter”.
    - Medical groups have started to conduct or plan their own trainings.

3. Managed Care 101:
    - SFHP developed 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, and more.
- We trained the providers at Family Health Center at San Francisco General Hospital and are setting up trainings with other clinics.

4. Initial Health Assessment (IHA) and Individual Health Education Behavioral Health Assessment (IHEBA):
   - SFHP sent a joint SFHP/Anthem Blue Cross IHEBA survey to our providers in March to ask for feedback on the DHCS "Staying Healthy IHEBA" tool, and to collect tools that had been developed internally.
   - DHCS designed an IHEBA Survey Monkey that we forwarded to 140 providers in August collecting information on the type and size of the practice, which age group tools were used, and pros and cons of the tool.
   - DHCS sent an All Plan Letter on April 9th suspending the scoring of the Staying Healthy tool during medical record review until the revised tools are released in 2009. SFHP provides full credit when the IHEBA is utilized and a "non-applicable" for those providers who have not fully implemented them to date. We continue to educate the providers on the importance of the IHEBA screening, periodicity of reapplication and featured an article on IHEBA in the *Informed* provider newsletter.

5. Providing Access to Healthcare (PATH):
   - SFHP partnered with the Disability Rights and Education Defense Fund (DREDF) to assess and enhance our provider network's capacity to serve members with disabilities. Our goal is to identify a network of primary care, specialty and ancillary services for members with disabilities and functional limitations.
   - During 2008, SFHP worked with DREDF to develop resources and training materials to be delivered to our network in 2009.

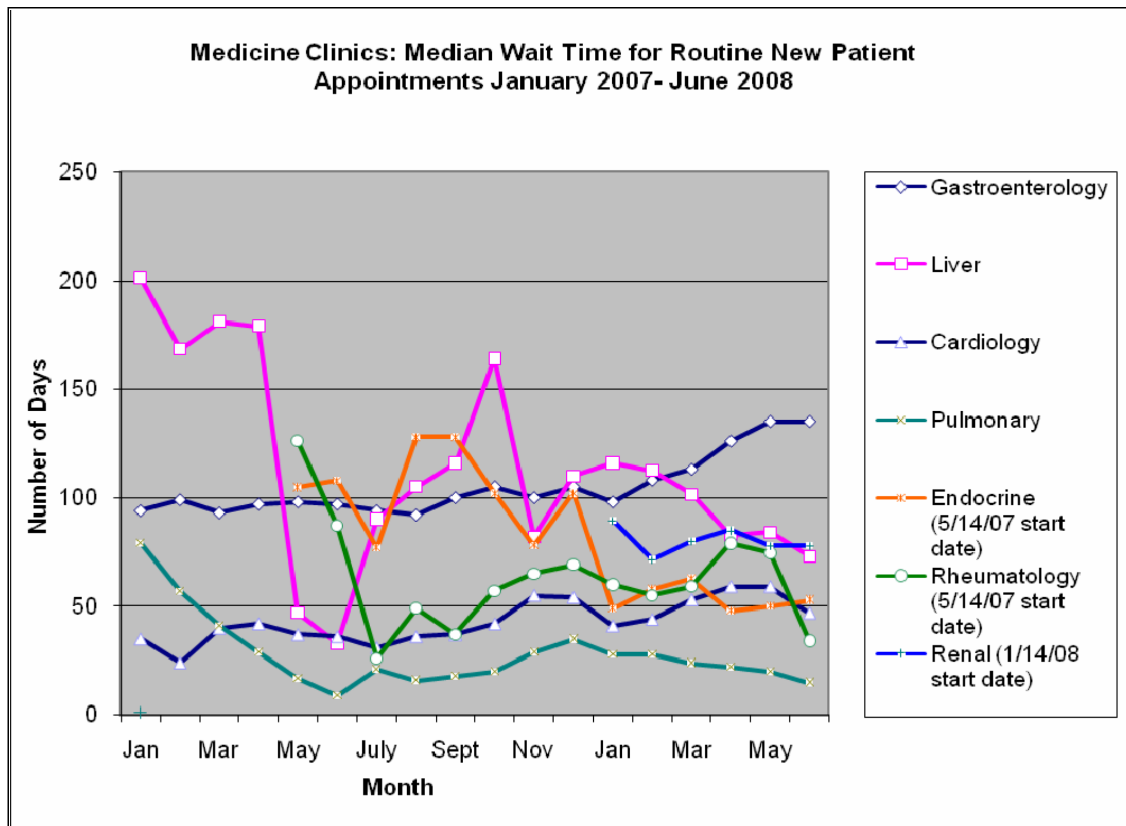
We also communicate with our providers via fax-blasts and our provider newsletter *Informed*. We use the newsletter and fax-blasts to keep our providers up-to-date on upcoming events and trainings, revised clinical guidelines, and resources:

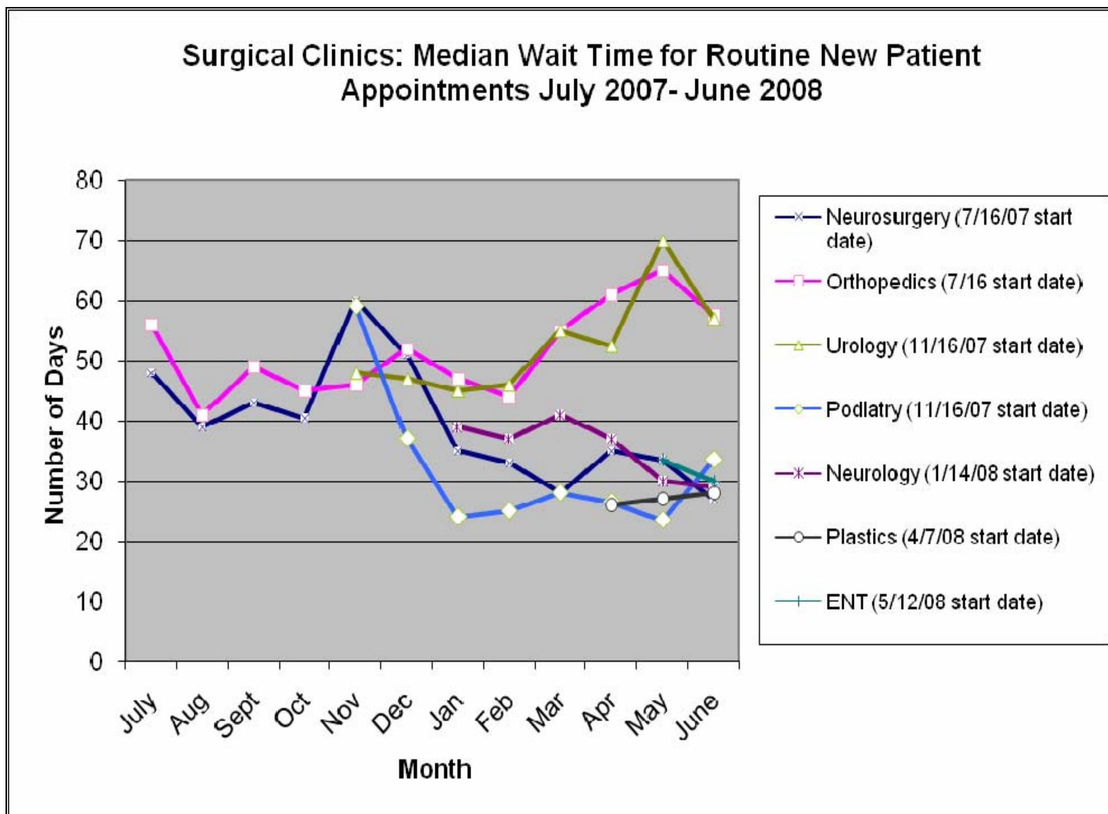
- Screening for lead levels in early childhood
- Screening for HIV in the primary care office
- Avoiding unnecessary ER visits
- Referring children earlier to the dentist and how to apply fluoride varnish in the office
- Referring and coordinating care with Early Start and Golden Gate Regional Center
- Utilizing our web-based, bilingual health education materials
- Obtaining compensation through our Health Education Compensation Program f
- Referring members to the Bayview Community Shuttle
- "Surviving your facility site and medical record review"

eReferral Spread Project

In 2006 and 2007, the SFHP Governing Board elected to address the issue of improving access to specialists by launching and continuing the eReferral Spread Project. The Board elected to support the "spread" of the eReferral electronic referral system over two years to four SFGH specialty clinics, eight surgical clinics and radiology. In addition, monies were granted to the San Francisco Community Clinic Consortium (SFCCC) to identify technological solutions that could improve access to eReferral for community clinics that refer patients to San Francisco General Hospital for specialist and diagnostic services. The goal was to replicate the positive outcomes that had been generated by an electronic referral and triage system, piloted at San Francisco General Hospital's (SFGH) GI Clinic.

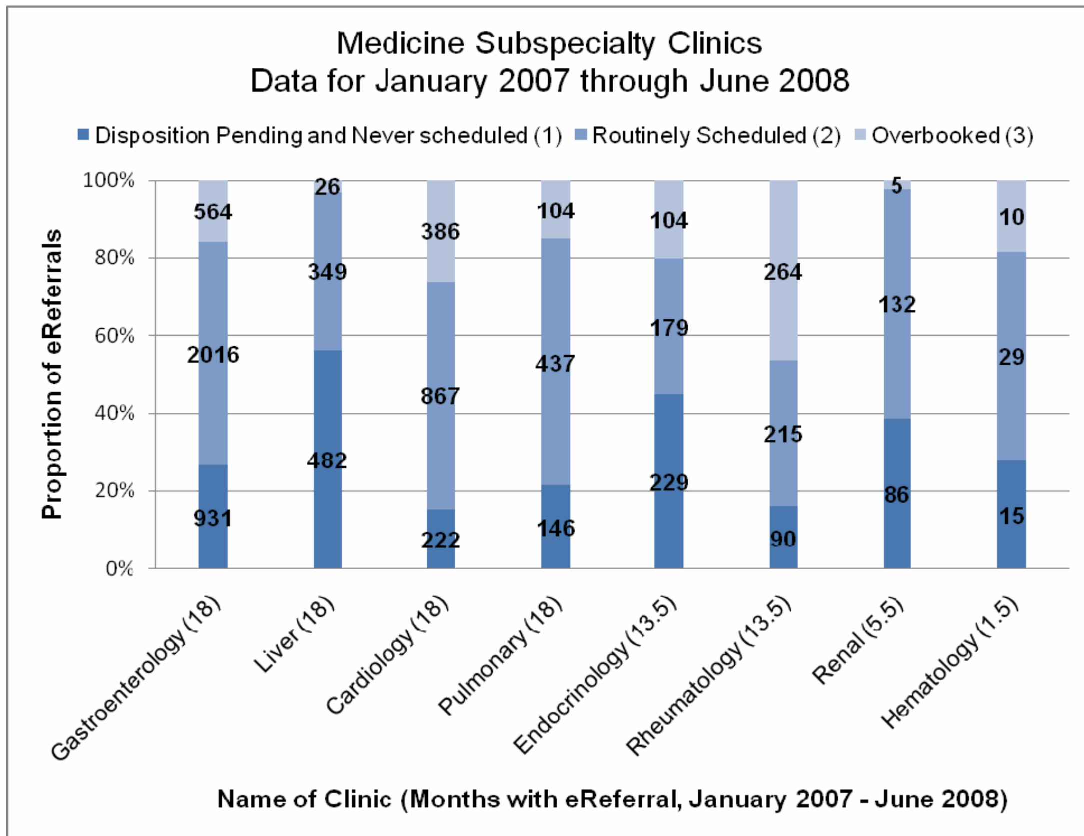
At the end of 2008, eReferral was completely implemented in five SFGH medical specialty clinics (Cardiology, Pulmonary, Endocrine, Neurology and Rheumatology), six of the eight surgical clinics (Neurosurgery, Orthopedics, Urology, Neurology, Plastics and ENT), and five additional clinics/services that were not part of the original Project (Sleep Studies, Breast Clinic, Podiatry, Renal and Hematology). In addition, a pilot was launched in the Department of Radiology. To date, implementation of eReferral has resulted in an overall pattern of improvement of wait times, although the magnitude and stability of the improvement varies from clinic to clinic, and has shown a tendency to level-off once the system is in place for a few months.





A particular benefit of eReferral is shown by the number of "not initially scheduled" or "never scheduled" and "overbooked" referrals. "Not initially scheduled" are referrals that require additional history or additional diagnostic evaluation, are not appropriate referrals, or can be managed by the primary doctor with some guidance. "Never scheduled" are referrals that were not scheduled within six months. These "saved" specialist appointments represent an opportunity for improved efficiency that frees up specialty care appointments. Rates of "saved" appointments range from 15.1% and 15.8% of total appointment requests for Rheumatology and Cardiology, respectively, to 56.2% for Endocrinology.

eReferral also allows a qualified specialty reviewer to systematically triage appointments. Patients with urgent need are given more immediate access (overbooked). Rates of "overbooked" appointments ranged from 2.2% and 3% for Renal and Liver, respectively to 46.4% for Rheumatology. Higher overbook rates can be attributed to a combination of higher clinical urgency and wait times (e.g. a clinic whose wait time is only a month will need to overbook less frequently than a clinic whose wait time is nine months).



(1) "Disposition pending and never scheduled" includes both eReferrals that are "not scheduled" and "never scheduled" for January 2007-June 2008, and represents the number of appointments that are either initially deferred or completely avoided as a result of eReferral. Please see the accompanying report, Summary of Evaluation Activities, Section 1, eReferral Volume and Disposition for a detailed explanation of this category.

(2) Next available appointment given.

(3) Number/percent of scheduled appointments that were expedited, i.e. clinically triaged.

In June 2008, the SFCCC issued a final report of their technology survey findings. The report proposed the following first steps for improving the utilization of and provider access to eReferral:

- Rewrite the eReferral application to make it cleaner, scalable and allow for improving the user interface.
- Investigate upgrading the Consortium data network to increase capacity and prioritize data flow.
- Refresh outdated hardware at each clinic site.
- Conduct surveys at each clinic site to assess data network capacity

In 2008, a final evaluation of eReferral was issued by the project team. The evaluation quantifies the data for each specialty clinic, summarizes key findings from the primary care provider (PCP) survey conducted in 2007, discusses the impact of eReferral on the specialist clinician and highlights the experience of the medicine subspecialty reviewers. The evaluation also identifies the challenges, accomplishments, success factors and lessons learned from the project.

The implementation of eReferral resulted in decreased wait times for routine specialty appointments and enhanced clinic efficiency. The eReferral system has improved medical record documentation as well as data flow and collection. eReferral has been recognized statewide by organizations who are interested in adopting similar systems for their networks.

Disability Access Project:
Providing Access to Health Care (PATH)

SFHP partnered with the Disability Rights and Education Defense Fund (DREDF) to assess and enhance our provider network's capacity to serve members with disabilities. The goal of the project is to identify a network of primary care, specialty and ancillary services for members with disabilities and functional limitations.

Prior to 2008, a pilot primary care provider (PCP) survey was completed in fourteen provider sites across five medical groups. The complete PCP survey was also finished at all 111 provider sites across five medical groups.

In 2008, SFHP and DREDF created a programmatic access survey and disability resource guide for distribution to specialists and primary care providers. To create a knowledgeable and skilled network able to serve members with disabilities, we began developing the framework and plan for training providers, office staff and SFHP staff. In 2009, we plan to analyze results of the programmatic surveys and finalize and implement the provider training plan.

V. Medical Management

Utilization Management

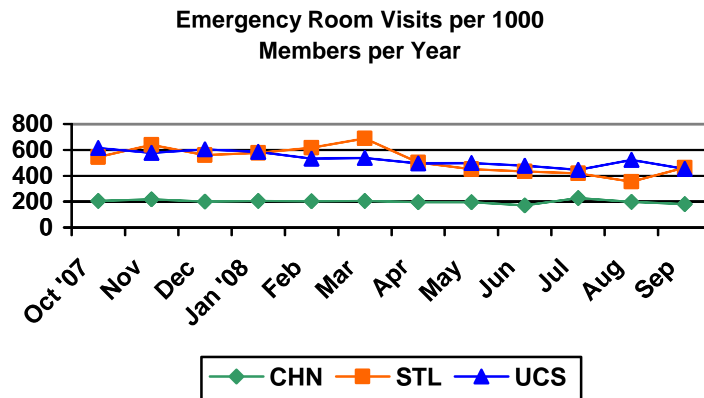
SFHP and its medical groups work under a Utilization Management Program and set of policies that assure that effective and appropriate health care services are delivered to our members based on sound clinical principles. Under our QI Program, we monitor under and over-utilization, and continuity and 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 Peer Review Committee addresses instances of poor quality.

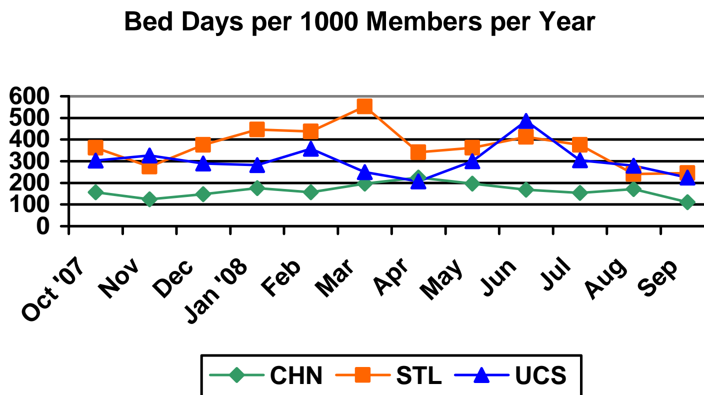
SFHP provides utilization management services for three of our medical groups, University of California San Francisco (UCSF), Physicians Integrated Medical Group (PIMG), and Community Health Network (CHN). We monitor inpatient admissions and emergency department visits for these groups. The reports below show that our rates

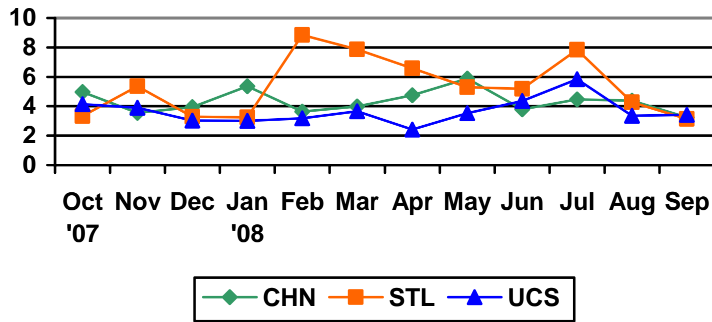
have remained fairly constant. PIMG and UCSF have higher emergency visit rates and inpatient rates than CHN. We know from previous studies that patients assigned to UCSF tend to be sicker than members assigned to our other groups. In 2007, we began work with PIMG to reduce ER visit rates. The 2008 data continues to show that the PIMG ER visit rate to be consistently elevated mirroring the rates from UCSF.

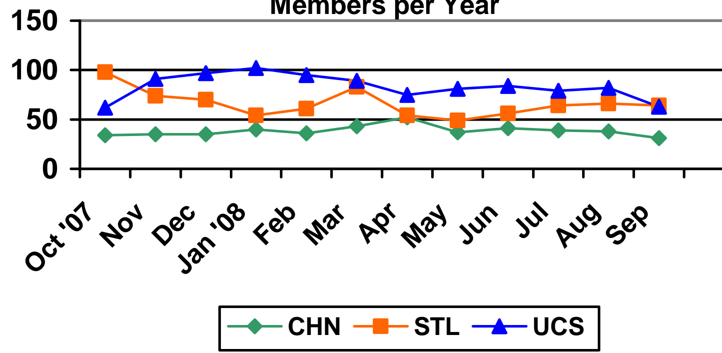
SFHP also provides concurrent review for these medical groups. The data for CHN is consistent with the data from last year. The data for PIMG and UCSF members shows an upward trend from last year. This may well be a reflection of the acuity of the members admitted this year. SFHP will continue to monitor this and undertake further studies to better understand this trend. The UCSF and PIMG data demonstrates a consistently higher level of bed days compared to CHN. The higher rates at UCSF may also reflect the lack of specialist care currently available at SFGH, since many cases will be transferred out of SFGH if an unavailable service is required.

The data for the average length of stay and inpatient admissions remain fairly consistent with the data from 2007 for all the medical groups. Due to claims-lag the following graphs are missing data from the last three months of 2008.









Reducing Avoidable Emergency Department Visits
SFHP participates in the DHCS Statewide Quality Improvement Collaborative, aimed at reducing avoidable emergency department visits. We submitted baseline data in 2007 and Year 1 data in 2008, measuring our total emergency department visits and the percent that were avoidable per the DHCS definition. The data showed a small, but statistically significant increase between Baseline and Year 1. However, no interventions were put into place between Baseline and Year 1.

	Baseline (measurement year 2006)	Year 1 (measurement year 2007)
Emergency department visits per 1000 Medi-Cal members per month	21.4	22.8
Percent avoidable visits	15.5%	16.9%

SFHP participated in two workgroups tasked with planning interventions to reduce avoidable emergency department visits: the hospital collaborative workgroup and the health education workgroup. The hospital collaborative workgroup recommended implementing a partnership with at least one network hospital whereby health plans would receive real-time updates on emergency department visits. Health plans will use

the data to do outreach to members and providers utilizing the emergency department inappropriately. Hospital collaborations will be implemented in 2009. The health education workgroup developed a poster and brochure encouraging families to contact their PCP or a nurse advice line before accessing care at the emergency department. The materials are specifically targeted towards colds and fever as they account for the majority of avoidable visits statewide for Medi-Cal members. Posters and brochures will be distributed in 2009 to PCP offices.

In addition to participating in the statewide interventions, SFHP initiated health plan specific interventions in 2008. We included the Avoidable ER measure on our PCP and Clinic Quality Reports, showing our providers how their clinics performed compared to the health plan average. We accompanied the report with a list of patients who had been to the ER four or more times in the last 12 months. The list showed the number of ER visits and the number which were avoidable.

Utilization Management Denial Letter Audit

The Utilization Management Department conducts quarterly denial letter audits to ensure that members receive letters meeting regulatory guidelines and strict quality standards. A sample of denial letters is chosen every quarter and reviewed on nine quality standards. In 2008, the audit results showed 100% compliance with most standards. The only errors found were found in the 4th quarter review. Two of the member letters did not contain an appropriate salutation, one member letter contained a reference to the incorrect Evidence of Coverage and Disclosure Form (it referred the member to the Healthy Families EOC instead of the correct Medi-Cal EOC) and one letter had two denial reasons, one of which was incorrect. These were brought to the attention of the review staff. The staff was reminded to carefully review each letter for accuracy and correct language. The letters will continue to be monitored quarterly.

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 Community Resource Guide, Joint Administrative Meetings with our Medical Groups, and featured articles in our Provider Newsletters. In addition,

SFHP is responsible for assuring that there is comprehensive care coordination when PCPs make referrals.

In 2008, the SFHP Community Resource Guide was revised. Two versions were distributed in our network: SFHP non-Kaiser network and Kaiser. This ensures that our contracted medical group's Utilization/Case Management staff has access to current community resources and updated contact and service information.

- We continued to work with PCPs and specialists to help refer children to CCS services. We continue to receive monthly CCS common member lists to assist with the identification of members with an open CCS case. SFHP and providers have access to the CMS website. This system is updated continually allowing SFHP and providers an access portal to check for open CCS cases. SFHP has developed a reference manual to assist staff in more accurately identifying potential CCS cases.

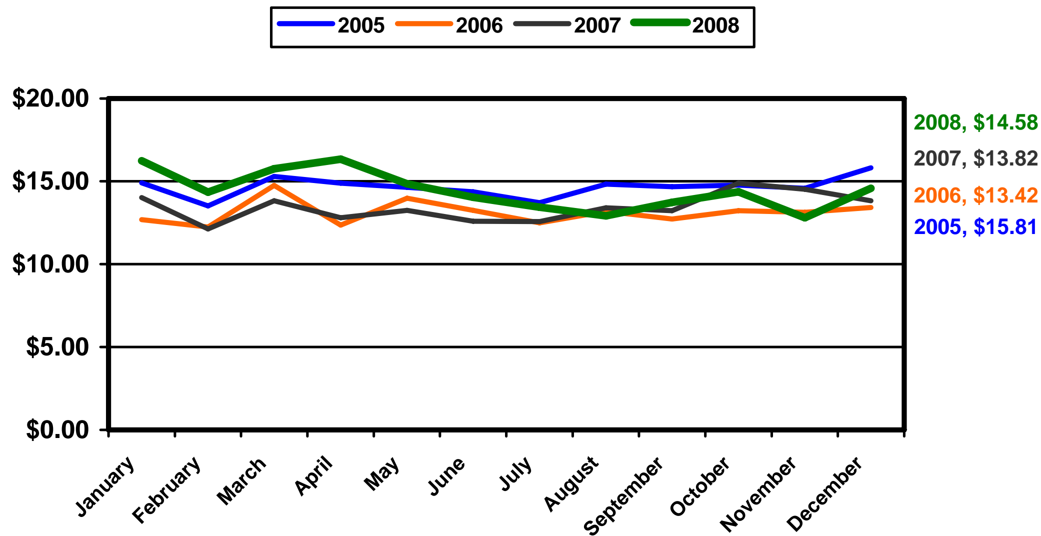
- In 2007, SFHP was a pilot site for the Department of Health Care Services in developing a common member list of Golden Gate Regional Center (GGRC) and Early Start members. Once the system was refined, DDS and DHCS implemented monthly common member lists in October 2007. In 2008, SFHP received monthly lists from DHCS and distributed them to the following:
    - Golden Gate Regional Center and Early Start
    - Community Health Network
    - University of California San Francisco
    - Chinese Community Health Care Association
    - Kaiser Medicine and Kaiser Pediatrics
    - North East Medical Services
    - Physicians Integrated Medical Group

  SFHP also coordinates quarterly MOU meetings with GGRC/ES.

Pharmacy Services

SFHP assures the quality of its pharmacy services by offering a generous formulary and maintaining good relationships with our pharmacy providers. 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 despite an increase in early 2008.

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 2008, over 80% of prescriptions were filled with generic medications and the average cost per prescription (all prescriptions, brand and generic) was $31.38. In 2008, less than two percent of paid prescriptions required a new prior authorization each month.

In 2008, 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 full three-year drug class rotation and reviewed medications and supplies in the following categories: oral antibiotic agents, cardiovascular agents, opioid agents, non-steroidal anti-inflammatory drugs, anti-depression agents, and anti-psychotic agents. The committee also resolved to invite a medical specialist to the P&T meetings for specific expert opinion on medication-related standards of care.

Effective July 2008, the City and County of San Francisco closed the Healthy Young Adult program for members age 18 through 24. SFHP developed a pharmacy continuity of care policy and program to ensure Young Adult members had access to chronic medications as their benefits terminated.

The SFHP pharmacy department has maintained the electronic review and filing of pharmacy prior authorization requests. The percent of all authorizations processed in less than five days was over 90% in 2008.

IV. 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 and launched new projects in 2008.

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 both in paper and on-line formats. Our redesigned 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. Each quarter, we upload newly developed materials to the website for both member and provider access.

To assess website use, we began measuring the frequency of hits to Health Education related pages. In 2008, the Health Education sections of the SFHP website (Provider, Visitor, and Member sections) were accessed a total of 14,795 times.

- Provider Section (3,310)
  - Health Education Materials for Members: 2,665
  - Health Education Materials for Providers: 645
- Member Section: Health Education (5,711)
  - English: 2,549
  - Spanish: 1,677
  - Chinese: 1,485
- Visitor Section (5,774)
  - English: 2,578
  - Spanish: 1,638
  - Chinese: 1,558

A total of 30,812 Health Education materials were downloaded from all three sections.

- English Materials: 15,100
- Spanish Materials: 12,516
- Chinese Materials: 3,196

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
- Diabeticeye exams
- General asthma management
- Asthma controller medications
- Initial health assessments
- Pregnancy education books

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.

Quarterly Health Education Messaging
In 2008, SFHP Health Education and Cultural and Linguistic Services partnered with the Marketing Department to create a quarterly Health Education Messaging Work Plan. Together we identified four themes to be rolled out quarterly over the course of 2008 and 2009. In each quarter, we planned to disseminate information through the Member Newsletter, Provider Newsletter, website materials, materials in SFHP reception area, Member Advisory Committee, and print media. We also partnered with community and governmental agencies to create joint messages that targeted specific sub-groups. All materials developed collaboratively were shared with community partners. The topics we chose for 2008 messaging are listed below:

Spring 2008: Exercise Options and Hepatitis B Prevention
- Partners: San Francisco Hepatitis B Free Campaign; San Francisco Department of Parks and Recreation

Summer 2008: Nutrition
- Partners: Bay Area Nutrition and Physical Activity Collaborative (BANPAC) "Soda Free Summer" Campaign

Fall 2008:
- Partners: San Francisco Department of Pubic Health Tuberculosis Control Section; San Francisco Department of Public Health Infectious Disease Department "Infect Me Not" Campaign

Messages in Print Media
In 2008, we continued using print media to communicate important health topics to the general community. Each quarter, we produced two to four newspaper advertisements. The advertisements were translated into Spanish and Chinese and placed in local newspapers. Additionally, we adapted text and photos to be culturally relevant to each community. All advertisements are available for download on the SFHP website. Topics included:

- Adults: Exercise Tips
- Kids: Exercise Tips
- Physical Activity in San Francisco
- Cut Out the Soda!
- Healthy Snacking Tips
- Hepatitis B Facts: Where to Get bested
- Think You Have the Flu?
- Flu Season: Tips to Stay Healthy
- Tuberculosis Facts

Health Education Compensation Program
The Health Education Compensation Program (HECP) provides funds to help support health education classes and counseling. In 2008, we made several changes to the program to make it easier for providers to receive reimbursement and increase utilization of the program. Changes included the following:

- Increased individual and group reimbursement rates
- Increased health topic areas eligible for reimbursement
- Increased billing flexibility (e.g. individual counseling in 15 minute time increments)

In 2008, SFHP received an additional 12 applications from providers to participate in HECP, more than doubling participation in the program. We received 2,620 records of health education classes and counseling sessions, an increase of 161% over 2007. The table below shows the number of submissions by mode of delivery and health topic:

Mode of health education delivery	**# of submissions**
Group	187
Individual	2,433
Health topic	**# of submissions**
Asthma	1,000
Diabetes	604
Perinatal education	455
Nutrition/weight management	442
Hypertension	45
Other	42
Hyperlipidemia	32

Health Education Classes on the SFHP Website

We continue to collaborate with our medical groups to update and post listings of health education classes offered within our network. Users can search for classes by medical group, topic, and the languages in which they are offered.

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. In 2008, SFHP worked to respond to these needs by making weight management health education materials and supplies available and by piloting two weight management programs.

Nutrition and Physical Activity Health Education Materials Dissemination

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

Weight Management Pilot Program: Get It Girl!

SFHP partnered with the San Francisco YMCA and California Pacific Medical Center (CPMC) to develop a weight management pilot program called Get it Girl! The program was held at the Bayview/Hunter's Point YMCA and offered 10 weeks of nutrition and physical activity education to girls between 13 and 17 years of age who were overweight or at risk of overweight. Participants were referred to the program by physicians at three clinics in the Bayview/Hunter's Point neighborhood.

The Get It Girl! program met with mixed results. Attendance and retention proved to be very difficult. We offered incentives to attend classes and complete the program. Despite the incentive offers, only five of the 17 girls referred to the program graduated. Fourteen girls attended at least one class. However, participants found the program valuable and showed improvements in knowledge and behavior around nutrition and physical activity.

SFHP administered a pre and post survey to participating girls to assess behavior changes. Due to the significant difference in sample sizes, it is difficult to draw conclusions from the following data. The data does suggest an improvement in knowledge and behavior around nutrition and physical activity.

SFHP Satisfaction Survey (n=5)
SFHP also administered a satisfaction survey at the conclusion of the program. The results showed 100% high satisfaction but also showed that girls had difficulty attending sessions because of logistical and family issues.

While we decided not to fund another Get It Girl! series, we learned a great deal from this pilot program. The lessons learned will help us improve future health education classes and weight management initiatives:

- While all participants were assigned to a PCP in the neighborhood, some either lived or went to school far away from the program site. This made attending the Get It Girl! sessions difficult.
- Some participants commented that the difference in ages of the girls (range:13 to 17), and varying maturity levels, created a distracting environment and made it hard for some of the girls to concentrate.
- High-interest activities and topics, like boxing, should be introduced at the beginning of the program to improve future retention.
- Get It Girl! partner organizations agreed that clearer definitions of roles and responsibilities between YMCA, SFHP and CPMC would have improved the administration of the program.
- More time should be allowed for recruitment. Providers had a difficult time identifying and referring girls to the Get It Girl! Program. At least two months of recruitment time coupled with reminder calls would have improved identification of the best candidates for the program.
- A standard description of the program for providers to hand out to prospective participants may improve consistency in understanding of the program and the commitments involved for both providers and participants.

Weight Management Pilot Program: “Eat Smart, Be Active”
The “Eat Smart, Be Active” class series was a pilot project to promote weight management classes in our provider clinics. We partnered with the University of California Cooperative Extension to launch classes at three of our provider clinics. UCCEP provided culturally relevant, low-literacy curriculum and instruction. The series offered eight weekly classes and covered healthy eating topics. The pilot sites chosen for the pilot had high numbers of patients with diabetes or at risk for diabetes and also were interested in developing classes around nutrition and physical activity.

The pilot was successful in several areas, but also helped us learn lessons for future programs. We evaluated the program through attendance monitoring, pre/post knowledge surveys, satisfaction surveys, and feedback from clinic leadership.

- *Attendance*: 55 individuals attended at least one class and 40% attended at least five classes.
- *Satisfaction Survey:* Survey results indicated an overwhelmingly high level of satisfaction among participants.
- *Pre/post Knowledge Survey:* Survey results indicated improvements in knowledge and behavior change.

The survey results are summarized below:

Satisfaction Survey Results (N=27)

	Strongly Agree	Agree	Blank
This course helped me learn about how to be healthier.	92.6%	0%	7.4%
I am glad that I took this course.	92.6%	7.4%	0%
I would recommend this course to my friends and family.	92.6%	7.4%	0%
I was happy with the teacher; she helped me learn the material.	96.3%	3.7%	0%
I would be interested in taking another course like this in the future.	88.9%	11.1%	0%
I am able to make healthier choices.	96.3%	3.7%	0%
I am able to make healthier choices for my family.	92.6%	7.4%	0%
My diet is healthier.	77.8%	22.2%	0%
I am more physically active.	77.8%	18.5%	3.7%

Comments on the satisfaction survey indicated that most participants had a very positive experience. One commented that "this is the best thing that ever happened to me." Another stated "Outstanding class! I have been enriched for life!" Common statements included: "I never thought I would enjoy this as much as I did." Many stated that they felt supported and understood among peers who shared similar concerns and limitations. All participants stated that they had learned a great deal about eating healthier. Common responses to the question asking participants what they learned included how to cook healthier, fit exercise into their day, calculate the amount of sugar/salt/fat in recipes, read a nutrition label, learn portion control, cut back on salt, and enjoy walking.

UCCEP Pre-Post Survey (n = 25): Knowledge/Behavior Change

Analysis comparing the UCCEP pre and post surveys measuring knowledge and behavior revealed that participants had both retained new information and had actually begun to implement changes in maintaining a healthier lifestyle.

	Before Class Series	After Class Series
Utilize nutrition label in making food choices most or all of the time	36%	64%
Plan meals ahead of time most or all of the time	28%	60%
Think about healthy food choices when feeding family most or all of the time	22%	38%

Participate in at least 30 minutes of physical activity per day most or all of the time	16%	52%
Compare prices before buying food most or all of the time	46%	96%
Run out of food before the end of the month most or all of the time	22%	20%
Shop with a grocery list most or all of the time	42%	54%
Prepare foods without adding salt most or all of the time	25%	43%
Eat more than one kind of vegetable per day most or all of the time	46%	79%
Eat more than one kind of fruit per day most or all of the time	43%	83%
Wash hands before preparing food most or all of the time	96%	100%
Have meals that consist of a variety of foods most or all of the time	54%	75%

The Eat Smart, Be Active pilot taught us some valuable lessons for future programs. Below are some of the highlights of our learnings from the pilot:

- Clinics had difficulty committing staff time to recruitment and retention. We learned that identifying specific staff up front and allowing enough time for recruitment is essential to making the program successful and sustainable.
- Partnering with UCCEP allowed us to bring a well developed, tested, culturally competent curriculum online quickly. However, part of UCCEP's funding requirements specified that enrollees must be care givers. Those restrictions made recruitment more difficult.
- Classes need to be offered on an ongoing basis in order to raise awareness among providers and patients.

In 2009, SFHP will explore expanding the Eat Smart, Be Active class series in a way that incorporates the lessons we learned from the pilot. Our focus will be on developing a program that emphasizes sustainability, retention and ongoing measurement.

San Francisco CHDP Program Childhood Obesity Prevention Workgroup
In 2008, 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. In 2009, the coalition will work on planning a conference on childhood obesity prevention. The conference aims to bring health care providers and community organizations together to promote collaboration around improving nutrition and physical activity for young people. The event is planned for 2010.

Promoting Cultural Competency and Language Access

Cultural Competency Trainings for Our Providers
Seven Principles Project: Reducing African American Infant Mortality
SFHP continues to collaborate with the Seven Principles Project and the Maternal, Child, and Adolescent Health sections of SFDPH, Blue Cross of California, and the UCSF

National Center of Excellence in Women's Health. The collaborative plans, conducts and evaluates provider trainings to explore the impact of culture, race, and racism on health-seeking behaviors, quality of care, and health outcomes of African American infants and mothers. The training provided tools and resources to improve provider practices and reduce barriers to better outcomes. The training was well-attended by a diverse group of providers serving the African American community, including representatives from community-based organizations, physicians, nurses, social workers, and mental health professionals. SFHP will continue to be involved in the planning and implementation of this training on an annual basis.

UCSF Train-the-Trainer Workshop

In 2007, as part of our medical group oversight audits, we found that some of our groups needed assistance providing cultural competency trainings for their provider networks. In response, SFHP sponsored a Train-the-Trainer Cultural Competency Workshop in 2008. The training was led by Dr. Sunita Mutha of the UCSF Center for Health Professionals. We identified two medical groups with the greatest need for support in this area and invited them to send staff to the workshop. Four SFHP staff members also attended to create training specific to SFHP employees. Participants created a customized cultural competency training curriculum that they could then take and use for trainings in their provider network.

One medical group successfully implemented a training program in their organization. All staff who had direct contact with members attended this training. Participants from the other medical group are planning to incorporate aspects of the workshop into general provider trainings. SFHP will continue to assist in training devolvement and dissemination during 2009.

Cultural Competency Trainings for SFHP Staff

New Hire Orientation

The Manager of Health Education and Cultural and Linguistic Services continues to present an "An Introduction to Cultural Competency" at the orientation for newly-hired employees.

"Unnatural Causes" Lunch Series

The Medical Management Department sponsored a brownbag lunch series featuring episodes of the documentary "Unnatural Causes," which highlights social determinants of health, followed by facilitated discussions led by the Manager of Health Education and Cultural/ Linguistic Services.

All Staff Cultural Awareness Training

The Cultural Awareness Training Team conducted mandatory all-staff training for SFHP employees in 2008. The curriculum was developed in the Train-the-Trainer Cultural Competency Workshop we sponsored for our Medical Groups. The training was divided into two parts:

- Overview of Cultural Competency
    - Define and understand basic principles of cultural competency.

    - Describe how an emphasis on Cultural Competency in daily work can improve member safety and all measures of quality (HEDIS, etc).
    - Understand SFHP member demographics.
    - Develop skills to communicate effectively in a culturally diverse environment.
- Working with an interpreter (required for employees with regular member contact)
    - Understand SFHP's Language Assistance Program, key SFHP policies, and the delegation of interpreter services.
    - Develop skills in successful communication using an interpreter.
    - Develop skills in acting as an interpreter in non-clinical settings.
    - Learn techniques for working with members with limited English proficiency in a culturally appropriate manner.

Staff members were asked to complete a pre-test prior to the training and a post-test and evaluation when the training was completed. Answers were collected via Survey-Monkey and were anonymous. The pre-test was completed by 96% (N=93) of attendees and the post-test was completed by 81% (N=79) of attendees. In general, the results improved only slightly after the training; however, the pre-training scores were fairly high.

The rates of satisfaction pertaining to the presentation and the materials were very high (97%-100%)

In 2009, we plan to update the Overview of Cultural Competency portion of the training with new concepts on an annual basis to be offered to all SFHP employees. The second part of the training (targeted at employees that work with members) will be required for all new staff members that interact directly with members and will be offered at least once per year.

Language Access

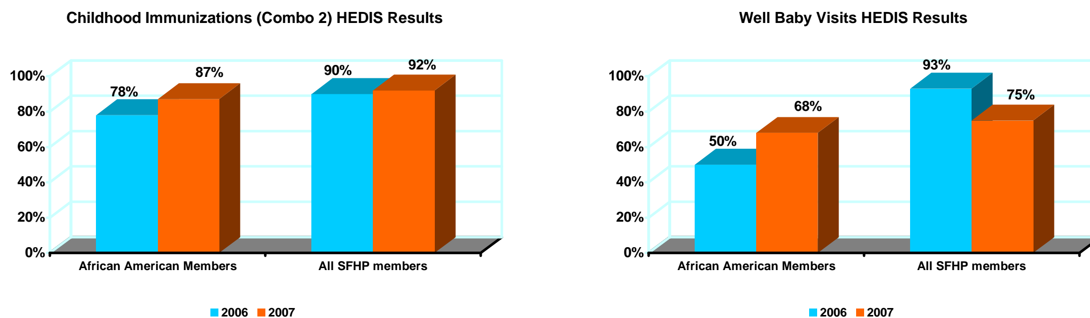
SFHP monitors language access through medical group oversight audits, grievances and provider network monitoring. In addition to our regular monitoring activities, we began work on compliance with SB853, new legislation around language services provided by managed care organizations. SB853 requires all 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.

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

While we made progress in improving our overall rates for almost all HEDIS measures in 2008, an analysis by race/ethnicity and language showed continued disparities in the rates for some measures. Our findings are summarized below:

- African Americans and English-speakers had the lowest scores on most preventive health and chronic care measures, in particular immunization and well-baby visits.
- Asian/Pacific Islanders and Hispanics had the highest scores on most preventive health and chronic care measures.
- Asian/Pacific Islanders had the lowest chlamydia screening rates.
- Chinese-speaking members scored lower on the chlamydia screening rates and appropriate testing for children with pharyngitis compared to English-speaking members within the same ethnic groups.
- Both Chinese and Spanish-speakers scored higher on the postpartum checkup measure than English-speaking members within the same ethnic groups.
- Although we have very few Tagalog speaking members, they consistently scored lower than average on most measures.

In 2008, SFHP made some reductions in disparities in immunization and well-baby visit rates for African Americans (see graphs below). Immunization rates for African Americans improved by 11.5%, while immunization rates for all SFHP members only improved by 2.3%. Well-baby visit rates improved for African Americans by 36%, while visit rates for all SFHP members actually declined by 8.7%. We attribute the improvements to our African American outreach efforts. In response to our analysis of HEDIS rates in 2007, we began calling all newly enrolled African American families with children under the age of two to help them connect with primary care practitioners and ensure timely access to preventive care. We targeted 138 families in 2008, averaging approximately 12 per month.



In 2008, we supported a new effort to reduce disparities by partnering with the Bayview/Hunters Point Shuttle Program in a joint effort to reduce barriers to accessing care. The shuttle program provides free transportation to community agencies and health centers throughout Bayview Hunters Point as well as to SFGH and St. Luke's Hospital. We mailed the shuttle map and brochure to all SFHP members residing in the Bayview/Hunters Point area as an insert in our quarterly newsletter. We highlighted the program in our provider newsletter to increase awareness of the program. In 2008, we

also began work on a poster featuring all shuttle stops. The poster will be made available for free to the community. We plan to begin distribution in early 2009.

VII. Quality Monitoring

Facility Site and Medical Record Reviews

SFHP collaborates with Blue Cross of California to review all provider sites to ensure compliance with criteria set forth by the California Department of Health Care Services (DHCS). Each primary care site is reviewed every three years using a tool designed by DHCS. The site review portion evaluates 139 criteria in the areas of access and safety, personnel, office management, clinical services, preventive services, pharmacy, 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 summary statistics on the reviews conducted in 2008.

Summary of Facility Site Reviews:

Medical Group	# Reviews in 2008	Review Scores 90% - 100%	Review Scores 80% - 89%	Review Scores <80%
CCHCA	10	10	0	0
CHN	8	8	0	0
KAISER	2	2	0	0
PIMG	7	5	2	0
NEMS	1	1	0	0
UCSF	0	0	0	0
TOTALS	28	26	2	0

Summary of Medical Record Reviews:

Medical Group	# Reviews in 2008	Review Scores 90% - 100%	Review Scores 80% - 89%	Review Scores <80%
CCHCA	10	5	5	0
CHN	6	5	1	0
KAISER	2	1	1	0
PIMG	7	2	3	2
NEMS	1	1	0	0
UCSF	0	0	0	0
TOTALS	26	14	10	2

There were 28 site reviews and 26 record reviews completed in calendar year 2008. San Francisco Health Plan added no new providers to our network during the year.

Two Physicians Integrated Medical Group (PIMG) providers failed the medical review portion of their full scope reviews, with a score of 74% and 75% respectfully. One scored 83% on his focused follow-up medical record review conducted on January 28, 2009; the other's focused review is being scheduled. Providers with failed office or medical record scores below 80% are taken to that medical group's Quality Improvement/Peer Review Committee for appropriate action. Provider panels are usually closed to new members until their score is 80% or above.

San Francisco Health Plan revised and distributed its Facility Site Survival Toolkit and created and distributed Vaccine Information Statement (VIS) binders for offices who did not have web access to download the CDC Vaccine Information Statements. 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.

Medical Group Oversight Audit Results

Through reports and regular oversight audits, SFHP monitors all delegated functions of each of our six contracted medical groups. These functions are delineated annually in the Medical Group's Responsibilities and Reporting Requirement Grid. Depending on delegated functions, the audit may include these areas: utilization management, coordination of care, credentialing and recredentialing, grievances, and wait time studies. SFHP works collaboratively with all of our delegated entities to ensure excellent communication and to resolve problems as they arise. The results of our monitoring are displayed below:

Medical Group	Results	Corrective Action
Kaiser Permanente San Francisco	100% on all areas of the audit except Member Rights and Responsibilities and Cultural and Linguistic Services: 1. Grievances deficiencies: • 1 out of 10 acknowledgement letters did not include the DHCS appeal language, as the member was identified as Medicare coverage only. • 1 out of 10 resolution letters did not include the DHCS appeal language, as the member was identified as Medicare coverage only. • 1 out of 10 acknowledgement letters was not issued within 5 calendar days. • 1 out of 10 resolution letters was not issued within 30 calendar days. 2. Cultural and Linguistic Services (CLS) outstanding items: • Kaiser Interpreter and Translation Services policy and procedure (P&P) did not include all SFHP threshold languages. • Kaiser's interpreter skill assessment tools. • Confirmation of cultural competency training for staff that have direct contact with SFHP members.	1. Grievance Corrective Action Plan Kaiser submitted a corrective action plan committing to staff education regarding resolving and sending grievance letters. 2. CLS Corrective Action Plan Kaiser revised CLS P&P and submitted to SFHP for review. SFHP received interpreter skill assessments and verification of cultural competency training for staff that come in contact with SFHP.
CCHCA	100% in all areas except Cultural and Linguistic Services:	CLS Corrective Action Plan:

	SFHP requested minor changes in the following P&Ps: • Arranging for Interpreter Services • Notifying Members of Free Access to Interpreter Services • Identifying and Documenting LEP Members at Points of Contact In addition, P&Ps were requested for the following: • A Member's right to file a grievance if linguistic needs are not met. • Use of bilingual providers or staff who perform direct service in the member's preferred language. • How members will be matched with the same interpreter whenever possible. • How the skill of bilingual providers and staff performing interpreter services will be assessed. SFHP asked for CCHCA's interpreter skill assessment tools and for confirmation that cultural competency training (CCT) was implemented for staff that has direct contact with SFHP members.	CCHCA revised and submitted P&Ps to SFHP. SFHP will assist CCHCA to develop a standardized language proficiency skill test in 2009.
NEMS	100% in all areas except Credentialing and Cultural and Linguistic Services: 1. Initial Credentialing Files: • One file showed that a PCP answered "yes" to her attestation statement question regarding "reason or inability to perform with or without accommodations," and it was not investigated before the provider was reviewed and approved in the NEMS Credentialing Committee Meeting. • We found one file with a PCP work history break of greater than six months with no documentation of any inquiry regarding the break. • Four of six files did not have documentation of provider hospital privileges or how the provider could admit through a hospitalist or other network provider.	1. Credentialing Corrective Action Plan: NEMS will educate internal staff and their CVO regarding the investigation of "yes" answers on the attestation questions, and investigating work history breaks if greater than six months. NEMS also verified by that they received documentation on hospital admit privileges for the four providers in question.

	2. NEMS recredentialing process scored 100%. SFHP made a recommendation that the medical group keep a scanned copy of their committee and board approval date and signatures for each provider in the electronic credentialing file to make it easier for auditors to obtain this date. 3. Cultural and Linguistic Services (CLS) outstanding items: • Interpreter skill assessment tools • A P&P that details the content, frequency, documentation of attendees, etc. for cultural competency training (CCT) for staff who have direct contact with SFHP members.	2. NEMS implemented SFHP's scanning recommendation. 3. CLS Corrective Action Plan: SFHP received a copy of NEMS's *Medical Interpreter Skills Assessment Test*. NEMS submitted a Cultural Competency and a Delegation Oversight: Cultural and Linguistic Services P&P.
PIMG	100% on all areas of the audit except Cultural and Linguistic Services: Cultural and Linguistic Services outstanding items: • Cultural and Linguistic Services P&Ps that cover the provision of interpreter services and use of bilingual staff. • Interpreter skill assessment tools and confirmation that cultural competency trainings have been implemented.	CLS Corrective Action Plan: PIMG submitted a new P&P: Cultural Competency & Responsibility for the Provision of Interpreter Services and Use of Bilingual Staff. SFHP requested minor revisions that will be completed in 2009. PIMG will submit a language proficiency skill test in 2009. SFHP will offer technical assistance to implement Cultural Competency Training at PIMG in 2009.

CHN	Initial credential files 8/8 with score = 100% Recredentialing files 8/8 with score =100%	CHN has consistently received 100% scores since 2002.
Sister Mary Philippa	Initial credential files 8/8 with score = 100% Recredentialing files 8/8 with score =100%	No deficiencies this year.
UCSF	Initial files with 8/8 with score = 100% Recredentialing files 8/8 with score = 100%	UCSF has consistently received 100% on files and policies and procedures since 2005.

SFHP Medical Group Oversight Findings and Next Steps
In response to deficiencies found in the 2007 Medical Group Oversight Audits, SFHP offered a Train-the-Trainer Cultural Competency Workshop for our medical groups. Two of our Medical Groups, NEMS and PIMG were invited to attend attended. NEMS completed trainings with their staff and providers. We will provide ongoing technical assistance to PIMG to ensure they are able to complete trainings with their staff.

- With new C&L legislation effective January 2009, SFHP began work with our medical groups to develop language proficiency skill testing materials.
- All of our delegated entities either scored 100% or submitted corrective actions that satisfied requirements in 2008 except for PIMG. SFHP will work with PIMG in 2009 to ensure compliance with all of our standards.

VIII. Quality Leadership

Quality Improvement Committee

The SFHP Quality Improvement Committee provided valuable guidance for our QI activities in 2008. The Committee is made up of SFHP physicians and members and met four times in 2008 to review quality monitoring reports and give input on our quality improvement projects. The Committee also approved our QI Program and UM Program in December 2007. In addition to providing oversight for our QI activities, the Quality Improvement Committee advised us on many topics including the following:

- 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.

Physician Advisory Committee

To increase the involvement of our providers in our quality initiatives, SFHP created a Physician Advisory Committee, and combined the duties of the Peer Review and Credentialing Committee. This Committee meets six times per year to conduct credentialing and peer review activities, as well as provide advice, comment and recommendations on SFHP's clinical and quality initiatives. Physician representatives from five of our medical groups participated as members of the committee. Some of the key issues the Committee reviewed included the following:

- Approval of out-of-network referrals for mammograms when access standards are not met.
- Improving effectiveness of provider site visits and sharing quality improvement data with physicians.
- Dissemination of member health education materials to provider offices.
- Improving the way we reimburse providers for health education.