

San Francisco Whole Person Care

California Medi-Cal 2020 Waiver Initiative

November 9, 2017

Long Term Care Coordinating Council



SF WHOLE PERSON CARE

- What is Whole Person Care?
- San Francisco's Whole Person Care
 - Targeted Population
 - Inter-Agency Approach
 - Deliverables
 - Multi-Disciplinary System of Care
- Shared Goals and Principles
- Committee Structure

State of California

Department of Health Care Services

What is Whole Person Care?



WHOLE PERSON CARE

Target Population

Vulnerable Medi-Cal beneficiaries who are high utilizers of multiple health care systems who continue to have poor outcomes



San Francisco Whole Person Care

The care for just

5%

of Medi-Cal enrollees
accounts for



OVER

50%

of total Medi-Cal
spending

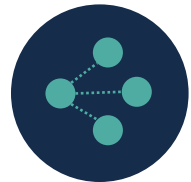


Purpose of Waiver



Increase Integration

among county agencies, health plans, and providers and develop infrastructure to ensure sustainability in the long term.



Increase Coordination

and appropriate access to care for the most vulnerable Medi-Cal beneficiaries.



Reduce Inappropriate Utilization

of emergency and hospital care.



Improve Data Collection

and sharing to support strategic sustainable program improvements.



Improve Quality

by achieving targeted quality and administrative improvement benchmarks.



Improve Health Outcomes

and pay for improvements in health status rather than for services provided.

San Francisco's Approach to Whole Person Care





WHOLE PERSON CARE AWARD – SAN FRANCISCO



FUNDING

\$36.1 M Annual
\$18M New / \$18M Match
Thru Dec 2020



TWO-PRONGED INNOVATION APPROACH

Services / Care Coordination
& Technology Solutions



TARGET POPULATION

Homeless
Single Adults

San Francisco's integrated data system tracks homeless individuals over time

Total Homeless
Adults Served by
DPH Annually

11,107

Estimated 7k additional

Risk Stratification Methodology:

Experiencing long-term homelessness

Has over 10 years of continuous or periodic homelessness

High users of urgent / emergent health services

In top 5% of urgent / emergent services in medical, psych, and substance abuse systems

Characteristics of HUMS



- Engages in Multiple Systems (medical, mental health, substance abuse) = fractured care
- Relies on urgent / emergent services – ED, PES, inpatient, urgent care, mobile crisis, ambulance
- Is less visible because not usually highest user of a single system
- Suffers from multiple disorders (serious medical, psych, addiction)
- Bares a higher burden of chronic diseases and premature death rates
- Is often homeless and difficult to engage

WHOLE PERSON CARE TARGET POPULATION

Risk Category	Homeless Population (FY1617) with DPH record	Total Adults	Total Urgent/ Emergent Costs
		11,107	\$169M

Severe	High user AND Long-term Homeless
High	High user, NOT Long-term Homeless
Elevated	Long-term Homeless, NOT High User
	NOT Long-term Homeless, NOT High User

WHOLE PERSON CARE TARGET POPULATION

Risk Category	Homeless Population (FY1617) with DPH record	Total Adults	Total Urgent/ Emergent Costs
Severe	High user AND Long-term Homeless	12%	74%
High	High user, NOT Long-term Homeless	27%	10%
Elevated	NOT Long-term Homeless, NOT High User	61%	16%
		11,107	\$169M

WHOLE PERSON CARE TARGET POPULATION BY DISORDERS

Risk Category	Homeless Population (FY1617) with DPH record	Serious Medical	Psych	Drug/Alcohol	All 3
		48%	58%	63%	31%

Severe	High user AND Long-term Homeless
High	High user, NOT Long-term Homeless
	Long-term Homeless, NOT High User
Elevated	NOT Long-term Homeless, NOT High User

WHOLE PERSON CARE TARGET POPULATION BY DISORDERS

Risk Category	Homeless Population (FY1617) with DPH record	Serious Medical	Psych	Drug/Alcohol	All 3
		48%	58%	63%	31%
Severe	High user AND Long-term Homeless	90%	89%	96%	78%
High	High user, NOT Long-term Homeless	75%	83%	91%	57%
	Long-term Homeless, NOT High User	63%	72%	79%	44%
Elevated	NOT Long-term Homeless, NOT High User	35%	46%	51%	18%

WHOLE PERSON CARE TARGET POPULATION BY OTHER FACTORS

Risk Category Homeless Population (FY1617) with DPH record Chronic High User

2%

Severe

High user AND Long-term Homeless

23%

High

High user, NOT Long-term Homeless

6%

Long-term Homeless, NOT High User

2%

Elevated

NOT Long-term Homeless, NOT High User

0%

WHOLE PERSON CARE TARGET POPULATION BY OTHER FACTORS

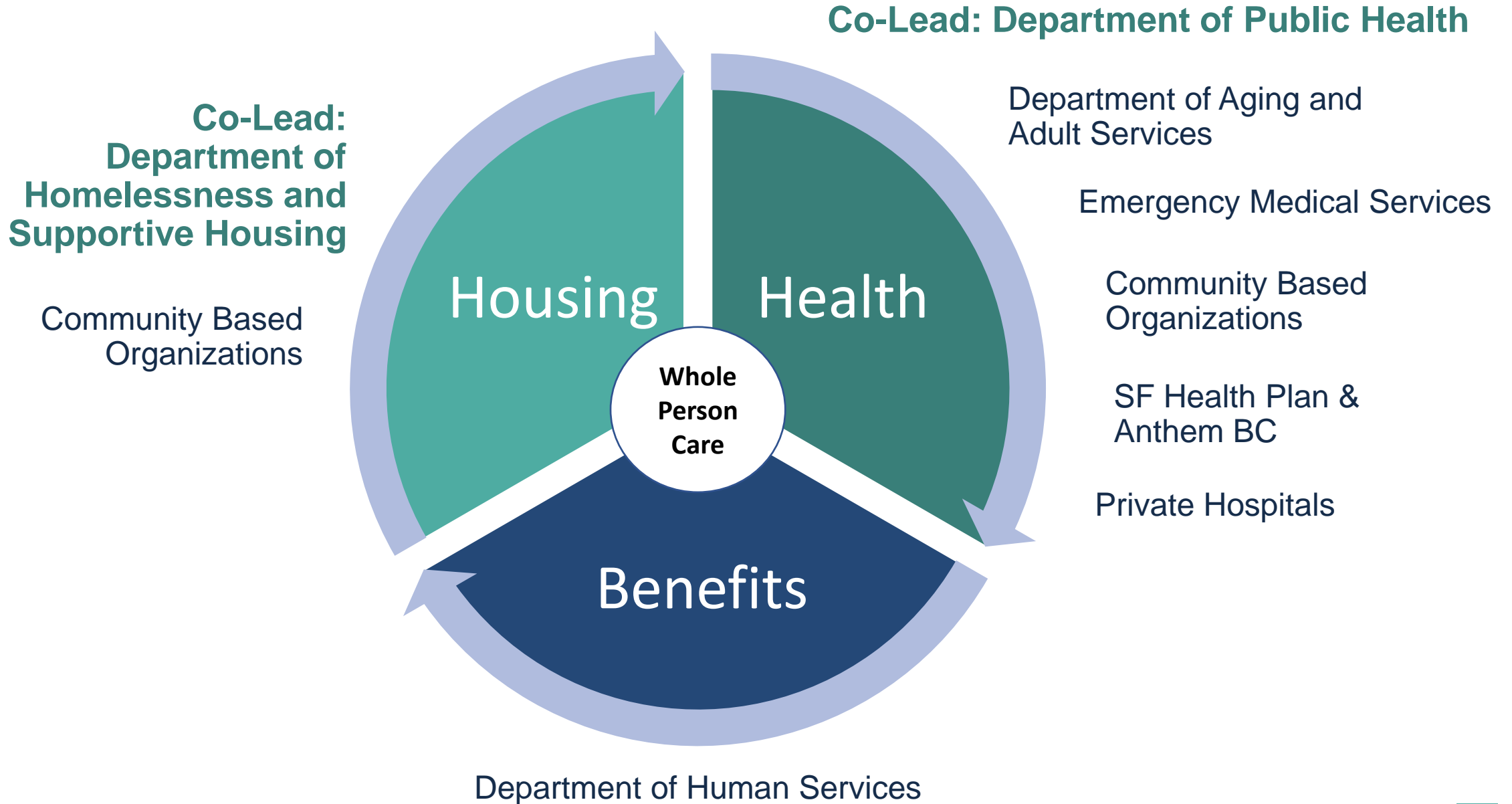
Risk Category	Homeless Population (FY1617) with DPH record	Chronic High User	Jail Episode
		2%	25%
Severe	High user AND Long-term Homeless	23%	38%
High	High user, NOT Long-term Homeless	6%	29%
	Long-term Homeless, NOT High User	2%	32%
Elevated	NOT Long-term Homeless, NOT High User	0%	21%

WHOLE PERSON CARE TARGET POPULATION BY OTHER FACTORS

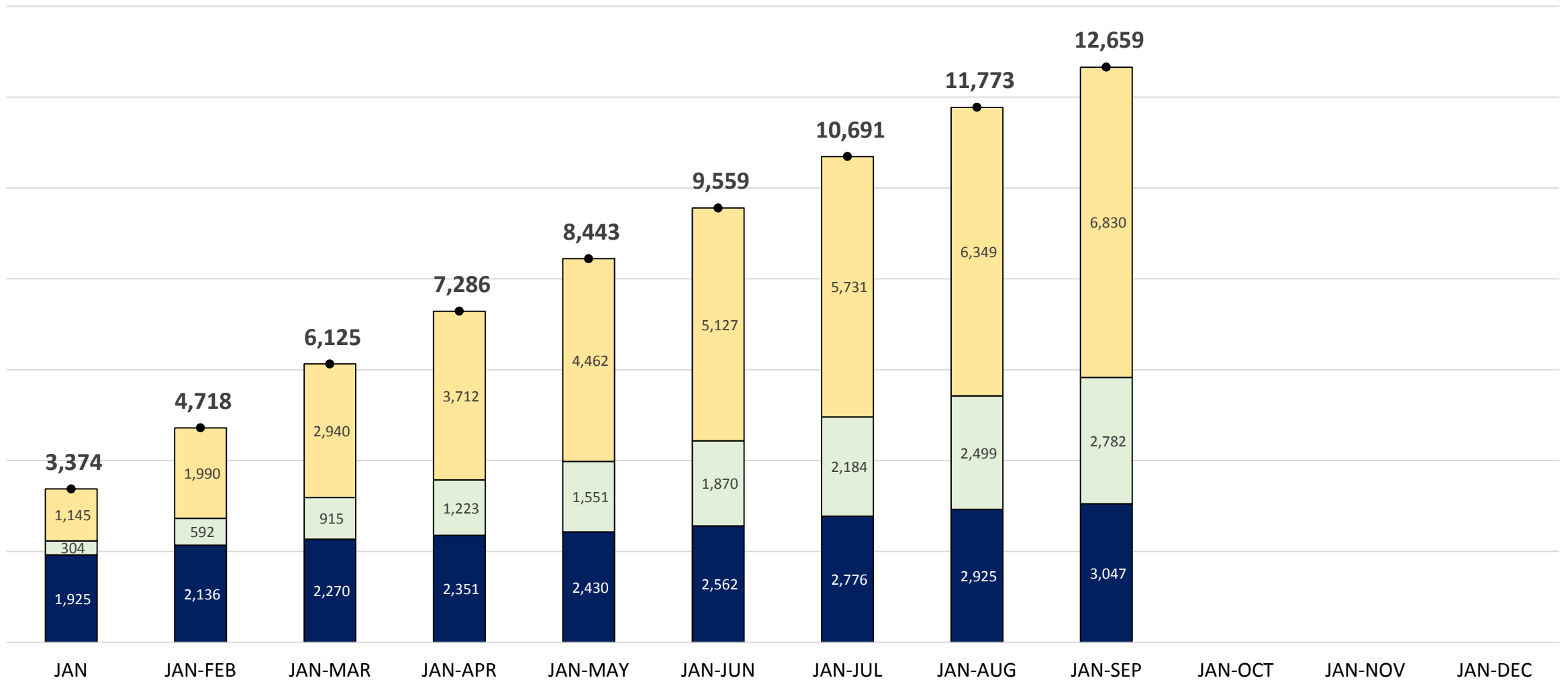
Risk Category	Homeless Population (FY1617) with DPH record	Chronic High User	Jail Episode	African American
		2%	25%	31%
Severe	High user AND Long-term Homeless	23%	38%	40%
High	High user, NOT Long-term Homeless	6%	29%	23%
	Long-term Homeless, NOT High User	2%	32%	46%
Elevated	NOT Long-term Homeless, NOT High User	0%	21%	25%

San Francisco's Approach to Whole Person Care

WHOLE PERSON CARE A MULTI-AGENCY EFFORT



2017 SF Homeless Cumulative Count (Source CCMS)



■ Only Known Thru HSH (Observed Homeless) (ytd 24%)

□ Both Known to HSH & DPH (ytd 22%)

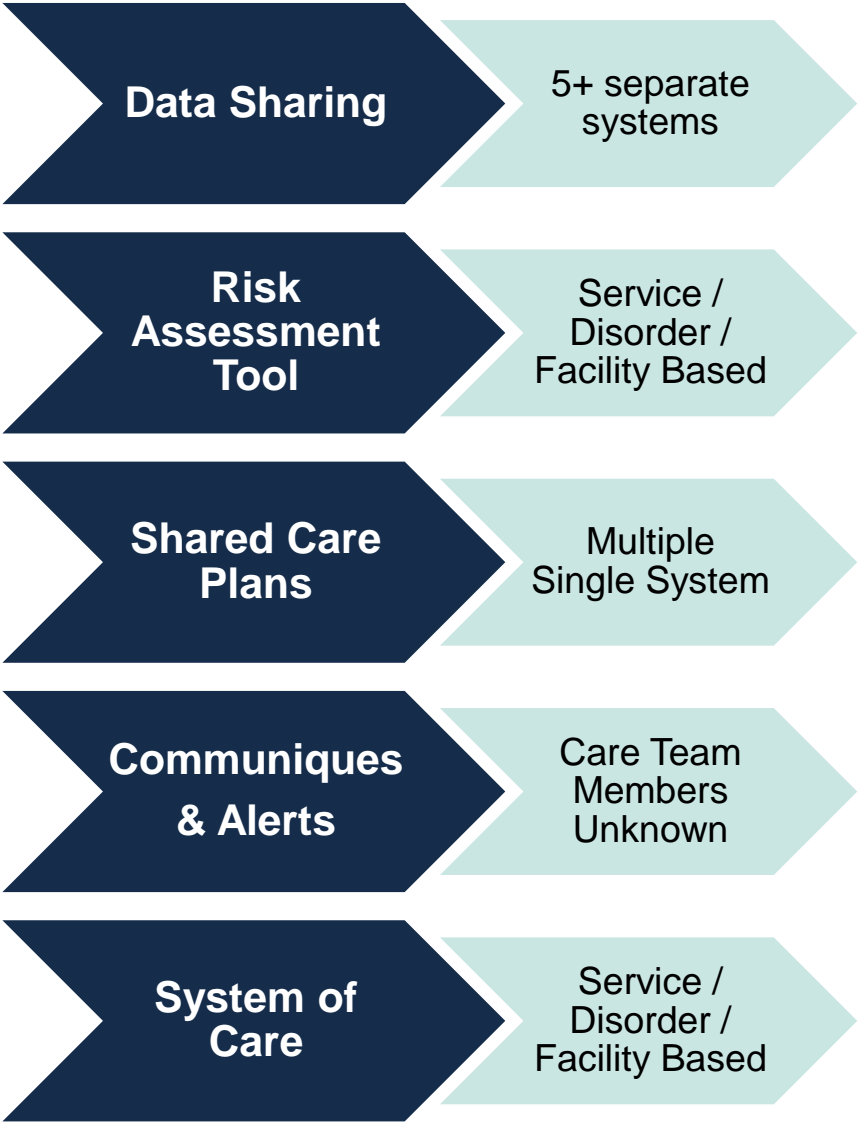
■ Only Known Thru DPH (Self-Reported Homeless) (ytd 54%)

● Total Homeless (100%)

WPC

Deliverables

Current State

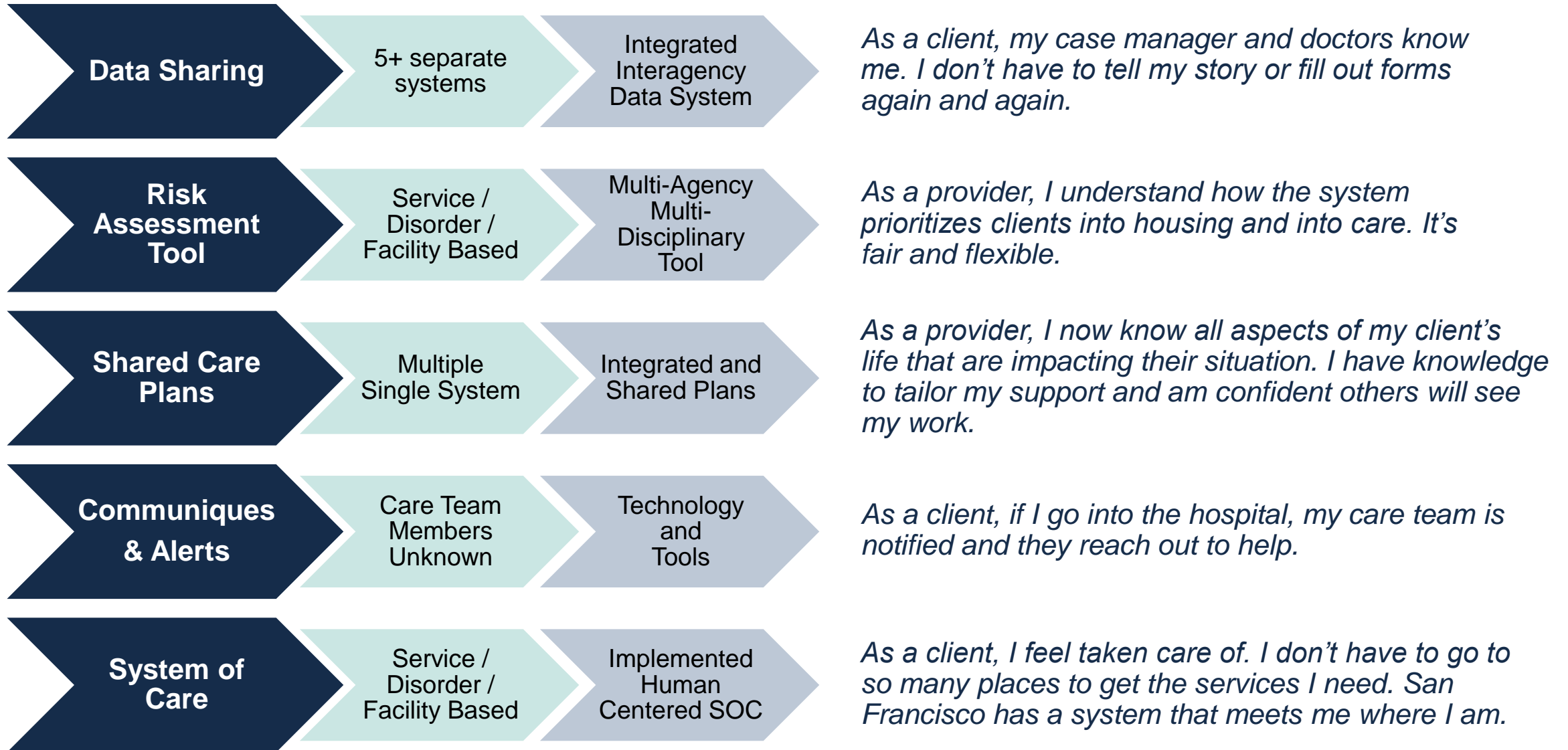


WPC Deliverables

Current State

By 2020

Quotes from the Future



San Francisco's Healthcare and Social Services



Urgent and Emergent

MEDICAL

- Ambulance
- Emergency Room
- Inpatient
- Urgent Care Clinics

MENTAL HEALTH

- PES
- Inpatient
- Acute Diversion
- Mobile / Westside Crisis
- Dore Urgent Care

SUBSTANCE ABUSE

- Sobering Center
- Medical Detox
- Social Detox

HOUSING

- Street
- Vehicle
- Encampment
- Resource Centers

SOCIAL

- Jail / Incarceration
- No Benefits
- No Work
- No Community/Family

San Francisco's Healthcare and Social Services



	Urgent and Emergent	Transition and Stabilization
MEDICAL	<ul style="list-style-type: none"> • Ambulance • Emergency Room • Inpatient • Urgent Care Clinics 	<ul style="list-style-type: none"> • Medical Respite • Shelter Health • Street Medicine
MENTAL HEALTH	<ul style="list-style-type: none"> • PES • Inpatient • Acute Diversion • Mobile / Westside Crisis • Dore Urgent Care 	<ul style="list-style-type: none"> • Placement • Behavioral Health Access Center • TAP • Sydney Lam
SUBSTANCE ABUSE	<ul style="list-style-type: none"> • Sobering Center • Medical Detox • Social Detox 	<ul style="list-style-type: none"> • Residential Treatment
HOUSING	<ul style="list-style-type: none"> • Street • Vehicle • Encampment • Resource Centers 	<ul style="list-style-type: none"> • Shelter • Navigation Centers • Stabilization Rooms <p>Coordinated Entry</p>
SOCIAL	<ul style="list-style-type: none"> • Jail / Incarceration • No Benefits • No Work • No Community/Family 	<ul style="list-style-type: none"> • Benefits Navigation/Advocacy • Cash Assistance • Workforce Development





San Francisco's Healthcare and Social Services



	Urgent and Emergent	Transition and Stabilization	Recovery and Wellness
MEDICAL	<ul style="list-style-type: none"> Ambulance Emergency Room Inpatient Urgent Care Clinics 	<ul style="list-style-type: none"> Medical Respite Shelter Health Street Medicine 	<ul style="list-style-type: none"> Primary Care Specialty Care Board And Care Rehab Long Term Care
MENTAL HEALTH	<ul style="list-style-type: none"> PES Inpatient Acute Diversion Mobile / Westside Crisis Dore Urgent Care 	<ul style="list-style-type: none"> •Placement •Behavioral Health Access Center •TAP •Sydney Lam 	<ul style="list-style-type: none"> Residential Treatment Intensive Case Management Hummingbird Psych Respite
SUBSTANCE ABUSE	<ul style="list-style-type: none"> Sobering Center Medical Detox Social Detox 	<ul style="list-style-type: none"> Residential Treatment 	<ul style="list-style-type: none"> Outpatient/Peer Methadone Maint. Buprenorphine
HOUSING	<ul style="list-style-type: none"> Street Vehicle Encampment Resource Centers 	<ul style="list-style-type: none"> Shelter Navigation Centers Stabilization Rooms 	<ul style="list-style-type: none"> Permanent Supportive Housing Cooperative Living Case Management
SOCIAL	<ul style="list-style-type: none"> Jail / Incarceration No Benefits No Work No Community/Family 	<ul style="list-style-type: none"> Benefits Navigation/Advocacy Cash Assistance Workforce Development 	<ul style="list-style-type: none"> SSI / Employment Food Stamps Meaningful Life



San Francisco's Healthcare and Social Services



	Urgent and Emergent	Transition and Stabilization	Recovery and Wellness	
MEDICAL	<ul style="list-style-type: none"> Ambulance Emergency Room Inpatient Urgent Care Clinics 	 <ul style="list-style-type: none"> Medical Respite Shelter Health Street Medicine 	<ul style="list-style-type: none"> Primary Care Specialty Care Board And Care Rehab Long Term Care 	
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SUBSTANCE ABUSE	<ul style="list-style-type: none"> Sobering Center Medical Detox Social Detox 		<ul style="list-style-type: none"> Residential Treatment 	<ul style="list-style-type: none"> Outpatient/Peer Methadone Maint. Buprenorphine
HOUSING	<ul style="list-style-type: none"> Street Vehicle Encampment Resource Centers 	<ul style="list-style-type: none"> Shelter Navigation Centers Stabilization Rooms 	<p>Coordinated Entry</p>	<ul style="list-style-type: none"> Permanent Supportive Housing Cooperative Living Case Management
SOCIAL	<ul style="list-style-type: none"> Jail / Incarceration No Benefits No Work No Community/Family 	<ul style="list-style-type: none"> Benefits Navigation/Advocacy Cash Assistance Workforce Development 		<ul style="list-style-type: none"> SSI / Employment Food Stamps Meaningful Life

WHOLE PERSON CARE

Whole person, Whole story

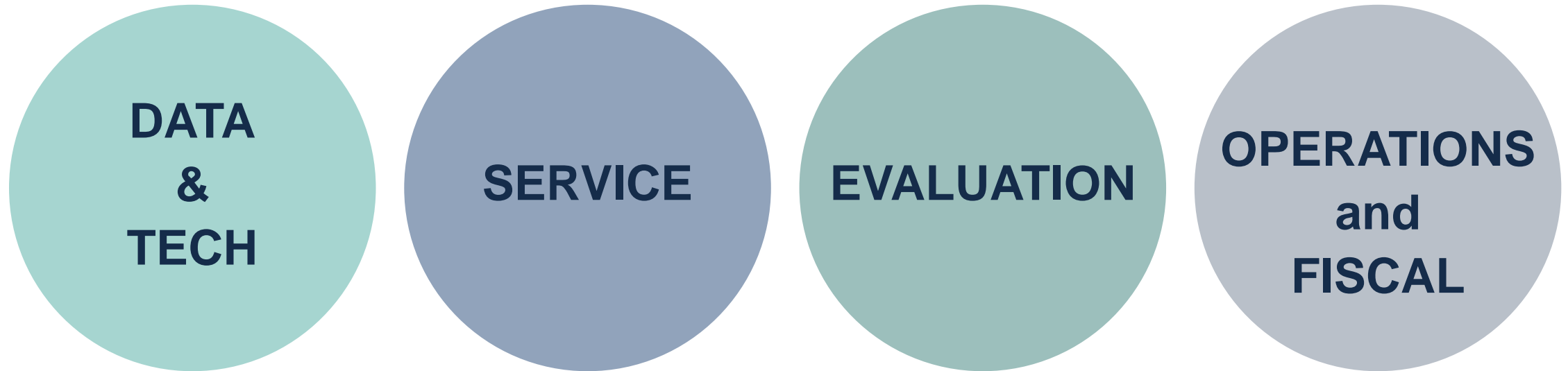
Physical Health 	Mental Health 	Substance Use 	Living Situation 	Finances 
Legal 	Safety 	Skills 	Support 	Meaningful Role 

WHOLE PERSON CARE INTER-AGENCY CHARTER PRINCIPLES

We adopt a “**whatever it takes**” approach and are relentless in questioning the status quo to make the changes necessary to improve the outcomes of our most vulnerable homeless residents.

WHOLE PERSON CARE

Committees



San Francisco Department of Public Health

Maria X Martinez

Director, Whole Person Care

415-554-2877

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Identifying 'High Users' of Emergent/Urgent Services

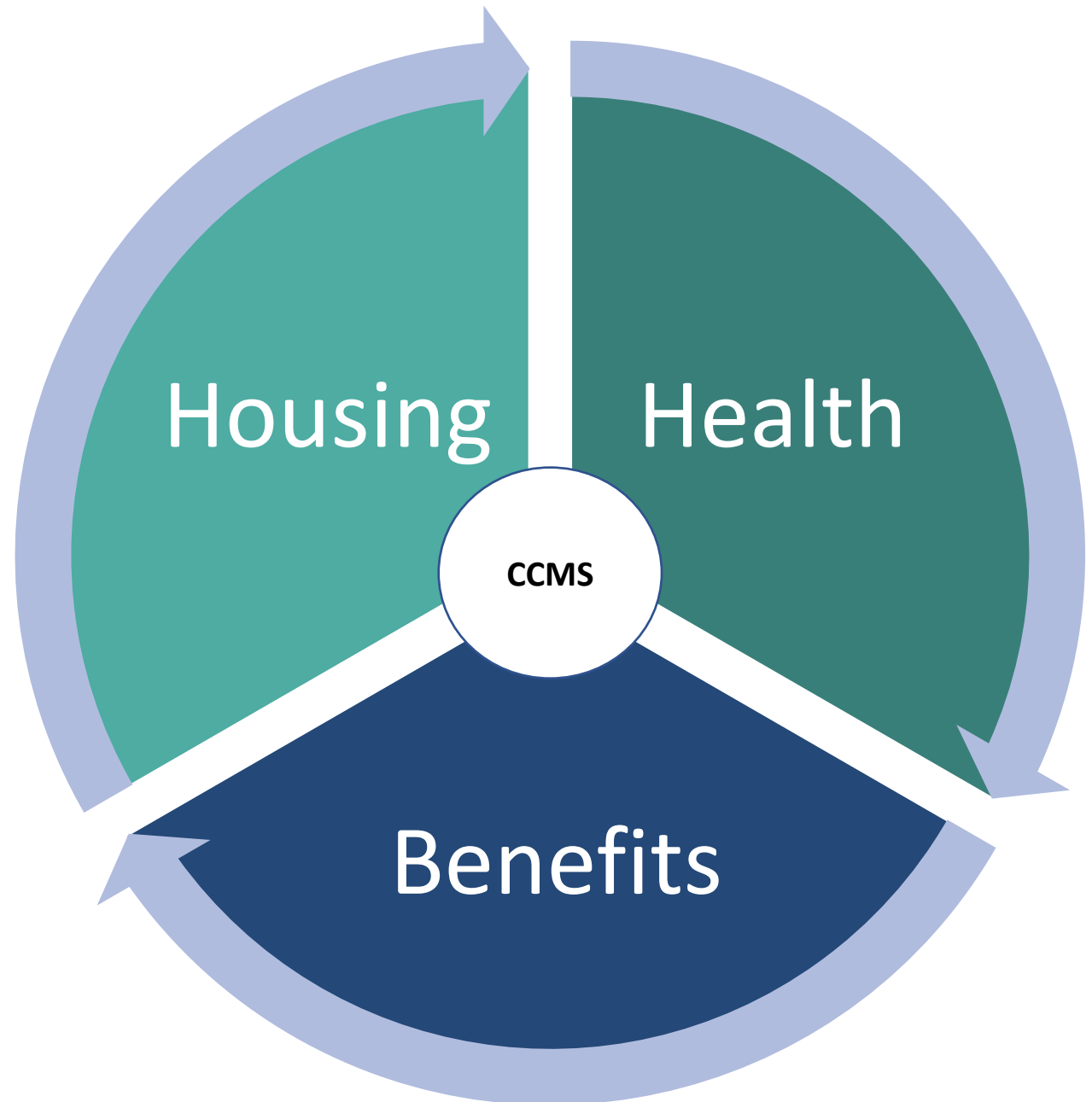
SYSTEM	EMERGENT/URGENT SERVICE	COUNT
MEDICAL HEALTH	EMS Transport	Transport
	Emergency Department	Visit
	Hospital Inpatient	Day
	Medical Respite (hospital offset)	Day
	Urgent Care Clinic	Visit
MENTAL HEALTH	Psychiatric Emergency Services	Visit
	Hospital Inpatient	Day
	Acute Diversion (hospital offset)	Day
	Outpatient Crisis (Drop-in/Mobile Crisis)	Visit
	Psych Urgent Care Clinic	Visit
SUBSTANCE ABUSE	Medical Detox	Day
	Social Detox	Day
	Sobering Center (ED offset)	Visit

CCMS

Nightly, check systems:

- User of Urgent/
Emergent Services?
- Homeless?
- Behavioral Health
Service?
- Over age 60?

If yes, match, merge and
update CCMS record.



Whole Person / Whole Story

System/Program Planning and Evaluation

Trends, Trajectories, Cohort Comparisons, identifying high risk pops

FY1314 Users of Urgent/Emergent (U/E) Services Risk Factors	Hi Users All Systems: DPH-wide Top 1%	Hi Users Prim Care: 25+ SFGH Med Inpt Days
Total U/E Costs	\$27,330,489	\$15,716,314
Average Cost per User	\$ 70,804	\$ 73,786
% of Total U/E Costs	16.8%	9.7%
% of Total U/E Users	1.0%	0.5%
Total U/E Users	386	213
Age over 60	16.6%	25.4%
Homeless last 12 months	72.5%	33.8%
Jail Health History During FY	21.2%	7.0%
Deaths (per Death Registry)	5.7%	0.9%
MEDICAL U/E System Users (during FY)	91.2%	100.0%
MENTAL HEALTH U/E System Users (during FY)	50.0%	8.5%
SUBSTANCE ABUSE U/E System Users (during FY)	53.4%	18.3%
Medical Elixhauser Conditions	90.9%	99.1%
Psych Elixhauser Conditions	85.2%	66.7%
Substance Abuse Elixhauser Conditions	90.2%	70.4%
Tri-Morbid Elixhauser Conditions	73.3%	51.6%
Over 10 Elixhauser Conditions	30.3%	46.5%

Treatment Planning and Intervention

Integrated Patient Summary & Alerts in all EMRs

TESTCLIENT, Summary D
 DOB: XX-XX-XXXX
 Age: 49
 DOD: 07-01-2013
 See Source Records.
 Unconf by Death Reg.
 Ethnicity: Multi-ethnic
 MRN: XXXXXX
 Avatar ID: XXXXXX
 CCMS ID: 37

Go to:

- Home Page
- Hlth Svcs Summary
- Hlth Svcs Detail
- Diagnostic Summary
- Diagnostic Detail
- Progress Notes
- Housing History
- Provider History
- Source Records
- Data Dictionary
- Viewed by
- Lookup Another Patient

If you have questions about

Health Home:
 First Known Health Svc Date: 03-06-2010, BISMH
 Last Known Health Svc Date: 12-13-2013, Avtr MH
 Last Known Aid: 04-15-2013 (60) SSI/SSP - Disabled (Avatar)
 Last Community Care Plan: 08-15-2014

Care Team Members (Active)

Role	Name, License	Program	Beginning Da
CC	Luis Calderon	Transitions Care Coordination	08-15-2014
	Montgomery, Francis (none)	SFHP CareSupport Team	05-08-2013
	Horn, Kellee	City College of San Francisco (38M01)	06-09-2011
		FMP Screening	07-01-2010

Future Medical Appointments (LCR)

None

Risk Factors

FY	Utiliz U/E Med	Utiliz U/E Psy	Utiliz U/E SA	Dx Predicts Early Death (Elixhauser)	Home-Less Hx	Jail Hlth Hx	Con-Srvd	U/E Costs (Ex ODMG)
FY1415	-	-	-	Med	-	-	-	-
FY1314	-	-	-	Med-Psy	Y	-	Y	-
FY1213	-	-	-	Med-Psy-SA	Y	-	Y	-

Ambulatory Acuity

Description of Elixhauser

- 31 diagnostic measurements add together to form final score.
- **Flag tri-disorder: Serious Medical + Psych + Substance Abuse**
- Even a single positive response predicts early mortality if untreated.
- All conditions are progressive without treatment.
- Most conditions are chronic but they can be ameliorated and stabilized with treatment.
- Some conditions are acute and need to be treated with service interventions.

Elixhauser Conditions

Circulatory System

Cardiac Arrhythmias
Valvular Disease
Congestive Heart Failure
Hypertension, Uncomplic.
Hypertension, Complic.
Peripheral Vascular Dis.
Pulmonary Circulation Dis.

Digestive System

Liver Disease
Peptic Ulcer Disease, Excl
Bleeding

Endocrine System

Diabetes, Uncomplicated
Diabetes, Complicated
Obesity
Weight Loss
Hypothyroidism

GenitoUrinary System

Renal Failure

MusculoSkeletal System

Rheumatic Arthritis / Collagen
Vascular Disease

Elixhauser Conditions continued

Hematology System

Deficiency Anemia

Blood Loss Anemia

Coagulopathy

Fluid and Electrolyte Disorders

Neurological System

Paralysis

Other Neurological Disorders

Respiratory System

Chronic Pulmonary Disease

Cancer

Solid Tumor w/o Metastasis

Metastatic Cancer

Lymphoma

Immune System

AIDS/HIV

Psychiatric Disorders

Psychoses

Depression

Substance Use Disorders

Alcohol Abuse

Drug Abuse

Footnotes:

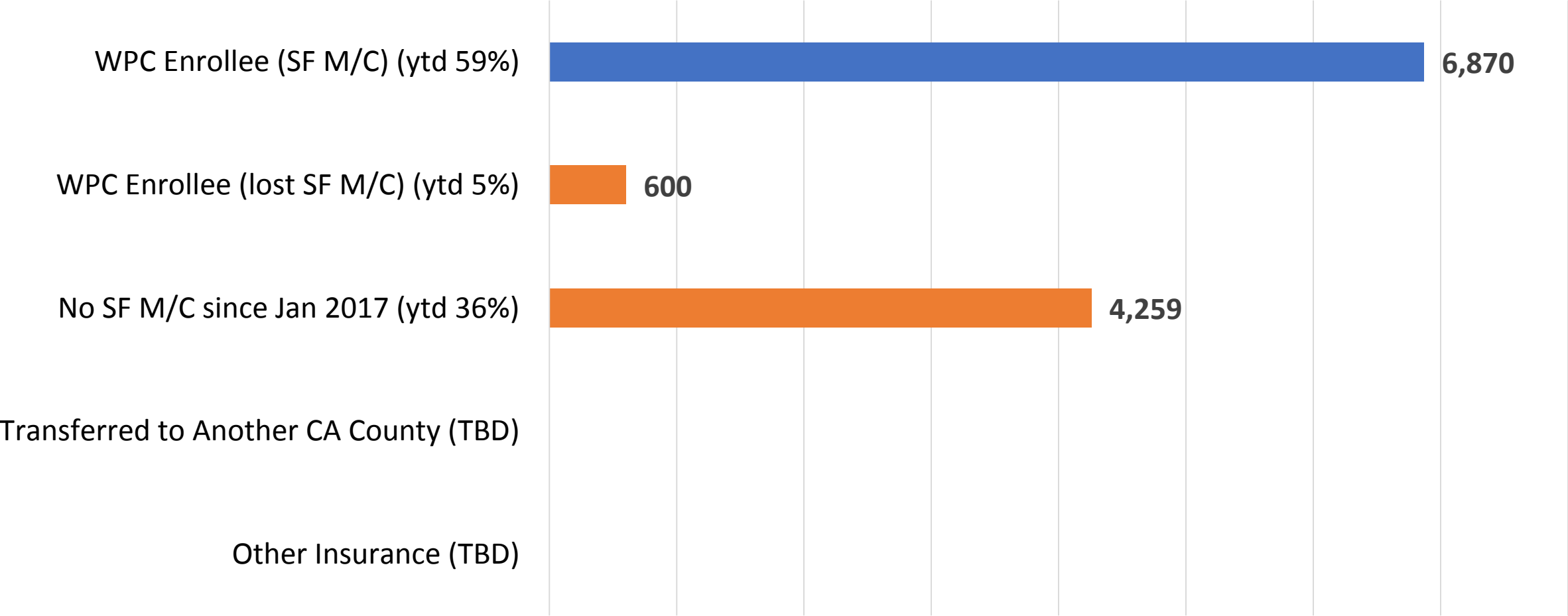
1. SFDPH ranks on units of services, not dollars, although we prescribe a \$\$/unit (determined various ways)
2. We identified urgent/emergent services in 3 systems (Medical, Psych, Substance Abuse)
3. We give one point per unit (Santa Clara has modified the associated points for some of the types of service; i.e., one ED visit is not one, but three points. Inpatient days are limited to 65 for the year. It should be noted that Santa Clara doesn't currently have the complex U/E service data that we have available to us. We are going to review this methodology, but will need to see if we lose any high risk populations if we change.
4. We categorize and analyze populations into four categories using 12 risks based upon % distribution of points & # of systems engaged in as follows:
 - Top 1% of U/E services (category 1 if in 3 systems, category 2 if in 2 systems, category 3 if in only 1 system)
 - if in category 1 or 2 = HUMS, High Users of Multiple Systems
 - if in category 3 = HUSS, High Users of Single Systems
 - Top 2-5% (category 4 if in 3 systems, 5 if in 2 systems, 6 if in only 1 system)
 - Top 6-49% (category 7 if in 3 systems, 8 if in 2 systems, 9 if in only 1 system)
 - Bottom 50-100% (category 10 if in 3 systems, 11 if in 2 systems, 12 if in only 1 system)
5. We have not yet established methodology to determine chronic HUMS population, but believe this is important as many “current” HUMS were not the previous year, nor the following year.

Pain Points and Opportunities:

**Getting and Keeping Homeless
Individuals on (SF) Medi-Cal**

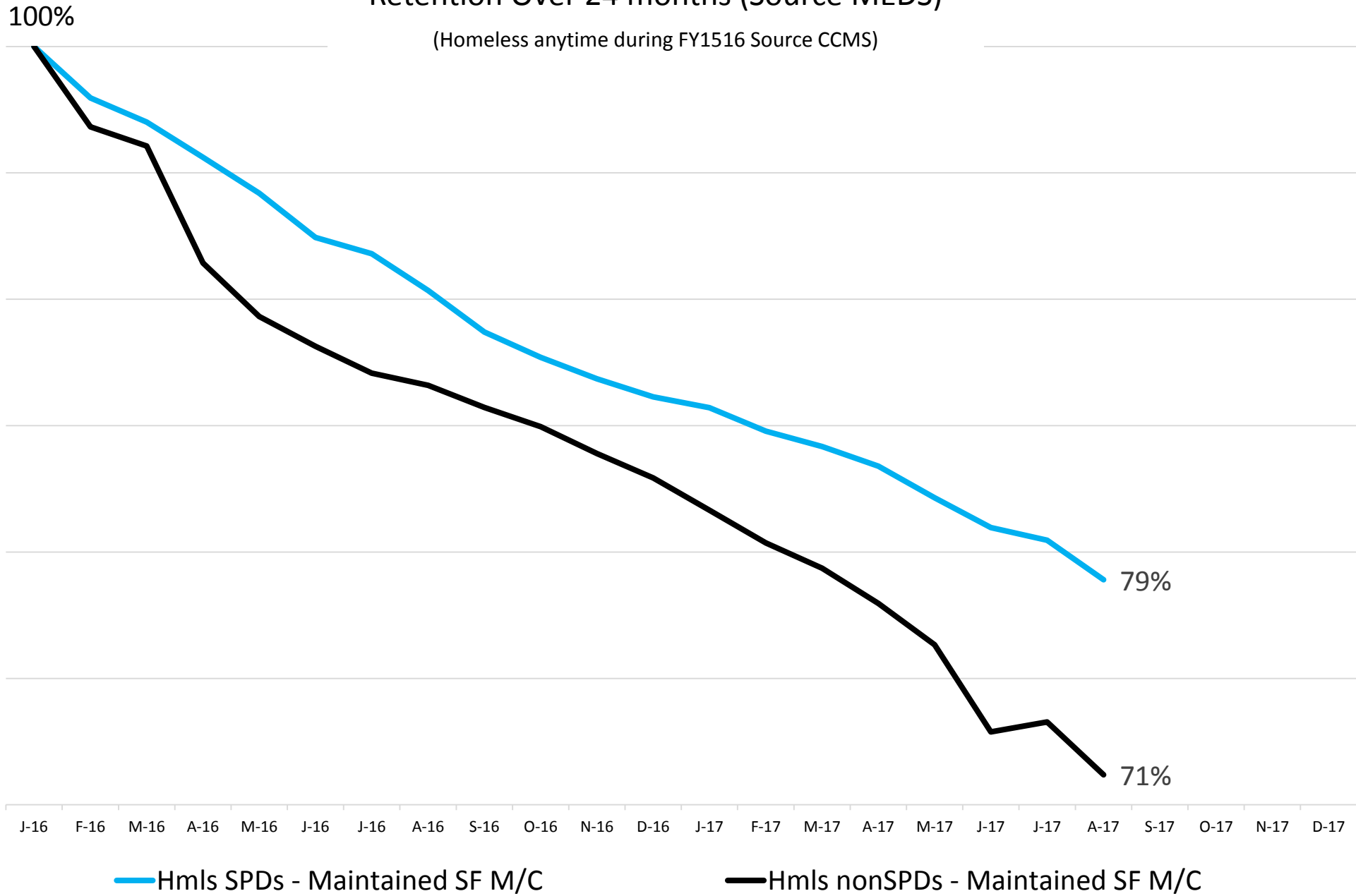
MEDI-CAL - 2017 SF Homeless Jan-Aug 2017 Count = 11,279 Unduplicated

(Source CCMS)

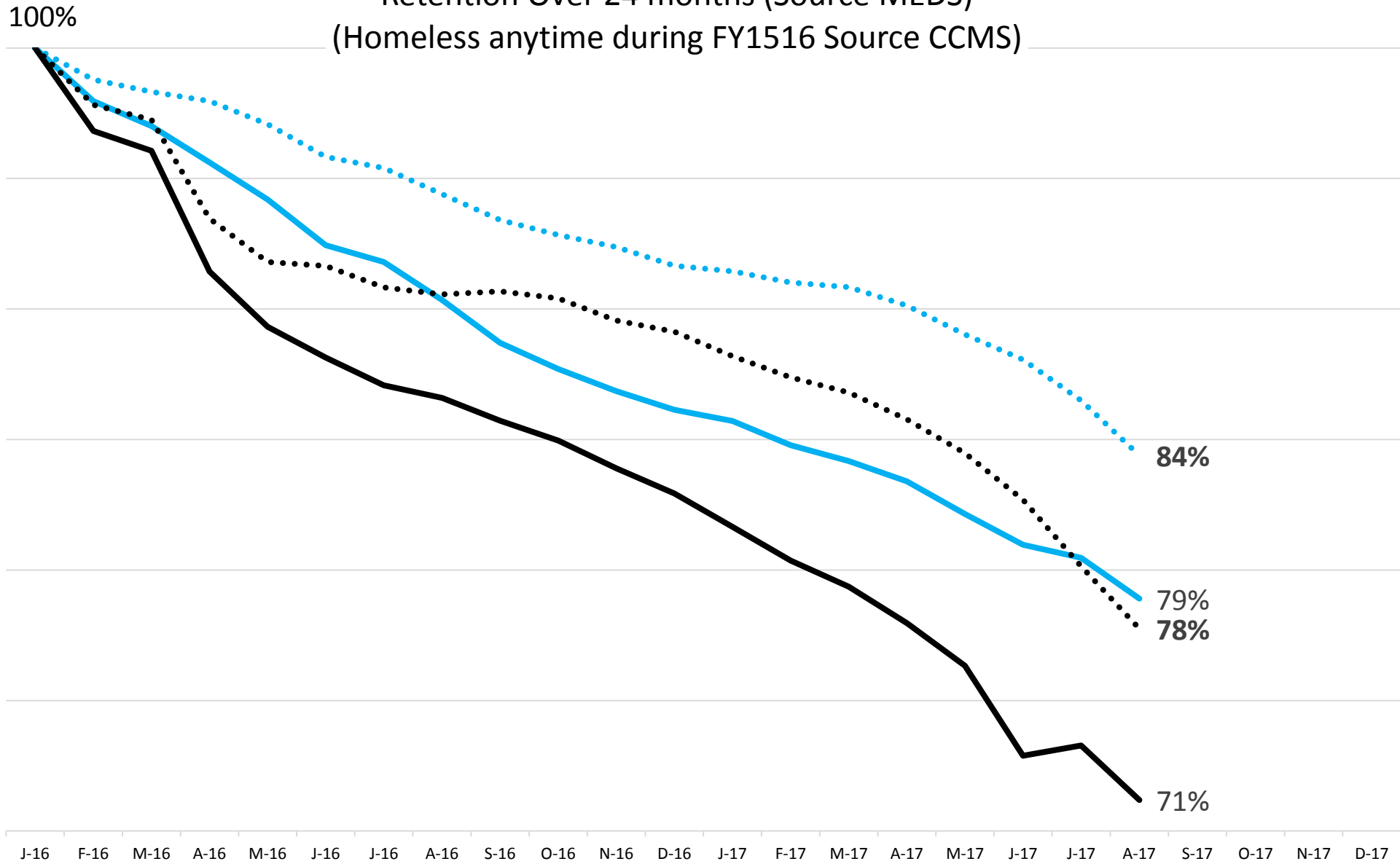


6,061 HOMELESS Jan 2016 Medi-Cal Recipients Retention Over 24 months (Source MEDS)

(Homeless anytime during FY1516 Source CCMS)



6,061 HOMELESS Jan 2016 Medi-Cal Recipients
Retention Over 24 months (Source MEDS)
(Homeless anytime during FY1516 Source CCMS)



— Hmls SPDs - Maintained SF M/C
 — Hmls nonSPDs - Maintained SF M/C
..... Hmls SPDs - If Add Transfers to Other County M/C
 Hmls nonSPDs - If Add Transfers to Other County M/C

NEXT STEPS – IMPROVING MEDI-CAL OBTAINING AND RETENTION

Benefits Navigators

Pilot to establish outreach navigators who will work in select locations. Results to inform service design elements and incentives

Legislative Changes

To eliminate chronic county transfers, HSA asking State to make homeless FFS (not M/C Managed Care) because homeless do not have a residence.

Communication Strategy

Improve public-facing communications related to getting and keeping public benefits, including print and digital methods to promote myth-busting and transparency.

Streamlining Process

Fjord Design to do 8-week investigation into paper-flow, decision points, and process to determine potential for improvement.