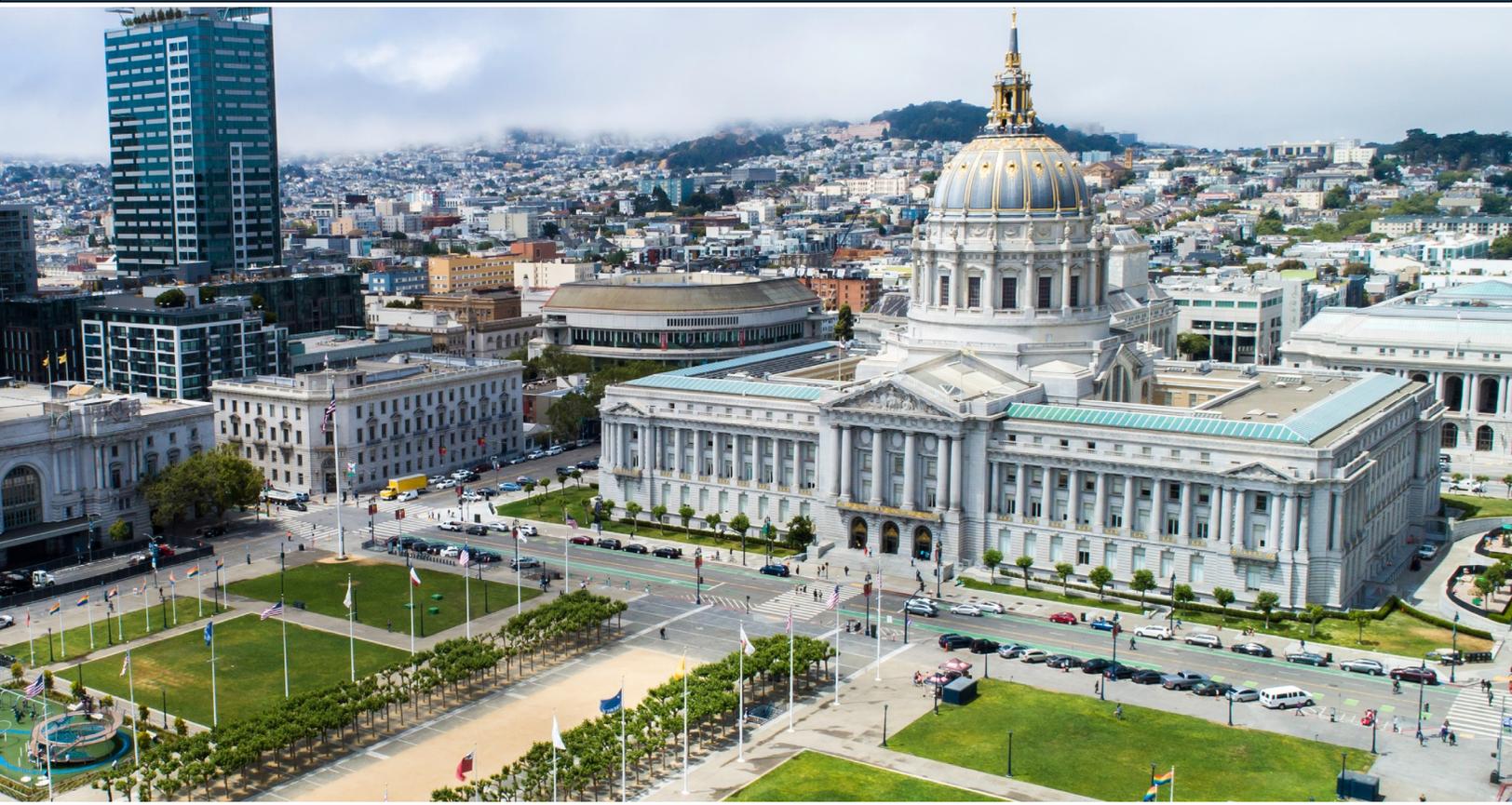


San Francisco Health Service System

Strategic Plan

2020 – 2022



SAN FRANCISCO
HEALTH SERVICE SYSTEM

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Acknowledgements

We would like to express our sincere gratitude to the Health Service Board, the San Francisco Health Service System staff, our actuarial consultant Aon, and our members for providing their invaluable guidance, comments and suggestions throughout the course of the strategic planning process.

Introduction



San Francisco Health Service System (SFHSS) began the strategic planning process in June 2018 with the Health Service Board Special Meeting: Innovations in Healthcare.

Subject matter experts spoke to a variety of topics that are influencing changes in the delivery of healthcare today. Deeper understanding of these influencers and the SFHSS response are embedded in the Strategic Plan.

Following Innovation Day, Aon led the SFHSS leadership team through a series of exercises to develop the goals and objectives of this Strategic Plan.

To stay focused, we also created guiding principles to serve as guardrails for decision-making going forward. Along the way we sought and obtained input from the Health Service Board, SFHSS staff and our members.

Our membership's rich diversity requires us to design and influence the delivery of healthcare services in ways that meet their unique needs. As we implement this plan, we will look to methods that provide quality care for members when they become ill or develop a chronic condition and support members throughout their life course to maintain well-being.

While we focused on changes to the healthcare systems and marketplace throughout the planning process, we also recognized that the work of SFHSS staff has evolved as well. Our work is more data-driven, which requires resources to support the team in continually modernizing the benefit enrollment process to better serve our members.

Several key concepts are mentioned in this plan that may be new to the reader. Alternative payment methods are taking hold at federal, state and local levels that transition away from fee for services toward shared risk and population-based payments. These new value-based payments take into consideration the whole person, social determinants, quality and clinical outcomes. SFHSS will continue to work with our vendors to implement these changes.

As we approach whole person care in an ever-increasingly complex system, assistance is required to navigate services that maintain health and well-being and to receive the right care in the right setting. The introduction and reliance on technology to stay connected in healthcare continues to evolve. SFHSS is examining a selection of these technologies to assist our members.

The roll of the primary care physician and the team that supports wrap around care through a virtual or real primary care medical home is increasingly recognized as foundational for maintaining health.

Our *Mission*, *Vision* and *Core Values* will guide us through this era of innovation, disruption and uncertainty in an increasingly complex world of healthcare.

Abbie Yant
Executive Director

Health Service Board Letter of Endorsement

The Health Service Board is dedicated to making high quality and affordable medical, dental and vision care available to SFHSS Members, applying benefits without special favor or privilege, and administering the Trust in accordance with the Charter and solely for the benefit of SFHSS Members.

The *Mission, Vision, and Core Values* of this Strategic Plan will frame our efforts for the future. The Plan as a whole will serve as a communication tool that goes beyond this Board, the SFHSS leadership and administrative staff, and the confines of City Government with whom we relate. In acknowledgement of that understanding, the Board at its October 11, 2018 meeting unanimously approved the design and development of the Strategic Plan and as a result, the Board will be active in the implementation, assessment, and evaluation of the Health Service System Strategic Plan for the years 2020-2022 and beyond as we seek to better serve our members through responsible stewardship of the benefit administration process.



Karen Breslin
President



Stephen Follansbee, M.D.
Vice President



Wilfredo Lim
Commissioner



Sharon Ferrigno
Commissioner



Randy Scott
Commissioner



Rafael Mandelman
Board of Supervisors

Your voice matters.



*Your membership
experience matters.*

Our Mission, Vision and Core Values

We are guided to do this work by **OUR MISSION**, which is dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our members and their families.

To achieve this, we always keep **OUR VISION** in focus, which is to respect the whole person's well-being in offering supportive programs and services that enable positive engagement and health experience.

What drives us are **OUR CORE VALUES**, which are enduring, and the unwavering guide to fulfilling our goals and objectives.

Our Mission

Dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our members and their families

Our Vision

Respects the whole person's well-being in offering supportive programs and services that enable positive engagement and health experience

Our Core Values

Respect

Excellence

Stewardship

Inclusivity

Collaboration

Strategic Plan Framework

The Strategic Plan Framework illustrates our 2020–2022 goals along with our Mission, Vision and Core Values. Organizational Excellence encompasses the entire framework as a reflection of the internal standards and processes that motivate our staff to deliver the highest standard of member services.



Our Mission

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*Respect
Excellence
Stewardship
Inclusivity
Collaboration*

Strategic Goals



Affordable and Sustainable

We aspire to transform health care purchasing and care delivery to provide quality, affordable and sustainable health care for our current and future members through value driven decisions, programs, designs, and services.



Reduce Complexity and Fragmentation

We believe in moving toward an integrated delivery system, focusing on primary care and prevention through targeted personalized care.



Engage and Support

We aim to activate programs, services, and resources that address the entire cycle of health, elevating engagement, and strengthening member knowledge and confidence in accessing and using health and benefit plans.



Choice and Flexibility

We believe in offering a spectrum of designs, costs and services and collaborating with our stakeholder organizations, agencies, and departments to deliver on the whole person perspective.



Whole Person Health and Well-being

We believe an organization that values and holistically supports members and their families' lives and that fosters an environment and culture of well-being will have a happier, healthier, and more engaged population.

Guiding Principles

San Francisco Health Service System's (SFHSS) goals and objectives are guided by the following principles. These fundamental assumptions are intended to serve as guard rails and guidance in how SFHSS solves for issues that exist today as well as how SFHSS responds to future changes.

The core tenets of the guiding principles are:

Affordability and Sustainability

- ▶ **a)** Maintain fiscal discipline and stewardship when considering changes, modifications, enhancements, and additions to programs and services, and **b)** maximize value without compromising outcomes

Collaboration

- ▶ **a)** Partner with members, City Departments, DHR, and employers, and **b)** partner with health plans, service providers, and purchasers to advance goals and objectives

Data Driven Insights

- ▶ **a)** Leverage data for insights to identify, modify, design, and offer programs and services, and **b)** measure and evaluate effectiveness of programs and services

Engagement

- ▶ **a)** Enhance literacy and self-efficacy of members to make informed choices, decisions, and actions, and **b)** partner with key stakeholders to foster overall well-being of the whole person

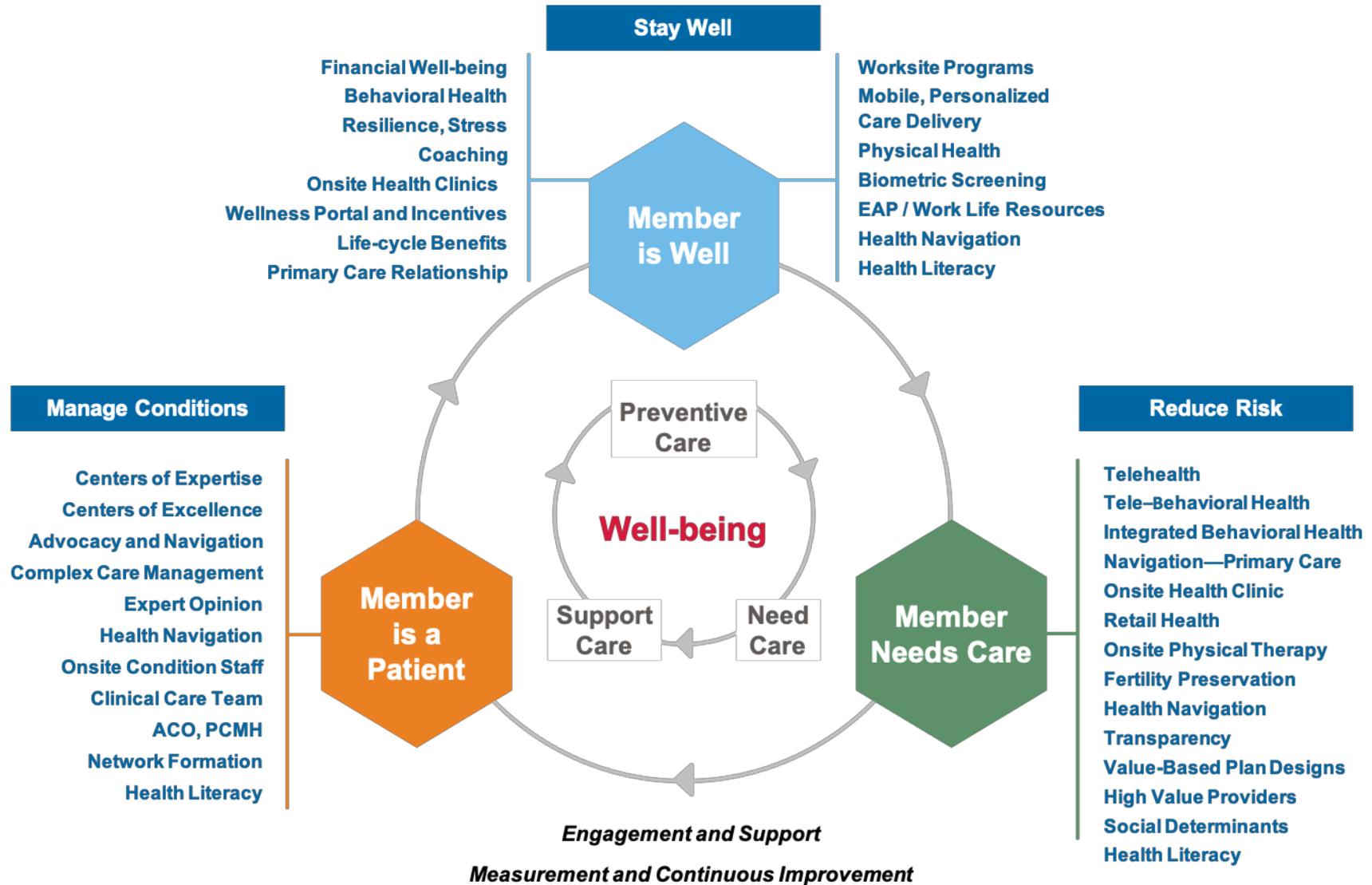
Shared Understanding

- ▶ **a)** Recognize and consider changing needs of the demographics, life-stages, and a broad set of social determinants in designing programs and offering services, and **b)** consider health policy impact on benefit plans

Transparency

- ▶ **a)** Ensure transparency in decision making process, and **b)** transparency with health plans and with members on quality and cost indicators of providers and hospitals
-

Member Health Experience Cycle Framework of Health Programs and Services



Strategic Goal: Affordable and Sustainable

An In-Depth Look



Background

Design a transparent health ecosystem that results in higher quality, better outcomes, and the elimination of waste and inefficiencies.

Objectives

- ▶ Leverage various financial arrangements, manage cost, minimize financial volatility and risks through alternative financing mechanisms
- ▶ Invest in an integrated delivery model—Accountable Care Organization (ACO) and/or Patient Centered Medical Home (PCMH)—that aligns appropriate provider payment structures, improves outcomes, and effectively manages cost
- ▶ Support usage of high value providers (quality and cost) through value-based designs, resources, and decision support tools for members
- ▶ Support the development of high quality and cost-efficient providers through centers of expertise or centers of excellence models for certain services
- ▶ Consider and review new and emerging provider payment / pay for value initiatives that may be applicable for the SFHSS population

“The starting point for creating a sustainable healthcare system is to prioritize the needs of the population so that the finite resources that are available can be deployed in the most effective way. Only then, can the process of determining the most appropriate healthcare infrastructure to prevent, diagnose, treat and monitor these priority areas, truly begin.”

Achieving Affordable and Sustainable Healthcare, GE Healthcare (2015)



Strategic Goal: Reduce Complexity and Fragmentation



An In-Depth Look

Background

Offer programs that address the entire health cycle—well, at-risk, episodic, and chronic care. Streamline operations, processes, and procedures to deliver a cohesive and seamless experience.

Objectives

- ▶ Engage and guide members to care management programs with value-based designs, tools, and resources
- ▶ Support / implement specialized programs to help members with high cost, complex and/or chronic care needs
- ▶ Understand the impact of social determinants of health (SDOH) for high impact / high value conditions
- ▶ Leverage onsite / near site clinic(s) with primary care, well-being, preventive, and acute and chronic care services
- ▶ Ensure that predictive analytics, proactive identification, evidence-based medicine, and gaps in care best practice approaches are effectively deployed
- ▶ Streamline operations, processes, and procedures to deliver a cohesive and seamless experience

“Fragmented organizational structures lead to disrupted relationships, poor information flow, and misaligned incentives that combine to degrade the quality of healthcare in important ways. Many goods and services can be readily financed and provided through a series of fragmented transactions, but in healthcare, close coordination improves both health outcomes and the efficiency with which good outcomes are achieved.”

Organizational Fragmentation and Care Quality in the US Healthcare System, Cebul, Rebitzer, Taylor & Vortruba (2008)



Strategic Goal: Engage and Support

An In-Depth Look



Background

Partner with members and collaborate with stakeholders to advance health literacy and enhance engagement. Provide resources, tools, and services to support informed decisions and actions.

Objectives

- ▶ Guide members in selecting health coverage that best meets their needs at enrollment
- ▶ Supplement with supportive resources to guide members with navigation and advocacy
- ▶ Support members to stay well and get well with well-being programs, communication, and engagement vehicles
- ▶ Ensure programs, services, and service providers are integrated—ensure resources are easy to understand, and simple to use
- ▶ Evaluate and improve engagement and health literacy of members on a continual basis

“External forces often motivate people toward change, for example a diagnosis of diabetes may be the catalyst towards eating healthier. The challenge is recognizing how to leverage what we know about our patient’s current health or potential disease progression and help them become fully engaged in their own healthcare, which could change their path entirely.”

Dynamic Healthcare Services: How to Motivate and Engage Patients, Health Dialog (2018)



Strategic Goal: Choice and Flexibility

An In-Depth Look



Background

Provide tailored, individualized, and personalized health choices and experiences that meet the needs of the population, in response to varying values and preferences. Support an inclusive environment that values diversity, respecting the broad demographics, including geography, generational, gender, ethnicity / culture, income, and life stage characteristics.

Objectives

- ▶ Allow flexibility with health choices that recognize varying needs of members and their families
- ▶ Deploy multi-modal engagement and communication strategies and tactics that reflect member communication preferences
- ▶ Offer relevant programs, services, and resources that are tailored, personalized, and that understand member's care preferences, health risks, and conditions
- ▶ Offer convenience and accessibility to alternative care sites (e.g. retail, mobile mammography, pop-up dental or vision)
- ▶ Engage with key stakeholders for a shared understanding of needs, values, and preferences of the SFHSS population today and into the future to ensure health programs reflect those changing needs

“The forces that influence the need for flexibility are numerous and ever-evolving. They include advances in basic and medical science, new medical and communication technologies, changing care or treatment practices and locations, and evolving demographics and markets. The era of the patient as a passive recipient of care and an indifference to the uniform care experience is ending.”

Developing a Flexible Healthcare Infrastructure, National Institute of Building Sciences (2015)



Strategic Goal: Whole Person Health and Well-being

An In-Depth Look



Background

Support the well-being of the whole person with programs, services, and resources. Cultivate and foster collaboration with stakeholders to advance positive organizational culture and environment of well-being.

Objectives

- ▶ Expand well-being programs to incorporate factors that impact life (e.g., stressors including emotional, social, financial, social determinants, work/life balance, child and elder care, commutes, etc.)
- ▶ Develop and execute on a well-being plan for the retired population
- ▶ Implement multi-modal resources, programs, and services that support the whole person health and well-being
- ▶ Promote and support employer's initiatives to foster a culture and environment of well-being

“Whole-person wellness embodies a comprehensive approach to health, which respects our complexity by acknowledging that we are multi-dimensional beings. It is through attention to and the development of each dimension of health that we can be successful in achieving whole-person wellness.”

About Whole-Person Wellness, Center for Successful Aging, California State University, Fullerton (2018)



Better Every Day.

Business Plan Initiatives at-a-Glance

	Affordable and Sustainable	Reduce Complexity and Fragmentation
2020 Business Plan Initiatives	<ul style="list-style-type: none"> ▶ Evaluate alternative risk pooling and self-insurance models for health, pharmacy, stop loss and ACO / PCMH programs [ACTION] ▶ Request self-insurance quotes from health plans in conjunction with ACO / PCMH design [ACTION] ▶ Conduct RFI for expert opinion, care coordination, musculoskeletal condition and care management [ACTION] ▶ Design an optimal ACO / PCMH model which may include medical, pharmacy, and behavioral programs [ACTION] ▶ Assess health plan and/or specialty vendor resources to identify high value providers [PILOT] ▶ Review quality and cost decision tools available from the health plan or a specialty vendor [PILOT] ▶ Consider plan designs that incent desired actions (e.g., reduced copays or deductibles) [PILOT] ▶ Seek ongoing solution to City Plan services through the renewal process and subsequent RFP for the medical plans [DISCOVERY] 	<ul style="list-style-type: none"> ▶ Review care management programs for evidence-based and best practice approaches [ACTION] ▶ Design value-based plans (e.g., waive copay, deductible) to encourage desired actions [ACTION] ▶ Coordinate the myriad of program offerings, resources, and tools currently available and implement an operating governance structure with service providers [ACTION] ▶ Review and consider customer service functions, tools, and navigation to guide members to appropriate care settings [ACTION] ▶ Review and analyze data to identify opportunities to consider SDOH in overall health and devise a plan to incorporate into programs and services [DISCOVERY] ▶ Identify collaboration partners for SDOH (e.g., community, health plan, stakeholders, etc.) [DISCOVERY]
2021 Business Plan Initiatives	<ul style="list-style-type: none"> ▶ Analyze health data and identify 1–2 services that will benefit from a COE model [DISCOVERY] ▶ Assess the most appropriate service provider(s) for this model that are locally based (e.g., health plan, specialty vendor, or partnership with an existing program) [DISCOVERY] 	<ul style="list-style-type: none"> ▶ Evaluate need for onsite / near site clinics, then consider opportunities to partner with local health systems, existing clinics and workers' compensation [DISCOVERY] ▶ Validate that musculoskeletal, joint, behavioral health, and maternity care are the conditions to support [ACTION] ▶ Review and evaluate a service provider to deliver specialized services (e.g. a health plan or a specialty vendor) [ACTION] ▶ Align data analytic expectations with health plans and monitor and measure progress [ACTION] ▶ Consider data analytic capabilities within All Payers Claim Database / Truven [DISCOVERY]
2022 Business Plan Initiatives	<ul style="list-style-type: none"> ▶ Review alternative payment models [DISCOVERY] ▶ Evaluate network configurations with direct contracting [DISCOVERY] ▶ Consider leveraging existing or creating purchaser groups [DISCOVERY] 	<ul style="list-style-type: none"> ▶ Consider emerging customer service, care, and clinical models that includes telephonic care coordinators and advocates married with technological support that effectively guides a member through their health experience [DISCOVERY]

[ACTION] = implementation phase

[PILOT] = testing phase

[DISCOVERY] = research phase

Plan Years 2020-2022

Engage and Support

- ▶ Consider additive, replacement, or modification of current customer service resources to offer health navigation services **[ACTION]**
- ▶ Identify top categories of high value services that benefit from navigation (e.g., point of service care, serious care needs) **[ACTION]**
- ▶ Enhance, expand, and integrate well-being programs with health care programs / services that provides a seamless “hand-off” between service providers **[ACTION]**
- ▶ Design plans to encourage desired behaviors through incentives, communication, education, advocacy, technology, and SDOH **[DISCOVERY]**
- ▶ Implement a comprehensive and ongoing communication and engagement campaign to create awareness and usage of available plans and services **[ACTION]**
- ▶ Devise a plan to continually monitor and enhance understanding and usage of programs **[ACTION]**

Choice and Flexibility

- ▶ Survey population to gain insights on needs and preferences of health choices **[ACTION]**
- ▶ Understand population’s preferences with engagement and communication (e.g., print, electronic, mobile, etc.) methods **[ACTION]**
- ▶ Understand how current resources are used and valued **[ACTION]**
- ▶ Develop and implement a comprehensive engagement and communication plan in collaboration with health plans / vendors, SFHSS, DHR, employers, and other stakeholders **[ACTION]**

Whole Person Health and Well-being

- ▶ Conduct root cause analysis of stressors **[ACTION]**
- ▶ Expand and enhance well-being programs to incorporate dimensions beyond physical health including emotional (e.g., stress, sleep, resiliency, mindfulness) and mental / behavioral health **[ACTION]**
- ▶ Integrate well-being, health and benefits programs, and service providers to optimize impact and support members across the full health continuum **[ACTION]**
- ▶ Provide education, programs and tools to support and promote retiree well-being **[ACTION]**
- ▶ Incorporate retiree survey data in designing and implementing well-being programs for the retired population **[ACTION]**
- ▶ Expand current and future well-being programs that are relevant to the retirees **[ACTION]**
- ▶ Explore partnership with retiree groups and other City departments (e.g., RPD, DAAS) **[ACTION]**
- ▶ Develop and execute on a comprehensive engagement and communication plan leveraging resources across SFHSS, service providers, and key stakeholders **[ACTION]**

- ▶ Conduct a vendor summit for a shared understanding of SFHSS goals and objectives; develop an operating governance model among vendors; and link processes, integrate information, and coordinate hand-offs **[ACTION]**
- ▶ Review capability of health plans, specialty vendors or technology that supports ease of use and adoption of these resources **[ACTION]**
- ▶ Collaborate with DHR and employers to support culture of well-being in the work environment **[ACTION]**

- ▶ Explore design constructs that offer choices in plan design, network configuration, cost, and saving features (e.g., HMO, EPO, PPO, PPO with savings feature, ACO) **[ACTION]**
- ▶ Consider expanding elective benefits and other ancillary benefits (e.g., student loan, personal finance, education) **[ACTION]**
- ▶ Collaborate with health plans and specialty vendors to integrate data and information to deliver on personalized solutions **[ACTION]**
- ▶ Coordinate and integrate customer service functions, navigation, and advocacy services for improved health experience **[ACTION]**
- ▶ Evaluate need for convenience/alternative care sites, then consider opportunities to partner with local health systems, existing clinics and service providers **[DISCOVERY]**

- ▶ Connect, collaborate, and devise a plan with appropriate departments on addressing well-being outside of the health benefits arena (e.g., financial well-being, work / life, leave policies, etc.) **[DISCOVERY]**
- ▶ Consider additional service providers and pursue relationships **[ACTION]**
- ▶ Identify, understand, and incorporate goals, objectives, and priorities of organizational culture and environmental well-being **[DISCOVERY]**

- ▶ Assess currently available tools and identify and select preferred modeling tool / technology solutions **[ACTION]**
- ▶ Integrate and incorporate health usage data, provider networks, cost, preferences, and predictive analytics to help inform options **[ACTION]**
- ▶ Identify a desired care management / customer service model that supports the goals of reducing inefficiency, enhancing outcomes, simplifying access, and improving experience through the health care system **[DISCOVERY]**

- ▶ Gain insights into DHR and employers workforce planning, attraction and retention goals and how to best support efforts **[DISCOVERY]**

- ▶ Integrate benefit delivery with broader work / life programs and communication of benefits and total rewards **[PILOT]**
- ▶ Support a total rewards perspective to support attraction and retention priorities of DHR and employers **[DISCOVERY]**
- ▶ Offer total rewards statement **[DISCOVERY]**

Organizational Work Plan

What will success look like in three years?

Through the development of the San Francisco Health Service System (SFHSS) work plan, we aim to prioritize key performance indicators and identify evidence-based benchmarks that we can aspire to work toward between 2020 and 2022. From the extensive list of work plan goals, we are choosing to identify and share several forefront endeavors that are deeply engrained in our overarching SFHSS strategic business plan initiatives.



Glossary

Accountable Care Organization (ACO)	An accountable care organization (ACO) is a healthcare organization that ties payments to quality metrics and the cost of care. ACOs in the United States are formed by groups of coordinated health-care practitioners that agree to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program.
Centers of Excellence	A network of healthcare facilities selected for specific services based on criteria such as experience, outcomes, efficiency, and effectiveness.
Health Maintenance Organization (HMO)	A form of managed care in which employees are required to select a primary care physician. Except in medical emergency situations, patients need a referral from their primary care physician in order to see a specialist or another doctor. A primary care physician can only authorize a referral if the Health Care Maintenance Organization deems it necessary.
Health Navigation	An approach to improving healthcare delivery that helps individuals access the care that they need. People called navigators work with each client to identify and reduce barriers they may face that make it difficult for them to get quality and timely care. Aspects of enhanced navigation can include assistance in identifying the right medical provider, clinical guidance in care treatment, and securing appointments.
Incentives	Incentives are designed to motivate and encourage people to perform well and improve their health outcomes through monetary and non-monetary modes made available to consumers, individual providers or institutions.
Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide healthcare services.
Primary Care Medical Home (PCMH)	A care delivery model that includes the following four functions: comprehensive care, patient centered care, coordinated care, accessible services, and a systems-based approach to quality and safety.
Preferred Provider Organization (PPO)	A form of managed care in which employees choose to use network or non-network providers when care is needed; there is no primary care physician.
Risk	The possibility that costs associated with insuring a particular group will exceed expected levels, thereby resulting in losses for an insurance carrier or self-insurer.
Risk Pool	A financial arrangement that spreads the risk of utilization and cost among the participants generally the insurer, the hospitals, and the physicians. The pool may insure against unusually high utilization and costs. The pool may also provide incentives for controlling utilization and costs.
Self-Insurance or Self-Funded	Plans set up by employers who set aside funds to pay their employees' health claims. Because employers often hire insurers or Health Maintenance Organizations (HMOs) to run these plans, they may look just like fully insured plans to members. Employers must disclose in your benefits information whether an insurer is responsible for funding or for only administering the plan; if the insurer is only administering the plan, it is self-insured.
Social Determinants of Health (SDOH)	Conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Key areas (determinants) include economic stability, education, social and community context, health and health care, neighborhood and built environment.
Whole Person	An integrated approach to treating each patient holistically that is at the center of osteopathic medicine. The whole person approach recognizes the interconnectedness of dimensions including emotional, financial, physical, and social health and well-being.



Our mindset moving forward:
Getting in front of delivery.
Creating space for innovation.
Living our values.