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## The Doctor Will See You **NOW** San Francisco General Hospital to decrease wait time for specialty care through SFHP grant

Forty-four percent of our members depend on the excellent specialists at SFGH for their specialty care. But with funding limitations and increasing numbers of uninsured going to SFGH, the specialists were overwhelmed by a backlog of patients waiting for appointments.

ppalled by the cumbersome scheduling process, Dr. Hal Yee, SFGH Chief of Gastroenterology, set out to create a better system. Working with dedicated IT staff at SFGH, he led the development of a computer program called eReferral.

Instead of the former, inefficient system of faxed, handwritten GI referral requests, primary care physicians now submit requests by, attaching relevant patient, provider and clinical information from SFGH's medical records database. Dr. Yee reviews each request and assigns the patient an appropriate status. The system then notifies the referring physician of the result of the triage, usually within 24-48 hours of the referral request.

In under a year, eReferral reduced the wait time for routine GI appointments by 60%, and enabled the GI service to identify and see urgent cases more efficiently. eReferral is so well-liked by primary care physicians that they clamored for other specialty services to implement it. But there were no funds to spread eReferral to other specialty areas.

#### Information on the upcoming San Francisco Health Access Program (SF HAP) is available online

To provide information more accurately and more often about the upcoming San Francisco Health Access Program, a dedicated website has been created. You may visit the project online 24/7 at **www.sfhap.org**. While you're there, be sure to sign up for SF HAP Update, the free project newsletter. It's the best way to ensure you're up-to-date on project plans and progress. Improving access to patient care is an important strategic goal of San Francisco Health Plan, and the potential for eReferral to decrease specialty wait times without increasing costs exemplifies this goal. So, championed by SFGH Executive Administrator Gene O'Connell, we funded an expansion of eReferral to four other SFGH clinics. The ultimate goal is to have all specialty and diagnostic services using it within a couple of years.

"We are pleased to be able to support the innovative physicians in our network as they bring medical care into the 21st century," said Dr. Swati Awsare, SFHP Medical Director. "We hope eReferral will not only improve care for our members and other patients, but also serve as a model for safety net systems around the country."





"Have a bias toward action – let's see something happen **now**." INDIRA GANDHI

There's a lot of talk about controlling costs in health care these days, but virtually no action. Most of the players have no real incentive to control costs, and many people worry that controlling costs will compromise quality.

Actually, it usually turns out that higher quality care is more efficient care. Using medical services inefficiently means that some people who need treatment don't get it while others get too much or the wrong kind.

At SFHP we believe that superior medical care comes from a combination of great clinical minds, compassionate hearts, and pioneering IT systems. That's why we are so excited that we can support an expansion of the eReferral program to more SFGH specialty service clinics.

As you may have already read in the feature article, SFGH's Dr. Hal Yee faced a classic supply and demand problem in his GI clinic. It's the same dilemma that our entire health care system faces: more demand for services than can be satisfied with existing resources. But Dr. Yee did more than grouse about it – he acted. By harnessing the power of IT to gather information, eliminate manual tasks, and expedite communications, Dr. Yee managed to reduce the time to the next available appointment in his clinic – without any additional resources – by 60% in one year.

Now that's the kind of cost savings that could save our health care system. It's the kind of thought and reaction I encourage all of you to have.

Who knows... the next idea to go from drawing board to board room could be yours.



# Partnership with disability advocates helps us evaluate disabled access and services



#### The Disability Rights Education and Defense Fund, Inc.

(DREDF), a national law and policy center dedicated to protecting and advancing the civil rights of people with disabilities, approached SFHP recently to develop an innovative project to ensure that SFHP members with disabilities can get appropriate care in our network.

Working together, SFHP and DREDF created a first-of-its-kind provider survey. Not only does the survey look at architectural access (i.e. can people with disabilities get into and use the provider's facilities), but also the "programmatic" aspects of disability access (i.e. how providers make their services usable for people with disabilities such as hearing or sight impairments). Fourteen of our provider sites participated in the pilot survey which was implemented this summer.

Results of the assessment showed that most sites were architecturally compliant, though fewer providers were prepared to meet programmatic criteria, particularly disabled patient transfer equipment, wheelchair-accessible scales, and TTYs (text telephones) for people who are deaf, hard of hearing, or have speech disabilities.

Though many offices reported never having had requests to accommodate persons with disabilities, all were open to it and eager for advice on how to improve. We now are working on developing technical assistance for providers.

"We chose to approach SFHP because we knew that we would need an open and innovative partner for such a cutting edge project," said Mary Lou Breslin of DREDF. "SFHP has exceeded our expectations, taking our ideas and immediately putting them into practice. We think this project will be a model for other HMOs, and look forward to a long collaboration."

Over the next year, we will be incorporating disability access surveys into all of our provider site visits and publishing information about accessibility to our members through our provider directory.

## Southeast Health Center is taking on asthma

s one of five local clinics to participate in the statewide California Asthma Collaborative Project, Southeast Health Center stands out as aggressively applying what it has learned from the collaborative to daily patient care.

The goal of the project, which SFHP and Blue Cross are jointly sponsoring in San Francisco, is to reduce asthma-related emergency department visits and hospital admissions by 50% for Medi-Cal managed care members.

Five clinics were selected to participate in the program locally: Northeast Medical Services, Family Health Center at SFGH, Southeast Health Center, UCSF Pediatrics Parnassus, and St. Luke's Pediatric Health Center.

Through virtual learning sessions led by national experts in the care of people with chronic conditions, clinics were instructed on how to establish best practices in the treatment of

> people with asthma. In addition to these sessions, SFHP and Blue Cross jointly supplied each clinic with a spirometer for testing

lung health, and a laptop computer and printer for the tracking and analysis of patient lung health. Southeast took what it learned and immediately applied it by designing and implementing a structured patient visit form that ensures that all asthma patients receive all needed care in one visit.

"Asthma is an epidemic in the Bayview," said Dr. Ayanna Bennett of Southeast Health Center. "The information and equipment we have received through the Asthma Collaborative are critical elements in our efforts to combat asthma-related illnesses in our community.

## SFHP at a glance Percentage of San Franciscans covered by SFHP by ethnicity:\* 14.9%

Latino	4.70/
African American Asian/Pacific Islander	10.2%
Asian/Pacific Island	1.2%
caucasian	
ican Indialy	1%
Alackall	over
and globally, Fran	ciscans!
Alaska and globally, we c 6.8% of all San Fran 6.8% of all San very	2003 results
6.8% of all San Trees *Source: California Health Interview Survey	
*2001.00	



Our new quality improvement initiatives support women's health and diabetes treatment

s the profile of our general membership transitions to reflect a significant increase in members who are over age 25, we've launched two new programs focused on adult care.

Our **Well Woman Program** encourages women to obtain regular cervical cancer screenings and mammograms through mailed reminders. This program is critical to addressing ethnic disparities in health, since women from some cultures are often reluctant to seek these services.

Our **Diabetes** 

### Type II Diabetes Guidelines



Initiative is a physician education and resources program that assists providers in following the American Diabetes Association Guidelines. SFHP visits providers to reinforce these standards, provide technical assistance if necessary, and help solve problems associated with diabetes treatment.

We also provide education materials in multiple languages that providers can give to patients.

Future plans include member incentive programs for completing diabetic education and instruction on self management techniques.

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