SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

DATE: August 11, 2022

TO: Randy Scott, President, Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: August 2022 Director's Report

SFHSS Remains Closed to the Public.
The August Health Service Board Meetings will be a hybrid in-person and virtual meeting according to City Administrator Guidance. This practice will be reconsidered every 30 days.

COVID-19 UPDATE:
We continue to experience a surge of COVID in the Bay Area. As we have learned, COVID-19 will be with us for some time and continues to present new challenges, so now is the time for San Franciscans to get prepared with vaccinations, rapid test kits, masks, and access to medical care. San Franciscans can be prepared for COVID-19 by knowing if they, or someone they love, are at high risk for severe illness and how to get COVID-19 medicines.

- https://sf.gov/departments/department-public-health
- Test to Treat Information

MONKEYPOX
While the Monkeypox virus impacts all people, data shows significant spread in San Francisco's LGTBQ community at higher rates. However, anyone, regardless of sexual orientation or gender identity, can be infected and spread monkeypox. The local emergency declaration provides support for San Francisco's LGTBQ population. The City has been working diligently to increase the implementation of testing, treatment, and vaccine distribution in response to the spread of the Monkeypox virus. San Francisco has a significant number of Monkeypox cases and lacks sufficient vaccine supply for the number of people in need. SFDPH will continue to request additional vaccine allocations from the state and distribute to community clinics, health systems, and other locations where they are needed.

Additionally, SFDPH is also reaching out to communities to raise awareness and education about monkeypox, the City's response, and ensure clinicians remain well informed about testing, infection control, and management of monkeypox as the health emergency develops. Monkeypox spreads through prolonged skin-to-skin contact, which includes sex, kissing, breathing at very close range, and sharing bedding and clothing. While SFDPH continues to advocate for more vaccines for our City, here are some additional preventative measures you can take to reduce your risk of infection:

- Consider limiting opportunities that put you in close skin-to-skin contact with others
- Stay home if you do not feel well and encourage your friends to do the same
- Call your doctor if you are experiencing a rash or sores
- Talk with your sexual partners about yours and their health

If you have symptoms:

- Talk to a healthcare provider as soon as possible
- Avoid skin-to-skin, or close contact with others
- Avoid sharing your bed while you have the rash
- Do your best to keep a healthy distance from others

To find additional guidance on monkeypox, including local case counts, and updates about vaccine supply, please visit this page.

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RATES AND BENEFITS APPROVED FOR PY 2023
Supervisor Chan sponsored the Ordinance approving Health Service System plans and contribution rates for the calendar year 2023 at the Finance and Budget Committee on July 13th. On July 19th the Full Board of Supervisors completed the first reading and conducted their second reading on July 26th when the Ordinance was finally passed. Currently, Mayor Breed's office has the Ordinance for the Mayor's final review. Thank you to Supervisor Chan for introducing and speaking about this legislation at the Finance and Budget Committee and the Full Board of Supervisors meeting.

KAISER PERMANENTE SENIOR ADVANTAGE BENEFIT CHANGE
SFHSS is pleased to report that on June 17, 2022, we received notice from Kaiser Permanente that Senior Leadership approved a global (meaning all KPSA plans) benefits enhancement as follows:

> *Effective 1/1/2023 Group Medicare plans with a $1,500 Maximum Out of Pocket (MOOP) will change to $1,000 with no impact to the PY2023 rates.*

Our analysis showed only 2 members hit the $1500 MOOP. 4 people accumulated $1,000 and 33 people accumulated between $1,001 - $1,499.

REPRODUCTIVE SERVICES UPDATE
On June 24, the Supreme Court ruled in Dobbs vs. Jackson Women's Health Organization to overturn Roe v. Wade, thereby giving states the authority regarding the legality of abortions and related procedures. At this point, abortion is banned or restricted in 24 states (some on hold due to legal challenges). The map will be changing. There have been and will continue to be many legal challenges to state laws. The Guttmacher Institute is a non-profit policy organization focused on reproductive services and maintains a regularly updated summary of abortion laws and tracks state policies.

SFHSS Health Plan Response: BSC HMO Plans and Kaiser HMO Plan
For the most part, our members of HMO health plans are not impacted by this change because they are regulated by the state DMHC. "In California, both private health insurance plans regulated by the Department of Managed Health Care and Medi-Cal health plans under contract by the Department of Health Care Services must continue to cover reproductive health services, including abortions." https://www.dmhc.ca.gov/AbouttheDMHC/Newsroom/June24,2022.aspx

Blue Shield of California PPO Self-Funded Plan
BSC has notified us of a program they are implementing to ensure that our PPO members have equitable access to health care services covered under their health plan, regardless of where they live. Blue Shield has developed a travel reimbursement program for plan participants living in states that ban or restrict access to pregnancy termination services to help with access to those services in states where they can still be lawfully provided. This program will not change underlying coverage for pregnancy termination services but will provide support for plan participants to travel to access eligible covered services in other states through the BlueCard program or out-of-network benefits, if available.

PUBLIC SAFETY MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT
SFHSS continues the dialogue with Kaiser Permanente, Blue Shield of California, and Health Net regarding the possibility of including the IAFF Substance Use Treatment Center as part of their respective networks. The in-depth evaluation of this request may take up to 6 months; however, progress continues to be made.

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Updates from SFHSS Health Plans

Kaiser Permanente Response: Kaiser Permanente now has a contractual relationship in place with IAFF. Interested patients can discuss with their Kaiser Permanente mental health clinician and, when clinically appropriate, a referral may be made to IAFF. Given that this relationship is established, this will be our last monthly update.

Blue Shield of California Response: Currently, the Blue Shield of California PPO members have access to many treatment facilities across the U.S., including the IAFF Center of Excellence in Maryland. SFHSS has approved the BSC benefit exception for the Access+ and Trio members to access the IAFF COE facility in Maryland for mental health/substance use disorder services.

Health Net: Currently reviewing access.

Strategic Planning Update

Strategic Plan refresh exercises are being hosted with internal staff to reflect on the current and future state of our Mission, Vision, Values, Guiding Principles, Strategic Goals, and Objectives. These exercises are being facilitated by Aon Account Manager Anne Thompson, CFO Iftikhar Hussain, COO Rey Guillen, Well-Being Manager Carrie Beshears, and Senior Health Program Planner/ Racial Equity Lead Leticia Harris.

In alignment with our core value of inclusivity, the SFHSS Leadership Team has enhanced the strategic planning process through the addition of Managers and Supervisors, each bringing diverse divisional perspectives in addition to their unique lived experiences as a part of our membership. The internal convening in July included gleaning perspectives around Objectives and Key Results (OKR), a collaborative goal-setting methodology used by teams to set challenging, ambitious goals with measurable results.

Board Education Update

San Francisco Health Service Board Commissioners are required to be knowledgeable of matters concerning health and employee benefits policy and oversight. The SFHSS leadership team seeks to provide diverse educational opportunities that support the Commissioners in acquiring the knowledge they need to effectively carry out their duties. In response to the expressed interest in education around Genomics and Pharmacy, we have a guest speaker from Aon presenting on these topics at today's August 11, Health Service Board meeting. This presentation is timely in light of the recent legislative text released by the Senate Finance Committee[1]. This legislative text will be included in a forthcoming reconciliation bill that seeks to lower prescription drug costs for people with Medicare and private insurance and reduce drug spending by the federal government[2].

To help us better understand the Genomics and Pharmacy high-cost drugs landscape, the Health Service Board will receive a presentation from Almaz Dawit, a pharmacy consultant in Aon's Health Solutions National Pharmacy practice. Based in San Diego, California, Almaz consults with clients across the nation on all aspects of their pharmacy benefit program, including strategic planning, evaluation of plan performance, financial management, clinical program evaluation, and vendor management. Before joining Aon in 2020, Almaz served as a clinical account executive for EnvisionRx and a lead information technology pharmacist for a local hospital. She also has 12 years of experience as a retail and hospital clinical pharmacist, including owning and managing a retail pharmacy. Almaz has extensive clinical experience, including significant experience with

large complex clients in various industry sectors, including technology, health, manufacturing, and public-sector clients. Today's presentation focuses on drug manufacturer strategy, recent U.S. Food and Drug Administration (FDA) approvals, the drug approval pipeline and market outlook, and payer response to the growth of specialty medications.

Presentation listed with Agenda Item: Board Education: Genomics and Pharmacy High-Cost Drugs Presentation
Reference 1 – KFF Legislative Brief: How Would the Prescription Drug Provisions in the Senate Reconciliation Proposal Affect Medicare Beneficiaries
Reference 2 – Senate Finance Committee Legislative Text

DIVERSITY, EQUITY & INCLUSION UPDATE

On August 1st Mayor London Breed raised the light blue, pink, and white transgender flag over City Hall with leaders and activists celebrating the commencement of San Francisco's first Transgender History Month. This long-standing symbol of pride was created in 1999 by Monica Helms, a transgender woman, and Navy veteran. The flag has two light blue and pink stripes to represent the traditional color for boys and girls and a white stripe in the middle for members who are transitioning, gender neutral, or intersex.

The raising of this flag stems back to the beginning of transgender activism in San Francisco when the Compton Cafeteria Riots took place in August 1966[1]. These riots occurred in the Tenderloin district and were recorded as the first LBGTQ uprising in U.S. history. The Tenderloin is now home to the nation's first legally recognized district dedicated to the transgender, nonbinary, and intersex community[2]. Trans activism has been imprinted on San Francisco's history with efforts to recognize the strength and resilience of its LGBTQ leaders through financial investments in the community. Mayor Breed's signed budget includes strategies to end homelessness and provide subsidies for gender non-conforming and transgender residents, including Black, Indigenous, Latina, and other trans women of color who face disproportional barriers to housing, services, and employment[3].

"As trans lives and rights remain contested on a national scale, it is more important than ever to acknowledge our history," said Pau Crego, Executive Director of the City's Office of Transgender Initiatives (OTI)[4]. OTI and the Department of Human Resources (DHR) joined forces to develop a refreshed "Transgender 101: Strengthen Your Commitment to Inclusion," training that is now available to all City and County employees[5]. New modules offer an introduction to transgender and non-binary identities, a critical analysis of the gender binary, best practices around gender pronouns, and an overview of DHR's Gender Inclusion Policy and Tools[6]. The Office of the Mayor is encouraging participation to learn concepts and skills necessary to make our City services and workplaces affirm trans and non-binary residents and colleagues. SFHSS invites Commissioners to participate in this online module as a self-study Board education activity using the directions below.

Reference: 1 – Office of the Mayor Transgender History Month Press Release
Reference: 2 - Transgender District SF Website
Reference: 3 - Proposed Budget, Mayor's Office of Public Policy and Finance
Reference: 4 - Office of Transgender Initiatives Website
Reference: 5 - How to Access the 'Transgender 101' Training in SF Online Learning
Reference: 6 - DHR's Gender Inclusion Policy and Tools

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UC BERKELEY & SFHSS ACO STUDY EVALUATION

This report out is a follow-up to the Health Service Board education item that was presented in December of 2021 by Timothy T. Brown, Ph.D., M.A. Dr. Brown serves as Associate Adjunct Professor of Health Economics and the Associate Director for Research at the Berkeley Center for Health Technology.

This ACO evaluation is being conducted through a partnership with the Center for Healthcare Organizational Innovation Research (CHOIR) and the Berkeley Center for Healthcare Technology (BCHT), both based in the School of Public Health at the University of California, Berkeley. This research centers around the accountable care organizations that are part of SFHSS, specifically those that are administered by Blue Shield of California. The evaluation included three parts: (1) documentation review and synthesis, (2) interviews of management and staff, and (3) analysis of a member survey and claims data. Published results do not identify individuals and organizations included in this analysis but can greatly benefit other healthcare purchasers in the field.

As an extension of the Health Service Board education item, the UC Berkeley research team also presented two posters at the AcademyHealth Annual Research Meeting[1-2]. The 2022 AcademyHealth Meeting convenes a diverse group of stakeholders at the intersection of health, health care, and policy to share important findings and showcase the latest research on how the health system works, what it costs, and how to improve it[3]. The ACO evaluation objective is to determine the effect on risk scores, utilization, expenditures, and access in enrollees who switched from a broad-network health maintenance organization (HMO) to a narrow-network accountable care organization (ACO) HMO that also included comprehensive patient navigation and customer support. This work was supported by the Peter G. Peterson Foundation via a grant from Catalyst for Payment Reform and will continue with additional publications that are currently under development.

Resource: 1 - Research Poster about the Impact of a Selective Narrow Network with Comprehensive Patient Navigation on Risk Scores, Expenditures, and Enrollee Experiences **(see attached slides)**
Resource: 2 - Research Poster about the Value to Health Plan Members of a Comprehensive Patient Navigation and Customer Support System **(see attached slides)**
Resource: 3 - AcademyHealth Annual Research Meeting Website

ADMINISTRATION UPDATES

Health Service Board Email Outcome Report for May-July 2022 **(See attached slides)**

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SAN FRANCISCO HEALTH SERVICE SYSTEM
DIVISION REPORTS: August 2022

PERSONNEL

Welcome:

- 1632 Senior Account Clerk: Tsui-Hwa Lee
- 1404 Clerk: Katrin Mueller

Recruitments:

- 2595 Senior Employee Assistance Counselor: Recruitment process underway
- 2593 Health Program Coordinator III: F Recruitment process underway
- 1210 Benefit Analyst: Job Analysis received. Recruitment process underway
- 1209 Benefits Technician: MQ reviewed. This recruitment will follow the 1210 selection.
- 0923 Communication Manager: Temporary position posted.

SFHSS Employee Work Status:

- SFHSS on outbreak status through 8/5/2022, with weekly testing requirement effective 8/1/2022.
- Updated HSS telecommute guidance issued by DHR on 8/1/2022. SFHSS plan under review.

OPERATIONS UPDATE

Open Enrollment: The entire Operations team has been working to create a successful Open Enrollment for our members.

- Developing and finalizing all print materials and confirming member addresses.
- Planning health fairs and webinars.
- Conducting focus groups with Member Services to improve the member experience.
- Developing training for Member Services on any plan changes and updates.
- Modifying the Benefits Administration system to implement the plan year changes.

DEPENDENT ELIGIBILITY VERIFICATION AUDIT (DEVA) is ending.

- Final letter has been mailed.
- Appeals period will start on September 1st.
- 634 Retirees were audited. We were able to successfully verify 590 dependents. 18 members did not respond. 32 dependents will be removed from HSS benefits.

MOU Updates: Several unions negotiated Life Insurance for their members effective July 1, 2022, and MEA will have LTD for all members effective January 1, 2023.

- Members who now have Life Insurance have been notified regarding their new benefits.
- MEA members will be notified as part of their Open Enrollment packet.
- July 1, 2022, effective benefits were configured in the benefits administration system.

FINANCE AND BUDGET

Audits

- The Controller's annual internal audit is in process.
- MGO annual external audit of the health benefit trust. Preliminary work is in process.

Year End Close

- Analysis and review for fiscal year-end close underway

FY 2023 health and benefit rates

- Preparation of 2023 rates for open enrollment communication and implementation in our benefits systems.

CONTRACTS

- Executed amendments to and agreements with ComPsych (EAP support), Cordico (first responder wellbeing support), Dental Benefit Providers of California, and Kaiser (workforce health agreement and HMO benefits).
- Completed an RFP and agreement for health benefits and OE communications with K&H Printers-Lithographers.
- Released an RFP for Drupal development, support, and website accessibility services.
- Released an RFI for a whole person well-being and healthy aging program for retirees.
- Completed all fiscal year 2022 contracts compliance reporting to the Civil Service Commission, San Francisco Ethics Commission, and Board of Supervisors.

WELL-BEING (see attached slides)

- Provided the quarterly Well-Being@Work Overview training for Key Players with over 57 in attendance.
- Provided an engaging activity called “Would You Rather” for the DPH Rehabilitative Services Team at ZSFG with over 50 in attendance.
- Updating process for activities requests, and recruitment materials for city-wide Well-Being Champions.
- Solidified benefit fairs and flu clinic locations.

Attachments:

1. ACO Study Evaluation Resource 1-Research Poster about the Impact of a Selective Narrow Network with Comprehensive Patient Navigation on Risk Scores, Expenditures, and Enrollee Experiences
2. ACO Study Evaluation Resource 2-Research Poster about the Value to Health Plan Members of a Comprehensive Patient Navigation and Customer Support System
3. Health Service Board Email Outcome Report for May-July 2022
4. Well-Being Slides

Impact of a Selective Narrow Network with Comprehensive Patient Navigation on Risk Scores, Expenditures, and Enrollee Experiences

Timothy T. Brown, PhD[1], MA; Emily Hague, MS[1]; Alicia Neumann, PhD[2]; Hector P. Rodriguez, PhD, MPH[1]; Stephen M. Shortell, PhD, MPH, MBA[1]

[1]UC Berkeley School of Public Health; [2]UC San Francisco

CHOIR Center for Healthcare Organizational + Innovation Research — Berkeley School of Public Health

Background

- This study examines the addition of a high-performance ACO-HMO into the plan offerings of a metropolitan organization.
  - The original offering included a broad-network ACO-HMO with a standard customer support system.
  - To this was added a high-performance ACO-HMO with a narrow network of physicians and a comprehensive patient navigation/customer support system.
- The benefit packages of both ACO-HMO plans were identical apart from the narrow network and comprehensive patient navigation system (both plans had customer support systems, but the high-performance plan integrated its customer support with a comprehensive patient navigation system).
- The same set of hospitals was available in both ACO-HMOs.
- The comprehensive patient navigation/customer support system of the high-performance ACO-HMO included RNs, pharmacists, pharmacy techs, health coaches, social workers, and customer representatives. Primary tasks included helping enrollees (1) find a new doctor/specialist within the network, (2) continue receiving uninterrupted care, (3) obtain answers to questions regarding doctor's instructions, (4) obtain answers to drug/supplement questions, (5) transfer medical records and prescriptions, and (6) understand health benefits. Only a single call was necessary to receive services.
- IPAs within the high-performance ACO-HMO were incentivized as follows: they received a lower base capitation rate but received additional funding if they achieved improvements in quality and cost. Their resulting implicit capitation rate could thus be larger than the original rate.

Hypotheses

1. No difference in average annual risk scores across the two ACO-HMOs.
2. No difference in average annual expenditures conditional on any utilization occurring.
3. A lower proportion of patients would utilize any care in the high-performance ACO-HMO relative to the broad-network ACO-HMO due to the comprehensive patient navigation and customer support system minimizing unneeded and inappropriate care as well as to promote both timely and preventive care.
4. Lower total annual average expenditures for the high-performance ACO-HMO (product of the annual average propensity to utilize care and average annual expenditures conditional on any utilization occurring).

Data

- We obtained medical expenditure/enrollment data on under-65 continuously enrolled members in the broad-network ACO-HMO (n=24,555), a subset of whom switched into a high-performance ACO-HMO in 2018 (n=7,664).
- We conducted a survey (17% response rate) and the analytic sample includes 512 respondents of which 465 complete responses could be analyzed using regression analyses. Weighted responses reflect the 2020 enrollment of both plans.

Descriptive Statistics

	Pre-Period (2016-2017)	Post-Period (2018-2020)	
	Total Enrollees	High-Performance Network	Broad Network
Proportion of Enrollees Choosing each Network at the Transition Point	-	0.312	0.688
Risk Score (mean/SD)	1.424(3.734)	1.450(4.297)	1.503(4.396)
Any Expenditures (mean)	0.795	0.474	0.562
Annual Expenditures if Expenditures>0 (mean/SD)	6139(31277)	8074(46784)	7737(37694)
Total Annual Expenditures (mean/SD)	4884(28006)	3830(32472)	4347(28514)
Proportion of Year Enrolled	0.985	0.965	0.965
Demographics			
Age (mean/SD)	36.3(18.5)	40.4(RI)	38.1(18.8)
Female (mean)	0.522	0.512	0.526
Employee (mean)	0.490	0.550	0.463
Spouse/Partner (mean)	0.186	0.176	0.191
Dependent (mean)	0.324	0.274	0.346
Instruments			
Same MD Available in High-Performance Network at Transition Point (mean)	0.727	0.979	0.612
Observations	73,655	22,992	50,673
Individual Enrollees	24,555	7,664	16,891

Methods

- Fixed-effects instrumental variable analyses of administrative data, and regression analyses of survey data. Key outcomes included expenditures, access, and risk scores. Background information included interviews of organizational leaders.
- Our instrument was the availability of the same primary care physician (PCP) if an enrollee chose the high-performance ACO-HMO.
- Whether or not a given PCP was available was exogenously determined by the insurer.
- Maintaining PCP continuity may have been correlated with an enrollee's health status (those with lower health status may be more likely to seek PCP continuity), opportunity cost (those with higher earnings may have been more likely to seek PCP continuity to avoid the higher implicit search costs involved in choosing a new PCP), and the quality of an enrollee's current physician. The opportunity cost of an enrollee's time and any residual health status not accounted for by the risk score were accounted for by individual fixed effects. Finally, the quality of each enrollee's current physician was accounted for by individual fixed effects.

Results

	Second-Stage 2SLS		
Variables	Ln (Risk Score)	Any Expenditures	Ln (Total Expenditures)
HP ACO-HMO enrollee	-0.008	-0.155*	-0.035
Year 2018-2020*	0.374*	-0.189*	-0.291*
Age	-0.316*	-0.001*	0.025
Age x Female	0.033*	-0.012*	-0.004
Age x Employee	0.210*	-0.059*	0.242*
Age x Spouse/Partner	0.123*	-0.045*	0.190*
$(Age)^2$	0.004*	-0.001*	0.001*
$(Age)^2$ x Female	-0.001*	0.000*	0.000*
$(Age)^2$ x Employee	-0.005*	0.001*	-0.004*
$(Age)^2$ x Spouse/Partner	-0.004*	0.001*	-0.003*
Proportion of Year Enrolled	0.994*	0.408*	-0.314*
Ln (Risk score)	-	0.123*	0.857*
Observations	122,775	122,775	76,298
Individual Fixed Effects	Yes	Yes	Yes
F-test	241.29*	2385.86*	730.00*
K-P rk LM Statistic	8,869	8,869	5,950

*$p \leq 0.05$

Results (continued)

Administrative Data Results

- Average annual risk scores and Healthcare Effectiveness Data and Information Set (HEDIS) access measures were not different across plans (results no shown).
- Annual utilization dropped by 15.5 (95% CI: 18.1, 12.9) percentage points more in the high-performance ACO-HMO.
- Relative annual expenditures declining by $1251 (95% CI: $1461, $1042) per person per year.

Survey Results

- High Performance ACO-HMO outperformed broad-network ACO-HMO.
- 7.1% higher overall satisfaction (0.069; 95% CI: -0.001, 0.138; p=0.052).
- 10.1 percentage points more likely to be usually/always visit their PCP as soon as needed (0.101, 95% CI: 0.001, 0.201).
- 13.3 percentage points less likely to email their PCP (-0.133, 95% CI: -0.237, -0.030).
- 8.4 percentage points more likely to say it was easy to get a referral their PCP (0.084, 95% CI: 0.002, 0.167)
- 11.2 percentage points more likely to usually/always see a specialist as soon as needed (0.112, 95% CI 0.007, 0.217)
- 33.8 percentage points less likely to state that the specialist they wanted was not in their network (-0.338, 95% CI: -0.494, -0.181).
- 36.5% more satisfied with mental health care they received (0.311, 95% CI: 0.057, 0.565).

Limitations

- Our dataset did not include data from the relevant Pharmacy Benefits Manager (PBM) and mental health carve-outs.
- The external validity of these results only applies to patients who were continuously enrolled.
- Our survey data may be biased due to nonrandom response bias. Although we attempted to minimize any such bias by weighting the data to represent the relevant enrolled population, some bias may remain.

Funder

This work was supported by the Peterson Center on Healthcare via a grant from Catalyst for Payment Reform (Grant Award No. 049897).

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Value to Health Plan Members of a Comprehensive Patient Navigation and Customer Support System

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AcademyHealth ANNUAL RESEARCH MEETING

RESEARCH QUESTION

What is the value to consumers of a comprehensive patient navigation and customer support system, which has been demonstrated to improve health plan value and increase member satisfaction?[1]

POPULATION STUDIED

- Survey was sent to >35k benefit-enrolled employees of a single large organization; responses were received from 2,045 employees:

- 50 years old on average
- 59% identified as female
- Majority white (39%) or Asian/Pacific Islander (31%)
- 77% reported holding at least a four-year degree
- 41% reported annual household income ≥$150k

PRINCIPAL FINDINGS

The navigation and support feature was ranked ***third most important*** of seven attributes surveyed, following paycheck premiums and deductibles. Patterns were consistent across all three employee segments.

Willingness to pay (WTP) for the "moderate" (vs. "low") level of this feature ranged from ***$59.80 (EE only) to $185.03 (EE + family) per month***. WTP for the highest level (vs. "moderate") ranged from an additional $30.55 (EE only) to $100.54 (EE +1) per month.

Model certainty ranged from 0.653 to 0.680, indicating that estimated values were about two-thirds of the way between what would be expected by chance (0) and a perfect fit (1.0).

STUDY DESIGN

We conducted a ***choice-based conjoint (CBC) experiment*** to mimic the available health plan options and "real-world" health plan selection process of a large employer, following guidance from the International Society for Pharmacoeconomics and Outcomes Research.[2]

CBC Definitions

Attribute: A hypothetical set of factors used by a respondent (e.g., employee) to choose a health plan

Level: A hypothetical set of values that each attribute can take in the research

Choice: A set of options from which a respondent is asked to choose, comprised of randomly-ordered attributes with randomly-selected levels (see example at far right)

Willingness to pay: The value, measured in dollars, that respondents place on a level, calculated from the choices they make

Summary of Attributes & Levels

Attribute	First Level	Second Level	Third Level	Fourth Level
In-network deductible*	None	• $250 (EE only) • $500 (EE +1) • $750 (EE + family)	N/A	N/A
Out-of-network coverage	Yes	No	N/A	N/A
Specialist self-referral	Yes (you decide for yourself if you want to see a specialist)	No (primary care authorization required to see a specialist)	N/A	N/A
Paycheck contribution (premium)*	• $0 (EE only) • $0 (EE +1) • $160 (EE + family)	• $25 (EE only) • $40 (EE +1) • $200 (EE + family)	• $30 (EE only) • $60 (EE +1) • $300 (EE + family)	• $200 (EE only) • $400 (EE +1) • $700 (EE + family)
Retail pharmacy cost (varies by drug tier)	Low ($5 or $15 per prescription)	Moderate ($10, 25, or $50 per prescription)	N/A	N/A
One login for digital access to care & claims	Yes	No	N/A	N/A
Health plan advocacy support	Low • No proactive outreach • No live advocacy support • No digital health tools	Moderate • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • No digital health tools	High • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • Digital health tools to facilitate patient advocacy	N/A

*Levels vary based on # of dependents

Sample Choice Posed to Respondents (EE only)

Please review the features of the three hypothetical health plans shown and select the health plan you would prefer. Assume that any features that are not explicitly shown, such as health plan quality or member satisfaction ratings, are the same for each.

If these were your only options, which would you choose?:

	Health Plan A	Health Plan B	Health Plan C
In-network deductible	$250	$250	None
Out-of-network coverage	Yes	No	Yes
Specialist self-referral	Yes (you decide for yourself if you want to see a specialist)	Yes (you decide for yourself if you want to see a specialist)	No (primary care authorization required to see a specialist)
Paycheck contribution (premium)	$0	$200	$30
Retail pharmacy cost (varies by drug tier)	Moderate ($10, 25, or $50 per prescription)	Low ($5 or $15 per prescription)	Low ($5 or $15 per prescription)
One login for digital access to care & claims	No	No	Yes
Health plan advocacy support	High • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • Digital health tools to facilitate patient advocacy	Moderate • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • No digital health tools	Low • No proactive outreach • No live advocacy support • No digital health tools
	Select	Select	Select

Experimental Design

- Attributes were identified by the employer's leadership as those most relevant to health plan selection for their employee population
  - ***Cost*** attributes included paycheck premiums, in-network deductibles, and retail pharmacy costs
  - ***Plan design*** attributes included specialist self-referral, non-emergency coverage for out-of-network care, one login for digital access to care and claims, the comprehensive patient navigation and customer support system
- Respondents were shown 15 choice sets, each with three hypothetical health plan options from which they were asked to select the plan they would prefer, assuming that any attributes not shown were the same for each plan *(see example at top right)*

Estimation

- WTP was estimated using Hierarchical Bayes analysis in Sawtooth Software to model preferences for each respondent (10k preliminary iterations for convergence and 10k draws per respondent, averaged for estimation)
- All attributes were modeled as part-worth utilities with the exception of paycheck premiums (modeled as linear)

CONCLUSIONS

Health plan consumers view the comprehensive patient navigation and customer support system as a benefit for which they are willing to pay.

This is meaningful because the feature also increases health plan quality and member satisfaction and generates savings through more appropriate utilization. Health plans should consider investing in a comprehensive patient navigation and customer support system as a "win-win" feature to improve value.

ACKNOWLEDGEMENTS

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2. Bridges JFP, Hauber AB, Marshall D, et al. Conjoint Analysis Applications in Health—a Checklist: A Report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. Value in Health. 2011;14(4):403-413. doi:10.1016/j.jval.2010.11.013

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SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: August 11, 2022
TO: Randy Scott, President of the Health Service Board
FROM: Abbie Yant, Executive Director of the San Francisco Health Service System
RE: Health Service Board Email Outcome Report for May-July 2022

Health Service Board Future Email Outcome Reports:

The following email activities were tracked and categorized under the email policy in the following categories:

- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

In total, 8 emails were received between May and July. The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board by email. The Health Service Board Secretary answered the Board meeting questions. Member Services is working on 2 benefits inquiries and closed 5 member services inquiries.

Health Service Board Email Outcome Report May-July		
Member Need	**Monthly Total**	**Action**
Member Services	5	Closed
Benefits Inquiry	2	In-progress
Policy Questions	0	Closed
Board Meeting Questions	1	Closed
Miscellaneous	0	Closed

Month	Emails
May	4
June	2
July	2

Well-Being Monthly Report

Health Service Board Meeting | August 11, 2022

HSA – Family & Children Services Employee Appreciation Event

The SF Human Services Agency partnered with the SFHSS Well-Being team to help support their annual Employee Appreciation event for the Family and Children Services division.

Goal:
Provide engaging activities that focused on healthy eating, physical activity and stress management.

Event:
June 16, 2022, 11:00am-1:30pm

SFHSS activities included:
- Nutrition trivia: Get to Know your Grains
- Resistance Band Demo
- Chair Yoga

Attendance:
- Approximately 40 individuals engaged

Personal Actions to Live More Zero Waste Webinar

In partnership with to Department Of Environment, SFHSS facilitated a zero-waste webinar for individuals to learn how to Reduce, Reuse, Recycle for Climate Action.

Goal:

Inspire members to take small actionable items to help us reduce and reuse more.

Event:

July 12, 2022, 12:00am-1:00pm

Webinar included:

- Plastic Free Challenge Goal Setting
- Food Waster Reduction Tips
- How to Compost
- San Francisco Environment Reduce Campaign

Attendance:

- Approximately 21 individuals engaged

Make More With What You Already Have

Plastic Free July – Join the Challenge

Spread the Word….Zero Waste Matters!

W@W Key-Player Overview Training

Goals:

- ✓ Review the 3 key areas of the Annual Plan
- ✓ Discuss Champion and Department Lead roles and responsibilities
- ✓ Introduced the new Champion Commitment form and recruitment flyer
- ✓ Share updates to the activity request procedures

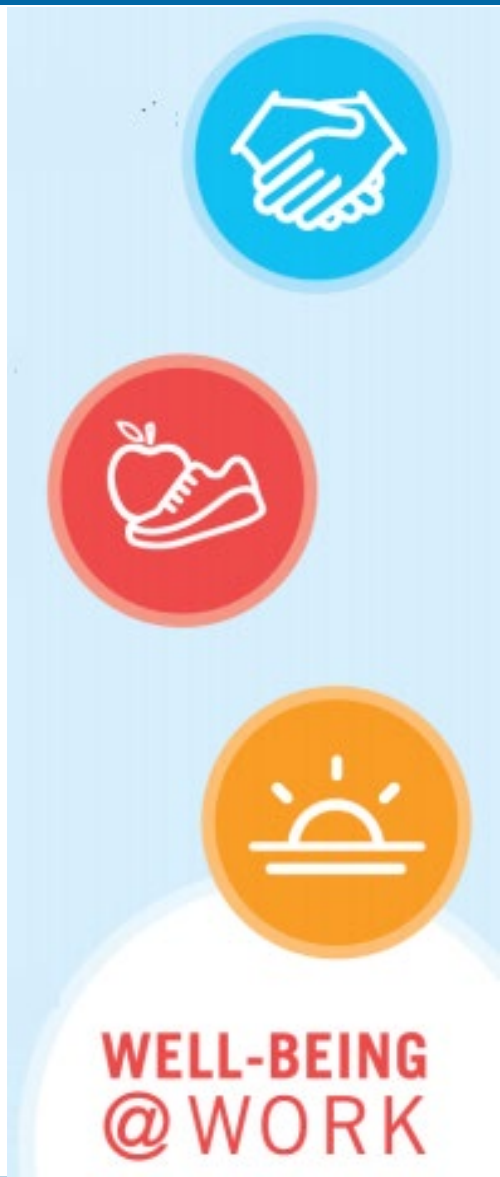
Training Date:

July 13th - 11:00am-12:00pm

Details:

- ✓ The Overview Training is provided annually for all Key Players (new and old Champions/Leads).
- ✓ Expanded training to employees that were interested in becoming a Champion or Lead for their department t
- ✓ Training provided an overview of the program, updates for the fiscal year, and how the Well-Being Team can help support departments in their Well-Being@Work efforts.
    - 3 breakout activities for Key Players to engage with each other share lessons learn and best practices

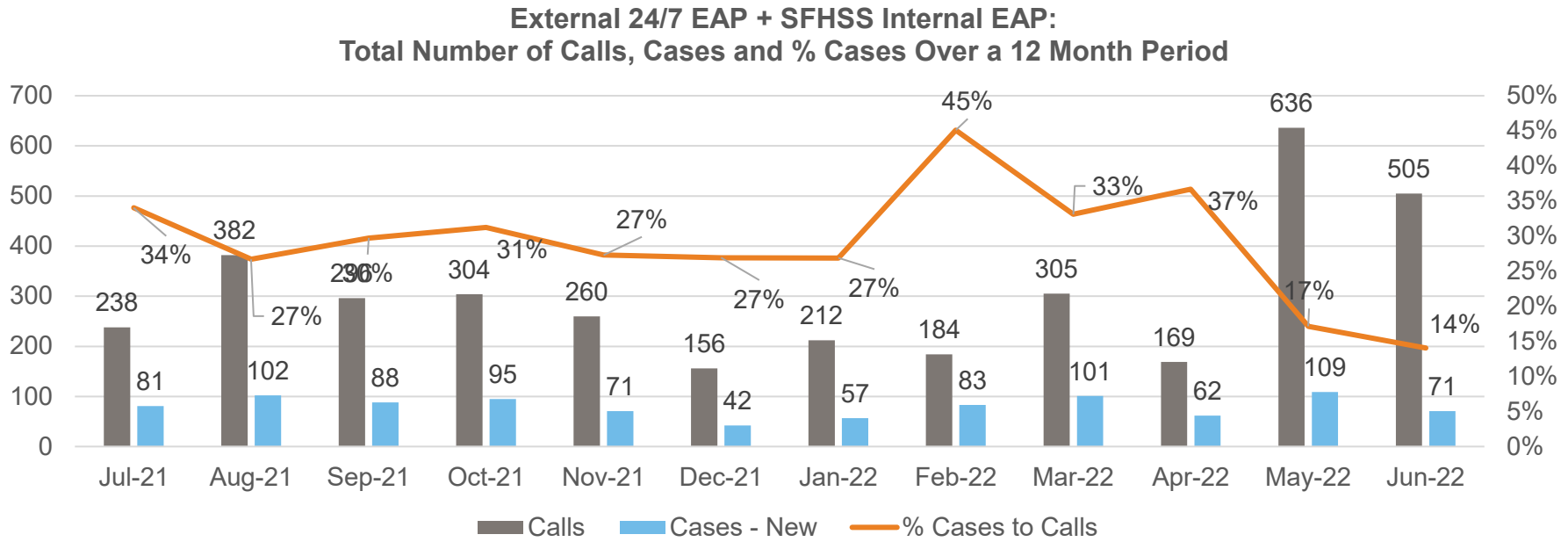
Attendees: **57** Champions and Department Leads for Well-Being representing **34** city departments.



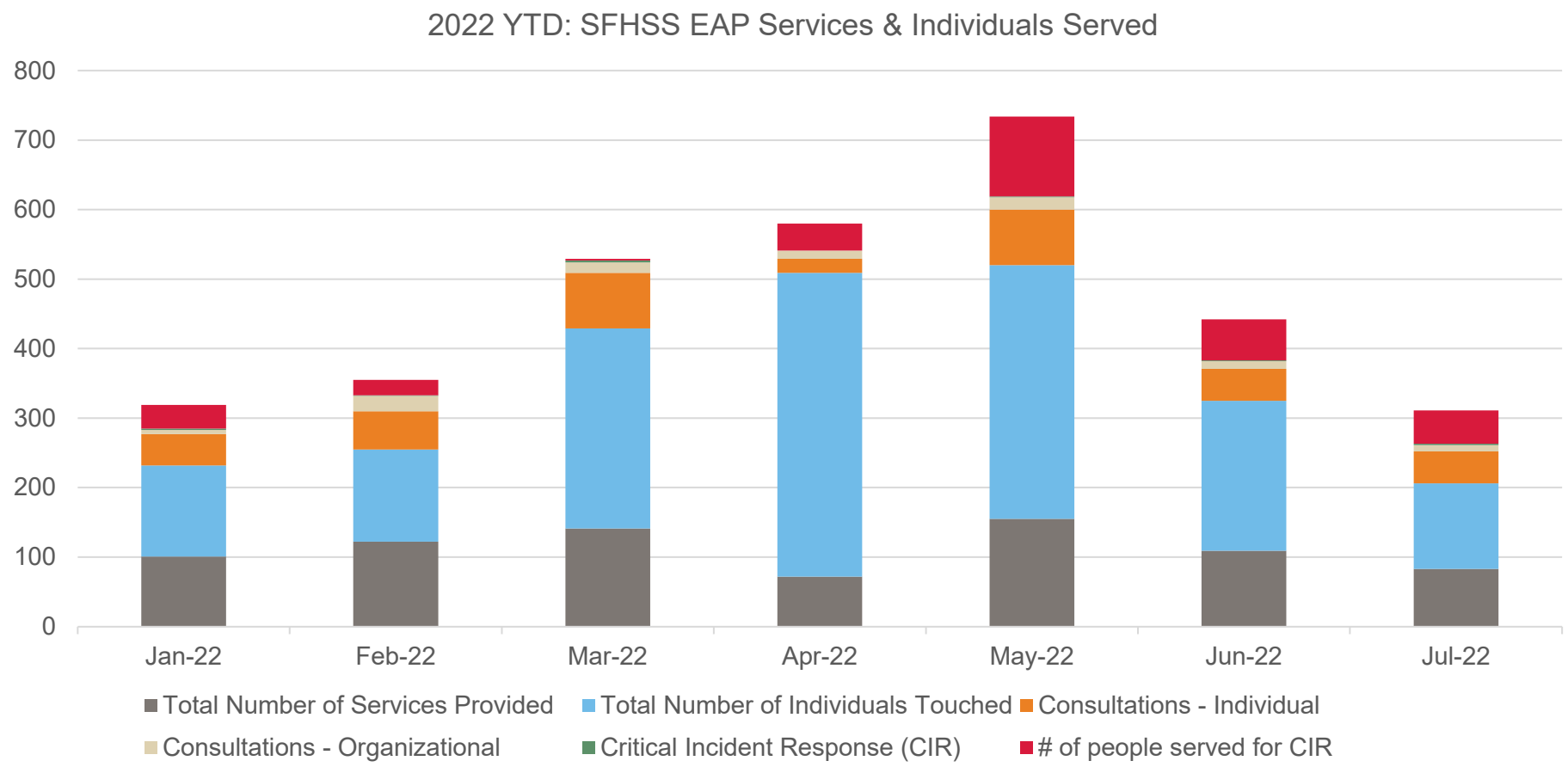
Calls/Cases: Internal & External EAP

June Highlights:

- **Calls**
  - Compared to June 2021: 85% increase in calls
  - Down -26% compared to May 2022
- **Cases**
  - Compared to June 2021: -11% decrease in cases
  - Down -54% compared to May 2022



SFHSS Internal EAP: June & July Services



**Critical Incidents may occur in one month and the number of individuals serviced for that incident may fall into a prior month due to when the incident occurred in a month and/or how many employee group interactions EAP has in response to that event.*