

SFHSS Data: What We Measure: Standards and Express Dashboard

Health Service Board Meeting
December 8, 2022

AGENDA

- SFHSS Data Story
- Defining Population Health
- SFHSS Measurement Plan, Process and Timeline
- 2023-2025 Strategic Plan Alignment Support
- Next Steps
- Q3 2022 Express Dashboard

SFHSS Data Story

Historically

- All data is claims based
- Routinely receive cost and utilization data from Health Plans.
- Electronic Health Records house clinical data (generally not merged with claims data)
- SFHSS contracts with Merative to warehouse and analyze claims data from all SFHSS health plans (All Payors Claim Database (APCD))

Recent Past

- Health Plans much more sophisticated in provision of reports
- Numerous regulatory and professional organizations set standards for quality and outcome data.

Current

- Healthcare industry is challenged to address health inequities using data to address racial disparities and Social Determinants of Health (SDoH) The Population Health framework helps us understand healthcare service delivery on outcomes that measure the impact on health.
- SFHSS continues to implement our Measurement Plan.

WHAT IS POPULATION HEALTH?

Population health covers broad spectrum of health statuses and health outcomes

- Measure sets include well-being and mental health, early detection via screening, prevention and managing progression of disease, effective management of chronic conditions
- Data collection to identify inequities
- Alignment with other employers to influence health plans and providers

NOVEMBER 2021 PRESENTATION – RECAP

Topics

- Introduction to Social Determinants of Health (SDoH) and Population Health framework for healthcare
- Discussion of SFHSS's internal and external work streams

SFHSS Approach (At-a-Glance)

2021

2022

- Improve standard data reporting by health plans
- Engage with stakeholders on pilots, programs, and steering groups
- Develop internal strategy and partnerships with external stakeholders

- Health plans committed to sharing data for setting baselines
- Collaborating with PBGH and IHA in statewide Advanced Primary Care Initiative pilot
- Collaborate with health plans on leveraging data

MEASUREMENT PLAN PROCESS



MEASUREMENT PLAN – TIMELINE

2020	2021	2022	2023	2024	2025
Non-Medicare Health Plan RFP					
2020-2022 HSS Strategic Plan			2023-2025 HSS Strategic Plan		
SFHSS Measurement Plan					
Performance Guarantee Bundling & Alignment	Establish core metrics		Provide insights on population health trends, incorporate incentives & fees at-risk		
	Alignment with national and regional entities			Improve quality of care	

INFORMING & ADVANCING THE 2023-2025 STRATEGIC PLAN

Supporting the 2023-2025 Strategic Plan with the collection and analysis of targeted and actionable reporting in partnership with Health Plans



Equity



Primary Care Practice



Affordable & Sustainable



Mental Health & Well-being



Optimize Service

ALIGNMENT WITH STRATEGIC PLAN GOALS



Equity



Primary Care



Affordability



Mental Health

Aligned Measurement Set

Measurement	Equity	Primary Care	Affordability	Mental Health
Asthma Medication Ratio	●	●		
Childhood Immunization (Combo 10)	●	●		
Colorectal Cancer Screening	●	●	●	
Controlling High Blood Pressure	●	●	●	
Diabetes A1c Poor Control (> 9%)	●	●	●	
Immunization for Adolescents (Combo 2)	●	●		
High Dose Opioids	●			●
Depression Response/Remission at 6 months	●			●
Depression: Monitoring with PHQ-9	●			●
Depression: Screening	●			●
Acute Hospitalization Utilization (Observed)	●		●	
Emergency Department Utilization (Observed)	●		●	

MEASUREMENT PLAN – ALIGNMENT

1. Advance Strategic Plan

- Incorporate measurement and quality improvement targets into annual renewal process and plan agreement performance guarantees

2. Align with statewide efforts

- PBGH: California Quality Collaborative (CQC)
- IHA: Align, Measure, Perform (AMP)
- California Advanced Primary Care Initiative (APCI)

MEASUREMENT PLAN – ALIGNMENT (continued)

3. Align with Health Plans

- Analyze PY2021 and PY2022 data to set baselines and improvement targets for plan years 2023-2025
- Evaluate synching of data reporting and validation timelines
- Analyze subpopulation data and identify inequities
 - Race/Ethnicity/Age/Other demographic segmentations
 - City departments / Job classifications

HEALTH PLAN ENGAGEMENT

Active and sustained coordination between SFHSS and our health plan partners to improve data utilization and transform practices and intervention

Provide Insights on Population Health trends

- Inequities in care
- Disparities in health outcomes
- Outliers

Improve Quality of Care

- Advance primary care
- Improve mental health and well being
- Increase affordability
- Reduce inequity

SFHSS Express Dashboard

Incurred through June 2022, Paid through September 2022

MEASUREMENT PLAN – COMPLEMENTARY TOOLS

- **All Payer Claims Database (APCD)**
 - Additional measurement / monitoring of the health of the SFHSS population
 - Complements health plan data
 - Validation Tool
 - Analyze subpopulation data and identify inequities
 - Race/Ethnicity/Age/Other demographic segmentations
 - City departments / Job classifications

Express Dashboard Notes:

- All data is sourced from the All-Payer Claims Database (APCD)
- Current dashboard is for incurred dates Jul 2021– Jun 2022 with Paid through Sep 2022 (referred to as 2022). The Diagnostic Cost Group (DCG) for risk scoring is based on Jul 2021 – Jun 2022. Prior period is incurred dates Jul 2020 – Jun 2021(referred to as 2021)
- The timing of the dashboard ensures there is a three-month run-out so that there is not a huge decrease in spend between current and prior periods
- The risk scores presented are rescaled to the total population between the plans for the purpose of comparison. The annual presentation of risk scores is non-rescaled
- Risk scores may not always add up to a 100% due to members who are non-Medicare but may move to Medicare during the period
- Financials are not included in the Medicare Dashboard
- Health Net CanopyCare claims data not yet available
- This report crosses plan year and the change in the administration of the PPO from United Healthcare to Blue Shield of California

Key Observations Non-Medicare Population:

- For historical context, the period of this report begins with July 2021 when Covid cases in San Francisco began to increase. The average new case count dropped off by October 2021 and then by December 2021 into Q1 2022 case counts spiked.
- Increases in Total Costs and Utilization are observed over previous period: Admits/1000 (**+1.8**), Acute Admits Length of Stay (**+.5**), ER Visits/1000 (**+34.9**), Outpatient Services/1000 (**+3,941**)
- Adult Preventive visits experienced a double-digit increase (**+11.7%**). Well Child visits increased (**9.2%**) while Well Baby visits decreased (**-1.3%**)
- Chronic condition prevalence measured in patients per 1000 is increasing for Diabetes (**+3.1**), Asthma (**+1.5**) and Low Back Pain (**+2.7**)
- Increased patient and visit counts in Mental Health Episodes: Depression (**+265 / +3279**), Substance Abuse (**+20 / +1,154**)

Key Observations Medicare Population:

- Increases in Utilization are observed over previous period: Admits/1000 (**+5**), Outpatient Services/1000 (**+8,770**), ER Visits/1000 (**+49.2**)
- Adult Preventive visits experienced a double-digit increase (**+10.7%**).
- Chronic condition prevalence measured in patients per 1000 is increasing for Diabetes (**+16.8**), Hypertension (**+4.9**) and Low Back Pain (**+12.37**)
- Quality indicators reveal increases in Readmissions per 1000 (**+1.3**), Avoidable Admissions (**+1.1**) and Complications (**+0.8**)
- Medicare population analysis by risk band reveals increases in the percent of the population in the Struggling risk band (**+0.7%**) and in the In Crisis risk band (**+0.1%**) when compared to previous period

Non-Medicare Population



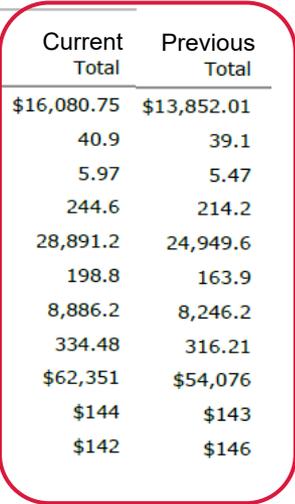
Affordability



Equity

Cost and Utilization Trends

	BSC Access+	BSC Trio	Blue Shied PPO	Kaiser Permanente	UHC	Current Total	Previous Total
Allow Amt PEPY Med and Rx	\$22,184.38	\$16,585.42	\$22,881.49	\$13,085.31	\$29,911.00	\$16,080.75	\$13,852.01
Admits Per 1000 Acute	45.3	47.2	55.4	36.6	74.8	40.9	39.1
Days LOS Admit Acute	6.58	6.34	7.44	5.46	6.77	5.97	5.47
Days Per 1000 Adm Acute	298.3	299.2	412.4	199.9	506.5	244.6	214.2
Svcs Per 1000 OP Med	31,122.8	29,340.8	40,520.7	27,017.5	50,085.6	28,891.2	24,949.6
Visits Per 1000 ER	194.1	184.5	194.1	202.6	250.6	198.8	163.9
Scripts Per 1000 Rx	13,116.7	12,391.9	16,127.8	6,008.6	18,234.7	8,886.2	8,246.2
Days Supply PMPY Rx	361.28	336.87	465.25	314.11	546.52	334.48	316.21
Allow Amt Per Adm Acute	\$74,873	\$61,487	\$78,230	\$56,665	\$46,882	\$62,351	\$54,076
Allow Amt Per Svc OP Med	\$151	\$124	\$192	\$139	\$205	\$144	\$143
Allow Amt Per Script Rx	\$152	\$157	\$171	\$123	\$165	\$142	\$146



Well Care and Preventive Visits

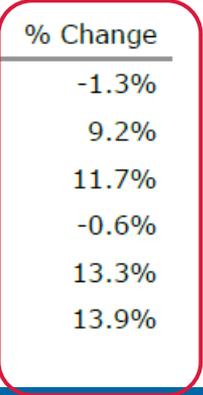


Primary Care



Equity

	Previous	Current	% Change
Visits Well Baby	5,271	5,203	-1.3%
Visits Well Child	2,646	2,890	9.2%
Visits Preventive Adult	17,225	19,248	11.7%
Visits Per 1000 Well Baby	4,383.7	4,357.0	-0.6%
Visits Per 1000 Well Child	696.6	789.3	13.3%
Visits Per 1000 Prevent Adult	231.9	264.1	13.9%



Non-Medicare Population



Equity

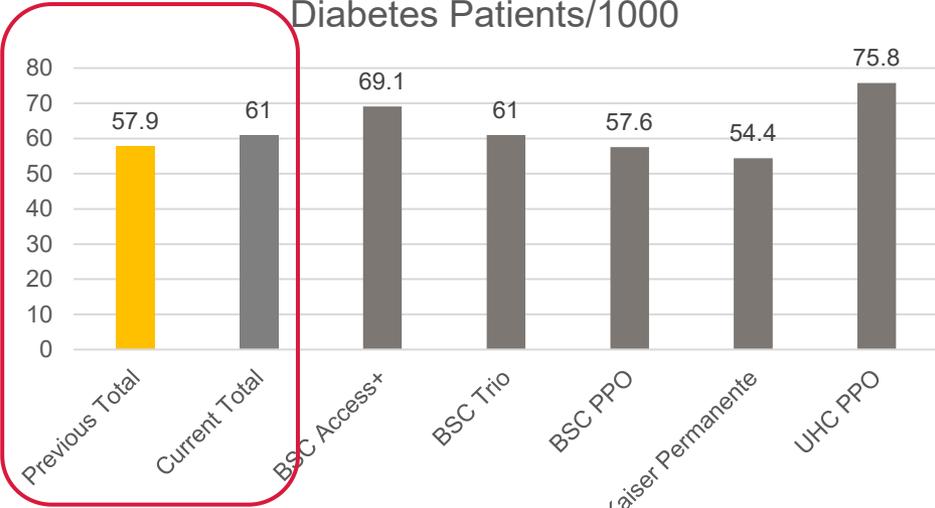


Affordability

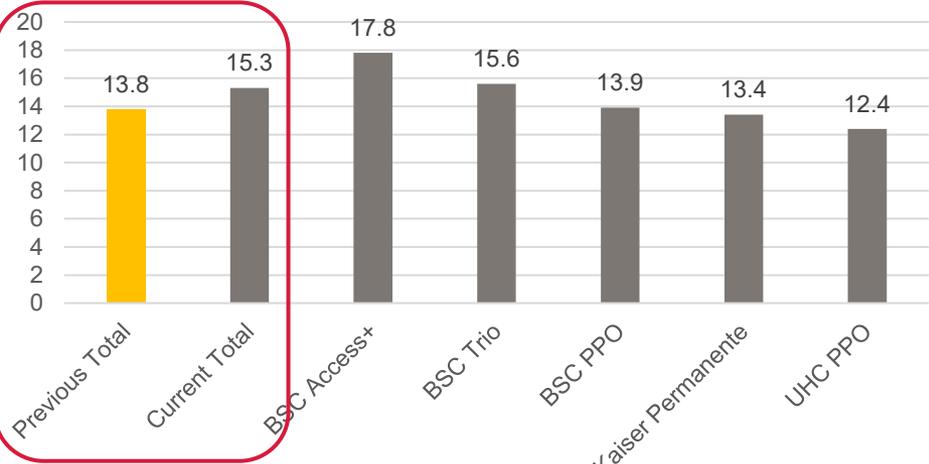


Primary Care

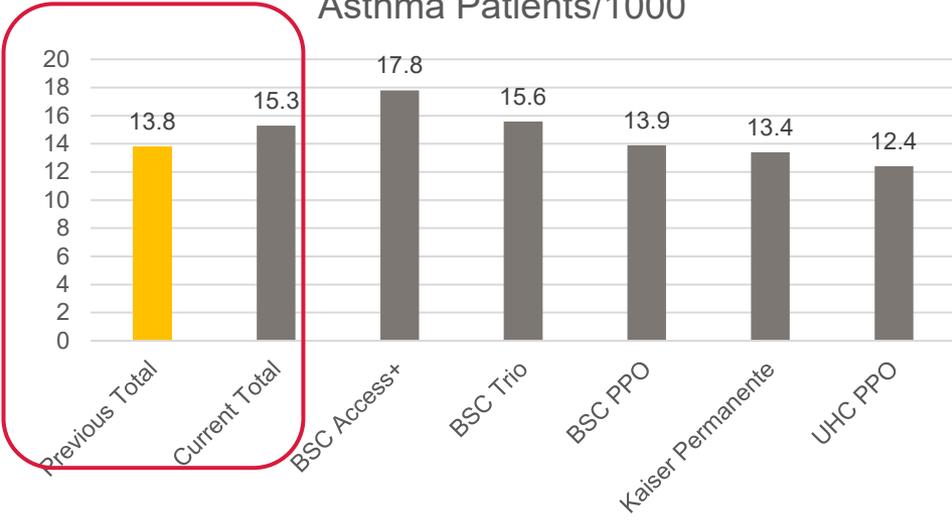
Diabetes Patients/1000



Low Back Pain Patients/1000



Asthma Patients/1000



Top 11 Mental Health Episodes

	Current Complete Year					Previous Period		
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits	Episodes	Patients	Visits
Autism	\$13,154	\$14,963	396	355	19,889	311	286	19,420
Schizophrenia	\$12,657	\$13,378	96	89	1,572	103	93	1,586
Eating Disorders	\$8,963	\$9,496	115	106	1,242	75	72	834
Substance Abuse	\$8,259	\$10,983	996	810	9,224	969	790	8,070
Bipolar Disorder	\$7,894	\$4,426	440	364	7,759	436	353	7,351
Obsess-Compulsiv	\$4,346	\$1,632	141	135	1,817	115	110	1,598
Depression	\$3,374	\$1,879	4,588	4,353	59,631	4,289	4,088	56,532
Antisocial Behav	\$2,501	\$1,817	78	75	297	66	62	390
Anxiety Disorder	\$1,241	\$874	3,486	3,312	29,919	3,355	3,172	27,894
Psychoses, NEC	\$917	\$404	648	609	1,989	286	263	1,258

Medicare Population

Cost and Utilization Trends



Equity



Affordability

	Kaiser Permanente	UHC	current Total	Previous Total
Admits Per 1000 Acute	156.2	156.0	156.1	151.1
Days LOS Admit Acute	5.46	6.48	6.02	6.18
Days Per 1000 Adm Acute	852.1	1,010.4	939.4	934.3
Svcs Per 1000 OP Med	64,304.1	86,340.4	76,449.7	67,680.2
Visits Per 1000 ER	493.4	446.2	467.4	418.2
Scripts Per 1000 Rx	19,804.6	25,804.0	23,111.5	22,588.9
Days Supply PMPY Rx	1,353.89	1,424.19	1,392.64	1,356.07



Affordability



Equity

Quality Markers

Utilization Metrics (per 1000 enrollees)

	Kaiser Permanente	UHC	Current Total	Previous Total
Emergency Room	493	446	467	418
% Admit	26.5%	28.2%	27.4%	27.5%
% Ambulatory	73.5%	71.8%	72.6%	72.5%
Readmissions	17.1	11.3	13.9	12.6
Avoidable Admissions	18.2	17.7	17.9	16.8
Complications	48.3	69.8	60.4	59.6



Primary Care



Equity

Well Care and Preventive Visits

	Previous	Current	% Change
Visits Preventive Adult	10,389	11,505	10.7%
Visits Per 1000 Prevent Adult	340.8	370.2	8.6%

Medicare Population



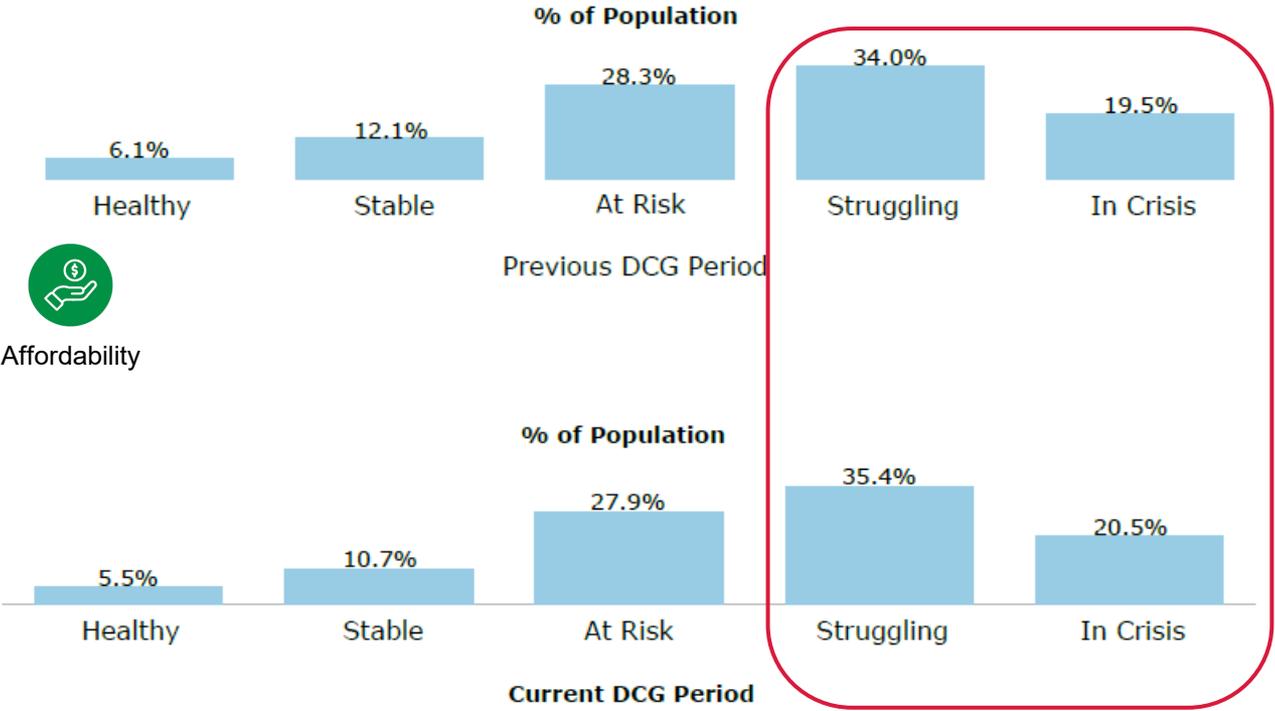
Equity



Affordability



Primary Care



Questions & Discussion

Appendix:

Q3 2022 Non-Medicare Express Dashboard
Q3 2022 Medicare Express Dashboard

POPULATION HEALTH MEASUREMENT PLAN (continued)



Partnership with health plan data analytics divisions to **identify health inequities** (race/ethnicity, age, gender)

Detailed review and analysis of detailed reporting by narrow demographic indicators in collaboration with health plans to **identify key areas of health inequity** and **develop actionable measures for improved health outcomes**.

STANDARDIZE AND ENHANCE DATA COLLECTION

