

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 Grouper (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

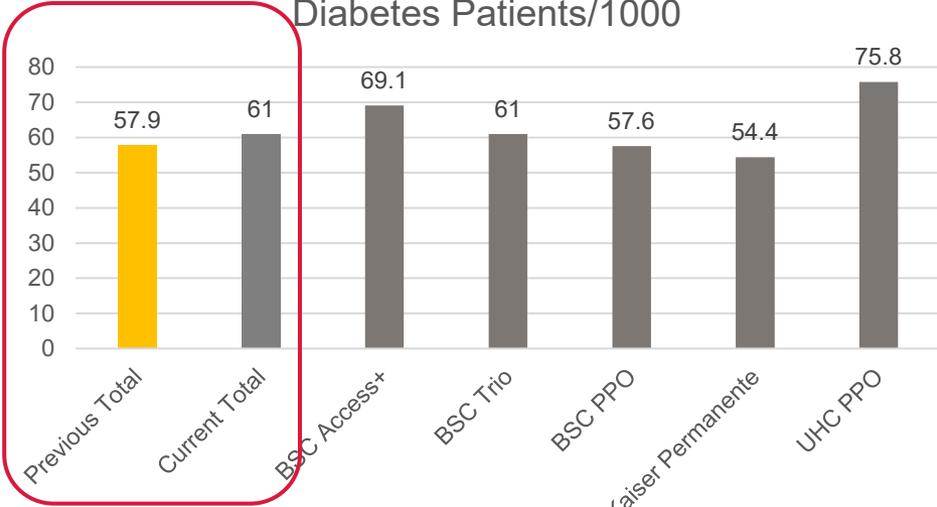


Affordability

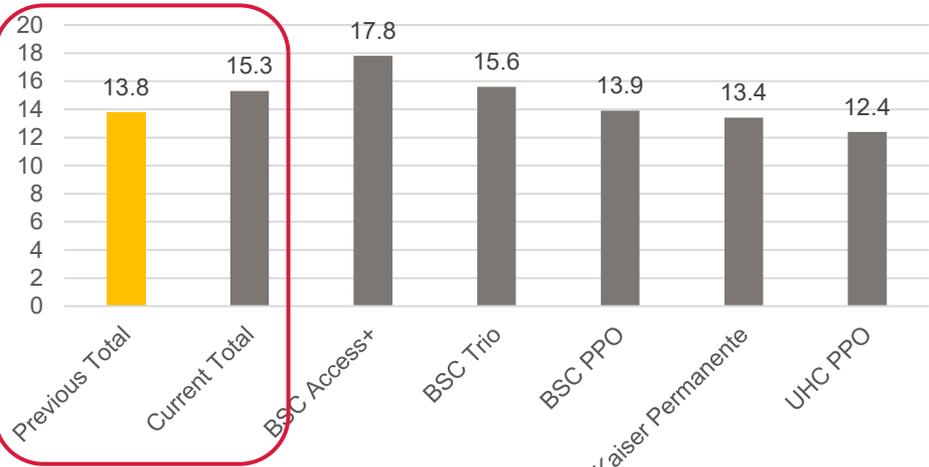


Primary Care

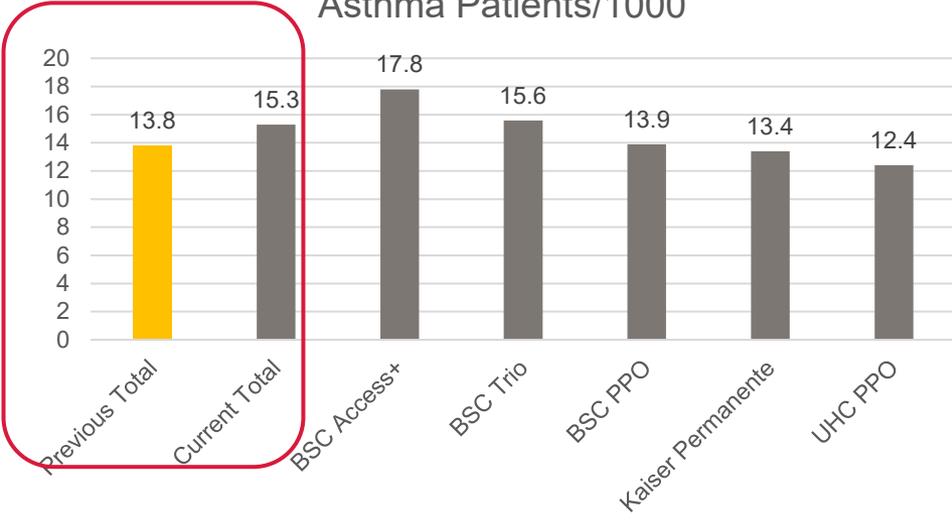
Diabetes Patients/1000



Low Back Pain Patients/1000



Asthma Patients/1000



Non-Medicare Population



Equity



Mental Health

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	286	263	1,258
Psychoses, NEC	\$917	\$404	648	609	1,989	3,355	3,172	27,894

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



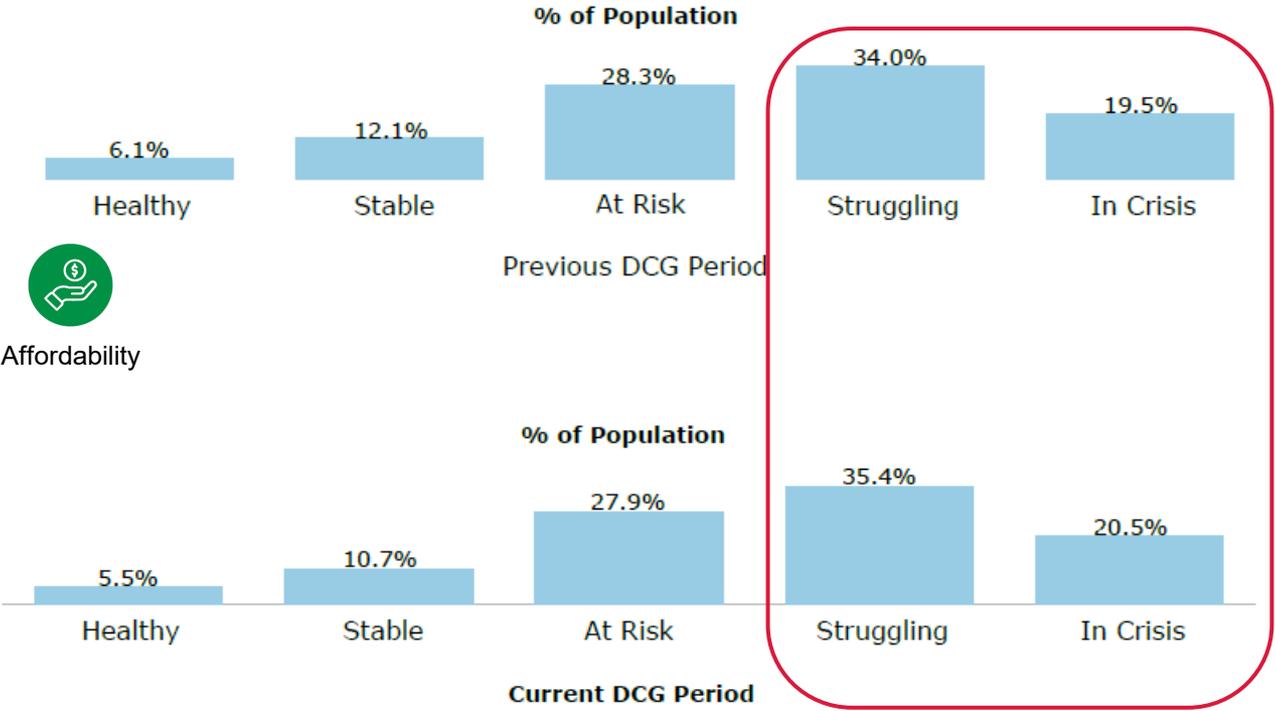
Equity



Affordability



Primary Care



Questions & Discussion

Appendix:

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

CCSF Non Medicare Dashboard

November 28, 2022

Previous Period: Jul 2020 - Jun 2021 (Incurred)
Current Period: Jul 2021 - Jun 2022 (Incurred)
Paid Through: Sep 2022

Financial

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Financial Summary

	Previous	Current	% Change
Allowed Amount Med and Rx	\$663,001,379	\$739,582,608	11.6%
Third Party Amt Med and Rx	\$13,657,265	\$17,487,845	28.0%
Out of Pocket Med and Rx	\$16,046,163	\$16,567,151	3.2%
Allow Amt PMPY Med and Rx	\$7,096.62	\$8,070.93	13.7%
Allow Amt PEPY Med and Rx	\$14,222.03	\$16,209.29	14.0%
Allowed Amount IP Acute	\$203,539,590	\$237,047,203	16.5%
Allowed Amount OP Med	\$342,552,104	\$383,599,833	12.0%
Allowed Amount Rx	\$113,974,319	\$116,681,137	2.4%

Demographics

	BSC Access+	BSC Trio	BSC PPO	Health Net	CanopyCare	Kaiser Permanente	UHC	Total
Employees	10,137	5,700	1,883		181	27,781	978	45,627
Members	22,213	11,142	2,886		344	54,942	1,724	91,635
Family Size	2.2	2.0	1.5		1.9	2.0	1.8	2.0
Average Employee Age	50.0	49.7	53.8		45.3	47.1	54.2	48.3
Average Member Age	37.8	39.2	46.7		35.6	37.0	47.7	37.8
Employees % Male	52.0%	51.0%	53.8%		42.4%	50.8%	54.7%	51.2%
Members % Male	47.7%	48.3%	48.6%		46.5%	48.3%	46.5%	48.1%
Risk Score	107.6	104.4	161.1		---	86.7	180.5	96.5

Current Allowed Amount PMPM Med and Rx



High Cost Claimants Overview

	BSC Access+	BSC Trio	BSC PPO	Health Net	CanopyCare	Kaiser Permanente	UHC	Total
High Cost Claimants	336	141	71			487	78	1,024
HCC Allow Amt Per Pat Med and Rx	\$288,011	\$252,409	\$133,663			\$237,791	\$174,178	\$264,884
HCC Allow Amt Pay Per Pat Med IP	\$287,002	\$230,050	\$206,236			\$201,920	\$150,972	\$230,706
HCC Allow Amt Per Pat Med OP	\$77,408	\$63,729	\$43,024			\$64,602	\$89,294	\$74,460
HCC Allow Amt Per Pat Rx	\$39,362	\$33,406	\$19,676			\$17,908	\$24,757	\$29,316
HCC Percent of Total Allowed Amount	43.0%	37.6%	44.0%			31.9%	46.5%	37.0%
HCC Allowed Amount	\$96,771,857	\$35,589,654	\$9,490,081			\$115,803,976	\$13,585,913	\$271,241,482
Total Allowed Amount	\$224,875,668	\$94,535,517	\$21,546,736			\$363,517,569	\$29,240,494	\$733,717,929
Allow Amt PMPY with HCC	\$10,123.53	\$8,484.99	\$14,932.77			\$6,616.41	\$16,963.30	\$8,006.93
Allowed Amount PMPY without HCC	\$5,767.02	\$5,290.66	\$4,177.88			\$4,508.65	\$9,081.70	\$5,046.92

A High Cost Claimant is defined as a member with greater than or equal to \$100,000 in spending for the time period.

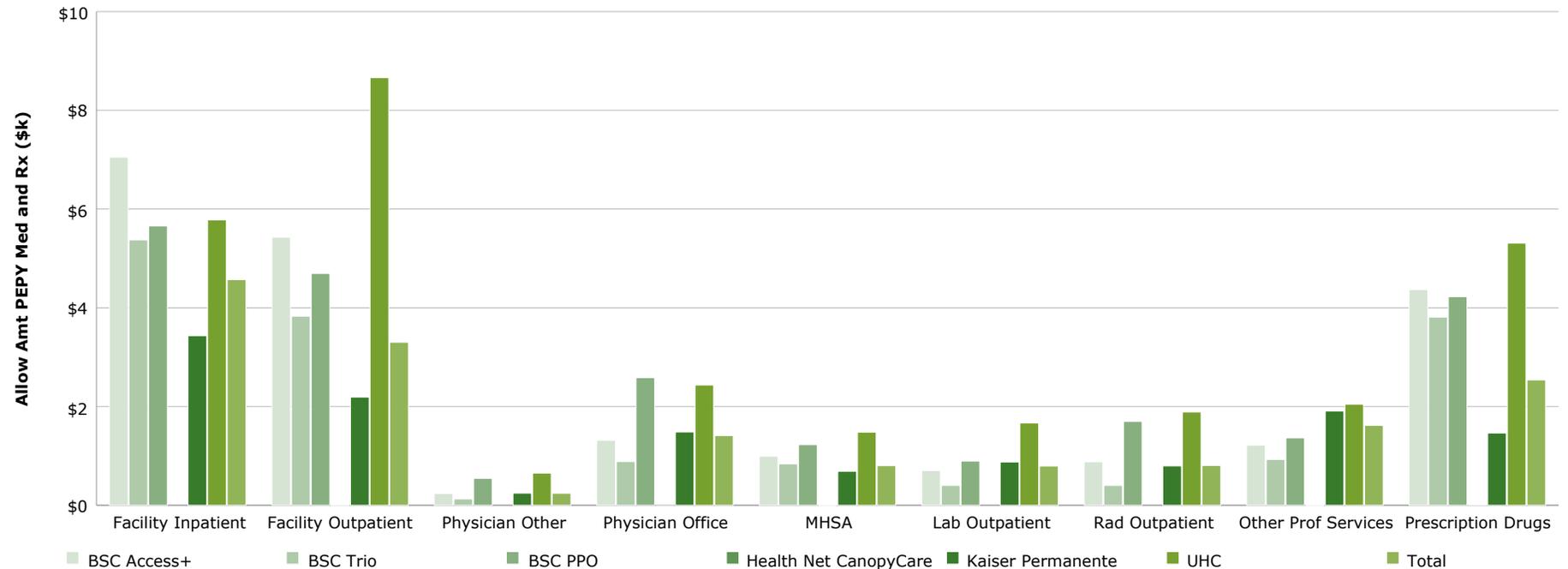
Financial

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Cost Per Employee Per Year (PEPY)

	BSC Access+	BSC Trio	BSC PPO	Health Net CanopyCare	Kaiser Permanente	UHC	Total
Facility Inpatient	\$7,048.70	\$5,372.83	\$5,654.52		\$3,434.89	\$5,779.03	\$4,569.05
Facility Outpatient	\$5,426.14	\$3,829.05	\$4,695.19		\$2,191.23	\$8,660.03	\$3,300.44
Physician Other	\$238.66	\$125.99	\$542.40		\$243.64	\$651.90	\$242.27
Physician Office	\$1,314.73	\$883.99	\$2,581.85		\$1,484.11	\$2,434.66	\$1,411.59
MHSA	\$990.37	\$835.93	\$1,226.90		\$688.36	\$1,480.79	\$800.62
Lab Outpatient	\$702.58	\$400.67	\$895.70		\$876.72	\$1,665.19	\$794.11
Rad Outpatient	\$879.99	\$400.26	\$1,696.94		\$796.17	\$1,887.22	\$805.71
Other Prof Services	\$1,215.11	\$926.76	\$1,364.15		\$1,906.76	\$2,044.19	\$1,618.64
Prescription Drugs	\$4,368.10	\$3,809.94	\$4,223.83		\$1,463.43	\$5,307.97	\$2,538.33
Total Allowed Amount	\$22,184.38	\$16,585.42	\$22,881.49		\$13,085.31	\$29,911.00	\$16,080.75



Financial

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Cost and Utilization Trends

	BSC Access+	BSC Trio	Blue Shied PPO	Health Net CanopyCare	Kaiser Permanente	UHC	Total	West Norm
Allow Amt PEPY Med and Rx	\$22,184.38	\$16,585.42	\$22,881.49		\$13,085.31	\$29,911.00	\$16,080.75	\$12,662.40
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Days LOS Admit Acute	6.58	6.34	7.44		5.46	6.77	5.97	4.95
Days Per 1000 Adm Acute	298.3	299.2	412.4		199.9	506.5	244.6	204.3
Svcs Per 1000 OP Med	31,122.8	29,340.8	40,520.7		27,017.5	50,085.6	28,891.2	23,640.7
Visits Per 1000 ER	194.1	184.5	194.1		202.6	250.6	198.8	151.2
Scripts Per 1000 Rx	13,116.7	12,391.9	16,127.8		6,008.6	18,234.7	8,886.2	8,605.8
Days Supply PMPY Rx	361.28	336.87	465.25		314.11	546.52	334.48	341.36
Allow Amt Per Adm Acute	\$74,873	\$61,487	\$78,230		\$56,665	\$46,882	\$62,351	\$38,297
Allow Amt Per Svc OP Med	\$151	\$124	\$192		\$139	\$205	\$144	\$151
Allow Amt Per Script Rx	\$152	\$157	\$171		\$123	\$165	\$142	\$167

Plan Performance*

	BSC Access+	BSC Trio	BSC PPO	Kaiser Permanente	UHC	Total
Relative Risk Score Concurrent	107.6	104.4	161.1	86.6	192.4	96.3
Members Avg Med	21,782	10,970	2,635	53,768	2,705	89,225
Allowed Amount PMPM Med and Rx	\$750.29	\$640.17	\$1,216.75	\$502.21	\$1,386.35	\$606.54
Health Service System Ratio to the Average	1.2	1.0	1.2	1.0	1.2	1.0

*Plan Performance is based on the current DCG time period.

Premium Contributions

	BSC Access+	BSC Trio	BSC PPO	Health Net CanopyCare	Kaiser Permanente	UHC	Total
Employer Premium Contribution Med	\$189,796,575	\$87,713,024	\$16,832,923		\$371,627,837	\$20,769,040	\$686,739,399
Employee Premium Contribution Med	\$32,838,255	\$14,442,145	\$4,902,173		\$51,149,501	\$32,142	\$103,549,523
Total Medical Premium Amount	\$222,634,830	\$102,155,169	\$21,735,096		\$422,777,338	\$20,801,182	\$790,288,922

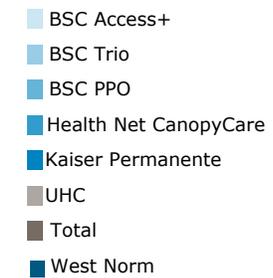
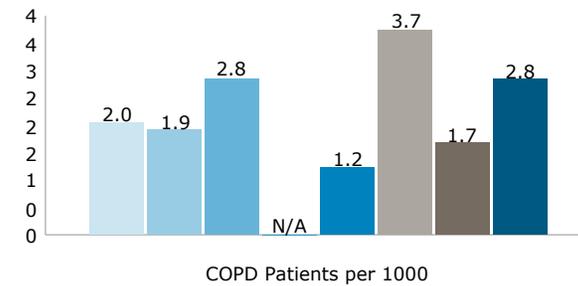
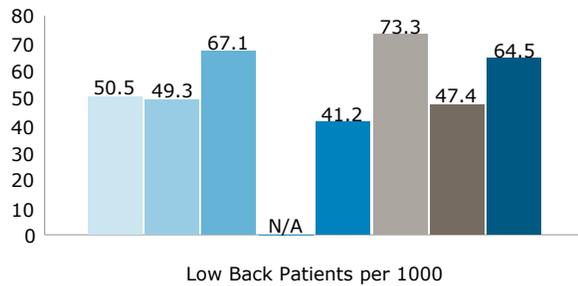
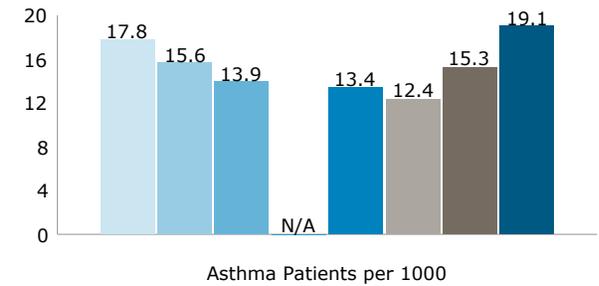
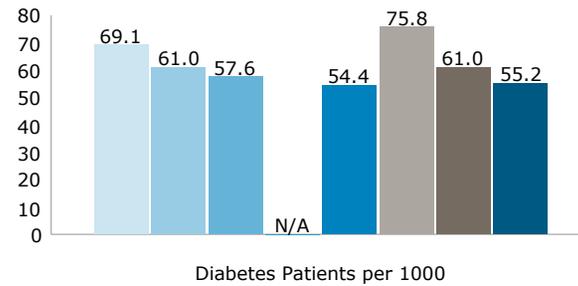
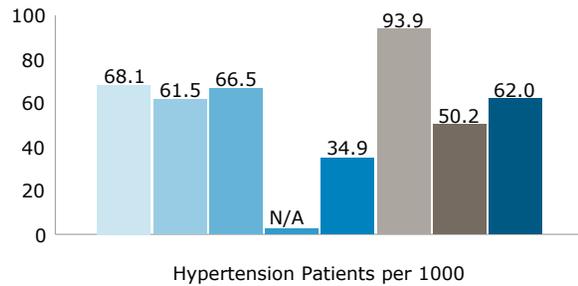
Clinical

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Chronic Condition Prevalence



Quality Markers

Utilization Metrics (per 1000 enrollees)

	BSC Access+	BSC Trio	BSC PPO	Health Net CanopyCare	Kaiser Permanente	UHC	Total
Emergency Room	194	185	194		203	251	199
% Admit	12.0%	14.4%	17.5%		8.9%	17.2%	10.6%
% Ambulatory	88.0%	85.6%	82.5%		91.1%	82.8%	89.4%
Readmissions	3.1	3.0	1.4		2.3	4.1	2.6
Avoidable Admissions	1.7	1.1	4.2		1.5	4.1	1.6
Complications	16.2	12.9	14.2		11.5	20.1	13.5

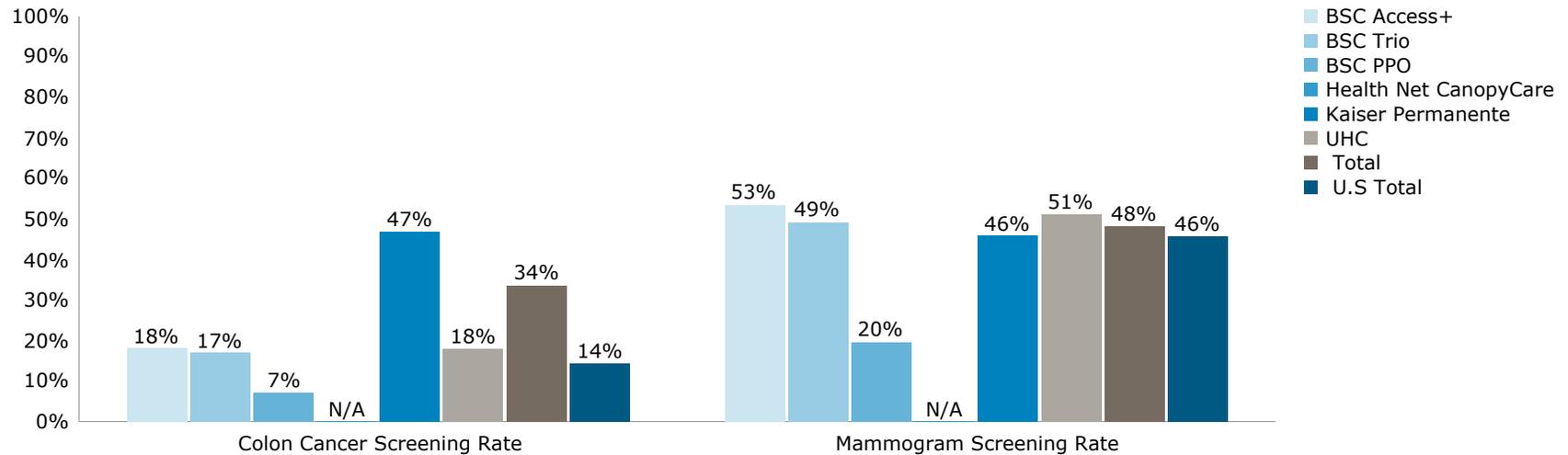
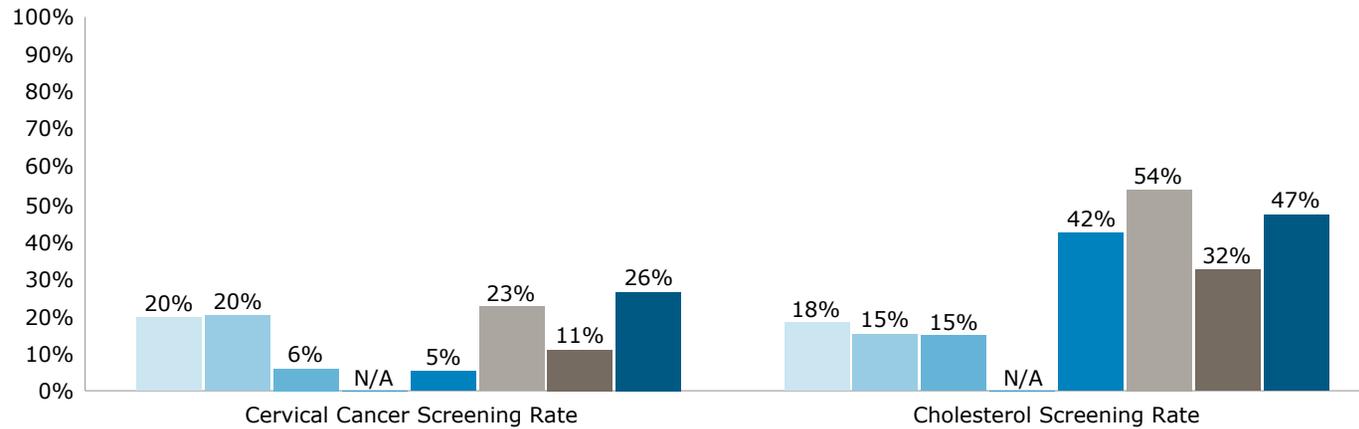
Well Care and Preventive Visits

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Clinical

Current Period: Jul 2021 - Jun 2022 (Incurred)
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Preventive Screening Rates



Express Dashboard

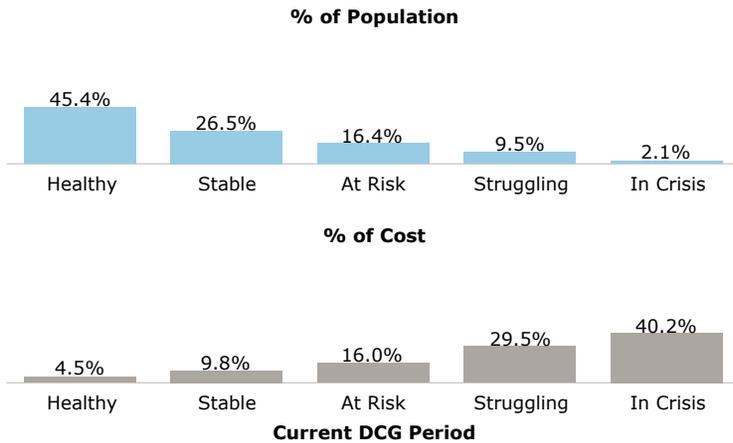
Time Period: 2021 (Previous Complete Incurred Calendar Year)
 Paid Through: Sep 2022

Top 10 Episode Summary Groups*

	Current Complete Year		
	Allowed Amount Per Epis West Region	Episodes	Patients
Prevent/Admin Hlth Encounters	\$675	81,602	65,332
Diabetes	\$6,994	3,795	3,403
Newborns, w/wo Complication	\$9,087	640	434
Osteoarthritis	\$6,462	2,970	2,660
Infections - Respiratory, NEC	\$2,110	5,685	5,349
Pregnancy w Vaginal Delivery	\$20,933	614	612
Hypertension, Essential	\$1,572	3,900	3,593
Mental Hlth - Depression	\$1,879	4,588	4,353
Cancer - Breast	\$24,854	580	539
Pregnancy w Cesarean Section	\$30,633	255	254
Top 10 Subtotal	\$1,610	104,629	70,063
All Episode Summary Groups	\$1,975	285,530	85,416

*Episodes are based on the most recent complete incurred calendar year 2021.

Risk Band Profiles



- 1) The healthiest 45.4% of the population accounts for 4.5% of the total cost.
- 2) The least healthy 2.1% of the population accounts for 40.2% of the total cost.

Episode Type*

	Allowed Amount Epis Total	Episodes	Allowed Amount Per Epis Total	% of Total
Acute Conditions	\$337,813,993	182,906	\$1,847	50.8%
Chronic, Acute Flare-ups	\$24,771,084	710	\$34,889	3.7%
Chronic, Maintenance	\$41,922,239	9,461	\$4,431	6.3%
Chronic, Non-Stratified	\$206,218,194	20,400	\$10,109	31.0%
Well Care	\$53,726,389	72,053	\$746	8.1%
Total	\$664,451,899	285,530	\$2,327	100.0%

Top 11 Mental Health Episodes

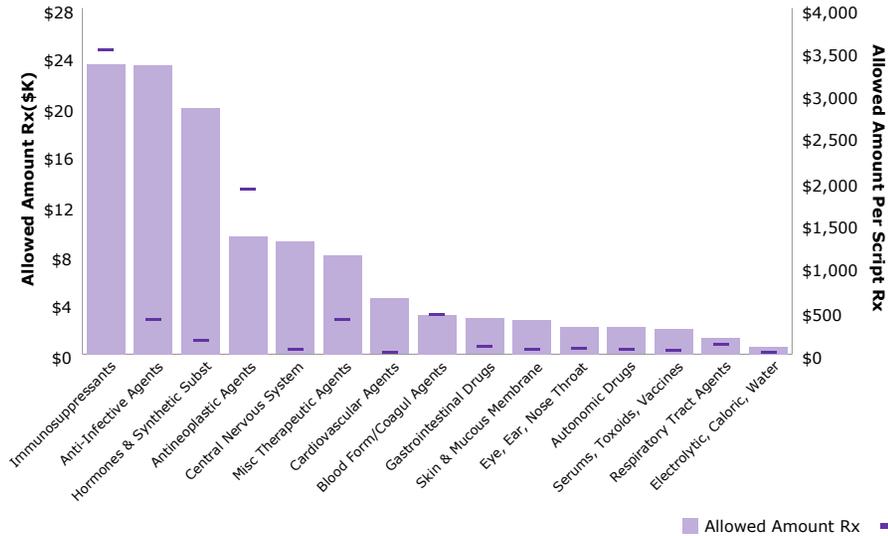
	Current Complete Year				
	Allowed Amount Per Epis Total	Allowed Amount Per Epis West Region	Episodes	Patients	Visits
Autism	\$13,154	\$14,963	396	355	19,889
Schizophrenia	\$12,657	\$13,378	96	89	1,572
Eating Disorders	\$8,963	\$9,496	115	106	1,242
Substance Abuse	\$8,259	\$10,983	996	810	9,224
Bipolar Disorder	\$7,894	\$4,426	440	364	7,759
Obsess-Compulsiv	\$4,346	\$1,632	141	135	1,817
Depression	\$3,374	\$1,879	4,588	4,353	59,631
Antisocial Behav	\$2,501	\$1,817	78	75	297
Anxiety Disorder	\$1,241	\$874	3,486	3,312	29,919
Psychoses, NEC	\$917	\$404	648	609	1,989

Drug

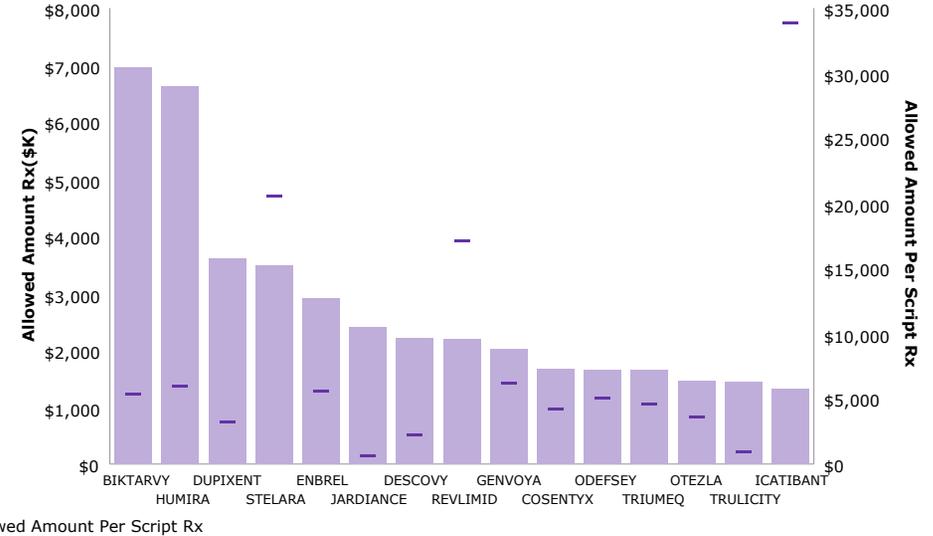
Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Top 15 Therapeutic Classes



Top 15 Drugs



	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
Immunosuppressants	\$23,485,972	20.1%	6,673	\$3,519.55
Anti-Infective Agents	\$23,403,881	20.1%	57,761	\$405.18
Hormones & Synthetic Subst	\$19,894,998	17.1%	120,858	\$164.61
Antineoplastic Agents	\$9,545,861	8.2%	5,009	\$1,905.74
Central Nervous System	\$9,088,705	7.8%	167,814	\$54.16
Misc Therapeutic Agents	\$8,022,142	6.9%	19,805	\$405.06
Cardiovascular Agents	\$4,499,440	3.9%	186,949	\$24.07
Blood Form/Coagul Agents	\$3,140,925	2.7%	6,853	\$458.33
Gastrointestinal Drugs	\$2,898,631	2.5%	33,725	\$85.95
Skin & Mucous Membrane	\$2,769,160	2.4%	45,862	\$60.38
Eye, Ear, Nose Throat	\$2,212,114	1.9%	31,005	\$71.35
Autonomic Drugs	\$2,172,404	1.9%	35,733	\$60.80
Serums, Toxoids, Vaccines	\$2,023,223	1.7%	45,717	\$44.26
Respiratory Tract Agents	\$1,338,778	1.1%	11,666	\$114.76
Electrolytic, Caloric, Water	\$566,774	0.5%	23,858	\$23.76
Top 15 Subtotal	\$115,063,008	98.6%	799,288	\$143.96
All Therapeutic Classes	\$116,681,137	100.0%	821,646	\$142.01

	Allowed Amount Rx	Percent of Total	Scripts Rx	Allowed Amount Per Script Rx
BIKTARVY	\$6,950,062	6.0%	1,288	\$5,396.01
HUMIRA	\$6,624,143	5.7%	1,103	\$6,005.57
DUPIXENT	\$3,613,108	3.1%	1,126	\$3,208.80
STELARA	\$3,491,285	3.0%	170	\$20,536.97
ENBREL	\$2,905,042	2.5%	520	\$5,586.62
JARDIANCE	\$2,393,859	2.1%	3,748	\$638.70
DESCOVY	\$2,201,168	1.9%	987	\$2,230.16
REVLIMID	\$2,188,895	1.9%	128	\$17,100.74
GENVOYA	\$2,018,378	1.7%	326	\$6,191.34
COSENTYX	\$1,663,175	1.4%	394	\$4,221.26
ODEFSEY	\$1,652,984	1.4%	326	\$5,070.50
TRIUMEQ	\$1,646,542	1.4%	357	\$4,612.16
OTEZLA	\$1,459,967	1.3%	402	\$3,631.76
TRULICITY	\$1,434,565	1.2%	1,585	\$905.09
ICATIBANT	\$1,319,105	1.1%	39	\$33,823.21
Top 15 Subtotal	\$41,562,279	35.6%	12,499	\$3,325.25
All Drugs	\$116,681,137	100.0%	821,646	\$142.01

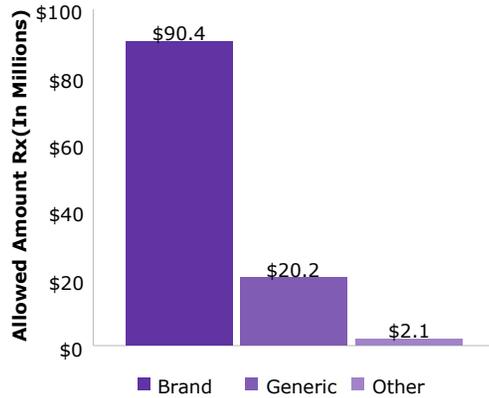
Drug

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Brand & Generic Cost



Speciality Drug Metrics

	Allowed Amount Med and Rx			Allow Amt PMPY Med and Rx		
	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	\$40,155,063	\$40,565,332	1.0%	\$429.81	\$442.68	3.0%
Specialty Drugs						
Prescription Specialty Drugs	\$73,819,256	\$76,115,805	3.1%	\$790.15	\$830.64	5.1%
Professional Specialty Drugs	\$19,461,622	\$20,319,619	4.4%	\$208.31	\$221.74	6.4%
Facility Outpatient Specialty Drugs	\$5,036,366	\$3,663,507	-27.3%	\$53.91	\$39.98	-25.8%
Specialty Total	\$98,317,245	\$100,098,930	1.8%	\$1,052.37	\$1,092.36	3.8%
Total	\$138,472,308	\$140,664,262	1.6%	\$1,482.18	\$1,535.04	3.6%

Key Drug Metrics

	BSC Access+	BSC Trio	BSC PPO	Health Net	CanopyCare	Kaiser Permanente	UHC	Total
Allow Amt PMPY Rx	\$1,993.32	\$1,949.14	\$2,756.53			\$739.97	\$3,010.29	\$1,263.89
Scripts Per 1000 Rx	13,116.73	12,391.87	16,127.75			6,008.65	18,234.66	8,886.23
Allow Amt Per Script Rx	\$151.97	\$157.29	\$170.92			\$123.15	\$165.09	\$142.23
Days Supply PMPY Rx	361.28	336.87	465.25			314.11	546.52	334.48
Scripts Generic Efficiency Rx	98.6%	99.0%	98.4%			98.2%	97.4%	98.4%
% Scripts Dispensed as Generic	81.6%	81.2%	84.3%			82.9%	79.5%	82.1%

CCSF Medicare Dashboard

November 28, 2022

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Financial

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Demographics

	Kaiser Permanente	UHC	Total
Employees	11,153	13,521	24,674
Members	13,948	17,130	31,078
Family Size	1.3	1.3	1.3
Average Employee Age	75.5	75.2	75.4
Average Member Age	75.1	74.7	74.9
Employees % Male	47.8%	47.0%	47.4%
Members % Male	44.8%	43.8%	44.2%
Risk Score	240.4	249.0	245.1

Cost and Utilization Trends

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

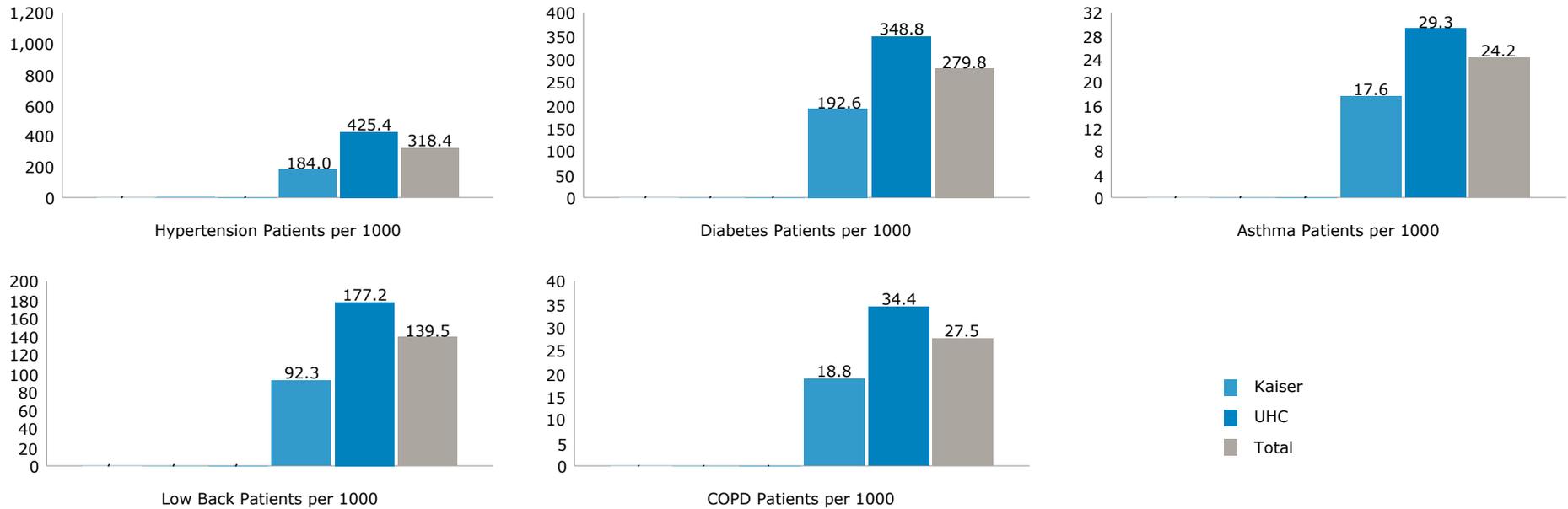
Clinical

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Chronic Condition Prevalence



Quality Markers

Utilization Metrics (per 1000 enrollees)

	Kaiser Permanente	UHC	Total
Emergency Room	493	446	467
% Admit	26.5%	28.2%	27.4%
% Ambulatory	73.5%	71.8%	72.6%
Readmissions	17.1	11.3	13.9
Avoidable Admissions	18.2	17.7	17.9
Complications	48.3	69.8	60.4

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%

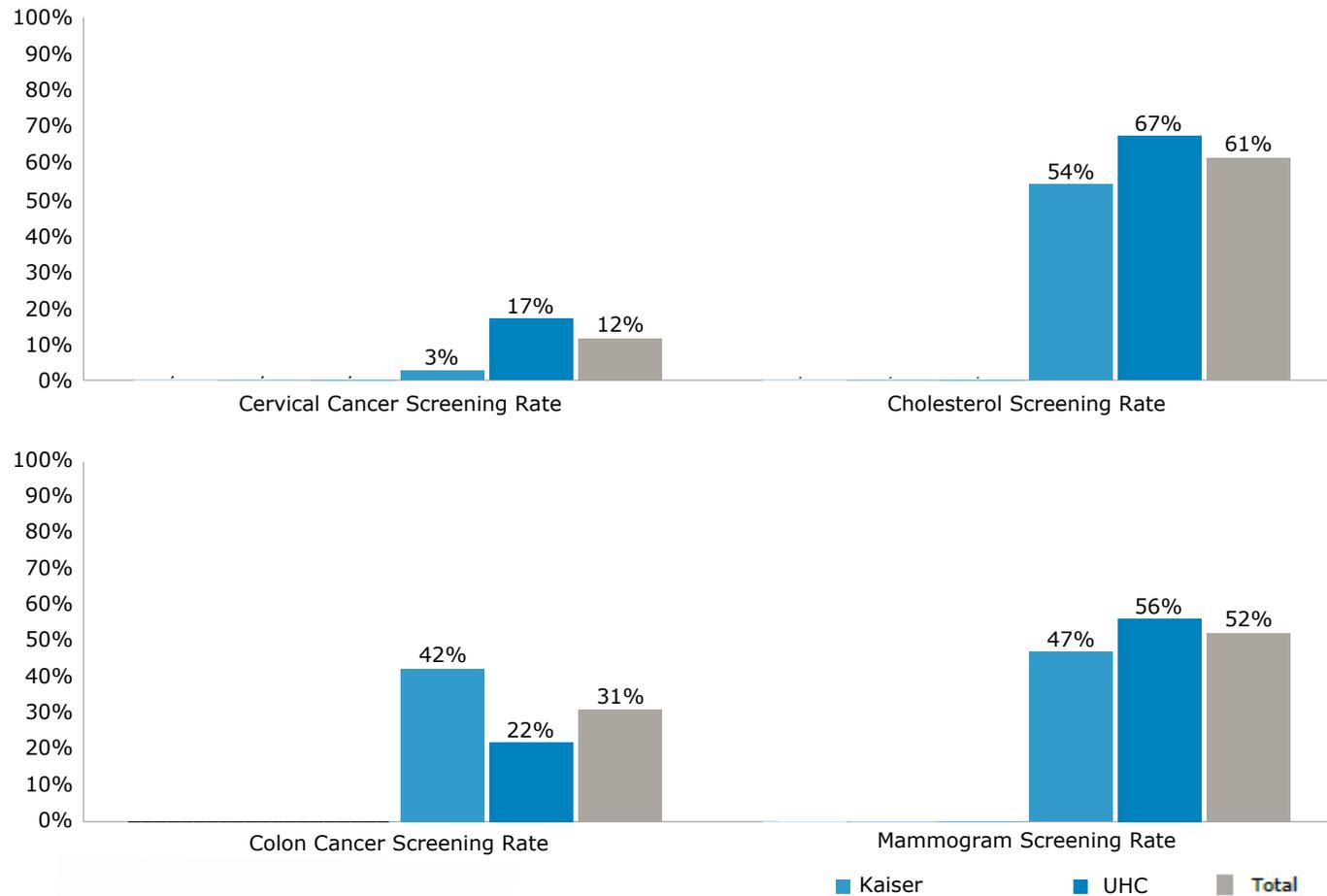
Clinical

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Preventive Screening Rates



Clinical

Time Period: 2021 (Previous Complete Incurred Calendar Year)

Paid Through: Sep 2022

Top 10 Episode Summary Groups*

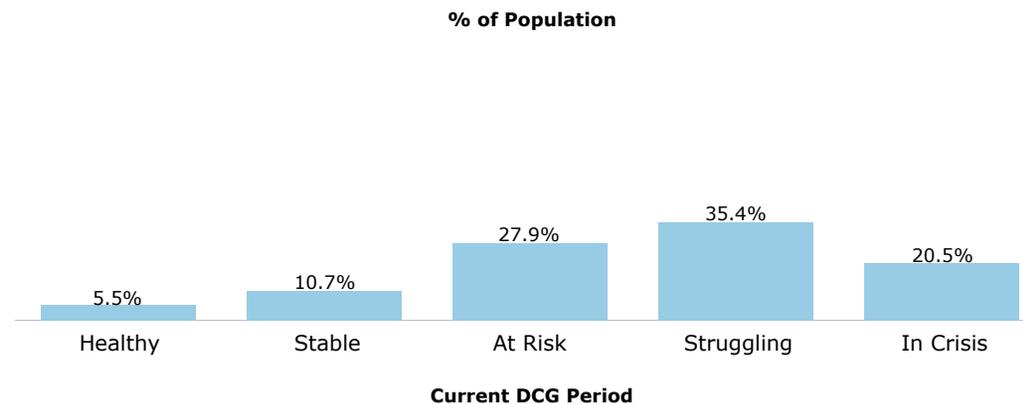
	Current Complete Year	
	Episodes	Patients
Diabetes	5,302	4,786
Cancer - Leukemia	259	240
HIV Infection	182	177
Prevent/Admin Hlth Encounters	27,139	22,847
Cancer - Prostate	719	667
Rheumatoid Arthritis	331	306
Skin Disord, Autoim/Collagen	318	293
Cancer - Lung	262	244
Hypertension, Essential	8,279	7,447
Cardiac Arrhythmias	2,530	2,025
Top 10 Subtotal	45,321	26,475
All Episode Summary Groups	169,895	30,597

Episode Type*

	Episodes
Acute Conditions	97,779
Chronic, Acute Flare-ups	1,825
Chronic, Maintenance	15,661
Chronic, Non-Stratified	31,057
Well Care	23,573
Total	169,895

*Episodes are based on the most recent complete incurred calendar year 2021.

Risk Band Profiles



Drug

Previous Period: Jul 2020 - Jun 2021 (Incurred)

Current Period: Jul 2021 - Jun 2022 (Incurred)

Paid Through: Sep 2022

Specialty Drug Metrics

	Scripts Rx			Days Supply PMPY Rx			Claims Paid		
	Previous	Current	% Change	Previous	Current	% Change	Previous	Current	% Change
Non-Specialty Drugs	671,549	698,635	4.0%	1,331.01	1,363.57	2.4%	673,151	701,479	4.2%
Specialty Drugs									
Prescription Specialty Drugs	17,526	19,779	12.9%	25.70	29.35	14.2%	17,595	19,880	13.0%
Professional Specialty Drugs							9,252	9,185	-0.7%
Facility Outpatient Specialty Drugs							3,165	3,663	15.7%
Specialty Total	17,526	19,779	12.9%	25.70	29.35	14.2%	30,012	32,728	28.0%
Total	689,075	718,414	4.3%	1,356.71	1,392.92	2.7%	703,163	734,206	4.4%

Key Drug Metrics

	Kaiser Permanente	UHC	Total
Scripts Per 1000 Rx	19,804.58	25,803.96	23,111.48
Days Supply PMPY Rx	1,353.89	1,424.19	1,392.64
Scripts Generic Efficiency Rx	99.3%	98.6%	98.8%
% Scripts Dispensed as Generic	85.6%	80.2%	82.3%