SFHSS Population Health & Measurement Plan Update

Agenda

- Background & Context

- SFHSS Approach & Strategy

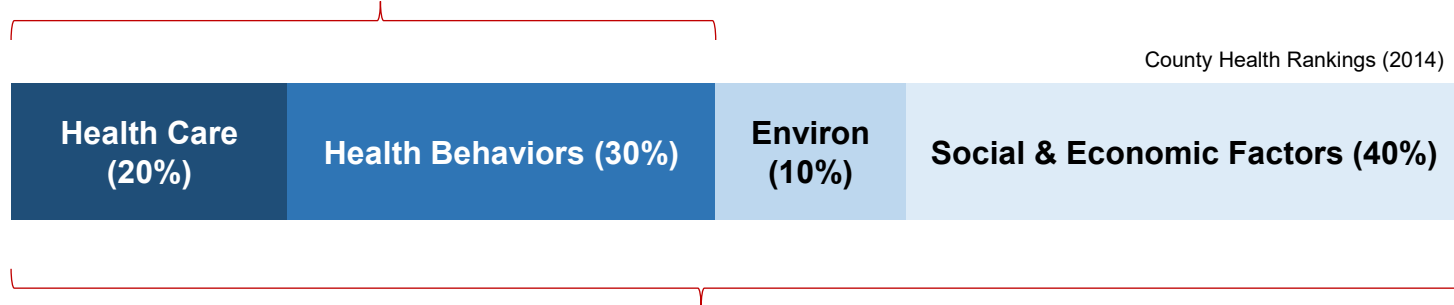- Workstream Examples

- Looking Ahead

Presentation Aim:

Update the Health Service Board on Population & Social Health work at SFHSS. Encourage discussion on developing workstreams that support our members.

Background & Context

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

- Kindig & Stoddard 2003

Traditional Population Health

County Health Rankings (2014)

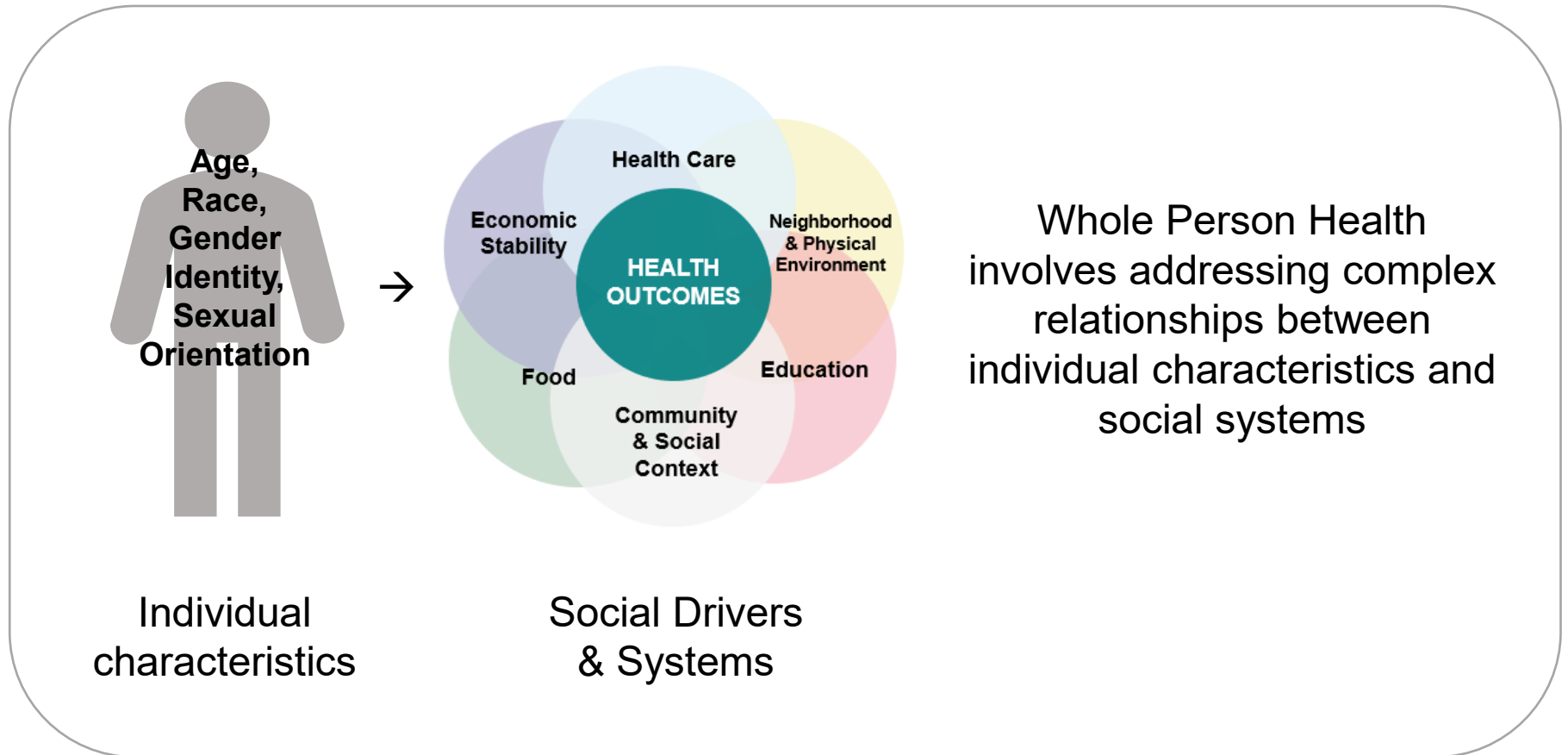| Health Care (20%)	Health Behaviors (30%)	Environ (10%)	Social & Economic Factors (40%)

Evolving understanding of Population Health
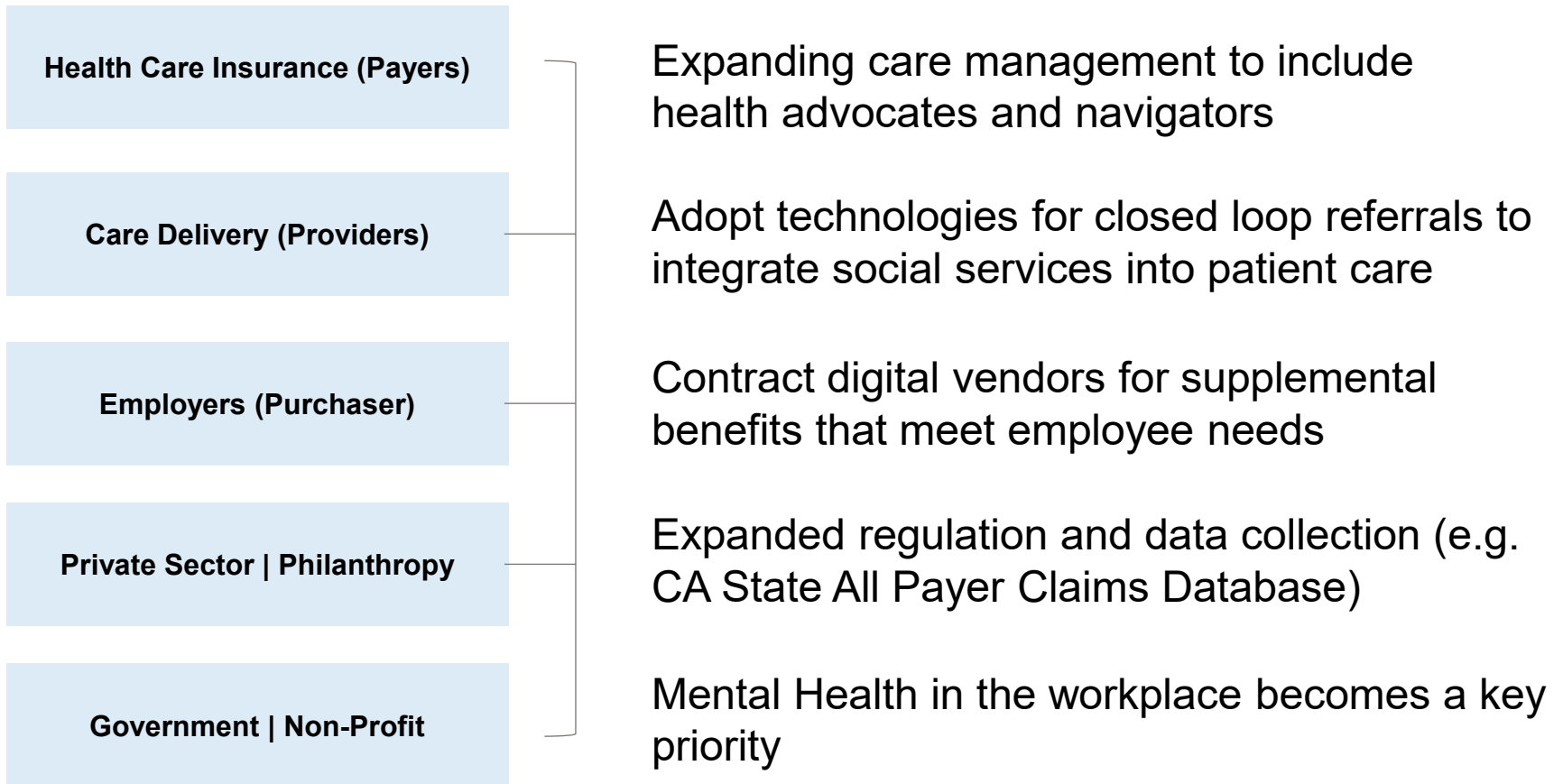
Background & Context

The dialogue, stakeholders & roles surrounding population health & individual wellness are evolving and often centered around equity.

Background & Context

Age, Race, Gender Identity, Sexual Orientation

→

Individual characteristics

Social Drivers & Systems

Whole Person Health involves addressing complex relationships between individual characteristics and social systems

Background & Context: Key Players and Examples

Health Care Insurance (Payers)

Care Delivery (Providers)

Employers (Purchaser)

Private Sector | Philanthropy

Government | Non-Profit

Expanding care management to include health advocates and navigators

Adopt technologies for closed loop referrals to integrate social services into patient care

Contract digital vendors for supplemental benefits that meet employee needs

Expanded regulation and data collection (e.g. CA State All Payer Claims Database)

Mental Health in the workplace becomes a key priority

SFHSS Approach & Strategy

Guiding Questions:

- *What're we going to do about it?*

- *What is within our sphere of influence?*

Acknowledgements:

- *The SDOH and Health Equity landscape is dynamic, complex, and evolving.*

- *Systems level improvements can be slow, and outcomes difficult to measure.*

- *Change at micro and macro-levels are possible with appropriate political will, resource investment, partnerships and innovation.*

Conceptual Approach:

- *External – What can SFHSS do in partnership with key healthcare players from a purchaser's perspective?*

- *Internal – What can SFHSS and the City do from an employer's perspective?*

SFHSS Approach & Strategy

Stage 1:
Understanding the Baseline & Strengthening Data & Partnerships

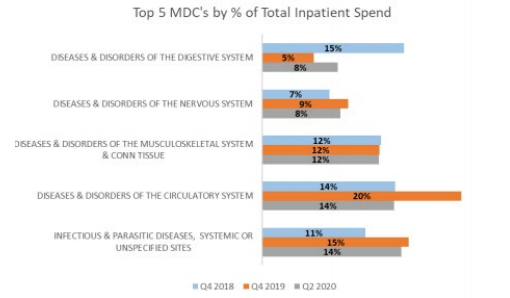**Stage 2:** Defining key actions and projects

Developing Work Streams

Internal

- Regular meetings with leadership
- Project Tracker
- SDOH Inventory
- Meet with key city partners
- Health Plan Reports Audit
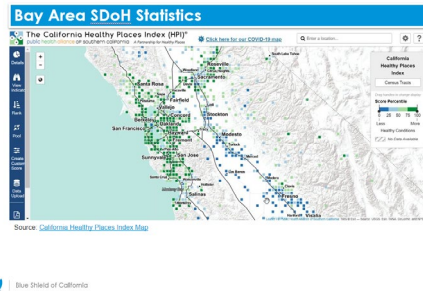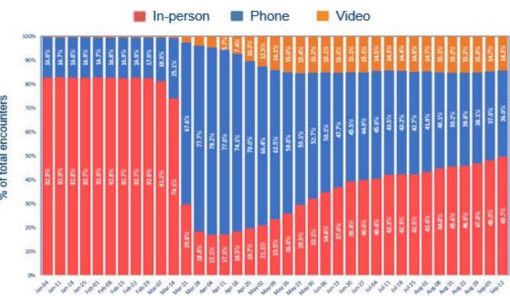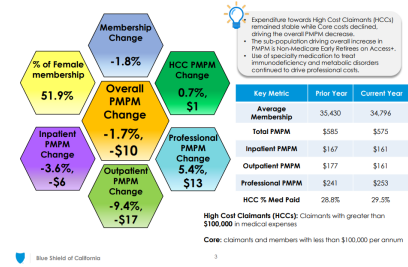- Data diving using claims database (Race and Department)

External

- Standardized Measurement Plan
- Participate and Engage with Plans on SDOH Pilots/Programs
- Partner with purchaser & stakeholder orgs: IHA Health Equity Committee; PBGH Advanced Primary Care Pilot
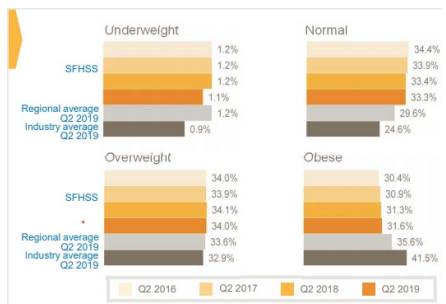
Workstream Examples: Health Plan Reports Audit

We're receiving a large amount of robust financial, utilization and population health data from our health plans. We want to **prioritize** and **standardize** data that is **foundational** and **actionable**.

Workstream Examples: Data Dive Using Data Warehouse

We examined areas of high prevalence, cost and evidence of a disparity and found disparities of disease prevalence by race and department.

SFHSS Commercial Members (2019)		Ratio from All Race Average = 1.0				
		Asian	Black	Filipino	Hispanic	White
Behavioral	Anxiety	**0.55**	0.81	**0.61**	1.25	**1.50**
	Depression	**0.65**	1.16	**0.58**	1.23	**1.57**
Cardiovascular	Heart Failure	0.62	**2.22**	1.10	0.53	0.80
	Hypertension	0.85	**1.60**	**1.44**	0.95	0.83
Diabetes		1.05	**1.25**	**1.72**	1.14	0.67
MSK	Low Back	0.74	**1.37**	0.80	1.14	1.11
	Osteoarthritis	0.62	**1.52**	0.78	1.15	1.15
	Rheumatoid Arthritis	0.67	**1.41**	0.86	0.95	0.93
ED Visits		0.51	**1.76**	0.89	1.11	0.87

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Workstream Examples: Standard Measurement Plan

In alignment with regulatory and purchaser groups/coalitions we're requesting that all our health plan partners submit a subset of NCQA HEDIS measures for the SFHSS membership. Measures include:

- Asthma Medication
- Childhood & Adolescent Immunization
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Depression: Screening, Monitoring, Remission
- Poor control of Diabetes
- Concurrent use of Opioids and Benzodiazepines
- Acute Hospital Utilization
- Emergency Department Visits

Goal: Gather data from plan partners to allow for simplified review of an endorsed set of quality and care measures, stratified by race.

SAMPLE TEMPLATE		All Members		Race/Ethnicity 1…	
		SFHSS	Benchmark*	SFHSS	Benchmark
Measure 1	Health Plan 1				
	Health Plan 2				
	Health Plan 3				
Measure 2..	Health Plan 1				

Looking Ahead: Work as a Determinant of Health
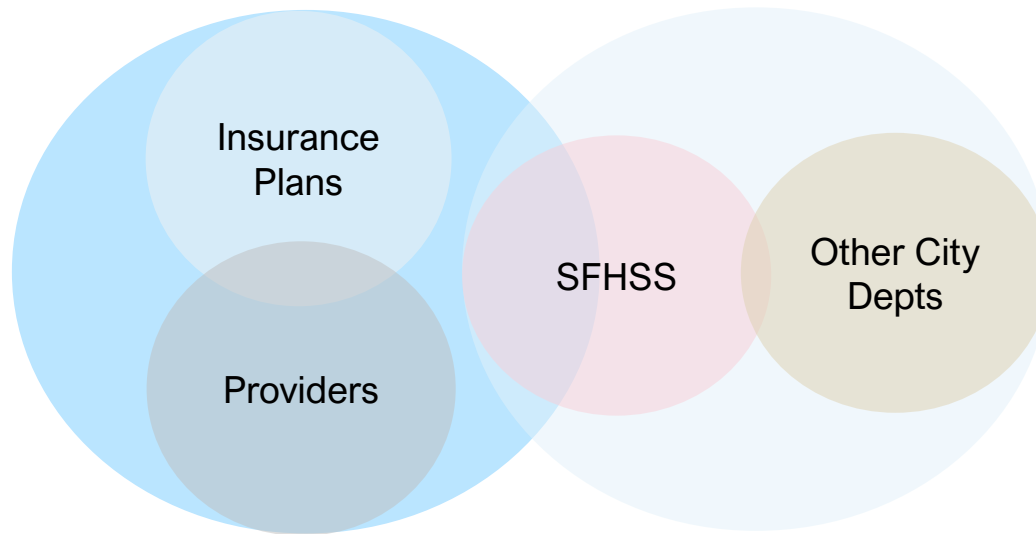
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Summary

- Purchaser, Payer and Provider roles are expanding from the traditional population health framework to include whole person, systems and social health perspectives

- SFHSS is strategizing on our sphere of influence in the Population Health & SDOH space:

    - Efforts to improve standard data reporting by health plans

    - Engaging with stakeholders on pilots, programs and steering groups

    - Developing internal strategy (e.g., partnerships with city departments, surveying/focus groups with members, reports)

- SFHSS will continue to provide periodic updates through the Executive Director's reports and presentations

Questions & Thank you!

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