



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Mary Hao
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Claire Zvanski
Vice President

Jack Cremen
Commissioner

Supervisor Matt Dorsey
District 6
Commissioner

Art Howard
Commissioner

Gregg Sass
Commissioner

Fiona Wilson, MD
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

TEL (628) 652-4646
<http://www.sfhss.org/>

HEALTH SERVICE BOARD

REGULAR MEETING MINUTES DRAFT

Thursday, September 12, 2024, 1:00 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for the general public to comment at the beginning of the meeting and on each discussion or action item on the agenda. Each comment is limited to 3 minutes, and the Chair may, at their discretion, limit public comment to less than 3 minutes per member of the public. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit. Remote viewing may not be available due to technology outages.

Watch at 1:00 p.m. on September 12, 2024 (via [SFGovTV schedule](#))

Click the link to join the meeting – [September 12, 2024 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2661 444 1531 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2661 444 1531, then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to enter the Public Comment queue, and you will hear the prompt, “You have raised your hand to ask a question; please wait to speak until the host calls on you.” When the system message says, “Your line has been unmuted,” - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [September 12, 2024 HSB Regular Meeting WebEx link](#)
2. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
3. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
4. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

Members of the public are encouraged to state their name clearly, although you may remain anonymous. You will hear an audible warning when you have 30 seconds remaining. When your 3 minutes have ended, you will be placed back on mute.

Best Practices when Calling in for Public Comment:

- Call from a quiet location
- Speak slowly and clearly
- Turn down any televisions or radios around you
- Address the Commission as a whole; do not address individual Commissioners

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 p.m. on Wednesday, September 11, 2024**, before the meeting. Members can also call 628-652-4646 with any questions.

All comments received by the deadline will be forwarded to Board members, and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item and will include that note in the meeting minutes. In the body of your email, indicate the meeting date and the particular agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

1145 MARKET STREET 3RD FLOOR, SAN FRANCISCO, CA 94103

1. **CALL TO ORDER:** 1:04 p.m.

2. **ROLL CALL:**

President Mary Hao- Present
Vice President, Claire Zvanski- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present
Commissioner Art Howard- Present
Commissioner Gregg Sass- Present
Commissioner Fiona Wilson, MD.- Present

3. **GENERAL PUBLIC COMMENT - This is an opportunity for members of the public to comment on any matter within the Board's jurisdiction that is not on the agenda, including requesting that the Board place a matter on a future agenda.**

PUBLIC COMMENT:

Richard Rothman, Retiree: Expressed dissatisfaction with Kaiser Permanente's changes with 1. Public Transportation reservations need reservations three days in advance, especially for urgent needs like blood tests. 2. Flu Shot locations in San Francisco have long lines and inadequate crowd management-they prefer a drive-through option in Daly City, as it is more convenient and efficient. And 3. Closure of the San Leandro Skill Center- the location is well staffed- and other locations have difficulty getting medical appointments.

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**

[See the pdf August 8, 2024, Health Service Board Regular Meeting Minutes Draft to be Approved Final](#)

Supervisor Dorsey moved to approve the August 8, 2024, Health Service Board Regular Meeting minutes. Commissioner Wilson seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Cremen, Dorsey, Hao, Howard, Sass, Wilson, and Zvanski Noes: None

ACTION: The Health Service Board approved August 8, 2024, Health Service Board Regular Meeting minutes.

5. **PRESIDENT'S REPORT: (Discussion)**

President Hao acknowledged Executive Director Yant's formal resignation letter and prepared a memo to the Health Service Board. The memo included the following items:

The Health Service Board has an awesome responsibility and opportunity to select the next Health Service System Executive Director. Over the next few weeks, the City will select a search firm that will lead the recruitment efforts. President Hao said the Health Service System has excellent staff support, partners within DHR, and well-known processes to guide us in selecting the best Executive Director candidate we can find. During this process, the Health Service Board will be called upon, collectively and individually, for your input and informed judgment as Commissioners of this Board. President Hao thanked the Board for your willingness to work on this task.

President Hao made the following request to the Health Service Board Commissioners.

1. That you commit yourself to an open and transparent selection process. I believe we owe this commitment to our members.
2. That you understand that our work will be subject to all the public meeting and disclosure requirements. Deputy City Attorney Jennifer Donnellan will be our ultimate guide, counselor and interpreter on what we must and should do in this regard.
3. That the Board Secretary be the sole source of the distribution of all materials related to the search process, working with our assigned consultant from DHR.
4. That once the search firm is identified and engaged all communication with the search firm be coordinated through me, the Board Secretary and our DHR Consultant. This is to assure that guidance of the work of the search firm is focused and consistent.
5. If you feel that you cannot abide by the foregoing requests, please share so we can reconcile your concerns.

President Hao also shared an update on her attendance at a recent training course through the International Federation of Employee Benefit Plans (IFEBC). At the end of July, President Hao attended a course on public plan administration in Boston, which discussed various topics such as plan administration, strategies, and fiduciary responsibilities—subjects regularly discussed by the Board. President Hao encouraged Commissioners to explore the training opportunities offered by the Foundation, noting that they have membership due to their roles on the Board.

Vice President Zvanski also highly recommended IFEBC courses and training opportunities.

PUBLIC COMMENT: None

6. VOTE ON WHETHER TO CANCEL THE OCTOBER 2024 HEALTH SERVICE BOARD REGULAR MEETING: (Action)

President Hao mentioned that the regular board meeting in October is typically canceled to allow staff additional time to focus on Open Enrollment and was willing to accept a motion to cancel the October 2024 Health Service Board meeting. Vice President Zvanski moved to cancel the October 2024 Regular Health Service Board meeting. Commissioner Sass seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Cremen, Dorsey, Hao, Howard, Sass, Wilson, and Zvanski Noes: None

ACTION: The Health Service Board unanimously canceled the October 2024 Health Service Board Regular Meeting.

7. DIRECTOR'S REPORT: (Discussion)
[See the pdf of the August 8, 2024 Director's Report](#)

Abbie Yant, SFHSS Executive Director, presented the following items:

- SFHSS Executive Director Retirement
- Life/Disability Request for Proposal RFP Update
- Healthcare Affordability Board and Advisory Committee
- Divisional Reports
- Human Resources Personnel
- Operations

- Enterprise Systems and Analytics
- Member Services- Welcome New Staff
- Communications
- Finance and Budget
 - Contracts

Commissioner Cremen requested a change in the title of one of the employee categories. Commissioner Cremen mentioned that the current title, “Early Retirees Employees,” brought up by a member, Dennis Kruger, is misleading. Employees who have worked for over 30 years are still considered early retirees, although they are eligible for retirement. Commissioner Cremen suggested renaming the category to “Pre-Medicare Employees,” referring to those who retire before age 65. Executive Director Yant had an internal discussion and was pleased to find that “non-Medicare retiree” is already used in most of their written materials instead of “early retirees,” which aligns with the requested change. Although it is too late to update this year’s open enrollment materials, as materials are already at the printer, the change can be implemented over time. Executive Director Yant said the team supported the concept, and if the Board agrees, they will move forward with it since they are primarily using the updated label already.

PUBLIC COMMENT: None

8. SFHSS FINANCIAL REPORT AS OF JUNE 30, 2024: (Discussion)

[See pdf of SFHSS Financial Report as of June 30, 2024 memo](#)

[See pdf of SFHSS Financial Report as of June 30, 2024 presentation](#)

Iftikhar Hussain, SFHSS Chief Financial Officer, presented the following items:

- SFHSS Financial Report Highlights
 - Employee Benefit Trust Fund
 - Healthcare Sustainability Fund
 - General Fund Administrative Budget
 - Audit Updates

President Hao asked if the pharmacy spending rates were correspondingly higher, given the high rebates. Iftikhar Hussain said the spending trend is about 12%, which is quite high compared to inflation and other medical care costs.

Commissioner Sass was curious about income interest. He asked if all the cash in the trust fund is invested by the City Treasurer as a pooled investment. Iftikhar Hussain said the Health Service System (HSS) does not have enough funds to manage its separate investment portfolio. Instead, HSS funds are pooled with the City’s treasury, which manages the investments on our behalf. HSS holds an equity share in the City’s Treasurer investment pool. Commissioner Sass asked how safe the investments are. Iftikhar Hussain said the investments are conservative and mostly fixed income. Commissioner Sass was pleased to know this was the case. He commented that the current investments, such as CDs and treasuries, benefit from higher interest rates due to the Federal Reserve’s rate increases. Commissioner Sass also mentioned that in the past, the Board had considered managing their investments but expressed satisfaction that the Board is not managing investments.

Vice President Zvanski asked who monitors the Trust Fund. Iftikhar Hussain explained that the Trust fund is subject to the City Controller’s policies, meaning that the Controller reviews the use of the fund, including checks and disbursements, to ensure they comply with the City’s guidelines. An external audit is conducted annually, which includes a review of financial controls and testing of

sample transactions. HSS also has Aon review claims data to check for irregularities, report on fund utilization, and meet with plans to analyze emerging trends.

PUBLIC COMMENT: None

9. STRATEGIC PLAN GOAL #2: ADVANCED PRIMARY CARE PRACTICE UPDATE: (Discussion)
[See the pdf of Strategic Plan Goal #2: Advanced Primary Care Practice Update presentation](#)

Iftikhar Hussain, SFHSS Chief Financial Officer, Raymond Tsai, MD MS, Vice President, Advanced Primary Care, Purchaser Business Group on Health (PBGH), Tricia Nguyen with Altais, and Nina Birnbaum presented the following items:

- PBGH Care Excellence Award
- SFHSS challenged us to improve the primary care experience
- multiple channels to support primary care transformation
- Goals of Advanced Primary Care
- Patient Journey Supported by Comprehensive Care Team
- Advanced Primary Care 2024 Implementation Timeline
- Most Performance Measures for Advanced Primary Care Perform Above Target
- Increasing Access to Care and Ease of Communication
- Engaging Patients and Providers in Quality Care
- Integrating Behavioral Health into Primary Care
- Guided Referrals to High-Quality Specialists

Vice President Zvanski asked what information was available in states outside of California. Raymond Tsai emphasized that the work presented is a pilot project due to its groundbreaking nature and contrast to the current system. The goal is to test its feasibility and eventually scale the initiative. Through the efforts of the Purchaser Business Group on Health and the Care Excellence Program, they aim to influence the healthcare market, hoping that high-quality primary care becomes a foundational expectation in the system rather than a luxury and that it scales to a national level.

Vice President Zvanski asked whether cervical cancer, diabetes, and asthma are more prevalent within their population compared to other groups, noting familiarity with colleagues who have diabetes and asthma. Tricia Nguyen responded that the prevalence of diabetes, asthma, and hypertension in the Bay Area is slightly higher but not significantly different from the national average. She noted that these conditions are widespread across the U.S., and the Bay Area is no exception. Vice President Zvanski inquired about the actions to help lower the prevalence of diabetes, asthma, and hypertension. She asked whether it falls within their purview to address these issues and mentioned prior discussions in San Francisco, particularly regarding City and County employees and their work-related health risks. Vice President Zvanski asked for clarification on the extent of their involvement in efforts to impact these health statistics. Tricia Nguyen explained that Altais collaborates with various organizations focused on improving health outcomes. She mentioned her familiarity with the Blue Zones concept, emphasizing that health is influenced by medical care and the surrounding environment, such as access to healthy options in grocery stores and gas stations. She supported a broader public movement to enhance community health and noted that they are already involved in some initiatives. Nguyen highlighted the importance of factors like sidewalks and community engagement in promoting longevity and well-being, indicating a desire to participate in a more regional effort across the City.

Commissioner Sass asked for the definition of the B.T. acronym. Tricia Nguyen said the legal name is B.T. Health which stands for Brown and Toland. Commissioner Sass requested fewer acronyms in

future presentations.

Vice President Zvanski asked if all members, active and retired, are screened for mental health symptoms. Tricia Nguyen said all members are screened for mental health, and all patients are treated equally.

Vice President Zvanski asked whether they analyze specific areas where clusters of employees or retirees are located to identify any gaps in the mental health services available to them. Tricia Nguyen said some specialties have a gap in service timeliness of specialty services, so we have visibility and awareness; that's why the virtual network is available to identify the gap proactively.

Commissioner Howard asked to explain the relationship between Brown and Toland and Altais. Tricia Nguyen explained that Altais is the parent company that owns and operates three types of business units. One is our employed practice, which includes Brown and Toland Health. We also have other practices in Southern California, such as primary care and some specialty care, that we employ and manage. Brown and Toland Health is one of the practices we own, operate, and manage. Altais also takes risks with a license and a network called Brown and Toland Physicians. And we also have another IPA network in the south called Family Care Specialists. The third business unit is our managed service organization, which provides additional services to ensure success within the practice we own and operate and the network we're taking risks on.

Commissioner Howard said Blue Shield of California members go through the third-party Magellan. He asked how those relations can be improved for better access to mental health. Tricia Nguyen said Magellan is the cognitive behavioral health organization that Blue Shield is contracted to deliver the network of behavioral specialists. Behavioral health services are part of the medical benefit, which is part of the primary care of medical benefit. When a patient's situation is more complex than we can manage, we work with Blue Shield Magellan to get them access to a psychiatrist. When that is not possible because it's taking too long to see a psychiatrist, we will also tap into the medical benefit and make a psychiatrist available virtually for that patient because we focus on the patient we're accountable for. Commissioner Howard expressed that a major complaint regarding Blue Shield and Magellan is the lack of availability of providers, particularly in psychiatry. Many members struggle to find psychiatrists accepting patients and often pay out of pocket. He asked if virtual psychiatry options would be available for Brown and Toland and Altais members to facilitate initial consultations. Tricia Nguyen said virtual psychiatry is available through medical benefits, not behavioral health benefits.

Commissioner Zvanski asked if private practitioners and those within the City and County of San Francisco are available. Tricia Nguyen confirmed that they assess the availability of specialists within their network and make exceptions if there are access issues. She acknowledged that behavioral health services are particularly challenging, so they focus on providing a virtual network to improve access.

Commissioner Wilson shared his background as a founder of the first practice that became Brown and Toland Health, expressing gratitude for the current focus on integrated behavioral health. She emphasized the importance of early intervention to prevent crises, which ultimately reduces costs by avoiding emergency room visits. She expressed joy in seeing the scale of integration that was impossible during his time. Commissioner Wilson also reassured that providers do not discriminate based on payer class, addressing concerns about varying care quality between insurance providers. She praised the training and consistency among doctors, believing it benefits all patients and contributes to the overall quality of care.

Tricia Nguyen concluded that this initiative marks the beginning of a journey to promote integrated

care in the Bay Area, across California, and nationally in collaboration with PPGH. She expressed excitement about working with five independent primary care practices in the Bay Area, acknowledging the challenges of partnering with independent providers who prefer to make their own decisions. Nguyen indicated that the next six months would be crucial as they embark on this journey and expressed a desire to share updates in the future. President Hao invited the presenters back to share what they had learned during the initial assessment period.

PUBLIC COMMENT: None

10. BLUE SHIELD OF CALIFORNIA MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PPO TRANSITION PLAN UPDATE: (Discussion)
[See the pdf of the BSC MAPD PPO Transition Plan presentation.](#)

Rey Guillen, SFHSS Chief Operations Officer; Olga Stavinskaya-Velasquez, SFHSS Operations Manager; Alex Um, Blue Shield of California, Vice President - Senior Markets; Charles Lee, Blue Shield of California, Senior Manager-Group Retiree presented the following items:

- Project Overview
- Objectives
- Member Experience Milestones Timeline
- SFHSS and BSC Shared Success Metrics
- Blue Shield MAPD-PPO Transition Dashboard
- Identified Issues and Resolutions In-Progress
- Administrative & Systems Implementation Progress
- Call Metrics – MAPD Transition-Related Calls to SFHSS
- Call Metrics – MAPD Transition-Related Calls to Blue Shield
- Inbound Call Issues to be Addressed in Future Communications
- Blue Shield Kudos
- HSS Member Engagement and Outreach
- Blue Shield Microsite Data
- Closing Remarks – Alex Uhm
- Summary

President Hao asked if UHC is unable to provide some member data or if there is a lack of agreement. Rey Guillen reported that United Healthcare has reached a resolution regarding some requested data, although it is not in the exact format needed. However, they have not resolved the issue concerning a list of active prescriptions and their corresponding tiers, as United Healthcare claims this information is proprietary and related to their formulary. This information is sought to inform Blue Shield about members who might see their copayments increase if they continue with the same prescriptions. This allows for discussions with providers about alternative medications. Due to the proprietary claim, United Healthcare will not release the necessary data. Guillen mentioned they are exploring other options with Blue Shield, such as using the online formulary PDF to help members check their medications' tiers individually. However, this would require significant effort from members, prompting the preparation of a mailing to inform them about the situation and how to check their prescription tiers with Blue Shield. He noted that this issue affects only about 2% of prescriptions but could significantly impact those members. Unfortunately, United Healthcare has thus far refused to provide the requested data.

Vice President Zvanski asked if HSS is picking up the cost and the effort instead of having them contact the members regarding this information. Rey Guillen stated that HSS will provide members with the information required to contact Blue Shield to determine if they are affected by the copayment issue. However, he noted that this situation only pertains to 2% of all prescriptions, meaning that 98% of members will likely find their prescriptions unaffected. President Hao expressed appreciation for Rey's diplomatic handling of the situation, acknowledging that due to United Healthcare's lack of cooperation, Rey Guillen and the Blue Shield staff will need to reverse engineer efforts to assist the 2% of the population affected by the prescription copayment issue.

Rey Guillen discussed an issue concerning the small population of City and County of San Francisco members who only have Medicare Part B and are ineligible for Medicare Part A. During the implementation process with Blue Shield, it was found that Blue Shield lacked a current plan to cover this group under the Medicare Advantage PPO plan. As a temporary resolution, Blue Shield has developed a one-year solution for these 129 members, allowing them to enroll in an existing commercial plan that offers similar benefits and provider access. Members will be educated about this new plan, which will be in effect until the Medicare Advantage PPO plan becomes available on January 1, 2026. The only noticeable change for members will be the issuance of two separate ID cards—one for medical and one for prescription drugs. Guillen reassured that the benefits would remain the same and that any minor differences would result in enhanced benefits for the members during this one year. He appreciated Blue Shield's efforts in finding this solution, noting that this issue affects less than 1% of the population.

Vice President Zvanski emphasized the importance of ensuring that no members are negatively impacted by the changes, stating that the initiative must move forward to prevent any loss, even partial, of benefits. This includes addressing potential increases in copayments for members. Rey Guillen assured that all benefits will remain the same. For the few that differ during the one year, members will receive increased benefits rather than decreased ones, ensuring no negative disruptions.

Vice President Zvanski asked if we are finding gaps or holes where we're missing providers. Charles Lee mentioned that he previously communicated the importance of educating providers about the payment structure. He emphasized that they would receive 100% fee-for-service payments even without a contract, similar to the original Medicare. He encouraged providers to continue treating their patients as usual, noting that this message has resonated well. Lee indicated that the key to addressing providers' concerns is practical education on billing practices, and he expressed confidence in the success of these efforts so far.

Commissioner Zvanski asked if there are statistics on the number of member callbacks from members who forgot to ask a question or have a new question. Charles Lee said there is a log to share the data for every call. Vice President Zvanski asked if HSS has received any feedback that members have to call multiple times to receive a response. Olga Stavinskaya-Velasques said eight escalations were reported. Those get transitioned to the escalation team at Blue Shield, and they get a call immediately to answer their questions. One question came to us about eligibility for disabled adult children so we could handle it internally within HSS.

Vice President Zvanski asked if there is more information on providers outside of California. Charles Lee said HIPPA protects any link from providers to members, so the data is limited. Commissioner Wilson said it suffices to say that Blue Shield answers members' questions and ensures members can keep their doctors and see them.

Rey Guillen reported on the successful first in-person town hall hosted by the Veterans Police Officer's Association (VPOA), which about 60 people attended. HSS managers and Blue Shield representatives presented the details of the new plan. They answered members' questions, leading to positive feedback from VPOA leadership expressing gratitude for their sincerity and commitment to quality healthcare for retired members. He mentioned an upcoming in-person town hall with the Protect Our Benefits group on the following Monday and noted that they will also present at the RECCSF meeting on October 16. Guillen also indicated that they had contacted the firefighter's group to offer a meeting for them.

PUBLIC COMMENT:

Fred Sanchez, President of Protect our Benefits: Expressed his appreciation for Jessica Shih's effectiveness in supporting members, gratitude for the six-page brochure, and recounted positive feedback from the town hall for VPOA.

Break: 3:06–3:17 p.m.

ROLL CALL:

President Mary Hao- Present
Vice President Claire Zvanski- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey-Present
Commissioner Art Howard- Present
Commissioner Gregg Sass-Present
Commissioner Fiona Wilson, MD.- Present

11. OPEN ENROLLMENT FOR PLAN YEAR 2025 AND MEMBER ENGAGEMENT PLANS:(Discussion)

[See pdf of Open Enrollment for Plan Year 2025 and Member Engagement Plans presentation.](#)

Rey Guillen, SFHSS Chief Operating Officer, and Carrie Beshears, SFHSS Well-Being Manager, presented the following items:

- What is Open Enrollment?
- Open Enrollment (OE) Timeline
- Open Enrollment Letters to be Mailed September 23: 91 Custom OE Letters With Rates and 10 Confirmation Letters, Retiree OE Booklet and Retiree Self-Service Instructions, 2025 Health Benefits Guides, Comprehensive OE Resource Hub at sfhss.org/oe2025
- OE Calendar Events
- Member Experience – Weekly Emails, Four Benefit Fairs, 18 Webinars Scheduled, Worksite OE Promotion, Enhanced Customer Service
- SFHSS Flu Prevention Campaign & Clinics: Flu Email Communications, Promotional Materials
- Be Prepared – Know Before You Go
- Who Can Get a Flu Shot?
- Flu Clinic Schedule
- Open Enrollment Success Metrics – Flu Clinics
- Operations Open Enrollment Success Metrics

President Hao pointed out that the FSA does not roll over into 2025 automatically. Rey Guillen confirmed that FSA is the only exception to the rule. The IRS requires that members re-enroll in medical or dependent care FSA accounts every year.

PUBLIC COMMENT: None

12. MEASURING PLAN PERFORMANCE AND HEALTH EQUITY REPORTING: (Discussion)

[See pdf of Measuring Plan Performance and Health Equity Reporting](#)

Michael Visconti, SFHSS Contracts Administrator Manager, and Leticia Harris, M.S. CHES, Senior Health Program Planner, SFHSS Plan Representatives from Kaiser Permanente, Health Net, and Blue Shield of California presented the following items:

- Measuring Plan Performance
- SFHSS Building Blocks of Measuring Plan Performance
- Performance Guarantees (PGs) – Defined
- How does a Performance Guarantee come about?
- Monitoring Performance Guarantees
- SFHSS Performance Guarantees and Required Reporting
- Active Plan Management and Collaboration
- Focus on Racial Equity – City, GARE, and Leading Health Authorities
- Alignment with Leading Health Authorities and Employers on Clinical Metrics and Health Equity
- Advancing Equity in plan reporting and performance
- Examples of Health Equity Clinical Measures across plans
- Health Plan Equity Initiatives from Plan Partners
 - Blue Shield of California
 - HealthNet
 - Kaiser Permanente

President Hao asked what alignment with leading health authorities looks like. Michael Visconti said that HSS uses the same Healthcare Effectiveness Data and Information Set (HEDIS) tool to measure performance on important dimensions of care and service. HSS uses HEDIS metrics that are very common to our performance guarantees that are set every year.

Vice President Zvanski asked if the rate of diabetes, cardiovascular issues, and high blood pressure among our active and retired members is comparable to other groups or if it is higher than average. Michael Visconti reported that they achieve high positive HEDIS scores for their populations, typically ranking in the 75th to 90th percentile across most performance guarantee categories, including diabetes and cardiovascular health. He noted that their populations differ significantly from statewide populations, particularly Medicaid groups, with different targets they won't reach for several years. Michael Visconti expressed pride in their progress and the efforts of their plan partners, emphasizing ongoing improvements year over year.

Vice President Zvanski asked when we refer to high percentages if we say that our rates are not excessively high compared to others but rather that our percentages are better or lower than average. Executive Director Yant clarified that the numbers being discussed are not prevalence figures; they do not indicate how many people are affected. Instead, they focus on a specific health indicator related to the population's uncontrolled blood pressure issues, which is the target for improvement. The report is concerned with this health indicator rather than overall prevalence. Commissioner Sass pointed out that health disparities among different groups are largely rooted in a lack of trust in the healthcare system and fear of accessing it. This mistrust stems from historical abuses and systemic issues, particularly affecting undocumented individuals and marginalized communities like Native Americans and African Americans. Commissioner Sass emphasized that

fear—whether it’s fear of deportation or distrust of medical professionals—contributes significantly to the reluctance to seek necessary medical care, leading to disparities in health outcomes. Executive Director Yant said this presentation on equity issues is part of a series addressing healthcare inequities. Equity has been established as a critical goal in our strategic planning, and we’re pursuing various long-term strategies to tackle these issues. Trust is essential, and while many plans are making progress, significant changes will take at least eight to ten years. We aim to focus on incremental improvements and learning from experiences on the provider side. Executive Director Yant said resources will be provided so new board members can understand the ongoing efforts.

Vice President Zvanski asked if doula services are covered in Blue Shield of California plans. Tiffany Gill, Blue Shield of California, said some midwives and nurses are available, but doula services are not usually covered.

PUBLIC COMMENT: None

13. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES: (Discussion)

Tiffany Gill introduced Rob Smith, the senior director of Medicare at Blue Shield, as the coordinator for Medicare services. He has over 30 years of experience in various health plans. He expressed enthusiasm for the collaborative work with HSS and a dedication to fostering compassion and care within his team and Blue Shield’s services. He looks forward to future interactions with the group.

President Hao strongly encouraged UHC to provide the data because it ultimately serves members.

PUBLIC COMMENT: None.

14. ADJOURNMENT: 4:29 p.m.

Health Service Board and Health Service System Website: <http://www.sfhss.org>

Summary of Health Service Board Rules Regarding Public Comment

1. There will be an opportunity for general public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
2. A member of the public has up to three (3) minutes to make pertinent public comments; the Chair has the discretion to limit public comment to less than 3 minutes per member of the public.
3. Public Comment can be given in-person, remotely, or written.
4. Members may submit their comments by email to health.service.board@sfgov.org by 5 p.m. the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item, and will include that note in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.
5. Remote public comment from people who have received accommodation due to disability will not count toward the 30-minute limit.

Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils, and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

The ringing and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings. The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room. The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule. The complete rules are outlined in Chapter 67A of the San Francisco Administrative Code.

Disability Access and Accommodation

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are #42 Downtown Loop and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex. Accessible seating for persons with disabilities (including those using wheelchairs) will be available. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez, at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 pm the previous Friday.

City Hall Room 416 is wheelchair accessible. There are elevators and accessible restrooms located on every floor. **Wheelchair-accessible entrances are located on Van Ness Avenue and Grove Street. Please note the wheelchair lift at the Goodlett Place/Polk Street is temporarily not available.** After multiple repairs that were followed by additional breakdowns, the wheelchair lift at the Goodlett/Polk entrance is being replaced for improved operation and reliability. We anticipate having a functioning lift after the completion of construction in May 2025.

This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure the availability of the meeting link. Sign Language Interpretation is also available upon request. If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of 4 business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request an accommodation, please contact Holly Lopez, holly.lopez@sfgov.org, 628-652-4646.

To access the meeting remotely as an accommodation, please use [September 12, 2024 HSB Regular Meeting WebEx link](#) or call 415-655- 0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

Sensitivity to Chemical-based Products

To assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity, or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Holly Lopez at 628-652-4646 or email holly.lopez@sfgov.org. The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org.

Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site www.sfgov.org/ethics.

Generative AI was used to summarize and clarify discussion points in the meeting minutes.