MEMORANDUM

December 12, 2019

TO: Karen Breslin, President, and Members of the Health Service Board

FROM: Abbie Yant, RN, MA Executive Director SFHSS

RE: Strategic Plan 2020-2022 Preliminary Report

The SFHSS Strategic Plan 2020-2022 was presented in September, approved in October, and distributed to the Health Service Board in December of 2018. SFHSS also debuted preliminary Key Performance Indicators (KPIs) for all departments. Key Performance Indicators are measurable values that show an organization's progress toward achieving strategic business initiatives. These individual measures represent a roll up of diverse activities and projects that support overarching Strategic Plan Goals.

This 2019 preliminary year of Strategic Plan management and Key Performance Indicator tracking has brought about a deeper understanding of the alignment between strategic goals, operational activities, and projects that involve staff of all levels. To capture learnings from this preliminary year, a root cause analysis was completed with participation from all divisions to identify continuous quality improvement opportunities that will ensure the likelihood of strategic plan successes for the future. SFHSS is also exploring opportunities for consultation support from the Controller Office Performance Division in 2019 and 2020 around refreshing our plan, enhancing our KPIs, and refining the quantity, scope, and interdependencies of strategic planning initiatives. SFHSS plans to report progress on these activities to the Health Service Board at the end of the first 2020 quarter.

To report out on 2019 progress, SFHSS has prepared the Strategic Plan Business Initiative and Key Performance Indicator Reports included in this packet. These reports document progress of strategic business plan initiatives relative to each Strategic Plan Goal area and afford an in-depth look into Key Performance Indicator overview, tracking, and commentary.

Strategic Plan Business Initiative Report

2020 Business Initiatives	Status	Commentary
Affordable and Sustainable		
Evaluate alternative risk pooling and self-insurance models for health, pharmacy, stop loss and ACO / PCMH programs [ACTION]	*Deferred*	To be embedded in future procurement process
Request self-insurance quotes from health plans in conjunction with ACO / PCMH design [ACTION]	*Deferred*	To be embedded in future procurement process
Conduct RFI for second opinion, care coordination, musculoskeletal conditions and care management [ACTION]	*Complete*	RFI produced preliminary findings around musculoskeletal conditions and care management services; second opinion services were discontinued; overall RFI findings to be embedded in future procurement process
Design an optimal ACO / PCMH model which may include medical, pharmacy, and behavioral programs [ACTION]	*Work in progress*	Partnered with Pacific Business Group on Health (PBGH) and California Quality Collaborative (CQC) to support primary care initiative.
Assess health plan and/or specialty vendor resources to identify high value providers [PILOT]	*Deferred*	To be embedded in future procurement process
Review quality and cost decision tools available from the health plan or a specialty vendor [PILOT]	*Deferred*	Supported utilization of the Integrated Healthcare Association Align Measure Perform (AMP) common measure set with carriers. To be embedded in future procurement process
Consider plan designs that incent desired actions (e.g., reduced copays or deductibles) [PILOT]	*Work in progress*	Presented the Health Service Board with potential plan/program changes for 2020 renewal which were declined; SFHSS staff will continue to bring ideas to the HSB for consideration
Seek ongoing solution to City Plan services through the renewal process and subsequent RFP for the medical plans [DISCOVERY]	*Work in progress*	Explored health system models, national/local industry activities, major players, contracting strategies and opportunities as part of the marketplace assessment; received feedback through member engagement focus groups (117 members/34 unique city-wide departments); findings to be embedded in 2020 and 2021 renewal discussions and future procurement process
Review alternative payment models [DISCOVERY] *Brought forward from 2022 business initiative list*	*Work in progress*	SFHSS staff participated in the Catalyst for Payment Reform (CPR) Bundled Payment Collaborative for Episodes of Care to reduce overall cost of care and preventable complications; enhancements to existing Accountable Care Organization (ACO) alternative payment model will be explored; alternative payment models will also be embedded in future procurement process
Reduce Complexity and Fragmentation		
Review care management programs for evidence based and best practice approaches [ACTION]	*Work in progress*	Ongoing discussion with carriers including presentation by carriers to Health Service Board in August 2019 and December 2019
Design value-based plans (e.g., waive copay, deductible) to encourage desired actions [ACTION]	*Work in progress*	SFHSS staff are working with carriers to determine opportunities to modify plan design that encourages desired actions as part of the 2021 renewal
Coordinate the myriad of program offerings, resources, and tools currently available and implement an operating governance structure with service providers [ACTION]	*Work in progress*	SFHSS staff developed carrier specific web pages on sfhss.org
Review and consider customer service functions, tools, and navigation to guide members to appropriate care settings [ACTION]	*Deferred*	To be embedded in future procurement process
Review and analyze data to identify opportunities to consider SDOH in overall health and devise a plan to incorporate into programs and services [DISCOVERY]	*Work in progress*	SFHSS supported the collection of member engagement data to include variables such as ethnicity, language, age, education level, and non-binary gender identification that can help quantify demographics related to SDOH for our membership; participated in the Government Alliance for Race and Equity to support city-wide racial equity action planning; Enterprise Systems and Analytics to support All Payers Claims Database SDOH integrations.

Identify collaboration partners for SDOH (e.g., community, health plan, stakeholders, etc.) [DISCOVERY]	*Work in progress*	Held advisory meetings with UCSF, Hill Physicians, Dignity Health, Brown and Toland Medical Group, and Blue Shield of California to discuss social, environmental, and behavioral health indicators that impact high risk/high cost conditions for our membership; working with the City & County of San Francisco's Department of Human Resources to assess opportunities to include worker's compensation claims in the All Payers Claims Database.
Engage and Support		
Consider additive, replacement, or modification of current customer service resources to offer health navigation services [ACTION]	*Deferred*	To be embedded in future procurement process
Identify top categories of high value services that benefit from navigation (e.g., point of service care, serious care needs) [ACTION]	*Deferred*	To be embedded in future procurement process
Enhance, expand, and integrate wellbeing programs with health care programs / services that provides a seamless "handoff" between service providers [ACTION]	*Work in progress*	Employee Assistance Program staff met with carriers to identify opportunities for seamless handoffs related to accessing behavioral health benefits
Design plans to encourage desired behaviors through incentives, communication, education, advocacy, technology, and SDOH [DISCOVERY]	*Work in progress*	SFHSS staff are working with carriers to determine opportunities to modify plan design and encourage desired actions as part of the 2021 renewal; the Engagement Specialist role will also support activities in this area
Implement a comprehensive and ongoing communication and engagement campaign to create awareness and usage of available plans and services [ACTION]	*Deferred*	Pending Engagement Specialist hire
Devise a plan to continually monitor and enhance understanding and usage of programs [ACTION]	*Work in progress*	Ongoing reporting from the Wellbeing Manager as well as from carriers on utilization of programs
Choice and Flexibility		
Survey population to gain insights on needs and preferences of health choices [ACTION]	*Complete*	Performed membership engagement process
Understand population's preferences with engagement and communication (e.g., print, electronic, mobile, etc.) methods [ACTION]	*Work in progress*	Pending Engagement Specialist hire
Understand how current resources are used and valued [ACTION]	*Complete*	Performed membership engagement process; held mid-year Open Enrollment for voluntary benefits
Develop and implement a comprehensive engagement and communication plan in collaboration with health plans/vendors, SFHSS, DHR, employers, and other stakeholders [ACTION]	*Work in progress*	Pending Engagement Specialist hire; will utilize member engagement feedback
Whole Person Health and Well-being		
Conduct root cause analysis of stressors [ACTION]	*Discontinued*	Embed in other business plan initiatives: member engagement and social determinants of health
Expand and enhance well-being programs to incorporate dimensions beyond physical health including emotional (e.g., stress, sleep, resiliency, mindfulness) and mental/behavioral health [ACTION]	*Work in progress*	Wellbeing supported work around mindfulness initiatives; rolling out new wellbeing module that includes financial wellness
Integrate well-being, health and benefits programs, and service providers to optimize impact and support members across the full health continuum [ACTION]	*Deferred*	To be embedded in future procurement process
Provide education, programs and tools to support and promote retiree well-being [ACTION]	*Deferred*	Holistic retiree health and well-being strategy to be developed in 2020
Incorporate retiree survey data in designing and implementing well-being programs for the retired population [ACTION]	*Deferred*	Holistic retiree health and well-being strategy to be developed in 2020
Expand current and future well-being programs that are relevant to the retirees [ACTION]	*Deferred*	Holistic retiree health and well-being strategy to be developed in 2020
Explore partnership with retiree groups and other City departments (e.g., RPD, DAAS) [ACTION]	*Deferred*	Holistic retiree health and well-being strategy to be developed in 2020
Develop and execute on a comprehensive engagement and communication plan leveraging resources across SFHSS, service providers, and key stakeholders [ACTION]	*Work in progress*	Pending Engagement Specialist hire

SFHSS Key Performance Indicator Report
High-Level Overview

Description

In May of 2019, SFHSS debuted Key Performance Indicators (KPIs) for all departments to the Health Service Board. Key Performance Indicators are measurable values that show an organization's progress toward achieving strategic business initiatives. KPIs are a single measure that represents a roll up of diverse activities and projects that support strategic business initiatives and overarching Strategic Plan Goals.

Key Performance Indicators by Department

Operations

- Increase access to Self-Service eBenefits to approximately 40K members by October 2019.

- Achieve 50% decrease in Delinquency Termination Notifications by June 2020.

- Achieve 5% decrease in Member call counseling volume related to delinquency questions and payments by March 2020.

Enterprise Systems & Analytics

- Identify disease prevalence, cost, and quality of care for SFHSS membership conditions by June 2019.

Finance

- Complete Invoice Payments to Vendors <10 days (average) for NET30 by June 2019.

- Complete Invoice Payments to Vendors <4 days (average) for NET10 by June 2019.

Communications

- Achieve monthly mailing score of 9 for Emma E-Newsletters as a representation of marketing success by March 2020.

- Achieve click to open rate of 15% for Emma E-Newsletters by March 2020.

Well-Being

- Engage 168 participants in 12 Crisis Prevention Institute Trainings (CPI) by July 2020.

- Engage 12 active participants at each of the 10 Diabetes Prevention Program cohort sites by December 2019.

SFHSS Key Performance Indicator Tracking

Important Note: An in-depth look at Key Performance Indicator Commentary is provided on pages 3-4.

KPIs by Department	2019						
Operations	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Status**
Increase access to Self-Service eBenefits to approximately 40K members by October 2019.	13K members	13K members	13K members	13K members	13K members	42,628 members	*Complete*
Achieve 50% decrease in Delinquency Termination Notifications by June 2020. Goal is 91.	181 notices	228 notices	113 notices	139 notices	131 notices	120 notices	*On Track*
Achieve 5% decrease in Member call counseling volume related to delinquency questions and payments by March 2020. Goal is 457.	725 calls	647 calls	701 calls	750 calls	695 calls	596 calls	*On Track*
Enterprise Systems and Analytics	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Status**
Identify disease prevalence, cost, and quality of care for SFHSS membership conditions by June 2019.	30% progress	40% progress	60% progress	80% progress	80% progress	80% progress	*On Track*
Finance	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Status**
Complete Invoice Payments to Vendors <10 days (average) for NET30 by June 2019.	7 days	17 days	18 days	15 days	16 days	14 days	*Work in Progress*
Complete Invoice Payments to Vendors <4 days (average) for NET10 by June 2019.	3 days	10 days	18 days	15 days	16 days	14 days	*Work in Progress*
Communications	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Status**
Achieve monthly mailing score of 9 for Emma E-Newsletters as a representation of marketing success by March 2020.	8.8 Mailing score	N/A	N/A	N/A	N/A	N/A	*Discontinued*
Achieve click to open (CTO) rate of 15% for Emma E-Newsletters by March 2020.	8% CTO rate	5% CTO rate	5% CTO rate	N/A	9% CTO rate	6% CTO rate	*Work in Progress*
Well-Being	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Status**
Engage 168 participants in 12 Crisis Prevention Institute Trainings (CPI) by July 2020.	N/A	N/A	N/A	N/A	30 people	N/A	*Work in Progress*
Engage 12 active participants at each of the 10 Diabetes Prevention Program cohort sites by December 2019.	48 people	N/A	N/A	10 people	25 people	N/A	*Work in Progress*

SFHSS Key Performance Indicator Commentary
An In-Depth Look

Operations

There are 48 reasons coded in PeopleSoft for why members call SFHSS (e.g. Open Enrollment, family status change, eligibility, etc.). Between February 2016 and February 2019, 11.5% of calls (11,864 calls) received by SFHSS were for delinquency payment issues. SFHSS has entered into collaborative partnerships with the City Performance LEAN Program and the Department of Human Resources to support action planning that reduces delinquencies and benefit termination. SFHSS also held Voice of the Member focus groups so that employees impacted by benefit termination could share their experiences and work in partnership with staff on process improvement solutions. Data analysis was completed to track trends between calls and delinquency notification volume and to identify departments whose members experience the highest proportion of delinquencies city-wide. SFHSS is committed to internal, inter-divisional, and city-wide efforts to reduce benefit termination for our membership and will continue to track progress that results using the identified KPI measures for calls and delinquency notifications. These KPIs align with the Strategic Plan Goals of Reducing Complexity and Fragmentation and Engage and Support.

Another paramount achievement for SFHSS was successfully increasing Self-Service eBenefits from approximately 13K to 42K members, fulfilling this Key Performance Indicator at 100% completion. Nearly 1K SFHSS members rated their Open Enrollment experience using a premier 2019 survey aimed at gauging customer effort and satisfaction. This Open Enrollment survey was debuted after completion of the full roll out of Self-Service eBenefits and analysis of results is currently underway. This KPI complements the Strategic Plan Goals of Engage and Support and Choice and Flexibility.

Enterprise Systems and Analytics

The top conditions identified in the Strategic Pan for analysis were Bariatrics, Diabetes, Musculoskeletal, Behavioral Health, and Maternity Care. ESA has extracted 80% of the data that provides insights on disease prevalence, costs and in some cases quality for 4/5 conditions. ESA also completed analysis on 4 other conditions not initially included in the scope: infertility, cancer, specialty drugs, and conditions that would qualify members for the Smileway benefit. SFHSS also obtained access to race data as part of the road map towards analyzing the social determinants of health for our membership population in accordance with our principle of inclusivity. This Key Performance Indicator analysis is aimed at continuously informing future plan design and supporting the Strategic Plan Goal of Reducing Complexity and Fragmentation for our membership in relation to complex care management.

Finance

Finance's Key Performance Indicators focus on the time that it takes between receipt of an invoice and payment by the City in connection with the Strategic Plan Goal of Affordable and Sustainable. The data is collected from the City's Financial system and the timeline for payment is established through contracts with the vendors. In the case of these two KPI measures, the requirement to pay the invoices is either within 10 or 30 days from receipt. SFHSS has made arrangements with the Controller's Office, Office of the Treasure Tax Collector, and the Office of Contract Administrator to pay the health plans the same day as receipt of the invoice. Finance strives to meet these Key Performance Indicators throughout the year and does encounter outliers in June and September due to the number of transactions associated with year end activities.

SFHSS Key Performance Indicator Commentary
An In-Depth Look

Communications

The EMMA Marketing Database was used to send monthly campaigns to over 15K subscribers from January through May of 2019. The first Communication's KPI focuses on the monthly mailing score for Emma E-Newsletters, a representation of marketing success that factors in open rate, click-through rate, shares %, opt- out %, and sign up%. Split testing is used to produce the SFHSS monthly mailing score on a 10-point scale and this score is compared with a benchmarking database of national customers that also utilize this E- Newsletter platform. In June SFHSS switched to a new email marketing platform called Mailchimp that does not produce the proprietary mailing score previously reported out from the EMMA Marketing Database. As such this specific KPI was discontinued and research is underway to find a comparable alternative that aligns with communication planning for 2020.

The second Communication's KPI focuses on HSS' click to open (CTO) rate. The click to open measure indicates how effective the email message performed and if it created a level of interest by the recipient to click-through to learn more about the content within the email. Even with the switch from the EMMA Marketing Database to Mailchimp, this KPI measure continued to be tracked, as it is produced in reports from both email platform systems. HSS' click to open rate is being compared to the 2018 *Get Response* global marketing benchmark report that analyzes 4 billion unique emails sent by *Get Response* customers in 126 countries across 19 industries. The 2018 *Get Response* global marketing benchmark for Health Care related industries is 15% for click to open rate. Communications is dedicated to achieving the industry standard of 15% for this Key Performance Indicator in connection with the Strategic Plan Goal of Engage and Support.

Well-Being

The Key Performance Indicators for Well-Being relate to member participation in both Crisis Prevention Institute (CPI) trainings and Diabetes Prevention Program (DPP) cohort sites. In partnership with Kaiser and the YMCA, SFHSS Well-Being aimed to launch 10 Diabetes Prevention Program work site location in 2019. In order for a DPP to take place there must be a minimum of 8 qualified participants for the program. Of the 9 desired locations, 7 were executed with required minimums being met. Well-Being worked in partnership with Champions to identify each location, secure space, and assist with planning of the 7 fully executed cohorts. Data tracking for this KPI is completed by the external program provider and reporting is completely exclusively in months where qualified participants attend their initial DPP sessions versus reporting on a monthly basis.

To inform the Key Performance Indicator around Crisis Prevention Institute (CPI) trainings, Well-Being took a historical look at participation from 2015-2018. There were 14 participants on average per CPI class between 2015-2018 and this average informed the 2020 goal of 14 participants across 12 trainings for a total of 168. CPI is a training that is offered one day for 8 hours. Therefore, the participation numbers represent the number of individuals trained for that month. If no training took place in a particular month, no statistics were presented in KPI progress tracking. In 2019 Well-Being saw a rise in critical incident responses and has committed to sending a second Employee Assistance Program counselor to CPI training in February of 2020 so that the team can be even more equipped to support progress toward this KPI in relation to the Strategic Plan Goal of Whole Person Health and Well-being.