

SF Health Network Update

Health Commission | October 16, 2018



San Francisco
Health Network

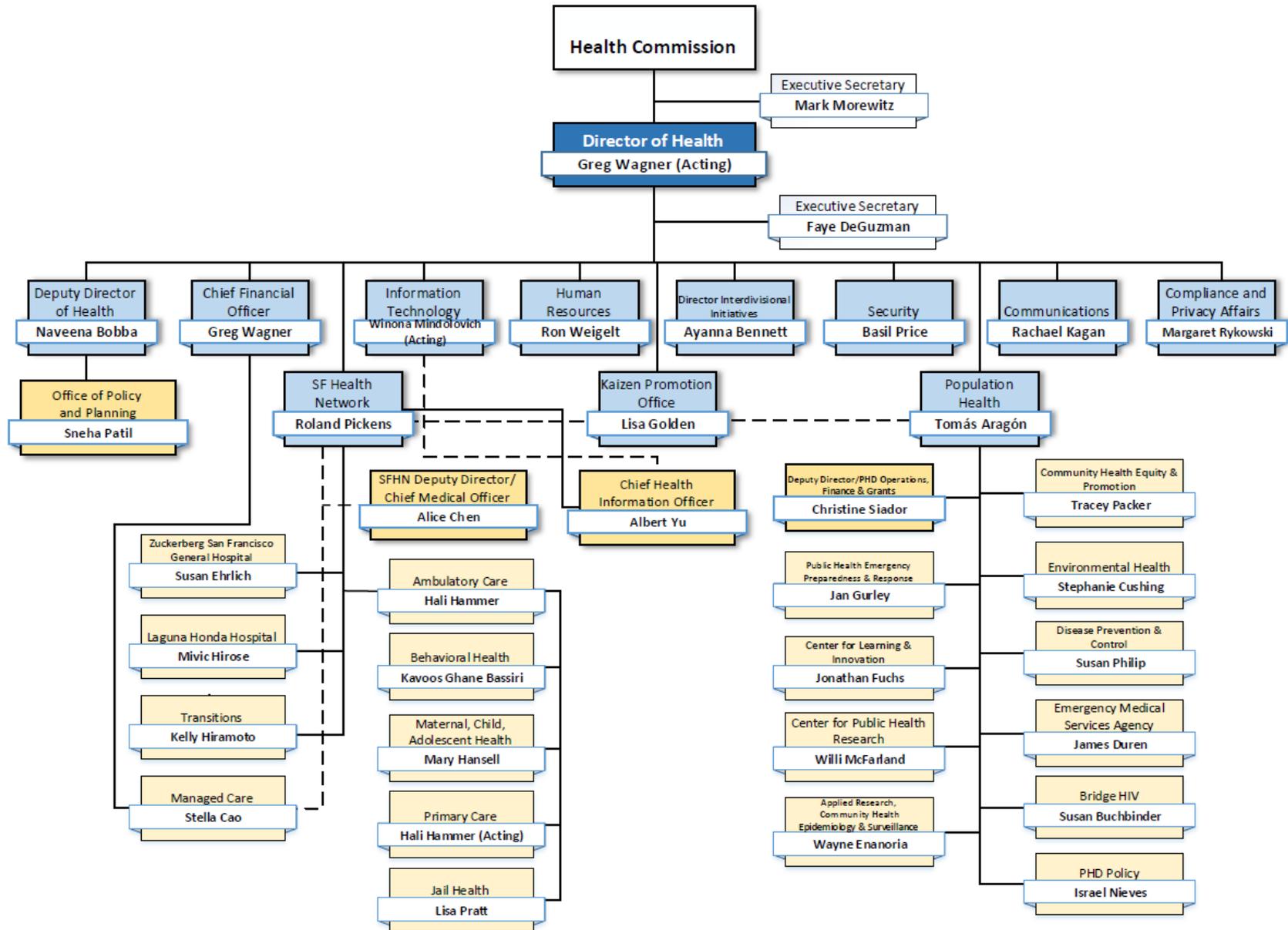
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Presentation Overview

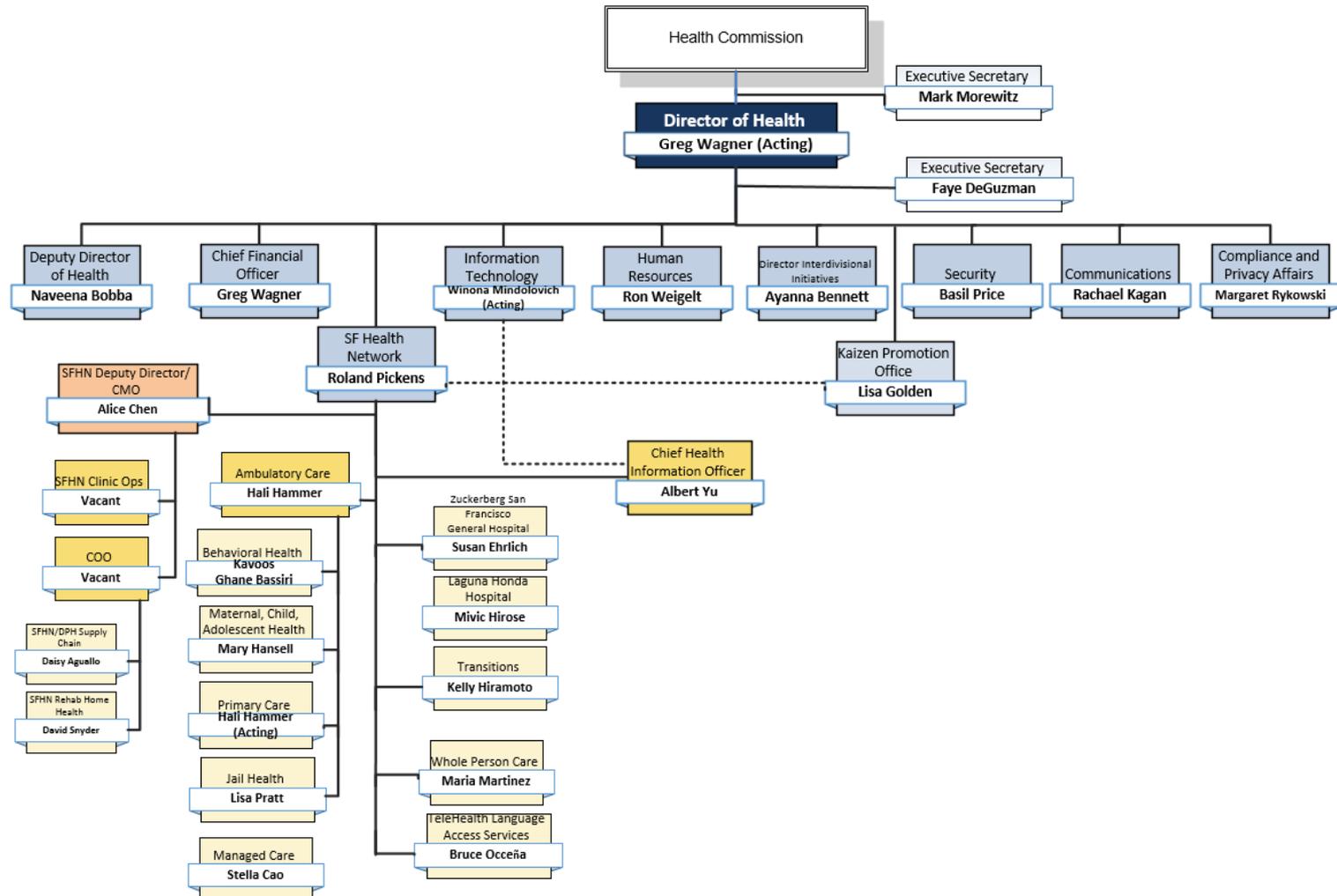
- Leadership
- Lean
- SFHN Department/Program Highlights
- Primary Care Overview



DPH Leadership



SFHN Leadership



Leadership

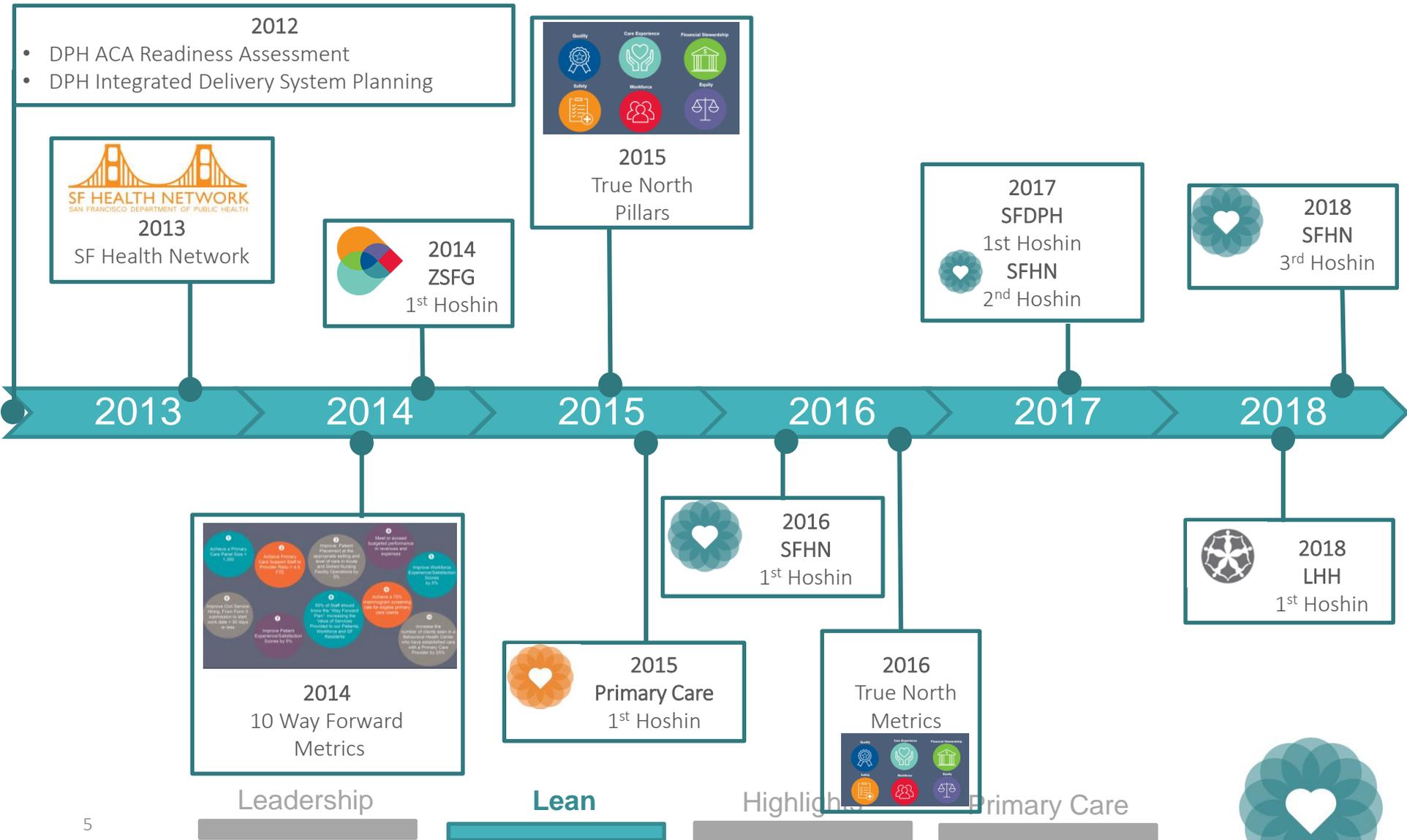
Lean

Highlights

Primary Care



Lean Journey



Strategic Priority Evolution

	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20
SFDPH		<i>No new strategic priorities.</i>	1) AKATA (eHR/EPIC) 2) Developing Our People (Lean)	<i>No new strategic priorities.</i>	1) Data Science 2) Developing Our People (Lean) 3) Homelessness
SFHN	9 Strategic Initiatives 1) Master Facility Plan 2) Timely, Actionable Data 3) Internal Communication and External Outreach 4) Integration 5) Optimize Finances 6) Develop Our People (LEAN) 7) Right Care, Right Place, Right Time (Patient Flow) 8) 1115 Waiver Program 9) eHR	<i>No Hoshin.</i>	3 Strategic Initiatives 1) RIETA (eHR/EPIC) 2) Developing Our People (Lean) 3) Value Based Payments (Payment tied to Outcome)	<i>Focus on aligning current initiatives on preparing for Epic.</i>	3 Strategic Initiatives 1) RIETA (eHR/EPIC) 2) Developing Our People (Lean, Deploy DMS for EPIC) 3) Value Based Payments or Homelessness (TBD)
	Leadership	Lean	Highlights	Primary Care	



True North Evolution

FY15-16

FY16-17

FY17-18

FY18-19

FY19-20



Quality



Safety



Care Experience



Workforce



Financial Stewardship



Equity

Alignment & Focus

Standardization

Synergy

Individualization

Financial Stewardship
Workforce
Safety

Equity

Quality
Care Experience

49 metrics
20% on target

47 metrics
27% on target
A3 report outs

transition
year

Leadership

Lean

Highlights

Primary Care



True North Evolution



Leadership

Lean

Highlights

Primary Care





True North Reporting: BH

May 2018

True North: EQUITY

True North Metric: FY 17/18 Completion Rate of Transgender 101 Training

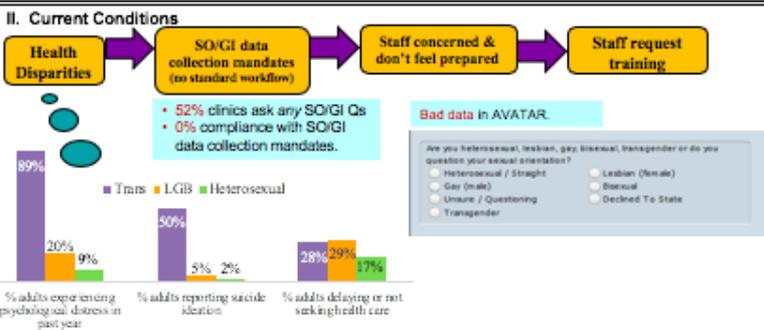
BHS Sponsor: Kavoo Ghane Bassiri

Metric Sponsor/Owner: QM - Seth Pardo

Date	May 23, 2018	Version	22.0
------	--------------	---------	------

I. Background

- LGBTQ health disparities exist (IOM, 2011; Healthy People 2020; CA LGBTQ RDPH 2012)
- SF has the highest proportions of LGBTQ persons than any US City/County (Gallup, 2015)
- BHS has no standard process for SO/GI data collection, but state and local mandates exist:
 - CA State AB959:** Collect voluntarily given SO/GI data from clients and report data and collection methods to the state in aggregate.
 - CCSF Ordinance 159-16:** Collect SO/GI data from clients using CCSF Sex & Gender Guidelines and Sexual Orientation Guidelines, and report data and collection methods to the City in aggregate.
- Few SO/GI "how to" trainings are available in person or online that are DPH specific, but local mandates exist.
- True North (Equity) SO/GI Staff Training requirement selected as a first step to prepare BHS workforce to properly collect SO/GI data and meet data collection mandates.



Increase % active clients with SO/GI data in AVATAR.

# direct service staff who complete new Transgender 101 online training	0	1,861*	June 30, 2018
Increase # CCSF clinics collecting SO/GI data in compliance w mandate	0	19	June 30, 2018
Increase % active clients with SO/GI data in AVATAR	0	60%	June 30, 2019

* # BHS Staff who billed for any MBI or SU service in AVATAR



V. Proposed Countermeasures

Cause/ Barrier Addressed	Countermeasure	Description	Impact	Effort
Low staff buy-in (and low	Increase info sharing	If staff feel more involved in DPH SO/GI processes,		
Increase training availability and access.				
Limited # SO/GI trainings available.	Increase training availability and access	If more training is available, more staff will complete at least one training.	H	H

VI. Plan

Countermeasure	Expected Result	Owner(s)	Date
Updated Transgender 101 online training mandated for all BHS staff this fiscal year	ALL BHS Staff who complete updated Transgender 101 training will feel more confident to begin data collection	Kavoo Ghane Bassiri	Posted Nov 2017; Due by June 30, 2018
Clinic site visits to discuss SO/GI initiative and the training mandates with staff	Increase staff buy-in to complete SO/GI training mandates on time	Seth Pardo & Gloria Frederico	Fall 2017 & ongoing
Complete & post online SO/GI training module(s) to SFDPH training sites	More available trainings → staff more opportunities to increase knowledge and confidence with initiative mandates	SO/GI Training Workgroup	April 2018

VII. Follow-Up

- When/how you will know if plans have been followed & the actions have had the impact needed?**
 - Quarterly quality assurance (QA) checks: Seth Pardo (QM) tracks training completion rates for Transgender 101 online training.
 - Quarterly QA training report: Seth Pardo submits Training Completion Report to Deborah Sherwood (QM Director).
 - Weekly check-in with BHS leadership: Seth Pardo & Gloria Frederico share progress with Kavoo Ghane Bassiri.
- Anticipated related issues or unintended consequences? Contingencies?**
 - Limited channels of communication to all BHS staff.
 - Computer issues may limit functionality of (or access to) the online trainings.
 - Limited staff availability to complete the Transgender 101 before June 30, 2018.
 - Confusion about Transgender 101 training mandate
- What processes will you use to enable, assure & sustain success?**
 - In-person clinic site visits.
 - Regular check ins with clinic directors to assess barriers and troubleshoot.
 - All Staff memo from Kavoo Ghane Bassiri (BHS Director) about training mandates.
 - Small team of trained BHS staff trainers available for supplemental in-person trainings as needed.

Leadership

Lean

Highlights

Primary Care





True North Reporting: JH

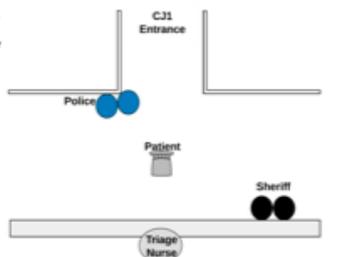
Ver: 1.0	Date: 5/22/18		
-------------	------------------	--	--

I. Background: What problem are you talking about and why focus on it now?

- SF City Ordinance to collect and analyze Sexual Orientation and Gender Identification (SO/GI) data and address health disparities.
- SFDPH wish to improve the patient experience for those who identify as transgender by collecting and addressing the patient by their current name/pronoun.
- SFSD have asked JHS to assist with gender identification during the Triage process at C1L, so that those patients who identify as transgender may be searched and housed appropriately. (SFSD Policy #02-34 "Management and Interaction with Transgender, Gender Nonconform and Non-Binary Persons").

II. Current Conditions: What is happening today and what is not working?

- JHS currently collects only basic gender identification data during the Intake Interview after the patient has been searched by SFSD.
- JHS staff collect current name/pronoun on an ad-hoc/free text basis.
- There are no guidelines on addressing patients by current name/pronoun.
- Police collect Gender Identity and Search Preference during arrest, this data is viewed as low quality.
- SFSD need assistance with gender identification at Triage Desk. JHS currently asks gender identification questions after patient has been searched.
- During the Triage interview, patients are often uncooperative/intoxicated and minimally forthcoming with information.



V. Possible Countermeasures: What countermeasures do you propose and why?

Change workflow so "sex at birth" and "current gender identity" questions are asked at Triage Desk (prior to patients being searched).

VI. Plan: What, where, how will you implement, and by whom and when?

Countermeasure	Description and Expected Result	Owner	Date
Create new fields/reports in JIM	Buildout JIM to collect and report SO/GI data. <u>Expected Result:</u> Structured and standardized data allowing analysis.	Maurice, Willie	In process
Create areas in JIM to display name/pronoun	Include name/pronoun display on left side bar and top bar on JIM. Include name/pronoun on high use worklists. <u>Expected Result:</u> The nurse will use the appropriate name/pronoun thereby enhancing the patient experience.	Maurice, Willie	In process
Change workflow to include asking gender identification questions at Triage	Include "Sex at Birth" and "Current Gender Identity" questions at Triage Desk. <u>Expected Result:</u> The patient will be searched by the appropriately gendered SFSD staff.	SFSD, Margaret	2/20/18
Privacy Barrier	Install privacy barrier at Triage Desk. <u>Expected Result:</u> Patient will be more forthcoming with SO/GI data resulting in a decrease of "decline to state" answers.	SFSD, Margaret	In process
Training	All staff who interact with patients will receive both online and in-person training on addressing patients appropriately. Annual online refresher class will be required. JHS currently has two on-site SOGI Champions, Joel Legitan RN and Nicole Joe RN, available to support the SO/GI process at C1L. <u>Expected Result:</u> Patient will be addressed correctly and staff will feel comfortable discussing this sensitive topic with patients and staff.	Margaret	In process

Problem Statement:

JHS collects only basic SO/GI data on its patients and it is collected after the SFSD search process, resulting in misgendering patients, failure to identify preference for searches by same-gender deputies and incomplete data to guide policy decisions and address health disparities.

Collect and report required SO/GI data on 100% of our patients.

IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?

People	Method	Other	Problem Statement: see above
<ul style="list-style-type: none"> Patients are often hostile or intoxicated. SO/GI is a sensitive topic and staff feel some discomfort discussing with patients. 	<ul style="list-style-type: none"> JHS does not have a process for asking gender identification questions prior to SFSD searches. 		
	<ul style="list-style-type: none"> No fields in JIM to collect Sexual Orientation and Name/Pronoun. Nowhere in JIM to display name/pronoun. 	<ul style="list-style-type: none"> Minimal privacy when collecting data at Triage 	
Material/Supplies	Equipment	Environment	

VII. Follow-Up: How will you assure ongoing PDSA?

- Is there a higher percentage of transgender patients in jail than in the community?
- Do incarcerated transgender patients have different health disparities than the community?
- How will JHS know if there are unintended consequences for patients revealing their gender identities to SFSD, [i.e. losing education privileges because of more appropriate housing, etc.]
- DPH obtains SO/GI data only once from the patient, whereas JHS asks each time a patient comes into jail, is it appropriate to continue asking these questions to repeat patients?



True North Reporting: ZSFSG



Develop standard work for capturing patient/client race, ethnicity, language, sexual orientation and gender identity.

Sponsor: Susan Ehrlich
Sponsor/Owner: Tosan Boyo



Historically, ZSFSG's current data systems did not have the infrastructure to collect REAL or SOGI data nor were staff trained on standardized best practices. Although we're at target for REAL, it's been challenging to sustain momentum from initial mass in-person trainings in January 2017.

Top Contributors

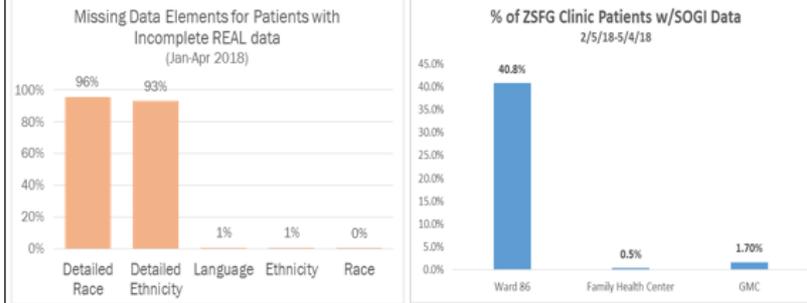
REAL

- We do not have ongoing reporting and/or PDSAs with supervisors, focused on REAL collection in each area
- We do not have a consistent process to onboard new staff or retrain current staff on best practices
- We do not consistently perform process observations of REAL collection in each area

SOGI

- Delays in the finalization of SOGI training materials, workflows and IS upgrades resulted in impacted go-live dates.
- Provider enrollment went up significantly when online trainings became an option (instead of only doing in-person)
- Phased SOGI Network-wide implementation began with Primary Care with Ward 86 staff first to go-live.
- FHC and RFPC clinics went live in April. Specialty Clinics went live in May (no data yet)

Stratified Data



We need to determine how best to coach staff to collect these missing data elements and why it's important. Additionally, it'll be helpful to understand which areas at ZSFSG struggle to attain complete REAL data.

Currently, data reporting system does not allow for breakdown of SOGI data by ZSFSG area beyond Primary care. This will limit our ability to perform process observations in acute care areas

Root Cause	Action Plans Countermeasure	Owner	Date
Developing Our People	Develop onboarding and annual education training/processes for staff collecting REAL and Supervisors with SEN Steering Committee leadership	Kala G	7/18

Develop standard auditing tools for managers to coach and support staff on REAL data collection on an ongoing basis.

Infrastructure	Ensure alignment of REAL/SOGI data collection in to EPIC planning.	Tosan Seth G Rajiv	Ongoing
----------------	--	--------------------	---------



True North Reporting: LHH



May 2018

Homeless data capture

Mivic Hirose

Owner: Sheri Lee, Janet Gillen, Vincent Lee



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

Problem Statement: We do not have a visual management display of living situations for newly admitted residents.

Historical Data

Laguna Honda started collecting data by Social Workers of homeless individuals upon each new admission in 2014. The data was entered on a data field on the front page of SFGetCare if determined that the person did not have a living residence prior to entering LHH. In January 2017, DPH implemented REAL data collection system-wide, with data fields developed in Invision, which includes asking clients their current living situation. This allowed the ability to track homeless data for newly LHH admitted residents.

Fiscal Year	% of Homeless Admissions
FY 14-15	22%
FY 15-16	19%
FY 16-17	20%
FY 17-18 (YTD)	22%

Stratified Data

Period	New Admissions	Homeless Admissions	% of Homeless Admissions
CY2015	525	13	2%
CY2016	476	19	4%
CY2017	406	79	19%
CY2018 (ytd)	101	25	25%

Laguna Honda Resident Demographics

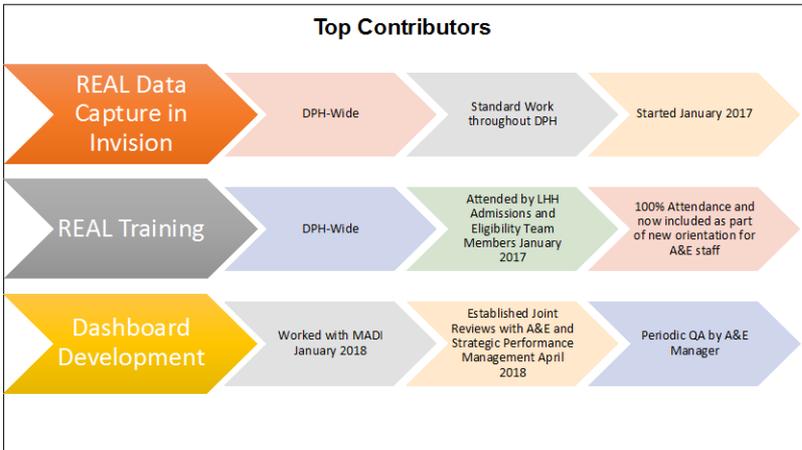
Homeless Indicator	Year of Admission			
	CY2015	CY2016	CY2017	CY2018-ytd
Yes	13	19	79	25
No	487	602	463	249
Unknown	16	5	32	3
Grand Total	616	626	574	276

Homeless Living Situation	Year of Admission			
	CY2015	CY2016	CY2017	CY2018-ytd
Shelter	1	4	6	3
Street/Vehicle	3	7	18	2
Double Up		2	2	
Transitional	1	1	10	5
Other	3	3	17	5
Refuges to State			1	
Unknown	5	2	22	12
Grand Total	13	19	79	25

Age Group	Year of Admission			
	CY2015	CY2016	CY2017	CY2018-ytd
0 to 29	1	1	11	1
30 to 39	2	4	3	4
40 to 49	3	4	22	3
50 to 59	3	9	24	7
60 to 69	4	3	22	4
70 to 79	2	2	11	6
80 to 89	1	1	2	2
Grand Total	13	19	79	25

Race	Year of Admission			
	CY2015	CY2016	CY2017	CY2018-ytd
White	6	3	17	10
African American	3	14	24	7
Asian			3	1
Hispanic/Latino	1		11	5
American Indian/Alaskan			1	1
Pacific Islander			1	1
Other Race	1	1	3	1
Not				1
Grand Total	13	19	79	25

* CY2018 ytd data as of 04/30/18



Action Plan

Assignment	Just Do It	Owner	Date
REAL data collection forms education			
with MADi Team	MADi Team Leader and Analyst to review data fields and data to determine data pool.	Vincent Lee	Apr 2018
Dashboard Development	Utilizing Tableau, Vincent Lee developed a basic dashboard that will be used to track data.	Vincent Lee	Apr 2018
Data QA	Reviewing the Tableau Dashboard and working with Vincent Lee, Sheri Lee reviewed outlier data and corrected as needed. Standard work for ongoing QA has been developed.	Sheri Lee	May 2018
Reporting	Data and Dashboard will be reviewed at a future Quality Council or Executive Committee Meeting. Mivic Hirose will plan to include admitted homeless data with FY18-19 Annual Report.	Mivic Hirose	Jun 2018

SF Department of Public Health | Countermeasure Summary

Leadership

Lean

Highlights

Primary Care



True North Reporting: MCAH



True North Metric: Equity - Fluoride Varnish Application in Child Care Settings

Owners: Anna Clayton & Lauren Umetani - 5/18/2018

I. Background

Oral health is important to the overall health of children and can have lasting effects on their well-being, including their success in school. The National Goal of Healthy People 2020 is to reduce the number of 3-5 year olds with caries experience from 33.3% to 30%.

Fluoride Varnish (FV) is a proven safe and effective way to prevent caries – one application reduces caries by 37-50%. Children are recommended to receive FV up to 4x/year by dental and/or medical providers, yet children of color suffer disproportionately from tooth decay and have reduced access to regular dental care and FV applications. To act as a safety net for children who have reduced access to dental care and FV, in 2011 the San Francisco Department of Public Health Child Care Health Program (CCHP) began providing free dental screenings and FV applications at child care centers serving high-need children in San Francisco.

II. Current Conditions

Among 60 sites screened by CCHP in 16-17:

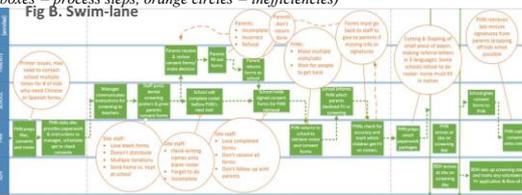
- Children of color were more than twice as likely to have active decay than white children (See Fig. A.)
- CCHP accomplished True North 16-17 Equity Metric goals
 - FV application rate among children of color increased from 71.5% in 15-16 to 76.7% in 16-17
 - FV consent form return rate increased from 91.5% in 15-16 to 95.9% in 16-17

Fluoride Varnish Process:

- A swim-lane process map reveals multiple inefficiencies during the collection of the consent form as well as during data entry/analysis (See figure B; green boxes = process steps, orange circles = inefficiencies)

Fig B. Swim-lane

Fig. A. Active Decay by Race/Ethnicity

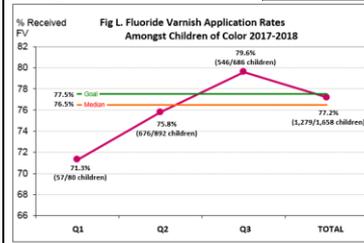
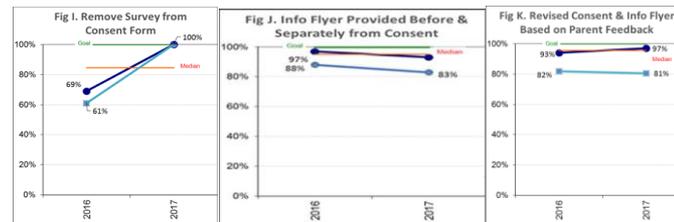


I. Proposed Countermeasures/Plan

Cause	Countermeasure	Description/Timeline	Benefit	Responsible/Timeline
D, I	Remove nutrition survey from consent	Simplify consent by removing 8 survey questions re: nutrition and tooth-brushing from consent form	Easier to fill out = more forms returned.	Lauren/Ivania/ May 2017
D, E	Distribute FV	Put info flyer in kids' cubbies when	Parents have time to	Lauren/Ivania/

Revise fluoride varnish informational flyer based on parent feedback.

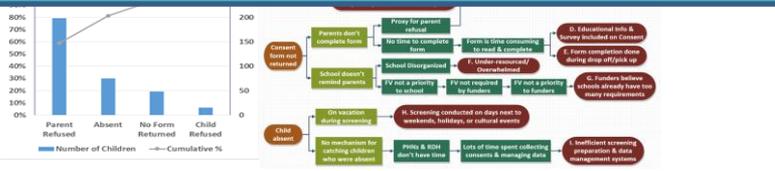
II. Results



- Fig I - PDSA 1: Remove Nutrition Survey from consent - improved - ADOPT
- Fig J - PDSA 2: Distribute educational info separately and before consent - worsened - ABANDON
- Fig K - PDSA 3: Revise consent & info flyer based on parent feedback - no significant change - ADOPT due to positive feedback from parents and CCHP team
- Fig L - FV Application rate by quarter 17-18

Fig. I-K:
 Dark blue lines = FV consent forms returned/Total children
 Light blue lines = Positive FV consent forms returned/Total children
FV application amongst children of color 17-18 = 77.2%
Consent form return rate 17-18 = 95.8%
 (Based on data entered as of 5/18/18. Remaining Q3-Q4 data in process.)

Increase fluoride varnish application rate amongst children of color in the child care setting from 76.5% to 77.5%



III. Follow-Up

- Adopt new informational flyer in Fall 2018 and continue to PDSA as needed
- Share A3 and QI academy work with funders on June 6th, 2018
- Adopt Oracle database system and standard work for improved program processes - IN PROCESS
- Discuss adjusting denominator based on reasons for fluoride varnish not applied
- Include with Epic implementation to ensure fluoride varnish application equity is prioritized

Leadership

Lean

Highlights

Primary Care

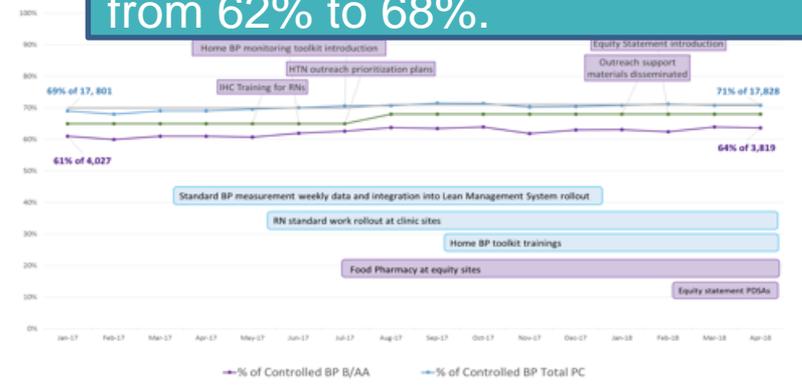




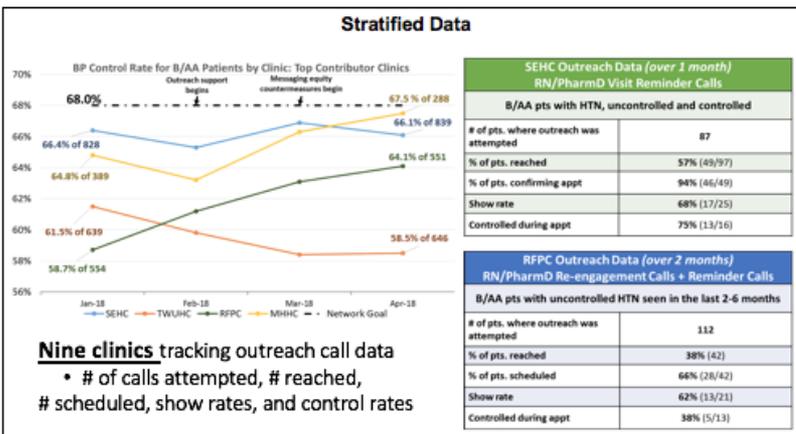
True North Reporting: PC

May 2018

Increase rate of BP control among B/AA patients with HTN from 62% to 68%.



Metric Sponsor/Owner: Ellen Chen/Judith Sansone
Primary Care Sponsor: Hali Hammer



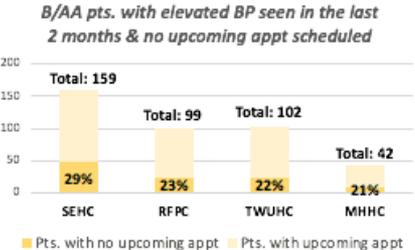
REPEAT BP DATA

Repeat Blood Pressure Rates stratified by Race

Clinic	B/AA			Non-B/AA		
	0	1	%	0	1	%
MHHC	34	466	93.20%	39	700	94.72%
RFPC	110	797	87.87%	301	3138	91.25%
SEHC	260	1156	81.64%	111	594	84.26%
TWUHC	182	771	80.90%	330	1051	76.10%
Grand Total	586	3190	84.45%	781	5483	87.53%

- Disparities in repeat BP data between B/AA patients and other patients
- Top contributor clinics with declining or stagnant control rates have lowest rates of repeat BP

SCHEDULING FOLLOW-UP VISITS



MESSAGING EQUITY PDSA PROGRESS

SEHC	RFPC	TWUHC	MHHC
<ul style="list-style-type: none"> Huddle share, discipline specific Equity presentation with BAAH at all staff meeting 	<ul style="list-style-type: none"> Huddle share and VisWall with statement and data Equity presentation at all staff meeting 	<ul style="list-style-type: none"> Huddle share and VisWall with statement and data Share data for B/AA pts with elevated BP and no upcoming appt Conducted an implicit bias workshop 	<ul style="list-style-type: none"> Huddle share, alternating staff member Discussion at all staff meeting activity where staff members shared how statement impacted their work

Action Plan

Area for Improvement	Countermeasure	Status
Repeating high BP	to patients • Develop standard work for stratifying Repeat BP by race for clinics to discuss data during huddles	• New CM planned
Drop off in data between # of patients reached and # of patients scheduled	• Refine outreach scripts/ guide in collaboration with PACs and clinic analysts to support messaging for CCVs • Continue to track data to analyze efficacy of outreach for reminder calls vs re-engagement	• In progress
Variation in tracking outreach process steps	• Train clinic analysts to build trackers for outreach callers • Prepare for standard workflows using Epic Healthy Planet	• Piloting • Epic planning

Leadership

Lean

Highlights

Primary Care



SFHN Central Administration – Shared Services

Department Highlights FY 17-18

SFHN Supply Chain Operations:

- Improved (using LEAN) annual year-end inventory accuracy rate from 79% to 96%.
- Awarded a single materials & supplies prime vendor contract across all DPH/SFHN sites with projected annual net savings of \$2 Million.

SFHN Rehabilitation Services

- Initiated Physical Therapy onsite at County Jail #5.
- Initiated Cantonese and Spanish language Chronic Low Back Pain Classes.

SFHN Health at Home(HAH)

- Maintained 4th straight year of positive financial operations.
- Initiated (using LEAN) workflow improvement process to decrease the amount of time from physician order to admission decision.

SFHN Language Access Services

- Over 35% of patients served by SFHN require language assistance to fully access services
 - Provided 250,000 interpreter sessions.
 - Decreased average time from point of request to getting an interpreter from > 3 minutes to < 2 minutes.

SFHN Telehealth

- Initiated 3 new telehealth service lines:
 - Outpatient Palliative Care
 - Pain Clinic
 - Health-at-Home(HAH)



1115 Medicaid Waiver Highlights FY 17-18

Global Payment Program (GPP)

- \$97.4 million (out of \$111.7 available)
- uninsured ~30,000

Public Hospital Redesign & Incentives in Medi-Cal (PRIME)

- \$32.9 million (out of \$34.2 available)
- depression screening and follow up 40.3% to 52.7%
- influenza vaccination 71.4% to 85.1%

Organized Drug Delivery (ODS)

- 27 programs now ODS certified
- \$9 million billed to Drug Medi-Cal ODS
- 3,268 patients served with 680,707 visits (average 208/year)

Whole Person Care (WPC)

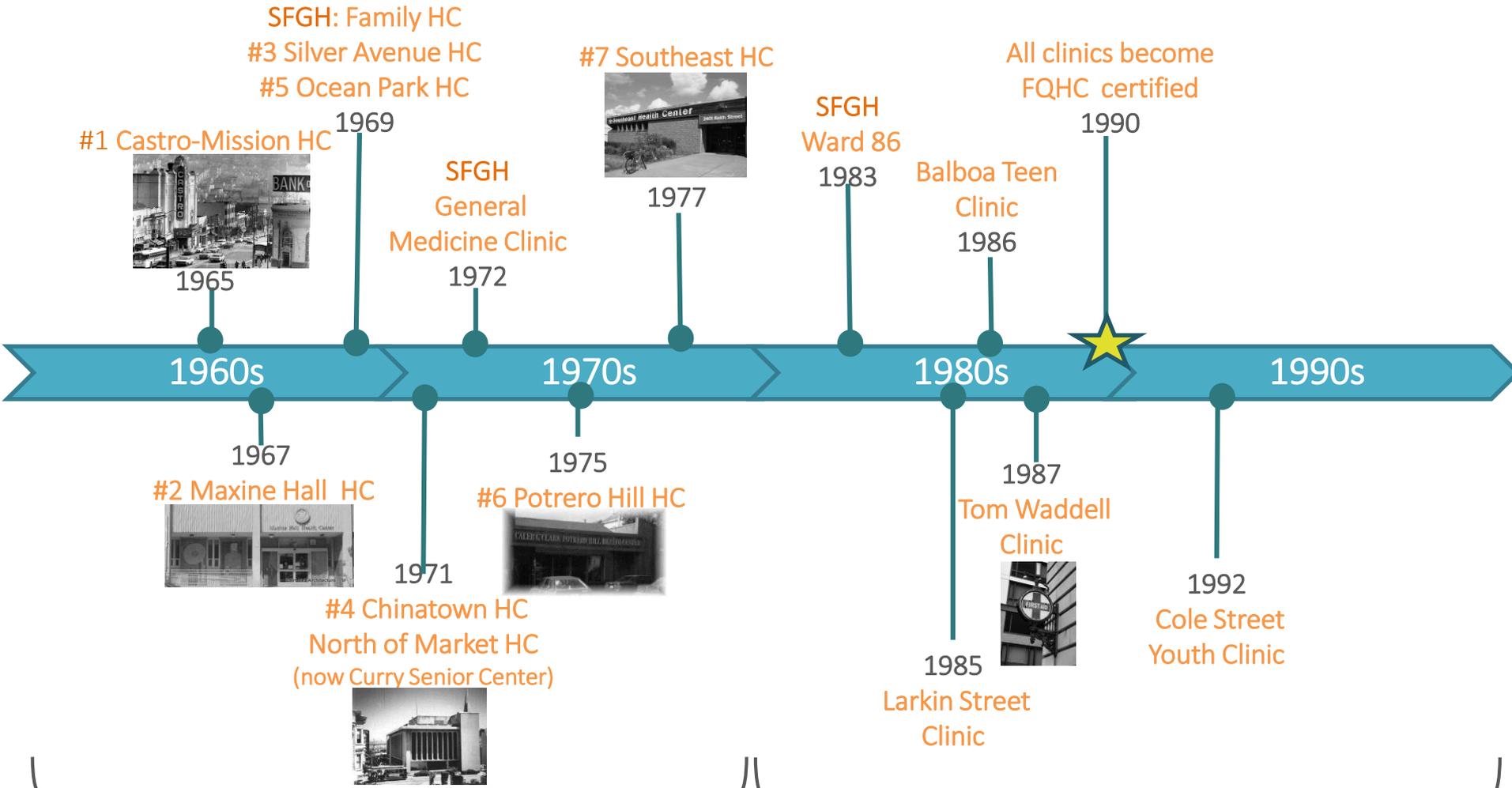
- ~14,000 homeless individuals over course of 12 months
- ~25% unknown to health, ~50% unknown to housing
- \$6.8 million + \$4.9 million rollover (out of \$14.9 available)





Primary Care

Primary Care: A Brief Timeline



1960s-1970s

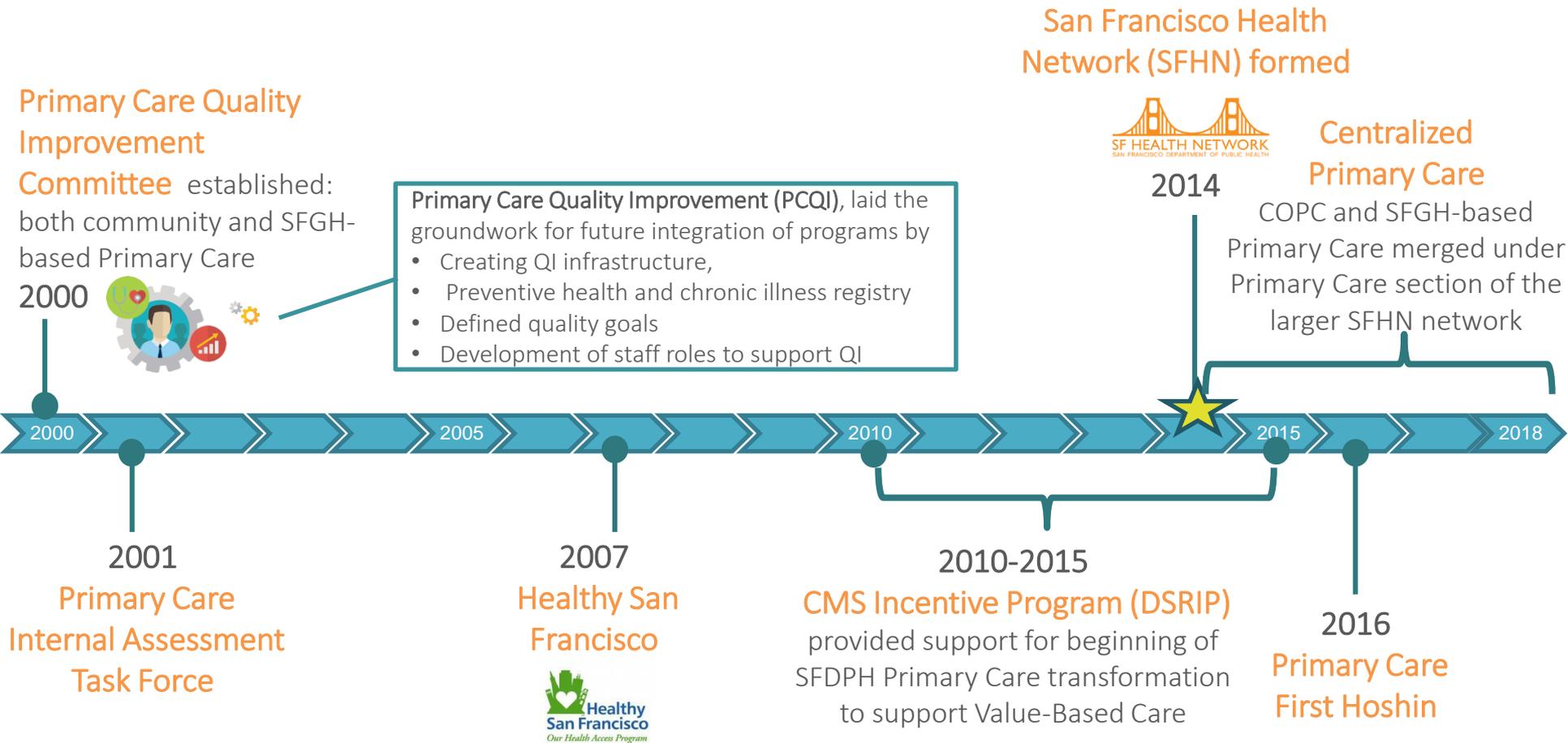
Primary Care focuses on addressing basic health needs:
immunizations, infection control, prenatal care



1980s-1990s

Primary Care evolves into a
“*whole person*” approach to care, integrating:
Dental services, Podiatry, Nutrition, Behavioral health, Clinical pharmacist services

Primary Care: A Brief Timeline Continued...



Primary Care: Vision



“They know how to take care of transgender need and concerns

“The whole staff of the office are very caring and I have been given a lot of attention all the time

“My provider is very creative with other suggestions for self help and spends plenty of time with me with eye contact.

“If I have any illness, they always provide prompt treatment.

1st
Choice for Health Care and Well Being



Improve the Health of the Patients We Serve

Optimize Access, Operations, and Cost-Effectiveness

Ensure Excellent Patient Experience

Safety

Quality

Care Experience

People Development

Financial Stewardship

Equity

Build a Strong Foundation of a Healthy, Engaged, and Sustained Primary Care Workforce

We Provide High Quality Health Care that Enables San Franciscans to Live Vibrant, Healthy Lives

Primary Care: Accomplishments 2014-2018

Unifying goal: to improve health outcomes and access to care while building a healthy, engaged and sustained workforce

Increasing access to care:

- Creation of a Centralized Call Center
- Creation of a Nurse Advice Line
- Reduced wait times
- Development of a Patient Portal
- Implementation of workflows to support post-discharge and urgent appointments
- Active management of clinic enrollment, staffing ratios and provider productivity

Improving the care experience

- Improved CG CAHPS scores
- True North targets to improve health equity in key areas of disparity
- New workflows/trainings to ensure timely response to patient grievances and complaints
- Elevating the patient voice by establishing a Patient Advisory Council at all health centers

Reaching all PRIME metrics

- All PRIME metrics were met for FY17-18 allowing for a maximum payout from the state

Developing strategic priorities (these reflect the FY18-19 priorities below)

- 1) **Value-based Care:** Population health management tactics to maximize Value Based Payments
- 2) **Team-based Care:** Defining a flexible, dynamic team-based model of care to support movement to a new EHR
- 3) **Workforce Development:** Supporting our leaders to manage processes and develop people through consistent use of Lean daily management systems, onboarding, and performance appraisals.

Leadership

Lean

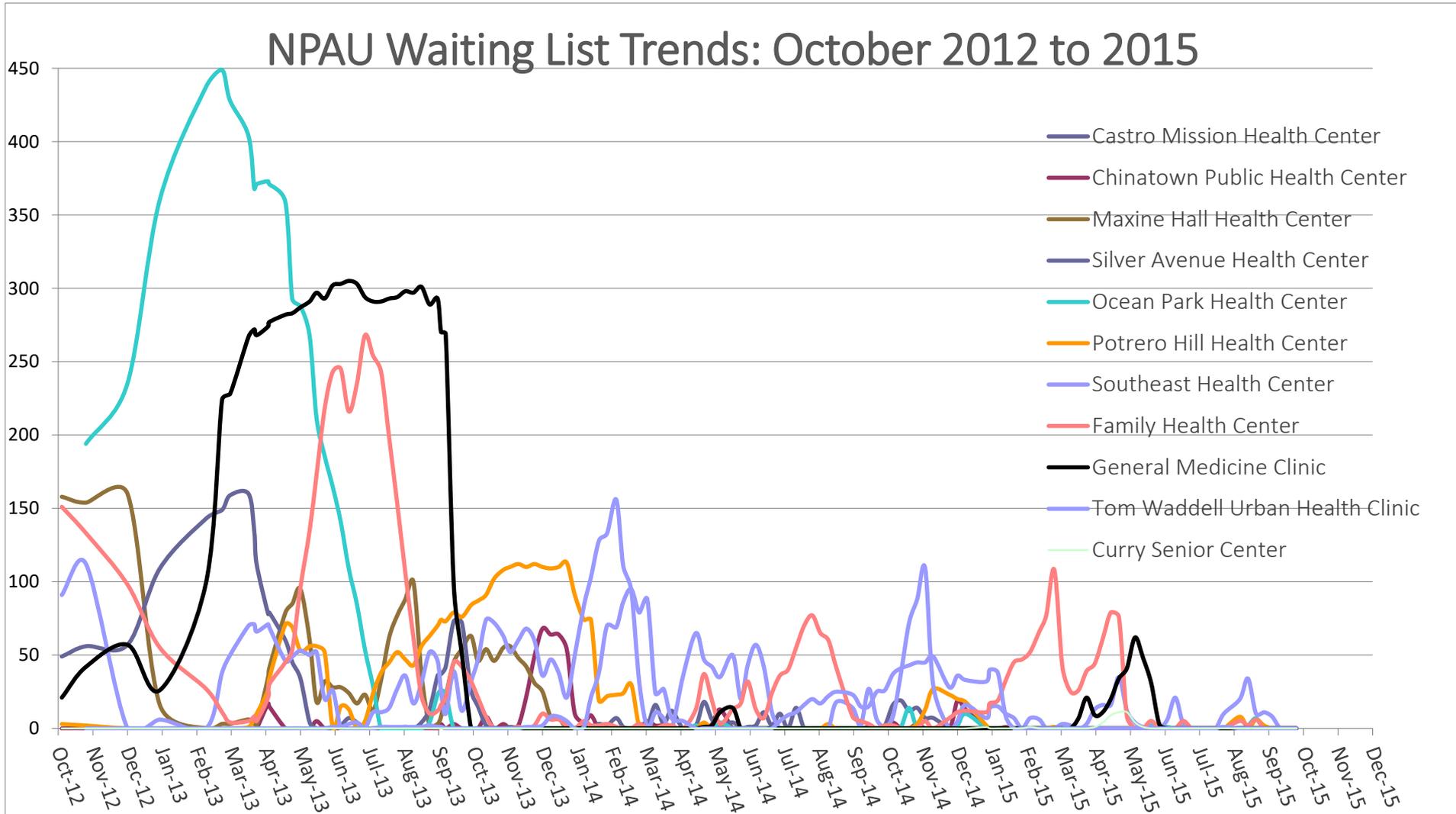
Highlights

Primary Care



Primary Care: Next Available Appointment

NPAU Waiting List Trends: October 2012 to 2015



Leadership

Lean

Highlights

Primary Care



Primary Care in the SFHN: Primary Care Leadership Team



RADAWN ALCORN
Director of Primary Care Behavioral Health



BILL BLUM
Director of Primary Care Programs & HIV Services



ROXANA CASTELLON
Director of Operations



SARAH COX
Population Health & Analytics Manager



ELLEN CHEN
Director of Population Health and Quality



ROBIN GEORGE
Interim Care Experience Manager



HALI HAMMER
Director of Primary Care



CATHY JAMES
Primary Care Chief Medical Officer



ANNA ROBERT
Deputy Director
Director of Care Coordination



JUDITH SANSONE
Director of Nursing



WINNIE TSE
Lean & Performance Improvement Manager



Primary Care: Today

14 core primary care health centers

- 10 community-based (CPC) and 4 ZSFG-based clinics
- Nutrition, pharmacist, and podiatry services in almost all clinics

Behavioral Health Integration

- Primary Care Behavioral Health teams in all clinics
- Behavioral Health Homes: PC team in 4 specialty mental health clinics
- Primary Care Psychiatry

Medical Respite and Sobering Center Complex Care Management

Dental services — clinic-based and school-based

Centralized Call Center, which includes the

- Nurse Advice Line
- Telephone Appointment Providers
- New Patient Appointment Unit

primary care for adults and families

primary care for youth

primary care for adults

SPECIAL FOCUS CLINICS

geriatric Curry

homeless or marginally housed
Tom Waddell Urban Health
Tom Waddell Urgent Care
Medical Respite and Sobering

HIV positive or at risk PHP

children and youth CHPY, CHC

public housing residents
Hope SF Wellness centers
● = current ● = future