




48

County of Sacramento

MEMORANDUM

DATE: February 2, 2018
TO: Sherri Heller, Director Health and Human Services
FROM: Florence Evans, Clerk of the Board 
SUBJECT: Item No. 48 – Meeting of February 6, 2018

Agenda Title:

Healthy Partners Program Status Update, Recommendations For Changes To Program Parameters

The Board of Supervisors, meeting in open session, unanimously approved staff recommendations by Resolution No. 2018-0089 expanding enrollment cap to 4,000 and as amended, directing staff to:

- Remove the upper age requirement of 64 years of age;
- Utilize available funding to maximum available services; and
- Continue monitoring the population through the pilot program.

cc: Paul Lake, Deputy County Executive Social Services

For the Agenda of:
February 6, 2018
TIMED: 10:30 A.M.

APPROVED
BOARD OF SUPERVISORS
by Res. No. 2018-0089
FEB 06 2018
BY Alicia Evans
Clerk of the Board

To: Board of Supervisors

From: Department of Health and Human Services

Subject: Healthy Partners Program Status Update, Recommendations For Changes To Program Parameters

Supervisorial District(s): All

Contact: Sherri Z. Heller, Director, Health and Human Services, 875-2002
Sandy Damiano, Deputy Director, Primary Health Services, 876-7179

Overview

The Healthy Partners Program has been in operation since January 2016. During the Fiscal Year (FY) 2017-18 Recommended Budget Hearing, the Department of Health and Human Services (DHHS) was directed to return to the Board in January 2018, with projected specialty expenditures for FY 2017-18 and recommendations. DHHS is recommending increasing the enrollment cap by 1,000 members and allowing a limited number of members enrolled prior to age 65 to remain in the program after turning 65, provided the enrollees meet the other program requirements.

Recommendations

Adopt the attached Resolution authorizing the Director of DHHS, or her designee, to modify the Healthy Partners Program as follows:

1. Expand the enrollment cap of 3,000 members to 4,000 members.
2. Maintain the upper age requirement of 64 years of age, but allow up to 200 enrollees 65 years or older within the Board authorized program cap. These 200 slots would be limited to:
 - a. Individuals who have been disenrolled from Healthy Partners due to the age requirement (if they currently meet other eligibility requirements).
 - b. Individuals currently enrolled who turn 65 years of age.
 - c. New enrollees who later turn 65.

This will not change the current practice of issuing a denial to anyone who is 65 years or older at the time of application.

3. Maintain other eligibility criteria such as County residency and income limits; maintain requirements for on-going restricted scope Medi-Cal coverage and inability to qualify for health insurance or other health care programs.

Measures/Evaluation

The Healthy Partners program tracks enrollment, referral sources, language preference, basic demographic data, chronic conditions, and service utilization. Other data, such as patient experience, are assessed periodically. Review and monitoring of various data elements help guide and inform operations and planning efforts. Data are regularly provided to the Healthy

Partners Advisory Group and to the Board of Supervisors Chiefs of Staff during quarterly briefings. Information is also periodically provided to the Public Health Advisory Board.

Fiscal Impact

These recommendations require no additional funding. Total spending will remain below current, budgeted levels for the program. Additional spending for specialty services in the Medical Treatment Account, above current spending, is estimated at \$300,000 annually. DHHS recommends redirecting \$280,000 annually from the Medical Treatment Account to the Clinic Services (\$210,000) and Pharmacy (\$70,000) budgets to support the clinic primary care services. If approved, DHHS will absorb costs of temporary and on-call staffing that will begin to onboard additional members in FY 2017-18.

BACKGROUND

The Healthy Partners Program has been in operation since January 2016.

On June 16, 2015, the Board approved the FY 2015-16 Budget, which contained a series of new initiatives, one being a new program to provide health care services to undocumented residents of Sacramento County. The program (Healthy Partners) was approved with an enrollment cap of 3,000 members, and an age limitation for members from 19 to 64 years of age.

Healthy Partners is primarily a comprehensive primary care program, including preventative care and integrated behavioral health services. These are provided on site at the Sacramento County Health Center. Other key components are diagnostics (prescriptions, laboratory tests, simple radiology, and advanced diagnostic imaging). Services that are limited include some advanced diagnostics, specialty care, pharmaceuticals, inpatient hospitalization, and emergency services. The latter is covered through restricted scope/emergency Medi-Cal, which is required for Healthy Partners members.

During the FY 2017-18 Recommended Budget Hearing, Healthy Partners Advisory Group members and advocates testified and submitted correspondence reiterating their request to expand program enrollment and change the upper age limit. DHHS did not recommend redirecting Medical Treatment Account funds during that hearing, as the program had only been operational for six months and specialty services were continuing to phase in.

DHHS was directed to return to the Board after six additional months of program experience, with projected specialty expenditures for FY 2017-18 and recommendations regarding budgeted specialty care funds not being utilized in the Medical Treatment Account (e.g., increase enrollment, change the upper age criteria, or enhance specialty services). Returning mid-year provided additional time to review projected expenditures and needs. Program data are provided as Attachment 2.

DISCUSSION

ENROLLMENT

Healthy Partners continues to operate within its program cap of 3,000 members. New individuals are enrolled only when there are disenrollments. A member is disenrolled when the individual no longer meets program eligibility criteria (e.g., age, income level, County residency, or maintaining restricted scope Medi-Cal benefits).

For the period of July 1, 2017 – November 30, 2017, 229 members have been disenrolled, and during FY 2016-17, a total of 551 members were disenrolled because they no longer met the eligibility criteria for the program. Member services staff actively enroll new individuals meeting eligibility criteria from the wait list to fill the vacated slots up to the allotted cap of 3,000 members. Ten members were disenrolled in FY 2016-17 due to reaching the upper age limit. For the period of July 1, 2017 – November 30, 2017, one additional person has been disenrolled; ten members are projected to be disenrolled in FY 2017-18 as a result of reaching age 65.

As of December 4, 2017, there were approximately 321 people on the wait list. The wait list varies over time.

EXPENDITURES

The Medical Treatment Account has \$2.5 million (1991 Health Realignment and General Fund) budgeted to pay Healthy Partners expenditures for limited diagnostics and specialty services. Historical spending is shown in the table below. During the June budget hearing, \$1.8 million were projected to be unspent in FY 2016-17 and the actual amount was approximately \$2M. Savings are the result of the following:

- Gradual phase-in of contracted specialty services.
- Difficulties inherent in contracting for limited specialty services. For some specialties, physicians are not comfortable providing services, since Healthy Partners does not pay for hospitalizations or expensive treatments.
- The Healthy Partners Program does not cover high-cost services such as emergency services, inpatient care, certain specialties, or high-cost pharmaceuticals.

Fiscal Year	Budget for Specialty Services	Amount Spent on Specialty Services	Comment
2015-16	\$2.5M	\$141,508	RFP and contracting process resulted in contract execution in April 2016. Services began in May.
2016-17	\$2.5M	\$403,944	This fell short of estimates due to delay in amendment process that added additional services. The amendment was executed on May 29, 2017.

As of January 2018, this program has been operational for two years, and specialty services expenditures within the Medical Treatment Account remain lower than anticipated.

Projected expenditures in the Medical Treatment Account for FY 2017-18 are estimated to be approximately \$900,000. This will leave approximately \$1.6M in budgeted funds unspent. The program is fully phased in and operational, so this projected level of spending is sustainable.

HEALTHY PARTNERS ADVISORY GROUP RECOMMENDATIONS

The Healthy Partners Advisory Group discussed program recommendations at several advisory group meetings in 2016 and 2017. Member seats include Advocates (4), EHS (1), Community Federally Qualified Health Centers (FQHCs) (1), Hospital Systems (2), Physicians (2), and SPIRIT (1).

Advisory Group Recommendations have consistently included:

1. Elimination of the enrollment cap and make adjustments based on funding.
2. Elimination of the upper age limit and review monthly.

At the December 6, 2017, Healthy Partners Advisory Group meeting, stakeholders recommended that the County take action at mid-year on DHHS staff's recommendations to increase enrollment by a specific number and to set a cap for up to 200 enrollees age 65 or older. While they are passionate about eliminating all caps, they are respectful of staff's view that a finite expansion can be recommended with greater assurance that additional funding will not be required. Further, they stated this is in collaboration with donated/in-kind services from physicians through SPIRIT, and community assistance with education and pre-enrollment activities from La Familia and Sacramento Covered. Advocates from Building Healthy Communities have stated that the stakeholder process and relationships between County and stakeholders are positive, strong, and differs from other counties.

STAFF RECOMMENDATIONS

DHHS recommends the following changes to program parameters to meet the health needs of additional members, without requesting additional funds:

1. Change to enrollment cap:

Expand the enrollment cap, increasing it to 4,000 members.

Rationale:

The Advisory Group would like to eliminate the enrollment cap. Staff concur that program expansion is needed, but recommend setting a new cap to include 1,000 additional members. Funds would be redirected out of the Medical Treatment Account for this purpose. There is no new net County cost.

DHHS received direction from the County Executive's Office and the Board of Supervisors at the program's inception to use a phase-in approach, which includes an ongoing review of program data and costs. Adding an additional 1,000 members is consistent with this methodical process. One thousand members takes into account the wait list (varies but in the 250 – 400 range) and potential disenrollment/enrollment (about 500 plus) per year. This program has never been advertised and most are referred by family and friends. Both community organizations, La Familia and Sacramento

Covered, who provide education and referrals, consistently report increased demand and inability to refer all who desire care.

Sacramento low-income adult residents who are undocumented are uninsured and are not eligible for full-scope Medi-Cal. Adults who are undocumented are eligible for "restricted scope" Medi-Cal, which covers emergency and pregnancy services only.

Not having insurance affects health care access and health outcomes. Many uninsured adults go without needed medical care due to costs, have no usual source of care, and do not receive preventative care or services for major health conditions and chronic diseases. Lack of preventative and primary care can lead to delays in services and pent-up medical demands.

Through Healthy Partners, adults have an assigned primary care medical home with integrated behavioral health services, diagnostics, medications, and some specialty services, which assists individuals in having a usual source of care, and addressing health conditions proactively upstream.

The clinical and administrative health professionals of DHHS, having managed this program for two years, are convinced of its value to the population served and the community as a whole.

2. Initiate an upper age limit pilot

Allow up to 200 enrollees 65 years or older in Healthy Partners within the Board authorized program cap. These 200 slots would be limited to:

- Individuals who have been disenrolled from Healthy Partners due to the age requirement (if they currently meet other eligibility requirements).
- Individuals currently enrolled who turn 65 years of age.
- New enrollees who later turn 65.

This will not change the current practice of issuing a denial to anyone who is 65 years or older at the time of application.

Rationale:

Staff did not agree with the Advisory Group's recommendation to completely eliminate the upper age limit. Staff would, however, like to try a limited pilot in order to gain experience with this population, while ensuring that high quality standards continue to be met.

Medical leadership discussed the difficulty of being responsible for the primary care of patients who have a limited benefit and are therefore unable to obtain some services. However, providers also want to ensure continuity for patients within their care. Having a limited pilot supports client continuity of care and is an opportunity for providers and staff to learn about the management of care for this population and to gain experience.

Expenditure liability is anticipated to be low since the major costs of an older population include specialty and hospitalization services. Healthy Partners only provides limited specialty services and members are required to have restricted scope Medi-Cal which covers emergency services. (Healthy Partners does not provide hospitalization services.)

3. Maintain all other current eligibility criteria such as County residency, income eligibility requirements, maintaining restricted scope Medi-Cal coverage, and inability to qualify for health insurance or other health care programs.

Rationale:

The purpose of this recommendation is strictly to clarify that all other eligibility criteria for the program are being maintained.

Proposed Implementation Pending Board Authorization

In order to maintain a high quality of patient experience and access for other populations being served at the Sacramento County Health Center, staff will phase in implementation of new Healthy Partners members. Staff will reach out to members who have been disenrolled due to the age requirement to see if they meet other eligibility criteria, and will also begin taking prospective members off the wait list. Once enrolled, members will be scheduled for appointments to establish care and review presenting concerns, history, and health maintenance needs (e.g., immunizations and/or cancer screenings).

MEASURES/EVALUATION

The Department tracks enrollment, referral sources, language preference, basic demographic data, chronic conditions, and service utilization. Other reports such as patient experience are completed periodically. Review and monitoring of various data elements helps guide and inform operations and planning efforts. Data are regularly provided to the Healthy Partners Advisory Group and to the Board of Supervisors Chiefs of Staff during quarterly briefings. Information is also periodically provided to the Public Health Advisory Board.

The most recent Healthy Partners Program Annual Report for FY 2016-17 was released August 7, 2017, and included as Attachment 1. This report was provided to the Healthy Partners Advisory Group, the Public Health Advisory Board the Board of Supervisors' Chiefs of Staff, and the County Executive's Office. It covers program key dates, outreach and enrollment, referral sources, disenrollment, demographics, zip code data, program structure, services completed, chronic conditions, patient and provider experience, expenditures, accomplishments, challenges, changes for FY 2017-18, and acknowledgements. The overall program has had consistently positive feedback and support from members, staff, partners, and Advisory Group members. Additional data from FY 2017-18 is included as Attachment 2.

FINANCIAL ANALYSIS

There is no net increase in the program funding requirements for these changes. If approved, DHHS estimates that it will cost \$300,000 for the diagnostic/specialty services needed by the new members in the Medical Treatment Account. Staff will request a redirection of \$280,000 from the Medical Treatment Account for Clinic Service and Pharmacy needs in the FY 2018-19 DHHS Requested Budget. (See table below.) A net increase of 2.0 FTEs will be part of the request. This request will increase actual costs for the Healthy Partners program above current levels, however they will not increase budgeted costs.

Additional Needs if Expansion Approved	Full Year Estimate for Expansion only
Medical Treatment Account – Healthy Partners Projected Additional Need Diagnostic/Specialty	\$250K – \$300K
Additional Need for Clinic Services and Pharmacy Services	\$280K
Total Requested Need from the Medical Treatment Account	\$530K – \$580K

The total estimated cost in FY 2018-19 for Healthy Partners in the Medical Treatment Account with this expanded population is \$1.2M. The proposed redirection of \$280K to Clinic services and Pharmacy would still leave the account underspent as shown below.

Item	Amount
Treatment Account Budget for Healthy Partners	\$2,500,000
Required to serve current 3,000 members in FY 2018-19	-900,000
Required to serve additional 1,000 members in FY 2018-19	-\$300,000
Redirection to Pharmacy and Clinic Services to serve additional 1,000 members in FY 2018-19	-\$280,000
Estimated Remaining Funds in Medical Treatment Account after providing services to 4,000 members in FY 2018-19	\$1,020,000

Unspent funds in the account will go to the County General Fund Balance.

It is anticipated that, if approved, the enrollment and onboarding process will begin by the end of February, but it will require a few months to be completed. New members did not immediately visit the clinic during the initial program enrollment phase, so it is expected that service needs will not increase significantly until late in the current Fiscal Year. DHHS plans to use temporary and on-call staffing to begin onboarding the additional members and will absorb the cost associated with this activity.

Respectfully submitted,

APPROVED:
NAVDEEP S. GILL
County Executive

SHERRI Z. HELLER, Director
Department of Health and Human Services

By: _____
PAUL G. LAKE
Deputy County Executive

Attachment:

Resolution – Change Parameters Of The Healthy Partners Program
ATT 1 – Healthy Partners Annual Report Fiscal Year 2016-17
ATT 2 – Healthy Partners Current Status, Fiscal Year 2017-18

RESOLUTION NO. 2018-0089

CHANGE PARAMETERS OF THE HEALTHY PARTNERS PROGRAM

BE IT RESOLVED that the Director of the Department of Health and Human Services, or her designee, be and is hereby authorized on behalf of the COUNTY OF SACRAMENTO, a political subdivision of the State of California to modify the Healthy Partners program as follows:

1. Expand the enrollment cap of 3,000 members to 4,000 members.
2. Eliminate the upper age limit. (65 years of age.)
3. Maintain other eligibility criteria such as County residency and income limits; maintain requirements for on-going restricted scope Medi-Cal coverage and inability to qualify for health insurance or other health care programs.

and to do and perform everything necessary to carry out the purpose of this Resolution.

On a motion by Supervisor Serna, seconded by Supervisor Peters, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 6th day of February 2018, by the following vote, to wit:

AYES: Supervisors Frost, Kennedy, Nottoli, Serna, Peters

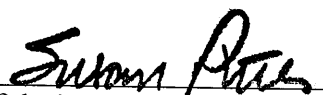
NOES: None

ABSENT: None

ABSTAIN: None

RECUSAL: None

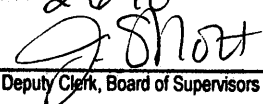
(PER POLITICAL REFORM ACT (§ 18702.5.))


 Chair of the Board of Supervisors
 of Sacramento County, California

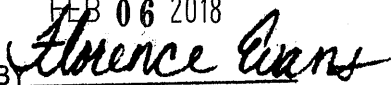


ATTEST: 
 Clerk, Board of Supervisors

In accordance with Section 25103 of the Government Code of the State of California a copy of the document has been delivered to the Chair of the Board of Supervisors, County of Sacramento on 2-6-18

By: 
 Deputy Clerk, Board of Supervisors

FILED
 BOARD OF SUPERVISORS

FEB 06 2018
 BY 
 CLERK OF THE BOARD



**Healthy Partners Program
Annual Report
Fiscal Year 2016/17**

Prepared by
DHHS Primary Health Services Division
August 7, 2017

Overview

Healthy Partners Annual Report Fiscal Year 2016/17

The Sacramento County Board of Supervisors approved a limited healthcare benefits program for Sacramento County residents meeting eligibility criteria who are uninsured and undocumented in June 2015. The program is called "Healthy Partners" and was launched in January 2016. The first report covered the initial twelve months of operation (January through December 2016). This report is based on Fiscal Year 2016/2017. Due to the transition from calendar to fiscal year, there is duplication in this report.

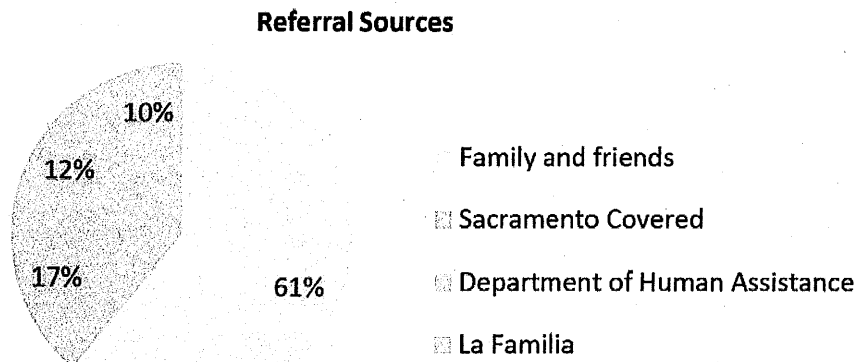
Date	Item
June 2015	Board of Supervisors approved the program.
June 2015 – December 2015	Intensive planning was completed in order to implement the program midyear. This included internal work and ongoing stakeholder input.
January 2016	The Healthy Partners program was launched. It began with primary and preventative services, behavioral health services, pharmaceuticals, and diagnostics (Quest Lab, Radiology – simple films).
February 2016	Per stakeholders' request, the stakeholder group transitioned into a Healthy Partners Advisory Group.
April – May 2016	Employee Health Systems Medical Group (EHS) began provision of advanced imaging diagnostics. Sacramento Physicians' Initiative to Reach Out, Innovate and Teach (SPIRIT) program and the UC Davis (UCD) onsite specialists began providing specialty services.
August 2016	Full enrollment was achieved and a wait list went into effect.
September 2016 & February 2017	Patient experience survey data was obtained and analyzed.
January 2017	Dignity Health began an evidence based diabetes group in Spanish onsite at the Primary Care Center.
Spring 2017 – Ongoing	EHS has continued phase in of services.

Outreach & Enrollment

The County Health Center has a Member Services team that completes the eligibility process, educates new members about services, and assists with member questions.

Two community-based organizations, Sacramento Covered and La Familia, donate invaluable education and enrollment assistance to individuals seeking services in the community and at local emergency departments. They received training and work closely with the Health Center's Member Services team.

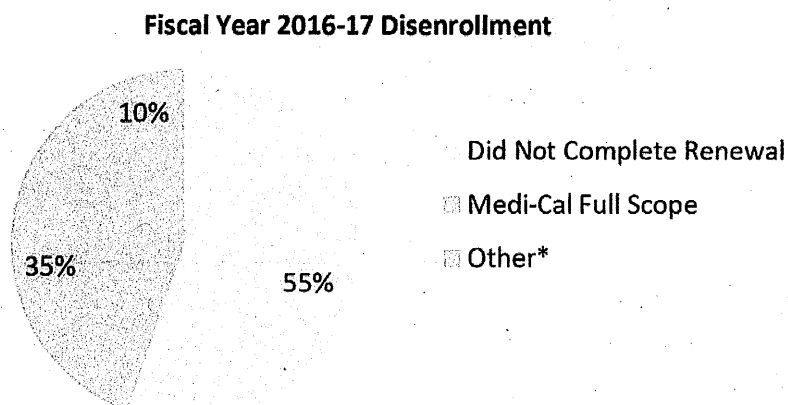
The top four referral sources are noted below. No other outreach or advertisement has been necessary to attract new potential members.



The program cap of 3,000 members was reached on August 11, 2016. Once the cap was reached, a wait list was established. The County Health Center’s Member Services team ensures current members as well as prospective members on the wait list meet program criteria. When members disenroll, Member Services contacts individuals on the wait list for enrollment. As of the end of July, there were over 400 applicants on the wait list. This list changes frequently since enrollment and disenrollment are dynamic processes. Sacramento Covered and La Familia have stated that many individuals do not wish to apply to wait on a list.

During Fiscal Year 2016/17, a total of 551 members were disenrolled from the Healthy Partners Program, about 46 per month. Disenrollment occurs when a member no longer meets program requirements or when health care coverage is obtained. Most did not complete their renewal packet (55%) or obtained health care coverage (40%).

The next chart illustrates the top reasons for disenrollment during the Fiscal Year:



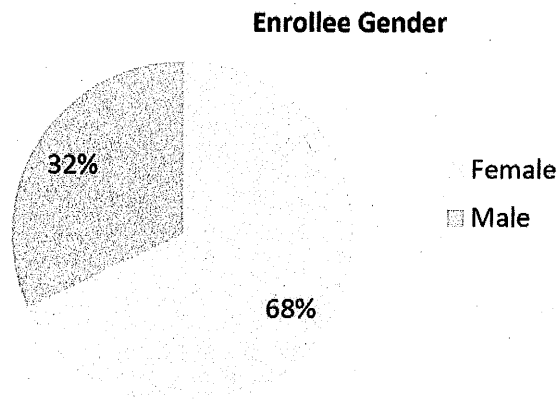
*Other includes: Other Insurance (5%), Not County Resident (3%), or Over Age 65 (2%).

Demographics

The demographic trends that were identified in the first year of the program have remained consistent.

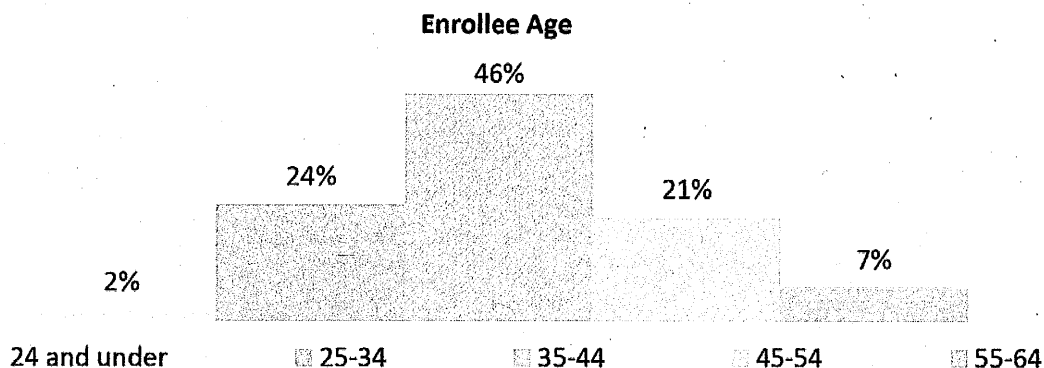
Gender

The number of females enrolled in the Healthy Partners Program continues to more than double the number of males.



Age

Nearly half of all enrollees are between the ages of 35 and 44. 91% of the enrollees are between 25 – 54 years of age.

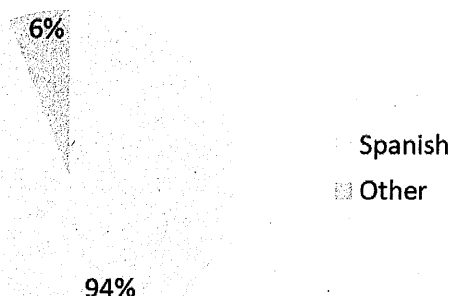


There are few individuals under the age of 25 years since the enrollment criteria is set at 19 – 64 years of age. Members up to age 19 may apply for full scope Medi-Cal coverage which became effective May 2016. Enrollment was capped at age 64 years of age due to provider experience with the adult population under age 65. To illustrate disenrollment due to the upper age limit, approximately 25 individuals will be disenrolled in FY 2017/18 as a result of reaching age 65.

Preferred Language

The vast majority of enrollees continue to cite Spanish (94%) as their preferred language.

Enrollee Preferred Language



Other includes: English (3%); Russian (2%); Punjabi (.43%); Arabic (.27%); Other Non-English (.2%); Farsi (.17%); Mandarin (.13%); Tamil/Tagalog/Hindustani/Vietnamese (.07% each); Rumanian/Korean (.03%)

Neighborhoods / Geographic Distribution

"Community Health Assessment of Sacramento County (2016)," prepared by Valley Vision, Inc. for the Healthy Sacramento Coalition, groups 15 zip codes into three geographic areas within the County – North Area, South Area, and Downtown. These zip codes have consistently high rates of poor health outcomes (above county, state, and Healthy People 2020 benchmarks) with regard to chronic disease and mental health.

Healthy Partners enrollees reside throughout Sacramento County. Approximately 74% of enrollees reside in communities with documented poor health outcomes. *This means individuals most in need of services are able to have a medical home for primary and preventative care services.* The tables below provide zip code data for enrollees as of June 30, 2017. Having a medical home and a Healthy Partners identification card has legitimized their health care experience and sense of belonging. The following tables depict enrollees by zip code in the three high need areas and in other neighborhoods.

North Area (Zip codes: 95660, 95673, 95815, 95821, 95838, 95841)

Area	Zip Code	Total Enrollees
Arden Arcade / Del Paso Heights / Old North Sacramento	95815	163
Arden Arcade / Del Paso Manor	95821	77
Arden Arcade / Foothill Farms / Belmont Estates	95841	27
Del Paso Heights	95838	149
North Highlands	95660	80
Rio Linda	95673	22
Total		518

South Area (Zip codes: 95817, 95820, 95822, 95823, 95824, 95828, 95832)

Area	Zip Code	Total Enrollees
City Farms / Fruitridge Manor	95824	368
Elmhurst / Oak Park / Franklin Blvd.	95817	30
Florin	95828	201
Hollywood Park / Land Park	95822	147
Meadowview	95832	60
Parkway / Valley Hi / North Laguna	95823	521
Tahoe Park / Elmhurst / Oak Park / Colonial Heights / Colonial Acres	95820	369
Total		1,696

Downtown (Zip codes: 95811, 95814*)

Area	Zip Code	Total Enrollees
Downtown	95811	4
Richards / Alkali Flats / Mansion Flats / Southside Park	95814, 95812*	1
Total		5

*95812 is a Post Office Box only Zip Code with no residents. Homeless enrollees using 95812 for US Mail are counted in 95814.

Other Neighborhoods

Area	Zip Code	Total Enrollees
Antelope / Foothill Farms	95842, 95843	68
Arden Arcade / Campus Commons	95825	90
Carmichael / Orangevale / Fair Oaks	95608, 95662, 95628	60
Citrus Heights	95610, 95621	73
Del Paso Heights / Natomas	95833, 95835, 95834	154
East Sacramento / Winn Park / Newton Booth / Marshall	95816	3
Elk Grove / Laguna	95624, 95757, 95758, 95759	58
Elverta / McClellan	95626, 95652	7
Excelsior / Calvine / Vineyard	95829, 95830	19
Folsom	95630, 95763	8
Galt	95632	22
Hood	95639	2
Land Park / Pocket / Greenhaven	95818, 95831	30
Rancho Cordova	95670, 95741, 95742	100
Rosemont / College Greens	95826	23
Sacramento / Lincoln Village / Sierra Oaks	95827, 95864	33
Sloughhouse / Herald / Wilton	95638, 95683, 95693	6
Walnut Grove / Courtland / Isleton / Ryde	95615, 95641, 95690, 95680	20
Total		776

Healthy Partners Enrollees Zip Code Summary Chart Point in Time: June 30, 2017		
Community Groups	Number of Enrollees	
North	518	74% of enrollees reside in communities with consistently high rates of poor health outcomes related to chronic disease.
South	1,696	
Downtown	5	
Other Communities	776	26% reside in other communities
Total Enrollees	2,995	

Zip Code Data Source: Community Health Assessment of Sacramento County, prepared by Valley Vision, Inc. for the Healthy Sacramento Coalition, 2012 and 2016.

Program Structure

The Healthy Partners Program benefits include preventative and primary care services, prescriptions (most through low cost retail, some through the County Pharmacy), laboratory tests, simple films (radiology), and advanced imaging diagnostic tests. Specialty services are provided if there is a medical necessity and the service is available. Specialty services are available through donation or contract.

Primary Care & Preventative Services

Healthy Partners enrollees receive comprehensive primary care services, preventative care and behavioral health services at the Sacramento County Health Center. Integrated behavioral health services include education, short term therapy, crisis intervention, psychiatric consultation, and medication management. Three licensed, master's level clinicians are available, two of whom speak Spanish.

Dignity Health facilitates an evidence-based diabetes education group in Spanish at the Health Center. During FY 2016/17, nine individuals completed the program. In July 2017, one of the Health Center clinicians, who is bilingual (Spanish), received training and will be facilitating this group. This augments the Health Center's Pharmacist-assisted chronic disease management services. Staff can also refer to chronic disease management groups at La Familia.

Prescriptions

Healthy Partners enrollees pay out of pocket for most medications through low cost retail stores such as Walmart. Medications are the patient's only out of pocket costs for the program. Typically each prescription is either \$4 or \$10 depending on whether it is a one month or three month prescription.

The County Pharmacy provides a limited formulary for medications deemed essential and are not available through low-cost retail. The formulary was developed by a clinical / administrative program leadership team and is reviewed annually. For Fiscal Year 2016/17, the most common classes of medications dispensed from the County formulary are included on the following page.

Types of Medication	Percent
Diabetes Medications & Supplies	67%
Cardiovascular	11%
Asthma	8%
Migraine/Pain Management	5%
Gastrointestinal	3%
Mental Health	1%
Miscellaneous (neurological, anti-rheumatic, anticonvulsant, anticoagulant)	5%

Diagnostic Services

The organization of diagnostic services providers is illustrated below:

Diagnostic Services FY 2016/17	
Type	Provided by:
Radiology – simple films	County
Laboratory tests	Quest
Diabetic Retinopathy Screening (DRS)	SPIRIT & EHS
Advanced imaging – ultrasound, digital mammography, magnetic resonance imaging (MRI), fluoroscopy, computed tomography (CT), bone density	Employee Health Services Medical Group (EHS)
Pathology	EHS

Specialty Services

The organization of specialty services is illustrated in the table below:

Outpatient Specialty Services FY 2016/17			
Specialty	UCD	SPIRIT	EHS
Rheumatology	X		
Nephrology	X		
Non-operative Orthopedic	X		
Endocrinology		X	
Neurology		X	
Urology		X	
Pulmonology		X	
Gynecology		X	X
Dermatology		X	X
Gastroenterology		X	X
Ophthalmology		X	X
Physical Therapy			X
Type of Surgery	SPIRIT Surgeries		
General		X	
Ophthalmology		X	
Urology		X	

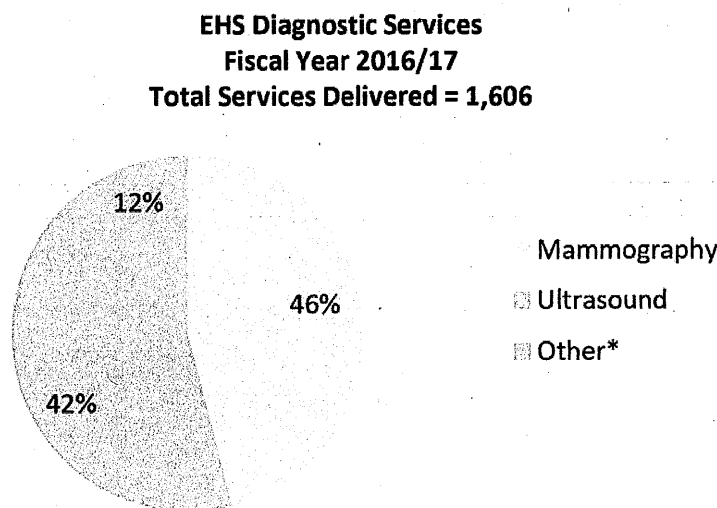
The Healthy Partners Program provides medically necessary specialty services based on availability. During the Fiscal Year, services were added as member needs were identified and arrangements were completed. The process of adding physician specialty services involved recruiting, educating, and completing credentialing documents. The SPIRIT Program, the local hospital systems, and EHS have been critical in recruiting specialists. EHS specialty services roll out began late in the fiscal year and will continue to phase in during Fiscal Year 2017/18. Some physicians have been unwilling to provide specialty care to patients who do not have a comprehensive health benefit. There have also been challenges completing surgeries due to the complexity of securing surgery centers and required personnel, such as anesthesiologists.

Services Completed in FY 2016/17

Data for primary care services, behavioral health services, pharmacy, basic laboratory tests, and radiology (simple films) are not included in this report since these are routine components of comprehensive primary care. Reported data includes advanced imaging diagnostics and specialty services.

Diagnostic Services

EHS provided a total of 1,606 diagnostic services.



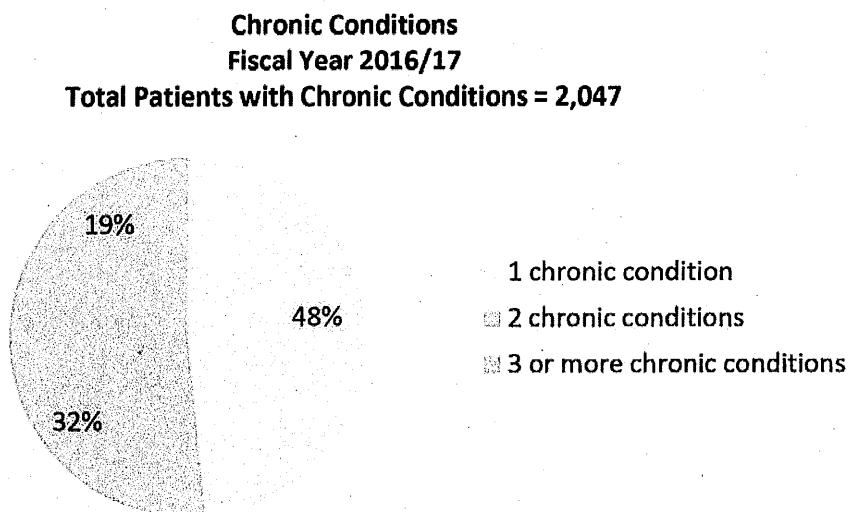
**Other includes MRI (5%), CT (4%), and Fluoroscopy (2%). The remainder had less than 1% each - Radiology, Bone Density, Pathology.*

Mammography (46%) and Ultrasound (42%) had the highest rates of utilization and accounted for 88% of the services. Diagnostic services are critical for preventative care, diagnoses, and treatment planning. All specialists require diagnostic testing as part of the specialty consultation.

SPIRIT provided 102 Diagnostic Retinopathy Services. EHS will also be providing this service. Early detection and treatment can help prevent vision loss in patients with diabetes. Diabetes is the top health issue for Healthy Partners patients, affecting 22% of the enrollees.

Chronic Health Conditions

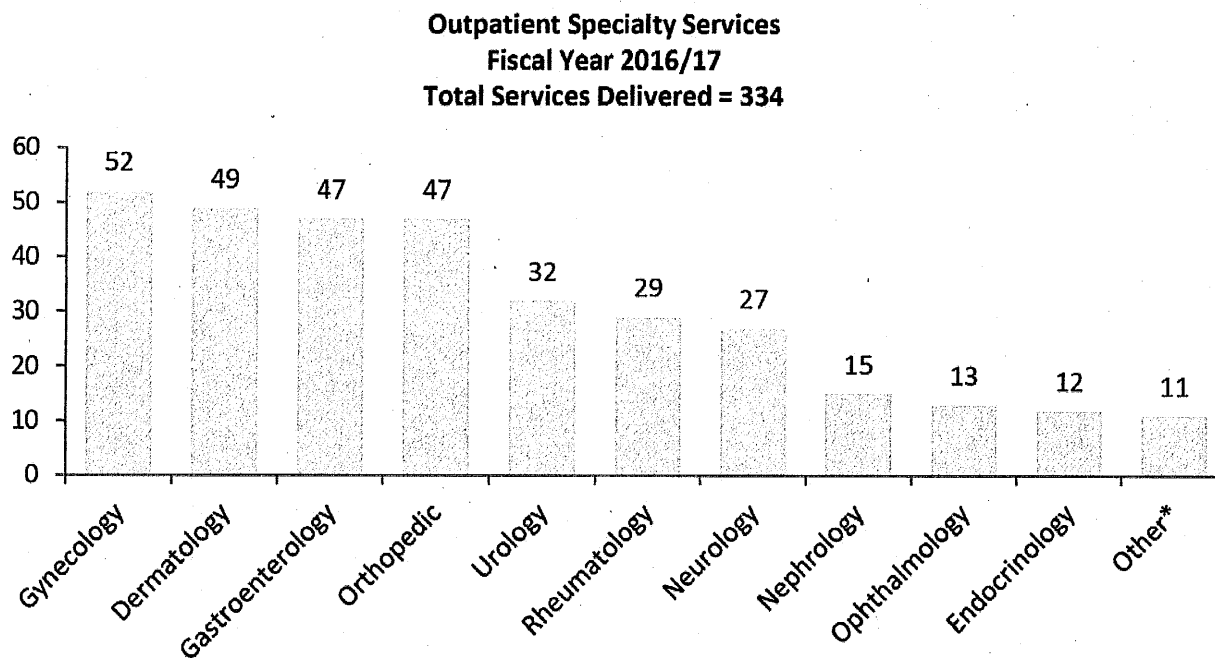
75% of all patients seen were treated for a physical health, behavioral health, or multiple health conditions. 51% of the enrollees are being treated for two or more health conditions. See the chart below:



The most common co-morbidities are listed below. For Hypertension, Behavioral Health was in the top four comorbidities so it was not listed.

Health Condition	Top 3 Comorbidities
Diabetes	Hypertension (29%), Obesity (22%), Behavioral Health (14%)
Hypertension	Diabetes (42%), Obesity (22%), Lipid Metabolic Disorders (17%)
Behavioral Health	Obesity (14%), Diabetes (14%), Hypertension (10%)
Respiratory (Asthma, Allergies, etc.)	Behavioral Health (20%), Obesity (15%), Hypertension (12%)

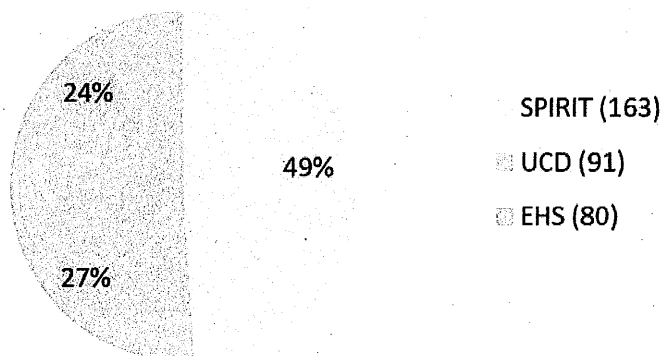
Specialty Services



Other: Pulmonology (7), Physical Therapy (3), and ENT (1).

In addition to the above specialties, SPIRIT has an Orthopedist that completed 18 medical record reviews. This is helpful as these reviews help identify members that may require a surgery.

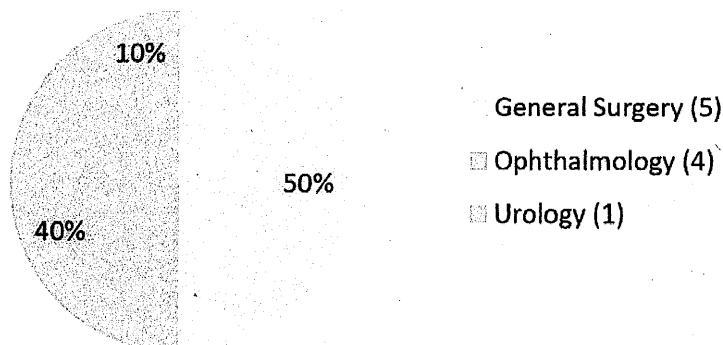
**Outpatient Specialty Services by Provider
Fiscal Year 2016/17**



Almost all of the SPIRIT outpatient specialty services were provided onsite at the Primary Care Center. This was convenient for patients and providers preferred to deliver the services onsite versus at their private offices.

Surgeries

Specialty Surgeries
Fiscal Year 2016/17
Total Surgeries = 10



Patient Experience

The patient experience continues to be very positive. Medical and support staff have received many expressions of gratitude: verbal, written, and referrals of family members and friends. They are pleased to have a primary care medical home and relieved to obtain much needed health care. Providing a welcoming, respectful, culturally competent, and inclusive environment is particularly important to this population.

Some elements from the patient survey are noted in the following table. While the majority of responses are rated highly, staff will work on appointment accessibility.

Patient Experience Survey February 2017	
Survey Question	Percent of Enrollees who responded "very good/good"
Able to make an appointment when sick or hurt.	63%
Health center hours work for me.	91%
Length of wait time at the clinic.	75%
Front desk is friendly and helpful.	95%
Provider listens to you.	97%
Nurses and Medical Assistants' listens to you.	96%
Provider spends enough time with you.	93%
Provider gives you information you can understand.	94%
Provider considers your personal or family beliefs.	97%
Provider gives you good advice and treatment.	96%
Survey Question	Percent of patients who responded "yes" to this question.
Would you send your family and friends to us?	99%
Do you feel that we help you to make healthy lifestyle choices?	96%

Survey Question to Enrollees:

What one thing could we do to make your visit with us better?

- "No, for me it is very good."
- "I think everything is fine. Stay the same, thanks."
- "Nothing, it's very good."
- "Nothing, I am very happy with you."
- "None. I am happy with the care received at this primary care clinic."
- "Nothing, everything that the doctors and employees do are excellent."
- "No, everything is good. Thanks."
- "I'm satisfied with you all is well, thanks for all your help."
- "No, everything is perfect."
- "Nothing. I have always been well cared for here!"

Physician Experience

Many of the contracted and volunteer physicians who work with Healthy Partners patients report appreciation for the opportunity to provide care for this population. A few comments from SPIRIT Physicians:

"I've been enriched by volunteering with SPIRIT, providing care... Because it feeds my spirit and fuels my passion as a volunteer." - Ruth Haskins, MD, Gynecologist, President, California Medical Association, SPIRIT Volunteer

"...I am reminded every time that it is a privilege to practice medicine and to give back to those that can't otherwise afford medical care." - Mary Ann Johnson, MD, Dermatologist, Dignity Health, SPIRIT Volunteer

Almost all of SPIRIT's outpatient specialty services were delivered on site. Providers appreciated the staff support, environment, and information (records, diagnostics, etc.) prepared for each specialist appointment. Patients have had an excellent show rate for collaborative care clinics (96% show rate).

One of the primary care providers at the County Health Center submitted her thoughts:

"In the past year, I have been privileged to provide basic health care to scores of appreciative individuals, most of whom have had no care in years. The population in general is a delight to serve. People come because they have multitudes of health concerns, including diabetes mellitus, hypertension and women's health problems, some of which are life threatening. The majority of adults I serve are overweight or obese and when they learn of the connection between their weight and their health problems, they take steps to change self-damaging behaviors. Women who have never exercised beyond taking care of households and family members report that they are now in community exercise programs or starting daily walking regimens. Many people see their diabetes controlled by simply reducing the number of tortillas they eat per day from twelve to two, or by substituting water for soda. We are fortunate to have female counselors, some Spanish speaking. They provide welcome support and direction to many people who are overwhelmed by the stresses of living in difficult situations. Women tell me how talking with a counselor relieves them and helps them find the strength to move on. What I enjoy most is working with people who want and do make healthy changes in their lives."

- Cirre Emblen, FNP, County Health Center

Expenditures

Healthy Partners impacts three budget units, Clinic Services, Pharmacy, and the Medical Treatment Account.

Clinic Services and Pharmacy redesigned their programs to absorb the Healthy Partners patients within their existing budgets. When the program was in planning, the former County Executive asked staff to absorb services to these patients. *This was possible due to the Affordable Care Act which expanded Medi-Cal and other healthcare options available to the adult medically indigent population.* Clinic Services provides services to enrollees with Healthy Partners limited benefit program, Medi-Cal Fee for Service, Medi-Cal Managed Care, and uninsured and provides comprehensive assessments for newly arriving Refugee populations under an agreement with the State Office of Refugee Health, and General Assistance Employment Exams for the Department of Human Assistance. Staff assist the uninsured to obtain healthcare coverage, mostly Medi-Cal.

The Medical Treatment Account contains revenues that were dedicated to the Healthy Partners program for specialty services. The revenues include a total of \$2.5 million (\$1.0 million Health Realignment and \$1.5 million General Fund). There are two contract providers – Quest (laboratory services) and EHS (advanced diagnostic imaging and specialty services). Note: There are also limited specialty costs in Clinic Services including the UCD specialty (three part-time specialists), SPIRIT contract (partner fee), and overtime for the Collaborative Care Clinic (Saturdays held quarterly). The County does not cover high-cost services such as emergency services, inpatient care, or high cost pharmaceuticals. “Restricted scope” Medi-Cal (required as part of the eligibility process) covers some emergency services. Trying to determine which specialties to provide has been challenging for the County, SPIRIT, and EHS. Some providers will not contract for a limited benefit. They want to ensure hospitalization is covered.

There was approximately \$2 million in savings for Fiscal Year 2016/17. Savings are due to gradual phase-in of the EHS contract specialty services. Although a contract amendment was completed with EHS in May, services started in June and claims were not submitted prior to the closure of the fiscal year. Donated services phase in was the largest area of focus for FY 2016/17. Staff and EHS began work on their phase in once patient needs and SPIRIT specialty availability was known. Efforts in this area were more challenging than anticipated due to the specialists’ lack of comfort in diagnosing and treating patients within a limited benefit.

Staff will analyze data and needs and provide recommendations as part of a board report in January 2018.

Healthy Partners Advisory Group

DHHS Primary Health Services convenes the Healthy Partners Advisory Group. This is an active and invested stakeholder group comprised of dedicated partners, advocates, and county staff. All work collaboratively and continue to shape the program. Members are listed in the following table:

Seat	No.	Member Representation
Advocates	4	Building Healthy Communities, Sacramento Covered, Sacramento ACT, Legal Services of Northern California
Community FQHC	1	Cares Community Health
EHS	1	EHS
Hospital Systems	2	Dignity Health, Kaiser (<i>represent all four hospital systems</i>)
Physicians	2	Sacramento Latino Medical Association UC Davis Department of Internal Medicine
SPIRIT	1	Sierra Sacramento Valley Medical Society
DHHS	3	Convener
Total	14	

Sierra Sacramento Valley Medical Society administers the SPIRIT program. All four hospital systems (Dignity Health, Kaiser, Sutter Health, and UC Davis) and County DHHS are SPIRIT partners. Each partner agency contributes to the Sierra Sacramento Valley Medical Society SPIRIT program and its management. Dignity Health and Kaiser represent all four hospital systems in the Healthy Partners Advisory Group.

Healthy Partners Advisory Group Members and advocates testified and submitted correspondence for the FY 2017/18 Proposed Budget hearing in June 2017 reiterating their request to expand enrollment and change the upper age limit. Supervisor Serna requested the Department return to the Board in January 2018 with recommendations. Specifically he wanted a report back on how best to appropriate the specialty funds not utilized in the Medical Treatment Account (e.g., increase enrollment, change the age criteria, or enhance specialty services). Returning mid-year permits the program to have additional time to review expenditures and needs.

Accomplishments

- The County Member Services Team, Sacramento Covered, and La Familia effectively engage potential members and promote a positive member experience.
- Full enrollment was rapidly reached without advertisement.
- Services offered are well received – primary care, behavioral health, preventative, educational, laboratory tests, radiology, pharmacy, and specialty.
- A County Health Center manager filled long standing behavioral health clinician vacancies. Two of the employees are bilingual (Spanish). Enrollees can access individual counseling services in addition to psychiatric services within their medical home.
- The range of diagnostic services is necessary and vital.
- Specialty services have been lifesaving for several patients. *Specialists have intervened for necessary ongoing services, surgeries, etc. The patient and provider experience at these clinics continues to be positive.*

- Physical therapy services began late in the fiscal year. This was a missing necessary component as many enrollees have work related injuries.
- The show rate for primary care and specialty services is high (95% plus). Behavioral Health counseling has a show rate of approximately 75%. Typically health centers have a show rate of about 70% - 75% for health services with a lower rate anticipated for behavioral health services.
- Member satisfaction is evident (most referred by family and friends, patient experience survey).
- Successfully completed 1.5 years of operations.

Challenges

- Rolling out a limited benefit program has been challenging. It has been a steep learning curve for the County and key partners.
- There is more churn (rate of turnover) than anticipated. This is largely due to enrollees obtaining health care coverage or moving out of county.
- Care management can be hard on provider teams since some specialists or surgeries have extensive waits (over 400 days).
- There is considerable ongoing administrative work to manage current enrollment (eligibility and renewal process), wait list process, care management (referrals, appointments, and tracking), advisory group, and reporting.

Coming Attractions for Fiscal Year 2017/18

Program planning continues to evolve based on enrollee needs, data, and input from the Healthy Partners Advisory Group.

- Continued roll out of specialty services and surgeries from EHS. This is EHS' first experience in working with surgery centers. They now have agreements with three surgery centers. EHS will provide providing the following surgeries - general surgery, ophthalmology, and gynecological.
- Kaiser, through the SPIRIT program, will begin to provide eye exams and glasses early in the fiscal year. Previously, staff referred enrollees needing eye exams to California Vision Service.
- A patient experience survey was issued in early FY 2017/18 and is pending data analysis.
- The County Health Center is transitioning to a new Electronic Health Record, OCHIN, which will make care management and reporting easier.
- Trained County Health Center clinician (bilingual Spanish) will facilitate the diabetes education workshops onsite.
- Staff will return to the Board of Supervisors at midyear to make program recommendations. This will be based on review of specialty services and projected Medical Treatment Account expenditures in order to address the Healthy Partners Advisory Group recommendations.

Data Sources and Limitations

The data used to generate the report comes from: multiple databases (McKesson Electronic Medical Record, AS 400, and RX3000), Patient Experience data and questionnaires, and contractor documents (SPIRIT, EHS documents).

The report provides a snapshot in time of available enrollee characteristics, service needs and utilization. Unfortunately no data is available on the following: low cost retail prescriptions, other service utilization outside of the Healthy Partner's network such as emergency room visits or hospitalization.

Acknowledgments

This is a unique program with county, contracted, and donated services. Each partner and advocate contributes to make the program meaningful with attention to service quality for uninsured Sacramento County residents. All bring a passion for the population served.

- *Service Delivery Partners (Local Hospital Systems, EHS Medical Group, La Familia, Sacramento Covered, and the Sierra Sacramento Valley Medical Society)*
- *Healthy Partners Advisory Group Members*
- *County Health Center and Pharmacy employees*

County Board of Supervisors

The County Board of Supervisors authorized this program after a policy workshop they requested. Board Member Chiefs of Staff are provided data and briefed quarterly. The Board's support and interest has been greatly appreciated by staff, partners, and advocates.

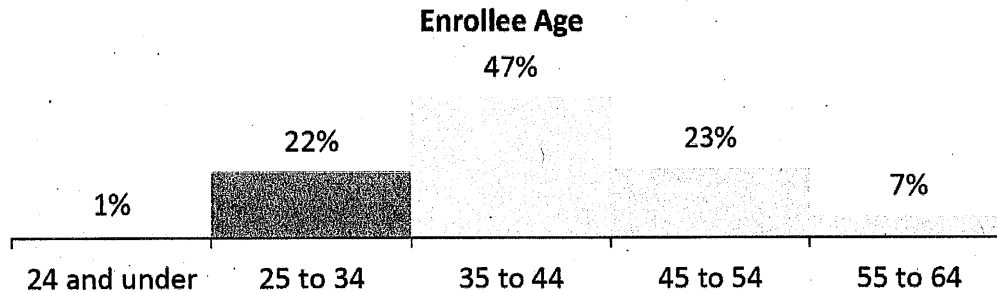
District 1	Phil Serna
District 2	Patrick Kennedy
District 3	Susan Peters, Vice Chair
District 4	Sue Frost
District 5	Don Nottoli, Chair

Healthy Partners Current Status Fiscal Year 2017-18

Data for the period of July 1, 2017 – November 30, 2017 is depicted on the following charts.

Age of Enrollees

Nearly half of all enrollees are between the ages of 35 and 44. Almost all enrollees are between 25 years – 54 years of age.

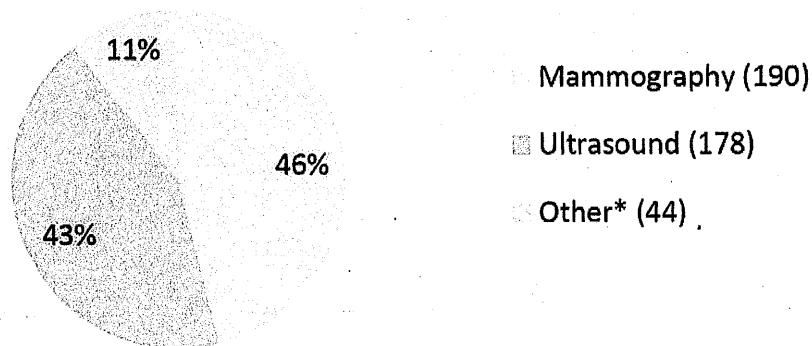


Ten members were disenrolled in FY 2016/17 due to reaching the upper age limit. For the period of July 1, 2017 – November 30, 2017, one additional person has been disenrolled; ten members are projected to be disenrolled in FY 2017/18 as a result of reaching age 65.

Diagnostic and Specialty Services

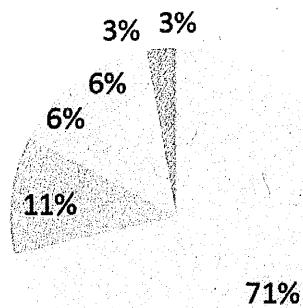
Data reported remains consistent with last fiscal year's experience, with the exception of specialty services. (See ATT 1 – Healthy Partners Program Annual Report Fiscal Year 2016/17)

Employee Health Systems (EHS) Diagnostic Services Total Services = 412



*Other includes: MRI, CT, Fluoroscopy, Bone Density, and Radiology.

Surgeries
Total Surgeries = 35



- General Surgery - EHS (23) and SPIRIT (2)
- Ophthalmology - EHS (2) and SPIRIT (2)
- Dermatology - EHS (2)
- Gynecology - EHS (2)
- Ear, Nose and Throat - SPIRIT (1)
- Urology - SPIRIT (1)

During FY 2016/17, 10 surgeries were completed by the Sacramento Physicians' Initiative to Reach out, Innovate and Teach (SPIRIT) volunteer program, including General Surgery (5), Ophthalmology (4), and Urology (1). This year, EHS phased in surgeries after working out agreements with three ambulatory care surgeries centers. This has greatly enhanced availability of much-needed services.

Outpatient Specialty by Provider
Total Services = 714

Type	EHS	SPIRIT	UCD
Physical Therapy	208		
Dermatology	131		
Ophthalmology	97	4	
Gynecology	78	1	
Gastroenterology	58		
Optometry		49	
Pathology	43		
Rheumatology			14
Musculoskeletal			13
Nephrology			6
Occupational Therapy	6		
General Surgery		2	
Ear, Nose and Throat		1	
Pulmonology		1	
Retinal		1	
Urology		1	
Total	621 (87%)	60 (8%)	33 (5%)

For the period of July 1, 2017 –November 30, 2017, **714** outpatient specialty services have been completed. Last fiscal year, **334** were completed. Last year, EHS completed **80** specialty services in

comparison to 621 for this five-month period. Physical Therapy began late last fiscal year, but was a huge unmet need for this population.

Patient Experience Data

This survey was completed in August 2017. Survey data was taken from the Health Center population, which includes the Healthy Partners enrollees. *Data is very consistent from last fiscal year.* Some items are noted below:

Survey Question	Percent of Enrollees who responded "very good/good"
Provider listens to you.	94%
Provider spends enough time with you.	91%
Provider gives you information you can understand.	95%
Provider considers your personal or family beliefs.	92%
Provider gives you good advice and treatment.	94%
Survey Question	Percent of patients who responded "yes" to this question
Would you send your family and friends to us?	95%
Do you feel that we help you to make healthy lifestyle choices?	92%