

EHR Integration into Primary Care Clinics

Status: Under Consideration

Date: 6/14/2019

Organization Information

The ID for this Proposal
is #12444. Please make a note
of it for future reference.

Application Contact First Name	Melissa
Application Contact Last Name	Moore
Application Contact Prefix	
Application Contact Title	Senior Development Officer
Application Contact Phone Number	628-206-5928
Application Contact Email Address	mmoore@sfgfhf.org
Organization Legal Name	SAN FRANCISCO GENERAL HOSPITAL FOUNDATION
Federal Tax ID or Employer Identification Number	94-3189424
(IRS): Classification	1000
(IRS): Affiliation	3
(IRS): Foundation Code	15
(IRS): Assets	50,000,000 to greater
(IRS): Income	10,000,000 to 49,999,999
(IRS): NTEE Code	E20Z
(IRS): NTEE Activity	Health – General and Rehabilitative
Tax Status	501(c)(3)
Upload Your Organization's W9 Form	SFGHF W-9 Form.pdf
Organization Website	www.sfgfhf.org
Organization Primary Address (line 1)	San Francisco General Hospital Foundation
Organization Primary Address (line 2)	2789 25th Street, Suite 2028
Organization City	San Francisco
Organization State	California
Organization Zip Code	94110
Is your Primary Address the same as your Mailing Address?	Yes
Is the person submitting the application also the CEO/Executive Director of the organization?	No
Organization CEO/Executive Director Contact First Name	Ann
Organization CEO/Executive Director Contact Last Name	Lazarus
Organization CEO/Executive Director Contact Prefix	Mrs.
Organization CEO/Executive Director Contact Title	Interim CEO

Organization CEO/Executive Director Contact Phone Number	628-206-5943
Organization CEO/Executive Director Contact Email	ALazarus@sfgfhf.org
What is your organization's mission statement?	San Francisco General Hospital Foundation is dedicated to promoting excellence in research, education and care for all at Zuckerberg San Francisco General Hospital and Trauma Center.
Please provide a brief overview of your organization's history.	San Francisco residents have benefited from Zuckerberg San Francisco General for well over a century. From the Gold Rush to the 1906 earthquake to the AIDS epidemic, San Franciscans have received exemplary care from renowned medical staff known for their compassion and excellence. San Francisco General Hospital Foundation was formed in 1993 to raise philanthropic support for ZSFG.
What year was your organization founded?	1993
Does your organization have a Board of Directors?	Yes
Upload a listing of your Board of Directors, including their affiliations	SFGHF Board of Directors 3.19.pdf
Upload a listing of your Executive Officers or Leadership Team	SFGH Foundation Leadership Team.pdf
Is your organization engaged in one or more active contractual agreements for supplier/vendor or member services with Kaiser Permanente?	No
Do any Kaiser Permanente employees or physicians serve as a Board member or employee of the organization?	Yes
Provide the person(s) name, position with Kaiser Permanente, and the nature of their relationship with your organization.	Dionne Cruz Miller, MPH Chief Operating Officer Kaiser Permanente San Francisco Medical Center Ms. Miller joined as a member of the San Francisco General Hospital Foundation Board of Directors in 2018.
Does Kaiser Permanente currently provide a significant amount of technical assistance, supplies, equipment, or other resources to support this organization and/or project?	No

Fiscal Sponsor

Does your application include a fiscal sponsor? No



Request Overview

Is the person submitting the application also the contact for questions about the proposed project? Yes

Project Title	EHR Integration into Primary Care Clinics		
Grant Term	Proposed start date of grant term	Proposed end date of grant term	Duration of grant term in months
Enter Info	11/1/2019	10/31/2020	12
Grant Range	Tier 3		
Enter the exact grant amount requested from	5,000,000.00		

Kaiser Permanente.

What is the total cost of the project for which you are requesting support? 58,474,274.00

Please attach the Project Budget [SFGH Foundation - Kaiser proposal - Epic Project Budget.pdf](#)

Project Information

Briefly describe the population(s) and location(s) who will be impacted by this project

All patients who receive primary care within the San Francisco Health Network (SFHN) will benefit. SFHN primarily serves low-income, uninsured working individuals and families, immigrants and the homeless in addition to anyone requiring trauma care at ZSFG. 75% are from racial, ethnic minority and immigrant families and more than 80% are either uninsured or receiving publicly funded health insurance.

Please select the city or cities within the Kaiser Permanente service area where your project activities will take place. If your request is not related to a specific project, select the city or cities that your organization serves.	Option	Percentage	Primary
	All cities in San Francisco County	75	Yes
	San Mateo	25	

Please select the Community Health Need which your project will address. If your request is not for a specific project, select the Community Health Need(s) most aligned with your organization's work.	Option	Primary
	Access to Care & Coverage	Yes

Is your project intended to benefit a particular age group? No

Is your project intended to benefit a particular racial or ethnic group? No

Please provide a 1-2 sentence executive summary of your project, including your organization's full name, the project title, goal(s), and target population and communities. If your request is not related to a specific project, please refer to your organization's overall work.






The San Francisco General Hospital Foundation is assisting the City of San Francisco and the SFHN to integrate a unified, electronic health record (EHR), namely Epic, within its 14 primary care clinics. Key components of this project will include patient engagement to connect with patients, families, and clinicians as well as Epic coordinated care management application.

Please provide a high-level overview of the project activities and explain how the project will address the identified Community Health Need. Please note any evidence-based strategies utilized in the project design. If your request is not related to a specific project, please refer to your organization's overall work.

Epic will create value for SFHN primary care patients, families, communities, and SF Department of Public Health (DPH) staff with the adoption and use of both Epic MyChart and coordinated care management applications to improve the overall health of the SFHN primary care population, while driving down cost of care and enhancing the patient experience. Records will be more easily accessed for patients who receive their health care within the SF Health Network, whether through trauma or through transition with their employer-based coverage requiring them to temporarily seek public assistance for their medical care.

A 2014 study reported that federally funded health center patients are just as likely to benefit from EHR-enhanced care as other health center patients (Enabling Quality: Electronic Health Record Adoption and Meaningful Use Readiness in Federally Funded Health Centers, Journal for Healthcare Quality, February 25, 2014). Early AHRQ research (HealthIT.gov) reported better self-management and access to care outcomes for patients with chronic disease conditions such as diabetes, cancer and heart disease – all which are common conditions to the SFHN population – after implementing an EHR system. Locally, Epic is practice-proven and widely used by other healthcare institutions in our

area. Kaiser, Stanford, UCSF Health and Sutter all use Epic. Additionally, Santa Clara Valley Health System and Contra Costa County Health System have been using Epic for many years. Both systems report excellent satisfaction with Epic and that it is easier to report and analyze data for quality improvement and for pay-for-performance programs. Alameda Health System will also be going live with Epic in September, 2019.

Measurable Objectives: List up to 5 concise "SMART" objectives for the proposed request. If you are responding to a request for proposals that does not require you to determine measurable objectives at this time, please enter N/A.	List of Objectives 	Activities 	Timeline 	Outcomes 	Measurement 
Objective 1	Increase patient awareness about the value of Epic MyChart and establish governance to drive DPH's device deployment strategy	<ul style="list-style-type: none"> • Create a marketing campaign for MyChart activation access • Create governing bodies to provide strategic and operational oversight 	Q2 2019 - Q4 2019	<ul style="list-style-type: none"> • Marketing campaign and corresponding print collaterals 	<ul style="list-style-type: none"> • Predictable cadence and minutes from planning meetings
Objective 2	Complete Epic CCM Planning Groundwork – Wave 2 Phase 0	<ul style="list-style-type: none"> • Create a CCM implementation project plan • Confirm Key Organizational Scope decisions • Complete key organizational kick-off meetings • Establish Direction Setting schedule 	Q1 2020 - Q2 2020	<ul style="list-style-type: none"> • Key organization scope defined. • CCM project plan and direction setting schedule established. 	<ul style="list-style-type: none"> • Weekly and monthly planning sessions to monitor progress of project plans • Regular status report to EHR Governance decision bodies • Report to SF Health Commission
Objective 3	Secure required contracts and organizational resources to implement DPH's mobile device strategy	<ul style="list-style-type: none"> • Organize clinical and operational teams to operationalize the deployment strategy 	Q2 2020 - Q3 2020	<ul style="list-style-type: none"> • DPH operational teams and Domain Groups engagement and oversight of deployment strategy 	<ul style="list-style-type: none"> • Weekly and monthly planning sessions to monitor progress of project plans • Regular status report to EHR Governance decision bodies • Report to SF Health Commission
Objective 4	Complete Epic CCM System Configuration	<ul style="list-style-type: none"> • Complete application and interface 	Q3 2020 - Q4 2020	<ul style="list-style-type: none"> • Adoption of Epic design and system 	<ul style="list-style-type: none"> • Weekly and monthly planning sessions to

	n and Adoption – Wave 2 Phase 2	functional testing scripts <ul style="list-style-type: none"> Complete configuration and adoption sessions Initiate integration testing scripts including 3rd party applications 		configuration	monitor progress of project plans <ul style="list-style-type: none"> Regular status report to EHR Governance decision bodies Report to SF Health Commission
Objective 5	Complete Epic CCM System Integrated Testing – Wave 2 Phase 3	<ul style="list-style-type: none"> Complete Independent application review Complete required integrated testing and resolve issue remediation Complete revenue cycle testing scripts Complete 120-day and 90-day GLRA (go-live readiness assessment) Complete credentialed trainer training 	Q4 2020 - Q1 2021	<ul style="list-style-type: none"> All integrated testing completed Credentialed trainers trained Two GLRA 	<ul style="list-style-type: none"> Weekly and monthly planning sessions to monitor progress of project plans Regular status report to EHR Governance decision bodies Report to SF Health Commission

How many people will be directly served by this funding? 70000

Upload any additional information that you would like Kaiser Permanente to consider (annual report, strategic plan, relevant media coverage, success stories, etc.) [SFGH Foundation Project Workplan - Kaiser - Epic 2019.pdf](#)

Program Information

Please list key partners who have a significant role in this project, and indicate whether an MOU (Memorandum of Understanding) or a Letter of Agreement is in place. If your project does not involve key partners, please enter N/A.

In addition to the main institutions listed below who are involved in the coordination of this project, private philanthropy, particularly Kaiser Permanente, is also playing a significant role in making this public-private partnership a reality:

-San Francisco Department of Public Health

-San Francisco Health Network (includes ZSFG, Laguna Honda Hospital, 14 primary care clinics and community behavioral health programs)

-University of California, San Francisco

Describe how you will evaluate the success of The implementation of Epic will be deemed successful when sufficient

the program, including the methods that will be used to collect and analyze the data measurements listed in your workplan. Please identify the internal or external evaluator and be clear on how we will know that the project is successful. If your application does not require an evaluation plan at this time, enter N/A.

funding is secured to ensure full installation, adoption and optimization across the entire SFHN, starting with the primary clinics. Additionally, data analytics will be able to support performance tracking of strategic priorities and metrics. Lastly, there will be effective and sustainable staff development, change management and communication strategies in place.

Provide a brief overview of your organization's goals for the next three years. How does this project fit in with those goals?

True North is ZSFG's unwavering commitment to its mission, vision, values, strategies and metrics that represent its commitment to becoming the health care organization of choice for patients and staff. To ensure movement in the right direction, ZSFG developed a True North Scorecard, which mirrors goals and values of the SFHN. The True North goals for at least the next three years include: Equity; Safety; Quality; Care Experience; Developing our People; and Financial Stewardship.

Plans to implement a new enterprise EHR system falls under the True North goals of Equity, Financial Stewardship, and Patient Safety. With this improvement strategy, ZSFG aims to effectively implement and adopt a system-wide EHR by coordinating workflows with DPH and SFHN primary care clinics.

In 2017, the City and County of San Francisco conducted a citywide Digital Equity Survey to measure technology access, use, and perception among a representative sample of San Francisco residents. The survey found that most San Francisco's residents are online, have high-speed home Internet connections, smartphones with data plans, and key Internet-related skills. However, significant digital divide disparities still exist for seniors, low-income residents, and those speaking a primary language other than English at home; all common characteristics of patients receiving care from our network of 14 community and Zuckerberg San Francisco General Hospital primary care facilities.

In summary, the digital divide is a combination of several different issues, with digitally excluded individuals facing different barriers. Some don't know how to use technology at all. Others have the basic digital skills but need situational help, maybe navigating a complicated patient portal or troubleshooting a malfunctioning smartphone. Finally, there are those with all the skills but are unable to afford adequate connectivity and devices.

A successful digital equity strategy must address common barriers to access and use of the internet, computer or tablet, and related technologies such as video conferencing. Although Epic offers several tools including the MyChart patient portal, which DPH has scoped the initial August 3, 2019 go live including all DPH primary care clinics, MyChart activation and maximum use by patients or their proxy require resources, tools, and governance. Epic MyChart offers many features that can enable primary care teams to better engage patients to become partners in their own care. Engaging patients in their care has consistently demonstrated to improve the overall health of the population while driving down cost of care and enhancing the patient experience.

Furthermore, primary care plays a central role in connecting patients to community resources and helping them navigate our complex delivery system for diagnostic, ancillary and specialty services. When DPH certified the Epic contract in January 2018, the Coordinated Care Management (CCM) application was not yet released. Consequently, DPH's current contract does not cover any Epic CCM license, maintenance or implementation fees. Epic CCM provides case

management tools that can compile and organize a comprehensive set of health and social care records, enabling care teams in primary care to establish both patient and population-level health, social, and community interventions to improve the health and well-being of patient through care management and outreach.

Epic CCM will add value to DPH patients with functionalities that can enable primary care teams to address patients' social determinants of health gaps, map support networks, connect people to community services, and measure outreach and program effectiveness. Epic CCM will also play a critical role in addressing care coordination issues among San Francisco's residents who are homeless and living with social, mental and behavioral health issues.

Please describe how you engage community constituents in your organization's planning, goal-setting, or other activities that help determine the organization's overall direction.

Patient and Family Advisory Councils are a productive way for patients and families to partner with the San Francisco Health Network to provide guidance on how to improve the patient and family experience. The unique perspectives from patients and families can positively impact care and assist with engineering a more customer-centered approach to the work of the San Francisco Health Network.

If there are any significant challenges or risks which could affect the success of the project, please describe and explain how you will mitigate those risks. What organizational or community assets will help you ensure success for the project?

Major challenges and risks during implementation include contractual delays and competing demand on clinical and operational teams. To mitigate these risks, the team will work closely with the Contracts team to fully understand each step. Additionally, the team will prioritize competing demands through True North and ensure each member understands the dependencies and timelines.

Financial Information

Indicate the start and end of your organization's fiscal year.

Start

End

Fiscal Year start/end

July

June

Did your organization have an operating surplus or an operating deficit on your income statement for the previous fiscal year?

Operating Surplus

Enter the dollar amount of the surplus for the previous fiscal year, using only numbers, no currency symbols.

483,175.00

What is the amount of your organization's total operating expenses for the current and previous fiscal year?

Current

Previous

Enter Info

5,183,604.00

5,898,754.00

From your balance sheet, what are your organization's current assets?

92,732,083.00

From your balance sheet, what are your organization's current liabilities?

2,368,232.00

From your balance sheet, what was your organization's total cash at the end of your previous fiscal year?

6,583,126.00

Attestation

Non-Discrimination Policy - Applicant: Does the applicant organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental

Yes

disability?

Non-Proselytizing Policy - Applicant: If the applicant organization is a religious or faith-based organization, will any portion of the grant be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

N/A - not a religious or faith-based organization

Non-political activity policy: Will any portion of the grant be used for political advocacy, partisan activities, gifts to or on behalf of state and federal government officials, lobbying, election campaigns, or participation in fundraising events for the purpose of supporting a political action committee (PAC) or committee on political education (COPE)?

No