

SPECIALTY SERVICES ACCESS GRANT AGREEMENT

Grantor: San Francisco Health Plan
50 Beale Street, 12th Floor
San Francisco, CA 94105

Grantee: San Francisco Department of Public Health:
Zuckerberg San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110

Contact: Sarah Hesketh

Contact: Rosaly Ferrer

TERMS AND CONDITIONS OF THE GRANT:

The following terms and conditions must be met by the above-named Grantee to receive the grant that has been awarded. If and when the Grantee fails to meet any of these terms and conditions, San Francisco Health Plan (SFHP) may withdraw its award and terminate this Grant Agreement (Agreement) and shall thereupon have no further obligation to disburse to Grantee any remaining unpaid grant funds. SFHP may require the return or repayment of any grant funds which were not used in accordance with the terms of the Agreement, including the Grant Purpose set forth in this Agreement, the Project Description and Deliverables Sheet, and the Project Expense Sheet, each of which are attached to and made part of this Agreement by reference. In addition, SFHP shall have all other rights available at law against the Grantee arising out of breach of this Agreement.

1. Grant Purpose: Rapid Dramatic Performance Improvement (RDPI) program, including overtime staffing and related supplies/equipment/materials

2. General Amount: \$250,000

3. Grant Period: February 28, 2024 — December 31, 2024

4. Payment Schedule:

Payment in full shall be awarded upon execution of this Agreement. Upon SFHP request, Grantee shall promptly supply to SFHP any documentation, breakdowns, calculations or explanations as may be reasonably requested by SFHP in connection with services provided pursuant to the contract. All grant funds must be used by the Grantee strictly in accordance with the terms and conditions of this Agreement, including the Grant Purpose set forth in Paragraph 1, and Exhibit A: Project Description Sheet / Budget and Activity Breakdown. Grantee may, without prior SFHP approval, make adjustments of the allocations stated in the Revised Project Expense Sheet within and between line items.

5. Report Schedule and Audits:

Grantee shall make reports and evaluation materials as listed in Exhibit A: Project Description Sheet available to Grantor. Project leadership staff will meet with SFHP to share updates pertinent to this project in June or July 2024 and in November or December of 2024. All such reports shall become the property of the SFHP. SFHP in its discretion may also require an audit of the agency or project, which may include the review of programmatic as well as financial records. The expense of any audit required by SFHP will be borne by SFHP.

6. Hold Harmless Agreement

The Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the SFHP, its officers, directors, trustees, employees, and agents from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly, indirectly, wholly or partially arising from or in connection with such grant, the application of funds furnished pursuant to such grant, the work of the Consultants in furtherance of the grant's objectives, the program or project funded or financed by such grant or in any way relating to the subject of this Agreement. This paragraph shall survive the termination of this Agreement. Grantee acknowledges and agrees that its obligation to defend in this Section is an immediate obligation, independent of its other obligations under this Agreement and applies to any loss which actually or potentially falls within the scope of this Section, regardless of whether the applicable allegations are or may be groundless, false or fraudulent.

7. Public Acknowledgement

The Grantee agrees to credit the SFHP in publications, press releases, brochures, videotapes, and other publicity or public relations materials and presentations resulting from the use of these funds or developed for activities authorized under this grant. The Grantee also agrees to credit the SFHP when any program or project results in a service, product, performance, or other tangible outcome made possible because of this grant. SFHP staff are available to advise the Grantee on public information activities.

8. Nondiscrimination

The Grantee agrees that in the performance of this Agreement it will not unlawfully discriminate in its employment practice, volunteer opportunities, or the delivery of programs or services, on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

9. Access to and Use of Project Information

The Grantee agrees to provide the Alliance with full access, except to the extent specifically prohibited by applicable law, to any and all information developed in connection with or arising from the activities funded by this grant. The Grantee authorizes the SFHP to use, reproduce or publish, free of charge or royalty, and to authorize others to use, reproduce, or publish, free of any charge or royalty, any and all such information, including but not limited to reports, budgets,

copyrighted materials, and other data. The SFHP agrees to properly attribute authorship in the use, reproduction, or publication of any information developed with these grant funds, and further agrees to include copyright notice, in any of its publications, of any copyrighted material. The Grantee agrees to cooperate with SFHP in media and other publicity related activities and events.

10. Reversion

Any funds not expended for the purpose agreed to by the SFHP, including any unspent balance at the conclusion of the grant period or any work paid for that is later determined not to have been completed in a satisfactory manner, must be returned to the SFHP. Grantee agrees that it shall convey back to the SFHP any equipment or real estate/property purchased with grant funds if the nature of its use is diverted from the purposes for which the grant was made or if the Grantee organization ceases operations.

11. Modifications and Termination

The terms of this Agreement may be revised or modified only with the prior written consent of both parties. If and when the Grantee fails to meet any of the terms or conditions of this Agreement, the SFHP may withdraw its award and terminate the Agreement and shall thereupon have no further obligation to disburse to Grantee any remaining unpaid grant funds, and may further require repayment by Grantee to the SFHP of any grant funds which were not used in accordance with the terms of the Agreement including the Grant Purpose set forth in Paragraph 1 of this Grant Agreement, and the stated goals in Exhibit A. Grantee may terminate the Agreement at any time, by written notification to the SFHP accompanied by a close-out meeting as required in Exhibit A, and the return of any unspent funds to the SFHP.

12. Limit of Commitment

This award is made with the understanding that the SFHP has no obligation to provide other or additional support for this project, nor does this award represent any commitment to or expectation of future support from the SFHP for this or any other project of the Grantee. **ADDITIONALLY, SFHP'S PAYMENT OBLIGATIONS HEREUNDER WILL BE LIMITED TO THE PAYMENTS UNDER PARAGRAPH 2. SFHP WILL NOT BE LIABLE FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES.**

13. Independent Entity

Grantee, and its employees, consultants, agents or otherwise, is an independent entity from SFHP and not an employee or agent of SFHP. Grantee will pay to the appropriate governmental authority all taxes levied in connection with this Agreement or the Services, including any self-employment, social security, income, unemployment, disability insurance, franchise, possessory interest, payroll, gross receipts and sales or use taxes. None of the benefits, if any, that SFHP provides to its employees shall be available to Grantee or its employees. To the extent that, Grantee asserts that it is eligible for any benefit programs maintained by SFHP (regardless of the

timing of or reason for eligibility), Grantee hereby waives its right to participate in such programs. Grantee also agrees that consistent with its independent contractor status, it will not apply for any government sponsored benefits that are intended to apply to employees, including, but not limited to, unemployment benefits or worker's compensation. SFHP will not withhold any employment taxes from compensation it pays Grantee. Rather, SFHP will report the amount it pays Grantee on an IRS Form 1099, to the extent required to do so under applicable Internal Revenue Code provisions and/or state or local law. Grantee hereby waives any claim against SFHP with respect to, any and all federal, state and local taxes, contributions and other amounts which are payable in connection with or are levied or assessed with respect to any and all fees which it receives from SFHP hereunder, including without limitation, all income taxes, social security taxes, disability taxes and unemployment insurance taxes, and any and all penalties and interest due thereon.

14. Confidentiality

Grantee understands and agrees that, in the performance of the services under this Agreement, or in contemplation thereof, Grantee may have access to private or confidential information (including, but not limited to, patient health care information) that may be owned or controlled by SFHP, and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to SFHP. Grantee shall hold all information disclosed by Company to Grantee in confidence and will use such information only in the performance of this Agreement. Grantee shall exercise the same standard of care to protect such information as a reasonably prudent business entity would use to protect its own proprietary data. Grantee shall indemnify, protect, defend and hold harmless SFHP and its governing board, officers, employees and agents from and against all liabilities, obligations, losses, damages, judgments, costs or expenses (including legal fees and costs of investigation) arising from in connection with any breach of this Paragraph 14. This paragraph shall survive the termination of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their authorized representatives.

Grantor: San Francisco Health Plan

Grantee: SFDPH-ZSFG

By: _____

By: _____

Printed: _____

Printed: _____

Title: _____

Title: _____

Date: _____

Date: _____

By: _____

Printed: _____

Title: _____

Date: _____

By: _____

Printed: _____

Title: _____

Date: _____

EXHIBIT A: PROJECT DESCRIPTION AND BUDGET

SFHN specialty care is often challenging to access for patients and referring providers. Contributing factors include, but are not limited to: disorganized scheduling workflows, outdated/non-standard scheduling clinic templates, inefficient patient registration processes, suboptimal phone access, and inflexible clinic dates/times. Broadly speaking, this proposal seeks funding to sustainably optimize front-end workflows required for specialty care access, namely scheduling and registration. The efficiencies that we will gain with standardization will sustainably improve the scheduling process (fewer errors in scheduling, better patient experience, fewer empty clinic slots due to last-minute registration) and free-up clinic staff to provide greater access to patients via telephone and to referring providers via EHR-communication. These efforts align with ZSFG's True North goals of Quality, Care Experience and Workforce Development.

To achieve these goals, we will hire Coleman Associates to engage Specialty Care Leadership and specialty patient access staff in a Rapid Dramatic Performance Improvement (RDPI) program, which consists of real-time coaching to observe and analyze operations, quick implementation of solutions to measure impact, and ongoing assessment with further recommendations. This will break through longstanding, persistent challenges with non-standard workflows across specialties, resulting in confusion among staff members who often cover for each other in different specialty care areas. The RDPI methodology has proven successful in improving workflows in SFHN primary care, ZSFG Urgent Care and the ZSFG Obstetrics, Midwifery and Gynecology clinic. While Specialty Care is a broader/larger entity, the front office workflows in each clinic are quite similar and most should be standardized to enhance staff and patient experience.

If funded, we will engage Coleman Associates to provide on-site direct observation of scheduling and registration workflows and consultation on clinic template scheduling, along with intensive coaching to the Specialty Care leadership team to increase efficiency, self-efficacy and confidence among patient access staff, and improve the overall patient and referring provider experience. The project will focus on workflows in the 3M clinics (General Surgery, Colorectal Surgery, Orthopedic Surgery, Vascular Surgery, Urology) and Ward 92 clinics (Rheumatology, Dermatology, Endocrinology, Diabetes, Nephrology) but findings will be generalizable to all of specialty care. The RDPI program is 12 weeks in duration and consists of a 4-week preparatory phase, a week-long site visit, four weeks of follow-up coaching, a midcourse 2-day site visit, four more weeks of coaching, and a final capstone visit to assess progress and discuss feedback on the impact of the changes.

The above work seeks to sustainably enhance access to specialty care through improved scheduling and registration processes. In parallel, throughout 2024, we will seek additional short-term gains in access by arranging for additional telehealth clinics (when appropriate) and in-person Saturday clinics in our most highly-impacted specialties. Grant funds will be used to pay SFDPH staff for this over-time work while UCSF clinician funding will come from CPG funds.

Objectives, Evaluation Method, Timeline, Milestones/Reporting

- Objective 1. By March 15 2024, the Specialty Care Leadership team will submit an application for the Coleman Associates Rapid DPI Program.
 - Evaluation. Submission of application to Coleman Associates for their Rapid Dramatic Improvement Program.
 - Reporting. Applications sent to SFHP leadership.
- Objective 2. By April 5 2024, formally assess Patient access staff self-efficacy/confidence participating in scheduling and registration processes across all specialty care areas.
 - Evaluation. Survey completion by 85% of specialty care patient access staff.
 - Reporting. Summary of survey results send to SFHP.
- Objective 3. By July 31 2024, Coleman Associates will complete an initial four-day site visit (including an exit conference) with Specialty Care Leadership team and Patient access staff in 3M and ward 92.
 - Evaluation. Coleman Associates will provide Specialty Care with a Capstone Summary of identified problems, recommended solutions, and plan for continued coaching to sustain implemented changes to achieve more standardized, efficient scheduling and registration workflows. This will serve as a template for improvement work.
 - Reporting. Summary document from Coleman Associates is sent to SFHP.
- Objective 4. By August 31 2024, Specialty Care leadership team will have revised standard work related to scheduling and registration workflows, using ZSFG LEAN format.
 - Evaluation. Revised drafts of standard work will be available in the Shared Drive for specialty care leaders and patient access team members.
- Objective 5. By August 31 2024, scheduling template for all 3M and ward 92 clinics will have been optimized for easier and more standardized scheduling.
 - Evaluation. Launch of new scheduling templates that focus on variation reduction between providers and schedules.
- Objective 6. By August 31 2024, Patient Access staff will have completed a series of trainings and coaching on implementing new scheduling and registration workflows, leading to increased confidence.
 - Evaluation. Completion of Epic training and observations/coaching sessions will be documented. Patient access staff confidence in using Epic to complete standardized workflows will have increased compared to pre-implementation.
 - Reporting. Summary of survey results send to SFHP.
- Objective 7. By Sept 30 2024, patient and provider access to specialty care will have improved.
 - Evaluation. Fewer empty clinic slots in 3M and ward 92 compared to Jan-Feb 2024. Shorter scheduling workqueues in 3M and ward 92 clinics compared to Jan-Feb 2024. Fewer patient grievances to SFHP related to accessing specialty care services located in 3M and ward 92 areas compared to pre-implementation.

- Reporting. Data on clinic use and scheduling workqueues are sent to SFHP. Grievances come from SFHP.
- Objective 8. By Dec 31 2024, additional clinics will be held in impacted specialties to increase the volume of patients seen by SFHN specialists.
 - Evaluation. Completion of additional clinics with decreases in TNAA for highly-impacted specialties.
 - Reporting. Provide list of additional clinics held and patients seen during those clinics to SFHP.

Key project staff & contact information

Specialty Care Leadership Team:

- Delphine Tuot, MD; Associate CMO for Specialty Care & Diagnostics; delphine.tuot@ucsf.edu
- Rosaly Ferrer, RN; Nursing Director of Specialty Care; rosaly.ferrer@sfdph.org
- Sherie Williams; Specialty Care Patient Access Supervisor; sherie.williams@sfdph.org
- Dickson Ateyi; Specialty Care Patient Access Supervisor; Dickson.adetuyi@sfdph.org
- Jessica Carreto Portillo; Specialty Care Analyst; Jessica.carretoportillo@ucsf.edu

Budget & activity breakdown

Coleman Associates fees for the RDPI program for 3M, Ward 92	\$ 140,000.00
<i>Over time pay to host Saturday clinics:</i>	
Patient Access (1 staff x \$70/hour per 5 hour clinic)	\$ 8,750.00
MEAs (3 MEAs x \$60/hour per 5 hour clinic)	\$ 22,500.00
RN (1 RN x \$135/hour per 5 hour clinic)	\$ 16,875.00
ZSFG clinicians (variable at \$2,000/clinic)	\$ 50,000.00
Supplies, equipment, materials, and unexpected costs	\$ 11,875.00
TOTAL	\$ 250,000.00

Evaluation / close out

Evaluation methods and proposed reporting mechanisms for each objective is listed above. Delphine Tuot and Rosaly Ferrer will meet with SFHP leaders to share updates pertinent to this project twice in 2024, in June or July 2024 and November or December 2024. The final 2024 meeting will serve as close-out.