



HEALTH INFORMATION TECHNOLOGY UPDATE

San Francisco Health Commission
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Eric Raffin, CIO
Jeff Scarafia, Deputy CIO



AGENDA

Getting better with Epic

Getting started with
artificial intelligence

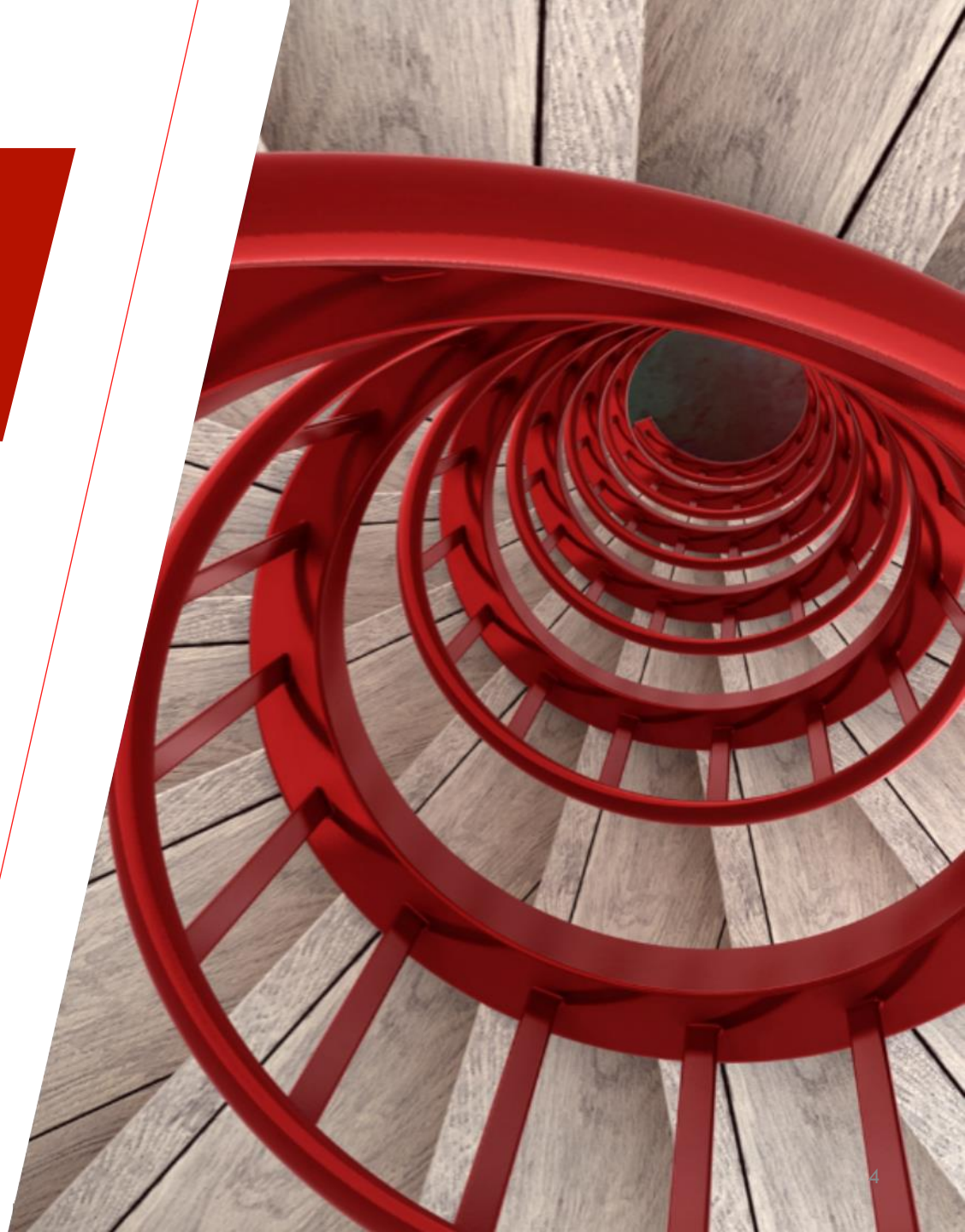


GETTING BETTER WITH EPIC

BHS MENTAL HEALTH SERVICES

May 22, 2024 Go-Live on Epic

- Civil Service Clinics & Community Based Organizations [CBOs]
 - Residential sites included
- New process for CBO's who chose to continue using their own EHRs to upload files with billing charges
 - 7 CBOs chose this path
- Substance Use Services remain on myAvatar and Methasoft



TRAINING, SUPPORT, & GO-LIVE

The BHS Epic project was a multifaceted effort working to redesign workflow processes and support these new lean processes with modern EHR technology.

METRIC	MEASUREMENT	TARGET
Training	# of unique attendees	1398
Support	# of unique addresses # of At-the-Elbow individuals	92 Over 125
Equipment	# of eSign iPads distributed \$ dollars distributed to CBOs	250 \$1.1M
Go-Live	# of weeks in "Go-Live" mode # of calls to remote support # of support tickets opened % of tickets closed within 3 days	4 1638 1454 92%

USING THE SYSTEM

The new system is generating abilities to see parts of our system and processes which were previously not visible to management.

METRIC	MEASUREMENT	GOAL	ACTUAL
Total volume of client encounters across all BHS programs	# client encounters	-	150,000+
Schedule utilization of time marked as available in clinic appointment templates	% of template time utilized for completed appointments	70%	45%
Shows completion of the workflow, including documentation and charging	% of encounters closed in 3 days	95%	92%
Shows the proficiency at capturing charges for services provided; potential revenue	% of baseline per week charges in dollars	100%	118%
Number of days from date of service until payment of a claim	# of AR Days	48 days	96 days

WHAT IS NEXT?

MORE EPIC

We are still going live with new Epic modules & specialties

- Lung Screening (live Sept. '24)
- Beaker LIS
- Jail Health billing under CalAIM
- Unified Communications
- Mammography
- GI & Pulmonary (Epic Lumens)
- Dialysis
- AI for efficiency

BHS PART II

Over 80 optimization SBARs submitted; 22 of which have been addressed

- Substance Use to identify a path forward
- Student and intern billing
- Special Programs for Youth [SPY]
- Seneca (CBO Uploader) moving to DPH Epic
- PPN

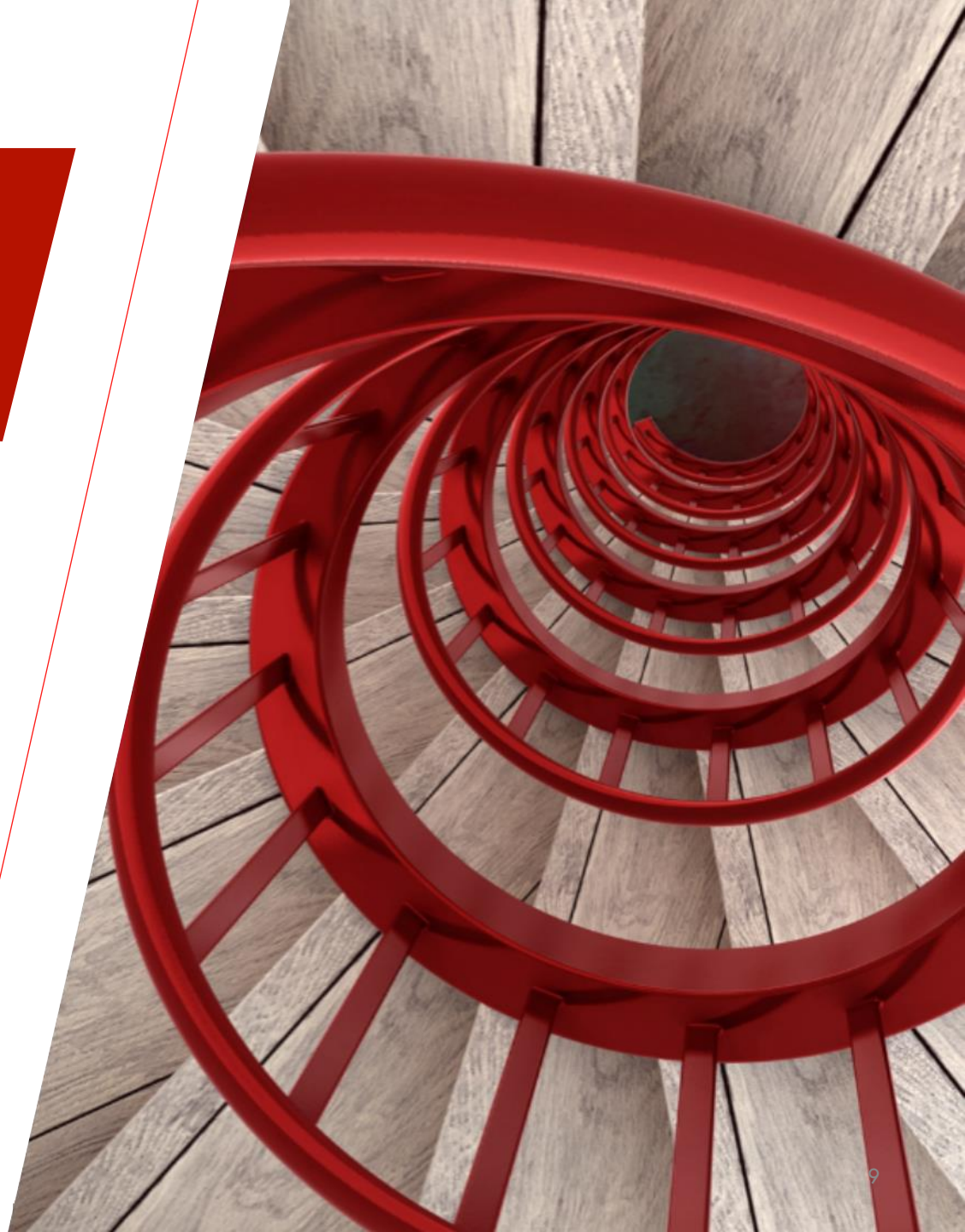


GETTING STARTED WITH ARTIFICIAL INTELLIGENCE

ARTIFICIAL INTELLIGENCE (AI) IN SFDPH

Talking Points

- Approach
- Policy
- Plan



APPROACH TO AI

WE ARE A BUY VERSUS BUILD ORGANIZATION

AI INVESTMENTS WILL BE REQUIRED TO ALIGN WITH DPH STRATEGIC OBJECTIVES AND PROCESS IMPROVEMENT WORK

DPH WILL INSIST ON TRANSPARENCY AND EXPLAINABILITY OF AI SOLUTIONS TO ASSURE WE MITIGATE BIASES

WE WILL ADOPT PROCEDURES TO UNDERSTAND HOW OUR DATA IS USED AND RETAINED IN AI SYSTEMS

AI POLICY - PRINCIPLES

HUMAN RIGHTS AND DIGNITY

EQUITY AND JUSTICE

BENEFICENCE AND NON-MALEFICIENCE

AUTONOMY AND INFORMED CONSENT

TRANSPARENCY AND ACCOUNTABILITY

DATA PRIVACY AND SECURITY

EQUITY AND JUSTICE

REGULATORY COMPLIANCE

EQUITY AND JUSTICE

AI systems should prioritize the needs of marginalized, underserved, under-represented, and under-recognized populations, ensuring that AI technologies do not exacerbate existing disparities but rather contribute to closing gaps in healthcare access and outcomes.

Decision-making about the use of AI should include diverse representation, including those representing patient and community viewpoints whenever possible.

BENEFICENCE AND NON-MALEFICENCE

AI solutions should aim to improve health outcomes, minimize harm, and support equitable access to healthcare services for all individuals, regardless of socioeconomic status or background.

AI algorithms and interventions should be designed to optimize patient/client safety, minimize errors, and mitigate potential risks associated with their use.

TRANSPARENCY AND ACCOUNTABILITY

Leaders, policymakers, developers, and healthcare providers should be accountable for the decisions made by AI algorithms, and mechanisms for recourse and redress should be established in case of errors, biases, or adverse outcomes.

AI models and systems should be intelligible and explainable, meaning that the models and algorithms are explainable in common language such that a person can understand how an AI system reached a conclusion, decision, or action, and from what data.

REGULATORY COMPLIANCE

As the regulatory landscape evolves, SFDPH will ensure that the use of AI conforms with regulations, including those related to copyright law and intellectual property law governing plagiarism.

SB1047 (Governor's Desk as of 9/25/2024) – AI Governance/Oversight

AB2602, AB1836, AB2655, AB2839, AB2355 (9/2024)

AI PLANS

How DPH will review AI solutions

ROLE OF INFORMATION GOVERNANCE



**Standards, Prioritization,
Regulatory**



Broad Representation

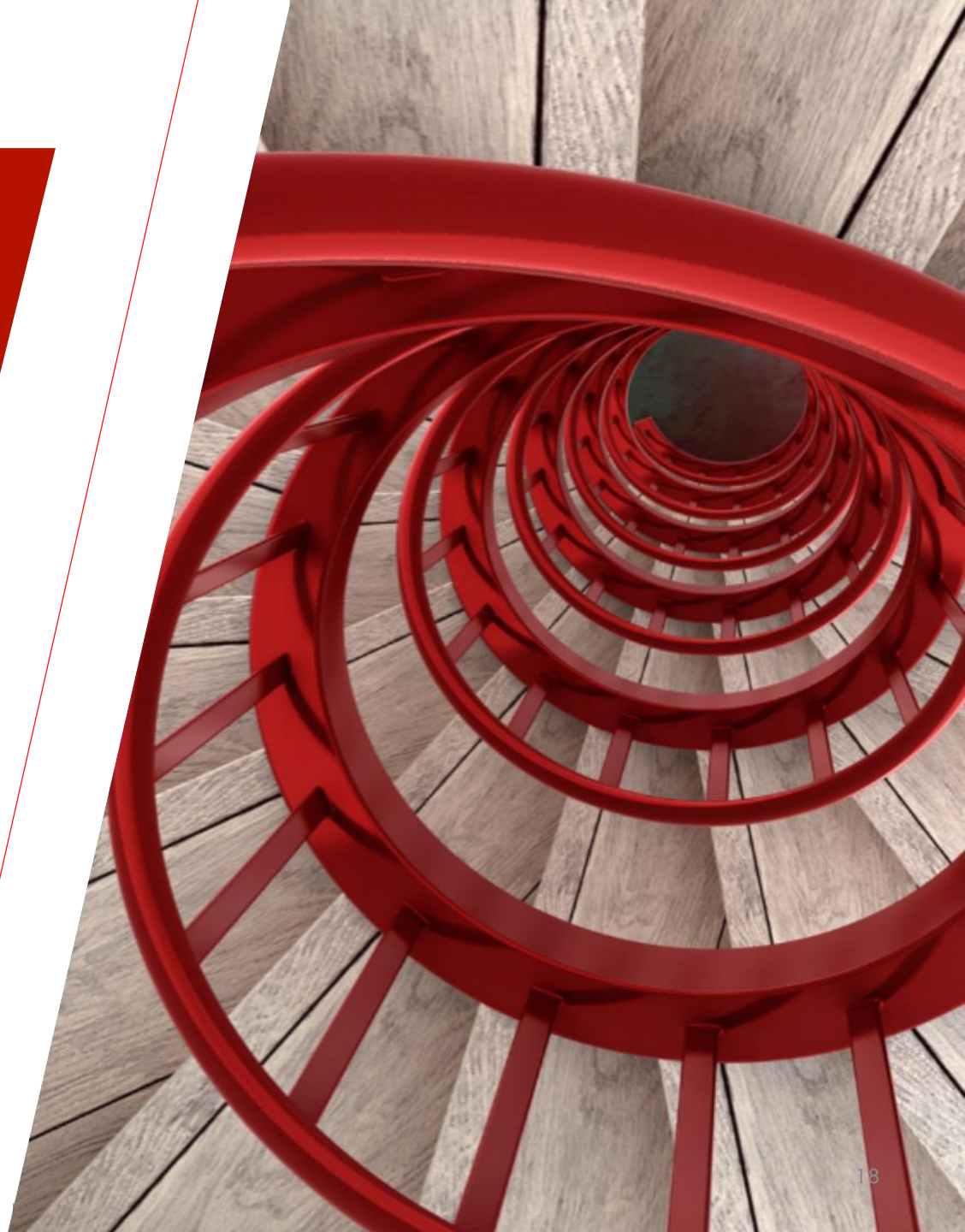


AI Subcommittee

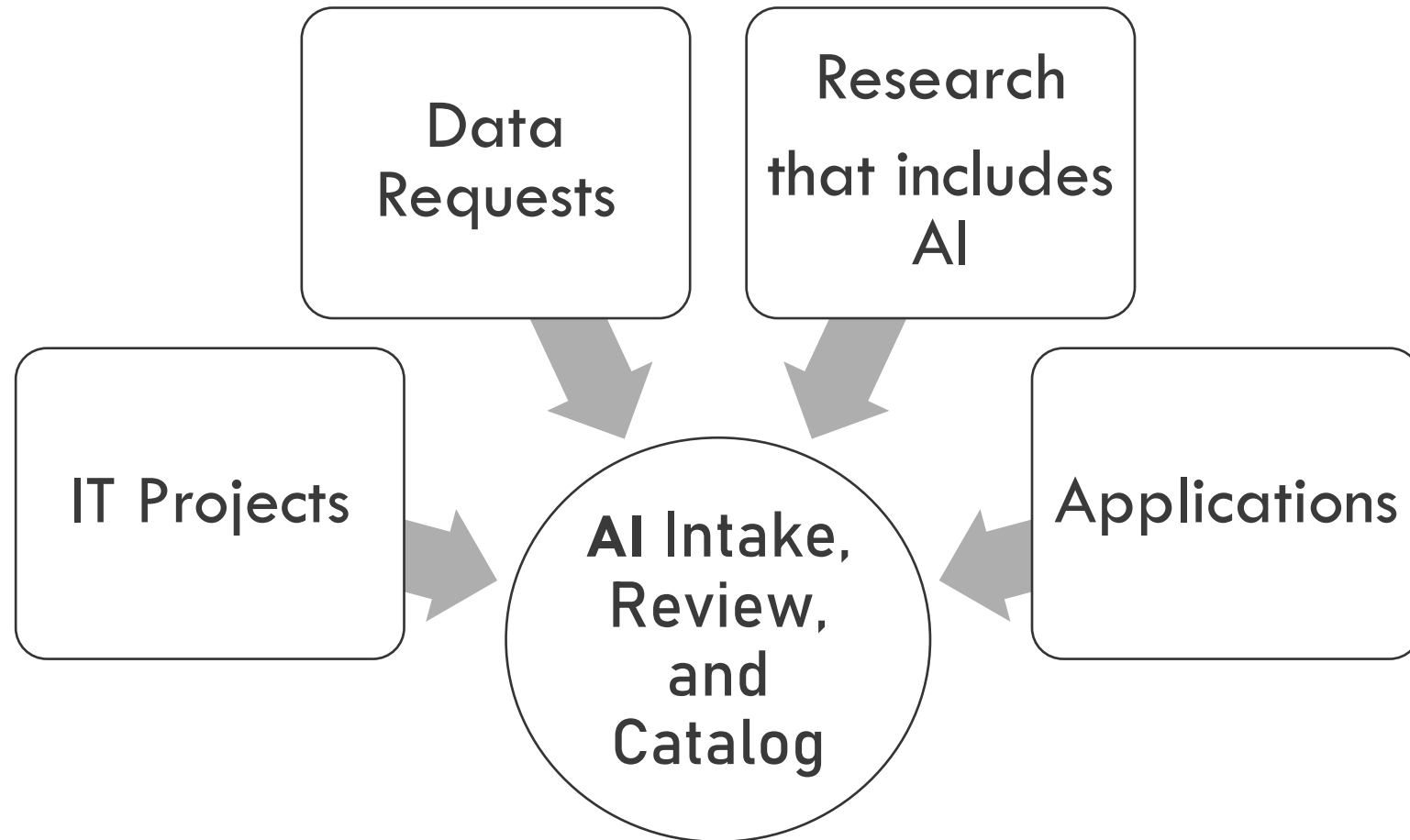
AI SUBCOMMITTEE

Takeaways

- Systems with AI do need a new type of review
- We use a layered governance model
- Multiple front doors funnel into one AI request path
- AI investments need sustaining resources



AI GOVERNANCE



INVESTMENTS IN AI



Generative AI

Epic EHR (document summarization, automated responses, ambient notes)

GPT evaluations (policy, business productivity)



Predictive Analytics

Curbing readmissions for patients with heart failure

Detecting/preventing sepsis



Imaging AI

Complementary diagnostic support

Early detection of conditions with follow-up

Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.

President Barack Obama
2/5/2008