



Annual Report FY 21-22

San Francisco Department of
Public Health

Office of Compliance and
Privacy Affairs

October 18, 2022

Areas of Responsibility

- OCPA is responsible for mitigating potential financial and reputational harm for the San Francisco Department of Public Health. OCPA does this through its four main areas of focus:
- Protecting patient privacy,
- Compliance with governmental payer, regulations
- Ensuring legal sharing of DPH data with its partners, and
- Whistleblower investigations.



FY 21-22 – Executive Summary

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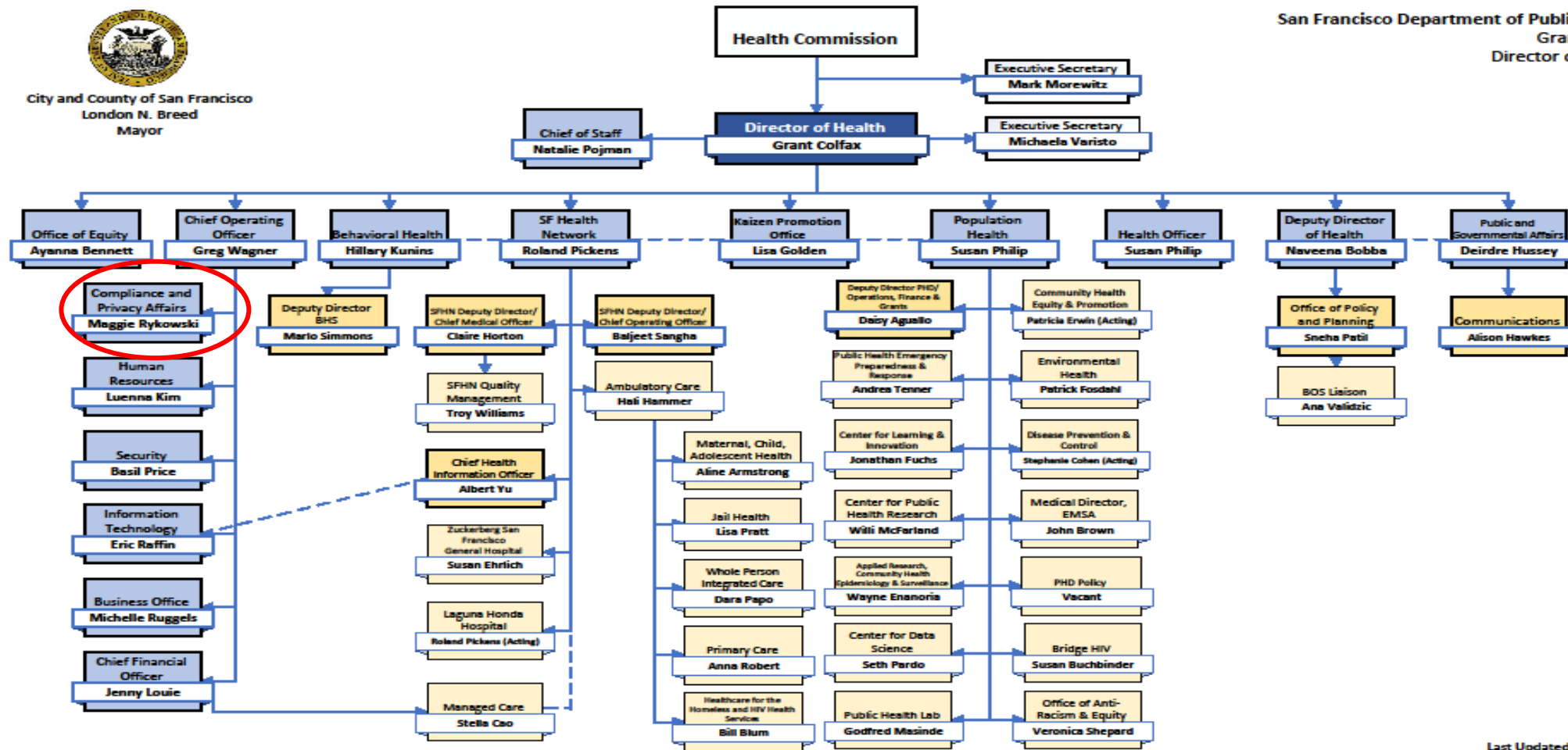
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- During FY 21-22, OCPA returned to normal operations following the COVID-19 public health emergency. OCPA increased the number of behavioral health provider audits, worked to fill several key positions, and responded to several external compliance audits as governmental audits began to resume.
 - OCPA led revisions to the DPH Privacy and the Conduct of Research Policy and worked with key stakeholders to improve the research protocol approval process.
 - OCPA also worked closely with the Metrics, Analytics, and Data Integration (MADI) team to revise the Data Sharing Guidelines for Public Publication of data to meet the needs of DPH as it continued to publish public health statistics to the community.

DPH Organization Chart



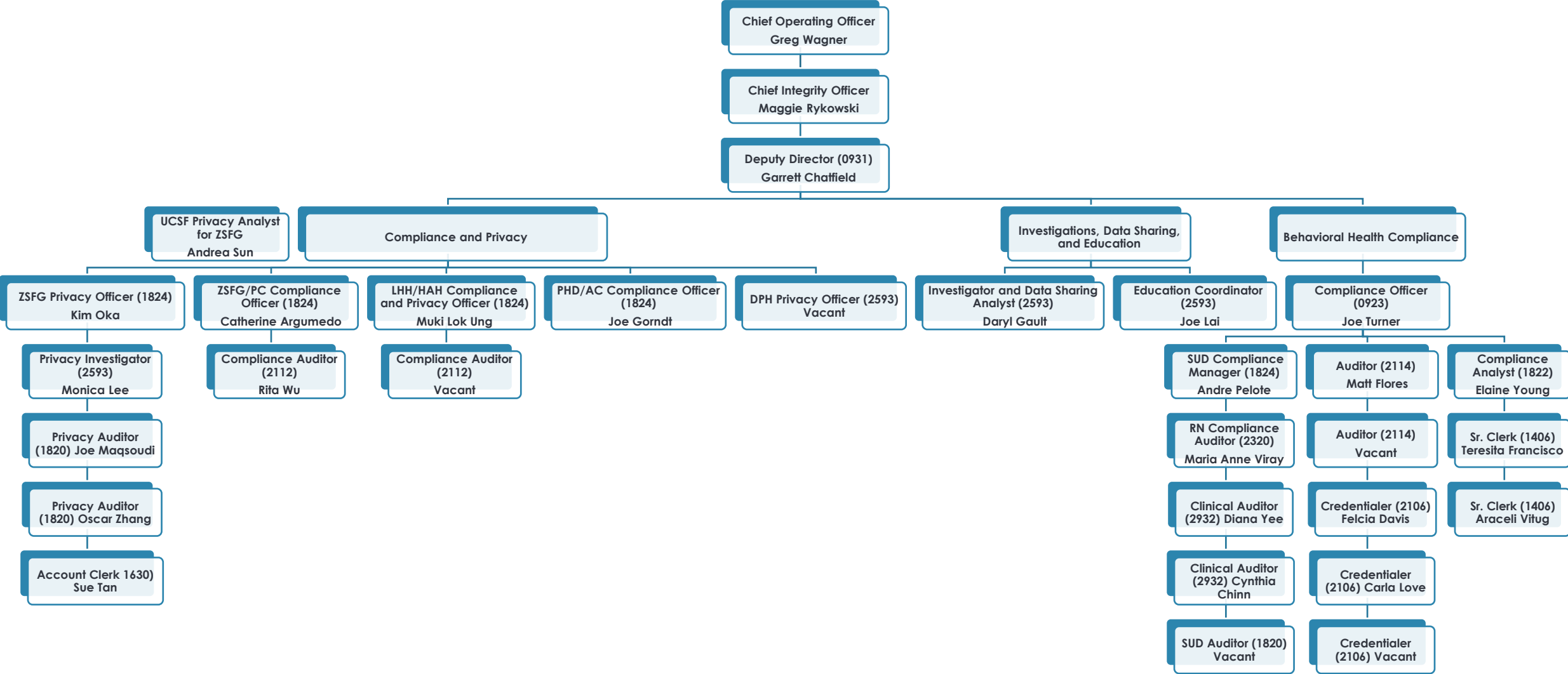
City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax
Director of Health



Last Updated: 08/17/2022

OCPA Organizational Chart



Compliance Program

Overview, Disallowances, and Fines

Overview of Program

- The Compliance Program ensures that DPH and its workforce conduct operations and activities ethically; with the highest level of integrity, and in compliance with regulatory requirements.
- The goal of the program is to practice and promote good behavior, and avoid conduct that may cause financial or reputational harm to DPH.
- OCPA partners with department managers to identify and manage risks; provide education and training to staff and providers, and integrate compliance into the daily operations of DPH.



Disallowances

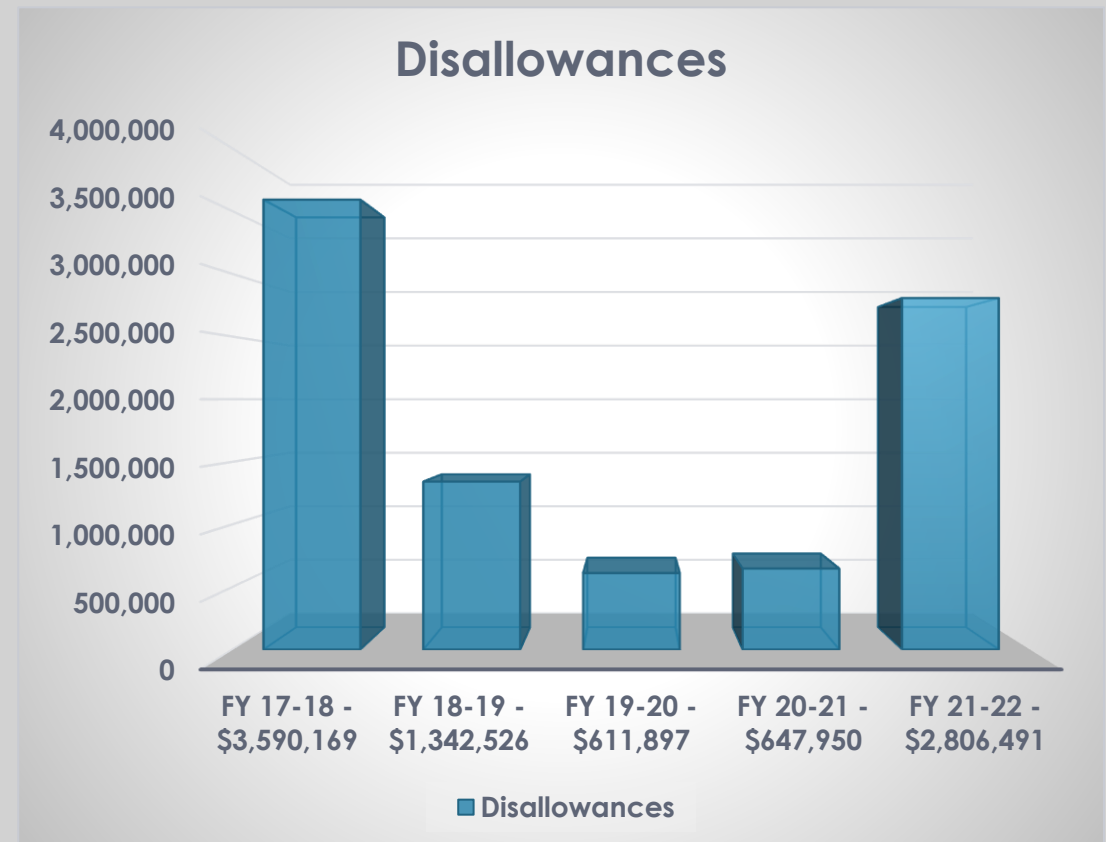
- DPH returned \$2.8 million in disallowed claims as a result of external and internal audits.
- This amount was primarily from DHCS audits for the Public Hospital Program that have resumed since the COVID-19 public health emergency.

Compliance Fines

- DPH paid no compliance-related penalties to regulators.

Year-to-Year Comparison

- Over the prior three fiscal years, we saw a year-over-year decline in the amount of money DPH has returned to payers for disallowed claims.
- FY 21-22 saw a significant increase in disallowances. This was primarily due to the resumption of DHCS public hospital audits of ZSFG services.



Risk Areas Identified for Hospitals and PHD FY 21-22

- For each new fiscal year, OCPA develops a monitoring plan for identified risk areas.
- These risk areas were monitored during FY 21-22.

RISK AREA MONITORING – FY 21-22

Top Risk Areas Identified – Monitoring for FY 21-22

- | | |
|------|---|
| ZSFG | <ul style="list-style-type: none">• Telehealth Services (During COVID-19)• Observation Services/ Two-Midnight Rule |
|------|---|

- | | |
|-----|---|
| LHH | <ul style="list-style-type: none">• Rehab Notes Documentation• MDS/PDPM Accuracy |
|-----|---|

- | | |
|-----|--|
| PHD | <ul style="list-style-type: none">• E/M Documentation and Coding |
|-----|--|

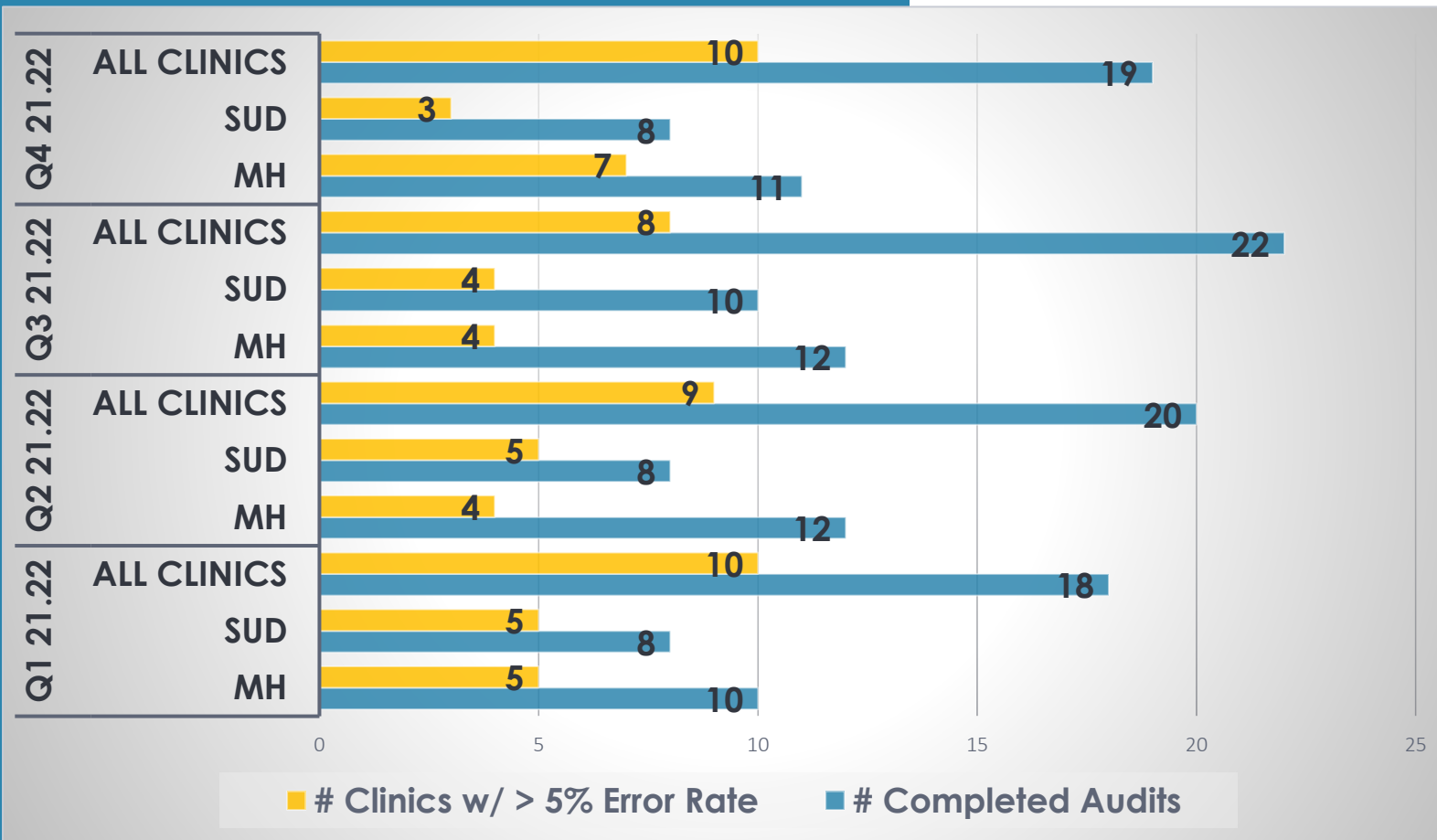
Risk Areas Identified for Hospitals, PHD, Primary Care, and Ambulatory Care – FY 22-23

- For each new fiscal year, OCPA develops a monitoring plan for identified risk areas.
- These risk areas will be monitored for compliance to regulatory requirements after internal controls are in place. Risk areas are assessed and adjusted throughout the year.

RISK AREA MONITORING - CURRENT

Top Risk Areas Identified – Monitoring for Current FY

ZSFG	<ul style="list-style-type: none">• Cataract Surgery review – Noridian• Observation Services/Two Midnight Rule• Evaluation and Management Services – Documentation and Coding
LHH	<ul style="list-style-type: none">• Advance Beneficiary Notice of Non-coverage (ABN)• Treatment Authorization Submissions• MDS/PDPM Accuracy
PHD/ AC	<ul style="list-style-type: none">• New Compliance Officer – Risk Assessment

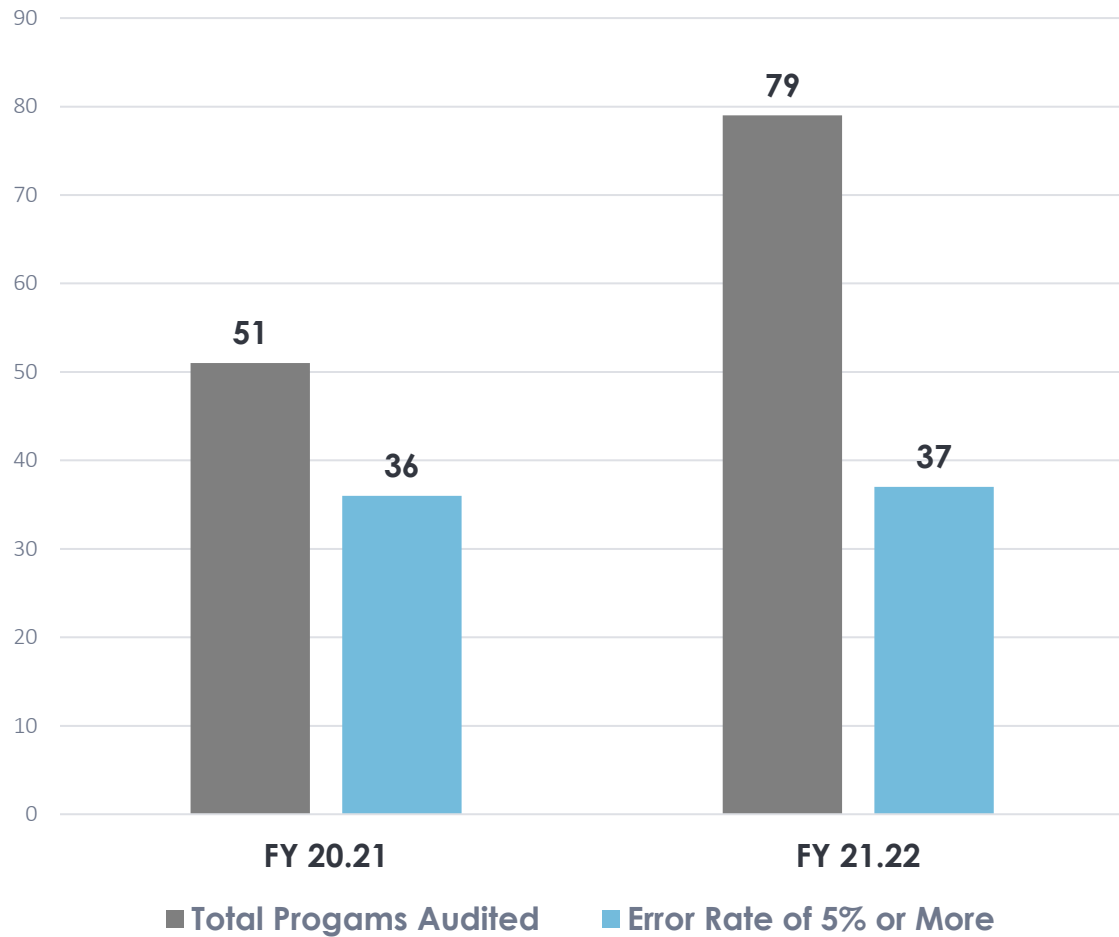


- In FY 21-22 BHS Compliance conducted 79 MH/SUD clinic audits.
- In total, 37 of the clinics had an error rate of over 5%.
- Clinics with error rates exceeding 5% were required to develop a corrective action and monitoring plan to address the deficiencies.

Behavioral Health Services – Mental Health Plan

BHS - Year-to-Year Comparison

Total Audits Performed with Error Rates



Qtr	FY	# completed MH & SUD audits	# clinics over 5% error rate	%
Q1	FY 21-22	18	10	56%
	FY 20-21	14	11	79%
Q2	FY 21-22	20	9	45%
	FY 20-21	12	12	100%
Q3	FY 21-22	22	8	36%
	FY 20-21	13	6	46%
Q4	FY 21-22	19	10	53%
	FY 20-21	12	7	58%

Privacy Program

Overview and Fines

- The Privacy Program's purpose is to ensure the confidentiality, integrity, and availability of all Protected Health Information (PHI) that DPH creates, receives, maintains or transmits.



Fines FY 21-22

- During fiscal year 21-22, DPH did not pay any fines related to privacy breaches.

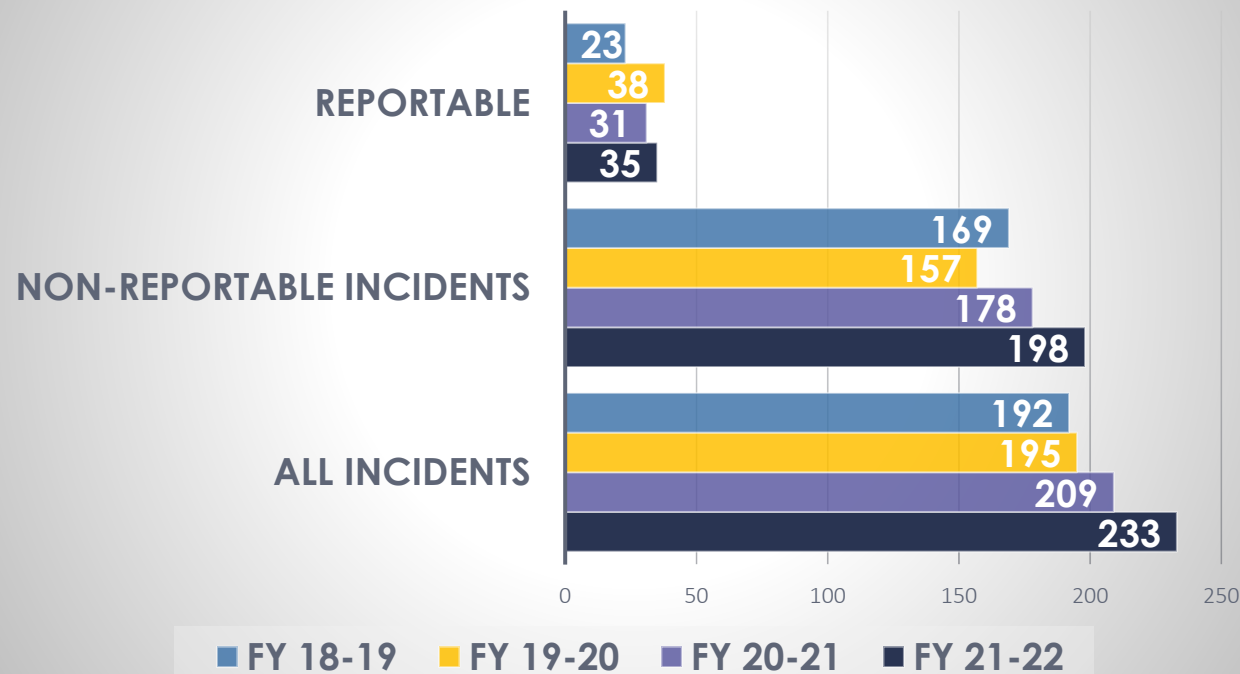
Number of Privacy Incidents FY 21-22

Location	Reportable Breaches	Non-Reportable Incidents	Total Incidents	% of Reportable Breaches Out of Total Incidents
ZSFG	16	126	142	11%
LHH	2	37	39	.5%
BHS	4	6	10	40%
DPH - Other	9	18	27	33%
CBO	4	11	15	27%
Total	35	198	233	15%

Privacy Incidents FY 21-22

This chart shows the number of privacy incidents by location.

Comparison Year over Year- Number of Privacy Incidents



- Over the last four fiscal years we seen an increase in the number of total privacy incidents reported and investigated.
- Reportable breaches have remained about the same over the last three fiscal years.

Year-over-Year Comparison

Privacy Mitigation Efforts


- OCPA issues the Privacy Pulse every two months to address topical privacy concerns, and to emphasize DPH's commitment to patient privacy.
- OCPA also conducts targeted training in response to privacy incidents and recommends corrective actions to mitigate future reoccurrence.

San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

PRIVACY PULSE

February 2021 Issue

Access to Own Record Using *MyChart*




What you need to know about accessing your own record in EPIC:

- DPH and LHH employees are **restricted** from accessing their own records and records of family members.
- Looking up any person's results through Epic is **not allowed**, unless they are a patient under your direct care.
- Staff and providers **are not granted rights to view, alter, or add** to any documentation into their own record in EPIC (including viewing own test results or medical information, updating own contact information, schedule an appointment for yourself, etc.).


What you need to do...

- Please access your record via the *MyChart* patient portal and not through your provider Epic account.
- Staff and providers who want to know their test results (such as COVID-19) must access the information through the EPIC patient portal via *MyChart*.
- If you are having difficulty accessing your *MyChart* patient portal, please contact the Medical Records Release of Information Unit at (628) 206-8622.



Things you need to know...
If you access records for non-business purposes, corrective and disciplinary actions may include loss of privileges, impact to your professional license and can lead to **termination!**

Failure to comply with HIPAA requirements can result in civil and criminal penalties. These penalties can apply to both covered entities and individuals.

<p>Report a Privacy Breach:</p> 	<p>Report every potential breach of Protected Health Information (PHI):</p> <ul style="list-style-type: none">• LHH Privacy Officer: (415) 205-3993• Privacy Hotline: (855) 729-6040• Email: compliance.privacy@sfdph.org• Refer to Breach Notification Policy [21-18] <p>The Privacy Office also provides consultation on all privacy related questions. Please feel free to contact us.</p>
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Compliance and Privacy Training

- The annual DPH Compliance and Privacy Training is assigned to all DPH employees, UCSF staff working at DPH.
- Deadline to complete is November 1, 2022.
- Changes for 2022
 - Updated to address staff viewing their own medical records.
 - Staff Access to DPH systems suspended if not completed by the deadline.
- The training is accessed from the SF Employee Portal by clicking on the "My Links" tab and entering SF Learning.

Once you're in the Employee Portal, follow the below directions to get to your "My Learning" tab. Please follow the below order. Note: there may be some delay in the "My Task" tab loading.

Do Not Click "My Learning"

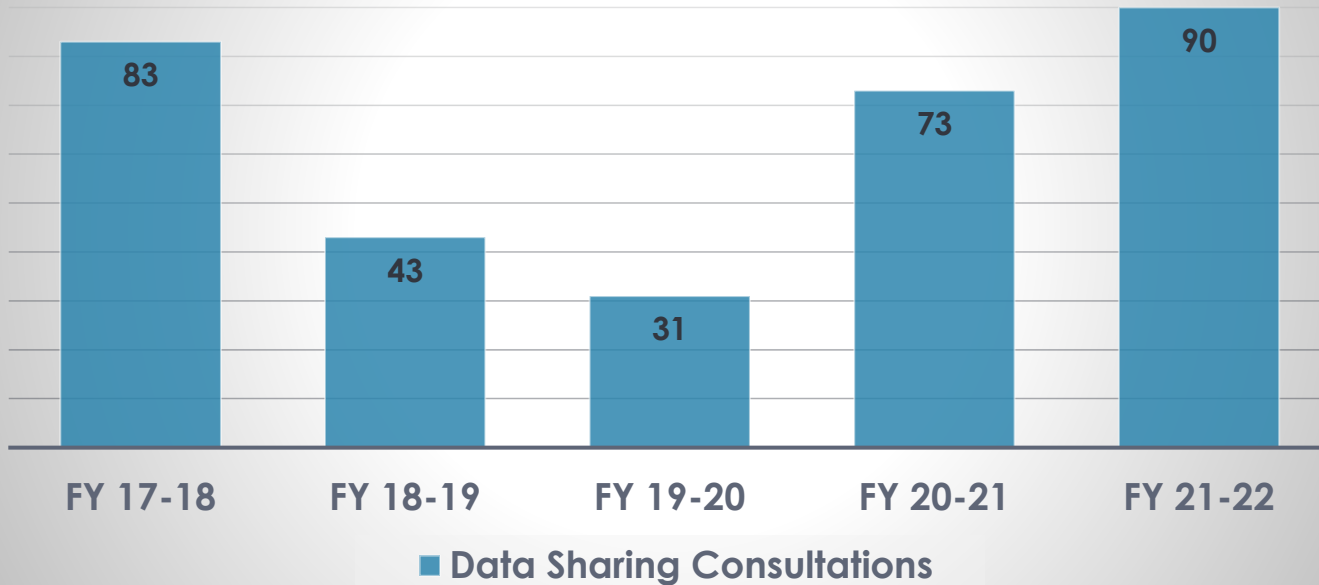
Click (In Order):
1. My Links
2. Work Links
3. SF Learning

The screenshot shows the SF Employee Portal interface. The user is logged in as RYAN, FREDERICK J. The main navigation bar includes HOME, EMERGENCY RESPONSE, USER ACCESS & SUPPORT, and FAVORITES. The left sidebar contains MY INFORMATION, MY PAY, MY TIME, MY BENEFITS, and MY LEARNING (with a red 'X' icon). The right sidebar features a banner for 'Strategic Sourcing Management Winter Training Series' and a 'READ MORE' link. Below the main content area, there are tabs for MY LINKS, ALERTS (with a red '1' notification), and MY TO-DOS (with a red '0' notification). Under the MY LINKS tab, there are sub-tabs for WORK LINKS and EMPLOYEE LINKS. The EMPLOYEE LINKS section contains two buttons: SF LEARNING and SF OPEN BOOK.

The SF Employee Portal

Step Two: My Learning

Year-to-Year Comparison



Data Sharing

- OCPA manages and oversees the data sharing program for DPH as part of its privacy program. Data sharing agreements allow for DPH to legally share PHI with vendors and partners, as well as other relevant City agencies to coordinate care and services. To do this, we work closely with Contracts, IT Security, and the City Attorney's Office to protect DPH's interests, and to define the scope and use of our PHI.
- Our data sharing work includes:
 - Working with vendors to establish and approve data access agreements and business associate agreements.
 - Assure adequate checks are completed before sharing PHI related to data security, privacy, and business need.



Whistleblower Program

- The Office of the Controller Whistleblower Program receives complaints regarding deficiencies in governmental services, wasteful governmental practices, misuse of City funds, and improper activities by City employees and officials.
- The Office of the Controller Whistleblower Program refers complaints involving DPH to OCPA for investigation.
- The Controller's Office referred 68 complaints to DPH between April 1, 2021 – March 31, 2022.*
- DPH receives the highest number of Whistleblower complaints among all City departments.
- OCPA also investigated 17 complaints filed directly with the department in FY 21-22.

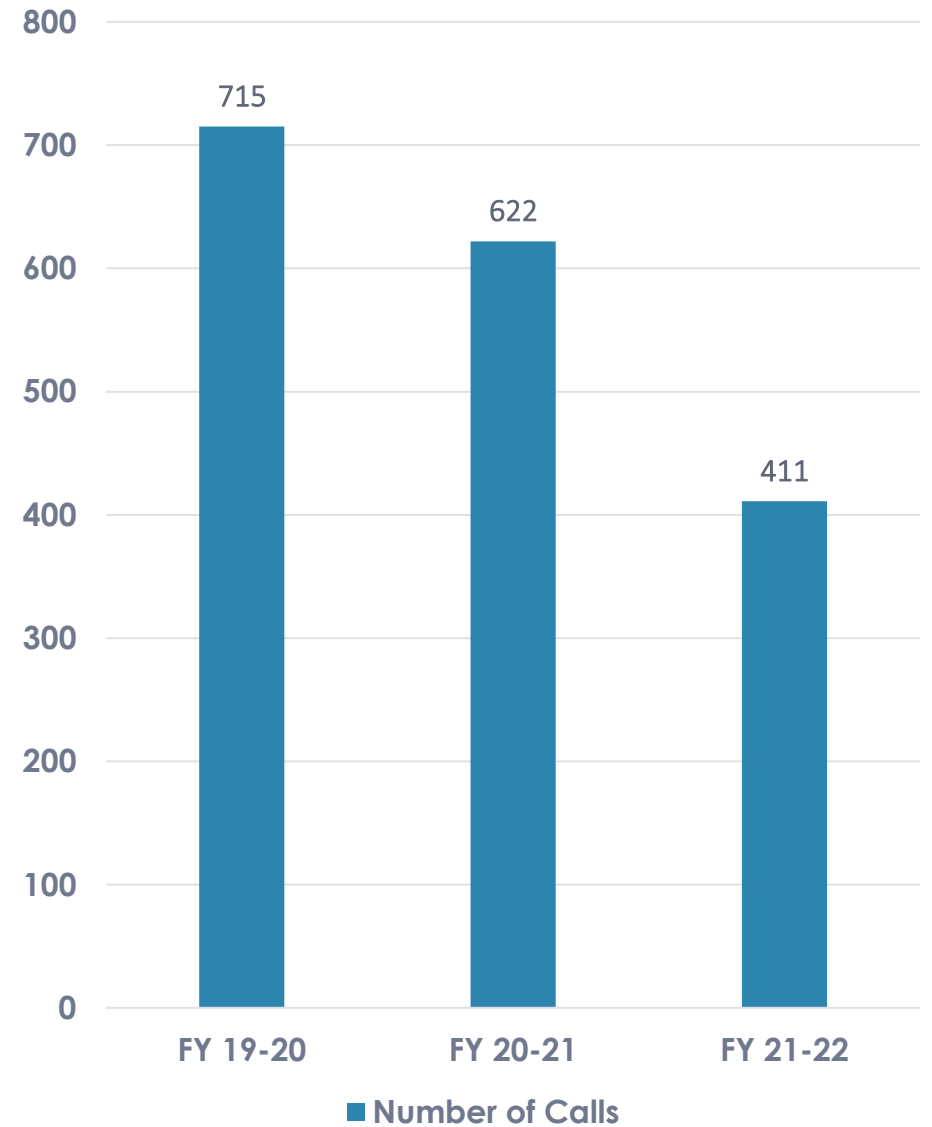
*Most current information available from the Controller's Office.



OCPA also maintains a Hotline where individuals can directly file complaints or concerns regarding privacy incidents, compliance matters, employee conduct, questions about the annual training, and any other matter of concern. During FY 21-22 the Hotline received 411 calls on various matters.



Number of Calls





FY 22-23 Areas of Focus

- As we move into fiscal year 22-23 OCPA is engaging in several efforts to improve its efforts in compliance, privacy, and outreach.
 - **Dedicated Compliance Officer for Population Health and Ambulatory Care.**
 - **Dedicated Privacy Officer for ZSFG.**
 - **Dedicated Education Coordinator for improved education outreach and communications to DPH.**

Thank you!

- For any questions you have about Compliance, Privacy, Conflicts of Interest, Gifts, and other Ethics rules, please contact OCPA. We are here to provide guidance and advice.
- Hotline: **855-729-6040**
- Email: compliance.privacy@sfdph.org

