



Annual Report FY 22-23

San Francisco Department of
Public Health

Office of Compliance and
Privacy Affairs

October 17, 2023

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.



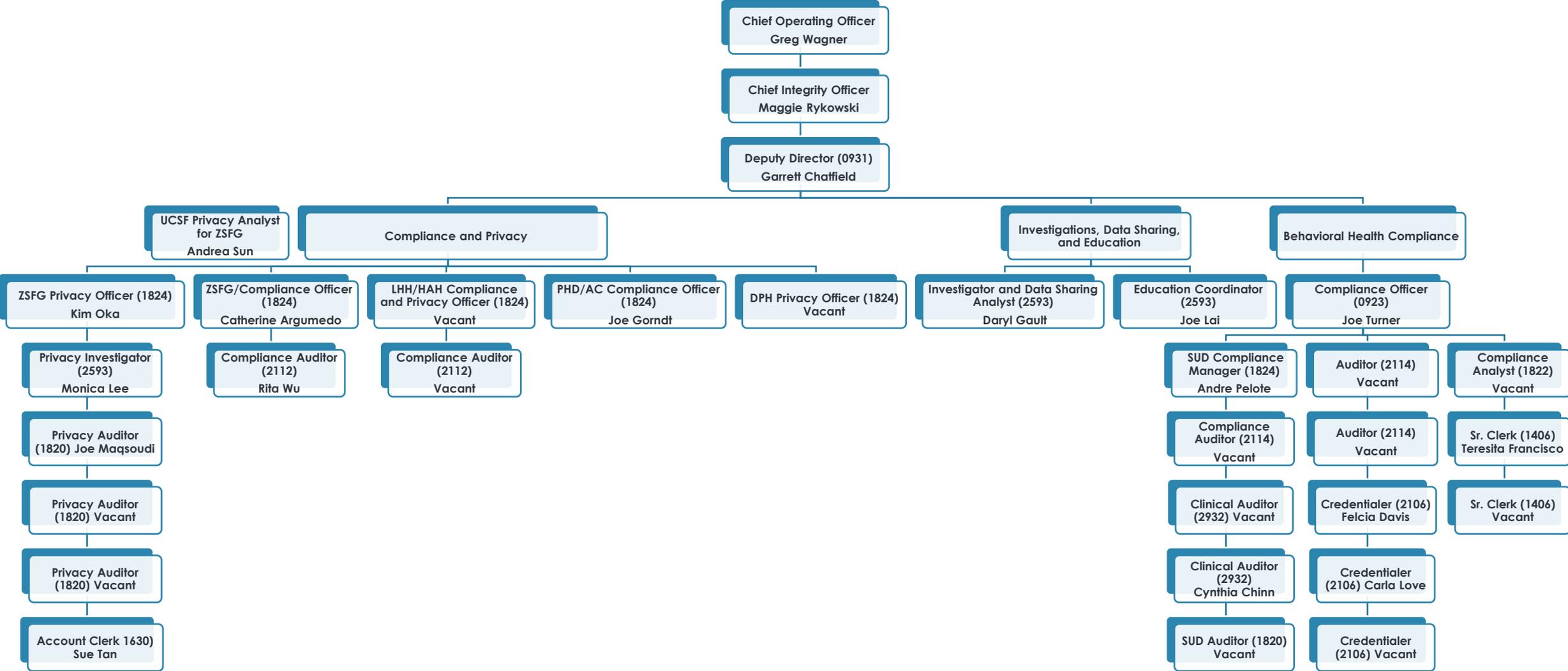
FY 22-23 – Executive Summary

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- OCPA focused significant efforts on the Annual Compliance and Privacy training during FY 22-23. It was the first year that access to DPH electronic systems was suspended for staff who did not complete the training.
 - OCPA redesigned its resource website and moved it to sf.gov. The website provides DPH staff a central place to find policies, answers to common questions, report concerns, and is easily searchable as part of the sf.gov system. The website is sf.gov/ocpa.
 - OCPA also worked to improve its internal record-keeping. We developed a centralized log to track all compliance and privacy matters and we begin a project to standardize file naming conventions and record keeping. This work continues into FY 23-24.

DPH Organization Chart

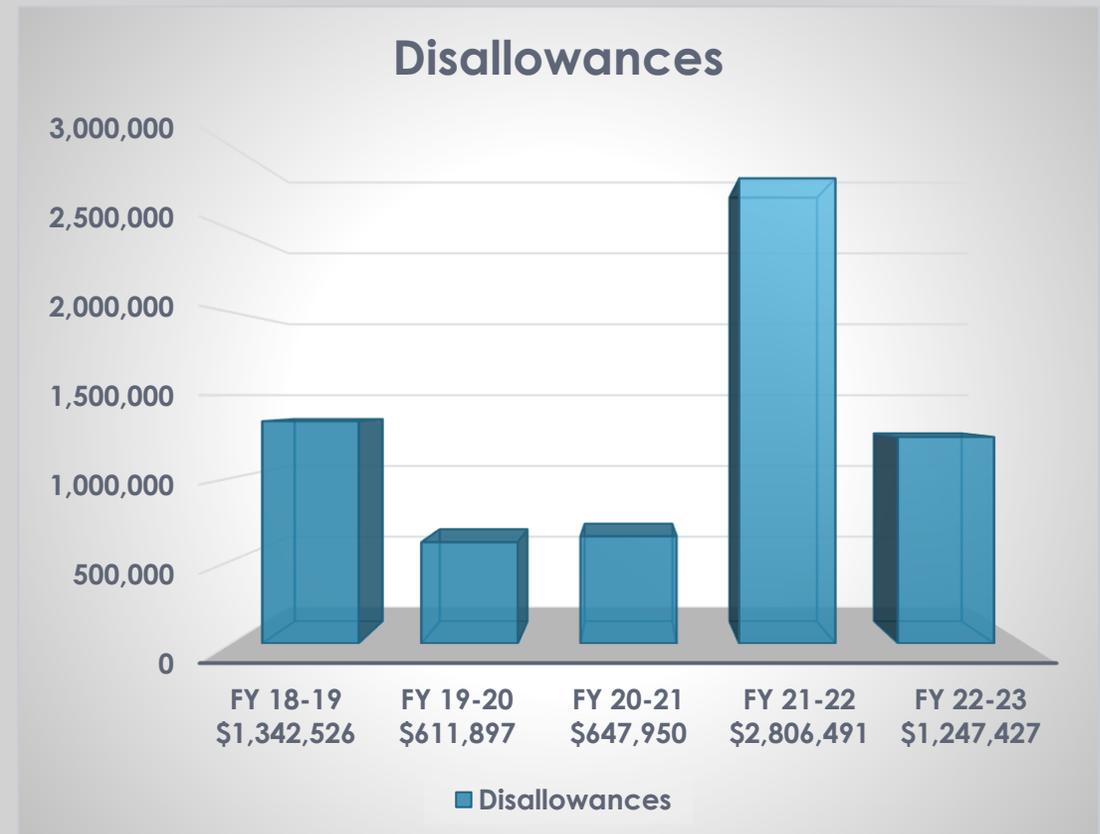


OCPA Organizational Chart



Year-to-Year Comparison

- Since FY 21-22 we have seen a significant increase in disallowances. This was primarily due to the resumption of DHCS public hospital audits of ZSFG services. These audits continued in FY 22-23.



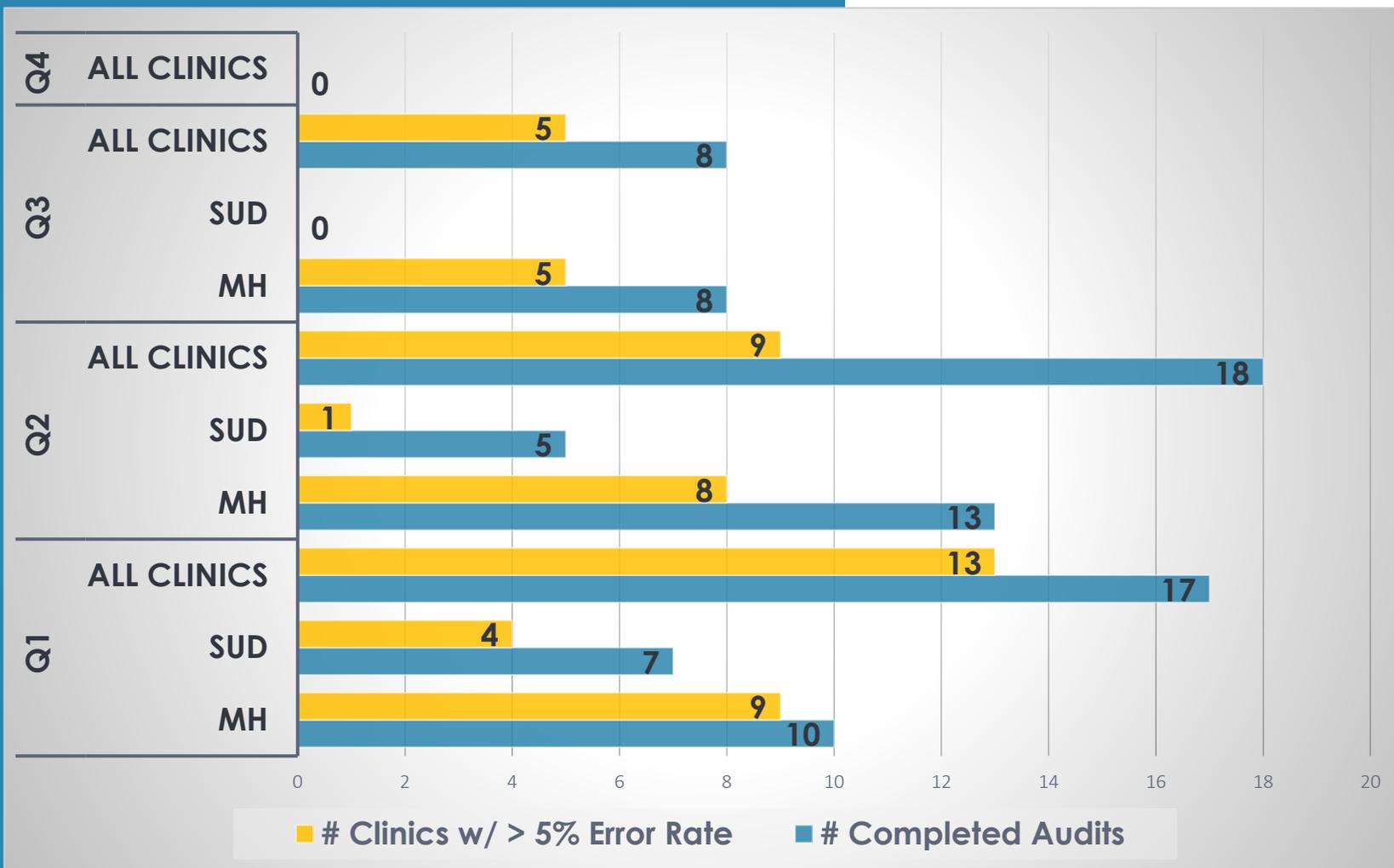
Risk Areas Identified for Hospitals and PHD/AC FY 22-23

- For each new fiscal year, OCPA develops a monitoring plan for identified risk areas.
- These risk areas were monitored during FY 22-23.

RISK AREA MONITORING – FY22-23

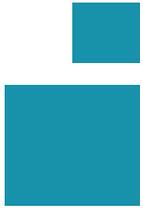
Top Risk Areas Identified – Monitoring for Current FY

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



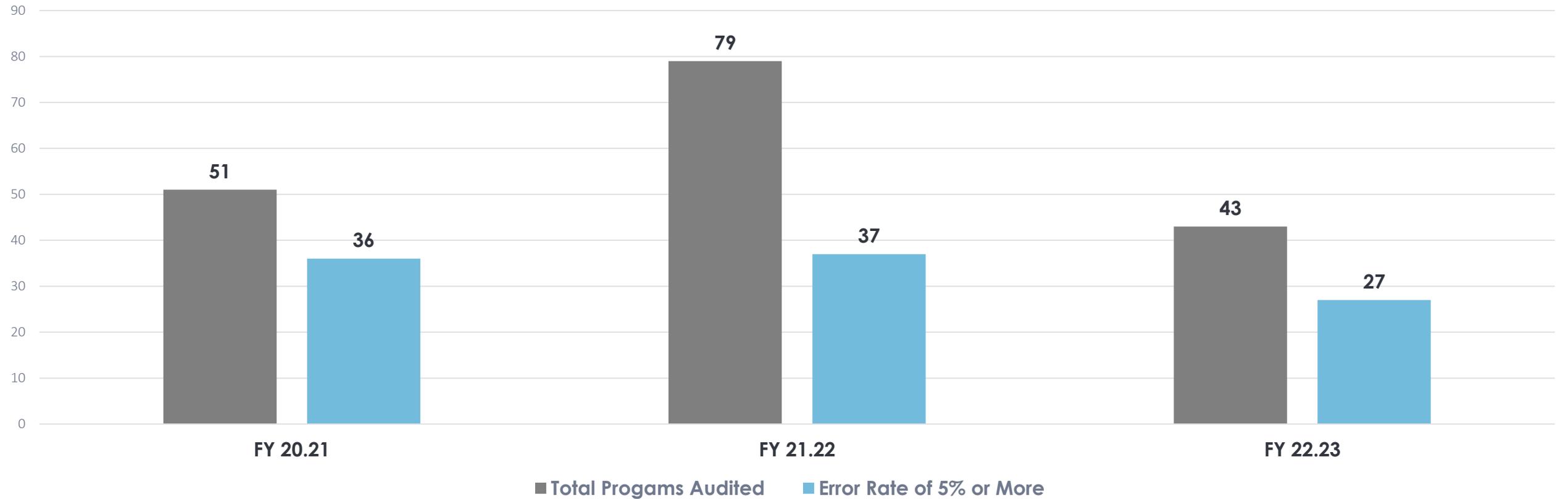
- In FY 22-23 BHS Compliance conducted 43 MH/SUD clinic audits.
- In total, 27 of the clinics had an error rate of over 5%.
- Clinics with error rates exceeding 5% were required to develop a corrective action and monitoring plan to address the deficiencies.
- NOTE: Q4 was used to revise the audit protocol to meet new CalAIM requirements.

Behavioral Health Services – Mental Health Plan



BHS - Year-to-Year Comparison

Total Audits Performed with Error Rates



Compliance Mitigation Efforts

- OCPA issues the Compliance and Privacy Matters every two months where we focus on compliance and privacy topics that impact DPH.
- The Compliance and Privacy Matters presents one Compliance topic per publication.

COMPLIANCE AND PRIVACY MATTERS

DPH Office of Compliance and Privacy Affairs – January 2023

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Compliance

21st Century Cures Act Guidance



Increased Patient Access

- The Cures Act increases access for patients to their health data by preventing "information blocking" or interfering with a patient's access to their electronic health data.

What the Cures Act Means for DPH Patients

- Most notes will be released to a patient's MyChart immediately upon signing. Except in certain circumstances, all notes written by any discipline are available for patients to see.

What the Cures Act Means for Providers

- Generally, notes must be released. Providers may choose not to share a specific note for only the following reasons:
 - To prevent harm (release of this note could reasonably cause harm to the life or physical safety of this patient or another person).
 - To respect privacy choices (the patient or their proxy has requested that the information shared in this note not be released electronically or has an expectation of confidentiality of the contents of the note).
 - The information in the note is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

DPH has adopted an "open notes" strategy to encourage patient engagement and safety. Providers and other staff who have any questions on the Cures Act or whether it is appropriate not to share a note under one of the exceptions, should contact compliance.privacy@sfdph.org for guidance.



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Office of Compliance and Privacy Affairs
855.729.6040; compliance.privacy@sfdph.org



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 22-23

- During fiscal year 22-23, DPH did not pay any fines related to privacy breaches.

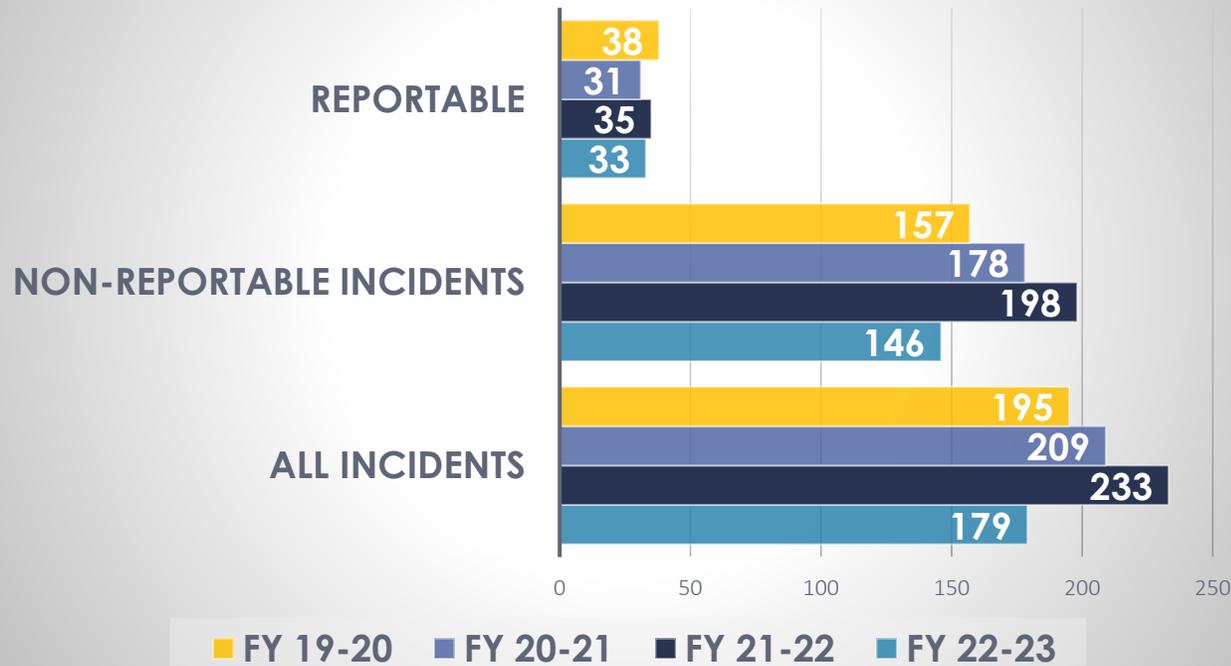
Number of Privacy Incidents FY 22-23

Location	Reportable Breaches	Non-Reportable Incidents	Total Incidents	% of Reportable Breaches Out of Total Incidents
ZSFG	11	63	74	15%
LHH	5	40	45	11%
BHS	6	25	31	19%
DPH - Other	7	10	17	41%
CBO	4	8	12	33%
Total	33	146	179	18%

Privacy Incidents FY 22-23

This chart shows the number of privacy incidents by location.

Comparison Year over Year- Number of Privacy Incidents



- Over the last four fiscal years reportable breaches have remained about the same.

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.

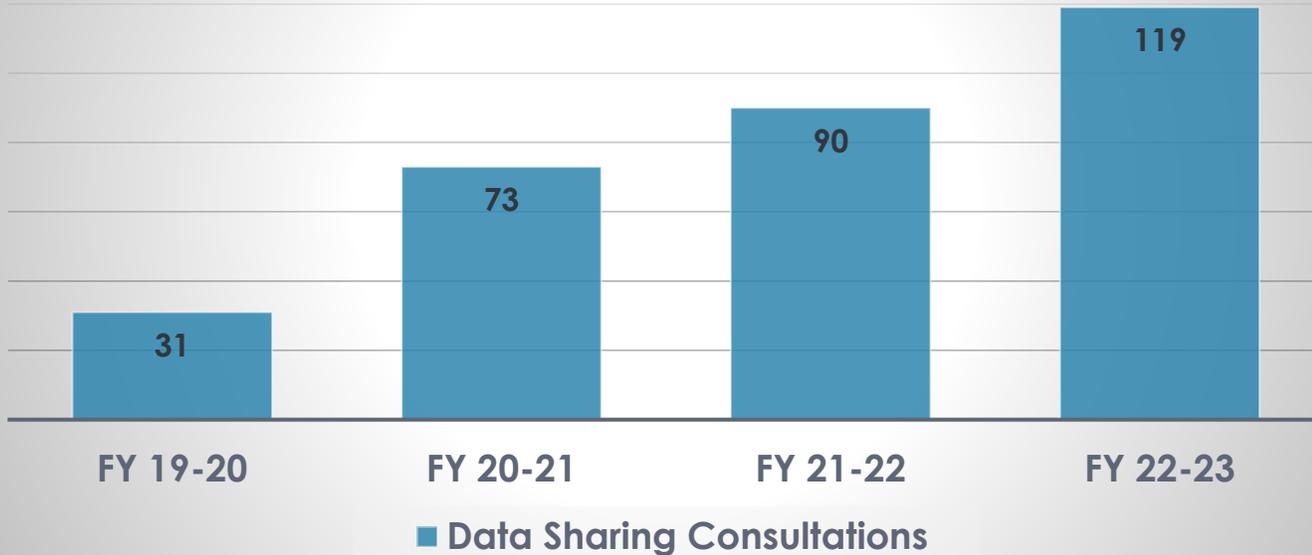


Things you need to know...
If you access records for non-business purposes, corrective and disciplinary actions may include loss of privileges, impact to your professional license and can lead to **termination!**

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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Year-to-Year Comparison



Data Sharing

- OCPA manages and oversees the data sharing program for DPH as part of its privacy program. Business Associate Agreements and 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.
- OCPA works 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 Contracts 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.

Compliance and Privacy Training

- The annual DPH Compliance and Privacy Training is assigned to all DPH employees, UCSF staff working at DPH.
- Changes for FY 22-23
 - 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.

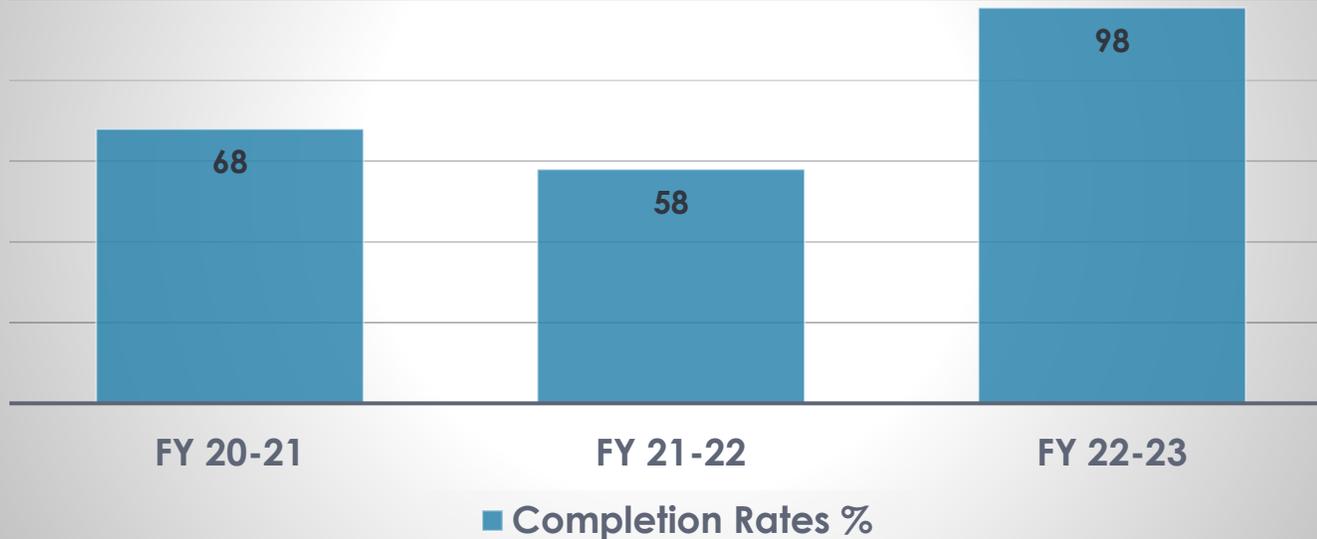
Do Not Click "My Learning"

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

The SF Employee Portal

Step Two: My Learning

Year-to-Year Comparison



Annual Compliance and Privacy Training

- OCPA worked to improve the completion rate for the annual Compliance and Privacy training.
- FY 22-23 was the first year that access to DPH electronic systems was suspended for non-completion.
- During the training period, OCPA continued outreach efforts to managers and staff to encourage completion.



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 73 complaints to DPH between July 1, 2022 – June 30, 2023.*
- DPH receives the highest number of Whistleblower complaints among all City departments.
- OCPA also investigated 10 complaints filed directly with the department in FY 22-23.

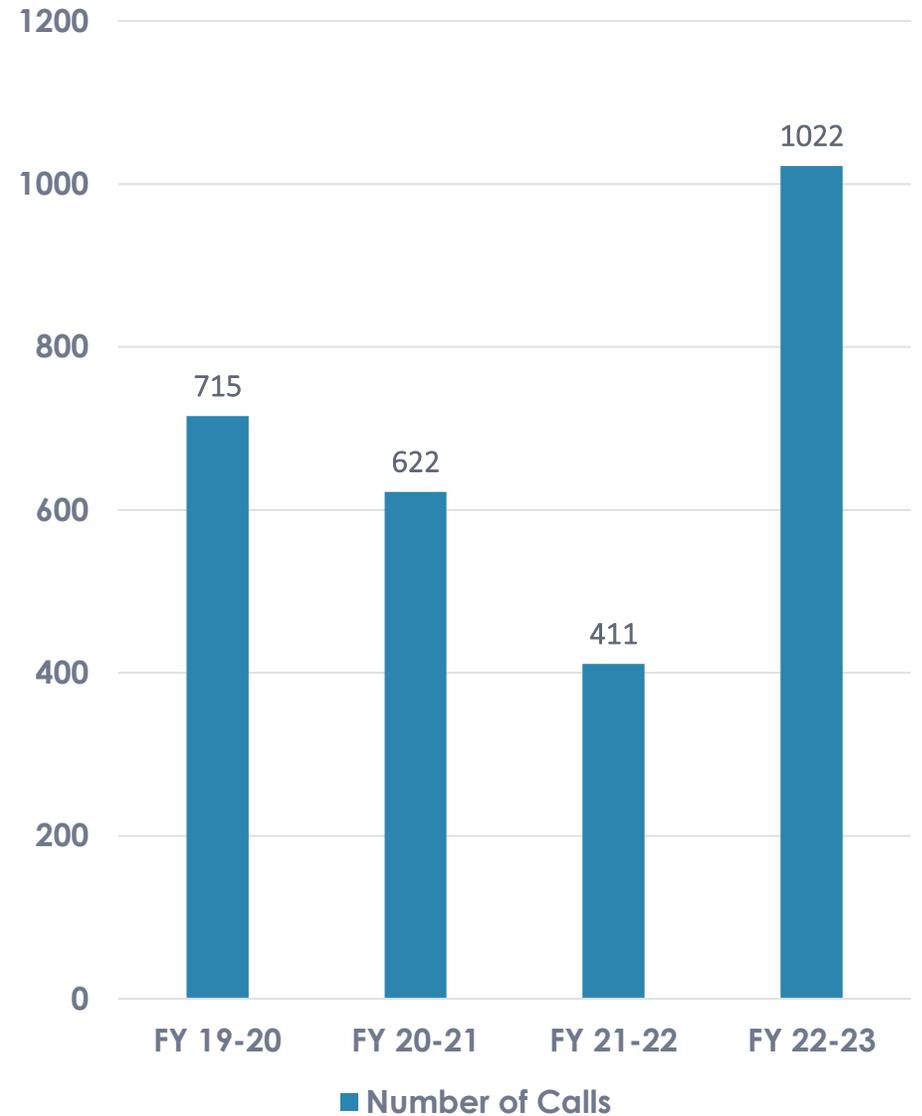
*Information obtained from the Controller's Office Whistleblower Program Quarterly Reports for FY22-23.



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 22-23 the Hotline received 1022 calls on various matters.



Number of Calls



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

