



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Primary Care | Financial Sustainability

June 15, 2026

Blake Gregory, MD  
Director of Primary Care

# Primary Care Financial Sustainability: Meeting the Moment

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**San Francisco**  
**Department of Public Health**



# Primary Care's Approach



Stay grounded in  
the mission



Preparedness for  
budget hardships



Do our part



Engage all team  
members in  
solutions



Use data  
transparently



Prioritize high  
impact  
interventions

**I. Historical Narrative: What is the story behind the current state/problem? Why focus on it now? How has this history impacted all members of the community (e.g., workforce, patients/clients)? What community, systemic, and institutional factors have impacted this history?**

SFHN is a safety net health delivery system that relies mostly public payors like Medicaid, Medicare, FPACT and the City's general fund to provide high-quality clinical services to some of the most vulnerable San Franciscans. Historically, SFDPH has had the privilege of not having to prioritize revenue generation, but due to the threat of federal and State cuts and a projected \$2B budget deficit in San Francisco over the next two years. Over the last two fiscal cycles, primary care has had to cut vacant positions to meet budget target and in the past, patients, staff, and communities have been negatively affected by layoffs and threats to close clinics. To mitigate the impact of further budget reductions on staff and patients, primary care must identify strategies to generate more revenue and use existing resources more efficiently while continuing to provide high quality care to patients. SFHN did not intensively focus on revenue generation prior to Epic go-live or during the pandemic, but there are many opportunities to maximize revenue without overburdening staff and providers. Revenue generation delivers value to patients through 1) preserving and making best use of resources in primary care, 2) providing timely access to care, 3) insulating services from unpredictable or unreliable funding sources.

**II. Current Conditions: What is happening today and why are things not working? What is the societal, community, and system context? How do current conditions impact all stakeholders?**

- Revenue data (Fig 1-2): SFHP MediCal is largest payer followed by Medicare FFS.
  - Average FQHC rate for SFHP is \$208 at COPC and \$386 at ZSFGH
  - While PC is capitated with SFHP (Fig 2), our FQHC rate subsumes capitation, so PC is essentially reimbursed on FFS model
  - Percent visits paid is 83% with SFHP and MediCare at COPC
  - PC does not currently leverage G-codes, Incident 2 billing), or time-based billing
- Encounter data (Fig 3-4, 6-7):
  - While productivity targets have been set at 9 seen per half day (Fig 8), no clinic is currently meeting that target (Fig 3). Some clinics see more patients per half day than others.
  - Other opportunities to capture more billable encounters include no-shows, unfilled slots (Fig 4), and visits for which we do not currently bill such as RN visits (Fig 6-7), on-call encounters, and TAPS provider encounters (data pending) .
- Clinic templates:
  - The standard PC clinic template includes 9 slots.
  - Most clinics have a POD role in which slots are blocked. These blocked slots rarely result in a billable visit. There is no standard across PC in how the POD role is used or accounted for in scheduling templates.
  - Clinic templates are not currently calibrated to no-show rate, although this has been implemented historically (Fig 8)
- Impact on patients and community

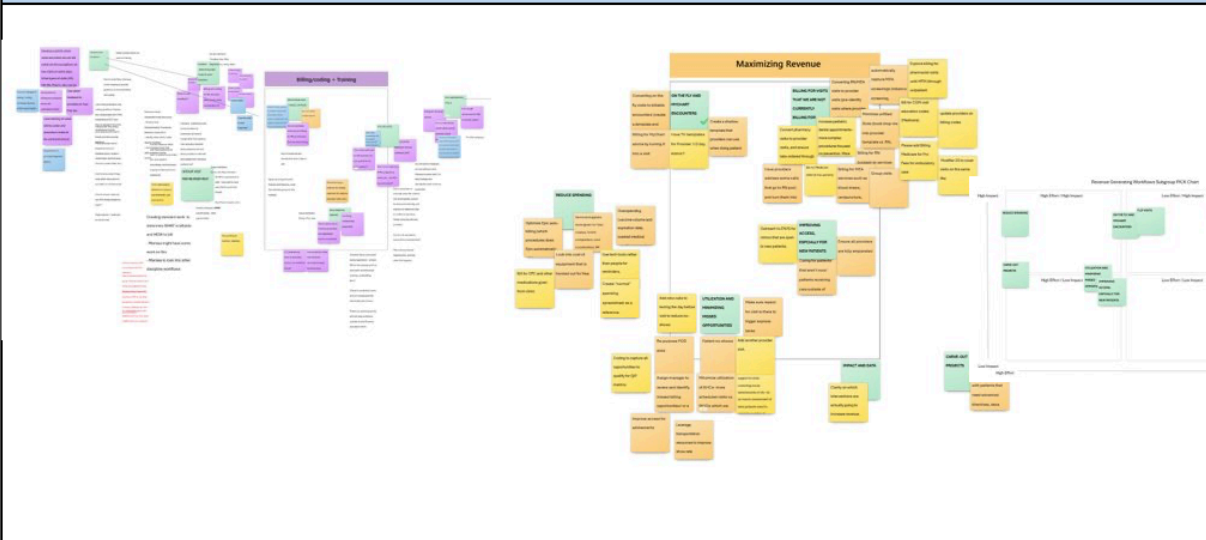
**III. Targets and Goals: What specific measurable outcomes are desired and by when? We (WHO) are organizing with (WHOM) to do (WHAT) in order to (WHY-motivating vision).**

To ensure sustainable, equitable access to high-quality care, primary care leadership and frontline teams will increase the number of billable encounters per clinic session

**Problem Statement: What specific systemic problem will serve as your baseline?** Funding sources for essential primary care services are at risk. Primary care must optimize efficiency and revenue using existing resources to continue providing high-quality care.

Please see targets and goals in Slide # 2.

**IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers? What are the systemic and institutional factors?**



**V. Possible Countermeasures: What countermeasures do you propose and why? (refer to slide 3)**

Cause/Barrier Addressed	Countermeasure	Upstream/Midstream/Downstream Intervention	Impact	Effort

**VI. Plan: What, where, how will you implement, and by and with whom and when?**

Countermeasure	Description and Expected Result	Owner	Date
Create on the fly encounters	CPHC, PHHC and FHC will PDSA for 2 weeks creating on the fly encounters using "walk-in" and "book-it". Based on results, a tip sheet will be created and the workflow will be rolled out to all clinics	CPHC, PHHC and FHC	9/12/25

**VII. Follow-Up: How will you assure ongoing PDSA?**




# Setting Goals

1	Increase revenue by 10% in primary care by May 2026
2	Phase 1: Consistent provider productivity of 18 billable encounters per day
3	Phase 2: Optimize billing and coding practices



# Phase 1: Productivity

## Guiding Principles:

- Capture work that is already happening
  - Bill for after-hours phone advice
  - “On-the-fly” encounters
  - Provider staffing of ancillary services
- Maximize appointment slot utilization
- Share weekly productivity data
- PDSAs & rapid cycles of change
- Foster innovation and creativity
- Involve every team member: “All hands on deck”

# Productivity Outcomes

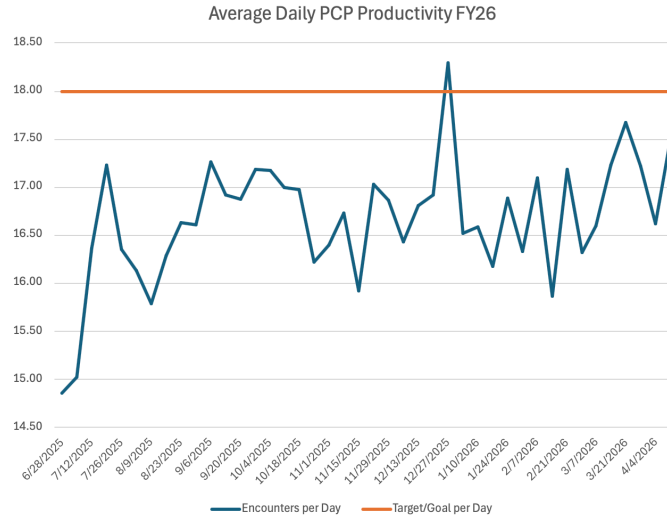


Figure 1: average daily PCP encounters per day in FY26. Goal is 18.

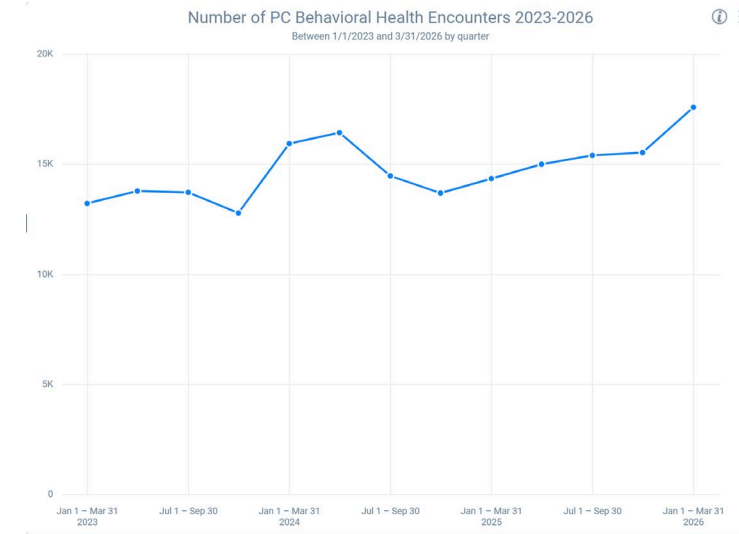


Figure 2: number of PC behavioral health encounters 2023-2026.

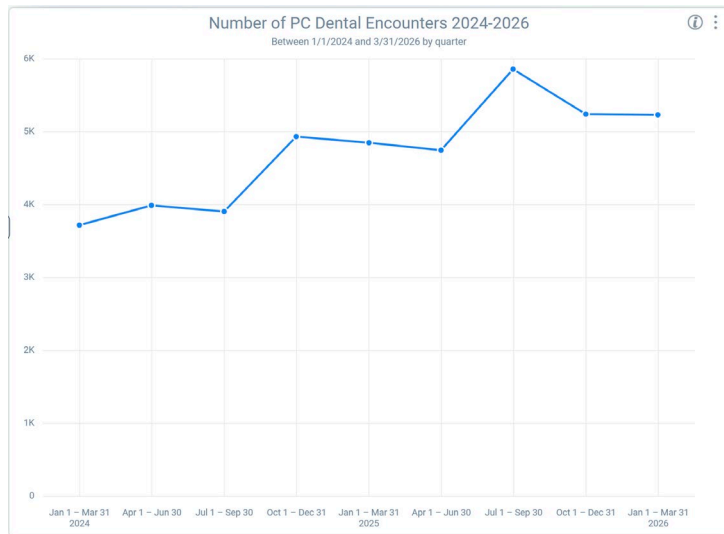


Figure 3: number of PC dental encounters 2024-2026.

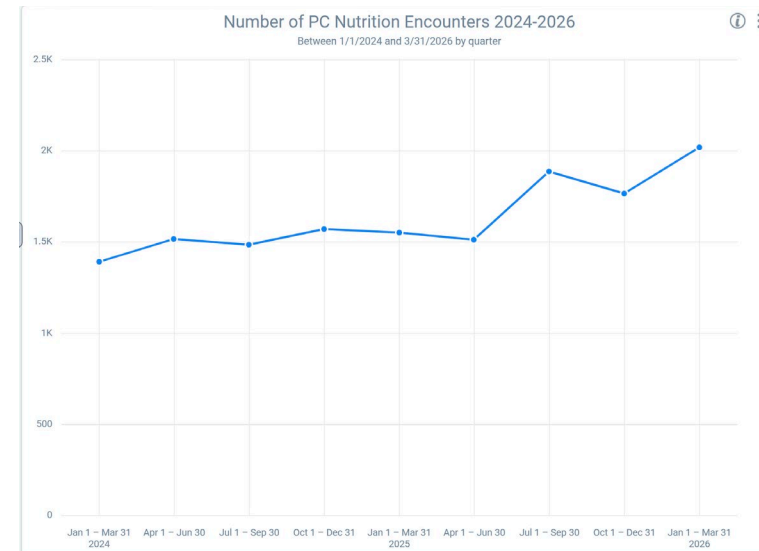


Figure 4: number of PC nutrition encounters 2024-2026.



# Phase 2: Optimize Billing and Coding



Partner with DPH Revenue Integrity team



Billing audit to identify missed opportunities



Borrow best practices from other organizations



Automate billing workflows in Epic

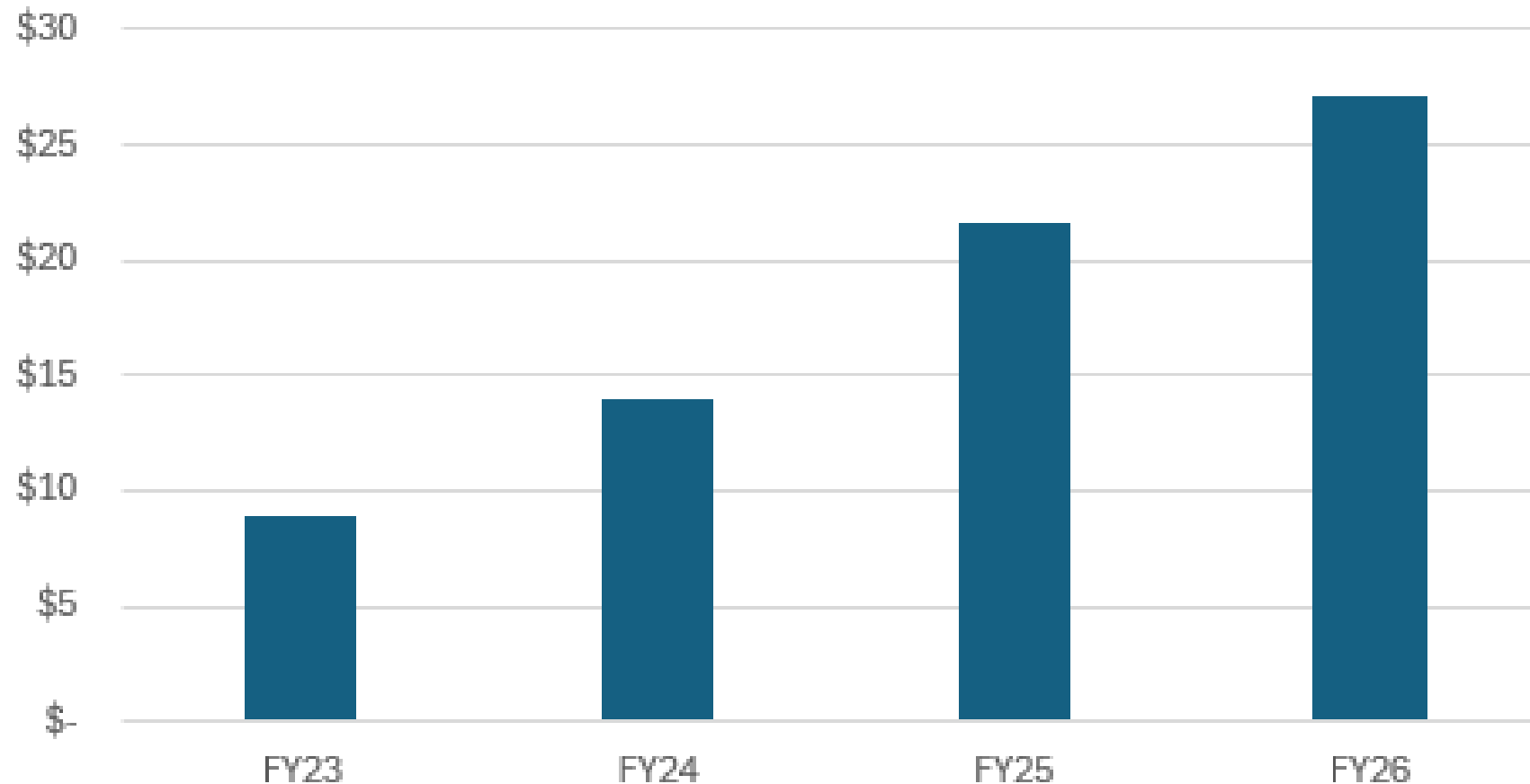


Provider learning labs on billing



# Community PC Revenue Outcomes: FY23-26 Projections

## Community Primary Care Revenue Projection



FY23-26 revenue projections demonstrate year-over-year increase from \$9M-\$27M

# Community PC Revenue Outcomes: FY26 Drill-Down



Department of Public Health - Primary Care Clinics						
STATEMENT OF REVENUE AND EXPENSES						
March 31, 2026						
(In Millions of Dollars)						
CURRENT YEAR						
Fav/(Unfav)						
Projection Revised Budget Original Budget Variance % Var						
<b>NET PATIENT SERVICE REVENUE:</b>						
1	Medi-Cal Revenue	16.09	15.35	15.35	0.73	4.8%
2	Medicare Revenue	6.59	4.96	4.96	1.63	32.9%
3	Prior Year Settlement	3.94	-	-	3.94	0.0%
4	Other Patient Revenue	0.43	0.14	0.14	0.29	200.7%
5	<b>TOTAL PATIENT SERVICE REVENUE</b>	<b>27.05</b>	<b>20.46</b>	<b>20.46</b>	<b>6.60</b>	<b>32.2%</b>

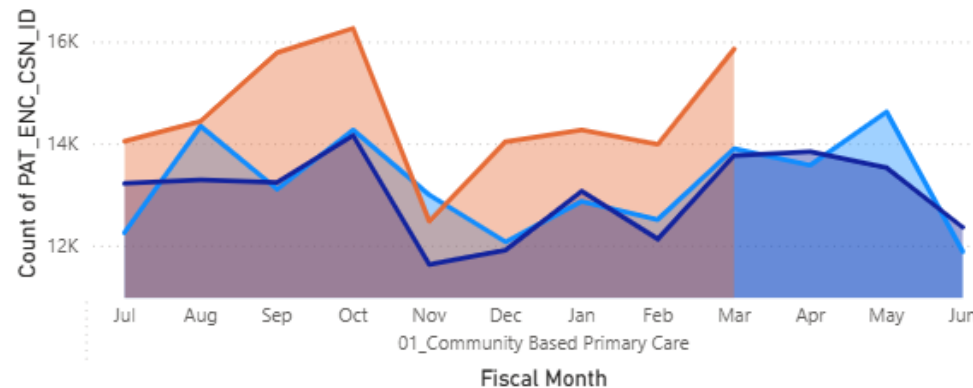
32% positive variance between revised budget and projection:

- \$2.7M of variance related to increased productivity, billing, and collections
- \$3.9M of variance related to prior year settlement

PC encounter volume FY24-26 demonstrates increased productivity in FY26 compared to prior years

Distinct Count of Encounters by Fiscal Month

Fiscal Year ● 2024 ● 2025 ● 2026





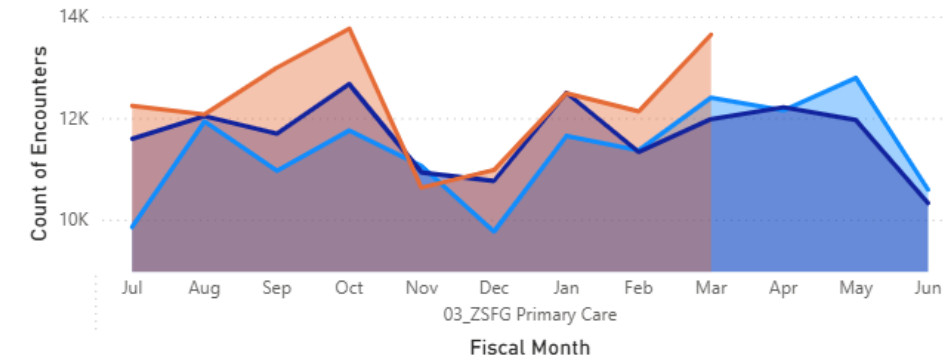
# ZSFG PC Revenue Outcomes: FY26

Fiscal Year Final PC_Specialty_Other	FY25 Total Payments	Revenue Projection (Jul-Mar)
		<b>\$30,120,051</b>
▣ <b>03_ZSFG Primary Care</b>	<b>\$37,135,696</b>	\$787,430
▣ Bridge Clinic	\$932,822	\$8,344,228
▣ Children's Health Center	\$9,388,060	\$9,718,408
▣ Family Health Center	\$12,670,661	
▣ Financial Assistance		
▣ RFPC	\$9,788,400	\$7,715,678
▣ Ward 86 - Positive Health Program	\$4,355,753	\$3,554,307
<b>Total</b>	<b>\$37,135,696</b>	<b>\$30,120,051</b>

Distinct Count of Encounters by Fiscal Month

Count of Encounters by Primary Care or Specialty Category, Fiscal Month and Fiscal Year

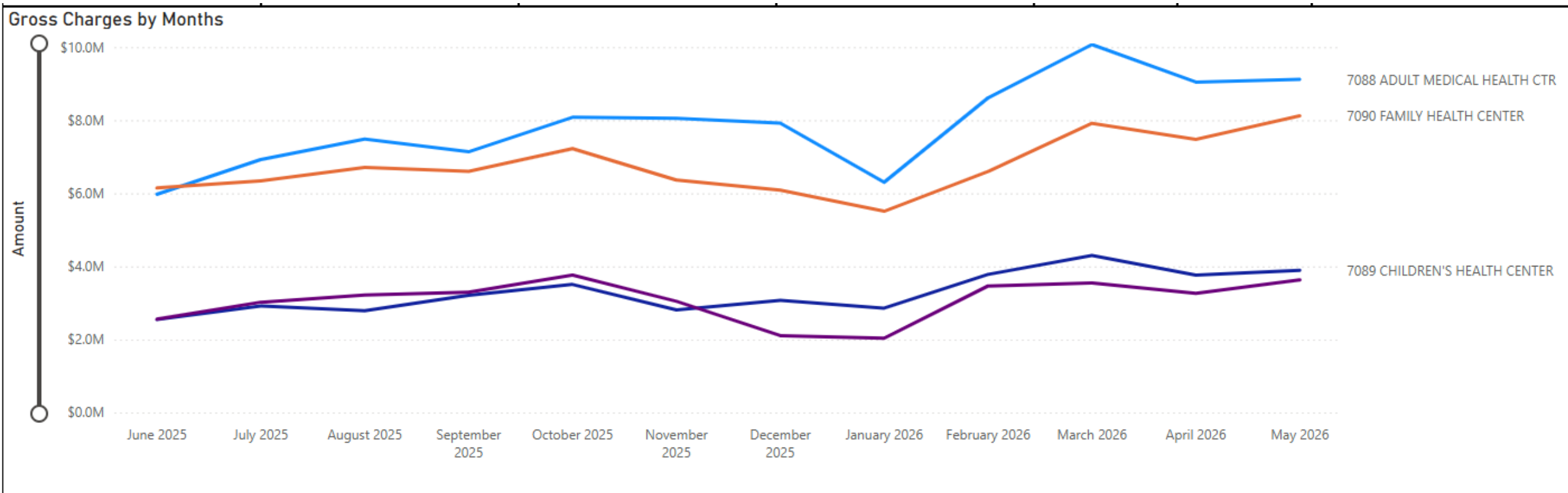
Fiscal Year ● 2024 ● 2025 ● 2026



PC encounter volume FY24-26 demonstrates increased volume in FY26 compared to prior years

ZSFG PC Revenue:  
FY25 \$37M-->FY26 \$40M(\$30M annualized)

# ZSFG PC Revenue Outcomes: FY26 Gross Charges



ZSFG PC Gross Charges per Month:  
\$7.5M (43%) increase in May 2026 vs. June 2025

# Ongoing Revenue Improvements



## Maximize Medicare billing

Transition to time-based billing

Consistently use continuity billing code

Modifiers for office-based procedures



## Regular review of reports to correct billing errors



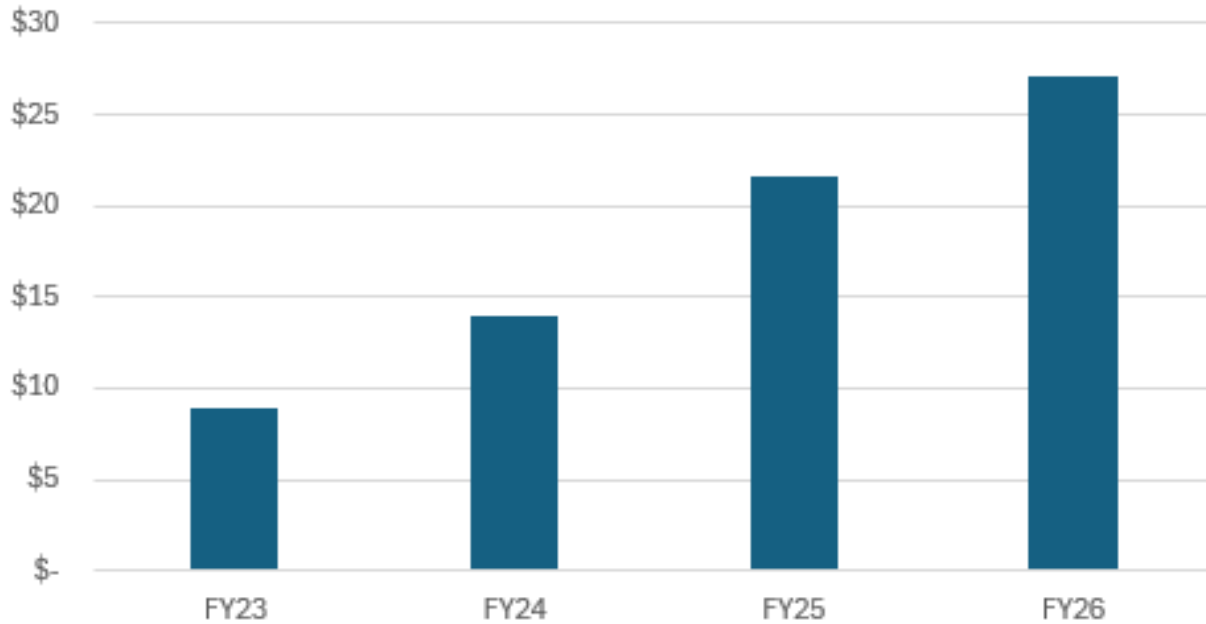
## Partner with Revenue Integrity

Multi-year project to increase FQHC reimbursement rate

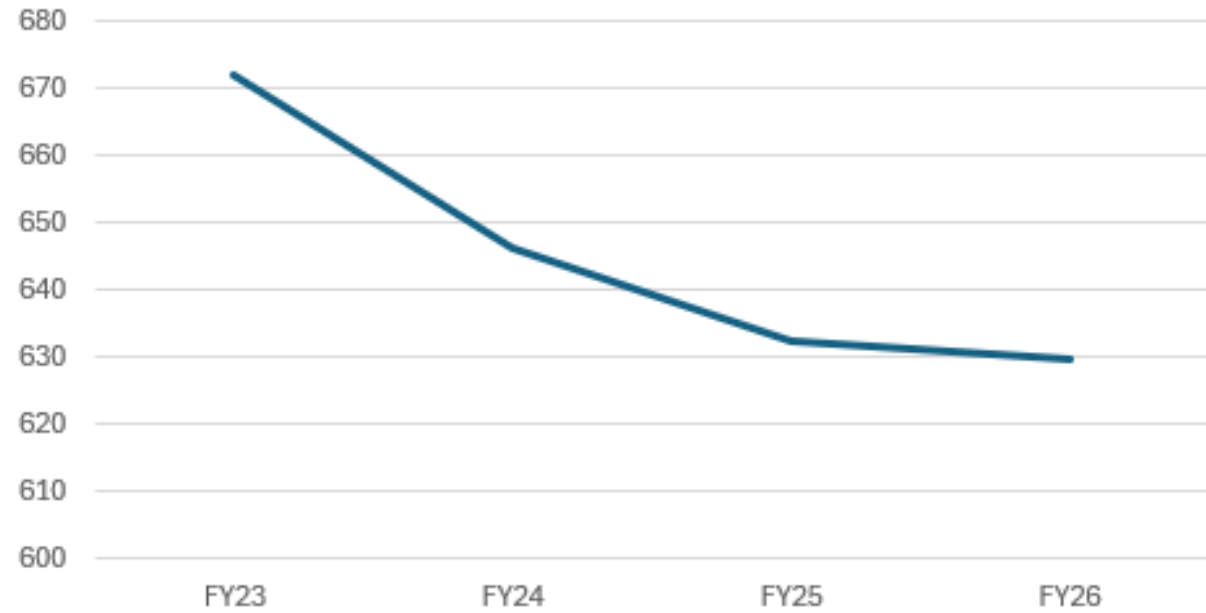
Start billing Medicare pro-fees at ZSFG clinics

# Revenue vs. FTE: Doing More with Less

Community Primary Care Revenue Projection



Primary Care FTE FY23-26



While revenue has risen,  
FTE has fallen due to  
progressive budget  
reductions in Primary Care

# Primary Care: Doing Our Part





# Thank you!

