Health Care Services Master Plan Task Force

Issue Meeting Minutes: Health Care Technology and Innovations

February 23, 2012 – 2 pm to 4:30 pm, San Francisco City Hall, Room 305

Key themes and potential recommendations from Task Force discussion:

- **Medicare and Medicaid Electronic Health Record (EHR) Incentive Payments.** The City may consider supporting the National Association of Community Health Centers' federal advocacy efforts on behalf of safety net clinics, including advocacy to reduce undue administrative burdens on Community Health Centers, which cannot receive Medicare and Medicaid Electronic Health Record incentive payments directly.
- **EHR Implementation and Efficacy.** To enhance the patient experience and improve health outcomes, EHRs must capture key patient data and be interoperable. Providers will require ongoing technical assistance and support to ensure the smooth adoption and implementation of EHRs.
- **Telehealth Services.** Telehealth services have the power to transcend geographic barriers to health care access; however, the technology required for such services must be accessible to San Francisco's vulnerable populations.
- **Cultural and Linguistic Competence.** EHRs must capture key patient data (e.g., preferred language, race/ethnicity, whether a patient is transgender, etc.) to facilitate the provision of culturally and linguistically competent care. In addition, telehealth services must be provided in culturally and linguistically competent way, tailored to the needs of the target population.
- **Innovation.** Health disparities, rising costs, and the changing landscape of health care delivery demand the adoption of innovative models of health and wellness service delivery.
- **Collaboration**. Collaboration between the health care system and the community has the power to expand access to health and wellness services while leveraging the strengths each partner has to offer. Intra-health system collaboration (e.g., via provider consultation hotlines, systems support for EHR adoption and implementation, etc.) also offers potential for improving care access, the patient experience, and health outcomes.
- **Social Determinants of Health + Health in All Policies**. To optimize community health, San Francisco must address the social determinants of health and consider advancing an actionable "health in all policies" (HiAP) approach for the city as guided by the California Endowment and other HiAP pioneers. For example, San Francisco could assess a "health impact fee" on all new developments and create a program to expand employment opportunities for persons with disabilities.

1. **Opening remarks** from Roma Guy and Dr. Tomás Aragón, Task Force Co-Chairs. Moment of silence for Richard Hodgson of the San Francisco Community Clinic Consortium who recently passed away.

2. **Agenda review: Clare Nolan, Harder+Company.** Ms. Nolan reviewed the agenda.

3. **Overview of Health Care Finance: Lori Cook, Department of Public Health.** Ms. Cook gave a presentation in which she discussed the implications of health information technology on care access and delivery, including an overview of HITECH (Health Information Technology and Clinical Health Act) and HealthShare Bay Area; described health care innovations and their possible impact on access; and initiated a discussion of land use-specific and other policy considerations.

4. **Task Force Discussion: Clare Nolan, Harder and Company.** Common themes that emerged from the Task Force member discussion include:

Medicare and Medicaid Electronic Health Record (EHR) Incentive Payments for Federally Qualified Health Centers (FQHCs)

- Under HITECH, individual providers receive Medicare and Medicaid incentive payments rather than the FQHC entity, which pays for the infrastructure costs associated with EHRs. While individual providers may allocate their incentive payments to FQHCs, this process creates an administrative burden for clinics. The Task Force may recommend that City officials coordinate with the National Association of Community Health Centers to advocate at the Federal level to change HITECH legislation to enable direct incentive payments to FQHCs or on other issues, such as provider payments, that are critical for community health centers. Some Task Force members suggested prioritizing local policy efforts above those focused on federal-level change.

Implementation of EHRs

- EHR systems from many vendors do not document the full spectrum of patient information, such as transgender status. Such data is necessary to better understand a patient's health needs and outcomes.
- To successfully implement EHRs, providers require sufficient access, capacity, infrastructure, and ongoing technical support. Health care providers may benefit from leveraging partnerships and coordinating around systems support.
- EHR systems need to be interoperable. When patients move, their health information should follow them.

Telehealth Services, Including Remote Health Monitoring

- One potential recommendation might be that new affordable housing developments include spaces in which residents may access the technology necessary for telehealth services.
- While methods like cell phone communication and text messaging may help reach some underserved populations, they do not eliminate the need for medical homes, community and wellness centers, and health care facilities in places with vulnerable and hard-to-reach populations. Additional support systems that involve human connections and physical proximity should accompany the employment of telehealth services.
- To be successful, the mode of telehealth service delivery must be appropriate for the target population. For example, text messaging is not ideal for older adults or people who are unable to access cell phones. In addition, non-English speakers require access to telehealth services in their native language.

Social Determinants of Health

- "Social determinants of health" are the conditions in which people are born, grow, live, work, and age. Examples of social determinants of health include race/ethnicity, income, educational attainment, and more. Social determinants of health often lead to "health inequities," or the unfair and avoidable disparities in health status seen within the population. San Francisco's African American population faces high levels of health inequities compared to other groups.
- A "health in all policies (HiAP)" approach could help address non-clinical factors that impact health outcomes, such as the physical, economic, and social environments where people live, work, and play that influence the adoption of healthy lifestyles by making it more or less difficult for individuals to choose behaviors that promote or diminish health. Any HiAP recommendation should have practical implications; the Task Force should look to the California Endowment and other organizations already have models for HiAP.
- Decision makers must acknowledge the importance of wellness. Addressing quality of life and social determinants of health will help reduce the amount of health care needed for preventable conditions.

Other Innovations

- When possible and to address the growing need for primary care, the skills of highly trained nurse practitioners may be leveraged as an affordable and effective alternative to physician care.
- While retail clinics may provide off-hours or low-cost access to health care, they should not be considered a substitute for medical homes. Additionally, they may not be culturally and/or linguistically competent for some populations.
- Consider incentivizing medical providers to collaborate with community organizations (i.e., community health workers, patient navigators) for outreach and case management.
- Consider recommending that Medical Use applicants partner with and/or provide funding for community centers in order to teach residents computer skills and provide access to computer technology as it relates to health care.
- Encourage systems that allow providers to communicate and consult with one another, such as the UCSF National Clinician's Post-Exposure Prophylaxis Hotline (PEPline).
- At the local level, consider incentivizing individual providers to practice in underserved areas by helping them with debt associated with their clinical training.
- A health impact fee for real estate development could help address unmet demand for health care services; however, impact fees may also have adverse consequences.
- To respond to patient demand and evolving trends in health care delivery, consider extending health care facility hours. Giving patients more flexibility in when they can seek care may actually reduce the burden on the health care system by increasing access to preventive services and potentially reducing inappropriate and avoidable emergency room use.
- Consider a recommendation to increase employment of qualified persons with disabilities. In addition to improving the economic conditions of disabled persons, a jobs mandate could benefit employers, particularly in the health field. For example, disabled persons could enhance health facilities' degree of cultural competence, helping providers better connect with disabled patients and marginalized communities.

5. **Task Force Updates**

Bay Area Regional Health Inequities Initiative (BARHII) Framework for Understanding and Measuring Health Inequities. Dr. Aragón explained the BARHII model to Task Force members. He also encouraged members to read the National Quality Strategy for health care providers and the National Prevention Strategy, which focuses on wellness.

Task Force Recommendation Framework. Dr. Aragón presented a draft of the recommendations framework that addresses capacity, connections, quality and efficiency, and designing for the future. Ms. Nolan asked Task Force members for their feedback on the framework. Comments included:

- Incorporate the need for data that describes the health care system.
- The bullet that reads "Increase flexibility between primary care and specialty care provider roles" should be corrected to "Increase flexibility between primary care and behavioral health provider roles."
- The framework should address the concept of health care affordability.
- Cultural competency should be a theme that runs throughout the recommendations.
- The framework should reflect San Francisco's increasing demand for health and wellness services. Given the expected rise in San Francisco's aging population, for example, demand for health and wellness will be more critical in the future.
- The Task Force should determine the criteria against which recommendations will be evaluated.
- Consider establishing a sub-committee to refine further the framework.

6. **Public comment.** None.

7. **Closing comments and next steps: Roma Guy and Clare Nolan.** Ms. Nolan asked members to complete a meeting evaluation and reminded members that the next and final neighborhood meeting will focus on the Bayview-Hunters Point and Visitacion Valley neighborhoods. This neighborhood meeting will take place on Thursday, March 22nd from 5 to 7:30pm at the Southeast Community Facility (1800 Oakdale Ave. @ Phelps St.) in the Alex L. Pitcher, Jr. Community Room.

Evaluation Results

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
The meeting was a good use of my time.	6	6	1	-	-
The purpose of the meeting was clear.	4	9	-	-	-
The meeting topic was important to the HCSMP.	10	3	-	-	-
The meeting materials (e.g., agenda, briefing paper) were useful.	10	2	1	-	-
The presentation was helpful.	9	3	1	-	-
The meeting was well facilitated.	9	4	-	-	-
I felt comfortable sharing my ideas with the group.	7	5	1	-	-
SFDPH and the Task Force Co-Chairs will use my contributions to the discussion.	3	6	4	-	-
The meeting format was effective.	3	8	1	-	-
I am likely to come to future HCSMP Issue Meetings.	7	6	-	-	-
I am committed to the HCSMP Task Force.	8	4	1	-	-

Task Force Members

Members in Attendance

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Brian Basinger	AIDS Housing Alliance
Eddie Chan	Northeast Medical Services
James Chionsini (Alternate: Donna Shellmont)	Planning for Elders in the Central City
Masen Davis	Transgender Law Center
Regina Dick-Endrizzi	Small Business
David Fernandez	LGBT Executive Directors Association
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Jay Harris (Alternate: Melissa White)	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Lucy Johns	At-Large Seat
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Judy Li (Alternate: Russell Lee)	California Pacific Medical Center
Ellen Shaffer	At-Large Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Elizabeth Ferber (Permanent alternate for Randy Wittorp)	Kaiser Permanente

Members Not in Attendance

Name	Representing
Margaret Baran	Long-Term Care Coordinating Council
Michael Bennett	At-Large Seat
Kathy Babcock	San Francisco Unified School District
Aine Casey	Independent Living Resource Center
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Steve Fields	Human Services Network
Stuart Fong	Chinese Hospital
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Paul Kumar	National Union of Healthcare Workers
Le Tim Ly	Chinese Progressive Association
Anson Moon	San Francisco General Hospital and Trauma Center
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Kim Tavaglione	California Nurses Association
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco
Abbie Yant	St. Francis Memorial Hospital