



City and County of San Francisco
Edwin M. Lee, Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

Director's Report for Health Commission Meeting of

August 6, 2013

A current overview of issues affecting the state of public health in San Francisco

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Welcome Commissioner David B. Singer

It is with great pleasure that we welcome Commissioner David B. Singer as the newest member of the Health Commission, sworn in on Thursday, July 18th at City Hall. Commissioner Singer brings a broad background in finance, technology and entrepreneurship to his new position. He is a partner at Maverick Capital, where he is responsible for Maverick's Private Investments. Prior to joining Maverick, Commissioner Singer was a leading entrepreneur who specialized in health care start-ups. He is founder and former CEO of three biotech companies in fields ranging from tools for DNA analysis to novel therapeutics (Affymetrix, GeneSoft and Corecept.)

At Maverick, his focus is on private companies involved in deep technology research, including next-generation DNA sequencing tools, medical devices, and cloud computing for new media applications.

Commissioner Singer received his MBA from Stanford and is a 1997 Henry Crown Fellow of The Aspen Institute and a member of the Aspen Global Leadership Network.

I look forward to working with Commissioner Singer and know that his experience in finance and working with health care start-ups will be invaluable resources to us as we move towards full implementation of the ACA within our own integrated healthcare delivery system.

City Clinic Participates in Research Trial for Gonorrhea Treatment

Gonorrhea is the 2nd most common reportable disease in San Francisco with over 2400 cases in 2012; it increases the risk for HIV, and can cause infertility in women. Of great concern, gonorrhea is becoming more difficult to treat with available antibiotics.

San Francisco City Clinic, the San Francisco Department of Public Health's STD clinic, participated in a recent National Institute of Health (NIH) and Center for Disease Control (CDC) research trial using new combinations of existing antibiotics for treatment of gonorrhea. The excellent news is that both regimens were over 99% effective in eradicating infections. These results were released at the International STD Research Meeting in Vienna, Austria in July and will add to our treatment options not only in San Francisco, but worldwide.

The Whistleblower Program, operated by the Controller's Office, receives complaints regarding the misuse of City funds, improper activities by City officers and employees, deficiencies in the quality and delivery of government services, and wasteful and inefficient City government practices. There are a number of ways to file a complaint. Go to www.sfcontroller.org and click on the Frequently Requested tab to access the Whistleblower complaint instructions in the drop down menu.

City Clinic was one of five clinics nationwide that participated in this important study and was instrumental to the trial's success, enrolling an amazing 198 (49%) of the 401 participants included in the study analyses. This is a great example of how City Clinic patients and staff participate in applied research to help solve critical clinical and public health problems.

Maher Ordinance to Become Law

On August 15, 2013, San Francisco Health Code, Article 22A (Maher Ordinance) with amendments will become law. The new Ordinance gives the City the authority over a number of important environmental issues such as expanding the geographic scope into formerly zoned industrial areas where hazardous substances may exist; testing of groundwater on building sites when hazardous substances are found; improving building site reporting to achieve consistency and equity; and ensuring building code consistency.

For projects located within designated area that would disturb 50 or more cubic yards of soil, building permit applicants are required to submit site histories to DPH. If DPH determines that the site may contain hazardous substances that pose risk to public health, and, if a soil analysis indicates hazardous substances present on site, then the applicant must prepare a site mitigation plan for soils handling, disposal of contaminated soils and/or capping of site. These actions, under supervision of DPH, must occur before DBI issues a permit to allow building the project to begin.

The Planning Department and the DPH have proposed amendments to Article 22A to address other areas of San Francisco that have been filled with soils that may contain hazardous substances, industrial zoned areas, areas within 150 feet of elevated freeways and properties within 100 feet of underground storage tanks, and the groundwater associated with such areas. DPH also recognizes that improved and more effective scientific and health risk exposure levels have been developed since 1986, and proposes to use these considerations for reviewing analytical reports and the proposed uses of developed properties.

The amendments will help ensure that contaminated soils and/or groundwater are managed, cleaned up or appropriately capped; they will provide a more consistent and responsible process; allow DPH the flexibility to adopt practical and effective protocols for infrastructure projects; and, finally provide applicants with more certainty and fewer surprises. We believe the new Ordinance will create better health and business outcomes for everyone.

Project Homeless Connect Turns 50—and You're Invited!

For the Commissioners who are new to Department as well as those of you who have been with us for a number of years, it is with great pleasure that we will be marking Project Homeless Connect (PHC) 50 on August 14th at Bill Graham Auditorium. PHC began under Mayor Gavin Newsom because so many front line staff who worked with individuals who are homeless saw the need for easily accessible, vital services for the most vulnerable San Franciscans. As we prepare to celebrate our 50th event on August 14th at Bill Graham Auditorium, we would like to invite the Commissioners—and any member of the public or DPH staff—to join us for whatever portion of the day you can make available and help us celebrate this milestone of success.

You do not have to have medical training—many positions require little more than an open heart and willing hands. This is an opportunity to make a difference in the lives of those less fortunate; this is where it really happens. Spanish and Chinese speakers are always needed.

Volunteer opportunities range from check-in to handing out T-shirts, directing other volunteers and even helping eligible participants to sign up for free cell phones. PHC makes it really easy to participate at whatever time commitment you have to give. If you are able to support PHC 50 by volunteering, please contact **Kit Solowy**, Volunteer Coordinator, at 503-2124 or kit.solowy@sfdph.org.

Improving Patient Experience

Recent media coverage highlights a variety of efforts to prepare for health reform by improving the patients' experience.

The *Los Angeles Times* reported on DPH's service excellence program at San Francisco General Hospital and Trauma Center (SFGH). An excerpt from the article explains that, *To help make patients feel more welcome, San Francisco General created the position of director of first impressions. An oversized stoplight dubbed the "yacker tracker" was installed next to a nurses' station that switches to red when noise levels rise too high. Yoga classes for patients and staff have been added and new signs posted to make it easier for people to find where they're going.*

The story also featured the hospital's patient engagement efforts, including a panel discussion of patient advisors at a recent managers' meeting. Check out the great pictures, too. <http://www.latimes.com/news/local/la-me-patient-satisfaction-pictures,0,3868312.photogallery>.

The *San Francisco Chronicle* wrote about our eReferral system that has slashed wait times in half at most SFGH specialty clinics. The homegrown system started at SFGH's gastroenterology clinic in 2005 and has spread to more than 40 specialty clinics at San Francisco General along with the 20 other primary care DPH and community clinics that make up the health care safety net for the city. In the story, Dr. Molly Joel Coye, chief innovation officer for the UCLA Health System, called San Francisco General's eReferral "one of the most brilliant innovations in health care service and information technology in the last decade." The article can be found at <http://www.sfchronicle.com/health/article/Electronic-referrals-streamline-S-F-General-care-4680646.php?t=4b9f950705>

Communicating with Staff as we move Towards ACA Implementation

Finally, I wanted to share with the Commissioners the first in a series of feature articles that are beginning to appear in *Fast Facts*, the employee e-mail newsletter that is published on the DPH intranet twice each month. The focus is on the Department's planning, preparedness and reorganization in anticipation of the Affordable Care Act. Here is the first article.

**IMPORTANT READING TO HELP YOU UNDERSTAND
THE DPH BUDGET, OUR MOVE TOWARDS INTEGRATION AND
THE CHALLENGES AHEAD**

I am pleased to announce that the Mayor signed the FY 13-15 budget into law earlier this week. DPH's portion of the city budget is approximately \$1.9 billion - over \$200 million larger than the 12-13 budget. It includes significant investments for Healthcare Reform as well as the fiscal health of the department.

This new budget also includes significant adjustments to the financial health of the department. First and foremost, the Mayor's budget includes approximately \$50 million to correct a historical structural shortfall in the department's budget. For each of the past several years, the department has required a mid-year supplemental appropriation to realign its budget to its actual costs. As the imbalance has grown, it has created increasing financial uncertainty for the department and the City's General Fund. This correction to this imbalance improves the financial stability and transparency for the department's budget and allows managers to manage within their own program budgets. Second, the Board of Supervisors included \$3 million in funding for DPH to provide a 1.5% increase to our nonprofit partners to allow them to keep pace with the costs of doing business. And finally, the Mayor and Board of Supervisors worked together to backfill \$7 million of federal funding reductions to HIV Health Services and Prevention programs.

Over the last few years, in anticipation of new programmatic responsibilities expected under the Affordable Care Act and uncertainty regarding future funding for health care, the department has been examining its service delivery system to integrate more effectively, promote efficiency, minimize costs and prioritize services more consistently. As a result of this planning, the FY 13-15 budget includes initiatives to strengthen and increase access to primary care. It also enhances specialty care staffing to reduce wait-times for critical services. Also, in preparation for the new San Francisco General Hospital, scheduled to open late-2015, the budget includes \$49 M in FY 13-14 and \$53 M in 14-15 of equipment purchase for this new state of the art facility.

With healthcare reform, public health care providers such as DPH will increasingly operate in a managed care environment, where it receives a fixed per-member per-month reimbursement rather than fee-for-service reimbursement. Over the next few months we will establish a new Office of Managed Care responsible for contracting strategy with health plans, utilization management, marketing-branding, data reporting, quality improvement, and provider services. Its directive will be to manage resources more effectively to maximum benefit of clients and reduce misuse, overuse and underuse of services.

These investments help position DPH to succeed in the era of Healthcare Reform. However, significant challenges for the department still remain as we move forward. Revenue uncertainty and increased competition for our patients require us to realign and integrate our services and to effectively manage our resources more than ever before. I look forward to taking this challenge on with you in the years to come. **-Barbara A. Garcia, Director of Health**