

James M. Illig

President

Edward A. Chow, M.D.

Vice President

Sonia E. Melara

Commissioner

Margine A. Sako

Commissioner

David J. Sanchez, Jr., Ph.D.

Commissioner

Steven Tierney, Ed.D.

Commissioner

Catherine M. Waters, R.N., Ph.D.

Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.

Director of Health

Mark Morewitz, MSW

Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

Minutes

HEALTH COMMISSION

FINANCE AND PLANNING COMMITTEE

Tuesday, June 15, 2010, 3:00 p.m.

101 Grove Street, Room 302

San Francisco, CA 94102

1) **CALL TO ORDER**

Commissioner Melara called the meeting to order at 3:04pm.

Present: Commissioner Edward A. Chow, M.D., Member
Commissioner Sonia Melara, Member
Commissioner James M. Illig, Ex Officio Member

Absent: Commissioner Steven Tierney, Ed.D., Chair

2) **CONTRACTS REPORT**

Jacque Hale, Director of Office of Contracts Management and Compliance presented the report.

Commissioner Comments/Follow-Up:

Commissioner Chow requested more information on the Dataway contract. Dave Counter of DPH Information Systems stated that Dataway is the internet security contractor for the entire DPH system. Mr. Counter stated that this is the annual renewal for this contractor which the DPH has used for the past ten years with satisfactory results.

Commissioners Chow and Illig requested more information on the Eclinical contract. Mr. Counter stated that it costs approximately \$1,500 a year to add full-time providers. Although DPH does not anticipate it will exceed the projected number of users, the contract can be adjusted based on the number of users. DPH Information Systems staff have spoken to other users of this contractor and have heard good recommendations. A benefit to Eclinical is that it is specifically designed for public health care management.

Action Taken: The Committee unanimously approved the report with stipulation that the Westside contract be approved for one year so that its progress on its Corrective Action Plan can be assessed before approving an extension of the contract term.

3) CPMC UPDATE

Judy Li, Vice President of Sutter/CPMC gave the presentation.

The following are highlights of the discussion of this item:

Ms. Li gave an overview of the St. Luke's Project Timeline:

<i>Phase</i>	<i>Scope of Work</i>	<i>Expected Completion Date</i>
1	Hospital to be built on current physician parking lot	2015
2	Complete plaza; demolish 1970's hospital building; turn site into a drop off for new building and add a tree farm	2017
3	Renovate 1912 Historic Building on Valencia Corridor	2018
4	Occupy campus and demolish 1957 building; move MRI van to make area more accessible to pedestrians; Develop new medical office building.	2019-2020

Ms. Li gave an update on progress made on each of the items from Health Commission Resolution 02-10 (Attachment 1):

1. In 2009, CPMC spent \$10.215 Million on Charity Care patients.
2. In 2009, CPMC spent \$59.2M on MediCal/MediCaid patients.
3. CPMC has begun to study this issue and has committed to keeping 38 beds at Davies and maintaining another 62 beds.
4. CPMC hopes to present to the Hospital Council in July and then will bring the information to the Health Commission.
5. CPMC continues to share plans for the St. Luke's redevelopment with the Commission and community.
6. CPMC continues to believe their plans show a high fidelity to the Blue Ribbon panel.
7. Ms. Li stated that the best reference document for this item is the report made to the Health Commission earlier this year.
8. CPMC will continue to work with Chinese Hospital to create the Hospitalist plan mentioned in this item.

Ms. Li stated that the Draft Environmental Impact Report (DEIR) should be published at the end of June, 2010. In August, 2010 there should be a DEIR hearing by the Planning Commission; there is then a thirty day appeal period. CPMC expects to begin to get permits in early 2011.

CPMC is working with The Woman's Clinic and may provide the equipment and space for the clinic to scan and read vaginal CT scans.

The Medical Office building is not presently full. CPMC states that there will be enough space in the planned medical building to house the current roster of physicians and any additional new ones. CPMC hopes to add approximately ten new physicians to the site in addition to adding new community clinics. All the physicians onsite will accept MediCal.

Commissioner Comments/Follow-up

Commissioner Melara requested that a written summary of progress made on each of the agreements of Resolution 02-10 be submitted no later than the Friday before each Finance and Planning Committee in which CPMC is presenting an update.

COMMITTEE ANNUAL CALENDAR

EMERGING ISSUES

PUBLIC COMMENT

Tatiana Klimenko-Kostanian stated that she is a dialysis patient at CPMC and is concerned about the possible transfer of these services to Davita. She feels the voices of the CPMC dialysis clients are not being considered or heard.

ADJOURNMENT

The meeting was adjourned at 3:59pm.

**HEALTH COMMISSION
RESOLUTION 02-10
RESOLUTION MEMORIALIZING THE AGREEMENTS REACHED
BY THE HEALTH COMMISSION AND THE CALIFORNIA PACIFIC MEDICAL CENTER
REGARDING ITS INSTITUTIONAL MASTER PLAN**

WHEREAS, the Institutional Master Plan (IMP) process provides the City and its policy bodies, including the Health Commission and the Planning Commission, with an opportunity to ensure that proposed changes related to health care institutions are reviewed to ensure the protection of public health and consideration of neighborhood and environmental integrity; and,

WHEREAS, City and County of San Francisco Ordinance 0279-07 amending the IMP process calls for, “the Department of Public Health (DPH) to analyze the relationship between the city’s long-term health care needs and facility planning for medical institutions...to provide the Planning Department with an important perspective for review of medical institutions’ master plans. Such analysis will help prevent loss of services and inefficient or redundant development of healthcare services in San Francisco”; and,

WHEREAS, California Pacific Medical Center’s (CPMC) IMP was presented to the Health Commission in May 2009 and at its July 21, 2009 hearing, the Health Commission adopted Resolution 10-09 supporting CPMC’s plans to rebuild facilities to meet the State’s current seismic requirements; and,

WHEREAS, to ensure the CPMC IMP results in the best possible health plan for the City and County of San Francisco, the Health Commission put forward eight specific recommendations that stemmed from four public hearings; the Health Commission Task Force on CPMC’s IMP, a work group using a consensus model, met to discuss and analyze progress in fulfilling these recommendations which resulted in the following agreements with CPMC:

1. Recommendation: CPMC should increase its charity care, including but not limited to Healthy San Francisco, to a share comparable to other hospitals in San Francisco.
Agreement: CPMC will increase its charity care contribution 79% in a five-year period, from \$5,315,000 in 2007 to \$9,500,000 by 2012.
2. Recommendation: CPMC should increase its care of patients with Medicaid to a share comparable to other hospitals in San Francisco.
Agreement: CPMC will continue to serve Medicaid patients throughout its system, retaining its Medicaid contract with the State of California providing access through the Sutter Pacific Medical Foundation clinics and the St. Luke’s Health Care Center. CPMC will also increase its amount of Medicaid shortfall (the uncompensated portion of providing care to Medicaid patients) by 22% in a five-year period, from \$53,369,000 in 2007 up to \$65,000,000 by 2012.
3. Recommendation: CPMC should replace lost skilled-nursing facility (SNF) beds with long-term care services for an equal number of persons.

Agreement: CPMC will provide a total of 100 skilled nursing beds, retaining the 38 beds currently located at the Davies Campus and adding 62 new SNF beds. Because of the shortage of SNF beds in the community, no existing community-based beds will be utilized. CPMC will maintain ongoing reports to the Commission concerning these options and future decisions.

4. Recommendation: CPMC should replace lost sub-acute beds with placements for all individuals currently in those beds.

Agreement: CPMC chairs the San Francisco Hospital Council work group, to develop concrete solutions for providing sub-acute care beds in the community. The recommendations will be heard by the Hospital Council in June 2010. When the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining sub-acute care patients in its other hospital campuses, or in community facilities.

5. Recommendation: CPMC should make a commitment that the St. Luke's campus will be operated as a community hospital for at least 20 years.

Agreement: CPMC is constructing a new \$250,000,000 inpatient facility at St. Luke's and is committed to maintaining St. Luke's as an integral part of their larger healthcare system. In September 2008, CPMC's Board of Directors unanimously accepted the recommendations of the Blue Ribbon Panel, directing executive management to include a revitalized St. Luke's Campus, with all the services of a community hospital, as part of CPMC's IMP.

6. Recommendation: CPMC should ensure that all of the recommendations of the Blue Ribbon Taskforce be fully implemented.

Agreement: CPMC will implement all the recommendations of the Blue Ribbon Panel, with the two exceptions. SNF beds will be provided within the CPMC system and through new community-based facilities. Inpatient pediatric beds will be built into the new Cathedral Hill Hospital where all the support services and specialties necessary for safe and effective care will be available. These actions will provide for the services to patients envisioned by the Blue Ribbon Panel.

7. Recommendation: The Health Commission, DPH should establish a time-limited working group with representation of a dedicated membership to analyze progress realizing these recommendations.

Agreement: The Health Commission convened the CPMC IMP Task Force.

8. Recommendation: CPMC should continue to partner with all sectors of the community, including Chinese Hospital, its affiliates, and the Chinese community to provide fair and affordable access to its services; and,

Agreement: CPMC has committed to continuing its long standing partnership with Chinese Hospital, its affiliates and the Chinese community; and

WHEREAS, on March 2, 2010, the Health Commission heard the final report of the Task Force outlining the agreements that had been reached through the consensus process; now

THEREFORE BE IT RESOLVED, the Health Commission confirms the agreements listed above as progress towards but not full implementation of the Commission's specific recommendations

regarding charity care, Medicaid, sub-acute services and commitment to operate St. Luke's as a community hospital for twenty years; and,

BE IT FURTHER RESOLVED, CPMC will continue to provide the Health Commission separate charity care information for St. Luke's for as long as the hospital licenses are separate. When the hospital licenses are consolidated in 2012, CPMC will no longer provide campus-specific reporting. At that time, CPMC's charity care reporting will be revisited by the Commission. CPMC will report discharges of patients who live in St. Luke's primary service area for all campuses; and,

BE IT FURTHER RESOLVED, commencing one calendar year after acceptance of the Report of the CPMC Task Force by the Health Commission and coinciding with the hospital's reporting cycle to OSHPD, CPMC will provide written annual updates to the Commission progress towards full implementation of the recommendations in the prior year.

BE IT FURTHER RESOLVED, CPMC will report quarterly to the Health Commission through its Finance and Planning Committee on progress of the agreements listed above and the Van Ness/Cathedral Hill and St. Luke's facility development plans; and,

BE IT FURTHER RESOLVED, the Health Commission expects CPMC to continue its upward trajectory level of charity care and services to Medicaid patients and to ultimately commit to a percentage amount comparable to other hospitals in San Francisco; and,

BE IT FURTHER RESOLVED, the Health Commission is forwarding this resolution to the Planning Commission and to the Board of Supervisors for incorporation into the Planning Commission's Conditions of Approval for CPMC's future facilities building plans. This will ensure accountability and oversight and keep the public informed of CPMC's progress as the Institutional Master Plan is implemented.

I hereby certify that the San Francisco Health Commission at its meeting of March 16, 2010 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary