

**James M. Illig**  
President

**Edward A. Chow, M.D**  
Vice President

**Sonia E. Melara, MSW**  
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

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**AGENDA**  
**HEALTH COMMISSION MEETING**  
**Tuesday, September 21, 2010, 4:00 p.m.**  
**101 GROVE STREET, ROOM 300 or ROOM 302**  
**San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner James Illig, President  
Commissioner Edward A. Chow, Vice President  
Commissioner Steven Tierney, Ed.D.  
Commissioner Margine Sako  
Commissioner Sonia E. Melara  
Commissioner David J. Sanchez  
Commissioner Catherine Waters

The meeting was called to order at 4:06pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 7, 2010**

Approved.

Commissioner Melara requested that the minutes be revised to correctly state that she requested that DaVita be present at the next meeting and that Commissioner Chow asked DaVita to report on the number of dialysis chairs it intends to operate.

Action Taken: The Commission voted unanimously to approve the minutes with the correction Noted above.

**3) DIRECTOR'S REPORT**

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

**Board of Supervisors Activities**

On Monday, September 13, the Land Use & Economic Development Committee passed an ordinance extending the ban on the sale of tobacco products in pharmacies by a vote of 3-0 in favor. This ordinance would eliminate the exemption on grocery stores and big box stores with a pharmacy from the general

ban on the sale of tobacco products in pharmacies that was enacted in 2008. It is being heard for the first of two readings by the full Board on September 21.

On Tuesday, September 14, the full Board passed on first reading by a vote of 7-3 an ordinance establishing an alcohol cost recovery fee. The fee would at least partly recover the City's estimated \$17.7 million in unreimbursed health care costs of alcohol-attributable conditions, costs of emergency transport due to alcohol, and alcohol prevention and treatment programs administered by the Department. The final reading of the ordinance is scheduled for September 21. On August 3, the Commission passed a resolution supporting this ordinance.

Finally, an ordinance setting nutritional standards for restaurant food sold accompanied by toys or other youth focused incentive items is scheduled to be heard at the upcoming meeting of the City Operations and Neighborhood Services Committee.

#### **Blue Shield of California Foundation Grant**

The Blue Shield of California Foundation awarded a \$225,000 one-year grant to the San Francisco Department of Public Health to support the Regional Health Care Coverage Initiative MEDS System of Record Project. The grant provides funding to analyze each county's current system of record for the HCCI and develop a plan to transition these systems to the California Medi-Cal Electronic Data System of record. This transition is required as part of California's proposed 1115 Waiver and expansion of the HCCI state-wide to all counties. The Blue Shield of California Foundation funded this project as part of an initiative to support efforts that enable California counties to create or expand HCCI or create an organized system of care for vulnerable populations through the Section 1115 Medi-Cal waiver.

#### **Laguna Honda Hospital Recognized by the Chamber of Commerce**

Laguna Honda will host the Center for Health Design's national conference on September 21. Participants from around the country will tour the new buildings and meet on the Esplanade for presentations about evidence-based and environmentally-friendly design, public art, and organizational culture change. The Center is a non-profit organization dedicated to improved therapeutic environments in hospitals and other health care settings.

Laguna Honda was nominated this month for a San Francisco Chamber of Commerce Ebbie Award. The awards, which honor excellence in business, are given annually. Laguna Honda is one of three nominees in the category "Building San Francisco." The winners will be announced at an evening gala at the Masonic Auditorium on October 28.

#### **Shape Up SF Awarded Grant**

Shape Up SF was one of eight grantees - out of 41 applicants - to be awarded a \$25,000 grant from the State Public Health Department's California Obesity Prevention Program. The grant will fund an important Physical Education (PE) assessment to provide a baseline understanding of how PE is working at the San Francisco Unified School District. The School District has been working to improve the availability of PE for students. Last year the District adopted the PE Master Plan, working with DPH to meet the gold standard: quality, daily physical education for all students with a credentialed PE specialist. We'll take findings from the assessment and develop recommendations to share at a PE Forum in 2011.

#### **HIV Prevention Section Received Two CDC Grants**

Program Collaboration and Service Integration Award: This three year project will expand DPH capacity to scale-up and sustain an integrated, coordinated, "syndemic" approach to the prevention of HIV/AIDS, viral hepatitis, STDS, and tuberculosis. The grant will help DPH maximize resources and provide integrated

services to populations at high-risk for having these co-morbid conditions. San Francisco was one of just six jurisdictions nationally awarded this project.

Expansion of HIV Testing in Medical Settings Award: Funding from this grant will allow DPH to scale-up routine HIV testing in medical settings, including in primary care clinics, urgent care centers, and emergency rooms. Linkage to HIV care services will be integrated with HIV testing efforts to ensure persons testing HIV-positive receive the support they need. The goal of this project is to help diagnose and support the 15-21% of persons living with HIV in San Francisco who are unaware of their infection.

### **Working Conditions in Chinese Community**

Over the past three years, staff with DPH's Program on Health, Equity, and Sustainability have been working with the Chinese Progressive Association (CPA), researchers at UC Berkeley and UCSF, and the UCB Labor Occupational Health Program to examine health and working conditions in Chinatown's restaurants. This project included a worker-designed and administered survey to over 400 restaurant workers and a DPH-administered observational checklist of health and safety conditions in 106 restaurants. More details about the project and checklist findings are available at:

<http://www.sfphe.org/WRWE/Chinatown.htm>

On September 17, CPA hosted a press event to share the worker survey findings. The event highlighted how working conditions impact workers, the local economy and community health, and ideas to improve conditions for Chinatown's and San Francisco's other low wage workers.

### **SFGH Obstetrics & Gynecology Director**

Rebecca Jackson, M.D., accepted the position as the new SFGH OB/GYN Director. Dr. Jackson received her BS in Chemical Engineering from University of Arizona and her MD from UCSF. She is currently the Medical Director of SFGH's busy outpatient clinic, the Women's Health Center.

The SFGH Division provides comprehensive obstetrics and gynecology care to uninsured and poor women who live in San Francisco and elsewhere. Care is provided at San Francisco General Hospital Medical Center, the New Generation Health Center for teens, the Women's Options Center for abortion and contraception, and other community sites. In addition the SFGH Division is also critical for UCSF student, resident and fellow education in women's health. The Division provides the home for the Department's Bixby Center for Global Reproductive Health, conducting research on reproductive health and health care in vulnerable populations, including family planning, reproductive infectious disease, and health policy, and global women's reproductive health.

I am sure you join me in extending congratulations to Dr. Jackson on her new leadership position at SFGH, and to thanking outgoing Chief, Phil Darney, MD for his leadership, and innovations the last 12 years.

### **IMMUNITY Campaign**

The Communicable Disease Control and Prevention Section launched a new social marketing campaign on Monday, September 13, known as the IMMUNITY campaign. This campaign is aimed at increasing awareness citywide about the importance of adult vaccination. A second phase will launch in October, prompting everyone to get their flu vaccine this year. **Vaccines are not just for kids!** Are your vaccinations up to date? More information, including resources and links to campaign materials, can be found at <http://www.vaccinesforadults.org>. Also, if you use Facebook, please "like" our campaign page, Vaccines for Adults, at <http://www.facebook.com/pages/San-Francisco-CA/Vaccines-For-Adults/108635122528232?ref=ts>

COMMUNITY HEALTH NETWORK  
 SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
**September 2010**  
 Health Commission - Director of Health Report  
**(9/13/10 MEC)**

|  | <i>09/10</i> | <i>07/10 to 06/11</i> |
|--|--------------|-----------------------|
| <i>New Appointments</i>                  | <b>30</b>    | <b>54</b>             |
| <i>Reinstatements</i>                    | <b>0</b>     | <b>0</b>              |
| <i>Reappointments</i>                    | <b>41</b>    | <b>132</b>            |
| <i>Delinquencies:</i>                    | <b>0</b>     | <b>0</b>              |
| <i>Reappointment Denials:</i>            | <b>0</b>     | <b>0</b>              |
| <i>Resigned/Retired:</i>                 | <b>22</b>    | <b>42</b>             |
| <i>Disciplinary Actions</i>              | <b>0</b>     | <b>0</b>              |
| <i>Restriction/Limitation-Privileges</i> | <b>0</b>     | <b>0</b>              |
| <i>Deceased</i>                          | <b>1</b>     | <b>1</b>              |
| <i>Changes in Privileges</i>             |              |                       |
| <i>  Additions</i>                       | <b>5</b>     | <b>10</b>             |
| <i>Voluntary Relinquishments</i>         | <b>14</b>    | <b>37</b>             |
| <i>Proctorship Completed</i>             | <b>12</b>    | <b>21</b>             |
| <i>Proctorship Extension</i>             | <b>1</b>     | <b>0</b>              |

| <i>Current Statistics – as of 8/23/10</i>        |              |  |
|--|--------------|--|
| <i>Active Staff</i>                              | <b>503</b>   |  |
| <i>Courtesy Staff</i>                            | <b>552</b>   |  |
| <i>Affiliated Professionals (non-physicians)</i> | <b>233</b>   |  |
| <b>TOTAL MEMBERS</b>                             | <b>1,288</b> |  |

|  |            |
|--|------------|
| <i>Applications in Process</i>                           | <b>46</b>  |
| <i>Applications Withdrawn Month of August 2010</i>       | <b>0</b>   |
| <i>SFGH Reappointments in Process 10/2010 to 12/2010</i> | <b>158</b> |

**Laguna Honda Hospital and Rehabilitation Center**

**September, 2010  
Health Commission – Director of Health Report  
(September 9, 2010 MEC)**

|                              |           |
|------------------------------|-----------|
|                              | 9/07/2010 |
| <b>New Appointments</b>      | 12        |
| Reinstatements               |           |
| <b>Reappointments</b>        | 30        |
| Delinquencies:               |           |
| Reappointment Denials:       |           |
| <b>Resigned/Retired:</b>     | 19        |
| <b>Disciplinary Actions:</b> |           |
| <b>Temporary Privileges</b>  | 2         |
| <b>Deceased</b>              | 0         |
| <b>Changes in Privileges</b> | 0         |
| Additions                    |           |
| Voluntary Relinquishments    |           |
| Proctorship Completed        |           |
| Proctorship Extension        |           |

|   |           |
|---|-----------|
| <b>Current Statistics – as of 9/07/2010</b> |           |
| Active Staff                                | 87        |
| Applicants                                  | 4         |
| <b>Total Members</b>                        | <b>91</b> |

Dr. Katz stated that news has spread that he has been recruited and has interviewed for a position with Los Angeles County. The Los Angeles Board of Supervisors must vote on whether to offer the position to him; this vote may take place in October. If he is hired, the new Director of Health will be picked by the Mayor from candidates recommended by the Health Commission.

Commissioner Illig stated that in the past, Dr. Katz communicated a desire to complete three goals before he left SF DPH: insuring the success of Healthy San Francisco; the rebuild of San Francisco General Hospital; and the rebuild of Laguna Honda Hospital. Commissioner Illig stated that Dr. Katz has done a wonderful job of succeeding in all three goals. He asked Dr. Katz what would be the earliest date that he

might leave the San Francisco DPH. Dr. Katz stated that if hired, he would start the Los Angeles job in January.

Commissioner Chow commended the Hep B Free program for a successful dinner on September 16<sup>th</sup>. He also thanked Dr. Katz for his ongoing support for this program and Commissioners Illig and Melara for attending the function.

4) **GENERAL PUBLIC COMMENT**

None

5) **COMMUNITY AND PUBLIC HEALTH COMMITTEE REPORT;  
HEALTHY MEAL INCENTIVE LEGISLATION RESOLUTION**

Commissioner Margine Sako stated that because the legislation is still in the process of being negotiated and possibly changed, the item was discussed but action was tabled. The Committee also heard a presentation on DPH food inspection activities by Dr. Rajiv Bhatia, Director of Environmental Health Services. Commissioner Illig will be drafting a resolution pertaining to DPH food inspection activities that he will present to the Committee at a future meeting. In addition, the Committee heard a presentation on Ethnicity guidelines created by the Community Assessment, System/Program Evaluation and Research (CASPER) workgroup. The Committee recommends that the presentation be brought before the full Commission at a future date.

Action taken: The Commission voted to table the Healthy Meal Incentive Legislation Resolution.

6) **PROPOSITION Q HEARING: CPMC'S PLANNED TRANSFER OF OWNERSHIP AND MANAGEMENT OF ITS OUTPATIENT DIALYSIS SERVICES TO DAVITA**

Delvecchio Finley, Vice President of Operations, Support, stated that DaVita did not attend the meeting because the negotiations between CPMC and DaVita are still in process. DaVita sent a letter to the Health Commission stating that it intends to maintain the same number of outpatient dialysis chairs that CPMC has been operating.

Public Comment

Martha H. Dominguez-Glumez stated that there is an 8% higher mortality rate in for-profit dialysis facilities. The other private hospital outpatient dialysis units in San Francisco currently have waiting lists. In addition, she stated that DaVita has been investigated for improper deaths.

Elsa Scott stated that she is a dialysis patient at CPMC. She feels CPMC saves her live three times a week and she will be scared to go to treatment if DaVita takes over the outpatient dialysis clinic.

Tania Kostenian stated that she has been through many extreme hardships in her lifetime and that dialysis is a very important service to maintain her health and well-being. She is concerned about a decrease in quality of overall care if DaVita is allowed to take over the dialysis services.

Mary Bucknor-Smartt, Mother of CPMC dialysis patient, stated that neither federal nor state law supports the idea that a not-for-profit community hospital can transfer patients without serious legal consequences.

Sululgai Palegh stated that CPMC did not talk about the code blue issues and how they will maintain quality services when they may lose staff due to lower salaries being offered.

Nato Green, representative of the California Nurses Association, stated the Association is interested in a broader planning perspective and would like CPMC to delay the process of the transfer until its Long Range Development Plan (LRDP) is approved. The IMP that was approved for CPMC included outpatient dialysis services so this transfer represents a change.

Catherine Stefani, Legislative Aide to Supervisor Alioto-Pier, stated that several questions remain unanswered about this process. Supervisor Alioto-Pier is concerned about the difference between CPMC's level of care and that of DaVita based on staffing models and research that shows a higher mortality rate in for-profit outpatient dialysis centers. She is also aware that a recent report indicates that other dialysis centers in San Francisco exceed capacity.

Commissioner Chow asked when the Board of Supervisors intends to hold a Committee hearing on this item. Ms. Stefani stated that the Board was waiting to see how the Health Commission voted on this issue before holding a hearing but that she thought a hearing in October would be possible.

Commissioner Sanchez recommended that the Commission wait to vote on this issue until the negotiations between DaVita and CPMC are completed with the hope that DaVita would then be able to address the Commission directly.

Commissioner Sanchez made a motion to table the item; Commissioner Melara seconded the motion.

Action Taken: The Commission voted (Waters, Melara, Sako, and Sanchez) to table this item.

Commissioner Illig requested that Mr. Finley ask DaVita to reconsider attending a Health Commission meeting so the Commissioners can directly discuss the transfer with a DaVita representative.

## **7) HEALTH CARE SERVICES MASTER PLAN LEGISLATION**

Anne Kronenberg, Deputy Director; Ron Smith, The Hospital Council; Dick Hodgson, SFCCC;

Commissioner Illig asked Hillary Ronen, Legislative Aide to Supervisor Campos, to introduce the legislation. She stated that the Health Care Services Master Plan legislation strives to build upon Supervisor Maxwell's Institutional Master Plan legislation in an attempt to reinvigorate a culture of system wide health care services planning in San Francisco.

She stated that decision makers, who are usually not health experts, have limited information at their disposal but available resources do not synthesize nor analyze the state of the health care system in San Francisco. Currently when policy makers and staff of different departments in the City need to make land use decisions, they do not have at their disposal comprehensive information about the state and nature of the health care services system. Supervisor Campos met for months with stakeholders to insure the legislation was a relevant and helpful remedy to this situation.

Anne Kronenberg, Deputy Director of Health, stated that DPH is in favor of master planning; she would like to get input at today's meeting to prepare for the 10/19/10 presentation and to make any changes to the draft resolution.

The following are highlights of the discussion of this item :

The legislation only has an impact when there is a change in the type of service offered.

The draft legislation is being modified so that it is clear that providers who currently are not required to do an IMP will not be required to do an IMP. It is also being modified to ensure that it will not deter any federal funding awards that stipulate that funded projects must begin services within a specified timeframe (e.g. 120 days). Additionally, the definition of medical institutions will be changed.

Although it is assumed that UCSF will not be impacted by this legislation, the City Attorney is still working on final determination. However, City agencies will be impacted by the legislation.

The Planning Department can do a consistency determination within 15 days unless they hear in written form that it is not consistent with the Health Care Master Service Plan.

The legislation attempts to use existing methods of protesting so it does not add extra steps to the planning process.

The legislation stipulates that the Health Care Master Plan must be updated every three years, but it does not prevent it from being updated more often.

The legislation makes no distinctions between non-profit and for-profit organizations; both must adhere to the same process.

Ron Smith, of the Hospital Council, thanked Supervisor Campos and Ms. Ronen for the open process in creating the legislation. He stated that health care reform is totally changing how health care is implemented and hopes the Health Commission will take the input from the Health Care Reform Taskforce. He also stated that it is difficult to revise and update the Health Care Master plan every three years when so much is changing so rapidly. He stated that the legislation gives people who want to object many more opportunities to do so which can slow down the planning process. The Council generally supports master-planning but feels the implementation of the consistency determinations should be delayed.

Dick Hodgson, of the San Francisco Clinic Consortium, stated that he is concerned that the legislation will create a slow planning process which will not be able to adhere to the new federal funding stipulations that require approved applications to be operational within 120 days of being funded. Ms. Ronen stated that Supervisor Campos is aware of this issue and that the legislation will not be an obstacle for the specified federal funding.

Public Comment:

Joseph Smooke, representing the Bernal Heights Neighborhood Center Coalition for Health Planning, stated that health care services should be accessible. He is pleased that there were community representatives in the drafting of the legislation and thanked Dr. Katz for his years of service to the San Francisco public health community.

Nato Green, representative of the California Nurses Association, stated that this legislation gives tools to policy-makers so they can make informed decisions.

Randy Whittorp, representative from Kaiser Permanente of San Francisco stated that the health reform legislation is bringing huge changes and Kaiser would rather have the Health Care Task Force complete its work before moving forward with the implementation of other planning processes.

Roma Guy thanked Dr. Katz for his over 20 years of service to the San Francisco community. She also stated that she supports the legislation because it utilizes DPH expertise when making health care planning decisions instead of giving it away to the Planning Department.

Abby Yant, Catholic Healthcare West representative, stated that health care master planning is a good concept in helping to keep private/public partnerships strong.

Emily Lee, representative of the Chinese Progress Association, stated that the Association has been working with Supervisor Campos to create legislation to assist in insuring that there are no medical gaps in San Francisco. The Association wants to see more services in neighborhoods where people live that are culturally and linguistically appropriate.

Commission Comments/Follow-Up

Commissioner Tierney stated that he is inclined to support master planning; he sees that the legislation may be impactful in insuring that services are created in the appropriate locations. However, he would like to see more language that stipulates quality as a priority in this planning process.

Commissioner Melara stated that she wants to insure that there is flexibility for the Master Plan to change as new data is available and as needs of the community change.

Commissioner Chow thanked Supervisor Campos and his staff for the work on this draft legislation. He requested a flow diagram showing what triggers consistency rulings and what could cause delays. He also stated that cultural competency is not adequately addressed in the legislation. Ms. Ronen stated that she will have a diagram created and will send to the Commission Executive Secretary. She also stated that the Gap Assessment does address cultural barriers. Commissioner Chow requested that the term, "cultural competency" be used because it is universally understood.

Dr. Katz stated that DPH will attempt to relay some concrete examples to the Planning Department to ascertain how the legislation will impact real-life scenarios.

Commissioner Sako requested that mental health organizations be added to groups impacted by the legislation; she also stated that it is a flaw of the legislation not to include UCSF, which is the largest landholding entity in San Francisco.

Commissioner Sanchez stated that it will take additional personnel to successfully implement this legislation. Ms. Ronen stated that Dr. Katz chose not to have additional Health Planners added to DPH. Dr. Katz stated that the legislation becomes much more complicated, and therefore more difficult to implement, if a fee is added to the legislation. He also stated that DPH has much of the data on these issues and feels there are adequate DPH resources to carry out activities associated with the legislation.

Commissioner Illig requested that a change be made in the process so that the Health Commission is the approval body for Health Care Master Plan. He also stated that capacity and the gap analysis should be the focus. He is concerned that the legislation will not impact CPMC and UCSF, two of the largest hospitals in the area, but instead will affect the smaller hospitals and medical entities.

Based on the information Ms. Ronen presented, Commissioner Chow requested that the resolution be changed to show that the consistency determination activities would not go into effect until the Health Care Master Plan is approved.

Commissioner Illig asked Mr. Morewitz to seek the opinion of the City Attorney as to whether there is any issue with the Commissioners who are employed or affiliated with various hospitals voting on this resolution.

**8) OTHER BUSINESS**

**JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Waters gave an update on the 9/14/10 SFGH JCC meeting. She stated that the SFGH food services have sustained the improvements made during the beginning of 2010 with the assistance of Sodexo. The JCC reviewed a 5-year contract for Sodexo which has a 60-day termination clause.

**COMMITTEE AGENDA SETTING**

Commissioner Melara stated that she thought the 9/7 meeting in District 3 was a very informative and that she would like the Commission to hold meetings in the community at least once a year.

Dr. Katz stated that the community enjoys and appreciates the opportunity to present to the Health Commission in its own environment.

**9) CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**AUSTIN V. CCSF (CASE NO. CGC 10-498110)  
MONROE V CCSF (CASE NO. CGC 10-498109)**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters, and Sanchez) voted to approve the settlements of Austin V. CCSF Case No. CGC 10-498110) and Monroe V CCSF (Case No. CGC 10-498109)

- D) Reconvene in Open Session

Action Taken: The Commission unanimously voted to approve not to disclose any discussions held in the closed session

**10) ADJOURNMENT**

The Meeting was adjourned at 6:22pm

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Mark Morewitz  
Health Commission Executive Secretary