

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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MINUTES
HEALTH COMMISSION MEETING
Tuesday, August 17, 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 Catherine Waters
Commissioner Margine Sako
Commissioner Sonia E. Melara
Commissioner David J. Sanchez

Absent: Commissioner Steven Tierney, Ed.D.

Commissioner Illig called the meeting to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 3, 2010

Action Taken: The Commission voted unanimously to approve the minutes.

3) DIRECTOR'S REPORT

Please see the following link for full text of the Director's Report:

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

Extension of FMAP

On August 4, the Senate approved a six-month extension of the enhanced Federal Medical Assistance Percentage (FMAP) until June 30, 2010. On August 10, the extension was approved by the House and signed into law by President Obama. The value of the extension was scaled back compared to previous estimates, which were the basis for projections in the DPH budget. Our budget includes \$13.98 million in additional funding associated with the extension. This legislation would reduce that funding to \$9.15 million.

There is also legislation pending at the state level that would extend revenues from the Hospital Fee that is tied to extension of FMAP. The DPH budget included \$16 million associated extension of the Fee. Assuming this legislation is approved and the amount is reduced proportionate to the FMAP reduction, we would expect to receive approximately \$9 million. However approval of Hospital Fee funding is still pending approval from The Center for Medicare and Medicaid Services (CMS).

Transbay Terminal Closure

The Homeless Outreach Team (HOT), under the leadership of Rajesh Parekh, MD and Rann Parker, were very successful in providing stabilization rooms and shelter to over 45 people in the last days of the closure of the Transbay Terminal. For over a month prior to the closing date, the HOT team reached out to clients, encouraging them into services. The team's efforts were closely followed by reporters in both print and television. On the last night before the Terminal closed, the team worked late through the night until they had reached out to everyone who was open to moving off the street and into a new phase of more stabilized housing. A sincere thanks to the extraordinary work accomplished by this team of very committed individuals. A number of these formerly homeless people had been living on the street and at the Transbay Terminal for many years and were a difficult group with multiple challenges. I am proud of the role DPH played in this humanitarian project.

Increase in Pertussis Continues

As we have been reporting over the past several months, San Francisco continues to see higher than expected numbers of pertussis cases this year. Many of these cases have been associated with schools and classrooms with low immunization rates. During the 09-10 school year, we chose not to restrict unvaccinated children from school when there were cases associated with that school or classroom. However, depending on the situation and at the discretion of the on-call physician and disease control team, we may choose to set up restrictions for schools and day care facilities during this upcoming school year. Our communicable disease control division will take calls from the schools to respond to any questions that arise.

Pedestrian Safety Grant to Encourage Walking

The Community Health Prevention and Promotion Branch received a \$200,000 pedestrian safety grant from the California Office of Traffic Safety. This is a joint project between DPH, the Planning Department and the Municipal Transportation Agency (MTA). Staff from the three agencies will develop a citywide pedestrian network that will identify and plan for a system of key pedestrian streets and improved walking routes that connect to popular destinations. The project will create a map of key pedestrian streets throughout the City that will be used to prioritize capital pedestrian improvement projects to improve pedestrian safety and encourage walking. The grant will start October 1, 2010 and will end September 30, 2011. Ana Validzic, 581-2478, has more information.

TEACH Study Launched

A new study titled, "Transfemale Empowered to Advance Community Health," (TEACH) launched on August 8th. The purpose of study is to conduct a needs assessment to learn about risks for HIV infection among transfemale-identified individuals in San Francisco. This is a collaborative project of the HIV Prevention and the HIV Epidemiology Sections of the AIDS Office. The goal of the study is to reach 300 transfemale-identified persons who are 18 years or older. TEACH is the first representative study of this population. The study is currently enrolling participants. For more information about TEACH, contact Jenna Rapues, study coordinator, at (415) 554-9131

New Allocations Presented at HIV Prevention Planning Council

The Department's HIV Prevention Section outlined the new allocation of HIV prevention efforts at the July HIV Prevention Planning Council meeting. The upcoming focus includes greater emphasis on HIV testing and partner services, linkage to care and treatment, treatment adherence, and substance use. The goal is to reduce new HIV infections in San Francisco by 50% by 2015. The HIV Prevention Section is coordinating with other DPH sections, including STD Control, HIV Health Services and Community Healthcare to integrate these HIV prevention efforts into the system of care DPH delivers.

Asthma Task Force Awarded \$25K Grant from Kaiser Foundation Hospital

Kaiser Foundation Hospital has provided support for the San Francisco Asthma Task Force's 2010 Grant application, "Employing the Community HealthCorps to Reduce Asthma Disparities and to Model Culturally Competent Patient Education." The Task Force was awarded \$25,000 for the FY 10-11 period. The funds will be used train and pay for two Community HealthCorps (AmeriCorps) interns to become asthma educators. The newly-trained interns will be rotated through several community clinics and private practices.

The next Asthma Network continuing education session, open to all medical providers and associated staff, will be held on Friday, November 5th at the Kaiser Permanente French Campus. Anyone who would like to be added to the mailing list can contact gloria.thornton@wellpoint.com.

Robert Wood Johnson Foundation Presents Community Health Leaders Award to Shira Shavit, MD

Congratulations to Shira Shavit, MD, who was among 10 recipients selected to receive the Robert Wood Johnson Foundation Community Health Leaders Award during a ceremony at the Foundation in Princeton, NJ on August 12. The award honors exceptional men and women who have overcome significant obstacles to tackle some of the most challenging health and health care problems facing their communities.

Forum on PrEP, Microbicides, STD's and Lubricants

A number of speakers from DPH made presentations at the recent **PrEP, Microbicides, STD's and Lubricants** Community Forum on August 11th. The forum was a collaboration between the Department of Public Health, the STOP AIDS Project and Project Inform and featured results from the International AIDS Conference and the latest news in HIV Prevention and Research. The speakers from DPH were Albert Liu, MD, Director, HIV Prevention Intervention Studies; Grant Colfax, MD, Director of HIV Prevention and Research; and Susan Philip, MD, Director, STD Prevention and Control Services.

Massage Program Presented at Nevada Environmental Health Conference

Programs and innovations begun here at DPH continue to catch the eye and imagination of other public health departments and agencies throughout the country. In late July, the Nevada Environmental Health Association invited Johnson Ojo, Principal Environmental Health Inspector, as a guest speaker at their annual conference. Dr. Ojo presented "Massage Program in San Francisco: Challenges of Sex and Human Trafficking for Environmental Health and Law Enforcement." His presentation highlighted the strategic components of the program: the need to protect the health and safety of the public; the role and benefits of the local environmental health agency in regulating the massage industry; successes of interagency coordination/Mayor's Task Force; and the lessons learned in dealing with sex and human trafficking in the industry.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
August 2010
Health Commission - Director of Health Report
(8/9/10 MEC)

	08/10	07/10 to 06/11
New Appointments	30	24
Reinstatements	0	0
Reappointments	60	72
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	16	26
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	4	5
Voluntary Relinquishments	20	15
Proctorship Completed	5	14
Proctorship Extension	0	0

Current Statistics – as of 7/23/10	
Active Staff	494
<i>Courtesy Staff</i>	545
Affiliated Professionals (non-physicians)	236
TOTAL MEMBERS	1275

Applications in Process	64
Applications Withdrawn Month of July 2010	0
SFGH Reappointments in Process 9/2010 to 11/2010	152

Dr. Katz distributed an article to the Commissioners that he wrote about healthcare safety nets that was published in the Journal of the American Medical Association (JAMA).

Dr. Katz stated that the new proposed FMAP and related Hospital Fee will result in approximately \$35M less coming to DPH than expected in the 2010-11 budget process. Because CMS has not signed the legislation,

there is no effective date when these two issues will be implemented. The City will await the first financial quarter report, due in October, before taking any action on this revenue change.

4) GENERAL PUBLIC COMMENT

None

5) VACCINE PREVENTABLE DISEASE UPDATE

Susan Fernyak, MD, Director Communicable Disease Control and Prevention gave the presentation.

The following are highlights from discussion of this issue:

DPH has begun to see vaccine preventable diseases in people who were vaccinated in the past but who have chosen not to get booster vaccinations or vaccinate their families.

The current plans for DPH health education media outreach on this issue includes English, Spanish and Chinese displays in print ads, online ads, outdoor ads, mobile billboards, specific site postings, and static billboards. The Commissioners also encouraged the DPH to consider community specific health education groups and radio, television, and newspaper interviews.

The DPH uses faxes to physicians containing detailed information about an issue along with recommended measures as its main source of sending out health alerts to the community.

Most of the vaccine preventable diseases are lab reportable; however, a verified lab result may take several days or longer. Often while lab results are pending, a physician will contact the DPH to notify them of a suspected case.

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

Grant Davies, Executive Vice President CPMC reviewed the history of the decision to change ownership of its dialysis practice and the process it undertook to choose DaVita to run the unit at CPMC. As part of the review of this process, Dr. Michael Borah, the Director of Renal Medical Associates, presented information on quality of care dialysis information.

Commissioner Illig stated that the Health Commission's responsibility in a Proposition Q hearing is to decide whether the proposed change of service will be detrimental to the health of San Francisco.

Public Comment:

Tatiana Kostanian stated that she is very concerned that DaVita dialysis patients who have a code blue situation may not be sent to CPMC but may instead be sent to another hospital.

Lorraine Honig stated that her husband is a dialysis patient at CPMC. She is concerned that if someone in dialysis has an emergency that DaVita may not call CPMC but instead will call 911 which will cause delays in treatment and care. She is also concerned that the lower salaries that were offered to the current CPMC dialysis staff may impact staff morale and therefore the quality of care.

Martha H Dominguez Glumaz stated that she is a patient of CPMC's dialysis and is also concerned about whether DaVita dialysis patients will have access to CPMC services in code blue situations. In addition, she stated that DaVita uses a lower staff-to-patient ratio which she is concerned may impact the safety and care of dialysis patients.

Patrick Monette-Shaw requested that the following 150 word statement be included in the minutes: The Health Commission's July 20 minutes indicate Sue Currin, SFGH's CEO, claimed that during planning for SFGH's replacement project, a decision was made SFGH's dialysis services would be moved to the new Laguna Honda where it could be expanded to 30 chairs. My understanding is LHH is re-opening without the six dialysis chairs in the new building, and without a 30-chair expanded dialysis unit in LHH's old buildings, due to staff objections. This exacerbates data Katie Worth published in the *San Francisco Examiner* July 20 that "dialysis centers in The City increasingly exceed capacity, requiring some patients to be hospitalized for days or weeks" to receive dialysis. This Commission has an ethical responsibility to issue a "Prop Q" finding that outsourcing CPMC's dialysis services to DaVita will definitely have a negative impact on overall health care services provided to the community. Don't rubber-stamp CPMC's proposal or whitewash a negative finding.

Sululagi Palegh has been a dialysis patient since 2003. He is concerned about safety issues in regard to whether CPMC will be used for DaVita dialysis patient code blue situations. He also stated that if CPMC changes the nursing shift to 12 hour increments and changes the hours of dialysis operation, it will decrease the accessibility of this service to patients who are employed.

The following are highlights of the discussion of this item:

Commissioner Melara asked whether the new regulations which are a factor in CPMC's motivation to sell its dialysis services will apply to DaVita.

Mr. Davies stated that the regulations apply to all outpatient dialysis units. However, because DaVita is a national company, it has business systems in place which enable it to realize cost savings that CPMC does not have.

Commissioner Chow stated that the long-term plan for the quantity of dialysis chairs that will be available must be considered by the Health Commission. He asked whether the same quality of care currently provided by CPMC would be maintained by DaVita and what measures will be used to determine this quality standard. He also asked why DaVita was chosen over other providers.

Mr. Davies stated that DaVita is signing a 10-year lease with CMPC which shows it has long-term interest and commitment to providing dialysis services onsite at CPMC. CPMC selected DaVita as a result of an extensive investigation of dialysis companies and found that DaVita was the best choice to provide the highest quality of care to its patients. Mr. Davies also stated that hospitals tend to overstaff outpatient dialysis which raises its operating costs.

Commissioner Sako stated that the length of the lease does not prevent DaVita from reducing or changing its services. Because it is a private company, there is no requirement for it to have a Prop. Q hearing if it decides to change the level of services in the future. She asked for a description of the current San Francisco dialysis population and the current capacity of outpatient dialysis services in San Francisco. In addition, she asked for information on how often dialysis patients have "code" situations while receiving dialysis care.

Commissioner Sanchez asked for more clarification on the limitations of DaVita taking over CPMC's dialysis services.

Commissioner Waters requested information on the patient forums that occurred between CPMC and its dialysis patients in regard to DaVita taking over the dialysis services.

Commissioner Sako requested a list of services currently available to CPMC dialysis patients that will not be available if DaVita takes over the dialysis services.

Mr. Davies stated that CPMC has offered to provide code blue response and assistance to DaVita patients and that the agreement on this issue is being negotiated. Dr. Borah stated that regardless of which lab DaVita uses, it will have the capacity for stat lab testing as a standard of dialysis patient care.

Commissioner Illig asked how many of the 245 current dialysis patients are "safety-net" and using MediCal. He also asked if DaVita plans to continue to serve MediCal patients.

Commissioner Illig asked Dr. Borah, who will remain Medical Director if DaVita takes over CPMC's dialysis services, whether he will have influence and authority over the level of quality provided if DaVita takes over.

Dr. Borah stated that as Medical Director, he will have authority of the level of quality of services if DaVita takes over the dialysis services. He also stated that DaVita does not want to decrease capacity but is instead interested in maintaining and possibly increasing its capacity.

Commissioner Chow stated that he would like assurance that DaVita wants to increase referrals and capacity.

In response to hearing that DaVita may consider changing its nursing schedules to 12 hours shifts, Commissioner Waters stated that the Institute of Medicine research has shown that 12 hour shifts negatively impacts nurse performance care.

Commissioner Illig requested that CPMC have representation at the September 7, 2010 Health Commission meeting to present information to the Commissioner's questions that were not responded to at this meeting.

7) HEALTH REFORM TASKFORCE UPDATE

Mitchell Katz, M.D., Director of Health gave the presentation and explained the goals and proposed framework of the Health Reform Taskforce. Colleen Chawla, Director of Grants and Special Projects, will staff the project and Dr. Katz and Tangerine Brigham, Deputy Director, will share co-chair duties with a community member who has not been chosen at this time. The Taskforce will hold its first meeting sometime in September, 2010.

The following are highlights from the discussion of this issue and draft resolution:

Commissioner Chow recommended that the goals of the group should include both attracting new providers and maintaining current providers.

Commissioner Melara recommended that Dr. Katz and Ms. Chawla do their best to insure that the demographics of San Francisco are considered when forming the membership of this Taskforce.

8) COMMUNITY AND PUBLIC HEALTH COMMITTEE REPORT

The update on this Committee will be heard at the September 7, 2010 meeting of the full Health Commission.

9) OTHER BUSINESS

The Commission decided to cancel the December 21, 2010 meeting.

The Commission asked Mr. Morewitz to check with Sue Currin about holding the Annual SFGH meeting on January 4, 2010.

10) ADJOURNMENT

The meeting was adjourned at 6:03pm.

Mark Morewitz

Health Commission Executive Secretary