Chinese Hospital IMP Update Analysis
Final Report

Presented to:

San Francisco
Health Commission
April 5, 2011
1. Projected Community Health Impact
2. Additional Community Health Assessment Findings
3. Recommendations to the Commission
Four Community Health Domains

Community Health Impact Assessment
Analytical Framework

1. Access
Are there barriers to obtaining services?

2. Appropriateness
Are patients receiving the right types and volumes of services?

3. Quality
Are services rendered using best-practice techniques, facilities, and equipment?

4. Efficiency
Is hospital/facility administration conducive to providing the best care?
**Domain 1: Access to Services**

**Finding:** Proposed rebuild will improve patient access; timely communication with patients is important

- Proposed rebuild expands CHASF bed numbers by more than 40%
- Staggered, partial-offsite construction affords service continuity throughout rebuild
- Given timeline, most patients are unaware of proposed rebuild
- Patients are enthusiastic about rebuild and believe it will improve their access to services

*Will the rebuild make it easier or harder to get care at Chinese Hospital?*

- Don't Know: 33%
- Easier: 67%
- Harder: 0%

*Among CHASF Patients…*

- Very Familiar
- Little Knowledge
- Concerned About Rebuild
- Not Concerned About Rebuild
- No Knowledge
- Little Knowledge
- Don't Know: 33%
- Easier: 67%
- Harder: 0%
Domain 1: Access to Services

Finding: No CHASF service disruption anticipated; other SF hospitals have sufficient surplus capacity; no disproportionate burden to SF General

- Citywide GAC beds have ample excess capacity
- Small overlap between CHASF and SF General
- CHASF patients more likely to use CPMC or St. Francis
- Few survey respondents indicated desire for services at a Western clinic (in the absence of CHASF)
Domain 1: Access to Services

Finding: Proposed rebuild offers potential to draw new patient populations

- Traditional demographic: older, monolingual, Chinese patients
- Potential demographic: Younger Chinese – including recent immigrants – seek linguistically-competent services
- Upgraded facilities would be more attractive to wider community

**Proportion of 2008 CHASF Discharges by Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 19</td>
<td>0.2%</td>
</tr>
<tr>
<td>20 - 39</td>
<td>1.6%</td>
</tr>
<tr>
<td>40 - 59</td>
<td>9.5%</td>
</tr>
<tr>
<td>60 - 79</td>
<td>45.6%</td>
</tr>
<tr>
<td>80+</td>
<td>43.0%</td>
</tr>
</tbody>
</table>
Domain 1: Access to Services

**Finding:** CHASF partners with other medical facilities to provide full range of services; partnerships continue to be important

- Inter-hospital linkages ensure a range of high-quality services for CHASF patients
  - Obstetrics & Gynecology, Mental Health, Home Care, Post Acute Care
- No change to service mix; partnerships remain important

**Have you been referred to another hospital for services?**

- No, this has not happened
- Yes, this has happened a lot
- Yes, this has happened once or twice

**Which services were you seeking?**

- Maternity: 9%
- Mental health services: 0%
- Pediatrics: 5%
- Skilled nursing: 55%
- Emergency or trauma care: 18%
- Other: 14%
Domain 1: Access to Services

**Finding:** CHASF demonstrates high-level cultural and linguistic competencies; no impact from renovation expected

- Bilingual / cultural sensitivity
- Patients 98% API
- Niche provider for Mandarin and Cantonese-speakers

![Pie chart showing language distribution](chart.png)

**Proportion of SF Hospital Patients, CHASF Patients and Staff by Race, 2009**

- All Citywide Hospital Patients
- CHASF Hospital Patients
- CHASF Staff

<table>
<thead>
<tr>
<th>Race</th>
<th>API</th>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>API</td>
<td>98%</td>
<td>11%</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>White</td>
<td>90%</td>
<td>7%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>50%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Domain 1: Access to Services

Finding: There is room for improvement in meeting the needs of subpopulations within its target geographic and demographic markets

Particular deficits noted by stakeholders included Chinese youth, Chinese LGBTQ, and non-Chinese API persons

Stakeholder Quote

We can’t start with the given that everyone is friendly. Our own families don’t accept us... If our own families don’t accept us, why would we think providers are accepting? It’s hard for providers to understand this... That is why it is so important to have visible safe spaces with signage.”

-Community health provider

Stakeholder Quote

“It’s as simple as having a staff person who makes sure to welcome and smile to trans[gender] individuals when they come for help”

-Community member
Domain 2: Appropriateness of Services

Finding: CHASF will continue to provide appropriate services given its patient population demographics

- Patients are mostly older and Asian
- Services provided match demographics of patient base
- Rebuilding will not affect the match of CHASF services to patient base

**Average Resident Age Projections**

- **Asian SF residents**
  - 2000: 43
  - 2010: 41
  - 2020: 40
  - 2030: 52
  - 2040: 49
  - 2050: 40

- **All SF residents**
  - 2000: 43
  - 2010: 41
  - 2020: 40
  - 2030: 52
  - 2040: 49
  - 2050: 40

- **All Ca residents**
  - 2000: 36
  - 2010: 36
  - 2020: 36
  - 2030: 36
  - 2040: 36
  - 2050: 36

**Proportion of Ambulatory Surgery Services - Principal Diagnosis**

- Nervous System: 25%
- Digestive System: 23%
- Cancer: 20%
- Circulatory System: 13%
- Genitourinary System: 4%
- All Other Diagnoses*: 15%
Domain 2: Appropriateness of Services

**Finding:** Additional SNF beds match CHASF patient demographics and projected citywide needs

- SF patients use 13x more SNF bed days per year than State average
- CHASF addition reverses trend in lost SNF beds citywide
- Addition is a small step to meeting full SNF demand

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**SNF Demand Model**

*Projected Actual and Needed SNF Beds Citywide, 2002 - 2050*

Sources: RDA analysis using data from OSHPD, CA Dept of Finance

- Demand Model Notes: assumes 365 licensed bed days per bed per year, 0.79 patient days per city resident per year, and continuous 80% bed utilization
Domain 3: Quality of Services

Finding: CHASF currently underperforms inpatient service standards; rebuild addresses shortcomings

- Facility not up to current medical standards
- Impacts patient comfort, standard of care
- Patients noted: lack of heating; deficient seating in waiting areas; crowded rooms
- Upgraded technology will improve services

Stakeholder Quote

“Our current building was changed at the 11th hour from office building to hospital – it has always been a poor design for infection control, privacy, discussions with clergy, and family.”

-CHASF Staff Member

Will planned changes increase or decrease the quality of care?

- Decrease
- Increase
- Not sure
### Domain 3: Quality of Services

**Finding:** CHASF rebuild is consistent with industry-wide trend towards moving inpatient services to outpatient

- CHASF presently operates an ambulatory surgery unit
- Upgraded technology will increase efficiency and coordination
- More patient friendly, cost effective

#### Outpatient Surgery Services Provided, 2009

- Integumentary Surgery
- Eye Surgery
- Digestive Surgery
- Pathology / Lab
- Radiology
- Other Surgery
- Other Surgery

#### Stakeholder Quote

“Because of medical and technological advances, services [in general] are going to shift more to outpatient care. Already we are seeing eye surgery and others … that are not hospital based. This seems to be a growing trend.”

- Community clinician
Finding: CHASF demonstrates industry-leading operating and billing margins; no impact from rebuilding

- CHASF among most profitable citywide despite highest cost-to-charge ratio
- Low service charges to payors offset by managed care premiums

### CHASF 2009 Income Statement

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Revenue</td>
<td>$176,961,364</td>
</tr>
<tr>
<td>- Deductions from Revenue</td>
<td>($137,421,271)</td>
</tr>
<tr>
<td>+ Capitation Premium Rev.</td>
<td>$50,864,577</td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$90,404,670</td>
</tr>
<tr>
<td>+ Other Operating Revenue</td>
<td>$1,386,824</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>$91,791,494</td>
</tr>
<tr>
<td>- Operating Expenses</td>
<td>($83,148,390)</td>
</tr>
<tr>
<td>Net from Operations</td>
<td>$8,643,104</td>
</tr>
<tr>
<td>+ Non-Operating Revenue</td>
<td>$780,240</td>
</tr>
<tr>
<td>- Non-Operating Expense</td>
<td>($154,194)</td>
</tr>
<tr>
<td><strong>2009 Net Income</strong></td>
<td><strong>$9,269,150</strong></td>
</tr>
</tbody>
</table>

### Cost-to-Charge Ratios

- Chinese: 46%
- SF General: 41%
- UCSF: 27%
- CPMC: 27%
- St. Lukes: 26%
- St. Francis: 24%
- St. Mary's: 24%

### Net Income Margins

- St. Lukes: 5%
- SF General: (13%)
- St. Francis: (7%)
- St. Mary's: (3%)
- UCSF: (20%)
- Chinese: 10%
- CPMC: 17%
- Total: (24%)
Domain 4: Efficiency of Service Delivery

**Finding:** Plan for financing construction unlikely to negatively impact operations; CHASF experienced in fundraising

- Current ratio is 1.1
- CHASF processes claims more efficiently than other hospitals
- $50 million in bonds; $50 million in capital reserves; $50 million in capital campaign

### Current Ratios (assets / liabilities)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPMC</td>
<td>2.9</td>
</tr>
<tr>
<td>UCSF</td>
<td>2.2</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>2.2</td>
</tr>
<tr>
<td>SF General</td>
<td>1.8</td>
</tr>
<tr>
<td>St. Francis</td>
<td>1.5</td>
</tr>
<tr>
<td>Chinese</td>
<td>1.1</td>
</tr>
<tr>
<td>St. Lukes</td>
<td>0.2</td>
</tr>
</tbody>
</table>

### Days in Accounts Receivable

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>14.3</td>
</tr>
<tr>
<td>SF General</td>
<td>34.2</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>46.0</td>
</tr>
<tr>
<td>St. Lukes</td>
<td>56.6</td>
</tr>
<tr>
<td>St. Francis</td>
<td>59.8</td>
</tr>
<tr>
<td>UCSF</td>
<td>65.7</td>
</tr>
<tr>
<td>CPMC</td>
<td>70.8</td>
</tr>
</tbody>
</table>

**Stakeholder Quote**

“The fundraising, from what I can tell, is on pace. I am not hugely concerned. It is a project that has to get done.”

-CHASF Board Member
1. Projected Community Health Impact
2. Additional Community Health Assessment Findings
3. Recommendations to the Commission
**Finding:** There is an expressed need for accessible behavioral health services among Chinese Hospital’s patient population

- API persons consume fewer mental health services per capita than any other race group
- A statistically significant majority of CHASF patients believe CHASF should offer more mental health services

**Proportion of Services Received and Total Population, San Francisco, 2009**

<table>
<thead>
<tr>
<th>Race/Population</th>
<th>Mental Health</th>
<th>Primary Health</th>
<th>City Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>35%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>20%</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>Latino</td>
<td>18%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>African American</td>
<td>24%</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Should Chinese Hospital offer more mental health services?**

- Yes
- No

- API persons consume fewer mental health services per capita than any other race group
- A statistically significant majority of CHASF patients believe CHASF should offer more mental health services
**Finding:** CHASF community benefit contribution is in line with SF Charity Care legislation and other City hospitals

- Despite low spending, CHASF serves moderate number of charity patients relative to its clinical capacity
- By operating as its own Health Insurance Provider, CHASF provides affordable insurance products to individuals and businesses across the city
- Charity care and uncompensated service cost metrics tend to be distorted for CHASF due to relative uniqueness of revenue stream (high charge-to-cost)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Charity Patients per Hospital Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Francis</td>
<td>7.0</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>13.3</td>
</tr>
<tr>
<td>Chinese</td>
<td>5.4</td>
</tr>
<tr>
<td>CPMC</td>
<td>3.1</td>
</tr>
<tr>
<td>St. Luke's</td>
<td>3.3</td>
</tr>
</tbody>
</table>

FY 2009 Charity Patients per Hospital Bed
**Finding:** There are no proposed changes to CHASF’s emergency services; little disruption expected during construction period

- Staged construction plan prevents disruption to CHASF emergency services
- CHASF emergency department is small relative to other City hospitals
- CHASF emergency department intakes are significantly less severe than for most other SF hospitals

### 2009 Emergency Department Visits Citywide

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>5000</td>
</tr>
<tr>
<td>UCSF</td>
<td>25000</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>50000</td>
</tr>
<tr>
<td>St. Luke's</td>
<td>75000</td>
</tr>
<tr>
<td>St. Francis</td>
<td>100000</td>
</tr>
<tr>
<td>SF General</td>
<td>125000</td>
</tr>
<tr>
<td>CPMC - Davies</td>
<td>150000</td>
</tr>
<tr>
<td>CPMC - Pacific</td>
<td>175000</td>
</tr>
<tr>
<td>Kaiser</td>
<td>200000</td>
</tr>
<tr>
<td>CPMC - West</td>
<td>225000</td>
</tr>
</tbody>
</table>

### Severity of 2009 ED Services

- Minor
- Low / Moderate
- Moderate
- Severe w/o threat
- Severe w/ threat
1. Projected Community Health Impact
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Recommendations to the Health Commission

A. Establish specific targets for citywide SNF capacity; use IMP and HCSMP review processes to closely monitor bed levels

B. Expand behavioral health services in the Chinese community

C. Develop LGBTQ-focused cultural competencies within ethnically-focused community health settings

D. Use the Health Care Services Master Plan to conduct a detailed analysis of demographic patterns and community health needs in Chinatown

E. Expand cultural competency to a broader API patient population within Chinese Hospital and use CHASF expertise to expand API competency across the hospital system

F. Continue to enhance cultural competency of community partners

G. Increase level of awareness of proposed rebuilding among CHASF patients and neighboring communities
Questions and Answers
Background Slides
Overview of 2010 Chinese Hospital IMP

• Updates the full 1977 and abbreviated 1989 IMPs

• Describes a planned rebuild of Chinese Hospital:
  a) Demolish current administration building and parking structure
  b) Lease temporary administrative offices and parking
  c) Build and open new hospital
  d) Convert old hospital to administration and outpatient clinics
  e) Relocate and expand radiology services

Planning process: 3-5 years

Construction: 2-3 years

- Demolish current parking structure and administration building
- Build and open new hospital facility
Summary of Proposed Changes

• 90,000 sq ft of new acute care floor space
• 22 additional skilled nursing beds
• Updated radiology equipment
• Technological modernization
• Relocated parking