

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

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

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 1, 2014, 4:00 p.m.

**101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D. , President
Commissioner Sonia E. Melara, MSW, Vice President
Commissioner Cecilia Chung
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

Excused: Commissioner David B. Singer

The meeting was called to order at 4:03 pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 18, 2014.

Action Taken: The Health Commission unanimously approved the minutes of the meeting of March 18, 2014.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Dore Urgent Care Clinic Expanding Operating Capacity

Progress Foundation is pleased to announce that Dore Urgent Care Clinic has expanded to its full operating capacity of 12 individuals to 24 hours a day, 7 days a week, as of Monday, March 24th, 2014. Dore Urgent Care Clinic provides clinical interventions with individuals who are experiencing an escalating psychological crisis and who require rapid engagement, assessment, and intervention in order to prevent further deterioration which may result in involuntary detention and/or hospitalization.

Human Resources Process Improvements

On March 20th, subject matter experts on the nursing 2320 classification (RN) gathered at the CCSF Department of Human Resources to plan process improvements for the RN hiring. According to Ron Weigelt (Director of Human Resources for Public Health), this was the first meeting where we have brought together

the subject matter experts from the various units around the department along with staff from both the CCSF and Public Health human resources groups.

Ron explained that, "this first session brought together about 30 staff and we discussed how to identify more meaningful minimum qualifications and criteria." Under the current process, a manager may receive hundreds of applications to review and only find a small number who are truly qualified for a particular specialty. Going forward we intend to reduce the number of applicants provided to the hiring manager by doing a better job of screening the applications at the front end of the process.

On February 19th, Ron made a presentation at the SEIU Local 1026 Staff and Per Diem Nurses bargaining table, highlighting the multiple efforts in place to improve hiring in all classifications across the Department. He has made similar presentations to other unions and staff.

ICD 10

On October 1, 2014, the ICD-9 codes used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 codes. The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services. ICD-10 is the classification system currently being used by the majority of the world. The United States is the only industrialized nation not using ICD-10 codes.

There are two main reasons that the transition to ICD-10 is necessary:

1. Payors cannot pay claims fairly using ICD-9 since the classification system does not accurately reflect current technology and medical treatment. Significantly different procedures are assigned to a single ICD-9 procedure code.
2. The healthcare industry cannot accurately measure quality of care using ICD-9. It is difficult to evaluate the outcome of new procedures and emerging health care conditions when there are not precise codes. Most importantly, we have a mission to improve our ability to measure health care services provided to our patients, enhance clinical decision-making, track public health issues and conduct medical research.

There will be continuing communication around ICD-10 as we transition.

Director of Nursing for SFHN Primary Care

We are pleased to announce the appointment of Judith Sansone, RN, MS to the position of Director of Nursing for San Francisco Health Network Primary Care (SFHNPC). Judith will be part of a new integrated Primary Care leadership team. She will supervise Nurse Managers of the entire network of community-based and San Francisco General Hospital Medical Center (SFGHMC)-based primary care health centers.

Judith will work closely with Hali Hammer and the other members of the SFHNPC team to integrate the fourteen primary care medical homes to reach the goals of providing excellent care for our patients while ensuring prompt access to care, a positive and healing experience for all patients, and a work environment that is safe, supportive, and sustains an engaged staff and provider workforce. Judith will also collaborate with SFGH nurse leaders, particularly Chief Nursing Officer Terry Dentoni and Director of Clinical Operations Leslie Dubbin, to ensure that our hospital-based primary care nurses and clinical staff provide the highest quality nursing care.

In Memoriam: Jane Lev

A dear friend and former DPH employee, Jane Lev, passed away the night of March 24 at home after battling cancer. Jane was an amazing health educator, organizer, mentor, and friend. Her keen intelligence,

adventurous spirit, and compassionate nature truly set her apart. She will be very truly missed by her colleagues at DPH.

Commissioner Comments/Follow-Up:

Regarding the news that the President had signed a Bill which will delay the implementation of ICD-10, Commissioner Chow asked if the contract recently approved to provide technical assistance to SFDPH regarding implementation of ICD-10 will be cancelled or modified. Director Garcia stated that the SFDPH will work with the contractor in preparation for the implementation of ICD-10 for next year.

4) GENERAL PUBLIC COMMENT

Kelley Watts, Safe Healthy Playfields, showed a three-minute video on Styrene Butadiene particles in San Francisco public spaces.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that SFDPH provide an update on the topic of Styrene Butadiene to the Health Commissioners.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Committee Chair, stated that the Committee reviewed and recommended all the Consent Calendar items for approval by the full Health Commission. She added that the Committee reviewed and gave input on the FY2012-13 Healthy San Francisco Annual Report. She also stated that the Committee recommended that the ACA Enrollment presentation be made at the full Health Commission due to the timely nature of the topic.

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning; Sneha Patil, Policy and Planning; and Aneeka Chaudry, Policy and Planning, presented the ACA Enrollment Update.

Ms. Chawla noted that Supervisor Campos would be introducing new amendments to the San Francisco Health Care Security Ordinance. In reference to a news article on Healthy San Francisco (HSF), Ms. Chawla stated that the program's eligibility criteria have not changed.

Commissioner Comments/Follow-Up:

Commissioner Chung requested tracking of ACA enrollment data for young adults because this population historically is under-insured. Ms. Chawla stated that Covered California will have this data available at a later time.

Commissioner Karshmer asked if exiting jail will be considered a life event that qualifies someone to be able to enroll in ACA health insurance regardless of the open enrollment period, if they meet eligibility criteria. Ms. Chawla stated that people leaving jails will be able to enroll in ACA health insurance if they meet eligibility criteria. She added that legislation recently passed by the Board of Supervisors gives the Sheriff authority to enroll people exiting the jail; SFDPH Jail Health staff have been enrolling people who are exiting the San Francisco jails up until this time.

Commissioner Sanchez asked how SFDPH will be assisting those individuals who began but did not complete their ACA applications. Ms. Chawla stated that SFDPH and all the HSF partners will be outreaching to this group.

Commissioner Chung suggested that the SFDPH study closely this enrollment period to best prepare for the November enrollment period.

Regarding the Campos-sponsored legislation, Commissioner Melara stated that she hopes the City does not decide policy too quickly before learning more about the relevant facts as everyone better understands the unmet needs under ACA implementation.

6) CONSENT CALENDAR

Action Taken: The following were unanimously approved by the full Health Commission:

- APRIL CONTRACTS REPORT
- REQUEST FOR SITE APPROVAL FOR RELOCATION OF THE LUTHERAN SOCIAL SERVICES, MONEY MANAGEMENT PROGRAMS (AS REQUIRED BY CHAPTER 79 OF THE SAN FRANCISCO ADMINISTRATIVE CODE, THE CITIZENS RIGHT-TO-KNOW ACT OF 1998, ALSO REFERRED TO AS "PROP I"), FROM 290 EIGHTH STREET IN SAN FRANCISCO TO 191 GOLDEN GATE AVENUE IN SAN FRANCISCO.
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE HEALTH RIGHT 360, IN THE AMOUNT OF \$154,086, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE FISCAL INTERMEDIARY, PROFESSIONAL CONSULTATION AND TECHNICAL ASSISTANCE SERVICES TO SUPPORT THE DEPARTMENTS "PSYCHIATRIC INPATIENT UNIT DOCUMENTATION PROJECT," FOR THE PERIOD OF APRIL 1, 2014 THROUGH JUNE 30, 2015 (1.3 YEARS).

7) TRANSGENDER HEALTH PROJECT UPDATE

Barry Zevin, MD, Clinical Lead, presented the update.

Director Garcia thanked Dr. Zevin for his impactful and innovative work on this project.

Commissioner Comments/Follow-Up:

Commissioner Chung praised Dr. Zevin for his historic role in providing culturally appropriate care to the San Francisco transgender communities.

Regarding possible future efforts to have surgeries provided at SFGH, Commissioner Chung asked if SFDPH is considering working with UCSF to establish a Center for Excellence. Dr. Zevin stated that he had discussed the idea with Sue Carlise, MD, UCSF Vice Dean; she was supportive of the concept of a Transgender Center of Excellence. Commissioner Melara encouraged the SFDPH to take the lead on developing the Transgender Center of Excellence; Commissioner Chow suggested that the SFDPH Section for Managed Care take on responsibility of working on the Center of Excellence concept with UCSF.

Commissioner Taylor-McGhee-shift asked about challenges to the program. Dr. Zevin stated that program challenges have included educating the public, medical and social service providers, and reaching out to the target population. Director Garcia noted that it took approximately two years to develop this program; in depth work was done with community advocates, stakeholders, SFDPH staff, and community medical providers.

Commissioner Chung suggested that "lessons learned" be added to future Health Commission updates.

8) OTHER BUSINESS

Commissioner Chow stated that he continues to work on assignments for Health Commission internal and external committees. He requested that Commissioners continue to participate in their 2013 Committee assignments through the end of April.

9) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that the LHH JCC met on March 25, 2014. The Committee heard presentations on LHH Food and Nutrition and Wellness programs. The Committee approved hospital-wide policies and procedures in open session and the LHH Credentialing report in closed session.

10) COMMITTEE AGENDA SETTING

Commissioner Chow stated that he would like to plan a Health Commission in the community and suggested the Mission neighborhood as a possible location. He requested that Commissioners email Mr. Morewitz other suggested locations.

Commissioner Sanchez stated that the rankings of California health departments was recently released. He suggested this as a topic for a future meeting. Commissioner Chow suggested that the Community and Public Health Committee consider this topic for a future meeting.

11) ADJOURNMENT

The meeting was adjourned at 5:32pm.