

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

Edward A. Chow, M.D.
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

Mark Morewitz, M.S.W.
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, January 21, 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. , Vice President
Commissioner Cecilia Chung
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David B. Singer
Commissioner Belle Taylor-McGhee

Excused: Commissioner Sonia E. Melara, MSW, President
Commissioner David J. Sanchez Jr., Ph.D.

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 7, 2014.

Mr. Morewitz provided the Commissioners and the public with an amended copy of the minutes of the January 7, 2014 full Health Commission meeting based on request from edits he received from several Commissioners. He noted that the edits were shown in tracked-change mode on the revised document.

Commissioner Comments/Follow-up:

Commissioner Singer stated that on page 3 under item 7 "Resolution on Contract Contingency," the word "started" should be changed to "stated." The corrected sentence is below:

"Mr. Wagner *stated* that the contingency policy does not allow unspent funds from one contract to be spent in other ways unless there is a formal modification of the contract. "

Action Taken: The Health Commission unanimously approved the amended minutes of the meeting of January 7, 2013.

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>

Governor proposes a balanced budget for FY 2014-15

Governor Brown released his proposed FY 2014-15 State Budget on January 9th. Reflecting a positive financial outlook, the budget prioritizes education, Health Reform implementation, public safety, and stabilizing the State's finances. While the Governor does not propose cuts to Health and Human Services (HHS) programs, the budget does not include any restoration of funding lost in previous years. The majority of the \$118 billion (\$28.8 billion from the General Fund) HHS budget is designated to Medi-Cal, which is expected to enroll an additional one million Californians, and the implementation of Affordable Care Act (ACA) reforms. Although the overall impact is neutral for the San Francisco Department of Public Health, the following two items are of relevance to San Francisco and the Department.

County realignment funds for indigent care: The proposed budget includes a placeholder estimate of \$900 million in redirected realignment funding from counties in FY 2014-15 as the Medi-Cal expansion is implemented. The Department of Health Care Services (DHCS) will revise and update this realignment estimate in the Governor's May Revision to the budget and will work with counties to ensure the estimates accurately reflect the number of county indigent care patients successfully transitioning to Medi-Cal or Covered California.

Medi-Cal rate reductions: For some providers and services (physicians/clinics, certain high-cost drugs, dental, intermediate care facilities for the developmentally disabled, and medical transportation) the budget eliminates the retroactive portion of the 10% Medi-Cal reimbursement cuts instituted in 2011. This proposal costs the General Fund \$296 million in FY 2013-14. However, the prospective cuts remain in place for these providers/services and are projected to save the General Fund \$120 million in FY 2014-15. Distinct part nursing facilities, such as Laguna Honda Hospital and Jewish Home, which were relieved of the prospective cuts through legislation last year, are not provided relief from the retroactive payments. The retroactive payments will be recovered over the course of 58 to 72 months, with Laguna Honda owing \$41.5 million and Jewish Home owing \$16 million. San Francisco and DPH continue to advocate for the restoration of all Medi-Cal rate reductions.

Congress expected to pass \$1.1 trillion omnibus bill

As of this writing, a bipartisan spending bill totaling \$1.1 trillion is on its way to the President for signature. He is expected to sign it prior to Saturday, January 18, when stopgap funding expires. The bill packages all 12 of the individual annual spending bills into one "omnibus" bill that includes the entire breadth of the government's discretionary spending. Funding for the Affordable Care Act remains largely intact. There have been reports of a \$1 billion reduction to the Prevention and Public Health Fund but, the instead bill allocates the Fund's resources into specific program accounts, as always intended under the Affordable Care Act.

Covered CA update

Recently released federal data indicates that 498,794 people have signed up for health insurance through Covered CA as of December 31, 2013. Eighty-five percent of these enrollees were eligible for subsidized coverage, and the California enrollees represent 22% of overall national enrollment. Covered CA is expected to release more detailed data later this month.

State Plan Amendment 13-034

SB 239, the Medi-Cal Hospital Reimbursement Improvement and Restoration Act of 2013 provided legislative approval to restore Medi-Cal payments to all hospital distinct part skilled nursing facilities by removing the rate freeze at 2008-2009 levels and eliminating the ten percent cuts. We are now pleased to report that the

Department of Health Care Services (DHCS) has received federal approval to implement the State Plan Amendment (SPA #13-034), which exempts DP/NF providers from the payment reduction and rate freeze. Approval of the SPA paves the way for implementation of full and unreduced 2013-14 rates, retroactive to Oct. 1, 2013.

MediCal and Palliative Care

At the request of the California Department of Health Care Services, The Coalition for Compassionate Care has convened an advisory group that is developing an informed menu of possible actions it might take to improve and advance palliative and end-of-life care for MediCal beneficiaries. Anne Hughes, RN, Advance Practice Nurse at LHH's Hospice and Palliative Care Unit has been invited to be a part of this group to provide input. The first meeting will be held January 27th in Sacramento to review draft recommendations.

National Black HIV/AIDS Awareness Week Press Conference and Candlelight March

Thursday, February 7, 2014 is our nation's 14th *National Black HIV Awareness Day*. The San Francisco Department of Public Health, Community Health Equity & Promotion Branch and various community-based organizations will kick off National Black HIV Awareness Day at 6:00 p.m. at City Hall, Goodlett Steps, followed by a candlelight march to SF Quaker's Meeting House. There will also be free HIV and STI testing, entertainment and refreshment. Members of the public are encouraged to attend. Following the march, a community discussion will be held at the SF Quaker's Meeting House with keynote speakers Cynthia Carey-Grant, Executive Director at Women Organize to Respond to Life-threatening Disease (WORLD) and Ernest Hopkins, San Francisco AIDS Foundation. For more information about the week's activities and events, contact Vincent Fuqua, Population Health Division, 415-437-6208, Vincent.Fuqua@sfdph.org.

SFDPH Patient Experience Collaborative

LHH has been included in the SFDPH Patient Experience Collaborative that will focus on service excellence. Consultants from ExperiaHealth will lead a one-day workshop where they will conduct an analysis of the patient and employee experience. Consultants will then work with LHH to identify and implement innovative solutions to help improve the experience of staff and patients.

Give Kids a Smile Day

On February 7th, 2014 from 10a.m. to 3p.m., the San Francisco Department of Public Health's Child Health and Disability Prevention program (CHDP) together with the SF Dental Hygiene Society will be hosting the Sixth Annual Give Kids a Smile Day at the San Francisco General Hospital WIC Office (2250-23rd St. Bldg. 9). This event combines community outreach, health education, and delivery of health services into one fun activity-filled day for San Francisco families. Children ages 0-10 can receive free dental screenings, cleanings, and fluoride varnish treatment, as well as health education for the whole family! Volunteers will also help connect children to dental homes if they are not already seeing a dentist. There will be giveaways such as toys, toothbrushes and toothpaste, and a raffle for more prizes!

Conservation Improvements

Significant improvements to the front lawn of the LHH campus are being completed as a result of a PUC conservation grant that gardeners, Noah Santiago and John Alexander, applied for in October of 2011. With the help of DPW architects, LHH neighbors and local native plant enthusiasts, a plan was developed that will result in significant water savings and restoration of many native and drought tolerant plants. Retaining walls are being built with trees recycled from the Presidio. Work began early December of this year and the lawn should be re-planted by February.

Utilizing Local Community Based Organizations During Disasters

The White House Office of Science and Technology Policy hosted their second annual "Safety Datapalooza," highlighting innovators from the private, nonprofit, and academic sectors who have used freely available government data to build products, services, and apps that advance public safety in creative and powerful

ways. The event featured new safety data resources as well as tools to improve disaster preparedness and emergency response. Cynthia Comerford from the San Francisco Department of Public Health, Environmental Health Branch profiled the department's Community Resiliency Indicator System, which will be used to assess stressors to advance community and individuals' interventions that increase collective adaptive capacity. The indicator system will take scientific data and translate it into useable information on a neighborhood scale. This indicator system will be piloted in the Bayview Neighborhood in San Francisco as part of the Resilient Bayview project to create a dialogue on actions to education the neighborhood about community resilience. The event also included a series of panel discussions and brainstorming sessions in which Cynthia led a group to discuss how technology and open data are being used to address public safety challenges across America.

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

January 2014

Governing Body Report - Credentialing Summary
(12/19/13 BUSINESS-MEC)

	01/2014	07/2013 to 06/2014
<i>New Appointments</i>	9	166
Reinstatements		
<i>Reappointments</i>	31	335
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	13	143
<i>Disciplinary Actions</i>		
Administrative Suspension	0	
<i>Restriction/Limitation-Privileges</i>		
Deceased		1
<i>Changes in Privileges</i>		
Voluntary Relinquishments	5	73
Additions	11	85
Proctorship Completed	8	106

Current Statistics – as of 12/9/13		
Active Staff	536	
<i>Courtesy Staff</i>	498	
Affiliated Professionals (non-physicians)	253	
TOTAL MEMBERS	1,287	

<i>Applications in Process</i>	55
Applications Withdrawn Month of January 2014	0
SFGH Reappointments in Process 2/2014 to 4/2014	125

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

JANUARY 2014

Health Commission - Director of Health Report
(January 9, 2014 Medical Exec Committee)

	January	(FY 2013-2014) Year-to-Date
<i>New Appointments</i>	0	9
Reinstatements	0	0
<i>Reappointments</i>	2	30
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	1	8
<i>Disciplinary Actions</i>	0	0
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	5
Proctorship Extension	0	0

Current Statistics – as of 12/31/2013	
Active Medical Staff	37
As-Needed Medical Staff	15
<i>External Consultant Medical Staff</i>	42
<i>Courtesy Medical Staff</i>	1
<i>Affiliated Professionals</i>	6
TOTAL MEMBERS	101

Applications in Process	1
Applications Withdrawn Month of January 2014	0

Director Garcia stated that the Mayor mentioned a possibility of expanding the SFDPH Community Independence Pilot Project in his 2014 State of the City address. The program is an alternative to “Laura’s Law” and assists gravely disabled individuals using California’s conservatorship process to enable participants to live independently and productively in the community by maintaining stability and mental health. She stated that

the pilot project has had successful clinical outcomes for the participants including lower rates of emergency room usage and incarceration rates. She added that the next step in the process is to convene a stakeholders group to attempt to improve court processes for this population.

Commissioner Comments/Follow-Up:

Commissioner Chung asked if the Mental Health Board will be involved in a possible expansion of the Community Independence Pilot Project. Director Garcia stated that the Board will be invited to the stakeholders group.

Commissioner Chow asked that the full Health Commission be given an update, at a future meeting, on the outcomes of the Community Independence Pilot Project.

Commissioner Chow stated that he requested information on how the Covered California data may impact San Francisco County patients.

Public Comment:

Michael Petrelis a person living with AIDS and a gay blogger, stated that there is nothing in the Director's Report about how the California Governor's Budget will impact the SFDPH HIV/AIDS budget. He requested information on the State Office of AIDS analysis of county budgets in regard to HIV/AIDS services.

4) GENERAL PUBLIC COMMENT

Michael Petrelis, a person living with AIDS and a gay blogger, requested that the Health Commission televise their meetings. He added that there is not enough Sunshine oversight of the Health Commission; televising the meetings would assist the public with keeping updated on these meetings. He also stated that with a \$1.6 billion budget, there should be funds available to televise the Health Commission meetings.

Someone who wished to remain anonymous submitted the following written public comment: (The text has been shortened to fit the maximum 150 word limit for the minutes of the meeting.)

The letter is a complaint against Dr. Barbara Garcia because of her discriminatory practices and policies. After rigorous scrutiny of my treatment of lack thereof by members of SFDPH, I concluded that the problem is not necessarily I. Instead, I concluded that the problems are due to Dr. Garcia's practices and a policy of "Jim Crow" healthcare, which I believe, explains the disparity in health outcomes for African Americans. In other words, since the policies and practices are racist, and she is the progenitor of these practices and policies, I reluctantly concluded that she is racist. Therefore, I make this complaint on behalf of African Americans who have been discriminated against by her policies and practices. I strongly urge that the San Francisco Health Commission create a mechanism or procedure to document and track incidents of racism against African Americans.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Belle Taylor-McGhee, Committee Chair, stated that the Committee reviewed and gave feedback on the draft SFDPH Annual Report. She also stated that Dr. Aragon presented an update on influenza in San Francisco and that the SFDPH is attempting to increase public awareness and encourage people to get a flu shot.

Director Garcia asked Dr. Aragon to give the full Health Commission an update on influenza.

Dr. Aragon stated that this season, the most predominant strain of influenza in the United States is H1N1. This strain has particularly impacted people under the age of 65, with one death reported in San Francisco from this age group. He added that data shows that influenza may have peaked for the season.

6) CONSENT CALENDAR

This item was not discussed.

7) REQUEST FOR APPROVAL OF THE LICENSE AGREEMENT FOR INTERIM SEISMIC SAFETY MEASURES AT THE SFGH CAMPUS

This item was postponed until the February 4, 2014 full Health Commission meeting because the presenter was ill.

8) 2012 CHARITY CARE REPORT

Frances Culp, Senior Health Planner, SFDPH Office of Policy and Planning, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Singer stated that the implementation of the Affordable Care Act should dramatically decrease the amount of people needing charity care. He added that the two populations that seem sure to remain in charity care are those who are undocumented and those who will not choose to access health insurance options. He asked Ms. Culp to give some sense of what can be expected of how these two populations will interact with Charity Care services.

Director Garcia asked Aneeka Chaudhry, Office of Policy and Planning, to discuss relevant data from the Universal Healthcare Council Report. Ms. Chaudhry stated that the SFDPH estimates that approximately 50,000 people will remain uninsured. She explained that SFDPH anticipates the following populations will not seek Affordable Care Act-related insurance coverage: undocumented seniors, young people, part-time workers, employees of small businesses, and others for whom the cost of insurance would be more than 8% of their estimated annual income.

Commissioner Singer encouraged the SFDPH to use information known about the populations that are likely to still need Charity Care to outreach to those who may be eligible for insurance coverage under the Affordable Care Act. He also stated the SFDPH should study the data and work with hospitals to plan for continued care for the Charity Care patients across San Francisco, thereby ensuring that the burden of unreimbursed care is shared fairly among local hospitals.

Commissioner Taylor-McGhee asked for clarification regarding the percentage of the estimated 50,000 people who will remain uninsured that are actually eligible for health insurance under the Affordable Care Act. Ms. Chaudhry explained the estimates of uninsured people in the following way:

- At this time, there are approximately 85,000 total uninsured in San Francisco.
 - 60,000 are enrolled in HSF, and
 - The SFDPH does not have information on the remaining 25,000
 - SFDPH projects that 9,000 will enroll in coverage under ACA, and
 - 16,000 will remain uninsured (including 6,500 undocumented).
- Of the 60,000 HSF enrollees
 - 40,500 will be eligible for new coverage under ACA
 - 25,000 of these will successfully enroll and gain health insurance.
 - 15,000 will remain uninsured.
 - 19,500 are undocumented, so will remain uninsured.

Ms. Chaudhry stated that these numbers add up to the approximate total of 50,000 people who are expected to be residually uninsured (approximately 26,000 undocumented people plus 24,000 people who would be eligible for ACA coverage but will not enroll).

Director Garcia stated that local anecdotal data shows that 40% of applicants seeking insurance coverage under the Affordable Care Act were already eligible for MediCal but had not sought out prior coverage.

Commissioner Chung stated that she would like the Finance and Planning Committee, which she chairs, to hear ongoing updates related to Charity Care and services provided to uninsured people. Ms. Culp stated that the Charity Care Ordinance specifies that hospitals must submit Charity Care data to the SFDPH once a year. Therefore, updates on Charity Care can only be made on an annual basis. Commissioner Chow stated that although Charity Care updates can only be made once a year, Healthy San Francisco data, which is relevant, could be presented to the Health Commission more than once a year.

Commissioner Karshmer requested that the Health Commission receive ongoing updates on the number of previously uninsured people who have enrolled in insurance coverage through the Affordable Care Act.

Commissioner Chow stated that historically, the Charity Care Report used to include both the dollars spent on charity care by each hospital relative to their tax benefit as well as the percentage of each hospital's total budget spent on charity care. Ms. Culp noted that there is a table in the report that compares each hospital's net patient revenue to its charity care expenditures. She also noted that in the first years of the report, it included information on the amount of tax benefit, but this is not required in the Ordinance, and was eventually phased out.

Director Garcia stated that if someone is eligible for federal benefits, then they are not eligible for Healthy San Francisco. She added that some people who were previous Healthy San Francisco clients are protesting this change. She added that the SFDPH has a waiver for some people with HIV but that decisions are made on a case-by-case basis.

Commissioner Chow stated that the Charity Care Report must continue to be dynamic because new hospitals are being built which will shift the zip codes where charity care may be provided. He added that the Health Commission should continue to monitor the CPMC work-plan which includes its charity care levels.

Commissioner Chow noted that the Charity Care Report shows an increased number of non-San Francisco residents seeking charity care in San Francisco. Ms. Culp stated that the hospitals' charity care policies do not mandate that patients live in San Francisco. Emily Webb, Director of CPMC Community Health Programs, stated that all patients in Bay Area Sutter hospitals who need services which are not offered at their home hospital may be transferred to San Francisco campuses, which do offer these services.

9) OTHER BUSINESS

Commissioner Chow asked Director Garcia for more information on the written public comment containing a complaint of racist practices at the SFDPH. Director Garcia stated Marcellina Ogbu, Deputy Director of the San Francisco Health Network, is investigating the complaint.

Commissioner Singer asked for more information regarding whether the Health Commission has considered televising its hearings. Mr. Morewitz stated that the issue was discussed prior to the appointment of Commissioners Singer and Karshmer; at that time, the Commission decided to postpone the vote until the Mayor appointed the new Commissioners. Commissioner Chow requested that at a future meeting, the Health Commission be presented with options regarding posting audio and/or video and live streaming of the Health Commission meetings.

10) JOINT CONFERENCE COMMITTEE REPORTS

This item was not discussed because no Joint Conference Committees have met since the last full Health Commission meeting.

11) COMMITTEE AGENDA SETTING

This item was not discussed.

12) 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 Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

JANUARY 2014 SAN FRANCISCO GENERAL HOSPITAL CREDENTIALING REPORT

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose the discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 5:25pm.