

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

**David B. Singer**  
Vice President

**Cecilia Chung**  
Commissioner

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

**David Pating, M.D**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
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, August 4, 2015, 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 David B. Singer, Vice President  
Commissioner Cecilia Chung Commissioner  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC  
Commissioner David J. Sanchez Jr., Ph.D.  
Commissioner Belle Taylor-McGhee

Excused: Commissioner David Pating, M.D.

The meeting was called to order at 4:016pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 21, 2015**

Action Taken: The Health Commission unanimously approved the minutes of the July 21, 2015 Health Commission meeting.

**3)** 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>

**Mayor Lee Signs City's Balanced Budget for Fiscal Year 2015-16 & 2016-17**

"We are creating jobs, growing a thriving economy and increasing city services, while keeping our City safe, affordable and compassionate with these smart, strategic investments," said Mayor Lee. "This fiscally-responsible, balanced budget makes historic investments in housing, transportation and education, increases City services including public safety, supports our continuing economic recovery, protects social services for residents most in need, and is affordable over the long term.

The City and County of San Francisco is a major employer, and the proposed budget for the next two fiscal years includes additional employees to: staff the new San Francisco General Hospital and implement the Electronic Health Record system at the Department of Public Health and Implement the Affordable Care Act at the Human Services Agency and the Department of Public Health;

The City budget also invests in systems of care that support the most vulnerable San Franciscans. This budget includes significant new resources dedicated to opening a new San Francisco General Hospital, adding 500 new units of supportive housing for people who are exiting homelessness through the innovative Navigation Center, and millions in new funds to support seniors and people with disabilities.

### **Modest Covered California Rate Increases for San Francisco in 2016**

Covered California recently released prices for the 2016 plan year, and San Franciscans can expect an average rate increase of 3.4% across all metal tiers. This increase is lower than most of the other regions in Northern California, as well as the statewide average increase of 4.0%. Plan rates vary by a person's age and income. For example, a 40-year old San Franciscan not eligible for federal subsidies pays, on average, \$387/month for a Silver plan in 2015 and would pay \$393/month for a Silver plan in 2016. However, more than 82 percent of San Franciscans buying on Covered California are eligible for federal subsidies, which reduce a 40-year old's average Silver premium to \$117/month in 2015 and \$129/month in 2016. Covered California is encouraging consumers to shop around, as switching to the lowest-cost plan in each tier could save them more than 7% in premium costs. The next Covered California open enrollment period is October 15th through December 7th, 2015; the website's Shop-and-Compare tool to plan for open enrollment is available now.

### **50<sup>th</sup> Anniversary of Medicare and Medicaid Celebration**

On July 30, 1965, President Johnson signed legislation to establish Medicare for the elderly and Medicaid for low-income adults, children, pregnant women, and people with disabilities. For 50 years, Medicare and Medicaid have played a critical role in protecting the health and well-being of millions of families and improving our nation's economic security. These are life changing programs that keep Americans healthy.

On Thursday, July 30, the Centers for Medicare & Medicaid Services held an event at San Francisco General Hospital and Trauma Center to commemorate the 50th anniversary of the Medicare and Medicaid programs. Dr. Sandra Hernández, President and CEO of the California HealthCare Foundation, and a panel of distinguished experts discussed the striking ways in which Medicare and Medicaid have changed the face of American healthcare, and what the two mammoth federal healthcare programs may look like in the future. Opening remarks were made by San Francisco Mayor Ed Lee and Roland Pickens, Director of the Department of Public Health's San Francisco Health Network.

### **Black/African American Health Initiative Project – Workforce Development Subcommittee**

The SFDPH leadership has recognized the need to make changes in order to adequately address and make a significant impact on the health disparities among the Black and African American population in San Francisco. The project charter for the Black/African Health Initiative Project was signed on March 31, 2014. One of the subcommittees of this group is the Workforce Development subcommittee that is co-chaired by Dr. Toni Rucker and HR Director Ron Weigelt. The current charter of Workforce Development is to: promote interest in pursuing careers in public health and recruit Black and African American interested applicants, students and volunteers; develop strategies to retain, motivate and show value towards current African American staff; and support continuing education and learning opportunity pathways for existing African American staff.

In order to address those tasks the subcommittee has developed four workgroups focusing on these areas:

- Employee demographics – this group is analyzing our workforce by classification and by work unit in order to determine areas where we lack diversity. The goal will be to increase diversity in work units and classifications where it is lacking.
- Client population demographics – the focus of this workgroup is to identify research on the connection between matching client population ethnicity with health outcomes. The group also intends to make recommendations where increased diversity can increase client and or staff satisfaction.

- Training – new employee orientation, cultural competency training, interview panel training, internship programs and a supervisor code of conduct are some of the many topics being discussed in this group.
- Recruitment and Retention – this group has discussed job posting formats, interview panel composition, and many other aspects of recruitment and retention. Nepotism, cronyism, and other bias are also being looked at in order to identify counter measures in the selection process.

### **SFGH – Getting the New Hospital Building Ready for Patient Care**

Getting our new hospital on the San Francisco General Hospital campus completed and ready for patient care remains one of our department’s highest priorities. As the construction phase nears its end, our attention is turning toward ensuring the safe and effective delivery of patient services.

The construction of the new acute care and trauma center is very near completion. Teams have been working diligently to attend to the last, critical items required for obtaining our California Office of Statewide Health Planning and Development (OSHPD) Certificate of Occupancy. When that is complete, our focus will shift to complying with California Department of Public Health (CDPH) licensing requirements, and to meeting our own standards of patient care. We are on track with the schedule presented to the commission at its July 7, 2015 meeting.

Our new hospital, with its nine floors, more than 200 patient care beds, 13 ORs and 58 emergency exam rooms, will have over 26,000 pieces of equipment, among the most sophisticated technology available. This technology, which will represent a huge step forward in our ability to deliver quality patient care is, for the most part, onsite, secured and ready for deployment.

Our staff also has the critical task of testing equipment and systems, including IT systems, and training and orienting 5,400 employees. While we have been at this work for some months, our efforts will accelerate as we take control of the building and approach the date of our licensing survey.

#### Commissioner Comments/Follow-Up:

Commissioner Chow congratulated Director Garcia and the SFDPH staff for the excellent budget. He also thanked the Board of Supervisors for adding to the amount of the SFDPH budget as part of their approval process.

#### **4) GENERAL PUBLIC COMMENT**

Otto Duffy, Tom Waddell Urban Clinic Patient Advisory Council, thanked the SFDPH for its renewed support for primary care clinic patient advisory councils.

#### **5) FINANCE AND PLANNING COMMITTEE**

Commissioner Chung, Committee Chair, stated that the Committee reviewed and gave feedback on the draft Charity Care Report. She noted that the final report will be reviewed by the full Health Commission at its August 18, 2015 meeting. She encouraged the Commissioners to consider suggestions to best use the existing Charity Care Ordinance or possible changes to it. She also stated that the Committee recommended the Omnicell lease agreement, Walgreen’s contract, UCSF contract and the Contracts Report for approval. She noted that the Contracts Report was revised due to clerical errors; the Medical Contracting Services and Registry Network contracts were both taken out of the final report.

#### **6) CONSENT CALENDAR**

Commissioner Chow reminded the Commissioners that the Contracts Report does not include the Medical Contracting Services and The Registry Network contracts due to clerical errors.

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

- REQUEST FOR APPROVAL OF TWO EQUIPMENT LEASES WITH SOFTWARE LICENSING ADDENDUMS, AND CORRESPONDING EQUIPMENT MAINTENANCE AGREEMENTS, FOR PHARMACY AND SUPPLY CABINETS, WITH OMNICELL TECHNOLOGIES, INC., FOR SAN FRANCISCO GENERAL HOSPITAL AND

LAGUNA HONDA HOSPITAL, OF THE SAN FRANCISCO HEALTH NETWORK, OF THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF \$9,807,573 FOR THE PHARMACY LEASE AGREEMENT, \$1,356,690 FOR THE SUPPLY LEASE AGREEMENT, AND \$1,596,014 FOR THE CORRESPONDING PHARMACY EQUIPMENT MAINTENANCE AGREEMENT, \$215,044 FOR THE CORRESPONDING SUPPLY MAINTENANCE AGREEMENT. BOTH LEASES AND MAINTENANCE AGREEMENTS WILL BE COTERMINOUS, WITH A TERM OF 60 MONTHS (5 YEARS), AND WILL COMMENCE ONCE ALL EQUIPMENT IS DELIVERED, INSTALLED AND ACCEPTED BY HOSPITAL STAFF (ANTICIPATED TO BE COMPLETE IN OCTOBER 2015).

- REQUEST FOR APPROVAL OF CONTRACT WITH WALGREEN CO. IN THE AMOUNT OF \$19,600,000 TO PROVIDE 340B PROGRAM SPECIALIZED SERVICES AND THIRD PARTY CLAIMS ADJUDICATION COORDINATION SERVICES FOR THE PERIOD OF JANUARY 1, 2016 THROUGH DECEMBER 31, 2020 (5 YEARS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, UCSF SCHOOL OF MEDICINE, IN THE AMOUNT OF \$457,901, FOR AN ON-SITE, COMPREHENSIVE DENTAL SERVICE PROGRAM FOR THE RESIDENTS OF LAGUNA HONDA HOSPITAL. FOR THE TERM OF AUGUST 17, 2015, TO AUGUST 31, 2016 (12 MONTHS).
- AUGUST 2015 CONTRACTS REPORT

#### **7) SFDPH POLICY ON NAMING SFDPH FACILITIES**

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, reminded the Commissioners that this policy was introduced at the July 21, 2015 meeting

##### Commissioner Comments/Follow-Up:

Commissioner Chow requested that page two of the policy be slightly revised to more accurately reflect the text of the policy; it should state that for “DPH Hospital Buildings” and “DPH Facility Naming in Connection with a Private Gift of Any Amount,” the Health Commission approves and submits recommendations for final approval by the Board of Supervisors.

Action Taken: The Health Commission unanimously approved the policy.

#### **8) RESOLUTION IN SUPPORT OF NAMING THE GENERAL MEDICINE CLINIC AT SAN FRANCISCO GENERAL HOSPITAL THE RICHARD H. FINE PEOPLE’S CLINIC**

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, reminded the Commissioners that this resolution was introduced at the July 21, 2015 meeting.

##### Commissioner Comments/Follow-Up:

Commissioner Sanchez stated his support for the resolution but added that he preferred to name the clinic, “The Richard Fine Clinic” in honor of Dr. Fine’s lifetime of ground-breaking work. Ms. Chawla stated that Dr. Fine chose to add the term “People’s” in the name to honor all the clinic’s staff and patients.

Action Taken: The Health Commission unanimously approved the resolution.  
(Attachment A)

#### **9) VISION ZERO SF UPDATE**

Megan Weir, Vision Zero Co-Chair and Ana Validzic, SFDPH Education Lead, gave the presentation.

##### Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee asked for clarification of the criteria used to determine whether a school may get a 15-mile an hour speed zone. Ms. Validzic stated that schools that are Kindergarten through 12<sup>th</sup> grade (K-12) which are not located on a four lane road may have the 15-mile an hour speed zone.

Commissioner Sanchez stated that early childhood schools need assistance with obtaining proper crosswalks and signage to provide a safe environment. Ms. Ana Validzic stated that she will take this request to the MTA which is in charge of signs and crosswalks.

Director Garcia acknowledged the impactful work that Ms. Weir and Ms. Validzic continue to do along with other SFDPH employees. She noted that MTA has funded an epidemiologist to assist the SFDPH with data analysis.

Commissioner Singer congratulated the SFDPH for the important work and successfully getting additional grant funds. He requested that future presentations include data on fatalities and severe injuries. Ms. Weir stated that the new epidemiologist will assist with collection and analyzing data from the SFDPH, SFGH, Police and MTA.

Commissioner Singer asked what can be learned from cities that are further along on these safety issues than San Francisco. Ms. Weir stated that Sweden is an example in which building infrastructure was effective; she added that focusing on reducing speed limits is the strongest predictor for whether a victim will survive an impact.

Commissioner Karshmer stated that it would be helpful to include a metric that captures the impact of the increasing number of people who choose to walk or bike, on safety data. Ms. Weir stated that this data is tracked by the MTA and can be included in the next presentation to the Health Commission.

Commissioner Chow asked if all schools have yellow crosswalks. Ms. Validzic stated that K-12 schools have yellow crosswalks.

Commissioner Chow requested that the Health Commission hear an update on Vision Zero in approximately one year.

**10) SFDPH PROPOSAL TO MODERNIZE THE HEALTH CARE SECURITY ORDINANCE'S CITY OPTION & CREATE A NEW EMPLOYEE WELLNESS FUND**

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that Commissioner Pating sent a letter in full support of the resolution. He also noted that the Commission received a letter of support from Tim Paulson, Executive Director of the San Francisco Labor Council.

Commissioner Singer thanked Ms. Chawla and the Policy and Planning staff for responding to his previous questions. He encouraged the SFDPP to earnestly study the wellness concept and to keep open to the possibility that it may not be the most effective or impactful use of funds.

Commissioner Sanchez thanked the SFDPH staff for the excellent work on the proposal and resolution. He noted that some major foundations are interested in funding small business wellness activities and programs.

Commissioner Karshmer stated that she was pleased that the SFDPH linked the Population Health Division to wellness activities in the proposal.

Commissioner Chow thanked Director Garcia, Ms. Chawla, and the SFDPH staff who worked on the proposal.

ActionTaken: The Health Commission unanimously approved the resolution.  
(Attachment B)

**11) OTHER BUSINESS:**

This item was not discussed.

**12) JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Chow, SFGH JCC Chair, stated that at the July 28, 2015 meeting, the Committee: reviewed the Quality and Regulatory Reports; Rebuild Transition update; Hospital Administrator's Report; Patient Care Services Report; SFGH Hiring Report; Medical Staff Report; and an update on Oversight of Community Oriented Care at SFGH. He added that the Committee also heard an informative presentation on the many UCSF education and research programs associated with SFGH. He noted that Roland Pickens is serving as Interim CEO of SFGH while a search is conducted to fill the position.

**13) COMMITTEE AGENDA SETTING**

This item was not discussed.

**14) ADJOURNMENT**

The meeting was adjourned at 5:36pm.

**Health Commission  
City and County of San Francisco  
Resolution No. 15-11**

**Resolution in Support of Naming the General Medicine Clinic at San Francisco General Hospital  
the Richard H. Fine People's Clinic**

WHEREAS, The Outpatient Department "officially" opened at San Francisco General Hospital (SFGH) in 1969 staffed by University of California, San Francisco (UCSF) physician faculty who teach medical students and residents; and

WHEREAS, In 1970, Dr. Richard H. Fine founded the General Medicine Clinic (GMC) and as one of founders, leaders, and physicians of the GMC at SFGH, Dr. Fine played a visionary role in offering primary care to underserved patients throughout the City & County of San Francisco; and

WHEREAS, Dr. Fine strengthened primary care services at the GMC by centralizing community health, medical services, counseling and support, health promotion, and continuity of care; and

WHEREAS, Dr. Fine has always been an early responder to crises of health for marginalized patient groups; and  
WHEREAS, In 1974, Dr. Fine co-founded the inpatient jail unit, to improve healthcare for institutionalized people with behavioral and physical health problems; and

WHEREAS, In 1979, Dr. Fine founded the Occupational Health Clinic to provide an integrated spectrum of cost-effective services to employees of the City and County of San Francisco through an efficient organized delivery system; and

WHEREAS, From 1989-1990, Dr. Fine served as Chief of the Medical Staff at SFGH; and

WHEREAS, Naming the SFGH General Medicine Clinic after Dr. Fine will not only honor his history of activism and dedication to vulnerable patients, but also the activism and dedication of many of the healthcare workers with whom he collaborated on the many initiatives that he led;

NOW, THEREFORE, BE IT RESOLVED, That the San Francisco Health Commission designates the General Medicine Clinic at San Francisco General Hospital as the "Richard H. Fine People's Clinic."

I hereby certify that the San Francisco Health Commission at its meeting of August 4, 2015 adopted the foregoing resolution.

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Mark Morewitz, MSW  
Health Commission Executive Secretary

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO  
DRAFT Resolution No. 15-12**

**RESOLUTION APPROVING A PROPOSAL BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
TO MODERNIZE THE CITY OPTION AND TO EXPLORE AN EMPLOYEE WELLNESS FUND**

WHEREAS, San Francisco has experienced success in the implementation of the Affordable Care Act exceeding statewide enrollment rates and enrolling more than 97,000 residents in expanded Medi-Cal or Covered California in 2014; and

WHEREAS, Notwithstanding these successes, many San Franciscans remain unable to access affordable coverage, primarily because they are ineligible for the Affordable Care Act's new coverage options or because the high cost of living in San Francisco makes those options unaffordable; and

WHEREAS, The San Francisco Department of Public Health estimates that 35,000 to 40,000 San Franciscans remain uninsured in 2015, approximately 15,000 of whom are Healthy San Francisco participants; and

WHEREAS, The City's 2013 Universal Healthcare Council found that low- and moderate-income earners and part-time employees are more likely to be uninsured, compared to full-time employees and those earning more than \$50,000 annually; and

WHEREAS, San Francisco is in a unique position to address these issues given the City's Health Care Security Ordinance, which provides a strong foundation on which to build a response and to meet the goals of the Affordable Care Act, including the Triple Aim of improving population health, increasing care quality, and reducing costs; and

WHEREAS, Like the Affordable Care Act, the Health Care Security Ordinance was enacted on the principle of shared responsibility for the health of San Franciscans where individuals as well as the public and private sectors have a role; and

WHEREAS, The Health Care Security Ordinance, created in 2007 "to ensure that all San Francisco residents, and all non-San Francisco residents who work in San Francisco, have access to affordable health care," requires employers to make minimum health care expenditures on behalf of their employees; and

WHEREAS, Covered employers comply with the Health Care Security Ordinance in several ways, primarily by providing health insurance to their covered employees, but also by providing health reimbursement accounts or by making payments to the City Option, or a combination thereof; and

WHEREAS, Pursuant to the Health Care Security Ordinance, the San Francisco Department of Public Health administers the City Option, a health access program comprising Healthy San Francisco, which provides access to coordinated health care services for the uninsured on a sliding scale, and medical reimbursement accounts, which reimburse for a variety of out-of-pocket health care expenses; and

WHEREAS, Amendments to the Health Care Security Ordinance passed by the Board of Supervisors in June 2014 require the San Francisco Department of Public Health to develop a program that addresses the affordability of health insurance by leveraging employer expenditures made under the Health Care Security Ordinance; and

WHEREAS, Through a generous grant from the California Health Care Foundation, the San Francisco Department of Public Health engaged Health Management Associates and the University of California Berkeley Center for Labor Research and Education as consultants to define affordability in a San Francisco context, to estimate program participation, costs and revenues, and to make recommendations for program administration and benefit design; and

WHEREAS, The research finds that the cost of living in San Francisco is 59% higher than the national average, which, coupled with insurance trends favoring increased cost sharing for consumers, leaves many San Franciscans at risk of being uninsured or underinsured. The research also finds that San Franciscans earning between 250 and 500 percent of the federal poverty level experience the highest affordability challenges; and

WHEREAS, Analysis of City Option data indicates that 73 percent of employees receiving contributions to the City Option likely work fewer than 30 hours per week, at least 34 percent earn less than \$47,000 per year, 16 percent work for small or medium-sized employers, and at least one-third are uninsured; and

WHEREAS, The analysis of programming options finds that the existing City Option infrastructure provides a strong foundation to include a feature that could make health insurance more affordable for eligible San Franciscans by providing premium and cost-sharing assistance; and

WHEREAS, The San Francisco Department of Public Health elicited stakeholder input via focus groups with employees and employers covered by the Health Care Security Ordinance, which reinforced the need for a plan to address the affordability of health care and confirmed the high number of part-time employees receiving contributions to the City Option; and

WHEREAS, Informed by the consultants' research and recommendations, and the focus group findings, the San Francisco Department of Public Health proposes a modernization of the City Option to ensure that all low- and moderate-income San Franciscans will have access to affordable health care; and

WHEREAS, The City Option modernization proposal include two components: 1) a new feature under the medical reimbursement accounts, called Bridge to Coverage, which would provide premium and cost-sharing assistance for eligible San Franciscans receiving employer contributions to the City Option; and 2) an Affordability Extension to expand Healthy San Francisco eligibility to maintain the program's status as a safety net for those without access to affordable health insurance up to 500 percent of the federal poverty level; and

WHEREAS, In alignment with the emphasis on wellness and prevention in the Affordable Care Act and San Francisco's Community Health Improvement Plan, the San Francisco Department of Public Health

also proposes to develop a new and separate program to be implemented as part of the 2016-17 budget, called the Employee Wellness Fund; and

WHEREAS, There is growing evidence in support of workplace wellness programs, including positive outcomes for employee health, reduced absenteeism, and increased productivity; but not all employers have the resources or capacity to implement such programs effectively; and

WHEREAS, By reaching segments of the population that may not otherwise be exposed to or engaged in organized health improvement efforts, overall population health in San Francisco can be improved by building workplace cultures of health that support healthy lifestyles; and

WHEREAS, The Employee Wellness Fund would be informed by a stakeholder process, which would assess various options for increasing employee wellness in San Francisco, and make recommendations for a targeted program design that incorporates the Department's population health improvement goals; and

WHEREAS, The San Francisco Department of Public Health remains committed to protecting and promoting the health of all San Franciscans, which includes prioritizing enrollment in health insurance through outreach and education for those who are eligible and able to access it and, for those who are not, maintaining access to coordinated health care services through Healthy San Francisco;

NOW, THEREFORE, BE IT RESOLVED That the San Francisco Health Commission approves the proposed modernization of the City Option, including the Bridge to Coverage feature for medical reimbursement accounts and the Healthy San Francisco Affordability Extension; and

FURTHER RESOLVED That the San Francisco Health Commission authorizes the San Francisco Department of Public Health to explore the development of the Employee Wellness Fund, and to present its findings and recommendations to the Health Commission for approval in the 2016-17 budget.

I hereby certify that the San Francisco Health Commission at its meeting on August 4, 2015 adopted the foregoing resolution.

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Mark Morewitz

Executive Secretary to the Health Commission