

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

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, August 18, 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 Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner Belle Taylor-McGhee

The meeting was called to order at 4:10pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 4, 2015

Action Taken: The Health Commission unanimously approved the minutes of the August 4, 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>

Commissioner Comments/ Follow-Up:

Commissioner Singer asked for more information on Fentanyl use in San Francisco. Emily Behar, SFDPH Study Coordinator, stated that SFGH tested the Fentanyl sold in San Francisco and found it to be pure; usually the drug is diluted when sold on the street. Therefore, it is more potent and potentially dangerous. She stated that the SFDPH was informed about increased Fentanyl use in San Francisco through the DOPE Project and the SFDPH syringe sites. This enabled prevention efforts that have prevented all but one overdose.

Commissioner Pating asked if the San Francisco Police Department has been trained in Naloxone use. Ms. Behar stated that the Police Department has implemented training and police officers carry Naloxone. She added that it is important to distribute Naloxone to people in the community to ensure first responders have access to the life-saving medicine.

4) GENERAL PUBLIC COMMENT

Nancy Cross, resident of a shelter, stated that shelter residents are subjected to second-hand smoke and loud noise. She also stated that the person who manages the shelter she lives in also manages single residence occupancy hotels where two corpses have recently been found. She encouraged the Health Commission to review the environments of the shelters in San Francisco.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Chair, stated that the committee heard and discussed presentations on Public Health Emergency Preparedness and Response and San Francisco Health Network Ambulatory Care Emergency Preparedness and Response. He noted that the presentations informed the committee members that there are citywide preparations in place for emergencies and that the San Francisco Ambulatory Care clinics have plans in place to assist patients in emergencies. He added that at the October 6, 2015 planning session, the Health Commission may discuss emergency preparedness in more detail.

6) FY 2013-2014 CHARITY CARE REPORT

Mavis Asiedu-Frimpong, Assistant Director of Health and Director of Policy and Planning, gave the presentation.

Public Comment:

Emily webb, Director of CPMC Community Health programs, stated that since the Charity Care Ordinance was passed there have been changes in the health care landscape at the federal and state levels. She also stated that CPMC encourages a reevaluation of the ordinance to ensure the data collected is most useful to assist the safety net population.

Jim Illig, Kaiser Community Benefit Manager, reminded the Health Commission that Kaiser volunteers to report Charity Care data. He added that the implementation of the Affordable Care Act has changed the landscape of healthcare. He also stated that the hospitals would like an opportunity to work with the SFDPH to revise the data necessary for the San Francisco Charity Care report. He noted that Charity Care is only part of community benefit activities.

Abbie Yant, St Frances Vice President of Advocacy and Community Programs, stated that hospital implement many other community benefit programs other than Charity Care. She urged the Health Commissioner to find a new way to look at and report on Charity Care.

David Sarrano Sewell, Hospital Council Northern Central California, asked that the Health Commission direct staff to convene meetings with the hospitals to relook at the Charity Care Ordinance.

Barry Lawlor, St. Mary's Medical Center Director of Community Health, requested that the Health Commission direct the SFDPH to work with hospitals to determine the best way to report Charity Care in San Francisco.

Commissioner Comments/Follow-Up:

Commissioner Pating asked for more information on how the Charity Care Report overlaps with reports for the California Office of Statewide Health Planning and Development (OSHPD). Ms. Asiedu-Frimpong stated that San Francisco Charity Care reporting overlaps with several other state and federal reports. She noted that OSHPD collections community benefit and Charity Care data; federal form 990 Schedule H requires the reporting of Charity Care.

Commissioner Chow thanked all the hospitals who participate, whether voluntarily or through requirement, in the Charity Care report.

Commissioner Pating stated that he is supportive of convening a group to assess the framework for Charity Care reporting and report back to the Health Commission.

Commissioner Karshmer stated that the number of Charity Care patients and geographic locations of whether these individuals reside has not changed substantially. She encouraged the SFDPH to work with hospitals to find ways to help these individuals so that Charity Care is not necessary. She also suggested rethinking public/private partnerships to find effective ways of reaching this population. Ms. Asiedu-Frimpong stated that generally the Charity Care users live in the same four districts in San Francisco and noted these areas have the lowest household incomes in the city.

Commissioner Chung asked for more information to help understand what factors impact the use of Charity Care by these neighborhood populations. She added that in addition to income, language barriers and low health literacy may be factors to consider. She recommended that the Charity Care report continue in the same format for one more year.

Commissioner Sanchez stated that he is in favor of the SFDPH and hospitals reviewing the Charity Care report to determine if there are ways to reduce duplication of reporting data while still achieving the goals of the Charity Care ordinance.

Commissioner Singer stated that it is vital to determine what data is needed to best understand Charity Care in San Francisco. He noted that in the past several years, there have been huge changes in San Francisco that make it necessary to utilize the most recent and reliable data.

Commissioner Chow stated that the Health Commission wants the Charity Care Report to be the most relevant and helpful. He recommended that the Charity Care Report continue in the same format for next year. During this year, the SFDPH and hospitals can develop recommendations for changes to improve the data collection and reporting for the following year. He requested a report back to the Health Commission during the next year on these recommendations. Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, stated that the SFDPH can report back in the next three months on how to devise a plan to change the Charity Care and community benefit reporting process. Commissioners Pating and Chung thanked the hospitals for their patience during the next year.

7) EBOLA PREPAREDNESS UPDATE

Naveena Bobba MD, Director of Public Health Emergency Preparedness and Response, gave the presentation.

Commissioner Comments/ Follow-Up:

Commissioners Singer and Chow thanked the SFDPH for its impactful preparatory activities.

Commissioner Chow noted that last year the SFDPH initiated weekly calls as preparation and asked how did the SFDPH determine it was appropriate to reduce the frequency of these calls. Dr. Bobba stated that through regular check-ins with community partners, the SFDPH determined that there were no cases in San Francisco and seeing less crisis, the SFDPH reduced the frequency of the calls.

8) OTHER BUSINESS:

This item was not discussed.

9) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, member of the LHH JCC, stated that at its August 17, 2015 meeting, the Committee met in closed session to review Medical Quality Improvement, Medical Staff Credentialing, and PIPS reports. He noted that the JCC requested a follow-up to the issue of transfers of LHH patients to SFGH when SFGH is on diversion.

10) COMMITTEE AGENDA SETTING

Mr. Morewitz reminded the Health Commission that the October 6, 2015 meeting would be a planning session.

11) 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

PERSONNEL EVALUATION: BARBARA GARCIA, DIRECTOR OF HEALTH

- D) Reconvene in Open Session

Action Taken: The Committee voted not to disclose discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:16pm.