

**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, January 19, 2016, 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 Pating, M.D.  
Commissioner David J. Sanchez Jr., Ph.D.  
Commissioner Belle Taylor-McGhee

Excused: Commissioner Cecilia Chung Commissioner  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC  
Commissioner David B. Singer, Vice President

The meeting was called to order at 4:05pm

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF  
JANUARY 5, 2016**

Action Taken: The Health Commission unanimously approved the January 5, 2016 minutes.

**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>

**Super Bowl 50 Preparations**

It has been 30 years since the San Francisco-Bay Area hosted the Super Bowl. This year marks the 50th anniversary for the event, bringing additional activities, celebrations, and of course people into our City from January 30th through February 8th. The primary goal of SFDPH is to support

activities that ensure Bay Area residents and visitors from across the globe have a safe and positive visit while in our community.

Game day is Sunday, February 7th at Levi Stadium in Santa Clara. “Superbowl City” will be at Justin Herman Plaza and the “NFL Experience” will be at Moscone Center. Both will feature many of the events leading up to Super Bowl (Jan 30-Feb 7). Environmental Health has multi-faceted responsibilities in food and water safety, as well as hazardous materials response. Communicable disease will monitor for infectious diseases and share information with our surrounding county health departments. The SFHOT team will continue their work to provide services and support to homeless individuals. Expanded sobering services will be implemented during a “surge event” to offload our healthcare partners and assist in maintaining bed capacity for emergency departments. El Niño may bring extensive rainfall and winds during the events.

### **San Francisco’s “Safe Super Bowl 50” includes Safe Food**

The Department of Public Health is partnering with other City agencies to take enforcement measures toward all non-permitted mobile food vendors during Super Bowl 50 and will offer educational outreach on the permitting process. Mobile food vendors have become increasingly popular in recent years, and those without permits may pose a public health risk in spreading food-borne illness.

In San Francisco, there are 300 food trucks and more than 50 food carts (hotdog carts, coffee carts, etc.) with permits to sell food. City and State law requires all mobile vendors to obtain the necessary permits in order to operate. Vendors are also required to meet specific food handling and safety standards set by The California Retail Food Code. In addition to health code requirements, vendors must abide by parking, sidewalk and fire code requirements.

To help prevent the risk of food-borne illness, all food vendors will be closely monitored during Super Bowl events in January and February. Inspectors from the Environmental Health Branch of the Health Department will canvas areas where Super Bowl 50 events are planned and will shut down vendors that are operating without a permit. For those mobile food vendors interested in obtaining the proper permits required to operate within San Francisco, the Health Department will host two Town Hall informational meetings. These meetings will be held at 101 Grove Street, Room 300 on Wednesday, January 13 at 11 a.m. and Thursday, January 21 at 6 p.m.

### **Cannabis State Legalization Task Force**

As early as November 2016, California voters may consider legalizing and regulating adult use and possession of cannabis. To prepare for this, the Cannabis State Legalization Task Force was created via Ordinance by the San Francisco Board of Supervisors in July of 2015. According to the Ordinance, “the purpose of the Task Force shall be to advise the Board of Supervisors, the Mayor, and other City departments on matters relating to the potential legalization of cannabis so that the City’s policymakers are fully prepared to address the policy questions through legislation, administrative actions, and otherwise, following the adoption of a State law.”<sup>1</sup>

The Task Force will bring together a diverse group of stakeholders to consider and evaluate all cannabis policy options. It will consist of twenty-two members: seven of the Task Force seats are held by government bodies, including the San Francisco Planning, Fire, Police, Building Inspection, and Health departments, and the remaining seats are held by members from various sectors, including advocacy, business, and tourism.

The Task Force will be active for a two-year period and its inaugural meeting took place on January 13, 2016. The Department of Public Health will be providing administrative support for the Task Force as it conducts its work.

### **PrEP Demo Project Results Published in JAMA Internal Medicine**

Results from the US Preexposure Prophylaxis (PrEP) Demonstration Project were published in the January 2016 issue of JAMA Internal Medicine. The Demo Project was led by investigators at Bridge HIV and the San Francisco City Clinic (SFCC) and enrolled 557 men who have sex with men (MSM) and transgender women at STD clinics in San Francisco (SFCC) and Miami and a community health center in Washington DC. Participants were offered one year of daily oral PrEP with Truvada, a medication regimen previously shown to be safe and effective in clinical trials, but not yet been evaluated in more real-world settings. The majority of Demo Project participants achieved high levels of adherence to PrEP, as measured by drug levels. Adherence was higher among those reporting higher-risk behaviors, and was lower among African Americans and those with housing instability. Despite high rates of sexually transmitted infections, very few participants became infected with HIV, and these infections occurred in the setting of low or no PrEP use. These results provide strong evidence for the scale-up of PrEP among at-risk MSM in similar clinical settings. PrEP is a key component of Getting to Zero San Francisco, a multi-sector consortium with the goals of getting to zero new HIV infections, zero HIV deaths, and zero HIV stigma in San Francisco.

### **Sugar Reduction Work Supported by New Federal Dietary Guidelines**

New federal dietary guidelines announced January 7 urge Americans to drastically cut back on sugar. The guidelines echo similar advice from the World Health Organization and local organizations and public health leaders including ShapeUP SF and SFHIP (SF Health Improvement Project) which have cited evidence that lowering added sugar could reduce the risk of obesity, heart disease, Type 2 diabetes and some types of cancer. The guidelines issued by the Federal Human Services and Agriculture and Health Departments affect the foods chosen for school lunch programs, and help shape national food assistance programs like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This year, the advice to cut back on sugar — specifically to limit added sugars to 10 percent of daily calories — may also lead to changes in food nutrition labels. This summer, the Food and Drug Administration proposed changes to food labels that would require disclosure of the amount of added sugar as opposed to naturally-occurring sugar in foods. The guidelines also lend support to the work being done at the City level by the Board of Supervisors at SFUSD, at the DPH level at Zuckerberg SF General and Laguna Honda and at UCSF by Dean Schillinger and Robert Lustig to bring awareness to and reduce the consumption of sugar sweetened beverages.

### **Welcome Dr. Lisa Pratt, Director of Jail Health Services**

Please help me welcome our new Director of Jail Health Services, Dr. Lisa Pratt. Dr. Pratt is a Board Certified Internist and Certified Addiction Medicine specialist. Dr. Pratt comes to us with a rich history of working in community medicine and has worked for Baker Place, Lyon-Martin clinic, The SF Community Clinic Consortium, UCSF, and as Chief Physician at San Quentin State Prison. Lisa brings a wealth of talent, leadership and commitment to vulnerable and incarcerated populations. We are fortunate to have her join the DPH team.

**COMMUNITY HEALTH NETWORK  
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

January 2016  
Governing Body Report - Credentialing Summary  
(1/21/16 MEC)

	1/2016	07/2015 to 06/2016
<i>New Appointments</i>	12	163
Reinstatements	0	1
<i>Reappointments</i>	46	355
Delinquencies:		
Reappointment Denials:		
<b>Resigned/Retired:</b>	<b>11</b>	<b>121</b>
<i>Disciplinary Actions</i>		
<b>Administrative Suspension</b>		
<i>Restriction/Limitation-Privileges</i>		
<b>Deceased</b>	<b>0</b>	<b>1</b>
<i>Changes in Privileges</i>		
Voluntary Relinquishments	9	75
Additions	13	92
Proctorship Completed	14	179

<b>Current Statistics – as of 12/30/15</b>		
Active Staff	549	
<i>Courtesy Staff</i>	536	
Affiliated Professionals (non-physicians)	269	
<b>TOTAL MEMBERS</b>	<b>1,354</b>	

<i>Applications in Process</i>	20
<b>Applications Withdrawn Month of January 2016</b>	<b>0</b>

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

JANUARY 2016

**Health Commission - Director of Health Report**

(January 7, 2016 Medical Exec Committee)

	January	(FY 2015-2016) Year-to-Date
<i>New Appointments</i>	2	21
Reinstatements	0	1
<i>Reappointments</i>	2	24
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	2	7
Disciplinary Actions	0	0
Administrative Suspension	0	1
<i>Restriction/Limitation-Privileges</i>	0	0
<b>Deceased</b>	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	5	15
Proctorship Extension	0	0

***Current Statistics – as of 1/5/2016***

Active Medical Staff	35
As-Needed Medical Staff	14
<i>External Consultant Medical Staff</i>	48
<i>Courtesy Medical Staff</i>	1
<i>Affiliated Professionals</i>	15
<b>TOTAL MEMBERS</b>	<b>113</b>

<b><i>Applications in Process</i></b>	<b>2</b>
<b>Applications Withdrawn this month</b>	<b>0</b>

Commissioner Comments/Follow-Up:

Chow asked how long the City would maintain the temporary shelters to provide assistance due to El Nino weather patterns. Director Garcia stated that the severity of the weather would determine the need for the shelters. She added that the HOT team is providing outreach to the homeless population in an effort to encourage them to utilize the shelters. She noted that this is an opportunity to also encourage this population to engage in medical care.

Commissioner Chow suggested that tracking be conducted to ensure data on this population being linked to care is appropriated documented. Director Garcia stated that this data is being tracked.

Commissioner Chow asked for more information regarding SFDPH Super Bowl preparations. Director Garcia stated that the Environmental Health Branch has worked to ensure that every food vendor has a permit; town hall events have been conducted to educate and prepare the vendors for what is required. She also stated that equipment will be confiscated from vendors without permits; efforts will be coordinated with the Police and Fire Departments. Director Garcia also commented that ZSFGH is preparing by conducting disaster preparedness exercises; all DPH public health information staff will be stated at the City emergency centers.

Commissioner Sanchez stated that it is unique that the game is in Santa Clara but that San Francisco will be impacted so heavily by the crowds. Director Garcia stated that the SFDPH Emergency Medical Services Medical Director has been working with surrounding counties to coordinate plans and preparatory activities.

**4) GENERAL PUBLIC COMMENT**

Perry Lang, Executive Director of Rafiki Coalition and African American Health Equity Council, thanked Director Garcia for her leadership regarding African American health in San Francisco. He noted that a new RFP related to African American Health will be released from the DPH and requested that the amount be doubled. He encouraged the Health Commissioners to consider the impact of additional funding may have on African American health initiatives.

**5) COMMUNITY AND PUBLIC HEALTH COMMITTEE**

THE COMMITTEE CHAIR WILL GIVE A BRIEF UPDATE ON MATTERS DISCUSSED AND/OR RECOMMENDATIONS MADE IN THIS COMMITTEE INCLUDING: REVIEW OF A DRAFT RESOLUTION APPROVING AN AMENDMENT OF THE HEALTH CODE TO REQUIRE CONSUMER OF TOBACCO AND E-CIGARETTE PRODUCTS BE AGE 21 AND OLDER; AND THE SAN FRANCISCO HEALTH NETWORK SMOKING CESSATION ACTIVITIES.

Commissioner Pating, Committee chair, stated that the Committee heard two tobacco-related items, the San Francisco Health Network (SFHN) presented on its smoking cessation activities and the Public Health Division presented a draft resolution to raising the age of purchasing all tobacco products to twenty-one. He noted that Supervisors Weiner and Mar sponsored the legislation and mentioned that the Institute of Medicine data indicates that the overall smoking rate will be decreased by 12% if the legislation is passed throughout the United States. Regarding the SFHN presentation, Commissioner Pating stated that the SFDPH is engaging in a 3-year plan to roll out smoking cessation activities at all clinics.

Commissioner Comments/Follow-Up:

Commissioner Chow asked why the title of the resolution specified the ages 18, 19, and 20 instead of simply stating that the resolution raises the purchasing age to 21. Commissioner Pating stated that the title and body of the resolution was crafted carefully to be specific and not to conflict with existing state or federal law.

- 6) **RESOLUTION IN SUPPORT OF THE DIRECTOR OF HEALTH'S (DIRECTOR) DECISION TO SEEK APPROVAL FROM THE BOARD OF SUPERVISORS THAT THE COMPETITIVE SOLICITATION PROCESS WILL NOT APPLY TO THE PROCUREMENT OF A MODERN, SECURE AND FULLY INTEGRATED ELECTRONIC HEALTH RECORD SYSTEM (EHR) TO REPLACE THE DEPARTMENT'S CURRENT SYSTEM AND TO ALLOW THE DIRECTOR TO ENTER INTO NEGOTIATIONS FOR THE EHR SYSTEM.**

Bill Kim, Director of SFDPH Information and Technology, gave the presentation.

Public Comments:

Sue Carlisle MD, UCSF Vice Dean, urged the Health Commission to approve the resolution. She stated that extensive internal and external studies determined that EPIC, installed under the UCSF license, would improve patient safety and workflow. She added that many SFDPH providers have already been trained in EPIC which will reduce training time and costs.

Deena Lahn, San Francisco Clinic Consortium (SFCCC) Vice President of Policy and Advocacy, stated that SFCCC cares for approximately 10% of the primary care patients in San Francisco; she noted that many of SFCCC's patients utilized SFGH for specialty services and inpatient needs. She requested that SFCCC clinics be part of the discussions regarding integration of the SFDPH EHR as early as possible to ensure the entire SFDPH-related service system is truly integrated.

Dr. Jim Marks, SFGH Chief of Staff, stated that using EPIC will increase quality and safety for patients. He noted that the current practice of using multiple systems is not adequate. He also stated that all the SFGH Service Chiefs support the use of EPIC.

Commissioner Comments/Follow-Up:

Commissioner Chow asked when the new EHR system is expected to be fully operational. Mr. Kim stated that the new EHR must be operational before the contract with eClinicalWorks, the current provider, ends in 2019; he added that the current contract ends in 2017 but can be extended to 2019.

Commissioner Pating stated that he would have preferred for the Health Commission to have received a more in-depth presentation on the process to choose EPIC so it could best understand the nuances of the situation before having to vote on the resolution.

Commissioner Pating asked if EPIC is the provider of choice for the SFDPH EHR and whether the SFDPH will use its own version of EPIC or use the UCSF version. Mr. Kim stated that the hope is for the SFDPH to contract with UCSF to adapt their version of EPIC for the SFDPH use. Director Garcia stated that if passed, the resolution for this item would support her decision to begin to negotiate a contract with UCSF for its EPIC product; she added that approval by the Board of Supervisors must be obtained before she can move forward the negotiation.

Commissioner Pating asked if the negotiation request is not successful, whether the Serner product is another option. Director Garcia stated that the Serner EHR would be an option if the negotiation with UCSF for their EPIC EHR does not move forward.

Commissioner Taylor-McGhee asked for more information regarding the rationale for foregoing the competitive bidding process. Mr. Kim stated that cost of the system and ongoing support is a key factor. He added that EPIC will enable seamless data sharing, with patient consent, with many community partners.

Commissioner Pating asked for more information regarding the reason EPIC was chosen. Mr. Kim stated that the SFDPH team spent two years exploring EHR options; Serner and EPIC were the two top systems. Using EPIC brings cost savings in addition to having the robust UCSF IT support staff to assist with configuration and maintenance of the system.

Commissioner Chow asked for input from Mr. Wagner. Director Garcia stated that the resolution supports her decision to request that the Board of Supervisors allow her to begin a negotiation process. As the process moves forward, she will update the Health Commission. Mr. Wagner stated that the resolution is requesting support from the Health Commission regarding Director's Garcia's intent to negotiate a contract. He noted that the SFDPH has done an extensive industry search and now has the financial strategy to move forward.

Commissioner Sanchez stated that the item before the Health Commission is to support the Director's decision to ask the Board of Supervisors' permission to negotiate a contract. He added that many SFDPH patients are seen by UCSF practitioners for specialty or emergency services.

Commissioner Pating asked for more information regarding the gap of cost and quality. Mr. Wagner stated that because this item is a request to negotiate, the cost is not yet known. He added that the SFDPH will not accept a contract that does not fit into its financial formula. Other relevant financial issues include: cost of system; cost of staff to support system; and cost of training/provider adoption. He also stated that the SFDPH continues to explore philanthropic fundraising.

Commissioner Pating asked how the SFDPH will integrate its systems with UCSF and asked who will ultimately be responsible for providing technical support. Mr. Kim stated that the system will be built with input from SFDPH partners including a patient group. System support will be provided by UCSF and user support will be provided by SFDPH.

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

**7) SAN FRANCISCO HEALTH NETWORK UPDATE: PHARMACY HIGHLIGHT**

Roland Pickens, Director of the San Francisco Health Network and David Woods, Director of SFDPH Pharmacy, gave the presentations.

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee encouraged the Network leadership to be careful that the marketing strategy does not alienate safety net populations by only targeting privately insured

individuals. Mr. Pickens thanked Commissioner Taylor McGhee for her input. He noted that the Network is not changing its mission but instead is expanding its outreach.

Commissioner Pating congratulated Mr. Pickens and the San Francisco Health Network team for a great report and effective business planning. He stated that he was concerned that the report indicates that 28,000 more individuals are needed to enroll to keep the Network financially viable. Mr. Pickens stated that the projections derive from the Health Management Associates, report which provided guidance to the SFDPH as it developed the San Francisco Health Network. Mr. Pickens added that the report indicated that with growing reliance on the General Fund, the SFDPH has to look to other sources of revenue. He also stated that the projections in the presentation do not include the additional 15,000 Medicare patients which reduces the additional recruitment needs to approximately 13,000 individuals.

Commissioner Sanchez requested an overview of patient flow for future presentations. He asked if the Network is losing patients in specific demographics. Mr. Pickens stated that the Network is working with its primary care division to collect this data.

Commissioner Chow commended Mr. Pickens and the Network staff for the comprehensive planning strategy. He suggested that the Network could offer Centers of Excellence in several service areas now instead of waiting for a three to five year plan.

Commissioner Chow asked how the Network is attempting to keep prices of drugs purchased low. Mr. Woods stated that the Network has maintained an approximate drug pricing inflation rate of 4% a year which is substantially lower than the commercial pharmaceutical market inflation rate. He added that the Network will raise its budgeting projections to 5% inflation rate due to the sharp increase in the commercial market projections.

Commissioner Taylor-McGhee asked how women's reproductive health fits into the Network's pharmacy projections and goals. Mr. Woods stated that the Network has hired a clinical pharmacist to focus on women's health issues within clinical settings.

Commissioner Pating noted that Jail Health Services and Laguna Honda Hospital cannot participate in the 340B program and asked if there are any other cost-saving programs to assist these patient groups. Mr. Woods stated that LHH is able to save on medicine costs through Novation pricing. He added that the Network is looking into other programs for Jail Health Services but stated that HRSA's new regulations exclude jail populations.

Commissioner Pating asked for information regarding the cost of Hepatitis C treatments. Mr. Woods stated that the SFDPH has a \$5M budget for Hepatitis C treatment.

Commissioner Pating asked if EPIC would be beneficial to pharmacy services. Mr. Woods stated that EPIC is a wonderful system in regards to pharmacy management and patient services.

**8) RESOLUTION AUTHORIZING THE SFDPH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF \$100,000 TO THE LAGUNA HONDA HOSPITAL GIFT FUND FROM MS. MOLLY FLEISCHNER**

Mivic Hirose, LHH Executive Administrator, presented the resolution.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information regarding the donor. Ms. Hirose stated that Ms. Fleischner is a friend of a volunteer chaplain at Laguna Honda Hospital.

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

**9) OTHER BUSINESS:**

This item was not discussed.

**10) JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Pating, LHH JCC member, stated that at its January 12, 2016 meeting, the Committee heard presentations on Palliative Care and Strategic Planning efforts. He recommended that the Health Commission develop a way to remember those LHH patients who die each year. He also encouraged the SFDPH to develop a policy to deal with physician assisted death as the related California law takes effect later this year. He also stated that the committee approved hospital-wide policies and procedures. In closed session, the committee approved the January Credentials report.

**11) COMMITTEE AGENDA SETTING**

Commissioner Chow noted that the next Health Commission Planning Session will be on April 19, 2016.

**12) CLOSED SESSION:**

This item was deferred to the February 2, 2016 meeting because the administrative paperwork had not been received by the Health Commission Secretary before the meeting start-time.

- 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) and to invoke the attorney-client privilege (San Francisco Administrative Code Section 67.10(d))
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; Government Code Section 54957, and California Constitution, Article I, Section 1
- D) Closed Sessions
- E) Conference with City Attorney  
Convene in Closed Session - Existing Litigation - Motion that the Health Commission convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding the following existing lawsuit in which a proposed settlement is being considered by the Commission, pursuant to San Francisco Administrative Code Section 67.10(d) and California Government Code Sections 54956.9 and 54956.9(e)(3) permit this

closed session. Discussion in open session concerning this matter would likely and unavoidably prejudice the position of the City in the pending lawsuit listed below.

(After a closed session, if one occurs, the Health Commission shall adopt a motion either to disclose or not to disclose.)

Settlement of Litigation: Diane Alcala, \$225,000.00

Diane Alcala v. City and County of San Francisco; Equal Employment Opportunity Commission  
Charge No. 550-2010-00696

- F) Reconvene in Open Session: Motions and vote on whether to disclose any or all of the closed session discussions, San Francisco Administrative Code Section 67.12(a)

**13) ADJOURNMENT**

The meeting was adjourned at 6:23pm.

**Health Commission  
City and County of San Francisco  
Resolution No. 16-3**

**RESOLUTION IN SUPPORT OF THE DIRECTOR OF HEALTH'S (DIRECTOR) DECISION TO SEEK APPROVAL FROM THE BOARD OF SUPERVISORS THAT THE COMPETITIVE SOLICITATION PROCESS WILL NOT APPLY TO THE PROCUREMENT OF A MODERN, SECURE AND FULLY INTEGRATED ELECTRONIC HEALTH RECORD SYSTEM (EHR) TO REPLACE THE DEPARTMENT'S CURRENT SYSTEM AND TO ALLOW THE DIRECTOR TO ENTER INTO NEGOTIATIONS FOR THE EHR SYSTEM.**

WHEREAS, The San Francisco Department of Public Health's (Department or DPH) San Francisco Health Network (SFHN) needs a modern and fully-integrated electronic health record (EHR) system to improve patient safety and care coordination to better protect and promote the health of all San Franciscans, fulfill the federal requirements of EHR "meaningful use," and help achieve the triple aim of Health Care Reform: better care for individuals, better health for the population, and lower cost through improvement; and

WHEREAS, This enterprise EHR will replace an aging patchwork of multiple vendor-supported and internally created electronic health record systems, with components dating back to 1996 which developed over several decades, including an outmoded clinical medical record system that does not fully comply with federal care delivery requirements and is ineligible for federal Eligible Professional and Hospital incentive payments; and

WHEREAS, The SFHN, San Francisco's only complete care system, provides direct health services to over 120,000 insured and uninsured residents of San Francisco, per year including those most socially and medically vulnerable, making it an essential component of the San Francisco safety net; and

WHEREAS, Congress mandated that financial penalties be applied to Medicare eligible professionals, eligible hospitals, and critical access hospitals (CAH) that are not "meaningful users" of Certified EHR Technology under the Medicare EHR Incentive Program; and

WHEREAS, SFHN's current EHR system does not comply with meaningful use requirements, SFHN estimates that its Medicare reductions will be approximately \$876,000 annually starting in 2017, assuming that Stage 3 meaningful use penalties are enforced per current legislation, although the estimated reduction amount may be mitigated if the City applies for and the U.S. Department of Health and Human Services (DHHS) grants the City a hardship; and

WHEREAS, In 2012, the Department embarked on an extensive research process to determine the best option for a modern, secure, and fully-integrated EHR system, contracting with Sierra Systems (Sierra) to assess the Department's information technology (IT) system and develop a plan that would support the expanding role of technology in the Department's delivery of health care to SFHN patients; and

WHEREAS, Statistics by DHHS and additional independent research by healthcare IT consulting and research firms Gartner Inc. and KLAS, clearly show the market leaders for EHR systems in ambulatory and hospital settings are Epic and Cerner, respectively; and

WHEREAS, , Tthe Department concluded, after extensive analysis, that there are only two EHR systems, Epic and Cerner, that can provide DPH a single vendor EHR system solution with the breadth of modules needed to provide effective records and information management for the many ways that DPH delivers health care, and contracting with UCSF to implement Epic as a Community Connect Partner is the Department’s most viable option for several key reasons: clinical coordination/patient safety, clinical implementation support, population health research, and training and implementation costs; and

WHEREAS, The Department evaluated the benefits of linking into the UCSF Epic EHR system through the Department’s over one hundred year affiliation with the University of California San Francisco (UCSF) via a process called Community Connect, where Community Connect hub organizations, like UCSF, are allowed a “shared use” of the Epic EHR system if they meet Epic’s rigorous set of accreditation criteria to ensure the product is kept updated and properly utilized; and

WHEREAS, DPH leadership recognized the advantages of a Community Connect partnership with UCSF include the ability of UCSF to host the substantial infrastructure and hardware necessary to run their Epic system sized to meet DPH’s needs, the option to expand UCSF’s existing EHR design, to the extent that it aligns with DPH’s own needs, which has been systematically configured and refined over several years by UCSF and Epic analysts, the considerable training and experience that UCSF physicians and residents have already received with the Epic EHR system, which should significantly reduce the training effort required to learn a DPH Epic system and enable providers to focus on optimizing the care they provide to patients, and that DPH would receive substantially greater support from its provider community because physician adoption and acceptance of an EHR is critical to the success of any EHR implementation; and

WHEREAS, The San Francisco Administrative Code requires a formal competitive solicitation process to procure commodities or services; however, there are several reasons to not require a competitive solicitation in this instance, and to authorize DPH to enter into exclusive negotiations with the Regents of the University of California (UC) for an agreement for shared use of its preconfigured and fully integrated Epic EHR system; now, therefore, be it

RESOLVED, That the Health Commission supports the Director’s decision to seek approval from the Board of Supervisors that the competitive solicitation process will not apply to the procurement of a modern, secure, uniform and fully integrated EHR system to replace the Department’s current patchwork electronic record system that will allow the Department to comply with federal regulation requirements and meet the health care needs of San Francisco residents; and be it

FURTHER RESOLVED, That the Health Commission concurs with the Director's decision to seek Board of Supervisors approval to authorize the Director to enter into negotiations exclusively with UC, through and by UCSF, for an agreement to allow the Department's shared use of UCSF's EHR system, under UCSF's accreditation as an Epic Community Connect Partner, and if the Director is unable to obtain sufficient assurances that UC will be able to substantially meet the criteria developed by the Director to reach a fair and reasonable agreement within six months of negotiations with UC, the Director may also enter into direct negotiations with Cerner Corporation and/or with Epic Systems.

I hereby certify that the San Francisco Health Commission at its meeting of January 19, 2016 adopted the foregoing resolution.

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Mark Morewitz, MSW  
Health Commission Executive Secretary

**Health Commission  
City and County of San Francisco  
Resolution No. 16-1**

**RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF \$100,000.00 TO THE LAGUNA HONDA HOSPITAL GIFT FUND FROM MS. MOLLY FLEISCHNER.**

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health and is a safety net and community hospital, with a mission to provide a welcoming, therapeutic and healing environment that promotes the individual's health and well-being; and

WHEREAS, Ms. Molly Fleischner has made a gift to the Laguna Honda Hospital Gift Fund in the amount of one hundred thousand dollars (\$100,000.00) for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and

WHEREAS, assistive technology equipment and services enables a Laguna Honda resident to increase their independence and quality of life by being able to control their environment through assistive technology; and

WHEREAS, the Laguna Honda Hospital Gift Fund is used to benefit the residents at Laguna Honda, including providing comfort and support for all hospital residents; therefore be it

RESOLVED, That the Health Commission recommends that the Board of Supervisors accept and expend retroactively a gift of cash in accordance with the intent of Ms. Molly Fleischner – a gift in the value of up to one hundred thousand dollars (\$100,000.00) donated to the Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and be it

FURTHER RESOLVED, That the donation will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Sections 10.100-305 and 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on January 19, 2016, adopted the foregoing resolution

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Mark Morewitz, MSW  
Health Commission Executive Secretary