MINUTES

JOINT MEETING OF THE HEALTH COMMISSION AND PLANNING COMMISSION

Tuesday, February 9, 2017, 10:00 a.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, CA  94102

1) CALL TO ORDER

Health Commissioners Present:
Commissioner Edward A. Chow M.D. President
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner James Loyce, Jr. MA
Commissioner David J. Sanchez Jr., Ph.D

Excused:
Commissioner Cecilia Chung
Commissioner David Pating, MD

Planning Commissioners Present:
Commissioner Rich Hillis, President
Commissioner Christine Johnson
Commissioner Joel Koppel
Commissioner Myra Melgar
Commissioner Kathrin Moore
Commissioner Dennis Richards

Excused:
Commissioner Rodney Fong

Planning Commission President, Rich Hillis, called the meeting to order at 10:09am.

2) CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) ANNUAL COMPLIANCE STATEMENT –

Joint Informational Hearing of the Planning and Health Commissions to review and comment on CPMC’s Annual Compliance Statement for 2015 and the City’s Report on CPMC’s Compliance Statement, in accordance with Section 8.2 of their Development Agreement with the City and County of San Francisco (Planning Department Case No. 2012.0403W; Ordinance No. 138-13). The 2015 Compliance Statement and the City Report are available for viewing on the Planning Department’s website (cpmc.sfplanning.org)
Ken Nim and Lily Ellison, San Francisco Office of Economic Development (OEWD); Elizabeth Purl, Planning Department; Colleen Chawla, San Francisco Department of Public Health (SFDPH); and Catherine Dodd, San Francisco Health Service System, gave the City’s presentation. Jim Maxude gave the CPMC presentation.

Public Comment:
Zeke Montegano, St Anthony’s Medical Clinic Director, stated that the clinic serves a complex homeless population. Currently they serve 817 patients with 15 patients being served monthly. He noted that through the CPMC/NEMS partnership, 121 patients have enrolled. He also stated that there are an additional 202 patients waiting for MediCal approval.

Ricardo Perez, St. Anthony’s Medical Clinic patient, stated that he is very thankful for St. Anthony’s Medical Clinic services which have helped improve the quality of his life and health.

Elyse Casey, St. Anthony’s Medical Clinic Social Worker, stated that she helps families attempting to gain access to healthcare and connect them to available resources. This includes MediCal enrollment and other benefit programs.

Mary Patton, St Anthony’s Medical Clinic Nurse Practitioner, stated that many of the families are not permanent residents so MediCal transfer to San Francisco may take months.

Bruce Giron, Giron Construction Company, stated that his company was hired to help start the initial construction office at the Van Ness campus and has been invited back for seven separate work projects. He is appreciative of the opportunities for the work and employment opportunities for his staff.

Maria Mortenson, resident of San Francisco, is a recent graduate of CityBuild Academy and has been hired to work at St. Luke’s Hospital. She is very appreciative of the training and work opportunity. Tito De Leon, graduate of CityBuild Academy, and is grateful for the employment opportunities at the CPMC hospital. He also stated that he is appreciative of the free public transportation.

Florella Vasquez stated that she participated in a Herrero Builder internship which led to employment. She is appreciative of the training and employment opportunities.

Gloria Dixon stated that she was an intern at St. Luke’s and is now working at the Van Ness campus.

Abigail Headrick, Hospitality House Employment Coordinator, stated that she is appreciative of CPMC’s feedback on each of the program’s participants after mock interviews were held.

Christian Martin, Executive Director of the Lower Polk Office of Economic and Workforce Development, thanked CPMC for its community engagement. He added that their generosity has enabled residents to work as cleaners in the district and their presence has supported small businesses in the area.

Ascanio Pisnelli, UC Hasting Community Development Clinic which advises San Franciscans for Housing Healthcare Jobs and Justice, stated that the clinic advises residents on healthcare and justice issues. He stated that is should not have taken so much effort to push the City to ensure CPMC was adhering to all they agreed to do. He also noted that the Coalition is disappointed that the City has not used this process to discuss current looming issues in real time. Instead the review process has become bureaucratic and unhelpful. He also stated that the City report often ignores the suggested issues addressed by the Coalition.

Avni Desai, Community Housing Partnership, stated that the Partnership works with 1,400 Tenderloin residents. She noted that these residents have suggested that CPMC should provide free transportation for its
patients needing specialty care from other of its facilities. She added that another suggestion is to work with DPW and the SFDPH to provide appropriate access to care to people forced out of encampments.

Melanie Grossman, member of the Older Women’s League, addressed the low numbers of Tenderloin residents who have enrolled in the St. Anthony’s Medical Clinic partnership with CPMC. She noted that she has done recruitment work with similar populations and has the following suggestions: get community input; understand the values and motivations of the target population; show up in the community at churches, beauty parlors, barber shops and other non-traditional recruitment areas; and that advantages of enrollment have to be immediate and clear. She added that navigators should be offered when patients must leave their community to seek specialty care.

Matt Fennel, California Nurses Association, requested that CPMC explain the volatility of its charity care patient numbers which vary year to year including more details on each campus data. He also stated that he would like CPMC to explain what it has done to alleviate patient backlog at its facilities.

Sandra Jane, St. Luke’s Hospital ER nurse and member of Jobs with Justice, stated that CPMC should use best practices that provide the health and wellbeing of all patients especially bilingual Spanish speaking patients. She noted that the abrupt dismissal of two Spanish speaking and bi-cultural employees from the St. Luke’s Diabetes clinic two years ago was unacceptable. Since then there has been a 20% drop in Spanish speaking patients in the clinic. As a result of a meeting between the SFDPH and CPMC on this issue, CPMC hired a part-time Spanish speaking dietician. She urged CPMC to do more to effectively outreach to Spanish-speaking communities. She noted that patients do not like interpreters because they often find them intrusive.

Ruben Garcia, California Nurses Association, stated that the classes for Spanish-speaking patients of the St. Luke’s Diabetes clinic began just three weeks ago-just in time for the joint commission meeting. He added that there is no reception area for the clinic and patients are often not given provider names so it is very difficult to find their way to the correct room. He noted that the CPMC Diabetes Clinic has two full-time Administrative Assistants to help patients check-in.

Ken Barnes, former St. Luke’s physician for 32 years, invited the Commissioners to view the physical space of the St. Luke’s Diabetes Clinic to understand how disrespectful the space and process is for patients. He noted that the St. Luke’s Diabetes clinic does not have an advisory board which he believes is a regulatory requirement. He added that it is very disrespectful to the patient population that St. Luke’s took over two years to hire another bilingual staff member at the clinic.

Bob Prentice, community activist, stated there have been community efforts focused on a Center of Excellence for senior health at the St. Luke’s campus. He noted that CPMC must develop more robust relationships with non-profits that serve seniors to achieve their goal of keeping seniors out of hospitals. He also stated that a Center of Excellence on Community Health will be a challenge without an advisory group that includes a diverse group from the neighborhood.

Michael Lyon, SF Gray Panther member, stated that St. Lukes needs to serve the neighborhood it is located in. He also stated that San Franciscans for Healthcare, Housing, Jobs, and Justics, should have a formal role in making sure CPMC follows the Development Agreement with the City. He added that CPMC should be serving all San Franciscans, not just those with insurance.

Gordon Mar, Jobs with Justice, stated that he is pleased with the excellent local hiring numbers included in the report. He noted that the hiring numbers have now succeeded the goals after a shaky start during the first two years.
Kim Tavoglione, National Union of Healthcare Workers, stated that her group has requested data on temporary versus permanent jobs that derive from CPMC hiring practices. She added that permanent jobs are preferred and temporary jobs simply rotate in different employees while impacting the validity of the employment data. She noted that quality of care is improved when permanent employees are hired.

David Elliot Lewis Central City SRO Collaborative and member of the Mental Health Board, stated that CPMC needs to do better outreach. He urged members of both Commissions to pressure CPMC to provide more effective messaging to Tenderloin residents about their healthcare options and opportunities. He added that Tom Waddell Clinic is already overflowing and there is need for primary care in the neighborhood.

Mark Aaronson, San Franciscans for Housing Healthcare Jobs and Justice, stated that he is pleased about the implementation of the Clipper Card program. He noted that community groups can create programs responsive to vulnerable communities’ needs. He also urged more creativity in CPMC’s outreach efforts.

Commissioner Comments:
Regarding the San Francisco Health Services System portion of the presentation made by Catherine Dodd, Director, Commissioner Chow asked if the audit was looking for fee increases; he also asked for clarification on the purpose of the actuary issues mentioned. Dr. Dodd stated that because there was no baseline data initially collected, there needs to be an audit each year to ascertain if prices increased more than the agreed upon amount. She is unsure if St. Luke’s data will be included in these audits.

Commissioner Koppel commended the CPMC teamwork, Herrero Builders, CityBuild, and the Office of Economic Development in their efforts to train and provide employment opportunities to San Francisco residents. He is also impressed with the use of local businesses at the construction sites. He is also pleased the St. Luke’s building is ahead of schedule and that Bayview residents are being employed at that campus.

Commissioner Chow asked for more information on whether the Pacific and St. Luke’s campuses both have their own diabetes clinic advisory councils. Jim Maxude, CPMC, stated that efforts on the St. Luke’s campus have been focused on the Senior Center for Excellence and the range of services that will be offered at each campus. He noted that members of the community are invited to engage from both campuses on issues such as the impact of construction, noise, and loading issues. He added that there is currently one advisory committee for both the St. Luke’s and Pacific campus diabetes clinics.

Commissioner Karshmer stated that she is heartened by the testimony of the community members and partners. She encouraged CPMC to listen to the community regarding traffic, employment, and advisory committee issues because perception by the community is as important as the work actually being done.

Commissioner Melgar stated that the local hiring and business data is impressive and encouraged the Planning and Health Departments to track temporary and permanent job data for future reports. She asked for plans to increase Spanish speaking staff at the St. Luke’s campus in the future. She also requested social, economic, and racial data to help understand the distribution of Tenderloin population compared with the St. Anthony’s/NEMS partnership patient population. Mr. Maxude stated that CPMC intends to effectively serve the neighborhoods near St. Luke’s. He noted that when patients of the St. Luke’s Diabetes clinic make an appointment, they can request Spanish language in their care. He also stated that he is unaware of CPMC collecting the Tenderloin demographic data but will verify based on this request.

Commissioner Sanchez stated that the tone of the hearing has changed significantly since its inception because of the progress made. He is pleased to see that San Francisco will have two new hospitals that are competent to serve its populations. He congratulated both the community and CPMC for the effort put into this progress. He commended CPMC for fulfilling their obligation for charitable contributions.
Commissioner Richards stated that he is heartened by the progress made by CPMC since last year’s joint commission meeting. He asked for clarification on the delay between CPMC submitting their report and the joint commission meeting. Ms. Purl stated that a condition of the Development Agreement, CPMC has 150 days after the end of their fiscal year to produce the report; the City then has 60 days to produce a report and there is 60 days for the public to make comment on the City’s report. She added that the joint meeting was originally scheduled in November but had to be rescheduled due to quorum issues with the Health Commission.

Commissioner Richards asked for clarification regarding the core issues between the coalition and CPMC. Mr. Pisnelli stated that the relationship between the Coalition and CPMC has improved after stern warnings from Director Garcia. He added that the expectation of the Coalition is that every single promise made by CPMC in the Development Agreement will be fulfilled; the group focuses on what has not been done. He added that he is deeply troubled that almost three years later there are still problems at the St. Luke’s Diabetes Clinic.

Commissioner Richards stated that the remaining issues are surmountable. He asked CPMC for clarification on the gap in achieving the remaining goals. Mr. Maxude stated that CPMC has been diligently working with the DPH and noted that it has been difficult to find bicultural/bilingual staff with specialty experience. He added that the staff dismissed from the St. Luke’s Diabetes clinic have found employment elsewhere.

Commissioner Loyce stated that he appreciated the constructive comments and presentations. He is interested in understand the needs of the communities with an emphasis on health disparities of African Americans, Latinos, and Asians in San Francisco.

Commissioner Chow thanked CPMC, the Department of Public Health leadership, and Planning Department leadership for the joint effort that has resulted in progress over the past three years. He noted that the major components of the Development Agreement are moving forward and both CPMC hospitals are preparing to serve the entire San Francisco population including those living the neighborhoods closest to each campus. He noted that progress on hiring culturally and linguistically appropriate staff at the St. Luke’s Diabetes clinic has taken a long time. He also stated that from the perspective of health issues in the Development Agreement, most of the major issues are on point. He added that the issues of the advisory boards is important so each hospital can understand the needs of their local communities. He encouraged CPMC to not just meet CLAS standards, but instead to truly strive to meet the needs of its patient populations.

The meeting was adjourned at 12:14pm.