



City and County of San Francisco
Edwin M. Lee, Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

Director's Report for Health Commission Meeting of July 18, 2017

A current overview of issues affecting the state of public health in San Francisco

<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Federal Policy Update: Congress Delays August Recess to Continue to Repeal and Replace the ACA

Senate Majority Leader Mitch McConnell, facing defeat on the Better Care Reconciliation Act (BCRA), the Senate's Affordable Care Act repeal and replacement bill, says he will now push the Senate to pass a repeal-only bill with a two year delay in implementation. The Senate Majority Leader made the announcement in a statement yesterday, which came a few hours after Senator Moran (R-KS) and Senator Lee (R-UT) announced their opposition to the BCRA. With Senator Collins (R-ME) and Senator Paul (R-KY) having already announced their opposition, the BCRA lacks the votes needed to move ahead.

On July 11, the Senate Majority Leader announced that Congress would delay its August recess to work on the BCRA. The BCRA was originally supposed to be voted on this week, but due to Senator McCain's (R-AZ) emergency surgery, that effort was stalled. Now the Senate Majority Leader will need to return to his caucus membership to try to put together a 50 vote coalition to pass a health care repeal bill.

With the exception of Senator Collins (R-ME), most of the Senate GOP caucus already voted to support for full repeal without a replacement in 2016. Earlier this year, though, when the GOP first leaked that their plan was to pass repeal without replace, similar to the 2016 effort, many sitting Senators said they opposed such an effort.

A repeal-only bill would not technically be a full repeal. Because this is occurring within the budget reconciliation process, only items that affect taxes or entitlement spending could be

included. These include the individual mandate, insurance subsidies, the Medicaid expansion, and tax provisions. However, health insurance reforms, such as coverage of pre-existing conditions and essential health benefits, would remain in place. This would create an untenable situation for insurers, who rely on the subsidies and the individual mandate to balance out the affordability of covering pre-existing conditions and essential health benefits.

Among the key concerns is that passage of repeal without a plan for replacement would create great uncertainty in the marketplace. Additionally, Congress has been unable to meet deadlines in the past and this contributes to the uncertainty. If Congress were unable to come to agreement on a replacement before the two-year deadline there would be significant impacts. The Congressional Budget Office (CBO) scored the impact of the 2016 repeal-only bill, finding that by 2026, up to 32 million more people would become uninsured and premiums would increase 100 percent.

Senate Majority Leader has stated that he anticipates a vote “in the coming days.” Congress is currently scheduled to go on recess on August 11.

State Policy Update: California Single Payer Health Care Legislation on Hold

SB 562 (Healthy California Act, SB 562 - Lara), a California bill introduced in February 2017 for a single-payer healthcare system, has been put on hold for this year. The bill gained popularity in the Senate before the Assembly speaker, Anthony Rendon, pulled the bill, stating that there were “potentially fatal flaws in the bill, including the fact it does not address many serious issues, such as financing, delivery of care, cost controls, or the realities of needed action by the Trump Administration and voters to make SB 562 a genuine piece of legislation”.

The bill would establish a publicly run healthcare plan that would cover everyone living in California, including those without legal immigration status. The single payer system would differ from other forms of government assisted healthcare. The ACA offers expanded coverage and subsidies, but still does not reach everyone who can't afford health care. This bill would dramatically change the health care landscape in California, as the state would pay for all medical expenses, including inpatient, outpatient, emergency services, dental, vision, mental health and nursing home care. SB 562 would eliminate private insurance companies and have the state take the role of payer for healthcare services. However, universal, publicly-funded healthcare doesn't have to eliminate insurance companies as it does in SB 562. There are many examples worldwide of successful healthcare systems that deploy a hybrid approach.

The Senate Appropriations Committee fiscal analysis of SB 562 found that the projected costs associated with the proposed bill would total \$400 billion per year, which exceeds the total California State budget. While the bill would extend comprehensive health care coverage to all 39 million California residents, the analysis found that there is tremendous uncertainty in how such a system would be developed, how the transition to the new system would occur, and how participants in the new system would behave. While SB 562 will not advance in 2017, it may be taken up again in 2018 legislative cycle.

Local Policy Update: San Francisco Bans Flavored Tobacco Sales

On June 20th, The San Francisco Board of Supervisors (SFBOS) voted unanimously to pass legislation that will make San Francisco the first municipality to ban the sale of flavored tobacco products, including menthol cigarettes, e-cigarettes, and flavored small cigars. The legislation endorsed by the Health Commission was introduced by District 10 Supervisor Malia Cohen who

represents the Bayview Hunters Point, Potrero Hill, Dogpatch, and Visitacion Valley neighborhoods. Menthol cigarettes which are harder to quit than regular cigarettes are most used by youth and African-American smokers, contributing to major health inequities. This legislation has followed several years of work by community health agencies and UCSF researchers to address a major contributor to youth tobacco initiation-flavored products.

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year. The financial cost to the City and County of San Francisco is estimated at \$380 million a year in direct healthcare expenses and employee productivity loss. This legislation is certain to save many healthcare dollars and many lives, with deadly flavored tobacco no longer sold in San Francisco when the law takes effect April 1, 2018. The San Francisco Department of Public Health's Tobacco Free Project and Environmental Health Branch will be collaborating with community agencies to conduct public education, with special outreach to the retail community to ensure the law is understood and takes effect. Important to note is that the ordinance only applies to the sale of flavored products and does not penalize individuals who are using them.

Sexual Orientation and Gender Identity (SOGI) Data Collection

DPH has been working since April to update and expand our approach to Sexual Orientation and Gender Identity (SOGI) data collection. The work began as a response to two drivers that became active in fiscal year 2017-18; a commitment in our PRIME Medicaid waiver plan to increase our collection of this data, and a San Francisco city ordinance which mandated the collection and analysis of SOGI data by a number of city agencies including DPH. The underlying principle of both drivers is a desire to provide equitable service for our LGBTQ patients and clients. We cannot know if we are adequately providing service until we are able to see who our LGBTQ residents are and quantify how we are serving them as a group. This is the same work and outcome that motivated our efforts to improve our collection of race, ethnicity and language data in recent years.

The SOGI Data Collection Steering committee began convening in April and established eight workgroups; groups to ensure resources including IT, training and communication; as well as workgroups for all major patient facing locations (Jail, Primary Care, Behavioral Health, Laguna Honda, ZSFG. The executive sponsor was initially Dr. Lisa Golden, but was recently changed to Dr. Ayanna Bennett with Dr. Golden's transition to lead the LEAN Kaisen Promotion Office (KPO).

To date the group has completed a compliance plan, filed with the city in accordance with the ordinance. The plan outlines the groups activities and goals for this coming year. These include:

1. Update to our electronic technology (IT) and data storage systems to better record and report SOGI data;
2. Revisions to forms in order to better and more accurately document SOGI information;
3. Train and instruct staff on how to best collect and document this data;
4. Develop communication strategies to inform staff and clients about SOGI data collection;
5. A plan to monitor, analyze, and report SOGI data collected.

The process will begin with small pilot interventions to develop staff training and staff and patient communications to support a phased implementation. We anticipate changes in systems may be needed once the new EHR is in place and we are emphasizing training and communication goals while awaiting more information on the constraints the chosen system may impose.

Our Special Specialty Care Team, a note from Dr. Susan Ehrlich

America's Essential Hospitals (AEH) is a national organization that has represented and advocated for safety-net hospitals (including ZSFG) for more than three decades (AEH was previously known as the National Association of Public Hospitals, or NAPH). AEH represents about 130 hospitals nationwide that mainly provide services to those who are low-income, from diverse backgrounds, and who are on Medicaid or who are uninsured. At its conference each year in June, it presents the Gage Awards to honor the innovative and outstanding work of its members. It makes just six special awards in the areas of Population Health and Quality. This year, ZSFG won one of the Quality awards for our submission: "Improving Specialty Care Access Through Assessment, Engagement and Innovation." This award recognized the specialty care team's three year effort to decrease the time to third next available appointment (TNAA), a measure for the length of time between requesting an appointment and actually getting one. This was an important endeavor, given that in 2013 one quarter of our specialty clinic patients had a TNAA of more than four months.

How did the team approach this problem? First, they assessed the needs of each of its 42 clinics and developed a clear dashboard for the physician and nursing leadership of each clinic. The regularly published dashboard included wait times, no-show rates, visit volume, cancellations and patient experience metrics. Armed with data, specialty care working groups developed performance improvement projects in order to improve our TNAA. These projects included: Specialty-specific discharge criteria for patients; Group education classes; Increases in clinic sessions for new and urgent patients; Telemedicine; Educational curricula for primary care providers on common specialty care problems, and; collaboration with outside hospitals to handle a backlog of diagnostic procedures. Their accomplishments were amazing: in 2013, almost half of specialty care clinics had a TNAA of more than 60 days. Three years later, in 2016, more than 90% of specialty care clinics had a TNAA of less than 15 days! Even better, the clinics are sustaining their improvements. Please join me in congratulating the impressive work of our specialty care team: a great example of patient-focused, team-based, data-driven improvement.

Dr. Jim Marks is promoted to Chief of Performance Excellence

Dr. Jim Marks will be stepping into a new position on the ZSFG executive team: the Chief of Performance Excellence. In this critical role, Jim will be the executive leading our Kaizen Promotion Office, and for ensuring that our entire team at ZSFG is poised and well-supported to achieve our True North goals of equity, patient experience, safety, quality, workforce care and experience and financial stewardship. He will begin his duties on October 1, 2017.

Dr. Marks is currently Professor and Vice-Chairman of the Department of Anesthesia and Perioperative Care at the University of California, San Francisco (UCSF) and Chief of the Medical Staff and Chief of Anesthesia at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). As Chief of the Medical Staff at ZSFG, Dr. Marks is an integral part of the Executive hospital leadership team using Lean Management to transform health care delivery at ZSFG. He has been particularly focused on how to align and engage physicians with the improvement work. He is also the Executive sponsor for the Emergency Department value stream and daily management system.

Dr. Marks received his medical degree from UCSF where he also completed residencies in Internal Medicine and Anesthesia and a fellowship in Critical Care Medicine. He received his Ph.D. in molecular biology from the Medical Research Council Laboratory of Molecular Biology in Cambridge, England. As a physician scientist, Dr. Marks is an internationally recognized pioneer

in the field of antibody engineering, has had constant federal funding for 23 years and has authored more than 200 publications and 100 patents. In recognition of these scholarly achievements, he was elected to the National Academy of Medicine. We are delighted that Jim has agreed to step into the CPE role.

Maria X. Martinez and Whole Person Care featured on KQED (excerpted from article)

“We really think that housing is health care” was the pull quote from Maria X. Martinez in the recent story on Whole Person Care from KQED. The article goes on to explain: “The Whole Person Care program represents a breakthrough in using health care money for housing services, which the federal government had long been wary of doing. The five-year pilot program allows local governments to pay for support services, but not actual rental costs, through a matching grant from Medicaid.”

“State lawmakers are now hoping to take the program a step further, and fund rental assistance for vulnerable Medi-Cal recipients. Services around supportive housing aren’t new, but the idea of paying for them with health care dollars had traditionally been rejected by the federal government. That changed when the federal Centers for Medicare & Medicaid Services approved California’s waiver to create the program in 2015. Other states, including New York and Washington, are taking a similar approach with federal waivers. The effort to fill the funding doughnut has been adopted in the state Legislature by Assemblyman David Chiu (D-San Francisco). His Assembly Bill 74 would use general fund money to pay for rental assistance for Whole Person Care recipients.”

“An identical bill passed the Legislature last year, but was vetoed by Gov. Jerry Brown. The \$90 million that Chiu and Assembly Democrats pushed for in this year’s budget was dropped in negotiations. Chiu is hopeful that the plan can be included in a larger legislative deal around housing that legislators are currently discussing with the governor’s office.”

Amber Gray, Transgender Health Hero, Wins 2017 National Health Care for the Homeless Award

Amber Gray has spent the past 16 years working as a counselor with LGBTQ high-risk youth without homes, a health educator with a mentoring program, a prevention case manager in a residential housing program, and now in a senior program management position with HIV Education and Prevention services for transgender women of color and their partners. She is also a group facilitator for “Transgender Tuesdays” at the Tom Waddell Health Clinic and mentors youth around principles of independence and empowerment. Amber’s dream is to reduce the stigma that continually plagues her community. She is committed to encouraging, motivating, and empowering transgender women of color. Currently Amber is a Peer Specialist with the Transgender Pilot Project, a program under the Mental Health Services Act (MHSA).

For more information visit: <https://www.nhchc.org/hch2017/hch2017-award-winners/>

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

July 2017

Governing Body Report - Credentialing Summary
(7/10/17 and 7/20/17 MEC)

	7/2017	07/2017 to 07/2018
New Appointments to Start on 7/18/17	63	63
New Appointments to Start on 7/25/17	12	12
Reinstatements		
Reappointments	73	73
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	19	19
Disciplinary Actions		
Administrative Suspension		
Restriction/Limitation-Privileges		
Deceased		
Changes in Privileges		
Voluntary Relinquishments	14	14
Additions	17	17
Proctorship Completed	27	27

Current Statistics – as of 7/7/17		
Active Staff	545	
Courtesy Staff	492	
Affiliated Professionals (non-physicians)	264	
TOTAL MEMBERS	1,301	

Applications in Process	98
Applications Withdrawn Month of July 2017	0
SFGH Reappointments in Process 8/2017 to 10/2017	168

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

JULY 2017

Health Commission - Director of Health Report

(July 6, 2017 Medical Exec Committee)

	June/July	(FY 2017-2018) Year-to-Date
New Appointments	3	3
Reinstatements	0	0
Reappointments	3	3
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	1	1
Disciplinary Actions	0	0
Administrative Suspension	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

Current Statistics – as of 6/28/2017	
Active Medical Staff	35
As-Needed Medical Staff	10
External Consultant Medical Staff	44
Courtesy Medical Staff	2
Affiliated Professionals	14
TOTAL MEMBERS	105

Applications in Process	1
Applications Withdrawn this month	0