

Edward A. Chow, M.D.
President

David Pating, M.D.
Vice President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

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

James Loyce, Jr., M.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
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, September 19, 2017, 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 Dan Bernal
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner James Loyce, Jr., M.S.
Commissioner David Pating, M.D. (Arrived at 4:32pm)

Excused: Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.

The meeting was called to order at 4:06pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF SEPTEMBER 5, 2017

Action Taken: The minutes were unanimously approved.

Commissioner Chow stated that the Health Commission is gratified that Sutter/CPMC has responded to the needs of their long-term sub acute patients with the offer to continue to care for them within the CPMC system. He added that he looks forward to their continued participation with the City, and other health providers to address the future needs of the residents of San Francisco for subacute and skilled nursing services.

3) DIRECTORS REPORT

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>

U.S. Senate Continues in their efforts to repeal and replace the ACA

On September 13th, Sen. Graham (R-SC) and Sen. Cassidy (R-LA) introduced legislation to repeal and replace the Affordable Care Act (ACA). The bill contains many of the same provisions of the two previous GOP attempts to overhaul healthcare (BRCA and AHCA), including eliminating the individual and employer mandate, deeply cutting Medicaid, and defunding Planned Parenthood. The biggest change under the plan is that money

spent under the ACA for the expansion of Medicaid and insurance subsidies would be shifted to block grants and distributed to states to run their own health systems at their discretion. The grants would be distributed based on a formula where higher-spending states that expanded Medicaid for their residents would receive less funding than under current law.

The bill has not yet been analyzed by the Congressional Budget Office, but already healthcare analysts estimate that the Graham-Cassidy plan would have much of the same impact as other Senate and House Republican repeal and replace bills. It would cause many millions of people to lose coverage, radically restructure and deeply cut Medicaid, increase out-of-pocket costs for individual market consumers, and weaken or eliminate protections for people with pre-existing conditions.

The legislation must be passed by September 30th if it is to be passed under a simple majority threshold. Afterwards, the budget reconciliation vehicle allowing for a 50-vote threshold expires, and the legislation would then require the 60 votes often required for major legislation.

Of note, Senate Democrats on the same day released their own legislative version of healthcare reform, which would establish a national health insurance program for all U.S. residents also known as “Medicare for all”. The bill is co-sponsored by 16 Democratic senators, including Sen. Harris (D-CA).

Three Month Extension passed for the Federal Budget and Hurricane Relief Funding

On September 7th, Congress approved legislation to raise the debt ceiling and passed a continuing resolution to keep the government funded to December 15th. This legislation also provides federal aid for victims of Hurricane Harvey and Hurricane Irma. The legislation was the result of a bipartisan agreement between President Trump and Democratic congressional leaders. This agreement reduces pressure to resolve these issues this month, but Congress will have to take action in December to keep the government funded and raise the government’s borrowing capacity in the long term.

AB 186 - Supervised Safe Injection Site Fails in California Senate

Assembly Bill 186 (AB 186), which would make California the first state in the nation to permit illegal drug use in designated places, failed passage in the legislature. The bill, sponsored by Assembly Member Eggman (D-Stockton), and Senator Wiener (D-San Francisco), had passed through the Assembly, two Senate subcommittees, but lost by two votes on a full vote by the Senate. Republican members unanimously opposed the bill in the vote while several Democrats abstained or voted no.

This bill would have extended the harm reduction strategies already used in California by enabling local governments to permit programs to provide drug users a safe and hygienic space to use pre-obtained drugs under the supervision of trained staff. Specifically, the legislation would permit Alameda, Humboldt, Los Angeles, Mendocino, San Francisco, and San Joaquin counties—and the cities within them—to approve entities to establish and operate a safer drug consumption program for individuals 18 years of age or older, until January 1, 2022.

The legislation aims to help address the rising use of heroin and opiates and subsequent overdoses. In April of 2017, the San Francisco Board of Supervisors enacted a resolution charging the Department of Public Health with convening a task force to develop recommendations on the operation of safe injection services. The legislation has not been supported by law enforcement, which contends the injection sites would become crime magnets that normalize hard drugs rather than helping addicts in their recovery.

SB 554 will allow Nurse Practitioners and Physician Assistants to Prescribe Buprenorphine

On September 11th, Governor Jerry Brown signed SB 554 which would grant the ability for NPs and PAs to prescribe buprenorphine for the treatment of opioid addiction. On July 22, 2016, President Obama signed CARA (Comprehensive Addiction and Recovery Act) into law as Public Law 114-198. One of CARA’s important provisions was to expand access to substance use treatment services and overdose reversal medications—

including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying NPs and PAs until Oct. 1, 2021. The bill the governor signed brings state regulations and law into line with these new federal rules.

Nurse Practitioners and Physician Assistants have a growing role as Primary Care Providers, especially in safety-net settings such as the San Francisco Health Network (SFHN) and medically underserved communities throughout the state. NPs and PAs are essential members of the healthcare team in all of our 14 SFHN Primary Care health centers, working alongside physicians and other medical professionals. Many of our NPs and PAs bring expertise in different areas of care for vulnerable populations, and among these is primary care for people living with substance use disorders. It is essential that NPs and PAs have access to all available treatments for opioid dependence and chronic pain, and buprenorphine has emerged as an effective tool for treating both disorders. Several nurse practitioners working in SFDPH have already taken the 24 hours of required training, and notified the secretary of HHS of intent to prescribe buprenorphine. Governor Brown's signing of SB 554 is an important step toward improving access to buprenorphine therapy for all Californians suffering from opioid dependence and chronic pain. This law has potential for expanding access to treatment for opioid use disorder, in particular in remote underserved areas where the only provider might be a nurse practitioner.

SFDPH Continues to Improve Response to Heat-Related Incidents

In response to the record-breaking temperatures in San Francisco over the Labor Day weekend, San Francisco activated its emergency response structure to manage the effects of the heat wave. Public health and safety were the top priorities throughout the weekend.

Years of preparation were put to use and our emergency plans worked as they were intended during this rapidly evolving event. Through coordination at the Emergency Operations Center, which is managed by the Department of Emergency Management, city agencies made additional resources, such as cooling centers and extended pool hours, available to the public over the weekend. Emergency medical professionals in the Emergency Operations Center monitored the situation closely and reacted quickly to a surge in 911 call volume, by taking steps to increase local capacity and initiating a request for mutual aid. Mutual aid plans, a best practice emergency response tool that complements local efforts in times of unusually high demand, were already in place for situations such as this one.

We continue to learn with every emergency activation. With high heat forecast for the Sep 9-10 weekend following the Labor Day heat wave, the Department of Public Health activated its Incident Management Team for intensive planning and collaboration with other city agencies.

With a focus on communication to vulnerable populations and the public, leaders from DPH, the Department of Aging and Adult Services and the Department on Homelessness and Supportive Housing adopted a strategy to inform, instruct and outreach as the conditions dictated. We launched a public messaging effort on Twitter, Facebook and Next Door informing residents and the media of the heat forecast and reminding people to pull shades, drink water and seek air conditioning. Working with DEM and Sunday Streets, these messages were broadcast to thousands of people, and the SF Alert system was put to use on Sunday, when the temperature peaked.

DPH and the Local Emergency Medical Services Agency closely tracked utilization of the city's emergency response system, which was able to meet the demand. The weekend's activation further strengthened the collaboration and protocols between DPH and the other city agencies that provide emergency response and care for vulnerable populations. We are proud of the unified and coordinated efforts during these two weekend heat events and recognize the contributions of 9-1-1 dispatchers, paramedics, EMTs, emergency service coordinators, police officers, firefighters, hospitals, doctors, nurses, public health professionals, the Homeless Outreach Team, librarians and recreation staff. Our businesses, nonprofits and congregations

opened their doors to the community and our residents checked in one another. Our City showed its heart during the heat wave and we are better prepared for the future hot days that we know are coming.

SFHIP shares important Health-related information with Faith-Based Communities

In an effort to better connect with the community, SFHIP has begun to work with over 17 faith-based partners in San Francisco to get important health related information out. Thanks to a Metta Fund Grant, SFHIP has been able to conduct trainings and provide resources and education around Food Insecurity, Heart Health, Children's Oral Health and more. The second Annual Church Enrichment conference was held on Sunday, September 10th, in the Bayview, and members of SFHIP, Public Health and SF Cancer Initiative were on hand to present on Hunger, Heart Health and Cancers that heavily impact the Black/African American community.

Injectable PrEP Study Presented at the International AIDS Society Conference in Paris

Results from a phase 2 injectable PrEP study evaluating long-acting injectable Cabotegravir (CAB LA) as a novel PrEP agent were presented at the 9th IAS Conference on HIV Science in Paris, France in July 2017. This study conducted by the HIV Prevention Trials Network (HPTN 077) enrolled 199 men and women across research sites in the United States, Brazil, Malawi, and South Africa, including a site at Bridge HIV at SFDPH. Participants in the study received either an 800 mg dose of CAB LA every 12 weeks or a 600 mg dose every 8 weeks after a 4-week loading dose. This study found both dosing regimens to be safe and well-tolerated, and the 600 mg dose every 8 weeks consistently showed appropriate drug levels in both men and women. This latter dosing schedule is currently being tested in HPTN 083, a large phase 3 study evaluating the safety and efficacy of CAB LA for HIV prevention when compared to daily oral Truvada®, the only form of PrEP currently approved by the US Food and Drug Administration. Bridge HIV is currently enrolling men who have sex with men and transgender women at risk for HIV acquisition into HPTN 083 at two sites in San Francisco (Bridge HIV) and the East Bay (EBAC). More information about this study can be found at www.giveprephashot.org.

SFDPH Launches Transgender PrEP Study

Bridge HIV and the Center for Public Health Research have launched the Stay Study, one of the first demonstration projects to increase access to PrEP in the transgender and gender non-conforming community. PrEP is a daily pill for HIV prevention that has been shown to be safe and highly effective, however PrEP awareness and use has remained low in the transgender and gender non-conforming community. The study will enroll approximately 200 transgender and gender-nonconforming individuals and provide a year of free Truvada®. PrEP delivery will be integrated into transgender care programs at our four collaborating community clinics – Tom Waddell Urban Health Center, Castro Mission Health Center, Asian and Pacific Islander Wellness Center, and Tri City Health Center – each with longstanding expertise providing transgender care. Visit <http://www.staystudy.org> for more information.

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

September 2017

Governing Body Report - Credentialing Summary
(9/21/17 MEC)

	9/2017	07/2017 to 07/2018
<i>New Appointments</i>	19	112
Reinstatements		
<i>Reappointments</i>	38	174
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	14	77
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	6	26
Additions	9	42
Proctorship Completed	27	73

<i>Current Statistics – as of 8/31/17</i>		
Active Staff	574	
<i>Courtesy Staff</i>	501	
Affiliated Professionals (non-physicians)	263	
TOTAL MEMBERS	1,338	

<i>Applications in Process</i>	69
Applications Withdrawn Month of September 2017	0
SFGH Reappointments in Process 10/2017 to 12/2017	130

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

September 2017

Health Commission - Director of Health Report
(September 7, 2017 Medical Exec Committee)

	September	(FY 2017-2018) Year-to-Date
<i>New Appointments</i>	3	7
Reinstatements	0	0
<i>Reappointments</i>	6	17
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	2	4
<i>Disciplinary Actions</i>	0	0
<i>Administrative Suspension</i>	2	3
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

Current Statistics – as of 9/01/2017		
Active Medical Staff	36	
As-Needed Medical Staff	9	
<i>External Consultant Medical Staff</i>	44	
<i>Courtesy Medical Staff</i>	2	
<i>Allied Health Professionals</i>	15	
TOTAL MEMBERS	106	

Applications in Process	5
Applications Withdrawn this month	0

Colleen Chawla, Deputy Director and Director of Policy and Planning, gave a verbal update on the most recent efforts by the U.S. Senate to repeal and replace the Affordable Care Act.

Cora Hoover MD, Director of Communicable Disease Control and Prevention, stated that there has been an outbreak of Hepatitis A in San Diego, Los Angeles, and Santa Cruz. The SFDPH will activate its Department Operations Center to coordinate efforts to immunize individuals who are homeless, MSM, or other populations at risk.

Commissioner Comments:

Commissioner Pating asked for more information regarding the transmission of Hepatitis A. Dr. Hoover stated that Hepatitis A is primarily a gastrointestinal infection that is spread by close personal contact.

Commissioner Pating asked if additional public toilets and personal wipes could be helpful. Dr. Hoover stated that these measures are being implemented in San Diego as prevention efforts. Director Garcia stated that medical outreach is being conducted at homeless encampments to assess, encourage immunizations, or provide treatment.

Commissioner Chow asked if the impacted populations in other cities is limited to homeless populations. Dr. Hoover stated that the SFDPH will be following long-standing Hepatitis A vaccination guidelines to focus on travelers, MSM, IDU, other substance users, and homeless populations.

4) GENERAL PUBLIC COMMENT

Gioconda Molinari, attorney and sister to a participant in the Presentation Adult Day Health Center, stated that the public health nurse, who has worked at the Center for over 14 years, is being transferred and the participants are very upset. She also stated that her understanding is that Director Garcia ordered the transfer. The participants and their caregivers feel strongly that the transfer will be detrimental to the care and wellbeing of the residents. She asked that the Health Commission stop this transfer.

Commissioner Comments:

Commissioner Chow asked Director Garcia to provide clarification to him regarding this issue.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Chair, stated that the Committee heard a report on the SFDPH TB clinic, which is moving its data system to the PHNIX database at the end of 2017. The clinic is also expanding targeted testing for TB in at-risk populations; increasing usage of a shorter-term TB treatment; engaging affected communities and medical providers; and planning to move the clinic so that the building can be retrofitted. He noted that staff has used Lean to help with planning these processes.

Commissioner Pating also stated that the Committee heard an update on the SFDPH Behavioral Health Services from Kavooos GhaneBassiri, Director. He noted that the current trend is to transition patients from inpatient to outpatient when appropriate. He noted that the San Francisco Health Network referral data indicates that its wait time for appointments is lower than the state average. Other quality data shows that there has been a decrease in recidivism rates for inpatient mental health participants.

Commissioner Comments:

Commissioner Chow asked if direct observation of medication adherence is still in practice. Tomas Aragon MD, SFDPH Health Officer, stated that an electronic App is now used to make it more efficient than direct-observed therapy.

Commissioner Chow asked how various immigrant populations have acclimated to the App process. Dr. Aragon stated that he will report back to the Health Commission through Mr. Morewitz.

6) 2016 PUBLIC HEALTH AND SAFETY BOND

Mark Primeau, SFDPH Capital Projects, presented the item.

Director Garcia stated that change orders can lead to going over a construction budget. Therefore the SFDPH has developed a process to ensure change order requests are vetted appropriately before being approved.

Commissioner Comments:

Commissioner Chow commended Director Garcia and the SFDPH for developing the approval process in an effort to keep the construction costs down. He added that he looks forward to future updates.

7) UCSF RESEARCH BUILDING UPDATE

Paul Jenny, UCSF Senior Vice Chancellor, presented the update.

Commissioner Comments:

Commissioner Chow asked if the UCSF Research Building timeline is in sync with the Public Bond ZSFG campus construction timeline. Mr. Primeau stated that construction on building 5 is planned so the sides facing the UCSF Research construction site will be completed first in order to prevent any delay on the UCSF project.

Commissioner Chow asked Mr. Jenny to return quarterly to the Health Commission to give an update on the progress of this project. Mr. Jenny agreed to make quarterly updates to the Health Commission.

8) HIV EPIDEMIOLOGY ANNUAL REPORT 2016

Susan Scheer PHD MPH, Director HIV Epidemiology Section, and Tracey Packer MPH, Director Community Health Equity and Promotion, presented the report.

Public Comment:

Joe Hollendoner, San Francisco AIDS Foundation CEO, thanked the SFDPH for their leadership in HIV issues within San Francisco. He added special thanks to Barbara Garcia and other leaders of the Getting to Zero Initiative. GTZ leaders dedicated and especially Barbara Garcia. He added that the San Francisco AIDS Foundation has recently received funds to work with African Americans and other vulnerable populations. He also added that he hopes the agency's 6th street site will be considered for the site of a safe injection pilot project.

Commissioner Comments:

Commissioner Bernal thanked Dr. Scheer and Ms. Packer for their presentations and impactful work. He asked for clarification of how it is determined that 93% of people living with HIV in San Francisco are aware of their HIV status. Dr. Scheer stated that data from the HIV Behavioral Surveillance Survey is used for this measure.

Commissioner Bernal stated that he is concerned about the rate of viral suppression in the homeless population. Dr. Scheer stated that the LINC program which utilizes navigators has shown to be effective with this population. Ms. Packer added that there are also efforts to obtain lockers to enable individuals who are homeless to safely store their belongings so they can attend medical appointments.

Commissioner Karshmer suggested that the Getting to Zero model could be a useful paradigm to use for other collective impact projects. Ms. Packer stated that the Getting to Zero model has been adapted by the Hepatitis C initiative.

Commissioner Loyce stated that it is important to acknowledge the importance of data collection in the spectrum of activities to address HIV. He added that he is pleased and distressed about the data regarding People of Color. The rates of viral suppression are increasing but there remains disparities. He suggested that

the Trauma Informed paradigm be used with these populations because of the level of trauma experienced within these communities.

Commissioner Chow offered congratulations to the SFDPH and Getting To Zero leadership. He added that he is concerned about the data on Asian populations because it is not showing a reduction in new HIV infections. In addition the data on this population also shows late diagnoses in this population. Dr. Scheer stated that within smaller populations, it is often difficult to understand trends unless long-term data are considered. She noted that the Getting To Zero Initiative is continues to develop strategies to address unchanging rates in the Asian, substance using, and female populations.

Commissioner Chow asked for more information on how the SFDPH and Getting To Zero Initiative are working with the Asian/Pacific Islander populations to better understand the lack of success with existing strategies. Ms. Packer stated that both the SFDPH and Getting To Zero Initiative continue to work with Asian Pacific Islander Wellness Center. She added that the SFDPH and Getting To Zero Initiative are encouraging HIV to be included in routine tests to reduce the stigma associated with the test. In addition, they are also encouraging the use of PrEP ambassadors in difficult-to-reach communities to encourage change of social norms. She added that there are also plans for increasing school outreach.

Commissioner Chow asked for more information regarding efforts to reduce HIV rates in the Latino populations. Ms. Packer stated that efforts include encouraging routine HIV testing and increasing outreach and education efforts in schools.

Commissioner Chow noted that HIV rates may be decreasing but STD rates are increasing. He asked what efforts within the SFDPH are being undertaken to address these disparities. Dr. Scheer stated that HIV Surveillance data is shared with SFDPH STD staff in an effort to better understand the overlapping issues. Commissioner Chow encouraged prevention messages that address both HIV and STD.

Director Garcia acknowledged the groundbreaking work both Dr. Scheer and Ms. Packer have doing in HIV prevention and surveillance for decades.

9) OTHER BUSINESS:

This item was not discussed.

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that at the September 12, 2017 meeting, the Committee heard presentations on Laguna Honda Hospital Lean Transformation Update on Room Readiness; Strategic Goal Updates on Communications and Centers of Excellence. The Committee also discussed the Administrator's Report and approved policies and procedures in the open session. In closed session, the Committee approved the Credentials Report.

11) COMMITTEE AGENDA SETTING

Mr. Morewitz reminded the Commissioners that the joint meeting with the Planning Commission to discuss the CPMC Development Agreement Annual Report is on September 28, 2017. The meeting will take place in room 400 at City Hall.

12) 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) and to invoke the attorney-client privilege (San Francisco Administrative Code Section

67.10(d)

C) 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 lawsuits in which a proposed settlement is being consider 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 these matters would likely and unavoidably prejudice the position of the City in the pending lawsuits listed below.

1. Settlement of Existing Litigation as Defendant: AT&T Corp., \$498,000.00: Additional terms of the settlement are that the City reserves all rights to pursue claims against AT&T for, and AT&T shall retain responsibility for, latent defects; all extant express and implied warranties under the contract shall remain in full force and effect.

AT&T Corp. v. City of San Francisco, Department of Public Health, San Francisco Superior Court, Case No. CGC-16-555047

- D) Closed Session pursuant to Cal. Government Code Sec. 54957(b) and S.F. Adm. Code Sec. 67.10(b):

- E) 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)

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

13) ADJOURNMENT

The meeting was adjourned at 6:12pm.