Background

• Health Commission held several Proposition Q hearings on hospital skilled nursing facility (SNF) closures
  • 2014: CPMC California - 101 licensed SNF beds
  • 2015: St. Mary’s - 32 licensed SNF beds
  • 2017: CPMC St. Luke’s – 79 licensed SNF beds
    • 40/79 beds were designated for subacute care

• CPMC is planning to transfer 17 subacute patients from St. Luke’s to Davies Campus
Overview

• Optimally, post-acute care is provided in home- and community-based settings whenever possible.
  • National, state, and local policies recognize the importance of aging in place to maximize independence and provide care in the least restrictive setting.
  • The vast majority of patients are discharged home after a hospital stay.

• Some patients who cannot be safely discharged home rely on skilled nursing facilities (SNFs) to receive post-acute care.
Levels of Care

**Subacute patients are medically fragile and require more intensive care**

<table>
<thead>
<tr>
<th>RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)</th>
<th>SKILLED NURSING FACILITY (SNF)</th>
<th>SUBACUTE*</th>
<th>TYPES OF SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>24/7 supervision</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Physical therapy, occupational therapy, speech therapy</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Wound care, intravenous therapy, injections, monitoring of vital signs</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Assistance with bathing, eating, dressing, feeding, transferring, toilet hygiene</td>
</tr>
<tr>
<td>✗</td>
<td>✔</td>
<td>✔</td>
<td>Ventilator care, complex wound management, intravenous tube feeding</td>
</tr>
</tbody>
</table>

*Subacute* refers to patients who require a level of care that is more intensive than what is provided in a residential care facility but less intensive than what is provided in a skilled nursing facility.
Several factors influence the post-acute care landscape

- Federal and state policy and regulations (i.e. Centers for Medicaid and Medicare Services, California Department of Health Care Services, California Department of Public Health)
- Health payers/health plans (i.e. Medicare, Medi-Cal, private insurance)
- Health systems (i.e. hospital discharges, provider networks)

Over the past several decades aging has moved away from institutional care with an increased emphasis on aging in place

- Individual preference
Post-Acute Care Trends

Given changing demographics, health care financing trends, and high cost of doing business, San Francisco faces several challenges

- Growing vulnerable populations
- Declining supply
- Limited options for low-middle income residents who need long-term care and/or who have behavioral health challenges
Draft Strategies to Address Post-Acute Care

While SNFs are an important health care resource for our community, San Francisco needs a multi-partner and multi-pronged approach to address the need for post-acute care that:

• Prioritizes home-and community-based care
• Supports access to beds in skilled nursing facilities and residential care facilities
1) Support Aging-in-Place

Prioritize Aging in Place to Maximize Independence and Support Care in the Least Restrictive Setting

a. Support San Francisco programs and services that support home care and dementia care
b. Improve access to Medi-Cal’s Home and Community Based Alternatives Wavier in San Francisco
c. Increase access to supported living alternatives in San Francisco for low-income patients with cognitive impairment or behavioral challenges (Post-Acute Care Collaborative)
2) Improve Discharge Planning

Improve Acute Care Hospital Discharge Planning to Support Patient Placement in the Right Levels of Care at the Right Time

a. Support a citywide assessment tool to capture standardized data across hospitals (Post-Acute Care Collaborative)

b. Support development of a citywide roving placement team to assess patients with cognitive impairment and behavioral health challenges (Post-Acute Care Collaborative)
3) Incentivize Facility Development

Incentivize Residential Care Facilities for the Elderly and Skilled Nursing Facility Providers to Preserve and Create Beds

a. Collaborate with Office of Economic Workforce and Development to explore local incentives for facilities
b. Reduce zoning barriers to encourage new skilled nursing facilities
c. Create a notification process for Skilled Nursing Facilities and Residential Care Facilities for the Elderly that are closing
d. Incorporate RCFEs into the City’s housing strategies
e. Participate in Supervisor Yee’s RCFE Workgroup
4) Explore Unused Space

Explore Unused Health Care Facility Space that May Provide Opportunities for New Residential Care Facilities and Skilled Nursing Facilities

a. Collaborate with St. Mary’s Medical Center to discuss possibility of developing a skilled nursing and subacute unit
b. Collaborate with Chinese Hospital to assist in bringing 23 bed SNF online
c. Explore the expansion of DPH’s Behavioral Health Center RCFE
d. Explore development of post-acute and senior living housing and support services on the Jewish Home campus
Next Steps

- Continued conversations with Kentfield and St. Mary’s Medical Center
- Continued conversations with Chinese Hospital
- Supervisor Yee’s RCFE Workgroup