

**Edward A. Chow, M.D.**  
President

**James Loyce, Jr., M.S.**  
Vice President

**Dan Bernal**  
Commissioner

**Cecilia Chung**  
Commissioner

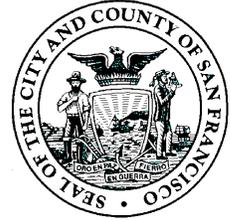
**Laurie Green, M.D.**  
Commissioner

**Tessie M. Guillermo**  
Commissioner

**David.J. Sanchez, Jr., Ph.D.**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**London N. Breed Mayor  
Department of Public Health**



**Barbara A. Garcia, M.P.A.**  
Director of Health

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**MINUTES  
HEALTH COMMISSION MEETING  
Tuesday July 17, 2018, 2:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow M.D., President  
Commissioner Dan Bernal  
Commissioner Cecilia Chung  
Commissioner Laurie Green, MD  
Commissioner Tessie Guillermo  
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner James Loyce, Jr., M.S.

The meeting was called to order at 2:07pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 19, 2018**

Action Taken: The Health Commission unanimously approved the minutes.

**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>

## Epic project moves into Adoption and Build phase



DPH’s Epic implementation is now in Phase 2: Adoption and Build. During this six-month long stage, our IT team uses information gathered at the spring Direction Setting sessions to build our new Electronic Health Record (EHR). While Epic is being built, the staff Subject Matter Experts (SMEs) will attend Adoption Sessions to review build progress and help the project team address any outstanding workflow challenges.

This month, champions are gathering into teams called Domain Groups, which represent key clinical and operational areas throughout the organization such as Inpatient, Pharmacy, Ambulatory, and many more. These groups will meet regularly over the next year to ensure that we engage clinician and staff perspectives when adopting Epic. They will be instrumental in the development of curriculum for training approximately 9,200 DPH employees to use Epic, and their work will ensure readiness for the significant amount of change involved in this initiative.

The Aug. 3, 2019 “go live” will include ZSFG, the Behavioral Health Center, Laguna Honda, and Primary Care. The remainder of our network will go live in subsequent waves. The Epic project continues to be on time and within budget. Our goal is to accomplish the electronic health record transformation in a way that is beneficial to our patients and our staff, while at the same time keeping existing operations running smoothly.

## DPH Researchers Make Progress on HIV Vaccine

The Bridge HIV section within the Population Health Division is devoted to HIV prevention research, and has been conducting preventive HIV vaccine trials since the late 1990’s. Currently, six HIV vaccine trials are underway in the unit, including many different types of vaccines. They span the clinical trials spectrum from “first in human” safety trials (vaccines that have been extensively tested in animals but are just being moved to human studies), all the way through an efficacy trial of a vaccine (conducted in several thousand participants globally to see if it can protect against HIV acquisition).

A paper published this month in the journal *Lancet* featured a new approach to building a global vaccine that is now being tested in southern Africa, with Dr. Susan Buchbinder, Director of Bridge HIV, co-chairing the trial. The potential new vaccine consists of two components, each of which contains “mosaic inserts” or pieces of synthetic HIV that mimic types of HIV seen in different parts of the world. The vaccine has been shown to provide monkeys with 94 percent protection against infection with a hybrid of a monkey and human HIV. It is now being tested in a large efficacy study of women in South Africa, Zimbabwe, Zambia, Malawi, and Mozambique, which should yield results by 2021. Plans are underway to test this vaccine globally in men and transgender women and men who have sex with men. This is just one of several approaches to building an HIV vaccine that could halt the spread of HIV around the world.

## **SFHN Primary Care Presents on Hypertension Equity at National Conference**

Representatives from the San Francisco Health Network (SFHN) Primary Care presented at [America's Essential Hospitals](#) annual VITAL Conference in June of 2018. Leaders from SFHN's Hypertension Equity team, Sarah Cox, LaKisha Garduño, and Rita Nguyen (representing work in partnership with team members Ellen Chen, Jacque McCright, Kim Tucker, and Helen Gambrah) hosted a 60-minute critical conversation on Primary Care's multidisciplinary efforts to address disparities in hypertension control. The presentation was held in partnership with *Navicent Health*, a hospital system located in Macon, Georgia, and highlighted innovative approaches to equity initiatives in both systems. The SFHN Hypertension Equity team discussed structural frameworks and interdivisional partnerships that drive and support equity work on a system-wide level. The team additionally shared best practices, challenges, and outcomes of various interventions including messaging equity as a priority, prioritized outreach to Black/African-American patients, Registered Nurse/Pharmacist chronic care visits, Food Pharmacies, and patient self-management through home blood pressure monitoring.

## **Commuters Part of the Solution at ZSFG: Staff Reduced Drive Alone rate by 4 percent**

The ZSFG Transportation Demand Management (TDM) program conducted a 2017 employee travel survey at ZSFG and analysis of the results shows that ZSFG made a 4 percent reduction in driving alone (to 49 percent), a substantial step towards their goal. One of the program's goals is to reduce drive alone rates from a 2016 baseline of 53 percent to a stretch goal of 30 percent in 10 years.

TDM has been created to meet the transportation planning and management needs of staff, patients, and visitors. Other program goals include creating tools in the use of sustainable forms of transportation, collaborating with organizational and governmental partners to improve transportation services, minimizing the negative health impacts of auto emissions, and promoting affordable, effective sustainable transportation for the ZSFG community and commuters.

Thank you to all those who participated in the survey and to the many people who continue to choose sustainable ways to commute.

An annual report on program activity and survey results is available online (bottom of webpage): <http://zuckerbergsanfranciscogeneral.org/employee-transportation/>. The 2017 report includes the first complete year for baseline TDM program metrics. The results are key to helping SFDPH and SFMTA meet the reduction targets and determine whether additional action is needed.

## **ZSFG Pediatric Asthma Clinic Wins National Award**

As part of Asthma Awareness Month, the Zuckerberg San Francisco General Hospital Pediatric Asthma and Allergy Clinic (ZSFG PAAC) was recognized as one of two outstanding programs with the National Environmental Leadership Award in Asthma Management by the U.S. Environmental Protection Agency (EPA). Asthma is a serious respiratory disease that affects the quality of life of more than 23 million Americans and their families. An enormous challenge for the medical and public health communities alike, asthma creates a substantial impact on the economy in terms of both direct medical costs and lost productivity.

The ZSFG PAAC is a comprehensive asthma management program built upon a medical-social model of subspecialty care. At the heart of the program is the community health worker (CHW) who acts as a powerful patient advocate and a liaison between the community and the clinic. The patient population PAAC serves is approximately 62 percent Latino, 18 percent African-American and 12 percent Asian. During home visits, culturally-sensitive CHWs address common environmental asthma triggers. PAAC also works with schools and daycare centers to reduce indoor triggers and improve communication between families and schools regarding

asthma treatment plans. PAAC's efforts have paid off, yielding a 40 percent reduction in asthma hospitalizations in a review of data from 2015-2016.

By helping their communities identify and reduce asthma triggers in children's environments. ZSFG PAAC fostered high-performing partnerships that have improved the daily lives of those with asthma and their families.

### **DPH in the News (Jun 15-July 13)**

SF Gate, Jul 7 2018, Tuolumne County health officials to decide when SF Yosemite camp can reopen  
<https://www.sfgate.com/bayarea/article/Tuolumne-County-Yosemite-Mather-Family-Camp-13056754.php>

Mission Local, Jul 6 2018, Cha Cha Cha reopens after cockroach infestation spurs four-day shutdown  
<https://missionlocal.org/2018/07/cha-cha-cha-reopens-after-roach-infestation-spurs-four-day-shutdown/>

SF Bay Area Independent Media Center, Jul 6 2018, Trump's Navy does damage control for Pelosi, Feinstein, Harris and Lennar in SF  
<https://www.indybay.org/newsitems/2018/07/06/18816362.php>

SF Examiner, Jul 5 2018, Report finds SF slow to hire crisis workers to help police de-escalate situations  
<http://www.sfexaminer.com/report-finds-sf-slow-hire-crisis-workers-help-police-de-escalate-situations/>

Medical Brief, Jul 4 2018, Most physicians willing to prescribe PrEP to teens  
<http://www.sfexaminer.com/report-finds-sf-slow-hire-crisis-workers-help-police-de-escalate-situations/>

CBS SF, Jul 2, 2018, Hunters Point residents, Lawyer Storm Tetra Tech offices as plaintiff numbers grow  
<https://sanfrancisco.cbslocal.com/2018/07/02/hunters-point-residents-lawyer-storm-tetra-tech-offices-as-plaintiff-pool-grows-to-40000/>

SF AIDS Foundation, Jul 2 2018, Getting syringes off San Francisco streets  
<http://sfaf.org/hiv-info/hot-topics/from-the-experts/getting-syringes-off-san-francisco-streets.html>

California Health Report, Jun 28 2018, SF takes treatment for opioid use disorder to the streets  
<http://www.calhealthreport.org/2018/06/28/san-francisco-takes-treatment-opioid-use-disorder-streets/>

Healio, Jun 27 2018, National HIV testing day: high-risk patients not screened frequently enough  
<https://www.healio.com/infectious-disease/hiv-aids/news/online/%7B1dd778ec-dabe-4f9f-8301-879de1e5a09d%7D/national-hiv-testing-day-high-risk-patients-not-screened-frequently-enough>

NBC News, Jun 26 2018, Most doctors would give HIV prevention drugs to teens  
<https://www.nbcnews.com/feature/nbc-out/most-doctors-would-give-hiv-prevention-drugs-teens-n886596>

Curbed SF, Jun 22 2018, Praised plan to test Hunters Point shipyard housing could miss radioactivity  
<https://sf.curbed.com/2018/6/22/17493186/hunters-point-shipyard-radioactivity-testing-pelosi-toxic-cleanup>

Bay City News, Jun 21 2018, City to help BART Civic Center station safe, clean  
<https://patch.com/california/san-francisco/city-help-keep-bart-civic-center-station-safe-clean>

UCSF, Jun 21 2018, Opioid crisis: this doctor's street-level views could change the course of the epidemic  
<https://www.universityofcalifornia.edu/news/opioid-crisis-doctor-s-street-level-views-could-change-course-epidemic>

SF Gate, Jun 20 2018, Mayor, Police Chief pledge to help Bart keep Civic Center station safe  
<https://www.sfgate.com/news/bayarea/article/Mayor-Police-Chief-Pledge-To-Help-Bart-Keep-13012682.php>

SF Examiner, Jun 20 2018, Civic Center Bart station to get major clean up, new services  
<http://www.sfexaminer.com/civic-center-bart-station-get-major-cleanup-new-services/>

SF Bay, Jun 20 2018, BART police, SFPD team up for safer Civic Center station  
<https://sfbay.ca/2018/06/20/bart-police-sfpd-team-up-for-a-safer-civic-center-station/>

SF Examiner, Jun 16 2018, Housing development former Hunters Point Shipyard tested contamination  
<http://www.sfexaminer.com/housing-development-former-hunters-point-shipyard-tested-contamination/>

Dr. Tomas Aragon, SFDPH Health Officer and Director of the Population Health Division, gave an update on the presumed viral gastroenteritis at Camp Mather in Tuolumne County, California. Director Garcia noted that the Camp is the property of the City and County of San Francisco.

Winona Mindolovich, Acting CIO, presented an update on the DPH electronic medical record (EHR) implementation timeline.

Commissioner Comments:

Regarding the outbreak, Commissioner Green asked what set of uniform precautions were used. Dr. Aragon stated that hand sanitizers do not work with the Norovirus; hand washing with soap is effective. He noted that the severe symptoms only last 24-48 hours.

Regarding the EHR implementation timeline, Commissioner Guillermo asked for an estimate of the “green” items on the EHR implementation dashboard. Ms. Mindolovich stated that most of the EHR implementation items are green. The only possible yellow item relates to contract negotiations. She noted that staff are working to mitigate any delays and the negotiations should not impact overall cost of the project.

Commissioner Guillermo asked for more information regarding how the implementation process will address third-party cybersecurity contracts. She noted that data breaches often occur through third party contractors. Ms. Mindolovich thanked Commissioner Guillermo for the information and stated that the DPH intends to hire a leader in cybersecurity.

Commissioner Green asked for more information regarding the design of the EHR in regard to workflow for the diverse sections that make up the SFDPH. Ms. Mindolovich stated that in August, the SFDPH IT staff will begin to meet with subject-matter experts as part of the EHR development process.

Commissioner Bernal asked for more information regarding a workflow gap that could emerge from the EHR design process. Ms. Mindolovich stated that as existing processes in different SFDPH Sections are streamlined or changed into a new process, there may be new issues that arise.

Commissioner Chow thanked Ms. Mindolovich for the update.

**4) GENERAL PUBLIC COMMENT**

Evan McLaughlin IFPTE Local 21, stated that the SFDPH Central Administration IT Procurement Unit is understaffed. He noted that since the FSP system implementation, this team’s workload has substantially increased. However, the team’s staff has been reduced. A similar team at ZSFG was increased in size to manage the increase in workload. He added that there has been an increase in sick leave, stress, human error,

and physical injury. He also stated that the unit's employees have been brought to the attention of management.

Commissioner Chow requested an update on this issue to the Health Commission when the SFDPH has information to share.

**5) VOTE TO HOLD A SEPTEMBER 6, 2018 JOINT MEETING WITH THE PLANNING COMMISSION TO DISCUSS THE 2017 CPMC ANNUAL COMPLIANCE STATEMENT.**

Edward A. Chow, MD, Health Commission President, stated that the revised Health Commission Rules and Regulations require the Commission to vote to schedule special meetings. The Health Commission will join the Planning Commission on September 6, 2018 to discuss the CPMC Annual Compliance statement.

Action Taken: The Health Commission unanimously approved the September 6, 2018 meeting at City Hall, room 400, from 10am to noon.

**6) HEALTH CARE ACCOUNTABILITY ORDINANCE REVISIONS**

Patrick Chang, Senior Health Program Planner, presented the item.

Public Comment:

Greg Brown, International Association of Machinists District 141, thanked Patrick Chang for an excellent job coordinating the workgroup. He stated that the union is most concerned about affordability of health insurance costs. He noted that the \$45 copay for each medical visit is expensive for some workers who earn \$12 an hour. He used the example of allergy treatments, which require multiple visits per week for many weeks which can be cost-prohibitive for many workers. Many people choose to go to free clinics or ZSFG because of these types of costs. He also stated his concern that many people remain underinsured.

Debbi Lerman, San Francisco Human Services Network, thanked Mr. Chang and all the participants of the workgroup. She stated that it is not possible to mandate that employers buy gold plans because many cannot afford them; therefore it is a balance between affordability and availability of plans. She added that any healthcare given to City contractors must be given to all workers.

Karl Kramer, San Francisco Living Wage Coalition, stated that "Labor" is concerned that the \$45 copay cost will deter low-income workers from participating in preventative care and check-ups. He noted that the current average copay in California for a physician visit is \$25. He hopes there are future efforts to reduce copays for low wage workers. He also stated that the ordinance has language which instructs the City to include the costs of contractors' insurance in vendor contracts. The San Francisco

Living Wage Coalition made a public records request to the SFDPH for written confirmation that this has been the practice in vendor contracts; however, this information has not been relayed by the SFDPH.

Commissioner Comments:

Commissioner Green asked how dependent coverage fits in to the Ordinance. Mr. Chang stated that the HCAO only governs individual coverage for the employee; dependent coverage is outside the scope of the minimum standards.

Commissioner Green asked if dependent coverage is offered under the silver and gold plans. Mr. Chang stated that this coverage is not mandated; it is the employers' choice whether to include this type of coverage.

Commissioner Chow noted that 27 employers pay \$1.4M in fees which benefits hundreds of employees. He noted these fees are paid by some of the employers because they have part-time and/or seasonal employees and the fee structure makes sense with their business model.

Action Taken: The Health Commission unanimously approved the Health Care Accountability Ordinance Revisions.

**7) SFDPH BEHAVIORAL HEALTH SERVICES REVIEW OF BOARD OF SUPERVISORS AUDIT**

Kavoos Ghane Bassiri, Director Behavioral Health Services, presented the item.

Commissioner Comments:

Commissioner Chow asked for more information regarding DPH efforts to ensure individuals are in the most appropriate level of care. Mr. Ghane Bassiri stated that data is used to assess an individual's appropriate level of care. He noted those intensive case management service clients who have participating in services for over five years and are receiving office-based services, are assessed for transition to lower-level of services.

Commissioner Chow asked for clarification of metrics to show progress during the next year. Mr. Ghane Bassiri stated that individual performance measures and hospital recidivism data is used to measure progress. He added that a consultant has been hired to help review intensive case management cases in regard to transitioning individuals to lower level of care.

Commissioner Chow asked for more information regarding the lower score given to City Clinic. Mr. Ghane Bassiri stated that the DPH is monitoring the civil service clinics by the same standards as the community based clinics. He noted that expectations of civil service clinics differ because they are expected to assist with emergency responses (e.g. mental health assistance with northern fires) and the staffing pattern differs from a community based clinic.

Commissioner Chow asked how the electronic health record (EHR) will impact the DPH Behavioral Health Services. Mr. Ghane Bassiri stated that ZSFG Psychiatric Emergency Services, ZSFG Psychiatric In-Patient, Laguna Honda Hospital Behavioral Health Services, and the MERC unit will be tracked in the EHR. He noted that outpatient behavioral health services will be included in the third DPH EHR implementation phase.

Commissioner Bernal asked for more information regarding the audit finds for documentation issues at the civic service clinics. Mr. Ghane Bassiri stated that the audit included older civil service clinic data, In the last year, there have been improvements made to documentation practices and systems in these clinics.

Commissioner Bernal asked for more information regarding the audit recommendations calling for an increase in intensive case management services. Mr. Ghane Bassiri stated that the process to review the current intensive case management caseload will help open up spaces in the program. After this process, a needs and cost assessment can be conducted for additional services.

Commissioner Chung asked for more information regarding innovations in peer-based services. Mr. Ghane Bassiri stated that the MHSA grant supports peer services, some of which can produce billable work. He added that the goal is to conduct a thorough assessment regarding the scope of services that can be effectively provided by peers.

Commissioner Chung asked if all Behavioral Health Services include peer services. Mr. Ghane Bassiri stated that all SFDPH Behavioral Health Service clients have access to peer services. It is a goal for SFDPH to have peer-base services embedded throughout its service system.

Commissioner Chung asked if there is data indicating that peer services are beneficial to clients. Mr. Ghane Bassiri stated that the MHSA peer programs are measured by contract objectives; for other programs, individual client improvement is the metric.

Commissioner Green asked if outcome measures will be standardized across civil service and community base clinics. Mr. Ghane Bassiri stated that currently outcome objectives are standardized across civil service and community based clinics. He added that the SFDPH is working towards additional recovery-oriented outcome measures. The goal is to reduce hospital recidivism.

Director Garcia thanked Mr. Ghane Bassiri for his effective work.

Commissioner Sanchez thanked Director Garcia for her leadership and Mr. Ghane Bassiri for his impactful work.

**8) PROPOSITION Q HEARING: CPMC LICENSE CHANGE OF THE ALZHEIMER'S DAY PROGRAM FROM CPMC AND INSTITUTE ON AGING (IOA), TO BE INDEPENDENTLY LICENSED BY IOA. THE NEW LOCATION OF THE PROGRAM IS TO BE DETERMINED.**

Sneha Patil, SFDPH Office of Policy and Planning; Warren Browner MD, CPMC Chief Executive Officer, Tom Briody, IOA President and CEO, presented the item.

Mr. Morewitz stated that the Health Commission will vote on items 8, 9, and 10 at its August 21, 2018 meeting.

Tom Briody, Institute on Aging (IOA) President/CEO, stated that IOS is interested in continuing the program and has found a site in the Presidio and is working with a donor to possibly fund one half of the \$450,000 annual rent for twenty years. The new facility would enable IOA to serve double the amount of clients. He noted that IOA should know about the funding by the end of August.

Public Comment:

Kim Tavaglione, National Union of Healthcare Workers, stated that it is an injustice that CPMC continue to close programs that impact seniors, which is the largest growing demographic in San Francisco. She noted that non-profits are suffering in this economy and cannot make up for the loss of these services. CPMC has had several Prop. Q hearings in the past few years. She also stated that CPMC continues to make tons of money.

Teresa Palmer, San Francisco physician, stated that the closure of Swindell's day program is detrimental. She added that CPMC made the decision to close the program purely to save revenue although people rely on these services. She also stated that this closure, along with recent closures of the SNF and sub-acute unit, is unacceptable.

Michael Lyon, San Franciscans for Healthcare, Housing, Jobs, and Justice, stated that CPMC is shirking its responsibilities and making millions on these types of closures. He added that it is the responsibility of the Health Commission and Board of Supervisors to stop these closures.

Commissioner Comments:

Commissioner Bernal asked if the potential move to the Presidio will pose any transportation challenges for clients. Mr. Briody stated that the program provides transportation for all clients.

Commissioner Sanchez asked why senior projects are not being considered around the St. Luke's Hospital campus. Mr. Briody stated that the current client population for the program is located close to the CPMC California campus and does not include people who live near St. Luke's Hospital. He noted that IOA is exploring opening similar day programs in other areas of San Francisco so there will be a citywide-approach to serving this population.

Commissioner Green asked if CPMC employees will be transferred to the new IOA site. Mr. Briody stated that all current employees are IOA staff; CPMC only provided the space for the program.

Director Garcia asked if IOA has plans for an operating budget. Mr. Briody stated that multiple donors are being approached to assist in this process.

**9) PROPOSITION Q HEARING: CLOSURE OF CPMC'S ALZHEIMER'S RESIDENTIAL CARE FACILITY.**

Sneha Patil, SFDPH Office of Policy and Planning and Warren Browner MD, CPMC Chief Executive Officer, presented the item.

Warren Browner, CEO CPMC, stated that patients in this program have all been transitioned to the Elder Care Alliance AlmaVia, hospice, or other programs. CPMC offered a grant to help AlmaVia to renovate in preparation for the new patients.

Public Comment:

Kim Tavaglione, National Union of Healthcare Workers, stated that her union represents members who work in this unit. Not all employees have been offered comparable positions; some have reduced schedules. She added that the loss of beds is detrimental to this community.

Commissioner Comments:

Commissioner Guillermo asked for information regarding the remaining patients who were not transferred to AlmaVia or hospice. Dr. Browner stated that due to patient confidentiality he will not discuss the details of the remaining one patient that was not transferred to AlmaVia or hospice.

Commissioner Guillermo asked for more information regarding the impact on staff of the residential program. Dr. Browner stated that staff are still moving and cleaning the facility. He added that CPMC intends to place the staff in equitable positions.

Commissioner Chung asked for other anticipated CPMC service changes. Dr. Browner stated that there will be a cognitive impairment and dementia unit. At the Mission/Bernal campus, there will be an ACE unit specially designed to care for older patients; there will also be special geriatric beds in the emergency room.

**10) PROPOSITION Q HEARING: CPMC CHANGE OF MANAGEMENT OF THE FOLLOWING OUTPATIENT DEPARTMENTS FROM CPMC TO THE SUTTER PACIFIC MEDICAL FOUNDATION:**

**ST. LUKE'S CAMPUS**  
**BREAST HEALTH/MAMMOGRAPHY CENTER**  
**NON-INVASIVE CARDIOLOGY**  
**DIABETES CENTER**

**CALIFORNIA CAMPUS**  
**DIABETES CENTER**

**PACIFIC CAMPUS**  
**OUTPATIENT PSYCHIATRY CLINIC**

Sneha Patil, SFDPH Office of Policy and Planning; Warren Browner MD, CPMC Chief Executive Officer, and Elizabeth Vilardo MD, Sutter Medical Foundation, presented the item.

Public Comment:

Ken Barnes, MD stated that the diabetes educational oversight by the SFDPH would no longer be operative because the program's employees would be working for the Foundation, not the hospital. This takes away CPMC's accountability. He stated that he is concerned that Spanish-language capacity for these services will be

lost in this transition. He reminded the Commission that it was only through public pressure and the SFDPH that convinced CPMC to hire Spanish speaking staff. He also noted that the Foundation is known to limit the number of MediCal patients or limits services to this group. He asked where will low-income patients with chronic diabetes be served when this service transfer takes place.

Teresa Palmer, San Francisco physician, stated that the outpatient psychiatric services will be transferred to the 4<sup>th</sup> floor of Davies Hospital, which used to be the skilled nursing facility. She asked the Commission to vote that this change is detrimental.

Kim Tavaglione, National Union of Healthcare Workers, stated CPMC has done anything it can to undo any long term commitment to San Franciscans. By moving these programs under the Foundation will keep things out of the public eye. CPMC's new programs are short-term focused.

Commissioner Comments:

Commissioner Green asked for information regarding the health plans which the Foundation currently accepts. She added that she is concerned that the Foundation may not cover patients with MediCal. Dr. Vilardo stated that the Foundation has reached out to all local insurance plans in an effort to work with them. She noted that Sutter provides more MediCal services than other local hospitals.

Commissioner Green asked if the Foundation will be working with all 69 local health plans; she noted that the Foundation currently has a relationship with only approximately 32 plans. Dr. Browner stated that Sutter will be negotiating with these plans and cannot predict the outcome.

Commissioner Green asked if reimbursement for technical services will go to CPMC. Dr. Vilardo stated that all service reimbursement is given to Sutter.

Commissioner Guillermo asked how the transition of these services fits into Community Benefit programs. Dr. Vilardo stated that Sutter has a responsibility to provide Community Benefit programs, which are free classes taught by physicians.

Commissioner Guillermo asked if there are separate Community Benefit programs for the hospital and Foundation. Dr. Vilardo stated that the Foundation and hospitals have separate programs that work towards a shared Sutter Community Benefit goal.

Commissioner Guillermo asked for more information regarding CPMC's vision for moving services from acute setting to an outpatient setting. Dr. Vilardo stated that the trend is for healthcare to move from a hospital setting to the community; the concept of a hospital as center of care is now antiquated. Sutter makes changes in service location as opportunity arises.

Commissioner Sanchez asked if the Foundation services will provide linguistic and culturally appropriate services. Dr. Browner stated that staff from the St. Luke's clinic will be moved to Foundation.

Director Garcia requested that Dr. Browner make a commitment to work closely with the SFDPH on these service transitions because Sutter will no longer be required to do so by the Prop. Q process since the services will no longer be located in hospitals. Dr. Vilardo said that the Foundation is committed to serving the community.

Commissioner Chow noted that CPMC has stated that there will be no service or staffing level change with the transition of select hospital services to an outpatient setting. However, in the meeting discussion, it is clear that negotiations with health insurance plans are not guaranteed to lead to contractual relationships with

CPMC. Dr. Browner stated that the only group that CPMC does not have assurance about is commercial patients. It is the intention of the Foundation to accept the same insurance plans.

Commissioner Chow requested that the SFDPH include information from the discussion of these items in the three resolutions to best represent the relevant issues.

**11) OTHER BUSINESS:**

This item was not discussed.

**12) JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Sanchez, LHH JCC Chair, stated that at its July 10, 2018 meeting, the Committee reviewed the following: Administrator's Report; 2018 San Francisco Fellows Project "Designing a Visual Board for Nursing Huddles;" LHH Lean Transformation Update: Discharge Care Planning Kaizen Improvement Event; and the Resident and Family Satisfaction Survey. The Committee approved hospital-wide policies and procedures in open session and the Credentials Report in closed session.

Commissioner Comments:

Commissioner Guillermo stated that as a new LHH JCC member, she has been pleased to see the robust desire of LHH staff to improve the hospital and maintain its high level of service to the community.

**13) 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)
- C). Closed Session pursuant to Cal. Government Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6: Health and Safety Code Section 1461; and California Constitution, Article I, Section 1:

**FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF CREDENTIALING MATTERS**

- D) 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 the discussion held in closed session.

**14) ADJOURNMENT**

The meeting was adjourned at 5:46pm.