

Edward A. Chow, M.D.
President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

Laurie Green, M.D.
Commissioner

Tessie M. Guillermo
Commissioner

James Loyce, Jr., M.S.
Commissioner

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

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

**Mark Farrell, Mayor
Department of Public Health**



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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 3, 2018, 4:00 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 James Loyce, Jr., M.S.

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

The meeting was called to order at 4:02pm. Commissioner Chow announced Commissioners Green and Guillermo were appointed by the Mayor's Office earlier in the day.

Commissioner Green stated that San Francisco has been her home since 1976 when she came here to train as a physician specializing in OB/GYN care. She is honored to serve San Francisco.

Commissioner Guillermo stated that she is a life-long resident of San Francisco. She is very gratified that her experience in community health and public health can be of assistance in her new role as Health Commission.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 20, 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>

State Update

San Francisco supports state bill authorizing emergency medical service transportation to community care facilities

California Assembly member Mike Gipson (D-Gardena, Los Angeles county) introduced AB 1795 in January 2018, which would authorize local EMS agencies to approve transport of appropriate patients to community care facilities, including sobering centers and mental health urgent care centers, in lieu of transportation to a general acute care hospital. The bill also would require that local agencies develop standards and training plans for paramedics and community care facilities. The Health Department has operated San Francisco's Sobering Center since 2003, a specialty care site designed to address the needs of chronic inebriates and reduce unnecessary hospital transports. Directing at-risk individuals with alcohol use disorder to behavioral health care services like the Sobering Center, instead of the emergency department, is an important strategy for ensuring individuals receive the care they need while reducing emergency department overcrowding, and decreasing unnecessary hospitalizations. AB 1795 would make permanent the current pilot program allowing for EMS transport to the Sobering Center, and has received the official support of the City and County of San Francisco. The bill is scheduled for hearing in the Assembly's Health Committee on April 17.

Local News

Health Department to conduct Puerto Rico relief mission

The Health Department will conduct a medical relief mission in Puerto Rico next month to assist with recovery efforts in the wake of Hurricane Maria. A 15-person team made up of physicians, nurses, mental health providers, disease surveillance and analyst staff will depart April 6 on a weeklong trip to Hatillo and Utuado in the northwest of the island commonwealth.

Led by Dr. Hali Hammer, Director of Primary Care for the San Francisco Health Network, the team of Spanish-speaking staff will assist [Corporacion Servicios Medicos](#), Federally Qualified Health Centers that include Clinica Hatillo and Clinica Utuado, serving communities where the storm damage and health impacts are still very present. In Utuado, water and power have not yet been restored.

The San Francisco team will split into two groups, with one based at a clinic treating patients, and another going door to door in the community, providing assessments, deliveries and care to those who may not be able to reach the clinics. The storm has exacerbated chronic illnesses such as respiratory conditions, asthma, diabetes and high blood pressure. Residents may be affected by increased dust and mold in the environment, lack of refrigeration for medications, or difficulties accessing care, to name a few of the circumstances making good health more challenging. The trauma of the September storm and its aftermath is also affecting many Puerto Ricans.

Our team comes from San Francisco Health Network locations across the city, including Tom Waddell Urban Health Center, Potrero Hill Health Center, Southeast Health Center, Castro-Mission Health Center, Shelter Health and Zuckerberg San Francisco General Hospital. The team members are Dr. Hali Hammer, team lead; Tobi Skotnes, logistics coordinator; Viva Delgado, logistics and medication/supply coordinator; nurses Evita Mullins, Richard Santana, Ellen Davis, Martha Baer, Ramona Soberanis; doctors Ann Dallman, Raul Gutierrez, Alexis Williams, Kenneth Payan; licensed clinical social worker Nakari Ron; counselor Jesus Pizano; psychologist Dr. Ricardo Carrillo.

The team will give a presentation upon their return about their experience and provide suggestions for San Franciscans who want to help with the relief efforts.

Mission Wellness to become first pharmacy in California to offer PrEP directly to consumers

Starting this month, the Mission Wellness Pharmacy in San Francisco will become the first pharmacy in California to provide PrEP directly to consumers, without the need for a doctor's prescription. In collaboration with the San Francisco Department of Public Health (SFPDH), and with support from the [Getting to Zero](#) consortium, [Mission Wellness Pharmacy](#) will launch a new pharmacist-delivered PrEP program. We anticipate that this program will improve access to PrEP (Truvada) for the Latino community and reduce HIV disparities among communities of color in San Francisco.

In San Francisco, PrEP is key to the effort to reach zero new HIV infections. Latino men in San Francisco have a new HIV diagnosis rate of 77 per 100,000 population, down from 85 in 2015.

From 2014 to 2016, the number of men who have sex with men on PrEP in San Francisco grew from approximately 4,400 to 12,600. The problem of racial and ethnic disparities in PrEP uptake has been slowly improving. In 2014, less than 12 percent of African American, Latino and Asian men who have sex with men who were eligible for PrEP had taken it. That rate increased by 2016 to 31 percent for African Americans, 36 percent for Latinos, 37 percent for Asians. By comparison, more than 43 percent of eligible white men take PrEP.

“One Stop PrEP at Mission Wellness” will address the disparity in PrEP awareness and uptake by providing culturally sensitive one-stop access to PrEP and STD testing services. Currently, people who would like to start taking PrEP, need to schedule an appointment with a physician for required labs and a prescription, which can create a barrier for some individuals. At Mission Wellness Pharmacy, clients will have access to free HIV and STD testing. If medically eligible for PrEP, clients can also receive same-day PrEP on site without ever having to see a physician.

The program will begin offering services on April 9 and hold an official launch event Tuesday April 17 from 1 to 5pm, at the pharmacy, 2424 Mission Street.

How to learn more about PrEP:

<https://askaboutprep.org>

Find a provider at <https://www.pleaseprepmo.org/>

Text “askprep” to 21333 for English or Spanish help

Instagram: @PrEPSupports

Facebook Page: PrEP Supports

Twitter: @PrEPSupports

Call the Citywide PrEP Navigation Line for assistance (415) 634-PrEP (7737)

SF Health Network Primary Care accepted into the Population Health Learning Network

The San Francisco Health Network Primary Care division was accepted this month into the Center for Care Innovations' Population Health Learning Network, a two-year collaborative focused on learning, best practices sharing, and taking action to advance population health among safety net primary care organizations. SFHN has brought together representatives from its PC Population Health and Quality team (*Ellen Chen and Sarah Cox*) and Telecommunications team (*Anna Robert and Antenor Arenas*), in collaboration with the Office of Managed Care, to participate and hone outreach tactics to engage patients effectively across a spectrum of risk and health care needs. This includes outreaching to patients who are enrolled, but not yet seen within the system, as well as gaining expertise on risk stratification and strategies for prioritizing populations with limited resources. SFHN expects that its participation in the collaborative will help build infrastructure for a more robust and sustainable population health outreach program, which will be essential in leveraging new

electronic health record tools to improve the health of SFHN patients proactively and ensure financial sustainability through value-based care.

DPH to celebrate Public Health Week with social media campaign

We will be celebrating National Public Health Week once again with our annual social media campaign. This year, we will be highlighting some of our staff and programs who have made key

contributions this last year. Some of the groups highlighted include Behavioral Health; Communicable Disease including HepA, TB and HIV; Equity (project PRIDE, Street Medicine); Environmental Health (Healthy Housing, Haz Mat, Food Safety, Weights and Measures and Massage programs) and Injury and Violence prevention (Vision Zero, LEAD). Staff portraits will be combined with a quote on why they do what they do. We are encouraging everyone to follow us on [SFDPH Facebook](#) and on DPH Twitter at [SF DPH Twitter](#) and asking people to share to their networks and retweet! Celebrate Public Health Week April 2-8, 2018!

DPH in the News

SF Patch, Mar 27 2018, Health, Transportation and Vision Zero in San Francisco

<https://patch.com/california/san-francisco/health-transportation-vision-zero-san-francisco>

McClatchy, Mar 21 2018, Cities want supervised injection sites to cut overdoses – risk DEA wrath

<http://www.mcclatchydc.com/news/nation-world/national/article205907034.html>

WLRH, Mar 21 2018, Why an imperfect HIV vaccine could be better than none at all <http://www.wlrh.org/NPR-News/why-imperfect-hiv-vaccine-could-be-better-none-all>

Front Medical News, Mar 20 2018, RAPID ART program yields clinical benefits in San Francisco

<https://www.pm360online.com/rapid-art-program-yields-clinical-benefits-in-san-francisco/>

NY Times, Crain's, Mar 16 2018, San Francisco spearheads U.S. safe-injection sites

<http://www.craigslist.com/article/news/san-francisco-spearheads-us-safe-injection-sites>

National Association of County & City Health Officials, Mar 2018, Are America's local health departments prepared for a Cape Town-level Water Crisis?

<http://essentialelements.naccho.org/archives/9729>

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

March 2018

Governing Body Report - Credentialing Summary
(3/15/18 MEC)

	3/2018	07/2017 to 07/2018
New Appointments	8	179
Reinstatements		
Reappointments	48	448
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	16	143
Disciplinary Actions		
Administrative Suspension		
Restriction/Limitation-Privileges		
Deceased		
Changes in Privileges		
Voluntary Relinquishments	18	94
Additions	18	129
Proctorship Completed	14	180

Current Statistics – as of 3/1/18		
Active Staff	560	
Courtesy Staff	535	
Affiliated Professionals (non-physicians)	273	
TOTAL MEMBERS	1,368	

Applications in Process	18
Applications Withdrawn Month of March 2018	1
SFGH Reappointments in Process 4/2018 to 6/2018	183

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

March 2018

Health Commission - Director of Health Report

(March 1, 2018 Medical Exec Committee)

	March	(FY 2017-2018) Year-to-Date
New Appointments	2	14
Reinstatements	0	0
Reappointments	1	43
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	0	9
Disciplinary Actions	0	0
Administrative Suspension	0	9
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	1
Voluntary Relinquishments	0	0
Proctorship Completed	0	4
Proctorship Extension	0	0

Current Statistics – as of 03/01/2018	
Active Medical Staff	37
As-Needed Medical Staff	10
External Consultant Medical Staff	45
Courtesy Medical Staff	2
Affiliated Health Practitioners	14
TOTAL MEMBERS	108

Applications in Process	1
Applications Withdrawn this month	1

Director Garcia introduced Dr. Hali Hammer who explained details of the SFDPH Medical relief mission to Puerto Rico to assist with recovery effort from Hurricane Maria.

Commissioner Comments:

On behalf of the Health Commission, Commissioner Chow thanked Dr. Hammer and all the SFDPH staff who will be going on the trip.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Bernal, who served as Chair at the 2pm meeting, stated that the committee reviewed the Contracts Report and new contract requests, and recommended that the full Health Commission approve all items on the Consent Calendar. He also stated that the committee also reviewed the draft 2016 Charity Care Report.

6) CONSENT CALENDAR

Action taken: The Health Commission unanimously approved the following items:

- APRIL 2018 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH KPMG LLP TO PROVIDE HEALTH INFORMATION MANAGEMENT (HIM) CONSULTING, IMPLEMENTATION AND COORDINATION OF TRAINING SERVICES FOR THE SFDPH ELECTRONIC HEALTH RECORD PROJECT FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF \$4,961,920, WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR A MAXIMUM OF 2 ONE-YEAR ADDITIONAL TERMS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD APRIL 1, 2018 TO MARCH 31, 2023 (60 MONTHS).

7) SAN FRANCISCO WHOLE PERSON CARE: CALIFORNIA MEDI-CAL 2020 WAIVER INITIATIVE

Maria X Martinez, Director Whole Person Care, and Barry Zevin MD, Medical Director Street Medicine and Shelter Health, presented the item.

Commissioner Comments:

Noting that an individual must be eligible for Medi-Cal in order for the SFDPH to receive reimbursement for services, Commissioner Chow asked how the SFDPH derived its estimations to determine that most clients are Medi-Cal eligible. Ms. Martinez stated that Medi-Cal eligibility relates to income; most clients meet these requirements. She noted that the only exclusionary factors would be if an individual is on Medicare, has other insurance, or is not a legal resident of the United States.

Commissioner Chow noted that the project's goal to coordinate large City systems is a daunting task. Dr. Zevin stated that the project will result in systems change with improved efficiency.

Commissioner Bernal thanked Ms. Martinez and Dr. Zevin for their excellent work. He noted that the estimated numbers of homeless individuals for the program differs from the annual count of homeless individuals that the City conducts. Ms. Martinez stated that count of homeless individuals is done in one point in time each year. She noted that the San Francisco homeless population is transient and difficult to count. She added that the Whole Person Care Initiative utilizes SFDPH and Department of Homelessness and Supportive Housing data to derive its estimations.

Commissioner Green asked if EPIC, the SFDPH electronic health record system being developed, can be customized to efficiently deal with the complexities of the Whole Person Care population. She also asked if the SFDPH is researching best practices from other urban areas. Dr. Zevin stated that the EPIC team has consulted

with the Whole Person Care Initiative team to include the needs of this population in the design. He also stated that San Francisco's model is very unique and noted that the SFPD communicates regularly with other major urban areas around their service configuration for the homeless population. Ms. Martinez stated that in San Francisco, services to this population are often episodic with no ongoing relationship with providers. The Whole Person Care Initiative will hopefully make changes to enable the system to better respond to the culture and needs of this population.

Commissioner Guillermo asked for more information regarding how the design of the data systems to address this population will incorporate organizations outside of the CCSF. Ms. Martinez noted that many community based organizations input data into various CCSF Department databases. She added that the Whole Person Care Initiative will bring specific data from these different CCSF systems. A team including medical, epidemiologists, and IT staff will decide which data elements from these systems will be useful. She also stated that the "front end" of this system will have to be designed from scratch. Dr. Zevin added that front-end users will not have access to substance use data unless they are approved to do so. He noted that this privacy protection may inhibit providers working with this population of understanding the full range of clinical issues an individual may have.

Commissioner Loyce asked if the population estimates are unduplicated. Ms. Martinez stated that the estimates are unduplicated.

Commissioner Loyce noted that African Americans and Latinxs often go in and out of the service system. He asked if there is specific data on these populations in addition to seniors. Ms. Martinez stated that a major goal of the Whole Person Care Initiative is that every individual will have a comprehensive assessment and health record.

Commissioner Chow requested an update in one year so the Health Commission can receive interim outcome data for this initiative. Director Garcia noted that the SFPD is looking into sustaining the program after the pilot funding ends.

8) POST-ACUTE CARE UPDATE

Sneha Patil, Acting Director of the Office of Policy and Planning, gave the update. She introduced David Serrano Sewell, Hospital Council of Northern and Central California; Daniel Ruth, San Francisco Post-Acute Care Collaborative Co-Chair and Jewish Senior Living Group CEO & President, and Kelly Hiramoto, San Francisco Post-Acute Care Collaborative Co-Chair and Director SFPD Transitions.

Director Garcia stated that the San Francisco healthcare community must continue to work hard to explore all options to address all SNF needs in San Francisco. She also stated that the SFPD has no plans to close the ZSFG SNF and noted that LHH has over 700 SNF beds. She added that the community has shown great concern over this issue and she would like its input included in the final version of the report.

Public Comment:

Ken Barnes MD, stated that he worked at St. Luke's for over thirty years, including 15 years in the sub-acute unit. He also stated that there is a sub-acute bed shortage in San Francisco. San Francisco used to have 40 sub-acute beds and now only has 17 beds devoted only to a distinct group of existing CPMC patients. He noted that the 17 people being transferred from St. Luke's Hospital to the Davies campus will take 17 of the existing skilled nursing facility (SNF) beds. CPMC plans on transferring these beds back to regular SNF status when attrition of the 17 St. Luke's Hospital patients occurs. There will then be no more subacute beds in San Francisco. He added that the SFPD has estimated that 70 subacute beds are needed for San Francisco patients and has been working with other local hospitals to add more of these beds. However, CPMC has been absent from these discussions. He hopes that CPMC can use one or two floors in its medical office building for subacute beds.

Mark Aaronson, Hasting College Law professor and founder of the Community Economic Development Clinic, thanked Director Garcia for a constructive meeting with the San Franciscans for Healthcare, Housing, Jobs, and Justice (SFHHJJ) Coalition the previous week. He also stated that CPMC must be kept at the table and should not be allowed to eliminate all SNF and subacute services on their campuses. He suggested that the new CPMC medical office building should have several floors devoted to SNF beds and subacute beds; he also thinks that SNF and subacute beds at Davies should remain there. He urged legislation to help create certainty that San Francisco will have the subacute capacity it needs.

Kim Tavaglione, National Union of Healthcare Workers, stated that the report is not a productive product because it does not add new subacute beds. She proposed that the report is a way for the Hospital Council to wash its hands of this issue. The report does not account for the number of patients sent outside of the city due to lack of appropriate services in the city. She feels strongly that this situation is intentional discrimination against people who are elderly and/or disabled. She also stated that hospitals should be accountable for adding more SNF and subacute beds based on their market share of patients. She added that the families at the St. Luke's subacute unit have been "tortured" by CPMC.

Melanie Grossman stated that the report sounds very positive but her experience is that many people are discharged from the hospital with no effective discharge plan. She added that the report mentions an assessment but she knows of no assessment tool that encompasses all human behavior. She asked what the "wraparound" teams will look like and voiced concern that many patients cannot be safely managed at home.

Benson Nadell, Long Term Care Ombudsman, stated that there is an error on page 19 of the report which overestimated the current number of hospital-SNF beds in San Francisco. He noted that his office receives all San Francisco-based SNF discharge notices. He commented that LHH and ZSFG develop effective plans while community-based SNFs often have unsafe discharge plans.

Gloria Simpson, St. Luke's Patient Family Council, stated that CPMC has refused to answer questions to the group. Instead, it has met individually with each family so it is difficult to understand if the same message was giving to everyone. She added that the current subacute staff will not be transferred which is of great concern because these individuals have served the same patients for many years and know how best to care for them. She urged the Health Commission to help add 70 new subacute beds.

Commissioner Comments:

Commissioner Chung thanked the presenters for the report. She requested projections for SNF and subacute bed needs in San Francisco for the next 5 to 10 years. She noted this information helps the Health Commission and public better understand the gap in services. Ms. Patil stated that based on public health literature, the current need for SNF beds is 20 beds per 1,000 adults who are 65 and older. Director Garcia reminded the Commissioners that Laguna Honda Hospital was under Federal supervision for many years due to its practice of not routinely discharging patients back to the community. The SFDPH now prioritizes placing its patients in the most appropriate level of care, which includes returning to the community. She added that 37% of adults over 65 years of age will need a SNF or residential facility stay in their lifetimes. She also stated that the SFDPH will continue to facilitate planning but that all local (private and public) hospitals need to work together to increase the amount of these services in San Francisco. The City government will also have to make it more attractive and affordable for skilled nursing facilities to do business here.

Commissioner Chow stated that it is important to understand the difference between short-term and long-term skilled nursing needs, in addition to subacute needs. Hospitals may host more short-term skilled nursing and long-term skilled nursing may be moving towards home care options, when possible.

Commissioner Chow asked for clarification from CPMC regarding whether the 17 subacute patients being moved from St. Luke's will be taking SNF slots at Davies. Emily Webb, CPMC Director of Community Programs, stated that 17 SNF beds at the Davies campus are being converted to subacute status, leaving 21 SNF beds. As subacute beds are no longer needed by the existing patients, they will revert back to regular SNF beds.

Commissioner Chow asked SFDPH staff to look into whether this change of bed function would call for a Prop. Q hearing. Ms. Webb stated that there is no change in the license for the unit. However, she will work with SFDPH staff and the City Attorney to ensure there is no need for a Prop. Q hearing.

Commissioner Chung stated that she is most concerned about "the working poor" with minimum insurance coverage and high medical costs; this population will most easily fall through the cracks of our service system. She is worried that San Francisco is becoming a city in which working families cannot financially sustain themselves.

Commissioner Chow requested that the SFDPH put forth a resolution in support of the SFDPH's identified next steps in this process. He added that the resolution should include concerns noted by the public, projections of need into the next decades, and funding strategies.

9) OTHER BUSINESS:

Commissioner Chow noted that the 2018 Health Commission community meeting will be in the Richmond district and that in upcoming years, the meetings will take place in the Western Addition and the Bayview.

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, Chair, stated that at the March 27, 2018 ZSFG JCC meeting, the Committee reviewed the FY18-19 ZSFG Strategic Plan, Regulatory Report, Hospital Administrator's Report, Patient Care Services Report, and HR Report. During the Medical Staff Report, the Committee approved the Family Community Medicine Rules and Regulations and the 6G RN Standard Procedures.

11) ADJOURNMENT

The meeting was adjourned at 6:20pm.