

Health Care Services Master Plan

Presentation of 2019 Plan Draft

San Francisco Health Commission

February 4, 2020

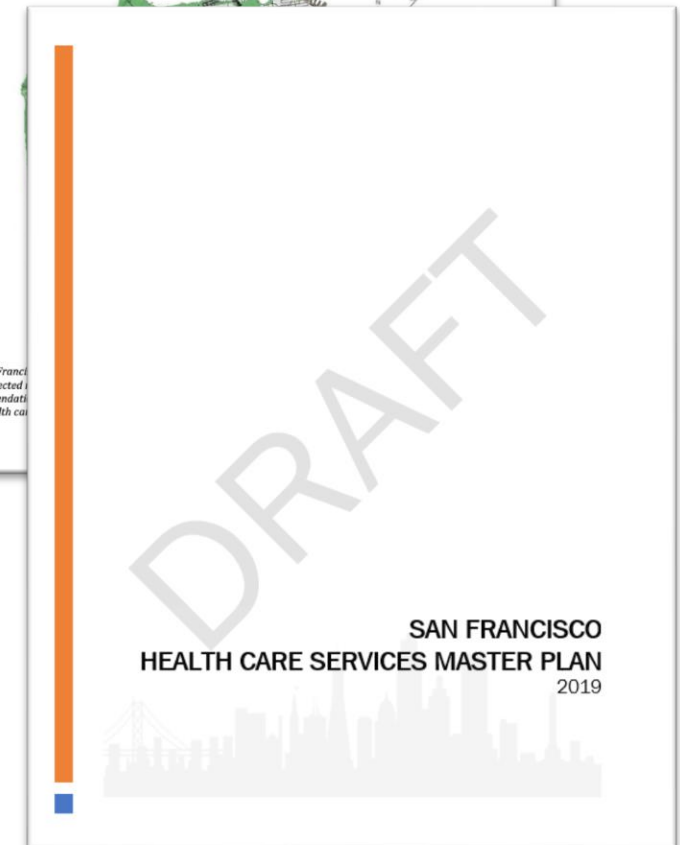
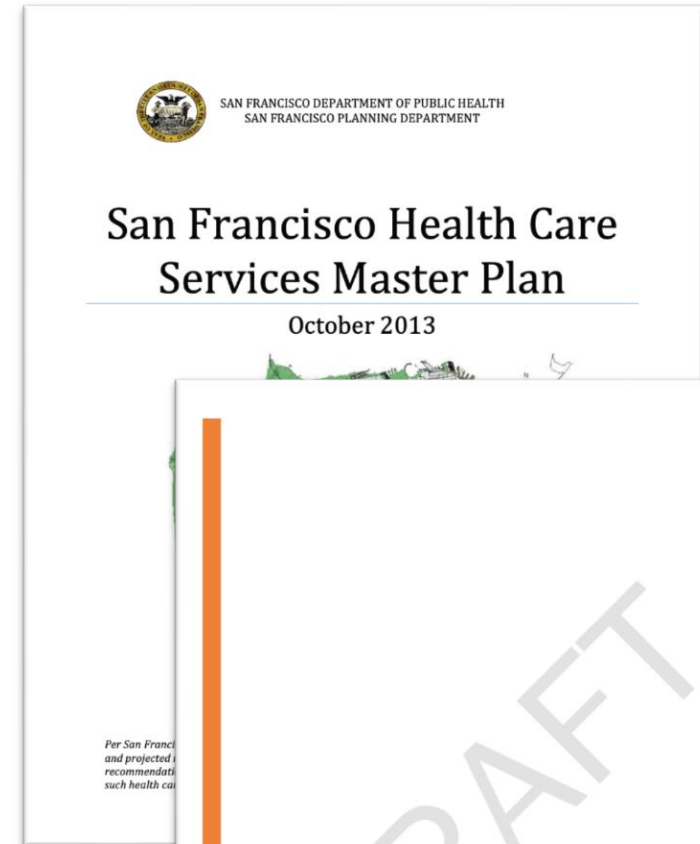


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Presentation Agenda

- Health Care Services Master Plan (HCSMP) Ordinance
- Consistency Determination
- 2019 Health Care Services Master Plan Draft
 - Plan Contents
 - Guiding Objectives
 - Process and Outreach
- Health Care Land Use Trends – 2013 to 2019
- Recommendations & Related Guidelines
- Proposed Legislation
- Adoption Process Next Steps





Health Care Services Master Plan Ordinance

- **San Francisco Ordinance 300-10 (effective January 2011)**
 1. *Identifies the current and projected need for, and locations of, health care services in San Francisco, and*
 2. *Contains recommendations on how to achieve and maintain appropriate distribution of, and access to, such services*

Ordinance Requirements

Components

1. Assessments
2. Recommendations
3. Updates to guidelines

Process

1. At least two publicly noticed informational hearings
2. Joint public hearing (Planning & Health Commissions)
3. Board of Supervisors hearing & resolution to adopt



Consistency Determination

■ Required for:

- 5,000+ GSF new or added Medical Use or 10,000+ GSF change of use to Medical Use

■ Guidelines:

- Set of guidelines derived from the findings of the HCSMP
- Requires new facilities to demonstrate how they meet HCSMP goals
- Provides priority processing at Planning for exemplary projects meeting a priority health need

■ Review Process & Outcomes:

- Inconsistent Applications

Consistency Determination Applications 2013-2019

HealthRight 360
Jewish Home
Kaiser Permanente
Presidio Surgical Center
Planned Parenthood



2019 HCSMP Update – Plan Contents

Assessments

- Community Health Assessment
- Land Use Assessment
- Capacity & Gaps Assessment
- Health System Trends Assessment



Consistency Determination Guidelines

- Updates to guidelines

Supporting Legislation & Policy Recommendations

- Updates to planning code



2019 HCSMP Update – Guiding Objectives

1. Provide the most current and available data describing the type, capacity, utilization, and distribution of health care services,
2. Highlight health inequities and critical care issues,
3. Conduct an assessment of trends in medical facility development,
4. Assess current Consistency Determination Guidelines for potential revision,
5. Develop recommendations that support the goal of improving equitable access to care, particularly for San Francisco’s vulnerable populations.





2019 HCSMP Update – Process & Outreach

Health Care
Providers

Community
Coalitions &
Councils

Health Facility
Planning &
Developers

Neighborhood
Organizations

Advocacy
Organizations

Policy &
Government Affairs

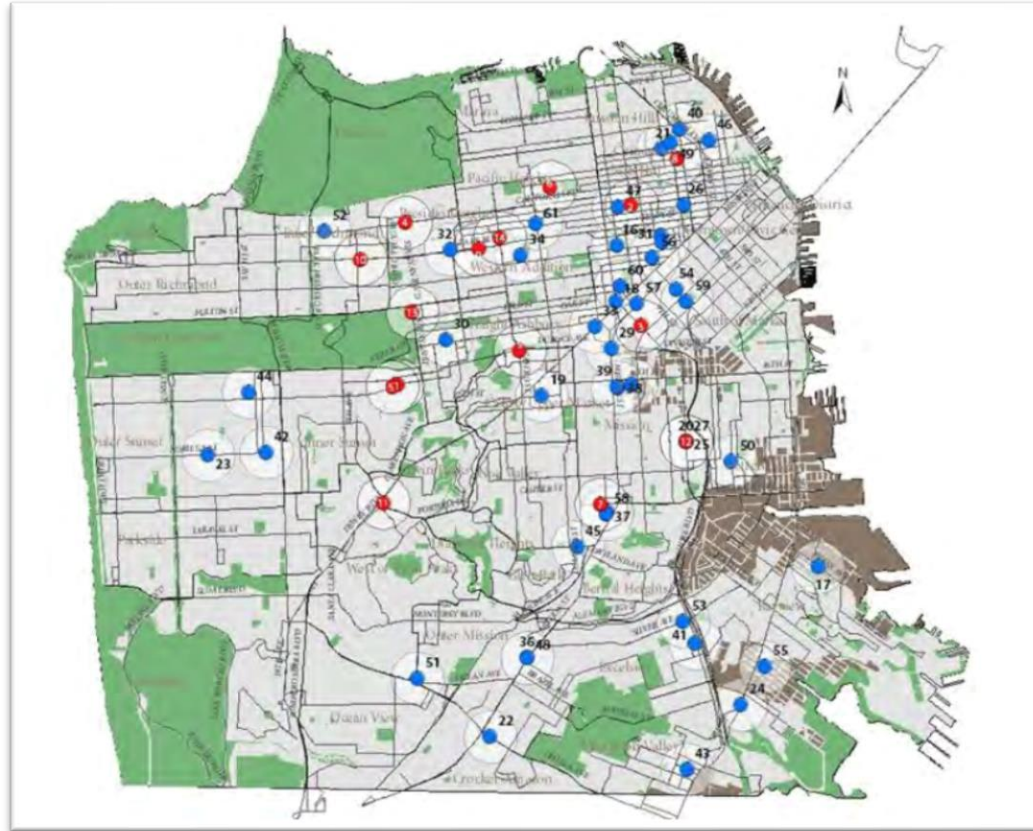
Outreach plan for 2019 update was developed by starting with the 2013 Task Force members

Outreach included:

- Key informant interviews
- Workshop for health care sector stakeholders
- Urban design policy meeting
- Individual meetings and briefings with providers & advocacy organizations
- Second workshop with involved organizations



Health Care Land Use Trends – 2013 to 2019



Health Facilities 2013

Health Facilities 2019





Health Care Land Use Trends – 2013 to 2019

New Growth since 2013

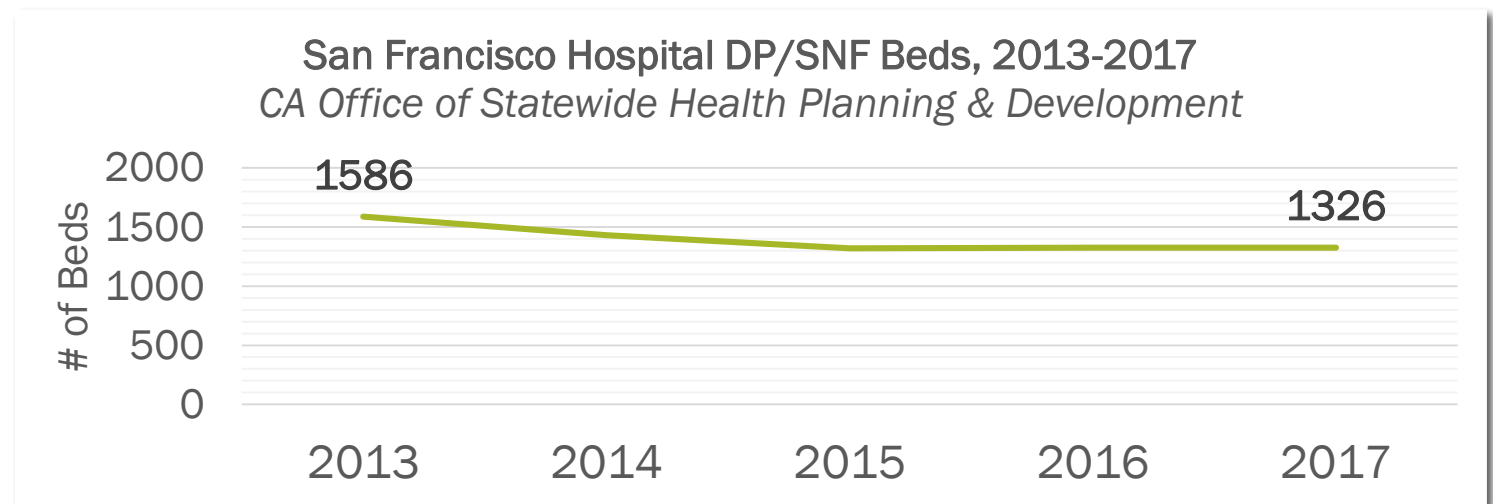
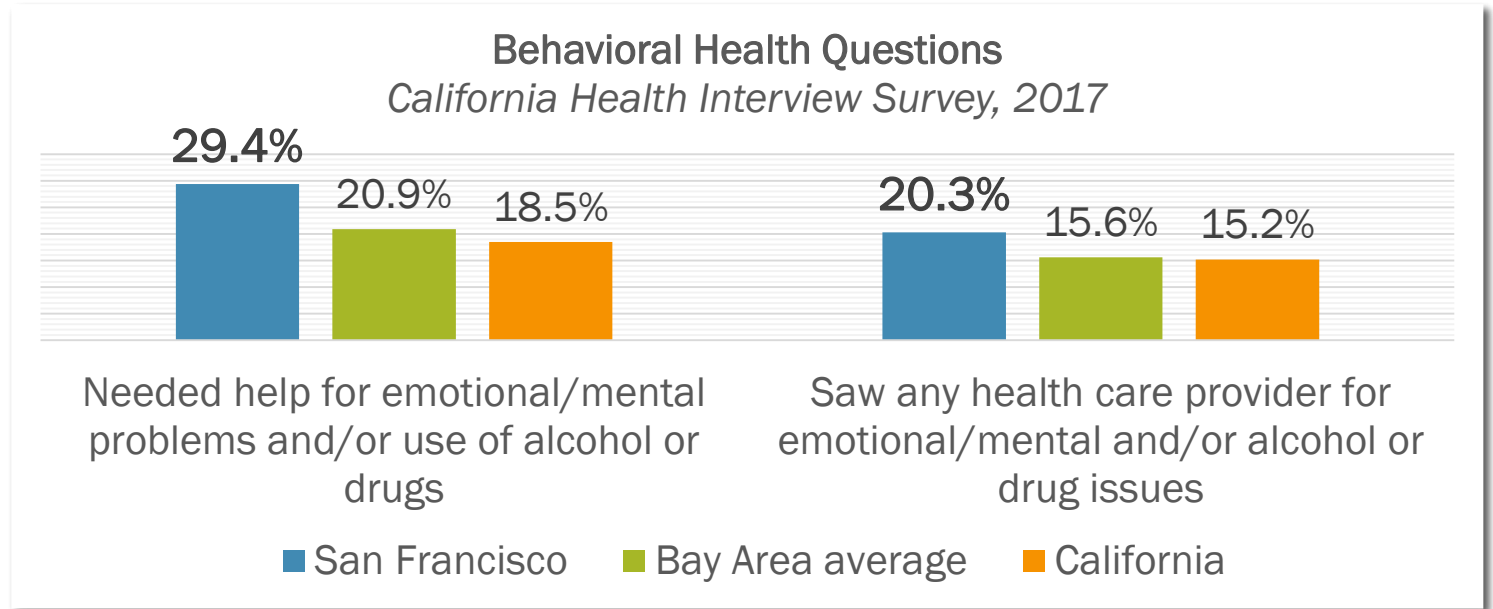


- 2.1 M sq. ft. hospitals added since 2013 (+236 beds)
- 348,907 sq. ft. major medical outpatient
- 12,360 new jobs since 2010
- 14 urgent care facilities
 - Urgent Care v. OneMedical
- 775,580 sq. ft in pipeline



2019 HCSMP Update – Recommendations

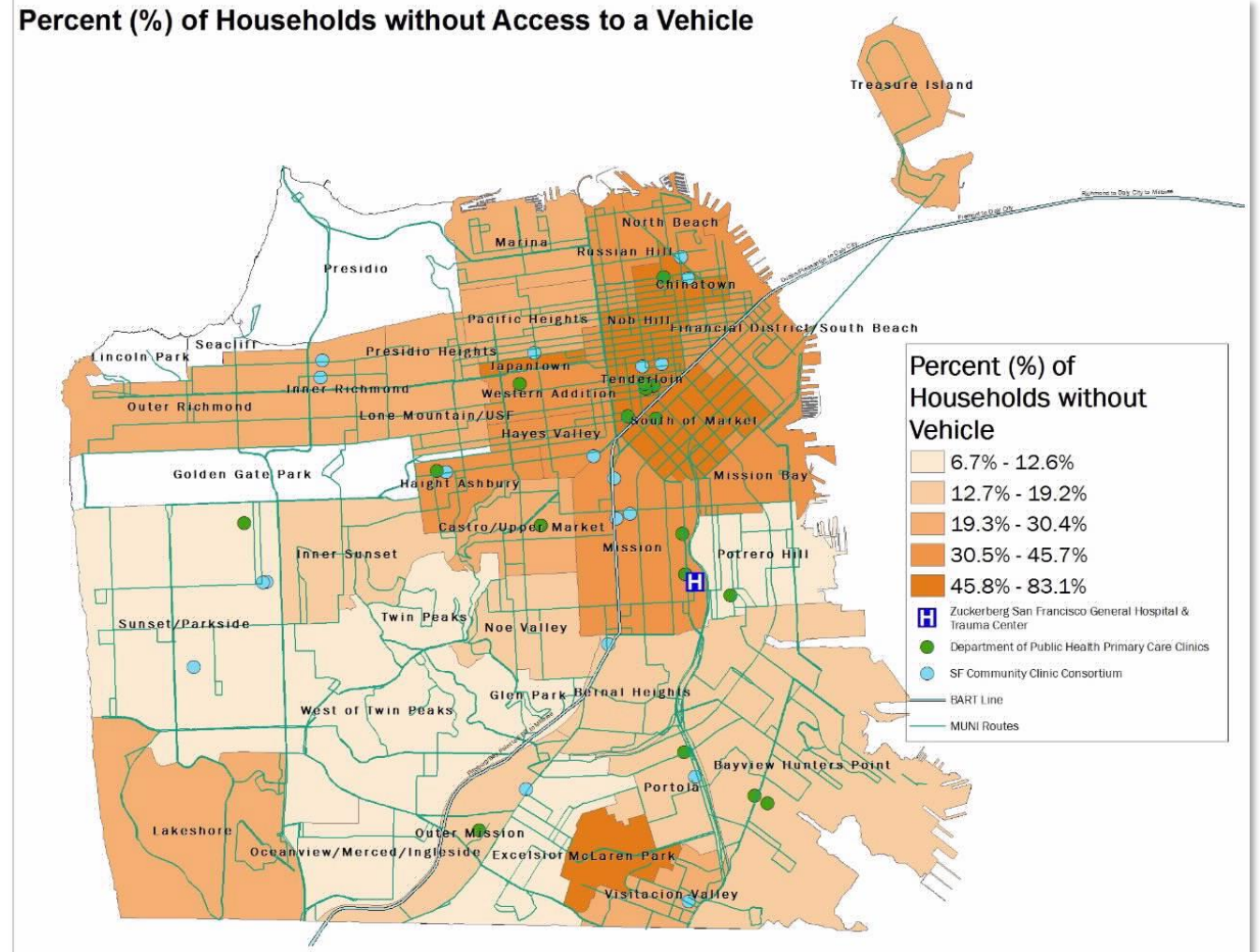
1. Increase access to appropriate care for San Francisco’s vulnerable populations.
2. Increase access to behavioral health services for vulnerable patients.
3. Increase access to and capacity of long-term care options for San Francisco’s growing senior population and for persons with disabilities to support their ability to live independently in the community.





2019 HCSMP Update – Recommendations

4. Utilize health information technology systems that increase access to high-quality health care and improve care coordination.
5. Ensure that San Francisco residents have available a range of alternative transportation options that enable them to reach their health care destinations safely, affordably, and in a timely manner.
6. Ensure that health facilities contribute positively to the neighborhood character and promote health and safety throughout its design.





Proposed Legislation

1. Health Care Services Master Plan process improvements
2. Connect Consistency Determination process to the Institutional Master Plan (IMP) requirement
3. Planning code amendments to remove barriers for health care developments





Proposed Legislation

1. Health Care Services Master Plan process improvements

5-year Monitoring Report and 10-year full HCSMP update

- Hospital closure of services subject to Prop Q hearing requirements
- Consistency Determination applications
- Summary of any changes to the Planning Code related to Health Services/Medical Uses
- Planning pipeline updates of future Medical Use developments (from IMP updates)
- Summary of local, state, and federal trends in health care

Mechanism for Change

Planning Code

Intended Impact

More appropriately timed update



Proposed Legislation

2. Connect Consistency Determination process to the Institutional Master Plan (IMP) requirement

Institutional Master Plan (IMP) requirement:

- All medical institutions in the City and County of San Francisco
- Describe the existing and anticipated institutional development
- No building permit or Conditional Use authorization may be approved for institutions that are out of compliance with IMP requirements
- Full IMP required every 10 years; updates every two years

Other Hospital Reporting Requirements

The Community Health Care Planning Ordinance (Proposition Q)
Charity Care Policy Reporting And Notice Requirement (Health Code Sec. 129 – 138)

Mechanism for Change

Planning Code

Intended Impact

Apply consistency determination for institutions with larger footprints, merge two processes to streamline reporting mechanisms



Proposed Legislation

3. Planning code amendments to remove barriers for health care developments

- Changes to Residential Care regulations to reduce barriers
- Add definitions for “Priority Health Services”
 - Examples: Community Clinics, Free Clinics, Skilled Nursing Facilities, Residential Care Facilities, DPH owned clinics, certified drug and alcohol facilities.
- Remove neighborhood notification requirements for priority health services
- Modify requirements to allow for more Senior Housing
- Increase areas where health services are principally permitted (remove Conditional Use process)

Mechanism for Change

Planning Code

Intended Impact

Incentivize the growth and development of priority health care in San Francisco



Adoption Process Next Steps

■ Adoption Hearings

- Health Commission *Feb. 4, 2020*
- Joint Commission Hearing *Mar. 12, 2020*
- Planning Commission – Initiate Legislation *Mar. 12, 2020*
- Board of Supervisors Hearing & Resolution *TBD/Spring 2020*

■ Public comment period (minimum 30 days)

- **Jan. 10, 2020 – Feb. 20, 2020**

<https://sfplanning.org/project/health-care-services-master-plan-update-2019>