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**MINUTES**  
**HEALTH COMMISSION**  
**FINANCE AND PLANNING COMMITTEE**  
**Tuesday, October 5, 2010, 2:00 p.m.**  
**375 LAGUNA HONDA BOULEVARD, Moran Hall**  
**San Francisco, CA 94116**

**1) CALL TO ORDER**

Present: Commissioner Steven Tierney, Ed.D. Chair  
Commissioner Edward A. Chow, M.D., Member  
Commissioner James M. Illig, Ex Officio Member  
Commissioner Sonia Melara, Member

The meeting was called to order at 2:08pm.

**2) APPROVAL OF THE SEPTEMBER 7, 2010 FINANCE AND PLANNING COMMITTEE MINUTES**

Commissioner Illig requested that the minutes reflect that the draft of the Healthy San Francisco Annual Report that the Committee members received and discussed at the September 7, 2010 meeting did not contain financial information. The final version of the report, which will contain all pertinent financial information, will be sent to the Commissioners prior to public release.

Action Taken: The September 7, 2010 Finance and Planning Committee minutes were unanimously approved with the clarification noted above.

**3) CPMC Update**

Judy Li, Vice President of CPMC, Mary Lanier, Davies' Chief Administrative Officer, and Dionne Miller, St. Lukes' Chief Administrative Officer, presented the update on progress made on each of the items from Health Commission Resolution 02-10.

The following are highlights of the discussion listed by topic of the update on issues listed in Health Commission Resolution -2-10:

1. *Topic: CPMC should increase its charity care, including but not limited to Health San Francisco, to a share comparable to other hospitals in San Francisco*

The Committee requested that CPMC break out data by campus so that it can monitor St. Luke data. Ms. Li stated that she would verify to insure this is possible to be done for future quarterly reports to this Committee.

The Committee requested that net patient revenue be shown separately for all three campuses. Roma Guy, who participated on the CPMC Taskforce, stated that the Taskforce agreed that this data would be collected and reported by campus for another year and a half.

1. *CPMC should increase its share of patients with MediCal to a share comparable to other hospitals in San Francisco.*

The Committee requested that this data be reported for each of the separate campuses in future reports.

2. *CPMC should replace lost skilled-nursing facility (SNF) beds with appropriate long-term care services for an equal number of persons. In this regard, the Health Commission recognizes that institutional care is not necessarily the best option for seniors and younger adults with disabilities who need post-term care.*

The Committee provided clarification to CPMC stating that the sixty-two community skilled nursing beds that are to be replaced should be located within San Francisco.

4. *CPMC should replace lost sub-acute beds with placements for all individuals currently in those beds.*

The Committee clarified that this item was intended to be for regional planning, not just within San Francisco.

The current St. Luke's acute census is 40-45 patients. CPMC is looking to build the new St. Luke's hospital with 80 acute beds.

CPMC intends to grow the following clinic services: women and children , senior care, general surgery, and orthopedic surgery. It is also considering a change in its urgent clinic hours to expand acces on Saturdays.

#### Committee Comments/Follow-Up

The Committee requested that the language in the original resolution be changed to reflect the clarifications of the language on items #2 and #4.

#### **4) MONTHLY CONTRACTS REPORT**

Barbara Garcia, Community Programs, introduced Mary Anne Jones, the new CEO of Westside Community Services. She stated that the agency has been diligent in hiring an extremely qualified leader with a long history of effective non-profit work.

The following are highlights of the discussion of this issue:

After the hire of the new Executive Director, the DPH requested that Westside prioritize board membership issues specified in the Corrective Action Report (CAP).

Dr. Jones stated that she will work with the Board and staff to hopefully implement all the recommendations in the CAP and to insure that quality services continue to be provided to clients.

Marylouise Adlo-Robinson, President of Westside's Board of Directors, thanked Ms. Garcia and stated that the board is very happy in the hire of Ms. Jones as CEO. The Board has been working diligently to come into compliance with the CAP. However, if the Board complies with the CAP, only four members without a lengthy tenure will remain. Recruitment for new board of director members is expected to continue through January, 2011.

Ms. Garcia stated that quality services continue to be delivered at appropriate levels as specified in the agency's DPH contract.

The Committee asked Ms. Jones to communicate its appreciation to Westside staff for continuing to do great work in the transition.

*Action Taken:* The Committee approved the Westside contract for one year with the stipulation that quarterly updates be made to the Committee regarding its ongoing progress on issues stated in the CAP.

Ms. Garcia also gave an update on the closure of New Leaf. HIV and mental health services have been transitioned to AIDS Health Project. Behavioral health services have been transitioned to Lyon-Martin. Substance abuse services have been transitioned to Stonewall. Youth services will be transitioned to various DPH entities including Cole Street Youth Clinic and the schools.

Committee Comment/Follow-Up:

The Committee requested updates on the transition of youth services and clarification on whether units of service would decrease due to start-up periods for the agencies to which these services were transferred; the Committee also requested information on the total cost of the agency closure.

**5) DRAFT FY 2009 CHARITY CARE REPORT**

Anne Kronenberg, Deputy Director and Frances Culp, Senior Health Planner, reviewed the draft report. Ms. Kronenberg stated that she and Ms. Culp presented an outline of the report to this Committee in June, 2010 and included the Committee's requests into the draft report. Similarly, she and her staff will attempt to incorporate additional requests made by the Committee prior to presenting the final report to the full Commission in November. Ms. Culp stated that she recently met with UCSF and that some of their data may be reanalyzed.

The following are highlights of the discussion of this item:

Commissioner Tierney asked if the review of the tax exemption and community benefit activities every three years is part of health care reform. Colleen Chawla, Director of Grants and Special Projects, stated that the review is mandatory under health care reform.

Each hospital has differing criteria by which it determines if a patient is approved for Charity Care. For example, one hospital may stipulate that a patient must earn below 200% of the federal poverty while another hospital's requirement may be under 500% of the federal poverty line. Abbie Yant, representative of St. Francis Hospital and member of the Charity Care Council stated that this a very complex issue.

Ms. Culp stated that until a patient is approved for MediCal, he/she may be categorized as Charity Care.

Ms. Kronenberg stated that report data has continued to improve; however there is no centralized way to track unduplicated clients across the system. Therefore it is possible that the data for some of the hospitals includes data for overlapping clients.

Commissioner Illig asked for clarification on why it is difficult to track homeless data. Ms. Culp stated that each hospital classifies and tracks this data differently which makes it difficult to compare data.

Abbie Yant stated that since Healthy San Francisco began, bills have begun to be generated for homeless patients, which makes it somewhat easier to track. She also pointed out that the addition of this billing adds personnel and operation costs to the hospitals.

Commissioner Melara stated that the criteria each hospital uses to determine patient income are different and suggested that the criteria be more consistent throughout the San Francisco hospital system.

Lucy John, independent public health planner, suggested that adjusted admission data be used instead of combined service data as listed on page 11 of the draft report. Ms. Culp stated that the services data currently included in the draft report is a snapshot of all the work each hospital offers; the DPH will consider incorporating Ms. John's suggested change.

Commissioner Chow commended the DPH staff and community members who worked on the report for making the document clear to read. He asked for the DPH staff to verify that Chinese Hospital does not have an application process as indicated in Attachment A. He also stated that it is important to note that the reason some of the charity care numbers have been reduced is that some of the people previously classified as charity care are now enrolled in Healthy San Francisco.

Commissioner Illig thanked Ms. Kronenberg adding the net patient revenue data that he requested. He also asked for CPMC data to be broken out to show St. Luke's data separately.

Commissioner Tierney thanked Ms. Kronenberg, Ms. Chawla, and Ms. Culp for the opportunity of the Committee to give input into the final draft of the report.

6) **COMMITTEE ANNUAL CALENDAR**

7) **EMERGING ISSUES**

8) **PUBLIC COMMENT**

9) **ADJOURNMENT**

The meeting was adjourned at 3:59pm.