MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 21, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Debra A. Barnes
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 7, 1997

Action Taken: The Commission unanimously adopted the minutes of October 7, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Status report on California Pacific Medical Center's compliance to the Board composition policy.

Commissioner Monfredini abstained on this item due to conflict of interest.

Sara Kelly of CPMC presented a letter from CEO Martin Brotman, M.D. A proposed revision to the CPMC bylaws will be presented at the October 23, 1997 Board meeting.

Public Speaker: Howard Wallace, Local 250.

Commissioner Guy requested this item be recalendared for November 4, 1997 to hear the results of the Board meeting. For the next Budget Committee meeting, she requested a copy of the CPMC Board resolution and an action plan with targets and a timetable. She also stated that the Commission's definition of diversity includes gays and lesbians and that all contractors are to include gays and lesbians in demographic information.

Commissioner Hill stated his support for contractors providing the appropriate demographics on gays/lesbians.

(3.2) Status report on St. Luke's Hospital's compliance to the Board and staff composition policy.

Ms. Weyland of St. Luke's Hospital presented an action plan.

Commissioner Guy would like to see actual results and a revised action plan with targets and a timetable. She requested a progress report be brought back to the November 18, 1997 Budget Committee meeting.

Commissioner Monfredini requested a letter from the CEO or Board Chairperson regarding compliance on Board and staff composition.

(3.3) **CHN-Forensics -** Supplemental appropriation request in the amount of $422,810 in General Funds for FY 1997-98, to fund costs of providing health and mental health services to inmates of the City Jail at Treasure Island.

(3.4) **PH -** Authorizing the Department of Public Health to request release of reserve of $200,000 in General Funds from the Board of Supervisors, to provide low income housing assistance to HIV infected clients through the S.F. AIDS Foundation.

The Department will bring the S.F. AIDS Foundation contract modification to the Budget Committee.

(3.5) **PH-Substance Abuse -** Retroactive multiyear contract renewal with Iris Center Women's Counseling and Recovery Services (Iris), in the amount of $952,739 per year for four years, to provide outpatient and day treatment substance abuse services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Iris for services totaling $1,222,656 during FY 1996-97).

Commissioner Monfredini raised the retroactivity of this contract.

Public Speakers:

(Note: These speakers addressed the full Commission on item #3.1.)

Howard Wallace, Local 250
Frederick Hobson, S.F. Health Authority
Richard Ow, community representative

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the specific continuances for #3.1 and #3.2. Commissioner Monfredini abstained on #3.1.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Medi-Cal Managed Care

I am pleased to report that Assembly Bill 1337 (Shelley) was signed by the Governor in early October. This Bill would permit the State Department of Health Services to establish two pilot programs looking at alternative reimbursement methodologies for Federally Qualified Health Centers (FQHCs) participating in Medi-Cal managed care.

As you know, the Department of Public Health, the San Francisco Community Clinic Consortium, the San Francisco Health Plan, and Blue Cross have been working with the State for the past several months to get this legislation approved and signed. We are very pleased that the State Department of Health Services worked collaboratively with San Francisco providers and health plans to address this issue. Both health plans participating in Medi-Cal managed care believe that the capitation rates are insufficient to provide interim cost-based reimbursements to FQHCs.

We would like to acknowledge the work and support of Assembly Member Kevin Shelley in agreeing to sponsor this legislation.

San Francisco health plans and providers will be meeting with the State Department of Health Services next week to start discussions on how the State will implement the provisions of AB 1337.

COMMUNITY HEALTH NETWORK

Retroactive Payment for FQHC Claims for Primary Care

The Department is pleased to report that HCFA and the State have finally resolved all outstanding issues related to the Department's claim for FQHC reimbursement for Primary Care retroactive to 1990. As has been reported to the Health Commission over the past year, the Department's claim for retroactive cost based reimbursement was audited and challenged by the State. All audit adjustments have been adjudicated, and the State has paid the outstanding claims totaling $11 million. Of this amount, 20% will be paid to Deloitte and Touche and 80% will be retained by the Department. As you know, the firm of Deloitte and Touche was instrumental in developing the cost reports and claims and in representing the Department during the audit and settlement proceedings. I also want to recognize the continued perseverance and effort from Bob Prentice and Keith Hearle to favorably resolve this important financial claim.

Grants Awarded to Seroepidemiology and Surveillance Section

I am pleased to report that the Seroepidemiology and Surveillance Section of the Community Health and Safety Branch was recently awarded two new grants to develop and evaluate enhanced partner notification activities for persons testing positive for HIV.

One grant, awarded by the Centers for Disease Control and Prevention, is for $151,123 per year and has a three year cycle. We were the only locality to receive this award. The other grant was awarded by the Kaiser Family Foundation and provides for $63,000 for one year.

The aim of these grants is to develop and evaluate enhanced partner notification activities for persons with recent or long standing HIV infection. These partner notification activities will make use of a new laboratory technique which differentiates persons whose HIV infection was acquired within the past four or five months from persons whose infection is of longer duration. The test is important because it is difficult to provide optimal partner notification services when persons newly test HIV-positive but it is unknown for how long they have actually been infected. The Kaiser Family Foundation grant provides funding to develop training programs and manuals for HIV testing counselors that will incorporate the use and implications of the new testing method. The Centers for Disease Control and Prevention funding will enable us to apply the new testing technology to persons seeking HIV testing at selected public testing sites and to offer enhanced partner notification services for HIV infected persons. We will compare the impact and effectiveness of enhanced partner notification services among recently infected persons and among persons whose HIV infection is of longer duration. Coupled with the introduction of enhanced partner notification services will be expanded efforts to refer infected persons into medical care and to refer uninfected persons into prevention services.

Diversion Statistics

Critical Care Diversion for the period October 1 through 20, 1997 is as follows:

Critical care diverted for 12.7% or 60 hours and 58 minutes.
The Emergency Department diverted for 8.3% or 39 hours and 40 minutes.

PUBLIC HEALTH

Viral Load Testing

The Health Department is pleased to announce that the Department of Health Services of the State of California has awarded us free HIV viral load tests. For the City as a whole they have awarded 2,911 tests for fiscal year 1997-1998. In addition, they have awarded 1,250 tests to the Mission Neighborhood Health Center's Early Intervention Project for the same period. As a condition of the award all viral load tests must be performed at the Public Health Laboratory. At the current time our viral load tests are performed exclusively at San Francisco General Hospital.

The Commission will remember that approximately one and a half years ago, we reported that Chiron Corporation had generously agreed to provide free reagents for viral load tests for indigent persons in the City and County of San Francisco. The Health Department covered the costs of the labor of performing these tests. With the State's generous award we will now be able to reduce our reliance on Chiron's free reagents and also recoup the costs of the labor of performing these tests. Chiron has graciously agreed to continue supplying free reagents for viral load tests above the limit set by the State, so that we can completely address the community need for these tests.

While the Public Health Laboratory does not currently perform this test, they perform tests that utilize similar methodology. I am certain that under the capable leadership of our Laboratory Director, Dr. Sally Liska, our Laboratory will soon be up to speed on this important technology.

Postexposure Prevention of Sexual and Drug Use Exposures to HIV

The San Francisco Postexposure Prevention Project (PEP) began its pilot phase on October 13. The PEP project provides counseling and medication for individuals within 72 hours of a significant exposure to HIV from sexual or drug use exposures. The goal is to abort HIV infection. The project is a collaborative of the SF Department of Public Health, the AIDS Clinic at SFGH and UCSF, and the Center for AIDS Prevention Studies. Since March of this year, a Community Advisory Board has assisted the researchers in being responsive to community needs. Numerous trainings and presentations have been provided to community based organizations throughout the City. In September, the research project received preliminary approval for NIH funding for the next three years. Prior to this funding being released by the federal government, the project has been and will be funded by private donations, funds from the City and County of San Francisco for routine STD services to these high risk individuals as well as donations of medications from pharmaceutical companies.

The opening of the project was accompanied by a significant amount of media attention. Unfortunately, most of the media continued to use the term "morning after pill" to describe the project. Journalists did recognize that PEP is a controversial project that should never replace primary prevention. Prior to the opening of the pilot phase, clinicians involved with the project treated approximately 15 individuals who had high risk exposures to HIV. All have had significant psychosocial concerns such as depression, drug abuse and alcoholism. Since October 13, 4 people have been enrolled in the pilot phase of the project at San Francisco General and City Clinic. A dozen people have called the hotline for more information. All the people enrolled thus far had a high risk exposure after many months of safe behavior. Most people attributed the cause of their exposure to low self esteem, drug use and/or depression. All people who have come to the two clinical sites have chosen to take medications in addition to counseling and testing. The clinical sites are now open seven days a week with an additional on-call system where clinicians respond to all inquiries within twenty minutes, 24 hours a day (502-5PEP). The project is expected to enter the accrual phase in January 1998 with funding to provide counseling, testing and medication for 500 individuals.

AIDS/HIV Life Center Lease

On October 22, the Finance Committee of the Board of Supervisor will consider a resolution authorizing a lease of property located at 2299 Market Street (at the intersection of Noe and 16th Streets) for an AIDS/HIV Life Center. If approved, the Department of Public Health will lease approximately 15,000 square feet of a proposed community health facility that will be built on this site. The Department will sublease this space to two or three HIV service providers, creating an AIDS/HIV community services center in the Castro District.

The term of the lease is for a 10 year period with three 5 year options to renew the lease. The cost of the lease is $1.37 per square foot per month, plus operating costs. The owner will make a good faith effort to retire the construction debt with 10 years, at which time DPH lease payments are expected to be reduced to zero.

The Department is pleased to enter into a partnership with the Life Church in order to develop this important community resource.

Domestic Violence in the Workplace Policy

As we recognize Domestic Violence Awareness Month, I am pleased to report completion of a policy on domestic violence in the workplace. Domestic violence has a direct bearing on productivity, effectiveness, absenteeism and employee turnover in the workplace. The National Crime Survey estimates that 175,000 days per year are missed from paid work due to domestic violence. *The Domestic Violence in the Workplace* Policy is intended to heighten awareness concerning domestic violence and to provide guidance

for employees and management to address the occurrence of domestic violence and its impact in the workplace. I consider this an important step in the work of public health to decrease and eventually prevent violence at home and in the workplace.

September statistics are available at the Commission Office.

5) CONSIDERATION OF A RESOLUTION SUPPORTING THE COMMISSION ON THE STATUS OF WOMEN'S EFFORTS TO SEEK RATIFICATION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) AND TO IMPLEMENT THIS CONVENTION AT LOCAL LEVELS IN THE CITY AND COUNTY OF SAN FRANCISCO

Kate Monico-Klein, DPH Coordinator for Women's Services, reported that the Human Rights Commission and the Commission on the Status of Women will be holding a public hearing on October 30, 1997 on the Convention. The hearing will address women's human rights with a focus on health, violence, and economic development. Additionally, the hearing will highlight strategies for local collaboration to achieve equity for women in San Francisco.

This resolution is part of the effort to gather San Francisco support for an International Bill of Rights for Women. So far, 161 countries have supported the resolution.

Commissioner Guy supported the global perspective on the issue and being part of the international community. She will attend the hearing on October 30 and will represent the Health Commission.

Action Taken: The Commission unanimously adopted Resolution #2597, entitled "Supporting the Commission on the Status of Women's Efforts to Seek Ratification of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and to Implement this Convention at Local Levels in the City and County of San Francisco," (Attachment A.)

6) CONSIDERATION TO APPROVE A LETTER TO THE MAYOR AND BOARD OF SUPERVISORS CERTIFYING ADEQUACY OF FUNDS APPROPRIATED TO DPH IN FY 1997-98

Monique Zmuda, Chief Finance Officer, reported that in conformance with Charter Section 9.115 and Administrative Code Section 3.14, the Commission and Department Head need to certify to the Mayor, Board of Supervisors, and Controller that the Department's budget is sufficient to meet the needs and goals of the Department. Ms. Zmuda reported that this letter (Attachment B) indicates that funding to the Department of Public Health provided in the budget for fiscal year 1997-98 as adopted by the Board of Supervisors is not adequate to meet service levels as proposed to the Board without supplemental appropriations during the fiscal year. Supplemental appropriation requests anticipated by the Department of Public Health will be funded by new revenues to the Department or through funding reserves established by the Board of Supervisors.

Action Taken: The Commission unanimously approved the letter.

7) PRESENTATION OF AN UPDATE ON THE PREVENTION UNIT OF THE PUBLIC HEALTH DIVISION

Larry Meredith, Ph.D., Director of Community Health Promotion and Prevention (CHPP) submitted an overview of Health Promotion and Prevention, the progress to date on the emerging organization, and the challenges associated with the implementation of the vision of healthy people living in healthy communities, including health care reform with its cost cutting focus, the burden of injury and disease, and the complex mix of environmental and personal factors affecting health and well-being. For a copy of the full report, contact the Commission Office (554-2666)

Dr. Meredith introduced members of his staff:

Ginger Smyly, MPH, Deputy Director of CHPP
Barry Brinkley, MPH, Director of HIV Prevention Services
Brian Katcher, Pharm. D.
Kate Monico-Klein, MSW, Coordinator of Women's Services

Ms. Smyly gave an overview of what the core functions of public health are.
Dr. Katcher gave a historical perspective on prevention. Michael Radetsky, CHIPPS, described the planning efforts for injury prevention.

Commissioner Guy raised the question of how is the Department including poverty, discrimination, socio-economic class, as driving forces causing disease.

Commissioner Parker emphasized the importance of community involvement in the planning of prevention activities. He also asked what percentage of the Department's budget is allocated to prevention activities.

Dr. Meredith and CFO Monique Zmuda reported that about 2% ($17.8 million) of the Department's total budget is allocated to prevention.

Commissioner Chow pointed out that the 2% is a small amount. He requested a report on the results of the prevention programs and stressed the need to prioritize the prevention activities.

Dr. Katz stated that the CHPP Unit is in the process of a complete reorganization. At the budget level, there is a need to prioritize prevention in relation to health services.

Dr. Meredith will be developing a CHPP strategic plan, which will be presented to the Commission.

8) PRESENTATION OF AN UPDATE ON PRIMARY CARE OF THE COMMUNITY HEALTH NETWORK (CHN)

Jan Murphy, MBA, Primary Care Administrator, submitted a progress report on the development of primary care services in the Community Health Network (CHN), (Attachment C.) The goal is to have a single primary care network with seamless access by patients to the other functional areas within the integrated delivery system of the CHN. The primary care network will continue to provide high quality health care in a cost effective manner, increase access to care, respond to market driven changes in health care, and maintain high patient satisfaction.

Ms. Murphy reported that Community Advisory Boards are in place at each primary care site. The emphasis at the points of service delivery is customer service. Because the CHN has to be competitive and business-

like, some of the physical plants need to be upgraded. Data collection and analysis are also being accomplished through available technology.

Dr. David Ofman, Medical Director of Primary Care, reported on the integration of the medical staff, with the goal of creating a seamless, community-focused network oriented system.

Ms. Murphy stated that Primary Care needs to work on joint projects with the Prevention Unit. She also emphasized that the underlying mission of the CHN is still to serve the underserved.

President Chow thanked the staff for their ongoing work to provide cost effective, comprehensive primary care by integrating the community-based and hospital-based models.

9) UPDATE ON THE HIV REPORTING POLICY

Dr. Mitchell Katz, Interim Director of Health, submitted an article, "National HIV Case Reporting for the United States" from the New England Journal of Medicine to the Commissioners. For a copy, call the Commission Office (554-2666).

Dr. Katz presented an update (Attachment D) providing background information and describing three options being discussed at the Centers for Disease Control.

Public Speakers: Frederick Hobson
Denise D'Anne
Steve Heiling, S.F. Medical Society and Mayor's Committee on AIDS
Fred Dillon, S.F. AIDS Foundation

Commissioners' Comments:

- names should not be reported
- no compelling reason to change present Commission policy; no scientific reasons
- funding issues are not enough reasons to change the policy
- present Commission policy should be maintained
- there are many conflicting issues
- San Francisco does well with partners notification and confidentiality; other cities may not

President Chow requested the Department to continue providing information on the issue to the Commission so that Commissioners become more educated. After the Mayor's AIDS Summit scheduled for January 27, 1998, the Commission could relook at the issue of any change in the Commission's present policy.

10) OTHER BUSINESS/PUBLICOMMENTS

None.

11) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A) POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11. (PENDING LITIGATION):

Action Taken: The Commission unanimously decided to conduct a closed session on the two items.

1) CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT AGREEMENT FOR CAROLYN MITCHELL V. CCSF, USDC #C96-3872 PJH, IN THE AMOUNT OF $95,000

Action Taken: The Commission unanimously approved the proposed settlement in the amount of $95,000.

2) CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF LITIGATION OF $150,000 AND WAIVER OF LIEN OF APPROXIMATELY $1,900 FOR MICHAEL PRESTIDGE V. CCSF ET AL, SUPERIOR COURT #955-602 AND #976-234 (CONSOLIDATED)

Action Taken: The Commission unanimously approved the proposed settlement.

B) DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION

Action Taken: The Commission unanimously finds that it is in the best interest of the public not to disclose its closed session deliberations.

12) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(a) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9(b) AND SUNSHINE ORDINANCE SECTION 67.8:

Action Taken: The Commission unanimously decided to conduct a closed session on one item.

1) CONFERENCE WITH LEGAL COUNSEL REGARDING HEALTH COMMISSION POLICY ON ETHNICITY AND GENDER COMPOSITION OF BOARD AND STAFF

NUMBER OF POSSIBLE CASES: ONE AS DEFENDANT

B) DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14(a) ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSION HELD IN CLOSED SESSION

Action Taken: The Commission unanimously finds that is in the best interest of the public not to disclose its closed session deliberations regarding possible litigation.

No decision was made.

11) PUBLIC COMMENTS

The meeting was adjourned at 7:00 p.m.

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Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

Emergency Medical Services/Hospital Diversion

Hospital diversion sometimes referred to simply as "diversion" occurs when a Hospital determines that it can no longer accommodate additional patients and temporarily redirects ambulances away from them. In our system, we use two types of diversion: 1) Critical Care Diversion, and 2) Hospital Total Diversion. Critical Care Diversion occurs when a Hospital determines that it is unable to accommodate additional critical care patients from the EMS System due to the unavailability of critical care (ICU) beds. Critical care bed unavailability can occur because all critical care beds are filled to capacity or because there is no available staff to cover additional patient care. Hospital total diversion occurs when a Hospital determines that its Emergency Department is unable to provide care to additional ambulance patients because it is filled to capacity.

Critical Care and Hospital Total Diversion have increased during the month of September. The combination of Critical Care and Total Diversion effectively creates a higher Critical Care Diversion problem. Critical Care Diversion was suspended for 8 hours during this month due to heavy critical care diversion activity. Critical care diversion suspension, which is referred to as "diversion suspension" occurs when five or more Receiving Hospitals are on either Critical Care Diversion or a combination of Critical Care and Hospital Total diversion. During a diversion suspension, hospitals are unable to redirect ambulance transported patients to other facilities and instead must accept "all-comers." This is done so as to maintain ambulance availability for the next 911 medical call. It should be noted that the diversion suspension in September was highly unusual because it occurred outside of the typical "diversion season" of the winter months. Overall, diversion suspension has been utilized in January, March, July and September of this year, which indicates the increasing frequency of diversion for many Receiving Hospitals in our EMS system.

Critical Care Diversion provides hospitals with a safety net to alleviate temporary bed or staffing shortages; however it was not designed as a long-term solution to the lack of availability of Critical or Emergency Department Care. The diversion system must be balanced against the need for critically ill ambulance patients to reach definitive care quickly, both for those patients already in an ambulance and those patients about to access the EMS System. The least desirable outcome would be a system in which diversion is overutilized and frequently suspended, thus forcing Receiving Hospitals to take patients for which they are unprepared. The EMS Section of the DPH is pursing the development of a strategy with the Receiving Hospitals to improve the Hospital Diversion situation and will keep the Health Commission advised of the results.

In the Workplace

- About one in five women victimized by spouses or ex-spouses report that they had been a victim of a series of at least three assaults in the preceding six months;

- Domestic violence has a direct bearing on productivity, effectiveness, absenteeism and employee turnover in the workplace;

- The National Crime Survey estimates that 175,000 days per year are missed from paid work due to domestic violence;

- In 60,000 incidences of on-the-job violence each year, the victims know their attackers intimately;

- A study of domestic violence survivors found that: abusive husbands and partners harassed 74 percent of employed battered women at work, either in person or over the telephone, causing 56 percent of the victims to be late for work at least five times a month; 28 percent of the victims had to leave work early at least five days a month; and, 54 percent of the victims missed at least three full days of work a month as a result of domestic violence.