

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

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

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 29, 2008

At

3:00 p.m.

101 GROVE STREET, ROOM 300

San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order at 3:05 p.m.

Present: Commissioner James M. Illig, President
Commissioner Sonia E. Melara, MSW, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Margine A. Sako
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters, R.N., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 22, 2008

Action Taken: The Commission approved the minutes of the January 22, 2008 Health Commission meeting with corrections. On pages 15 through 18, Commissioner Waters name was correctly noted. On page 6 the minutes were changed to reflect that Commissioner Waters abstained from voting on Item 3.11 and Item 3.12.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Sanchez attended the Budget Committee meeting.

For Approval

(3.1) AIDS OFFICE-HIV Epidemiology – Approval to accept and expend retroactively a new multi-year grant to the Department of Public Health from the Centers for Disease Control, in the amount of \$1,254,675 (\$418,225 per year) for the period of January 1, 2008 to December 31, 2010, and to request the approval of a retroactive multi-year contract (3 years) with Public Health Foundation Enterprises, Inc. (PHFE) in the amount of \$143,901 plus \$17,268 (12% contingency as requested by Health Commission) to total \$161,169 for the period of January 1, 2008 to December 31, 2010.

(3.2) DPH-Central Admin – Request for approval of a resolution authorizing the Public Health Department to accept a gift of a Data Center and an Electronic Medication Administration Record System for the San Francisco General Hospital from the San Francisco General Hospital Foundation.

(3.3) DPH-Central Admin – Request for approval of a resolution authorizing the Department of Public Health to retroactively accept a gift from the San Francisco General Hospital Foundation with a monetary value of \$104,538 to back-fill staff attending training designed to decrease the risk of cardiovascular events (heart attacks and strokes), for the time period of January 1, 2008 through December 31, 2010.

For Discussion and Approval

(3.4) AIDS OFFICE-HIV Health Services – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of \$825,506, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community Based Organizations Capacity Building Project, for the period of September 1, 2007 through August 31, 2008 (1 yr).

(3.5) AIDS OFFICE-HIV Health Services – Request for approval of a retroactive renewal contract with Westside Community Mental Health Center, in the amount of \$134,400, which includes a 12% contingency, to provide out patient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 29, 2008 (1 yr).

Commissioners' Comments

- Commissioner Chow said it is clear that the agency has been unable to meet objectives. Westside is a valuable agency. What went wrong and how can the agency be turned around? Abner Boles, Westside Executive Director, said there were two primary problems: hiring and recruiting staff and a service design that did not seem to fit what the target population needed or wanted. Bill Blum, HIV Health Services, said that this contract will not continue this year. Staff is examining how mental health services will be configured and provided under the Center of Excellence. Barbara Garcia added that this contractor is now being reviewed by the Contract Oversight Committee. They are developing a major corrective action plan that applies to the entire agency. Ms. Garcia will bring this work to the CHN Joint Conference Committee.

(3.6) AIDS OFFICE-HIV Prevention – Request for approval of a retroactive contract modification with Public Health Foundation Enterprises, Inc., in the amount of \$1,622,326, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section-HIV Surveillance Activities, for the period of March 1, 2007 through December 31, 2010 (3 yrs 10 mos).

(3.7) AIDS OFFICE-HIV Prevention – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of \$291,627, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2008 through December 31, 2008 (1 yr).

Jimmy Loyce, Executive Director of Black Coalition on AIDS (BCA) introduced BCA board president Judy Young and board member Charles Huff, as well as members of his team. He said that BCA has worked very hard to correct the documentation problems. They believe they have already made changes necessary to document the work they do on behalf of the community and they are working very closely with the department to address the issues identified in the corrective action plan. The issue is not delivery of services. Ms. Young, Board President, said that the Board is pleased with the quality of service that BCA provides to the community. They have increased the number of clients and the number of services. The Board remains very engaged with the executive director and is committed to this endeavor.

Commissioners' Comments

- Commissioner Sanchez said the Department needs data in order to document that dollars are being allocated effectively and having an impact on clients. He asked Barbara Garcia to discuss the new baseline the Department is expecting from all of its agency partners. Ms. Garcia said that the integration of the AIDS Office into Community Programs give us the opportunity to look at all the funding sources that BCA gets from DPH. She will be developing a comprehensive corrective action plan to support their organization, and will work very closely with the executive director on plan and negotiate timelines. They will be using this tool to assist all organizations in the Department.
- Commissioner Chow clarified that the issues are around documentation and not delivery of services. Dr. Colfax said this is correct; the Department is satisfied that BCA is delivering the units of service. Mr. Loyce described the steps the agency will take to make sure documentation meets DPH standards. Ms. Garcia said that the fact that Mr. Loyce is a new director will be taken into consideration in terms of timelines, and there is no doubt about his commitment to making these changes. Commissioner Chow said BCA is a very important organization that allows DPH to deliver services to a vulnerable population. He asked that an update be given to the CHN JCC in 90 days.

4) ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT FOR 2008

Commissioner Tierney nominated Commissioner Illig for President of the Health Commission.

Action Taken: The Commission unanimously approved Commissioner Illig as Health Commission President for 2008.

Commissioner Illig thanked his colleagues on the Commission. He is interested in making sure the four new commissioners feel welcome, understand the roles and responsibilities and as we move forward in reviewing the Commission's policies and procedures. This is the biggest department in the city, there are looming budget cuts, and he looks forward to facilitating the Commission as it embarks upon the year ahead.

Commissioner Illig nominated Sonia Melara as Health Commission Vice President.

Action Taken: The Commission unanimously approved Sonia Melara as Health Commission Vice President for 2008.

5) **DIRECTOR'S REPORT**

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Health Care Security and Cost Reduction Act (AB X 1 1)

Yesterday, the Senate Health and Human Services Committee failed to pass the Health Care Security and Cost Reduction Act (ABX1 -1; Assembly Member Nunez). The goal of ABX1 1 was to ensure that every Californian has access to health coverage. The bill received only one yes vote. Seven Senators voted in opposition and three abstained. While many Senators indicated their support for components of the legislation, major reasons cited for not supporting the legislation were: (1) fiscal uncertainty given the State budget deficit and the recently released Legislative Analyst's Office report on the bill's financing, (2) concern over the individual mandate, and (3) insufficient employer contributions. Neither the author (Assembly Speaker Nunez) nor the Governor indicated next steps. The Department will keep the Health Commission apprised of any key developments with respect to health care reform on the State level. This item will be discussed further today in the Legislative Report by the Office of Policy & Planning.

MRSA

On Jan 14th and 20th the *San Francisco Chronicle* ran front page stories about Methicillin-resistant *Staphylococcus aureus*. The first story described a recent UCSF/SFGH study published in *Annals of Internal Medicine* comparing data from four studies and noting a multi-drug resistant (MDR) MRSA strain with a high incidence in the Castro district ZIP code, and a higher risk among gay/MSM seen at the HIV clinic at SFGH compared to non-gay/MSM patients with MRSA there. It should be noted that while the study identified a high incidence among MSM, MRSA is present in the general population and is not necessarily associated with sexual transmission. Although the strain USA300 is multiply resistant, it is also sensitive to an old antibiotic (Septra) and often resolves with simple drainage. There was an unfortunate reference to MRSA as a "new gay disease," and the graphics that accompanied the article raised unnecessary concern. Neither the research nor the Department of Public Health supports this premise. In response to the growing awareness and incidence of MRSA, the Department is participating in a Community Forum tomorrow, Wednesday, January 30 at the LGBT Center from 7-9 p.m. Clinicians from DPH and UCSF will discuss the latest research on MRSA and provide those in attendance with information on how the disease is spread and how to prevent transmission and recognize the early symptoms.

Divisions within DPH have collaborated to update our MRSA-related webpages. The Department also disseminated a Health Advisory to San Francisco clinicians on Jan 22. I am providing some of the direct links to these sites. <http://www.sfcdep.org/index.cfm?id=100>
<http://www.sfcdep.org/index.cfm?id=57>
<http://dphwww.sfdph.org/sfcityclinic/providers/default.asp#MRSA>

Questions or issues about MRSA can be referred to our Communicable Disease Control Unit at 554-2830. STD Section has also spearheaded the creation of an MSM-related MRSA work group with DPH, UCSF, and community representatives. Supervisor Dufty has called for hearings which have been scheduled for February 6.

Healthy San Francisco Continues to Draw National Attention

Since its inception, Healthy San Francisco has drawn attention from hundreds of individuals throughout the US, hoping to use the model or one like it, to provide healthcare access to uninsured people. We are proud of the attention that Healthy San Francisco has garnered and continue to share our knowledge and experience as widely as possible as it relates to establishing this creative program. Dr. Katz attached to his report a copy of this week's *New England Journal of Medicine* that also published an article about Healthy San Francisco.

Kaiser Specialty Care Initiative Proposal

Dr. Katz announced that our San Francisco Healthcare Safety Net Coalition proposal for the "Development of Better Specialist-Primary Care Provider Co-Management Strategies Using an Electronic Referral System (eReferral)," has been selected for funding by the Kaiser Permanente Foundation. The process involved highly competitive proposals from many applications from around the state. The success of this proposal is largely a result of a cohesive and outstanding team paired with an innovative proposal. The end result of the eReferral system, as stated in our proposal, will "enhance the efficacy and efficiency of specialty medical care by harnessing information technologies to transform the specialist-primary care provider relationship."

Town Hall Meeting and Film Screening of "Unnatural Causes: Is Inequality Making us Sick?" The Department of Public Health is holding a Town Hall Meeting on Land Use and Health titled "Building an Inclusive San Francisco: Actions for Health and Equity through Land Use Decision Making," tomorrow at 4 p.m. at the San Francisco Public Library Main Branch, Koret Auditorium. The event includes the San Francisco premiere screening of "Unnatural Causes: Is Inequality Making us Sick?" a new documentary by California Newsreel. The screening is augmented by a panel discussion with public officials, city agencies, community organizations and developers followed by public dialogue. Co-sponsoring organizations are offering a networking reception with outreach materials after the panel discussion. The event is free, wheelchair accessible and open to the public. Former Commissioner Roma Guy was involved in the planning and development of the meeting and hopes you can join her at this exciting event.

WE CAN!

Chinatown Public Health Center (CPHC) is kicking off WE CAN!, a national intervention educational program designed for parents and caregivers to help children ages 8-13 stay at a healthy weight. WE CAN! stands for "Ways to Enhance Children's Activity & Nutrition." The 12 week program, which began January 25th, was piloted at 14 national sites in diverse healthcare agencies and community settings. It has already been piloted in communities of color involving African American and Latino families. Chinatown Public Health Center is planning to take up the challenge by implementing a bilingual (English & Cantonese) and culturally adapted WE CAN! program to meet the needs of these families with weight concerns.

Association of California Nurse Leaders 2007 Excellence in Leadership Award

Sue Currin, RN, SFGH Chief Nursing Officer has been selected to receive an award from the Association of California Nurse Leaders for excellence in nursing leadership and advancement of clinical practice. Ms. Currin was nominated by her ACNL colleagues who recognized the many

contributions and advancements she has made to the nursing profession. She will receive the award during an awards luncheon at the 30th Annual ACNL Conference, *Win, Place or Show: Leadership on Track*, on February 13.

SFGH Grants and Awards

SFGH received a grant of \$50,000 from the Richard & Rhoda Goldman Foundation in support of hiring a new bilingual Options Counselor at the Women's Options Center.

Death of Samuel Hughes, MD

Sam Hughes, MD, passed away on Saturday, January 19. Dr. Hughes worked at SFGH for almost 30 years and was a recognized world leader in the field of obstetrical anesthesia. During the course of his career, he provided compassionate care to countless underserved patients undergoing surgery at SFGH and acted as a voice of reason in the early days of the AIDS crisis when hysteria threatened the ability of at-risk populations to receive surgical treatment. During his long and distinguished career, Dr. Hughes was a prolific writer whose works appeared in textbooks, scientific journals and other professional publications. He supervised thirty fellows and trained hundreds of residents in Anesthesia and Obstetrics. He will be honored posthumously with a Distinguished Service Award at this year's annual Society for Obstetrical Anesthesia and Perinatology conference.

Commissioners' Comments

- Commissioner Tierney said the press coverage of MRSA was outrageously homophobic. The AIDS Office and STD Branch came together in a wonderful way, held three community meetings and developed an advisory to physicians and an advisory to the community.

6) CHARITY CARE REPORT AND CONSIDERATION OF A RESOLUTION

Alicia Neumann, Senior Health Planner, Office of Policy and Planning, presented the Fiscal Year 2006 Charity Care Report. Anne Kronenberg, Deputy Director of Health, provided the Commission with background to the report and the goals of the Charity Care Project. This is the sixth annual report designed to meet the requirements of the Board of Supervisors Charity Care Ordinance. Five hospitals are subject to the Charity Care Ordinance—St. Francis, St. Mary's, Chinese, St. Luke's and CPMC. Three hospitals—Kaiser Permanente, San Francisco General Hospital, UCSF—participate voluntarily. All actively participate in the Charity Care Project.

In addition to charity care, community hospitals provide a variety of other community services designed to improve the health status of the entire community. The definitions of these activities are not clearly defined. The report provides an estimated value of hospital community benefits for all hospitals.

Recommendations for 2007-2008

- The Charity Care Project and its hospital members should pursue support for Healthy San Francisco in the following ways: 1) Nonprofit hospitals will implement access to the web-based eligibility and enrollment system for Health San Francisco; 2) Nonprofit hospitals will continue to provide charity care to HSF participants with emergency health care needs; 3) A new voluntary reporting category identified at "Healthy San Francisco Charity Care" will be added to the annual San Francisco Charity Care Report Summary; 4) A new voluntary reporting category identified as "Healthy San Francisco Community Benefits" will be added to the annual San Francisco Hospital Charity Care Report Summary.

- The Charity Care Project should continue to meet and expand its conversation and efforts to increase and improve the provision of charity care and other community benefits to populations with disproportionate unmet health care needs.
- The Charity Care Project should continue to standardize, analyze and apply reported data on charity care and other community benefits, collaborating with Building a Healthy San Francisco, and promoting institutional reforms and community benefits standards recommended by the Public Health Institute.

Public Comment

- Dick Hodgson, San Francisco Community Clinic Consortium, said the Community Benefits piece is very important to the support of their clinics.
- Wanda Roane, on behalf of Dr. Martin Brotman, read a letter from Dr. Brotman in relation to California Pacific Medical Center and St. Luke's Hospital (on file in the Health Commission Office.)
- Tom Bolger, Chinese Hospital, offered clarifying information to the report. The Chinese Hospital, Chinese Community Health Care Association and the Chinese Community Health Plan exist primarily to delivery quality, accessible care. The health plan provides low-cost health insurance to low income people and this particular community benefit does not fit into the Charity Care report.
- Stuart Fong, Chinese Hospital, said Chinese Hospital is involved in the San Francisco Hep B campaign, which is part of its community benefits program.
- Heath Madom, SEIU, said great progress has been made in terms of providing charity care and community benefits in San Francisco but this report underscores the need for CMPC to do more in terms of charity care.
- Abbie Yant, St. Francis Memorial Hospital, said the workgroup process has continued to evolve over the years. What they are looking for as they roll out Healthy San Francisco is less not more charity care. They are looking forward to the Charity Care Work Group joining with Building a Healthy San Francisco.
- Ron Smith, Hospital Council, said the hospitals in San Francisco want to work with the Health Department and Health Commission to improve health in San Francisco. He noted a number of partnerships.
- Barry Lawlor, St. Mary's Medical Center, said St. Mary Phillipa Health Center is the core of St. Mary's community benefits program. In 2007 there were 31,943 visits at the clinic, which was a 14% increase over the previous year. They are eager to address participation in Healthy San Francisco as a community based clinic.
- Lara Sallee, Kaiser Permanente, is pleased that more and more community benefit work has been included in the charity care report. She highlighted Kaiser's Safety Net Initiative.

Commissioners' Comments

- Commissioner Sako acknowledged the Charity Care Project for its hard work. The scope of this report is beyond what is mandated by legislation and is becoming the place where we can compare the health care that hospitals are providing. Commissioner Sako noted that the San Francisco Community Clinics Consortium data is not part of the report and asked if this data is available and could be included as an addendum. Ms. Neumann said the SFCCC does report to OSHPD so this information can be added as an addendum to the report. Commissioner Sako said St. Mary's raises funds from donors that are strictly restricted for charity care, and this is not captured in the report.
- Commissioner Tierney asked if there is a way to determine the number of charity care ED visits attributed to substance abuse. Ms. Neumann said they have not been collecting diagnostic data on the patients. Ms. Yant said the assessment committee is looking at disease states. Ms. Neumann said they can look at linking this to the Charity Care Report.
- Commissioner Melara asked if any thought has been given to a public information campaign to publicize that health care is available at hospitals. Ms. Neumann said the ordinance requires patient notification on site at the hospital, but to her knowledge there has not been massive advertising on the part of hospitals that charity care is available. Mr. Lawlor said that many of the hospitals participate in health fairs and disseminate information about charity care services. Mr. Smith added that they advertise in the Bayview Newspaper and the Sun Reporter about how to access health at all the hospitals. Shirley Lampkin from CPMC said they will be hiring a patient navigator to help navigate individuals living in their zip code back to CPMC.
- Commissioner Tierney asked hospitals to describe how they ensure equal care for charity care clients. Barry Lawlor said at the Sister Mary Phillipa the provider is blind to the insurance status information, so there is no difference in terms of patient experience. Ron Smith said through the African American Health Disparities Initiative hospitals eagerly participate in a day-long training session on this topic, and a steering committee meets monthly to discuss opportunities for improvement.
- Commissioner Chow is concerned that while we have a plethora of examples of community services, some of the data can be misused, as demonstrated by the San Francisco Chronicle article. Many of the community benefits programs described in the report are meeting county needs. It might be useful to quantify all the services that are provided as well as savings to the county. He is also interested in how hospitals' participation in Healthy San Francisco will be recognized in future reports. Commissioner Chow said 90% of Chinese Hospital patients have Medicare, Medi-Cal or subsidized health insurance.
- Commissioner Sanchez said a lot of concern was generated when this legislation was first adopted. Just six years later we have a fairly comprehensive database of programs and services and are having conversations about how to further make a difference in the quality and level of care in San Francisco.
- Commissioner Illig noted the significant contribution of St. Mary's Hospital, St. Francis Hospital and St. Luke's Hospital. Commissioner Illig asked if State law defines community benefits. Ms. Neumann said State law requires that hospitals self report but does not standardize how they self report. The Public Health Institute has developed standards and all hospitals in San Francisco report based on these standards. Commissioner Illig asked if the issue raised by Commissioner Sako is being examined. Ms. Yant said this is an

outstanding issue. Commissioner Illig said it would be helpful to outline what the Public Health Institute standards are in future reports. Ms. Neumann said one of the limitations is that the report only looks at what the hospitals are spending, not what they are raising. Commissioner Illig said they should look at acknowledging those individual physicians who serve charity care patients. Commissioner Illig asked why the report specifically says, in regard to the Healthy San Francisco recommendation, that the recommendation does not propose to reimburse for services provided by hospitals to Healthy San Francisco participants. Ms. Neumann said the agreement is that the hospitals will continue to provide charity care to people who are part of Healthy San Francisco, but the health plan would not reimburse the hospitals for this charity care. Dr. Katz said that we want hospitals to take credit for charity care. If we start to pay for this care, it would not be charity care. Clinics that chose to be primary care homes will be reimbursed.

Follow up

- In future Charity Care Reports, include the following information:
 - Add the data that the San Francisco Community Clinic Consortium submits to OSHPD as an addendum to future Charity Care Report.
 - Consider linking diagnostic data to patient visits
 - Quantify all the services that are provided as well as savings to the county
 - Outline the Public Health Institute standards for reporting community benefits
 - Consider how to acknowledge the charity care provided by individual physicians
 - Include hospitals' financial information about directed fundraising that is restricted to charity care.
- Send the Health Commission resolution to the Mayor and Board of Supervisors

Action Taken: The Commission approved Resolution 01-08, "Supporting Recommendations Contained in the Fiscal Year 2006 Charity Care Report," (Attachment A).

7) **STATE AND FEDERAL LEGISLATIVE REPORT**

Jim Soos, Deputy Director, Office of Policy and Planning, presented the State and Federal Legislative Report. This report summarizes the Department's approach to legislative advocacy and the major legislative issues that impacted the Department in 2007. Mr. Soos described the Department's success in getting funding from State and Federal Sources as well as a number of bills that impact the Department.

Upcoming Issues at the Federal Level

- SCHIP battle to continue into November
- Administrative rule changes to Medicaid
- Climate Security Act and global warming
- Farm Bill in House-Senate Conference
- Health care coverage from Presidential candidates
- Ongoing Iraq war funding and operations
- Economic stimulus package

Upcoming Issues at the State Level

- Health Care reform
- Nutrition and obesity
- The built environment and land use planning

- Alcohol and drug treatment for minors
- A budget battle that will result in pain for real people

Public Comment

- Mo Kashmiri, SEIU, said SEIU has been very involved in the SCHIP fight. They will continue to work to pass SCHIP and get the extra funding and will be targeting legislators who voted against SCHIP. SEIU is still working to get AB X passed.

Commissioners' Comments

- Commissioner Illig asked if DPH is going to spend the federal Ryan White backfill this year or next fiscal year. Mr. Soos said the money was added to our current Federal fiscal year. Dr. Katz said that the Board said that if the City got the stop gap, the money reverts to the general fund.
- Commissioner Sako said that given that property tax will be reassessed and we have a billion dollar federal deficit, are we looking two or three years out about the impact. Mr. Soos has not looked at property tax reassessment but will do so.

8) **APPROVAL OF THE CLOSURE OF THE SFGH WORKERS COMPENSATION CLINIC**

Dr. Katz gave Commissioners a revised Project Change Request with corrections to the number of patients seen at the clinic. 2759 patients were seen in 06-07 with 9005 visits annually. Dr. Katz introduced Priscilla Morse from the Department of Human Services. He asked Ms. Morse to attend the meeting to answer questions about where the clinic clients will go when the clinic closes.

Public Comment

- Karen Bishop, SEIU Local 1021 member, spoke in support of keeping the Workers Compensation Clinic open.
- Annette Jagers, nurse case manager at the clinic, asked that the Health Commission keep the clinic open.
- Dr. John Hall, Medical Director of the clinic, asked the Health Commission to keep the clinic open.
- Dr. Sam Goldman, provider at the clinic, said that the greatest impact to the city's budget is to decrease lost time at work. They get workers back to work.
- Annette White, nurse case manager at the clinic, urged the Commission to keep the clinic open.
- Cheryl Kolsom said the clinic has been threatened with closure for the past three years and has been saved in all cases. The clinic provides exemplary service and should not close.
- Chandler White urged the Commission not to close the clinic. It provides great services with a short wait.

- Marjorie Melendez spoke against closing the clinic.
- Dr. Born said UCSF provides the only occupational training program in Northern California and provides services to SFGH. He asked the Commission not to close the clinic.
- Mo Kashmiri, SEIU, said if the clinic is closed there will be more employee injuries. Ultimately the closure will cost the city money. Do not close the clinic.
- Ed Warshauer, SEIU, asked the Health Commission to table this matter until after the Board of Supervisors hearing.
- Heath Madom, SEIU, urged the Commission not to close the clinic.

Commissioners' Comment

- Commissioner Melara asked if the other medical providers are all private providers. Priscilla Morse, Director of Workers Compensation for San Francisco, said they recently launched their Medical Providers Network, which includes a range of facilities and providers. They currently have five facilities in San Francisco and are looking to expand the panel if this clinic closes.
- Commissioner Chow asked if there are performance studies that compare various clinic outcomes in terms of getting people back to work. Ms. Morse said they have not done this in the past and do not have the technology to do this. DHR recently launched Project Emerge that will allow San Francisco to track lost time. This has been a very difficult endeavor. Commissioner Chow asked how many providers are in the network. Ms. Morse said employees must choose one of the clinics on the MPN. If they cannot be fully treated by the Occupational Health clinic they can be referred to a physician. The MPN clinics are St. Francis, CPMC, Kaiser Occupational Health, the clinic at AT&T Park and the Airport Clinic, plus three clinics in other counties.
- Commissioner Sanchez said they must have some data about patient flow. For example, does SFGH Clinic see the highest number of patients of all the clinics? Ms. Morse said yes. Commissioner Sanchez asked if any other clinics do prevention work. Ms. Morse said she does not know but she can get this information.
- Commissioner Illig asked why this is not in DHR's budget. Dr. Katz said that at the time the clinic was set up the State rates were better. At the time the thought was that the clinic would result in some revenue and cross-subsidize some of the indigent work. However under the current fee schedule the clinic cannot make money. In terms of the Department's priorities, this is the easiest of many cuts yet to come. The data about long-term cost savings to the city does not exist now. Commissioner Illig emphasized that the Health Department is looking at \$48 million in cuts coming down the pike and in this context this is a relatively easy cut.
- Commissioner Melara said the Health Commission is here to advise the city about where cuts should occur. She urged advocates to continue the dialogue with policymakers about moving this program under the City and County of San Francisco Department of Human Resources. Preventing injuries is the responsibility of every department in the City and County of San Francisco. We are here to make the least painful cuts.

- Commissioner Sanchez said this is the first of many cuts the Health Commission will be faced with. He wants to reinforce that this is a unique clinic with a unique residency program. Other programs, such as the oral surgery clinic, are also at risk. We need to work together and discuss ways in which we can maintain the excellence of these programs. We need to establish a formal dialogue with the Dean, the Executive Administrator and others to find mechanisms to maintain and expand these services.
- Commissioner Chow said that several months ago the Health Commission adopted budget principles in recognition that the Department will be faced with severe budget cuts. The Commission's responsibility is to give direction about the cuts that have the least impact. Otherwise we will have to cut the money from other services.

Follow up

- Send a copy of the Health Commission resolution to the Mayor and Board of Supervisors.

Action Taken: The Commission approved Resolution 02-08, "Approving the Closure of the Workers Compensation Clinic at San Francisco General Hospital," (Attachment B).

9) **PUBLIC COMMENT**

Gerry Villero, SEIU 1021, commented on Laguna Honda Hospital's decision to rapidly downsize the hospital's census.

Juan DeAnda said some people have problems with the MHSa planning meetings because there are all on Wednesdays from 10-12. There must be alternative meeting times so people can attend. The Latino and Asian centers have been excluded, and all are being held at Edgewood. He also invited commissioners to a forum that is being held in South San Francisco.

10) **OTHER BUSINESS**

The Commission discussed having a special meeting to consider the policies and procedures of the Health Commission. The meeting will be on March 25, 2008, if all commissioners are available to meet. Commissioner Illig asked that a preliminary discussion of Commission structure be added to the next meeting agenda.

11) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Chow reported that at the January 28, 2008 Laguna Honda Hospital Joint Conference Committee, John Kanaley reported that Clarendon Hall would close in July 2008, a year earlier than it was slated to close. Closing Clarendon Hall one year earlier allows all three buildings—the South, Link and East—to open simultaneously in 2009, resulting in a number of benefits, including a \$5 to \$6 million cost saving to the project and a \$2.3 million annual reduction in the operating budget. In order to move into the new buildings the census must be reduced to 780 beds, and closing Clarendon Hall helps get to that target. To effectuate this, Laguna Honda Hospital has stopped taking new admissions except in the following areas: acute rehabilitation; hospice; and Positive Care. Mr. Kanaley said they will also be admitting emergency cases from Adult Protective Services.

12) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a closed session. The Commission adjourned to Room 302.

The Commission went into closed session at 6:05. Present in closed session were Commissioner Illig, Commissioner Melara, Commissioner Chow, Commissioner Sako, Commissioner Sanchez, Commissioner Waters and Mitchell H. Katz, M.D.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATIONS:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

**EXECUTIVE SECRETARY TO THE HEALTH
COMMISSION, MICHELE M. SEATON**

D) Reconvene in Open Session

The Commission reconvened in open session at 6:45 p.m.

- 1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any items discussed in closed session.

13) **ADJOURNMENT**

The meeting was adjourned at 7:15 p.m.



Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (2)