

James M. Illig  
President

Sonia E. Melara  
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

James M. Soos  
Acting Executive Secretary

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, January 20, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 & ROOM 302

San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order at 4:05 p.m.

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 6, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the minutes of the meeting of January 6, 2009 without modification

3) APPROVAL OF THE CONSENT CALENDAR OF THE FINANCE COMMITTEE

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the consent calendar of the Finance Committee.

#### 4) DIRECTOR'S REPORT

##### **Healthy San Francisco and 2007 CHIS Data**

In December 2008, the University of California at Los Angeles Center for Health Policy Research released the 2007 California Health Interview Survey (CHIS) data. CHIS is a telephone survey of adults, adolescents, and children in each California county; it is conducted every two years. The survey is designed to provide information on the health and health care needs of the State's residents. The survey asks several questions regarding health insurance status and access. DPH has used CHIS to obtain the estimated number of uninsured San Francisco residents and to inform Healthy San Francisco program planning, operations, and enrollment projections.

Based on the 2007 CHIS survey data, there are an estimated 60,000 uninsured adults (18-64) in San Francisco. This represents an 18% decrease from the 2005 estimate of 73,000 which DPH has used to date. The reduction in the estimated number of uninsured adults from 2005 to 2007 is most likely attributable to the economic expansion between this time period. It is difficult to ascertain the exact impact the current recession will have on health insurance rates. DPH will start using the 60,000 uninsured adult figure. The reduction in the estimated number of uninsured will require DPH to reassess Healthy San Francisco enrollment projections. DPH is undertaking this analysis and Healthy San Francisco enrollment projections will be modified to inform the upcoming budget process.

##### **TB Screening in the Castro**

Disease control workers from the Tuberculosis (TB) Control section set up a special screening over the first two weeks of 2009 to screen about 200 workers from businesses in the Castro and SOMA. This is part of an expanded investigation that originated from a cluster of five TB cases, involving young gay men, with matching genotypes. Three of these are linked to bars and businesses in the Castro and SOMA. The screening, which involved the most advanced blood test available, was given to everyone and a chest x-ray was recommended for those who are HIV+.

Supervisor Bevan Dufty and staff from Magnet worked closely with Dr. Kawamura's office in reaching out to businesses in the community and encouraging them to distribute the information about TB to their workforce. Community support and cooperation from business owners and management has been exemplary.

Results from this large TB contact investigation are pending and will be reported in the near future.

##### **Enforcement of San Francisco Tobacco Control Laws Dramatically Cuts Illegal Sales to Minors**

To prevent the sales of tobacco to minors, San Francisco began conducting police decoy operations and began tracking the rate of illegal tobacco sales to minors in 1999. In 2005, the Department of Public Health began using the City's new retail tobacco retailer permit ordinance to enforce such illegal sales by suspending permits to shops that were found selling tobacco to minors. Between 2004 and 2005, there began a dramatic decrease in observed tobacco sales to minors. Based on the undercover operations, the percent of minors that were able to buy tobacco fell from 22.3% in 2004 to 17% in 2005 to 11% in 2008. These incredible results are testimony to the strength of legislation that addresses environmental factors affecting health, in this case youth's easy access to tobacco. This a good example of collaboration between a community coalition, the San Francisco Tobacco Free Coalition, which successfully advocated for the ordinance, and San Francisco City agencies that enforced accountability to these laws.

Here is a link showing the decrease in tobacco sales to minors from 1999 to 2008.  
<http://www.sfdph.org/dph/files/EHSdocs/Tobacco/TobaccoSales2Minors.pdf>.

### **American Lung Association of CA (ALAC) Issues Tobacco Control Report**

The Commissioners may have seen the article in last week's *Chronicle* highlighting portions of a report from the American Lung Association of California. The ALAC's annual Tobacco Control Report grades cities and counties in California on their local tobacco control policies and laws. This year the report grades were based on 3 categories: smoke free outdoor air, smoke free housing and reducing sales of tobacco products. San Francisco earned an overall grade of C, up from last year's D grade. In the reducing tobacco sales of tobacco products category, the City received an A due to its strong tobacco permit ordinance as well as two new ordinances adopted in 2008 which banned tobacco sales in pharmacies and banned tobacco giveaways in any place open to the public, including bars and nightclubs. In the smoke free outdoor air category, San Francisco received a D and an F in smoke free housing. Should legislation that is currently under consideration by the Board of Supervisors be adopted, however, San Francisco's grade could be improved to an A and B in the respective categories.

Despite what appears to be lackluster grades from the ALAC, I believe this Department and the City have proven to be leaders in many tobacco and smoking reform policies, as evidenced in the previous item regarding our success at decreasing illegal sales to minors. We will continue to advocate for smoke free environments and other public health policies that reduce the mortality and morbidity from the use of tobacco products. For a look at the complete study, go to <http://www.californialung.org/sotc-ca-local>. The Chronicle article can be accessed at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/01/14/BASB159AH4.DTL&hw=Lung+Association&sn=001&sc=1000>.

### **Highlight of Baby Friendly Hospital**

The KQED radio *California Report* produced a special segment this past week on breastfeeding and featured the Baby Friendly Hospital program at San Francisco General Hospital. The reporter also talked to the new mom and went on a home visit with a public health nurse. Clearly, the Baby Friendly Hospital program plays a major role in many young mothers' decision to breastfeed. It is no accident that SFGH has a 95% breastfeeding rate. Many thanks to Maya Vasquez, lactation consultant, for coordinating the information the reporter needed to produce the segment.

### **Office of Vital Records Staff Transfer to County Clerk**

We have begun the transition of some of the functions of the Office of Vital Records to the City Clerk's Office as approved by the Mayor. The County Clerk will assume responsibility for sales of historical birth and death certificates. DPH will continue to register all births and deaths occurring in San Francisco County and will also issue vital records of individuals whose births and deaths have occurred over the past two years.

This transfer of function which will occur April 1 and is consistent with vital records operations in every other California county, where the health department registers vital events and the Clerk or Recorder retains and sells historical records.

### **Environmental Health Promotes Integrated Pest Management**

On January 22, Miguel Monroy, Agricultural Commissioner/Sealer of Weights and Measures, will participate in the presentation of the *2008 Integrated Pest Management (IPM) Innovator Award* to PESTEC, the principal contractor for pest control work in the city and county. All of the work done in DPH Environmental Health promotes Integrated Pest Management by selecting techniques and

strategies that reduce the use of harsh pesticides, such as the use of natural pesticides and environmental management for West Nile Virus prevention.

### **Shape UP SF Walking Challenge**

The annual Shape Up SF Walking Challenge is scheduled for March 9 to May 15, 2009. This city-sponsored event is an opportunity for everyone who lives, works or plays in the city (such as Health Commissioners) to take time to increase their exercise. Form a team and together your team will make a virtual walk (bike, run, dance, swim, etc) up the California coast. You can exercise with your team members or on your own; regardless, all your activity will count toward the collective team goal of exercising the 1016 miles of the California coastline. More information will be forthcoming in the upcoming weeks or check the Shape UP SF website [www.shapeupsf.org](http://www.shapeupsf.org) for updates.

The level of interest in Shape UP SF has resulted in a three-fold increase in web traffic over the past year. The health profession has long recognized that stress can be mitigated through increased exercise of any type.

**San Francisco General Hospital & Trauma Center Credentials Report, January 2009**

	<b>01/09</b>	<b>07/08 to 06/09</b>
<b>New Appointments</b>	<b>5</b>	<b>178</b>
Reinstatements	<b>0</b>	<b>1</b>
<b>Reappointments</b>	<b>48</b>	<b>281</b>
Delinquencies:	<b>0</b>	<b>0</b>
Reappointment Denials:	<b>0</b>	<b>0</b>
<b>Resigned/Retired:</b>	<b>7</b>	<b>125</b>
Disciplinary Actions	<b>0</b>	<b>0</b>
Restriction/Limitation-Privileges	<b>0</b>	<b>0</b>
<b>Deceased</b>	<b>1</b>	<b>1</b>
<b>Changes in Privileges</b>		
Additions	<b>2</b>	<b>40</b>
Voluntary Relinquishments	<b>3</b>	<b>28</b>
Proctorship Completed	<b>14</b>	<b>144</b>
Proctorship Extension	<b>0</b>	<b>0</b>

<b>Current Statistics – as of 10/21/08</b>	
Active Staff	<b>511</b>
Courtesy Staff	<b>564</b>
Affiliate Professionals (non-physicians)	<b>245</b>
<b>TOTAL MEMBERS</b>	<b>1,320</b>

<b>Applications In Process</b>	<b>14</b>
<b>Applications Withdrawn Month of August 2008</b>	<b>0</b>
<b>SFGH Reappointments in Process 02/2009 to 05/2009</b>	<b>150</b>

Commissioner Questions/Follow-Up:

Commissioner Sako requested that the Commission receive a quarterly economic forecast from the Controller beginning in March.

**5) ELECTION OF HEALTH COMMISSION OFFICERS**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) re-elected Commissioner Melara Vice President of the Commission for 2009.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) re-elected Commissioner Illig President of the Commission for 2009.

**6) 2008 ANNUAL CHARITY CARE REPORT**

Anne Kronenberg, Director of Policy and Administration, Deputy Director of Health introduced the report. Ms. Kronenberg emphasized the collaborative nature of the Charity Care Report and the Charity Care Working Group. She thanked the private hospitals for their participation in Healthy San Francisco. She added that the Workgroup had three meetings on the direction of charity care in San Francisco, the result of which was the Community Benefit Partnership, which has agreed to work collaboratively on the provision of community benefits citywide. This year, the group looked to narrow the scope of the Charity Care Report to report only on what is required by the Ordinance, with an eye to providing a broader report next year on community benefits provided citywide.

Alicia Neumann, Senior Health Program Planner presented the report. A copy of Ms. Neumann's presentation is incorporated as part of these minutes.

Commissioner Comments/Follow-Up:

Commissioner Tierney asked about the hospitals' requirement to care for out-of-county residents. Dr. Katz responded that Welfare and Institutions code section 17000 requires that counties provide care to the indigents residing in its county. Under EMTALA, all hospitals are required to provide emergency care for anyone with an emergency who shows up at a hospital.

Commissioner Illig asked about how counties without a public hospital meet their requirements. Dr. Katz responded that each county meets its obligation in different ways.

Commissioner Illig asked how charity care interacts with Healthy SF. Dr. Katz responded that it is hoped that Healthy SF will eventually preclude much of the need for charity care, but will never completely replace it. However, neither EMTALA nor charity care constitutes a system of care. Under Healthy SF, each of the hospitals has agreed to participate and cover a portion of the Healthy SF population. Each person will have a medical home (primary care provider) with an attached hospital for care. It will however take time to enroll everyone who's eligible and to teach participants about how to access care appropriately under Healthy SF. It will not however preclude any hospital's obligation under EMTALA.

Commissioner Sako asked about how financial reporting under Healthy SF would change reporting of Charity Care. Dr. Katz responded that currently hospitals are not receiving payment, so care for Healthy SF members counts as charity care. If in the future, hospitals begin to receive payment, they would report Healthy SF separately from charity care. However, payments to hospitals are not expected to begin for several years. The hope would be that over time, care provided under Healthy SF would grow and pure charity care would decline.

Commissioner Sako asked whether hospitals other than St. Mary's are receiving foundation support to offset charity care expenses. The other hospitals responded in the negative. Ms. Kronenberg responded that CPMC also has a foundation that provides funding that is reported as part of community benefits.

Commissioner Chow stated that he believed that separation of the reports between charity care and community benefits is helpful. He added that with Healthy SF, the success markers have changed, and that there needs to be a mechanism to capture that, and he appreciates that the discussion is taking place.

7) **2008 COMMUNITY BENEFITS REPORT**

Ron Smith of the Hospital Council introduced the report by stating that in 2008, the hospitals have provided a combined \$217 million in community benefits. In addition, the African American Health Disparities program is doing a series of events to eliminate health disparities for African Americans in San Francisco. He also highlighted the Hep. B Free program, the respite bed program, the psych. outpatient facility on Dore Alley, and the contributions to Healthy SF. He also highlighted the conservator education program and the joint work on emergency preparedness.

Commissioner Illig asked about the disparity of numbers of charity care provided as reported in the 2007 Charity Care Report and the 2007 Community Benefit Report. Mr. Smith agreed to look into the disparity.

Elena Tinloy of Chinese Hospital reported on the specialty clinic opening, participation in Healthy SF, and vision care screening and education.

Judy Li of CPMC reported on two new programs, the Bayview Childcare Center and the Health First Program at St. Luke's designed to help persons with chronic disease self manage their conditions. She also reported on the free clinical breast care for African-American patients in the Bayview and the breast health program at St. Luke's. She also highlighted the work of CPMC through St. Luke's and their work with the SF Community Clinic Consortium.

Lara Sallee of Kaiser Permanente SF reported on the Safety Net Partnership and work with Operation Access to improve access to surgical procedures.

JoBeth Walt of Saint Francis Memorial Hospital reported on services through the Emergency Department and partnership with Glide Health Services, including work on access to health and chronic disease management. She also highlighted the Navigator Partnership Program to help individuals find the programs they need in the most appropriate setting. Finally, she highlighted the Rally Family Visitation program, which works with children in families in conflict.

Barry Lawlor of St. Mary's Medical Center reported on the work of St. Mary's through the Sister Mary Philippa Health Center. He also emphasized how St. Mary's has aligned its goals to be consistent with the goals of the Community Benefit Partnership.

Deb Jones of UCSF Medical Center reported on the inpatient care that UCSF provides.

Public Comment:

Richard Thomason of SEIU-United Healthcare Workers West thanked Health Department staff and stated that they are a labor partner in the Charity Care Workgroup. He thanked the Department for bringing together the hospitals in the Community Benefit Partnership. He also referenced Assemblywoman Ma's AB 2942 requiring standardized reporting of community benefits, which he expects to be reintroduced. He stated that he would also like a more comprehensive community benefit report.

Ed Warshauer of SEIU 1021 thanked the community providers who participated in the charity care report and community benefit partnership. He stated that SEIU members will work on multitasking to help solve the city's and country's turnaround and will be advocating for health care as part of the economic bailout package. He also stated the need for an emergency revenue initiative on an upcoming ballot. He also stated that SEIU will advocate for a people-friendly budget solution to the budget problem.

Commissioner Comments/Follow-Up:

Commissioner Sanchez thanked those participating in charity care and community benefits, and to those who helped put together the report. He appreciated the use of community advisory boards to help prioritize needs in the community. He would also like to hear an update on the role of foundations to help provide this type of care. He believes that this will help highlight best practices in the field.

Commissioner Illig asked about the drop in charity care patients but increase in funds spent on charity care at St. Mary's Medical Center. Mr. Lawlor responded that the change is in response to St. Mary's participation in Healthy SF. With Healthy SF enrollment, St. Mary's moved away from emphasis on a Catholic Diocese perspective, which includes out-of-county residents, with a focus on San Francisco residents. In addition, they've changed the application process so that participants only need to apply once per year. Costs have gone up because the hospital hired additional specialists to provide care under Healthy SF.

Commissioner Chow asked for a definition of the year for which community benefits were provided and for a more systematic approach, definition, and consistency to what is included in community benefits.

Commissioner Illig asked for a report on 2008 charity before the end of 2009. Ms. Neumann responded that the basis of the report is OSHPD data, which is not released until October, making it difficult to report on charity care before the end of the year.

Commissioner Illig also asked for a separation of charity care provided to San Franciscans versus out-of-county residents. He noted that the report notes that nearly a quarter of charity care costs are attributed to out-of-county residents.

**8) OTHER BUSINESS**

Commissioner Sako submitted a resolution in the Citywide Health Planning and Effectiveness Committee (CHPEC) meeting about maintaining the Adult Day Health Care (ADHC) license at Laguna Honda Hospital (LHH). Dr. Katz responded that the build-out for the LHH ADHC has not been completed or spent. There is potentially a \$1 million savings to the general fund if the ADHC were not re-opened. President Illig requested that the ADHC license issue be on the next Commission agenda.



9) **REPORT FROM THE CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE, AND EVALUATION OF THE FINANCE AND CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEES**

Commissioner Melara reported on the presentation of the Long-Term Care Planning Council at the CHPEC meeting. The implementation portion of the report will be reported at the February meeting. She also reported on the discussion of the effectiveness of the committee structures and possibly combining the Finance and CHPEC. Commissioner Sako also reported that Anne Kronenberg will follow up with the City Attorney on how public comment is handled.

Commissioner Illig questioned whether the Joint Conference Committee (JCC) structure as it currently exists is necessary. Commissioner Chow noted the need to be careful about how the LHH oversight is handled as the Commission would want to keep the Commission as the governing body of the hospital. Dr. Katz noted that there is no requirement for governance as it relates to LHH. Commissioner Chow noted that historically the Commission oversaw LHH through the JCC in order to ensure quality and to keep it on par as a facility with SFGH. Commissioner Sanchez agreed with the need to look to a new oversight model as the new rebuilt LHH facility comes on line, but reinforced the need for the Commission to do its due diligence.

Commissioner Illig noted that the Finance committee should perhaps be focused on the general fund and the cutbacks that will continue over the next year. Commissioner Tierney noted that the Finance committee has been focused for the past year on general fund cuts as they affect programs, so there has been some overlap between the Finance Committee and CHPEC. He noted that the Finance Committee has moved away from "contracts approval" and more toward planning, however, given the cuts that the Department will be forced to make, it may not be the time to eliminate the Finance Committee. Commissioner Chow noted how under Commissioner Tierney, the committee has moved away from looking at the minutia and toward looking at the bigger picture of finance.

Commissioner Sanchez noted a need for a committee of the Commission to look to extramural funding to support outcomes and evaluation in the Department, much as like what has happened at UCSF.

Catherine Dodd, Deputy Chief of Staff for the Mayor's Office supported the efforts of the Commission to preserve the ADHC at LHH, but noted that there should be a mechanism, such as the Laguna Honda Foundation to provide support for the ADHC rather than relying on the General Fund.

Commissioner Sako supported the continuation of the LHH JCC, and the Finance and Citywide Health Planning and Effectiveness Committees, but noted a need to revise the agendas. Commissioner Chow supported that vision, but noted the need of Finance to get away from planning and of CHPEC to get away from finance.

Commissioner Illig requested that Dr. Katz take responsibility for explaining the impending budget cuts in terms of a clinical perspective. Dr. Katz noted the difficulty of explaining \$100 million in cuts in terms of the Commission's priorities and requested that additional principles be included. He suggested that, "primary care (including chronic care management), emergency care, and population control of communicable diseases as core department services," could be an additional principle. He added that this would not be a non-controversial addition. Commissioner Illig responded that there is another way to consider a priority of "caring for the most vulnerable," who tend to be the most costly clients who cycle through our institutions. Commissioner Tierney noted the need of the Commission to provide direction.

Dr. Katz added that consideration of the “availability of services in another venue,” could be another principle. Ms. Dodd noted the Mayor’s approach is public-public partnership in understanding which Department is responsible for a program or population.

Commissioner Illig requested that Commissioners and staff assemble additional principles for consideration at the next Finance Committee meeting on February 3. Commissioner Sako noted the need for transparency in making the next set of budget cuts.

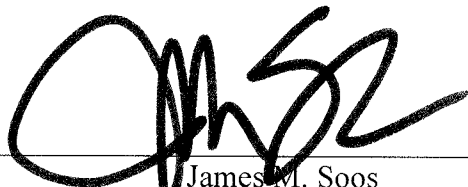
The Commission decided to maintain the current committee structure with SFGH JCC to remain as is, LHH JCC members to consult with staff to determine how the JCC can be most effective and helpful, the Finance Committee to focus on the current year cuts, and CHPEC to focus on long-term planning. In addition staff will research with the City Attorney on how best to incorporate public comment into Commission meetings.

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

None

11) **ADJOURNMENT**

The Commission adjourned at 6:33 p.m.



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James M. Soos  
Acting Health Commission Executive Secretary

Attachments: (1)

## Fiscal Year 2007 Charity Care Report Summary

San Francisco Health Commission  
January 20, 2009

1

## Charity Care 2007: Introduction

- This presentation briefly summarizes the 2007 annual Hospital Charity Care Report Summary with regard to:
  - Community needs and obligations.
  - Estimates of hospital charity care provided.
- This is the seventh annual charity care report pursuant to the Charity Care Policy Reporting and Notification Ordinance (#163-01).

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## Charity Care 2007: Definition and Need

- San Francisco defines charity care as medical care and ancillary services for "those who cannot afford to pay and without expectation of reimbursement..."\*
- Charity care excludes bad debt (unpaid charges) and payment shortfalls from insurers such as Medicaid.
- The need for charity care and other policies and programs that enhance access to health care stem from lack of insurance and poverty.
- Hospitals provide community benefits other than charity care in the form of donations and subsidies to community clinics and programs.

\* Ordinance #163-01:  
<http://www.sfgov.org/sfpfiles/regions/Studies/Data/CharityCare/CharCareOrdinance102004.pdf>

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## Charity Care 2007: Responsibilities

- In accordance with Section 17000 of the California Welfare and Institutions Code, San Francisco meets its County obligations by providing hospital charity care at San Francisco General Hospital Medical Center (SFGHMC).
- San Francisco's nonprofit charitable hospitals are obliged to provide and report on their community benefits according to federal, state and local laws. Per the Charity Care Ordinance, San Francisco requires hospital reporting on charity care as a significant community benefit.

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## Charity Care 2007: Measures

- The Charity Care Ordinance requires the Department of Public Health to measure hospital charity care by:
  - Number of applications and patients.
  - Number and type of services.
  - Total expenditures in terms of cost.
- Data for Fiscal Year 2007 shows:
  - A decrease in the total number of charity care patients and services, with variations by hospital.
  - An increase in total expenditures, with variations by hospital.

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## Charity Care 2007: Applications

In 2007 reporting hospitals showed a slight total decline in applications from the previous year, although application numbers at individual hospitals varied widely.

System	Hospital	2004	2005	2006	2007	% Change from 2004	% Change from 2006
<b>Hospitals Subject to Ordinance</b>							
CHW	Saint Francis	1,516	1,550	1,636	3,103	104.7%	89.30%
	St. Mary's	8,011	8,982	10,304	3,168	-60.5%	-69.30%
Chinese	Chinese	61	163	222	484	431.9%	118.0%
	CPMC	1,468	1,565	1,178	1,344	-8.4%	-4.3%
Sutter	St. Luke's	3,129	2,307	1,678	827	-73.6%	-58.4%
	Subtotal	14,215	14,587	15,288	8,926	-37.2%	-42.2%
<b>Other Reporting Hospitals</b>							
Kaiser							
Permanente	KPH-SF	238	203	270	250	6.0%	-7.40%
CCSF	SFGHMC	156,827	152,510	128,638	126,297	-20.4%	-1.80%
UC Patients	UCSFMCC	1,265	5,150	3,666	6,895	429.6%	83.00%
	Subtotal	160,218	157,863	132,576	133,442	-16.7%	0.70%
	Grand Total	174,433	162,490	147,173	142,368	-18.4%	-3.30%

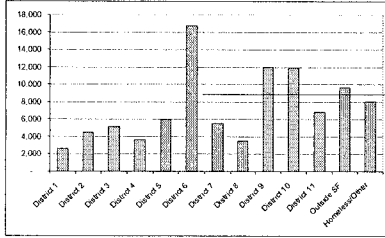
Decreases occurred due to changes in enrollment procedures at CPMC and St. Mary's, as well as a focus on San Francisco residents at St. Mary's.

Source: Individual hospitals.

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## Charity Care 2007: Location

Hospitals approved applications for charity care from all of San Francisco's Supervisorial Districts:



Almost 41,000 applicants, or 42 percent of the total reside in Districts 6, 9, or 10.

Almost 10,000 applicants who received care live outside of San Francisco.

Source: Individual hospitals.

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## Charity Care 2007: Services

Almost 80 percent of the total charity care services were provided in an outpatient setting, especially by hospitals with clinics, such as St. Mary's and SFGHMC:

System	Hospital	Emergency	Inpatient	Outpatient	Total
CHW	Saint Francis	1,850	269	968	3,087
CHW	St. Mary's	1,050	247	1,867	3,164
Chinese	Chinese	124	57	303	484
Sutter	CPMC	835	457	1,161	2,453
Sutter	St. Luke's	947	129	249	1,325
Subtotal		4,806	1,159	4,548	10,513
Kaiser Permanente	KPSF	140	N/A	N/A	140
SF DPH	SFGH	10,739	2,393	65,338	78,470
UC	UCSF	429	2,764	3,203	6,396
Subtotal		11,307	5,157	69,041	85,505
Grand Total		16,113	6,316	73,589	96,018

Saint Francis and St. Luke's provided more than 50 percent of their charity care in an emergency setting.

Source: Individual hospitals.

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## Charity Care 2007: Total Spending

Reporting hospitals spent a total of \$108.9 million on charity care in 2007, and hospitals contribute according to size, location, and other community commitment.

System	Hospital	Charity Care Charges	Cost to Charge Ratio	Charity Care Expenditures (Charity Care)
CHW	Saint Francis	\$17,980,965	24.80%	\$4,459,102
CHW	St. Mary's	\$20,285,606	22.84%	\$4,629,769
Chinese	Chinese	\$1,827,698	47.33%	\$864,924
Sutter	CPMC	\$14,867,733	26.83%	\$3,987,586
Sutter	St. Luke's	\$7,321,750	25.42%	\$1,861,142
Subtotal		\$62,207,742		\$16,893,013
Kaiser Permanente	KPSF	N/A	N/A	\$1,354,121
CCSF	SFGH	\$200,487,000	43.66%	\$87,531,711
UC Regents	UCSF	\$14,706,462	26.06%	\$4,127,289
Subtotal		\$215,193,462		\$93,013,121
Grand Total		\$277,401,204		\$108,816,134

In 2007, hospitals subject to the Charity Care Ordinance accounted for 14.5 percent of total spending on charity care, which is consistent with previous years.

Source: California's Office of Statewide Health Planning and Development (OSHPD) and individual hospitals.

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## Charity Care 2007: Expenditure History

Among hospitals subject to the Ordinance, total spending on charity care has increased 30 percent since 2004. During the same time frame, total hospital spending has increased Citywide by 25 percent.

System	Hospital	2004	2005	2006	2007	% Change from 2004	% Change from 2006
<b>Hospitals Subject to Ordinance</b>							
CHW	Saint Francis	\$2,881,000	\$2,290,430	\$4,155,987	\$4,459,102	54.80%	7.30%
CHW	St. Mary's	\$2,117,000	\$2,597,251	\$3,333,505	\$4,629,769	118.35%	31.00%
Chinese	Chinese	\$198,958	\$165,105	\$365,250	\$864,924	444.20%	228.05%
Sutter	CPMC	\$4,311,690	\$5,376,835	\$5,225,596	\$3,987,586	-7.50%	-23.70%
Sutter	St. Luke's	\$2,815,000	\$2,705,700	\$3,159,550	\$1,861,142	-28.80%	-41.10%
Subtotal		\$19,083,649	\$13,458,711	\$16,235,941	\$16,893,013	30.89%	-3.30%
<b>Other Reporting Facilities</b>							
Kaiser Permanente	KPSF	\$857,426	\$813,863	\$1,131,063	\$1,354,121	56.10%	19.70%
SF DPH	SFGH	\$70,638,908	\$76,419,643	\$75,084,447	\$87,531,711	23.30%	9.80%
UC	UCSF	\$3,267,006	\$3,590,537	\$5,510,297	\$4,127,289	26.30%	-25.10%
Subtotal		\$74,723,639	\$80,824,443	\$81,725,807	\$93,013,121	24.40%	7.70%
Grand Total		\$86,857,186	\$84,327,154	\$102,864,748	\$108,816,134	25.30%	6.00%

Between 2006 and 2007 Chinese Hospital increased spending on charity care by 226 percent.

Source: California's Office of Statewide Health Planning and Development (OSHPD) and individual hospitals.

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## Charity Care 2007: Questions

Charity Care Subcommittee of the San Francisco Community Benefits Partnership:

- Reporting Hospitals
- Health Access
- Hospital Council
- SEIU UHW
- Consumers Union
- Operation Access
- San Francisco Community Clinic Consortium
- San Francisco Medical Society

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