File No. 120775

Committee Item No. _____
Board Item No. 49

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee _____ Date _____

Board of Supervisors Meeting Date 07/24/12

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OTHER (Use back side if additional space is needed)

☐ ☐ _____
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Completed by: Nicole Lyshorn Date 7/19/12
Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

FILE NO. 120775 RESOLUTION NO.

[Affirming Commitment to Ensuring the Long Term Viability and Operation of St. Luke's Hospital]

Resolution recognizing the importance of St. Luke's Hospital and emergency room for the Southeastern Neighborhoods of San Francisco and affirming the Board of Supervisor's commitment to working with Mayor Lee, the Department of Public Health, and private hospital corporations that currently operate in San Francisco to ensure the long term viability and operation of this critical institution.

WHEREAS, St. Luke's Hospital is a full-service licensed acute care hospital that has served the Southeastern and South of Market neighborhoods of San Francisco since 1912; and

WHEREAS, the Southeastern San Francisco neighborhoods served by St. Luke's Hospital have been designated by the federal government as Medically Underserved Areas since 1982; and

WHEREAS, St. Luke's Hospital and San Francisco General Hospital are the only two hospitals located in the Southeastern section of San Francisco; and

WHEREAS, A key finding of the June 2012 Final Report of the Health Care Services Master Plan Task Force ("HCSMP TF") included that "the physical location and hours of operation of health care facilities impact patient access to services, particularly for San Francisco's vulnerable populations": on file with the Clerk of the Board of Supervisors in File No. , which is hereby declared to be a part of this resolution as if set forth fully herein; and

WHEREAS, The Final Report of the HCSMP TF also found that residents of the Southeastern Sector of San Francisco suffer from higher proportions of deaths due to Alzheimer's Disease, flu and pneumonia, chronic lower respiratory disease, and chronic liver disease, endure higher rates of asthma, and receive less prenatal care; and

WHEREAS, The only other hospital located in Southeastern San Francisco, San Francisco General Hospital, is on diversion 25% of the time, meaning that its emergency room is at capacity and cannot accept any additional patients, leaving St. Luke's Hospital as the only available emergency room in the area; and

WHEREAS, In addition to serving as an important safety net for the uninsured and patients with Medi-Cal, St. Luke's Hospital also serves a sizeable population (27.7%) of privately insured patients and those patients that self-pay for services, providing a strong foundation for the Hospital to further attract a diverse payer mix; and

WHEREAS, The Board of Supervisors has a long history of declaring its support for St. Luke's Hospital, including Resolution No. 148-08, Opposing the Closure of St. Luke's Hospital: on file with the Clerk of the Board of Supervisors in File No. , which is hereby declared to be a part of this resolution as if set forth fully herein; and

WHEREAS, The City family and the Health Commission also have a long history of supporting St. Luke's, as demonstrated by the creation of the Blue Ribbon Panel made up of thirty-one healthcare, labor, and business leaders including physicians and staff at St. Luke's Hospital, that met over the course of five months in 2008 to develop recommendations for the California Pacific Medical Center's ("CPMC") Board of Directors to achieve a viable plan for an acute care hospital with outpatient services at the St. Luke's campus; and

WHEREAS, CPMC's plan to rebuild and operate St. Luke's Hospital is currently in question as the Mayor and CPMC appear to have reached an impasse over the terms of the Development Agreement related to St. Luke's; now, therefore, be it

RESOLVED, That the Board of Supervisors once again affirms that St. Luke's is a critically important part of San Francisco's health care system; and, be it

FURTHER RESOLVED, That the Board of Supervisors is committed to ensuring that St. Luke's is rebuilt as a seismically safe and financially viable hospital; and, be it

FURTHER RESOLVED, That if CPMC decides to abandon its plans to rebuild St. Luke's and operate the hospital for a full 20 years, that the Board of Supervisors is committed to working with Mayor Lee, the Department of Public Health, and other private hospital corporations that currently operate in San Francisco in order to develop a long term plan for the successful operation and financial viability of this critical institution.

Amendment of the Whole
4/1/08

FILE NO. 071489 RESOLUTION NO. 148-08

[Resolution opposing closure of St. Luke's Hospital]

Resolution opposing the plans of Sutter Health to cease operations at St. Luke's Hospital, requesting City Departments to identify pending applications sought in furtherance of such closure and report such applications; and requesting the City Attorney to investigate the actions taken by Sutter Health and initiate proceedings, if warranted, under relevant statutes.

WHEREAS, St. Luke's Hospital ("SLH") is a full-service 260-bed licensed acute care hospital with more than 1,400 employees that has served the lower Mission and South of Market neighborhoods of San Francisco since 1912; and

WHEREAS, the southeastern San Francisco neighborhoods served by SLH have been designated by the federal government as Medically Underserved Areas since 1982; and,

WHEREAS, SLH affiliated with Sutter Health in 2001 and became a component of the Sutter Health integrated health care service delivery system in Northern California, which includes California Pacific Medical Center ("CPMC") in San Francisco; and,

WHEREAS, Sutter obtained a formal affiliation agreement between SLH and CPMC in 2005 which enabled Sutter Health to consolidate all of its acute hospital care operations and facilities in San Francisco under a single CPMC license (consisting of SLH [3555 Cesar Chavez St.]; CPMC-California East [3773 Sacramento St.]; CPMC-California West [3700 California Street]; CPMC-Davies Campus [Castro and Duboce Streets]; and CPMC-Pacific [2333 Buchanan St.]); and,

WHEREAS, of the ~~five~~ four Sutter acute hospital care facilities operating in San Francisco, only SLH provides services to Medically Underserved Areas designated by the federal government; and,

WHEREAS, during 2006-2007, the patients receiving acute hospital care services from SLH were 39.56% Hispanic and 17.82% African American, while those receiving inpatient hospital services from the other ~~four~~ three acute care facilities operating under the CPMC license in San Francisco were less than 1% Hispanic and only 6.41% African American; and,

WHEREAS, during the period of January, 2005 through June, 2005, the five acute hospital care facilities operating in San Francisco under the CPMC license had a total of 32,259 emergency room visits, 40.45% (13,049) of which were visits to the SLH emergency room; and of the total visits to the SLH emergency room, 28.01% were Hispanic and 26.16% African American while the total emergency room visits to the other four CPMC acute care facilities during this same period were less than one-tenth of one percent and only 8.2% African American; and ,

WHEREAS, the Board of Supervisors found, in Resolution No. 328-04, file no. 040607 adopted May 18, 2004 which is incorporated by this reference, that notwithstanding the "non-profit" status of its hospitals and self-promotion as a charitable enterprise, the business practices of Sutter Health/CPMC in San Francisco discriminate against and severely disadvantage uninsured and low-income people and medically underserved communities, finding, among other things, that:

(1) CPMC and other Sutter hospitals "*have practiced aggressive debt collection tactics against uninsured patients who are unable to pay their bills, routinely sending uninsured patients' bills to collection agencies that sue uninsured patients and seize funds from patients bank accounts, among other actions;*"

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(2) "*Sutter Health's discriminatory pricing and aggressive collection practices have been systematic and widespread, involving hundreds of uninsured patients each year;*" and

(3) *"Sutter Health's practices have harmful effects on the City's public health system and exacerbate the city's fiscal crisis by forcing uninsured residents to seek care at public facilities."*; and,

WHEREAS, the public record of Sutter business practices and actions related to its acute care operations in San Francisco and recent events and admissions of Sutter officials specifically concerning the future of acute care operations at St. Luke's Hospital have revealed Sutter's implementation of an aggressive plan to generate excessive revenue and capture a greater share of profitable health care service markets in San Francisco by abandoning services provided to uninsured people, Hispanic and African American residents, and medically underserved neighborhoods in San Francisco and expanding hospital operations for access by insured, middle and upper income, non-Hispanic, largely non-African American residents of San Francisco neighbors that already enjoy a significant surplus of readily available and accessible medical and hospital services; and

WHEREAS, Key elements of Sutter's plan include: (1) construction of a new Cathedral Hill acute care facility on Van Ness Avenue to be operated under CPMC license; (2) deliberate, staged dismantling of SLH hospital operations through transfers of selected services over time to other CPMC facilities; (3) complete and final termination of SLH acute care services by default in 2013 when closure of the hospital will be required by law due to Sutter's failure to retrofit or rebuild the facility to meet seismic safety standards; and (4) relocation of SLH remaining services to other CPMC facilities, including the new Cathedral Hill facility; and,

///

WHEREAS, the Office of the Legislative Analyst for the City and County of San Francisco concluded in a report issued in August 2006, that the Sutter business plan actions described above "*would remove a critical health care component from southeast San*

Francisco, which the federal government designated as a Medically Underserved Area." (Legislative Analyst Report, GAO Item #2: SB 1953 – Hospital Seismic Retrofits and St. Luke's Hospital [OLA No. 032-06], August 9, 2006, p. 1-2.) The LAO recommended in its August 2006 report that the Board of Supervisors take certain necessary and appropriate actions to delay implementation of Sutter's plans to relocate and abandon acute care operations in southeastern San Francisco "*until an adequate plan is put in place to serve this medically-underserved community.*" (Id. at p. 9); and,

WHEREAS, the voters of the City and County of San Francisco have adopted amendments to the Charter creating the Health Commission and authorizing other actions to protect the health of the people of this City, and have found and declared that "*elimination or curtailment of health services by private hospitals and clinics in this community may have a detrimental effect on the health and well-being of this community*," establishing grounds for adoption on November 8, 1988 of the Community Health Care Planning Ordinance, in which APPENDIX 17: Health Care Community Service, Sec. II, provides in pertinent part:

> "Prior to closing a hospital inpatient or outpatient facility, eliminating or reducing the level of services provided, or prior to the leasing, selling or transfer of management, the hospital shall provide public notice, including notice posted at the entrance to the facility or facilities affected and *mailed to the San Francisco Health Commission, of their intention. Such notice shall be posted and mailed not less than 90 days prior to the intended date of the action. The notice shall contain a detailed list of the proposed reductions or changes and the number of patients and employees affected by facility and service. The commission shall make findings based on evidence and testimony from public hearings that the proposed action will or will not have a detrimental impact on the health care service of the community. The commission shall further explore in*

these public hearings what alternative means are available in the community to provide the service or services to be eliminated or curtailed."

WHEREAS, in complete disregard for the health and safety of the people of San Francisco and willful violation of the above-cited City Code provisions, Sutter attempted to proceed with implementation of its plan to wholly abandon and relocate SLH acute care operations by closing and relocating SLH pediatric and infant intensive care services on November 18, 2007, without public notice, opportunity for public comment and debate, or due consideration, report and recommendation by the Health Commission as required by the above-cited Code provisions; and,

WHEREAS, the Unruh Civil Rights Act (Cal. Civ. Code § 51(b).) provides in part that: *"All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, or sexual orientation are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever."*

WHEREAS, the City Attorney is authorized by Section 17204 of the California Business and Professions Code to institute and prosecute civil actions for appropriate equitable and legal relief against any "person" (including profit and non-profit corporations, joint ventures, partnerships, and other business arrangements) for engaging in any "*unlawful, unfair or fraudulent business act or practice and unfair, deceptive, untrue, or misleading advertising ...* ." (as defined in Bus. & Prof. Code § 17200); and

WHEREAS, the deliberate medical redlining plan of Sutter Health to generate excessive revenue and capture a greater share of profitable health care service markets in San Francisco by abandoning services provided to uninsured people, Hispanic and African American residents, and medically underserved neighborhoods in San Francisco and

expanding hospital operations for access by insured, middle and upper income, non-Hispanic, largely non-African American residents of San Francisco neighborhoods that already enjoy a significant surplus of readily available and accessible medical and hospital services is a disgraceful and contemptible attack on our community as a whole and present a clear and present danger to the public health and safety of the people of San Francisco; now, therefore, be it

RESOLVED, That the San Francisco Board of Supervisors calls upon Sutter Health to immediately cease and desist all actions in furtherance of any and all plans to close St. Luke's Hospital and abandon its plans to discontinue the provision of acute care hospital services in southeast San Francisco; and, be it

FURTHER RESOLVED, That all City Departments immediately identify and report to the Board of Supervisors any and all existing and future formal or informal requests by Sutter for permits, approvals, authorizations, sanctions, or other official actions allowing, supporting, and/or having the effect of assisting implementation or otherwise furthering Sutter's plans to discontinue the provision of acute care hospital services in ~~southeast~~ San Francisco; and, be it

FURTHER RESOLVED, That the Board of Supervisors of the City and County of San Francisco hereby requests the City Attorney to investigate the business practices of Sutter Health for possible action under applicable law; and be it

FURTHER RESOLVED, That the Board of Supervisors urges all City Departments and representatives to work cooperatively with the recently established Blue Ribbon Panel and Community Outreach Task Force in their efforts to look at the health care needs of San Francisco, and, in particular, the role that St. Luke's plays.

City and County of San Francisco

Tails

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 071489 **Date Passed:**

Resolution opposing the plans of Sutter Health to cease operations at St. Luke's Hospital, requesting City Departments to identify pending applications sought in furtherance of such closure and report such applications; and requesting the City Attorney to investigate the actions taken by Sutter Health and initiate proceedings, if warranted, under relevant statutes.

April 1, 2008 Board of Supervisors — AMENDED

Ayes: 10 - Alioto-Pier, Ammiano, Chu, Daly, Elsbernd, Maxwell, McGoldrick, Mirkarimi, Peskin, Sandoval
Excused: 1 - Dufty

April 1, 2008 Board of Supervisors — ADOPTED AS AMENDED

Ayes: 9 - Ammiano, Chu, Daly, Elsbernd, Maxwell, McGoldrick, Mirkarimi, Peskin, Sandoval
Noes: 1 - Alioto-Pier
Excused: 1 - Dufty

File No. 071489

I hereby certify that the foregoing Resolution was ADOPTED AS AMENDED on April 1, 2008 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

Date Approved

Mayor Gavin Newsom

Date: April 17, 2008

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter.

Angela Calvillo

Clerk of the Board

File No.
071489

Final Report of the Health Care Services Master Plan Task Force:

Recommendations to the San Francisco Department of Public Health and the San Francisco Planning Department as They Develop the Health Care Services Master Plan

Public Testimony Heard by the Health Care Services Master Plan Task Force

At my clinic, it's convenient because a lot of people speak Chinese. At the hospital, you have to wait for the translator to explain something to you. My English level is okay for daily speaking. For the medical questions I need a translator, but it takes a long time. Sometimes I don't want to wait...so I just guess what [the appointment] is about.

-Chinese-speaking parent

Violence has shaken up our children's lives. It is hard for them to function. We need mental health services and counselors for children to speak with. We need more psychiatrists in the schools. The children are suffering.

- Bayview resident

I have scoliosis and it takes me one to one and a half hours to get to my appointments on public transit, and my mom has to miss work. There should be more services in the Southeast.

- Visitacion Valley youth

[She] is the first doctor . . . to figure out everything that was wrong with me. She wasn't afraid to touch my skin or use her own hands instead of putting on gloves... When you get a good doctor, you want to stay with that doctor because the doctor knows how you are and what you need.

- Transgender resident

If my son has an ear infection that's not necessarily an emergency because it's not life threatening, so to get an appointment is hard. You have to wait 3-7 days to get an appointment if it's busy, but during that time what can you give to your child? I took him once to the emergency room because he was in too much pain.

- Excelsior parent

[The "promotora"] is the one who schedules my health care appointments and also refers me to other places where I can get health related assistance. She is with me during my appointment and helps me get there. She makes my health care services easier; she makes sure I take my medication the right way.

- Spanish-speaking resident of the Mission

June 2012

This report represents our year-long journey of learning about the changing health care environment, understanding the implications for health in San Francisco, and hearing from residents and providers about what they need to improve population health and health care access in their communities. As discussions progressed, key concepts that must drive planning and investment and operation of all health services in San Francisco emerged and, overarching all, the importance of "upstream interventions" – prevention of disease and disability, promotion of individual and population health. The HCSMP TF developed the 12 recommendations outlined below to address these concepts. As directed by Ordinance No. 300-10, these recommendations should guide land use decisions, inform the siting and scope of health care facilities and services, and through a series of broader policy considerations, also reach far beyond bricks and mortar to acknowledge that health and wellness result from the complex integration of services, community partnerships, and neighborhood characteristics. Through this report, we respectfully offer our recommendations to SFDPH and the Planning Department as they develop San Francisco's first HCSMP. We hope that our work will serve as the foundation for a dynamic and inspiring roadmap for improving San Francisco's health and health services. *NOTE: Numbering of recommendations is intended only to facilitate discussion; numbering does not denote order of importance.*

Summary of HCSMP Task Force Recommendations and Key Concept Addressed

The key concepts listed below – access, equity, quality, support, demand, and health promotion/prevention – emerged from HCSMP TF discussion and public comment. Each "X" indicates the key concept(s) touched upon by the HCSMP TF recommendation in the corresponding row.

Recommendation	Access	Equity	Quality	Supply	Demand	Health Promotion/ Prevention
1. Increase access to appropriate care for San Francisco's vulnerable populations.	X	X		X		
2. Promote behavioral health, including the integration of behavioral health and medical care services.	X	X	X		X	X
3. Ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community.	X			X		
4. Ensure that health care providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco's diverse population.		X	X	X		X

Overview of the Ordinance

Sponsored by Supervisor David Campos and effective January 2, 2011, San Francisco Ordinance No. 300-10 requires SFDPH and the Planning Department to create a HCSMP to guide data collection, the provision of high quality services, and land use decisions for health care-related projects in San Francisco.

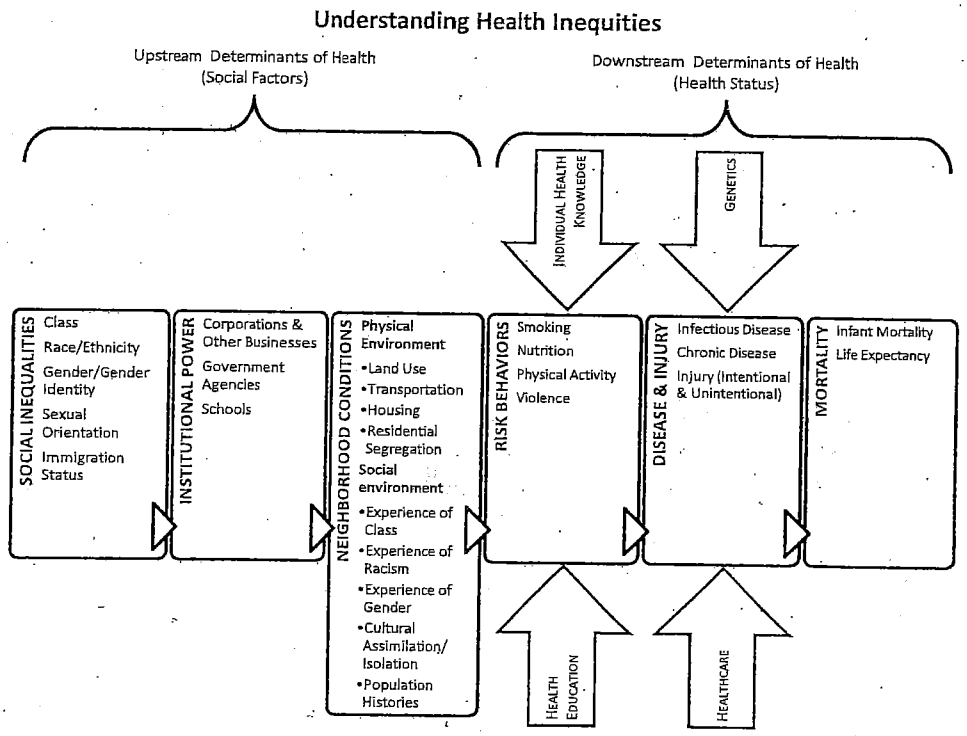
Upon the Board of Supervisors' adoption of the HCSMP, the Planning Department must determine whether certain "medical use" projects meeting specified size thresholds are consistent with the HCSMP. Consistent applications may move forward in the permit and entitlement process, while inconsistent applications will have opportunities to achieve consistency. If an application remains inconsistent with the HCSMP, the Planning Department must withhold the approval of any entitlement or permit for that application unless the Planning Commission identifies countervailing public policy considerations to justify otherwise.

Overview of the Task Force

SFDPH convened the HCSMP TF to guide SFDPH and the Planning Department as they developed the HCSMP. Comprised of a broad range of community stakeholders representing health care consumers, community advocacy groups, labor, hospitals, and more, the HCSMP Task Force served as an advisory body charged with developing recommendations for SFDPH and the Planning Department that reflected both relevant data and community feedback. Ms. Roma Guy and Dr. Tomás Aragón co-chaired the Task Force, providing guidance and leadership throughout the HCSMP's development. A full list of the Task Force members is attached as Appendix A.

Between July 2011 and May 2012, the HCSMP Task Force met 10 times, alternating between meetings in different neighborhoods and meetings to discuss specific issues affecting health care access in San Francisco. In order to ensure adequate focus on vulnerable populations, the HCSMP TF met in neighborhoods where data show residents are more likely to have high health disparities. The issue topics were those that the Ordinance specifically requires that affect vulnerable populations. Following is a summary of the Task Force's meeting schedule:

Meeting	Date	Topic
1	7/27/11	Introductory Meeting: Task Force Scope, Purpose + Work Plan
2	9/22/11	Community Meeting: Bernal Heights, Mission, Excelsior
3	10/27/11	Issue Meeting: Health Reform, 1115 Waiver
4	12/3/11	Community Meeting: Chinatown, Central City, South of Market
5	12/22/11	Issue Meeting: Health Care Finance
6	1/26/12	Community Meeting: Inner Richmond, Japantown, Sunset, Western Addition
7	2/23/12	Issue Meeting: Health Information Technology, Innovation
8	3/22/12	Community Meeting: Bayview-Hunters Point, Visitacion Valley
9	4/26/12	Issue Meeting: Connectivity + Review of Draft Final Report Outline
10	5/24/12	Final Meeting: Finalize Report



Adapted from the BARHII Framework for Understanding and Measuring Health Inequities.

Ordinance No. 300-10 focuses on the "downstream" elements of the medical model (specifically, health care providers). Additionally, the Ordinance requires that the HCSMP assess some of the more "upstream" health system trends. Study, concern, and action to address the "upstream" issues, such as neighborhood conditions and social inequalities, are now common throughout the United States and the Ordinance brings this rigor to San Francisco. To that end, the HCSMP TF developed a series of recommendations that address various factors on the spectrum of health determinants.

Task Force Discussion

Discussion by the HCSMP TF as well as public testimony at Task Force meetings revealed that San Francisco currently has a rich mix of health care services, especially for our relatively small geographic area of 49 square miles. Further, it became clear that San Francisco residents define health care services more broadly than just medical services. For example, connections to services, such as partnerships with community-based organizations and navigation programs, are as important as health care services themselves. Additionally, it is important to incorporate the concept of wellness into all definitions of health, which speaks to an individual's ability to be as healthy as s/he can be, regardless of disease or health status.

In recognition of San Francisco's rich service mix and this broader definition of health, the HCSMP TF determined that it would, as directed by Ordinance No. 300-10, complement recommendations relevant to the siting of health care services with broader policy recommendations to improve access to care for vulnerable populations. The Task Force defined access broadly to include not only geographic access, but also aspects of connectivity, such as transit access and cultural and linguistic competence.

BERNAL HEIGHTS, MISSION, EXCELSIOR COMMUNITY MEETING	CHINATOWN, TENDERLOIN, SOMA, CIVIC CENTER COMMUNITY MEETING
▪ Health-related characteristics of these communities: o Higher proportion of deaths due to Alzheimer's Disease, flu and pneumonia, chronic lower respiratory disease, and chronic liver disease/cirrhosis o Lower rate of preventable emergency room visits compared to San Francisco o Higher rates of asthma – adult and pediatric – and related hospitalizations and emergency room visits o Higher proportion of mothers who receive no prenatal care in the first trimester o Higher proportion of Latinos, which, in San Francisco, are disproportionately affected by obesity ▪ Reported barriers to accessing health care services in these communities: o Insufficient geographic proximity to health care services o Long travel times, often via public transit o Long wait times o Linguistic and cultural appropriateness o Lack of services tailored to youth o Health care facility hours of operation ▪ Recommendations for increasing health care access and improving health outcomes: o Health care services should reflect each community's cultural and linguistic needs; o Increase outreach and education efforts – particularly for hard-to-reach populations (e.g., youth, persons with mental health issues, etc.) to ensure knowledge and appropriate use of available health care services; o Increase partnerships between health care facilities and community-based organizations; o Use technology (e.g., telehealth services and remote health monitoring) to increase access to health care services; o Increase the number of facilities open beyond traditional hours of operation.	▪ Health-related characteristics of these communities: o In Chinatown, higher proportion of deaths caused by cancer (lung/trachea, colorectal, breast, liver) o In the Downtown, Civic Center, and SOMA neighborhoods, higher proportion of deaths caused by unintentional injuries and accidents and other causes such as HIV/AIDS, drug overdose, alcohol and drug use disorders, and stroke o Considerably higher rate of preventable emergency room visits in the Tenderloin o High rates of hospitalization and emergency room visits across several health conditions o In the Downtown, Civic Center, and SOMA, neighborhoods a higher proportion of mothers who receive no prenatal care in the first trimester ▪ Reported barriers to accessing health care services in these communities: o Lack of timely access to primary care appointments o Linguistic and cultural appropriateness o Neighborhood lack of family health services such as prenatal and pediatric care o Insufficient geographic proximity to health care services o Long travel times, often via public transit o Health insurance coverage o Safety ▪ Recommendations for increasing health care access and improving health outcomes: o Increase the availability of urgent care services and/or support a hybrid model of urgent/emergency care; o Health care services should reflect each community's cultural and linguistic needs; o Tailor community health care services to the identified needs of the patient population (e.g., prenatal and pediatric care); o Increase the number of health care facilities that accept Medi-Cal recipients and the uninsured; o Increase access to social intervention services (e.g., escort and navigation services), particularly for vulnerable populations (e.g., seniors). o Include the concept of "wellness" in all definitions of health; o Create "health safety zones" around health facilities.

- Cultural and Linguistic Competence: Health care services must be tailored to the cultural (defined broadly) and linguistic needs of the patient population to be effective and help patients improve their health outcomes;
- Collaboration: Collaboration between health care providers, community-based organizations, and other entities will be required to increase health care access and effectiveness, particularly for San Francisco's vulnerable populations and given the existing economic climate of declining resources;
- Outreach and Education: Outreach and education efforts – particularly for hard-to-reach populations (e.g., youth, persons with mental health issues, etc.) – are needed to ensure knowledge and appropriate use of available health care services;
- Location and Hours: The physical location and hours of operation of health care facilities impact patient access to services, particularly for San Francisco's vulnerable populations;
- Safety: Real and perceived safety issues often act as barriers to health care;
- Reducing Fragmentation – and Promoting Integration – in Health Care: The Task Force acknowledged that the existing health care system is largely fragmented, resulting in more expensive and less effective care. Task Force members discussed the need for greater integration across systems, particularly as concerns carve-outs for specialty mental health services and long-term care;
- Social Determinants of Health: To improve population health, the local public health system must address the social determinants of health, potentially by advancing an actionable Health in All Policies (HiAP) approach.[3]

Areas for Future Consideration

The current effort represents San Francisco's first attempt to create a HCSMP. While, as a Task Force, we have done our best to ensure that this report is as representative of San Francisco's health care needs as possible, time limitations and the scope of Ordinance No. 300-10 have required us focus our discussions as indicated. In future iterations of the HCSMP, however, we encourage SFDPH and the Planning Department – as well as our Task Force successors – to investigate HCSMP data gaps we have identified via Task Force discussion and public comment. For example, the HCSMP TF recognizes that the costs of health care services – to consumers, employers, and local government – is one factor in Ordinance No. 300-10 that deserves more data collection, analysis, and discussion than could be accommodated in the first cycle of HCSMP planning. Further, we encourage SFDPH and the Planning Department to expand on their existing commitment to engage community members in meaningful ways throughout the HCSMP development process. Resident perspectives are key to creating a meaningful HCMP representative of community needs, and extensive community outreach and engagement are invaluable.

[3] HiAP is an approach that looks at all policy-making through a health lens with the objective of promoting and protecting the health of the population by addressing the social and physical environment influences on health. Please visit http://www.sgc.ca.gov/hiap/ to learn more about California's broader efforts to advance a HiAP approach as well as the work of the multi-agency Health in All Policies Task Force.

i) Partner with the Mayor's Office of Housing and any successor to the City's Redevelopment Agency to develop criteria for locations for future affordable housing to ensure that low-income households are provided housing options in locations that have robust connections to health care and wellness opportunities.

2. **The HCSMP should promote behavioral health, including the integration of behavioral health and medical care services.**
   a) For the severely mentally ill, research the feasibility of implementing a patient-centered medical home model in which a mental health care provider leads an integrated team of service providers, including primary care practitioners.
   b) Research the connection between specialty mental health services and Medi-Cal managed care for Medi-Cal beneficiaries.
   c) Increase the availability of behavioral health and trauma-related services – including school-based services – in the Bayview-Hunters Point and Western Addition neighborhoods.

3. **The HCSMP should ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community.**
   a) Prioritize community-based services to help seniors and persons with disabilities live independently in the community.
   b) Work in collaboration with the Department of Aging and Adult Services to promote a continuum of community-based long-term supports and services, such as home care to assist with activities of daily living, home-delivered meals, and day centers. Such services should address issues of isolation as well as seniors' basic daily needs.
   c) Advocate for California to expand Medi-Cal long-term care services through the Home- and Community-Based Services 1915(i) state plan option.

4. **The HCSMP should ensure that health care and support service providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco's diverse population.**
   a) Electronic health records must capture key patient data, consistent with patient privacy preferences, to facilitate the provision of culturally and linguistically competent care.
   b) Support workforce development and diversity efforts to develop a health care and home-based services workforce that reflects community characteristics (e.g., race/ethnicity, cultural and linguistic background, etc.) and increases provider supply and patient satisfaction in underserved areas.
   c) At intake, providers or qualified clinic staff should assess the health literacy and cultural/linguistic needs of the patient, so providers can better tailor care to each patient's needs.
   d) Building on the model of the National Physician's Post-Exposure Prophylaxis Hotline, expand the availability of provider "warm lines" to foster the exchange of information – including best practice information on the provision of culturally competent services – in San Francisco.

d) Support collaboration between San Francisco clinics and United Way to ensure that the 2-1-1 system reflects information on all clinics and services.
e) Publicize collaboration outcomes to illustrate the potential impact of community partnerships.

7. **The HCSMP should address identified social and environmental factors that impede and prevent access to optimal care, including but not limited to violence and safety issues as well as environmental hazards.**
   a) Advance an actionable "Health in All Policies" (HiAP) policy for the City.[5]
   b) Establish "health safety zones" around health facilities to ensure patient safety, reduce fear, and increase appropriate health care service use.
   c) Continue to support the expansion of permanent supportive housing and other affordable, safe housing options.

8. **The HCSMP should facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services.**
   a) Incentivize the implementation of interoperable Electronic Health Records (EHR) that protect patient privacy, enable patient access to their own records, and that communicate important patient health information among providers.
   b) Support technology-based solutions that expand access to health services, such as telehealth (e.g., video medical interpretation, remote health monitoring, etc.) and coverage of such by health insurance. Such technology must be provided in a culturally and linguistically competent way, tailored to the needs of the target population, and accessible to San Francisco's vulnerable populations.
   c) Ensure integration of support service information (e.g., receipt and source of case management services) in electronic health records to paint a more complete picture of each patient's health.

9. **The HCSMP should improve local health data collection and dissemination efforts.**
   a) Improve collection, coordination of collection, availability, and understandability of data on San Francisco's existing health care resources (e.g., the physical location of health care providers by type and population served).
   b) Gather and disseminate more data about the connection between safety and public health.
   c) Disseminate relevant health status data to health care providers so they can better affect key indicators of population health through their institutional and clinical decisions.

[5] HiAP is an approach that looks at all policy-making through a health lens with the objective of promoting and protecting the health of the population by addressing the social and physical environment influences on health.

c) Explore ways to ensure that large development projects (e.g., new housing development) that affect health care utilization address increased demand for health care services (e.g., health impact fee) or provide other benefits to the community(e.g., public spaces for physical activity).
d) Support the expansion of networks of open spaces and physical recreation facilities, including the network of safe walking and biking facilities.
e) In a future iteration of the HCSMP, explore the "geographic sensitivity" of specific services, and how they affect health access and outcomes. For example, people may benefit from having certain types of health services available in their neighborhood (e.g., primary care, prenatal care), but other types of health services (e.g., specialty care) may be more appropriately provided in centralized locations due to the need for special equipment, proximity to other specialists or sub-specialists, etc.

12. The HCSMP should promote the development of cost-effective health care delivery models that address patient needs.

a) Use nurse practitioners and physician assistants to the full extent of their training.
b) Increase flexibility between primary care and specialty care (e.g., specialty mental health) provider roles. Such flexibility might include:
   i) Allowing specialists with a history of treating patients with certain conditions to serve as those patients' primary care provider;
   ii) Better equipping primary care providers to manage chronic conditions to maximize the appropriate use of specialists; and/or
   iii) Creating a health care delivery framework that allows for a shared scope of responsibilities between primary care providers and specialists that best supports the patient care experience.
c) Advance the patient-centered medical home model for all San Franciscans.

Appendix B: HCSMP Task Force Information Sources

Neighborhood data collected and compiled by Harder + Company Community Research, as well as issue briefs developed by SFDPH, greatly informed HCSMP TF dialogue. A list of these resources appears below. Please note that this information is currently available via the HCSMP TF webpage hosted by SFDPH (www.sfdph.org) and also at the Main Branch of the San Francisco Public Library located at 100 Larkin Street.

Neighborhood Data Profiles

- Your Neighborhood at a Glance: Bernal Heights, Mission, Excelsior
- Your Neighborhood at a Glance: Chinatown, Central City, SOMA
- Your Neighborhood at a Glance: Richmond, Japantown, Sunset, Western Addition
- Your Neighborhood at a Glance: Bayview-Hunters Point and Visitacion Valley

Issue Briefs

- Health Reform + 1115 Waiver
- Health Care Finance
- Health Information Technology + Innovation
- Connectivity

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☐ 1. For reference to Committee: _____
An ordinance, resolution, motion, or charter amendment.

☒ 2. Request for next printed agenda without reference to Committee.

☐ 3. Request for hearing on a subject matter at Committee: _____

☐ 4. Request for letter beginning "Supervisor _____ inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. _____ from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No. _____

☐ 9. Request for Closed Session (attach written motion).

☐ 10. Board to Sit as A Committee of the Whole.

☐ 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.

Sponsor(s):

Campos, Cohen, Olague, Chiu, Mar, Avalos,

Subject:

Resolution Affirming The Board Of Supervisor's Commitment To Ensuring The Long Term Viability And Operation Of St. Luke's Hospital

The text is listed below or attached:

Signature of Sponsoring Supervisor: David Campos

For Clerk's Use Only:

120775