

## HEALTH COMMISSION TESTIMONY

September 5, 2017

**My purpose** is to try to establish some context for the issues the Health Commission is considering

### **We no longer have health care planning**

- The days of Health Systems Agencies (HSAs), Certificates of Need (CoN), etc. are long gone and have been replaced by market-based approaches to health care
  - Even ostensibly non-profit agencies function more like for-profit organizations where the bottom line too often takes precedence over patient care as a fundamental basis for decisions
  - It's part of why we are in the situation we are in today over CPMC's decision to close SNF/subacute care at St. Luke's
- In the absence of health care planning, our coalition and the city had to resort to local authority over land use planning to negotiate an agreement with CPMC regarding their plans to build new hospitals in order to comply with state requirements for seismic safety standards
  - It's imperfect, but it's what we had to work with
  - Dr. Browner, in his testimony at the Health Commission's August 15 Prop. Q hearing, laid some of the responsibility for their decision to close SNF/subacute beds at St. Luke's on that negotiated agreement because it resulted in fewer beds at the combined new campuses on Van Ness and at St. Luke's
  - To be clear, the coalition has never believed the issue about closing SNF/subacute beds at St. Luke's has any basis in the Development Agreement, in part because the agreement is silent on the matter
  - ***This is fundamentally a humanitarian and public health issue, as testimony at the last Health Commission hearing made abundantly clear***

### **What can be done?**

We recognize that the Health Commission is challenged to carry out its responsibility to represent the larger public health interest in the ability of the

healthcare system as a whole to provide the best care possible to San Francisco residents, since Prop Q, the Development Agreement and the Health Care Services Master Plan do not provide the legal authority to require it

- However, as we listen to the testimony of families of patients—or, as you have seen in the video profiles of some of the patients and their families—that must be the starting point for any future actions
  - And, it’s not just these patients but others who were not admitted and as a result were dispersed around the bay area and state
  - It’s also about the potential complete absence of hospital-based SNF/subacute beds in San Francisco as the population ages and grows in the coming years, as documented by the health department and coalition testimony
- Accordingly, we urge the Health Commission to regard this as a citywide public health crisis and to use whatever authority and influence you have to ensure that post-acute care planning in San Francisco is invested with a sense of urgency appropriate to the situation, with the public health department being a vigorous participant in that process
  - We support, for example, the recommendation in your draft resolution for a “cooperation agreement among private and public hospitals to operate and fund jointly SNF subacute beds and facilities *within* the City and County of San Francisco,” which could be a centerpiece in coming to terms with the problem
  - We also recognize that your Prop Q determination and resolution will serve as a basis for future Board of Supervisors hearings, where they can take up the issues with their scope of authority
- Finally, if this is a citywide issue, on what basis do we insist that CPMC keep open their SNF/subacute unit at St. Luke’s?
  - Apparently, there have been some informal discussions about CPMC delaying the closure but only if there is a concrete, local alternative for the current patients
  - I would turn that around and suggest that CPMC’s initial contribution to an essential public/private collaboration “to operate and jointly fund subacute beds and facilities” could be a commitment to maintaining the current patients at St. Luke’s until an accelerated process, in which they participate, creates that alternative
  - I don’t think this is too much to expect. As a UC Hastings report documented during negotiations over the Development Agreement,

CPMC is the most profitable among ostensibly non-profit hospitals in San Francisco, and Sutter Health is also one of the most profitable networks in the state.

- We should expect this commitment from a non-profit hospital