

# San Francisco Health Care Services Master Plan (HCSMP)

Joint Meeting of the San Francisco Health Commission and  
San Francisco Planning Commission ▪ September 19, 2013

# Presentation Overview

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- ▶ HCSMP Overview
- ▶ Summary of Public Comment
- ▶ Summary of Key Changes Made to the 7/11/13 Draft HCSMP
- ▶ Next Steps

# HCSMP Overview: Background

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- ▶ Sponsored by Supervisor Campos Ordinance No. 300-10 requires:
  - ▶ Creation of the Master Plan with following components:
    - ▶ Health System Trend Assessment
    - ▶ Capacity Assessment
    - ▶ Land use Assessment
    - ▶ Gap Assessment
    - ▶ Historical Role Assessment
    - ▶ Policy Recommendations
- ▶ Purpose
  - ▶ Identify current and projected need for health care services in San Francisco.
  - ▶ Recommend how to achieve + maintain appropriate distribution of health care services in San Francisco
    - ▶ Focus on access

# HCSMP Overview:

## Consistency of Projects with HCSMP

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- ▶ Consistency determination required for certain “Medical Use” projects:
  - ▶ Change of use to a medical use  $\geq 10,000$ sf; or
  - ▶ Expansion of an existing medical use  $\geq 5,000$ sf
- ▶ Definition of Medical Use
  - ▶ Services by health-care professionals licensed by a State Board
    - ▶ e.g., physicians, dentists, podiatrists, psychologists, acupuncturists, etc.
  - ▶ Clinics providing outpatient care in medical, psychiatric or other health services
  - ▶ Public or private hospitals, medical centers, or other medical institutions

# Summary of Public Comment

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## ▶ Timeline:

- ▶ **Jul 11, 2013:** HCSMP Draft released for comment
- ▶ **Jul 11 – Aug 22, 2013:** Public comment period

## ▶ Received via:

- ▶ oral, mail, and email submissions

## ▶ Several individuals/organizations submitted public comment

## ▶ Oral Comment:

- ▶ Members of the Health Commission
- ▶ Members of the Planning Commission
- ▶ Chinese Progressive Association
- ▶ Physicians Organizing Committee
- ▶ California Nurses Association
- ▶ National Council of Asian Pacific Islander Physicians

## ▶ Written Comment:

- ▶ Members of the Health Commission
- ▶ Lucy Johns, MPH Independent Consultant
- ▶ Chinese Progressive Association
- ▶ San Francisco Community Clinic Consortium
- ▶ San Francisco Medical Society
- ▶ Kaiser Permanente
- ▶ Zen Hospice Project

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# Summary of Key Changes Made to the 7/11/13 Draft HCSMP



# Replacement of the “Critical Need” Designation

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## Previous

- ▶ The previous “critical need” designation in the guidelines created confusion. It was meant to identify guidelines that, if met, would qualify development projects for incentives. All guidelines identify critical needs.

## Revised

- ▶ Guidelines are now designated as “eligible for development incentives” to provide greater clarity in the Consistency Determination Process.

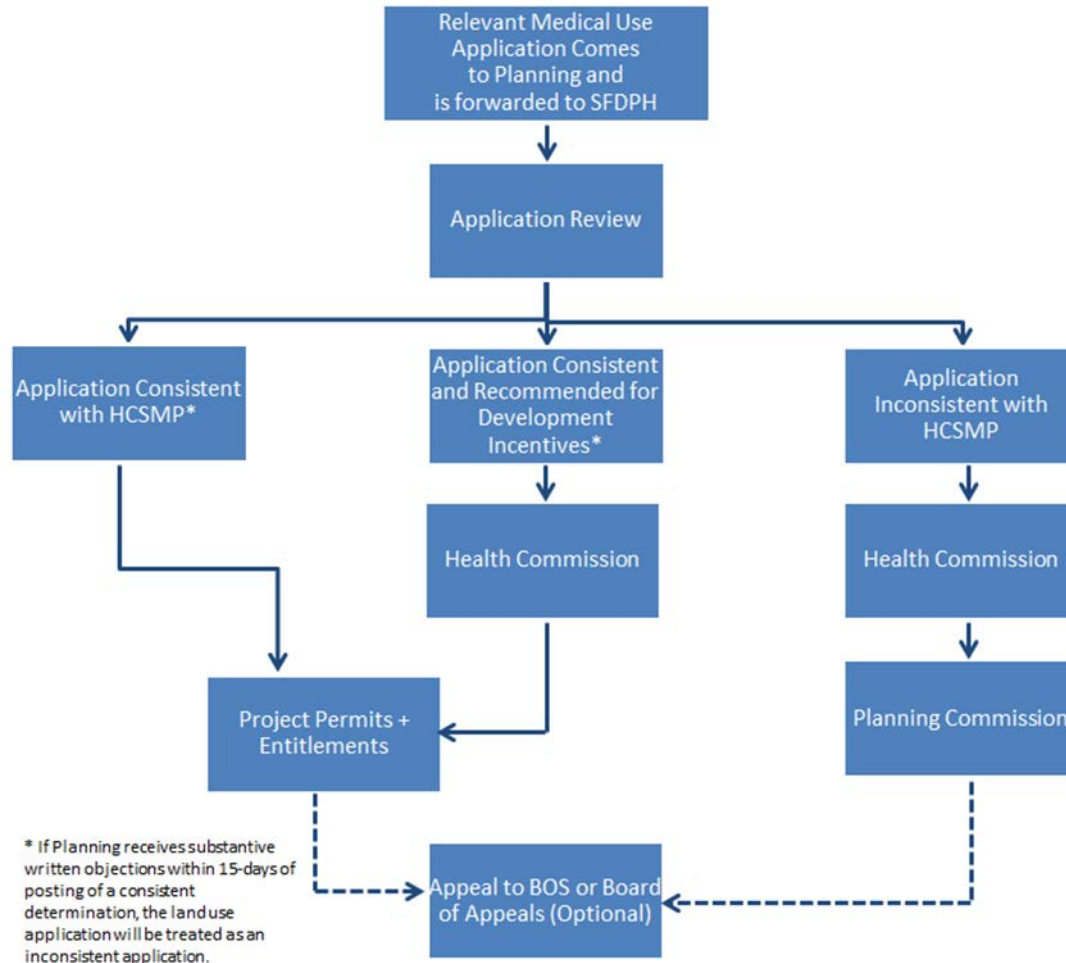
# Consistency Determination Process

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- ▶ Sections describing consistency determination were consolidated and edited to improve clarity.
- ▶ Language was added to clarify the Health Commission's role.
- ▶ Corresponding graphic (Exhibit 3. page 22 - next slide) was updated to reflect the clarifications to the process.



# Consistency Determination Process



# Consistency Determination: Possible Outcomes

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## ▶ **Consistent and Recommended for Development Incentives**

- ▶ On balance, meets one or more guidelines identified as “eligible for development incentives.”
- ▶ May be favorably considered for expedited review and/or other development incentives, depending on the project’s health care benefits.

## ▶ **Consistent**

- ▶ Positively impacts health or health care access.
- ▶ On balance, addresses one or more recommendations and/or guidelines not identified as “Eligible for Development Incentives.”

## ▶ **Inconsistent**

- ▶ Does not address HCSMP recommendations and guidelines or adversely impacts health care access.

## Recommendation 3.1: Increase access to appropriate care for San Francisco's vulnerable populations

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- ▶ To address public comments, several guidelines under Recommendation 3.1 were amended.
- ▶ Key changes:
  - ▶ Density of Health Care Services
  - ▶ Cultural Competency of Providers
  - ▶ Participation of Private Physicians in Medi-Cal

## Guideline 3.2.4: Support expansion of community-based behavioral health services

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- ▶ This guideline was added to address several public comments
- ▶ Consistent with analysis in the draft HCSMP and with other testimony by and before the Planning and Health Commissions

# HCSMP as a Health Policy Resource

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- ▶ New section added to highlight value and utilization of HCSMP beyond its impact on development decisions to guide broader health policy decision-making

# Information Changes and Style Updates

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- ▶ Inclusion of full recommendations and guidelines in Executive Summary
- ▶ Update of information newly available since the HCSMP was drafted (e.g., Covered California, Cal eConnect, parameters for health plan contracts with safety net providers)

# Future Considerations

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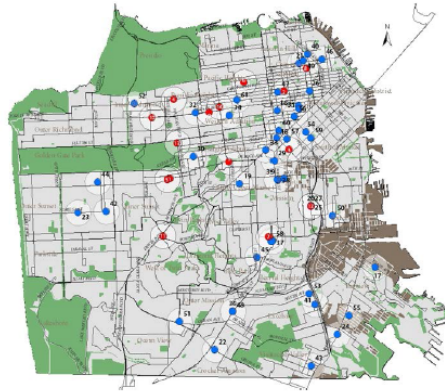
- ▶ Some commenters recommended analysis of topics below - added to “Key Items for Future Consideration”
  - ▶ Accessibility of neighborhood pharmacies
  - ▶ Hospice and palliative care
  - ▶ Substance abuse



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
SAN FRANCISCO PLANNING DEPARTMENT

# San Francisco Health Care Services Master Plan

September 2013

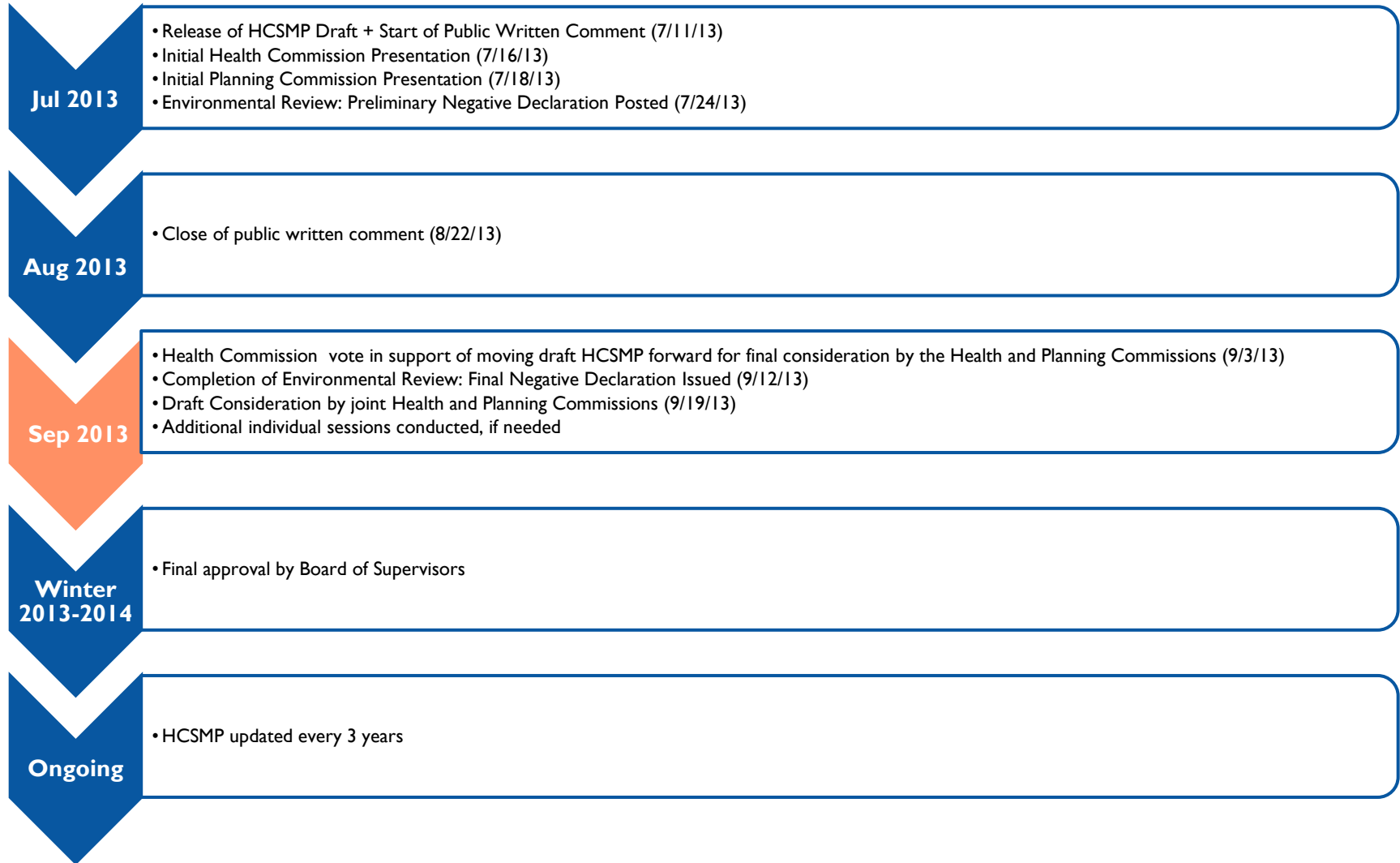


*Per San Francisco Ordinance No. 300-10, the Health Care Services Master Plan (HCSMP) identifies the current and projected needs for, and locations of, health care services in San Francisco. The HCSMP also sets forth recommendations on how to achieve and maintain an appropriate distribution of, and equitable access to, such health care services.*

## Next Steps



# HCSMP Timeline



# Ongoing Commission Roles

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## Health Commission

- ▶ Make recommendations on development projects that are “Consistent and Recommended for Development Incentives” or “Inconsistent”
- ▶ Utilize HCSMP qualitative and quantitative data to inform health policy direction and decisions for SF

## Planning Commission

- ▶ Utilize HCSMP to inform medical use project siting and potential impacts
- ▶ Consider Consistency Determination findings upon reviewing and approving related medical use project entitlements