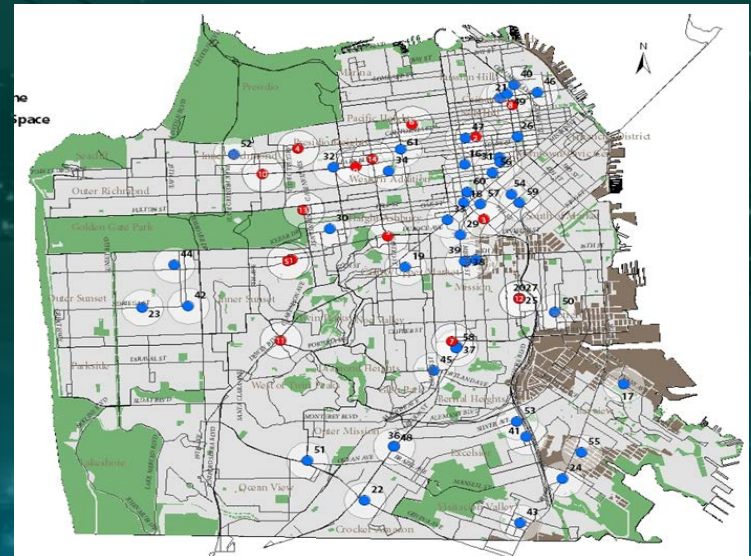


# San Francisco Health Care Services Master Plan (HCSMP)



SAN FRANCISCO  
**PLANNING DEPARTMENT**

July 18, 2013



# Presentation Overview

- I. HCSMP Overview
- II. Key Findings by Assessment
- III. HCSMP Recommendations
- IV. Consistency Determination Process
- V. Next Steps

# HCSMP OVERVIEW



# HCSMP Background

- Ordinance No. 300-10
  - Effective January 2011
  - Mandated creation of HCSMP to guide land use decisions for health-care related projects
- 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

*“[Passing legislation on the HCSMP] is a historic step in San Francisco. We’re leading the country in medical access and equity.”*

*- Supervisor David Campos,  
legislation sponsor*



# HCSMP Application to Development Projects

Certain medical use projects must be reviewed against the Plan to proceed:

- A change of use to a medical use  $\geq 10,000\text{sf}$ ; or
- An expansion of an existing medical use  $\geq 5,000\text{sf}$

*Minimal additional process: these thresholds already trigger Planning Commission review.*

The Department must make a **Consistency Determination** with the Plan.

- Will apply to approximately 2-5 projects per year.



# HCSMP Users

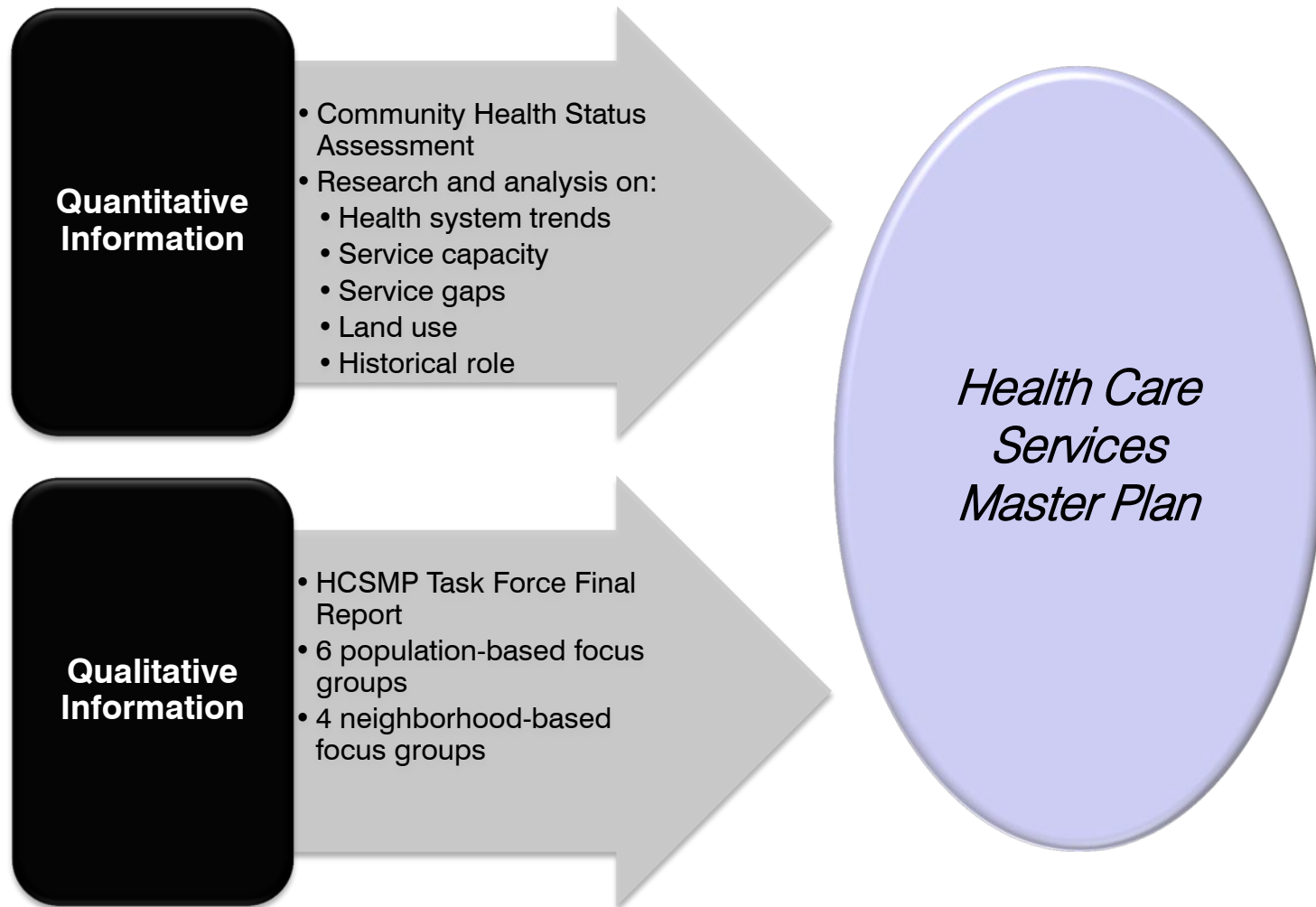
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- Planning Department: Will use to HCSMP make land use decisions for certain “medical use” projects.
- San Francisco Department of Public Health + Other Health Care Stakeholders: Will use HCSMP for planning purposes.
- Mayor + Board of Supervisors: Will use HCSMP to understand San Francisco’s health needs and priorities.





# HCSMP Development Process



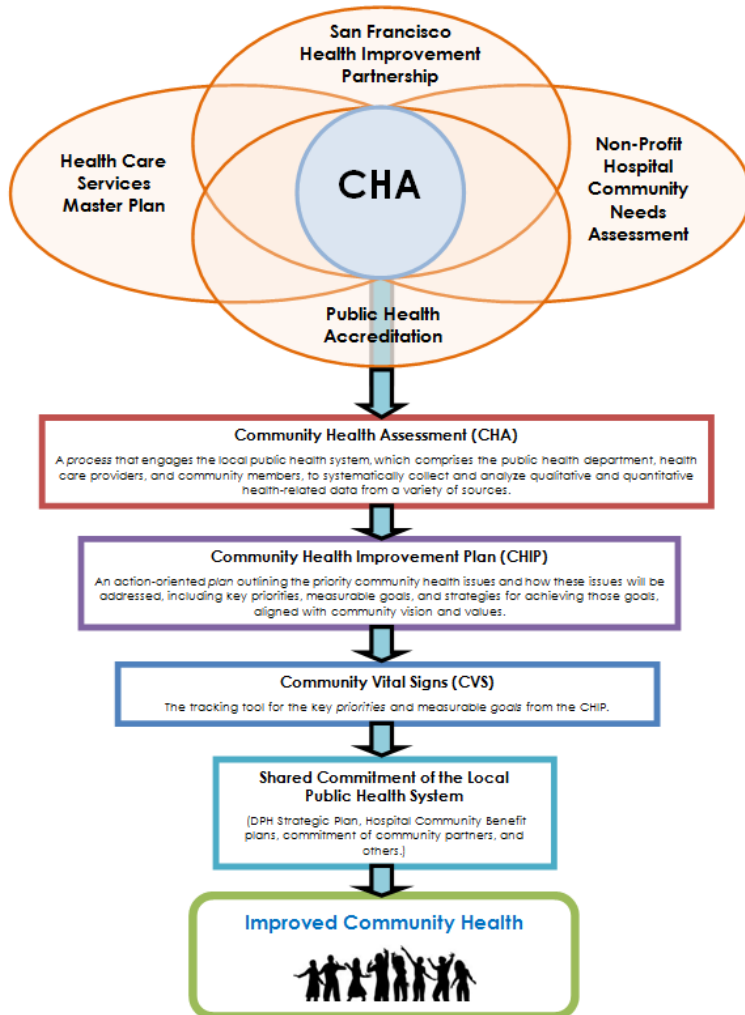
# Public Engagement: HCSMP Task Force

- **Advisory body** that focused on health care **access** with an emphasis on **underserved populations**.
  - 41-members representing the community
  - Met 10 times between July 2011 – May 2012
  - Engaged 100+ community members
  - Developed 12 broad-based recommendations for consideration by SFDPH and Planning



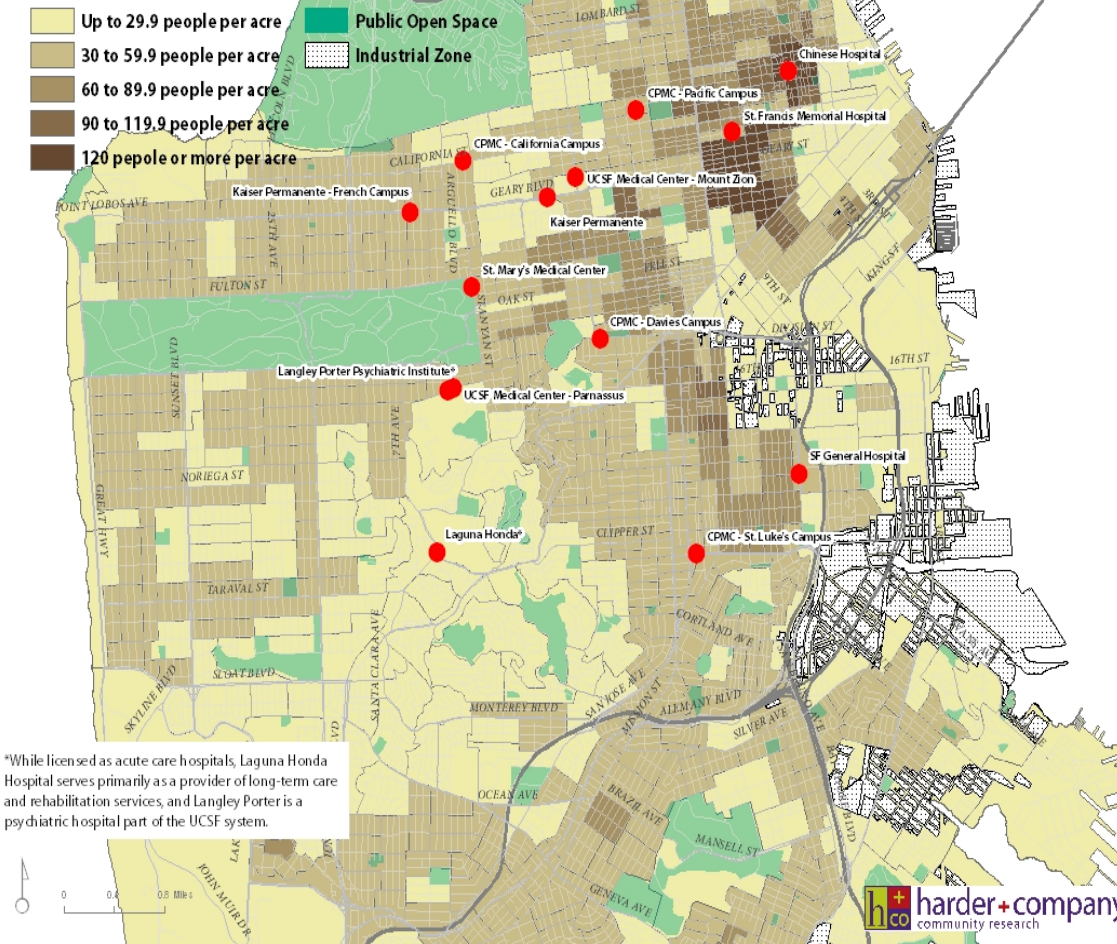


# Alignment with Other SF Health Planning Efforts



- San Francisco's Community Health Improvement Plan Vision, Values + Priorities:
  - I. Ensure Safe + Healthy Living Environments
  - II. Increase Healthy Eating + Physical Activity
  - III. Increase Access to High Quality Health Care + Services

# San Francisco's Hospitals (2012)



## KEY ASSESSMENT FINDINGS

\*While licensed as acute care hospitals, Laguna Honda Hospital serves primarily as a provider of long-term care and rehabilitation services, and Langley Porter is a psychiatric hospital part of the UCSF system.

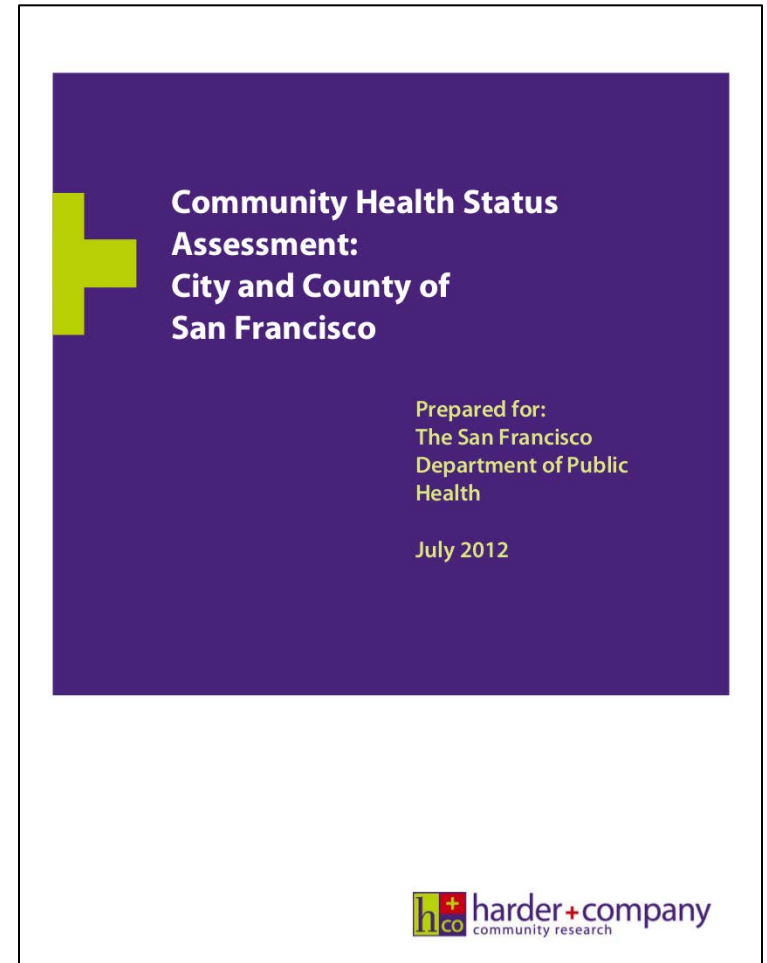
# Summary of Key Findings Across Assessments

- Many healthcare resources to residents...however, availability  $\neq$  access
- Demands on health care resources will increase
- Some populations face higher rates of health disparities
- SF providers have a long history of serving our diverse population
- Given existing medical use projects in the pipeline, San Francisco is on track to meet residents' evolving health care needs.



# Community Health Status Assessment

- San Francisco is culturally diverse and changing.
- Health burdens are tied to social determinants of health.
- Cardiovascular diseases among leading causes of death in San Francisco.
- Many health care resources available to SF residents
  - **Availability  $\neq$  Access**



# Health System Trends Assessment

**30,000**

*Estimated number of  
new Medi-Cal  
beneficiaries in San  
Francisco following  
Health Reform  
implementation.*

*Source: SF Human Services  
Agency*

- Health Reform will place greater demand on health care resources.
- Health care finance trends impact care provision, cost, and outcomes.
- Innovations in information technology and health care delivery are shaping SF's health care future.
- SFDPH and SFDEM have better prepared for disasters.



# Capacity + Gap Assessment

- San Francisco offers residents better geographic access to services than other places.
  - Limited transportation options in some areas impact access to care.
- SF has many providers relative to its population size.
  - However, service access gaps exist.
- SF will need additional long-term care capacity to accommodate its growing senior population.
- SF's diverse population requires access to culturally and linguistically competent services.

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

*- Visitacion Valley Youth*





# Historical Role Assessment

- SF has a robust network of providers with long history of serving the diverse population with cultural and linguistic competency.
- SF offers an array of programs and facilities to respond to unmet needs of underserved populations.

*“At the [clinic in Chinatown] it’s convenient because a lot of people speak Chinese.”*

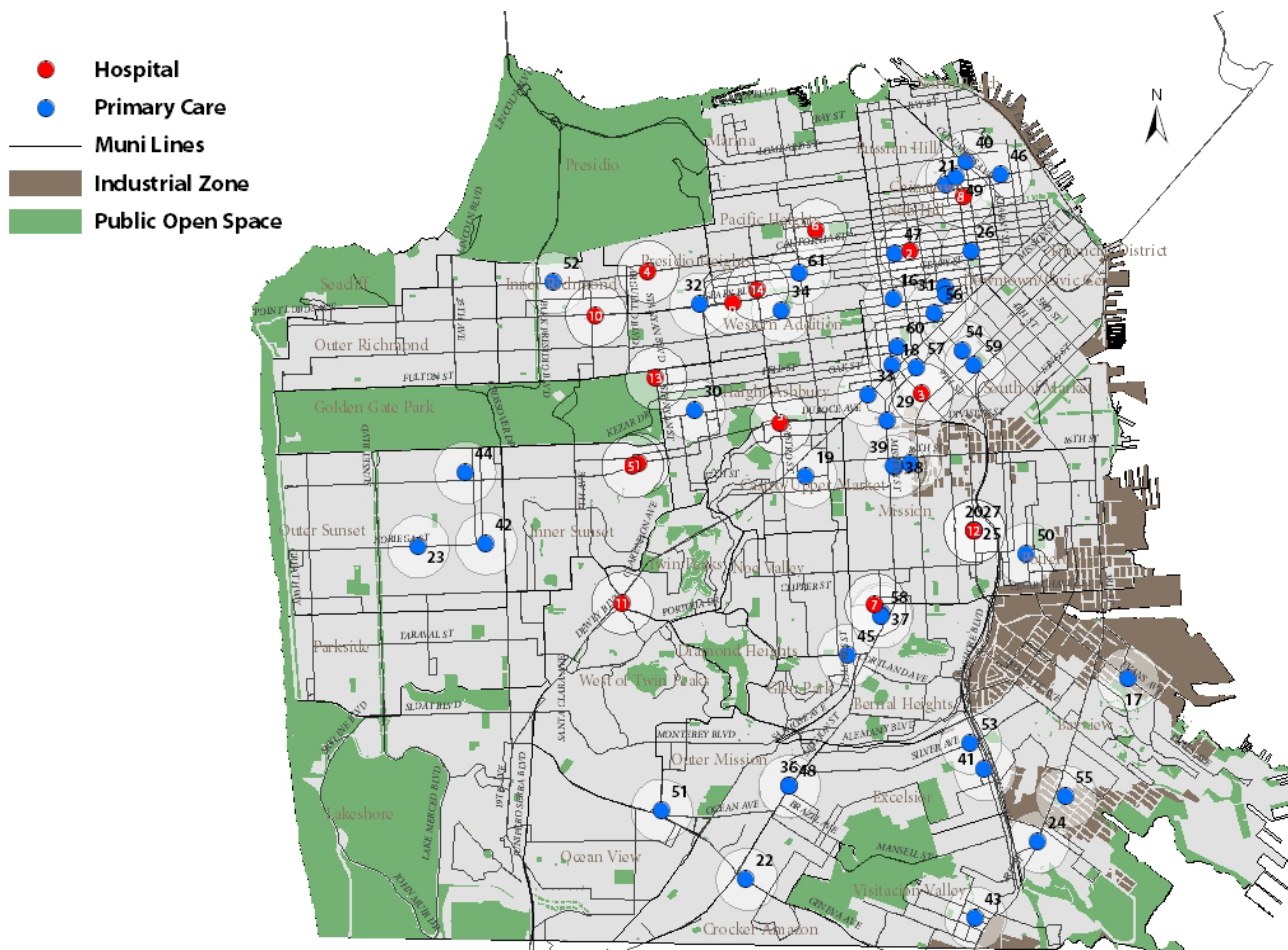
*- Chinese Excelsior Resident*



# Land Use Assessment

Analyzed:

- 1) Supply
- 2) Need/Demand
- 3) Potential land use burdens / displacement of other uses by Medical Uses



# Land Use Assessment Findings (cont'd)

## ■ Supply

- A range of services available, varying in size, service scope and location - 25 million sq. feet. of space for medical uses (10.4 %) out of 240 million of non-residential uses in SF.
  - Approximately 2.7 million sq. ft. in the development pipeline
- Distinction between clinics, hospitals, and private medical practices.
  - 11 hospitals, 40 registered clinics, and 5,137 private doctors' offices mostly located in smaller buildings throughout the city.

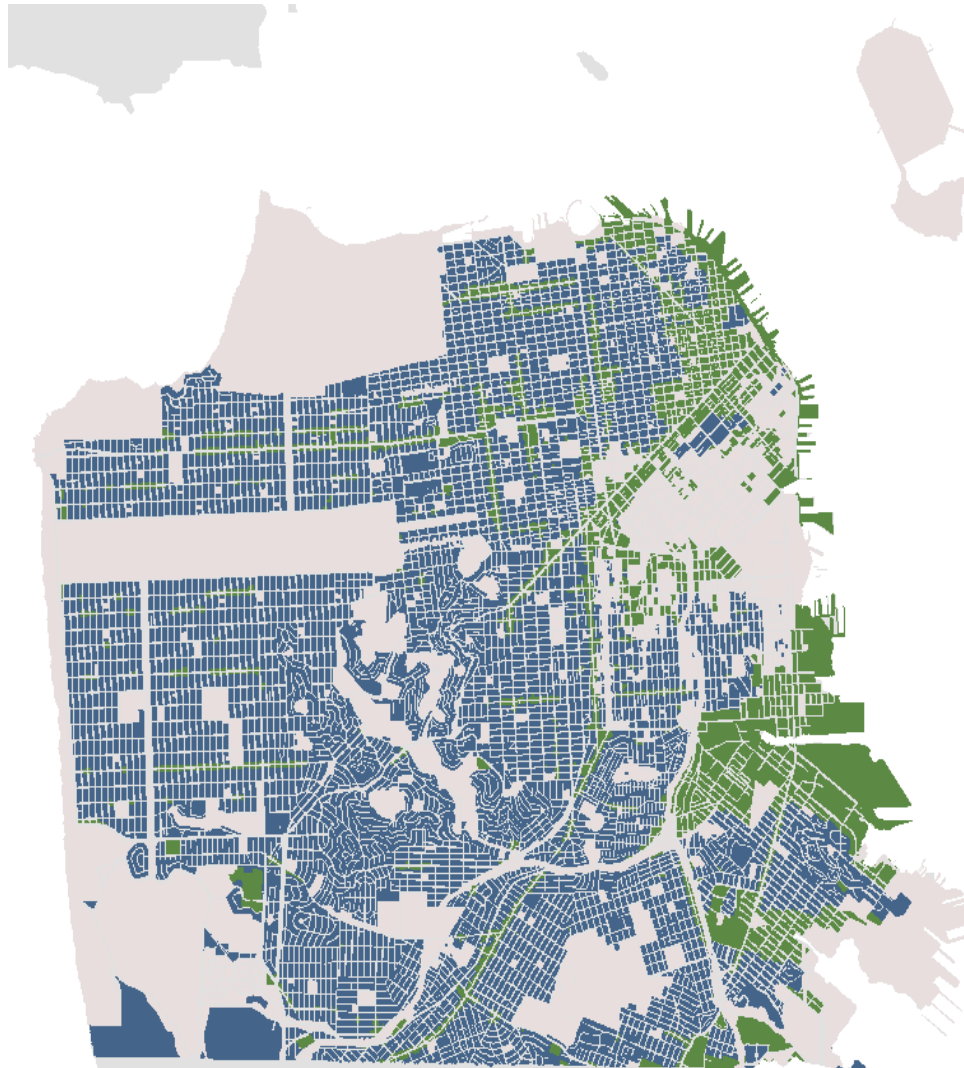
## ■ Demand

- 3.5 to 4.2 million sq. ft. needed by 2035 to meet population & employment growth (2.7 mil. in the pipeline).
  - Likely in clinics and private offices scattered throughout Neighborhood Commercial districts and other areas of the city (new construction or new leases).



# Land Use Assessment Findings

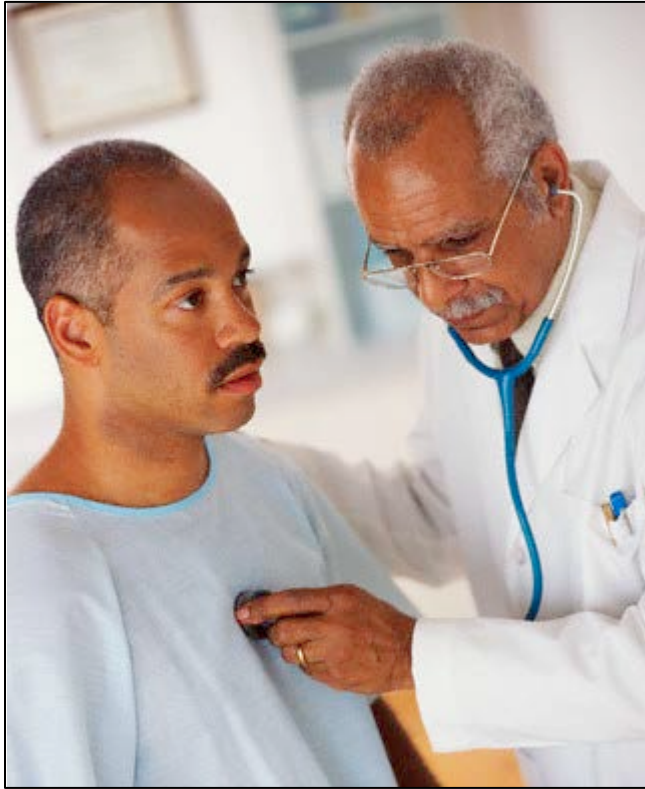
*Areas Where Clinics Permitted*



# Land Use Assessment Findings

- SF is on track to meet residents' evolving health care needs.
  - Need for development of additional medical facilities and hospital beds is low given existing plans for expansion.
- Displacement and land use impacts of future medical uses are **likely minimal** but dependent on project-specific factors.





# HCSMP RECOMMENDATIONS



# HCSMP Recommendations

## Recommendations fall under three Health Priorities:

- **Health Priority 1:** Ensure Safe + Healthy Living Environments
- **Health Priority 2:** Increase Access to Healthy Eating + Physical Activity
- **Health Priority 3:** Increase Access to High Quality Health Care + Services



# HCSMP Recommendations

## Health Priority 3: Increase Access to High Quality Health Care + Services

- |     |                                                                                                                                                                                                                                                                                                                           |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1 | Increase access to appropriate care for San Francisco's vulnerable populations.                                                                                                                                                                                                                                           |
| 3.2 | Promote new, innovative, or integrative models of care for health care delivery – such as the integration of behavioral health and medical services – that improves access for vulnerable populations.                                                                                                                    |
| 3.3 | 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.                                                                                                        |
| 3.4 | 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.                                                                                                                                                       |
| 3.5 | Ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner. |
| 3.6 | Ensure collaboration between San Francisco's existing health and social services networks and the community to maximize service effectiveness and cost-effectiveness.                                                                                                                                                     |
| 3.7 | Facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services.                                                                                                                                       |
| 3.8 | Improve local health data collection and dissemination efforts.                                                                                                                                                                                                                                                           |
| 3.9 | Promote the development of cost-effective health care delivery models that address patient needs.                                                                                                                                                                                                                         |

# HCSMP Recommendations

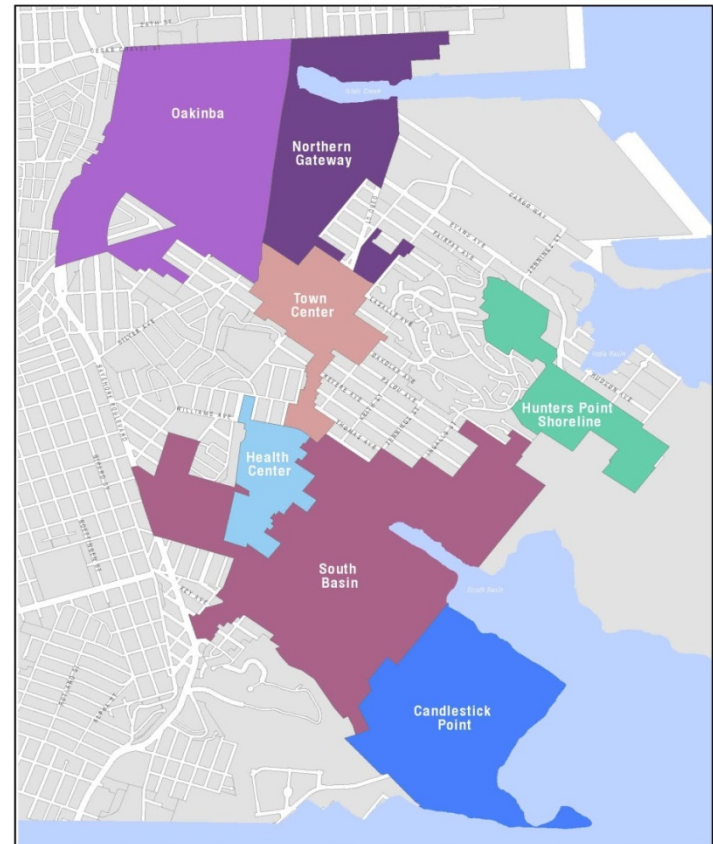
## HCSMP Recommendation 3.1: Increase access to appropriate care for San Francisco's vulnerable populations.

Critical Need	HCSMP Guideline
X	<b><u>Guideline 3.1.1:</u></b> Increase the availability and accessibility of primary care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold <sup>271</sup> – is greater than the San Francisco average) and areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality).
X	<b><u>Guideline 3.1.2:</u></b> Increase the availability and accessibility of primary care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.
X	<b><u>Guideline 3.1.3:</u></b> Increase the availability and accessibility of prenatal care within neighborhoods with documented high rates of related health disparities.
X	<b><u>Guideline 3.1.4:</u></b> Increase the availability and accessibility of prenatal care for subpopulations with documented high rates of related health disparities including but not limited to Black/African American residents.



# Guidelines Examples

- 2.1.1. Support the expansion of networks of open spaces, small urban agriculture, and physical recreation facilities, including the network of safe walking and biking facilities
- 2.1.3 Encourage development projects to incorporate “healthy design” – design encouraging walking and safe pedestrian environments.
- 3.1.8 Complete the rezoning of the Bayview “Health Center Node” to allow medical uses as envisioned in the Bayview Redevelopment Plan.



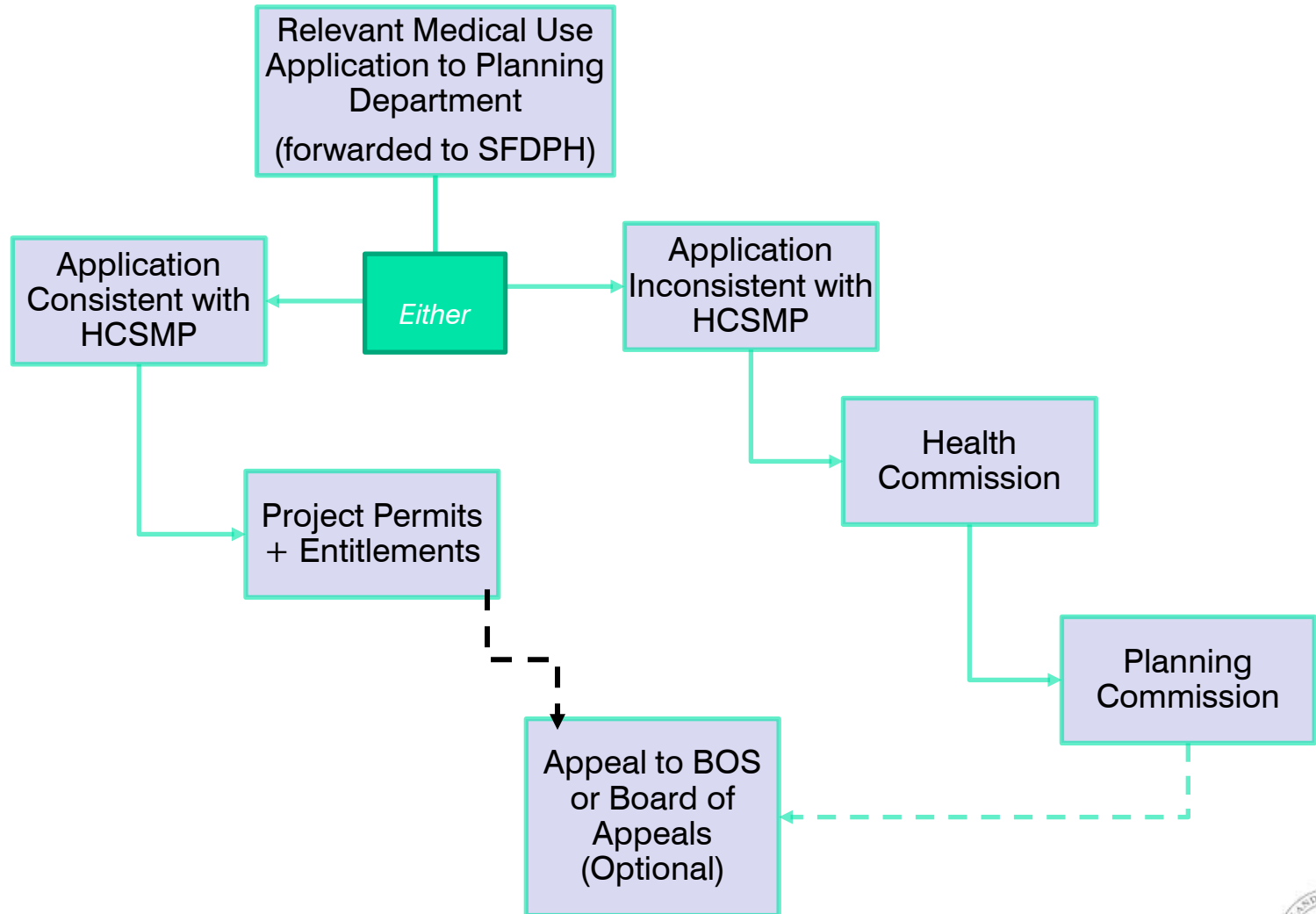
BAYVIEW HUNTERS POINT ACTIVITY NODES

# Consistency Determination: Possible Outcomes

- **Consistent and Highly Recommended for Addressing a Critical Need**
  - On balance, meets guidelines identified as “critical need”
  - Projects may be favorably considered for expedited review
- **Consistent**
  - Positively impacts health
  - On balance meets other guidelines or does not adversely affect guidelines
- **Inconsistent**
  - Does not address guidelines or adversely affects guidelines



# Consistency Determination Process





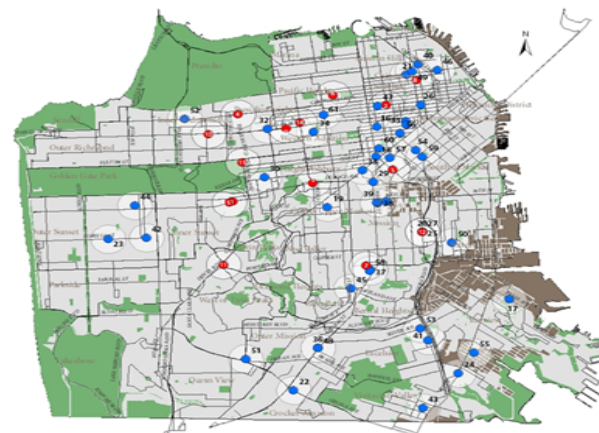
# NEXT STEPS



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
SAN FRANCISCO PLANNING DEPARTMENT

## San Francisco Health Care Services Master Plan

May 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.*



# Health Commission 7/16 Comments

- Ensure that projects will be reviewed against all Plan recommendations, not just meet 1-2 recommendations for Plan consistency– “Consistent on Balance”
- Clarify what “consistent and highly recommended for addressing a critical need” means – all recommendations are critical.
- Departments need more planning funds in their budgets to monitor and update this Plan on an ongoing basis.
  - Update data periodically, ongoing monitoring, make it a living document
- Appreciate alignment with other planning initiatives in the city.
- Infusion of health lens in all policies is very important outcome.
- Recognize the role private physicians play in the health care safety net.
- Transportation and language access are key.
- Ensure the roles of Planning Department and SFDPH are very clear.

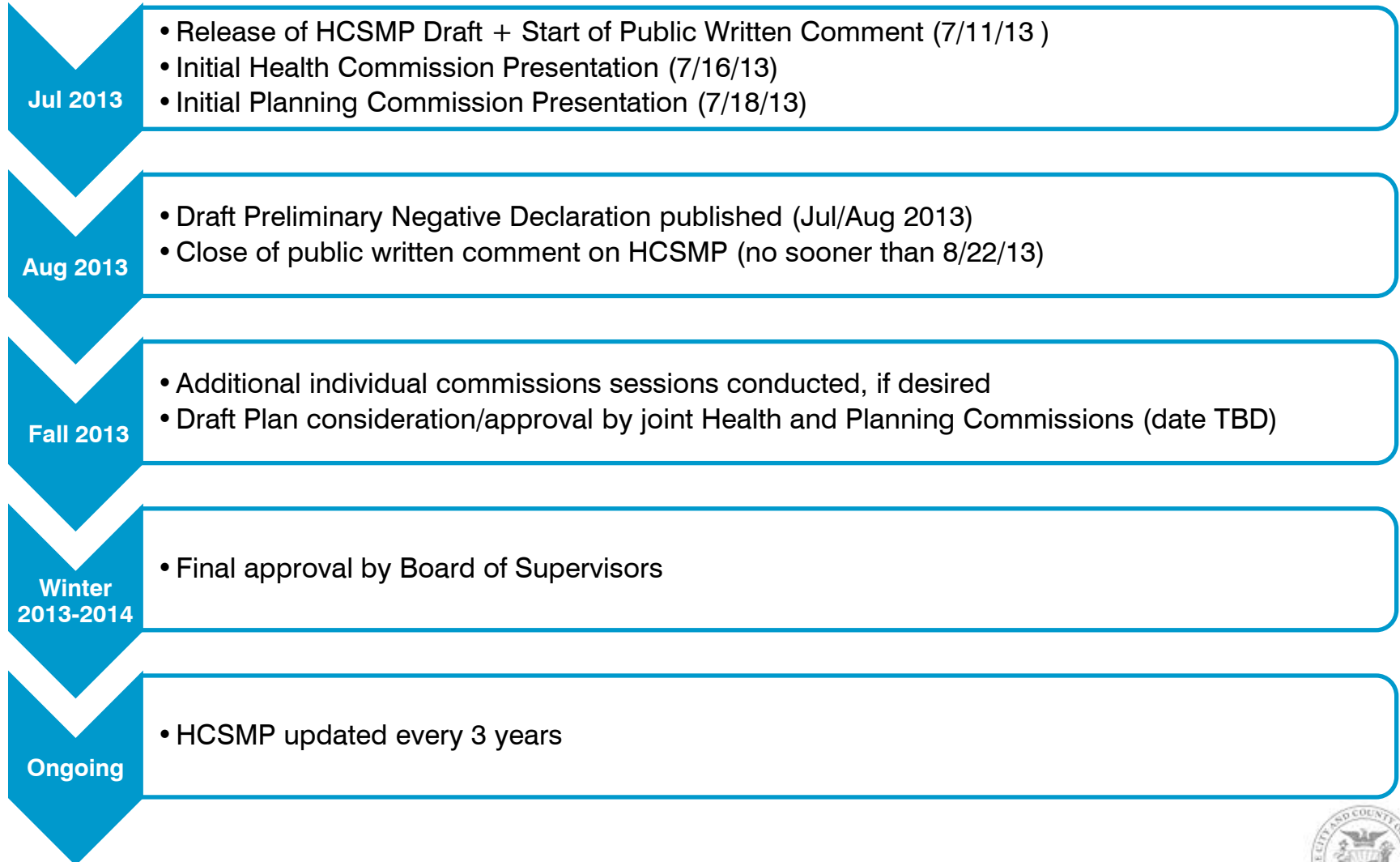


# Environmental Review

- Preliminary Negative Declaration (PND) underway
  - Expected to be published at the end of July (target: July 24<sup>th</sup>)
  - Appeal period for PND ends 30 days after publication (estimated: August 23<sup>rd</sup>)



# HCSMP Timeline



# Public Comment

- Starts July 11<sup>th</sup> and ends no earlier than August 22<sup>nd</sup> 2013.
- Comments must be submitted by one of the following ways:
  - Verbally at public commission hearings:
    - July 16, 2013 meeting of the SF Health Commission.
    - July 18, 2013 meeting of the SF Planning Commission.
    - Additional hearings that may be scheduled.
  - In writing via email (preferred) to: [hcsmp.comment@sfdph.org](mailto:hcsmp.comment@sfdph.org)
  - In writing (hard copy) to:

The San Francisco Department of Public Health  
Attn: Health Care Services Master Plan  
101 Grove Street, Room 308  
San Francisco, CA 94102



# Planning Commission Role

- HCSMP Development & Approval
  - If **desired**, hold additional public hearings, separately or jointly with Health Commission before approval hearing.
  - Joint hearing with Health Commission for approval motion.
    - Recommend HCSMP adoption to Board of Supervisors
- Ongoing / Implementation
  - Consider Consistency Determination findings upon reviewing and approving related medical use project entitlements.
  - Rely on HCSMP data to inform health facility siting decisions and potential impacts.





Questions?

