



SAN FRANCISCO PLANNING DEPARTMENT

Executive Summary Plan Adoption HEARING DATE: SEPTEMBER 19, 2013

Date: September 12, 2013
Case No.: 2013.0360EU
Project Name: **Health Care Services Master Plan**
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Recommendation: **Adopt a Recommendation for Approval**

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BACKGROUND

On July 11, 2013, the draft Health Care Services Master Plan (HCSMP) was released for public comment. Presentations of the draft were made to the Health Commission on July 16, 2013, and to the Planning Commission on July 18, 2013. The public comment period on the draft HCSMP ran from July 11, 2013 through August 22, 2013. The Department of Public Health (DPH) and the Planning Department (Planning) received public comment through oral, mail, and email submissions. This memo summarizes the public comment received and the revisions that were made to the draft of the HCSMP. A revised draft of the HCSMP will be presented at a joint meeting of the Health and Planning Commissions on September 19, 2013 for your review, consideration, and possible approval.

SUMMARY OF PUBLIC COMMENT

Oral comment was presented at the Health Commission hearing on July 16, 2013 and at the Planning Commission hearing on July 18, 2013. The following individuals/organizations made oral comments at the Health and/or Planning Commission meetings:

- 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

The following individuals/organizations submitted 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

Following are the key themes presented in the oral and written comments:

- Comment on the format of the “critical need” designation:
 - Additional clarification or expansion of guidelines falling under Guideline 3.1: Increase access to appropriate care for San Francisco’s vulnerable populations.
 - Support for Guideline 3.1.9 which advocates for the extension of Medicaid primary care reimbursement rate beyond 2014.
 - Support for Guideline 3.1.14 which supports the preservation of Healthy San Francisco.
 - Support for Guideline 3.4 which supports cultural, linguistic, and physical capacity in health care and support service providers.
 - Support for Guideline 3.5 which supports a range of appropriate transportation options that allow San Francisco residents to reach their health care destinations.
- Requests for additional attention to be brought to specific issues, including the role of private physicians in the safety net, mental health, substance abuse, hospice and palliative care, transportation, and linguistic access.
- The need for additional clarification regarding the process of Consistency Use Determination.
- Suggestions for formatting, organization, and wording of certain sections of the report.

SUMMARY OF REVISIONS MADE TO THE JULY 11, 2013 DRAFT

All public comments were thoroughly reviewed and considered by DPH and Planning staff. Following is an outline of the revisions that were made to the July 11, 2013 draft HCSMP, which are represented in the September 12, 2013 draft for approval that accompanies this memo.

Issue	Summary	Change
Recommendations Structure/"Critical Need" Designation	The majority of the comments received were related to the HCSMP's use of the term "critical need." The "critical need" designation created confusion as it did not identify the difference between policy recommendations and those related to development projects.	To provide greater clarity, the recommendations and guidelines were restructured to remove the term "critical need" and replace it with the designation of "eligible for development incentives." By virtue of their inclusion as recommendations or guidelines, all recommendations were intended to represent critical goals. The revised designation more accurately reflects this original intention.
Consistency Use Determination	A number of commenters suggested that the Consistency Use Determination process may be confusing and could be clarified.	<ul style="list-style-type: none"> The sections on the consistency determination were consolidated, edited to improve clarity, and moved to appear earlier in the HCSMP. Language as added to clarify the Health Commission's role to review applications recommended by staff as "Consistent and Recommended for Development Incentives" and "Inconsistent." The graphic represented in Exhibit 3 on page 22 was updated to reflect the additional possible determination of "Consistent and Recommended for Development Incentives."
Density of Health Care Services	Commenters suggested an expansion of the guidelines to support an assessment of the density of services provided.	Guideline 3.1.1 was expanded to include language to consider existing density of health care services.
Cultural Competency of Providers	One commenter requested guidelines include language supporting "culturally competent" providers.	<ul style="list-style-type: none"> Guideline 3.1.2 was changed to include language supporting culturally competent providers. Guideline 3.1.8 was changed to include language supporting culturally competent providers.
Participation of Private Physicians in Medi-Cal	Two commenters requested the HCSMP recognize the importance of Medi-Cal rates for private physician participation.	<ul style="list-style-type: none"> Guideline 3.1.9 was changed to recognize the importance of Medi-Cal rates for private physician participation in the Medi-Cal program. Changes were made to the body of the HCSMP on page 115 to describe the importance of Medicaid rates for private physician participation.

Issue	Summary	Change
Mental Health	Several commenters suggested that greater emphasis be placed on mental health in the HCSMP.	<ul style="list-style-type: none"> Recommendation 3.2 was amended to identify mental health and substance abuse as components of behavioral health. Guideline 3.2.1 was expanded to support an integrated approach that includes behavioral health into primary care medical homes. Guideline 3.2.4 was added under to emphasize the importance of community-based behavioral health services.
Transportation	One commenter suggested that the guidelines refer to “transit” options instead of only “bus” options.	Guideline 3.5.8 replaced the word “bus” with “transit” to reflect broader transportation options.
Collaboration between San Francisco providers and the United Way	One commenter requested to expand the guideline to reflect a collaboration of information not only with clinics, but with all available health services.	Guideline 3.6.4 now supports collaboration with 2-1-1 beyond only clinic services.
HCSMP as a Health Policy Resource	Several commenters noted the value of the HCSMP beyond its impact on development decisions and noted that it should be relied upon as a living document that guides health policy in the city.	The section entitled HCSMP as a Health Policy Resource was added to the HCSMP and appears on page 182.
Cal eConnect	One commenter noted that Cal eConnect had ceased operations since this portion of the HCSMP was written.	The section on Cal eConnect, previously in the Technology & Innovation Section of the Health System Trends Assessment, was removed.
Contracts with Safety Net Providers	One commenter discussed the requirements of health plans offered on Covered California to contract with safety net providers under Covered California.	Further clarification was added to the HCSMP body on page 55 regarding the requirement of Qualified Health Plans under Covered California to contract with safety net providers in San Francisco.

Issue	Summary	Change
Substance Abuse	One commenter recommended that the HCSMP include a more thorough analysis of the issue of substance abuse among San Francisco residents and the supply of substance abuse treatment providers.	Though information on substance abuse is included in the HCSMP, the need for further analysis and study of this issue was noted in the HCSMP under "Key Items for Future Consideration."
Hospice/Palliative Care	One commenter recommended that the HCSMP include research and analysis on the supply and future need for hospice and palliative care.	As this information was not thoroughly reviewed and considered by the HCSMP Task Force during the development of the draft HCSMP, this issue was noted in the HCSMP under "Key Items for Future Consideration."
Information Updates and Style Changes	Commenters recommended specific changes related to formatting, organization of the report, and wording or phraseology.	Several non-substantive changes were made to the HCSMP to provide more specific information than was available at the time of initial drafting, due largely to progress on implementation of federal Health Reform. Examples of these changes include the naming of California's health insurance exchange as Covered California, and the inclusion of updated information on health professional shortage areas in San Francisco. Other changes were largely related to the style or structure of the report and included, for example, the inclusion of the full set of recommendations and guidelines in the Executive Summary.

ENVIRONMENTAL REVIEW

On July 24, 2013, the Environmental Planning Division of the Department determined that the proposed project could not have a significant effect on the environment and issued a Preliminary Negative Declaration (PND). On September 12, 2013 the Department issued the Final Negative Declaration (FND).

ADDITIONAL PUBLIC COMMENT

Additional public comment will be taken at the Joint Commissions hearing on September 19, 2013, and any subsequent Board adoption hearings that will be held relating to the adoption of this Plan.

REQUIRED COMMISSION ACTION

Planning Department staff recommends that the Planning Commission adopt a resolution recommending adoption of the Plan to the Board of Supervisors.

BASIS FOR RECOMMENDATION

- The project is a required by San Francisco Ordinance 300-10

- The project will help guide land use decisions for health care-related projects in San Francisco through extensive quantitative and qualitative data assessments, and a set of recommendations and guidelines to achieve and maintain appropriate distribution of, and access to, such services.
- The project will support numerous other city health planning efforts and initiatives underway.

NEXT STEPS

The revised HCSMP attached to this memo is submitted for your consideration and discussion at the joint Health and Planning Commission meeting on Thursday, September 19, 2013. At this meeting, the Health and Planning Commissions may approve the revised draft HCSMP and advance it to the Board of Supervisors for their final review and approval, or review the draft and request additional hearings and/or time for consideration.

Once adopted, the HCSMP must be updated every three years or more frequently if necessary. These deadlines may be extended by the Board of Supervisors. Additional materials can be found on DPH's website: <http://www.sfdph.org/dph/comupg/knowlcol/HCSMP/default.asp>

RECOMMENDATION:	Adopt a Recommendation for Approval
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Attachments:

Exhibit A: Draft Resolution to Approve the Health Care Services Master Plan

Exhibit B: Health Care Services Master Plan, September 12, 2013 Draft

Exhibit C: Health Care Services Master Plan sections that changed from July 11, 2013 Draft

Exhibit D: HCSMP Final Negative Declaration