



Supplemental Information

Health Care Systems

Master Plan (HCSMP)

Recommendations and Guidelines

Health Priority 1: Ensure Safe + Healthy Living Environments

HCSMP Recommendation 1.1: Address identified social and environmental factors that impede and prevent access to optimal care, including but not limited to violence and safety issues, transportation barriers, environmental hazards, and other built environment issues.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 1.1.1	Advance an actionable “Health in All Policies” (HiAP) policy for the City.	
Guideline 1.1.2	Advance health promotion, disease prevention, and overall community wellness (e.g., publicly accessible open space, gyms that provide and facilitate access to underserved populations, exercise areas with equipment and classes/wellness programs that are included as part of development proposals).	
Guideline 1.1.3	Establish “health safety zones” (i.e., areas surrounding facilities that deter violence and improve feelings of safety, health, and wellbeing through streetscaping or other means).	
Guideline 1.1.4	Continue to support the expansion of permanent supportive housing and other affordable, safe housing options that have robust connections to health care facilities and services and to wellness opportunities.	
Guideline 1.1.5	Advance the efforts of the Mayor’s Office of Violence Prevention Services, including recommendations of San Francisco’s current and future Violence Prevention Plan.	

Health Priority 2: Increase Healthy Eating + Physical Activity

HCSMP Recommendation 2.1: Support “healthy” urban growth.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 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.	
Guideline 2.1.2	Review the impact of large-scale residential and mixed-use development projects – and/or expected areas of new growth – on the potential impact on neighborhood residents’ future health care needs and, when feasible, such projects should address service connectivity. Projects serving seniors, persons with disabilities, or other populations with limited mobility options, for example, should employ a range of transportation demand management strategies (e.g., shuttle service, gurney service) to address the project’s impact and utility for the community.	
Guideline 2.1.3	Encourage residential and mixed-use projects to incorporate healthy design – design encouraging walking and safe pedestrian environments.	

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

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

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.1.1	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 ¹ – is greater than the San Francisco average) areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality) and/or areas with limited existing health care resources.	YES
Guideline 3.1.2	Increase the availability and accessibility of culturally competent 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.	YES
Guideline 3.1.3	Increase the availability and accessibility of prenatal care within neighborhoods with documented high rates of related health disparities.	YES
Guideline 3.1.4	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.	YES
Guideline 3.1.5	Increase the availability and accessibility of dental 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 ¹ – 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).	YES
Guideline 3.1.6	Increase the availability and accessibility of dental 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.	YES
Guideline 3.1.7	Complete the rezoning of the Bayview Health Node, as envisioned by community residents in the adopted Bayview Redevelopment Plan.	
Guideline 3.1.8	Increase the supply of culturally competent providers serving low-income and uninsured populations, which may include but is not limited to supporting projects that can demonstrate through metrics that they have served and/or plan to serve a significant proportion of existing/new Medi-Cal and/or uninsured patients, particularly in underserved neighborhoods.	YES
Guideline 3.1.9	Advocate for the extension of the Medicaid primary care physician reimbursement rate established under Health Reform beyond 2014 to attract and retain physician participation in the Medi-Cal program.	
Guideline 3.1.10	Promote projects that demonstrate the ability and commitment to deliver and facilitate access to specialty care for underserved populations (e.g., through transportation assistance, mobile services, and/or other innovative mechanisms).	YES
Guideline 3.1.11	Support innovative education and outreach efforts that: <ul style="list-style-type: none"> a. Target youth and other hard-to-reach populations, such as homeless people and those with behavioral health problems that inhibit them from seeking medical care and other health services, as well as “invisible” populations that are often overlooked due to their legal status. b. Help low-income, publicly insured, and/or uninsured persons identify health care facilities where they may access care. 	

Guideline 3.1.12	Promote support services (e.g., escorting patients to medical appointments, using case managers to help patients navigate the health care system) for patients likely to have difficulty accessing or understanding health care services (e.g., multiply diagnosed or homeless persons).	
Guideline 3.1.13	Support clinics and support services that offer non-traditional facility hours to accommodate patients who work during traditional business hours.	
Guideline 3.1.14	Preserve the Healthy San Francisco program.	
Guideline 3.1.15	Support mobile enrollment efforts to expand opportunities for people to enroll in health insurance or other health care programs.	

HCSMP Recommendation 3.2: Promote new, innovative, or integrative models of care for health care delivery – such as the integration of behavioral health (mental health and substance abuse) services and medical services – that improves access for vulnerable populations.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.2.1	Research the feasibility of implementing a patient-centered medical home model for the severely mentally ill in which a mental health care provider leads an integrated team of service providers, including primary care practitioners; and, conversely, for patients who are not severely mentally ill, support integration of behavioral health services into primary care medical homes.	
Guideline 3.2.2	Research the connection between specialty mental health services and Medi-Cal managed care for Medi-Cal beneficiaries.	
Guideline 3.2.3	Increase the availability of behavioral health and trauma-related services – including school-based services – in neighborhoods with documented high rates of violence (i.e., neighborhoods exceeding citywide violence rates per San Francisco Police Department data).	YES
Guideline 3.2.4	Support expansion of community-based behavioral health services.	YES

HCSMP Recommendation 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.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.3.1	Support affordable and supportive housing options for seniors and persons with disabilities, enabling them to live independently in the community.	YES
Guideline 3.3.2	Work in collaboration with the Department of Aging and Adult Services – and in alignment with the Long-Term Care Integration Plan – 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.	YES
Guideline 3.3.3	Advocate for California to expand community-based Medi-Cal long-term care services, including through the Home- and Community-Based Services 1915(i) state plan option.	

HCSMP Recommendation 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.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.4.1	Ensure that electronic health records capture key patient demographic data, consistent with patient privacy preferences, that facilitate the provision of culturally and linguistically competent care.	
Guideline 3.4.2	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.), which is expected to increase provider supply and patient satisfaction in underserved areas.	
Guideline 3.4.3	Encourage the assessment of patients’ health literacy and cultural/linguistic needs, so providers can better tailor care to each patient’s needs.	

HCSMP Recommendation 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.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.5.1	Support the recommendations of the Municipal Transportation Agency’s (MTA) Transit Effectiveness Project, which is expected to positively impact passenger travel times on high ridership routes, including those that service San Francisco’s major health care facilities.	
Guideline 3.5.2	Ensure that the MTA continues to consider the needs of seniors and persons with disabilities in its transportation planning efforts.	
Guideline 3.5.3	As part of transit demand management efforts for patients, develop safe health care transit options beyond the public transportation system (e.g., bike storage, health care facility shuttle service, etc.) to increase health care access for those without regular car access.	
Guideline 3.5.4	Provide transportation options (e.g., taxi vouchers, shuttles, other innovative transportation options, etc.) from low-income areas and areas with documented high rates of health disparities – particularly those with transportation access barriers – to health care facilities.	YES
Guideline 3.5.5	Support mobility training programs for older adults to help them retain independence, access to health care, and other opportunities, especially important as San Francisco’s aging population grows.	
Guideline 3.5.6	Ensure that special consideration is given to how the consolidation or retention of transit stops could impact access to health care services from sensitive uses such as housing for seniors and persons with disabilities who may regularly need health care services.	
Guideline 3.5.7	Promote ongoing collaboration with MTA and San Francisco County Transportation Authority staff to consider pedestrian safety near health care facilities as well as how safety may be impacted by ongoing transportation planning and projects.	
Guideline 3.5.8	Increase awareness of transportation options to health care facilities during facility hours. This may include but not be limited to providing relevant transit information in providers’ offices.	

HCSMP Recommendation 3.6: Ensure collaboration between San Francisco’s existing health and social services networks and the community to maximize service effectiveness and cost-effectiveness.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.6.1	Support collaborations between medical service providers and existing community-based organizations with expertise in serving San Francisco’s diverse populations.	
Guideline 3.6.2	Support inter-health system collaboration (e.g., via provider consultation hotlines, systems support for electronic health records adoption and implementation) that offers potential for improving care access, the patient experience, and health outcomes, and leverage the expertise of San Francisco’s diverse providers.	
Guideline 3.6.3	Support partnerships between medical service providers and entities not specifically focused on health or social services (e.g., schools, private business, faith community, etc.) to leverage expertise and resources and expand access to health services and promote wellness.	
Guideline 3.6.4	Support collaboration between San Francisco providers and the United Way to ensure that the 2-1-1 system reflects information on all available health services.	
Guideline 3.6.5	Showcase collaboration outcomes to illustrate the potential impact of community partnerships.	

HCSMP Recommendation 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.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.7.1	Promote health care provider participation in HealthShare Bay Area, a health information exchange that will provide a secure, controlled, and interoperable method for exchanging and aggregating patient health information.	
Guideline 3.7.2	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.	
Guideline 3.7.3	Integrate 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.	

HCSMP Recommendation 3.8: Improve local health data collection and dissemination efforts.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.8.1	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).	
Guideline 3.8.2	Gather and disseminate more data about the connection between safety and public health.	
Guideline 3.8.3	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.	

HCSMP Recommendation 3.9: Promote the development of cost-effective health care delivery models that address patient needs.

GUIDELINE:	DESCRIPTION:	ELIGIBLE FOR INCENTIVE:
Guideline 3.9.1	Use nurse practitioners and physician assistants to the full extent of their training.	
Guideline 3.9.2	Increase flexibility between primary care and specialty care (e.g., specialty mental health) provider roles. Such flexibility might include but not be limited to: <ol style="list-style-type: none"> a. Allowing specialists with a history of treating patients with certain conditions to serve as those patients' primary care provider; b. Better equipping primary care providers to manage chronic conditions to maximize the appropriate use of specialists; and/or c. 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. 	
Guideline 3.9.3	Advance the patient-centered medical home model for all San Franciscans.	

¹ The "Census Poverty Threshold" (CPT) is the means by which the US Census Bureau calculates poverty. The CPT takes into consideration, not only household income, but also the age of household members.