Presentation Overview

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

- 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

- Consistency determination required for certain “Medical Use” projects:
  - Change of use to a medical use ≥10,000sf; or
  - Expansion of an existing medical use ≥ 5,000sf

- 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

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
Summary of Key Changes Made to the 7/11/13 Draft HCSMP
Replacement of the “Critical Need” Designation

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

- 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

1. Relevant Medical Use Application Comes to Planning and is forwarded to SFDPH
2. Application Review
   - Application Consistent with HCSMP*
   - Application Consistent and Recommended for Development Incentives*
   - Application Inconsistent with HCSMP
3. Health Commission
4. Project Permits + Entitlements
5. Appeal to BOS or Board of Appeals (Optional)

* If Planning receives substantive written objections within 15 days of posting of a consistent determination, the land use application will be treated as an inconsistent application.
Consistency Determination: Possible Outcomes

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

- 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

- 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

- 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

- 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)
Some commenters recommended analysis of topics below - added to “Key Items for Future Consideration”

- Accessibility of neighborhood pharmacies
- Hospice and palliative care
- Substance abuse
HCSMP Timeline

**Jul 2013**
- Release of HCSMP Draft + Start of Public Written Comment (7/11/13)
- Initial Health Commission Presentation (7/16/13)
- Initial Planning Commission Presentation (7/18/13)
- Environmental Review: Preliminary Negative Declaration Posted (7/24/13)

**Aug 2013**
- Close of public written comment (8/22/13)

**Sep 2013**
- Health Commission vote in support of moving draft HCSMP forward for final consideration by the Health and Planning Commissions (9/3/13)
- Completion of Environmental Review: Final Negative Declaration Issued (9/12/13)
- Draft Consideration by joint Health and Planning Commissions (9/19/13)
- Additional individual sessions conducted, if needed

**Winter 2013-2014**
- Final approval by Board of Supervisors

**Ongoing**
- HCSMP updated every 3 years
Ongoing Commission Roles

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