



City and County of San Francisco
Edwin M. Lee, Mayor

San Francisco Department of Public Health

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Director's Report for Health Commission Meeting of September 19, 2017

A current overview of issues affecting the state of public health in San Francisco

<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

U.S. Senate Continues in their efforts to repeal and replace the ACA

On September 13th, Sen. Graham (R-SC) and Sen. Cassidy (R-LA) introduced legislation to repeal and replace the Affordable Care Act (ACA). The bill contains many of the same provisions of the two previous GOP attempts to overhaul healthcare (BRCA and AHCA), including eliminating the individual and employer mandate, deeply cutting Medicaid, and defunding Planned Parenthood. The biggest change under the plan is that money spent under the ACA for the expansion of Medicaid and insurance subsidies would be shifted to block grants and distributed to states to run their own health systems at their discretion. The grants would be distributed based on a formula where higher-spending states that expanded Medicaid for their residents would receive less funding than under current law.

The bill has not yet been analyzed by the Congressional Budget Office, but already healthcare analysts estimate that the Graham-Cassidy plan would have much of the same impact as other Senate and House Republican repeal and replace bills. It would cause many millions of people to lose coverage, radically restructure and deeply cut Medicaid, increase out-of-pocket costs for individual market consumers, and weaken or eliminate protections for people with pre-existing conditions.

The legislation must be passed by September 30th if it is to be passed under a simple majority threshold. Afterwards, the budget reconciliation vehicle allowing for a 50-vote threshold expires, and the legislation would then require the 60 votes often required for major legislation.

Of note, Senate Democrats on the same day released their own legislative version of healthcare reform, which would establish a national health insurance program for all U.S. residents also known as "Medicare for all". The bill is co-sponsored by 16 Democratic senators, including Sen. Harris (D-CA).

Three Month Extension passed for the Federal Budget and Hurricane Relief Funding

On September 7th, Congress approved legislation to raise the debt ceiling and passed a continuing resolution to keep the government funded to December 15th. This legislation also provides federal aid for victims of Hurricane Harvey and Hurricane Irma. The legislation was the result of a bipartisan agreement between President Trump and Democratic congressional leaders. This agreement reduces pressure to resolve these issues this month, but Congress will have to take action in December to keep the government funded and raise the government's borrowing capacity in the long term.

AB 186 - Supervised Safe Injection Site Fails in California Senate

Assembly Bill 186 (AB 186), which would make California the first state in the nation to permit illegal drug use in designated places, failed passage in the legislature. The bill, sponsored by Assembly Member Eggman (D-Stockton), and Senator Wiener (D-San Francisco), had passed through the Assembly, two Senate subcommittees, but lost by two votes on a full vote by the Senate. Republican members unanimously opposed the bill in the vote while several Democrats abstained or voted no.

This bill would have extended the harm reduction strategies already used in California by enabling local governments to permit programs to provide drug users a safe and hygienic space to use pre-obtained drugs under the supervision of trained staff. Specifically, the legislation would permit Alameda, Humboldt, Los Angeles, Mendocino, San Francisco, and San Joaquin counties—and the cities within them—to approve entities to establish and operate a safer drug consumption program for individuals 18 years of age or older, until January 1, 2022. The legislation aims to help address the rising use of heroin and opiates and subsequent overdoses. In April of 2017, the San Francisco Board of Supervisors enacted a resolution charging the Department of Public Health with convening a task force to develop recommendations on the operation of safe injection services. The legislation has not been supported by law enforcement, which contends the injection sites would become crime magnets that normalize hard drugs rather than helping addicts in their recovery.

SB 554 will allow Nurse Practitioners and Physician Assistants to Prescribe Buprenorphine

On September 11th, Governor Jerry Brown signed SB 554 which would grant the ability for NPs and PAs to prescribe buprenorphine for the treatment of opioid addiction. On July 22, 2016, President Obama signed CARA (Comprehensive Addiction and Recovery Act) into law as Public Law 114-198. One of CARA's important provisions was to expand access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying NPs and PAs until Oct. 1, 2021. The bill the governor signed brings state regulations and law into line with these new federal rules.

Nurse Practitioners and Physician Assistants have a growing role as Primary Care Providers, especially in safety-net settings such as the San Francisco Health Network (SFHN) and medically underserved communities throughout the state. NPs and PAs are essential members of the healthcare team in all of our 14 SFHN Primary Care health centers, working alongside physicians and other medical professionals. Many of our NPs and PAs bring expertise in

different areas of care for vulnerable populations, and among these is primary care for people living with substance use disorders. It is essential that NPs and PAs have access to all available treatments for opioid dependence and chronic pain, and buprenorphine has emerged as an effective tool for treating both disorders. Several nurse practitioners working in SFDPH have already taken the 24 hours of required training, and notified the secretary of HHS of intent to prescribe buprenorphine. Governor Brown's signing of SB 554 is an important step toward improving access to buprenorphine therapy for all Californians suffering from opioid dependence and chronic pain. This law has potential for expanding access to treatment for opioid use disorder, in particular in remote underserved areas where the only provider might be a nurse practitioner.

SFDPH Continues to Improve Response to Heat-Related Incidents

In response to the record-breaking temperatures in San Francisco over the Labor Day weekend, San Francisco activated its emergency response structure to manage the effects of the heat wave. Public health and safety were the top priorities throughout the weekend.

Years of preparation were put to use and our emergency plans worked as they were intended during this rapidly evolving event. Through coordination at the Emergency Operations Center, which is managed by the Department of Emergency Management, city agencies made additional resources, such as cooling centers and extended pool hours, available to the public over the weekend. Emergency medical professionals in the Emergency Operations Center monitored the situation closely and reacted quickly to a surge in 911 call volume, by taking steps to increase local capacity and initiating a request for mutual aid. Mutual aid plans, a best practice emergency response tool that complements local efforts in times of unusually high demand, were already in place for situations such as this one.

We continue to learn with every emergency activation. With high heat forecast for the Sep 9-10 weekend following the Labor Day heat wave, the Department of Public Health activated its Incident Management Team for intensive planning and collaboration with other city agencies. With a focus on communication to vulnerable populations and the public, leaders from DPH, the Department of Aging and Adult Services and the Department on Homelessness and Supportive Housing adopted a strategy to inform, instruct and outreach as the conditions dictated. We launched a public messaging effort on Twitter, Facebook and Next Door informing residents and the media of the heat forecast and reminding people to pull shades, drink water and seek air conditioning. Working with DEM and Sunday Streets, these messages were broadcast to thousands of people, and the SF Alert system was put to use on Sunday, when the temperature peaked.

DPH and the Local Emergency Medical Services Agency closely tracked utilization of the city's emergency response system, which was able to meet the demand. The weekend's activation further strengthened the collaboration and protocols between DPH and the other city agencies that provide emergency response and care for vulnerable populations. We are proud of the unified and coordinated efforts during these two weekend heat events and recognize the contributions of 9-1-1 dispatchers, paramedics, EMTs, emergency service coordinators, police officers, firefighters, hospitals, doctors, nurses, public health professionals, the Homeless Outreach Team, librarians and recreation staff. Our businesses, nonprofits and congregations opened their doors to the community and our residents checked in one another. Our City showed its heart during the heat wave and we are better prepared for the future hot days that we know are coming.

SFHIP shares important Health-related information with Faith-Based Communities

In an effort to better connect with the community, SFHIP has begun to work with over 17 faith-based partners in San Francisco to get important health related information out. Thanks to a Metta Fund Grant, SFHIP has been able to conduct trainings and provide resources and education around Food Insecurity, Heart Health, Children's Oral Health and more. The second Annual Church Enrichment conference was held on Sunday, September 10th, in the Bayview, and members of SFHIP, Public Health and SF Cancer Initiative were on hand to present on Hunger, Heart Health and Cancers that heavily impact the Black/African American community.

Injectable PrEP Study Presented at the International AIDS Society Conference in Paris

Results from a phase 2 injectable PrEP study evaluating long-acting injectable Cabotegravir (CAB LA) as a novel PrEP agent were presented at the 9th IAS Conference on HIV Science in Paris, France in July 2017. This study conducted by the HIV Prevention Trials Network (HPTN 077) enrolled 199 men and women across research sites in the United States, Brazil, Malawi, and South Africa, including a site at Bridge HIV at SFDPH. Participants in the study received either an 800 mg dose of CAB LA every 12 weeks or a 600 mg dose every 8 weeks after a 4-week loading dose. This study found both dosing regimens to be safe and well-tolerated, and the 600 mg dose every 8 weeks consistently showed appropriate drug levels in both men and women. This latter dosing schedule is currently being tested in HPTN 083, a large phase 3 study evaluating the safety and efficacy of CAB LA for HIV prevention when compared to daily oral Truvada®, the only form of PrEP currently approved by the US Food and Drug Administration. Bridge HIV is currently enrolling men who have sex with men and transgender women at risk for HIV acquisition into HPTN 083 at two sites in San Francisco (Bridge HIV) and the East Bay (EBAC). More information about this study can be found at www.giveprephotoshot.org.

SFDPH Launches Transgender PrEP Study

Bridge HIV and the Center for Public Health Research have launched the Stay Study, one of the first demonstration projects to increase access to PrEP in the transgender and gender non-conforming community. PrEP is a daily pill for HIV prevention that has been shown to be safe and highly effective, however PrEP awareness and use has remained low in the transgender and gender non-conforming community. The study will enroll approximately 200 transgender and gender-nonconforming individuals and provide a year of free Truvada®. PrEP delivery will be integrated into transgender care programs at our four collaborating community clinics – Tom Waddell Urban Health Center, Castro Mission Health Center, Asian and Pacific Islander Wellness Center, and Tri City Health Center – each with longstanding expertise providing transgender care. Visit <http://www.staystudy.org> for more information.

**SAN FRANCISCO HEALTH NETWORK
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL & TRAUMA CENTER**

September 2017
Governing Body Report - Credentialing Summary
(9/21/17 MEC)

	9/2017	07/2017 to 07/2018
New Appointments	19	112
Reinstatements		
Reappointments	38	174
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	14	77
Disciplinary Actions		
Administrative Suspension		
Restriction/Limitation-Privileges		
Deceased		
Changes in Privileges		
Voluntary Relinquishments	6	26
Additions	9	42
Proctorship Completed	27	73

Current Statistics – as of 8/31/17		
Active Staff	574	
Courtesy Staff	501	
Affiliated Professionals (non-physicians)	263	
TOTAL MEMBERS	1,338	

Applications in Process	69
Applications Withdrawn Month of September 2017	0
SFGH Reappointments in Process 10/2017 to 12/2017	130

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

September 2017
Health Commission - Director of Health Report
 (September 7, 2017 Medical Exec Committee)

	September	(FY 2017-2018) Year-to-Date
New Appointments	3	7
Reinstatements	0	0
Reappointments	6	17
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	2	4
Disciplinary Actions	0	0
Administrative Suspension	2	3
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

Current Statistics – as of 9/01/2017		
Active Medical Staff	36	
As-Needed Medical Staff	9	
External Consultant Medical Staff	44	
Courtesy Medical Staff	2	
Allied Health Professionals	15	
TOTAL MEMBERS	106	

Applications in Process	5	
Applications Withdrawn this month	0	