



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, February 2, 2017

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

February 2, 2017 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Janet Chaikind

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Janet Chaikind

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Sara Furrer

F. CONSENT AGENDA

TAB 1

Approval of:

1. January 5, 2017 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Board Self-Evaluation Results
- 2. Primary Care and Access
- 3. Serenity House Update
- 4. Financial Report
- 5. CEO Report

Dr. CJ Kunnappilly..... Verbal
Dr. Alpa Sanghavi Verbal
Stephen Kaplan..... Verbal
David McGrew..... **TAB 2**
Dr. CJ Kunnappilly..... **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

Health System Snapshot

Louise Rogers..... **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee, Executive Secretary, at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, January 5, 2017
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Janet Chaikind
Dr. David Lin
Dr. Alex Ding
Deborah Torres

Staff Present

David McGrew	Michelle Lee	Karen Pugh
Joan Spicer	Priscilla Romero	Roberto Tercero
Dr. Susan Fernyak	Sara Furrer	Shea Anderson
Arlene Cahill	Leslie Williams-Hurt	
Glenn Levy	Dr. Julie Hersk	
Dr. Alpa Sanghavi	Tosan Boyo	
Peggy Jensen		
John Thomas		

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for January 5, 2017 Medical Executive Committee Minutes from November 8, 2016 QIC Minutes from November 22, 2016	Glenn Levy reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	Sara Furrer reported that Leslie Williams-Hurt has accepted the position of interim CEO of the Foundation. Leslie Williams-Hurt reported on the various grants received recently to support the Infusion Center, the Health and Dental Clinics, and the HIV Pep Program. Foundation Priorities for 2016-2017: <ul style="list-style-type: none"> • SMCHF Finance Committee will develop a multi-year plan to repay the \$474,830 owed to SMMC • Focus on individuals • Grants – working with the Priorities Committee to identify most critical needs within SMMC 	FYI
Consent Agenda	Approval of:	It was MOVED,

	1. Hospital Board Meeting Minutes from November 3, 2016.	SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Janet Chaikind	Dr. Chaikind that the Continuing Medical Education Program has been very effective and popular with all the Providers. It is an important resource for Providers as they regularly use it to access online medical references, drug information, and education events. Looking forward, the MEC would appreciate continuing the program with the Health System's support.	FYI
SMMC Goals Update Dr. CJ Kunnappilly	Dr. Kunnappilly updated the Board on its Goals. Patient Centered Care: We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way. Excellent Care: We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care. Right Care, Time, Place: We ensure our patients get the right care at the right time and place. Staff Engagement: We are a great place to work and we are passionate about serving our community. Financial Stewardship: We partner with our patients to deliver high value care in a financially responsible manner.	FYI
SMMC Strategic Plan Dr. CJ Kunnappilly	2016-2017 Strategic Approach <ul style="list-style-type: none"> • Focus on Gaps in Pillar Metrics • All Strategic Efforts include focus on Patient Experience and Staff Engagement • 6 Months of Focused Effort • Broad Workgroups including Patients • Multiple structured efforts to get feedback • Focus on Institutional Bandwidth • PRIME as a metric not a driver Reducing Disparities Problem: San Mateo Medical Center has identified significant disparities in care and outcomes that impede its ability to achieve its goals of improving the quality of life and experience for all its patients. Targets: <ol style="list-style-type: none"> 1. Reduce language based disparity in quality of life self-assessment. 2. Reduce language based disparity in inpatient pain control. 3. Reduce ethnicity based disparities in blood sugar control. 4. Improve staff satisfaction with language support. 	FYI

Improving Transitions in Care

Problem: When our patients go home from the hospital they feel unprepared to take care of themselves, and don't know who to call if they have questions, this leads to unnecessary ED visits after discharge.

1. Reduce ED return rate after discharge.
2. Improve score on care transition section on patient experience surveys.

Improving Patient Experience Through the Use of Ancillary Resources

Problem: SMMC patients are receiving unnecessary radiologic studies and delays in ancillary care that impact both patient experience and staff satisfaction.

Targets:

1. Increase the use of evidence-based, protocol driven treatment plans for low back pain by Primary Care and Emergency Department Care Teams.
2. Increase the use of evidence-based, protocol driven treatment plans for headache by Primary Care and Emergency Department Care Teams.
3. Improve communication flow between radiology, the laboratory, and primary care.

Advancing Nursing Practice

Problem: Many of the federal and state publically report metrics will not improve without a concerted effort by all nurses.

Targets:

1. Increase patients' rating of nursing care by 3 mean points.
2. Increase medication error ratio of lower level to severe level.
3. Improve nurse sensitive driven measures by 5% (falls, tissue injury, sepsis and stroke bundle).
4. Reduce ED-RX refill visits and identify ED-Newborn visits.

Building Patient Centered Medical Homes

Problem: In our current practice, SMMC does not fully utilize licenses and skills of all Care Team Members. This limits our ability to provide timely and high-quality ambulatory care to all 56,000 patients for whom we are responsible.

Targets:

1. Missed opportunities targeting preventive care and chronic diseases with inreach/outreach will reduce by 10%.
2. Assigned/Unseen will reduce from 31% to 30%.
3. Increase rate of HPSM & ACE patients discharged from SMMC 2AB or ICU with scheduled "contact" from 50% to 80%.

Transforming the Revenue Cycle

Problem: SMMC's front-end revenue cycle falls short of industry best practices, resulting in loss of revenue, patients being sent to collections inappropriately, and staff frustrated by rework.

Targets:

	<ol style="list-style-type: none"> 1. Registration Accuracy 2. Treatment Authorizations 	
Financial Report David McGrew, CFO	The November FY16/17 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly, CEO	Dr. Kunnappilly presented the CEO report which is included in the Board packet and answered questions from the Board.	FYI
Health System Snapshot Louise Rogers	<p>Louise Rogers reported that with the recent presidential elections, there may be a period of uncertainty as related to the Affordable Care Act. She encouraged all staff to continue to provide quality care to the community.</p> <p>On October 27, 2016, the Board of Supervisors and the Behavioral Health and Recovery Services honored individuals who have helped people find or stay in stable housing so they can recover and maintain good health. It was the 9th Annual Housing Heroes Award Ceremony.</p>	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Supervisor Carole Groom	Supervisor Groom welcomed new BOS member, David Canepa who assumed his seat on the SMMC Board of Directors.	FYI

Supervisor Groom adjourned the meeting at 9:15 AM. The next Board meeting will be held on Feb. 2, 2017.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

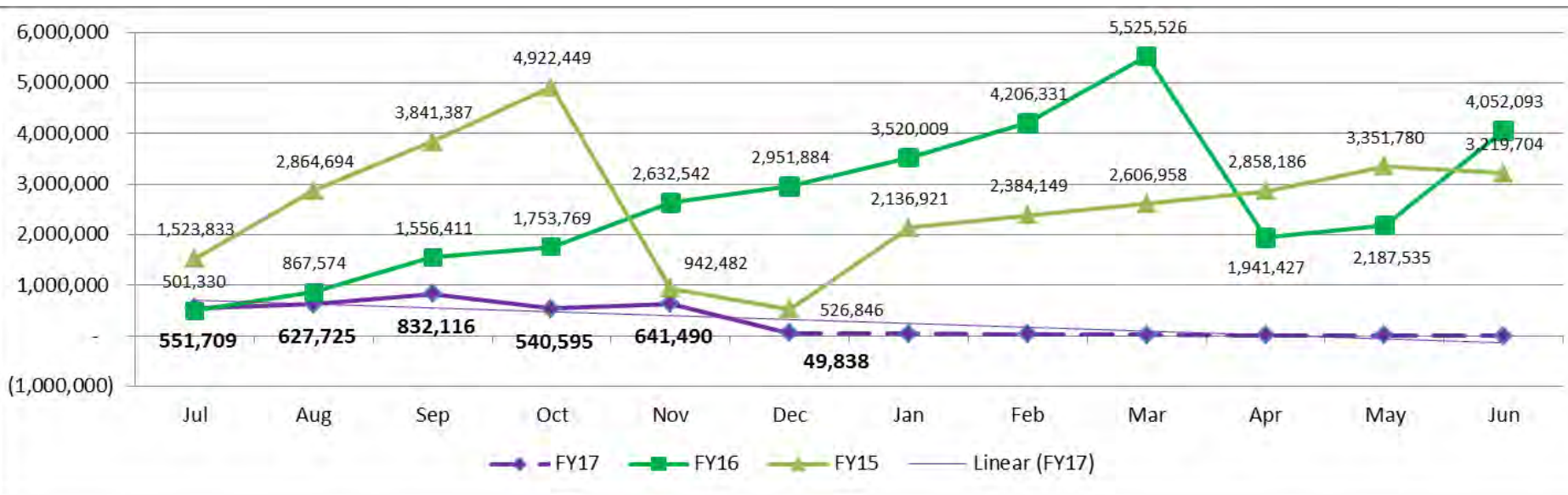


San Mateo Medical Center
A County System of Healthcare

December FY 2016-17 Financial Report

Board Meeting
February 2, 2017

Financial Highlights – Net Income Trend



Financial Drivers:

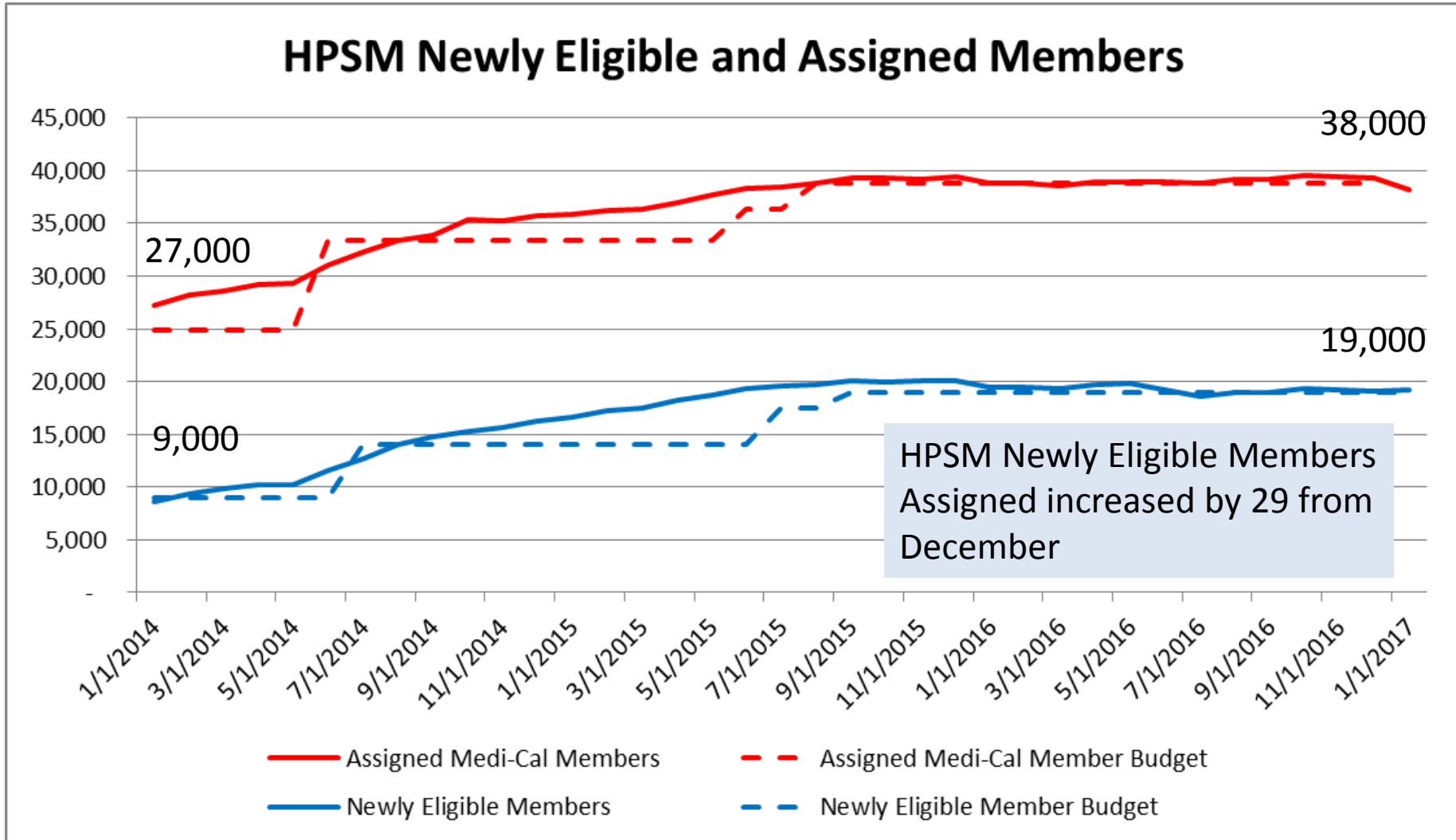
- PRIME and GPP revenue
- Realignment and HPSM IGT

- Capitation Rate Cut
- Medi-Cal per diem rates
- Drugs & Registry

Full Year Forecast:

Net income is expected to be flat for the remainder of FY17 due to the elimination of capitation payments, lower Medi-Cal rates and higher operating costs, partially offset by increased supplemental revenue.

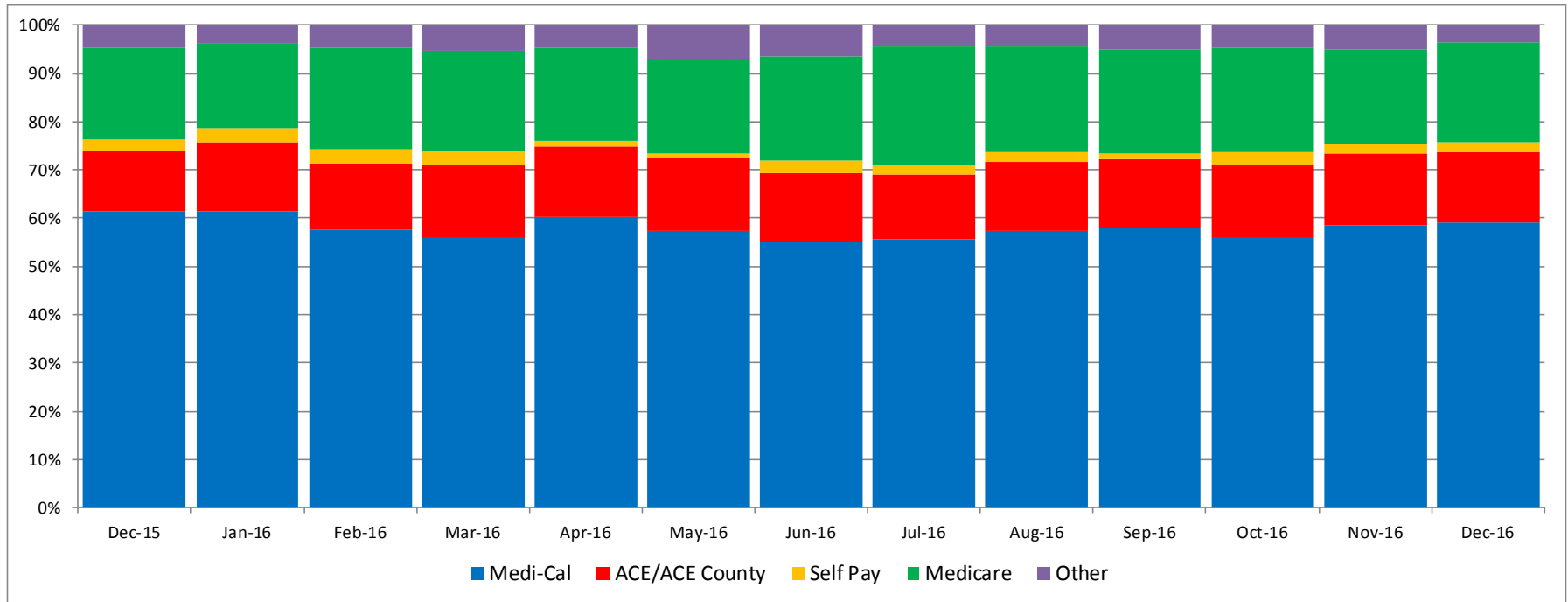
SMMC Medi-Cal Members



**San Mateo Medical Center
Payer Mix
December 31, 2016**

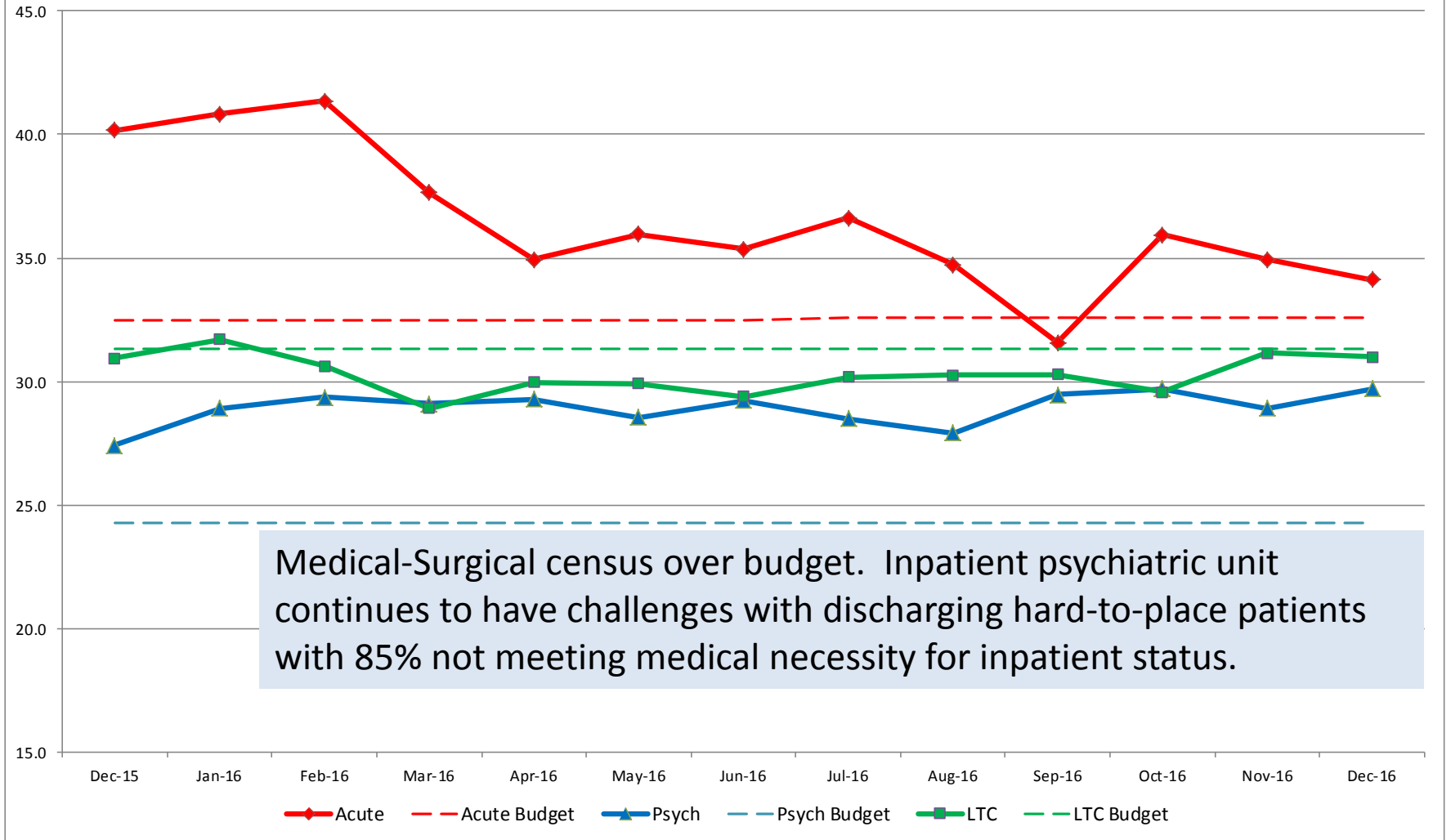
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
15 Medicare	20.8%	16.6%	4.2%	
16 Medi-Cal	59.1%	59.9%	-0.8%	
17 Self Pay	1.9%	3.5%	-1.5%	
18 Other	3.5%	5.9%	-2.5%	
19 ACE/ACE County	14.7%	14.1%	0.6%	
20 Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
15 Medicare	21.6%	16.6%	5.0%	
16 Medi-Cal	57.4%	59.9%	-2.5%	
17 Self Pay	2.0%	3.5%	-1.5%	
18 Other	4.5%	5.9%	-1.4%	
19 ACE/ACE County	14.5%	14.1%	0.3%	
20 Total	100.0%	100.0%		

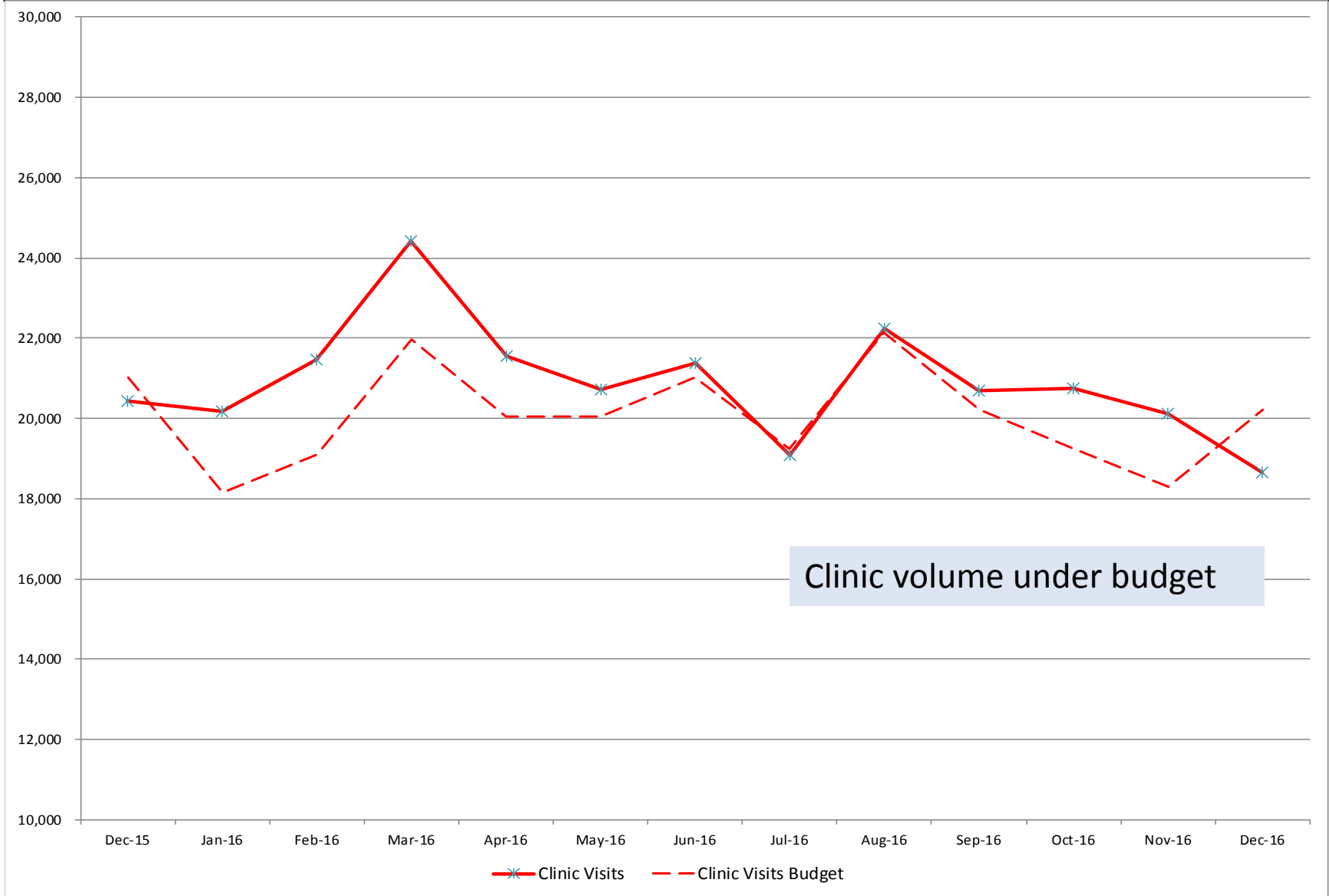


San Mateo Medical Center
 Inpatient Census
 December 31, 2016

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,940	2,701	239	9%	17,319	16,031	1,288	8%

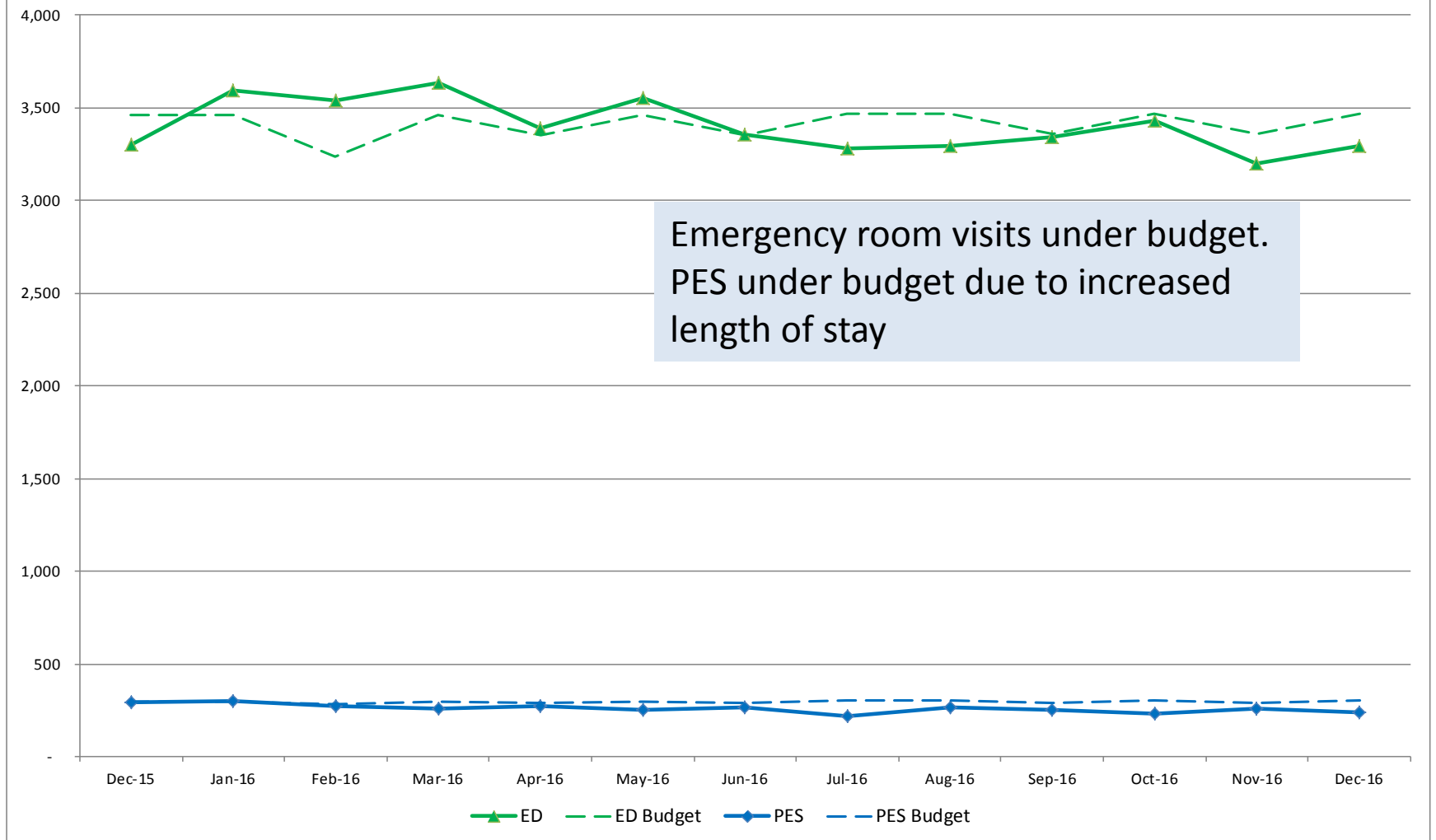


	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	18,650	20,873	(2,223)	-11%	121,524	123,250	(1,726)	-1%



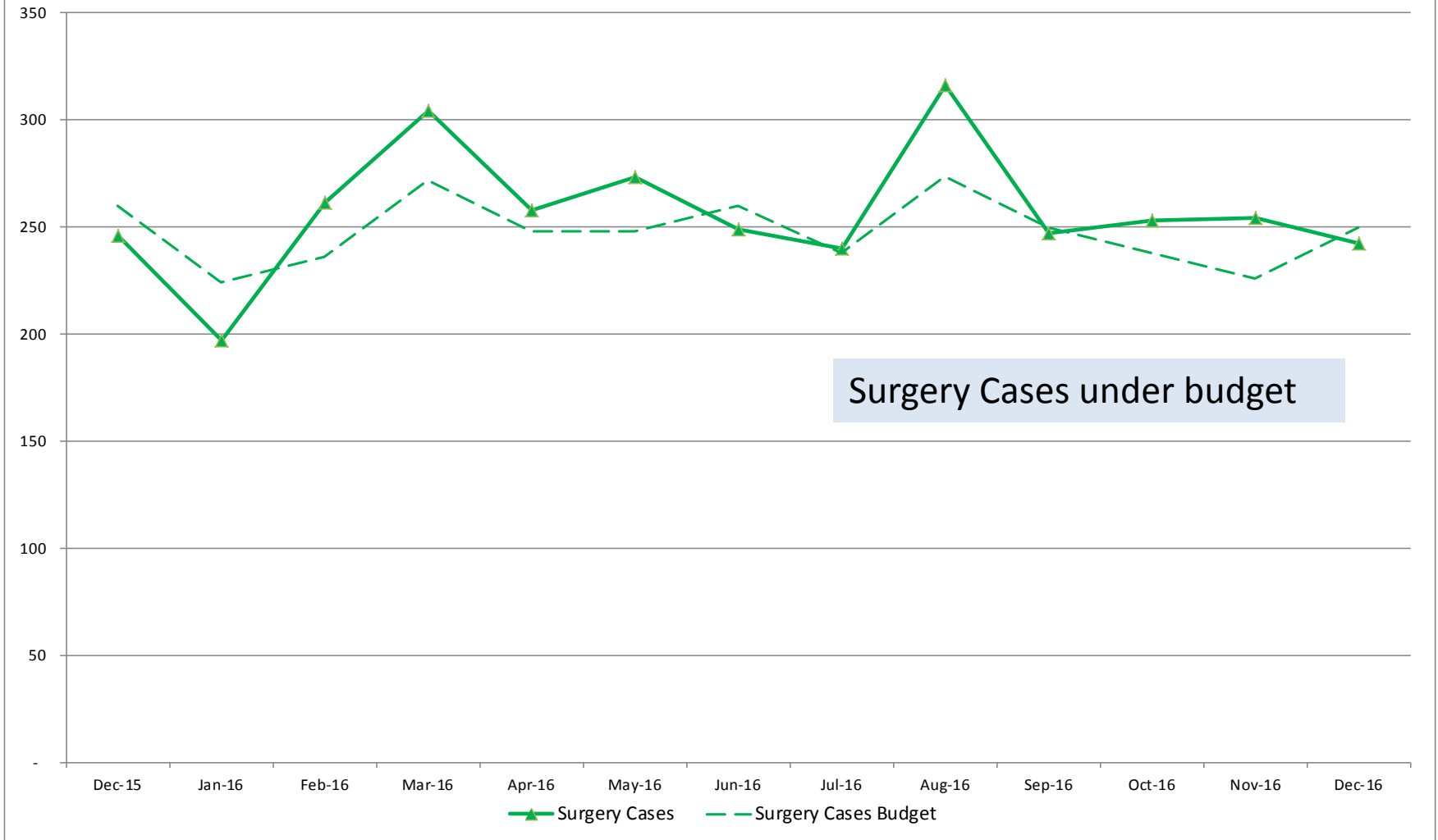
San Mateo Medical Center
Emergency Visits
December 31, 2016

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,532	3,773	(241)	-6%	21,317	22,393	(1,076)	-5%



**San Mateo Medical Center
Surgery Cases
December 31, 2016**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Surgery Cases	242	250	(8)	-3%	1,552	1,475	77	5%

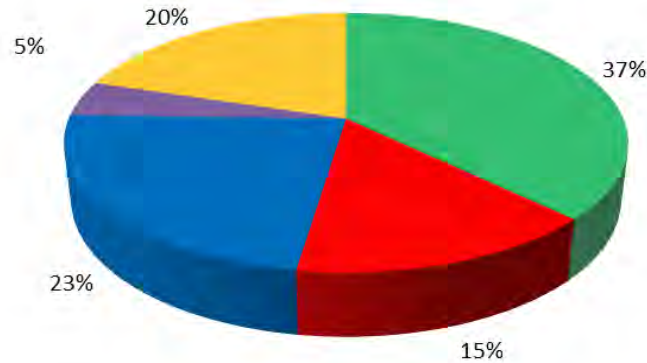


APPENDIX

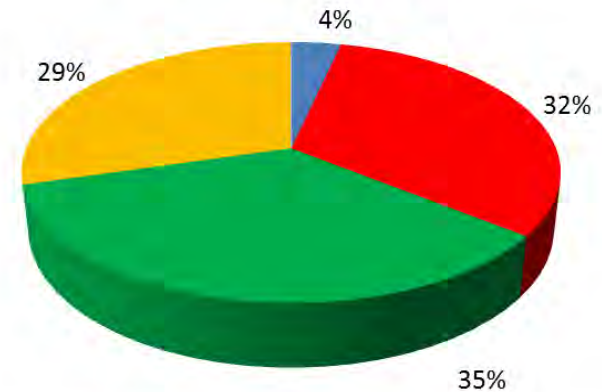
Revenue Mix

57,000
Managed
Care
Lives

Sources of Revenue



Managed Care Mix



■ Fee For Service ■ Capitation ■ Supplemental ■ Other ■ County Contribution

■ Medicare ■ Capitation ■ Traditional ■ ACE County

- **Managed Care** programs represent 53% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

San Mateo Medical Center
Income Statement
December 31, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(591,652)	(0)	(591,652)		49,838	0	49,838		
2 HPSM Medi-Cal Members Assigned to SMMC	39,291	38,773	518	1%	235,303	232,638	2,665	1%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	19,125	19,018	107	1%	114,225	114,108	117	0%	
4 Patient Days	2,940	2,701	239	9%	17,319	16,031	1,288	8%	
5 ED Visits	3,532	3,773	(241)	-6%	21,317	22,393	(1,076)	-5%	
7 Surgery Cases	242	250	(8)	-3%	1,552	1,475	77	5%	
8 Clinic Visits	18,650	20,873	(2,223)	-11%	121,524	123,250	(1,726)	-1%	
9 Ancillary Procedures	63,757	61,407	2,350	4%	402,962	362,623	40,339	11%	
10 Acute Administrative Days as % of Patient Days	0.0%	9.0%	9.0%	100%	9.2%	9.0%	-0.2%	-3%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	85.0%	58.0%	-27.0%	-47%	80.2%	58.0%	-22.2%	-38%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	154	195	(41)	-21%	184	195	(11)	-6%	
13 Operating Expenses PMPM	360	350	(10)	-3%	347	350	3	1%	
14 Full Time Equivalent (FTE) including Registry	1,189	1,206	17	1%	1,181	1,206	25	2%	

**San Mateo Medical Center
Income Statement
December 31, 2016**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	9,844,091	7,933,661	1,910,430	24%	57,328,796	47,601,965	9,726,830	20%
22 Outpatient Gross Revenue	22,871,772	24,786,360	(1,914,588)	-8%	145,994,366	148,718,161	(2,723,795)	-2%
23 Total Gross Revenue	32,715,863	32,720,021	(4,158)	0%	203,323,162	196,320,126	7,003,035	4%
24 Patient Net Revenue	6,927,609	8,292,539	(1,364,930)	-16%	53,789,539	49,755,236	4,034,303	8%
25 Net Patient Revenue as % of Gross Revenue	21.2%	25.3%	-4.2%	-16%	26.5%	25.3%	1.1%	4%
26 Capitation Revenue	3,621,638	5,985,516	(2,363,878)	-39%	21,661,026	35,913,098	(14,252,072)	-40%
27 Supplemental Patient Program Revenue	7,567,195	4,577,434	2,989,761	65%	33,299,615	27,464,604	5,835,011	21%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	18,116,442	18,855,490	(739,047)	-4%	108,750,180	113,132,938	(4,382,758)	-4%
29 Other Operating Revenue	1,145,060	1,096,707	48,353	4%	6,318,395	6,580,243	(261,848)	-4%
(Additional payment not related to patients)								
30 Total Operating Revenue	19,261,502	19,952,197	(690,694)	-3%	115,068,576	119,713,181	(4,644,606)	-4%

San Mateo Medical Center
Income Statement
December 31, 2016

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses

31	Salaries & Benefits	14,966,776	14,766,141	(200,635)	-1%
32	Drugs	755,612	648,254	(107,358)	-17%
33	Supplies	867,183	908,129	40,946	5%
34	Contract Provider Services	3,252,219	2,800,374	(451,846)	-16%
35	Other fees and purchased services	3,984,127	4,201,696	217,569	5%
36	Other general expenses	483,961	487,116	3,155	1%
37	Rental Expense	226,147	206,306	(19,841)	-10%
38	Lease Expense	759,382	745,153	(14,229)	-2%
39	Depreciation	244,664	241,114	(3,551)	-1%
40	Total Operating Expenses	25,540,071	25,004,283	(535,788)	-2%

86,931,812	88,596,848	1,665,036	2%
4,586,209	3,889,527	(696,682)	-18%
5,278,547	5,448,776	170,229	3%
18,175,386	16,802,241	(1,373,144)	-8%
22,284,361	25,210,176	2,925,815	12%
2,916,506	2,922,695	6,189	0%
1,299,968	1,237,836	(62,132)	-5%
4,470,917	4,470,917	-	0%
1,487,103	1,446,683	(40,420)	-3%
147,430,809	150,025,700	2,594,891	2%

41	Operating Income/Loss	(6,278,569)	(5,052,087)	(1,226,482)	-24%
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(32,362,233)	(30,312,519)	(2,049,714)	-7%
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42	Non-Operating Revenue/Expense	843,448	208,618	634,830	304%
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3,351,260	1,251,709	2,099,552	168%
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43	Contribution from County General Fund	4,843,468	4,843,468	0	0%
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29,060,811	29,060,810	1	0%
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44	Total Income/Loss (GAAP)	(591,652)	0	(591,652)	<b style="background-color: red;">-
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49,838	0	49,838	<b style="background-color: green;">+
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(Change in Net Assets)

San Mateo Medical Center CEO REPORT



February, 2017

LEAP UPDATES & EXCELLENT CARE

Strategic Initiatives: In January, SMMC officially launched its strategic initiatives in the following areas. Teams have begun to meet weekly and we will look forward to sharing the progress moving forward

- Reducing Disparities
- Improving Transitions in Care
- Advancing Nursing Practice
- Improving Patient Experience through the Use of Ancillary Services
- Building Patient Centered Medical Homes
- Transforming the Revenue Cycle

SAFE Reporting System Recognized with County STARS Award: At the January 24th Board of Supervisors meeting, the SAFE (Safety Alert from Employees) Incident Reporting System was recognized with a County STARS Award in Program Performance. Lawrence Cualoping, Quality Manager, gave a great overview that highlighted SAFE's ability to make SMMC a safer environment. The SAFE reporting system grew out of two years of LEAP work in patient safety. Congratulations to Lawrence, Linda Wallach, Dianaliza Ponco and the entire quality team.

PATIENT CENTERED CARE & STAFF ENGAGEMENT

Health Care Interpreter's Network Recognized with County STARS Award: At the January 24th Board of Supervisors meeting, the Health Care Interpreters Networks was recognized with a County STARS Award in Diversity. Jonathan Mesinger highlighted how SMMC and a few other county facilities helped to found this innovative program that is now nationwide. Jonathan was joined by our stellar team of interpreters: Rafael Perez Martin, Patricia Arana and Michele Yingmei Jiang. Thank you to them all for helping us deliver care in our patients' preferred languages.

SMMC's WE CARE Program Recognized with County STARS Award: At that same Board of Supervisors meeting, the WE CARE Program was recognized with the County STARS Award in Customer Service. Thank you to Phuong Hathaway, Akram Cader and Dianaliza Ponco who eloquently and passionately explained how WE CARE has positively impacted patient lives. WE CARE was designed and spread through their LEAP efforts within the 2015-2016 Strategic Initiatives. Thank you to the entire patient experience team.

SMMC launches Pilot in Daily Problem Solving: The Medical Center is building on the foundation of its prior work with the LEAP Leadership System and is focusing on how to better support staff in overcoming the barriers and challenges they encounter every day. In conjunction with a broader Health System effort, SMMC will pilot its efforts in Rehabilitation Services with an eye to spread rapidly. We will look forward to sharing progress as we move forward.

SELECTED PATIENT/FAMILY STORIES OF GRATITUDE:

- **From the Emergency Department:**
 - My visit there was very good it always is when I come in that's why I choose to go there the doctors are very cool.
 - The nurses behaved very good & tried to explain to me the situation the best possible.

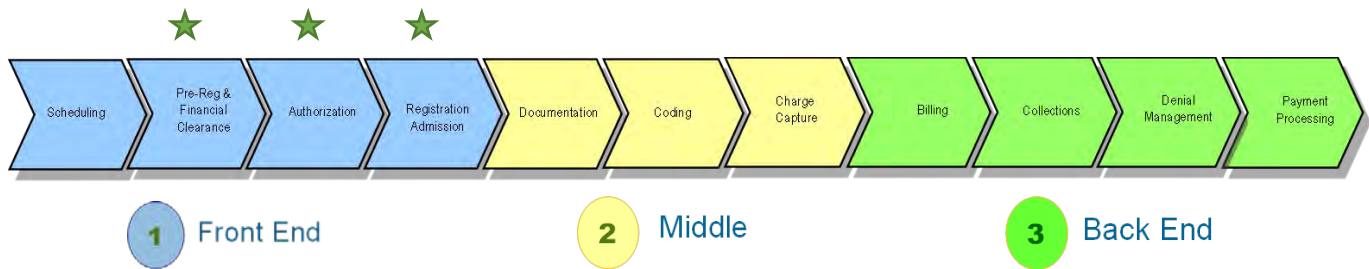
- **From 2A/B:**
 - Everyone attended me **excellent**.
 - I would recommend because the hospital is good
- **From 3A/B/PES:**
 - I am very **happy** with the attention that they gave me. Were **excellent**
 - All the personnel is very nice and serviceable. THANKS!
- **From Daly City Clinic:**
 - The service was **excellent!**
 - I was very pleased with the friendliness of the Doctor and the staff. I felt very comfortable discussing my medical conditions with the Doctor. Everyone at the clinic is very polite and helpful. I am very happy to be able to come here.
- **From Fair Oaks Health Center:**
 - All are very efficient.
 - I have only had good experiences with Dr. Dalal and the Fair Oaks Clinic! Thank you
- **From South San Francisco Clinic:**
 - It's a great experience and gives a great confidence in medical professionalism
 - I like the attention, was nice and fast
- **From Main Campus Pediatrics:**
 - the nurse was awesome, she even knew all my kids names and interests and Yvonne was very nice and professional.
- **From the Innovative Care Center:**
 - I had a very good experience waiting time was very low and the doctor did spend plenty of time with me
 - Everyone at Innovative Care Clinic were beyond **helpful** and **professional**
- **From the Surgical Specialty Clinic:**
 - All the medical personnel are very **excellent**. All nurses very good!
- **From the Medical Specialty Clinic:**
 - Clinic employees were all **attentive** and **courteous**
- **From OB/GYN:**
 - Check in was quick & got called in quick
 - Procedure was extremely **efficient** and effective thanks to Dr. Lock & staff

FINANCIAL STEWARDSHIP

Revenue Cycle Transformation

- Our FY16-17 Financial Stewardship strategic initiative is focused on the front-end of the revenue cycle, with an initial emphasis on insurance coverage accuracy and inpatient authorization approvals. Through interdisciplinary workgroups led by Portia Dixon, Manager of Patient Financial Services, and Geri Lara, Manager of Patient Access, we are tackling the following: 1) workflow redesign; 2) decreasing defects through standard work; 3) software as an enabler to workflow efficiencies; and 4) performance reporting. This work is being refined as the Revenue Cycle Transformation workgroups are planning the specific tasks,

milestones and deliverables for these priorities. An important new planning consideration in designing our improvement work is to address patient experience and staff satisfaction.



Financial Planning and Analysis team

- Our FP&A team is working hard to enhance our financial stewardship capabilities. We recently hired a Cost Accountant, Frank Vanson, to manage the implementation of a cost accounting system that will enable us to better understand and manage direct/indirect costs and fixed/variable costs. Frank is working closely with our clinical teams to identify and document all of the cost drivers for the patient care services we provide. We expect to begin reporting from the new system in early 2018. In addition, we recently hired a financial analyst, Bhupinder Kaur, to implement a compliance program for our 340B Pharmacy Program. As we have previously reported to the Board, 340B is a federal program that allows safety net hospitals to purchase outpatient drugs at a substantial discount. Non-compliance with the complex regulations of this program would result in termination from the 340B program and a loss of up to \$5 million per year in drug discounts.
- Our FP&A has also launched planning for the next 2 year budget cycle, which will focus on alignment with strategic initiatives, improving revenue streams and controlling the growth of our cost structure.

Healthcare Finance Landscape

- With the new administration now in office, we will hopefully begin to get some clarity on future changes to the Affordable Care Act and how those changes might impact us. Immediately after his inauguration, President Trump signed an executive order related to the ACA. Although not much can happen until his federal department heads are in place, there are two significant parts of this executive order that could impact us: 1) the effective elimination of the individual mandate could increase the ranks of the uninsured; and, 2) it appears that the Medicaid waivers (in California it's called Medi-Cal Waiver 2020) would be unaffected, which would preserve over \$150 million of revenue for SMMC over the next 5 years.
- SMMC is shifting to a system built to create healthier communities for our most vulnerable patient populations, so regardless of what happens in the federal landscape, our priorities remain the same – transforming health care, ensuring access to care, enhancing the quality of care and patient safety, and making health care more affordable.



To: SMMC Board Members
From: Louise Rogers, Chief
Subject: Health System Monthly Snapshot – January 2017

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	21,261 (December 2016)	0.9%	11.1%
SMMC Emergency Department Visits	3,532 (December 2016)	2.1%	-1.4%
New Clients Awaiting Primary Care Appointment	552 (January 2017)	-0.9%	70%

New Website Brings More Visitors and Time

It's been six months since we launched our new Health System website, and the data shows we're getting more visitors (up 12%) than ever before (including more from search thanks to improved search engine optimization). In the month of December alone, 20,700 unique users visited our site, of whom 61% were new. Plus, site users are looking at more pages (up 25%) and staying longer (up 53%). The dreaded bounce rate – when someone leaves a site without interacting – is way down by 24.5%. If you haven't had a chance, click around www.smchealth.org and see the site improvements for yourself!

First Mental Health Wellness Pods in the Jails

San Mateo County Correctional Health Services and the Sheriff's Office have opened mental health wellness pods for women and men that – for the first time – will allow inmates with serious mental illness to be housed in settings that are tailored to promoting their health and wellness. Directly serving up to 10 women and 24 men, these wellness pods have the potential to improve the lives of hundreds of inmates each year who must wait for trial in the jail or serve their time locally. Already, eight women have joined the wellness pod at the new Maple Street Correctional Center and six men have been moved out administrative segregation into the new pod at McGuire!

Friends to our North

Earlier this month, our Health Executive Committee toured the Zuckerberg San Francisco General Hospital (ZSFGH) to see a state-of-the-art medical facility and compare notes about how each system is applying LEAP to improve medical center practices and operations. Susan Ehrlich, CEO of ZSFGH and former CEO of the San Mateo Medical Center, shared her words of wisdom as well as challenges and their plans for navigating them. It was a tremendous learning opportunity for Health System leadership and an opportunity to build an even stronger bond with our friends to the North.



Credit: San Mateo County Health System, Preston Merchant, 2017

New LGBTQQ Center

The landmark new San Mateo County LGBTQQ center (official name still in development) finally has a home in downtown San Mateo! The new center is sponsored by Behavioral Health and Recovery Services, funded by the Mental Health Services Act, operated by StarVista, and advocated for by the PRIDE initiative, the LGBTQQ Commission and many partners. We are thrilled that the full program will be operational in the next few months and look forward to sharing more then.

Patients for Care

This month, our congressional delegation held an event in San Francisco to highlight the impact of unraveling of the Affordable Care Act. One of our patients, Paul Haskins, was an articulate and passionate spokesperson about his experience living without insurance for 28 years prior to the passage of the Affordable Care Act. The deadline for residents to enroll in Covered California health insurance for 2017 is January 31.

