



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Thursday, March 7, 2019

8:00 AM – 10:00 AM

**SAN MATEO MEDICAL CENTER**

**EXECUTIVE BOARD ROOM**

*Second Floor, Administration Wing*



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

## BOARD OF DIRECTORS MEETING

March 7, 2019 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. Bryan Gescuk*

*Dr. Julie Hersk*

*Informational Items*

3. Medical Executive Committee

*Dr. Bryan Gescuk*

**C. REPORT OUT OF CLOSED SESSION**

**D. PUBLIC COMMENT**

Persons wishing to address items not on the agenda

**E. FOUNDATION REPORT**

*Leslie Williams-Hurt*

**F. CONSENT AGENDA**

*Approval of:*

1. February 7, 2019 Minutes
2. Revisions to the Bylaws of the SMMC Board of Directors

**TAB 1**

**G. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Bryan Gescuk*

**H. ADMINISTRATION REPORTS**

- 1. Psychiatry Department
- 2. Compliance and Privacy Report
- 3. The Affordable Housing Fund and Home for All
- 4. Financial Report
- 5. CEO Report

*Dr. Susan Fernyak .....Verbal*  
*Dr. CJ Kunnappilly.....Verbal*  
*Louise Rogers..... Verbal*  
*David McGrew.....TAB 2*  
*Dr. CJ Kunnappilly.....TAB 2*

**I. COUNTY HEALTH CHIEF REPORT**

County Health Snapshot

*Louise Rogers.....TAB 2*

**J. COUNTY MANAGER’S REPORT**

*Mike Callagy*

**K. BOARD OF SUPERVISOR’S REPORT**

*Supervisor Carole Groom*

**L. ADJOURNMENT**

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*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.*

**TAB 1**

**CONSENT  
AGENDA**

HOSPITAL BOARD OF DIRECTORS  
MEETING MINUTES  
Thursday, February 7, 2019  
Executive Board Room

**Board Members Present**

Supervisor David Canepa  
Michael Callagy  
Louise Rogers  
Dr. CJ Kunnappilly  
Dr. Bryan Gescuk  
Dr. Julie Hersk  
Deborah Torres

**Staff Present**

Michelle Lee  
David McGrew  
Dr. Susan Fernyak  
Dr. Alpa Sanghavi  
Joan Spicer  
Brighton Ncube  
Aimee Armsby

**Members of the Public**

Neighbor

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa 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 8:18 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 7, 2019 Medical Executive Committee Minutes from January 8, 2019	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	The Foundation's 2018 Year-End appeal to support the Watch Me Grow Program netted over \$32,000. The program also received \$40,000 from the Peninsula Health Care District.  SMMC will benefit from BayBawsi's Route 55 annual road race fundraiser this year. BayBawsi is a non-profit organization located in Foster City. More information to come.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from January 3, 2019.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Bryan Gescuk</p>	<p>Medical Staff elections are coming up and there are a number of interested colleagues who want to take on a larger role in the organization. This is a positive sign. The Physicians Lounge which was recently renovated is getting a lot of use. It has become a place for providers to regularly network and collaborate.</p>	<p>FYI</p>
<p>Emergency Department Dr. Serena Lee Cynthia Grivas, RN</p>	<p>Annual ED Volume has steadily dropped in the past three years. 2015=41,814 visits. 2018=39,240 visits</p> <p>New 2019 California Regulations</p> <p>Homeless Patient Discharge Requirement (SB 1152)</p> <ul style="list-style-type: none"> <li>• Totals to date (2/5/19): 112 visits → 60-65 unique patients</li> </ul> <p>Opioid Prescribing Legislation</p> <ul style="list-style-type: none"> <li>• CURES Mandatory Look-up</li> <li>• Naloxone Prescribing</li> <li>• Prescriptions paper with unique serialized number</li> </ul> <p>Integrated Medication-Assisted Treatment Services (IMAT)</p> <p>Who we serve:</p> <ul style="list-style-type: none"> <li>• Chronic, harmful alcohol &amp; opioid use</li> <li>• Health Plan of San Mateo member (or eligible)</li> <li>• Motivated to reduce or stop alcohol or opioids</li> </ul> <p>Team stationed in the ED</p> <ul style="list-style-type: none"> <li>• July 2015: Focused on alcohol use disorders (AUD)—Vivitrol/Naltrexone</li> <li>• July 2017: Expansion to opiate use disorders (OUD)—Suboxone/Buprenorphine</li> <li>• Case manager on duty 7 days/week 12-16 hours/day</li> </ul>	<p>FYI</p>
<p>Health Data Portal Karen Pfister</p>	<p>The new dashboard, <a href="http://www.smcallytogetherbetter.org">www.smcallytogetherbetter.org</a>, is a collaboration between the OEE and Conduent Healthy Communities Institute (HCI). It is a web-based platform with high-quality analytics and up-to-date data. It is used to monitor health issues over time and identify disparities. HCI, located in Berkeley, has over 10 years of experience in this arena and works with 1000+ partners across the U.S.</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Create a one-stop shop for San Mateo County health data</li> <li>• Host materials for <ul style="list-style-type: none"> <li>• San Mateo County Health reports and other publications</li> <li>• Public Health Accreditation documents: <ul style="list-style-type: none"> <li>• Community Health Assessments (CHA)</li> <li>• Community Health Improvement Plans (CHIP)</li> </ul> </li> </ul> </li> <li>• Track <ul style="list-style-type: none"> <li>• Health trends/emerging areas of concern/health risk factors</li> <li>• SMC comparison with other areas (counties, states, US) and Healthy People 2020 targets</li> </ul> </li> </ul>	<p>FYI</p>

	<ul style="list-style-type: none"> <li>Some of the indicators are: Health care access, cancer, diabetes, disabilities, nutrition &amp; exercise, heart disease &amp; stroke, infectious diseases, mental health, older adults &amp; aging, oral health, respiratory diseases, substance use, and others.</li> </ul>	
Financial Report David McGrew, CFO	The December FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board. An update on the Navigant Program was also presented.	FYI
CEO Report Dr. CJ Kunnappilly	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. The Joint Commission visited the Medical Center and Dr. Kunnappilly explained that they will return, as is customary, in 30 days.</p> <p>The Hospital Board meeting dates were discussed and the first Monday of the month will be proposed at the next meeting.</p>	FYI
County Health Chief Report Louise Rogers	<p>Ms. Rogers reported that County Health has made much progress on the budget and she remains optimistic.</p> <p>In-patient behavioral health interventions for Maguire inmates is now available. The 10-bed unit is operated by Liberty Healthcare and is equipped to treat both male and female inmates on voluntary and involuntary treatment statuses.</p>	FYI
County Manager Michael Callagy	AFSCME has announced they will strike on February 13 and 14. We expect that if there will be picketing, it will be at county center in Redwood City. We have met with Department Directors and preparations are in order.	FYI
Board of Supervisors Supervisor Canepa	No report.	FYI

Supervisor Canepa adjourned the meeting at 9:19 AM. The next Board meeting will be held on March 7, 2019.

Minutes recorded by:

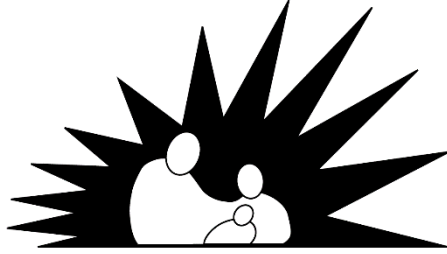


Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



**San Mateo Medical Center**  
*A County System of Healthcare*

**BYLAWS  
OF THE  
SAN MATEO MEDICAL CENTER**

**Reviewed and Approved: SMMC Board of Directors on \_\_\_\_\_**



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## **ARTICLE I**

### **GENERAL**

- Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).
- Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

## **ARTICLE II**

### **PURPOSE**

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

## **ARTICLE III**

### **DEFINITIONS**

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

## ARTICLE IV

### GOVERNING AUTHORITY

Section 1. General. The Board of Supervisors of San Mateo County ( “Board of Supervisors”) is the governing authority of SMMC.

- a. Responsibility. The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

- b. Board of Supervisors Organization and Operation. The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. Delegation. In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

## ARTICLE V

### GOVERNING BOARD

- Section 1. General Duties. The Governing Board shall act as the governing authority with respect to the following:
- a. Establishment of Policy. The Governing Board shall establish policies that are in the best interest of SMMC.
  - b. Institutional Management and Planning.
    - 1) Operations Management. The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
      - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
      - b) Prepare an annual operating and capital budget;
      - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
      - d) Monitor SMMC cost containment efforts;
      - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
      - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
      - g) Consider and approve any plans for change in service for the SMMC;
      - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;

- i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;
  - j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
  - k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and
- 2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:
- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
  - b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.
- 3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:
- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
  - b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
  - c) ensure that the quality of care provided meets professional practice standards;

- d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;
  - e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.
- 4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:
- a) Medical Staff structure, organization, and officers;
  - b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
  - c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
  - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
  - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four-year terms.
  - 3) Three (3) members shall be appointed ~~from by~~ the Medical Staff; ~~and Medical Staff Affiliate membership. These appointees shall be made by the Medical Staff;~~ one (1) member of which shall be the current Chief of the Medical Staff, ~~and~~ one (1) shall be the Chief of Staff Elect Vice Chief of Staff, and one (1) shall be either a member of the Medical Staff or an Affiliate to the Medical Staff (AMS), at the Medical Staff's option. The Medical staff terms shall coincide with medical staff terms of appointment ~~Governing Board terms of the Chief and Vice Chief of the Medical Staff shall coincide with their terms of appointment to their Medical Staff positions. The Governing~~



Board term of the third Medical Staff member or AMS shall be four years.

- 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.
- 5) One (1) member shall be the Chief of the Health System of San Mateo County.
- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members ~~in good standing~~ of the active Medical Staff are and ASMsMSAs -must be in good standing in order to be eligible for membership to serve on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

- b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days of the vacancy, or as soon thereafter as is practicable. in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first ~~Thursday~~ Monday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
  - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.
  - 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.
- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.
- c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.
- d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.
- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
  - 1) The call to order.
  - 2) Closed Session
  - 3) Public Comment
  - 4) Report from the Foundation
  - 5) The approval of minutes of prior meetings.
  - 6) Report of SMMC Business Requiring Board Action
  - 7) Report of Medical Staff Business requiring Board Action.
  - 8) Report from the CEO
  - 9) Report from the Board of Supervisors
  - 10) Report from the County Manager
  - 11) Report from the Chief of the Health System

## 12) Adjournment

Minutes shall be maintained of all regular and special meetings to include deliberations, recommendations and actions of the Governing Board. The Governing Board may by resolution designate a person to take minutes of deliberations in closed session as provided for in Government Code Section 54957.2.

- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.
  
- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

## ARTICLE VI

### OFFICERS AND COMMITTEES

Section 1. Officers. There shall be two (2) appointed officers of the Governing Board.

- a. Governing Board President. The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. Standing or Advisory Committees. The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

## ARTICLE VII

### ADMINISTRATION

- Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.
- Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:
1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
  2. Attend all meetings of the Governing Board as a fully vested voting member.
  3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

## **ARTICLE VIII**

### **MEDICAL STAFF**

Section 1. Organization. The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. Medical Staff Bylaws, Rules and Regulations. The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. Medical Staff Membership and Clinical Privileges. The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

- Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.



## ARTICLE IX

### QUALITY MANAGEMENT

- Section 1. General. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.
- Section 2. Governing Board Responsibility. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.
- Section 3. Delegation to Administration and to the Medical Staff. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

- Section 4. Receipt of Reports on Quality. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

**ARTICLE X**

**AUXILIARY**

Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.

Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

**ARTICLE XI**

**BYLAWS AND AMENDMENTS**

- Section 1. Review. These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.
- Section 2. Amendments. These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.
- Section 3. Hospital Standard of Care. These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective January 4, 2018.

\_\_\_\_\_  
Chester Kunnappilly, MD  
Chief Executive Officer  
SAN MATEO MEDICAL CENTER (SMMC)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Honorable Carole Groom  
President, San Mateo Medical Center Board of Directors  
COUNTY OF SAN MATEO

\_\_\_\_\_  
Date

**TAB 2**

**ADMINISTRATION  
REPORTS**

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: January FY18-19**

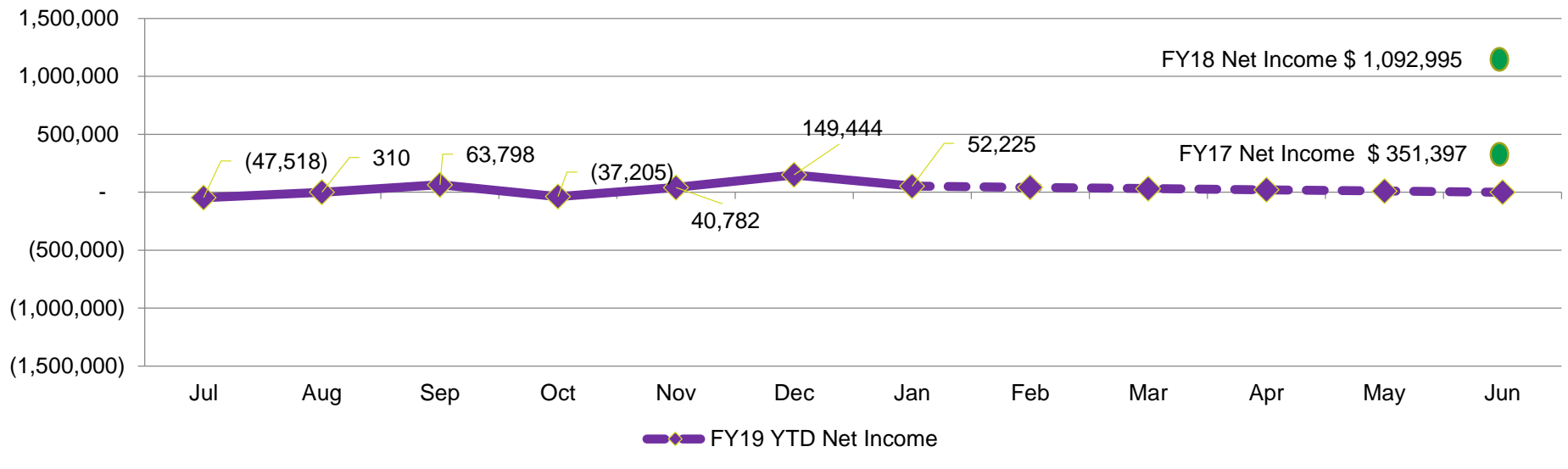
March 7, 2019

**Presenter: David McGrew, CFO**



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

# Financial Highlights



## Month - Negative \$97k/YTD - Positive \$52k:

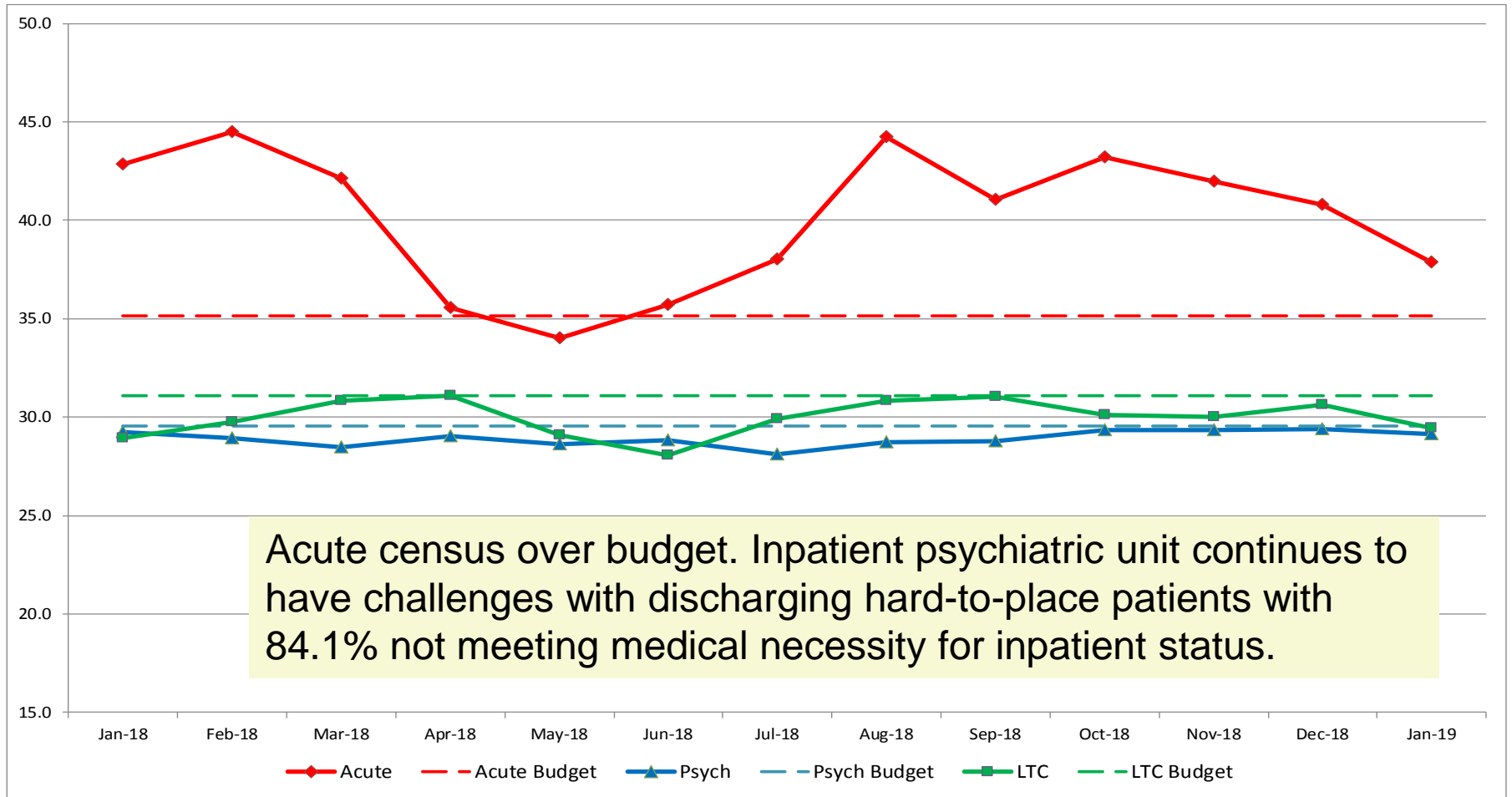
- **FTEs below budget**
- **FY15 FQHC Settlement**
- **Patient Service Revenue**  
Reduced claim denials, new HPSM per diem rate

- **EPP pending CMS approval**
- **Reserves for PRIME/QIP, GPP**
- **Engineering relocation cost**
- **Contract Provider Services**

**Forecast FY19:** We've used \$8.1m of the YTD budgeted \$11.7m reserves. Identified risks to the full year budget at this time are the pending CMS approval for EPP, full achievement of the PRIME/QIP performance measures, increasing payroll costs, and unpaid non-acute days.

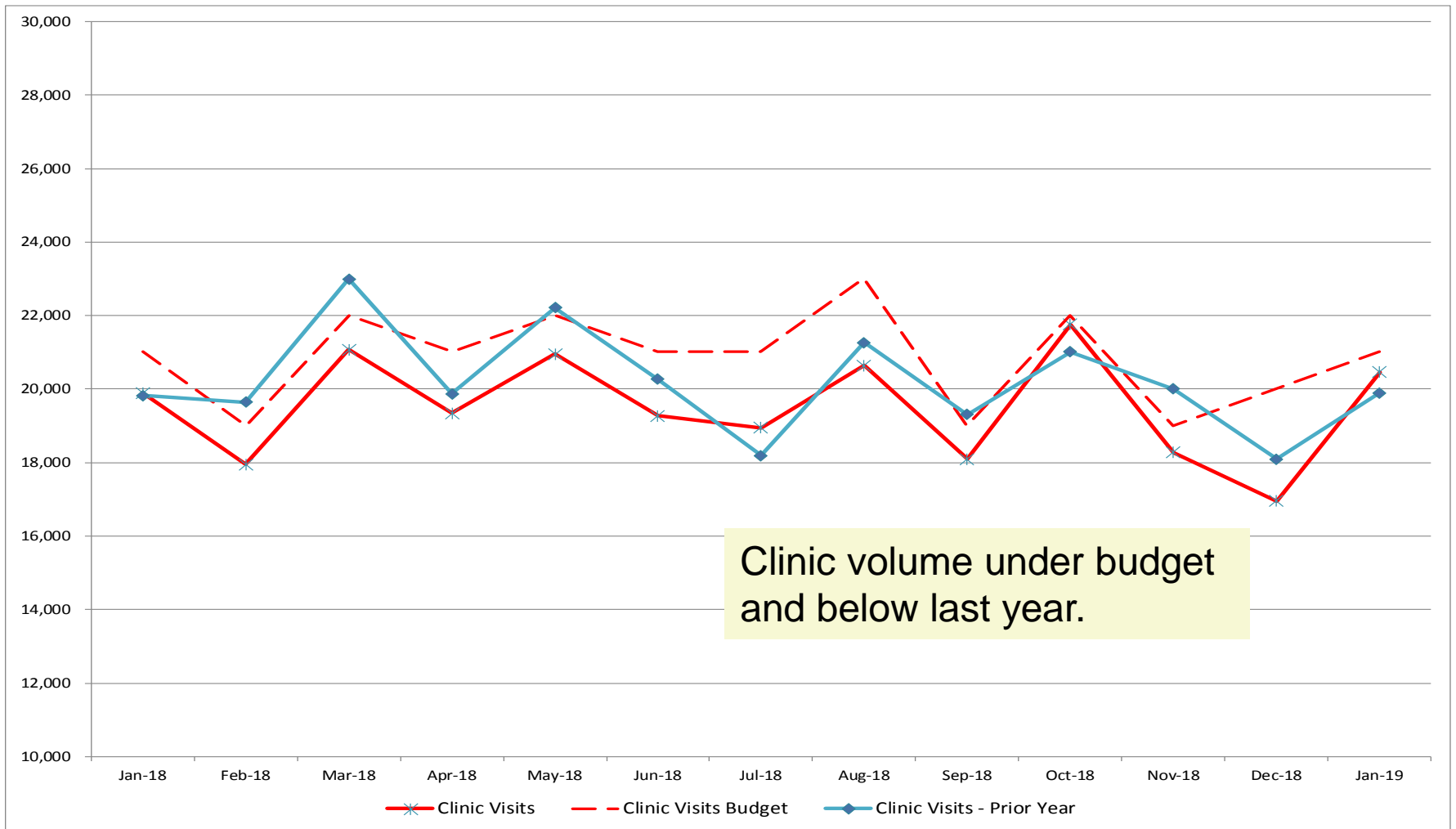
**San Mateo Medical Center  
Patient Days  
January 31, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Patient Days</b>	2,991	2,934	57	2%	21,562	20,348	1,214	6%



**San Mateo Medical Center  
Clinic Visits  
January 31, 2019**

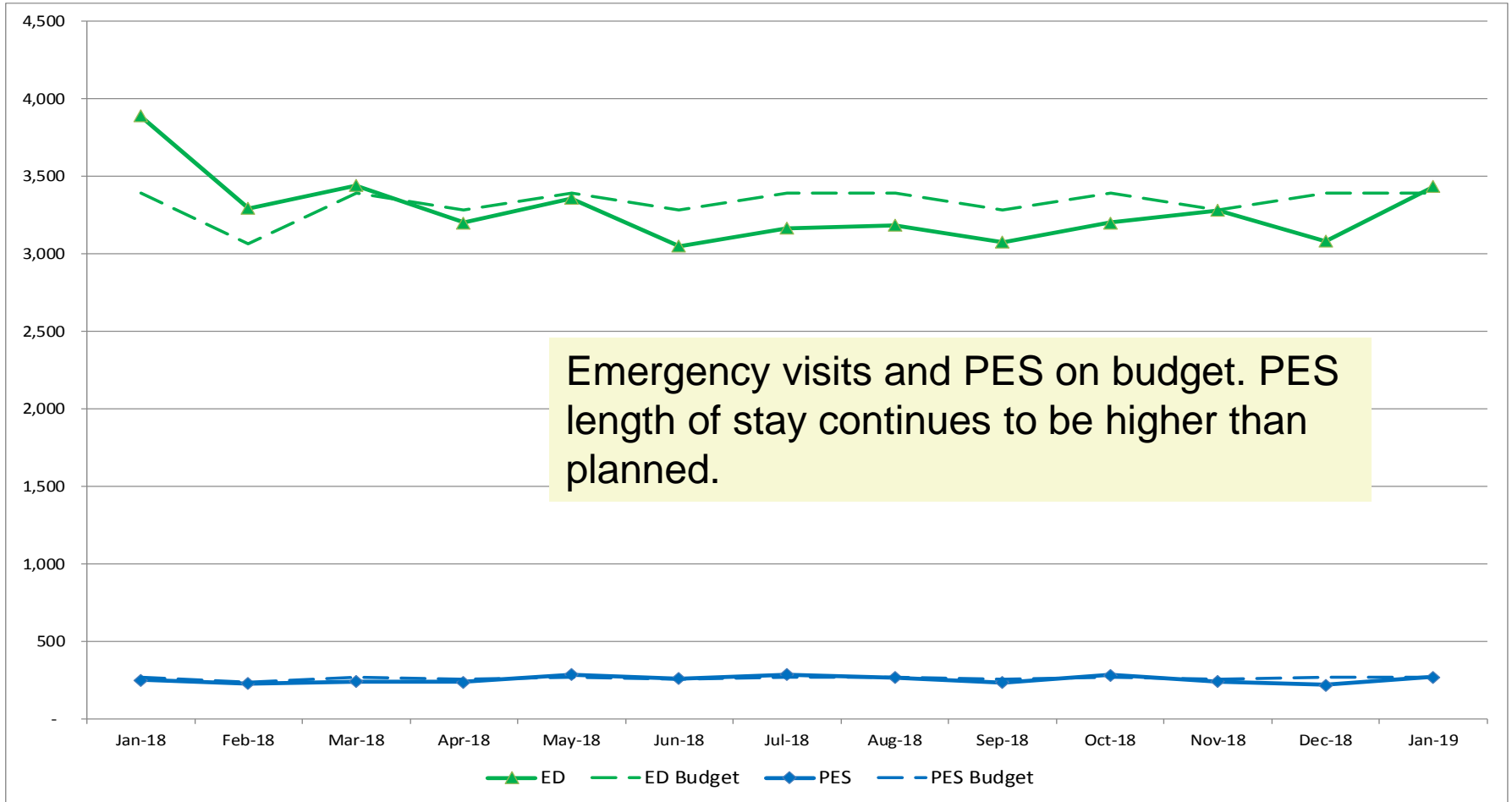
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	20,456	21,009	(553)	-3%	135,131	145,061	(9,930)	-7%





**San Mateo Medical Center  
Emergency Visits  
January 31, 2019**

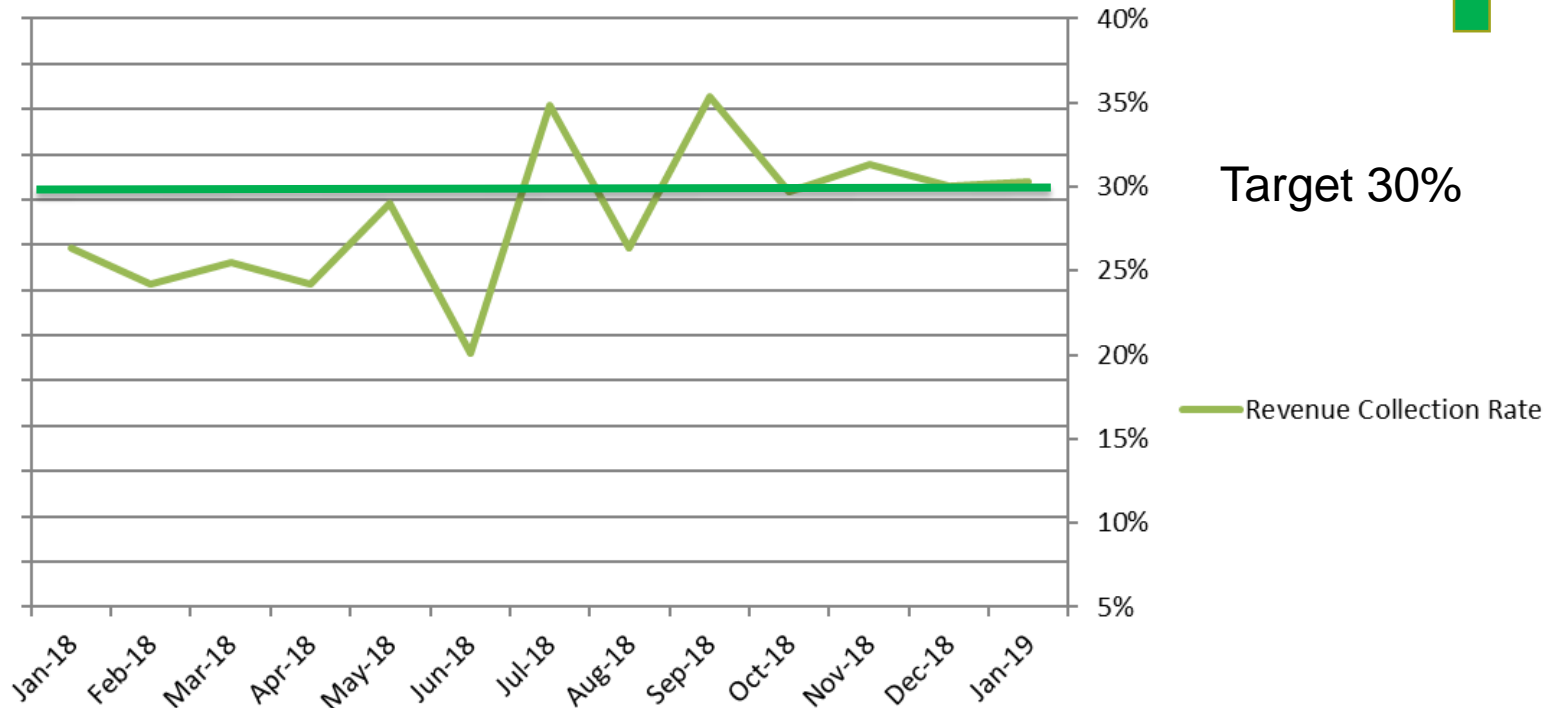
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>ED Visits</b>	3,708	3,659	49	1%	24,251	25,379	(1,128)	-4%



# Key Performance Indicators

## FFS Revenue Collection Trend

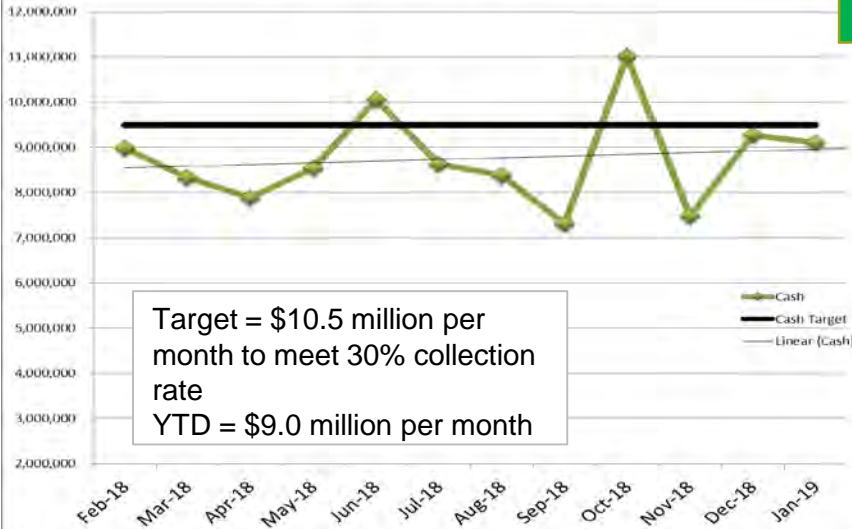
### Revenue Collections Trend



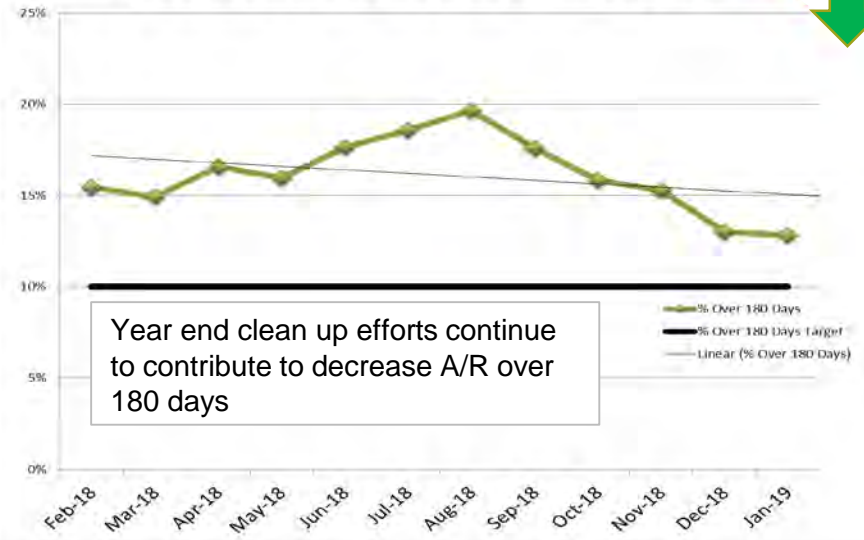
The collection rate continues to hover around 30% and has improved due to lower claim denials and higher HPSM medical-surgical inpatient per diem rate.

# Key Performance Indicators

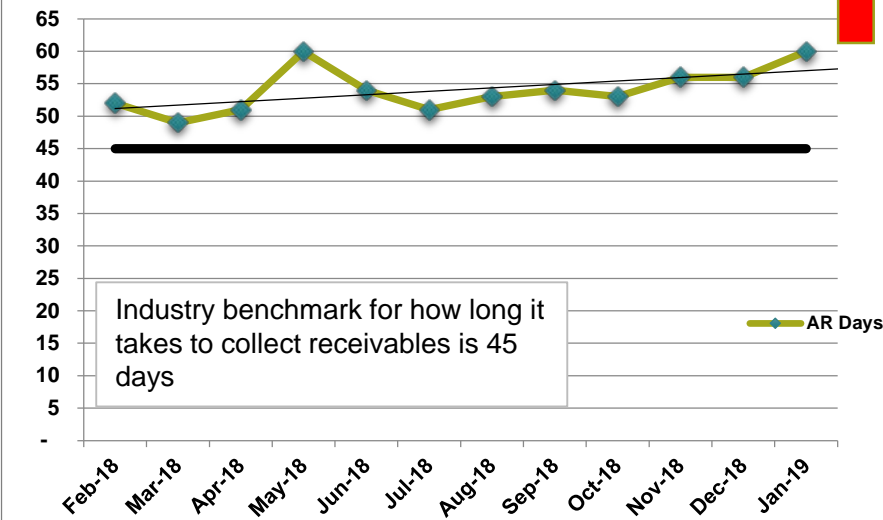
### Cash - Rolling 12 Months



### % of A/R Over 180 Days - Rolling 12 Months



### A/R Days - Rolling 12 Months



### A/R Unbilled - Rolling 12 Months



# Revenue Improvement Plan

## Executive Summary

### Initiative

### Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> <li>• Implementing eCareNEXT - registration quality software - Kickoff 1/16/19 – Go Live targeted for 5/10/19</li> </ul>
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> <li>• Chartwise software – live 1/8/18</li> <li>• CDI Specialist (CDS) contractor started 1/14/19</li> <li>• Reviewing Medicare and Medi-Cal IP charts</li> <li>• CDS position posted 2/19/19</li> <li>• CDI Steering Committee launched 3/5/19</li> </ul>
<p><i>Accounts Receivable management</i></p>	<ul style="list-style-type: none"> <li>• Implementing Colburn Hill automated patient account follow-up software             <ul style="list-style-type: none"> <li>• Priority Go-Live 2/26/19</li> <li>• Hints Go-Live 4/1/19</li> <li>• Bots Go-Live 5/1/19 (Robotic Process Automation)</li> </ul> </li> </ul>
<p><i>Denial management &amp; Unbilled Accounts</i></p>	<ul style="list-style-type: none"> <li>• Medical necessity compliance reviews in progress.</li> <li>• Denials workflow &amp; reporting software in production</li> <li>• Authorization improvement work – IP, SSU, Infusion</li> </ul>



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

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QUESTIONS?

# APPENDIX



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

**San Mateo Medical Center**  
**Income Statement**  
**January 31, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
1 <b>Income/Loss (GAAP)</b>	(97,218)	0	(97,218)		52,225	0	52,225	
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	36,621	38,019	(1,398)	-4%	258,373	266,133	(7,760)	-3%
3 <b>Unduplicated Patient Count</b>	68,366	70,114	(1,748)	-2%	68,366	70,114	(1,748)	-2%
4 <b>Patient Days</b>	2,991	2,934	57	2%	21,562	20,348	1,214	6%
5 <b>ED Visits</b>	3,708	3,659	49	1%	24,251	25,379	(1,128)	-4%
7 <b>Surgery Cases</b>	215	265	(50)	-19%	1,736	1,831	(95)	-5%
8 <b>Clinic Visits</b>	20,456	21,009	(553)	-3%	135,131	145,061	(9,930)	-7%
9 <b>Ancillary Procedures</b>	76,910	69,402	7,508	11%	497,705	479,270	18,435	4%
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%
11 <b>Psych Administrative Days as % of Patient Days</b>	84.1%	80.0%	-4.1%	-5%	68.3%	80.0%	11.7%	15%
(Days that do not qualify for inpatient status)								
<b>Pillar Goals</b>								
12 <b>Revenue PMPM</b>	161	150	11	8%	167	150	17	11%
13 <b>Operating Expenses PMPM</b>	436	399	(37)	-9%	407	399	(8)	-2%
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,226	1,256	30	2%	1,217	1,256	40	3%

**San Mateo Medical Center**  
**Income Statement**  
**January 31, 2019**

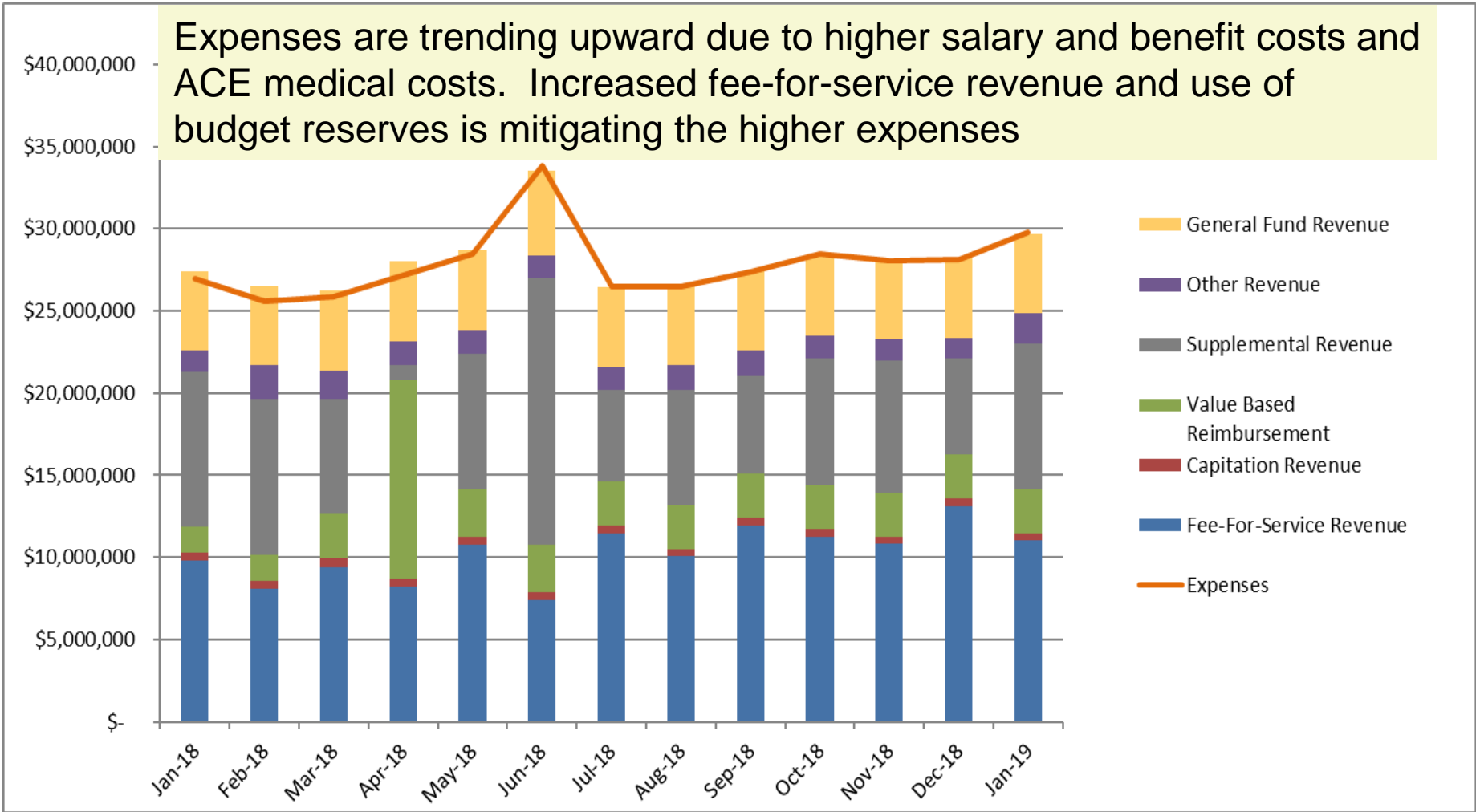
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 <b>Inpatient Gross Revenue</b>	10,036,133	9,577,810	458,323	5%	70,337,869	67,044,669	3,293,200	5%
22 <b>Outpatient Gross Revenue</b>	26,352,054	25,324,704	1,027,351	4%	176,741,375	177,272,927	(531,552)	0%
23 <b>Total Gross Revenue</b>	36,388,188	34,902,514	1,485,674	4%	247,079,244	244,317,597	2,761,647	1%
24 <b>Patient Net Revenue</b>	11,024,177	10,512,930	511,247	5%	79,796,479	73,590,509	6,205,970	8%
25 <b>Net Patient Revenue as % of Gross Revenue</b>	20.6%	30.1%	0.2%	1%	32.3%	30.1%	2.2%	7%
26 <b>Capitation Revenue</b>	436,742	500,000	(63,258)	-13%	2,565,470	3,500,000	(934,530)	-27%
27 <b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	11,533,032	12,436,356	(903,324)	-7%	75,702,122	87,054,494	(11,352,372)	-13%
28 <b>Total Patient Net and Program Revenue</b>	22,993,951	23,449,286	(455,335)	-2%	158,064,072	164,145,004	(6,080,932)	-4%
29 <b>Other Operating Revenue</b> (Additional payment not related to patients)	1,473,879	1,229,820	244,060	20%	7,491,461	8,608,739	(1,117,278)	-13%
30 <b>Total Operating Revenue</b>	24,467,831	24,679,106	(211,275)	-1%	165,555,533	172,753,743	(7,198,210)	-4%



**San Mateo Medical Center**  
**Income Statement**  
**January 31, 2019**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
<b>Operating Expenses</b>									
31	Salaries & Benefits	17,318,704	16,448,653	(870,052)	-5%	113,021,203	115,140,568	2,119,365	2%
32	Drugs	792,694	806,645	13,951	2%	5,276,768	5,646,518	369,750	7%
33	Supplies	1,071,718	954,099	(117,619)	-12%	6,162,511	6,678,692	516,180	8%
34	Contract Provider Services	3,917,782	3,346,496	(571,286)	-17%	25,838,736	23,425,473	(2,413,263)	-10%
35	Other fees and purchased services	4,634,541	4,572,074	(62,467)	-1%	31,433,628	32,004,519	570,892	2%
36	Other general expenses	853,275	532,070	(321,205)	-60%	4,555,079	3,724,490	(830,589)	-22%
37	Rental Expense	188,061	196,247	8,186	4%	1,327,357	1,373,731	46,373	3%
38	Lease Expense	825,358	825,358	-	0%	5,777,503	5,777,503	-	0%
39	Depreciation	189,558	273,093	83,535	31%	1,325,120	1,911,652	586,531	31%
40	<b>Total Operating Expenses</b>	29,791,691	27,954,735	(1,836,956)	-7%	194,717,906	195,683,145	965,239	0%
41	<b>Operating Income/Loss</b>	(5,323,860)	(3,275,629)	(2,048,231)	-63%	(29,162,374)	(22,929,402)	(6,232,971)	-27%
42	<b>Non-Operating Revenue/Expense</b>	383,173	(1,567,840)	1,951,013	124%	(4,689,680)	(10,974,877)	6,285,196	57%
43	<b>Contribution from County General Fund</b>	4,843,468	4,843,468	0	0%	33,904,279	33,904,279	0	0%
44	<b>Total Income/Loss (GAAP)</b>	(97,218)	0	(97,218)	-	52,225	0	52,225	-
	(Change in Net Assets)								

# Revenue & Expense Trend



Note: the spike in June was due to end of year payments for the Whole Person Care program

**San Mateo Medical Center  
Payer Mix  
January 31, 2019**

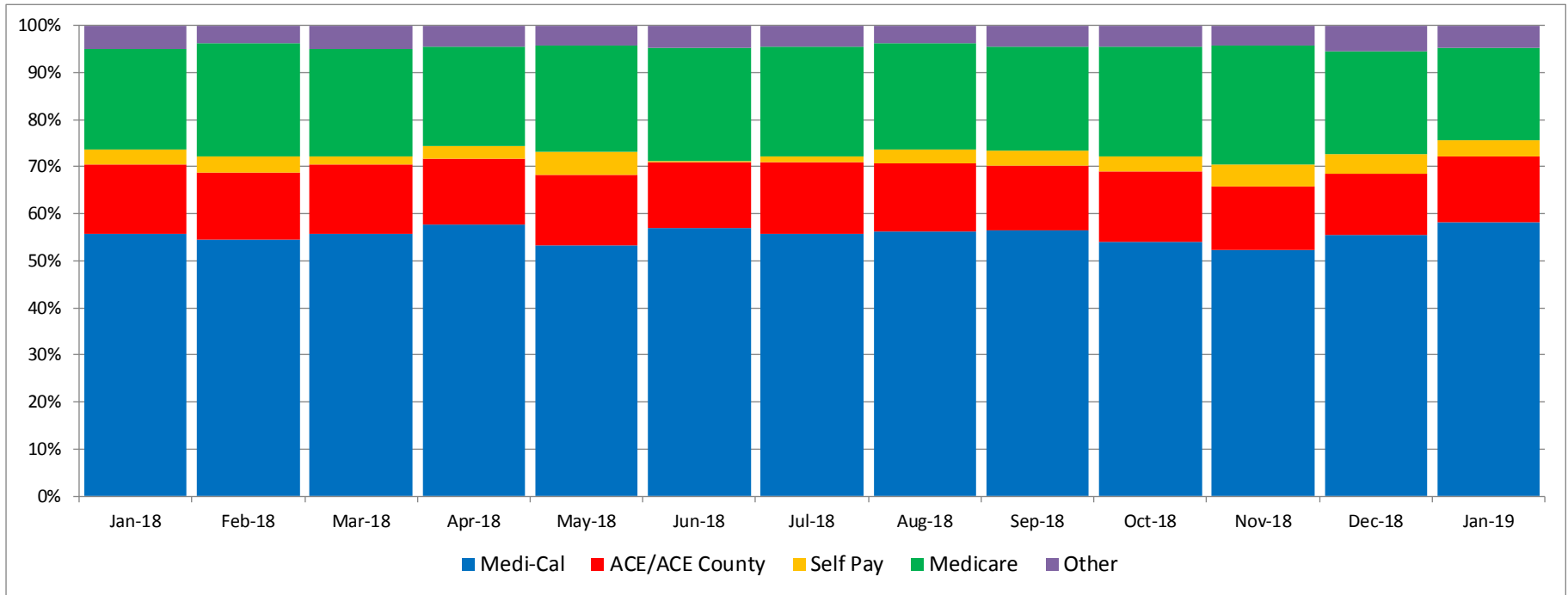
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

**Payer Type by Gross Revenue**

	A	B	C	D
Medicare	19.5%	21.0%	-1.5%	
Medi-Cal	58.2%	58.0%	0.2%	
Self Pay	3.4%	2.0%	1.4%	
Other	4.8%	5.0%	-0.2%	
ACE/ACE County	14.0%	14.0%	0.0%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

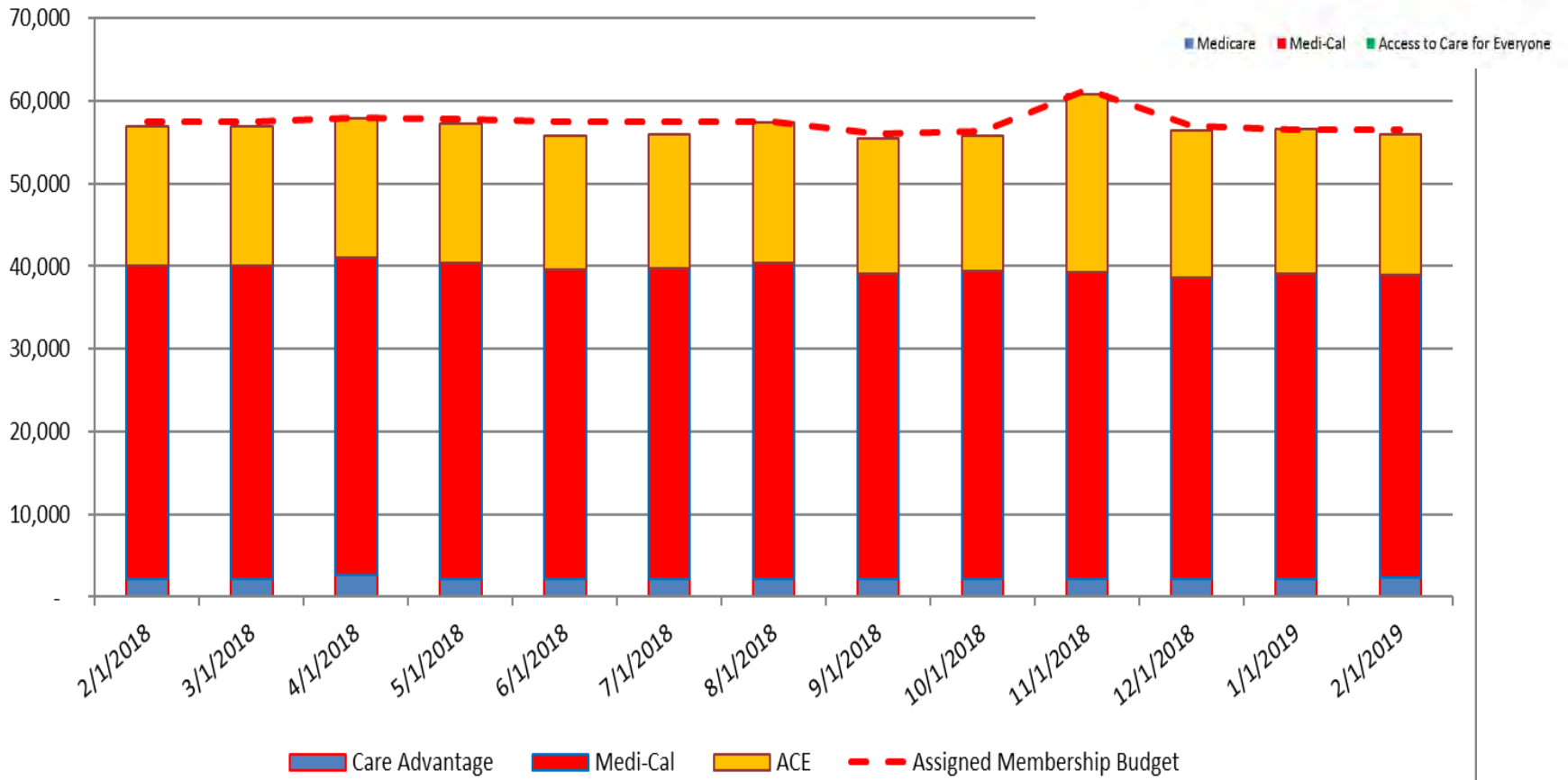
	E	F	G	H
Medicare	22.5%	21.0%	1.5%	
Medi-Cal	55.5%	58.0%	-2.5%	
Self Pay	3.2%	2.0%	1.2%	
Other	4.6%	5.0%	-0.4%	
ACE/ACE County	14.2%	14.0%	0.2%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		



Managed Care Mix  
4.0%

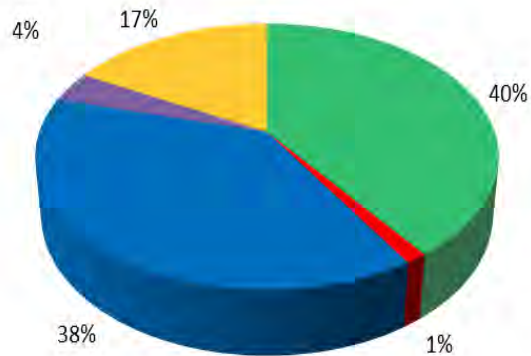


## Managed Care Membership Trend



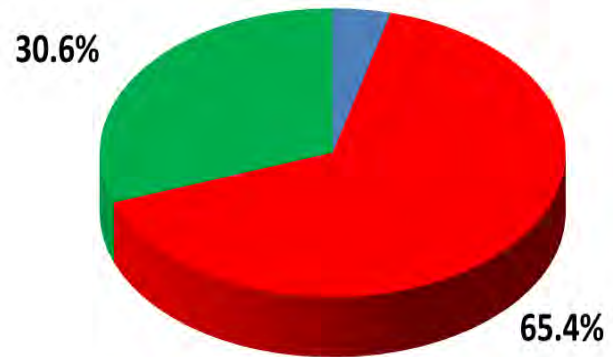
# Revenue Mix

### Sources of Revenue



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

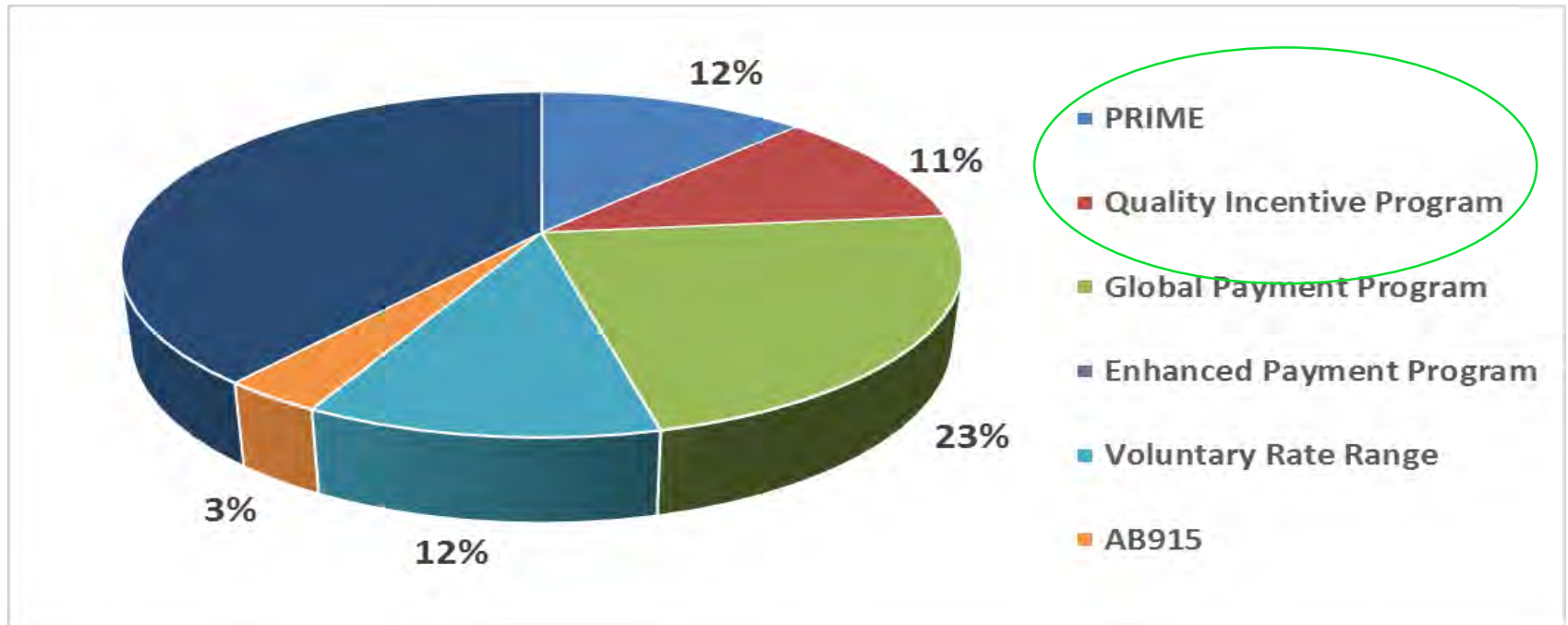
### Managed Care Mix



■ Medicare ■ Medi-Cal ■ Access to Care for Everyone

- **Managed Care** programs represent 31% 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.

# Supplemental Revenue Mix

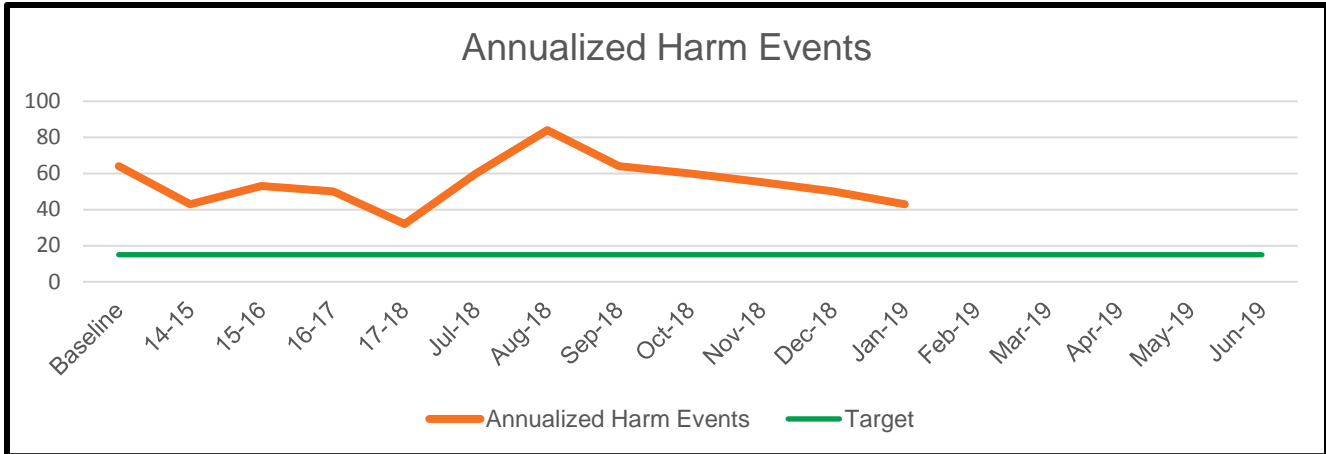


- **Value-Based** programs represent 23% of our Supplemental Revenue
  - New HPSM P4P and Shared Savings programs could boost it to 26%
- **Volume-Based** programs represent 77% of our Supplemental Revenue

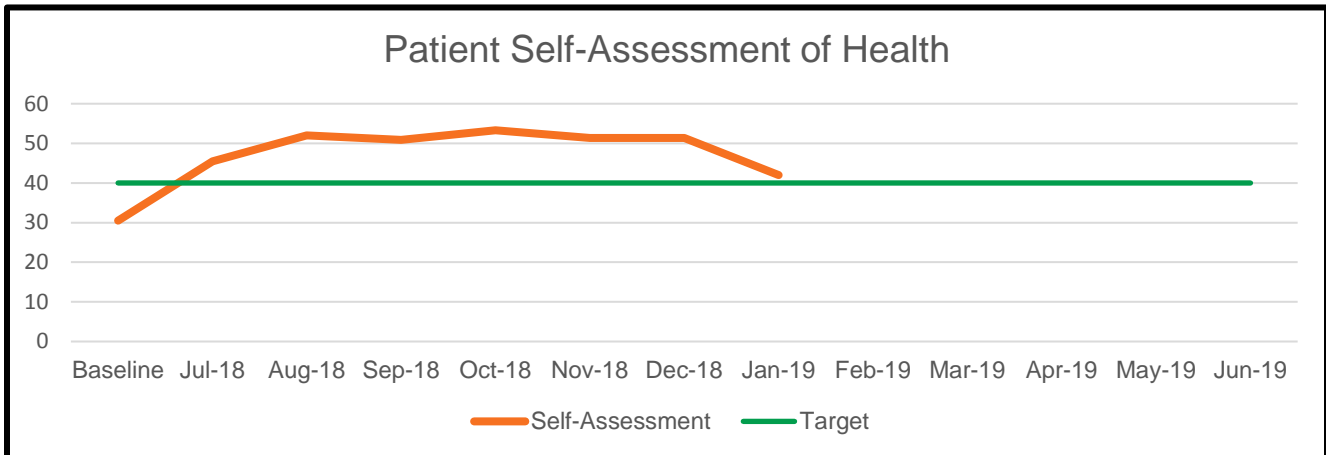
# CEO REPORT

March 2019

## EXCELLENT CARE METRICS

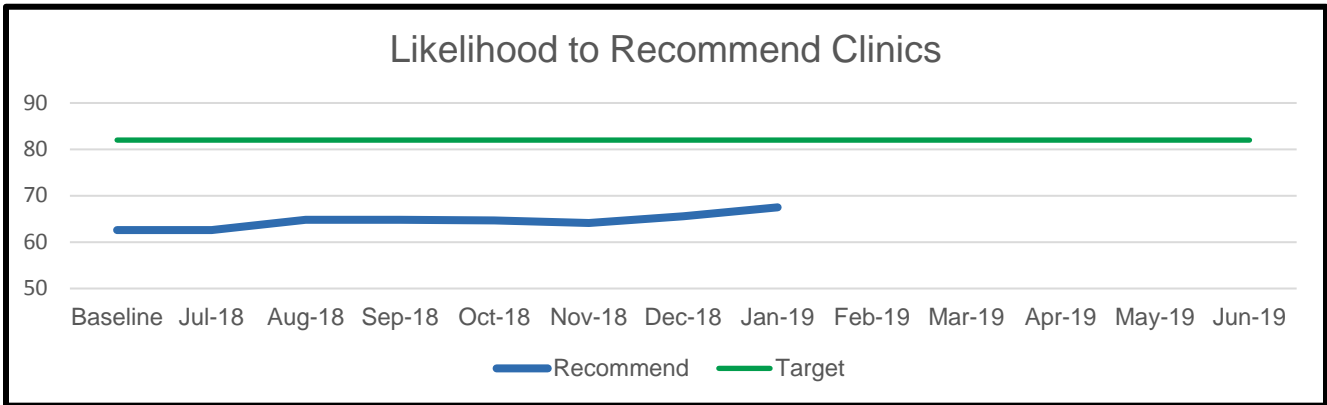


**Annualized Harm Events:** Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3, etc.) **Lower is better.**

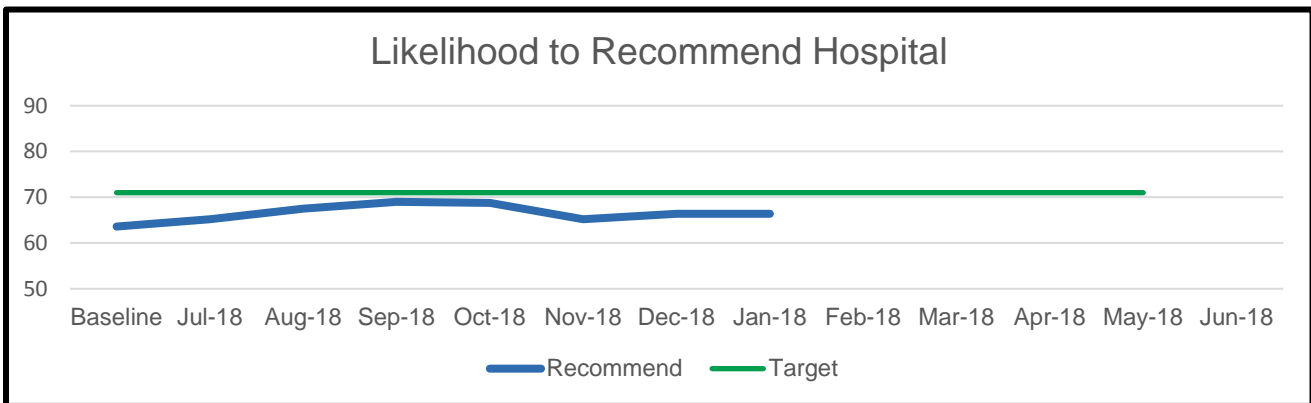


**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

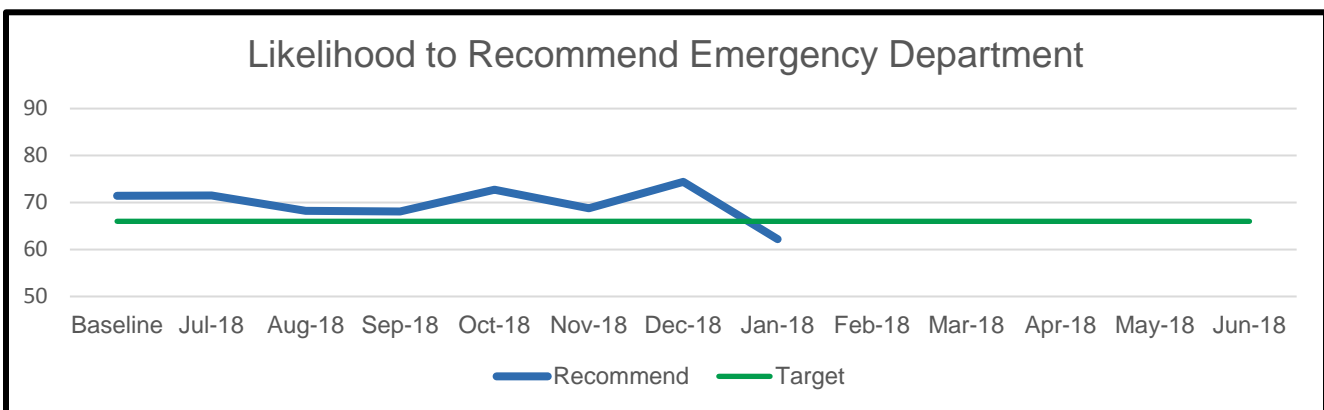
## PATIENT CENTERED CARE METRICS



**Likelihood to Recommend Clinics:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**



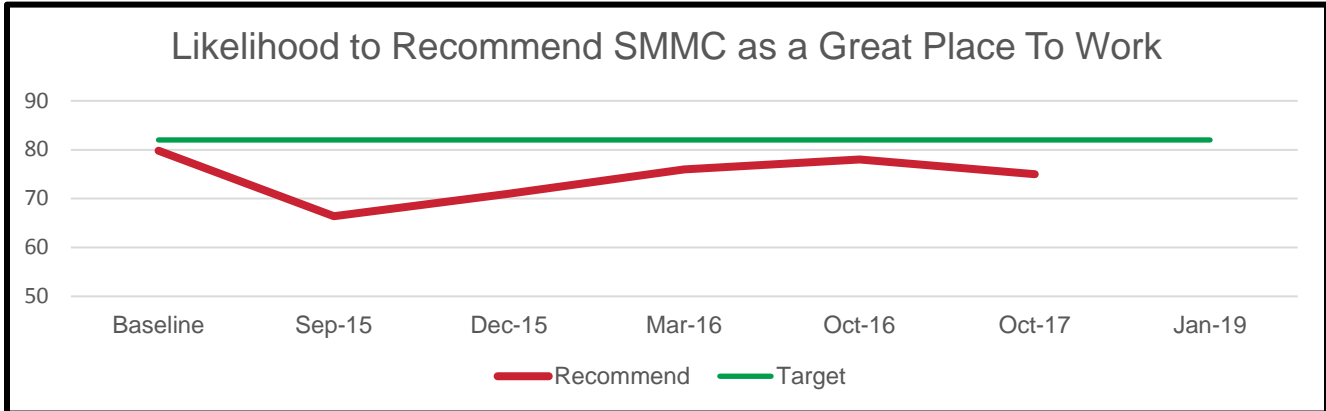
**Likelihood to Recommend Hospital:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



**Likelihood to Recommend Emergency Department:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

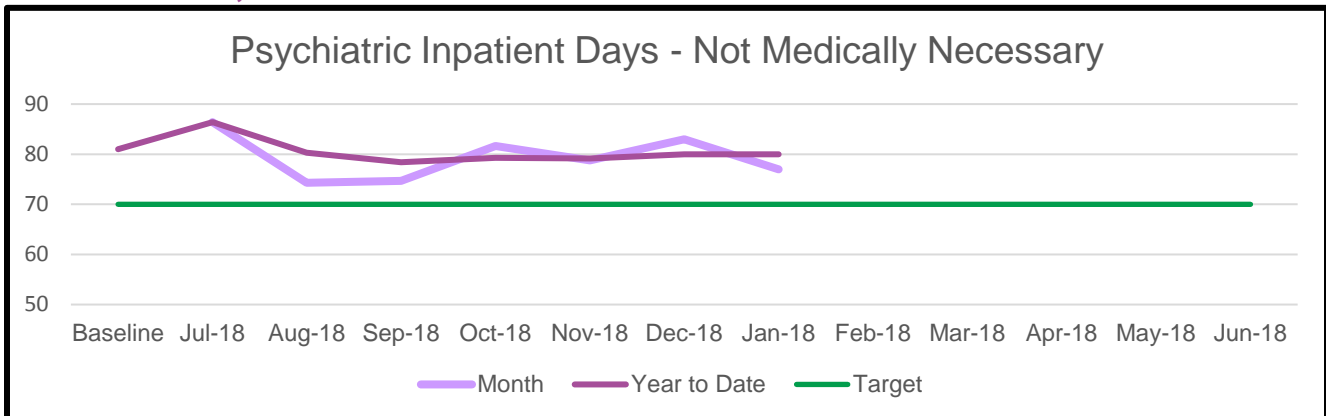


## STAFF ENGAGEMENT METRICS

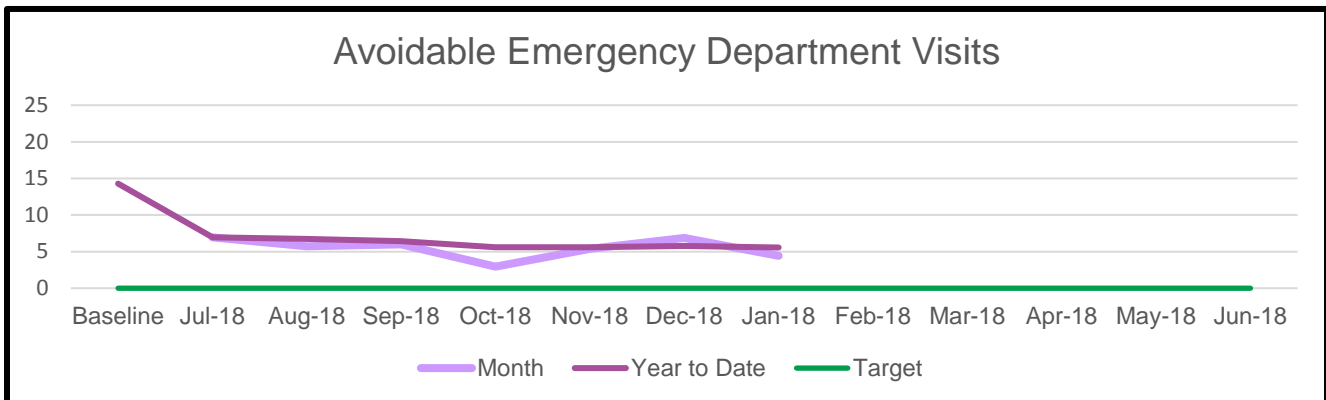


**Likelihood to Recommend SMMC:** Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

## RIGHT CARE, TIME AND PLACE METRICS



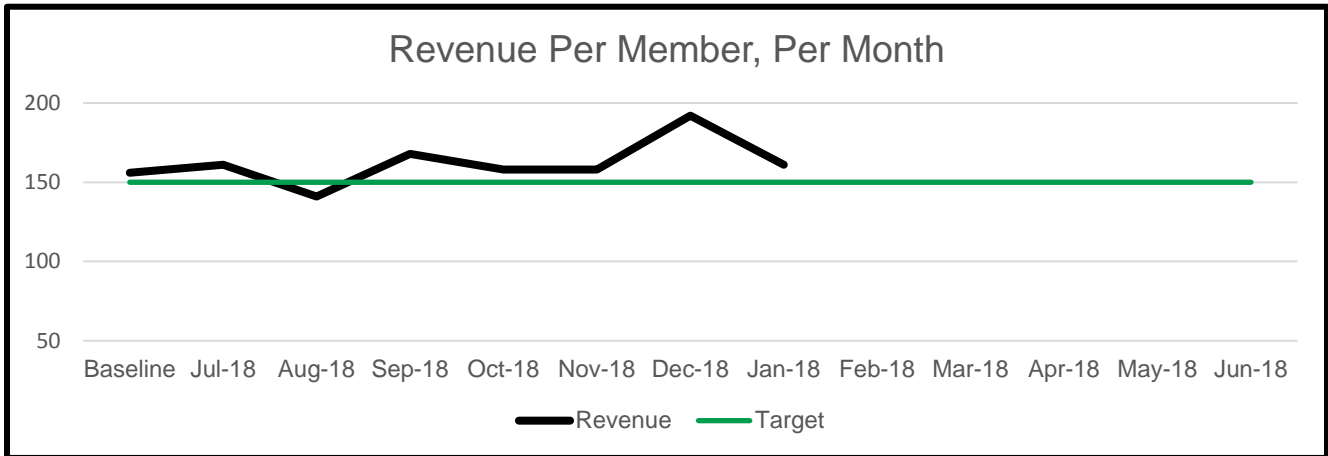
**Psychiatric Inpatient Days – Not Medically Necessary:** Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



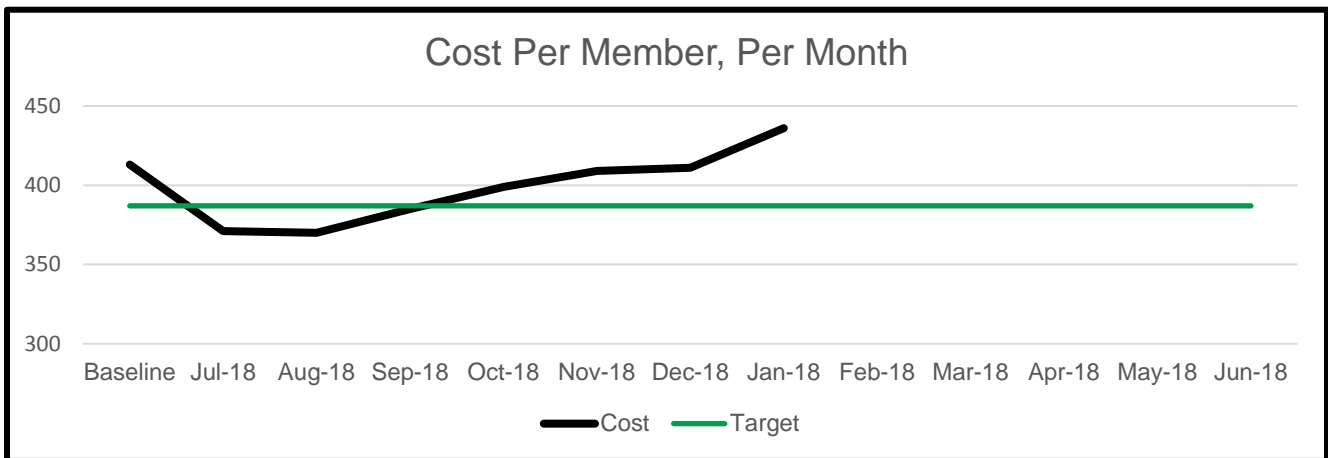
**Potentially Avoidable ED Visits:** Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



## FINANCIAL STEWARDSHIP METRICS



**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**



**Cost Per Member, Per Month:** Total cost divided by total number of assigned members. **Lower is better.**

## STRATEGIC UPDATES, RECOGNITIONS & AWARDS

### **SMMC “Completes” Triennial Joint Commission Cycle**

On February 1<sup>st</sup>, two Joint Commission surveyors arrived at SMMC for an expected, but unannounced follow-up visit to our December triennial survey. They were here to follow up on specific facilities and infection control issues identified during the initial survey. The surveyors stated that they were extremely impressed with all the work that had been done since the prior survey and felt that most of the issues had been well addressed. Shortly after the follow-up survey, the Joint Commission accepted SMMC's request for an extension to address facilities-related ligature risks. On March 1<sup>st</sup>, SMMC submitted its formal 60 day response to the other findings from the December visit. This means that, pending the acceptance of that report, we do not expect the Joint Commission to return for another hospital survey until our next triennial anniversary date (though we are expecting an unannounced routine survey of Laboratory Services any day now). Congratulations to everyone who worked to make this successful result possible.

### **Integrated Behavioral Health Has Highly Successful Match for Psychology Training Program**

SMMC has been training psychology students and new graduates for a decade and a half. In recent years, the selection process for applicants seeking postdoctoral training has become increasingly competitive. In response, SMMC's Integrated Behavioral Health (IBH) team sought accreditation for its post-doctoral fellowship from the Association of Psychology Postdoctoral and Internship Centers (APPIC). In recognition of our high caliber training opportunities, APPIC formally accepted SMMC as a post-doctoral member in December 2018. Just three months later, we went through the process of matching post-doctoral candidates from across the nation with the three spots available at SMMC. We are happy to report that we achieved a 100% match rate in this round and are looking forward to outstanding new fellows joining the IBH team in the next academic year.

### **Revenue Cycle Transformation team executing on FY19 Initiatives**

February continued to be a busy month for our Revenue Cycle teams on their journey to transform our revenue cycle processes. The most significant event was the phase 1 go-live of the Colburn Hill's Ops Center software. Ops Center is a comprehensive analytic and automation software that will allow our Patient Financial Services (PFS) team to improve their efficiency and effectiveness of following up on outstanding patient accounts receivable and improve cash collections. Phase 1 consisted of implementing the Ops Center's "Priority" module, which is a work queue management tool that prioritizes accounts to be worked based on pre-established criteria which presents staff with the most important and valuable accounts first. Priority went live over a 3-day period in late February and was an instant hit with staff as illustrated by these testimonials:

- "I'm promoting working smarter not harder!" - Medicare Supervisor
- "It's excellent, I love it. I can immediately see the older, complicated claims. And I know what to do with these accounts." - Medi-Cal Biller
- "So far so good." - Medicare Biller
- "We like it, we get the opportunity to work on the high dollars." - Medi-Cal Biller
- "The Mention feature makes it easy to communicate from user to user; so far this is my favorite feature!" - Medi-Cal Biller
- "Navigating around the features of the tool is so easy, it's actually fun! It's like having a new toy!" - Medi-Cal Biller

In April we will go live with the phase 2 module called "Hints", which will guide staff on recommended follow-up tasks. In May will go live with the last phase module called "Resolve", which is robotic process automation that eliminates the need for staff to manually enter repetitive transactions.

**CMS approves year 2 for the new supplemental revenue programs**

The Centers for Medicare and Medicaid Services (CMS) recently approved year 2 for the Quality Incentive Pool (QIP) and the Enhanced Payment Program (EPP). Both programs were developed to replace other funding programs that were eliminated as a result of CMS' Medicaid Managed Care Rule. Combined, these programs provide approximately \$35 million, which was included in the FY18-19 Approved Budget. While we anticipated these programs would be approved for FY18-19, the continued assault on the Affordable Care Act and policy changes by CMS have injected a level of uncertainty in future federal funding programs that presents challenges to our projections being developed for the upcoming 2-year budget cycle. We will continue to work with CAPH in monitoring both federal and State program funding proposals and will adjust our projections as more information is known.

# SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	21,713 (January 2019)	-7.5%	0.2%
SMMC Emergency Department Visits	3,708 (January 2019)	12.3%	-10.5%
New Clients Awaiting Primary Care Appt.	139 (February 2019)	6.9%	-81%

## SMMC Virtual Reality pilot program ready for long-term use

San Mateo Medical Center’s Virtual Reality (VR) pilot program, which has been used in pain management, the emergency department, and in integrated behavioral health, has now been adopted for long-term use. Using special goggles, the technology visually immerses a user in a computer-generated environment, providing biofeedback and distraction, which can help a patient in a medical setting. As a pain management tool, VR can help patients with breathing techniques and mindfulness, which can mitigate pain. In the emergency department, VR can provide a distraction during a procedure and help decrease a patient’s anxiety. In behavioral health, the technology can help a patient with anxiety disorder address those fears. Clinicians expect to make greater use of VR technology in the future, as they collect data and feedback from patients. San Mateo Medical Center is a member of the Center for Care Innovations Technology Hub, which helps bring cutting-edge medical tools to underserved communities.



A patient in the Pain Management Clinic. Photo courtesy Center for Care Innovations

## SMC Park Rx promotes health benefits of time outdoors

Participants in San Mateo Medical Center’s Healthy Lifestyles Clinic were recently invited to join an SMC Park Rx event at Wunderlich Park in Woodside to promote the use and enjoyment of parks and public lands to benefit physical and mental health. The Park Rx program encourages medical professionals to write prescriptions for patients to spend time outdoors. The fifty participants, which included twelve families, took a docent-led walk, enjoyed local blackberries, and met Lightning, a mini horse, at the Wunderlich stables. The event was a collaboration among SMMC, the Nutrition Education and Obesity Prevention (NEOP) program, the San Mateo County Parks department, and the Friends of Wunderlich organization. The Park Rx program promotes the health benefits of spending time in nature, which can reduce blood pressure and headaches, promote faster healing time, lower stress, and reduce mental fatigue, anger, and frustration.



Participants with “Lightning” at Wunderlich stables. Photo by Gloria Cahuich-Gonzalez

## San Mateo County performs wellness assessment of LGBTQ community

The San Mateo County LGBTQ Commission, in conjunction with Public Health, Policy, and Planning’s Office of Epidemiology, recently presented the first wellness assessment of the local LGBTQ community in 15 years. The assessment sought responses from the county’s LGBTQ population, with surveys for both youth and adults. The findings, which center around five main themes—safety, feeling welcomed and included, access to resources and services, and overall visibility—were sent to the Office of Epidemiology for analysis. These themes will help guide recommendations to the Board of Supervisors, which will be presented in Spring 2019. The survey and results are [available online here](#).

