



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, July 1, 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

July 1, 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. Julie Hersk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

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

TAB 1

Approval of:

1. June 3, 2019 Minutes
2. Acknowledgement of OSHPD's Seismic Safety Standards Timeline for Hospitals

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

1. Dental Services

Dr. Alpa Sanghavi

Dr. Ann Marie Silvestri

2. Compliance and Privacy Report

Dr. CJ Kunnappilly

Gabriela Behn

3. Community Care Connections

Joan Spicer

James Schindler

4. Financial Report

David McGrew.....TAB 2

5. CEO Report

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

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
Monday, June 3, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Cecilia Diaz	Julie Griffiths
David McGrew	Karen Pugh	Jim Beaumont
Dr. Susan Fernyak	Lillian Lilles	Priscilla Romero
Dr. Alpa Sanghavi	Leslie Williams-Hurt	Lucianne Latu
Joan Spicer	Gabriela Behn	
Brighton Ncube	John Jurow	
Peggy Jensen	Scott Gilman	
Aimee Armsby	Rachel Daly	

Members of the Public

Nieghbor

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 8:12 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 3, 2019. QIC Minutes from April 23, 2019. Medical Executive Committee Minutes from May 14, 2019.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	On Memorial Day, the Foundation participated in the 10 th Annual Hillsborough Memorial Day Parade. We distributed toothpaste packets and parade watchers had a chance to see the SMMC Dental Van up close. The 15 th Annual Golf Tournament will be held at Sharon Heights Golf and Country Club on July 29, 2019.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 6, 2019.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Medical Staff elections were recently held and the new Vice Chief of Staff is Dr. Frank Trinh who will join the Hospital Board starting next month.	FYI

<p>Respiratory Care Services Rachel Daly</p>	<p>RCS is a 24/07 department with 22 staff who provide inpatient and outpatient services.</p> <p>Respiratory Care Services Provided</p> <ul style="list-style-type: none"> • Aerosol therapy (medicated and non-medicated) • Bronchopulmonary hygiene techniques • Oxygen therapy • Inhaled nitric oxide therapy • Oximetry (spot checks, sleep oximetry) • Capnography (continuous and spot checks) • Airway management and care (tracheostomy care, suctioning, oral and nasal airways) • Cardiopulmonary resuscitation and emergency airway management • Mechanical Ventilation • Non-invasive ventilation • Diagnostic • Patient instruction and education of all respiratory care modalities, as ordered by the physician • Code and Rapid Response Team • Acute care transport (inter-hospital and intra-hospital) <p>Patient Volumes have been increasing steadily. 2017=29,430. 2018=34,869. 2019=est. 39,000.</p>	<p>FYI</p>
<p>Health Care for the Homeless/Farmworker Health Program Jim Beaumont</p>	<p>Health Care for the Homeless/Farmworker Health is a grant funded effort from the federal Department of Health and Human Services (HHS), Health Resources & Services Administration (HRSA) Bureau of Primary Health Care's (BPHC) Health Center Program. This program is a consolidation of numerous long-standing efforts to provide and ensure access to health care services, particularly primary care services, to underserved geographic areas and populations. Two of those populations are the homeless and the migrant and seasonal farmworkers.</p> <ul style="list-style-type: none"> • In San Mateo County, the program has delivered, coordinated and supported health care services for homeless individuals since 1991 • In July 2010, the program added farmworkers and their families/dependents as a second special population • Current grant is \$2,635,204 for 2019, the final year of the current three-year award period • The grant is intended to help support the program's scope of services • The HCH/FH Program must meet compliance standards with all federal grant requirements and successfully compete for the award in order to maintain the grant • This grant allows San Mateo County/SMC Health/SMMC to be a Federally Qualified Health Center (FQHC), and receive the benefits of being one • Value estimated at \$15-\$30 M 	<p>FYI</p>
<p>Laura's Law Services Update, Assisted Outpatient Treatment</p>	<p>AB 1421- (Court) Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, commonly known as Laura's Law. The County of San Mateo Board of Supervisors voted unanimously to implement the law on June 16, 2015. The BHRS AOT Team became operational in the Spring of 2016.</p>	<p>FYI</p>

<p>Scott Gilman, Director, BHRS</p>	<p>Eligibility: Minimum 18 years old; Serious mental illness; Unable to “survive safely” in the community without “supervision;” Previously offered treatment on a voluntary basis and refused; and is “deteriorating.” They have a history “lack of compliance with treatment” as evidenced by at least one of the following:</p> <ul style="list-style-type: none"> • Hospitalized/incarcerated two or more times in the last 36 months due to a mental illness; • Violent behavior towards self or others in the last 48 months <p>BHRS AOT Services provides:</p> <ul style="list-style-type: none"> • Engagement • Needs and qualifications assessment • Temporary case management • Court petitions, if warranted • Warm hand-offs <p>A Full Service Partnership (FSP) provides:</p> <ul style="list-style-type: none"> • 24/7 intensive case management services • Psychiatric services • Wellness and recovery services • Housing support services • Connection and support with educational, employment, recreational and social resources <p>Client referral outcomes since inception to December 31, 2018: Info calls and referrals = 491 Referred = 404 Enrolled FSP = 76 Disenrollment FSP = 34</p>	
<p>Financial Report David McGrew, CFO</p>	<p>The April FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. He also thanked the Foundation for their support of Hospital Week celebrations.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>The five-year AMR agreement includes an option to renew for an additional five years. County Health received a grant from the state to encourage emergency rooms to use health information exchange to share information with other ER’s.</p>	<p>FYI</p>
<p>County Manager Mike Callagy</p>	<p>The Peninsula Health Care District and the Sequoia Health Care District were asked to support having automated external defibrillators in all Sheriff vehicles which they agreed to. The AED’s are being procured they will be in place shortly.</p>	<p>FYI</p>

Board of Supervisors Supervisor Groom	Budget hearing will be held next week and the week after. We provide an immense amount of services for the community and I'm looking forward to hearing more during these hearing.	FYI
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Supervisor Groom adjourned the meeting at 9:22 AM. The next Board meeting will be held on July 1, 2019.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: May FY18-19

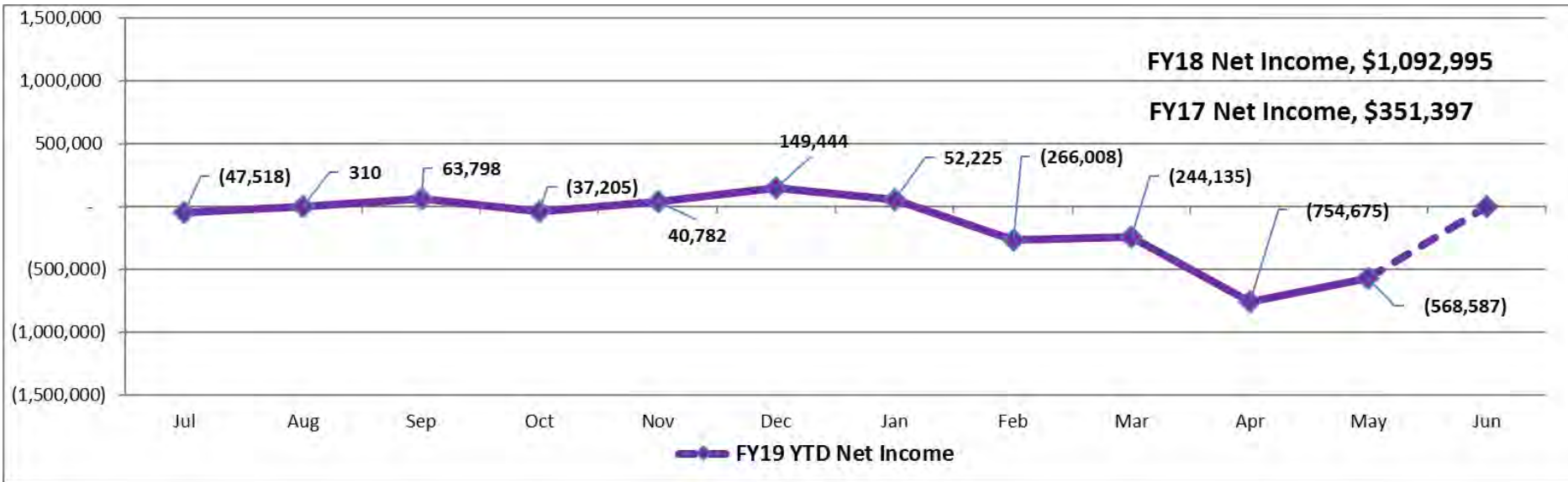
July 1, 2019

Presenter: David McGrew, CFO



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

Financial Highlights



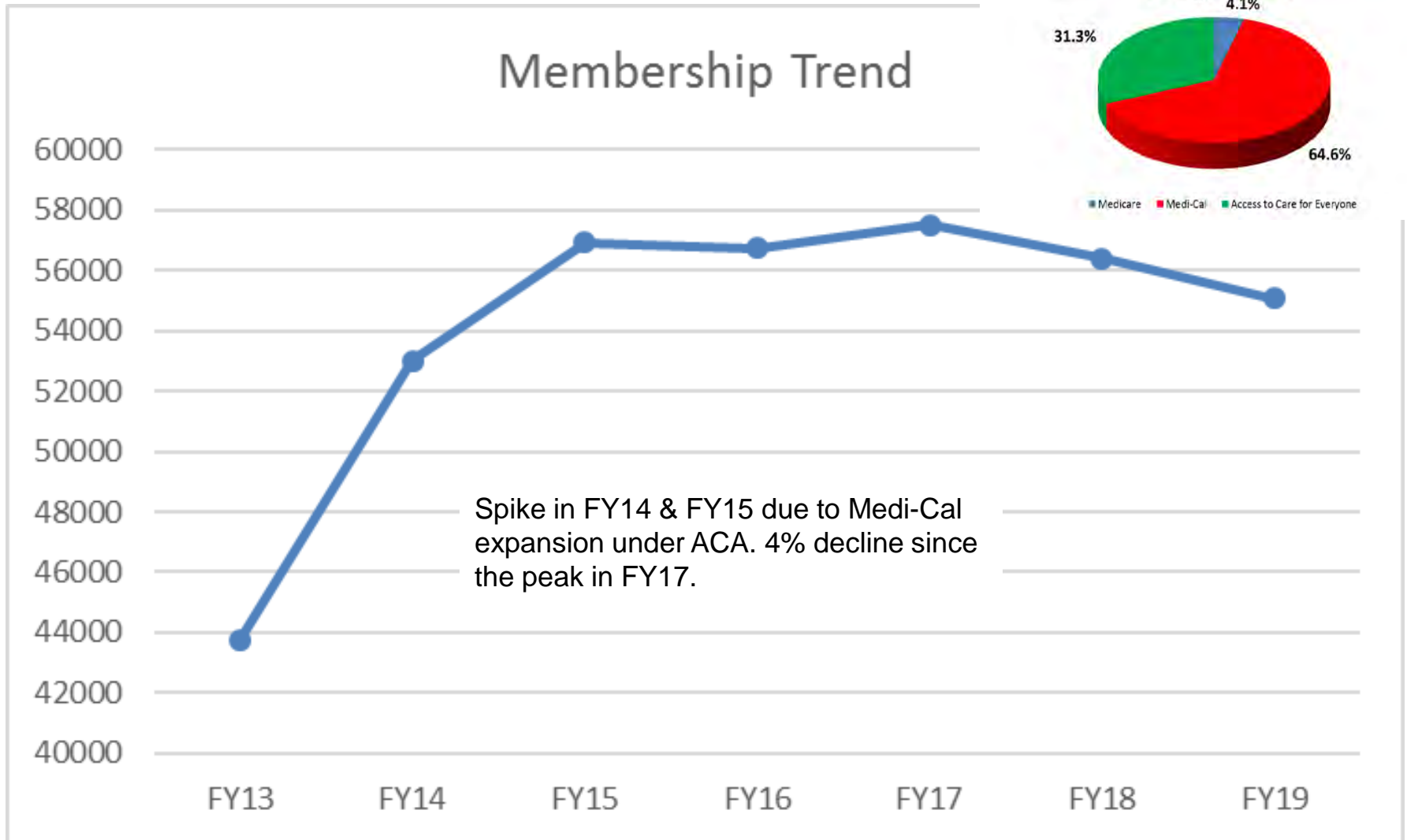
May Positive \$186k/YTD Negative \$568k:

- FTEs below budget
- Patient Service Revenue
 - FY2008 Medi-Cal Cost Settlement

- Expenses over budget
 - Drug, Registry, ACE, IGT Fees
- Membership decline & lower PCP cap
- Reserves for PRIME/QIP

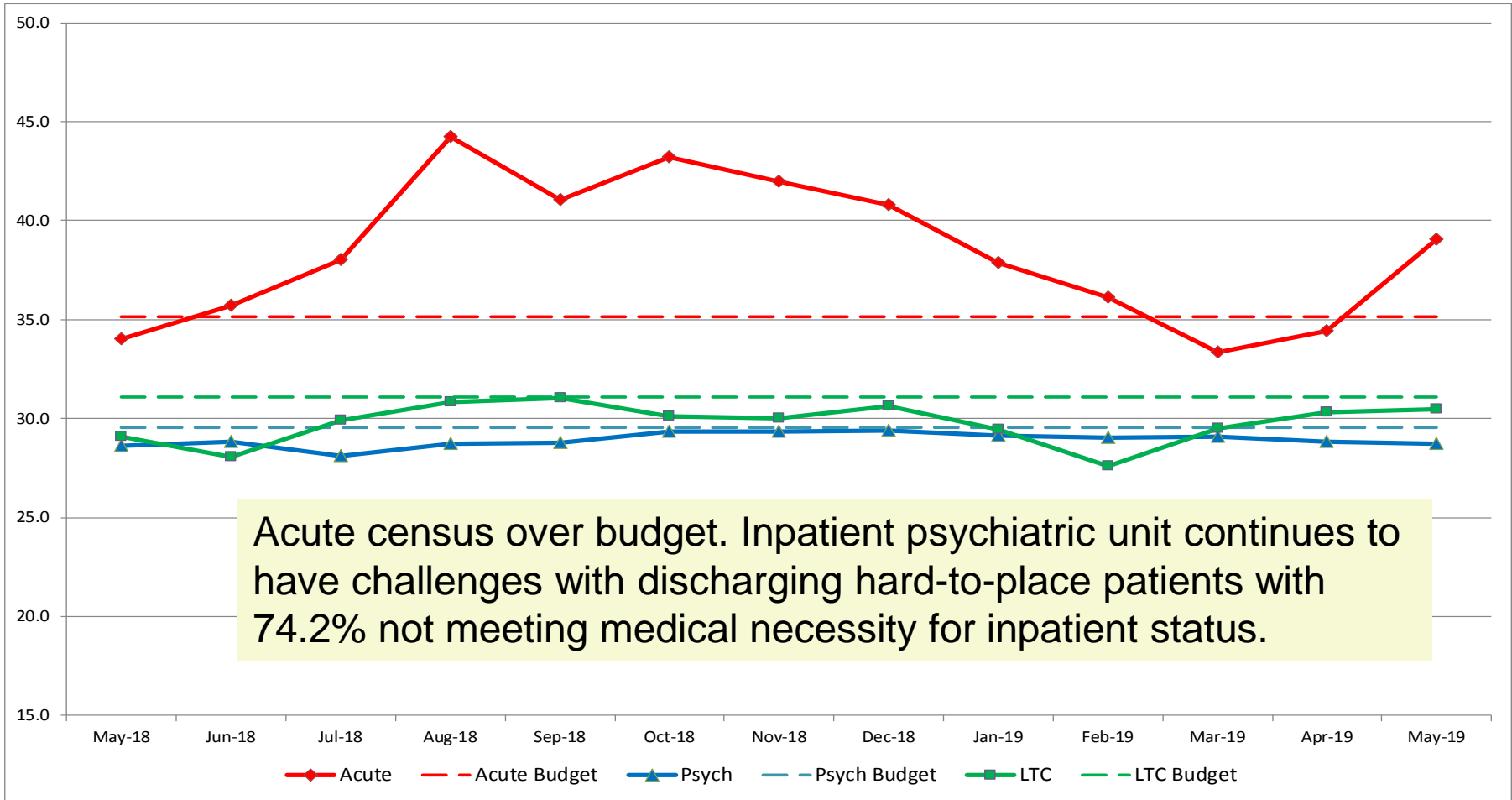
Forecast FY19: We've used \$18.1m of the YTD budgeted \$18.5m reserves, with the increase due to updated AB85 Realignment revenue estimates. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased AB85 Realignment, EPP revenue and P4P revenue.

Managed Care Membership Trend



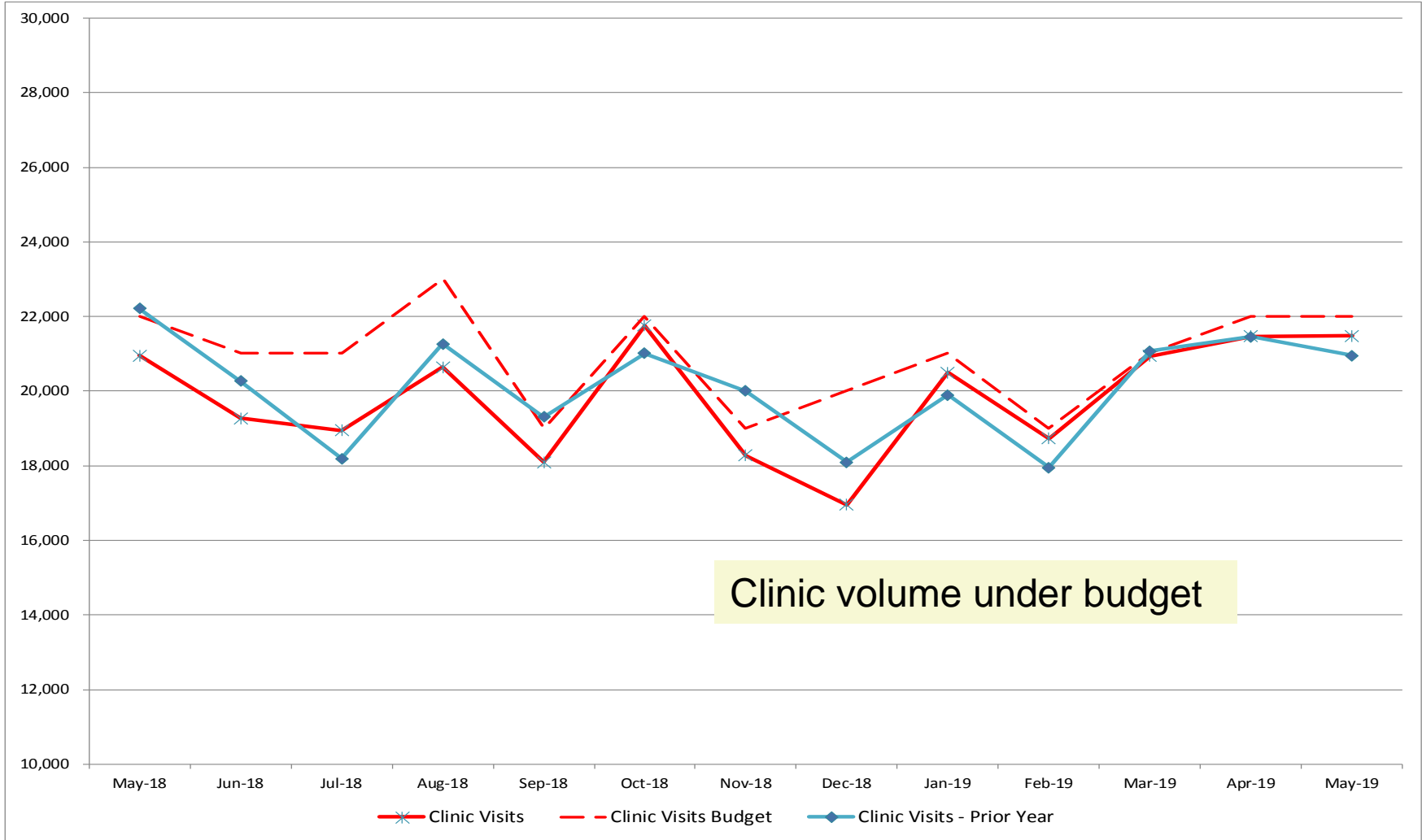
San Mateo Medical Center
Patient Days
May 31, 2019

Patient Days	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,046	2,934	112	4%	32,860	31,704	1,156	4%



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

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	21,480	22,009	(529)	-2%	217,791	229,096	(11,305)	-5%

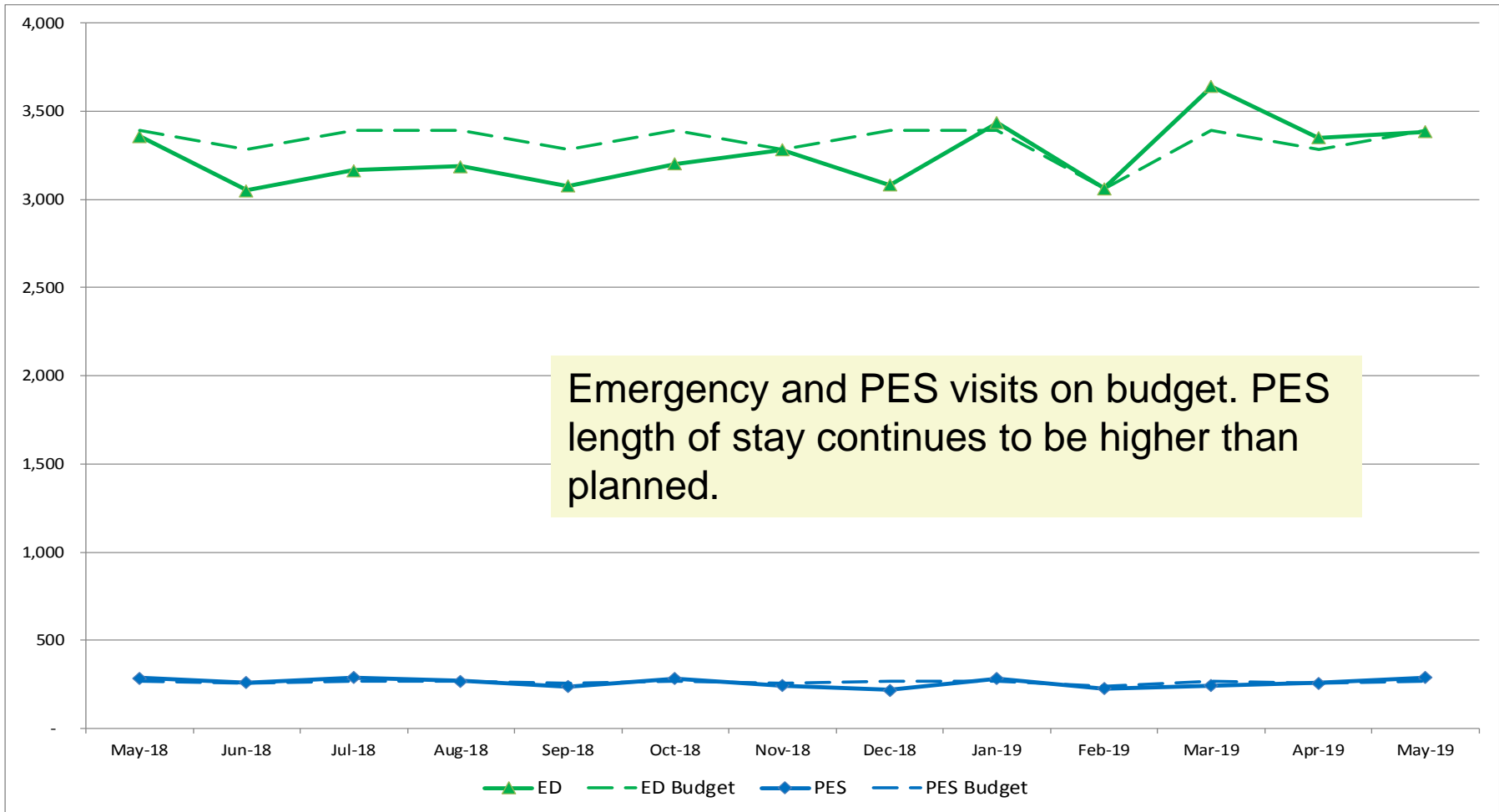


San Mateo Medical Center
Emergency Visits
May 31, 2019

MONTH			
Actual	Budget	Variance	Stoplight
3,675	3,659	16	0%

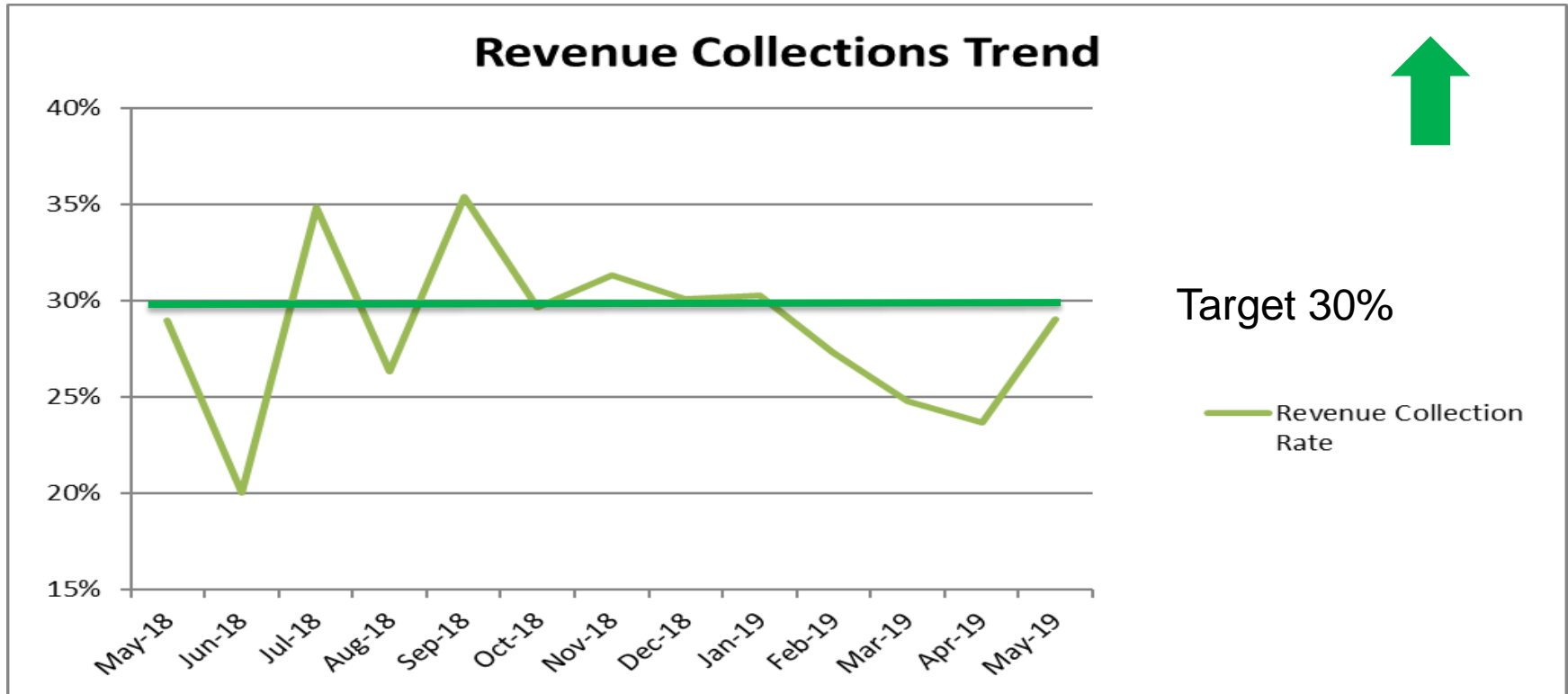
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
38,727	39,544	(817)	-2%

ED Visits	3,675	3,659	16	0%	38,727	39,544	(817)	-2%
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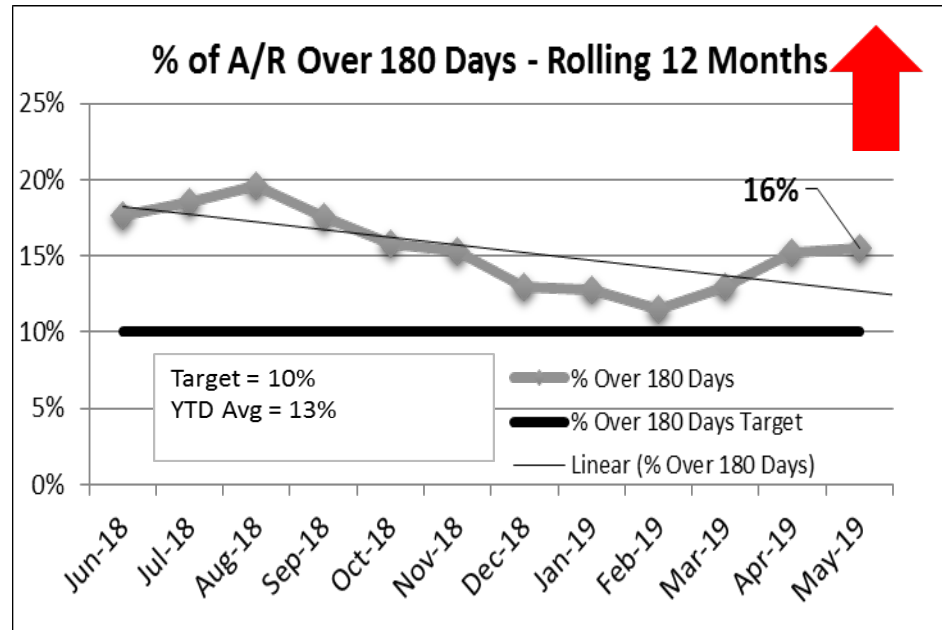
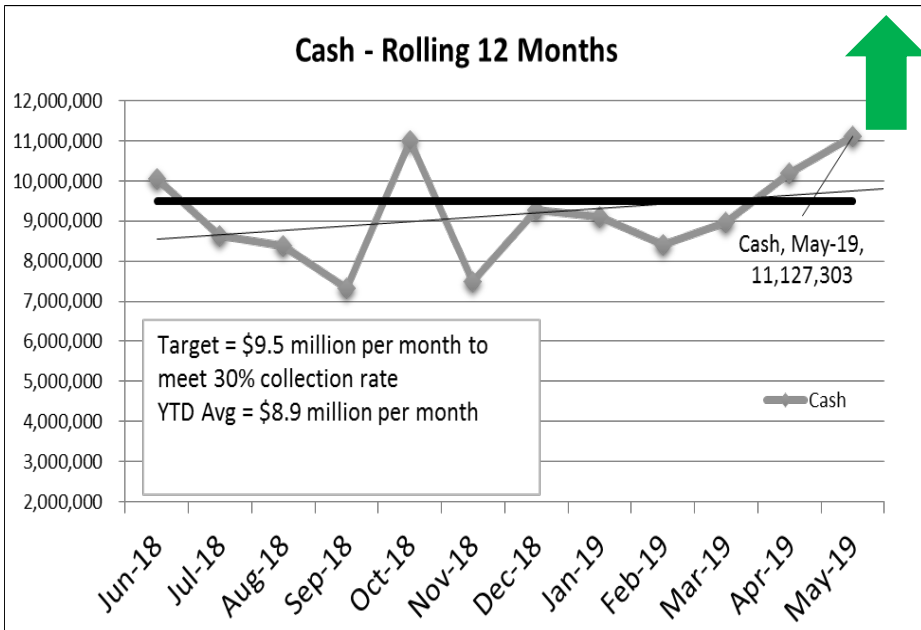
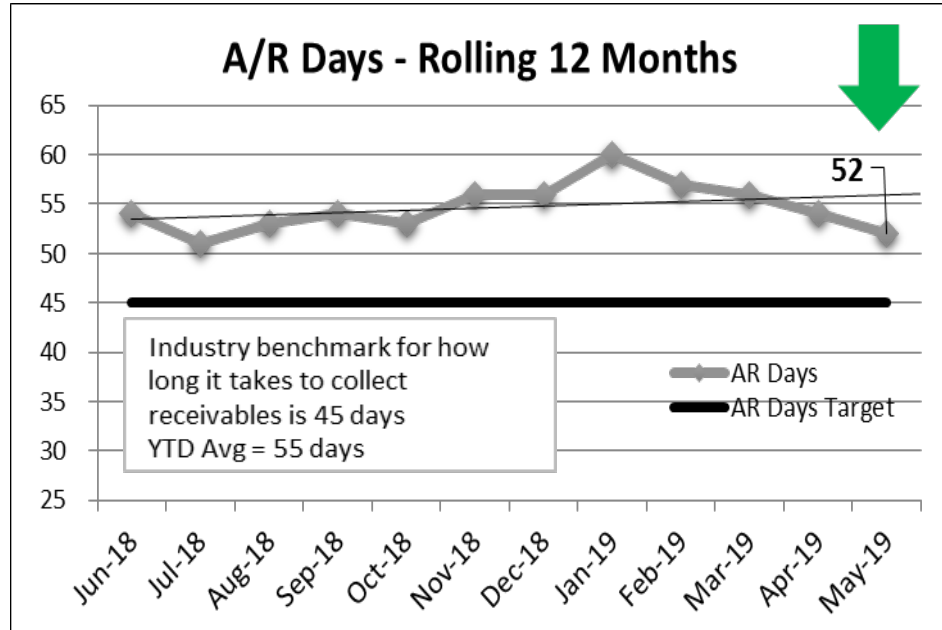
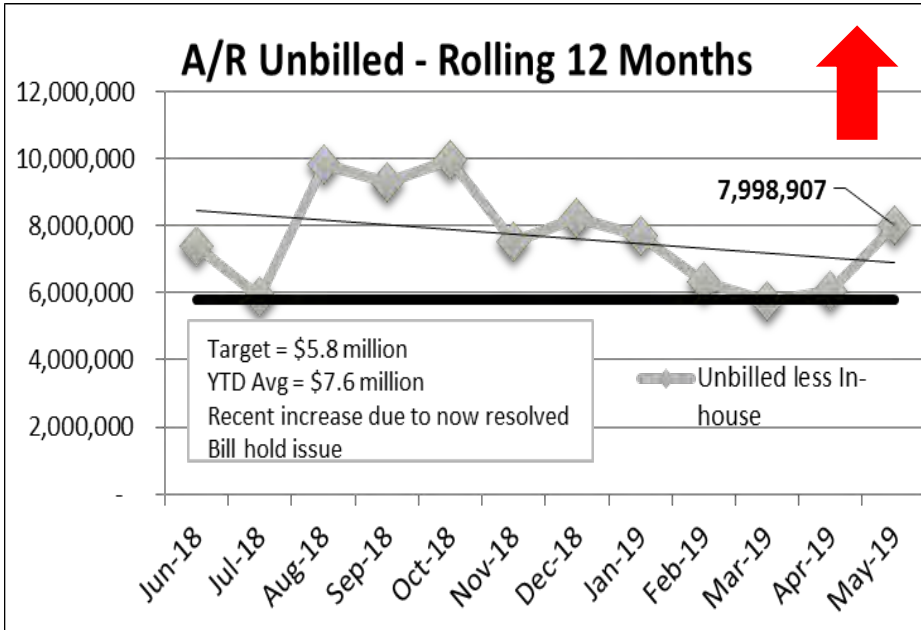
Key Performance Indicators

FFS Revenue Collection Trend



The previous upward trend was due to higher HPSM medical-surgical inpatient per diem rate. The collection rate dipped below 30% in March and April due to higher claim denials resulting from increased catch-up efforts on older accounts. The uptick in May is the result of claims denials returning to their normal levels.

Key Performance Indicators

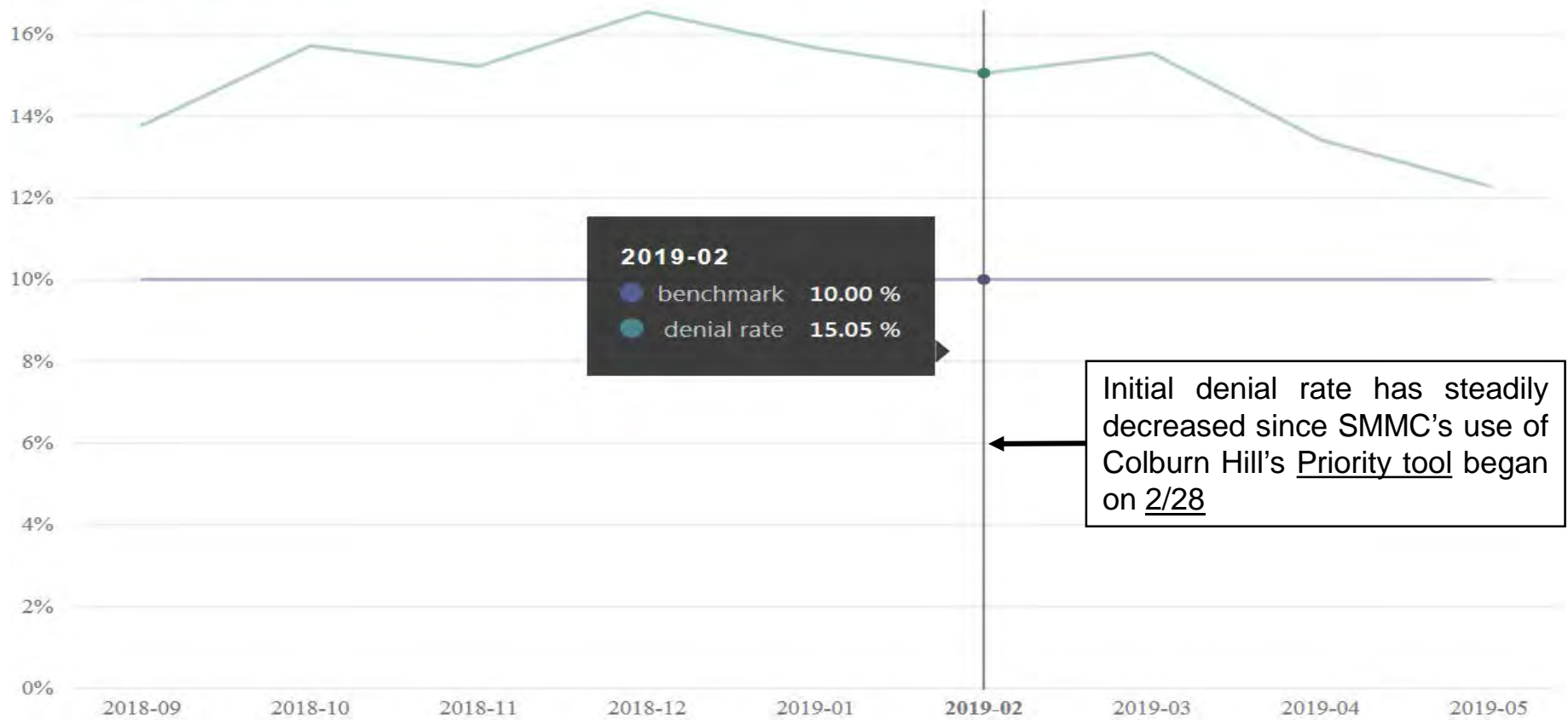




< Back to report

DENIAL RATE BY MONTH

● benchmark ● denial rate



Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ Kickoff 1/16/19 ❑ Phased Go Live targeted for 5/21-5/31
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software – live 1/8/18 ✓ CDI Specialist (CDS) contractor started 1/14/19 ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched 3/5/19 ✓ CDS staff starts July 1st ❑ Roll-out Outpatient CDI
<p><i>Accounts Receivable Follow-Up and Denials Management</i></p>	<ul style="list-style-type: none"> • Implementing Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority Go-Live 2/26/19 ✓ Denials reporting now live ❑ Hints in development ❑ Robots in development (Robotic Process Automation)
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ RFP issued and vendors selected ❑ Contract for August Board ❑ Implementation begins mid-August



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



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

San Mateo Medical Center
Income Statement
May 31, 2019

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	186,088	0	186,088		(568,587)	0	(568,587)		
2 HPSM Medi-Cal Members Assigned to SMMC	35,297	38,019	(2,722)	-7%	399,841	418,209	(18,368)	-4%	
3 Unduplicated Patient Count	68,620	70,114	(1,494)	-2%	68,620	70,114	(1,494)	-2%	
4 Patient Days	3,046	2,934	112	4%	32,860	31,704	1,156	4%	
5 ED Visits	3,675	3,659	16	0%	38,727	39,544	(817)	-2%	
7 Surgery Cases	277	278	(1)	0%	2,761	2,891	(130)	-5%	
8 Clinic Visits	21,480	22,009	(529)	-2%	217,791	229,096	(11,305)	-5%	
9 Ancillary Procedures	77,291	72,601	4,690	6%	798,677	756,591	42,086	6%	
10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 Psych Administrative Days as % of Patient Days	74.2%	80.0%	5.8%	7%	78.2%	80.0%	1.8%	2%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	161	150	11	8%	156	150	6	4%	
13 Operating Expenses PMPM	448	401	(47)	-12%	413	401	(11)	-3%	
14 Full Time Equivalents (FTE) including Registry	1,167	1,256	89	7%	1,221	1,256	35	3%	

San Mateo Medical Center
Income Statement
May 31, 2019

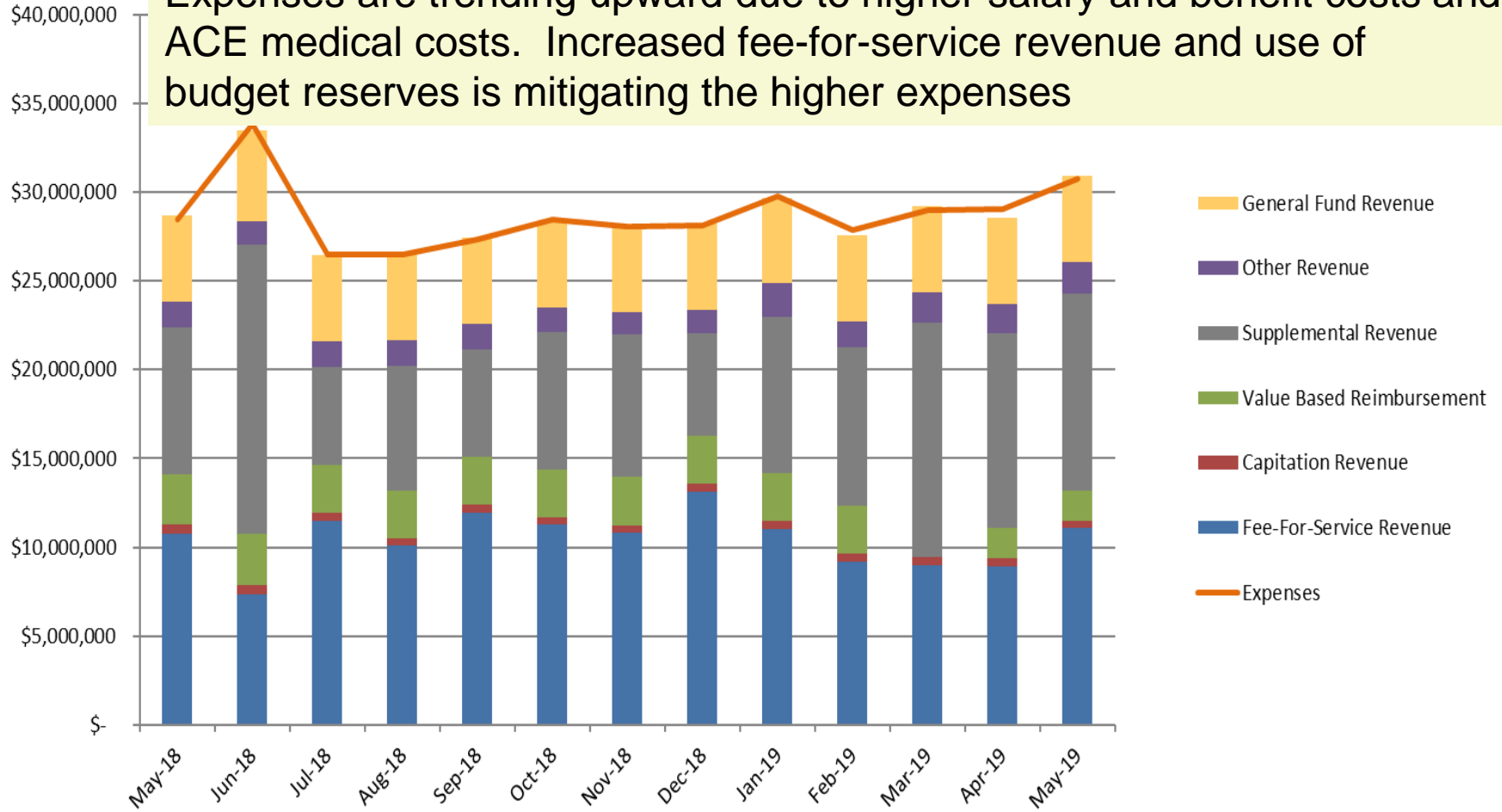
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	10,325,447	9,577,810	747,637	8%	109,796,271	105,355,909	4,440,362	4%
22 Outpatient Gross Revenue	27,777,867	25,324,704	2,453,163	10%	283,125,063	278,571,743	4,553,320	2%
23 Total Gross Revenue	38,103,314	34,902,514	3,200,800	9%	392,921,333	383,927,652	8,993,681	2%
24 Patient Net Revenue	11,063,866	10,512,930	550,936	5%	118,009,928	115,642,229	2,367,699	2%
25 Net Patient Revenue as % of Gross Revenue	29.0%	30.1%	-1.1%	-4%	30.0%	30.1%	-0.1%	0%
26 Capitation Revenue	418,155	500,000	(81,845)	-16%	4,244,659	5,500,000	(1,255,341)	-23%
27 Supplemental Patient Program Revenue (Additional payments for patients)	23,020,674	12,436,356	10,584,318	85%	136,140,435	136,799,920	(659,485)	0%
28 Total Patient Net and Program Revenue	34,502,695	23,449,286	11,053,409	47%	258,395,022	257,942,149	452,874	0%
29 Other Operating Revenue (Additional payment not related to patients)	1,512,897	1,233,153	279,744	23%	12,661,391	13,564,685	(903,294)	-7%
30 Total Operating Revenue	36,015,592	24,682,439	11,333,153	46%	271,056,413	271,506,834	(450,421)	0%

San Mateo Medical Center
Income Statement
May 31, 2019

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
Operating Expenses									
31	Salaries & Benefits	17,671,200	16,448,653	(1,222,548)	-7%	180,395,535	180,935,178	539,644	0%
32	Drugs	1,182,998	806,645	(376,353)	-47%	8,803,797	8,873,100	69,303	1%
33	Supplies	1,278,574	954,099	(324,475)	-34%	10,447,717	10,495,087	47,371	0%
34	Contract Provider Services	4,068,325	3,596,496	(471,829)	-13%	41,161,413	39,561,458	(1,599,956)	-4%
35	Other fees and purchased services	4,682,934	4,575,407	(107,527)	-2%	49,787,746	50,329,482	541,736	1%
36	Other general expenses	644,575	532,070	(112,505)	-21%	7,516,306	5,852,770	(1,663,536)	-28%
37	Rental Expense	190,471	196,247	5,776	3%	2,103,572	2,158,720	55,148	3%
38	Lease Expense	825,358	825,358	-	0%	9,078,933	9,078,933	-	0%
39	Depreciation	189,558	189,760	202	0%	2,083,352	2,087,357	4,005	0%
40	Total Operating Expenses	30,733,994	28,124,735	(2,609,259)	-9%	311,378,370	309,372,085	(2,006,285)	-1%
41	Operating Income/Loss	5,281,599	(3,442,296)	8,723,895	253%	(40,321,957)	(37,865,251)	(2,456,706)	-6%
42	Non-Operating Revenue/Expense	(9,938,979)	(1,401,173)	(8,537,807)	-609%	(13,524,783)	(15,412,901)	1,888,119	12%
43	Contribution from County General Fund	4,843,468	4,843,468	0	0%	53,278,153	53,278,153	0	0%
44	Total Income/Loss (GAAP)	186,088	0	186,088	0%	(568,587)	0	(568,587)	0%
	(Change in Net Assets)								

Revenue & Expense Trend

Expenses are trending upward due to higher salary and benefit costs and ACE medical costs. Increased fee-for-service revenue and use of budget reserves is mitigating the higher expenses

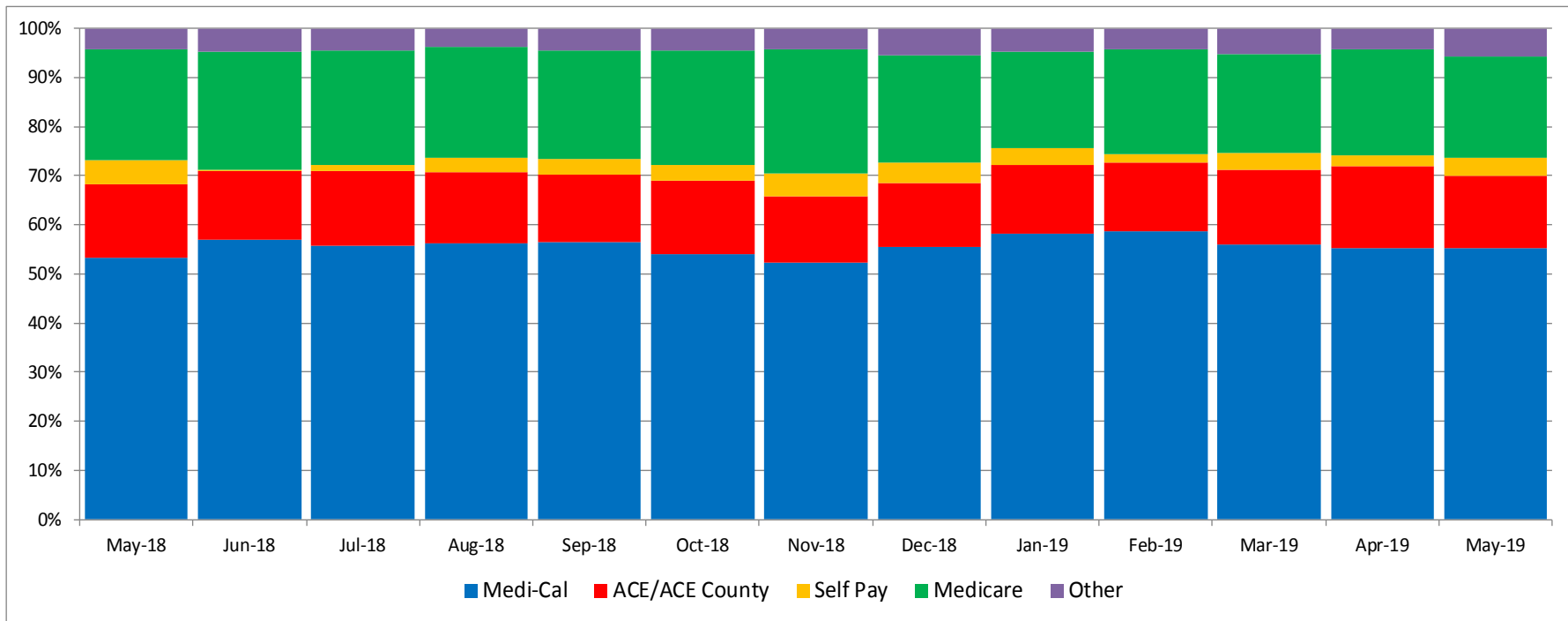


Note: the spike in June was due to end of year payments for the Whole Person Care program

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

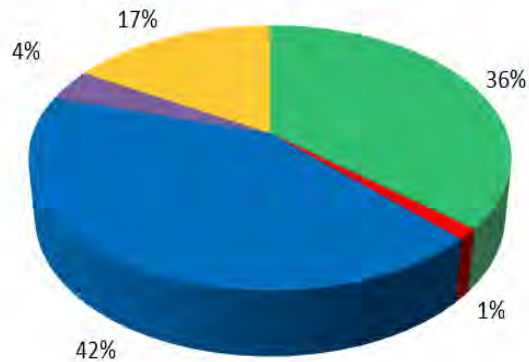
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	20.5%	21.0%	-0.5%	
Medi-Cal	55.2%	58.0%	-2.8%	
Self Pay	3.9%	2.0%	1.9%	
Other	5.7%	5.0%	0.7%	
ACE/ACE County	14.7%	14.0%	0.7%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.9%	21.0%	0.9%	
Medi-Cal	55.7%	58.0%	-2.3%	
Self Pay	3.1%	2.0%	1.1%	
Other	4.7%	5.0%	-0.3%	
ACE/ACE County	14.5%	14.0%	0.5%	
Total	100.0%	100.0%		



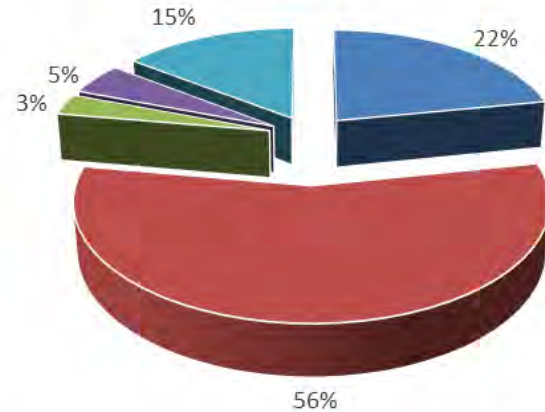
Revenue Mix

Sources of Revenue



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

Payor Mix



■ Medicare ■ Medi-Cal ■ Self Pay ■ Other ■ ACE

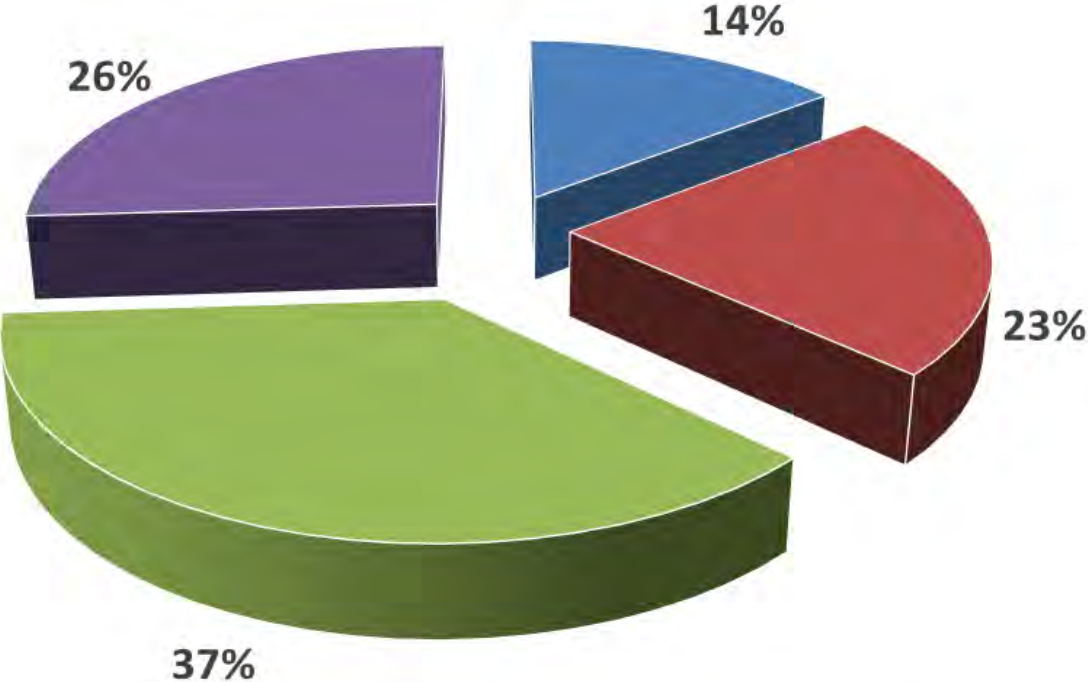
Health Plan of San Mateo (HPSM) represents 21% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

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.

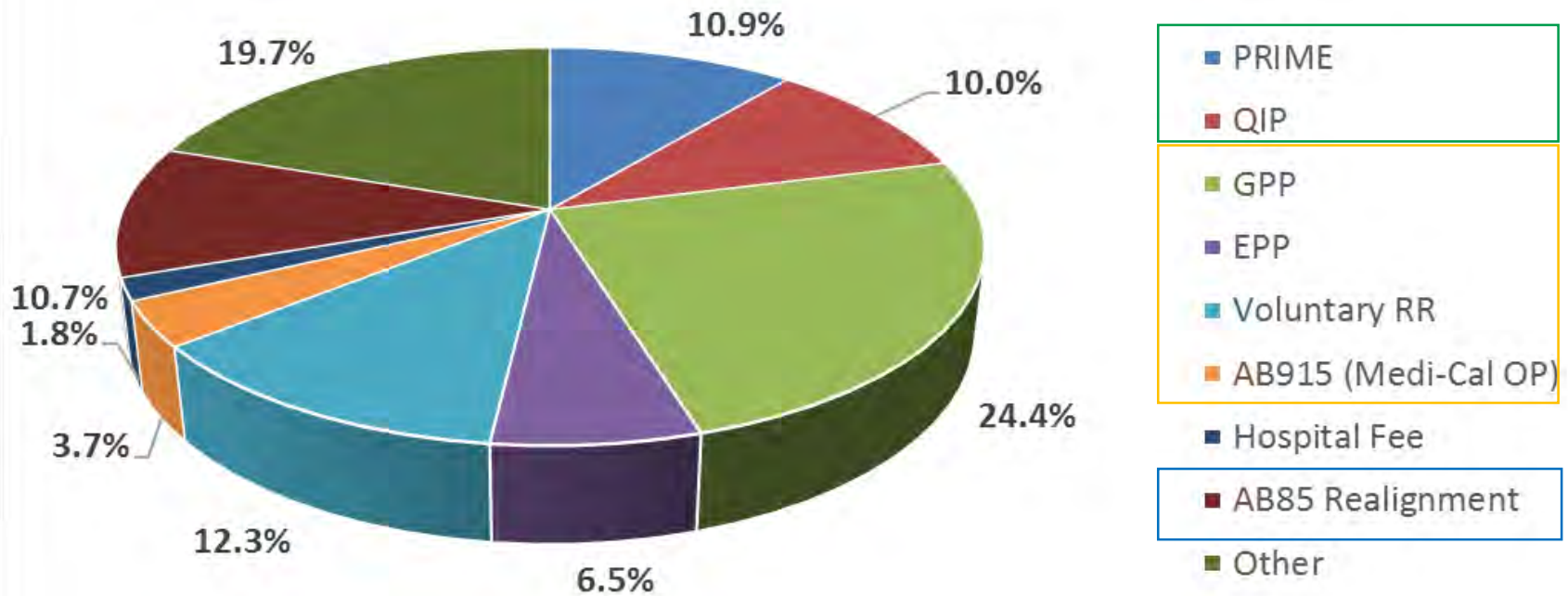
NO commercial contracts

Revenue Mix by Service Line



■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services

Supplemental Revenue Mix

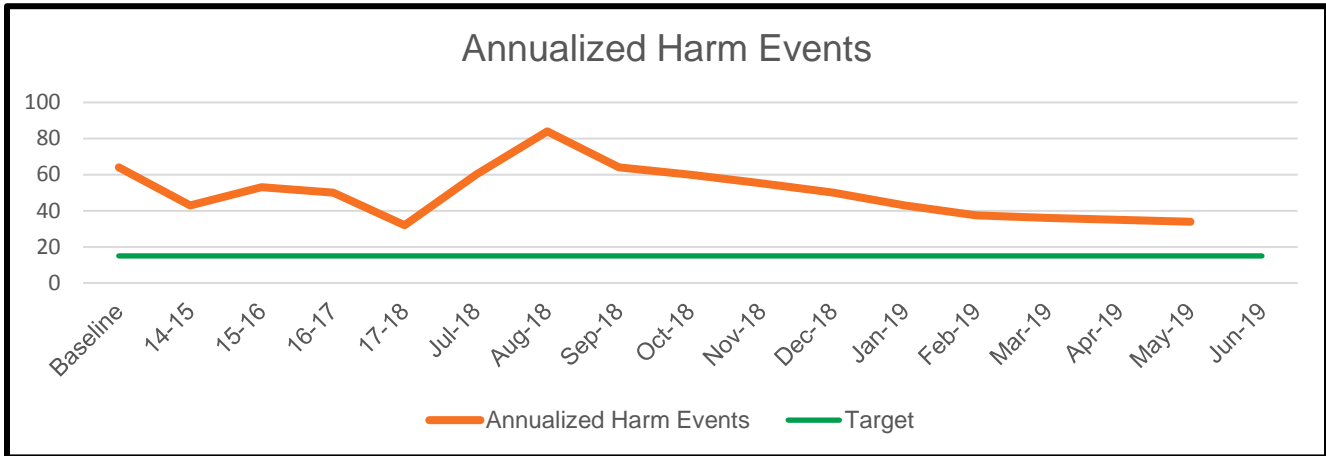


- **Value-Based** programs represent 20.9% of our Supplemental Revenue
- **Volume-Based** programs represent 79.1% of our Supplemental Revenue

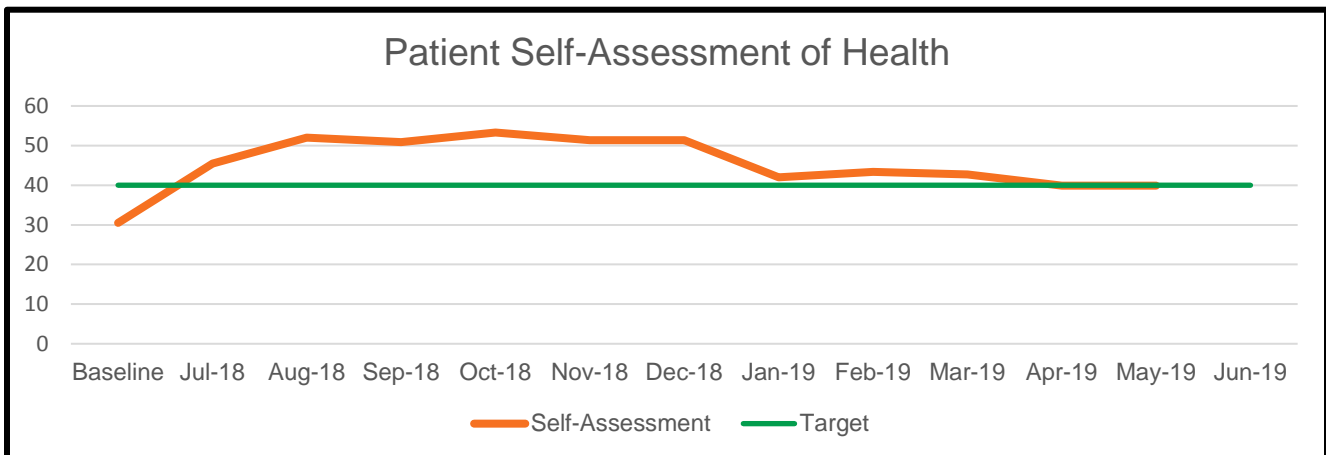
CEO REPORT

July 2019

EXCELLENT CARE METRICS

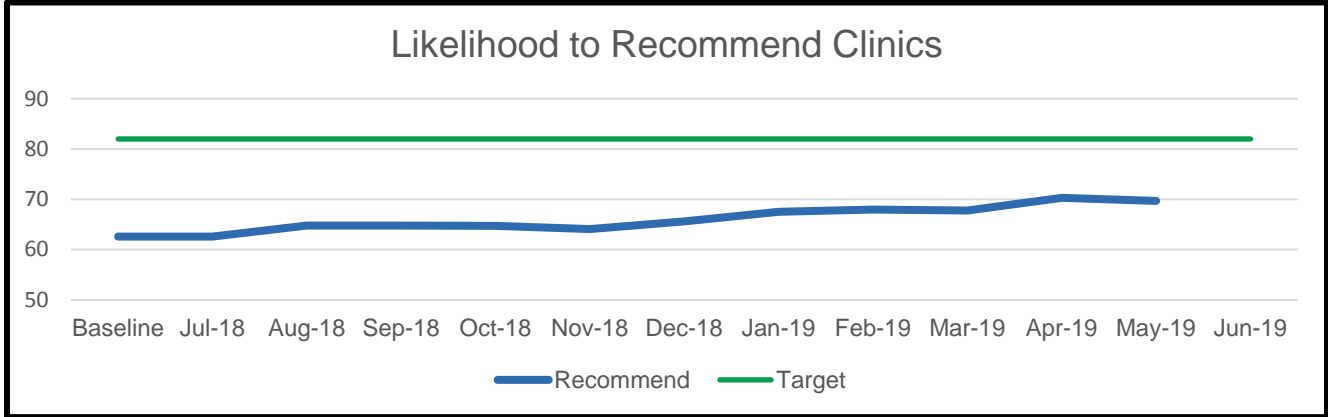


Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e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

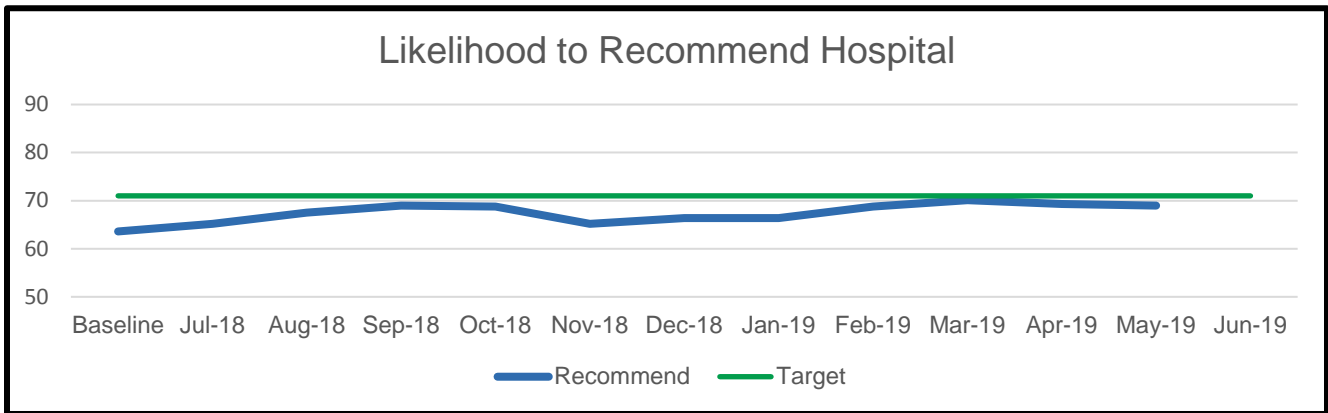


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

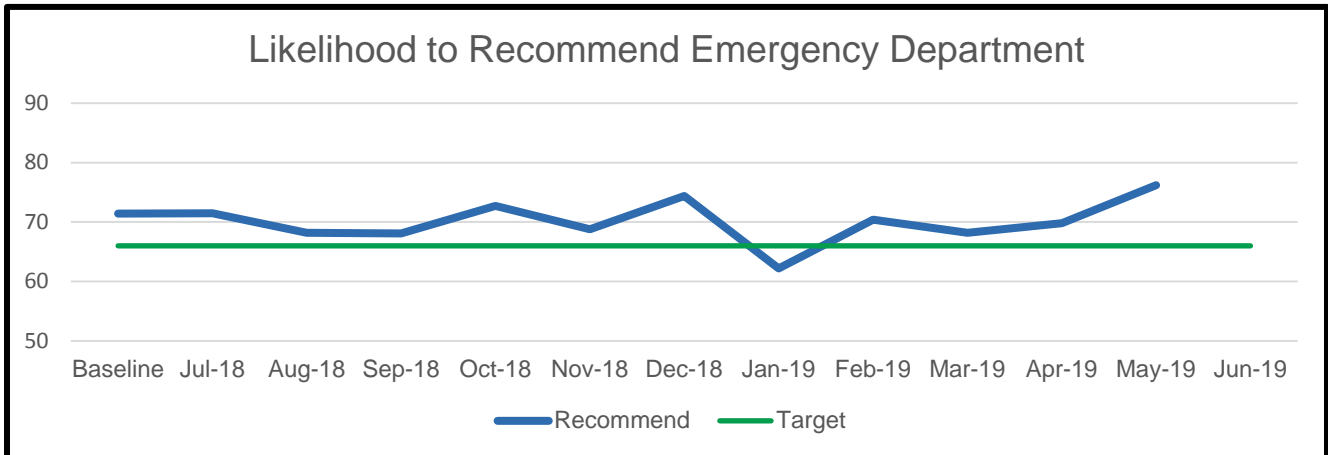
PATIENT CENTERED CARE METRICS



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.**

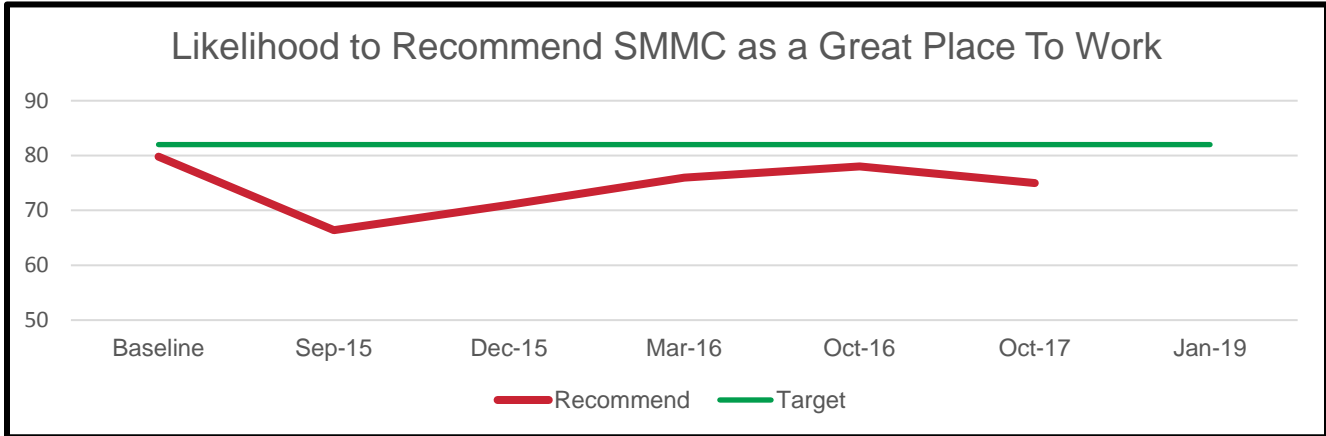


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



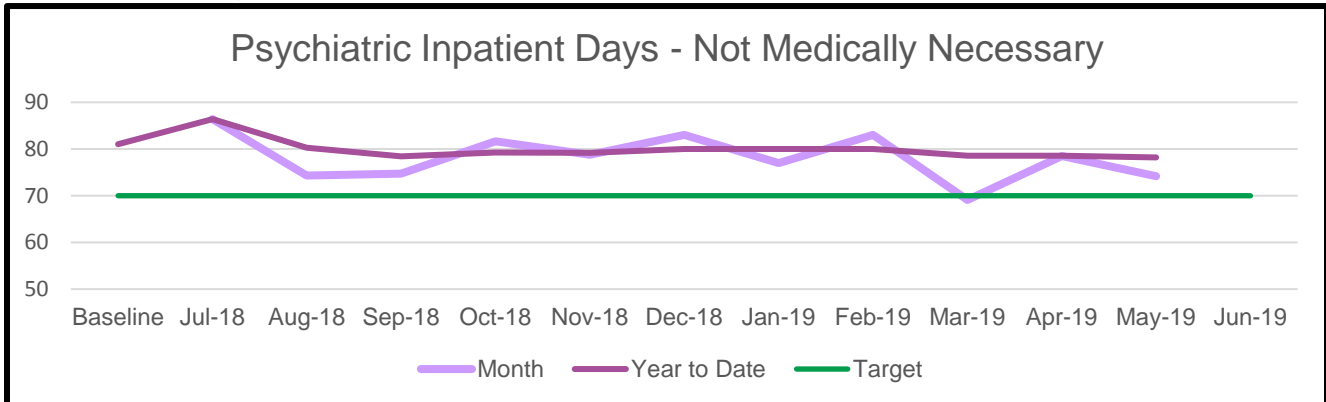
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

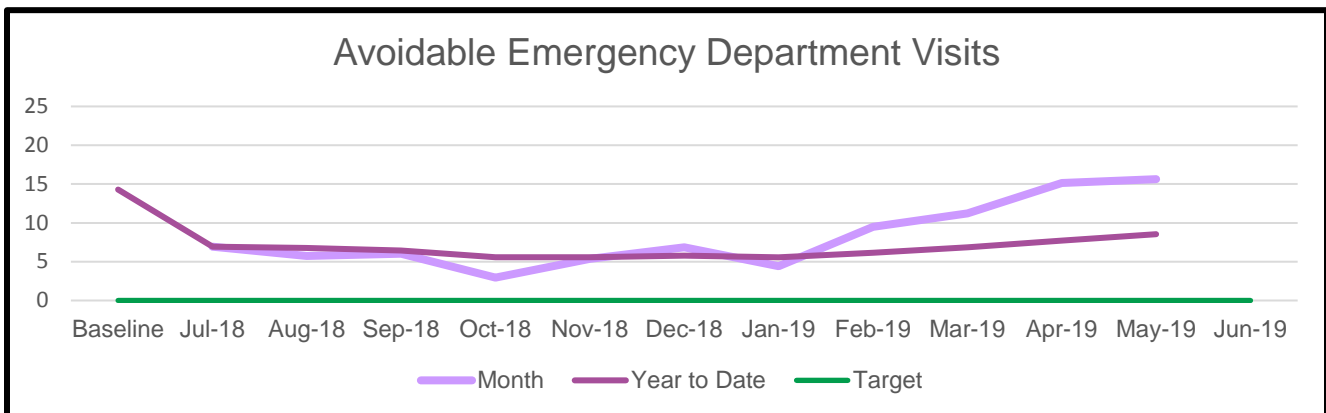


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



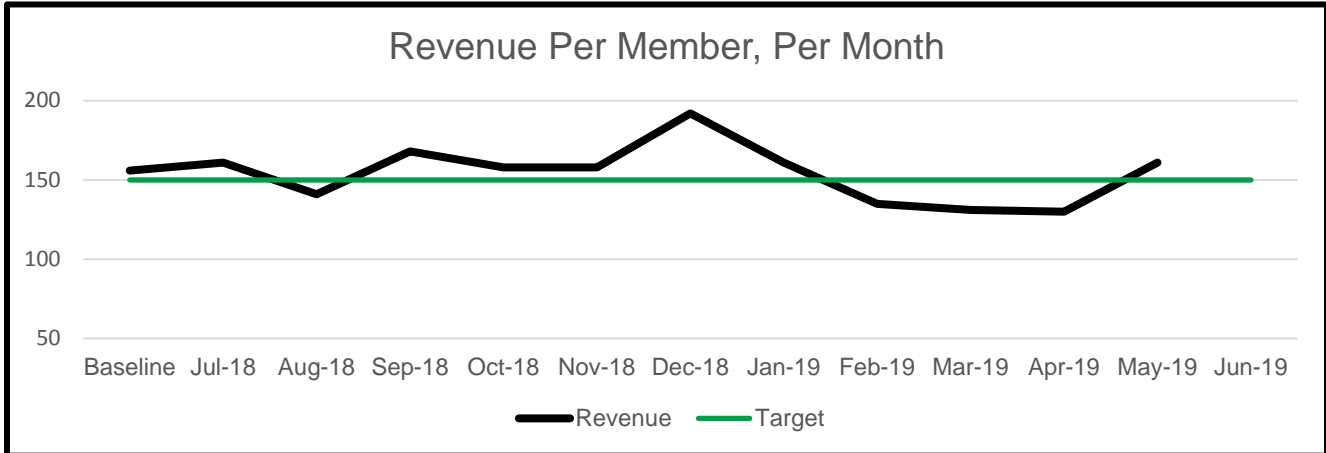
Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



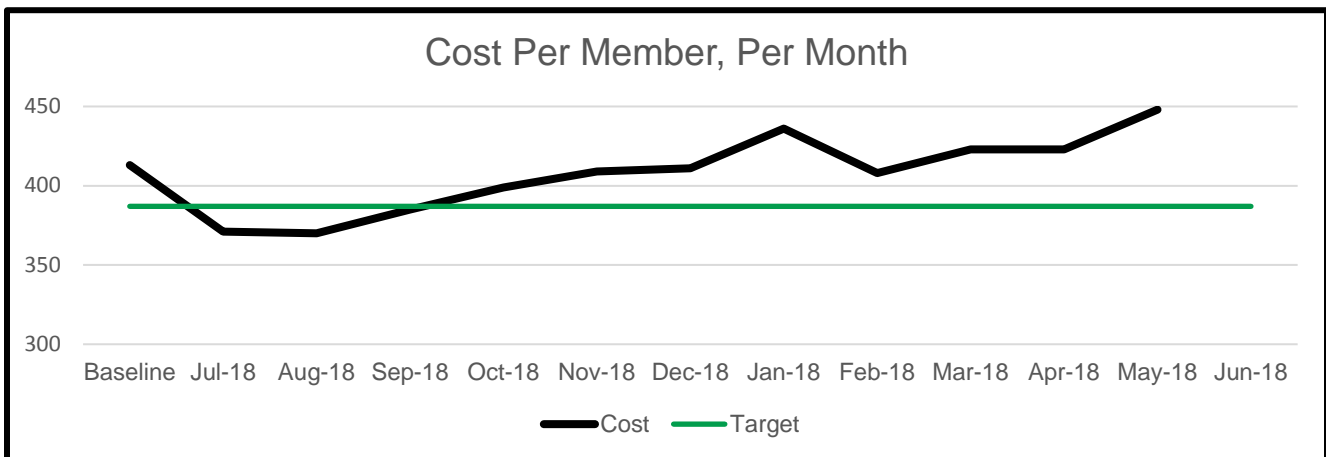
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



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



Partnership Supports Pregnant and Postpartum Women - SMMC's Fair Oaks Health Center (FOHC) partners with Family Health's Women, Infants and Children (WIC) Program to provide important breastfeeding resources and support to moms in Redwood City. WIC sites are not always located in SMMC clinics, which can sometimes become a barrier to participation in the program. Because of this gap, FOHC and WIC partnered to bring the resources directly to our patients. WIC visits the clinic once a month to talk with pregnant women or newly postpartum women to ensure they remain active in the WIC program and are receiving the best nutritional care during critical growth periods. WIC also provides the FOHC OBGYN/Pediatric team with important breastfeeding resources and support! We are grateful for the partnership and have seen the positive impact on our patients and care providers. *(Pictured Above Left: WIC staff presenting resources at FOHC)*

San Mateo County Health Foundation Participates in Hillsborough Memorial Day Parade - On Memorial Day, members of the San Mateo County Health Foundation (SMCHF) Board of Directors and staff from SMMC participated in the Hillsborough Memorial Day Parade. Thank you to Dr. Ann Marie Silvestri and driver Jose Mora for making it possible to include the Mobile Dental Van in the parade. It was a great way to get the word out about the amazing work at SMMC. Thank You to SMCHF Executive Director Leslie Williams-Hurt, SMCHF Board Chair Paul Rogerville and Dr. Grace Hassid for making it a highly successful event. *(Above Right: (From L to R) SMCHF Board Member Ron Duncanson, Dr. Ann Marie Silvestri, Dr. Grace Hassid, SMCHF Board Chair Paul Rogerville, SMMC CEO Dr. CJ Kunnappilly, and Dr. Tom Ellerhorst)*

SMMC Staff Identify Ways to Improve Efficiency and Lower Costs - Leann Barthell, Lab Assistant II in SMMC Laboratory Services recognized a more efficient way to order supplies for fecal occult blood testing. This proposed change is projected to save the organization \$24, 000 in acquisition costs. Thanks Leann!

SMMC Excels in Kaiser PHASE Collaborative - SMMC participates in the PHASE (Preventing Heart Attacks and Strokes Every Day) Collaborative sponsored by Kaiser Permanente. The collaborative focuses on increasing the use of specific medication regimens and other interventions that have been shown to reduce the risk of strokes and heart attacks. Since the beginning of 2017, SMMC has seen its rate of statin use (medications to reduce cholesterol) in diabetics rise from 75.2% to 89.6%. During that same time, the use of preferred anti-

hypertensive agents in diabetics has risen from 71.2% to 76.7% and the use of both types of medications in concert has risen from 59.1% to 71.4%. Congratulations to everyone involved in these improvement efforts.

Transformation 2021 - Operational and Financial Transformation Engagement - Navigant recently completed the Discovery phase of the Transformation 2021 (T2021) engagement. During this phase, Navigant met with many key stakeholders across SMMC and SMC Health to get a deeper understanding of our organization and our priorities, challenges and opportunities through interviews, conducting workflow observations and analyzing operational and financial data. They also met with the LEAP Institute to understand our tools and methodologies for improvement work to ensure integration into the project and the continued development of our staff. This work will help Navigant identify how best to support our strategic and operational improvement initiatives. Navigant presented their Discovery phase findings and recommendations to the T2021 Executive Steering Committee (ESC) on June 12th. There were no drastic discoveries and they confirmed we are on the right track with our strategic initiatives and have recommendations on how we can advance our work farther, faster. They also identified other areas for operational improvement opportunities.

The next phase will be to develop improvement charters for each recommended focus area within the five coordinated work streams, resulting in very detailed work plans with financial projections and metrics to measure performance and results. Each work stream owner will work with staff, the LEAP Institute and their Navigant support member to develop these work plans over the next several months for presentation to the ESC for approval before execution begins.

Key Activities	Month 2			Month 3			Month 4		
Confirm governance and reporting channels	Leadership								
Determine / confirm / execute approaches that will drive desired outcomes; Quick wins	All Focus Areas								
Align resources, Finalize project plans and oversight	All Focus Areas								
Collaborate with and support initiative owners	All Focus Areas and workstream leadership								
Prioritize and align activities with SMMC financial targets	Workstream leadership								

eCare Next Goes Live - Our Experian Health's software solution to improve registration accuracy had a successful go-live in all departments in four phases during the period June 11th-June 20th. The Experian team and the Trifecta project management team said this was one of the most successful go-lives they have been involved with, demonstrated by the engagement, enthusiasm and commitment from all members of our implementation team and front-line staff. Kudos to everyone involved!

HPSM – Benchmark P4P Program Results - SMMC will be receiving its first bonus payment under the Health Plan of San Mateo's new Benchmark Pay for Performance program in the amount of \$421K for 2018 performance results. The program is designed to award participating providers for improving population health outcomes for its members. The program applies to HPSM members assigned to SMMC clinics for primary care who meet the measurement criteria. Bonus payments are contingent on meeting benchmarks for assigned quality metrics by

the end of the calendar year. SMMC plans to build on this success by continuing to participate in the program in calendar year 2019. The program has been modified slightly to measure performance on a system-wide basis, rather than clinic by clinic, allowing SMMC to maximize the return on its efforts to improve population health across the system. The P4P program measures the following quality metrics:

2018 PERFORMANCE MEASURES	2019 PERFORMANCE MEASURES
Cervical Cancer Screening	Cervical Cancer Screening
Diabetes Medical Attention for Nephropathy Screening	Diabetes Medical Attention for Nephropathy Screening
Encounter Threshold (Average number of primary care encounters)	Encounter Threshold
Immunization for Adolescents	Immunization for Adolescents
Initial Health Assessments	Asthma Medication Ratio
Mammogram for Breast Cancer Screening	Mammogram for Breast Cancer Screening
Weight Assessment and Counseling for Children/Adolescents	Weight Assessment and Counseling for Children/Adolescents

Improving Self-Pay Collections - SMMC is proposing to streamline collections on self-pay patient accounts in an effort to increase the dollars received. We plan to do this by using vendors knowledgeable in healthcare related collections that can provide more focused resources and that have a greater subject matter expertise. SMMC selected two vendors through an RFP process, with one vendor handling the early stages of self-pay accounts and a second vendor handling accounts that have moved into bad debt status. We are currently negotiating contractual terms and expect contracts will be presented to the Board of Supervisors in August. Overall, our goal is for these efforts to ultimately result in fewer patients being sent to bad debt collections, while increasing our cash collections improving patient experience, and decreasing costs. SMMC will continue to support our patients through our financial assistance programs when the cost of their care becomes a financial hardship.

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	21,977	-7.39%	4.82%
SMMC Emergency Department Visits	3,675	1.77%	6%
New Clients Awaiting Primary Care Appt.	224	4.67%	-43.15%

This month's June Snapshot focuses on the emergency preparedness efforts within San Mateo County Health. The workshops and activities offered, and awards received demonstrate the ongoing development and coordination for disaster planning and the ability to assist the public.

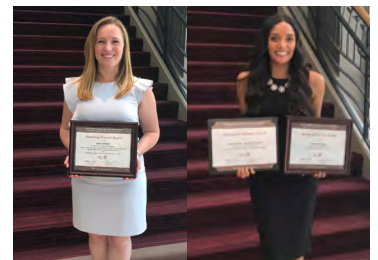
Disaster workshop held by Emergency Medical Services to streamline regional decision making

San Mateo County Health Emergency Medical Services (EMS) held a one-day workshop of the Region II Medical and Health Multi-Agency Coordination (MAC) to streamline regional decision making on medical and health policy and distribution of scarce resources during emergencies that impact multiple areas. Workshop participants included health officers, emergency medical services directors, and public information officers from twelve counties across Region II, along with representatives from the California Department of Public Health, Department of Homeland Security and Federal Bureau of Investigation. Participants completed a tabletop exercise to test MAC processes and coordinate regional decision making about the effects of wildfire smoke on health policy and resource allocation. The Region II Medical and Health MAC Project will continue to enhance communication across regions and promote collaboration during disasters.



Two EMS staff honored with state-level awards

Two Emergency Medical Services (EMS) staff, Emma Hunter and Karishma Patel, were honored with state level awards from this year's Emergency Preparedness Training Workshop held by the California Department of Public Health (CDPH) Office of Emergency Preparedness in Sacramento. Hunter received the Promising Practice Award for her work on the county's Continuity of Operations Plan (COOP) and the San Mateo County Health field guide for addressing the medical and behavioral health needs of sheltered populations. Patel received the Rookie of the Year Award for her work on the San Mateo County Healthcare Coalition. Both Hunter and Patel's efforts will continue to help EMS and all County departments to strengthen partnerships, preparedness, and response for public health emergencies.



Public Information Officer Workshop prepares staff to support communications efforts in emergencies

San Mateo County Health offered a Public Information Officer (PIO) workshop for Health staff, including participants from Behavioral Health and Recovery Services, Communications, Correctional Health Services, Environmental Health Services, Family Health Services, LEAP Institute, and Public Health, Policy and Planning in conjunction with the EMS disaster preparedness team. The introductory communications and emergency management workshop was led by Karen Terrill of the Media Survival Group, who is a FEMA-certified trainer for the Governor's Office of Emergency Services (CalOES). The workshop covered how counties and health departments respond to emergencies, such as the wildland fires that devastated Sonoma and Butte Counties. Additionally, participants were taught how to prepare effective messages for public release and practiced on-camera exercises to provide the necessary media engagement to support communications efforts in an emergency.

