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
AGENDA

A. CALL TO ORDER

B. CLOSED SESSION
   Items Requiring Action
   1. Medical Staff Credentialing Report  Dr. Julie Hersk
   2. Quality Report  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
   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

<table>
<thead>
<tr>
<th>Board Members Present</th>
<th>Staff Present</th>
<th>Members of the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Carole Groom</td>
<td>Michelle Lee</td>
<td>Cecilia Diaz</td>
</tr>
<tr>
<td>Mike Callagy</td>
<td>David McGrew</td>
<td>Karen Pugh</td>
</tr>
<tr>
<td>Louise Rogers</td>
<td>Dr. Susan Fernyak</td>
<td>Lillian Lilles</td>
</tr>
<tr>
<td>Dr. CJ Kunnappilly</td>
<td>Dr. Alpa Sanghavi</td>
<td>Leslie Williams-Hurt</td>
</tr>
<tr>
<td>Dr. Julie Hersk</td>
<td>Joan Spicer</td>
<td>Gabriela Behn</td>
</tr>
<tr>
<td>Dr. Gordon Mak</td>
<td>Brighton Ncube</td>
<td>John Jurow</td>
</tr>
<tr>
<td>Deborah Torres</td>
<td>Peggy Jensen</td>
<td>Scott Gilman</td>
</tr>
<tr>
<td></td>
<td>Aimee Armsby</td>
<td>Rachel Daly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order</td>
<td>Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.</td>
<td></td>
</tr>
<tr>
<td>Reconvene to Open Session</td>
<td>The meeting was reconvened at 8:12 AM to Open Session. A quorum was present (see above).</td>
<td></td>
</tr>
<tr>
<td>Report out of Closed Session</td>
<td>Medical Staff Credentialing Report for June 3, 2019. QIC Minutes from April 23, 2019. Medical Executive Committee Minutes from May 14, 2019.</td>
<td>Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.</td>
</tr>
<tr>
<td>Public Comment</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Foundation Report</td>
<td>On Memorial Day, the Foundation participated in the 10th Annual Hillsborough Memorial Day Parade. We distributed toothpaste packets and parade watchers had a chance to see the SMMC Dental Van up close. The 15th Annual Golf Tournament will be held at Sharon Heights Golf and Country Club on July 29, 2019.</td>
<td>FYI</td>
</tr>
</tbody>
</table>
| 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 |
| **Respiratory Care Services** | RCS is a 24/07 department with 22 staff who provide inpatient and outpatient services. Respiratory Care Services Provided  
• 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)  

Patient Volumes have been increasing steadily. 2017=29,430. 2018=34,869. 2019=est. 39,000. | FYI |
| Health Care for the Homeless/Farmworker Health Program | 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.  
• 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 | FYI |
| Laura’s Law Services Update, Assisted Outpatient Treatment | 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. | FYI |
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:
- 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

BHRS AOT Services provides:
- Engagement
- Needs and qualifications assessment
- Temporary case management
- Court petitions, if warranted
- Warm hand-offs

A Full Service Partnership (FSP) provides:
- 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

Client referral outcomes since inception to December 31, 2018:
Info calls and referrals = 491
Referred = 404
Enrolled FSP = 76
Disenrollment FSP = 34

Financial Report
David McGrew, CFO
The April FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board.

CEO Report
Dr. CJ Kunnappilly
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.

County Health Chief Report
Louise Rogers
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.

County Manager
Mike Callagy
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.
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

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
BOARD OF DIRECTORS
SAN MATEO MEDICAL CENTER

Financial Report: May FY18-19
July 1, 2019

Presenter: David McGrew, CFO
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

Spike in FY14 & FY15 due to Medi-Cal expansion under ACA. 4% decline since the peak in FY17.
Acute census over budget. Inpatient psychiatric unit continues to have challenges with discharging hard-to-place patients with 74.2% not meeting medical necessity for inpatient status.
San Mateo Medical Center
Clinic Visits
May 31, 2019

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visits</td>
<td>21,480</td>
<td>22,009</td>
<td>(529)</td>
<td>-2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR TO DATE</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visits</td>
<td>217,791</td>
<td>229,096</td>
<td>(11,305)</td>
<td>-5%</td>
</tr>
</tbody>
</table>

Clinic volume under budget
Emergency and PES visits on budget. PES length of stay continues to be higher than planned.
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

**A/R Unbilled - Rolling 12 Months**
- Target = $5.8 million
- YTD Avg = $7.6 million
- Recent increase due to now resolved bill hold issue
- Unbilled less in-house
- 7,998,907

**A/R Days - Rolling 12 Months**
- Industry benchmark for how long it takes to collect receivables is 45 days
- YTD Avg = 55 days
- AR Days Target
- 52

**Cash - Rolling 12 Months**
- Target = $9.5 million per month to meet 30% collection rate
- YTD Avg = $8.9 million per month
- Cash, May-19, 11,127,303

**% of A/R Over 180 Days - Rolling 12 Months**
- Target = 10%
- YTD Avg = 13%
- 16%
Initial denial rate has steadily decreased since SMMC’s use of Colburn Hill’s Priority tool began on 2/28.
## Revenue Improvement Plan

### Executive Summary

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
</table>
| **Registration Accuracy**                       | • Implementing eCareNEXT - registration quality software  
✓ Kickoff 1/16/19  
☒ Phased Go Live targeted for 5/21-5/31 |
| **Clinical Documentation Improvement (CDI)**    | ✓ 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 |
| **Accounts Receivable Follow-Up and Denials Management** | • Implementing Colburn Hill automated patient account follow-up software  
✓ Priority Go-Live 2/26/19  
✓ Denials reporting now live  
☒ Hints in development  
☒ Robots in development (Robotic Process Automation) |
| **Self-Pay Collections**                        | ✓ RFP issued and vendors selected  
☒ Contract for August Board  
☒ Implementation begins mid-August |
APPENDIX
# San Mateo Medical Center
## Income Statement
### May 31, 2019

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income/Loss (GAAP)</strong></td>
<td>186,088</td>
<td>0</td>
<td>186,088</td>
<td></td>
</tr>
<tr>
<td><strong>HPSM Medi-Cal Members Assigned to SMMC</strong></td>
<td>35,297</td>
<td>38,019</td>
<td>(2,722)</td>
<td>-7%</td>
</tr>
<tr>
<td><strong>Unduplicated Patient Count</strong></td>
<td>68,620</td>
<td>70,114</td>
<td>(1,494)</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Patient Days</strong></td>
<td>3,046</td>
<td>2,934</td>
<td>112</td>
<td>4%</td>
</tr>
<tr>
<td><strong>ED Visits</strong></td>
<td>3,675</td>
<td>3,659</td>
<td>16</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Surgery Cases</strong></td>
<td>277</td>
<td>278</td>
<td>(1)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Clinic Visits</strong></td>
<td>21,480</td>
<td>22,009</td>
<td>(529)</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Ancillary Procedures</strong></td>
<td>77,291</td>
<td>72,601</td>
<td>4,690</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR TO DATE</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income/Loss (GAAP)</strong></td>
<td>(568,587)</td>
<td>0</td>
<td>(568,587)</td>
<td></td>
</tr>
<tr>
<td><strong>HPSM Medi-Cal Members Assigned to SMMC</strong></td>
<td>399,841</td>
<td>418,209</td>
<td>(18,368)</td>
<td>-4%</td>
</tr>
<tr>
<td><strong>Unduplicated Patient Count</strong></td>
<td>68,620</td>
<td>70,114</td>
<td>(1,494)</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Patient Days</strong></td>
<td>3,2860</td>
<td>31,704</td>
<td>1,156</td>
<td>4%</td>
</tr>
<tr>
<td><strong>ED Visits</strong></td>
<td>38,727</td>
<td>39,544</td>
<td>(817)</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Surgery Cases</strong></td>
<td>2,761</td>
<td>2,891</td>
<td>(130)</td>
<td>-5%</td>
</tr>
<tr>
<td><strong>Clinic Visits</strong></td>
<td>217,791</td>
<td>229,096</td>
<td>(11,305)</td>
<td>-5%</td>
</tr>
<tr>
<td><strong>Ancillary Procedures</strong></td>
<td>798,677</td>
<td>756,591</td>
<td>42,086</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Pillar Goals

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue PMPM</strong></td>
<td>161</td>
<td>150</td>
<td>11</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Operating Expenses PMPM</strong></td>
<td>448</td>
<td>401</td>
<td>(47)</td>
<td>-12%</td>
</tr>
<tr>
<td><strong>Full Time Equivalents (FTE) including Registry</strong></td>
<td>1,167</td>
<td>1,256</td>
<td>89</td>
<td>7%</td>
</tr>
</tbody>
</table>

(Days that do not qualify for inpatient status)
<table>
<thead>
<tr>
<th>Month</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
<th>Year To Date</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Gross Revenue</td>
<td>10,325,447</td>
<td>9,577,810</td>
<td>747,637</td>
<td>8%</td>
<td>109,796,271</td>
<td>105,355,909</td>
<td>4,440,362</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Outpatient Gross Revenue</td>
<td>27,777,867</td>
<td>25,324,704</td>
<td>2,453,163</td>
<td>10%</td>
<td>283,125,063</td>
<td>278,571,743</td>
<td>4,553,320</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>38,103,314</td>
<td>34,902,514</td>
<td>3,200,800</td>
<td>9%</td>
<td>392,921,333</td>
<td>383,927,652</td>
<td>8,993,681</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Patient Net Revenue</td>
<td>11,063,866</td>
<td>10,512,930</td>
<td>550,936</td>
<td>5%</td>
<td>118,009,928</td>
<td>115,642,229</td>
<td>2,367,699</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Total Patient Net and Program Revenue</td>
<td>34,502,695</td>
<td>23,449,286</td>
<td>11,053,409</td>
<td>47%</td>
<td>258,395,022</td>
<td>257,942,149</td>
<td>452,874</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>1,512,897</td>
<td>1,233,153</td>
<td>279,744</td>
<td>23%</td>
<td>12,661,391</td>
<td>13,564,685</td>
<td>(903,294)</td>
<td>-7%</td>
<td></td>
</tr>
</tbody>
</table>
### Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Salaries &amp; Benefits</td>
<td>17,671,200</td>
<td>16,448,653</td>
<td>(1,222,548)</td>
</tr>
<tr>
<td>32</td>
<td>Drugs</td>
<td>1,182,998</td>
<td>806,645</td>
<td>(376,353)</td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
<td>1,278,574</td>
<td>954,099</td>
<td>(324,475)</td>
</tr>
<tr>
<td>34</td>
<td>Contract Provider Services</td>
<td>4,068,325</td>
<td>3,596,496</td>
<td>(471,829)</td>
</tr>
<tr>
<td>35</td>
<td>Other fees and purchased services</td>
<td>4,682,934</td>
<td>4,575,407</td>
<td>(107,527)</td>
</tr>
<tr>
<td>36</td>
<td>Other general expenses</td>
<td>644,575</td>
<td>532,070</td>
<td>(112,505)</td>
</tr>
<tr>
<td>37</td>
<td>Rental Expense</td>
<td>190,471</td>
<td>196,247</td>
<td>5,776</td>
</tr>
<tr>
<td>38</td>
<td>Lease Expense</td>
<td>825,358</td>
<td>825,358</td>
<td>0</td>
</tr>
<tr>
<td>39</td>
<td>Depreciation</td>
<td>189,558</td>
<td>189,760</td>
<td>202</td>
</tr>
<tr>
<td>40</td>
<td>Total Operating Expenses</td>
<td>30,733,994</td>
<td>28,124,735</td>
<td>(2,609,259)</td>
</tr>
</tbody>
</table>

### Operating Income/Loss

- **Actual**: 5,281,599
- **Budget**: (3,442,296)
- **Variance**: 8,723,895
- **Stoplight**: 253%

### Non-Operating Revenue/Expense

- **Actual**: (9,938,979)
- **Budget**: (1,401,173)
- **Variance**: (8,537,807)
- **Stoplight**: -609%

### Contribution from County General Fund

- **Actual**: 4,843,468
- **Budget**: 4,843,468
- **Variance**: 0
- **Stoplight**: 0%

### Total Income/Loss (GAAP)

- **Actual**: 186,088
- **Budget**: 0
- **Variance**: 186,088
- **Stoplight**: (Change in Net Assets) (568,587)
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

<table>
<thead>
<tr>
<th>Payer Type by Gross Revenue</th>
<th>MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Medicare</td>
<td>20.5%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>55.2%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>3.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>ACE/ACE County</td>
<td>14.7%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>F</td>
</tr>
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<td>21.9%</td>
<td>21.0%</td>
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<td>55.7%</td>
<td>58.0%</td>
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<td>3.1%</td>
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<td>14.5%</td>
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<td>100.0%</td>
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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: 37%
- Hospital ED & Outpatient: 23%
- Ambulatory Clinics: 26%
- Ancillary Services: 14%
Supplemental Revenue Mix

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

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

![Annualized Harm Events Graph](image)

**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 Self-Assessment Graph](image)
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 as a Great Place To Work

**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-
The use of 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.

**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:

<table>
<thead>
<tr>
<th>2018 PERFORMANCE MEASURES</th>
<th>2019 PERFORMANCE MEASURES</th>
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<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td>Diabetes Medical Attention for Nephropathy Screening</td>
<td>Diabetes Medical Attention for Nephropathy Screening</td>
</tr>
<tr>
<td>Encounter Threshold (Average number of primary care encounters)</td>
<td>Encounter Threshold</td>
</tr>
<tr>
<td>Immunization for Adolescents</td>
<td>Immunization for Adolescents</td>
</tr>
<tr>
<td>Initial Health Assessments</td>
<td>Asthma Medication Ratio</td>
</tr>
<tr>
<td>Mammogram for Breast Cancer Screening</td>
<td>Mammogram for Breast Cancer Screening</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Children/Adolescents</td>
<td>Weight Assessment and Counseling for Children/Adolescents</td>
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**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.
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.

**SNAPSHOT:** San Mateo County Health

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

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>NUMBER</th>
<th>CHANGE FROM PREVIOUS MONTH</th>
<th>CHANGE FROM PREVIOUS YEAR</th>
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<tbody>
<tr>
<td>ACE Enrollees</td>
<td>21,977</td>
<td>-7.39%</td>
<td>4.82%</td>
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<td>SMMC Emergency Department Visits</td>
<td>3,675</td>
<td>1.77%</td>
<td>6%</td>
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<tr>
<td>New Clients Awaiting Primary Care Appt.</td>
<td>224</td>
<td>4.67%</td>
<td>-43.15%</td>
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</table>

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.