



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, October 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

October 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. Julie Hersk
Dr. Frank Trinh*

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

Paul Rogerville

F. CONSENT AGENDA

Approval of:

1. August 5, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

- 1. Strategic Update
- 2. Financial Report
- 3. CEO Report

Dr. CJ Kunnappilly

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

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, August 5, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Louise Rogers
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Frank Trinh
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Karen Pugh	Julie Griffiths
David McGrew	Cecilia Diaz	Priscilla Romero
Dr. Susan Fernyak	Gary Horne	Ginger Campbell
Joan Spicer	Angela Gonzales	Valissa Mathewson
Brighton Ncube	Paul Rogerville	Chris Rodriguez
Peggy Jensen	Leslie Williams-Hurt	Kelsey Dattilo
Aimee Armsby	Katherine Tang	

Members of the Public

Neighbor

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for August 5, 2019. QIC Minutes from June 25, 2019. Medical Executive Committee Minutes from July 9, 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	The Foundation hosted its 15 th Annual Golf Tournament on Monday, July 29, at Sharon Heights Golf and Country Club. The day included refreshments provided by Devils Canyon Brewery, 19 th Hole Reception and Awards Ceremony. Proceeds will support the relocation of the Rehabilitation Department. Thank you to the Foundation Board of Directors, Golf Committee, Staff and Volunteers for their support in making this day a success. Over \$70,000 was raised for the Rehab Dept. On October 18, the Foundation will celebrate some incredible women – Congresswomen Anna Eshoo, Margaret Taylor, Linda Gregory, and Evelyn Stanton. These four visionary women came together 30 years ago and established the San Mateo County Health Foundation. The event will be held at the San Mateo County History Museum.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> Hospital Board Meeting Minutes from July 1, 2019. 	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Hersk informed the Board of a new program which provides a one-year fellowship in Addiction Medicine. The program is anticipated to help with increasing IMAT referrals.	FYI
Health Information Management Valissa Mathewson	<p>HIM is an integrated department: Medical Record Maintenance, Medical Record Coding, and Clinical Documentation Improvement.</p> <p>Clinical Documentation Improvement</p> <ul style="list-style-type: none"> Works with providers to obtain more specific documentation on inpatient charts Will expand to outpatient clinics in FY 19-20 <p>Medical Records</p> <ul style="list-style-type: none"> Picks up & scans paperwork on discharged patients Reviews & Analyzes charts; assigns deficiencies Release of Information Medical Record Number/Demographic Management <p>Coding</p> <ul style="list-style-type: none"> Assigns diagnosis and procedure codes for facility based on documentation; required for quality reporting & billing <p>Performance Indicators:</p> <p>Delinquency Rate: 7% average for FY 18-19</p> <p>Coding Audits</p> <ul style="list-style-type: none"> Inpatient: 98.8% accuracy rate average for FY 18-19 Outpatient: 97.6% accuracy rate average for FY 18-19 Clinic Providers: 60.0% accuracy rate average for FY 18-19 <p>Clinical Documentation Improvement: 1.62 Case Mix Index (CMI) average—an increase from 1.03 since program start</p> <p>Teleworking: Created the ability for coders to telework—full launch Jan 2018. Process driven by employee satisfaction survey. 20% average increase in productivity measured in testing period. 4 coders using telework in some way.</p> <p>Correctional Health: Providing support and knowledge sharing to Correctional Health as they join our Electronic Health Record. Collaborating on the structure of the CHS record. Go Live in EHR scheduled for October 1, 2019.</p>	FYI

<p>Challenges Placing Clients in the Community Chris Rodriguez, Katherine Tang Aging and Adult Services</p>	<p>Population Growth and Dementia: According to the projections done by the University of California the estimated number of people 65 + with Alzheimer’s Disease in 2015 was 13,792. By 2030 the number will increase to 22,413.</p> <p>In San Mateo County:</p> <ul style="list-style-type: none"> • 65 and older population projection for 2019 is 137,886 • By 2035 (in 16 years), the population of older adults 85 + will double from 19,213 to 38,315 • By 2045 (10 years later), the population of older adults 85 + will Triple. <p>The needs of this population as it ages will increase. Food, clothing and shelter. Health Care. Chronic Conditions. Disability and Physical Functioning. Caregiving. Supervision.</p> <p>AAS response to clients’ needs include AAS Prevention Efforts: APS – Collaboration – Case Management. Probate Conservatorship and Investigations. Court Appointment. Public Guardian.</p> <p>The biggest challenges for Public Guardian:</p> <ul style="list-style-type: none"> • Lack of affordable placement • Lack of appropriate level of care • Client challenging behavior • Client resources • Have to place out of the county <p>Theresa Rodriguez fund was created as a result of settlement in a negligence case filed by SMC on behalf of Teresa Rodriguez, former conservatee. 115 have benefited from these two funds.</p> <p>Future challenges:</p> <ul style="list-style-type: none"> • Increase in population • Conservatees resources are running out • Decrease of San Mateo County placement opportunities for clients with dementia and challenging behaviors 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The June 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. The Long Term Care surveyors are currently onsite and at Burlingame and it is proceeding normally.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>About forty housing vouchers have been obtained for Health clients and we are working to get more.</p>	<p>FYI</p>

County Manager Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Groom	No report.	FYI

Supervisor Groom adjourned the meeting at 9:25 AM. The next Board meeting will be held on October 7, 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: August FY19-20

October 7, 2019

Presenter: David McGrew, CFO



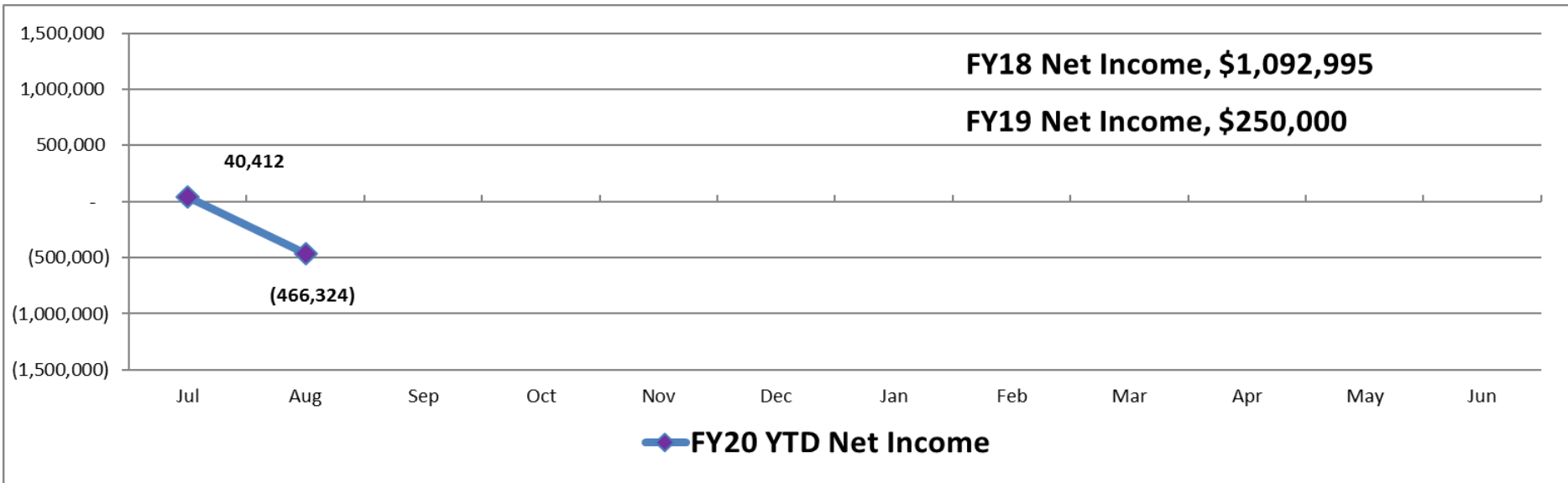
SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Audit Update - Preliminary

FY19 Net Income (in millions)		\$1.1
Post-Closing adjustments		<u>\$(0.8)</u>
Pre-Audit Net Income		\$0.3
Audit Adjustments		-
Pension Adjustments, net		\$8.4
OPEB* Adjustments		<u>\$2.5</u>
FY19 Audited Net Income		<u>\$11.2</u>

* Other Post Employment Benefits

Financial Highlights



August Negative \$506K:

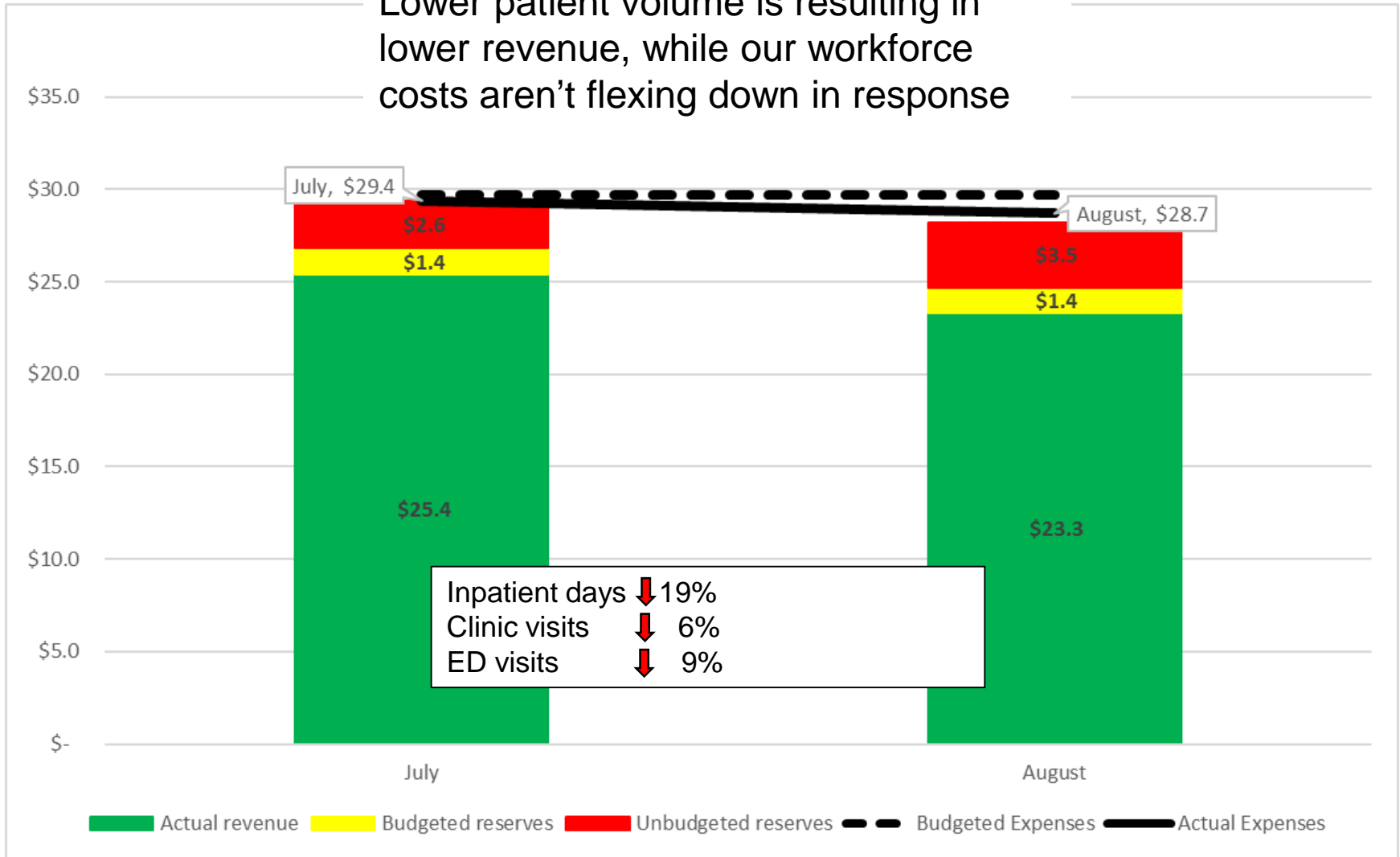
- **FTEs below budget**
- **Patient Service Revenue**
 - Used \$4.9M of reserves from FY2010-2014 FQHC and FY16-17 Family PACT

- **Membership decline**
- **FY2020 Enhanced Payment Program (EPP) pending approval**
- **Declines in patient volume**

Forecast FY20: Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, declines in patient volumes, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased EPP revenue once approved by CMS.

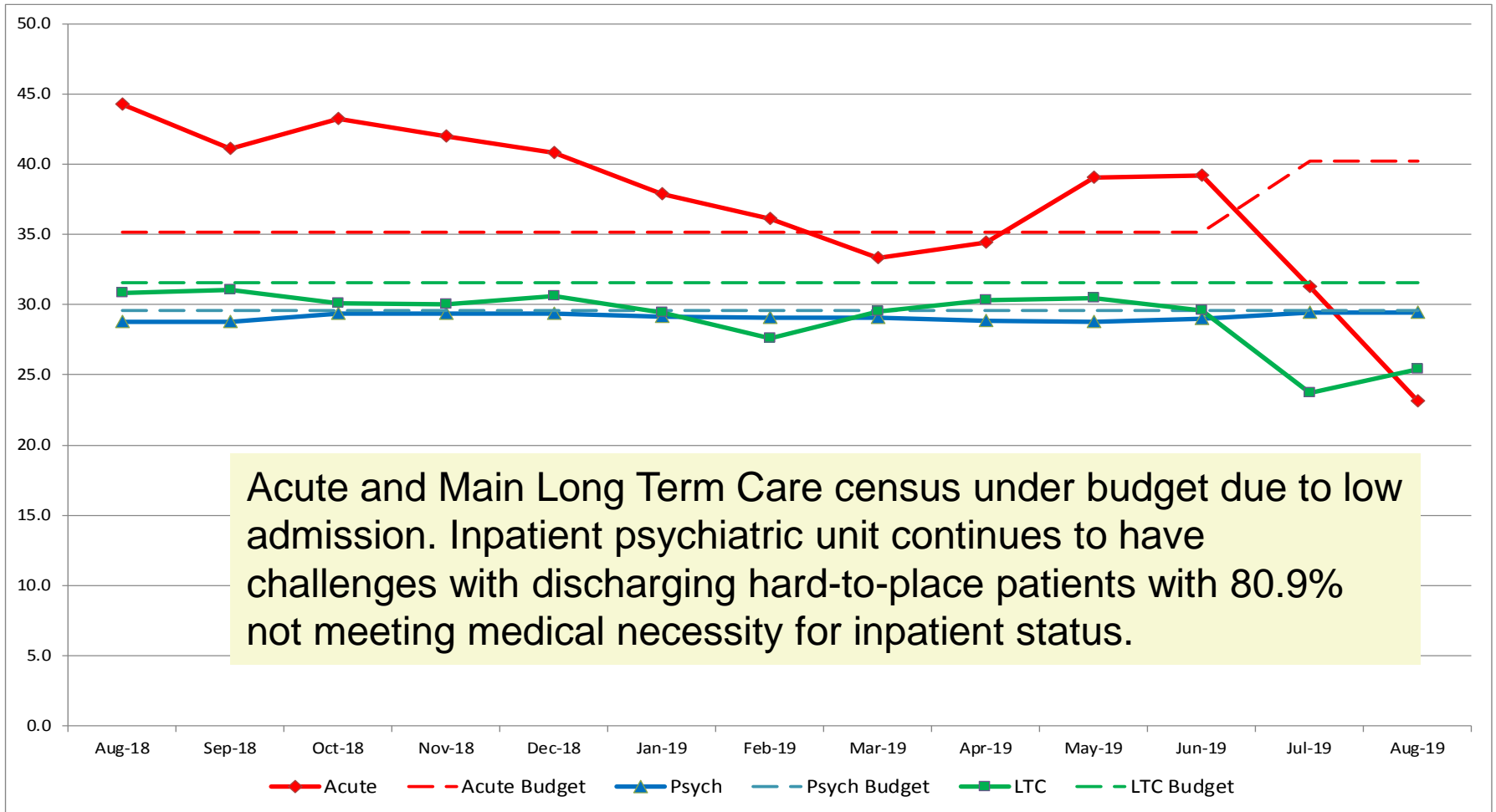
FY 19-20 Structural Deficit

Lower patient volume is resulting in lower revenue, while our workforce costs aren't flexing down in response



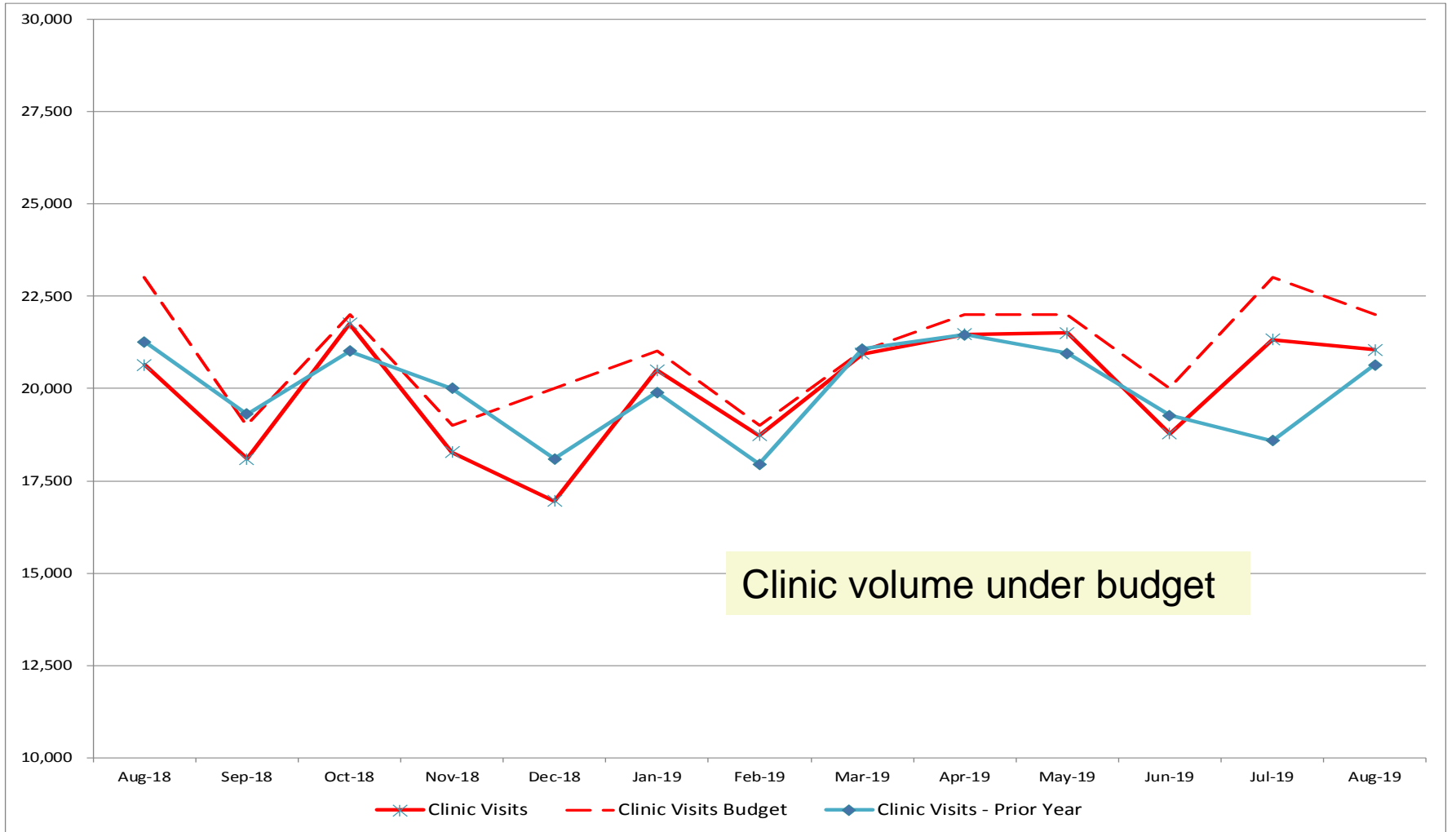
San Mateo Medical Center
Patient Days
August 31, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,416	3,108	(692)	-22%	5,033	6,216	(1,183)	-19%



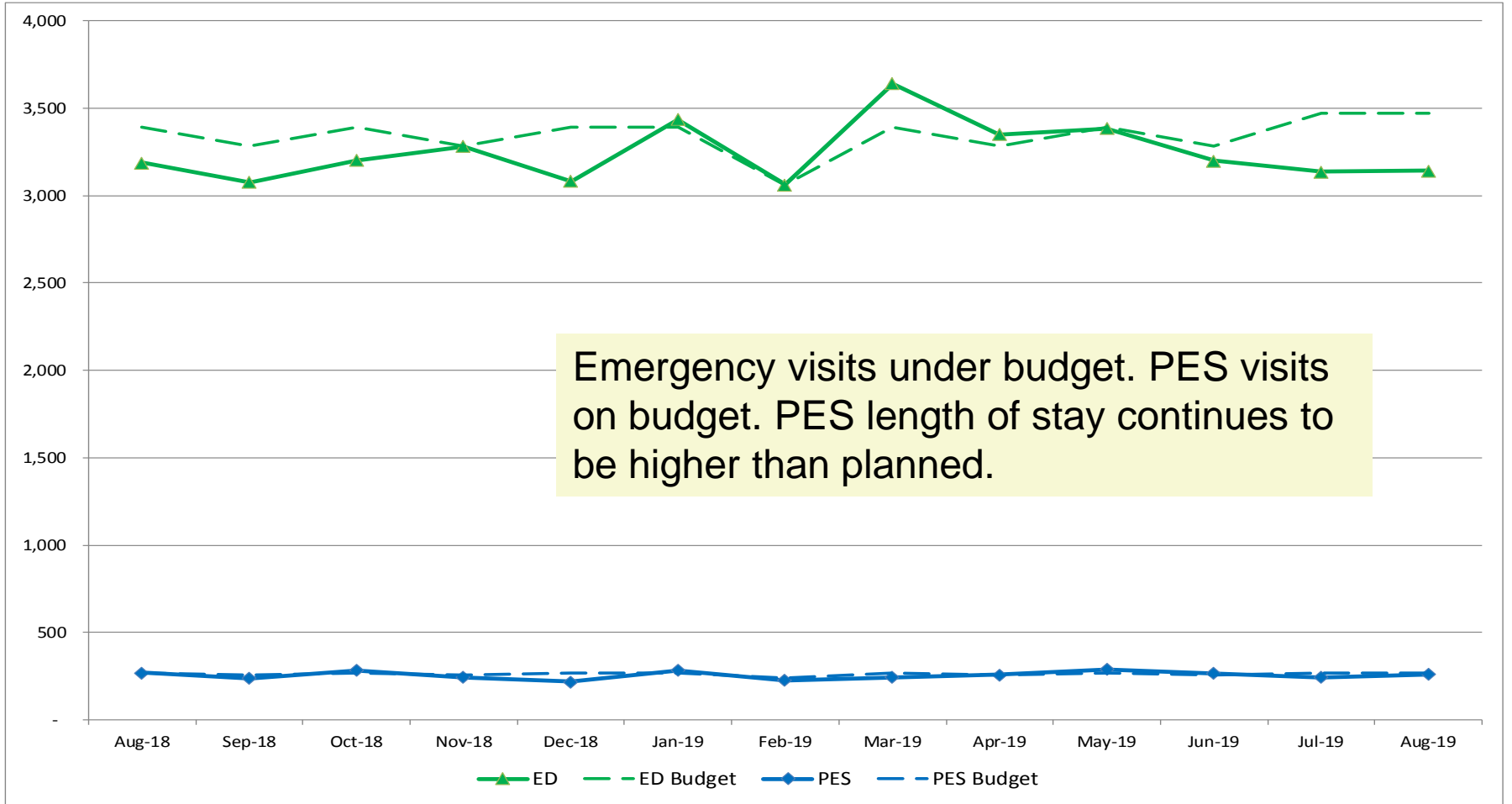
**San Mateo Medical Center
Clinic Visits
August 31, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	21,044	22,011	(967)	-4%	42,373	45,022	(2,649)	-6%



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

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,404	3,740	(336)	-9%	6,787	7,480	(693)	-9%



Workforce Optimization

Target Key Labor Cost Drivers

- Flex staffing resources to patient volume demands
- Premium pay utilization adds to variable costs
 - Overtime
 - On-call pay vs Call-back
- Position control approval processes are made by data-driven decisions
 - Tightly manage workforce replacements and supplemental staffing resources
- Contracted labor is only utilized as supplemental and time-limited resources



Revenue Improvement Plan

Executive Summary

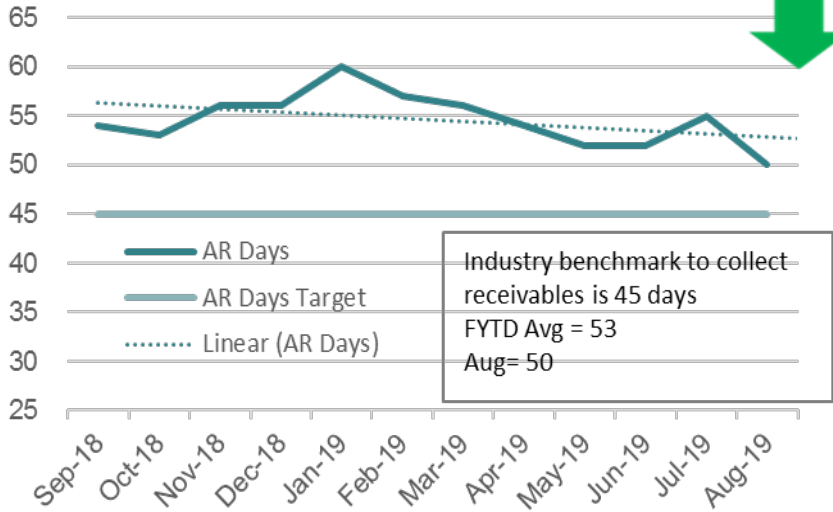
Initiative

Status

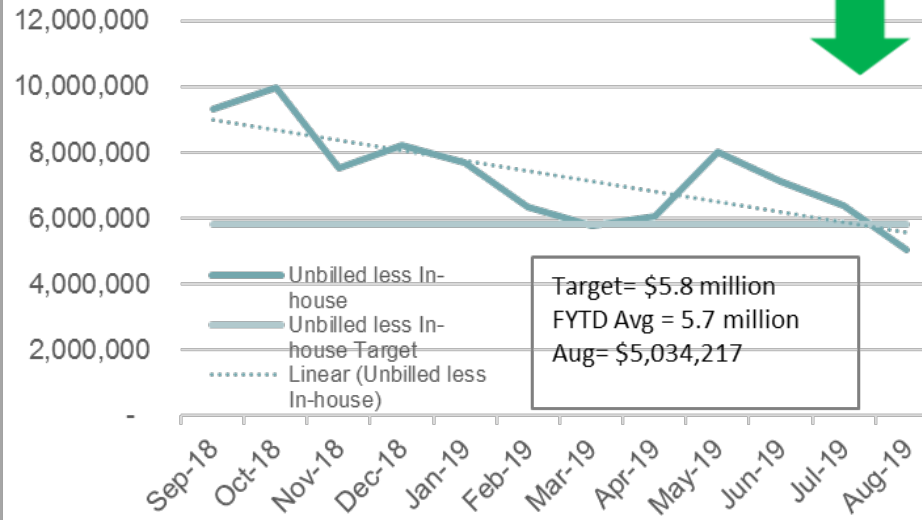
<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ❑ Performance reporting rolling out to Clinics ❑ Optimization period & post-live support underway
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software live ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched ✓ CDS staff started 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 are live! ❑ Robots in development/testing – FQ Bot is Live! (Robotic Process Automation)
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ RFP issued and vendors selected ❑ Implementation in progress. 90 days

Key Performance Indicators

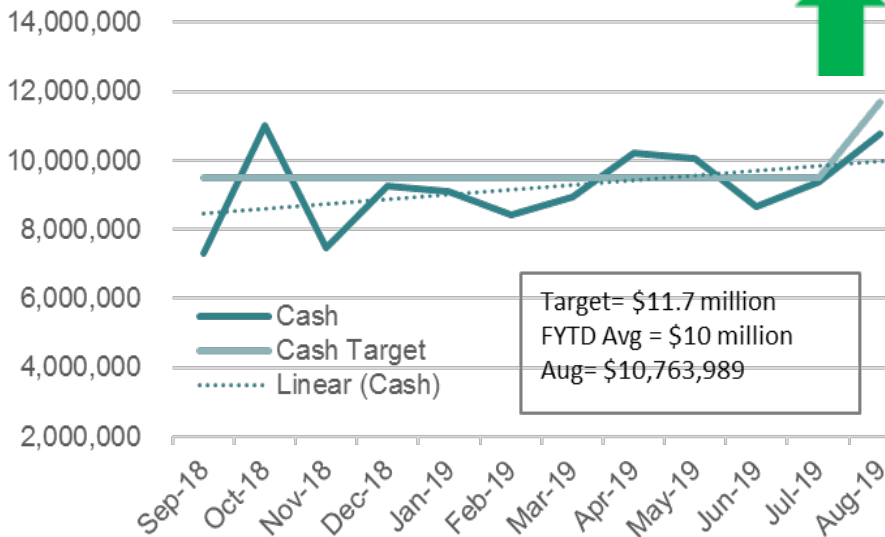
A/R Days - Rolling 12 Months



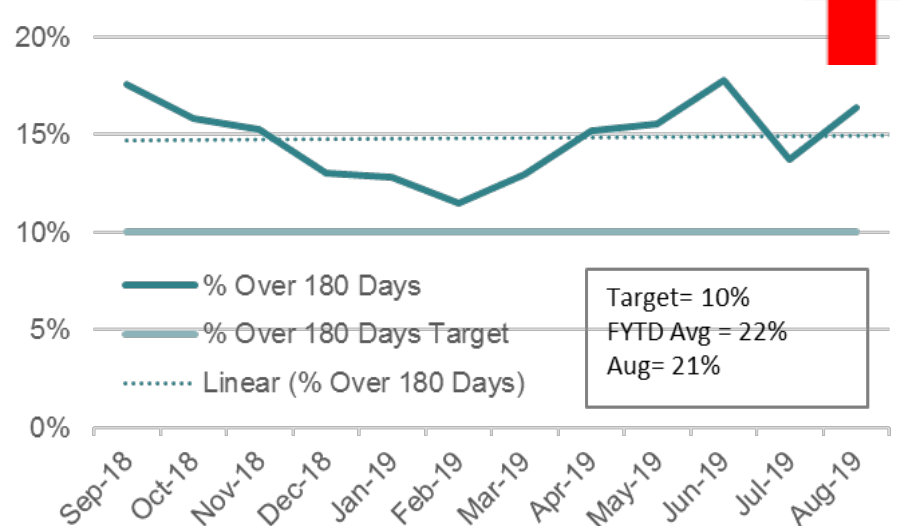
A/R Unbilled - Rolling 12 Months



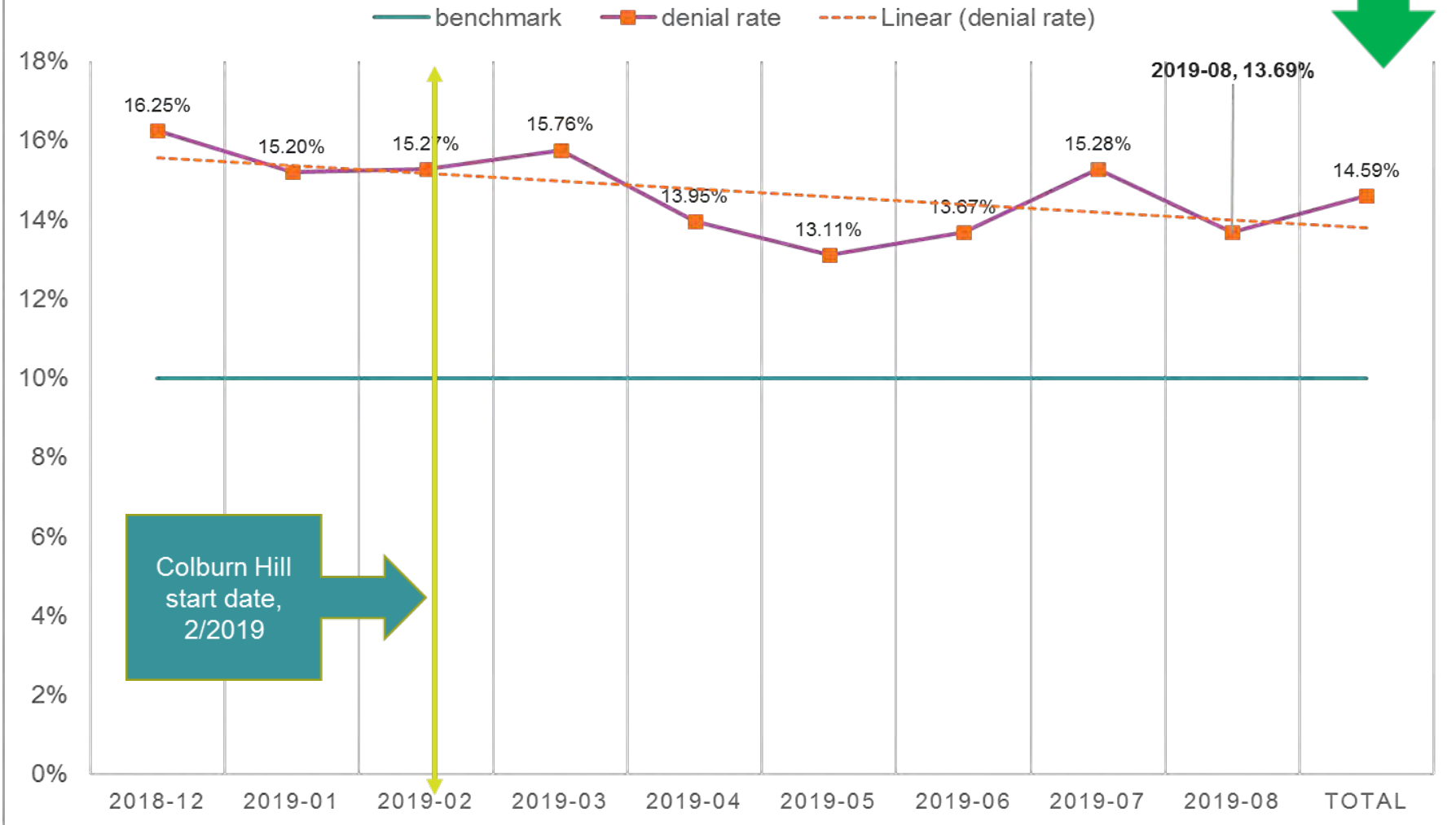
Cash - Rolling 12 Months



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



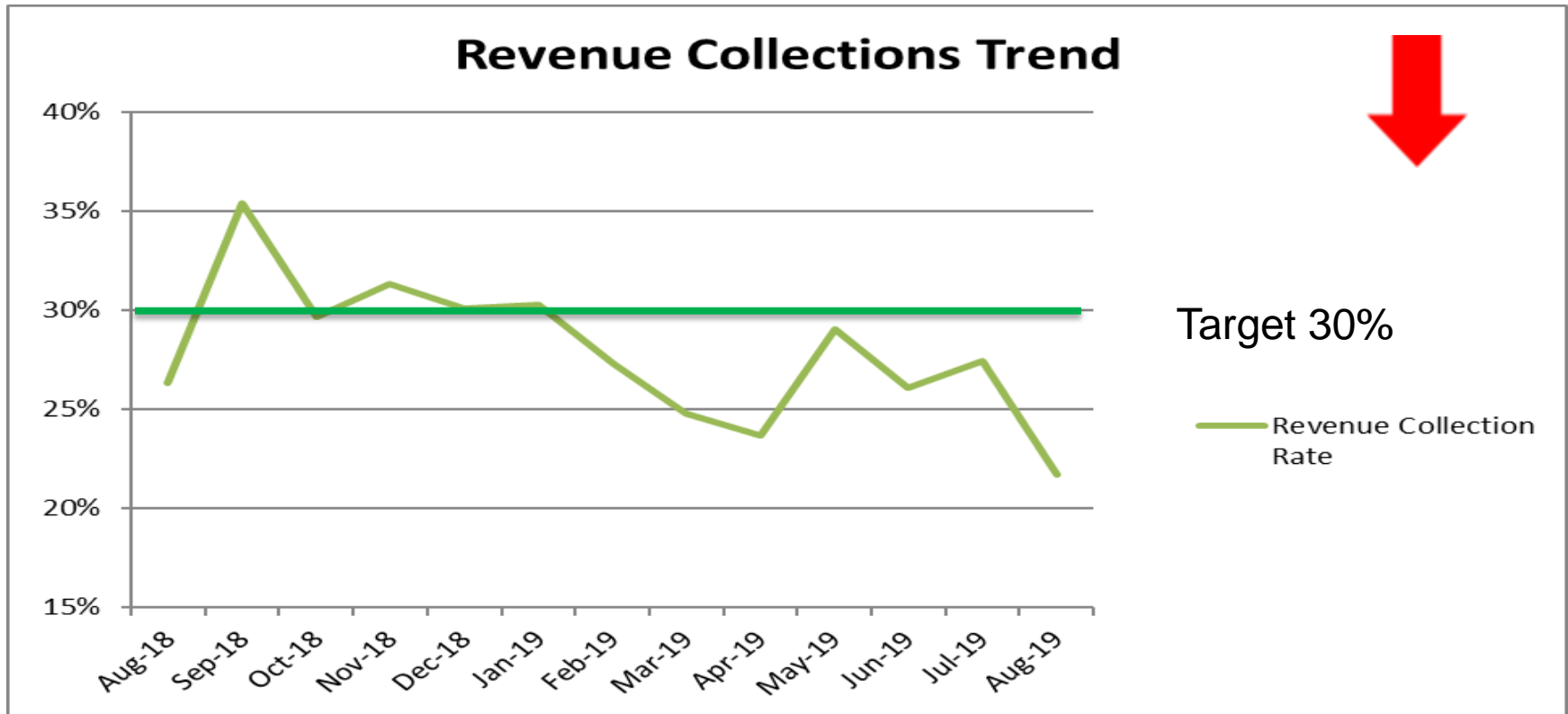
DENIAL RATE BY MONTH



Colburn Hill
start date,
2/2019

Key Performance Indicators

FFS Revenue Collection Trend



The collection rate dipped below 30% since February due to higher claim denials resulting from increased catch-up efforts on older accounts. Further drop in August was due to increase in charge rates in inpatient and outpatient services.



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



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

Income Statement
August 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)	(506,737)	(0)	(506,736)		(466,324)	(0)	(466,324)		
2 HPSM Medi-Cal Members Assigned to SMMC	33,791	36,205	(2,414)	-7%	68,133	72,410	(4,277)	-6%	
3 Unduplicated Patient Count	68,926	68,606	320	0%	68,926	68,606	320	0%	
4 Patient Days	2,416	3,108	(692)	-22%	5,033	6,216	(1,183)	-19%	
5 ED Visits	3,404	3,740	(336)	-9%	6,787	7,480	(693)	-9%	
7 Surgery Cases	272	252	20	8%	548	515	33	6%	
8 Clinic Visits	21,044	22,011	(967)	-4%	42,373	45,022	(2,649)	-6%	
9 Ancillary Procedures	70,956	72,309	(1,353)	-2%	144,741	147,787	(3,046)	-2%	
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 (Days that do not qualify for inpatient status)	80.9%	80.0%	-0.9%	-1%	40.5%	80.0%	39.5%	49%	
Pillar Goals									
12 Revenue PMPM	202	168	34	20%	211	168	43	26%	
13 Operating Expenses PMPM	416	424	7	2%	421	424	3	1%	
14 Full Time Equivalentents (FTE) including Registry	1,214	1,236	22	2%	1,214	1,236	22	2%	

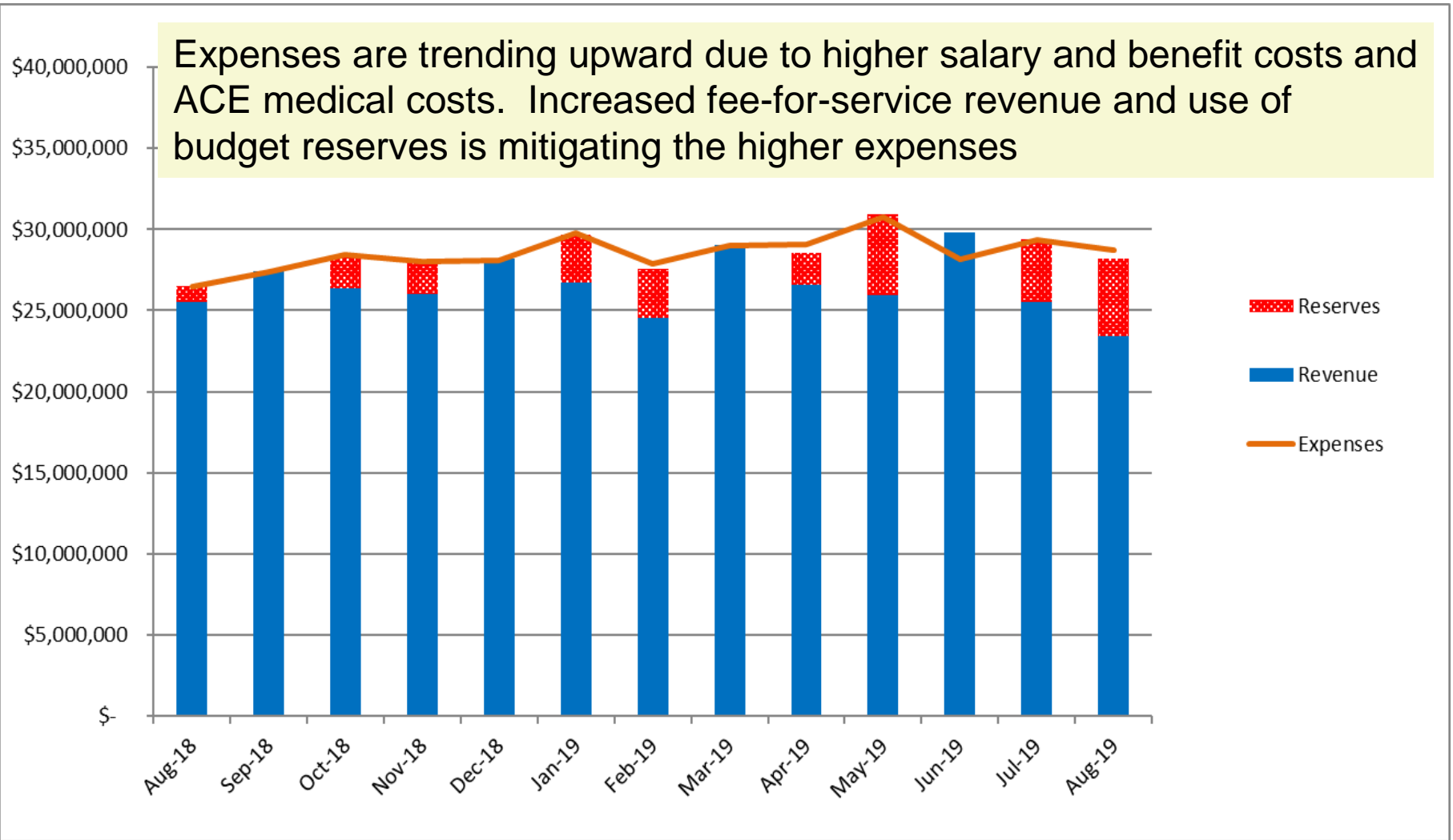
San Mateo Medical Center
Income Statement
August 31, 2019

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	12,670,580	10,064,335	2,606,245	26%	26,215,971	20,128,670	6,087,300	30%
22	Outpatient Gross Revenue	29,308,850	27,356,964	1,951,886	7%	56,840,792	54,713,929	2,126,864	4%
23	Total Gross Revenue	41,979,430	37,421,299	4,558,131	12%	83,056,763	74,842,599	8,214,164	11%
24	Patient Net Revenue	13,916,034	11,749,050	2,166,984	18%	29,082,502	23,498,101	5,584,401	24%
25	Net Patient Revenue as % of Gross Revenue	33.1%	31.4%	1.8%	6%	35.0%	31.4%	3.6%	12%
26	Capitation Revenue	395,095	500,000	(104,905)	-21%	796,335	1,000,000	(203,665)	-20%
27	Supplemental Patient Program Revenue (Additional payments for patients)	7,524,569	11,798,275	(4,273,706)	-36%	15,040,655	23,596,551	(8,555,896)	-36%
28	Total Patient Net and Program Revenue	21,835,699	24,047,326	(2,211,627)	-9%	44,919,492	48,094,652	(3,175,160)	-7%
29	Other Operating Revenue (Additional payment not related to patients)	1,113,489	1,107,751	5,737	1%	2,253,272	2,215,503	37,770	2%
30	Total Operating Revenue	22,949,187	25,155,077	(2,205,890)	-9%	47,172,765	50,310,155	(3,137,390)	-6%

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

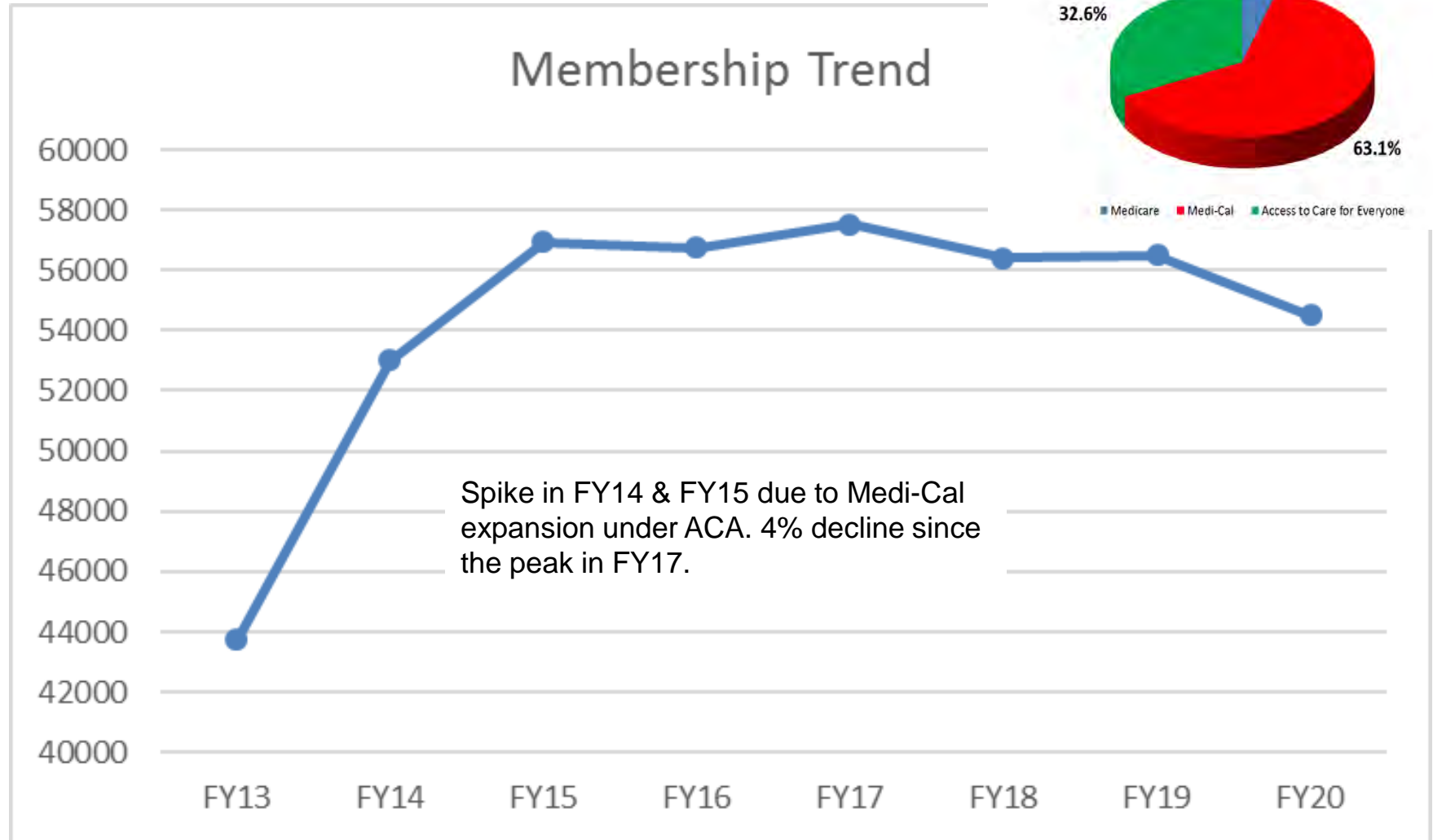
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	15,618,233	17,290,534	1,672,301	10%	32,950,858	34,581,069	1,630,211	5%
32 Drugs	1,115,920	810,077	(305,844)	-38%	1,973,201	1,620,153	(353,048)	-22%
33 Supplies	835,795	944,072	108,278	11%	1,587,402	1,888,145	300,743	16%
34 Contract Provider Services	3,924,626	3,516,249	(408,377)	-12%	7,655,530	7,032,498	(623,032)	-9%
35 Other fees and purchased services	5,281,394	5,255,825	(25,569)	0%	10,269,914	10,511,650	241,736	2%
36 Other general expenses	694,849	616,139	(78,709)	-13%	1,169,824	1,232,278	62,454	5%
37 Rental Expense	191,462	206,839	15,377	7%	382,924	413,678	30,754	7%
38 Lease Expense	829,392	829,392	0	0%	1,658,783	1,658,783	0	0%
39 Depreciation	206,045	237,593	31,547	13%	412,091	475,185	63,094	13%
40 Total Operating Expenses	28,697,716	29,706,721	1,009,004	3%	58,060,528	59,413,441	1,352,914	2%
41 Operating Income/Loss	(5,748,529)	(4,551,643)	(1,196,886)	-26%	(10,887,763)	(9,103,287)	(1,784,476)	-20%
42 Non-Operating Revenue/Expense	398,324	(291,825)	690,149	236%	734,502	(583,650)	1,318,152	226%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	9,686,937	9,686,937	0	0%
44 Total Income/Loss (GAAP)	(506,737)	(0)	(506,736)		(466,324)	(0)	(466,324)	
(Change in Net Assets)								

Revenue & Expense Trend



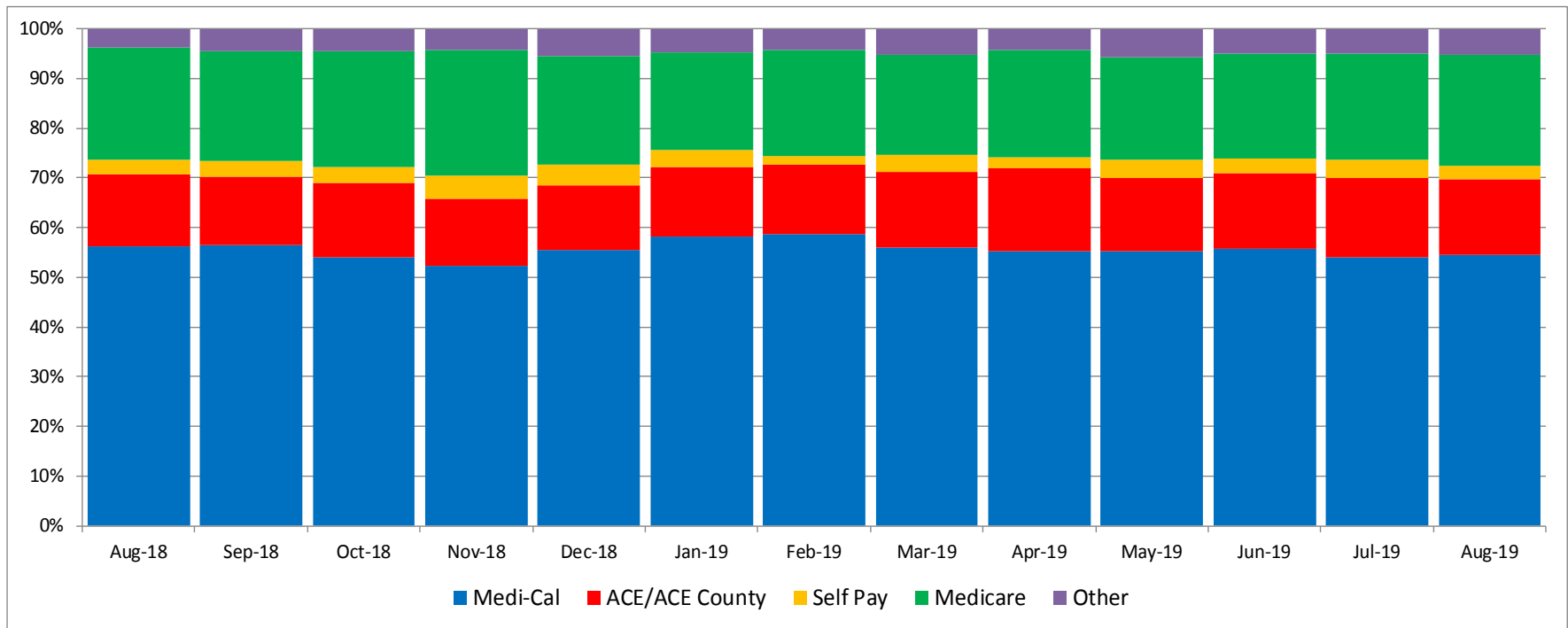
Note: the spike in June was due to end of year payments for the Whole Person Care program

Managed Care Membership Trend



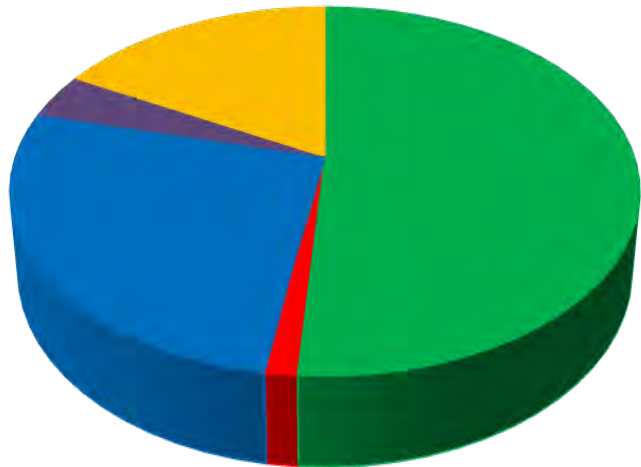
San Mateo Medical Center
Payer Mix
August 31, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Payer Type by Gross Revenue	A	B	C	D	E	F	G	H
Medicare	22.5%	21.0%	1.5%		22.0%	21.0%	1.0%	
Medi-Cal	54.4%	58.0%	-3.6%		54.2%	58.0%	-3.8%	
Self Pay	2.6%	2.0%	0.6%		3.2%	2.0%	1.2%	
Other	5.2%	5.0%	0.2%		5.0%	5.0%	0.0%	
ACE/ACE County	15.3%	14.0%	1.3%		15.5%	14.0%	1.5%	
Total	100.0%	100.0%			100.0%	100.0%		



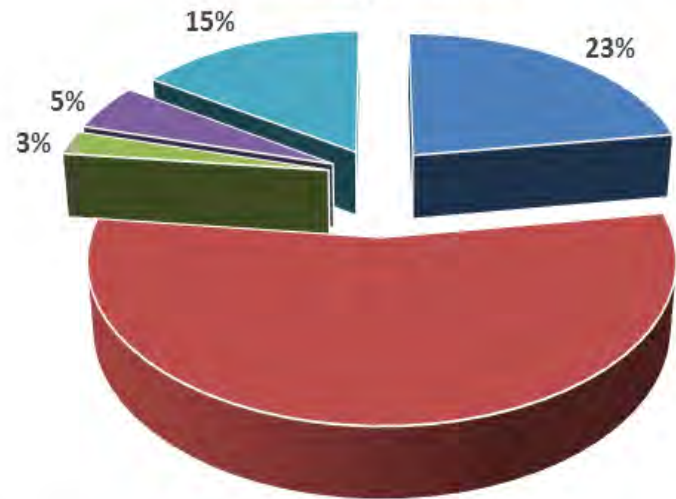
Revenue Mix

Sources of Revenue



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

Payor Mix



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

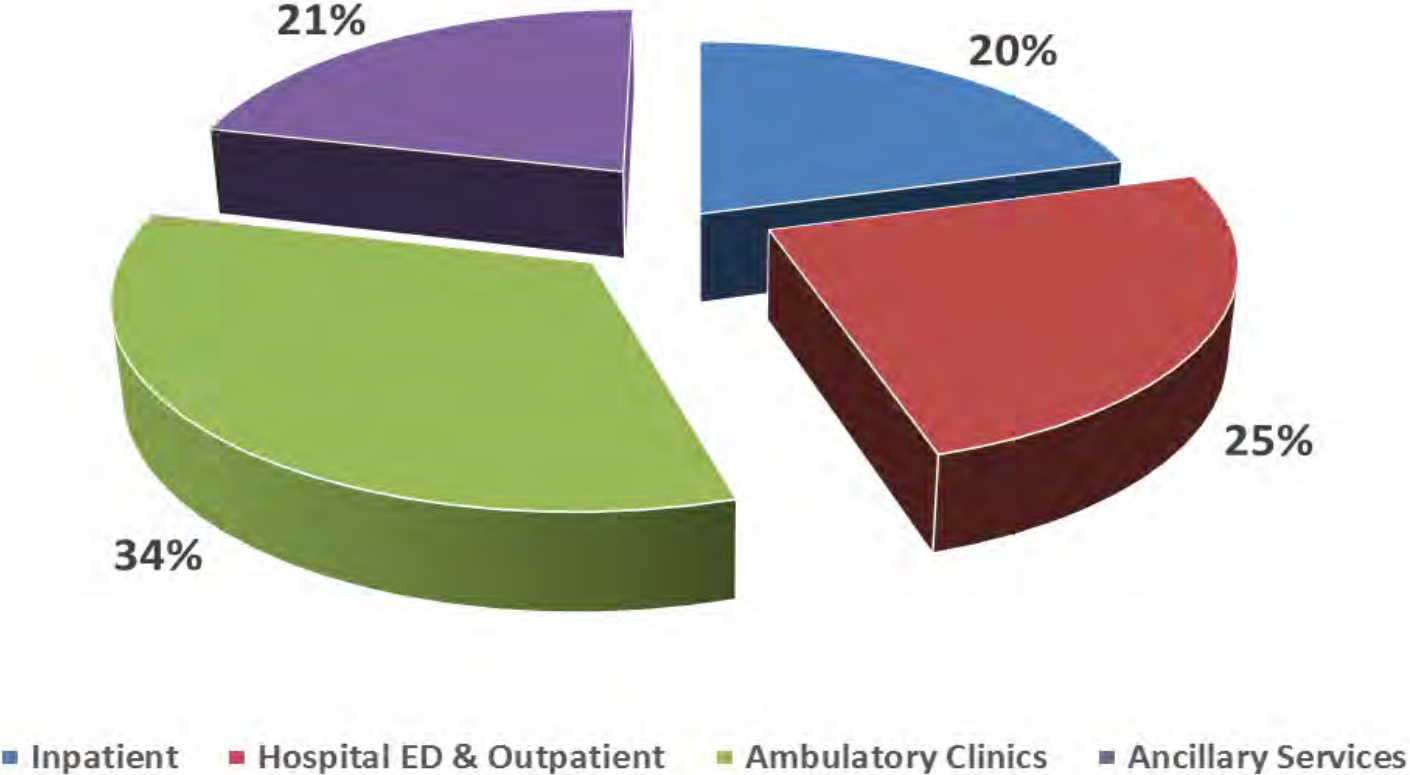
Health Plan of San Mateo (HPSM) represents 37% of our Operating Revenue

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

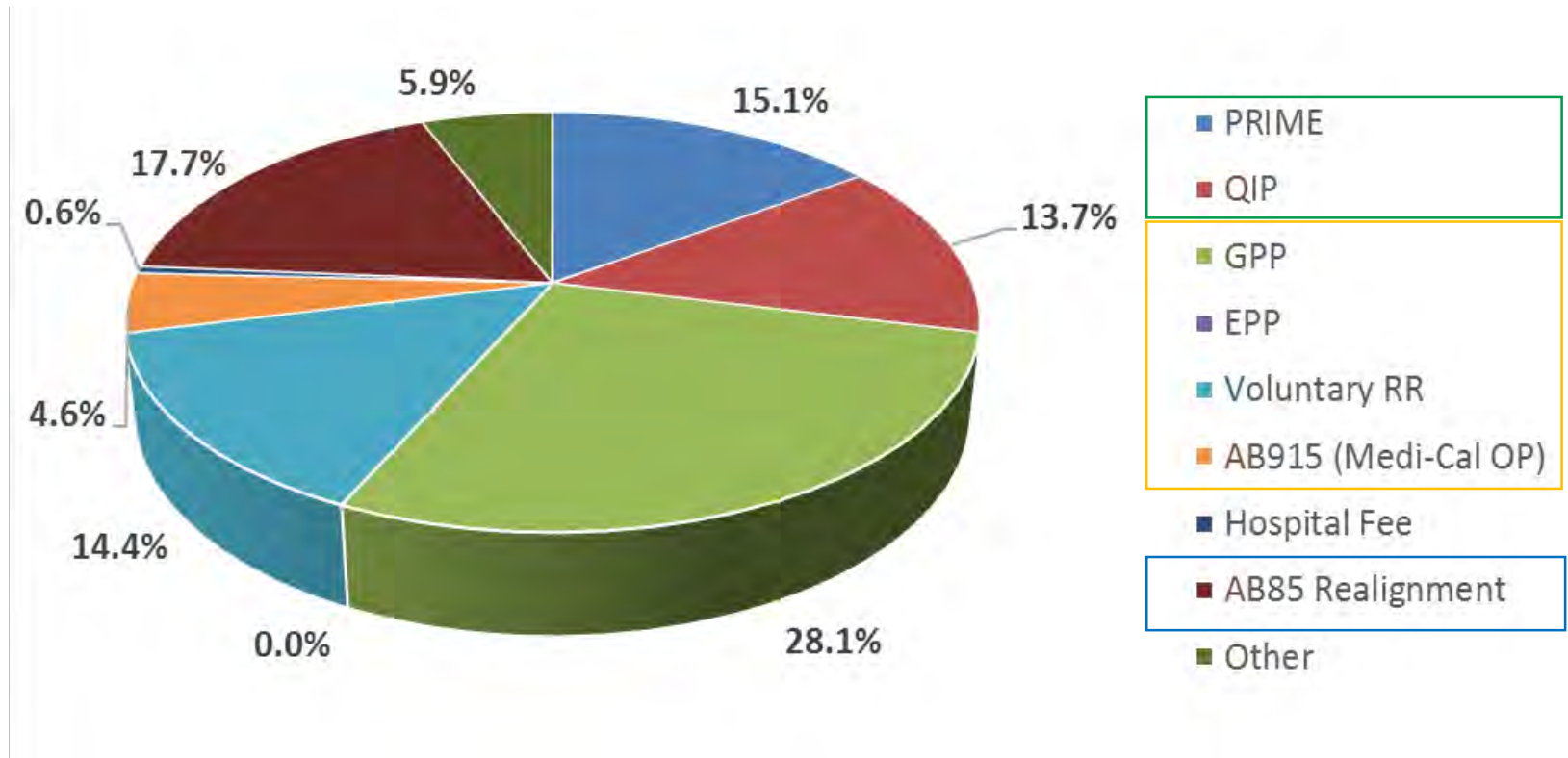
Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

NO commercial contracts

Revenue Mix by Service Line



Supplemental Revenue Mix



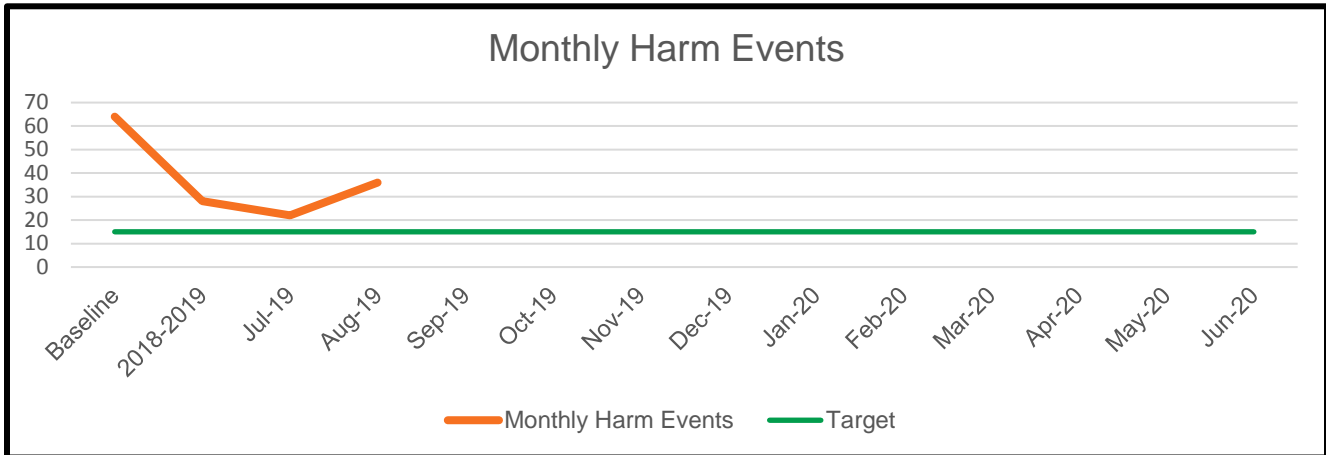
- **Value-Based** programs represent 28.8% of our Supplemental Revenue
- **Volume-Based** programs represent 71.2% of our Supplemental Revenue

CEO REPORT

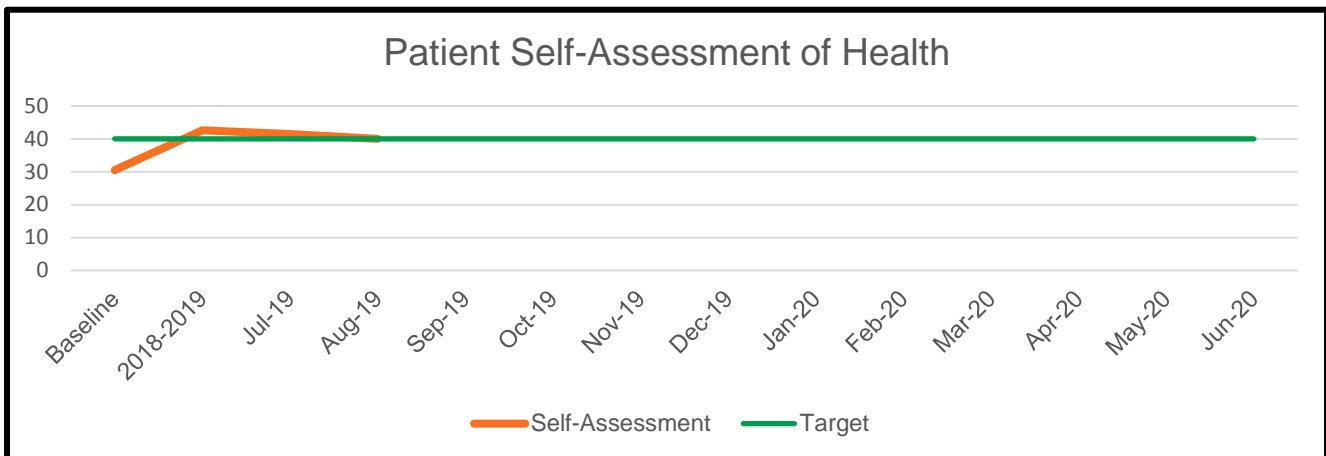
October 2019

As we move forward in the transformation of our care processes, SMMC has updated its key metrics to better reflect our efforts to meet patient needs.

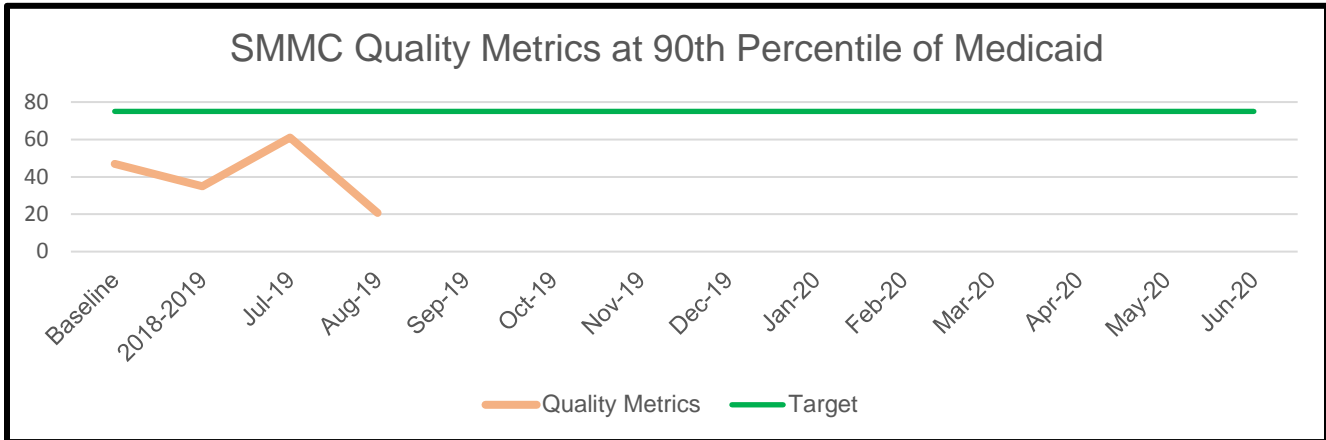
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**

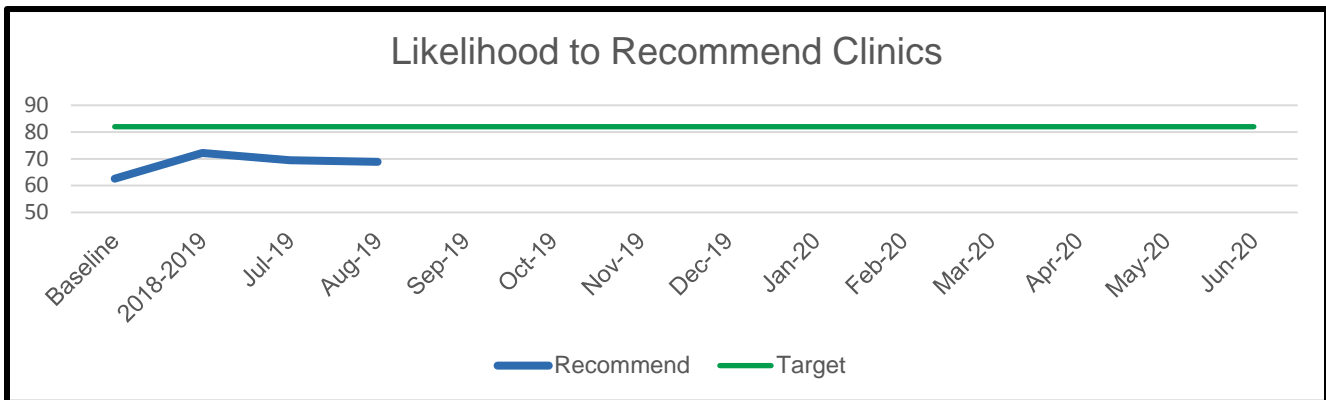


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

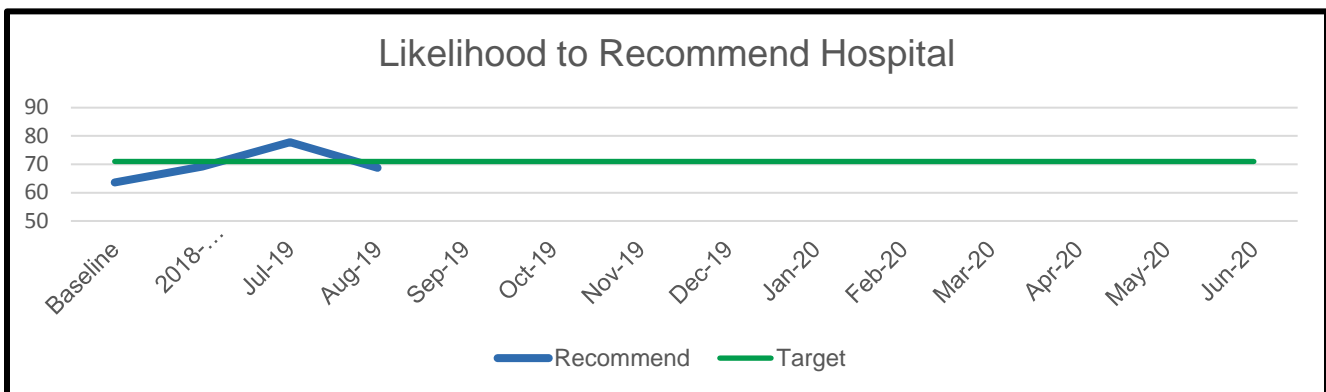


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**

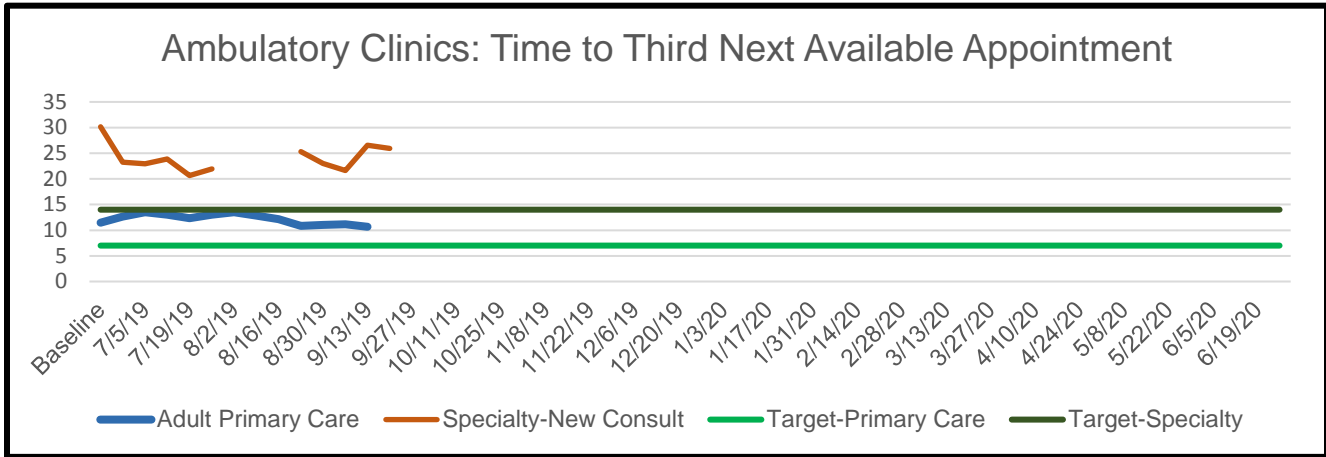
PATIENT CENTERED CARE METRICS



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.**

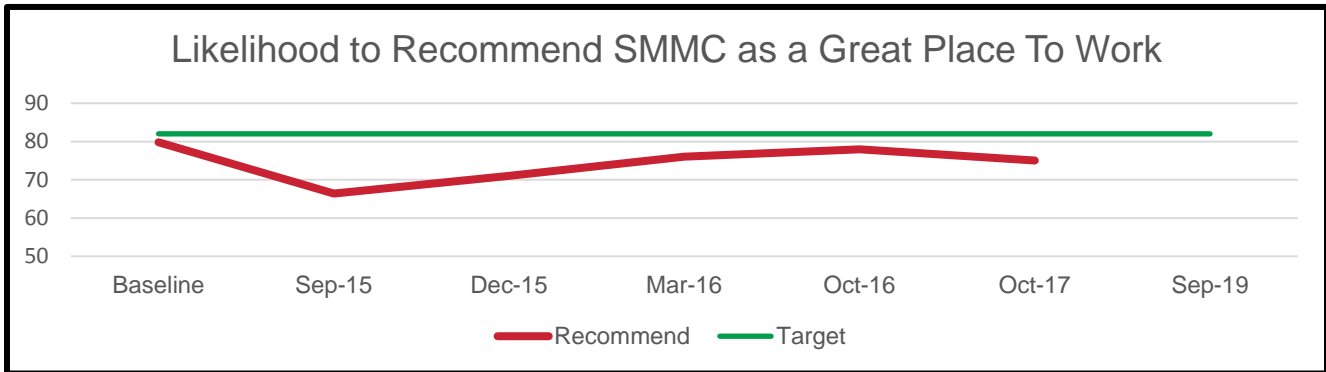


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



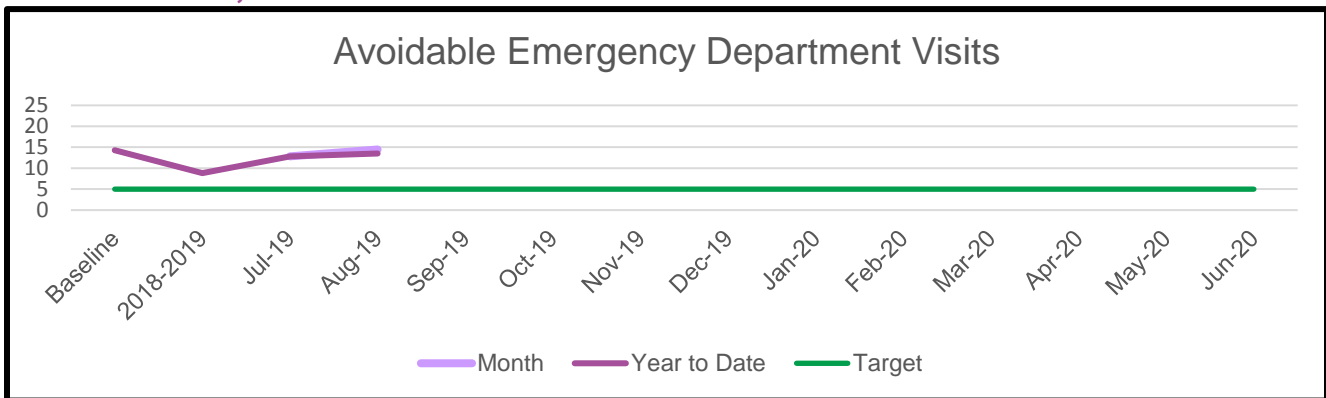
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

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.**

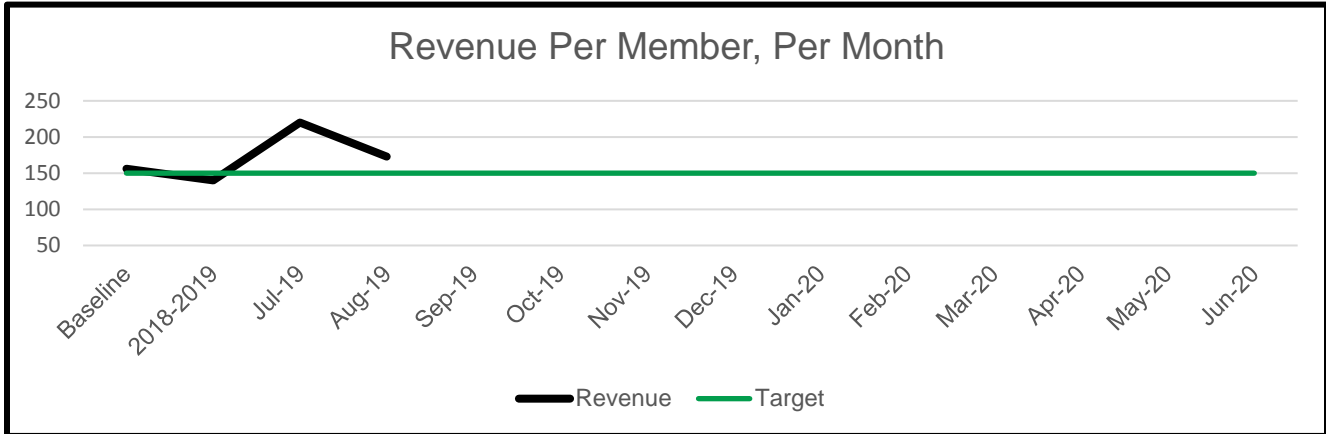
RIGHT CARE, TIME AND PLACE METRICS



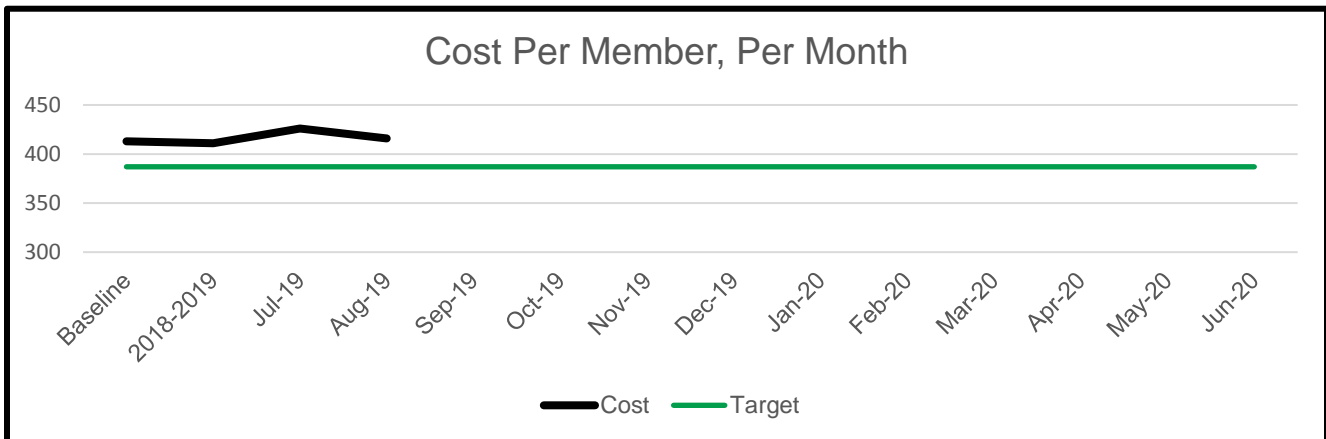
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



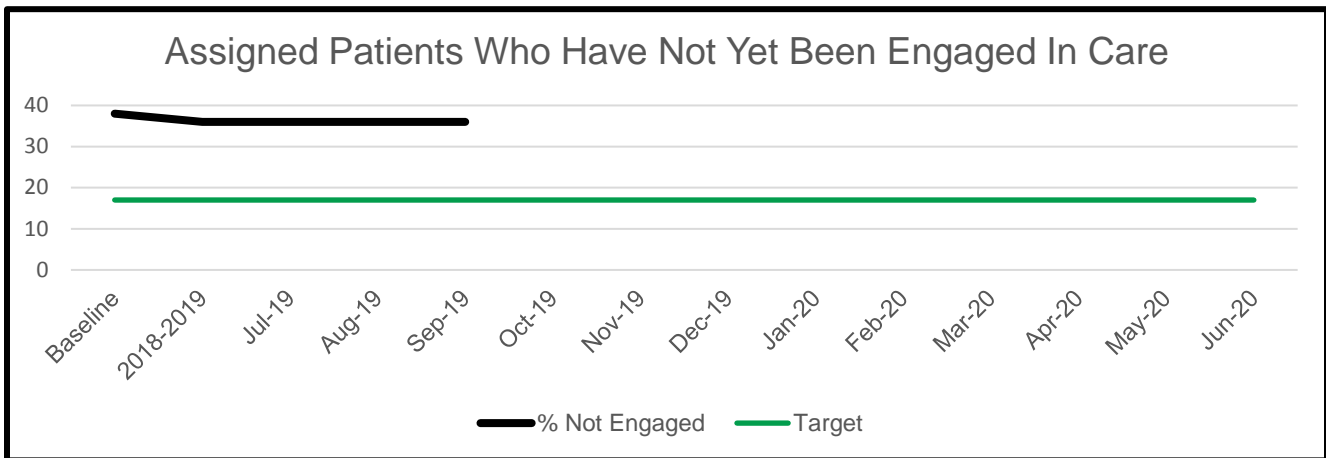
FINANCIAL STEWARDSHIP METRICS



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.**



Assigned But Not Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the percentage of those assigned patients who have not yet engaged in care. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



SMMC Leaders Complete County Coaching Training– In 2019, San Mateo County established the Internal Coaching Program to “support every new and recently promoted manager as part of the onboarding process.” Congratulations to Valissa Mathewson (Manager of Health Information Management) and Emily Weaver (Manager of Rehabilitative Services) who were part of the inaugural class of existing county leaders who were trained to be coaches. The entire class was recognized at the August 6th Board of Supervisors meeting. *(Pictured Above: The Board of Supervisors celebrates the inaugural class of coaches including Emily Weaver (4th from the right) and Valissa Mathewson (8th from the right))*

SMMC Medical Staff Leader Appointed to Role by Governor Newsom- Governor Gavin Newsom has appointed Dr. Alexander Ding to the Health Professions Education Foundation Board of Trustees. Dr. Ding serves in the Radiology Department at SMMC and has served in a variety of Medical Staff leadership roles. He is currently an at large member on the SMMC Medical Executive Committee. Congratulations Dr. Ding!

County Recognizes SMMC Wellness Champions– The County Wellness Committee recently recognized Emily Weaver (Manager of Rehabilitative Services) and Dr. Rakhi Singh (Supervising Physician for Adult Primary Care at Fair Oaks Health Center) for their “exemplary wellness leadership.” Both were nominated for this recognition by their colleagues. They will be celebrated this coming month at the 4th Annual Wellness Leadership Recognition Luncheon and also at the October 22nd Board of Supervisors Meeting. Congratulations Emily and Dr. Singh!

Nursing Accomplishments Recognized in Annual Nursing Report- Each year, our Chief Nursing Officer, Joan Spicer, produces an Annual Nursing Report. Highlights from this year include: elimination of the waitlist for endoscopy, establishment of nurse leader rounding, presentation of a poster at the Annual Association for Nursing Professional Development conference, a 33% reduction in ED medication refill visits, and finally in September the Journal of Nursing Administration published the article “Developing a Nursing Practice Framework to Align with Strategy” focused on work at SMMC. Congratulations and Thank You to all our nursing colleagues.

Patient Driven Payment Model begins October 1st- Effective October 1, 2019, the Centers for Medicare and Medicaid Services (CMS) implemented a new reimbursement methodology for skilled nursing facility (SNF) Medicare patients called the “Patient Driven Payment Model” (PDPM). The PDPM is a new case-mix classification system for classifying SNF patients into payment groups and replaces the current case-mix classification system, the Resource Utilization Group, Version IV (RUG-IV). Under RUG-IV, most patients are classified into a therapy payment group, which uses the volume of therapy services provided to the patient as the basis for payment classification. This could create an incentive for SNF providers to furnish therapy to SNF patients regardless of the patient’s unique characteristics, goals, or needs. PDPM eliminates this incentive and improves the overall accuracy and appropriateness of SNF payments by classifying patients into payment groups based on specific, data-driven patient characteristics, while simultaneously reducing administrative burden on SNF providers.

The Health Plan of San Mateo (HPSM) is implementing PDPM for their Medicare CareAdvantage and Medi-Cal Managed Care lines of business. While we expect the reimbursement for our Medicare SNF patients to be largely unchanged, we are anticipating a higher reimbursement for our Medi-Cal SNF patients, which is currently fixed at \$310 per day and is essentially a custodial care rate, rather than a skilled nursing rate. The majority of our SNF patients have HPSM Medi-Cal coverage and the expected higher reimbursement will benefit both SNF locations-the Hospital’s 1A unit and the Burlingame Skilled Nursing unit. Because Medi-Cal patients were not previously paid under RUG-IV, it is too early to accurately forecast the impact under PDPM; however, we will be tracking the PDPM calculations closely and will begin develop forecasts after the first full month under PDPM.

CalAIM Coming Soon- As recently announced by the California Department of Health Care Services, the California Advancing and Innovating Medi-Cal (CalAIM) is “a multi-year Department of Health Care Services (DHCS) initiative to implement overarching policy changes across all Medi-Cal delivery systems, with the objectives of: 1) Reducing variation and complexity across the delivery systems; 2) Identifying and managing member risk and need through population health management strategies; and, 3) Improving quality outcomes and driving delivery system transformation through value-based initiatives and payment reform. Throughout 2019 and 2020, DHCS will conduct extensive stakeholder engagement for both CalAIM and the renewal of the Medi-Cal 2020 Section 1115 waiver. The plan is to transition all existing managed care authorities into one consolidated California Section 1915(b) Managed Care Waiver that will include Medi-Cal Managed Care Health Plans (MCPs), Mental Health Plans (MHPs), the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans, and Dental Managed Care.”



DHCS will formally release the CalAIM proposal on October 29, 2019, at the Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) meetings. The department will use these venues to provide feedback on an ongoing basis, as well as to review feedback received on the waiver processes. In addition to these committees, DHCS will establish topic-specific stakeholder workgroups to further explore different sections of the CalAIM proposal. Five workgroups covering the different elements of the initiative will meet several times between November 2019 and February 2020. SMMC staff have applied to participate in these workgroups to ensure our feedback is provided and we stay on track with this significant transformation of the Medi-Cal program.

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	22,283	-3.9%	-18.4%
SMMC Emergency Department Visits	3,404	0.7%	-2%
New Clients Awaiting Primary Care Appt.	133	0.8%	-16%

Correctional Health Services installs medication dispensers

In preparation for an electronic health record system, Correctional Health Services has installed medication dispensing machines at the two adult correctional facilities. Patients' medication orders are entered into a system, which is validated by the San Mateo Medical Center pharmacy. The machines then package and dispense the medications with barcode information for the jail pod and the patient. For its ability to increase efficiency and improve accuracy, Correctional Health staff describe the system as "Five Rights." To administer the medications to the patient, the nurse will scan the label on the patient's wristband and scan the barcode on the medication, confirming that the right patient has the right medication in the right dose in the right location at the right time.



Three major audits & accreditations completed

Serving as the Area Agency on Aging (AAA) for San Mateo County, **Aging and Adult Services** was audited for its use of funds from the California Department on Aging. A draft notice of audit determination was issued in July with a "no deficiency" finding in financial closeout reports, internal controls, and compliance requirements. Aging and Adult Services also received a clean audit determination for the last AAA audit covering period, which was July 2010 through June 2014.

State laws aimed at strengthening support for kids in the child welfare system resulted in new requirements for residential treatment programs offering mental health services to youth with serious emotional disturbance. These requirements included converting **Canyon Oaks Youth Center**, managed by Behavioral Health and Recovery Services, from a level 14 residential treatment facility to a Short Term Residential Therapeutic Program and obtaining accreditation to remain licensed. After a three-year process, Canyon Oaks completed the conversion to short term and received the permanent license in June.

County Health has been accredited by the Dental Board of California as a provider of **continuing education for dental professionals**. Effective immediately, the accreditation spans a two-year period. Helping dental staff meet their State continuing education requirements, the program is tailored for the work they do and the patient population they serve.

As compliance responsibilities to the federal and state governments increase for many of the healthcare and social services programs administered by County Health, teams continue to adapt to meet the more stringent accountabilities.

Psych resident earns minority fellowship

Third-year resident Juan Lopez has been selected as an APA/APAF SAMHSA Minority Fellow. Administered by the American Psychiatric Association and its foundation, and funded by the Substance Abuse and Mental Health Services Administration, the program aims "to reduce mental health disparities by enhancing the knowledge and capabilities of culturally competent psychiatry residents who can teach, administer services, conduct research, and provide direct mental and/or substance use disorder services to minority and/or underserved minority patient populations." Lopez joins two other residents, Janet Baek and Tram Nguyen (pictured, right, with Lopez), who are also minority fellows this year. Juan hopes to use his funds towards projects that will reduce barriers to mental health treatment for the Latinx community. Collaborating with the Office of Diversity and Equity, he plans to help develop a Spanish-language video series on LGBTQ+ issues, addiction, immigration stressors, and traditional medicine integration.

