



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, November 4, 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

November 4, 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. October 7, 2019 Minutes

**TAB 1**

**G. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Julie Hersk*

**H. ADMINISTRATION REPORTS**

1. Rehabilitation Department

*Dr. Alpa Sanghavi*

*Emily Weaver*

2. Compliance and Privacy Report

*Dr. CJ Kunnappilly*

*Margaret Hambleton*

3. Oral Public Health Program

*Dr. Anand Chabra*

*Pat Curran*

4. Financial Audit FY 2018/2019

*MGO Certified Public Accountant*

5. Financial Report

*David McGrew. .... TAB 2*

6. 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**

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*Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee 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, October 7, 2019  
Executive Board Room

**Board Members Present**

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

**Staff Present**

Cynthia Hernandez  
David McGrew  
Dr. Susan Fernyak  
Dr. Alpa Sanghavi  
Aimee Armsby  
Carlton Mills  
Tony Payudan  
Ginger Campbell

**Members of the Public**

Karen Pugh  
John Jurow  
Paul Rogerville  
Sara Furrer  
Lucianne Latu  
Peggy Jensen  
Julie Griffiths  
Priscilla Romero

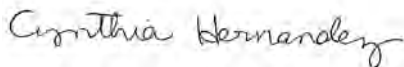
ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Carole Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for October 7, 2019. QIC Minutes from September 24, 2019. Medical Executive Committee Minutes from September 10, 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	Paul Rogerville reported that Leslie Williams-Hurt will step down as the CEO of the Foundation and take another position. He wished her well on her future endeavors. He said the 15 <sup>th</sup> Annual Golf Tournament was held on July 29, 2019 at Sharon Heights Golf and Country Club. He showed the video of the event and thanked the Foundation Board of Directors, Golf Committee, Sponsors. They raised \$72,000 and the proceeds will go to the Rehabilitation Center Expansion Project. The next Golf Tournament Fundraiser will be held on August 31, 2020 at the Peninsula Golf and Country Club. He then discussed the Grant update. The Taggard Foundation is interested in giving a grant to the Bundle of Joy program. Also, Linda Shak of Sunlight Giving had a tour of the hospital and was impressed. The 30 <sup>th</sup> Anniversary of the San Mateo County Health Foundation will host an event on October 18, 2019 at the San Mateo Historical Museum.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> <li>Hospital Board Meeting Minutes from August 5, 2019.</li> </ol>	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Julie Hersk gave the Medical Staff Report. Dr. Esther Kim, a member of the Primary Care Department, will be the new Chief of Pediatrics. Dr. Brita Almog will co-chair the Quality Committee with Dr. Tong. Dr. Kunnappilly explained the questions the medical staff had regarding Navigant Consulting.	FYI
Dr. Chester Kunnappilly Dave McGrew, Dr. Susan Fernyak, Dr. Alpa Sanghavi	<p>Dr. Chester Kunnappilly and Dave McGrew began the presentation of the Strategic Initiative of Transforming Care at San Mateo Medical Center.</p> <ul style="list-style-type: none"> <li>This Strategic Initiative work is being piloted at Fair Oaks Health Center and then will be rolled out to the other clinics.</li> <li>Dave McGrew discussed access for all patients and currently there are 13,000 patients assigned to San Mateo Medical Center that have not been seen.</li> <li>Also, current patients have long wait times for services.</li> <li>He discussed the budget gap and how seeing more patients will generate more revenue to help close this.</li> <li>Opportunities were discussed on how to see more patients.</li> </ul> <p>Dr. Susan Fernyak continued the presentation on the redesigning of Specialty Services at San Mateo Medical Center.</p> <ul style="list-style-type: none"> <li>San Mateo County Community needs San Mateo Medical Center to provide care that maximizes health outcomes for those members of the community who face challenges in accessing high value, comprehensive care due to social, cultural, and/or economic barriers.</li> <li>Also, all patients who are seen at San Mateo Medical Center and/or assigned to us, need us to maximize their self-assessed health outcomes by providing health promotion/ prevention and meeting their primary and specialty health needs; while ensuring smooth transitions when care must be delivered in other settings.</li> </ul> <p>Dr. Alpa Sanghavi continued the presentation saying how San Mateo Medical Center will meet the mission of building a leader development system that</p> <ul style="list-style-type: none"> <li>Creates bidirectional alignment and accountability, and advances application of LEAP principles.</li> <li>This work will be led by Dr. Sanghavi and John Jurrow.</li> </ul> <p>The team will update the Board with their progress of this Strategic Initiative of Transforming Care.</p>	FYI

Financial Report David McGrew, CFO	The August FY19/20 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report Louise Rogers	<p>County Health Chief Louise Rogers presented her report.</p> <ul style="list-style-type: none"> <li>• The Employee of the Month (EOM) Team Recipient Award was awarded to Jennifer Hoang, Senior Public Health Nurse. She was also recognized at the Board of Supervisors Meeting on October 8, 2019.</li> <li>• She also mentioned that the Home for All Initiative has triggered more awareness to establish a climate in San Mateo County where diversity of housing is produced and preserved.</li> <li>• September 21, 2019 was the 2<sup>nd</sup> Annual Parks Presidential Committee Nature Day at San Pedro Park in Pacifica.</li> <li>• She discussed the issue of vaping/cannabis use and the initiative going to the Board the 2<sup>nd</sup> part of October to restrict advertising of alcohol and cannabis. She and Carole Groom were also working on an ordinance to ban e-cigarettes for sale in San Mateo County. It is largely based on the ordinances in place in San Francisco and Richmond.</li> </ul>	FYI
County Manager Mike Callagy	<p>County Manager Mike Callagy reported:</p> <ul style="list-style-type: none"> <li>• The Regional Operational Center opened on September 18, 2019. This center will house the County's Emergency Operations Center (EOC), Office of Emergency Services (OES) and the ISD Data Center</li> <li>• Recruitments are currently on-going for the positions of Deputy County Manager, Parks Director, and Human Services Agency Director.</li> </ul>	FYI
Board of Supervisors Supervisor Carole Groom	Supervisor Groom also reported on the initiative going to the Board the 2 <sup>nd</sup> part of October on vaping/cannabis use. She is also part of the group working on an ordinance to try to ban e-cigarette sales in San Mateo County.	FYI

Supervisor Carole Groom adjourned the meeting at 9:34 AM. The next Board meeting will be held on November 4, 2019.

Minutes recorded by:



Cynthia Hernandez, Administrative Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

**TAB 2**

**ADMINISTRATION  
REPORTS**



# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: September FY19-20**

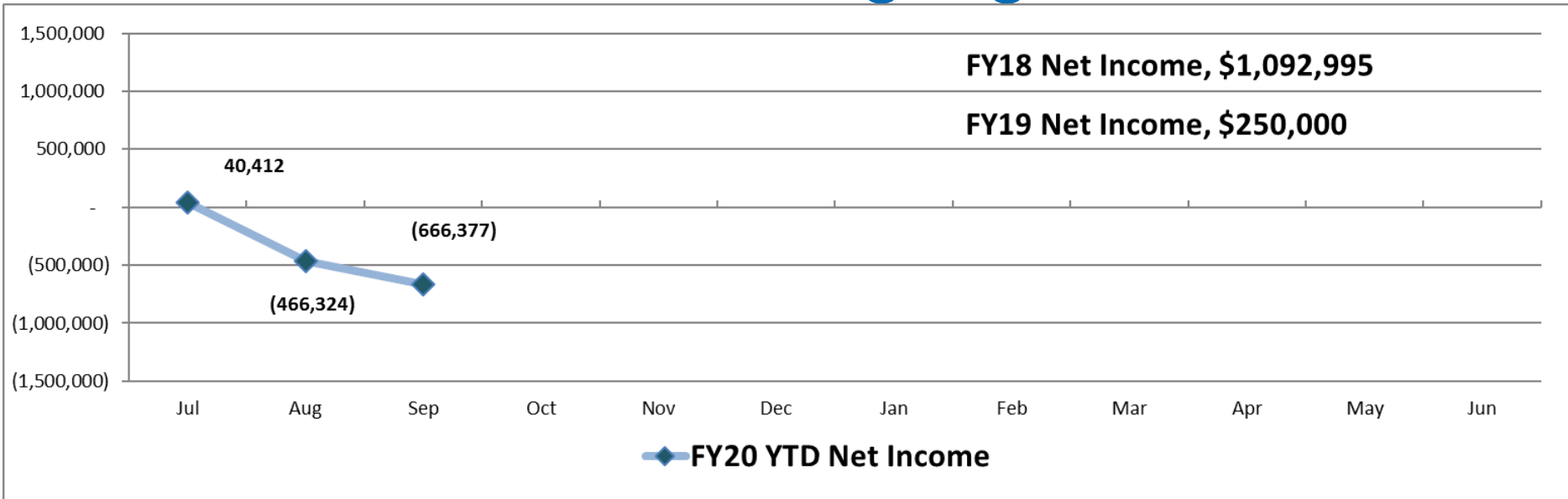
November 4, 2019

**Presenter: David McGrew, CFO**



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
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# Financial Highlights



## September Negative \$200K:

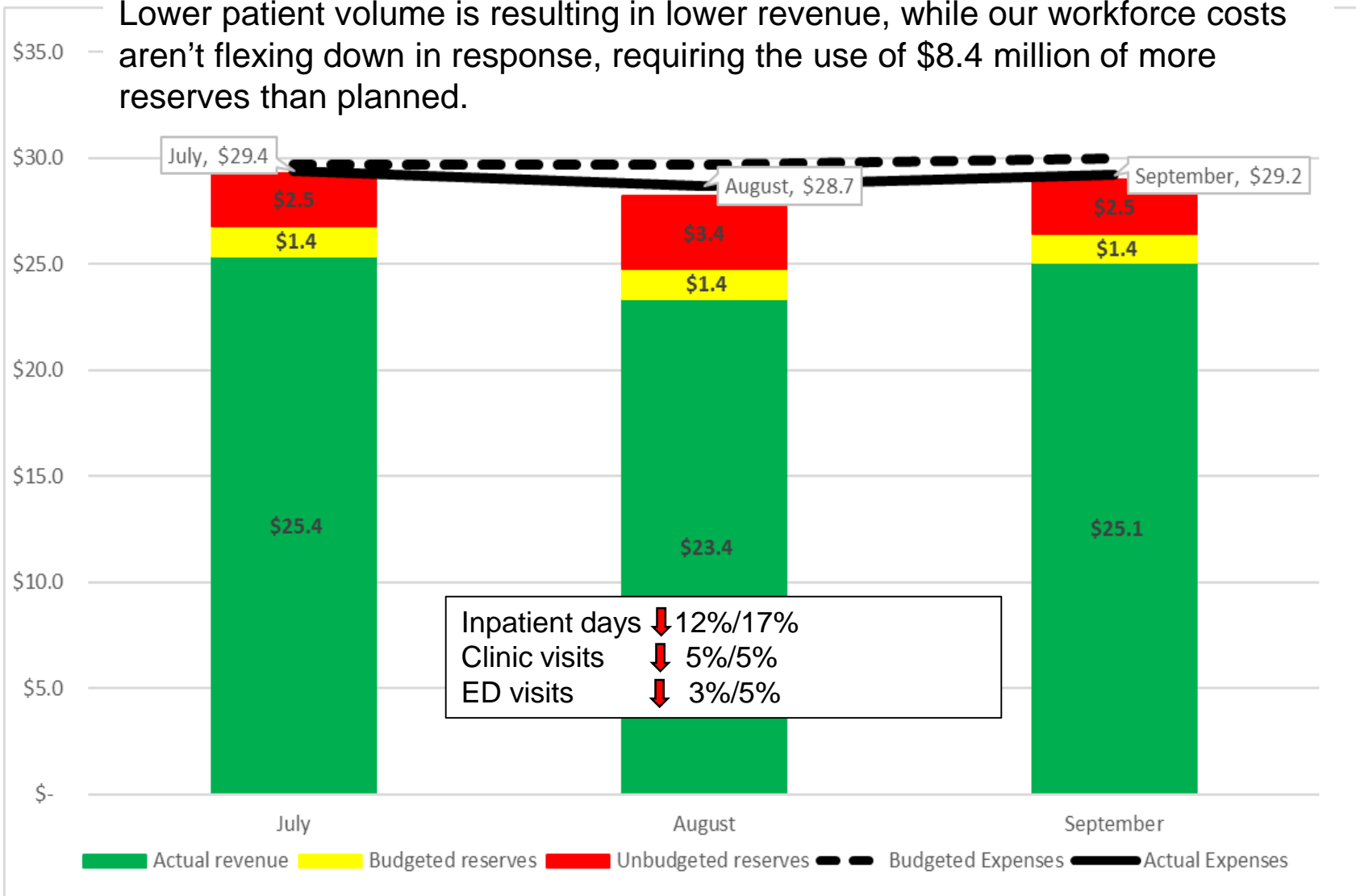
- FTEs below budget
- Patient Service Revenue
  - Declines in patient volume
  - Favorable FY10 cost report settlement
  - FY17 Family PACT reserve used

- Membership decline
- PRIME FY2015 \$2.8M reserve used
- FY2020 Enhanced Payment Program (EPP) pending approval

**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

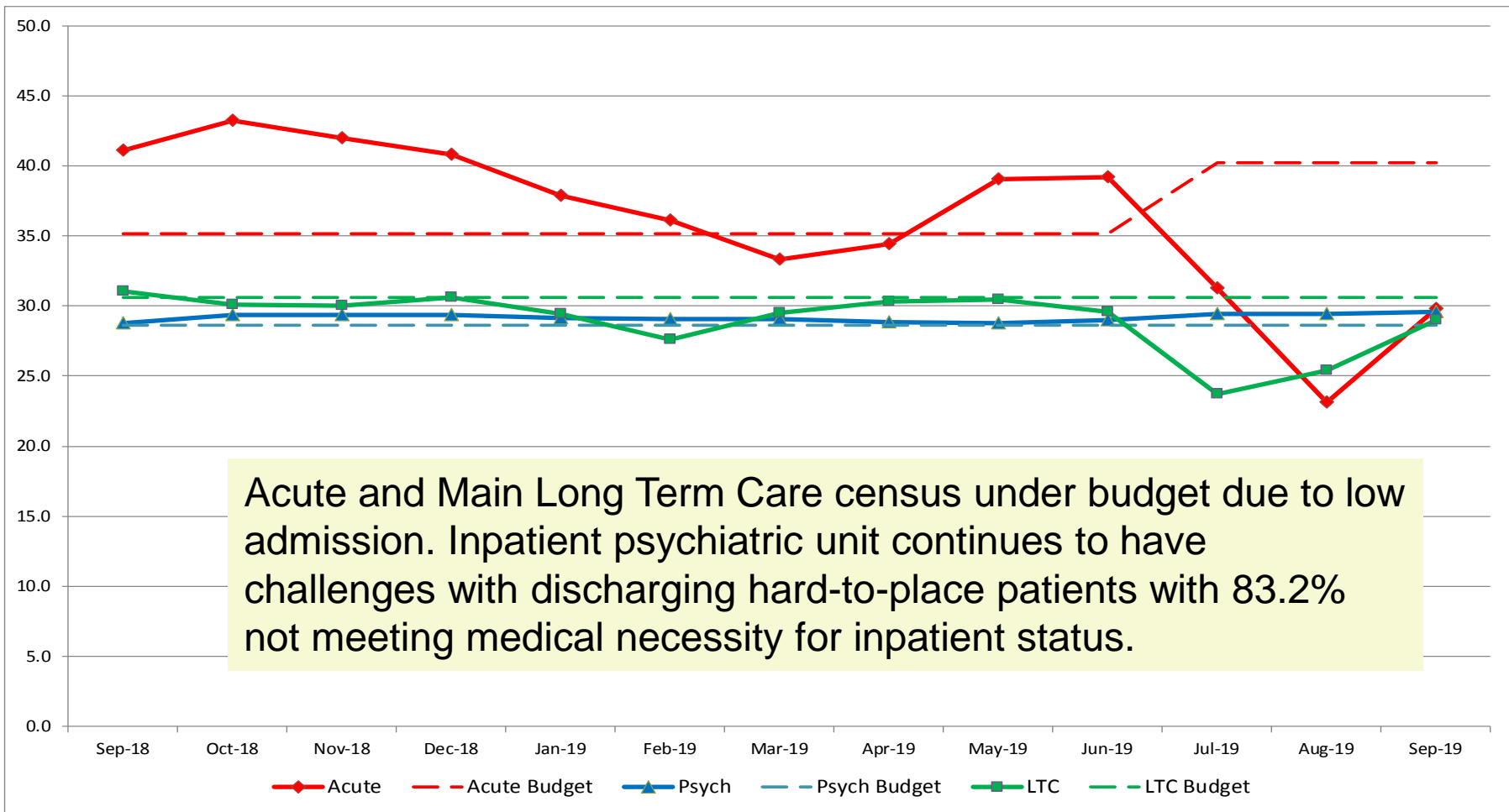
Lower patient volume is resulting in lower revenue, while our workforce costs aren't flexing down in response, requiring the use of \$8.4 million of more reserves than planned.



Note: Volume %s are Current Month/YTD

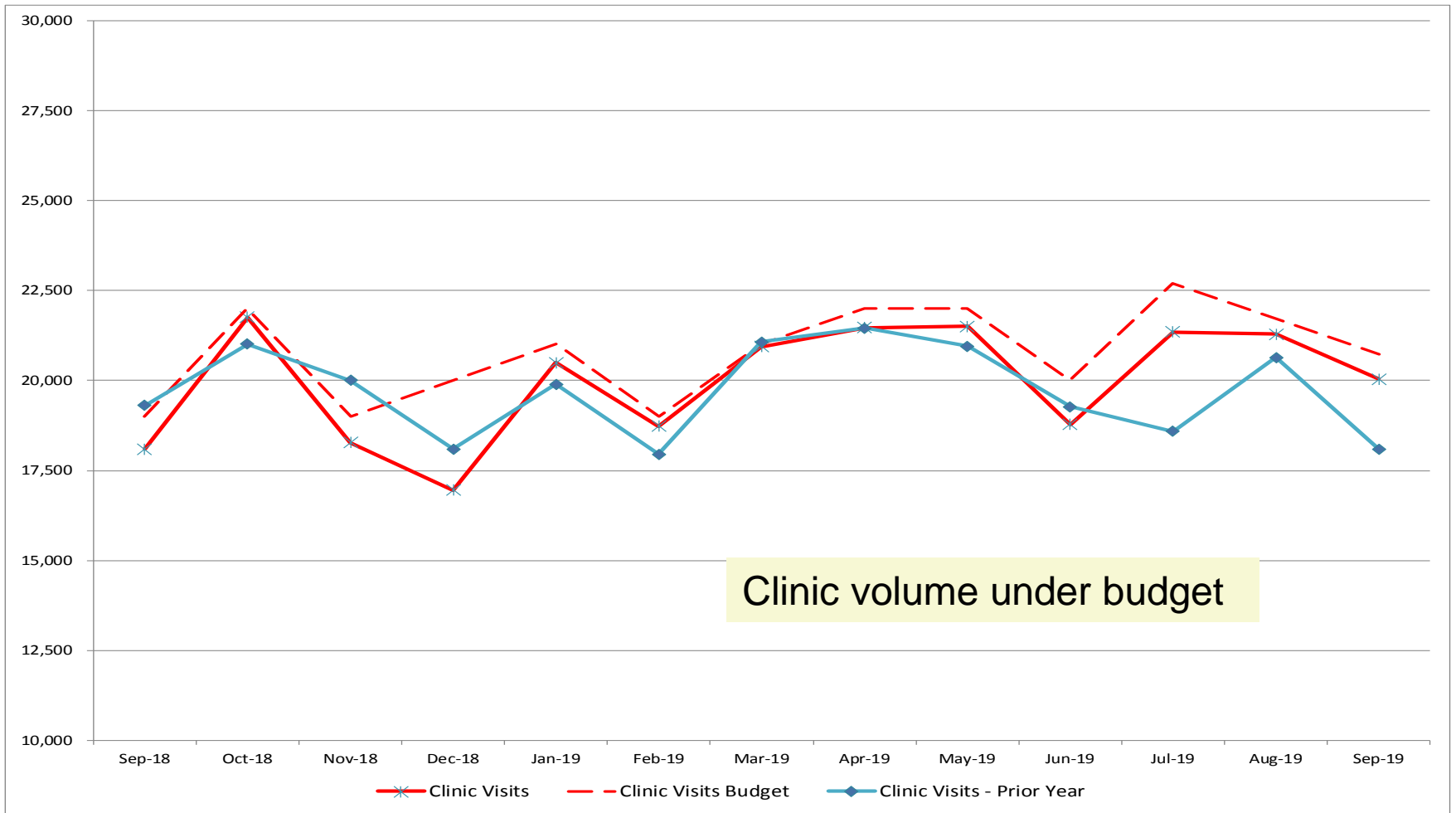
San Mateo Medical Center  
Patient Days  
September 30, 2019

Patient Days	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	2,650	3,008	(358)	-12%	7,684	9,223	(1,539)	-17%



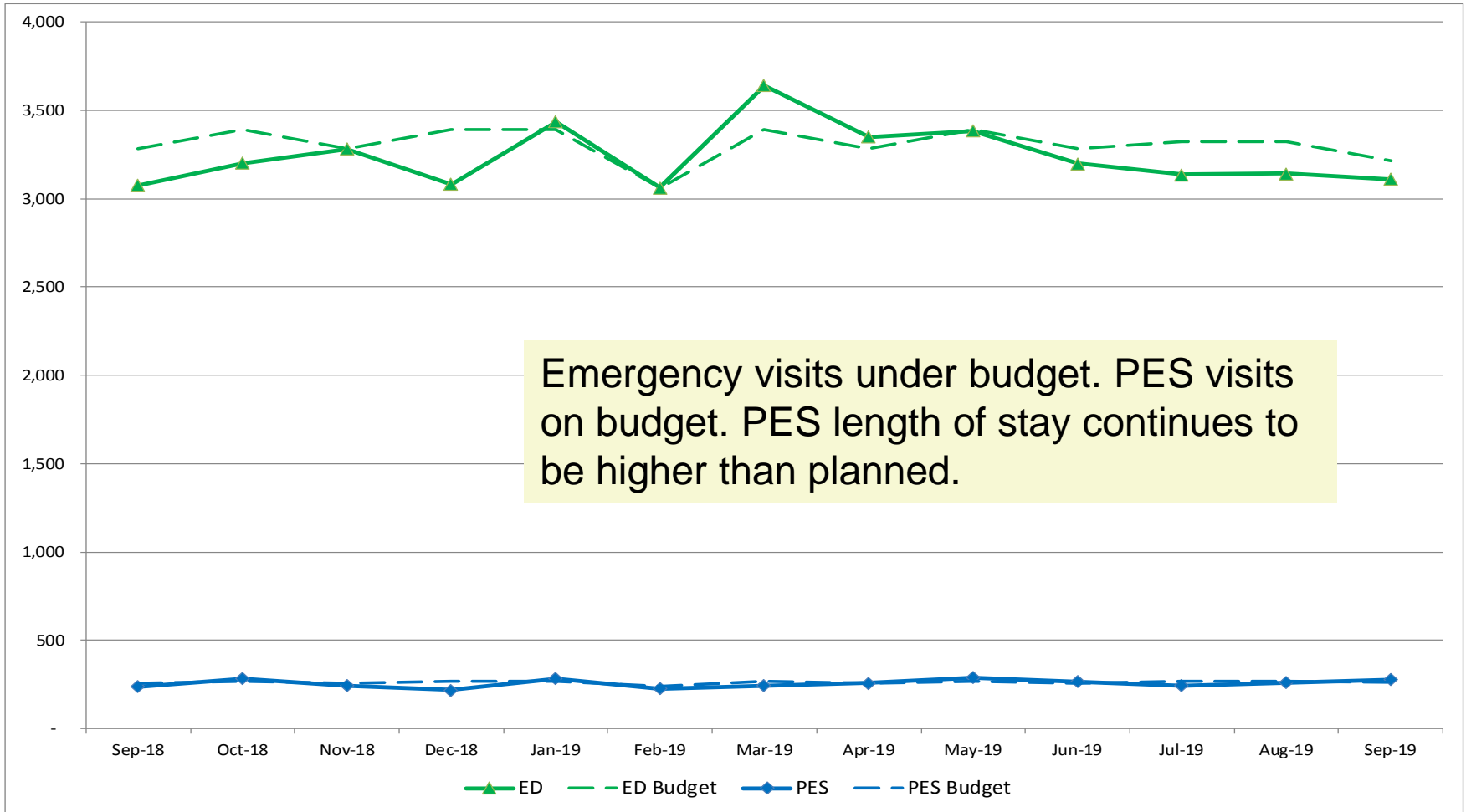
**Clinic Visits  
September 30, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	20,043	21,010	(967)	-5%	62,684	66,033	(3,349)	-5%



**San Mateo Medical Center  
Emergency Visits  
September 30, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,390	3,478	(88)	-3%	10,178	10,666	(488)	-5%



# Revenue Improvement Plan

## Executive Summary

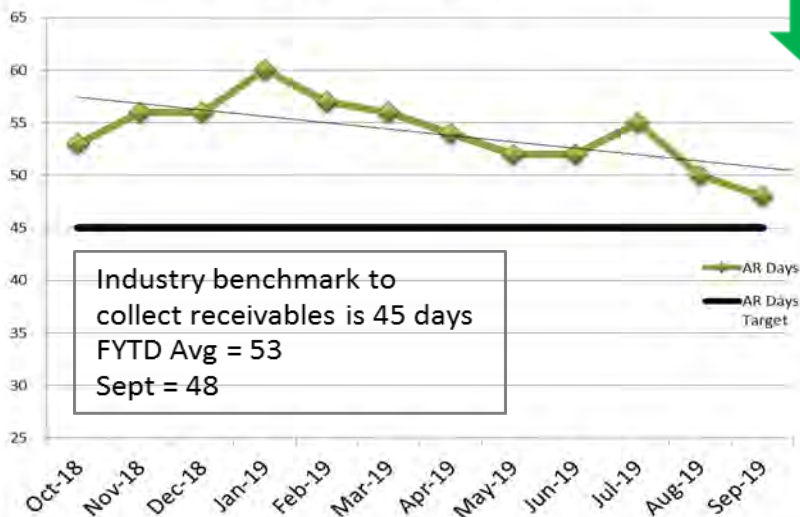
### Initiative

### Status

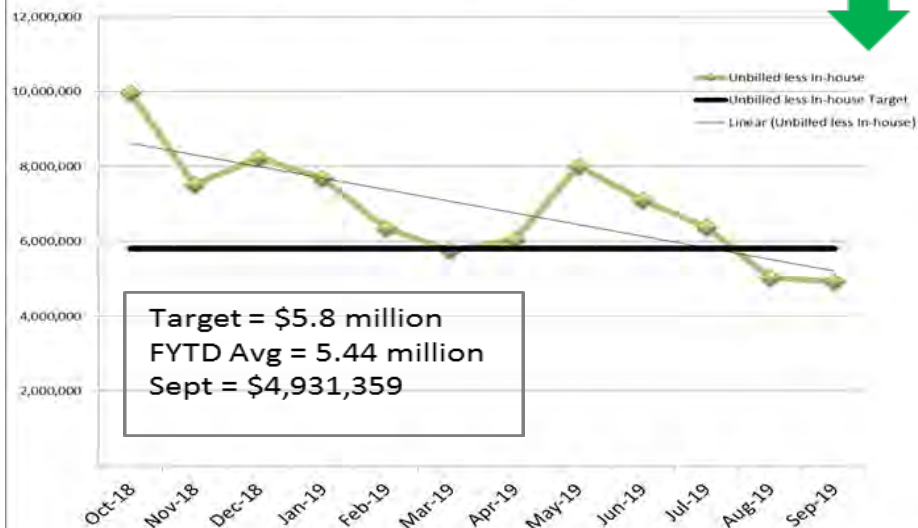
<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> <li>• Implementing eCareNEXT - registration quality software             <ul style="list-style-type: none"> <li>✓ All areas live</li> <li>☐ Performance reporting rolling out to Clinics</li> <li>☐ Optimization period &amp; post-live support underway</li> </ul> </li> </ul>
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> <li>✓ Chartwise software live</li> <li>✓ Reviewing Medicare and Medi-Cal IP charts</li> <li>✓ CDI Steering Committee launched</li> <li>✓ CDS staff started July 1st</li> <li>☐ Roll-out Outpatient CDI</li> </ul>
<p><i>Accounts Receivable Follow-Up and Denials Management</i></p>	<ul style="list-style-type: none"> <li>• Implementing Colburn Hill automated patient account follow-up software             <ul style="list-style-type: none"> <li>✓ Priority Go-Live 2/26/19</li> <li>✓ Denials reporting now live</li> <li>✓ Hints are live!</li> <li>☐ Robots in development/testing – FQ Bot is Live! (Robotic Process Automation)</li> </ul> </li> </ul>
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> <li>✓ RFP issued and vendors selected</li> <li>☐ Implementation in progress. 90 days</li> </ul>

# Key Performance Indicators

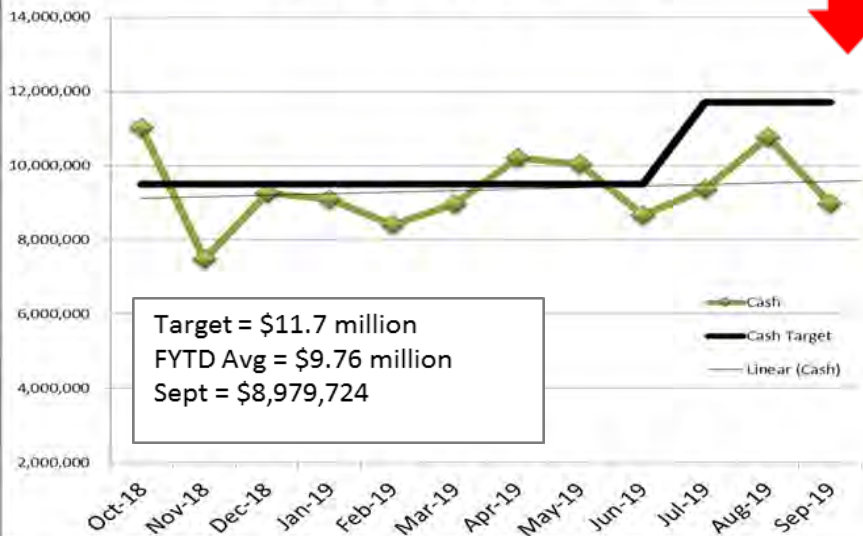
## A/R Days - Rolling 12 Months



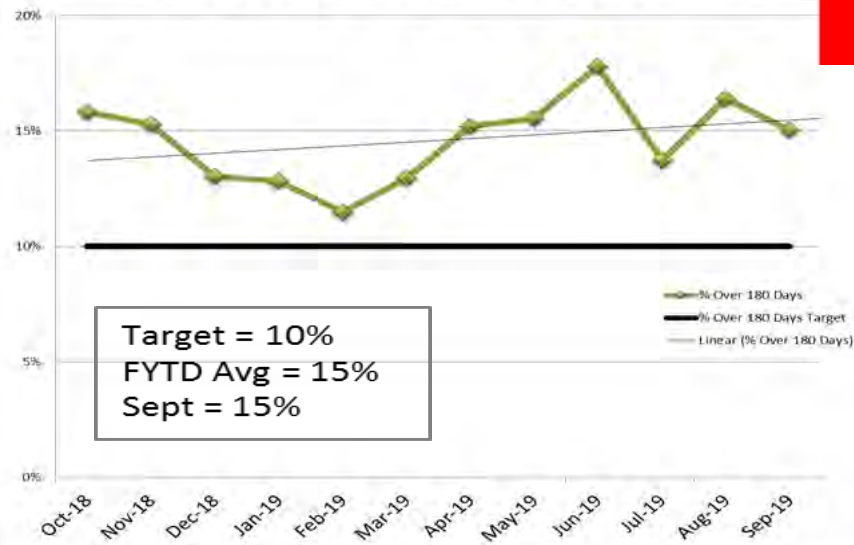
## A/R Unbilled - Rolling 12 Months



## Cash - Rolling 12 Months

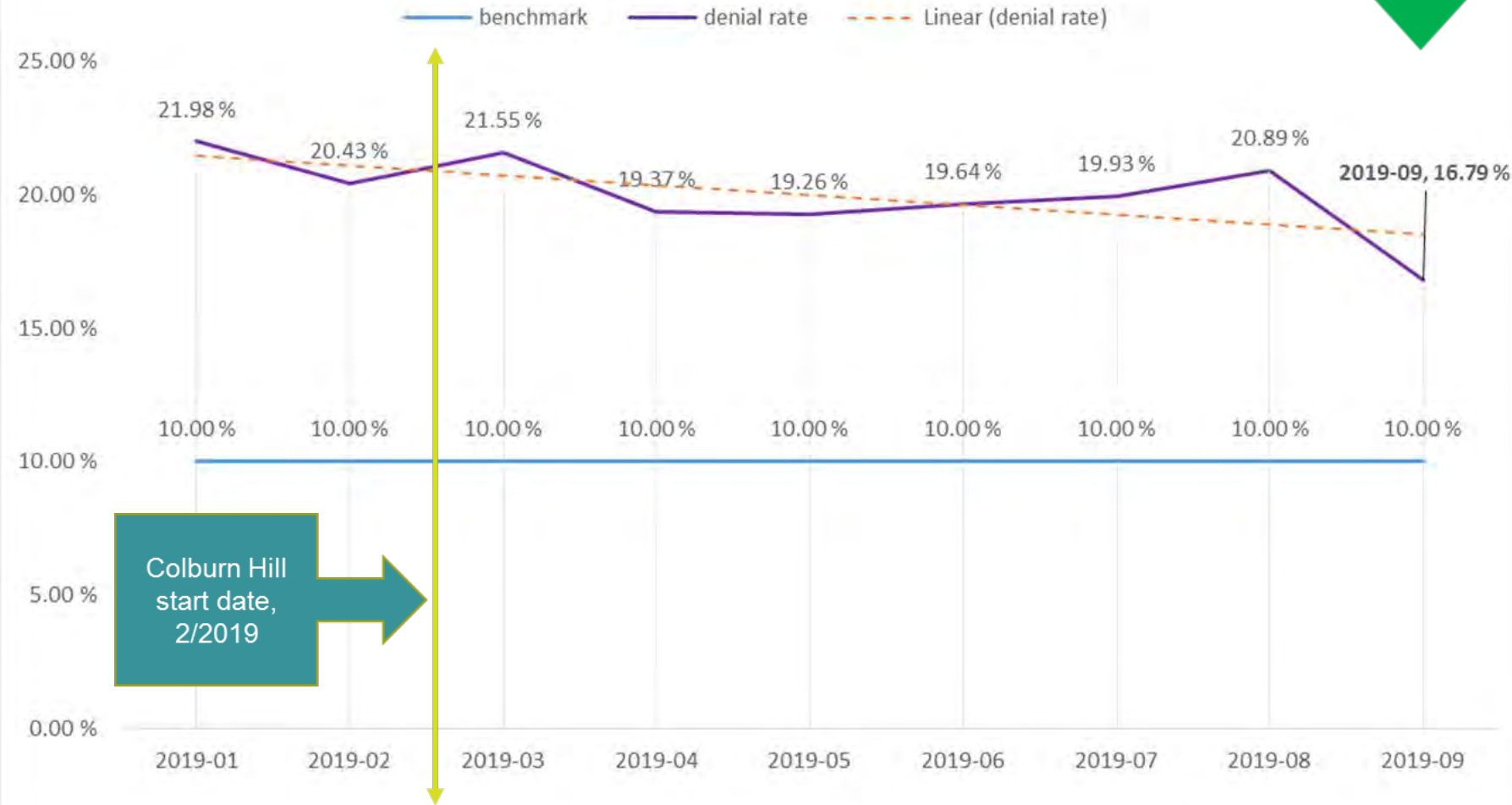


## % of A/R Over 180 Days - Rolling 12 Months





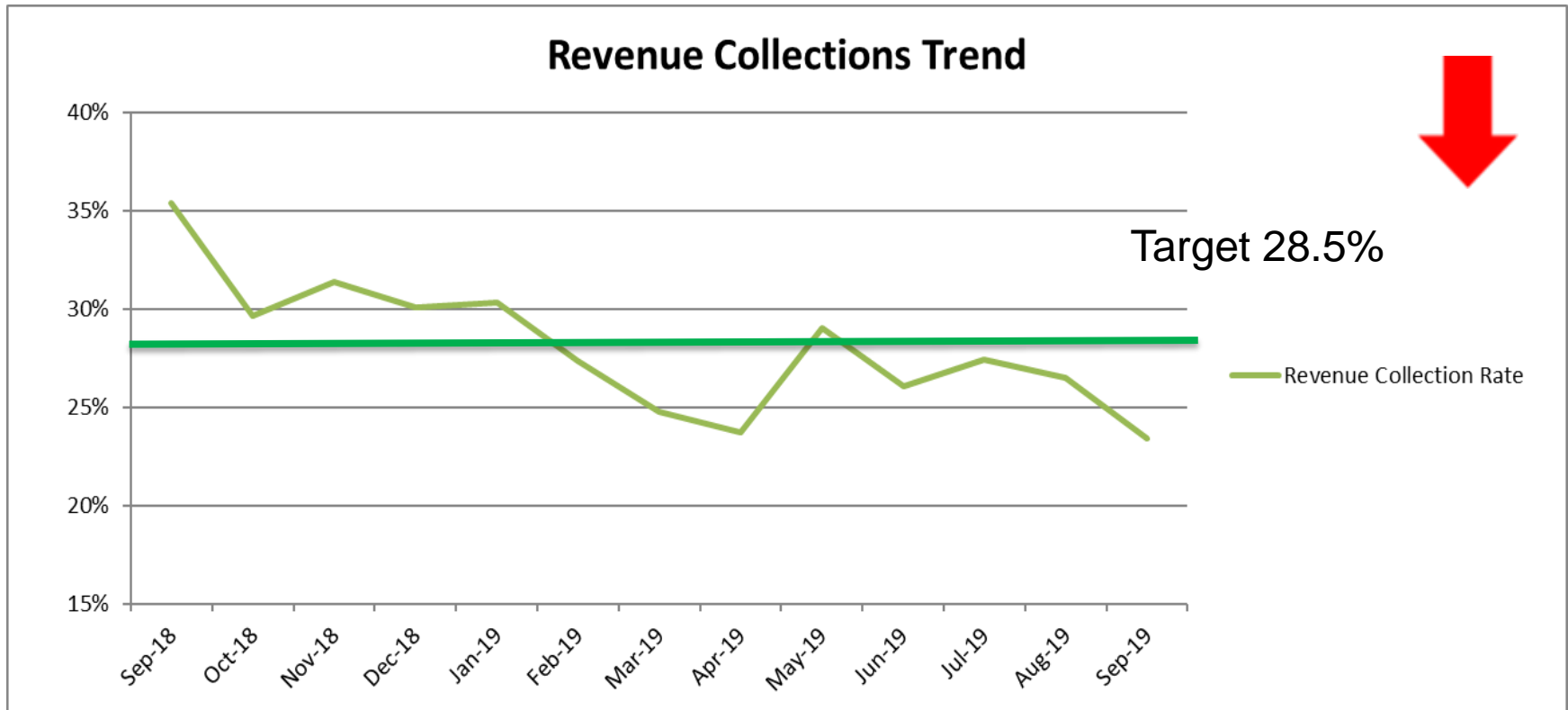
# DENIAL RATE BY MONTH



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 and September was due to increase in charge rates in inpatient and outpatient services.



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

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QUESTIONS?

# APPENDIX



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

**Income Statement**  
**September 30, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1	<b>Income/Loss (GAAP)</b>	(200,053)	(292,249)	92,197		(666,377)	(876,748)	210,371	
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2	<b>HPSM Medi-Cal Members Assigned to SMMC</b>	33,250	36,205	(2,955)	-8%	101,383	108,615	(7,232)	-7%
3	<b>Unduplicated Patient Count</b>	68,911	68,606	305	0%	68,911	68,606	305	0%
4	<b>Patient Days</b>	2,650	3,008	(358)	-12%	7,684	9,223	(1,539)	-17%
5	<b>ED Visits</b>	3,390	3,478	(88)	-3%	10,178	10,666	(488)	-5%
7	<b>Surgery Cases</b>	230	240	(10)	-4%	778	756	22	3%
8	<b>Clinic Visits</b>	20,043	21,010	(967)	-5%	62,684	66,033	(3,349)	-5%
9	<b>Ancillary Procedures</b>	70,588	69,056	1,532	2%	215,329	216,843	(1,514)	-1%

10	<b>Acute Administrative Days as % of Patient Days</b>	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%
11	<b>Psych Administrative Days as % of Patient Days</b>	83.2%	80.0%	-3.2%	-4%	27.2%	80.0%	52.8%	66%

(Days that do not qualify for inpatient status)

**Pillar Goals**

12	<b>Revenue PMPM</b>	120	125	(5)	-4%	134	125	8	7%
13	<b>Operating Expenses PMPM</b>	296	300	3	1%	295	300	5	2%

14	<b>Full Time Equivalents (FTE) including Registry</b>	1,201	1,233	32	3%	1,206	1,233	27	2%
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**San Mateo Medical Center**  
**Income Statement**  
**September 30, 2019**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	<b>Inpatient Gross Revenue</b>	13,240,769	13,964,335	(723,566)	-5%	39,456,740	41,893,005	(2,436,266)	-6%
22	<b>Outpatient Gross Revenue</b>	27,385,116	27,374,864	10,251	0%	84,225,908	82,124,593	2,101,315	3%
23	<b>Total Gross Revenue</b>	40,625,885	41,339,199	(713,315)	-2%	123,682,648	124,017,598	(334,951)	0%
24	<b>Patient Net Revenue</b>	11,605,397	11,766,250	(160,853)	-1%	40,687,900	35,298,751	5,389,148	15%
25	Net Patient Revenue as % of Gross Revenue	28.6%	28.5%	0.1%	0%	32.9%	28.5%	4.4%	16%
26	<b>Capitation Revenue</b>	215,372	500,000	(284,628)	-57%	1,011,707	1,500,000	(488,293)	-33%
27	<b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	10,488,016	11,800,503	(1,312,487)	-11%	25,528,671	35,401,508	(9,872,837)	-28%
28	<b>Total Patient Net and Program Revenue</b>	22,308,786	24,066,753	(1,757,968)	-7%	67,228,278	72,200,260	(4,971,982)	-7%
29	<b>Other Operating Revenue</b> (Additional payment not related to patients)	1,443,013	1,107,751	335,262	30%	3,696,286	3,323,254	373,031	11%
30	<b>Total Operating Revenue</b>	23,751,799	25,174,505	(1,422,706)	-6%	70,924,563	75,523,514	(4,598,951)	-6%

**San Mateo Medical Center**  
**Income Statement**  
**September 30, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

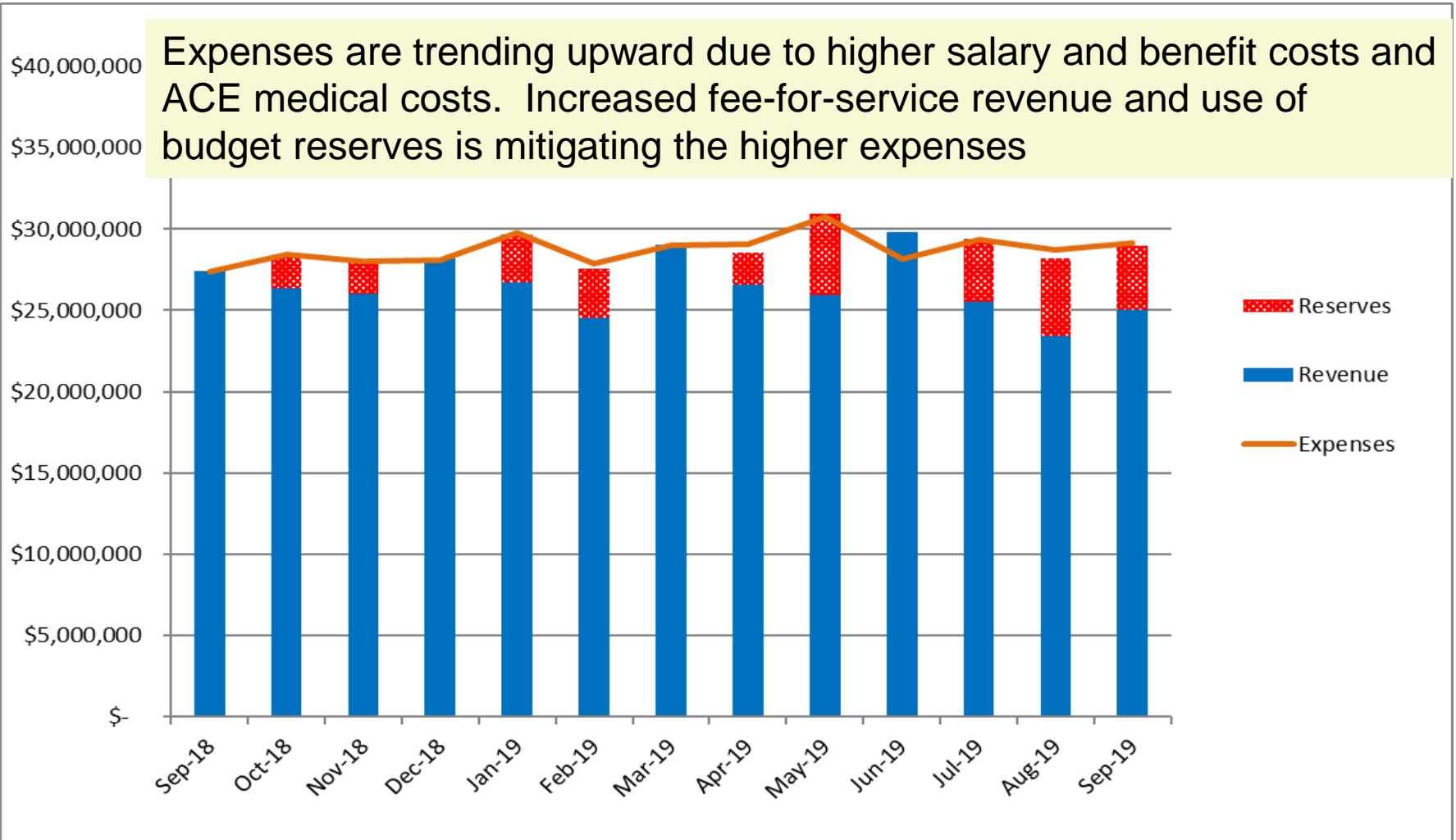
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

**Operating Expenses**

31	Salaries & Benefits	16,896,882	17,543,817	646,935	4%	49,847,740	52,631,451	2,783,711	5%
32	Drugs	882,926	810,077	(72,850)	-9%	2,856,127	2,430,230	(425,897)	-18%
33	Supplies	870,216	944,072	73,857	8%	2,457,618	2,832,217	374,600	13%
34	Contract Provider Services	3,003,715	3,516,249	512,535	15%	10,659,245	10,548,748	(110,497)	-1%
35	Other fees and purchased services	5,596,191	5,270,325	(325,866)	-6%	15,866,105	15,810,975	(55,129)	0%
36	Other general expenses	687,588	661,463	(26,124)	-4%	1,857,412	1,984,390	126,978	6%
37	Rental Expense	191,462	206,839	15,377	7%	574,387	620,518	46,131	7%
38	Lease Expense	829,392	829,392	(0)	0%	2,488,175	2,488,175	(0)	0%
39	Depreciation	206,045	237,593	31,547	13%	618,136	712,778	94,642	13%
40	<b>Total Operating Expenses</b>	<b>29,164,417</b>	<b>30,019,827</b>	<b>855,411</b>	<b>3%</b>	<b>87,224,944</b>	<b>90,059,482</b>	<b>2,834,538</b>	<b>3%</b>
41	<b>Operating Income/Loss</b>	<b>(5,412,618)</b>	<b>(4,845,323)</b>	<b>(567,295)</b>	<b>-12%</b>	<b>(16,300,381)</b>	<b>(14,535,968)</b>	<b>(1,764,413)</b>	<b>-12%</b>
42	<b>Non-Operating Revenue/Expense</b>	<b>369,097</b>	<b>(290,395)</b>	<b>659,492</b>	<b>227%</b>	<b>1,103,599</b>	<b>(871,185)</b>	<b>1,974,784</b>	<b>227%</b>
43	<b>Contribution from County General Fund</b>	<b>4,843,468</b>	<b>4,843,468</b>	<b>0</b>	<b>0%</b>	<b>14,530,405</b>	<b>14,530,405</b>	<b>0</b>	<b>0%</b>
44	<b>Total Income/Loss (GAAP)</b>	<b>(200,053)</b>	<b>(292,249)</b>	<b>92,197</b>	<b></b>	<b>(666,377)</b>	<b>(876,748)</b>	<b>210,371</b>	<b></b>

(Change in Net Assets)

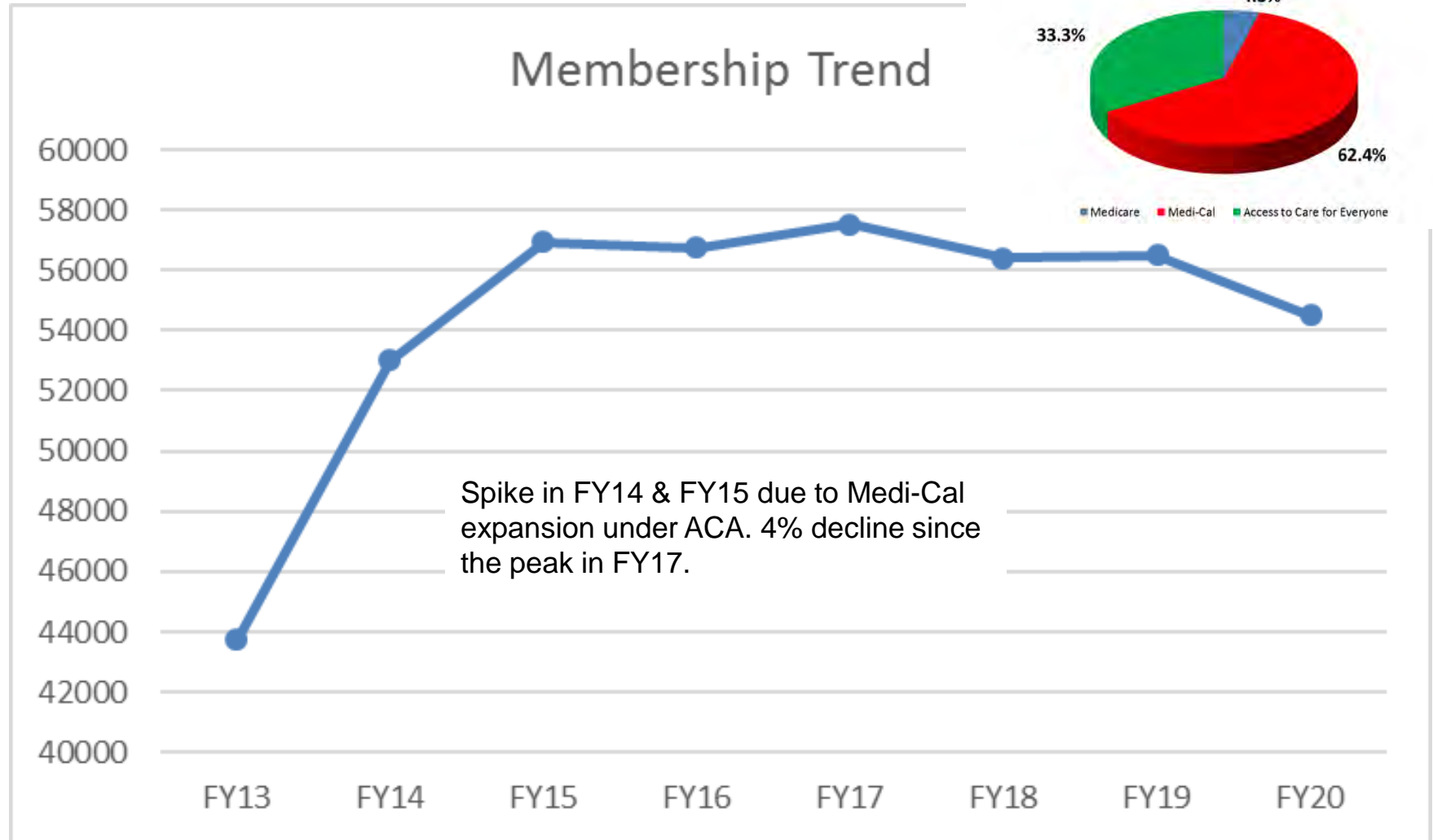
# Revenue & Expense Trend



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

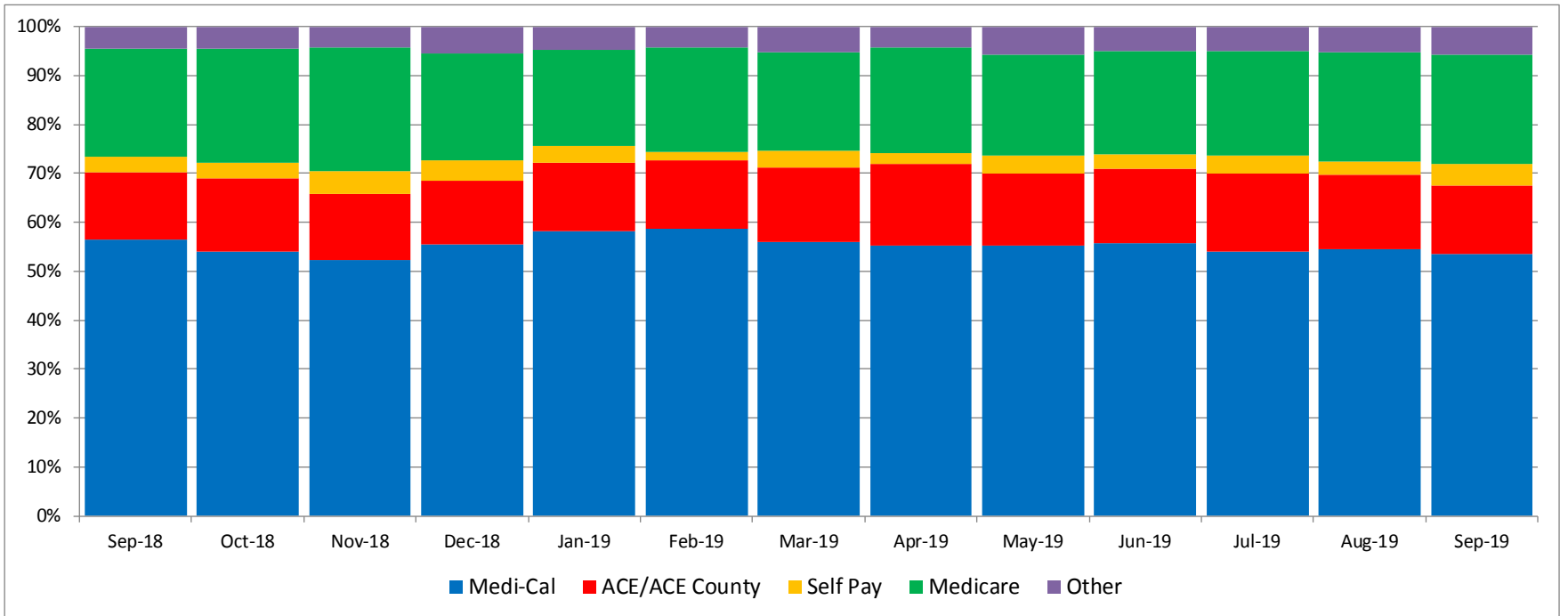


# Managed Care Membership Trend



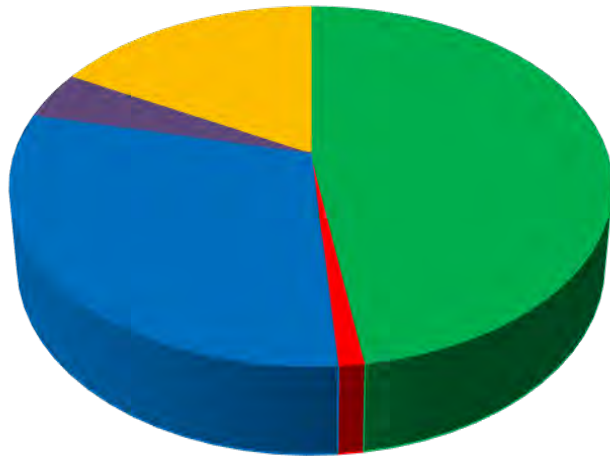
**San Mateo Medical Center  
Payer Mix  
September 30, 2019**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	22.2%	21.0%	1.2%		22.1%	21.0%	1.1%	
Medi-Cal	53.5%	58.0%	-4.5%		54.0%	58.0%	-4.0%	
Self Pay	4.6%	2.0%	2.6%		3.6%	2.0%	1.6%	
Other	5.8%	5.0%	0.8%		5.3%	5.0%	0.3%	
ACE/ACE County	13.9%	14.0%	-0.1%		15.0%	14.0%	1.0%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>			<b>100.0%</b>	<b>100.0%</b>		



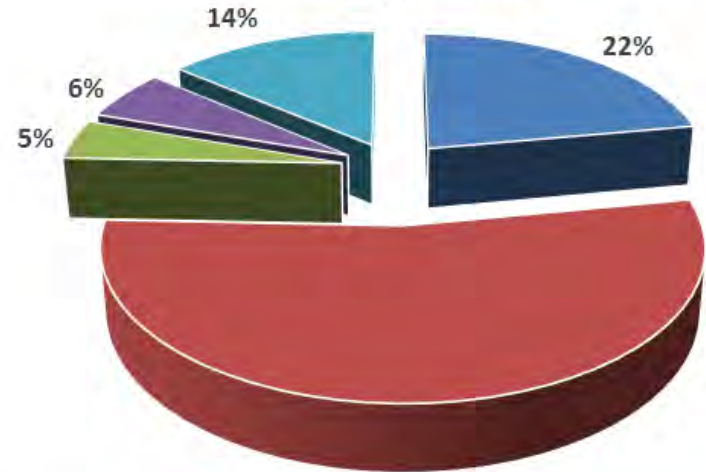
# Revenue Mix

Sources of Revenue



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

Payor Mix



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

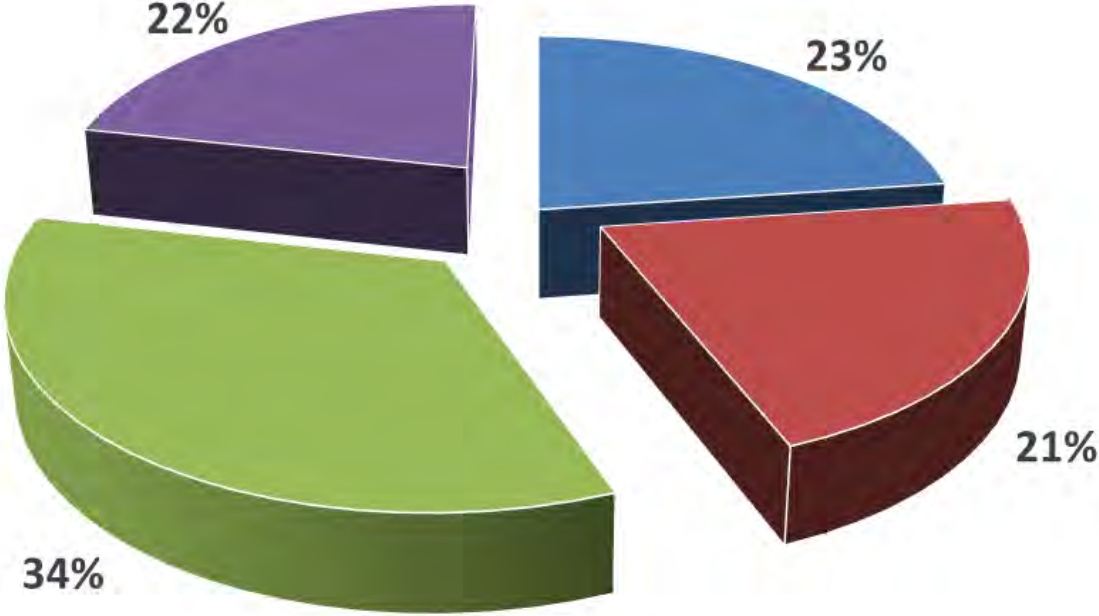
**Health Plan of San Mateo (HPSM)** represents 33% of our Operating Revenue

- 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.

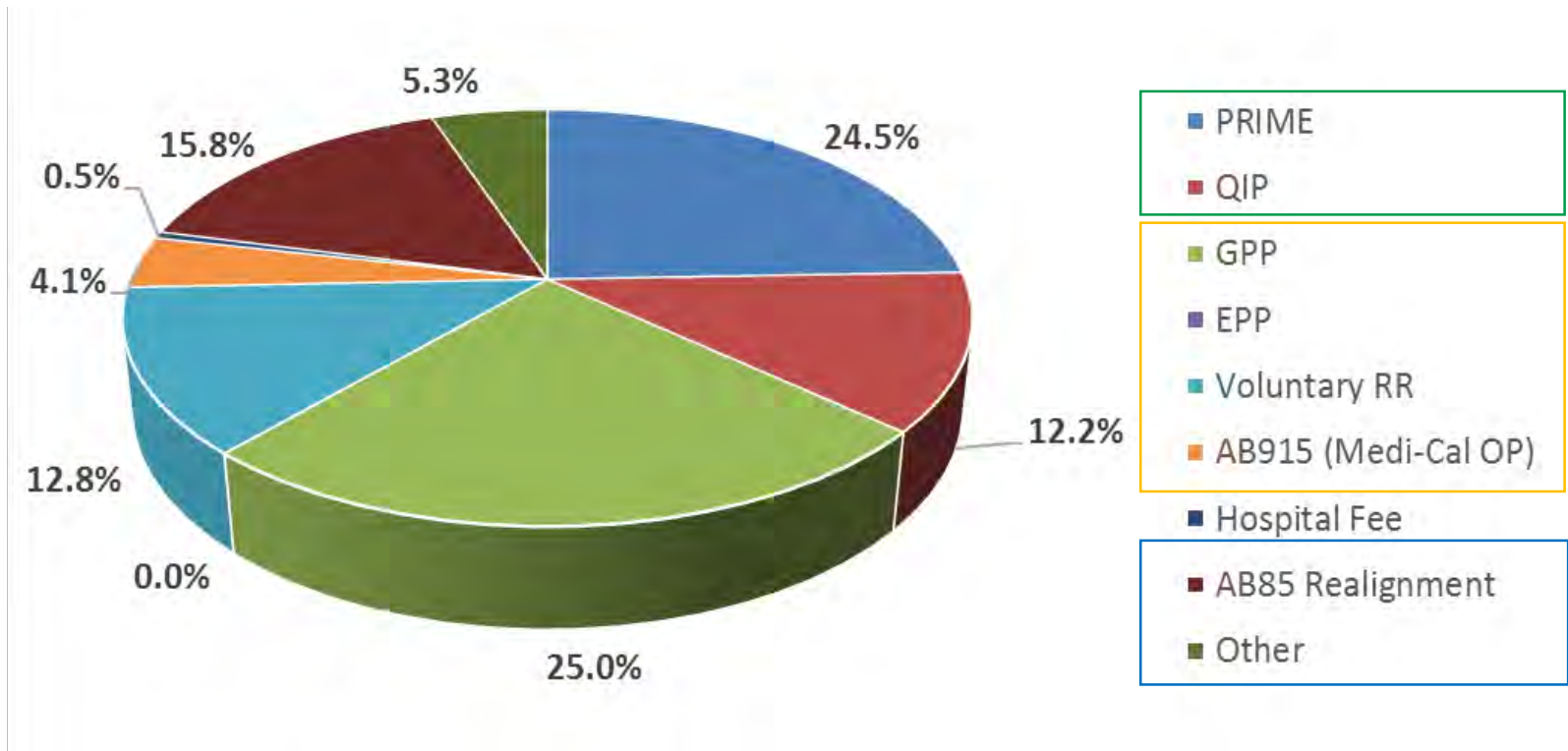
NO commercial contracts

# Revenue Mix by Service Line



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

# Supplemental Revenue Mix



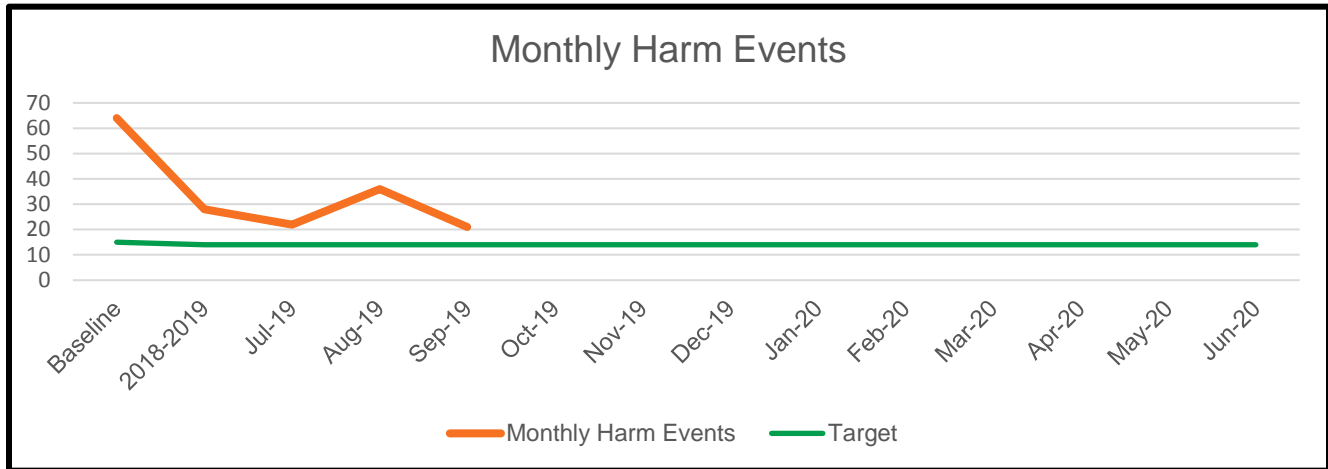
- **Value-Based** programs represent 36.7% of our Supplemental Revenue
- **Volume-Based** programs represent 63.3% of our Supplemental Revenue



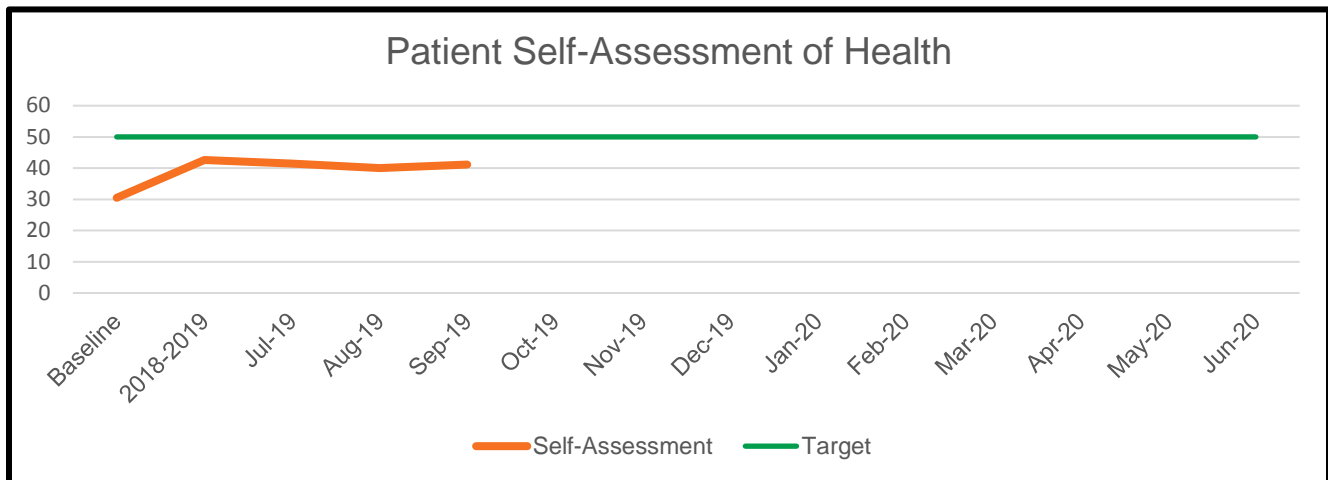
# CEO REPORT

November 2019

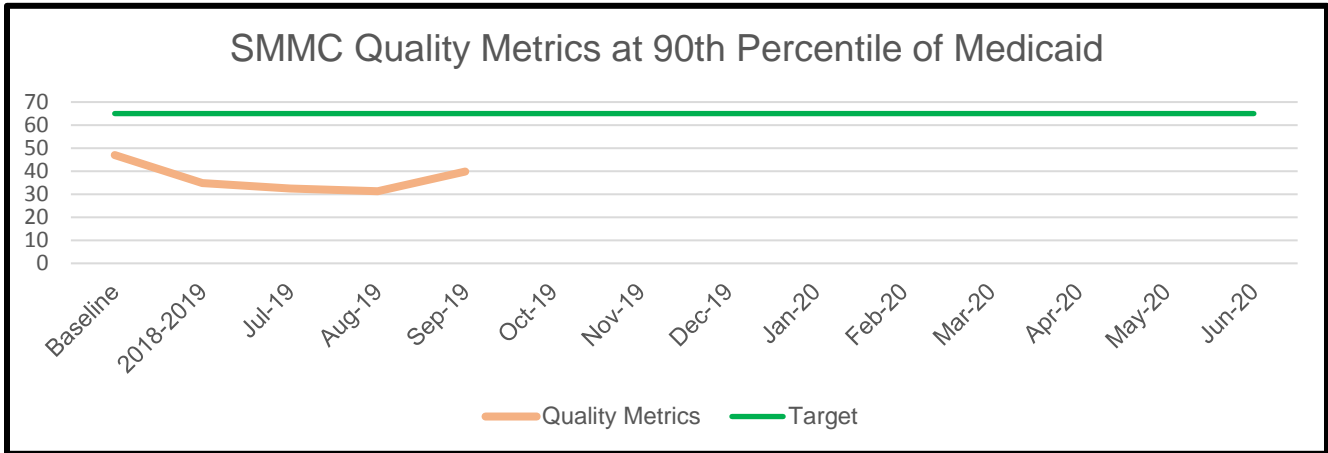
## EXCELLENT CARE METRICS



**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.**

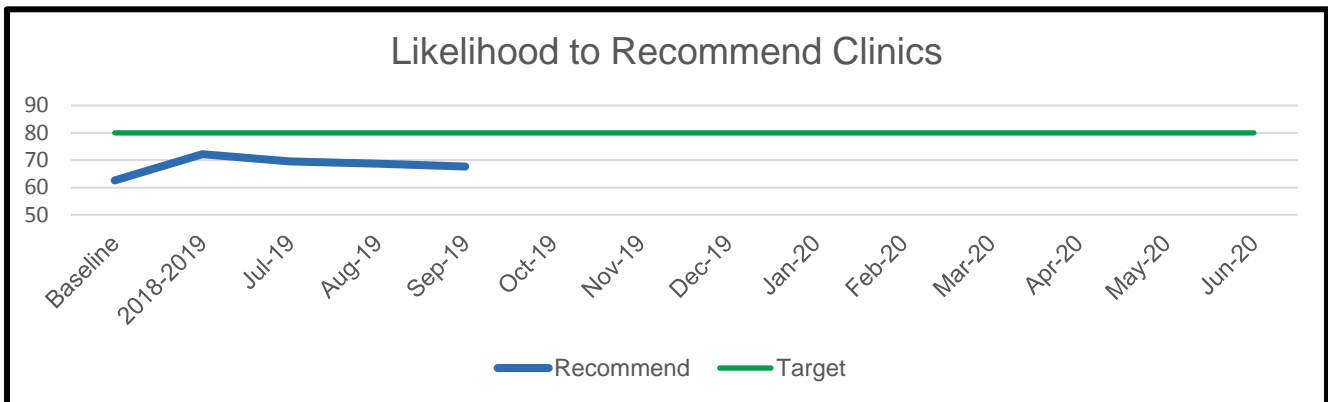


**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

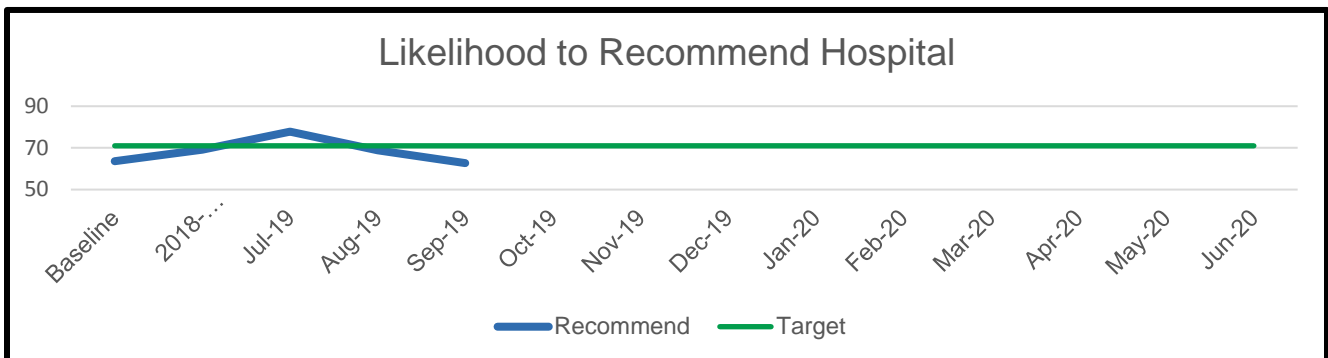


**Quality Metrics at 90<sup>th</sup> Percentile:** SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality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

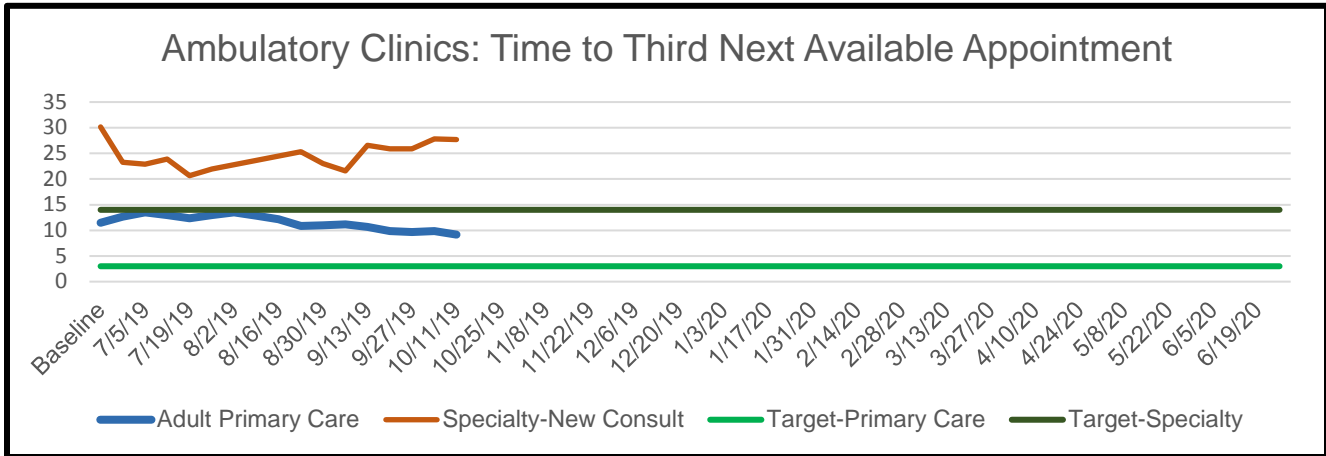
### PATIENT CENTERED CARE METRICS



**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.**

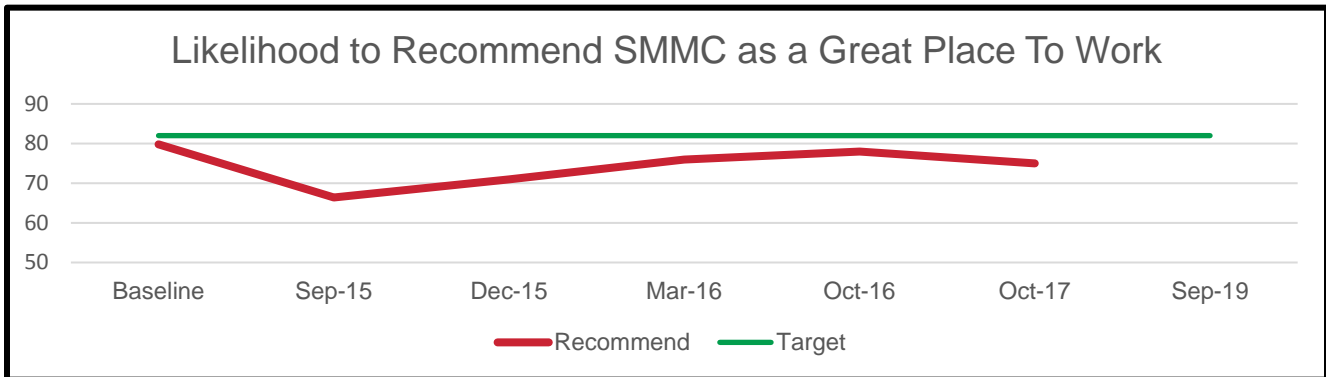


**Likelihood to Recommend Hospital:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



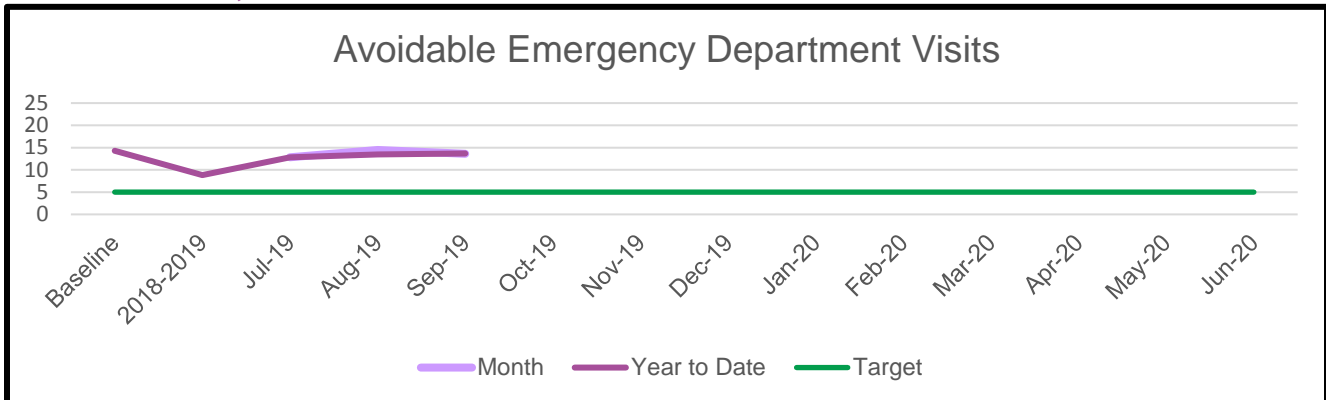
**Ambulatory Access:** Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

## 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 Blessing White staff engagement survey. **Higher is better.**

## RIGHT CARE, TIME AND PLACE METRICS

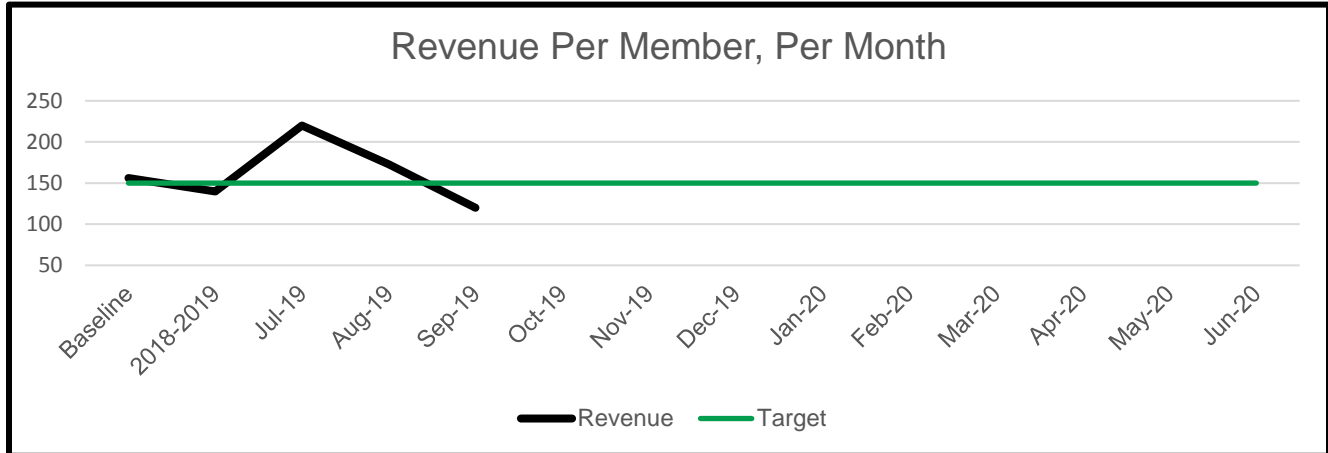


**Potentially Avoidable ED Visits:** Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

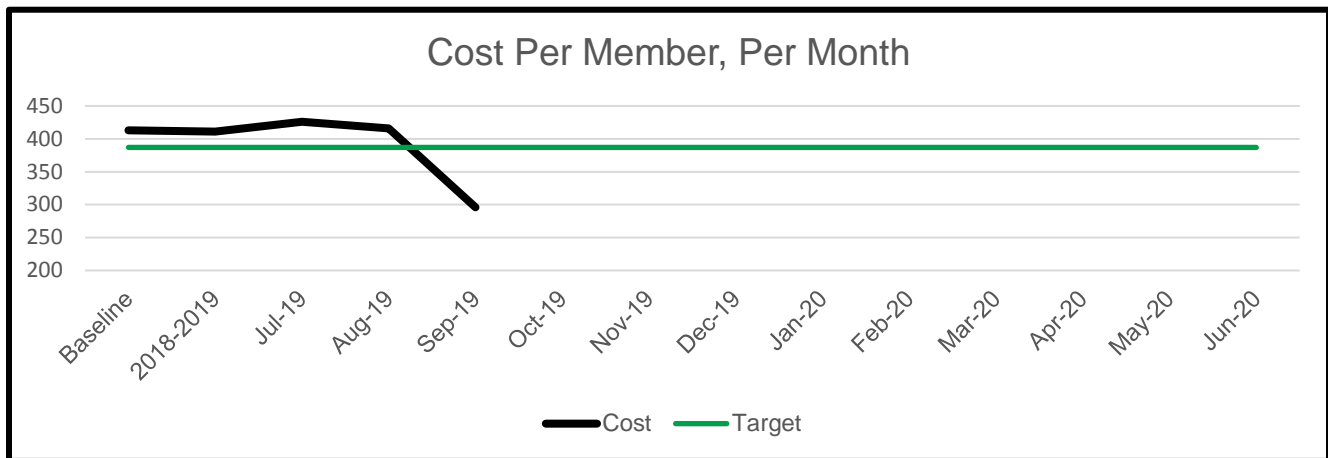




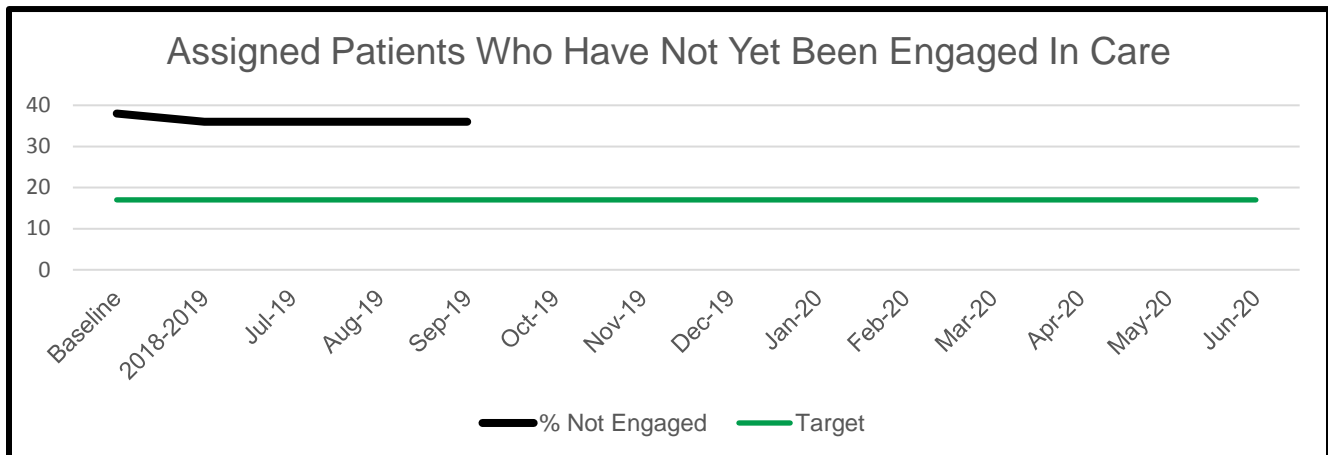
## FINANCIAL STEWARDSHIP METRICS



**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



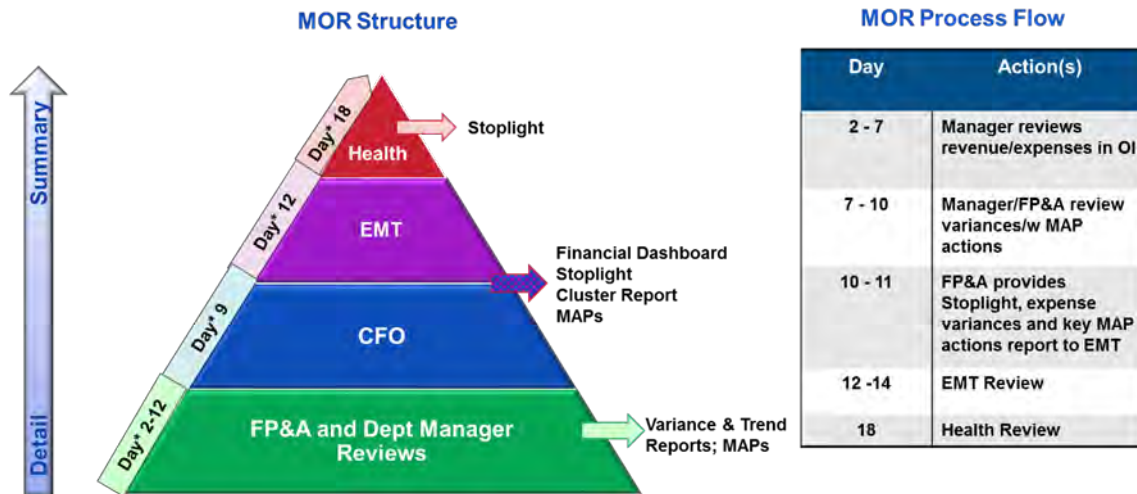
**SMMC Raises Over \$15,000 For Heart Walk**– We are extremely excited that SMMC raised over \$15,000 for this year's Heart Walk. Thank you to all our Heart Walk Champions: Angelica Agababyan, Angelina Hurrell, Brenda Batt, Can Liang, Cecil Agdipa, Cynthia Delmo, Cynthia Grivas, Eliana Alvarez, Ellen Diaz Gee, Emily Weaver, Eufemia Chavez, Hend Azzarayer, Jennifer Baxter, Josefina Rubio, Luicanne Latu, Marlene Mitchell, Maureen Cavanaugh, Rachel Daly, Robine Runneals, Ron Senior, Rosa Ramirez, Stacy Glocke, and Tony Takapu. Special Thank You to Phuong Hathaway who did an outstanding job organizing all of our efforts this year. *(Above Left: Our Amazing Heart Walk Team)*

**SMMC Promotes Breast Cancer Awareness**- October is Breast Cancer Awareness month and on Tuesday October 1<sup>st</sup>, SMMC held its 13<sup>th</sup> Annual Breast Cancer Awareness & Health Fair in the first floor Hospital Rotunda. Staff and patients were able to visit various tables to learn more about breast cancer and screening and also had the opportunity to participate in fund raising. Thank you to everyone who made this event a rousing success. *(Above Right: From L to R: CJ Kunnappilly-CEO; Diana Oakes-Every Woman Counts Program Coordinator; Patrick Grisham-Clinic Manager)*

**SMMC Care Transformation Efforts Kick Off**– On September 23<sup>rd</sup>, SMMC kicked off our Care Transformation Improvement Work. The initial site for this work is our Fair Oaks Health Center where teams of front-line staff members are designing and testing new processes. This work is launching in the context that our current system provides high quality care to many patients, but there are more than 19,000 assigned patients who are not currently receiving care. For those in care, they do not always have their needs fully met in a timely fashion. In addition, the current system forces staff to work extremely hard to overcome the same barriers over and over in order to serve their clients. The transformation efforts focus on new processes that allow us to serve all of our patients in a timely, effective, and high-quality manner while creating a sustainable and satisfying environment for staff. We look forward to sharing the progress of these efforts over the coming months.

**SMMC Welcomes New Chief Operating Officer**- On October 29<sup>th</sup>, SMMC welcomed its new Chief Operating Officer, Robert Blake, RN, MS, MBA. Robert joins SMMC after 20 years in various senior leadership positions in the Memorial Hermann Healthcare System in Houston Texas. Those roles included: VP for Patient Care in Behavioral Health, Chief Nursing Officer, Chief Human Resources Officer and Chief Operations Officer. Most recently Robert served as the Chief Operations Officer at PeaceHealth's Sacred Heart Medical Center in Eugene, Oregon. We are very excited to have Robert join the SMMC team.

**Revamping Operating Reviews** - Effective in November, SMMC Finance, supported by Navigant, is rolling out a more structured review process to monitor operational and financial performance, with the goal of identifying opportunities to mitigate financial gaps earlier in the business cycle. This Monthly Operating Review (MOR) process, which is really the next evolution of an existing process, starts with a detailed financial analysis of department performance, with discussion on drivers and trends between Finance and Operations, and concluding with summary performance results and key actions reported to the CFO and EMT, as illustrated below:



The key MOR reporting tool is called the “Management Action Plan”, or MAP, and will focus on tracking the key metrics that matter, along with the associated high level action plans to drive improved performance. A sample of the MAP is shown below:

MAP - Tracking Log 10/9/2019

ICD	Category	Description	Actual	Target	Department	Primary Lead	Status (N/Y/Q)	Priority (H/M/L)	Open/Closed	Due Date	Action Steps	Comments	Dollar Impact
<b>Finance</b>													
	labor	Total costs (PMPM)	5300	5200	300 Adult	Patrick O'neham	🟡	High					
	Capacity	Rel to Volume			300 Adult	Patrick O'neham	🔴	Low					
	Revenue Cycle	Claim Denials			300 Adult	Patrick O'neham	🟡						
	Revenue Cycle	Days On on Receivables			300 Adult	Patrick O'neham	🟢						
	Capacity	Assigned Unseen	30000	4000	300 Adult	Patrick O'neham	🔴						
<b>Quality</b>													
	PRIME	Total Actual Results	75%	80%	N/A	Patrick O'neham	🟡	High			Refer to PRIME workplan		
	QIP	Total Actual Results			N/A	Patrick O'neham	🟢	Medium			Refer to QIP workplan		
	HPSM	Total Actual Results			N/A	Patrick O'neham	🟢	High			Refer to HPSM workplan		
	Patient Safety	Patient Fall Rate			300 Adult	Patrick O'neham	🟡	Low					
<b>Services Provided</b>													
	Patient Engagement	UTS/MIC			300 Adult	Patrick O'neham	🟢						
	Patient Engagement	Communication with Nursing			300 Adult	Patrick O'neham	🟢						
	Patient Engagement	Communication with Physicians			300 Adult	Patrick O'neham	🟡						
	Staff Engagement	UTS/MIC as a great place to work			300 Adult	Patrick O'neham	🟡						

The MAPs will be rolled out in phases, starting with the Ambulatory Clinics. The Financial Planning and Analysis team will work closely with managers to provide data and analytical support for the MAPs and ensure there is tight alignment between Operations and Finance in improving financial performance and closing our projected budget gap.

**DHCS Releases “California Advancing and Innovating Medi-Cal” (CalAIM) Proposal-** The Department of Health Care Services (DHCS) released their CalAIM proposal on October 29, 2019. With the state’s current Section 1115 and 1915(b) waivers expiring in 2020, DHCS developed the CalAIM initiative to set the course for a broader Medi-Cal delivery system. 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.

CalAIM advances several key priorities of the Newsom Administration by leveraging Medi-Cal as a tool to help address many of the complex challenges facing California’s most vulnerable residents, such as homelessness, insufficient behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the state’s aging population.

DHCS will launch a significant stakeholder engagement process that includes five CalAIM workgroups, the Stakeholder Advisory Committee (SAC) and Behavioral Health SAC (BH-SAC), the Medi-Cal Children’s Health Advisory Panel (MCHAP), tribal consultation, and other convenings. Stakeholder engagement will take place from November 2019 to February 2020, with the goal of using stakeholder feedback to finalize the CalAIM proposal and waiver packages by July 2020. SMMC staff is monitoring this proposal closely and we will report back to the Board as more information is known about the operational and financial impacts of this proposal.



# 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	22,489	0.9%%	-18.5%
SMMC Emergency Department Visits	3,390	-0.4%	2.3%
New Clients Awaiting Primary Care Appt.	131	-1.5%	-55%

## SMC Health now offers WIC benefits card

San Mateo County joins four Bay Area counties in offering an Electronic Benefit Transfer (EBT) card for WIC clients. This new card replaces paper checks to provide an easier and enhanced food shopping experience for vendors and families participating in the Women, Infants & Children supplemental nutrition program. Previously, WIC participants used vouchers, which often delayed checkout, caused confusion on which products were allowed within prescribed food packages, and required that all food items on the check be purchased even if the participant did not have interest in them. With the WIC card, participants also use a mobile app, which allows them to scan barcodes to confirm which food items are allowed, see their remaining benefits, purchase only those items and quantities they would like. The card functions like a debit card, so WIC participants check out like any other customer, which eliminates any stigma during the purchase. In 2018-2019, over 14,000 mothers, caregiving relatives, and children five and under participated in the WIC program, which provides support for breastfeeding and supplemental nutrition.



## Edith Cabuslay wins American Public Health Association award

Program Manager Edith Cabuslay has been selected by the American Public Health Association as the winner of the Alcohol, Tobacco and Other Drug 2019 Community-Based Leadership Award for innovation in community-based programs that affect the community environment. The award recognizes her work on Cannabis Decoded, a marijuana education campaign for youth and parents in San Mateo County. Preliminary funding to develop and launch the Cannabis Decoded website was provided by the Board of Supervisors. The initiative subsequently received excess federal block grant funds to purchase additional media and expand the campaign. Edith worked closely with other California counties to have them also join the effort—expanding and leveraging the reach and impact of this campaign. The award will be presented at the APHA Annual Meeting in Philadelphia in November.

## Coastal Cleanup Day draws over 5,000 volunteers

Environmental Health Services organized local participation in the statewide Coastal Cleanup Day on September 21. In San Mateo County, the event drew 5,245 volunteers, including individuals, families, and teams from schools and businesses, who picked up 35,111 pounds of trash, preventing it from ending up as ocean pollution. First organized by the Coastal Commission in 1985, Coastal Cleanup Day is California's largest volunteer event and brings community awareness to cleaning up public areas along the water and protecting the marine environment.

