



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, July 5, 2018

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

July 5, 2018 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Bryan Gescuk

Dr. Janet Chaikind

Informational Items

3. Medical Executive Committee

Dr. Bryan Gescuk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Leslie Williams-Hurt

F. CONSENT AGENDA

TAB 1

Approval of:

1. June 7, 2018 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Quality report – Radiology
- 2. Operations report – Patient Experience
- 3. Financial Report
- 4. CEO Report

Dr. CJ Kunnappilly..... Verbal
Dr. Alpa Sanghavi Verbal
David McGrew..... TAB 2
Dr. CJ Kunnappilly..... TAB 2

I. HEALTH SYSTEM CHIEF REPORT

Health System Snapshot

Louise Rogers..... TAB 2

J. COUNTY MANAGER’S REPORT

John Maltbie

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.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, June 7, 2018
Executive Board Room

Board Members Present

Supervisor David Canepa
John Maltbie
Dr. CJ Kunnappilly
Dr. Janet Chaikind
Dr. Alex Ding

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
DeAndre James
Joan Spicer
Brighton Ncube
Peggy Jensen

Members of the Public

Priscilla Romero
Gabriela Behn
Aimee Armsby
Julie Griffith
Karen Pugh
Eric Raffin

Jeri Hill
Ava Carter
Lorrie Sheets

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 7, 2018. QIC Minutes from April 24, 2018. Medical Executive Committee Minutes from May 8, 2018.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the report was amended. The QIC Minutes were approved and the MEC Minutes were accepted.
Public Comment	None.	
Foundation Report	Leslie Williams-Hurt reported that the Harvard Business School Community Partners program presented their recommendations on how the Foundation can increase its impact. The goal of the program was to create recommendation for actionable changes built upon a high level of understanding of the organization's opportunities and challenges.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 3, 2018.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Janet Chaikind	No report.	FYI
SMMC Model Cell Dr. Susan Fernyak Brighton Ncube	<p>Three systems aligned to achieve ever improving results</p> <ul style="list-style-type: none"> • Engage everyone, every day to solve safety issues • Redesign complex work systems to meet patient needs • Leadership through the Daily Management System <p>The purpose of having a model cell is not to achieve the goals of the improvement effort (in this case, to better meet our patient's specialty care needs) but really to provide a beacon/model of excellence for the entire organization so that we can meet (and continuously improve) toward ideal in all our efforts.</p> <p>Our hypothesis is that leveraging the management and improvement systems embedded within Real Time Problem Solving and our Daily Management System will allow us not only to sustain the gains made from our process improvement efforts, but will allow us to continuously improve the outcomes over time.</p> <p>The Four Pathways:</p> <ul style="list-style-type: none"> • Pathway 1: Meeting a patient's specialty care need in primary care • Pathway 2: Meeting a patient's non-surgical specialty care need identified by their primary care team • Pathway 3: Meeting a patient's surgical or procedural specialty care need • Pathway 4: Meeting a patient's specialty care need that is identified when they are in our hospital <p>System Redesign: For specialty needs that can be met in primary care, we completely redesigned the process we follow so that we can address their needs as soon as they are identified. No waiting, no referrals, no more unnecessary days off work for the patient, no more non-value added work for our staff (processing the referral, checking eligibility, rooming, chart prep, etc.)</p> <p>WHAT WE DID: we took an 8-week approach, where we had a team of staff who represented each role that is involved in meeting this need. That team followed the scientific method (and made their own nested charter of the charter I just showed you)- understood the current condition, designed and tested experiments.</p>	FYI
Connected Care Eric Raffin	Integrating the medical, behavioral, and social histories of our clients through Health Information Exchange (HIE)	FYI

	<p>Guiding principles:</p> <ul style="list-style-type: none"> • Communicate • Ground work in shared policy • Apply standards-based technology <p>SMC Connected Care Accomplishments:</p> <ul style="list-style-type: none"> • Combined treatment information from seven health information systems in one place <ul style="list-style-type: none"> ○ Medical information ○ Behavioral information ○ Social determinants of health • Easy to use – One click single sign-on <p>Next steps:</p> <ul style="list-style-type: none"> • Connect with our organization partners • Connect to national HIE networks • Add new data sources 	
Financial Report David McGrew, CFO	The April FY17/18 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly, CEO	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
Health System Report Louise Rogers	No report.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Canepa	No report.	FYI

Supervisor Canepa adjourned the meeting at 9:21 AM. The next Board meeting will be held on July 5, 2018.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

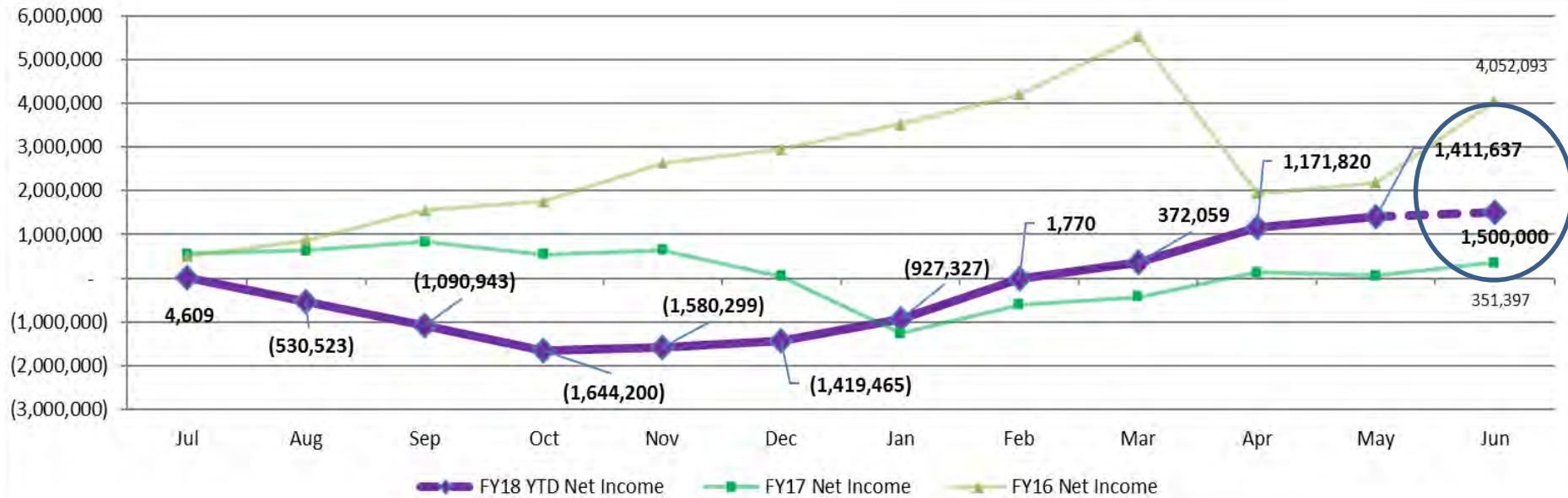


San Mateo Medical Center
A County System of Healthcare

**May FY 2017-2018
Financial Report**

**Board of Directors Meeting
July 5, 2018**

Financial Highlights



May - Positive \$240K:

- FTEs below budget
- GPP DSH cut delay
- QIP/EPP

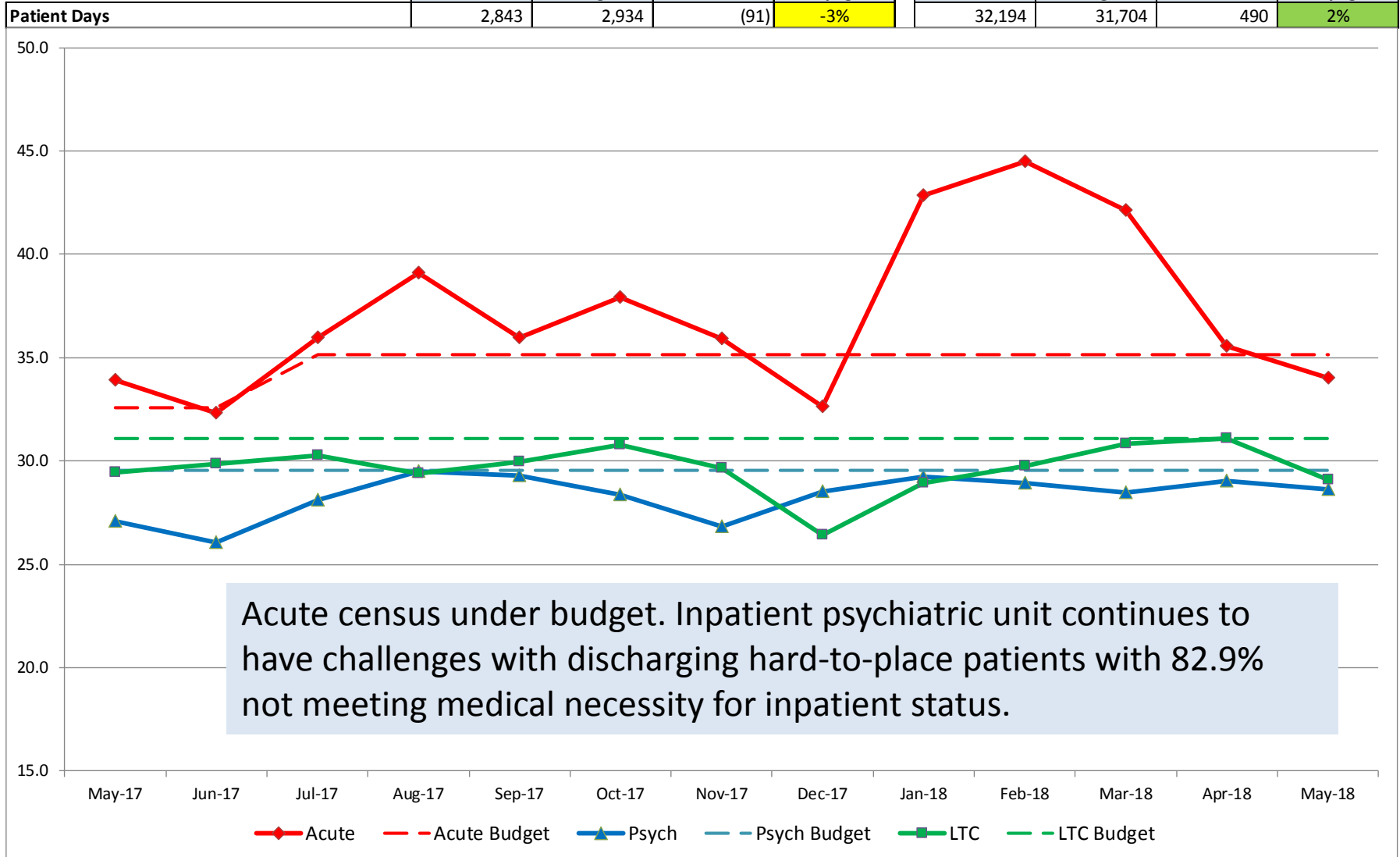
- Patient service revenue
FY14 FQHC Settlement - \$1.4 million
- Timing of drug and supplies payments

Forecast FY18: In addition to the new Voluntary Rate Range program, the recently approved Quality Improvement Program (QIP) and Enhanced Payment Program (EPP) provides sufficient funding to offset the loss of other supplemental revenue due to the Managed Care Rule.

**San Mateo Medical Center
Inpatient Census
May 31, 2018**

MONTH			
Actual	Budget	Variance	Stoplight
2,843	2,934	(91)	-3%

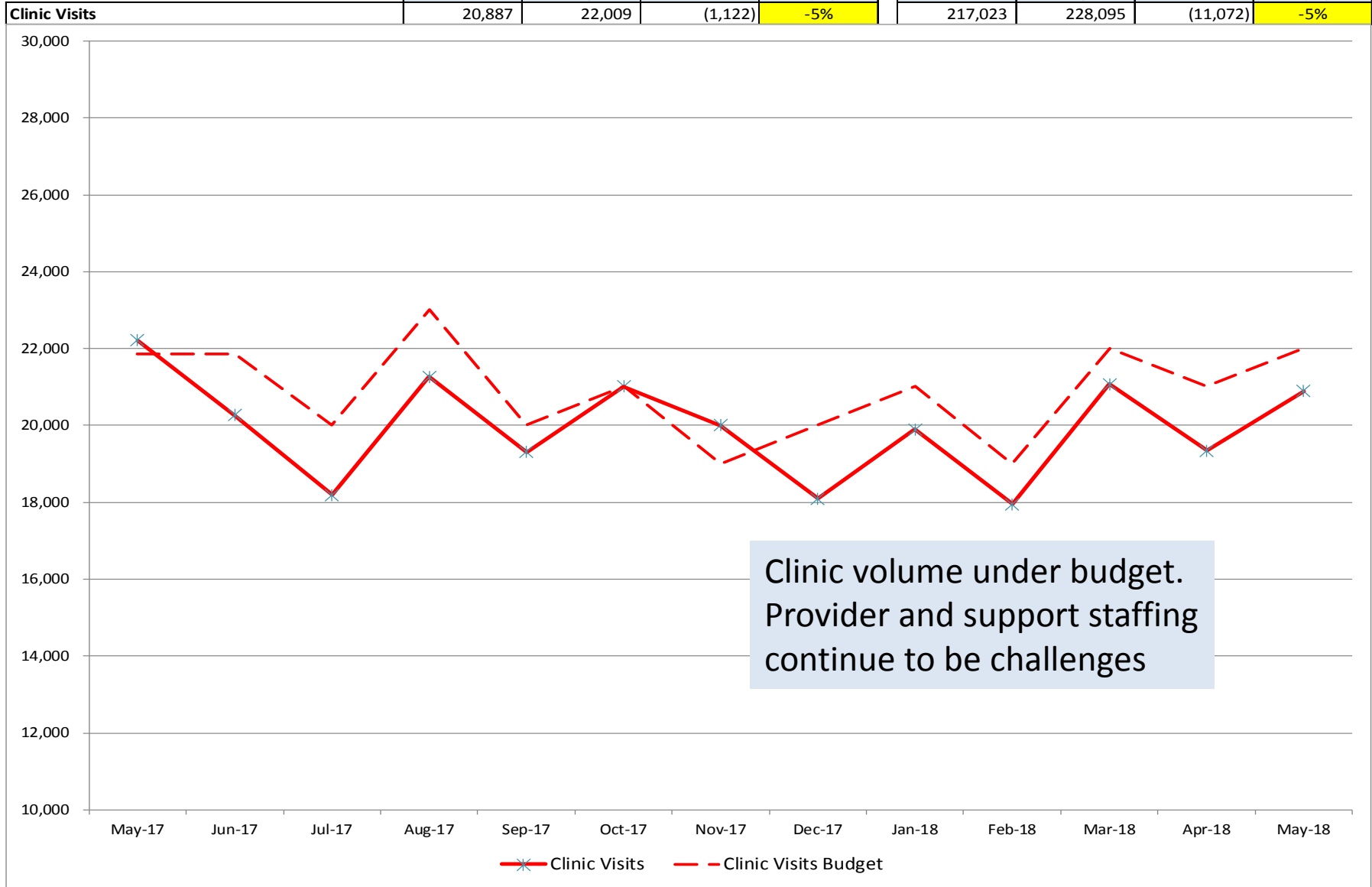
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
32,194	31,704	490	2%



**San Mateo Medical Center
Clinic Visits
May 31, 2018**

MONTH			
Actual	Budget	Variance	Stoplight
20,887	22,009	(1,122)	-5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
217,023	228,095	(11,072)	-5%

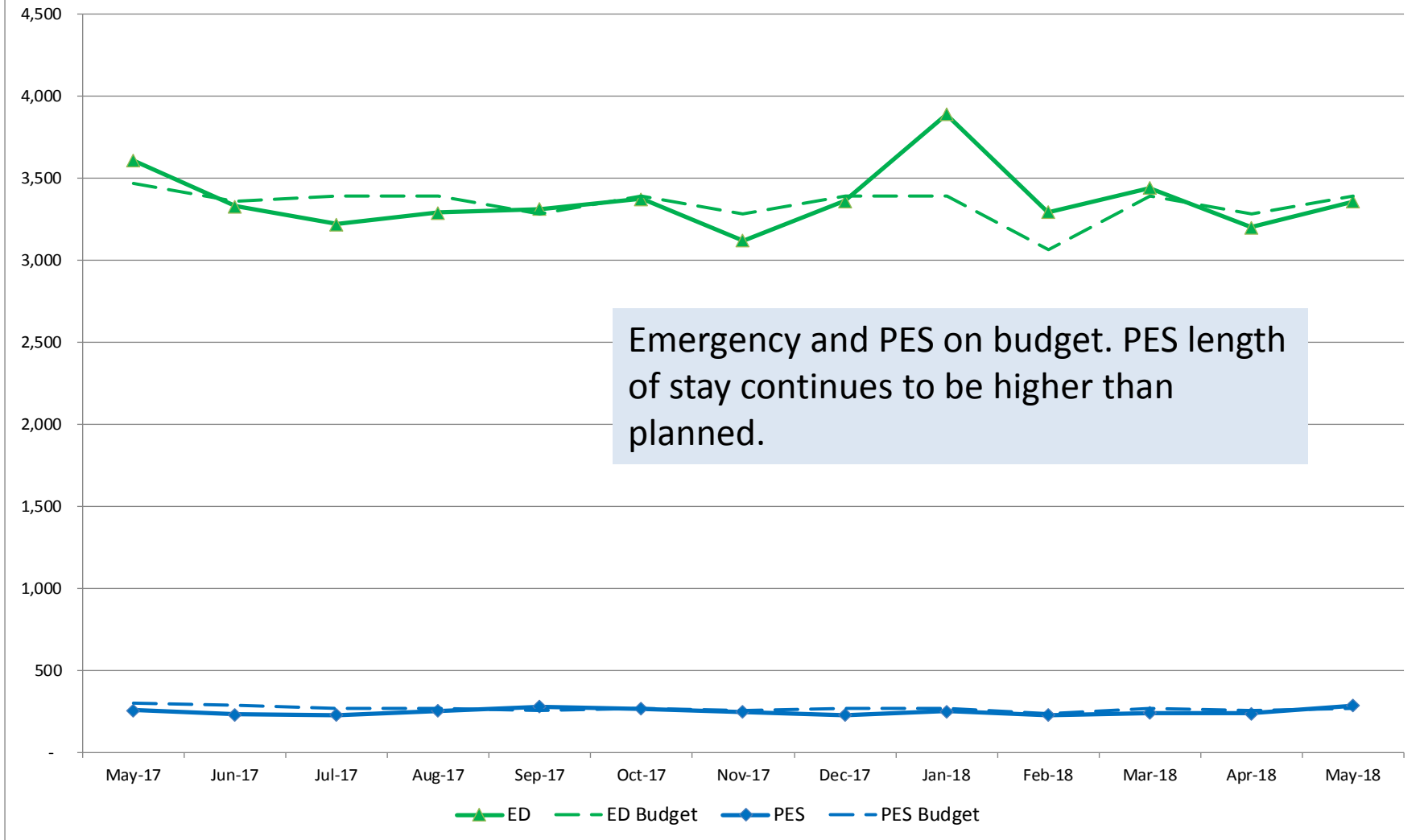


San Mateo Medical Center
Emergency Visits
May 31, 2018

MONTH			
Actual	Budget	Variance	Stoplight
3,647	3,659	(12)	0%

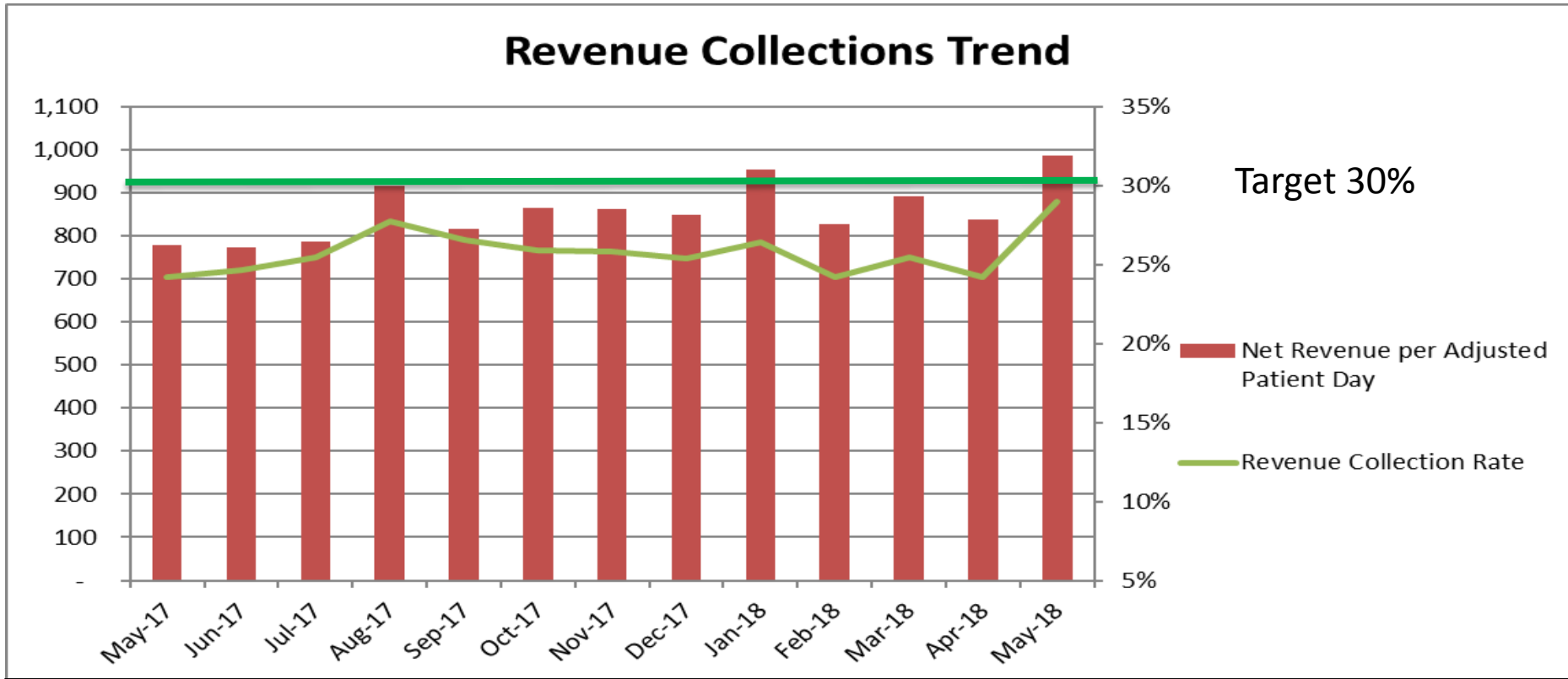
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
39,646	39,544	102	0%

ED Visits



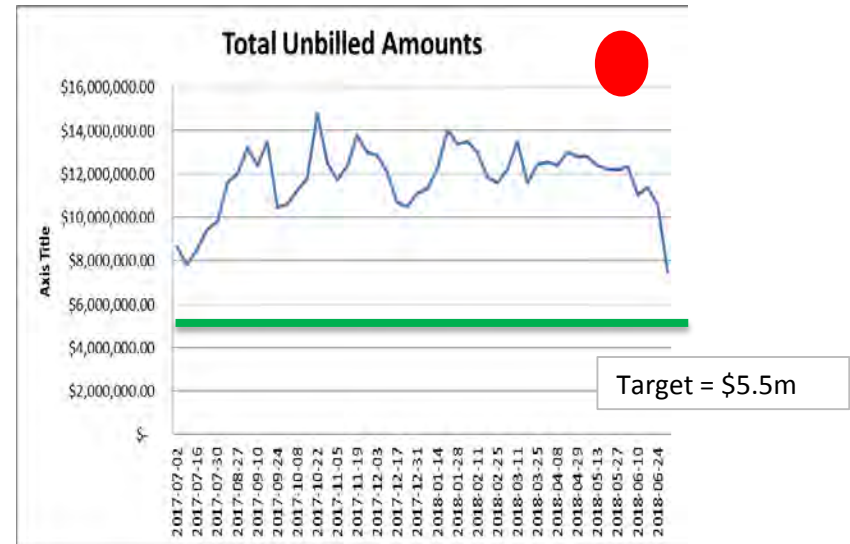
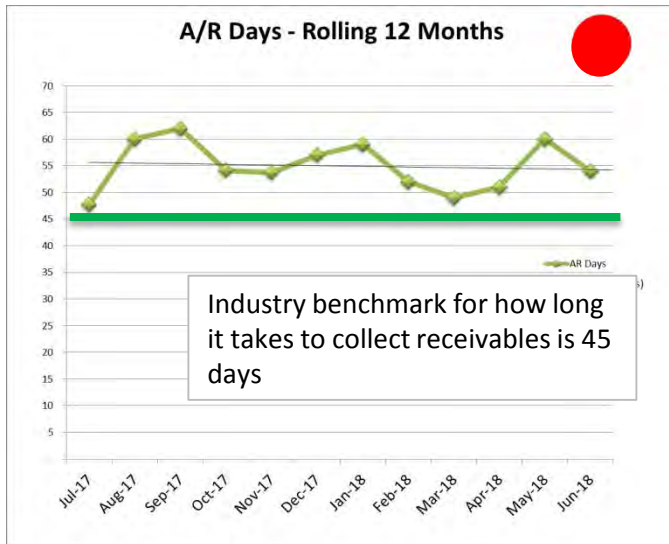
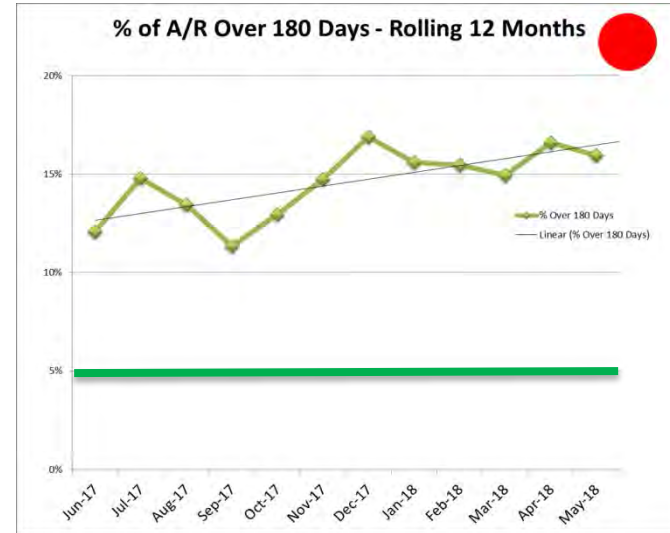
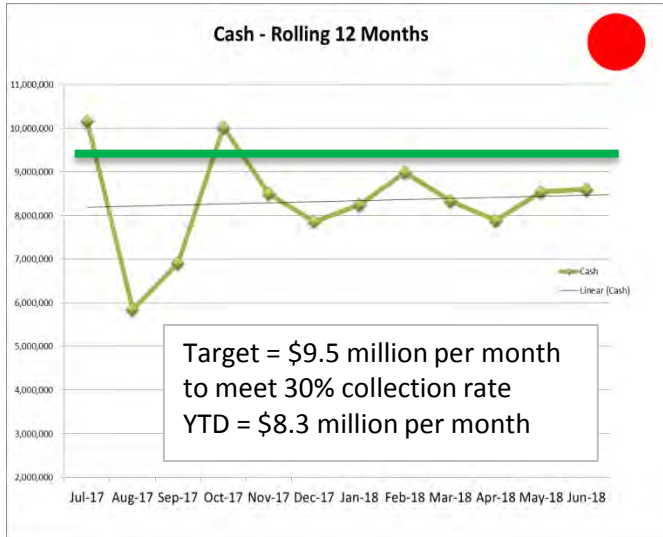
Key Performance Indicators

FFS Revenue Collection Trend

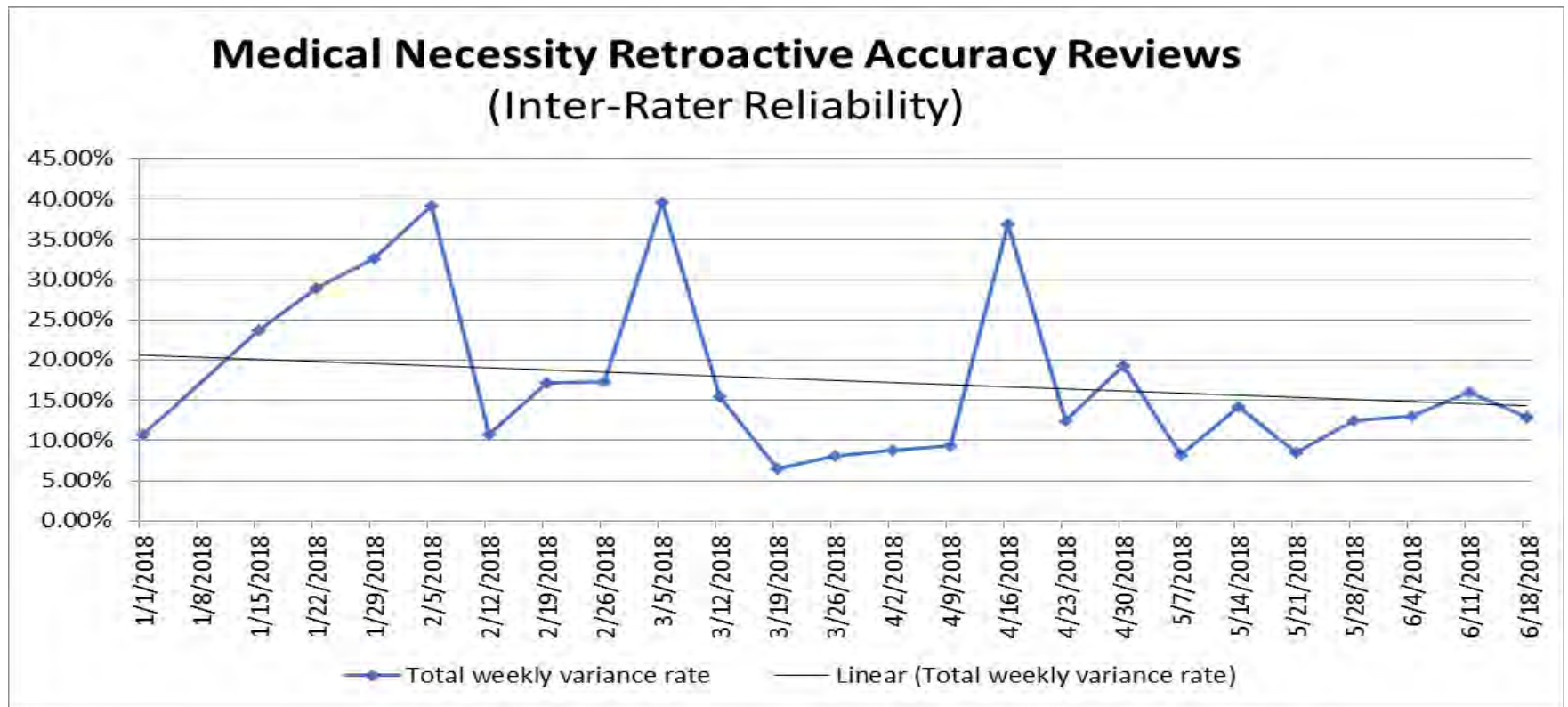


The May collection rate was 25% after adjusting for the FY14 FQHC settlement. The revenue collection rate continues to hover around 25%, as we continue to delay the release of claims pending compliance reviews for accuracy and completeness. Claim denials continue to be high due to inpatients not meeting medical necessity on the medical-surgical unit and the psychiatric unit.

Key Performance Indicators



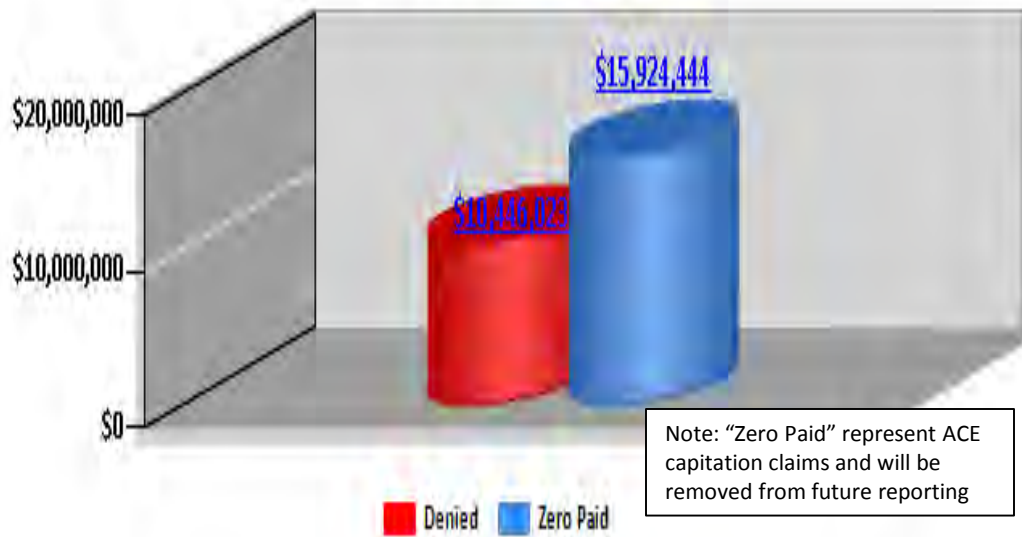
Key Performance Indicators



Claims are held pending review of medical necessity for compliance with inpatient billing rules and treatment authorization requirements. The error rate continues to trend downward as a result of weekly variance reviews, focused training/monitoring and LEAP improvement work. The variance rate for the week ending 6/25 was zero. Implementation of a CDI program will further support these efforts.

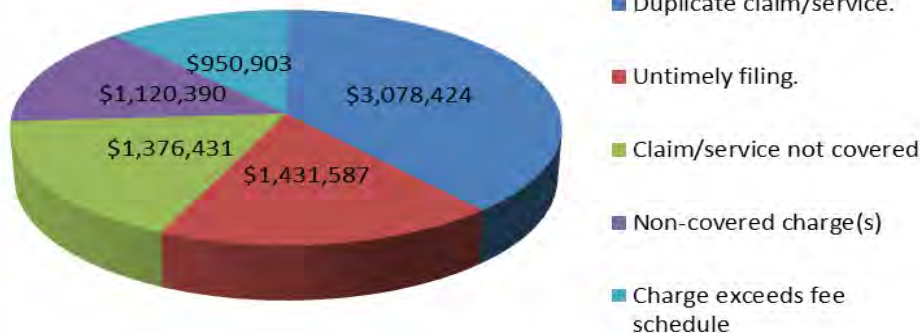
Key Performance Indicators

Total Denied/Zero Paid Charges



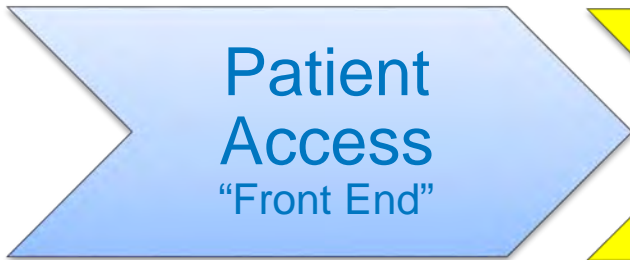
The new claims denial reporting system is providing greater visibility into the categories of denials so the team can focus on root cause analysis. The top 5 categories represent 76% of total denials.

Top 5 Denial Reasons



Revenue Cycle Transformation

FY18-19 Initiatives



- **Registration Accuracy**
 - Experian/Passport - Insurance Verification
- **Treatment Authorizations**
- **Medical Necessity**



- **Clinical Documentation Improvement**
- **Coding Audits**
 - E&M Level
- **Charge Capture**



- **Denials Management**
- **Denials Prevention**
- **Automated Billing Workqueues**

Business Management Process Office

KPIs

Improvement Charter

Workflow Redesign

Communications

Training

APPENDIX

Revenue Improvement Plan

Executive Summary

Initiative	Status
<i>Denial management & Unbilled Accounts</i>	<ul style="list-style-type: none"> • External retro reviews in progress. • Medical necessity training & monitoring in progress. • Denials workflow & reporting software live in April • Authorization improvement work – IP, SSU, Infusion
<i>Clinical Documentation Improvement (CDI)</i>	<ul style="list-style-type: none"> • Navigant contract approved by BOS • Initiate project work in June – 2 Phases <ul style="list-style-type: none"> • Consulting project for CDI program development • Chartwise software implementation
<i>Registration Accuracy</i>	<ul style="list-style-type: none"> • Developed A3 Improvement Charter to focus on registration workflows • eCareNEXT - registration quality work queues and dashboard reporting tool pending Cerner amendment (BOS date TBD)
<i>Increase Medi-Cal rates</i>	<ul style="list-style-type: none"> • SNF cost report appeals in progress • Medical-Surgical inpatient rates increased to \$2,280/day. Projected to yield \$6m annually.
<i>Psych services billing project</i>	<ul style="list-style-type: none"> • Final report recommendations issued. Project on hold.

San Mateo Medical Center
Income Statement
May 31, 2018

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
1 Income/Loss (GAAP)	239,817	31,850	207,967		1,411,637	350,349	1,061,288	
2 HPSM Medi-Cal Members Assigned to SMMC	38,199	38,019	180	0%	419,048	418,209	839	0%
3 Unduplicated Patient Count	69,024	70,114	(1,090)	-2%	69,024	70,114	(1,090)	-2%
4 Patient Days	2,843	2,934	(91)	-3%	32,194	31,704	490	2%
5 ED Visits	3,647	3,659	(12)	0%	39,646	39,544	102	0%
7 Surgery Cases	269	278	(9)	-3%	2,589	2,879	(290)	-10%
8 Clinic Visits	20,887	22,009	(1,122)	-5%	217,023	228,095	(11,072)	-5%
9 Ancillary Procedures	70,655	72,601	(1,946)	-3%	755,987	753,392	2,595	0%
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)	82.9%	80.0%	-2.9%	-4%	81.1%	80.0%	-1.1%	-1%
Pillar Goals								
12 Revenue PMPM	156	150	6	4%	132	150	(18)	-12%
13 Operating Expenses PMPM	412	387	(25)	-7%	378	387	8	2%
14 Full Time Equivalents (FTE) including Registry	1,197	1,252	55	4%	1,200	1,252	52	4%

San Mateo Medical Center
Income Statement
May 31, 2018

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	9,679,516	9,577,810	101,706	1%	107,968,911	105,355,909	2,613,002	2%
22	Outpatient Gross Revenue	27,421,835	25,324,704	2,097,131	8%	271,820,942	278,571,743	(6,750,801)	-2%
23	Total Gross Revenue	37,101,351	34,902,514	2,198,837	6%	379,789,853	383,927,652	(4,137,799)	-1%
24	Patient Net Revenue	10,748,492	10,512,930	235,562	2%	100,442,780	115,642,229	(15,199,449)	-13%
25	Net Patient Revenue as % of Gross Revenue	29.0%	30.1%	-1.2%	-4%	26.4%	30.1%	-3.7%	-12%
26	Capitation Revenue	505,294	1,291,667	(786,372)	-61%	6,635,529	14,208,333	(7,572,804)	-53%
27	Supplemental Patient Program Revenue (Additional payments for patients)	19,397,027	10,030,626	9,366,401	93%	122,592,155	110,336,887	12,255,268	11%
28	Total Patient Net and Program Revenue	30,650,813	21,835,223	8,815,591	40%	229,670,464	240,187,449	(10,516,985)	-4%
29	Other Operating Revenue (Additional payment not related to patients)	1,096,724	1,238,275	(141,551)	-11%	12,846,583	13,621,027	(774,444)	-6%
30	Total Operating Revenue	31,747,538	23,073,498	8,674,040	38%	242,517,047	253,808,476	(11,291,429)	-4%

San Mateo Medical Center
Income Statement
May 31, 2018

	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	16,279,214	15,814,559	(464,655)	-3%	170,150,844	173,960,147	3,809,303	2%
32 Drugs	1,052,484	806,645	(245,839)	-30%	9,023,333	8,873,100	(150,233)	-2%
33 Supplies	1,520,186	916,646	(603,540)	-66%	9,918,029	10,083,101	165,072	2%
34 Contract Provider Services	3,523,797	3,290,227	(233,570)	-7%	36,653,351	36,192,495	(460,856)	-1%
35 Other fees and purchased services	4,327,805	4,519,167	191,362	4%	42,783,079	49,710,841	6,927,761	14%
36 Other general expenses	503,257	504,203	946	0%	5,137,229	5,546,237	409,008	7%
37 Rental Expense	162,728	189,615	26,887	14%	1,871,835	2,085,767	213,931	10%
38 Lease Expense	822,975	822,975	(0)	0%	9,052,730	9,052,730	(0)	0%
39 Depreciation	250,574	260,089	9,515	4%	2,763,050	2,860,977	97,927	3%
40 Total Operating Expenses	28,443,020	27,124,127	(1,318,894)	-5%	287,353,480	298,365,394	11,011,914	4%
41 Operating Income/Loss	3,304,517	(4,050,629)	7,355,146	182%	(44,836,433)	(44,556,918)	(279,515)	-1%
42 Non-Operating Revenue/Expense	(7,908,169)	(760,990)	(7,147,179)	-939%	(7,030,082)	(8,370,885)	1,340,803	16%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	53,278,153	53,278,153	0	0%
44 Total Income/Loss (GAAP)	239,817	31,850	207,967		1,411,637	350,349	1,061,288	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
May 31, 2018**

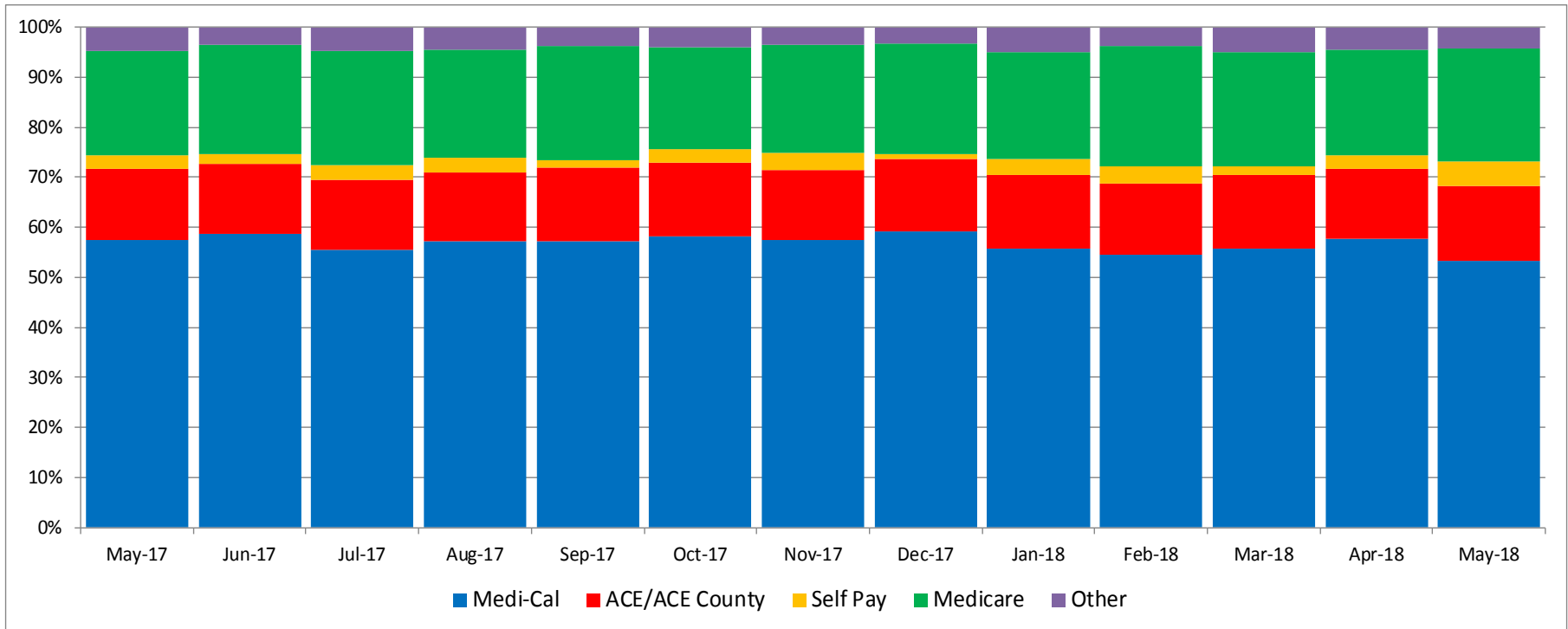
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

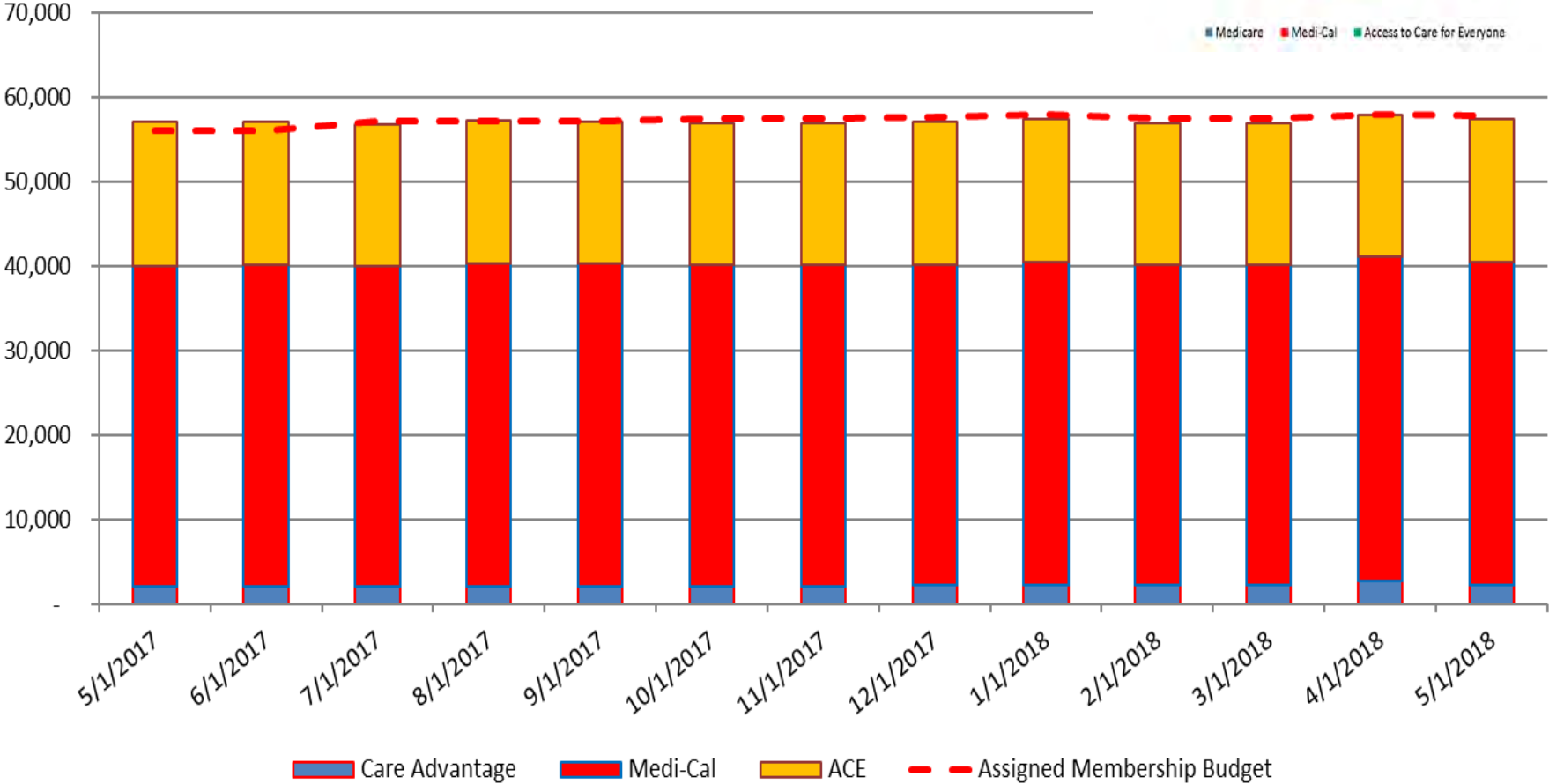
Payer Type by Gross Revenue

	A	B	C	D
Medicare	22.4%	21.0%	1.4%	
Medi-Cal	53.3%	58.0%	-4.7%	
Self Pay	5.1%	2.0%	3.1%	
Other	4.4%	5.0%	-0.6%	
ACE/ACE County	14.9%	14.0%	0.9%	
Total	100.0%	100.0%		

E	F	G	H
22.1%	21.0%	1.1%	
56.5%	58.0%	-1.5%	
2.8%	2.0%	0.8%	
4.3%	5.0%	-0.7%	
14.4%	14.0%	0.4%	
100.0%	100.0%		



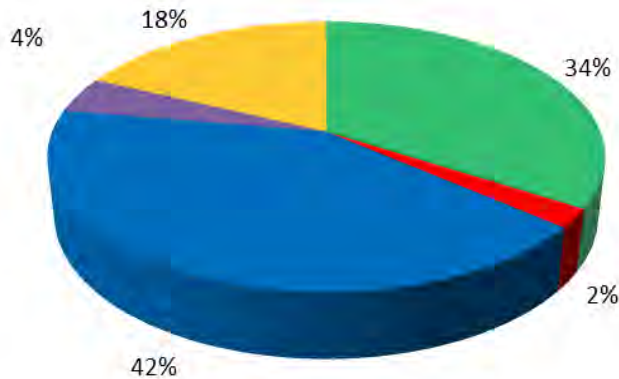
Managed Care Membership Trend



Revenue Mix

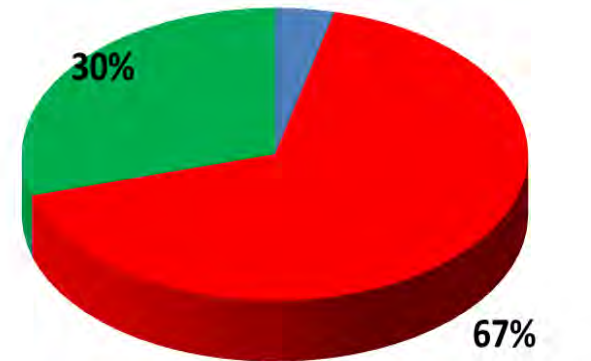
57,000
Managed
Care
Lives

Sources of Revenue



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

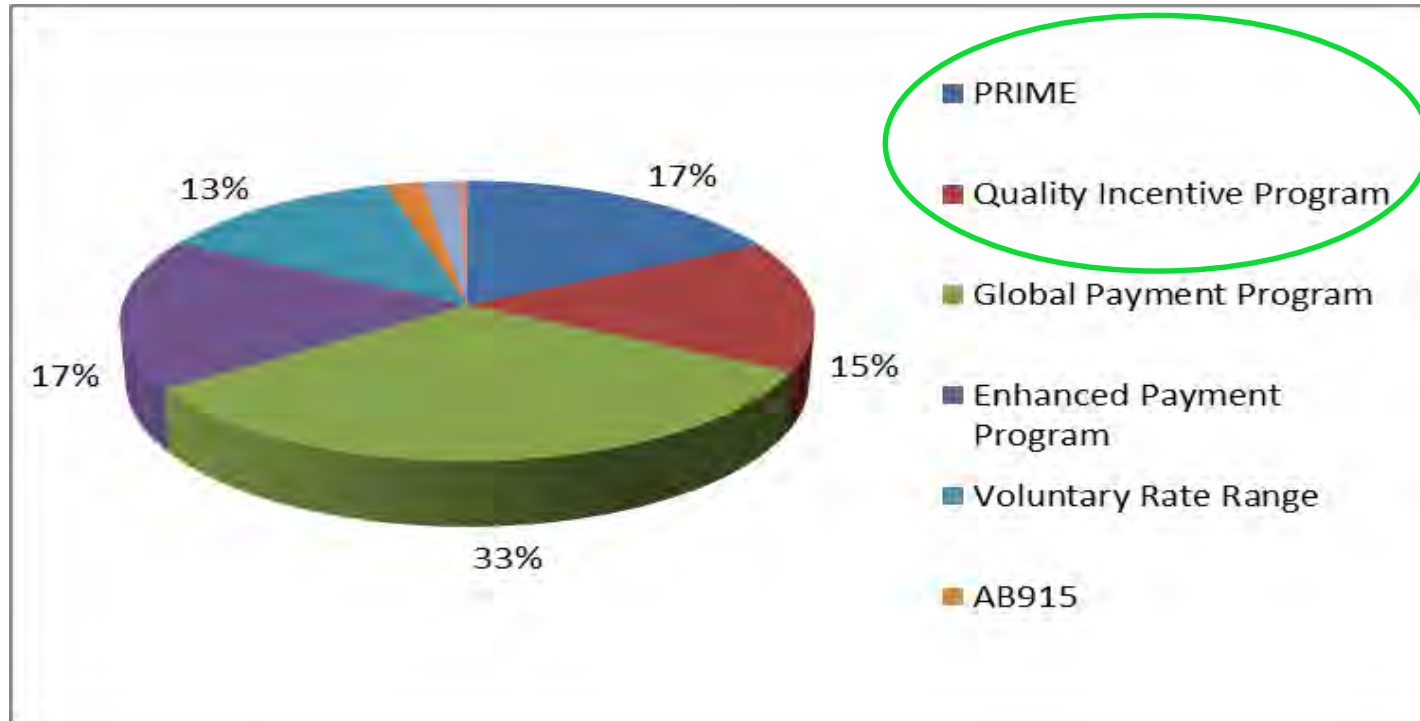
Managed Care Mix



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

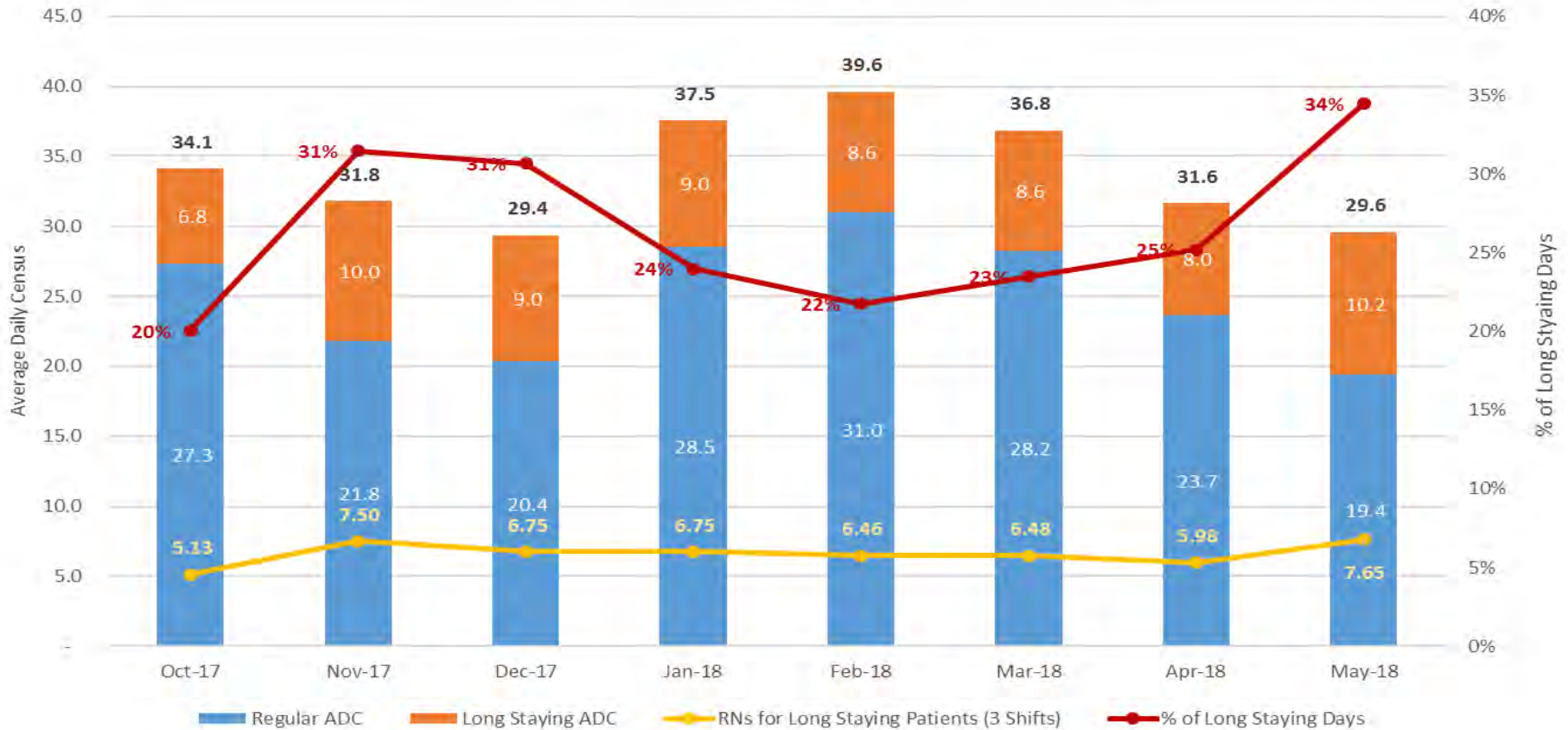
- **Managed Care** programs represent 24% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

Supplemental Revenue Mix



- **Value-Based** programs represent 32% of our Supplemental Revenue
 - New HPSM P4P and Shared Savings programs could boost it to 35%
- **Volume-Based** programs represent 68% of our Supplemental Revenue

Med Surg Adjusted Census for Long-Staying Patient Days Stays > 20 Days



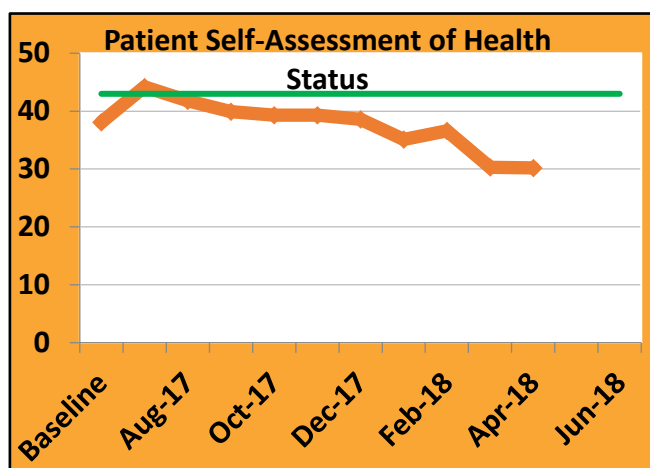
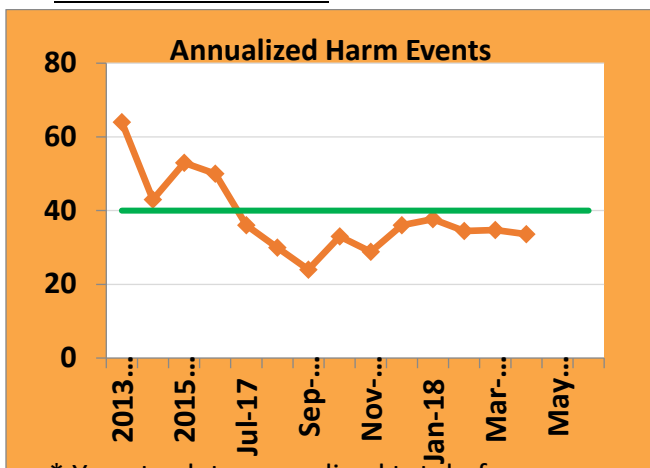
On average, approximately 25% of patients on the 2AB medical-surgical unit are waiting for placement for lower levels of care, typically Board & Care facilities. This requires an additional 6-7 RNs per day, plus sitters for high-risk patients, at a cost exceeding \$2.5 million per year.



July, 2018

EXCELLENT CARE

• **PILLAR METRICS**



Harm Events= Avoidable Patient Harm= Central Line Infections, Catheter Associated Urinary Infections, Hospital Acquired Pressure Ulcers, Surgical Site Infections, Medication errors with harm, Blood clots, Falls with Injury and other avoidable patient harm events. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3 etc)—**Lower is better**

Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One of the questions 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.**

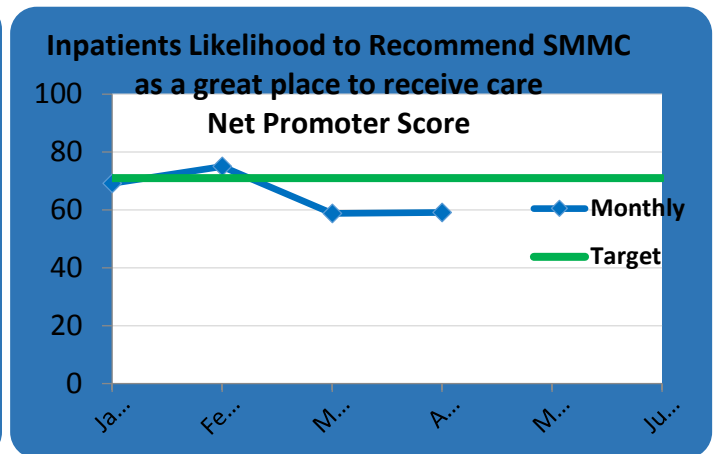
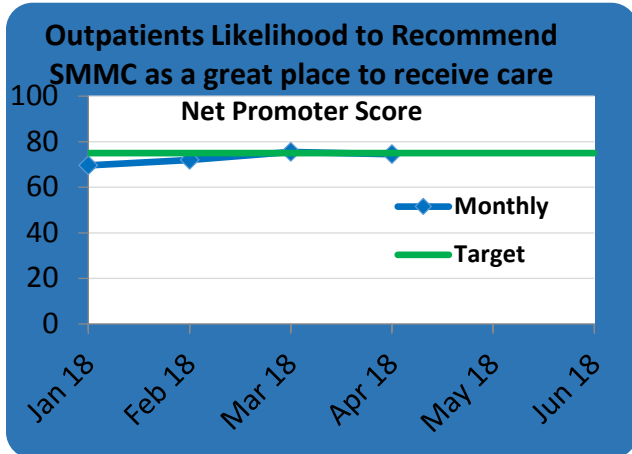
Survey vendor and methodology change in January 2018 resets baseline.

- **State Relicensing Survey Provides Positive Feedback-** From June 25th through June 28th, SMMC underwent its first State Relicensing Survey. This new survey is an unannounced survey that combines elements from three separate evaluations that the state used to do. Over the course of the four days, five surveyors evaluated every service line from inpatient to outpatient to emergency and support services. Long term care has its own relicensing process so they were not surveyed. The surveyors interviewed both staff and patients in addition to reviewing cases, policies and procedures. It was an intense four days, but, in the end, it was clear that the organization had done quite well. There were a limited number of findings and although a plan of correction will be required, the surveyors indicated there would be no need for a revisit. They were complementary of all the staff they encountered and impressed by the work that we do. This survey is excellent preparation for our upcoming Joint Commission survey which we expect sometime in the next 9 months. Congratulations to everyone who made this survey such a success.
- **Health Care for the Homeless Program Recognized as Quality Leader-** The Health Resources and Services Administration (HRSA) presented SMMC’s Health Care for the Homeless/Farmworker Health (HCH/FH) Program with a certificate of achievement for placing in the top 30 percent of all HRSA-funded health centers. The HCH/FH team reports clinical performance measures for services provided to the homeless and farmworker populations at SMMC, the Public Health Mobile Van, the Street Medicine Program, some BHRS services, and various community partners. This recognition also resulted in a \$25,595

funding award. Congratulations to Jim Beaumont, Program Director, Linda Nguyen, Program Coordinator, and Elli Lo, Management Analyst, for being recognized for your hard work and coordination of services that improve the health of our most vulnerable patients.

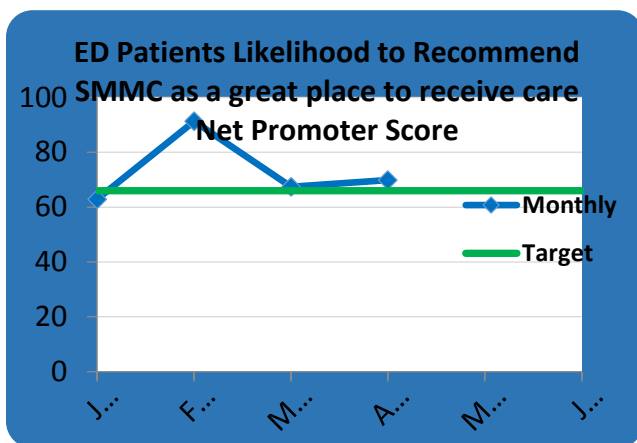
PATIENT CENTERED CARE

- PILLAR METRICS**



NRC Net Promoter: Score on the question of “How likely are you to recommend this clinic to friends and family?”-Percentage of patients who gave SMMC the highest score (9 or 10) **Higher is better**

NRC Net Promoter Score: Score on the question of “How likely are you to recommend this Hospital to friends and family?”-Percentage of patients who gave SMMC the highest score (9 or 10) - **Higher is better**

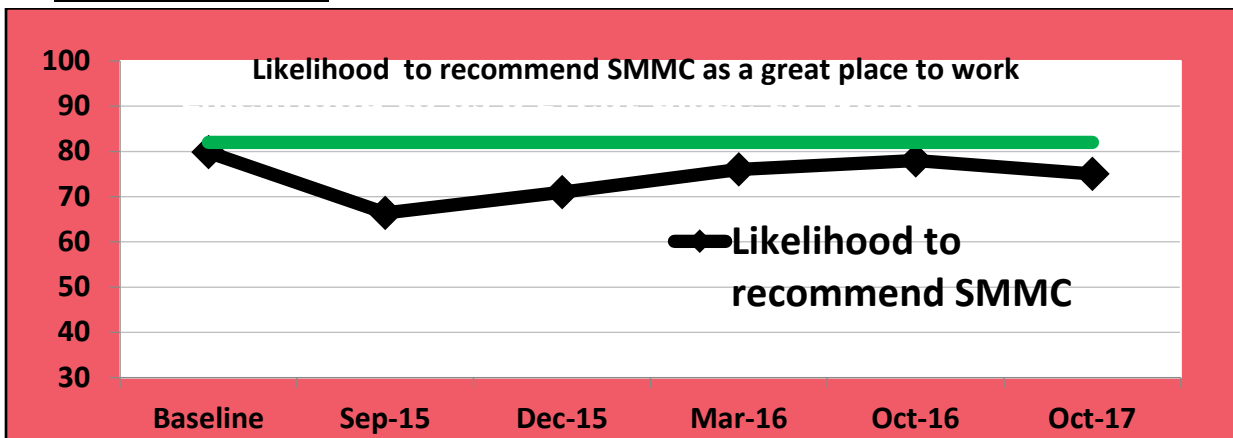


NRC Net Promoter Score: Score on the question of “How likely are you to recommend this Emergency Department to friends and family?” Percentage of patients who gave SMMC the highest score (9 or 10) --**Higher is better**

- **Patient Art at the County Fair** – SMMC’s Creative Arts and Recreation Therapy (CART) department sponsored patient participation in the annual art exhibit at this year’s San Mateo County Fair. The opportunity to exhibit their art in a public setting strengthens a patient’s self-esteem and identity as a creative member of the larger community. After the exhibit, the art is framed and returned to the patients for display in their homes when they are discharged. The CART department also took medically cleared patients to the fair to view the exhibit and participate in other fair activities. Thanks to Boris Koodrin, Curator of the San Mateo County Arts Commission and our CART department staff for coordinating this opportunity for our patients.

STAFF ENGAGEMENT

PILLAR METRICS



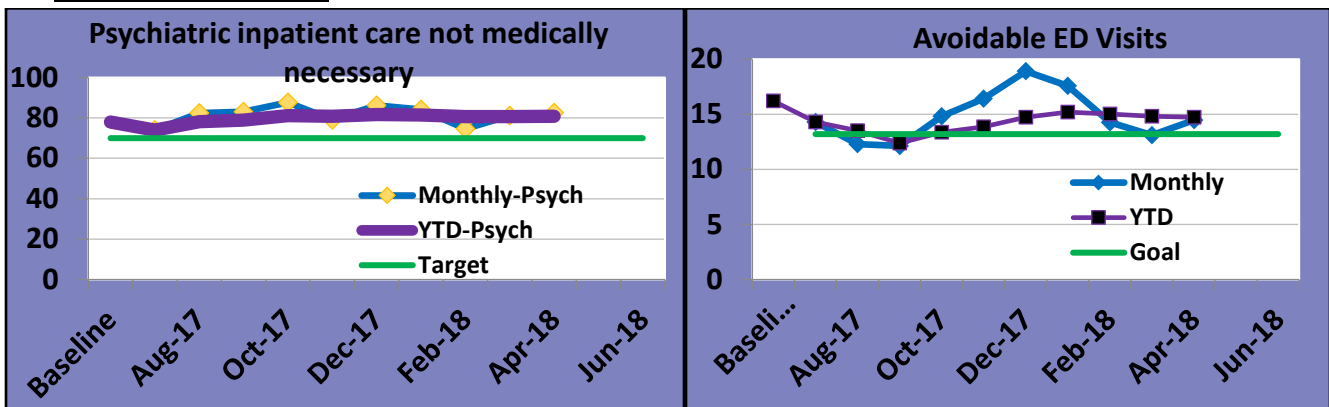
County Staff Engagement Survey: Percentage of staff members who Agree or Strongly Agree that they would recommend SMMC as a great place to work-Higher is better

- **Thank You Luncheon for Volunteers:** On June 15th, SMMC hosted a luncheon to recognize those who have volunteered 100 or more hours at the hospital over the past year. A healthy, delicious lunch was catered by our own Food & Nutrition team and served in the beautiful patient garden on the first floor of the hospital’s nursing wing. Each volunteer was presented with a recognition certificate thanking them for their outstanding service. Examples of our dedicated volunteers include David Frauman who contributed 1,240 hours this year supporting the Project SEARCH program, and Shirley and Howard Eng who have volunteered in our gift shop for an amazing 28 years. We are grateful for every SMMC volunteer; we couldn’t do our work without them. Special thanks to Donna Lautenbach and Glynis Carreira for coordinating this annual event.
- **Celebrating Five Graduates from Project SEARCH Program:** Another group of amazing interns graduated in May from the Project SEARCH program hosted at SMMC. The goal of Project SEARCH is to give young adults with disabilities an opportunity to learn new skills, gain work experience, and explore career opportunities. Interns do “rotations” in different departments giving them experience in a variety of work environments and the confidence to apply for a job in the community. Congratulations to the graduates: Maria Ascurra, Andrew Bay, Sean Martinelli, Jose Ruiz, and James Kreidler. We are grateful to the departments and mentors who employed and coached the interns. Thanks to Phuong Hathaway, Emily Weaver and Paul Carlisle for being the SMMC liaisons to Project SEARCH. Special thanks to Judy Camarota and Matthew Park, the Project Search leaders, for bringing the program to SMMC. We feel we have gained more than we’ve given, and are better for it.

- New Leaders, New Roles:** We are excited to welcome a number of new people to the SMMC Leadership team. **Eva Torres, RN** has accepted the position of permanent Nurse Manager for Psychiatry Emergency Services. **Melissa Rombaoa** has been named the new manager for the Patient Centered Medical Home Office. **Ron Keating** is the new Director of Materials Management. **Wilfredo Cerrato** is joining us as the new manager for Coastside Clinic and Mental Health Primary Care. **Dr. Patrick Meehan** has joined SMMC as the new Supervising Physician for the Innovative Care Clinic. Welcome to all our new colleagues and our existing colleagues who are taking on new leadership roles. Congratulations!
- Dr. Richard Ehling Recognized with Stanford Teaching Award:** Fair Oaks Health Center serves as the primary outpatient continuity site for a number of Stanford Internal Medicine residents. This year, Dr. Richard Ehling of FOHC Adult Primary Care was recognized with a Stanford Department of Medicine *Chief Residents' Award for Outstanding Contribution to Resident Education*. Dr. Ehling has been consistently recognized by trainees for his teaching skills. Congratulations!

RIGHT CARE, TIME AND PLACE

PILLAR METRICS

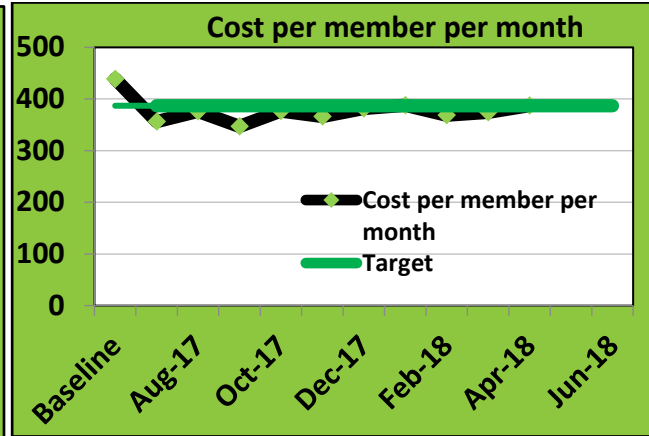
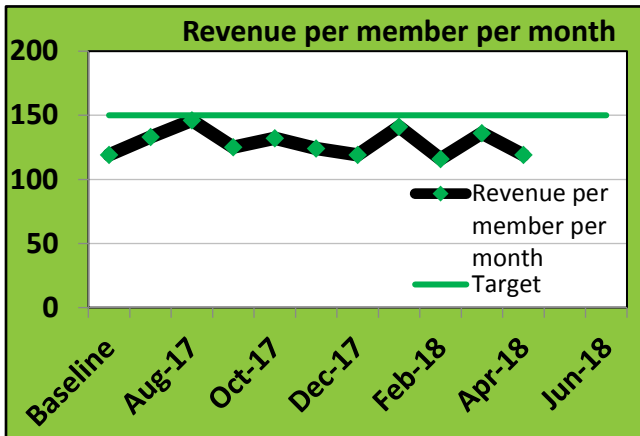


Psychiatric Non-medically necessary Inpatient Days: Percentage of Acute Inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to—**Lower is better**

Potentially Avoidable ED Visits: Percentage of ED visits by Established Primary Care Patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than ED—**Lower is better**

FINANCIAL STEWARDSHIP

• PILLAR METRICS

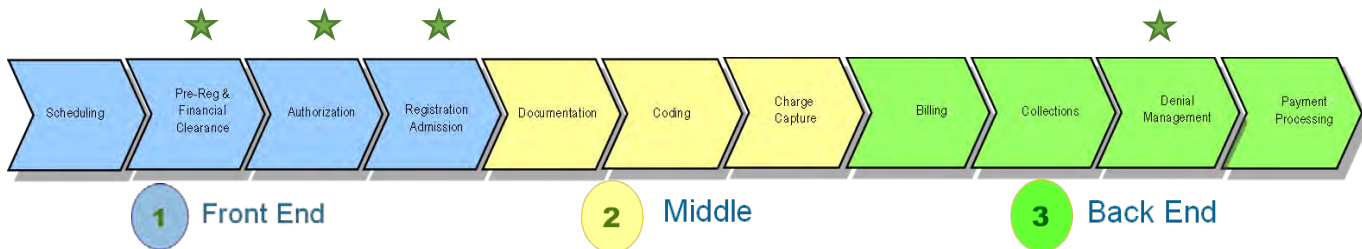


Revenue Per Member Per Month: Total Patient Revenue divided by total assigned members- **Higher is better**

Cost Per Member Per Month: Total Cost divided by total assigned members- **Lower is better**

• Revenue Cycle Transformation – FY18 Initiatives

As our FY17-18 Financial Stewardship strategic initiatives approach the end of the year, the Revenue Cycle teams are looking to build on this year's successes to launch into FY18-19. The focus will continue to be on using LEAP concepts to identify opportunities to improve workflows to ensure accuracy on the Front-End, thereby decreasing defects & waste that impact the Back End functions. Specifically, the teams will continue to work on 3 focus areas: 1) insurance verification accuracy, with support from Experian's eCare NEXT software for workflows and reporting; 2) medical necessity & authorizations, with support from the clinical documentation improvement program (CDI) project; and 3) denials management, with support from the Wellington DenialsNavigator software for workflows and reporting.

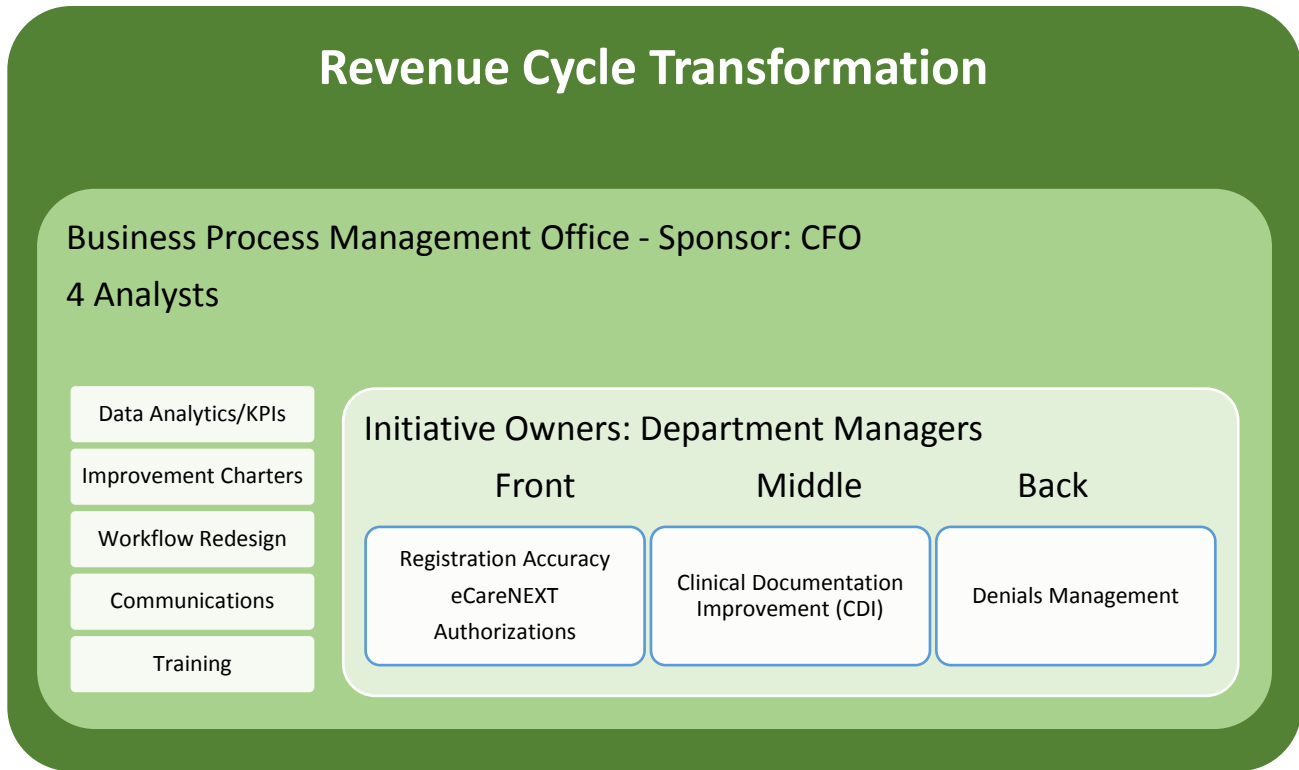


The following measures are tracked in conjunction with our Improvement Charter work:

Measures:	Baseline value (6/30/17)	Current Value (5/31/18)	Budget Value (FY17-18)	Ideal Value
Revenue per member per month (pmpm)	\$119	\$132	\$150	\$398
Claim denials (< 5% NPR)	\$4.4 million	\$5.1 million	\$4.1 million	No Denials
Unbilled accounts (5 day bill hold)	\$8.6 million	\$12.2 million	\$5.5 million	No Unbilled

To support the eCareNEXT implementation and drive success in other Financial Stewardship initiatives, the Finance team reorganized and created the Business Process Management Office (BPMO) to bring better

clarity, alignment and communications. In July, the 4 analysts staffing the BPMO will begin developing the roadmap for their work and creating reporting and communications channels to engage key stakeholders throughout the initiative work.



- **SMMC & HPSM Collaboration**

SMMC and HPSM leadership formed a Joint Tactics Committee (JTC) last year to collaborate on operational improvement opportunities that primarily impact patient access, with the added benefits of decreasing waste and improving finances. As we look forward to FY18-19, the JTC engaged in planning to align strategic and operational focus areas. The JTC will reorganize into joint workgroups to support the focus areas. The following is a recap of the result of that planning, categorized by strategic and operational priorities:

Strategic	Operational
Shared Savings initiatives	Improving authorizations processes
Health Homes	Clinic empanelment improvements
Clinic (PCP) access	Data sharing
Post-acute care strategy	Improving referral processes – ACE & Stanford
Improving specialty access in the network	Discharge planning improvements
P4P - Primary Care Payment Model	Improving claims processes & communications
Improving coordination with community resources	Provider communications - policy changes
	Participating in user design of new provider portal

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – June 2018



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	20,967 (May, 2018)	-3.9%	-3.4%
SMMC Emergency Department Visits	3,467 (May, 2018)	0.8%	-10.3%
New Clients Awaiting Primary Care Appointment	394 (June, 2018)	-35.6%	-59%

Aging & Adult Services Recognized for Elder & Dependent Adult Abuse Awareness Efforts

Nearly three years after the inception of the Measure K-funded Elder & Dependent Adult Abuse Prevention Team (EDAPT), Aging & Adult Services (AAS) was honored with an award from a collaborative of government and non-profit organizations that focus on seniors and adults with disabilities. The 2nd place award recognizes a series of public service announcements produced in 2017 in collaboration with the San Mateo County Commission on Aging (CoA) and Peninsula Television. The videos featured several CoA commissioners as well as AAS social worker Irene Fernandez (center). This award was announced at the start of the program’s second annual Elder Abuse Awareness Month campaign, led by EDAPT outreach specialist Nicole Fernandez (right), to raise awareness about abuse and publicize Seniors on the Square and a financial planning information forum at the San Mateo Pride Center geared toward LGBTQ+ older adults. The award was accepted by EDAPT supervisor Shannon Morgan (left).



Photo: Alex Eisenhart, Health System Communications

Health System Awarded Grant Funding for Pediatric Trauma Improvement Pilot

The Health System was awarded a 2-year, \$80,000 grant to advance pediatric health services from the Center for Care Innovations of Tides Foundation (CCI), in partnership with Genentech Charitable Giving. These funds will support a new pilot program at the South San Francisco Clinic (right), which will train employees on best practices for working with patients who have experienced trauma, with an emphasis on children under the age of five. The pilot will also reduce the time it takes to connect patients who have experienced trauma with necessary support services. “If we can intervene early enough in children’s lives and address trauma that stems from adverse childhood experiences, we can help prevent lifelong negative health impacts, like delayed childhood brain development or an inability to recover from toxic stress,” says South San Francisco Medical Director Dr. Brita Almog. “This is an important opportunity to further improve the quality of pediatric care and potentially improve the health of generations of San Mateo County residents.” The grant resulted from the collaborative efforts of staff in Family Health Services, Behavioral Health & Recovery Services, and San Mateo Medical Center. The pilot is expected to involve 25 staff members and over 500 patients under the age of five over the next two years.



Photo: Kate Johnson, San Mateo Medical Center Communications

Emergency Medical Services Director Receives Lifetime Achievement Award

The San Mateo County Health System’s Director of Emergency Medical Services (EMS) Nancy Lapolla was recently honored with the lifetime achievement award at the EMS Peer Recognition Awards. This annual ceremony recognizes the extraordinary service and contributions of EMS workers to the community. The event welcomed family, friends, colleagues, and federal and state elected officials to celebrate the entire EMS system and individuals doing great work. With more than 20 years of experience in public health and emergency medical services in both the public and private sectors, Nancy is an expert in health care preparedness and disaster planning with an emphasis on health education. The Health System is grateful to Nancy for her experience, years of public service and leadership in assuring an excellent EMS system for San Mateo County’s residents.



Photo: Alex Eisenhart, Health System Communications