



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
REGULAR MEETING**

**Tuesday, February 12, 2019 @ 7:00 pm  
Marin General Hospital, Conference Center**

**MINUTES**

**1. Call to Order and Roll Call**

Chair Rienks called the Regular Meeting to order at 7:05 pm.

*Board Members Present:* Chair Jennifer Rienks; Vice Chair Larry Bedard, MD; Secretary Brian Su, MD; Director Harris Simmonds, MD; Director Ann Sparkman

*Staff Present:* Lee Domanico, CEO; Jon Friedenber, COO; Jim McManus, CFO; Eric Pifer, MD, CM&IO; Linda Lang, CHRO; Louis Weiner, Executive Assistant

*Counsel Present:* Noel Caughman

**2. General Public Comment**

Jack Walden, Aaron Augustus, Charm DuPree.

**3. Approval of Agenda**

Ms. Sparkman moved to approve the agenda as presented. Dr. Su seconded. **Vote: all ayes.**

**4. Approval of Minutes of Regular Meeting of January 8, 2019**

Ms. Sparkman corrected Item #6 on Page 2, to read "... shifting from commercial to Medicare and MediCal."

Dr. Simmonds moved to approve the minutes with the correction. Ms. Sparkman seconded. **Vote: all ayes.**

**5. MGH Behavioral Health Department Report**

Rebecca Maxwell, Director of Behavioral Health, and Heather Carlberg, MD, Medical Director of Behavioral Health, presented with PowerPoint (Tab 2). Also present from the Behavioral Health medical staff were Stephen Allison, MD, and Robin Bitner, MD.

The MGH Behavioral Health program was augmented in 2016 with annual funding from MHD for expansion of care, adding physicians, and stabilizing the department.

The hospital-based programs include: Acute patient psychiatry; partial hospitalization and intensive outpatient treatment; clinical social work (includes Emergency Department, Cancer Center, Palliative Care, and Supportive Care Center); ECT (electroconvulsive therapy) as sole provider in the North Bay; psychiatric consultation and liaison hospital services (not common in community hospitals); psychiatric emergency services and crisis stabilization.

Outpatient programs comprise Primary Care Integrated Behavioral Health in the North Bay Internal Medicine and Prima Ob/Gyn clinics.



MGH has 17 inpatient beds, which are always full. In 2018, there were 4,300 PHP/IOP (partial hospitalization/outpatient) visits.

ECT treatments are 3 days per week, 14 patients per day, with treatment mainly for depression.

Patient satisfaction scores show marked improvement since 2016. Patients are surveyed by phone, and respond with their perceptions of improvement.

Dr. Carlberg spoke, commending Ms. Maxwell for her excellent work in developing the program, and thanking the MHD Board for supportive funding for the program. The MGH Foundation's 2019 Annual Gala on May 18 will benefit MGH Behavioral Health.

The outpatient clinic where she sees patients on afternoon per week in Novato began 2 years ago, is very busy and needs more support due to great demand. Primary care physicians and specialists are needing more MGH outpatient service resources to send their patients. MGH has sufficient inpatient beds, while more outpatient services are needed.

She is confident that there are sufficient psychiatrists who want to work within this hospital based system, partnering with MGH, UCSF and Prima.

Mr. Domanico reported that he met with County Administrator Matthew Hymel and Supervisor Katie Rice to discuss forming a community coalition on addiction and mental health, and that state grant funding may be available. Dr. Carlberg said that a grant application is in the works for opioid treatment.

The next steps in developing the program include: Continue to increase patient volume in PHP/IOP; improve the physical space in the inpatient unit; expand the Clinical Social Work services into the Trauma service line; enhance care in the ECT service line; grow the outpatient Integrated Behavioral Health practice; develop an Outpatient Behavioral Health clinic; add TMS (transcranial magnetic stimulation) treatment option. An adolescent treatment program is needed and may be included as the program develops. Other pressing needs will be evaluated and prioritized by the Behavioral Health medical staff.

Chair Rienks and the Board members thanked Dr. Carlberg and her staff, and expressed a commitment to continued support of the program.

## **6. Appointment and Approval of District Board Committee Members**

### *a. MHD Finance & Audit Committee*

Chair Rienks recommended Dr. Simmonds to Chair, and Dr. Su to be a member of the Finance & Audit Committee for 2019. They both agreed.

### *b. MHD Lease & Building Committee*

Chair Rienks recommended Ms. Sparkman to Chair, and Dr. Bedard to be a member of the Lease & Building Committee for 2019. They both agreed.

Dr. Bedard moved to approve the appointments for both the Finance & Audit and the Lease & Building Committees. Ms. Sparkman seconded. **Vote by roll call: all ayes.**

### *c. MHD/MGH Joint Nominating Committee*

Chair Rienks recommended that she and Dr. Bedard serve as MHD Board members on the MHD/MGH Joint Nominating Committee. **Vote: all ayes.**

## **7. MHD/MGH Boards Joint Nominating Committee**

### *a. Second Reading and Approval of Nominee to the MGH Board Directors, Michael Kwok, MD*



This is the second of two readings, required by MHD Bylaws, considering the nomination of a candidate to the MGH Board. The MGH Board unanimously approved Dr. Kwok's nomination at their special meeting on Dec. 19, 2018. Dr. Simmonds moved to approve. Ms. Sparkman seconded.

Dr. Simmonds stated that he felt that the candidate should be required to appear in person before this Board at this approval meeting. Chair Rienks noted that this would be a Bylaws issue to be agendized at the upcoming Retreat of this Board on May 10.

**Vote by roll call: all ayes.**

#### **8. MHD Bylaws Review Schedule and Process**

Chair Rienks announced that she and Ms. Sparkman will form an ad hoc task force to review the MGH Bylaws, and then lead discussion and recommendations at the upcoming Retreat of this Board on May 10. The formation of the task force will be agendized for approval at the next full meeting of this Board on March 12.

#### **9. Quest Diagnostics**

Mr. Domanico explained that CMS (Centers for Medicare and Medicaid Services) is reducing reimbursements to hospitals that retain outpatient lab services, and therefore hospitals nationwide are contracting with outpatient lab service firms. After an evaluative process that began in 2017, MGH chose to sell the outpatient lab business line to Quest Diagnostics, effective the last week of November 2018.

Mr. Friedenber reported that since then (10 weeks), the Quest labs in Marin have had approximately 20,000 patient encounters. He and Mr. Domanico just met with Quest to go over the data. 43 complaints from patients and doctors have been received in that period, and they are being addressed directly with the complainants. Quest will be increasing staff to reduce wait times and fix technical issues. The biggest problem has been physician interface for orders submission and results retrieval; a new interface has gone live and work flow refinements are being worked out. CHMB, the third party billing entity, is still working out its interface functioning. The system will improve when the Epic outpatient medical records system goes live August 1.

MGH in-house lab continues to provide all inpatient lab services. All "stat" lab blood draws by Quest will be filled by MGH lab.

Mr. Friedenber noted that the CMS ruling the necessitated this change was enacted by Congress in the Protecting Access to Medicare Act of 2014 (PAMA).

#### **10. Committee Meeting Reports**

##### *a. Finance and Audit Committee*

Dr. Bedard noted that the Committee did not meet, and there is no report.

##### *b. Lease & Building Committee*

Dr. Simmonds reported that the Committee met on January 30 and discussed the next Community Health Seminar on March 26 on the subject of "Mental Health: Suicide." Dr. Jei Africa, Director of County of Marin Behavioral Health and Recovery Services attended. He will be primary presenter at the seminar.



## **11. Reports**

### *a. District CEO's Report*

Mr. Domanico reported that MGH 2.0 remains on budget and on schedule. 50% of the construction budget has been spent. 100% of contracting is now bought out, thus eliminating inflation risk. However, there is inflation risk of the renovation project of the West Wing, which has yet to be sent out to bid.

### *b. Hospital CEO's Report*

The new branding campaign for MGH is in process, to launch in July.

### *c. Chair's Report*

Chair Rienks had nothing to report.

### *d. Board Members' Reports*

Dr. Simmonds had nothing to report.

Dr. Bedard reported that the members of the public who spoke earlier this evening were invited by him. They are each military veterans who support medicinal cannabis. He stated that inpatient cannabis is being used, edible and tincture, in Minnesota at the Mayo Clinic according to their policy. He asked about MGH MEC policy of not allowing inpatient use, and urged that MGH physicians have an opportunity to be educated on medicinal cannabis' use and drug interactions, especially in light of the fact that patients are using cannabis for self-medication. Mr. Domanico said he would discuss it with Dr. Gash-Kim, Chief of Staff.

Ms. Sparkman has a report issued by Attorney General Becerra, "Promoting Safe and Secure Healthcare Access for All" which addresses immigrants' access to care. She suggests this to be on the agenda of the next Board meeting.

Dr. Su stated that MEC wants more physicians on the MGH Board of Directors.

## **12. Agenda Items Suggested for Future Meetings**

Ms. Sparkman, as stated above, the issue of immigrants' access to care.

Dr. Bedard wishes to discuss how the MGH Board's Nominating Committee chooses candidates.

## **13. Adjournment**

Chair Rienks adjourned the meeting at 8:37 pm.