

MARIN HEALTHCARE DISTRICT

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TUESDAY, APRIL 8, 2025 **BOARD OF DIRECTORS** **5:30 PM: REGULAR OPEN MEETING**

Board of Directors:

Chair: Edward Alfrey, MD (Division 5)
Vice Chair: Ann Sparkman, RN/BSN, JD (Div. 2)
Secretary: Jennifer Rienks, PhD (Div. 4)
Directors: Brian Su, MD (Div. 3)
Samantha Ramirez, BSW (Div. 1)

Staff:

David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Tricia Lee, Executive Assistant

Location:

MarinHealth Medical Center
Conference Center
250 Bon Air Road, Greenbrae CA

Public option: Zoom video:

<https://mymarinhealth.zoom.us/join>
Meeting ID: 987 7245 6255
Passcode: 156223
Or via Zoom telephone: 1-669-900-9128

AGENDA

5:30 PM: REGULAR OPEN MEETING

	<u>Presenter</u>	<u>Tab #</u>
1. Call to Order and Roll Call	Alfrey	
2. General Public Comment <i>Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.</i>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of March 11, 2025 (action)	Alfrey	#1
5. Healthcare Advocacy and Emerging Challenges and Trends	Klein	
6. Adding Social Determinants of Health (SDOH) Screenings to Health Fairs/Pop-Up Events	Klein	#2
7. Behavioral Health Funding Approval (action) A. 2025 Hospital IP/OP Behavioral Health funding B. 2025 Psychiatry Clinic funding	Klein	#3
8. Committee Reports A. Finance & Audit Committee (<i>did not meet</i>) B. Lease, Building, Education & Outreach Committee (<i>did not meet</i>)	Su Rienks	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.
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Meetings open to the public are recorded and the recordings are posted on the District web site.

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TUESDAY, APRIL 8, 2025

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

9. Reports

A. District CEO's Report

Klein

B. Hospital CEO's Report

Klein

C. Chair's and Board Members' Reports

All

10. Agenda Suggestions for Future Meetings

All

11. Adjournment of Regular Meeting

Alfrey

Next Regular Meeting: Tuesday, May 13, 2025 @ 5:30 p.m.

Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, March 11, 2025
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Alfrey called the Regular Meeting to order at 5:30 pm.

Board members present: Chair Edward Alfrey, MD; Vice Chair Ann Sparkman, RN/BSN, JD; Secretary Jennifer Rienks, PhD; Brian Su, MD; Samantha Ramirez, BSW

Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Jill Kinney, VP, Marketing & Communications; Tricia Lee, EA

2. General Public Comment

There was no public comment.

3. Approve Agenda

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

4. Approve Minutes of the Regular Meeting of February 11, 2025

Ms. Sparkman moved to approve the minutes as presented. Ms. Rienks seconded. **Vote: all ayes.**

5. Report of Special Closed Session of February 21, 2025

Dr. Klein provided a report from the special closed session held on February 21, 2025. Dr. Klein reported discussions covered healthcare market insights, strategic planning, campus development, behavioral health funding, the annual community benefit report, and the 2025 Community Health Needs Assessment.

6. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein provided an update on Assembly Bill 1778, which is set to be heard at the Marin Civic Center on March 25, 2025. Several local communities, including Mill Valley, Sausalito, Corte Madera, and Tiburon, are expected to consider similar measures. Dr. Klein also noted growing media interest in Marin Health's e-bike safety legislation, with a New York Times reporter seeking interviews with local physicians.

Dr. Klein reported The House of Representatives recently passed a budget resolution proposing \$2 trillion in spending cuts, including \$880 billion from programs overseen by the

House Energy and Commerce Committee, which manages Medicaid (Medi-Cal in California). These cuts would significantly impact 15 million Californians who rely on Medi-Cal. The American Hospital Association and California Hospital Association (CHA) are actively advocating against these cuts, with independent CEOs reaching out to congressional representatives.

Dr. Klein reviewed several key bills monitored by the CHA aimed at strengthening patient protections against insurance company practices:

- AB 384 – Prohibits prior authorization for mental health and substance use disorder services in Medi-Cal.
- AB 510 – Requires health plans to have a physician review appeals within two business days or automatically approve the request.
- AB 512 – Reduces the prior authorization response time from five days to 48 hours.
- AB 513 – Ensures prior authorization remains valid for at least one year after approval
- SB 306 – Limits the imposition of prior authorization for certain health conditions for one year.
- SB 530 – Expands network adequacy requirements for Medi-Cal insurers, ensuring greater patient access to care.

Dr. Klein provided an update on the CHA vs. Anthem Lawsuit. A judge ruled that Anthem must provide timely post-hospital care for its members under the California Knox-Keene Act. The ruling acknowledged Anthem's failure to comply but did not impose penalties or solutions. CHA continues to advocate for stronger enforcement mechanisms through new legislation.

Dr. Klein reported the Office of Healthcare Affordability (OHCA) is developing a proposal to reduce spending at 11 targeted hospitals deemed high-cost. He noted, MarinHealth was initially included on this list but has since been removed. The OHCA's decision is expected in April or May, with public comments ongoing. Concerns remain that hospitals will bear disproportionate responsibility for health care cost increases, despite factors like pharmaceutical pricing, supply chain expenses, and labor costs being largely outside of hospital control.

7. Behavioral Health Funding Approval

The Board reviewed a request for 2025 funding to support Behavioral Health services, including:

- \$200,000 for hospital inpatient and outpatient services
- \$90,000 for the outpatient psychiatry clinic

The board expressed support for the services but requested to review projected performance for future years. The item was tabled to April 8, 2025.

8. Committee Reports

A. Finance & Audit Committee (met March 5)

Dr. Su provided an update on the Finance and Audit Committee meeting held on March 5, 2025. The committee reviewed the investment portfolio with Canterbury, noting ongoing market volatility. The long-term goal is to transition to a 60% fixed income / 40% equity balance from the current 70% equity / 30% fixed income. Additionally, the committee agreed to maintain 90 days of cash on hand to ensure financial stability. A transfer into the investment portfolio was completed in March 2025, with additional transfers planned.

Dr. Su noted the financial reports for October through December 2024 showed the receipt of FEMA funding, which provided a positive financial impact.

Dr. Su reported the committee also discussed advertising expenses for community seminars. There was interest in reviewing whether adjustments to marketing strategies could optimize costs while maintaining attendance levels. Ms. Kinney explained that different outreach methods appeal to different demographics, and a mix of advertising channels is used to maximize engagement.

The Lease, Building, Education and Outreach Committee agreed to conduct a review of 2025 seminar expenses, including total planned events, budget allocation, and marketing impact at their next committee meeting April 14, 2025. Ms. Reinks and Ms. Kinney will bring that report back to the Board.

B. Lease, Building, Education and Outreach Committee (met February 25)

Ms. Kinney reported on the recent Careers in Medicine event, which was attended by 64 students and received overwhelmingly positive feedback. Attendees particularly enjoyed the panel discussion and facility tours. Several students expressed interest in volunteering or interning at MarinHealth, prompting discussions on creating dedicated volunteer pathways for high school students.

Ms. Kinney provided an update on the upcoming Men's & Women's health seminar on March 16, 2025 at the Embassy Suites, noting 211 RSVPs confirmed. The event will consist of four seminar topics: Aquablation for enlarged prostate; Diabetes Prevention; Preventing and Beating Breast Cancer; and Menopause. The seminar schedule is structured with two sessions occurring simultaneously at 11:00 AM, followed by another two at 12:00 PM. All sessions will be recorded, providing attendees with the opportunity to view additional topics later. Spanish translation services will be available.

Ms. Kinney also provided updates on upcoming pop-up events and outreach efforts. The next pop-up event will take place at the library in April, with the exact date to be confirmed. Ms. Kinney noted several pop-up events are planned throughout the month of April and will send an updated email to the board with dates. Additionally, plans are underway to participate in larger community events, including the Marin City Fair and the Senior Fair in the fall.

(1) Determine one additional seminar topic for 2025.

The primary recommendation was to focus on Healthy Eating & Growing Your Own Food.

9. Reports

A. Hospital and District CEO's Report

Dr. Klein reported the hospital's cardiac surgery program officially began this week. With the first scheduled surgery to be performed tomorrow (March 12).

Dr. Alfrey acknowledged the team for their significant efforts in making the program operational. The process involved reassigning operating rooms, relocating equipment, and coordinating logistics, requiring substantial effort and professionalism.

Dr. Klein reported the hospital continues to experience record-high patient volumes, with February marking the largest average daily census ever recorded. The emergency department remain exceptionally busy, and the hospital has sustained elevated volumes



for the past four months. To accommodate the demand, 20 additional beds have been opened, and plans are in place to add five more bed in the Redwood Pavilion.

Dr. Klein addressed concerns about delayed healthcare access, particularly among undocumented families and other vulnerable groups. The hospital is actively working to reassure the community that care is accessible and available.

Patient Safety (SCORE) Survey is underway and is working towards a 60% response rate.

Dr. Klein shared the hospital is preparing for The Joint Commission's upcoming visit, and the Stroke Certification review.

Dr. Klein reported on facility and security updates:

- Cedar Pavilion is undergoing upgrades, including flooring, paint and furniture.
- The hospital pharmacy construction continues to progress
- MRI Scanner is set to be installed next week.
- The Cypress Pavilion is undergoing generator replacement.
- The weapons management system has been installed and staff training is in process.
- Valet service is on track to launch by the beginning of the 2nd Quarter.

B. Chair's and Board Members' Reports.

Nothing to report

10. Agenda Suggestions for Future Meetings

Ms. Sparkman suggested a representative of Marin Villages to attend when the Commission of Aging presents.

11. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:39 pm.

Tab 2



Social Determinants of Health Screening at MarinHealth

Why screen for and address Social Determinants of Health?

1. SDOH influence health and health outcomes, often more than clinical factors alone
2. SDOH contribute to inequities in health outcomes across different populations
3. Addressing SDOH can build trust and improve patient engagement and adherence to treatment plans
4. Addressing SDOH can prevent avoidable hospitalizations and other costly interventions

Addressing Barriers to Care & SDOH – Medical Center

- The Joint Commission and CMS require that inpatients be screened for SDOH
 - Launched formal screenings in May 2024
 - In December 2024, >92% of inpatients (18+) were screened for all domains
- If patients screen positive, they are referred to a social worker who:
 - Completes a personalized assessment
 - Develops plans/interventions specific to the patient's identified needs
 - Provides resource coordination to community agencies prior to discharge
- Care transitions nurse follows-up with patient by phone after discharge to ensure the resource connection continues

SDOH Domains – Medical Center

- MarinHealth has chosen 5 SDOH domains to screen for based on our local population:
 1. Interpersonal Safety
 2. Transportation needs
 3. Food security
 4. Housing stability
 5. Utilities

- SDOH screenings are evidence-based and use validated screening tools

Sample Screening Tool in Epic – Medical Center

Food Insecurity

1 Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never true Sometimes true Often true Patient unable to answer Patient declined ▼ 📄

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify food insecurity.

1 Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true Sometimes true Often true Patient unable to answer Patient declined ▼ 📄

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify food insecurity.

Transportation Needs

1 In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes No Patient unable to answer Patient declined ▼ 📄

National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute of Medicine (PRAPARE). 2016. www.nachc.org/prapare

1 In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

Yes No Patient unable to answer Patient declined ▼ 📄

National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute of Medicine (PRAPARE). 2016. www.nachc.org/prapare.

Housing Stability

1 In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Yes No Patient unable to answer Patient declined ▼ 📄

Housing Stability Vital Sign. Children's HealthWatch.

1 In the past 12 months, how many times have you moved where you were living?

📅 ▼ 📄

Housing Stability Vital Sign. Children's HealthWatch.

1 At any time in the past 12 months, were you homeless or living in a shelter (including now)?

Addressing Barriers to Care & SDOH – Medical Network

- MarinHealth Medical Network utilizes Epic's tools for screening and identification of SDOH in the ambulatory setting
 - Screenings now integrated into the clinical workflow
 - Information collected has provided valuable information about patients' social and environmental challenges in Marin and beyond
-
- SDOH Screening Examples:

Financial Resource Strain

Time taken: 4/3/2025 1049 + Add Group + Add Row + Add LDA Responsible Create

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Very hard Hard Somewhat hard Not very hard Not hard at all Patient unable to answer Patient declined

Create Note

Utilities

Time taken: 4/3/2025 1050 + Add Group + Add Row + Add LDA Responsible Create Note

Utilities

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes No Already shut off Patient unable to answer Patient declined

Create Note

Resources for Patients

- Community-based organizations often have more robust support systems available, so MarinHealth works closely with partners to support patients outside of the hospital
- Network of resources in Marin is vast, however it can change frequently due to external factors (e.g. program funding)
- Resource lists need to be monitored regularly to prevent referral dead-ends
- Recommend directing care providers and patients to the County resources on their website <https://www.marinhhs.org/community-resource-guide>

Tab 3

MarinHealth Medical Network	2025	MarinHealth Medical Network	2026	MarinHealth Medical Network	2027
BEHAVIORAL HEALTH		BEHAVIORAL HEALTH		BEHAVIORAL HEALTH	
Revenue	2,662,423	Revenue	3,236,152	Revenue	3,243,668
Total Income	2,662,423	Total Income	3,236,152	Total Income	3,243,668
Salaries, Wages, Benefits	491,858	Salaries, Wages, Benefits	638,907	Salaries, Wages, Benefits	658,074
Professional Services	1,762,110	Professional Services	2,003,434	Professional Services	2,020,144
Purchased Services	13,483	Purchased Services	14,157	Purchased Services	14,865
Supplies	3,387	Supplies	3,556	Supplies	3,734
Rent & Leases	148,296	Rent & Leases	155,710	Rent & Leases	163,496
Insurance	20,878	Insurance	21,922	Insurance	23,018
Utilities	4,957	Utilities	5,205	Utilities	5,465
Billing Fees, IT, Other	352,679	Billing Fees, IT, Other	403,679	Billing Fees, IT, Other	405,302
Total Expense	2,797,648	Total Expense	3,246,571	Total Expense	3,294,099
Total Net Income / (Loss)	(135,224)	Total Net Income / (Loss)	(10,418)	Total Net Income / (Loss)	(50,431)
RVUs - MD	12,663	RVUs - MD	15,487	RVUs - MD	15,487
RVUs - LCSW	8,091	RVUs - LCSW	9,541	RVUs - LCSW	9,541

Marin Health
Inpatient Behavioral Health Summary

	FY 2023	FY 2024
Inpatient Admissions	498	510
Net Income	(6,193,027)	(6,259,551)