



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, April 8, 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

3 members of the public and offered comments. Dr. Sean Maroney identified himself as a member of Prima Medical Group. He was requested by his group to come speak to voice their concerns, regarding Trauma, Colorectal and General surgery compensation. He spoke about difficulties about retaining and hiring staff, physicians not seeing the difference between billed charges and payments, and physician compensation and retention.

A second speaker identified himself as a patient with concerns to access to primary care physicians.

Katie Grossman identified herself as an ER Nurse, having difficulties with placing patients with primary care doctors and the use of the ER for primary care.

Chair Alfrey said that it was clear that these items should be put on a future agenda and the district may need to form an ad-hoc committee.

3. Approve Agenda

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

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

After board discussion related to the Finance and Audit Committee Report of the minutes of March 11, 2025, the minutes were approved with the Finance and Audit Committee being tasked by Chair Alfrey with further exploring accounting of district finances.

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

5. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein reported that recent advocacy efforts have primarily focused on protecting Medicare and Medicaid from proposed federal funding cuts. These concerns are emerging from ongoing negotiations in the U.S. House of Representatives and Senate over the 2026 federal budget. He reported that these proposed cuts could significantly impact vulnerable populations as well as hospitals like MarinHealth, which rely heavily on Medi-Cal reimbursements. He noted that this issue has been a major focus at recent meetings of the Hospital Council of Northern and Central California and the CHA. In response, the CHA and other advocacy groups have launched targeted campaigns, including letter-writing efforts, to urge federal legislators to oppose cuts.

Dr. Klein reported a recent legal victory by the CHA in a lawsuit against Anthem Blue Cross, which had denied payment for hospital services when patients were medically ready for discharge but had no available placement options. The Los Angeles Superior Court ruled in favor of the CHA, validating hospital concerns. However, the ruling did not outline next steps or enforcement mechanisms, CHA is continuing to evaluate potential implications and how best to act upon the decision.

Dr. Klein reported there is approximately six state legislative bills that aim to improve access to mental health and substance use disorder treatment by preventing insurance companies from denying medically necessary care. These bills are being supported by a coalition of health advocacy groups and reflect a growing emphasis on addressing behavioral health care inequities across California.

Dr. Klein reported the Office of Health Care Affordability has created a new regulatory body to reduce healthcare spending growth. He noted, while the initiative is intended to control costs, much of the financial burden appears to fall disproportionately on hospitals. Institutions flagged for excessive spending growth could face penalties, including potential restrictions or fines.

Dr. Klein provided an update on Proposition 35, which secured a tax on managed care organizations to help fund Medi-Cal. Prop 35 has been a critical source of funding for the program, there is growing concern that, in the face of federal, and state budget deficits and potential Medicaid cuts, these funds could be redirected for other uses. This could undermine the proposition's intent and reduce the financial stability of Medi-Cal.

Dr. Klein shared significant progress and recognition around e-bike safety advocacy. Dr. Maa and Dr. Alfrey have emerged as national leaders in the area of youth e-bike safety,

earning attention from multiple media outlets. Dr. Klein noted Marin has been cited as a model for policy leadership in this area, thanks in part to advocacy efforts initiated by the Board in 2022 with a formal letter of support and Assembly Bill 1778. AB 1778 received strong support from the Marin County Board of Supervisors and recently passed the Tiburon Town Council unanimously. It is now working its way through other Marin municipalities.

6. Adding Social Determinants of Health Screenings (SDOH) to Health Fairs/Pop-Up Events

Dr. Klein presented an overview of MarinHealth's Social Determinants of Health (SDOH) screening initiative and its potential application at District sponsored health fairs. The program, formally launched in May 2024, screens inpatients for five key domains: interpersonal safety, transportation needs, food security, housing stability, and utilities. By December 2024, over 92% of inpatients aged 18 and older had been screened. Patients who screen positive are referred to hospital social workers for personalized assessments and connected with community resources, with follow-up provided by care transition nurses.

The Board discussed the possibility of starting with a single domain at the health fairs, such as food insecurity, and ensuring follow-up support is available. Ms. Rienks will take this topic to the next Lease, Building, Education & Outreach meeting on April 14, 2025 for further discussion.

7. Behavioral Health Funding Approval

Dr. Klein reported at the recent District retreat, two funding request were discussed: (1) funding for the outpatient clinic, and (2) funding for the inpatient behavioral health program.

Mr. Brettner provided a financial overview:

Outpatient Behavioral Health Clinic:

Requested funding: \$90,000.

The outpatient clinic's updated pro forma, presented without the additional funding included, projects a loss of \$135,000 in 2025.

As patient volumes increase, it is anticipated that the clinic will reach near break-even status by 2026–2027. However, due to ongoing expense inflation (estimated at 3–5% annually) outpacing revenue growth (approximately 1% annually), modest losses may reemerge thereafter.

Staffing levels will remain stable; increased professional services costs are attributed to ramp-up in productivity for physicians and LCSWs operating under an RVU-based compensation model.

Future anticipated operating losses are projected between \$20,000–\$30,000 annually, which are considered manageable without further substantial District subsidy.

Inpatient Behavioral Health Program:

Requested funding: \$200,000.

The inpatient behavioral health unit operates consistently at full capacity, serving both in-county and out-of-county patients.

The program sustains an annual operational loss exceeding \$6 million, primarily due to inadequate reimbursement rates from both governmental and commercial payers.

It was noted that additional revenue generated from inpatient physician services (such as ECT procedures) is not reflected in the loss figure and should be incorporated into future reporting for greater transparency.

Chair Alfrey asked for a motion to approve the Behavioral Health Funding: Ms. Rienks moved to approve Behavioral Health Funding as presented. Ms. Sparkman seconded. **Vote: all ayes**

8. Committee Reports

A. Finance & Audit Committee (did not meet)

B. Lease, Building, Education and Outreach Committee (did not meet)

Lease, Building, Education and Outreach Committee did not meet. However, Ms. Rienks noted the Men's and Women's Health Seminar was held and well attended, with over 200 participants. The event was a great success, with strong community engagement.

Some logistical improvements were discussed, including the need for more District-branded materials and name tags.

Dr. Su asked the Lease, Building, Education & Outreach to review future event budgets, advertising costs, and impact metrics, and to bring any budget implications back to the Board for consideration.

9. Reports

A. *Hospital and District CEO's Report*

Dr. Klein reported campus expansion planning is underway, with concepts including a new ambulatory service building to increase outpatient capacity, as well as a multi-level parking structure, identified as the necessary first step due to limited current parking and construction impact.

Dr. Klein also noted Seismic compliance planning is a priority. A detailed plan outlining service relocation from non-retrofitted areas (primarily the Redwood Pavilion) is due to the state by January 2026.

Dr. Klein shared recruitment and clinical program updates.

- A new arthroplastic surgeon, affiliated with UCSF, will be joining the team in fall 2025.
- The Cardiac Surgery Program, led by Drs. Sarkeshik and Castro, continues to thrive with strong regional referrals for complex cases.
- UCSF's cardiovascular department chair unexpectedly withdrew leaving UCSF without a cardiovascular chair.
- The search for a Vice President of Medical Affairs for the network has yielded strong candidates; a finalist has been selected and an announcement is forthcoming.

Dr. Klein reported patient access initiatives continue with a dedicated team addressing access challenges across the hospital and network. Targeted improvements include:

- Standardization across scheduling systems.
- Reduced call abandonment rates.
- Enhanced appointment availability.

Dr. Klein noted continued recognition for the recent Careers in Medicine Seminar, including praise from the local school superintendent who described it as a major success.

Dr. Klein shared he will be speaking at the upcoming San Francisco Business Times AI Conference, joining a panel on how AI is enhancing efficiency and care in healthcare settings.

Dr. Klein reported the hospital is experiencing sustained record-high inpatient census, with no drop in patient volumes. To address capacity challenges five inpatient beds have been added to the 4th floor of the Redwood Pavilion.

Dr. Klein reported on facility and security updates:

- Operating room upgrades continue in the Cedar and Redwood Pavilions.
- Construction of the new outpatient MRI facility on South Eliseo is progressing; expected to be completed by mid to late summer 2025.
- The Medical Network administrative office will be relocating to Rowland Way, with backup power provided by a new generator to support patient services.
- The pharmacy compounding upgrade is under construction and projected for completion by the end of 2025.
- Weapons detection systems and metal detectors have arrived and will be installed imminently.
- The new visitor management system that will require positive ID of all visitors to ensure campus safety.
- Valet parking services are launching May 2025 to help mitigate ongoing parking shortages.
- Bloom Energy Project is active, providing onsite power generation to reduce dependency on the public grid. Current phase uses natural gas converted to electricity. Future phase (3–4 years) aims for conversion to hydrogen power, which has a zero-carbon footprint. Completion of the current phase expected by mid to late 2026.

Dr. Klein reported the Employee Pulse Survey and Physician Engagement surveys have been completed. Preliminary results show year-over-year improvement in most measured categories. A few areas remain opportunities for growth, but overall feedback was positive, indicating improved morale and alignment.

Dr. Klein reported the Primary Stroke Program Survey was completed with excellent feedback—surveyors noted the team’s presentation was among the top 5% they have seen.

Dr. Klein noted upcoming regulatory review:

- Advanced Inpatient Diabetes Survey scheduled for next week.
 - Joint Commission Triennial Survey expected between April and September 2025.
- Dr. Klein noted a mock survey was previously conducted; preparations are underway and the team is confident in its readiness.

B. Chair’s and Board Members’ Reports.

Dr. Alfrey reported the site visit for trauma program review is scheduled for the end of July, noting program’s growth from 500 to over 2,000 cases in the last decade.

10. Agenda Suggestions for Future Meetings

Dr. Alfrey suggested a discussion of physician access issues and a committee to look into the matters raised at public comment, and in the interest of patient safety ensuring patient access to care and support through recruitment, retention, collaboration, partnerships, and reimbursement.

Ms. Rienks suggested inviting Dr. Diane Rittenhouse to present on national trends and systemic challenges in primary care, including pipeline issues, reimbursement disparities, and workforce planning.

Ms. Rienks and Ms. Sparkman suggested re-engaging with the County to advocate for increased reimbursement rates, emphasizing that the District has assumed a growing number of previously County-supported services, including labor and delivery and trauma coverage.

Dr. Alfrey suggested scheduling a closed session in June to conduct annual staff evaluations and goal setting.

11. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:45 pm.