REGULAR BI-MONTHLY MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, April 22, 2014
2:00 p.m.
Corporate Square, 10th Floor, Conference Room A
4801 N.W. Loop 410
San Antonio, TX 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Linda Rivas, Vice Chair
Rebecca Q. Cedillo, Secretary
Robert Engberg
Ira Smith

BOARD MEMBERS ABSENT

Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr. President/Chief Executive Officer, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Michael Black, Senior Executive Vice President/Chief Operating Officer, UTHSCSA
Gabriela Canales, Director, DSRIP Project Management, Research & Information Management, University Health System
Ted Day, Vice President, Strategic Planning & Business Development, University Health System
Peggy Deming, Executive Vice President/Chief Financial Officer, University Health System
Don Finley, Senior Writer, Corporate Communications, University Health System
Lindsay Herman, Administrative Resident, Administration, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Sherry Johnson, Vice President/Integrity Services and Compliance, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Michelle Ryerson, DNP, RN, NEA-BC, Senior Vice President, Chief Nursing Officer/Chief Operating Officer, Pediatric Clinical Services, University Health System
Yamille Michelle Silva, Senior Quality Data Analyst, Health Informatics Research, University Health System
Christann Vasquez, Executive Vice President/Chief Operating Officer, University Health System
Roberto Villarreal, M.D., Senior Vice President, Research and Information Management, University Health System
And other attendees.
CALL TO ORDER AND RECORD OF ATTENDANCE: JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 2:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Mr. Cliff Harden of La Coste Baptist Church for the invocation and he led the pledge of allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

TUESDAY, JANUARY 28, 2014 (REGULAR MEETING)

SUMMARY: The minutes of the Board meeting of Tuesday, January 28, 2014, were presented for the Board’s approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve the minutes was made by Ms. Cedillo, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None.

TUESDAY, FEBRUARY 18, 2014 (REGULAR MEETING)

SUMMARY: The minutes of the Board meeting of Tuesday, February 18, 2014, were presented for the Board’s approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve the minutes was made by Ms. Rivas, SECONDED by Ms. Cedillo, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None

TUESDAY, FEBRUARY 25, 2014 (REGULAR MEETING)

SUMMARY: The minutes of the Board meeting of Tuesday, February 25, 2014, were presented for the Board’s approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve the minutes was made by Mr. Engberg, SECONDED by Ms. Cedillo, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None
TUESDAY, MARCH 18, 2014 (REGULAR MEETING)

SUMMARY: The minutes of the Board meeting of Tuesday, March 18, 2014, were presented for the Board’s approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

ACTION: A MOTION to approve the minutes was made by Ms. Rivas, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None

TUESDAY, MARCH 25, 2014 (REGULAR MEETING)

SUMMARY: The minutes of the Board meeting of Tuesday, March 25, 2014, were presented for the Board’s approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

ACTION: A MOTION to approve the minutes was made by Ms. Cedillo, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None

SPECIAL PRESENTATION REGARDING THE UNIVERSITY OF THE INCARNATE WORD’S SCHOOL OF OSTEOPATHIC MEDICINE—ROBYN MADSON, D.O., MPH, FOUNDING DEAN

SUMMARY Mr. Hernandez introduced Robyn Phillips-Madson, DO, MPH, Founding Dean of the School of Osteopathic Medicine at University of the Incarnate Word. He invited Dr. Madson to provide the Board with an overview of Osteopathic Medicine and its role in population health as well as an update on the proposed school of Osteopathic Medicine. He yielded the floor to Dr. Madson for her presentation.

Dr. Madson described the mission of the School of Osteopathic Medicine, which is to empower all members of the medical education community to achieve academic, professional and personal success and develop a commitment to lifelong learning through excellence in learner-centered, patient-focused education, justice-based research and meaningful partnerships of service across the spectrum of medical education (UME/GME/CME). The development and application of osteopathic principles of medicine across four years of physician training will promote culturally and linguistically responsive care for all patients to enhance patient safety and improve patient outcomes. She reviewed DO and MD similarities within these characteristics: minimum qualifications, basic medical training, post-graduate training, specialties, board exams, practice locations and described how both the osteopathic degree and the traditional medical degree enhance the state of health care in the United States. She highlighted the DO difference in regarding approach, philosophy, developing rapport, additional training in assessment of the patient’s structure and function, and their primary care focus. Dr. Madson also described the tenets of osteopathic medicine:
• The body is a unit; the person is a unit of body, mind, and spirit.
• The body is capable of self-regulation, self-healing, and health maintenance.
• Structure and function are reciprocally interrelated.
• Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

And, she outlined the goals of the School of Osteopathic Medicine:

• Focus on primary care
• Serve the underserved
• Educate physicians for the 21st century
• Learner-centered
• Integrated curriculum
• Professional identify formation
• Holistic admissions process.

Finally, Dr. Madson reported that Dr. Luis Agnese, President of the University of the Incarnate Word, would announce later this week the location for the School of Osteopathic Medicine campus, which has been narrowed down to two locations: a university-owned facility on Datapoint Drive near the South Texas Medical Center, or Brooks City-Base.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action by the Board was necessary.
EVALUATION: Board members engaged Dr. Madson in further dialogue. Mr. Adams expressed disappointment that Dr. Jimenez was not at today’s meeting. He asked Mr. Hernandez to provide Dr. Jimenez with Dr. Madson’s contact information.
FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A PROFESSIONAL SERVICES AGREEMENT WITH MEDICAL LABORATORY CONSULTANTS (MLC) GROUP, LLC FOR MEDICAL DIRECTORSHIP OF THE HISTOCOMPATIBILITY LAB (HLA) AND CONSULTATIVE SERVICES FOR LABORATORY INFORMATION SYSTEM IMPLEMENTATION -KAREN BRYANT

SUMMARY: In July 2013, the HLA medical director at the Health System announced her retirement. She continued to fulfill her role by providing oversight services remotely and since that time, UTHSCSA has attempted to recruit and fill the position. Due to the complexity of the testing provided by the HLA and the stringent regulatory requirements, knowledgeable leadership of the laboratory is imperative to the success of the transplant program and patient outcomes. Certified medical
directors are a requirement for transplant programs by the United Network of Organ Sharing (UNOS) and loss of the medical director can result in the immediate termination of a transplant program. HLA medical directors must be certified by the American Board of Histocompatibility and Immunogenetics (ABHI), and this certification requires several years of intensive training for completion. As result, due to the specialized nature and complex requirements of this position, very few individuals meet the qualifications to fulfill the role of medical director. Medical Laboratory Consultants Group has been identified as an organization that provides HLA oversight and medical directorship and can immediately step in and fulfill the needs of the Health System. Because of the highly specialized nature of the testing provided by the HLA and the rigorous standards to meet transplant program and UNOS requirements, this contract is a sole source professional services agreement. UTHSCSA has been involved in the selection of MLC Group to provide HLA medical directorship, and supports this decision.

This agreement will be comprised of two components: medical directorship and consultation for the building and implementation of the HLA component of the Laboratory Information System (LIS), which requires direct oversight from the HLA medical director to ensure that all required components are addressed.

The laboratory is in the process of development and implementation of the new LIS, which applies to all lab areas within the Health System. The LIS is a data system that will support all laboratory testing and will communicate directly with Sunrise to receive orders and report test results. Once the LIS is implemented, data generated by the laboratory will be more robust and organized than the previous system could support. A focus of the engagement is the optimization of the HLA’s quality, compliance, and documentation. The patients that utilize the HLA are specialized patients, whose lives depend on the testing provided. More involved medical leadership is important to implementing key departmental initiatives, and transitioning the laboratory from serology to molecular testing, which is critical to ensuring good patient outcomes. Additionally, because MLC Group will participate in the implementation of the LIS, the Health System will better capture the data generated by laboratory services.

As compensation for medical directorship services rendered to the Health System, during the term of this agreement, MLC Group will be paid $15,000 per month of service, plus travel. For this amount, consultants will provide 24 hours per day, 7 days a week coverage for consultation and will be on-site for two days, twice per month for the first six months and once per month for the second six month period. For the LIS implementation consultation services, MLC Group will be paid an amount not to exceed $30,000 for one year of consultation. The total value of this contract for services will be $233,328. Of this amount, $179,722 is currently being applied to the Annual Operating Agreement with UTHSCSA and will be diverted to offset these expenses. Net impact to the bottom line will be $53,606. MLC Group is classified as a Small Business Enterprise (SBE) and is based in Atlanta, Georgia. As a small firm, MLC Group does not
have an Affirmative Action Policy, but is an Equal Opportunity Employer.

**RECOMMENDATION:** Staff recommends Board of Managers approval of a contract with MLC Group for medical directorship and LIS implementation consulting services for an amount of $233,328.00. The term of this agreement is of this agreement is for one year beginning May 1, 2014 through April 30, 2015.

**ACTION:** A **MOTION** to approve staff’s recommendation was made by Ms. Rivas, **SECONDED** by Ms. Cedillo, and **PASSED UNANIMOUSLY**.

**EVALUATION:** Ms. Bryant assured Mr. Engberg that as a small business enterprise, MLC Group has capacity to serve the Health System.

**FOLLOW-UP** None.

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**CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A CONTRACT WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO FOR CARDIAC AND NON-CARDIAC PEDIATRIC INTENSIVIST CALL COVERAGE SERVICES—MICHELLE RYERSON/TED DAY**

**SUMMARY:** This is a proposal to enter into a pay for performance agreement, as a supplement to the existing Base Care Agreement with UTHSCSA based both on the physicians’ ability to meet certain coverage requirements and demonstrate performance against a specific set of performance metrics for the Pediatric Cardiac Intensive Care Unit and the Pediatric Non-Cardiac Intensive Care Unit. There are minimum performance requirements outlined within the agreement related to patient throughput and care planning. Additionally, performance measures and goals have been established around quality of care, patient safety and communication that will control a portion of the payment under this agreement. This initiative enables the Health System to reduce two types of risk. First, it facilitates the safe care of high-risk cardiac patients in an intensive care unit with 24/7 physician staffing and focus on their particular needs. Second, it reduces execution risk for anticipated future volumes of patients coming through the congenital heart program.

This agreement will be effective April 14, 2014, through December 31, 2014, for an amount not to exceed $496,277 for both night call coverage for the Pediatric Cardiac Intensive Care Unit (valued at $202,642), and for salary adjustments for Pediatric Intensivists based on the external benchmark of Association of Administrators in Academic Pediatrics (AAAP) salary survey results for the 2013-2014 Faculty Salary Survey. This salary adjustment (valued at $293,635) will bring twelve faculty members within a reasonable range of the AAAP 50th percentile. However, fifteen percent (15%) of this salary adjustment (valued at $44,045) will be at risk pending successful performance on mutually established metrics in the areas of quality, patient safety and effective communication. This risk percentage is consistent with the at-risk percentage on other faculty employment contracts.

This is an additional expense to that included in the children’s services business plan, it is a new cost. Staff does not anticipate additional revenue
beyond revenue currently assumed in the business plan, but views this development as key to the current growth of pediatric cardiac services both from the perspectives of attracting new cases and having adequate intensive care bed capacity for those cases coming in to the system. The physician performance requirements included within this agreement will put greater focus on Health System performance on key quality and patient safety measures for the pediatric service line. Example quality metrics include reducing mortality and healthcare associated infection rates.

This is a key strategic opportunity for the Health System to significantly enhance its position to emerge as a recognized leader in the provision of children’s services to the community. With the additional call coverage provided through this agreement, the Health System will have the only dedicated Pediatric Cardiac Intensive Care Unit within the region.

RECOMMENDATION: Staff recommends Board of Managers’ approval for funding of an estimated amount not to exceed $496,277 for Cardiac and Non-Cardiac Pediatric Intensivist Call Coverage Services provided by UTHSCSA. The term of this agreement is for 8 months.

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Engberg, SECONDED by Ms. Rivas, and PASSED UNANIMOUSLY.

EVALUATION: Mr. Adams commended the staff for their continuing efforts in physician alignment. He urged Mr. Hernandez to convene the Board’s personnel committee to further discuss these endeavors and obtain guidance. Ms. Ryerson thanked the Board of Managers but especially Mr. Hernandez for his commitment and dedication to children’s health services. Her physician colleagues all respect him because he walks the talk. Mr. Hernandez attributed the staff’s focus on this important work to Dr. Syed Adil Husain, Associate Professor in Cardiothoracic Surgery/Congenital Heart Diseases. He is the expert in South Texas and attracts many of the pediatric patients to University Hospital, reaching out beyond expectation with numerous personal encounters. He is someone the Board would want representing the Health System. Mr. Adams agreed, and described Dr. Husain as a most impressive and very caring physician.

FOLLOW-UP None.

PRESENTATIONS AND EDUCATION:

UPDATE ON UNIVERSITY HOSPITAL SERVICE LINE PERFORMANCE FOR THE FIRST QUARTER OF 2014—TIM BRIERTY/MARY ANN MOTE/BRYAN ALSIP, MD/CHRISTANN VASQUEZ

SUMMARY: Ms. Vasquez provided a written report and a brief graphics presentation. She reviewed discharges, excluding newborns, for the first quarter of 2014:
• Adult – 4,689 actual compared to budgeted 4,975
• Pediatric – 352 actual compared to budgeted 451

She discussed performance of the various service lines (Heart and Vascular, Neurosciences, Transplant, Women’s and Neonatal, and Children’s Health), key projects for each service line, quality, efficiencies, financial data, activity, and payor mix. She also reported monthly length of stays rates as follows:

• January – 6.55
• February – 6.74
• March – 6.74
• April – 6.15

Board members emphasized the importance of meeting budgeted activity projections. Ms. Vasquez agreed and informed them that staff is researching the feasibility of securing private physician groups for evening and Saturday clinics in an effort to rectify patient activity issues.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action by the Board of Managers was required.
EVALUATION: None.
FOLLOW-UP: This report will be provided on a quarterly basis.

REPORT ON 1115 WAIVER DSRIP PROJECT PERFORMANCE FOR THE FIRST REPORTING PERIOD OF DEMONSTRATION YEAR 3—ROBERTO VILLARREAL, MD

SUMMARY: Dr. Villarreal provided a breakdown of DSRIP net incentives expected for the first reporting period by sponsor for categories 1 and 2 at a total of $28,290,256, with 20 projects reporting, and the achievement of 40 milestones in both categories.

The total net for category 3 projects expected in April is $3,355,156. Category 4 projects estimated (pending HHSC data) net total expected in April is $3,716,154. Net incentive total for intergovernmental transfers to others expected in April is $9,265,663.

The total estimated DY3 first reporting period incentive expected in April is $26,095,903.

Dr. Villarreal reviewed changes to previous estimates and reasons for the changes (HHSC or VP) with a monetary change value in the amount of $2,417,952.

He provided the status of three new 3-year projects:

Project 1.3.1 – Real-time risk stratification tool – feedback was received from the State regarding learning collaborative, metrics and goals.
Project 2.12.1 – Skilling nursing facility and long term acute hospital transition care – feedback was received from the State regarding community needs, learning collaborative, and valuation.

Project 1.1.1 – Primary care clinic partnership with San Antonio Housing Authority – feedback was received from the State regarding community needs, learning collaborative and metric to reflect hiring of needed staff.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action was necessary by the Board of Managers.
EVALUATION: Mr. Adams thanked Dr. Villarreal for his report and announced that he had been informed by one of his contacts with the State that the Health System’s DSRIP projects are all unique in quality and above and beyond what has been submitted by other health care organizations.
FOLLOW-UP: None.

COMMUNICATIONS:

Mr. Adams asked the staff to make a few remarks about the move to the new patient tower on Monday, April 14, 2014. Mr. Hernandez described moving day as an incredible task that went exceptionally well. Staff congregated at 5:30 am for a brief meeting before the first patient was moved at 6. It was a huge undertaking that went as smooth as could be expected, with a total of 37 surgeries performed that day. By 6 p.m., only about 7 patients remained in the old part of the hospital that needed to be moved. The leadership team debriefed at 7 p.m. The command center was set up that morning to deal with issues that might arise, and minor issues that did come up, such as with computers and badge readers, were promptly addressed. Ms. Deming described a strong spirit of teamwork by all to accomplish the move. Dr. Alsip described an overwhelming sense of peace and quite for the patients and physicians in the new space, and stated that the staff did an excellent job. Ms. Ryerson added that families are much more comfortable in the larger, private rooms. Ms. Vasquez agreed with the statements and described the move as extremely well orchestrated. Retired employees were called upon to volunteer in the new lobby and existing employees also helped with way finding for visitors during the first week. Mr. Hernandez expressed pride in the entire UHS team and thanked Mr. Brierty, CEO of University Hospital, who was thoroughly involved in the activities related to the move on Monday. Mr. Adams suggested it would be interesting to ask volunteers to document their thoughts for that day for historical purposes. He asked the staff to pass the Board’s appreciation to Mr. Brierty.

CLOSED MEETING:

Mr. Adams announced the meeting closed to the public at 3:32 p.m. pursuant to TEX. GOV’T CODE, Section 551.085 (Vernon 2004) to receive information on and/or deliberate regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines. The following Board members were present: Jim Adams, Robert Engberg, and Ira Smith. The following staff was present: George Hernandez, Christann Vasquez, Dr. Bryan Alsip, and Michael Hernandez. After discussion, no action was taken by the Board. Mr. Adams announced the closed meeting ended at 4:06 p.m., and the public meeting reconvened.
ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public meeting at 4:07 p.m.

James R. Adams
Chair, Board of Managers

George B. Hernandez, Jr.
President/Chief Executive Officer
Acting Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary