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

Tuesday, May 20, 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
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
Ira Smith
Dianna M. Burns, M.D.

BOARD MEMBERS ABSENT:

Robert Gilbert

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
Felix Alvarez, Executive Director, Procurement Services, 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
Lindsay Herman, Administrative Resident, 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
Mary Ann Mote, Senior Vice President/Chief Revenue Officer, University Health System
Michelle Ryerson, DNP, RN, NEA-BC, Senior Vice President, Chief Nursing Officer/Chief Operating Officer, Pediatric Clinical Services, University Health System
Sally Taylor, M.D., Senior Vice President/Chief of Behavioral Medicine, University Health System
Christann Vasquez, Executive Vice President/Chief Operating Officer, University Health System
Mark Webb, Senior Vice President, Facilities Administration, University Health System
Daniel T. Barrett, Board Member, The Center for Health Care Services
Sam Bowker, Board Member, The Center for Health Care Services
Leon Evans, President/Chief Executive Officer, The Center for Health Care Services
Christie Garfield, Vice President of Restoration Services, The Center for Health Care Services
Allison Greer, Vice President/External Relations, The Center for Health Care Services
Robert Guevara, Vice President/Finance and Technology, The Center for Health Care Services  
Camis Milam, M.D., Executive Vice President/Medical Services, The Center for Health Care Services  
Ruben Zamora, Chair, Board of Trustees, The Center for Health Care Services  
And other attendees.

CALL TO ORDER, WELCOME, AND RECORD OF ATTENDANCE: JAMES R. ADAMS,  
CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 2:00 p.m. Mr. Adams introduced and welcomed new Board  
member, Dr. Dianna Burns. She is extremely well-known and a well-respected pediatrics physician in  
this community. Thank you for agreeing to serve.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Pastor Terry Sisneros of Destiny Church for the invocation and he led the pledge  
of allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

**TUESDAY, APRIL 22, 2014 (REGULAR MEETING)**

**SUMMARY:** The minutes of the Board meeting of Tuesday, April 22, 2014, were  
presented for Board 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. Smith and PASSED UNANIMOUSLY.

**EVALUATION:** None.

**FOLLOW-UP:** None.

**TUESDAY, APRIL 29, 2014 (REGULAR MEETING)**

**SUMMARY:** The minutes of the Board meeting of Tuesday, April 29, 2014, were  
presented for Board approval.

**RECOMMENDATION:** Staff recommended approval of the minutes as submitted.

**ACTION:** A MOTION to approve the minutes was made by Mr. Engberg,  
SECONDED by Dr. Jimenez and PASSED UNANIMOUSLY.

**EVALUATION:** None.

**FOLLOW-UP:** None

ACTION ITEMS:

**CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED  
PURCHASING ITEMS RELATED TO THE CAPITAL IMPROVEMENT PROJECT:**

**UNIVERSITY HOSPITAL:**

**CONSIDERATION AND APPROPRIATE ACTION TO AMEND A CONTRACT WITH  
WARD NORTH AMERICAN FOR TRANSITION MOVE SERVICES FOR THE SKY**
TOWER AT UNIVERSITY HOSPITAL—MARK WEBB

SUMMARY

This item is an amendment to the original Ward contract scope approved by the Board of Managers on June 26, 2012, to include transitional, relocation and installation support services scope that were anticipated but not finalized during the original approval process. Staff indicated to the Board that these costs, once fully vetted, would be brought before the Board for approval. In preparation for the Sky Tower fit-up and staff move-in, Ward:

- Received, assembled and deployed approximately 32,000 new and 16,500 existing pieces of medical equipment;
- Performed loading dock support, elevator operation and trash sweeps for vendor deliveries and installations; and
- Relocated 3900 totes and various content in support of staff relocations.

Use of Ward’s transition, relocation, and installation services lasted approximately four months and their average daily work force peaked at 70 movers/installers. Due to their experience and positive reputation with University Health System, staff recommends that Ward North American be considered a “preferred vendor” to be used for additional support, as needed. Transition, move and installation support services were necessary to provide a timely and orderly move to meet the Sky Tower “Go Live” date of April 14, 2014. Final medical equipment deployment and warehousing is projected through May 2014. The original contract amount is $999,031, the proposed amendment is for $532,669 and the revised contract amount is $1,531,700. This amount remains under the original projected budget of $1,992,781. The contract amendment amount will be paid from project funds. Ward is 100% Local and 33% SMWVBE local participation has been achieved through their subcontractors.

RECOMMENDATION:

Staff recommends Board of Managers’ approval of an amendment to the contract with Ward North American for $532,669.

ACTION:

A MOTION to approve staff’s recommendation was made by Mr. Engberg, SECONDED by Mr. Smith and PASSED UNANIMOUSLY.

EVALUATION:
None.

FOLLOW-UP:
None.

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE PROFESSIONAL SERVICES CONTRACT WITH MARMON MOK FOR DESIGN OF THE 2ND FLOOR RIO TOWER CLINICS FOR THE HEART AND VASCULAR INSTITUTE AT UNIVERSITY HOSPITAL—MARK WEBB

SUMMARY:
During the finalization of planning for use of the new building, it was determined that most of the first floor of the Sky Tower at University Hospital (UH) would be reserved for the Heart & Vascular Institute (HVI). The HVI was initially contemplated to consist of approximately 44,500 square feet and to provide cardiac and vascular surgery, cardiac catheterization, angiography, and related single and/or bi-plane imaging...
procedures, as well as associated clinics. With the associated clinics, total required square footage is approximately 56,000 sf. The original concept also included the possible addition of Nuclear Medicine/Stress Testing and Chest Pain Observation, pending the results of simulation modeling. In December 2012, the Board approved a contract with Marmon Mok for the programming and design of the HVI. Based on input from staff and the review of multiple options, it was determined that the second floor of the Rio building provided sufficient square footage to house the Nuclear Medicine/Stress Testing and Chest Pain Observation unit for Cardio and Vascular clinics to support the new HVI.

This is a request to amend the contract with Marmon Mok for design of the second floor Rio Tower Heart and Vascular Institute clinics. These additional design services will support the expanded program of the Heart & Vascular Institute allowing increased patient services and satisfaction. These changes were requested by staff and/or required due to operational changes. The proposed amendment is for $323,228. The original contract amount is for $2,461,700, the revised contract amount is $2,784,928, and will be paid from project funds. Marmon Mok is a local firm.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an amendment to the contract with Marmon Mok for $323,228.

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

EVALUATION: This amendment covers all design services associated with the Heart and Vascular Institute. Up to this point, $5.5 million has been funded from CIP savings and about $4.1 million through capital reserves. There is a balance related to the construction and equipment of the Heart & Vascular Institute, which is about $30-36 million to finalize this project. Future projects related to the HVI will be issued as Requests for Proposals. The Heart & Vascular Institute is a result of a wish list proposition for enhancement projects at the Health System. Ms. Rivas asked about remaining balances for the CIP project at the Robert B. Green, to which Mr. Webb replied that the Health System expects approximately $2.6 million. The amounts for University Hospital are not known at this time. Ms. Rivas requested a detailed, written report on fund balances. Mr. Adams reiterated that the Board of Managers has requested to be very involved in helping to prioritize the use of those funds. Mr. Smith and Dr. Jimenez reminded the staff of recent strategic planning efforts for ambulatory services to be taken into consideration when distributing those funds.

FOLLOW-UP: Detailed, written report on CIP fund balances for the Board’s review and prioritization. A follow up retreat for strategic planning will be scheduled.

CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE PROFESSIONAL SERVICES CONTRACT WITH RTKL FOR DESIGN SERVICES AND RETURN OF FUNDS DUE TO A REDUCTION OF SCOPE AT UNIVERSITY HOSPITAL—MARK WEBB
SUMMARY: The original concept of the Heart Vascular Institute (HVI) included the possible addition of Nuclear Medicine/Stress Testing and Chest Pain Observation, pending the results of simulation modeling. In December 2012, the Board approved a contract with RTKL to perform studies and modeling of the HVI. During programming for the HVI, staff conducted a Lean Process 3P event and requested that RTKL participate, with the expectation that this would support future design (by others) and simulation modeling by RTKL. Subsequent to the initial run of the model, staff determined that additional runs were not necessary and therefore a reduction RTKL’s scope was warranted. Simulation Services have supported the program of the Heart & Vascular Institute, identifying opportunities for increased operational efficiencies, and patient services and satisfaction. The reduction of scope is requested by staff and/or is required due to operational changes. The original contract amount for HVI services is $227,465 and the projected actual amount to be spent is $136,792. The credit amount due to the Health System is $90,673 and will be returned to project funds.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an amendment to the contract with RTKL for a credit for ($90,673).

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

EVALUATION: None.

FOLLOW-UP: None

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH WINDHAM PROFESSIONALS FOR BILLING AND BAD DEBT COLLECTION FOR THE PHYSICIAN BILLING OFFICE—MARY ANN MOTE

SUMMARY: On behalf of the billing office for Community Medicine Associates (CMA), the Health System contracts for business office support in the collection of monies for self-pay and bad debt accounts. The contracted vendor serves as an extension of the business office in the collection of payments for patients without insurance. The vendor is responsible for sending out statements and setting up payment plans with the self-pay patients. Accounts are considered bad debt when a payment is not received for a period of 120 days after the date of service. The contracted vendor is then responsible for working with the patient to obtain payment on the account. All bad debt collection efforts are performed in accordance with state and federal requirements. This service was competitively secured through RFP #214-01-008-SVC. The following companies responded to the RFP: (1) Credit Control; (2) Mid-Continental Credit Service; (3) Hospital Receivables; (4) Cardon Outreach; (5) Tiburon Financial; (6) Sarma Collections; (7) Armstrong and Associates; (8) Revenue Enterprises; (9) DataSearch; (10) Vengroff Williams; (11) Credit Service Company; (12) J & L Teamworks; (13) Frost Arnett; (14) Payment America; and (15) Windham Professionals.
A scoring matrix, included in the RFP, was utilized in evaluating the proposals and included the following: (1) completeness of response to RFP (2) references (3) experience in health care collections and (4) verifiable performance. The RFP was evaluated by three members of the physicians’ billing office. The analysis indicates Windham Professionals is the vendor best able to perform the needed services. Windham Professionals has 18 clients in Texas two of which are in San Antonio. They offer a variety of payment options including by telephone and online 24 hours per day. All correspondences are in both English and Spanish and Windham employs a multilingual staff to effectively communicate and meet the patient’s needs. Monthly meetings will occur to review all patient complaints, cash collections, status of accounts, and any performance or process issues that impact the flow of accounts. The cash received from the self pay accounts is estimated at $345,000 per year with a 7 percent collection fee ($24,150 per year). The value of the bad debt accounts is estimated at $208,500 with an 11 percent collection fee ($22,935 per year). The current self pay and bad debt vendor has indicated they do not wish to maintain their accounts and these will be transferred to the new vendor. The value of these transferred accounts is approximately $50,000 with a 22.5% collection fee ($11,250 per year). The total annual estimated expense for self pay, bad debt and the transferred accounts is $58,335 per year and $175,005 for the three year contract period. The contracted vendor is paid based on the result of their efforts. There is a 3 percent decrease in the fee to manage the self pay accounts (savings of $10,350 per year) and a 7 percent decrease in the fee to manage the bad debt accounts (savings of $14,595 per year) compared to the previous contract. This is a planned expense and is included in the 2014 operating budget. Ms. Mote reviewed the vendor’s workforce composition data with the Board: 4 American Indian employees; 7 Asian Americans; 105 African American; 58 Hispanic; and 622 White.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a three year contract with Windham Professionals in the amount of $175,005 effective July 1, 2014.

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

EVALUATION: Mr. Adams asked the staff to avoid typical account collection practices and urged Ms. Mote to monitor the vendor’s ethical practices on a regular basis. In noting that the vendor is a national company, Ms. Rivas encouraged staff to consider local vendors as much as possible. Mr. Smith asked Ms. Mote to provide vendor bid responses in grid-format within future, written reports. Dr. Jimenez echoed Ms. Rivas’ suggestion about local vendors and urged Ms. Mote to encourage the current vendor to improve its workforce composition if they wish to continue doing business with the Health System.

FOLLOW-UP: None.
CONSIDERATION AND APPROPRIATE ACTION TO APPROVE A CONTRACT
WITH HOME INTENSIVE CARE PHARMACY FOR HOME INFUSION SERVICES—
MARY ANN MOTE

SUMMARY: This service allows uninsured patients as well as CareLink patients to receive intravenous therapy in their home when it is not feasible for the patient to travel to the clinic for the infusion of their medication(s). The average daily patient census managed by Home Intensive Care Pharmacy is 25. Quality metrics for this service include patient satisfaction, readmissions, line infections and interruptions in infusion therapy. Monthly meetings occur that include pharmacy staff, Home Intensive Care Pharmacy team, home health nurses and care coordination to review the patients’ needs and the service provided. This contract was awarded through RFP (#214-01-008-SVC) for a four-year period with an option to renew for two additional one-year periods. This request is to exercise the option to renew for the first of the two one-year options available. There is no change in the pricing structure for the home infusion service compared to the previous contract period. The expense is $68.00 per patient day with an average of 748 patient days (25 patients/day) in a 30-day month. Average monthly expense is $50,923 for an annual expense of approximately $611,000. The $662,000 request for approval includes the month of May and is estimated at approximately $51,000. This excess expenditure for the previous contract period is due to increased patient activity. The Health System has access to 340 B medication pricing due to the large volume of uninsured patients that are cared for. The 340B pricing is guaranteed to be the lowest available on the market. To access 340B pricing for the home infusion patient population the Health System must post on the 340B website the name of the contracted vendor the quarter prior to the quarter in which the use of the service begins. For example at the current time the next posting period is the first two weeks in July for access to the pricing beginning October 1st. The pharmacy has initiated the RFP process for the service. However in order to continue providing this valuable service and allow for placement of the selected vendor on the 340B website in accordance with the defined timelines it is recommended we exercise the option to extend the current contract for one additional year to ensure all requirements are met and no gap in access to the 340B pricing occurs. This is a planned expense and is included in the 2014 operating budget. Ms. Mote reviewed the work force composition data in detail with the Board

RECOMMENDATION: Staff recommends the Board of Managers approve award of a one-year contract with Home Intensive Care Pharmacy in the amount of $662,000 effective June 1, 2014.

ACTION: A MOTION to approve the minutes was made by Dr. Jimenez, SECONDED by Mr. Smith and PASSED UNANIMOUSLY.

EVALUATION: Mr. Adams reminded the staff of Mr. Alex Briseno’s frequent requests to standardize contract terms. Mr. Hernandez informed the Board that the staff is in fact moving to structured three-year contract terms without option to renew as a result. The staff feels comfortable with three-year terms due to the rapidly changing climate in healthcare. Mr. Adams urged the staff do what is best for the Health System, as a good steward and purchaser, in setting contract terms.
FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

PRESENTATION REGARDING THE CENTER FOR HEALTH CARE SERVICES—SALLY TAYLOR, MD/LEON EVANS

SUMMARY: Dr. Taylor provided a brief overview regarding the long history of collaborative efforts toward the treatment of patients with mental health and substance abuse issues. While the mental health system overall is at times quite fragmented and difficult for patients and their families to navigate, the goal of the collaborative efforts between the Health System and The Center for Health Care Services (CHCS) is ultimately to provide seamless transitions of care across the continuum. Two guiding principles are to aim for care in the least restrictive alternative and to provide access to appropriate treatment services aimed at preventing unnecessary hospital inpatient admissions and emergency department visits. Regarding this goal, leadership representatives from both organizations have been meeting monthly for the past five months in order to develop specific measures to monitor and to identify known opportunities for improvement. The four areas of focus currently include Residential Detoxification Services, Methadone Program during Pregnancy, Crisis Observation Unit Bed Access, and Adult Outpatient Mental Health. The group has developed a Behavioral Health Dashboard that includes discrete measures for all four areas above. The dashboard is in the implementation phase and will allow both systems to establish baselines and transparently monitor various measures monthly. This in turn will allow year-to-date and end-of-year data to inform and guide various programming and funding decisions. Dr. Taylor yielded the floor to Mr. Evans for further elaboration of current partnership initiatives, the CHCS operating budget, funding sources, CHCS Board Bylaws, and outcomes for the Opioid Addiction Treatment Services and the Methadone Program for Mommies. These collaborative efforts and tracking of measures will direct attention to assuring that patients have access to the right care at the right time in the right location including access to appropriate outpatient services aimed at preventing unnecessary inpatient admissions and emergency department visits. The leadership group will continue to meet monthly to review activity, identify potential barriers to referral of patients between systems, and to identify areas for improvement.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action by the Board was required.
EVALUATION: A discussion ensued regarding benchmarks, data tracking, and outcomes. Dr. Jimenez asked about the Health System’s capability to identify frequent users of the emergency department. The staff has started to review monthly reports to identify patients who visit the emergency department frequently due to mental illness, social disability, lack of support, and/or access issues. CHCS has a high utilizer program in place, the purpose of which is to keep these patients out of the emergency department. By alerting CHCS of repeat ER use by any one patient, the
staff is able to guide the patient to the appropriate outpatient program, ensuring they receive follow up care. In this regard, Mr. Adams suggested use of the ER ambassadors to help identify frequent users because they take data on each and every patient while they are in the ER. Dr. Burns asked if the staff was currently working to secure infrastructures or interfaces that will allow the Health System to work more directly with CHCS in gathering data, to which Dr. Taylor replied that the staff still has some work to do in that regard. However, Dr. Alsip informed the Board that staff is currently working with Health Access San Antonio, an organization leading local health information exchange efforts. A DSRIP related item that will also help in this regard, is the Real-time Risk Stratification Tool Project, which will utilize risk stratified care management in the Health System via the electronic medical record, to enable adherence to the patient’s recommended care management plan.

**FOLLOW-UP:** Consider use of ER ambassadors to help identify frequent users.

**CLOSED MEETING:**

Mr. Adams announced the meeting closed to the public at 3:45 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, Dr. Robert Jimenez, Ira Smith, Linda Rivas, and Dr. Burns. The following staff was present: George Hernandez, Ted Day, Dr. Bryan Alsip, and Michael Hernandez. After discussion, no action was taken by the Board. Mr. Adams announced the closed meeting ended at 4:26 p.m., and the public meeting reconvened.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 4:27 p.m.

__________________________________ ______________________________
James R. Adams    George B. Hernandez, Jr.
Chair, Board of Managers  President/Chief Executive Officer
Acting Secretary, Board of Managers

_________________________________
Sandra D. Garcia, Recording Secretary