MINUTES

BOARD MEMBERS PRESENT:
James R. Adams, Chair
Dianna M. Burns-Banks, M.D., Secretary
Robert Engberg
Robert Gilbert
Ira Smith

BOARD MEMBERS ABSENT:
Roberto L. Jimenez, M.D, Immediate Past Chair
Linda Rivas, Vice Chair

OTHERS PRESENT:
George B. Hernandez, 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, Senior Vice President, Strategic Planning & Business Development, University Health System
Sergio Farrell, Senior Vice President, Ambulatory Services, University Health System
Roe Garrett, Vice President/Controller, University Health System
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Barbara Holmes, Vice President/Chief Financial Officers, Community First Health Plans, Inc.
Reed Hurley, Assistant Chief Financial Officer, University Health System
Sherry Johnson, Vice President/Integrity & Regulatory Services, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, Community Medicine Associates
Leni Kirkman, Vice President, Strategic Communications & Patient Relations, University Health System
Roxanne Rosa, Executive Director, Patient Care Services
Michelle Ryerson, Senior Vice President/Chief Nursing Officer/Chief Operating Officer, Pediatric Clinical Services, University Health System
Carmillia Jean Smith, Executive Director, Psychiatry Services, Interim 9 Rio Medicine
Sally Taylor, M.D., Chief Behavioral Health Services Officer, University Health System
Mark Webb, Executive Vice President/Chief Operating Officer, University Health System
Francine Wilson, Senior Vice President, Materials Management, University Health System
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 2:02 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Mr. Steven Jupiter, Antioch Baptist Church, for the invocation, and Mr. Adams led the pledge of allegiance.

CITIZENS’ PARTICPATION:

Mr. Fernando Escobedo addressed the Board of Managers as a patient. For the past 1.5 months, he has been in constant pain from a previous back injury, for which his physician, Dr. Cuellar, prescribed Vicodin (Hydrocodone). He is one of the patients affected by the change in regulations for Hydrocodone. He has tried Tylenol 3, 4 and Tramadol and is not getting any relief. Dr. Cuellar also previously referred him to psychiatry services for a consult, at which time he learned that his blood pressure was very high due to the back pain. He has now started calling many people at UHS for help in figuring out how he can get a more appropriate prescription for management of his pain. Days have gone by and he has not heard back from anyone at UHS. He understands there are other options for purchasing pain medication but he does not wish to obtain his medications illegally. He asked the Board for their help in addressing his concern. Mr. Adams obtained Mr. Escobedo’s phone number and informed him that someone from UHS would contact him before the end of the day to provide assistance.

CONSENT AGENDA – JIM ADAMS, CHAIR

- Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Staff Membership – John G. Myers, M.D., President Medical/Dental Staff
- Consideration and Appropriate Action Regarding Commissioning of a Peace Officer for Bexar County Hospital District – Sergio Farrell/Chief AJ Sandoval
- Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) – Felix Alvarez/Francine Wilson

SUMMARY: The consent items above were presented for the Board’s consideration.
RECOMMENDATION: Staff recommended approval of the consent items by the Board of Managers.
ACTION: A MOTION to approve the items as submitted was made by Mr. Engberg, SECONDED by Mr. Gilbert, and PASSED UNANIMOUSLY.
EVALUATION: Chief A.J. Sandoval introduced Officer Matthew Jirinzu to the Board. Mr. Jirinzu has over 10 years of customer service experience and will attend the required 40-hour crisis intervention training for peace officers. He looks forward to his work at UHS.
FOLLOW-UP: None.
ACTION ITEMS:

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

Robert B. Green Campus:

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE REDUCTION OF GUARANTEED MAXIMUM PRICE WITH BARTLETT-COCKE FOR PROJECT CLOSEOUT SAVINGS AT THE ROBERT B. GREEN CAMPUS CLINICAL SERVICES BUILDING (RBG-GMP #1b) – MARK WEBB

SUMMARY: At a special meeting on May 18, 2010, the Board of Managers approved GMP #1 for the downtown campus in the amount of $5,488,984. All work associated with the RBG Campus has been completed. The remaining funds in the amount of $316,547 for GMP #1 will now be returned to University Health System through a credit amendment and will be used to fund and implement other needed projects. Mr. Webb outlined the previously approved authorizations of amendments to the Bartlett-Cocke contract for work associated with this GMP package. The majority of costs included in this GMP (utility expenses, permit costs, impact fees, etc.) are associated with other governmental entities and are not eligible for SMWVBE participation.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an amendment to the existing Bartlett-Cocke Construction Management Agreement in the credit amount of ($316,542).

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

EVALUATION: None.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION TO APPROVE THE REDUCTION OF GUARANTEED MAXIMUM PRICE WITH BARTLETT-COCKE FOR PROJECT CLOSEOUT SAVINGS AT THE ROBERT B. GREEN CAMPUS CLINICAL SERVICES BUILDING (RBG-GMP #7g) – MARK WEBB

SUMMARY: In December 2011, the Board of Managers approved $2.8M for key relocations of administrative and operational functions and demolition of Building C. This work allows the Health System to prepare the RBG campus for greater flexibility and a more strategic and robust growth path in the future. To date, seven guaranteed maximum prices (GMPs) have been developed for work related to Building A, Building B demolition, Building C demolition, imaging building re-use and parking) at the RBG campus. All work associated with GMP #7 was substantially completed in July, 2014. Due to the competitive and diligent buy out process, the actual cost of work was less than the GMP. The renovation work associated with Building A included with GMP #7 in the amount of $309,200 is being removed from Bartlett Cocke’s GMP and will be accomplished by another construction contractor. This sum is included in
the final credit amendment to GMP #7. Mr. Webb outlined the approved authorizations for amendments associated with GMP 7 in the fiscal impact section of his written report to the Board. The remaining funds in the amount of $398,784 will now be returned to University Health System through a credit amendment and will be used to fund and implement other needed projects. The participation goal for SMWVBE is 56% and the local participation goal is 95%. To date, SMWVBE participation of awarded construction projects is 62% and local participation is 98%. This does not include the dollars associated with the Construction Manager’s Fee or other project administrative costs (i.e., insurance, bonds, permit fees, etc.). SMWVBE numbers achieved to date for all construction amendments were provided for the Board’s review.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an amendment to the existing Bartlett-Cocke Construction Management Agreement in the credit amount of ($398,784).

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

EVALUATION: None.
FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING RENEWAL OF THE LOCAL MATCH AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES FOR STATE FY 2015 – TED DAY/SALLY TAYLOR, MD

SUMMARY: In May, 2000, the County of Bexar and University Health System executed an Inter-local Agreement regarding sponsorship of Center for the Health Care Services (CHCS) for coordination of mental health and mental retardation services in Bexar County. Since that time, the Health System has contracted with CHCS to promote coordinated mental health services and create funding stability by considering CHCS’s needs in the Sponsoring Agencies’ budgetary cycle while maintaining continued accountability to an elected governmental body with county-wide jurisdiction. The purpose of this Memorandum of Understanding (MOU) is to renew the agreement that facilitates payment of the local “match” requested by the State Department of Health Services (DSHS), in furtherance of the Health System’s sponsorship commitment. This MOU does not create an employment relationship, partnership, or joint venture between CHCS, its subcontractors or employees and the Health System. This strategic community partnership provides for greater access to much needed behavioral and mental health services within the Health System’s service area. The availability of local resources, such as those provided by CHCS, ensures that the community has access to care in a location with appropriate specialized services at the time of a person’s clinical need. CHCS’s contract with DSHS includes metrics that the Health System can utilize to monitor the ongoing quality of services provided.
The Health System has determined its level of support for CHCS’s State fiscal year 2015 to be the sum of $1,758,274.00 payable in four (4) equal installments each quarter beginning on September 1, 2014 and shall continue until August 31, 2015. There is a decrease from the previous annual local match for mental health authority services in the amount of $182,004. The cost of this agreement has been incorporated into the 2015 budget.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an Agreement with The Center for Health Care Services in the amount of $1,758,274.

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

EVALUATION: Mr. Adams asked whether the Health System’s local match includes a provision for priority treatment of its patients. Dr. Taylor replied that CHCS readily accepts patients for re-admission, when needed, and also acknowledged that they have had capacity issues affecting new patients in the past. Mr. Evans, however, is very receptive to the Health System’s needs, with numerous contracts in place for specific services. The local match helps CHCS supplement services that are really needed in some areas, for example, services for the homeless and veterans, to help keep them out of the hospital. Dr. Burns emphasized the need to ensure priority for Health System patients in light of the fact that recently-discharged patients must be seen within a certain number of days to avoid readmission. Dr. Jimenez previously brought this same issue to the staff’s attention.

FOLLOW UP: Dr. Taylor will relay the Board members’ sentiments to Mr. Leon Evans and CHCS staff.

CONSIDERATION AND APPROPRIATE ACTION REGARDING RENEWAL OF THE LOCAL MATCH AGREEMENT WITH THE ALAMO AREA COUNCIL OF GOVERNMENTS FOR STATE FY 2015 – TED DAY/SALLY TAYLOR, MD

SUMMARY: In May, 2000, the County of Bexar and the Health System executed an Inter-local Agreement regarding sponsorship of The Center for Health Care Services (“CHCS”), which at that time promoted coordination of mental health as well as mental retardation services. However, in 2003, legislation (HB 2292) transformed the Texas Health and Human Services by abolishing the Texas Department of Mental Health and Mental Retardation and moving mental retardation to the Department of Aging and Disability Services (“DADS”). HB 2292 directed CHCS to divest its dual role as the local authority and provider of mental retardation services effective September 1, 2006. CHCS transferred the responsibility for Mental Retardation Authority (MRA) to the Alamo Area Council of Governments (AACOG), which AACOG agreed to undertake. The Health System has since contracted with the Alamo Area Council of Governments (“AACOG”) to promote coordinated mental retardation services, to create funding stability by considering AACOG’s needs in the Sponsoring Agencies’ budgetary cycle on an annual basis, and maintain continued accountability to an elected governmental body with county-wide jurisdiction. The purpose of this Memorandum of Understanding is
to renew the agreement that facilitates payment of the Local “match” requested by Department of Aging and Disability Services (“DADS”), in furtherance of the Health System’s sponsorship commitment. This MOU does not create an employment relationship, partnership, or joint venture between AACOG, its subcontractors or employees and the Health System. This strategic community partnership provides for greater access to much needed mental retardation services within the Health System’s service area. The availability of local resources such as those provided by AACOG ensures that the community has access to specialized care in an appropriate location. AACOG’s contract with DADS includes metrics that the Health System can utilize to monitor the ongoing quality of services provided. The Health System has determined its level of support for AACOG’s State fiscal year 2015 to be the sum of $307,076.00 payable in four (4) equal installments each quarter beginning on September 1, 2014 and shall continue until August 31, 2015. The 2015 match is unchanged from 2014. The local match amount is derived from a DADS formula based on Bexar County’s per capita income in relation to the State of Texas per capita income and the level of General Revenue allocation from DADS to Bexar County for purposes of supporting mental retardation services. The cost of this agreement has been incorporated into the 2015 budget.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute the renewal of an Agreement with Alamo Area Council of Governments in the amount of $307,076.00

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

EVALUATION: None.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH THE SAN ANTONIO AIDS FOUNDATION (SAAF) FOR PROFESSIONAL SERVICES – ROBERTO VILLARREAL, MD

SUMMARY: Since 1991, the Health System has contracted with the SAAF on a fee-for-service basis for the provision of services of residential skilled nursing and hospice care of patients with advanced HIV/AIDS. Since August, 2013, SAAF and Health System staffs have been reviewing the increased costs of providing these much needed services, a total of $948,747 for 2012. Such services include, but are not limited to: assistance with mobility and activities of daily living, IV therapy, complex wound care, treatment of acute and chronic health problems, management of drug therapy, inpatient management of illness, and management of end of life care. This contract has resulted in major savings to the Health System by releasing hospital beds and reducing length of stay of HIV patients. During the last nine months SAAF provided 4,983 days of service to patients needing medical support for AIDS related illnesses and treatments that require 24 hour nursing care. SAAF served approximately 22 patients per month. On average, the cost of a hospital stay at University Hospital is $1,500 per day, or
$9,930,000 in 2014. The contract amount in 2014 is $600,000, same as proposed for 2015. The FFACTS Clinic Quality Assurance Nurse will conduct monthly chart reviews of the patients referred to SAAF. These patient files require an updated care plan and reevaluation after 6 months of services. Services will be provided at the required nursing skill level appropriate to the acuity level of the patient. This long term collaboration with SAAF has allowed the provision of specialized care to those HIV patients in need of 24 hour skilled nursing care without the need to be in a hospital setting. This partnership offers a patient-centered treatment to HIV clients in a specialty facility with long recognition of quality HIV/AIDS care in our community. SAAF offers clinical care to empower the patients to be out of their medical acute status and return to their homes in a very short period, with the subsequent release of beds at University Hospital to treat other patients.

RECOMMENDATION: Staff recommends Board of Managers’ approval of a contract with the San Antonio AIDS Foundation (SAAF) for skilled nursing and hospice care for patients of University Health System. The term of this contract is for a one year period beginning January 1, 2015, in the amount of $600,000.

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

EVALUATION: None.

FOLLOW UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH THE CENTER FOR HEALTH CARE SERVICES (CHCS) FOR PHARMACOTHERAPY SERVICES – JEAN SMITH/NANCY RAY

SUMMARY: Since 1996 the Health System has contracted with The Center for Health Care Services (CHCS) for assistance in subsidizing Level IV Pharmacotherapy Services for male and female adults 18 years of age and older who reside in Bexar County. This contract is for a one year period, January 1-December 31, 2015, in the amount of $450,000. CHCS operates a methadone therapy program in Bexar County, funded primarily by the Department of Health & Human Services (DSHS) and endeavors in good faith to secure additional funding for its methadone maintenance program. CHCS has the only licensed DSHS subsidized program for Methadone maintenance treatment in Bexar County. This program has shown increased numbers of consumers for the initial contract period and subsequent successive one-year renewal periods, due to increased referral and access efforts. In addition, the program has been able to decrease costs per consumer by eliminating the use of medications other than methadone (such as Buprenorphine). Methadone has been shown to be the most effective medication for opiate addiction and has a lower cost. Ms. Ray reviewed payor mix information for 2012 through 2014, and the numbers of consumers treated for opiate addiction, including the percentage of Health System referrals, as well as quality measures for 2013 and the current year through September 2014. The data shows that the program exceeds DSHS benchmark targets for adherence to abstinence and no arrests since admission to the program.
The Health System’s support of the program has contributed to these successful outcomes. Staff also expects the methadone program will contribute to a decrease in Emergency Department and inpatient length of stays for patients with opiate addiction. The Center’s workforce composition data was provided for the Board’s review.

**RECOMMENDATION:**
Staff recommends Board of Managers’ approval to execute an Agreement with The Center for Health Care Services in the amount not to exceed $450,000.

**ACTION:**
A MOTION to APPROVE staff’s recommendation was made by Dr. Burns, SECONDED by Mr. Smith, and PASSED UNANIMOUSLY.

**EVALUATION:**
Mr. Smith expressed concern for the children of the patients and asked if home visits were conducted under this contract. Case workers are assigned to patients by the state and the Health System does not conduct home visits. Mr. Hernandez added that this is a complicated problem in our community and the methadone solution only addresses the crime aspect of the problem. This is the state’s approach, the Health System supplements funds made available by the state. One of the populations helped by this program is pregnant women who give birth to babies at University Hospital. Ms. Ray noted that currently, there are eight (8) babies in the Neonatal Intensive Care Unit who were born to women on methadone. Each baby is expected to stay in the hospital for approximately one month. During their pregnancy, the women come in on a daily basis for methadone administration. Through the Mommies Program, staff educates the women about their delivery, compliance, and the need for the mom to develop a safety plan with Child Protective Services before they are allowed to take their baby home. Mr. Adams expressed concern with the entire program because he has become aware that there are more expensive drugs available to help patients, however, what this program does is replace one drug for another. Dr. Burns acknowledged that while methadone is supposed to help transition the patients to a drug free lifestyle, it becomes a way of life in an effort to improve the lives of women and babies involved.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING BEXAR COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY HEALTH SYSTEM’S OPERATING, DEBT SERVICE AND CAPITAL BUDGETS FOR FY 2015 – GEORGE HERNANDEZ/REED HURLEY**

**SUMMARY:**
The Consolidated Budget reflects a gain from operations of $81.5 million, non-operating income/expense of ($81.3) million and a bottom line gain of $160 thousand. Non-operating income/expense includes $83.5 million in depreciation expense and interest income of $2 million. The Budget includes debt service and property taxes in support of $43.9 million in debt payments due on the outstanding bonds in 2015. The recommended Capital Budget is $30 million funded from cash flow from operations. The Clinical Services reflects a gain from operations of $78.3 million, non-operating income/expense of $81.6 million and a bottom line loss of $3.3 million. Non-operating income/expense includes ($83.5) million in depreciation expense and interest income of
$1.7 million. A request for capital in the amount of $30.0 million is provided and will be funded from cash flow from operations. The Health System's managed care organization, Community First Health Plans, Inc., (CFHP) reflects a gain from operations of $3.2 million, non-operating investment income of $325,000 and a bottom line gain of $3.5 million. A request for capital in the amount of $704,000 is provided and will be funded from cash flow from operations.

**RECOMMENDATION:** Staff recommends Board of Manager's approval of the Proposed Operating, Debt Service and Capital Budget for Fiscal Year 2015 for review by the Bexar County Commissioners' Court on Tuesday, December 16, 2014.

**ACTION:** A MOTION to APPROVE staff's recommendation was made by Mr. Engberg, SECONDED by Dr. Burns, and PASSED UNANIMOUSLY.

**EVALUATION:** None.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING OPERATIONS AND FINANCIAL REPORT FOR OCTOBER 2014 – ROE GARRETT/REED HURLEY/MARK WEBB**

**SUMMARY:** October was the fifth successive month with a positive bottom line, clinical activity was up 15.2% from October 2013 for the Clinical Services (as measured based on discharges adjusted for outpatient activity) and up 2.1% for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was up 8.7% due to positive market share growth. The bottom line gain excluding debt service was $395,000 and was due to higher patient revenue related to improved payor mix, additional DSRIP revenue and the continued trend of strong financial performance of CFHP with a bottom line gain of $675,000. Debt service revenue was $3.6 million which is equal to the budgeted portion of the Debt service payment of $3.6 million. Mr. Hurley reviewed notable increases and/or decreases from the Consolidated Balance Sheet in detail with the Board.

**RECOMMENDATION:** Staff recommends acceptance of the financial report subject to audit.

**ACTION:** A MOTION to APPROVE staff’s recommendation was made by Mr. Gilbert, SECONDED by Dr. Burns, and PASSED UNANIMOUSLY

**EVALUATION:** None.

**FOLLOW-UP:** None.

**PRESENTATIONS AND EDUCATION:**

**BRIEFING ON RIO TOWER PROPOSED OCCUPANCY PLAN FOR VACATED AREAS OF THE BUILDING – MARK WEBB**

**SUMMARY:** Mr. Webb presented the proposed use of each floor (6 through 12) of the Rio Tower at University Hospital. The expected costs for the administrative space work is as follows:
The proposed work will be performed on the following schedule and will be paid out of CIP funds:

7th Floor – 4th Quarter 2014
11th Floor – 1st Quarter 2015
10th and 12th Floors – 2nd Quarter 2015

The justification for the work falls into two basic categories: 1) cost avoidance and 2) enhance operational efficiency and accommodate projected future growth. Currently, the Health System spends approximately $365,000 per year leasing space at Corporate Square to house various administrative functions (Finance, Legal, Strategic Planning, etc.). The functions currently located at Corporate Square, with the exception of Human Resources and Research & Information Management, are planned to be relocated to the 10th and 12th floors in the Rio Tower. Floor plans which were excerpted from the latest version of the overall University Hospital Master Zoning Plan, were provided for the Board’s review. The overall plan for relocation and aggregation of offices to the upper floors of the Rio Tower will allow staff to better meet the goals of Triple Aim Plus to improve patient care experience, quality and outcomes, efficiency, and access by continuing the implementation of the long range Master Facility Plan.

**RECOMMENDATION:** This report was provided for informational purposes only.

**ACTION:** No action was required by the Board of Managers.

**EVALUATION:** None.

**FOLLOW-UP:** None.

### AMBULATORY STATUS UPDATE: REFERRAL PROCESS IMPROVEMENT – SERGIO FARRELL/ROXANNE ROSA

**SUMMARY:** Mr. Farrell provided an overview of a process improvement initiative that began in 2013 with the goal of optimizing the manner in which the
Health System delivers health care in support of the Triple Aim Plus values. The Health System’s Access Plus Department, which provides accessibility to health care (appointment availability/waiting times) and conforms to National Committee on Quality Assurance (NCQA) standards, receives approximately 12,600 referrals per month. Historically, there were issues with the referral queues due to high volume, duplicate referrals, open referrals that had already been processed, lack of standardization, and low visibility of outcomes. Through the application of Lean methodology, multiple action plans have been developed to address the process improvement opportunities described to include accuracy of data, visibility, comprehensive and actionable referral dates, development of tools and processes, and drive real discussion regarding future specialty needs after maximizing current access. Staff reviewed “Action” items by operations directors as follows: removal of duplicate referrals, report on age of referrals, 1.2.3 contact, maximize use of labels, add missing specialties, detail reports on referral patterns for high queue specialties, referral management Standard Operating Procedures, specialty dashboards, addition of signs and symptoms, leverage use of Televox, and collaboration between departments. Substantial results have been achieved with various departments reporting decreases in overall queue volume of up to 70-90 percent from high points with no reduction in incoming volume. For the period January to September 2014, staff reported the following rates for improvement in the various clinics and also described referral management challenges/opportunities:

<table>
<thead>
<tr>
<th>Percentage Improved</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>Downtown Psychiatry</td>
</tr>
<tr>
<td>90</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>90</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>90</td>
<td>Downtown Behavioral Health</td>
</tr>
<tr>
<td>88</td>
<td>Family Health Mental Health</td>
</tr>
<tr>
<td>87</td>
<td>Hepatology</td>
</tr>
<tr>
<td>78</td>
<td>Bone and Joint</td>
</tr>
<tr>
<td>75</td>
<td>Neurology</td>
</tr>
<tr>
<td>73</td>
<td>Excision Clinic</td>
</tr>
<tr>
<td>70</td>
<td>Skin Clinic</td>
</tr>
<tr>
<td>70</td>
<td>GI Procedures</td>
</tr>
<tr>
<td>40</td>
<td>OB/GYN Downtown</td>
</tr>
</tbody>
</table>

**Challenges/Opportunities**

**Sustainability**
- Lean daily management
- Monthly Operating Reviews (MORs)
- Dashboards

**Access**
- Shortages in certain specialties

**RECOMMENDATION:** This report was provided for informational purposes only.

**ACTION:** None.
EVALUATION: Discussion ensured regarding challenges and opportunities in the referral management process. Mr. Adams would like to better understand the metrics and incentives tied to the specialty contracts with the School of Medicine. He expressed that the Board of Managers is determined to set performance objectives and holding all physician accountable, not only those from the School of Medicine. The improvements described today are attributed to bookkeeping issues, provider presence, productivity and other metrics measured over one year. In addition to use of the Televox communications system, Dr. Burns suggested email and texting patient reminders to maximize communication efforts.

FOLLOW-UP: None.

INFORMATION ITEMS ONLY:

REPORT REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS – JOHN G. MYERS, MD, PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON CAPITAL IMPROVEMENT PROGRAM ACTIVITIES – MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS – LEI KIRKMAN

REPORT ON NURSE STAFFING EFFECTIVENESS – AUGUSTINE CONEJO, STAFF NURSE III/NANCY RAY

2014 QUARTER 3 SUPPLIER DIVERSITY REPORT – FRANCINE WILSON

SUMMARY: Mr. Adams directed the Board’s attention to five (5) written reports above. He urged his colleagues to contact staff with specific comments, questions, or suggestions.

RECOMMENDATION: These reports were provided for informational purposes only.

ACTION: No action by the Board of Managers was required.

EVALUATION: None.

FOLLOW-UP: None.

CLOSED MEETING:

Mr. Adams closed the public meeting of the Board of Managers at 3:50 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, Ira Smith, and Bo Gilbert. The following staff members were also present: George Hernandez, Mark Webb, Reed Hurley, Ted Day, Dr. Bryan Alsip, and Michael Hernandez. After discussion, no action was taken in closed session. Mr. Adams announced the closed meeting ended at 4:20 p.m., and the public meeting reconvened.
ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public Board meeting at 4:21 p.m.

__________________________________ ______________________________
James R. Adams    Dianna M. Burns-Banks, M.D.
Chair, Board of Managers    Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary