MINUTES

BOARD MEMBERS PRESENT:
Jim Adams, Chair
Linda Rivas, Vice Chair
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
Ira Smith
Robert Gilbert

BOARD MEMBERS ABSENT:
Dianna M. Burns-Banks, M.D., Secretary

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
Jim Barker, M.D., Vice President/Medical Director, Clinical Services, University
Tim Brierty, Chief Executive Officer, University Hospital
Ted Day, Senior Vice President, Strategic Planning & Business Development, University Health System
Theresa De La Haya, Senior Vice President, Health Promotion/Clinical Prevention, Texas Diabetes Institute, University Health System
Sergio Farrell, Senior Vice President, Ambulatory Services, University Health System
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
Reed Hurley, Assistant Chief Financial Officer, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, Community Medicine Associates
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Mary Ann Mote, Senior Vice President/Chief Revenue Officer, University Health System
Bill Phillips, Vice President/Chief Information Officer, University Health System
Nancy Ray, RN, MA, Chief Nurse Executive, University Health System
CALL TO ORDER, WELCOME, AND RECORD OF ATTENDANCE: LINDA RIMVAS, VICE CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 9:05 a.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams yielded the floor to Mr. Gilbert for the invocation and Mr. Adams led the pledge of allegiance.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE ALLSCRIPTS CONTRACT FOR AN ELECTRONIC MEDICAL RECORDS UPGRADE — BILL PHILLIPS

SUMMARY: In July 2014, Allscripts announced the Sunrise Road Map and the release of Sunrise version 14.3, which became available September 22, 2014. This release is a major software uplift, to improve clinician productivity, patient care and streamline workflows. The largest areas of impact are in Ambulatory Services and the Emergency Department. Staff has reviewed this upgrade from a technical standpoint and it requires no additional hardware. The time required to implement this upgrade is approximately 90 days. Allscripts currently has resources available to begin the upgrade process during the first week of November 2014. There are three other organizations that are scheduled to go-live with this same upgrade in December 2014. This upgrade assures improved quality of care for our patients, patient satisfaction, clinician satisfaction and overall improved workflow processes in an effort to reduce the amount of time clinicians spend in front of a computer. The total cost of the acquisition is not to exceed $493,780. The cost of this acquisition will be funded through capital contingency funds.

RECOMMENDATION: Staff recommends Board of Manager’s approval for the acquisition of the Sunrise 14.3 upgrade from Allscripts.

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

EVALUATION: None.
FOLLOW-UP: None.

STRATEGIC PLANNING SESSION:

Mr. Day welcomed the Board members and reviewed the day’s agenda:
Executive Summary of March 2014 Retreat
Population Health Management Presentation & Discussion
Physician Alignment Presentation & Discussion
Summary of Recommendations & Topics for Next Retreat in Series

He provided an executive summary of the Board’s last Strategic Planning Retreat held on March 21, 2014, during which the Board discussed the topics below and provided the following feedback:

- **Population Health Management**
  
  Resulted Action: Adopt “population responsiveness” mentality, not just population management; and identify appropriate physician/provider resources and appropriate techniques to serve patient population

- **Marketing & Outreach Update** *(covered in September 23, 2014 session)*

- **Ambulatory Development** *(began review in October 28, 2014 session, continuing in future Board meetings)*

Mr. Day reviewed the goals of today’s session and proceeded to facilitate the Board session:

- Provide an update on activities since March Retreat
- Discuss progress on population health management initiatives
- Discuss emerging trends in physician alignment
- Formulate strategic priorities related to physician alignment for three key physician groups
- Formulate tactics to achieve our goal to become the Health System of Choice

**POPULATION HEALTH MANAGEMENT IMPORTANCE TO HEALTH SYSTEM – ANALYSIS OF EXISTING PATIENT POPULATION DATA, REVIEW OF TIMELINE AND TECHNIQUES FOR RISK STRATIFICATION**

- Population Health Management is growing in importance with shift in healthcare cost reduction
- No “one-size fits all” approach for different population segments; various management strategies required
- UHS focusing on honing best practice approaches
  - Value, integrated teams, consumer-driven healthcare, optimal use of technology

**RISK STRATIFICATION TECHNIQUES –**

**PIECES™**

- Developed by Parkland Center for Clinical Innovation (PCCI)
- Automated tool to help manage risk across care continuum
  - Calculates a readmission risk score based on clinical & social variables found within EMR
- Helps providers focus specific services & care on high-risk patients during and beyond their admission

**LEVERAGE HEALTH INFORMATION EXCHANGE (HIE)**
• HIE allows health care providers and patients to appropriately access and securely share a patient’s vital medical information electronically

• The goal is to facilitate access to, and retrieval of, clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care

• Within Health System: Private UHS/UTHSCSA HIE (dbMotion) – Staff reviewed the Information Technology infrastructure in detail with the Board, including adoption and usage statistics, and growth in number of patients viewed within dbMotion.

LEVERAGE TELEMEDICINE

• Staff reviewed current use of telemedicine and expansion goals, by specialty, patient location, and start dates. It was noted that expanding telemedicine for Adult Diabetes is also a DSRIP initiative

• Implementation of risk stratification scoring to all patients within ambulatory in late 2015
• Continue to expand types of visits offered (e-visit, telemedicine, etc.)
• Right-sizing of ambulatory facilities & staffing to meet patient needs
• Targeting the “well population” through expanded ambulatory footprint & operational improvements

FUTURE PLANNING FOR AMBULATORY GROWTH

• Right-size our existing sites and change our operational approach to meet patient need
• Assess where we are over- or under-supplied
• Target the “well” population both in approach and future locations (more in upcoming session)

PHYSICIAN ALIGNMENT PRESENTATION & DISCUSSION

Mr. Day introduced the topic and reviewed the items that would be reviewed during this portion of the retreat:

• Why is it important to University Health System?
  - Drives our growth and development
  - Alignment with Health System Strategic Plan
• Industry Trends: ACO’s, Clinical Integration
• Vision for the Future: Clinically Integrated Network
• Discussion on Status and Tactics Re: Targeted Physician Groups
  - UT Physicians
  - CMA Physicians
  - Private/Community Physicians

PHYSICIAN ALIGNMENT AS A PRIORITY FOR SYSTEMS

Regarding the many references these days on the importance of alignment between physicians and health system approaches, Mr. Day cited a 2014 Health Leaders Media, Industry Survey by Forging Healthcare’s New Financial Foundation that asked: What are the top three areas your organization must improve or address in order to reach your financial targets in a year three time frame? Responses (n=792) indicated the top three priorities as follows (percentage is related to percent of respondents that included each area in their top three – not intended to sum to 100 percent):
1. Physician - Hospital Assignment 44%
2. Cost Reduction - 41%
3. Other

Mr. Day presented inpatient market share data for adult and pediatric service lines as compared to other local health systems for the period 2013 through the second quarter of 2014, and he reviewed Health System’s strategic plan as well as a multi-year initiative to develop new physician alignment and clinical integration infrastructure.

**INDUSTRY TRENDS: ACOs AND CLINICAL INTEGRATION**

An ACO is an Accountable Care Organization, a group of providers – from physicians, hospitals, post-acute providers and others – who are collectively responsible for the care outcomes of a patient population. A Clinically Integrated Network (CIN) is an ACO focused on commercial insurers and employers. The goal of an ACO or Clinically Integrated Network is greater alignment, communication, and accountability between providers, with the opportunity to contract with payers in new ways.

- ACOs will use a variety of mechanisms to manage risk effectively including:
  - Information systems to track utilization
  - Process to conduct ongoing monitoring of services rendered
  - Process for verifying eligibility and benefits
  - Financial health requirements to accept some level of risk

**MEDICARE ALTERNATIVE PAYMENT MODELS CURRENTLY AVAILABLE**

- Three different ACO models:
  - Medicare Shared Savings
  - Advance Payment Model
  - Pioneer ACO Model
- Bundled Payments for Care Improvement Initiative

Mr. Day noted that although ACOs do not always produce desired results, staff would still need to carefully assess various opportunities. Most ACOs are planning to pursue the Medicare Shared Savings Program as well as commercial relationships. Whether the Health System ultimately formally participates in an arrangement with Medicare, there are opportunities to work with Commercial and/or Medicaid programs. Staff provided a graphic slide demonstrating visual progress on how the Health System is developing its capacity to progress through different payment models (currently the three models indicated). Staff is now developing bundled payment capacity and reviewing RFI content from 8 respondents. The Board will be kept informed on the selection of the vendor for assisting in the development of the Health System’s bundled payment capacity. Further, once the Health System drives greater alignment, one of the key end goals is to develop clinical integration, then inviting payers to connect with the Health System in new contractual arrangements.

**LEVELS OF PHYSICIAN ALIGNMENT**

- No Alignment - No shared goals; lack of awareness of UHS
- Some Alignment - Some goal/risk sharing; beginning discussions around partnerships
- Fully Integrated - Shared goals; shared risks; shared Incentive
CURRENT STATE: UT PHYSICIANS
• Several highly-aligned specialties
• Varied levels of alignment across other specialties
• Some service lines have collaborated with community physicians (e.g., transplant)
• Focus group themes

MAJOR TACTICS TO ACHIEVE VISION:
• Service Line Physician Alignment Agreements
• Connectivity through Private HIE to increase communications/sharing of data
• Targeted outreach for selected Service Lines
• Joint efforts on improving performance on US News & World Report designations
• Discussing what new payer contract models might look like (e.g. bundled payments)

CURRENT STATE: CMA PHYSICIANS
• Structured integration into Health System
• Inconsistent integration with UT Specialties
• Physician Advisory Council in place
• Avoidable turnover rates

MAJOR TACTICS TO ACHIEVE VISION:
• Risk-based contracting with certain payers
• Connectivity through Private HIE to increase communications/sharing of data
• Advisory Councils
• Enhanced “accessibility” to UH
• Recognition

CURRENT STATE: PRIVATE/COMMUNITY PHYSICIANS
(WITHIN & OUTSIDE BEXAR COUNTY)
• Minimal connectivity
• Lack of awareness of current Health System offerings
• Do not perceive benefit to collaborating with Health System
• Opportunity to leverage Private HIE
• Recent improvements seen in referring facility activity

MAJOR TACTICS TO ACHIEVE VISION
• Enhanced “accessibility” to UHS
• Advisory Council formation
• Targeted outreach for selected Service Lines
• Connectivity through Private HIE to increase communications/sharing of data

PHYSICIAN ALIGNMENT

CURRENT STATE
• Structured/employment model with CMA
• Varied levels of alignment with UT
• Minimal connectivity with Private/Community MDs

TACTICS
• Face to face outreach
• Connectivity through HIE
• New contracting models (with MDs & with payers)
• Enhance access

**DESIRED STATE**
- Clinically Integrated Network with various provider groups
- CMA MDs
- UT MDs
- Private/Community MDs

**SUMMARY OF RECOMMENDATIONS & TOPICS FOR NEXT RETREAT IN SERIES**

**General Action Items:**
- Become more nimble in decision-making & action (lowest-level appropriate)
- Provide more presentations at the Board level related to Ambulatory division
- Dr. Jimenez & Nancy Ray to report back to Board on discussions around role of nursing within the Health System now and in an evolving ambulatory environment
- Board members to provide feedback to Mr. Adams, Mr. Hernandez, or Mr. Day on strategic planning session generally and what they’d like to see in the future
- Provide detailed progress report on marketing/outreach activities within targeted communities
  - Include level of effort & progress by service line
- Provide presentation to BOM on comprehensive marketing and outreach plan to showcase Health System to improve market share & payer mix
  - Involve BOM with external consultants to provide input
- Prioritize & show marketing plan by service line
  - Allocate appropriate resources to execute marketing plan
  - Detailed presentation on strategic plan goals & metrics
  - Continue to refine Health System strategic plan incorporating input from today’s session
  - Continue to incorporate best practices into strategic and operational plans to position the Health System as the “System of Choice”
  - Address accessibility into and with Health System (phone system)

**Population Health Management**
- Incorporate population health management expertise into ambulatory and inpatient delivery of care
- Adopt the action items listed in the Population Health Management section
  - Risk stratification scoring for entire ambulatory population
  - Target the “well” population
  - “Right-size” existing locations and consider expansion in the near future
    - Continue investments in appropriate IT infrastructure to support population health management initiatives
    - Devise strategies to address current patients seen plus those in community not currently accessing UHS
  - Focus on serving patients, not managing – “Population Responsiveness”
  - Look at whole patient to determine needs (including social factors)
  - Improve connectivity & sharing of data between UHS & UTHSCSA (through existing HIE)
  - Understand generational differences within each cohort and how those impact need and care preferences
  - Analyze how much of our budget is used to serve each cohort
  - Avoid “patient caste” system
- Interview Jim Adams & Linda Rivas re: experiences in clinic sites & practical view of how HIE (data sharing) between UT & UHS is working
- Standardize work for medical providers
- Consider CFHP participation in Private HIE
- Look at how we can cooperate with other EMR systems to promote sharing of data
- Provide follow up presentation focused on status of implementing HIE from the patient perspective
- Assess how to improve the quality of data entered in EMR and ensure we are capturing data effectively in the HIE
- Consider telemedicine on a larger scale to expand our geographic footprint (ambulatory/primary care side), & evaluate potential partnerships with retail sites (HEB, Walgreens, etc.) - put on fast track to get in on front end of industry changes (payer considerations, training plan, etc.)
- Consider creating a forum for BOM to obtain regular input from MDs & consumers/patients to inform decision making process (advisory panel)
- Provide update on plans to upgrade/renovate existing clinic facilities

Physician Alignment
- Focus Health System alignment efforts on three distinct physician groups: UT, CMA, and Private/Community Physicians
- Vary tactics to accommodate different goals for each group
- Continue & refine targeted outreach to develop relationships with Private/Community Physicians
- Leverage HIE technology to establish connectivity and create alignment
- Enhance “accessibility” to UH
- Develop foundation for ACO or CIN in the future
- Head toward accountable, integrated care, not necessarily formal ACO
- Keep Board formed of specific outreach activities

Overall
- Continue to refine Health System strategic plan incorporating input from today’s session
- Continue to incorporate best practices into strategic and operational plans to position the Health System as the “System of Choice”

Topics for Next Retreat Session
- Progress Reports
  - on Population Health Management
  - on Physician Alignment Development
  - on Developing Clinical Integration Capacity
- Grow Volume and Breadth of Network (including Post-Acute connections)
- Develop and Promote Brand Image (detailed marketing and outreach plan)

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 1:00 p.m.

__________________________________  ______________________________
Jim Adams     George B. Hernández, Jr.
Chair, Board of Managers          on Behalf of Dianna M. Burns-Banks, M.D.,
                                      Secretary, Board of Managers

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Sandra D. García, Recording Secretary