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

Tuesday, September 30, 2014
6:00 p.m.
Board Room
Texas Diabetes Institute
701 S. Zarzamora
San Antonio, Texas 78207

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Linda Rivas, Vice Chair
Dianna M Burns-Banks, M.D., Secretary
Roberto L. Jimenez, M.D., Immediate Past Chair
Robert Engberg
Ira Smith
Robert A. 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
Jim Barker, M.D., Medical Director, Clinical Services, University Health System
Tim Brierty, Chief Executive Officer, University Hospital
Ted Day, Vice President, Strategic Planning & Business Development, University Health System
Don Finley, Senior Writer, Corporate Communications, University Health System
James Garcia, Executive Director, Financial Accounting, 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.
C. Reed Hurley, Assistant Chief Financial Officer, University Health System
Sherry Johnson, Vice President/Integrity Officer, University Health System
Leni Kirkman, Vice President, Corporate Communications/Business Development, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, Community Medicine Associates
Thomas Mayes, M.D., Chairman, Department of Pediatrics, UTHSCSA
John Myers, M.D., President, Medical/Dental Staff, University Health System; and Professor/Clinical, Department of Surgery, UTHSCSA
Francisco Scarano-Gonzalez, M.D., Dean, School of Medicine, UTHSCSA
CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 6:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Ms. Rita Warmbier, Prince of Peach Catholic Church, for the invocation, and he led the pledge of allegiance.

CITIZENS’ PARTICIPATION: None.

REPORT FROM THE NOMINATING COMMITTEE AND ELECTION OF BOARD OF MANAGERS OFFICERS—ROBERT ENGBERG, CHAIR, NOMINATING COMMITTEE

SUMMARY: Last month, Mr. Adams asked Mr. Engberg to chair a Nominating Committee for Election of Officers and charged the group with bringing to the full Board a recommended slate of officers for consideration. The Bylaws call for the Board to elect officers (Chair, Vice Chair, and Secretary) in September for the ensuing 12 months. This year’s nominating committee included Mr. Ira Smith and Dr. Roberto Jimenez as members.

RECOMMENDATION: The nominating committee met to discuss feedback received from the other Board members, and recommends the following slate of officers for the Board’s consideration for the ensuing 12 months:

- Chair – Jim Adams
- Vice Chair – Linda Rivas
- Secretary – Dianna M. Burns, M.D.

ACTION: A MOTION to approve the nominating committee’s recommendation was made by Mr. Engberg, SECONDED by Mr. Gilbert and PASSED UNANIMOUSLY.

EVALUATION: None.

FOLLOW-UP: None.
APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

TUESDAY, AUGUST 19, 2014 – REGULAR MEETING:

SUMMARY: Minutes of the regular meeting of Tuesday, August 19, 2014 were presented for approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve the minutes as submitted was made by Mr. Engberg, SECONDED by Ms. Rivas, and PASSED UNANIMOUSLY.
EVALUATION: The heading above Mr. Gilbert’s name will be corrected to read “ABSENT,” as requested by Ms. Rivas.
FOLLOW-UP: None.

TUESDAY, AUGUST 26, 2014 – REGULAR MEETING:

SUMMARY: Minutes of the regular meeting of Tuesday, August 26, 2014 were presented for approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A MOTION to approve the minutes as submitted was made by Mr. Gilbert, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.
EVALUATION: None.
FOLLOW-UP: None.

REPORT FROM THE HEALTH SCIENCE CENTER – WILIAM HENRICH, M.D., BY FRANCISCO SCARANNO-GONZALEZ, M.D.

SUMMARY: Dr. Gonzalez introduced the physician leaders present. He reported that the Cancer Therapy & Research Center had recently achieved the renewal of an elite status - that of a National Cancer Institute (NCI)-designated cancer center - accompanied by a support grant that totals $9 million over the next five years. The NCI designation is only available to cancer centers that have passed a rigorous peer review in multiple areas of accomplishment, and the CTRC is one of only four in Texas to have this designation, and the only one in South Texas. There are only 68 NCI-designated cancer centers across the United States.

Dr. Jimenez informed the Board that Dr. Virginia Mika and Dr. Roberto Villarreal had been extremely helpful regarding a recent request made of them in obtaining medical care for a group of 10 women rescued from a sex trafficking operation in Tyler, Texas. Several of the women are pregnant, are from Ethiopia, and do not speak English. Oftentimes, these women have no identification documents and cannot speak about their background for fear of retaliation to their families. Dr. Mika and Dr. Villarreal were able to expedite registration requirements so that the women were taken care of immediately. The patients reported via translator that they were kindly received and treated in a compassionate manner. Dr. Jimenez thanked all involved.
RECOMMENDATION:  This report was provided for informational purposes only.
ACTION:  No action by the Board of Managers was required.
EVALUATION:  None.
FOLLOW-UP:  None.

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 for the Granting of Two Easements to VIA Metropolitan Transit for Bus Shelters on the Robert B. Green Campus—Richard Rodriguez

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) –Felix Alvarez/Francine Wilson

SUMMARY:  The items above were presented for the Board’s consideration
RECOMMENDATION:  Staff recommended approval of the consent agenda items by the Board of Managers.
ACTION:  A MOTION to approve staff’s recommendation was made by Ms. Rivas, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.
EVALUATION:  None.
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 CONTRACT AMOUNT WITH RTKL FOR PROJECT CLOSEOUT SAVINGS AT THE ROBERT B. GREEN CAMPUS—MARK WEBB

SUMMARY:  In September, 2009 the Board of Managers approved a contract with RTKL Associates Inc. (RTKL) to provide architectural/engineering services, as well as information technology design, furniture, fixtures and equipment planning services for the Robert B. Green Campus (RBG). Twenty six (26) changes to the RTKL contract have been authorized to date. Mr. Webb outlined the approved authorizations for additional service requests (ASR) with RTKL in his written report for a total of $3,714,899. All work associated with the Robert B. Green Campus has been completed. The remaining funds associated with the Robert B. Green Campus will now be returned to University Health System through a credit amendment. Approximately $62,000 will be returned to the Health System and will allow the Health System to fund and implement other needed projects. The original amount of the contact with RTKL was
$7,728,795. The revised contract amount a credit in the amount of $62,000 is $11,381,694. As negotiated in RTKL’s original contract, 25.74% SMWVBE and 52% local participation goals are expected to be achieved. Mr. Webb reviewed SMWVBE participation levels to date in his written report.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an amendment to the contract with RTKL in the credit amount of $62,000.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE MOMMIES PROGRAM AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES—THERESA DE LA HAYA

SUMMARY: In March 2014, the Board of Managers approved a contract renewal in the amount of $143,761 for the Center for Health Care Services (CHCS) to fund services provided to the University Health System Mommies Program. Since the Board’s approval in March, CHCS has requested an increase of $32,061 in the contract amount to support additional case management services for the growing number of Mommies clients. The case management services provided include family counseling, child care services, intensive case management, outpatient substance abuse treatment, mental health treatment, education, and transportation services. In 2013, through this partnership effort with CHCS individual clients registered within the Mommies Program received over 500 individual services and 300 group counseling sessions.

RECOMMENDATION: Staff recommends Board approval of a contract amendment in the amount of $32,061 to support the growing number of clients served by the Mommies Program, bringing the total amount of this contract from $143,761 to $175,822.

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

EVALUATION: Discussion ensued regarding the following items related to this contract: What is the term of this contract? The term of this contract is for one year beginning March 2014 through February 2015. Staff is currently trying to align all CHCS contract terms to a regular calendar year. Where are the funds for these services coming from? Patient revenue will fund this agreement. What is the impact of this program to University Hospital’s neonatal intensive care unit? The impact is positive in that the pre-natal care received by the women alone decreases the chances of babies needing more expensive, longer-term neonatal care. The moms are receiving pre-natal vitamins, which are necessary for a healthy baby and also instruction on care of the baby post-delivery. Mr. Adams reiterated the Board’s need for metrics on each and every contract presented to them. The Board will routinely want to know the source of funding.
FOLLOW-UP: Staff will return to the Board with a follow up report regarding alignment of CHCS contracts and total impact to the UHS budget, as requested by Mr. Adams.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE AGREEMENT WITH PEDIATRIX MEDICAL SERVICES, INC. FOR THE PROVISION OF EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) SERVICES—NANCY RAY

SUMMARY: In August, 2013, the Board of Managers approved a contract with a third party, Pediatrix Medical Services, Inc., due to additional demand for pediatric surgical support to assist in the diagnosis and treatment of pediatric surgery patients and coverage of complex urgent and emergent cases that the UTHSCSA Department of Pediatrics could not support. One of the components of the pediatric program that requires significant physician support is the ECMO program. Prolonged cardiopulmonary bypass for severely ill infants and children utilizing extracorporeal life support, or ECMO, requires a dedicated team of individuals with extensive training and expertise, as well as systems to support this complex therapy and technology. This program is new to UHS, but necessary to provide care to highly complex pediatric patients that the hospital is now caring for with the pediatric transition. As of September 2014, all of the components of the program are in place, with the exception of the additional physician support needed to care for these very ill patients. In order to provide the needed physician support, staff is recommending an amendment to the Pediatrix agreement to include funding for ECMO coverage. This amendment to the existing agreement with Pediatrix, to be effective October 1, 2014, will result in an additional cost of $10,000 per month, for the duration of the contract, and will result in an expense of $90,000 through June 30, 2015. All physicians providing services pursuant to this agreement are credentialed through UTHSCSA. UT Pediatrics is supportive of this agreement which compliments the current UT Pediatric practice at University Health System. Pediatrix is a multi-specialty group practice that has an excellent reputation in providing specialized pediatric surgical services in the community.

RECOMMENDATION: Staff recommends Board of Managers’ approval of an amendment to the contract with Pediatrix Medical Services, Inc. for ECMO coverage and support services, for the amount of $10,000 per month for the term of this contract, October 1, 2014 through June 30, 2014, in the amount of $90,000.

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

EVALUATION: Ms. Ray introduced Nurse Kendra Froehlich, Dr. Curtis Froehlich, and Casey Howard who reported that neonatal patient reimbursement will cover the costs of these services. The expense will be off-set by five patients (with an average 14 day stay). Mr. Adams again reiterated the Board’s need for metrics to include volume, expenses, revenue, terms of contracts, current competition, and new service detail. Mr. Gilbert and Mr. Smith noted the need for an external communications plan for new services. Mr. Hernandez informed the Board that future reports will
include an enhanced fiscal note including expenses and revenue, as well as a community outreach note.

FOLLOW-UP: Staff will return to the Board with a follow up report on all investments, expenses, and revenue for the pediatric service line, as requested by Mr. Adams.

CONSIDERATION AND APPROPRIATE ACTION REGARDING CONTRACTS WITH SHUR MED EMS, LLC AND RAPID CARE EMS FOR BACK-UP AMBULANCE SERVICES—

**RICHARD RODRIGUEZ**

**SUMMARY:** The Health System operates an ambulance service for transporting emergent and non-emergent patients from the ambulatory sites to the University Hospital Emergency Room. This ambulance service is the primary transport for the Neonatal and Pedi ICU teams, and for transporting Bexar County adult and juvenile detention inmates to University Hospital. To ensure that these services are available 24/7, the Health System contracts for after-hours coverage, out of town transport requests and assistance during peak hours. Over the last three years, the need for ambulance services has increased by 20 percent primarily due to the expansion of ambulatory sites as well strategic efforts to increase market share for certain service lines. The pricing of the current contracts are based upon mileage and type of service such as Basic Life Support (BLS), Advanced Life Support (ALS), Mobile Intensive Care Unit (MICU) and Bariatric. Based upon historical data, 39% of the total calls are BLS and the remaining 61% are ALS and MICU. This contract will assure that Health System patients receive quality and timely emergency medical services. This contract was advertised for competitive bids per IFB-214-01-011-SVC. Five responses were received from the following: Americana Ambulance, Acadian Ambulance, American Medical Response (AMR), Shur Med EMS and Rapid Care Ambulance. Both Shur Med EMS and Rapid Care bid $175 per BLS call and $275 per ALS/MICU. Rapid Care bid $350 for Bariatric calls and Shur Med EMS bid $380. Any calls extending outside the Bexar County line will be paid mileage based on loaded mile. Rapid Care bid $3.00 per loaded mile while Shur Med EMS bid $6.00. Based on proposed contract rates, the annual cost for the back-up service contract is $453,854. The engagement of two contractors will allow the utilization of 16 ambulances and 50 staff for back-up coverage on a 24/7 basis. The proposed contractors meet or exceed TDSHS and Health System requirements for emergency medical services. Mr. Rodriguez provided the vendors’ SMWVBE information.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval of a one year contract for back-up ambulance services with two vendors, Shur Med EMS LLC and Rapid Care EMS, in a total amount not to exceed $453,854.

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

**EVALUATION:** Discussion ensued regarding the cost difference per loaded mile between the two vendors. Dr. Banks asked Mr. Rodriguez to consider negotiating an equal rate with both vendors before contracting with either. Also, Ms. Rivas asked about the cost-effectiveness in contracting for these services as opposed to increasing internal manpower and/or purchasing another
ambulance to meet these needs. The contract will be written so that it can be modified in the best interest of the Health System, after a detailed analysis is completed. Mr. Gilbert stated his preference to review such analysis in advance, so that the Board is aware of what is being approved. Ms. Rivas asked for the analysis by the end of the year, to which Mr. Rodriguez responded that the staff has gathered most of the data necessary to complete the requested report.

**FOLLOW-UP:**
Staff will return with the requested analysis before the end of the year.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING OPERATIONS AND FINANCIAL REPO FOR SEPTEMBER 2014—ROE GARRETT/REED HURLEY/MARK WEBB**

**SUMMARY:**
August was the third successive month with a positive bottom line, clinical activity was up 6.2% from August 2013 for the Clinical Services (as measured based on discharges adjusted for outpatient activity) but down 3.9% for the month compared to budget. Community First Health Plan (CFHP) fully-insured membership was up 5.7% due to positive market share growth. The bottom line gain excluding debt service was $3.6 million and was due to higher patient revenue related to improved payor mix, management initiatives, additional DSRIP revenue and the continued trend of strong financial performance of CFHP with a bottom line gain of $1.2 million. 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

**RECOMMENDATION:**
Staff recommended acceptance of the financials subject to audit.

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

**EVALUATION:**
Mr. Hurley informed the Board that staff had implemented a new financial report format to better reflect Earnings before Interest, Tax, Depreciation and Amortization (EBITDA). Discussion ensued regarding depreciation expense for the new Sky Tower, which is over budget by $1.1 million or 18.7% in August and $3.1 million or 7.7% year to date. This is due to a correction made to allocate capitalized interest to equipment with shorter depreciable lives in service as opposed to only building costs as was budgeted. Mr. Engberg noted the biggest outlier regarding labor however, is employee compensation. It was over budget $979,000 for August and over $10.3 million or 4.2% year to date. Salaries were over budget $2.0 million in August and $11.8 million year to date primarily in patient care areas due to higher patient day activity, an aggressive budget and some inefficiencies moving into the new tower. Benefits were under budget $1.0 million in August and under budget $1.5 million year to date due primarily to lower employee health costs. Both Ms. Rivas and Mr. Engberg reiterated the need for an overall plan and an intense focus on budget planning for labor expenses. Mr. Hurley provided a proposed timeline on this year’s budget process:

- September 26 - Activity projections for 2015 completed
- October 1 - Departmental specific entry will be complete and budget review by Finance Department commences
• October 13 - Budget hearings with VPs will occur
• October 22 - Finalize budget and prepare write up
• November 18 - Board Consideration
• Two Board meetings for Budget review will be scheduled

Board members confirmed their preferences for additional Board meetings on October 14 and October 21, 2014 for budget planning purposes, as well as a half-day Board retreat on October 31.

Dr. Jimenez asked about a recent grant from the Office of Minority Health in the amount of $486,349 and whether this grant will help to grow the current payor mix. The grant will support health coverage enrollment for underserved and minority populations. In particular, it will help identify, inform and enroll minority populations into the Health Insurance Marketplace. Information on financial assistance, education and translation services to support health insurance enrollment will also be funded. The grant will fund five community outreach educators and one program coordinator and will be managed by Dr. Virginia Mika, CareLink Executive Director.

FOLLOW-UP: Mr. Hernandez will confirm the meeting dates discussed this evening via email as soon as possible.

PRESENTATIONS AND EDUCATION:

OVERVIEW OF NETWORK ACCESS IMPROVEMENT PROGRAM (NAIP) OPPORTUNITY—TED DAY/GREG GIESEMAN

SUMMARY: In August of 2014, the Centers for Medicare and Medicaid Services approved funding for a new Network Access Improvement Program (NAIP) that allows Public Hospitals and Medicaid Managed Care Organizations (MCO) to partner with the aim of increasing the availability and effectiveness of primary care for Medicaid beneficiaries. The NAIP is a voluntary initiative managed by the Texas Health and Human Services Commission (HHSC) that gives each Public Hospital and MCO the latitude to develop specific proposals to serve their mutual Medicaid populations. Mr. Hurley summarized the following key NAIP Objectives:

• Improve the availability of and Medicaid access to primary care physicians staffed through Public Hospitals
• Enhance the coordination and continuity of services and quality of care for Medicaid managed care members who receive primary care services through those physician practices
• Increase access to primary care, underscoring the importance of primary care residency programs and influencing future physician participation
• Promote provider education on Medicaid program requirements and the specialized needs of Medicaid recipients
• Measure progress through increased primary care access and physician compliance with quality objectives

Each project proposal requires the Public Hospital and MCO to jointly
establish goals and metrics to measure achievement of results on project-specific targets for such objectives. Payment to the Public Hospital is contingent upon achievement of the goals outlined with the proposal. For its initial submission, the Health System partnered with two MCOs to submit a total of six joint proposals for the NAIP program, the first four of which are with Community First Health Plans (CFHP), and the last two of which are in partnership with Superior HealthPlan:

1. Extended Hours Primary Care;
2. Support for Primary Care through Targeted Specialty Recruitment;
3. Primary Care Facilitation through Integrated Ambulatory Call Center & Nurse Advice Line Service;
4. Expand Availability of Primary Care Services at Additional Locations;
5. Enhance Primary Care Access for Post-NICU Newborns; and
6. Support for Primary Care through Targeted Specialty Recruitment.

Funding for the NAIP initiative is somewhat similar to that in the 1115 Transformation Waiver process, where an intergovernmental transfer (IGT) is provided by the Public Hospital in order to receive a federal match rate at 58.1%. Initial proposals were provided to the Health and Human Services Commission (HHSC) for review by their deadline of September 16, 2014. After HHSC reviewed initial submissions, a new deadline of September 26, 2014, was extended to Public Hospitals and MCOs to clarify certain components of their proposals. The Health System met both of these deadlines. The specific turnaround time for approval is not yet known, but HHSC anticipates an expedited review and approval process. Implementation of each project for which the Health System is eligible for incentive payments is not expected to begin until March 1, 2015 for an initial six month period, after which the Health System and MCO can apply for funding for the state’s next full fiscal year (September 1, 2015 through August 31, 2016).

**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 MATTERS:**

**ANNUAL CMA REPORT—MONIKA KAPUR, MD**

**SUMMARY:** Community Medicine Associates (CMA) was created for the purpose of reaching out to the community by providing needed outpatient medical services close to where many patients live. The goals were to provide access to care for our Bexar County residents and to relieve the stress of overcrowding at University Hospital’s Emergency Center. CMA provides care to patients within 15 outpatient clinics located within six patient-centered medical home regions: Northwest, North, Southwest, Southeast, Downtown, West and the newly established East Region. CMA also provides medical staffing for the Bexar County Employee Health Clinic, Bexar County Adult Detention Center, Methodist Healthcare Ministries at
the Northwest Clinic, UHS Employee Health Clinic and La Mision (in partnership with the Daughters of Charity). During 2013, University Health System and CMA established and began operating two school-based clinics; Harlandale and the mobile school-based clinic. CMA has grown from 15 physicians in the 1990s to greater than 145 providers as of the conclusion of 2013. Through the years, the organization has evolved into a robust and progressive primary care group with some specialty groups represented. CMA provides high-quality care and service, not only to the uninsured of Bexar County, but also to patients with Medicaid, Medicare and commercial insurance. CMA actively partners with major organizations such as Community First Health Plans, WellMed, AmeriGroup, WellCare, and Superior, many of which offer pay-for-performance incentives. Dr. Kapur outlined the following significant achievements for 2013:

- Expanded hours of operation;
- Improved and increased access to primary care;
- Transformation to patient centered medical home (PCMH) model of care;
- Operational Excellence Process improvements and standardization
- Alignment with Triple Aim Plus;
- Participation in DSRIP Projects – 100% milestones achieved
- Introduction of Telemedicine; and
- Establishment of School Based and Mobile Clinics.

Additionally, Dr. Kapur highlighted a total of 81,000 referrals by CMA physicians to University Hospital and UT specialists. She described the following ongoing initiatives:

- Geographic expansion of primary care services;
- Expansion of specialty services;
- Aligning team incentive with Triple Aim Plus;
- NCQA Patient Centered Medical Home Recognition;
- Optimized panel sizes; and
- Population responsiveness.

She described the following 5-year goals:

- For CMA: To be recognized as the Mayo Clinic of South Texas, Destination Health System;
- For patients: 24x7 personalized coordinated quality care (wellness to complex) under a single umbrella;
- For employees: A work environment that fosters and rewards innovation, customer service, leadership and team work; and
- For UHS: meet financial expectations and alignment with UHS strategic objectives and goals.

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

INFORMATION ONLY ITEMS:

REPORT REGARDING MEDICAL-DENTAL STAFF COMMITTEES AND DEPARTMENTS — JOHN G. MYERS, M.D., PRESIDENT, MEDICAL/DENTAL STAFF

UPDATE ON CAPITAL IMPROVEMENT PROGRAM ACTIVITIES — MARK WEBB

REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN

SUMMARY: Mr. Adams directed the Board’s attention to three (3) 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.

ADJOURNMENT:

There being no further business, the public meeting adjourned at 8:10 p.m.

James R. Adams
Chairman, Board of Managers

Dianna M. Burns-Banks, M.D.
Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary