



# University Health System

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

Tuesday, March 27, 2018

6:00 p.m.

Board Room

Texas Diabetes Institute

701 S. Zarzamora

San Antonio, Texas 78207

### MINUTES

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#### **BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Dianna M. Burns, M.D., Secretary  
Roberto L. Jimenez, M.D, Immediate Past Chair  
Robert Engberg  
James Hasslocher  
Janie Barrera

#### **BOARD MEMBERS ABSENT:**

Ira Smith, Vice Chair

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System  
Tommye Austin, Senior Vice President/Chief Nurse Executive, University Health System  
Awoala Banigo, Senior Vice President/Chief Revenue Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Antonio Carrillo, Executive Director, Procurement Services, University Health System  
Lourdes Castro-Ramirez, President, University Health System Foundation  
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System  
Roe Garrett, Vice President/Controller, University Health System  
Greg Gieseeman, President/Chief Executive Officer, Community First Health Plans, Inc.  
Rob Hromas, M.D., Dean, Long School of Medicine, UT Health, San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System  
Brian Lewis, Vice President, Quality & Clinical Outcomes, University Health System  
Elliott R. Mandell  
Joshua Nieto, J.D., Chief Compliance HIPPA Officer/Integrity Services, University Health System  
Kirsten Plastino, M.D., President, Medical/Dental Staff, University Health System; and Professor, Department of Obstetrics/Gynecology, UT Health, San Antonio  
Maulik P. Purohit, M.D., Vice President/Chief Medical Information Officer, Brain Injury Medicine, and

Neuro-Rehabilitation, University Health System  
Serina Rivela, Interim Chief Legal Office, University Health System  
Ron Rodriguez, M.D., Professor and Chairman, Department of Urology/Long School of Medicine, UT Health San Antonio  
Carlos Rosende, Thom F. Hogan, Jr., Distinguished Professorship in Complicated Ophthalmology, Long School of Medicine, UT Health San Antonio  
Don Ryden, Vice President, Project, Design, and Construction, University Health System

Armando J. Sandoval, Chief of Police, University Health System  
Travis Smith, Deputy Chief Financial Officer, University Health System  
Sally Taylor, M.D., Senior Vice President/Chief, Behavioral Health, University Health System  
Roberto Villarreal, M.D., Senior Vice President, Research and Information Management, University Health System  
Emily Volk, M.D., Senior Vice President/Clinical Services, University Health System  
Jim Willis, Associate Administrator, University Hospital  
Gary Chance, Ed.D., Vice President, Transformational Services, Haven for Hope of Bexar County  
Kenny Wilson, President/Chief Executive Offices, Haven for Hope of Bexar County  
And other attendees.

**CALL TO ORDER AND RECORD OF ATTENDANCE: JIM ADAMS, CHAIR, BOARD OF MANAGERS**

Mr. Adams called the meeting to order at 6:05 p.m.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced Mr. Marco Mendoza, Westover Hills Assembly of God, for the invocation and he led the pledge of allegiance.

**CITIZENS' PARTICIPATION:** None.

**APPROVAL OF MINUTES OF PREVIOUS MEETING MINUTE(S):**

**JANUARY 23, 2018 (REGULAR MEETING)**

SUMMARY: The minutes of the regular Board meeting of Tuesday, January 23, 2018, were submitted for approval.  
RECOMMENDATION: Staff recommended approval of the minutes as submitted.  
ACTION: A **MOTION** to approve staff's recommendation was made by Dr. Jimenez, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.  
EVALUATION: None.  
FOLLOW-UP: None.

**JANUARY 30, 2018 (REGULAR MEETING)**

SUMMARY: The minutes of the regular Board meeting of Tuesday, January 30, 2018, were submitted for approval.  
RECOMMENDATION: Staff recommended approval of the minutes as submitted.  
ACTION: A **MOTION** to approve staff's recommendation was made by Dr. Jimenez, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**.  
EVALUATION: None.  
FOLLOW-UP: None.

**REPORT FROM UT HEALTH SAN ANTONIO – ROB HROMAS, M.D., DEAN, LONG SCHOOL OF MEDICINE, FOR HENRICH, M.D., PRESIDENT**

SUMMARY:

Dr. Hromas expressed excitement to be at the Board meeting, interacting with all of the extremely interesting characters that make up the Health System's leadership. For the next three days the Commission on Cancer Accreditation will be at UT Health reviewing curricula for graduate and medical students only, not residents. The Liaison Committee on Medical Education will visit the Long School of Medicine in January 2019. About 30-40 faculty members have been assigned review of a 1,000 page self-study guide in preparation for that site visit. Friday, March 16, was Match Day, an annual ceremony held in March across medical schools in the United States where fourth year medical students first learn where their residencies will take them. Three UT Health residency positions in pediatrics did not get filled on Match Day. Next month, the School of Medicine will graduate 218 students out of 225 who were admitted. There is a need for more clinical slots, and Dr. Hromas is hopeful that the new women and children's tower will help in that regard; he would like to graduate all 225 and not have the attrition rate. The School of Medicine is becoming a more desirable place to train thanks to University Hospital and the VA Hospital. Dean Hromas informed the Board that he is working to rebuild the relationship with the VA Hospital. The School of Medicine will hold a three-month pre-bachelorette program for those under represented students from all walks of life and all backgrounds, to help those who are not up to speed before they start medical school. The program will decrease the dropout rate. UT Health San Antonio is presenting their budget to the Board of Regents early this year, the last week in April. Dr. Henrich will ask for an increase in support of residents and various research programs, especially oncology. Dr. Hromas has received many wonderful comments about the San Antonio Refugee Health Clinic. It is a free acute clinic run by medical, dental, nursing and other health profession students, with oversight by faculty, for immigrant refugees from other countries who are new arrivals to San Antonio. The Refugee Clinic has been designated by the Association of American Medical Colleges as a Community Outreach Program. Dr. Hromas yielded the floor to Dr. Plastino for a Medical/Dental staff report. Dr. Plastino acknowledged the physician leaders present and provided a maternal mortality update as previously requested by Dr. Jimenez. She reported that the data and stunning statistics for the State of Texas as she last presented to the Board were not as true as health leaders thought. This is attributed to a change in the period of time new moms are tracked - up to one year out after delivery (instead of only six weeks). For example, a death was attributed to pregnancy even though the mom was hit by a car 362 days after she delivered a child. The box that was checked in this case indicated she was recently pregnant. State leaders and her obstetrics colleagues are now trying to figure out how to clean the data so that it is useful. Many of the deaths were unrelated to pregnancy, such as opioid use, mental health, or suicide; however these are still the top causes to watch for within first six weeks after delivery. Unfortunately motor vehicle accidents and other types of accidents were counted and

included. Direct causes of maternal death continue to be maternal hemorrhage and as well as hypertension. The American College of Obstetrics and Gynecology has issued a recommendation for hospitals to bundle or group like-things together to help respond to birth emergencies linked to hypertension or hemorrhaging. Dr. Plastino was happy to report that providers at the Health System are already bundling even prior to the recommendation. She is working closely with Drs. Alsip and Volk to improve on bundling to research how these series of interventions can make a difference. Texas went from 18.8 maternal deaths per 100,000 live births up to 34.2 per deaths per 100,000 live births, or an 87 percent increase. Now that the data is being closely reviewed, obstetrics and gynecology physicians are working with local and state authorities to figure out how to better monitor the data submitted, and making sure we at the Health System are using best practices. Dr. Jimenez reported a common trend when he provides consults to Child Protective Services for women with post partem depression who are reported for neglect and malnutrition of their children. He is not surprised because the women are released from the hospital very soon after giving birth and most hospitals do not provide proper screening for such a serious problem that can have serious consequences, a pattern that fits with the nation's suicide rates. Dr. Plastino did not have suicide rates readily available for women with post partem depression. The Health System does indeed perform a postpartum depression screening which is documented in the medical record; mental health is one of the top issues for maternal mortality above post partem hemorrhaging and hypertensive crisis. Dr. Sally Taylor works closely with Ob/Gyn, Pediatrics, and Adult Medicine services to streamline and ensure such screenings are consistent across the organization. In addition, the teen clinic has a full-time mental health provider, the nurse family partnership follows women for 2 years after giving birth, we screen for depression via the school aged parenting program. All of the Health System's counseling, psychology, and psychiatric staff are working at the same level in identifying and treating.

RECOMMENDATION: None.

ACTION: None.

EVALUATION: Mr. Adams suggested that since there are several agencies involved in something as important as maternal mortality reporting across a state with high birth rates, the data gathering process was not a well-coordinated effort and lacking in communication. Dr. Hromas agreed. He congratulated physician leaders for their efforts to preserve the integrity of the data and the reporting process.

**CONSENT AGENDA – JIM ADAMS, CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR STAFF MEMBERSHIP – KRISTEN A. PLASTINO, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) –ANTONIO CARRILLO/TRAVIS SMITH**

SUMMARY: The items above were presented for the Board's consideration as consent items. The following details are associated with these consent items:

Medical-Dental Staff Recommendations for Staff Membership –Kristen A. Plastino, M.D., President, Medical/Dental Staff – Monthly Credentials Committee Report (listing of providers in accordance with the Health System's Credentialing and Privileging Process); and Focused/Ongoing Professional Performance Evaluation Reports submitted to the Board of Managers for approval.

Consideration and Appropriate Action Regarding Purchasing Activities Antonio Carrillo/Travis Smith – Mr. Hernández pulled contract #21803028E with Medtronic USA, Inc., for implants in the amount of \$8,800,592 – leadership will re-assess the purchase request. Purchasing activities consisted of a total of 23 contracts with a value of \$33,133,806 were presented to the Board of Managers during today's meeting. The following contracts were presented as requiring approval by the Board of Managers: Nineteen (19) consent contracts with a total value of \$29,544,114 (*minus the Medtronic contract*); Four (4) presented contracts with a total value of \$3,589,692. During the month of March 2018 there were four (4) contracts classified as a Small, Minority, Woman, or Veteran, Owned Business Enterprises (SMWVBE).

RECOMMENDATION: Staff recommends approval of the items listed on the consent agenda, minus the contract with Medtronic.

ACTION: A **MOTION** to approve all of the items, minus the contract with Medtronics, on the consent agenda was made by Mr. Engberg, **SECONDED** by Dr. Burns, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None.

#### ACTION ITEMS:

#### CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

#### CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HAVEN FOR HOPE OF BEXAR COUNTY FOR JAIL OUTREACH SERVICES – SALLY TAYLOR, MD

SUMMARY: This agreement with Haven for Hope of Bexar County is to provide financial support for jail outreach services, and has renewed annually since 2015. In late 2014, Haven for Hope began accepting arrestees from jail to the Haven for Hope campus for case management, job training, shelter, education, and a broad array of coordinated services from 93 partner agencies. Through collaboration and a financial contribution initially from University Health System, The Center for Health Care Services (CHCS), and Bexar County, the Haven for Hope Jail Release Program (JRP) was created to increase access to services for individuals diverted from jail. Each party contributed \$333,333 in 2015 to Haven for Hope, supporting increased outreach, housing, residential treatment services, peer support, and case management on the Haven for Hope campus. The goal is to reduce jail recidivism and possibly reduce

preventable hospital inpatient admissions and emergency department visits, and to improve the quality of life of those served by the program. During 2016 and 2017, Bexar County and the Health System continued this same financial support with a contribution of \$333,333 each. Dr. Taylor summarized outcomes for the first three years of the program; she provided number of assessments, number of peer support services, number of enrollee onto campus, number receiving In-House Recovery Program/In-House Wellness Program services, and percentage of campus enrollees returning to Haven for Hope within one year. In 2017 peer support specialist staffing increased from three to four potentially leading to further increases in assessments and services. Data collection regarding jail recidivism is ongoing. Program participants one year before and one year after enrollment (2016-2017) were found to have a decrease in re-arrests after enrollment by approximately 60 percent, from 34 to 13. Reduced recidivism is one indicator that the client has become more stable in terms of income, employment, and/or housing can be an indicator of improvement in quality of life. University Hospital ED visits/year decreased by five percent in 2017 over 2016 (20 to 19) and inpatient hospitalizations decreased by 30% in 2017 over 2016 (10 to 7). Bexar County is contributing \$483,333.00 for this project in FY 2018, and that is the request for the Health System as well. The return on investment includes improved access to mental health and addiction treatment services on the Haven for Hope campus, moving health care provided from inside the jail (the person can now bond out) to community care, and potential reduction in preventable ED visits and inpatient admissions. The latter continues to be addressed by Southwest Texas Crisis Collaborative where Haven for Hope, The Center for Health Care Services, and the Health System are currently active participants along with other health systems and community partners.

- RECOMMENDATION: Staff recommends Board of Managers' approval to renew an agreement with Haven for Hope in the amount of \$483,333.00 in support of this initiative. The term of this agreement is for one year, beginning January 1, 2018 through December 31, 2018.
- ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.
- EVALUATION: Board members welcomed Messrs. Kenny Wilson and Gary Chance from Haven for Hope, and thanked them for their service to this community. Mr. Wilson thanked the Board of Managers for the financial support.
- FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENTS FOR THE RYAN WHITE PROGRAM, SERVING HIV AFFECTED CLIENTS, WITH THE FOLLOWING ORGANIZATIONS – ROBERTO VILLARREAL, MD**

**ALAMO AREA RESOURCE CENTER (AARC) TO PROVIDE SERVICES INCLUDING WRAP-AROUND SERVICES, MENTAL HEALTH, AND MEDICAL NUTRITION**

**SUMMARY:** This contract will facilitate access to medical care for HIV/AIDS affected patients residing in the San Antonio Transitional Grant Area, to include the following counties: Bexar, Comal, Guadalupe and Wilson; and Health Service Delivery Area of San Antonio which includes: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson. The Ryan White grants consist of multiple parts, with each part having its own budget and objectives. Part A Formula and Supplemental Program includes the following categories for AARC during fiscal years 2018-19: AIDS Pharmaceutical Assistance (Local), Early Intervention Services, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Insurance Premium Cost Sharing Assistance, Medical Case Management, Medical Nutrition, Medical Transportation Services, Mental Health, Non-medical Case Management, Outpatient Ambulatory Health Services, and Outpatient Substance Abuse. The term of this agreement is March 1, 2018 through February 28, 2019. The Ryan White Part A Formula amount is \$1,006,987.97. The Ryan White Part A Supplemental amount is \$490,111.83, for a total contract amount of \$1,497,099.80. Ryan White grant funding transferred from Bexar County to Bexar County Hospital District on August 9, 2017. The funding source is U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, award #2 H89HA00041-24-00. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. It is a cost reimbursement contract. The Ryan White Program is a payer of last resort. This program provides financial and social services to those not covered by other resources. The workforce composition data of AARC was provided for the Board's review.

**RECOMMENDATION:** Staff recommends Board approval of a new agreement with the Alamo Area Resources Center, a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$1,497,099.80.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AGREEMENT WITH EL CENTRO DEL BARIO, INC. D/B/A CENTROMED FOR PROFESSIONAL SERVICES INCLUDING PHARMACEUTICAL ASSISTANCE, MEDICAL CASE MANAGEMENT, AND MENTAL HEALTH SERVICES**

**SUMMARY:** This contract will facilitate access to medical care for HIV/AIDS affected patients residing in the San Antonio Transitional Grant Area, to include the following counties: Bexar, Comal, Guadalupe and Wilson; and Health Service Delivery Area of San Antonio which includes: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson. The Ryan White grants consist of multiple parts, with each part having its own budget and objectives. Part A Formula and Supplemental Program include the following categories for CentroMed during fiscal years 2018-19: AIDS Pharmaceutical Assistance (Local) Emergency Financial Assistance, Medical Case Management, Mental Health, Non-medical Case Management, and Outpatient Ambulatory Health Services. The term of this agreement is

March 1, 2018 through February 28, 2019. The Ryan White Part A Formula amount is \$458,450.34. Ryan White Part A Supplemental amount is \$223,132.68, for a total of \$681,583.02. CentroMed provides primary care services to individuals who have tested positive for HIV through patient education, counseling, and supportive and specialty services. They have been a sub-recipient of RW funding since 1992. This partnership allows for a seamless continuum of care for persons living with HIV/AIDS and those affected by HIV/AIDS in Bexar County and surrounding areas. The CentroMed Clinic is located at 315 N. San Saba, San Antonio, TX, 78208. RW grant funding transferred from Bexar County to Bexar County Hospital District on August 9, 2017. The funding source is U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, award #2 H89HA00041-24-00. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. It is a cost reimbursement contract. The Ryan White Program is a payer of last resort. This program provides financial and social services to those not covered by other resources. The workforce composition data was provided for the Board's review.

RECOMMENDATION: Staff recommends approval of the new Agreement with CentroMed, a sub-recipient of Ryan White HIV/AIDS Program funds, to provide and enhance services for Ryan White eligible patients for a total of \$\$681,583.02.

**SAN ANTONIO AIDS FOUNDATION (SAAF) TO PROVIDE SERVICES INCLUDING AMBULATORY SERVICES, MEDICAL AND NON-MEDICAL CASE MANAGEMENT, AND PHARMACEUTICAL ASSISTANCE**

SUMMARY: This contract will facilitate access to medical care for HIV/AIDS affected patients residing in the San Antonio Transitional Grant Area, to include the following counties: Bexar, Comal, Guadalupe and Wilson; and Health Service Delivery Area of San Antonio which includes: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson. The Ryan White Grants consist of multiple parts, with each part having its own budget and objectives. Part A Formula and Supplemental Program includes the following categories for SAAF during fiscal years 2018-19: AIDS Pharmaceutical Assistance (Local), Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medical Case Management, Medical Transportation Services, Mental Health, Non-medical Case Management, Oral Health, and Outpatient Ambulatory Health Services. The term of this agreement is March 1, 2018 through February 28, 2019. The amount for Ryan White Part A Formula is \$623,978.82. The Ryan White Part A Supplemental amount is \$303,697.16, for a total contract amount of \$927,675.98. Ryan White grant funding transferred from Bexar County to Bexar County Hospital District on August 9, 2017. The funding source is U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, award #2 H89HA00041-24-00. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. It is a cost reimbursement contract. The Ryan White Program is a payer of last resort. This program provides financial



- and social services to those not covered by other resources. The workforce composition data of SAAF was provided for the Board's review.
- RECOMMENDATION: Staff recommends approval of this new agreement with the San Antonio AIDS Foundation, a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White eligible patients for a total of \$927,675.98.
- ACTION: **A MOTION to approve staff's recommendations for contracts with the Alamo Area Resource Center, CentroMed, and the San Antonio AIDS Foundation was made by Mr. Hasslocher, SECONDED by Mr. Engberg, and PASSED UNANIMOUSLY.**
- EVALUATION: The total amount of the grant received for Part A is \$5.4 million
- FOLLOW-UP: Mr. Adams asked Dr. Villarreal to prepare a summary sheet that explains how all Ryan White grants and sub-grantee programs tie together for the benefit of the Bexar County community.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PARTICIPATION IN THE SECOND YEAR OF THE QUALITY INCENTIVE PAYMENT PROGRAM (QIPP) FOR SKILLED NURSING FACILITIES WITH LICENSES OWNED BY THE HEALTH SYSTEM AND MANAGED BY TOUCHSTONE COMMUNITIES AND AUTHORIZING ALL ACTIONS IN SUPPORT THEREOF – TED DAY/BRYAN ALSIP, M.D.**

- SUMMARY: In February 2015, the Health System entered into a partnership with Touchstone Communities (Touchstone) for three of its skilled nursing facilities (SNFs) within the Health System's service area under the Minimum Payment Amount Program (MPAP). The MPAP period in which the Health System participated ran from September 1, 2015, to August 31, 2016, and later transitioned due to legislative changes to a more quality and performance-based structure under the Quality Incentive Payment Program (QIPP). During the transition period from one program to the next, a fourth facility was added to the family of partnered facilities through the addition of a corresponding management agreement and lease agreement for that site. Under this program, which began September 1, 2017 and ends August 31, 2018, skilled nursing facilities must earn supplemental payments based on their ability to improve performance on four specific quality indicators currently utilized by the Center for Medicare and Medicaid Services' (CMS) star ratings for nursing facilities. These program rules were presented to the Board of Managers in May 2017, along with staff's request for approval to participate in the QIPP program. This approval was granted. An update on current status and performance regarding the first year of QIPP was presented to the Board of Managers at the February 28, 2018 meeting. Mr. Day provided a summary of performance improvements under this program:
- At the onset of QIPP, the Health System's partnered facilities were meeting fifty percent of the required metrics.
  - That performance level improved by the end of the first quarter to seventy-five percent achievement.
  - Early indicators for the second quarter of the program suggest that performance against targets continues to improve.

- Performance achievements are being effected through upgrades in leadership at specific sites and standardization of best practices across all sites.

Dr. Alsip presented specific quality performance data and results related to the following QIPP program metrics, by facility:

- Percent of high-risk residents with pressure ulcers
- Percent of long-stay residents who received an antipsychotic medication
- Percent of residents experiencing one or more falls with major injury
- Percent of residents who were physically restrained

The primary financial obligation for the Health System under this partnership arrangement is to provide the Intergovernmental Transfer (IGT) funds to support the state portion of the supplemental Medicaid payment. The funds are then returned to the Health System through the payments made by the managed care organizations (Amerigroup, Molina, and Superior HealthPlan). The Health System recoups the IGT funds as well as fifty percent (50%) of supplemental payments. The other fifty percent of the supplemental payments are paid to Touchstone. These funds are at risk, tied to quality and access measure performance described above. Estimates for the IGT required for participation in the second year have not yet been provided. Based on first quarter results, the revised annual estimated benefit to the Health System, net of IGT, is approximately \$860,000, for the first year of QIPP, assuming that current performance is indicative of future performance in the program year. Net benefit to Health System estimated to increase in second year with larger pool of funds allocated at state level.

**RECOMMENDATION:** Staff recommends Board of Managers' approval to participate in the second year of the Quality Incentive Payment Program (QIPP) for Skilled Nursing Facilities with licenses owned by the Health System and managed by Touchstone Communities.

**ACTION:** A **MOTION** to approve staff's recommendation was made by Ms. Barrera, **SECONDED** by Mr. Hasslocher, and **PASSED UNANIMOUSLY**.

**EVALUATION:** From an Accountable Care Organization perspective, Dr. Burns noted use of the terms "acute" and "post-acute management" in the SNF presentation. Would the staff expect any chronic disease management by these facilities? There is an incentive for preventing pressure ulcers however, chronic, progressive diseases, such as hypertension and heart failure are much more costly for the Health System. In addition to acute and post-acute management, she asked the staff to consider chronic disease management as a metric. Dr. Burns sees an opportunity to educate both staff and patients on chronic disease management. Mr. Adams asked about potential consequences for not achieving performance. In the event goals are not met, the SNF will continue to operate without Health System funding; however, they do not want to lose funding, and they will have to find another governmental entity to support them. Dr. Alsip added that he is very pleased with the performance of the various SNFs; they have been very responsive to all requirements beyond the financial incentive. Mr. Adams asked Dr. Alsip to think about the Health System's ability to disincentive them negatively. Further, in light of the movement to take care of patients

from the beginning to the end, is this arrangement viable for the Health System to do this for ourselves rather than the current 50/50 split? Mr. Hernández responded that some systems have that capacity, and SNFs are new territory for the Health System. Certainly having the whole continuum of care available makes things easier to transition patients; however, Dr. Hromas cautioned that it is crucial to have primary care coordination for all the various pieces (services made available) otherwise the Health System will lose patients in this universe. Dr. Jimenez inquired differences between a Skilled Nursing Facility and a Long Term Acute Care (LTAC) facility. SNFs provide extended care outside of a hospital setting, whereas patients are sent to long term acute care facilities due to the severity and acuity of their condition. These would be patients with higher level, long term needs such as those on a ventilator or respirator; it is not safe to send them to a SNF. The Health System has not been able to work with an LTAC facility, as well as it should, because there is a big gap after receiving ICU care at University Hospital. The Health System is not able to place uninsured patients in LTACs because they have a lot of business and they're very full. However, Mr. Hurley confirmed that it is much less expensive for the Health System to keep uninsured patients and manage their long term needs in the ICU. LTACs are able to pick and choose which patients they will accept. Mr. Adams advised the staff to continue to strategically think about the Health System's role in this arrangement. In addition, there continues to be a need for SNFs closer to where people live in Bexar County, he asked the staff be on the look-out for such opportunities. Mr. Engberg thanked the team for doing a great job.

FOLLOW-UP:

Dr. Alsip will continue to make the metrics more challenging for the SNFs because the staff sees them as good partners.

#### **CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR FEBRUARY 2018—REED HURLEY**

SUMMARY:

In February clinical activity (as measured by inpatient discharges) was up 1.8% for the month compared to budget, 10.2% over prior year from a year to date standpoint. Community First Health Plan (CFHP) fully-insured membership was up 0.5%. CFHP budgeted to lose money due to a premium deficiency reserve for StarKids contract (must book extra expense in 2017 and unwind expense in 2018), two months hit in February, expense is approximately \$750k-\$800k per month through August, 2018. Gain from operations was \$10.1 million, \$4.7 million better than budget. The bottom line gain (before financing activity) was \$6.0 million, \$6.6 million better than budget and was due primarily to significantly higher patient revenue and lower operating costs. Debt Service Revenue was \$5.3 million which is equal to the budgeted Debt Service payment of \$5.3 million. Payer mix actual total funded month to date is 75.7 percent, higher than it's ever been, this was budgeted at 73.8 percent. Year to date total funded is 74.9 percent. Case Mix Index actual 1.85%, budgeted at 1.75%. January missed supply costs attributed to high dollar cases, came back closer to budget in February. Documentation training program for staff and faculty physicians started

in January. Training was required to accurately capture and code the acuity of our patients. Accurate coding produces net patient revenue. Mr. Hurley reviewed notable increases and/or decreases from the Consolidated Balance Sheet.

RECOMMENDATION: Staff recommends acceptance of the financial reports, subject to audit.

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

EVALUATION: Dr. Hromas congratulated Drs. Alsip and Volk for training faculty physicians on the proper choice for documentation. Length of stay for February is below expected, case mix adjusted comparable to CMS average, or about .1 day better than we should be. Mr. Adams asked Mr. Gieseman how CFHP is doing with the challenging goals he set over 2017 losses. As far as financial performance, the loss is compounded because it is a budgeting loss. CFHP currently has two struggles: 1) StarKids expense; and 2) costs associated with flu season. On an operating basis, the budget is \$2.5 million behind for two months. Of that, prescription costs, ED visits, and inpatient admissions for the same time period total approximately \$1.7 million. Staff is dealing with the StarKids issue this year; as well as a series of initiatives to address utilization, price component, and mix of facilities. Mr. Hurley reported that he and Mr. Hernandez are meeting with Mr. Giesman and Ms. Holmes, Chief Financial Officer, on a bi-weekly basis, reviewing finances and beginning to understand the problem, also learning how to better work together to allow CFHP to fulfill its role as a part of the Health System. Dr. Jimenez asked about the blood bank and costs for referral testing in the pathology area – are those costs steady? There is a big push on the Health System's side for blood donations so as to not purchase it. Pharmacy is managing factors 7 and 8 internally, and the costs for referral testing are steady at this time. Mr. Hernández added that the Health System's relationship with the South Texas Blood Bank is the best that it has ever been, both are now partners, not competitors.

FOLLOW-UP: None.

#### **PRESENTATIONS AND EDUCATION:**

##### **FIRST QUARTER QUALITY REPORT- *BRYAN ALSIP, M.D.***

SUMMARY: Dr. Alsip provided an update regarding 2018 Quality Composite Metric Performance, a report on the University Medicine Associates (UMA) 2017 Merit Incentive-Based Payment System (MIPS) for the Center for Medicare and Medicaid Services Quality Payment Program, and an update on efforts to standardize and improve Health System risk reporting. He identified hospital rating agencies, and reviewed roles and functions of the Quality Improvement and Patient Safety Committee. He reviewed Ischemic Stroke Mortality Rates for the period January 2016 to June 2017 (compared with 400+ beds and teaching facilities only), and Operating Room Compliance with Colon Bundle Elements which indicates 100 percent compliance for the month of March, 2018. Dr. Alsip reviewed the Quality Dashboard for the period January to October 2017. Rates ranged from 2.439 in January 2017 to 2.119 in October

2017 (lower rate is better). The goal, or internal benchmark, is 1.87 or fewer than two patients with HAI CAUTIs per 1,000 foley device days. This measure is an aggregate of all inpatient catheter-associated tract infections. The rate is calculated as the number of catheter – associated urinary tract infections for 1,000 device urinary catheter days (excludes NICU). Regarding the Health System’s efforts to reduce mortality, he informed the Board that current performance is at the 50th percentile; and the target for 2018 is the 75th percentile. There has been an increased use of 3M 360 tool and physician-focused documentation improvement. The staff at University Hospital is also working hard to prevent re-admissions as much as possible. Mortality baseline for 2017 was 80 percent. January 2018 was at 80 percent. February was at 73 percent with two readmissions for knee/hip surgery, and all other readmission metrics were better than January performance. Current year to date rate is 71 percent. There will be 100 percent readmission review reporting in April 2018. Target to achieve reduction of healthcare associated infections (HAI) is 100 percent. Baseline for 2017 was 55 percent. January exceeded 100 percent and February was at 85 percent. Current year to date rate is 87 percent:

- Central Line-associated Bloodstream Infection (CLABSI) – currently better target
- Catheter-associated Urinary Tract Infections (CAUTI) – no change from Jan to Feb 2018 (85% of target)
- C. diff and Methicillin-resistant Staphylococcus aureus infection (MRSA) - worse from Jan to Feb 2018

Meaningful use target for 2018 is 100 percent. 2017 base line was 57 percent. January and February at 57 percent. Staff working to achieve meaningful use goal of 100 percent and Meaningful Use team will address metric performance and submission timeline. Dr. Alsip reviewed CMS Quality Payment Program for University Medicine Associates (UMA). CMS considers scores greater than 70 to be exceptional. Positive financial adjustment in 2018. University Medicine Associates are eligible for additional dollars for exceptional performance, and he provided the following achievements:

Quality - 54.3 out of 60  
Advancing Care Information - 40 out of 40  
Improvement Activities - 100 out of 100  
Composite score = 94.03

RECOMMENDATION:	This report was provided for informational purposes, only.
ACTION:	None.
EVALUATION:	None.
FOLLOW-UP:	None.

**INFORMATION ONLY ITEMS:**

**UPDATE ON PLANNING, DESIGN AND CONSTRUCTION ACTIVITIES—EDWARD BANOS**

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS—LENI KIRKMAN**

SUMMARY: Mr. Adams directed his colleagues' attention to the three informational reports above and asked them to provide feedback, comments, or questions directly to the staff.

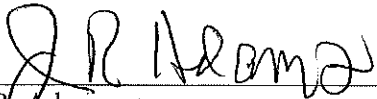
RECOMMENDATION: These reports were provided for informational purposes only.

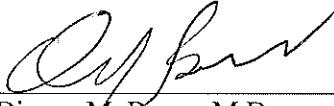
ACTION: No action by the Board of Managers was required.

EVALUATION: None.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the meeting immediately at 7:40 p.m.

  
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James R. Adams  
Chair, Board of Managers

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

  
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Sandra D. Garcia, Recording Secretary