



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, May 18, 2021  
6:00 p.m.  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

**MINUTES**

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**BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Margaret Kelley, M.D., Secretary  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Anita L. Fernandez  
L.P. Buddy Morris  
Jimmy Hasslocher

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health  
Leni Kirkman, Executive Vice President/Chief Marketing, Communications, and Corporate Affairs  
Officer, University Health  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health  
Don Ryden, Vice President/Project, Design & Construction, University Health  
Theresa Scepanski, President/Chief Executive Officer, Community First Health Plans, Inc.  
Anna Taranova, MD, Deputy Chief Analytics Officer, Innovation and Discovery/Research  
Roberto Villarreal, MD, Senior Vice President/Chief Analytics Officer, University Health  
Laura Garcia, San Antonio Express-News  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:08 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams introduced Mr. Norberto Casas, Jr., Our Lady of Guadalupe Catholic Church, Helotes, Texas, for the invocation, and he led the Pledge of Allegiance.

**PUBLIC COMMENT:** None.

**SPECIAL REPORT:**

**MASTER PLANNING FOR ROBERT B. GREEN CAMPUS PROJECTS — DON RYDEN**

**SUMMARY:**

Mr. Adams introduced the agenda item and stated that the Robert B. Green Memorial Hospital opened its doors at a time when San Antonio badly needed a new hospital to care for indigent patients, and the Robert B. Green campus has remained part of San Antonio's identity, particularly among those who grew up near downtown or on the West Side. Before yielding the floor to Mr. Ryden, Mr. Hernandez informed the Board of Managers that this report is informational in nature, to update the Board members regarding the staff's recent work to improve University Health facilities. The staff will bring final recommendations to the Board at the appropriate time, and the Board will be involved in all major decision-making regarding the RBG campus. The original Robert B. Green Memorial Hospital (now also referred to as the "Historic Building") was designed by noted architect Atlee Ayers and was completed in 1917. The East Wing and West Wing were two main additions that were constructed in 1939 and 1954, respectively. Hospital services were moved from this location in 1968 to the newly constructed Bexar County Hospital (today known as University Hospital). Since 1969, the Historic Building continued to house clinics and administration offices until recently when these clinics and offices were relocated because of significant building issues. The Historic Building has experienced numerous structural issues over the years. A structural engineer was engaged and his analysis revealed critical issues in the East Wing with a failed structural system including foundation, columns and beams with on-going foundation movement linked to seasonal moisture variation in the soil. The floors of the East Wing have risen with a deviation of five (5) to six (6) inches at the east end of the wing. Analysis also revealed cracking and deflection in the masonry façade, perimeter grade beams and interior beams throughout the entire building; the lack of a vapor/moisture barrier, air barrier or insulation in the building envelope as well as drainage issues at grade level especially at all pedestrian entrances. Based on information from the structural analysis, University Health engaged the architectural services of Munoz & Company in 2020 to design construction documents for the structural repair and rehabilitation of the East Wing of the RBG Historic Building. With the engagement of the architectural firm last year, the design professionals with Munoz & Company approached this project with an extensive background in the renovation of historic buildings in San Antonio (specific buildings cited by Mr. Ryden in his written report). After several months of research and analysis, the design team presented staff with several options to consider for the East Wing. The scope of those options are:

- Option A - East Wing - Stabilize foundation and repair structure in place – requires exterior wall removal and replacement.

- Option B - East Wing - Stabilize exterior walls, demolish internal structure and replace with new internal steel structure.
- Option C - East Wing - Demolish entire existing wing and replace with new construction that replicates the historic appearance or is of a historically compatible design.
- Option D - Central Core and West Wing - Rehabilitate exterior and 76,000 SF interior.

As the staff evaluated these options for the East Wing of the Historic Building with the design team, it became apparent that it would be prudent to analyze these options within the context of the entire Robert B. Green Campus. Further, staff directed the design team to provide a study of the original and existing acreage comprising this campus. This study included a reconstructed site plan of the buildings that once existed on the historic campus, which Mr. Ryden demonstrated using a 1952 Sanborns map. The current RBG campus encompasses approximately 24.44 acres, the building footprint area is 3.88 acres, or 168,968 square feet. Mr. Ryden also outlined the following proposed activities as next steps for the RBG master planning process: Define the neighborhood/community context, determine campus capacity, identify site utilization, evaluate feasibility, and character analysis. Mr. Ryden opened the floor for questions and/or discussion as this time.

RECOMMENDATION:

ACTION:

EVALUATION:

This report was provided for informational purposes only.

No action was required by the Board of Managers.

Dr. Jimenez was born at the Robert B. Green Memorial Hospital in 1940 and Mr. Smith was born there in 1938. Dr. Jimenez also completed a surgical residency at the Robert B. Green Memorial Hospital before going into psychiatry. Both agreed that in 1917, a hospital near downtown San Antonio was important enough that the entire community came together to make it happen, and it was a place where anyone could get care, which is the guiding principle and mission to this date. Dr. Jimenez recounted stories of patients lining the hallways of the emergency room the size of a small conference room. This included pregnant women, lined up to receive spinal epidurals in the emergency room, and one night he delivered 22 babies. The resident physician positions at the RBG were coveted slots because of the variety of experiences available to the young residents. In addition, all of the medical staff were volunteers and the best nursing program in the country was located at the RBG. The RBG also became the treatment center for indigent pregnant women in diabetic crisis, immigrants and traumatic injuries. On weekends, resident physicians cared for shooting and stabbing victims, and illnesses included diphtheria, whooping cough, polio, typhoid fever, and tetanus. Unfortunately, the Robert B. Green developed a reputation in those days because of how busy it was. First year residents learned how to intubate shortly after their first day of work. Dr. Jimenez thanked Mr. Hernandez for keeping the RBG campus close to his heart, and for fighting to bring much needed Pediatric Services to the RBG several years ago. Dr. Kelly also visited the RBG, which was known as the Brady/Green Community Health Center when she was a resident in 1998. She did not realize how busy

the Brady/Green clinics were and it was a totally different situation than at University Hospital. She agrees that the RBG is a historical part of the community that needs to be preserved. Mr. Adams thanked Dr. Jimenez for recounting his experiences and reiterated how important this campus is, it is very important and means different things to different people, and it is just as important for providing healthcare in that part of the city. He asked the staff and Board members to keep this past in mind as University Health moves forward with strategic planning. Also, think about the most effective way to service that neighborhood/community, and be mindful of the decisions that need to be made. Mr. Adams reiterated Mr. Hernandez's point that this is an unfolding, on-going process. There were no objections to the activities proposed by Mr. Ryden for the RBG master planning process.

FOLLOW-UP: Staff will proceed with master planning for the RBG Campus as indicated above and will update the Board every 3 to 4 months.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): APRIL 27, 2021(REGULAR MEETING)**

SUMMARY: The minutes of the regular Board meeting of Tuesday, April 27, 2021, were submitted for the Board's review and approval.  
RECOMMENDATION: Staff recommends approval of the minutes as submitted.  
ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.  
EVALUATION: None.  
FOLLOW-UP: None.

**NEW BUSINESS:**

**CONSENT AGENDA — JIM ADAMS, CHAIR**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT BETWEEN COMMUNITY FIRST HEALTH PLANS, INC. AND HEALTHTRIO FOR A MEMBER AND PROVIDER PORTAL — THERESA SCEPANSKI**

SUMMARY: This is a contract request for member and provider portal solutions, which was competitively bid on February 5, 2021. Five (5) responses were received: Cognizant, HealthTrio, Innovaccer, Salesforce and Zipari. The current vendor HealthX was recently acquired by Zipari, one of the five respondents. The bids were reviewed for RFP specifications and compared using a decision matrix. After careful consideration, HealthTrio provided Community First with the best overall value based on: (1) A well-designed solution that meets all specifications and requirements, (2) member and provider engagement solutions, (3) extensive implementation support, (4) implementation timeline meets requirements, (5) system platform implementation strategies and capabilities exceed Community First deliverables and; (6) highly competitive fees.

<u>Vendor</u>	<u>Score</u>
• HealthTrio	95
• Innovaccer	85

- Cognizant 80
- Salesforce 75
- Zipari 70

HealthTrio presented highly purpose-driven solutions specific to a health plan such as Community First. The high configurability of the solution paired with the breadth and depth of HealthTrio-built features are ultimate configurability, custom look and feel, self-built solutions, solutions for difficult problems, integration, and client collaboration. The estimated cost of this contract is \$2,722,400 for a five-year period and includes one-time implementation fees of \$362,600. The annual fee for portal platform/hosting is \$471,960, or \$2,359,800 for the five year period. As compared to the current annual contract amount of \$444,216, there is a \$27,744 (6 percent) increase for the new annual contract period. This is a planned expense and is included in the Annual Operating Budget. The term of the contract begins June 1, 2021 through May 30, 2026. The workforce composition of HealthTrio was provided for the Board's review.

RECOMMENDATION: Community First Board of Directors recommend Board of Managers' approval of a contract with HealthTrio for a member and provider portal.

ACTION: A **MOTION** to approve staff's recommendation was made by Ms. Fernandez, **SECONDED** by Mr. Hasslocher, 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 ARUP LABORATORIES, INC. FOR REFERRAL LABORATORIES TESTING SERVICES — JIM WILLIS**

SUMMARY: This request is 1) to obtain ratification in the amount of \$2,040,000 for the prior agreement with ARUP Laboratories, Inc. (ARUP); and 2) to renew a contract with ARUP. ARUP has provided reference lab services to University Health since 2008. The original ARUP contract was approved as a three-year contract (February 1, 2018 - January 31, 2021) with the option for two, one-year renewals. The contract underwent an administrative modification in late 2018 extending the terms of the agreement through January 31, 2023. This modification allowed ARUP to place three FTEs of support personnel at University Hospital to process and ship samples at their cost. No funding was included in the modification.

1. Request for Ratification - During the Premier conversion in 2019, the procurement staff failed to timely convert the ARUP contract within the Premier Enterprise Resource Planning system and subsequently did not key in the correct amount of available funds in the ARUP contract when the contract was built in Premier. This staff oversight resulted in Premier not accumulating University Health payments to ARUP from January 2020 - August 2020 nor reducing the amount of

available funds applicable to the ARUP contract. This administrative oversight resulted in overspend of approximately \$2,040,000. All invoices provided by ARUP during this time were appropriate and received administrative approval for payment. We have reviewed all other Premier contract conversions and the ARUP contract was the only outlier not appropriately converted in Premier. To assure this oversight is not repeated, staff has enhanced controls related to timely and appropriate entry of agreements into Premier.

2. Remaining Two-Year Agreement - Cost projections for the remaining two years of the ARUP contract took into consideration utilization and cost of services for reference lab testing trended over a last three-year period and the first quarter of 2021. In the first two years of the contract, demand for services grew by 30 percent. In 2020, in large part because of the COVID pandemic, growth was flat. However, in the first quarter of 2021 demand grew for reference lab tests by 22 percent. In order to address this continued growth, staff is projecting expenses of \$9,960,000 inclusive of contingency for the final two year contract.

Mr. Willis informed the Board that the senior leadership team is constantly evaluating reference lab vendors to assure the best value. This has resulted in some shift of reference lab testing to ARUP and away from other vendors when ARUP pricing is lower. For the 2020 calendar year, University Health saved \$300,000 in overall reference lab costs by proactively consolidating testing to the lowest cost laboratory. ARUP is a national nonprofit and academic reference lab that is CAP, ISO 15189, and CLIA certified. ARUP operates under the Department of Pathology at the University of Utah in Salt Lake City.

RECOMMENDATION:

1) Staff recommends that the Board of Managers ratify a change in contract 21712202-IG with ARUP Laboratories to increase the original value by \$2,040,000; and 2) Staff recommends that the Board of Managers approve a two-year contract with ARUP Laboratories not to exceed \$9,960,000.

ACTION:

A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION:

Discussion ensued regarding internal accounting controls. Mr. Smith expressed concern that it took 8 months to discover this oversight and he asked how the internal audit function allowed this to happen. Mr. Hurley replied that several different failures allowed this to happen, not the lack of internal auditing. This commodity would have been purchased in 2020 due to the increase in lab testing and the contract would have exceeded the amount authorized by the Board, regardless. When all of the contracts were switched over to the Premier accounting system there should have been a supervisory review; accounts payable should have asked more questions, but there were apparently some control weaknesses. Every payment to ARUP was authorized, and there were no overpayments or fees due to this human oversight. The staff went back to ensure that all contracts were correctly moved over, and also implemented an automated processes that allows the audit of all invoices on a quarterly basis. That staff did not find any other issues; they process hundreds of contracts and Mr. Hurley assured the Board that this

is a one-time failure. He agreed that the staff should have found the oversight sooner. Eventually they did identify the issue and raised a red flag, it was a mistake on a couple of different levels. Mr. Hernandez thanked the Board for asking good questions, it is always risky to change from one system to another. This was a human error at the time of transition, and the expenses were legitimate for clinical needs but the contract amount was exceeded and there was no negative impact to the financials. In addition, Mr. Hernandez noted that the staff had briefed the Board's Finance/Audit Committee of this error earlier in the day.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENT WITH VAL VERDE REGIONAL MEDICAL CENTER IN SUPPORT OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION FUNDED RURAL MATERNITY AND OBSTETRICS MANAGEMENT STRATEGIES PROGRAM — ANNA TARANOVA, M.D./ ROBERTO VILLARREAL, M.D.**

SUMMARY:

In October 2019, the Health Resources Services Administration (HRSA) awarded Bexar County Hospital District federal funding in the amount of \$2,270,647 to implement the TX-RMOMS Program in response to the funding opportunity "Rural Maternity and Obstetrics Management Strategies" (HRSA-19-094, CFDA No. 93.912), to coordinate maternal and obstetrics care within a rural network of hospitals and clinical providers over a four-year period. The program led to a collaboration with Uvalde Memorial Hospital, Community Health Development, Inc., Val Verde Medical Center, United Medical Centers, and Sage Family Medical Associates, PA., to implement program strategies and enhance obstetrics and postpartum services for expectant mothers in Uvalde, Kinney, Zavala, Real, Edwards, and Val Verde counties. The TX-RMOMS program is a sustainable model that opens access to a comprehensive, integrated continuity of maternal and obstetrics care for the rural primarily racial/ethnic minority women of childbearing age (15-44 years old) in Uvalde, Edwards, Kinney, Zavala, Real, and Val Verde County. Val Verde Regional Medical Center (VVRMC) is the primary medical care provider in the Val Verde County area and is a leading healthcare provider among rural hospitals in the state. VVRMC is a county facility governed by an elected board who have the best interests of the community at heart in their guidance of the regional medical center. VVRMC offers comprehensive services for Val Verde and surrounding counties. In his written report, Dr. Villarreal detailed the maternal and obstetrics services and deliverables to be provided by VVRMC, as a sub grantee in the amount of \$263,318, in order to comply with the TX-RMOMS program's objectives. In addition, VVRMC will focus their efforts in the RMOMS program to increase delivery and access to preconception services, labor and delivery services, and postpartum services for women. The overall impact of the program and this sub-agreement with VVRMC is budget neutral. The activities for VVRMC's Agreement are funded through HRSA, Rural Maternity and Obstetrics Management Strategies Program award number H89HA31891. It is a cost reimbursement contract and RMOMS related services shall be invoiced and reimbursed for actual costs incurred. Any

remaining funds are allocated towards VVRMC for physicians' training, telehealth equipment and services, and the delivery of the obstetrics and maternal services. Dr. Villarreal's written report also included a breakdown by fiscal year of RMOMS overall program budget and the amounts allocated to VVRMC each fiscal year. The workforce composition data for VVRMC was provided for the Board's review.

**RECOMMENDATION:**

Staff recommends approval of this new agreement with Val Verde Regional Medical Center, a sub-recipient of the RMOMS Program, to implement program strategies and enhance obstetrics and postpartum services for expectant mothers in the RMOMS Program, in the amount of \$263,318 HRSA funds.

**ACTION:**

A **MOTION** to approve staff's recommendation was made by Dr. Kelley, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

**EVALUATION:**

Dr. Villarreal introduce Anna Taranova, MD, Deputy Chief Analytics Officer, Innovation and Discovery, as the author of the RMOMS grant. She is responsible for overseeing the last HRSA audit on which University Health scored a perfect 100. Dr. Jimenez asked if these are long term relationships that University Health is developing through this HRSA grant. Yes, the first obstacle for these type of relationships is trust and Dr. Villarreal explained that the majority of these providers who deliver are family practitioners. For them to trust a large academic medical center such as University Health is out of the ordinary, but the staff was successful. Several University Health providers visited VVRMC to establish a relationship with their medical staff. They have been provided with all of the equipment needed to connect via telehealth. In the case of a complicated delivery, the VVRMC provider and the University Health consultant will mutually agree how to proceed, whether it's an appropriate transfer, the method of transfer to University Hospital, the entire obstetrics and gynecology team will be involved. The point is to decrease mortality among mothers and babies. The program is totally funded by HRSA and is budget neutral to University Health. Dr. Kelley commended this seamless ability for small counties to transfer women in labor to University Hospital. Once a mutual decision to transfer the patient is made, the teams will get the patient to University Hospital as quickly as possible. These communities need the telemedicine partnership, and step-by-step guidance to stabilize the patient before transferring. Dr. Kelley noted that the guidance a tertiary medical center provides can have a positive impact although it can be very difficult to safely transfer a patient who is in labor; however, the facility can provide blood pressure management, check proteins, etc., in order to proceed and intervene difficult pregnancies.

**FOLLOW-UP:**

None.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 7:15 pm.

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James R. Adams  
Chair, Board of Managers

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Margaret A. Kelley, MD.  
Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary