



# University Health System

## BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, October 27, 2020  
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  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Margaret Kelley, M.D.  
Thomas C. (“TJ”) Mayes, J.D.  
Anita L. Fernandez  
L.P. Buddy Morris

#### **OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health System  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System  
Don Ryden, Vice President/Project, Design, & Construction, University Health System  
Stacy Foremski, Special Assistant to the Executive Vice President/Chief Operating Officer, University Health System  
William Henrich, MD, President, UT Health San Antonio  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health San Antonio  
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System  
Leni Kirkman, Executive Vice President/Chief Marketing, Communications & Corporate Affairs Officer & Interim President/University Health System Foundation  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health System  
Rajeev Suri, MD, Professor/Department of Radiology, UT Health; and President/Medical-Dental Staff, University Health System  
Laura Garcia, Business Reporter, San Antonio Express-News  
And other attendees.

#### **CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:04 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Mr. Adams introduced Mr. Norbert Casas, Our Lady of Guadalupe Catholic Church of Helotes, for the invocation, and he led the pledge of allegiance.

**PUBLIC COMMENT** – None.

**SPECIAL RECOGNITION - QUARTERLY EMPLOYEE RECOGNITION AWARDS - ANDREA CASAS**

|                                |  |
|--------------------------------|--|
| Professional:<br>(Nursing)     | Correna Spicer<br>Staff Nurse I, Adult Detention Health Care                               |
| Professional:<br>(Non-Nursing) | Lucas Lumbley<br>EPIC Team, EPIC Operations  |
| Management:                    | Christian Ekeanu<br>Patient Care Coordinator, Dialysis South Clinic                        |
| Technical:                     | Laura Cervantes<br>Licensed Vocational Nurse, UMA North Clinic                             |
| Clerical                       | Iyissa Urdiales<br>Transfer Center Specialist, Transfer Center                             |
| Service:                       | Mirella Campos<br>Team Leader, Environmental Services                                      |
| Volunteer:                     | Patricia Robichaud<br>Volunteer, Volunteer Services  |
| Provider:                      | Diana Vasquez<br>Nurse Practitioner, Employee Health Services                              |
| Team:                          | The Nutrition “Service Excellence” Heroes<br>Martha Buentello, Belen Flores, Barbara Lewis |

All of this year’s quarterly recipients will be special honored guests at the Annual Recognition Awards Ceremony. Employees of the Quarter receive a plaque, embossed pen and an opportunity to select one of numerous awards valued at \$100 on the Employee Recognition website. Mr. Adams thanked Ms. Casas for the presentation and expressed, on behalf of the Board, strong support for University Health’s recognition program. It is a way to recognize these employees who are very dedicated to their work and make University Health what it is.

At this time, Mr. Adams introduced new Board member, Mr. L.P. “Buddy” Morris, appointed to the Board of Managers on Tuesday, October 20, 2020 by Bexar County Commissioner Kevin Wolff, Precinct 3.

**APPROVAL OF MINUTES OF PREVIOUS MEETING(S): September 29, 2020 (Regular Meeting)**

SUMMARY: The minutes of the regular Board meeting of Tuesday, September 29, 2020 were submitted for approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

**REPORT FROM UT HEALTH SAN ANTONIO — WILLIAM HENRICH, M.D., PRESIDENT**

SUMMARY: Dr. Henrich welcomed Mr. Morris. He reported on the current COVID-19 surge in San Antonio, which has been more prominent in El Paso, and even more so in the Dallas/Ft. Worth area. Dr. Alsip, in partnership with UT Health, is monitoring this situation. In June or July this past summer, the teams stood up a large group with shifts of people to take care of that incredible surge. The modeling that we have so far suggests this will be a “bump” rather than a full force, prominent surge. UT Health clinical practice numbers are back to pre-COVID-19 days. In March-April, the clinical practice was basically shut down and only performed emergency procedures. Elective procedures started back up in May, 2020, and are also at pre-COVID-19. The inpatient side, however, is still a little behind. All of the UT learners are back doing their clinical work with special rules that keep them as safe as possible in their clinical courtships. An incredible point of pride for UT Health is the fact that their research portfolio grew in 2020 despite the shutdown by a couple of million dollars. UT Health submitted approximately 70 grant applications in time for the June deadline. Researchers used their downtime to write proposals and research applications, which increased by 31 percent. Researchers are expecting good news in the coming months. At the present time, UT Health is working with The University of Texas at San Antonio to test athletes on the field, and will work with other institutions in the city as UT Health's capacity allows. Dr. Hromas noted that both nationally and locally, applications to medical school have increased. At UT Health, they increased by 20 percent, which may be a direct result of COVID 19. Dr. Suri also welcomed new board members, and recognized faculty/physician leaders present - Dr. Roberto Jimenez, Dr. Margaret, Dr. Bryan Alsip, Dr. Bill Henrich, and Dr. Rob Hromas. Dr. Suri acknowledged the three-month anniversary of Epic Go Live. Despite initial challenges, the medical/dental staff are very pleased with Epic. The new residents who arrived during the COVID-19 shut down have adapted well. Interviews for future residencies are starting up again and the process is now completely virtual, it is a very seamless process. The number of resident applications also increased during this period. Both Drs. Suri and Hromas acknowledged the hard work by Mr. Christopher Copeland, Executive Director, Professional Staff Services at University Health, over the last six months to make this virtual process happen. Dr. Suri noted that University Health now has the capability to

credential providers on an emergency basis and have them working within 24 hours. Dr. Jimenez asked Dean Hromas how the School of Medicine is doing in the number of applications submitted by minorities – Latinos, Asians, and African Americans, in particular. Although that information is not known until those students matriculate, Dr. Hromas estimated that about 45 percent of the medical applications came from minorities: 10 percent African-Americans and 25 percent Hispanic, which is not where the Long School of Medicine wants to be. The goal is to enroll classes comprised of approximately 50 percent minority students. However, the School of Medicine has a massive pipeline program in CAST Med High School for students from all over San Antonio and the Bexar Country area. The School of Medicine is working hard to find a co-hort of minority students who are well-trained and want to practice in San Antonio after they graduate from medical school. Mr. Mayes congratulated Dr. Hromas on the recent COVID-19 Virtual Panel Discussion with faculty experts, it was very informative. He was interested in knowing how University Health and UT Health go about rolling back surgeries and what role the Governor plays in this regard. Mr. Hernandez clarified for the Board members that the numbers cited above by Dr. Henrich relate to the UT Health clinical practice which sees patients at the Medical Arts and Research Center (MARC). The cases at University Hospital are managed by Hospital Administrator Mike Roussos and its Chief Medical Officer, Dr. Bryan Alsip. Dr. Hromas emphasized that such rollbacks are data-driven. Dr. Alsip noted that because the progression of this pandemic has gone on so long, everyone has adjusted well since those decisions were made fairly early in February-March time period. Many of these requirements were mandates. University Health could only provide procedures and surgeries that were life-saving, to preserve capacity for what was anticipated to be a large surge. As that scaled down, there was not a lot of room to perform elective procedures, it was just a matter of phasing those back in. Now we are in the same situation, there will probably not be full shut down. The governor has outlined some requirements on capacity, but that denominator changes daily, it is a daily management issue. The staff cannot make last minute decisions, it is a matter of balancing elective surgeries and life-saving procedures.

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

**NEW BUSINESS:**

**CONSENT AGENDA – JIM ADAMS, CHAIR**

SUMMARY:

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF MEMBERSHIP AND PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**  
- Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the Medical-Dental

Staff of University Health shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee of the Medical-Dental Staff. If approval is granted by the Board of Managers, the clinical provider is placed on a two-year reappointment cycle. After 12 months' provisional review, the provider's status changes from Provisional to Active or Courtesy Staff depending on board certification and the frequency of patient encounters during the previous 12 months. The Credentials Committee met on September 28, 2020, and reviewed the credential files of the individuals listed in the written Credentials Committee Report provided to the Board of Managers. At its meeting of October 6, 2020, in accordance with University Health's credentialing and privileging process, the Executive Committee of the Medical-Dental Staff approved the Credentials Committee's recommendations for clinical privileges for staff membership. The Executive Committee recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

- The Credentials Committee met on September 28, 2020, and reviewed proposed revisions to Delineation of Privileges Reports and the Professional Performance Evaluation Reports and forms, which were provided to the Board of Managers. In its meeting of October 6, 2020, the Executive Committee of the Medical-Dental Staff approved the items below and recommends approval by the Board of Managers:

- 1) Delineation of Privileges
  - a. University Health System
    - i. Pediatrics-Neurology (Revised)
  - b. Ambulatory Surgical Center – Medical Center
    - i. Pediatrics – Neurology - (Revised)
  - c. Ambulatory Surgical Center – Robert B. Green
    - i. Pediatrics-Neurology (Revised)
- 2) Focused/Ongoing Professional Performance Evaluation Report

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS OF OFFICER POSITIONS — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

- University Health's Medical-Dental Staff Bylaws outline the process and description of Officer Positions of the Medical-Dental staff. The Professional Staff Services (PSS) Department is responsible for facilitating the annual process for the election of new officers. The Bylaws state that Officers of the Medical-Dental Staff shall be the President, Past President, Vice-President, Secretary, and the Members-at-Large of the Executive Committee. Officers must be members in good standing of the Active and Provisional Staff at the time of nomination and election, must be approved by the Board of Managers, and must remain

members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. Nominees must possess the ability and experience required to fill such positions and be willing to devote the time and effort needed to fulfill the responsibilities of office. The Nominating Committee recommended a slate of Officers to the Executive Committee for their review and consideration. After Executive Committee review, ballots were sent via email by the Professional Staff Services Department to the Active/Provisional Medical-Dental Staff members for a 30-day vote. Professional Staff Services has tabulated the ballots and provided them to President of the Medical-Dental Staff who then presented the ballots for information only to the Executive Committee. The Medical-Dental Staff via ballot submit the slate of officers listed below for approval by the Board of Managers:

- President - Dr. Rajeev Suri (Interventional Radiology)
- Vice-President - Dr. Lillian Liao (Trauma & Emergency Surgery)
- Secretary - Dr. Michael Little (Anesthesiology)
- Members-At-Large - Dr. Sekinat McCormick (Orthopaedics); and Dr. Jason Bowling (Infectious Diseases)

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE 3<sup>RD</sup> QUARTER 2020 INVESTMENT REPORT — ROE GARRETT/REED HURLEY** - Investment Portfolio Summaries for University Health and Community First Health Plans, Inc., invested funds for the third quarter of 2020 were presented for the Board's approval. In total, the value of all invested funds as of September 30, 2020 was \$1,491,461,766 consisting of University Health, Project, Certificate and CFHP Funds. The reports include all information required by the Texas Public Funds Investment Act. In addition, the Health System and CFHP portfolio reports were provided separately. The portfolios earned \$2,826,666 in interest income in the third quarter, a 62 percent decline from \$7,466,175 in the same period a year ago, reflecting the decline in market rates in the last six months. The portfolio's unrealized gain grew to \$5,589,779. As of September 30, 2020, the University Health portfolio for operations (excluding CFHP and the debt related funds) was valued at \$914,816,458. The portfolio, consisting of Operating, Contingency, Capital and Tax Funds, had a weighted average yield-to-maturity of 0.78 percent and a weighted average maturity of 340 days. The portfolio's yield is well ahead of the 6-month Constant Maturity Treasury (CMT) benchmark, which yielded 0.15 percent, but modestly trails the longer 1-year CMT benchmark's 0.74 percent yield. With interest rates falling sharply over the quarter, this portfolio's yield should exceed like maturity benchmarks in the coming months. This information is presented for approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING ACTIVITIES (SEE ATTACHMENT A) —**

**ANTONIO CARRILLO/TRAVIS SMITH** – A total of twenty (20) contracts with a value of \$339,015,049 are being presented to the Board of Managers in October 2020. The following contracts require approval by the Board of Managers: Twelve (12) consent contracts with a total value of \$8,195,107; Eight (8) presented contracts with a total value of \$330,819,942. During the month of October 2020, there were six (6) contracts classified as Small, Minority, Woman, or Veteran Owned Business Enterprises (SMWVBE). Also provided for the Board’s review were approved year-to-date SMWVBE totals and a breakout by category (Small, Hispanic, African American, Asian, Other Minority, Woman, and Veteran). This item was provided for approval by the Board of Managers.

RECOMMENDATION: Staff recommends approval of the items listed on the Board’s consent agenda.

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

EVALUATION: None.

FOLLOW-UP: None.

**ITEMS FOR REVIEW AND DISCUSSION:**

**REVIEW AND DISCUSSION REGARDING COMMUNITY FIRST HEALTH PLANS, INC.’S PRELIMINARY OPERATING AND CAPITAL BUDGETS FOR FISCAL YEAR 2021 — THERESA SCEPANSKI/DAVERICK ISAAC**

SUMMARY: Ms. Scepanski introduced Dr. Priti Mody Bailey, Medical Director at Community First Health Plans, Inc., and Mr. Daverick Isaac, Chief Financial Officer. Mr. Isaac provided a presentation on CFHP’s preliminary budget for 2021. CFHP will manage the healthcare needs for an expected average consolidated membership of 155,104 members while delivering a budgeted net income of \$11,465,642. The budgeted underwriting income (excluding Investment Income and Premium Deficiency Reserve amortization) is budgeted to be \$8,453,148. He also reviewed 2021 CFHP Strategic Priorities:

**Business Development:**

- Maintain market share STAR, CHIP and STAR Kids
- Go-live with Advantage and Dual Special Needs Plan (D-SNP)
- Implementation of Health Insurance Exchange (HIE) in collaboration with CareLink
- Continued development of advanced alternative payment methods

**Operational Efficiencies:**

- Go-live with the University Health Premier ERP system in January 2021
- Enhance and expand coordination and integration with University Health
- Enhance and expand advanced financial and medical economic analytics

The membership of 155,104 members represents an overall decrease of 5,756 members or -3.6 percent when compared to FY 2020 Outlook.

Revenue - STAR, CHIP, STAR Kids

- The FY 2021 budgeted revenue includes an anticipated (3.0%) mid-year (March 2021) rate reduction
- An additional rate reduction of (3.0%) in September 2021 due to the expected favorable financial performance of CFHP in SFY 2020
- NAIP and other pass-through revenues budgeted based on actual HHSC formulas

Commercial

- January through August 2021 budgeted at actual ERS SFY 2020 rates (no increase from 2020 rates)
- ERS will not renew in September 2021

ASO

No change in the per employee administrative fee.

Total Revenue for FY 2021 is budgeted at \$614.8 million. This includes consideration for Experience Rebate, NAIP, and UHRIP revenues, which total \$61.5 million. The FY 2021 budgeted revenue includes an anticipated (3.0 percent) mid-year (March 2021) rate reduction and a further rate reduction of (3.0 percent) in September 2021 due to the expected favorable financial performance of CFHP in SFY 2020 for the Medicaid/CHIP products and HHSC rate resetting. On a consolidated basis, the overall decrease in revenue equates to (\$36.1 million). A total of (\$13.3 million) is related to the mid-year and September 2021 rate reductions and the remaining (\$22.8 million) is related to the estimated decrease in membership as noted above. FY 2021 NAIP revenues as well as UHRIP revenues were based on rate information provided by HHSC.

Medical Expense

2021 medical expense budget was developed:

1. Specific by Line of Business
2. Separated into inpatient, outpatient, physician, pharmacy, and ancillary categories
3. Based on historical actual average unit costs and utilization
  - Reflects an overall year-over-year medical expense trend of 3.5 percent
  - Represents an overall medical loss ratio of 86.1 percent
  - NAIP and other pass-through medical expenses budgeted based on actual HHSC formulas

Administrative Expense

Total 2021 budgeted administrative expense is \$77 million, which represents an increase of 4.3 percent over the 2020 Outlook and an Administrative Expense Ratio of 12.5 percent. 2021 budget administrative expense variances as compared to the 2020 Outlook include:

- 1) Salaries increased \$2.4 million, due to increased FTEs and budgeted merit increase
- 2) Employee benefits increased \$0.5 million due to post-employment benefit allocations
- 3) Computer licensing increased \$1.2 million due to QNXT enhancements and other required application systems
- 4) Marketing increased \$1.3 million due to enhanced and expanded marketing strategies and initiatives



- 5) Provider Incentives increased \$1.8 million due to planned expansion of the provider incentive program
- 6) Consulting increased \$1.2 million for specific support and enhancements in Growth Initiatives, IT, and Business Development
- 7) Temporary labor decreased (\$0.8 million) due to reduced usage of temporary staff related to claims processing and IT support
- 8) 2021 budgeted administrative expense for STAR, CHIP, and STAR Kids are compliant with HHSC rate development formulas which regulate a portion of premium allocated for administrative expense spending

RECOMMENDATION:

This information was presented for review and discussion only. The CFHP Operating and Capital budget was approved by the Community First Health Plans Board of Directors on October 23, 2020. Staff will present the proposed, consolidated Operating, Debt Service and Capital Budgets for Fiscal Year 2021 to the Board of Managers in November for approval and endorsement for Bexar County Commissioners Court for their final approval in December 2020.

ACTION:

None.

EVALUATION:

Regarding the administrative expense cap and rate development formulas which are set by HHSC, Mr. Isaac clarified for Mr. Morris that the cap only applies to the Medicaid portion of the budget, which includes STAR, CHIP, and STAR Kids. Once that admin cap is reached, HHSC will dis-allow any more admin expense and this rate is typically at 10 percent. Admin costs for managed Medicaid at CFHP average at 8-9 percent and CFHP actually uses the admin cap as a benchmark. In 2021, this will be particularly true with the Medicare Advantage product. It is tricky because the expense does not change when the number of members change, CFHP will have the same expense. CFHP can expect high losses during the first year, which is typical. These losses will start to go down as CFHP builds out its plan. Ms. Scepanski added that with the Medicare line of business, CFHP has a long term, forward thinking strategy. This must be in place to prepare for next summer when HHSC issues its Request for Proposals for the STAR Plus product. CFHP is well positioned and without this particular component, CFHP would not be eligible for the RFP submission. Dr. Jimenez asked how dental services are handled by HHSC. CFHP is Managed Care Organization (MCO). HHSC has approximately three Dental Maintenance Organizations (DMO) for the entire state of Texas, and that product line of services is closed to CFHP MCO. However, there are certain value added dental services that could be added to the CFHP plans, at the expense of CFHP. Mr. Adams and Mr. Morris congratulated Mr. Isaac for the concise presentation. Mr. Isaac has been working at CFHP for eight (8) months now.

FOLLOW-UP:

None.

**ACTION ITEMS**

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

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A MASTER HEALTH CARE SERVICES AGREEMENT WITH UT HEALTH SAN ANTONIO — ED BANOS**

SUMMARY:

The purpose of this Master Health Care Services Agreement is to ensure that qualified health care professionals are available to assist in the diagnosis and treatment of patients at University Health facilities. It also provides a fair, legally compliant mechanism to financially support UT Health San Antonio professionals. The UT Health San Antonio practice income does not generate sufficient revenue to cover the costs despite diligent and prudent billing and collection practices. In large part this is the result of three factors. First, Texas has the highest percentage of uninsured persons of any state in the country. Secondly, existing Texas Medicaid programs for pregnant women and children reimburse providers like UT Health San Antonio less than 50 percent of costs. Finally, state appropriations for the Long School of Medicine and its physicians are not adequate to support the needs of the academic enterprise. This is not unique to this Academic Medical Center (AMC). All AMCs need support from their hospital partners to recruit and retain top physician talent. On September 1, 2019, University Health then entered into a new one-year agreement known as the Master Health Care Services Agreement with UT Health San Antonio. This supports the continued provision of physician care. The Master Health Care Services Agreement is comprised of financial compensation to support physician services, on-call medical coverage, and administrative services provided by UT Health San Antonio. The total amount for these services for this contract is \$151,166,131. These services are determined with collaborative input by each UT Health San Antonio department and University Health administration. The agreement provides for attending physician inpatient coverage at University Hospital 24/7/365 days a year. In addition, attending physicians support University Health's outpatient specialty care network at resident clinics located at the Robert B Green Campus, the Texas Diabetes Institute and University Hospital. University Health adult resident clinics saw over 201,000 patients in 2019 while pediatric resident clinics saw over 40,000 children. This agreement provides major support for the following UT Health departments:

- Medicine (including all medicine sub-specialties) \$40 million
- Anesthesia \$18 million
- General Surgery/Trauma/Vascular \$16.1 million
- Emergency Medicine \$13.5 million
- Pediatrics \$13 million
- Radiology \$9.7 million
- Orthopedics \$8.3 million
- Neurosurgery \$6.4 million
- Transplant \$5.7 million
- OB/GYN \$5.6 million
- Neurology \$3.6 million

- Ophthalmology \$3.2 million
- CT surgery \$2.7 million
- Psychiatry \$2.1 million
- Various smaller UT departments totaling \$3.2 million

Including the proposed Master Health Care Service Agreement, the total support provided to UT Health San Antonio is \$235,570,000 per year.

RECOMMENDATION:

Staff recommends Board of Managers' approval to enter into the Master Health Care Services Agreement with UT Health San Antonio in an amount not to exceed \$151,166,131 plus any payment for the achievement of quality metrics in an amount not to exceed \$3,500,000, and to authorize the President and Chief Executive Officer to execute any documents necessary to consummate said agreement.

ACTION:

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

EVALUATION:

Discussion ensued regarding additional compensation for achieving improved quality and efficiency as demonstrated by the attainment of certain metrics set forth in the Quality Incentive Agreement (QIA). The maximum payment for achieving all specified metric goals in the QIA shall not exceed \$3,500,000. Dr. Kelley asked about Leapfrog Hospital Survey results, which are published annually in the local paper for the community. What is keeping University Hospital from achieving an "A" as compared to other "A" hospitals in the community? Dr. Alsip looks closely at Leapfrog results and knows how the scoring works. Leapfrog is one of the few organizations that shares their formula based on responses to certain survey elements. A lot of the objective data also overlaps with that of CMS, The Joint Commission, and CDC's National Healthcare Safety Network, such as hospital-acquired infections, admission rates, and patient safety. Based on this, medical staff know what the goals are and is what sets the threshold for internal metrics. More recently over the past two years, those benchmarks have been mutually determined by University Health and UT Health. Medical staff know what it takes to earn a "C," "B," or an "A." Some of these are past survey results, but not as bad as CMS which can go back up to 5 years. Leapfrog can go back two years. Each year University Health scores higher, there is a lot of competition, and leadership expects to earn an "A" very soon, that is the goal. There are other targets, for example, CMS has a pay for performance requirement that allows hospitals to pull money away when performance metrics are not met. There is a financial incentive tied to a provider's reputation. Mr. Banos added that Epic has a feature that allows real time data and best practices for the various Academic Medical Centers, allowing comparison to other like hospitals across the county. The staff is able to better document the true severity of a patient, while the patient is still in house, in real time, which is a very helpful feature. Mr. Smith noted the importance of providing better services to the citizens of Bexar County, as well as the importance of the local community recognizing University Health as the best. Mr. Banos emphasized that University Health is comparing itself with the best across the country, not locally. Mr. Hernandez called upon Ms. Kirkman to provide some clarity regarding comparison of local hospitals. Ms. Kirkman stated that University Health has come a long from 20 years ago, when she first arrived. The staff knows that and the data shows that.

NRC Health is a national company, the largest surveyor of healthcare consumers; they also conduct patient experience surveys and employee engagement surveys. NRC Health continually measures the market with a survey for consumers asking everything about a patient's healthcare experience. When staff look at the questions about which health system a consumer would definitely recommend, and which health system is most preferred, for the first time ever, University Hospital is the top hospital on both of these measures in San Antonio. The staff is delighted to see this progress and the numbers say University Hospital is the top hospital in town. Dr. Jimenez asked about such metrics for the ambulatory and public health network of University Health, to which Mr. Hernandez confirmed that such metrics do exist since ambulatory is 95 percent of what University Health does. He agreed that Dr. Kapur would make a presentation to the Board in the near future, and he asked Dr. Alsip to address Dr. Jimenez's inquiry. There are metrics, and many to choose from, in the ambulatory environment. University Hospital gets visibility because of the associated revenue, but that is changing. He noted that there are also metrics internally within the CareLink program, where University Health reimburses itself when it meets its own metrics. Dr. Jimenez is impressed that the Board of Managers no longer has to explain to community leaders every cent that is paid to obtain professional services from UT Health. He feels this is a non-issue today due in part to the incredible change in the relationship between true partners. It has had an impact in how people view both University Health and UT Health in the community. Mr. Adams thanked Mr. Banos for the informative and concise presentation, a lot of numbers associated with this contract, and a lot of work involved in negotiating the terms of the agreement. He was pleased to learn that University Health is making progress in competing against the best. Mr. Adams shared that he had been contacted by a community business leader about a recent visit and his experience at University Health's Emergency Department, which he said was extremely positive. He looks forward to receiving more of those calls.

FOLLOW-UP: Dr. Monika Kapur, President/CEO, University Medicine Associates, will present on the ambulatory quality program.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A RENEWAL OF THE LOCAL MATCH MEMORANDUM OF UNDERSTANDING WITH THE CENTER FOR HEALTH CARE SERVICES (CHCS) FOR STATE FY 2021 — SALLY TAYLOR, M.D.**

SUMMARY: The purpose of the renewal of this Memorandum of Understanding (MOU) is to provide payment of a direct monetary contribution as part of the local match requested by HHSC, in furtherance of the University Health's sponsorship commitment. The current renewal covers State Fiscal Year 2021 (September 1, 2020 – August 31, 2021). This MOU does not create an employment relationship, partnership, or joint venture between the Center, its subcontractors or employees and University Health. This local match is calculated as 9 percent of the total general revenue received by the Center from HHSC. The Health System has determined its level of support for the Center's State Fiscal Year 2020 as \$2,726,050.00, payable in four (4) equal installments of \$681,512.50 each

quarter beginning on September 1, 2019 and these payments shall continue until August 31, 2020. This is an increase of \$219,483 (9 percent) over the previous annual local match monetary contribution for State Fiscal Year 2019. The cost of this agreement is incorporated into the Health System's budget. Local match dollars for 2020 will be allocated as follows:

1. Restoration and Transformational Services: 56 percent (mental health crisis services, detox services, intensive outpatient services, dual diagnosis services, supportive housing services, male veterans services, homeless services)
2. Adult Mental Health Services: 22 percent (outpatient mental health services, employment services, jail diversion services, dual diagnosis services)
3. Child Mental Health Services: 22 percent (outpatient services, juvenile probation, transitional youth services)

RECOMMENDATION:

The Center's workforce composition was provided for the Board's review. Staff recommends the Board of Managers approve and authorize the President/CEO to execute an Amendment to the Memorandum of Understanding with The Center for Health Care Services in the amount of \$2,726,050.00 for State Fiscal Year 2020 (September 1, 2019 – August 31, 2020).

ACTION:

A **MOTION** to approve staff's recommendation was made by Mr. Smith, **SECONDED** by Mr. Mayes, and **PASSED UNANIMOUSLY**.

EVALUATION:

None.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A RENEWAL OF THE LOCAL MATCH MEMORANDUM OF UNDERSTANDING WITH THE ALAMO AREA COUNCIL OF GOVERNMENTS (AACOG) FOR STATE FY 2021 — SALLY TAYLOR, M.D.**

SUMMARY:

The purpose of this Local Match Memorandum of Understanding (MOU) is to renew the agreement that facilitates payment of a direct monetary contribution as part of the local match requested by the Texas Health and Human Services Commission (HHSC) in furtherance of University Health's sponsorship commitment. This agreement does not create an employment relationship, partnership, or joint venture between AACOG, its subcontractors or employees and the University Health. This Local Match MOU for State Fiscal Year (SFY) 2020 included the provision for one AACOG in-hospital liaison at University Hospital to provide care coordination and discharge planning to include communicating with individual, family and community providers, to provide support for patients with complex behavioral and medical needs who present to the emergency department or who are admitted to hospital inpatient units, and to provide guidance and training for hospital staff in caring for this patient population. Due to the COVID-19 pandemic the implementation of the liaison position was delayed but was recently initiated. AACOG's contract with HHSC includes numerous quality metrics that the University Health can utilize to monitor the ongoing quality of services provided. AACOG exceeded all state performance metrics during State Fiscal Year 2020, and served 449 unduplicated individuals in various programs (target was 400). The

renewal of the AACOG Local Match MOU facilitates payment of the local match required by HHSC, in connection with University Health System's sponsorship obligation. University Health has determined its level of support for AACOG's SFY21 as \$308,085.03 payable in four (4) equal installments of \$77,021.26 each quarter beginning September 1, 2020 through August 31, 2021. The local match amount is derived from a HHSC formula based on Bexar County's per capita income in relation to the State of Texas per capita income and the level of General Revenue allocation from HHSC to Bexar County for purposes of supporting IDD services, and is calculated at nine percent (9 percent) of General Revenue funding. The cost of this agreement has been incorporated into the University Health's 2021 budget. The SFY21 local match represents a 0.3 percent increase (\$1,008.72) from SFY2020. University Health System's local match dollars for SFY 2021 will be allocated as follows:

1. Intake (17 percent): includes cognitive testing and evaluation of Bexar County residents to determine eligibility for publically funded services and supports, and education of community members seeking available services and supports. This is a new area for allocation of University Health funds in SFY 2021 and will allow for increasing access at the point of eligibility determination;
2. Forensic Services (30 percent): includes cognitive testing and evaluation of inmates in the Bexar County Detention Center who may be found incompetent to stand trial or have other re-entry needs;
3. Crisis Intervention and Crisis Respite Services (9 percent): provided for those experiencing a behavioral health crisis that could jeopardize placement in the least restrictive community setting;
4. Preadmission Screening and Resident Review (22 percent): required for all patients with IDD who are referred to skilled nursing facilities;
5. University Health System Hospital Liaison (22 percent)

The workforce composition data for the Alamo Area Council of Governments was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve and authorize the President/CEO to execute a Renewal of the Local Match Memorandum of Understanding with the Alamo Area Council of Governments in the amount of \$308,085.03 for AACOG's State Fiscal Year 2021 (September 1, 2020 – August 31, 2021), payable quarterly.

ACTION:

A **MOTION** to approve staff's recommendation was made by Ms. Fernandez, **SECONDED** by Mr. Mayes, and **PASSED UNANIMOUSLY**.

EVALUATION:

None.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A GUARANTEED MAXIMUM PRICE (GMP #11) PROPOSAL FOR THE WOMEN'S AND CHILDREN'S HOSPITAL ROOFING, MASONRY, AND GENERAL WORKS FOR THE CONSTRUCTION MANAGER AT RISK AGREEMENT WITH JOERIS/DUN JOINT VENTURE — DON RYDEN**

SUMMARY:

The Construction Manager has prepared GMP #11 to include the next major elements of work and support efficient continued progress of the construction effort. The scope of GMP #11 includes the following:

- Roofing
- Masonry
- Interior framing and drywall
- Fire-stopping and fire-proofing
- Prefabricated restrooms and patient headwalls
- Miscellaneous installed systems including parking control, pneumatic tube, and window washing equipment
- Additional mechanical, electrical, and plumbing detail works

The established value of GMP #11 is \$173,625,818; the Construction Cost Limitation (CCL) established in the Construction Manager Agreement will be adjusted to include GMP #11. Mr. Ryden provided a summary of all construction GMPs authorized by previous Board actions for a total of \$241,649,062, which brings the contract amount to \$415,274,880. All costs outlined above are within the Board approved Project budget. All associated contract changes to include GMP #11 in the authorized work will be implemented with an Amendment to the existing Construction Manager Agreement. The workforce composition for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION:

Staff recommends the Board of Managers approve Construction Manager at Risk GMP #11 for Roofing, Masonry, and General Works in the amount not to exceed \$173,625,818 with associated adjustments to CCL and contractual completion dates, and authorize the President/Chief Executive Officer to execute the resulting amendment to the Joeris + JE Dunn Agreement.

ACTION:

A **MOTION** to approve staff's recommendation was made by Mr. Smith, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**.

EVALUATION:

None.

FOLLOW-UP:

None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH MARMON MOK, LLP FOR ARCHITECTURAL AND RELATED SERVICES FOR THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS**  
**— DON RYDEN**

SUMMARY:

The preparatory work to plan activation and move in for the Advanced Diagnostic Center, a clinical space comprising 47,000+ square feet, has demonstrated the need for dedicated and focused effort to manage the identification, procurement, delivery, set up, and installation of medical equipment. This effort includes identifying existing equipment to be relocated to the newly completed spaces as well as installation of new equipment. University Health staff, program project managers, and various suppliers and support vendors are currently collaborating to complete this effort in the Advanced Diagnostic Center. In considering the tasks, items, and actions to be coordinated and tracked, University Health has determined that the complexity and scope of a similar effort for the Women's and Children's Hospital, at nearly 575,000 square feet spanning 12 occupied and furnished floors, cannot be performed as an additional duty using the same approach. It is therefore in the best interest of maintaining the Project schedule and ensuring a high degree

of accountability to obtain the services of a professional medical equipment logistics manager to coordinate, perform, and manage these activities. University Health considered proposals for medical equipment logistics management from both Premier Healthcare Services and Mitchell Planning Associates. A careful review of scope inclusions and exclusions, proposed duration of services, limitations on level of effort, complexity and completeness of reporting, and price resulted in the proposal from Mitchell Planning Associates offering the best value and least risk to support the Project with medical equipment logistics management services. Mitchell Planning Associates is currently a subconsultant to the A/E team and was responsible for the medical equipment planning reflected in the Construction Documents. University Health therefore considers Mitchell Planning to have superior knowledge of the intended design as well as a vested interest in seeing that design executed effectively and efficiently. It is therefore appropriate to issue this work to Mitchell Planning Associates by means of an Amendment to the Professional Services Contract with the A/E. The Project Manager and staff have reviewed and negotiated the fees associated with Additional Service #27 and recommend approval of the following additional service description:

|  |                  |
|--|------------------|
| Medical Equipment Procurement and Logistics Management – |                  |
| Mitchell Planning  | \$ 844,757       |
| Oversight, Coordination, Contract Administration –       |                  |
| Marmon Mok ZGF   | \$ 134,000       |
| <u>Reimbursable Expenses</u>                             | <u>\$ 87,850</u> |
| Total Amendment Value                                    | \$1,066,607      |

This Amendment will be funded by existing Women’s and Children’s Hospital and Associated Projects capital funds. The workforce composition for Marmon Mok|ZGF was provided for the Board’s review. Staff recommends the Board of Managers approve a contract increase for medical equipment procurement and logistics management services in the amount of \$1,066,607 and authorize the President/Chief Executive Officer to execute the amendment to the Marmon Mok LLP agreement in that amount.

RECOMMENDATION:

ACTION:

EVALUATION:

FOLLOW-UP:

A **MOTION** to approve staff’s recommendation was made by Mr. Smith, **SECONDED** by Mr. Morris, and **PASSED UNANIMOUSLY**. Mr. Adams thanked Mr. Ryden for the wonderful presentation and his commitment to the Board’s supplier diversity policy.  
None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AUTHORIZATION TO ORDER PERMANENT ELECTRICAL DESIGN THROUGH CPS ENERGY FOR THE WOMEN’S AND CHILDREN’S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN**

SUMMARY:

In July 2020, the Board of Managers authorized execution of a Letter of Intent to release the switchgear for manufacturing and release the design by CPS Energy. CPS Energy has now reviewed the completed construction drawings, provided feedback to the A/E on some modifications to better accommodate the provided electrical service connections, and completed detailed design for the service provider side



of the utility connections. The earlier authorization enabled CPS Energy to begin the design for the new Women's and Children's Hospital as well as release them to order the equipment which is a long lead item. The updated fee is for the completed design, remaining equipment, and installation and has been presented along with underground and containment pit requirements for incorporation into the Construction Documents. It is therefore appropriate for University Health to pay for the completion of detailed design, order the equipment, and coordinate the schedule for the service installation. The design fee for the permanent electrical service connection and all associated equipment is \$742,710. This cost is within the current Board Approved Project budget. The CPS Energy design fee also includes material and installation costs.

**RECOMMENDATION:** Staff recommends the Board of Managers approve the payment for design completion, material and equipment, and installation fees to CPS Energy for the Women's and Children's Hospital Project in the amount of \$742,710.

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

**EVALUATION:** None.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH CGC GENERAL CONTRACTORS, INC. TO PROVIDE CONSTRUCTION SERVICES FOR THE SOUTH PARKING GARAGE RENOVATIONS PROJECT AT UNIVERSITY HOSPITAL — DON RYDEN**

**SUMMARY:** University Health completed a \$5.4 million, Phase I roof replacement at University Hospital's Rio Towers during the first quarter of 2020 and construction is underway on the \$4.5 million, Phase II roof replacement of Rio and Horizon Towers scheduled for completion in March 2021. When the final, Phase II project is complete, more than 121,000 square feet of roofs will have been replaced at University Hospital. Included in this repair and upgrade program is the South Parking Garage (SPG) renovation project at University Hospital. The SPG adjoins the Central Utility Plant (CUP) and Horizon Tower on the southwest portion of the University Hospital campus. The SPG was originally constructed in 1978 and the 42 year-old structure is in need of repair. RSCR, Inc. Consulting Engineers, was retained to conduct an investigation of the structural condition of the garage, identify issues and develop a plan for repairs. Based on the structural investigation, repairs to the SPG are needed to address safety issues and prevent additional deterioration of the building's structural components to include spalling concrete, structural cracks, cementitious coating, embed plates, loose lintels and rusting guardrails and structural steel. University Health solicited Request for Proposals (RFCSP-220-05-026-034-CNST) for Construction Services with three firms responding. The following table lists the respondents and their corresponding construction pricing and construction schedule in calendar days:

- CGC General Contractors - \$924,341, 107 calendar days
- SpawGlass Contractors, Inc. - Incomplete Bid

- Restek, Inc. - \$1,064,060, 210 calendar days  
Staff has reviewed the CGC General Contractors, Inc. pricing for construction services and recommends approval of their proposal in the amount of \$924,341. This purchase will be funded from 2020 Operational funds. The following is a budget breakdown of the project budget summary:

|  |                  |
|--|------------------|
| Design Services                          | \$ 36,850        |
| <u>Construction Costs (this request)</u> | <u>\$924,341</u> |
| Total                                    | \$961,191        |

The workforce composition for CGC General Contractors, Inc., was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve the selection of CGC General Contractors, Inc. as Contractor for the South Parking Garage Renovations Project and authorize the President/Chief Executive Officer to execute a contract with CGC General Contractors, Inc. in the amount of \$924,341.

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

EVALUATION: None.

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER, INC. D/B/A COMMUNICARE HEALTH CENTERS FOR CARELINK MEMBERS—VIRGINIA MIKA, PHD/ROBERTO VILLARREAL, MD**

SUMMARY: Mr. Hernandez introduced Dr. Roberto Villarreal and provided a brief description of the CareLink program for the new Board members. It is a financial assistance program for residents of Bexar County established in 1997 by the University Health System; it is not a health plan. Members receive services from a network of providers at a subsidized cost. One of the program's features is the promotion of patient responsibility by requiring its members to make monthly payments on a sliding scale, based on their income. In addition to providing a medical home for members and evidence-based healthcare decisions, CareLink assures that members receive medications. University Health pays CareLink providers on a fee-for-service basis, and the program allows for the development of community partnerships. The program runs much like a health plan; however, it does not go to the Texas Department of Insurance for a license. Mr. Hernandez yielded the floor to Dr. Villarreal for his presentation. The purpose of this agreement is to continue to secure primary care services for CareLink members. Over the past several years, CommuniCare providers have seen patients for routine office visits, immunizations, inoculations, nutritional and dietetic counseling and preventive care. In 2019, CommuniCare provided services to 674 unique members for a total of 2,524 patient visits. Through September 30, 2020, there have been 2,274 visits with 1,186 CareLink members currently assigned to CommuniCare for their primary care needs. This contract allows the Health System to improve access for CareLink members and

helps reduce inappropriate emergency department utilization and hospitalizations for this patient population. Payments to CommuniCare pursuant to his contract are based on 100 percent of the current Medicare fee schedule for all primary care professional services. In 2019, CareLink paid CommuniCare \$167,156. As of July 31, 2020, CareLink has paid \$151,783. For calendar year 2021, the anticipated cost of the contract is \$260,200. Mr. Morris calculated the payment to CommuniCare per patient visit is \$66, no other co-payment involved. This expense is included in the Health System's 2021 budget. This agreement shall be renewed for up to (2) successive one (1) year terms if CommuniCare meets all performance standards, patient satisfaction metrics and quality risk management standards. The workforce composition for Barrio Comprehensive Family Health Care Center d/b/a CommuniCare Health Centers was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/Chief Executive Officer to execute an Agreement with CommuniCare for a contract amount of \$260,200 per year beginning January 1, 2021.

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

EVALUATION: When Dr. Kelley asked if patients currently seen at CommuniCare can be brought back to a University Health clinic, Mr. Hernandez emphasized that University Health is not large enough to provide primary care needed by all of its CareLink members. Although Dr. Villarreal stated that these patients can be brought back to the Robert B. Green Clinic, he previously had focus groups with this group of patients and they have cited transportation as a barrier to healthcare. In particular, they perceive Interstate Highway 37 and Interstate Highway 35 as their biggest barriers. It is extremely important that these members have medical homes and primary care services for diabetes, hypertension, etc., so that they do not develop into complex health issues. Mr. Hernandez added that the Dr. Robert L.M. Hilliard Center was sorely needed in that part of town when it was built as a result of a DSRIP project. The Hilliard clinic serves to take care of overflow from the Southeast Clinic, and it has improved access to care in that area of town. University Health enjoys partnerships with CentroMed and CommuniCare, both Federally Qualified Health Centers, as result of the CareLink program. Partnerships are the way to go without having to worry about bricks and mortar. Dr. Jimenez credited Mr. Hernandez for creating the CareLink program in 1997. The payment requirement based on a member's income reinforces personal responsibility for their health, and it is also a feature that most members appreciate. It also demonstrates members are willing to budget and pay for their healthcare.

FOLLOW-UP: Dr. Villarreal will provide the new Board members with articles and background information on the CareLink financial assistance program.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR SEPTEMBER 2020 — REED HURLEY**

SUMMARY: In September, the Health System operations continued to be significantly impacted by the COVID-19 crisis resulting in stay at home and social

distancing directives reducing in- and outpatient activity. Mr. Hurley reported a 10 percent decline in admissions. Clinical activity (as measured by inpatient discharges) was down 10.1 percent for the month compared to budget. Community First Health Plans (CFHP) fully insured membership was up 11.0 percent to budget. On a consolidated basis, gain from operations was \$26.7 million, \$17.6 million better than budget. The consolidated bottom line gain (before financing activity) was \$20.1 million, \$15.3 million better than the budgeted gain of \$4.8 million. Higher other operating revenue and lower operating expense resulted in performance better than budget. CFHP experienced a bottom line gain of \$9.6 million, which was \$6.9 million better than the budgeted gain of \$2.7 million. Higher premium revenue and lower claims expense accounted for the improved performance to budget. Debt service revenue was \$5.9 million. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2019 consolidated balance sheet in detail with the Board.

RECOMMENDATION:

ACTION:

EVALUATION:

Staff recommends acceptance of the financial report subject to audit.

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

Prior to COVID-19, outpatient visits from January through February 2020 were 100 percent face to face (40,000 in January; 35,000 in February). Telephone visits began in March with 25,000 face to face visits and about 12,000 telephonic visits. The Health System transitioned to almost entirely telephone visits for the months of April and May, 2020, and University Health is currently running at about 50 percent telephone visits. Billing for these type of visits was not authorized until the federal public health emergency was declared. Mr. Mayes asked about the permanent structure for third party reimbursement for telephone or video visits, in particular with behavioral health services. At this point that structure has not been decided, Mr. Hurley feels that the pandemic will open doors to allow more reimbursable telephone and video visits. On the other hand, Dr. Alsip noted that physicians want to see their patients in person. Because this pandemic has been such a prolonged event, physicians are seeing the effects of patients not coming in for routine screenings or who have delayed treatment. It is up to all physicians to bring these high-priority patients back into the clinic setting and to help determine what University Health's future is in telemedicine for that population. Patients must be made aware that University Health is safely managing its patients. Mr. Banos reported that Epic has a video visit feature that has been rolled out on a pilot basis across University Health ambulatory clinics and includes Behavioral Health Services, and these visits are eligible for reimbursement. At the present time there is a mix of video and in-person visits among UMA practitioners. The staff (Medical Assistants, Physician Assistants) are also currently making over 100 home visits per week. They show up with an I-pad, and other portable equipment and download results to Epic. University Health will bill for flu shots if the patient has coverage, but the majority of these patients are CareLink members, Medicaid or Medicare recipients whose primary care providers want to avoid Emergency Department visits and further deterioration of their patients. Dr. Jimenez sees 4-5 psychiatric patients with medical issues per day who are managed by psychiatrists in

other states, and they do not like telehealth. These are complicated patients that just cannot handle virtual visits, especially for children. Mr. Hurley agreed with Dr. Kelley that while she sees telephone visits/videos as valuable tools, 100 percent telehealth is not a financially sustainable operation. Mr. Mayes asked if the staff has noted lower levels of immunizations this year, and whether social distancing mandates will affect those show up rates. Flu vaccines are mandatory for the staff and Dr. Alsip indicated that University Health covered the internal group at 100 percent very safely and very efficiently. University Health is also hosting community-based drive thru immunization drives. University Health can do it on a large scale even during a pandemic. It's too early in the season for flu and other respiratory viruses take effect in mid to late September and October. At the present time, experts are seeing these viruses take effect at a much lower rates.

FOLLOW-UP: None.

**INFORMATION ONLY ITEMS:**

**UNIVERSITY HEALTH SYSTEM FOUNDATION REPORT — LENI KIRKMAN**  
**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN**  
**UPDATE ON THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED**  
**PROJECTS — DON RYDEN**

^SUMMARY: Mr. Adams directed his colleague's attention to the three informational reports above and urged them to contact staff members directly with questions and/or comments.

RECOMMENDATION: These reports were provided for informational purposes only.

ACTION: No action was required by the Board.

EVALUATION: None.

FOLLOW-UP: None.

**ADJOURNMENT:**

Mr. Adams reconvened the public meeting and there being no further business, adjourned the meeting at 8:21 pm.

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James R. Adams  
Chair, Board of Managers

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George B. Hernández, Jr.  
Acting Secretary, Board of Managers

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Sandra D. Garcia, Recording Secretary