



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, September 18, 2018

2:00 p.m.

Cypress Conference Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

Jim Adams, Chair
Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
James Hasslocher

BOARD MEMBERS ABSENT:

Janie Barrera

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Tommye Austin, Ph.D., Senior Vice President, Chief Nurse Executive, University Health System
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Sergio Farrell, Senior Vice President/Chief, Ambulatory Services, Robert B. Green Campus
Greg Gieseman, President/Chief Executive Officer, Community First Health Plans, Inc.
Barbara Holmes, Chief Financial 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
Sherrie King, Deputy Chief of Police/Protective Services, University Health System
Leni Kirkman, Senior Vice President, Strategic Communication and Patient Relations, University Health System
Monika Kapur, M.D., President/Chief Executive Officer, University Medicine Associates
Teresa Nino, Director, Epic Communications, University Health System
Rosa Olivares, Administrative Resident, Trinity University
Bill Phillips, Senior Vice President/Chief Information Officer, 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 Purohit, M.D., Vice President/Chief Medical Information Officer, University Health System
Serina Rivela, Interim Chief Legal Officer, University Health System
Michael Roussos, Administrator, University Hospital

Don Ryden, Vice President/Project, Design, and Construction, University Health System
Travis Smith, Deputy Chief Financial Officer, University Health System
Jim Willis, Vice President, Associate Administrator, University Hospital
Brian Wheeler, Vice President of Operations, Community First Health Plans, Inc.
Colleen Bridger, M.P.H., Ph.D., Director, San Antonio Metropolitan Health District
And other attendees.

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

Mr. Adams called the meeting to order at 2:02 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Mr. Adams introduced Pastor Dorothy De La Rosa of Church Triumphant for the invocation and he led the Pledge of Allegiance.

SPECIAL RECOGNITION: PRESENTATION OF THE SENATOR FRANK TEJEDA POLICE OFFICER OF THE YEAR AWARD - CHIEF A.J. SANDOVAL, III/ GEORGE B. HERNÁNDEZ, JR./BOARD MEMBERS

SUMMARY:

The Bexar County Hospital District Police Department established the “Senator Frank Tejada Police Officer of the Year Award” in 2012 to recognize police officers who, like Senator Tejada, demonstrate exceptional achievement and show a genuine commitment to their profession, their agency, and the community they serve. The award is named after the late Senator who served slightly more than two terms as a Texas Representative in the U.S. House, and successfully passed legislation that would allow Hospital Districts in the State of Texas to hire peace officers. Officer Amy Ximenez has been with the Bexar County Hospital District Police Department for five years and has demonstrated true compassion for all those she serves. In her role as a peace officer, she maintains service excellence standards and emulates compassion for all. She is attentive, kind, and helpful without exception. Over a 12-week period, Officer Ximenez organized a team of seven volunteers from her department to deliver meals to a local group of 10-15 seniors through the Meals on Wheels program. This team encouraged social interaction and conversational engagement for each senior with the goal of enriching their quality of life. In May 2018, the American Society for Industrial Security – San Antonio Chapter also recognized Officer Ximenez’s achievements with an award. Senior management is honored to recognize Officer Amy Ximenez with the 2018 Senator Frank Tejada Officer of the Year Award.

RECOMMENDATION:

None.

ACTION:

This report was presented for recognition purposes only.

EVALUATION:

Mr. Adams thanked both Officer Ximenez and Chief Sandoval for their work.

FOLLOW-UP:

None.

At this time, Mr. Adams welcomed Dr. Hromas and asked him to provide a brief update. The School of Medicine has recently recruited a total of 60 new faculty including two cardiologists, and in addition to the Pediatrics and Ob/Gyn Department Chair searches that are ongoing. Both department chairs will play a key role in filling the new women’s and children’s tower. The School of Medicine is working through some budget issues, and gearing up for the next legislative session in January 2019. Dr. Plastino had nothing to add to this report. Dr. Jimenez asked about reviewing the Health System’s community mission with potential

department chairs particularly in Pediatrics and Ob/Gyn. Dr. Hromas stated that every single chair candidate is being asked how they will build community outreach and how they will fill the new tower. Mr. Banos is on the Ob/Gyn search committee and is asking many good questions of the candidates. Dr. Jimenez brought this point up because, historically, the School of Medicine tends to rely heavily on researchers, and the Health System's mission never becomes part of the formula. University Health System and the School of Medicine have started to align their respective missions, and every chair candidate interviews with the Health System before offered a position, not after.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

AUGUST 14, 2018 (SPECIAL MEETING)

SUMMARY: The minutes of the special Board meeting of Tuesday, August 14, 2018, were presented for Board approval.

RECOMMENDATION: Staff recommended approval of the minutes as submitted.

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

EVALUATION: None.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

JOINT OPIOID TASK FORCE REPORT — BRYAN ALSIP, M.D. & COLLEEN BRIDGER, PH.D.

SUMMARY: Dr. Alsip welcomed and re-introduced his co-presenters, Dr. Colleen Bridger of the San Antonio Metropolitan Health District; and Mr. T.J. Mayes, Chief of Staff for Bexar County Judge Nelson Wolff. Judge Nelson Wolff and City of San Antonio Mayor Ron Nirenberg appointed Dr. Alsip and Dr. Bridger as co-chairs of a Joint Opioid Task Force in July 2017. The goal of this Taskforce was to focus on evidenced-based practices used in other areas of the country to prevent and reduce contributors to this epidemic for the purpose of reducing opioid overdose deaths in Bexar County. Dr. Alsip provided the following national statistics:

- Opioid overdose deaths have increased by four times in the last 15 years;
- 15 Americans die every day from an opioid overdose that includes prescriptions opioids and heroine;
- 75 percent of new heroin users report that their first opioid was a prescription drug;
- According to a recent CDC report, more than 72,000 Americans died of overdosed in 2017 (up about 7 percent from 2016); and
- America's leading cause of accidental death is now prescription drug overdose.

Peak Death Rates in the U.S.:

- 1970 – Auto Crash Deaths – 45,000
- 1995 – HIV Deaths – 40,000
- 1993 – Gun Deaths – 35,000
- 2016 – Drug Overdoses – 50,000 to 65,000

Bexar County and State Statistics

- Bexar County – First in rates of Neonatal Abstinence Syndrome (NAS) – Symptoms include high pitched crying, sleep problems, sneezing, feeding difficulties, tremors, temperature instability, and seizures.
- Bexar County – Third in opioid overdose death rates.
- Dr. Alsip shared a Texas map (available for review) showing certain areas of the state have a higher death rate due to drug overdoses. He reported that Texas Prescription Monitoring Program (Aware) is used by 22 percent of registered dentists as well as, 45 percent of licensed physicians.

Overdose Death Rates – (rates include teens)

- Dr. Alsip reviewed national overdose death rates per 100,000 residents and provided a map of the United States dated 2015 showing higher death rates in western states ranging from 18 to 24 per 100,000 residents (map available for review).

What is an opioid? – OxyContin, Fentanyl Citrate, Methadone, Heroin, Morphine, Suboxone, and Antikamnia. Dr. Alsip reviewed both stimulant and dampening effects on specific organs and the entire body.

An epidemic over time:

- Year 2000 – First wave of drug overdose deaths, primarily from prescription opioids. Approximately 700 deaths occurred; started with middle-aged individuals between the ages of 40 and 50;
- Year 2008 - Approximately 1,200 deaths; and
- Year 2015 – Second wave of drug overdose deaths, primarily heroin and fentanyl, over 1,500 deaths; ages range from 30 to 60 year old individuals.

The Fentanyl Effect

- Availability and economics – Heroin and fentanyl are easier to get and cheaper than prescription opioids;
- Fentanyl is 50 to 100 times more potent than morphine;
- Majority of illicit fentanyl in the U.S. is manufactured either in China or in Mexico;
- In April, 2018, San Antonio couple arrested as suspects for operating as the “most prolific dark net fentanyl vendor in the country and the fourth largest in the world;”and
- Carfentanil is 10,000 times more potent than morphine and has been available online from China through the mail

Lethal doses of Opioids

- Heroin – 10 to 10 mg; Fentanyl – 1 to 2 mg; Carfentanil – .02 mg

Faces of the opioid epidemic – Opioid addiction does not discriminate.

Evolution of an Epidemic – In a letter to the *New England Journal of Medicine* published in 1980, one physician (Jick) from the Boston Collaborative Drug Surveillance Program at Boston University Medical Center wrote that “addiction...rare in patients treated with narcotics” – Study results indicated that out of 11,882 hospitalized patients who received narcotics, there were only for cases of addiction in patients who had no history of addiction. Study concluded that “despite wide-spread narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.”

Citations that Shaped a Narrative – In a new analysis, David Juurlink, a physician at the University of Toronto, and colleagues found that Jick’s letter had been cited 608 times, and most of them inaccurately presented the findings by failing to account for the data’s limitations.

Aggressive Marketing Strategies by Purdue - Purdue Pharma introduced OxyContin in 1996; targeted the highest prescribers for opioids across the country; Bonus system for sales reps ranging from 15,000 to nearly \$24,000- (\$40 million total is 2001); distributed 34,000 “starter” coupons; branded promotional items for physicians (fishing hats, stuffed toys, and music CDs)

Pressure of Clinical Providers – Pain is the fifth vital sign and linked to patient satisfactions scores.

Previous HCAHPS Questions (CMS): During this hospital stay...

...did you need medicine for pain? ...how often was your pain well controlled?.. did the hospital staff do everything they could to help you with your pain?

Updated HCAHPS Questions (CMS): During this hospital stay...

did you have any pain? ...how often did the staff talk with you about how much pain you had? ...how often did hospital staff talk with you about how to treat your pain?

Dr. Alsip reviewed large scale diversion of medications and wide spread pill mills.

Addressing the Issue

- Expand availability and training for use of naloxone to treat overdoses – first responders and community residents
- Encourage or require providers use state prescription drug monitoring programs (PDMP or PMP in Texas)
- Reduce unnecessary or high volume of opioid prescriptions
- Expand use of Medication Assisted Treatment (MAT)
- Educate the public about the safe use, storage, and disposal of opioid medications
- Encourage or require pharmaceutical companies to develop non-opioid, non-addictive pain medications

- Encourage or require payers to cover non-pharmaceutical alternatives to treat chronic pain
- Federal declaration of a national or public health emergency

June 20, 2017 - Bexar County Commissioners Court approved a Resolution approving the creation of a task force to develop a plan to educate and disseminate information to the public about the hazards of synthetics and opiate-related compounds. The task force will also explore various treatment options.

July 24, 2017: Bexar County Judge Nelson Wolff and San Antonio Mayor Ron Nirenberg Appoint Task Force Members

August 8, 2017: City-County Joint Opioid Task Force began meeting

Primary goal: Focus on strategies to prevent opioid overdose deaths in Bexar County and San Antonio – In 2015, more than **33,000** Americans died from overdoses involving prescription or illicit opiates. For every one person who died there were **18** people who had substance use disorder involving heroin; **62** people had a substance abuse disorder involving prescription opioids, **377** people who misused prescription opioids in the past year; and **2,946** people who used prescription opioids in the past year.

Bexar County Joint Opioid Task Force - Co-chairs are Dr. Bryan Alsip, Chief Medical Officer, University Health System; and Dr. Colleen Bridger, Director, San Antonio Metropolitan Health District

- Task Force included more than 30 members;
- Public health, healthcare, and mental health experts;
- Medical and pharmaceutical professionals;
- First responders;
- Substance use disorder prevention and treatment agencies;
- Educators; and
- Policymakers.
- Recommended to present findings to Bexar County Commissioners Court, San Antonio City Council and the University Health System Board of Managers
- October 2017 - Opinion Editorial by Dr. Alsip and Dr. Bridger for the San Antonio Express-News - Needed: A community approach to opioid epidemic
- October 2017 - Public Town House meetings sponsored by the San Antonio Express-News and The University of Texas at San Antonio
- November 2017 - San Antonio Express-News Editorial Board issued commentary - Opioids need to be an ongoing topic of conversation. A community that is educated and well-informed on this topic can lend support to policy decisions that impact the fight, make informed decisions at the ballot box, and use that knowledge to make personal housekeeping decisions that could reduce access to opioids.
- County of Bexar – Joint Opioid Task Force Website

Task Force Workgroups, Objectives, and Accomplishments

Naloxone Workgroup Objective: Expand the availability and use of overdose reversal medications.

Accomplishments:

- Secured two grants to expand access to naloxone (TTOR & FR-CARA)
- Purchased \$1 million worth of naloxone for distribution to law enforcement and community responders
- Conducted naloxone trainings for law enforcement and community responders – SAPD, Sheriff's Office, Municipalities
- Began monitoring the use of naloxone in the community and worked with EMS to map utilization by zip code
- Deployment of reversal tracking database to inform the naloxone distribution program
- Piloting the creation of a 24-Hour Opioid Drop-In Center in partnership with the Center for Health Care Services
- Total funding > \$11M to date for Bexar County

Provider Education Workgroup Objective: Improve training for healthcare providers on prescribing protocols and use of the statewide prescription drug monitoring database.

Accomplishments:

- First inaugural "San Antonio Substance Use Symposium," held at UT Health San Antonio –1.5-day (CME) session
- Dedicated Medication Assisted Treatment (MAT) waiver training
- Launching a "Get Waivered SA" website
- An opioid-related trainings curriculum map developed for use by clinical providers and students
- Trainings available in the area regarding safe prescribing of opioids, and how to use the Texas Prescription Monitoring Program (PMP)

Community Education Workgroup Objective: Educate the community on safe disposal of prescribed opioids and the risks that accompany the use of heroin and other opioids.

Accomplishments

- Established permanent drug drop boxes at three police department substations and several Walgreens locations (provided map of all disposal locations in Bexar County)
- Developed a youth prevention toolkit and videos to help educate teens on the dangers of opioids
- Videos shared with Education Service Center, Region 20 for use by all Independent School Districts in Bexar County and wider distribution
- Distributed Deterra® drug deactivation system to safely deactivate and dispose of unused, expired, or unneeded medications
- Developed online resource map indicating locations for substance use prevention, recovery, and treatment services available in Bexar County
- Invited by SAMHSA to present at national broadcast on 6 September on community work and Task Force

Treatment Workgroup Objective: Improve access to and navigation of treatment services for addiction.

Accomplishments:

- Identified existing treatment providers
- Explored various treatment options and a framework to determine which treatment options will be mapped
- Worked with Community Education Workgroup to develop and publish a [treatment resource map](#) for the community
- Identified substantial gaps still exist for access to treatment complicated by the comorbidities of mental health issues for many
- State legislative initiatives call for increasing the number of treatment locations and further assessments
- Allow organizations in San Antonio to respond to future grant opportunities and to work with state legislators on specific proposals

Complementary Interest Groups;

Neonatal Abstinence Syndrome (NAS)

- One-third of all babies born with NAS in Texas are born in Bexar County
- Exploring treatment and recovery options for these mothers and their babies
- Partnerships to re-purpose a fifteen-bed facility to provides women with recovery housing in a stable living environment
- Women staying there will have access to intensive, outpatient treatment services already available in the community to avoid replicating or competing with existing services
- The availability of stable housing was identified as an essential requirement during the community needs assessment for treatment services

Syringe Services Programs

- Working to establish a Syringe Services Program (SSP) in Bexar County to reduce transmission of communicable diseases such as HIV and Hepatitis C
- Program would provide sterile syringes and aid in the safe disposal of used syringes
- Hosted a “Syringe Services Summit” in May 2018 and a hands-on training in July 2018 for organizations interested in participating
- Group has met with and gained approval from the current District Attorney (and both DA candidates) and is in the process of mapping syringe disposal sites in Bexar County
- State Legislative Testimony

A Legislative Initiatives and Accomplishments

- Invited to testify before the Texas House Select Committee on Opioids and Substance Abuse on June 26, 2018
- Testimony provided by Dr. Bridger, SAPD Lt. Kevin Luzius, and T.J. Mayes
- Invited by State Representative Ina Minjarez to provide written recommendations for the Select Committee report
- Convened a working group consisting of 15 stakeholders to draft and submit the recommendations in July
- Met with Texas congressional delegation and Substance Abuse and Mental Health Services Administration during SA to DC 2018
- SA Councilwoman Viagran joined Dr. Bridger and T.J. Mayes in a meeting with SAMHSA Chief of Staff

Future Initiatives

The Joint Opioid Task Force made significant progress:

- Distributing naloxone; training community members and first responders;
- Educating providers and Bexar County residents about opioids and safe disposal;
- Improving awareness of treatment services and locations; and
- Creating and enhancing inter-institutional collaborations & partnerships.
- Stakeholders will build upon these accomplishments and continue implementing solutions initiated by the Task Force; and

- Further input is needed to expand prevention efforts for substance use disorder and treatment gaps that remain.

Acknowledgements – Drs. Alsip and Bridger thanked the following:

- Judge Nelson Wolff & Bexar County Commissioners Court
- Mayor Ron Nirenberg and San Antonio City Council
- Members of the Joint Opioid Task Force & Workgroup Leaders
- Dr. Lisa Cleveland; Dr. Jennifer Potter; Ms. Abigail Moore; Ms. Jelynn Burley; T.J. Mayes; Partners and extended members of the Task Force that supported efforts and are continuing the work.

RECOMMENDATION:

This presentation was provided for information purposes only.

ACTION:

None.

EVALUATION:

Dr. Jimenez asked if there is a qualified, recovered person as a result of the joint task force's work, to which Dr. Alsip responded, "yes." Second, he stated that healthcare providers know that opioid abuse is a chronic illness. Healthcare providers also know that over a life-time, only about 25 percent of those afflicted are able to stay sober that long, so the statistics are rather dismal in regards to long-term recovery. Research findings indicate that there is one occurrence that seems to work over the long-haul, and that is meaningful employment. If the recovered persons find meaningful work with upward mobility, they seem to stay away from drugs. How well is the joint opioid task force integrated with the business community in regards to this issue? Among the things learned about chronic conditions is the importance of certain social factors that lead to success, whether it is transportation or stable housing, meaningful employment is another area that the task force can raise as part of its strategy. Mr. Hasslocher agreed, as this issue has been discussed by the City's Economic Development Foundation and the Texas Restaurant Association. There is a shortage of workers, and people who would not have been hired 5 years ago, are being hired today. The opioid epidemic has had a tremendous impact on both businesses and health care institutions in San Antonio. Mr. Adams acknowledged the task force's challenge - how to get information from the committee to the community. Dr. Jimenez wondered if there has been any research as to why the United States has such a ferocious appetite for drugs. Dr. Alsip believes that as a culture, Americans often think in terms of convenience. For example, a provider is taking care of a sick child and all mom wants are antibiotics so the child can go back to school the following day. The provider will then either take 13 out of the 15 minutes allotted to his patient to explain why the patient is not being prescribed antibiotics, or prescribes antibiotics so that he can move to the next patients. Lots of physicians find themselves in this scenario. Board members thanked Dr. Alsip, Dr. Bridger and Mr. Mayes for their report.

FOLLOW-UP:

None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH AVAILITY FOR ELECTRONIC DATA INTERCHANGE (EDI) CLAIMS GATEWAY — GREG GIESEMAN/BRIAN WHEELER

SUMMARY:

Since Community First Health Plans, Inc., (CFHP) original agreement with Availity in 2001, CFHP's needs have changed as the claims payment process and associated workflows have become more complicated. Under the current agreement, attachments that are ancillary to claims payment are not transmitted to CFHP electronically through Availity. Many attachments required to process or adjust claims, or analyze providers' appeals, are received via mail or fax. CFHP recently

developed functionality in the *Healthx* provider portal to receive such information electronically, but the information is still handled by staff and then manually “matched” to the claim it applies to. Such attachments include: Medical records; general correspondence, proof of timely filing, tax information for payment; invoices for durable medical equipment, third party explanation of benefits. CFHP researched other clearinghouse vendors to evaluate the scope of services CFHP currently receives from Availity. Many clearinghouses, including Availity, are now able to transmit attachments and electronically associate the information with a particular claim. CFHP wishes to enter a new agreement with Availity that incorporates such functionality and provides cost savings to the Company. The *QNXT* implementation project plan is unaffected by a new agreement with Availity, as are current operations using *AMISYS*. Availity’s proposal was presented to and approved by the CFHP Board of Directors on August 24, 2018. Because CFHP has been connected to Availity’s EDI gateway for 17 years, there are no additional costs associated with a continued relationship. Based on current claims volume and membership, the 3-year total contract value is approximately \$800,000. This represents annual savings of approximately 55 percent, or \$296,000 compared to the current contract. Availity’s EDI gateway - which leverages a broad provider and trading partner network - has enabled CFHP’s high electronic claim adoption rate. Many providers are unaware that Availity serves as the “final mile” connection between their contracted clearinghouse and CFHP. Many clearinghouses contract with Availity as a downstream trading partner. CFHP has identified two categories of costs incurred by not obtaining additional services from Availity at a lower price. CFHP is the funding source for all associated costs; the expense is budgeted for 2018. Availity’s most recently reported workforce composition was provided for the Board’s review.

RECOMMENDATION: Staff recommends approval to re-contract with Availity for three years at a total cost of approximately \$800,000 to provide EDI Gateway Services that transmit provider claims to CFHP, for a total 3-year savings of \$888,000 over the current contract with Availity.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH HEALTH MANAGEMENT SYSTEMS FOR CLAIMS EDIT SOFTWARE — GREG GIESEMAN/BRIAN WHEELER

SUMMARY: Community First Health Plans, Inc., (CFHP) currently uses Health Management Systems’ (HMS) Claims Edit Software (CES) for overpayment protection and compliance verification. CFHP has used HMS’ CES solution since 2014 as an integral part of CFHP’s *AMISYS Advance* (*AMISYS*) claims processing environment. The proposed contract offers cost savings over the current contract with HMS, and provides additional capabilities. Due to CFHP’s re-contracting efforts, HMS is the most cost effective solution: while CFHP operates both *AMISYS* and *QNXT* in parallel during 2019, the cost will remain \$0.23 PMPM, or approximately \$430,000 per year. In 2020, when CFHP retires *AMISYS* and operates with only *QNXT*, the cost will reduce to \$0.19 PMPM, or \$354,000 per year at current membership levels for an annual savings of \$76,000. Fees will not increase more than 3% per annum.

Their CES solution is the most compatible with Texas Medicaid rules for claims processing without heavy customization. But as part of the *QNXT* implementation to replace *AMISYS* as CFHP's core enterprise system, CFHP sought to determine if there is a more cost effective, operationally efficient, or technically accurate solution in the market. In January 2018, CFHP issued a Request for Proposal (RFP) for Claims Edit Software. Three vendors responded: HMS, Optum, and McKesson a/k/a Change Healthcare. McKesson withdrew from discussions because they were unable to support CFHP's plan to operate *AMISYS* and *QNXT* in parallel through 2019. CFHP received Bid and Proposals (B&Ps) from HMS and Optum. Optum proposed a more expensive solution in its Bid and Proposal (B&P). The cost of remaining with HMS after retiring *AMISYS* is \$160,000 less per year than moving to Optum's Claims Edit Software, excluding Optum's \$125,000 implementation fee and \$76,000 to operate in parallel with *AMISYS* in 2019. Over 3 years, remaining with HMS saves \$610,000 (at current membership levels) over moving to Optum. CFHP has no reason to believe that Optum can provide better Claims Edit Software or customer service than HMS. HMS' most attractive strength is familiarity with Texas Medicaid & Healthcare Partnership (TMHP) rules and guidelines for processing Texas Medicaid claims. CFHP contracted with HMS in 2014 because it was the only vendor that incorporated TMHP rules in its software. Although other companies now incorporate TMHP rules in their software, HMS' CES remains the most comprehensive and robust solution, given CFHP's business requirements. HMS is a publically traded company that has operated exclusively in the healthcare realm for 40 years, with 2,300 employees in 20 locations across the United States. They process 2B claims annually across all of their payment integrity products, serving 400 clients and over 100M lives under contract. Their Claims Edit Software is used by 6 MCOs in Texas. CFHP is the funding source for all associated costs; the expense is budgeted for 2018. HMS's most recently reported workforce composition data was provided for the Board's review, and it was noted that the Hispanic breakdown of 7 percent is low, in comparison to similar vendors.

RECOMMENDATION: Staff recommends approval to re-contract with Health Management Systems (HMS) for 3 years at a total cost of \$1,140,000 to provide Claims Edit Software to prevent overpayment and provide compliance verification in CFHP's *QNXT* claims processing environment, for a total 3-year savings of \$150,000 over the current contract with HMS.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH JOERIS GENERAL CONTRACTORS TO PROVIDE RENOVATIONS AND IMPROVEMENTS TO THE PSYCHIATRIC ADULT INPATIENT UNIT AT UNIVERSITY HOSPITAL — DON RYDEN

SUMMARY: The Psychiatric Unit at University Hospital is a patient care area with restricted access due to clinical acuity level of some patients, and consists of beds licensed for behavioral health inpatient treatment. The unit consists of 20 operational inpatient beds in ten patient rooms (semi-private), and runs an average daily census of 12 patients. This is a separate and distinct bed type category and must meet specific architectural elements according to the Texas Department of State Health Services (TDSHS) licensure requirements to ensure the safety and well-being of both the patient and the caregiver. Since the Psychiatric Unit was designed in 1989, TDSHS

has adopted more architecturally restrictive licensure requirements for this bed type category. The Centers for Medicare & Medicaid Services (CMS) has also incorporated certain findings into its interpretive guidance which states that this treatment area must have furniture to eliminate sustainable points of attachment of a cord, rope, bed sheet, or other material that could result in self-harm or loss of life. The Psychiatric Unit staff, Facilities Management, Information Technology, and the Planning, Design, and Construction departments prepared a plan to correct identified issues. A formal solicitation, for construction services, was prepared and advertised, RFCSP-218-08-043-CNST. Responses were received from two firms: Joeris General Contractors and Valla Construction. The selection committee evaluated the responses based on the following selection criteria included in the RFCSP: Pricing; Firm History, Organization, and Capabilities; Proposed Construction Project Schedule Completion Dates; and Safety Record. Based upon the scoring and ranking, the selection committee recommends that Joeris General Contractors be awarded the contract for this scope of work. The project budget is detailed as follows:

Scope	Cost
Construction Cost (2018 operational funds)	\$1,398,559.00
Furniture, Fixtures, and Equipment (2017 capital funds)	<u>\$ 154,171.00</u>
Total Project Cost	\$1,552,730.00

Staff has reviewed Joeris General Contractors pricing for these services and recommends approval of construction services in the amount of \$1,398,559.00. This purchase is being funded from allocated 2018 operating funds. Joeris General Contractors' workforce composition was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve funding in the amount of \$1,398,559.00 and authorize the President/Chief Executive Officer to execute a contract with Joeris General Contractors in the amount of \$1,398,559.

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

EVALUATION: Dr. Jimenez asked if a medical liability attorney had been consulted to review the plans for compliance with CMS and TDHSH guidelines. Although the Health System does retain an external law firm for such matters, the hospital is protected much more than a private hospital. In this case, CMS pre-empted TDHSH requirements. There is national literature available regarding injuries occurring in psychiatric hospitals. Hospitals are mandated to meet standards and accrediting agencies also consider these requirements for accreditation. Dr. Jimenez added that no matter how much a hospital prepares, the personnel and procedures are generally the problem. During last month's site visit by The Joint Commission, the psychiatric unit was not ready; however, Mr. Banos and Dr. Taylor worked together to address specific issues in advance of these changes. The surveyors last month were very collaborative and informed hospital leadership that they have not had a psychiatric unit with no conditional findings since January 2017, based on the Health System's one to one policy, and physicians ordering appropriately. The Joint Commission was very complimentary of the nursing staff.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT FOR PROJECT MANAGER SERVICES FOR THE HEART, VASCULAR/ADVANCED ENDOSCOPY SUITE AND THE WOMEN'S AND CHILDREN'S TOWER PROJECT – DON RYDEN

SUMMARY: In March 2018, University Health System issued a Request for Qualifications (RFQ-218-03-010-SVC) for the solicitation of project management services for the

Women's and Children's Tower and Associated Projects. The following respondents submitted proposals to the RFQ in April 2018:

1. Jacobs Project Management
2. Anova Technical Services
3. Broaddus & Associates
4. CBRE Inc.
5. AECOM Technologies
6. Navigant
7. Project Control of Texas, Inc.
8. Hammes Company

In July 2018, each of the eight (8) respondents presented their proposal and respective project team members to a Health System Evaluation Committee. The valuation Committee for these presentations and interviews was comprised of the following participants: George Hernandez (Ex-Officio), Ed Banos; Bill Phillips; Michael Roussos; Shane Warnicke; Andrew Garza; Don Ryden; and Reed Hurley. The respondents were evaluated and scored on the basis of the following criteria:

- Experience and track record of the organization;
- Experience and quality of personnel assigned to the project team, including the appropriateness of their staffing plan;
- Quality and timing of their construction phasing plan;
- Quality of proposed project implantation plan, including the quality of project management tools and other program control systems; and
- Pricing for their fee structure.

The presentations by the respondents reflected a variety of staffing models and program approaches for managing and overseeing the project. The Evaluation Committee selected the following three firms for another follow-up interview and requested additional information to be submitted:

1. Jacobs Project Management;
2. AECOM; and
3. Broaddus & Associates.

In order to provide uniformity in the size and scope of the project management team, these three firms were requested to modify their staffing plan to a similar composition provided by Health System staff and to revise their proposed fee accordingly. The firms returned in August 2018 to introduce their designated project team members, present their proposed fee, and comment on the project phasing strategy that was delineated in the Marmon Mok/ZGF Phase I Study. Using the standardized staffing plan for the project management team, the revised fee structure for these three firms was the following:

1. Jacobs Project Management	\$8,975,944
2. AECOM	\$8,200,000
3. Broaddus & Associates	\$7,986,860

Using similar criteria utilized during the respondents' initial interviews in the prior month, each firm was evaluated and scored by the following Health System Evaluation Committee Members: George Hernandez; Ed Banos; Bill Phillips; Lorrie Elizarraraz; Michael Roussos; Don Ryden; and Carlos Rosende, MD. Based on the qualitative criteria as noted above with a special emphasis on the experience and strength of the individual team members, the proposed fee structure, and after checking respective references, the Evaluation Committee selected Broaddus & Associates as the PM firm to be recommended to the Board of Managers for approval. The core project management team will consist of a full time dedicated program manager supported by three dedicated project managers respectively responsible for the HV-AE, garage, and patient tower/podium packages. The other full time core staff will include a project controls manager, project administrator, two other combined roles of Quality Assurance/Review/Inspection. The program management fee will be based on this core staffing model to provide comprehensive project management services for the Base Project over an approximate 47 month engagement. The total program management fee will be a fixed fee in the amount of

\$7,986,860. For Broaddus & Associates, the complete workforce composition data will be finalized with their contract; however, initial SMWVBE participation is estimated at exceeding 90 percent.

RECOMMENDATION: Staff recommends Board of Managers approval of Broaddus & Associates as the project management firm of the project and authorize the President/Chief Executive Officer to execute a contract with Broaddus & Associates in the amount of \$7,986,860.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Mr. Engberg and **SECONDED** by Mr. Hasslocher. Dr. Jimenez voted "no," and the **MOTION CARRIED**.

EVALUATION: Dr. Jimenez asked about the workforce composition of Broadus and Associates. Mr. Ryden reiterated community outreach SMWVBE participation is estimated to exceed 90 percent. The Hispanic breakdown is over 90 percent of the workforce, and over 32 percent of the workforce is female. Total workforce is 78. Dr. Jimenez inquired about the firm's experience in doing business with Bexar County. Richard Morales's architectural firm, Chesney Morales is on the Broadus team and has worked with the Health System on multiple projects, and their firm is very experienced in dealing with Bexar County. The staff was open to dealing with other firms, but in the end, the Broadus team was stronger. Dr. Jimenez noted that staff had selected three great firms, all essentially qualified to do the job. He understands the staff is recommending Broadus and Associates due to their level of healthcare experience and the amount of their bid. Mr. Ryden agreed and pointed out additional factors involved in the recommendation, such as the firm's approach to construction and the proposed phasing plan. Broadus and Associates served as project manager for the Sky Tower CIP, and although Mr. Hernandez is not aware of their experience in dealing with Bexar County, the firm has healthcare experience. Dr. Jimenez maintained that Bexar County Commissioners previously insisted that 50 percent of Sky Tower CIP funds remain in Bexar County, and they also encouraged the hiring local firms as much as possible. Since each Bexar County Commissioner appoints Board members, Mr. Adams suggested it is the Board's role to monitor such matters and work directly with the staff to correct any deficiency. Dr. Jimenez realizes that Broadus offers the lowest fee structure of the three finalist firms; however, he is concerned that the firm has underbid and will submit change orders to make up for the \$200,000 difference in the next to the lowest bid (by AECOM). Mr. Smith has faith in Broadus & Associates, as they did a good job on the Sky Tower; however, he has a problem with the process used in reaching the recommendation. Mr. Adams assigned a Board ad hoc committee assigned to be led by Dr. Burns to provide guidance to the staff regarding the women's and children's tower. It would have taken one phone call by Mr. Hernandez to receive Dr. Burns' feedback regarding the construction manager recommendation. Mr. Hernandez did not agree that the Board ad hoc committee ought to be involved at this time. He stated his preference was to bring staff's recommendation directly to the Board as a whole. As a member of the ad hoc committee, Mr. Engberg assured Mr. Smith that the staff seems to have done quite a strong job in searching for the best firm, and has represented the ad hoc committee well. As far as the bidding process, it appears to Mr. Engberg that things were tended to properly and he has no doubt that Broadus and Associates put forth a very serious effort to estimate the right amount of dollars. The staff has historically been forthright with change orders and he expressed confidence in the process. Further, the Health System has had a good experience with Broadus, Mr. Engberg believes this is a valid proposal and he does not necessarily feel he was left out of the

process. Mr. Hasslocher applauded the staff for their due diligence regarding the vendor evaluation and selection process. Staff evaluated a total of eight (8) good firms and brought forward the top three. He understands what is involved in such an evaluation and there is no good construction job that does not have a problem during the process; something is bound to come up that was not expected, which is just how construction works, change orders do not make the staff look bad, nor do they make Broadus and Associates look bad. Dr. Burns explained her understanding of the ad hoc committee's role. She expects the ad hoc committee will be more involved during the programming phase of the project. To Mr. Smith's point, Mr. Adams suggested that when a Board ad hoc committee does exist, there ought to be clear discussion between the committee chair and staff about the committee's role to avoid any confusion. Dr. Jimenez reiterated his concern regarding the vendor's workforce composition, specifically the fact that the firm employs only one professional African-American out of 78 employees.

FOLLOW-UP:

None.

CONSIDERATION AND APPROPRIATION ACTION REGARDING A CONTRACT BETWEEN UNIVERSITY MEDICINE ASSOCIATES AND UT HEALTH SAN ANTONIO TO LEASE PEDIATRICIANS FOR THE GENERAL PEDIATRIC AND PEDIATRIC COMPLEX CARE CLINICS AT THE ROBERT B. GREEN CAMPUS — MONIKA KAPUR, M.D.

SUMMARY:

The average number of patients seen annually in the General Pediatric Residency clinic is 11,120 with activity remaining steady between 2016 and 2017. Under the terms of a proposed new agreement, the goal is to increase access for pediatric patients needing services through the addition of two scheduled visits per session (from 8 to 10 slots) and greater number of weeks per year that the clinic is providing services (from 46 to 50 weeks). Based on our current no-show rate, we expect to see at least 8 patients per session. Additionally, we have added one evening session per week from 4 – 8 p.m., allowing patients access to services during non-traditional business hours. This proposed agreement between UMA and UT Health ensures there are a sufficient number of qualified physicians available to provide the highest quality health care to the pediatric population while continuing to offer a productive learning environment for pediatric residents. Patient satisfaction ratings are expected to be in the top 25 percent for outpatient pediatric services. Physicians must also meet a minimum score of 90 percent on quality metrics as established and mutually agreed upon between UMA and UT Health. All documentation will be completed in the EMR within 72 hours of the date of service and charge submitted to include level of service provided. UMA will compensate UT Health an amount not to exceed \$967,500 per year for 4.3 total FTEs (General Pediatrics Residency clinic and CCC combined at \$225,000 annually per FTE). The anticipated cash collections for professional fees are \$600,000 per year which results in a net cost to UMA of \$367,500 annually. This is a planned expense and is included in the 2018 and 2019 operating budgets. These new terms will provide for greater efficiency and patient access. It will also reduce the physician FTEs required for the General Pediatric Residency Clinic to 3.5 while maintaining established quality standards. Leased Medical Director services will also no longer be needed due to the leadership provided through the UMA Medical Director, Pediatric Services. The workforce composition data of UT Health San Antonio was provided for the Board's review.

RECOMMENDATION:

Staff recommends Board of Managers' approval to execute a one-year contract with UT Health for 4.3 pediatric physician FTEs at an anticipated cost of \$967,500 per

year, with an option to renew for an addition one year period under the same terms and conditions.

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

EVALUATION: None.

FOLLOW-UP: None.

**CONSIDERATION AND DISCUSSION REGARDING OUTSOURCING AMBULANCE SERVICES
– REED HURLEY**

SUMMARY: Health System staff is exploring alternatives that would utilize a community ambulance provider to cover all of the Health System's ambulance services and could improve service delivery for our patients through an RFP process with the following as minimum requirements:

- 24 hour, 7 days a week dispatch service of BLS, ALS, MICU, PICU, NICU, Maternal and Bariatric levels, and wheelchair service;
- 20 minute response for emergent transports, 40 minute response for non-emergent transports;
- Immediate response to ER out-of-town transport requests;
- Vendor management of third-party insurance billing; and
- Transition plan for existing staff interested in joining awarded vendor.

In 2017, the Health System's ambulance service provided 3,700 emergent and non-emergent ambulance trips. The Health System's ambulance service primarily operates on weekdays during normal clinic hours. In addition, the ambulance service coordinates an additional 2,700 trips with a third-party contracted ambulance service to cover off-hour and overflow needs as many calls that originate from the Bexar County Jails and discharges from University Hospital occur at night and on the weekends. Over 600 wheelchair transports are also contracted to a third-party vendor. As the complexity of the Health System increases, the ambulance service has increased its reliance on contracted services to meet the demands of the patient population. In 2017, 42% of ambulance service volume was performed by a contract service with many of those runs occurring on long distance trips that include many of the maternal and neonatal transports. The ambulance service currently has operating expense of \$2.2 million, offset by roughly \$950,000 in collections for an annual net loss of \$1.25 million. Although a fully outsourced model will have an associated expense due to the payer mix of our patient population, staff project the cost for ambulance services can be reduced by approximately 50 percent. By outsourcing the service, the Health System will also avoid replacing the current ambulance fleet, which most of the vehicles will reach end of life over the next several years. A new ambulance costs approximately \$175,000. Five of the six ambulances have been in service over 5 years. Any transition to a community provider would include the sale of the current ambulance fleet and also include an option for the community provider to lease the current ambulance and crew area at the RBG campus

RECOMMENDATION: This item was presented for informational and discussion purposes only.

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

EVALUATION: None.

FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Smith adjourned the public Board meeting at 4:06 p.m.

Jim Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary