



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, September 24, 2024
6:00 pm
Cypress Room, University Hospital
4502 Medical Drive
San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Jimmy Hasslocher, Vice Chair
Margaret Kelley, MD, Secretary
Anita L. Fernandez
Patricia (Pat) Jasso
Beverly Watts Davis
David Cohen, MD

OTHERS PRESENT:

Edward Banos, President/Chief Executive Officer, University Health
Bill Phillips, Executive Vice President/Interim Chief Operating Officer, University Health
Ted Day, Executive Vice President/Strategic Planning & Business Development, University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Serina Rivela, Vice President / Chief Legal Officer, University Health
Don Ryden, Vice President/Project, Design & Construction, University Health
Dr. Bryan Alsip, Executive VP, Chief medical Officer, University Health
Dr. Juan Garza, Sr. Vice President, Chief Quality & Health Informatics Officer
Travis Smith, Sr. Vice President, Chief Financial Officer, Clinical Operations
Katherine Reyes, Sr. Vice President, Pre-Acute Services, University Health
Dr. Monika Kapur, President, CEO, University Medicine Associates, University Health
Anna Taranova, Deputy Chief of Public Health, Innovation and Equity Officer, University Health
Dina Perez-Graham, Sr. Vice President, Chief Nursing Executive, University Health
Irene Sandate, Vice President, Chief Nursing Officer, Women's & Children's Hospital, University Health
Dr. Michael Gardner, Vice President, Administrator, Women's & Children's Hospital, University Health
Leni Kirkman, Executive VP, Chief Marketing, Communications & Corporate Affairs Officer, University Health
Andrew Smith, Executive Director, Government Relations and Public Policy
Horacio Vasquez, Executive Director, Supply Chain Management, University Health
Francisco Cigarroa, Acting Dean, School of Medicine, Professor of Surgery and Director, Alvarez Transplant Center, UT Health SA
Michael Little, MD, President, Medical/Dental Staff, University Health; and Associate Professor, Department of Anesthesiology, UT Health SA

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Theresa Scepanski, President and CEO, Community First Health Plans
Carol Huber, Deputy Chief Public Health & Equity Officer
Jennifer Rodriguez, Vice President, Chief Pharmacy Officer, Pharmacotherapy & Pharmacy Services
Sherrie King, Chief of Police, BCHD Protective Services, University Health
Josh Nieto, Chief Compliance, HIPPA Officer
Larry Wallis, Director, Internal Audit, University Health
Brian Lewis, Deputy Chief Quality Officer, University Health
Trey Wineglass, Administrative Resident, University Health
And other attendees.

CALL TO ORDER:

Mr. Adams called the Board meeting to order at 6:00 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE — JIM ADAMS, CHAIR

Invocation – Anna-Melissa Cavazos, University Health Employee — *Jim Adams, Chair*

Mr. Adams led the pledge of allegiance.

PUBLIC COMMENT: None

SPECIAL RECOGNITION: Presentation of the Senator Frank Tejada Police Officer of the Year Award — *Chief Sherrie King/Edward Banos/Board Members*

SUMMARY: The Honorable Frank M. Tejada was a decorated United States Marine. He served in the Texas House of Representatives, the Texas Senate, and in the United States House of Representatives. In 1991, he authored legislation authorizing the Bexar County Hospital District (BCHD) to appoint and commission peace officers. Congressman Frank Tejada succumbed to brain cancer in 1997 while in office. To honor his memory, University Health established the Frank Tejada Police Officer of the Year Award in 2012 to recognize BCHD police officers who demonstrate exceptional achievement and exhibit a genuine commitment to their profession, their agency, and the public they serve.

Following a recommendation from the nominating committee, and concurrence from BCHD Police Chief Sherrie King, Police Officer III Jesse Garcia has been named the 2024 Frank Tejada Police Officer of the Year. Officer Garcia has been with University Health for eighteen years and continuously demonstrates true compassion and support of patients and families experiencing crisis events.

On January 24, 2024 Police Officer Garcia returned home from working his overnight shift at University Hospital. As he laid down and started to sleep he was awakened by a frantic knock on his door. Upon opening the door, he observed his neighbor's daughter pleading for help stating her father was having a medical emergency in their home. Police Officer Garcia quickly grabbed his police radio and entered his neighbor's home. He quickly observed a crisis event where his neighbor was bleeding profusely. Without hesitation, Police Officer Garcia began the critical act of stopping the bleed to reduce additional loss of blood, placing pressure on the wounds. Officer Garcia then used his police radio, contacting our Police Dispatchers to request Emergency Medical response to his location.

Upon arrival of EMS, his neighbor was transported to University Hospital Emergency Center Trauma, where he continued to receive excellent medical care. Due to Officer Garcia's quick response, first responder training and experience as a University Health employee, he saved the life of his neighbor.

This award is the second time Police Officer Garcia has been named as Police Officer of the Year. He was previously awarded in 2021 for another life-saving event. His continued compassion and dedication to his community (on and off duty) exemplifies University Health's mission, value and vision. Above all he is compassionate, kind and helpful without exception.

Report from the Nominating Committee and Election of Board of Managers Officers —

Margaret Kelley, M.D., Chair, Nominating Committee

SUMMARY: The Bylaws of the Board of Managers call for the election of officers annually in September. On September 9, 2024, Mr. Adams appointed a Committee for the Nomination of Officers comprised of Dr. Margaret A. Kelley, Ms. Pat Jasso, and Dr. David Cohen. Dr. Kelley will be serving as the Committee's Chair.

The Nominating Committee's role is to recommend to the Board a Slate of Officers for the Chair, Vice Chair, and Secretary positions. The Board will consider that slate and any nominations from the floor and elect its officers at its meeting of Tuesday, September 24, 2024.

The committee for the Nomination and Election of Officers recommends the following slate of officers for the upcoming term, September 25, 2024 to September 25, 2025:

- Mr. Jimmy Hasslocher, Chair
- Ms. Anita Fernandez, Vice Chair
- Dr. Margaret Kelley, Secretary

RECOMMENDATION:

The Board's Nominating Committee for the Nomination and Election of Officers recommends approval of the slate of officers as indicated above.

DISCUSSIONS:

Mr. Adams expressed his gratitude to the Nominating Committee for their efforts on this significant undertaking, particularly in light of his decision to resign from the Board following his many years of dedicated service.

ACTION:

Mr. Adams asked for a **MOTION** to **APPROVE** the recommendations put forth by the Board Nominating Committee for the appointment of Mr. Hasslocher as Chair, Ms. Fernandez as Vice Chair and Dr. Kelley as Secretary. Each nomination was considered by **MOTION** separately and **PASSED UNANIMOUSLY**.

COMMENTS:

Mr. Adams thanked Mr. Hasslocher, for his service and commitment as Vice Chair and offered his congratulations to Mr. Hasslocher on being named Chairman of the Board of Managers.

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Mr. Hasslocher thanked Mr. Adams for his leadership and dedicated service and would like to update the committee assignment roster over the next several weeks, so he will be calling each Board member to hear of their interests in serving and will then distribute a new committee roster in the near future.

EVALUATION: None
FOLLOW UP: None

Added Comments: Dr. Cohen made a motion to recognize Mr. Adams for his 37 years of Leadership and serving as Chairman of the Board and helping the Hospital District grow and lead this institution into the 21st century and in his efforts to collaborate with UT Health of San Antonio.

APPROVAL OF MINUTES OF PREVIOUS MEETING: September 24, 2024 (Regular Meeting)

SUMMARY: The minutes of the Board meetings of Tuesday, September 24, 2024 were submitted for the Board’s approval.

RECOMMENDATION: Staff recommends approval of the minutes as submitted.

COMMENTS /DISCUSSIONS: None

ACTION: A **MOTION** to **APPROVE** staff’s recommendation was made by Ms. Fernandez, **SECONDED** by Ms. Jasso, and **PASSED UNANIMOUSLY.**

EVALUATION: None
FOLLOW UP: None

Report from UT Health San Antonio — *Francisco Cigarroa, MD.*, Acting Dean, School of Medicine, Professor of Surgery and Director, Alvarez Transplant Center, UT Health San Antonio

SUMMARY: Dr. Cigarroa expressed his gratitude to Mr. Adams for his years of service as a member of the Board of Managers and as Chair, of the Board of Managers. Dr. Cigarroa commented on a working on a collaborative celebration with Mr. Banos and Leni Kirkman to commemorate the 802nd Lung Transplant Surgery and thanked Mr. Banos and staff for their ongoing support. Acting President Hromas thanked Mr. Adams for his ongoing support extended to UT Health. Dr. Hromas added that there are 4,308 student for this Fall to which 6% stay in South Texas, record enrollment this year, up 6%. World report has ranked UT Health Medical School in 34th place in the US and ranked at 51st in the world. UT Health was awarded \$13 million grant to investigate the origins of Ovarian and Breast cancer in an efforts to further create treatments.

NEW BUSINESS – CONSENT AGENDA – *JIMMY HASSLOCHER, VICE CHAIR*

Consideration and Appropriate Action Regarding Medical-Dental Staff Membership and Privileges
— *Michael Little, M.D., President, Medical/Dental Staff*

SUMMARY: The Credentials Committee met on August 26, 2024 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of September 3, 2024, the Executive Committee of the Medical-Dental Staff recommended approval of the Credentials Committee Report.

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Professional Practice Evaluations and Delineation of Privileges — *Michael Little, M.D., President, Medical/Dental Staff*

SUMMARY: The Credentials Committee met on August 26, 2024 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of September 3, 2024, the Executive Committee of the Medical-Dental Staff recommended approval of the attached Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report.

Consideration and Appropriate Action Regarding Telemedicine Privileges — *Bryan Alsip, M.D.*

SUMMARY: The Board of Managers of University Health has approval authority for the appointment of clinical providers to the Medical-Dental Staff, and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. University Health's Professional Staff Services Department (PSS) is responsible for ensuring compliance regarding all applicants for the credentialing and privileging of providers, to include those approved for Telehealth privileges.

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Consideration and Appropriate Action Regarding Policy 5.10, Emergency Management Program — *Bill Phillips*

SUMMARY: The purpose of the Emergency Management Program is to provide University Health with a comprehensive approach to meeting the health, safety, and security needs of the organization, its staff, and its patient population and community prior to, during, and after an emergency or disaster.

An emergency management program provides a systematic analysis for planning, shared decision-making, internal and external collaborations, and assignment of available resources (staff, space, supplies) to effectively prepare for, respond to, and recover from all incidents and emergencies. The structure is designed to respond to any type of emergency (all-hazards approach) because of the wide array of possible emergencies.

Consideration and Appropriate Action Regarding a Resolution Supporting the University Hospital Level IV Maternal Designation Facility — *Irene Sandate/Michael Gardner*

SUMMARY: In an effort to improve maternal and neonatal outcomes through regionalization, the Texas Perinatal Advisory Council developed standardized levels of care based on guidelines from the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. A regionalized system that focuses on integrated delivery of graded levels of perinatal care has been shown to be effective and result in improved outcomes for women and newborns.

The designation of Maternal Level of Care adheres to the Texas Health and Safety Code, Subchapter H, which pertains to Hospital Level of Care Designations for Neonatal and Maternal Care, specifically Sections 241.181 - 241.187, detailing the regulations established for these designations.

On November 16, 2021, the University Hospital Maternal Care Program was re-designated as a Level IV (Comprehensive Care) Program within the Perinatal Care Region–P. The next re-designation is scheduled for June 1, 2025. The re-designation is due June 1, 2025. This resolution seeks support for re-designation as a Level IV Maternal Care Program. Level IV is the highest level of designation for maternal care.

University Hospital is recognized in the community for providing the highest, most comprehensive level of care for women, infants, and children. From 2021 through 2023, the maternal and neonatal program accounted for over 41,721 Ob/Gyn Urgent Care Center visits, 11,640 deliveries, 787 maternal transfers, 2,510 neonatal intensive care admissions, and 373 neonatal transfers from outlying facilities.

The Perinatal Neonatal Program provides multi-disciplinary training and education to regional healthcare professionals caring for newborns and pregnant patients. The program focuses on stabilization of the deteriorating obstetric and/or newborn patient, and preparation for transfer to a higher level of care at University Health Women's & Children's Hospital. The subspecialty presentations and simulation training provided are imbued with our maternal and neonatal programs ability to care for severely ill pregnant patients and infants with available resources that other facilities do not have in the region.

Consideration and Appropriate Action Regarding the Purchase of Furniture and Fixtures from United Healthcare Services, Inc. for 6200 Northwest Parkway, San Antonio, Texas — *Don Ryden*

SUMMARY: In March 2024, the Board approved the acquisition of a two-story building located at 6200 Northwest Parkway. This building is within the University Park Business Center and is in close proximity to two other office buildings that University Health (UH) acquired in 2020. The primary purpose for acquiring these office buildings is to relocate and consolidate several non-clinical administrative departments. Collectively, they are referred to as Business Centers 1, 2, and 3 (*a.k.a.*: BC-1, BC-2, and BC-3). The departments that are currently located at BC-1 and BC-2 include Human Resources, Accounting, Patient Billing, Payroll, Accounts Payable, Procurement, the Epic IT team, and Center for Learning Excellence. This building located at 6200 Northwest Parkway (*a.k.a.*: *Business Center-3, or BC-3*) was acquired in June 2024. It was occupied by a single tenant whose lease expires in November 2024. This tenant is United Healthcare Services, Inc.

As United Healthcare Services, Inc. has progressed with its exit strategy from the premises prior to its lease expiration, the company has offered to sell some of its existing furniture to UH. This furniture includes cubicle workstations, audio visual equipment, kitchen appliances, dining room tables and chairs, along with various conference and meeting room office furniture.

The majority of this furniture is only a few years old, and is in excellent condition. In addition, the cubicle workstations are already hard-wired and are ready to receive individual computers and telephones. Staff has also determined that the purchase of this furniture would be cost effective, and the purchase price is below market. This is based on an appraisal of the furniture that was completed by a local appraisal firm indicating an estimated installed fair market value of over \$900,000.

The purchase price of the furniture package is \$500,000. This includes approximately 640 cubicle workstations, audio visual equipment, kitchen appliances, dining room tables and chairs, and miscellaneous conference and meeting room furniture. Staff recommends this purchase be funded from the Board Designated Capital Account.

Since acquiring 6200 Northwest Parkway, University Health anticipates a total of over \$1 million in rent by the time the lease expires in November to offset this expense.

Consideration and Appropriate Action Regarding Agreements for On-Call Architectural Services for Various Projects — *Bill Phillips*

SUMMARY: Since there is a continuing need to have architectural and engineering firms available for the development of small projects, staff initiated a process to request qualification statements and evaluate them as it relates to the types of services required by University Health. Current on-call contracts for architectural services are scheduled to expire on September 30, 2024. A new RFQ (RFQ-224-01-002-SVC) was issued on February 28, 2024. This was done in an effort to qualify more than four firms from the previous RFQ and get more firms from our local community. Thirty-seven firms responded to the solicitation and submitted statements of qualifications. An evaluation committee was assigned to score the proposals based on criteria included in the RFQ. Based on final scoring the evaluation committee recommends the following firms for on-call architectural services:

- O’Connell Robertson, Architect
- PBK Architects, Architect
- Chesney Morales Partners, Inc., Architect
- HDR, Architect
- Alta Architects, Inc., Architect
- Rehler Vaughn & Koone, Inc., Architect
- The Beck Group, Architect
- SLAY Architecture, Architect
- LK Design Group, Inc., Architect
- Pape-Dawson Consulting Engineers, LLC, Civil Engineer
- Dunaway, Civil Engineer
- Colliers Engineering & Design, Inc. (formerly KFW Engineers + Surveying), Civil Engineer
- Cleary Zimmerman Engineers, MEP Engineer
- O’Connell Robertson , MEP Engineer
- DBR Engineering Consultants, Inc. MEP Engineer
- IMEG Consultants Corp., MEP Engineer

- Intelligent Engineering Services, LLP, Structural Engineer
- Datum Engineers, Structural Engineer
- R-S-C-R, Inc., Structural Engineer

With approval, we will be expanding our On-Call Architectural pool from four qualified firms to nineteen. Out of the nineteen firms, all are either local or have an office in San Antonio, with eight of the firms being SWMVBE. This request is for approval to pre-select these firms in order that staff may contract with any of them on an as-needed basis to provide design services for any small projects that staff requires during the next three (3) years with the option to renew for two (2) one-year terms. Historically, architectural and engineering contracts for small projects have had an annual fiscal impact over the last (4) years from \$536,000 to \$675,000.

Contracts entered with pre-selected firms will be processed according to approval limits that have been established by policy for executives and the Board of Managers. No funds are being appropriated at this time. All the work will be awarded based on the qualifications of a firm to provide services on a specific project and availability of their staff at the time the services are needed.

Consideration and Appropriate Action Regarding Professional Services Agreement Funded by the U.S. Health Resources & Services Administration in Support of the Ryan White Part A with Black Effort Against the Threat of AIDS Coalition Trust — *Anna Taranova*

SUMMARY: The purpose of this Amendment is to provide additional funds to the Black Effort Against the Threat of AIDS Coalition Trust (BEAT AIDS) to care for people living with HIV. The Health Resources and Services Administration (HRSA) funds the HIV care and support services through the Ryan White grants to reduce the number of new HIV infections in the United States and end the HIV epidemic. The Ryan White HIV/AIDS Program (Ryan White) is the most extensive federal program designed to provide outpatient care and support services to individuals affected by HIV.

BEAT AIDS is a local non-profit organization that offers a range of wraparound services and continuum of care for people with HIV/AIDS and other underserved patient population. This Amendment will allow BEAT AIDS to receive additional HRSA Funds from an unobligated carryover balance from budget period 3/1/2023-2/29/2024 into the current budget period. The funds will be used to care for persons with HIV in Bexar County and other South Texas counties most severely affected by the HIV/AIDS epidemic. The primary goal and objective of this agreement is to amend the existing Contract with BEAT AIDS due to the increase carryover HRSA Funds in the following categories:

- Early Intervention Services
- Emergency Financial Assistance
- Medical Transportation
- Mental Health Services
- Outpatient Ambulatory Health Services
- Referral for Health Care and Support Services
- Substance Abuse – Outpatient

University Health is required to follow the assurance and certifications that apply to grants, including but not limited to Civil Rights, OMB circular A-133, etc.

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In addition, the Ryan White Program is the safety net for uninsured and/or underinsured people living with HIV and residing in the San Antonio Transitional Grant Area, disproportionately affected by the HIV epidemic. The funded activities have significant impact on better access to care and increase in the non-medical support services to improve health outcomes for HIV affected individuals.

The overall impact of the program and the agreement with BEAT AIDS is budget neutral. The activities for this agreement is funded through the Ryan White Part A Formula, Part A Supplemental and Minority AIDS Initiative Program award number H89HA31891.

The HIV services shall be invoiced monthly. The Ryan White Program is a payer of last resort and provides financial and social services to those not covered by other resources, ensuring continuity of services and emphasizing the public health benefit to reduce HIV transmission rates and end the HIV epidemic.

Source of Funding FY24-25	Overall Budget	Allocated Funds
Ryan White Part A Formula 03/01/2024-02/28/2025	\$3,921,706	BEAT AIDS: \$230,376
Ryan White Part A Supplemental 03/01/2024-02/28/2025	\$1,977,623	BEAT AIDS: \$97,120
Ryan White Part A Minority AIDS Initiative 03/01/2024-02/28/2025	\$609,184	BEAT AIDS: \$105,838

HIV/AIDS is a serious and preventable public health threat impacting disease and death rates across Bexar County. Through this agreement, Ryan White funds will enable BEAT AIDS and play a critical role as a safety net provider for those who remain uninsured and fill gaps for clients with traditional insurance, including assisting with insurance affordability.

This collaboration emphasizes University Health's commitment to promoting the community's good health and improving the delivery of patient care.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — *Reed Hurley/Travis Smith*

SUMMARY: University Health’s Purchasing Consent attachment for the month of September 2024 includes 19 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 19 contracts is \$9,693,895. Additional Presented contracts during the September 2024 Board of Managers meeting total \$30,818,479 and are considered for approval separate from the Purchasing Consent.

RECOMMENDATION: Staff recommends Board of Manager’s approval of:
1) Purchasing Consent Agenda Items; and,
2) Purchasing Consent Attachment “A” in the amount of \$9,693,895

COMMENTS/DISCUSSIONS: None

<u>ACTION:</u>	A MOTION to APPROVE staff's recommendation was made by Dr. Kelley, SECONDED by Ms. Fernandez, and PASSED UNANIMOUSLY .
<u>EVALUATION:</u>	None.
<u>FOLLOW UP:</u>	None

Third Quarter Quality Report — *Bryan Alsip, M.D./Juan Garza, M.D.*

SUMMARY: This Quality Report provides an update on our 2024 quality outcomes and focused efforts on patient safety complications, hospital-acquired infection improvements, and initiatives for management of pediatric sepsis. With data complete through July 2024, University Hospital continues to improve over our performance last year with the majority of patient outcomes moving towards national top percentiles. Of the twenty-eight tactical quality metrics for 2024 included in our monthly dashboards, currently twelve metrics are already at our annual goal targets and eleven metrics are performing better than baseline, but have not yet reached our established annual goals.

Quality performance metric highlights through the first half of 2024 include:

- CLABSI outcomes 34% better than baseline and at target
- CAUTI outcomes 20% better than baseline and at target
- Patient Safety Indicators (PSI) 33% better than baseline and at target
- Near miss reporting rates 4% better than baseline and at target
- Colon surgical site infections 37% better than baseline and at target
- Hysterectomy surgical site infections 26% better than baseline and at target
- Five priority patient experience (HCAHPS) metrics trending positively and better than 2023 baselines

PSI-90 is also a quality indicator that is publicly-reported and included in multiple performance programs. This metric is reported to consumers on the CMS Hospital-Compare, Leapfrog, and LOWN Institute websites. As a single metric, PSI-90 also carries a large weighted percentage for several of these programs including:

- 16% of the Hospital Acquired Conduction Reduction Program (HACRP)
- 18% of the Leapfrog Outcomes scoring (for Hospital Safety Score/Grade)
- 12.5% of the Hospital Compare/Star Rating Score

The University Health Quality team works closely with our Clinical Documentation Improvement (CDI) and coding teams as part of a workflow designed to identify healthcare-related complications and to address any clarifications or queries in advance of final billing. The teams also perform a review of all records to clarify admission status to ensure documentation of any conditions that may have been present before admission or when non-elective cases are excluded.

These team efforts have resulted in outcomes at target to date for 2024 and which are 33% better than our 2023 baseline.

When compared to all other facilities in the MIDAS comparative database of over 800 hospitals nationwide, University Health outcomes are at top quartile for all-payers and near the highest performance nationally for traditional Medicare-only patients.

Clostridioides difficile is a bacterium that can cause diarrhea and colitis (an infection of the colon), which can be life-threatening. The infection can affect anyone but more often affects older adults in hospitals or in long-term care settings, which is exacerbated by the prolonged use of antibiotics. University Health has regularly outperformed the national norms on hospital-acquired *C. difficile*. In late 2023 and mid-2024, we observed a few months with outcomes lower than our traditional standards.

Year to date, our *C. difficile* results were below baseline performance and only 76% to-target for prevention of hospital-acquired *C. difficile* infection. Recent outcomes for *C. difficile* have returned to our previous norms with monthly outcomes better than our annual target goal. We will continue to monitor compliance with our processes and outcomes on daily rounds and at our monthly HAI working and leadership meetings.

As an ongoing, multi-year project with dedicated teams of quality, emergency medicine, and inpatient staff leaders continue to review and refine processes. This ensure early recognition and clinical interventions for adult sepsis patients. Evidence-based adult sepsis clinical indicators and interventions are not always appropriate for the pediatric population, particularly younger age groups.

Publicly reported national standards for pediatric sepsis bundles do not exist as they do with the adult population. Given our increasing volume of pediatrics at University Hospital, a focus on the recognition and early treatment of sepsis for our pediatric patients is a high priority.

Prompted by a review of recent pediatric mortality and sepsis cases, the Quality team has assembled a multidisciplinary group of pediatric clinicians and staff leaders to standardize pediatric sepsis care at University Hospital.

This team consists of pediatric physicians and nursing staff from the emergency department, inpatient units, and the PICU; Epic analysts; and Quality and process improvement clinicians and leaders. We have made significant progress with a review of current best practice guidelines, national experts, as well as the variables and thresholds necessary to promptly identify the pediatric sepsis population.

Regular workgroups have been established and we continue to refine the workflow, communicate progress, and report outcomes. Pediatric sepsis outcomes and progress have also been added to the monthly Sepsis Leadership meetings to keep senior and executive leaders informed of outcomes, solicit assistance on barriers, and hold all engaged team members accountable to the process.

COMMENTS /DISCUSSIONS: Ms. Watts Davis requested of Dr. Garza to send her the presentation. Dr. Kelley asked how is sepsis tracked and documented? Dr. Garza provided a detailed response referring to cognitive models meaning the use of historical data vs. present data and further discussions ensued.

Action Items:

Consideration and Appropriate Action Regarding Selected Purchasing Items:

Consideration and Appropriate Action Regarding Annual Operating Agreements with UT Health San Antonio for Medical Director Service and General Services — *Edward Banos*

SUMMARY: University Health contracts annually with UT Health San Antonio (UT Health) through two Operating Agreements for oversight and direction of clinical and quality functions that enhance patient care. The payments for these agreements are based on timesheets submitted by UT Health providers and verified by designated members of leadership at University Health. The current agreements expire September 30, 2024. Medical Directors are selected by University Health leadership in collaboration with UT Medical School department chairs or chiefs of service. Medical Director duties and responsibilities include the following:

- Prescribe medical standards and policies;
- Maintain safe and acceptable standards of medical practice;
- Support quality assurance through monthly review of metrics and coordination of best practice protocols;
- Define the clinical objectives of the patient care unit or service;
- Participate as a member of the Clinical Management Team and Clinical Review Committee;
- Provide leadership to physicians and mid-level providers; and
- Address performance issues with physicians and mid-level providers.

When appropriate, Medical Directors also work with University Health leadership to manage utilization and control costs by ensuring:

- University Health policies and all CMS and Joint Commission regulatory and compliance requirements are understood and followed by physicians and mid-level providers;
- The patient care unit or service is performing at the highest possible level in order to optimize the patient experience, quality and outcomes, efficiency and access to care and achieve the metrics used to measure this performance; and
- Timely submission of detailed timesheets for review and approval by designated University Health administrators.

General services consist of direct patient care services rendered to University Health patients through non-physician medical personnel employed by UT Health. These services are specifically oriented to improving the efficiency and effectiveness of the patient care delivery process. Within the General Services portion of the agreement, funding is allocated to support staff personnel to assist with the navigation of patients to resources within University Health, thus improving access to care and efficiency. Additionally, the following services are included in the General Services section:

- **Residency Program Support:**
The annual expense for this item in the current agreement is \$800,000 or \$66,666.67 per month. There is no change in this amount in the new agreement.
- **House Staff Medical Malpractice:**
The annual expense for this item in the current agreement is \$713,616 or \$59,468 per month. There is no change in this amount in the new agreement.

- **University Medicine Associates Malpractice Insurance:**

The annual expense for this item in the current agreement is \$67,716 or \$5,643 per month. This amount has increased \$18,396 (27%) to \$86,112 or \$7,176 per month. This increase is due to UMA hiring 18 additional providers during this contract year: Anesthesia (13), Podiatry (1), Pediatric ENT (3) and Rehab Medicine (1).

The annual amount for Medical Director Services in the current agreement is **\$9,457,590**. This amount has increased to **\$10,280,609** due to new quality specific Medical Director positions' created for Surgery, Hospital Medicine and Obstetrics as well as cost of service increases to account for actual salary and benefit costs incurred by UT Health. This is an **increase of \$823,019 or 8.7%**.

The annual amount for General Services in the current agreement is **\$10,522,765**. This amount has decreased to **\$9,925,961** due to the reduction of supported non-physician positions in Cardiothoracic Surgery and Vascular Surgery. This is a **reduction of \$596,804 or 5.7%**.

The term of these agreements is from October 1, 2024 through September 30, 2025. The combined total expense for the one-year term for the Medical Director Services and General Services agreements is an amount not to exceed **\$20,206,570**, an **increase of \$226,215 or 1.1%** over the previous total of **\$19,980,355**.

RECOMMENDATION: Staff recommends Board of Managers' approval and authorization for the President/Chief Executive Officer to execute the 2024-2025 Annual Operating Agreements for Medical Director Services and General Services with UT Health San Antonio for the one-year period beginning October 1, 2024 and ending September 30, 2025 in the combined amount not to exceed \$20,206,570.

COMMENTS /DISCUSSIONS: Dr. Cohen asked are University Medical Associates all Faculty Members and Mr. Banos responded that there are a few Faculty Members; Dr. Monika Kapur added comments. Dr. Kelley appreciated the explanation of Malpractice Insurance and commented on and appreciates having a Physician and Medical Director in these roles to help with Quality Measures.

ACTION: A **MOTION to APPROVE** staff's recommendation was made by Dr. Kelley, **SECONDED** by Ms. Jasso / Dr. Cohen, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None

Consideration and Appropriate Action Regarding an Agreement with Deloitte Transactions and Business Analytics, LLP for Auditing and Consulting Services for the Community Hospital Capital Improvement Project — Reed Hurley/Larry Wallis

SUMMARY: In the last decade, University Health has successfully undertaken several significant construction initiatives, including the establishment of the Women's and Children's Hospital in 2023, as well as the Sky Tower and Robert B. Green Medical Pavilion, which were completed in 2013 and 2014. For these large construction projects, an external auditor has been appointed to oversee the financial transactions associated with the projects. The auditors review all construction related invoices and payment applications from various contractors and subcontractors to ensure adherence to contractual obligations and good stewardship of University Health's resources.

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University Health’s current capital improvement project (CIP) is the construction of the Community Hospitals, University Health Palo Alto and University Health Retama. It is recommended that an external auditor be engaged to provide professional auditing and consulting services for this CIP project which will be akin to those utilized in previous large capital projects.

The current CIP project investment exceeds \$1.5 billion. Given Deloitte’s prior demonstration of its ability to provide competent construction related consulting and auditing services as well as the fiscal impact of the project, staff are recommending engaging Deloitte to provide the construction auditor services. Deloitte’s proposed audit team for University Health’s current CIP Project includes accountants and engineers with healthcare construction auditing, consulting, and risk and fraud advisory experience. The scope of professional services will include:

- Front-end review of accounting and facilities procedures and controls;
- Quarterly industry standard and leading practice construction audits;
- Risk advisory and fraud detection services; and,
- Supplemental and related construction and accounting consulting services as required during the project.

The above-referenced auditing and consulting services will ensure that bond funding expenditures in furtherance of the project meet or exceed regulatory requirements. The audit will also better ensure good stewardship of resources and maximizes the University Health’s ability to carry out its mission to the community.

The audit team will also include a local, Minority-owned-certified Business consultant with past experience supporting the Health System’s projects. Deloitte proposes to engage Garza Gonzales & Associates to assist in the audit work with a commitment to subcontracting at least 18% of the total professional services to the local firm. Garza/Gonzalez & Associates is a certified HUB, MBE and SBE local business.

RECOMMENDATION: Staff recommends Board of Manager’s approval of the selection of Deloitte Transactions and Business Analytics, LLP to provide auditing and consulting services for University Health’s Community Hospital Capital Improvement Projects for an amount not to exceed \$892,000 for the initial three year term.

COMMENTS /DISCUSSIONS: None

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

EVALUATION: None

FOLLOW UP: None

Consideration and Appropriate Action Regarding an Agreement for Wound Care On-Call Services with Advanced Clinicians, PLLC — Katherine Reyes/Edward Banos

SUMMARY: Advanced Clinician, PLLC is a wound care specialty practice that has an excellent reputation for providing specialized wound care services in the community.

University Health has contracted with Advanced Clinicians, PLLC since October 28, 2022 to provide professional medical services at University Hospital through the appointment of qualified Advanced Practice Providers. These providers possess specialized training and experience in wound care and provide on-call coverage and services 24/7/365 To University Hospital patients.

The agreement with Advanced Clinician PLLC enables University Health to ensure that the wound care service line will provide the highest quality comprehensive wound care services to surgical and non-surgical patients admitted at University Hospital. Effective prevention of pressure injuries requires expertise from a multidisciplinary team to include physicians, nurses, and wound care specialists. Advanced Clinicians, PLLC is part of the team to serve as in-house subject matter experts for wound identification, education, staging, and actions necessary to improve wounds and reduce progression.

This agreement will be for 24/7/365 on-call coverage for a one year term beginning October 1, 2024 for an amount not to exceed \$350,000. This is a 219% increase or \$240,500 more than the previous cost of \$109,500 annually. The expense increase is due to a volume increase of on-call consultations placed at University Hospital for patients needing specialized wound care services.

RECOMMENDATION: Staff recommends Board of Managers' approval to execute the contract with Advanced Clinician, PLLC for specialized inpatient wound care for a one year term at an amount not to exceed \$350,000.

COMMENTS/DISCUSSIONS: Dr. Cohen questioned allot of wound care patients who come into the hospital end up being taken care of at post admissions, who takes care of these patients with pressure ulcers or other problems after discharge. Katherine Reyes responded that there are teams comprised of Wound Specialist and Nurses in a Comprehensive Care ward in place here at University and at the Texas Diabetes Institute. Mr. Banos added that we have Hyperbaric Chambers at TDI and here at University Health.

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 Accuity Delivery Systems. LLC for Clinical Documentation Integrity Secondary Review Services — Awoala Banigo/Reed Hurley

SUMMARY: University Health utilizes a Clinical Documentation Integrity (CDI) program to identify documentation opportunities to help target provider education, assist in capturing the appropriate diagnosis, and accurately reflect the Severity of Illness (SOI) and Risk of Mortality (ROM). Clear and concise documentation is essential in capturing the patients' clinical complexity, services and resources rendered, and ensure quality measures are accurately reported.

Accuity is a clinically intelligent solution that provides a tech-enabled, physician led documentation review, post discharge but prior to billing. Accuity's core service ensures accurate and compliant DRG assignment allowing hospitals to benefit from higher quality clinical documentation and coding allowing the hospital to thrive in a complex, value driven environment.

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Accuity would complement our current CDI programs' infrastructure by assisting with data driven provider education, conducting secondary physician led reviews for MS/APR DRG payers, and supporting University Health's documentation stewardship initiatives.

The proposed term of the contract is three years with the option to renew for up to two additional one-year terms at the discretion of the University Health. While this is a new contract, it was competitively bid on RFP-223-12-079-SVC and awarded based on best value, which includes favorable pricing and meeting University Health's bid requirements assigned by the Evaluation Team. Accuity provides a 60-day Pilot/Assessment to demonstrate its value. The proof-of-concept period will allow University Health the opportunity to experience Accuity's fully implemented solution. For the proposed contract, pricing throughout the three-year contract term not to exceed \$4,500,000.

The average annual anticipated revenue lift based on University Health anticipated volume is estimated at \$6 million.

	Conservative	Average Across All Clients	Last 12 New Client Implementations	
Charts	16,178	16,178	16,178	<i>Net of exclusions</i>
Change Rate	7.50%	11.43%	21.47%	
Annual Charts Changed	1,213	1,850	3,473	
Revenue Lift	\$3,943,485	\$6,011,294	\$11,287,262	<i>Assumes \$3,250 per chart changed</i>
Fees	\$1,253,826	\$1,504,591	\$1,880,739	<i>50%-75% keep rates</i>
Revenue Lift After Fees	\$2,689,659	\$4,506,703	\$9,406,523	
ROI %	215%	300%	500%	

RECOMMENDATION: Staff recommends Board of Managers' approval of the selection of Accuity Delivery System, LLC to provide second level review services for University Health for an amount not to exceed \$4,500,000 for the three year term.

COMMENTS /DISCUSSIONS: Dr. Cohen asked a question due to poor audio unable to recognize the question and replies (at 1:04:15 time of recording). Awoala Banigo commented one of the challenges is not being able to capture 100% of the charges based on the algorithm and DRGs? Mr. Banos added that 25% of our patients are not insured will go thru this. Catching the severity of the uninsured helps us, so when we have to turn in the data to the State we will have really accurate data on the uninsured patients. Ms. Watts Davis added comments regarding the how do we ensure the data is captured correct and decreasing quality and how our practitioners are using this data to improve practice. Further discussion ensued.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Watts Davis, **SECONDED** by Dr. Kelley / Dr. Cohen, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None

Consideration and Appropriate Action Regarding an Agreement for Architectural Services with HDR, Inc. for Pathology Services Expansion at University Hospital — *Bill Phillips*

SUMMARY: The University Health Pathology Department laboratory is an essential hub for processing an ever-growing number of specimens, driven by the expansion of service lines and increasing patient volumes, particularly from ambulatory clinics.

Since 2012, the department has experienced exponential growth, yet its physical infrastructure has not kept pace. Currently, Pathology areas are located across the Rio, Horizon, and Sky Towers. Unfortunately, these facilities have not been renovated since the opening of these towers, leading to significant operational inefficiencies and an inability to meet current and future demands. An outdated laboratory presents several limitations that directly impact the department's ability to expand outreach, accommodate more testing, and support evolving healthcare needs. First, space constraints severely restrict the addition of new testing equipment and instruments, which are becoming larger and more complex with advances in diagnostic technology.

Without additional square footage, the laboratory is unable to implement these advancements, limiting its capacity to offer new testing capabilities. Moreover, the outdated design and layout of the laboratory impede efficient processing of the increasing specimen volume. Modern laboratory workflows rely on optimized layouts, including specialized areas for functions such as molecular testing, histology, and specimen handling. The lack of space and updated facilities makes it difficult to adopt these workflows, leading to inefficiencies that affect both turnaround times and service quality. A critical concern is the absence of a pneumatic tube system in the Horizon Tower, which hampers the rapid and secure transport of specimens between different areas of the hospital.

Additionally, the spatial disconnect between anatomic Pathology, located on the 3rd floor of the Horizon Tower, and the operating rooms (ORs) on the 2nd and 3rd floors of the Sky Tower, hinders critical workflows between the lab and the ORs. This inefficiency slows down processes vital to patient care and creates logistical challenges that could be avoided with a better spatial arrangement. An expanded laboratory is also essential for accommodating more staff as testing demand continues to rise.

As part of opening of Women's & Children's hospital, the cafeteria and dining area located on the 3rd floor Horizon Tower was moved into the new Podium. This created a large vacant space adjacent to the Pathology area in the Rio Tower. In an effort to provide relief to the congested pathology area, a laboratory expansion plan was developed. This plan includes expansion on the 3rd floor of both the Horizon and Rio Towers. By combining this space with additional space on the 2nd floor of the Horizon Tower, the laboratory footprint will increase by approximately 50,000 square feet. This will accommodate additional staffing, clinicians, instrumentation, and supplies needed to support the growing demand. The first step of this process is to engage an Architect for the design of the entire 5,000 square feet. While the initial need is for Anatomic Pathology area, the Architect design will be for the entire floor.

A Request for Qualifications (RFQ) was recreated to acquire architecture services to provide design and engineering services to renovate and expand Pathology services. To ensure that the selected design professional was the most qualified firm, fee proposals and negotiations were excluded from the initial selection process. Texas Government Code Section 2254.003, states that a government entity may not select a provider of professional services based on competitive bids but shall make the selection and award on the basis of demonstrated competence and qualifications to perform services. A cross-functional team was established to evaluate the RFQ.

There were four respondents and after deliberate consideration, the RFQ scoring team was unanimous in recommending approval of HDR Architecture, Inc. The following areas are included in the expansion:

- Microbiology
- Cytopathology
- Surgical Pathology Support Services
- Cytology
- Histology
- Immunology
- Virology
- Core Lab and Central Specimen Receiving
- Point of Care Testing
- Donor Services
- HLA Lab

The expansion of laboratory space is a necessary investment for University Health to continue providing high-quality, efficient care to both admitted patients and outpatients within the community. The proposed plan will not only increase the lab's capacity by adding more testing equipment but will also create sufficient room to implement automation instrumentation.

RECOMMENDATION: Staff recommends Board of Managers approve the request for design services from HDR Architecture, Inc. in the amount of **\$2,088,575** for Pathology expansion design.

COMMENTS /DISCUSSIONS: Dr. Cohen asked if the instrumentation is included? Bill Phillips responded that it is only the HVAC, space, power, water. Mr. Banos commented that allot of the instruments are obtained thru agent contracts. Biggest expense will be the installation of the track to move items from one area to another.

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

EVALUATION: None.

FOLLOW UP: None

Consideration and Appropriate Action Regarding an Agreement with LeanTaaS for Artificial Intelligence and Prescriptive Analytics to Establish a New Logistics Command Center — *Bill Phillips*

SUMMARY: University Health continues to face high patient volumes and capacity issues in both the emergency department and the inpatient setting. The continued increase has resulted in averages of 3,371 hospital admissions per month and 10,427 emergency department visits per month. A key item to improving throughput, reducing length of stay and expediting discharges is the establishment of a logistics/command center. Hospital logistic centers/command centers are designed to manage patient throughput. They combine existing, traditionally siloed services or departments such as transfer centers, bed management, transport and patient access and place them in a centrally located area. These command centers actively manage patient flow and supporting services using real-time data and analytics to make decisions.

Advanced command centers utilize artificial intelligence (AI) to provide operational oversight care through improved utilization strategies, resource allocation and communication by anticipating issues and proactively managing patient throughput.

A plan has been established to utilize the vacant neonatal intensive care unit space on the fifth floor of the Horizon Tower to create this center. This space is ideal as it has a large open area that is conducive for a logistics/command center. We have also identified an AI software vendor (LeanTaaS) that is a leader in this industry. LeanTaaS software is installed in over 1,200 leading hospitals and cancer centers.

Various software products on the market were reviewed. Only one provides a comprehensive health system optimization platform that seamlessly integrates with our Epic Electronic Health Record. This software is designed to improve inpatient flow by delivering predictive recommendations, workflow automation and real-time data analytics. The LeanTaaS software will make a significant improvement in providing quality and expedited care for both admitted and emergency department patients. Through this subscription, University Health will have access to state-of-the-art technology to reduce capacity barriers in an effort to improve wait times, ED holds, length of stay and patient experience.

The cost of this acquisition is \$1,838,000 for a period of twelve months. This acquisition also comes with a money back guarantee. 100% refund (on all fees paid) for 6 months from contract signature. LeanTaaS is unique in the market place in that no other vendor offers the same level of AI sophistication, depth of integration, and breadth of operational optimization across multiple departments and facilities as they do; therefore, this is considered a Sole Source acquisition and has been included in the 2025 operating budget.

RECOMMENDATION: Staff recommends Board of Managers approve the request for services/subscription from LeanTaaS in amount of \$1,848,000.

COMMENTS/DISCUSSIONS: Ms. Fernandez commented how this service can bring added benefits. Bill Phillips added that if there is an emergency, the proper staff is notified, should there be a patient that has been waiting for an MRI for an extended amount of time, this service will alert staff. Ms. Watts Davis commented on how she is familiar with LeanTaaS and is asking if we have adequate staff to work with this program and is staff prepared to operate and solve issue that arise with LeanTaaS program, do we have an AI expert? Bill Phillips replied that we have talented and adequate staff/engineers who have been monitoring AI for quite some time and have been working to stay up to date with the AI Program. Mr. Banos added that we have allot of people in our organization that every day are working on Capacity Management that coordinate various aspects of this organization. Further discussion ensued.

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

EVALUATION: None

FOLLOW UP: None

Consideration and Appropriate Action Regarding the Financial Report for August 2024 — *Reed Hurley*

SUMMARY: University Health's consolidated bottom line for the month of August 2024 reflects a gain of \$21.8 million, \$19.2 million better than the budgeted gain of \$2.7 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$12.0 million, and higher than budget grant revenue of \$5.7 million.

In August, clinical activity (as measured by inpatient patient days) was up by 14.6% and inpatient discharges were higher than budget by 17.3%. Volumes exceeded budget across all key service delivery areas. Community First experienced a bottom line gain of \$0.9 million, which was \$0.4 million higher than the budgeted gain of \$0.5 million.

Although Community First fully insured membership was down 17.2% to budget due to faster than anticipated Medicaid disenrollment, the gain to budget was driven by a lower than budgeted claims expense.

Year to Date Operating Revenue

- Net patient revenue is over budget \$107.6 million driven by high patient volumes, acuity of inpatient services, and the continued growth of retail pharmacy volumes.
- Supplemental revenue is over budget \$46.4 million due to the deferral of DSH cuts, an unexpected increase in the HARP program for 2024 and the reconciliation payment of FFY 2023 TIPPS.
- Community First premium revenue is under budget \$85.8 million related to lower than budgeted Medicaid membership which was impacted by the State's disenrollment process.

Year to Date Operating Expense

- Purchased Services are under budget \$27.1 million related to the re-class of year to date software maintenance contract expense to lease amortization expense.
- Supplies are over budget \$38.0 million due to \$26.3 million in higher pharmaceuticals expense from the retail pharmacy programs and \$10.5 million in higher medical supplies from the operating room and procedural departments
- Community First claims expense is under budget \$75.6 million primarily driven by the lower than budgeted Medicaid membership.

Year to Date Non-Operating Expense

- Investment income of \$61.0 million was higher than budget by \$18.2 million.
- An unrealized gain of \$25.8 million was higher than a budgeted zero.

Consolidated Balance Sheet

- Days Revenue in Patient Accounts Receivable: 37.8 days on a budget of 38.0 days. Improved cash collections and AR cleanup has moved this metric in a positive direction.
- The Women's and Children's Hospital and associated projects has a budget of \$838 million, \$776 million has been paid to date leaving a balance of \$62 million. A large portion of the remaining balance is encumbered and expected to be paid on the project.
- The Community Hospitals project has a budget of \$1.55 billion, \$90 million has been paid to date with a reserved cash balance of \$1.03 billion. Additional cash reserves will be allocated to the project over the next two years.

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- Unencumbered funds reserved for future capital needs has a balance of \$15.7 million.
- University Health's Net Asset Value has increased \$249.2 million year to date on a Generally Accepted Accounting Principles (GAAP) basis including debt service tax revenue and interest expense on bonds.

RECOMMENDATION: Staff's recommendation to approve the August 2024 Financial Report as presented to the Board of Managers subject to Audit.

COMMENTS /DISCUSSIONS: Mr. Hasslocher thank Reed Hurley and the staff for their hard work as we have in the past and continue to have another good month.

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

EVALUATION: None.

FOLLOW UP: None

Presentations and Education:

CareLink Annual Report — *Virginia Mika, PhD.*

SUMMARY: As we entered our 26th year of service to the community, the CareLink program continued to strive to improve access to health care and improve health outcomes for uninsured residents of Bexar County. As University Health's financial assistance program, we aim to screen unfunded patients for any coverage they may be eligible for and assist them in completing and submitting those applications. Our mission is to continuously improve the health and well-being of the uninsured of Bexar County through responsible use of the tax fund.

CareLink was created in 1997 to help address the needs of Bexar County residents without health care coverage who were not eligible for Medicaid or other public or private funding. While CareLink is not an insurance product per se, it has many similar advantages in terms of encouraging a lasting relationship with a primary care provider, promoting access to preventive health services, and instilling a sense of shared responsibility between the member and University Health for the member's health. Our central focus is to assist patients and improve the health of our community. We do this by following six guiding principles.

CareLink's Six Guiding Principles:

- Promote patient responsibility and program viability
- Provide a medical home for members
- Make evidence-based health care decisions
- Pay providers on a fee-for-service basis
- Assure that members receive medications
- Develop community partnerships

Throughout 2023, we maintained short wait times for enrollment appointments, assisted members with enrollment in entitlement programs and Marketplace insurance plans, educated members about chronic disease, expeditiously adjudicated claims from providers, maintained a robust formulary of medications, and expanded our reach in the community. Our teams include Member Services, Business Services, Medical Management, and Community Engagement.

The CareLink program enrolls members in one of three groups (A, B or C) based on their income levels. For reference, 100% of the 2023 federal poverty level (FPL) was \$14,580 for one person and \$30,000 for a family of four. The FPL income levels by household size are summarized in Table 1. The federal government updates and publishes the FPL information annually.

CareLink serves a diverse population. The average age of CareLink members is 45, with 58% female and 42% male. The following zip codes represent the highest concentration of CareLink members: 78207, 78228, 78201, 78237 and 78223. However, our program has members living across all of Bexar County.

The total cost of care in 2023, encompassing inpatient, outpatient, lab, imaging and other services, amounted to \$119,859,046 representing a two percent decrease from 2022. This equates to a per member per month (PMPM) cost of \$431.57 and a per member per year (PMPY) cost of approximately \$5,178.84. Notably, spending on outpatient facility visits and procedures saw a slight increase of two percent, rising from \$59,022,392 in 2022 to \$60,138,654 in 2023.

Three hundred seventy CFM members accessed care utilizing the program, generating 2,904 claims for services totaling \$254,032.42. The majority of these claims were associated with services provided at University Hospital.

CareLink membership includes prescription medication coverage at any University Health pharmacy. CareLink maintains a formulary of covered medications available for members and it is available online for staff reference. Prescription medication cost monitoring and auditing ensure formulary compliance, as well as formulary updates as needed. In 2023, CareLink covered 304,695 prescriptions for members, with a total acquisition cost of \$2,871,720 and a per member month cost of \$10.15.

The University Health medication assistance program (MAP) helps members get prescription medications not covered by CareLink. Most pharmaceutical companies offer programs to provide free medications to patients with little or no prescription insurance coverage. Each company has different criteria, but most CareLink patients qualify. MAP staff, located at University Hospital and the Robert B. Green Campus, help prepare applications to submit to the patient assistance programs. In 2023, MAP helped University Health patients receive medications valued at \$49,372,997, with the majority designated for CareLink members. Since 1999, the MAP has helped our patients apply for and receive over \$419 million worth of medications from pharmaceutical companies.

CareLink uses evidence-based guidelines to ensure coverage of appropriate cost-effective care, with oversight and guidance from our medical director. Authorization nurses review requests for medical service coverage in both outpatient and inpatient settings, and work diligently to respond within 72 hours. When necessary, nurses send requests to the medical director for additional review. Examples of services that require pre-authorization include elective inpatient admissions, outpatient surgeries, home health services and any covered service valued at greater than \$250. In 2023, CareLink received and reviewed 13,135 pre-authorization requests.

Efforts by Community Outreach team to educate the Bexar County community about CareLink resulted in reaching 8,034 individuals and educating 4,447. This accomplishment was achieved through presentations, attending health fairs and collaborating with internal departments at University Health. The team attended 104 community events throughout Bexar County, making it possible to reach and educate the unfunded population about the opportunity to receive affordable health care services at University Health.

Additionally, the Community Outreach team provided 47 professional CareLink training presentations to community organizations and internal departments, educating approximately 403 individuals.

Organizations and departments receiving these presentations included University Health Care Coordination, Methodist Healthcare Ministries, University Health Patient Access Managers Family Service and various community resource agencies. Outreach staff also conducted CareLink education workshops, attended by 218 new members throughout the year, to help them gain a thorough understanding of the programs and their benefits.

The FitLink program in coordination with the University Health Fitness Center at Texas Diabetes Institute, aims to help members obtain the recommended exercise time of 150 minutes per week by incentivizing members based on the number of minutes they exercise each month. In 2023, participating members exercised a total of 239,224 minutes, a 52% increase from last year. Several participants reached over 1,000 minutes in a single month, marking a milestone for the program's goals.

With a new three-year award in 2022 from Center for Medicare and Medicaid Services, the Connecting Kids to Coverage (CKC) Grant completed the grant's first year in June 2023, having enrolled 1,512 children in Medicaid or CHIP and 1,017 pregnant individuals in pregnancy Medicaid. The team also completed outreach efforts to over 22,368 individuals across the city and educated 6,705 individuals on Medicaid and health-related information. Year two began in July 2023, and the grants team remained on track to meet all metrics in 2024.

The Texas Home Visiting (THV) grant is funded primarily by the Department of State Health Services to support families and improve child welfare. In March 2023, the THV program became an affiliate of Healthy Families America. As an affiliate site, THV adopted new branding as Healthy Families Bexar (HFB). Soon after, staff began completing HFA model-specific trainings required prior to service implementation.

Our funding for THV led to additional funding opportunities for Early Childhood Systems Building (ECSB). This program kicked off mid-year in 2023, and its strength-based approach through Parent Cafés and health care professional engagement was the focus for ECSB goals. Two Parent Cafés were implemented in 2023, meeting grant expectations and setting the stage for continued growth in 2024. The Mujeres Con Confianza (MCC) program, funded by the Office of Assistant Secretary of Health (OASH), had a two-prong approach to addressing women's health: clinical staff and provider training and patient education.

In September 2023, the provider and clinical staff learning modules were launched. Two University Health clinics implemented the modules and identified eight champions to encourage providers and clinical staff to complete the modules. Those trained in 2023 included, 35 clinical staff, 17 medical doctors, and four advanced practice practitioners, which was 100% of the assigned clinical staff.

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COMMENTS /DISCUSSIONS: Dr. Cohen asked about the memberships and dues and Dr. Mika provided a response followed by comments by Mr. Banos. A discussion ensued and the Dr. Mika continued with her presentation. Mr. Adams thank Dr. Mika for her time and detailed presentation.

ADDITIONAL COMMENTS /DISCUSSIONS:

Mr. Adams expressed his appreciation and how he has had the privilege to serve the community of Bexar County as a member of the Board of Managers and as Chair all these years and extended his gratitude to the UH Leadership, Members of the Board and staff throughout the 37 years of his service to Bexar County Hospital District and collaborating with UT Health leadership and staff. Mr. Banos expressed his gratitude to Mr. Adams for his guidance and leadership. It has been a pleasure for all of us to learn from Mr. Adams, and be mentored by him and Mr. Banos presented a token of appreciation on behalf of the staff. Additionally, Judge Sakai and Commissioners Court will be honoring Mr. Adams on October 8th by presenting him with the Hidalgo Award.

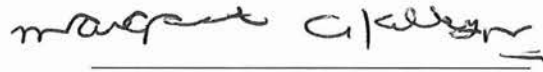
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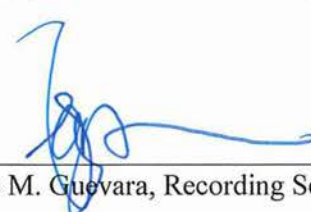
- A. Update on the Community Hospitals — *Don Ryden*
- B. University Health Foundation Update — *Sara Alger*
- C. Report on Recent Recognitions and Upcoming Events — *Leni Kirkman*

Adjournment: — *Jim Adams, Chair*

There being no further business Mr. Adams adjourned the public meeting at 7:54pm., for a closed session.


Jimmy Hasslocher
Chair, Board of Managers


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


Janie M. Guevara, Recording Secretary

The Board of Managers may recess during the open meeting in order to hold a closed meeting. Alternatively, a closed meeting may be held before the open meeting or after its adjournment.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district.