



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, April 23, 2019

2:00 p.m.

Cypress Room

University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Robert Engberg
Janie Barrera
James C. Hasslocher

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Tommye Austin, Ph.D., Senior Vice President/Chief Nurse Executive,
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Lourdes Castro-Ramirez, President, University Health System Foundation
Antonio Carrillo, Executive Director, Procurement Services, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Maxim Eckmann, MD, Clinical Professor, Department of Anesthesiology, Long School of Medicine, UT Health San Antonio; and Executive Director, Emergency Medical Services, City of San Antonio
Larissa Garza, Coordinator, University Health System Foundation
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
Shelley Kofer, Manager, Public Relations/Corporate Communications, University Health System
Elliott Mandell, PhD, MBA, RPh, Senior Vice President/Chief Pharmacy Officer, University Health System
Teresa Nino, Director, Epic Communications, University Health System
Bill Phillips, Senior Vice President/Chief Information Officer, Information Services, University Health System
Serina Rivela, Interim Vice President/Associate General Counsel, Legal Services, University Health System
Edward Schweninger, Associate General Counsel/Legal Services, University Health System
Michael Roussos, Hospital Administrator, University Hospital

Don Ryden, Vice President/Project, Design, and Construction, University Health System
Armando J. Sandoval, Chief of Police/Protective Services, University Health System
Travis Smith, Deputy Chief Financial Officer, University Health System
Rajeev Suri M.D., Medical Director/Radiology and President, Medical/Dental Staff, University Health System; and Professor, Radiology/Vascular Interventional Radiology, UT Health, San Antonio
James Willis, Vice President/Associate Administrator, University Hospital
Frank Garza, Chair, University Health System Foundation
Randy Harig, Chair-Elect, University Health System Foundation
Gary L. Joeris, President, Joeris Group Inc., G.P.
Ellen Ward, Inclusion Manager, Joeris+JE Dunn
And other attendees.

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

Mr. Adams called the meeting to order at 2:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams said the invocation and led the Pledge of Allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S): *February 19, 2019 (Regular Meeting) and February 26, 2019 (Regular Meeting)*

SUMMARY:	Two (2) sets of meeting minutes for the month of February 2019 were submitted for the Board's approval – February 19, 2019, and February 26, 2019.
RECOMMENDATION:	Staff recommended approval of the minutes as submitted.
ACTION:	There being NO OBJECTION , the minutes were APPROVED as submitted.
EVALUATION:	None.
FOLLOW-UP:	None.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN AMENDMENT TO THE CONSTRUCTION MANAGER AT RISK AGREEMENT FOR THE WOMEN'S AND CHILDREN'S TOWER AND ASSOCIATED PROJECTS — DON RYDEN

SUMMARY: The Women's & Children's Tower's design phase is on schedule. The Architectural/Engineering team of Marmon Mok L.L.P. is currently developing construction documents for the Heart/Vascular & Endoscopy Center (HVE). Design for the Garage and the Women's and Children's Tower is also in progress. A phasing strategy has been developed for the main components of the project including HVE. For the construction of the project, staff has determined that using the construction-at-risk delivery method will provide the best value for delivery of the project. This method will produce a series of Guaranteed Maximum Pricing (GMP) packages to

be established through design packages for each of the facilities or major components comprising the project. The first of these GMP packages is an enabling project for the construction of the HVE. The Construction Manager at Risk (CM) selected in November 2018 is the joint venture of Joeris+JE Dunn. Renovation of certain areas of Transfusion Services is required prior to commencing construction of the HVE and includes:

- Relocation of the transaction counter to a corridor alcove location that will be accessible to staff after construction of the HVE is complete;
- Relocation of existing Transfusion Services conference room and staff offices to an area within the shell space. These existing areas within Transfusion Services are scheduled to be renovated as part of HVE.

The project scope for Joeris +JE Dunn Heart Vascular Endoscopy Center GMP #1 – Transfusion Services is not to exceed \$727,726. This will be funded by the CIP budget and includes:

1. Cost – the current CIP budget for construction of the HVE is \$21M.
2. The total construction cost of Joeris+JE Dunn Heart Vascular Endoscopy Center GMP #1 – Transfusion Services is \$727,726 and is included within the \$21M CIP budget.
3. An allowance of \$200,000 is also included that will allow the Construction Manager to continue work on the under-slab plumbing work in the shell space in anticipation of the next GMP package for the HVE construction.
4. Schedule – The Project Scope identified above is on the critical path for construction of the HVE. The project schedule for Joeris+JE Dunn HVE GMP #1 Transfusion Services is 90 calendar days.
5. Project Timing – Relocating the transaction counter, conference room and offices at this time will allow for construction of the HVE to commence upon completion of this first GMP package.

The workforce composition data for Joeris+JE Dunn was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve Joeris+JE Dunn Heart Vascular Endoscopy Center GMP #1 - Transfusion Services in an amount not to exceed \$727,726 and authorize the President/Chief Executive Officer to execute the amendment to the Joeris+JE Dunn agreement in that amount.

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

EVALUATION: Mr. Ryden introduced Ms. Ellen Ward, Inclusion Manager for Joeris+JE Dunn. She spoke about the company's diversity efforts, activities and outreach services. On April 12, 2019, Joeris+Dunn hosted a SMWVBE conference, which focused on the HVE. There were 30 different local firms represented and registered as SMWVBE vendors with the Health System and Joeris+JE Dunn. Many SMWVBE vendors are not able to bid by themselves on such a large package so Joeris+JE Dunn is trying to make sure there is a network of connectivity. The firm will host a Diversity and Inclusion Mega Trade Partner event for SMWVBE vendors for the New Women's and Children's Tower at St. Philip's College on Saturday, June 29, 2019; the firm has started creating a buzz among SMWVBE vendors, specifically, Ms. Ward reached out to the Hispanic Contractors' Association and the Black Contractors' Association through The University of Texas at San Antonio's Procurement Technical Assistance

Center (UTSA-PTAC). The firm will also announce a pilot program, modeled after the City of San Antonio's SWMVBE training program, comprised of 90 different sessions. Participants will be asked to donate \$100 each and if all of the required sessions are attended, a full refund will be processed, as an incentive for them to attend every session. If one session is missed, the \$100 will be donated to the University Health System Foundation. The firm has also hosted a couple of breakfast sessions with UTSA-PTAC, as well as an Industry Information Day event at their main offices to promote the Health System's project. Mr. Adams asked Ms. Ward if during contract negotiations the firm had sensed the importance the Board of Managers places on supplier diversity as well as the subcontractor selection process, and she replied that the firm took those expectations very seriously. As the inclusion manager, she is impressed with the Board's policy and thrilled to learn that the Board takes care of the sick as well as the local business community. Ms. Ward confirmed for Ms. Barrera that she has been in contact with the Fair Contracting Coalition and is scheduled to make a presentation at their May meeting. She expressed appreciation for the Board's support which the Board members pledged to continue. Mr. Smith commended Joeris for its SMWVBE training program and its clever connection to the Health System's Foundation.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THIRD-PARTY SOFTWARE PRODUCTS FOR THE EPIC ELECTRONIC HEALTH RECORD PROJECT - SOFTWARE AND CONVERSION FROM CLEARSENSE, L.L.C. — BILL PHILLIPS

SUMMARY: With the implementation of Epic, the Health System will need to replace several legacy systems. The data from these legacy systems needs to be readily available to meet clinical and regulatory requirements. After reviewing several products, staff recommends procurement of ClearSense Legacy software directly from its manufacturer. ClearSense Legacy software will provide quick access into the Health System's legacy data while in the Epic system. This product will be a tab in the Epic system, enabling physicians to view critical historical patient data quickly without ever leaving Epic. The data is searchable, meaning clinicians do not have to read through the entire record to find information they are looking for. Additionally, ClearSense encompasses a full end-to-end solution specifically designed for quick ingestion of clinical data, preserving full lineage and integrity of the source data. Besides making historical data available, there is a need to convert multiple years of existing patient and financial data into Epic. To assist with this process, ClearSense has a data conversion tool that fully automates the manual abstraction process with 100 percent accuracy. ClearSense is unique in the marketplace combining data archival and data conversions in one system. Mr. Phillip's outlined the conversion techniques provided by ClearSense to ensure proper data conversion in his written report to the Board. ClearSense Legacy software cost for this acquisition is \$360,000 one-time. The annual maintenance fee is \$240,000 for a period of three years. The total cost of this acquisition including maintenance for a three-year period is \$1,080,000. ClearSense

Automated Data Conversion cost for this acquisition is \$360,000 one-time. The total cost of this acquisition for both products is \$1,440,000 for a three-year period. The workforce composition data for ClearSense was not available for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve procurement of ClearSense Legacy and Automated Data Conversion software for the core Epic enterprise suite in the amount of \$1,440,000.

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

EVALUATION: The maintenance cost is an ongoing cost beyond three years.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THIRD-PARTY SOFTWARE PRODUCTS FOR THE EPIC ELECTRONIC HEALTH RECORD PROJECT - TELEVOX SOFTWARE SYSTEM FROM WEST CORPORATION — BILL PHILLIPS

SUMMARY: With the implementation of Epic, the Health System will need a robust telecommunication system that easily integrates with the current digital phone system and Epic. This type of product is required in Epic for patient appointment reminders and notifications. The Health System currently uses Acqueon to provide this service. In reviewing current software with Epic, they have had only one customer that has attempted to integrate Acqueon with Epic, and this didn't go well. TeleVox from West Corporation is used in almost all Epic installations and is recommended by Epic as the leading solution to deliver patient communications. This product will be acquired directly from a third party vendor without Epic's involvement. TeleVox creates meaningful patient-provider interactions across the care continuum. Using a combination of phone calls, text messages and emails ensures outreach success by each patient's preferred communication type, confirming an appointment via and automated reminder. The TeleVox system is unique in the industry, easily-integrated single source for automated phone calls, text messages, and mailed outreach for communication strategies that compel patients to respond and stay on track in their ongoing care. West TeleVox Conversion cost for this acquisition is \$5,000 one-time. The annual maintenance fee is \$294,840 for a period of five years. The total cost of this acquisition including maintenance for a five-year period is \$1,479,200. The workforce composition for West Corporation was not available for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve procurement of West TeleVox System for the core Epic enterprise suite for the amount of \$1,479,200.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PROCUREMENT OF A CELLULAR SYSTEM FROM PRESIDIO NETWORKED SOLUTIONS GROUP, L.L.C. — BILL PHILLIPS

- SUMMARY:** Currently AT&T, Verizon, and T-Mobile are connected to the Health System's Distributed Antenna System (DAS) and provide cellular service throughout the Sky Tower. When the Sky Tower was designed, the staff strategically decided not to install a DAS in the Horizon and Rio Towers due to the expense and the long-term plans of these facilities were not yet determined. Therefore, at this time cellular service in the Horizon and Rio Towers is nonexistent. The only way to receive cellular service is through external antennas that leak coverage into these two towers. Currently, AT&T has the best building penetration, but coverage is still sporadic. Since there is many staff, patients, guests and providers assigned to these facilities, it is time to implement a DAS to ensure adequate cellular phone service. This is specifically important for the continuum of care for providers and other clinicians to be able to communicate via cellular phones. While the staff has researched several options, the recommendation is to replace the DAS in the Sky Tower with an active expandable DAS at a cost of (\$2,749,604). This will include installation of the expandable DAS in both the Rio and Horizon Towers. It will also allow us to easily expand to the new Woman's and Children's Tower. This new DAS is a network of spatially separated antennas that receive their signal from one central antenna, providing a cellular network within the Health System's three towers. This product will be procured from Presidio Networked Solutions Group, LLC, and enables continued cell service throughout Sky, Horizon, and Rio Towers. This implementation will remove the dependency of traditional pagers and allow for removal of this reoccurring outdated technology expense. Presidio DAS Cellular System cost for this acquisition is \$2,749,604 one-time. The annual maintenance fee is \$10,500 for a period of one year. The total cost of this acquisition including maintenance for a three-year period is \$2,760,104. This cost will be funded from the Board Designated Capital Account. The workforce composition data for Presidio was provided for the Board's review.
- RECOMMENDATION:** Staff recommends Board of Managers' approval of an Agreement with Presidio DAS Networked Solutions Group, LLC., in the amount of \$2,760,104.
- ACTION:** A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Smith, and **PASSED UNANIMOUSLY**.
- EVALUATION:** None.
- FOLLOW-UP:** None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A SUPPLY DISTRIBUTION AGREEMENT WITH MEDLINE INDUSTRIES, INC. — REED HURLEY/ANTONIO CARRILLO

- SUMMARY:** For the last 10 months staff has attempted to work with the Health System's current Prime Vendor on innovative ways to improve existing processes, reduce backorders and decrease pricing, but have had little success. Many of the backorder issues have been continuing for over two

(2) years with no resolution, which has affected patient care. The Health System has been using the current Prime Vendor distributor for over 15 years for the majority of contracted medical supplies. Due to the continued challenges, the staff requested to review alternative Prime Vendor Distributors contracted under the Premier Group Purchasing Organization (GPO) umbrella. The Supply Chain team conducted an extensive review of the Health System's supply chain processes with each of the vendors. The vendors provided a comprehensive analysis that included pricing and process improvement recommendations. Upon completing this review, staff recommends Medline Industries for the new prime vendor agreement due to several improvements, which Mr. Carrillo outlined in detail for the Board in his written report. As compared to the previous 5-year contract of \$8,497,130, there is a 61 percent (\$5,173,130) decrease over the term of the agreement. The decrease is driven by Medline's proposed lower cost mark-up compared to the current vendor. The result is an average annual savings of \$1,034,626 over the life of the 5-year agreement. This service is being awarded through the Premier GPO, under Contract # PP-DS-076 and is therefore considered to have been competitively bid. In addition, the staff evaluated two other GPO vendor proposals and Medline was selected based on best value due to pricing, improved support, additional value, added services and robust Supplier Diversity Program. Medline Industries Inc., is a U.S. based company with over 18,000 employees worldwide. The Health System's contract will be serviced out of the distribution center in Katy, Texas. Medline's workforce composition data was provided for the Board's review.

RECOMMENDATION: Staff recommends the Board of Managers approve a 5-year contract with Medline Industries Inc., in the amount of \$3,324,000.

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

EVALUATION: Medline Industries Inc., continuously monitors its SMWVBE partnerships and is constantly looking for opportunities to diversify the supplier base, so they have agreed to partner with the Health System on a diversity program for this contract. The program will include SMWVBE Mentoring and Development, Marketing, Outreach and Tier II Reporting.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING AN OVER-65 PROPERTY TAX EXEMPTION RECOMMENDATION TO BEXAR COUNTY COMMISSIONERS COURT — REED HURLEY/GEORGE B. HERNÁNDEZ, JR.

SUMMARY: In 2018 Bexar County Commissioners Court, upon the recommendation of the Health System's Board of Managers, approved a tax exemption of \$10,000 for taxpayers over the age of 65. Due to rising property values in Bexar County, the Health System has re-accessed the current over-65 exemption amount and would like to increase the exemption from \$10,000 to \$30,000 with an ultimate goal of matching the County at \$50,000. In order to increase the over-65 exemption for 2020, the Health System requires the approval of the Board of Managers and authorization from the Bexar County Commissioners Court by July 1, 2019. In 2018, there were 128,340 property owners that would have qualified for an over-65 exemption in the Health System's existing taxable properties. If the Health

System increases the over-65 exemption to the amount of \$30,000, using the existing tax rate of 0.276235, it would reduce the annual property tax collections by an estimated \$7 million. The \$7 million reduction is not an overall reduction, but would decrease the overall increase in property taxes created by rising valuations. For 2020, the Health System is estimating an increase in tax revenue of approximately \$23 million based on the existing tax rate (approximately \$13 million related to increased valuations for existing properties and \$10 million for new properties) creating a net increase of \$16 million for 2020. The increase of the over-65 exemption will bring the Health System more in line with other taxing units in Bexar County providing some tax relief to property owners over 65.

- RECOMMENDATION: Staff recommends the Board of Managers approve a recommendation to the Bexar County Commissioners Court to increase the over-65 property tax exemption to \$30,000, beginning with the 2020 valuations.
- ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Dianna Burns, and **PASSED UNANIMOUSLY**.
- EVALUATION: Mr. Hurley provided a handout reflecting 2017 and 2018 actual tax rates for Bexar County entities, City of San Antonio, incorporated cities, school districts, water districts, and those abolished by City Ordinance.
- FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

UNIVERSITY HEALTH SYSTEM FOUNDATION ANNUAL REPORT — LOURDES CASTRO-RAMÍREZ

- SUMMARY: Foundation Chair, Mr. Frank Garza and Chair-Elect, Mr. Randy Harig, joined Ms. Castro-Ramirez for their annual presentation to the Board of Managers. Mr. Garza led and alternated the following presentation with Mr. Harig:

Overview of Foundation activities for 2018:

- Strong Board Engagement;
- Rebranding: Mission, vision, tagline, and website;
- Raised \$1.7 million in new revenue and secured new partners and donors;
- Established Major Gifts Committee;
- Initiated Grateful Patient Program; and
- How We Are Building Lifelines.

Community Presence

- Blood Drives
- Health System-Sponsored Events

Funder Site Visits

- Teen Cancer America, Amazon, Toyota, Ann Peters Foundation

Active Board Committees

- Executive, Special Events, Major Gifts, Investment and Finance and By-Laws

Philanthropic Partnerships

- Raised \$1.7 million in new revenue
- Secured new partners and donors

External:

- Teen Cancer America, \$296,000
- Gus Owen Stephens, \$289,100
- Charity Ball Association, \$50,625
- Toyota, \$30,000
- Amazon, \$10,000

Internal:

- Employee Giving, \$233,419 a 32 percent increase over 2017
- Annual Appeal, \$10,295

Building Lifelines. Together.

- New Vision: We will be the first choice for healthcare philanthropy in San Antonio and South Texas, ensuring a healthy and thriving community for generations to come.
- New Mission: The University Health System Foundation is a lifeline of support to University Health System, by inspiring donors to participate in advancing extraordinary and compassionate care to patients, employees and the greater community.

Telling Our Story

Sharing Our Story

- External: Social Media (increase by 15.4%), Website and marketing materials
- Internal: Employee Giving, Infoline, Intranet

Expanding Our Reach

- Brand Refresh: New mission, vision, logo, tagline, and website
- Building Lifelines Newsletter (Donors) and President's Post (Board)

Major Gifts Program

Goal: Implement a comprehensive, relationship-based major gift program to support

Key Achievements:

- Submitted several grant proposals
- Developed a prospect list of potential donors to support the Women's & Children's Tower
- Selection of Women's and Children's Tower Capital Campaign consultant

Goals for 2019:

- Raise \$6.5 million
- Refine prospective donor list/match interest to funding priorities
- Support Capital Campaign efforts

Women's and Children's Tower

Capital Campaign Consultant Selection Process - November 2018-

February 2019:

1. Issued RFP
2. Selection Committee reviewed and scored proposals
3. Three members of the Executive Committee reviewed and gave their recommendation
4. Selection of campaign consultant, CCS Fundraising

Grateful Patient Program

Objective

- Grow a base of benefactors
- Offer patients opportunity to make a difference
- *Staff never solicit, but facilitate the relationship with the Foundation.*
- Collect stories of impact, honor staff

Benefits

- Gratitude part of the healing process

- Secure funds to be reinvested into the system
- Recognize staff for the care they provide
- Cultivate a culture of gratitude!
→Establish Framework→Create awareness →Implement→Integrate

Foundations' Impact:

- Foundation Grants Program Awarded \$70,450 to 17 projects and programs at University Health System
- Board approved \$94,500 in support of 9 Nursing and 3 Allied Health Scholars through the Nursing Scholarship Program
- Our Sons & Daughters Scholarship awarded 11 scholarships at \$2,000 each
- Southwest Airlines Grant Program helped 46 patients and their loved ones
- Buckle UP! Program has provided 92 car seats, held 20 classes and events, and has had 69 participants.

Looking Ahead: 2019 Priorities:

- Launch W&C Tower Capital Campaign
- Targeted, Strategic Fundraising Efforts
- Launch Grateful Patient Program
- First Choice in Healthcare Philanthropy for our Community!

Upcoming Events:

- Medical Miracles Gala - Thursday, May 9
- Employee Giving - May 1 to June 1; Goal is to raise \$245,000 and 1,400 employees pledging support
- Our Sons & Daughters Scholarship Reception - Thursday, June 11
- Nursing Scholarship Application - Wednesday, May 1

RECOMMENDATION: This report was provided for informational purposes only.

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

EVALUATION: Mr. Smith is not comfortable with the staff approaching patients for donations or with the Board member contribution requirement. Grateful patients who approach staff will be directed to the Health System's Foundation and will be informed of the program by trained Foundation staff. While a financial commitment to the Health System Foundation by its entire Board is often a requirement for many of the grants the Foundation seeks, there is not a minimum amount required. Board members are asked to make a tax-deductible contribution at whatever level they wish to donate. Mr. Adams thanked Mr. Garza and Mr. Harig for volunteering so many hours to the Health System Foundation Board, their work is appreciated by the staff and the Board of Managers.

FOLLOW-UP: None.

PHARMACY OPERATIONS REPORT — MICHAEL ROUSSOS/ELLIOTT MANDELL, PHD

SUMMARY: Mr. Roussos introduced Dr. Elliott Mandell, Chief Pharmacy Officer; and Dr. Max Eckmann, Clinical Professor, Department of Anesthesiology, School of Medicine, UT Health San Antonio. Dr. Eckmann also serves as Executive Director for the City's Emergency Medical Services (EMS), and will provide a brief overview on the opioid crisis. In addition, Dr. Greg Bowling, the Health System's Medical Director for Infection Control was unable to attend today's meeting to introduce an Antibiotic Stewardship program which Dr. Mandell will touch upon in his absence. Mr. Roussos yielded the floor to Dr. Mandell for the presentation: The Pharmacotherapy

and Pharmacy Services Department is dedicated to ensuring the accuracy and appropriateness of all medication orders and prescriptions written by health care providers and for dispensing those medications to patients in both the inpatient and outpatient settings. The Department has 311 FTEs and there are seven (7) pharmacies across the Health System, and all employees are crossed-trained. The inpatient pharmacy is a very large, state-of-the-art pharmacy and UMA/UT physicians recognize that specialized pharmacists are highly trained individuals.

2018 Overview – 3 million physician orders analyzed; 7.5 million drug doses dispensed; 500,000 ambulatory prescriptions dispensed; \$68.3 million in drug purchases; \$18.2 million drugs through Medication Assistance Program; \$60.7 million drug savings through the 340B program; \$6.1 million savings through clinical pharmacist recommendations.

Pharmacist Evolution:

- Education – 6-year Doctorate Program; Post Doctoral Residencies; and Board Certifications
- Research – 146 Investigational Drug Studies; 42 Publications; Manufacturers’ Drug Package
- Therapeutic Regimens - Antibiotic Stewardship; Opioid Stewardship; Pharmacy Consults; and 9,029 Recommendations for Changes in Therapy
- Safety – Pharmacist review and analysis of medications ordered

Prescription Optimization Program – POP-Rx® - this program is unprecedented and is comprised of three components:

Meds-to-Beds: Physicians e-prescribe prescriptions for patients ready to be discharged from University Hospital to the ambulatory pharmacy located within the hospital. Prescriptions are filled by the pharmacy and brought to the patient’s bedside on day of discharge so the patient leaves the hospital with their medications.

Inpatient Discharges – Meds to Beds – Patient Convenience; Improve Outcomes; Improve Throughput; and Reduce Readmissions

Prescriptions dispensed for discharge patients:

QTR 2 – 2018 – 2,394

QTR 3 – 2018 – 5,204

QTR 4 – 2018 – 9,780

QTR 1 – 2019 – 14,175

Fast-Fill: The “Fast Fill” program emulates the Meds-to-Beds program for ambulatory clinics, with the goal of patients leaving the clinic with their prescriptions that day. Liaisons meet with patients in the waiting room prior to their clinic visit to discuss and direct them to the pharmacy, where their medications can be picked up.

Outpatient Clinic Visits “Fast Fill” - Texas Diabetes Institute, Robert B. Green; UFHC – SE; UFHC SW; and University Hospital Pavilion

Prescription Savings Club – Cash paying patients receive affordable pricing; Co-pay Assistance/Special Programs; Robotic Prescription Filling; Mail Delivery; Home Delivery; or Patient Pick up Options; Pharmacist “auto substitution when prior authorization required; and Community health impact

Employee Prescriptions: RX and Go - Only 45 percent of the Health System employees were utilizing the six ambulatory pharmacies in the Health System. In addition, it took nearly two weeks from request to receipt of prescription refills through the mail out program. In response, the Pharmacy re-aligned operations so that existing robotic technology could be used for employee prescriptions. Delivery is now made in one to two business days. Co-pays for all employees have been eliminated. In one month, 55 percent of Health System employees are now utilizing the pharmacies to fill their prescriptions.

	<u>RX filled at Health System Pharmacies</u>	<u>RX not filled at Health System Pharmacies</u>	<u>Total RX filled/Year</u>
Employee Prescriptions Per Year	82,400 (44%)	13,492 (56%)	185,892
Cost to Health System Per RX	\$87.56	\$138.43	\$50.87 variance
Excess Cost to Health System			5,264,638

Antimicrobial Stewardship – “In the U.S. alone, resistance to antibiotics cause more than 2 million infections and 23,000 deaths per year. Worldwide, antibiotic resistance threatens our progress in healthcare, food production, and ultimately life expectancy.” - *Centers for Disease Control - September 19, 2018*. Dr. Greg Bowling has implemented a very a robust Antimicrobial Stewardship program that reviews: 1) Necessity for Empiric Therapy; 2) Restrictions on Use; 3) “Bug-Dug” Matching; 4) Kinetic Dosing, and 5) De-escalation.

Finally, Dr. Mandell affirmed that diagnostic testing and identification of the need for pharmaceutical care will limit desired outcomes if patients do not obtain and take the medications prescribed for them:

- Literature is consistent in stating that over 35 percent of all patients being discharged from hospitals never get their discharge prescriptions filled.
- Over 100,000 prescriptions filled at Health System ambulatory centers were never obtained by the patients for whom they were ordered (2018).
- Only 45 percent of all prescriptions written for Health System employees were filled at Health System pharmacies.

Dr. Mandell yielded the floor to Dr. Eckmann: The opioid crisis has claimed the lives of hundreds of thousands of individuals nationwide since the 1990, and is a major health crisis. There are major dominant factors identified in the literature that drive it. One of those driving factors is exposure to opioids by patients who have legitimate medical problems, injuries, or major operations, is felt to be a driving factor even though the opioid crisis is a mixture of prescription drugs, opioid abuse and misuse, and illicit opioid abuse and misuse. The Health System/UT partnership

wants to be the community leader for the region to do what is necessary to reduce exposure where it is medically and ethically appropriate to do so, as well as putting in place safety measures to handle the backend of preventing overdose deaths and managing patients appropriately who have refractory pain and need to be on opioid therapy long term. There are many elements to the proposed program; however, there are isolated areas where physician leaders feel they can make the most immediate difference – the Emergency Department, University Hospital inpatients, and Ambulatory clinics – three major areas where there are opportunities to help manage the program and limit access to exposure. Physician leaders will work with stakeholder departments to gather data through the Health System’s Pharmacotherapy and Pharmacy Services Department. In the meantime, non-opioid, multi-model recommendations are being developed to give providers alternatives to opioids. In the outpatient realm, the expectation is that most patients will be seen for long term therapy. In addition, safety measures will be implemented for monitoring patients appropriately, and may include drug testing and controlled substance agreements, for example. In the community, first responder training will be expanded and first responders will be given accessibility to Mecolin rescue therapy to increase chances of survival. This program will serve as a segway over the years to substance abuse disorder treatment.

RECOMMENDATION: This report was provided for informational purposes only.

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

EVALUATION: Mr. Adams agreed that the Health System ought to be a local leader in the opioid crisis. The Pharmacotherapy and Pharmacy Services Department is now also packaging medications to simplify for patients as soon as possible, and is undertaking more intense patient education efforts by pharmacists. The department has established a three-day post discharge call by pharmacy staff to review list of medications, side effects, and instructions directly with the patient or caretaker, ensuring the patient adheres and complies with discharge instructions to reduce re-admissions. A home delivery service is being phased in across the Health System since volume is on the outpatient side. The program is being internally promoted. Prescriptions must be written by a Health System/UT physician. As for a systemized way to externally announce the program, Dr. Mandell reported that the initial impetus for the program was to take care of Health System patients. The Health System now uses robotics to fill prescriptions and waiting time is less than 15 minutes per prescription. Mr. Adams agreed with Dr. Burns in that the program ought not to compete with private practitioners. Mr. Roussos noted that the “meds to beds” program has not been rolled out to all inpatient units at this time. Eventually, the enrollment process will be automatic for all hospital inpatients. On the ambulatory side, pharmacy liaisons will visit waiting rooms to inform patients of the various programs. Once a patient’s preferences are noted during the e-prescribe process, enrollment in the program will not affect any other private physician the patient sees in the community. Only ambulatory patients benefit from the Health System’s 340B Drug Discount Program, depending on the type of drug. The prescription must be written by a UMA/UT physician that practices at a Health System facility, and prescription must be filled at a Health System pharmacy. This means that if non-Health System patients wish to access this benefit, they must change

FOLLOW-UP: primary care providers.
None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 3:59 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary