



University Health System

BEXAR COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

Tuesday, January 22, 2019
2:00 p.m.
Cypress Conference Room
University Hospital
4502 Medical Drive
San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
Janie Barrera
James C. Hasslocher

BOARD MEMBERS ABSENT:

Dianna M. Burns, M.D., Secretary
Ira Smith, Vice Chair

OTHERS PRESENT:

George B. Hernández, Jr., President/Chief Executive Officer, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer
Edward Banos, Executive Vice President/Chief Operating Officer, University Health System
Tommye Austin, Ph.D., Chief Nurse Executive, University Health System
Ted Day, Executive Vice President, Strategic Planning and Business Development, University Health System
Theresa De La Haya, Senior Vice President, Health Promotion/Clinical Prevention, University Health System
Elliott Mandell, Senior Vice President/Chief Pharmacy Officer, University Health System
Sergio Farrell, Senior Vice President/Chief, Ambulatory Services, University Health System – Robert B. Green Campus
Rob Hromas, M.D., Dean, Long School of Medicine, UT Health San Antonio
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Leni Kirkman, Senior Vice President, Strategic Communications and Patient Relations, University Health System
A.J. Sandoval, Chief of Police, University Health System
Allen Strickland, Vice President/Hospital Administration, Fiscal, University Hospital
Serina Rivela, Associate General Counsel/Legal Services, University Health System
Ron Rodriguez, M.D., Professor and Chairman, Department of Urology/Long School of Medicine, UT Health San Antonio
Michael Roussos, Hospital Administrator, University Hospital
Irene Sandate, Associate Chief Nursing Officer, Women and Children Services, University Health System

Anna Taranova, Executive Director, Research, University Health System
Sally Taylor, M.D., Senior Vice President/Chief, Behavioral Health Services, University Health System
Roberto Villarreal, M.D. Senior Vice President/Research and Information Management, University Health System
And other attendees.

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

Mr. Adams called the meeting to order at 2:00 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE

Ms. Mildred Manzano, St. Rose of Lima Catholic Church, said the invocation and Mr. Adams led the Pledge of Allegiance.

APPROVAL OF MINUTES OF PREVIOUS MEETING(S):

OCTOBER 30, 2018 (REGULAR MEETING)

SUMMARY: The minutes of the regular Board meeting of Tuesday, October 30, 2018, were submitted for the Board approval.
RECOMMENDATION: Staff recommended approval of the minutes as submitted.
ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Mr. Engberg, and **PASSED UNANIMOUSLY**.
EVALUATION: None.
FOLLOW-UP: None.

NEW BUISNESS - CONSENT AGENDA:

CONSIDERATION AND APPROPRIATE ACTION REGARDING POLICY NO. 8.02.01 INTRA-FACILITY INPATIENT CONTINUITY OF CARE — EMILY VOLK, M.D.

SUMMARY: Policy No. 8.02.0, Intra-Facility Inpatient Continuity of Care, addresses the need for continuity of care for all inpatients and post-procedural patients requiring a transfer to another service to meet evolving clinical needs, at all times. This may involve the transfer of patients within University Hospital for a diagnostic or therapeutic procedure or transfer to another inpatient medical or surgical service with specific capabilities to better care for a patient. Key elements of safe transfer involve decision to transfer and communication between transferring providers and accepting providers prior to the completion of the transfer. This new policy does not have any potential for fines for noncompliance.
RECOMMENDATION: Staff recommended approval of new Policy No. 8.02.01, Intra-Facility Inpatient Continuity of Care.
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.

ACTION ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING COMMISSIONING OF A PEACE OFFICER FOR BEXAR COUNTY HOSPITAL DISTRICT — CHIEF A.J. SANDOVAL, III/EDWARD BANOS

- SUMMARY: University Health System is authorized by the Texas Health & Safety Code to appoint and commission peace officers to provide a safe and secure environment for patients, visitors, staff, and facilities. A peace officer's authority is limited to property owned or controlled by the Health System, including an abutting street, right of way or easement in the property. The Texas Code of Criminal Procedure identifies persons commissioned by the Board of Managers of the Health System as peace officers. The credentials of Mr. Robert Johnson have been examined and certified by the Chief of Police as meeting all of the requirements of a Health System Peace Officer, to include a personal interview with the President/CEO.
- RECOMMENDATION: Staff recommends Board approval to commission Mr. Robert Johnson as a Bexar County Hospital District Peace Officer.
- ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.
- EVALUATION: Chief Sandoval introduced Mr. Johnson to the Board of Managers. He was previously employed by the Bexar County Sherriff's Department and assigned to the Controlled Access Unit at University Hospital since 2002. He held Deputy and Jailer positions with the Sherriff's Department from 1993 to December 2002. His training includes an intermediate peace officer certification and 115 hours of general studies at Alamo Community Colleges. Board members welcomed him with a round of applause.
- FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A LOCAL MATCH MEMORANDUM OF UNDERSTANDING WITH THE CENTER FOR HEALTH CARE SERVICES — SALLY TAYLOR, M.D.

- SUMMARY: This is a renewal request pursuant to the Inter-local Agreement between the County of Bexar and University Health System executed on May 2, 2000 regarding dual sponsorship of The Center for Health Care Services (the Center). The purpose of this Memorandum of Understanding (MOU) is to renew the agreement that facilitates payment of a direct monetary contribution as part of the local match requested by Texas Health and Human Services Commission (HHSC), in furtherance of the Health System's sponsorship commitment. The current MOU, if executed, will cover State Fiscal Year 2019 (September 1, 2018 – August 31, 2019), with two allowed renewal amendments. This MOU does not create an employment relationship, partnership, or joint venture between the Center, its subcontractors or employees and the Health System. The local match is calculated as 9 percent of the total general revenue received by the Center from HHSC. The Center promotes coordination of behavioral health

services, creates funding stability by considering the needs in the Sponsoring Agencies' budgetary cycles on an annual basis, and maintains continued accountability to an elected governmental body with county-wide jurisdiction. As a sponsoring agency of the Center, the Health System's annual support to the Center is facilitated through a local match, accomplished by direct monetary contributions, in-kind contributions, and/or contracts for services. The Health System desires to continue assisting the Center by providing a direct monetary contribution. The Center's contract with HHSC includes metrics that the Health System utilizes to monitor the ongoing quality of services provided (in State Fiscal Year 2018, the Center exceeded its state mandated target for individuals served). The local match MOU also includes metrics related to outpatient linkage to Center services for patients being discharged from University Hospital or referred from the Health System's outpatient sites. The Center employees currently serve as in-hospital liaisons seven (7) days per week (1.5 FTE). Staff has determined its level of support for the Center's Fiscal Year 2019 as \$ 2,506,567, payable in four (4) equal installments of \$626,641.75 each quarter beginning on September 1, 2018 and these payments shall continue until August 31, 2019. This is the same amount as the previous annual local match monetary contribution for State Fiscal Year 2018. The cost of this agreement has been incorporated into the Health System's budget. Local match dollars for 2019 will be allocated as follows: Transformational Services: 18 percent; Restoration Services: 46 percent; Adult Mental Health Services: 21 percent; and Children Mental Health Services: 18 percent. The Center's workforce composition data was provided for the Board's review

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/CEO to execute an Agreement with The Center for Health Care Services in the amount of \$2,506,567.00 for the Center's Fiscal Year 2019 (September 1, 2018 – August 31, 2019).

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE MOMMIES PROGRAM AGREEMENT WITH THE CENTER FOR HEALTH CARE SERVICES — THERESA DE LA HAYA

SUMMARY: Since 2011, the Health System has been in partnership with The Center for Health Care Services ("the Center") to coordinate services for pregnant women with opioid use disorder. This program is known as the "Mommies Program." From February 2011 to March 2013, the program was funded through Substance Abuse & Mental Health Services Administration (SAMHSA). When funding from SAMHSA expired, the Center was not able to fully finance the continuation of the program without funding assistance from the Health System. In April 2013, the Health System began providing funding assistance to sustain the integrity of the Program. In FY 2018, the Health System centralized the care of pregnant women with opiate use disorder under the direction of a single high-risk OB provider, Ometeotl M. Acosta, MD, a Maternal Fetal Medicine (MFM)

specialist who ensures effective communication between the Health System’s perinatal care team and the Center’s behavioral health team and focuses on delivering comprehensive prenatal care, and improving patient compliance. Also in 2018, the dedicated staff navigator for the Mommies Program was changed to a Registered Nurse to improve the clinical care delivered and care coordination. In FY 2018, there was significant improvement in a number of key areas.

Measures	2017	2018
Avg # of prenatal visits (Mommies)	6.7	6.025
Avg gestational age on intake	19.0	18.1
% of infants born pre-term		
<38 weeks gestation	53.6%	38.50%
Retention Rate – Deliveries at		
UH vs. Other	61.30%	73.50%
Avg length of stay for infants	29.7	24.4
% of mothers who maintain custody		
of infants at discharge	67.5%	76.90%

The total annual amount requested for 2019 is \$207,885. This is the same amount as the past three years. Description of services to be funded in FY 2019 includes professional counseling sessions up to 1.0 full-time equivalent (FTE); psychiatric services (approximately 2-3 half-day sessions per month at a rate of \$150/hour for a maximum of \$39,600), and outreach services for the Mommies to be performed by the Center’s Licensed Chemical Dependency Counselor assigned to the Mommies Program. The two significant contract changes in FY 2019 are the addition of psychiatric services and outreach. Outreach will include home assessment visits to increase enrollment and early entry into prenatal care. The workforce composition data for the Center was provided for the Board’s review.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the President/Chief Executive Officer to execute a Mommies Program Contract with The Center for Health Care Services for the period of January 1, 2019 to December 31, 2019, in the amount of \$207,885, renewable for two successive one (1) year terms, provided the Center meets all performance standards.

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

EVALUATION: Ms. Jelynn LeBlanc Burley arrived mid-way through this discussion. Dr. Jimenez noted that in years past the Health System had difficulty retaining Medicaid-eligible moms who would transfer their pre-natal care to the private sector upon receiving Medicaid funding. The NICUs of those private hospitals were recipients of reimbursement for infants with neonatal abstinence syndrome. Is this still an issue? The Health System’s retention rate of pregnant women, relative to the entire population, has improved, and has to do with programs such this one and Teen Health, that focus on special populations and provide healthcare in a sensitive and non-judgmental manner. The outcomes are clinically better and the retention numbers have increased. However, the success of the Mommies Program is due in part to patient navigators who work with the women to resolve transportation issues and focus on medical compliance. Dr. Jimenez also noted that there were previously too many OB resident physicians in the high risk clinic and the arrangement for the Mommies Program was not working; the residents did not appreciate the patients in terms of their

addiction and poverty issues. Dr. Jimenez asked Dr. Acosta if these issues had been addressed and whether there has been any made progress in this area. Yes, Dr. Acosta now has clinic once or twice per week and sees patients one-on-one; their wait times are minimal and their disposition is also timely. After one full year in clinic, Dr. Acosta noted that residents and fellows are now expressing an interest in these patients, and in the clinic's approach. However, Dr. Acosta feels that more work remains to be done in order for the residents to understand that these patients provide an ideal teaching and learning environment and require special attention in a non-judgmental approach, or setting. Dr. Acosta stated his main goal for this program was to get the clinic established so that every patient who needs this type of care knows the clinic exists. Now that the clinic is established, the second goal is the research aspect which allows improvement of metrics through intervention. Regarding Mr. Engberg's inquiry about the manner in which the Health System draws these type of patients, Mr. Hernandez reported that the staff first identified this issue in 2011 through Community First Health Plans, Inc., when the Health System was paying for methadone services at The Center for Health Care Services and yet, lacked a mechanism for enrolling pregnant women in a Health System program. Staff opined that the Health System could provide better care if it managed and operated the Mommies Program, so in conjunction with CFHP and CHCS Board members, it was decided to actively pursue this group of women. Since that time, the staff has taken this program to a higher level, and the program has been replicated by the Department of Health & Human Services around the state. The Health System now provides high quality care for this challenging group of patients and is fortunate to have Dr. Acosta in his current role. Currently there have been 57 deliveries at University Hospital with the potential to grow the program due to the existing opiate crisis. Approximately 68 percent of the women referred by the Center choose to deliver at University Hospital. The average length of stay for infants in the state of Texas is 21 days and although the Health System averaged approximately 30 days in 2017, the average for 2018 was at 25 days due to a variety of interventions on the part of the physicians complying with a set protocol for pharmacologic treatments for the infants, as well as continuing education for the staff, having recently completed five (5) hours of training on neonatal abstinence syndrome and opiate use disorder. This, as well as, communication between the health care team and the patient, have resulted in the end of the year improvements. In addition, the Mommies Program's relationship with Child Protective Services (CPS) has improved. The number of women that are now leaving their babies at the hospital has gone from 67 to 76 percent, with the ultimate goal being completion of parenting classes and Baby University, both critical for the moms to complete. Ms. De La Haya confirmed that it is a tough role for the staff to work with CPS while working with the moms; their fear of being reported is real. Ms. Barrera asked for clarification regarding staff's recommendation to the Board which states that this contract is "renewable for two successive one (1) year terms, provided the Center meets all performance standards." The performance standards were mutually developed by the Health System and The Center for Health Care Services; neither organization foresees an issue in meeting all performance standards for 2019 (Rates of methadone dosing

compliance; Prenatal care appointment attendance; Rates of Baby U Class attendance; and Rates of early entry into prenatal care (defined as 1st trimester or within 10 days of entry into the methadone medication assisted treatment program). Mr. Adams thanked Dr. Acosta for attending today's meeting. He expressed delight in knowing that the various programs are working together, and he complimented everyone involved for providing quality health care and creating a perception of caring. Dr. Hromas agreed with Dr. Jimenez that the presence of Dr. Acosta at the clinic has made an enormous difference. The staff has reached a high comfort level and the School of Medicine continues to fully support these efforts for continuity of care. Dr. Hromas is certain that Dr. Randall Robinson, the new Chair of the Department of Ob/Gyn will fully support the Mommies Program.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING THE ANNUAL OPERATING AGREEMENTS WITH UT HEALTH SAN ANTONIO — ED BANOS/ALLEN STRICKLAND

SUMMARY:

The Health System contracts annually with UT Health San Antonio oversight and direction of clinical and quality functions that enhance patient care. The Annual Operating Agreement (AOA) is broken down into two main sections: Medical Director Services and General Services. Medical Directors are selected by their department chair or service chief in consultation with Health System leadership, and Mr. Strickland described duties and responsibilities of Medical Directors under this agreement. General Services consists of direct patient care services rendered by non-physician medical personnel employed by UT Health. Within the General Services portion of the agreement, funding is allocated to support staff to assist with the navigation of patients to resources within the Health System, thus improving access to care. Additionally, the following services are included in the General Services section:

- Residency Program Educational Funds - Funding for this item in 2019 is budgeted for \$625,000, which is equal to the 2018 agreement.
- House Staff Medical Malpractice - Funding for this category in 2019 is budgeted for \$713,616 vs. \$665,672 in the 2018 agreement.
- University Medicine Associates Malpractice Insurance - Funding for this category in 2019 is budgeted for \$67,716 vs. \$61,135 in the 2018 agreement.

The negotiated 2019 Annual Operating Agreements total \$16,955,417 compared to the 2018 agreements of \$15,360,085, which represents an increase of \$1,595,332 or 10.4 percent. The contract amount for Medical Director Services is \$6,635,900 versus \$6,074,808 in 2018. New and expanded Medical Director positions for Maternal Fetal Medicine, Women's and Children's Services, Emergency Department Services, Hospital Medicine, and Transplant Medicine-Cardiology account for this increase. The contract amount for General Services is \$10,319,517 vs. \$9,285,277 in 2018. New and expanded positions in Sports Medicine, Orthopedic Hand Surgery, and Ophthalmology account for this increase.

RECOMMENDATION: Staff recommends Board of Managers' approval and authorization for the President/Chief Executive Officer to execute the 2019 Annual Operating Agreements for Medical Director Services and General Services with UT Health San Antonio in the combined amount not to exceed **\$16,955,417**.

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

EVALUATION: The proposed amount for 2019 is an increase of \$600,000, or 10.4 percent, in payments for Medical Directors, 20.375 FTEs compared to 18.79 in 2018. This amount will be paid based on physician time sheets. Mr. Banos provided details regarding specific items that prompted the increase and described certain weaknesses recently discovered. There has been growth in the outpatient transplant clinic in terms of candidates who are eligible for transplants. The physicians spend administrative time reviewing patient records for qualifications and transplant requirements, activities that are not reimbursable. Transplant Medicine-Cardiology did not previously have this dedicated time although the clinic has thousands of patients and the service performs only 200 transplants per year. This program is based on outcomes and due to recent concern regarding survival rates the decision was made to allow additional administrative work on the outpatient side. Regarding new and expanded positions in Sports Medicine and Orthopedic Hand Surgery, staff seeks to grow both service lines at the Ambulatory Surgery Centers at a cost of approximately \$800,000; there are many opportunities for program development. The Emergency Medicine Department increases are related to overall quality issues throughout the hospital, for example, sepsis management when patients are transitioned from the ED to inpatient units. For Hospital Medicine, time was allocated for physicians to participate in Epic development meetings. Discussion ensued regarding Ophthalmology. It appears to Dr. Jimenez that the Health System offers an exclusive service in the Emergency Department (ED) - would it be a marketable service? The service is marketable, unfortunately, the payer mix in the ED is referrals that lack funding, and it is emergent business not private. Since the Health System also offers a pediatric ophthalmology service line, Dr. Jimenez advised the staff that clever marketing might bring additional private business in for cosmetic ophthalmology, which he knows is a lucrative area. Dean Hromas responded that UT Health physicians are quite busy and mainly practice trauma, facial and cancer reconstruction as opposed cosmetic surgery. The Dermatology Division does a fair amount of cash cosmetic cases. However, the Department of Ophthalmology leases space from the Health System has a good commercial payer mix at the Texas Diabetes Institute; there is a hospital-based clinic on the second floor of University Hospital and the Dean does not feel it is feasible to market that service as 24/7. Mr. Roussos confirmed that University Hospital ED is the ophthalmology emergent provider for South Texas, which transferring hospitals sometimes exploit when they are unable to accommodate eye patients. Ophthalmology is one of the best consult services offered by the Health System. The Chair, Dr. Johnson, has a very good process for seeing patients in the ED, if they need surgery they will have it outside of the ED as soon as possible after their ED visit since most eye injuries are not life threatening. However, loss of vision is possible but that is why the Health System's eye clinics work so well, there is a good throughput system, however, it's the volume that staff is trying to manage. In terms of the Texas Diabetes Institute, Dr. Jimenez, on behalf of the Board, has previously suggested to Mr. Hernandez that there ought to be more than one TDI location, to which Ms. De La Haya reported that TDI sends an

endocrinology physician to see patients at the Northwest Clinic, North Clinic, Dominion Clinic and periodically to the Southeast Clinic. The staff continues to work closely with Dr. DeFronzo to determine placement of endocrinology physicians within other the Health System locations. The Health System also reimburses UT Health under other agreements: CareLink Services Agreement, Sponsored Care Agreements, Community Medicine Associates d/b/a University Medicine Associates for leased physician services for Pediatric Hematology/Oncology, OB/GYN, Outpatient Pediatrics, Family and Community Medicine, Neonatology and Psychiatry. Mr. Strickland provided a graph reflecting AOA expenses for years 2012-2018. However, Mr. Engberg noted that in prior years the Board was provided with a comparison chart that included with salary adjustments, volume growth, and general increases. Mr. Hernandez apologized for overlooking that comparison chart. Mr. Strickland will provide Board members with a comparison chart soon after the Board meeting. Mr. Hasslocher received praise from an employee about the Ophthalmology Service at University Hospital, and Mr. Adams has also received praise about one physician in particular, Dr. Schatz. She provides exemplary care as a person and there is one patient doing word of mouth advertising on her behalf. At this time, Mr. Banos introduced Ms. Shelby Walker and Mr. Dallas Jacobson from Texas State University. They are both healthcare administrative residents and they will be at Health System facilities for 15 weeks, today is their first day. Staff will expose the residents to operations at University Hospital and ambulatory services.

FOLLOW-UP: Mr. Strickland will provide an AOA comparison chart for years 2018 and 2019.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT FOR 340B THIRD PARTY ADMINISTRATOR SERVICES WITH NEC NETWORKS LLC D/B/A CAPTURERX — ELLIOT MANDELL

SUMMARY: The Health System, by virtue of its disproportionate share of unfunded and underinsured payer mix, is eligible to participate in a program to acquire drugs at discounts under a program known as 340B. To be eligible, prescriptions must be written for Health System patients, by physicians that have prescribing privileges at Health System facilities. When these prescriptions are filled at one of the Health System's pharmacies, the Health System has a contract to work directly with a drug wholesaler (Morris and Dickson) to maximize purchases at 340B pricing. When patients take 340B eligible prescriptions to other pharmacies (e.g. CVS, Walgreens, HEB, Walmart, etc.) those pharmacies do not have direct access to 340B pricing. Contracting with the Health System expands that opportunity. Both Walgreens and CVS (WellPartner®) own a third party administrator company and require use of that company for this process. Specialty pharmacies, WalMart®, HEB® and others allow us to choose the Third Party Administrator. Following the Health System request for proposal process, several vendors responded, and after thorough review and scoring summaries that were skewed towards service, price and geographic locality, the multidisciplinary team including procurement, finance and pharmacy, recommend Capture Rx® as the vendor of choice. The length of the contract is for one year with an automatic three year renewal.

Expected expense for Capture Rx for third party administrative fees and services during those four years is \$1,500,000. During that same time period these 340B contracted pharmacies will generate estimated gross revenues of \$5,500,000 and after drug expense, net revenues of approximately \$3,500,000 to the Health System. The workforce composition Capture Rx was provided for the Board's review.

RECOMMENDATION: Staff recommends Board of Managers' approval of funding in the amount of \$1,500,000.00 and authorization for the President/Chief Executive Officer to execute a contract with CaptureRx for Third Party Administrative Services for our 340B Contracted Pharmacies.

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

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING PROFESSIONAL SERVICES AGREEMENT WITH ALAMO AREA RESOURCE CENTER (AARC) IN SUPPORT OF: A) RYAN WHITE PROGRAM MINORITY AIDS INITIATIVE (MAI) HIV SERVICES INCLUDING WRAP-AROUND SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE; B) RYAN WHITE PROGRAM PART A SERVICES, INCLUDING WRAP-AROUND SERVICES, MENTAL HEALTH, AND MEDICAL NUTRITION, AND C) TEXAS DEPARTMENT OF STATE HEALTH SERVICES HIV/HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM TO PROVIDE HOUSING ASSISTANCE SERVICES TO RYAN WHITE CLIENTS — ROBERTO VILLARREAL, M.D.

SUMMARY: Ryan White (RW) Program funds are administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau (HRSA). On August 9, 2017, the Administrative Agency (AA) and related RW grant funding transferred from Bexar County to Bexar County Hospital District. The AA administers the funds by contracting with health care providers and non-profit agencies to provide services to affected individuals. This is a contract amendment with the Alamo Area Resource Center (AARC) to facilitate access to medical care for HIV/AIDS affected patients residing in the San Antonio Transitional Grant Area (Bexar, Comal, Guadalupe and Wilson Counties). Ryan White Program Grants consist of multiple parts, with each part having its own budget and objectives. Mr. Taranova reviewed Minority AIDS Initiative (MAI) Program categories for AARC during fiscal years 2018-19. The term of this agreement is March 1, 2018 through February 28, 2019. Original amount of this contract is \$ 234,042.45, plus this amendment in the amount of \$18,723 for a total cost of \$252,765. The funding source is HRSA, award #2 H89HA31891-01-03. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. It is a cost reimbursement contract. The RW Program is a payer of last resort. This program provides financial and social services to those not covered by other resources. The workforce composition data of Alamo Area Resource Center was provided for the Board's review, and it was noted that 55 percent of the workforce are bi-lingual in English/Spanish.

RECOMMENDATION: Staff recommends approval to amend the agreement with the Alamo Area Resources Center, a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$252,765.45.

SUMMARY: This is a contract amendment with the Alamo Area Resource Center (AARC) which will allow the Health System to effectively meet the needs of HIV population and facilitate prompt linkage to care positively impacting the quality of care, safety, patient experience, and operational efficiency. Ryan White Program Grants consist of multiple parts, with each part having its own budget and objectives. Ms. Taranova reviewed the Part A Formula and Supplemental Program categories for AARC during fiscal years 2018-19. The term of this agreement is March 1, 2018 through February 28, 2019. Original contract amount Part A Formula was for \$1,029,592.50, plus Amendment No. 1 Part A Formula 32,500.00, and Amendment No.1 Part A Supplemental was \$464,104.82 for a total of \$1,526,197.32. RW grant funding transferred from Bexar County to Bexar County Hospital District on August 9, 2017. The funding source is HRSA, award #3 H89HA31891-01-03. HIV services shall be invoiced monthly for actual costs incurred, and will be reimbursed. It is a cost reimbursement contract. The Ryan White Program is a payer of last resort. This program provides financial and social services to those not covered by other resources.

RECOMMENDATION: Staff recommends approval to amend the agreement with the Alamo Area Resources Center (AARC), a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$1,526,197.32.

SUMMARY: State HIV/Housing Opportunities for Persons with AIDS (HOPWA) funds are administered by the Texas Department of State Health Services (TDSHS) for services that allow eligible HIV positive individuals and their families to access housing services. The Ryan White Program's mission has been to administer the funds awarded from TDSHS to the San Antonio Health Services Delivery Area. These grants are provided on a cost-reimbursement basis. The purpose of this Agreement is to provide HOPWA Program Funds to the Alamo Area Resource Center (AARC), in the form of monetary reimbursement only, for Eligible Activities and Eligible Services performed for the benefit of or provided to Eligible Persons who live in the HSDA which include 12 counties in the state of Texas. Ryan White Program Grants consist of multiple parts, with each part having its own budget and objectives. Ms. Taranova reviewed State Services Program categories for AARC during fiscal years 2019-20. The original contract amount is for \$277,471. The activities for this Agreement are funded through the TDSHS HIV/Housing Opportunities for Persons with AIDS Program. The TDSHS contract number HHS000072200001. It is a cost reimbursement contract and the HIV services shall be invoiced monthly and reimbursed for actual costs incurred. The RW Program is a payer of last resort. This program provides financial and social services to those not covered by other resources.

RECOMMENDATION: Staff recommends approval of a new agreement with the Alamo Area Resources Center (AARC), a sub-recipient of Ryan White HIV/AIDS Program funds, to enhance services for Ryan White-eligible patients, for a total of \$277,471.00.

ACTION: A **MOTION** to approve staff's recommendations regarding the professional service Agreements listed below was made by Mr. Hasslocher, **SECONDED** by Ms. Barrera, and **PASSED UNANIMOUSLY**:

- a) Ryan White Program Minority AIDS Initiative (MAI) HIV Services Including Wrap-Around Services, Mental Health and Substance Abuse;
- b) Ryan White Program Part A Services, Including Wrap-Around Services, Mental Health, and Medical Nutrition, and
- c) Texas Department of State Health Services HIV/Housing Opportunities for Persons with AIDS (HOPWA) Program to Provide Housing Assistance Services to Ryan White Clients Evaluation.

FOLLOW-UP: None.

PRESENTATIONS AND EDUCATION:

QUALITY INCENTIVE PAYMENT PROGRAM (QIPP) FOR SKILLED NURSING FACILITIES: CURRENT PERFORMANCE, YEAR 3 PROJECTION — TED DAY/BRYAN ALSIP, M.D.

SUMMARY: Mr. Day and Dr. Alsip presented an update on current performance for the QIPP program for year 1 which began September 1, 2017, and ended August 31, 2018. The program allows skilled nursing facilities to earn supplemental payments based on improved performance on four specific quality indicators currently utilized by the Centers for Medicare and Medicaid Services' (CMS) star ratings for nursing facilities.

Local Post-Acute Environment

- Active environment nationally and locally

Scope:

- 68 licensed Skilled Nursing Facilities (SNFs) in Bexar County
- 67 of those are receiving Health System patients

Trends in environment include:

- Consolidation in ownership
- Closer working relationships with acute systems
- Need to respond to regulatory and payer changes

Benefits to Health System of Strong SNF Relationships

Value of discharges:

- Right thing to do: moving patients to right level of care
- Reduction in cost per patient of ~\$500/day if still in-house
- Provides insight/experience in navigating relationships with post-acute providers which is a key skillset required for effective performance with increasing numbers of value-based agreements
- Expands breadth of services available within our system

Touchstone Skilled Nursing Facilities (SNFs) Partnered with Health System

- Continued strong collaboration
- 150 patients discharged to Touchstone facilities in 2018 from Health System
- Increasing depth of communications and planning between organizations

Health System Clinical Oversight

Action	Impact
Routine assessment of medical direction to impact control over quality of care at all partnered sites	New medical direction leadership put in place at Health System's request
Monthly auditing of QAPI minutes for evidence of metric discussion plans for improvement	Standardization of QAPI procedures within all Touchstone facilities; additional QAPI training for local SNF staff
Quarterly metric review and detailed process improvement update meetings with Touchstone leadership	Stone Oak antipsychotic metric improvements
Additional metrics linked to financial incentives at risk related to readmissions	Created new workgroup to actively review/discuss tactics on how to improve readmission rates between Touchstone and University Health System

Performance on Quality Metrics End of Year 1 – *Actual performance based on HHSC data for QIPP Year 1, Quarter 4 (Jun–Aug 2018).* All SNFs except La Vernia exceeded the goal and performed better than the national average. La Vernia did not meet metric - “Percent of residents experiencing one or more *falls with major injury*.”

Performance on Quality Metrics Year 2, Q1 - *Actual performance based on HHSC data for QIPP Year 2, Quarter 1 (Sept–Nov 2018)* All SNFs, except La Vernia exceeded the goal and performed better than the national average. La Vernia did not meet the “Percent of residents experiencing one or more **falls with major injury**.” The remaining three facilities met this goal and demonstrated the required percentage improvement for this quarter.

Touchstone Facilities Readmission Rates – Dr. Alsip reviewed Touchstone Facilities Readmission Rates, Readmissions to the Health System from Touchstone, and Health System Discharged to Touchstone Facilities. For all Health System SNFs, the readmission rate is 13.7 percent. The readmission results from Touchstone have been a byproduct of good communication and transparency coupled with improvements in the process and real-time review of patient risk and opportunities at Touchstone facilities. Where the QIPP data can be delayed based on reconciled accounts, the Health System data (and readmissions to University Hospital) is available in real-time since we have the patient level detail for both the anchor and subsequent readmission as soon as the

anchor account is coded and the readmission patient is admitted. Since late 2018, the Health System has been pulling the SNF and HH readmission data in real-time to review trends at specific facilities. Presenting these trended data to Touchstone prompted a request to obtain specific, patient-level information on readmissions and how we calculate the information. UHS has been sharing these specifics with Touchstone since that time – patient-level data surrounding the anchor and readmission visits include diagnosis, length of stay, time to readmission, procedures, demographics, and other key elements UHS and Touchstone can use to identify risk and trends. In the case of CMS Readmission Reduction Program (RRP) readmissions, UHS has detailed abstraction reviews that we have also shared with Touchstone to include information for readmissions that encompass social, behavioral, and clinical factors not included in typical coded data.

Fiscal Impact

Split of available funds:

- 50% to Health System
- 50% to nursing home manager (all at risk contingent upon performance)
- 40% based on QIPP metric performance
- 5% based on QAPI reporting (for Year 1 only)
- 5% based on readmission rate performance (for Year 1, increases to 10% in Year 2)
- Net benefit to Health System – Year 1: \$800,000
- Projected net benefit to Health System – Year 2: ~\$760,000
- Note, projected decrease in funds due to decrease in Touchstone’s Medicaid volume

Projection for QIPP Year 3

- Intention of State to continue program into third year under revised rules
- State allowing additional private SNFs to join program without Non-State Governmental Organization (NSGO) partner
- Goals and rules for Year 3 discussed broadly (work-group and with public testimony)

Summary of goals:

- Broaden program
- Encourage NSGOs to remain in the program
- Raise the bar on and broaden quality metrics to be addressed
- Expand the pool of available funds to allow for more participants in the program

SNF QIPP	Year 2	versus	Year 3
<u>Number of SNFs participating:</u>			
	NSGO – 460		NSGO - 459
	Private – 95		Private - 318
<u>Program Structure</u>	3 components		4 components
	5 metrics		10 metrics
<u>Funding level</u>	\$446 million		\$450M-\$600M Estimated

- RECOMMENDATION: This report was provided for informational purposes only.
- ACTION: No action required by the Board of Managers.
- EVALUATION: The primary financial obligation for the Health System under this partnership arrangement is to provide the Intergovernmental Transfer (IGT) funds to support the state portion of the supplemental Medicaid

payment. The funds are then returned to the Health System through the payments made by the managed care organizations (Amerigroup, Molina, and Superior HealthPlan). The Health System recoups the IGT funds as well as 50 percent of the supplemental payments. The other 50 percent of the supplemental payments are paid to Touchstone, all of which will be at risk and tied to quality and access measures. The Health System's IGT responsibility under this program in Year 1 was approximately \$2.1M annually, and has decreased for Year 2 to approximately \$1.9M annually. The amount of IGT for Year 3 is not yet known since the funding level has yet to be announced; however, the Health System anticipates a similar IGT commitment. Based on Touchstone's performance in Year 1, the revised annual benefit to the Health System, net of IGT, is approximately \$800,000, for the first year of SNF QIPP. The parties are striving for even better performance for quality care and financial benefit reasons in Year 2 and beyond. For Year 3 of SNF QIPP, the Health System is anticipating the possibility of a larger pool of funds to be available for distribution from the state, but the final pool size has not yet been.

FOLLOW-UP: None.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the Board meeting at 3:00 p.m.

James R. Adams
Chair, Board of Managers

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

Sandra D. Garcia, Recording Secretary