University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
December 7, 2017

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, December 7, 2017
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met in the ProVidence Suite, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, at the time and place listed above. The meeting was called to order at the hour of 9:02 a.m. Chair Eileen Raney and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Eileen Raney - Chair
Donald Mackay, MD
Robyn Caspersen
Renee Franklin (via phone)
Mary Lynn Palenik (via phone)

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Susan Pitz, General Counsel
Terra Lovelin, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Raney asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

None present

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on September 21, 2017. *(For possible action)*

FINAL ACTION: A motion was made by Dr. Mackay that the minutes be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

FINAL ACTION: A motion was made by Dr. Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a Telehealth Strategy Overview. *(For possible action)*

DOCUMENT SUBMITTED:
- Telehealth Strategy Overview

DISCUSSION:
Tony Marinello, COO announced that UMC received the Gold Award from the Review Journal for the best Quick Care in Las Vegas.

Brian Rosenberg explained what telehealth is and how it can be helpful to patients.

Telehealth is: *The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. (HRSA Definition)*

Nevada laws require that telehealth visits must be reimbursed the same as in person visit. A health plan must include coverage for services provided to an enrollee through telehealth to the same extent as those provided in-person.

Nevada was given a "F" for access to healthcare and notes that Nevada ranks 50th in the nation for Primary Care Physicians per 100,000 people.

With telehealth, a patient can remain at the site they are being treated at and via a telemedicine device, seek advice from a physician at another location. This would be beneficial for those patients in rural locations or those who can't or do not wish to travel to a distant medical office.

Chair Raney asked about extended hours and if this would help.

Mr. Rosenberg replied that it would help with the flow of patients within the clinics that are busier than others. Available physicians at other clinics could use telehealth to see patients at those clinics that have higher capacity using the telehealth room.

The benefits of using this is increased revenue without more beds or locations, extension of the UMC brand and reduced costs for patient/prisoner transportation.

The location of the telehealth center could be located anywhere and be staffed with mid-level providers, residents and/or physicians/specialists. The equipment needs would be cameras, monitors and headphones at the telehealth center.

Next steps for Telehealth at UMC include a presentation on ROI as well as a pilot approach and then an implementation plan.

Mr. Rosenberg will bring this strategy back to the committee in the next 60 to 90 days with an ROI presentation.

Member Raney commented that this is a great idea

FINAL ACTION: The committee has asked Mr. Rosenberg to move ahead and bring back the Telehealth strategy plan with a ROI to the Strategy Committee to see if it makes financial sense.

ITEM NO. 5 Receive an update on the ambulatory clinics. *(For possible action)*

DOCUMENT SUBMITTED:
- Ambulatory Update

DISCUSSION:
Tony Marinello reviewed Quarter One 2018 versus Quarter One of 2017 at the clinics.

UMC has seven primary cares, eight urgent cares, one occupational medicine and the Enterprise and Wellness clinics.

We are at a 22% decrease in primary care due mainly to the implementation of Epic.

Southern Highlands is doing well and is picking up.

The Quick Cares decreased 7% quarter over quarter but in the month of August they picked up 13%.

The big increase UMC saw was in occupational medicine; there was a 72% increase due to Metro's hiring surge and Clark County Fire Department.

Chair Raney pointed out that the Nellis location numbers didn't reflect well on either side and she wanted to know why.

Mr. Marinello replied that a physician transferred out of Nellis and this location also has the highest cancellations; this was reflected in the decreased number of visits.

Advertising has been in full effect including, TV, mailers, billboards, and advertisements in David Magazine, Nevada business magazines, etc.

A few changes are on the horizon including utilizing nurses at the proper level, reduce leakage, reduce cancellations and no shows, and expand clinic hours.

Chair Raney asked for a proforma at the next meeting on Southern Highlands; one year versus now.

FINAL ACTION: None taken.

ITEM NO. 6 Receive an overview on services for Workers Compensation claims within UMC clinics. *(For possible action)*

DOCUMENT SUBMITTED:
-Occupational Medicine

DISCUSSION:
Mr. Marinello explained that our Enterprise Clinic is the only UMC clinic that offers occupational medicine.

Chair Raney asked what the timeline is to start offering occupational medicine at our Blue Diamond and Centennial Hills clinics.

Mr. Marinello replied that he hopes within 60 days to start offering services. Centennial Hills is projected to open in February of 2018.

Member Caspersen asked for a proforma for both clinics to be done.

Blue Diamond had 507 visits in the first 15 days and opened a head of schedule and under budget. Staff is looking at offering occupational medicine at this clinic first, due to its success.

FINAL ACTION: The committee asked Mr. Marinello for proformas for the locations they have in mind with the opportunities that they have in mind. Strategy would like to see the proformas at the February meeting.

ITEM NO. 7 Discuss 2018 Calendar for Strategy Committee. (For possible action)

DOCUMENT SUBMITTED:
-2018 Meeting Date Calendar

DISCUSSION: No comments

FINAL ACTION: None taken.

ITEM NO. 8 Emerging Issues. (For possible action)

Mr. Rosenberg provided a brief update on the Epic rollover.

Member Caspersen asked for a 6 month update on Mr. VanHouweling's goals.

Vick Gill, Associate Administrator provided an update on behalf of CEO VanHouweling.

- Optum (United Health Group) purchased Davita Medical Group for $4.9 billion.
- Mountain View Hospital broke ground on their first free standing emergency room set to open in summer of 2018.
- Sunrise will have a new tower on their campus; a 5 story tower to open in 2018.
- Valley health will have a free standing ED open in 2018.
- Dignity's Sahara location will open at the end of the month.

Chair Raney requested an analysis on whether UMC should have a free standing ED and although this may not be ready to present now, perhaps in 2018 this committee could revisit it.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Raney asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKER(S): None

There being no further business to come before the Board at this time, at the hour of 10:55 a.m. Chair Raney adjourned the meeting.

APPROVED: February 8, 2018
MINUTES PREPARED BY: Terra Lovelin