***University Medical Center of Southern Nevada***
***Governing Board Strategic Planning Committee***
***October 11, 2018***

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UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, October 11, 2018
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:03 a.m. Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

## CALL TO ORDER

Board Members:

Present:
Harry Hagerty, Chair
Robyn Caspersen
Renee Franklin
Christian Haase
Mary Lynn Palenik (Via phone) at 9:30am (left meeting at 10:30)
Dr. Mackay

Absent:

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Danita Cohen, Chief Experience Officer
Susan Pitz, General Counsel
Vick Gill, Associate Administrator
Kayla Hillegas, Management Analyst
Terra Lovelin, Board Secretary

## SECTION 1. OPENING CEREMONIES

### ITEM NO. 1 PUBLIC COMMENT

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

**ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on September 11, 2018. *(For possible action)***

FINAL ACTION: A motion was made by Member Caspersen approved 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 amended. Motion carried by unanimous vote.

## SECTION 2. BUSINESS ITEMS

**ITEM NO. 4 Receive a report regarding UMC market share and service lines; and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:
- Service Line Strategic Alignment

DISCUSSION: Mr. VanHouweling reported that Q2 data is out and he will discuss that data today.

With regard to the Inpatient Market Analysis, Chair Hagerty asked if the presentation can include inpatient and outpatient data.

Mr. VanHouweling responded that generally one looks at inpatient data only, this includes our competitors. We could do a ratio of inpatient vs outpatient however. Most of UMC's surgeries are inpatient.

Member Caspersen asked if we could look at the layers of revenue and net revenue by service line.

The overall market decreased by 1% since last quarter. UMC had the highest volume growth in the market. Sunrise and Summerlin had the largest market share for Q2.

Commercial payers were up 3%, Medicare was up 3%, and 5% growth with Medicaid population.

The senior population has been a focus for Danita Cohen's team and this payor mix has increased. Deb Fox and her team have done a great job of improving throughput to accommodate the volumes.

Member Haase asked how UMC reconciles the mission with being a safety net hospital with payor mix.

Mr. VanHouweling replied that we have tried to link the patients who use the emergency room as their primary care, with a primary care physician. We also try to reduce the readmissions coming in. UMC has one of the best readmission rates in the valley.

Member Caspersen asked how much of the strategy and results are driven from the physician and how much from the patients putting pressure on the physicians to go to UMC?

A discussion ensued about direct marketing and advertising to get patients to UMC.

Service line focus is on cardiology, orthopedics, general surgery, pediatrics and ambulatory.

Chair Hagerty asked if the committee was in agreement that these are the five to focus on moving forward.

Dr. Mackay suggested that perhaps we replace pediatrics with cancer care.

Mr. Gill replied that we can look into that as oncology is a large driver.

Chair Hagerty suggested moving forward with these five and perhaps adding the sixth as oncology. He doesn't want to drop pediatrics due to the community and County support.

Member Caspersen and Member Haase commented that they don't want to make a decision based on unknown profitability.

Chair Hagerty commented that we are just looking at these five or six areas based on five plus years from now and what it takes to make a hospital profitable. We are not committing significant amounts of dollars to these areas until we know more.

Service line committees were discussed in response to Chair Hagerty's question about who is in charge of the overall plan in each of these 5 or 6 specialties.

Chair Hagerty asked if it would be helpful if each committee member participated on each service line committee that was previously mentioned. He asked each member to email him their preference.

FINAL ACTION TAKEN: None taken

**ITEM NO. 5 Receive an update on UMC and UNLV School of Medicine strategic alignment; and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:

- UNLV Medicine Strategic Alignment

DISCUSSION: Vick Gill, Associate Administrator presented the strategic alignment between UMC and UNLV.

UMC is engaged with UNLV on their vision and mission.

The organizational structure was discussed; led by Founding Dean Barbara Atkinson, followed by Vice Dean Ellen Cosgrove, Vice Dean Michael Gardner, and Vice Dean Parvesh Kumar.

UNLV Stats:
143 Physicians
66 SOM administrative staff
369 UNLV Med employees
278 Residents
35 Fellows
58 Medical students 2nd year
60 Medical students 1st year

Total: 1,009

UNLV's finances including budget and revenue were highlighted, including $3.7 million in support from UMC.

UNLV recently hired Department Chairs in Internal Medicine, OB/Gyn and Chief of Gastroenterology.

Physicians in many specialties were also hired and are recruiting in the fields of Gastroenterology, Ob/Gyn, Neurology, Psychiatry, along with a few others.

UMC and UNLV are working on developing formal Centers of Excellence.

The operations side was discussed and a few services were listed as not being currently provided by UNLV including Cardiology, Gastroenterology, Orthopedics and Emergency Medicine.

UMC hopes to have future hybrid locations with both UMC and UNLV physicians and dedicated UNLV surgical block time for better utilization and increased hospital efficiency.

On the academic side, UMC approved the creation of two new programs in critical care Medicine and Pediatric Medicine. OB/Gyn was expanded last year as well as Psychiatry programs. There is a plan to renovate the 2040 building to dedicate to the GME program. There are 10 current UNLV research studies at UMC.

UMC recently hired a CME coordinator to allow UNLV to distribute continuing medical education credits at educational events.

Work is continuing on the Master Affiliation Agreement with monthly leadership meetings, subcommittee meetings and help of Counsel on both sides.

FINAL ACTION: Keep reporting on this on a regular basis.

**ITEM NO. 6 Provide a final set of objectives for the CEO for recommendation to the full Governing Board for approval for fiscal 2019, and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:
- CEO Goals Summary

DISCUSSION: Chair Hagerty brought up the main topics he believes should be focused on.

1. He would hike to see a strategic plan 10 years out for each of the five or six focused areas and all of them wrapped up as a whole.
   - He would like to see words and numbers, including profits, loss, capital, etc. so they have a financial road map to measure themselves.

2. Continuation of a final Master Affiliation Agreement

3. Position UMC as a strategic and active leader in the development of the LVMD.

4. Develop joint branding support between UMC and UNLV SOM.

Member Franklin agreed with Chair Hagerty and added that when we evaluate the achievement of these objectives at the end of the year, we understand that Mason can achieve 100% of the goal without things being perfect.

General Counsel Susan Pitz suggested not adding percentages to each goal.

Member Caspersen asked how we have this plan for five focus areas when we don't have it for the hospital as a whole.

Chair Hagerty suggested if we roll out the plan for the top 5 or 6 service lines and we like it, let's then roll it out for the hospital.

Member Franklin suggested looking at the framework for each one but she also doesn't think we can do it for 6 goals as that would be a huge task.

FINAL ACTION: A motion was made by Member Caspersen to recommend the above discussed FY2019 Goals to the HR Committee for approval. Motion carried by unanimous vote.

A motion was made my Member Franklin to recommend that the percentage of goals be increased to 30% for the Strategic Planning Committee. Motion carried by unanimous vote.

**ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings, and direct staff accordingly. *(For possible action)***

None

**COMMENTS BY THE GENERAL PUBLIC:**

At this time, Chair Hagerty 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 11:10 a.m. Chair Hagerty adjourned the meeting.

APPROVED: December 6, 2018
MINUTES PREPARED BY: Terra Lovelin