

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
May 2, 2024**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, May 2, 2024
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 9:01 a.m. by 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
Renee Franklin (Via WebEx)
Robyn Caspersen (Via WebEx)
Christian Haase (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:

Dr. Don Mackay (Excused)

Also Present:

Mason Van Houweling, Chief Executive Officer (WebEx)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Maria Sexton, Chief Information Officer
Dr. Luis Medina-Garcia, Medical Director of Telemedicine Services
Dr. Frederick Lippmann, Chief Medical Officer
Susan Pitz, General Counsel
Stephanie Ceccarelli, 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. No such comments were heard.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on March 7, 2024 (For possible action)

FINAL ACTION: A motion was made by Member Franklin that the minutes be approved as presented. Motion carried by unanimous vote.

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report regarding UMC Market Share Data; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Market Share Data

DISCUSSION:

Mr. Marinello introduced Stacie Wichman-Roch and Cerferino Villafuerte as new members of the UMC team to assist with business development of the new service lines.

Mr. Jones provided a high level overview on market share data through 2nd quarter. A comparison of area facilities, including HCA, Valley Health System, North Vista and the Roses was provided. There has been a slight decrease in market share quarter over quarter, but UMC remains #4 in the market.

In general surgery, UMC is #3 in the market at 11.9%. Quarter over quarter, UMC has increased about .38%.

In orthopedics, UMC has seen growth, up .53% and remains #2 in the market.

Cardiac services we jumped from number 8 to number 6 in the market. He noted that we did lose .5% in market share. For the year we are up .4%.

Children's hospital is #3 in the market, holding 20.94% of the market following Sunrise and Summerlin. Year over year we are down .3%.

Women's services is at #8 in the market. Although down a full percentage point quarter over quarter, we have gained .3% in the market year over year.

Mr. Van Houweling commented on the marketing campaign coming up soon regarding cardiac services at UMC. He added that the loss of oncology services at UMC may be a key driver in the low pediatric volumes in the Children's hospital.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding UMC Service Line Performance Overview; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Jones continued with a review of the service line update.

Surgery volumes continue to show growth. Cost are good, net revenue and contribution margins are up.

Chair Hagerty asked if this is where we expect to be; normalized with anesthesia compared to last year. Mr. Marinello responded that the OR volumes continue to grow and we have more anesthesia coverage, so we should be able to make a true comparison by the end of the 4th quarter.

Overall general surgery showed volumes up, charges per case are down slightly and contribution margin is good. The costs are being controlled. There was continued discussion regarding the value received from the refresh in the OR suites.

The service line update included a review of the first case on time improvements, room turnover statistics and block time policy initiatives. Twenty-four hour cancellations are at 12% for the 3rd quarter. There was continued discussion regarding the root cause of surgical cancellations. Initiatives for inpatient surgeries, collaborations to increase and diversify robotic surgery, and streamlining OR workflow was discussed, along with other strategic next steps and technology strategies.

Overall volumes for orthopedic surgery and clinic visits have increased. Revenue per case is good and cost per case has increased slightly. Clinic volumes have increased quarter over quarter.

Chair Hagerty asked why there is a loss in the contribution margin for the clinics. Ms. Wakem responded that it was due to the surgeon salaries which are charged to the clinics.

Operational updates highlighted the Enhanced Surgical Recovery After Surgery (ERAS) Measures, the joint camp class attendance is up 18%, early ambulation is up 9%, and discharge to home is at 89%. We are working with opportunities to save through HPG for supplies and strategic next steps is to achieve Center of Excellence for Orthopedic and Spine and we are looking to grow capabilities in sports medicine.

UMC now has a total of 13 surgeons, 1 non-operating physician and 4 APNs. The Ortho clinic has had over 23.5K clinic visits in the last 12 months. A second location is set to open on May 6th. Strategic next steps are to add a triage physician and adding hand and foot surgeons. Both are in the planning stages.

Volumes are flat quarter over quarter in cardiac services. Revenue is up and contribution margins are very good.

Mr. Marinello continued with the service line update for cardiac services. Cath lab volumes continue to increase and TAVR cases have transitioned to the Cath lab.

As of March 2024, there have been 80 watchman procedures and the structural heart program is exceeding expectations. Mr. Marinello continued with a review of expense savings opportunities and strategic next steps. UMC is anticipating the completion of the 3rd Cath lab and plans are in place for a 4th Cath lab.

Mr. Marinello wanted to remind everyone that the Cardiac Symposium is June 8th.

Ambulatory has had a decrease in volumes in primary care, charges and net revenue is up, but the contribution margin is down. Quick care volumes have also are also good. Costs per case are up 28%, which is bringing down the contribution margin. This is being monitored.

Ambulatory updates included an update on primary and quick care volumes, the Go Green initiative and partnership with Military Medicine. Expense opportunity includes increasing Value Based Care incentive payments. Strategic next steps to add telemedicine in Laughlin, medical assistant internships, expansion of the footprint in Southern Highlands, Virtual First Primary Care and there are multiple technology initiatives.

Children's Hospital volumes were down 3% year over year, but the contribution margin is up and total revenue is up per case. In Women's Services volumes are up slightly and charges and net revenue look good. Cost per case is up 14%.

Operational updates highlighted Safe Sleep performance, NICU reunion event in October, as well as revenue enhancements and strategic next steps.

Telemedicine continues to show growth. Volumes are up and patient satisfaction remains steady at 98%, and the average wait time is 6 minutes. Nevada Corrections telemedicine program for HIV/HepC has been completed and the agreement in place, but the agreement is currently on hold. There was continued discussion regarding the Hospital at Home initiative, which is in early stage planning.

The team next reviewed the status of the strategic initiatives that were set for FY2024.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update regarding Virtual First Primary Care; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- None

DISCUSSION:

Dr. Medina-Garcia provided an overview of the new Virtual First Primary Care initiative with telemedicine at UMC. The concept is using a 24/7 omni-channel access in a hybrid care delivery model.

Omni-channel access would make the patient the center of attention in every service line and would be the initial touchpoint with telemedicine. This platform will guide the patient to the right place for needed care and increase throughput and patient volume, while improving patient satisfaction, reducing cancellations at ambulatory sites and lowering costs.

The pilot site has been selected at the Primary Care at the Medical District.

The workflow would start with patient engagement via UMC online care with a credentialed provider privileged for urgent and primary care. This is the accessible online or other phone applications. If the virtual visit is definitive, no further action is required, but a follow-up visit may be scheduled. If an in-person touchpoint is needed, the patient can be referred to PC@MD for a “fast pass encounter” without the traditional wait time.

Although the platform will be provided to current patients, marketing is planned to promote this service.

Partnership will come from UMC Physicians and APPs. UMC is working with Silver Summit health plans to close gaps and any plan can take a part. The ultimate goal is to provide on-demand primary care UMC enterprise wide.

Dr. Medina-Garcia shared an example of what a patient dashboard through Oracle is being used at other facilities. He also shared how clinical applications of A.I. technology has helped with efficiencies in patient care at other facilities.

The discussion continued regarding the behaviors that will need to change in society for patients to become comfortable with the changes in the healthcare industry. A discussion ensued regarding the integration of A.I. at other facilities in a clinical setting to improve efficiencies.

Chair Hagerty would like to know what metrics are in place to measure progress with this service. It is critical that we are up to speed and moving in the right direction.

Member Franklin commented on the importance of marketing strategies to attract patients as it relates to certain demographics with the technology changes and healthcare needs. A discussion ensued regarding how the virtual platform could improve volumes and wait times for patients that would continue to come to the emergency room.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (For possible action)

DISCUSSION:

1. Chair Hagerty reiterated the goal to bring another service line, enhancing neurology and stroke care. Progress on attaining Stroke Center of Excellence
2. Next meeting date will be June 13th.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called for. No such comments were heard.

There being no further business to come before the committee this time, at the hour of 10:48 a.m.

APPROVED: June 13, 2024

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary