



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

STRATEGIC PLANNING COMMITTEE MEETING

Monday, March 19, 2012

Central Administration Offices Located at Highland Hospital

1411 East 31st Street Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

MINUTES

THE MEETING WAS CALLED TO ORDER AT 4:38 P.M.

ROLL CALL WAS TAKEN; THE FOLLOWING TRUSTEES WERE PRESENT:

Floyd Huen, MD, Stanley M. Schiffman, J. Bennett Tate, Ilene Weinreb, and Barry Zorthian, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved to adopt the Minutes from the January 23, 2012 Strategic Planning Committee Meeting.

MOTION: Trustee Tate

SECOND: Trustee Zorthian

ABSTAIN: Trustee Schiffman

TAB #3 ACTION: ACMC Re-Branding Recommendation

Warren Lyons, Chief Strategy and Integration Officer, presented an overview of the proposed re-branding of Alameda County Medical Center using the "House of Brands" model which was reviewed by the Committee at its January 23, 2012 meeting.

The follow-up items included:

- Provide additional analysis on the use of "Lighthouse Behavioral Services" regarding confusion with other social service agencies and alternative brand names for the ambulatory voluntary behavioral health service line.
- Consider changing from "Pavilion" to "Hospital" for John George Psychiatric Pavilion.
- Continue analysis of options for changing or retaining the system name "Alameda County Medical Center".

Mr. Lyons reconfirmed the recommendation that APMC must re-brand with distinct identities for different health care services to ensure positive community engagement using the model known as a "House of Brands" that communicates major clinical services as value based "sub-brands" that reside within our integrated health system - the "House" - that demonstrates our common mission and vision.

Highland Hospital

Maintain the Highland Hospital name with a new logo, color and icon and emphasize its diverse excellence.

The rationales and purposes include:

- Highland Hospital brand is framed as our flagship and crown jewel demonstrating excellence in advanced medical care. Promote the strengths of Highland. Make Highland the crown jewel of the system.
- Shift current perception from violence related trauma.

Fairmont Hospital

Maintain current name with new logo, color and icon until the acute rehabilitation hospital relocates at which time new branding options will be developed.

Create a Fairmont Hospital Skilled Nursing Facility sub-brand message.

The rationales and purposes include:

- Communicate the current availability and excellence of our acute rehabilitation hospital while relocation plans are announced and marketed.
- Prepare for the physical separation of our skilled nursing facility by enhancing its identity prior to the relocation of our Fairmont Acute Care Rehabilitation Hospital.

John George Psychiatric Pavilion

The John George Psychiatric Pavilion brand should continue in use for inpatient and emergency involuntary psychiatric care.

Change the word "Pavilion" to "Hospital" to more clearly describe the services.

Adopt the new brand name "Lighthouse Behavioral Services" as our brand for current and future voluntary ambulatory behavioral health services for services provided at APMC's ambulatory clinics and office locations throughout Alameda County as well as on the Fairmont Campus.

The rationales and purposes include:

- John George is an institution that is highly successful, yet highly stigmatized by its emergency psychiatric care. Both John George employees and the market see it solely as a place for involuntary mental health services. Competitors highlight a broader array of mental health services and win on outpatient and voluntary services. John George's central issue is its brand perception.
- John George has recently introduced a new approach to patient therapy and made significant improvements in both patient safety and community relations. That being said, its greatest challenge will be leveraging the equity of these improvements, its talented staff and institutional capabilities to encourage broader brand participation from a voluntary patient population under the John George name.
- We would communicate a new behavioral health service brand whose providers and programs are or will be available at many different ACMC locations such as the partial hospitalization program on the Highland Campus to centers of comprehensive outpatient care that could be provided at Fairmont Campus or new behavioral wellness locations that ACMC may sponsor.

This model would shift current perception that we are only a provider of inpatient psychiatric care and move the conversation towards ambulatory behavioral health services. Lighthouse Behavioral Health Service providers, such as our psychiatrists at John George, could provide liaison services for inpatients at Highland or Fairmont hospitals or by arrangement at some of the Federally Qualified Health Centers that might want psychiatry services at their locations.

The Lighthouse brand also can be a business development vehicle to contract with commercial insurers and newly formed accountable care organizations and networks that need to purchase behavioral health and psychiatry services from a provider with scale and geographic access.

The Lighthouse Behavioral Services brand would support a vision of:

- Providing excellent voluntary mental healthcare.
- Becoming the preferred place to heal in the East Bay.
- Instilling hope to all seeking care.
- Providing a safe harbor/sanctuary for both patients and families.
- Separating, physically, the voluntary and involuntary mental health services groups.
- Promoting the professional nature and ambience of voluntary program campuses while distancing the larger organization from the current perceptions of our inpatient psychiatric hospital.

- Locating the services throughout Alameda County with the amenities and expectations that come with voluntary, non-emergency mental health care.
- Leveraging the John George's clinical quality and current positive community equity without the challenges and ill-conceived perceptions that come with acute, involuntary psychiatric care by using the two brand model.

Would the name Lighthouse confuse the community because of its association with other brands? We believe not.

- Adding Behavioral Services to the name provides the appropriate context for the audience and distinguishes the brand from others that include lighthouse in their name. Associating the name Lighthouse with the support for the blind, first and foremost is an identification used by professionals within the nonprofit world.
- The general population's first association is the literal definition and then they look for additional qualifiers for context like lighthouse seafood restaurant, lighthouse lighting company etc.
- Lighthouse International has no greater ownership of the word than any of the other hundred companies that include lighthouse in their name. The key requirement is that there is a creditable connection between the brand name and its product.
- The brand marketing activities will play a key role in substantiating the name with the community.

We have developed an alternative brand name for ACMC's voluntary and ambulatory behavioral health services: Clear Vista Behavioral Health.

This brand would use the same color assigned to "Lighthouse" and would have an icon relevant to either Lighthouse or Clear Vista.

Ambulatory Division

Adopt a new logo, color and icon for our ambulatory care locations using the "Wellness" anchor word and the geographic locations such as: Newark Wellness or Hayward Wellness [currently named Winton], and Eastmont or alternatively East Oakland Wellness.

All future Ambulatory sites will adopt a similar brand style that shows geographic ownership in the marketplace coupled with "Wellness."

The rationales and purposes include:

Place our clinical service programs into a local market context and cement its promise and commitment to area patients and perspective patients.

Bundle the wellness centers of ACMC into a sophisticated and comprehensive gateway into the new ACMC brand.

Diversify service offerings at our wellness centers to include Lighthouse Behavioral Services and other ambulatory services.

We will continue our branding development work for presentation at the April Board retreat.

Discussion ensued mainly focused on the Lighthouse brand name for ambulatory behavioral health services. The Committee expressed concerns that the name might cause confusion as to what services ACMC is providing. It was agreed that further discussion of the specific details of the re-branding plan would be discussed as an action item at the April Board Retreat.

ACTION: A motion was made, seconded, and unanimously approved to adopt the House of Brands approach to re-branding Alameda County Medical Center. The Committee recommended that the item be moved to the full Board for further consideration at the April Retreat.

MOTION: Trustee Weinreb

SECOND: Trustee Tate

TAB #4 UPDATE: Strategic Plan for FY 2013 to 2015

Mr. Lyons presented an update to the Strategic Plan for FY 2013 to 2015. In November, 2011, the Board of Trustees directed management to develop a strategic plan as follow-up to the Integrated Strategic and Financial Plan Report (ISFP) and in support of the strategic priorities adopted at the November meeting. We have engaged Kurt Salmon Associates as consultants to assist ACMC with the goal to present a draft plan for review by the Board of Trustees by August, 2012. The strategic planning process will have broad participation across ACMC to assure that key stakeholders can inform the planning work and that the recommended plans are consistent with our mission, financial projections and market place realities.

Board Meetings: Midpoint review at the April, 2012 Retreat, a second Board work session, subsequent meetings throughout this calendar year.

Stakeholder Interviews: 60+ interviews with key stakeholders concentrating on the ACMC medical staff. Over 50 interviews have been conducted or scheduled for completion to date.

Solutions Work Groups: Interdisciplinary, topic-oriented groups meet to focus on providing specific solutions to achieve major strategic initiatives.

Steering Committee and Core Teams: The Core Team meets bi-weekly while the larger Steering Committee, that includes medical staff participation, will meet at least six times through August. The planning process and consultant's deliverables include four stages:

- **Stage One: Understanding & Integrating Results/Goals**
 - Situation Assessment: Gaps/Analyses
 - Integrated Strategic Financial Projection findings
 - Current external/market context
 - Internal assessment
 - Future market demand (2015) for services by payer/service line
 - Key findings from 50+ stakeholder interviews
 - Identification of ACMC's key strategic challenges/opportunities
- **Stage Two: Setting the Future Direction**
 - Identification of major strategic themes
 - Draft objectives and strategies to support mission, vision and major goals identified in the ISFP
 - Preliminary recommendations by Solutions Work Groups
 - Preliminary implications (capital, market, people)
 - Preliminary financial impact analysis
- **Stage Three: Bringing It All Together**
 - Action steps recommended by Solutions Work Groups with targets for completion, identification of performance metrics as measures of success, and assignment of accountability
 - Materials for dissemination of strategic plan to broader ACMC stakeholders
 - Final Strategic Planning Document
- **Stage Four: Transitioning Ownership**
 - Transition of planning tools to ACMC planning staff with training for continued monitoring and scenario planning
 - Kurt Salmon Forecast Model and web-based StrategyPlanner software

The Committee discussed the plan and timeframes of implementation; further discussion of the process will take place at the April Board Retreat.

TAB #5 REPORT: Status on DSRIP

Sang-ick Chang, MD, Chief Medical Officer, gave the first semi-annual progress report on ACMC's Delivery System Reform Incentive Pool (DSRIP) initiative. He gave the presentation to both the Strategic Planning and Finance Committees.

- ACMC's 5 year DSRIP plan (FY 2011 - FY 2016) is a comprehensive, integrated proposal designed to help ACMC advance from delivering traditional health care for underserved populations to launching a health care system of the future.
- DSRIP initiatives are part of ACMC's "BEST" (Building Excellence through System Transformation) program and include over 18 projects and 120 milestones and performance metrics.
- BEST (DSRIP) projects are rigorously evaluated by the BEST Oversight Committee with voting members that include most of ACMC's executive leadership.
- All approved projects are tracked against established funding budgets by major category. Performance metrics are monitored to evaluate program progress.
- It is expected that most projects will become self-sustaining. When projects are deemed self-sustaining, or no longer viable, they are discontinued so encumbered funding can be released and used for other projects.
- ACMC is on track to earn all the incentives available for fiscal year 2012.

Dr. Chang introduced and thanked Nancy Halloran, ACMC's DSRIP Administrator.

TAB #6 REPORT: Chief Strategy and Integration Officer Report and Health Care Reform Update

Mr. Lyons provided an overview of the state budget analysis SPD/Dual Eligibles and the Assembly hearings on Medi-cal Managed Care conversion.

Mark Zielazinski, Chief Information Officer, reported that CMS made an announcement that the ICD-10 Implementation has been delayed again to an unspecified time. As part of our contractual arrangements with Siemens, we will have compliance with ICD-10 coding. It allows ACMC to look at re-evaluating the educational component of implementation.

Committee questioned the timeline requirements. Mark confirmed that the process has to move forward per the federal mandate. That said, ACMC will move forward with the new billing system live being able to utilize wither IDC-9 or ICD-10. There is an ongoing commitment to meet any future federal mandates.

TAB #7 Informational Reading

Mr. Lyons highlighted the article (item 7.G) Blue Shield Of California Seeks Damages From Monarch Health Care. The article shows how some stakeholders are pursuing convergence between insurance companies and community based physician networks. It is an indication of how vigorous the parties are protecting their turf.

TAB #8 INFORMATION: Issue Tracking & Follow-up

Mr. Lyons reported that there were no new tracking issues at this time; this will be a standing agenda item to track issues that require follow-up.

TAB #9 REPORT: Legal Counsel's Report on Action taken in Closed Session

Douglas B. Habig, General Counsel, reported there was no Closed Session.

Public Comments: None.

Board of Trustees Remarks: None.

ADJOURNMENT: The meeting was adjourned at 6:30 p.m.

Respectfully Submitted by:

Barbara L. McElroy,
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Douglas B. Habig, Esq.
General Counsel