



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

STRATEGIC PLANNING COMMITTEE MEETING

Monday, May 21, 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 unanimously approved the Minutes from the March 19, 2012 Strategic Planning Committee Meeting as presented.

MOTION: Trustee Schiffman

SECOND: Trustee Tate

***AYES:* Trustees Huen, Schiffman, Tate, Weinreb, and Zorthian**

***NAYS:* None**

***ABSTAIN:* None**

***ABSENT:* None**

TAB #3 UPDATE: Strategic Plan Progress

Warren Lyons, Chief Strategy and Integration Officer, provided an update on the Strategic Plan progress:

A. Initiatives & Priorities in FY13 Budget – Congruency with Strategic Plan

The strategic plan development work continues to build upon the information discussed at the April 2012 board retreat and the request that management demonstrate the congruency and linkage between the FY13 budget priorities and the first year of the three year strategic plan.

The strategic priority to increase access to primary care and specialty care services is supported in the proposed FY13 budget through DSRIP capital and operating expense funding to establish new primary and specialty care wellness centers. The budget also provides ongoing consulting services to pursue an efficient physician operating model.

Three priority goals have been identified for FY13 that address the findings and recommendations in the Integrated Strategic and Financial Projection report as well as the draft strategic goals presented last month by the consultants Kurt Salmon Associates.

- Cost management and efficiency/waste reduction
- Improved patient experience scores
- Employee partnership performance to achieve cost management and patient experience goals

These priority goals will be used for leadership performance evaluations and guide how to leverage the following initiatives funded in the FY13 budget.

- Cost Management/Revenue Cycle Improvement-Med Assets/Multiplan
- Third Party Contracting
- Managing Change in Reimbursement
- Enhanced Corporate Planning Function
- Patient Experience
- Workforce engagement/employee partnership
- Physician Practice Management Infrastructure
- DSRIP
- LEAN
- Electronic Health Record/Financials
- Highland Care Pavilion
- APMC Re-branding
- Fairmont Hospital replacement

B. Solutions Work Groups – Membership / Schedule

Jeff Hoffman, Kurt Salmon Associates, provided an update on the three Solutions Work Groups.

The groups met for the first discussion round on Monday May 14 to review the draft strategic goals and health economics analyses. Each group has a charge, proposed discussion topics, and membership characteristic with these Co-Chairs:

Work Group #1: Access / Network Development

Co-Chairs: Evan Seevak MD, Chair, Ambulatory Care
Benita McLarin, Vice President, Ambulatory Care

**Work Group #2: Value Enhancement
(Improving quality and patient experience)**

Co-Chairs: Johara Chapman, MD, Chair, Maternal and Child Health
Kerin Bashaw, RN, Vice President, Quality

Work Group #3: Physician Operating Model

Co-Chairs: Valerie Ng, MD, Chair, Clinical Laboratory and Pathology
Douglas Habig, General Counsel

These work groups are scheduled to meet three times through July to help formulate strategies, objectives and key performance metrics.

TAB #4 UPDATE: Healthcare Reform / Legislative & Regulatory Update HPAC

Mr. Lyons provided an HPAC update.

The Health Program of Alameda County [HPAC] is generating activity reports and opportunities for clinical and utilization improvement at each community based clinics and at ACMC for primary care, specialty care, emergency medicine and acute care hospitalization. The data reports provide information on total member enrollment, geographic distribution of HPAC patients and emergency department utilization patterns. Also, HPAC data can sort by primary care medical home, ethnicity, and other demographic values that guide our work to improve the population health of the Low Income Health Program in Alameda County.

HPAC Enrollment as of April, 2012 totaled 74,976 with about 50% in the former County Medical Services Plan and the remainder in the Low Income Health Plan expansion of benefits initiative.

The ethnicity of HPAC participants is 44% Hispanic, 16% Other Asian/Pacific Islander, 15% Black, 9% White, 9% Other and 7% Unknown.

Each HPAC participant is assigned a medical home during initial enrollment based upon participant preference and/or place of residence. The Medical Home Choice report indicates that ACMC's four wellness centers comprise 31,609 or 42% of all

HPAC participants. The two next highest medical home percentages are La Clinica de La Raza at 13.4% and Asian Health at 11.2%.

Changes in the HPAC program benefits for FY13 will primarily affect HIV/AIDS patients who receive pharmacy benefits from the Ryan White Act funding. A portion of our current Alameda County Ryan White beneficiaries will convert to HPAC County status as they will no longer be eligible for Ryan White pharmacy benefits. Counties throughout California are working to fund this new pharmacy benefit from various State and Federal programs.

Finally, the HPAC Policy and Planning Committee, with membership from ACMC, the community based clinics, the Alameda Alliance for Health and the Alameda County Health Care Services Agency, will begin planning for the conversion of the LIHP participants into the Medi-cal program in 2014 and for a population health management model for the remaining County HPAC participants who are not eligible for expanded medi-cal or other health care reform act subsidized plans.

TAB #5 Informational Reading

Mr. Lyons highlighted the following articles:

- Confronting HIV in Oakland (item 5.A.3)
- Capital Grant Awards to California FQHCs-Chart (item 5.B.3)
- California Health Care Foundation Report to the California Health Insurance Exchange Commission on the Private Insurance Market (item 5.C.3)
- Two Very Different Miami Hospitals Prepare for Medicaid Expansion (item 5.C.5)

TAB #6 INFORMATION: Issue Tracking & Follow-up

Mr. Lyons reported that there were no new tracking issues at this time.

TAB #7 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.

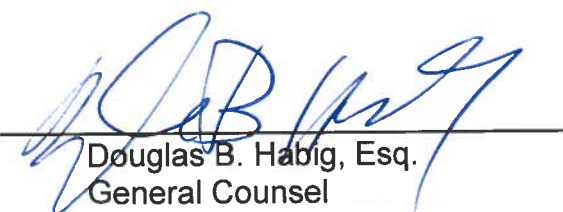
ADJOURNMENT: The meeting was adjourned at 6:06 p.m.

Respectfully Submitted by:

Barbara L. McElroy,
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Douglas B. Habig, Esq.
General Counsel