



BOARD OF TRUSTEES RETREAT

FRIDAY, April 26, 2013

SATURDAY, April 27, 2013

Central Administration Offices Located at Highland Hospital

1411 East 31st Street Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

LOCATION:

Hotel Shattuck Plaza

2086 Allston Way

Berkeley, California 94704

MINUTES

AGENDA – DAY 1 – APRIL 26, 2013

THE MEETING WAS CALLED TO ORDER AT 8:39 AM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Daniel Boggan, Jr., Floyd Huen, MD, Michele Lawrence, Kirk E. Miller, Ronald D. Nelson, and J. Bennett Tate.

Valerie D. Lewis, Esq., Stanley M. Schiffman, Anthony Slimick, and Barry Zorthian, MD were excused.

NON-VOTING MEMBER:

Taft Bhuket, MD was excused.

Trustee Miller provided opening comments and welcomed Trustees, staff, and guests to the Retreat. Alameda County Supervisor Wilma Chan was introduced.

THE BOARD CONVENED TO CLOSED SESSION AT 8:41 AM AND RECONVENED TO OPEN SESSION AT 10:12 AM.

TAB #2 ACTION: Consent Agenda

Highland Care Pavilion Transition Agreement

Recommendation by the Governance Committee

ACTION: A motion was made, seconded, and unanimously approved the Highland Care Pavilion Transition Agreement as presented.

MOTION: Trustee Nelson

SECOND: Trustee Huen

AYES: Trustees Boggan, Huen, Lawrence, Miller, Nelson, and Tate

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis, Schiffman, Slimick, and Zorthian

TAB #3 STRATEGIC TOPICS: Implications of Health Care Reform

Wright Lassiter, III, Chief Executive Officer, introduced Melissa Stafford-Jones, CEO, California Association of Public Hospitals, and Ingrid Lamirault, CEO, Alameda Alliance for Health.

Mr. Lassiter provided an overview of a presentation provided by C. Duane Dauner, President/CEO, California Hospital Association focusing on state and federal legislative updates.

A. State Perspectives

Ms. Stafford-Jones presented Health Reform: A New Era focusing on:

- Health Reform: California Implementation of ACA
- Landscape Assessment: California Market Highlights for PHHS
- Strategic Considerations and Implications for Public Hospital Systems

B. Local Perspectives

Ms. Lamirault presented an overview of Alameda Alliance for Health.

Alameda Alliance for Health (Alliance) is a not-for-profit health plan that provides affordable health care coverage to Alameda County residents.

The mission of the Alliance as a partner in Alameda County's health care safety net system is to provide managed care services to Medi-Cal recipients and other beneficiaries through a network of public and private providers.

TAB #4 STRATEGIC TOPICS: Strategic & Long Range Financial Plan Updates / Discussion

A. Finance – Cost Management Progress

Marion R. Schales, Chief Financial Officer, provided an overview of the Cost Management progress.

ACMC provides high-quality/ high-cost care (as measured by publically available indicators) that exceeds most regional and state-wide cost averages, and most closely mimics that of academic medical center profiles.

Given the implications of healthcare reform, further cost management efforts and adoption of cost conscious culture throughout all levels of the organization will be critical

B. Integration – Development of Alameda Integrated Medicine, Inc.

Mr. Lassiter introduced Mark Maus, MD and Eric Snoey, MD. The doctors were invited to participate in the integration discussion because of the work they have done with the committee to move the integration piece forward.

Kathleen Clanon, MD, Interim Chief Medical Officer and Douglas B. Habig, General Counsel provided an overview of the progress to date on the development of Alameda Integrated Medicine, Inc.

Over the past year, Dr. Clanon and Mr. Habig have worked with a representative team of the medical staff physicians to develop a proposed framework and Implementation Plan for development of a physician organization, which has been tentatively named, "Alameda Integrated Medicine, Inc," and would be a wholly owned subsidiary, non-profit corporation of Alameda Health System (AHS). The name is preliminary and subject to the prerogative of the Board on naming AHS facilities and entities. The framework sets forth the agreed principles upon which such an organization will be established, including the governance and management of the physician organization. The purpose of the organization is to integrate the physicians who presently work at AHS and those physicians who will be added in future years at other facilities and clinics owned or operated by AHS. The organization is predicated on an employment model, although some physicians will need to remain on a contracted independent contractor basis.

During the break, the Board recognized Floyd Huen, MD for his nine (9) years of services as a Trustee with Alameda Health System (formerly Alameda County Medical Center).

C. Access – Ambulatory Expansion

Bill Manns, Chief Operating Officer, and Dr. Clanon presented an overview of the progress in ambulatory expansion.

Ambulatory Strategic Goals:

- People/Workforce Development
- Standardization / Quality
- Patient Centered Care (Service)
- Improved Access and Strategic Growth
- Finance (Financial Stability)
- Community (Community Engagement)

Primary Care Expansion Overview:

- Overall Goal – Expand Access to Primary Care Services by FY 2015:
 - Meet and exceed NCQA standards to qualify for Patient Centered Medical Home designation
 - Improve CG-CAHPS overall patient satisfaction to 70th percentile or above
 - Decrease provider panels to manageable levels (Goal: 1,350 patients)
- Achieve this Goal through:
 - Expanding primary care access at current locations: Highland K-6, Eastmont Wellness Center, Winton Wellness Center, and Newark Health Center
 - Exploring new primary care locations, such as North County sites, and larger site for Hayward and possible Tri-Valley area site
 - Adding new primary care providers including physicians and mid-levels
 - Improving clinic efficiencies and provider productivity

Specialty Care Expansion Overview:

- Overall Goal: Expand Access to all Specialty Clinical Services by FY 2015:
 - Meet community need from our primary care partners
 - Reduce wait time for all specialty services to 30 days or less
 - Eliminate backlog of patients awaiting scheduling
 - Achieve ratio in which available new appointment slots matches referrals
 - Increase our provider staff to within 70% of national physician to patient ratios for key specialties

Achieve this Goal Through:

- Expanding specialty care access at current locations: Highland K7 and Newark Health Center
- Adding limited specialty care to new primary care locations, such as North County site and Tri-Valley area
- Maximizing new clinic space utilization in Highland Care Pavilion
- Opening new dedicated specialty clinics (e.g., at Eastmont in adjacent space and at new Hayward site)
- Community partnerships where appropriate to supplement our own resources

D. Network Development – Potential Partnership Opportunity

Mr. Lassiter provided a brief overview of the Strategic Network Partnerships.

TAB #5 DISCUSSION: Day One Wrap-up

END OF DAY 1

DAY 2 – APRIL 27, 2013

THE MEETING WAS CALLED TO ORDER AT 9:00 AM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Daniel Boggan, Jr., Floyd Huen, MD, Michele Lawrence, Kirk E. Miller, Ronald D. Nelson, and J. Bennett Tate.

Valerie D. Lewis, Esq., Stanley M. Schiffman, Anthony Slimick, and Barry Zorthian, MD were excused.

NON-VOTING MEMBER:

Taft Bhuket, MD was excused.

THE BOARD CONVENED TO CLOSED SESSION AT 9:01 AM AND RECONVENED TO OPEN SESSION AT 11:05 AM.

TAB #7 GOVERNANCE TOPICS:

A. UPDATE: March Special Meeting Follow-up

Agenda topic not discussed.

B. REPORT: 2012 Board Self-Assessment Results

The Board discussed future topics to discuss at meetings and Retreats.

- Employee Satisfaction
- BOT Recruitment
- Cost Reduction Strategy & Pension Reform
- Access
- Zero Harm Strategy / Value Based Payments
- System Transformation
- Major Budget Assumptions

The topics will be used to create an annual calendar for Board meetings.

C. DISCUSSION: Board Recruitment -

The Board discussed strategies to develop an aggressive recruitment program. Discussion around the prospect of engaging a third party vendor to identify potential candidates was well received. The consensus of the Board was to move forward in this direction and asked Mr. Lassiter to follow-up with the organizations he has contacted that specialize in this process.

TAB #8 REPORT: Legal Counsel's Report on Action Taken in Closed Session

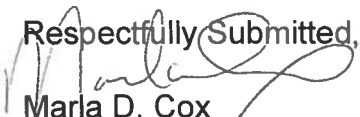
Douglas B. Habig, General Counsel, reported that the Board conferred with counsel on matters related to substantial litigation. No action was taken.

Public Comments: None

Board of Trustees Remarks: None

ADJOURNMENT: THE MEETING WAS ADJOURNED AT 12:00 PM

Respectfully Submitted,


Maria D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas B. Habig, Esq.
General Counsel