



STRATEGIC PLANNING COMMITTEE MEETING
MONDAY, May 19, 2014

Executive Suite Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Marla D. Cox, Clerk of the Board
(510) 535-7515

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Trustees Stanley M. Schiffman, Michele Lawrence, Trustee Lugannani, and Barry Zorthian, MD

Absent: Trustee J. Bennett Tate

MINUTES

OPEN SESSION / ROLL CALL 3:32 pm.

TAB #1 ACTION: Approval of Minutes

A. Approval of the Minutes from the March 17, 2014 Strategic Planning Committee Meeting.

Upon motion made and seconded, the March 17, 2014 minutes were approved.

TAB #2 REPORT: Chief Strategy Officer Report

Carladenise A. Edwards, PH.D., Chief Strategy Officer introduced the new Strategy team members and reported on the following initiatives being monitored by the Strategic Planning Committee for 2014:

- Physician Hospital Organization Development
 - Alameda Health Partners has been fully incorporated in April 2014. The current work efforts include the development of:
 - Governance Structure
 - Membership Structure
 - Operational Structure
 - Management Structure
 - Physician Recruitment Strategy

Carladenise stated that they are working closely with the Steering Committee of Physician Leaders. The goal is to begin recruitment of Physicians who are not currently affiliated with AHS in July.

- Strategic Partnerships
 - *Hospital Network Development*

Carladenise announced that the affiliation with San Leandro Hospital and Alameda Hospital has been completed as of today.

- *AHS Managed Care Development*
37% of the active contracts have been completed.
Today we're at 77% of the 19 contracts that SPC is seeking.
Carladdenise referred to a slide presentation displaying Contracts completed and Executed
And Contracts in progress (month/day will be executed).
- *Community Health Center Network (CHCN)*
These clinics have been unable to get their patients into our system, and our complaint is
they're not referring anyone.
- Access
 - Driving down the amount of time people need to get an appointment.
The volume has increased in the number of orthopedic surgery over the past several years.
There is a decrease in the backlog.
There's been a reduction in the wait time.
The Hayward Wellness Center will open August 2014.
Working on leveraging partnerships in the Tri-Valley.
- Population Health Management
 - This means our ability as an organization to actually manage a population, (i.e. a group of
diabetics, keeping them healthy by giving them everything they need). The concept is
more on wellness, prevention and education. The goal is to take high cost patients who
have multiple issues and make them low cost patients.

TAB #3

INFORMATION: Electronic Health Record Road Map

Dave Gravender, CIO, Information Technology reported on the planning update for Information Systems, he reported on the 3 I's: Implementing what we own, Integrating San Leandro and Alameda and ICD-10:

- Implementation of Soarian ED, Implementation of Soarian Ambulatory – Dave reported that this achieved what they expected to achieve in terms of transitional care from patients in the E.D. to inpatient. It worked exactly like expected. The speed at which E.D. can process patients was a miserable failure. They could not process the patients documentation fast enough to be effective. This process has been put on pause because of that reason. I.T. is working with Siemens to correct this. Dave feels confident about this and sees the problem to be fixed by first quarter in 2015. Trustee Zorthian shared a problem with Soarian that Wellsoft doesn't have regarding a speed problem. Dave said that that problem will change.

TAB #4

DISCUSSION: Strategic Priorities

Stanley M. Schiffman, Chair Strategic Planning Committee, stated that there are three areas that he wanted to discuss:

- Priorities
- Goal Attainment (dates)
We're up to date on the PHO except it was supposed to be in place last December.
- Process of Committee – Trustee Schiffman posed the question of, "Do we want our meetings to be similar to what has been done today, do we want long reports?" "What is the role of the committee?"

Trustee Schiffman discussed a list of topics that he is interested in; How long does it taking us to register people? How long does it take from the time we make a decision that somebody needs to be admitted? (Throughput, patient care, patient experience). Trustee Schiffman wrote down the topics that have been covered in the committee meetings; Physician Organization, Hospital Network, Insurance Partners, Physician Group Network Development, Access, Throughput, Waiting Lists,

System Transformation, Population Management, Affordable Care Act, Timelines, Patient Satisfaction, DSRIP Milestone, PHO, Data Collection, System Office, Quality Issues, Relationship with BOS, Role of the Board vs. a Staff Role. All of these are things we talked about this year and should be thinking about next year, or how they need to be discussed moving forward. Trustee Lawrence stated that she sees the role of this committee is making certain they stay focused and there is accountability.

Trustee Zorthian shared that she appreciates the idea that we're planning for the future but she keeps thinking about patients and how things haven't changed in 30 years. All the strategic planning in the world isn't helping doctors to see their patients today. There is a disconnect and doesn't know how she can contribute.

Trustee Schiffman stated that these are things that need to be done because it is necessary for AHS to be successful. He suggested that rethink how we do our agenda, how we do our reports so they are more pointed, less general, and they build from month-to-month. He stated that the way to hold people accountable is to discuss it. The committee should be discussing what is most important to the committee.

Wright Lassiter, III expressed that he appreciated hearing the board's prospective around how we spend the time. He stated that with any committee, the time we spend is a function of what the board believes is value, and what management needs from the board as well to assist us in accomplishing our goals. He clearly wants the board to help keep our focus on the right things. This is a good opportunity for improvement for us to communicate better.

TAB #5

DISCUSSION: Rehabilitation Services: Current and Future Plans

Trustee Schiffman asked Carladenise's team for introductions and the job that they do. Carladenise A. Edwards, Ph.D., Chief Strategy Officer reported that she and James Jackson have been studying the Rehabilitation Service Line and it has not fully met expectations over the last several years. The team has put in various tools to try and improve efficiency, improve productivity, and maintaining quality. Quality has never been in questioned. In January, she and James Jackson decided to post a Request for Information (RFI) for companies that actually provide management services for help to increase volume, improve access to the great care that we know that we have.

James Jackson, Chief Administrative Officer, Fairmont & SLH reported that AHS has received responses from three vendors; Rehab Care, GPS, and Rehab Institute of Chicago. Of the three, Rehab Care and GPS responded. Subsequent interviews have been conducted. Based on all the criteria, decided that a management firm would be the appropriate way to optimize the service. Rehab Care was the firm that meets the needs that we have to optimize the business. Trustee Schiffman asked were AHS was in relation to a physical move. Mr. Jackson stated that plans have to be submitted to the State of California by January 2015, those plans are in the process of being prepared. Once submitted, there will be 3 to 6 months state review, once the plans are received back, it will probably a 12 to 18 month build out, realistically, and it could be a minimum of two years. Wright Lassiter, III stated that he thinks they really do need to consider management services because we don't have what appears to be the combination of management, marketing, program development, internal resources in order to really take advantage of what's been a significant change in market. He now believes that Acute Rehab and Acute Med Surge could coexist. Carladenise stated that looking at where we are and where we're going. She stated that we are right now is in the planning around the logistics of the move and what are the requirements of that. Looking at how we build volume and improve the current business, so that it is financially viable. Trustee Zorthian asked when we have to be out of Fairmount and the answer was 2020.

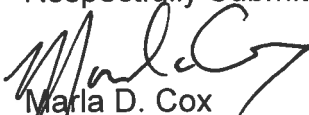
TAB #6 **INFORMATION: Committee Annual Work Plan / Issue Tracking & Follow-up**
Stanley M. Schiffman, Chair Strategic Planning Committee, felt that there was sufficient discussion or this.

Public Comments - No Comment

Board of Trustees Remarks – No Remarks

ADJOURNMENT - 5:35 pm

Respectfully Submitted,


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:



Douglas Flabig, Esq.
General Counsel