

## Measure A Oversight Committee Meeting Minutes

Friday, February 24, 2012, 9am-11:30am

### Attendance:

#### Members Present

1. Barbara Anglin
2. Suzanne Barba
3. John Becker
4. Louis Chicoine
5. Kerry Easthope
6. Kay Eisenhower (by phone)
7. Doug Jones
8. Beth Pollard
9. Mee Ling Tung

#### Members Absent

1. Olga Borjon –Excused
2. Art Chen –Excused
3. Rochelle Elias–Excused
4. Ursula Rolfe–Excused

“Excused” indicates that member notified HCSA of absence in advance.

#### Other Attendees

1. Alex Briscoe, Health Care Services Agency
2. Rebecca Gebhart, Health Care Services Agency
3. Jennifer Chan, Health Care Services Agency
4. Pauline Keogh, Health Care Services Agency
5. Ryan Gordon, Health Care Services Agency
6. Warren Lyons, Alameda County Medical Center
7. Patricia Barrera, Alameda County Medical Center
8. Don Briones, Alameda County Medical Center

### **AGENDA**

#### **I. Welcome and Introductions**

- All in attendance introduced themselves.

#### **II. Announcements**

- Health Care Services Agency (HCSA) asked members to update their contact information (a spreadsheet was passed around to members).
- Jennifer asked Committee members to complete their 2011 Form 700s; return completed forms to Jennifer or Ryan by April 2, 2012.
- Jennifer announced that the next Alameda County Board of Supervisor Health Committee meeting focusing on local implementation of the Affordable Care Act will be held on Monday, February 27<sup>th</sup> focusing on Preparing the Primary Care System for Health Reform; this is part of a year-long series (starting in November 2011) hosted by Supervisors Carson and Chan. Visit Supervisor Chan’s website for more information  
<http://www.acgov.org/board/district3/hcreform.htm>.
- Vana Chavez’s last meeting is 3/23/12 as she will be retiring; the Committee will plan to thank her for all her work with the Committee at the next meeting.

### III. **Review of Minutes**

- Doug Jones moved to approve the minutes for January 27, 2012. Mee Ling Tung seconded the motion; motion passed.

### IV. **Review of Materials**

- Health Committee 2/27 agenda- Preparing the Primary Care System for Health Reform
- Measure A revenue update (updated February 2012); projected total revenue for FY 11/12 is ~ \$27.9 million; for FY 11/12 ~\$26.5 million allocated.
- Resource Development Associates (RDA) Recommendations for Improving the Measure A Oversight Process
- FY 10/11 Report Binders
- Alameda County Medical Center PowerPoint presentation handout

### V. **Follow up discussion on Resource Development Associates (RDA) recommendations**

Louis (chair of the committee), Vana, and Jennifer reviewed the recommendations via conference call and shared their recommendations/updates with the Committee. See attached document for more information.

#### Discussion

- Committee members reiterated that data collection will allow for easier evaluation and tracking how funds are spent. HCSA is working on creating a database in Access that will be completed in the next few months.
- Committee members were excited about looking at new ways to promote the Measure A report such as brochures and/or pamphlets. Also, members are interested in starting discussions with key stakeholders, community leaders and citizens for reauthorization.

### VI. **Alameda County Medical Center Presentation**

- Warren Lyons (Chief Strategy & Integration Officer), Don Briones (VP of Finance) and Patricia Barrera (Director, Legislative Affairs & Community Advocacy) from the Alameda County Medical Center (ACMC) presented a PowerPoint presentation on ACMC FY 10/11 Annual Report. (See attached presentation for more information.)

### VII. **General Planning for Development of FY 10/11 Report**

- FY 10/11 report binders were distributed to Committee member. The reports are organized by subcommittee; missing reports (Medical Costs for Juvenile Justice Center, Primary Care, and God's Love Outreach Ministry) will be distributed at the next meeting.
- HCSA sent the Request for Quote for Report Development and Graphic Services on 2/9/12; the proposal deadline is 3/1/12.
- General planning is deferred to next meeting.

**VIII. Election of Chair and Vice Chair**

- Certificates of Appreciation were presented to Chair-Louis Chicoine and Vice Chair-John Becker.
- Beth Pollard moved to re-elect Louis as Chair and John as Vice Chair, motion seconded by Barbara Anglin, motion passed.

**IX. Public Comment**

- None provided

**X. Next Meeting– March 23, 2012, 9am**

- The Committee will divide into subcommittees to review assigned Measure A FY 10/11 reports.

**XI. Adjourn**

# Presentation to Measure A Oversight Committee February 24, 2012



Building  
**Excellence**



Alameda County  
Medical Center

*Presented by:*

**Warren Lyons, FACHE**

**Chief Strategy & Integration Officer**

**Patricia Barrera, J.D.**

**Director, Legislative Affairs &  
Community Advocacy**



# ACMC Mission

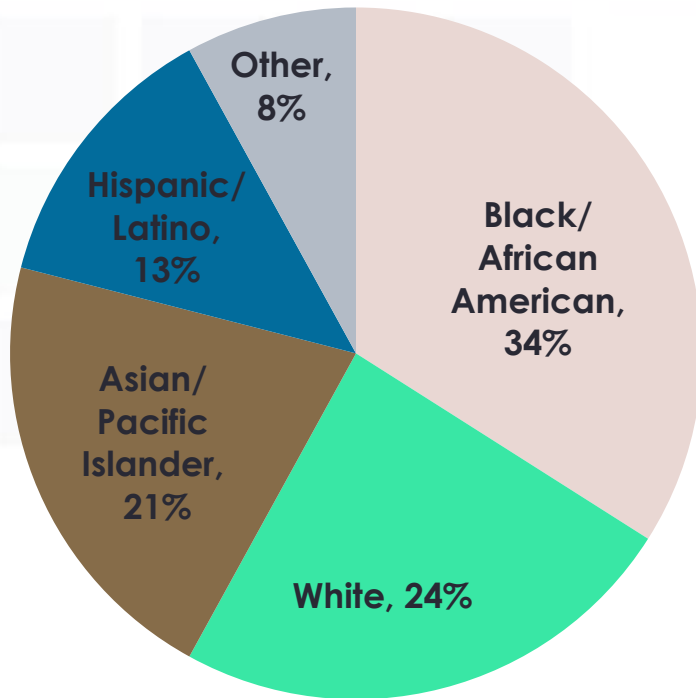
## Our Mission

Alameda County Medical Center is committed to maintaining and improving the health of all County residents, regardless of ability to pay. The Medical Center will provide comprehensive, high quality medical treatment, health promotion, and health maintenance through an integrated system of hospitals, clinics, and health services staffed by individuals who are responsive to the diverse cultural needs of our community. The Medical Center, as a training institution, is committed to maintaining an environment that is supportive of a wide range of educational programs and activities. Education of medical students, interns, residents, continuing education for medical nursing, and other staff, along with medical research, are all essential components of our environments.

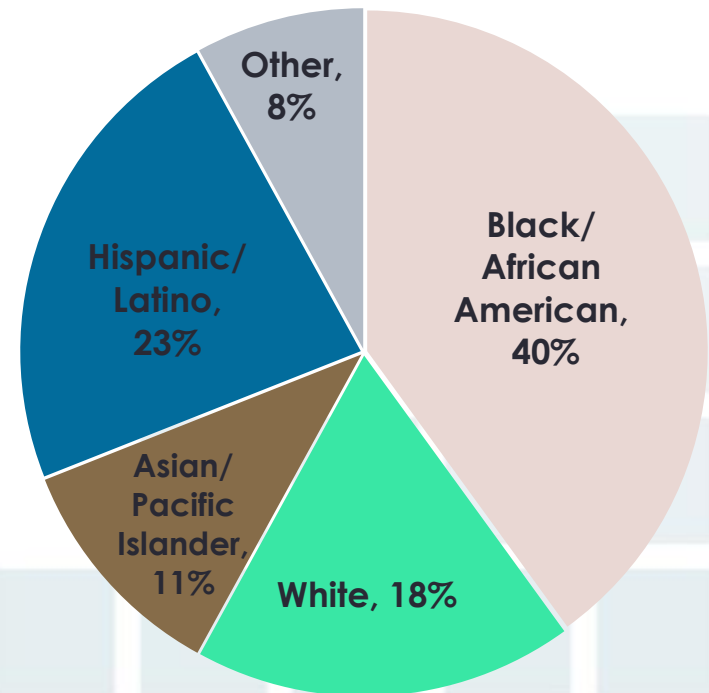


# A diverse organization

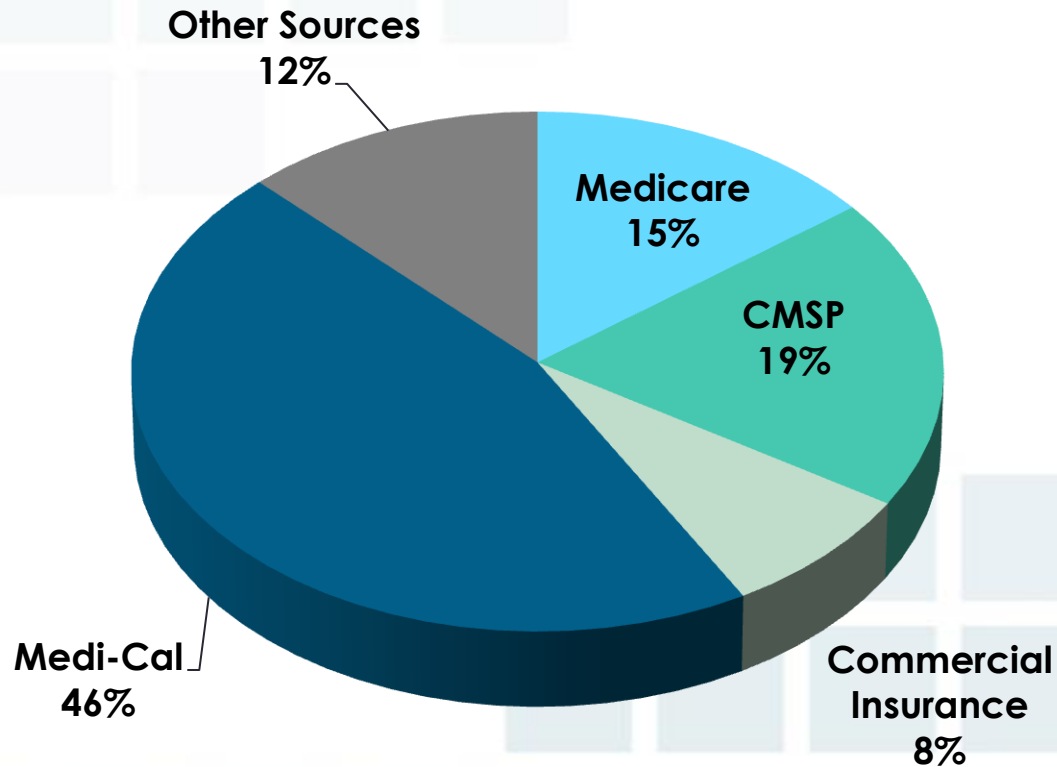
## Employee Ethnicity



## Patient Ethnicity

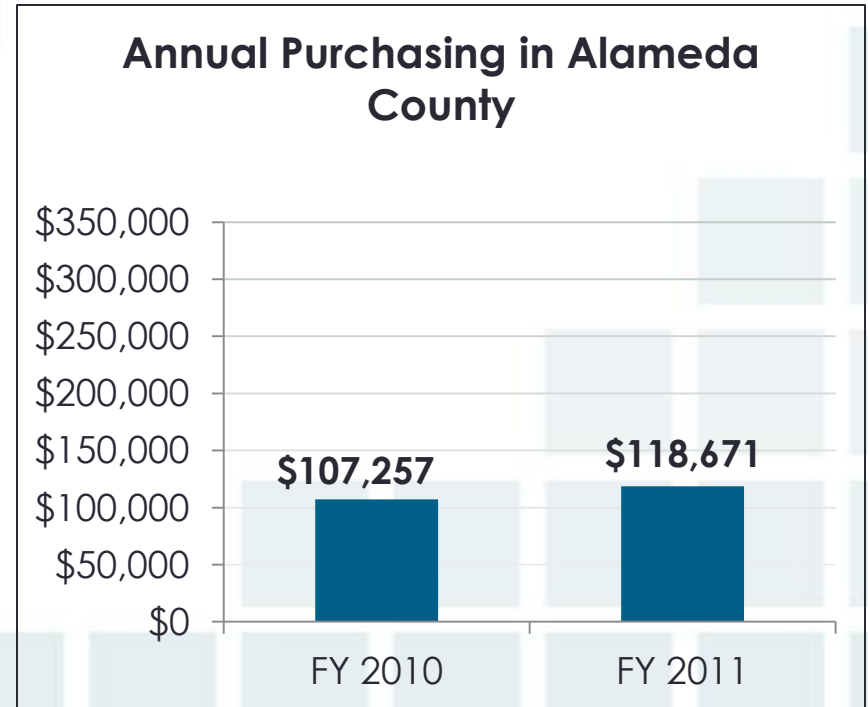
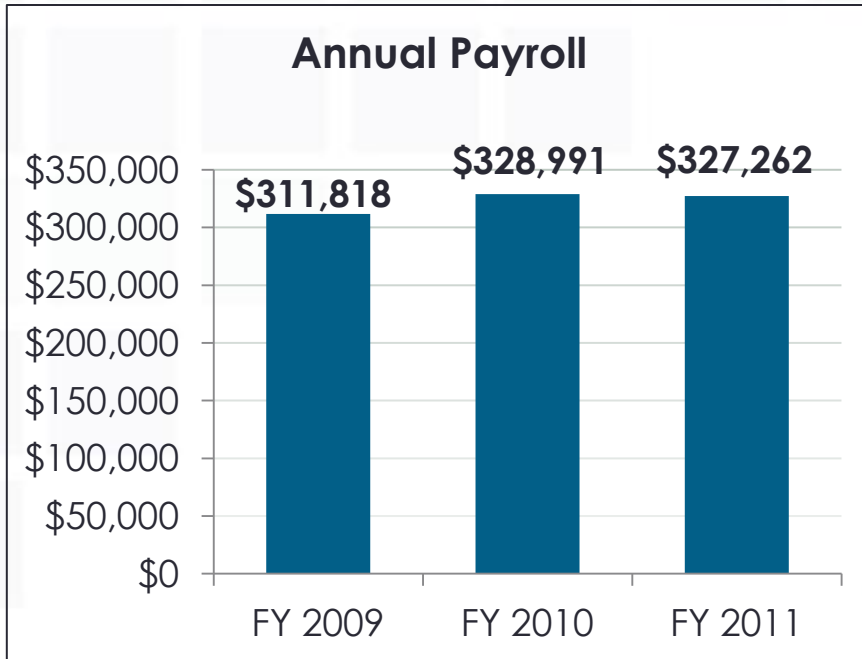


# Serving All In Need





# Contributor To The Economic Health Of Our Community



(Stated in \$000's)



# Our Services

Licensed for 475 beds for the provision of intensive care, medical & surgical, labor & delivery, acute psychiatric, skilled nursing, acute rehabilitation, and emergency (medical & psychiatric):

- Highland General Hospital
- Fairmont Hospital
- John George Psychiatric Pavilion

<u>Licensed:</u>	<u>Operating:</u>
236 beds	168
159 beds	143
80 beds	69

Ambulatory	Acute	Specialty	Post-Acute
•Preventive Services	•Highland Acute	•John George Psychiatric Pavilion	•Fairmont Skilled Nursing
•Primary Care	•Level II Trauma	•Fairmont Acute Rehabilitation Restorative Care	
•Specialty Care Clinics	•Labor & Delivery		
•Dental Services			
•Chronic Disease Management			
•Psychiatric Partial Hospitalization Program			



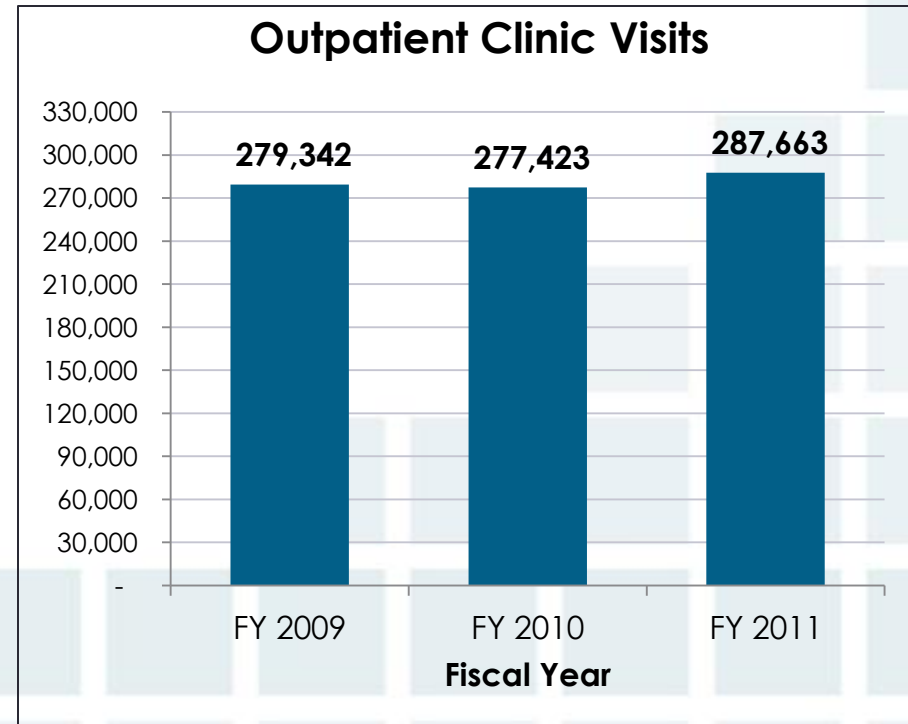
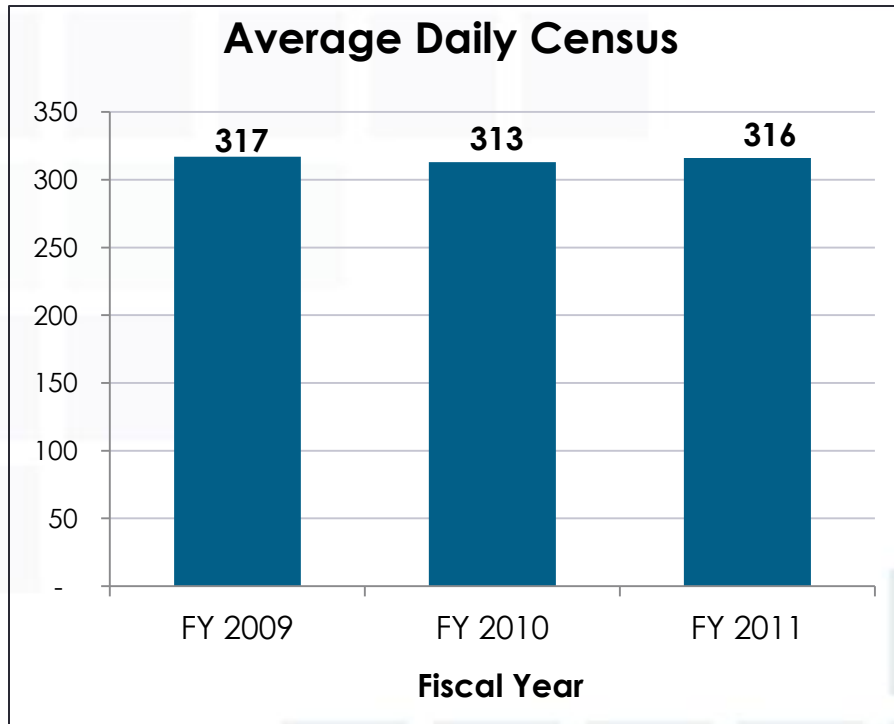
# Our Services

- Regional Level II Trauma Center that provided care to 2,246 patients in FYE 2011.
- Safety-net provider for full-scope medical care for the County's most vulnerable population – Served over 28,837 Health Program of Alameda County unique patients in FYE 2011.
- Generated 287,663 outpatient visits in 39 specialty and primary care clinics in FYE 2011.
- As of June, 2011, APMC employed more than 2,900 employees.
- Five major physician training programs in internal medicine, general surgery (UCSF), oral surgery, emergency medicine & primary care.



# A Needed Provider

## Service Volume and Activity



# Quality Patient Care

- **ACMC named “2011 Top Performer” in providing superior safety, quality and effectiveness**
  - Among top 14% of the nation’s accredited hospitals



- **Maternal Child Health department received “Quest For Zero” patient safety award**



# “...never do harm to anyone.”

*Hippocratic Oath*

- Launched Board-sponsored patient safety effort in July 2010 with common vision of reducing preventable errors (patient harm)
- 18-month effort demonstrates preliminary results of greater than 50% improvement in patient safety standards across 10 priority areas



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



Building  
**Excellence**  
Alameda County  
Medical Center

# What Did We Accomplish?

Estimate 371 fewer patients harmed in 18 months

77 process changes implemented

Noted by industry leaders as “bold,” “innovative,” “worth publishing”

8/10 teams already confirmed as met or exceeded





# Enhanced Clinical Programs



- **State-of-the-art combined catheterization and angiography suite elevated level of care in Alameda County**

- **Expanded specialty care services including orthopedics, optometry, dental, and pain management**
- **First psychiatric hospital west of Mississippi to have a labyrinth serving patients**





# Physician Partnership

**92%**

- ✓ *“I made the right choice when I decided to join ACMC.”*

**83%**

- ✓ *“The medical center is headed in the right direction.”*



# Training Tomorrow's Doctors

- Demand for Highland Emergency Medicine Residency Program remains high with 250 applicants interviewed for 10 openings each year
- Surgical Residency Program risk adjusted survivals are significantly better than other Trauma Centers nationally
- Psychiatry Program currently training 29 pre-doctoral psychology interns



# Strategic Priorities

- **Financial Viability**
- **Workforce Development**
- **Physician Partnerships**
- **Enhance Clinical Programs**
- **Medical Education**
- **Quality Patient Care**
- **Customer Service and Accessibility**
- **Strong Community Relationships**
- **Facilities and Technology**



# *Financial Results*



# Financial Viability

- Operating margin 11.7%
- 10 year Integrated Strategic and Financial Long-Range Forecast
- County debt restructured in 2011
- Operating income           \$ 65,432,000
- Operating revenue         \$556,341,000



**ALAMEDA COUNTY MEDICAL CENTER**  
**STATEMENT OF AUDITED REVENUE AND EXPENSES**  
(Stated in \$000's)

**OPERATING REVENUES**

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Net Patient Revenue	\$259,892	\$285,738	\$318,718
Other	139,133	123,884	160,155
Measure A	74,900	72,826	78,046
<b>Net Operating Revenue</b>	<b>473,925</b>	<b>482,448</b>	<b>556,919</b>

**OPERATING EXPENSES**

**Employees Expenses**

Salaries and Wages	222,828	227,103	242,862
Benefits	88,990	92,810	84,400
<b>Subtotal</b>	<b>311,818</b>	<b>319,913</b>	<b>327,262</b>

<b>Non-Labor Expenses</b>	<b>169,965</b>	<b>165,875</b>	<b>164,225</b>
<b>Total operating expenses</b>	<b>481,783</b>	<b>485,788</b>	<b>491,487</b>

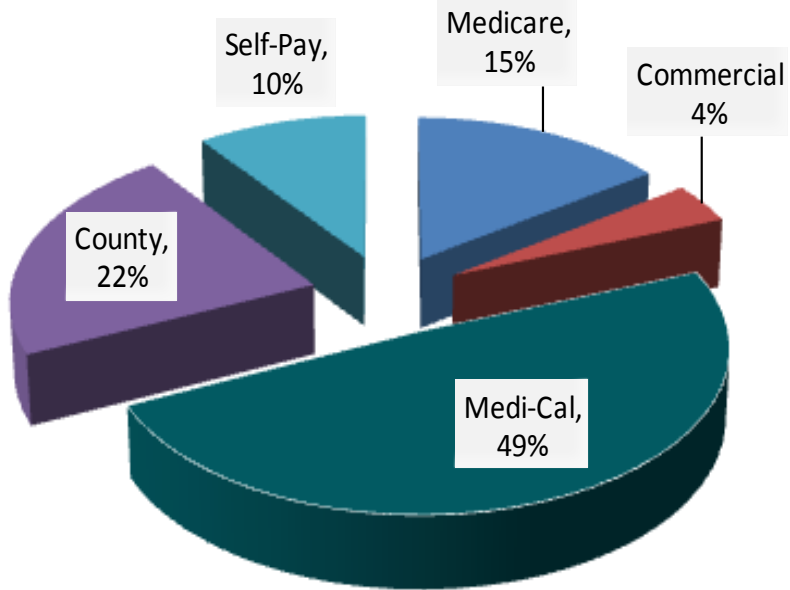
Operating Income (Loss)	(7,858)	(3,340)	65,432
Capital Contributions	8,000	81	2,573
Net Income (Loss)	\$142	(\$3,259)	\$68,005

Insurance  
8%

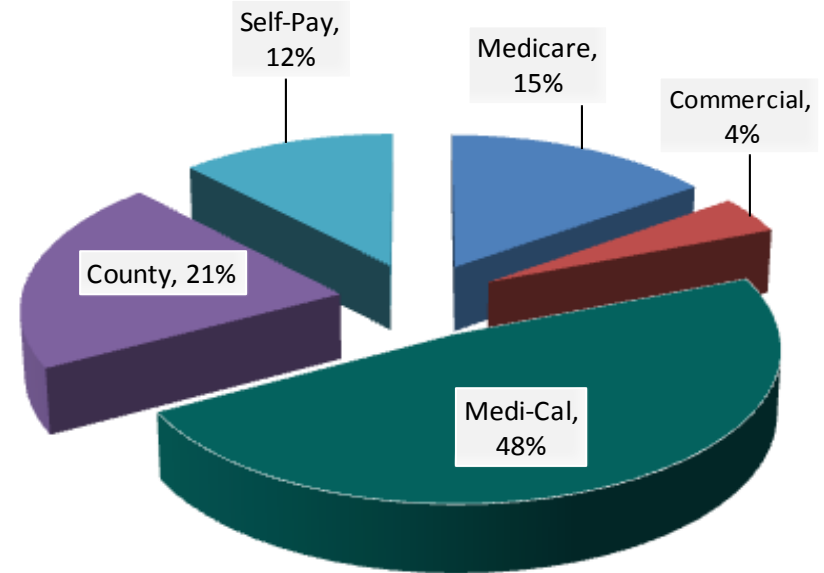


# Payor Mix Based on Charges

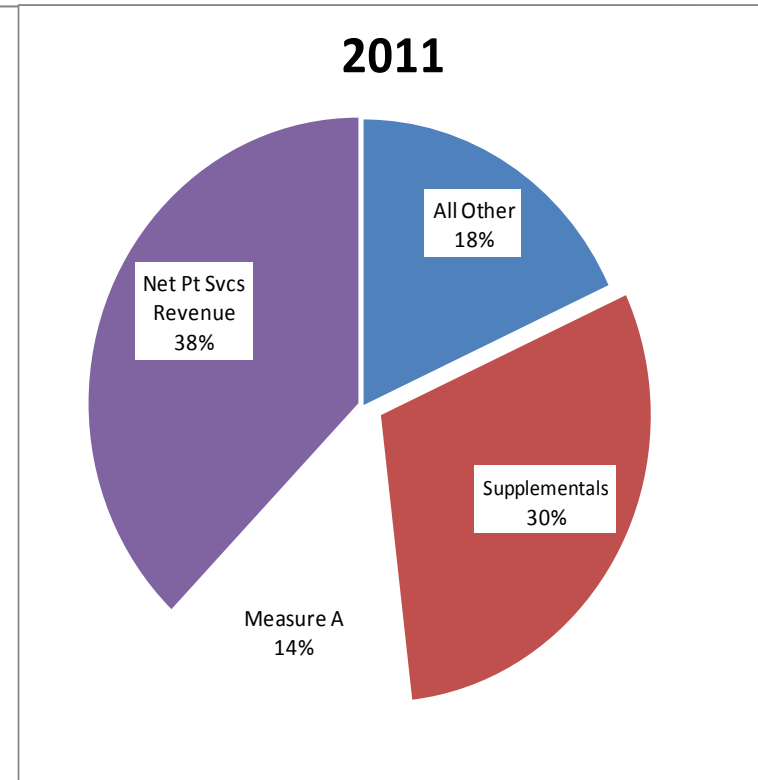
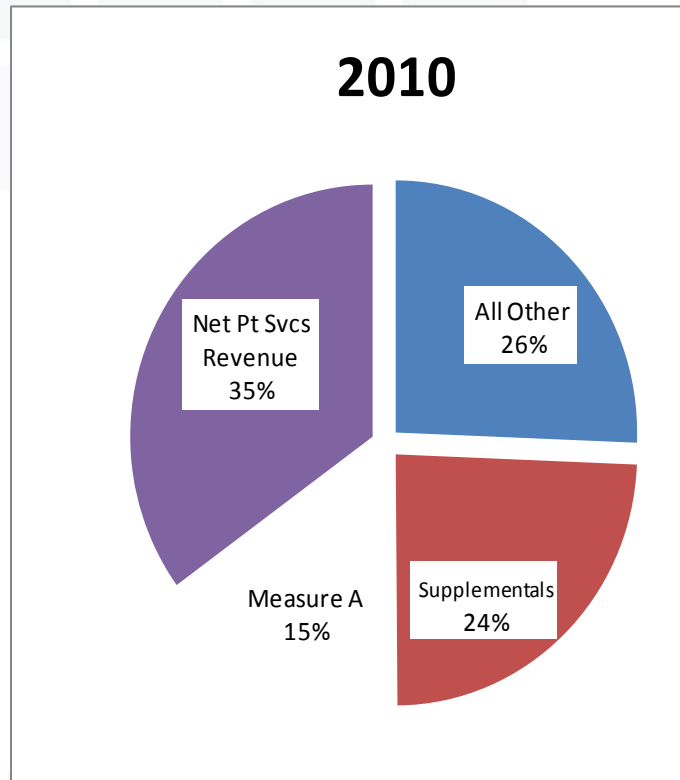
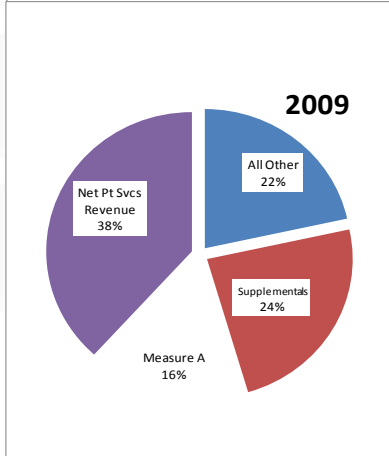
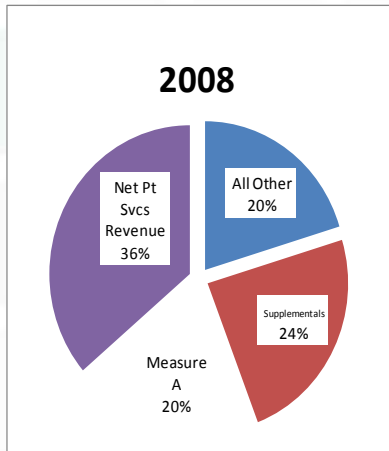
## FYE 2010



## FYE 2011

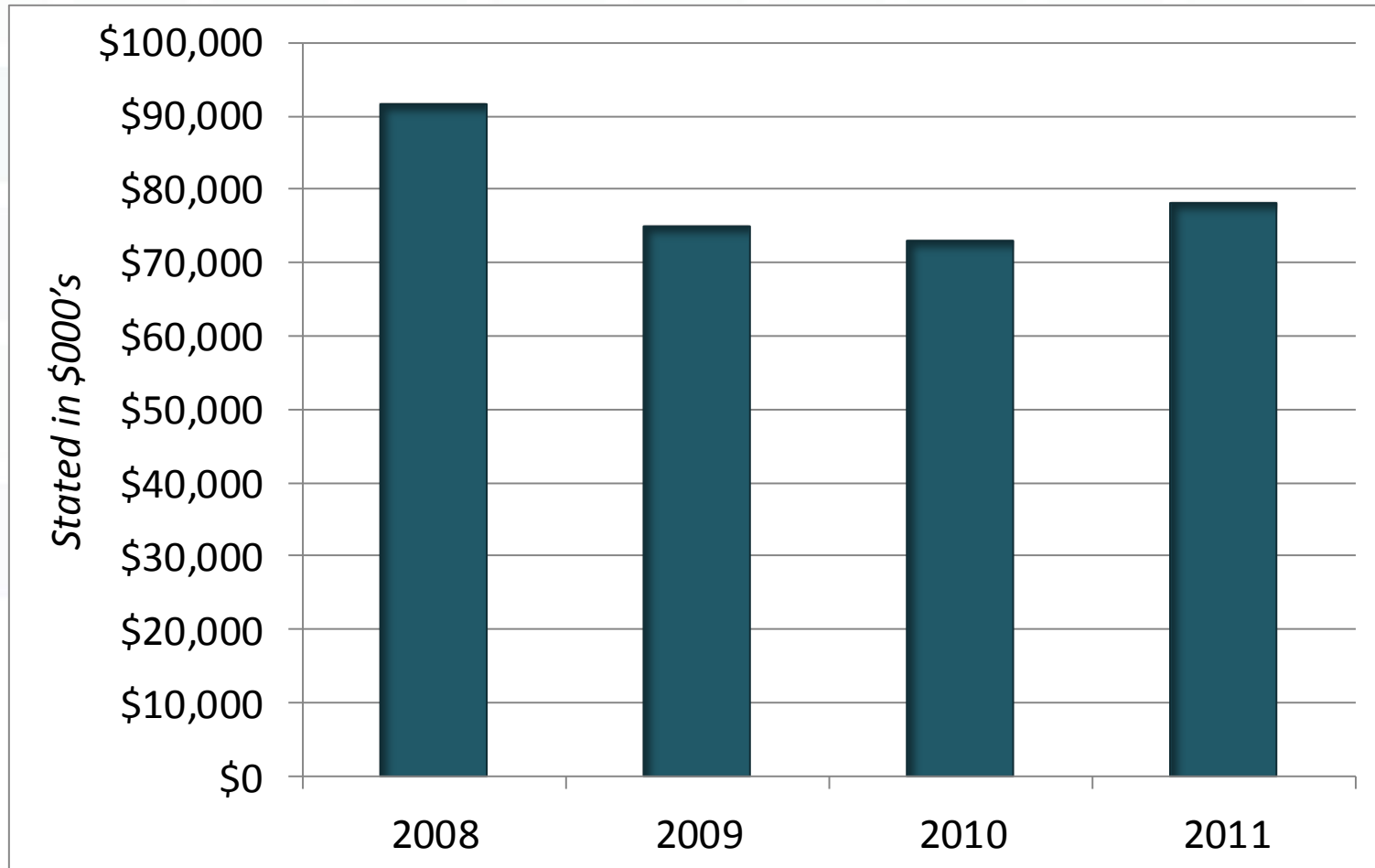


# Percent of Measure “A” Revenue to Total Revenue

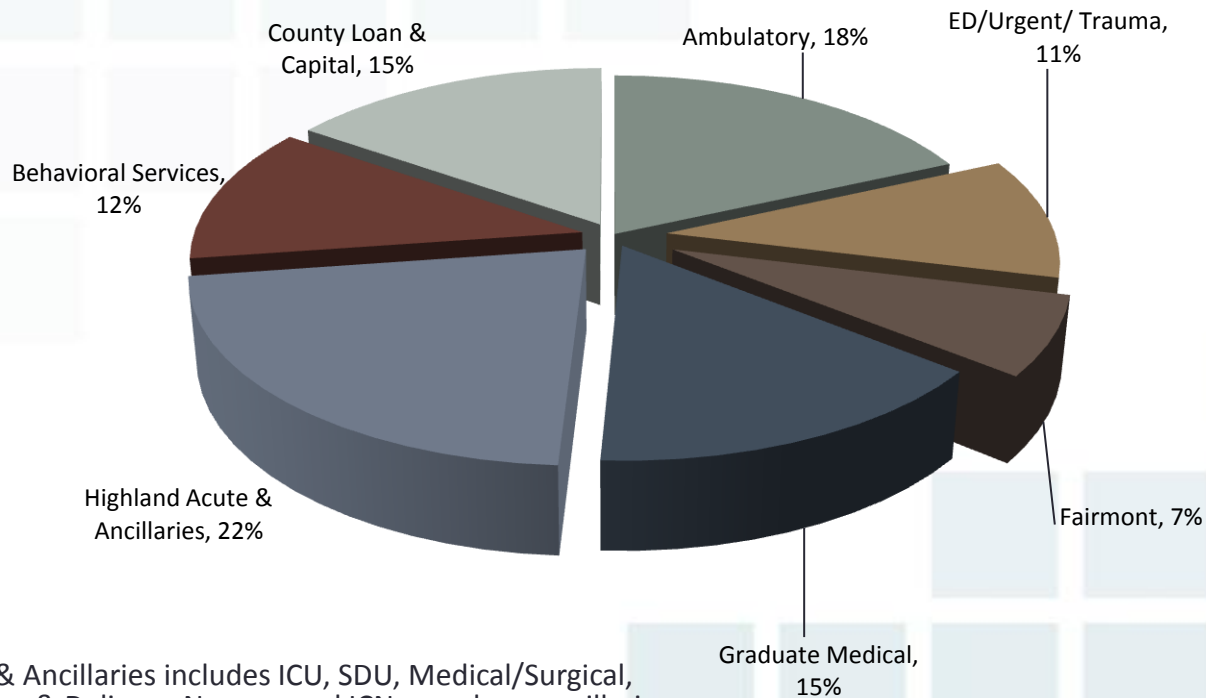




# Measure A Revenue Trend



# 2011 Average Allocation of Measure A Funds by Service Line



\* Highland Acute & Ancillaries includes ICU, SDU, Medical/Surgical, Perioperative, Labor & Delivery, Nursery and ICN, oncology, ancillaries (ie, laboratory, radiology, etc). Fairmont includes Skilled Nursing, Acute Rehab and therapies.



# FYE 2011 Allocation of Measure A Funds by Patient Volume and Payor Mix

FISCAL 2011	INPATIENT			OUTPATIENT		
	Patient Days	\$ Unfunded Cost per Day	% Unfunded Cost per Day	Outpatient Visits	\$ Unfunded Cost per Visit	% Unfunded Cost per Visit
Medicare	19,661	\$ (838)	32%	18,839	\$ (303)	31%
Medi-Cal	70,036	\$ (134)	6%	109,367	\$ (179)	32%
County	10,264	\$ (443)	10%	105,546	\$ ( 37)	7%
Commercial	1,776	\$ 0	0%	8,310	\$ 0	0%
Self-Pay, Charity	14,649	\$ (749)	29%	40,728	\$ (223)	23%

FISCAL 2010	INPATIENT			OUTPATIENT		
	Patient Days	\$ Unfunded Cost per Day	% Unfunded Cost per Day	Outpatient Visits	\$ Unfunded Cost per Visit	% Unfunded Cost per Visit
Medicare	20,530	\$ (695)	29%	21,123	\$ (253)	30%
Medi-Cal	72,704	\$ ( 36)	2%	108,794	\$ (195)	34%
County	11,175	\$ (477)	17%	102,415	\$ ( 24)	4%
Commercial	2,934	\$ 0	0%	6,536	\$ 0	0%
Self-Pay, Charity	8,877	\$ (463)	15%	45,672	\$ (185)	23%



# Looking Forward



# Strategic Priorities

- **Increased Access to Primary & Specialty Care Services**
- **Effective Physician Operating Model**
- **Explore Affiliations & Partnerships**
- **Enhanced Cost Effectiveness**
- **Enhance Revenue Opportunities**



# Delivery System Reform

- **Expand primary care, specialty care and providers to reduce wait times to 30-days or less**
- **Connect the most vulnerable patients to a medical home**
- **Help patients stay well and manage their chronic diseases (e.g., diabetes and hypertension)**
- **Support patients during transition from hospital to home**



# Facilities and Technology

## AC Board of Supervisors

- **Highland ATR Project**
  - \$668 Million Investment
  - Specialty Care Building
  - Inpatient Tower

## ACMC Board of Trustees

- **Electronic Health Records**
  - \$75 Million Commitment
  - NextGen Ambulatory System
  - Soarian Clinical System
  - Soarian Financial System





# Specialty Care Building



## Centers of Excellence

*Cardiology, Oncology, Gastroenterology*  
Urgent Care Center

Admitting and Registration  
Volunteer Services  
Main Cafeteria  
Conference Rooms  
Administrative Offices  
Underground Parking (175)



Building  
**Excellence**  
Alameda County  
Medical Center



# Specialty Care Building Lobby & Café





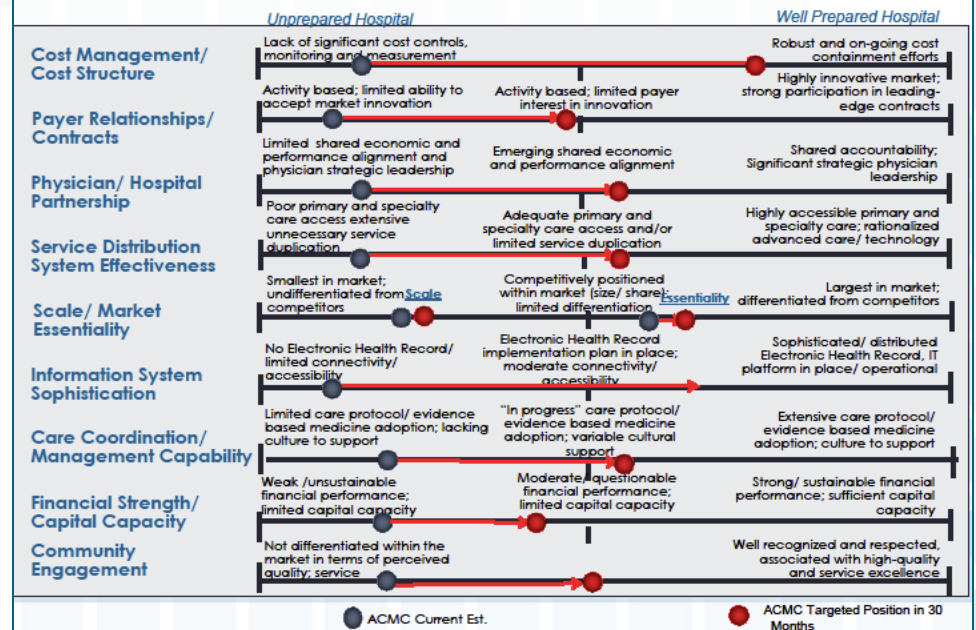
# Highland Campus 2017



# Road Map For Transformation

“Sustainable system of choice”

## ACMC Targeted Position in 30 Months



*Thank you*

