



**HARRIS HEALTH SYSTEM**  
**MINUTES OF THE CALLED BOARD OF MANAGERS MEETING**  
**Monday, October 22, 2012**  
**Board Room – Administration Building**

**BOARD MEMBERS PRESENT**

Mr. Stephen DonCarlos, Chair  
Ms. Carolyn Truesdell, Vice Chair  
Mr. Elvin Franklin, Jr.  
Dr. George Santos  
Ms. Daisy Stiner  
Mr. TJ Tijerina, Jr.

**BOARD MEMBERS ABSENT**

Dr. Atul Varadhachary  
Mr. E. Dale Wortham, Secretary  
Mr. Lawrence Finder

**OTHERS PRESENT**

Mr. David Lopez, President & Chief Executive Officer  
Mr. George Masi, Chief Operating Officer  
Mr. Michael Norby, Chief Financial Officer  
Attorney Mercedes Leal, County Attorney's Office  
Ms. Peggy Boice, Judge Ed Emmett's Office  
Mr. Mark Fury, Commissioner Steve Radack's Office  
Dr. John Burruss, AMS  
Dr. Matthew Wall, Chairman, Medical Executive Board  
Administrative Staff  
Guests  
(Sign-in Sheets attached to permanent record)

**I. Call to Order and Record of Attendance**

Mr. Stephen DonCarlos, Chair, called the meeting to order at 9:06 a.m. and noted that a quorum was present. The attendance was recorded.

**II. Items Related to Primary Care**

Ms. Lopez addressed the 1115 waiver program, stating that the reason for today's meeting is to approve Pass 1 Projects. The next step will be to approve Pass 2 projects. Discussion ensued. It was stated that no private projects are being approved at today's meeting. Discussion ensued regarding reimbursement timeframes. It was stated that the medical schools are doing their own IGTs and the Harris Health System Board is not required to approve their plans. Ms. Cloyd

stated that there will be at least two additional meetings to review the rest of Pass 1 projects. At a future meeting, the Board will also see projects for the private facilities. The last meeting will include all financials associated with each project.

A. Consideration of Approval of plans to Expand Primary Care Capacity through eight (8) Same Day Access "Spoke" Clinics in or around the following established "hub" clinics and zip codes:

- Casa de Amigos Health Center - 77009
- Strawberry and Baytown Health Centers – 77015, 77530, 77049
- El Franco Lee Health Center – 77099, 77031, 77072, 77082
- Gulfgate Health Center – 77012
- Northwest Health Center – 77012
- People's Health Center – 77449, 77031

These clinics would create "spoke" clinics that offer same day episodic primary and specialty care during extended hours to meet demand that saturated "hub" Harris Health Community Health Centers cannot meet.

B. Consideration of Approval of plans to Enhance Access to Primary Care through two (2) Emergency Center Offload Clinics located near Ben Taub General Hospital and LBJ General Hospital. These clinics would expand existing primary care capacity by offering same day service at a strategically located Emergency Center offload clinic, specifically designed for the treatment of primary care treatable conditions.

Ms. Ricci Sanchez addressed items II.A. and II.B.. She noted that the zip codes are still somewhat fluid. These two items would include about 300,000 visits and annual operating expenses would be no more than \$8 million across each project. Discussion ensued regarding the hub and spoke concept. Mr. Masi stated that this concept was included in the Facilities Master Plan. Mr. Tijerina asked how much space was allocated for each clinic. Ms. Sanchez stated that the clinics would be approximately 8,000 square feet with approximately 300,000 visits for the full four years among the 8 clinics. Questions were raised regarding staffing. Mr. Lopez stated that it would be a combination of the two medical schools and the Hospital District. Mr. Franklin asked what would happen at the end of the 5-year program. Mr. Lopez stated that they could have the option to renew the 5-year plan.

C. Consideration of Approval of plans to Establish a Patient Care Navigation Program for high risk mothers. The OB Navigation program would improve access to pre- and postnatal care through comprehensive, effective patient navigation through the Harris Health System and throughout a woman's pregnancy.

Ms. Jessica Saavedra addressed item II.C. The OB Navigation Team would increase patient volume and improve birth outcomes. Ms. Stiner noted that there is already a patient navigation program. Ms. Saavedra stated that there are OB navigators at the Health Centers. These nurses are typically only allowed to work in those centers, and the workers under this program would be able to go out into the community.

D. Consideration of Approval of plans to Establish an Ambulatory Care Automated In-House Central Fill Pharmacy to facilitate dispensing prescriptions with a 24 hour turn around and with mail order capability.

Dr. Ryan Roux addressed item II.D., stating that this central fill facility would fill up to 10,000 prescriptions and deliver them back to the spoke clinics within 24 hours. This would provide low cost prescriptions to the patient population Harris Health is expanding to.

- E. Consideration of Approval of plans to Restructure Outpatient Laboratory Medicine. This will utilize an evidence based algorithm navigated by nurse case managers and physician pathologists to triage and verify patients that need to be referred for a specialty clinic visit.
- F. Consideration of Approval of the Interconception Care Program. This program will strategically place Nurse Practitioners at El Franco Lee Health Center, Aldine Health Center, and MLK Health Center and will provide primary care throughout the lifecycle of females with a previous birth to appropriately direct patients to specialty or other care in the Medical Home when needed.

Ms. Saavedra addressed item II.F. The Interconception Care Program was modeled after the Grady Hospital Program, which brings in women with previous preterm births or low birth weights to educate them on birth spacing for better birth outcomes. Dr. Santos asked who would supervise these nurse practitioners. Ms. Sanchez stated that there are OB/Gyn physicians at each of the sites that would probably be in charge of them.

- G. Consideration of Approval of plans to Expand Access to Comprehensive Obesity Management. This would expand multidisciplinary outpatient adult obesity care services in medical homes that include intensive lifestyle intervention, dietary and behavioral support, and meal replacement therapy, if needed.

Dr. Smith-Barnes addressed items II.G. and II.I. Item II.G. would expand and improve upon the current weight management program. Item II.I. would build and improve upon the healthy harvest farmers market.

- H. Consideration of Approval of plans to Expand Partnerships with Federally Qualified Health Centers (FQHCs) to further expand access to Primary and Specialty Care.

Ms. Sanchez addressed item II.H. The plan is to expand partnerships with the FQHCs to further expand access to primary and specialty care for the expanded patient population. Questions were raised regarding the designated FQHCs and leasing of new facilities. Ms. Sanchez stated that all plans will be collaborative, but the FQHC expansions alone are not adequate for the underserved.

- I. Consideration of Approval of plans to Expand Prescribing Health Eating using Health Center based Farmer's Markets. This would integrate the promotion of a healthy eating program into routine primary care by supporting a provider counseling about healthy choices through the use of "prescriptions for healthy eating".

### **III. Items Related to Specialty Care**

- A. Consideration of Approval of plans to Expand and further coordinate the Palliative Care Program. This would expand the nurse practitioner-led house call program that provides home palliative care to patients who have progressive, terminal illnesses and are home-bound and/or bed-bound without access to medical facilities for care due to lack of transportation.
- B. Consideration of Approval of plans to Expand the Geriatric House Call Program. This would expand an integrated multidisciplinary house calls program for housebound patients living with multiple chronic illnesses who cannot easily visit physician's office for needed care.

Dr. Tucker addressed items III.A. and III.B. Dr. Dyer is the champion of both of these projects (palliative and geriatric care).

- C. Consideration of Approval of plans to Expand Point-of-Care Services Provided by Clinical Pharmacists. This would include polypharmacy management, anticoagulation management, and refill services to meet the current volume and allow patients to be seen within 7 days, post hospital discharge according to national guidelines.

Dr. Roux addressed item III.C. The clinical pharmacist program is an expansion of services and would be used to address some of the harder to treat patients. The clinical pharmacists would work to keep these patients out of the hospital setting. Discussion ensued regarding metrics used to measure quality such as A1c goals and reduced readmissions.

- D. Consideration of Approval of plans to Establish Wound Care Clinics (potentially four (4)) to deliver wound care administered by nursing staff (with physician oversight) to include complex, debridement and wound vac care and monitoring.
- E. Consideration of Approval of plans to Implement the Rothman Index. The Rothman Index is a clinical scoring system to identify patient clinical status based on predefined indicators of health in an inpatient arena.

Ms. Keenan addressed items III.D. and III.E. These programs would use wound care comprehensive and physician driven protocols.

#### **IV. Items Related to Behavioral Health**

- A. Consideration of Approval of plans to Expand Pediatric Mental Health Services. This would increase access to these services in areas of high need in the community in or around the following zip codes and surrounding areas of Harris County: 77009, 77099, 77547, 77039, 77520, 77504, 77084, and 77070.

Ms. Christina Mintner addressed item IV.A. The most recent data shows approximately 29,000 children in Harris County with mental health issues. This project would increase access to services. It has been estimated that there will be approximately 6,000 visits for this fiscal year.

- B. Consideration of Approval of plans to Increase Inpatient Capacity for Behavioral Health by renovating and relicensing the 2<sup>nd</sup> floor of the NeuroPsychiatric Center South.
- C. Consideration of Approval of plans to Expand Behavioral Health Outpatient Services by renovating the 3<sup>rd</sup> floor of the NPC, moving and consolidating outpatient services, and increasing outpatient appointment capacity to include specialty care.
- D. Consideration of Approval of plans to Diversify Behavioral Health Outpatient Services. This would incorporate Mobile Outreach, Discharge Wrap Around services, Psych Home Health, Medication Management Clinic, and Intensive Clinical Case Management for SMI population, Case Management for Integrated Care.

Ms. Charzetta McMurray-Horton addressed items IV.B. through IV.D. These initiatives would require additional space in the NeuroPsychiatric Center. Approximately 20 beds would be added after renovating the floor and bringing it up to code. Discussion ensued. Mr. Norby noted that the Hospital District currently has 20 licensed beds in this area. Dr. Santos asked if this was reimbursable. Mr. Lopez stated that it probably would not be. Dr. Santos asked what would happen with the 3<sup>rd</sup> floor, which has never really been used. Ms. McMurray-Horton stated that they would like to use this floor for outpatient care. Dr. Santos asked if it would be less expensive to do this or contract with existing beds in the community. Mr. Lopez stated that there are just not enough mental health beds in the community. There were 5,000 beds at one point and now it is down to less than 1,000 community wide.

- E. Consideration of Approval of plans to Expand Ambulatory Mental Health Services to include transition of care and chronic disease management, to accommodate underserved population.
- F. Consideration of Approval of plans to Expand Substances Services to include transition of care and chronic disease management, to accommodate underserved population.

Ms. Keenan addressed item IV.F., stating that this would be an expansion of the InSight Program including additional counselors.

- G. Consideration of Approval of plans to Increase LBJ General Hospital Outpatient Psychiatric Capacity. Recruit additional psychiatrists to serve in outpatient capacity for patients who receive most of their primary services at LBJ. Additionally, licensed chemical dependency specialists (LCDC) and behavioral therapists would be recruited to be co-located in primary care, OB/Gyn, and other clinics that currently exist at LBJ.
- H. Consideration of Approval of plans to Establish Teleconsult Services for Outpatient Physicians. These consults would provide telephonic access to a psychiatrist to assist other physicians in choosing both psychotropic agent and monitoring parameters and allow psychiatrists to view EPIC charting off-site so that both physicians are able to assist patient.

**V. Items Related to Pediatrics**

Consideration of Approval of plans to Implement Pediatric Dental Services. This would improve access to dental care for children and adolescents by establishing pediatric and adolescent oral health services/clinics in areas of need.

Ms. Mintner addressed item V., stating that less than 50% of the patient population being addressed received preventative care. Two new sites are existing centers (Dental Center and Southside Clinic). The third site would be a new site to be determined by need.

**VI. Items Related to Workforce**

Consideration of Approval of plans to Expand the Infectious Disease Fellow Program.

Item VI. was pulled.

**VII. Items Related to IT/Telemedicine**

- A. Consideration of Approval of plans to Integrate E-Consults and E-Visits into Primary Care. This would utilize technology to develop a process for electronic consults with primary care physicians and specialists using defined questions to determine if a referral versus consultation should be utilized.

Ms. Sanchez addressed item VII.A. This initiative would integrate e-consults and e-visits into primary care. Mr. Tindle stated that a study was done years ago with PARC, which showed that at least 60% of the Hospital District's patient population had access to the internet. It is estimated that even more have access to smartphones.

- B. Consideration of Approval of plans to Develop a Disease Registry and Disease Management. This would utilize electronic software to identify populations at risk and improve provider and patient management of chronic disease.
- C. Consideration of Approval of plans to Develop Predictive Modeling and Disease Management. This would utilize electronic software to model future predictive cost and utilization and improve provider and patient management of chronic disease.
- D. Consideration of Approval of plans to Develop Remote Patient Monitoring. This would use technology to assist in management of chronic disease processes, such as remote computer/telephonic monitoring staffed by nursing with physician oversight to allow for management without an appointment.
- E. Consideration of Approval of plans to Implement a Business Intelligence System. This would implement system wide analytics to measure quality, clinical outcomes, clinical program, and key performance indicators.

Item VII.E. was pulled as a stand alone item.

**VIII. Items Related to Accountable Care Organizations**

Consideration of Approval of plans to Expand the Accountable Care Initiative that has been piloted in Harris Health Centers as an innovative and comprehensive care coordination model for patients in the region who meet the eligibility criteria detailed in the Harris County Hospital District Financial Assistance Program's definition of Indigent.

Ms. Keenan addressed item VIII, stating that this is a mechanism to identify certain patients in the system. They have been focusing on readmissions with pre and post intervention for quite a few individuals. The last set of data showed that there were decreased EC visits with this initiative. This would expand on this service.

**Motion 12.10-122**

Moved by Dr. Santos, seconded by Ms. Stiner, and unanimously passed, that the Board approve all initiatives presented including pulled items (Items II through VIII).

Dr. Santos stated that the Board needs to be given copies of the submittal to the state as well as responses from the state.

**IX. Adjournment**

Moved by Ms. Truesdell, seconded by Ms. Stiner, and unanimously accepted to adjourn the meeting.

There being no further business, the meeting adjourned at 11:54 a.m.

I certify that the foregoing are the Minutes of the Called Meeting of the Board of Managers of the Harris County Hospital District d/b/a Harris Health System held at the Administration Building in Houston, Texas on October 22, 2012.

Mr. Stephen DonCarlos, Chair  
Board of Managers

Mr. E. Dale Wortham, Secretary  
Board of Managers

Recorded by Christie Reno