

Time: 5:00 pm – 6:30 pm

Location: WebEx

Voting Members Present: D. Lafreniere MD, G. Kuchel MD, P. Luthra MD, I. Moss MD, S. Scippa MD, R. Simon MD

Non-Voting Members Present: J. Geoghegan, A. Horbatuck

Clinical Council Subcommittee Present: T. Agresta MD, S. Allen MD, R. Andrews MD, M. Baldwin MD, E. Ballesteros MD, M. Brewer MD, F. Celi MD, J. Greenfield MD, J. Hines MD, P. Kerr MD, M. Metersky MD, E. Mortensen MD, D. Stanley MD

Guests: D. Hayes, W. Martinson, K. Poitras-Rhea, G. Sznaj, L. Wall

Dr. Lafreniere called the meeting to order at 5:03 pm.

- The minutes for the May 23, 2023 meeting were reviewed and approved as written.
- Faculty Requests
 - Department of Medicine
Division of Internal Medicine
Assistant Dean for Clinical Affairs
New/Replacement – 0.28 Clinical FTE UMG
Approved
 - Department of Medicine
Division of Pulmonary
Assistant Professor Clinical
New – 0.95 Clinical FTE UMG
Approved
 - Department of Obstetrics and Gynecology
Division of Maternal Fetal Medicine
Assistant/Associate Professor Clinical
New – 0.95 Clinical FTE UMG
Approved
 - Department of Obstetrics and Gynecology
Division of General ObGyn
Assistant/Associate Professor Clinical Generalist
New – 0.95 Clinical FTE UMG
Approved

- Financial Update

Mr. Geoghegan reported that the \$22.6 million profit at the end of the fiscal year beat forecasted expectations. Net patient revenue and other income is up. Personal services and fringe benefits are also up with temporary hiring being 16.9% over budget. There was an increase of funds for capital projects which allowed for updated equipment etc. There will be no state support for FY'24 but all retirement costs for all colleges will be moved to the Comptroller. There are changes in the 340b contract which will impact revenue. A balanced budget was presented to the Board.

May was behind budget by 6% and net revenue was a bit off according to Mr. Sznaj. Expenses were 2.3% ahead of budget. He also shared Strata to show the payor mix. The two biggest months for Managed Medicare were March and May. Revenue is a bit behind but the productivity is there. Managed Medicare pays the same as regular Medicare but is difficult to collect.

- Scorecard Review - Primary Care

Per Ms. Poitras-Rhea, Rheumatology and Osteoporosis are now included. The measures for Primary Care are improving or remaining the same. According to Dr. Mortensen, metrics for Primary Care are focused on the institutional level by training MA's and changing workflows. Dr. Celi added that tasks need to go to nurses and MA's. Dr. Agresta said that learning from other systems is important and that PCP's do many tasks that do not show up such as immunizations. Ms. Poitras-Rhea presented a PowerPoint which outlined Population Health Q1 activities including clinic-based activities that included the need to offload the PCP's due to the number of metrics needed just for screening for health prevention and disease-driven care guidelines.

- Updates

One of the updates from Ms. Horbatuck was about .NONEENGLISH dotphrase which can alleviate problems when dealing with different languages. This will send back information in 15 different languages. Lightning Bolt, which improves staff efficiency, has been implemented. Simsbury and Avon have opened as has the new laser center in Dermatology. Cheers is moving to the second phase in mid-July. Geriatrics will be moving to South Road. Working with EPIC, the goal is to have COVID information switch to clinics by August.

- OR

Per Dr. Lafreniere, Surgery has five new personnel but issues with the ORs continue. Due to delays, some patients are opting to go elsewhere. Every room needs to be used every day; blocks need to be released if not being used.

- Outstanding Orders for Deceased Patients.

Dr. Stanley discussed the ability to cancel outstanding Ambulatory orders after a patient has been marked deceased. This would include requests for medication refills and future appointments which would help free-up calendars. Issues with cancelling prescriptions need to be resolved and this should go to the Medical Board with the approval from Clinical Council. Certain orders would not be cancelled and a reasonable timeframe needs to be determined.

The meeting was adjourned @ 6:01 pm.

Respectfully Submitted,
Laurie W. Wall, Executive Assistant