

Time: 5:00 pm – 6:30 pm

Location: WebEx

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

**Non-Voting Members Present:** A. Horbatuck. C. Hyers

**Clinical Council Subcommittee Present:** T. Agresta MD, S. Allen MD, J. Birk MD, F. Celi MD, P. Coll MD, J. Hines MD, P. Kerr MD, M. Metersky MD, E. Mortensen MD, C. Pickett MD, D. Stanley MD, L. Wolansky MD

**Guests:** L. Costa, V. DiDonato, S. Guralnick, D. Hayes, W. Martinson, K. Parham MD, G. Sznaj, M. Thomas, L. Wall, M. Bourgojn, R. Adie

Dr. Lafreniere called the meeting to order at 5:01 pm.

- The minutes for the August 22, 2023 meeting were reviewed and approved as written.
- Faculty Requests
  - Department of Medicine  
Division of Cardiology  
Assistant Professor/Non-Invasive Cardiologist  
New/Replacement – 0.95 Clinical FTE UMG  
**Approved**
  - Department of Pathology  
Division of Anatomic  
Assistant/Associate Professor  
Replacement – 0.95 Clinical FTE UMG  
**Officially Approved**
  - Department of Obstetrics and Gynecology  
Division of Gynecologic Oncology  
Assistant/Associate Professor  
Replacement – 0.95 Clinical FTE UMG  
**Officially Approved**

- Financial Updates

Mr. Sznaj reported that the Health Center is about \$2 million ahead of budget, all due to the clinical side. Net patient revenue is 5% ahead of budget and 11% ahead of last year. Overall expenses are under budget as some expected expenses have not happened yet. As mentioned in previous meetings, there is a change in fringe benefits because the State has taken on retirement costs. Last year fringe benefits amounted to \$13.3 million vs \$5.7 million this year. RVU's and encounters are up by 8% compared to last year. Last year, average RVUs per provider per month were 519 and this year the number is 538. Payor mix in Strata shows an increase in Managed Medicare, the biggest increases were Dermatology and Spine. There was a drop in Medicaid. The shift to Managed Medicare has been a concern for all the hospitals. Strata also shows that Dermatology is the leader in new patients and that Primary Care is doing better.

- IB message expiring messages

Ms. DiDonato explained that presently there are 375,000 messages in In Baskets and solutions are needed to rectify this problem. One solution is to expire certain messages after 90 days; the five types would be: Patient Call, CC'd Charts, Case Message, Medication Cx and Pt Admit/Discharge. Messages would disappear from the In Basket but stay in patient charts. Issues include the need for patient calls to be addressed; different types of providers (eg. Primary Care probably gets the most messages); some providers receive large numbers of test results. Solutions include turning off replies of "thanks," the ability to postpone to a future date or using a reminder; and looking at workflows. Everyone needs to be educated, and strategy for the big offenders needs to be created. When this update goes into effect, it will not be retroactive. Ms. DiDonato and Dr. Lafreniere will work with Ms. Horbatuck for follow up.

- Scorecard Review – GI

Dr. Birk presented the scorecard for GI. He discussed how they are trying to improve their numbers by knowing the standards, looking for patterns and working with Population Health. By working with Population Health, the ability to get patients from clinics to colonoscopy was optimized. The first measure to be monitored was following up with average risk patients and the need to document why someone was not coming in after 10 years. Dr. Birk expressed concern that this did not include inpatients. The two newer measures are assessment of patients with inflammatory bowel disease and ensuring those with liver cirrhosis are being screened every 12 months. Dr. Birk will circle back to Population Health and use Epic to ensure numbers are correct. Dr. Lafreniere commented that all are being challenged in order increase quality.

- Policy Manager

Ms. Guralnick introduced the new policy website and demonstrated access. During the past year and half, the team has identified clinical standards, documents, policies, procedures, and protocols. On October 1, a SABA will be available for basic users followed by one for advanced training. Some manuals will stay live. Manuals will include access, robust index, editing features, and ways to make things easier. Documents can be followed. At this time, the index is incomplete but it is a start to organizing documents. Please test the system and send feedback. Go to the link: [uconn.ellucid.com](http://uconn.ellucid.com). All will have access to Policy Manager once the training Saba is completed.

- UMG Updates

In fiscal year '23, there were 44 hires (29 were new and 15 were replacements). For '24, there have 36 hires of which 27 are new. The first phase of Cheers has finished. The second phase will include Diabetes with Dr. Celi and Ophthalmology. Other updates from Ms. Horbatuck include various moves: Geriatrics will be moving to the first floor of 21 South Road where access is easy and parking is free. The move will take place on October 20, with an official opening on October 23. This location will include some specialties that will work with Geriatrics, and a blood draw lab. An update on the Brain and Spine Institute includes a targeted date of occupancy of December 11. Neurology and Neuroscience will move in January, followed by Comprehensive Spine and then Radiology in March

- Order Duplication and Auto-Cancellation

Ms. Bourgoin and Dr. Stanley presented a PowerPoint on safety issues with duplicate orders. If labs are missed, delays in diagnosis and care impact patient issues. Epic can identify duplicates at signing and cancel one order but will send results to both providers. Inpatient orders that are redundant are automatically cancelled. Phlebotomists cannot see expired orders, but they will still show in charts. If there are issues with the expiration dates, email Ms. Bourgoin. There are exceptions such as "STAT" which all ED orders are. She and Dr. Stanley will also follow up putting in an order for a blood test and the need to change it to the future if the patient is not right there.

The meeting was adjourned at 6:27 pm.

Respectfully Submitted,  
Laurie W. Wall, Executive Assistant