

Time: 5:00 pm – 6:30 pm

Location: Microsoft Teams

Voting Members Present: D. Lafreniere MD, R. Fuller MD, S. Levine 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, E. Ballesteros MD, F. Celi MD, P. Coll MD, J. Greenfield MD, P. Kerr MD, Metersky, Mark MD, E. Mortensen MD, C. Pickett MD, D. Stanley MD, K. Staveley-O'Carroll MD, L. Wolansky MD,

Guests: D. Hayes, W. Martinson, C. Masotti, K. Parham MD, G. Sznaj, L. Wall, K. Wallace, Y. Wang, L. Woods

Dr. Lafreniere called the meeting to order at 5:02 pm.

- The minutes for the February 27, 2024 meeting were reviewed and approved as written.
- Faculty Requests

Faculty Requests*

- Department of Orthopedics - Official Approval
Division of Sports Medicine
Assistant Professor/Clinical Sports Surgeon
New – 0.95 Clinical FTE UMG
Officially Approved
- Department of Surgery
Division of Urology
Assistant Professor/Clinical
Replacement – 0.90 Clinical FTE UMG
(Carl K. Gjertson)
Approved
- Department of Medicine
Division of Geriatrics
Assistant Professor In-Residence
New – 0.90 Clinical FTE UMG
Discussion only/No Vote Taken

- Cigna Renewal Update

According to Ms. Masotti, the two sides are no closer to resolution. Negotiations will continue but Cigna has to send letters to patients by April 1; reciprocal letters to patients have been prepared and there will be a script available for staff. The anticipation is that we will be out of network for two months as of May 1. She added that there will be continuity of care (cancer, pregnancy etc) which will be referred back to Cigna. Good faith negotiations will continue.

- Ambulatory Quality Scorecard Endocrinology

Dr. Luthra presented the Endocrinology Scorecard and explained that the measure chosen was screening diabetic patients for evidence of nephropathy. They are doing quite well and are on target. Dr. Allen asked if there are reminders to clinicians to ensure that screenings are taking place.

- Ambulatory Quality Scorecard Nephrology

Dr. Wang explained that they chose two markers for criteria: Annual Phosphorus Lab Draw for Stage 4 CKD and following up with Erythropoietin Injection only when needed. If the hemoglobin level is greater than 11, injections should not be given. In response to Dr. Allen's question, Dr. Wang will determine if they get paid for this.

- Presentation of the Hub

Ms. Wallace presented the Hub noting that "News and Announcements" are the first items to pop up; this is timely information that changes every day. "UConn Today" is a link to all the news stories. Scroll down to get resources that are used often including menus, IT, SABA, Kronos, Policy Manager and "Dear Dr. Liang." Community and Culture is a calendar; all are encouraged to add events. There are Hubs for Administrative, Clinical, Academic, Community and Culture and Research. She pointed out the "Feedback Form" which can be used for suggestions. The goal is quick access to all needed information which should help eliminate institutional emails. Ms. Woods noted that this is locked to the home page. News is changed every day and more content is needed. There are resources from Storrs including a science writer. Send ideas, new tools or innovations, standout employees, amazing patient or student stories etc. Take advantage of the calendar to post events etc, Jennifer Walker and Chris DeFrancesco are also part of this team.

- Financial Updates

According to Mr. Geoghegan, the Clinical Enterprise is doing very well with a \$20 million profit for the current year driven by clinical. The budget was to break even. The Clinical Enterprise includes the pharmacy, JDH and UMG and all are up in volume, favorable to budget. The Specialty Retail Pharmacy, which was budgeted to lose money, made a little over \$1.1 million and is now a profit center. The Clinical Enterprise is \$14 million favorable to budget; Pharmacy is \$1.7 million favorable; the Hospital is \$9.8 million favorable, and UMG is \$2.5 million favorable. Research, School of Medicine, School of Dental Medicine and institutional support are all favorable. Expenses have decreased due to some vacancies but there has also been less spending on outside vendors.

Mr. Sznaj presented the Operating Statement. YTD, UMG is just under 4% ahead of budget for net revenue, 9.4% YTD. This was driven by doctors exceeding expectations and new physicians who were not yet budgeted. There were some unexpected expenses due to institutional costs (IT, HR etc.) which resulted in being about \$400,000 unfavorable for the month. In addition, there were union increases and lump sum payments, but overall UMG is \$2.5 million ahead of budget. RVU's are up 11%. Looking at RVUs based on FTEs, right now, we are at about 535 per month while last year it was 518. More patients are being seen, along with better coding; all this leads to continued growth and productivity. Blue Cross is growing, the biggest increases are in Managed Medicare while Medicaid continues to be flat. Strata shows the trend with increases in charges and patient encounters and new patients.

For the next fiscal year, Mr. Geoghegan explained that the State started by reducing support by about \$40 million as they want UCHC to rely less on the state. Our original request was to not cut and keep it at \$40 million. Because of our clinical profits, the request went down to \$29 million. There is great support from the legislature especially in Storrs and in Farmington. The state then announced it would cover salaries increases for next year. The state negotiated with the unions and agreed to a 4.5% increase for UMG so UMG is now asking that they fund that increase which would be \$29 million

increases for UCHC. We have asked for between \$29 and \$60 million and hopefully will receive something somewhere in between. Because these are one-time funds, July 1 will be a problem. We will need to rely more on more on clinical than on the state. FY 25 will be ok but July 1 will be an issue. There is a need to educate all that UCHC is not just a hospital but includes a physician practice, pharmacy, research, schools of medicine and dental. Next year, there will be new contracts for all the unions and there will be a 2-year budget. Dr. Lafreniere asked about reimbursement from CMS; federal funds will be coming according to Mr. Geoghegan; the more Medicaid patients treated, the higher the federal match will be.

- Consulting Agreement with State Comptroller

Dr. Lafreniere explained that we now have an agreement with the State Comptroller's Office to review and help write policies that affect Medicaid and health care programs. Reviewers will be paid for their time and funds will be deposited into AEF accounts. Having this close tie with the state will allow us to influence medical care.

- UMG Updates

Ms. Horbatuck thanked all for their hard work which includes panel reviews in Internal Medicine, and the second phase of Cheers in endo, osteo, diabetes and geriatric areas. Along with others, Ms. Horbatuck is working on budgets, security review, workplace violence training (payment is per trainer and per person). The move on April 29, includes Cranial Neurosurgery, Comprehensive Spine and UConn Health Imaging. Rehab will be consolidated in the MSI. Additional updates include the expansion of Southington; continued work with the landlord of East Hartford; opportunities in South Windsor and Torrington and the domino effect in the Outpatient Pavilion. Canton Family Medicine is recruiting, and Nephrology is looking is at their clinics.

The meeting was adjourned at 6:08 pm

Respectfully Submitted,
Laurie W. Wall, Executive Assistant