

ACO BOARD OF DIRECTORS MEETING December 9, 2020 – 5:30 PM

The Regular meeting of the ACO Board of Directors was held electronically via WebEx video conference.

1. NOTICE

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the Minutes as EXHIBIT II and EXHIBIT III.

2. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Santorio at 5:31 PM.

3. ROLL CALL:

BOARD MEMBERS

Present: Gino Santorio, President/CEO
Jon Albee
Aldo Calvo, MD
Modesto Gato
Husman Khan, MD
Robert Raggi, MD
Keith Foster, MD
Joshua Lenchus, DO
Avinash Persad, MD

Not Present: N/A

Additionally Present: Alan Goldsmith, EVP, Chief Administrative Officer; Jerry Del Amo, Deputy, General Council; Gavin Malcolm, Director, Population Health; Sophia Mantovanilli, Manager, Clinical Informatics; Nicholas Ortiz, Sr. Associate, General Council; David Weisman, VP, Managed Care

4. PUBLIC COMMENTS: None

5. ANNOUCEMENTS:

Resolution FY21-09 to Amend Certain Provisions of the Amended and Restated Bylaws of Broward Health ACO Services, Inc., passed at the November NBHD Board meeting, which allows the ACO Board to have quorum and conduct business via electronic means technology.

6. APPROVAL OF ACO MINUTES – (EXHIBIT 11)

Chair Santorio asked for approval of November 11, 2020 ACO Board Meeting Minutes.

MOTION It was *moved*, by Dr. Lenchus, *seconded* by Dr. Foster to:

Approve the minutes dated November 11, 2020.

Motion *carried* unanimously.

7. BROWARD HEALTH SYSTEM UPDATE: Mr. Goldsmith reported the following:

- Chair Santorio has put in his resignation and will be taking the position of CEO at Mt. Sinai in Miami. This is obviously a big loss for our organization—he will be greatly missed
- The NBHD Board of Commissioners promoted Mr. Goldsmith to Chief Operating Officer of the System, and we will be actively looking for a new CEO. The new CEO will take over as the ACO Board Chair
- Mr. Goldsmith won the Man of Style fundraising event for CDTC—raising nearly \$50,000 and won 2020 Next Excalibur Award as a business leader in Broward County

With Mr. Sprada moving over as the Chief Human Resources Officer, it has left open the Senior Vice President of Clinical Operations / Population Health position. The job is expected to post next week, and the job description will be shared with the Board. The top five candidates will go through preliminary panel interviews, then down to two before a decision is made. Dr. Calvo, Mr. Malcolm and Mr. Weisman will be included in the process

Mr. Albee asked how we are doing with COVID. Dr. Lenchus replied the numbers are up across the System; however, we have the capacity and contingency plans have been put back into place. The introduction of the monoclonal antibody has begun, and the first patient was infused today. The vaccines are forthcoming in the next couple of weeks.

Mr. Goldsmith remarked that securing traveler nurses is a challenge this time around since hotspots have increased all over the country, and it has become much more expensive to contract them to cover our census. With the vaccine coming out, our staff can be vaccinated so they can remain healthy, continue to work, and keep up with the census.

8. SUBCOMMITTEE UPDATES:

8.1. Clinical Guidelines Committee: Mr. Malcolm reported:

Guidelines will be going to the Committee next Thursday. Updates will be brought to the next Board meeting.

8.2. Clinical Outcomes and Utilization: Mr. Malcolm reported:

Cigna Quality data from June looks very positive. Two opportunities for improvement reflected are imaging for low back pain and depression medication management. They are improving but are not quite at the benchmark. However, these measures are going to be removed as of January 1, 2021.

Pediatric Pharyngitis shows insufficient numbers, but we continue to receive credit, so we are doing very well. ED Utilization is going in a positive direction at 200 visits per 1000; the benchmark is 217.

Cigna Utilization for emergency visits have improved from the prior period. A Performance Indicator (PI) of 1 or below is a typically a good indication. We improved across all PI's and did better than the market as a whole despite COVID. Inpatient utilization is 45 PI versus the market at 49 PI. Readmission

rate is at 1.5%, which is very good versus the prior period at 4.9%, and hospital acquired complications are at 3.4% versus the prior period at 4.1%.

Florida Blue Quality data shows we are doing better than the market with improvement in breast cancer screenings. Generic dispensing rate has improved, but shy of the benchmark. Dr. Calvo explained that within our patient population, there are those with HIV where no generics work to suppress the viral load, thus must use brand drugs. He expects to see improvements in the diabetes metric within the next several months as he has been reaching out and educating physicians on generic alternatives and efficacy.

Mr. Goldsmith asked Ms. Mantovanilli if a report can be run to show whether or not a physician prescribes a drug that has a generic alternative. She replied, 'yes'. Mr. Malcolm added that we obtain this information from the payors and it is one of the components that his team drills down. He also remarked that the data being shown is from June, so any impact of their efforts is yet to be seen. Mr. Malcolm will provide the physician dispensing report at the next meeting.

8.2.1. Payer Quality Reports: None at this time

8.3. Infrastructure & Data Analytics: Mr. Malcolm reported:

The Cost and Utilization module implementation is underway. It will provide a better infrastructure needed to be considered a Medicare Shared Savings program. Work is ongoing with IT and Cerner, as well as implementing training plans. The goal is to make dashboards available to senior leadership and the Board on demand to view and run reports as needed. Go live is expected early next year.

8.4. Patient Engagement: Mr. Malcom reported:

In November, over 6,000, patients were called, and 410 appointments were scheduled by the care coordination department. The Board requested this data be represented on a month to month line graph going forward.

8.5. Physician Engagement: Mr. Malcom reported:

Eighteen (18) physician contracts are executed with four (4) pending signature. Eighteen (18) physicians were not interested in participating for various reasons.

Mr. Goldsmith stated we will circle back with those physicians who were not interested when the first at risk check goes out. We can then show our results; our infrastructure builds and the quality that we've been able to drive. Mr. Albee asked when this might be; Mr. Malcolm responded as early as February or at the return of annual shared savings that typically come in June/July.

Mr. Malcom announced that Ms. Mantovanilli will be leaving Broward Health, and this will be her last meeting.

9. BOARD MEMBER COMMENTS / OPEN FORUM

Open Item: Board Communication Platform Options

All communication platforms have been reviewed by the Board. Chair Santorio asked for a recommendation. Hearing none, Mr. Goldsmith asked the Board if they want the Chair to make the

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decision. Mr. Albee referenced conversation from the last Board meeting that he found very enlightening so with that regard, he would support the position of the Chair. With none opposing, the Chair selected OnBoard Passageways.

New Item: Mr. Goldsmith remarked that there may be a gap between a new CEO and Mr. Santorio's leaving. He asked legal for guidance on whether the Board needs to nominate a vice chair to lead the meetings. Mr. Del Amo responded that legal will assess and have an answer by the next meeting.

10. NEXT ACO BOARD MEETING:

Next ACO Board of Director's meeting will be held on January 13, 2021 at 5:30 PM via WebEx.

11. ADJOURNMENT : 6:02 PM

Chair Santorio requested a motion to adjourn.

MOTION It was *moved* by, Mr. Albee *seconded* by Mr. Gato to:

Adjourn the December ACO Board of Directors meeting.

Motion *carried* unanimously.