Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014
2:30 p.m.

Agenda

MARICOPA SPECIAL HEALTH CARE DISTRICT
Count on us to care.

Committee Members	
Bill Post, Chair	Doug Hirano
Lattie Coor, Vice Chair	Diane McCarthy
Tony Astorga	Terence McMahon, Ex-officio
Paul Charlton	Rick Naimark
Kote Chundu	Joey Ridenour
Frank Fairbanks	Brian Spicker
Nita Francis	Ted Williams
Merwin Grant	

AGENDA – Bond Advisory Committee Meeting

Bond Advisory Committee of the Maricopa County Special Health Care District

· Maricopa Medical Center · Administration Building · Auditoriums 1 and 2 ·
· 2601 E. Roosevelt · Phoenix, AZ 85008 · Clerk's Office 602-344-5177 · Fax 602-344-0892 ·

Tuesday, January 21, 2014
2:30 p.m.

If you wish to address the Committee, please complete a speaker's slip and deliver it to the Executive Director of Board Operations. If you have anything you wish distributed to the Committee and included in the official record, please hand it to the Executive Director who will distribute the information to the Committee Members. Speakers are limited to (3) three minutes.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Bond Advisory Committee may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.

General Session Presentation, Discussion and Action:

1. Update on Bond Advisory Committee's Project Process, Deliverables and Timeline
   Steve Purves, MIHS President and CEO

Agendas are available within 24 hours of each meeting in the Board of Directors Office, Maricopa Medical Center, Administration Bldg, 2nd Floor 2601 E. Roosevelt, Phoenix, AZ 85008, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice through the Clerk of the Board's Office, Maricopa Medical Center, Administration Bldg, 2nd Floor 2601 E. Roosevelt, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

1/17/2014 8:56 AM

General Session Presentation, Discussion and Action (cont.):

2. Discussion Regarding Public Comments, Community and Stakeholder Input
   Committee

3. **Approve** Bond Advisory Committee Meeting Minutes dated:
   a. November 12, 2013
   b. December 9, 2013
   Committee

4. Wrap Up and Next Steps
   Bill Post, Committee Chairman

Adjourn

Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014

Item 1. – No Handout

Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014

Item 2. – No Handout

Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014

Item 3.a.

Maricopa County Special Health Care District
Board of Directors Bond Advisory Committee Meeting
Maricopa Medical Center
Auditoriums 1 and 2
November 12, 2013
2:30 p.m.

DRAFT

Voting Members Present:	Bill Post, Chairman Lattie Coor, Ph.D., Vice Chairman Kote Chundu, M.D. Frank Fairbanks – *arrived at 3:24 p.m.* Merwin Grant Doug Hirano Diane McCarthy Terence McMahon, Ex-officio, Director, District 5 Rick Naimark Brian Spicker
Absent:	Tony Astorga Paul Charlton Nita Francis Joey Ridenour Ted Williams
Others/Guest Presenters:	Jared Averbuch, Kurt Salmon Larry Sterle, Kurt Salmon Michael Eaton, Navvis & Healthways Don Andrews, Navvis & Healthways Steve Purves, MIHS, President & CEO
Recorded by:	Melanie Talbot, MIHS, Executive Director of Board Operations

Call to Order

Chairman Post called the meeting to order at 2:38 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that eight of the fourteen voting members of the Maricopa County Special Health Care District Bond Advisory Committee were present, which represents a quorum. Mr. Fairbanks arrived after roll call.

Call to the Public

Chairman Post called for public comment.

Mr. Bil Bruno, a citizen and taxpayer from Chandler, Arizona, addressed the Committee about three points.

First, he expressed concern that the Committee had an executive session listed on its agenda. He believed the Committee should be transparent and its discussions open to the public.

Call to the Public (cont.):

He pointed out that the Bond Advisory Committee's charter required the Committee to conduct all meetings open to the public.

His second point was that a local newspaper stated that the Committee had made preliminary recommendations. However, after searching through the Bond Advisory Committee minutes, he did not find where the Committee had made such recommendations.

His final point was that the charter required the Committee to conduct hearings to review bond projects, present bond proposals, and seek input from the community. He felt time was running short to seek community input since the Committee's recommendations were due within the next 45 days.

Mr. David Busse from Phoenix, Arizona offered his assistance to the Committee in the event there was a requirement to consider options other than the bond issue or raising capital. He and associates are involved in business development and acquiring real estate.

General Session Presentation, Discussion and Action:

1. Update on Bond Advisory Committee's Project Process, Deliverables and Timeline

Mr. Averbuch updated the Committee on the planning process and timeline. The Committee will discuss facility options, order-of-magnitude capital implications and projections, and the overall financial implications of the strategies and capital investments.

2. Discuss the Basis for Planning; the Purpose of Facility Development

Mr. Sterle commented on the importance of looking at facility development in regard to the strategic plan. Maricopa Integrated Health System (MIHS) has obsolescence within the existing facilities. There are challenges with how MIHS can operate in the future using facilities that were built to operate in the health care environment of the past.

He reviewed four MIHS strategies and how each tied into facility planning. MIHS wants to train the next generation healthcare providers, and not just physicians. The future in healthcare will de-emphasize acute care, and increase outpatient care and a team based environment. There is a need to be able to train providers to work in collaborative ways around the patient, both on the inpatient side and the outpatient side.

MIHS wants to provide high quality care. In the current environment, the intensive care units (ICU) are bays with curtains; this does not provide for dignity or respect of the patient. Providing high quality care is important and can be changed by changing the facilities.

With health care reform, the need for acute care beds will decrease while the need for access to lower cost services will increase. There is also high demand for behavioral health needs.

MIHS must be cost effective. The current facilities make it difficult for staff to operate efficiently and to have the supplies and the materials needed at hand. With regard to behavioral health, MIHS has services distributed in three locations, which causes a lot of ambulance transfers. Being able to pull services together in a consolidated facility will provide more effective, direct, immediate care, and reduce the number of transfers and costs.

Mr. Eaton stated that the consultants and staff looked at three things: functionality, salability, and sustainability. MIHS must deliver care, show what it does uniquely and uniquely well, that taken away, it would need to be replaced, and in many cases, done so at higher costs. The strategies and facility investments have to be sustainable over time. MIHS will have to meet the emerging needs of the community, as well as be able to obtain a more balanced payor mix.

General Session Presentation, Discussion and Action (cont.):

2. Discuss the Basis for Planning; the Purpose of Facility Development (cont.):

How can MIHS generate the funding needed, through its operations, to sustain the mission, in terms of teaching, research, caring for the underserved and providing access to care?

As MIHS meets the emerging needs in the community, there is an opportunity to serve more people which will generate more revenue and help fund the mission. MIHS will need to retain and continue to serve its patients including those with no payor source.

All of the strategies will require different types of facilities and possibly some facilities at different locations. MIHS has to have a competitive set of facilities located in places where emerging needs are unmet. The facilities need to be efficient so that care is delivered at the best possible cost.

3. Discuss and Review Options Development:
   - Options Overview Process
   - Acute Care Hospital Options
   - Behavioral Health Options
   - Order-of-Magnitude Capital Costs

Mr. Sterle emphasized that there is a range of facilities by type - inpatient, outpatient, behavioral health - in the strategy, and that there needs to be a good solid balance between investments in those areas.

Kurt Salmon used volumes, patient days, exam rooms, and growth rates information to develop high-level facility options and future needs. He reviewed projected patient days and bed demand by volume scenario and service line. While the need for number of acute care beds will decrease slightly, the number of behavioral health beds will increase by 30 percent.

Mr. Sterle reviewed the Family Health Centers (FHCs) and the Comprehensive Health Center (CHC) volume projections. The scenarios reviewed were based on community need assumptions, and with the shift in care to the outpatient setting.

There are currently 11 FHCs located throughout Maricopa County and one CHC located at the main campus. MIHS wants to be able to provide access to care and an array of services out from the center of the community. One way to accomplish this goal would be to have an additional CHC in the Northwest valley and one in the Southeast valley. These CHCs would offer similar support and specialty services currently available at the main campus CHC. MIHS's patients would not have to travel as far to receive these services. The current Glendale and Maryvale FHCs would be consolidated to create this new Northwest CHC. The Chandler and Mesa FHCs would be consolidated to become the new Southeast CHC. These new CHCs would have approximately 50 exam rooms apiece, or about one-third the size of the current CHC.

Volumes at the current CHC are expected to grow, however, that creates an issues since there are space constraints.

Ms. McCarthy questioned if the FHCs being considered for consolidation were due to close proximity. She noted that each currently have high volumes.

Mr. Andrews commented that it was due to the fact that they were in close proximity but it would also allow current patients to be offered other services besides primary care. The new sites could also expand MIHS's patient population.

Mr. McMahon asked why the same logic was not applied to the Seventh Avenue and South Central FHCs.

General Session Presentation, Discussion and Action (cont.):

3. Discuss and Review Options Development (cont.):
   - o Options Overview Process
   - o Acute Care Hospital Options
   - o Behavioral Health Options
   - o Order-of-Magnitude Capital Costs

Mr. Andrews stated that when those sites were reviewed, they were found to have had unique patient populations. Plus there was a special connection between the staff, providers and the patients served.

Mr. Andrews explained that MIHS's goal is to try to cover Maricopa County the best it can with the new CHC sites. Many factors were taken into consideration about where the sites should be located, what services should be offered, how big the sites should be etc. There needs to be a balance of all those factors.

Mr. Sterle emphasized the while each FHC was similar in size, they were all unique and have unique issues. MIHS cannot make cookie-cutter sites and expect that one size will fit all. The centers need to adapt to the needs of the population they serve.

Mr. Sterle reviewed the overall planning goals. For inpatient services, the three main goals were to: replace the main hospital as suggested by the facility assessment and strategic plan; consolidate all three behavioral health service sites for improved efficiency; and right-size clinical care services to achieve contemporary care and training environment.

On the outpatient side, the three main goals are: right-size and/or relocate the existing FHCs to achieve strategic patient service goals and efficient operating models; expand the CHC capacity on the main campus to enable continued shifting to outpatient services; and develop new CHCs to include exam/diagnostic, treatment and therapy services appropriate to a free-standing ambulatory setting.

Another planning goal is related to MIHS's training programs; which is to enhance academic and education capabilities and support spaces.

When creating the overall planning goals, development guidelines were used. Each option must be build-able, phase-able and functional when complete. The number of make-ready projects required need to be minimized. As many as possible existing buildings need to be retained and/or repurposed. Each building should have adequate parking that is close to a highly visible front entrance. Various types of traffic circulation should be separated, meaning public, emergency, physicians, employee, and service parking.

Mr. Sterle used the Desert Vista site as an example on how various options were considered and/or ruled out. The possibility of expanding the current site was ruled out because the site is not build-able or phase-able. It would be difficult to renovate the building while it is occupied. Plus, the property size was limited and sufficient parking would have required a parking deck.

Mr. Sterle reviewed three separate options that fit the planning criteria for acute care services and three separate options for behavioral heath services. The options included building a new hospital on the current campus and using the current hospital as a behavioral health facility, building a new behavioral health hospital on the main campus, or building a new hospital on a greenfield site, relocating all of behavioral health services to this same new site.

A stacking diagram was reviewed for a potentially new acute care hospital. Option one for the new acute care hospital would be to use the current hospital space for parking, build a new hospital on the east side of the campus and add floors to the existing CHC. The attributes to this option would be: a readily build-able site with minimal impact on patient parking; the hospital, CHC and support services would be right-sized; it incorporates the current plans for a new faculty office building; and there is good separation of traffic. The downsides to this option are: the hospital and CHC would be disconnected and on opposite ends of the campus; the helipad would need to be relocated which could get expensive; the power plant would need to be expanded; and there would need to be an interim parking solution.

General Session Presentation, Discussion and Action (cont.):

3. Discuss and Review Options Development (cont.):
   - o Options Overview Process
   - o Acute Care Hospital Options
   - o Behavioral Health Options
   - o Order-of-Magnitude Capital Costs

Option two for the new acute care hospital would be to use the current hospital space for parking, build a new hospital on the west side of the campus near the CHC and add floors to the existing CHC. This option shares many of the same attributes as option one and in addition, the hospital and CHC would be connected for staff efficiency and patient convenience. It also shares some of the same deficiencies as the first option.

Mr. Naimark asked if a current traffic study had been conducted for the current site located at 24th Street and Roosevelt; with the different options presented including relocating the parking and the location/orientation of the main hospital, he wants to ensure they are feasible, from a traffic volume perspective.

Mr. Sterle commented that traffic from a volume standpoint had not been reviewed, however, code requirements for parking volumes had been considered.

Mr. Naimark reiterated that he was not referring to a parking study but a traffic study. Where the buildings are located/relocated on the main campus could have a huge impact on traffic.

Mr. Sterle agreed that the options could have an impact on traffic, however, he emphasized that he was reviewing very high-level options with the Committee. The Committee was not being asked to pick or define the final option. These were simply possibilities.

The third option would be a greenfield site. A specific site has not been identified, other than it would be located within Maricopa County. A new greenfield site would allow an organized site without existing constraints; the main hospital, CHC and support services would be right-sized; and MIHS could continue to use the warehouse and 2619 buildings to support operations. A greenfield site would require the acquisition of an additional property; it would separate the current CHC and major support components from the new hospital; require to walk away from the current plans for a new faculty office building. In addition, it would require a new power plant and a longer transport of supplies and linens.

Behavioral health options were reviewed.

The first option would be to renovate the current main hospital to meet AIA guidelines to turn in into a behavior health facility; remove all asbestos; and replace all interior walls, ceilings, doors, plumbing, etc. Option two would be to build a new behavioral health hospital on the main campus, next to the new hospital located on the west side of the campus. The third option would be a greenfield site co-located with a new acute care hospital.

If option one is chosen, there would be 192 beds and would include non-medical behavioral health beds. The positive side to this option would be the use of an existing asset. It would consolidate all medical and non-medical behavioral health patients on the same campus as well as minimize the number of transfers. There is sufficient space to include urgent and outpatient programs. The negative side to this option is the care configuration will be deficient, despite a heavy investment in renovations. This is because some of the units will fall short of planning standards. It would also mean a major investment in a 40 plus year old building. The difference between this option and building a new behavioral health hospital is about $20 million based on approximately 250 beds. This is a poor solution in a 40-year-old building. Development of this cannot start until the new acute hospital is built and occupied. MIHS would be abandoning existing behavioral health assets.

General Session Presentation, Discussion and Action (cont.):

3. Discuss and Review Options Development (cont.):
   - Options Overview Process
   - Acute Care Hospital Options
   - Behavioral Health Options
   - Order-of-Magnitude Capital Costs

The second option - a new behavioral health hospital on the current campus – would work best if option two for the acute care hospital is used. This would mean a new hospital on the west side of the campus, right next to the CHC, the current hospital site used for parking, and a new behavioral health hospital on the east side of the campus.

This second option for behavioral health offers a readily build-able site and will consolidate all medical and non-medical behavioral health patients on the same campus, as well as minimize the number of transfers. The sale of the Desert Vista property could provide some of the funding for this new construction. Once again, MIHS would be abandoning existing behavioral health assets with this option.

The third option, a greenfield site, has similar attributes and deficiencies as a greenfield site for a new acute care hospital on a greenfield site.

Dr. Chundu asked how best to serve the community – by building a new behavioral health facility on the current campus or at a greenfield site. He also asked about self-sustainability of the hospital. Would it be best to build on the current campus or at a greenfield site?

Mr. Sterle stated that behavioral health services are currently spread throughout three different sites. The demand for services exceeds the supply. It almost suggests that location is going to be the driving factor when it comes to the behavioral health community.

Mr. Andrews said the issue with behavioral health is, as far as involuntary patients right now, it does not matter where it is located. When talking about voluntary patients, who will be served in the future, then a location might become important.

With regard to a new acute care hospital, staff and the consultants considered a teaching hospital; one that patients use in part because of the teaching aspect. When thinking about the underserved and the patients that MIHS does serve because of its mission, while the patients are located throughout the county, many patients continue to be in the core area where Maricopa Medical Center (MMC) is located.

As Kurt Salmon and Navvis built out the ambulatory network, it was determined that this was the best place to make an investment to broaden MIHS's access points. But it was not assumed that all the patients that would be using the ambulatory facilities would be driving inpatient volumes at MMC.

There is an underlying assumption, as part of the plan, that says as MIHS builds out the ambulatory network and serves more of the population, it will essential give up the inpatient referrals from some of the outlying FHCs to other inpatient acute facilities.

When looking at the potential to develop the current main campus - particularly with regard to academics and research - it will create other opportunities for redevelopment that MIHS can do in and around the investment on that campus.

Mr. Purves said that the mission should always drive the strategy. If both are consistent, then the facilities plan should be consistent with the strategy. If the mission was to grow market share, and to position MIHS just like any private organization would be, to be competitive, etc., then the Committee would need to be looking at which areas to be located in that has a population and demographic with an attractive payor mix. That would get MIHS a little outside of its primary mission. One advantage is that there is plenty of space on the current campus.

General Session Presentation, Discussion and Action (cont.):

3. Discuss and Review Options Development (cont.):
   - o Options Overview Process
   - o Acute Care Hospital Options
   - o Behavioral Health Options
   - o Order-of-Magnitude Capital Costs

Mr. Sterle said that because the scale is consistent and the approach to the investment is consistent, Kurt Salmon's recommendation would be that the Committee take all of the options and say any one of them could work. The Committee does not need to make a choice today.

Dr. Chundu said that what the Committee does need to think about is whether achieving that kind of investment is what MIHS is after, and if it fits with what it is trying to accomplish strategically and serving the community well. He is trying to understand how best the community can be served if it is going to give MIHS $1 billion. Is the current location the right location? Where is the population that MIHS serves?

The second issue is if MIHS is going to be a major educational partner, who are its partners? What is the co-location and is it the best location? The Committee needs to make sure that 20 years from now, it picked the right location.

The one thing Mr. Sterle suggested was to study the co-location of the acute care hospital and the behavioral health hospital, from a patient service standpoint and a staff functionality standpoint, it really works to MIHS's advantage. There are advantages when you think about the access to the freeways, and 24th Street is a main thoroughfare. The Light Rail is not that far away either.

Mr. McMahon asked if the Committee is supposed to recommend a concept with a general price tag, or if it will establish and recognize one of these options presented.

Mr. Sterle commented the latter. The Committee has not gotten enough detail about some of the things it needs to know more of before it makes a final choice.

4. Approve Bond Advisory Committee Meeting Minutes dated September 17, 2013

MOTION: Ms. McCarthy moved to approve the Bond Advisory Committee meeting minutes dated September 17, 2013. Vice Chairman Coor seconded. **Motion passed by voice vote.**

5. Wrap Up, Next Steps and Future Agenda Items

This item was not discussed.

MOTION: Mr. Fairbanks moved to recess general session and convene in executive session at 4:07 p.m. Vice Chairman Coor seconded. **Motion passed by voice vote.**

General Session, Presentation, Discussion and Action:

Chairman Post reconvened the general session at 4:21 p.m.

Adjourn

MOTION: Vice Chairman Coor moved to adjourn the November 12, 2013 Bond Advisory Committee meeting. Mr. Fairbanks seconded. **Motion passed by voice vote.**

Meeting adjourned at 4:18 p.m.

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Bill Post, Chair
Bond Advisory Committee

Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014

Item 3.b.

DRAFT

Maricopa County Special Health Care District
Board of Directors Bond Advisory Committee Meeting
Maricopa Medical Center
Auditoriums 1 and 2
December 9, 2013
2:30 p.m.

Voting Members Present:	Bill Post, Chairman Lattie Coor, Ph.D., Vice Chairman Tony Astorga Paul Charlton – *arrived at 2:46 p.m.* Kote Chundu, M.D. Frank Fairbanks Nita Francis Doug Hirano Terence McMahon, Ex-officio, Director, District 5 Rick Naimark – *arrived at 2:36 p.m.* Brian Spicker Ted Williams
Absent:	Merwin Grant Diane McCarthy Joey Ridenour
Others/Guest Presenters:	Steve Purves, MIHS, President & CEO
Recorded by:	Melanie Talbot, MIHS, Executive Director of Board Operations Cynthia Cornejo, MIHS, Assistant Clerk of the Board

Call to Order

Chairman Post called the meeting to order at 2:34 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that nine of the fourteen voting members of the Maricopa County Special Health Care District Bond Advisory Committee were present, which represents a quorum. Mr. Naimark and Mr. Charlton arrived shortly after roll call.

Call to the Public

Chairman Post called for public comment. Ms. Talbot indicated no speaker slips were submitted.

General Session Presentation, Discussion and Action:

1. Update on Bond Advisory Committee's Project Process, Deliverables and Timeline

Mr. Purves reviewed the Bond Advisory Committee's project process to date, the deliverables and timeline, and the unique opportunity facing the organization. He noted that this is a historic moment for the Maricopa Integrated Health System (MIHS).

General Session Presentation, Discussion and Action (cont.):

1. Update on Bond Advisory Committee's Project Process, Deliverables and Timeline, cont.

Regarding the project process, he stated that the work that had been accomplished to date was impressive. The District Board of Directors (Board) appointed the Bond Advisory Committee (Committee), with the expectation of transparency and integration with the public. The objective was to gather information to make a reasonable decision on behalf of the citizens of Maricopa County and to move forward the mission of MIHS. The Committee members attended tours of the facilities and received a comprehensive understanding of the organization's mission, vision and key strategies. There has been a robust debate regarding the community value that MIHS provides as well as a thoughtful discussion on the trends in healthcare. He stated that there has been a thorough assessment of the current state of the MIHS facilities and there are presently multiple options to consider, however, no final decisions had been made.

There are five components that the Committee's report and final recommendations will address, which are the foundational elements of the strategic plan:

1. Medical education and clinical training – this includes teaching of medical residents and allied professionals.

2. Ambulatory care and clinical network – currently there are critical aspects in progress with medical home management.

3. Behavioral health – MIHS has been at the forefront of behavioral health services and will continue to expand.

4. Right-size new hospital – to teach and to provide voter mandated services. The objective is not to duplicate services provided elsewhere in the community or to build capacity where it is not needed.

5. System of care provided in a post Affordable Care Act (ACA) environment – the passage of the legislation does not diminish the need for a safety net hospital that provides essential community services

Mr. Purves stated that the MIHS mission will be the foundation for the recommendation brought before the Committee. He had received feedback from the Committee members and will incorporate it into the final report. He addressed some concerns expressed by Committee members.

The first fundamental concern received questioned the need for new structures. Mr. Purves said the current hospital is 42 years old, and as previously stated in the facilities assessment, there are limitations with aspects to column width and floor to ceiling heights. Those factors will make it impossible for the current structure to be renovated, especially in the areas with asbestos abatement issues.

Another concern received asked how the organization would validate the programming and investment numbers. Mr. Purves stated that an advantage of two consulting firms working together on this project is that a checks and balance system is inevitably incorporated. In addition to the consulting firms, the MIHS finance group reviews the information. The final validation would come from the Board, who has the ultimate fiduciary responsibility for the health system in respect to the mission, the quality of care provided, and the financial stewardship of the public's money.

There was also a concern in regards to behavioral health and the reason to expand or consolidate that service. Mr. Purves stated that the progress in behavioral health has been very slow throughout the nation. There have been various models over the years, varying from institutionalizing to community-based programs. Based on how MIHS is configured and the progressiveness made over the years, there is now an opportunity to propel the mission forward and fulfill a critical function for the citizens of Maricopa County.

General Session Presentation, Discussion and Action (cont.):

1. Update on Bond Advisory Committee's Project Process, Deliverables and Timeline, cont.

In terms of a system of care model, there are many changes in respect to primary care, integrated care, coordinated care, and population health and chronic disease management. As the largest residency program in Phoenix, MIHS has a responsibility to incorporate the many facets of the residency programs in a cost-effective and high quality manner. It is difficult to attract medical students and partnerships with medical schools with a hospital that is ill equipped to provide an environment to succeed. MIHS has the component in place to succeed; however, there is not a source of capital to carry forth the mission.

Mr. Purves said that MIHS has a rich history of creating partnerships; including educational institutions and other healthcare systems, for the betterment of the community and especially for the patients. As plans for the future are considered, MIHS is looking to continue various partnerships.

Mr. Purves explained that the next step would be to gather community input to further validate the need for MIHS. The input would then be incorporated into a final report for the consideration of the Committee and subsequent recommendation to the Board. Staff is expecting to have a document, including the input from the public, finalized by the end of January 2014. He reiterated the importance of process; not just for MIHS, but also for the community.

He thanked the staff for the work completed to date and commended the Board for having the foresight to plan for the future of MIHS. The District was created by voters that recognized the essential value of a public teaching hospital and an organized system of care for the community. The Committee is tasked with the responsibility of relaying the necessity, value and relevancy of MIHS to the community.

2. Discussion and Possible Action on Obtaining Public Comments, Community and Stakeholder Input

Chairman Post said that he and Mr. Purves thought it would be best to gather community input prior to finalizing the recommendation. He proposed selecting several geographically distributed forums throughout Maricopa County to present the five components mentioned by Mr. Purves. He suggested the forums to be linked to the Family Health Centers (FHCs) if possible. He suggested a subset of Committee members attend each meeting. He also proposed providing information on the five components to the public prior to the meetings to prepare the community for the discussion.

Ms. Francis concurred with having a dialogue with the community. She agreed with having the forums at the FHCs and suggested scheduling soon.

Mr. Astorga stated that the input from the community is essential. He asked if selected stakeholders would be invited to participate in the discussion as well.

Mr. Fairbanks said that it would be beneficial to incorporate feedback from the community if the Committee is seeking to have the bond passed. He requested the information be presented in an understandable manner, to not only gain input, but to use the forums as an opportunity to explain MIHS's situation.

Mr. McMahon said that given the tremendous size of the county, he suggested holding at least one forum in each of the five districts.

Mr. Naimark said that it is also important to focus on the manner the information is presented in and the format used. He agreed with Mr. Fairbanks in that the community should receive information and have a framework to respond. He asked if staff had considered other avenues for the public to respond, such as online participation.

Mr. Purves said that staff would address the social media aspect.

General Session Presentation, Discussion and Action (cont.):

2. Discussion and Possible Action on Obtaining Public Comments, Community and Stakeholder Input, cont.

Vice Chairman Coor agreed with the general sentiment from the Committee. He said in addition to providing the information for the public, it was would be critical to note that the report is still under consideration and the Committee is genuinely seeking feedback.

Mr. Williams suggested presenting the information to the media, to provide a greater understanding for the entire concept and the need for MIHS.

Mr. Spicker stated there should be a focus on those institutions in the community that operate as a result to MIHS's presence. It would be helpful to gain input from that group as well.

Mr. Hirano said that while the public should receive detailed information on the process, it should also be clarified that the Committee is close to finalizing the plan.

Chairman Post recommended producing a very short but substantive white paper, to address the five components in an understandable manner.

Mr. Fairbanks suggested producing a short video that would explain the issues so the public can understand. The video could then be viewed at the beginning of each forum to ensure consistent information is being presented.

Mr. Charlton appreciated the democratic aspect of the forums and gathering input from the community prior to presenting a completed product.

MOTION: Ms. Francis moved that the Committee vet this with the public, with perhaps five venues. Mr. Spicker seconded. **Motion passed by voice vote.**

Mr. Purves noted that it would be also desirable to develop something to deal with the social media aspect.

Chairman Post agreed.

Vice Chairman Coor questioned the timeline in which this would be completed.

Chairman Post stated that the original goal was to complete the recommendation by the end of December; however, to ensure that the process is completed correctly, the current expectation is to have the five meetings and the final recommendation to the Board by the end of January 2014. He understands that there is a considerable amount preparation involved in organizing the meetings and asked staff if the tight timeline would be possible.

Mr. Purves agreed the timeline was tight; however, it is critical to obtain input from the public and to present the information in the correct way. Staff will work to get this completed in January.

Chairman Post requested Committee members cooperate with staff in reviewing the material to be presented, so all members are informed prior to attending the forums.

Ms. Francis recommended that a number of Committee members, along with the Board member representing the district, host each forum.

Dr. Chundu expressed the importance of being prepared, as there will be multiple forums and various Committee members attending each. The message should remain true to the fact of discussions over the last six months.

General Session Presentation, Discussion and Action (cont.):

2. Discussion and Possible Action on Obtaining Public Comments, Community and Stakeholder Input, cont.

Chairman Post said the video would be helpful, to ensure the Committee members view the same information in terms of the objective. He stated that MIHS staff has done a great job in relaying what is being done within the system and the reasoning behind that work.

3. Approve Bond Advisory Committee Meeting Minutes dated October 15, 2013

MOTION: Mr. Williams moved to approve the Bond Advisory Committee minutes dated October 15, 2013. Mr. Fairbanks seconded. **Motion passed by voice vote.**

4. Wrap Up and Next Steps

Vice Chairman Coor requested a tentative agenda for the forums before the holidays to allow time to organize calendars and scheduling.

Adjourn

MOTION: Vice Chairman Coor moved to adjourn the December 9, 2013 Bond Advisory Committee meeting. Dr. Chundu seconded. **Motion passed by voice vote.**

Meeting adjourned at 3:14 p.m.

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Bill Post, Chair
Bond Advisory Committee

Maricopa County Special Health Care District

Bond Advisory Committee Meeting

January 21, 2014

Item 4. – No Handout