

**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).

***Special Health Care District Bond Advisory Committee
Meeting Minutes – General Session – December 9, 2013***

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. McMahan 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.

**Special Health Care District Bond Advisory Committee
Meeting Minutes – General Session – December 9, 2013**

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 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.

**Special Health Care District Bond Advisory Committee
Meeting Minutes – General Session – December 9, 2013**

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.

Bill Post, Chair
Bond Advisory Committee