

**Palomar Pomerado Health
BOARD OF DIRECTORS
SPECIAL FULL BOARD MEETING
STRATEGIC PLANNING COMMITTEE**

Innovation Offices
15255 Innovation Drive, San Diego, CA 92128
Conference Room B & C
March 14, 2009 Meeting Minutes


AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
CALL TO ORDER	8:00 a.m. by Chairman Krider		
ESTABLISHMENT OF QUORUM	Present: Directors Bassett, Greer, Kaufman, Kleiter, Krider, Larson, Rivera		
ATTENDANCE	<p>Also in attendance were: Michael Covert, Bob Hemker, Brenda Turner, Lorie Shoemaker, Natalie Bennett, Stonish Pierce, Sheila Brown, Lisa Hudson, Steve Gold, MD, Robert Trifunovic, MD, Gustavo Friederichsen, David Tam, MD, Opal Reinbold, Duane Buringrud, MD, Frank Martin, MD, Joanna Sainmervil, Janine Sarti, Michael Shanahan, Terry Green, Tim Nguyen, Rodger Acheatel, MD, Richard Engle, MD</p> <p>Guests: Darren Libby</p>		
NOTICE OF MEETING	The notice of meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	No public comments were noted.		
MINUTES	Chairman Krider asked for approval of the February 24, 2009 Strategic Planning Committee meeting.	<p>Motion by: Greer 2nd by: Bassett Motion carried to approve the February 24, 2009 minutes as presented.</p> <p>All in favor. None opposed.</p>	
Review of Mission/Vision Discussion	Mr. Covert recapped the ideas that were submitted at the last Strategic Planning meeting for the Mission and Vision Statements.		
Review of Five Year Foci	Mr. Covert reviewed the five year foci. Mr. Covert asked the Board if "In partnership with others" should be added to the new foci. The Board agreed		

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	<p>that adding the wording was important.</p> <p>Mr. Covert asked where the Board to think about where the wording should be added. Is it to be added to the Mission statement or should it be imbedded into the Vision statement. It was decided that the Board would wait until Dr. Larson was present to discuss where the "in partnership with others" wording should be added.</p>		
<p>Primary Care and Growth Needs - Medical</p>	<p>Mr. Covert stated that the purpose of the three Saturday strategic planning meetings was to create a frame of reference for the foci, strategic plan and finance.</p> <p>Mr. Covert stated that he wanted to build a financial model to work from.</p>		
<p>Foundation Model <i>Presenters: Robert Trifunovic, MD and Darren Libby</i></p>	<p>Robert Trifunovic, MD and Darren Libby from ECG highlighted the differences between the past Graybill model and the proposed foundation model.</p> <p>Mr. Libby covered the importance of physician alignment, alignment options and alignment objectives.</p>	<p>PowerPoint presentations are available on the Leadership Drive</p>	
<p>1206(L) Model</p>	<p>Mr. Libby defined the 1206(L) model, as well as defined its structure, and governance structure. The funds flow, compensation, advantages and financial implications were outlined.</p> <p>Mr. Libby discussed the legal implications of the 1206(L) model and outlined its foundation model characteristics. The characteristic differences between the medical foundation model and the MSO model were discussed. Mr. Libby highlighted the medical staff advantages and implications of not creating a medical foundation. Planning methodology for the model was presented which would take approximately 12 to 18 months to complete. The presentation concluded with a case study of the 1206(L) model.</p> <p>The Board discussed the presentation at this point. Key questions and ideas were posted on the wall as Parking Lot ideas that would need to be addressed.</p>	<p>PowerPoint presentations are available on the Leadership Drive.</p>	
<p>1206(D) Model <i>Presenters – Sheila Brown and Darren Libby</i></p>	<p>Mr. Libby presented the 1206(D) hospital-based clinic model. It was stated that the 1206(D) strategy represented an effective methodology for aligning with select specialties in the community and improving compensation, as the funds flow can be structured on a payor-neutral basis.</p> <p>In the 1206(D) model, the physicians have a contract with the clinic; they are not employed by the Hospital. The hospital employs all staff and provides all support services; however, the hospital may contract for these services.</p> <p>The hospital operates and maintains the clinic space in compliance with hospital regulatory standards, which have more stringent legal/regulatory requirements than physician clinics.</p> <p>Obtaining status as a hospital outpatient clinic requires that the clinic be integrated clinically and financially with the hospital.</p>	<p>PowerPoint presentations are available on the Leadership Drive.</p>	


AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	<p>Mr. Libby discussed the physician alignment, organizational alignment, and funds flow structure. The presentation concluded with examples of regulatory compliance and reimbursement impacts.</p> <p>Reimbursement consists of both a professional fee component and a facility fee component. One of the concerns addressed was whether or not the private payors would recognize the facility fee.</p> <p>The Board discussed the presentation at this point. Key questions, concerns and ideas were posted on the wall as Parking Lot ideas that would need to be further researched and addressed.</p>		
<p>Medical Staff Development Needs by Specialty <i>Presenter – Lisa Hudson</i></p>	<p>Lisa Hudson presented the five year recruitment needs of PPH by specialty. Ms. Hudson showed the PPH district population by sub-area and by race/ethnicity. The population growth of the District, total market discharges and discharges by product lines were highlighted. The discharges were also shown by sub-area and by market share. The three year market share trend was analyzed and compared to that of the top ten facilities in the area. The secondary service areas market share and discharges were discussed and compared to the top ten facilities in the area.</p> <p>Lisa Hudson showed estimated physician needs by campus and provided five year recommendations. The economics of the recruitment recommendations concluded the presentation.</p> <p>The Board discussed the presentation at this point. Due to time constraints the discussion was stopped at 12:00pm will be resumed at the Saturday, March 28th meeting.</p>	<p>PowerPoint presentation is available on the Leadership Drive</p>	
<p>Committee Member Comments (If any)</p>	<p>The next Strategic Planning meeting is scheduled for 8:00a.m. to 12:00p.m. on Saturday, March 28th in meeting room B/C at Innovation.</p>		
<p>Final Adjournment</p>	<p>Chairman Krider adjourned this meeting at 12:00 p.m.</p>		

SIGNATURES

- Chairperson of the Committee


 Alan Larson, MD

- Committee Secretary


 Nicole Dennis