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**Exhibit G**

# University Medical Center Citizen Task Force

**December 3, 2003**

EXHIBIT G Committee Name **HealthCare** Document consists of **17 slides**.  
 Entire document provided.  
 Due to size limitations, pages \_\_\_\_\_ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

Meeting Date: **12-03-03**



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## Background

- **FY02 - 28% Increase in total self/no pay hospital patients and a \$7.1 million increase in unreimbursed costs**
- **FY02 - \$22 million operating loss and a \$13 million operating loss through October of 2002**
- **December 17, 2002 -BCC approved \$38 million**



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## Background

- **December 2002 - Implemented cost saving measures**
- **January 2003 - Implemented layoffs, staff position downgrades and the elimination of open positions including management, supervisory and employed physician positions.**



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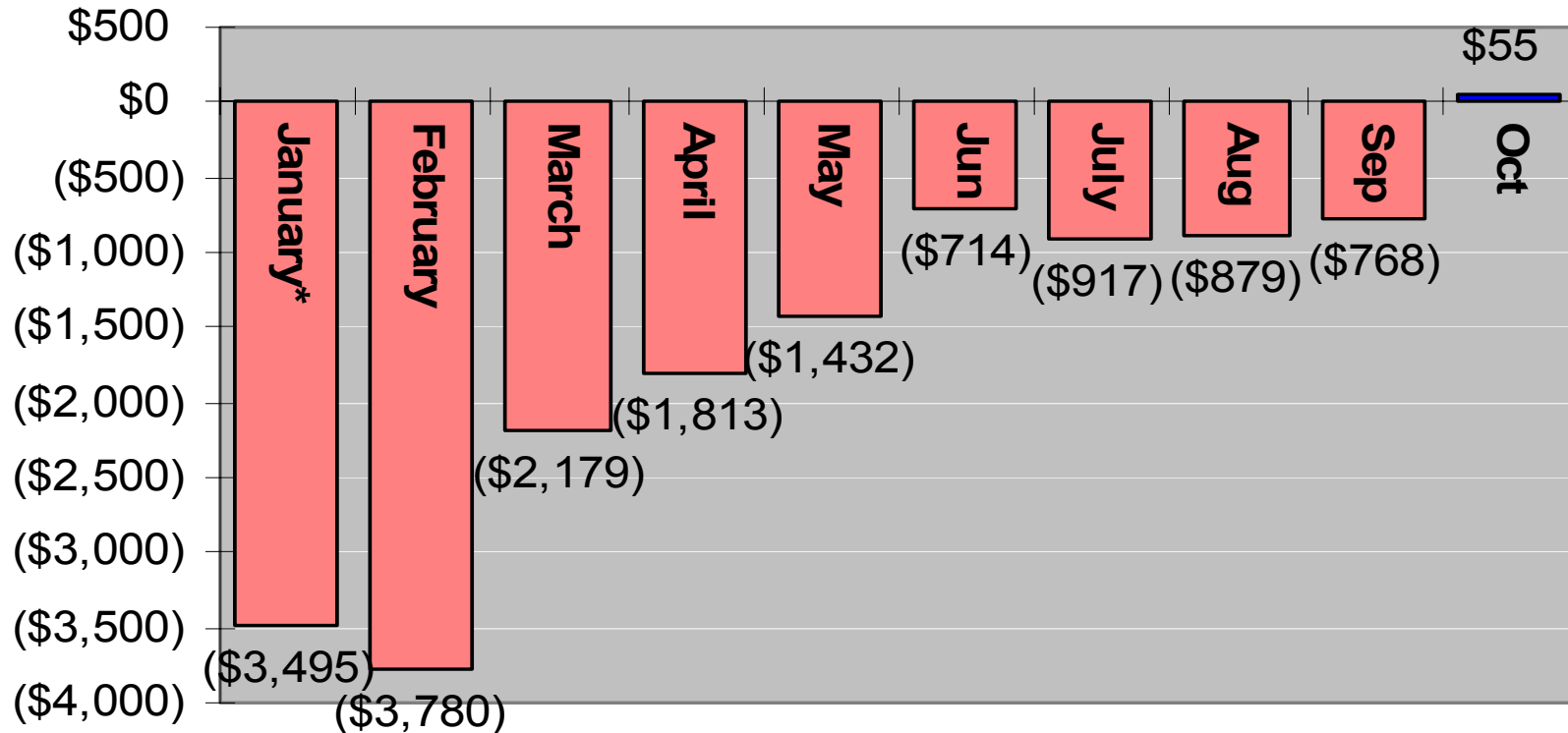
## Background

- **Evaluation program to improve efficiency**
- **Consultants reports**
- **Community Participation Plan to ensure that the major stakeholders and the public had input**
- **Creation of a UMC Citizen Task Force**



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## Monthly Results from Operations (Thousands)



\*January 2003 adjusted to exclude retroactive UPL revenue.



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## Representation

- **Gaming**
- **Banking**
- **Academia**
- **Business**
- **Real Estate**
- **Health Care**
- **General Labor**
- **Community-Based Health Organizations**
- **Law**



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## Purpose

- **Review Input**
- **Evaluate Data**
- **Develop Consensus-Based Recommendations**
- **Formulate Mission and Vision for UMC**



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## Recommendation Areas

- Quick Care/Primary Care Network Evaluation
- Referral Process
- EMTALA/Point of Service Policy
- Payor Mix
- Community Partnerships and the Uninsured
- Product/Service Line Evaluation
- Information Systems
- Continued Public Participation
- Public Image
- Mission, Vision, Guiding Principles, Operational Structure
- Medical Malpractice
- Trauma System





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## Recommendation Highlights

- **Maintain the viability of the Quick Care/Primary Care network by implementing criteria-based performance evaluation tools which include performance based evaluations for UMC physicians**
- **UMC must be able to compete for a profitable payer mix**
- **Balancing quality of care with improving fiscal responsibility by utilizing comprehensive evaluation tools.**



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## Recommendation Highlights (cont.)

- Improving the hospital's public image by eliminating the stereotype that UMC is a "free hospital" or "hospital of last resort" and promoting the idea that UMC is the "hospital of choice".
- The County needs to continue to partner with physicians in addressing the medical malpractice issue.
- Task Force request that the State of Nevada undertake a needs assessment regarding the expansion of trauma services in Clark County.
- Access to care for the uninsured should not be the sole responsibility of UMC and that the community must be an active partner.



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## Continued Participation

**The Citizen Task Force agreed to convene semiannually over the next two years to receive progress reports and assist in the evaluation of adopted recommendations.**



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## Quantifying the Issue in the Community

- **15.9% of the population of Clark County has no form of health insurance**
- **Firms that offer health benefits are declining, and high co-payments are decreasing employee participation**
- **Small firms are less likely to offer health insurance benefits, and Nevada has a high proportion of small firms**
- **As co-pay requirements and premiums increase, more families are unable to afford full health insurance coverage**

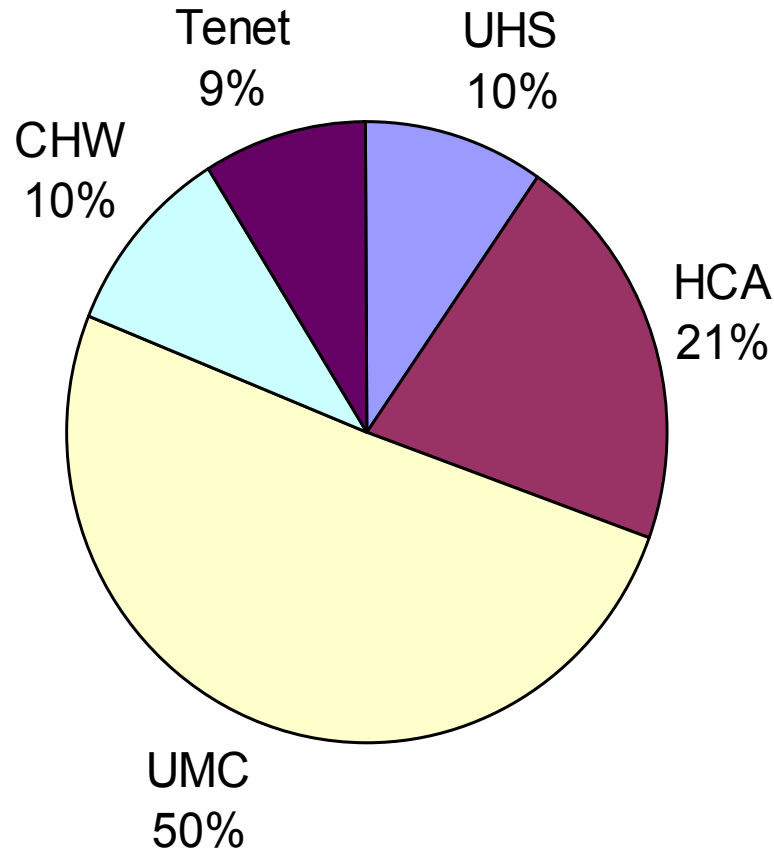


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## Quantifying the Issue at UMC:

### Uncompensated Care, Clark Co. Hospitals, FY 02 (charity care & bad debt)

Source: State Of Nevada Quarterly Reports





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## Uninsured Volume at UMC Outpatient Clinics

Outpatient Clinic	% Uninsured*	# Uninsured*
Lied Outpatient Pediatric Clinic	38.8%	25,826
Lied Outpatient Adult Clinic	18.6%	4,656
Women's Center	62.7%	23,036
HIV Wellness Center	20.7%	2,543
Burn Care Outpatient Clinic	26.4%	9,374
Oncology Outpatient Clinic	31.3%	10,656
Adult Ortho Clinic	59.7%	1,261
Pediatric Ortho Clinic	78.2%	517

\*Self-pay, pending, excluding Medicaid and County Social Service patients



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## Community Partnerships and The Uninsured: Four Key Focus Areas

- Items to recommend for inclusion in the Senate Bill 289 Interim Study
- Items that UMC and the County should further study and analyze
- Partnerships that UMC and the county should work to enhance or develop
- Items that create opportunity for dialogue and program development



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## Recommended Items for Consideration:

- Defining a minimum threshold for business on what constitutes “affordable” health insurance
- Instituting enforcement measures/penalties for other area hospitals to complete their obligation when they initiate care for patients (hospitals that initially treat uninsured routinely send patients to UMC for follow-up care)
- Increasing incentives/disincentives or requiring employers to provide affordable health insurance (I.e. mandatory catastrophic, offering options for health coverage, tax credits, etc.)
- Identifying other avenues of funds to support uninsured patients (i.e. cigarette and alcohol tax)





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## Recommended Items for Consideration (Cont.):

- Studying the differences between those who cannot, and those who choose not, to get health insurance
- Exploring legislative measures to change the “discount policy” for uninsured
- Exploring Hawaii Universal Coverage Program
- Exploring a standard basic package for insurance coverage
- Considering the possibility of taxing companies outside the State of Nevada who offer insurance plans to our residents



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## Conclusion and Thanks