

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

863



FROM: Executive Office

SUBMITTAL DATE:
September 19, 2013.

SUBJECT: Assessment of Riverside County health and mental health delivery system; and, financial and operational performance of RCRM.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and file the reports prepared by Huron Consulting, LLC;
2. Direct staff to negotiate with Huron Consulting, LLC and return in less than 30 days with a proposed implementation agreement for Board consideration.
3. Amend the existing assessment agreement with Huron Consulting, LLC to serve as a bridge during negotiations, in the amount of \$951,500, in order to maintain momentum in the effort to reduce the hospital's deficit.
4. Authorize the Purchasing Agent to sign ministerial amendments to the agreement.

BACKGROUND:

Summary

On May 7, 2013, item 3-4, the Board approved the agreement with Huron Consulting, LLC to develop a strategic plan for the future direction of the Riverside County health and mental-health delivery system. In addition, an evaluation of the financial and operational performance of the hospital was to be performed.

Continued page 2

Debra Cournoyer
Debra Cournoyer
Deputy County Executive Officer

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 951,500	\$		\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 951,500	\$	\$	\$	

SOURCE OF FUNDS: Enterprise Fund 40050	Budget Adjustment:
	For Fiscal Year: FY 13/14

C.E.O. RECOMMENDATION:

APPROVE

BY: *George A. Johnson*
George A. Johnson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Benoit, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended with modification that CEO involve a financial planner to assist in negotiations.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: September 23, 2013
xc: EO

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

Prev Agn. Ref.:	District: All	Agenda Number:
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ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

4-0

FORM APPROVED COUNTY COUNSEL
 BY: *Robert Howdysshell*
 NEAL R. KIPNIS
 DATE: 9/19/13
 PURCHASING & FLEET SERVICES: Robert Howdysshell, Director
 Departmental Concurrence

A-30
 Positions Added
 Change Order
 4/5 Vote

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Assessment of Riverside County health and mental health delivery system; and, financial
and operational performance of RCRMC**

DATE: September 19, 2013.

PAGE: 2 of 3

BACKGROUND:

Summary (continued)

The Health Care Governance Committee (HCGC), a collaborative of county departments, was established to create a vision for integrating health and mental-health care systems; for coordinating community services to better serve residents; and, to respond to the challenges of state and national health reform. The committee recommended the Board engage an industry expert to assess how health and mental-health care is delivered and evaluate the financial and operational performance of the county's hospital and outpatient clinics.

Over the past several months, Huron Consulting, LLC (Huron) conducted that assessment, the first stage in meeting health-reform challenges and reducing the deficit at Riverside County Regional Medical Center (RCRMC), which is estimated to be \$50 million at the end of the fiscal year. Huron's team consisted of 30 to 40 experts who met with and interviewed over 250 staff at RCRMC, Department of Public Health (DOPH), Department of Mental Health (DMH), other county departments and key stakeholders. Huron conducted interviews and analyzed extensive data and information to assess existing health and mental-health systems. Internally, Riverside County did not have the experience or time available to conduct such assessment with the deadlines looming for national health-care reform. Huron also has consulted for numerous county and state health systems including Monterey County, Natividad Medical Center providing interim management assessment and business planning services in addition to implementation and operational consulting services. In fiscal year 05/06, Natividad faced significant losses and two years later after implementing Huron's solutions, the hospital reported positive revenue.

Huron found that Riverside County managers and the staff are committed to providing residents with high-quality, cost-effective care. However, the county faces challenges that include a lack of an integrated health-care vision, lack of organizational structure that establishes accountability and incentives, and significant financial losses caused by uncompensated detention and mental-health services. In addition, health reform will further stress a system that currently has capacity constraints due to space limitations, information technology challenges and the need for operational improvements.

Huron focused on numerous areas in its RCRMC assessment, including the revenue cycle, labor and non-labor costs and clinical operations. Huron determined the hospital needs to improve operational procedures to be more efficient and increase net revenue. The analysis indicates that with the proposed changes, the hospital could increase revenue and cut losses between \$45 million to \$66 million after the first year of implementation.

In medical terms, Riverside County's relationship with Huron consists of two phases: diagnosis and treatment. The company has completed its assessment and the Board must now decide whether to have Huron oversee a second, potential phase – implementation. With Affordable Care Act deadlines approaching in January and the hospital currently losing approximately \$4 million a month, timely action is imperative. If the Board directs staff to begin negotiations on the second-phase agreement, Riverside County could extend its existing agreement with Huron for a month at a cost of \$951,500. Work conducted during the 30 days will be useful for Riverside County, regardless of the ultimate path toward implementation. If an agreement can be reached with Huron, the potential ramp-up for implementation would not be delayed by a month. Additionally, the hospital's monthly loss incurred by waiting to ramp-up toward implementation overshadows the cost of the extension.

As the Board previously directed, all options for improving the hospital's operations and financial performance are being considered. The hospital is an undervalued asset whose financial position could improve significantly over the next 12 to 18 months, according to Huron. Regardless of the county's ultimate plans for the facility, an improved financial standing makes the hospital a much more valuable and attractive asset and dramatically affects future choices regarding operations. Those improvements are intended to reduce the

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PAGE: 3 of 3

hospital's need for general-fund support, allowing the Board to address other pressing countywide capital and operational needs.

Huron's experience and its work to assess the county's issues make the company well suited to direct and oversee changes detailed in the assessment. The Executive Office recommends that staff be directed to negotiate with Huron on terms for implementing Huron's assessment and return with a proposed agreement for Board consideration.

WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

AMENDMENT NO. 1
**TO PROFESSIONAL SERVICE AGREEMENT BETWEEN
THE COUNTY OF RIVERSIDE AND
HURON CONSULTING SERVICES LLC (D/B/A HURON HEALTHCARE)**

The County of Riverside ("COUNTY") and Huron Consulting Services LLC d/b/a Huron Healthcare ("CONTRACTOR") entered into a Professional Service Agreement dated May 7, 2013 ("Agreement") for Health and Mental Health Delivery System Strategic Planning and Hospital Financial and Operational Performance Consulting Services.

The parties now agree to amend the Agreement as follows:

1. This Amendment shall be consistent with the original Agreement term continuing through November 30, 2013.

2. CONTRACTOR shall provide the additional services described in Exhibit A-1 for the additional compensation stated in Exhibit B-1. Both of these new exhibits are attached to and incorporated into this Amendment.

3. Section 3.1 shall be amended as follows:

The maximum payments by the COUNTY to the CONTRACTOR under this Agreement shall not exceed One Million Five Hundred Ninety Six Thousand Seven Hundred Fifty Three dollars (\$1,596,753) excluding expenses.

(Signature Page Follows.)

SEP 23 2013 40

The undersigned parties agree to the terms and conditions of the above Amendment. All other terms of the Agreement shall remain unchanged and in effect.

COUNTY OF RIVERSIDE

HURON CONSULTING SERVICES LLC

By: *John J. Benoit*

BY: _____

Name: **JOHN J. BENOIT**

Name: Curt B. Whelan

Title: **CHAIRMAN, BOARD OF SUPERVISORS**

Title: Managing Director – Healthcare Sales

Dated: SEP 28 2013

Dated: _____

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipms* 9/19/13
NEAL R. KIPMS DATE

ATTEST:
KECIA HARPER-IHEM, Clerk
By: *Kecia Harper-Ihem*
DEPUTY

County of Riverside ("County")/
Huron Consulting Services LLC d/b/a Huron Healthcare ("Huron")
Strategic Plan and Operational/Financial Implementation

EXHIBIT A-1
to Amendment No. 1

CONTRACTOR SCOPE OF WORK REQUIREMENTS FOR THE COUNTY

This Exhibit A-1 outlines the scope of the additional services Huron will perform for the County.

Huron is initiating work with the County to begin the implementation of certain of Huron's strategic planning, operational and financial performance improvement Solutions at Riverside County Regional Medical Center ("RCRMC") (herein referred to as the "Project"). In response to both parties' mutual desire to move quickly, Huron will begin Project activities for the implementation under this interim agreement ("Exhibit A-1") while working with the County to complete final contracts documenting the engagement.

The parties' mutual intent is to execute detailed final contracts for the Project by October 22, 2013. This Exhibit A-1 covers the time period from October 1, 2013 through October 31, 2013 (the "Bridge Period"). Huron's work during the Bridge Period will primarily focus on those initial activities that support the objectives of rapidly generating results with the Project. Huron will also work closely with County leadership to define scope division of responsibilities for all initiatives under each Solution within the Bridge Period. For example, Huron will perform the following activities for labor productivity:

- Establish Labor Productivity Steering Committee
 - Support RCRMC in establishing standing Labor Steering Committees to oversee and guide the implementation.
- Initiate Change Management Structure
 - Support the development of an organizational communication plan outlining the productivity governance, expectations and processes for implementation.
 - Define the processes through which key decisions will be made when and/or if an impasse has been reached.
- Conduct Productivity Training
 - Deliver a number of productivity training sessions to establish a common understanding of labor productivity concepts and goals.
 - Clarify what is expected of each level of leadership with regard to establishing and maintaining labor productivity targets.
 - Work to establish leadership's role as stewards of the new labor productivity methods, tools and future improvements.

- Begin Position Control and Review Process
 - Assist RCRMC with implementing and/or enhancing their staffing management processes and policies to tighten control of recruiting, hiring, overtime and agency use.
- Develop Departmental Labor Productivity Targets
 - Review and coordinate integration of RCRMC's departmental FTE budgets and/or Initial Productivity Goals ("IPGs") into the Huron's Productivity Tracking tool for productivity monitoring purposes
 - Integrate Budget/IPG goals into the Productivity Tracking tool
 - Review and validate volume/payroll metrics and data feeds for accuracy in association with Finance/Budgeting
 - Determine a plan with Finance/Budgeting/RCRMC leadership for how final departmental targets resulting from implementation will be incorporated into the budget
 - Formalize baseline period
- Review Span of Control Data
 - Begin the data collection and analysis of RCRMC staff to management ratios to identify and discuss alternative management structures for RCRMC senior management to consider that would be more economical, effective and responsive to meeting its mission, market positioning and healthcare reform.

Huron also will begin to perform the Project to implement the Huron Solutions (each, a "Solution") listed below.

The Solutions within the scope for the Bridge Period include those areas that are of highest impact and are as follows:

- Physician Services Program
- Revenue Cycle Program
- Labor Expense Program
- Human Resources Expense Program
- Non-Labor Expense Program

Huron's work will be limited to the following facilities:

- Riverside County Regional Medical Center

Nothing herein requires the County to enter into any agreement concerning services to be provided by Huron after October 31, 2013.

Subcontractors: Ruck-Shockey and Associates, Inc. and Symphony Consulting are subcontractors that Huron will use for implementation related services.

County of Riverside ("County")/
Huron Consulting Services LLC d/b/a Huron Healthcare ("Huron")
Strategic Plan and Operational/Financial Improvement Implementation

EXHIBIT B-1
to Amendment No. 1

PAYMENT PROVISIONS

This Exhibit B-1 outlines the fees for the additional services Huron will provide for the County, as outlined in the foregoing Exhibit A-1 to the Amendment No.1 of the Professional Services Agreement (the "Agreement").

Huron's fixed fee for the additional services shall be \$951,500, as detailed below:

BRIDGE PERIOD IMPLEMENTATION			
LEVEL	BUDGET HOURS	RATE*	FEES
MANAGING DIRECTOR	134.0	\$629.35	\$84,333
DIRECTOR/MANAGER	1,148.0	\$474.25	\$544,439
ASSOCIATE/ANALYST	1,082.0	\$298.27	\$322,728
TOTAL PROFESSIONAL HOURS & FEES:	2,364.00	\$402.50	\$951,500
PROFESSIONAL FEES COST TO THE COUNTY			\$951,500
* RATES ARE EXCLUSIVE OF EXPENSES AND DISCOUNTED FROM STANDARD.			

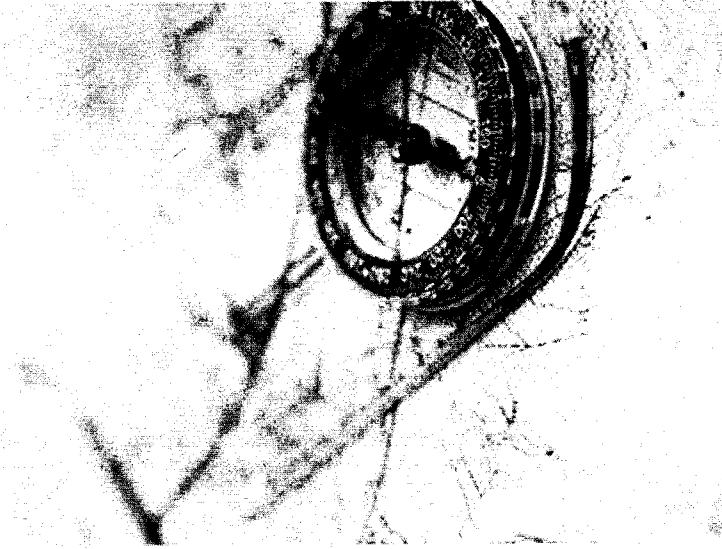
The fixed fee shall be paid on the following schedule, 30 after receipt of invoice:

Invoice Date	Payment Amount
October 1, 2013	\$475,750
October 31, 2013	\$475,750

During the Bridge Period, Huron will incur out-of-pocket expenses ("Expenses") on the County's behalf. The County will reimburse Huron for these Expenses in addition to fees earned by Huron. Expenses are billed at actual. Huron bills monthly for Expenses in the month following the month in which they are incurred. The County shall have the right to review all supporting documentation regarding Expenses.

Health System Strategic Plan and Hospital Operational and Financial Performance Improvement

Supervisor Workshop
Executive Summary
Sept. 23, 2013

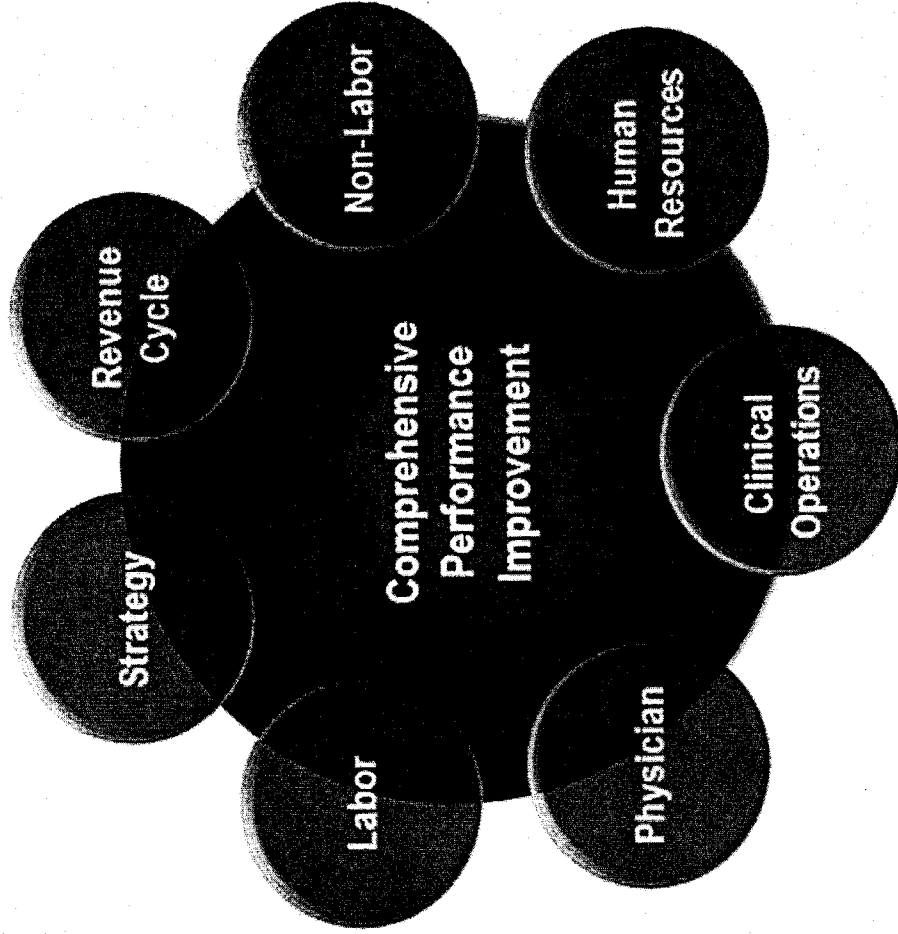


Proven Solution | Exceptional Results

LEADING THE WAY FORWARD IN HEALTHCARE

HuronHealthcare

We have depth and subject matter expertise to improve 85% of your expense structure and 100% of your net revenue.



"Huron Healthcare helped Bon Secours Virginia Health System sustain top operating performance. They partnered with our management and staff to improve our bottom line by over \$42M."

Peter J. Bernard
Chief Executive Officer
Bon Secours Virginia
Health System

Our proven approach has empowered organizations across the country to meet their goals, and prepared them to thrive in a post-reform environment.

Natividad Medical Center, Salinas, CA

\$130M ■ 152 beds

RESULTS & BENEFITS

- \$5.4M one-time cash acceleration benefit revenue cycle
- \$3.0M in non-labor savings
- \$1.7M in labor savings
- Improved physician alignment and organizational relationships

El Camino Hospital, Mountain View, CA

\$513M ■ 495 beds

RESULTS & BENEFITS

- Over \$3M in balance sheet cash improvement
- \$36.6M in revenue cycle benefits
- \$19.2M in labor productivity cost reduction benefits
- \$9.6M in non-labor cost reduction benefits
- \$8.5M in human resources cost reduction benefits

Our proven approach has empowered organizations across the country to meet their goals, and prepared them to thrive in a post-reform environment.

UC Los Angeles, Los Angeles, CA

\$1.4B ■ 4 hospitals

RESULTS & BENEFITS

Revenue Cycle Benefits

- \$80M of increased cash within the hospital and faculty practice group
- \$70M annual recurring benefit

Clinical Operations Benefits

- ALOS reduction of 0.8 patient days at RRUCLA and 0.5 patient days at SMUCLA
- Increase of 57 virtual beds

Labor/HR achievements to-date (project in process)

- Identified labor productivity benefits of \$26M including \$4.5M in surgical services
- Identified human resource benefits of \$9M

UC Irvine Medical Center, Irvine, CA

\$588M ■ 331 beds

RESULTS & BENEFITS

Revenue Cycle Benefits

- \$5.3 million year one increased cash benefit
- 45% improvement in secure-at-arrival
- 28% reduction in billing WIP
- 52% increase in PBG staff productivity
- 18% improvement in customer service abandonment rate
- A/R Days dropped from 66.9 to 51.5

Our proven approach has empowered organizations across the country to meet their goals, and prepared them to thrive in a post-reform environment.

UC San Francisco Medical Center at Parnassus, San Francisco, CA \$1.7B ■ 660 beds

RESULTS & BENEFITS

- \$41.6M annual recurring benefit
- \$4.2M balance sheet benefit
- \$26M decrease in billing WIP in six months leading up to conversion
- \$32.6M decrease in A/R pending staff action
- 4.9 day reduction in A/R prior to conversion

Loma Linda University Health System, Loma Linda, CA \$513M ■ 495 beds

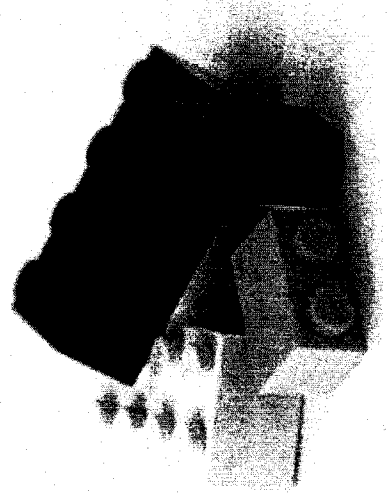
RESULTS & BENEFITS

- \$30M+ in recurring annual benefits
- Reduced FTEs per APD by over 220 FTEs from the previous year
- Updated productivity system based on total staffing requirements
- Strengthened controls in staffing management and position review
- Decreased ED LOS and reduced HPPV by streamlining processes, aligning staffing to demand and improving communication
- Created a culture of daily productivity accountability

Elements Needed for a Sustainable Strategy

THE FOUNDATION OF TRANSFORMATION

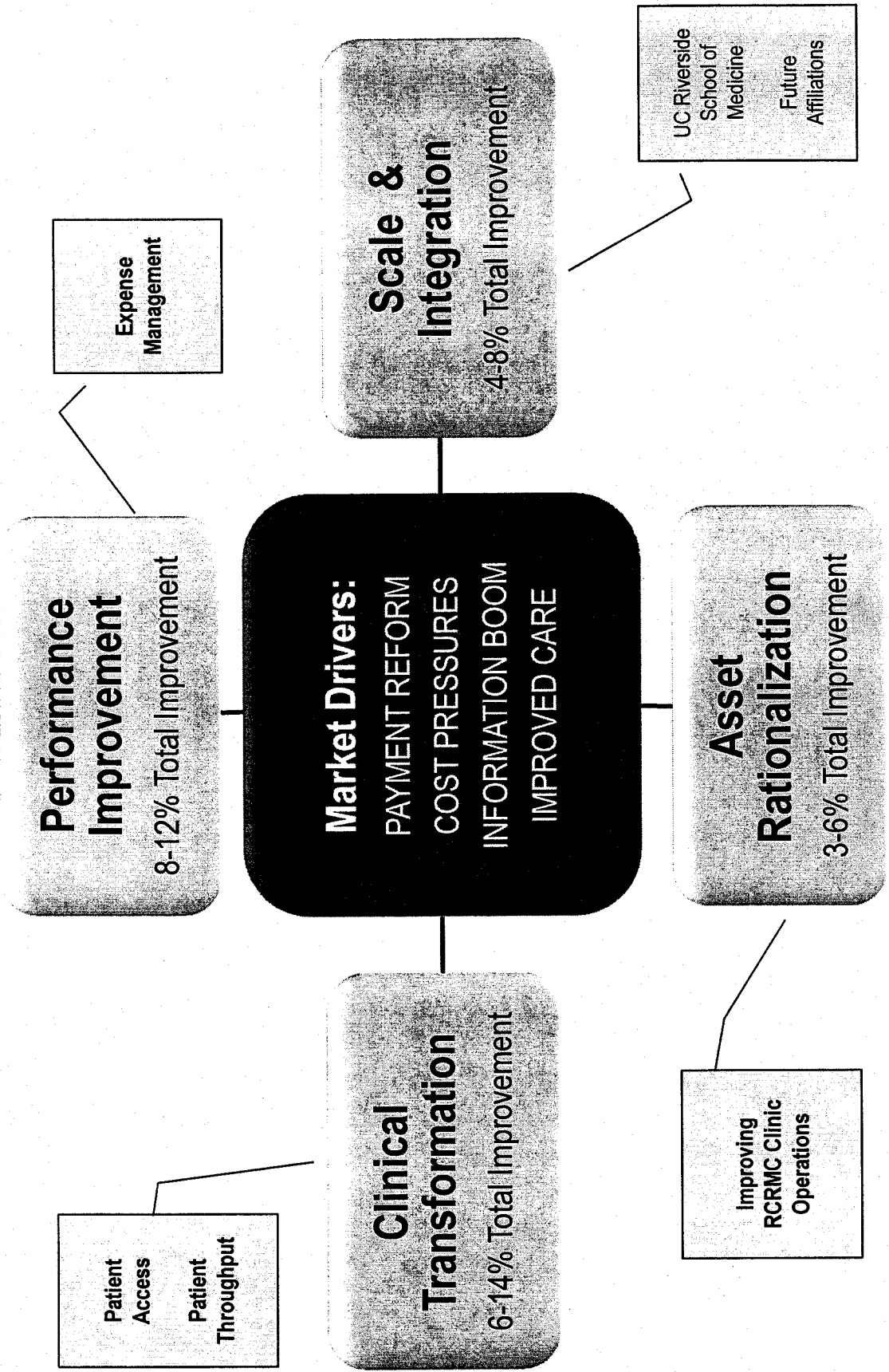
- **Development and promotion of a county-wide healthcare mission statement.**
 - The mission statement should guide the actions of the healthcare enterprise, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the County's healthcare strategies are formulated.
 - Will be needed to provide overall direction, and accountability
 - Why do we exist?
- **Transformative, bold leadership... county-wide**
 - Drives accountability, transparency and a passion for performance and execution
- **Performance metrics, analytics, business intelligence and leading industry business practices**
 - Metrics need to support decision making and performance milestones
 - Executive dashboards



Understanding of the Economic Realities

20-40% IMPROVEMENT REQUIRED AT RCRMC

HuronHealthcare



From Volume to Value Based Payment

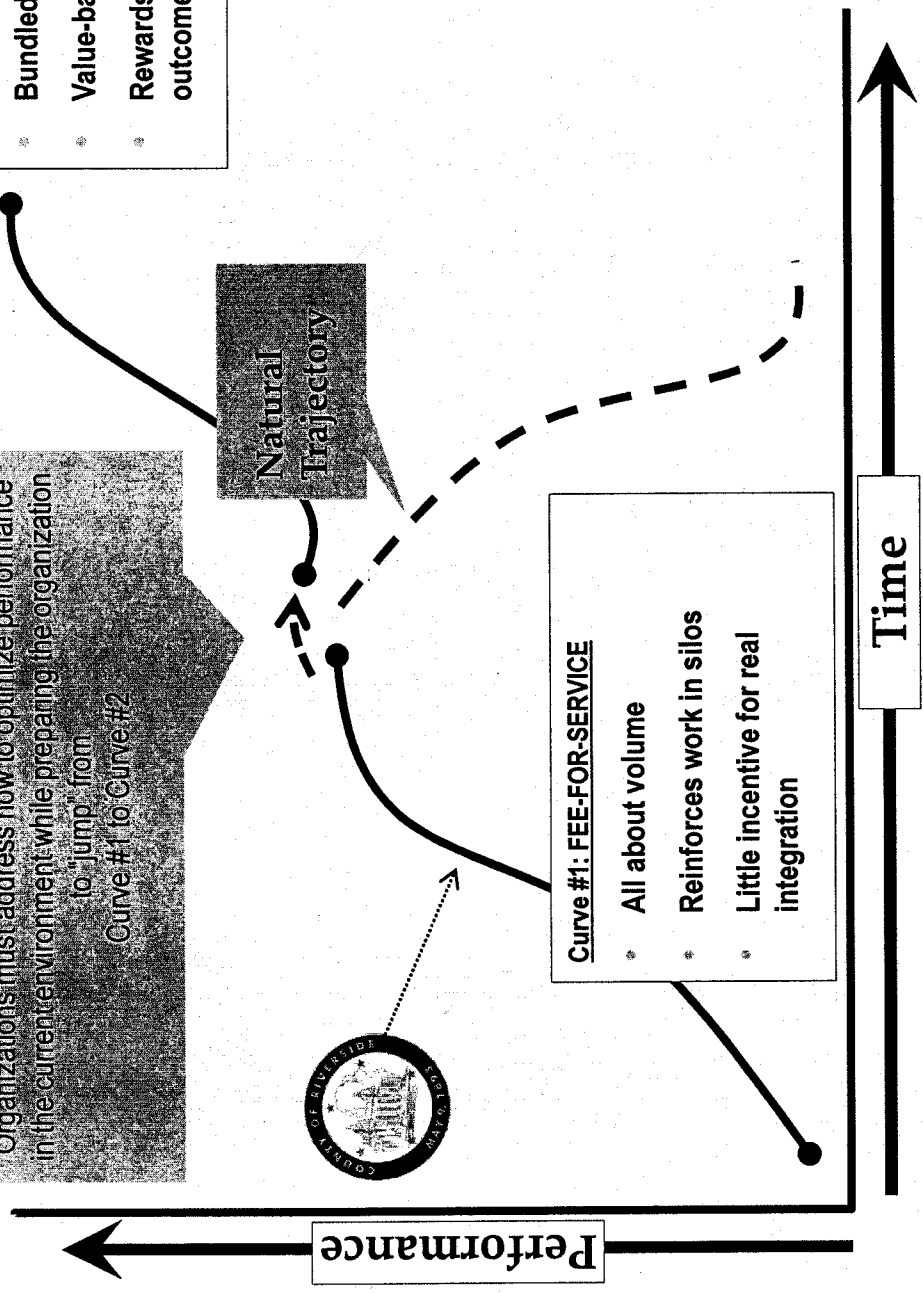
POSITIONING FOR P/C FOR SUCCESS GIVEN AN UNCERTAIN ENVIRONMENT

- Curve #2: VALUE-BASED PAYMENT**
- * Shared Savings Programs
 - * Bundled / Global Payments
 - * Value-based Reimbursement
 - * Rewards integration, quality, outcomes and efficiency

Organizations must address how to optimize performance in the current environment while preparing the organization to "jump" from Curve #1 to Curve #2

Natural Trajectory

- Curve #1: FEE-FOR-SERVICE**
- * All about volume
 - * Reinforces work in silos
 - * Little incentive for real integration



California's Changing Healthcare Landscape

STRATEGIC OPTIONS ARE ON THE HORIZON

HuronHealthcare

- Neighboring California healthcare providers are considering strategic options and realignment to insure sustainability of their mission.
- Riverside County executives have been approached by numerous entities expressing interest in opening a future discussion on options that range from clinical affiliation to full asset acquisition
- The ability for RCRMC to improve operational effectiveness, reduce cost and build an effective strategic/clinical posture in the next 12-18 months will enable county officials to determine the best and most rational approach to strategic partnerships or future economic alignment with other healthcare providers or industry stakeholders.

Riverside County Health Strategic Priorities

The following strategic priorities will help Riverside County achieve its desired vision and goals in serving the health needs of County residents while also addressing the organizational and market challenges it faces.

Internally Focused Priorities	Externally Focused Priorities
1. Promote greater collaboration, alignment, and accountability across the health care enterprise	1. Change the way Riverside County delivers care consistent with healthcare reform and other market forces affecting health care economics
2. Implement recommended performance improvement initiatives driving \$50-60 million in operational improvement across the P&L	2. Initiate the development of a redesigned ambulatory network structure to include hospital clinics and family clinics, including urgent care and mental health
3. Develop a health system-wide patient/customer satisfaction/experience plan	3. Identify, prioritize, and implement clinical service lines
4. Revisit MOU between Detention Health and Sheriff's Department to address need for greater transparency of expense allocation	4. Explore payor/provider partnerships with IEHP and other payors
5. Develop the necessary infrastructure – IT, facilities, systems – that support the health enterprise under health reform	5. Develop medical staff development plan
6. Create management report cards and executive level dashboard	6. Conduct environmental and competitive market assessment
7. Development of a county healthcare advisory board	7. Execute optimal affiliation model with UCR School of Medicine and execute accordingly
8. County health enterprise organization and governance redesign	8. Develop comprehensive marketing and communications plan for RCRMC
9. Develop care delivery to address the evolving payor mix, adapt policies and infrastructure to capture incremental Medicare at the medical center and mental health department	9. Develop a structured methodology to consider offers of strategic options/partnerships for RCRMC
	10. Capture revenue leakage/ County Workers Comp & Exclusive Care

Healthcare Partnerships & Strategic Options

BUILDING SCALE AND CLINICAL EXPERIENCE

HuronHealthcare

- As RCRMC improves its financial position, more strategic options for partnerships will arise. This is a significant trend playing-out across California and the entire healthcare industry.
- As part of the Riverside County strategic plan implementation Huron will provide Riverside county leadership the necessary resources and tools to critically evaluate future alignment with regional providers, public-private partnerships and clinical affiliations, i.e. pediatric, cardiology, post-acute service lines.

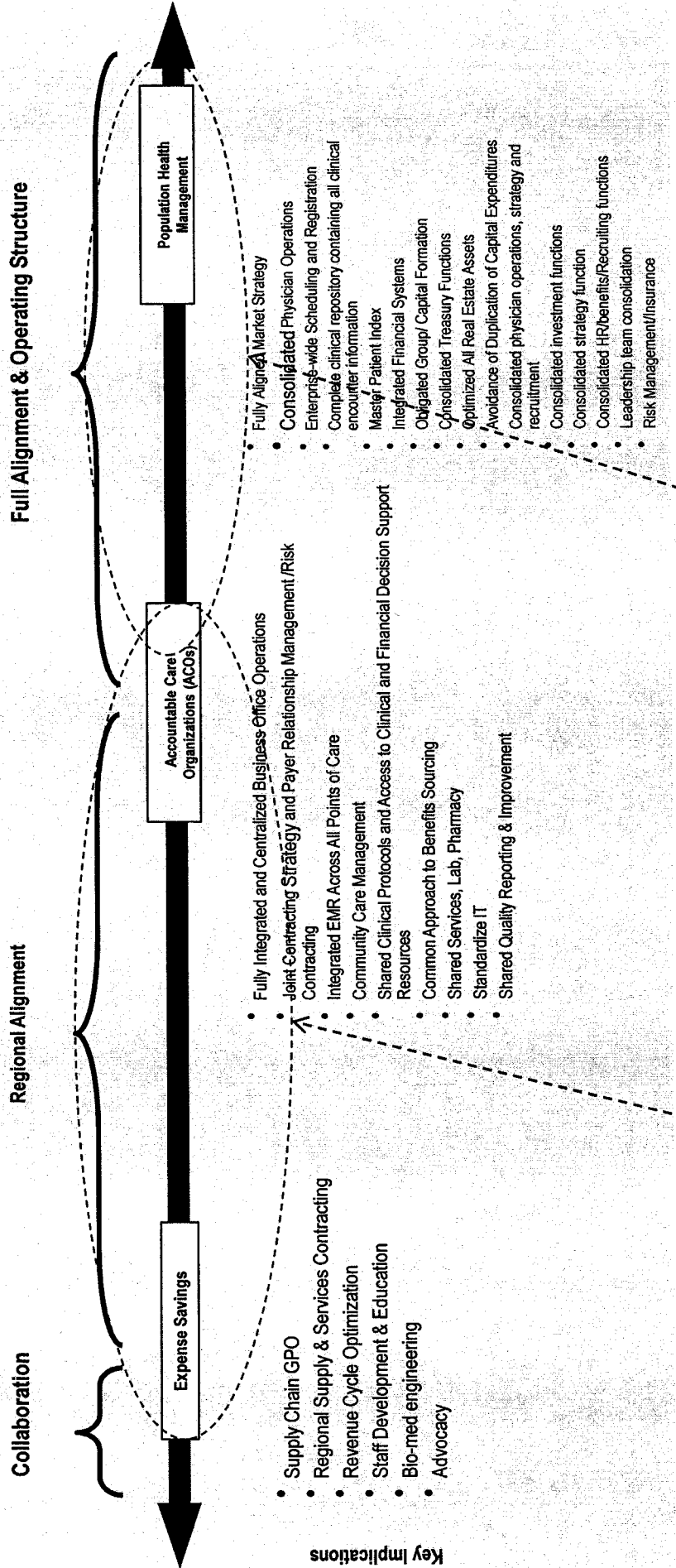
Local County Hospital Partnerships

PAST, PRESENT AND FUTURE

New Hospital Name	Previous Hospital Name (if applicable)	Previous Owner	New Owner	Ownership Change – Year	City, State	Notes
UC Davis Medical Center	Sacramento Medical Center	Sacramento County	University of California	1973	Sacramento, CA	
UC Irvine Medical Center	Orange County Medical Center	Orange County	University of California	1976	Orange, CA	
UC San Diego Medical Center		San Diego County	University of California	Leased 1966 Bought 1981	San Diego, CA	
San Leandro Hospital		Sutter Health	Alameda Health System (Alameda County, CA)	(Pending)	Alameda County, CA	• Sutter losing money – looking to sell
Doctors Medical Center		West Contra Costa Healthcare District	Potentially UCSF (currently in talks)	(Pending)	Pablo, CA (Contra Costa County)	• UCSF interested in partnership
Adventist Medical Center – Selma	Selma District Hospital	Fresno County	Adventist Health	1998	Selma, CA	
Southern Palmetto Hospital	Barnwell County Hospital	Barnwell County	Resurgence Management Company	July, 2013	Barnwell, SC	• Filed for bankruptcy
Scott County Hospital		Scott County	Pioneer Health Services	March, 2013	Huntsville, TN	• Asset Purchase
Clay County Hospital		Clay County	St. Mary's Good Samaritan	Proposed by end of 2013	Clay County, IL	• Asset Purchase

Riverside County Health System Operations Improvement Spectrum

HuronHealthcare



Key Implications

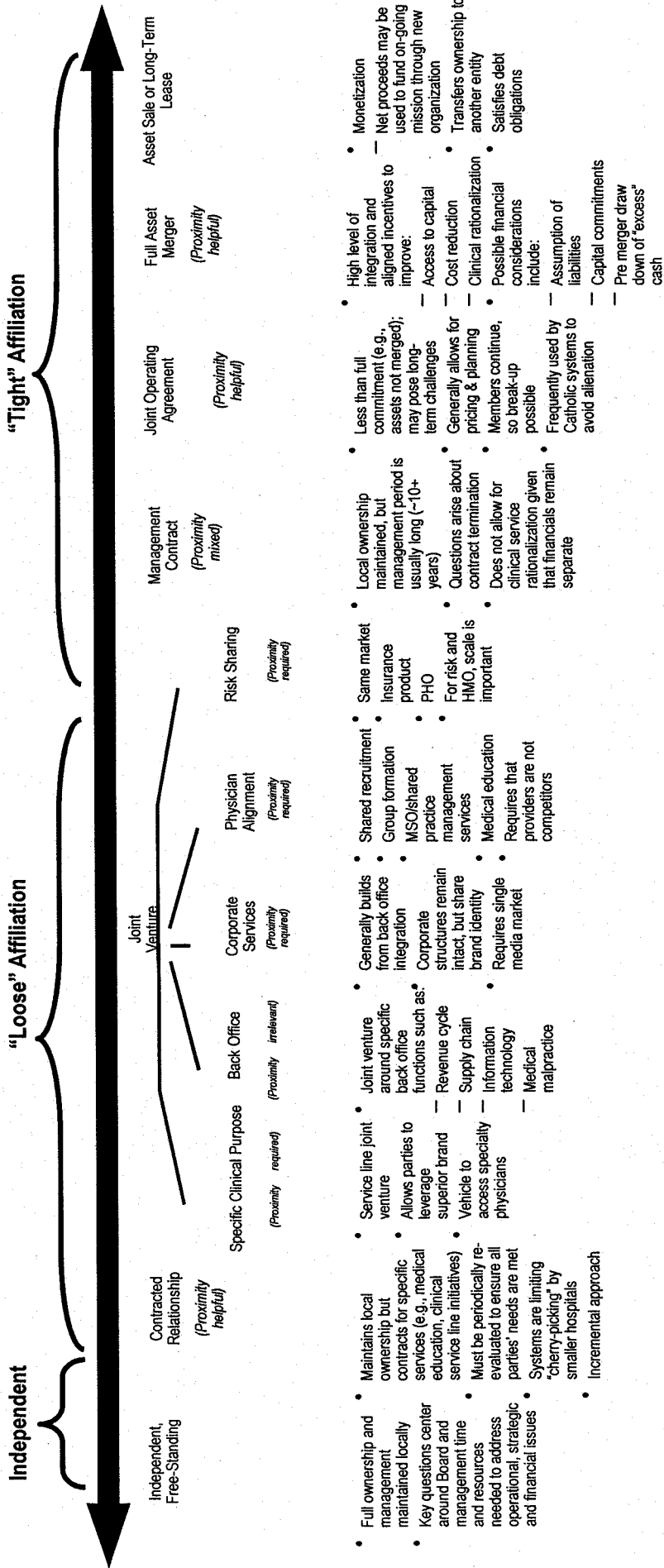
Immediate Opportunity



The Long View

Transaction Continuum

MULTIPLE OPTIONS OPEN TO HEALTH SYSTEMS & COMMUNITY HOSPITALS



Independent

"Loose" Affiliation

"Tight" Affiliation

Independent, Free-Standing

Contracted Relationship
(Proximity helpful)

Specific Clinical Purpose
(Proximity required)

Back Office
(Proximity irrelevant)

Corporate Services
(Proximity required)

Physician Alignment
(Proximity required)

Risk Sharing
(Proximity required)

Management Contract
(Proximity mixed)

Joint Operating Agreement
(Proximity helpful)

Full Asset Merger
(Proximity helpful)

Asset Sale of Long-Term Lease

- Full ownership and management maintained locally
- Key questions center around Board and management time and resources needed to address operational, strategic and financial issues
- Maintains local ownership but contracts for specific services (e.g., medical education, clinical service line initiatives)
- Must be periodically re-evaluated to ensure all parties' needs are met
- Systems are limiting "cherry-picking" by smaller hospitals
- Incremental approach
- Service line joint venture
 - Allows parties to leverage superior brand
 - Vehicle to access specialty physicians
- Joint venture around specific back office functions such as:
 - Revenue cycle
 - Supply chain
 - Information technology
 - Medical malpractice
- Generally builds from back office integration
 - Corporate structures remain intact, but share brand identity
 - Requires single media market
- Shared recruitment
 - Group formation
 - MSO/shared practice management services
 - Medical education
 - Requires that providers are not competitors
- Same market
 - Insurance product
 - PHO
 - For risk and HMO, scale is important
- Local ownership maintained, but management period is usually long (~10+ years)
 - Questions arise about contract termination
 - Does not allow for clinical service rationalization given that financials remain separate
- Less than full commitment (e.g., assets not merged); may pose long-term challenges
 - Generally allows for pricing & planning
 - Members continue, so break-up possible
 - Frequently used by Catholic systems to avoid alienation
- High level of integration and aligned incentives to improve:
 - Access to capital
 - Cost reduction
 - Clinical rationalization
 - Possible financial considerations include:
 - Assumption of liabilities
 - Capital commitments
 - Pre merger draw down of "excess" cash
- Monetization
 - Net proceeds may be used to fund on-going mission through new organization
 - Transfers ownership to another entity
 - Satisfies debt obligations

Riverside County Leadership will have multiple business models to explore in the development of future partnerships

- **First, Some Background**
 - **American Recovery and Reinvestment Act of 2009**
 - Federal initiative intended to spur the U.S. economy and bring it out of the recession sooner.
 - Was a wide ranging package that included specific provisions for the Healthcare Industry, the Health Information Technology for Economic and Clinical Health Act, (HITECH)
 - Provided both incentive and penalties in Medicare and Medicaid for hospitals and providers to implement and adopt certified electronic health records technology
 - To qualify for the incentive and avoid the penalties providers were required to demonstrate 'meaningful use of an certified Electronic Health record'
 - The goal was to enable significant and measurable improvements in population health through out the healthcare delivery system through the use and application if information technology
 - **HITECH and Meaningful Use are targeted to assist provider organizations in establishing the initial base layer of technology that will support reform**
 - Failure to meet Meaningful Use for most provider organizations is not an option
 - While the incentives are achievement and time dependent, the penalties are not and will far outweigh the incentives

- Background – cont'd
 - The Patient Protection and Affordable Care Act and the Health Care Education and Reconciliation Act.
 - Targeted to address several pressing issues in U.S. Healthcare
 - High level of current spending, and growing at a higher rate of increase than normal inflation
 - Disconnects between spending and outcomes
 - Healthcare Insurance coverage expansion, transparency and access
 - Payment reform, transitioning from fee for service to value based payments, paying for outcomes and quality rather than quantity of care
 - The Affordable Care Act calls for systematics reductions in Medicare reimbursement, rewarding organizations that demonstrate they deliver high quality care and outcomes at lower cost
 - The combinations of HITECH requirements and the reforms in the Affordable Care Act raises the bar on required IT investments and organizational adoption to levels most organization have not experienced before

- Delivery of care and management of a care delivery organization will require a fundamental rethinking of care delivery and care management, and require expanded tools, systems, competencies and capabilities.
 - We will need to expand from the needs of a patient to the needs of a population
 - Beyond the support of an individual provider at the point of care to include all providers across the continuum of care
 - From activities in a specific care setting to the entire care setting
 - Cross more than a single illness and care delivery, to include actions that target wellness and prevention and recurrence
 - Moving from treatment of chronic disease to include its management as well.

- To prepare to perform in the fast approaching reform world organizations must expand the tools, system, competencies and capabilities including:
 - Clinical Systems (Certified EHR Technology) and additional Point of Care Automation
 - Health Information Exchanges – both inside the Enterprise and External
 - Integration Across the Continuum of Care
 - Data Management and Analytics for Clinical, Quality, Administrative and Financial
 - Patient Engagement
 - Revenue Cycle Management

Executive Summary

FINDINGS

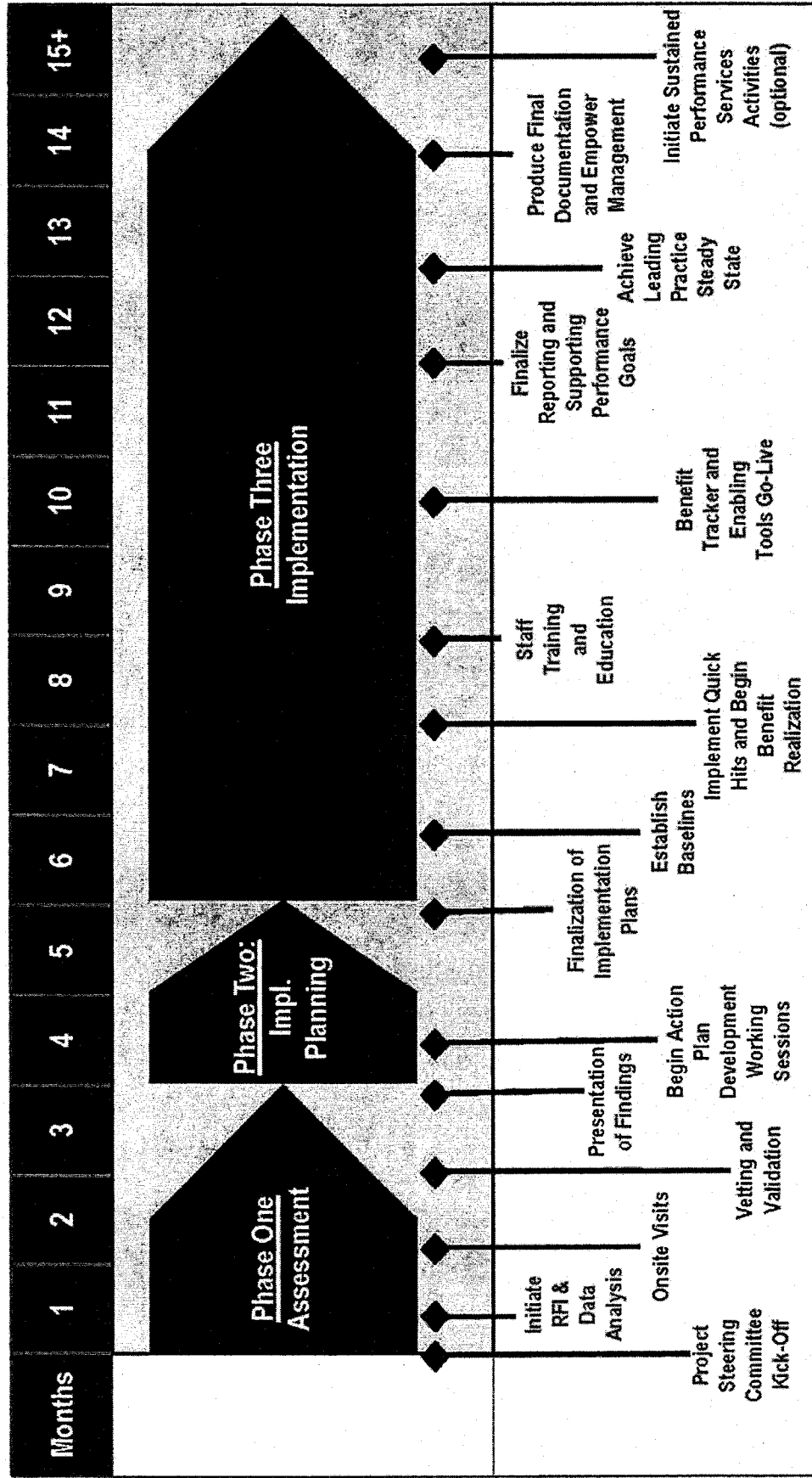
HuronHealthcare

Huron Healthcare has identified recurring annual benefit ranging from a low of \$45 million to a high of \$66 million.

Solution	Annual Benefit		
	Low	Mid	High
Non-Labor	\$ 13,185,000	\$16,630,000	\$20,075,000
Labor	\$ 8,948,000	\$11,017,000	\$13,086,000
Human Resources	\$ 4,000,000	\$ 5,500,000	\$ 7,000,000
Physician Services	\$ 9,600,000	\$11,300,000	\$13,000,000
Revenue Cycle	\$ 5,000,000	\$ 6,000,000	\$ 7,000,000
CDI	\$ 650,000	\$ 675,000	\$ 700,000
Clinical Operations	\$ 3,600,000	\$ 4,400,000	\$ 5,200,000
Total Recurring Benefit	\$ 44,983,000	\$55,522,000	\$66,061,000
RC ICB	\$6,000,000	\$7,000,000	\$8,000,000
One Year Benefit	\$50,983,000	\$62,522,000	\$74,061,000
Three Year Benefit	\$140,949,000	\$173,566,000	\$206,183,000

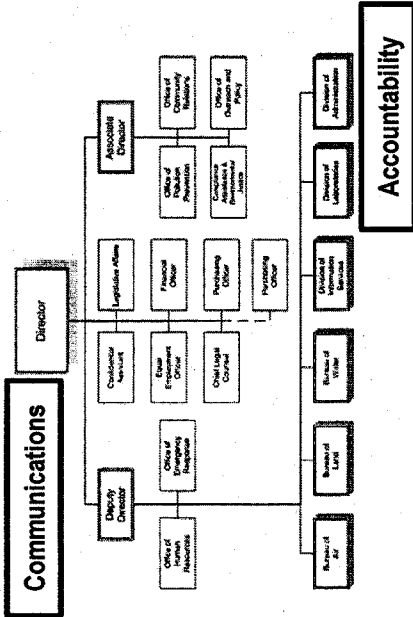
Our Proposed Timeline

MEETING YOUR NEEDS

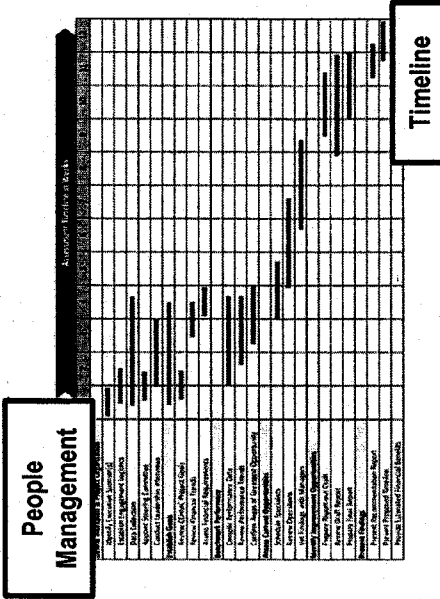


Key Project Management Elements

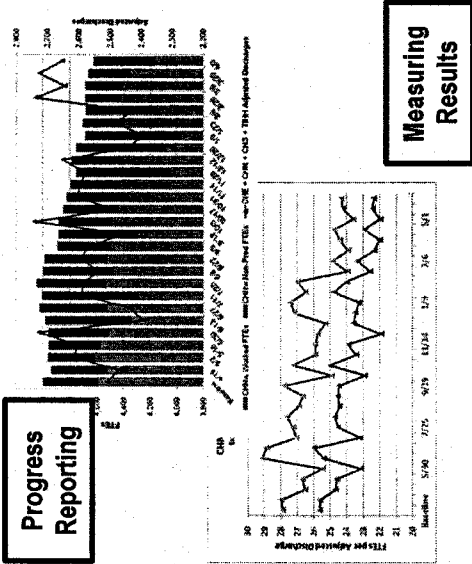
Structured Framework



Project Plan



Performance Reports



- Communications planning: Determining the needs (who needs it, what information, when they need it, and how it will be delivered)
- Establish structure for appropriate oversight and rapid decision making
- Collect, organize, and integrate project data for the entire organization

- Resource Planning: The physical resources required (people, equipment, materials) for the project
- Review progress to plan, milestones, deliverables and signoffs
- Identify barriers, mitigate risk and resolve issues

- Report and track critical milestones
- Knowledge transfer and tools implementation
- Monitor and measure the achievement of objectives

Leadership and Accountability

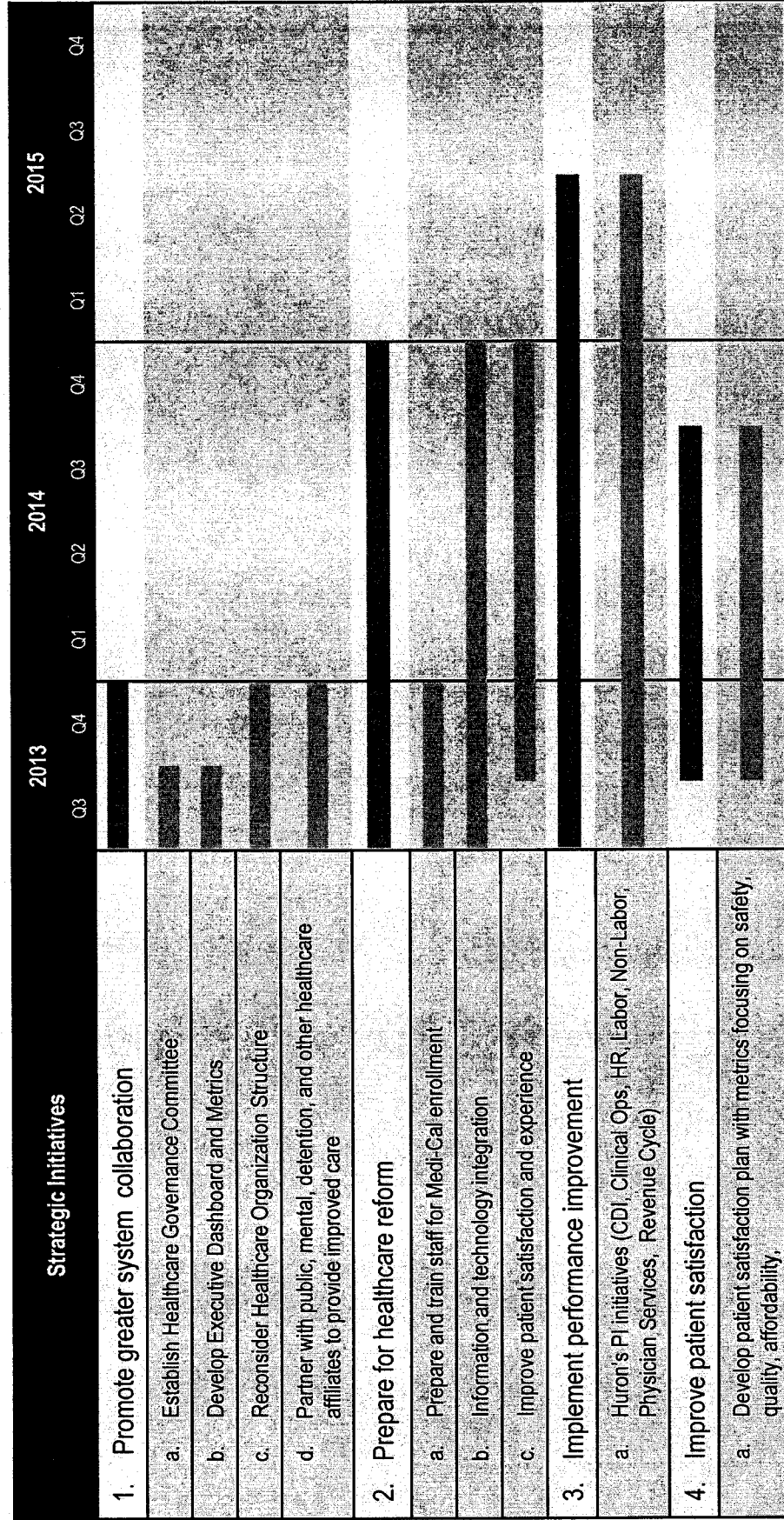
Increased Patient & Staff Satisfaction

Sustained Benefits

Implementation Planning

STRATEGIC PRIORITIES AND TIMING

The timeline for implementing key strategic priorities and initiatives is outlined in further detail below.



Implementation Planning

STRATEGIC PRIORITIES AND TIMING

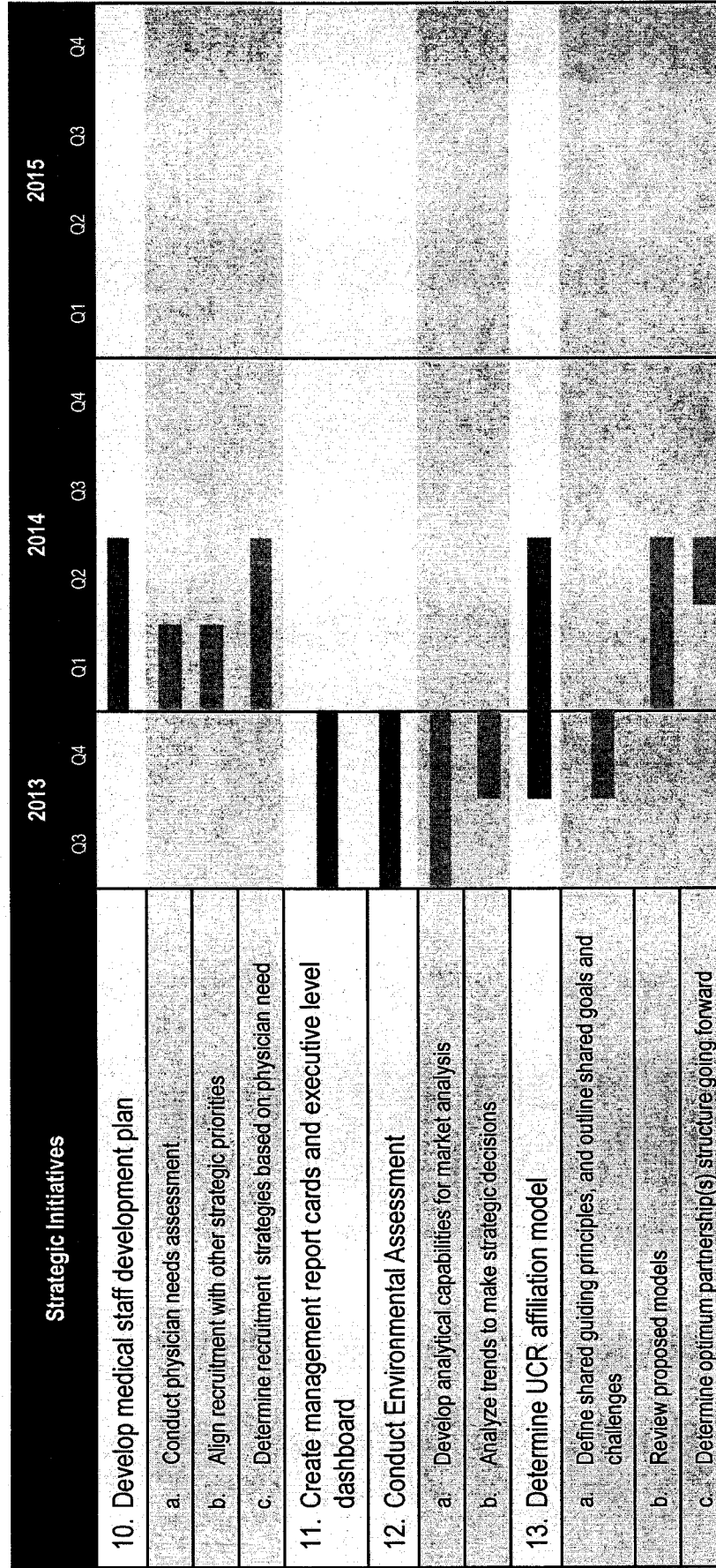
The timeline for implementing key strategic priorities and initiatives is outlined in further detail below.

Strategic Initiatives	2013				2014				2015					
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5. Revisit Detention Health MOU														
a. Develop Patient Tracking Reports														
b. Revisit staffing and care model with care delivered by appropriate level personnel														
6. Develop ambulatory network														
a. Operational Improvement														
b. Management Reporting Productivity Standards														
c. Medical Staff Development and Service Line Planning														
7. Develop service lines priorities														
a. Assess demographics and market share														
b. Determine resource requirements														
c. Build and develop agreed-upon service lines														
8. Infrastructure investments														
a. Identify system needs														
a. Invest in hardware/software to support high quality care														
a. Integrate and streamline IT systems														
9. Explore payor/provider relationship with IHP														

Implementation Planning

STRATEGIC PRIORITIES AND TIMING

The timeline for implementing key strategic priorities and initiatives is outlined in further detail below.



Implementation Planning

STRATEGIC PRIORITIES AND TIMING

The timeline for implementing key strategic priorities and initiatives is outlined in further detail below.

Strategic Initiatives	2013				2014				2015					
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
14. Development of a County Healthcare Advisory Board														
a. Determine Board Structure and Charter														
b. Identify Board Membership														
c. Establish Advisory Approach and Schedule														
15. Organizational restructuring and governance redesign														
a. Review with County Executives														
b. Determine Desired Structure and Governance Model														
c. Transition to new model														
16. Revenue capture/ Workmen's comp and ExclusiveCare														
17. Develop structured methodology to consider offers of strategic options/partnerships for RCRM														
a. Determine affiliation/partnership goals and guiding principles														
b. Establish and formalize evaluation criteria														

Implementation Deliverables - Example

Results:

- Significant cost savings and revenue benefits
- Speed to implementation
- Sustainable results

People:

- Education and coaching of front-line staff
- Staff and physician involvement in improvement process
- Stakeholder buy-in into the changes
- Knowledge transfer from specialists
- Many "feet on the ground" to support front-line management team

Process:

- Establishment of disciplined process environment throughout the entire organization
- Organizational alignment
- Process improvement throughout the entire organization
- Culture change toward accountability
- Improved decision support systems
- More formalized and standardized approach to decision-making
- Engagement project management
- Access to proprietary data bases and benchmarks
- Implementation of numerous management tools that complement current tools, e.g., balanced scorecard
- Adoption of common performance improvement language
- Integrated/holistic performance improvement approach to complex areas
- Rigorous and granular benefit measurement
- Various reduction and standardization

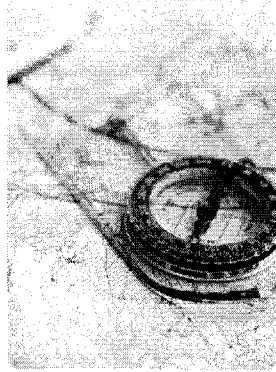
HuronHealthcare

HuronHealthcare

Riverside County

Healthcare Strategic Plan

Priorities and Implementation



September 14, 2013



Strategic Plan Contents

HuronHealthcare

- I. Executive Summary
- II. Overview of Riverside County Healthcare Strategy Development
- III. Interview & Market Assessment
- IV. Riverside County Healthcare Strategic Plan: Vision, Goals, Strategies
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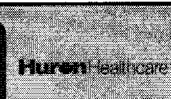
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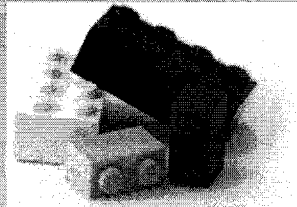


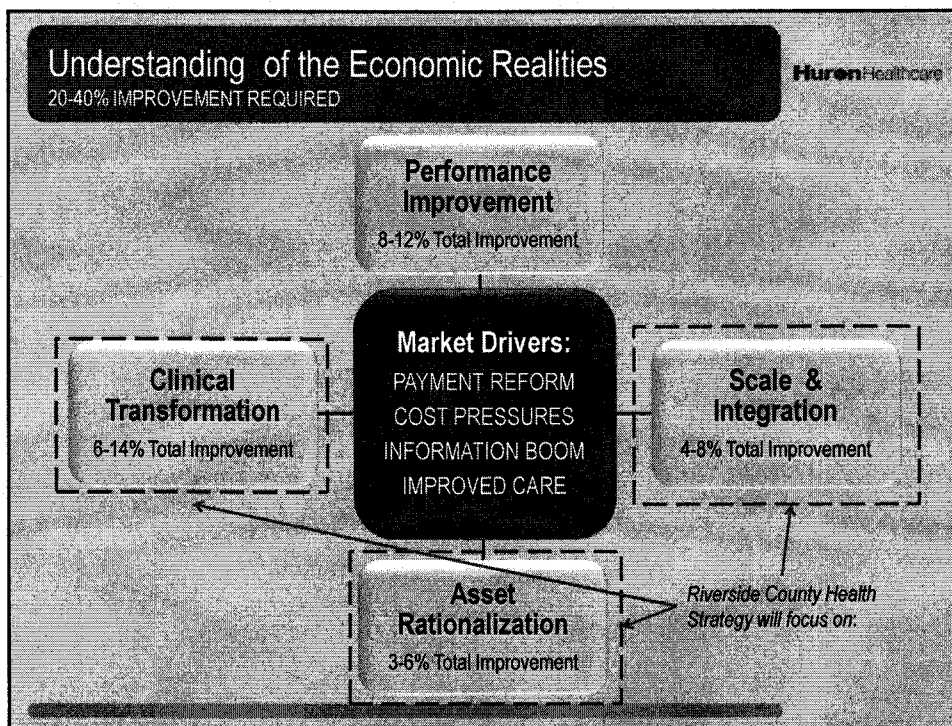
Elements Needed for a Sustainable Strategy



THE FOUNDATION OF TRANSFORMATION

- Development and promotion of a county-wide healthcare mission statement.
 - The mission statement should guide the actions of the healthcare enterprise, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the County's healthcare strategies are formulated.
 - Will be needed to provide overall direction, and accountability
 - Why do we exist?
- Transformative leadership... county-wide
 - Drives accountability, transparency and a passion for performance and execution
- Performance metrics and industry tested business practices
 - Metrics need to support decision making and performance milestones
 - Executive dashboards





Executive Summary

CONTEXT FOR CHANGE

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- The Riverside County Health System ("RCHS") is facing significant financial losses causing a drain on the county's general funds
- ACA reform and changing health care economics has/will put further strain on a health system that is currently not fully prepared for these changes
- Riverside County Medi-Cal expansion in 2014 is projected to be between 70,000 – 110,000 with at least 21,000-27,000 new enrollees automatically directed toward RCHS
- Riverside County must continue to provide health services to a growing and diverse population spread across a very large area (the size of New Jersey) that has a significant shortage of primary care, mental, and dental health professionals
- Recent accreditation of the UC Riverside School of Medicine along with the County's financial commitment (\$15M) presents a unique opportunity to explore affiliation models that could benefit both UCR and Riverside County
- Riverside County needs a comprehensive strategic plan that will provide guidance to County leadership and its health enterprise to ensure sustained financial viability

California's Changing Healthcare Landscape

STRATEGIC OPTIONS ARE ON THE HORIZON

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- Neighboring California healthcare providers are considering strategic options and realignment to insure sustainability of their mission.
- Riverside County executives have been approached by numerous entities expressing interest in opening a future discussion on options that range from clinical affiliation to full asset acquisition
- The ability for RCRMC to improve operational effectiveness, reduce cost and build an effective strategic/clinical posture in the next 12-18 months will enable county officials to determine the best and most rational approach to strategic partnerships or future economic alignment with other healthcare providers or industry stakeholders.

Healthcare: Facing the Perfect Storm?

CONSISTENT THEMES NATIONALLY, REGIONALLY, AND LOCALLY

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Declining Revenues

- Federal & State budget crisis
- Reimbursement Cuts
- Decline in Elective Procedures
 - "Great Recession"
 - Investment Losses
 - Decreased philanthropy

Rising Costs

- Inflation
- Excess Capacity
- Information Technology
- Advanced medical technology

Shifting Demographics

- Aging Population (shifting from private plans to Medicare)
- Health Reform Coverage Changes

Limited Access to Capital

- Credit Barriers
- Changing Debt Terms
- Bankrupt Bond Insurers (e.g., AMBAC)

New Payer Strategies / Payment Reform

- P4P, Bundling, Shared Savings (ACO)
- "No Pay" for Underperformance
- Never events, readmissions, etc.
- Overutilization

Increasing Demand for Quality/Cost Performance

- By Patients, Payers, Government
 - Migration of care to lowest cost setting

Industry Perspective

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Financial pressures:

- Hospitals are facing growing OPEX and diminished abilities to cross-subsidize Medicare/Medicaid/Self Pay losses with Commercial rate increases
- In response, Systems have expanded roles to pursue scale economies to maintain members' profitability
- Access to capital / CAPEX planning (cost and access)

Competitive paradigm shift:

- A transition from volume-based to value-based competition is underway
- System members are demanding support in confronting these challenges, so Systems are facilitating knowledge transfer and investing in skill and scale economies

Regulatory challenges –

- The non-profit sector has not been immune to regulatory backlash from the corporate financial scandals of the 2000s
- Facing intensifying legal pressure to do so, System Boards have sought more active roles

HealthLeaders

July 9, 2013 | 10:00 AM EDT | 6 Issues

Supreme Court Upholds Key Provisions of PPACA

July 9, 2013 | 10:00 AM EDT | 6 Issues

John G. Campbell, Jr. | HealthLeaders Media | June 28, 2013

Free insight and tips on important trends happening in the Health Plan marketplace

Healthcare leaders are increasingly realizing rapid reforms. The ruling will have no short-term effect on health care's existing state.

Health Reform:

Huron healthcare

LESSONS IN REALITY FOR RIVERSIDE COUNTY

These lessons are playing out across the nation:

A. Recapitalization

- Healthcare providers in need of capital are pursuing various strategies to raise it: (private equity, mergers, partnerships, divestitures).

B. Responding to Fiscal Pressures

- Even with Medicare reimbursement declining, healthcare providers must adjust to (at least) "break-even" on Medicare patients. Aggressive and innovative expense reduction is critical today

C. Prototyping the Tools of Accountable Care & Reform

- Payers and providers are considering new partnerships. Multiple demonstrations will inform implementation. Building the infrastructure necessary for ACOs (P4P, Bundles, readmissions, etc.)

Top Three Issues

PERSPECTIVE FROM COMMUNITY HEALTHCARE BOARDS & LEADERSHIP

Huron Healthcare

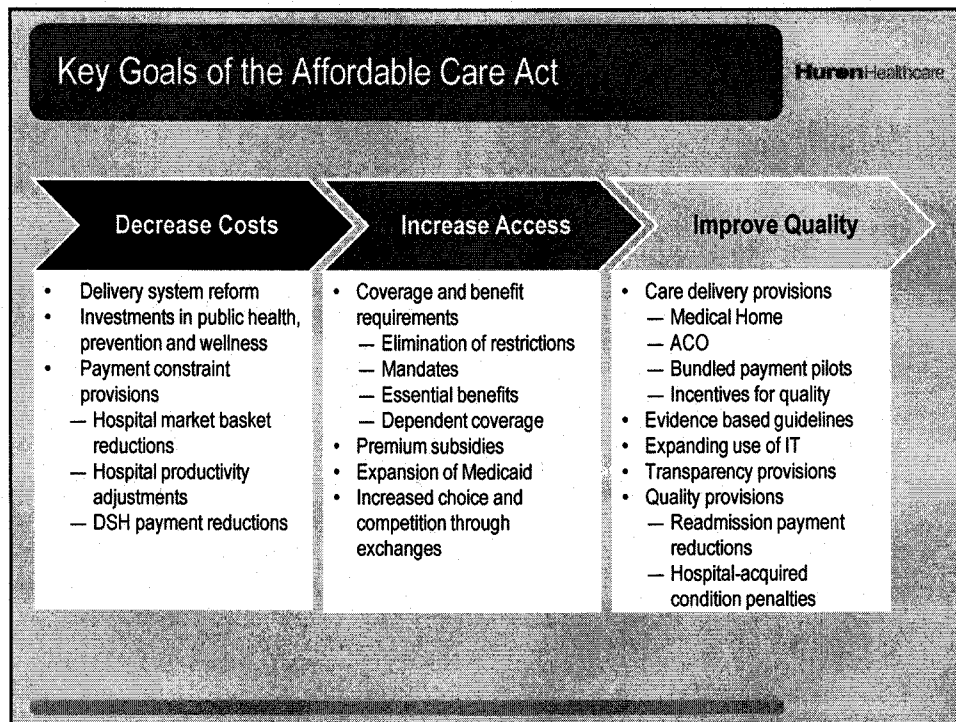
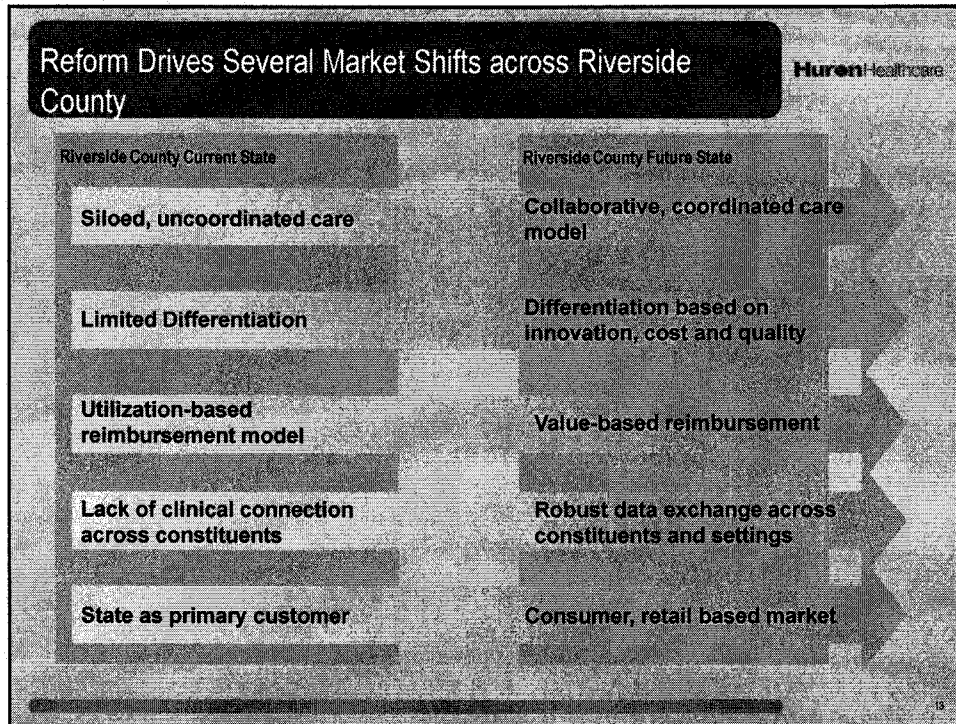
- I. Insure the Organization's Ongoing Mission / Mission Sustainability**
Strategic options, provider networks, partnerships, mergers & acquisitions, survivability
- II. Maintaining Effective Leadership in the Economic Reality of Today's Healthcare Market**
Reduced revenue across all payers, managed care price compression, petition, access to capital, workforce management, pending changes in reimbursement models, paying for emerging clinical and IT technology
- III. Overall Uncertainty Across the Industry**
Impact of federal reform, provider consolidation, physician alignment, provider restructuring, bundled payment networks, accountable care, quality measurement and increased demand on public reporting

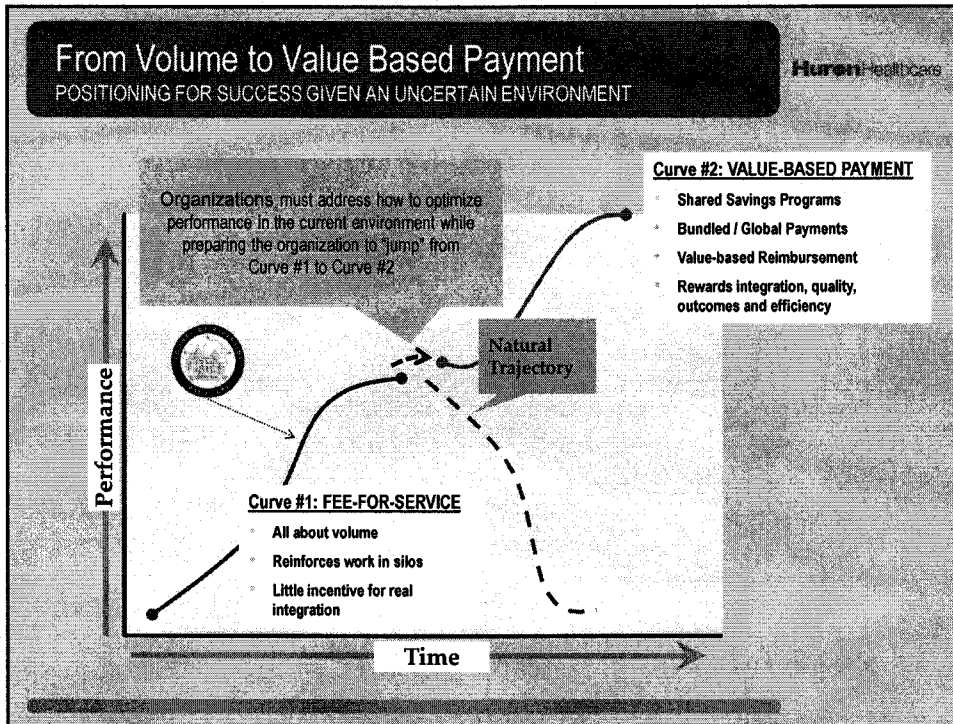
Healthcare Funding Source Insolvency

Huron Healthcare

	Medicaid	Medicare	Commercial Payers	Employers	Consumers
Financial Position:	Virtually bankrupt	Projected trust fund bankruptcy 2017 - 2024	Cost burden becoming untenable	Benefit costs threaten viability	Lack of affordability in the individual market
System Pressure	<ul style="list-style-type: none"> ▪ Eligibility expansions driving sizeable volume of new entrants ▪ Market intolerance for costs shifts to other funding sources 	<ul style="list-style-type: none"> ▪ Medicare Advantage reimbursement cuts ▪ Market intolerance for costs shifts to other funding sources ▪ Federal Budget deficit is "all the rage" ahead of 2012 election 	<ul style="list-style-type: none"> ▪ Margin erosion ▪ Significant cost shifts from govt. to commercial ▪ Commercial coverage continues to decline ▪ Increased expectations on cost reductions while improving quality ▪ Premium increases under scrutiny 	<ul style="list-style-type: none"> ▪ Continued erosion of the employer-sponsored coverage ▪ Migration to ASO to avoid insurer taxes ▪ Contribution strategy changes and increased demand for narrow networks to reduce costs 	<ul style="list-style-type: none"> ▪ Exchange based distribution ▪ Standardized products with specified benefit requirements & values

Without changes in how healthcare is managed and delivered, funding sources will be forced to control or cut rates/benefits or face insolvency.





Riverside County Core Strengths & Challenges

OBSERVATIONS FROM HURON HEALTHCARE SENIOR EXECUTIVES

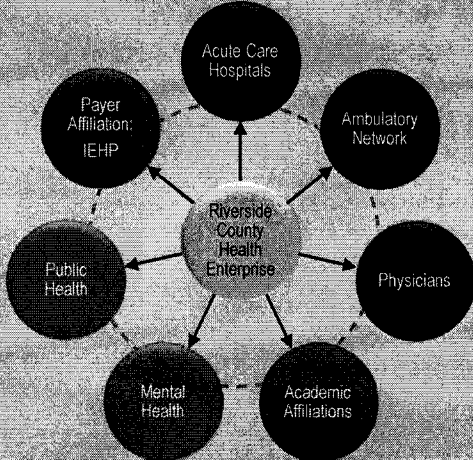
While Riverside County has considerable strengths upon which to build, it also faces a number of additional organizational, operational, strategic, and financial challenges.

County Health Enterprise Strengths	County Health Enterprise Challenges
<ul style="list-style-type: none"> ▪ <i>Leadership committed</i> to delivering high quality cost effective care to the residents of Riverside County ▪ <i>Presence of multiple health care departments</i> and competencies that collectively can and do provide comprehensive health care to the County's population, particularly the underserved. ▪ <i>Payer alignment with IEPH</i> that will direct increasing Medi-Cal patient volume to RCHS ▪ <i>Strong academic affiliations</i> upon which to build and continue pursuing mutually beneficial opportunities ▪ <i>Significant market share and volumes</i> making it the leading provider of care in the county 	<ul style="list-style-type: none"> ▪ <i>Lack of integrated health care vision</i> across the multiple County departments and services. ▪ <i>Lack of organizational structure, accountability, and incentives.</i> ▪ <i>Recent integration of Department of Public Health's 10 clinics</i> into RCHS' ambulatory network did not go smoothly ▪ <i>RCHS costs associated with Detention Health and Mental Health</i> causing significant losses. ▪ <i>ACA reforms</i> will further stress the County by bringing more insured patients who can "vote with their feet" into a health system that currently is challenged by with capacity constraints (e.g., ED), significant IT challenges, operational inefficiency, and poor patient experience. ▪ <i>Academic affiliations</i> provide growth opportunities but also challenges as RCHS determines how best to align with UCR relative to its ongoing affiliations with Loma Linda and Western ▪ <i>Absence of data driven, metric based decision-making</i> make managing the health care enterprise difficult

Riverside County Alignment is Critical

Huron Healthcare

Riverside County has the key components to create a financially sustainable and successful integrated delivery network, but currently lacks the organizational alignment, infrastructure, and incentives to deliver care optimally.



Keys to Successful Transformation

- ✓ A culture of transformative leadership
- ✓ Accountability and transparency at all level of the organization
- ✓ Comprehensive industry-based metrics, benchmarks and milestones to manage and measure performance and celebrate success
- ✓ Aligned incentives

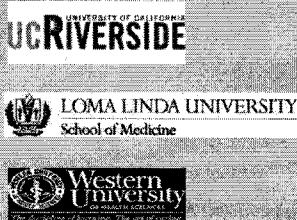
Determine Optimal UCR Affiliation Model RCRMC'S

Huron Healthcare

ACADEMIC AFFILIATIONS

RCRMC's multiple academic affiliations have provided significant benefits to the health system. The establishment of the UC Riverside School of Medicine represents potentially its most significant future affiliation.

Current Academic Affiliations




Benefits of Academic Affiliation

- Specialist network
- Physician pipeline
- Brand reputation
- Research
- Evidenced-based quality care

Current →

RCRMC Academic Affiliations




Stronger Alignment

What academic model(s) should Riverside County consider pursuing with the UC Riverside School of Medicine?

RCRMC Academic Affiliations

LOMA LINDA AND WESTERN UNIVERSITY




Loma Linda and Western both have a long history of working collaboratively with RCRMC to make it a significant teaching hospital providing high quality sub-specialty care to the population of Riverside County, key considerations to be incorporated into any future affiliation considerations with UCR.

Key Considerations	
Loma Linda	<ul style="list-style-type: none"> Affiliation since the 1960's in support of teaching, training, and provision of care (e.g., 50 years of Emergency Room coverage) RCRMC relies on the 800 Loma Linda faculty available to provide specialty and sub-specialized care 15% of Loma Linda medical students and sponsored residents are educated and train at RCRMC which supports physician retention in Riverside County and improved health care services Strong willingness to continue working collaboratively with Riverside County and its affiliates on ways to meet the health and workforce needs of the county
Western University	<ul style="list-style-type: none"> Similar to Loma Linda, a long standing affiliation with RCRMC in support teaching, training, and care goals Sponsorship of key residency programs (e.g., orthopedics, anesthesiology) Considers RCRMC a very positive collaborative environment working collectively to address significant health needs of Riverside County Strong willingness to continue working collaboratively with Riverside County and its affiliates on ways to meet the health and workforce needs of the county (e.g., Western University has multiple allied health programs that could be leveraged by RCRMC: nursing, PA, optometry, podiatry, etc.)

RCRMC Academic Affiliation - UCR

RCRMC RATIONALE AND BENEFITS



RCRMC sees its affiliation with UCR as integral to its future strategies.

RCRMC Benefits


- Increased access to physicians is beneficial given significant health care needs in the county
- UC brand to help with "county hospital" branding and attraction/retention of newly insured (although this will be a long term strategy to reverse historical perspectives)
- Access to the UC system's insurance contracts
- Access to a multi-disciplinary specialist network as UCR's practice plan develops over time
- Integration of all three missions - research, teaching, and clinical - providing evidenced based high quality patient care to Riverside County
- Development of a physician pipeline through a growing number of UCR sponsored residency programs which also attracts high quality medical staff

Potential Risks to UCR Affiliation

- Disruption of current academic affiliations with Loma Linda and Western University should they consider UCR diminishing their respective academic opportunities and degree influence
- Concerns by community based medical staff that administrative, operational, and program development preferences will be directed toward UCR faculty (i.e., town vs. gown)
- The UCR clinical practice is going to take significant time to develop (5-10+ years) and would not be able to support existing care needs should there be significant medical staff disruption and departures

RCRMC Academic Affiliation - UCR

UCR RATIONALE AND BENEFITS



UCR considers RCRMC its primary teaching hospital affiliate, and as such looks to RCRMC for key elements in support of its tri-partite mission and mutual commitment to the health of Riverside County.

UCR Benefits


- High quality clinical clerkships and ability to meet curricular objectives
- Ability to build upon its practice plan and ambulatory network in a prioritized and opportunistic way (e.g., OB) that progressively addresses gaps in RCRMC's service offerings
- Facilities which meet required LCME and ACGME standards
- Integration of Public Health and Mental Health in population based management
- Access to underserved populations to support variety of education, training, research, clinical, strategic, and financial objectives
- County support and commitment to UCR SOM success

Potential Risks to RCRMC Affiliation

- Assumption of undesired financial risk and liabilities
- Loss of strategic flexibility and perceived neutrality to partner with other RCRMC competitors in the region
- Lack of nimble decision-making
- Practice plan development will take time and not be able to meet all of RCRMC needs in the near term

Riverside County Healthcare Strategic Priorities


HIGHEST BEST OPTIONS FOR ACA READINESS HIGHLIGHTED IN RED




The following strategic priorities will help Riverside County achieve its desired vision and goals in serving the health needs of County residents while also addressing the organizational and market challenges it faces.


Internally Focused Priorities	Externally Focused Priorities
1. Promote greater collaboration, alignment, and accountability across the health care enterprise	1. Change the way Riverside County delivers care consistent with healthcare reform and other market forces affecting health care economics
2. Implement recommended performance improvement initiatives	2. Coordinate, improve, and develop ambulatory network and plan w/ approach to service line rationalization
3. Develop a health system-wide patient/customer satisfaction/experience plan	3. Identify, prioritize, and implement clinical service line rationalization plan
4. Revisit MOU between Detention Health and Sheriff's Department to address need for greater transparency of expense allocation	4. Explore payor/provider partnerships with IEHP and others
5. Develop the necessary infrastructure – IT, facilities, systems – that support the health enterprise under health reform	5. Develop medical staff development plan
6. Create management report cards and executive level dashboard	6. Conduct environmental and competitive market assessment
7. Development of a county healthcare advisory board	7. Determine optimal affiliation model with UCR School of Medicine and execute accordingly
8. County health enterprise organization and governance redesign	8. Develop comprehensive marketing and communications plan to retain and attract new patients
9. Develop care delivery to address evolving payor mix, adapt policies and infrastructure to capture additional Medicare and Medi-Cal volume at Medical Center, Mental Health and Public Health	9. Develop a structured methodology to consider offers of strategic options/partnerships for RCRMC
	10. Capture revenue leakage/ Workers Comp & ExclusiveCare

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Implementation Strategy Timeline



Huron has developed a preliminary timeline for Riverside County's health care strategy implementation that prioritizes needs while recognizing the pace with which an organization can absorb rapid change effectively.

2013 – Near Term < 3 mo.


- Promote system collaboration
- Performance Improvement
- Prepare for ACA / eligible enrollment
- Build Executive Dashboard

Early 2014

- Determine physician needs assessment / medical staff development plan
- Develop patient satisfaction metrics
- Execute on payer / provider partnerships
- service line planning and prioritization
- Formalize an ambulatory network function

2015

- Perform continuous monitoring of performance improvement plans
- Continued service line implementation and rationalization
- Develop asset rationalization model



Late 2013 < 6 mo.

- Integrated academic planning
- Review Detention Health
- Ongoing capital and infrastructure improvements
- Revenue capture/ ExclusiveCare & Workers Comp


Later in 2014

- Develop & launch aggressive marketing, branding and communications plan
- Focused physician recruitment
- Assess progress to date and adjust / reprioritize accordingly

2015

- Assess progress to date and adjust / reprioritize accordingly
- Continue to evaluate regional planning opportunities as they arise

Riverside County Health Strategy



Huron was engaged to develop a forward looking health care strategy for Riverside County.


Key Strategic Goals

- Successfully transition the Riverside County health and mental health delivery system, in response to changes in delivery environment driven by the Affordable Care Act ("ACA") and other market forces
- Evaluate and recommend partnership models between Riverside County and the University of California, Riverside ("UCR") School of Medicine
- Maintain on-going financial stability
- Support the Healthy Riverside County Initiative to improve health, reduce chronic disease and promote livable communities for all residents

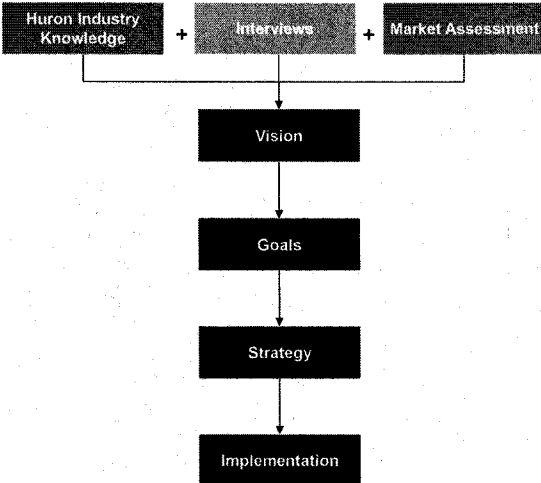
Approach to Strategic Planning

- Conducted interviews with County, health system, and academic leadership and other regional healthcare providers
- Analyzed available national, regional, and local data as part of market assessment
- Integrated and prioritized findings from multiple Huron teams assessing health system performance

Developing Riverside County's Health Strategy



Developing the strategy incorporates the following key components.



```

graph TD
    A[Huron Industry Knowledge] -- + --> B[ ]
    C[Interviews] -- + --> B
    D[Market Assessment] -- + --> B
    B --> E[Vision]
    E --> F[Goals]
    F --> G[Strategy]
    G --> H[Implementation]
            
```

Assessment = What is our current state?

- Fact base of understanding
- Aspirations and challenges

Vision = What does Riverside want to be?

- A desired future state organization
- Longer-term focus
- Differentiates in the marketplace

Goals = What does Riverside want to achieve?

- Tangible elements of the vision
- How will success be measured?

Strategy = How will Riverside achieve the goals?

- Provides direction
- Addresses the gap between current /future state

Implementation = What will Riverside do to accomplish the goals?

- Specific actions
- Responsibility/accountability
- Timeline with milestones

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Huron healthcare

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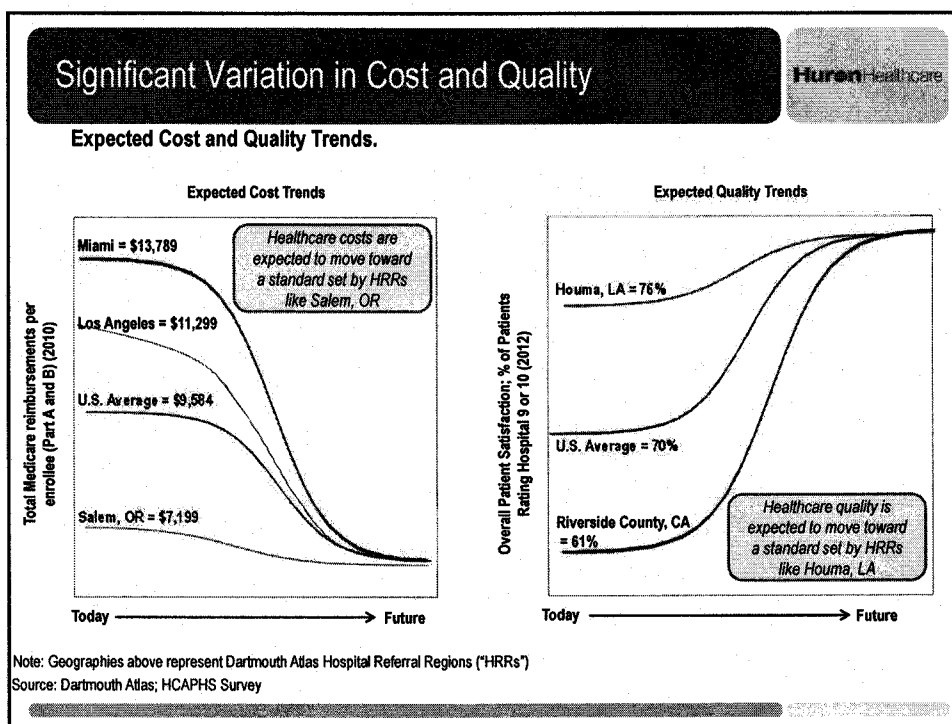
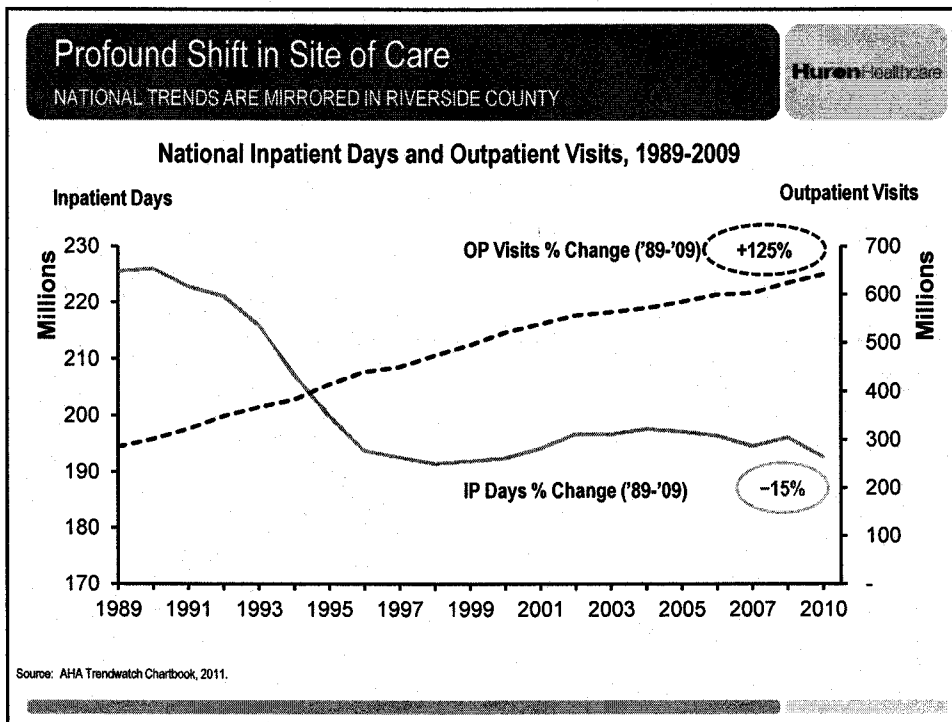
Riverside County Leadership Interviews

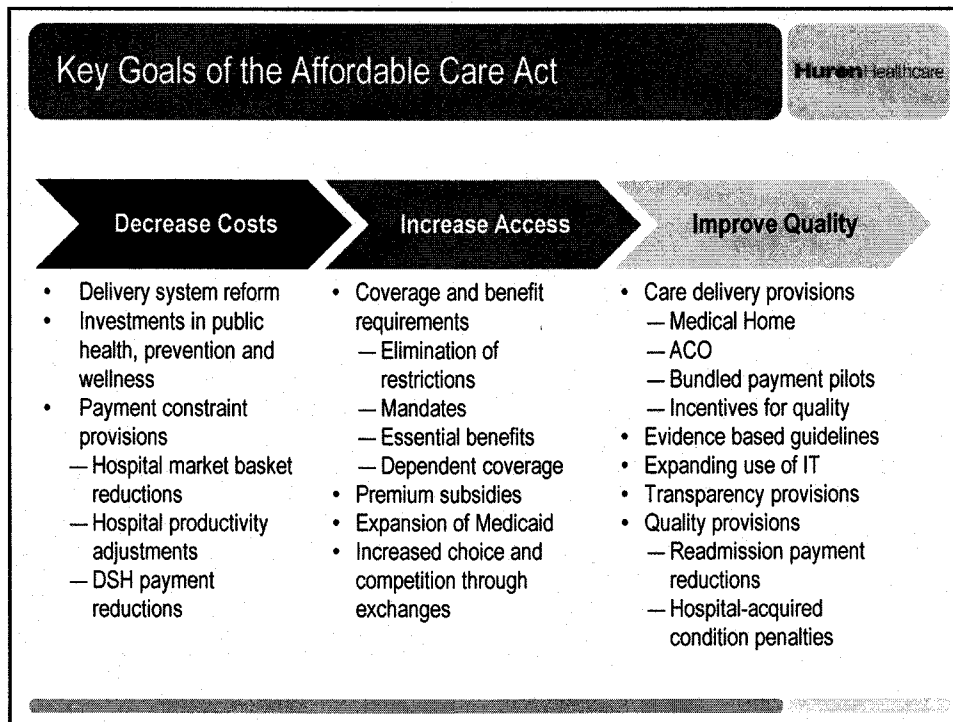
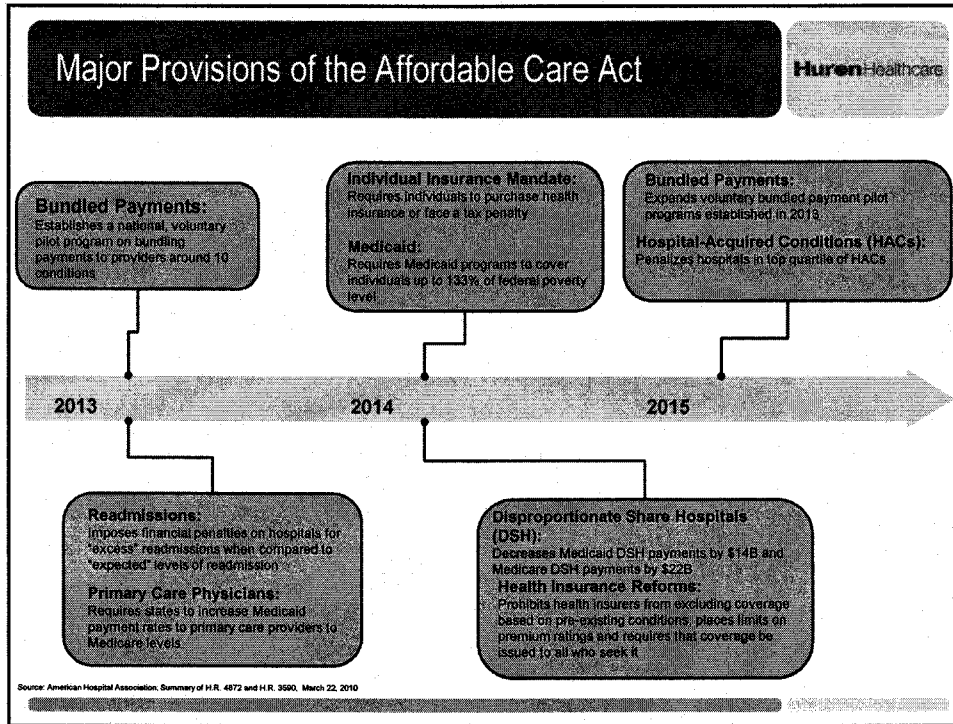
Huron healthcare

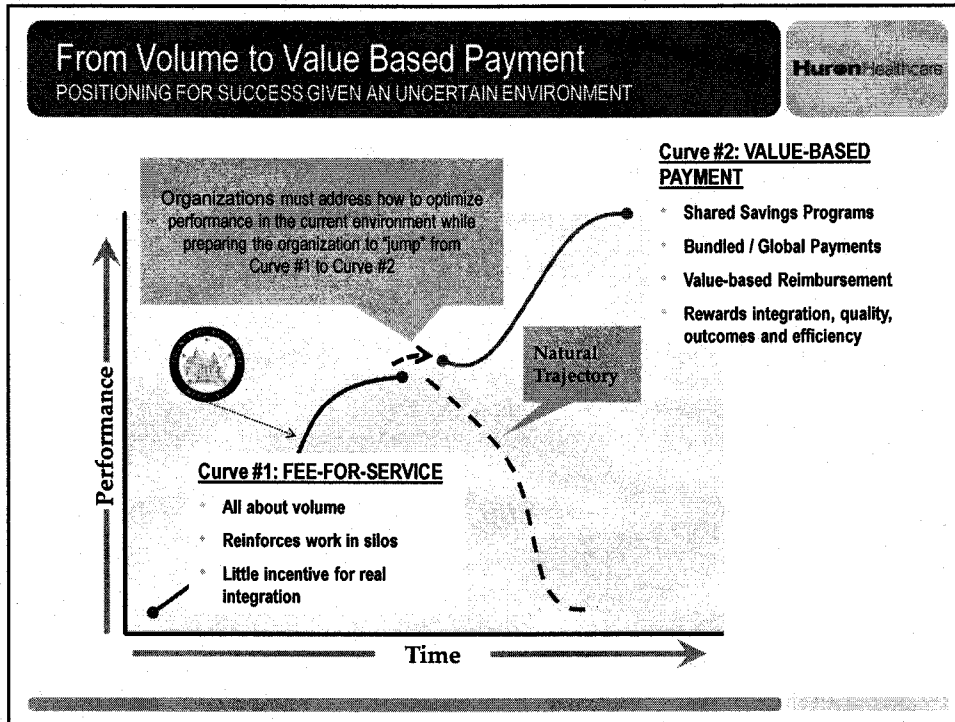
Huron interviewed 60+ individuals as part of the planning process in order to help inform and develop a comprehensive strategic plan that incorporates the perspectives of many key constituencies.

Key Constituencies Interviewed

- County Board of Supervisors
- Riverside County Executives
- Riverside County Health System
- Department of Public Health
- Department of Mental Health
- Department of Aging
- Sheriff's Department
- University of California Riverside
- Loma Linda University and Medical Center
- Western University
- IEHP







National Trends Impacting Riverside County

The implementation of ACA reforms with emphasis on quality and value will have significant implications for Riverside County consistent with national trends.

Key National Trends Affecting Riverside County

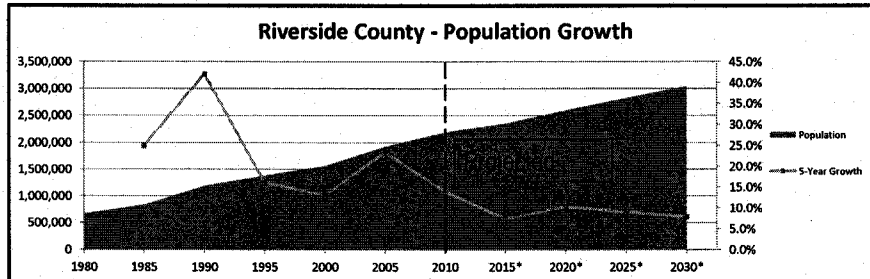
- ACA and health care reform will significantly increase Medi-Cal enrollment
- Reimbursement is shifting from volume-based to value-based economics as payment reform will benefit those who manage a population's care most effectively and efficiently (e.g., ACO)
- Health care organizations are pursuing vertical and horizontal network integration whether through acquisition or affiliation in order to increase scale and negotiating leverage when it comes to contracting and optimizing available resources
- Physician alignment and integration is critical when considering delivering population based care
- The need for more collaborative, integrated, and evidence-based health care reporting is driving tremendous information and technology growth

Riverside County

RECENT AND PROJECTED SIGNIFICANT DEMOGRAPHIC GROWTH



- Riverside County is the fourth-most populous county in California with approx. 2.2 million people based on the 2010 census and was among the fastest-growing areas of the United States in the past fifty years.
- Roughly 180 miles wide in the east-west dimension, and a total area of 7,300 sq. miles Riverside County is roughly the size of the State of New Jersey.



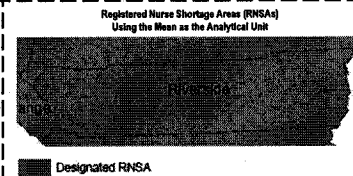
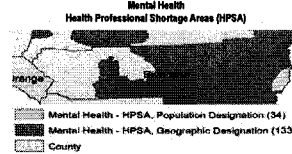
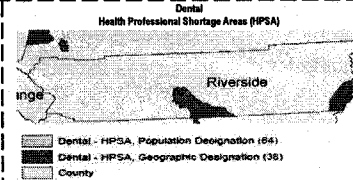
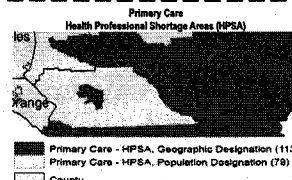
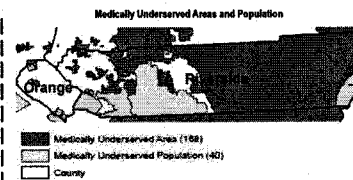
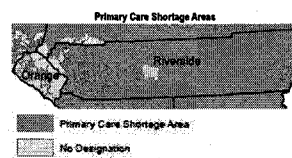
Source: State of California - Office of Statewide Health Planning & Development: <http://oahd.ca.gov/healthplanning/counties/riverside>
 * Population Projection based on California Department of Finance Estimates http://www.dof.ca.gov/research/demographic/reports/projections/10-1/documents/Projections_Press_Release_2010-2030.pdf

Riverside County

SIGNIFICANT HEALTH PROFESSIONAL SHORTAGES



- Riverside County has a significant shortage of primary care, mental, and dental health professionals
- The shortage is significantly more acute in the less densely populated, desert region of the county.



Source: State of California - Office of Statewide Health Planning & Development: <http://oahd.ca.gov/healthplanning/counties/riverside>

Riverside County Health Enterprise

MULTIPLE COMPONENTS OF AN ALMOST \$1B HEALTH ENTERPRISE

Key Components of Riverside County Health Enterprise

- Riverside County Health System (RCHS)
 - Riverside County Regional Medical Center (RCRMC)
 - 10 Primary Care and Hospital-based Specialty Clinics
 - Network of 10 FQHC look alike clinics (Family Care Centers)
 - Arlington Campus - Mental Health
 - Physicians
 - Detention Health (or do we want to call this a contracted service)
- Department of Mental Health
- Department of Public Health
- Department of Aging
- Other key components (e.g., Exclusive Care)

Riverside County Health Enterprise
(Expenses \$ in millions)¹

Component	Expenses (\$ in millions)
RCHS	\$94.5
Dept. of Mental Health	\$10.9
Dept. of Public Health	-
Dept. of Aging	-
Other	-

Major Academic Affiliations

- Loma Linda School of Medicine
- Western University / College of Osteopathic Medicine of the Pacific
- University of California Riverside School of Medicine

¹ 2012-13 Budget as Adopted by the Board of Supervisors Less Intrafund Transfers

Riverside County

RCRMC AND OTHER HOSPITALS / A COMPETITIVE LANDSCAPE

In addition to the county owned medical center and affiliated clinics, Riverside County has 19 other hospitals.

Source: http://www.riversidecountyhealthcare.org/documents/RCHC_Provider_Network_List_-_ENG-SPA_-_1-23-13.pdf
 State of California - Office of Statewide Health Planning & Development <http://oehpd.ca.gov/healthplanning/list-of-hospitals-in-riverside>

Riverside County Market Share

RCRMC FACES SIGNIFICANT FINANCIAL CHALLENGES



- RCRMC had the highest inpatient, outpatient, and ER volumes of all hospitals in Riverside County in 2010
- RCRMC also had the largest net loss in aggregate dollar amounts, and second lowest operating margin in Riverside County

Hospital	Inpatient Discharges	Inpatient Market Share %	Outpatient Encounters	Outpatient Market Share %	ER Visits	Net Income as % of Operating Rev
RCRMC	21,194 *	12.6%	300,089 *	19.7%	112,561 *	(16.4%)
Next 5 Hospitals	90,810	53.9%	792,857	52.0%	335,255	11.8%
All Others	56,530	33.5%	431,264	28.3%	246,246	(6.4%)
Total - Riverside County	168,534	100.0%	1,524,210	100.0%	694,054	2.5%

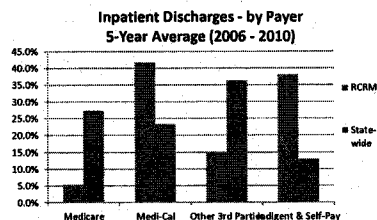
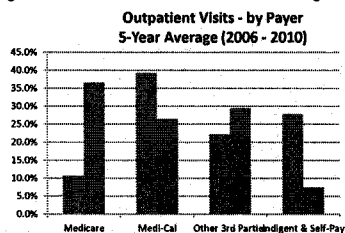
Source: State of California - Office of Statewide Health Planning & Development, <http://www.oshpd.ca.gov/oshpd/Products/Hospitals/AnnualData/TopFiveTrends/TopFiveTrendsPrint.xls>
 *Highest Volumes for Category

Margins and Uncompensated Care by Ownership

RCRMC AND CALIFORNIA TRENDS

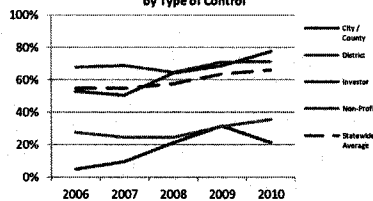


As would be expected, RCRMC has a disproportionately high % age of Medicaid and self-pay relative to the state average which contributes to its fiscal challenges.

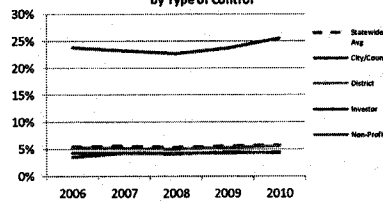


Source: State of California - Office of Statewide Health Planning & Development, <http://www.oshpd.ca.gov/oshpd/Products/Hospitals/AnnualData/TopFiveTrends/TopFiveTrendsPrint.xls>

Percent of Hospitals with Positive Operating Margins by Type of Control



Uncompensated Care Charges as % of Charges by Type of Control



Source: State of California - Office of Statewide Health Planning & Development, Healthcare Information Division, <http://www.oshpd.ca.gov/oshpd/Products/Hospitals/AnnualData/TopFiveTrends/TopFiveTrendsPrint.xls>

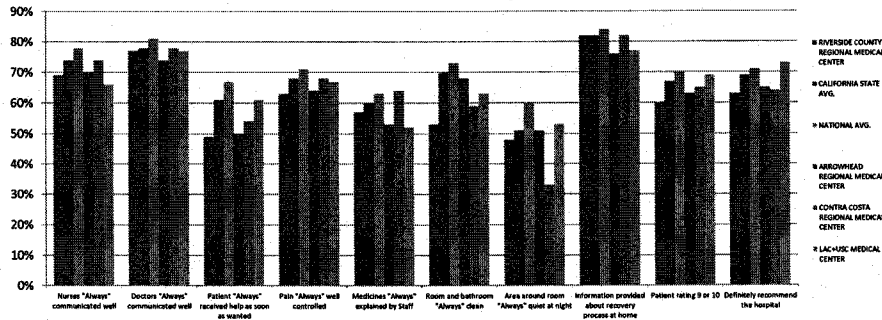
Patient Satisfaction at RCRMC

LOW HCAHPS SCORES



According to Medicare provided HCAHPS* scores which is a national, standardized survey, the %age of patients with the most favorable rating of RCRMC is below the national average in 10 out of 10 areas, and is below the state and comparator hospitals in almost all cases.

Medicare HCAHPS Survey Comparison



*The Hospital Consumer Assessment of Healthcare Providers and Systems ("HCAHPS" pronounced "H-caps) survey is a national, standardized, publicly reported survey of patients' perspectives of their hospital care and experience
<https://data.medicare.gov/hospital-compare/survey-of-patients-hospital-experiences-hcahps-j176-226>

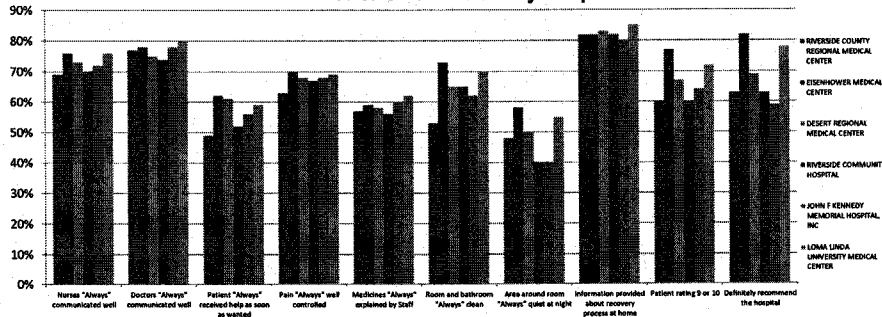
Patient Satisfaction at RCRMC

LOW HCAHPS SCORES



RCRMC's HCAHPS* scores, the %age of patients with the most favorable rating of RCRMC is lower than their regional peers in most of the categories. Loma Linda ranks highest consistently.

Medicare HCAHPS Survey Comparison



Insurance portability will allow patients to go where they are most satisfied with the best patient experience.

*The Hospital Consumer Assessment of Healthcare Providers and Systems ("HCAHPS" pronounced "H-caps) survey is a national, standardized, publicly reported survey of patients' perspectives of their hospital care and experience
<https://data.medicare.gov/hospital-compare/survey-of-patients-hospital-experiences-hcahps-j176-226>

ACA Impact

VOLUME INCREASE WILL STRESS ALREADY BURDENED SYSTEM



Riverside County Volume Increase Projections			
	Covered CA (CA Health Exchange) ¹	CALSim – UCLA Center for Health Policy Research and UC Berkeley Labor Center ²	Inland Empire Health Plan ³
Subsidy Eligible Population	180,000	200,000	
Medi-Cal Expansion		90,000 – 110,000	70,000 – 90,000

- 70,000 – 90,000 new Medi-Cal IEHP enrollees projected over the next two years
- 40% - the number of IEHP members that do not have a primary care physician (PCP)
- 75% - the % of those members without a PCP that get assigned to RCRMC
- RCRMC likely to see significant volume growth:
 - $70,000 - 90,000 \times 40\% = 28,000 - 36,000$ IEHP members without PCP
 - $28,000 - 36,000 \times 75\% = 21,000 - 27,000$ additional IEHP members expected to receive care at RCRMC in the next two years

¹ Covered California - http://www.coveredca.com/press/2013/09/11/091113_01.pdf
² Predicted increase in Medi-Cal Enrollment under the Affordable Care Act: Regional and County Estimates - http://ahrcenter.berkeley.edu/wordpress/wp-content/uploads/2013/08/med_cal.pdf
³ Dr. Brad Gilbert, CEO IEHP, Huron Interview, July 17th, 2013

Riverside Health Enterprise Strengths

PILLARS OF STRENGTH TO BUILD A SUSTAINABLE STRATEGY



Despite the many challenges facing Riverside County, it has a number of key strengths upon which to build.

Strengths	Description
1. Committed leadership	<ul style="list-style-type: none"> • Focused on delivering high quality, cost effective care to Riverside County residents • High degree of community engagement
2. Multiple healthcare departments and assets	<ul style="list-style-type: none"> • Exceptionally well situated to meet the mandates of ACA emphasizing coordinated care, mental health parity, and preventative care.
3. Public health focus	<ul style="list-style-type: none"> • Acute sensitivity to the centrality of "population health" as a cornerstone of Riverside County's "human capital", and its contribution to economic prosperity and the County's quality of life • Emphasis on valuing preventative care, social (e.g., eating habits) and infrastructure (e.g., public transportation) factors that affect overall population health
3. Payer alignment with IEHP	<ul style="list-style-type: none"> • Increasing Medi-Cal patient volume will be directed to RCHS
4. Strong academic affiliations	<ul style="list-style-type: none"> • Strengthen existing partnerships and continue pursuing mutually beneficial opportunities
5. Significant market share	<ul style="list-style-type: none"> • Highest IP/OP volumes make RCRMC the leading provider of care for County residents
6. Low Income Health Program	<ul style="list-style-type: none"> • Successful enrollment program that will convert to Medical in 2014 effectively doubling Medicaid reimbursement given 100% federal reimbursement
7. Mental Health funding	<ul style="list-style-type: none"> • Proposition 63 has enabled continued funding for Mental Health programs despite state / county fiscal constraints

Riverside Health Enterprise Challenges

PILLARS OF STRENGTH TO BUILD A SUSTAINABLE STRATEGY



Riverside County must address the following health care challenges in order to prosper in the future.

Challenges	Description
1. Lack of integrated healthcare vision	<ul style="list-style-type: none"> Multiple county departments and services need to have consistent integrated vision
2. Lack of aligned organizational structure	<ul style="list-style-type: none"> Improved organizational structure will help facilitate and support delivery of care in the most effective and efficient manner
3. Public health clinic integration	<ul style="list-style-type: none"> Recent integration of clinics into RCHS' ambulatory network highlights the need for better coordination between departments, integrating different IT systems, and improving patient experience
4. RCHS financial losses	<ul style="list-style-type: none"> Weak financial position causing significant drain on County general funds and prompts concerns about future liabilities.
5. Detention and mental health cost structure	<ul style="list-style-type: none"> Reevaluate current cost structure that is causing significant losses to RCHS In aggregate, demand for services far outstrips available resources for both inpatient and outpatient care, leading to contracting with non-county providers and ER overcrowding
6. Affordable Care Act reforms	<ul style="list-style-type: none"> Increased patient volumes will further stress the capacity constraints of the health system, specially in an environment where newly insured patients can "vote with their feet"
7. Academic affiliations	<ul style="list-style-type: none"> Provide growth opportunities but also challenges as RCHS determines how best to align with UCR relative to its ongoing affiliations with Loma Linda and Western
8. Lack of data driven decision-making	<ul style="list-style-type: none"> Prepare for capturing additional data to help make better decisions
9. Capacity Management for Public and Mental Health	<ul style="list-style-type: none"> Strength of the Mental Health department requires upwards of 100 new clinicians over the next year Review pay structure with County HR, providing market based compensation

Strategic Plan Contents




- I. Executive Summary
- II. Overview of Riverside County Healthcare Strategy Development
- III. Interview & Market Assessment
- IV. Riverside County Healthcare Strategic Plan: Vision, Goals, Strategies
- V. Implementation Planning
- VI. Appendix



Riverside County Health Enterprise Vision

CREATING A UNIFYING VISION AND MISSION



While each of the County's primary health agencies seeks to fulfill its mission and vision, there is not a unifying County-wide health care vision that emphasizes integration and collaboration in pursuit of County resident health. The following proposed vision (or alternative as developed) begins to acknowledge the many health care strengths within Riverside County, the diverse constituencies it serves, and the need for collaboration to meet their needs.

- Identifies opportunity for collaboration and integration
- Required given ACA reform and market competition
- Extends beyond County departments to academic and other affiliates
- Conveys cooperation, coordination, and efficiency to County constituents

- Acute care
- Ambulatory care
- Mental health
- Screening / Prevention
- Detention health

Working together to provide comprehensive


superior quality healthcare

for all Riverside County residents.

- Customer centric
- Value based vs. volume based
- Outcomes driven and evidenced-based medicine
- Academic affiliated
- Not "just the county hospital"

- Commercially insured
- Medicare covered
- Medicaid enrollees
- Uninsured
- Prisoners

Riverside County Health Enterprise Goals



The following goals support the Riverside County health enterprise vision and will help determine its strategic priorities.

Enterprise Goals

- ✓ ACA readiness
- ✓ High quality, cost effective care
- ✓ Competitively differentiated health care
- ✓ High patient satisfaction and excellent patient experience
- ✓ Nimbleness of organizational decision-making
- ✓ Strong UCR School of Medicine affiliation
- ✓ Enabling infrastructure that supports a strong health enterprise
- ✓ Improved financial performance
- ✓ Economically viable and sustainable business model
- ✓ Revenue capture opportunities

Measuring Riverside progress towards these goals will demonstrate the effectiveness of its strategy.

Riverside County Healthcare Strategic Priorities



The following strategic priorities will help Riverside County achieve its desired vision and goals in serving the health needs of County residents while also addressing the organizational and market challenges it faces.

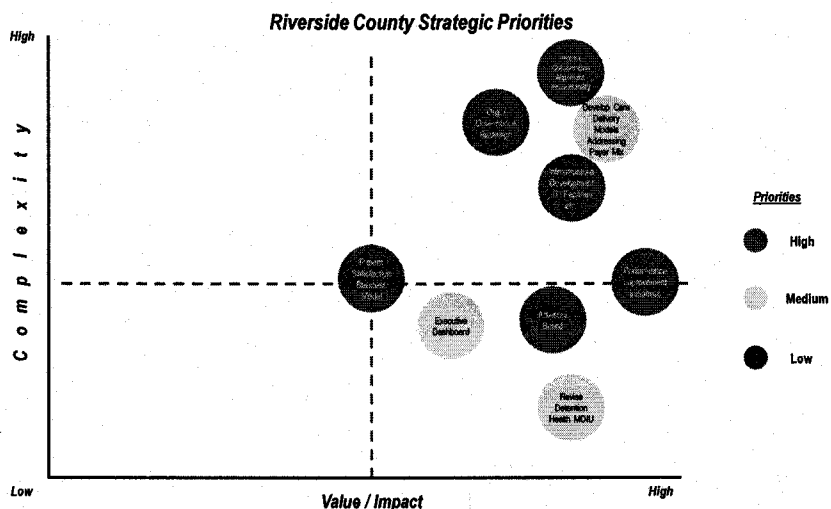
Internally Focused Priorities	Externally Focused Priorities
1. Promote greater collaboration, alignment, and accountability across the health care enterprise	1. Change the way Riverside County delivers care consistent with healthcare reform and other market forces affecting health care economics
2. Implement recommended performance improvement initiatives	2. Coordinate, improve, and develop ambulatory network and plan
3. Develop a health system-wide patient/customer satisfaction/experience plan	3. Identify, prioritize, and implement clinical service lines and rationalization
4. Revisit MOU between Detention Health and Sheriff's Department to address need for greater transparency of expense allocation	4. Explore payor/provider partnerships with IEHP and others
5. Develop the necessary infrastructure – IT, facilities, systems – that support the health enterprise under health reform	5. Develop medical staff development plan
6. Create management report cards and executive level dashboard	6. Conduct environmental and competitive market assessment
7. Development of a county healthcare advisory board	7. Determine optimal affiliation model with UCR School of Medicine and execute accordingly
8. County health enterprise organization and governance redesign	8. Develop comprehensive marketing and communications plan
9. Develop care delivery to address evolving payer mix, adapt policies and infrastructure to capture additional Medicare and Medi-Cal volume at Medical Center, Mental Health and Public Health	9. Develop a structured methodology to consider others of strategic options/partnerships for RCRMC
	10. Capture revenue leakage/ Workers Comp & ExclusiveCare

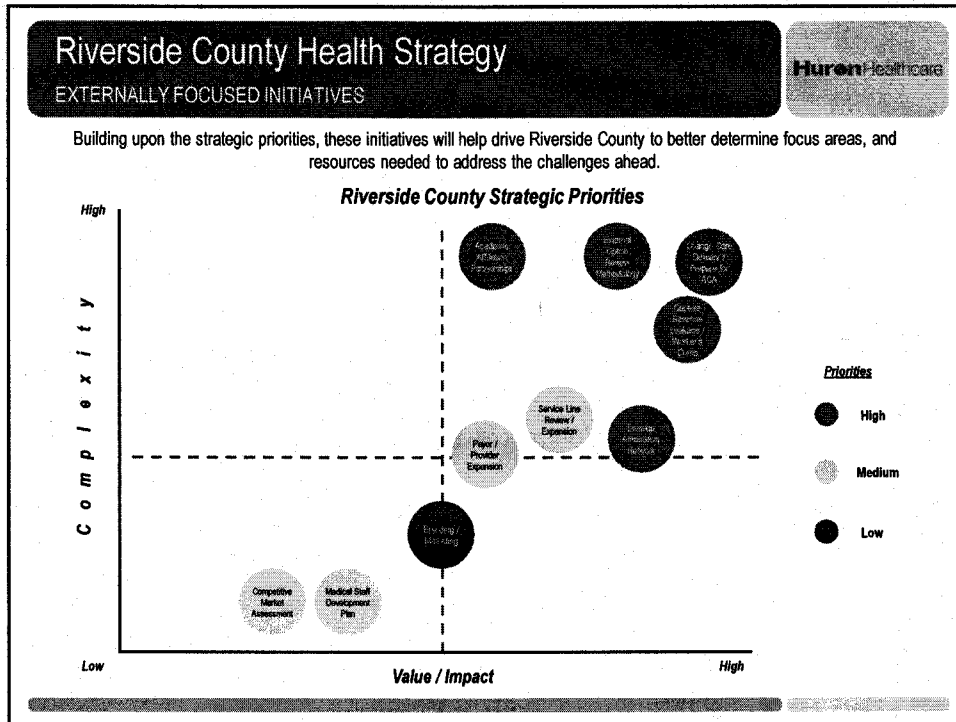
Riverside County Health Strategy




INTERNALLY FOCUSED INITIATIVES

Building upon the strategic priorities, these initiatives will help drive Riverside County to better determine focus areas, and resources needed to address the challenges ahead.






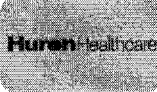
Promote Collaboration Across System

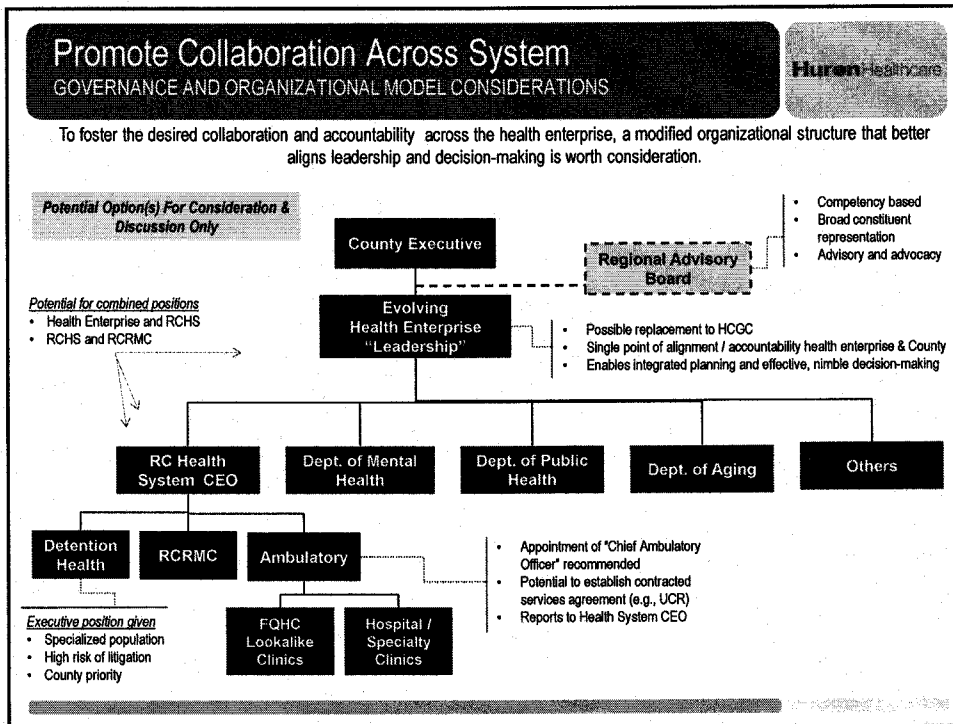


An initial priority is to promote greater collaboration, alignment, and accountability across the health care enterprise. Key elements of this strategy are outlined below.

Key Components	Strategic Considerations
1. Health Care Governance Committee ("HCGC")	<ul style="list-style-type: none"> Establishment of HCGC an important step toward facilitating collaboration across the health enterprise, however current effectiveness is in question given continued operational, financial, and strategic challenges Defined leadership, accountability, and reporting mechanisms required to facilitate effective and collaborative health enterprise decision-making (e.g., appoint Chair with more authority) County Board of Supervisors and CEO to define HCGC charge and accountabilities
2. Executive Dashboard and Metrics	<ul style="list-style-type: none"> Develop an executive level reporting dashboard of key performance indicators from across the health enterprise to be reviewed on a regular basis by the HCGC HCGC to hold respective leaders accountable to enterprise performance and developing collective approaches to improving and measuring performance Dashboard becomes the foundation to make fact-based decisions in a more nimble manner and that helps operationalize implementation efforts
3. County-wide Health Care Governance and organizational restructuring	<ul style="list-style-type: none"> For consideration: redesign of governance structure and accountability models. Transformative leadership models

<h2>Promote Collaboration Across System</h2> <p>SYNERGIES ACROSS THE HEALTH ENTERPRISE</p> 	
<p>The following opportunities illustrate where greater collaborations could occur across the county.</p>	
County Collaboration	Opportunities
<ul style="list-style-type: none"> Public Health and Health System 	<ul style="list-style-type: none"> Staff augmentation and coordinated patient enrollment into Medi-Cal Integration of patients identified through screening programs into physician and ambulatory network IT systems integration allowing access to all patient care information in one place improving quality of care and operational efficiency
<ul style="list-style-type: none"> Mental Health and Health System 	<ul style="list-style-type: none"> Access and integration of mental health professionals into clinic setting to provide comprehensive cost effective care and help reduce ED volume Continued efforts to streamline behavioral health ED volume to improve patient flow and throughput IT systems integration allowing access to all patient care information in one place improving quality of care and operational efficiency
<ul style="list-style-type: none"> Detention Health / Mental Health and County Corrections 	<ul style="list-style-type: none"> Optimized delivery of services at point of care, e.g., nurses administering more than just prescriptions Metrics and data driven dashboard to monitor statutory detention health standards and quality measures Mental Health providers/staff at detention facilities should facilitate enrollment into post-release programs for new Medicaid eligible under ACA; working with the court system, mental health and substance abuse treatment can perhaps more widely be offered as alternative to incarceration
<ul style="list-style-type: none"> Riverside County and Health Care Affiliates 	<ul style="list-style-type: none"> IEHP is willing and capable partner in developing initiatives to streamline volume to RCHS and improve health care delivery (e.g., healthcare information exchange network) Opportunity to work more collaboratively on mutual commitment to health of Riverside County
<ul style="list-style-type: none"> Department of Aging and Health System 	<ul style="list-style-type: none"> Utilize the Department of Aging "Coleman Project" to help with discharge management and avoidance of readmissions

<h2>Promote Collaboration Across System</h2> <p>COUNTY-WIDE HEALTHY COMMUNITY INITIATIVES</p> 	
<p>The impact of county wide healthy community program has had a positive impact on Riverside Community. These programs need to be leveraged to further the vision/mission of the County as well as support the delivery of high quality cost effective care.</p>	
<p><i>Illustrative Examples:</i></p>	
<ul style="list-style-type: none"> The Healthy Riverside County Initiative, in concert with the State and other local health departments, valuably directs resources in community-based chronic disease prevention aimed at reducing acute medical costs and enhancing the community's overall health. Public Health's "Public Health Nurse program" performs valuable public health services (e.g., prenatal and post-natal care) often elsewhere the domain of providers and non-government community organizations. The Care Integration Collaborative (CIC) provides a new model and roadmap for integrated care delivery as envisioned by ACA; However, realignment of FQHC clinics to RCMC management has impeded collaboration with Public Health in co-locating medical and mental health services in the clinics 	



Prepare for Health Care Reform

ACA and other market forces affecting health care economics requires that Riverside County demonstrate its ability to deliver high quality care efficiently. Many of the critical success factors in preparation for ACA reform will be the result of other strategic priorities identified in this strategic plan.

Critical success factors

1. **Information and technology integration:** Reimbursement incentives will accrue to those organizations that through their patient reporting systems (e.g., EMR, health exchange) can demonstrate quantitatively their efficacy and efficiency.
2. **Quality and outcomes focus:** Maintain, track, and continuously improve quality (e.g., readmission) in support of reimbursement models (e.g., shared savings programs, bundled/global payments) that will increasingly reward outcomes, value, and efficiency rather than just volume.
3. **Medi-Cal enrollment:** Work collaboratively with Public Health to increase and train staff to enroll significant volume of new patients come 2014 when ACA reforms will increase Medi-Cal enrollment significantly.
4. **Coordinated cost effective care:** Develop effective integrated delivery network that delivers the right care in the right place at the right time. This will require a shift away from a hospital centric model of care to a more ambulatory based / PCMH model of care.
5. **Patient satisfaction and experience:** Riverside County must improve its patient satisfaction and experience as a key quality measure affecting reimbursement and to help prevent patients from seeking care outside the system once they have portable insurance through Medi-Cal expansion and the subsidized exchange.
6. **Informed and sustainable economic projections:** Modeling, projecting, and tracking fiscal performance relative to anticipated changes in reimbursement at the federal, state, county, and commercial level will enable more nimble decision-making as market dynamics evolve rapidly
7. **System capacity and allocation:** ACA implementation will necessitate deliberate, considered policy decisions regarding system capacity and its allocation: earmarking capacity for patients with third party reimbursement (Medicaid, LIHP, etc.) will "crowd out" the uninsured; failure to implement such policy risks the reverse: the uninsured will crowd out paying patients.

Performance Improvement

SUMMARY OVERVIEW

Huron healthcare

Implementing the Huron identified performance improvement initiatives – which are separately documented in detail – will help create a more financially viable and sustainable foundation upon which to build the health care system.

Performance Improvement

1. Clinical Documentation Improvement
2. Clinical Operations
3. Human Resources
4. Labor
5. Non-Labor
6. Physician Services
7. Revenue Cycle

Key Benefits:

- Immediate ROI
- Sustainable results
- Supports pro-active investment vs. reactive stop-gap measures
- Comprehensive performance improvement = improved patient (and employee) satisfaction

Huron estimates an overall combined conservative financial improvement opportunity of \$50-70M in annual benefit.

July 21, 2013

Huron healthcare

Sunday
Los Angeles Times
AM 11:00 PM 11:00 PM 11:00 PM 11:00 PM 11:00 PM 11:00 PM
losangeles.com



Under new healthcare law, federal payments to hospitals are tied to customer experience.

Develop Patient Satisfaction/ Patient Experience Plan



Improvement in patient satisfaction will have significant positive effects across the enterprise affecting quality, reimbursement, enrollment, retention, competitive positioning, physician and staff satisfaction, and branding. The following begins to outline the key areas of focus in support of patient experience excellence and development of a health system-wide patient/customer satisfaction/experience plan.

Key Facets of Patient Experience Excellence

1. Safety	<ul style="list-style-type: none"> Open communication and timely feedback on patient safety and care experience guided by the expectation "First, Do No Harm."
2. Quality	<ul style="list-style-type: none"> Evidence-based care delivering superior outcomes compared with national, state and regional benchmarks; peer databases; internal standards; and patient and family experience.
3. Affordability	<ul style="list-style-type: none"> Care provides value as judged by patients and their payers. Costs will compare favorably with organizations providing comparable services.
4. Easy for me	<ul style="list-style-type: none"> A convenient and seamless patient and family experience that is accessible and welcoming. Patients know what will happen in their journey and waits are filled with value-added information and resources.
5. Voice & choice	<ul style="list-style-type: none"> Patients receive all necessary information to make knowledgeable and confident choices about their health conditions, treatment options and overall well-being. Patients are embraced as partners in care.
6. Authentic personalized relationships	<ul style="list-style-type: none"> We know our patients and see health care from their perspective. Patients feel like family because of the authentic and meaningful relationships we build with them.

Riverside County should consider engaging a patient experience consultant to assist the system through this very important and culturally transformational process that must infiltrate through all levels of staff from the top down.

Revisit Detention Health MOU



KEY AREAS TO ADDRESS

Detention health continues to be a troublesome area as the statutory needs of the Sheriff's Department are misaligned with the resources and operations necessary to deliver on those requirements.

Revisit the MOU between the medical center and sheriff's office to insure the following

1. Financial reporting of all expenses and budgets, insure parity between medical center and sheriff's department budgets
2. Development of a patient tracking report for all episodes of care and associated expenses
3. Ensure heightened level of customer service and responsiveness of Medical Center to internal customer (sheriff's department) needs
4. Utilize MOU and experience between Sheriff's Department and Department of Mental Health as a model for medical center
5. Create distributed staffing and care model that supports nurses delivering point of care services consistent with their level of training (e.g., not just delivery of medications)
6. Initiate programs to address high rates of substance abuse / mental health needs including post-release transitioning to treatment programs to help reduce recidivism
7. Establish leadership position with clear and accountable reporting structure within RCHS, empowered to work effectively with Sheriff's department given the high risk of prisoner litigation and the County's prioritized support for effective law enforcement

County-wide Ambulatory Network Development Plan



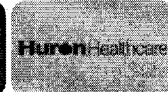
Riverside County's ambulatory network is an asset to leverage, but initial focus should be on improving coordination and efficiency across the existing network to establish a financially strong and replicable model before considering future expansion and development.

Ambulatory Priorities

1. Operational improvement (e.g., scheduling/registration, patient flow and throughput, revenue cycle, TARS, etc.)¹
2. Empowered, accountable, and incentivized leadership developed internally or through contracted services model
3. Management reporting (e.g., report cards, dashboards)
3. Coordinated staffing model with DPH to help secure anticipated increase in Medi-Cal enrollment
4. Patient satisfaction initiatives (e.g., surveys, amenities)
5. Provider productivity and performance standards relative to established benchmarks
6. Medical staff development planning in collaboration with academic affiliates
7. Integrated service line planning and expansion in collaboration with Department of Mental Health and other agencies
8. Network expansion and targeted placement that builds upon medical staff, service line, and market needs

¹ Additional ambulatory improvement opportunities are outlined in Huron's performance improvement recommendations

Service Line Rationalization and Development



BRANDING, REVENUE GROWTH, QUALITY

While service lines development will support competitive positioning and branding, revenue growth, and quality of care, creating service line distinction requires a sound foundation upon which to build and adequate resources.

Initial Priorities

1. Health system performance improvement is required to ensure:
 - a. There is an overall high quality cost effective care delivery model in place upon which to build competitively differentiated service lines
 - b. There are sufficient operational and capital resources generated with which to invest in prioritized service line development
2. Medical staff engagement in the planning process will be critical to development and implementation success


Key Characteristics of Leading Service Lines

Identifying the key characteristics of leading service lines will help identify what areas to leverage and where gaps exist that need to be filled


- Integrated, multidisciplinary model of care : *by provider*: (MDs and non-MDs); *by function* (prevention, diagnosis, treatment and management); and *by location*: (OP/IP/Sub-acute)
- Streamlined access across care continuum
- Established clinical practice guidelines and care delivery protocols; outcomes measurement
- Integrated and active research: basic, translational, clinical
- Robust education and training programs (e.g., UME, GME, CME)
- Aligned incentives across the service line
- Sub-specialty expertise

Service Line Rationalization and Development

PRIORITIZING SERVICE LINE DEVELOPMENT

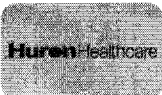


Prioritization of service lines will be important in order to optimize limited resources and build momentum with those programs most likely to succeed. Establishing clear evaluation criteria will support the prioritization efforts.

Evaluation Criteria		Initial Service Line Considerations
<ol style="list-style-type: none"> 1. Assessment relative to key characteristics of leading service lines (see previous page) 2. Competitive positioning, market share, and demographics 3. Mission priorities (e.g., as a safety net hospital) 4. Alignment across health enterprise (e.g., Mental Health, Public Health, Aging) 5. Physician leadership 6. Medical staff development needs / plan 7. Contribution Margin 		<ul style="list-style-type: none"> • CV • Stroke • Chronic care (e.g., diabetes, • Level II Trauma / ED • Behavioral Health • Primary care • OB

Develop Enabling Infrastructure

INFORMATION TECHNOLOGY



Riverside County must invest significantly in basic IT infrastructure (e.g., hardware, data centers) as well as efforts to integrate and streamline its multiple IT systems to support high quality cost effective care and in preparation for ACA reforms.

Key elements

1. IT improvement and rapid adoption plan for support of: People Soft, CPOE, EMR(Sorian), and the legacy systems that handle mental health and the clinics.
2. Clinical information appears completely siloed by department raising costs and comprising patient care, and the patient experience;
3. Universal patient identifier would facilitate patient care, information tracking, and may increase opportunities for reimbursement or 340b eligibility; Integrated medical record would reduce redundant patient care and its costs.
4. Clinical integration across county institutions will be dependent on improved IT capabilities

Develop Enabling Infrastructure

FACILITIES



Facility investments should be pursued within the context of an overall master campus plan and evaluation framework that can help prioritize limited resources

Evaluation Criteria	Current Facility Plans	Key Components
<ul style="list-style-type: none"> ✓ Operational need ✓ Strategic priority ✓ Competitive differentiation (or necessity) ✓ Financial feasibility ✓ Relative ROI ✓ Regulatory / Compliance ✓ Supports volume shifts from acute to sub-acute settings 	1. ER Expansion	<ul style="list-style-type: none"> • Projected cost \$50m • 5 year development timeline
	2. Education Training	<ul style="list-style-type: none"> • 35,000 square foot facility under consideration: <ul style="list-style-type: none"> • Medical students • Simulation Lab • Physician Office Space
	3. Operations	<ul style="list-style-type: none"> • 50,000 square foot development for warehouse, IT, procurement, plant operations
	4. Psych Beds	<ul style="list-style-type: none"> • Additional beds for county psych needs and/or facility replacement options

Payer/Provider Partnerships in Riverside County



- Rather than building an exchange or the risk of a full ACO deployment. The County should consider forging an insurer partnership. Health systems such as RCRMC with less risk tolerance and fewer financial reserves can forge agreements with insurers that give covered patients an incentive to seek treatment in the system's hospitals or outpatient facilities. RCRMC may face an acceptable trade-off. For the opportunity of becoming the hospital of choice of the insurance plan, they should accept to an acceptable degree the negotiated rates the insurer agrees to pay.
- It's also important to be able to access the data, to understand the data management and being able to identify the key populations to focus your attention. Health systems and insurers such as RCRMC and IEHP need is to be able to work together to access and use the data they have, both from measurement and a population analytics predictive modeling standpoints and both should share responsibilities around integrated care management.

Explore Payor/Provider Partnerships

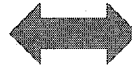
INLAND EMPIRE HEALTH PLAN (IEHP)

Huron Healthcare

Organized as a Joint Powers Agency for the public health benefit of Riverside and San Bernardino counties, IEHP presents a unique opportunity for Riverside County to strategically align with a leading payer in delivering cost effective high quality care.

Strategic alignment opportunities

- Chronic care disease management models
- Risk based care delivery models
- Integration of exclusive care
- Pilot programs demonstrating evidence based cost effectiveness for high cost priority areas (e.g., mental health)
- Development of a regional health information exchange
- Integration of academic affiliates in select initiatives as outlined above



Healthcare Advisory Board

OFFERING THE COUNTY ANOTHER VOICE IN HEALTH STRATEGY

Huron Healthcare

- It is advisable to consider formation of a county-wide health advisory board to provide community input and suggestions to county leadership and department heads on areas of:
 - Patient satisfaction/customer satisfaction
 - Clinical service lines
 - Access to care
 - Community family clinics
 - Unmet community health needs
- Possible membership may include:
 - Community leaders
 - Patients and families
 - Healthcare providers
 - Community business representatives



Develop a Medical Staff Development Plan

Huron Healthcare

To address the significant physician needs within the system as well as support service line development, a medical staff development plan is necessary in order to prioritize limited resources appropriately.

Key medical staff development planning activities:

- Conduct 5 year physician needs assessment for service area based on supply and demand for physicians
- Identify physician surplus and shortages by specialty
- Align recruitment with strategic priorities
 - Market needs
 - Service line development needs
 - Ambulatory network development
 - Academic affiliate goals
- Determine recruitment strategies based on physician need
 - Recruit to community
 - Align with existing community physicians
 - Contract with affiliate partners
- Integrate advanced practitioner

Create Executive Level Dashboard

Huron Healthcare

Management report cards and dashboards should be created to reflect the goals of the enterprise and to support leadership's ability to manage effectively.

Management Report Card (EXAMPLE – Exact Metrics and Targets To Be Determined)

Goal / Metric	Current Performance	Target Performance	Performance Assessment	Key Initiatives
I. High Patient Satisfaction & Excellent Patient Experience				
A. Patient satisfaction	55%	95%	●	<ul style="list-style-type: none"> • Diagnose by service / location/demo • Assess leading HCAHPS providers • Pilot improvement plans
B. Days to next available appointment	15 days	< 5 days	●	<ul style="list-style-type: none"> • Diagnose by service line • Assess provider schedules, availability and productivity
C. Average clinic wait time	15 min	<10 min	○	<ul style="list-style-type: none"> • Review on-time starts • Assess wait time variability by day / time
II. Competitively Differentiated Care				
A. OP market share	20%	18%	●	<ul style="list-style-type: none"> • Map patient origin data • Review by service line / payer mix
B. Commercial pay mix	25%	50%	●	<ul style="list-style-type: none"> • Evaluate competitors' payer mix • Work with academic affiliates on service line development

Conduct an Environmental Assessment

Huron Healthcare

An environmental assessment will support fact-based decision-making about key strategic decisions having to do with service line rationalization, recruitment, ambulatory network development, and other related initiatives.

Key components of conducting an environmental assessment

1. Develop or purchase analytic capabilities to conduct necessary market analyses on an ongoing basis
2. Review clinical service area zip code definitions and mapping to help focus future market analyses
3. Analyze demographic trends within service area focusing on population characteristics and demand for clinical services (e.g., current and projected population by age, sex, race, and income; utilization rates by service line / specialty)
4. Assess the competitive market as it relates to clinical services by profiling not only inpatient facilities but also major physician practices and outpatient facilities
5. Review current affiliation agreements with other providers to identify potential new or augmented opportunities for clinical growth
6. Conduct physician needs assessment
7. Leverage the Department of Public Health's data analysis and other reporting on population health, trends in public health indicators, comparisons to other jurisdictions, etc.,

Determine Optimal UCR Affiliation Model RCRMC'S

ACADEMIC AFFILIATIONS

Huron Healthcare

RCRMC's multiple academic affiliations have provided significant benefits to the health system. The establishment of the UC Riverside School of Medicine represents potentially its most significant future affiliation.

Current Academic Affiliations

UNIVERSITY OF CALIFORNIA
UCRIVERSIDE

LOMA LINDA UNIVERSITY
School of Medicine

Western
UNIVERSITY



Benefits of Academic Affiliation

- Specialist network
- Physician pipeline
- Brand reputation
- Research
- Evidenced-based quality care

UNIVERSITY OF CALIFORNIA
UCRIVERSIDE

LOMA LINDA UNIVERSITY
School of Medicine


Western
UNIVERSITY



Stronger Alignment
What academic model(s) should Riverside County consider pursuing with the UC Riverside School of Medicine?

RCRMC Academic Affiliations

LOMA LINDA AND WESTERN UNIVERSITY




Loma Linda and Western both have a long history of working collaboratively with RCRMC to make it a significant teaching hospital providing high quality sub-specialty care to the population of Riverside County, key considerations to be incorporated into any future affiliation considerations with UCR.

Key Considerations	
Loma Linda	<ul style="list-style-type: none"> Affiliation since the 1960's in support of teaching, training, and provision of care (e.g., 50 years of Emergency Room coverage) RCRMC relies on the 800 Loma Linda faculty available to provide specialty and sub-specialized care 15% of Loma Linda medical students and sponsored residents are educated and train at RCRMC which supports physician retention in Riverside County and improved health care services Strong willingness to continue working collaboratively with Riverside County and its affiliates on ways to meet the health and workforce needs of the county
Western University	<ul style="list-style-type: none"> Similar to Loma Linda, a long standing affiliation with RCRMC in support teaching, training, and care goals Sponsorship of key residency programs (e.g., orthopedics, anesthesiology) Considers RCRMC a very positive collaborative environment working collectively to address significant health needs of Riverside County Strong willingness to continue working collaboratively with Riverside County and its affiliates on ways to meet the health and workforce needs of the county (e.g., Western University has multiple allied health programs that could be leveraged by RCRMC: nursing, PA, optometry, podiatry, etc.)

RCRMC Academic Affiliation with UCR

RCRMC / UCR RATIONALE AND BENEFITS



Key Considerations	
University of CA Riverside	<ul style="list-style-type: none"> Increased access to physicians is beneficial given significant health care needs in the county UC brand to help with "county hospital" branding and attraction/retention of newly insured (although this will be a long term strategy to reverse historical perspectives) Access to the UC system's insurance contracts Access to a multi-disciplinary specialist network as UCR's practice plan develops over time Integration of all three missions – research, teaching, and clinical – providing evidenced based high quality patient care to Riverside County Development of a physician pipeline through a growing number of UCR sponsored residency programs which also attracts high quality medical staff

RCRM Academic Affiliation - UCR

UCR RATIONALE AND BENEFITS



UCR considers RCRM its primary teaching hospital affiliate, and as such looks to RCRM for key elements in support of its tri-partite mission and mutual commitment to the health of Riverside County.

UCR Benefits

- High quality clinical clerkships and ability to meet curricular objectives
- Ability to build upon its practice plan and ambulatory network in a prioritized and opportunistic way (e.g., OB) that progressively addresses gaps in RCRM's service offerings
- Facilities which meet required LCME and ACGME standards
- Integration of Public Health and Mental Health in population based management
- Access to underserved populations to support variety of education, training, research, clinical, strategic, and financial objectives
- County support and commitment to UCR SOM success

Potential Risks to RCRM Affiliation

- Assumption of undesired financial risk and liabilities
- Loss of strategic flexibility and perceived neutrality to partner with other RCRM competitors in the region
- Lack of nimble decision-making
- Practice plan development will take time and not be able to meet all of RCRM needs in the near term

UCR SOM Affiliation Models

EVALUATION CRITERIA



The following evaluation criteria reflect RCRM priorities for affiliating more closely with UCR and should be considered when evaluating potential future affiliation models,

Evaluation Criteria	Key Considerations
1. Mission/vision alignment	• Is there mutual commitment to a population based health focus that meets the needs of all Riverside County residents?
2. Integration of existing academic affiliations	• How will the UCR SOM affiliation affect RCRM's other academic affiliations (e.g., Loma Linda, Western University)?
3. UME/GME growth and workforce development	• How will the affiliation foster existing and future UME/GME growth?
4. Access to high quality academic faculty	• Will the proposed models support development of and access to a high quality multi-disciplinary faculty practice that will benefit the health system?
5. Flexibility in decision-making	• Which models will provide RCRM the greatest degree of future flexibility as internal/external circumstances evolve?
6. Financial support and sustainability	• How will the academic affiliation lead to improved financial performance?
7. Implementation difficulty	• How difficult will the proposed model be to implement relative to timing, operational, legal, financial, employee, accreditation, and political concerns?
8. UC/UCR Branding	• How will RCRM be able to leverage the UC/UCR brand for maximum benefit?
9. Impact on clinical care delivery	• How will changes in affiliations support or challenge delivery of high quality care?

UCR Affiliation Models for Consideration



There are several potential UCR / RCRMC affiliation models that should be evaluated relative to the goals of the County in achieving its vision.

Potential Academic Affiliation Models

I. Contractual Affiliation (Current model)	II. Consortium	III. Joint Powers Authority	IV. Merger
<ul style="list-style-type: none"> Defined affiliation agreement(s) between RCRMC and UCR for specific activities related to medical education (UME, GME) and program / practice development (e.g., Medical Directorships, physician recruitment, contracted services). Structured funds flow agreements established 	<ul style="list-style-type: none"> Broadening of contractual affiliation model by forming a Newco to include other academic affiliates (e.g., Loma Linda) and potential other health systems for the collaborative advancement of medical education / training. Structured funds flow and representative governing board 	<ul style="list-style-type: none"> UCR and Riverside County (and potentially other public agencies) create a new legally separate government agency that performs services for the member agencies per a joint powers agreement which allows members to jointly implement programs, raise capital, build facilities, or deliver services. 	<ul style="list-style-type: none"> An academic system acquires RCRMC and ambulatory network to form fully integrated health system that includes the SOM, practice plan, and medical center. Governance, operations, finances and strategy become fully integrated and aligned.

Academic Models for RCRMC Consideration



MODEL 1: CONTRACTUAL AFFILIATION

RCRMC could build upon its current affiliation agreement with UCR to further its UME, GME, and program development initiatives.

Proposed Models	I. Contractual Affiliation (Current model)
Strengths	<ul style="list-style-type: none"> Allows greatest amount of flexibility as future circumstances change RCRMC able to target those areas of most interest to RCRMC, e.g., targeted GME programs, faculty recruitment, select contracted agreements Potential to structure as non-exclusive affiliation terms allows multiple academic affiliations to maintain current relationships with Loma Linda and Western University Limits financial commitment and risks associated with UCR faculty and program development needs Ability to structure increasingly integrated affiliation agreements over time
Weaknesses	<ul style="list-style-type: none"> UCR ability to affiliate with other health system could dilute RCRMC competitive distinction created by a UCR branded affiliation UCR flexibility to distance itself from RCRMC and align elsewhere should future circumstances change RCRMC risks weakening its existing strong Loma Linda and Western affiliations as UCR presence grows in such a manner that UCR is unable to backfill proportionately

Academic Models for RCRM Consideration

MODEL 2: CONSORTIUM

Huron Healthcare

Aligning Loma Linda, Western, UCR and RCRM (as well as other health providers) within a consortium model would support a more coordinated approach to meeting the education and training objectives of Riverside County.

Proposed Models	II. Consortium Model
Strengths	<ul style="list-style-type: none"> • Facilitates education and training collaboration with multiple academic affiliates for the betterment of the community's medical workforce and training needs • Aligns resources to optimize investment and program prioritization • Fosters best practices amongst partners • Potentially attractive to students and residents the more organizationally streamlined the consortium (e.g., similar standards, compensation, expanded opportunities)
Weaknesses	<ul style="list-style-type: none"> • Greater level of complexity than a contractual affiliation agreement given the need to establish a new corporate and governing structure along with integrated policies and procedures • Potentially duplicative administratively (e.g., GME administrative) for Loma Linda and Western given significant education and training efforts outside of Riverside County • Would require dual accreditation standards be established between allopathic and osteopathic schools in order to foster collaborative GME programming with Western • More complex governance structure and funds flow to achieve goals of all constituencies

Academic Models for RCRM Consideration

MODEL 3: JOINT POWERS AUTHORITY

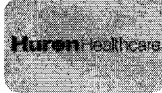
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A joint powers agreement would allow the county and UCR to collaborate effectively in some ways with reduced risk.

Proposed Models	III. Joint Powers
Strengths	<ul style="list-style-type: none"> • Benefits of virtual integration from a contracting and purchasing perspective without actually integrating • Allow for coordinated approach to payer contracting with IEHP and other key payers • Ability to raise capital separate from member agencies, protecting from financial liability, and without voter approval (but subject to petition) • Joint powers agreements usually protect their member agencies from the JPA's debts or other liabilities
Weaknesses	<ul style="list-style-type: none"> • Requires significant level of trust and commitment between parties (e.g., focus on the common good above individual interests) • As a voluntary agreement, changes in local politics, organizations, and key individuals that lead to a split can potentially risk long term commitments of the JPA (e.g., bonds); a risk often mitigated by strict dissolution protocols that some agencies may not agree to • Can exercise only those powers that are common to their member agencies

Academic Models for RCRMC Consideration

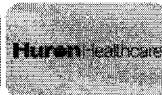
MODEL 4: MERGER



Should RCRMC be acquired by an Academic partner the health system, SOM, and faculty practice plan become fully integrated.

Proposed Models	IV. Merger
Strengths	<ul style="list-style-type: none"> SOM growth and development becomes integrally linked to the performance of RCRMC creating a high risk / high reward situation that could maximize the benefits of a UCR affiliation (e.g., branding, payer contracting, academic integration) Potential to limit County's financial risk to a defined contribution in support of Riverside County health needs Greater state investment in Riverside County health Academic center vested interest in collaboration with other Riverside County agencies to provide research and outcomes driven health care approach to population based health care delivery
Weaknesses	<ul style="list-style-type: none"> Requires academic system willingness to acquire and accept potential for significant financial risk at a time of great uncertainty in the health care market Disrupts academic neutrality with other county providers with whom SOM has existing affiliations Merger potentially disruptive to RCRMC's 50+ year history with Loma Linda and access to their much larger network of specialists and sub-specialists Would require significant negotiation and terms to insure Riverside County's health needs of the under- and un-sponsored are being met

Academic Model Considerations




Given RCRMC's significant historical affiliations, it's developing affiliation with UCR, and the tremendous care delivery and workforce needs within Riverside County, it is worth pursuing an inclusive, integrated, and collaborative planning approach with its academic affiliates to determining collectively how best to achieve respective goals while delivering high quality care to and addressing the health care needs of the people of Riverside County.

Key implementation planning steps toward a stronger academic affiliation(s):

- Recognize there is not a "best" RCRMC academic model as each provides both advantages and disadvantages that depend on the degree and willingness of all parties to engage in collaborative planning and shared risk
- Secure the interest and participation of all key academic affiliates in collaborative planning approach
- Establish set of shared guiding principles for future academic collaboration
- Conduct market needs assessment to create a fact base foundation upon which to work collaboratively toward workforce, care delivery, and population health needs
- Outline shared goals and challenges along with current efforts to address them
- Consider possible affiliation models and terms of agreement that can support closing the gap between current performance and the desired future state
- Recognize and address possible conflicts while working to mitigate risk and limit competitive disruptions
- Focus on quick wins and prioritized areas that will have the most benefit
- Build a financially sustainable transparent business case in support of the collective go-forward strategy

Affiliation Models

EVALUATION CRITERIA




The following evaluation criteria reflect RCRMC priorities for affiliating more closely with UCR, Loma Linda, and Western and should be considered when evaluating potential affiliation models.

Evaluation Criteria	1. Formal Affiliation	2. Consortium	3. Joint Powers	4. Merger
1. Mission/vision alignment				
2. Integration of existing academic affiliations				
3. GME growth and workforce development				
4. Access to high quality academic faculty				
5. Flexibility in decision-making				
6. Financial support and sustainability				
7. Implementation difficulty				
8. UC/UCR Branding				
9. Impact on clinical care delivery				
Total				

Criteria Rating Scale: 1 = Unfavorable; 2 = Acceptable; 3 = Favorable

Affiliation Agreements

IMPLEMENTATION PLANNING



Affiliation agreements between partner institutions are one of the most crucial elements of developing the medical center - medical school affiliation model. Examples of content areas and their components are included below and need to reflect the respective goals that each organization is seeking out of the anticipated affiliation model.

Affiliation Agreement Content Areas	Examples of Components
Educational Program	Term, Effective Date, Governance
Student Services	Structure, Curriculum Governance
Facilities	Structure, Offerings
Finance	Space Allocations for each Function
Faculty Affairs	Tuition, Budget, Funds Flow
Program Leadership and Staff	Appointments, Committees
GME DIO, Other Administration	Board Appointments, Dispute Resolution

Develop Comprehensive Marketing and Communications Plan

Huron Healthcare

As the Riverside County health system begins to improve its operational performance, patient experience, academic affiliations, capital infrastructure, ambulatory network, and service line offerings, a comprehensive integrated marketing and communications plan will need to be developed to communicate more effectively to the residents of Riverside County the benefits of the public health system.

Key marketing initiatives:

1. Identify Target Constituents	2. Clarify Messaging	3. Determine Communication Channel(s)
<ul style="list-style-type: none"> • Patients and families (overall and by payer) • Physicians • Affiliates • Competition • Employees • Taxpayers • Employers 	<ul style="list-style-type: none"> • Quality • Access • Comprehensive services • Subspecialized care • Patient experience • Value • Cultural awareness & sensitivity • History • Vision and Mission 	<ul style="list-style-type: none"> • Broadcast • Print • Billboard • Internet • Social Media

Marketing and communications will play key roles in changing perceptions of RCRMC as more than just "the county hospital" as its services and performance improve.

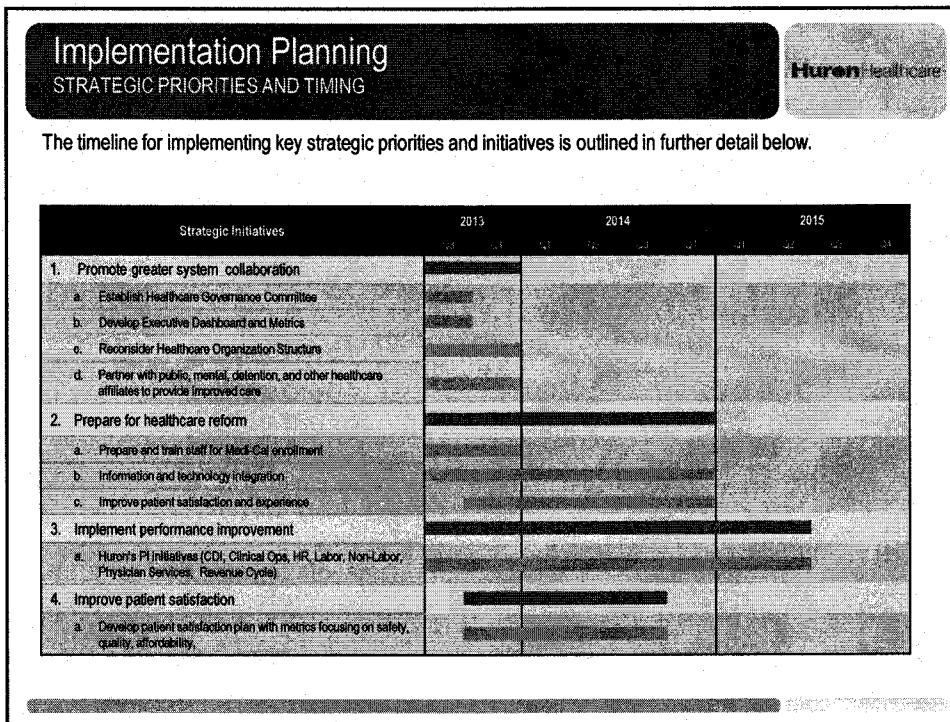
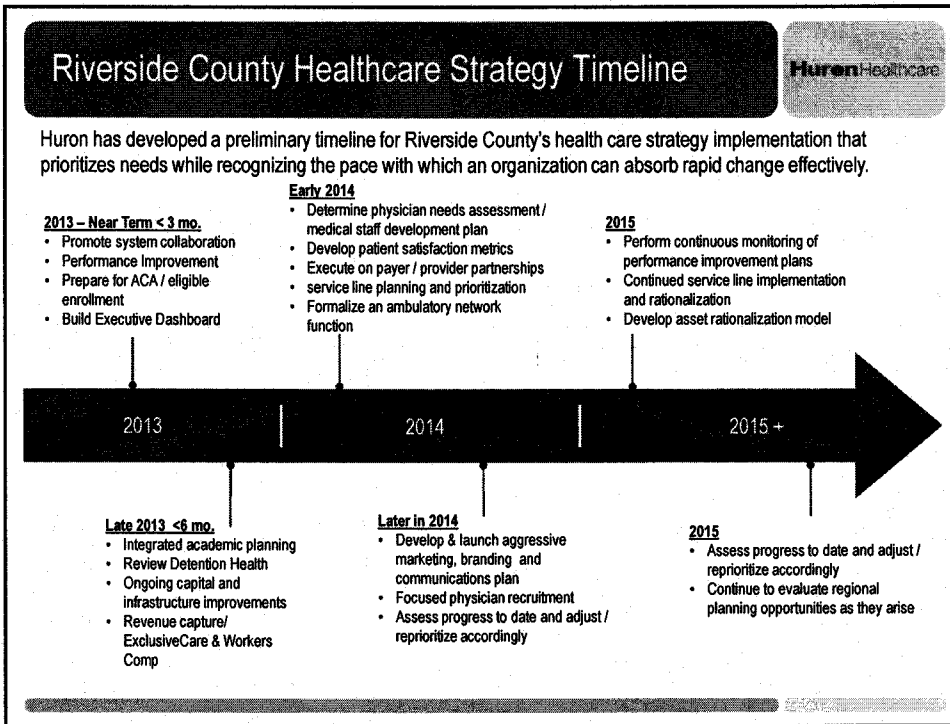
Strategic Plan Contents

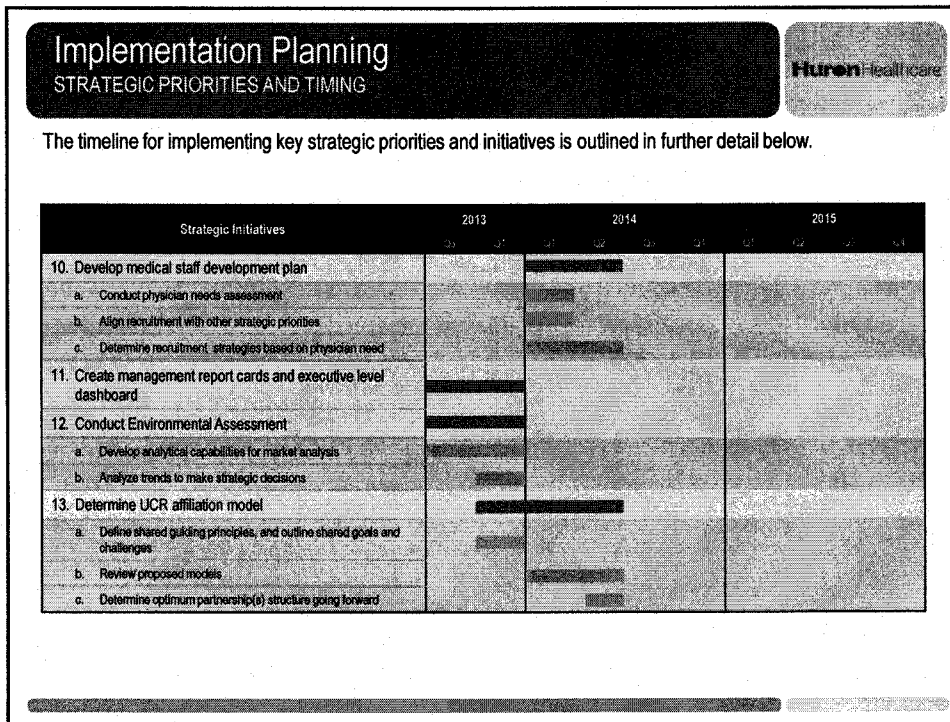
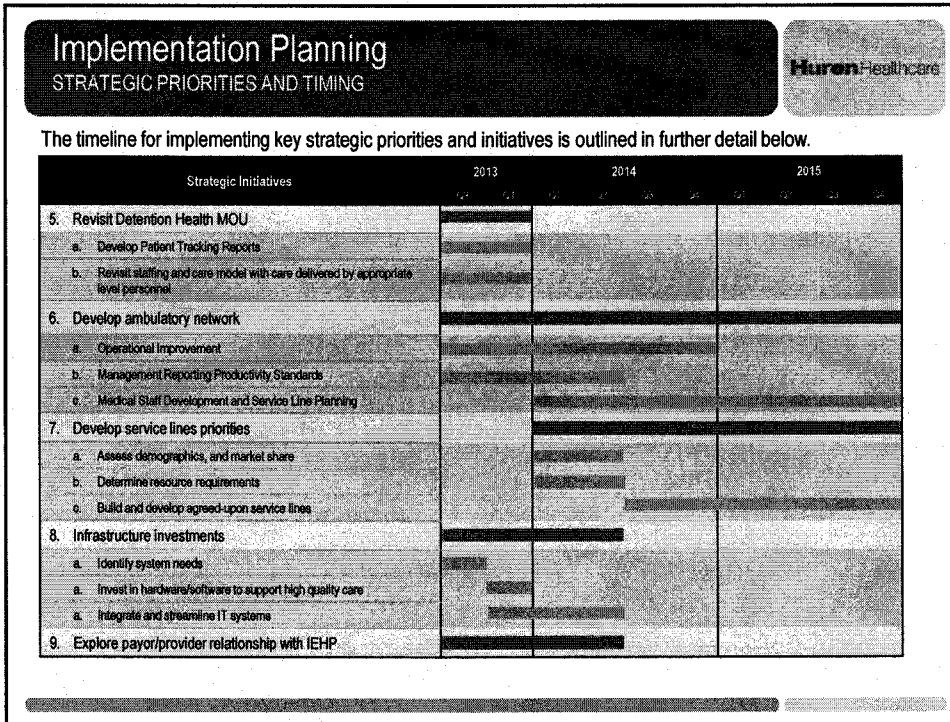
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- II. Overview of Riverside County Healthcare Strategy Development
- III. Interview & Market Assessment
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- VI. Appendix

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CONSULTING GROUP








Implementation Planning

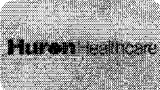
STRATEGIC PRIORITIES AND TIMING





The timeline for implementing key strategic priorities and initiatives is outlined in further detail below.

Strategic Initiatives	2013	2014	2015
14. Development of a County Healthcare Advisory Board			
a. Determine Board Structure and Charter		[Timeline bar]	
b. Identify Board Membership		[Timeline bar]	
c. Establish Advisory Approach and Schedule		[Timeline bar]	
15. Organizational restructuring and governance redesign			
a. Review with County Executives	[Timeline bar]		
b. Determine Desired Structure and Governance Model		[Timeline bar]	
c. Transition to new model		[Timeline bar]	
16. Revenue capture/ Workmen's comp and ExclusiveCare			
17. Develop structured methodology to consider offers of strategic options/partnerships for RCRMC			
a. Determine affiliation partnership goals and guiding principles	[Timeline bar]		
b. Establish and formalize evaluation criteria		[Timeline bar]	


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Riverside County Leadership Interviews



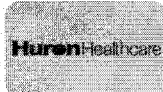
Riverside County Executives

1. Bruce Barton - Emergency Medical Services
2. Barbara Cole - Communication Disease Control, TB Control
3. Debra Courmoyer - Deputy Executive Officer
4. Kevin Crawford - Chief Information Officer
5. Megan Crumpler - Public Health Laboratory
6. Earnest Fields - Procurement & Logistics, Public Health
7. Tonya Geiger - Immunizations, Staff Development, Family Planning
8. Susan Harrington - Director, Department of Public Health
9. Wendy Hetherington - Epidemiology and Vital Records
10. Bob Howdysshell - Director, Purchasing & Fleet Services
11. Gayle Hoxter - Nutrition, WIC, Health Promotion
12. Maria Juarez - Director Community Action Partnership
13. Cameron Kaiser MD - Public Health Officer
14. Carley Linn - Deputy Director, Finance & Business Operations, Public Health
15. Susan Loew - Director, Department of Public Social Services

Services

16. Sarah Mack - Deputy Director, Public Information Officer, Legislative Liason
17. Susan Mora - CMS, CCS, CHP
18. Barbara Olivier - Director, HR
19. Jay Orr - County Executive Officer
20. Michael Osur - Deputy Director, Healthy Riverside County Initiative
21. Hermia Parks - Public Health Nursing, Maternal, Child, Adolescent Health
22. Kim Saruwatari - Public Health Emergency Preparedness & Response
23. Julisa Alvizo-Silva - Injury Prevention, Volunteers, Community Outreach
24. Jim Watkins - Information Technology, Public Health
25. Jerry Wengerd - Director of Mental Health
26. Michele Wilham - Director, Department of Aging

Riverside County Leadership Interviews



Riverside County Regional Medical Center

1. Douglas D. Bagley - Chief Executive Officer
2. Ellie Bennett - Chief Operations Officer
3. Berninia Bradley - Asst. Hosp. Administrator (IM, FM, Surg.)
4. Sam Dahlgren - Chief Information Officer
5. R. Corey Garrison - Associate/Osteopathic Director of Medical Education
6. Annette Greenwood - Chief Nursing Officer
7. Daniel Kim - Director of Medical Education
8. Jill Meyer - Assistant Hosp. Administrator
9. Luis Orozco - Assistant Hospital Admin
10. Susan Rand - Assistant Hospital Admin
11. Jan Remm - Assistant Hospital Admin
12. David Runke - CFO
13. Jenni Shieck - Program Manager
14. Arnold Tabuenca - CMO

University of California Riverside

1. John Heydt, M.D. - Senior Associate Dean, Clinical Affairs
2. Mahendr S. Kochar, M.D. - Associate Dean, Graduate Medical Education
3. Paul Lyons, M.D. - Senior Associate Dean, Education
4. Jocelyn L. Nakashige, M.A. - Senior Associate Dean, Finance and Administration
5. Richard Olds, M.D. -Dean, UCR School of Medicine

Other Interviews

1. David Connett, DO - Vice-Dean, College of Osteopathic Medicine of the Pacific
2. Brad Gilbert MD - CEO, IEHP
3. Roger Hadley, Dean, School of Medicine, Loma Linda University
4. Maurice LeClair - Correctional Services, Lieutenant Sheriff's Dept.

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