

1. What are the JPS leadership recommendations?

Response: JPS leadership will provide information during the July 11th meeting.

2. Are there revenue comparisons available to see how JPS is doing? How does JPS compare with other communities? Based on stats from the report, is JPS doing better or worse?

Response: HMA provided information to the committee concerning payor mix, hospital penetration, and primary care penetration (please refer to the revenue comparisons attachments). Comparisons to other institutions in other communities is helpful, but must be evaluated based on an understanding of the differences in both the institutions and communities.

Institutions' ability to provide charity care depends on many unique factors, including but not limited to, their facilities' size and condition, financial health and payor mix (which may subsidize increased charity care). Communities also differ in many ways, including but not limited to, the socio-economic health of the community, its policy toward undocumented residents, and other providers focused on the indigent such as FQHCs and charity clinics.

The HMA report, for example, states JPS meets an estimated 26% of the ambulatory demand for those living <250% Federal Poverty Level (FPL). This estimate is based on the assumption that if all residents of Tarrant County received primary care at a population rate consistent with the National Ambulatory Care Survey (a rate based on actual use of primary care across the US population), the county would need 378 Full Time Equivalent (FTE) primary care providers in 2017 to care for the population <250% FPL.

JPS currently has 98 FTE primary care physicians (PCPs) which is estimated to cover 26% of this need (98 out of 378 is 26 %). **Under this analysis, it is more appropriate to state JPS only has the physician resources to support 26% of the population <250%, rather than used as a comparison of market share or productivity with other public hospitals.** Given more physicians and improved access, provided, in part, by larger and more efficient facilities, JPS would have the resources to increase its support of the population <250%FPL. **This estimate is not**

a comment on penetration, but on resources available to be expended on this population.

JPS' financial, operational and quality performance is reported frequently and transparently. Every health institution is subject to accrediting and statutory quality and performance reporting. JPS reports its performance every month at its Board of Managers meetings and as other reporting opportunities present themselves. Each non-profit hospital must perform a community needs assessment every three years which is developed in collaboration with community stakeholders and adopted by its Board. Further, JPS is increasingly paid based on performance, whether by federal value based purchasing or the 1115 Waiver.

3. What are the plans to utilize existing structures for ambulatory clinic needs in the community?

Response: Although Cummings and the CBRC thoughtfully and thoroughly addressed geographic areas of priority to address growth, specific locations and facilities will be identified by JPS leadership during the implementation of the ambulatory strategy. JPS' current clinic sites are a combination of leased and owned sites, stand-alone and strip center locations, and newly built and renovated buildings. JPS has and will continue to analyze each prospective location for the most cost effective and efficient building alternatives.

4. How did we (CBRC) get here today? (Why was CBRC convened after prior planning efforts?)

Response: On March 8, 2016, the Tarrant County Commissioners Court approved the County Administrator's recommendations to evaluate the healthcare delivery system and the role JPS Hospital Network plays in improving the overall health of the community. The evaluation included each Commissioner hosting a listening session, where citizens expressed the health and community issues that mattered to them most. In addition, HMA and Cumming Construction contracted with the County to do an in-depth analysis of the county's health care trends, as well as provide a utilization assessment on JPS' facilities.

The Tarrant County Commissioners Court formed the Citizens Blue Ribbon Committee to help ensure citizens' concerns are included in the in-depth analysis and that the process remains transparent.

5. Does JPS have the capability and capacity to take on the recommendations of the consultants and CBRC?

Response: Yes, the current administration has been in place for approximately 9 years. Through those years, JPS has experienced improvement across financial, operational and quality metrics. Like any healthcare organization, change is a constant. JPS' ability to constructively navigate the 1115 Waiver opportunity is an example of the capability and capacity to take on a complex and collaborative initiative to the betterment of its patients and the community.

6. Is it JPS' responsibility to educate the public on needs?

Response: It is the responsibility of the community as a whole to educate citizens on the needs of its public hospital in order for JPS to satisfy its unique role as the county population continues to grow.

7. Are current patient stats and needs relative to existing and needed services lines properly considered in the overall project plan?

Response: Yes. HMA analyzed current patient data and needs to develop the recommendations outline in the report.

8. What role do partnerships play in in the hospital district's business strategy? Is there a plan to maintain balance between meeting the mission and relationships/partnerships with healthcare partners?

Response: Partnerships play a key role in JPS' success and ability to meet its obligations in a cost effective and efficient manner. Examples of partnerships currently evident at JPS fall into the following categories: (1) provision of services that are not a core hospital competence, such as management of pharmacy operations, janitorial services and landscaping services, (2) medical services not available at JPS which are provided through outside medical services agreements with other private providers in the community, (3) services JPS does not have the physical capacity or infrastructure to provide, such as inpatient psychiatric beds or skilled nursing, (4)

physician services provided by independent physician groups at JPS facilities, which comprise the majority of the physician services at JPS, (5) 1115 Waiver projects which are designed to allow private providers and JPS to transform healthcare delivery, (6) patient navigation and case management, such as navigators requested by private hospitals and provided by JPS to redirect connection eligible patients away from private hospitals, and (7) funding mechanisms which allow JPS to utilize its intergovernmental transfer ability to partner with private institutions to provide care and realize compensation otherwise not available. In each instance, JPS has and will look to partnerships to provide care, or support its operations, in the most cost effective and efficient manner.

9. What is the holistic health approach for the County?

Response: HMA recommends the holistic health approach be a county wide planning effort driven by JPS. The approach will focus on key areas like the behavioral health infrastructure, developing an integrated delivery system (IDS), graduate medical education (GME), elderly care services, and prevention and social determinants of health for county residents.

10. Does JPS understand who they are serving and is JPS meeting that population's needs from a healthcare stand point?

Response: Yes, as part of this project and requirements for regulation and strategic planning, JPS conducted two Community Health Needs Assessments (CHNA) recently. These summarize Tarrant County health needs and emergent issues into actionable items. HMA presented their CHNA at the beginning of this process. JPS is addressing operationally health disparities and specific health concerns in populations. JPS works at capacity within a highly regulated and performance/data driven industry. If you would like additional information, HMA can review the CHNA results.

11. Please provide additional input from providers.

Response: HMA will provide a summary of themes from interviews performed during the stakeholder engagement process.

12. Where do other health systems want JPS to go?

Response: HMA will provide a summary of themes from interviews performed during the stakeholder engagement process.

13. Please provide information on the Brackenridge and Seton partnership.

Response: Information will be provided during the July 11th meeting.

14. What is the summary of all the recommended projects and timeline?

Response: Please reference the attached HMA and Cumming Recommendations document for a summary of the recommended projects and page 26 of Cumming's executive summary for the proposed timeline.

15. Where will JPS get the staff to fill the capacity needs?

Response: This issue is addressed globally through training programs, the need to expand residencies and focus on building workforce, as noted in the attached HMA report. Please refer to page 33-39 for additional details.