

# AGENDA Committee on Strategy and Innovation September 26, 2024

I. Approval of Minutes, April 11, 2024 Tom Furr

Committee Chair

II. ECU Health Integration Update

Dr. Mike Waldrum Dean, Brody School of Medicine

CEO, ECU Health



Meeting of the Board of Trustees Committee on Strategy & Innovation September 26, 2024

#### **AGENDA ITEM**

Action:

I. Approval of I	Minutes – April 11, 2024	I om Furr Committee Chair
		Committee Chair
Situation:	Approval of the minutes from the Committee on Strategy and Inno 2024 is required.	ovation on April 11,
Background:		
Assessment:		

This item requires a vote by the committee.



#### Committee on Strategy & Innovation for April 12, 2024 MINUTES

The Committee on Strategy and Innovation met on April 11 and all members were in attendance. First, the committee voted to approve the minutes from the February 15, 2024 meeting. Then, Provost Robin Coger introduced Dave Eby, Chief Operating Officer of Project Kitty Hawk, and Allen Guidry, Associate Provost of Learner Operations, to provide an update to the committee on ECU's collaboration with Project Kitty Hawk.

In 2021, the NC General Assembly appropriated almost \$100M to launch Project Kitty Hawk, a nonprofit ed-tech startup designed to partner with UNC System institutions to better serve adult and non-traditional learners, with a special emphasis on workforce-aligned online degree programs delivered on the Project Kitty Hawk platform. In addition, Project Kitty Hawk helps attract, enroll, and support learners in those programs as they matriculate through their respective programs.

ECU is currently one of two universities in the system with active degree programs on the Project Kitty Hawk platform. By partnering with Project Kitty Hawk, ECU is further expanding its online learning portfolio to high demand programs that have the potential to scale. The committee heard first-hand about the experiences of faculty and student in the online ECU program. Joining us were faculty member Dr. Page Varnell, coordinator of the information cybersecurity program, and student Sarah Williams. Sarah shared with the committee how much the team of ECU representatives helping her from her first click on an ECU ad till today means to her and positively impacts her experience as an ECU student.

The committee had no other items for consideration.

The meeting was adjourned at 12:55 p.m.



Meeting of the Board of Trustees Committee on Strategy & Innovation September 26, 2024

#### **AGENDA ITEM**

II. ECU Health Integration Update......Michael Waldrum, MD

Dean, ECU Brody School of

Medicine

CEO, ECU Health

Situation: The ECU Health Integration Update will include an overview of the progress being

made by ECU Brody School of Medicine and ECU Health with oversight and support by

members of The Joint Operating Committee.

**Background:** The Joint Operating Committee consisting of 9 members from both ECU Health and

ECU and including a member from both the ECU BOT and ECU Health BOD, serves as a non-fiduciary advisory committee to the CEO/Dean regarding management and oversight of ECU Health. The Joint Operating Agreement identifies priorities for which

the committee is responsible.

Assessment: The Committee on Strategy and Innovation will receive an update on the status of the

integration efforts.

**Action:** This item is for information only.

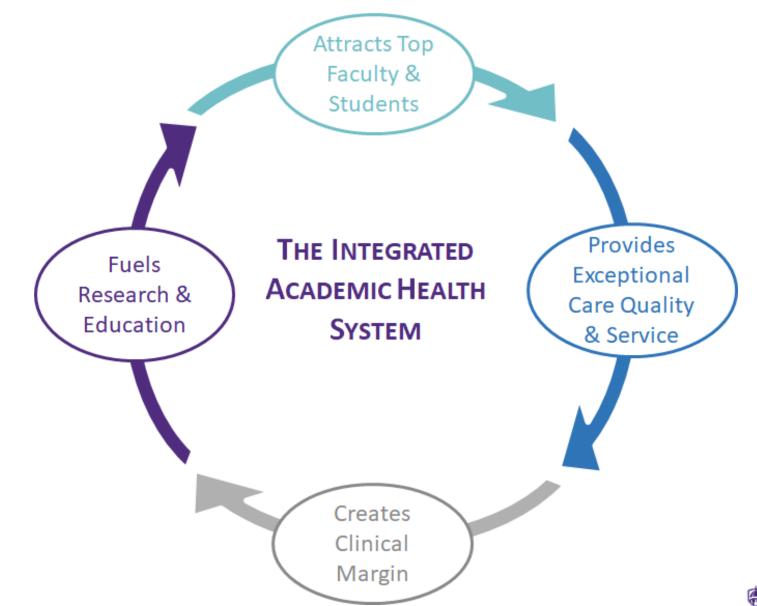


# ECU Health Integration Update

ECU Board of Trustees

September 26, 2024

## **Academic Healthcare Flywheel**



### **Core Elements & Milestones of Integration**

Integration of Integration of Research Management Strategic Planning Structure Philanthropy **Shared Services** Clinical Integration Data & Information Branding Financial Integration Systems

Governed by a Joint Operating
Committee through defined
specific elements of integration
to execute upon the vision &
goals of the Coordinated
Operations.

### **Clinical Integration Objectives**

- Shared strategic and operational planning and decision making
- Programmatic investments to achieve long term sustainability
- Formal connection of ECUP to a complete system of care across Eastern N.C.
- Reduction in duplication of efforts
- Consolidation of professional liability and risk financing
- Aligned clinical and administrative processes
- Maximization of costly and scarce resources
- Exposure to industry expertise focused on healthcare
- Greater market flexibility and speed to execution
- Shared learning and collaboration amongst clinical leaders
- Improved access to rural healthcare



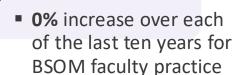
#### **Clinical Integration – Realized Benefits**

- Development of system level programs to attract and retain physician talent
  - Corrected \$14 M below median market pay for ECU physicians
  - New compensation plan designed to keep physicians at market over time
  - Added productivity and quality incentives that align with performance expectations
  - New foundation and health system funded scholarships and loan programs for physicians
  - Health system clinics expand medical student and resident training capacity
  - UPL funding increases
- Physical integration of four Greenville based specialties that existed in duplicate locations
  - Integration of Neurology, Family Medicine, Infectious Disease, and Sleep Lab Completed
  - Additional clinics to be integrated in 2025: Internal Medicine and Cardiology
    - Reduction in duplicate space cost
    - Reduced operational cost through sharing of staff resources and processes
    - Scales of efficiency to reduce burdens such as frequency of call coverage
    - Two additional clinic integrations planned for Winter
- Development of provider scheduling template standards to reach benchmark access to care
  - o 700 additional patients per week being served in primary care
  - o 21% increase in combined medical group primary care clinics visits and 12% increase in ECUP practices
  - o Annualized net positive projected revenue impact \$608,498 for ECUP clinics with only 20% of the access project

### **ECUH Managed Care Contracting**

Leveraged scale and capability to maximize payments for our physicians from BCBS of North Carolina

## Background BSOM



# **Leverage Scale** and Capability

- Academic and Community physicians combined are 688
- Leveraged consultant expertise and existing capability within health system

# Increased value to BSOM

- Overall increase in rates to align with inflation
- Higher increases for key specialties that serve our rural market.



### **ECUH Revenue Cycle Integration**

Started the integration journey on May 1, 2024

#### Create a single revenue cycle and financial experience

Common infrastructure

Enable consistency across practices

Improve patient experience

Enhance performance and Enterprise Value

#### **Accomplishments to date**

Single Patient Statement

One MyChart Account

**Consolidated Operations** 

New Policies and Functionality

**Increased Cash Collections** 

#### **Lessons learned**

**Training** 

**Competing Priorities** 

Communication

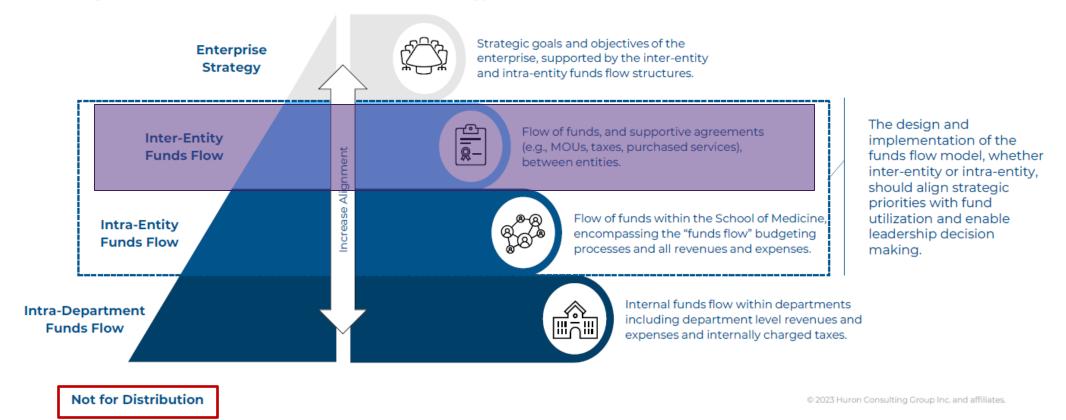
#### **ECUH Funds Flow**

Create enterprise value by moving away from negotiating against each other towards working as one integrated company

# Strategic Funds Flow Alignment



The structure and operationalization of funding and management of resources can facilitate alignment of the enterprise-wide strategy with department-level activities.



**BECUHEALTH** 

## Focus on Mission and Leading the Nation

- Brody consistently ranked near the top in the US:
- Most Graduates Practicing in Health Professional Shortage Areas
  - 25th of 168 schools (top 15% in the nation and university in N.C.)
- Most Graduates Practicing in Primary Care
  - •26th of 169 schools (top 16% and top university in N.C.)
- Most Graduates Practicing in Rural Areas
  - •47th out of 168 schools (top 28% and top university in N.C.)

## Focus on Mission and Leading the Nation

Highest Value Medical Education Nationally

Top 10 medical schools with the lowest grad average debt (AAMC)

- 1. NYU Grossman Long Island School of Medicine (New York) \$63,379
- 2. NYU Grossman School of Medicine (New York) \$75,884
- 3. California University of Science and Medicine (Colton) -\$77,620
- 4. Brody School of Medicine (Greenville, N.C.) \$93,971
- 5. Columbia University (New York, N.Y.) \$95,578
- 6. Weill Cornell Medicine (New York, N.Y.) \$95,857
- 7. Washington University in St. Louis \$100,432
- 8. University of Texas at Austin Dell Medical School \$103,174
- 9. Harvard Medical School (Boston) \$103,519
- 10. Johns Hopkins University School of Medicine (Baltimore) \$104,745

Becker's Hospital Review has recognized ECU Health in multiple ways, including:

- Patient experience
- •In 2023, Becker's Hospital Review recognized ECU Health Medical Center as the top hospital in the country for patient experience. This ranking was based on an analysis of over 30 million online patient reviews from hospitals across the country.



## **Philanthropic Alignment Updates**

- On January 1, 2023, the Vidant Health Foundation (VHF) and ECU Medical & Health Sciences Foundation (MHSF) aligned and consolidated fundraising and stewardship operations through a joint venture with the assumed business name of ECU Health Foundation.
- Joint Operating Committee (JOC) was formed to provide routine oversight to the ECU Health Foundation.
  The JOC is comprised of the Chair, Vice Chair, Secretary, and Treasurer of the MHSF and VHF Boards,
  respectively. Ex officio members include the ECU Chancellor, ECU Health CEO, and ECU VC for University
  Advancement. Ex officio members with a vote include ECU Chancellor and ECU Health CEO.
- Single executive, who oversees the joint venture, reports to the Joint Operating Committee as President of both Foundations, and to the ECU Health CEO as ECU Health Chief Philanthropy Officer. Dr. Scott Senatore is the current Chief Philanthropy Officer.
- Team members from both legacy foundations work together, within one organizational chart, in the ECU Health Foundation building in close proximity to ECU Health and the ECU schools and colleges on the Health Sciences campus.



# **Philanthropic Alignment Updates**

- Developed a unified strategic framework, which includes an updated purpose statement and core beliefs.
- Created enterprise-wide budgets, production reports, and key performance indicators. Each Foundation maintains books and financial statements in accordance with respective health system and university policies/procedures for internal purposes.
- Created a joint governance structure, which includes joint committees and joint board meetings.
- Created and launched a sub brand for the ECU Health Foundation.
- Created a funds flow agreement between the legacy ECU Medical & Health Sciences Foundation and ECU Health to hire ECU Health Foundation team members as ECU Health employees.
- Coordinated back-end operations with ECU's University Advancement.
- Launched the Investing in Our Future Endowment, which will be used in perpetuity to support ECU's Schools and Colleges of the Health Sciences and ECU Health clinician recruitment and retention. The goal is to raise \$20M and YTD we have raised \$12.3M.

## **Investing in Our Future Endowment**



#### **GOAL**

To create an Endowment of *\$20 million* – the earnings of which will be used in perpetuity to support ECU's Schools and Colleges of the Health Sciences and ECU Health clinician recruitment and retention.

#### **ORIGIN**

The Endowment originated with a gift of \$10 million from ECU Health as designated by the ECU Health Board of Directors with the stipulation that once any matching funds are donated, an equal amount of the founding corpus is released for use as an endowment.

#### **STATUS**

Year-to-date, \$2.7 million has been raised, making the earnings from \$5.4 million available. Once an additional \$7.3 million is raised, earnings from the entire \$20 million Endowment will be available.