

**Minutes of the University of Kentucky Board of Trustees
University Health Care Committee
June 23, 2016**

I. Call to Order

The University of Kentucky Board of Trustees University Health Care Committee met on June 23, 2016, at the Keeneland Entertainment Center at Keeneland Race Course, Lexington, KY. The meeting was called to order by Robert Vance, Chair of the University Health Care Committee (“Committee”) at 8:10 a.m.

II. Roll Call

Committee members present included Chair Vance, James Booth, Cammie Grant and Barbara Young.

Committee Community Advisory members present included Robert Clay, Luther Deaton, Mira Ball and Jean West.

University Health Care ex officio members present included President Eli Capilouto, Phillip Chang, MD, Robert (Bo) Cofield, DrPH, Robert DiPaola, MD, Michael Karpf, MD, and Colleen Swartz, DNO, MSN, RN.

Trustees William Britton, Mark Bryant, David Hawpe, John Wilson, Sheila Brothers, Robert Grossman and Austin Mullen were also present.

III. Approval of Minutes

Minutes from the May 2, 2016 meeting were presented for approval by Chair Vance. Motion was made by Barbara Young to accept the minutes and seconded by Cammie Grant. With no further discussion, the motion carried unanimously.

IV. Welcoming and Opening Remarks

Dr. Karpf gave an introduction and overview of the retreat agenda, which included a discussion about UK HealthCare’s recent physician and staff engagement scores. He noted that participation on both was up from the previous year and that staff engagement scores were improved over last year. He acknowledged that physician engagement scores were well below targets and that the enterprise is already taking steps to address physicians’ concerns (through public listening sessions, town halls, meetings with physicians and department chairs, and more) and will continue to focus on improving physician concerns.

V. Enterprise Goals

Bo Cofield, UK HealthCare’s Chief Clinical Officer, and Dr. Phil Chang, UK HealthCare’s Chief Medical Officer, provided the Committee with a status update on fiscal year 2015-16 enterprise performance goals, which were approved by the Committee at the June 2015 retreat.

Mr. Cofield noted the release of the 2015 Value Report for UK HealthCare, which shows how UK HealthCare performed in 2015 in various quality, service, and access metrics and identifies many of the achievements and awards it received – including Magnet status, “Get with the

Guidelines – Resuscitation Gold Quality Achievement Awards” from the American Heart Association, Joint Commission recognitions, and more.

Dr. Chang reported the enterprise goals are represented by five domains (mortality, patient safety, care continuum, patient experience, and engagement). There are a total of 10 goals measured, and UK HealthCare met maximum target on four goals, met threshold on three goals and the balance (three) were under threshold.

Areas that performed under threshold included:

- New patient visit lag of under 14 days – currently meeting standard at 21 of the 76 locations measured – threshold was to be at 24 locations.
- Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains. There are nine domains in total. Of the nine, UK HealthCare met five – threshold was six domains.
- Physician Engagement – UK HealthCare had a recorded participation in this year’s survey; 87% of physicians responded. The performance target was a score of 3.60 or greater. UK HealthCare had a score of 3.52, which was below threshold. Leadership is taking this score seriously and has already engaged the physicians to gain a better understanding of what constituted this score.

Mr. Cofield and Dr. Chang presented to the Committee proposed goals for the upcoming fiscal year, starting July first. UK HealthCare will be measuring 11 goals. Many of the categories remain the same as the previous year, though performance targets have been adjusted to reflect a focused effort on overall system improvement.

A new enterprise category will be added this coming year, which focuses on diversity and inclusion. Four Diversity & Inclusivity measures will be targeted, and the measures all support the University’s overall goals:

- College of Medicine faculty for females
- College of Medicine faculty for African-Americans and Hispanics combined
- EVPHA professional series for all minorities (includes health, administrative support, student support, and technical support)
- EVPHA executive, administrative and managerial positions for all minorities.

Leadership has established a five-year goal for each of these measures, which will be re-evaluated annually.

Mr. Cofield presented the Fiscal Year 2016-17 enterprise goals for the Board’s approval. A motion was made by Trustee Young to accept the enterprise goals and seconded by Trustee Grant. With no further discussion, the motion carried unanimously.

VI. Facilities Update

Murray Clark, Senior Vice President for Health Affairs of UK HealthCare, provided the Committee with an update on the clinical facilities planning process and the approach that has been undertaken for phasing prioritization of the remaining space and future facility needs.

To date and prior to any additional resource allocations, UK HealthCare has spent \$921.1 million on the Chandler Hospital facilities; approximately 86% of Pavilion A has been fit up. Members of the Clinical Operations Team sought input from physician partners and leadership as to priorities for future UK HealthCare facilities investments. A proposal was submitted to the Committee for their approval of another phase to the Chandler project. Phase I-I involves a second phase of Radiology Services in the building, another 64-bed floor (Floor 12), a new Birthing Center in Pavilion HA, and a study of Interventional Services. This will bring the cumulative project cost to in excess of \$1 billion, and complete approximately 96.5% of Pavilion A fit-up.

Mr. Cofield shared with the Committee how UK HealthCare plans to repurpose Pavilion H in the short-term, and identified guiding principles for its long-term usage.

Chair Vance and Trustee Young recognized Mr. Clark in lieu of his recent change in roles from Senior Vice President for Health Affairs and Chief Financial Officer to Special Adviser focusing on facility development. Mr. Clark has been directly responsible for the oversight and management of the construction of the new Chandler Hospital Pavilion A tower and has continued to play an integral role in virtually every construction project on the medical campus. Mr. Clark has agreed to stay on part-time to oversee Facilities Planning and Development for the next year. To honor his service, the Committee presented him with a Kentucky Colonel from Governor Matt Bevin. This distinction is the highest title of honor bestowed by the Governor of Kentucky, and is recognition of an individual's noteworthy accomplishments and outstanding service to the community, state, and nation.

VII. Fiscal Year 2017 Financial and Capital Plans

Craig Collins, UK HealthCare's Chief Financial Officer, presented the Committee with the health system's proposed fiscal year 2017 financial and capital plans.

The proposed financial plan calls for system revenues in excess of \$2 billion and expenses of \$1.9 billion. The health system continues to be an economic driver, with over 11,640 full time equivalents and personnel expenses in excess of \$1 billion. Operating expenses reflect an increase of \$102 million from fiscal year 2016 forecast to fiscal 2017 budget. Wages and benefits are budgeted to increase by \$67 million.

Outpatient is a key component in UK HealthCare operations with an increase of three percent for all outpatient visits. Annual discharges at UK HealthCare have grown at a Compound Annual Growth Rate (CAGR) of 6.4 percent from fiscal year 2003 to fiscal year 2016 – a total of 105 percent growth. Projections are calling for more than 39,000 inpatient discharges during the upcoming fiscal year.

Mr. Collins discussed external (e.g. impact from Medicaid waiver program, Medicaid supplemental payments, aging population) and internal (e.g. enhanced revenue cycle management) operational variables and their impact on the financial planning process. The system continues to grow, demand is high, and managing operational variables will be important; the financial plan includes funds for investment in UK HealthCare's strategic plan, facilities, and equipment.

Mr. Collins reviewed the system's strategic capital and investment needs for the future. From FY2016 through FY2021, the routine project and non-project capital spend is estimated to be \$528 million. Additionally, another \$573 million of anticipated spending has been identified over

the same timeframe. A strong financial performance and liquidity will be essential to maintaining UK HealthCare's current level of capital access, which is essentially an "A" rating.

UK HealthCare baseline financial plan projects that the organization will be well positioned to pursue its currently approved strategic capital. UK HealthCare will need to actively manage the velocity of its strategic capital investment in order to maintain financial equilibrium and regenerate capital capacity used. Vigilant cost and clinical care management, areas controlled by UK HealthCare, will be of even greater significance as the organization undertakes its next strategic steps.

Trustee Brothers asked Mr. Collins about what percentage pay increase will be given to UK HealthCare staff. Mr. Collins noted there is both a merit and market pool built into the operating budget and that it has not been determined what the increase will be. Any increases will not occur until October.

Business Item A, Approval of fiscal year 2017 Budget

A motion was made by Trustee Young to approve the fiscal year 2017 financial and capital projects and seconded by Trustee Grant. With no further discussion, the motion carried unanimously.

Meeting recessed at 10:29 a.m.

Meeting reconvened at 10:45 a.m.

VIII. Kentucky Medicaid Transformation Update

Mark Birdwhistell, UK HealthCare's Vice President of Administration and External Affairs provided the Committee with an update on Kentucky's Medicaid transformation and the background for why the Governor's team is proposing changes to the program.

Currently, the federal government covers 100 percent of all Medicaid expansion-related expenditures in Kentucky. Starting in January 2017, the federal match rate of costs will drop from 100 percent to 95 percent, resulting in a state fund share of 5 percent, which will increase gradually to 10 percent over the next five years. Over the State Fiscal Year (SFY) 17-18 biennium, projected future costs to the state as a result of the increased enrollment are projected at \$247 million, and costs for the 2019-2020 biennium are projected at \$509 million.

Currently 1.35 million Kentuckians are enrolled in Medicaid, with a projected SFY18 enrollment of 1.43 million (32.5 percent of state's population).

The Commonwealth will be pursuing an 1115 demonstration waiver with the Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS). Under this waiver, if approved, individuals with traditional Medicaid (adults and children), Kentucky Children's Health Insurance Program, and Medicaid expansion will continue to be covered. Mr. Birdwhistell reviewed the process of getting 1115 demonstration waiver approved – from concept paper to implementation. The goal is to have a demonstration waiver approved at the federal level before the November elections and any subsequent changes in administrations at HHS and CMS.

X. Master Facility Planning

Dr. Karpf reviewed UK HealthCare's master facility planning process over the last decade, including its guiding principles and needs, for both ambulatory and hospital facilities.

The Good Samaritan Hospital Facility has served UK HealthCare needs well for the short term; however, it will be difficult if not impossible to meet the needs for the long term. Its mechanical and electrical infrastructure cannot support today's technology, and patient care space struggles to meet today's standards or best practices. If UK HealthCare considers replacing Good Samaritan beds to the main medical campus, it may be possible to build a replacement facility in front of Pavilion H of Chandler Hospital with 266 beds.

Dr. Karpf explained there is no quick-fix solution to the ambulatory issues on the main campus. Reorganization of space within the Kentucky Clinic will help alleviate some short-term capacity and layout issues, but a more permanent solution is not achievable under current space constraints. The ambulatory solution on the main campus will need to be incremental and phased, with the intent of improving the patient experience wherever possible without sacrificing future financial flexibility.

Dr. Karpf identified some key master planning tasks for Fiscal Year 2016-17, including:

- Programming Pavilion B as a Good Samaritan Hospital replacement and potentially consolidated clinical space for the Cancer Center
- Defining the best use of Pavilion H (support space, administrative space, and/or research space)
- Projecting outpatient space needs for the future, as UK HealthCare will ultimately need a facility on campus and may need additional off-campus facilities
- Defining the support space, in regards to consolidation of off-campus location or multiple locations
- Addressing issues with parking, transportation, and traffic flow

XI. Business Items

B. FCR 12, Approval of Sublease

At its October 2006 meeting, the Board of Trustees amended Governing Regulation II.A.6(g) requiring that all leases in excess of \$200,000 annually be approved by the Board of Trustees. The President or his designated representative is authorized to enter into leases and easements not exceeding \$200,000 in value.

Since March 2015, UK HealthCare has located some of its primary care and specialty outpatient clinics in spaced leased by Kentucky Medical Services Foundation, Inc. ("KMSF"), that is now known as UK HealthCare at Turfland. A need has been identified for administrative and support space associated with these clinical services. This space would provide faculty and program support offices, as well as meeting and training spaces. Leasing space from KMSF on the second floor of the same building allows UK HealthCare to be flexible and reactive to the ongoing growth of services necessary to provide state of the art clinical services and programs to the people of the Commonwealth.

The annual rent for the 45,000 square feet of office and clinical space is \$1,181,250. The subleased space will be funded with agency funds.

A motion was made by Trustee Booth to recommend approval to the Finance Committee and seconded by Trustee Young. With no further discussion, the motion carried unanimously.

C. FCR 13, Renovate/Improve Clinical/Ambulatory Services Capital Project (Brachytherapy)

This project will renovate and improve the area in the basement of the Chandler Hospital (Pavilion H – the former Gamma Knife Radiosurgery suite) in order to relocate the Brachytherapy (an advanced radiation therapy) treatment space.

The current Brachytherapy suite in the basement of the Roach Cancer Center Facility (Markey) was not upgraded as part of the Radiation Medicine capital project completed in 2009. The space to which the program will be moved will be renovated and expanded to create updated procedural and treatment space with state-of-the-art equipment. The renovations will enhance patient care areas, create efficient staff space, and upgrade the HVAC and electrical systems to support the services.

The scope of this project is \$3,500,000 and will be funded with agency funds.

A motion was made by Trustee Grant to recommend approval to the Finance Committee and seconded by Trustee Young. With no further discussion, the motion carried unanimously.

D. FCR 14, Renovate/Improve Clinical/Ambulatory Services Capital Project (Otolaryngology)

This project will renovate the areas on the third floor of the Medical Plaza building for the Department of Otolaryngology commonly referred to as Ear, Nose, and Throat (ENT). The renovation will be in the space currently occupied by the Department of Ophthalmology, which will be relocating to the new Shriners Building.

The patient load of the ENT Department has increased significantly in the last few years. The space currently occupied by ENT is not sufficient in size or design to support the clinical needs. The renovations and improvements will provide a redesigned space specific to the needs of the Department. Improvements include more usable exam rooms, enhanced patient and staff circulation, improved waiting areas, and upgraded HVAC systems.

The scope of this project is \$6,000,000 and will be funded with agency funds.

A motion was made by Trustee Young to recommend approval to the Finance Committee and seconded by Trustee Booth. With no further discussion, the motion carried unanimously.

E. FCR 15, Renovate/Upgrade UK HealthCare Facilities (Phase I-I) Capital Project (Fit-Up 12th Floor and Other Improvements)

The Albert B. Chandler Hospital Facilities Development Plan (Development Plan) provides for the systematic replacement and renovation of patient care facilities. Since the opening of the first two patient care floors in Pavilion A of the new patient care facility in May 2011, UK HealthCare has continued to experience strong patient demand for the delivery of its hospital system services. This volume increase has placed substantial capacity and throughput constraints on the hospital system operations, requiring continued fit-out of Pavilion A and the renovation of Pavilions H, HA, and G to provide adequate facilities for patient care.

With the scope of \$113,600,000, the Renovate/Upgrade UK HealthCare Facilities (Phase I-I) Capital Project of the Development Plan includes the following components:

- Fit-up of additional patient floor (12th floor) in Pavilion A
- Phase 2 Radiology Services in Pavilion A
- Interventional Services fit-up in Pavilion A and renovations in Pavilions H and G
- Obstetrical Services renovations in Pavilions HA and H

In February 2016, the Board approved the fit-up of the fifth floor in the Patient Care Facility Capital Project (Phase I-H) with a scope of \$37,000,000.

Phase I-H was originally approved to be part of the Patient Care Facility legislative authorization and to be funded with agency funds. By this action, the fund source and identified legislative authorization for Phase I-H, which has not yet been initiated, will be changed to agency bonds authorized by the 2016 General Assembly.

The total estimated scope of Phase I-H (\$37,000,000) and Phase I-I (\$113,600,000) is \$150,600,000 and will be funded with \$150,000,000 of agency bonds authorized by the 2016 General Assembly and \$600,000 of agency funds. The bonds will be repaid with UK HealthCare patient care revenues.

Pursuant to the University of Kentucky Debt Policy, the Debt Management Committee has reviewed the financing plan and supports the proposed recommendation.

A motion was made by Trustee Young to recommend approval to the Finance Committee and seconded by Trustee Booth. With no further discussion, the motion carried unanimously.

XII. UK HealthCare 2015-2020 Strategy Update

A. Strategic Enablers: Diversity & Inclusivity

Tukea Talbert, UK HealthCare's Assistant Hospital Administrator, and Terry Allen, UK's Interim Vice President for Institutional Diversity, provided the Committee with an update on UK HealthCare's development of a comprehensive diversity and inclusivity plan.

There are four key initiative areas for UK HealthCare to emphasize in the diversity and inclusivity plan:

- Patients
- Staff, faculty and students
- Leadership succession planning
- Community

Ms. Talbert noted that the plan presented aligns with the University's diversity and inclusivity initiatives and metrics, while establishing the infrastructure needed for a successful plan.

The Diversity and Inclusivity (D&I) Committee Mission is to build and leverage a diverse and inclusive workforce and work environment through leadership development, capability, and capacity; and to create a safe and inclusive environment for patient care. The D&I Committee's vision is to leverage a diverse and inclusive workforce to achieve superior results. This vision would be accomplished through: recruiting, developing, and maintaining members from various backgrounds including but not limited to: ethnicities, race, national origin, gender, religion, age,

marital status, sexual orientation, gender identification, or disability and by creating a non-discriminatory environment where all individuals feel respected, are treated fairly, and have an opportunity to share a variety of ideas and perspectives to foster innovation.

Ms. Talbert explained the roles and responsibilities of the D&I Committee, which include: developing diversity and inclusion as a core competency; advocating for caregivers to model and engage in respectful and inclusive behavior; demonstrating commitment to openness, honesty, and relationship building; ensuring Enterprise D&I Committee goals and objectives are achieved, communicated, and celebrated; and serving as a collective voice around shared issues and concerns to help promote an inclusive and respectful environment.

The plan focuses on four areas of improvement (administrative, executive, managerial – all minorities; profession – all minorities; faculty – all minorities; and faculty – gender), which have been incorporated into the UK HealthCare’s FY2017 Enterprise Goals.

Mr. Allen provided a breakdown of the most recent utilization analysis for UK HealthCare, noting the number of minorities in four key areas:

- Administrative, executive, managerial (all minorities)
- Professional (all minorities)
- Faculty (all minorities)
- Faculty (gender)

Community Advisory Member West asked about the LGBTQ clinic, and Ms. Talbert explained it was initially very small but is assessing the current situation on how the current clinic can accommodate a special day to market or advertise those clinics and incorporate pride in the clinics.

Trustee Brothers asked Ms. Talbert about the inclusive language training. Ms. Talbert noted that the D&I Committee is looking at the language and evaluating how to better communicate with the LGBTQ community.

Trustee Hawpe asked for an understanding of safe zones and Ms. Talbert answered that safe zones are areas around campus for people who are of the LGBTQ and transgender community.

XIII. Lunch

Meeting recessed at 12:05 p.m.

Meeting reconvened at 12:55 p.m.

XIV. UK HealthCare 2015-2020 Strategy Update (Continued)

B. Chapter 1: Grow Complex Care

Mr. Cofield provided an update on UK HealthCare’s academic service line operation model development and timeline. A video was shown highlighting the outstanding care a patient received from UK HealthCare.

The service lines must determine necessary resources to assure nationally competitive programs in terms of span, scope, quality, safety, efficiency, patient satisfaction, and the academic missions. The academic service lines must develop standardized care models and eliminate unnecessary variance using appropriate evidence bases. They also must develop appropriate strategic plans by region and build relationships with appropriate partners and their medical

staffs, especially on the network development side. The academic service lines also must work with partnering practitioners to develop standards of care and encourage integration of care to address value-based reimbursement.

Mr. Cofield provided a status update on five academic service lines: Markey Cancer Center, End-Stage Organ Failure & Transplantation, Kentucky Neuroscience Institute, Musculoskeletal, and Obstetrics/Maternal Fetal Medicine/Neonatal Intensive Care Unit.

An Academic Service Line (ASL) Operating Model will increase coordination and communication within and among clinical programs. This ASL Operating Model will result in reduced variability and increased quality, which leads to better patient and family-centered care while ensuring UK HealthCare is prepared for the future of value-based care.

Mr. Cofield reviewed the implementation timeline for the ASL Operating Model and noted that he anticipates it to be fully implemented by June 2017.

C. Chapter 2: Strengthen Partnership Networks

Rob Edwards, UK HealthCare's Chief External Affairs Officer, provided an update on UK HealthCare's acute care partnerships and reviewed the process of how partnerships are evaluated.

He noted the three guiding principles for strategy implementation of an initiative are that it must be focused, measurable, and accountable. The Strategic Outreach Operating Process that was developed helps filter initiatives that are "on strategy" and determine if it meets these three criteria.

Mr. Edwards provided an update on the FY 2015-16 accomplishments. UK HealthCare launched a new outreach operating process, executed over 35 new contracts, moved 15 new initiatives into active contracting status, and identified 80 new outreach initiatives.

The goal of the partnership development strategy is to continue to focus on providing care for Kentuckians in Kentucky. This is accomplished by clinicians working with other clinicians, standardizing care and developing value at UK HealthCare with provider to provider relationships, and aligning network affiliations with the service line model.

Mr. Edwards also updated the Committee on the development of the Kentucky Health Collaborative, including established areas of focus. The purpose of the Kentucky Health Collaborative is to be a state-wide collaborative of leading healthcare providers and systems that serves as a model for quality, safety, access, coordination, effectiveness, and efficiency of care in the advancement of benchmark clinical services, education and research through innovative collaborative initiatives. Mr. Edwards introduced Bill Shepley, Executive Director of the Kentucky Health Collaborative. Mr. Shepley has over 25 years of experience as a health care executive, holding leadership roles in major academic medical centers. He shared a brief update on the progress to date of the Collaborative and on upcoming activities and priorities.

D. Strategic Enablers: Marketing

Julie Balog, UK HealthCare's Director of Digital Brand and Strategy, reviewed the objectives, components of success, and strategies that are supporting UK HealthCare's strategic marketing plan. The marketing plan is aimed at influencing health care consumers around the state so that when they make a choice about health care, they think of UK HealthCare. It especially targets those consumers who are leaving the Commonwealth for complex health care issues.

The strategic marketing plan has three major objectives: First, to boost understanding of the UK HealthCare brand and sub-brands benefits to patients, physicians, partners, employees, opinion leaders, and all stake holders. Secondly, drive choice of UK HealthCare (service line) among targeted patient populations in defined geographies. Third, raise esteem and reputation of UK HealthCare as a world-class academic medical center locally, regionally, and nationally.

UK HealthCare's brand promise is "(The Power of) advanced medicine." The three key attributes of the brand identified by research are: expert, visionary, and reassuring.

Ms. Balog also shared some examples of the multi-media approach being used to bring the brand to life and the metrics UK HealthCare is using to monitor its effectiveness. It was noted that UK HealthCare has experienced an uptick in appointment request and visits to the website (over the same time period last year) since launching the campaign.

Community Advisory Member West complimented Ms. Balog and her team for their work developing the brand.

Chair Vance asked if UK HealthCare was working collaboratively with campus leadership on brand development and other related activities. Ms. Balog responded that the University (campus) target market is different than the target market for UK HealthCare, but that she and her team are constantly in communication with campus counterparts and wants to make sure that the two are constantly in tune and on-strategy for any initiative or activity.

Trustee Hawpe asked if any print media advertising was used in conjunction with the digital campaign. Ms. Balog explained that some print advertising was used in the rollout, as well as radio and outdoor, but that the bulk of advertising went into digital channels. It is cost-effective, easier to manage, and a more efficient way of targeting consumers.

XV. College of Medicine Update

Robert DiPaola, MD, UK College of Medicine's Dean, provided the Committee a comprehensive update on the College. Dr. DiPaola discussed the overwhelming linkages of research and clinical advances in care in delivering academic value. Interest in medical education is up, as are class sizes. Thirty-nine percent will be entering Primary Care residencies defined as Internal Medicine, Pediatrics, Med-Peds, and Family Medicine. Thirty-eight percent will be staying at UK for their residencies.

Significant strategic emphasis is being placed on addressing the state's existing and anticipated physician shortage, as well as the college's diversity and inclusion plans. A new College of Medicine Associate Dean for Diversity and Inclusivity will be created to support this new pillar within the College's strategic plan.

Grants awarded to the College continue to be strong and growing; the College has seen a 31 percent growth in non-National Institute of Health grants since Fiscal Year 2013 and a 23 percent growth in National Institute of Health grants during the same period.

The College continues to look at innovative ways to enhance value of research, education, and clinical care, particularly for addressing health disparities unique to the Commonwealth.

Trustee Brothers asked what strategies are in place to help improve the small number of medical students in-state vs. out-of-state, as well as the small African-American enrollment. Dr. DiPaola

explained that he has already held meetings exploring those questions and that his team is actively looking into existing programs and available options to help educate those students. He also identified partnering with institutions and communities to help address that disparity.

Trustee Britton asked about the College's long-term goals. Dr. Karpf and Dr. DiPaola noted the numbers of students trained at UK will likely grow in the years ahead, due to the upcoming expansion of the College into Bowling Green and Morehead and the need to help address Kentucky's physician shortage.

Community Advisory Member West commented that an idea worth exploring would be to highlight the clinical trials and research being done by the College, noting that people gravitate to hearing about those types of initiatives.

Trustee Grossman asked about diversity and inclusion efforts, and if the College is looking at any changes to the College's own student honor code. Dr. DiPaola said that he has and is taking a look at all aspects of the College since assuming this role earlier in the year.

Trustee Bryant advocated that the College educate and place more students in the regional communities here in Kentucky to address physician and education needs. Dr. DiPaola responded that the College is looking at these types of questions in an Admissions subcommittee to see what it is currently doing and what it plans to do in years ahead.

Trustee Grant and Ms. West expressed an interest in tracking what happens in the months ahead with clinical trials in the College.

Dr. Karpf provided a brief review of the meeting topics and summarized what was covered throughout the day's activities.

XVI. Privileges and Appointments

Mr. Cofield initiated a presentation for the Board's approval of the current list of privileges and credentials. A motion was made by Trustee Grant to accept the privileges and credentials as presented and seconded by Trustee Young. With no further discussion, the motion carried unanimously.

XVII. Adjournment

Seeing no other business, Chair Vance adjourned the meeting at 3:30 p.m.