UWHCA Board of Directors

June 24, 2021, 1:30 - 4:30 PM

WebEx: https://uwhealth.webex.com/uwhealth/onstage/g.php?MTID=e4109b84e4c703109edc4bbc1d5712f68

Meeting number: 120 254 6916 // Password: 062421


**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
UWHCA Board of Directors - June 24, 2021 - Public Meeting Notice

Agenda

1:30 PM
I. Call to Order of Board Meeting
Dean Robert Golden

1:30 PM
II. Consent Agenda
Dean Robert Golden

Meeting Minutes from May 27, 2021

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff Membership and Clinical Privileges - June 2021

UW Health ACO, Inc. - PY19 Sequestration and Distribution of Funds

Executive Summary - UW Health ACO, Inc. PY19 Sequestration Payment and Distribution

Resolution - UW Health ACO, Inc. PY19 Sequestration Payment and Distribution

Wisconsin Dialysis, Inc. Board of Directors - Director Reappointments

Executive Summary - Wisconsin Dialysis, Inc. Board of Directors - Director Reappointments

Resolution - Wisconsin Dialysis, Inc. Board of Directors - Director Reappointments

Informational - Biography - Mary Link, JD

Informational - Biography - Jeffrey Pothof, MD, FACEP

Informational - Biography - Jodi Vitello

1:32 PM
III. UWHCA Officers of the Board of Directors
Dean Robert Golden
Motion to approve UWHCA Board of Directors Chair and Vice Chair nominated by the UWHCA Executive Committee during the May 2021 meeting.

Resolution - Election of UWHCA Officers

1:35 PM
IV. UW Health Financial Report
Mr. Robert Flannery

Presentation - Financial Update - May 2021
1:50 PM

V. COVID-19 Situational Update
Dr. Peter Newcomer

Presentation - COVID-19 Situational Update

2:05 PM

VI. Anti-Racism/Diversity, Equity and Inclusion (DEI) Update
Ms. Shiva Bidar-Sielaff

Presentation - Anti-Racism/DEI: Update

2:35 PM

VII. Closed Session

Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session and executive closed session meeting minutes; UWMF Urgent Care Physician Compensation Plan; update on Project Advantage strategic partnership; review and discuss FY22 UW Health Enterprise Capital and Operating Budget; UW Health Financing Recommendation; UW Health – UnityPoint Health-Meriter Joint Operating Agreement Report; and UW Health CEO Perspective on system strategy; pursuant to Wisconsin Statutes sections 19.85(1)(c) and 19.35(10) for review of the UW Health CEO performance assessment form; pursuant to Wisconsin Statutes section 146.38, for the review of the Patient Safety and Quality Committee report; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

4:25 PM

VIII. Return To Open Session

IX. ACTION: Urgent Care Physician Compensation Plan
Dean Robert Golden
(Motion to approve the Urgent Care Physician Compensation Plan as presented on the Closed Session consent agenda)

Approval

X. ACTION: FY22 UW Health Enterprise Capital and Operating Budget
Dean Robert Golden
(Motion to approve the FY22 UW Health Enterprise Capital and Operating Budget as discussed in Closed Session)

Approval

XI. ACTION: UW Health Financing Recommendation
Dean Robert Golden
(Motion to approve Intent to Finance as discussed in Closed Session)

Approval

4:30 PM

XII. Adjourn
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: June 7, 2021
Medical Board: June 10, 2021

__________
Meghan Lubner, MD
Chair of Medical Board & President of Medical Staff

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.

New Applications—Medical Staff

Daniel G. April, MD, Active Staff
Department of Radiology/Fellow (MSK)

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Fluoroscopy

Christine E. Brichta, MD, Active Staff
Department of Pediatrics/General (Chief Resident)

- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

Shannon M. Burke, MD, Active Staff
Department of Emergency Medicine/Fellow (Education)

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft
tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Daniel R. Calnan, MD, Active Staff
Department of Neurological Surgery/Fellow (Neuroendovascular)
- Neurological Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses, injuries, and disorders of the neurological system, including the supporting structures and vascular supply. These privileges include, but are not limited to, craniotomy and craniectomy; reconstructive cranioplasty; laminctomy; spinal fusion; chemonucleolysis; percutaneous diskectomy; transphenoidal hypophysectomy; CSF shunting procedures; radiofrequency chemical rhizotomy/chordotomy; intracarotid injection; peripheral nerve surgery; intra-extracranial anastomosis; carotid endarterectomy; myelomeningocele repair; neurostimulation and recording; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.
- Use of surgical laser
- Fluoroscopy

Ann M. Chodara, MD, Active Staff
Department of Medicine/Rheumatology
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
- Rheumatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with rheumatologic disorders. These privileges include, but are not limited to, diagnostic or therapeutic aspiration or injection of joints, bursae, and tenosynovial structures; percutaneous needle biopsy of the synovium, muscle, and adipose tissue; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Abigail S. Cutler, MD, Active Staff
Department of Obstetrics and Gynecology/General Ob & Gyn
- Medical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and medically treat patients presenting with disorders of the female urogenital tract. These privileges include, but are not limited to, evaluation for gynecologic disease, screening for gynecologic cancers (including breast cancer), family planning and contraception, evaluation and treatment of endocrine dysfunction and infertility, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Surgical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with benign and pre-malignant disorders of the female urogenital tract. These privileges include, but are not limited to, pelvic endoscopic procedures; dilatation & curettage of the uterus; surgical termination pregnancy; surgical exploration of abdomen, major and minor abdominal and vaginal surgical procedures, repair of simple injuries to the bladder or bowel, appendectomy, evaluation and treatment of incontinence; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat pregnant patients. These privileges include, but are not limited to, ultrasound; fetal monitoring; amniocentesis; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training.
- Emergency Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, manage, and surgically treat pregnant and post-partum patients admitted to UWHC. This does not permit admission for the
primary purpose of obstetrical services, except when such admission is required by law in emergencies. These privileges include, but are not limited to, vaginal delivery; outlet forceps delivery; cesarean section; electronic fetal monitoring; D&C and/or uterine exploration and exploratory laparotomy for post-partum hemorrhage and supervision of residents, fellows and others in training.

**Nimrod Deiss-Yehiely, MD, Active Staff**

**Department of Medicine/Chief Resident**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

**Elaine M. Downie, MD, Active Staff**

**Department of Ophthalmology/Fellow (Oculoplastics)**

- Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways*; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

- Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotheraphy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. These privileges include supervision of residents, fellows, and other persons in training.

**Zachary J. Forcade, MD, Active Staff**

**Department of Emergency Medicine/Fellow (Med Flight)**

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Point of Care Emergency Ultrasound
- Deep Sedation--Adults (13 years and older)
- Fluoroscopy

**Ashwath Gunasekar, MD, Active Staff**

**Department of Emergency Medicine/Fellow (Global Health)**

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Point of Care Emergency Ultrasound
- Deep Sedation--Adults (13 years and older)
• Fluoroscopy

Michal B. Gutowski, MD, Active Staff
Department of Ophthalmology/Fellow (Glaucoma)
• Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
• Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotherapy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. These privileges include supervision of residents, fellows, and other persons in training.
• Use of surgical laser - Argon for glaucoma.
• Use of surgical laser - Argon and Diode for panretinal laser.
• Use of surgical laser - Diode for glaucoma.
• Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.

Christopher R. Haas, MD, Active Staff
Department of Urology/Fellow (Endourology)
• Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
• Use of surgical laser
• Laparoscopic urologic procedures
• Fluoroscopy--Operation of X-ray fluoroscopic imaging equipment.

Douglas L. Handley, MD, Active Staff
Department of Radiology/Fellow (MSK)
• Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and other trainees. These privileges include care of patients via telemedicine.
• Fluoroscopy

Allison N. Heizelman, MD, Active Staff
Department of Pediatrics/Neonatology (NICU Hospitalist)
• Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and other trainees in training. These privileges include care of patients via telemedicine.
• Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of an H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

Christina M. Hughey, MD, Active Staff
Central venous catheter insertion for access of residents, fellows, and others in training. The privileges include, but are not limited to, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.

Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.

Department of Medicine/Chief Resident

Scott A. Laurenzo, MD, Active Staff

Department of Medicine/Gastroenterology & Hepatology

Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal hemorrhage, diagnosis, and performance of therapeutic procedures using endoscopes). These privileges also include care of patients via telemedicine.

Gastroenterology and Hepatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal hemorrhage, diagnosis, and performance of therapeutic procedures using endoscopes).
gastric varices, removal of foreign bodies, removal of polypoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms; colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Adult Moderate Sedation-- All locations - includes UH, TAC, DHC, and UWHC Clinics
- Upper Gastrointestinal and Enteric: Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (JEG) placement
- Fluoroscopy

Lindsay A. Matthews, MD, Active Staff
Department of Medicine/Chief Resident

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Kevin T. McConkey, MD, Active Staff
Department of Emergency Medicine/Fellow (Ultrasound)

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Point of Care Emergency Ultrasound
- Deep Sedation--Adults (13 years and older)
- Fluoroscopy

Michael Stephen Meyn, MD, Active Staff
Department of Pediatrics/Genetics & Metabolism

- Pediatric Genetics and Biochemical Genetics Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat children and adolescents with documented or possible biochemical genetic or genetic diseases. These privileges include, but are not limited to, skin biopsy; muscle biopsy; provision of immediate and longitudinal care for adults previously treated for pediatric genetic or biochemical genetic diseases; and supervision of residents, fellows and others in training.

Collin T. Michels, MD, Active Staff
Department of Emergency Medicine/Fellow (Admin)

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults
- Point of Care Emergency Ultrasound
- Fluoroscopy

Victoria B. Nicksic, MD, Active Staff
Department of Pediatrics/General (Chief Resident)
- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

**Pye P. Oo, MBBS, Active Staff**

**Department of Medicine/Fellow (Interventional Nephrology)**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
- Nephrology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include, but are not limited to limited to placement of temporary vascular access for hemodialysis; management of acute and chronic hemodialysis; placement of (temporary and permanent) catheter for peritoneal dialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access
- Percutaneous needle biopsy of the kidney
- Fluoroscopy
- Adult Moderate Sedation-- ONLY within University Hospital or UW Health at The American Center

**Emily G. Owen, MD, Active Staff**

**Department of Medicine/Chief Resident**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

**Ravi V. Patel, MBBS, Active Staff**

**Department of Medicine/Nephrology**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion,
and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.

- Nephrology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include, but are not limited to, placement of temporary vascular access for hemodialysis; management of acute and chronic hemodialysis; placement of (temporary and permanent) catheter for peritoneal dialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access
- Percutaneous needle biopsy of the kidney
- Adult Moderate Sedation-- ONLY within University Hospital or UW Health at The American Center
- Fluoroscopy

Justin P. Purnell, MD, Active Staff  
Department of Emergency Medicine/Fellow (Ultrasound)

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Point of Care Emergency Ultrasound
- Deep Sedation--Adults (13 years and older)
- Fluoroscopy

Varun Razdan, MD, Active Staff  
Department of Radiology/Fellow (Abdominal Imaging)

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Fluoroscopy

Barry R. Rush, MD, Active Staff  
Department of Radiology/Fellow (Abdominal Imaging)

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Fluoroscopy

Jedidiah Schlung, MD, Active Staff  
Department of Radiology/Fellow (Breast Imaging)

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Fluoroscopy

Kathryn M. Schmit, MD, Active Staff  
Department of Pediatrics/Infectious Diseases

- Pediatric Infectious Disease Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat infants, children and adolescents with possible or documented infectious disease. These privileges include joint and lymph node aspiration, provision of immediate and longitudinal care for adults with potential
infectious diseases, especially those often seen in children; and supervision of residents, fellows and others in training.

Syeda H. Shahid, MD, Active Staff
Department of Neurology/Pediatric Neurology

- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

Sindhu Shetty, MD, Active Staff
Department of Pathology and Lab. Medicine/Fellow (Breast/GYN)

- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.

- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges also include care of patients via telemedicine.

Margaret T. Soroka, MD, Active Staff
Department of Radiology/Fellow (Abdominal Imaging)

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges also include care of patients via telemedicine.

Peter G. Stadmeyer, MD, Active Staff
Department of Medicine/Gastroenterology & Hepatology

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.

- Gastroenterology and Hepatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal gastric varices, removal of foreign bodies, removal of polyoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms); colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Upper Gastrointestinal and Enteric: Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (JEG) placement

- Adult Moderate Sedation-- All locations - includes UH, TAC, DHC, and UWHC Clinics

Zachary E. Stewart, MD, Active Staff
Department of Radiology/Fellow (MSK)
• Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
• Fluoroscopy

Rhiannon J. Talbot, DO, Active Staff
Department of Medicine/Hematology/Oncology (Palliative Care)
• Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; I&D of abscess; simple skin biopsy or excision; removal of nonpenetrating corneal foreign body; uncomplicated minor closed fractures (not involving traction or major manipulation); uncomplicated dislocations; diagnostic endometrial sampling; peripheral intravenous cannulation; peripheral arterial puncture; lumbar puncture; preoperative care of surgical patients; postoperative medical care of surgical patients; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Palliative Care Privileges

Elizabeth A. Townsend, MD, Active Staff
Department of Anesthesiology/Fellow (Transplant Anesthesiology)
• Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
• Advanced Transesophageal Echocardiography (TEE)

Madison E. Tustian, MD, Active Staff
Department of Emergency Medicine/Fellow (Med Flight)
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Deep Sedation--Adults (13 years and older)
• Point of Care Emergency Ultrasound
• Fluoroscopy

Dean M. Weich, Jr., DO, Active Staff
Department of Anesthesiology/Fellow (Regional & Acute Pain)
• Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

Travis R. Wieland, MD, Active Staff
Department of Emergency Medicine/Fellow (Global Health)
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft
tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Luke D. Zurbriggen, MD, Active Staff
Department of Medicine/Hematology/Oncology
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Hematology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the blood and blood-forming tissues. These privileges include, but are not limited to, bone marrow aspiration and biopsy; administration of chemotherapy; the management and care of indwelling venous access catheters; plasmapheresis; therapeutic phlebotomy; lymph node aspiration; bone marrow harvest; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Medical Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and other persons in training.

Peter A. Mahler, MD, Active Staff
Department of Human Oncology
- Radiation Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat patients of all ages, with malignant and benign tumors, as well as other conditions where radiotherapy has a role. These privileges include, but are not limited to, administration of external beam radiation therapy, brachytherapy, naked or tagged radioisotopes (including intralesional, intracavitary, intracystic, intravenous, intraarterial or other routes of administration), radiosensitizers, radioprotectors and other therapeutic drugs required in the routine management of these patients; management and maintenance of indwelling brachytherapy catheters and other devices for delivery of brachytherapy or other forms of radiation; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and other persons in training.

Bala Bhagavath, MD
Department of Obstetrics and Gynecology/Reproductive Endocrinology
- Adult Moderate Sedation--All locations - includes UH, TAC, DHC, and UWHC Clinics

Catherine Harnois, MD
Department of Radiology/Fellow
- Fluoroscopy

New Applications—Advanced Practice Providers

Ashley M. Braithwaite, NP, Advance Practice Nurse
Department of Medicine/Geriatrics
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Long Term Care Core Privileges: Privileges to manage and treat patients at long term care facilities.
Alarise J. Clay, PA, Physician Assistant
Department of Family Medicine and Community Health/Urgent Care
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Family Medicine Core Privileges: Privileges to manage and treat patients with family medicine related injuries or diseases.
- Prescriptive Authority

Olivia M. Dittmann, NP, Advance Practice Nurse
Department of Surgery/Cardiothoracic
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiothoracic Surgery Core Privileges: Privileges to manage and treat patients with cardiothoracic surgical needs and related issues.
- Prescriptive Authority

Megan E. Galske, NP, Advance Practice Nurse
Department of Medicine/Gastroenterology & Hepatology
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gastroenterology and Hepatology Core Privileges: Privileges to manage and treat patients with gastroenterology and hepatology disorders and related issues.
- Prescriptive Authority

Rachael Harris, NP, Advance Practice Nurse
Department of Medicine/Hematology/Oncology
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Hematology/Oncology Core Privileges: Privileges to manage and treat patients with documented or possible hematologic and oncologic diseases.
- Prescriptive Authority

Katelynn M. Knipper, PA, Physician Assistant
Department of Surgery/Cardiothoracic
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.
- PA CT Surgery Core Privileges: Privileges to manage and treat patients in need of cardiothoracic surgical care and related issues.
- Prescriptive Authority

Jane S. Paulsen, PhD, Clinical Psychology
Department of Neurology
- Psychological testing: adolescents
- Psychological testing: adults
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
• Family therapy
• Group therapy
• Neuropsychology
• Psychoeducational testing
• Psychological consultation

Additional Privileges--Advanced Practice Providers

Jessica L. Bothun, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Cardiovascular Medicine
• Pericardial Drain Removal

Jenna K. Brink, PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Jimmy W. Clark, Jr., PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Daniel P. Crocetti, PA
Department of Surgery/Cardiothoracic
• VAD Core Privileges

Michael E. Horowitz, PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Emily J. Hussinger, PA
Department of Surgery/Cardiothoracic
• VAD Core Privileges

Jesse R. Jamieson, PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Adam R. Konopka, PhD
Department of Medicine/Clinical Research Unit
• Muscle Biopsy

Sarah L. Liegl, PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Joseph W. McKew, NP (Adult Gerontology Acute Care NP)
Department of Surgery/Cardiothoracic
• VAD Core Privileges

Krista M. Morin, PA
Department of Emergency Medicine
• PA Critical Care Core Privileges

Emily D. Reinstad, NP (Family Nurse Practitioner)
Department of Surgery/Surgical Oncology
• Aspiration or drainage of seroma or hematoma, Core Biopsy, Minor skin/subcutaneous procedures

Peter E. Schaal, PA
Department of Surgery/Cardiothoracic
• VAD Core Privileges
Focused Professional Practice Evaluation Review

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bielmeier, Rachel L., PA</td>
<td>Medicine/Hospital Medicine</td>
<td>PA</td>
</tr>
<tr>
<td>Franklin, Amy S., NP</td>
<td>Surgery/Surgical Oncology</td>
<td>APN</td>
</tr>
<tr>
<td>Gorenc, Kathleen L., NP</td>
<td>Pediatrics/Critical Care</td>
<td>APN</td>
</tr>
<tr>
<td>Hirdes, Christina A., PA</td>
<td>Emergency Medicine</td>
<td>PA</td>
</tr>
<tr>
<td>Lautner, Meeghan A., MD</td>
<td>Surgery/Surgical Oncology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Lefebre, Terri A., NP</td>
<td>Pediatrics/Gastroenterology</td>
<td>APN</td>
</tr>
<tr>
<td>Lowery, Erin M., MD</td>
<td>Medicine/Allergy, Pulmonary &amp; Critical Care</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Lucas, Bridget M., NP</td>
<td>Pediatrics/Cardiology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Martinelli, Alex M., NP</td>
<td>Medicine/Allergy, Pulmonary &amp; Critical Care</td>
<td>APN</td>
</tr>
<tr>
<td>McGregor, Kelly N., DO</td>
<td>Pediatrics/Bioethics and Child Abuse</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Notaro, Kelli M., NP</td>
<td>Orthopedics and Rehabilitation/Rehab Medicine</td>
<td>APN</td>
</tr>
<tr>
<td>Parins, Amy E., PA</td>
<td>Family Medicine and Community Health</td>
<td>PA</td>
</tr>
<tr>
<td>Storhoff, Brittany J., NP</td>
<td>Pediatrics/Neurodevelopmental-Behavioral</td>
<td>APN</td>
</tr>
<tr>
<td>Twedt, Heidi L., MD</td>
<td>Medicine/General Internal Medicine</td>
<td>Active Staff</td>
</tr>
</tbody>
</table>

Focused Professional Practice Evaluation Review- Additional Privileges

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atluru, Sreevalli, MD</td>
<td>Family Medicine and Community Health</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Cavanagh, Cate E., PA</td>
<td>Surgery/Surgical Oncology</td>
<td>PA</td>
</tr>
<tr>
<td>Hart, Rachel E., NP</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>APN</td>
</tr>
<tr>
<td>Meeteer, Wanda J., NP</td>
<td>Pediatrics/Genetics &amp; Metabolism</td>
<td>APN</td>
</tr>
<tr>
<td>Risch, Tatiana S., NP</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
<td>APN</td>
</tr>
<tr>
<td>Shahan, Charles P., MD</td>
<td>Surgery/Acute Care and Regional General</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Trott, Jennifer L., NP</td>
<td>Medicine/Hematology/Oncology</td>
<td>APN</td>
</tr>
<tr>
<td>Van Landingham, Suzanne W., MD</td>
<td>Ophthalmology/General</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Wepfer, Victoria A., NP</td>
<td>Neurology/Stroke</td>
<td>APN</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

TO:      UWHCA Board of Directors

DATE:  June 24, 2021

RE:       Approval of UW Health ACO, Inc. PY19 Sequestration Payment and Distribution

University of Wisconsin Hospitals and Clinics Authority Board of Directors,

The University of Wisconsin Hospitals and Clinics Authority ("UWHCA") is the Sole Member of UW Health Accountable Care Organization, Inc. ("ACO").

Each year the Centers for Medicare and Medicaid Services ("CMS") applies 2% sequestration to any shared savings earned by the ACO. However, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), temporarily suspended the application of sequestration. As such, CMS is refunding the sequestration previously applied to UW Health ACO Inc.’s PY19 shared savings in the amount of $183,649.00 ("PY19 Sequestration Payment").

The ACO Finance Committee reviewed and recommended to the ACO Board of Directors the distribution of the $183,649.00 to the Care Model Pilot Funds. On June 17, 2021, the ACO Board of Directors reviewed and approved the ACO Finance Committee’s recommendation of distributing the PY19 Sequestration Payment to the Care Model Pilot Funds and are asking the UWHCA Board of Directors to approve the same due to its reserve powers as the Sole Member of ACO.

Attachment:
Resolution –UW Health ACO, Inc. PY19 Sequestration Payment and Distribution
Resolution

UW Health ACO, Inc.

PY19 Sequestration Payment and Distribution
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

UW HEALTH ACO, INC.
PY19 SEQUESTRATION PAYMENT AND DISTRIBUTION

June 24, 2021

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA” or the “Authority”) is the sole corporate member of the UW Health ACO, Inc. (the “Corporation”); and

WHEREAS, a sequestration that was previously applied to Program Year 2019 shared savings (“PY19 Sequestration”) was released by the Centers of Medicare and Medicaid Services (“CMS”) due to compliance with the Coronavirus Aid, Relief, and Economic Securities Act (“CARES Act”); and

WHEREAS, the Corporation recently received the released PY19 sequestration payment (the “PY19 Sequestration Payment”) from CMS in the amount of One Hundred Eighty-Three Thousand, Six Hundred Forty-Nine Dollars ($183,649.00); and

WHEREAS, the Corporation’s Board of Directors has reviewed and recommended the received PY19 Sequestration Payment be distributed to the Care Model Pilot Funds (the “Distribution”); and

WHEREAS, based on the recommendation of the Corporation’s Board of Directors, and upon consideration of other relevant factors, the UWHCA Board of Directors has determined it is in the best interest of UWHCA to authorize such Distribution to the Care Model Pilot Funds subject to UWHCA’s reserve powers under Section 3.1(g) of the Corporation’s Bylaws.

NOW, THEREFORE, BE IT RESOLVED, that the UWHCA Board of Directors approves the Distribution of the PY19 Sequestration Payment to the Care Model Pilot Funds in accordance with the Corporation’s Bylaws; and

FURTHER, RESOLVED, that the UWHCA Chief Executive Officer (“CEO”), and their delegates (“Authorized Officers”) are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the UWHCA CEO, or their delegates, in connection with the foregoing resolutions are hereby ratified and confirmed; and

FURTHER, RESOLVED, that any and all lawful actions previously taken by any Authorized Officers and representatives on behalf of and in furtherance of the matters contemplated by the foregoing resolutions are hereby ratified, confirmed and approved in all respects.
Executive Summary

Wisconsin Dialysis, Inc. Board of Directors
Director Reappointments
EXECUTIVE SUMMARY

DATE: June 24, 2021

RE: Wisconsin Dialysis, Inc. Board of Directors Director Reappointments

UWHCA Board of Directors:

The University of Wisconsin Hospitals and Clinics Authority (UWHCA) is one of the three (3) Members of Wisconsin Dialysis, Inc. (WDI) Board of Directors.

Ms. Mary Link, Dr. Jeffrey Pothof, and Ms. Jodi Vitello currently serve as Directors on the WDI Board of Directors. With the recommendation of WDI and UW Health Leadership, we are seeking your approval to reappoint the aforementioned members to an additional one (1) year term.

Attachments:
Biography – Mary Link, JD
Biography – Jeffrey J. Pothof, MD, FACEP
Biography – Jodi Vitello
Resolution – Wisconsin Dialysis, Inc. Board of Directors - Director Reappointments
Resolution

Wisconsin Dialysis, Inc. Board of Directors
Director Reappointments
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Wisconsin Dialysis, Inc. Board of Directors
UW Health Director Reappointments

June 24, 2021

WHEREAS, the Wisconsin Dialysis, Inc. (the “Corporation”) has three Members including University of Wisconsin Hospitals and Clinics Authority (“UWHCA,” or the “Authority Board”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), and Meriter Hospital, Inc. d/b/a UnityPoint Health - Meriter (“Meriter”) (collectively, “Members”); and

WHEREAS, Section 4.2 of the Corporation’s Bylaws require that the Members appoint Directors to the Corporation’s Board of Directors; and

WHEREAS, the Corporation and UW Health Leadership recommend reappointing Ms. Mary Link (“Ms. Link”) as the UWMF Member-appointed Director, Dr. Jeffrey Pothof (“Dr. Pothof”) as one of the two UWHCA Member-appointed Directors, and Ms. Jodi Vitello (“Ms. Vitello”) as the second of the two UWHCA Member-appointed Directors on the Corporation’s Board of Directors for additional terms of one (1) year each; and

WHEREAS, pursuant to its rights under Section 4.2 of the Corporation’s Bylaws, the Authority Board has received recommendations from the Corporation and UW Health Leadership to reappoint Ms. Link, Dr. Pothof, and Ms. Vitello for additional terms of one (1) year each as Directors on the Corporation’s Board of Directors; and

WHEREAS, pursuant to Section 3.2 of the UWMF Bylaws, UWHCA is acting on behalf of UWMF as Sole Corporate Member of UWMF.

NOW, THEREFORE BE IT RESOLVED, that the Authority Board approves the Director reappointments of Ms. Link, Dr. Pothof, and Ms. Vitello to serve as Board Directors on the Corporation’s Board of Directors for additional terms of one (1) year each, commencing July 1, 2021, and to hold office until the expiration of their terms and until the position is filled, or their earlier resignation or removal, in accordance with the Corporation’s Bylaws; and

FURTHER RESOLVED, that the UW Health CEO, and his delegates are hereby authorized and directed to take any and all actions, and to execute, deliver, and perform any and all agreements and other documents in the name of and on behalf of UWHCA as deemed necessary or appropriate in furtherance of the matters contemplated by these resolutions; and

FURTHER RESOLVED, that any and all lawful actions previously taken by the UW Health CEO, and officers and representatives of UW Health in its name and on its behalf and in furtherance of the matters contemplated by these resolutions are hereby ratified, confirmed and approved in all respects.
Mary Link, JD, is Vice President, Deputy General Counsel, Legal Operations, Risk and Regulatory for UW Health.

In this role, Ms. Link is responsible for the direction and management of healthcare legal and risk management activities, in support of the mission, goals, and objectives of UW Health. Ms. Link also serves in a leadership role to the legal and risk management teams.

Prior to this role, Ms. Link served as General Counsel for Akron Children’s Hospital, a freestanding children’s hospital with more than 80 locations providing an array of services to children in Northeast Ohio. Ms. Link’s responsibilities included legal affairs, compliance, risk management, accreditation, and regulatory matters.

Ms. Link has practiced law for more than 25 years in private practice and in-house roles. Prior to practicing law, Ms. Link practiced as a Registered Nurse in a variety of inpatient settings.

Ms. Link earned a BSN from Marquette University, a Master’s degree from New York University, and a Juris Doctorate from Loyola University of Chicago.
BIOGRAPHY

Dr. Jeff Pothof completed his Emergency Medicine training at the University of Michigan Emergency Medicine Residency Program. While at Michigan he completed a Graduate Medical Education Scholars Program in Healthcare Administration. He was selected as Chief Resident by his peers in his fourth year of residency.

Dr. Pothof returned to Madison after residency and has served in many leadership positions including Service Chief of Emergency Services for the William S. Middleton VA Emergency Department, Director of Quality for the UW Division of Emergency Medicine, Clinical Service Chief for the UW Division of Emergency Medicine, and Vice Chair of Quality and Operations for the UW Department of Emergency Medicine. He has been actively involved with the American College of Emergency Physicians (ACEP) and sits on the board of the Wisconsin chapter of the college. He is a past chair of ACEP’s Quality Improvement and Patient Safety Section and has served on the Quality and Patient Safety Committee. In 2016, Dr. Pothof took a system-level position as UW Health’s Medical Director for Quality. In September 2018, he accepted the position of UW Health Chief Quality Officer. He continues to practice clinically in emergency departments at University Hospital and UW Health at The American Center. Dr. Pothof has also flown with the UW Med Flight critical care transport program as a flight physician since 2010.

His areas of interest include quality and patient safety, lean management in healthcare, health system capacity management solutions, and reduction in healthcare-associated conditions.
Biography

Jodi Vitello
Jodi Vitello serves as Vice President, Finance, where she plays a key role in the overall administration, direction, coordination, and evaluation of the finance functions and activities of UW Health. Ms. Vitello is responsible for the Financial Statements, Payroll, Accounts Payable, Government Reimbursement, Treasury & Cash handling, Operating and Capital Budgets, Results Management Office, and Finance Business Partners.

Ms. Vitello began her career with UW Hospitals and Clinics in 2007 and has held various finance positions. She has most recently served as the Director of Finance/Controller of UWHCA.

Prior to joining UW Health, Ms. Vitello worked at Wheaton Franciscan Healthcare, as a Reimbursement Manager, on their government reimbursement team. She also has experience with a government subcontractor, working for United Government Services (now National Government Services) auditing and creating their training programs for staff.

Ms. Vitello has a Bachelor of Science degree from Marquette University with majors in Accounting and Marketing.
Resolution

Election of UWHCA Officers
RESOLUTION OF THE BOARD OF DIRECTORS OF
THE UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Election of UWHCA Officers

June 24, 2021

The Board of Directors of the University of Wisconsin Hospitals and Clinics Authority elect the following officers for a two-year term beginning July 1, 2021.

CHAIR  Paul Seidenstricker
VICE CHAIR  Dean Robert Golden
Financial Update
May Results
### Actual vs Budget Variance

<table>
<thead>
<tr>
<th></th>
<th>May- FY21</th>
<th>May- FY21 vs Budget</th>
<th>Var. %</th>
<th>May- FY20 vs PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total operating revenues, net</td>
<td>326,704,270</td>
<td>306,656,466</td>
<td>20,047,804</td>
<td>7%</td>
<td>240,137,727</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>307,150,632</td>
<td>308,439,647</td>
<td>(1,289,015)</td>
<td>0%</td>
<td>256,659,710</td>
</tr>
<tr>
<td>Income from operations</td>
<td>19,553,638</td>
<td>(1,783,181)</td>
<td>21,336,819</td>
<td>-1197%</td>
<td>(16,521,983)</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>22,908,074</td>
<td>4,502,914</td>
<td>18,405,160</td>
<td>409%</td>
<td>37,181,960</td>
</tr>
<tr>
<td>Net Profit</td>
<td>42,461,712</td>
<td>2,719,733</td>
<td>39,741,979</td>
<td>1461%</td>
<td>20,659,977</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>6.0%</td>
<td>-0.6%</td>
<td>-6.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FY21 – YTD May Financials

<table>
<thead>
<tr>
<th></th>
<th>Actual May_YTD- FY21</th>
<th>Budget May_YTD- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual May_YTD- FY20</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total operating revenues, net</td>
<td>3,453,535,740</td>
<td>3,380,832,747</td>
<td>72,702,993</td>
<td>2%</td>
<td>3,143,854,570</td>
<td>309,681,170</td>
<td>10%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>3,361,118,384</td>
<td>3,363,792,699</td>
<td>(2,674,315)</td>
<td>0%</td>
<td>3,120,599,218</td>
<td>240,519,166</td>
<td>8%</td>
</tr>
<tr>
<td>Income from operations</td>
<td>92,417,356</td>
<td>17,040,048</td>
<td>75,377,308</td>
<td>442%</td>
<td>23,255,352</td>
<td>69,162,004</td>
<td>297%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>333,393,336</td>
<td>44,809,877</td>
<td>288,583,459</td>
<td>644%</td>
<td>42,325,235</td>
<td>291,068,101</td>
<td>688%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>425,810,692</td>
<td>61,849,925</td>
<td>363,960,767</td>
<td>588%</td>
<td>65,580,587</td>
<td>360,230,105</td>
<td>549%</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>2.7%</td>
<td>0.5%</td>
<td></td>
<td>0.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Takeaways

- We performed very strong to budget in the month of May. We had a positive variance by more than $21.3M. Also, strong compared to prior year, which was a loss of $16.5M.

- In May, we continued to see strong volumes, including ED visits which again exceeded budget, which contributed to the positive variance.

- On the non-operating side, saw the investment portfolio’s unrecognized gains grow $21.1M for the month.
<table>
<thead>
<tr>
<th></th>
<th>UWH-Madison/ACO/Isthmus</th>
<th>SAHS /RDI</th>
<th>Total *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>7.1%</td>
<td>1.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Budget</td>
<td>-1.1%</td>
<td>-0.1%</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Prior Year</td>
<td>-5.8%</td>
<td>-12.9%</td>
<td>-6.9%</td>
</tr>
</tbody>
</table>

Legend:
- **Actual**
- **Budget**
- **Prior Year**
## TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual May- FY21</th>
<th>Budget May- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual May- FY20</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient service</td>
<td>321,915,021</td>
<td>300,125,271</td>
<td>21,789,750</td>
<td>7%</td>
<td>234,025,458</td>
<td>87,889,563</td>
<td>38%</td>
</tr>
<tr>
<td>Other operating</td>
<td>4,789,249</td>
<td>6,531,195</td>
<td>(1,741,946)</td>
<td>-27%</td>
<td>6,112,269</td>
<td>(1,323,020)</td>
<td>-22%</td>
</tr>
<tr>
<td>Total operating</td>
<td>326,704,270</td>
<td>306,656,466</td>
<td>20,047,804</td>
<td>7%</td>
<td>240,137,727</td>
<td>86,566,543</td>
<td>36%</td>
</tr>
</tbody>
</table>

## TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual May- FY21</th>
<th>Budget May- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual May- FY20</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>171,414,453</td>
<td>173,645,141</td>
<td>(2,230,688)</td>
<td>-1%</td>
<td>140,201,357</td>
<td>31,213,096</td>
<td>22%</td>
</tr>
<tr>
<td>Non-cash pension and OPEB expenses</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0%</td>
<td>0</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Other expenses</td>
<td>2,685,904</td>
<td>3,421,586</td>
<td>(735,682)</td>
<td>-22%</td>
<td>1,587,512</td>
<td>1,098,392</td>
<td>69%</td>
</tr>
<tr>
<td>Purchased services and agency costs</td>
<td>18,739,171</td>
<td>21,460,643</td>
<td>(2,721,472)</td>
<td>-13%</td>
<td>19,053,711</td>
<td>(314,540)</td>
<td>-2%</td>
</tr>
<tr>
<td>Medical materials and supplies</td>
<td>23,073,041</td>
<td>21,687,763</td>
<td>1,385,278</td>
<td>6%</td>
<td>16,149,600</td>
<td>6,923,441</td>
<td>43%</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>52,075,348</td>
<td>47,184,725</td>
<td>4,890,623</td>
<td>10%</td>
<td>42,856,985</td>
<td>9,223,563</td>
<td>22%</td>
</tr>
<tr>
<td>Interest expense</td>
<td>2,124,202</td>
<td>2,087,370</td>
<td>36,832</td>
<td>2%</td>
<td>1,886,908</td>
<td>235,294</td>
<td>12%</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>10,999,934</td>
<td>9,938,130</td>
<td>1,061,804</td>
<td>2%</td>
<td>9,450,785</td>
<td>649,149</td>
<td>7%</td>
</tr>
<tr>
<td>Public aid assessment</td>
<td>5,100,346</td>
<td>5,160,502</td>
<td>(60,156)</td>
<td>-1%</td>
<td>4,799,627</td>
<td>300,719</td>
<td>6%</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>14,614,186</td>
<td>17,980,538</td>
<td>(3,366,352)</td>
<td>-13%</td>
<td>14,411,996</td>
<td>1,202,190</td>
<td>8%</td>
</tr>
<tr>
<td>Nonoperating expenses - academic support</td>
<td>6,224,047</td>
<td>5,873,249</td>
<td>350,798</td>
<td>6%</td>
<td>6,259,229</td>
<td>(35,182)</td>
<td>-1%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>307,150,632</td>
<td>308,439,647</td>
<td>(1,289,015)</td>
<td>0%</td>
<td>256,659,710</td>
<td>50,490,922</td>
<td>20%</td>
</tr>
<tr>
<td>Income from operations</td>
<td>19,553,638</td>
<td>(1,783,181)</td>
<td>21,336,819</td>
<td>-119%</td>
<td>(16,521,983)</td>
<td>36,075,621</td>
<td>-218%</td>
</tr>
</tbody>
</table>

## NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual May- FY21</th>
<th>Budget May- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual May- FY20</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>21,119,038</td>
<td>310,693</td>
<td>20,808,345</td>
<td>6697%</td>
<td>37,365,611</td>
<td>(16,246,573)</td>
<td>-43%</td>
</tr>
<tr>
<td>Investment income</td>
<td>481,841</td>
<td>2,286,058</td>
<td>(1,804,217)</td>
<td>-79%</td>
<td>2,016,096</td>
<td>(1,534,255)</td>
<td>-76%</td>
</tr>
<tr>
<td>Equity interest in income/loss of joint ventures</td>
<td>745,513</td>
<td>1,490,518</td>
<td>(745,005)</td>
<td>-50%</td>
<td>(2,078,639)</td>
<td>2,824,152</td>
<td>-136%</td>
</tr>
<tr>
<td>Net inc/inc in fair value of derivative instrument</td>
<td>(25,913)</td>
<td>0</td>
<td>(25,913)</td>
<td>0%</td>
<td>31,348</td>
<td>(57,261)</td>
<td>-183%</td>
</tr>
<tr>
<td>Other, net</td>
<td>587,595</td>
<td>415,645</td>
<td>171,950</td>
<td>41%</td>
<td>(152,456)</td>
<td>740,051</td>
<td>-485%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>22,906,074</td>
<td>4,502,914</td>
<td>18,403,160</td>
<td>409%</td>
<td>37,181,960</td>
<td>(14,273,886)</td>
<td>-38%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>42,461,712</td>
<td>2,719,733</td>
<td>39,741,979</td>
<td>1461%</td>
<td>20,659,977</td>
<td>21,801,735</td>
<td>106%</td>
</tr>
</tbody>
</table>
### Summary of Enterprise-wide YTD May 31, 2021 Operating Results

#### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual May YTD- FY21</th>
<th>Budget May YTD- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>3,370,488,661</td>
<td>3,292,929,164</td>
<td>77,559,497</td>
<td>2%</td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>83,047,079</td>
<td>87,903,583</td>
<td>(4,856,504)</td>
<td>-6%</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>3,453,535,740</td>
<td>3,380,832,747</td>
<td>72,702,993</td>
<td>2%</td>
</tr>
</tbody>
</table>

#### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual May YTD- FY21</th>
<th>Budget May YTD- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-physician salaries and benefits</td>
<td>1,367,439,940</td>
<td>1,374,976,918</td>
<td>(7,536,978)</td>
<td>-1%</td>
</tr>
<tr>
<td>Physician salaries and benefits</td>
<td>499,969,118</td>
<td>498,617,440</td>
<td>1,351,678</td>
<td>0%</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,867,409,058</td>
<td>1,873,594,358</td>
<td>(6,185,300)</td>
<td>0%</td>
</tr>
<tr>
<td>Non-cash pension and other OPEB expenses</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Purchased services and agency costs</td>
<td>224,729,370</td>
<td>245,331,023</td>
<td>(20,601,653)</td>
<td>-8%</td>
</tr>
<tr>
<td>Medical materials and supplies</td>
<td>249,595,800</td>
<td>249,036,819</td>
<td>558,981</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>571,528,269</td>
<td>514,181,991</td>
<td>57,346,278</td>
<td>11%</td>
</tr>
<tr>
<td>Interest expense</td>
<td>20,804,039</td>
<td>23,134,027</td>
<td>(2,329,988)</td>
<td>-10%</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>103,245,170</td>
<td>105,485,780</td>
<td>(2,240,610)</td>
<td>-2%</td>
</tr>
<tr>
<td>Public aid assessment</td>
<td>55,744,055</td>
<td>56,765,522</td>
<td>(1,021,467)</td>
<td>-2%</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>177,542,450</td>
<td>197,405,774</td>
<td>(19,863,324)</td>
<td>-10%</td>
</tr>
<tr>
<td>Provision For Bad Debt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Nonoperating expenses - academic support</td>
<td>65,741,626</td>
<td>63,638,168</td>
<td>2,103,458</td>
<td>3%</td>
</tr>
<tr>
<td>Total Net Operating Expenses</td>
<td>3,361,118,384</td>
<td>3,363,792,699</td>
<td>(2,674,315)</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual May YTD- FY21</th>
<th>Budget May YTD- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>247,079,204</td>
<td>3,417,623</td>
<td>243,661,581</td>
<td>7130%</td>
</tr>
<tr>
<td>Investment income</td>
<td>49,134,121</td>
<td>28,746,637</td>
<td>20,387,484</td>
<td>71%</td>
</tr>
<tr>
<td>Equity interest in income/loss of joint ventures</td>
<td>12,712,068</td>
<td>14,820,038</td>
<td>(2,107,970)</td>
<td>-14%</td>
</tr>
<tr>
<td>Net inc/dec in fair value of derivative instrument</td>
<td>1,512,930</td>
<td>1,512,930</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other, net</td>
<td>22,955,013</td>
<td>-2,174,421</td>
<td>25,129,434</td>
<td>-1156%</td>
</tr>
<tr>
<td>Total Non Operating Revenue/Expenses</td>
<td>333,393,336</td>
<td>44,809,877</td>
<td>288,583,459</td>
<td>644%</td>
</tr>
</tbody>
</table>

#### Net Profit

<table>
<thead>
<tr>
<th></th>
<th>Actual May YTD- FY21</th>
<th>Budget May YTD- FY21</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Profit</td>
<td>425,810,692</td>
<td>61,849,925</td>
<td>363,960,767</td>
<td>588%</td>
</tr>
<tr>
<td></td>
<td>Favorable Direction</td>
<td>FY 21</td>
<td>S&amp;P &quot;AA-&quot; Rated (1)</td>
<td>Moodys &quot;Aa3&quot; Rated (2)</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
<td>-------</td>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>↑</td>
<td>2.7%</td>
<td>3.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑</td>
<td>11.2%</td>
<td>5.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑</td>
<td>295</td>
<td>259</td>
<td>264</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓</td>
<td>48</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓</td>
<td>19.1%</td>
<td>27.4%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑</td>
<td>6.3%</td>
<td>7.2%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑</td>
<td>386.2%</td>
<td>224.7%</td>
<td>237.3%</td>
</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance, includes academic support
** average for 12 months
(2) Moody's 2019 financial ratios based on 32 "Aa3" rated hospitals. Based on 2018 audited financials.
^ The significant increase to DCOH is related to the advanced received from Medicare, which is over 25 days and some rebounds in the investment portfolio.
### Cash & Investments

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>1,652,039,420</td>
<td>588,571,349</td>
<td>4,337,660</td>
<td>2,244,948,429</td>
<td>553,579,129</td>
<td>2,798,527,558</td>
</tr>
<tr>
<td>Restricted by Trustee &amp; Donors</td>
<td>21,444,131</td>
<td>-</td>
<td>-</td>
<td>21,444,131</td>
<td>23,705,838</td>
<td>45,149,969</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>330,951,328</td>
<td>104,221,835</td>
<td>-</td>
<td>435,173,163</td>
<td>80,402,983</td>
<td>515,576,146</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment, Net</td>
<td>766,904,407</td>
<td>64,210,388</td>
<td>8,517</td>
<td>831,123,312</td>
<td>422,111,367</td>
<td>1,240,538,087</td>
</tr>
<tr>
<td>Other Assets &amp; Deferred Outflows of Resources</td>
<td>1,727,252,602</td>
<td>650,463,567</td>
<td>376,018</td>
<td>951,146,193</td>
<td>71,241,534</td>
<td>772,411,374</td>
</tr>
</tbody>
</table>

### Total Assets & Deferred Outflows of Resources

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets &amp; Deferred Outflows of Resources</td>
<td>$4,498,591,888</td>
<td>$1,407,467,139</td>
<td>$4,722,195</td>
<td>$4,483,835,228</td>
<td>$1,151,040,851</td>
<td>$5,372,203,133</td>
</tr>
</tbody>
</table>

### Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td>1,078,247,119</td>
<td>1,009,717,848</td>
<td>1,327,236</td>
<td>665,741,169</td>
<td>238,725,866</td>
<td>659,003,092</td>
</tr>
</tbody>
</table>

### Long-term Debt & Deferred Inflows of Resources

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term Debt &amp; Deferred Inflows of Resources</td>
<td>1,260,414,553</td>
<td>40,520,000</td>
<td>-</td>
<td>1,300,934,553</td>
<td>296,874,657</td>
<td>1,597,809,210</td>
</tr>
</tbody>
</table>

### Net Position

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Position</td>
<td>2,118,224,709</td>
<td>357,229,291</td>
<td>3,394,959</td>
<td>2,475,454,000</td>
<td>605,646,907</td>
<td>3,063,891,903</td>
</tr>
<tr>
<td>Restricted</td>
<td>41,705,507</td>
<td>-</td>
<td>-</td>
<td>41,705,507</td>
<td>9,793,421</td>
<td>51,498,928</td>
</tr>
</tbody>
</table>

### Total Liabilities, Deferred Inflows of Resources & Net Position

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Liabilities, Deferred Inflows of Resources &amp; Net Position</td>
<td>$4,498,591,888</td>
<td>$1,407,467,139</td>
<td>$4,722,195</td>
<td>$4,483,835,228</td>
<td>$1,151,040,851</td>
<td>$5,372,203,133</td>
</tr>
</tbody>
</table>

Elimination Entries are not displayed but are part of the Consolidated Numbers.
Key Takeaways

-We performed very strong to budget in the month of May. We had a positive variance by more than $21.3M. Also, strong compared to prior year, which was a loss of $16.5M.

-In May, we continued to see strong volumes, including ED visits which again exceeded budget, which contributed to the positive variance.

-In addition to the strong volumes, we also saw expenses come in slightly underbudget, which contributed to the strong performance.

-On the non-operating side, saw the investment portfolio’s unrecognized gains grow $21.1M for the month.
Attachment
University of Wisconsin Hospitals & Clinics Authority
S&P Global Ratings
June 2021
University of Wisconsin Hospitals & Clinics Authority; Joint Criteria; System

Primary Credit Analyst:
Allison Bretz, Chicago + 1 (312) 233 7053; allison.bretz@spglobal.com

Secondary Contact:
Chloe A Pickett, Centennial + 1 (303) 721 4122; Chloe.Pickett@spglobal.com

Table Of Contents

- Rationale
- Stable Outlook
- Credit Opinion
- Enterprise Profile: Very Strong
- Financial Profile: Very Strong
- Credit Snapshot
- Related Research
University of Wisconsin Hospitals & Clinics Authority; Joint Criteria; System

Credit Profile

<table>
<thead>
<tr>
<th>University of Wisconsin Hosp &amp; Clinics Auth (University of Wisconsin Hosp &amp; Clinics Auth) JOINTCRIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Term Rating</strong></td>
</tr>
<tr>
<td><strong>Unenhanced Rating</strong></td>
</tr>
</tbody>
</table>

Rationale

S&P Global Ratings' long-term rating on the University of Wisconsin Hospitals and Clinics Authority's (UWHCA) bonds outstanding is 'AA-'.

S&P Global Ratings' rating on UWHCA's series 2009B bonds is 'AAA/A-1+'. The rating is based on the application of our joint criteria with a low correlation between U.S. Bank N.A., the letter-of-credit (LOC) provider, and the UWHCA debt rating. The short-term component of the rating is based solely on the LOC provider. The LOC expires on July 1, 2025.

S&P Global Ratings' rating on UWHCA's series 2018B and 2018C variable-rate demand revenue refunding bonds is 'AA-/A-1'. The series 2018B and 2018C bonds receive liquidity support in the form of standby bond purchase agreements (SBPAs) from JPMorgan Chase Bank N.A. for series 2018B and BMO Harris for series 2018C. The long-term component of the rating reflects our view of UWHCA's credit characteristics. The short-term component of the rating reflects our assessment of the SBPAs provided by JPMorgan Chase Bank N.A. for series 2018B and BMO Harris for series 2018C. The SBPAs are scheduled to expire on Nov. 14, 2024, for JPMorgan and Nov. 14, 2023, for BMO Harris.

The outlook on all ratings, where applicable, is stable.

Credit overview

The ratings reflect our view of UW Health's strong business position as the state's only academic medical center, with an integrated medical staff at its flagship facility in Madison. Also supporting the enterprise profile is a joint operating agreement (JOA) with UnityPoint-Meriter, which has bolstered the business position in Madison, and the system's partial ownership of Quartz Health, which is the second-largest health insurance plan in the state. We believe this experience with risk-based contracting prepares UW Health well for changing reimbursement models.

Strong operations at Quartz Health have also helped offset operating challenges associated with the COVID-19 pandemic, which have pressured UW Health's financial results in fiscal 2020 and through the first nine months of fiscal 2021 (ended March 31, 2021). The system's operating margins through these periods have thinned, although maximum annual debt service (MADS) coverage remains healthy, supported by solid nonoperating cash flow, largely as a result of good investment returns. UW Health's operating margins have also been bolstered by grant support from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. We understand that UW Health's volumes have largely
rebounded following COVID-19-related pressures, and we expect gradual operational improvement over the outlook period. UW Health's balance sheet has also offered cushion through this period of operating stress, and the system's unrestricted reserves have improved with growth in its investment portfolio and a reduction in capital spending over the last nine months.

We understand that UW Health expects to increase its capital spending over the next two years, and its capital strategy may include new debt. We believe the system can sustain a moderately sized debt issuance at the current rating level. However, the ultimate determination would be made at the time of issuance, and would depend on the size and nature of the capital plans, along with the system's operating results and overall credit profile at the time of issuance.

The rating continues to reflect our assessment of UW Health's:

• Role as one of the premier health care providers in Wisconsin, attracting patients from across the state and the broader region;
• Strong and long-standing relationship with the University of Wisconsin; and
• Solid management team that continues to execute on growth and access strategies even as the system navigates through the COVID-19 pandemic.

Partly offsetting the above strengths, in our view, are UW Health's:

• Historically competitive landscape in Wisconsin that continues to evolve through consolidation and growth strategies;
• Midsize primary service area, which may limit revenue and volume growth; and
• Somewhat weaker operating performance in fiscal 2020 and through the nine-month interim period, reflecting pressures associated with the COVID-19 pandemic.

The stable outlook reflects our view that UW Health will maintain or improve its financial performance over the next two years as it recovers from the COVID-19 pandemic. The outlook further reflects our view that UW Health will maintain or improve its market position, and that the system's balance sheet offers sufficient financial flexibility to execute on its capital strategy.

**Environmental, social, and governance (ESG) factors**
We also analyzed UW Health's ESG risks relative to its economic fundamentals, market position, and management and governance, and the corresponding effects on its financial profile, and determined that all are in line with the industry as a whole. However, COVID-19 has exposed UW Health to additional social risk, similar to other health systems, resulting in some financial pressure stemming from increased costs and governmental directives aimed at protecting the health and safety of the population.
Stable Outlook

Downside scenario
We could consider a negative outlook or rating action if UW Health experiences material and sustained weakening in its operating performance or unrestricted reserves. We could also consider a negative rating action if UW Health experiences a significant disruption to its market position. Finally, we would view negatively any debt plans beyond what is expected with UW Health's current capital strategy, or any issuance that put pressure on debt-related metrics such that they were no longer appropriate for the rating.

Upside scenario
We could consider a positive outlook or higher rating over time if UW Health is able to generate operating margins and MADS coverage in line with a higher rating, supporting gradual improvement in the balance sheet. A positive rating action would also be predicated on maintenance or improvement of UW Health's market position and overall enterprise profile.

Credit Opinion

Enterprise Profile: Very Strong

UW Health continues to bolster its strong market position as the premier referral center for the state as well as parts of Illinois, Iowa, and Minnesota. The flagship academic medical center is consistently ranked among the country's best hospitals, and has been Magnet-designated since 2009. The system also has a robust regional partnership strategy, which supports its growing market presence.

Effective July 1, 2017, UW Health executed its JOA with UnityPoint-Meriter, which also operates hospitals in the Madison market. The JOA has alleviated many of UW Health's capacity issues at its flagship hospital, as lower-acuity patients can now be served at the legacy UnityPoint-Meriter facility. The agreement has also allowed the two organizations to look at eliminating services in the market that had been duplicated for a number of years. We view this JOA positively, as it has enabled UW Health to provide better care in the right setting. We further note that this agreement has been financially beneficial to UW Health, as it is able to keep more patients in the system for care.

UW Health also has a 62% ownership interest in Quartz Health Plans, which it operates along with Gundersen Health and UnityPoint, and Advocate-Aurora Health, which acquired a minority stake in the tax-exempt portion of the plan in 2020. Quartz has a revenue base of $1.8 billion, and is the second-largest health insurer in the state. The combination of the plans helps extend the system's reach, as plans under the Quartz umbrella are offered in 35 counties in Wisconsin as well as in Illinois, Minnesota, and Iowa. In total, the plan has more than 368,000 members. Quartz has been profitable in each of the last three years, and has strong quality rankings, including a five-star rating for its Medicare Advantage plan.
Table 1

<table>
<thead>
<tr>
<th>University of Wisconsin Hospitals &amp; Clinics Authority, Wisconsin Enterprise Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>--Nine months ended March 31--</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PSA population</td>
</tr>
<tr>
<td>PSA market share (%)</td>
</tr>
<tr>
<td>Inpatient admissions</td>
</tr>
<tr>
<td>Equivalent inpatient admissions</td>
</tr>
<tr>
<td>Emergency visits</td>
</tr>
<tr>
<td>Inpatient surgeries</td>
</tr>
<tr>
<td>Outpatient surgeries</td>
</tr>
<tr>
<td>Medicare case mix index</td>
</tr>
<tr>
<td>FTE employees</td>
</tr>
<tr>
<td>Active physicians</td>
</tr>
<tr>
<td>Based on net/gross revenues</td>
</tr>
<tr>
<td>Medicare (%)</td>
</tr>
<tr>
<td>Medicaid (%)</td>
</tr>
<tr>
<td>Commercial/Blues (%)</td>
</tr>
</tbody>
</table>

N.A.—Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile: Very Strong

Financial performance

While UW Health's operations were strong through the first eight months of fiscal 2020, the system incurred a material decline in revenues beginning in March 2020 with the state-mandated cessation in elective procedures. At the same time, UW Health incurred some expense growth as it stockpiled supplies and prepared for a possible surge in COVID-19 patients. Still, the system generated a positive operating margin in fiscal 2020, supported in part by $68.5 million in realized CARES Act grants. We note that UW Health was proactive in controlling expenses through this period, including pay reductions for senior leadership, flexing staffing where possible, and reviewing all open positions.

Through the first nine months of fiscal 2021, UW Health's operating margin is somewhat weaker, although still adequate for the rating. Management continues to control expenses, and we understand that volumes have largely rebounded. We expect operating improvement at fiscal year-end, with further growth in fiscal 2022. UW Health's nonoperating income has also been excellent over the last two years, and has helped support robust MADS coverage even through this period of somewhat strained operations.

Liquidity and capital plans

UW Health's balance sheet remains quite solid, with healthy unrestricted reserves that have grown over the last three years, supported by good cash flows and strong investment portfolio performance. Capital spending slowed with the onset of COVID-19, as management worked to preserve capital. We note the system is currently developing plans to construct a large multispecialty ambulatory facility in east Madison. The planned facility would be approximately 350,000 square feet, and would include clinic space, diagnostic and treatment facilities, and support services, along
with patient parking. The facility is designed to decant outpatient and ambulatory business from the flagship campus in downtown Madison, to improve patient access and experience. The budget and final plans for this facility are still under development, but we understand it could be partly funded with debt. We believe this project and possible debt issuance is sustainable at the current rating level, although the ultimate determination would be made at the time of issuance.

Our calculation of UW Health's unrestricted reserves excludes approximately $213 million in Medicare advanced payments. UW Health also had access to three lines of credit totaling $350 million, although we understand it did not draw on these lines over the last year. We view UW Health's access to liquidity positively, as it offers the system additional financial flexibility in the event of prolonged operating challenges.

**Debt and contingent liabilities**

UW Health is party to three floating- to fixed-rate swaps that have a total notional amount outstanding of $38.2 million, with JPMorgan and the Goldman Sachs Group Inc. as the counterparties. Mark-to-market value was negative $6.1 million as of June 30, 2020, and no collateral postings were required.

UW Health participates in the Wisconsin Retirement System (WRS), the state's cost-sharing, multiple-employer retirement system. WRS reported what we consider a very strong 103% funded ratio as of June 30, 2020. The state continues to pay its full annual required contribution to the WRS. The system is funded through employer and employee contributions that are determined by an annual actuarial valuation in accordance with Chapter 40 of the Wisconsin Statutes. The employee required contribution is one-half of the actuarially determined contribution (ADC), and employers are required to contribute the remainder of ADC. The employer may not pay the employee required contribution unless an existing collective bargaining agreement provides for this.

This report does not constitute a rating action.

**Table 2**

<table>
<thead>
<tr>
<th>University of Wisconsin Hospitals &amp; Clinics Authority, Wisconsin Financial Statistics</th>
<th>--Nine months ended March 31--</th>
<th>--Fiscal year ended June 30--</th>
<th>Medians for ‘AA-’ rated health care system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial performance</strong></td>
<td>2021</td>
<td>2020</td>
<td>2019</td>
</tr>
<tr>
<td>Net patient revenue ($000s)</td>
<td>2,726,525</td>
<td>3,297,586</td>
<td>3,305,412</td>
</tr>
<tr>
<td>Total operating revenue ($000s)</td>
<td>2,799,014</td>
<td>3,455,436</td>
<td>3,405,131</td>
</tr>
<tr>
<td>Total operating expenses ($000s)</td>
<td>2,736,754</td>
<td>3,348,440</td>
<td>3,255,013</td>
</tr>
<tr>
<td>Operating income ($000s)</td>
<td>62,260</td>
<td>106,996</td>
<td>150,118</td>
</tr>
<tr>
<td>Operating margin (%)</td>
<td>2.22</td>
<td>3.10</td>
<td>4.41</td>
</tr>
<tr>
<td>Net nonoperating income ($000s)</td>
<td>51,737</td>
<td>74,025</td>
<td>48,694</td>
</tr>
<tr>
<td>Excess income ($000s)</td>
<td>113,997</td>
<td>181,021</td>
<td>198,812</td>
</tr>
<tr>
<td>Excess margin (%)</td>
<td>4.00</td>
<td>5.13</td>
<td>5.76</td>
</tr>
<tr>
<td>Operating EBIDA margin (%)</td>
<td>5.83</td>
<td>7.27</td>
<td>8.68</td>
</tr>
<tr>
<td>EBIDA margin (%)</td>
<td>7.54</td>
<td>9.21</td>
<td>9.97</td>
</tr>
</tbody>
</table>
Table 2

<table>
<thead>
<tr>
<th>University of Wisconsin Hospitals &amp; Clinics Authority, Wisconsin Financial Statistics (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>--Nine months ended March 31--</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Net available for debt service ($000s)</td>
</tr>
<tr>
<td>Maximum annual debt service ($000s)</td>
</tr>
<tr>
<td>Maximum annual debt service coverage (x)</td>
</tr>
<tr>
<td>Operating lease-adjusted coverage (x)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquidity and financial flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted reserves ($000s)</td>
</tr>
<tr>
<td>Unrestricted days' cash on hand</td>
</tr>
<tr>
<td>Unrestricted reserves/total long-term debt (%)</td>
</tr>
<tr>
<td>Unrestricted reserves/contingent liabilities (%)</td>
</tr>
<tr>
<td>Average age of plant (years)</td>
</tr>
<tr>
<td>Capital expenditures/depreciation and amortization (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Debt and liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total long-term debt ($000s)</td>
</tr>
<tr>
<td>Long-term debt/capitalization (%)</td>
</tr>
<tr>
<td>Contingent liabilities ($000s)</td>
</tr>
<tr>
<td>Contingent liabilities/total long-term debt (%)</td>
</tr>
<tr>
<td>Debt burden (%)</td>
</tr>
<tr>
<td>Defined-benefit plan funded status (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare advance payments ($000s)*</td>
</tr>
<tr>
<td>Short-term borrowings ($000s)*</td>
</tr>
<tr>
<td>CARES Act grants recognized ($000s)</td>
</tr>
</tbody>
</table>

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N/A--Not applicable. MNR--Median not reported. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Credit Snapshot

- Security: Revenue of the obligated group of UW Health secures the bonds.
- Organizational description: UWHCA operates acute care facilities in Madison, Wisconsin and northern Illinois. In Wisconsin, this includes University Hospital, which consists of a 505-bed regional referral center that is also a Level 1 adult and pediatric trauma center that provides quaternary care, an 87-bed pediatric facility on the UW-Madison campus, and a 56-bed community-based health and wellness facility on the east side of Madison known as the America Center. In Illinois, this includes SwedishAmerican Hospital-Rockford, a 339 bed community based hospital and SwedishAmerican-Belvidere, a 34-bed community based hospital. It has an affiliation agreement with University of Wisconsin School of Medicine and Public Health and thus serves as its primary teaching hospital. UWHCA develops its strategies along with other components of UW Health.
- Group rating methodology: Core.
Related Research

Through The ESG Lens 2.0: A Deeper Dive Into U.S. Public Finance Credit Factors, April 28, 2020

Ratings Detail (As Of June 15, 2021)

<table>
<thead>
<tr>
<th>University of Wisconsin Hosp &amp; Clinics Auth hosp rev &amp; rfdg bnds</th>
<th>Long Term Rating</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA-/Stable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Wisconsin Hosp &amp; Clinics Auth var rate dem rev rfdg bnds</th>
<th>Long Term Rating</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA-/A-1/Stable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Wisconsin Hosp &amp; Clinics Auth var rate dem rev rfdg bnds</th>
<th>Long Term Rating</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA-/A-1/Stable</td>
<td></td>
</tr>
</tbody>
</table>
Overview Key Points

- We are in full COVID recovery phase at this point and our COVID numbers are low and stable in WI and N Illinois
- We continue to be very busy across the board
- Dane county Public Health Orders have all expired
- OSHA temporary rule released 6/10 will cause some issues
- Other upcoming:
  - Continue to push COVID vaccination for staff/providers
  - Immunization in primary care clinics and inpatient settings
Coronavirus in the U.S.: Latest Map and Case Count

Updated June 21, 2021

New reported cases

Vaccinations

<table>
<thead>
<tr>
<th></th>
<th>AT LEAST ONE DOSE</th>
<th>FULLY VACCINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td>18 and up</td>
<td>65%</td>
<td>55%</td>
</tr>
<tr>
<td>65 and up</td>
<td>87%</td>
<td>77%</td>
</tr>
</tbody>
</table>

See more details:

About this data

State of the virus

Update for June 16

- The United States has been averaging fewer than 15,000 cases a day since early June, the lowest totals since testing became widely available.
- The United States surpassed 600,000 known coronavirus deaths on Wednesday. Around 350 deaths are being reported each day, the fewest since March 2020.
- The pace of vaccination has slowed considerably, to around a million doses a day, down from a peak of more than 3.3 million doses a day in mid-April.
Wisconsin

Tracking Coronavirus in Wisconsin: Latest Map and Case Count

New reported cases

8,000 cases

4,000

2,000

0

Mar 2021
May
Jul
Sep
Nov
Jan 2022
Mar
May

Vaccinations

AT LAST UPDATE 2021

FULLY VACCINATED

All ages
53%
47%

18 and up
64%
59%

65 and up
90%
86%

Restrictions

Response

Masking not required

Wisconsin’s Supreme Court declared a statewide mask mandate invalid and blocked Gov. Tony Evers, a Democrat, from issuing a new public health order without the state legislature’s approval. More details.

Tests

Hospitalized

Deaths

85
9,575
158

−48%
−10%
−30%

676,685

Deaths

8,047

Illinois

Tracking Coronavirus in Illinois: Latest Map and Case Count

New reported cases

15,000 cases

10,000

5,000

0

Mar 2021
Apr
May
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2022
Apr
May

Vaccinations

AT LAST UPDATE 2021

FULLY VACCINATED

All ages
58%
41%

18 and up
70%
54%

65 and up
89%
73%

Restrictions

Response

Masks required indoors for the unvaccinated

Gov. J.B. Pritzker, a Democrat, moved the state into Phase 5 of reopening, which removed capacity limits, on June 21. More details.
Comparative Inpatient COVID Volumes

- Adult Inpatients - UnityPoint Health-Meriter 06/20: 192 (↓17 from previous day [06/19])
- Adult Inpatients - SSM Health-St. Mary's 06/20: 245 (↓29 from previous day [06/19])
- Adult Inpatient Bed Occupancy % - UnityPoint Health-Meriter 06/20: 88.5%
- Adult Inpatient Bed Occupancy % - SSM Health-St. Mary's 06/20: 90.4%
- COVID-19 Positive Inpatients - UnityPoint Health-Meriter 06/20: 7 (↓1 from previous day [06/19])
- COVID-19 Positive Inpatients - SSM Health-St. Mary's 06/20: 5 (No Change from previous day [06/19])
- COVID-19 Positive ICU Inpatients - UnityPoint Health-Meriter 06/20: 2 (No Change from previous day [06/19])
- COVID-19 Positive ICU Inpatients - SSM Health-St. Mary's 06/20: 3 (No Change from previous day [06/19])

Midnight Inpatient Census - SwedishAmerican 06/20: 264

- General Care: 215
- ICU: 17
- NICU Level III: 8
- NICU Level IV: 2
- OSS/OEPS: 22

COVID-19 Positive Inpatients - SwedishAmerican 06/20: 16

- General Care: 12
- ICU: 3
- NICU Level III: 1
- NICU Level IV: 1
- OSS/OEPS: 1

Summary Data - 06/13/2021
Adult Inpatient Bed Occupancy % - UnityPoint Health-Meriter = 82.6%
Adult Inpatient Bed Occupancy % - SSM Health-St. Mary's = 89.4%
Wisconsin COVID Hospitalizations

Total COVID-19 Patients Hospitalized Per Day

Data last updated: 6/21/2021 3:30:15 PM. Implementation of federally-mandated changes to data reporting caused a temporary gap in some data displays for late July.

107
Total COVID-19 Patients
June 21, 2021
At least one dose

Dane County

Fully Immunized
Staff/Provider Illness and COVID positivity over time

- Total Providers Out for COVID-Related Reasons
  - 06/21: 1
  - Residents/Fellows: 1

- Total Non-Provider Staff Out for COVID-Related Reasons
  - 06/21: 22
  - Nurse: 5
  - Other: 12
  - Other Critical Healthcare Pers.: 3
  - Respiratory Therapist: 1

- UWH % of Employees COVID-19 Positive Compared to SC WI, Jan 1 - June 30 2021
  - 06/21
    - a. UWH % Positive Employees: 1.43%
    - b. One Std Dev Above SC WI: 2.41%
    - c. SC WI % Positive Population: 2.50%
    - d. One Std Dev Below SC WI: 2.12%
OSHA

- 6/10/21: OSHA announces emergency standard that health systems must meet
  - Includes developing a formal COVID plan, 6ft distance rule, ongoing patient and staff screening, barrier standards, masking standards, cleaning practices and ventilation protocols.
  - We are evaluating and giving feedback. We need to pause any further relaxation of visitor/masking rules until fully evaluated.
Conclusion

• COVID numbers good/stable
• UW Health is clinically very busy in all settings
• We have relaxed masking rules in nonclinical environments
• We need to continue many of the changes put into place during the last year:
  • Screening at entrances
  • Six foot social distancing
  • Universal masking in clinical facilities
  • Visitor policy restrictions
Anti-Racism/DEI: Update

Shiva Bidar-Sielaff
Vice President, Chief Diversity Officer
June 2021
• FY21 Vision & Strategies
• Level Setting
• Progress to date
• Key Takeaways & Next steps
Diversity, Equity, and Inclusion is now a foundational competency in our Corporate Strategic Plan.
Our Vision

UW Health is a leader in dismantling racism in ourselves, in our system and in our community.

Our Path

Identity Change
Local/Internal
Create a culture of anti-racism and inclusion

Structural Change
Regional/Community
Deliver healthcare that is equitable and inclusive

Fully Inclusive
National/Advocacy
Reduce health inequities by addressing social determinants of health
FY2021 DEI Foundational Accomplishments Overview

**Goals**

- Create a culture of anti-racism and inclusion
- Deliver healthcare that is equitable and inclusive
- Reduce health inequities by addressing social determinants of health

**Strategies**

1. Expand Professional Development and Training Programs
2. Demonstrate Leadership Support of Providers and Staff of Color
3. Integrate Equity Tools into Decision-making and Operational Process
4. Focused Investment of Time and Money into Communities of Color
Level Setting
Employee recruitment & Retention by Race/Ethnicity

- Fewer Hispanic/Latino and Black/African American employees than what we see in the Dane County population
- Only 8% BIPOC in management
- Higher turnover rate for BIPOC employees
  - Note: BIPOC turnover rates have been declining over the past year
I need to feel heard. Do not dismiss my concerns based on the color of my skin. Racism, discrimination and institutional bias are key factors that impact health in Dane County. Diversifying the health practitioners would be a healthy community for me.

Please hire more Black staff. It's important to me to have people who understand my experiences and can provide care with those experiences in mind.

Medical asst needs training on micro aggression. She asked me where I was from. As a POC this is unacceptable even when prefaced by "do you mind if I ask."

I need to feel heard. Do not dismiss my concerns based on the color of my skin.

Racism, discrimination and institutional bias are key factors that impact health in Dane County.

Diversifying the health practitioners would be a healthy community for me.
Expanding Professional Development & Training Programs
DEI has expanded its learning and professional development tools, curriculum, and access points.

- Foundations of DEI
- Foundations of DEI Learning
- Understanding Culture
- Understanding identity and Intersectionality
- Understanding and Addressing Bias
- Moving from Cultural Competence to Antiracism
- Patient and Employee Discriminatory Behavior
- Microaggressions in the Workplace
- Triggers in the Workplace
- Using Equity Tools in Policy, Processes, and Decision-making
- Racial Wealth Gap and Structural Racism
- Understanding Privilege: Moving Past Guilt and Shame

Source: DEI Department, June 2021
# DEI Roadmaps GANTT Chart

<table>
<thead>
<tr>
<th>Type of Roadmap</th>
<th>Department</th>
<th>Person Responsible</th>
<th>Status</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEI AH-Skill</td>
<td>Proc/Comm</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>DEI AH-Skill</td>
<td>Business Integrity</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>DEI AH-Skill</td>
<td>Oncology/Clinics</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>DEI AH-Skill</td>
<td>NSU</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>DEI AH-Skill</td>
<td>ED</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leader</th>
<th>Department</th>
<th>Person Responsible</th>
<th>Status</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leader</td>
<td>Proc/Comm</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>Business Integrity</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>NSU</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>Lab Services</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>ED</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>Nursing</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Leader</td>
<td>Information</td>
<td>MatComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
</tr>
<tr>
<td>Equity/Learn</td>
<td>MarComm</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
<td></td>
</tr>
<tr>
<td>Equity/Learn</td>
<td>EHR and Interfacing</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
<td></td>
</tr>
<tr>
<td>Equity/Learn</td>
<td>Interfacing</td>
<td>Not Started</td>
<td>8/1/21</td>
<td>1/31/22</td>
<td></td>
</tr>
</tbody>
</table>

### Gantt Chart

- **1st Quarter:**
  - DEI AH-Skill: Proc/Comm
  - DEI AH-Skill: Business Integrity
  - DEI AH-Skill: Oncology/Clinics
  - DEI AH-Skill: NSU
  - DEI AH-Skill: ED

- **2nd Quarter:**
  - DEI AH-Skill: Proc/Comm
  - DEI AH-Skill: Business Integrity
  - DEI AH-Skill: Oncology/Clinics
  - DEI AH-Skill: NSU
  - DEI AH-Skill: ED

- **3rd Quarter:**
  - DEI AH-Skill: Proc/Comm
  - DEI AH-Skill: Business Integrity
  - DEI AH-Skill: Oncology/Clinics
  - DEI AH-Skill: NSU
  - DEI AH-Skill: ED

- **4th Quarter:**
  - DEI AH-Skill: Proc/Comm
  - DEI AH-Skill: Business Integrity
  - DEI AH-Skill: Oncology/Clinics
  - DEI AH-Skill: NSU
  - DEI AH-Skill: ED
Investing in Diversifying Our Staff
Allied Health Education and Career Pathways Updates

- Health Occupation Professions Exploration (HOPE)
  - Youth HOPE participants and HOPE summer interns (virtual in 2020/21): 267 participants/63 interns
  - Welcoming HOPE college interns back in person in July - 7
- Current UWH Apprentices across all programs 2020/2021: 74
  - 87% BIPOC
  - 91% First time education post high school
  - 100% Meeting one or more under-represented demographics
  - 99% Success in attaining a transferrable credential
Medical Assistant Apprenticeship

Dec. 2018
First cohort began instruction December 2018: 19/20 graduates

Second cohort began instruction April 2019: 34/37 graduates

Sep. 2020
Third cohort began instruction September 2020: 20/20 projected to graduate July 2021

Fourth cohort began instruction March 2021: 22/22 projected to graduate in January 2022

Sep. 2021
Fifth cohort enrolled to start September 2021: 38 new apprentices
Nursing Assistant and Other Apprenticeship

• NA Apprenticeship received state accreditation from DHS July 2019
  • Maximum 9 apprentices per cohort
  • To date: 34 have completed the program
  • 96% pass rate on state exams
• Facilities / Engineering / Trades Apprenticeships
  • 4-6 years in length
  • Currently 2 Maintenance Technician / 1 Steamfitting / 1 Electrical Apprentice
  • Maximum 9 apprentices per cohort
  • To date: 34 have completed the program
  • 96% pass rate on state exams
• Phlebotomy Apprenticeship
  • 12 weeks in length
  • First cohort of 5 slated to begin October 2021
Supporting our Providers & Staff of Color
Expansion of Employee Resource Groups

There are over 125 employees participating in ERGs in Madison.

<table>
<thead>
<tr>
<th>Rank</th>
<th>ERG Name</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asian/Asian American Pacific Islander*</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>Black/African/African American</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>LatinX</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Military Service</td>
<td>16</td>
</tr>
<tr>
<td>5</td>
<td>Women’s Leadership</td>
<td>31</td>
</tr>
<tr>
<td>6</td>
<td>LGBTQ+ (QUILTBAG)</td>
<td>23</td>
</tr>
<tr>
<td>7</td>
<td>BIPOC Resident Group</td>
<td>Coming soon</td>
</tr>
</tbody>
</table>

Sources: DEI Department, February 2021

*launched 3/1/2021
Enhanced Employee Support
DEI has extended its support to employees, providing supportive check-ins

Referral Sources
- Employee Relations
- Patient Relations
- Employee Resource Groups
- Leadership Referrals
- Self-Referrals

Types of Reports & Support Provided
- Discrimination
- Microaggression
- Retaliation
- Bias based on role
- Gender Transition
- Navigating Conflict
- Resource Connection
- Job Transfer Support
- Wrap around support - When Patients Cause Harm to Employees
- Is what I experienced okay and/or normal
- Empowering and Affirming Employee Voice

Sources: DEI Department, April 2021
Integrating Equity Tools into Policies & Practices
Equity Tools
designed to guide leaders through process of reflection, evaluation to improve workplace culture of inclusion and mitigate unintended consequences of bias in decision-making and operational practices

Equity Toolkits Developed:
✓ Equity in Interviewing and Hiring
✓ Equity in a Policy Review Process
✓ Inclusive Language Resources
✓ Workplace Culture of Inclusion Assessment and Improvement
✓ LGBTQ+ Resources for Coming Out in the Workplace
✓ Developing an Equity Lens Competency
✓ Equity in Data Collection and Analysis (in progress)
✓ Antiracism in Action (in progress)

Training, Consultation, Assistance
on customizing equity tool templates to meet departmental needs

A Few Highlighted Partnerships:
✓ Nursing Product Council – embedded questions to assess equity impact for all product reviews
✓ Employee Advisory Council – embedded equity lens into application process
✓ Child Injury Prevention – centered equity in multidisciplinary team protocol
✓ Ambulatory Registered Dieticians – redesigned interview template to incorporate equity-focused questions
✓ EHS and Wellbeing – developing Equity Lens Learning Roadmap
✓ Quartz – facilitated Culturally and Linguistically Appropriate Services (CLAS Assessment) as clinic system partner

Workplace Culture of Inclusion Assessment and Improvement
(longer term engagement)
✓ Integrated Approach with Performance Management and Organizational Development

Highlighted Partnerships:
✓ Department of Ophthalmology – facilitated survey, focus groups, interviews and now implementing 18-month DEI Learning Roadmap
✓ Department of Neurology – facilitating survey, interviews and will develop proposed DEI Learning Roadmap based on results

In Development:
✓ Ear, Nose, and Throat Clinics
✓ Urgent Care

8 Equity Toolkits developed
29 departments, stakeholder groups served
4 Assessments, Roadmaps in process
Addressing Health Disparities: Goal Focused Investment of Time and Money into Communities of Color
CHNA Priority Focus: Maternal and Child Health

- WI worst disparity in nation
- African American babies 3x more likely to die in first year
- Black women experience low birthweight at 12% compared to 6% for white women

UW Health and Dane County Health Council adopted shared goal in 2017 based on Community Health Needs Assessment:

- Reduce inequities in low birthweight & infant mortality
- Support healthy birth outcomes for African American women
Social Determinants of Health (SDoH) is a Priority for UWH

UWH invests in SDoH through innovation, programmatic collaborations/community advocacy, and charitable giving

Source: DEI Department, May 2021
FY20
Board approved Community Health Implementation Strategy
Community Engagement for MCH
Community Giving Redesign

FY21
Board approved DEI and Antiracism Plan
Community Giving for BIPOC Orgs
Connect Rx WI Planning

FY22
Community Health Needs Assessment
Pediatric Test of Change (proposed)
SDOH Care Model and Business Planning

Nov 21
Connect Rx WI Go-Live

FY23
SDOH Primary Care Expansion (proposed)
### Key Elements of Approach: Trust-based Giving

<table>
<thead>
<tr>
<th><strong>Focused Funding</strong></th>
<th><strong>Trust and Authenticity</strong></th>
<th><strong>Transformational Relationships</strong></th>
</tr>
</thead>
</table>
| Funding in “sweet spot” of overlap between DEI and community health improvement priorities | Trusting leaders of color  
- Authentic relationships with leaders  
- More internal decision-makers who are people of color  
- Continuing representation at events | Prioritizing organizations that have historically had access to the least resources  
- First-hand knowledge of the work and intentional partnerships  
- Taking risks to allow small organizations to grow  
- Promoting partners to other funders |
| Increased budget from UW Health allows for transformational contributions  
- Investing in the work through unrestricted giving |  |  |

**Proprietary**

Page 94 of 99
Examples of Key Anti-Racism Contributions

Capital Campaigns
- Center for Black Excellence and Culture
- Urban League of Greater Madison’s business hub
- Centro Hispano of Dane County

Leadership Gifts
- Centro Hispano of Dane County
- Focused Interruption Coalition
- Foundation for Black Women’s Wellness
- YWCA of Madison

Stabilization Funds
- Latinx Consortium for Action
- F.O.S.T.E.R.
- Urban Triage
- Freedom, Inc.
- Meadowood Health Partnership
- Nehemiah
- Progress Center for Black Women

Others to be announced later this year
Embedding DEI in all our work: 2021 Performance Evaluation

The self-evaluation, to be completed by all employees, includes four questions.

- Please comment on how you have met performance expectations and successfully demonstrated the responsibilities of your job over the past year.

- Please comment on your growth opportunities related to your job responsibilities.

- Diversity, Equity and Inclusion is a new foundational competency. How will you increase your knowledge of diversity, equity, and inclusion over the next year? For ideas on how to further your DEI growth please access the resource list link at the top of this page.

- What are your current career goals? What would you like to learn more about in the coming year? How would you like to partner with your leader to be successful in reaching your goals?
DEI Department Planned Growth

In FY2021, the DEI Team incrementally built resources and tools to achieve board-approved goals; the Program Strategic Plan will initiate Phase 2 of sustained growth across the system.

**Phase 1**
- FY2021
- Grow team to support system needs and the work that lies ahead
- Increase funds available to lead board-approved community initiatives
- Build communication resources
- Implement leader training
- Execute community funding plans

**Phase 2**
- FY2022 – FY2025
- Implement 3-Year Strategic Plan
- Build 3-year plan
- Create additional tools/resources

**DEI Department Planned Growth**

In FY2021, the DEI Team incrementally built resources and tools to achieve board-approved goals; the Program Strategic Plan will initiate Phase 2 of sustained growth across the system.
Key Takeaways & Next Steps

- Significant progress in creating resources and building foundation
- High level of engagement from faculty & staff
- Addressing social determinants of health is a priority for UW Health
- Currently working on DEI Program 3-year strategic plan (expected to be finished in early Fall)
- CHNA Board review & approval process will start in July
Thank you!