



July 11, 2025

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**<sup>1</sup> will be held **WEDNESDAY, JULY 16, 2025, AT 12:00 P.M., in the HEART CENTER TELECONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

(Visit [https://www.salinasvalleyhealth.com/~about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/](https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/) for Public Access Information).

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD

President/Chief Executive Officer

Committee Voting Members: **Victor Rey, Jr.**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Allen Radner**, President/CEO, **Gary Ray**, Chief Legal Officer; **Nikolas Greenson, MD**, Medical Staff Member.

Advisory Non-Voting Members: Jim Gattis, Jib Martins, and Anne McCune, Community Members, Administrative Executive Team.

**TRANSFORMATION, STRATEGIC PLANNING & GOVERNANCE COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH<sup>1</sup>**

**WEDNESDAY, JULY 16, 2025, 12:00 P.M.  
HEART CENTER TELECONFERENCE ROOM**

**Salinas Valley Health Medical Center  
450 E. Romie Lane, Salinas, California**

**(Visit [SalinasValleyHealth.com/virtualboardmeeting](https://SalinasValleyHealth.com/virtualboardmeeting) for Public Access Information)**

**AGENDA**

1. Call to Order / Roll Call
2. Public Comment  
This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda.
3. Approve Minutes of the Transformation, Strategic Planning and Governance Committee Meeting of April 16, 2025. (REY)
  - Motion/Second
  - Public Comment
  - Action by Committee/Roll Call Vote
4. Salinas Valley Health AI Overview/Innovation Center (HYLAND/ALBERT)
5. Closed Session
6. Reconvene Open Session
7. Adjournment

The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Wednesday, October 15, 2025 at 12:00 p.m.**

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

The Salinas Valley Health (SVH) Committee packet is available at the Committee Meeting, electronically at <https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/>, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3050 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

**QUALITY & EFFICIENT PRACTICES COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH**

**AGENDA FOR CLOSED SESSION**

*Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.*

**CLOSED SESSION AGENDA ITEMS**

**REPORT INVOLVING TRADE SECRET**

(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

Trade Secret, Strategic Planning, Proposed New Programs and Services

Estimated date of public disclosure: (Specify month and year): Unknown

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

*PUBLIC COMMENT*

**DRAFT SALINAS VALLEY HEALTH<sup>1</sup>**  
**TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES APRIL 16, 2025**

Committee Member Attendance:

Voting Members Present: **Rolando Cabrera, MD**, Vice Chair; **Allen Radner, M.D.**, President/CEO, **Gary Ray**, CLO, and **Nikolas Greenson, M.D.**, Medical Staff Member.

Absent: **Victor Rey, Jr.**, Chair.

Advisory Non-Voting Attendees Present:

In Person: Timothy Albert, M.D., CCO, Jim Gattis;

Via Teleconference: Michelle Childs, CHRO, Alysha Hyland, CAO, Jib Martins, Carla Spencer, CNO;

Other Board Members Present, Constituting Committee of the Whole:

Via Teleconference: Victor Rey, Jr. (attending as a non-voting member), Catherine Carson and Joel Hernandez Laguna.

*Joel Hernandez Laguna arrived via teleconference at 12:10 p.m.*

## **1. CALL TO ORDER/ROLL CALL**

A quorum was present and Vice Chair Dr. Cabrera called the meeting to order at 12:01 p.m. in the Heart Center Teleconference Room.

## **2. PUBLIC COMMENT**

None

## **3. APPROVAL OF MINUTES FROM THE TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE MEETING OF JANUARY 15, 2025.**

### **PUBLIC COMMENT:**

None

### **MOTION:**

Upon motion by Committee Member Dr. Radner, second by Committee Member Ray, the Transformation, Strategic Planning, and Governance Committee approved the minutes of the January 15, 2025 meeting, as presented.

### **Roll Call Vote:**

Ayes: Dr. Cabrera, Dr. Radner, Ray and Dr. Greenson;

Nays: None;

Abstentions: None;

Absent: Rey.

**Motion Carried.**

<sup>1</sup> Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

#### **4. CLOSED SESSION**

Vice Chair Dr. Cabrera announced that the item to be discussed in Closed Session is *Report Involving Trade Secret: Trade Secret, Strategic Planning, Proposed New Programs and Services*. The meeting recessed into Closed Session under the Closed Session protocol at 12:03 p.m.

#### **5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION**

The Committee reconvened Open Session at 1:03 p.m., Vice-Chair Dr. Cabrera reported that in Closed Session, the Committee received *Reports Involving Trade Secret: Trade Secret, Strategic Planning, Proposed New Programs and Services*. No action was taken in Closed Session.

#### **6. ADJOURNMENT**

There being no other business, the meeting was adjourned at 1:04 p.m. The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Wednesday, July 16, 2025 at 12:00.**

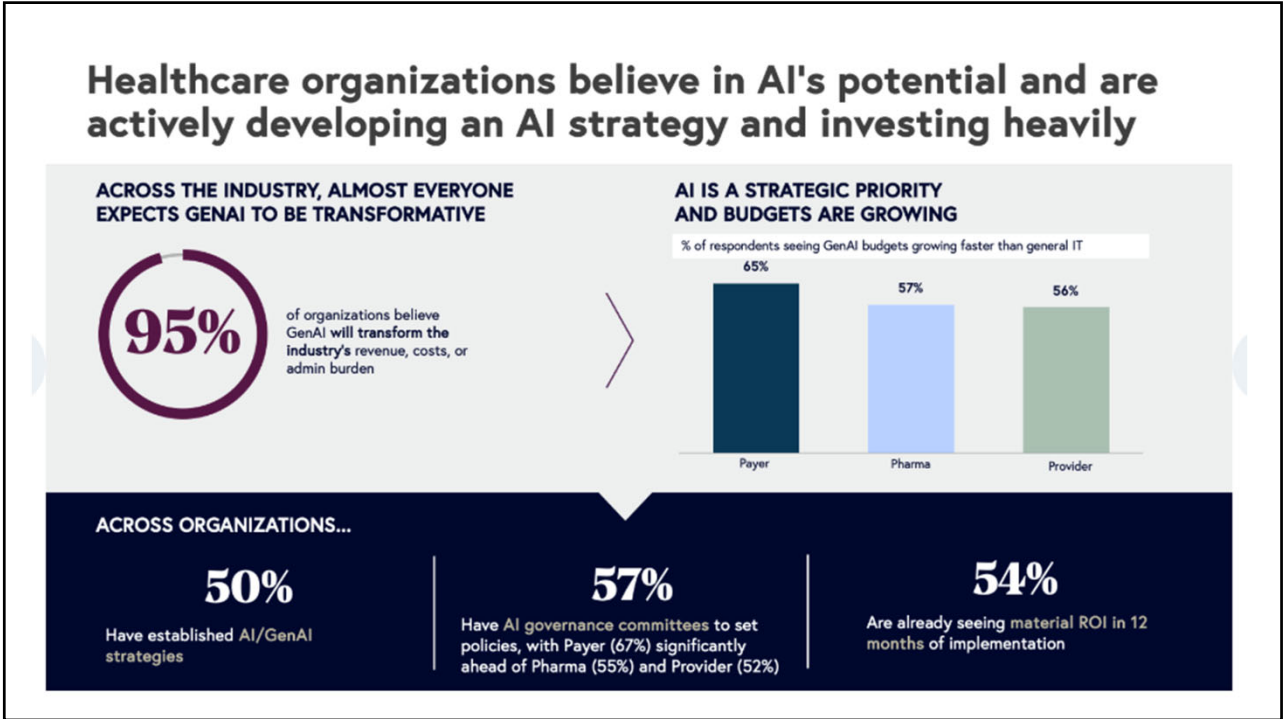
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Rolando Cabrera, M.D., Vice-Chair  
Transformation, Strategic Planning and Governance

# Strategic and Transformation Committee – AI in Healthcare




Strategic overview for SVH leadership on key areas where AI will impact our business and strategies for successful partnerships

1



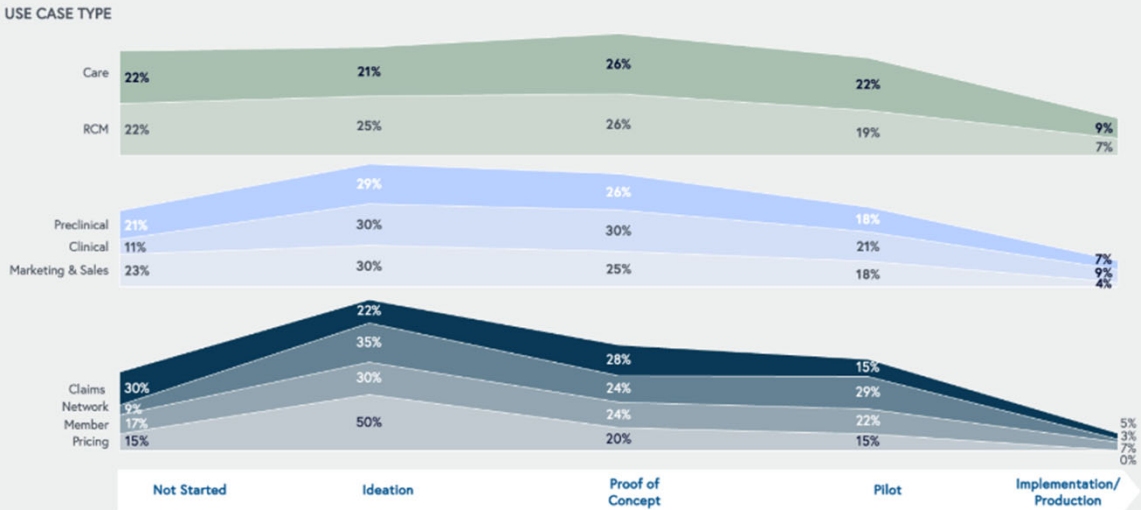


59 jobs-to-be-done as potential use cases for AI across segments

 PAYER	 PHARMA	 PROVIDER
<b>CLAIMS</b> Stop-loss management Benefits verification Coordination of benefits OON claim negotiations  <b>NETWORK</b> Provider contracting Provider credentialing and enrollment  <b>MEMBER</b> Member enrollment Member follow-up and engagement Proactive wellness program  <b>PRICING</b> Underwriting and pricing Prospective risk adjustment	<b>PRECLINICAL</b> Molecule identification and structure design Hit-to-lead optimization Target identification  <b>CLINICAL</b> Patient recruitment optimization Protocol design Data management, site logistics, and comms  <b>MARKETING &amp; SALES</b> Hub and patient services HCP engagement Competitive intel Budgeting and forecasting	<b>CARE</b> Patient triage Provider credentialing and enrollment Patient scheduling Staff scheduling Risk adjustment/accurate patient diagnosis capture Referral management  <b>RCM</b> Medicaid/Medicare enrollment Prior authorizations Medical coding Underpayment mgmt. Payor contracting mgmt.
Medical necessity and claims Approval/denial documentation Appeals management  Provider quality/outcomes PA and concurrent utilization Provider roster and data  Care gap analysis Call center operations SDOH tracking Plan and care navigation  OON claim repricing and negotiations	Indication selection Biomedical literature review and mining IND submission  Regulatory intelligence NDA submission Pharmacovigilance monitoring Predictive analytics  Pricing and patient affordability Marketing, sales and medical affairs team enablement	Care gap identification Clinical trial coordination Documentation support (scribe/ambient listening)  Follow-up care Quality metrics and patient registry reporting  Denial/appeal management Clinical documentation improvement and compliance assurance for payer interactions

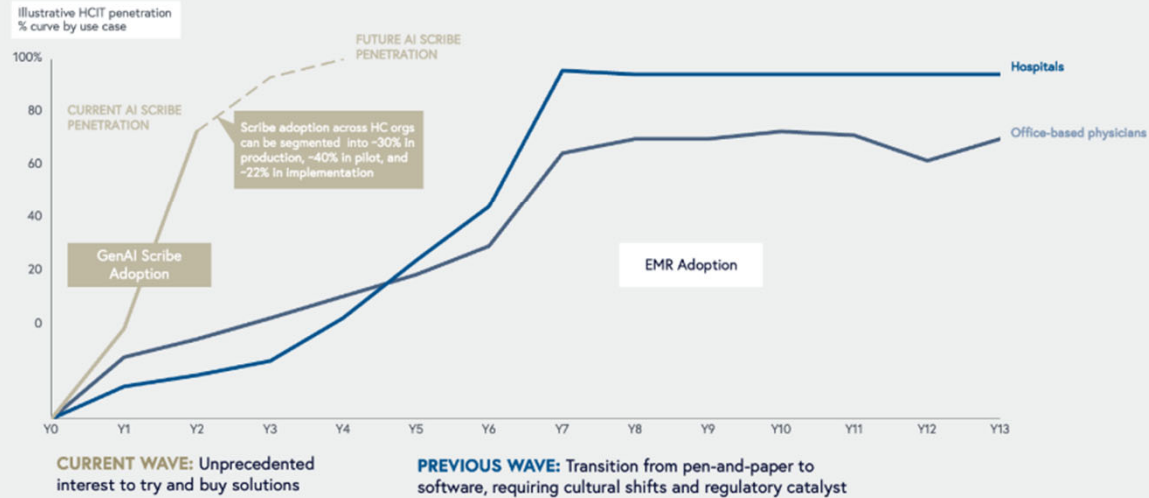
Note: Jobs-to-be-done descriptions in Appendix

Most of the use cases are in experimentation phase, with Providers further ahead with more projects in POC stage vs. ideation



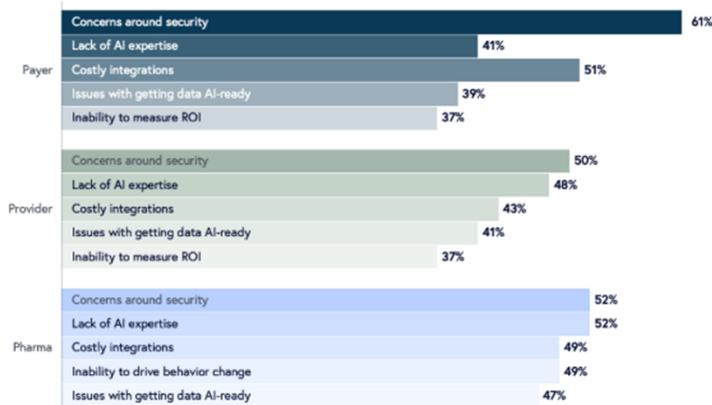
Source: Bain GenAI Survey (N=408)

## How this AI wave differs from the prior software revolution



## Executives cite roadblocks to scale: security concerns, costly integrations and lack of AI expertise in-house

% of respondents indicating issue as significant roadblock



Note: "Significant roadblock" defined as respondents describing a roadblock as a high barrier or extreme barrier | Source: Bain GenAI Survey (N = 408)

### MOST CITED ROADBLOCKS



Concerns around security, given significant amounts of confidential/sensitive patient data in healthcare



Lack of AI expertise in nascent healthcare IT solutions



Costly integrations and additional IT work needed to move to full production



Issues with getting data AI-ready attributed to fragmented, unstructured, non-standardized data inputs throughout healthcare

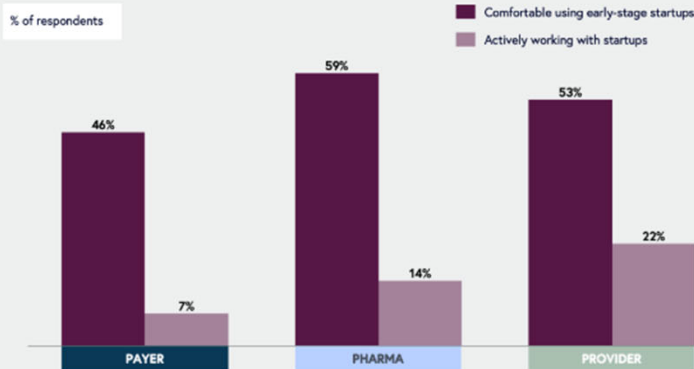


Inability to drive behavior change among key stakeholders/the frontline due to longstanding habits among tenured professionals

## While many organizations are open to working with startups, fewer use them as the default partner

~54% OF ORGANIZATIONS HAVE A DESIRE TO PARTNER WITH STARTUPS,  
BUT ONLY ~15% ARE CURRENTLY WORKING WITH THEM

ORGS PRIORITIZE PROVEN  
TRACK RECORDS WHEN  
WORKING WITH STARTUPS



**48%** of organizations would prefer to work with the most innovative startups over established technology players if there is a meaningful gap in the technology

**55%** of organizations are only considering startups with proven track records with clear ROI with equivalent peers

## How can startups win?



1. Pick the right entry point and expand



2. Prove ROI quickly and navigate the POC trap



3. Shift from traditional sales to co-development



4. Reimagine a complex workflow end-to-end



5. Align your business model to the value you create

## Components of the AI DX Index

### OPPORTUNITY SCORE

Metric used to assess the potential value and urgency for innovation in a job-to-be-done.

**Pain point** • % of survey respondents that claim a job causes a significant pain point

**Automation level** • % of survey respondents that describe a job today as a mostly manual process

### ADOPTION SCORE

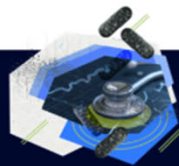
Metric that measures how developed or established GenAI adoption for a particular job-to-be-done is today.

• % of respondents currently using AI solutions for a job across each development stage

### DEVELOPMENT STRATEGY

Metric that shows the current type of partner for a particular job-to-be-done GenAI solution.

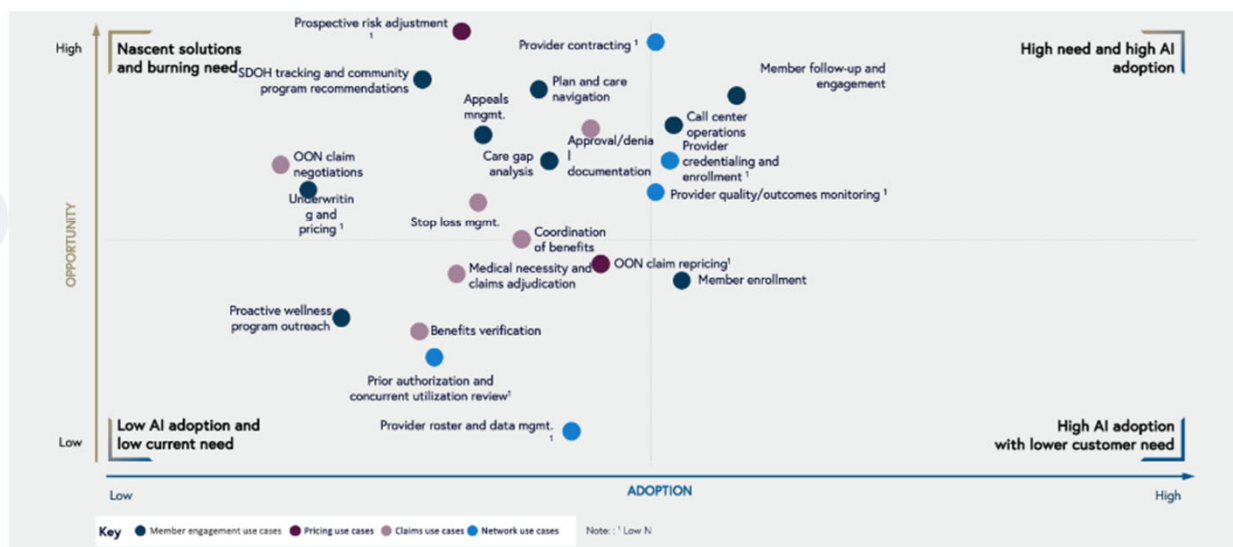
• % of respondents currently working with a specific party on a GenAI solution



AI Dx Index

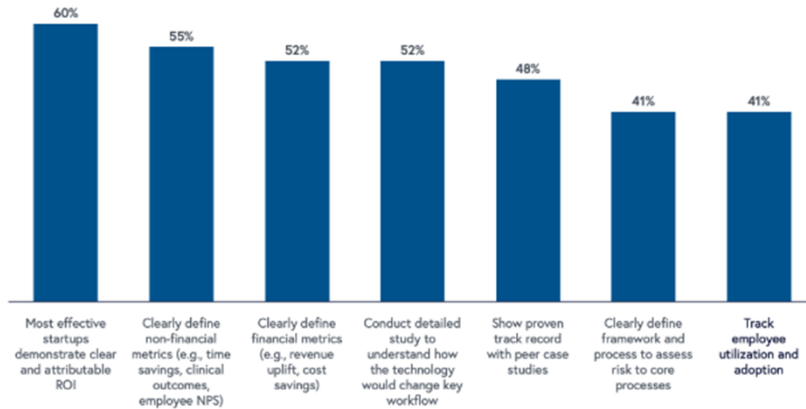
A comprehensive metric designed to assess and prioritize a job-to-be-done in healthcare by evaluating the market opportunity, urgency of the need, and level of adoption of AI today.

## Payer use cases by opportunity and stage of AI adoption



## Key techniques to assess and measure ROI and maximize POC success

% of respondents agreeing with how the most effective startups and organizations assess and measure ROI



Source: Bain GenAI Survey (N=408)



Make sure to define clear KPIs and benchmarks of success to determine if POCs are worth scaling



Don't underestimate the real cost of a POC and fail to define a clear budget; ~75% of buyers say startups get this wrong



Proactively engage adjacent stakeholders early to address barriers of data governance security, legal, and technical integrations

## Principles for leaders navigating AI innovation

### SUCCESSFUL AI LEADERS TRACK SUCCESS TWO WAYS



Results are driven by the intersection of behavior change and workflow change in your organization today



Readiness is your ability to adapt and prepare for change in the future

### TO DO BOTH OF THOSE THINGS YOU NEED TO DO THE FOLLOWING



Create a dynamic, modular AI strategy with clear choices about use cases based on business outcomes and ability to action



Establish strong ecosystem relationships including disruptive startups, to fuel innovation and stay competitive



Make your governance, tech stack, and cybersecurity AI-ready, while enforcing responsible AI policies



Adopt technology where differentiation matters, and maximize the value of your most unique and powerful proprietary data

# Strategic and Transformation Committee – SVH AI Overview

Strategic overview for SVH leadership on Epic AI integration and future opportunities

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## AI Committee at Salinas Valley Health

- SVH AI Committee was formed in November of 2024
- The purpose of this multidisciplinary committee is to evaluate and oversee the safe, ethical, and compliant use of Artificial Intelligence

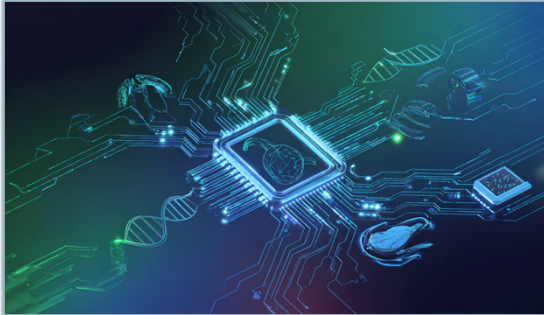
Member	Title
Dr. Allen Radner	President/Chief Executive Officer
Dr. Timothy Albert	Chief Clinical Officer
Alysha Hyland	Chief Administrative Officer
Audrey Parks	Vice President Information Technology
Josh Rivera	Director Enterprise Informatics
Aaron Burnside	Director Information Technology
John Kazel	Director Imaging Services
Natalie James	Director Contracting and Compliance
Meredith Peterson	Director Financial Planning & Decision Support
Shannon Hernandez III	Staff Nurse (Mother/Baby)
Roshan Thomas	Epic Project Manager








# AI in Healthcare

## What is AI in healthcare?

AI in healthcare is the use of artificial intelligence technologies to enhance patient care, optimize operations, and advance medical research



## Strategic Value for SVH is about augmenting clinicians

-  Improve provider and staff efficiency
-  Identify and capture charges to improve revenue
-  Reduce physician burnout
-  Enhance patient experience and outcomes
-  Leverage Epic AI features

## AI Journey at SVH: Clinics



### Abridge with Epic Ambient *Abridge*

Captures provider-patient conversations, automatically generating draft notes for provider review and sign-off



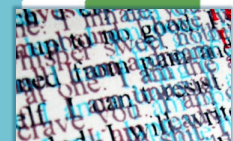
### PB Coding Assistant *Epic*

Streamlines medical coding by automatically suggesting relevant procedure and diagnosis codes from clinical notes



### AI Note Summarization *Epic*

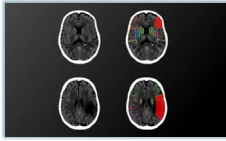
Reviews recent notes and provides concise insights of relevant clinical details for efficient provider review



### In Basket Art *Epic*

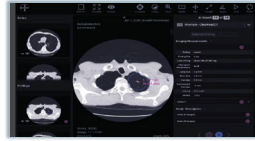
Uses AI to draft responses to Patient Messages

## AI Journey at SVH: Hospital



**Rapid AI**  
Third Party

AI-powered medical imaging and care coordination platform focused on accelerating time to treatment specifically for stroke.



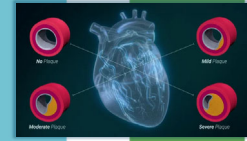
**Coreline**  
Third Party

Used for CT Lung Nodule Screening and CT Cardiac Calcium Score



**Hologic**  
Third Party

AI used for potential Pathology findings



**Cleerly**  
Third Party

AI for Coronary Artery Plaque Analysis

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## AI Journey at SVH: Up and Coming

Expanding our AI ecosystem to improve efficiency and outcomes



**AI Text Assistant (Epic):**

Allows clinicians to adjust documentation for brevity and appropriate reading level  
Go Live – July 16<sup>th</sup> 2025

**Slicer Dicer Sidekick (Epic):**

Natural language interface for building queries and creating reports without technical expertise  
Go Live – November 8<sup>th</sup> 2025

**Automated Documentation Features (Epic):**

- *Drafts Denial appeal letters (OP/IP)* – Draft an appeal letter based on clinical documentation
- *Draft Hospital course notes* – Draft a hospital course note summarizing events from the patient's stay
- *Draft End-of-shift care* – Draft an end-of-shift note using data from events during the day

Go Live – November 8<sup>th</sup> 2025

**Actionable Follow-ups for Radiology (Epic):**

Helps clinicians quickly address imaging follow-ups, specialty referrals, and biopsies  
Go Live – November 8<sup>th</sup> 2025



## Future AI Opportunities



### Prior Authorization AI

Accelerates request processing and reduces administrative burden



### Dashboard Insights

Generates actionable summaries from complex clinical data



### Clinical Insights

Presents relevant patient information for both inpatient and outpatient contexts (i.e. Evidently)



### Additional Epic AI Features

Over 140 new features in development at Epic



### Prinnovo

Partnering with Prinnovo to launch Health Venture Offices to drive innovation and revenue through partnerships in areas like AI, research, radiology, and informatics.



Our AI roadmap focuses on reducing administrative burden while enhancing clinical decision support and patient outcomes

## *CLOSED SESSION*

*(Report on Items to be  
Discussed in Closed Session)*

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*

*(Meeting Chair)*

# *ADJOURNMENT*