

Cardiothoracic and Vascular Surgeons

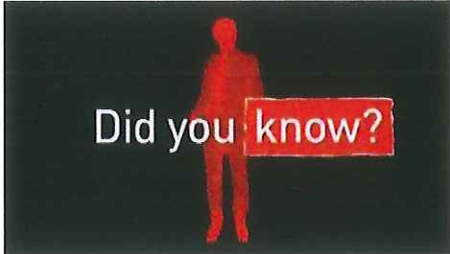
## Strategic Planning Annual Retreat



Saturday, August 20, 2011

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Did you know?


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## Collaboration Inclusiveness Personal Responsibility

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Since 1958

Cardiothoracic and  
Vascular Surgeons, PA  
ctvstexas.com


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**Physician Questionnaire –  
What Makes CTVS Unique?**

- Over 50 years of history
- Twenty great guys / partners
- Good surgeons
- For the most part, all surgeons get along
- Incredible variety of services
- Great place to live and work
- Great organization
- Began as small group and grew to twenty surgeons as opposed to various practices coming together
- Market position
- Stability
- Monopoly, which equals negotiating power
- All of our surgeons are highly skilled, cognizant of our limitations, and by and large collegial and not ego driven



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**Physician Questionnaire –  
What is the common shared vision of CTVS?**

- Strength in numbers
- Providing good service
- Develop relationships with other physicians
- Deliver the best health care available in our specialty
- Maintaining quality, stability, and understanding of local issues
- Quality care, integrity, and good communication
- Dedication to the medical community and community at large
- Momentum
- Greed



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**Today's Agenda**

Time From	Time To	Topic	Presenter (s)
8:30 AM	8:30 AM	Breakfast Self-Serve	N/A
8:30 AM	8:30 AM	"Did You Know" Video & CTVS History Video	J. Roehri
8:40 AM	9:04 AM	Welcoming and Opening Remarks / Mission & Vision Statements	Dr. Oswat
9:05 AM	9:09 AM	Purpose of Strategic Planning / Results of 2011 Retreat	Dr. Oswat / J. Roehri
9:10 AM	9:20 AM	SWOT Analysis	Dr. Oswat / J. Roehri
9:30 AM	9:30 AM	CTVS Financials & Trends	J. Roehri
9:40 AM	9:54 AM	CTVS's Manpower Needs	Various
9:55 AM	10:04 AM	VenSubsora Update	Dr. Ding
10:05 AM	10:19 AM	Selon VAD / TK Update	Dr. Mueller
10:20 AM	10:20 AM	Break	TA
10:30 AM	10:30 AM	Electronic Health Records (EHR)	J. Roehri
10:40 AM	11:44 AM	Results of CTVS Physician Questionnaire & Miscellaneous Professional Goals Over Next 3 Years Top CTVS Strategic Priorities Income Lifestyle Physician Compensation Plan Plans for Succession / Retirement Presidential Succession Planning	Dr. Oswat / Dr. Ding / J. Roehri
11:45 AM	11:59 AM	Working Lunch (Serve Yourself)	N/A
12:00 PM	12:59 PM	How Programs Cardiac & Vascular Committee (30 minutes each) CTVS Recap (30 minutes)	Dr. Oswat / J. Roehri
1:00 PM	2:29 PM	Health Systems 2 Separate Committees (45 Minutes Each) CTVS Recap (45 Minutes Each)	Dr. Oswat / J. Roehri
2:30 PM	2:30 PM	Break	N/A
2:40 PM	2:50 PM	Other Opportunities	Dr. Oswat / J. Roehri
3:00 PM	3:30 PM	Closing Remarks and Summary Of Plans	Dr. Oswat / J. Roehri

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**Physician Questionnaire –  
What is the common shared vision of CTVS?  
(Continued)**

- Comprehensive coverage of both specialties to entire community with "state of the art" expertise
- Lifestyle over income
- Be available for all patients at all places
- Great working relationship



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### Physician Questionnaire – Other items?

- Other Topics to Discuss
  - Growing differences between cardiac and vascular specialties
- How Would You Improve CTVS in one or two Sentences?
  - Do we separate vascular and thoracic? Would it work?



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Our **VISION** to provide the most comprehensive and progressive cardiothoracic and vascular surgical services in *Central Texas* is achieved through a team approach. *Around-the-clock coverage is provided by 20 surgeons, and employees of our surgical support staff. The "team" responds to cardiac, thoracic, and vascular emergencies at eleven area hospitals.*



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The **MISSION** of Cardiothoracic and Vascular Surgeons is to continue in its tradition of providing to the people of Central Texas the most comprehensive and progressive cardiac, thoracic and vascular surgical services delivered with compassion, integrity and dignity emphasizing accessibility, dependability, patients' rights and community commitment.

Our **VISION** to provide the most comprehensive and progressive cardiothoracic and vascular surgical services in Central Texas is achieved through a team approach. Around-the-clock coverage is provided by 20 surgeons, and employees of our surgical support staff. The "team" responds to cardiac, thoracic, and vascular emergencies at eleven area hospitals.



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- A well conceived vision consists of two major components
  - Core Ideology
    - What we stand for and why we exist
      - Defines the enduring character of an organization
      - Provides the glue that holds an organization together as it grows, decentralizes, diversifies, expands globally, and develops workplace diversity.
  - Envisioned Future
    - What we aspire to become, to achieve, to create – something that will require significant change and progress to attain
      - A 10 to 30 year audacious goal
      - Vivid descriptions of what it will be like to achieve the goal.



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### The Purpose of an Strategic Planning Annual Retreat


- Re-establish core values
- Establishing goals / priorities to accomplish over the next one to five years
- Identifying how to reach the goals by setting direction on time lines and responsibilities



### Results of 2011 Strategic Planning Annual Retreat

- Cardio / Thoracic / Vascular Manpower Needs
  - Not applicable as decided not to hire additional physicians
- Plans for Slowdown / Retirement
  - No decision made
- CTVS Short-Term Options / Current Hospitals / Market Presence / Future Opportunities
- Marketing & Outreach
  - Did not do any additional outreach
  - Completed new photographs, bios, web site, corporate brochure, and building signage



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**Weaknesses**

- Coverage stressors
- Maintain good relationships with both systems
  - St. David's Healthcare / HCA and Seton Family of Hospitals
- Slow to react because of consensus government
- Small player against giant hospital corporation
- Further deterioration of group camaraderie and team spirit



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**SWOT ANALYSIS**



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**Opportunities**

- Vascular interventional suite (VIS) / Angio cath suite
- Opportunity to move into competition's territory (St. David's Georgetown and Round Rock)
- Alignment with a Health System (s)
- Opportunities for new relationships with hospitals
  - Lakeway Regional Medical Center opportunity
  - Re-establish a relationship with Westlake Medical Center
  - Midland / Odessa - Cardiothoracic opportunity
  - Bryan College Station
  - Killeen, Texas Hospital - LHP Hospital Group (75 bed hospital) – Vascular opportunity
  - St. David's Georgetown Hospital – Thoracic
  - Cedar Park Regional Medical Center
  - New Braunfels – Cardiac Opportunity



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**Strengths**

- Twenty physician group with combined clinical experience of approximately 325 years that represents one of the largest independent cardiothoracic & vascular physicians groups in the country
- Solid mixture of late-career, mid-career, and early-career physicians
- Ability for the group to make decisions for the common goal of CTVS
- Presence in other markets other than Austin area, such as San Angelo
- Low personnel turnover
- Have good relationships with both major systems – St. David's Healthcare / HCA and Seton Family of Hospitals
- Good compensation with good vacation
- Not a lot of local competition in Cardiothoracic or Vascular physician services



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**Threats**

- Employment by a Health System
- Health systems ability to hire competing cardiothoracic & vascular docs
- Health systems ability to hire individual CTVS physicians from the group and ultimately break up CTVS
  - VAD / TX Program
- Medicare reimbursement reductions
- Private insurance companies / payors to potentially follow Medicare reimbursement reductions
- Private insurance companies / payors making patients more financially responsible for payments to CTVS, which are much harder to collect.
- Potential loss of service contracts with health systems
- Continuous increase in company health insurance costs
- Increase in dependence on technology and its related costs (computers)
- The overall potential affect of the Healthcare Reform Bill on CTVS
- Decreasing cardiothoracic volume for CTVS



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**Goals from SWOT Analysis**

- Satisfying alignments with 2 systems
- Proactive in setting up cost savings and other programs with hospitals.
- Building new product lines for hospitals at no expense to CTVS.
- In no way consider dissolution of group.
- Re-train and demonstrate quality care and outcomes to hospital systems.



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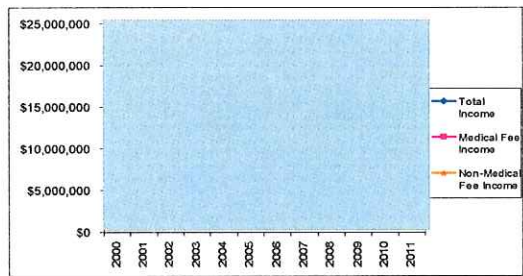
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**CTVS Financials & Trends**

(Total, Medical Fee, and Non-Medical Fee Income)  
2003 through 2010 and projected 2011



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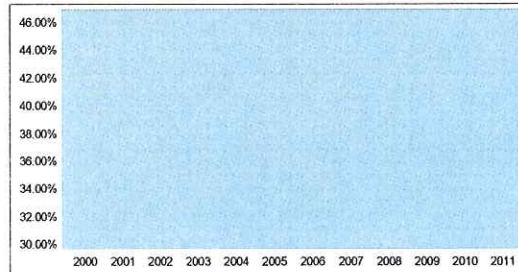
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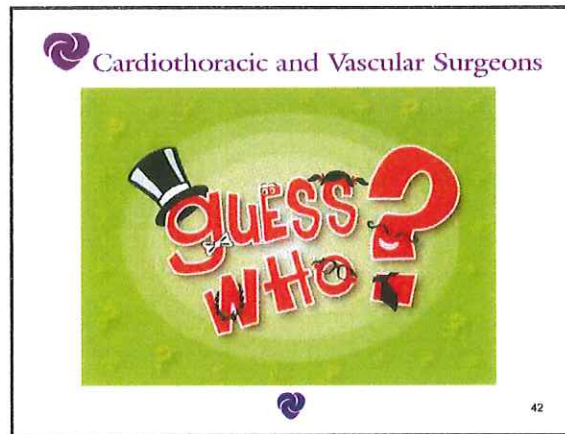
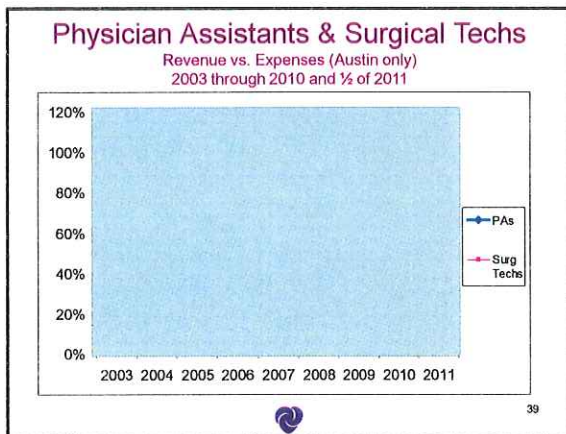
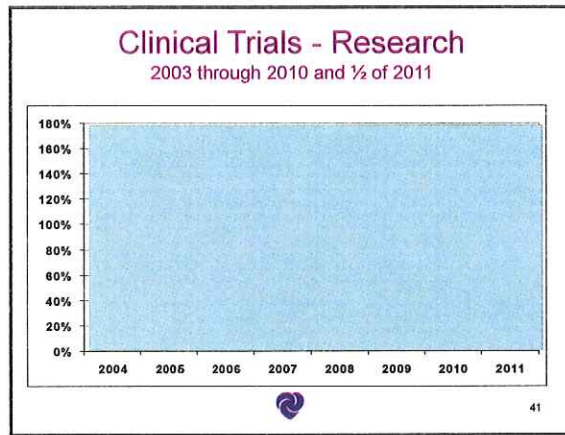
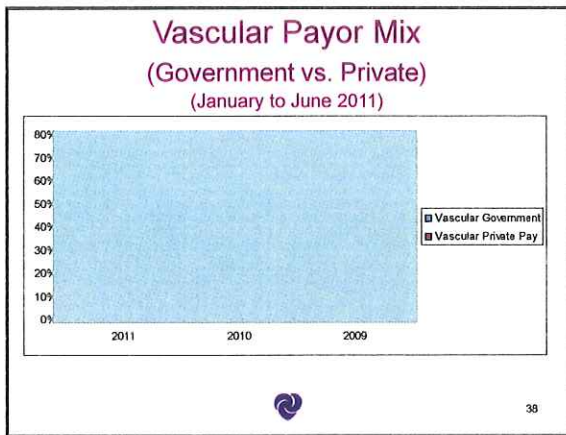
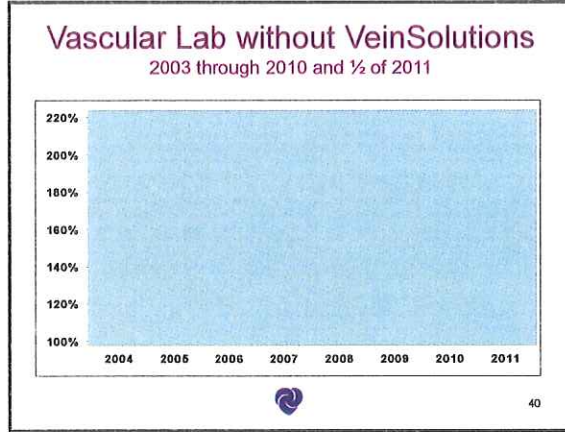
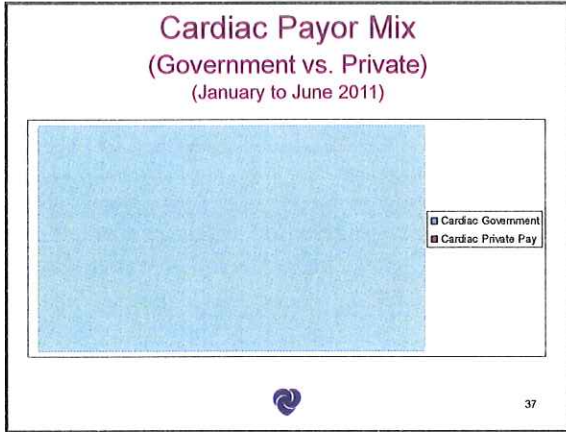
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**CTVS Financials & Trends**


(Overhead Percentage - 2003 through 2010 and 1/2 of 2011)



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Vascular Compensation vs. MGMA  
2010 CTVS Compensation vs. 2009 MGMA

	CTVS	MGMA	MGMA	MGMA
	7 Partner			
Vascular Compensation	2010 Avg	Median	75th % Tile	90th % Tile
Vascular Vacation (Weeks Worked)				


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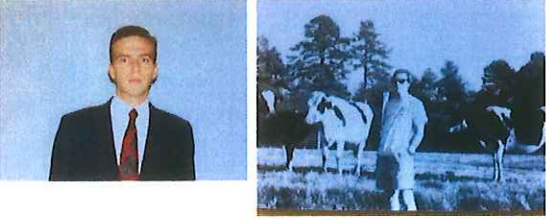
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Cardiac Compensation vs. MGMA  
2010 CTVS Compensation vs. 2009 MGMA

	CTVS	MGMA	MGMA	MGMA
	8 Partner			
Cardiothoracic Compensation	2010 Avg	Median	75th % Tile	90th % Tile
Cardiothoracic Comp (w/o Dr. Fox)				
Cardiothoracic Vacation (Weeks Worked)				

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**OCCUPATION**  
**BIRTH DATE/PLACE**  
**MARITAL STATUS**  
**EDUCATION**  
**Boarding Surgeon Fellowship**  
**Boarding Surgeon Fellowship**  
**Medical School**  
**Undergraduate School**  
**LICENSES & CERTIFICATIONS**  
**RESIDENCY EXPERIENCE**  
**MILITARY**  
**PROFESSIONAL SOCIETIES**

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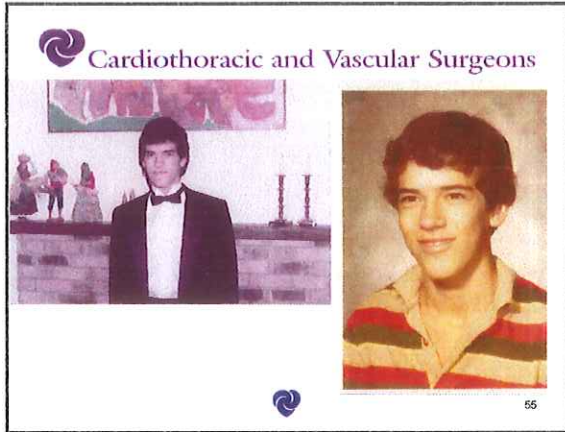
**CTVS' Manpower Needs**

- Cardiac Section
  - ?
  - Shannon Health / San Angelo Update
- Vascular Section
  - Joel G. Gotvald, MD, FACS, RPVI
    - Austin Vascular & Vein Institute, Austin, TX
  - Steve Smith, MD
    - Arizona Vein & Vascular Center, Surprise, AZ

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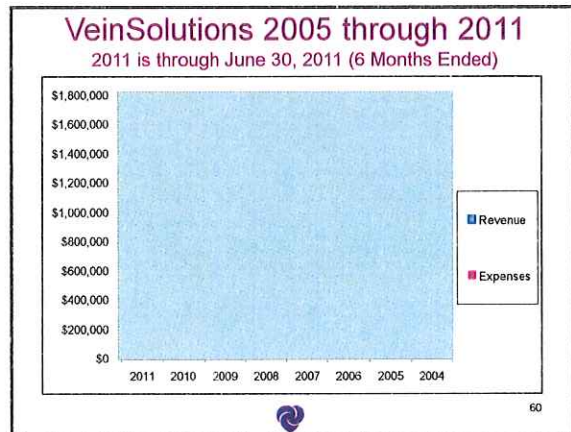
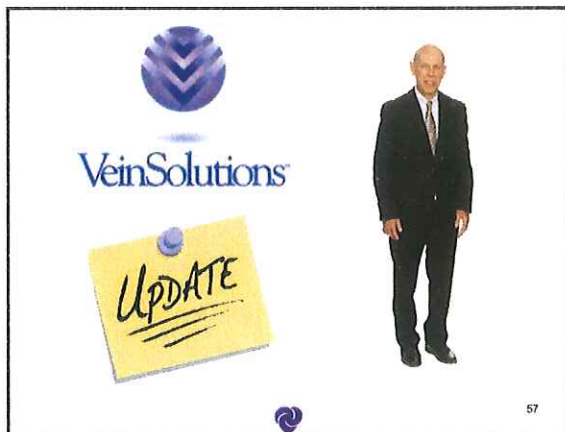
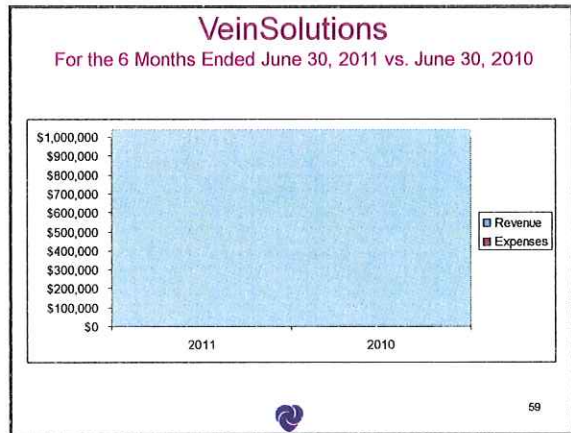
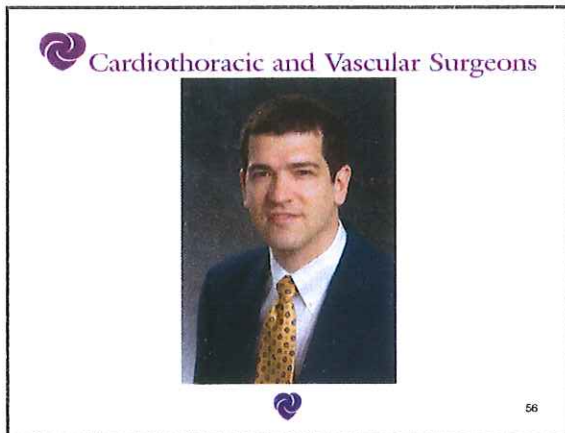
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### VeinSolutions Facts

- VeinSolutions celebrates it's 8th Year Anniversary on August 20, 2011 (today)

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Seton Heart Specialty Care  
and Transplant Center

A program of  
Seton Medical Center, Austin

A member of the  
Seton Family of Hospitals



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Heart Transplant Program History

- #1 02/02/86
- #100 08/14/95
- #200 02/03/01
- #300 04/30/09
- #326 08/16/11

\*program has never closed, open 24 hours/day 7 days/week since 1986

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VAD History – Long Term Device

<u>YEAR</u>	<u>PATIENTS</u>
2008	13
2009	7
2010	18
2011	11

- 35 HeartMate II patients
  - 3 perioperative deaths
  - >92% 1 month survival

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## Number of Transplants January 2006 through July 2011

Year	Number of Transplants
2006	
2007	
2008	
2009	
2010	
2011 (Jan-Jul)	
Total	



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## Trends

- Longer waiting times
  - 2008 ----- 5 weeks
  - 2010 ----- 4 to 6 months



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## Scientific Registry of Transplant Recipients (SRTR) Data Report Published 7/1/2011

For Patients Transplanted between 01/01/2008 and 06/30/2010 for the 1 Month and 1 Year Models;  
between 01/01/2006 and 12/31/2007 for the 3 Year Model

Graft Survival by Time Slice Transplant	Survival Medical Center Adults (MCA)			United States		
	1 Month	1 Year	3 Years	1 Month	1 Year	3 Years
Transplants (n=number)	26	25	32	4,437	4,437	4,555
<b>Percent (%) of Grafts Surviving at End of Period</b>						
Observed at this Center	92.31	78.63	71.65	95.83	88.64	80.59
Expected, based on national experience	94.74	85.97	82.77			
<b>Graft Failure(s) During Follow-up Period</b>						
Observed at this center	2	5	9	185	461	824
Expected, based on national experience	1.25	3.16	5.22	185	461	834
Ratio: Observed to Expected (O/E)	1.50	1.58	1.72	1.00	1.00	1.00
(95% Confidence Interval)	(0.19-5.80)	(0.51-3.60)	(0.79-3.27)			
P-value (2-sided), observed v. expected	0.708	0.425	0.167			
How does this center's survival compare to what is expected for similar patients?	Not Significantly Different	Not Significantly Different	Not Significantly Different			
Follow-up days reported by center (%)	100.0	98.0	99.5	100.0	98.6	97.7
Maximum Days of Follow-up (n)	30	365	1,095	30	365	1,095



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## Trends (Continued)

### More Complex Patients

- 1) VAD patients
- 2) High pre-formed antibodies with plasmapheresis, etc.

## Long Term Device Implants January 2006 through July 2011

Year	Number of Implants	Number of Deaths During Implant Admission (not perioperative)
2006	7	2
2007	3	2
2008	12	3
2009	7	0
2010	18	1
2011 (Jan - Jul)	11	1
Total	58	9



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## Trends (Continued)

- Increase in nonoperative commitment from surgeon in order to ensure compliance with
  - » UNOS
  - » Joint Commission
  - » CMS
  - » Recent site visit by UNOS, Joint Commission 96% with no specific recommendations



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## Trends (Continued)

- Multidisciplinary approach to transplant/VAD



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## Administrative Wish List (Cont)

- Current operational issues that challenge quality and effectiveness of program:
  - Volumes relatively small or insufficient to give all six surgeons sufficient surgical encounters
  - Training varies widely (no specialty training to fellowship trained) among surgeon participants
  - Not all surgeons committed to Transplant/VAD as core component of surgical business volume
  - PAs rounding on patients lack sufficient knowledge and expertise to safeguard or advance patient care
  - Surgeons' rotations and time-off schedules presents "hand off communication" challenges and deficits in continuity of care.
  - Device not implanted proactively leading to implants on very sick decompensated patients with less than optimal outcomes.
  - Patient selection lacks rigor in ensuring strong outcomes for patient and program



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## Administrative Wish List

- Ensure volume
- Reduce mortality; and
- Improve survival on a rolling calendar in order to continue our accreditation with UNOS, CMS, and Joint Commission



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## Future

- Seton is in the process of hiring two new transplant cardiologists which will increase surgical referrals
- Part-time surgeon involvement in program unsustainable




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## Administrative Wish List (Cont)

- Establish core group of surgeons well trained in transplant and VADs with commitment to meet the rigors of the program requirements
  - Review and establish criteria for surgeons active on service
    - Must be fellowship trained or committed to senior surgeon oversight until equivalent experience and expertise obtained
    - Two surgeons must maintain requirements for serving as program surgical director
    - All surgeons must be knowledgeable of program regulatory requirements
    - Surgeons must agree on standard practice guidelines, selection criteria, and patient treatment protocols
    - Medical record documentation must be complete and compliant with regulatory, coding, and billing standards



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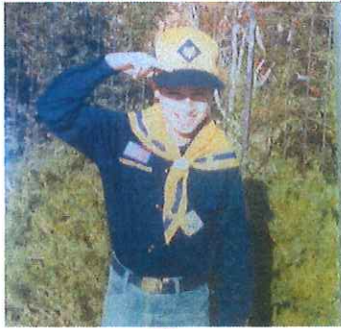
Electronic Health Records (E.H.R.)  
Overview

- Committee Members
  - Drs. Apple, Dilling, Hoenicke, and Stewart
  - Crawford, Hodge, Koch, Ricchini, and Tiedt
- Consultant
  - Texas Medical Association (TMA)
    - Shannon Moore – Director, Health Information Technology recommended John Lubrano with Protis
    - Mr. Lubrano recommended Athena throughout the process



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Electronic Health Records (E.H.R.)  
Vendors Reviewed

Live Demonstrations



Other Vendors Evaluated



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- Advantages
  - Strong Practice Management System that CTVS likes
  - CTVS familiar with Athena Health
  - Shorter installation time line for E.H.R.
  - ASP / Web based model
  - Great document imaging function
  - Assistance with Meaningful Use
  - PQRI



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- Disadvantages
  - AthenaClinicals (E.H.R.) is ranked around better than average, but not at the top
  - Medical Records via Demo is very basic
    - Should advance with R&D that Athena is making into EMR
    - Athena's EMR will catch up with other more advanced vendors over the next few years
    - CTVS probably doesn't need the Cadillac of Medical Records



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## Electronic Health Records (E.H.R.) Financials

	ASP Model Athena	ASP Model Sage	Service Based GE Centricity	ASP Model Athena (Revised)
Upfront Costs				
Annual Maintenance Fee				
Additional CTVS Info Tech / Medical Staff PCs, Tablets, etc for Providers				
Total Costs Year 1				
2 Year Total Costs				
3 Year Total Costs				
4 Year Total Costs				
5 Year Total Costs (1)				
6 Year Total Costs				

- Athena Implementation Costs
  - \$58,000 Originally / \$0 Now (See Next Slide)
- Original Annual Athena Cost
  - [Redacted]
- Revised Annual Athena Cost as of Friday
  - [Redacted]



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## Electronic Health Records (E.H.R.) Site Visit and One-on-One Meeting

- Site Visit to San Antonio Orthopaedic Group (22 Physicians)
  - Dr. Dilling, Crawford, Koch, Ricchini, and Tiedt
- Dr. Apple and Athena's One-on-One Demonstration Meeting



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## Electronic Health Records (E.H.R.) \$0 Implementation Fee

- CTVS introduces Athena to the main hospitals we admit to
- Athena acquired a company called Proxys, that does care coordination
  - Athena is building that functionality into the vision of what is to be athenaCoordinator, but for now that functionality will be doing the pre-certification and pre-registration processes between physician groups and hospitals.



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## Electronic Health Records (E.H.R.) Meaningful Use Money

- \$44,000 per physician
- CTVS to receive \$880,000 (20 physicians) in potential payments over next 5 Years
  - \$18,000 / \$12,000 / \$8,000 / \$4,000 / \$2,000



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## Electronic Health Records (E.H.R.) Action Plan

- Sign contract with Athena by 8/31/11
  - Free implementation fee = \$58,000
- Start implementation in early fall
  - 3 to 4 month process
- Go Live with Athena EMR on April 1, 2012
- 6 Months to obtain 90 days of consecutive meaningful use (by 9/30/12)
- Obtain Payment from Government by 12/31/12 (3 months)



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Electronic Health Records (E.H.R.)  
Committee's Recommendation to Board of  
Directors



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Results of CTVS Physician Questionnaires  
Professional Goals Over Next 3 Years

- Keep active with new procedures
- Reduce travel time between hospitals / Work more efficiently
- Incorporate more research into CTVS
- Establish citywide DVT treatment program
- Grow VeinSolutions
- Develop a more minimally invasive valve program & transcatheter
- Stay involved with resident education
- Continue to build relationships and the CTVS program in Williamson County
- Venous procedures, expand endovascular training skills
- Help VIS establish successfully
- Increase knowledge of VAD / TX and increase my presence on the VAD / TX team.
- Learn min-invasive thoracic, EBUS, esophageal and bronchial stent therapy
- Continue to seek out involvement with hospital programs (Seton Endovascular Suite)
- Not rotate to outlying hospitals



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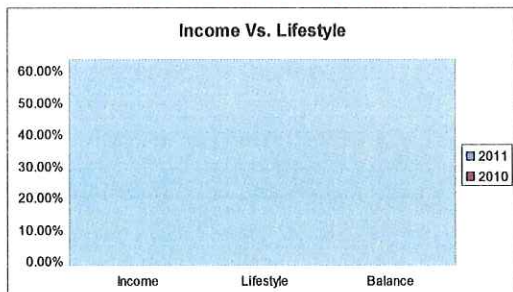
Results of CTVS Physician Questionnaires  
Top CTVS Strategic Priorities

- Remain as a group / maintain unity
- Alignment / Keep St. David's and Seton happy
- Consolidate management contracts
- Electronic records
- Maintaining excellent patient care
- More outreach to areas outside of Austin
- Compensation plan



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## Results of CTVS Physician Questionnaires INCOME VS. LIFESTYLE

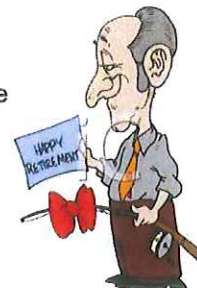


17 CTVS Physician Sample Size

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## Plans for Slow Down / Retirement

- We need a formal slow down / retirement plan
- How do we set it up for the future?



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## CTVS' Physician Compensation Plan

- Do we want to change the existing CTVS physician compensation plan?
- If yes, when do we want to potentially make the change?

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## Plans for Slow Down / Retirement Options

1. Call reduction
  - Elimination of the obligation to participate in weekend call
2. Call elimination
  - Elimination of all call coverage, including weekday, weekend, and holiday.

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## CTVS' Physician Compensation Plan

corrigo health care solutions LLC → • \$25,000 to \$30,000

cejka search → NAVIGANT CONSULTING → • ????

- Other potential consulting companies

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## Plans for Slow Down / Retirement Questions

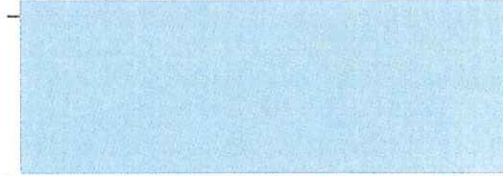
- Do we need a minimum retirement age?
  - 60 years of age
- Do we need a maximum retirement age?
  - 75 years of age
- Does the physician need to give notice to the group?
  - 1 Year
- Age and service requirements?
  - 60 years of age and 20 years of service to CTVS

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## Plans for Slow Down / Retirement Financial Costs to Participate

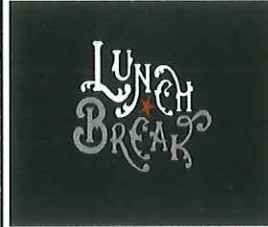
- Percentage of Income?



- Based on # of call weekdays / weekends?



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Tacodeli™



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## Plans for Slow Down / Retirement Multiple Physicians

- What if 2 surgeons want to be off-call at the same time?




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## Presidential Succession Plan

- Dr. Oswald – 
- Dr. Oswald's Timing
  - Slow Down / Retirement
- In Training President?
  - Compensation?
- Potential Candidates?

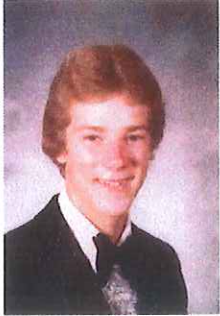


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New Programs Breakout Sessions  
(At Seton & St. David's Only)


- Phase I
  - Cardiac Committee = 30 Minutes
  - Vascular Committee = 30 Minutes
- Phase II
  - Group = 30 Minutes

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 Cardiothoracic and Vascular Surgeons




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Results of CTVS Physician Questionnaires  
"Which Programs Should CTVS Expand or Start?"


- Expand robotic program
- Expand ECMO
- Expand General Thoracic
- Percutaneous Heart Values
- VIS
- Prosthetics
- DVT Treatment
- Venous Procedures
- Creation of Aortic Emergency Referral Centers
- TAVR / TAVI


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 Cardiothoracic and Vascular Surgeons

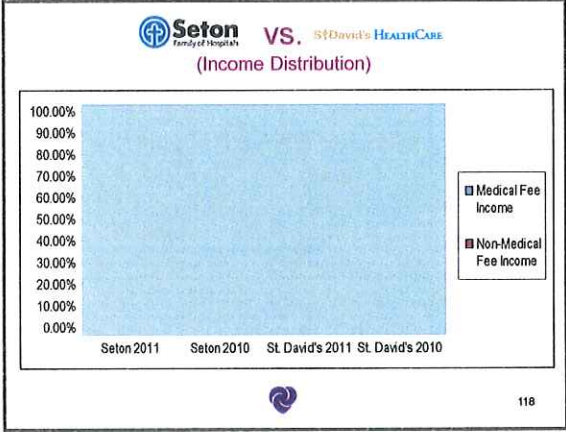


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 Cardiothoracic and Vascular Surgeons



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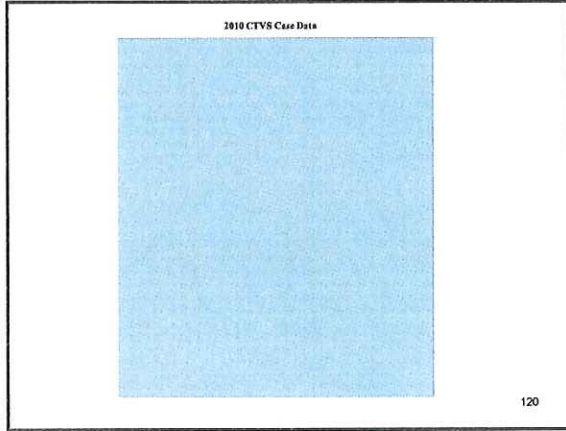
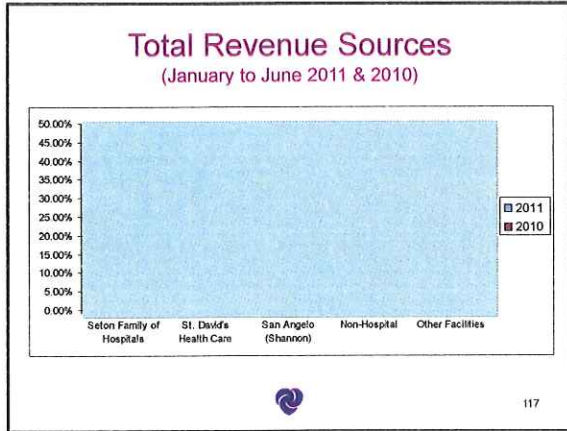
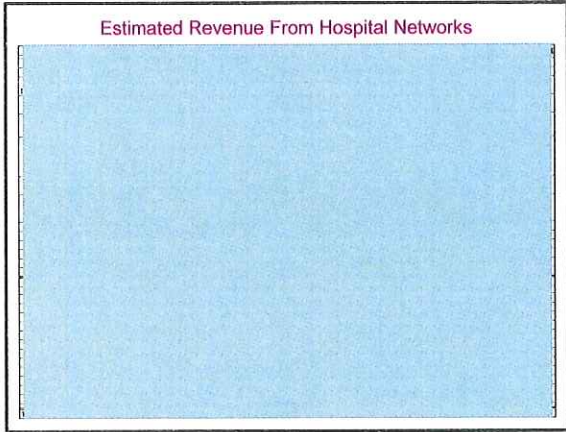
Health Systems



**Seton**  
Family of Hospitals

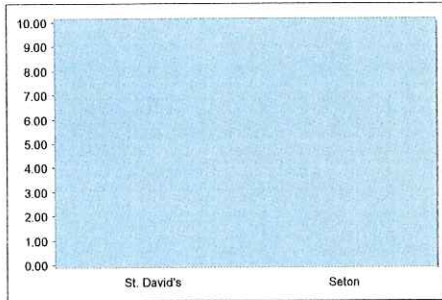
 **St. David's HEALTHCARE**

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### Results of CTVS Physician Questionnaires Relationship with St. David's and Seton

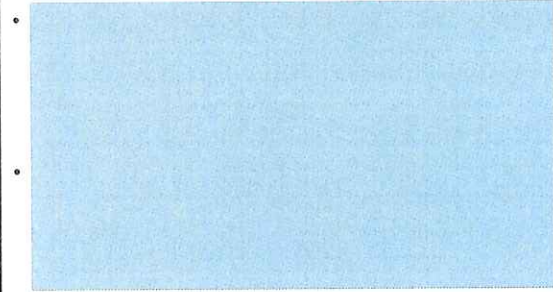


17 CTVS Physician Sample Size



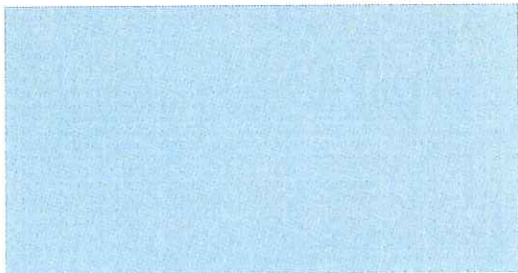
121

### Seton Medical Center Williamson Contract - Continued



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### Seton Medical Center Williamson Contract



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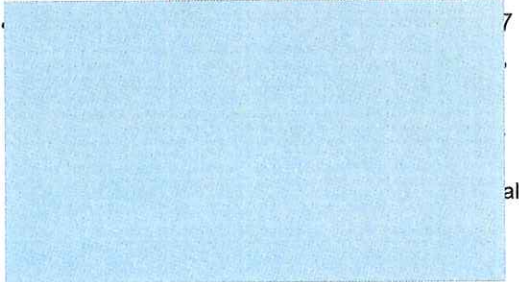
### Hospital Systems Meeting Status

- Seton Meetings are already set-up
  - Sept, Oct, Nov, and Dec.
- St. David's meetings are not set-up
  - St. David's waiting on CTVS to set-up a meeting



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### Seton Medical Center Williamson Contract - Continued



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### CTVS – Seton Team

- CTVS
  - Dr. Dewan
  - Dr. Oswald
  - Dr. Church
  - Dr. Politz
- Seton Family of Hospitals
  - Mark Hazelwood
  - Dr. Pirwitz
  - Charlotte Thrasher
  - Dr. Samson Jesudass

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### CTVS' Seton Issues Sent to Seton Administration

- See Handout



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### Health System Breakout Sessions

- Phase I
  - Seton Committee = 45 Minutes
  - St. David's Committee = 45 Minutes
- Phase II
  - Group = 45 Minutes



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### Seton Issues Sent to CTVS

- See handout



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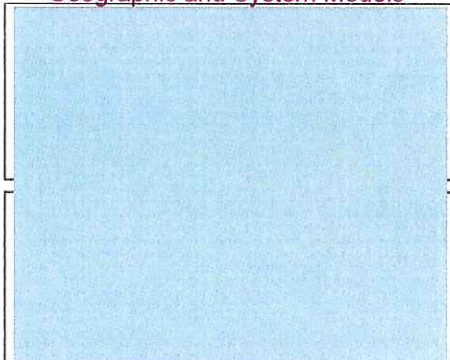
### Health System Breakout Sessions

- |                      |                            |
|----------------------|----------------------------|
| • Seton – 45 minutes | • St. David's – 45 minutes |
| – Dr. Dewan          | – Dr. Oswalt               |
| – Dr. Kessler        | – Dr. Dilling              |
| – Dr. Fox            | – Dr. Hume                 |
| – Dr. Mueller        | – Dr. Felger               |
| – Dr. New            | – Dr. Hoenicke             |
| – Dr. Kirkland       | – Dr. Kerendi              |
| – Dr. Church         | – Dr. Politz               |
| – Dr. Stewart        | – Dr. Settle               |
| – Dr. Seidel         | – Dr. Wells                |
| – Dr. Apple          | – Dr. Jobe                 |



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### Geographic and System Models



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### Health System Breakout Sessions Discussion Items

- Status of relationship
- Programs – Opportunities / Consolidation
- How do we prove we are “valuable” to each system?
- Do we provide committed surgeons at each hospital?
- What does each system want from CTVS?



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Other Opportunities



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## Goals / Responsibilities / Timelines for 2011-2012

- Satisfying alignments with 2 systems
- Proactive in setting up cost savings and other programs with hospitals.
- Building new product lines for hospitals at no expense to CTVS.
- In no way consider dissolution of group.
- Re-train and demonstrate quality care and outcomes to hospital systems.



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## Cardiothoracic and Vascular Surgeons



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## Cardiothoracic and Vascular Surgeons



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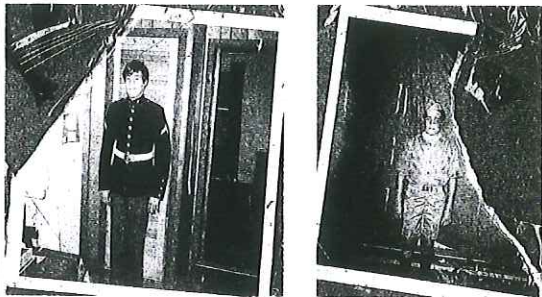
## Closing Remarks



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## Cardiothoracic and Vascular Surgeons

### Dinner

- 6:30pm Cocktails & Appetizers
  - Sharon & Brent New's Residence at 104 Long Point Cove, Georgetown, Texas
- 7:30pm Dinner
  - Cimarron Hills Golf & Country Club located at 200 Cimarron Hills Trails West, Georgetown, Texas



• Please note that the dinner that starts at 7:30 p.m. is across the street from the New's Residence.

• Everyone is welcome back to the New's Residence for after dinner drinks and a glo ball putting contest. Therefore, please bring your putter.



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**Date for 2012 Strategic Planning  
Annual Retreat**

*Saturday, August 25, 2012*



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