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CAUSE NO. D-1-GN-17-005824

REBECCA BIRCH, § IN THE DISTRICT COURT
RICHARD FRANKLIN III, §
ESTHER GOVEA §
Plaintiffs, §
VS. § TRAVIS COUNTY, TEXAS
TRAVIS COUNTY HEALTHCARE §
DISTRICT d/b/a CENTRAL HEALTH §
AND MIKE GEESLIN, in his §
official capacity only, §
Defendants. § 345TH JUDICIAL DISTRICT

ORAL AND VIDEOTAPED DEPOSITION OF
CORPORATE REPRESENTATIVE OF THE
UNIVERSITY OF TEXAS AT AUSTIN
DR. AMY ELISE YOUNG, M.D.
MARCH 7, 2023

ORAL AND VIDEOTAPED DEPOSITION OF
DR. AMY ELISE YOUNG, M.D., produced as a witness at the
instance of the Plaintiffs, and duly sworn, was taken in
the above-styled and numbered cause on the 7th day of
March 2023, from 9:11 a.m. to 2:58 p.m., before Caroline
Chapman, CSR in and for the State of Texas, reported by
Computerized Stenotype Machine, Computer-Assisted
Transcription, held in the Law Offices of King &
Spalding LLP, 500 West 2nd Street, Suite 1800, Austin,
Texas, pursuant to the Texas Rules of Civil Procedure.

A P P E A R A N C E S

COUNSEL FOR THE PLAINTIFF:

MR. MANUEL QUINTO-POZOS
State Bar No. 24070459
DEATS DURST & OWEN, PLLC
8140 N. Mopac Expressway, Suite 4-250
Austin, TX 78759
(512) 474-6200 Fax (512) 474-7896
mqp@ddollaw.com

MR. FRED I. LEWIS
State Bar No. 12277075
LAW OFFICE OF FRED I. LEWIS
4509 Edgemont
Austin TX 78731
flewis@sbcglobal.net
(512) 636-1389

COUNSEL FOR THE DEFENDANT TRAVIS COUNTY HEALTHCARE
DISTRICT d/b/a CENTRAL HEALTH AND MIKE GEESLIN:

MS. SINEAD MARY O'CARROLL
State Bar No. 24013253
REEVES & BRIGHTWELL, LLP
3711 South Mopac Expressway
Building 1, Suite 500
Austin, TX 78746
(512) 334-4500 Fax: (512) 334-4492
socarroll@reevesbrightwell.com

COUNSEL FOR THE UNIVERSITY OF TEXAS AT AUSTIN: :

MR. NATHANIEL JAMES "NATE" BILHARTZ
State Bar No. 24097384
KING & SPALDING, LLP
500 West 2nd Street, Suite 1800
Austin, TX 78701
(512) 457-2009 Fax: 512-457-2150
nbilhartz@kslaw.com

MS. LEAH STEWART
State Bar No. 24037553
REED CLAYMON MEEKER KRIENKE & SPURCK, PLLC
5608 Parkcrest Drive, Suite 200
Austin, TX 78731-4999
(512) 660-5960 Fax (512) 660-5979
lstewart@reedclaymon.com

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A P P E A R A N C E S

Also Present: Mr. Adam Biggs
Associate Vice President
University of Texas at Austin
Office of Legal Affairs
Flawn Academic Center, Suite 438
Campus Mail Code: G4800
Austin, TX 78712
(512) 232-7734 Fax: (512) 471-1255
adam.biggs@austin.utexas.edu

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1 VIDEOGRAPHER: We are now on the record on
2 March 7, 2023 at 9:11 a.m. This is the Videotaped
3 Deposition of Dr. Amy Young.

4 Would counsel please introduce themselves
5 for the record.

6 MR. QUINTO-POZOS: Manuel Quinto-Pozos for
7 the plaintiffs.

8 MR. BILHARTZ: Nate Bilhartz for UT
9 Austin.

10 MS. O'CARROLL: And Sinead O'Carroll for
11 Central Health and Mike Geeslin in his official
12 capacity.

13 DR. AMY ELISE YOUNG, M.D.
14 having been first duly sworn, testified as follows:

15 EXAMINATION

16 BY MR. QUINTO-POZOS:

17 Q. **(By Mr. Quinto-Pozos) Good morning, Dr. Young.**

18 A. Good morning.

19 Q. **I'm going to start out by showing you what I**
20 **think is your directory page from the UT Dell Medical**
21 **School. Can you see that on the screen?**

22 A. I can.

23 Q. **And I'm going to make that Exhibit 1 to your**
24 **deposition.**

25 (Exhibit 1 marked.)

1 Q. And I'm going to scroll down. It looks to be a
2 4-page document the way I have it on there.

3 Do you -- does this -- do you recognize
4 this as your biographical page from the UT Dell Medical
5 School website?

6 A. I do.

7 Q. Okay. And so it says here that you're Vice
8 Dean of Professional Practice at Dell Medical School; is
9 that accurate?

10 A. That's correct.

11 Q. Okay. And that you're Chief Clinical Officer
12 of UT Health Austin?

13 A. That's correct.

14 Q. Okay. And Interim Chair of the Department of
15 Diagnostic Medicine; is that accurate?

16 A. That's correct.

17 Q. Okay. And that you're a Professor in the
18 Department of Women's Health; is that accurate?

19 A. That's correct. Actually, that title should be
20 updated to Distinguished Professor.

21 Q. Okay. So make sure you let them know about
22 that, so that they can update that.

23 And that is -- you're -- you became
24 Distinguished Professor in the Department of Women's
25 Health as of what date?

1 A. The title of distinguished came with the
2 membership or award in the Shine Academy, and that
3 probably was two years ago, I can't remember exactly
4 when.

5 **Q. I'm sorry. What was the name of the academy?**

6 A. The Shine Academy.

7 **Q. Okay. Shine, like --**

8 A. Shine Academy. It's an educational academy and
9 so it's sort of an honorary title for earned recognition
10 for teaching.

11 **Q. Okay. Congratulations.**

12 A. Thank you.

13 **Q. And so your duties in the Department of Women's
14 Health include teaching?**

15 A. They do.

16 **Q. Okay. And do -- do you perform teaching duties
17 for the Department of Diagnostic Medicine?**

18 A. I do.

19 **Q. Okay. And is there teaching in the UT Health
20 Austin part of your title?**

21 A. I do teach. Really in the delivery of clinical
22 care, that's really under the auspices of the Department
23 of Women's Health, but I have supervisory responsibility
24 as the Chief Clinical Officer of UT Health Austin, so
25 they're sort of overlapping roles.

1 Q. Okay. So there is some relationship between
2 your role as Chief Clinical Officer at UT Health Austin
3 and teaching duties; is that fair?

4 A. Yes.

5 Q. Okay. And do you have any teaching duties as
6 Vice Dean of Professional Practice at Dell Medical
7 School?

8 A. No.

9 Q. Okay. And then on Page 2 of this document, we
10 see a more narrative description of your work and your
11 background, where you went to school and where you've
12 worked in the past -- bless you -- and a little bit
13 about your personal life and professional affiliations,
14 awards and honors, and your contact information.

15 I think we've reached the end. I know I
16 went through it quickly, but to your best recollection,
17 aside from the Distinguished Professor, is this a fairly
18 accurate description of your background, current titles,
19 and so forth?

20 A. Yes. That should actually read Geriatrics, not
21 Genetics in Faculty Training Program Award.

22 Q. Okay. That's the last bullet point under
23 Awards, correct?

24 A. Correct.

25 Q. Okay. Thank you. In terms of -- and I'll take

1 this down so we don't -- I don't think I have more
2 questions right now about that.

3 In terms of the work that you do for UT
4 Dell Medical School, would you say that you do some
5 administrative work?

6 A. Yes.

7 Q. Okay. Can you tell me some examples of the
8 administrative work that you do?

9 A. The administrative work I do related to the
10 Vice Dean of Professional Practice is oversight of the
11 UT System mandated practice plan and the additional
12 committees that support that practice plan.

13 And the work I do as Chief Clinical
14 Officer is to work on program development, contracting,
15 and the day-to-day oversight of the UT Health Austin
16 clinics that exist between the -- in the HTB and in the
17 HDB, the Health Transformation Building and the Health
18 Discovery Building.

19 Q. Any other administrative duties that come to
20 mind?

21 A. Not off the top of my head.

22 Q. Okay. Is there a way for you to estimate what
23 percentage of your time you spend on administrative
24 duties?

25 MR. BILHARTZ: Objection, form.

1 You can answer.

2 A. I think I spend about 70 percent of my time on
3 administrative duties.

4 Q. Okay. Thank you for that.

5 And as part of your work for UT Dell
6 Medical School, do you perform any research?

7 A. I currently do not perform any research.

8 Q. Okay. Did you at some point perform research
9 for UT Dell Medical School?

10 A. Yes. I have been involved in a few projects at
11 Dell Med, but not any in recent time.

12 Q. Okay. And we spoke a little bit about some
13 education work that -- teaching, we called it teaching,
14 but do you do medical education work, then, for UT Dell
15 Medical School?

16 A. I do. Really the education administration and
17 clinical work that I do sometimes is very overlapping.

18 Q. You said an overlap between the education,
19 clinical and administrative?

20 A. Yes.

21 Q. Okay. Can you --

22 A. And I think it actually extends in the realm of
23 research at times as well.

24 Q. Okay. But you, yourself, don't perform any
25 research?

1 MR. BILHARTZ: Objection, form.

2 A. I don't.

3 Q. Okay. Do you -- in what ways do your duties
4 overlap into research?

5 A. So as one of the co-leads of the clinical
6 pillar of the medical school, we interact with leads of
7 the other pillars. One of those is a research pillar.
8 And there is a lot of overlap that occurs with clinical
9 research, especially research that would be performed in
10 the medical school or within the clinical care delivery
11 units.

12 Q. Okay. So as -- in terms of the work that you
13 do as an administrator or as a clinician, for lack of a
14 better term, or as a professor, there is some
15 relationship to the research work that the -- that UT
16 Dell Medical School does; is that fair?

17 A. Yes.

18 Q. Okay.

19 MR. BILHARTZ: I would just like to get
20 another objection to the form of that last question.

21 MR. QUINTO-POZOS: Okay.

22 Q. (By Mr. Quinto-Pozos) In terms of -- so
23 getting back to medical education, can you give me some
24 examples of the courses that you teach?

25 A. So I teach menopause to the undergraduate

1 medical students when they do their rotations within
2 Women's Health. I teach usually the residents
3 didactically, I usually teach them postpartum depression
4 and vulvar disorders. And then I teach, almost 100
5 percent of the time, while I'm delivering clinical care,
6 with a learner, either residents, medical students or
7 some combination thereof.

8 **Q. Okay. Does that pretty much cover the front of**
9 **your teaching, the type of teaching you do?**

10 A. I do -- I also have been invited to participate
11 in the ACT Program, which is a special GME, resident
12 medical education track, for the residents at Dell Med.
13 So that's a broader, I would say, exposure. And then I
14 also will mentor either junior faculty residents or
15 medical students from time to time.

16 **Q. Okay. Approximately what percentage of your**
17 **time would you say is devoted to medical education and**
18 **teaching?**

19 MR. BILHARTZ: Objection, form.

20 A. That's sort of hard to quantify because it's
21 not really separate from the other work that I do. I
22 would say that when I'm giving didactic lectures,
23 et cetera, that's probably a couple hours a month, but
24 I'm also actively engaged in our patient safety
25 conferences, our grand rounds, our preop conferences,

1 and so all of those are -- together are probably
2 another, I don't know, two to three hours a week.

3 Q. Okay. And as part of your work for UT Dell
4 Medical School, or let's just say UT Austin, because I
5 know there are several entities. So as part of your
6 work for UT Austin, do you do outside community work or
7 outreach?

8 A. I participate on one not-for-profit board
9 outside of the institution. The National -- it's the
10 NSO for the -- oh, my gosh, I'm just drawing a blank --
11 the National NFB. I'm just drawing a blank on that
12 program. I'll have to come back to it later.

13 Q. Okay, fair enough. And do you consider that
14 part -- that service on that board part of your duties
15 for UT Austin?

16 A. No.

17 Q. Okay. Do you have community work or community
18 outreach duties as part of your work for UT Austin?

19 A. No.

20 Q. Okay. And can you give me some examples of the
21 clinical work that you do?

22 A. I see patients a half a day a week, primarily
23 women that suffer from vulvar dystrophies or chronic
24 vulvar pain.

25 I usually operate one plus days a week

1 with the residents on GYN cases that either come from
2 that practice or come through the CommUnityCare clinics.
3 And then I spend 24 hours a month on labor and delivery
4 at Seton Medical Center Austin. Occasionally, I'll take
5 call at Dell Seton Medical Center. And not in recent
6 times, but I have taken consults and call at Dell
7 Children's hospital.

8 **Q. And approximately -- could you approximate how**
9 **much -- what percentage of your time you spend doing**
10 **clinical work?**

11 A. Yeah.

12 MR. BILHARTZ: Objection, form.

13 A. The other 30 percent of my time is spent
14 clinically.

15 **Q. Okay. And do your duties for UT Austin include**
16 **clinical administration?**

17 A. Yes.

18 **Q. Okay. Can you give me some examples of what**
19 **those duties are?**

20 A. I oversee day-to-day operations in -- for UT
21 Health Austin in the outpatient clinics in the Health
22 Transformation Building and the Health Discovery
23 Building. I -- some of the -- could you repeat the
24 question?

25 **Q. The -- I was asking for some examples of**

1 clinical administration that you do.

2 A. So that's probably the biggest clinical
3 administration that I do in that particular role.

4 Q. Okay. And can you estimate the percentage of
5 your time spent on clinical administration for UT
6 Austin?

7 MR. BILHARTZ: Objection, form.

8 A. I think it's about half of my administrative
9 time.

10 Q. And you had said that you spent about 70
11 percent of your total time in administration, so that
12 means about 35 percent of your total time is clinical
13 administration?

14 A. About, yes.

15 Q. Okay. And so given your -- given your
16 directory page and what we talked about on there, and
17 your different duties, is it fair to say that you're
18 very familiar with UT Health operations?

19 A. Yes.

20 Q. And the clinical services it provides?

21 A. Yes.

22 Q. The personnel that is -- is under the UT Health
23 Austin umbrella?

24 A. Yes.

25 Q. Okay. What about its budgeting?

1 A. Yes.

2 Q. Its recordkeeping?

3 A. Yes.

4 Q. Okay. And are you familiar with UT Health
5 Austin's use of Athenahealth?

6 A. Yes.

7 Q. Okay. And so then is it also fair to say,
8 given your -- your work that you're very familiar with
9 the Department of Women's Health's activities?

10 A. I am not as close to the Department of Women's
11 Health activities as I once was when I was in that
12 leadership role.

13 Q. Okay. And when was that?

14 A. I was the chair for Women's Health from 2015
15 until, I think, 2019.

16 Q. Okay. And are you very familiar with the
17 Department of Diagnostic Medicine and its activities?

18 A. I am becoming very familiar with the Department
19 of Diagnostic Medicine.

20 Q. Okay.

21 A. And its activities.

22 Q. Is that a newer role for you?

23 A. Yes. It's an interim role.

24 Q. Okay. And how long have you had that role?

25 A. About 14 months.

1 Q. Okay. And are you familiar with setting
2 budgets for the Department of Women's Health?

3 A. Not since 2019.

4 Q. And what about for the Department of Diagnostic
5 Medicine?

6 A. Yes.

7 Q. Are you familiar with the affiliation agreement
8 between UT Austin and Central Health regarding an annual
9 payment of \$35 million to UT Austin?

10 A. I am familiar --

11 MR. BILHARTZ: Objection, form.

12 A. I am familiar with an affiliation agreement
13 between Central Health and UT Austin.

14 Q. Okay. And are you familiar with setting the
15 amount of the funds under that agreement that go to the
16 departments we've discussed, UT Health Austin, Women's
17 Health and Diagnostic Medicine?

18 MR. BILHARTZ: Objection, form.

19 A. I'm aware that an allotment is made, but I have
20 not been party to that allotment.

21 Q. Does that mean you haven't -- you haven't been
22 a participant to those decisions?

23 A. That's correct.

24 Q. Okay. Are you familiar with the term Missions,
25 as used by UT Dell Medical School?

1 A. Yes.

2 Q. Okay. Are you familiar with how missions are
3 assigned to the departments' expenditures?

4 A. Can you clarify?

5 Q. Yeah. So I'm speaking about UT Health Austin,
6 the Department of Women's Health and the Department of
7 Diagnostic Medicine. And so each of these departments,
8 I assume, has expenditures to, you know, related to
9 salaries, other expenses, you know, machines, supplies,
10 things of that nature. Do you follow me?

11 A. Yes.

12 MR. BILHARTZ: Objection, form.

13 Q. Are you familiar with how UT Dell Medical
14 School assigns a particular mission that -- for
15 particular expenses in those departments?

16 MR. BILHARTZ: Objection. Sorry.
17 Objection, form.

18 A. So I'm aware, for example, in our budgeting
19 process that we may have the mission of clinical care
20 research, education, and Healthscape.

21 Q. Okay. And so you're aware of the missions?

22 A. Yes.

23 Q. And are you familiar with how UT Health
24 Austin -- UT Austin Dell Medical -- UT Dell Medical
25 School assigns -- chooses what mission is supported by a

1 particular expenditure in, say, UT Health Austin?

2 MR. BILHARTZ: Objection, form.

3 A. So you asked me about the departments and
4 UT Health Austin, so can you clarify?

5 Q. Okay. Let's pick a different department for
6 now. Let's stick with Diagnostic Medicine.

7 A. Okay.

8 Q. And so -- and its expenditures. Are you
9 familiar with how UT Dell Medical School assigns a
10 particular mission to a particular expenditure in the
11 Department of Diagnostic Medicine?

12 MR. BILHARTZ: Objection, form.

13 A. So as the Department chair, I'm responsible for
14 assigning those -- assigning the -- or doing the
15 budgeting related to which bucket something might
16 closely fit within, if that's the question.

17 Q. Okay. As to the budget.

18 A. Yes.

19 Q. And -- but that's something that's done at
20 the -- at the front end, for lack of a better term,
21 ahead of the -- in advance, correct?

22 A. Yes.

23 Q. Okay. When a particular expenditure is made,
24 so either at the time or after the expenditure is made,
25 are you familiar with how a mission is assigned to a

1 particular expenditure in Diagnostic Medicine?

2 MR. BILHARTZ: Objection, form.

3 A. So there -- I think they're usually aligned to
4 the category in which they were budgeted.

5 Q. Okay. And would you answer the same way with
6 regard to Women's Health?

7 A. I would have until 2019.

8 Q. Okay. And same way with regard to UT Health
9 Austin?

10 A. Yes.

11 (Exhibit 2 marked.)

12 Q. Okay. I'm going to direct you to the screen,
13 and I'm going to show you something that I'm going to
14 call Exhibit 2.

15 This is a document that was provided to us
16 by UT Dell Medical School.

17 MR. QUINTO-POZOS: And this particular
18 document, Nate, just so you know, is the account list.

19 MR. BILHARTZ: Uh-huh.

20 MR. QUINTO-POZOS: It's just been -- this
21 sheet, this Tab --

22 MR. BILHARTZ: The file name has been
23 changed but it's the same account list that we produced.

24 MR. QUINTO-POZOS: This tab is -- the file
25 name has been changed and this tab is the same account

1 list that you produced.

2 MR. BILHARTZ: Okay.

3 MR. QUINTO-POZOS: And I'll explain what
4 the other tabs are.

5 Q. (By Mr. Quinto-Pozos) Dr. Young, are you
6 familiar with -- with account lists in general?

7 A. Not an individual account number, no.

8 Q. Okay. But in your work you've worked with
9 account numbers and budget groups such as the ones
10 listed on this screen, on Column G?

11 MR. BILHARTZ: Objection, form.

12 A. So the design institute, for example, Budget
13 Group would not be a group that I would have overseen.

14 Q. That's not related to your work?

15 A. No.

16 Q. Okay. Fair enough.

17 So I'm going to show you the third tab,
18 and this is -- basically I've pulled out all of the
19 UT Health Austin budget groups from the prior sheet. So
20 same question: Are you familiar with these budget
21 groups as it pertains to UT Health Austin?

22 MR. BILHARTZ: Objection, form.

23 A. I would be familiar with the subgroups, yes.

24 Q. The -- when you say subgroups, are you
25 referring to Column C?

1 A. Yes.

2 Q. Okay. Right here it's called sub-account,
3 number and title. Is that what you're referring to?

4 A. Yes.

5 Q. Okay.

6 MR. BILHARTZ: Manuel, to help us better
7 understand the document we're looking at now, so this
8 was created using the account list, but you've combined
9 information from different tabs onto one tab?

10 MR. QUINTO-POZOS: No. This -- so this is
11 a third tab and it's titled UTHA Title.

12 MR. BILHARTZ: Uh-huh.

13 MR. QUINTO-POZOS: And basically it is all
14 of the UT Health Austin budget groups, but it's only a
15 selection of these four columns, group number, budget
16 group, sub-account and mission name.

17 MR. BILHARTZ: Okay. So you went into the
18 account list and you took just the UT Health Austin
19 budget groups?

20 MR. QUINTO-POZOS: Correct.

21 MR. BILHARTZ: And then you've included
22 these four columns of information from the account list?

23 MR. QUINTO-POZOS: Correct.

24 MR. BILHARTZ: And you've created a new
25 spreadsheet or a new tab in this new spreadsheet --

1 MR. QUINTO-POZOS: Correct.

2 MR. BILHARTZ: -- consisting of that
3 information?

4 So all of the information we're looking at
5 does come from the account list?

6 MR. QUINTO-POZOS: Yeah. It's an excerpt.

7 MR. BILHARTZ: It's excerpted, okay.

8 MR. QUINTO-POZOS: Yeah.

9 MR. BILHARTZ: Okay. Got it. Thank you.

10 **Q. (By Mr. Quinto-Pozos) And same question for**
11 **Tab 3, which is the Women's Health budget groups, are**
12 **you familiar with these budget groups and sub-accounts?**

13 A. When is this document from?

14 **Q. I believe this document is from fiscal year**
15 **2021.**

16 A. So I would not be familiar with the way that
17 the Women's Health budget was broken down in 2021.

18 **Q. Okay. To your knowledge, has that changed**
19 **between 2019 and 2021?**

20 A. I can't answer that.

21 **Q. Okay. And same question as to the fourth tab,**
22 **which is the Diagnostic Medicine budget groups.**

23 MR. BILHARTZ: Objection, form.

24 **Q. (By Mr. Quinto-Pozos) Are you familiar with**
25 **these budget groups?**

1 A. Yes. I would see these budget groups in the
2 documents that I review in a rolled-up version.

3 **Q. Okay. Okay. This -- I'm now showing you**
4 **Exhibit 3.**

5 (Exhibit 3 marked.)

6 MR. QUINTO-POZOS: And, Nate, this is a --
7 let me see. Oh, actually, no, this is just the fiscal
8 year '21 summary. It just has a different title.

9 MR. BILHARTZ: Okay.

10 MR. QUINTO-POZOS: There may be other tabs
11 that are different, but when I get to those, I'll
12 explain.

13 MR. BILHARTZ: Okay.

14 **Q. (By Mr. Quinto-Pozos) I'm going to show you**
15 **the second tab, which says it's fiscal year '21 budget,**
16 **and it has a chart showing different domains, and**
17 **something called Permitted Investment -- Planned**
18 **Permitted Investment Allocations. Are you familiar with**
19 **this document?**

20 A. Yes, I have seen this document.

21 **Q. Okay. Did you play a role in coming up with**
22 **the amounts on the Planned Permitted Investment**
23 **Allocation column?**

24 A. No, I did not.

25 **Q. For your departments, for Women's Health, for**

1 example?

2 A. No.

3 Q. Okay. Do you know how Dell Medical School came
4 up with these amounts?

5 A. My understanding is that these amounts were
6 based on the budgets of individual departments, the
7 revenue sources an individual department has access to,
8 and working with Central Health in consultation.

9 Q. But you, yourself, were not involved?

10 A. No.

11 Q. Are those the same answers with regard to the
12 Department of Diagnostic Medicine?

13 MR. BILHARTZ: Objection, form.

14 A. Yes.

15 Q. So no involvement, and to your knowledge, the
16 process you described, that is how UT Dell Medical
17 School came up with these allocations?

18 A. I believe so, yes.

19 Q. Okay. And do you know -- were you involved in
20 determining how clinical -- the amount for clinical
21 practice operations was determined?

22 MR. BILHARTZ: Objection, form.

23 A. No.

24 Q. Okay. And to your knowledge, was the process
25 the same as you described?

1 A. Yes.

2 MR. BILHARTZ: Objection, form.

3 Q. (By Mr. Quinto-Pozos) Is clinical practice
4 operations, does that refer to UT Health Austin?

5 A. Yes.

6 Q. Okay. Did you play a role in determining the
7 amount that's labeled F&A rate?

8 A. No.

9 Q. Did you play a role in determining an F&A
10 portion attributable to Women's Health?

11 A. No.

12 MR. BILHARTZ: Objection, form.

13 A. No.

14 Q. To Diagnostic Medicine?

15 MR. BILHARTZ: Objection, form.

16 A. No.

17 Q. Or to Clinical Operations?

18 MR. BILHARTZ: Same objection.

19 A. No.

20 Q. To your knowledge, does UT fund administrative
21 costs from the 35 million affiliation agreement funds
22 for the Department of Women's Health?

23 MR. BILHARTZ: Objection, form.

24 A. I believe so.

25 Q. Okay. And for Department of Diagnostic

1 **Medicine?**

2 MR. BILHARTZ: Objection, form.

3 A. I was just looking at this right now. It
4 doesn't look like currently, but it looks like they have
5 in the past.

6 Q. Okay. And let's go back to Women's Health.

7 Does UT Dell use -- fund administrative costs for
8 Women's Health from the 35 million above and beyond the
9 F&A rate --

10 MR. BILHARTZ: Objection, form.

11 Q. -- that's shown on this table?

12 A. I can't -- I can't answer that.

13 Q. Okay. And same question as to UT Health
14 Austin.

15 MR. BILHARTZ: Same objection.

16 A. I can't answer that either.

17 Q. (By Mr. Quinto-Pozos) Okay. Do you know
18 whether that's true for any of the other domains?

19 A. I don't know.

20 MR. BILHARTZ: Objection, form.

21 (Exhibit 4 marked.)

22 Q. Okay. I think this may be the only paper
23 exhibit. I'm handing you what's been labeled Exhibit 4.
24 Little awkward. Sorry.

25 MS. O'CARROLL: Can you hand one to me?

1 MR. QUINTO-POZOS: Yeah. There's just one
2 extra.

3 Q. (By Mr. Quinto-Pozos) So this is -- this
4 appears to be the same thing that we're looking at on
5 the screen except it's for fiscal year 2019. Is that
6 what it appears -- are you familiar with the paper one
7 in front of you?

8 A. I think so, yes.

9 Q. Okay. Did you -- did you work on this 2019
10 budget?

11 A. I probably worked on some aspects of the
12 budget, but as far as this information on the paper in
13 front of me, no.

14 Q. Okay. So if you look at Women's Health and
15 compare the one on the paper in front of you to the one
16 on the screen, it looks like in 2019 the allocation was
17 \$5 million, and in 2021 it was 2.5 million.

18 Do you know why the budget changed from
19 2019 to 2021 -- I'm sorry, the allocation?

20 A. I think, as I previously stated, those
21 allocations were determined based on the budget of the
22 department, based on revenue sources that a department
23 would have, and based on input from Central Health. So
24 I would assume that that's why those vary, but I
25 couldn't be sure.

1 Q. Okay. And in 2020 -- sorry, 2019, it looks
2 like clinical practice operations was allocated 2.5
3 million, and in 2021 it was allocated 4.6 million. Do
4 you know why that allocation changed?

5 A. I would imagine it was related to those other
6 factors.

7 Q. Okay.

8 A. The practice also had grown between 2019 and
9 2021.

10 Q. Do you know if the Women's Health services
11 changed between 2019 in terms of amount or number of
12 services from 2019 to 2021?

13 A. I have not been involved in the detailed
14 financial arrangements of Women's Health since 2019.

15 MR. BILHARTZ: Manual, this spreadsheet
16 says privileged and confidential attorney work-product
17 on the bottom of it.

18 MR. QUINTO-POZOS: Okay.

19 MR. BILHARTZ: Is this a document that was
20 produced by UT Dell Medical School or is this a document
21 that you obtained from a public --

22 MR. QUINTO-POZOS: No. I think this came
23 from UT Dell Medical School. And in fact, the one on
24 the screen says the same thing, too.

25 MR. BILHARTZ: Okay. Thank you.

1 MR. QUINTO-POZOS: That's one that came
2 from you-all.

3 MR. BILHARTZ: Yeah. Thank you.

4 Q. (By Mr. Quinto-Pozos) The -- in a -- the one
5 on the piece in paper in front of you doesn't have an
6 F&A rate, but the one on the screen does. Do you know
7 why that is?

8 A. Yeah. I believe as the medical school grew,
9 some of the -- in what -- some of the info to Central
10 Health, some of the categories changed, as our
11 accounting process has also matured, so I think it's
12 about bucketing as opposed to something appearing or
13 something disappearing.

14 Q. Okay. And you'll see that on the -- on Exhibit
15 4. So for 2019 there were funds allocated to the dean's
16 office to information technology for care, to the
17 business office, and research and operations, but there
18 are no allocations for those categories in 2021. Do you
19 know why that is?

20 MR. BILHARTZ: Objection, form.

21 A. Again I think it's a difference in bucketing
22 that changed over time.

23 Q. Okay.

24 MR. BILHARTZ: Manuel, we would like to
25 adjourn for a quick break, if you're amenable to that.

1 MR. QUINTO-POZOS: Sure.

2 MR. BILHARTZ: Thank you.

3 VIDEOGRAPHER: We are off the record at
4 9:50.

5 (Brief recess.)

6 VIDEOGRAPHER: We are back on the record
7 at 9:59.

8 MR. BILHARTZ: I wanted to make a comment
9 to reflect some discussions that we just had off the
10 record regarding this exhibit. Could you remind me what
11 exhibit number this is we're looking at?

12 THE REPORTER: 4.

13 MR. BILHARTZ: Exhibit 4. We believe that
14 this exhibit and two other similar documents were
15 inadvertently marked with the privileged and
16 confidential attorney work-product label. Our proposal
17 is to claw back those documents and produce them without
18 the label to avoid any potential waiver of privilege
19 issues.

20 We discussed this with plaintiff's
21 counsel. They've indicated they're amenable to that
22 proposal. This won't effect the use of these documents
23 at this deposition or their prior use in the Deposition
24 of Dwain Morris.

25 MR. QUINTO-POZOS: And I agree to that.

1 And, I'm sorry, did you also say that that would also
2 cover Exhibit 3, which is on the screen?

3 MR. BILHARTZ: That's right. It would
4 also cover Exhibit 3.

5 MR. QUINTO-POZOS: Okay, great. And
6 Sinead, you're okay with that?

7 MS. O'CARROLL: I am.

8 MR. QUINTO-POZOS: Okay.

9 Q. (By Mr. Quinto-Pozos) Dr. Young, were you able
10 to take a break?

11 A. Uh-huh.

12 Q. Great. So you were explaining to me that the
13 budget -- the allocations vary from 2019 to 2021, as the
14 examples we were discussing, because the allocations are
15 determined as a function of budget amounts, fund
16 amounts, and you also said discussions with Central
17 Health; is that what you said?

18 A. That's correct.

19 Q. Okay. And so the budgets can vary year to
20 year, correct?

21 A. Yes.

22 Q. Okay. And the funding sources that are
23 available to UT Dell Medical School can also vary year
24 to year?

25 A. I think the sources of revenue vary from year

1 to year.

2 Q. Okay. Thank you. And sometimes there are --
3 there are budget needs that may not be covered by
4 certain sources of revenue, correct?

5 MR. BILHARTZ: Objection, form.

6 A. Yes.

7 Q. (By Mr. Quinto-Pozos) And so those budget gaps
8 need to be filled by other funds?

9 MR. BILHARTZ: Objection, form.

10 A. Correct.

11 Q. Okay. And so does -- does UT Dell Medical
12 School use the 35 million annual funds as a way to fund
13 some of those gaps on any particular year?

14 MR. BILHARTZ: Objection, form.

15 A. I think that the -- that -- I'm not as familiar
16 with the finance principles, but I think Dell Med
17 considers all of its revenue sources and then allocates
18 them, you know, where they're most appropriately used.
19 You know, sometimes there's philanthropy that comes in,
20 sometimes it doesn't, and so that's why I think there's
21 variation from year to year.

22 Q. Okay. And is one reason that Dell Medical
23 School might allocate some of the \$35 million to a
24 particular domain is that there is -- there is a larger
25 budget than -- that's not covered by other sources of

1 revenue?

2 A. I haven't been involved in the allocation
3 methodology, but I would assume that is correct.

4 Q. Okay. I'm going to show you Tab 3 on the
5 screen.

6 MR. QUINTO-POZOS: And, Nate, I don't
7 believe that this has been modified except for
8 highlighting.

9 MR. LEWIS: That's correct.

10 MR. BILHARTZ: And this is from the
11 summary spreadsheet from 2021?

12 MR. QUINTO-POZOS: Correct.

13 MR. BILHARTZ: Okay.

14 Q. (By Mr. Quinto-Pozos) And so I just want to --
15 and we can make this larger. And I just want to point
16 to -- this appears to be, Dr. Young, a list of employees
17 at Dell Medical School, and they are listed by name on
18 the first column. Their job title and domains are on
19 Columns L and M, which I've highlighted. And Columns D
20 through K appear to be the amounts of these employees'
21 wages that were paid for by funds derived from the 35
22 million annual funds under the affiliation agreement.
23 At least that's what this document -- what this document
24 was meant to signify, as provided to us by UT Dell
25 Medical School? Do you understand?

1 A. Yes.

2 MR. BILHARTZ: Objection, form.

3 Q. (By Mr. Quinto-Pozos) So it says on Line 52
4 that Elizabeth Strutton is an administrative manager in
5 Diagnostic Medicine. Do you see that?

6 A. I do.

7 Q. Are you familiar with who that is?

8 A. I am not, because I was not involved in
9 Diagnostic Medicine until 2022.

10 Q. Okay. Would you be able to tell me what her
11 job duties were as administrative manager?

12 MR. BILHARTZ: Objection, form.

13 A. Yes. An administrative manager in a domain
14 such as Diagnostic Medicine would be responsible for
15 carrying out duties to ensure the department was
16 fulfilling its missions in the evolution of the medical
17 school, and so those missions are the missions of really
18 almost any medical school, and they're intertwined, and
19 those include education, research and clinical care
20 delivery. So she would have had oversight of those
21 three missions working with the Chair of Diagnostic
22 Medicine.

23 Q. Okay. And looking at the columns for 2018 and
24 2019, and 2019 up to 2020, it says that her -- that she
25 received a little bit over \$52,000 in one year, and a

1 little bit over 64,000 in one year from the 35 million
2 funds.

3 Do you -- do you know whether that would
4 represent her entire salary for each of those years or a
5 portion of it?

6 A. I would imagine it represents a portion of her
7 salary.

8 Q. Okay. Would you be able to tell me how much of
9 Ms. Strutton's time was spent on direct clinical care?

10 MR. BILHARTZ: Objection, form.

11 A. I would not be able to do that.

12 Q. And clinical care administration?

13 MR. BILHARTZ: Objection, form.

14 A. I would not be able to tell you that.

15 Q. Okay. Would you be able to tell me how much of
16 her time was spent on clinical care for Central Health
17 eligible patients?

18 A. I would not be able to tell you that. I would
19 tell you that Department of Diagnostic Medicine provides
20 oversight for imaging and pathology services for
21 patients within UT Health Austin, of which there are
22 Central Health patients.

23 Q. Okay.

24 A. They also provide oversight of the educational
25 programs where medical students are engaged in care

1 delivery, as well as learning, as those are not mutually
2 exclusive, and she would probably be involved in
3 research which is developing new techniques, methodology
4 and processes to improve care of patients seen within
5 UT Health Austin, and much more broadly, once that
6 research is disseminated, of which Central Health
7 patients would be beneficiaries.

8 Q. Okay. Do you know if there are any records
9 that would show how much of her time, referring to
10 Ms. Strutton, was spent on clinical care for Central
11 Health eligible patients?

12 MR. BILHARTZ: Objection, form.

13 A. I don't know of any division of her salary
14 support.

15 Q. (By Mr. Quinto-Pozos) Fair enough. I
16 understand that. And just to clarify, aside from the
17 division of her time that you know of, are there records
18 that would tell us that?

19 A. I don't --

20 MR. BILHARTZ: Objection, form.

21 A. I don't know the answer to that.

22 Q. Okay. I'm going to scroll down to Line 1018,
23 and that is for Cassidy Browning, who is listed as an
24 executive assistant for UT Health Austin. Do you see
25 that?

1 A. I do.

2 Q. And this appears to say that she was paid
3 \$52,000 out of the 35 million allocated funds in 2020 to
4 2021. Do you see that?

5 A. I do see it.

6 Q. Do you know if that's her entire salary, annual
7 salary, or a portion of it?

8 A. I think it's probably a portion of it.

9 Q. And do you know what Ms. Browning's duties were
10 during that year?

11 A. Yes. She was my temporary personal assistant
12 who helped me in the administration of UT Health Austin
13 and in oversight of the practice plan for our faculty.

14 Q. Okay. Do you know, can you estimate for me how
15 much of her time was spent on direct clinical care?

16 MR. BILHARTZ: Objection, form.

17 A. As I said, Ms. Browning helped me in the
18 oversight of care delivery within UT Health Austin.

19 Q. Okay. She wasn't seeing patients?

20 MR. BILHARTZ: Objection, form.

21 A. She was an executive assistant.

22 Q. Okay. That means no?

23 A. No.

24 Q. Okay. Was -- can you -- does that -- I don't
25 want to put words in your mouth, so you answer

1 differently if you need to. Does that mean that all of
2 her time was spent on clinical care administration?

3 A. Yes.

4 Q. Okay. How much of her time was spent on
5 clinical care administration for Central Health eligible
6 patients?

7 MR. BILHARTZ: Objection, form.

8 A. Central Health patients receive care within
9 UT Health Austin. Central Health patients also receive
10 care as outlined in the affiliation agreement with our
11 partner, Seton, in the -- as our 162B affiliate, and in
12 the provision of care for Central Health patients, which
13 also falls under my responsibilities. Clinical care
14 that are delivered in other venues, for example, such as
15 CUC, are directly related to the work within our
16 practice plan and are also under my -- are also part of
17 my responsibilities.

18 Q. Okay. So some portion of her work pertains to
19 Central Health patients, but is there a way to estimate
20 how much of her work does?

21 MR. BILHARTZ: Objection, form.

22 A. No.

23 Q. (By Mr. Quinto-Pozos) Okay. And are there
24 documents that would help us determine the answer?

25 MR. BILHARTZ: Objection, form.

1 A. Not to my knowledge.

2 Q. Okay. I'm going to now direct you to
3 Line 1121, Kelly Connerton Moyer. It says that she is
4 director of genetic counseling services at Women's
5 Health, including, it appears, during the time that you
6 were chair or involved with that department.

7 Do you see that?

8 A. I do.

9 Q. Okay. And during one year it says that she was
10 paid almost 40,000 from the 35 million annual funds, and
11 subsequent years, she was paid almost 130,000.

12 Do you know whether these amounts, these
13 annual amounts, represent her entire annual salary or a
14 portion of it?

15 A. I think it represents a portion.

16 Q. Okay. And do you know what her duties were as
17 director of genetic counseling services for Women's
18 Health during the time that you were there?

19 A. Yes. I hired her. I know what she was brought
20 in to do. She is the first genetic counselor in -- or
21 perinatal genetic counselor that our CommUnityCare
22 clinics have had access to in Austin. It's one of the
23 differences that the medical school has made here in
24 Austin.

25 Her duties involve direct genetics

1 counseling services. Genetic counseling services are
2 not reimbursed directly unless there is on-site
3 oversight by a physician, and so this is a service that
4 we could have not otherwise provided to our safety net
5 population without the hiring of Kelly.

6 Additionally, she had responsibility for
7 the development of genetic counseling protocols with the
8 development of noninvasive prenatal testing and the
9 evolution of that from patients that were high risk to
10 low risk patients. We were able to collaboratively
11 modernize care by developing new treatment protocols to
12 put us in -- in a place that would be normal for other
13 communities of our standing in Texas and across the
14 United States. We were substantially behind.

15 She also played a role in educating
16 residents and medical students regarding prenatal
17 genetics and prenatal genetic counseling, who benefited
18 in their ability to translate that education to patient
19 care for the safety net population.

20 **Q. Okay. Was she providing direct clinical care?**

21 MR. BILHARTZ: Objection, form.

22 A. Can you define direct clinical care?

23 **Q. (By Mr. Quinto-Pozos) Was she -- was she**
24 **seeing patients?**

25 A. Yes.

1 Q. Okay. What -- do you know her education?

2 A. Yeah. She's a certified genetic counselor.

3 And my recollection is that either she has a master's or
4 Ph.D. in genetics, but I can't remember that for sure.

5 Q. Okay. How much of her time do you think she
6 was seeing patients at the time that you were involved
7 with Women's Health?

8 MR. BILHARTZ: Objection, form.

9 A. We were just getting started, and I can't
10 remember exactly when she came, so I think she saw every
11 patient we needed her to see.

12 Q. Okay. Do you know how much of her time was
13 spent in clinical care administration?

14 A. I do not.

15 MR. BILHARTZ: Objection, form.

16 Q. And can you estimate how much of her time was
17 devoted to Central Health eligible patients?

18 MR. BILHARTZ: Objection, form.

19 A. I don't know.

20 Q. And similar question to the others: Are
21 there -- do you know of documents that would help us
22 answer that question?

23 MR. BILHARTZ: Objection, form.

24 A. I do not.

25 MR. BILHARTZ: Manuel, can I just clarify?

1 Is this line of questioning, is this being directed to
2 Dr. Young in her capacity as an individual fact witness
3 or as a corporate representative?

4 MR. QUINTO-POZOS: Well, I think that
5 the -- this line of questioning falls within Topic
6 No. 3. And so, you know, to the extent that she
7 represents UT Dell Medical School, or has personal
8 knowledge of the answer, I think doesn't make a
9 difference to me.

10 MR. BILHARTZ: So your reading of Topic
11 No. 3 is that questions about the percentage of each
12 individual's time that's spent on the provision of
13 clinical services, you know, direct treatment of
14 patients, things like that, is something that -- that
15 the corporate representative needs to be prepared to
16 address for each individual that we're discussing here?

17 MR. QUINTO-POZOS: Uhm.

18 MR. BILHARTZ: I'm just trying to save us
19 a little bit of time, if we're going to go through each
20 individual and ask what percentage of their time was
21 spent treating patients, et cetera.

22 MR. QUINTO-POZOS: We're not going to do
23 that.

24 MR. BILHARTZ: Okay.

25 MR. QUINTO-POZOS: Yeah.

1 MR. BILHARTZ: But just to be clear, these
2 questions are being asked of Dr. Young in her capacity
3 as a corporate representative?

4 MR. QUINTO-POZOS: Yes, because I feel
5 that they fall within the topic. And again, it seems
6 like she has personal knowledge as well.

7 MR. BILHARTZ: Right. Right. And so the
8 questions about Diagnostic Medicine are not --
9 Diagnostic Medicine is not included as one of the
10 topics. So is it your position that these questions are
11 within the scope, to the extent they relate to someone
12 employed by one of the departments listed in the notice?

13 MR. QUINTO-POZOS: I mean, if you have an
14 objection to my questions on that basis, then you're
15 free to make it.

16 MR. BILHARTZ: Okay. Okay.

17 MR. QUINTO-POZOS: But my position would
18 be, if she has personal knowledge then -- then, you
19 know, that's all that matters to me.

20 MR. BILHARTZ: Okay. Understood. So for
21 some of these I've been objecting on the basis of asked
22 and answered. I think I'll go on and start stating for
23 the objections "Objection, form," and also, "Objection,
24 outside the scope," just to be clear that I consider
25 some of these questions outside the scope of the

1 corporate representative notice.

2 MR. QUINTO-POZOS: I don't need that, and
3 I'm not sure that that would -- would be pursuant to the
4 rules.

5 MR. BILHARTZ: Okay.

6 MR. QUINTO-POZOS: Does that work for you?

7 MR. BILHARTZ: We can go ahead, yeah.

8 MR. QUINTO-POZOS: Okay.

9 I'm switching to the fourth tab on this
10 spreadsheet, and, Nate this -- the only modification to
11 this is highlighting.

12 MR. BILHARTZ: Okay.

13 Q. (By Mr. Quinto-Pozos) Dr. Young, are you
14 familiar with this particular spreadsheet?

15 A. I've seen it, yes.

16 Q. Okay. Row 23 states that -- appears to state
17 that there have been costs allocated from the 35 million
18 annual funds towards malpractice liability insurance,
19 and there appears to be a Comment column on Column K
20 that says that it's for clinical practice insurance
21 costs. Do you see that?

22 A. I do.

23 Q. Do you have -- do you have you a way -- do you
24 know or can you estimate what percentage of malpractice
25 insurance was related to seeing Central Health patients?

1 MR. BILHARTZ: Objection, form.

2 A. I do not.

3 Q. And do you have any knowledge regarding how
4 Dell Medical School or UT Health Austin determined the
5 basis for allocating this amount in malpractice
6 liability insurance to the 35 million annual funds?

7 MR. BILHARTZ: Objection, form.

8 A. I do not.

9 Q. (By Mr. Quinto-Pozos) I'm going to show you --
10 this is Tab No. 6.

11 MR. QUINTO-POZOS: And, Nate, this is an
12 excerpt of a sheet that only shows Diagnostic Medicine,
13 UT Health Austin, and Women's Health, from a larger
14 sheet that you-all provided, and it has highlighting.

15 MR. BILHARTZ: Understood.

16 Q. (By Mr. Quinto-Pozos) Okay. And I'm going to
17 refer you to Line 56, Samantha Shapiro, who this says is
18 an assistant professor of internal medicine at UT Health
19 Austin. Do you see that?

20 A. I do.

21 Q. Do you know what I assume Dr. Shapiro did
22 during '21 -- fiscal year 2021?

23 A. Yes. Dr. Shapiro is an infectious disease
24 specialist.

25 Q. Uh-huh. And was she seeing patients?

1 A. Yes.

2 Q. And this appears to state that her total salary
3 was \$190,000 a year and that, out of that, \$189,999.96,
4 as shown on Column C, was paid for by the 35 million
5 annual funds. Do you understand what I'm saying?

6 A. Yes.

7 Q. Okay. Do you know why that amount of her
8 salary would have been paid for by the 35 million?

9 MR. BILHARTZ: Objection, form.

10 A. I do not.

11 Q. I want to scroll down to Line 309, and this
12 says that Mark Bernat was or is music program manager
13 for UT Health Austin, receiving an annual salary of
14 \$90,000, out of which 45,000 was charged to the 35
15 million. Do you -- do you see that?

16 A. I do.

17 Q. Do you know who Mr. Bernat is?

18 A. I do.

19 Q. Okay. And do you -- what -- what are his job
20 duties?

21 A. He is the music program manager. He is a
22 conductor and he creates musical programs and a -- a
23 medical personnel orchestra that provides music therapy
24 within Dell Seton Medical Center and provides concerts
25 to help heal the patients and the staff.

1 Q. Okay. And do you know why 45,000 out of his
2 salary was allocated to the 35 million annual funds?

3 MR. BILHARTZ: Objection, form.

4 A. I do not.

5 Q. (By Mr. Quinto-Pozos) Do you know what
6 percentage of UT Health Austin patients are Central
7 Health eligible patients?

8 A. We currently have contracts for three plus
9 services. Those include musculoskeletal, women's
10 health, some plain imaging, and we also have some
11 expanded wraparound services for those individuals that
12 are receiving care under our contract that need
13 additional services.

14 We have worked very hard with Central
15 Health, and we just expanded services, and as of Friday
16 have signed a contract to expand services in five other
17 areas.

18 Q. Okay. And do you have an approximation of the
19 number or the -- pardon me -- the percentage of
20 UT Health Austin's total patients that are Central
21 Health eligible patients?

22 MR. BILHARTZ: Objection, form.

23 A. Are we talking about unduplicated visits,
24 patients?

25 Q. Yeah. I'm not talking about the number of

1 visits. I'm just talking about the number of patients,
2 regardless of the services they receive.

3 A. So I can't tell you that exactly. Our busiest
4 clinics are Women's Health and MSK, and that's where we
5 do the lion's share of the work with Central Health.

6 Q. Okay.

7 A. We've been wanting to expand services for a
8 period of time, and luckily we've been able to achieve
9 that.

10 Q. Okay. Can you estimate for me the women's --
11 the number of Women's Health patients who are Central
12 Health eligible patients?

13 MR. BILHARTZ: Objection, form.

14 A. I can't tell you exactly what those numbers
15 are. I think in MSK it's about a third of the patients.

16 Q. A third in MSK?

17 A. Yes.

18 Q. Okay. And to your knowledge, are there records
19 that would help us answer my questions regarding the
20 percentage of Central Health patients?

21 MR. BILHARTZ: Objection, form.

22 A. There is a -- an annual report that we produce
23 with Central Health, and that report is presented to
24 Central Health on an annual basis. It's usually
25 presented the end of June for the preceding calendar

1 year, and so while it wouldn't give you information on
2 the total number of patients, it would give you a mirror
3 on the percentage of patients, it would give you
4 information on the total number of patients seen and
5 services provided, and the outcomes of those patients
6 that receive care within UT Health Austin.

7 **Q. I'm sorry. Did you say it would not give you**
8 **total number of patients?**

9 A. It would give you total number of patients.

10 **Q. Okay. And what are the underlying records that**
11 **UT Dell Medical School uses to create this report?**

12 A. We --

13 MR. BILHARTZ: Objection, form.

14 A. -- create a -- it's a fairly laborious process,
15 that's why it's a six-month time period between the end
16 of the year and when it's produced, because it produces
17 patients, volumes of visit, wraparound services and
18 outcomes for those patients.

19 Most of it is teased out of Athena. And
20 that's been produced, I think, since 2019 and maybe
21 2018.

22 **Q. Okay. I'm back on the spreadsheet. Looking at**
23 **Line 567, Alison Brooks Heinzman, who is listed as**
24 **clerkship director at the Women's -- in the Women's**
25 **Health Department. Do you know what her job duties are**

1 **for the Women's Health Department?**

2 A. I do. She is the clerkship director, which is
3 a required position for a mandatory clerkship based on
4 LCME accreditation within Women's Health. She also is a
5 minimally invasive gynecologic surgeon, but she oversees
6 the UT Austin medical students or the Dell Med medical
7 students that rotate through Women's Health.

8 She also supervises some of the other UME
9 activities, like student interest groups and things that
10 deal with undergraduate medical education.

11 **Q. And would you know why 132,000, give or take,**
12 **out of her salary of 212,000, give or take, was**
13 **allocated to the 35 million annual funds?**

14 MR. BILHARTZ: Objection, form.

15 A. I would not -- I would not know of the details
16 of that decisionmaking.

17 MR. QUINTO-POZOS: Okay. And, Nate, we
18 are looking at Sheet 7, which is fiscal year '21, pivot
19 by Domain, and the only modification to this is that
20 it's an excerpt to only include Diagnostic Medicine,
21 UT Health Austin, and Women's Health categories.

22 MR. BILHARTZ: Okay. Understood.

23 MR. QUINTO-POZOS: Okay.

24 **Q. (By Mr. Quinto-Pozos) Are you -- Dr. Young,**
25 **are you generally familiar with budget group titles and**

1 **account numbers like the ones on this sheet?**

2 A. I'm familiar that there are account numbers. I
3 am not familiar with which account numbers are specific
4 to which accounts.

5 **Q. Okay. So now I'm looking at Tab No. 8, this**
6 **is -- I'm going to fix the title. This is pivot -- it**
7 **should say Young Department Mission.**

8 MR. QUINTO-POZOS: And, Nate, the only
9 modification from the last sheet we were looking at is
10 this adds the mission and the budget group pertaining to
11 each account.

12 MR. BILHARTZ: And where are those being
13 added from?

14 MR. QUINTO-POZOS: From the account list.

15 MR. BILHARTZ: Okay. So this is a
16 combination of the summary spreadsheet for the year 2021
17 with the account list from 2021, or it features
18 information from both of those documents?

19 MR. QUINTO-POZOS: Correct.

20 MR. BILHARTZ: Okay.

21 MR. QUINTO-POZOS: And again, it's only
22 Diagnostic Medicine, UT Health Austin, and Women's
23 Health budget groups and accounts.

24 MR. BILHARTZ: Okay. Understood. And
25 you're representing that Columns J and K are the only

1 information, in what we're looking at right now, that
2 comes from the separate account list document?

3 MR. QUINTO-POZOS: Correct.

4 MR. BILHARTZ: Everything else appeared,
5 as it currently appears, in the 2021 spreadsheet, except
6 there were other departments, units, domains in there as
7 well?

8 MR. QUINTO-POZOS: That's right.

9 **Q. (By Mr. Quinto-Pozos) We were speaking earlier**
10 **about missions. Do you recall that portion of your**
11 **testimony?**

12 A. Yes.

13 **Q. Okay. And are you familiar with how missions**
14 **were assigned to the departments that you've worked at?**

15 A. Yeah. I was not involved in the budgeting for
16 Diagnostic Medicine until 2022, and I was -- the last I
17 was involved in budgeting for Women's Health was in
18 2019.

19 **Q. Okay. Understood.**

20 MR. BILHARTZ: Manuel, I'm sorry to
21 interrupt again, but could you just help me understand
22 how you paired Columns J and K with the appropriate
23 rows?

24 MR. QUINTO-POZOS: So the -- if you look
25 at the account list and you -- and I'm highlighting, for

1 example, A4.

2 MR. BILHARTZ: Yeah, I see it.

3 MR. QUINTO-POZOS: If you look up this
4 account list -- sorry, this account number on the
5 account list, this information, Columns J and K, are
6 listed in that row, so --

7 MR. BILHARTZ: Understood. And just
8 obviously, to get it on the record -- and I don't think
9 that you're misrepresenting anything here, but we, of
10 course, reserve the right to review these documents and
11 make sure that the information currently showing in
12 Columns J and K is reasonably related to the row that
13 it's been assigned to.

14 MR. QUINTO-POZOS: Fair enough.

15 Q. (By Mr. Quinto-Pozos) I'm sorry if we're kind
16 of treading old ground that we talked about this
17 morning.

18 Did you -- so you haven't had involvement
19 in the assignment of missions to budgets or expenditures
20 to Diagnostic Medicine; is that what you just said?

21 A. Not until 2022.

22 Q. Not until 2022. But since then you have?

23 A. Yes.

24 Q. Okay. And so have you played a role in
25 classifying expenditures paid for by the 35 million

1 annual funds in the Department of Diagnostic Medicine by
2 mission?

3 A. I have not.

4 Q. Okay. Did you play that role in Women's
5 Health?

6 A. I did not.

7 Q. Okay. And do you play that role at UT Health
8 Austin?

9 A. No.

10 Q. Okay. Do you know who does that at UT Health
11 Austin?

12 MR. BILHARTZ: Objection, form.

13 A. I think it has done -- been done by different
14 individuals over time. I think a lot of it is managed
15 at the level of finance.

16 Q. Okay.

17 A. For the medical school.

18 Q. Okay. And so if it's at the level of finance,
19 that means it's not somebody within IT health Austin but
20 within the medical school or --

21 A. We do have some finance people that live within
22 UT Austin that have sort of a dotted line reporting
23 structure to those in the medical school, but they
24 manage more day-to-day operations. And the budget, as
25 it relates to the allocation from Central Health, are

1 not involved in that process to my knowledge.

2 Q. Okay. So to your understanding, that is done
3 by somebody at -- within finance at UT Dell Medical
4 School?

5 A. Yes.

6 Q. Okay. And so in terms of the classifications
7 of these expenditures by mission within Women's Health,
8 that was -- that would also be somebody in finance at
9 the medical school level?

10 MR. BILHARTZ: Objection, form.

11 A. I think that's probably done at the department
12 level in creating a budget, and then it -- I'm not sure
13 exactly how finance may match it when they do the
14 allocations.

15 Q. Okay. And do you know who in -- at Women's
16 Health was doing these classifications as specific
17 missions?

18 MR. BILHARTZ: Objection, form.

19 A. Prior to 2020 it would have been myself working
20 with Jessica Cardwell in creating the departmental
21 budget, and that would have created some allocations;
22 however the allocation of Central Health funds back to
23 the department would have been, I think, managed by
24 finance and the dean's office at that time.

25 Q. You said Jessica Cantwell?

1 A. Cardwell.

2 Q. Cardwell, I'm sorry. And what was her title at
3 the time?

4 A. She was the senior director of the Department
5 of Women's Health.

6 Q. Okay. And do you know who in Diagnostic
7 Medicine classifies expenditures into specific missions?

8 MR. BILHARTZ: Objection, form.

9 A. Currently myself and my either department
10 manager or department director would do that.

11 Q. Okay. So if we look at the Diagnostic Medicine
12 accounts, which I've highlighted in gray, assuming that
13 I copied the mission and budget group information
14 correctly, the way I described, this appears to say that
15 all of the funds in Diagnostic Medicine were spent in
16 missions that were research and administration. Do you
17 see that?

18 MR. BILHARTZ: Objection, form.

19 A. I see it appears that they were most closely
20 aligned and allocated with those missions.

21 Q. Okay. And do you -- do you have any reason to
22 doubt that that's how they were in fact allocated?

23 A. I do not.

24 Q. Okay. And if we look at Women's Health, again,
25 if we -- if we -- if I did it correctly in terms of

1 including the mission and -- the mission information, it
2 looks like -- well, let's start here. It looks like
3 from years 2014 to 2021, approximately -- almost 17
4 point -- do you need me to make it larger?

5 A. I can see it.

6 Q. Okay. Approximately 17.5 million in -- out of
7 the 35 million annual funds was spent on Women's Health.
8 Do you see what that sheet says?

9 A. I do.

10 Q. And do you have any basis to --

11 MR. BILHARTZ: Objection, form.

12 Q. (By Mr. Quinto-Pozos) Do you have any basis to
13 doubt this number?

14 A. No.

15 Q. Okay. And now it appears to say that, out of
16 that amount, 16.5 million was spent in funds that were
17 classified under the administration mission. Do you see
18 that?

19 A. I do.

20 Q. Okay. And if we go down the line, it appears
21 that 604,000 were spent on expenditures that were
22 allocated to the clinical, or labeled as clinical
23 administration mission. Do you see that?

24 A. I do.

25 Q. Now, it appears here that there were no funds

1 in Women's Health that were spent on clinical, but there
2 is a -- there's a positive number, like a -- you know,
3 like a credit of \$612,000. Do you see that?

4 MR. BILHARTZ: Objection, form.

5 A. I do see that.

6 Q. Okay. And in fact, that's basically teased
7 apart by seeing that there was 1.5 million spent in
8 2018, 2019, but then there are positive numbers for the
9 following two years. Do you see what that -- what this
10 sheet shows?

11 A. I do. I would not have seen these numbers
12 until this -- until we looked at this this way.

13 Q. Okay. Because this was after your time in the
14 department?

15 A. Correct.

16 Q. Okay. Do you have any knowledge why funds were
17 spent from the 35 million in 2018 and 2019 but there
18 appears to be a credit on the following years?

19 A. I do not.

20 Q. Okay. And do you have any reason to disagree
21 with the mission classifications shown for these Women's
22 Health accounts?

23 MR. BILHARTZ: Objection, form.

24 A. I don't disagree that those are probably the
25 allocations that most closely aligned with that mission.

1 Q. Okay. And are you familiar with written
2 definitions for these missions?

3 A. I am not.

4 Q. Okay. You've never seen written definitions?

5 A. I have not.

6 Q. Okay. And do you know if they exist?

7 A. I do not.

8 Q. Okay. On -- on what information do you rely
9 when you are making mission classifications in the
10 Department of Diagnostic Medicine?

11 A. Probably 30 years of experience in academic
12 medicine and at least 20 years of administrative
13 experience in academic medicine.

14 Q. Okay. And in the absence of written
15 definitions, your vast experience in the fields that
16 you've identified is the basis for you to be able to
17 classify those expenditures into -- or budget items into
18 those missions?

19 A. Yes.

20 Q. Okay. Are you familiar with something called
21 NACUBO functional classifications?

22 A. No.

23 Q. Do you know who classifies DM's -- Diagnostic
24 Medicine expenses at -- according to NACUBO
25 classifications?

1 MR. BILHARTZ: Objection, form.

2 A. I don't know what NACUBO classification is.

3 Q. Okay. I'll skip over that.

4 Aside from the title NACUBO, are you
5 familiar with what functional classifications are?

6 MR. BILHARTZ: Objection, form.

7 A. In academic -- no. The answer is no.

8 Q. (By Mr. Quinto-Pozos) Okay. And so I want to
9 point you to Row 4 of the same spreadsheet that we've
10 been looking at. Again, if I did this correctly, this
11 points -- this account points to a budget group called
12 PI -- and I'm sorry to get this name wrong -- Yankeelov
13 Central Health Funding. Do you see that?

14 A. I do.

15 Q. And the mission assigned to that is research.
16 Do you know whether these expenditures provided clinical
17 care for Central Health eligible patients?

18 MR. BILHARTZ: Objection, form.

19 A. So that would have been done in what -- I have
20 no idea -- for example, Yankeelov was 2018 to 2019. He
21 is a researcher that does advanced breast cancer
22 research and imaging, and so whether he involved Central
23 Health patients in any of this work, I don't know. That
24 was before I had any familiarity with this department.

25 Q. Okay.

1 A. There is quite a bit of overlap of these
2 categories, and sometimes it ends up being a decision
3 about what you think something is most closely aligned
4 with. When I think about medicine, it's a team sport,
5 right. So research enhances clinical care. Education
6 enhances clinical care. Clinical care enhances research
7 and education. And so it's, you know, choosing what is
8 usually most closely aligned, just like my interaction
9 with, you know, some of the other leaders in the
10 university is, because there's so much overlap, it's
11 really sort of sometimes very difficult to tease this
12 out and parse it out and figure out which bucket it
13 actually belongs in.

14 **Q. Okay. The next one says it's Diagnostic**
15 **Medicine, Central Health funding, and the mission,**
16 **administration. Do you see that?**

17 A. I do.

18 **Q. Okay. And to your knowledge, how does this**
19 **budget group and expenditures assigned to it provide**
20 **clinical care for Central Health eligible patients?**

21 A. So as a permitted investment, as outlined in
22 the affiliation agreement, administration of an academic
23 department is responsible for the tripartite mission,
24 research, education and clinical care. So, for example,
25 Dell Med medical students rotate through Diagnostic

1 Medicine, both the pathology and the radiology arms, and
2 are actively involved in clinical care either directly
3 through us or with -- through Ascension, which is our
4 162B affiliate, and so that specific bucket or category,
5 if you will, is very blended and probably very difficult
6 to tease apart.

7 The same thing goes for oversight of
8 research. So oversight of research or the
9 administration of research in that oversight requires to
10 make sure that the research is compliant and so that we
11 can develop, you know, the latest processes and
12 techniques, especially as it relates to diagnostic
13 imaging to advance medicine for the patients of Travis
14 County, which I think is what the voters voted for when
15 they approved the affiliation agreement.

16 **Q. Okay.**

17 MR. BILHARTZ: Manuel, can I ask you
18 another question to clarify this document?

19 MR. QUINTO-POZOS: Yeah.

20 MR. BILHARTZ: I understood earlier that
21 Columns J and K are the only information that's been
22 brought to this spreadsheet from another source. I'm
23 just trying -- I want to make sure where you're getting
24 the information at the individual budget number level.
25 So the information for Diagnostic Medicine and UT Health

1 Austin and Women's Health, you can find that in the 2021
2 summary spreadsheet on the -- the FY '21 pivot by Domain
3 tab?

4 MR. LEWIS: Correct.

5 MR. QUINTO-POZOS: Yeah.

6 MR. BILHARTZ: And the remaining
7 information, you know, 19-5600 after that, is that
8 coming from the same spreadsheet?

9 MR. QUINTO-POZOS: It is. And if you --
10 if you at some point look at the transcript from
11 Mr. Morris's deposition --

12 MR. BILHARTZ: Uh-huh.

13 MR. QUINTO-POZOS: -- I explained that I
14 was a little bit over my head, but I brought -- I pulled
15 up an option to work with pivot tables, and I clicked --

16 MR. BILHARTZ: Uh-huh.

17 MR. QUINTO-POZOS: -- a radio button that
18 popped up information that was hidden in the sheet.

19 MR. BILHARTZ: Okay.

20 MR. QUINTO-POZOS: Because the way you see
21 the sheet it -- I'm trying to see if I can -- the way
22 you see the sheet otherwise is kind of like this.

23 MR. BILHARTZ: Right, right.

24 MR. QUINTO-POZOS: But if you play around
25 with the options on Excel --

1 MR. BILHARTZ: Uh-huh.

2 MR. QUINTO-POZOS: -- it will bring up
3 these numbers. They were -- this information was
4 embedded in the sheet, and we --

5 MR. BILHARTZ: Yeah.

6 MR. QUINTO-POZOS: -- just uncovered it.

7 MR. BILHARTZ: Understood. And no reason
8 to question that. I just wanted to confirm very
9 quickly.

10 MR. QUINTO-POZOS: Yeah.

11 Q. (By Mr. Quinto-Pozos) I want to show you, back
12 to the -- the same document we were looking at, I want
13 to show you Column 9, which says it's for the budget
14 group UTHA Base CH. Do you see that?

15 A. I do.

16 Q. And you see that this is assigned a mission:
17 Clinical?

18 A. Which line are -- yes.

19 Q. Do you know whether any of these funds were
20 spent on paying non Central Health eligible patients?

21 MR. BILHARTZ: Objection, form.

22 A. Could you clarify that question?

23 Q. (By Mr. Quinto-Pozos) Yeah. So UT Health
24 Austin sees both patients that are Central Health
25 eligible and patients who are not, correct?

1 A. Correct.

2 Q. And they -- they pay for their services or
3 those patients pay for their services who are covered by
4 some other, you know, private insurance or other plans,
5 correct?

6 A. Correct.

7 Q. Okay. I'm trying to figure out if you know how
8 much of the funds that we see on Row 9 were spent on
9 patients that are not Central Health eligible patients?

10 A. I don't know. I can't tease that apart.

11 Q. And by extension, could you tell me how much of
12 the funds were spent on Central Health eligible
13 patients?

14 MR. BILHARTZ: Objection, form.

15 A. I can't tell you that.

16 Q. Okay. Can you tell me how much of these funds
17 were for providing direct clinical care for Central
18 Health eligible patients?

19 MR. BILHARTZ: Objection, form.

20 A. So Central Health patients receive care within
21 UT Health Austin. The functions that you see from -- I
22 don't know that I can even specify without going through
23 all of those, but until you come to a specific
24 department level, are the infrastructure that was
25 necessary to build and keep a functional, safe, high

1 quality care delivery facility where Central Health
2 patients receive care.

3 **Q. That's what the UTHA Base Budget Group is for?**

4 A. Base, Core, Access Center, Concierge, Project
5 Management, those are all part of the infrastructure to
6 support the UTHA clinics.

7 **Q. Okay. And so these -- the ones that you listed**
8 **were related to infrastructure, and so these**
9 **expenditures themselves were not for providing clinical**
10 **care?**

11 A. They are --

12 MR. BILHARTZ: Objection, form.

13 A. -- for providing clinical care. There's no way
14 to provide clinical care unless somebody opens the door,
15 someone schedules appointments, someone receives the
16 patients, someone helps develop the new program. So,
17 yes, they were.

18 MR. QUINTO-POZOS: Understood.

19 THE WITNESS: Can I take a break?

20 MR. QUINTO-POZOS: Yes.

21 VIDEOGRAPHER: We are off the record at
22 10:55.

23 (Brief recess.)

24 VIDEOGRAPHER: We are back on the record
25 at 11:11.

1 Q. (By Mr. Quinto-Pozos) Okay. Dr. Young, we
2 were talking about this -- oh, it's not on there. We
3 were talking about this Row 9, the UTHA Base. Do you
4 recall that?

5 A. Yes.

6 Q. Okay. So you were explaining to me that --
7 that particular budget group, and you listed a few
8 others that I believe you stated were infrastructure.
9 Is that the term you used?

10 A. Yes.

11 Q. Okay. And so can you tell me whether you know
12 the basis for UT Dell Medical School determining how
13 much to allocate to the 35 million for those -- for this
14 particular UTHA base infrastructure budget group?

15 MR. BILHARTZ: Objection, form.

16 A. I do not know for that particular base.

17 Q. Okay. And do you know whether -- whether there
18 are records that would tell us the basis for allocating
19 this amount to this budget group?

20 MR. BILHARTZ: Objection, form.

21 A. I'm not aware of any records.

22 Q. (By Mr. Quinto-Pozos) Okay. Can you tell
23 me -- looking down at Row 15, it says it's Project
24 Management. Can you tell me what that budget group is
25 for?

1 A. So we have project management that supports the
2 clinical practice. So, for example, when you start a
3 new program such as the whole clinic, or -- we've had
4 project management since the inception -- or Women's
5 Health or MSK, the amount of effort that is involved in
6 planning, especially these complex and new models of
7 care delivery, that I think are particularly beneficial
8 for Central Health patients, the amount of steps it
9 takes to get a patient in, make sure that you provide
10 the right services to ensure that the services are
11 coordinated, and to make sure the quality is there,
12 requires project management, and then there are some
13 ongoing work related to operation -- operations in the
14 clinical environment that requires project management.

15 So, you know, for example we have a
16 every-other-week meeting where, you know, what we need
17 to improve on, or what kind of performance improvement
18 projects, and so there may be a project related to
19 performance improvement in a particular area, that
20 person sort of assumes that -- or that team assumes some
21 of that work.

22 **Q. Okay. And was this one of the infrastructure**
23 **budget groups that you listed earlier?**

24 A. I did.

25 **Q. Okay. And so some of this project management**

1 work in the meet -- the every-other-week meeting that
2 you referenced, is some of that work also devoted to
3 non Central Health patients?

4 A. Yes.

5 Q. Okay. And do you know the basis to allocate
6 the specific amount to the 35 million under the project
7 management budget?

8 MR. BILHARTZ: Objection, form.

9 A. I do not.

10 Q. Okay. And are there documents that would tell
11 us the answer?

12 MR. BILHARTZ: Objection, form.

13 A. I'm not aware of any.

14 Q. Okay. And then I want to go down to Row 27,
15 which is under Women's Health, the budget group Women's
16 Health Designated Funds. Do you see that?

17 A. I do.

18 Q. Okay. Do you know -- can you tell me generally
19 what goes into this budget group?

20 A. I can't remember that now.

21 Q. Okay. Do you know how much of this -- these
22 funds were spent on Central Health eligible patients?

23 MR. BILHARTZ: Objection, form.

24 A. What are "these funds"?

25 Q. The ones shown on Row 27.

1 A. So since I don't know -- remember exactly what
2 those are, it would be difficult for me to extrapolate
3 that.

4 **Q. Okay. And are you aware of records that would**
5 **help us determine the use of these funds for Central**
6 **Health eligible patients?**

7 MR. BILHARTZ: Objection, form.

8 A. I'm not aware.

9 **Q. Okay. I'm going to show you -- this is**
10 **Exhibit 4.**

11 MR. QUINTO-POZOS: And, Nate, these are
12 pages from --

13 MS. O'CARROLL: Excuse me. I think we
14 already had Exhibit 4.

15 MR. BILHARTZ: Yeah.

16 MR. QUINTO-POZOS: Sorry about that.

17 MR. BILHARTZ: I think this was Exhibit 4.

18 MR. QUINTO-POZOS: That's correct. So
19 this will be Exhibit 5. So it's mislabeled on the file
20 number, but I'll fix that later.

21 (Exhibit 5 marked.)

22 MR. QUINTO-POZOS: So, Nate, this is pages
23 from the fiscal year 2023, UT Austin budget.

24 MR. BILHARTZ: Oh, we're just going to be
25 looking at --

1 MR. QUINTO-POZOS: Yes, sorry.

2 MR. BILHARTZ: Not a hard copy.

3 MR. QUINTO-POZOS: Yeah. And it's Pages
4 G36 to G43, and then Page G94.

5 Q. (By Mr. Quinto-Pozos) Dr. Young, are you
6 familiar with the portions of the UT annual -- UT Austin
7 Annual Operating Budget that pertain to the Dell Medical
8 School?

9 MR. BILHARTZ: Objection, form.

10 A. I don't -- I haven't seen this document before.

11 Q. Okay. So let's see what you might be able to
12 answer about that. I'm going to scroll down to Page
13 G38. And I'm going to just draw a box around UT Health
14 Austin Base Clinical Income, which is the sixth entry
15 from the bottom. Do you see that?

16 A. Yes.

17 Q. I think we were talking about a similar budget
18 group. So my question to you is this: Do you know what
19 the term "base" means in this context?

20 A. I've never seen this document before, so I
21 don't know.

22 Q. Okay. Do you know what the phrase "Clinical
23 Income" means in this context?

24 A. I've never seen this document, so I don't know.

25 Q. Okay.

1 A. I would assume it might be income from the
2 clinical practice, but that would be a guess on my part,
3 because I've never seen this document.

4 **Q. Okay.**

5 A. Can you go up to the top of that page for me,
6 please.

7 **Q. Yes, of course.**

8 A. And can you go back down? Oh, there. Okay.

9 **Q. What about the next one, UT Health Austin, MSK**
10 **IPU Clinical Income; do you see that?**

11 A. I do.

12 **Q. Do you know what "MSK IPU" stands for?**

13 A. I do.

14 **Q. What is that?**

15 A. Stands for the MSK Integrated Practice Unit.

16 **Q. Do you know what clinical income means?**

17 A. I would assume it's income that the clinic
18 generates, but, again, I've never seen this document
19 before.

20 **Q. Okay.**

21 MR. QUINTO-POZOS: Can we take a quick
22 break?

23 MR. BILHARTZ: Yes.

24 VIDEOGRAPHER: We are off the record at
25 11:20.

1 (Brief recess.)

2 VIDEOGRAPHER: We are back on the record
3 at 11:26.

4 Q. (By Mr. Quinto-Pozos) Okay. So let's go to --
5 let's go to this budget group right here. It says it's
6 UT Health Austin Base CH. Do you see that?

7 A. I do.

8 Q. And so you were saying you haven't seen this
9 document before. But I will take you back to this other
10 spreadsheet and point out that it is the same budget
11 group at UTHA Base CH that we were looking at on the
12 prior document, the spreadsheet. Do you see that?

13 MR. BILHARTZ: Objection, form.

14 A. I see that there is something called UTHA Base
15 on this document, and I see there's something else on
16 the other document that says UTHA Base.

17 Q. And you --

18 A. I've never seen the other document before.

19 Q. Okay. And you see that this document, the
20 spreadsheet we're looking at, has an account number,
21 19-5601-44. Do you see that?

22 A. I do see that.

23 Q. And this -- the budget has an account,
24 according to the heading, that's 19-5601-44?

25 A. I do see that.

1 Q. Okay. And so it's -- it appears to be the same
2 account.

3 MR. BILHARTZ: Objection, form.

4 A. There's two different forms that have the same
5 budget group and the same number, I would agree to that.

6 Q. Okay. It shows up on two different documents?

7 A. I see that those same words and numbers appear
8 on two different documents.

9 Q. Okay. And so both of these, both UT Health
10 Austin Base CH and UT Health Austin Base Clinical
11 Income -- I guess I'm curious if you could tell me the
12 difference between those two items.

13 MR. BILHARTZ: Objection, form.

14 A. I can't, because I haven't seen this document
15 before.

16 Q. (By Mr. Quinto-Pozos) Okay. You were saying
17 that you assumed that the clinical income meant that it
18 was the clinics's income?

19 A. I said I have not seen the document before. I
20 would suspect that that's what it means, yes.

21 Q. Okay, okay. Do you have any understanding as
22 to the difference, the difference in the activities that
23 these two UT Health Austin Base budget groups fund?

24 MR. BILHARTZ: Objection, form.

25 A. No.

1 MR. BILHARTZ: And, Manuel, just to
2 clarify, are you asking her these questions in her
3 capacity as a corporate representative or as an
4 individual fact witness?

5 MR. QUINTO-POZOS: I think they fall
6 within the topics of the deposition notice, but, again,
7 if she has personal knowledge, you know, I'm interested
8 in that as well.

9 MR. BILHARTZ: Okay.

10 Q. (By Mr. Quinto-Pozos) And in terms of the
11 activities that the UTHA Base CH account includes, is
12 that what you were testifying to earlier regarding
13 infrastructure?

14 MR. BILHARTZ: Objection, form.

15 A. Yes.

16 Q. Okay. Do have any understanding as to the
17 types of expenses that are assigned to the UTHA Base CH
18 account as opposed to the Base Clinical Income Account?

19 MR. BILHARTZ: Objection, form.

20 A. I do not. I am aware of what expenses would be
21 charged as part of the clinical overhead related to the
22 clinic, but not in this format.

23 Q. And as to the clinical overhead that you are
24 familiar with, do you know how UT Dell Medical School
25 differentiates between what's charged as to that between

1 the UTHA Base CH account versus the Clinical Income
2 Account?

3 MR. BILHARTZ: Objection, form.

4 A. No, I do not.

5 Q. (By Mr. Quinto-Pozos) Okay. Do you know who
6 makes those decisions?

7 A. I would imagine it's somebody in finance.

8 Q. Okay. It's a little bit obscured, but the
9 third item from the bottom on Page G39 is UT Health
10 Austin MSK CH. Do you see that?

11 A. I do.

12 Q. And I think right before the break we were
13 talking about the UT Austin MSK IPU Clinical Income item
14 on the previous page. Do you remember that?

15 A. Yes.

16 Q. Okay. Do you know the difference in income
17 source between this, these two budget groups?

18 MR. BILHARTZ: Objection, form.

19 A. Can you go back up to the very top of the
20 document?

21 Q. The first page or this page?

22 A. I just need to see the headers. Go down.

23 So the individual departments submit their
24 own UTHA budget, and so I don't -- I don't know what's
25 in one versus the other.

1 Q. Okay. And do you know the difference in the
2 activities that these two budget groups fund?

3 A. No, I do not.

4 Q. Okay. And do you know who makes the decision
5 as to what activities are assigned, or expenses, pardon
6 me, are assigned to one budget group versus the other?

7 A. I do not.

8 MR. BILHARTZ: Objection, form.

9 Q. (By Mr. Quinto-Pozos) Okay. I'm now on Page
10 G41. The last entry on there is UTHA Med Spec -- sorry.
11 I meant second from the bottom -- UTHA Med Spec Gastro,
12 CCC. Do you see that?

13 A. I do.

14 Q. Do you know what the phrase Med Spec Gastro
15 means in this context?

16 A. Med specialties gastroenterology.

17 Q. And do you know what CCC means in this context?

18 A. I would suspect it means that the CCC, which is
19 the entity that was set up as part of the affiliation
20 agreement to work on delivering clinical care to our
21 safety net population through an integrated delivery
22 system.

23 Q. And do you know what activities this budget
24 account includes?

25 A. I --

1 MR. BILHARTZ: Objection, form.

2 A. I believe it was related to our
3 gastroenterology clinic within UTHA, which has closed
4 now, and we have an agreement with Ascension Seton for
5 the provision of gastroenterology services.

6 **Q. Prior to it closing, do you know how much of**
7 **the expenses in this budget group went to direct**
8 **clinical patient care?**

9 MR. BILHARTZ: Objection, form.

10 A. I do not. And again, I don't quite understand
11 the word "direct patient care."

12 **Q. By that I mean patient appointments and medical**
13 **care.**

14 A. So medical care requires a lot of people to be
15 able to deliver care. So are you talking about the
16 person that actually renders a diagnosis and writes
17 prescriptions, or are you talking about all of the
18 surrounding pieces that are required to ensure that that
19 patient gets adequate access and good care?

20 **Q. Well, let's start with the person who sees the**
21 **patient. How much of these funds go to funding a**
22 **provider seeing a patient?**

23 A. I can't tell you that.

24 MR. BILHARTZ: Objection, form.

25 And, Manuel, I'm sorry to interrupt, but

1 just to state it on the record, we consider these
2 questions about the activities conducted by particular
3 budget groups to be well outside the scope of the
4 corporate rep deposition notice.

5 She's here to testify about the 16 listed
6 departments, and the 17 topics in the notice, not about
7 specific account numbers, budget groups, and the various
8 activities associated with those account numbers.

9 MR. QUINTO-POZOS: Okay. Fair enough.

10 Q. (By Mr. Quinto-Pozos) As to the rest of what
11 you were saying regarding -- I'm going to use my phrase,
12 and if you disagree with how I phrase it, I'll ask you
13 to correct me. With everything else that requires
14 providing medical care, aside from the provider or
15 practitioner seeing a patient, can you tell me how much
16 of these funds from UTHA Medical Specialty Gastro go to
17 providing those services?

18 MR. BILHARTZ: Objection, form.

19 A. I can't tell you that.

20 Q. Okay. Can you tell me how much of this
21 particular budget, budgeted expenses, went to providing
22 patient care to Central Health eligible patients versus
23 non Central Health eligible patients?

24 MR. BILHARTZ: Objection, form.

25 A. I can't tell you that.

1 Q. And are you aware of documents that we could
2 look at to find the answer?

3 MR. BILHARTZ: Objection, form.

4 A. No, I'm not aware of any documents.

5 Q. Okay. I'm now on Page G40, Women's Health --
6 sorry, fifth item from the bottom -- Women's Health CCC
7 Clinical. Do you see that on there?

8 A. I do.

9 Q. Do you know what the phrase "CCC Clinical"
10 means in this context?

11 MR. LEWIS: Manuel, it's down.

12 MR. QUINTO-POZOS: I don't know what
13 happened, it says I'm sharing.

14 Can we go off the record? I need to sort
15 this out.

16 VIDEOGRAPHER: We are off the record at
17 11:39.

18 (Brief recess.)

19 VIDEOGRAPHER: We are back on the record
20 at 12:35.

21 Q. (By Mr. Quinto-Pozos) Dr. Young, were you able
22 to have lunch?

23 A. I was, thank you.

24 Q. Great. And we've moved the room around a
25 little bit to be able to keep using the projection

1 screen. So if you're not able to hear me because I'm
2 further away, please let me know.

3 A. Okay.

4 Q. I was about to ask you about the Women's Health
5 CCC clinical -- well, it's labeled Department on the
6 screen, but it's the fourth entry from the bottom on
7 this page G40 that I've highlighted. Do you see that?

8 A. I do.

9 Q. Okay. Do you know what the phrase CCC Clinical
10 means in this context?

11 A. I don't. Again, I've never seen this document
12 before.

13 Q. Okay. So I've flipped back to the Excel
14 spreadsheet, which I think is Exhibit 3, that has
15 different account numbers and mission, some budget
16 groups. Do you recall seeing this spreadsheet?

17 A. Yes.

18 Q. Do you see that there's a -- on the -- I've
19 highlighted Row 30. There's a Women's Health CCC
20 clinical budget group. Do you see that?

21 A. I do see it.

22 Q. And you see that it's on the far left. It's
23 Account 19-5602-79. Do you see that?

24 A. I do.

25 Q. And if I flip back to Exhibit 5, you see that

1 it's the same account number on -- and the same
2 description of the item?

3 A. I do see that.

4 Q. Okay. Well, when I flip to Exhibit 3, do you
5 know what the budget group Women's Health CCC clinical
6 references?

7 MR. BILHARTZ: Objection, form.

8 A. I do not.

9 Q. (By Mr. Quinto-Pozos) Okay. There are -- on
10 the same page, above, on -- it's the fifth entry --
11 there's a UT Health Austin-WH CH. Do you see that?

12 A. I do.

13 Q. Do you know if WH stands for Women's Health?

14 A. I would suspect it stands for Women's Health.

15 Q. Okay. And do you know the sources of income,
16 the different sources of income that go to this
17 UT Health Austin-WH CH and the Women's Health CCC
18 Clinical that we were just talking about?

19 MR. BILHARTZ: Objection, form.

20 A. I do not.

21 Q. Okay. Do you know the types of activities that
22 are funded by the Women's Health CCC Clinical account?

23 MR. BILHARTZ: Objection, form.

24 A. I don't know the detailed items that are in
25 that budget.

1 Q. Okay. And do you know the expenses that are
2 assigned to this item?

3 MR. BILHARTZ: Objection, form.

4 A. I do not.

5 Q. Okay. And do you know who makes the decisions
6 to assign particular items to this particular budget
7 entry?

8 A. I do not.

9 MR. BILHARTZ: Objection, form.

10 Q. I'm going to the last page of this document,
11 which is labeled -- when the box goes away, you'll see
12 that it's labeled G94 at the bottom. And then at the
13 top it says that it's the University of Texas at Austin
14 Dell Medical School Medical Services Research and
15 Development Plan. Do you see that?

16 A. I do.

17 Q. Okay. Do you know what the DS stands -- the
18 Dell Medical School Medical Services Research and
19 Development Plan is?

20 A. Yes. It is the practice plan of the clinical
21 faculty at Dell Med.

22 Q. Okay. And do you have any involvement with
23 this MSRDP?

24 A. I do.

25 MR. BILHARTZ: Okay. Manuel, again to

1 clarify, are these questions in her capacity as
2 corporate representative or individual fact witness?

3 MR. QUINTO-POZOS: Well, I think my next
4 questions are -- will help me clarify that.

5 MR. BILHARTZ: Okay.

6 Q. (By Mr. Quinto-Pozos) Do you know the
7 organizational relationship between the MSRDP and the
8 UT Health Austin Physicians Practice Group?

9 MR. BILHARTZ: Objection, form.

10 A. The -- I don't know what you're referring to
11 with UT Health Austin Practice Group.

12 Q. Okay. What is the relationship, as you
13 understand it, between the -- the doctors who provide --
14 who provide clinical services under the umbrella of the
15 UT Health Austin Plan and the MSRDP?

16 A. So the MSRDP includes faculty doctors that
17 provide clinical services across all of the affiliates
18 and institutions where care is provided for Dell Medical
19 School.

20 Q. And by contrast, the UT Health Austin is a
21 smaller umbrella?

22 A. UT Health Austin is the clinical practice of
23 Dell Med; however, when providers are providing services
24 with any of the affiliates, they are still practicing
25 under the umbrella of UT Health Austin.

1 Q. Okay. And what is the financial relationship
2 between the MSRDP and the UT Health Austin umbrella?

3 MR. BILHARTZ: Objection, form.

4 A. The MSRDP is the practice plan of the faculty
5 within Dell Med, and UT Health Austin is the clinical
6 operation that exists primarily within the HTB and the
7 HDB. UT Health Austin physicians sit within the MSRDP
8 and provide services within the UT Health Austin
9 clinical operation and through multiple affiliates.

10 Q. Okay. Are you familiar with this budget that's
11 on the screen?

12 A. I have seen it before, yes.

13 Q. Okay. Near the top there's an item for net
14 patient revenues of a little bit over \$12 million. Do
15 you see that?

16 A. I do.

17 Q. Do you know the sources of these net patient
18 revenues?

19 MR. BILHARTZ: Objection, form.

20 A. The net patient revenue that's represented
21 there are related to revenues earned out of the UTHA
22 clinical practice.

23 Q. Okay. Do you know if they include --

24 A. Or expected to be made out of the UTHA clinical
25 practice, as that's a budget.

1 Q. Understood. Do you know if -- if that amount
2 includes Central Health or CCC funds?

3 A. Yes, it does.

4 Q. Do you know how much?

5 A. No.

6 Q. Okay. And then below that there's an entry for
7 contractual revenues of a little bit over \$110 million.
8 Do you see that?

9 A. I do.

10 Q. What are contractual revenues?

11 A. There are -- at least a component of that is
12 related to our relationship with other affiliated groups
13 where services are provided.

14 Q. Okay. Can you give me some examples?

15 A. Ascension.

16 Q. Okay. Any others?

17 A. CUC.

18 Q. Okay. Do those -- do these revenues include
19 Central Health or CCC funds?

20 A. I do not believe so.

21 Q. Okay. Are you familiar with a specialty
22 services agreement between UT Austin and Central Health
23 or CCC?

24 A. I believe you're referring to -- well, what are
25 you referring to exactly?

1 Q. There's a specialty services agreement that --
2 whereby UT Dell Medical School or UT Health Austin
3 provides Musculoskeletal and Women's Health services for
4 Central Health eligible patients; is that your
5 understanding?

6 A. Yes.

7 Q. Okay. And in exchange for providing those
8 services, UT Dell Medical School receives payment from
9 Central Health or CCC, correct?

10 A. Correct.

11 Q. Okay. Are those payments reflected somewhere
12 in this -- in this budget?

13 MR. BILHARTZ: Objection, form.

14 A. I believe they're in the net patient revenue.

15 Q. Okay. And the 35 million annual payment,
16 pursuant to the affiliation agreement, is -- is it
17 somewhere in this budget?

18 A. I don't believe so.

19 MR. BILHARTZ: Objection, form. And just
20 to clarify, we don't consider these statements to be
21 within the scope of the deposition notice.

22 MR. QUINTO-POZOS: Okay.

23 Q. (By Mr. Quinto-Pozos) Under Operating Expense,
24 there's an item for staff salaries for a little bit over
25 \$81 million. Do you see that?

1 A. I do.

2 Q. Do you know what types -- type of staff are
3 included in these salaries?

4 A. I do not know that.

5 Q. Do not?

6 A. No.

7 Q. Okay. And do you know the source of revenue
8 that pays for these salaries?

9 MR. BILHARTZ: Objection, form.

10 A. I do not.

11 Q. And we see right above that that there are
12 no -- there's no entry for Faculty Salaries. Do you see
13 that?

14 A. Correct.

15 Q. And do you know why there are no faculty
16 salaries in this budget?

17 MR. BILHARTZ: Objection, form.

18 A. I do not know.

19 Q. Do you know what sources of money paid for
20 faculties work in the MSRDP?

21 MR. BILHARTZ: Objection, form.

22 A. I believe it is part of the contractual
23 revenues and net patient revenues that support faculty
24 salaries.

25 Q. You're saying that they're included in the net

1 patient revenues and contractual revenues in this
2 budget?

3 MR. BILHARTZ: Objection, form.

4 A. So there -- I believe that some of the revenue
5 from those streams would go to support faculty salaries.

6 Q. Okay. But that's -- that's not reflected here,
7 correct?

8 A. Correct.

9 Q. Okay. And then we also see that there is no
10 amount allocated to resident salaries. Do you see that?

11 A. Yes.

12 Q. Do you know why that is?

13 MR. BILHARTZ: Objection, form.

14 A. Residents are funded through Ascension Seton.

15 Q. (By Mr. Quinto-Pozos) Okay. So Dell faculty
16 and staff who work for UT Health Austin, do they receive
17 compensation from UT Health Austin above and beyond
18 their regular compensation from the medical school?

19 A. No.

20 Q. Okay.

21 MR. QUINTO-POZOS: I've lost count of the
22 exhibits. Are we on 6?

23 THE REPORTER: Yes, sir.

24 MR. QUINTO-POZOS: Okay.

25 Q. (By Mr. Quinto-Pozos) So I'm showing you now

1 Exhibit 6, and this is the Dell Medical School MSRDP
2 faculty practice plan. Are you familiar with this
3 document?

4 A. Yes.

5 (Exhibit 6 marked.)

6 Q. I've moved down to Section 8.3 that is labeled
7 Sources of Income, and I'll just read it.

8 "Pursuant to the Members' Memorandum of
9 Appointment and Agreement of Participation with the
10 Institution for participation in the Plan, each member
11 shall assign all professional income (including any
12 technical component) to the Institutional Trust Fund,
13 including but not limited to," and then there are four
14 listed paragraphs underneath that.

15 Do you see that?

16 A. Yes.

17 Q. Is it your understanding that all the
18 professional income that is generated by Dell Medical
19 School faculty is held in the plan's Institutional Trust
20 Fund?

21 A. Yes.

22 Q. And why is that?

23 A. Because this is the agreement that is set up by
24 UT System, and all of UT System schools have -- and
25 health sciences centers have a similar structure, so our

1 bylaws are an adaptation of that structure set forth by
2 UT System.

3 Q. Okay. And is there a reason why that -- that
4 income generated by the DMS faculty is not kept with
5 other Dell Medical School revenue?

6 MR. BILHARTZ: Objection, form. And these
7 questions are clearly outside the scope of the corporate
8 rep notice.

9 A. I don't know why it's been set up this way by
10 UT System.

11 Q. Okay. It's not highlighted, so I'll highlight
12 it. It says under Section 3.1 that membership in the
13 plan is mandatory for each University of Texas at Austin
14 employed faculty member whose appointment is 50 percent
15 or greater if the member generates professional income
16 as defined in Section 8.3," which we just read.

17 Do you see that?

18 A. Yes.

19 Q. How can you -- how can we determine which
20 faculty members are -- faculty are members and
21 participate in the trust fund and who are not?

22 MR. BILHARTZ: Same objection. Outside
23 the scope of the corporate representative deposition
24 notice.

25 A. There is an appointment process, and so those

1 members of the MSRDP are appointed and credentialed
2 through a subcommittee of the MSRDP.

3 **Q. (By Mr. Quinto-Pozos) Do you know if all Dell**
4 **Medical School faculty who participate in UT Health**
5 **Austin participate in the trust fund?**

6 MR. BILHARTZ: Objection, form.

7 A. Yes.

8 **Q. Okay. We were speaking about the Institutional**
9 **Trust Fund. Do you know if the faculty are paid from**
10 **that Institutional Trust Fund?**

11 A. It is my understanding, I think, that faculty
12 are paid from that trust fund, or some portion of their
13 salary comes from that trust fund.

14 **Q. Do you know if there are other uses for that**
15 **Institutional Trust Fund?**

16 MR. BILHARTZ: Objection, form.

17 A. I don't believe so.

18 **Q. Okay. And are there accounting figures for**
19 **those -- for those -- for that Institutional Trust Fund?**

20 MR. BILHARTZ: Objection, form.

21 A. There are.

22 **Q. Okay. And do you know who has them?**

23 MR. BILHARTZ: Objection, form.

24 A. They're with finance, yes.

25 **Q. Okay. When you say with finance, is that with**

1 UTHA finance or Dell Medical School finance?

2 MR. BILHARTZ: Objection, form.

3 A. The medical school finance.

4 Q. Okay. This compensation for faculty from -- I
5 think you referred -- I think you said that at least a
6 portion of their compensation comes from the
7 Institutional Trust Fund. Is that -- did I hear you
8 correctly?

9 A. Yes.

10 Q. Okay. And so is there compensation that
11 faculty receives for other work that they do for the
12 Dell Medical School?

13 MR. BILHARTZ: Objection, form.

14 A. There are other faculty that are outside the
15 plan that receive salary support.

16 Q. Okay. But the faculty that are within the
17 plan, do they receive additional payments outside of the
18 plans's funds?

19 MR. BILHARTZ: Objection, form.

20 A. I think their salary all runs through the
21 MSRDP.

22 (Exhibit 7 marked.)

23 Q. (By Mr. Quinto-Pozos) Okay. This will be
24 Exhibit 7, and it's the UT Health Austin Charity Care
25 and Financial Assistance policy.

1 Do you see that on the screen?

2 A. I do.

3 Q. Are you familiar with this document?

4 A. I am.

5 Q. Okay. Is this the official charity clinical
6 care policy of UT Health Austin?

7 A. It is.

8 Q. Is it the Charity Care and Financial Assistance
9 policy of all of Dell Medical School?

10 A. It's the Charity Care and Financial Assistance
11 policy of UT Health Austin.

12 Q. Okay. Is there a separate, to your knowledge,
13 Charity Care and Financial Assistance policy for Dell
14 Medical School?

15 MR. BILHARTZ: Objection, form.

16 A. Not that I'm aware of.

17 Q. Okay. And you see at the top that it says
18 "Approved 8-28-19 MSRDP"?

19 A. Correct.

20 Q. What is MSRDP's role in providing charity care
21 under these policies?

22 A. So the MSRDP has a set of required and
23 non-required subcommittees that basically are
24 responsible for governance and management the overall
25 practice of the providers that live within the practice

1 plan.

2 The subcommittee -- there's a subcommittee
3 that approves credentialing and some of the other
4 aspects of the MSRDP, and they approve many of the
5 policies that govern the care within -- that govern the
6 care that our providers practice.

7 **Q. And does -- do the MSRDP participants provide**
8 **this charity care?**

9 A. Yes.

10 **Q. Okay. Do you see here where it says that UT**
11 **Dell -- "UT Austin Dell Medical School will have a**
12 **policy addressing" -- do you see where I'm reading?**

13 A. Yes.

14 MR. BILHARTZ: Can you read that?

15 THE WITNESS: Uh-huh.

16 **Q. "Addressing the provision of indigent and**
17 **charity care, clinical services furnished through UT**
18 **Austin Dell Medical School provider practice entities."**
19 **Did I read that correctly?**

20 A. Yes.

21 **Q. Do you know what those provider entities are?**

22 A. I believe it would be the MSRDP.

23 **Q. No others?**

24 A. Can you blow it up a little bit bigger for a
25 second?

1 Q. Yeah.

2 A. So those are the UT Health Austin clinics or
3 care that is provided by participants in the MSRDP, so I
4 believe it also encompasses a relationship with other
5 affiliates.

6 Q. Like -- can you give me some examples?

7 A. I would think Ascension and Central Health
8 would be included in that, CUC.

9 Q. Okay. I'm on Page 2, and I'm pointing to the
10 first -- sorry, the third full paragraph of this page.
11 Do you see here that it says that patients must have
12 completed an application to be eligible for this
13 assistance?

14 A. Yes.

15 Q. So a patient has to apply, correct?

16 A. Correct.

17 Q. And this is an application that's particular to
18 Dell Medical School?

19 A. It's particular to the UT Health Austin
20 practice.

21 Q. Okay. It's not -- it's separate and apart
22 for -- from an application, say, for Central Health,
23 correct?

24 MR. BILHARTZ: Objection, form.

25 A. That's correct.

1 Q. And it's separate from the medical assistance
2 program application, the MAP?

3 A. Yes, it is.

4 MR. BILHARTZ: Objection, form.

5 Q. (By Mr. Quinto-Pozos) And this policy
6 describes the different eligibility and application
7 criteria, correct?

8 A. Correct.

9 Q. That appears to be -- there's a heading called
10 Process and -- labeled Process and Procedures on Page 2,
11 and then there's other -- there's a description of other
12 criteria. There's a subheading for evaluating
13 applications on Page 3. Do you see that?

14 A. I do.

15 Q. And to your knowledge is this -- the
16 eligibility and application criteria, are these the full
17 criteria as found in these documents?

18 A. Yes.

19 MR. BILHARTZ: Objection, form.

20 Q. (By Mr. Quinto-Pozos) When making eligibility
21 determinations, do you know if UT Health Austin has
22 access to the Central Health eligibility database to
23 make those eligibility determinations?

24 A. I believe we do.

25 Q. Okay.

1 MR. BILHARTZ: And, Manuel, could you
2 confirm for us what topic this relates to?

3 MR. QUINTO-POZOS: I think that this would
4 fall under the UT Health Austin topic.

5 MR. BILHARTZ: Topic 17?

6 MR. QUINTO-POZOS: Yes.

7 MR. BILHARTZ: Okay.

8 Q. (By Mr. Quinto-Pozos) So looking back at
9 Page 3, under Evaluating Application, under Item No. 2,
10 Residency -- do you see that?

11 A. Yes.

12 Q. Okay. And so according to this, to be
13 eligible, someone has to be a Texas resident, correct?

14 A. Correct.

15 Q. This is not limited to Travis County residents,
16 correct?

17 A. That's correct.

18 Q. So one can be a resident of Williamson County,
19 Bastrop County, Hays County, or other counties nearby
20 and be eligible under this policy?

21 A. Yes.

22 Q. And then the next paragraph, Citizenship, says
23 that only residents and lawful permanent residents are
24 eligible for this charity care, correct?

25 A. Yes.

1 Q. And so undocumented -- undocumented immigrants
2 would not qualify under this policy?

3 A. That's correct.

4 Q. Okay. And then Section 3, and then scrolling
5 down to Section 5 appears to indicate that there are
6 income and assets determinations, or requirements that
7 must be met for eligibility, correct?

8 A. Correct.

9 Q. Aside from what's in this document, do you know
10 of any other income and asset eligibility requirements
11 to qualify for this plan?

12 A. I'm not aware of any.

13 Q. Okay. We were speaking earlier about -- about
14 the Athena system, correct?

15 A. Correct.

16 Q. Can you tell me some of the types of
17 information that's included in Athena?

18 MR. BILHARTZ: Objection, form. This is
19 clearly outside the scope of the corporate rep notice.

20 Q. (By Mr. Quinto-Pozos) Can you answer that
21 question, to start with?

22 A. So, you know, Athena is an electronic health
23 record. It is not the robust -- most robust electronic
24 health record I've used. It allows us to keep patient
25 information. It has a portal system so that we can

1 communicate with our patients. It allows a provider to
2 place a charge. It allows our revenue cycle team to
3 submit a claim.

4 We keep data on the -- based on
5 appointment type, the different types of visits that are
6 seen, the length of the visits, cycle times that
7 patients are in our clinics, the really sort of normal
8 operational metrics.

9 We -- we look at access for each of the
10 different units. We can look at access at the provider
11 level as well.

12 **Q. Okay. And does UT Health Austin use Athena?**

13 A. Yes.

14 **Q. Okay. Does UT Health Austin keep a medical
15 record of every person that is treated?**

16 MR. BILHARTZ: Objection, form.

17 A. Yes. With a few exceptions.

18 **Q. Okay. Is that -- are those records kept in
19 Athena?**

20 A. The exceptions?

21 **Q. No, no, no. The non-exceptions.**

22 A. Yes.

23 MR. BILHARTZ: Objection, form.

24 Manuel, could you clarify which topic
25 these relate to?

1 MR. QUINTO-POZOS: UT Health Austin.

2 MR. BILHARTZ: UT Health Austin?

3 MR. QUINTO-POZOS: Yeah. That was what my
4 question was about.

5 **Q. (By Mr. Quinto-Pozos) And with regard to the**
6 **exceptions, can you tell me some examples of those**
7 **exceptions?**

8 A. We have a few sort of -- I would say almost
9 second opinion services related to workmen's comp and
10 there's some compliance requirements about keeping those
11 records separated, and so there's a separate
12 recordkeeping system for those patients.

13 **Q. But they're not in Athena, they're in a**
14 **separate --**

15 A. Correct.

16 **Q. They exist, but they exist somewhere else?**

17 A. Correct.

18 MR. BILHARTZ: Objection, form. And we
19 understand your position that these are part of
20 Topic 17, but just to get it on the record, our position
21 is that these are clearly outside the scope of Topic 17.

22 MR. QUINTO-POZOS: Okay.

23 **Q. (By Mr. Quinto-Pozos) Are those the exceptions**
24 **that come to mind at this moment, or are there --**

25 A. Yes.

1 **Q. Are there others?**

2 A. I can't be sure there's not others, but that's
3 what comes to mind.

4 **Q. Fair enough. Can UT Health Austin aggregate**
5 **patient data by number of patient, patient encounters,**
6 **universal diagnostic codes and treatment codes?**

7 MR. BILHARTZ: Objection, form.

8 A. We can. However, it's extraordinarily
9 laborious doing it out of Athena.

10 **Q. Okay. Do UT Health Austin medical providers**
11 **use patient aggregate data to, for example, improve the**
12 **quality of their care?**

13 MR. BILHARTZ: Objection, form.

14 A. Yes.

15 **Q. How so?**

16 A. So as it relates to Women's Health -- I'll use
17 that as an example because I understand that better, and
18 I think that the same is true for MSK -- is that we're
19 able to look at populations of patients with certain
20 diagnoses through a lot of work in the infrastructure IT
21 billed to look at outcomes of those patients and make
22 changes in our care pathways and our care plans based on
23 those outcomes.

24 **Q. Okay. And under the specialty services**
25 **agreements we were speaking about earlier, do you**

1 provide aggregate data to Central Health under those
2 agreements?

3 A. We do.

4 Q. Okay. And do you share patient aggregate data
5 with Ascension Seton?

6 A. No.

7 Q. Okay. Are you familiar with legislative
8 appropriation requests that UT Austin makes to -- and
9 Dell Medical School make to the Legislature?

10 MR. BILHARTZ: Objection, form.

11 A. I'm not quite sure what you're asking.

12 Q. Okay. Let me see if -- maybe if I show you the
13 document.

14 This is -- well, let's see if we make it
15 an exhibit. But this is a 217-page document titled
16 Legislative Appropriations Request, Fiscal Years 2020
17 and 2021, submitted by UT Austin in August of 2018 to
18 the Governor's Office and the Legislative Budget Board.

19 Does this look familiar to you?

20 A. No, it doesn't.

21 Q. Okay. I'm going to show you -- it's Page 36 of
22 the document. At the bottom it says it's 2D, Page 3 of
23 4, and then it has a 29 next to it. And I'm going to
24 make it larger.

25 There's an item here for total

1 uncompensated care provided by faculty. Is this an item
2 that's familiar to you?

3 A. I do know what uncompensated care is, but I've
4 never seen this document before.

5 Q. Okay. The way I read this document, it appears
6 to state that -- I'm going to make it a little bit
7 smaller so maybe we can see the whole page -- that in
8 2017 there was no uncompensated care provided by
9 faculty, or zero dollars.

10 Apart from what's in this document, is
11 that -- is that something that sounds accurate to you?

12 MR. BILHARTZ: Objection, form.

13 A. We didn't have a clinical practice until
14 October of 2017.

15 Q. Okay. So therefore it wouldn't be surprising
16 that there was no care or uncompensated care in 2017; is
17 that right?

18 A. Yes.

19 Q. Okay. It also says that it's estimated that
20 there would be zero uncompensated care provided in 2018.
21 Is that surprising, or do you dispute that?

22 A. I don't dispute that.

23 Q. Okay. And zero budgeted for 2019. Do you
24 dispute that?

25 A. No, I don't dispute that.

1 (Exhibit 8 marked.)

2 Q. Okay. So this will be Exhibit 8, I believe.
3 And we're going to do that for this document as well,
4 but before we do that, can you tell me what's meant by
5 uncompensated care?

6 A. My understanding is that there's some state and
7 federal funds that are available to certain institutions
8 of higher education to support care that can't be
9 compensated by another insurer.

10 Q. Okay. So similar -- similar exercise here.
11 I've gone to Page 42, which is labeled at the bottom 2D,
12 Page 3 of 4, 35. And this appears to state that in 2019
13 there was almost \$1.4 million of total uncompensated
14 care provided by faculty. Do you -- do you disagree
15 with that?

16 MR. BILHARTZ: Objection, form.

17 A. I've never seen the document, and I've never
18 seen those numbers, so I don't have the ability to
19 inquire where that comes from.

20 Q. Okay. Do you have a basis to dispute what --
21 the figure that's on this document?

22 MR. BILHARTZ: Objection, form.

23 A. I can't opine.

24 Q. (By Mr. Quinto-Pozos) Okay. I think you -- we
25 were speaking about residents. Can you tell me if

1 UT Health Austin plays any role with regard to
2 residents?

3 A. So UT Health Austin faculty supervise residents
4 on multiple different venues. They may supervise
5 residents in CommUnityCare, they may supervise residents
6 in Ascension, and they may supervise residents within
7 the UTHA clinical practice at Dell Med.

8 Q. Aside from UT Health Austin, does Dell Medical
9 School play a role with regard to these residents?

10 A. Could you clarify?

11 Q. Yeah. So we talked about the -- you talked
12 about the UT Health Austin umbrella and the faculty who
13 supervise residents. You mentioned with regard to their
14 work at UT Health Austin, with CommUnityCare and
15 Ascension. Outside of the UT Health Austin umbrella,
16 does Dell Medical School play a role with regard to, for
17 example, supervision of residents?

18 A. So they're all UT Health Austin employ -- or
19 all Dell Med employed faculty that have clinical -- that
20 provide clinical services, supervise residents at one of
21 those entities or another affiliate. For example, they
22 may supervise residents in the VA.

23 There are other faculty that are not part
24 of that practice plan that may play a role in resident
25 education in other venues.

1 Q. And I'm sorry if you already told me this, but
2 do you play -- do you have a role with regard to
3 supervision of residents?

4 A. Yes.

5 Q. Okay. Through the different departments that
6 you're involved with?

7 A. I have -- it's multifaceted. So through my
8 chief clinical officer role, resident education within
9 the UTHA clinical practices and the HTB and HDB would be
10 part of my responsibility, working closely with the Dean
11 of Medical Education.

12 The -- in my clinical time, I supervise
13 residents in almost every activity that I do, and then I
14 have some direct activity for didactic education of
15 residents.

16 Q. And I believe you stated that the residents are
17 paid by Ascension; is that correct?

18 A. That's correct.

19 Q. Okay. Does Ascension pay Dell Medical School
20 any funds related to residents providing services?

21 MR. BILHARTZ: Objection, form.

22 A. Most of the expenses -- I would say, for the
23 most part, to my knowledge, the expenses to support
24 resident education comes through Seton. There are
25 elements that may in fact be a passthrough through the

1 medical school to support that education, but the
2 funding sources come from Ascension.

3 **Q. Okay. If -- if residents see patients who**
4 **are -- who have public or private health coverage, does**
5 **that health coverage pay the residents or faculty**
6 **supervisors?**

7 A. So -- ask that question again.

8 **Q. So residents are involved in seeing patients,**
9 **correct?**

10 A. Correct.

11 **Q. Okay. If those patients have health coverage,**
12 **whether it be from public or private insurance, does**
13 **that insurer provide compensation to the residents or to**
14 **the faculty that supervise them?**

15 A. Not to the residents, nor does the insurer pay
16 the faculty. The facility may pay a stipend to the
17 medical school for the faculty that are providing that
18 supervision.

19 **Q. Okay. Does the insurer provide compensation to**
20 **Dell Medical School?**

21 A. An insurer may provide compensation to
22 UT Health Austin for care that's rendered within
23 UT Health Austin --

24 **Q. Okay.**

25 A. -- clinics.

1 Q. Okay. And does the residency program receive
2 direct graduate medical education payments from the
3 federal government?

4 A. Does Dell Med receive that?

5 Q. As it pertains to the -- well, let's start with
6 that.

7 A. Ask the question again, please.

8 Q. Does the residency program receive direct
9 graduate medical education payments from the federal
10 government?

11 A. Dell Med does not receive any federal
12 government payments for residents.

13 Q. Okay. Is that -- does that go to Seton?

14 A. I think so.

15 Q. Okay. Do you know whether Austin had medical
16 residents before Dell Medical School through
17 Brackenridge Hospital?

18 A. They did.

19 Q. Okay. And how does a hospital provide
20 residents without a medical school in that city?

21 MR. BILHARTZ: Objection, form.

22 A. They can have affiliation agreements with
23 another institution of higher education. So, my
24 understanding, that is over time that that changed, that
25 originally the residents here were under the auspices of

1 the Travis County Medical Society or some iteration
2 thereof, which then transferred to UTMB, that then
3 transferred to UT Southwestern with Ike, and then
4 transferred to Dell Med in 2015.

5 (Exhibit 9 marked.)

6 Q. Okay. So I think this will be Exhibit 9, which
7 is a document titled Pursuing Excellence in Medical
8 Education, Residents and Fellows. It appears to be a
9 two-page document. Have you seen this document before?

10 A. I have.

11 Q. Okay. Do you see on the screen where it says
12 on the right-hand side that 730,000 plus hours of care
13 were provided in AY 2021-2022?

14 A. I see that.

15 Q. Okay. Does that -- do those dates refer to an
16 academic year?

17 A. Probably. I don't know whether it's our
18 academic year or our fiscal year.

19 Q. Okay. And this appears to state that -- this
20 appears to pertain to residents, correct?

21 A. Yes. Residents and Fellows.

22 Q. Okay. And that -- this appears to state that
23 this is provided at 80 plus clinics and hospitals,
24 correct?

25 A. Correct.

1 Q. Okay. And some of those are ones that you've
2 testified -- you've mentioned, like CommUnityCare,
3 correct?

4 A. Correct.

5 Q. And some Ascension and UT Health Austin
6 facilities?

7 A. Correct.

8 Q. Okay.

9 A. What's more remarkable than what you see before
10 you is that, not only has there been a growth in the
11 overall residents because there's not a differentiation
12 between fellows and residents, I think that number is
13 450 something right now, but the most remarkable thing
14 about that is that we've gone from 15 residencies, which
15 were mostly primary care residencies, to 45 training
16 programs since the medical school started, and so we've
17 grown the subspecialty residencies and the fellowships.
18 So, for example in diagnostic medicine, I have a brand
19 new radiology resident. And the thing that's so -- I'm
20 going to just brag a little bit. But the thing that's
21 so great about that is that, based on 2021 AAMC data, if
22 you have a medical student that trains in Texas and you
23 have a resident that trains in Texas, so if they did
24 both, we -- there's an 80 percent chance that that
25 resident, or that medical student/resident will end up

1 staying in Texas.

2 So, you know, as a citizen of Travis
3 County, it's really great to me to see that we're
4 growing these subspecialty services, and a lot of these
5 people anecdotally will stay in Central Texas, so the
6 idea that we're growing a workforce for Central Texas,
7 but it's also subspecialized, is really fantastic.

8 **Q. Great. And you were making that explanation**
9 **that there's evidence that if -- if a doctor went to**
10 **medical school and did their residency in Texas, they**
11 **were likely to stay in Texas. Do you have data as to**
12 **those numbers -- the number of residents who fit that**
13 **category who have gone through the residency program**
14 **here?**

15 A. So residents -- if you just do your residency
16 in Texas -- so Texas ranks in the top five for all of
17 these. So if you just do your residency in Texas, I
18 want to say the number is close to 60 percent will stay.
19 But as far as how many stay in our local area, remember,
20 our medical students -- we've only graduated four
21 classes, right, so we haven't had a lot of opportunity
22 to see what's actually going to happen with them. We
23 have some data on our residents that have trained in
24 Central Texas and what happens to them, but you also
25 have to realize that without having subspecialty

1 fellowships, people that wanted to do more training have
2 had to go outside, because we've had to build this stuff
3 while we've been here.

4 **Q. Okay. Understood.**

5 A. I think that was exactly what was accom -- you
6 know, accomplished based on the affiliation agreement,
7 the creation of a medical school, and that's what the
8 voters in Travis County really asked for.

9 **Q. Okay. And does UT Health Austin keep records**
10 **of the work done by residents?**

11 A. UT Health Austin does not. Dell Medical School
12 has resident -- each residency program has a resident
13 rotation grid so we know where all our residents go.

14 Residency education is dictated by the
15 ACGME and the individual RRCs for each individual
16 specialty, so they dictate the curriculum for a
17 residency, and then a program director has to decide
18 based on the best available clinical material where they
19 can provide the best education for those residents.

20 **Q. And so in terms of the work that UT Health**
21 **Austin does via its residents, are those records kept by**
22 **Ascension?**

23 A. Those records -- the resident rotation grid, so
24 when a resident would spend time in UT Health Austin,
25 that's represented on those grids. That would be kept

1 by Seton, and I think our GME also keeps records of
2 that.

3 **Q. But in terms of like individual patient**
4 **encounters?**

5 A. There's not really a way to tease that out,
6 because they're always under the supervision of a
7 faculty member.

8 **Q. Okay. And so UT Health Austin doesn't have a**
9 **way of tracking down --**

10 A. No.

11 **Q. -- that information?**

12 A. It would be very difficult to do.

13 **Q. Okay. How does Dell Medical School determine**
14 **that there have been 730,000 plus hours of care provided**
15 **by residents and fellows?**

16 A. So I think that there's another group that's
17 done that calculation. I think it's based on where
18 those rotations are and what those shifts look like in
19 that particular environment.

20 **Q. Okay.**

21 MR. BILHARTZ: Manuel, with respect to
22 this document, I know that we've agreed previously, but
23 before Mr. Morris's deposition, that for the
24 spreadsheets we wouldn't require hard copies of them to
25 be provided. But, I mean, for documents like this,

1 where we're not talking about a large Excel spreadsheet
2 that would be cumbersome to print and pass around, is
3 there a way that at these electronic copies of these
4 documents could be provided to everyone here at the
5 deposition?

6 MR. QUINTO-POZOS: Sure. I can try that.

7 MR. BILHARTZ: Okay. Thank you.

8 MR. QUINTO-POZOS: Can we go off the
9 record for a second?

10 MR. BILHARTZ: Sure.

11 VIDEOGRAPHER: We are off the record at
12 1:29.

13 (Brief recess.)

14 VIDEOGRAPHER: We are back on the record
15 at 1:45.

16 Q. (By Mr. Quinto-Pozos) Dr. Young, we were
17 talking about the number of resident hours provided by
18 UT Health Austin residents. Do you recall that?

19 A. Yes.

20 Q. Okay. And do you know how many of these
21 resident hours were attributed to work provided or done
22 with Central Health eligible patients?

23 A. I do not.

24 MR. BILHARTZ: Objection, form.

25 Q. (By Mr. Quinto-Pozos) Is it possible to figure

1 that out?

2 MR. BILHARTZ: Objection, form.

3 A. I don't think so.

4 Q. Okay. Do you know if there are records that
5 someone can look at to arrive at that answer?

6 MR. BILHARTZ: Objection, form.

7 A. I don't think so. I mean, I think that you
8 would have to have records across all of the
9 institutions from all of the affiliates for all of the
10 rotations where a resident rotates, and then you would
11 have to go back and try to figure out whether there were
12 Central Health eligible patients in that population, and
13 then would you have to try to figure out from the
14 medical record if the resident participated in that
15 care, and that wouldn't even tell you how much care that
16 particular resident provided. So I think it would be
17 practically impossible.

18 Q. Okay. Going back to Athena and its use of --
19 by -- or for UT Health Austin services, does Athena
20 include information on whether those UT Health Austin
21 services were paid for by the 35 million annual funds.

22 MR. BILHARTZ: objection, form. And
23 again, questions about the software management platform
24 used for recordkeeping at the med school are not within
25 the scope of the corporate rep notice.

1 MR. QUINTO-POZOS: I think they are within
2 the scope of the notice as it pertains to the UT Health
3 Austin and its provision of medical aid and hospital
4 care to indigent and needy persons, and that's literally
5 Topic 17.

6 MR. LEWIS: Just go on. He stated the
7 objection.

8 MR. BILHARTZ: Understood. Our view is
9 that they're outside the scope of the notice, and I
10 guess we can argue about that later.

11 MR. QUINTO-POZOS: Yeah. And, frankly, I
12 think are you limited to "objection, form" and nothing
13 else.

14 MR. BILHARTZ: Understood.

15 Q. (By Mr. Quinto-Pozos) Do you remember my
16 question?

17 A. Absolutely not.

18 Q. Okay. So let's try again. As it pertains to
19 UT Health Austin and its use of Athena Health, does
20 Athena Health store information as to whether services
21 provided to patients by UT Health Austin were paid for
22 by the 35 million funds?

23 MR. BILHARTZ: Objection, form.

24 A. I think that -- I'm not quite sure how to
25 answer this question. Could you be more specific?

1 Q. Yes. So does the -- well, for example, does it
2 store information as to whether the services were paid
3 for by, for example, Medicare?

4 A. If you're asking if Athena recognizes Central
5 Health as a payer for patients seen within UT Health
6 Austin, yes, it does.

7 Q. Okay. Does Athena include information as to
8 whether the patients seen by UT Health Austin are
9 indigent patients as defined by Central Health?

10 MR. BILHARTZ: Objection, form.

11 A. I don't think that it would make that -- that
12 level of granularity, no.

13 Q. Okay. And do you know why not?

14 MR. BILHARTZ: Objection, form.

15 A. Well, what would you use to define that?

16 Q. (By Mr. Quinto-Pozos) Well, I'm not familiar
17 with the system, so, I mean, I'm just curious as to
18 whether that's something that Athena doesn't have the
19 capability to track, or is that something that's not
20 captured into the system by whoever inputs this
21 information, or is there some other explanation?

22 MR. BILHARTZ: Objection, form.

23 THE WITNESS: Can I ask the court reporter
24 to read the last two questions that he posed to me?

25 (Requested testimony read back.)

1 A. So I'm not an informaticist, but I think you
2 would have to define the Central Health eligibility
3 criteria and then you would have to see if Athena
4 actually captured that, and without doing that, I
5 don't -- I don't think it does have that granularity,
6 and so I don't know the answer to that.

7 Q. So my understanding is that the eligibility for
8 Central Health services is 200 percent of the federal
9 poverty level. Is that your understanding as well?

10 A. Yes.

11 Q. Okay. And so armed with that knowledge, do you
12 know whether Athena includes any information regarding a
13 patient's eligibility for Central Health services or
14 their -- whether they fall within the 200 percent
15 federal poverty level?

16 MR. BILHARTZ: Objection, form.

17 A. We would not -- we do not routinely ask
18 patients about their income as part of their intake.

19 Q. Okay. We've been speaking about the specialty
20 services agreements, and in particular we've mentioned
21 the Musculoskeletal care and Women's Health services
22 provider -- provided under those agreements. Do you
23 recall that?

24 A. Yes.

25 Q. Is it your understanding that UT Health Austin

1 is required to provide claims data on each patient to
2 Central Health or CCC under that agreement?

3 A. Yes.

4 MR. BILHARTZ: Objection, form.

5 Q. (By Mr. Quinto-Pozos) And is UT Health Austin
6 required to provide to Central Health or CCC aggregate
7 data of patient encounters under those agreements?

8 A. I don't know that we're required. I know we
9 give claims data and then we do an annual report that
10 provides aggregate data to Central Health --

11 Q. Okay.

12 A. -- annually.

13 Q. Similar to what you described earlier, a report
14 that's produced in June?

15 A. Yes.

16 Q. Okay. And you were referencing a new agreement
17 that was recently reached with Central Health, I think
18 you said Friday?

19 A. Yes.

20 Q. Okay. And can you tell me what services are
21 included in that new agreement?

22 A. Yeah. The additional services include a global
23 agreement for sterilizations, a -- an ambulatory surgery
24 center technical agreement for podiatry, a clinical
25 agreement for -- outpatient clinical agreement for

1 patients with long Covid, an ophthalmology agreement,
2 which includes both the outpatient and the ASC care for
3 Central Health, and, lastly, some advanced imaging.

4 **Q. And --**

5 A. These are sort of additional resources that I
6 don't think have been supported by Central Health, and
7 it's sort of the med school's development of the
8 expertise that's made some of this possible. I will say
9 that it has involved a lot of discussion of strategy
10 with Central Health. So even if you go back as far as
11 the MSK agreement and the Women's Health agreement,
12 because I was in the role of chair for Women's Health, I
13 was able to convince Central Health to understand that
14 advanced level gynecologic services were not available
15 to their patients in this community. Actually, these
16 services weren't really available at all in the
17 community until the medical school was here in any kind
18 of organized way. And MSK was undersubscribed, or not
19 undersubscribed, but there was not adequate resources
20 for MSK, and there was a huge long waiting list for
21 Central Health patients prior to the creation of that
22 agreement and the very unique clinical care delivery
23 models that are very equitable for Central Health
24 patients.

25 **Q. Okay. And under this new agreement for these**

1 new expanded and newly developed services, how -- who
2 will pay for these services?

3 A. Central Health.

4 Q. Okay.

5 A. This agreement is much -- it's a different sort
6 of agreement than the specialty services agreement for
7 Women's Health and MSK, in that working with Central
8 Health closely, the understanding that we needed to work
9 together, more like the relationships with other mature
10 hospital districts I've worked with in the past, so this
11 is really a master agreement that will allow us to add
12 services as needed or wanted by Central Health.
13 Provided that we have the infrastructure to provide
14 them, we'll continue to provide those.

15 Q. The funds that pay for these -- that will pay
16 for these services, would those funds be in addition to
17 the 35 million annual funds?

18 A. These will be -- this is a payer agreement, so
19 they will be -- claims based agreement, so they will be
20 additional funds.

21 Q. Okay. Let's talk about the Department of
22 Medical Education. Is that something that you can tell
23 me about in terms of what -- what work that it does?

24 A. Yes. The Department of Medical Education
25 oversees the medical education programs for Dell Med, so

1 it oversees UME, GME and CME programs. UME programs are
2 the undergraduate medical education programs. It's the
3 medical school. It's responsible for the accreditation
4 which was called out in the affiliation agreement, and
5 the continued accreditation thereafter.

6 The GME office is responsible for the
7 residency programs. While Seton pays for the residency
8 programs, the governance of those residency programs are
9 under the auspices of Dell Med. We have a designated
10 institutional official and a GME office that provides
11 oversight to the clinical departments for the governance
12 of those training programs. They're also involved in
13 the acquisition of new programs and the accreditation of
14 new programs, so the respective residency review
15 committees, and the ACGME.

16 And then, lastly, CME is continuing
17 medical education. We have continued to develop and
18 evolve our continuing medical education offerings in the
19 community. The best example that I can use to
20 illustrate that is that there -- first of all, there's a
21 lot of continuing medical education that's embedded in
22 the departments, but there's some overarching continuing
23 medical education that occurs for the medical school as
24 well. But the best example I have is the partnership
25 between Dell Medical School and Travis County Medical

1 Society during Covid. So, through those efforts, one of
2 the things you may or may not be aware of, and this
3 isn't the only thing, but our outcomes, when they're
4 corrected for comorbidities in Central Texas, were
5 profoundly better than those for any other major
6 metropolitan area in the state, and I attribute the --
7 the expansion of knowledge that occurred through those
8 CME programs to be one of the lynchpins in those
9 outcomes.

10 **Q. You said the comorbidity outcomes were better**
11 **anywhere than --**

12 A. Yes. So if you correct for comorbidities, we
13 have better outcomes in Central Texas than any other --
14 other major metropolitan areas in the state.

15 **Q. Congratulations. Does the --**

16 A. Congratulations to all of us, okay.

17 **Q. In terms of the work that the Department of**
18 **Medical Education does, does the department do research?**

19 A. There is medical education research that's
20 probably done within the department, yes.

21 **Q. Okay. Does it do public service?**

22 A. I can't speak to that.

23 **Q. Okay.**

24 MR. BILHARTZ: Objection to form.

25 **Q. (By Mr. Quinto-Pozos) Do you know how much of**

1 the Department of Education's clinical care furnishes
2 medical aid and hospital care to indigent and needy
3 persons resident in the Central Health Hospital
4 District?

5 A. There are some faculty within the Department of
6 Medical Education that have a clinical care component
7 that do deliver care in different venues across Central
8 Texas and are engaged in care of the safety net
9 population. Without the Department of Medical Education
10 it would be practically impossible to have a medical
11 school and medical students provide clinical care
12 services in various venues across Central Texas to
13 safety net patients.

14 Additionally, our medical students have
15 developed a pre-care clinic, and there's some
16 supervision of that, which may be -- some of the medical
17 education faculty are involved in, to provide services
18 for largely our homeless population in Central Texas.

19 Q. Is it possible to quantitate how much care is
20 provided to these patients by the department?

21 A. No.

22 Q. Are there records that would help us answer
23 that question, to your knowledge?

24 MR. BILHARTZ: Objection, form.

25 A. I'm not aware of any records.

1 **Q. (By Mr. Quinto-Pozos) Let's talk about the**
2 **Department of Internal Medicine. Can you tell me the**
3 **work that is done by that department?**

4 A. So the Department of Internal Medicine is a
5 very large department. It encompasses general internal
6 medicine as well as many subspecialties, ranging from
7 gastroenterology to dermatology to cardiology, to --
8 what else is in there -- infectious disease and
9 rheumatology.

10 It provides clinical care services and a
11 small component of UT Health Austin, but through --
12 Ascension provides a much larger component of clinical
13 care.

14 **Q. Does it perform research?**

15 A. All clinical departments, if they're worth
16 anything, do research, clinical care and education,
17 because those are intertwined missions, and so they do
18 perform research. They are continuing to rise in public
19 funding. They have actually, officially, as of today,
20 won a national award from the American Cancer Society
21 for some health services research specifically focused
22 on improving colon cancer detection rates in the safety
23 net population. That's a collaborative project within
24 CommUnityCare, and they won the gold medal today. That
25 announcement came out this morning.

1 **Q. Okay, wow. Great work.**

2 **And so, if I understood your question**
3 **correctly, then this department, internal medicine, also**
4 **performs education?**

5 A. Yes. They have residency programs, multiple
6 residency programs. So they have a general internal
7 medicine residency program that just started, a
8 gastroenterology training program. They have a
9 dermatology residency program. So there are multiple
10 subspecialty residency programs and even fellowship
11 programs that exist under internal medicine.

12 Additionally, they have a general internal
13 medicine residency program. And I was looking around
14 for something else yesterday and noted that, of the
15 Texas medical schools, I think that Dell Medical School
16 was the No. 1 searched internal medicine residency
17 program in the state.

18 **Q. And do you know if the department performs**
19 **public service?**

20 A. I think it's hard to tease out public service
21 from health services research. I think it's a pretty
22 big public health service that we figured out a way to
23 reach into the safety net population and pull out -- or
24 find a new way to get to patients in an equitable way to
25 increase colon cancer screening rates.

1 I think some of the continuing medical
2 education also overlaps very much with public service.

3 **Q. Okay.**

4 A. They have -- there's a couple other things that
5 I've raised, some significant -- this may actually be --
6 population health and internal medicine do a lot of
7 collaborative projects together, so they've done a lot
8 of work specifically with the homeless population here
9 in Central Texas Austin. Some of these are grant funded
10 programs that look like research, and some of them are
11 grant funded programs that look like clinical care, and
12 that's where things get difficult to sort out, and most
13 of these programs are done in conjunction with
14 CommUnityCare, but they've been able to equip the
15 homeless population in Austin with cell phones and
16 create some virtual linkages with psychiatry and mental
17 health providers to improve the mental health of the
18 homeless population in Central Texas.

19 **Q. Do you know how much of the clinical care in --**
20 **by the internal, Department of Internal Medicine, is**
21 **furnished to -- for medical aid and hospital care to**
22 **indigent and needy persons resident in the Central**
23 **Health Hospital District?**

24 A. So I would say that some of that work occurs
25 through Ascension Texas, and so it would be difficult

1 for us to understand how that works. Some of it's done
2 through CUC, so being able to tease out an exact
3 percentage would be impossible to do.

4 **Q. And are there -- do you know of documents or**
5 **data that could help us determine how much care goes to**
6 **that population?**

7 MR. BILHARTZ: Objection, form.

8 A. I'm not aware of any.

9 **Q. (By Mr. Quinto-Pozos) Can you tell me what the**
10 **Department Of Development does?**

11 A. Yeah. The Department Of Development is a
12 department within Dell Med that is responsible for
13 raising funds. It's basically to recruit philanthropic
14 donors. It's had a very essential role within the
15 medical school. There -- it has largely funded -- large
16 donations that have largely funded some of our
17 neurosciences programs and our cancer programs to date,
18 and they continue to fund things that are really not
19 paid for by any other sort of insurer. So, for example,
20 we have development funds set aside to support
21 dieticians. It's a nonreimbursable but important
22 service, necessary to deliver high quality care that's
23 another part of sort of this team based thing that's
24 about medicine, and so they are critical -- they play a
25 critical role within the medical school.

1 **Q. Okay. And so does the Department Of**
2 **Development do research?**

3 A. The Department Of Development -- I don't know
4 of any research that they do.

5 **Q. What about education?**

6 A. They do -- the Department Of Development does
7 support medical education, in that a lot, if not all, of
8 the medical students at Dell Med have at least some
9 portion of a scholarship, and that the funds for those
10 scholarship are raised through Development.

11 Actually, can I take that back?

12 There are some research programs, for
13 example, that Development also does help support. So,
14 for example, we recently got a donation of \$250,000 to
15 help support the clinical PASC or the post-acute
16 sequelae of Covid or the long Covid clinic. That's a
17 clinic that is -- renders clinical care but it's also
18 where research is being done to try to better understand
19 why certain patients get long Covid and why they are so
20 affected.

21 **Q. Okay. And so -- but staff in the Development**
22 **office themselves, they don't do research; they raise**
23 **the funds that then allow UT Dell to perform that**
24 **research in other departments?**

25 A. To my knowledge, they don't.

1 Q. Okay.

2 A. They don't do direct research, but I can't be
3 sure of that. But they may be raising money for these
4 others to do their research to advance medicine.

5 Q. Okay, understood. And same thing with regard
6 to your answer to medical education? You talked about
7 scholarships that support medical students, at least in
8 part. The Development Department staff itself does not
9 perform medical education, but they help raise funds
10 that go to support medical students via scholarships?

11 A. That's correct.

12 Q. Okay. And do you know if the Department Of
13 Development does public service?

14 A. I don't know the answer to that.

15 Q. Okay. Does the Department Of Development
16 perform clinical care?

17 A. No. They enable clinical care by providing
18 funding for these resources to allow us to provide high
19 quality clinical care delivery.

20 Q. Okay. So similar to research and medical
21 education, they support those missions by raising funds
22 that can then be used for those purposes?

23 A. That --

24 MR. BILHARTZ: Objection, form.

25 A. That we would otherwise have to fund from

1 someplace else.

2 Q. (By Mr. Quinto-Pozos) Understood. Okay. How
3 much of the work done by the Development Department is
4 for furnishing medical aid and hospital care -- pardon
5 me -- medical aid and hospital care to indigent and
6 needy persons resident in the Central Health Hospital
7 District?

8 A. I don't know, of all the funds that they raise,
9 how much goes to which specific population.

10 Q. Okay. And are you aware of records that one
11 could look at to arrive at that answer?

12 A. I'm not aware.

13 Q. Okay. And are you aware of sources of data
14 where we could -- where someone could find that answer?

15 A. I'm not aware.

16 MR. BILHARTZ: Objection, form.

17 Q. (By Mr. Quinto-Pozos) Are you familiar with
18 something called the domain of Strategy in Partnerships?

19 A. Yes. The domain of Strategy in Partnerships
20 was the previous name of the Health Ecosystem.

21 Q. And can you tell me what work is done by that
22 domain?

23 A. Well, that domain doesn't exist anymore. So do
24 you want to talk about health ecosystems?

25 Q. Yes.

1 A. So health ecosystems does some really unique
2 work, in that they do work to improve the health of
3 patients. So it's sort of preemptive, to try to prevent
4 disease states or to lessen the burden of others with
5 disease states.

6 So, for example, some of the work that
7 they do, they worked with some of the managed care
8 organizations to improve health of patients,
9 specifically with the Medicaid managed care
10 organizations to improve the health of patients that
11 have diabetes. So specifically partnering with them,
12 but have built programs to deliver healthy food to
13 patients with diabetes to ensure that -- or to
14 facilitate them getting better control of their
15 diabetes. And they measure that through outcomes of
16 their hemoglobins, A1C.

17 During -- in most of the finds, their
18 projects, they raise from philanthropic gifts, but one
19 of their initiatives during Covid was to ensure food to
20 those that had difficulty with food supply when we were
21 in the part -- in the early part of the pandemic.

22 So they have multiple projects that kind
23 of don't fit into the exact definition of healthcare
24 delivery, but they're improving health, and so it's sort
25 of a more indirect linkage to healthcare delivery.

1 **Q. Are you aware of research that's done by -- and**
2 **so do we call Health Ecosystem a department or -- what**
3 **do we call it?**

4 A. So Health Ecosystem is a department but they
5 also live under a domain called Healthscape at this
6 point. You know, as we've matured as a medical school,
7 one of the things I told you earlier in the day is sort
8 of these buckets have shifted around and what we called
9 them changed a little bit based on some input with
10 Central Health, and just because we starting to grow up
11 and mature as an organization.

12 They do do some evaluation of their
13 projects, or I would say investigation. They do -- have
14 written for some federal grants for research, as well.

15 **Q. Okay. Does it provide education?**

16 A. It does provide education. So our medical
17 students have a very unique curriculum. And their first
18 year is basically what we used to do in two years; it's
19 kind of the basic sciences, what you didn't get in
20 college that you have to get before you can do your
21 clinical rotations. Our medical students do their
22 second rotations within the clinical clerkships, and
23 then their third year they do some specialized projects.

24 Those specialized projects, they can do
25 one of several specialized projects, and those

1 specialized projects, some of them are oriented around
2 improving the health of populations under the auspices
3 of Healthscape or the Health Ecosystem.

4 **Q. Do you know whether it does -- provides public**
5 **service?**

6 A. Again, I think that's probably pretty hard to
7 tease out what they do and what they do in the public
8 health space.

9 Now, one of the things that they also do
10 that's -- may not be obvious, is that they're a
11 convener. So for example, there was a big pink bus that
12 provided mammography screening to underinsured
13 populations here in Austin that was sort of -- you know,
14 that was truncated or terminated. They got -- they were
15 a convener and brought different stakeholder
16 organizations together, and they have revived the big
17 pink bus. So the big pink bus goes into underinsured
18 populations and provides needed access to screening
19 mammography for the prevention of late stage breast
20 cancer.

21 **Q. And so using this, that example, that would --**
22 **that sounds like something that may be classified as**
23 **clinical care, right, this pink bus example?**

24 A. Yes. They're enabling that by bringing the
25 right stakeholders together to revive that, that

1 initiative.

2 Q. Okay. Can you estimate how much of the work
3 done by Health Ecosystem Department furnishes medical
4 aid and hospital care to indigent and needy persons
5 resident in the Central Health Hospital District?

6 A. I would say that the majority of the work that
7 the Health Ecosystem does is oriented towards the safety
8 net population.

9 Q. And can you -- can we arrive at a specific
10 dollar amount of, or number of hours that the department
11 provides in its work that goes specifically to this
12 safety net population?

13 MR. BILHARTZ: Objection, form.

14 A. I don't think so.

15 Q. (By Mr. Quinto-Pozos) Okay. And are you aware
16 of documents that would tell us the answer?

17 A. No.

18 MR. BILHARTZ: Objection, form.

19 Q. And are you aware of underlying data that would
20 indicate the answer?

21 MR. BILHARTZ: Objection, form.

22 A. No.

23 Q. (By Mr. Quinto-Pozos) Are you familiar with
24 the domain Clinical Affairs and Clinical Practice
25 Operations?

1 A. Yes.

2 **Q. And can you tell me what work is done by them?**

3 A. So Clinical Affairs and Clinical Practice
4 Operations provides a lot of the underpinnings of the
5 clinical operation within UT Health Austin.

6 **Q. Can you elaborate a little bit for me?**

7 A. So it is the domain where essentially the
8 people that answer the phones, the people that make
9 appointments, the people who make sure we have quality
10 of care delivered live.

11 THE REPORTER: Delivered --

12 THE WITNESS: Live.

13 THE REPORTER: Quality of care delivered?

14 THE WITNESS: Live. That's where they're
15 sort of attributed.

16 **Q. Okay, understood. So schedulers, people who
17 make appointments, that sort of thing?**

18 A. Yes.

19 **Q. Okay. And so do the people employed in that
20 domain do research?**

21 A. Yes and no. So they don't do the research
22 themselves but clinical research is conducted within
23 UT Health Austin, and we have a clinical research
24 facility, and so some of their work enables the research
25 that's done there.

1 **Q. In the same way they make appointments for**
2 **these type of research activities?**

3 A. Or project manage, or do some of the other
4 pieces.

5 **Q. Okay. Does this domain perform education?**

6 A. So those same individuals are responsible, for
7 example, building templates, where residents provide
8 services within UT Health Austin, or giving them access
9 to the IT platforms, et cetera.

10 So do they directly provide medical
11 education? In some cases they actually do, because the
12 business of medicine is an important component of the
13 curriculum, and in some ways some of these individuals
14 participate in that, but most of it is enablement as
15 opposed to direct medical education.

16 **Q. You said they build templates for residents?**

17 A. Uh-huh.

18 **Q. Can you tell me what that means?**

19 A. So residents -- some of it's just access. So
20 our ophthalmology residency that is just starting, we
21 don't start our first class until July, because those
22 residents we'll see entirely -- or almost entirely
23 within UT Health Austin, they will have specific
24 templates for their panels of patients, because they
25 will be in the clinic for a substantive amount of time.

1 But all of our other clinics currently don't have
2 resident specific templates. The residents have access
3 and see patients with the faculty.

4 Q. Okay. And in terms of the clinical work that
5 is done by the Clinical Affairs and Clinical Practice
6 Operations domain or domains, that is done by providing
7 these support and enablement services, I think you
8 called them?

9 A. Yes.

10 Q. Okay. And can you estimate how much of the
11 work by the -- by Clinical Affairs and Clinical Practice
12 Operations is for furnishing medical aid and hospital
13 care to indigent and needy persons resident in the
14 Central Health Hospital District?

15 A. No.

16 Q. And are there documents that could help us
17 answer that question?

18 A. No.

19 MR. BILHARTZ: Objection, form.

20 Q. Or underlying data?

21 A. No.

22 Q. What work is done by the Office of Health
23 Equity?

24 A. So the Office of Health Equity is an office
25 that has an overarching responsibility to ensure that

1 the care that we deliver within UT Health Austin is
2 equitable, which means it's not the same for everyone.
3 Different patients have different needs.

4 One of the initiatives that they brought
5 to us is a language access policy so that we can make
6 sure that, to the best of our ability, that patients are
7 understanding -- or being understood and are
8 understanding their care.

9 They also are intimately involved in
10 medical education from the standpoint of ensuring that
11 health equity is both taught and practiced throughout
12 the medical school curriculum.

13 They also play a role working with the
14 Dean of Research to ensure that there's equitable access
15 to research participation. Unfortunately, underinsured
16 population or safety net populations are often excluded
17 from studies due to, you know, difficulty -- due to a
18 myriad of different barriers. And so they play a very
19 active role there.

20 They also are actively engaged with
21 Central Health in their quality committee. They've been
22 activity engaged with Central Health in the development
23 of an educational tool to explain to patients why we ask
24 about race, ethnicity, and language preferences. Those
25 are very important because part of understanding equity

1 is being able to tease out different populations of
2 patients to ensure that we are providing equitable care
3 across different populations.

4 **Q. Okay. Does this office do research?**

5 A. They do some evaluation of their work. So, for
6 example, work around the language access policy
7 involves, you know, what is actually that utilization.
8 We do collect data on race and ethnicity and language
9 preference in our practice, and so they do evaluation of
10 some of the -- some policy evaluation related to the
11 work that they do.

12 **Q. But it's not clinical research, it sounds like**
13 **it's an evaluation of the effectiveness of these equity**
14 **measures?**

15 A. Correct.

16 **Q. Okay.**

17 A. So some of that would be considered health
18 services research, and health services research, I think
19 of it as a subdivision or a subset of clinical research.

20 **Q. Okay. And you've explained to me how it**
21 **supports or how it's involved in education. Can you**
22 **give me other examples -- well, let me just ask a**
23 **different question.**

24 **Does the staff in this office provide**
25 **education?**

1 A. They do.

2 Q. Okay. And is -- can you give me examples?

3 A. They do. They provide education at the
4 undergraduate and the graduate medical education level.
5 They also provide continuing medical education as well.

6 Q. Okay. And is the education that they provide
7 sort of geared towards ensuring equity in terms of
8 language access, underserved population, things like
9 what you've described?

10 A. Yes. Their work is largely geared to a safety
11 net population.

12 Q. Okay. And can you tell me how much of the work
13 that this office does is furnishing medical aid and
14 hospital care to indigent and needy persons resident in
15 the Central Health Hospital District?

16 A. So the work that they do supports -- I would
17 say the majority of the work that they do supports care
18 delivery for the hospital district.

19 Q. And is there a way for you to tell me a more
20 specific amount of the work that it does, you know,
21 something more specific than the majority of what it
22 does?

23 A. No.

24 MR. BILHARTZ: Objection, form.

25 Q. (By Mr. Quinto-Pozos) And are you aware of

1 documents that could give us a more precise answer?

2 A. No.

3 MR. BILHARTZ: Objection, form.

4 Q. Or underlying data?

5 A. No.

6 Q. Are you familiar with federal grants that UT
7 Dell Medical School receives?

8 A. Yes. I'm aware that UT Medical School receives
9 federal grants for research.

10 Q. Okay. And are you familiar with allocation
11 methodology for grant funded overhead, for example?

12 MR. BILHARTZ: Objection, form.

13 A. Could you be more specific?

14 Q. (By Mr. Quinto-Pozos) Yeah. Do you -- are you
15 familiar with how the -- how UT Dell Medical School
16 allocates a certain amount of federal funds to overhead?

17 A. UT Austin has an overhead rate for -- like
18 other higher education institutions, for federal funds,
19 for federal funded grants.

20 Q. Okay. And do you know what that percentage is?

21 A. I think it's around --

22 MR. BILHARTZ: Objection, form.

23 A. -- 55 percent, but I'm not very sure. I'm not
24 probably the most appropriate person to ask that
25 question.

1 **Q.** Okay, understood. What about determining
2 overlapping projects; are you familiar with the
3 methodology for allocating funds between different
4 sources?

5 A. So funds related to federal grants follow the
6 PI.

7 **Q.** Follow the --

8 A. The PI.

9 **Q.** The principal investigative --

10 A. Yes.

11 **Q.** Okay. And so, for example, if there are
12 multiple PI's who are funded by a grant, are you
13 familiar with how expenses are allocated between which
14 PI's funds?

15 A. So unless there's some sort of arrangement and
16 the application process allows a co-PI agreement, there
17 is a PI, and on UT's campus my understanding is the
18 funds flow to the PI.

19 **Q.** Okay.

20 A. There may be some salary support that comes off
21 for co-PIs or something else that's been placed in the
22 budget, but most of the overhead goes with the PI for
23 the grant.

24 **Q.** Okay.

25 A. There are many other grants that come in that

1 don't have that overhead allocation. Other granting
2 agencies don't -- don't sponsor that degree of overhead.
3 So, for example, a lot -- like this colon cancer study
4 that got this huge award today is a CPRIT grant from the
5 State of Texas, and I'm not sure of the overhead
6 allocation related to CPRIT.

7 Q. Okay. Do you know --

8 THE REPORTER: CPRIT?

9 THE WITNESS: CPRIT, C-P-R-I-T.

10 Q. (By Mr. Quinto-Pozos) Do you know what
11 allocation methodology Dell Medical School uses for
12 services that are funded by Central Health?

13 MR. BILHARTZ: Objection, form.

14 A. I don't actually understand that question.

15 Q. So do you know, in terms of -- we've talked
16 about -- we've talked about a couple of different ways
17 to classify the budgets and the expenditures of services
18 provided or paid for by Central Health or CCC funds,
19 right? We talked about different domains like Women's
20 Health, Diagnostic Medicine, correct?

21 A. Yes.

22 Q. And we've also talked about different missions,
23 like clinical, administrative, research, correct?

24 A. Correct.

25 Q. Do you know what methodology UT Dell uses for

1 classifying those budgets or expenditures into those
2 domains or into those missions?

3 A. I think I said that earlier today. I'm not
4 sure how the Central Health funds are allocated.

5 Q. Okay. And you may have said this earlier, and,
6 if so, I apologize. Do you know if there are documents
7 that explain this methodology of allocation?

8 MR. BILHARTZ: Objection, form.

9 A. Yeah, I think I said earlier that I'm not aware
10 of any documents.

11 Q. Okay. Are you familiar with the phrase
12 "integrated delivery system"?

13 A. I am.

14 Q. Okay. Is UT Health Austin a part of the
15 integrated delivery system in Travis County with Central
16 Health and Seton and other entities?

17 A. I believe so.

18 Q. Okay. And is that integrated delivery system
19 for both paying and safety net patients?

20 A. I believe so.

21 Q. And can you explain to me what the value is of
22 an integrated delivery system, an effective integrated
23 delivery system to the safety net population?

24 MR. BILHARTZ: Objection, form.

25 A. Yeah. An effective integrated delivery system

1 is a system where hopefully care will be seamless to the
2 patient, and they will be able to receive higher levels
3 of care no matter what the condition that, you know,
4 creates the need for those level of care.

5 And I think that's a place where Dell Med
6 has really done what we were asked to do. So, for
7 example, the example I gave you earlier of Women's
8 Health and MSK, there were services that weren't
9 provided in any sort of concentrated way to the
10 community, and we were able to do that both for the
11 safety net population as well as insured population.
12 The patients are seen side by side in the same clinical
13 setting with the same level of services. Sometimes our
14 safety net patients need more services, and that's what
15 equitable care is, and so our ability to have integrated
16 behavioral health service on site, PT on site, means
17 that -- it's already a barrier when you get in your car
18 and you have to drive around Austin in this traffic that
19 we were talking about earlier today, to get services, so
20 one condition that we take care of at UT Health Austin,
21 a patient might have used to have to go to seven sites,
22 they can get all that care in the same site in one
23 particular day, so --

24 **Q. And that's made possible by the integrated**
25 **delivery system?**

1 A. Yeah. That is a component that -- we filled a
2 gap that didn't exist in the integrated delivery system
3 here within Austin, and we aim to continue to fulfill
4 those gaps.

5 **Q. Okay.**

6 A. Specifically for the safety net population.
7 Sometimes different levels of care were available to
8 other populations, sometimes they weren't, so, for
9 example, the ophthalmology services that we're expanding
10 right now really were not plentifully available to,
11 specifically, I think MAP Basic patients. So this has
12 been an opportunity for us to build a Department of
13 Ophthalmology and be able to provide those services,
14 have streamlined interaction between our colleagues at
15 CommUnityCare and Dell Med and Ascension Texas.

16 **Q. Okay. I can show it to you, but the UT Health**
17 **Austin insurance and billing page states that only C --**
18 **that CCC patients or CCC is only acceptable or accepted**
19 **for MSK and Women's Health care. Is that your**
20 **understanding as well?**

21 A. MSK, Women's Health and certain imaging, and
22 then after we've signed this new contract, hopefully
23 April 1st will be all these other services, and then
24 more so.

25 **Q. Okay. That goes into effect April 1st?**

1 A. I'm hoping.

2 Q. Okay.

3 A. If everything works like it's supposed to. We
4 have to make sure we can provide safe care, so --

5 Q. Fair enough.

6 A. We've been building towards it.

7 Q. Okay. Do you know if UT Health Austin takes
8 Central Health eligible patients for other diagnoses or
9 treatments outside of Women's Health, Musculoskeletal
10 care, and imaging currently?

11 A. I don't believe so.

12 Q. Okay. And so to be --

13 A. Let me -- I'd like to clarify. Within the HTB
14 or the UTHA clinics, UTHA doctors do provide a myriad of
15 services to Central Health patients, or Central Health
16 eligible patients, through a myriad of other venues.

17 Q. Can you give me some examples?

18 A. Yes. So when I'm on labor and delivery, I
19 deliver insured patients, I deliver Central Health
20 patients, I deliver everybody that's there. So if you
21 know anybody, I'm on call on Saturday.

22 Q. Okay.

23 A. Anyway, so I take care of anybody, all comers.

24 Q. Uh-huh. And when you do those rotations, like
25 I know you said this earlier, but you do those at UT

1 Dell and sometimes -- and I think you said you sometimes
2 do work at UT Dell Children's?

3 A. Yes. So I do obstetrics at Seton Medical
4 Center Austin, I do gynecology at Dell Seton Medical
5 Center, and I sometimes do some children's services.

6 Q. Okay.

7 A. Not in the last two years, but I have.

8 Q. Okay. And -- okay. Do you know if Central
9 Health patients can access cancer care at UT Dell
10 Medical School?

11 A. We do not have a contract with Central Health
12 to provide cancer care services.

13 Q. And how about heart surgery?

14 MR. BILHARTZ: Objection, form.

15 A. We don't provide heart surgery at UT Health
16 Austin.

17 Q. (By Mr. Quinto-Pozos) Okay. How about
18 pediatric care?

19 A. We don't provide pediatrics care at -- at
20 UT Health Austin.

21 Q. Okay.

22 A. Our doctors that are UT Health Austin doctors
23 do provide pediatric care within the Ascension
24 facilities at Dell Children's.

25 Q. Okay. And similar to what you described when

1 you do a rotation, those doctors may see paying patients
2 and they may see Central Health patients when they are
3 providing services at those locations?

4 A. I believe so. I don't know enough about the
5 mechanics of the way that pediatrics operates.

6 Q. Okay.

7 A. If I'm called to do a consult at Dell
8 Children's, I don't usually look at the insurer before I
9 see the patient. I just take care of the patient.

10 Q. Okay.

11 MR. QUINTO-POZOS: Okay. I think this
12 might be a good time for a break. And we might be --
13 let's do the break first.

14 VIDEOGRAPHER: We are off the record at
15 2:40.

16 (Brief recess.)

17 VIDEOGRAPHER: We are back on the record
18 at 2:55.

19 Q. (By Mr. Quinto-Pozos) Dr. Young, I think I'm
20 done with questions, so unless somebody else has more
21 questions, I think you're done.

22 MR. QUINTO-POZOS: And with that, I'll
23 pass the witness?

24 MR. BILHARTZ: I'll have some questions on
25 redirect. But Sinead, did you want to go first, if you

1 have any?

2 MS. O'CARROLL: No, I don't have any
3 questions.

4 MR. BILHARTZ: Okay. Then I would like to
5 conduct a brief redirect.

6 EXAMINATION

7 BY MR. BILHARTZ:

8 Q. Dr. Young, you were asked several questions
9 during cross-examination about various DMS departments
10 and how much they do to furnish medical aid and hospital
11 care to indigent and needy persons resident in Travis
12 County; is that right?

13 A. That's correct.

14 Q. And for some of those departments, you
15 responded "I don't know," or something to that effect;
16 is that right?

17 A. That's correct.

18 Q. What did you mean by that?

19 A. So what I meant is from year to year, it would
20 be very difficult to create a precise percentage or
21 precise answer.

22 The majority of Dell Med faculty either
23 practice through the clinics at UT Health Austin or
24 practice in conjunction with our 162b partner with
25 Ascension, or through CommUnityCare or one of the other

1 sites I've mentioned. They practice usually in Dell
2 Seton Medical Center or they practice some specific
3 services, like I do in obstetrics, at Seton Medical
4 Center Austin, just because where that's geared. But
5 the large percentage of our faculty take care of the
6 safety net population through the relationships and the
7 sites in which they deliver care. It's just pretty
8 impossible unless, you know, we asked our faculty to
9 look at payors for us to figure out whatever a precise
10 estimate would be.

11 **Q. You were also asked regarding the MSRDP**
12 **practice plan whether the salaries for members in the**
13 **MSRDP practice plan run through the plan; is that right?**

14 A. That's correct.

15 **Q. And you said that they did?**

16 A. Yes. So Dell Med faculty are paid by Dell Med.
17 The clinical revenues are generated through the practice
18 plan and actually go back through the trust, and are
19 responsible for a percentage of that salary, but may not
20 be the entire salary, depending on the provider and what
21 they do.

22 And as the medical school continues to
23 evolve and the practice continues to mature, I imagine a
24 bigger percentage of salary support will come through
25 the MSRDP.

1 Q. And one final question, Dr. Young. Is there
2 any circumstance under which the Dell Med provider would
3 look at the payment information for a particular patient
4 before providing care?

5 A. I hope not. Generally you would never look at
6 the payor information. That's really not part of care
7 delivery. It might become part of care delivery, only,
8 that I can think of, under two circumstances: One is
9 that either you received a referral and you need to
10 communicate back with the referring provider, and that
11 would give you some indication of the patient's payment
12 status. The only other indication if there was a
13 resource that you needed for a patient and you couldn't
14 get it because it was limited by the payor that insured
15 that particular patient.

16 MR. BILHARTZ: No further questions.

17 MR. QUINTO-POZOS: And nothing else from
18 me.

19 MS. O'CARROLL: Nothing from me.

20 VIDEOGRAPHER: We are off the record at
21 2:58.

22 THE REPORTER: Mr. Bilhartz, would you
23 like to purchase a copy of the deposition?

24 MR. BILHARTZ: Yes, and also a rough
25 transcript, please. Not the video. Sorry, just to

1 clarify, just the transcript. I would like a rough and
2 then the final.

3 THE REPORTER: And when did you need the
4 rough?

5 MR. BILHARTZ: Well, how quickly can we
6 get the rough?

7 THE REPORTER: Probably tomorrow morning.

8 MR. BILHARTZ: Tomorrow is fine.

9 THE REPORTER: Would you like a rough
10 draft, too?

11 MR. QUINTO-POZOS: No.

12 (Deposition concluded.)

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I, DR. AMY ELISE YOUNG, M.D., have read
the foregoing deposition and hereby affix my signature
that same is true and correct, except as noted above.

DR. AMY ELISE YOUNG, M.D.

STATE OF TEXAS)
COUNTY OF TRAVIS)

Before me, _____, on this
day personally appeared DR. AMY ELISE YOUNG, M.D. known
to me to be the person whose name is subscribed to the
foregoing instrument and acknowledge to me that they
executed the same for the purposes and consideration
therein expressed.

Given under my hand and seal of office
this ____ day of _____, 2023.

NOTARY PUBLIC IN AND FOR
THE STATE OF _____

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CAUSE NO. D-1-GN-17-005824

REBECCA BIRCH, § IN THE DISTRICT COURT
RICHARD FRANKLIN III, §
ESTHER GOVEA §
Plaintiffs, §

VS. § TRAVIS COUNTY, TEXAS

TRAVIS COUNTY HEALTHCARE §
DISTRICT d/b/a CENTRAL HEALTH §
AND MIKE GEESLIN, in his §
official capacity only, §
Defendants. § 345TH JUDICIAL DISTRICT

REPORTER'S CERTIFICATION
ORAL AND VIDEOTAPED DEPOSITION OF
CORPORATE REPRESENTATIVE OF THE
UNIVERSITY OF TEXAS AT AUSTIN
DR. AMY ELISE YOUNG, M.D.
MARCH 7, 2023

I, Caroline Chapman, Certified Court
Reporter for the State of Texas, do hereby certify to
the following:

That the witness, DR. AMY ELISE YOUNG,
M.D. was duly sworn by the officer and that the
transcript of the remote oral deposition is a true
record of the testimony given by the witness;

That the deposition transcript was
submitted on March ____, 2023 to the witness or to the
attorney for the witness for examination, signature and
return to me within 20 days.

That the amount of time used by each party
at the deposition is as follows:

1 Honorable Manuel Quinto-Pozos - Three
2 hours and fifty-two minutes.

3 Honorable Nate Bilhartz - Two minutes.

4 That pursuant to information given to the
5 deposition officer at the time said testimony was taken,
6 the appearance page includes counsel for all parties of
7 record.

8 I further certify that I am neither
9 counsel for, related to, nor employed by any of the
10 parties or attorneys in the action in which this
11 proceeding was taken, and further that I am not
12 financially or otherwise interested in the outcome of
13 the action.

14 Further certification requirements
15 pursuant to TRCP will be certified to after they have
16 occurred.

17 Certified to by me this 17th day of March,
18 2023.

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CAROLINE CHAPMAN, Texas CSR 467
Expiration Date: 03/31/2023
Firm Registration No. 115
Ken Owen & Associates, LP
801 West Avenue, Austin, TX 78701
(512) 472-0880

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FURTHER CERTIFICATION BY COURT REPORTING FIRM
UNDER RULE 203 TRCP

The original deposition (was/was not)
returned to the deposition officer;

If returned, the attached Changes and
Signature page contains any changes and the reasons
therefor;

If returned, the original deposition was
delivered to Mr. Manuel Quinto-Pozos, Custodial
Attorney;

The deposition officer's charges for
preparing this deposition and any copies of exhibits are
as follows:

Court Costs \$_____.

To Be Paid By: Mr. Manuel Quinto-Pozos.

That a copy of this certificate was served
on all parties shown herein and filed with the Clerk.

Certified to by me this ___ day of
_____, 2023.

CAROLINE CHAPMAN, Texas CSR 467
Expiration Date: 03/31/2023
Firm Registration No. 115
Ken Owen & Associates, LP
801 West Avenue, Austin, TX 78701
(512) 472-0880

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