The Courage to Change Healthcare.®

Practice Plan Optimization and Future Planning

NSHE Board Meeting

UNLV Health

September 3, 2026

ECG MANAGEMENT CONSULTANTS
A Siemens Healthineers Company

UNLV HEALTH

Project Objectives

ECG was engaged to assess UNLV Health's organizational structure and operations to identify opportunities to improve performance, support growth, and position the organization for long-term success.

Evaluate Governance and Policies
Assessed organizational structure, how decisions are made, and how leaders work together

Identify Growth and Expansion Opportunities
Evaluated current service offerings and identified opportunities to expand services and strengthen partnerships

Review Operational Performance
Assessed financial, operational, and organizational processes to identify areas for improvement

Develop Actionable Recommendations
Delivered data-driven insights and prioritized initiatives that maximize UNLV Health's effectiveness as an organization

Academic healthcare is facing increased pressures.

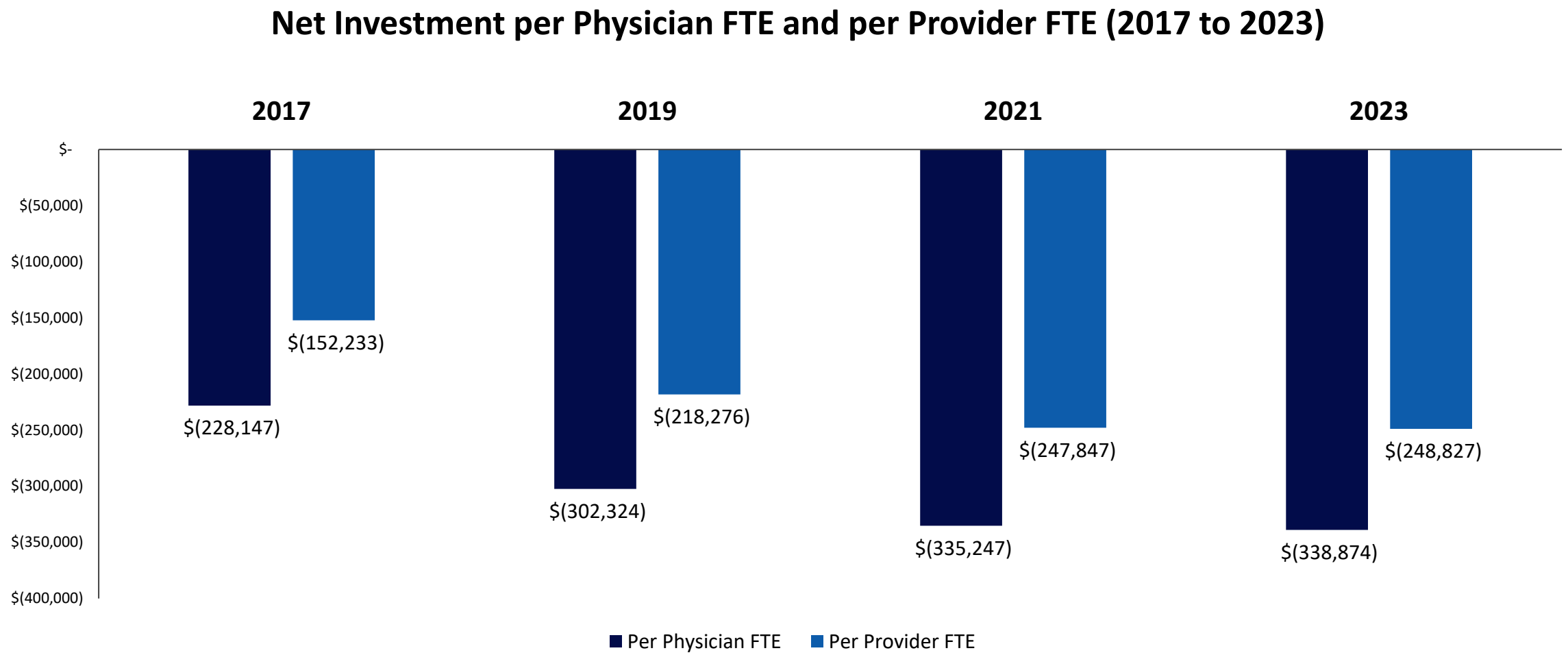
Organizational Alignment and Restructuring	Many academic medical centers (AMCs) are redesigning their corporate, governance, leadership, and financial structures among and within their component entities to become more responsive to the market.
Gradual Shift Toward Value While Maximizing FFS	AMCs are feeling pressure to reduce costs to position for a value-based environment, but they are cautious to not overreact as fee-for-service (FFS) remains strong for most organizations.
Shifting Economics	Traditional revenue/funding streams of the clinical and academic enterprises have changed significantly, which has increased the dependency on health system margins. Furthermore, many faculty group practices (FGPs) are not self-sustainable.
Academic Strategy	AMCs are forced to be smarter and more disciplined in how and why they invest in the academic enterprise, with a thinner margin of error than ever before.

AMC economics are challenging.

$339,000	Average loss per physician FTE before support[1]
15.9%	Five-year growth in median academic physician compensation[2]
91%	Reported MGMA academic physician specialties with mean compensation exceeding the NIH salary cap[3]
64% (provider) 52% (physician)	Provider and physician cost as a percentage of total medical revenue[4]
0.9%	Five-year growth in median academic professional collections[2]
$20,000 to $50,000	Average investment range provided by the health system to support academic activity on a per faculty FTE basis[5]

1 ECG *2023 Medical Group Performance Survey*.
2 ECG *2024 Physician and APP Compensation Survey*.
3 MGMA DataDive 2025 Academic Compensation, 2024 Data, relative to the 2024 NIH salary cap of $221,900.
4 MGMA DataDive 2024 Cost and Revenue, 2023 Data. For multispecialty groups with primary and specialty care.
5 Recent ECG funds flow experience/statistics.

Net investment in the physician and provider is growing.



Note: Figures may not be exact due to rounding.
Source: ECG *2017–2023 Medical Group Performance Survey*.

Executive Summary

UNLV Health is a relatively new and somewhat smaller FGP operating in a complex clinical environment and serving often-disadvantaged populations.

The practice is organized as a single medical group, but many decisions and processes are managed at the department level, creating variation in how work is performed throughout the practice.

Net patient revenue is on par with peers, while overall expenses are below the median. The practice's financial viability will continue to depend on additional funding (e.g., Medicaid support), market-rate professional service agreements (PSA) with other organizations, and expense discipline.

While there are opportunities to improve access and provide a better patient and provider experience, this will require operating in a more integrated model, executing on front-end process and technology improvements, and investing in clinical support staff.

UNLV Health

Began in 2016

150+ physicians

8 clinic locations

Specialties

- Ear, nose, and throat
- Family medicine
- OB/GYN
- Internal medicine
- Pediatrics
- Plastic surgery
- Psychiatry and mental health
- General surgery

Structure, Governance, and Management

The practice's legal and organizational foundation is sound; the opportunities are in streamlining governance and clarifying the accountability structure for clinical operations.

Structure

- UNLV Health's role, authorities, and relationship with NSHE and UNLV are clearly defined and consistent with peer university practices, and oversight does not interfere with day-to-day operations.
- The relationship with UMC has improved but remains transactional, limiting programmatic and strategic growth and the ability to act as one clinical enterprise.
- Employing faculty through the university preserves important protections, but university policies limit the practice's ability to reward clinical performance.

Governance

- The board is large for a practice of this size, driven by university and department ex officio seats, while community seats have gone unfilled.
- A smaller, competency-based board would sharpen oversight and speed decisions.
- Committee structure, membership, and accountability mechanisms should be periodically reevaluated to ensure they appropriately support board priorities and organizational decision-making.

Management

- UNLV Health executive leadership may further benefit from a dyad physician-executive leadership model that connects practice and school of medicine leadership.
- Department chairs and department financial administrators have no formal reporting line to practice leadership, making it difficult to apply consistent standards and hold departments accountable for clinical and financial performance.

Strategic Considerations

Las Vegas market fundamentals are highly favorable, but growth is constrained by provider shortages and increasing competition.

The Bottom Line

- **Las Vegas demand is growing, and competitors are moving closer to patients.**
- UNLV Health's specialty programs stand out, but scale and access limitations cap growth.

Expand Access

Add access points in the areas such as Southwest Las Vegas, Henderson, and the West Valley regions where population growth and commercial payer opportunities exist.

Focus Specialties

Scale women's health and ambulatory surgery center (ASC) expansion through strategic partnerships or other platform-building investments where UNLV's academic strengths can create differentiation.

Balance Utilization

Evenly distribute utilization throughout the week to avoid concentrated volumes at specific times of day.

Build Referral Networks

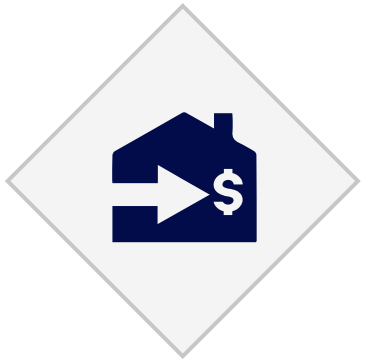
Strengthen referral pathways with community physicians, UMC, and regional providers to improve patient capture.

Financial Performance

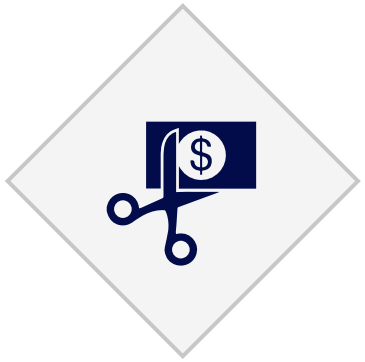
Despite lower expenses per work unit than peer FGPs, UNLV Health will continue to require financial support to be sustainable.

UNLV Health receives more than $9 million in critical revenue enhancements from government entities to support its clinical and academic missions.

The amount of revenue support will decrease starting in January 2028, presenting a key risk to the financial sustainability of the practice.



That revenue support, plus the PSAs and contracts, essentially creates the subsidy that is common with medical groups.



UNLV Health's total expenses are below the 25th percentile of peers, indicating there is almost no opportunity for expense reductions to mitigate anticipated revenue loss.

Operational improvements will require investment in the form of clinical support staff and technology.

Financial risk mitigation strategies include increasing PSA rates, collection rate improvements, and growth into margin-producing services (e.g., ASCs).

Operational Performance

Enhancing operational efficiency is essential for sustainability and growth, requiring improved integration and collaboration between physician and operational leaders.

Provider Productivity

Productivity is above the median in nearly all specialties, despite compensation levels near the 25th percentile.

Staff reported access to OR time as a barrier to productivity.

There is an opportunity to better use APPs to the top of their scope.

Revenue Cycle

Key metrics lag peer groups; however, bad debt, accounts receivable (AR), and the net collection rate demonstrate positive trends.

Performance is highly constrained by the payer mix, patients with complex cases and traumas who cannot pay for services, and a dependence on UMC for front-end processes in the hospital setting.

Patient Access

New-patient ratios, new-patient appointment wait times, and no-show rates all benchmark well.

Referral and scheduling processes are inefficient and do not fully utilize Epic functionality. A major redesign effort in collaboration with physician leaders is essential to enhance the patient experience.

Space Utilization

Clinics are consistently described as busy, but room utilization ranges from 45% to 80% across sites, suggesting available capacity.

The constraint appears to be how rooms and schedules are allocated, not how much space UNLV Health has.

Staffing

Business operations and front-office staff can accommodate growth, especially with streamlined front-end processes.

Clinical support is understaffed due to high medical assistant (MA) turnover. Compensation and target staffing level adjustments are underway.

Priority Recommendations

Governance and Management

- Refine the board composition, and clarify the roles and expectations of board committees.
- Create clearer reporting lines for department chairs into practice leadership, considering a physician-administrator dyad practice leadership model.

Operations

- Continue efforts to recruit and retain MAs to support clinic operations.
- Ensure adherence to standard front-office and clinic policies and procedures.
- Implement training to improve eligibility and registration.
- Execute on access-related initiatives to make it easier for patients to get an appointment.
  - Set clear expectations for physician clinic time, and make sure schedules reflect them.
  - Free up appointment slots that are currently held or blocked.
  - Capture key details when a referral is placed so patients reach the right specialist the first time.
  - Build scheduling rules into the electronic health record so staff can book most appointments on the first call.
  - Utilize APPs to their full clinical capabilities to expand appointment availability.

Strategy

- Ensure PSAs are market competitive to mitigate the anticipated reduction in support funding.
- Focus growth efforts by adding access points in areas such as Southwest Las Vegas, Henderson, and the West Valley regions and opening ASCs.

Questions & Discussion

Appendix: Data Detail

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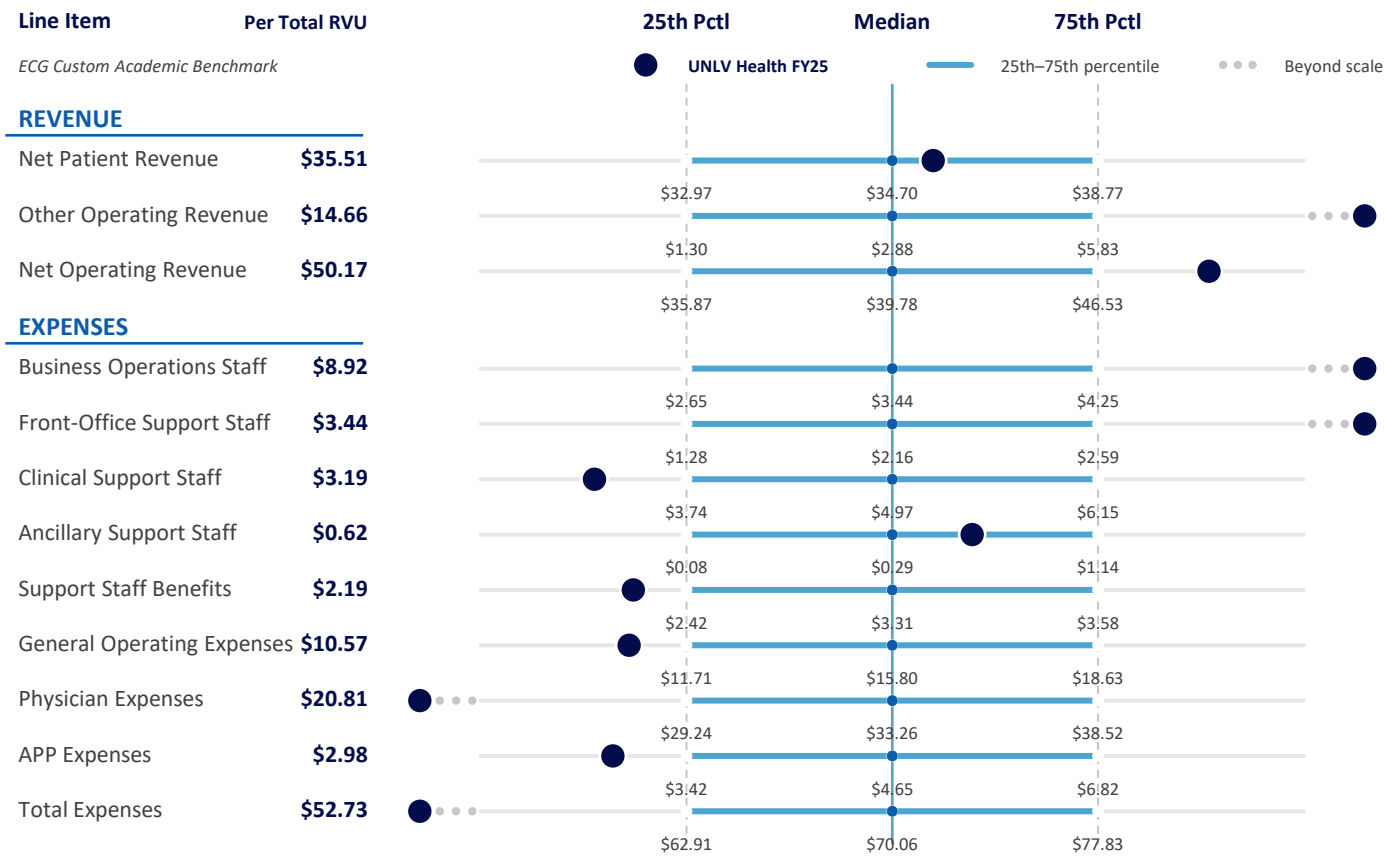
Financial Performance

On a per RVU basis, UNLV Health earns more revenue and spends less than peer academic practices.

FY 2025 ECG-Mapped Income Statement Excluding Mojave: Per Total RVU Versus Benchmark[1,2]



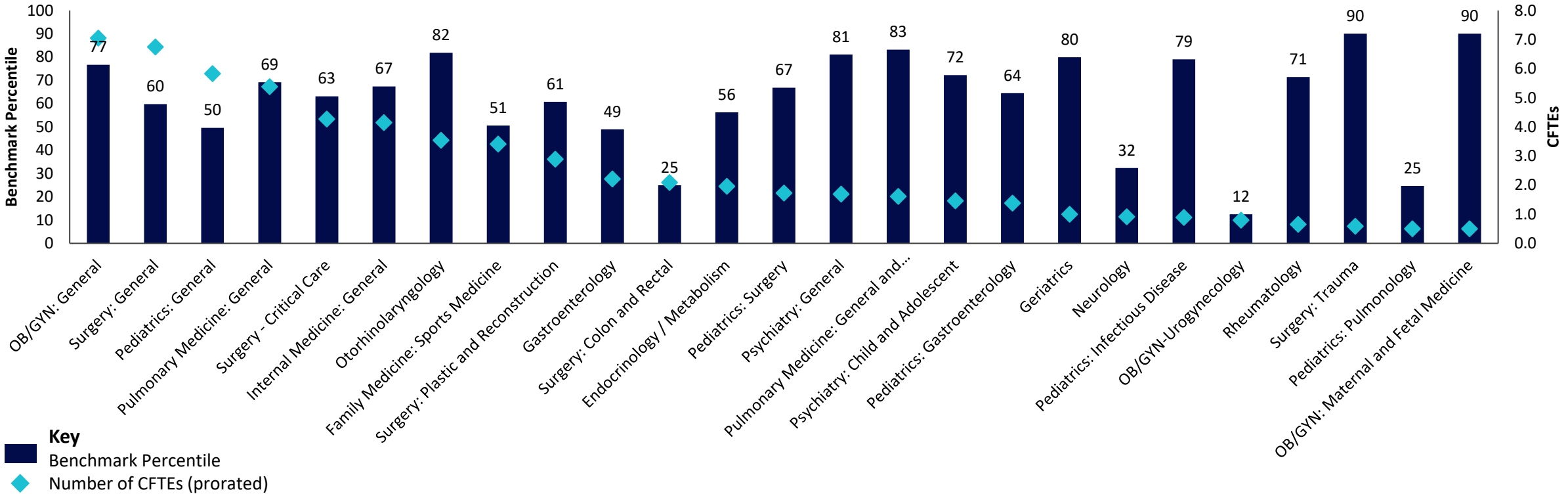
Key Takeaways

- UNLV Health receives revenue enhancements from the UPL and MCO Uplift programs to support its clinical and academic missions.
- It is expected that the UPL and MCO Uplift revenue will decrease starting in January 2028.
- Other operating revenue essentially creates the subsidy that is common with academic and nonacademic medical groups.
- Current business operations and front-office staffing levels will accommodate growth, and economies of scale will be better realized.
- Total expenses are lower than peers', driven by lower clinical support staff expenses, benefits, general operating expenses, and provider expenses.

1 ECG 2024 Medical Group Performance Diagnostic. Customized to UNLV Health's applicable service lines and weighted based on physician clinical FTEs (CFTEs).
2 Based on a calculated 1,270,387 total RVUs for FY 2025.

Physician Productivity

Many specialties are as productive as or more productive than their academic peers, relative to the stated clinical FTEs.[1,2,3]



1 Benchmarking based on UNLV Health's WRVUs provided by mission area financial administrators compared to ECG, AAMC, and MGMA 2025 and 2026 blended academic benchmarks. When WRVU data was not available, WRVUs were calculated from CPT codes from July 1, 2024, to June 30, 2025. Joseph Thornton, MD, FACS's, CFTEs are 0.4, as provided by Joann Strobbe on August 5. APPs are not included.

2 Hematology is excluded due to no benchmarks. Providers with fewer than 0.2 CFTEs and on LOA and termed providers were not included.

3 If a physician's CFTE includes a significant amount of non-WRVU-generating activity, their productivity will be at a lower percentile.

Revenue Cycle Performance Overview[1]

Given the payer mix and inability to control place-of-service collections in the hospital setting, UNLV Health's revenue cycle opportunities are limited to improving the charge lag and front-end processes it controls (e.g., eligibility, registration).

Metric	Summary Performance	Target[2]	Indicator
Bad Debt	3%	1%	🟡
AR	40 days	38 days	🟡
PB Charge Lag[3]	8+ days	2–3 days	🔴
Denial Rate	19%	5%–10%	🔴
Denial Write-Off	6%	1%	🔴
Net Collection Ratio[4]	80%	91%	🔴
Insurance Net Collection Ratio[5]	86%	93%	🔴
Self-Pay Net Collection Ratio[5]	40%	81%	🔴

🟢 At or better than leading practice target 🟡 Near leading practice target 🔴 Below leading practice target

1 Data provided by UNLV Health via the FinPulse dashboard, approximately spanning May to July 2026.
2 Target based on "CPSC FY 2024 ranking 50th percentile."
3 Data provided by UNLV Health via the EOM RCD snapshot.
4 Target based on the median performance of Epic's large multispecialty academic practices in the west cohort.
5 The current insurance net collection and self-pay net collection median is from the FinPulse dashboard.

Key Takeaways

- Bad debt has been trending down based on financial statements. The rate is likely due to the payer mix associated with UMC, the primary safety net for Clark County.
- AR have been trending down and are in line with the best practice.
- The denial rate is high, mostly due to noncovered services, registration and eligibility, and coding issues. There is an opportunity to improve registration, eligibility verification, and coding.
- Assuming all bad debt is noncontrollable, improving the net collection rate to the peer target of 91% represents an approximate $2 million opportunity across hospital and clinic activity.

Ambulatory Access Overview

Complex and manual scheduling rules limit patient access, while staffing levels and limited accountability contribute to poor performance in processing referrals and answering phone calls.

New-Patient Ratio[1]

Percentage of completed appointments that are new-patient visits

UNLV HEALTH	BENCHMARK
Primary Care (PC): 14%	PC: 10%–20%
Medical: 27%	Medical: 20%–30%
Surgery: 37%	Surgery: 40%+

New-Patient Appointment Lag Time[2]

Average calendar days from the scheduled date to the date of service for new patients

UNLV HEALTH	BENCHMARK
PC: 13 days	PC: <7 days
Specialty: 30 days	Specialty: <14 days

No-Show Rate[3]

Percentage of scheduled appointments that result in a no-show

UNLV HEALTH	BENCHMARK
10%	<5%

Schedule Utilization[4]

Percentage of available templated time filled with a completed patient encounter

UNLV HEALTH	BENCHMARK
89%	85%+

Abandonment Rate[2]

Percentage of calls that are not answered as a system

UNLV HEALTH	BENCHMARK
17%	5%

Referral Leakage[5]

Percentage of referrals that are sent outside the system

UNLV HEALTH	BENCHMARK
19%	Monitoring trends

1 Encounters data (FY 2025). Pediatrics is classified under PC.
2 Data from March 2025 to 2026. Includes the percentage of calls not answered by an agent. Appointment data; includes 2025 data. Mojave is categorized as a specialty, and pediatrics is under PC.
3 UNLV Health is performing well given that 55% of the population is Medicaid, which leads to a higher-than-expected no-show rate.
4 Schedule utilization data (CY 2025).
5 Referral data includes referrals from January to June 2026.

Space Utilization

Clinics are consistently described as busy, but room utilization runs well below the target at nearly every site, with clinics averaging approximately 60% of their target utilization; the constraint is how rooms and schedules are allocated, not how much space UNLV Health has.

Room Utilization of Sampled Clinics

Tenaya Multispecialty	Mojave East Psychiatry	Rainbow Clinic Sports Medicine
65%	**80%**	**42%**
of target room utilization	of target room utilization	of target room utilization
23 rooms needed of 36 available	9 rooms needed of 11 available	1 rooms needed of 2 available
+13 surplus rooms	**+2 surplus rooms**	**+1 surplus rooms**

Key Takeaways

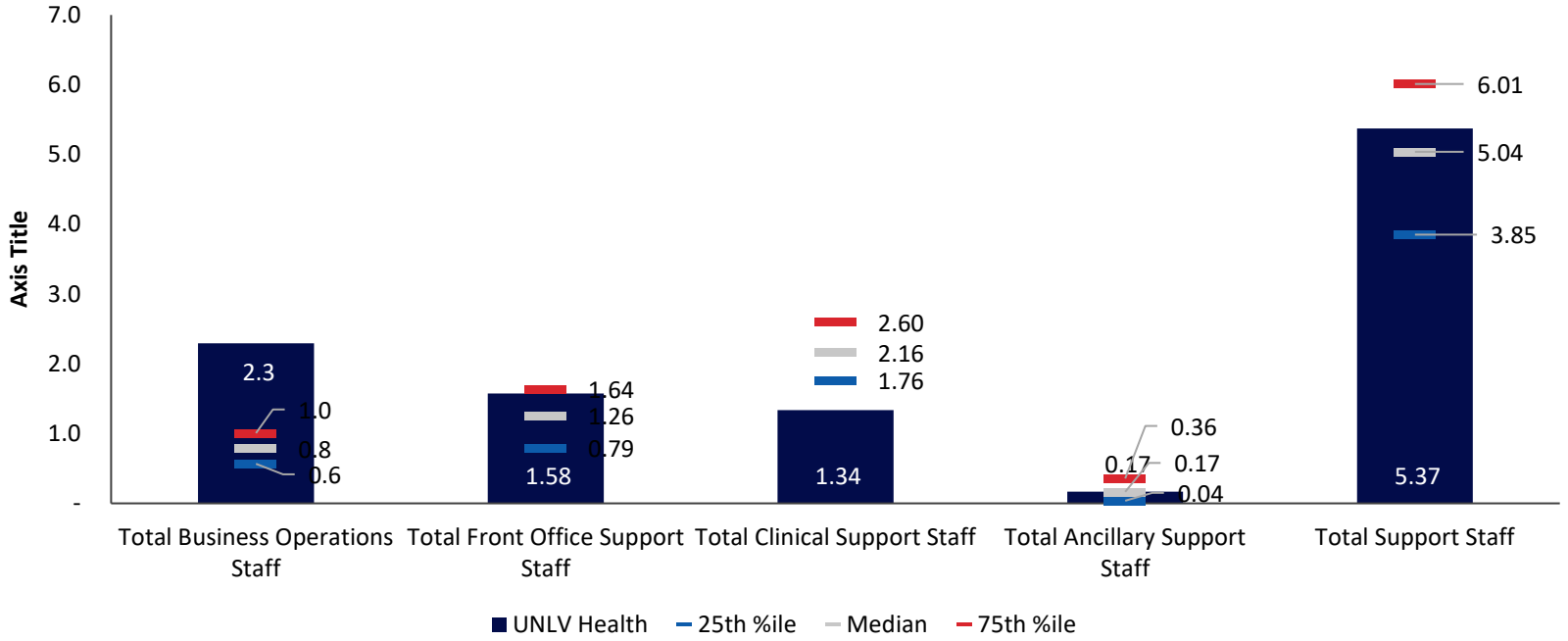
- Demand is concentrated in specific days and times, so peak-hour congestion, not square footage, creates the sense of a full clinic.
- Exam rooms are largely assigned by specialty and rarely shared, which locks idle capacity inside individual departments.
- Rebalancing templates and sharing rooms can absorb continued growth, allowing expansion decisions to be deferred until utilization approaches target.

Note: Utilization measured against target patient encounters per room per day, assuming rooms operate 250 days per year. FY 2026 volumes annualized.

Staffing Analysis

UNLV Health's overall staffing levels are largely aligned with benchmark performance; however, clinical staffing is below expected levels based on production, and business operations staffing is above benchmarks, which is primarily driven by a large contingent of patient accounting–related roles.

UNLV Health Staffing Levels per 10,000 WRVUs[1,2]



Key Insights

- Smaller groups benchmark higher on business operations, since any practice needs a staffing minimum.
- Clinical support is understaffed due to high MA turnover; compensation and target level adjustments are underway.
- Growth can be absorbed while business operations staffing stays partially fixed.

1 Data from the UNLV Health staff roster and WRVU files. Excludes Mojave and staff allocated to that cost center.
2 Benchmarks sourced from ECG's 2024 Medical Group Performance Diagnostic and customized to UNLV Health's service lines and provider mix.