



CENTRAL HEALTH

2014–2016 Strategic Plan

Transforming to Meet the Opportunities and Challenges of the Next Three Years



Table of Contents

Executive Summary 2

Board of Managers 7

Introduction 8

Strategic Plan Model 15

Priority Area 1: Health Care 16

 Initiative 1.1: Community Care Collaborative 17

 Initiative 1.2: Expand Health Care Capacity 19

 Initiative 1.3: Cancer Care Planning 26

 Initiative 1.4: Leverage Investments 27

Priority Area 2: Health Promotion 29

 Initiative 2.1: Programs 29

 Initiative 2.2: Health Indicators 30

 Initiative 2.3: Health Policy Council 31

Priority Area 3: Health Coverage 33

 Initiative 3.1: Eligibility and Enrollment 33

 Initiative 3.2: Affordable Care Act Marketplace 35

Priority Area 4: Health Infrastructure 37

 Initiative 4.1: Medical School 38

 Initiative 4.2: Teaching Hospital 38

 Initiative 4.3: UMC Brackenridge 39

 Initiative 4.4: Southeast Health and Wellness Center 40

 Initiative 4.5: Enhance Health Information Technology 41

 Initiative 4.6: Coordinate 1115 Waiver 42

Executive Summary

Organization Background

Central Health was created in 2004 by a vote of Travis County residents, as allowed under Chapter 281 of the Texas Health and Safety Code, to create access to health care services for vulnerable residents of Travis County. Central Health’s governing bylaws allow the district to:

- Furnish medical care for indigent and needy residents of Travis County
- Conduct educational activities to improve the quality of care rendered and to promote good health habits in the community; and
- Fulfill any other lawful purpose.

The work of Central Health is guided by our Vision, Mission and Values.

Vision

Central Texas is a model healthy community.

Mission

We create access to health care for those who need it most.

Values

Stewardship

We maintain public trust through fiscal discipline and open and transparent communication.

Innovation

We create solutions to improve health care access.

Respect

We honor our relationship with those we serve and those with whom we work.

Collaboration

We partner with others to improve the health of our community.



Our new Strategic Plan is the culmination of months of planning and discussion. This plan will guide us as we expand and enhance access to health care for thousands of Travis County residents, and work toward achieving our ultimate vision of Central Texas as a model healthy community.

Patricia A. Young Brown, President & CEO

Central Health’s work is centered on increasing access to health care services for individuals living at or below 200% of the federal poverty level (FPL) who are not covered by other programs or insurance. To this end, Central Health provides:

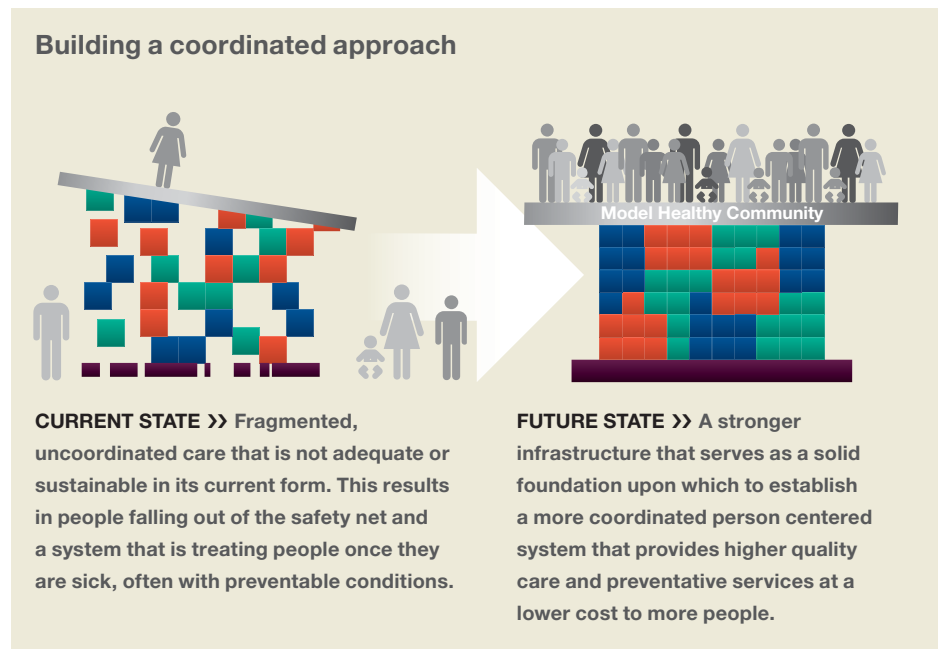
- Eligibility, enrollment, and application assistance services to identify any publically-funded program for which an individual/family may be eligible;
- Health care coverage through a local health benefit plan (Medical Access Program);
- Access to clinical care through a contracted provider network, including CommUnityCare, our Federally Qualified Health Center System;
- Ownership and/or management of healthcare facilities including University Medical Center Brackenridge (UMCB), a Level 1 Trauma Center, and its campus of related facilities, as well as a number of community health centers throughout the county which provide primary and urgent care services; and
- Support and oversight of Sendero Health Plans, a non-profit Medicaid Health Maintenance Organization.

To accomplish our work, Central Health partners with a multitude of public, non-profit, and private organizations across the community.

Strategic Plan Overview

Planning Process

Central Health develops a new strategic plan every three years to inform and guide our work and the development of our budget. Each plan is developed to prioritize work that addresses identified community needs, is informed by the evolving healthcare and policy environment, and considers available funding. While Central Health has historically focused on expanding access to care services, the FY14–16 Central Health plan marks a significant shift for the organization—focusing on not only increasing access to care, but transforming how that care is delivered in order to improve health outcomes. This shift is necessary to address the current inefficiencies and high cost of care as well as take advantage of historic opportunities that are promoting health care transformation.



Need for Change

The bold initiatives proposed in this plan were developed to help address the following five key issues:

- Lack of adequate access to critical services such as primary, dental, and behavioral health care, among others,
- Fragmented health care delivery system,
- Rise in preventable chronic conditions among the population,
- Shortage of health care providers, and
- Outdated physical infrastructure and lack of technological infrastructure

The current delivery system is not meeting the needs of the current target population, and with the Travis County population continuing to grow and age, simply increasing access within the current system will fall far short of adequately addressing needs.

Healthcare Environment

Health care is rapidly changing across the United States in response to a basic underlying issue—we, as a country, spend an enormous amount on health care, but the health of our people and our communities is not improving in proportion to the dollars invested. To create

a more sustainable system, we are moving away from fragmented, episodic, fee-for-service care that emphasizes treatment of illness to a system that focuses on improving health outcomes through accountable, value based care.

Central Health's Strategic Plan responds to local, state and national forces of change including:

» **10 goals in 10 years**

This is an initiative conceived and led by Texas State Senator Kirk Watson to improve the local healthcare system.

» **Patient Protection and Affordable Care Act**

This law provides for data, tools, training, reimbursement, and coverage that support improvements in the health care system and the reduction in the number of individuals who are uninsured.

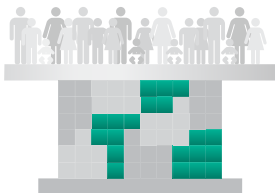
» **1115 Medicaid Transformation Waiver**

This is a federally funded program coordinated through the State of Texas that provides incentive payments for health care improvements, among other goals. This waiver provides the opportunity to match every \$1 of local funds with \$1.40 of federal funds.

» **Expanded Local Tax Dollars**

In 2012, Travis County residents supported an increase in taxes to improve and expand the local health care system.

To accomplish the work prioritized in this plan, Central Health will leverage local taxpayer funds to draw down federal funds in order to substantially expand the resources available to improve health. This plan lays out a bold vision for health care in Travis County and is organized under four foundational pillars approved by the Central Health Board of Managers—Health Care, Health Promotion, Health Coverage, and Health Infrastructure.



Health Care

GOAL» Transform health care delivery to create high quality, cost-effective, person-centered care for vulnerable people in Travis County.

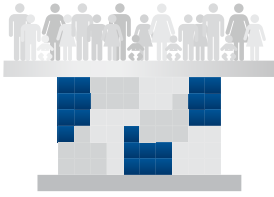
Under this foundational element, Central Health will increase access to care and implement innovative approaches to restructure and transform the health care delivery system to make services more effective, efficient, and responsive to the needs of our target population.

Initiative 1: Create the Community Care Collaborative in order to develop an integrated delivery system that is health-focused, patient-centered, data-driven, and accountable.

Initiative 2: Expand access to primary care, dental, specialty care, women's health and behavioral health services.

Initiative 3: Continue to collaborate with community partners to create a plan for making Austin a center for comprehensive cancer care.

Initiative 4: Leverage the local public investment in health care by maximizing opportunities to draw down federal and state funds as available in order to support health care transformation projects.



Health Promotion

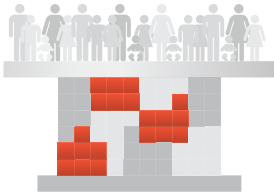
GOAL» Support the improved health of individuals and the community through implementing new health promotion activities, collecting and reporting community health indicators and establishing a Health Policy Council.

Under this foundational element, Central Health will partner with a broad range of community stakeholders to expand access to health promotion and prevention efforts that support community health.

Initiative 1: Support wellness and prevention strategies that enhance and align with CCC clinical services.

Initiative 2: Collaborate to identify and communicate key community health indicators in order to engage all sectors of the community to tackle the most pressing health challenges.

Initiative 3: Collaborate to establish a Health Policy Council which will develop health policies that help address the community's most pressing health challenges.



Health Coverage

GOAL» Maximize enrollment in health coverage by Travis County residents through enhanced navigation, eligibility, and enrollment services.

Central Health will expand outreach and education services to help individuals access new coverage options available through the Affordable Care Act (ACA) and support our health maintenance organization as a Qualified Health Plan under the ACA.

Initiative 1: Expand eligibility and enrollment to assist Travis County individuals in obtaining new health coverage options.

Initiative 2: Support Sendero Health Plans in offering a local non-profit health care coverage option through the ACA Marketplace.



Health Infrastructure

GOAL» Improve the health of the Travis County population into the future by expanding the number providers, increasing and improving health care facilities, implementing enhanced technology, and serving in a coordinating capacity for the transformation of regional health care delivery.

Central Health will lead or collaborate with others to significantly upgrade the local health care infrastructure to support health care transformation and ensure we are prepared to meet the needs of our target population today and in the future.

Initiative 1: Support the creation of the Dell Medical School at the University of Texas at Austin in order to increase the local supply of providers, especially primary care providers, trained in evidence-based practices.

Initiative 2: Collaborate with the Seton Healthcare Family to plan the new teaching hospital that will provide one of the training locations for the medical residents of the new medical school while providing best-quality care to the Travis County population.

Initiative 3: Work with community partners to design the highest and best use of the existing UMC Brackenridge Campus in order to support the continuum of health care services and maximize this valuable community resource.

Initiative 4: Open the Southeast Health and Wellness Center - a state-of-the-art health center that will provide access to a continuum of services including primary care, specialty care, integrated behavioral health care and dental services.

Initiative 5: Upgrade local health information technology in order to support improved care delivery, care coordination, reduced cost of care and measurement and reporting.

Initiative 6: Provide administrative coordination and reporting for the 1115 Waiver Regional Healthcare Partnership activities through our role as Anchor Entity.

For the first time, Central Health has incorporated metrics associated with each initiative in the plan. These metrics will be tracked and reported on to our Board of Managers.

Acknowledgements

Central Health uses our strategic planning process to establish priorities and set the direction for the organization, keeping in mind our mission and available resources, including the limits as to how they can be used. The Board of Managers and staff recognize that this plan will not resolve every unmet need in the community. The financing of all of the priorities in this plan depends upon achieving measurable improvement in a number of areas such as utilization of the emergency department and decreased hospital inpatient stays. For this reason, success depends upon Central Health staying sharply focused on the achievement of the initiatives identified in the FY14–16 strategic plan.

Due to the rapidly changing environment in which we are operating, this plan is what we know today to be the best course of action. In the coming years, we expect to make adjustments as appropriate to help keep us on course to achieve the bold vision articulated in this plan.

Plan Dedication



Rose Campbell Lancaster

1926–2013

The Central Health FY14–16 Strategic Plan is dedicated in memory of Central Health founding Board Member, Rose Lancaster. She was a devoted community leader who gave countless hours to improving the lives of vulnerable individuals in our community. Ms. Lancaster envisioned Central Health to be an organization that would not only provide care for individuals who are sick but also work to promote health and wellness. This plan makes her vision a reality.

Board of Managers



Rosie Mendoza, C.P.A.
Chairperson



**Brenda Coleman-Beattie,
M.A.** Vice-Chairperson



Rebecca Lightsey
Secretary



Katrina Daniel, R.N.
Treasurer



**Thomas B Coopwood,
M.D.**



Clarke Heidrick, J.D.



**Lynne Hudson, R.N.-C,
M.P.H.**



Guadalupe Zamora, M.D.



**William "Kirk" Kuykendall,
J.D.**



**Patricia A. Young Brown,
C.P.A.** President & CEO

Introduction

Organization Background

Central Health is a local governmental entity that creates access to health care services for vulnerable residents of Travis County, Texas. Central Health is a separate political subdivision of the state of Texas as allowed under Chapter 281 of the Texas Health and Safety Code. It was created in May 2004 by a vote of Travis County residents and is governed by a nine-member volunteer Board of Managers appointed by the Austin City Council and the Travis County Commissioners Court. These individuals represent the community and are responsible for setting the policy direction for the organization, maintaining accountability for public funds, approving the annual budget and developing a strategic plan.

The Central Health Board and Staff are guided by organizational Bylaws which establish the parameters within which the organization operates. The Bylaws stipulate that the purposes of Central Health are (to the extent not prohibited or limited by law):

- To furnish medical care for indigent and needy residents of Travis County
- To conduct educational activities to improve the quality of care rendered and to promote good health habits in the community; and
- To fulfill any other lawful purpose

Vision

Central Texas is a model healthy community.

Mission

We create access to health care for those who need it most.

Values

Stewardship

We maintain public trust through fiscal discipline and open and transparent communication.

Innovation

We create solutions to improve health care access.

Respect

We honor our relationship with those we serve and those with whom we work.

Collaboration

We partner with others to improve the health of our community.

During FY12, Central Health
funded health services for more than

86,000

What We Do

Central Health provides access to health care services for individuals living at or below 200% of the federal poverty level (FPL) who are not covered by other programs or insurance. We provide eligibility and enrollment services for our local health care coverage option, the Medical Access Program (MAP), provide application assistance for Medicaid and CHIP and offer help and referral through a Health Care Navigation Center in partnership with United Way for Greater Austin. To provide access to care, Central Health contracts with a wide range of health care providers to serve eligible residents of Travis County by providing a full range of services from primary to acute hospital care. Over the last eight years, Central Health has expanded services by increasing funding, increasing the number of people covered by MAP, expanding the provider network and expanding the types of services purchased.

Central Health owns University Medical Center Brackenridge (UMCB) and the campus of related facilities including the local public hospital, which is operated on our behalf by Seton Healthcare Family. Additionally, Central Health has a special partnership with CommUnityCare, our Federally Qualified Health Center system (FQHC). Central Health secures and maintains all of the CommUnityCare facilities. In 2011, Central Health created Sendero Health Plans, a non-profit Medicaid Health Maintenance Organization (HMO), to expand coverage options through Medicaid and CHIP.

To accomplish our work, Central Health partners with a multitude of public, non-profit and private organizations and providers across the community.

Strategic Plan Overview

Since its inception, Central Health has focused on providing access to more care by expanding its network of providers. The FY14–16 Central Health plan marks a significant change for the organization in keeping with the changing health care environment. This plan focuses on not only increasing access to care, but transforming how that care is delivered, with the ultimate goal of improving the health of the community. In this way, Central Health is shifting to achieve its vision: Central Texas is a model healthy community.

This plan outlines new initiatives for the organization and emphasizes the following:

- **Transform the care delivery system** by developing a new, accountable care-type organization that will integrate and coordinate services and improve care management for the target population;
- **Add new health care services and health promotion strategies** to improve access to care, increase quality of life and reduce demand for the most expensive services.
- **Collaborate** effectively with others to plan and implement the plan initiatives to ensure that across the community we are working together toward shared outcomes of improved patient care and health outcomes.
- **Be accountable** to the community by leveraging local tax dollars, reorganizing care delivery to be more effective and measuring and reporting outcomes.

To achieve the bold and transformative work set forth in this plan, the Central Health Board of Managers approved four foundational pillars under which to organize our efforts.

1	2	3	4
Health Care	Health Promotion	Health Coverage	Health Infrastructure
<p>Provide access to high quality, person focused, coordinated clinical services</p> <p>Under this pillar are Central Health's initiatives to increase access to care and innovative approaches for restructuring and transforming the health care delivery system to make health care services more effective, efficient, and responsive to patient needs.</p>	<p>Align health education and policy efforts to support the ability of individuals to improve their own health and that of their families</p> <p>Central Health recognizes that simply increasing the amount of clinical services is not sufficient to improve the health of the community. In partnership with a broad range of community stakeholders, we must invest in keeping people healthy by expanding access to health promotion and prevention efforts and promoting policies that support community health. This is a new priority area for Central Health.</p>	<p>Increase access to affordable health coverage products and enrollment services which increase access to care</p> <p>While maintaining our existing role in offering a local health benefit plan for low-income populations with no other access to coverage, Central Health will expand our work over the next three years to include more outreach and education to help our community learn about and access new coverage options available through the Affordable Care Act. In addition, Sendero Health Plans, our local Health Maintenance Organization, will offer products through the new Health Insurance Marketplace specifically targeted to our population.</p>	<p>Ensure that sufficient facilities, providers, and systems are in place to support the health of the Travis County population and the region over the long term</p> <p>A strong health infrastructure is necessary to support the current and future health care needs of our community. Central Health will participate in significant upgrades to the local health care infrastructure to align with the changes in the health care environment, ensure we are meeting the needs today and are prepared for the future.</p>

Current Environment

Today, a significant shift is occurring in the health care environment. This change is brought on by a basic underlying issue—that we, as a country, spend an enormous amount on health care, but do not have the results to show for the money spent. The health of our people and our communities is not improving in proportion to the dollars invested. This is, in part, due to fragmented, episodic, fee for service care that emphasizes treatment of illness rather than addressing all of the factors that influence health. The current system is not sustainable. Nationwide, organizations are transforming how they do business to provide coordinated, person-centered care that improves quality and reduces cost. These changes are essential to create a system that is economically sustainable and that improves patient health outcomes.

More specifically, there are local, state and national forces of change and initiatives that impact this new Strategic Plan.

1. Local

Texas State Senator Kirk Watson, along with a group of local community leaders, developed the 10-in-10 Initiative (10 goals in 10 years) to encourage the community to improve the local health care system.

“10 in 10”

A plan to encourage the community to improve the local health care system.

10-in-10 Initiative	
Desired Outcomes:	Goals:
<ul style="list-style-type: none">• Position Central Texas as a center for accessible, world-class health care• Create jobs and increase economic prosperity, and• Make new scientific discoveries that are globally competitive and aimed at improving quality of life.	<ol style="list-style-type: none">1. Build a medical school*2. Build a modern teaching hospital*3. Establish modern, unique health clinics in Austin neighborhoods*4. Develop laboratories and other facilities for public and private research5. Launch a new commercialization incubator6. Make Austin a center for comprehensive cancer care*7. Provide needed psychiatric care and facilities*8. Improve basic infrastructure*9. Bolster the medical examiner's office10. Solve the funding puzzle*

**Central Health is collaborating on the planning and implementation of these goals.*

2. National

Sustainability of health care delivery and accountability for health outcomes is being promoted at the national level through the Patient Protection and Affordable Care Act, or ACA (signed into law by President Obama) and other initiatives. For example:

- Medicare no longer reimburses hospitals for “never” events (serious adverse, largely preventable events, such as surgery on the wrong body part);
- Organizations, such as the Institute for Healthcare Improvement (IHI) and the Agency for Health Care Quality, provide data, reports, tools and training to support the use of best practices and inform policy changes to support system transformation.
- The Center for Medicare and Medicaid Services (CMS) and others are promoting the development of Accountable Care Organizations—groups of health care providers who work collaboratively to improve patient care and health outcomes for shared patients.
- Through the ACA, individuals will have access to health coverage and insurance companies can no longer deny coverage for pre-existing conditions, improving access to care for millions of individuals. Additionally, the ACA supports insured patients to access certain preventative screenings for free. The ACA has created a number of new organizations tasked with helping to identify best practices in clinical care (Patient-Centered Outcomes Research Institute, National Prevention Council, etc.) to help maximize the effectiveness of health care funding.

Under the 1115 Waiver, each

\$1.00

of local funding will be matched by

\$1.40

of federal funding, meaning a

140%

expansion of funds
available to our community.

3. Health Care Funding

The delivery system changes Central Health is undertaking will not be easily achieved, nor will they be inexpensive (at least in the short term) to implement. Fortunately, increased funding to support new and enhanced services has been made available through local and state efforts.

» Expanded Federal Funds—1115 Waiver

In December of 2011, the Texas Health and Human Services Commission received federal approval for the Texas Healthcare Transformation and Quality Improvement Program Section 1115, commonly known as the 1115 Waiver, that allows the state to expand Medicaid-managed care while preserving hospital funding, provide incentive payments for health care improvements, and direct more funding to hospitals that serve a large number of uninsured patients.



Central Texas is growing faster than the systems needed to support a healthy, diverse and prosperous community. Our future economic growth depends on improving the region's health and health care system.

*Health and Health Care Trends
& Innovations in Central Texas*
October 2011

Central Health is coordinating the Region 7 participation in the waiver, which allows specified entities to implement health care transformation projects with local tax dollars that are matched with federal dollars. Participation in the 1115 Waiver allows Central Health, and others, to match each local \$1.00 with \$1.40 from the federal government, expanding available funds in the community by 140%. Central Health is leveraging the opportunity presented by this waiver to bring as many funds as possible to Central Texas.

» **Expanded Local Tax Dollars**

In the fall of 2012, Travis County voters approved Proposition 1 to increase the local tax base for health care services from 7.89 cents per \$100 valuation to 12.89 cents, which will provide an estimated additional \$54 million annually. These additional local dollars will be used to bring new federal funds to Travis County through participation in the 1115 Waiver discussed above.

These two funding changes enable Central Health and our partners to carry out the transformational initiatives outlined in this strategic plan.

Planning Process

Central Health develops a new strategic plan every three years to prioritize our work and inform our budget process. These plans are reviewed on an annual basis, with updates made to reflect changes in the environment, forces of change and new information. Due to the rapidly changing environment in which we are operating, this plan is what we know today to be the best course of action. In the coming years, we expect to make adjustments as appropriate to help keep us on course to achieve the intended change and results of this plan.

Through ongoing research, issue monitoring and collaborative activities, Central Health collects relevant information from the community to inform all planning activities and agency initiatives on an ongoing, proactive basis. In this way, Central Health continuously stays informed about current issues, changes in the environment and community concerns.

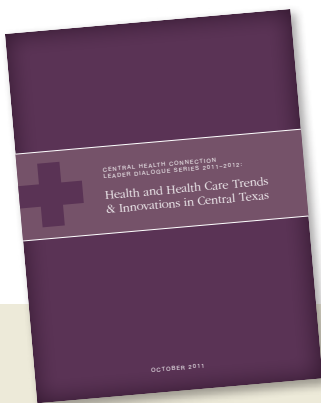
Identification of Community Needs/Issue Areas

1. Research

The development of this Strategic Plan was informed by a variety of national, state and local reports, and community planning activities, including:

- Central Health's *Health and Health Care Trends & Innovations in Central Texas* (October 2011)
- The Texas Medical Association's *Healthy Vision 2020 Report* (October 2012)
- Regional Health Partnership 7 *Community Needs Assessment* (2012)
- Report on University Medical Center Brackenridge (April 2012)
- *Community Health Assessment*—Austin/Travis County Texas (December 2012)
- Greater Austin Region Cancer Care White Paper (January 2013)

Additionally, Central Health reaches out to the community, including consumers, to seek information about needs and services. The table below highlights efforts to collect community input that was incorporated in the development of this plan.



*Health and Health Care Trends
& Innovations in Central Texas*
October 2011

Topic/Frequency	Mechanism for Input	Target Population
Community Awareness Survey Conducted (annually)	Telephone Survey	All Travis County voters
Obtain input on MAP eligibility processes (as needed)	Focus Groups	MAP Enrollees
Obtain input on experiences accessing health care services and ideas for improving system—Central Health Connection	Telephone Survey	All Travis County residents
Obtain input on experiences accessing health care services—Central Health Connection	Focus Groups	Specific sub groups of Travis County residents
Obtain input on top issues impacting health of the community and strategies for improving—Central Health Connection	Key Informant Interviews	Community leaders and organizations
Obtain input into design and services for Southeast Health and Wellness Center (conducted after purchase to inform implementation)	Community Leader Interviews Community Engagement Groups Community Leader Roundtable Community Forum	Southeast Austin residents
Measure consumer satisfaction (conducted annually)	Telephone Survey	MAP Enrollees
Identify local care needs around Cancer Care (for specific study)	Key Informant Interviews Focus Groups	Identified Key Informants Travis County residents
Determine knowledge about ACA (for specific study)	Focus Groups	Travis County residents potentially eligible for ACA

The data and information Central Health collected and reviewed from all sources highlighted the following key issues which informed the development of this plan.

- Lack of adequate access to critical services such as primary, dental, and behavioral health care, among others
- Fragmented health care delivery system
- Rise in preventable chronic conditions among the population
- Shortage of health care providers
- Outdated physical infrastructure and lack of technological infrastructure

2. Community Input

Central Health seeks and receives public input on an ongoing basis. However, for the plan specifically, for the first time Central Health sought public feedback on the initiatives outlined in this plan. The draft plan was released on our Web site for comment along with a survey designed to collect input. The survey asked respondents to assess how effectively the proposed initiatives would address the priority community issues including system fragmentation, provider shortage, aging/outdated infrastructure and lack of technologic infrastructure, rise in preventable chronic conditions and lack of access. Additionally, space in the survey was provided to include specific comments on the initiatives. The plan and the survey were proactively sent to 2,500 stakeholders and promoted through partner organizations.

Central Health received a wide range of feedback on the plan. The majority of the feedback was positive and included support for the initiatives, feedback on operational issues at the organization level, suggestions for specific strategies and desires for new areas of investment. Where possible, the plan was updated to speak more clearly to the work Central Health is undertaking. Based on guidance from the Board of Managers Strategic Planning Committee, Central Health staff will address information that falls outside of this plan in the following ways:

- Operational issues at the organization level will be referred to the Central Health Executive team for consideration and action.
- Strategies for implementation will be referred to the various teams responsible for carrying out the plan.
- Policy issues will be taken to the Board of Managers over the course of the first year of this plan for consideration in plan revisions.

Acknowledgements and Limitations

Central Health uses our strategic planning process to establish priorities and set the direction for the organization, keeping in mind our mission and available resources, including the limits as to how they can be used. The Board and staff recognize that this plan will not address every unmet need in the community.

» Health Care Services

In addition to what is proposed here, additional services are needed to ensure sufficient capacity for our target population. Much of this need is in specialty care, but there are areas of the county where primary medical care and other basic services need to be expanded. Central Health will continue to monitor opportunities to support additional services throughout the term of this plan.

» Related Services

Individual and population health is impacted by a myriad of factors that are outside the scope of health care—workforce development, housing status, access to healthy food, etc. While Central Health remains focused on health care delivery, we will work with community partners with expertise in these areas to advocate for and support shared goals. Also, in redesigning the care delivery system, it is anticipated that the enhanced patient navigation services will work with community partners to address barriers to care for the target population.

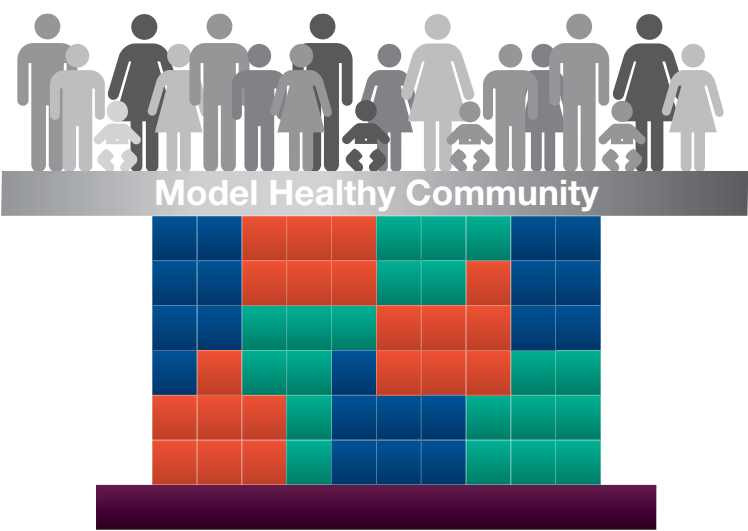
The financing of all of the priorities in this plan depends upon achieving measurable improvement in a number of areas, such as utilization of the emergency department and decreased hospital inpatient stays. Failure to achieve these results puts at risk our ability to create the service expansion and system transformation envisioned. For this reason, success depends upon Central Health staying sharply focused on the achievement of the initiatives identified in the FY14–16 strategic plan.

Measuring Success

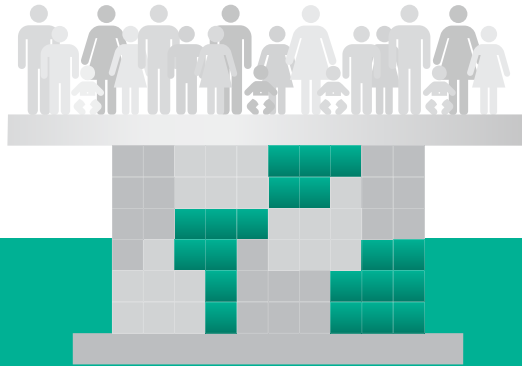
Each initiative within the plan has identified target and outcome measures. Central Health will use these measures to monitor our performance and to report the community. In this way, we hold ourselves accountable for achieving our stated goals and continue to increase transparency for the community. These measures are intended to be reported annually.

Strategic Plan

The Central Health Strategic Plan for FY14–16 is organized around four foundational priorities as shown below. Each priority area has a series of initiatives that will be implemented over the course of the next three years. Each initiative has associated metrics to track progress on achievement of the initiative.



Health Care	Health Promotion	Health Coverage	Health Infrastructure
<p>Goal: Transform health care delivery to create high quality, cost-effective, person-centered care for vulnerable people in Travis County.</p>	<p>Goal: Support the improved health of individuals and the community through implementing new health promotion activities, collecting and reporting community health indicators and establishing a Health Policy Council.</p>	<p>Goal: Maximize enrollment in health coverage by Travis County residents through enhanced navigation, eligibility, and enrollment services.</p>	<p>Goal: Improve the health of the Travis County population into the future by expanding the number providers, increasing and improving health care facilities, implementing enhanced technology, and serving in a coordinating capacity for the transformation of regional health care delivery.</p>
<p>Central Health will increase access to care and implement innovative approaches to restructure and transform the health care delivery system to make services more effective, efficient, and responsive to the needs of our target population. More on page 16.</p>	<p>Central Health will partner with a broad range of community stakeholders to expand access to health promotion and prevention efforts that support community health. More on page 29.</p>	<p>Central Health will expand outreach and education services to help individuals access new coverage options available through the Affordable Care Act (ACA) and support our health maintenance organization as a Qualified Health Plan under the ACA. More on page 33.</p>	<p>Central Health will lead or collaborate with others to significantly upgrade the local health care infrastructure to support health care transformation and ensure we are prepared to meet the needs of our target population today and in the future. More on page 37.</p>



Health Care

GOAL» Transform health care delivery to create high quality, cost-effective, person-centered care for vulnerable people in Travis County.

Context

The increasing demand for health care services and the evolving health care environment are creating a need and opportunity to transform how services are delivered. The population is growing and aging, and has increasingly higher rates of chronic disease and other conditions—all of which place a greater demand on limited services. The current “system” is ill-equipped to handle the growing demand. Care is fragmented, providers and organizations cannot share critical information, and funding is tied to services rather than patient outcomes. Recognition at all levels that the current system is unsustainable is driving system transformation to increase accountability and support coordinated, higher quality, patient-centered care.

Desired Outcome

The goal is a transformed health care delivery system that wraps around the patient and is more responsive, cost-efficient, higher-quality, and easier to navigate. To achieve this, Central Health, in partnership with others, will create a person-centered integrated care delivery system that expands access to priority services, and improves the quality and experience of care and manages costs. The expected outcome of this new system is improved health outcomes for patients.

Central Health will support the majority of the initiatives within this Priority Area by matching our revenue from local property tax with federal funds available through the 1115 Waiver.

The initiatives within the Health Care priority area will:

- Increase access to services including new services, locations and times and coordination of care;
- Develop technology to support communication between providers and organizations and generate data that improves patient management and care;
- Implement care protocols based on best practices to improve patient care;
- Develop navigation programs that connect patients to needed services and remove barriers to care; and
- Pay for outcomes achieved rather than services provided.

The uninsured are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions.

Key Facts about the Uninsured Population
Henry J. Kaiser Family Foundation

INITIATIVE 1.1

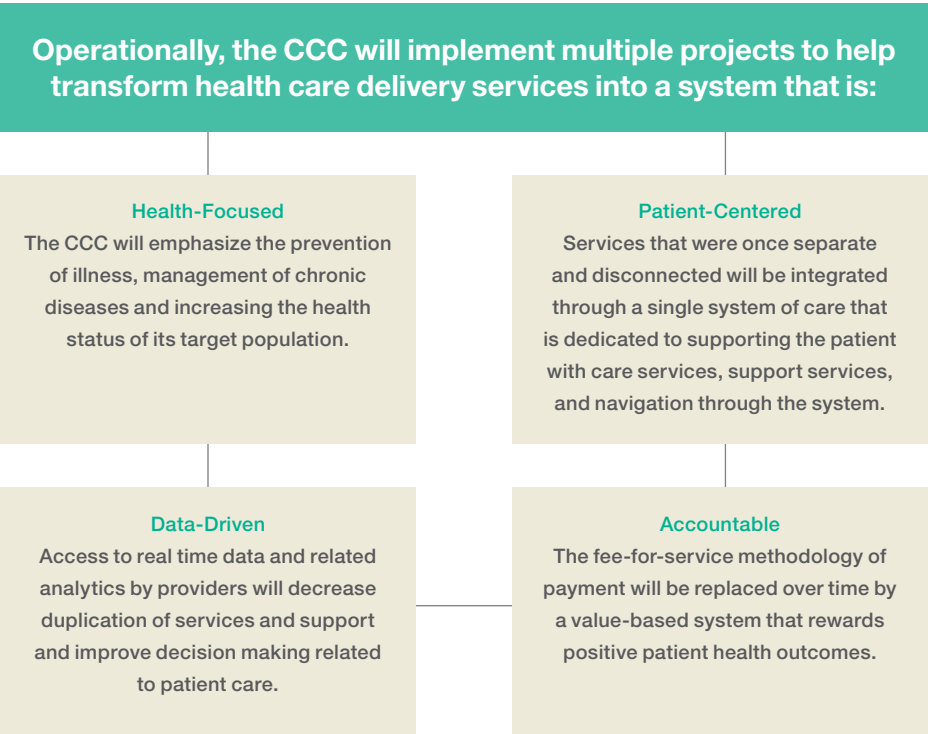
Create the Community Care Collaborative (CCC)

Project(s)

Central Health and the Seton Healthcare Family have formed the Community Care Collaborative (CCC), a non-profit, 501(c)3 organization to integrate and manage outpatient, inpatient and post-acute care for vulnerable people in Travis County. This organization will knit together currently fragmented, disconnected pieces of the health care system into a continuum of care.

Strategy

Initially, the CCC target population will include individuals currently served through MAP, as well as an additional 18,000 individuals who are at or below 200% of the federally poverty level and have two or more chronic conditions. These individuals experience more medical needs and are the most expensive to care for—managing their care more effectively will improve health outcomes and save money. To more effectively deal with the range of needs facing this population, the CCC will align with a national accountable care organization (ACO) and patient-centered medical home principles.



The specific activities identified under the Performance Measure section below outline the initial projects to be implemented by the CCC that will support integration of the care delivery system—implementation of a shared care model for primary care services, shared care protocols, coordinated patient navigation standards, and effective technology that will allow for timely access to CCC patient data.

While the CCC will be implementing the specific strategies, both Central Health and Seton will ensure that timelines are met and milestones are achieved. Although the CCC is focused on a specific population, the system changes brought about through the organization are expected to improve care across the safety net.

Performing Provider(s)

Central Health and the Seton Healthcare Family created, and will govern, the CCC. Additional partner entities may be added to the CCC. The CCC has prioritized the projects below to initiate the transformation of the health care delivery system. These projects will be conducted by CCC-contracted providers.


Funding

Both local revenue from property taxes and federal funds will support this work. Through participation in the 1115 Waiver, Central Health will bring additional federal dollars to the community to support these approved projects, as well as others. Funding for these projects depends upon successful achievement of agreed-upon measures. Federal funds will be provided based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).


Performance Measures

The following target and outcome measures have been initially identified by Central Health for these projects. *Final measures are still being negotiated with CMS.*


1. Create a Health Information Exchange (Disease Management Registry)

Year 1	Target:	Enhance the existing electronic health record (EHR) capabilities of participating providers to implement disease management registry (DMR) functionalities
Year 2	Target:	50% of facilities will use DMR
Year 3	Target:	90% of facilities will use DMR
	Outcome:	Improve annual screening rate for diabetic nephropathy—percent improvement to be determined with CMS in fall of 2013



2. Implement a Patient-Centered Medical Home Model (PCMH)

Year 1	Target:	25% of Community Care Collaborative Providers will use the PCMH model as defined by the certifying agency
Year 2	Target:	75% of Community Care Collaborative Providers will use the PCMH model as defined by the certifying agency
Year 3	Target:	100% of Community Care Collaborative Providers will use the PCMH model as defined by the certifying agency
	Outcome:	Improve Patient Satisfaction Scores over Baseline—percent increase to be determined with CMS in fall of 2013

3. Implement a Chronic Disease Management Model

Year 1	Target A:	Publish and implement an evidenced-based comprehensive care management program for CCC patients with multiple chronic conditions
	Target B:	Enroll 1,000 patients in the Chronic Care Model (CCM)
Year 2	Target B:	Enroll an additional 5,000 patients in the CCM (a total of 6,000 patients for Years 1–2)
Year 3	Target:	Enroll 7,000 additional patients in the CCM (13,000 total patients for Years 1–3)
		Outcome: Increase blood pressure control in CCM participants—percent increase to be determined with CMS in fall 2013

4. Implement a Coordinated Patient Navigation Program

Year 1	Target:	Train 5 patient navigators on CCC patient navigation protocols
Year 2	Target:	Train an additional 10 patient navigators on CCC patient navigation protocols (15 total navigators for Years 1–2)
Year 3	Target:	Train an additional 20 patient navigators on CCC patient navigation protocols (35 total navigators for Years 1–3)
		Outcome: Reduce inappropriate utilization of ED—percent reduction to be determined with CMS in fall 2013
		Outcome: Reduce preventable hospital readmissions within 30 days of discharge—percent reduction to be determined with CMS in fall 2013

INITIATIVE 1.2**Expand Health Care Capacity for Current and New Services**

Central Health has prioritized expansion of services in four major health care areas—primary care (including dental), specialty care, women’s health, and behavioral health care. Service expansion in these areas will improve access to care at the right time and in the most appropriate settings. The planned projects for each of these areas are detailed in the initiatives below.

INITIATIVE 1.2A**Increase Access to Primary Care and Dental Care****Project(s)**

Primary and dental care capacity will be expanded through increased service hours in existing and new health centers, and through the use of mobile health services.

Strategy

Primary Care is the basic building block of the health care continuum. Timely, affordable access to primary care allows for the early treatment of non-emergent conditions, effective management of chronic conditions, as well as screening and prevention services that may identify a health issue before symptoms arise. An established relationship with a primary care provider team allows for improved continuity of care and is the most cost-effective means of supporting individual health.

Access to health care was a predominant theme among residents, specifically the availability and accessibility of health care facilities and resources, emergency room overuse, challenges of navigating a complex health care system, and health insurance and cost related barriers.

Community Health Assessment
Austin/Travis County Texas

Access to care is dependent upon an adequate supply of providers, a sufficient number of appointment times available at convenient days/times, and service sites that the patient can easily access. Central Health is supporting projects to address each of these issues. Expanded services will be implemented in existing facilities throughout the County while others will be provided through a new health and wellness center located in southeast Austin (see Initiative 4.4 below). The addition of mobile health clinics will allow for a more flexible option for serving our population.

Performing Provider(s)

The CCC will implement each of these projects through its contracted network of service providers.

Funding


Both local revenue from property taxes and federal funds will support this work. By participating in the 1115 Waiver, Central Health will bring federal dollars to the community to support approved projects that successfully achieve agreed-upon measures. Federal funds will be provided based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).

Performance Measures

The following target and outcome measures have been initially identified by Central Health for these projects. *Final measures are still being negotiated with CMS.*

1. Increase Primary Care Capacity at Community Health Centers		
Year 1	Target A:	Expand primary care hours by 45 per week (15 per week at each of three targeted clinics)
	Target B:	Provide 5,000 primary care visits over baseline
Year 2	Target A:	Begin operation of the Southeast Health and Wellness Center by end of Year 2
	Target B:	Provide 16,000 primary care visits over baseline (21,000 total visits over baseline for Years 1–2)
Year 3	Target B:	Provide 28,000 primary care visits over prior year (49,000 total visits over baseline for Years 1–3)
	Outcome:	Reduce unnecessary emergency department (ED) utilization—percent reduction to be determined with CMS in fall of 2013
2. Implement Mobile Health Clinics		
Year 1	Target A:	Establish 2 mobile health clinics
	Target B:	Provide 1,300 visits through the mobile health clinics
Year 2	Target A:	Establish a 3rd mobile health clinic
	Target B:	Provide 2,000 mobile health clinic visits over prior year (3,300 total visits for Years 1–2)
Year 3	Target B:	Provide 1,500 visits over prior year (4,800 total visits for Years 1–3)
	Outcome:	Decrease hypertension in target population—percent decrease to be determined with CMS in fall of 2013

3. Increase Access to Regular Dental Care

Year 1	Target A:	Increase the number of available dental hours per week by 6 (at one targeted clinic)
	Target B:	Increase the number of patients with chronic medical conditions with a dental visit within past 12 months by 750 over baseline
Year 2	Target B:	Increase the number of patients with chronic medical conditions with a dental visit within past 12 months by 2,200 over prior year (2,950 total visits over baseline for Years 1–2)
Year 3	Target B:	Increase the number of patients with chronic medical conditions with a dental visit within past 12 months over prior year by 3,050 (6,000 total visits over baseline for Years 1–3)
 Outcome:		Increase referrals for dental services—percent increase to be determined with CMS in fall of 2013

INITIATIVE 1.2B**Increase Access to Specialty Care****Project(s)**

For the term of this strategic plan, specialty care capacity will be expanded in two areas—gastroenterology and pulmonology. These services will build upon existing specialty care investments.

Strategy

Increased access to specialty care is an ongoing need in the community—especially for the vulnerable population. Access to affordable specialty care allows for the timely treatment of health conditions that may be identified in the primary care setting and/or through diagnostic testing, but which requires specialized care. Close coordination between an individual's primary and specialty care teams can help ensure that the patient receives effective care in the most appropriate setting.

Because timely access to care is dependent on an adequate supply of providers/appointment slots and service sites that the patient can easily access, Central Health will address each of these issues. These expanded specialty care services will be offered at the Southeast Health and Wellness Center (see Initiative 4.4 below), creating a new specialty care access point in the community.

Performing Provider(s)

The CCC will implement each of these projects through its contracted network of service providers.

Funding

Both local revenue from property taxes and federal funds will support this work. By participating in the 1115 Waiver, Central Health will bring federal dollars to the community to support approved projects that successfully achieve agreed-upon measures. Federal funds will be available based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).

Performance Measures

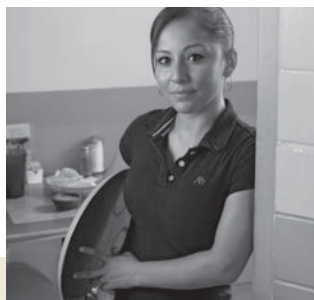
The following target and outcome measures have been initially identified by Central Health for these projects. *Final measures are still being negotiated with CMS.*

1. Increase Gastroenterology (GI) Care

Year 1	Target A:	Add 1 FTE GI provider over baseline
	Target B:	Provide 1,285 GI visits over baseline
Year 2	Target A:	Add .5 FTE GI provider over prior year
	Target B:	Provide 643 GI visits over prior year (1,928 total visits over baseline for Years 1–2)
Year 3	Target B:	Provide 642 GI visits over prior year (2,570 total visits over baseline for Years 1–3)
		Outcome: Increase the rate of colorectal screening—percent increase to be determined with CMS in fall of 2013

2. Increase Pulmonology Care

Year 1	Target A:	Add 1 FTE pulmonology provider over baseline
	Target B:	Provide 1,836 pulmonology visits over baseline
Year 2	Target A:	Add .5 FTE pulmonology provider over prior year
	Target B:	Provide 922 pulmonology visits over prior year (2,758 total visits over baseline for Years 1–2)
Year 3	Target B:	Provide 923 pulmonology visits over prior year (3,681 total visits over baseline for Years 1–3)
		Outcome: Decrease hospital admissions for COPD—percent decrease to be determined with CMS in fall of 2013



Unintended pregnancy also increases the risk of babies being born preterm or at a low birth weight, both of which increase their chances of health and developmental problems.

*Preventive Services for Women:
Closing the Gaps*

Testimony provided by the Institute of Medicine Committee on Preventive Services for Women, Linda Rosenstock, MD, MPH

INITIATIVE 1.2C**Increase Access to Women's Health Services****Project(s)**

Central Health is supporting a targeted project to provide access to pregnancy prevention services for women under the age of 25.

Strategy

Central Health supports a full continuum of health care for women including preventive care, women's specialty services, and all legally allowable reproductive services to support each woman's decisions around birth and spacing of children. These services have been a priority for Central Health for a number of years.

Research shows that the reduction of unintended pregnancies for women under the age of 25 improves the health of women and children by delaying the birth of first children and the birth of additional children. Young women who delay child bearing are also more likely to achieve educational goals, often preventing poverty. This project will support improved health status for young women and children by providing information about and access to contraceptives.

In addition to the targeted project identified here, women's health services will be expanded through the additional primary care services identified in Initiative 1.2A, which will include access to basic reproductive health services such as birth control. Three new Seton projects (see section 1.4 below) include a women's oncology program and two navigation programs—one for obstetrics services and one for oncology services that will connect patients to needed services.

Performing Provider(s)

The CCC will implement each of these projects through its contracted network of service providers.

Funding

Both local revenue from property taxes and federal funds will support this work. By participating in the 1115 Waiver, Central Health will bring federal dollars to the community to support approved projects that successfully achieve agreed-upon measures. Federal funds will be provided based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).

Performance Measures

The following target and outcome measures have been initially identified by Central Health for these projects. *Final measures are still being negotiated with CMS.*

1. Increase Pregnancy Prevention Services		
Year 1	Target:	Provide consultations for an additional 3,500 patients over baseline
Year 2	Target:	Provide consultations for an additional 500 patients over Year 1 (4,000 total additional patients for Years 1–2)
Year 3	Target:	Provide consultations for an additional 1,000 patients over Year 2 (5,000 additional patients for Years 1–3)
	Outcome:	Reduce unintended pregnancy rate—percent decrease to be determined with CMS in fall of 2013

In addition to improving the primary care health system, evidence exists that demonstrates that integration of primary care and behavioral health care can improve access to individuals suffering from behavioral health issues.

Community Health Improvement Plan
Austin/Travis County Texas
June 2013

INITIATIVE 1.2D

Increase Access to Behavioral Health Services

Projects

Community-Based Services

Telepsychiatry The addition of telepsychiatry to existing integrated behavioral health service locations will increase access to psychiatric assessment and consultation services. These services will help primary care providers and behavioral health counselors provide better, more appropriate and more timely care to individuals seeking care in primary care settings. The CCC will implement this project.

Outpatient Integrated Services This project provides on-site behavioral health services within primary care clinics for individuals with co-occurring depression and diabetes to help improve patient outcomes through the treatment and management of both conditions.

Crisis Services

Psychiatric Emergency Department A new psychiatric emergency department will be created within the existing UMCB hospital. This service will fill a significant gap in the psychiatric service continuum. A specialized department for this type of care will alleviate the strain on general hospital emergency rooms, support law enforcement, and provide faster, more appropriate care for people experiencing mental health crises. Earlier, more appropriate intervention can prevent the need for more expensive inpatient services as most crises, when properly treated, resolve in less than 48 hours.

Inpatient Psychiatric Beds Central Health will leverage its commitment to support the development of a new teaching hospital (detailed under Initiative 4.2) by ensuring that 14 medical psychiatric beds are provided in the new facility. These beds will fill a significant gap by ensuring appropriate care is available to individuals with co-occurring psychiatric crisis and major medical issues. Seton Healthcare Family will construct these new beds.

Strategy

Expanded access to behavioral health care services has been a priority for Central Health since inception. To address this critical community need, Central Health has worked collaboratively with Austin Travis County Integral Care (ATCIC), the local mental health authority for Travis County, as well as a range of community partners as the convener of the Psychiatric Services Stakeholder and Crisis Intervention Care committees. These committees have identified a desired continuum of care for a mentally healthy community:

Level 1**Community-based services to promote wellness**

Prevention Services and Supported Recovery Services

Level 2**Early interventions and treatment supports**

Screening for Mental Health and/or Substance Use Disorders, Outpatient Treatment, and Integrated Physical and Behavioral Health Care

Level 3**Intensive interventions for individuals with complex needs**

Intensive Outpatient Services, Supported Housing Services, and Residential Treatment

Level 4**Crisis care**

Crisis Stabilization Services, Detoxification, Medical/Psychiatric Unit, and Inpatient Psychiatric Services

In addition to the priority projects identified below, Central Health will work with our community partners to develop a behavioral health strategic plan which will prioritize the next steps needed to achieve the desired care continuum.

Performing Provider(s)

The CCC will implement both of the community-based projects through its contracted provider network. Seton Healthcare Family will implement the new psychiatric emergency department on the second floor of the University Medical Center Brackenridge.


Funding

Both local revenue from property taxes and federal funds will support the community-based services and the psychiatric emergency department. By participating in the 1115 Waiver, Central Health will bring federal dollars to the community to support approved projects that successfully achieve agreed-upon measures. Federal funds will be provided based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).



Performance Measures

The following target and outcome measures have been initially identified by Central Health for these projects. *Final measures are still being negotiated with CMS.*


1. Community-Based Services—Telepsychiatry

Year 1	Target A:	Implement telepsychiatry functionality in 4 community health centers
	Target B:	Provide telepsychiatry visits to 500 patients
Year 2	Target B:	Provide telepsychiatry visits to an additional 700 patients over prior year (1,200 total patients for Years 1–2)
Year 3	Target B:	Provide telepsychiatry visits to an additional 600 patients over prior year (1,800 total patients for Years 1–3)
		Outcome: Reduce reported level of depression in target population—percent reduction to be determined with CMS in fall of 2013


2. Community-Based Services—Integrated Behavioral Health

Year 1	Target:	Ensure 300 individuals with both diabetes and depression receive instructions according to health intervention care protocols
Year 2	Target:	Ensure an additional 500 individuals with both diabetes and depression receive instructions according to health intervention care protocols (800 individuals total for years 1–2)
Year 3	Target:	Ensure an additional 700 individuals with both diabetes and depression receive instructions according to health intervention care protocols (1,500 individuals total for years 1–3)
		Outcome 1: Reduce reported level of depression in target population—percent reduction to be determined with CMS in fall of 2013
		Outcome 2: Increase management of blood sugar levels in program participants—percent increase to be determined with CMS in fall of 2013

3. Crisis Services—Psychiatric Emergency Department for Crisis Stabilization Services

Year 1	Target:	Provide 2,500 patient visits for psychiatric emergency services through UMCB
Year 2	Target:	Provide 5,500 additional patient visits over prior year for psychiatric emergency services through UMCB (8,000 total visits for Years 1–2)
Year 3	Target:	Provide 10,500 additional patient visits over prior year for psychiatric emergency services through UMCB (18,500 total visits for Years 1–3)
		Outcome: Reduce behavioral health readmission rate—percent reduction to be determined with CMS in fall of 2013

4. Crisis Services—Increase Psychiatric Inpatient Beds

Year 1	Target:	14 new beds are included in architectural plans for hospital
Year 2	Target:	Construction of new hospital underway
		Outcome: Expanded inpatient psychiatric capacity with co-located medical services

INITIATIVE 1.3

Collaborate on Planning for Comprehensive Cancer Care

Project(s)

Central Health will continue to work in collaboration with community partners to create a plan for making Austin a center of comprehensive cancer care.

Strategy

In 2012, a group of local leaders, led by State Senator Kirk Watson, developed a list of 10 goals to be achieved in 10 years to enhance the health and economic vitality of Central Texas. One of these goals is to make Austin a center of comprehensive cancer care to help address the fact that cancer is now the number one cause of death in the Austin Metropolitan Statistical Area (MSA). While Austin is the 11th largest city in the nation, it does not have a National Cancer Institute (NCI)-designated Comprehensive Cancer Center, nor an academic medical center to specialize in the research and treatment of types of cancer.

To identify the current state of cancer care in the local community, Central Health, the LiveStrong Foundation, and the Shivers Cancer Foundation funded a study—the Greater Austin Region Cancer Care Paper in January 2013.

The Greater Austin Region Cancer Care Paper report identified the following areas of focus:

- Increasing **timely access** to quality care for all individuals regardless of insured status or geographic location (rural, urban, etc.);
- Need for **additional providers** to support the growing and aging population;
- Increasing access to **prevention and screening services** to decrease prevalence of late stage diagnosis;
- Increasing **coordination and collaboration** across providers and expanding and enhancing patient navigation services;
- **Continually improving** the system through development and tracking of shared metrics;
- Enhancing **technology** that supports research for innovative care; and
- **Increasing awareness** of palliative care and support services.

Cancer has overtaken heart disease as the number one cause of death in the Austin Metropolitan Statistical Area (MSA)—including Bastrop, Caldwell, Hays, Travis, and Williamson counties—and is one of the top health concerns cited by Austinites.

*Greater Austin Region
Cancer Care White Paper*

Executive Summary
January 2013

The community partners worked with a consulting team to formalize specific recommendations and implementation strategies to help make Austin a center of comprehensive cancer care that addresses the gaps identified in the Cancer Care Paper. These were completed in September 2013.

Performing Provider(s)

Central Health will continue to serve as a collaborative partner in the planning of comprehensive cancer care in Central Texas. Additionally, Central Health will review the recommendations developed to determine the most appropriate role for future support of additional research and/or increased services.

Funding

Planning work will be funded with local property tax revenue in collaboration with other community partners. Any new services supported will be funded with either local property tax revenue or federal matching funds.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Comprehensive Cancer Care

Year 1	Target:	With community partners, review recommendations and develop plan for FY14–16, including clarifying the role for Central Health
Year 2	Target:	Implement plan identified in Year 1
Year 3	Target:	Continue implementation of plan identified in Year 1
	Outcome:	To be determined based on plan developed in Year 1

INITIATIVE 1.4**Leverage Health Care Investments****Project(s)**

As a local taxing entity, Central Health can use its public funds to draw down federal dollars as part of the 1115 Waiver. To help improve all aspects of the continuum, Central Health will use the federal matching funds to support not only the CCC projects discussed in sections 1.1 and 1.2 above, but also multiple Seton Healthcare Family projects to be implemented at Dell Children's Hospital and UMCB.

Many of Seton's projects further Central Health's priorities in the areas of behavioral health, women's services, specialty care (including chronic disease management), as well as system transformation.

**Dell Children's Medical Center Projects****Chronic Care**

1. Family and child obesity program
2. Pediatric chronic care management

University Medical Center Brackenridge (UMCB) Projects**Behavioral Health**

1. Psychiatric Emergency Department
2. Expanded post-graduate training for psychiatric specialties
3. Psychiatric telemedicine in emergency department
4. Behavioral health assessment and navigation
5. Substance abuse navigation

Women's Health

1. OB navigation
2. Women's oncology screening
3. Women's oncology care navigation

Specialty Care/Disease Management

1. Chronic care management—adults
2. Palliative care
3. Diabetes chronic care management

Transformative System Design Services

1. Language services resource center
2. Culturally competent care training
3. Care transitions intervention

Strategy

Since inception, Central Health has used local revenue from property tax to draw down federal funds through participation in the Upper Payment Limit (UPL) program, which provided reimbursement to hospitals for uncompensated care provided to the un- and underinsured. Central Health will continue to maximize the receipt of additional federal funding available through the 1115 Waiver to both increase access to care and transform the local health care delivery system.

Performing Provider(s)

Central Health will provide the local funding source for these projects. The services will be performed by Seton Healthcare Family at either Dell Children’s Medical Center or UMCB.

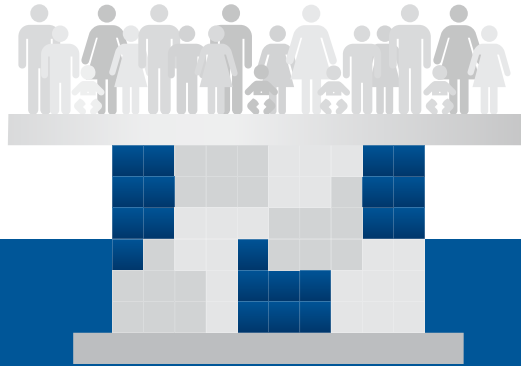
Funding

Local revenue from property taxes and federal funds will support these projects. By participating in the 1115 Waiver, Central Health will bring federal dollars to the community to support approved projects that successfully achieve agreed-upon measures. Federal funds will be provided based on the level of outcomes achieved (i.e., 100% of target achieved will bring down 100% of identified funds).

Performance Measures

The following target measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Leverage Health Care Investments		
Year 1	Target A:	Monitor agreed-upon metrics and reporting for community partners to determine local inter-governmental transfer amount and subsequent funding to be received by community
Year 2	Target A:	Monitor agreed-upon metrics and reporting for community partners to determine local inter-governmental transfer amount and subsequent funding to be received by community
Year 3	Target A:	Monitor agreed-upon metrics and reporting for community partners to determine local inter-governmental transfer amount and subsequent funding to be received by community



Health Promotion

GOAL » Support the improved health of individuals and the community through implementing new health promotion activities, collecting and reporting community health indicators and establishing a Health Policy Council.

Context

Poor population health status, limited health care funding, a growing demand for services and a shift in policy are transforming the health care landscape to include a new emphasis on wellness and prevention. To improve health outcomes and reduce demand for health care services, individuals and the community as a whole need to be supported to take greater responsibility for their own health and that of their community. Multiple local entities have health promotion strategies, and the opportunity exists to create a focused, coordinated effort among all partners to maximize impact.

Desired Outcome

The desired goal is to maintain or improve the health status of the target population. Central Health will develop and implement strategies to increase the impact of clinical services and/or help reduce need for care. Additionally, Central Health will convene community partners to build upon existing initiatives in order to align health policy and intervention strategies for increased impact on the health status of the community. Health promotion is a new priority for Central Health and the initiatives in this area will require substantial research, planning and collaboration to be implemented.

INITIATIVE 2.1

Develop and Implement Health Promotion Programs that Support CCC Clinical Services

Project(s)

As part of the transformation of the local health care system, Central Health will implement health promotion programming to complement and extend CCC clinical initiatives.

Strategy

This initiative will expand the focus of health care services from being primarily directed at treatment of illness and chronic disease, to also expand wellness and prevention strategies for the CCC population. Central Health will work with community partners such as the University of Texas School of Public Health, the St. David’s Foundation, the Michael and Susan Dell Foundation, and the Austin/Travis County Health and Human Services Department, among others, to identify best practices for health promotion programming in the community. These will then be prioritized and implemented based on CCC-identified population needs. Efforts may extend beyond the CCC target population as resources allow.

Performing Provider(s)

Central Health will be the coordinator/convener of this initiative. Community partners will inform best practices.

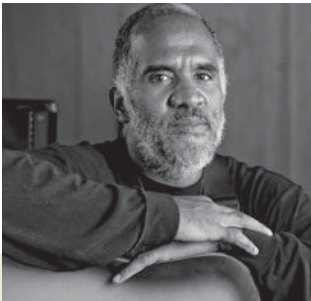
Funding

Central Health will use local revenue from property taxes and/or federal matching funds to support this initiative.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Implement Health Promotion in Support of Health Care		
Year 1	Target A:	Establish a CCC Health Promotion work group to plan strategies
	Target B:	Identify at least one health promotion goal and associated milestones to support CCC clinical efforts
Year 2	Target A:	Implement process for integrating evidence-based health promotion practices
	Target B:	Achieve milestones based on identified health promotion goal
Year 3	Outcome:	Targeted evidence based health promotion effort implemented



Preventing disease and injury is the most cost-effective, common-sense way to improve health in the United States. Too often, however, the health care system focuses more on treating disease and injury after they happen.

Return on Investments in Public Health: Saving Lives and Money

Robert Wood Johnson Foundation
Policy Highlight Brief

INITIATIVE 2.2

Establish and Communicate Community Health Indicators

Project(s)

The achievement of Central Health’s vision of a model healthy community requires the engagement of all sectors of the community in understanding the health challenges we face and developing a unified approach to addressing those health challenges. Central Health will collaborate with community partners to identify ways to build upon current community health measurement and reporting efforts in order to: 1) increase impact around shared goals and interventions; 2) increase community understanding of issues; and 3) increase action to address health challenges.

Strategy

This will be a multi-year effort that will begin with Central Health convening partners, such as the Austin/Travis County Health and Human Services Department and the Travis County Health and Human Services and Veterans Services Department, to establish a collaborative approach for identifying, collecting and monitoring health priority areas and related health indicators.

Once priority areas and indicators are agreed upon, Central Health and our partners will regularly report on the status of each indicator through a variety of communication channels so that the community can easily access and understand the current state of each indicator and track progress over time.

This effort will not duplicate existing work but rather will enhance completed assessment and indicator efforts by establishing an agreed-upon set of prioritized health indicators for the community. These indicators will enable policy makers to assess needs, evaluate program/ service impact, coordinate strategies across organizations to maximize impact, and refine strategies to better address local health needs.

Performing Provider(s)

Central Health will act as a coordinator/convener of multiple community partners to implement this project.

Funding

Central Health will use local revenue from property taxes to support this initiative.

Performance Measures

The following target measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Community Health Indicators		
Year 1	Target A:	Convene stakeholders to develop agreed upon list of community health indicators
	Target B:	Establish process or tool for collecting and reporting information
Year 2	Target A:	Report health status via multiple channels
	Target B:	Through partnership, identify one goal to improve over baseline based on indicators
Year 3	Target A:	Develop collaborative intervention to measurably improve goal identified in Year 2

INITIATIVE 2.3

Develop a Health Policy Council

Project(s)

Because health policy is one of the most effective ways to influence changes in behavior and lifestyle, Central Health will collaborate with community partners to establish a Health Policy Council to promote health policy recommendations for the region.

Strategy

Central Health will partner with other organizations to establish a Health Policy Council to serve as the agreed upon authority on health policy issues within Travis County. The Council will make recommendations based on best practice strategies for improving individual and community health. The work of the policy council will be informed by the community health indicators project described above and could also help to further align health promotion and health care activities.

The establishment of this Council would help maximize the effectiveness of local health promotion efforts and health care services by promoting coordinated policies and programs that could have the greatest impact on the health of the county population.

By aligning our efforts in creating health policies, investing in a healthy infrastructure and promoting health and wellness, we can all take part in transforming the cycle to improve health and expand access to affordable, quality health care, thereby making Central Texas an even more auspicious place to live and work.

Health and Health Care Trends
& Innovations in Central Texas
October 2011

To enhance buy-in for this effort, Central Health will work over the three-year period of the strategic plan to:

- Research potential models for the Council;
- Identify leadership champions for the project;
- Obtain key community organizational commitment; and
- Develop roles and responsibilities for the Health Policy Council with Council members.

Performing Provider(s)

Central Health will coordinate this effort with partner organizations.

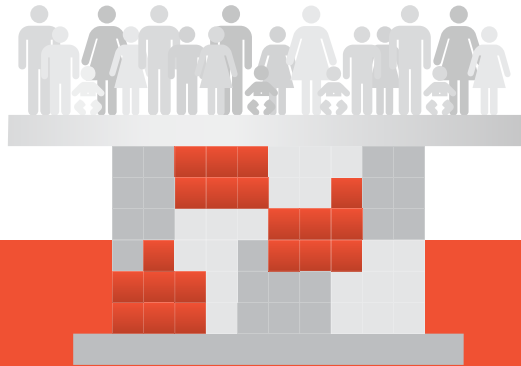
Funding

Central Health will use local revenue from property taxes for staff time to coordinate this initiative. Health policies and promotional activities will be funded collaboratively or by partner organizations.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Health Policy Council		
Year 1	Target A:	Develop Health Policy Council proposal to present to potential partners
	Target B:	Convene stakeholders to consider Health Policy Council concept
Year 2	Target A:	In collaboration with community partners, launch Council and establish foundational documents to govern Council operations.
	Target B:	Identify first year goals
Year 3	Outcome:	Community will achieve a measurable positive impact on goals as identified by health policy council



Health Coverage

GOAL» Maximize enrollment in health coverage by Travis County residents through enhanced navigation, eligibility, and enrollment services.

Context

New health coverage options will become available to eligible Travis County residents through the Affordable Care Act (ACA). Beginning in October 2013, individuals who are not offered employer-based insurance and do not qualify for existing public programs can enroll in ACA health plans for coverage to be effective January 1, 2014.

Desired Outcome

Central Health desires to increase the percentage of Travis County residents with health coverage, as individuals who have health coverage have better access to preventive and regular health care services, which results in better health status.

INITIATIVE 3.1

Expand Eligibility and Enrollment to Support New Health Coverage Options

Project

Central Health will expand eligibility and enrollment services to assist Travis County residents in obtaining new health coverage options.

Strategy

Central Health's Eligibility Services staff help individuals and their families identify and apply for publically-funded health coverage programs including:

- Central Health's Medical Access Program (MAP)
- Children's Health Insurance Program (CHIP)
- Medicaid; and
- Other State Health Assistance Programs.



Over
47,000,000

nonelderly Americans were
uninsured in 2012.

Texas has the highest uninsured
rate in the nation at 24.6%,
or more than 6,000,000 people,
as of 2012.

In Travis County,
that number is closer to 20%.

Over the term of this strategic plan, eligibility and enrollment services will be expanded to assist individuals in the Travis County region in applying for coverage under new benefit options to be offered through the Affordable Care Act Marketplace and expanded MAP benefits.

Affordable Care Act (ACA)

As of October 1, 2013, all qualifying individuals, regardless of income, who are not offered employer-based health coverage, will have new health insurance options available through the ACA Marketplace, with coverage to begin on January 1, 2014. As there is a defined enrollment period for these plans and a possible penalty for individuals who do not take up coverage, it is critical to provide timely and accurate information to help individuals and families obtain coverage.

While Texas has currently opted not to expand Medicaid coverage, there have been mandated changes to the program (elimination of assets test, etc.) that may increase the number of individuals who will now qualify for this coverage. However, Central Health will work to match each interested individual with the health coverage option for which they qualify.

The goal for all eligibility and enrollment services is that they are easy to access, non-burdensome, and provided in a linguistically and culturally-sensitive manner. To this end, Eligibility Services staff will continue to identify and implement best practices around eligibility services and work with a range of community partners to ensure there is “no wrong door” for access to health care coverage.

Central Health will coordinate a
comprehensive strategy to include:

- Expanding Health Care Navigation Center hours for information and referral services;
- Obtaining training for staff on ACA eligibility requirements;
- Collaborating with state and federal partners on messaging; and
- Identifying current and new community partners to ensure that application assistance is available throughout the county.

Performing Provider(s)

Central Health Eligibility Services staff and contracted service providers will perform these eligibility services.

Funding

Central Health will support expanded eligibility and enrollment services with local revenue from property taxes.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Expanded Eligibility and Enrollment Services

Year 1	Target A:	Establish baseline call volume to Central Health's Health Care Navigation Center around health coverage through ACA
	Target B:	Establish a baseline number of expanded Health Coverage outreach efforts
Year 2	Target A:	Increase in call volume of 5% over prior year to Central Health Call Center for calls related to the ACA/Marketplace
	Target B:	Increase the number of outreach efforts by 5%
Year 3	Target B:	Increase the number of outreach efforts by 5% (10% increase over Y1 baseline)
Outcome:		Help increase health care coverage for Travis County residents in public programs by 10%



Over six in ten of the uninsured have at least one full-time worker in their family, and 16% have a part-time worker in the family.

Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of the 2013 ASEC Supplement to the CPS

INITIATIVE 3.2**Offer Health Coverage Options through the Affordable Care Act Marketplace****Project(s)**

Sendero Health Plans will offer local, non-profit health coverage options for Travis County residents through the ACA Health Insurance Marketplace.

Strategy

Central Health developed Sendero Health Plans in 2011 to provide a local, non-profit option to improve access to care for individuals eligible for publicly funded health insurance programs. Currently, Sendero is one of the health coverage providers for Medicaid and CHIP participants in the eight-county Travis Service Delivery Region—Burnet, Bastrop, Travis, Fayette, Hays, Williamson, Lee, and Caldwell counties.

Beginning in October of 2013, the Affordable Care Act will expand health insurance options for more Americans who lack coverage. This expansion will be offered through the Health Insurance Marketplace through which Qualified Health Plans (QHP) will be selected to offer a variety of coverage options (based on level of benefits) for eligible applicants. Sendero has been accepted as a QHP to help area residents take advantage of the expanded access and funding for health care.

As a QHP, Sendero will be able to support expanded access to health care for residents who are currently unable to secure coverage due to health status or financial constraints. Individuals with incomes of less than 400% of the Federal Poverty Level are eligible for federal subsidies to defray the cost of coverage. Subsidies for individuals below 200% FPL are most significant, with the subsidy paying for over 80% of the costs of care for these members.

These subsidies will bring increased federal funding for health care into the Travis county area. It is expected that increased access to affordable coverage, along with the individual mandate to obtain coverage, will decrease the percentage of uninsured individuals in Travis County.

Performing Provider(s)

As a QHP, Sendero will offer multiple health coverage options that meet ACA coverage mandates.

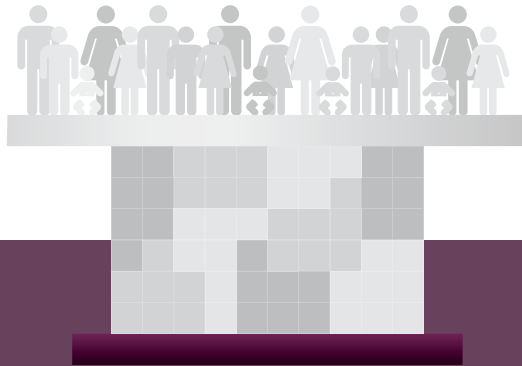
Funding

Initial funding will be covered by local revenue from property taxes, provided by Central Health as part of Sendero’s start-up capital. Total spending for this project is not expected to add more than \$845,000 to Sendero’s original 2013 budget. Approval for this funding was obtained from both Sendero’s and Central Health’s Boards. Continued funding is contingent on reaching milestones and ongoing Board review. Federal funds provided as subsidies to coverage, as well as member payments, will also support these services.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. ACA Qualified Health Plan		
Year 1	Target:	Process all health plan enrollees with all systems (claims, premium processing, medical management, etc.) operational
Year 2	Target:	Enroll 2,500 members
Year 3	Outcome:	Break even on a pro-forma financial basis



Health Infrastructure

GOAL» Improve the health of the Travis County population into the future by expanding the number providers, increasing and improving health care facilities, implementing enhanced technology, and serving in a coordinating capacity for the transformation of regional health care delivery.

Context

The 2014–2016 Strategic Plan falls at a time when a convergence of events has positioned our organization to make major, transformational change to the health care delivery system in Travis County.

Recent Events:

- Texas State Senator Kirk Watson's vision of 10 transformational health care goals to be achieved within the next 10 years;
- The 1115 Waiver provides an unprecedented opportunity to transform the current fragmented, disconnected approach to health care delivery into an integrated person-centered system driven by improved patient health outcomes;
- The Affordable Care Act mandating health coverage for all qualifying individuals; and
- Promotion at the federal level for more accountable types of care.

Desired Outcome

A transformed health care delivery system requires enhanced infrastructure. Each of the initiatives identified under this priority are critical to significantly improving the availability and quality of care.

The initiatives identified below address provider supply, create new and/or enhance care facilities, design and implement the necessary technology infrastructure to inform care, and support the transformation of care services across the larger region.



The creation of the Dell Medical School at The University of Texas at Austin presents a rare opportunity to design a new medical school curriculum that will advance the professional skills of physicians who serve the ethnically diverse and often underserved patient population of our state.

The Daily Texan
John Hoberman
Sept. 30, 2013

INITIATIVE 4.1

Support Planning for New Medical School

Project(s)

Central Health is supporting the creation of the Dell Medical School at the University of Texas at Austin in order to increase the local supply of providers, especially primary care providers, trained in evidence-based practices. Primary care includes internal medicine, family medicine, pediatrics and obstetrics/gynecology.

Strategy

Local stakeholders have long recognized that the creation of a medical school in Austin could help address a critical shortage of doctors available to provide care for the underserved in Travis County. A medical school would also support the creation of a more efficient, integrated, innovative and patient-centric model of care.

The target is for 50 percent of the medical school graduates to enter primary care with some obtaining a joint degree (such as a Masters of Public Health) that will greatly enhance local services. The medical education model at the Dell Medical School will emphasize primary and preventative health care (along with related specialties and sub-specialties) and outpatient, team-based (pharmacists, social workers, etc.) care.

Performing Provider(s)

The medical school will be owned by the University of Texas Austin with the education and residency programs implemented by UT Southwestern (for the foreseeable future).

Funding

The medical school building will be financed by The University of Texas System and private philanthropic dollars. Seton Healthcare Family will finance the expanded graduate medical education program. Central Health will use local revenue from property taxes to support the additional health care services to be provided by medical school faculty, students and residents.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Medical School		
Year 1	Target:	Serve on identified committees related to the Medical School Development—Steering Committee, Dean Selection Committee, Women's Engagement Committee, Community Involvement Team
Year 2	Target:	Participate in readiness assessment for school
Year 3	Outcome:	Initial class of 50 medical students begins in 2016

INITIATIVE 4.2

Help Plan and Implement New Teaching Hospital

Project(s)

Central Health is collaborating with Seton Healthcare Family to plan the new teaching hospital that will provide one of the training locations for the medical residents of the new medical school (Initiative 4.1) while providing best-quality care to the Travis County population.

Strategy

Since 1995, Seton has operated the Central Health-owned University Medical Center Brackenridge (UMCB) as the safety-net hospital in Travis County. UMCB, which was originally constructed in the mid 1970s, is an aging outmoded facility that needs to be replaced with a new facility better equipped to meet the community’s health care needs as well as provide a state-of-the-art teaching facility for the new medical school and related residency programs.

Central Health and Seton view the construction of a new teaching hospital as an excellent opportunity to integrate hospital and community-based services under the CCC, which will support patient care coordination and better patient management, resulting in better outcomes.

Central Health will accomplish the following action steps necessary to ensure successful construction of the new teaching hospital:

- Collaborate with Seton to create a plan for services to be provided at the new teaching hospital that meets the needs of the safety net population;
- Develop a long-term ground lease for the land where the teaching hospital will be located;
- Implement a Master Agreement with Seton related to the teaching hospital and the post-termination use of the UMCB campus (see Initiative 4.3 below).

Performing Provider(s)

Central Health and Seton will coordinate on the design of services to be offered at the new hospital. Central Health will lease the land on which the hospital is built; Seton will own the building.

Funding

Seton will fund the construction of the replacement hospital for UMCB. Central Health will have a ground lease for the property on which the hospital is located.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. New Teaching Hospital		
Year 1	Target A:	Develop and implement plan for services to be provided at the new teaching hospital
	Target B:	Execute all necessary agreements for hospital, including ground lease
Year 2	Target:	Monitor development and implement transitional care plans as needed to ensure timely completion of Teaching Hospital
Year 3	Outcome:	New Teaching Hospital begins operation

INITIATIVE 4.3

Repurpose the Existing UMC Brackenridge Campus

Project(s)

As the owner of the buildings and the land on which the existing UMCB hospital and related facilities sit, Central Health will assess the condition of the facilities on that campus and work with community partners to design the highest and best future use for this property (facilities, equipment, etc.) in order to support the continuum of health care services and maximize this valuable community resource.

UMCB’s existing facilities, no matter how extensively renovated, would not meet even the well-recognized needs of its current clinical and educational programs, let alone position the hospital and its remarkably dedicated staff to fulfill their missions in the future. A new UMCB hospital is necessary and fully justified on these grounds alone.

Report on University Medical Center Brackenridge
Huron Education

Strategy

Once high-level priorities for the campus are defined, staff will develop a detailed implementation plan for transforming the property so that the services to be provided there complement and enhance the work to be done at the new medical school, teaching hospital, and the CCC-contracted service network. This plan will identify renovations needed and related timelines so that service contracts can be negotiated as the facility work is completed. This work will be coordinated with the construction timeline for the new hospital and related transfer of services.

Performing Provider(s)

Central Health will be responsible for the development of the new campus plan. The CCC and/or Central Health will contract with organizations to provide services on this property.

Funding

Central Health will continue to own the existing UMCB facility and land. These costs will be supported with local tax dollars as well as any fees/rent required of participating providers. Services provided at the UMCB campus will be supported with local revenue from property taxes and any federal matching funds, if eligible.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Redevelopment of the Current UMCB Campus		
Year 1	Target A:	Engage consultant to develop a master plan for the existing UMCB campus; including financial projections of capital and operating expenses and income opportunities
Year 2	Target A:	Develop necessary contractual arrangements to implement approved re-purpose plan
Year 3	Outcome:	Services initiated in coordination with opening of new teaching hospital

INITIATIVE 4.4

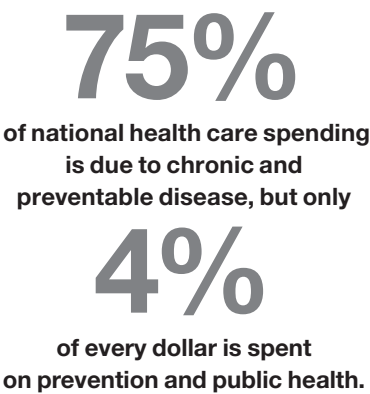
Open the Southeast Health and Wellness Center

Project(s)

Central Health is renovating the former Veterans Affairs Austin Outpatient Clinic at 2901 Montopolis Drive in southeast Austin to create a state-of-the-art health and wellness center for individuals at or below 200% of the federal poverty level who are under or uninsured. The Southeast Health and Wellness Center will provide convenient access to a continuum of services including expanded hours for primary care and co-located access to specialty care services, integrated behavioral health care, and dental services.

Strategy

The Southeast Health and Wellness Center will be developed in phases and is anticipated to be fully operational by the end of FY15. This site will provide a Primary Care Medical Home, a best practice for improving delivery of care and patient experience. In addition to expanded access to a continuum of health care services in an underserved area of the county that is experiencing rapid population growth, health promotion activities that focus on disease management and prevention will also be available at this site. This site will be the model for the transformation of health care delivery within the CCC.



Health and Health Care
Trends & Innovations in Central Texas
October 2011

In order to develop a facility and implement services that best meet the community needs, Central Health will undertake the following activities:

- Manage the renovation plans to ensure completion within established timeframe;
- Receive community input on desired health care and related services;
- Purchase necessary equipment and ensure proper installation;
- Identify providers of health and wellness services;
- Negotiate service contracts; and
- Monitor and report on services provided.

Performing Provider(s)

Central Health owns the facility and is responsible for the renovations. The CCC will contract with community service providers for the identified services.

Funding

Central Health is financing the renovations of the facility through the issuance of Certificates of Obligation approved by its Board of Managers in 2011. Services will be supported with local revenue from property taxes and supplemented with federal funds drawn down through the 1115 Waiver. Additionally, entities operating within the Southeast Health and Wellness Center may pay rent or financially participate in support of the facility.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Southeast Hub Community Health Center		
Year 1	Target A:	Complete service delivery plan
	Target B:	Complete plan for renovations
Year 2	Target A:	Execute service provision agreements
	Target B:	Complete renovations
Year 3	Outcome:	All 1115 Waiver projects to be performed at Southeast Health and Wellness are initiated according to target timelines

INITIATIVE 4.5

Enhance Health Information Technology Infrastructure

Project(s)

This project will develop health information technology capability that supports improved care delivery, care coordination, reduced cost of care, and measurement and reporting.

Strategy

One of the critical components to coordinating care across the CCC service continuum will be the integration and enhancement of technological capabilities that allow timely access to shared data. This data is critical to coordinate patient care, inform clinical decisions, and reduce waste related to duplication of services and procedures.

Central Health will work with its community partners to develop and implement a Health Information Technology (HIT) infrastructure for the CCC that will support enhanced patient care management. Shared data will both facilitate care decisions and allow for the

75%
of providers (surveyed)
report that their EHR (electronic
health records) allows them
to deliver better patient care.

www.HealthIT.gov

necessary reporting and measurements required to identify best practices, support system accountability to the public, and measure the success of the 1115 Waiver projects.

This project is critical for the transformation of the health care system as it knits disparate providers together into a coherent system. To complement this project, as well as to continue enhancing patient care, the CCC will continue to research and monitor best practices related to use of consumer-focused technologies.

Performing Provider(s)

This project will be implemented through the CCC and will require the eventual participation of all contracted CCC providers in order to achieve system transformation and improved patient care.

Funding

Funding for this project will be provided by both Central Health and the Seton Healthcare Family. Once approved as an 1115 Waiver project and successfully implemented, Central Health will use local revenue from property taxes to make an Intergovernmental Transfer (IGT) to CMS to be matched with federal dollars for the support of these projects. Seton will provide capitalization funds and staff time in support of this project.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Expand Health Information Technology Infrastructure		
Year 1	Target A:	Develop, test, and launch HIE to include HIE core and point-of-care capabilities to support clinical decision-making capabilities
	Target B:	Initiate and complete planning for data warehouse
Year 2	Target A:	Develop, test, and launch patient navigation and care management components of HIE to identify target population for chronic disease management and supported coordinated care efforts
	Target B:	Test and refine reporting capabilities of data warehouse
Year 3	Target A:	Continue with any needed refinements to HIE capabilities
	Outcome:	Maximize provider use of HIE. Specific determination of "maximized use" to be developed as system is implemented and in coordination with providers to identify most important data points/components to support care decisions and coordination

INITIATIVE 4.6

Coordinate the 1115 Waiver Regional Healthcare Partnership Activities

Project(s)

As part of the 1115 Waiver program, Central Health is serving as the Anchor Entity for the state-designated Regional Healthcare Partnership (RHP) which includes Travis, Bastrop, Caldwell, Fayette, Hays, and Lee Counties. As the anchor, Central Health is responsible for administrative coordination of the regional plan and related reporting requirements.

Strategy

In December 2011, Texas received federal approval to apply for and implement transformative health care projects as part of the 1115 Waiver program. To participate, eligible local entities were required to join a state-designated local Regional Healthcare Partnership (RHP).

Travis County was assigned to RHP 7, and Central Health, as a local governmental entity, was selected as the Anchor Entity to coordinate the RHP application and administer designated program requirements for the region. Throughout 2012, Central Health worked with eligible organizations to develop and submit a comprehensive RHP 7 plan which has received presumptive approval from the State and is under review at the Federal level.

Over the term of the waiver, Central Health will be responsible for a number of administrative/coordination activities, including:

- Facilitating the Inter-Governmental Transfer (IGT) process—the process for sending up local governmental funds to be matched with federal dollars;
- Coordinating regional reporting;
- Providing training and technical support to RHP participants;
- Facilitating regional Learning Collaboratives for RHP members; and
- Producing an annual report detailing RHP 7 activities and achievements.

Performing Provider(s)

Central Health is the performing provider for this initiative.

Funding

Central Health will receive federal reimbursement for 50% of the costs associated with these activities. Central Health will use local tax dollars to support the unreimbursed costs.

Performance Measures

The following target and outcome measures will be tracked for this initiative to ensure that the desired results are being realized.

1. Coordinate the 1115 Waiver RHP 7 Activities		
Year 1	Target A:	Receive approval for DSRIP projects and RHP 7 plan
	Target B:	Submit all required reports within designated timeframes
Year 2	Target A:	Convene at least 2 learning collaboratives for RHP 7 partners
	Target B:	Submit all required reports within designated timeframes



For more information, visit any of Central Health's Web sites.

www.CentralHealth.net

Central Health's primary Web site. Find information about our history, our Board of Managers and Executive Leadership team, budget and financial documents, links to health care resources, health care planning updates and data, news and press releases, job openings, and more.

www.MedicalAccessProgram.net

Access information about MAP, Central Health's own health coverage program for Travis County residents at or below 100% of Federal Poverty Guidelines. Learn about the benefits, where to seek care, and more.

www.CHEligibility.net

Find out if you might qualify for MAP, or any of the other health plans offered by the State of Texas, including Medicaid and CHIP. You can also learn about the process for enrolling and details about the information necessary to begin.

www.TexasRegion7RHP.net

The home for 1115 Waiver related information, specific to Region 7, the region anchored by Central Health. The latest news and updates for participants, as well as essential information, forms and data is all available here.

www.CommunityCareCollaborative.net

A microsite for the Community Care Collaborative, with information about meetings and current projects.

