



Travis County Commissioners Court Agenda Request

Meeting Date: February 18, 2014

Prepared By/Phone Number: Juanita Jackson/854-4467

Elected/Appointed Official/Dept. Head: Sherri E. Fleming,
County Executive for Health and Human Services and Veterans Service

Commissioners Court Sponsor: Judge Samuel T. Biscoe

AGENDA LANGUAGE:

Receive briefing and updates on the following from Central Health:

- A. Introduction of George Miller, the new Community Care CEO
- B. Presentation of Brenda Coleman-Beattie, Board of Managers Chairperson
- C. Update on 1115 Waiver Transformation in Healthcare

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

See attached.

STAFF RECOMMENDATIONS:

See attachments

ISSUES AND OPPORTUNITIES:

See attachments

FISCAL IMPACT AND SOURCE OF FUNDING:

No fiscal impact

REQUIRED AUTHORIZATIONS:

Mary Etta Gerhardt, Assistant County Attorney
Beth Devery, Assistant County Attorney
Leslie Browder, County Executive, Planning and Budget Office
Cyd Grimes, CPM, Travis County Purchasing Agent
Nicki Riley, CAP, CMA, Travis County Auditor
Patty Lennon, Financial Analyst, Travis County Auditor's Office
Aerin Toussaint, Analyst, Planning and Budget Office
Sherri Fleming, County Executive, HHSVS

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to the County Judge's office, agenda@co.travis.tx.us by **Tuesdays at 5:00 p.m.** for the next week's meeting.

GEORGE N. MILLER JR., M.H.S.A.

Okmulgee, OK • millergn@gmail.com • <http://www.linkedin.com/in/millergn> • 937-206-4716

SENIOR HEALTHCARE EXECUTIVE

STRATEGIC THINKER • OPERATIONS MANAGEMENT • PATIENT CARE
NATIONALLY RECOGNIZED HEALTHCARE EXECUTIVE DRIVES BUSINESS & QUALITY INITIATIVES.

Experienced strategic and performance-focused Executive with over 22 years of energetic leadership in Healthcare operations and Physician engagement. **Expert in turnaround operations**, transforming finances and operations to profitability while delivering nationally recognized quality for acute, LTC, FQHC, LTAC, and Rehab healthcare.

Motivational leader known for clearly defining mission and goals, aligning human resources and the right resources, and consistently delivering results that exceed expectations.

Appointed by the Administration to the Medicare Payment Advisory Commission (**MedPAC**) for the United States

PROFESSIONAL EXPERIENCE

CommUnityCare Health Clinics

2013 to present

Largest provider of comprehensive, quality acute care services in adult, children, women, behavior and dental services to Austin/Travis County, TX, to the general public, low and moderate income and safety net patients in 22 soon to be 23 locations.

CHIEF EXECUTIVE OFFICER – CommUnityCare Health Centers (FQHC) Austin, TX. 2013 to present, 22 soon to be 23 locations, 550 employees, 70,000 patients, \$60M in revenues.

The Executive Leader responsible for all leadership, vision, strategy, financial results, and quality results for the Medical Enterprise.

QHR (Quorum Health Resources) – Healthcare management company

2011 to 2013

Serve as one of the Site Chief Executive Officer (CEO) of the more than 450 healthcare clients in the US.

CHIEF EXECUTIVE OFFICER - Okmulgee Memorial Hospital (OMH), Okmulgee, OK 2012 to present
66 bed rural nonprofit hospital. 225 employees, \$40M revenues.

Hired to financially transform/turnaround hospital that has lost money for years, recruited new physicians, and initiated new product lines, wound care and hyperbaric chamber, woman services, sleep studies.

- **Initiated Catch The Spirit program to improve patient satisfaction**
 - Recruited new Orthopedic Surgeon to bring full time orthopedic services, recruited new Urology Surgeon Group to Okmulgee urology services and recruited 2 new PCP to serve the Okmulgee community.
 - Developed new profitable outpatient services to improve revenue to OMH to include Wound Care and Hyperbaric Chamber Services, women services, sleep studies, respiratory and pulmonary rehab services.
 - Improve HCACPS scores and CORE Measures by 30% and 25% respectively.
 - Have achieved financial turnaround, OMH is now profitable within 12 months of tenure.
-

First Diversity Healthcare Group, (FDHG)/First Diversity Management Group, Springfield, OH 2008 to 2012

FDHG a full service, diverse, bilingual, minority owned organization that provides comprehensive operational solutions to healthcare and senior care facilities with exceptional consulting service. Working closely with the administration/HR of clients, FDMG properly trains/lead workforce by adhering to principles and vision of the client.

PRESIDENT & CEO

The Executive Leader responsible for all leadership, vision, strategy, financial results, and quality results for each client. Develops and maintains the relationships in the communities of clients, by working directly with the executive leadership team, Board of directors, Advisory Boards, and residents. Directs operational, growth, and strategic oversight of professional and support services for clients to include acute care hospitals, LTC, FQHC, and LTAC.

Drives improved business process, performance, productivity and financial results:

- Assesses client needs and develops consulting and knowledge solutions leading to a **100% satisfaction rating by client**.
- Successfully delivered project including testing, screening, interviewing, selecting, and hiring 400 new environmental services and dietary workers for Healthcare Client within 3 weeks. Satisfied Client expanded scope to hire additional 185.
- Restructured a Sitters Program for client. Hired staff at a savings of 25% of payroll. Developed specific educational and training programs to meet the needs of this critical service. **2 staff members saved the lives of 2 patients who would have committed suicide.**

REGIONAL PRESIDENT & CEO - Community Mercy Health Partners - Springfield, OH 2006 to 2008 SENIOR VICE PRESIDENT - Catholic Health Partners (CHP), Cincinnati, OH

Catholic Health Partners (CHP) is a mission-driven, nonprofit health system meeting the healthcare needs of people in Ohio, Tennessee, Kentucky and Pennsylvania. CHP operates acute care hospitals, senior care facilities, housing sites for the elderly, home health agencies, hospice programs, wellness centers and other healthcare organizations. CHP is largest healthcare system in Ohio; it is a \$3.5B integrated healthcare delivery system with 25,000 FTS with 9 regions in 4 divisions.

Community Mercy Health Partners (CMHP) region includes 15 ministries totaling \$750 Million in annual revenues and 3,000 FTEs. Hired with full responsibility for governance, vision, strategy, financial results, quality results, community leadership in alignment with CMH-CHP strategic aims and mission. Also hired to turnaround struggling inner city hospital and to build a new replacement hospital.

Initiatives included:

- Led development of new Strategic Plan, vision, and organizational structure to support the Plan.
- Initiated physician alignment strategies including clinical co-management, and evaluation of ACO potential.
- Developed JV opportunities with Physicians in Cardiology, Urology and Gastrology.
- Initiated Studer “Journey to Excellence” to improve customer satisfaction.
- Converted Children’s Health clinic to first FQHC in Clark County, Ohio.
- Developed comprehensive plan for technology including the market’s first da Vinci Robot.

Drove successful results:

- Successfully facilitated the merger of 5 contract physicians groups into 1.
- Consolidated 2 medical staffs into 1 and major services from 2 campuses to 1.
- Earned the Premier Care Source “**National Quality Award**” **2 years in a row**.
- **Successfully delivered a state-of-the-art \$250M, 600,000 square foot replacement hospital under-budget and 6 months ahead of schedule.**
- Reduced quality defects by 28%.
- Oversaw the designed and building project of new 250 bed state of the art hospital.

PRESIDENT/CEO - Provena St. Mary’s Hospital (PSMH), Kankakee, IL Executive Leadership Team - Provena Health, Mokena, IL

2001 to 2006

Provena Health is a Catholic integrated health system with \$1.5 B in revenues, 12,000 FTEs, includes six hospitals, 16 LTC and senior residential facilities, 28 clinics, five home health agencies and other health-related activities operating in Illinois and Indiana.

PSMH is a 211 bed Level II Trauma, Inner-City nonprofit hospital annually revenues of \$347 million and 1200 employees. Hired to drive financial initiatives and restore on-budget performance. Created new management structure, facilitated culture change, improved accountability in clinical, support, and administration. Implemented new comprehensive guest services initiatives including in room dining, concierge services, and service excellence.

- Earned “**Top 100 Hospital Leadership Award**” by Solucient.
- Earned J. D. Powers and Associates “**Hospital of Distinction Award**”.
- Increased Physician satisfaction from 60% to 92%.
- Raised patient satisfaction from 40% to 97%, Market share grew from 27% to 39%.
- Converted Community Health Clinic to FQHC first in Kankakee County, IL.
- Implemented Studer framework to improve employee and patient satisfaction. **Achieved the highest employee satisfaction, patient satisfaction and physician satisfaction in System.**
- Developed physician joint-venture programs in Imaging, Endoscopies, and Orthopedics.
- Established the “Quality Agenda”, an internal evaluation to define the gap between existing performance and performance of a national “best” organization. Created a quality dashboard.

CHIEF EXECUTIVE OFFICER - CHRISTUS Jasper Memorial Hospital, Jasper, TX 1995 to 2001
 95 bed rural nonprofit hospital. 300 employees, \$40M revenues.

Hired to financially transform hospital, recruited new physicians, and initiated new product lines of behavioral health, rehabilitation services, and Geri-physic services. Negotiated and signed contract with Texas Department of Criminal Justice (TDCJ) to manage the healthcare of 2 correctional facilities in Jasper, TX. Elected Chairman of the Board of the Newton FQHC.

- **Successfully drove turnaround of \$2M within 24 months.**
- Repaid \$850K bank loan in 10 months. Eliminated Jasper County Hospital taxes.
- **Increased cash reserves from \$0 to \$2.5M**
- Restructured staff from 300 to 229. Increased ADC from 12 to 40.
- **Awarded “100 Top Hospitals Benchmark for Success” in 1997.**
- Won Press Ganey “Compass” award, **best in nation under 150 beds** in Patient Satisfaction 2001 and 2002.

Pecos County Memorial ospital Hospital- Rural County Owned, Fort Stockton, TX 1993 to 1995
 57 beds, 190 employees, \$20M revenues.

Pecos County General Hospital-Rural County Owned, Iraan, TX
 11 beds, 60 employees, \$4M revenues.

CHIEF EXECUTIVE OFFICER - Hired to rescue rural nonprofit, 2-hospital system in financial turmoil.

- **Successfully returned to profitability. Improved operating margin from -2.1 % to 3.4%.**
- Started 2 Rural Health Clinics. Recruited 3 new physicians and 3 PA’s.
- Negotiated \$3.5M Texas Department of Criminal Justice managed care contract for 2 correctional facilities.
- Negotiated and signed first VA Managed Care contract in the US to provide primary care to veterans.

Twin Oaks Medical Center -Inner City Urban For Profit Hospital, Fort Worth, TX 1991 to 1993
CEO/ CFO

Newport News General Hospital - Inner City Urban, Non-Profit, Newport News, VA 1982 to 1991
CEO (1989 to 1991); **ASSOCIATE ADMINISTRATOR/CFO** (1982 to 1989)

Community Federal Savings & Loan, Newport News, VA 1973 to 1982
President/CEO (1973 to 1989)

TEACHING

Adjunct Professor, Master's Program, Health Services Administration, Central Michigan University, 1998 to Present

EDUCATION

Masters of Science Healthcare Services Administration, Central Michigan University, Mount Pleasant, MI
Bachelor of Science, Business Administration, Bowling Green State University, Bowling Green, OH

PROFESSIONAL AFFILIATIONS

Member, Board of Commissioners, Medicare Payment Advisory Committee, (MedPAC) 2008-Present
President, National Rural Health Association, (NRHA), 2007; Member, Board of Directors, NRHA, 2001-2008
Member, Board of Trustees, American Hospital Association, (AHA), 2003 to 2006
Member, Board of Commissioners, The Joint Commission, (TJC-JCAHO), 2000 to 2003
Chairman, East Texas FQHC, Newton, TX, 1997-2000
Founder, Rocking House FQHC, Springfield, OH 2007

OFFICES, BOARD OF DIRECTORS

American College of Health Care Executives, 1995-Present

American College of Health Care Executives, East Texas Advisory Board 2000-2001

American College of Health Care Executives, East Illinois Advisory Board 2004-2006

American Hospital Association, Special Task Force on Essential Access Task Force, 1999

American Hospital Association, Special Task Force on Coverage & Access, 2001

American Hospital Association, Small and Rural Governing Council, 2001-2003

American Hospital Association, Board of Directors, 2003-2006

American Hospital Association, Special Task Force on Understanding Ethnic & Racial Disparities 2007-Present

Illinois Hospital Association, DSH Steering Committee, 2003-2006

Illinois Hospital Association, Advocacy Committee, 2003-2006

Medicare Payment Advisory Commission, Board of Commissioners, 2008-Present

National Rural Health Association, President, 2007

National Rural Health Association, Policy Development Congress, Chairman, 2002-2006

National Rural Health Association, Policy Development Congress, Vice-Chair, 1999-2002

National Rural Health Association, Annual Conference Planning Chairman, 1999-2001

National Rural Health Association, Governmental Affairs, Chairman, 1997-2002

National Association of Health Services Executives, 1997-Present

Texas Association of Rural Health Clinics, Board of Directors, 1995-1997

Texas Hospital Association, Board of Directors, 2000-2001

Texas Hospital Association, COPD, 1998-2001, Vice Chairman

Texas Hospital Association, Rural Council on Administration, Chairman, 2001

Texas Hospital Association, 4A Chairman, 1999-2000

Texas Organization of Rural and Community Hospitals, Board of Directors-1995-2000

Texas Organization of Rural and Community Hospitals, Government Affairs Chairman-1997-2000

Texas Rural Health Association, Board of Directors-1995-1997

The Joint Commission, Board of Commissioners.2002-2004

The Joint Commission, Accreditation Committee, 2002-2004

The Joint Commission, Nominating Committee, 2003-2004

The Joint Commission, Standards Review Committee, 2001-2003

The Joint Commission, Small and Rural Hospital Advisory Committee, 2000-2002.

PUBLICATIONS

“Technology Holds The Key to Fighting Obesity”, Published in Hospital Impact, August 2012”
http://www.hospitalimpact.org/index.php/2012/08/28/hospital_ceo_prevention_key_to_fighting

“Substance Abuse”; Published in Rural Roads, March 2007, Volume 5, No. 1.

“The Uninsured and Underinsured in America”; Published in Rural Roads, June 2007, Volume 5, No. 2.

“Woman Health Topics “Published in Rural Roads, September 2007, Volume 5, No. 3.

“Mental Health” Published in Rural Roads, December 2007, Volume 5, No. 4.

SPEECHES

“The Future Of Diversity On Healthcare In America.” Speech given to the American Association of Medical Imaging Management (AHRA), Orlando, FL, August 14, 2012

“The Future Of Diversity On Healthcare In America.” Speech given to the American Association of Medical Imaging Management (AHRA), Dallas, TX, August 16, 2011

“Coram Deo...Dawn of a New Day – Exploring the Feasibility and Opportunity for Pharmacists as Primary Care Providers.” Speech given to the American Society of Health-System Pharmacists (ASHO), New Orleans, LA, December 3, 2011

“The Future Of Diversity On Healthcare In America.” Speech given to the American Academy of Medical Administrators (AAMA), Scottsdale, AZ, November 16, 2011

“The Future Of Diversity On Healthcare In America.” Speech given to the American Academy of Medical Administrators (AAMA), Clearwater Beach, FL, November 18, 2010

“The Future of Rural Healthcare in America” Speech given to the Lincoln Memorial University-DeBusk College of Osteopathic Medicine, November, 2009.

“The Future of Rural Healthcare In America.” Speech given to Ocoee Regional Health Corporation Aug 21, 2009, Cleveland, TN

“EMR’s Will the Real Ones Please Stand Up?” Speech given to the Georgia Health Information Management Association, Savannah Harbor Golf Resort and Spa, Savannah, GA, August 6, 2009

“The Future of Rural Healthcare and the Celebration of Diversity” Speech given to the Holistic Approaches to Wellness Conference, Wyoming Life Resource Center, Lander, Wyoming, April 24, 2009.

"The Future of Rural Healthcare in America" Plenary Speech given to the National Rural Health Association 14th Annual Rural Minority & Multicultural Health Conference, Albuquerque, NM, December 10, 2008.

"The Future of Rural Healthcare in America" Plenary Speech given to the Rural Health Association of Tennessee, November 2008.

"The Future of Healthcare in America" Speech given to the Combined Graduate School Classes at Xavier University, Cincinnati, Ohio, October, 2008

"The Future of Rural Healthcare in America" Speech given to the University of Kansas Medical School, October 2008.

"The Future of Rural Health in America "Catch the Spirit" To Improve Customer Satisfaction" Speech given to the South Carolina Rural Health Association, Columbia, SC April, 24, 2008.

"The Future of Rural Health in America "Catch the Spirit" To Improve Customer Satisfaction" Speech given to the Nebraska Mid-America Hospital Alliance, Omaha, NE April, 18, 2008.

"The Future of Rural Health in America "Catch the Spirit" To Improve Customer Satisfaction" Speech given to the North Dakota Rural Health Association, Grand Forks, ND, April, 4, 2008.

"The Future of Rural Health in America "Catch the Spirit" To Improve Customer Satisfaction" Speech given to the Nebraska Academy of Family Physicians, DFW Airport, Dallas, TX, February 9, 2008.

"Taking Healthcare Information Exchange Further" Speech given to the HTP-INC. Kickoff Meeting, Columbus, OH, February 8, 2008.

"The Future of Rural Health in America "Catch the Spirit" To Improve Customer Satisfaction" Speech given to the Indiana Rural Health Association, Indiana Rural Health Public Policy Forum, Indianapolis, IN, January 22, 2008.

"The Future of Rural Healthcare in America" Speech given to the University of Louisville School of Medicine October 18, 2007.

"The Future of Rural Healthcare in America" Speech given to the Ohio Rural HIT Conference, Ohio University, Athens, OH September 17, 2007.

"The Future of Rural Healthcare in America" Speech given to the Nebraska Rural Health Association, Kearney, NE, September 6, 2007.

"The Future of Rural Healthcare in America" Speech given to the Texas Healthcare Trustees of THA, Annual Conference, Austin, TX, August 3, 2007

"The Future of Rural Healthcare in America" Speech given to the Texas Rural Health Association Annual Conference, Austin, TX, August 2, 2007.

"Catch The Spirit, Key Words at Key Times to Improve Customer Satisfaction" Speech given to Methodist South Hospital, Memphis, TN, June 6, 2007.

"The Future of Rural Health Care in America" Key Note Address given at the 2007 Annual Conference of the National Rural Health Association, Anchorage, Alaska, April 2007

"Catch the Spirit" speech on Customer Service given to South Carolina Rural Health Association April 2007

"Key Words At Key Times To Improve Customer Satisfaction", Speech given to the 81st Annual Conference of the West Virginia Public Health Association, September, 2005.

“The Power of Nursing in the Care and Healing of Patients” Speech given to Kankakee Community College Nursing Program Graduation Ceremony, Kankakee, IL, July 21, 2005.

“Key Words At Key Times To Improve Customer Satisfaction”, Speech given to Quant Studer’s Annual Conference What’s Right in HealthCare, Chicago, IL, June, 2005.

“Leadership in Healthcare” Speech given to the Vest Virginia State Health Education Council, 25th Annual Conference, Canaan Valley, WV, April, 26, 2004.

“The Future of Rural Health Care in the Age of the New Mature Consumer” Speech given at the 2002 Annual Conference of the West Virginia Rural Health Association, Charleston, WV, October, 2002.

“Organizational Change And Communication” Speech given to Texas A & M University Graduate Health Policy Class, College Station, TX, October 31, 2001

Testified on behalf of Small and Rural Hospitals on the effects of Balance Budget Act of 1997 (BBA) and BBRA to Congress and at the White House

AWARDS

Community Mercy Health Partners - Premier Care Science top 1% of the Hospital in America, April 2008

Community Mercy Health Partners - Premier Care Science top 1% of the Hospital in America, 2006

Provena St. Mary’s Hospital selected as Solucient’s Top 100 Hospitals, April 2005

Provena St. Mary’s Hospital selected by the America Hospital Association’s Social and Basic Needs Award for Making Communities Healthier for “The Caring Tree”,

CHRISTUS Jasper Memorial Hospital-Press Ganey Campus Award Improvement in Customer Satisfaction, June 2000.

CHRISTUS Jasper Memorial Hospital selected as Solucient’s Top 100 Hospitals, May, 2000.

CHRISTUS Jasper Memorial-Press Ganey Campus Award for Improvement in Customer Satisfaction, 6/1999.

NATIONAL HEALTHCARE POLICY AND RESEARCH

Appointed by President Bush’s Administration in 2008 and reappointed by President Obama Administration as a Commissioner on the Medicare Payment Advisory Commission (MedPAC).

The Medicare Payment Advisory Commission (MedPAC) is an independent Congressional agency established by the Balanced Budget Act of 1997 (P.L. 105-33) to advise the U.S. Congress on issues affecting the Medicare program. The Commission’s statutory mandate is quite broad: In addition to advising the Congress on payments to private health plans participating in Medicare and providers in Medicare’s traditional fee-for-service program, MedPAC is also tasked with analyzing access to care, quality of care, and other issues affecting Medicare.

The Commission’s 17 members bring diverse expertise in the financing and delivery of health care services. Commissioners are appointed to three-year terms (subject to renewal) by the Comptroller General and serve part time. Appointments are staggered; the terms of five or six Commissioners expire each year. For more information on the commissioner appointment process, please click [here](#). The Commission is

supported by an executive director and a staff of analysts, who typically have backgrounds in economics, health policy, public health, or medicine.

MedPAC meets publicly to discuss policy issues and formulate its recommendations to the Congress. In the course of these meetings, Commissioners consider the results of staff research, presentations by policy experts, and comments from interested parties. (Meeting transcripts are available on this website.) Commission members and staff also seek input on Medicare issues through frequent meetings with individuals interested in the program, including staff from congressional committees and the Centers for Medicare & Medicaid Services (CMS), health care researchers, health care providers, and beneficiary advocates.

Two reports -- issued in March and June each year -- are the primary outlet for Commission recommendations. In addition to these reports and others on subjects requested by the Congress, MedPAC advises the Congress through other avenues, including comments on reports and proposed regulations issued by the Secretary of the Department of Health and Human Services, testimony, and briefings for congressional staff.

Reports: The primary outlet for the Commission's recommendations consists of two reports, published in March and June of each year. The Commission also publishes additional reports on a variety of subjects.

Data Book: A yearly chart book that provides statistics for a range of Medicare topics.

Congressional testimony: MedPAC testimony before the Congress on Medicare issues.

Contractor reports: Reports produced for the Commission by outside authors.

Comment letters: The Commission submits formal comments on regulations issued by the Secretary of the Department of Health and Human Services, as well as on reports to the Congress about Medicare payment policy.

Medicare Basics and Payment Basics: Brief overviews of key topics (Medicare Basics) and the individual payment systems (Payment Basics).



CENTRAL HEALTH

Brenda Coleman-Beattie

Board of Managers Chairperson



Brenda Coleman-Beattie is the CEO and Principal Strategy Consultant with 2Thrive4, a strategy consulting company that provides services for private and public sector organizations and individuals. Additionally, she is a national behavioral health care consultant including a ten-year consultancy to the John D. and Catherine T. MacArthur Foundation Network on Mental Health Policy Research and a co-author of several publications. As a member of a national evaluation team, she was an evaluator for the Austin, Texas based Hogg Foundation for Mental Health Collaborative Care Grant Initiative and a contributor to their publication *Connecting Body & Mind A Resource Guide to Integrated Healthcare in Texas and the United States*. She has served as an executive in various organizations locally and throughout the country in the capacity of CEO, COO, and CFO.

Ms. Coleman-Beattie maintains a distinctive record of public service. She was appointed by Central Health to serve on the Austin Travis County Integral Care (ATCIC) Board of Trustees in January 2011. In that capacity, she serves as chair of the ATCIC Planning and Operations Committee and as a liaison to the New Milestones Foundation. In addition, she serves as vice chair of the University of Texas at Austin School of Social Work Advisory Council.

She served on the Texas Council for Developmental Disabilities as a gubernatorial appointee for ten years serving as board chair from 2008 to 2011 and chair of the project development committee from 2006 to 2008. Additionally, she has served as a member of the boards for the Breast Cancer Resource Centers of Texas and The Austin Project. She has also served in leadership positions with the Austin National Alliance on Mental Illness and the Central Texas African American Family Support Conference.

The Travis County Commissioners Court appointed Ms. Coleman-Beattie to a four-year term on the Board of Managers in January of 2011.

TRANSFORMING HEALTH CARE IN CENTRAL TEXAS

Tracking Progress Since Passage of Proposition 1



CENTRAL HEALTH

Travis County Commissioners Court
February 18, 2014

Patricia A. Young Brown, President & CEO



1115 Waiver and Central Health

- Central Health
 - *Guides* transformation as RHP7 Anchor
 - *Supports* transformation as an IGT Entity
 - *Achieves* transformation through the Community Care Collaborative (CCC)
- 1115 Waiver is an opportunity to improve our health care system through Delivery System Reform Incentive Payments (DSRIP) projects



RHP7

- Six Counties within RHP7:
 - Travis, Bastrop, Caldwell, Fayette, Hays, & Lee
- Region has proposed 77 projects
- Total value: Over \$700m
- Most recent program year: \$129m of local & federal funds to providers





Travis County

Performing Provider	# DSRIP Projects	IGT entity (source of local match)
St David's	1 pending	Central Health
City of Austin HHSD	6 (+4 pending)	City of Austin
Dell Children's	3 (+1 pending)	Central Health; AISD
UMC Brackenridge	14 (+1 pending)	Central Health
ATCIC	9 (+3 pending)	ATCIC
Community Care Collaborative	13 (+2 pending)	Central Health
<i>TOTAL</i>	<i>57</i>	



Travis County

- 57 projects total (includes 12 recently submitted & not yet approved)
- Focus on
 - Behavioral Health
 - Chronic Disease Management
 - Expansion of Care
- Value to Travis County: \$606m dollars
- Central Health provides IGT for St. David's, Dell Children's, University Medical Center Brackenridge, Community Care Collaborative



WHAT IS THE COMMUNITY'S RETURN ON INVESTMENT?

PASSAGE OF PROPOSITION 1

LOCAL TAX DOLLARS
FY14 NEW LOCAL TAX DOLLARS \$59M
+
FEDERAL MATCH

33
TRANSFORMATION PROJECTS: \$442M
LOCAL DOLLARS + FEDERAL MATCH THROUGH 2016

15 UMCB PROJECTS
\$166.5M

15 CCC PROJECTS
\$240M

3 Dell CHILDREN'S PROJECTS
\$35.6M

DELL MEDICAL SCHOOL SUPPORT

INVESTMENT IN INTEGRATED DELIVERY SYSTEM
COMMUNITY CARE COLLABORATIVE



Community Care Collaborative

- 15 DSRIP Projects (2 awaiting approval)
- \$240m total value over life of waiver
- Expanding primary, dental, specialty care
- Innovative and Transformative projects include:
 - Community Paramedic Project
 - Telepsychiatry
 - System-wide Patient Navigation
 - Disease Management Registry
 - Health Information Exchange
 - South East Health and Wellness Center
- Most recent waiver year:
 - 100% of milestones met
 - \$49.3m received (\$20m local)



14 CCC TRANSFORMATION PROJECTS

(original DY2 approved projects)



Community Care
COLLABORATIVE





14 CCC



Community Care
COLLABORATIVE

TRANSFORMATION PROJECTS

11 CARE DELIVERY
PROJECTS

3 INFRASTRUCTURE
PROJECTS



EXPAND SPECIALTY
CARE CAPACITY FOR
GASTROENTEROLOGY



INTEGRATED BEHAVIORAL
HEALTH INTERVENTION FOR



EXPAND SPECIALTY CARE
CAPACITY FOR PULMONOLOGY



DISEASE
MANAGEMENT
REGISTRY



TELEPSYCHIATRY
IN COMMUNITY
HEALTH CLINICS



PATIENT CENTERED
MEDICAL HOME MODEL



MULTIPLE
CHRONIC DISEASE
MANAGEMENT
MODEL



CCC - Additional Pending Projects

Implement a comprehensive patient navigation system

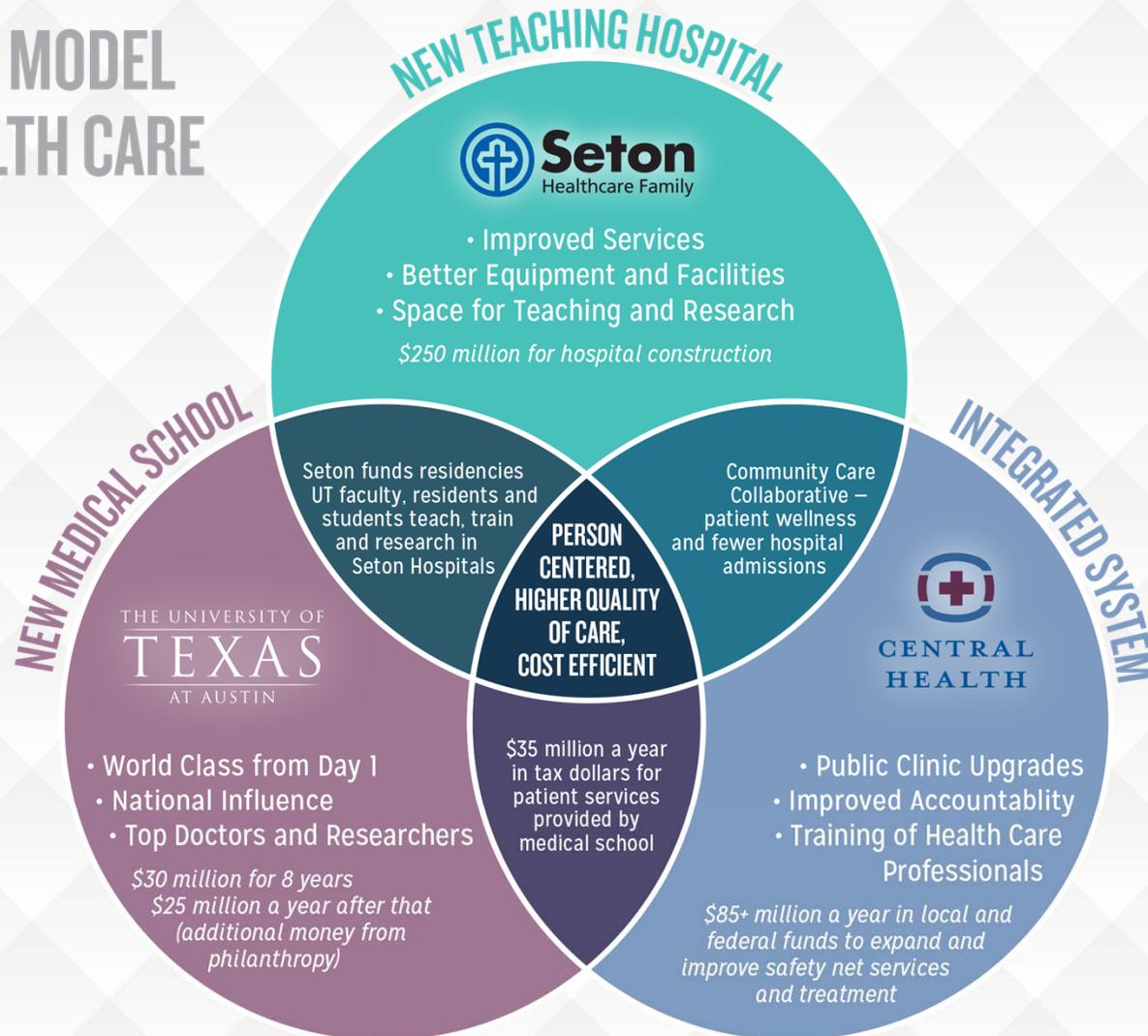
- CCC will oversee, coordinate and connect existing, expanded, and new patient navigation programs within the CCC provider network
- Will increase utilization of primary care services and reduce inappropriate ED utilization

Implement a Centering Pregnancy program

- CCC 3-year project to reduce low birth weight and preterm birth
- Evidence-based, multifaceted model of prenatal care that integrates three major components of care: health assessment, education and support
- Will focus on African-American community



A NEW MODEL OF HEALTH CARE





FIRST AIM: IMPROVED PATIENT EXPERIENCE

FROM TREATING THE DISEASE



TRANSFORMING



TO TREATING THE WHOLE PERSON



RESULTS IN

More patient engagement and
better health outcomes.



SECOND AIM: HIGHER QUALITY CARE

FROM PAPER HEALTH RECORDS



TRANSFORMING



TO ELECTRONIC HEALTH RECORDS

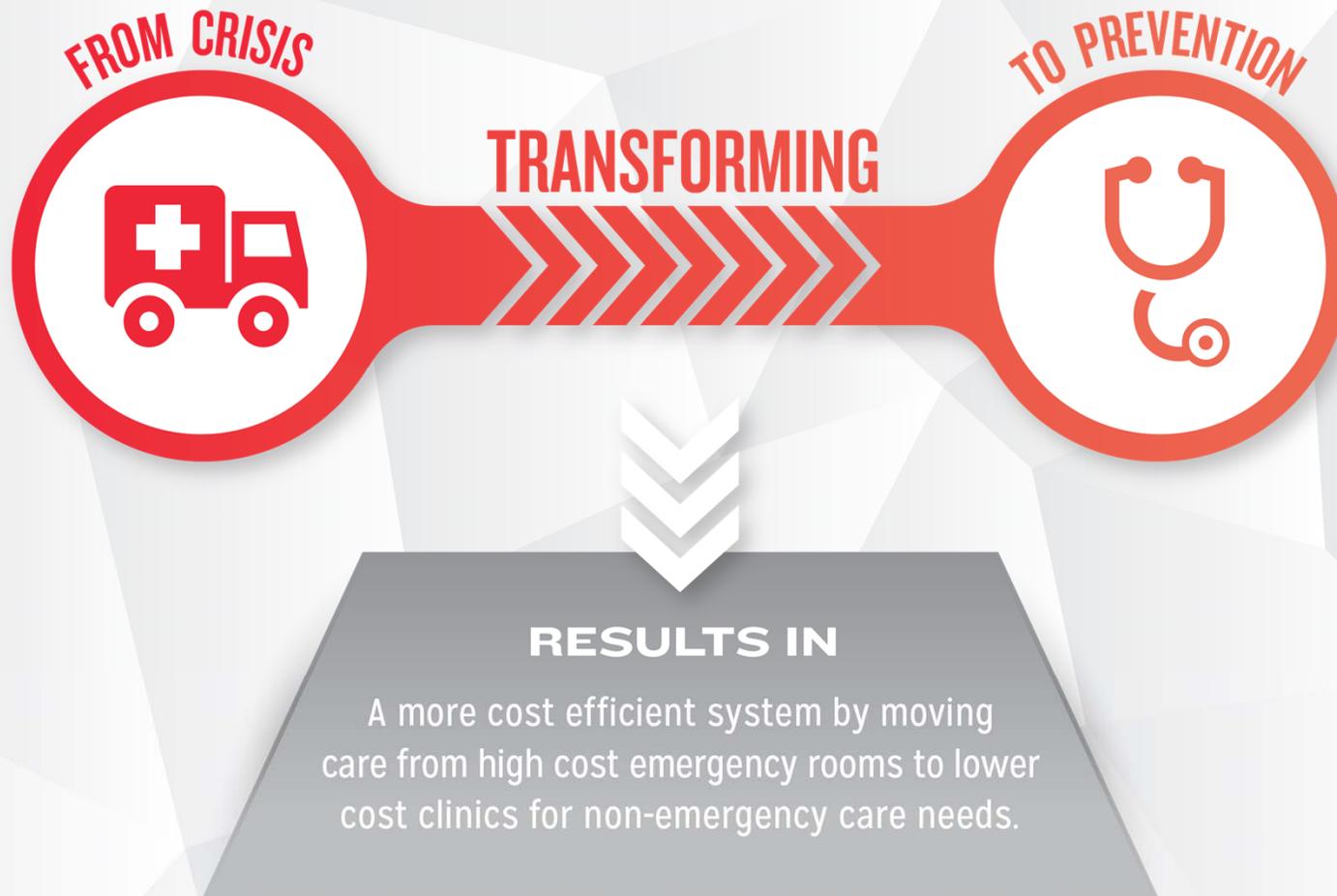


RESULTS IN

Higher quality of care because
real-time data is used to inform decisions.



THIRD AIM: COST EFFICIENCY





WHAT DOES PROGRESS LOOK LIKE?



RESULTS IN

A metrics-based system that supports the Triple Aim: Improved patient experience, higher quality of care, and increased cost efficiency.



WHAT DOES PROGRESS LOOK LIKE?

FROM FRAGMENTED CARE



TRANSFORMING



TO SEAMLESS CARE

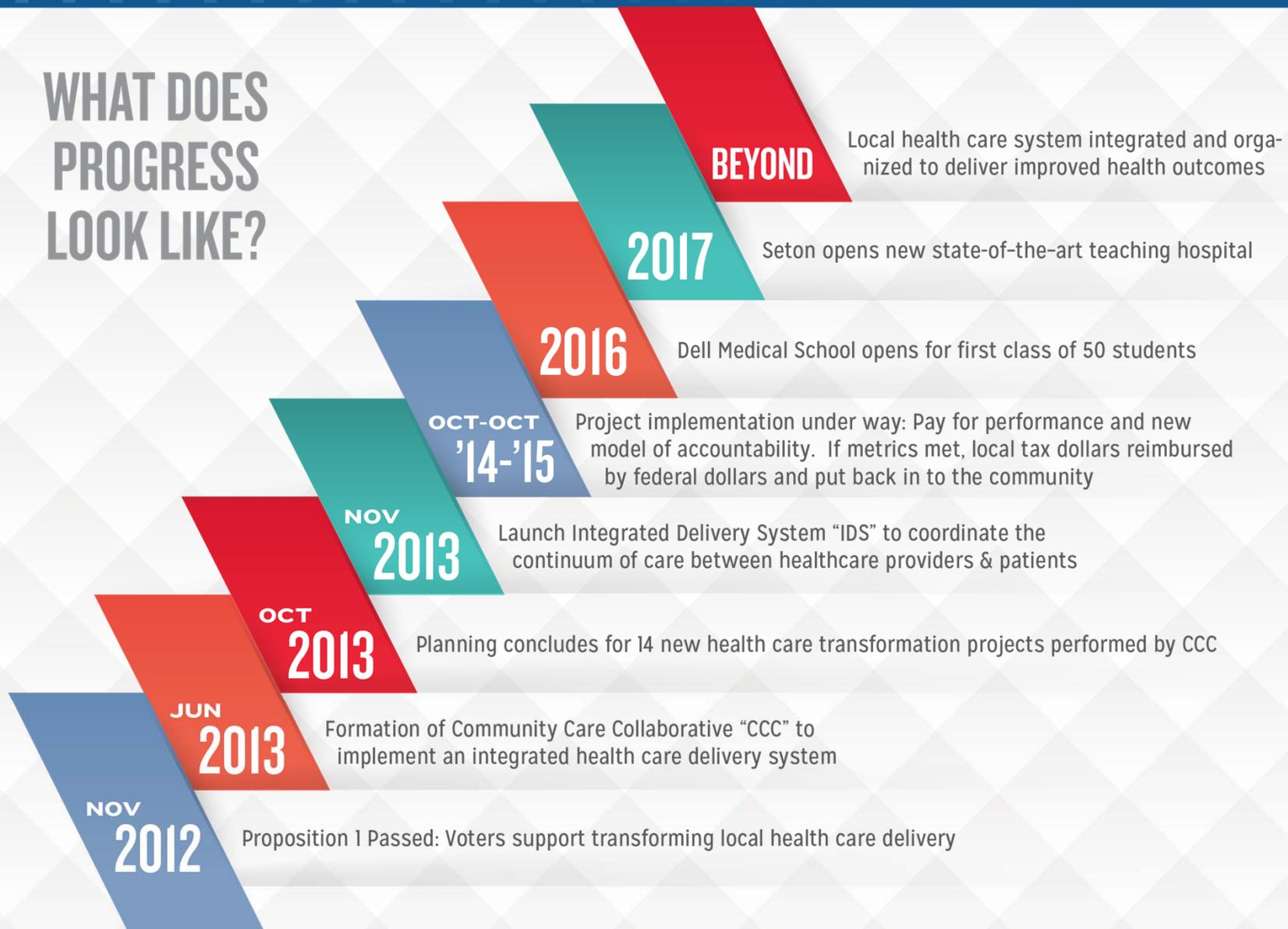


RESULTS IN

An integrated delivery system that provides better health care and health outcomes for the community.



WHAT DOES PROGRESS LOOK LIKE?





CENTRAL HEALTH

Healthy People. Strong Community.

Questions?



www.CentralHealth.net