



A Central Health and Seton partnership

Board of Directors

Meeting

Monday, August 6, 2018

8:00 a.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

AGENDA*

I. Call to Order and Record of Attendance

II. Public Comments

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the April 5, 2018 Community Care Collaborative (CCC) Board of Directors meeting.

B. Regular Agenda

1. Receive and discuss an update on the Delivery System Reform Incentive Payment (DSRIP) Program.
2. Discuss and take appropriate action on amendment to agreement with Eye Physicians of Austin.

3. Discuss and take appropriate action on amendment to agreement with Hospice Austin.
4. Discuss the CCC's 2016 Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax.
5. Receive and discuss a presentation of the CCC Fiscal Year (FY) 2019 budget.

IV. Closed Session, if necessary.

V. Closing

**The Board of Directors may take items in an order that differs from the posted order.*

The Board of Directors may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk on arrival if services are needed.

Los servicios de interpretación consecutiva del español al inglés están disponibles para la comunicación de los ciudadanos o cuando se invita al público a hacer comentarios. Si necesita estos servicios, al llegar sírvase notificarle al personal de la recepción.



A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

CONSENT AGENDA ITEM

1. Approve minutes from the April 5, 2018 Community Care Collaborative (CCC) Board of Directors meeting.



A Central Health and Seton partnership

Board of Directors

Meeting

Thursday, April 5, 2018

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Meeting Minutes

I. Call to Order and Record of Attendance

On Thursday, April 5, 2018, a public meeting of the CCC Board of Directors was called to order at 2:05 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St., Austin, Texas 78702. Chairman Larry Wallace and Vice-Chairman Greg Hartman were both present. The secretary for the meeting was Shannon Sefcik.

Clerk's Notes:

Secretary Sefcik took record of attendance.

Directors Present:

Chairman Larry Wallace, Vice-Chairman Greg Hartman, Mike Geeslin, Stephanie McDonald, Craig Cordola, and David Evans (Non-Voting Advisory Board Member)

Officers Present:

Jonathan Morgan (Interim Executive Director) and Shannon Sefcik (Secretary)

Other Attendees Present:

Randy Floyd (General Counsel)

II. Public Comments

Clerk's Notes: No public comment.

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the January 26, 2018 Community Care Collaborative (CCC) Board of Directors meeting.

Clerk's Notes:

Vice-Chairperson Hartman moved that the Board approve Consent Agenda item A(1). Director Geeslin seconded the motion. The motion was passed on the following vote:

Chairman Larry Wallace	For
Vice-Chairman Greg Hartman	For
Director Mike Geeslin	For
Director Craig Cordola	For
Director Stephanie McDonald	For

B. Regular Agenda

1. Receive and discuss an update on the Delivery System Reform Incentive Payment (DSRIP) Program.

Clerk's Notes: Ms. Melanie Diello, Director of Service Delivery Operations, and Dr. Mark Hernandez, Executive Vice President and Chief Medical Officer, presented an update on the DSRIP program for Demonstration Year (DY) 7. Ms. Diello gave a brief overview of the new program structure for DY 7 including the incentives for submitting a Regional Healthcare Partnership (RHP) Plan, and measures for Categories A, B, C and D. She provided a detailed chart of the Category C measures selected by the CCC as well as a list of the contracted partners for DSRIP and additional possible partners opportunities. Ms. Diello discussed a timeline of the DSRIP program milestones and responded to questions from the Board.

3. Receive and discuss an update on the Community Care Collaborative Strategic Plan and Work Plan Priorities for Fiscal Year 2018.

Clerk's Notes: This item was taken out of order. Ms. Sarah Cook, Senior Director of Strategy, Communications & Population Health, and Dr. Mark Hernandez, Executive Vice President and Chief Medical Officer, presented on four strategic focus areas from the CCC 2018-2020 Strategic Plan. Ms. Cook discussed progress building an Integrated Delivery System (IDS) with an emphasis on a second version of the Organized Health Care

Agreement, the addition of new service sites, and the articulation of the CCC's health management strategy. She outlined the redesign of local coverage programs, highlighting patient engagement processes, healthcare for the homeless, the social determinants of health, the transportation pilot, and patient reported outcome measures. She also discussed gains in value care, including the operation of independent practice units (IPUs), increased access to specialty care, digital medicine pilots, and a pilot to reduce service line expenses. Ms. Cook's final strategic plan overview involved improving the health of the covered population and highlighted the diabetes prevention program, the medication assisted treatment program, submission for Cancer Prevention Research Institute of Texas (CPRIT) grants, and the launch of the service line committees. Ms. Cook and Dr. Hernandez responded to questions from the Board.

4. Discuss FY19 Community Care Collaborative budget priorities.

Clerk's Notes: This item was taken out of order. Mr. Jonathan Morgan, Interim Executive Director and Chief Operations Officer, presented on CCC budget priorities for FY19. Mr. Morgan discussed five focus areas which included primary care, specialty care, care management, healthcare for the homeless, and the social determinants of health. Mr. Morgan discussed primary care budget priorities encompassing value-based initiatives, DSRIP performance, and specialty care access through primary care homes. He outlined specialty care priorities such as implementation of the Fibroblast platform, waitlist-focused initiatives, e-consult and telemedicine interventions, and initiatives involving the Dell Medical School. He discussed care management recommendations including post-acute care services, long-term model for complex primary care services, and data-driven approaches to care for high utilizer populations. Mr. Morgan described priorities in healthcare for the homeless which included pilot interventions, medical respite and supported housing solutions, and partnerships to develop comprehensive healthcare and social services solutions. He outlined recommendations relating to the social determinants of health which included exploring the Pay for Success housing initiative, expanding and evaluating the Diabetes Prevention Program through the YMCA of Austin, developing a sustainable model for transportation assistance, and developing a strategy with partner organizations to create data connectivity between medical and social services organizations to improve coordination and services between sites of care. Mr. Morgan responded to questions from the Board.

2. Receive and discuss an update on surgery scheduling standard operating procedures.

Clerk's Notes: This item was taken out of order. Dr. Mark Hernandez, Executive Vice President and Chief Medical Officer, provided an update on surgery scheduling standard operating procedures. Dr. Hernandez explained that CCC staff was drafting a document describing the standard operating procedures for the CCC to manage surgery patients at Seton. He

discussed circulating the standard operating procedures and the next steps of introducing them to the Seton operations team and to Seton executives.

5. **Closed Session, if necessary.**

Clerk's Notes: No closed session necessary.

6. **Closing**

Chairman Wallace announced that the next regularly scheduled meeting is on Friday, June 1, 2018 at 2:00 p.m. at Central Health's Administrative Offices, 1111 E. Cesar Chavez St., Austin, Texas 78702.

Director McDonald motioned to adjourn the meeting. Director Geeslin seconded the motion.

Chairperson Larry Wallace	For
Vice-Chairperson Greg Hartman	For
Director Mike Geeslin	For
Director Craig Cordola	For
Director Stephanie McDonald	For

Clerk's Notes: The meeting adjourned at 3:05 p.m.

Larry Wallace, Chairperson
Community Care Collaborative Board of Directors

ATTESTED TO BY:

Shannon Sefcik, Secretary to the Board
Community Care Collaborative



A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

AGENDA ITEM

1. Receive and discuss an update on the Delivery System Reform Incentive Payment (DSRIP) Program.

CCC DSRIP Program Update

CCC Board of Directors

Barbara Adams, Manager, Service Delivery Operations



**Community Care
COLLABORATIVE**

a partnership of Central Health and Selton Healthcare Family

Incentives by Category



		DY7	DY8
RHP Plan			
Measure bundle selections		20% (\$13.3M)	-
Category A			
Description of core activities relating to system, project, and payment reform, Medicaid integration, and regional learning		-	-
Category B			
Maintain or increase number of Medicaid/Low Income Uninsured patients served		10% (\$6.6M)	10% (\$6.6M)
Category C			
Health care quality and system performance measures		55% (\$36.6M)	75% (\$49.9M)
Category D			
Population health measures for each provider type		15% (\$10.0M)	15% (\$10.0M)
Total		\$66.6M	\$66.6M



CCC Category C Selections – HHSC Approved



Bundle	Measure ID	Measure Title	Point Value
A1: Improved Chronic Disease Management: Diabetes Care	A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	
	A1-112	Comprehensive Diabetes Care: Foot Exam	
	A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	
	A1-207	Diabetes care: BP control (<140/90mm Hg)	12
	A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complication, uncontrolled diabetes, lower-extremity amputation admission rates)	4
C1: Primary Care Prevention - Healthy Texans	A1-508	Reduce Rate of Emergency Department visits for Diabetes	4
	C1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	
	C1-113	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	
	C1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	
	C1-268	Pneumonia vaccination status for older adults	
	C1-269	Preventive Care and Screening: Influenza Immunization	
	C1-272	Adults (18+ years) Immunization status	
	C1-280	Chlamydia Screening in Women (CHL)	
	C1-389	Human Papillomavirus Vaccine (age 18-26)	12
	C1-502	PQI 91 Acute Composite (Adult Dehydration, Bacterial Pneumonia, Urinary Tract Infection Admission Rates)	4
	C2-106	Cervical Cancer Screening	
	C2-107	Colorectal Cancer Screening	
C2: Primary Care Prevention - Cancer Screenin & Follow-Up	C2-186	Breast Cancer Screening	6
	F1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	
	F1-226	Chronic Disease Patients Accessing Dental Services	
F1: Improved Access to Adult Dental Care	F1-227	Dental Caries: Adults	7
	G1-276	Hospice and Palliative Care – Pain Assessment	
	G1-277	Hospice and Palliative Care – Treatment Preferences	
G1: Palliative Care	G1-278	Beliefs and Values - Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or opt out of conversation	
	G1-361	Patients Treated with an Opioid who are Given a Bowel Regimen	
	G1-362	Hospice and Palliative Care - Dyspnea Treatment	
	G1-363	Hospice and Palliative Care - Dyspnea Screening	6
	H1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	
H1: Integration of Behavioral Health in a Primary or Specialty Care Setting	H1-255	Follow-up Care for Children Prescribed ADHD Medication	
	H1-286	Depression Remission at Six Months	
	H1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	
	H3-144	Screening for Clinical Depression and Follow-Up Plan (CDF-AD) for individuals with a diagnosis of chronic pain	12
H3: Chronic Non-Malignant Pain Management	H3-287	Documentation of Current Medications in the Medical Record	
	H3-288	Pain Assessment and Follow-up	
	H3-401	Opioid Therapy Follow-up Evaluation	
	H3-403	Evaluation or Interview for Risk of Opioid Misuse	10
TOTAL			77

Partnerships and Collaboration



DSRIP Contracted Partners:

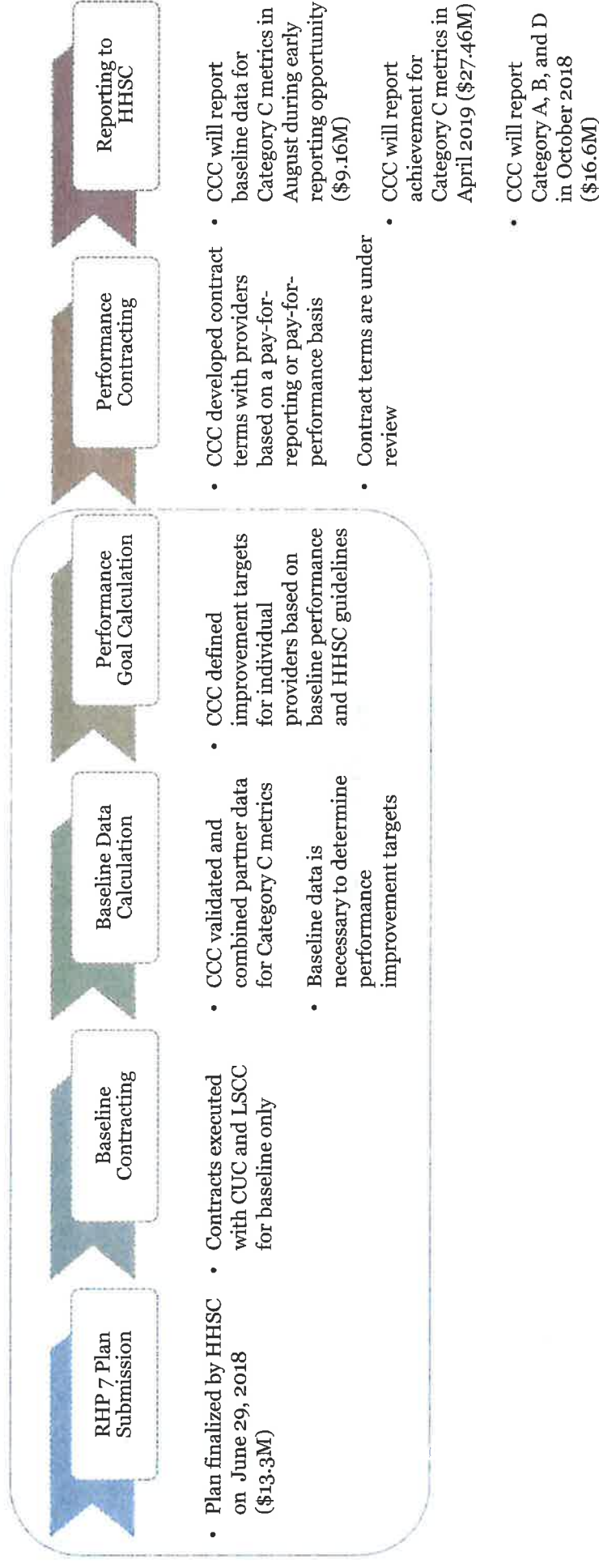
- CommUnityCare
- Lone Star Circle of Care
- Hospice Austin

Collaborating with Seton Healthcare Family

- 3 population based clinical outcome measures
- Exploring improvement initiatives



Program Milestones





Thank You





A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

AGENDA ITEM

2. Discuss and take appropriate action on an amendment to agreement with Eye Physicians of Austin.



A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

AGENDA ITEM

3. Discuss and take appropriate action on an amendment to agreement with Hospice Austin.

MEMORANDUM

To: Community Care Collaborative Board of Directors
From: Jonathan Morgan, Interim Executive Director & COO
CC: Dr. Mark Hernandez, EVP & CMO
Jeff Knodel, CFO
Date: August 3, 2018
RE: Amendments to CCC Agreements with Hospice Austin & Eye Physicians of Austin – **ACTION ITEM**

Background:

Throughout the year, CCC staff monitor utilization and reimbursements associated with each healthcare services agreement. Due to our ongoing efforts to expand access to specialty care and end-of-life care, we have more patients accessing ophthalmology and hospice services this year and expect services to exceed the funding currently available in these agreements.

Hospice Services

On March 1, 2017, the CCC entered into an agreement with Hospice Austin to provide additional access to hospice services for MAP enrollees. The current contract term began October 1, 2017 and ends September 30, 2018, with a set not-to-exceed (NTE) amount of \$500,000. Hospice Austin is expected to exhaust the available funding and CCC staff project needing an additional \$225,000 to maintain services through the end of the fiscal year, raising the NTE to a total of \$725,000.

Ophthalmology Services

On August 1, 2017, the CCC entered into an agreement with Eye Physicians of Austin to expand points of access to general ophthalmology services for MAP enrollees. The current contract term began October 1, 2017 with an NTE of \$100,000. The contract NTE was subsequently amended to \$200,000 using administrative authority on June 7, 2018. Eye Physicians of Austin is expected to exhaust the available funding and CCC staff project needing an additional \$100,000 to maintain services through the end of the fiscal year, raising the NTE to a total of \$300,000.

Overview:

As a result of the CCC's efforts, MAP patients now have improved access to both hospice and ophthalmology services.

Hospice Service

Prior to this initiative, internal funding limitations required Hospice Austin to limit access to charity hospice beds to one uninsured or MAP patient at a time. Today MAP patients have the same ability to access inpatient hospice services as any other patient in the community. Hospice Austin also now cares for MAP enrollees through home-based hospice services. In total, 66 MAP patients and their families have benefited from these essential end-of-life services this fiscal year and more than 100 patients since the beginning of our initiative.

The CCC's initiative also helps to sustain Hospice Austin's ability to serve not only MAP patients, but to extend their available funding to serve all uninsured patients in our community. This collaboration

allows both MAP and other uninsured patients to benefit from vital programs in addition to the contracted home-based and inpatient hospice services including the pediatric hospice program, Camp Erin (formerly known as Camp Brave Heart) for bereaved children and other bereavement programs that are open to the entire community at no cost or on a sliding scale. In addition, MAP patients are able to obtain medically necessary treatments currently offered by Hospice Austin through contracted providers, such as palliative radiation therapy and palliative chemotherapy, which may not be covered by other hospices.

The importance of well-run hospice services to the healthcare system is further emphasized through the 1115 Medicaid Waiver. The latest iteration of the DSRIP program includes quality measures associated with hospice care programs; based on our relationship with Hospice Austin and the quality of care that it provides to our patients, we have selected hospice care metric bundles for inclusion in our reporting for the next phase of the waiver.

Ophthalmology Services

Through collaboration with dedicated, community-focused providers and by growing our contracted provider network, the CCC's efforts have recently eliminated a long-standing waitlist for MAP patients requiring general ophthalmology services. MAP patients are now scheduled for ophthalmology visits within two to three weeks of requesting an appointment; down from a wait list of 284 MAP patients waiting for an appointment in August 2017.

Action Requested:

The CCC requests the Board of Directors authorize the CCC Executive Director to amend the CCC's agreement with Hospice Austin to increase the fiscal year 2018 not-to-exceed amount by \$225,000 to a total not-to-exceed amount of \$725,000.

The CCC requests the Board of Directors authorize the CCC Executive Director to amend the CCC's agreement with Eye Physicians of Austin to increase the fiscal year 2018 not-to-exceed amount by \$100,000 to a total not-to-exceed amount of \$300,000.

Fiscal Impact:

The fiscal year 2018 CCC budget includes a Contingency Reserve of \$3,613,896 in anticipation of additional funding needs from service delivery expansions. Renewal term cost estimates will be incorporated into the CCC's fiscal year 2019 and subsequent budgets.

Reserved Powers:

Pursuant to Section 2.7.16 of the Second Amended and Restate Bylaws of the CCC, any agreement over \$100,000 in value requires the affirmative action of all of the members.



A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

AGENDA ITEM

4. Discuss the CCC's 2016 Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax. (no back-up)



A Central Health and Seton partnership

CCC Board of Directors Meeting

August 6, 2018

AGENDA ITEM

5. Receive and discuss a presentation of the CCC Fiscal Year (FY) 2019 budget.



a partnership of Central Health and Seton Healthcare Family

VISION

A healthcare delivery system that is a national model for providing high quality, cost-effective, person-centered care and improving health outcomes for the vulnerable population we serve.

VALUES

Our work is governed by the values of innovation, person-centeredness, equity, accountability, and collaboration.

MISSION

Optimize the health of our population while using our resources efficiently and effectively.

STRATEGIC PLANNING 2018-2020

THREE YEAR MISSION

IMPROVE THE QUALITY OF LIFE AND LONGEVITY OF OUR COVERED POPULATION WHILE CONTROLLING THE COST OF CARE.

STRATEGIC FOCUS 1

BUILD AN INTEGRATED DELIVERY SYSTEM

Ensure access to appropriate services for enrollees, while enhancing care coordination and continuity of care.

STRATEGIC FOCUS 2

REDESIGN COVERAGE PROGRAMS

Redesign local coverage programs (Medical Access Program, Sliding Fee Scale, Seton Charity Care), eligibility rules and covered services to better serve residents for whom the CCC is responsible.

STRATEGIC FOCUS 3

IMPROVE VALUE IN CARE

Use primary care setting to support value, contracting with partners for better patient outcomes, including maintaining wellness and optimizing the health of chronically ill patients; improve value within specialty care while reducing time to diagnosis and appropriate treatment.

STRATEGIC FOCUS 4

OPTIMIZE HEALTH OF COVERED POPULATION

Improve health outcomes for the patients for whom we care.

METRIC

Encounters by location and type

1. Launch unified payment and associated programming.
2. Develop IT platform that includes all data from sites of care and different service types, and is accessible to all appropriate providers.
3. Add access to necessary services through expanded partnerships.
4. Better connect hospital services to primary care homes.
5. Optimize system Case Management, Medical Management and Utilization Management functions.

METRIC

Monthly cost per enrollee

1. Expand coverage programs to more of population for whom partners currently pay for care.
2. Design patient financial responsibility to induce appropriate utilization of healthcare system.
3. Design benefit package that optimizes wellness for chronically ill patients and maintains wellness for healthy people.
4. Adapt eligibility and enrollment experience to bring value to the patient and ensure patient and system engagement.
5. Increase engagement with patients to identify, address and improve the outcomes that matter to covered population.

METRIC

Value (Outcomes/Cost)

1. Work with partners including Dell Medical School to develop, test and launch innovative and transformative initiatives for system of care.
2. Develop competitive contracts that pay for outcomes that matter to patients.
3. Develop competitive contracts that incentivize use of the whole care team.
4. Encourage, empower, and enable primary care physicians to manage specialty care issues within primary care setting; encourage appropriate utilization and reward high-value care.
5. Improve access to and quality of specialty care services that our patient population needs.

METRIC

Health Outcomes

1. Require annual Health Risk Assessment for all patients leading to protocol-driven Comprehensive Plan of Care.
2. Reduce incidence and improve management of chronic diseases, including diabetes, CHF, COPD, renal disease, liver disease.
3. In conjunction with partners, including the Lives-strong Institute at DMS, create and launch plan to offer improved cancer care to CCC population.
4. Collaborate with community partners to ensure provision of women's health services.
5. Improve delivery of behavioral health, prevention, and dental services.

CCC FY19 Budget

Community Care Collaborative Board of Directors
August 6th 2018



A Central Health and Seton partnership

CCC Strategic Plan FY18-20

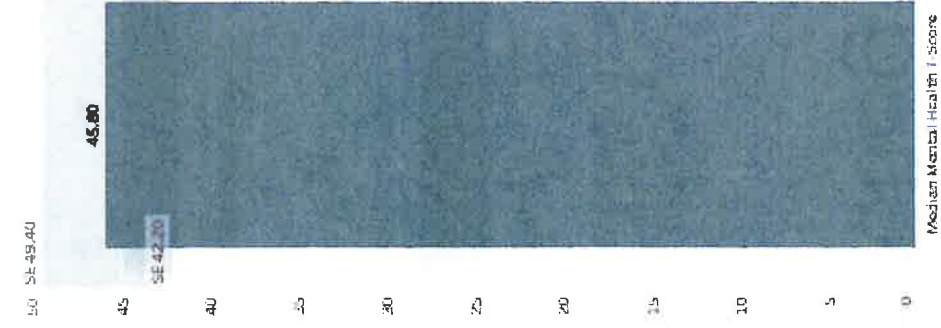


- Mission: Optimize the health of our population while using our resources efficiently and effectively
 - Mission Metric 1: Quality of Life and Longevity
 - Mission Metric 2: Cost of Care
- Four Strategic Focus Areas:
 - Build an Integrated Delivery System
 - Redesign Coverage Programs
 - Improve Value in Care
 - Optimize Health of Covered Population

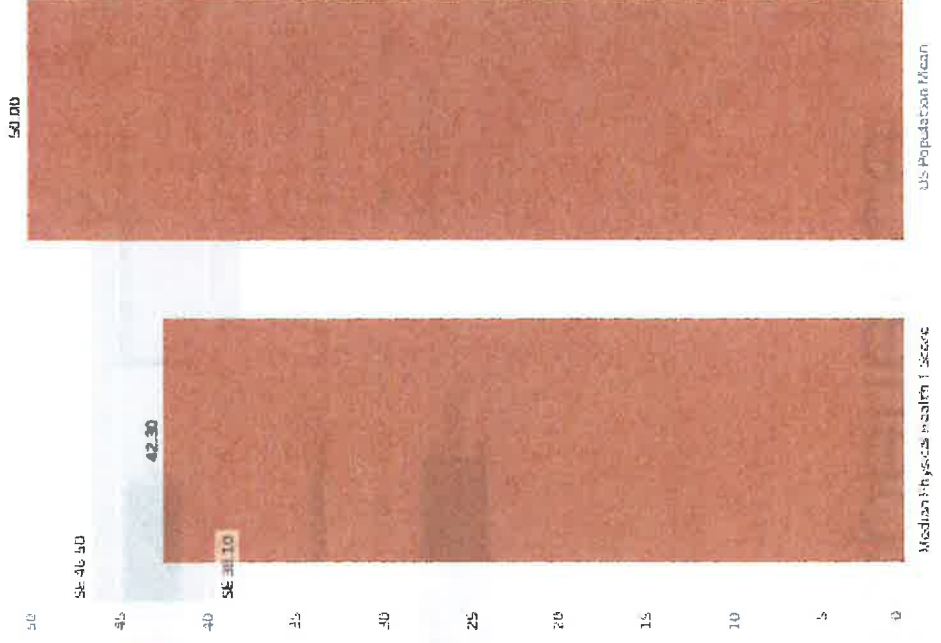
Mission Metric: Quality of Life



Mental Health T-Score



Physical Health T-Score



Measuring Patient Experience



Patient Experience - 2018 Survey of Patient Access

Care Quickly Composite



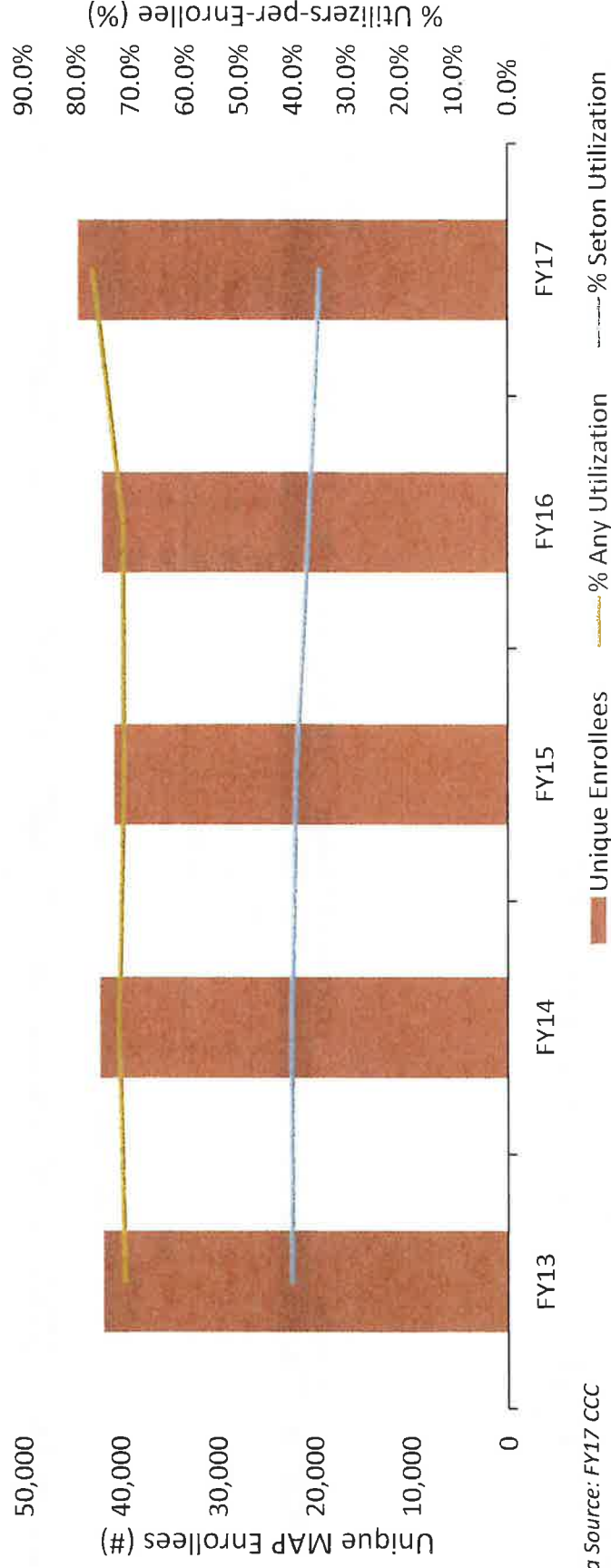
Needed Care Composite



Shaping the System



MAP	FY13	FY14	FY15	FY16	FY17
Unique Enrollees	41,780	42,136	40,708	41,906	44,414
% Utilizers – Any Provider	71.2%	72.3%	71.4%	71.6%	77.1%
% Utilizers - Seton	40.3%	40.4%	39.6%	37.2%	35.2%



Budget Overview



Description	FY18			FY19		Increase (Decrease) FY19 Proposed less FY18 YE Est
	Amended Budget	Year End Estimate	Proposed Budget			
SOURCES						
DSRIP Payments	\$ 58,000,000	\$ 58,925,836	\$ 59,417,759	\$		1,019,195
Member Payments*	\$ 88,245,166	\$ 65,129,269	\$ 74,000,000	\$		8,554,834
Other	\$ 100,000	\$ 300,000	\$ 300,000	\$		-
Subtotal Sources	\$ 146,345,166	\$ 124,143,730	\$ 133,717,759	\$		9,574,029
Contingency Reserve Carryforward	\$ 13,760,003	\$ 13,760,003	\$ 8,119,720	\$		
Total, Sources of Funds	\$ 160,105,169	\$ 137,903,733	\$ 141,837,479	\$		3,933,746
USES						
Primary Care	\$ 52,396,817	\$ 51,056,822	\$ 52,046,817	\$		989,995
Urgent & Convenient Care	\$ 600,000	\$ 185,000	\$ 250,000	\$		65,000
Specialty Care	\$ 14,391,711	\$ 8,720,977	\$ 11,773,000	\$		3,052,023
Specialty Behavioral Health	\$ 8,933,856	\$ 8,683,856	\$ 8,933,856	\$		250,000
PostAcute Care	\$ 2,625,000	\$ 2,275,000	\$ 1,225,000	\$		(1,050,000)
Pharmacy	\$ 6,350,000	\$ 4,500,000	\$ 5,850,000	\$		1,350,000
Medical Management	\$ 2,111,102	\$ 2,000,000	\$ 1,915,141	\$		(84,859)
Healthcare Delivery Operations	\$ 12,931,378	\$ 10,862,358	\$ 12,866,947	\$		2,004,589
Subtotal, Healthcare Delivery	\$ 100,339,864	\$ 88,284,013	\$ 94,860,761	\$		6,576,748
Operating Contingency	\$ 6,534,493	\$ -	\$ 138,094	\$		138,094
Total, Healthcare Delivery	\$ 106,874,357	\$ 88,284,013	\$ 94,860,761	\$		6,576,748
DSRIP	\$ 17,895,812	\$ 6,500,000	\$ 12,000,000	\$		
UT Affiliation Agreement	\$ 35,000,000	\$ 35,000,000	\$ 35,000,000	\$		
Total, Uses of Funds	\$ 159,770,169	\$ 129,784,013	\$ 141,860,761	\$		12,076,748

*Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

Primary Care



FY18 Highlights

- Paying for Value: Alternative Visits
- Primary Care Metric Set Performance
- Care Management Infrastructure Development

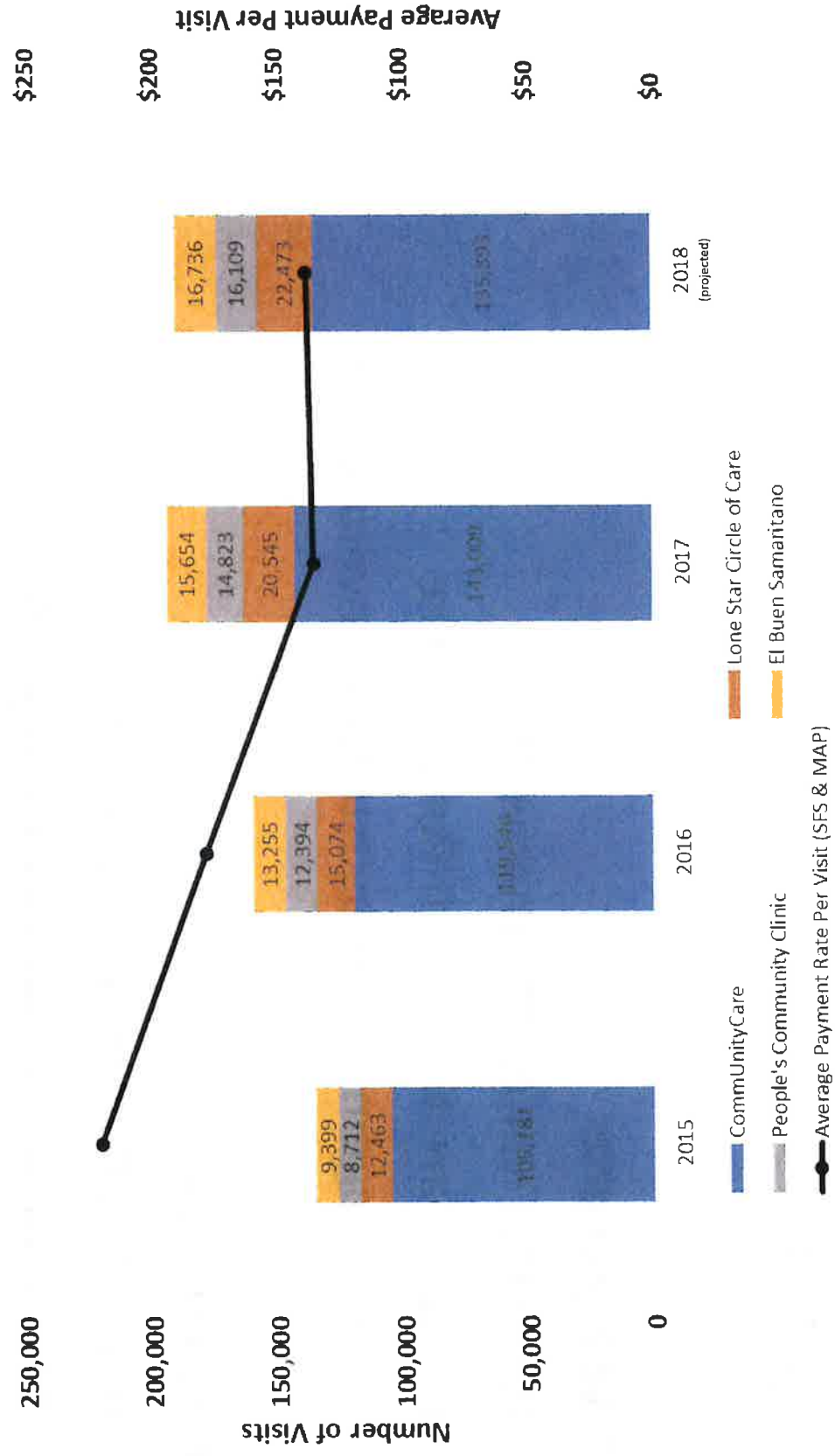
FY19 Initiatives

- DSRIP 2.0: Clinical Measure Bundles
- Dental Service Expansion through LSCC
- Healthcare for the Homeless: Pay for Success Project

Primary Care Visits & Rates



Visit Volumes and Average Visit Rate (FY15 - FY18)



Select Primary Care Metrics

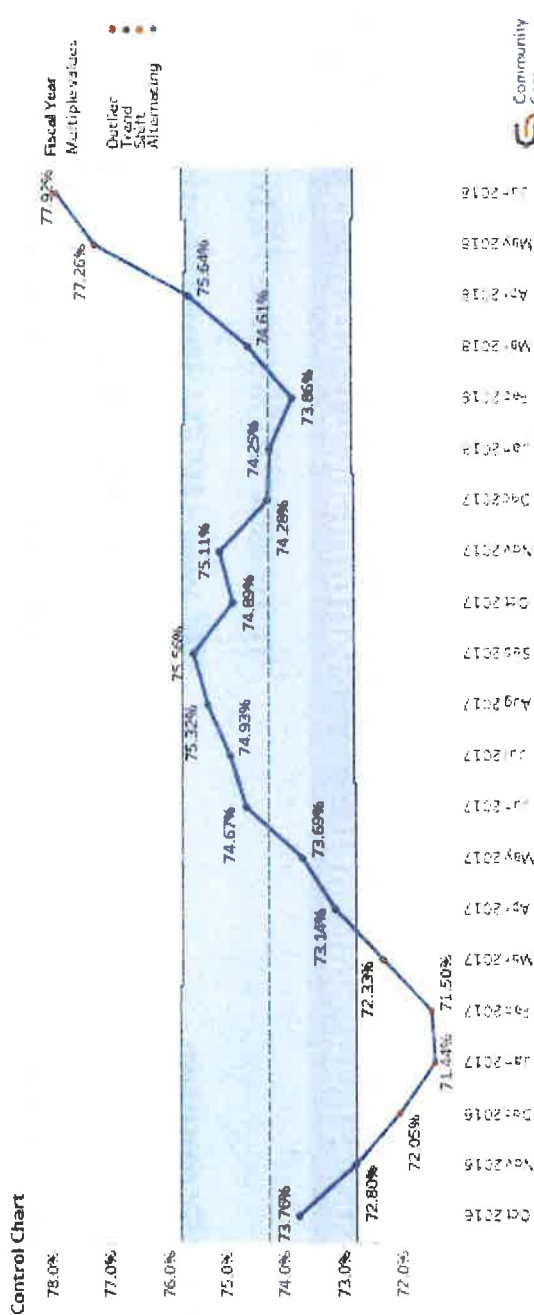
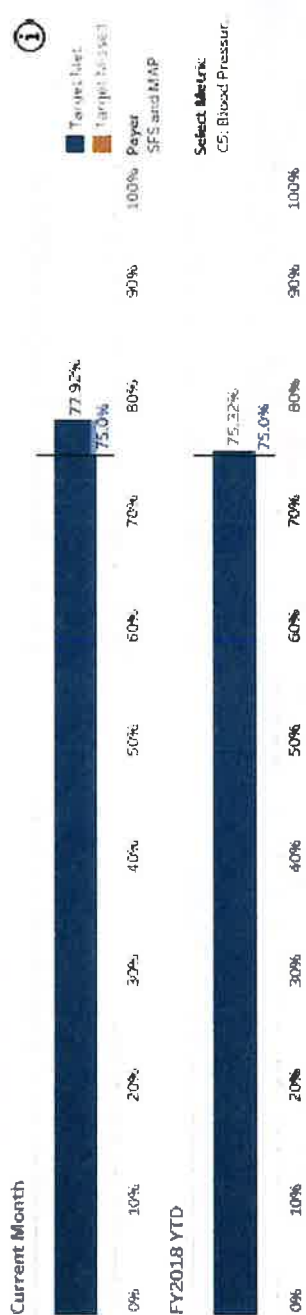


Diabetic Measures (MAP Patients)		Performance, FY16-FY18
Foot Exam		Increased 11% since FY16
Nephropathy Screening		3% over NCQA Benchmark
HbA1c Control		1% over NCQA Benchmark
Blood Pressure Control		20% over NCQA Benchmark
Population Measures (MAP Patients)		Performance, FY16-FY18
BMI Screening & Follow Up Plan		20-25% over HRSA Benchmark
Cervical Cancer Screening		10% over HRSA Benchmark
Tobacco Screening & Cessation Plan		11-13% over HRSA Benchmark
Blood Pressure Control		1-4% over HRSA Benchmark
Depression Screening & Follow Up		4-12% over HRSA Benchmark

BP Control in MAP & SFS Diabetics



CS: Blood Pressure Control<140/90 (DM)



Last Updated: June 20, 2018



Primary Care Budget



Description	FY18 Amended Budget	FY18 Year End Estimate	FY19 Proposed Budget	Increase (Decrease) FY19	
				Proposed less FY18	YE Est
Primary Care					
CommUnityCare	\$ 41,760,000	\$ 41,460,000	\$ 41,760,000	\$ 300,000	
El Buen Samaritano	\$ 2,350,000	\$ 2,100,000	\$ 2,100,000	\$ -	
Lone Star Circle of Care	\$ 4,564,995	\$ 4,100,000	\$ 4,364,995	\$ 264,995	
Peoples Community Clinic	\$ 2,500,000	\$ 2,500,000	\$ 2,500,000	\$ -	
Volunteer Clinic	\$ 200,000	\$ 175,000	\$ 200,000	\$ 25,000	
UT School of Nursing	\$ 100,000	\$ 10,000	\$ 25,000	\$ 15,000	
City of Austin EMS	\$ 696,822	\$ 696,822	\$ 696,822	\$ -	
Prevention and Wellness Initiatives	\$ 225,000	\$ 15,000	\$ -	\$ (15,000)	
Healthcare for the Homeless: Pay for Success	\$ -	\$ -	\$ 400,000	\$ 400,000	
Primary Care Totals	\$ 52,396,817	\$ 51,056,822	\$ 52,046,817	\$ 989,995	

Urgent and Convenient Care



FY18 Highlights

- Expanding Access
 - 11 new Urgent Care sites
 - 10 new Convenient Care sites
 - New & Existing FQHC walk-in sites

FY19 Initiatives

- Outreach and marketing to optimize use
- Digital Urgent Care

Urgent & Convenient Care Budget



Description	FY18 Amended Budget	FY18 Year End Estimate	FY19 Proposed Budget	Increase (Decrease) FY19	
				Proposed less FY18 YE Est	
Urgent & Convenient Care					
Urgent & Convenient Care (includes Digital)	\$ 600,000	\$ 185,000	\$ 250,000	\$	65,000
Urgent & Convenient Care Total	\$ 600,000	\$ 185,000	\$ 250,000	\$	65,000

Specialty Care



FY18 Highlights

- Ophthalmology
- Complex Gynecology & MSK IPU
- ENT Expansion
- Colonoscopy Pilot
- Palliative Care

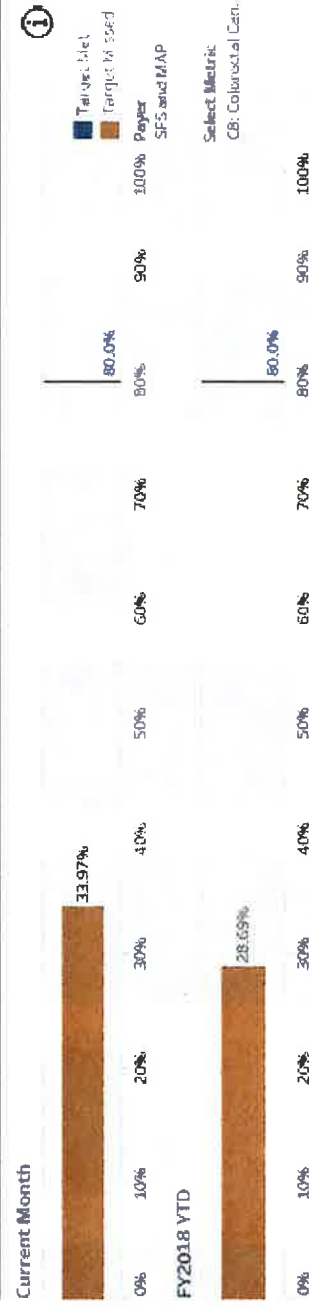
FY19 Initiatives

- GI IPU
- FIT Tests
- Rheumatology expansion
- E-Consults

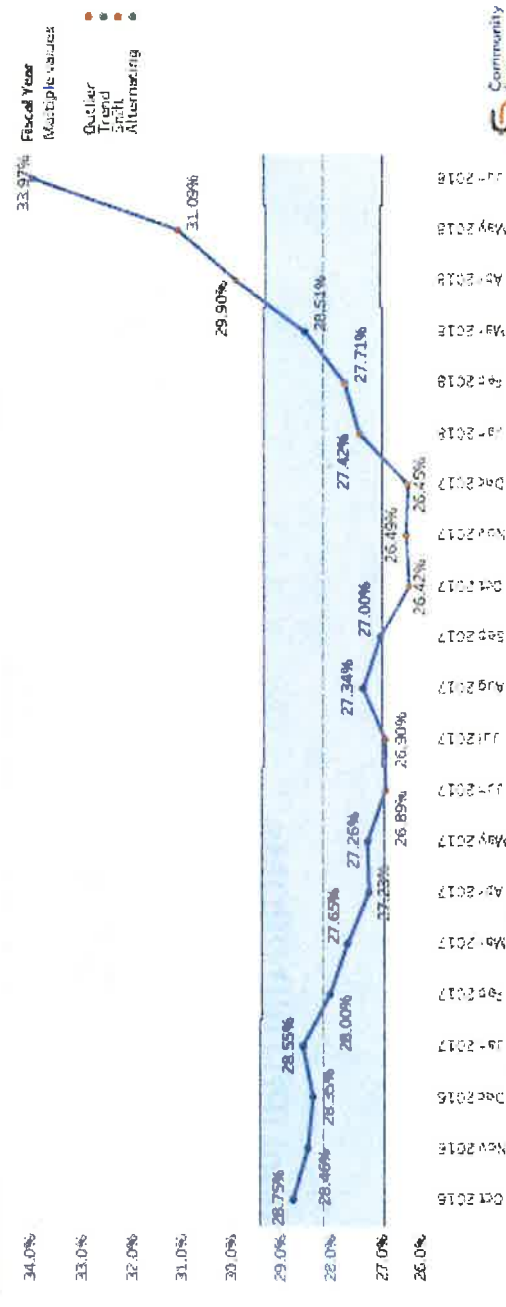
CRC Screening in MAP Patients



C8: Colorectal Cancer Screening



Control Chart



Last Updated: June 20, 2018

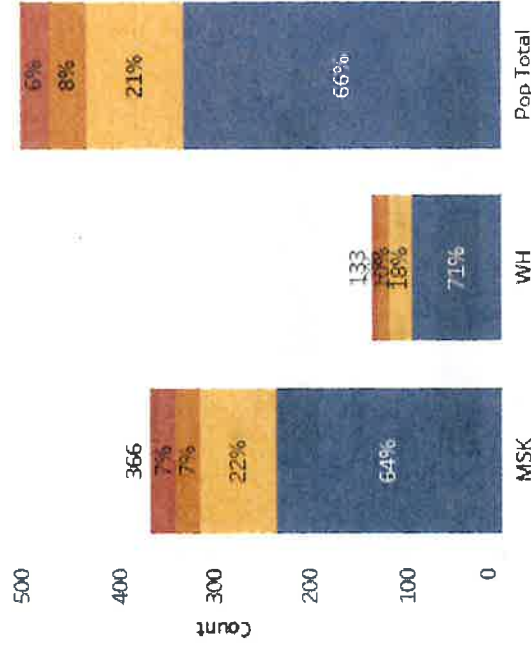


DMS IPU PROMS

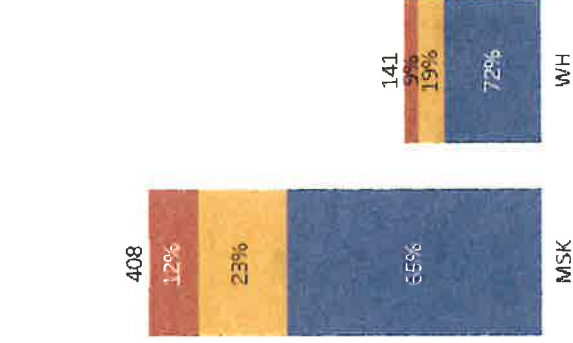


Dell Medical School IPU (All) PROMS

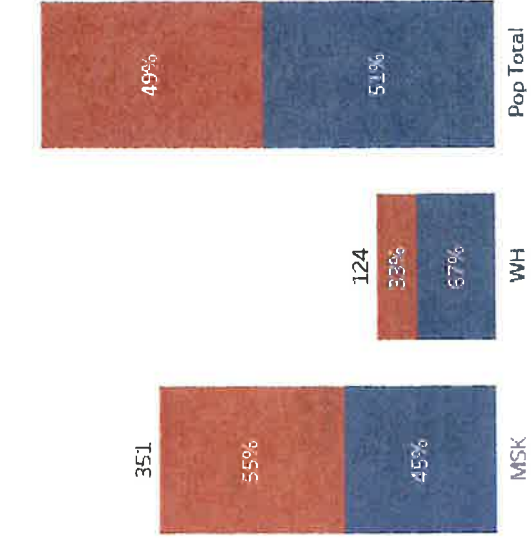
Depression Screen (PHQ 9)



Generalized Anxiety Disorder (GAD)



Substance Abuse Screen (NIDA)



Specialty Care Budget



Description	FY18 Amended Budget	FY18 Year End Estimate	FY19 Proposed Budget	Increase (Decrease) FY19 Proposed less FY18 YE Est
Specialty Care				
CommUnityCare Specialty	\$ 2,000,000	\$ 2,000,000	\$ -	\$ (2,000,000)
Seton Healthcare Family Specialty	\$ 300,000	\$ 150,000	\$ 200,000	\$ 50,000
Palliative Care	\$ 100,000	\$ 10,000	\$ 25,000	\$ 15,000
Ophthalmology	\$ 1,725,000	\$ 1,482,436	\$ 1,700,000	\$ 217,564
Oncology	\$ 2,359,000	\$ 433,728	\$ 700,000	\$ 266,272
Complex Gynecology	\$ 1,500,000	\$ 1,100,000	\$ 1,500,000	\$ 400,000
Musculoskeletal	\$ 2,100,000	\$ 1,075,000	\$ 1,250,000	\$ 175,000
Cardiology	\$ 150,000	\$ 40,657	\$ 200,000	\$ 159,343
PM&R	\$ 75,000	\$ -	\$ 15,000	\$ 15,000
ENT	\$ 400,000	\$ 318,621	\$ 450,000	\$ 131,379
Urology	\$ 450,000	\$ 250,000	\$ 250,000	\$ -
Rheumatology	\$ 90,000	\$ 15,000	\$ 200,000	\$ 185,000
Dermatology	\$ 100,000	\$ 10,000	\$ 450,000	\$ 440,000
Gastroenterology	\$ 800,000	\$ 800,000	\$ 1,250,000	\$ 450,000
Pulmonology	\$ -	\$ -	\$ 225,000	\$ 225,000
Endocrinology	\$ -	\$ -	\$ 700,000	\$ 700,000
Orthotics & Prosthetics	\$ 200,000	\$ 111,535	\$ 200,000	\$ 88,465
DME	\$ 33,000	\$ 119,000	\$ 168,000	\$ 49,000
Project Access	\$ 330,000	\$ 330,000	\$ 330,000	\$ -
Ancillary	\$ 100,000	\$ 15,000	\$ 175,000	\$ 160,000
Referral Management & E-Consults	\$ 950,000	\$ 25,000	\$ 535,000	\$ 510,000
Specialty Dental	\$ 629,711	\$ 435,000	\$ 1,100,000	\$ 665,000
Single Case Agreements	\$ -	\$ -	\$ 150,000	\$ 150,000
Total, Specialty Care	\$ 14,391,711	\$ 8,720,977	\$ 11,773,000	\$ 3,052,023

Specialty Behavioral Health



FY18 Highlights

- Integral Care Contract
- Expanded SUD services with SIMS
- Medication Assisted Treatment pilot

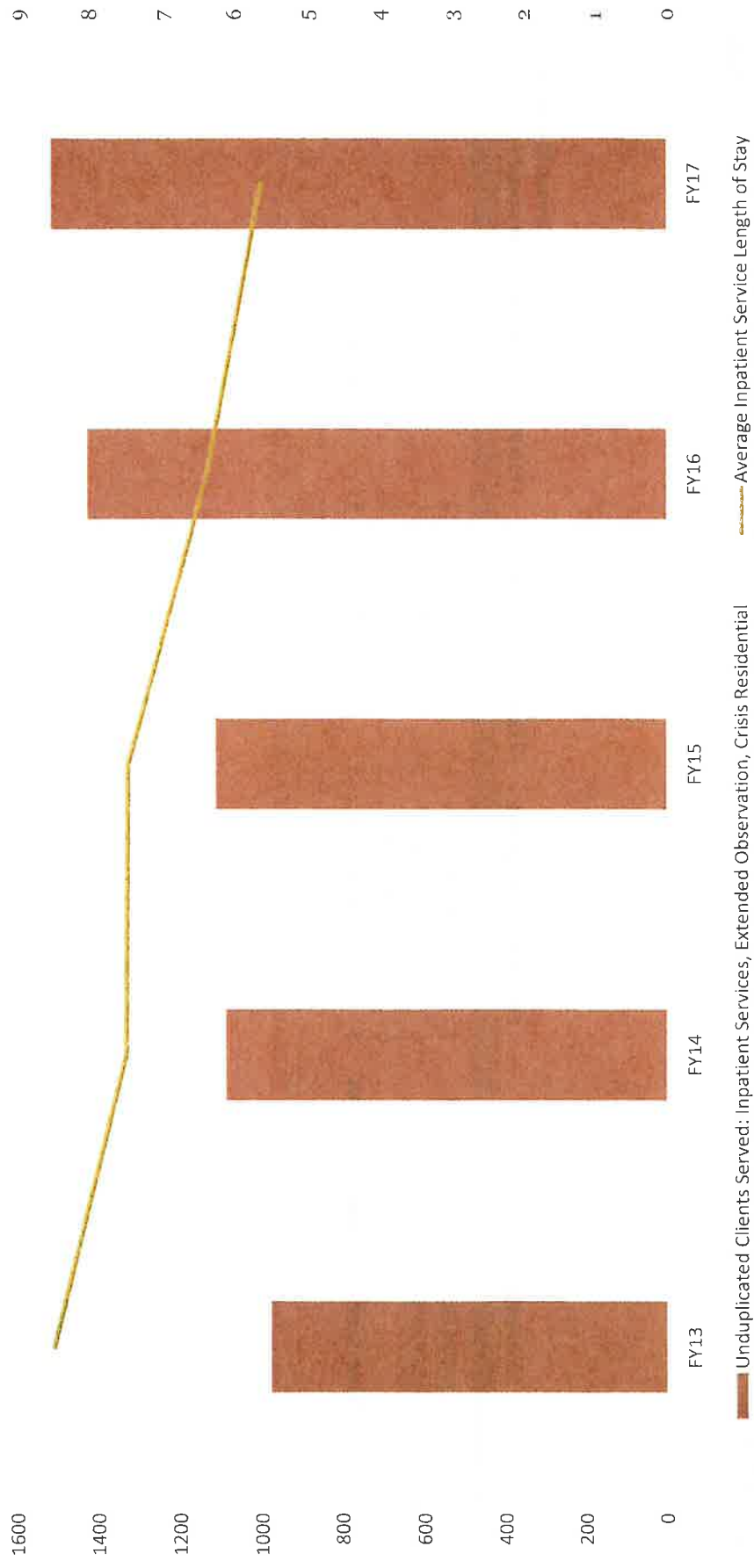
FY19 Initiatives

- Integral Care contract enhancements
- MAT continuation

Integral Care Contract Performance



CCC-Integral Care Contract Performance, FY13-FY17



Specialty Behavioral Health Budget



Description	FY18 Amended Budget	FY18 Year End Estimate	FY19 Proposed Budget	Increase (Decrease) FY19	
				Proposed less FY18	YE Est
Specialty Behavioral Health					
Inpatient Psych, Extended Obs, Crisis Residential	\$ 8,000,000	\$ 8,000,000	\$ 8,000,000	\$	-
Therapy, Counseling & SUD Services	\$ 483,856	\$ 483,856	\$ 483,856	\$	-
MAT Pilot	\$ 450,000	\$ 200,000	\$ 450,000	\$	250,000
Total, Specialty Behavioral Health	\$ 8,933,856	\$ 8,683,856	\$ 8,933,856	\$	250,000

Post-Acute Care



FY18 Highlights

- Transitions of Care Nurse at DSMC
- Expanded SNF network and improved length of stay
- Increased hospice services

FY19 Initiatives

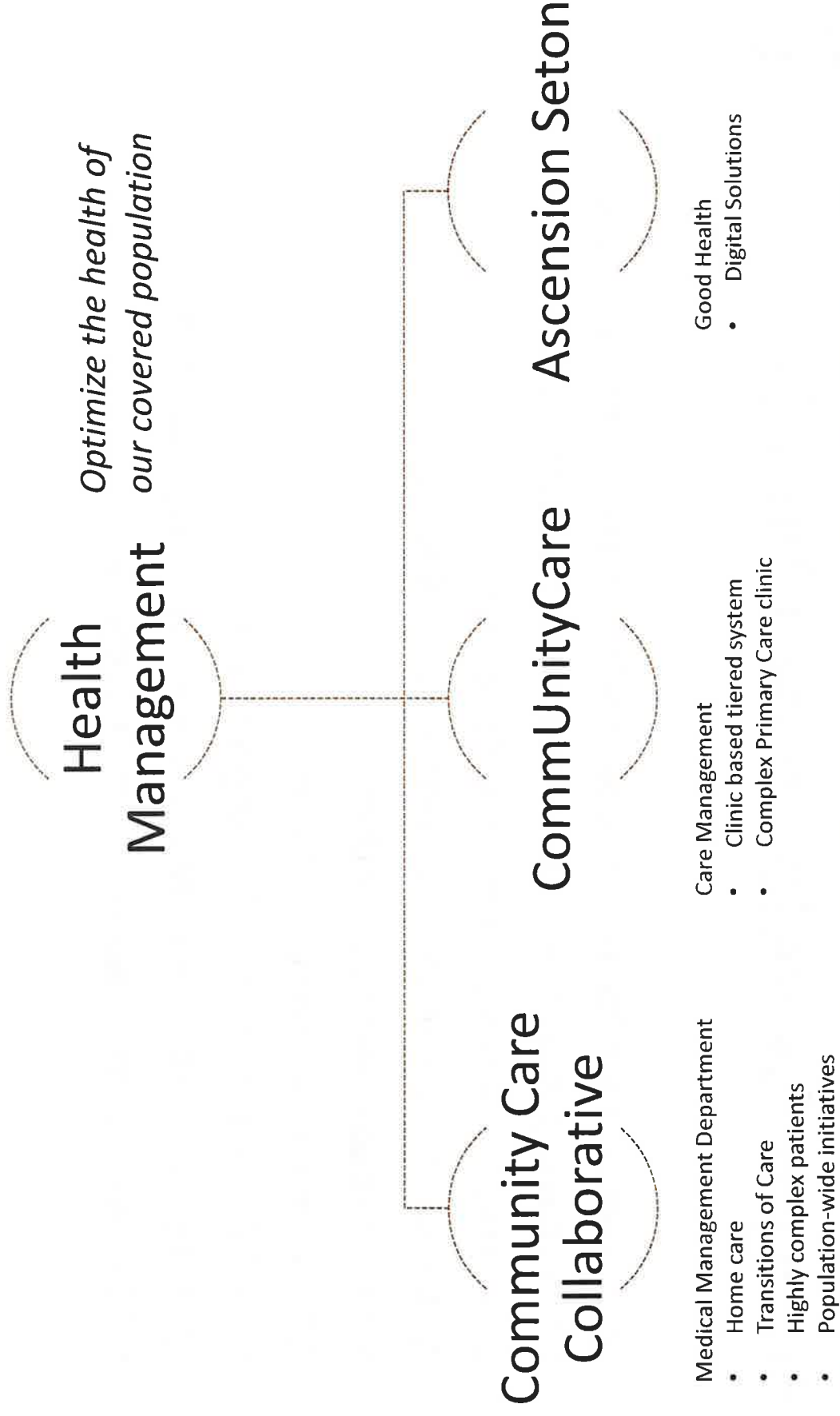
- Flexible pool of funds to support levels of care
- Home health addition
- Addition of respite care (for persons experiencing homelessness)

Post-Acute Care Budget



Description	FY18 Amended Budget	FY18 Year End Estimate	FY19 Proposed Budget	Increase (Decrease) FY19 Proposed less FY18 YE Est
PostAcute				
Recuperative Care	\$ 1,000,000	\$ 800,000	\$ 500,000	\$ (300,000)
Skilled Nursing	\$ 900,000	\$ 750,000	\$ 725,000	\$ (750,000)
Hospice	\$ 725,000	\$ 725,000	\$ 725,000	\$ -
Total, PostAcute Care	\$ 2,625,000	\$ 2,275,000	\$ 1,225,000	\$ (1,050,000)

Health Management Strategy



Budget Development Timeline



- 6/27 – Central Health Board of Managers *(initial presentation of the CCC budget)*
- 8/6 – CCC Board of Directors *(initial presentation of the CCC budget)*
- 8/8 – CH Budget & Finance Committee *(CCC budget)*
- 8/14 – Travis Co. Commissioners Court *(CH budget & tax rate)*
- 8/29 – First public hearing *(CH budget)*
- 9/5 – Second public hearing *(CH budget)*
- 9/7 – CCC Board of Directors *(CCC budget adoption)*
- 9/12 – Central Health Board of Managers *(CH & CCC budget adoption)*
- 9/18 – Travis Co. Commissioner's Court *(CH budget & tax rate)*

Thank You

www.ccc-ids.org



A Central Health and Seton partnership

Medication Assisted Therapy (MAT) Pilot Project for Substance Use Disorder

A whole patient approach to the treatment of substance use disorders encompassing both detoxification and maintenance replicated and deployed by the Community Care Collaborative.

Background

590 Travis County residents have died due to opioid drug overdose from 2006-2016, a mortality rate of **4.8 out of every 100,000 deaths** – a rate just .4 lower than the Texas state average.¹ Opioid related emergencies are burdening first responders, EMS, and hospital emergency departments as demonstrated by a **30 percent increase in emergency room visits for suspected opioid overdoses** from July 2016 through September 2017².

In December 2016, approximately 9% of Medical Access Program (MAP) patients (2000 individuals) had a SUD diagnosis including opioid addiction.

Approved as an acceptable treatment protocol in the Drug Additional Treatment Act of 2000, **Medication Assisted Therapy (MAT) is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.** The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug³.

Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs³, usually involving a directed induction followed by a period of maintenance and gradual discontinuation of medication. **MAT has emerged as a gold-standard in the treatment of opioid addiction.**

The estimated expense to society of opioid addiction nears \$20 billion annually, yet the cost of treating an individual addicted to opioids is only roughly \$4,500 per year. If every opioid-dependent person in the United States received treatment, \$16 billion would be saved every year⁴.

Pilot Design

In FY17 the CCC board approved a \$450,000 budget item to launch a MAT pilot program for MAP enrollees.

The **Community Care Collaborative (CCC)** partnered with **CommUnityCare Health Centers (CUC)**, a local primary care provider, and **Integral Care (IC)**, a local behavioral health provider, to replicate a comprehensive and collaborative treatment protocol that can be run out of **community-based clinics** incorporating:

- Appropriate pharmaceutical treatment options
 - Facilitated by CommUnityCare's **340b drug discount program pricing**
 - Uses a **rapid dissolving oral tablet** dispensed in single- to thirty-day supplies
- Physician-monitored outpatient induction process
 - **Does not require hospital or treatment center inpatient stays and high associated costs**
- Integrated primary and behavioral health care teams comprised of:

- Primary Care physician
- Licensed Psychiatric Social Worker
- Consulting Psychiatrist
- Wrap-around behavioral health services
 - 24/7 phone support
 - Family assessment, skills development, behavior management
 - Psychiatric assessment and/or monitoring
 - Home/community based psychosocial support
- Proactive, individual case management including:
 - One-on-one and group counseling
 - Transportation
 - Coordination of community resources

Reimbursement System

The CCC uses a **Value Based Payment (VBP) structure** that pays providers at pre-determined treatment milestones to ensure program adherence and participant retention through the initial twelve-months of Medication Assisted Treatment. The total clinical cost per patient to the CCC is roughly \$4200. Incremental payment is made when a patient completes:

- **MILESTONE 1:** 7-DAY INDUCTION COMPLETION
- **MILESTONE 2:** 3-MONTH PROGRAM PARTICIPATION
- **MILESTONE 3:** 12-MONTH PROGRAM PARTICIPATION

Overview of Pilot Success

45 MAP patients enrolled and actively participating through first ten months of pilot

- 70.8% participant retention rate to date
 - 16.5 percentage points higher than national average of 54.3%⁵
- 90.0% participant retention rate in most recent quarter
 - 35.7 percentage points higher than national average of 54.3%⁵

Operational Lessons

- Wrap-around behavioral health and case management services have proved to be integral to the success of the pilot and to maximizing patient retention
- Initial patient recruitment difficulties have abated now that the program is known through the community. New pilot program was not known amongst community partners and therefore referrals were low. After 6 months of focused recruitment efforts, **patient interest and enrollment has increased 56.25% from Q2 to Q3 of the pilot**
- Variation in pharmaceutical dispense quantities due to individual patient need, length of time in program, and external/environmental factors result in inconsistent monthly pharmaceutical spend
- Variation in patient Behavioral Health and Clinical services required for patients between milestones result in scheduling complexities and inconsistencies

1. Travis County Medical Society, Drug Overdose & Opioid Use in Travis County, 2018
2. Center for Disease Control and Prevention, "Opioid Overdoses Treated in Emergency Departments", 2018
3. Substance Abuse and Mental Health Services Administration, 2015
4. National Drug Court Institute Practitioner Fact Sheet "Methadone Maintenance and Other Pharmacotherapeutic Interventions in the Treatment of Opioid Addiction." April 2002, Vol. III, No. 1
5. Feelemyer J, Des Jarlais D, Arasteh K, Abdul-Quader AS, Hagan H. Retention of participants in medication-assisted programs in low- and middle-income countries: an international systematic review. *Addiction* 2014; 109(1): 20-32



CENTRAL HEALTH



Community Care
COLLABORATIVE

Press Release

July 30, 2018

Ted Burton

Office: 512-978-8214

Mobile: 512-797-8200

Ted.Burton@centralhealth.net

Travis County Residents Addicted to Opioids Are Getting – and Staying – Clean

The Community Care Collaborative's opioid addiction therapy success is outpacing the national average

(Austin) - The Community Care Collaborative (CCC) – Central Health's nonprofit partnership with Seton Healthcare Family – is funding an opioid addiction treatment program that has measured a 70.8 percent success rate among Travis County participants, which is 16.5 percent higher than the national average.

The Medication Assisted Therapy (MAT) pilot project, created in collaboration with Integral Care and CommUnityCare, started about 11 months ago. To date, 45 patients addicted to opioids such as heroin and prescription pain relievers have been enrolled and are on the path to recovery. From 2006 – 2016, 590 Travis County residents died due to opioid drug overdose, a mortality rate of 4.9 out of every 100,000 deaths.

"MAT provides office-based opioid treatment, comprehensive wrap-around behavioral health and case management services that historically have been out of reach for people with low income," said Mark Hernandez, MD, Chief Medical Officer and Executive Vice President for the CCC.

"Patients are supported by case workers, clinical staff and a doctor, and also have access to psychiatric care," said Craig Franke, MD, Chief Medical Officer and Addictionologist at Integral Care. "Seventy percent of the people who enroll in treatment are staying in treatment - so we know this approach works."

Central Health President and CEO Mike Geeslin added, "Along with our partner Seton, Central Health is a founding member of the Community Care Collaborative and we're committed to providing quality treatment options for people with low income. We believe everyone deserves the same level and quality of treatment regardless of their income, ZIP code, or experiences."

MAT uses a medication called buprenorphine/naloxone (brand name Suboxone), a rapid-dissolving oral tablet approved by the U.S. Food and Drug Administration. The treatment includes a physician and case worker-monitored detoxification in a local clinic followed by a maintenance period then a possible gradual discontinuation of the medication entirely. MAT doesn't require expensive hospital or treatment center stays.

To qualify for the treatment program, patients must be enrolled in Central Health's Medical Access Program (MAP), which provides primary, specialty, hospital care, and prescriptions for Travis County residents with low income. In December 2016, approximately 9 percent of MAP patients (about 2,000 people) had a substance use disorder diagnosis including opioid addiction.

"We treat the whole person, not just the substance use disorder," said Sara Young a Licensed Professional Counselor and the MAT program supervisor at Integral Care, the Local Mental Health Authority for Travis County. "We provide support in the office and in the community as clients begin treatment and assist with housing, basic needs and transportation. We also offer group and individual therapy throughout treatment. We



CENTRAL HEALTH



Community Care
COLLABORATIVE

individualize treatment to each client's needs with a goal of preventing relapses and improving their overall health and well-being."

Ryan's Story

Ryan began using illicit drugs when she was 17-years old. By 34, she was regularly using heroin, methamphetamine, cocaine, prescription pain medicine, and marijuana. She had trouble getting and keeping a job and was unable to maintain custody of her daughter. Tired of her situation and what she described as "the lifestyle of a drug user," Ryan asked Integral Care for help, where a counselor connected her with the MAT program. Ryan began the program in October 2017 and says she's been clean since, a statement confirmed by monthly toxicology screenings required by the program. Ryan attends weekly individual and group counselling sessions and works with a doctor to monitor and adjust her buprenorphine dose with the hope of full sobriety by October. Ryan has a job, is paying her bills and child support, and has secure, safe housing. "There's hope," says Ryan, "There really is hope. I've been clean since the first day and didn't experience any withdrawal symptoms or the side effects that you think of with drug detox. If I can get clean, anyone can."

Background

In Fiscal Year 2018, the Community Care Collaborative budgeted \$450,000 for MAT. CommUnityCare and Integral Care partner together to provide clinical and behavioral health support for patients. The funding is expected to pay for 65 patients in FY 2018 and into FY 2019. The Community Care Collaborative was formed in 2013 to create an integrated delivery system for uninsured and underinsured Travis County residents by working with a variety of local health care organizations including CommUnityCare Health Centers and Integral Care.

Opioid-related deaths and emergencies are a growing national crisis, burdening first responders, Emergency Medical Services (EMS), and hospital emergency departments. Nationwide, there was a 30 percent increase in emergency department visits for suspected opioid overdoses between July 2016 – September 2017. Opioid addiction costs the U.S. an estimated \$20 billion annually, yet the cost of treating an individual addicted to opioids is only roughly \$4,500 a year. Locally, the clinical cost per patient is roughly \$4,200. The National Drug Court Institute Practioneer estimates if every opioid-dependent person in the U.S. received treatment, it would save \$16 billion a year.

###

About Central Health

Central Health is the local public agency that connects Travis County residents with low income to quality health care. We work with a network of partners to eliminate health disparities and reach our vision of Travis County becoming a model healthy community.

About the Community Care Collaborative

The Community Care Collaborative is a 501(c)(3) nonprofit corporation established by Central Health and Seton in 2013 to provide a framework for implementing the Texas 1115 Medicaid Waiver and an integrated delivery system (IDS) for the uninsured and underinsured populations of Travis County.