



Board of Directors

Meeting

Tuesday, August 11, 2015

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 Tuesday, August 11, 2015, a public meeting of the CCC Board of Directors was called to order at 2:06 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St, Austin, Texas 78702. Chairperson Patricia A. Young Brown and Vice-Chairperson Greg Hartman were both present. The secretary for the meeting was Michelle Vassar.

Clerk's Notes:

Secretary Vassar took record of attendance.

Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Christie Garbe, Tim LaFrey, and David Evans (Non-Voting Advisory Board Member)

Officers Present:

John Stephens (Executive Director) and Michelle Vassar (Secretary)

Other Attendees Present:

Beth Devery (General Counsel)

II. Public Comments

Clerk's Notes:

None.

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 7, 2015 CCC Board of Directors meeting.
2. Approve the appointment of Michelle Vassar as Secretary of the CCC Board to replace Margo Gonzalez.

Clerk's Notes:

Vice-Chairperson Hartman moved that the Board approve Consent Agenda items A(1) and A(2). Director Garbe seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Tim LaFrey	For

B. Regular Agenda

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.

Clerk's Notes:

Sarah Cook, Central Health Medicaid Waiver Director, gave an update on the DSRIP Waiver Projects, Demonstration Year ("DY") 4 reporting and progress. She reported on the DY4 Quantifiable Patient Impact ("QPI") milestones showing both the current status and a projection of future performance through the end of the demonstration year. She also reported on the amount of effort in standing up projects up for DY4 to improve last year's performance and to stay on track. She reported that CommUnityCare is the largest contracted provider and was the primary forced behind meeting or exceeding DY3 targets. Mrs. further reported that all of the FQHCs in Travis County are participating in DSRIP projects, and it is anticipated that they will be expanding their scope in DY5. The top three infrastructure projects were all on target to meet this year's goals, and according to Mrs. Cook lay the foundation for the integrated delivery system and the approaches to population health. The System Navigation, however, is lagging behind due to a late start in addressing QPI targets. The System Navigation project focuses on reducing Brackenridge ED utilization by MAP patients by getting those patients connected to a primary care appointment within 72 hours of discharge. She also reported on the progress of the Expanded Access Project, the Chronic Care Management Project, and the Gastroenterology Project. The Gastroenterology Project, Ms. Cook reported, has over 500 patients enrolled in the Hepatitis C protocol, which has a 93% cure rate. She further reported that a concerted effort has been made with CommUnityCare's Pulmonology DSRIP Project. She reports that Pulmonology Project is improving and that there is more access to pulmonologists. Pulmonology patients are being seen faster and closer to where they work and live. She also reported on the Integrated Behavioral Health for Diabetics Project ("IBH") which identifies newly diagnosed and/or unstable diabetics requiring behavioral health support. Currently, there are three providers who are supporting the IBH project, and there is the potential to add one more. By the end of DY5, there could be four different models to evaluate. Mrs. Cook concluded by stating that from the knowledge the staff has gained about the projects over the demonstration year, the CCC has developed a pilot program at the Austin Resource

Center for the Homeless (“ARCH”) using the Community Health Paramedic program. The CCC has become aware of a large volume of 911 calls from the ARCH which resulted in a large number of patients being transported to the Brackenridge emergency department. With the new pilot program, the practice has changed. The a community health paramedics now triage patients at the ARCH and if appropriate, offers the patient services at the ARCH clinic before sending a patient to the emergency department.

Mrs. Cook also reported difficulty in collecting and comparing data on Category 3 measures. Of the 21 Category 3 measures (19 of which are unique), Ms. Cook reports that the CCC is expected to achieve its goals for 75-80% of the Category 3 measures.

2. Receive a Seton Healthcare Family Reform Incentive Payment (DSRIP) Projects update.

Clerk’s Notes:

Seton Healthcare Family DSRIP Program Director, Christine Jesser, gave a status update on the Seton DSRIP projects and its future objectives. Ms. Jesser reports that by April 2015 all projects had reported on DY3 metrics. According to Ms. Jesser, all projects are on tract to report achievement of QPI metrics for DY4 and almost all of the projects have met improvement targets for Category 3. She also reviewed one infrastructure improvement, noting the changes and additions required to effectively document Improving Palliative Care in the ICU project and efforts made to implement best system practices to support data capture. She further reported that the DSRIP management team has worked on conducting evaluation and sustainability activities with the teams. Cost reviews of projects have also been performed to implement project interventions and sustain the the projects. She also stated that the management team would be examining project alignment with Humancare 2020 strategic priorities and the goals of our IDS partners to plan for future of DSRIP models. Ms. Jesser noted that the Seton DSRIP managers are collaborating with Sarah Cook’s group to evaluate the projects with logic models, assessments and stateholder feedback. She also reported that a new workgroup has been formed to evaluate projects which is known as the HHSC Clinical Champions workgroup (“HHSC workgroup”). Ms. Jesser has been participating in the HHSC workgroup where she has been providing feedback to HHSC by evaluating the and ranking DSRIP projects across the state on various levels of effectiveness and helping to develop the RHP Clinic Protocol 2.0 (DSRIP 2.0).

David Evans, Austin Travis County Integral Care (“ATCIC”), Chief Executive Officer, asked if the HHSC has looked at sustainability in terms of current costs and third party earnings. Christine Jesser responded by saying there has been some suggestion from CMS that the CCC had the right idea from the beginning and that should translate well into the next iteration of DSRIP.

3. Receive and discuss the Community Care Collaborative’s Fiscal Year 2016 budget.

Clerk’s Notes:

Mr. Knodel presented the CCC’s Fiscal Year (FY) 2016 proposed budget. Mr. Knodel reported that the CCC wants to transform the current healthcare system to a more integrated system that is more patient-centered, better coordinated, and which provides a better quality of service at a lower cost. The FY16 proposed budget, Mr. Knodel reports, is a step towards delivering a better service to the CCC’s Travis County patients with better outcomes. Mr. Knodel also presented the FY15 update, including reports on sources and uses of funds. Mr. Knodel further reported that for FY16, the CCC will focus on two areas: DY5 DSRIP Project Performance (final year, based on outcomes-full performance risks) and IDS Plan Implementation (infrastructure, patient care coordination, MAP benefit redesign and enhancement).

David Evans, Austin Travis County Integral Care ("ATCIC"), Chief Executive Officer, asked if there is any planning taking place for DY6 and payments received in DY7 (2018). Jeff responded by saying that it was difficult to judge without knowing what DSRIP will look like. He stated the CCC staff is looking at an evaluation of the current projects in terms of flexibility and responsiveness.

4. Receive a presentation on CCC Financial Statements as of June 30, 2015.

Clerk's Notes:

Jeff Knodel, Central Health Chief Financial Officer, presented the CCC Financial Statements for eight months of operations (October 1, 2014 through June 30, 2015), including the balance sheet, sources and uses report (budget versus actual), and details of healthcare delivery expenditures. He specified that some budget line items may change due to varying factors.

Jeff also reported on the health care delivery costs through the end of June 2015 and highlighted how much of the actual budget has been utilized compared to the fiscal year budget.

5. Discuss proposed Community Care Collaborative Bylaw changes.

Clerk's Notes:

John Stephens, Community Care Collaborative Executive Director, presented the proposed CCC Bylaw Changes for the purposes of cleaning up errors and/or inconsistencies, clarifying their intent and other changes.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

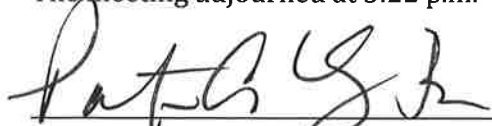
Clerk's Notes:

Chairperson Young Brown announced that the next regular meeting of the CCC Board is scheduled to be held Tuesday, September 22, 2015, at 2:00 PM, in the Board Room, at Central Health's Administrative Office at 1111 East Cesar Chavez Street, Austin, Texas 78702.

There being no further discussion or agenda items, Director Garbe moved that the meeting adjourn. Director Wallace seconded the motion.

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

The meeting adjourned at 3:22 p.m.



Patricia A. Young Brown, Chairperson
Community Care Collaborative Board of Directors

ATTESTED TO BY:

A handwritten signature in blue ink, reading "Michelle M. Vassar", is written over a horizontal line.

Michelle Vassar, Secretary to the Board
Community Care Collaborative