



## **Board of Directors**

### **Meeting**

**Tuesday, May 13, 2014**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **AGENDA\***

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#### **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 8, 2014 CCC Board of Directors meeting.

##### **B. Regular Agenda**

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.
3. Receive a presentation on the Marketplace Exchange.
4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.

5. Receive a presentation on CCC Financial Statements as of April 30, 2014.
6. Receive and discuss a report on clinical protocols and associated clinical metrics.
7. Receive a report on the current number of Unique MAP Enrollees.

#### **IV. Closed Session**

1. Receive and discuss matters impacting Community Care Collaborative's business strategy development.

#### **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.*



## **Board of Directors Meeting**

**May 13, 2014**

### **CONSENT AGENDA ITEMS**

- A. Approve minutes from the April 8, 2014 CCC Board of Directors meeting.



## **Board of Directors**

### **Meeting**

**Tuesday, April 8, 2014**

**2:00 p.m.**

**Central Health Administrative Offices**

**1111 E. Cesar Chavez St.**

**Austin, Texas 78702**

### **Meeting Minutes**

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#### **I. Call to Order and Record of Attendance**

On Tuesday, April 8, 2014, a public meeting of the CCC Board of Directors was called to order at 2:15 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 clerk for the meeting was Margo Gonzalez.

##### Clerk's Notes:

Secretary Gonzalez took record of attendance.

##### Directors Present:

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

##### Officers Present:

Larry Wallace (Executive Director) and Margo Gonzalez (Secretary)

##### Other Attendees Present:

Pam Gregerson (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 March 18, 2014 CCC Board of Directors meeting.

### Clerk's Notes:

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

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

## B. Regular Agenda

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

### Clerk's Notes:

Sarah Cook provided an update on the current CCC DSRIP projects and presented a revised report of the Demonstration Year 3 Status Updates. The revised report is a dashboard of aggregate information for performance monitoring of DSRIP projects, including objective factors for scoring, contract status and project milestones. There are 15 DSRIP Projects that have been initiated. However, the status of each DSRIP Project depends on varying factors that may impact its risk score. Ms. Cook also explained the objective factors that modify a DSRIP Project's risk score which determines if the DSRIP Project is on target. CCC Staff is creating a reporting plan for milestones which will include specific requirements for performing DSRIP Projects.

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.

### Clerk's Notes:

Ms. Cook explained that there are 10 contracts pending for DSRIP Projects. The CCC is contracting with CommUnityCare for 5 of the projects including disease management registry, expanded hours, mobile health teams, patient centered medical homes (PCMH), and the chronic disease management model. The disease management registry has three baseline establishments – annual foot checks for diabetics, annual low-density lipoprotein (LDL) screens for diabetics, and annual nephropathy screen for diabetics. CommUnityCare and Lone Star Circle of Care are the contracted providers for these services. CommUnityCare will expand clinic hours at Rosewood Zaragoza Health Center by at least 15 hours per week and will provide services for tobacco screening and cessation, blood pressure screening and treatment plan, and body mass index (BMI) screening and treatment plan. The PCMH DSRIP Project includes services for blood pressure control for diabetics, annual renal eye exams, ACE/ARB diuretics, and monitoring of patients on diuretics. This project will be provided at CommUnityCare and People's Community Clinic. Both organizations will also provide a chronic disease management model where each clinic location will monitor and help diabetics control high blood pressure. The CCC will partner with United Way 2-1-1 Call Line to provide patient navigation expanding outbound call hours for new MAP enrollees. The purpose of this contract is to provide MAP enrollees with useful information that may help them understand their benefits. The CCC will contract with El Buen Samaritano to meet specific deliverables in support of the disease

management registry, PCMH, chronic care management model, and patient navigation DSRIP Projects.

Director Garbe moved that the Board approve the following agreements for performing CCC DSRIP Projects as presented by staff: Disease Management Registry; Expanded Hours; Mobile Health Teams; Patient-Centered Medical Home; Chronic Disease Management Model; Patient Navigation; and Infrastructure Project Workgroups, contingent upon approval of the Central Health Board of Managers. Director Knodel seconded the motion. The motion was passed on the following vote:

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

This agenda item was taken out of order.

3. Receive a presentation on CCC Financial Statements as of March 31, 2014.

Clerk's Notes:

Mr. Knodel reported on the CCC's Financial Statements as of March 31, 2014 and explained activities on the balance sheet, sources and uses report, and health care delivery costs and operations. He also reviewed a Budget Expenditure Comparison report for March 2013 and March 2014 which compares contracted expenses for a twelve month period.

This agenda item was taken out of order and no action was taken.

4. Discuss and take appropriate action regarding the use of Fiscal Year 2014 Central Health service expansion funds.

Clerk's Notes:

Diane Hosmer explained the request for service expansion funds which will support behavioral health and specialty care services through September 30, 2014. The CCC monitors contract expenditures to ensure that expenditures do not exceed 80 percent before the contract term date. When a contract exceeds 80 percent before its term date, the CCC conducts an analysis to determine the reason for the increase, then makes a recommendation to the appropriate CCC and Central Health governance structures to adjust the annual contract amount to allow sufficient funding for services that will carry the contract to September 30, 2014. The contracted providers of ophthalmology are experiencing an increase in referrals from primary care providers for diabetic retinopathy screenings.

Larry Wallace explained that the CCC adopted Central Health's standard operating procedures for contracts. Additionally, any substantive changes to CCC contracts will be presented to the CCC Board of Directors as well as the Central Health Budget and Finance Committee and Board of Managers for recommendation and consideration for approval. This funding increase will help ensure access to behavioral health services at SIMS Foundation and ophthalmology services for MAP enrollees to accommodate increased utilization.

Mr. Knodel explained the history of Central Health contract budget expenditures for services. In prior years, Central Health anticipated budget expenditures for services that increased due

to utilization or cost to provide services, but when those contracts transferred to the CCC, they were reset to their base budget to make the best use of the CCC's financial resources.

Dr. Mark Hernandez also explained that the service expansion funds offer increased utilization and is an efficient approach to continuing contracted services without disruption or delay for patients in need of those services.

Director Knodel moved that the Board approve the request for the use of Fiscal Year 2014 Central Health service expansion funds and approve the related amendment of the Fiscal Year 2014 Community Care Collaborative budget as presented by staff, contingent upon approval of the Central Health Board of Managers. Director LaFrey seconded the motion. The motion was passed on the following vote:

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

5. Receive a report on the current number of Unique MAP Enrollees.

Clerk's Notes:

Dr. Hernandez reported the current number of unique MAP enrollees for March 2014 which was 24,235 and comparable to trends from last year.

No action was taken.

#### **IV. Closed Session**

Clerk's Notes:

No closed session discussion.

#### **V. Closing**

Clerk's Notes:

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

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

The meeting was adjourned at 3:40 p.m.

ATTESTED TO BY:

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Margo Gonzalez, Secretary to the Board  
Community Care Collaborative

DRAFT





## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

1. Receive a Delivery System Reform Incentive Payment (DSRIP) Projects Update.



## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

2. Discuss and take appropriate action on agreements for performing CCC DSRIP Projects.



## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

3. Receive a presentation on the Marketplace Exchange.



CENTRAL HEALTH

# Central Health's ACA Marketplace Efforts

Presentation to the CCC Board of Directors  
May 13, 2013



# Coordinated Efforts

Goal: *Enroll Central Texas residents in health coverage offered through the Health Insurance Marketplace*

- Coordinated, systematic approach
- Help prevent confusion
- Avoid duplication of efforts
- Maximize use of existing resources



# Convened Stakeholders

Hosted regular stakeholder meetings with local:

- Government entities
- Non-profit organizations
- Federally Qualified Health Centers
- Austin Community College
- Enroll America staff
- Community organizations



# Stakeholder Committees

Formed Committees to focus on strategic activities

- Outreach & Enrollment Committee
  - Outreach and education of local residents
  - Referrals to local facilities providing in person application assistance
  - Coordinated two Community Enrollment events
- Communications Committee
  - Fielded media inquiries
  - Hosted press conferences
  - Promoted consistent messaging



# Stakeholder Committees

- Data & Analytics Committee
  - Develop a standard set of metrics
  - Capture data for our community wide efforts
- Small Business Committee
  - Work closely with local Chamber of Commerce
  - Ensure business owners were aware of options available to them and their employees
    - *Limited manpower available to focus on these efforts*
    - *Definitely want to enhance for next open enrollment period*





# Central Health's Support

- Central Health invested \$1.3M to support local efforts related to the Affordable Care Act
- Dedicated funding for outreach and education efforts to promote the benefits and financial assistance available through the Health Insurance Marketplace



# Outreach and Education

Contract with United Way for Greater Austin

- Three local community organizations
- Provided culturally competent, community based outreach & education services
  - Promote the Health Insurance Marketplace in Travis County
  - Attended over 925 events with 85,000 in attendance
  - Provided over 25,000 direct referrals to facilities providing in person application assistance
- These efforts
  - Directed at targeted populations and underserved areas of county
  - Compliment services provided by Enroll America



# One Central Resource

- Identified the need for one central resource for local information & referrals
- United Way for Greater Austin
  - Manages the local 2-1-1 Center
  - Serves 10 County Central Texas Region
- Familiar, trusted, community resource
- 2-1-1 is local number that was easy to remember
- Perfect fit



# Public Information & Awareness Campaign

In December of 2013  
Central Health launched a  
Public Information & Awareness  
Campaign:

*2-1-1 Health Connect*





# Project Overview

**Goal:** Build awareness of the health insurance opportunities available in Travis County and promote enrollment using 2-1-1 as the initial point of contact.

**Target Audiences:** ~100K  
Travis County residents  
living between 100-200%  
FPL with inadequate or no  
health insurance

## Communications Plan and Media Mix

- **Broadcast**
  - Extensive radio placements on English and Spanish language stations
  - Selected low-cost TV opportunities (e.g., news segment sponsorships)
- **Print**
  - Advertising in community and Spanish-language papers
  - Inserts and flyers for distribution through neighborhood/community channels
- **Digital**
  - Selected display advertising extensions of print and broadcast placements
  - Paid social media and PPC/keyword search
- **Social, Earned and Owned**
  - Social, collateral and display (posters/flyers) for music and restaurant targets
  - Leveraging Central Health's and partner's owned and social media channels



## Radio Advertising

- 2200+ total radio spots in February on 11 stations
- Spots include :30 PSAs, :60 endorsements, :60 vignettes w/2-1-1 specialists
- Radio demos targeted to reach highest numbers of ACA-eligible uninsured including:
  - HHI < \$50K
  - M/F under 40
  - African-American
  - Women 25-54
  - Hispanic (both English and Spanish)
  - Musicians and music venues, restaurants

Reaching more than 1 million listeners each month:

- ± 600,000 English-language
- ± 460,000 Spanish-language



## Univision TV

February

- **Salud es vida Vignettes**

- 20 Vignettes - 1x day (M-F, 6-10P) – 4 weeks per month

- **Despierta Austin Segment**

- 1 interviews per month

- **:10s spots**

- 60x spots per month

Vignettes and interview segments feature local experts informing audiences about the importance of health coverage and the availability of local resources to assist with enrollment.

TV media plan reaches  
**1.6 million** viewers monthly

Also includes value-added social  
media and community events



## Spanish Radio (Univision) Events



### Radio Interviews

1/29	Radio	Nora Cadena Foundation Comm
2/26	Radio	Isaac Pozos CommUnityCare
3/4	Radio	Univision Talent: Mar 8 event promo
3/11	FB Video	Univision Talent: Mar 8 event promo

### Community Coffees and Events

*Sponsored by Central Health, promoted by Univision • Spanish-language  
Speakers coordinated through United Way*

1/5/14	Dia de Reyes - La Michoacana	Latino Health Care Forum	Festival
2/1/14	Las Delicias Meat Market	Foundation Communities	Café/Platic a
2/15/14	Las Delicias Meat Market	Latino Health Care Forum	Café/Platic a
2/22/14	Feria Para Aprender-Highland Mall	Foundation Communities	Festival
3/1/14	Highland Mall	Foundation Communities	Café/Platic a
3/15/14	El Buen Samaritano	CommUnityCare	Café/Platic a
3/22/14	Las Delicias Meat Market	Austin Interfaith	Café/Platic a





# Online Marketing Plan

**Goal:** Build awareness of the health insurance opportunities available in Travis County and promote enrollment using 2-1-1 as the initial point of contact.

**Target Audiences:** ~100K  
Travis County residents  
living between 100-200%  
FPL with inadequate or no  
health insurance

## Campaign Websites

- Provided a content hub for the overall campaign and allowed for defined metrics tracking such as: unique site visits, the duration of those visits, and click-throughs to:
  - [www.211healthconnect.org](http://www.211healthconnect.org) (General English Site)
  - [www.musicianhealthcare.org](http://www.musicianhealthcare.org) (Musician-Targeted English Site)
  - [www.conexiondesalud.org](http://www.conexiondesalud.org) (Spanish Site)

## Ads

- Served as an entry point for target audiences to the information on the landing pages (campaign websites), using these channels:
  - Google ads
  - Facebook ads
  - Promoted posts on Facebook and Twitter accounts owned by Central Health



CENTRAL HEALTH



## Campaign Websites

www.conexiondesalud.org

www.211healthconnect.org

English version of the 2-1-1 health connect website. The header includes the text "Puedes obtener tu seguro médico fácilmente." and the 2-1-1 health connect logo. The main content area features a photo of a family and the text "Último día del período abierto de inscripción: 31 de marzo del 2014. ¡Han Extendido el Plazo!". Below this, there is a section titled "Cubre los servicios preventivos sin deducible." and a form for email and phone registration. The footer includes a list of resources and a section for "Próximos Eventos" with dates and locations.

Spanish version of the 2-1-1 health connect website. The header includes the text "You can get health care insurance; it's easy." and the 2-1-1 health connect logo. The main content area features a photo of a man and the text "Musicians can get health care insurance; it's easy." Below this, there is a section titled "Covers preventative services with no deductible or co-pay." and a form for email and phone registration. The footer includes a list of resources and a section for "Próximos Eventos" with dates and locations.

Musician Healthcare website. The header includes the text "Musicians can get health care insurance; it's easy." and the 2-1-1 health connect logo. The main content area features a photo of a man and the text "You need health insurance." Below this, there is a section titled "Covers preventative services with no deductible or co-pay." and a form for email and phone registration. The footer includes a list of resources and a section for "Próximos Eventos" with dates and locations.

www.CentralHealth.net

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CENTRAL HEALTH



# Online Advertising

## Google Ads

[Health Coverage for You](#)

Get Insurance Now

Start by Dialing 211

[211healthconnect.org](http://211healthconnect.org)

[Food Service Workers](#)

Get Connected in Travis County

Dial 211 for Health Care Resources

[211healthconnect.org](http://211healthconnect.org)

[Cobertura Para Meseros](#)

La Puedes Obtener Ahora;

Marca 2-1-1, Opción 1

[www.ConexionDeSalud.org](http://www.ConexionDeSalud.org)

[¿Necesitas Seguro Médico?](#)

Asegúarte de Obtener Cobertura;

Inscripción Abierta hasta Marzo 31

[www.ConexionDeSalud.org](http://www.ConexionDeSalud.org)

[Health Coverage for You](#)

Start by Dialing 211

Get Connected in Travis County

[www.musicianhealthcare.org](http://www.musicianhealthcare.org)

## Facebook Ads



Central Health

Travis County residents can get Health Coverage by March 31! Dial 211 for more information



Central Health

Musicians in Travis County can get Health Insurance! Dial 211 now for more information.



insurance  
lthcare.org  
verage in Travis County. Dial 211 now. Open enrollment  
31st.



Central Health

Personas en Travis County pueden obtener Seguro Médico hasta Marzo 31. Marca 211 opción 1



Obtén Tu Seguro Médico  
conexiondesalud.org  
Obtén Cobertura Médica en Travis County. Marca 211 Hoy. Inscripción Abierta hasta Marzo 31



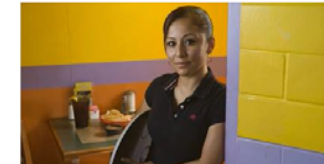
Get Health Coverage

[211healthconnect.org](http://211healthconnect.org)

Get Health Insurance in Travis County. Dial 211 now. Open enrollment ends March 31st.

Central Health

Chefs & Servers in Travis County can get Health Coverage! Dial 211 for more information.



Health Coverage for You

[211healthconnect.org](http://211healthconnect.org)

Get Health Insurance in Travis County. Dial 211 now. Open enrollment ends March 31st.

## Twitter Ads



Central Health @CentralHealthTX

7 Feb 2014

#TravisCounty residents can get Health coverage! Start by dialing 211 to get connected to Health coverage. [bit.ly/1eZqxVW](http://bit.ly/1eZqxVW)



Central Health @CentralHealthTX

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Do you live in Travis County? You can get Health coverage! Dial 211 to sign up. [bit.ly/1eZqxVW](http://bit.ly/1eZqxVW)



Central Health @CentralHealthTX

7 Feb 2014

#TravisCounty residents can get Health coverage! Dial 211 for information. Sign up by Feb 15 for March 1 coverage. [bit.ly/1eZqxVW](http://bit.ly/1eZqxVW)



Central Health @CentralHealthTX

7 Feb 2014

Do you live in #TravisCounty? Sign up by Feb 15 for March 1 Health coverage. Dial 211 for more information. [bit.ly/1eZqxVW](http://bit.ly/1eZqxVW)



## Online Advertising Results

\$8,498 in online pay-per-click advertising got us:

- 1,962,125 people to see our messages
- 12,239 people to click on our messages (ads)
- 6,215 people to visit our campaign websites
- Facebook accounted for 91% of all clicks to our websites
- Spanish-speaking ads were 2x more likely to be clicked on

### Advertising Metrics

Campaigns	Total Clicks	Total Ad Views
Google	1,040	309,000
Facebook	10,688	1,595,125
Twitter	511	58,000
TOTALS	12,239	1,962,125

### Website Metrics

Landing Pages	Total Clicks	Avg. Visit Duration
www.211healthconnect.org	2,913	38 seconds
www.musicianhealthcare.org	474	12 seconds
www.conexiondesalud.org	2,828	36 seconds



## Reports from the Field: Challenges

### Healthcare.gov

- System down during high traffic times
  - Beginning of open enrollment
  - December deadline (for coverage effective January)
  - End of open enrollment
- Identification issues
- Inaccurate Advanced Premium Tax Credits and Cost Sharing subsidies
- Negative press



## Reports from the Field: Challenges

### Lack of insurance literacy

- Low monthly premiums vs high out of pocket costs
- What is a deductible - how does it work?

### Lack of computer literacy

- Creation of email and user accounts
- Forgotten usernames and passwords



# Reports from the Field: Challenges

## Marketplace Call Center

- Often experienced:
  - Inaccurate and inconsistent information
  - Long hold times
  - Poor customer service
  - Calls transferred to numerous representatives and supervisors – only to be disconnected or asked to call back





# A Few Lessons Learned

- Accurate enrollment outcomes required knowledge of health and dental insurance, taxes, immigration, and public programs
  - Did not anticipate the complexity or in depth knowledge required
- Communicating regularly via phone and email to ask questions, share best practices, tools and work-arounds
  - Real-time communication amongst local CACs was the most helpful when addressing immediate needs
- Maximize resources by planning outreach events around facilities that were providing application assistance





# Next Steps for Collaboration

- Develop and standardize CAC training materials and tools
  - Enhance training on taxes and immigration
  - Expand training on individual health and dental plans to provide CACs with a deeper understanding of various benefit summaries
    - What costs are applied towards deductibles
    - How prescription benefits work for each plan
    - How each plan covers specific medical conditions & treatments



# Next Steps for Collaboration

- Develop a triage form to assist CACs in determining if an employer offers affordable health coverage
  - Work with local employers to develop a database of employee coverage details in our area
- Develop a local provider database with details on which providers accept which Marketplace health plans
- Enhance consumer education material



## Summary

- Coordinated, systematic approach
- Prevent confusion & avoid duplication of efforts
- Maximize use of existing resources
- Enhanced outreach & education efforts
- Public Information & Awareness Campaign
  - Media and on line resources
- In person application assistance at multiple facilities



## Summary

- Regular meetings with key stakeholders
- Committees focused on strategic activities
- Central resource for local information & referrals - United Way 2-1-1 Center
- Planning next steps



CENTRAL HEALTH

Questions?



## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

4. Receive a presentation on the Austin Travis County Integral Care (ATCIC) Overview of Services Report.

# Overview of Integral Care and Possible Role(s) with the CCC

## CCC Board Meeting

Mark Hernandez, M.D.  
CCC Chief Medical Officer

Beth Peck, PMP  
CCC Special Projects Manager

May 13, 2014



## Overview



2

- Integral Care Review Project
  - Purpose
  - Activities
- Integral Care 101 (CCC Focus)
- Potential Roles for Integral Care within CCC
- Conclusions and Recommendations
- Next Steps

5/12/2014

## Integral Care Review Project



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### Purpose

- Facilitate planning for the integration of all care services provided through the IDS,
- Establish a baseline for planning and outcome analysis, and
- Identify ways in which the entity under review can most effectively participate in the CCC, either as a contracted provider, CCC affiliate partner, or a full risk-sharing partner.

5/12/2014

## Integral Care Review Project



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### Activities Conducted



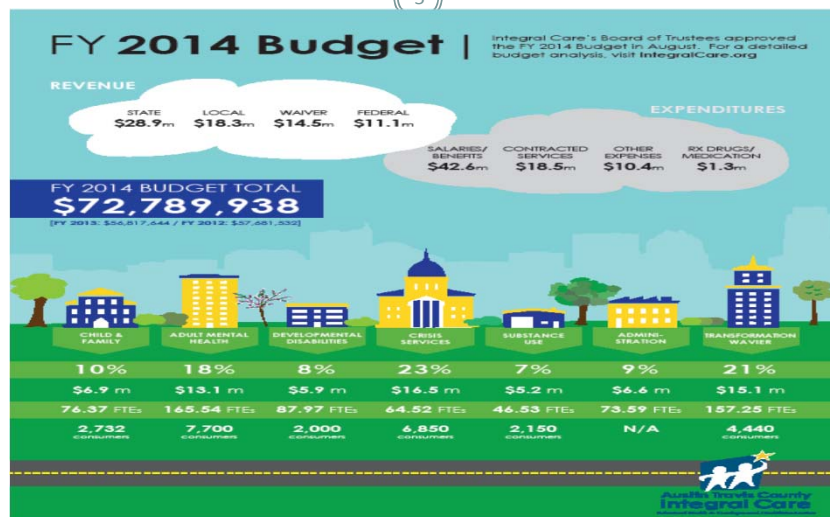
5/12/2014



## Integral Care 101



5



5/12/2014

## Integral Care 101



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Role	Governing/Funding Entity	Services
Local Mental Health Authority	Texas Department of State Health Services (DSHS)	Behavioral Health and support services
Local Authority for IDD	Texas Department of Aging and Disability Services (DADS)	Program enrollment, community support services, service coordination, etc.
Grant Recipient	Federal – SAMHSA, Ryan White State – DSHS, DARS, TDCJ	Health Integration, In-Shape, HIV Services Child and Family Services, Mental Health First Aid, ECI, Juvenile TCOOMI
Community Collaborator	Psychiatric Stakeholder Committee DACC/TCJD  FQHCs	Crisis Service Planning and Funding Services for criminal-justice involved individuals Integrated behavioral health

5/12/2014

## Integral Care 101



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### Local Mental Health Authority

- Mandated Services
  - ✓ 24-Hour Emergency Screening and Crisis Stabilization
  - ✓ Crisis Residential Services
  - ✓ Community-Based Assessments
  - ✓ Family Support Services, including respite
  - ✓ Case-Management
  - ✓ Medication-Related Services
  - ✓ Psycho-social Rehabilitation Programs (social support, independent living skills, vocational training)

5/12/2014

## Integral Care 101

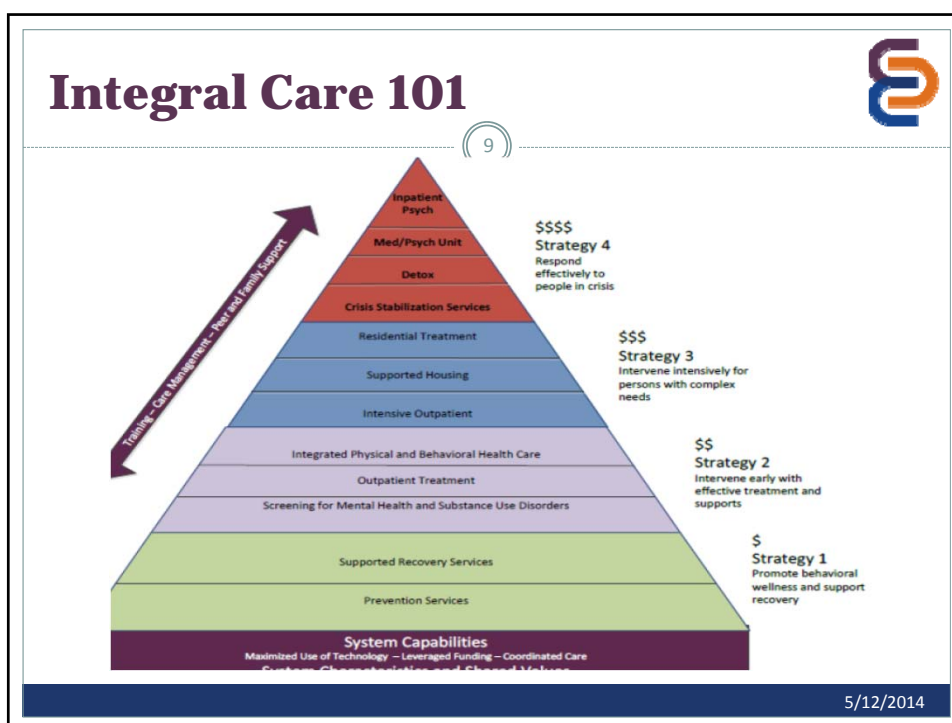



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### Local Mental Health Authority

- Mandated Populations
  - Children**
    - Ages 3-17
    - Have a Mental Health Diagnosis
    - Exhibit serious emotional, behavioral, or mental disorders AND
      - ✓ Have a serious functional impairment; or
      - ✓ Are at risk of disruption of a preferred living environment; or
      - ✓ Are enrolled in a school's special education program
  - Adults**
    - Have a severe and persistent mental illness which requires crisis resolution or on-going treatment

5/12/2014






## Integral Care 101 11

<h3 style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">Child and Family Services</h3> <ul style="list-style-type: none"> <li>Outpatient Behavioral Health Services</li> <li>Integrated Behavioral Health and Primary Care in Schools</li> </ul>	<h3 style="text-align: center; background-color: #e67e22; color: white; padding: 5px;">Intellectual and Developmental Disability Services</h3> <ul style="list-style-type: none"> <li>Systematic, Therapeutic, Assessment, Respite and Treatment (START) Center</li> </ul>
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5/12/2014



## Integral Care 101 12

<div style="background-color: #34495e; color: white; border-radius: 50%; padding: 10px; margin-bottom: 10px;">Access to Care</div> <div style="background-color: #34495e; color: white; border-radius: 50%; padding: 10px; margin-bottom: 10px;">Programs by Populations Served</div> <div style="background-color: #34495e; color: white; border-radius: 50%; padding: 10px;">Service Enhancers/ Extenders</div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; background-color: #e67e22; color: white; text-align: center; padding: 5px;"><b>PES</b></td> <td style="width: 25%; background-color: #e67e22; color: white; text-align: center; padding: 5px;"><b>Hotline</b></td> <td style="width: 50%; background-color: #e67e22; color: white; text-align: center; padding: 5px;"><b>Current Client</b></td> </tr> <tr> <td style="background-color: #e67e22; color: white; padding: 10px; vertical-align: top;"> <p style="text-align: center;"><u><b>General Population</b></u></p> <ul style="list-style-type: none"> <li>Integrated Behavioral Health and Primary Care</li> <li>Oak Springs -- IOP</li> <li>Mobile Crisis Outreach Team</li> <li>The Inn</li> <li>Hospital and Jail Alternative Project</li> <li>Next Step – Inpatient and Outpatient</li> <li>Outpatient Behavioral Health (Youth)</li> </ul> </td> <td colspan="2" style="background-color: #e67e22; color: white; padding: 10px; vertical-align: top;"> <p style="text-align: center;"><u><b>At-Risk Populations</b></u></p> <ul style="list-style-type: none"> <li>CARE (HIV)</li> <li>School-Based Integrated Care</li> </ul> <p style="text-align: center;"><u><b>Chronic Disease</b></u></p> <ul style="list-style-type: none"> <li>Chronic Disease Management</li> </ul> <p style="text-align: center;"><u><b>Frequent Hospital Admissions</b></u></p> <ul style="list-style-type: none"> <li>ACT</li> </ul> <p style="text-align: center;"><u><b>Substance Use/Co-occurring</b></u></p> <ul style="list-style-type: none"> <li>Ambulatory Detox</li> <li>Narcotic Treatment</li> <li>Oak Springs (COPSD)</li> </ul> <p style="text-align: center;"><u><b>Developmental Disability and SMI</b></u></p> <ul style="list-style-type: none"> <li>START</li> </ul> </td> </tr> <tr> <td style="background-color: #e67e22; color: white; padding: 10px; vertical-align: top;"> <p style="text-align: center;"><u><b>Enhancers</b></u></p> <ul style="list-style-type: none"> <li>In-Shape</li> <li>Peer Support</li> <li>Whole Health Peer Support</li> <li>Homeless and Housing Services</li> </ul> </td> <td colspan="2" style="background-color: #e67e22; color: white; padding: 10px; vertical-align: top;"> <p style="text-align: center;"><u><b>Extenders</b></u></p> <ul style="list-style-type: none"> <li>Telemedicine</li> <li>Expanded Provider Capacity</li> </ul> </td> </tr> </table>	<b>PES</b>	<b>Hotline</b>	<b>Current Client</b>	<p style="text-align: center;"><u><b>General Population</b></u></p> <ul style="list-style-type: none"> <li>Integrated Behavioral Health and Primary Care</li> <li>Oak Springs -- IOP</li> <li>Mobile Crisis Outreach Team</li> <li>The Inn</li> <li>Hospital and Jail Alternative Project</li> <li>Next Step – Inpatient and Outpatient</li> <li>Outpatient Behavioral Health (Youth)</li> </ul>	<p style="text-align: center;"><u><b>At-Risk Populations</b></u></p> <ul style="list-style-type: none"> <li>CARE (HIV)</li> <li>School-Based Integrated Care</li> </ul> <p style="text-align: center;"><u><b>Chronic Disease</b></u></p> <ul style="list-style-type: none"> <li>Chronic Disease Management</li> </ul> <p style="text-align: center;"><u><b>Frequent Hospital Admissions</b></u></p> <ul style="list-style-type: none"> <li>ACT</li> </ul> <p style="text-align: center;"><u><b>Substance Use/Co-occurring</b></u></p> <ul style="list-style-type: none"> <li>Ambulatory Detox</li> <li>Narcotic Treatment</li> <li>Oak Springs (COPSD)</li> </ul> <p style="text-align: center;"><u><b>Developmental Disability and SMI</b></u></p> <ul style="list-style-type: none"> <li>START</li> </ul>		<p style="text-align: center;"><u><b>Enhancers</b></u></p> <ul style="list-style-type: none"> <li>In-Shape</li> <li>Peer Support</li> <li>Whole Health Peer Support</li> <li>Homeless and Housing Services</li> </ul>	<p style="text-align: center;"><u><b>Extenders</b></u></p> <ul style="list-style-type: none"> <li>Telemedicine</li> <li>Expanded Provider Capacity</li> </ul>	
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5/12/2014

## Potential Roles for Integral Care within CCC



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### Current State

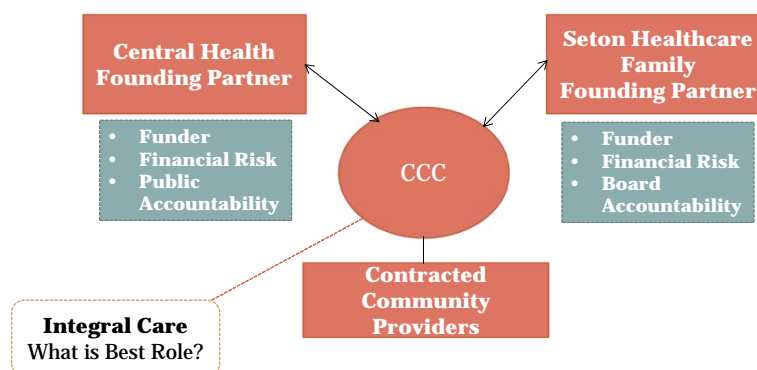
- *Partner* -- Integral Care is not a full partner of the CCC.
- *Contracted Provider* -- Integral Care is not a CCC-contracted provider.
- *Covered Benefit* -- Integral Care services are not included as a covered benefit in the CCC Medical Access Program (MAP).
- *Key Provider of Consumer-Needed Services* -- CCC patients are eligible for and use Integral Care services.

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## Potential Roles for Integral Care within CCC



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## Potential Roles for Integral Care in the CCC



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Risk Model	Definition
Bonus Payment at Risk	Provider is at risk of not receiving a bonus payment based on quality and/or efficiency performance
Market Share Risk	Patients are incentivized by lower co-pays or premiums to select certain providers so providers are at risk of loss of market share
Risk of Baseline Revenue Loss	Build on a fee-for-service "chassis"; providers face a financial or payment loss if they fail to meet certain cost or quality thresholds, and/or if actual costs exceed a target cost
<b>Financial Risk for Population Health (Whole or Partial)</b>	Providers manage patient treatment costs for all or a designated set of services within a predetermined payment stream and are at risk for costs that exceed payments (e.g., partial/full capitation, global budget)

S.F. Delbanco, K. Martin Anderson, C. E. Major et al., Promising Payment Reform: Risk-Sharing with Accountable Care Organizations, The Commonwealth Fund, July 2011.

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## Conclusions and Recommendations



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### Strengths for Alignment

- Local Mental Health Authority – has long-standing and mandated role in behavioral health
- Continuum of Services – provides or contracts for the provision of services across the continuum of care
- Community Collaborator – has established relationships with numerous community entities

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## Conclusions and Recommendations



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### Challenges regarding Alignment

- Lack of Funding Flexibility – much of Integral Care's budget is constrained in the ways it can be spent
- Limited Knowledge of Integral Care Roles in Community – many CCC service providers have a limited understanding of Integral Care's roles and responsibilities
- Need for Stronger Clinical Leadership Position in the Community – need to establish a more prominent and collaborative role as a clinical leader in behavioral health care

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## Next Steps



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- The CCC and Integral Care should begin a series of conversations regarding the strategic alignment of the organizations.
- Integral Care should begin working to ensure that it is connecting with other entities in the CCC in a meaningful fashion.
- Integral Care must commit to building a strong clinical leadership role in the area of behavioral health service delivery.

5/12/2014

Questions? Comments?







## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

5. Receive a presentation on CCC Financial Statements as of April 30, 2014.

# Community Care Collaborative

Financial Statement Presentation

FY 2014 – as of April 30, 2014



CCC Board of Directors

MAY 13, 2014





- **Interim Financial Statements**
  - Balance Sheet
  - Sources and Uses Report – Budget vs. Actual
- **Seven months of operations**
  - October 1, 2013 – April 30, 2014

# Balance Sheet

## April 30, 2014



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### Assets

Cash & cash equivalents	66,816,347
Accounts receivable	915,474

Total Assets	<u>67,731,822</u>
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### Liabilities

Accounts payable	2,394,580
Other liabilities	354,311

Total Liabilities	<u>2,748,891</u>
-------------------	------------------

Net Assets	<u>64,982,930</u>
------------	-------------------

Liabilities and Net Assets	<u>67,731,822</u>
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# Sources and Uses Report

## Budget vs. Actual

### As of FYTD April 30, 2014



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	<b>Adopted Budget</b>	<b>Actual</b>
<b>Sources</b>		
DSRIP Revenue	49,152,105	49,287,465
Seton Indigent Care Payments (1)	60,000,000	30,000,000
Central Health Indigent Care Payments (1)	16,106,479	10,906,479
Operations Contingency Carry-forward	<u>10,354,156</u>	<u>12,393,741</u>
Total Sources	<u>135,612,740</u>	<u>102,587,685</u>
 <b>Uses – Programs</b>		
Healthcare Delivery	74,025,209	35,068,692
Permitted Investments - UT	35,000,000	0
Emergency Reserve	5,000,000	2,916,667
DSRIP Project Costs	<u>21,587,531</u>	<u>2,536,063</u>
Total Uses	<u>135,612,740</u>	<u>40,521,422</u>
 <b>Sources over uses</b>	<u><u>0</u></u>	<u><u>62,066,263</u></u>
<b>Net Assets:</b>		
Unrestricted		62,066,263
Emergency Reserve		<u>2,916,667</u>
Total		<u><u>64,982,930</u></u>

(1) Final contributions will be subject to provisions of the Master Agreement, 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 estimate, depending upon a variety of factors.

# Healthcare Delivery Report

## As of FYTD April 30, 2014



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<u>Healthcare Delivery</u>	<u>Budget</u>	<u>Actual</u>
Healthcare Services *	63,194,556	35,068,692
Operations Contingency	10,330,653	0
Expansion Funds	<u>500,000</u>	<u>0</u>
Total	<u>74,025,209</u>	<u>35,068,692</u>

\*Healthcare Services budget reflects \$906,479 in expansion funds from Central Health

# Healthcare Delivery Costs

## As of FYTD April 30, 2014



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<u>Healthcare Delivery Costs</u>	<u>Adopted Budget</u>	<u>Actual</u>
Primary Care	50,231,419	28,677,218
Specialty Care	2,175,900	1,093,727
Mental Health	383,856	218,680
Dental Care	596,711	245,801
Pharmacy	5,571,670	2,260,719
Client Referral Services	735,000	526,801
Claims Administration	3,500,000	2,041,667
Other	<u>0</u>	<u>4,079</u>
Total Healthcare Delivery Costs	<u>63,194,556</u>	<u>35,068,692</u>

Expansion Funds Detail	
Mental Health	\$ 118,856.00
Specialty Care-Vision	\$ 315,638.00
Specialty Care-Paul Bass	\$ 471,985.00
	<u>\$ 906,479.00</u>

# Budget Expenditure Comparison

## April FY13 to April FY14



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Operating expenses:	FY13 10/1/12 to 04/30/13 Actual	FY13 Budget	% Budget Expensed	FY13 Year End Actual	FY14 10/1/13 to 4/30/14 Actual	FY14 Budget *	% Budget Expensed
<b>Primary Care</b>							
Primary Care - CommUnityCare	\$22,688,021	\$38,893,751	58%	\$38,893,751	\$23,500,297	\$40,330,910	58%
Primary Care - El Buen Samaritano*	\$1,116,141	\$2,754,400	41%	\$1,756,914	\$1,166,968	\$1,800,000	65%
Primary Care - Lone Star Circle of Care	\$2,353,078	\$4,364,995	54%	\$4,009,668	\$2,244,339	\$4,364,995	51%
Primary Care - Peoples Community Clinic	\$753,028	\$1,398,000	54%	\$1,306,799	\$777,064	\$1,398,000	56%
Primary Care - Volunteer Clinic	\$59,963	\$100,000	60%	\$96,283	\$59,032	\$100,000	59%
Primary Care - Recuperative Care Beds	\$188,500	\$300,000	63%	\$362,500	\$164,750	\$300,000	55%
Primary Care - Urgent Care	\$90,562	\$166,000	55%	\$165,366	\$77,318	\$166,000	47%
Primary Care - Planned Parenthood*	\$351,166	\$690,197	51%	\$515,508	\$233,333	\$400,000	58%
Primary Care - Paul Bass Clinic - Primary	\$265,908	\$709,647	37%	\$398,937	\$173,662	\$709,647	24%
Primary Care - Blackstock	\$90,953	\$262,045	35%	\$221,555	\$85,266	\$262,045	33%
Ancillary - Austin EMS	\$406,206	\$696,822	58%	\$696,822	\$406,000	\$696,822	58%
	\$28,363,526	\$50,335,857			\$28,888,029	\$50,528,419	
<b>Total Specialty Care</b>							
Specialty Care-Vision*	\$239,487	\$389,077	62%	\$419,756	\$290,454	\$550,915	53%
Specialty Care - Paul Bass Clinic - Specialty	\$64,443	\$462,000	14%	\$108,911	\$378,035	\$933,985	40%
Oncology - Austin Cancer Centers	\$184,249	\$334,000	55%	\$266,038	\$203,494	\$334,000	61%
Orthotics	\$17,560	\$27,000	65%	\$36,706	\$19,507	\$27,000	72%
	\$505,739	\$1,212,077			\$891,490	\$1,845,900	
<b>Total Mental Health</b>							
Mental Health - ATCIC Austin Travis County Integral Care	\$4,512,835	\$7,925,319	57%	\$8,227,395	\$4,623,103	\$7,925,319	58%
Mental Health - SIMS Foundation*	\$223,440	\$435,075	51%	\$375,120	\$218,680	\$383,856	57%
	\$4,736,275	\$8,360,394			\$4,841,783	\$8,309,175	
<b>Total Pharmacy</b>							
Pharmacy - MedImpact/ScriptCare	\$2,533,636	\$5,444,687	47%	\$4,042,113	\$2,260,719	\$5,400,000	42%
	\$2,533,636	\$5,444,687			\$2,260,719	\$5,400,000	
<b>Total Dental</b>							
Dental	\$321,344	\$596,711	54%	\$488,154	\$245,801	\$596,711	41%
	\$321,344	\$596,711			\$245,801	\$596,711	

\* FY14 Budget includes \$906,479 expansion funds from Central Health  
Central Health Expenditures



# Questions? Comments?





## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

6. Receive and discuss a report on clinical protocols and associated clinical metrics.

## Protocol Title: Hypertension

Effective Date: TBD

Revised Date: TBD

Approval By: TBD

Planned Review Date: TBD

### 1 Purpose & Objective

This protocol provides evidence-based care recommendations in the screening and treatment of patients with Hypertension in the primary care setting.

### 2 Scope of Protocol

#### 2.1 Target Population

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Hypertension, **18 years of age or older.**

#### 2.2 Target Users

This protocol is developed for use in primary care settings.

#### 2.3 Excluded Topics

This protocol does not address the clinical management of patients with Pre-Hypertension or Malignant Hypertension.

#### 2.4 Related Guidelines

James P.A. et al. (2014) Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA

Protocol Title: Heart Failure	
Effective Date: TBD	Revised Date: TBD
Approval By: TBD	Planned Review Date: TBD

## 1 Purpose & Objective

This protocol provides evidence-based care recommendations in the screening and treatment of patients with Stage A, B, or C Heart Failure in the primary care setting.

## 2 Scope of Protocol

### 2.1 Target Population

This protocol will serve those patients in the CCC population deemed “at-risk” due to a co-morbid disease or as identified by the risk tool; both included in this document under item 4.1.

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Stage A, B, or C Heart Failure, **18 years of age or older**.

### 2.2 Target Users

This protocol is developed for use in primary care settings.

### 2.3 Excluded Topics

This protocol does not address the clinical management of patients with Refractory Heart Failure (Stage 4), as those individuals should be referred to specialty care or other care as needed.

### 2.4 Related Guidelines

Yancy, C., Jessup, M., Bozkurt, B., Butler, J., & Casey, D. (2013). 2013 accf/aha

guideline for the management of heart failure: A report of the american college of cardiology

foundation/american heart association task force on practice guidelines. *Circulation Journal of the*

*American Heart Association*, 2013(128), e240-e327. doi: 10.1161/CIR.0b013e31829e8776

Protocol Title: Type 2 Diabetes Mellitus	
Effective Date: TBD	Revised Date: TBD
Approval By: TBD	Planned Review Date: TBD

## 1 Purpose & Objective

This protocol provides evidence-based care recommendations in the screening and treatment of patients with Type 2 Diabetes Mellitus in the primary care setting.

## 2 Scope of Protocol

### 2.1 Target Population

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Type 2 Diabetes Mellitus, **18 years of age or older**.

### 2.2 Target Users

This protocol is developed for use in primary care settings.

### 2.3 Excluded Topics

This protocol does not address the clinical management of patients with Pre-Diabetes, Type I Diabetes, Gestational Diabetes, or Pediatric patients.

### 2.4 Related Guidelines

2014 ADA Diabetes Standards of Medical Care

2013 AACE Comprehensive Diabetes Management Algorithm

2014 ADA National Standards for Diabetes Self-Management Education and Support

2013 Joslin Diabetes Center and Joslin Clinic Guideline for Specialty Consultation/Referral

Texas Diabetes Council Tool Kit

## Protocol Title: Depression & Generalized Anxiety Disorder

Effective Date: TBD	Revised Date: TBD
Approval By: TBD	Planned Review Date: TBD

### 1 Purpose & Objective

This protocol provides evidence-based care recommendations in the screening and treatment of patients with Depression and/or Generalized Anxiety Disorder in the primary care setting.

### 2 Scope of Protocol

#### 2.1 Target Population

This protocol was derived from clinical guidelines for individuals in the CCC population diagnosed with Depression and/or Generalized Anxiety Disorder, **18 years of age or older**.

#### 2.2 Target Users

This protocol is developed for use in primary care settings.

#### 2.3 Excluded Topics

#### 2.4 Related Guidelines

Gilbody S, Bower P, Fletcher J, et al. Collaborative Care for Depression: A Cumulative Meta-analysis and Review of Longer-term Outcomes. Arch Intern Med. 2006;166:2314-2321

Rush, A. J. The Impact Of Nonclinical Factors On Care Use For Patients With Depression: A STAR\*D Report. *CNS neuroscience & therapeutics*.

Simon G. Collaborative care for depression. BMJ. 2006;332:249-250



## **Board of Directors Meeting**

**May 13, 2014**

### **AGENDA ITEM**

7. Receive a report on the current number of Unique MAP Enrollees.

Medical Access Program Enrollment			
Enrollment on:	FY2014 MAP Enrollment	FY2013 MAP Enrollment	Change from Previous Year
October	26,251	25,666	2%
November	25,760	25,400	1%
December	25,409	25,023	2%
January	24,774	24,810	0%
February	24,305	24,096	1%
March	24,235	23,947	1%
April	24,726	23,974	3%
May		24,147	-100%
June		24,367	-100%
July		25,293	-100%
August		25,682	-100%
September		25,907	-100%
<b>FY14 Avg to date</b>	<b>25,066</b>	<b>24,859</b>	<b>1%</b>

Notes:

- 1) MAP enrollment is the count of all individuals enrolled at any point in that month.
- 2) Full benefit includes CBRACKFQ and CPENDSSI. Enrollees have access to primary care, hospital based services care as well as ancillary services such as laboratory, pharmacy, etc. Dental services are also available to individuals in this group.

Updated: 5 May 14

