



Board of Directors

Meeting

Tuesday, July 26, 2016

2:00 p.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 19, 2016 Community Care Collaborative (CCC) Board of Directors meeting.
2. Approve the appointment of Larry Wallace as the Executive Director of the CCC.

B. Regular Agenda

1. Receive and discuss a CCC Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Receive and discuss a presentation on the CCC Financial Statements as of June 30, 2016.

3. Receive and discuss a presentation on the CCC Fiscal Year 2017 Preliminary Budget.

IV. Closed Session

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

July 26, 2016

CONSENT AGENDA ITEM

- A.1. Approve minutes from the April 19, 2016
Community Care Collaborative (CCC) Board of
Directors meeting.



Board of Directors

Meeting

Tuesday, April 19, 2016

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, April 19, 2016, a public meeting of the CCC Board of Directors was called to order at 2:10 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:

Paralegal Shannon Sefcik took record of attendance.

Directors Present:

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

Officers Present:

Larry Wallace (Interim Executive Director) and Michelle Vassar (Secretary)

Other Attendees Present:

Randy Floyd (General Counsel) Shannon Sefcik (Paralegal)

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, 2016 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 LaFrey seconded the motion. The motion was passed on the following vote:

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

B. Regular Agenda

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

Clerk's Notes:

Ms. Katie Coburn, Manager, Regional Healthcare Partnership, and Ms. Melanie Diello, Director of Project Management and Implementation, presented a brief CCC DSRIP Projects update which included a report on accomplishments of the Demonstration Year (DY) 5 projects to date and a report on the expectations for DY 6 and beyond. Ms. Coburn reported that the Texas Health and Human Services Commission sent a request to the federal government for a 15-month extension of the DY 5 DSRIP Projects. She explained that during the transition period, she expected the current DSRIP projects to continue with administrative simplifications and easier reporting methods, and more accurate reporting of low income, uninsured patients, along with the funding for programs relating to Uncompensated Care to be impacted. Ms. Coburn and Ms. Diello responded to questions from the Board.

2. Receive and discuss an update regarding the CCC's Patient Navigation Project.

Clerk's Notes:

Ms. Dayna Fondell, Program Manager, presented a review of the Emergency Department (ED) DSRIP project which included a description of the prior state of navigation services, a description of the areas of DSRIP intervention, the achievements from the program in patient outreach and care coordination, the partners that assisted in achieving the DSRIP goals, participation in building a culture of success, and next steps for the project. Ms. Fondell responded to questions from the Board.

3. Receive and discuss a presentation regarding the CCC's Homeless Project.

Clerk's Notes:

Ms. Erin Rainosek, CCC Coordinator, presented on the CCC's Health Care for the Homeless summary of patient focus groups. She provided a Medical Access Program (MAP) breakdown of the homeless population, a description of the focus group design, and the quantitative and qualitative results of the interviews with the homeless population. Ms. Rainosek responded to questions from the Board.

4. Receive and discuss a presentation on the CCC Financial Statements as of March 31, 2016.

Clerk's Notes:

Mr. Jeff Knodel, Central Health Chief Financial Officer, and Ms. Rita Hanson-Bohl, CCC Contracts Manager, presented the CCC financial statements from January 1, 2016 to March 31, 2016, which included the balance sheet, sources and uses report, health care delivery costs, health care delivery providers expenditures, and Integrated Delivery System (IDS) initiatives. Mr. Knodel and Ms. Hanson-Bohls responded to questions from the Board.

5. Receive and discuss a general update from the CCC Executive Director.

Clerk's Notes:

Mr. Larry Wallace, CCC Executive Director, gave a report on a MAP benefits redesign session in which staff planned to assess actuarial data and make recommendations for payment reform to the Board.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Chairperson Young Brown announced that the next regularly scheduled meeting of the CCC Board of Directors is on Tuesday, July 19, 2016 at 2:00 p.m. at Central Health's Administrative Offices, 1111 East Cesar Chavez St., Austin, Texas 78702.

Clerk's Notes:

There being no further discussion or agenda items, Vice-Chairperson Greg Hartman moved that the meeting adjourn. Director LaFrey seconded the motion.

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

The meeting adjourned at 3:28 p.m.

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

ATTESTED TO BY:

Michelle Vassar, Secretary to the Board
Community Care Collaborative

DRAFT



Board of Directors Meeting

July 26, 2016

CONSENT AGENDA ITEM

A.2. Approve the appointment of Larry Wallace as the Executive Director of the CCC.

(No Back Up)



Board of Directors Meeting

July 26, 2016

AGENDA ITEM

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

Delivery System Reform Incentive Payment (DSRIP) Update



CCC BOARD OF MANAGERS
JULY 26, 2016

**MELANIE DIELO, DIRECTOR, PROJECT
MANAGEMENT AND IMPLEMENTATION**



Work in Progress



2

- Continue collaboration and progress toward DY5 milestone achievement
- Acknowledge and build upon success related to data infrastructure
- Continue responding to Myers and Stauffer requests
- Understand, plan and contract for DY6
- Prepare for DY5 October reporting
- Discontinue outside consulting services for DSRIP project management

DY5 Milestones Update (10/1/16 to 5/31/16)



DSRIP Project	Volumes (October 2015-May 2016)	Report in FY17?
Disease Mgmt Registry	4,298 patients enrolled	
Expanded Hours	149,158 primary care visits	
Pregnancy Planning	1,670 LARC consultations/597 LARC insertions	
Patient Centered Medical Home	49,968 unique patients	
Paramedic Navigation	353 unique patients	
System Navigation	417 unique patients	
Centering Pregnancy	124 unique patients	
Dental	644 pregnant women/6,577 patients w/chronic conditions	
Chronic Disease Mgmt Models	15,881 unique patients	
IBH for Diabetics	1,168 unique patients	
Telepsychiatry	1,727 encounters/1,039 unique patients	
Pulmonology	2,430 visits	
Gastroenterology	2,966 visits	
Mobile Health Teams	2,056 encounters/1,658 unique patients	
STI Test and Treat	2,089 unique patients	 Known milestone error

DY5 Outcome Measures Update



4

- Payment for DY5 outcome measures is based on 100% achievement of the milestone
- Can be carried forward or reported for partial payment

CCC DSRIP Project	Category 3 Improvement Target	Description	P4R or P4P	DY5 Dollar Valuation	Percentage Variance
DMR	*1.20 Comprehensive Diabetes Care LDL	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an LDL-C test during the measurement period.	P4P	\$448,897.00	-1.43%
PCMH	*1.12 Diabetes care: Retinal eye exam	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a retinal or dilated eye exam during the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year.	P4P	\$897,795.00	-1.16%
System Navigation	9.2 ED Visit rate for ACSCs	Rate of Emergency Department (ED) utilization for ACSC per	P4P	\$808,015.00	-2.66%
STI Screen and Test	15.14 Gonorrhea follow up three months after treatment	The proportion of men and women who undergo follow up testing for uncomplicated Gonorrhea 3-months after treatment during the measurement period.	P4P	\$1,885,369.00	-3.52%

Data represents Oct 2015-May 2016

7/26/2016

Myers & Stauffer Review – DY3



5

- DY3 measures selected for review

Project Title (short)	Project ID (HHSC Layout)	CAT	DY	Metric \$ Valuation	Review Status
Category 1: 11 projects	307459301.1.1	1	3	\$ 1,268,572	No Issues-Validated
Dental - OB Patients	307459301.1.4	1	3	\$ 670,132	No Issues-Validated
Dental - Chronic Disease Patients	307459301.1.4	1	3	\$ 670,132	No Issues-Validated
Expanded Hours -Office Hours	307459301.1.2	1	3	\$ 1,316,094	No Issues-Validated
Expanded Hours - Encounters	307459301.1.2	1	3	\$ 1,316,094	No Issues-Validated
Gastroenterology - Encounters	307459301.1.6	1	3	\$ 984,002	No Issues-Validated
Mobile Health - Number of Teams	307459301.1.3	1	3	\$ 375,697	No Issues-Validated
Pulmonology - Providers	307459301.1.7	1	3	\$ 889,161	No Issues-Validated
Pulmonology - DY3 Carry Forward Encounters	307459301.1.7	1	3	\$ 889,161	In-Process
Telepsychiatry - Clinic Sites	307459301.1.8	1	3	\$ 346,379	No Issues-Validated
Telepsychiatry - Encounters	307459301.1.8	1	3	\$ 346,379	No Issues-Validated
Chronic Care Management Model - Patients Enrolled	307459301.2.2	2	3	\$ 1,303,155	No Issues-Validated
Community Health Paramedics - Patients	307459301.2.6	2	3	\$ 571,177	No Issues-Validated
IBH Registry - Patients	307459301.2.3	2	3	\$ 842,373	No Issues-Validated
Patient Centered Med Home - Patients	307459301.2.1	2	3	\$ 779,467	No Issues-Validated
System Navigation - Benefit Calls	307459301.2.7	2	3	\$ 334,170	No Issues-Validated
Category 3 -Blood Pressure Control in Diabetics	307459301.3.15	3	3	\$ 174,276	No Issues-Validated
Category 3 -Annual Foot Exams in Diabetics	307459301.3.25	3	3	\$ 96,820	No Issues-Validated
Category 3- Blood Pressue Control in Diabetics	307459301.3.17	3	3	\$ 174,276	No Issues-Validated
Category 3- Blood Pressue Control in Diabetics	307459301.3.27	3	3	\$ 174,276	No Issues-Validated
Total Value of Metrics Selected for Review				\$ 13,521,795.27	
Total Value of Metrics Validated				\$ 13,347,518.96	
Total Value of Metrics In-Process				\$174,276.32	

Myers & Stauffer Review – DY4



6

- DY4 measures selected for review

Project Title (short) ▼	Project ID (HHSC Layout) ▼	CAT ▼	DY ▼	Metric \$ Valuation ▼	MSLC Validated ▼
Category 3 -Blood Pressure Control in Diabetics	307459301.3.15	3	4	\$ 232,238	IN PROCESS
Category 3 -Blood Pressure Control in Diabetics	307459301.3.17	3	4	\$ 232,238	IN PROCESS
Category 3 -Blood Pressure Control in Diabetics	307459301.3.27	3	4	\$ 232,238	IN PROCESS
Pulmonology	307459301.1.7	1	4	\$ 521,463	IN PROCESS
Category 4- Medical Management	307459301.4	4	4	\$ 1,216,250	IN PROCESS
Total Value of Metrics Selected for Review				\$ 2,434,426.59	
Total Value of Metrics Validated				0	
Total Value of Metrics In-Process				\$ 2,434,426.59	



Known DY6 Requirements

7

- Projects must continue in DY6 in order to be eligible for replacement in DY7-10
- Projects cannot be withdrawn before January 2019, or incentives earned before that time will be recouped
- Some Category 1 or 2 milestones will be replaced with pay-for-reporting milestones
- Category 3 (outcome measures) will continue as pay-for-performance and are associated with increased targets



Known DY6 Requirements

8

DY6 Milestone	Detail	New Milestone?	Pay for Performance (P4P) or Pay for Reporting (P4R)
Total QPI	# patients, # encounters, etc.	No – same as DY5	P4P
MLIU QPI	# of DSRIP eligible patients (MAP, SFS, Medicaid, exchange)	Yes	P4P for Pulmonology and GI; P4R for all others
Core Component Reporting	HHSC template similar to “project summary” completed for Oct reports; learning collaboratives	Yes	P4R
Sustainability Planning	Qualitative HHSC template TBD; may include project-level evaluation, integration with managed care, HIE, other community partnerships.	Yes	P4R

The following Category 3 requirements will apply in DY6A:

DY5 Category 3 Outcome Designation	DY6A Category 3 Milestones
P4P	100% P4P of Cat 3 outcome
P4R or maintenance with a population focused priority measure (PFPM)	100% P4P of PFPM outcome <i>(PFPM outcome replaces Cat 3 outcome. Provider is not required to report replaced P4R or maintenance outcome in DY6A)</i>
P4R with stretch activity	50% P4R of Cat 3 outcome and 50% completion of new stretch activity <u>OR</u> 100% P4P of PFPM
Maintenance with stretch activity	100% maintenance of high performance



Next Steps for DY6 and DY7-10

9

- Continue meeting milestone targets
- Continue to drive transformation within the boundaries of existing project requirements
- Receive HHSC and CMS rules updates
- Assess individual project successes/challenges and role within broader CCC goals and priorities
- Recommend opportunities to evolve or replace projects in DY7-10

Questions? Comments?



Community Care
COLLABORATIVE



Board of Directors Meeting

July 26, 2016

AGENDA ITEM

2. Receive and discuss a presentation on the CCC Financial Statements as of June 30, 2016.

Community Care Collaborative

Financial Statement Presentation

FY 2016 – as of June 30, 2016



Community Care
COLLABORATIVE

- Financial Statements
 - Balance Sheet
 - Sources and Uses Report, Budget vs. Actual
 - Detail of Healthcare Delivery Costs
- Nine Months of Operations
 - October 1, 2015 – June 30, 2016

Balance Sheet

As of June 30, 2016



3

Assets:

Cash & Cash Equivalents (1)	\$ 56,377,102
Other Receivable	27,428
Prepaid & Other	<u>36,503</u>
Total Assets	<u>\$ 56,441,033</u>

Liabilities and Net Assets:

AP & Accrued Liabilities	\$ 45,622,610
Deferred Revenue	2,257,871
Deferred Rent	4,037
Accrued Payroll	<u>277,534</u>
Total Liabilities	48,162,052
Net Assets (1)	<u>8,278,981</u>
Total Liabilities and Net Assets	<u>\$ 56,441,033</u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year-to-Date through June 30, 2016



4

		Annual Budget	YTD Actual
Sources of Funds	DSRIP Revenue	\$ 55,665,911	\$ 53,027,726
	Member Payment - Seton (1)	46,100,000	16,100,000
	Member Payment - Central Health (1)	26,245,166	-
	Operations Contingency Carryforward	23,614,250	29,783,176
	Other Sources	15,000	22,024
	Total Sources of Funds	\$ 151,640,327	\$ 98,932,926
Uses - Programs	Healthcare Delivery	92,782,800	50,728,485
	UT Services Agreement	35,000,000	35,000,000
	DSRIP Project Costs	23,857,527	9,925,460
	Total Uses	\$ 151,640,327	\$ 95,653,945
	Sources Over Uses	\$ -	\$ 3,278,981

(1) 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.

Healthcare Delivery Costs

Fiscal Year-to-Date through June 30, 2016



5

	Annual Budget	Actual	% of Budget
Primary Care	\$ 52,771,147	\$ 33,583,125	64%
Specialty Care	1,622,985	922,250	57%
Vision, Dental & Ortho	1,188,626	814,740	69%
Subtotal: Specialty, Vision, Dental & Ortho	2,811,611	1,736,990	62%
Mental Health	8,429,022	5,961,878	71%
Pharmacy	4,500,000	2,952,603	66%
Client Referral Services	856,309	577,190	67%
Claims Administration/TPA	1,000,000	854,344	85%
HCD Operating Cost	1,276,435	762,956	60%
Service Expansion Funds	500,000	-	0%
Health Information Technology	5,550,000	2,213,103	40%
Integrated Care Collaborative	160,000	-	0%
Administration	1,238,451	790,072	64%
IDS Plan Initiatives	12,024,549	1,296,225	11%
Operations Contingency	1,665,276	-	0%
Total Healthcare Delivery	\$ 92,782,800	\$ 50,728,485	55%

Selected HCD Providers Expenditures

Fiscal Year-to-Date through June 30, 2016



6

	Annual Budget	YTD Actual	% of Budget
Primary Care			
Primary Care - CommUnityCare	\$ 42,101,395	\$ 28,125,676	67%
Primary Care - El Buen Samaritano	2,350,000	1,396,649	59%
Primary Care - Lone Star Circle of Care	4,364,995	1,810,126	41%
Primary Care - Peoples Community Clinic	1,798,000	1,050,467	58%
Primary Care - Volunteer Clinic	100,000	87,108	87%
Primary Care - Front Steps/Recuperative Care Beds	400,000	252,250	63%
Primary Care - NextCare Urgent Care	191,000	135,082	71%
Primary Care - City of Austin EMS	696,822	522,411	75%
Primary Care - Paul Bass Clinic - Primary	709,647	182,704	26%
	<u>\$ 52,771,147</u>	<u>\$ 33,583,125</u>	<u>64%</u>
Specialty Care			
Paul Bass Clinic - Specialty	933,985	505,000	54%
Austin Cancer Centers	359,000	169,354	47%
Project Access	330,000	247,500	75%
Ophthalmology	550,915	332,120	60%
Orthotics	41,000	69,677	170%
Oral Surgery/Dental Devices	596,711	412,942	69%
	<u>\$ 2,811,611</u>	<u>\$ 1,736,990</u>	<u>62%</u>
Mental Health			
ATCIC	\$ 8,045,166	\$ 5,671,588	70%
SIMS Foundation	383,856	290,290	76%
	<u>\$ 8,429,022</u>	<u>\$ 5,961,878</u>	<u>71%</u>
Pharmacy			
	<u>\$ 4,500,000</u>	<u>\$ 2,952,603</u>	<u>66%</u>

IDS Initiatives

Fiscal Year-to-Date through June 30, 2016



7

	Annual Budget	Actual	% of Budget
Specialty Care	\$ 3,518,611	\$ 324,132	9%
IDS Plan Contingency Reserve	4,780,938	748,591	16%
Measurement, Assessment and Performance	475,000	223,502	47%
MAP Redesign	250,000	-	0%
MAP Benefits Enhancement Reserve	3,000,000	-	0%
Total IDS Initiatives	<u>\$ 12,024,549</u>	<u>\$ 1,296,225</u>	<u>11%</u>

IDS Initiatives – Specialty Care

Fiscal Year-to-Date through June 30, 2016



8

	Annual Budget	Actual	% of Budget
Urology	\$ 1,010,916	\$ 193,035	19%
Neurology	887,330	-	0%
Rheumatology	402,520	-	0%
Orthopedics	524,388	131,097	25%
Gastroenterology	645,457	-	0%
Endocrinology	21,600	-	0%
Cardiology	26,400	-	0%
Total Specialty Care	\$ 3,518,611	\$ 324,132	9%

Questions? Comments?





Board of Directors Meeting

July 26, 2016

AGENDA ITEM

3. Receive and discuss a presentation on the CCC Fiscal Year 2017 Preliminary Budget.

Community Care Collaborative Fiscal Year 2017 Proposed Budget

**PRESENTED TO THE COMMUNITY CARE COLLABORATIVE
BOARD OF DIRECTORS
JULY 26, 2016**



CCC Mission and Vision



Mission

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

Vision

- Create an integrated health care delivery system for identified vulnerable populations in Travis County that considers the whole person, engages patients as part of the care team, focuses on prevention and wellness and utilizes outcome data to improve care delivery.

FY16 Accomplishments: Delivery System Improvements & Transformation



Delivery System Reform Incentive Payment (DSRIP) Projects

- Early report of seven Demonstration Year (DY) 5 milestones for \$8.6 million
- Improvement in all Category 3 population health measures
- Thousands of patients receiving services from projects
- Infrastructure support, including patient centered medical home (PCMH) recognition and population health tools

Obstetrics (OB) Redesign

- With CCC convening, Dell Medical School, Seton, CommUnityCare and Central Health crafted integrated approach to caring for expectant mothers
- Additional OB-GYN evaluation earlier in pregnancies identifies risk factors
- Mothers-to-be receive appropriate level of care in neighborhood clinics or regional hubs offering additional services

Specialty Pilots

- Cardiology, orthopedics, and colonoscopy referral pilots launched
- Neurology and endocrinology launching within Fiscal Year
- Formal improvement project launched to improve specialty care referrals
- Specialty care supported by continuing DSRIP projects

FY16 Accomplishments: Health IT and Quality Support



Organized Health Care Arrangement (OHCA)

- Links patient data of the CCC's eight largest safety net providers

Patient Portals

- Launched CommUnityCare's patient portal

Performance Improvement Assistance

- People's, CommUnityCare and El Buen Samaritano

Project Management Professional (PMP) and Performance Improvement (PI) Training

- CCC, Seton, FQHC staff attended free programming

Medical Management Department

- Assisted homeless and disconnected patients

Strategic Direction Overview



Alignment

- Support partners' key Strategic Initiatives

Collaboration

- Work with internal and external partners together on delivery system integration & transformation

Value

- Take first steps toward value based payment

Strategic Direction: Alignment



Key Central Health Initiatives

Transformation

CCC Specialty Care Improvement

CCC Benefit Plan Redesign

CCC Behavioral Health—Substance Use Disorder Services

Continue Women's Health Services Redesign

Value Based Payment Reform

Stewardship

Central Health Brackenridge Campus Redevelopment

Affordable Care Act Subsidy Program

CCC Delivery System Reform Incentive Payment (DSRIP) Delivery Year 6

Partnership

Medicaid 1115 Waiver Renewal Planning Collaboration

Central Health Equity Policy Council

Dell Medical School

Begin to align goals, strategies and financial models

Strategic Direction: Alignment



Seton Healthcare Family Strategic Priorities

- **Consumer/Retail:** Designing care and conduct to be person-centered
- **Expansion of Insurance Products:** Designing affordable health care coverage that emphasizes relationships, not just episodic care
- **Optimized Delivery Networks:** Expanding and optimizing where and how we reach patients
- **Integrated Delivery Network:** Streamlining Seton care delivery processes
- **Advanced Academic Programs:** A center for the nations' health care delivery experts, educators and researchers

Key enablers include:

- **Advocacy/Community:** building strong community health partnerships and collaborations that result in better care for all, and a more compassionate and just society
- **Information/Technology:** ensuring accurate, accessible data on reliable and secure networks



Collaboration on Integration and Delivery System Transformation

- Continuing move toward an integrated, connected and value-oriented delivery system
- Taking deliberate, incremental steps with partner support:
 - Collaborating on design of pilots and service improvements with partners such as the Dell Medical School
 - Working on payment reform with partners and experts such as Health Management Associates



Value Based Payment (VBP)

Rewards providers that deliver superior value to patients and communities by achieving better health outcomes at a lower cost

Steps to establish value based payment include:

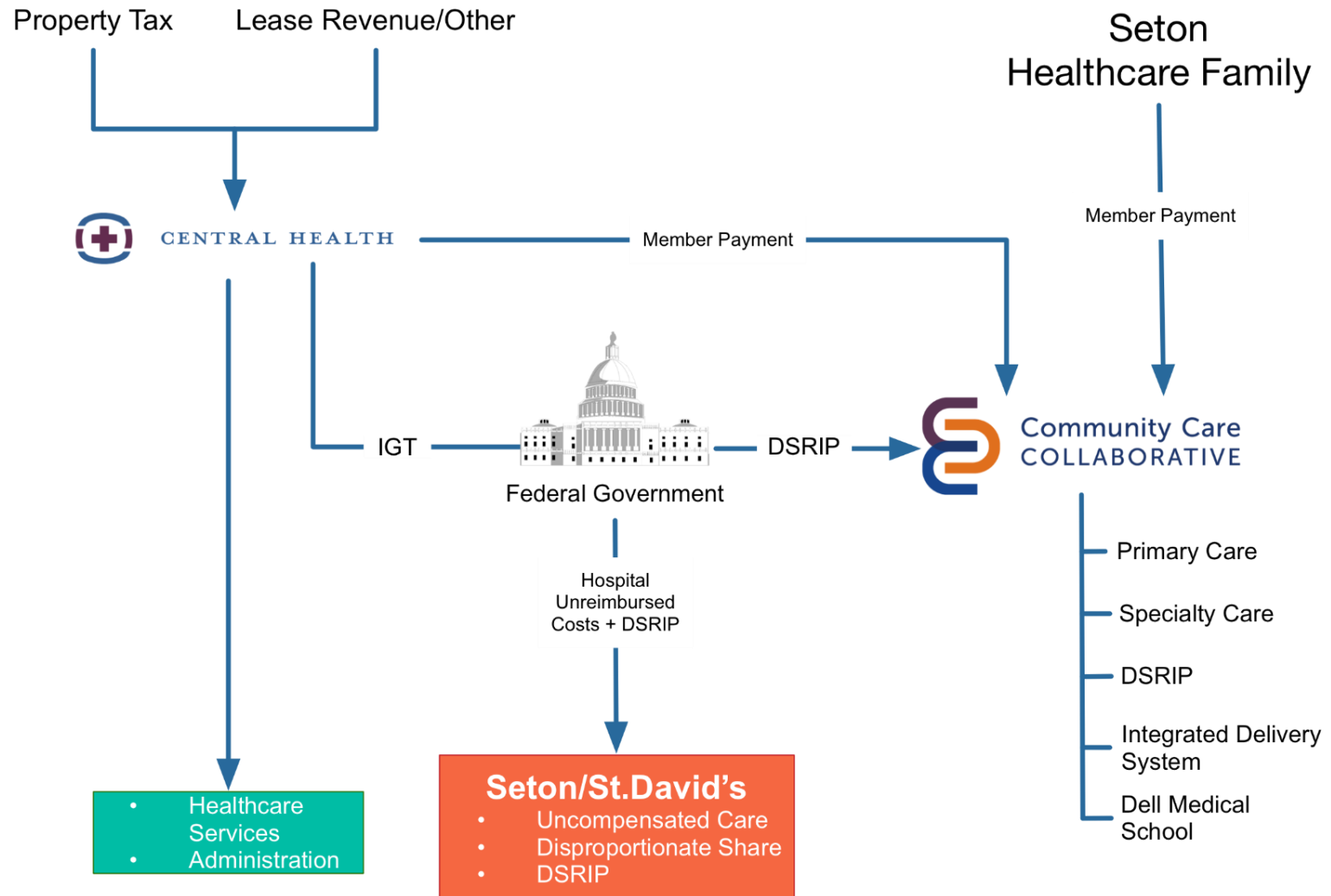
- Measure development and selection
- Data collection and integration
- Data analysis, validation, and utilization
- Incentive determination
- Monitoring and evaluation by payer and provider

FY17 Operational Priorities



- Value based payment
- Primary care transformation
- Benefit plan redesign
- Specialty care improvements
- DSRIP operations and program renewal
- Data warehouse
- Social determinants of health, homeless services, care management planning

Flow of Funds



FY16 Year-End Estimate



DESCRIPTION	FY 2016 BUDGET	FY16 Estimate
SOURCES		
DSRIP Revenue	55,665,911	62,689,485
Member Payment - Seton	46,100,000	33,100,000
Member Payment - Central Health	26,245,166	26,245,166
Contingency Reserve	23,614,250	29,783,176
Other	15,000	30,413
Total Sources	<u>151,640,327</u>	<u>151,848,240</u>
USES		
Healthcare Delivery	92,782,800	73,249,499
Emergency Reserve	-	-
DSRIP Project Cost	23,857,527	21,297,362
UT Affiliation Agreement	35,000,000	35,000,000
Total Uses	<u>151,640,327</u>	<u>129,546,861</u>
Sources over Uses	-	<u>22,301,379</u>
Contingency Reserve	-	22,301,379
Emergency Reserve	5,000,000	5,000,000
Total Reserves	<u>5,000,000</u>	<u>27,301,379</u>

FY 16 Year-End Estimate – Health Care Delivery



Health Care Delivery	FY 16	
	Approved Budget	Estimate
Primary Care	52,771,147	46,287,085
Specialty Care	1,622,985	1,321,498
Vision	550,915	553,802
Dental Care	596,711	565,792
Orthotics	41,000	82,725
Mental Health	8,429,022	8,471,856
Pharmacy	4,500,000	4,567,134
Client Referral Services	856,309	840,310
Claims Administration	1,000,000	1,133,176
HCD Operating Cost	1,276,435	915,421
Service Expansion Funds	500,000	500,000
Health Information Technology	5,550,000	3,496,986
Integrated Care Collaborative	160,000	0
Administration	1,238,451	1,238,451
IDS Plan Initiatives	12,024,549	3,275,263
Operations Contingency	1,665,276	0
Total Healthcare Delivery	92,782,800	73,249,499

FY16 Year-End Estimate – Primary Care Health Care Delivery



	FY 16	
	Approved Budget	Estimate
Primary Care		
CommUnityCare	42,101,395	38,018,506
People's Community Clinic	1,798,000	1,532,716
Volunteer Healthcare Clinic	100,000	100,000
NextCare Urgent Care	191,000	192,212
Front Steps/Recuperative Care Beds	400,000	500,438
Paul Bass Clinic	709,647	182,704
El Buen Samaritano	2,350,000	2,016,561
Lone Star Circle of Care	4,364,995	2,814,361
Other Urgent Care	-	200,000
Other Medical	59,288	32,765
City of Austin EMS	696,822	696,822
Total Primary Care	52,771,147	46,287,085

FY17 Budget Overview



- Total proposed budget: \$152.5 million
- CCC member payments account for 59% of revenue
- DSRIP accounts for 41% of revenue
- Budgeting for 95% success within DSRIP programs
- Specialty care within IDS initiatives increased by 118%
- MAP benefit redesign budget allocated for benefit enhancement and additional membership eligibility
- IDS Plan Contingency Reserve not budgeted in FY17
- Administration is less than 1% of total budget

Budget reflects strategic direction and operational priorities

FY17 Budget Highlights



- Expansion of primary care continuum
- Medical Access Plan (MAP) Benefit Plan Redesign
 - Benefit increase
 - Coverage expansion
- Specialty Care Improvement
 - Expanded access
 - More efficient delivery
 - Substance use disorder services
- Delivery System Reform Incentive Payment Demonstration Year 6
- Data Warehouse Development
- Additional resources
 - Insurance
 - Information technology
 - Project management
 - Compliance

FY17 Proposed Budget – Sources and Uses



DESCRIPTION	FY16 APPROVED BUDGET	FY17 PROPOSED BUDGET
SOURCES		
DSRIP Revenue	55,665,911	62,432,400
Member Payment - Seton	46,100,000	41,500,000
Member Payment - Central Health	26,245,166	26,245,166
Contingency Reserve	23,614,250	22,301,379
Other	15,000	40,400
Total Sources	151,640,327	152,519,345
USES		
Healthcare Delivery	92,782,800	94,031,111
DSRIP Project Cost	23,857,527	23,488,234
UT Affiliation Agreement	35,000,000	35,000,000
Total Uses	151,640,327	152,519,345
Sources over Uses	-	-
Contingency Reserve	-	-
Emergency Reserve	5,000,000	5,000,000
Total Reserves	5,000,000	5,000,000

FY17 Proposed Budget – Health Care Delivery



HEALTH CARE DELIVERY	FY16 APPROVED BUDGET	FY17 PROPOSED BUDGET
	92,782,800	94,031,111
Health Care Delivery - Providers	64,011,780	60,858,100
Primary care	52,771,147	49,992,582
Specialty care	1,622,985	1,201,000
Mental Health	8,429,022	8,383,856
Dental Surgery	596,711	629,711
Vision	550,915	550,951
Orthotics	41,000	100,000
Health Care Delivery - Other	7,792,743	11,065,797
Pharmacy	4,500,000	5,350,000
Healthcare Delivery Operating	703,779	-
Third Party Administrator (TPA)	1,000,000	1,085,000
United Way Call Center	856,309	856,309
Integrated Care Collaboration (ICC)	160,000	-
Other purchased goods and services	572,655	-
Project Management Office	-	755,329
Operations	-	1,236,318
Patient Medical Management	-	1,782,840
Service Expansion Funds	500,000	1,000,000
Operations Contingency	1,665,276	1,365,959
IDS Plan Initiatives	12,024,549	14,050,843
Specialty care	3,518,611	7,675,000
IDS Plan Contingency Reserve	4,780,938	-
Quality, assessment and performance	475,000	956,974
MAP redesign	250,000	4,718,869
MAP benefits enhancement reserve	3,000,000	700,000
Health Information Technology	5,550,000	4,458,147
Administration Subtotal	1,238,451	1,232,265

FY 17 Proposed Budget – Primary Care Providers



PRIMARY CARE PROVIDERS	FY16 APPROVED BUDGET	FY17 PROPOSED BUDGET
CommUnityCare	42,101,395	39,450,000
Peoples Community Clinic	1,798,000	1,798,000
Volunteer Healthcare Clinic	100,000	100,000
NextCare Urgent Care	191,000	191,000
Front Steps/Recuperative Care Beds	400,000	600,000
Paul Bass Clinic	709,647	-
El Buen Samaritano	2,350,000	2,350,000
Lone Star Circle of Care	4,364,995	4,364,995
Other Convenient & Urgent Care	-	409,000
Other Medical MAP (shared)	59,288	32,765
City of Austin EMS	696,822	696,822
Total Primary Care	<u>52,771,147</u>	<u>49,992,582</u>

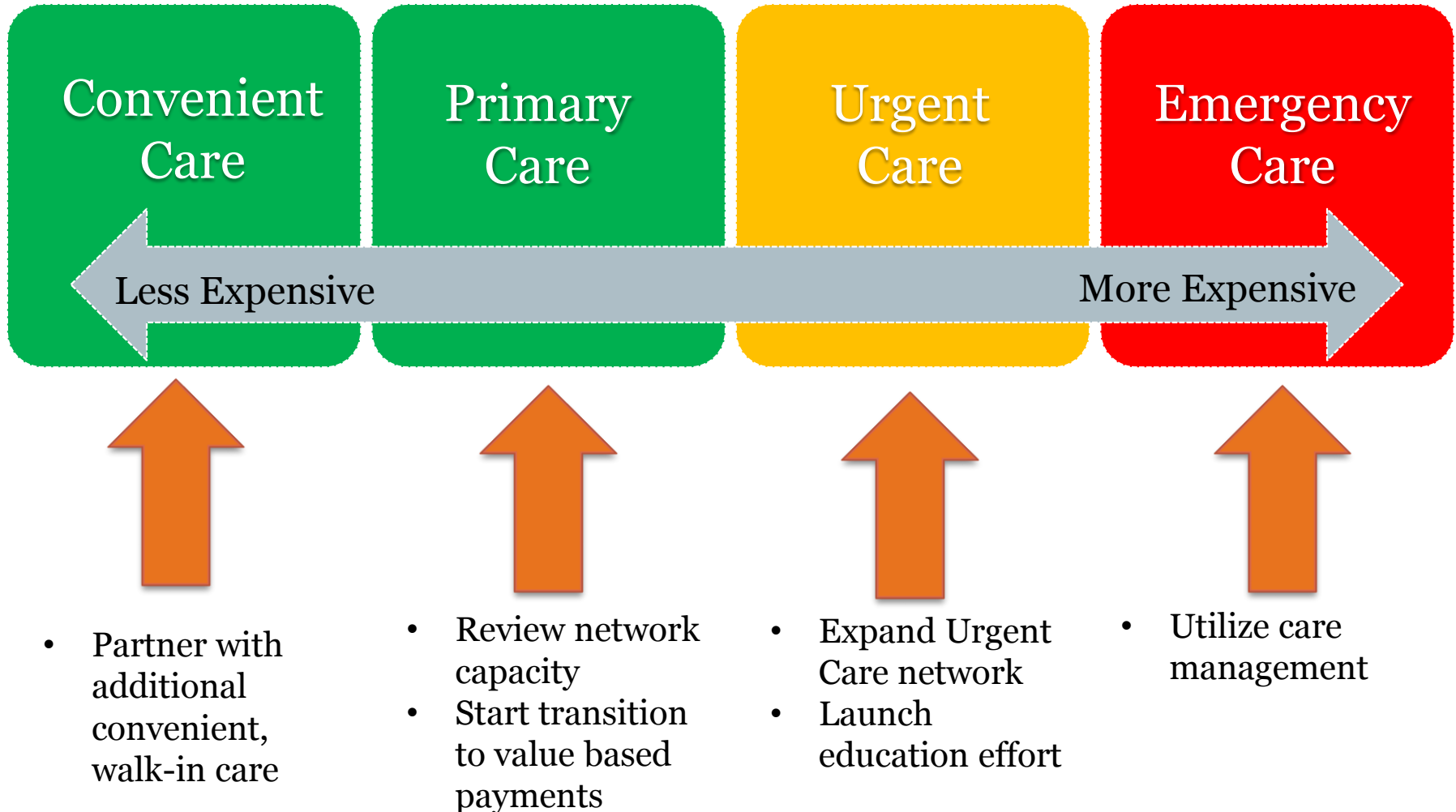
FY17 Value Based Payment (VBP)



Incremental steps under consideration include:

- Continuation of DSRIP VBP contract structure
- Establishing baseline quality measures
- Implementation of performance dashboards
- Reduction in payments for provider encounters (FFS)
- Addition of payments for care management and encounters with non-providers (PMPM)
- Creation of quality incentive pools for improved outcomes and achievement of quality measures
- Pilot projects to better understand impact of changes

FY17 Primary Care Transformation



Considerations for Benefit Plan Redesign and Expansion of Eligibility



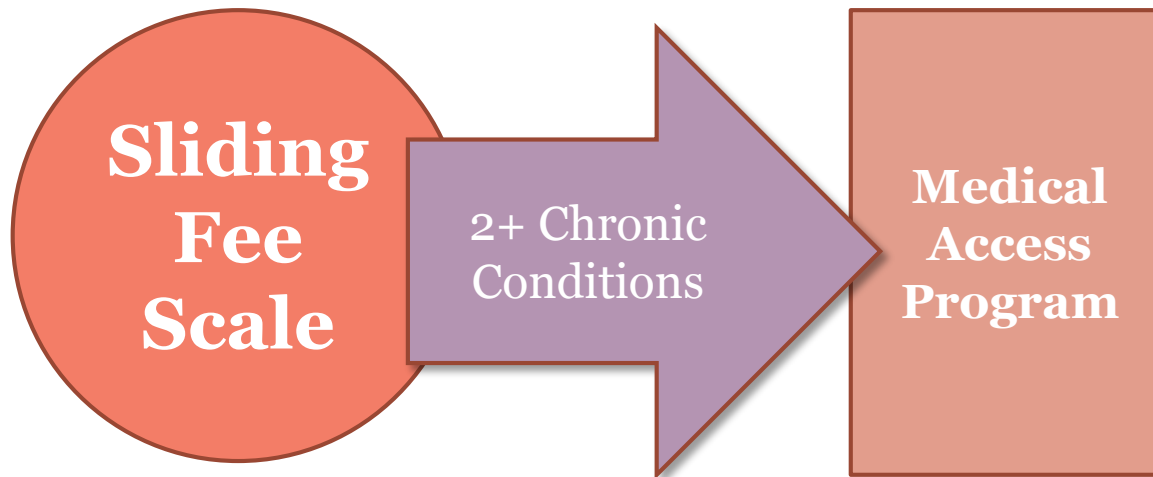
MAP Enhancement and Expansion	
MAP Benefit Enhancement	Amount
Health Risk Assessment	262,500
Preventative Services – No Co-Pay	51,819
Pain Management	275,708
Group Health Education	56,250
Palliative Care	322,592
Integrated Behavioral Health	150,000
Complex Care Management	800,000
Total MAP Benefit Enhancement	1,918,869
MAP Eligibility Expansion	
Expansion of Eligibility	2,800,000
MAP Reserve	700,000
Total MAP Eligibility Expansion	3,500,000
TOTAL	5,418,869

MAP Benefit Enhancement: Actuarial determined values of benefits, assuming January start
MAP Eligibility Expansion

- Focus on SFS patients with 2+ chronic conditions
- Allocated funds pending additional actuarial analysis

MAP Reserve: 25% of Eligibility Expansion funding

FY17 Benefit Plan Redesign



Proposed Benefit Pilots

- Health Risk Assessment
- No copay for preventive services
- Alternative therapies for pain management
- Group health education
- Palliative care, including hospice
- Integrated behavioral health
- Complex care management

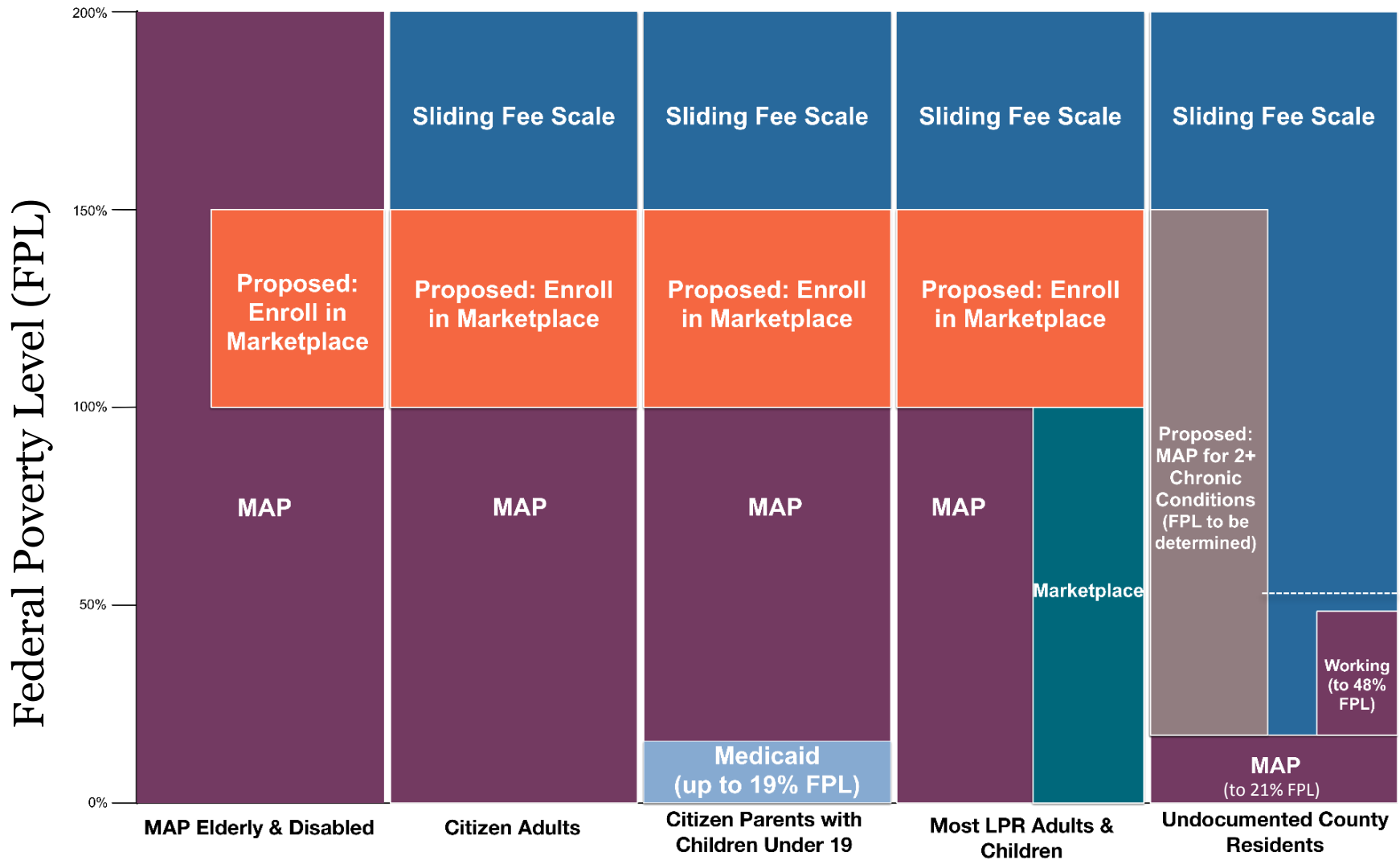
Medical Access Program/Sliding Fee Scale Patients: FY14 and FY15



# of Chronic Conditions	Patients	% Patients	% Costs	Annual Cost per Patient*
None	120,718	67%	34%	\$1,172
One	35,774	20%	25%	\$2,917
Two or More	24,230	13%	41%	\$6,977
Total	180,722	100%	100%	AVG \$2,296

*Proxy calculation
useful for comparison
between groups only

FY17 Benefit Plan Redesign



FY17 Budget: Specialty Care



Specialty	FY17 PROPOSED
Orthopedics	2,000,000
Gastroenterology	650,000
Cardiology	100,000
Urology	450,000
Rheumatology	-
Endocrinology	100,000
Neurology	150,000
Ophthalmology	400,000
Otolaryngology (ENT)	400,000
Complex Gynecology	500,000
Dermatology	100,000
Allergy	50,000
Post-Acute Care	550,000
Virtual Care Pilot	200,000
Audiology	50,000
Substance Use Disorder	450,000
Specialty Transition	1,500,000
Specialty Referral Process Improvement	25,000
Total	<u>7,675,000</u>

FY17 Specialty Care



		Non-Hospital Locations	DMS Integrated Practice Unit	E-Consult Pilot	Expand Services
Existing (FY16) Efforts	Orthopedics	✓	✓	✓	✓
	Gastroenterology	✓		✓	✓
	Cardiology	✓		✓	
	Urology				✓
	Rheumatology				
	Endocrinology	✓		✓	
	Neurology	✓		✓	
	Ophthalmology	✓			
New in FY17	Otolaryngology (ENT)	✓			
	Complex Gynecology		✓		
	Dermatology	✓			
	Pulmonology	✓			
	Allergy	✓			

University Medical Center Brackenridge (UMCB) Specialty Care Transition



- FY17 Budget: \$1,500,000
- Support comprehensive specialty care planning and maintain continuity as over twenty specialties transition from UMCB
- Specific specialties moving to primary care settings within the community include:
 - Cardiology
 - Dermatology
 - Gastroenterology
 - Pulmonology
 - Endocrinology

FY17 Health Information Technology



- FY17 Budget: \$4,458,147

IT initiatives include:

- Data warehouse and data integration - \$1.2 million
- Data Analytics - \$300,000
- Patient Portal Development and Support - \$125,000
- Care Management Software - \$120,000

FY17 DSRIP Program



- FY17 Budget: \$23,488,234
- 15 month continuation of initial five-year program
- Incentive payment opportunities:
 - Per Category 1 and 2 projects, each 25% of total value:
 - Quantifiable patient impact
 - Low income/uninsured served
 - Sustainability planning
 - Core component fulfillment
 - Category 3 projects (outcome measures)
 - Improvement to higher target



FY17 Planning Activities

- Social determinants of health
- Medical services for the homeless
- Health management coordination

Questions?

31