



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

By caring for those who need it most, Central Health improves the health of our community.

Our Values

Central Health will achieve excellence through:

Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.

Innovation - We create solutions to improve healthcare access.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

Collaboration - We partner with others to improve the health of our community.

STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, June 7, 2023, 1:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by using the Zoom meeting link below (copy and paste into your web browser):

<https://us06web.zoom.us/j/83723954737?pwd=WjAwMmhCWHp6YXVVSkkxVDFRY0NxZz09>

Meeting ID: 837 2395 4737

Passcode: 980112

Or to participate by telephone only:

Dial: (346) 248-7799

Meeting ID: 837 2395 4737

Passcode: 980112

The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on June 7, 2023**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA²

1. Review and approve the minutes of the May 10, 2023 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive an update on the implementation of the Healthcare Equity Plan, including operational and financial sustainability planning. (*Informational Item*)
3. Receive and discuss the proposed FY 2024 budget resolution strategic priorities. (*Informational Item*)
4. Receive and discuss an update from legislative and government affairs staff and advisors on the 2023 legislative sessions. (*Informational Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating

by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- ² The Strategic Planning Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

Cualquier persona con una discapacidad que planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

Central Health Board of Managers Shared Commitments Agreed adopted on June 30, 2021

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

- want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?
3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
 4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
 5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
 6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
 7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
 8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
 9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
 10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

June 7, 2023

AGENDA ITEM 1

Review and approve the minutes of the May 10, 2023 meeting of the Strategic Planning Committee.
(Action Item)

MINUTES OF MEETING – MAY 10, 2023
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Tuesday, May 10, 2023, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:05 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Brinson, Manager Jones, and Manager Kitchen

Board members present via audio and video or in person: Manager Museitif, Manager Motwani, Manager Bell, and Manager Martin

Absent: Manager Valadez

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 1:05 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the April 12, 2023 meeting of the Strategic Planning Committee.**

Clerk's Notes: Discussion on this item began at 1:15 p.m.

Manager Kitchen moved that the Committee approve the minutes of the April 12, 2023 meeting of the Strategic Planning Committee.

Manager Martin seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Valadez	Absent
Manager Kitchen	For

- 2. Receive an update on the Central Health Fiscal Year 2022 Annual Report.**

Clerk's Notes: Discussion on this item began at 1:17 p.m. Mr. JP Eichmiller, Senior Director of Strategy and Information Design, briefly presented the FY22 annual report. Mr. Eichmiller presented the FY22 highlights below:

- Patients, enrollment, and visits exceeded pre-pandemic levels
- Equity-focused Service Delivery Strategic Plan developed and adopted
- Capital improvement projects launched in Del Valle, Hornsby Bend and East Austin
- Central Health launched direct provision of health care
- Expanded substance use disorder treatment
- Launch of new medical respite program

- 3. Receive and discuss updates on the 1115 Medicaid Waiver, the Community Care Collaborative, and other healthcare delivery partners, programs, projects, reporting, and arrangements, including agreements with Ascension Texas and the University of Texas at Austin.**

Clerk's Notes: Discussion on this item began at 1:23 p.m. Mr. Mike Geeslin, President & CEO, and Ms. Monica Crowley, Chief Strategy/Planning Officer and Senior Counsel, had a discussion with the Board to stage future reporting by the Dell Medical School and help the Board better understand the reporting matrix as their tool for accountability.

4. Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family, Cause No. D-1-GN-23-000398.*

Clerk's Notes: Discussion on this item began at 2:12 p.m.

At 2:13 p.m. Chairperson Brinson announced that the Committee was convening in closed session to discuss agenda item 4 under Texas Government Code Texas Government Code §551.071 Consultation with Attorney.

At 2:56 p.m. the Committee returned to open session.

5. Confirm the next Strategic Planning Committee meeting date, time, and location.

Manager Jones moved that the Committee adjourn.

Manager Motwani seconded the motion.

Chairperson Brinson	For
Manager Jones	For
Manager Valadez	Absent
Manager Kitchen	For

The meeting was adjourned at 2:57 p.m.

ATTESTED TO BY:

Cynthia Brinson, Chairperson
Central Health Strategic Planning Committee

Cynthia Valadez, Secretary
Central Health Board of Managers



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

June 7, 2023

AGENDA ITEM 2

Receive an update on the implementation of the Healthcare Equity Plan, including operational and financial sustainability planning. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date	<u>6/7/2023</u>
Who will present the agenda item? (Name, Title)	<u>Monica Crowley, CSO & Sr. Counsel, Dr. Abhi Sharma (Partner, Guidehouse), and Danielle Sreenivasan (Director, Guidehouse)</u>
General Item Description	<u>Receive an update on the implementation of the Healthcare Equity Plan, including operational and financial sustainability planning</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>Not applicable</u>
Recommended Motion (if needed – action item)	<u>Not applicable</u>

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Central Health and Guidehouse developed and prioritized strategic projects and initiatives to address the community needs and implement the Board Adopted Healthcare Equity Plan (aka Service Delivery Strategic Plan).
- 2) Provide an overview of the format and process underway to prepare financial models, including high and low level estimates of expenses and revenue.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>PowerPoint presentation</u>
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Estimated time needed for presentation & questions?	<u>1 hour, consisting of 30 mins for presentation and 30 minutes for discussion</u>
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Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Is closed session recommended? (Consult with attorneys.)	

Form Prepared By/Date Submitted:	<u>Monica Crowley, 05/31/2023</u>
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CENTRAL HEALTH

CommUnityCare | Sendero

Central Health Operational and Financial Sustainability Planning (OFSP)

Strategic Planning Committee Presentation

June 7th, 2023

Agenda

1. Central Health's **Process** to Identify, Prioritize, Phase, and Estimate Financials for Initiatives
2. Financial Modeling **Methodology**
3. Outputs, Analysis, and Interpretation
4. Contextualizing Financial Modeling Within Broader OFSP Work



Engagement Progress and Achievements



OFSP tasks completed to date:

1. Completed catalogue of community needs faced by the Travis County safety-net.
2. Identified, refined, and organized projects into initiatives that rely on similar capabilities for implementation.
3. Conducted in-person strategic visioning sessions with the Central Health leadership and Central Health SMEs to identify the capabilities and critical components required for each initiative's implementation.
4. Developed high-level financial pro-forma templates for initiatives to refine early-phase cost estimates and ensure reasonable phasing of initiatives over a seven-year time period.



Beginning with the Voice of the Community and Safety-Net CHNA, Central Health Developed a Plan to Achieve a Comprehensive System of Care

February 2022: Completed assessment of community health needs to develop equity-focused strategic plan

September 2023: Catalogued, defined, and used data to prioritize safety-net community needs

Safety-Net Community Health Needs

Strategic Systems of Care Planning
Equity-focused Service Delivery Strategic Plan Presentation

Central Health Equity-focused Service Delivery Strategic Planning: Voice of the Community Summary

February 9, 2022

Central Health, Operational and Financial Sustainability Planning (OFSP) Initiative Summary Catalogue
Updated: 4/26/2023

Category of Community Need	Community Need	Initiative	Project Title
Foundational	Care Coordination	Program Alignment	Care Management Optimization to

Central Health's Prioritized Needs

Primary Care	Specialty Care / Behavioral / Dental	Hospital-Based Care / Post-Acute Care
<ul style="list-style-type: none"> 3. Health Care for the Homeless 8. Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options 9. Expanded Access to Primary Care, Including CUC HIV/AIDS Program and Pharmacy 	<ul style="list-style-type: none"> 1. Expanded Access to Specialty Care 4. Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction 7. Access to Mental Health Services 10. Expanded Access to Dental Care 	<ul style="list-style-type: none"> 2. Robust Post-Acute Care, Including Respite and Extensivists 5. Expanded Access to Surgical and Procedural Care 6. Expanded Access to Hospital Care

Foundational Enablers

- Additional Access Points and Infrastructure (e.g., Facilities, Technology, etc.)
- Care Coordination
- Comprehensive Multi-Disciplinary Care
- Eligibility and Enrollment Services
- Expanded Access to General Prevention and Wellness
- Health Systems Interoperability and Technology
- Management of Chronic Conditions
- Pharmacy
- Physician and Clinical Workforce Supply, Including Demographically-Diverse Workforce*

Coverage Programs, Benefits, and Structures

- Extended Enrollment Period for MAP
- Increased Enrollment of Eligible Populations
 - People experiencing homelessness, justice involved individuals, and communities where English and Spanish are not the primary language
- Restructure copays to remove patient barriers
- Additional coverage services and benefits
- Patient education (benefits, how and where to use MAP, copays)
 - Language access

Social Determinants of Health

- Improved Community Transitions for Justice-Involved Individuals
- Culturally Competent Materials and Communications
- Affordable Housing
- Access to Transportation
- Access to Healthy Foods
- Technology and Internet Access
- Stable and Consistent Employment Opportunities
- Educational Support Programs

* Denotes Workforce Planning and Organizational Infrastructure Resources

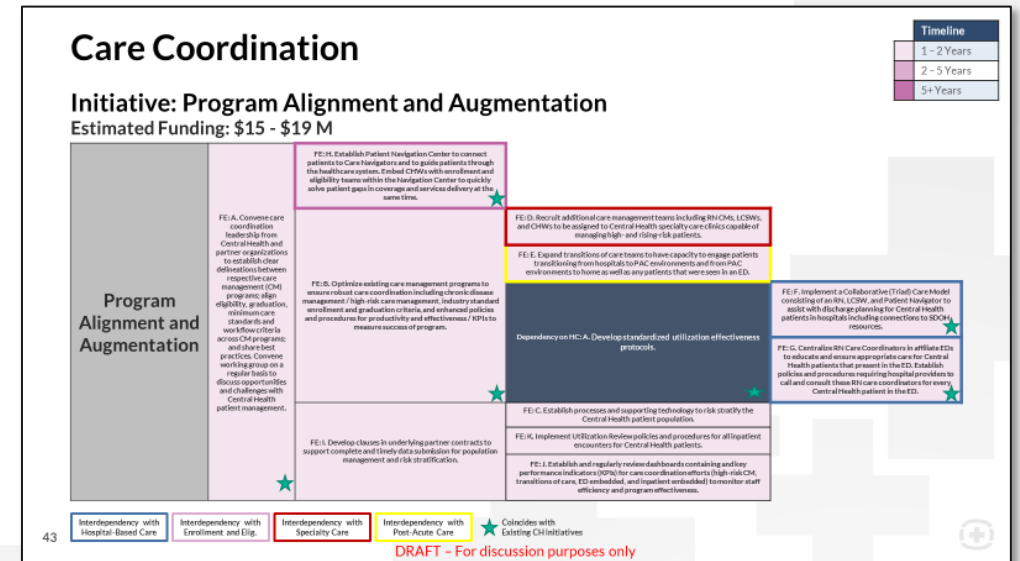
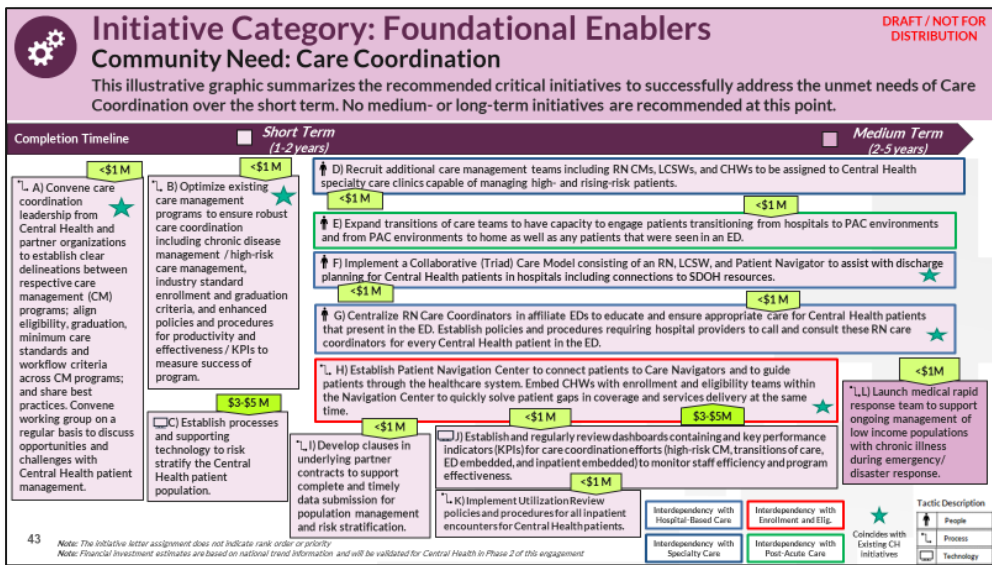
DRAFT - For discussion purposes only

Data-Driven and Community- and Stakeholder-Focused Processes

The Work to Implement the Healthcare Equity Plan to Address Identified Gaps Continues

January 2023: Identified and notionally prioritized and sequenced projects based on level of effort and impact

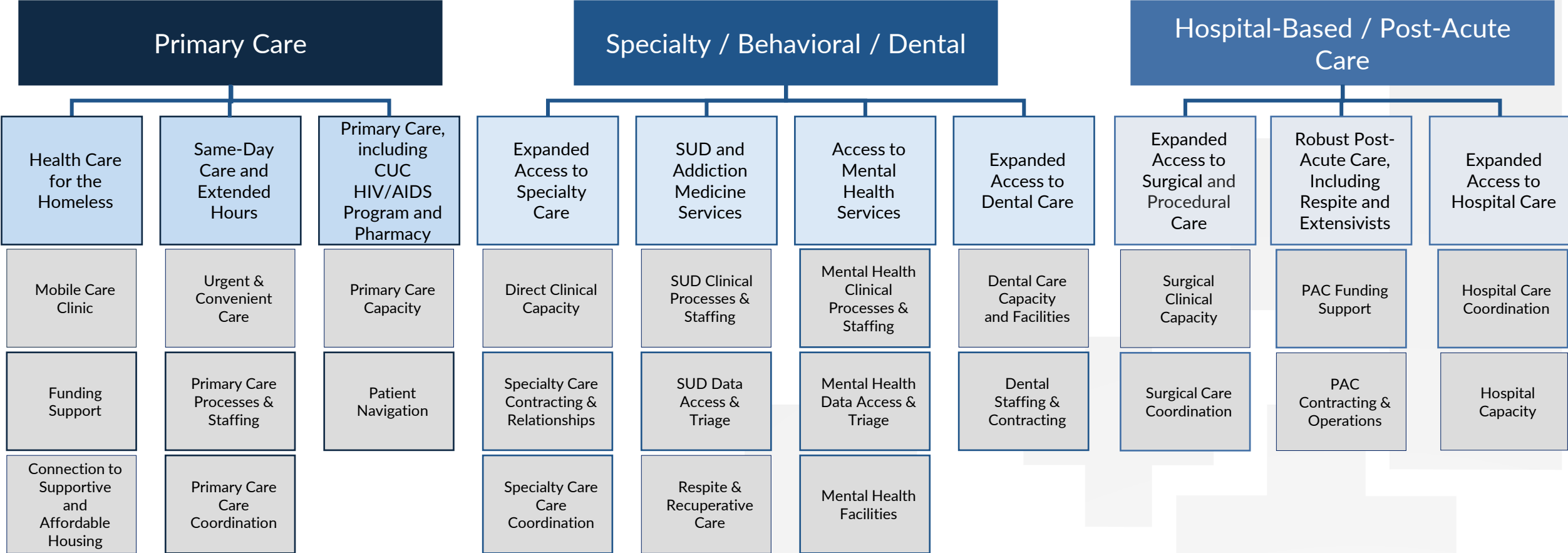
March 2023: Organized related and interdependent projects to develop operational and financial roadmaps



Data-Driven and Community- and Stakeholder-Focused Processes

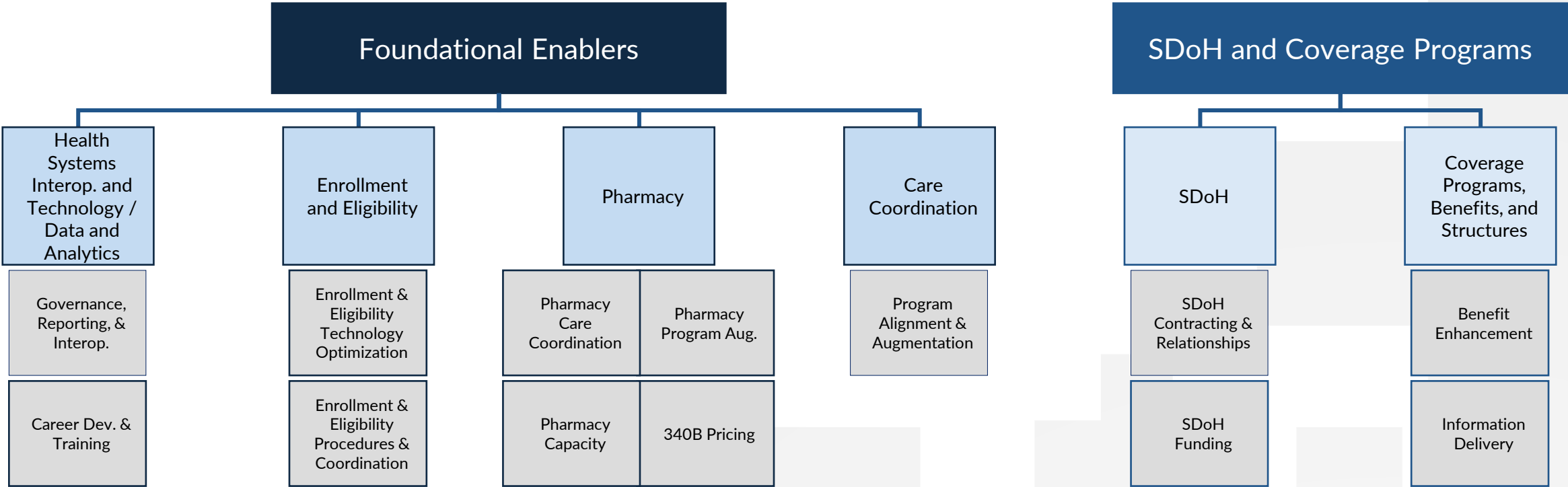
Central Health will Complete 38 Initiatives to Implement the Healthcare Equity Plan

Clinical Initiatives



Central Health will Complete 38 Initiatives to Implement the Healthcare Equity Plan

Non-Clinical Initiatives



Central Health and Guidehouse Used A Combination of Internal Data and Regional Benchmarks to Create High-Level Pro-Formas

High-Level Financial Pro-Forma Sources of Information

1. Medical Group Management Association (MGMA) 2022 benchmarks (based on 2021 data) for “All Practice Types” in “Southern Region”:



- Work Relative Value Units (wRVUs)
- Physician and Advanced Practice Provider Compensation
- Net Patient Services Revenue (NPSR) per Work Relative Value Units (wRVUs)
 - Medicare provided rates also used to estimate Central Health’s likely revenue
- Expenses per Work Relative Value Units (wRVU) (i.e., supplies)

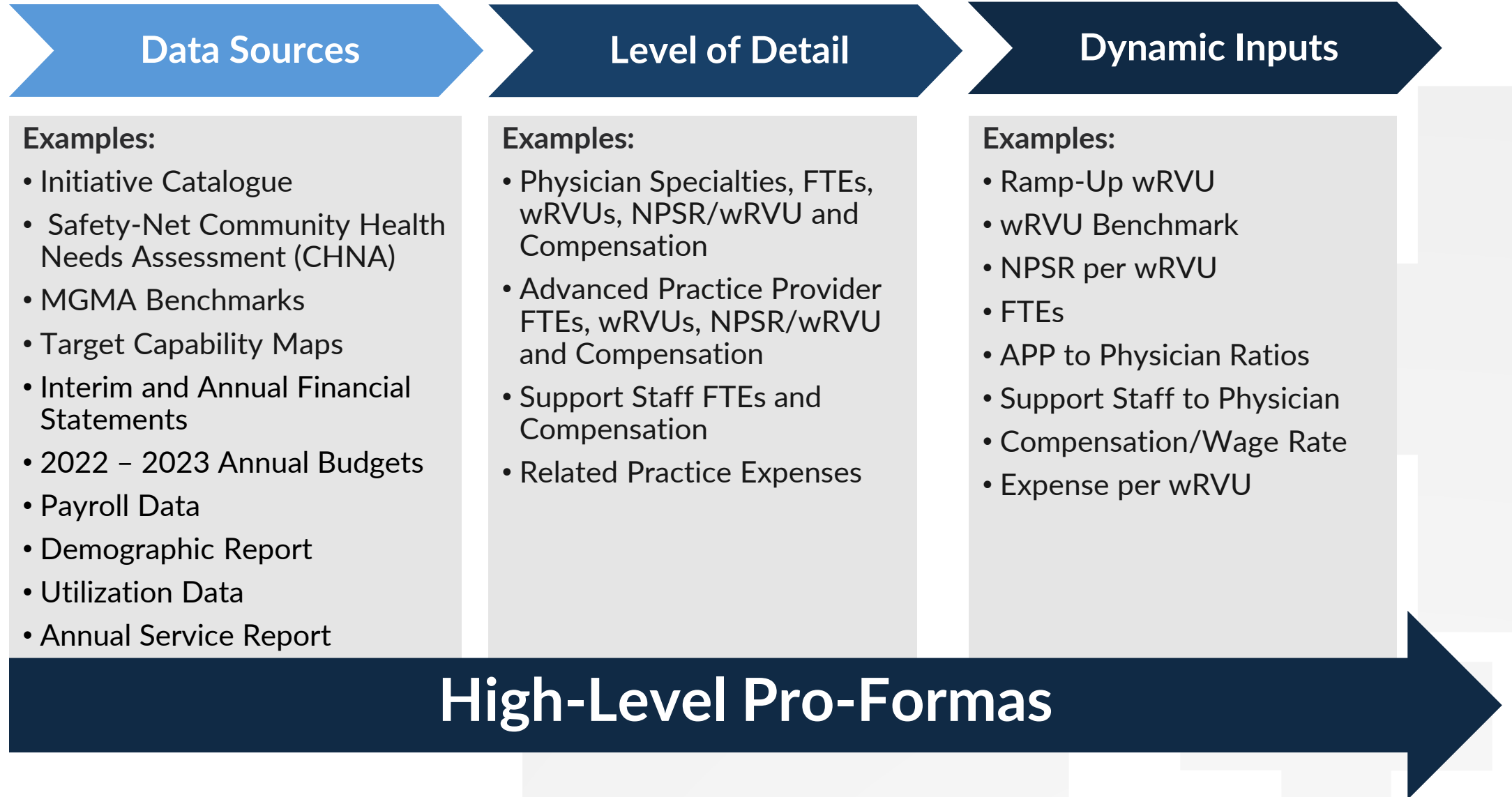
2. Using Central Health and subject matter expert (SME) data:



- Capital Expenditures
- Salary and Benefits Analysis
- Risk and Third-Party Insurance
- Billing and Collections Policies and Processes
- Net Patient Services Revenue (NPSR)/Work Relative Value Units (wRVU)
- Estimate Payer Mix and Patient Volume



Data Sources are Combined with Dynamic Inputs to Create Low and High Expense and Revenue Scenarios for Initiatives



Initiatives are Sequenced Over Time Based on Central Health’s Budget Process

Anticipated Incurred Cost by Initiative by Fiscal Year For Guidehouse Supported Initiatives

Clinical Initiatives	FY 2023*	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Mobile Care Clinic								
Funding Support								
Connection to Supportive and Affordable Housing								
Urgent and Convenient Care								
Primary Care Processes and Staffing								
Primary Care Care Coordination								
Primary Care Capacity								
Patient Navigation								
Direct Clinical Capacity								
Specialty Care Contracting and Relationships								
Specialty Care Care Coordination								
SUD Clinical Processes and Staffing								
SUD Data Access and Triage								
SUD Respite and Recuperative Care								
Mental Health Clinical Processes and Staffing								
Mental Health Data Access and Triage								
Mental Health Facilities								
Dental Care Capacity and Facilities								
Dental Staffing and Contracting								
Surgical Clinical Capacity								
Surgical Care Coordination								
PAC Funding Support								
Post-Acute Care Contracting and Operations								
Hospital Care Coordination								
Hospital Capacity								

*FY 2023 initiatives already underway.



Initiatives are Sequenced Over Time Based on Central Health’s Budget Process

Anticipated Incurred Cost by Initiative by Fiscal Year For Guidehouse Supported Initiatives

Non-Clinical Initiatives	FY 2023*	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
<i>Governance, Reporting, and Interoperability</i>								
<i>Career Development and Training</i>								
<i>Enrollment and Eligibility Technology Optimization</i>								
<i>Enrollment and Eligibility Procedures and Coordination</i>								
<i>Pharmacy Care Coordination</i>								
<i>Pharmacy Capacity</i>								
<i>Pharmacy Program Augmentation</i>								
<i>340B Pricing</i>								
<i>Program Alignment and Augmentation</i>								
<i>SDOH Contracting and Relationships</i>								
<i>SDOH Funding</i>								
<i>Benefit Enhancement</i>								
<i>Information Delivery</i>								

*FY 2023 initiatives already underway.



Next Steps



Key Upcoming Tasks of Operational and Financial Sustainability Planning:

- Complete financial models, plans, and cost estimates for initiatives
- Complete development of Operational Roadmaps, including phasing, sequencing, and staging of initiatives
- Continue development of oversight and operational alignment models and key performance indicators and reporting structures





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

June 7, 2023

AGENDA ITEM 3

Receive and discuss the proposed FY 2024 budget resolution strategic priorities. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date June 7, 2023

Who will present the agenda item? (Name, Title) JP Eichmiller, Senior Director of Strategy and Information Design

General Item Description Central Health Fiscal Year 2024 Proposed Strategic Priorities

Is this an informational or action item? Informational

Fiscal Impact NA

Recommended Motion (if needed – action item) NA

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) The FY2024 Proposed Strategic Priorities were developed to address the Strategic Imperatives of the board-adopted Healthcare Equity Plan. They are aligned with the ongoing operational and financial planning work to implement the Healthcare Equity Plan.
- 2) Many of the FY2024 Proposed Strategic Priorities are continuations of initiatives begun in 2023 or earlier. New and modified priorities will be highlighted during the presentation.
- 3) The Proposed Strategic Priorities will be used to develop the annual FY2024 Budget Resolution, which will be brought before the board for formal adoption later in the summer.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Presentation

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: JP Eichmiller/May 31, 2023

CENTRAL HEALTH FISCAL YEAR 2024 PROPOSED STRATEGIC PRIORITIES

Central Health Board of Managers Strategic Planning Committee

June 7, 2023

Monica Crowley, Chief Strategy Officer & Sr Counsel

JP Eichmiller, Senior Director of Strategy and Information Design

Anisa Kendall, Directory of Strategy & Planning



CENTRAL HEALTH

The Board sets the strategic priorities and goals for the coming fiscal year, aligned with the longer-term strategic objectives and directions for the District as established by the Board through strategic planning processes



CENTRAL HEALTH

CENTRAL HEALTH'S FY2019 – FY2024 STRATEGIC PLAN OBJECTIVES



Develop and execute health care delivery strategy based on people and place



Implement patient-focused and coordinated health care system



Implement sustainable financial model for health care delivery strategies through FY2024



FY2019-FY2024 STRATEGIC PLAN OBJECTIVES – IMPLEMENTATION

- Focus on expansion of lines of services:
 - new temporary access sites in Eastern Travis County and far-northwest (Jonestown)
 - development of new services sites (Hornsby Bend, Del Valle, Colony Park, Hancock, Cameron Rd)
- Response to global pandemic
 - operational improvements in eligibility and enrollment
 - vaccination support
 - enhanced communications and outreach
- Major litigation related to critical partnerships
- Development of and ongoing implementation of an equity-focused health care service delivery strategic plan that will guide the work of Central Health for the next 5-7 years
(Healthcare Equity Plan)



HEALTHCARE EQUITY PLAN

FOUR STRATEGIC IMPERATIVES

Goal: Develop an equitable system of care that is comprehensive and accountable, while optimizing the collective use of capabilities and resources to serve the safety-net population.

STRATEGIC IMPERATIVES



**ACCESS &
CAPACITY**



**CARE
COORDINATION**



**MEMBER ENROLLMENT
& ENGAGEMENT**



**SYSTEM OF CARE
INFRASTRUCTURE**



CENTRAL HEALTH

- Each of the Four Strategic Imperatives translate into Strategic Priorities, which are subsequently outlined
- Each of the Imperative-Priorities has objectives and include multiple projects to implement
- These objectives are often carry-forward from prior fiscal years, though many are new initiatives
- An objective can either be a focus of resources to make substantial, measurable progress (understanding the multi-year nature of work); or, in some cases, an objective is the final end-result of an initiative
- Each of the objectives will be the basis for reports to the Board of Managers, patients, public, stakeholders, and elected officials



STRATEGIC PRIORITY: ACCESS AND CAPACITY

- Continue development of healthcare equity plan including site expansions with new health centers in Hornsby Bend, Del Valle and Colony Park areas
- Continue implementation of healthcare equity plan including launch and ramp up the Rosewood-Zaragosa multispecialty clinic
- Continue implementation of healthcare equity plan including Enhance behavioral health and substance use treatment
- Continue implementation of healthcare equity plan including developing and rightsizing clinical and support services to support the direct practice of medicine
- Continue development of healthcare equity plan including increasing health care services purchased through contracted services as appropriate
- Continue implementation of healthcare equity plan including coordinating with local secondary education institutions to create scholarships and internships to support development of local health care workforce



STRATEGIC PRIORITY: CARE COORDINATION

- Continue implementation of healthcare equity plan including buildout of Epic electronic health record for Central Health
- Continue implementation of healthcare equity plan including expanding transitions of care program within Central Health's practice of medicine
- Continue implementation of healthcare equity plan including improving care coordination and member engagement through the continued development of the Central Health Navigation Center



STRATEGIC PRIORITY: MEMBER ENROLLMENT AND ENGAGEMENT

- Continue implementation of healthcare equity plan including:
 - Expand enrollment services in support of new Central Health facilities and clinical practices
 - Expand enrollment services through Virtual Enrollment
 - Continue engagement in high-need planning and assessment regions
 - Implement MyChart patient portal



STRATEGIC PRIORITY: SYSTEM OF CARE INFRASTRUCTURE

- Complete development of performance indicators and measures related to healthcare equity plan operational implementation and financial sustainability
- Continue implementation of healthcare equity plan including work to develop and implement oversight programs including hospital care and other service delivery
- Continue implementation of healthcare equity plan including work related to hospital capacity and hospital care coordination initiatives
- Continue implementation of healthcare equity plan including development of direct clinical practice infrastructure
- Continue development of Central Health departmental infrastructure and administrative support, including recruitment, hiring, retention, workforce development, employee engagement
- Continue implementation of healthcare equity plan including acquire and implement a modern survey tool to support employee retention and satisfaction
- Continue implementation of healthcare equity plan by expanding joint technology systems and applications to provide operational support and address cyber security, infrastructure, support services, and data management





CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

June 7, 2023

AGENDA ITEM 4

Receive and discuss an update from legislative and government affairs staff and advisors on the 2023 legislative sessions. (*Informational Item*)

88th Regular Legislative Session 2023
Status Report on Select Legislation
Central Health
June 2023

Central Health Priority-Aligned Legislation (Mission Supportive)

Priority: Health Care Financing (Local Provider Participation Fund, LPPF)

[SB 699](#), by Sen. Eckhardt: Extending the Travis County LPPF program. **Signed by the Governor on 5/19.**

[HB 3456](#), by Rep. Ashby: Omnibus LPPF legislation, fail-safe continuation for multiple jurisdictions (companion to [SB 1755](#), by Sen. Hinojosa). **Sent to the Governor on 5/30.**

Priority: Health Care Access (Workforce)

[SB 25](#), by Sen. Kolkhorst: Relating to support for nursing-related postsecondary education, including scholarships to nursing students, loan repayment assistance to nurses and nursing faculty, and nursing education programs. This bill is part of a comprehensive package to dramatically increase funding and resources to nursing education and training programs. **Sent to the Governor on 5/29.**

[HB 1](#), by Rep. Bonnen: Relating to the General Appropriations Bill.

Medicaid Community Attendant Wage Increase: HHSC Strategy A.1.2., as directed in HHSC Rider 30. Appropriates \$1.9 billion AF biennially for increased reimbursement for Medicaid services provided by community attendants, raising base wage to \$10.60/hour. **Sent to the Comptroller on 5/30.**

Priority: Health Care Access (Coverage)

[SB 30](#), by Sen. Huffman: Relating to the Supplemental Appropriations and Reductions. The bill would appropriate \$40 million in general revenue funds to the Department of State Health Services for the **Federally Qualified Health Centers Incubator Program**. **Sent to the Comptroller on 5/30.**

[HB 12](#), by Rep. Rose: Relating to the duration of services provided under Medicaid to women following a pregnancy. This bill would provide Medicaid coverage to Medicaid -eligible women for at least 12 months beginning on the last day of the women’s pregnancy and ending on the last day of the month in which the 12 - month period ends.

Sent to the Governor on 5/30.

[HB 2983](#), by Rep. Oliverson: Relating to a pilot to provide medical nutrition assistance to certain Medicaid recipients in this state. This bill would create a five-year pilot program for medical nutrition programs to coordinate with community-based organizations, medical providers, and federally qualified health centers (FQHC) to provide services to women who are pregnant or in

the postpartum period. The bill is commonly referred to as the “Healthy Food Prescription Program” Its companion [SB 1675](#) by Sen. Johnson was left pending in committee. **Did Not Pass.**

Priority: Health Care Access (Telehealth)

[HB 2727](#), by Rep. Price: Relating to the provision of home telemonitoring services under Medicaid. Home telemonitoring services would be eligible for Medicaid reimbursement if the services were determined to be clinically effective, rather than cost effective and feasible. The bill would add end stage renal disease, conditions that require renal dialysis treatment, and any other condition the Health and Human Services Commission (HHSC) determined that home telemonitoring service would be clinically effective. **Sent to the Governor on 5/30.**

Priority: Local Control

[SB 1941](#), by Sen. Eckhardt: Relating to representation of certain hospital districts in civil proceedings. **NOTE:** Relating to Central Health legal representation bill. **Did Not Pass.**

Central Health Priority-Aligned Legislation (Of Concern)

Priority: Local Control

[HB 3001](#) by Rep. Goldman: Limits the use of COs to “designated infrastructure” and removes construction of a public work as a purpose for which a CO can be issued. "Designated infrastructure" includes, among others, part of any hospital district created by general or special law that includes a teaching hospital. **Did Not Pass.**

[HB 3002](#) by Rep. Goldman: An omnibus bill that removes the ability for many local governmental entities from issuing COs and removes the ability for hospital districts created under Chapter 281 of the Health & Safety Code to issue COs payable and secured from taxes. Removes the ability of Montgomery County Hospital District and Swisher Memorial Hospital District from issuing COs; requires the Moore County Hospital District to require payment and performance bonds for contracts and prohibits this district from issuing COs; removes CO as a form of “debt” in the Tax Code. **Did Not Pass.**

[HB 4808](#) by Rep. Tepper: If a hospital district constitutes a countywide district that is authorized to issue anticipation notes, then this bill would prohibit the issuance of anticipation notes if (1) a bond proposition failed to pass at an election called for the same purpose in the previous 5 years, (2) the total amount of the note not exceed 5% of the district’s total indebtedness, or (3) 5% of registered voters submit a petition protesting the issuance of the note. However, even if the note would be prohibited by the above, if the note is being issued to address a public calamity and prompt action is required, is necessary to preserve and protect the public health, or there is unforeseen damage to public property, equipment, or machinery, the note is allowed to be issued. The bill amends Ch. 1371 of the Government Code to prohibit obligations under that chapter if the aforementioned has occurred. Finally, the bill amends the Certificate of Obligation Act (Ch. 271, Local Gov’t Code) to prohibit COs if an election for bonds for the same purpose failed in the previous 5 years, instead of 3, but will allow the issuance of COs for the same three excepted reasons above. **Did Not Pass.**

[SB 2490/HB 1489](#), by Sen. Sparks/ Rep. Tepper: Amends the CO act to add a definition of a public work that does not include, specifically hospital district infrastructure, however, does include cybersecurity, telecommunications, wireless communications, information technology systems, applications, hardware or software. The bill further amends the CO Act to limit when you can issue COs to contract the public works in limited circumstances including: 1) compliance with a law if the entity is noncompliance, the public work is necessary to mitigate the impact of a public health emergency that poses an imminent danger to a resident's physical health or safety in their jurisdiction or a natural disaster and the governor or presiding officer of the governing body declares state of disaster for the county or local state of disaster, respectively, or if a court renders a decision that requires construction of the public work. The bill decreases the percentage allowable to issue a CO to an amount not to exceed 15% instead of 25% of a contractual obligation for the construction of the public work. Amends the CO Act to require the issuer enter into a contract for the construction of the public work within 90 days from the date the COs are issued and requires that competitive bidding applies to these contracts. Also, if the PCOs are being issued to address a public health emergency, the governing body in its authorizing resolution must outline the circumstances and conditions that exist to warrant the issuance. The bill amends the CO Act to prohibit COs for the restoration of historic structures, decreases the maturity period to 30 years instead of 40, and prohibits the issuance of COs if in the previous 5 years voters voted down a bond measure for the same purpose, and lowers the number of registered voters needed to protest the issuance of CO from 5% to 2%. **Did Not Pass.**

[SB 2337](#) by Sen. Middleton: Amends the Election Code to require that 2/3rds of registered voters voting on a bond proposition vote in favor. It would require that all bond elections be held at the November election regardless of other law to the contrary. Would prohibit bond elections to be held under an emergency election. **Did Not Pass.**

Other Legislation of Interest

[SB 2332](#), by Sen Kolkhorst: Relating to the operations of hospital districts in counties with a population of at least 190,000 persons. (Impacts Central Health and other hospital districts). Referred to the Senate County Affairs Committee. The bill was pulled down from being heard in committee on Monday (4/24). **Did Not Pass.**

[SB 2527](#), by Sen. Campbell: Relating to the regulation of telemedicine medical services, tele dentistry services, and telehealth services providing a civil penalty. This bill seeks to strengthen current telemedicine laws. Reported engrossed on 5/2. Referred to House Public Health committee and reported favorably without amendments on 5/18. **Did Not Pass.**

[HB 2401](#), by Rep. Oliverson: Relating to the repeal of certain contracting requirements under the Medicaid managed care delivery model. A committee substitute was adopted. House floor amendment adopted. Its companion, [SB 651](#) was referred to Health and Human Services Committee on 2/17. **Did Not Pass.**

Note on HB 2401: House engrossed version slightly improves the bill. HB 2401 repeals a provision of the law (Texas Govt Code, 533.004) related to Medicaid managed care contracting that helps local nonprofit health plans owned by hospital districts by creating a level playing field in competing with large national health plans for a Medicaid contract in our local region. All health plans would still comply with the RFP requirements through the term of the contract.

[HB 4343](#), by Rep. Bonnen: Relating to health benefit plan preauthorization requirements certain health care services and the direction of utilization review by physicians. The bill states that utilization review must be under the direction of a physician who has a full license. Currently utilization review programs are directed by an insurer's chief Medical Officer (CMO) who is a full-time employee. A committee substitute was adopted. **Did Not Pass.**

Miscellaneous

The last day the Governor can sign or veto bills passed during the regular session – June 18th.

During the 88th Legislative Session a total of 8,046 House and Senate bills were filed and 1,246 bill were finally passed (744 HBs and 502 SBs); over 60% of these bills were passed in the last week of the session.



CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS
STRATEGIC PLANNING COMMITTEE

June 7, 2023

AGENDA ITEM 5

Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)