

**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.

*Respect* - We honor our relationship with those we serve and those with whom we work.

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

**STRATEGIC PLANNING COMMITTEE MEETING****Wednesday, September 8, 2021 1:00 p.m.****Videoconference meeting <sup>1</sup>****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 Ring Central meeting link below (copy and paste into your web browser):

<https://meetings.ringcentral.com/j/1468730399?pwd=eXh3TlcyZ1RYR0N5dDVBb2YrbUJDQT09>

Password: 854754

Or to participate by telephone only:

Dial: (888) 501-0031

Meeting ID: 146 873 0399

The Central Health Strategic Planning Committee will modify its meeting practices in light of recent orders by the Governor during the COVID-19 pandemic. Effective September 1, 2021, Governor Abbott has rescinded emergency waivers allowing Open Meetings to be conducted virtually. To reduce the possibility of infection as a result of attendance at in-person meetings, the Committee will 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. Masks should be worn inside the Central Health offices and individuals should maintain proper social distancing from others. 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 during the **Public Communication** portion of the meeting must properly register with Central Health **no later than 11:30 a.m. on September 8, 2021**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>, or
- Call 512-978-9190. Please leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting with the name of the meeting at which you wish to speak.
- 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 Board and Committee meetings include setting a fixed amount of time for a person to speak and limiting Board responses to public inquiries, if any, to statements of specific factual information or existing policy.

### **COMMITTEE AGENDA<sup>2</sup>**

1. Review and approve the minutes of the August 4, 2021 meeting of the Strategic Planning Committee. (*Action Item*)
2. Receive an update from The University of Texas at Austin Dell Medical School on Central Health's financial investment and how that funding has contributed to Fiscal Year (FY) 2021 outcomes supporting Central Health's mission of serving indigent residents of Travis County. (*Informational Item*)
3. Introduce and receive a presentation from the Central Health Enterprise Chief Medical Officer, including updates on clinical leadership structures that support systems-based planning for health care and a clinical diversity initiative. (*Informational Item*)
4. Receive an update from Guidehouse, Inc. on their engagement to facilitate the development of an equity focused service delivery strategic plan. (*Informational Item*)

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

<sup>1</sup> Although emergency orders allowing for fully virtual meetings have expired, the Travis County area continues to have a high COVID-19 infection rate. This meeting may include one or more members 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.**

<sup>2</sup> **Agenda item numbers are assigned for ease of reference only and do not necessarily reflect the order of their consideration by the Committee.**

The Strategic Planning Committee 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 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 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 planea 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.



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FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS

*Dana DeBeauvoir*

Dana DeBeauvoir, County Clerk  
Travis County, Texas

Sep 03, 2021 01:24 PM

Fee: \$0.00

LOPEZS

Came to hand and posted on a Bulletin Board in the Courthouse  
Austin, Travis County, Texas on this the 3 day of

September 20 21.  
Dana DeBeauvoir  
County Clerk, Travis County, Texas  
By Samantha Lopez Deputy

SAMANTHA LOPEZ





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 8, 2021**

## **AGENDA ITEM 1**

Review and approve the minutes of the August 4, 2021 meeting of the Strategic Planning Committee. (*Action Item*)

MINUTES OF MEETING – AUGUST 4, 2021  
CENTRAL HEALTH  
STRATEGIC PLANNING COMMITTEE

On Wednesday, August 4, 2021, a meeting of the Central Health Strategic Planning Committee convened in open session at 1:43 p.m. remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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**Committee members present via video and audio:** Chair Bell, Manager Jones, Manager Motwani, Manager Brinson, and Manager Valadez.

**Board members present via audio and or video:** Manager Greenberg and Manager Zamora

**COMMITTEE AGENDA**

1. **Review and approve the minutes of the June 9, 2021 meeting of the Strategic Planning Committee.**

**Clerk's Notes:** Discussion on this item began at 1:47 p.m.

Manager Valadez moved that the Committee approve the minutes of the June 9, 2021 meeting of the Strategic Planning Committee.

Manager Greenberg seconded the motion.

Chairperson Bell	For
Manager Brinson	For
Manager Jones	For
Manager Motwani	For
Manager Valadez	For

2. **Receive an update on healthcare system components and service planning methodology, including geographic considerations, demographic considerations, and public/community and patient feedback with respect to planning for certain types of services, such as urgent care.**

**Clerk's Notes:** Discussion on this item began at 1:47 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer; Dr. Alan Schalscha, Chief Medical Officer; and Mr. Jonathan Morgan, Chief Operating Officer, presented on this item. Ms. Crowley informed the Committee that a short verbal update to a Board question regarding urgent care service delivery planning would be given; she noted that the more complete presentation would be provided at the September Strategic Planning Committee meeting. She also noted that planning for urgent care and other types of services and what types of care are provided in different types of facilities, is part of the equity focused system of care planning work that will be kicked off next month. Lastly, she mentioned that that work includes a safety net community needs assessment and a geographical needs assessment, as part of developing service delivery goals and priorities, and this deeper dive into urgent care and facilities planning will be part of this more fulsome kickoff presentation.

Dr. Alan Schalscha explained that good care means not only quality care, but also timely care. He briefly defined the difference between emergent care and urgent care. He discussed that as same-day access is increased in the clinics where patients consider their medical home, acute needs are addressed and the chance for patients to follow-up with their primary care teams is increased. He explained that this will ultimately improve the morbidity of patients because those care teams know their patients. Lastly, he said as clinics continue to expand, the need for same-day access becomes immediately apparent.

Mr. Morgan informed the Committee that two out of four urgent care providers were lost in the past 18 months. Therefore, there is not quite as robust of a network for urgent care as there has been in the past. He mentioned that they are looking for opportunities to partner in that space and are always looking for opportunities to expand access in the urgent care space. Lastly, he discussed that urgent care is a temporary solution with a limited scope of services. Mr. Morgan noted that the goal is to build capacity in primary care, creating same-day access and after hour access for patients.

- 3. Receive and discuss updates on the proposed Fiscal Year (FY) 2022 Strategic Priorities, including Systems Planning for immediate service delivery focus areas (Part II):**
  - a. Substance use disorder and behavioral health; and**
  - b. Clinical and patient education and transitions of care.**

**Clerk's Notes:** Discussion on this item began at 2:10 p.m.

Ms. Monica Crowley, Chief Strategy and Planning Officer, opened up the presentation explaining that this is part two in the deep dive presentation on the immediate service delivery focus area proposed fiscal year 2022 strategic budget priorities.

Dr. Alan Schalscha, Chief Medical Officer, started by taking a look at the "cog" diagram of components of a high functioning system, and noted that the presentation would touch on a few of the individual cogs, and also spend time on the oil that enables the cogs to move fluidly and patients to transition throughout the system with greater ease. He noted that transitions of care and clinical education would be discussed.

Mr. Jon Morgan, Chief Operating Officer, discussed the prioritization factors, which included looking at impacts on morbidity and mortality; developing multiple downstream improvements; reducing disparities and promoting health equity; closing gaps identified by clinical subject matter experts; assessing availability of resources and clinical partner bandwidth; and lastly improving responses to patient surveys and care teams feedback.

Dr. John Weems, Associate Director of Addiction Medicine, and Mr. Josh Rivera, Intensive Outpatient Services and Mobile Healthcare Administrator, presented on Substance Use Disorder Treatment. The presentation included background on addiction and current addiction treatment in medical settings. It also included discussions on gaps in care and areas for expansion.

Dr. John Swanson, Director of Behavioral Health, presented on the vision for behavioral health at CommUnityCare Health Centers.

Dakasha Leonard, Service Delivery Operation Manager, explained that the FY22 proposed initiatives include enhanced behavioral health access in primary care; substance use disorder care transitions; peer support specialist counseling for substance use disorder; and street/mobile medicine for behavioral health access for the homeless.

Mr. Morgan concluded by noting that these presentations were a good preview of the systems planning work taking place. He noted that they are just the beginning, and that the presenters area great showcase of the type of clinical and operational subject matter experts that CommUnityCare has.

Lastly, Mr. Morgan and Dr. Schalscha presented on transitions of care current and proposed initiatives, care team and patient education initiatives, health equity and implicit bias training support, and dietitian access proposed initiatives.

- 4. Receive an update on the Central Health dashboards associated with service level reporting for Fiscal Year 2021.**

**Clerk's Notes:** Discussion on this item began at 3:54 p.m. This agenda item was not discussed. Manager Bell informed the Committee that the dashboards were provided in the packet and staff was available for any questions.

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

Manager Greenberg moved that the Committee adjourn.

Manager Valadez seconded the motion.

Chairperson Bell	For
Manager Jones	For
Manager Brinson	For
Manager Valadez	For
Manager Motwani	For

The meeting was adjourned at 3:54 p.m.

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Charles Bell, Chairperson  
Central Health Board of Managers

ATTESTED TO BY:

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Cynthia Valadez, Secretary  
Central Health Board of Managers



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 8, 2021**

## **AGENDA ITEM 2**

Receive an update from The University of Texas at Austin Dell Medical School on Central Health's financial investment and how that funding has contributed to Fiscal Year (FY) 2021 outcomes supporting Central Health's mission of serving indigent residents of Travis County. (*Informational Item*)



**SEPTEMBER 8, 2021**



The University of Texas at Austin  
Dell Medical School

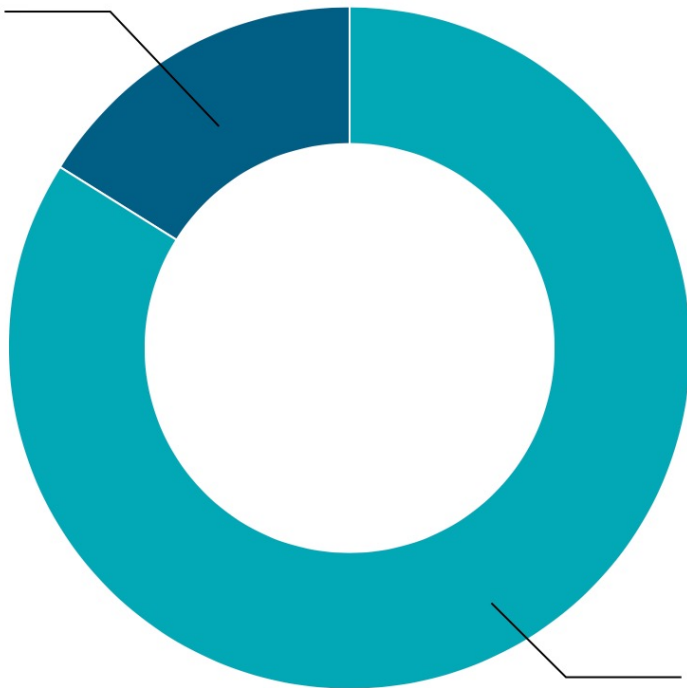
# **DELL MED'S SUPPORT FOR CENTRAL HEALTH'S MISSION**

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# FY 2021 - DELL MED EXPENDITURES

**CCC Dollars**  
\$37.56M | 16%

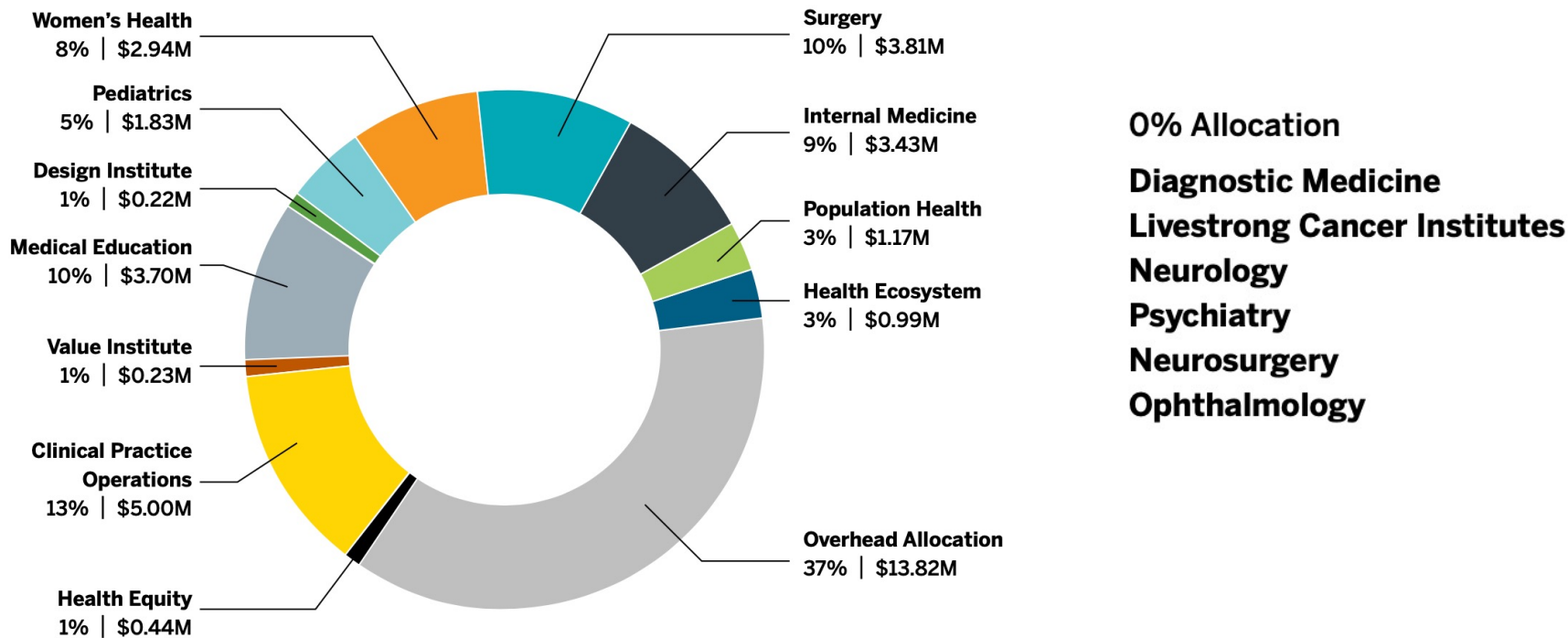


**Total Projected/  
Annualized Expenditures**  
\$231.29M

**Other Dollars**  
\$193.73M | 84%



# FY 2021 - ALLOCATION OF CCC INVESTMENT



**\$37.56M: FY21 Actual through July + August Encumbered**



# LAST YEAR ESTIMATED VS. LAST YEAR ACTUAL

	<b>FY21 Estimated</b>	<b>FY21 Actuals*</b>	<b>Variance</b>
Women's Health	\$ 2.50	\$ 2.94	17%
Surgery	\$ 3.70	\$ 3.81	3%
Internal Medicine	\$ 2.90	\$ 3.43	18%
Livestrong Cancer Institutes	\$ -	\$ -	0%
Neurology	\$ -	\$ -	0%
Psychiatry	\$ -	\$ -	0%
Population Health	\$ 1.10	\$ 1.17	6%
Pediatrics	\$ 1.80	\$ 1.83	2%
Diagnostic Medicine	\$ -	\$ (0.02)	0%
Neurosurgery	\$ -	\$ -	0%
Ophthalmology	\$ -	\$ -	0%
Clinical Practice Operations	\$ 4.60	\$ 5.00	9%
Medical Education	\$ 3.60	\$ 3.70	3%
Health Ecosystem	\$ 1.10	\$ 0.99	-10%
Health Equity	\$ 0.40	\$ 0.44	9%
Value Institute	\$ 0.20	\$ 0.23	14%
Design Institute	\$ 0.20	\$ 0.22	12%
Overhead Allocation	\$ 12.90	\$ 13.82	7%
	<b>\$ 35.00</b>	<b>\$ 37.56</b>	<b>7%</b>

\*FY21 actuals through July + August encumbered



# LAST YEAR ACTUAL VS. CURRENT YEAR ESTIMATED

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Women's Health	\$ 2.94	\$ 2.40	-18%
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Psychiatry	\$ -	\$ -	0%
Population Health	\$ 1.17	\$ 1.10	-6%
Pediatrics	\$ 1.83	\$ 1.90	4%
Diagnostic Medicine	\$ (0.02)	\$ -	-100%
Neurosurgery	\$ -	\$ -	0%
Ophthalmology	\$ -	\$ -	0%
Clinical Practice Operations	\$ 5.00	\$ 5.30	6%
Medical Education	\$ 3.70	\$ 2.50	-33%
Health Ecosystem	\$ 0.99	\$ 0.50	-49%
Health Equity	\$ 0.44	\$ 0.50	15%
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## SERVING PUBLICLY FUNDED PATIENTS

UT Health Austin clinics provide care to patients funded by MAP, Medicaid or Medicare (Aug 20-July 21)

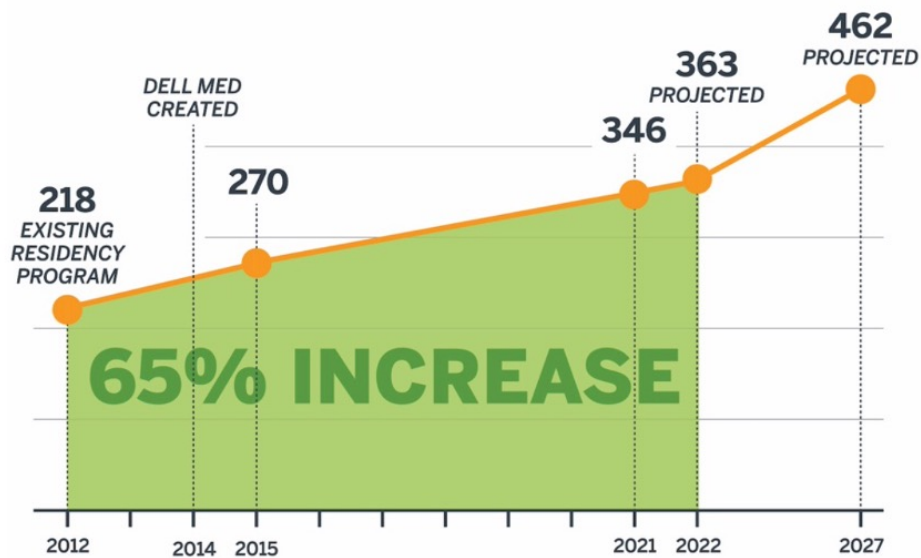
**5,826 unique patients** (34% of total patients)

**22,945 total patient visits** (35% of total patient visits)

This year, 346 GME residents will provide over 700,000 hours of care to patients at 75+ clinics and hospitals

**Includes over 500,000 hours of care for patients at CommUnityCare, Dell Seton Medical Center, Dell Children's, Ascension Seton Shoal Creek, etc.**

# MORE RESIDENTS CARING FOR MORE PATIENTS



+21

NEW PROGRAMS

44

TOTAL PROGRAMS

Dell Med and Ascension Seton added 21 new training programs in 2021, including **Hospice and Palliative Medicine, Maternal-Fetal Medicine, Addiction Psychiatry and more.**



## FUTURE OPPORTUNITIES

- Scaling successful clinical programs
- More Dell Med clinicians in safety-net environments
  - Explore further expanding residencies and adding specialty care at CUC clinics in collaboration
- Addressing prioritized public health issues
- Continued COVID-19 support for communities disproportionately affected
- Addressing inequity
- Leveraging community support to maximize multiplicative investments



**SEPTEMBER 8, 2021**



The University of Texas at Austin  
Dell Medical School

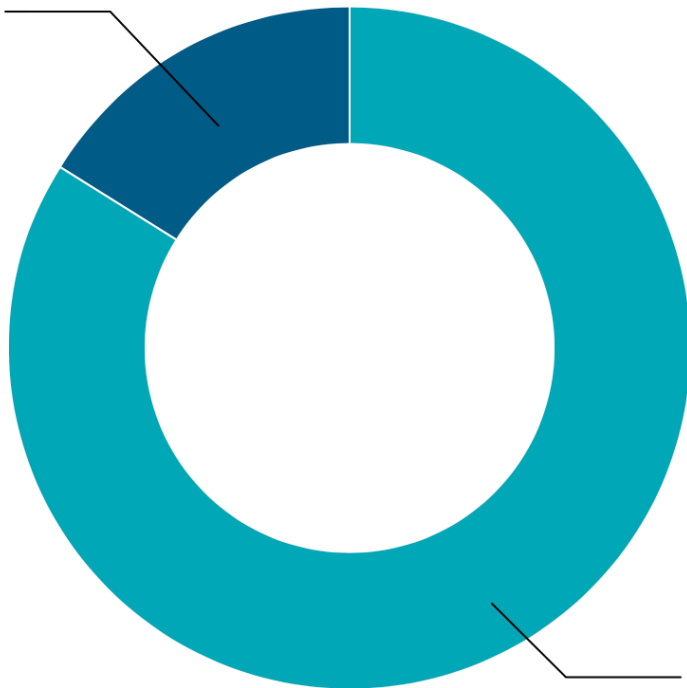
# **DELL MED'S SUPPORT FOR CENTRAL HEALTH'S MISSION**

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## FY 2021 - DELL MED EXPENDITURES

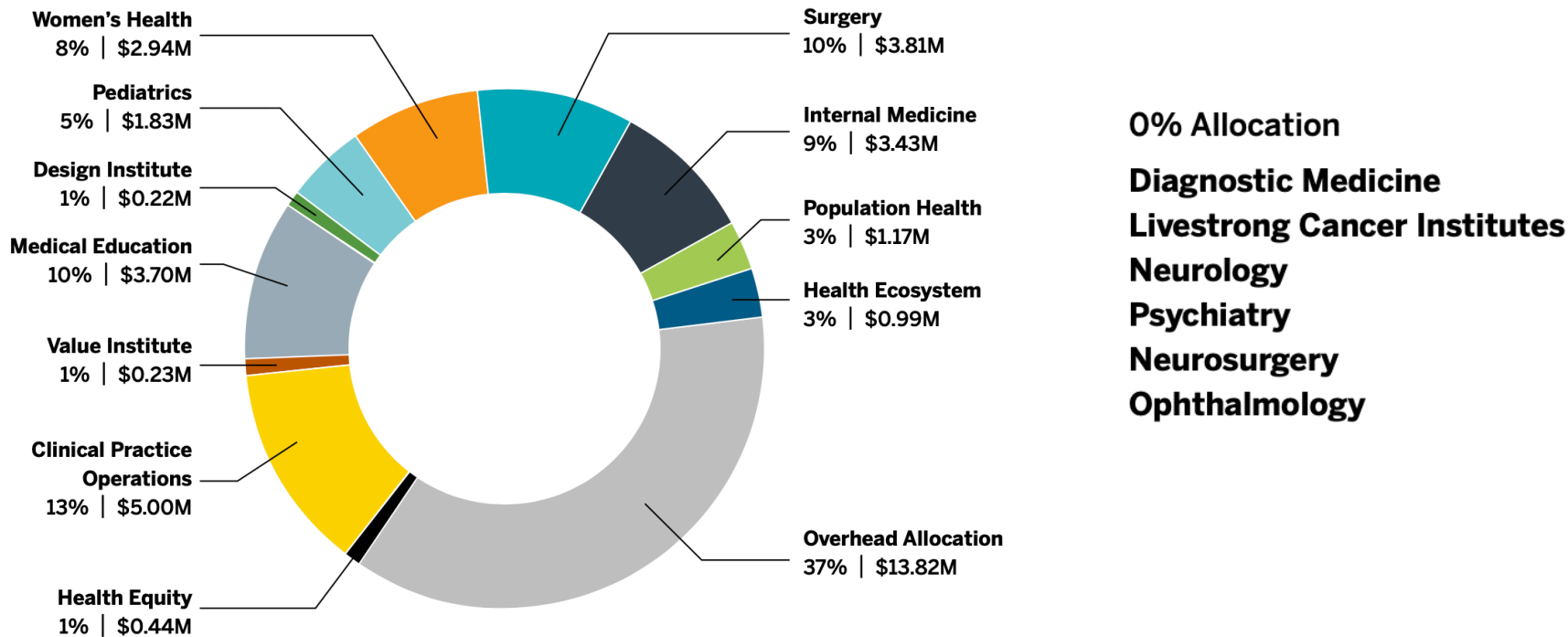
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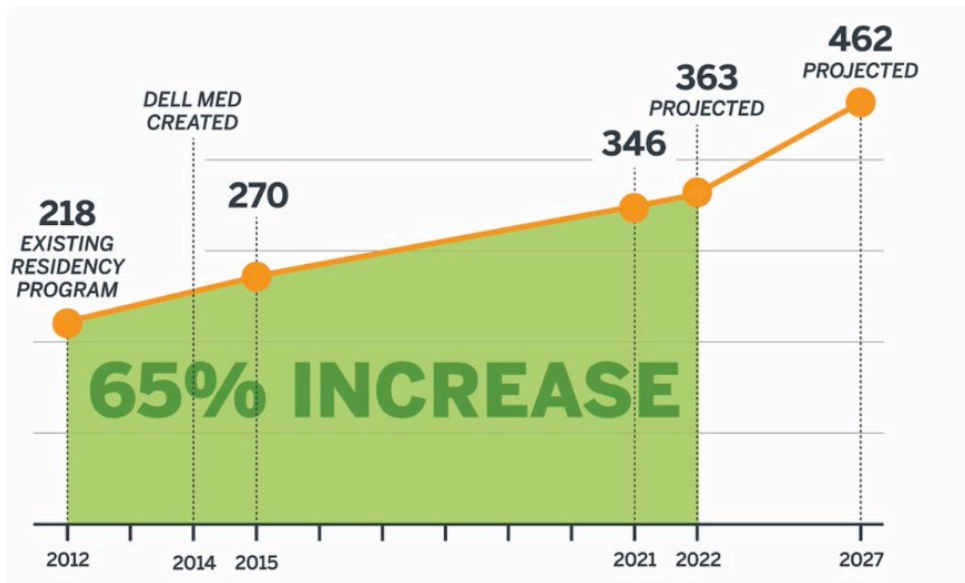
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# MORE RESIDENTS CARING FOR MORE PATIENTS



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TOTAL PROGRAMS

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**JUNE 2021**



The University of Texas at Austin  
Dell Medical School

# **DELL MED'S SUPPORT FOR CENTRAL HEALTH'S MISSION**

**CLAY JOHNSTON, MD, PHD  
DEAN, DELL MEDICAL SCHOOL  
VP FOR MEDICAL AFFAIRS, UT AUSTIN**

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# RESPONDING TO THE PANDEMIC

## UT Austin Response: COVID-19 Testing, Contact Tracing & Vaccinations

- Collaborative effort across UT Austin; administered 140,000+ doses of COVID-19 vaccine
- 50+ local non-profits supported and 2,500+ local health care workers vaccinated

## Supporting People Experiencing Homelessness

- Collaboration with CommUnityCare, Austin Public Health, ECHO, ARCH, etc.
- Testing, contact tracing and vaccinations for more than 1,000 individuals (80% vaccine return rate)

## Addressing Pressing Needs Among Vulnerable Groups

- Good Apple, run by Dell Med students, provided fresh food to 27,000+ low-income seniors and others experiencing food insecurity
- Bi-lingual hospitalist team at Dell Seton provided specialized care, needs assessments, etc.



# RESPONDING TO THE PANDEMIC

## COVID-19 Center of Excellence at Dell Seton Medical Center

- Collaborative effort between Ascension Seton clinical teams and Dell Med faculty
- Lower mortality rates for patients with social and medical complexities, and for patients hospitalized with severe COVID-19
- At least 75 more people survived than would have been expected based on national averages
- Sharing learnings with a national audience



*Photo courtesy of Dell Seton Medical Center*



# DELIVERING BETTER CARE WITH OUR PARTNERS

## Providing Safety-Net Care

- In collaboration with Ascension Seton, 346 residents provided 700,000+ hours of care at 75+ clinics and hospitals over the last year (including 500,000+ hours of care at Dell Seton, Dell Children's, Ascension Seton Shoal Creek and CommUnityCare).
- Adding 21 new residency programs in 2021 for a total of 44 programs.

## Expanding Pediatric Specialty Care

- The Center for Pediatric & Congenital Heart Disease – a clinical partnership between UT Health Austin and Dell Children's Medical Center – performed the first heart transplant at Dell Children's.
- The UT Health Austin Pediatric Neurosciences at Dell Children's now includes a Spanish-language pediatric epilepsy clinic staffed by a bilingual, multidisciplinary team.

## Supporting Mobile, Medical & Mental Health Care (M3 Team)

- A \$2 million gift supports work by Dell Med, Community Care and Integral Care to develop long-term, sustainable approaches to caring for those without homes.



# DELIVERING BETTER CARE WITH OUR PARTNERS

## New Models of Care for MAP Patients

- Recruited gastrointestinal (GI) and hepatology clinical faculty
- Collaboratively developed new models of care with CommUnityCare team
- Integrated specialty “e-consults” into GI appointments for 2,630+ patients
- 70% of GI patients didn’t need a second appointment and emergency department usage and hospitalization dropped significantly
- Benefits for patients, providers and the health system





# SUPPORTING BETTER CARE WITH OUR COMMUNITY

## Leveraging Community Health Workers

- A new Community Health Worker program connects patients to primary care medical homes, follow-up appointments, care coordination, discharge planning, health education, and more.
- Partners include Dell Seton Medical Center, Lone Star Circle of Care, CommUnityCare, etc.

## Improving Women's Health

- Serve as a convener of the Central Texas Addressing Cancer Together Coalition (CTX-ACT), a collaboration of 20+ groups including Central Health and CommUnityCare.
- Supported Lone Star Circle of Care in the relaunch of the Big Pink Bus to provide cancer prevention services for 2,700+ uninsured women in Central Texas each year.

## Focusing on Health Beyond the Clinic

- Factor Health's "Sunshine Calls" program with Meals on Wheels supported 240 seniors with a daily phone check-in that significantly improved depression, anxiety and loneliness.
- Based on results, program is expanding to support the larger Meals on Wheels community.



# SUPPORTING BETTER CARE WITH OUR COMMUNITY

## Cancer Prevention & Control Programs

- Working closely with CommUnityCare team to expand comprehensive cancer prevention efforts.
- Screened 9,000 CUC patients for colorectal cancer through mailed, at-home screening kits (early results saw doubling of percentage of patients being screened).
- Additional efforts include smoking cessation programs to prevent lung cancer, and reducing unhealthy alcohol use, one of the top five risk factors for cancer.
- Efforts supported by \$7.3 million in CPRIT grants.





Domain	FY22 Allocation		FY21	
	Planned CCC Funding Allocation	Estimated Minimum Expenditure	% CCC Allocation towards Est. Minimum Expenditure	% CCC Allocation towards Est. Minimum Expenditure
Women's Health	2.40	16.42	15%	30%
Surgery	3.70	13.61	27%	37%
Internal Medicine	3.80	26.89	14%	17%
Livestrong Cancer Institutes	-	7.34	0%	0%
Neurology	-	19.66	0%	0%
Psychiatry	-	23.72	0%	0%
Population Health	1.10	9.17	12%	14%
Pediatrics	1.90	11.28	17%	41%
Diagnostic Medicine	-	2.11	0%	0%
Neurosurgery	-	9.89	0%	0%
Ophthalmology	-	1.76	0%	0%
Clinical Practice Operations	5.30	29.65	18%	28%
Medical Education	2.50	13.62	18%	23%
Health Ecosystem	0.50	3.62	14%	31%
Health Equity	0.50	1.98	25%	25%
Value Institute	0.20	4.68	4%	5%
Design Institute	0.20	4.86	4%	5%
Overhead Allocation*	12.90	60.85	21%	20%
<b>Total</b>	<b>35.00</b>	<b>261.11</b>		

## LOOKING AHEAD – FY22 BUDGET

- No CCC dollars used to support Departments of Oncology, Neurology, Psychiatry, Diagnostic Medicine, Neurosurgery or Ophthalmology
- Significant federal, state, local and philanthropic support makes that, and other work, possible



## FUTURE OPPORTUNITIES

- Scaling successful clinical programs
- More Dell Med clinicians in safety-net environments
- Addressing prioritized public health issues
- Continued COVID-19 support for communities disproportionately affected
- Addressing inequity
- Leveraging community support to maximize multiplicative investments





## FUTURE CHALLENGES

- Taking responsibility for health rather than sickness care for a definable population
  - More active management of risk factors and conditions
  - Setting up payment mechanisms focused on health outcomes, particularly outside of clinics & hospitals
- Dell Med, Ascension Seton and Central Health working together as stronger partners (*e.g. strategic alignment on specialty care delivery*)



# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
STRATEGIC PLANNING COMMITTEE

**September 8, 2021**

## **AGENDA ITEM 3**

Introduce and receive a presentation from the Central Health Enterprise Chief Medical Officer, including updates on clinical leadership structures that support systems-based planning for health care and a clinical diversity initiative. (*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 September 8, 2021

Who will present the agenda item? (Name, Title) Alan Schalscha

General Item Description Receive an introduction of the Chief Medical Officer, including an update on clinical leadership structures that will help support our ongoing systems-based approach to care.

Is this an informational or action item? Informational

Fiscal Impact \_\_\_\_\_

Recommended Motion (if needed – action item) \_\_\_\_\_

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

- 1) The foundation to practice medicine within Central Health is being built. Key committees, policies and procedures have been established so that we may practice medicine.
- 2) Examples of these committees include the Medical Executive Board, Credentialing Committee, Pharmacy and Therapeutics and Quality
- 3) Representation from a diverse team of subject matter experts will be hired to help Central Health direct care as is appropriate. This team will increase as our scope increases.
- 4) The initial hires will represent the strategic directives of the Board of Managers and thus the clinical initiatives we are empowering to advance.

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

Estimated time needed for presentation & questions? 20-30 minutes

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



CENTRAL HEALTH

# Chief Medical Officer Introduction & Update on Central Health Medical Executive Board and Practice of Medicine

Strategic Planning Committee

September 8, 2021

Dr. Alan Schalscha, Chief Medical Officer

Jonathan Morgan, Chief Operating Officer



@CentralHealthTX

## Background: Central Health Medical Executive Board & Practice of Medicine

- Senate Bill 1142\* authorized Central Health to appoint, contract for, or employ physicians as the Board of Managers considers necessary for the efficient operation of the district.
- Senate Bill 1142 requires a Medical Executive Board to ensure that physicians employed by Central Health exercise their **independent medical judgment** in providing care to patients and strictly prohibits the Board of Managers from supervising or controlling the practice of medicine.
- Central Health is authorized under Section 7.10 of its bylaws to appoint committees of non-Board members to assist the District when authorized or required by law.

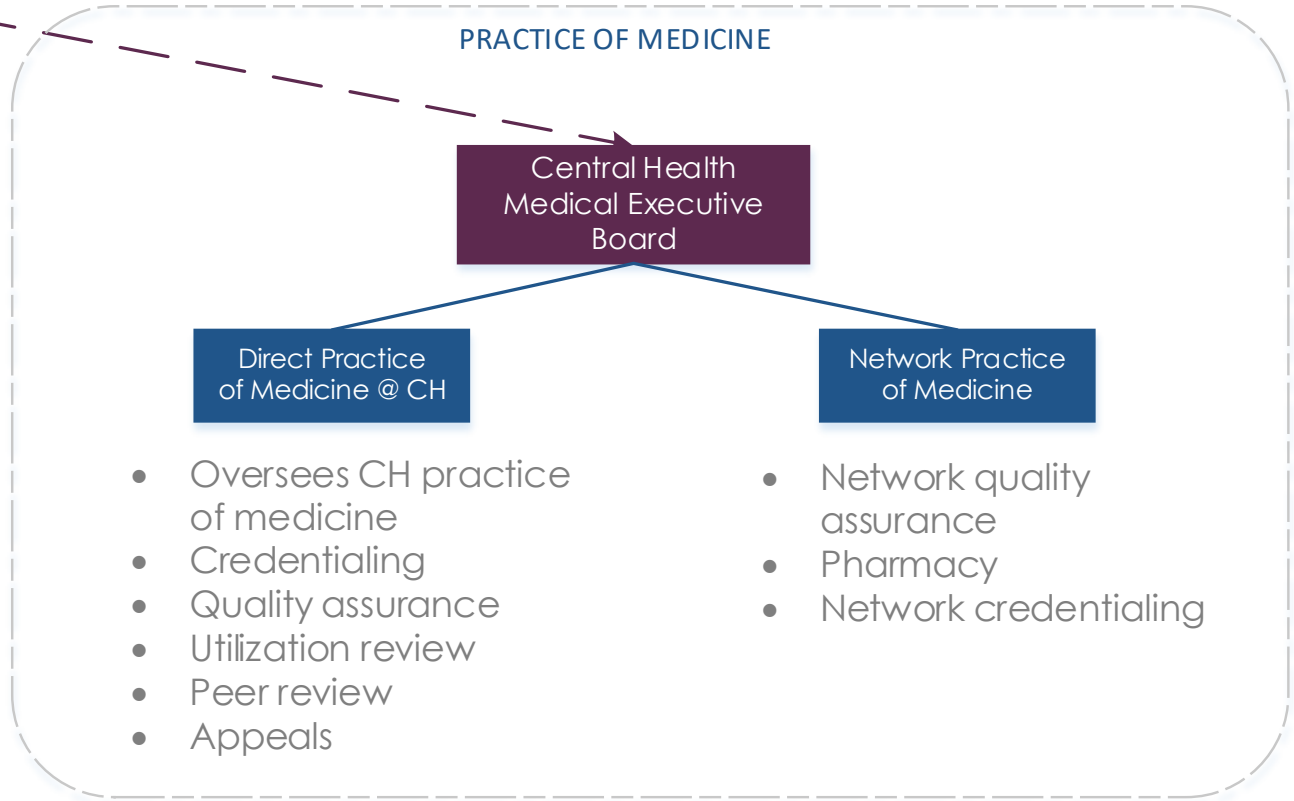
\*Section 281.02815 of the Texas Health and Safety Code



# Central Health Medical Executive Board Framework

Central Health Board of Managers

- Adopts resolution to establish MEB, appoints initial officers and directs MEB to develop required policies
- Receives ad hoc reports from MEB (privileged, patient/provider level)
- Receives ad hoc quality reporting (aggregate)
- Hears and facilitates resolution to conflicts

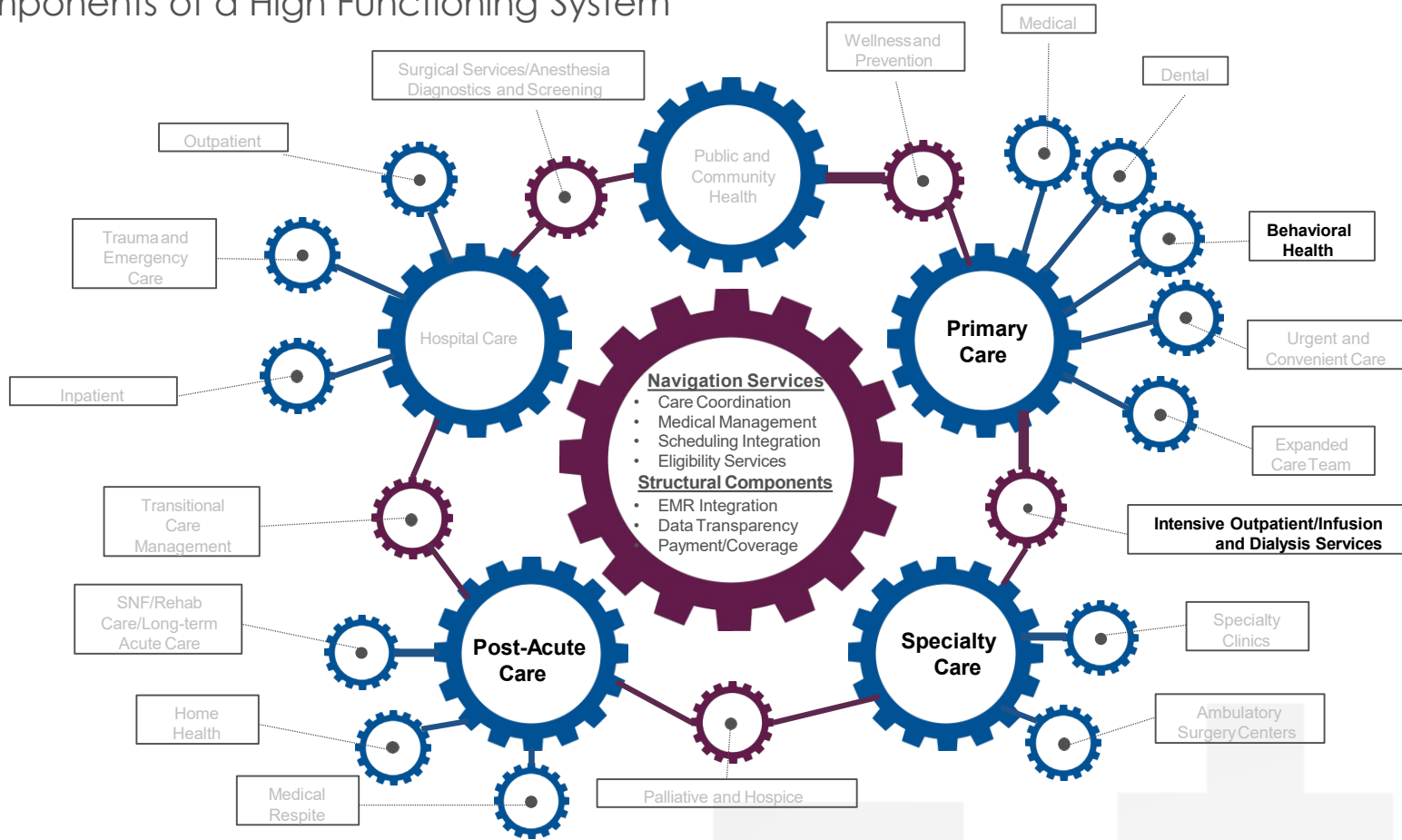


## Progress Update & Next Steps:

- Complete:
  - ✓ Medical Executive Board February 2020
  - ✓ Credentialing July 2020
  - ✓ Sendero Credentialing Administrative Services Agreement
  - ✓ Quality Assurance July 2020
  - ✓ Utilization Review July 2020
  - ✓ Peer Review July 2020
  - ✓ MEB and Committee Policies July 2020
  - ✓ Pharmacy and Therapeutics August 2020
  - ✓ CMO recruitment & onboarding July 2021
- Next Steps:
  - Professional Malpractice Policy
  - Patient intake/registration forms and education materials
  - NPI/TPI submission
  - Conflict resolution process
  - Medical Record Keeping
  - Clinical Practice Planning & Development
  - Continued identification of MEB committee members/clinical SMEs

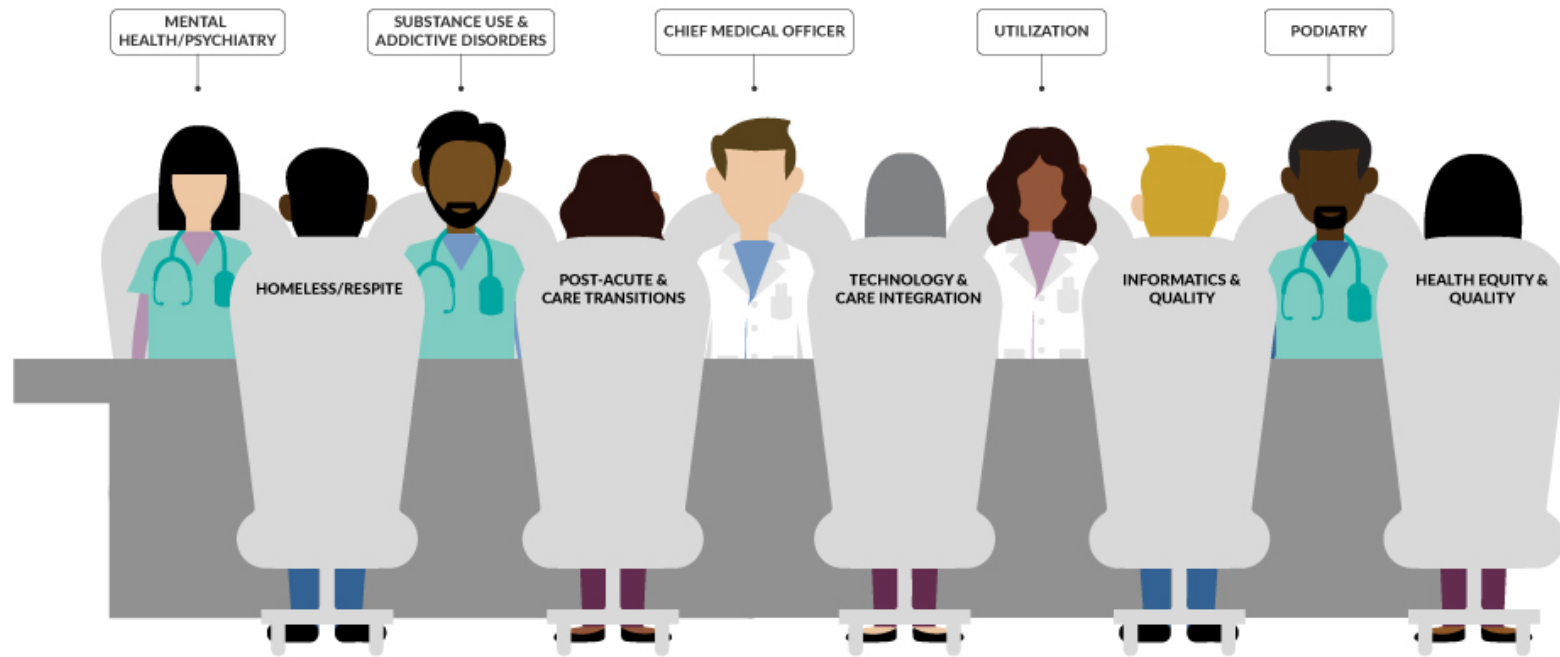


# Components of a High Functioning System





# FY21-22 Central Health MEB Members & Medical Directors





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
THE STRATEGIC PLANNING COMMITTEE

**September 8, 2021**

## **AGENDA ITEM 4**

Receive an update from Guidehouse, Inc. on their engagement to facilitate the development of an equity focused service delivery strategic plan. (*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 September 8, 2021

Who will present the agenda item? (Name, Title) Monica Crowley, Guidehouse team including Dr. Abhi Sharma MD [probably will be more Guidehouse presenters – will know more later this week]

General Item Description Receive an update on the kickoff of Phase III of equity focused systems planning from our consultant Guidehouse, Inc.

Is this an informational or action item? Informational

Fiscal Impact N/A

Recommended Motion (if needed – action item) \_\_\_\_\_

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

- 1) The Guidehouse team working with Central Health is diverse and experienced. Guidehouse is working with HUB subcontractors, Broaddus Planning and K Strategies, as part the community needs assessment and community engagement.
- 2) Service delivery strategic planning supports new short, medium and long term operational and financial sustainability planning including planning for new facilities.
- 3) Guidehouse’s approach to this work is grounded in the key drivers of equitable healthcare.
- 4) Extensive communications and community engagement will be conducted throughout the process.
- 5) Deliverables include: current and future state needs reports, a final population and community health needs assessment report, a gap analysis report, a prioritization framework that may be used for future planning, and a multi-year equity focused service delivery strategic plan to recommend to the Central Health board.

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

Estimated time needed for presentation & questions? 45 minutes



CENTRAL HEALTH

Is closed session  
recommended? (Consult  
with attorneys.)

No

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Form Prepared By/Date  
Submitted:

Monica Crowley, August 30, 2021

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# Strategic Systems of Care Planning

Board Presentation



CENTRAL HEALTH

September 8, 2021



# Today's Agenda

**01** | Team Introductions

**02** | Strategic Planning: Key Concepts and Considerations for Central Health

**03** | Central Health's Engagement Objectives, Approach, and Methodology

**04** | Questions

# The Guidehouse Team

## Strategic Advisors



**Dennis Butts Jr, MBA**  
Partner, Strategy and  
Innovation Leader  
*Strategic Advisor*

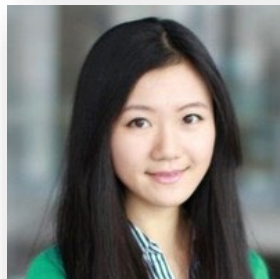


**Mike Nugent**  
Partner  
*Strategic Advisor*

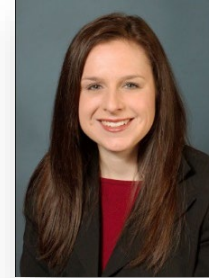
## Engagement Team



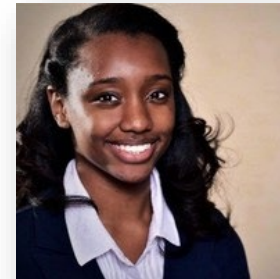
**Abhi Sharma, MD**  
Director  
*Relationship Executive*



**Grace Li**  
Managing Consultant  
*Market Analytics /  
Strategic Planning*



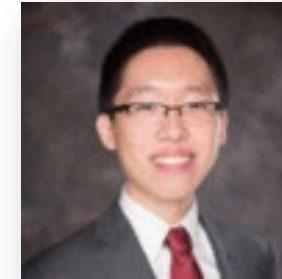
**Danielle Sreenivasan, MHA**  
*Project Director*  
*Strategic Planning*



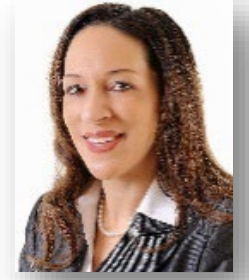
**Mauranda Upchurch**  
Senior Consultant  
*Community Health Needs /  
Voice of the Customer*



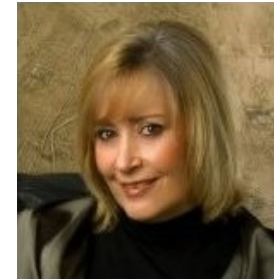
**Hunyah Basathia**  
Associate Director  
*Project Manager / Market  
Analytics / Strategic Planning*



**Raymond Truong**  
Consultant  
*Analytical Support*



**Katrina Keyes**  
*K Strategies*  
*Communications  
Strategy*



**Denise Davis**  
Broaddus Planning  
*Market Research*

# HUB Subcontractors



**Katrina Keyes**  
Communication Strategy

- K Strategies is an award-winning marketing and public relations agency recognized for successful marketing and communication engagement programs
- Through creative communication and stakeholder conversation strategies, K Strategies will work closely with Central Health to develop internal stakeholder engagement plans and meetings
- K Strategies' methodical approach will help Central Health reach and connect with target audiences
  - ✓ Engages the defined stakeholders
  - ✓ Builds trusted relationships
  - ✓ Gathers the input needed



**Denise Davis**  
Market Research

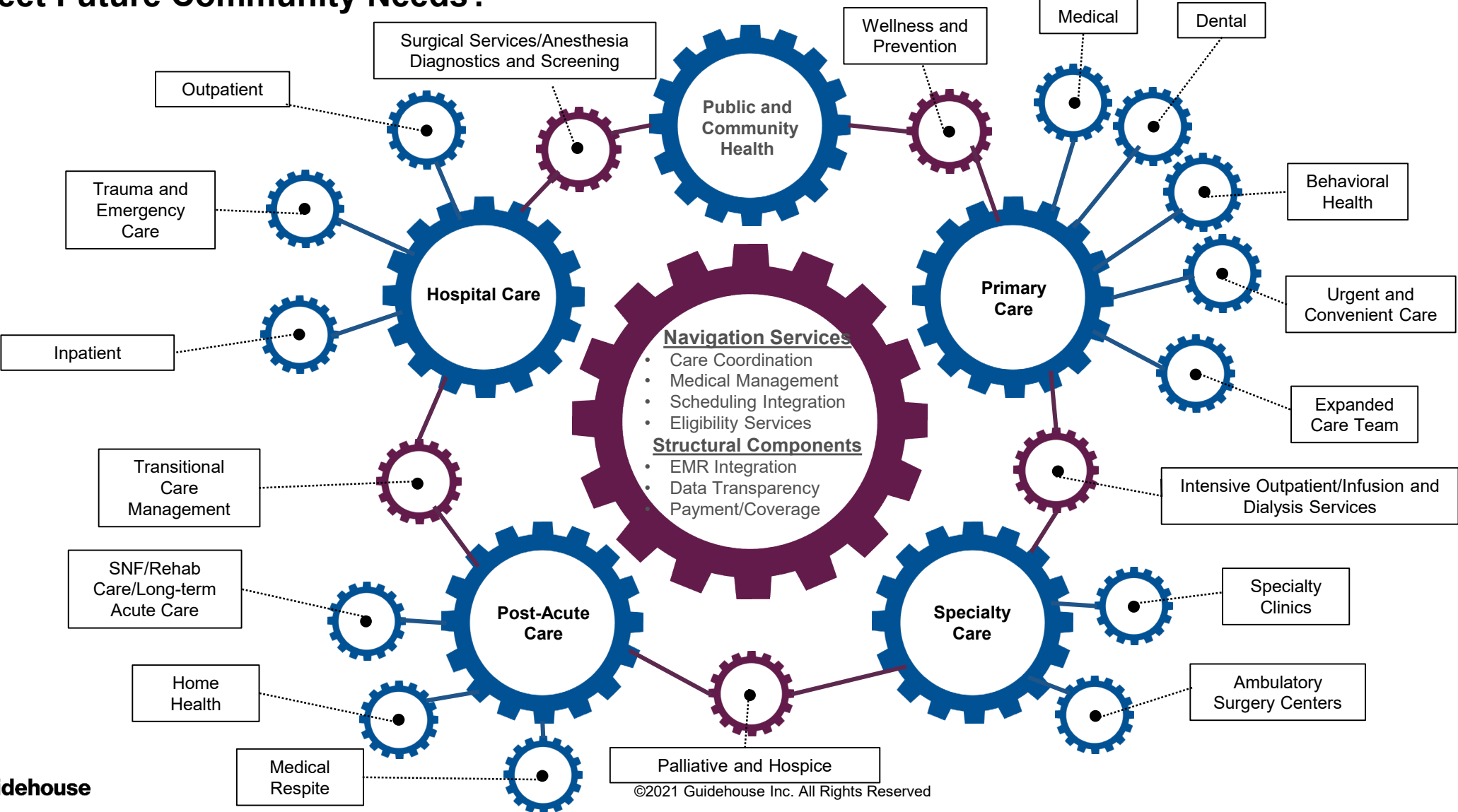
- Headquartered in Austin, Texas, Broaddus Planning is recognized as one of the nation's premier campus planning, urban design and facility programming practices
- Broaddus Planning has deep experience evaluating trends in the Austin market; the firm will provide access to proprietary market analytics that will inform Central Health's future strategic direction
- The firm has experience working with Central Health and has a deep understanding of the organization's strategic objectives



# **Strategic Planning: Key Concepts and Considerations for Central Health**

# Components of a High Functioning System

Planning Ahead: How Do We Address the Gaps in Our Existing System to Strategically Position Ourselves to Meet Future Community Needs?



# Vision Driven Strategic Planning

## Seven Steps to Successful Planning and Implementation

### Strategic Planning

1. Create a vision
2. Share it
3. Agree on an outcome

### Operating and Financial Plan

4. Break it down
5. Assign responsibility & delegate authority
6. Motivate, train, inspire
7. Monitor, measure results

***“Begin with the end in mind.”***

*(Stephen R. Covey)*



# Service Delivery Strategic Plan Drives Operational and Financial Sustainability Planning to Support Our Mission



# Our Strategic Plan Will Inform Our Long-Range Master Facility Plan

## *Core Principles*



### Form Follows Function

New facility design should meet the **strategic and operational imperatives** of an intentionally operating and efficient system rather than forcing strategy and operations to fit within an unprepared facility / campus plan



### Supporting Strategy

Master Planning efforts should be subsequent to, and in support of, a **comprehensive strategic plan** which sets the direction for proactively responding to future healthcare conditions



### Data Driven

Master Planning should be based on a comprehensive review of **existing data along with robust evaluation of future volume drivers and the factors that influence community need** – historical trends are not a predictor of future program needs



### Right Sizing

Master Planning helps organizations to **review current operations** and to **identify opportunities** for improved efficiencies; this allows for a plan that is fiscally responsible without planning current waste and inefficiencies into the future design

# **Central Health's Engagement Objectives, Approach, and Methodology**

# Engagement Objectives

## **1. Community Health Needs Assessment:**

Through development of the **Community Health Needs Assessment Report**, understand the current state of the safety net healthcare system in Travis County, gaps, and future needs

## **2. Voice of the Community:**

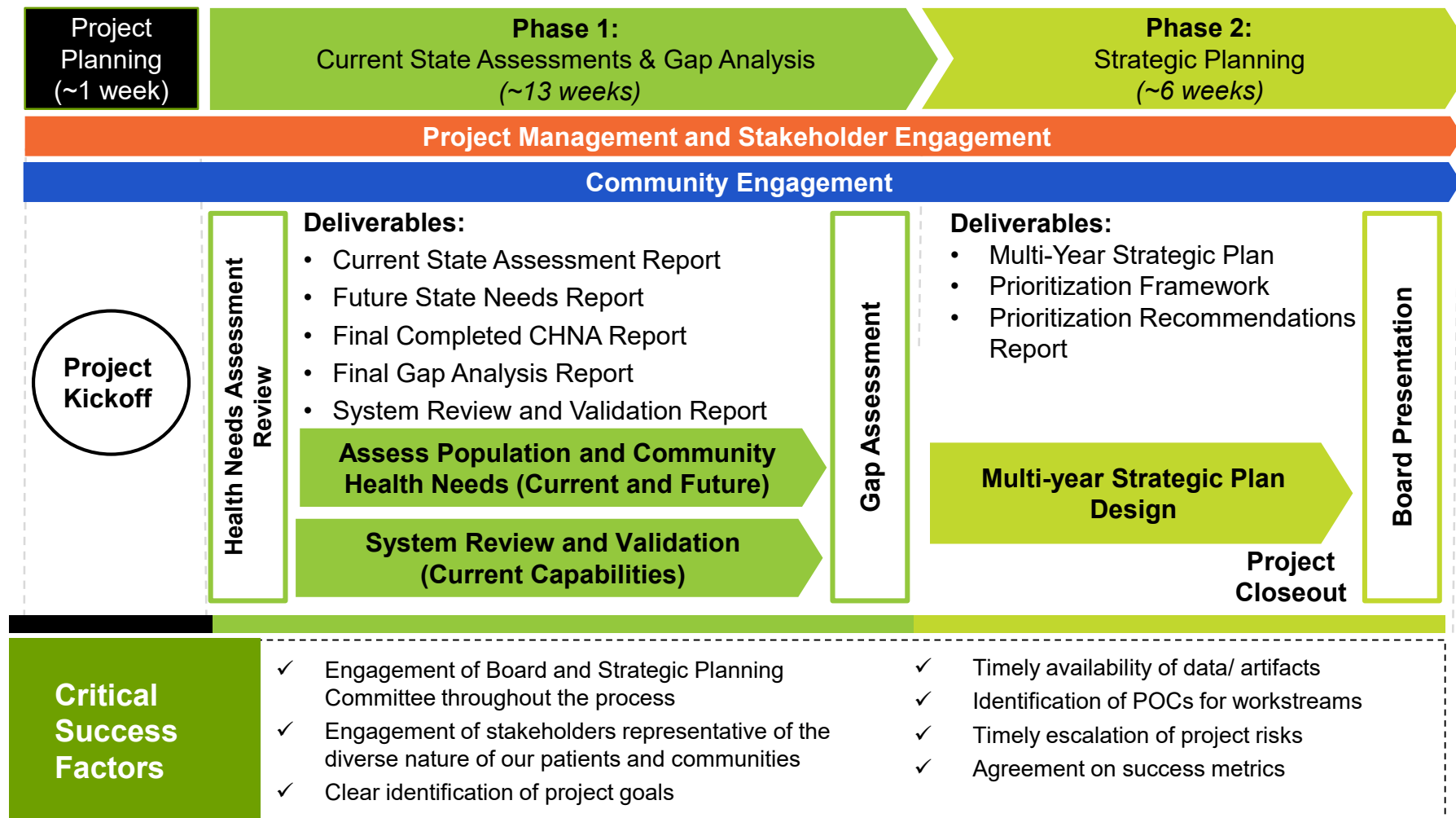
Through the **community engagement strategy**, understand the perspectives of patients, providers, and community members and ensure that hard to reach populations are included in our assessment of healthcare needs in the service area

## **3. Service Delivery Strategic Plan**

Develop a **Service Delivery Strategic Plan** to build a comprehensive, high functioning healthcare system to improve the health of Central Health's patients

# Our Approach

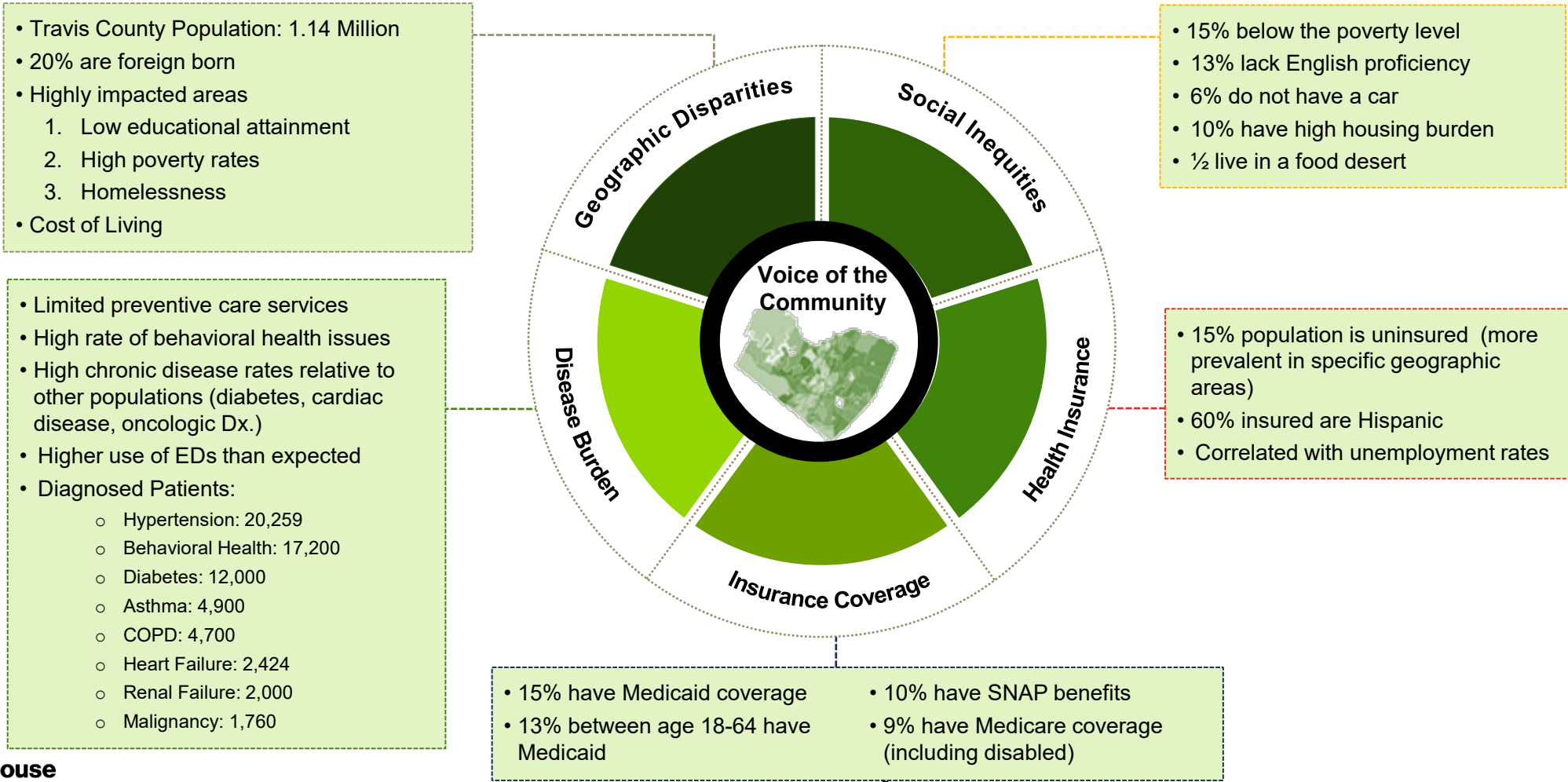
*A phased approach will ensure stakeholder engagement, progress tracking, and active management of risks*





# Our Approach to Strategy Includes Key Drivers of Equitable Healthcare

*Innovative assessment approaches and solutions to support unique demographic and socioeconomic attributes*



# Strategic Planning: Principles of Supply & Demand

*Designing Strategies to Address Community Needs and Improve Population Health*

## Balancing Available Access (Supply) with Community Needs (Demand)



**Supply:** Availability and provision of necessary services.

1. Clinical Needs
2. Engagement Needs
3. Experience Needs
4. Resource Needs

*Example: Females over 40 in the Central Austin area need breast cancer screening and mammograms regularly*

- What services are available?
- Where are the services provided?
- How urgently and often are services needed?

*Example: Community based clinic that includes services to address mental health needs (i.e. anxiety, childhood trauma)*

- Where should the services be rendered?
- What capital/ infrastructure is needed to provide the service?
- Who should render the services?

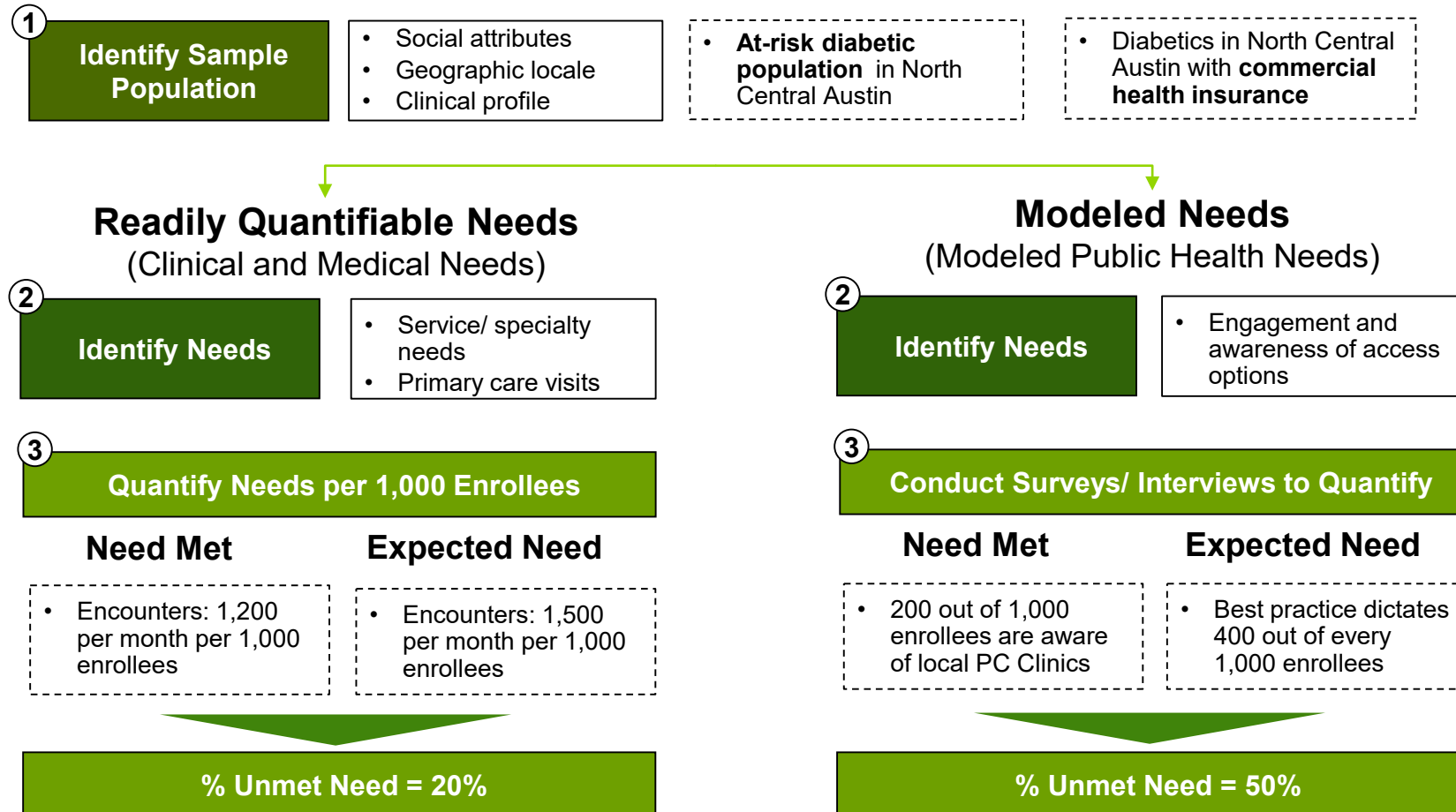
**Demand:** Service needs are typically dependent on:

1. Population
2. Demographics
3. Epidemiological Profile
4. Location
5. Access and Ability

# Assessment of Current and Projected Community Needs

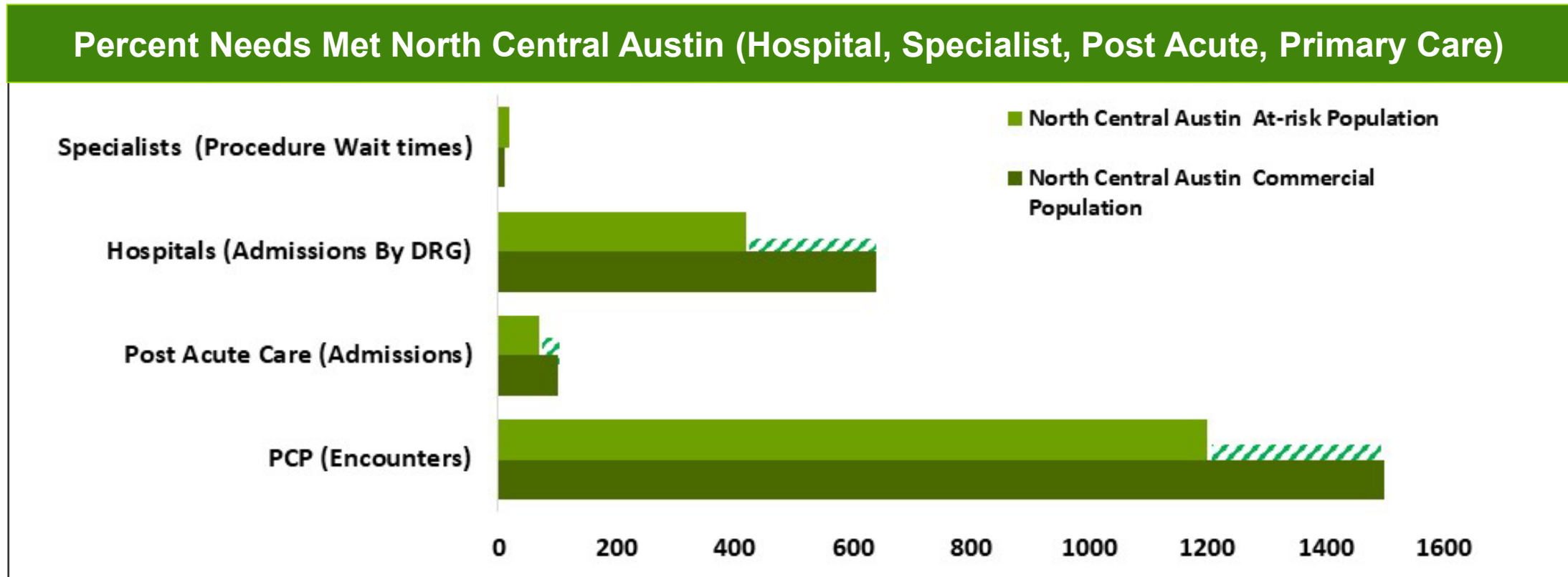
A Data-Driven Approach to Inform Our Service Delivery Strategic Plan (Hypothetical Illustrative Example Shown Below)

$$\% \text{ Need Met} = \frac{\text{Need Met}}{\text{Expected Need}}$$



# Assessment of Current and Projected Community Needs

*Hypothetical Benchmarking Example (not actual data)*

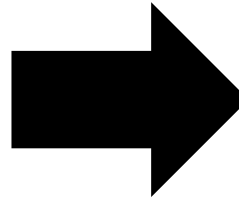


# Methodology to Forecast Needs

## Methodology to Forecast Needs (Total and Deficit)

### Key Market Forces that will Impact Future Projections

1. Population growth
2. Supplemental Medicaid program changes
3. Medicare, Medicaid, and ACA enrollment
4. Impact of the pandemic
5. Provider and staff availability



### Future Projections will be Based on the Following Variables:

1. Change in utilization
2. Change in access
3. Change in insurance coverage
4. Change in staffing needs

Uncertainty about supplemental Medicaid funding programs, 1115 Waiver in Texas, and current challenges impacting Medicaid expansion require Central Health to plan in a way that:

- Relies on Central Health tax funding streams
- Maximizes leverage of partner obligations
- Maximizes efficiency in service delivery to **expand access to healthcare, increase affordability, and improve health for low-income and underserved populations**, as well as **reduce racial and ethnic disparities and improve health equity**.

# Community Engagement

*The voice of the community is critical to understanding factors that influence patient access, connectedness, continuity, and trust - and improving health equity among some of our most vulnerable populations*

## Define Success Indicators

- Participation (zip code, demographics)
- Survey of perception of hospital district
- Number of participants at events, community meetings, surveys

## Evaluate Current State

- Understand barriers contributing to community exclusion
- Catalogue current efforts
- Review efforts that have been successful

## Measuring Success

Measurable data and analytics showing **high level success metrics**:

- Meaningful participation from diverse populations including homeless and non-native, non-English speakers
- Outreach to overcome barriers that contributed to past community exclusion
- Exceed KPIs set for community engagement
- Thorough understanding of the voice and health needs of the community
- Strategic imperatives and activities to increase engagement of diverse populations for the future

## Develop Engagement Plan

- Tailored communication materials and surveys
- Diverse presenters virtual and in-person
- Focus groups, working sessions and community conversations, listening activities

## Conduct Stakeholder Mapping

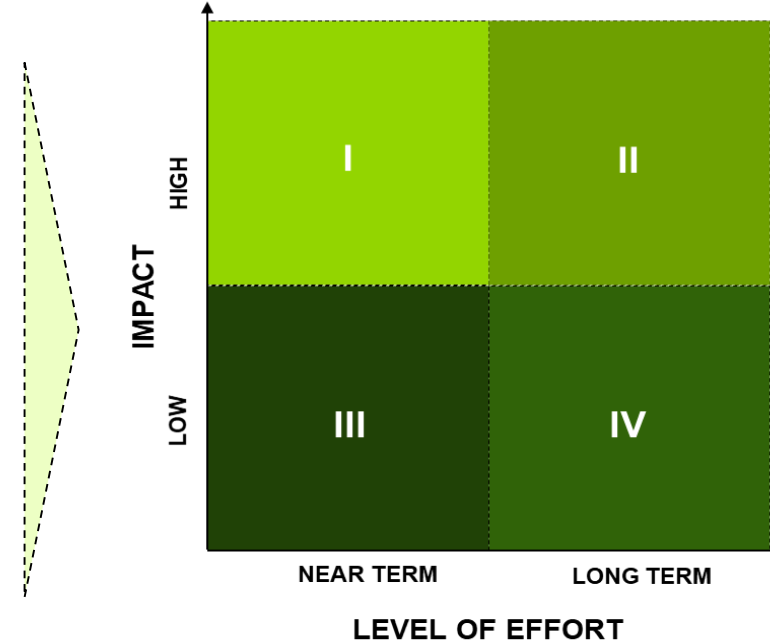
- Identify essential stakeholders (community and leadership)
- Prioritize based on level of interest in and influence on strategic planning
- Develop KPIs and metrics to measure success

# Prioritization of Gaps

*A three-pronged approach is necessary given the scope of Central Health’s operations and the population’s evolving healthcare needs*

## Prioritize Gaps

IMPACT (Cumulative Impact)
<ul style="list-style-type: none"> <li>• Ability to address health inequities</li> <li>• Impact on access to care</li> <li>• Impact on quality of care</li> <li>• Impact on utilization of services</li> </ul>
LEVEL OF EFFORT
<ul style="list-style-type: none"> <li>• Maturity of current capabilities to address the need</li> <li>• Financial, Operational and People needs</li> <li>• Stakeholder/ Partner buy-in and alignment</li> </ul>



“How will community perception and identified needs of the most marginalized members of our community be part of this methodology?”



- ❑ **Special Cohort Assessments**– In-depth assessments of special groups within each focus to identify specific needs (e.g.: gaps in care for the homeless and Justice involved populations will be prioritized independent from other cohorts.)
- ❑ **Adding public engagement and publicity variables to assess impact of individual gaps\***- We will evaluate the public visibility, marketing and publicity impacts of each gap separately.



# Questions





# CENTRAL HEALTH

CENTRAL HEALTH BOARD OF MANAGERS  
THE STRATEGIC PLANNING COMMITTEE

**September 8, 2021**

## **AGENDA ITEM 5**

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